individuals or have no recommendations. The annual incidence of varicella in the general population ranged from 13.7 to 76 per 100,000 in Asia-Pacific countries with universal vaccination, and from 100 to 512 per 100,000 in Asia-Pacific countries without universal vaccination. Studies in China, Japan, and South Korea showed varicella incidence peaking in spring and winter. Limited publication has reported varicella incidence in the United States was defined by the World Health Organization (WHO) as the number of children and adults who received vaccination, reacquire immune health care resource utilization focused on inpatient care. The most frequent complications among hospitalized patients were skin and respiratory complications. Hospitalization rates associated with varicella in Asia-Pacific region were 0.11 and 60 per 1,000 cases, respectively. Medical costs associated with varicella were estimated in China, Japan, Singapore, Taiwan, and Australia. CONCLUSIONS: Economic and epidemic burden of varicella in Asia-Pacific countries have not been adequately studied. Given limited varicella vaccination policy in this region, gaps in evidence need to be addressed to inform policy makers about the public health impact of varicella.

PIN8
INFLUENZA VACCINATION IN JAPAN AMONG THE GENERAL POPULATION AND HIGH-RISK GROUPS

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OBJECTIVES: Influenza vaccination rates have not been high enough in Japan. This study investigated current influenza vaccination rates among the general Japanese population and rates among high-risk adults.

METHODS: This study included data from the 2011-2012 Japan (N= 30,000) National Health and Wellness Surveys (NHWS) a cross-sectional, Internet-based survey. The NHWS includes a national sample of adults (≥18 years) which included items on vaccination history as well as high-risk group status as defined by the World Health Organization (WHO). Vaccination rates among different risk groups and characteristics of vaccinees were reported descriptively. Logistic regressions were conducted to predict vaccination behavior from sociodemographics and risk-related variables.

RESULTS: 17.1% of adults in Japan reported being vaccinated for influenza in 2013. Among patients in high-risk groups (coronary heart disease, chronic lung conditions etc.), vaccination rates were low, ranging from 24.83% (caregivers) to 42.86% (patients with immunodeficiencies). The most common reason for non-vaccination was the belief that it was not important (45.3%); other reasons included believing that vaccine is not effective (13.0%) and that prior infection leads to future resistance (12.3%). Respondents who were vaccinated were more likely to be female (OR=1.006), older (OR=1.212), university educated (OR=1.226), and employed (OR=1.243) with higher incomes (OR=2.161), lived in urban areas (OR=1.242) with higher incomes (OR=1.212), uninsured (OR=1.625), chronic liver (OR=1.625), chronic renal condition (OR=1.608) or chronic metabolic conditions (OR=1.532) (all p<0.05).

CONCLUSIONS: Overall vaccination rates were low in Japan with no increase in vaccination rates from the prior year. All WHO-recommended risk group status (i.e., chronic lung conditions) had vaccination rates less than 50% and a large gap remains between these recommendations and vaccination behavior. In 2011, the influenza vaccination rates among adults in the United States were 36.2%, almost three times the vaccination rate in urban China.

PIN9
HOSPITAL QUALITY OF INFECTION CONTROL

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OBJECTIVES: Infection control and its Prevention activities of all levels of health care organizations and institutions are critical in preventing the spread of infections. The goal of this study is to implement a guideline for evaluation and development of infection control and its Prevention activities of all levels of health care organizations and institutions.

METHOD: 1. Method of cross sectional study was used in research of current condition of infection control Department activities. 2. Disinfection quality and safety was studied by Descriptive and Regression methods. 3. Knowledge of disinfection methods and hand washing by medical staff are studied by descriptive and cross-sectional study.

RESULTS: Assessment of current condition for activity of Infection control Department in national level was conducted among 6 tertiary level hospital, 8 secondary level hospitals and 28 primary level hospitals. Conclusions: 1. Infection control for department and teams at health care organizations work with proper structure of management and members, and their activities vary according to their level. 2. The health care organization’s hygiene standards and conditions are different, especially when compared to quality indicators. Staff’s ability to hand disinfection is reduced according to its level. 3. Sterilizing the surgical stuff’s ability to hand disinfection is reduced according to its level. 4. Sterilizing quality is good enough, but its initial test and monitoring by technical methods are insufficient in primary health facilities. 4. 80.4% of medical staff attended infection control training and have adequate knowledge of hospital infections.

PIN10
A RETROSPECTIVE COHORT STUDY OF RISK FACTORS FOR DEATH AMONG HUMAN IMMUNODEFICIENCY VIRUS INFECTED ADULT PATIENTS

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OBJECTIVES: Globally, human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) reduces life expectancy by several years. Mortality is high among non-treated patients. However, the predictors of mortality have not been adequately studied. Hence, the main objective of the study was to determine predictors of mortality among HIV positive adults who are not on antiretroviral treatment, in a South Indian hospital.

METHODS: A facility-based retrospective cohort study was conducted and data were collected from 150 patients who were registered but not on treatment from December 2011 to December 2013. Multiple logistic regression analysis was applied to identify the risk factors for mortality among HIV patients. RESULTS: A total of 40 patients were died during the follow-up period. Patients with age between 39-59 years (OR 0.49, 95% CI 0.28-0.84), baseline World Health Organization (WHO) stage III and IV (OR 0.09, 95% CI 0.04-0.20) and OR 0.11, 95% CI 0.04-0.27), patients with opportunistic infections (OR 4.93, 95% CI 2.83-8.74), patients with low BMI (OR 2.05, 95% CI 1.21-3.49), CD4 count > 200 cells/µl (OR 3.88, 95% CI 2.27-6.65) were found to have more risk. CONCLUSIONS: Age group 18-38, patients with complete WHO staging, patients with CD4 count > 200 cells/µl were all significant predictors of mortality. Therefore, patients with the aforementioned predictors should be followed closely and frequently.

INFECTION – Cost Studies

PIN14
CLINICAL OUTCOMES AND HOSPITAL COSTS ASSOCIATED WITH EMPATHICAL TREATMENT OF HOSPITAL-ACQUIRED PNEUMONIA WITH VANCOMYCIN OR LINEZOLID IN A CHINESE TERTIARY CARE HOSPITAL: A RETROSPECTIVE COHORT STUDY

OBJECTIVES: This study investigated current influenza vaccination rates among high-risk groups in urban China. The most common reason for non-vaccination was the belief that the vaccine is not effective (12.9%) and not getting a vaccine before (9%). Respondents who were vaccinated were more likely to be female (OR=1.006), older (OR=1.212), uninsured (OR=1.625), chronic liver (OR=1.625), chronic renal condition (OR=1.608), or chronic metabolic conditions (OR=1.532) (all p<0.05).

CONCLUSIONS: Overall vaccination rates were low in China. Most WHO-recommended vaccination groups had rates less than 20% and a large gap remains between these recommendations and vaccination behavior. In 2011, the influenza vaccination rates among adults in the United States were 36.2%, almost three times the vaccination rate in urban China.