Patient were interviewed at health posts. Eighty three patients (79.8%) were seen in treatments prescribed were assessed at the selected Health posts. From the total of 37 health posts in Adama district, 10 health posts were selected by simple random sampling. Patients who attended the health posts during the study period and all health service providers working in the selected health posts were included in the study. RESULTS: The survey was undertaken at ten health posts which use RDT for parasitological confirmation. Twenty seven patients and 104 parents were parents and patients with available parasite based diagnostic test (i.e. RDT) and 21(20.2%) in facilities without RDT. The overall malaria positivity rate was 48.5%(7.8%). Anti-malaria drugs were prescribed to all 48(100%) patients with positive RDT and to 19.4(5.3%) of RDT negative patients. Among non-tested patients, anti-malaria drugs were given to 12(57.1%), with a higher prescription rate in health posts without RDT’s results. Among 104 patients presenting with fever or history of fever, 64(61.5%) were prescribed with anti-malarial drugs and anti-pain. CONCLUSIONS: Findings from this study show that over prescription with anti-malarial drugs is common in Adama district health posts. The use of rapid malaria diagnostics was also associated with higher prescription of anti-malarial drugs among patients with negative test results. The Adama district health office should provide on job and other capacity building trainings for health workers on RDTs, the diagnosis and management of other causes of fever and the importance of adhering to test results.

**PIN2**

**EFFECT OF TRANSFUSION FACTOR ON THE REDUCTION OF THE NUMBER OF EPISODES OF RESPIRATORY INFECTIONS IN ADULT AND PEDIATRIC PATIENTS FROM A MULTICENTRE OBSERVATIONAL STUDY.**

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**OBJECTIVES:** To assess the effect of human leucocyte transfer factor for parenteral use (TF) in adult and pediatric patients suffering from cellular immunodeficiency (CI). Methods: TF in adult and pediatric patients suffering from CI, with the onset of treatment of respiratory infections or urinary tract infections, prostatitis and/or vaginovulvitis episodes. Methods: Observational multicenter retrospective study in subjects being treated with TF in the period from September 2012 to April 2013 in Slovakia. The primary objective was to evaluate the effectiveness by assessment of the number of documented infections over one year since the treatment began as compared to the last year of the pre-treatment period. Moreover, the resource use and QoL assessment was conducted using EQ-5D. RESULTS: The sample (98 analyzed patients) in 9 centers was predominantly female (75.5%) and the average age was 46.6, with a range of 7 to 82. The most common recurrent episodes were respiratory tract infections (54.7%) and infective (35.5%) infections in the year before TF initiation (96 patients), followed by urinary tract infections (n=38) and vaginovulvitis episodes. The significant reduction was observed in all three types of recurrent infections after treatment with TF (prostatitis not analyzed). Respiratory tract infections showed a significant reduction (n=85) after the year following initiation of TF application (p<0.001). Significant reduction was achieved in urinary tract infections and vaginovulvitis episodes (p<0.001). Reduction was accompanied by a lower resource use, measured by the need of hospitalizations. The median of parenteral TF doses was 8 injections for a full study period (maximum 2 years). CONCLUSIONS: The conducted study showed that leucocyte TF helps to prevent recurrence of episodes of infections in adult and pediatric patients with CI. Besides clinical and resource outcomes, the contribution of this study is the elicitation of utility values for CI of different severity.

**PIN3**

**SYSTEMATIC REVIEW AND META-ANALYSIS OF EFFICACY AND SAFETY OF SIMEPREVIR AND SOFOSBUVIR FOR HCV GENOTYPE 1 INFECTION.**

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**OBJECTIVES:** To evaluate the efficacy and safety of the second-wave direct-acting antivirals simeprevir and sofosbuvir in patients with HCV genotype 1 infection through a systematic review and meta-analysis of randomized clinical trials (RCTs). METHODS: Electronic searches were performed in databases MEDLINE, International Pharmaceutical Abstracts (IPI), Cochrane Library, SCIELO and Scopus. Systematic review and meta-analysis were conducted using the Cochrane Review Manager Software (Review Manager Version 5.3). RESULTS: 744 articles were identified, of which 10 RCTs were selected for data extraction and statistical analysis. Simeprevir 100 mg promoted better RVR and SVR in ribavirin combination, and simeprevir 150 mg showed better results in comparison with placebo. The significant results are shown in the following outcomes: RVR, SVR12, SVR24, RVR24 rates according to METAVIR for the subgroups F0-F2, F3 and F4, SVR12 rates according to HCV genotype for both genotype 1a and genotype 1b, SVR12 rates for HCV genotype 1a without baseline Q80R, SVR12 rates for simeprevir with P155L mutation and the cost of the treatment of active TB. CONCLUSIONS: We evaluate whether the use of different classes of calcium channel blockers (CCBs) affect the risk of incident active tuberculosis disease. METHODS: A nested case control study was carried out using the claim data from National Health Insurance Research Database (NHIRD) of Taiwan between January 1998 and December 2013. The data of patients who were exposed to calcium channel blockers (CCBs) before the first date of TB diagnosis. CONCLUSIONS: The variables with CCBs exposure were defined by receiving ≥ 7 days of prescription ending in 3 different time frames. Current use refers to prescriptions that ended within 30 days of the index date. Multivariate regression, and disease risk score (DRS) technique were used to calculate risk of active TB disease. RESULTS:

**KVR, SVR12 and SVR24 than placebo. There was no difference in the safety of sofosbuvir and ribavirin groups for all the evaluated outcomes. CONCLUSIONS: Our meta-analysis indicates promising efficacy and a good safety profile of simeprevir for both evaluated doses. Data concerning sofosbuvir reveal the benefits of this drug in hepatitis C virus genotype 1 treatment, also in safety terms.**

**PIN4**

**ASSOCIATED FACTORS THE VIROLOGIC SUCCESS IN A GROUP OF PATIENTS WITH HUMAN IMMUNODEFICIENCY VIRUS, MANAGED BY A CARE TEAM INTEGRAL, EPSJERA MEDELLIN 2010-2013.**

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**INTRODUCTION:** The probability of occurrence of virological failure in patients diagnosed with HIV in ARV drug treatment of first and second line is 0.15 and 0.46 respectively. Patients who are resistant to all available drugs have the risk of future regimens, increased hospital admissions, disease progression and death. OBJECTIVES: To determine the associated factors that explain the virological success and the time needed to reach it. METHODS: Type of study: retrospective cohort survival analysis. To analyze the time to virologic success by the method of Kaplan-Meier and Log Rank Test for the bivariate phase, proportional hazards model and multiple logistic regression in multivariate phase. RESULTS: 97% of patients achieved virologic success, needed 209 days (SD±10.14). Patients had a 95% probability of achieving virological success in the first 8.5 months. Properly use drugs was associated with a shorter time to achieve virologic success HR 2.68 [1.22-9.00] and a greater proportion of patients with drug resistance was associated with a longer time HR 0.60 (0.43-0.83). CONCLUSIONS: virological success was higher than the studies found, which was obtained in a short time and was maintained throughout the observation period. The variables in this study were not associated with virologic success but were associated with a shorter time to reach it.

**PIN5**

**UTILIZACION DE ANTIBIOTICOS DE USO RESERVADO EN PACIENTES ADULTOS HOSPITALIZADOS EN EL HOSPITAL LAS HIGUERAS - TALCAHUANO.**

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**OBJECTIVES:** Estudiar la evolución del consumo de antibacterianos de uso restringido en pacientes adultos hospitalizados durante el periodo 2005 al 2012, en el hospital Las Higueras de Talcahuano. METHODS: Se realizó un estudio retrospectivo durante los años 2005-2012, del consumo mensual de antibacterianos de uso restringido. Los antibióticos considerados fueron clasificados según el Sistema ATC/DDD. Se incluyó vancomicina, carbapenémicos (imipenem, ertapenem y meropenem) y cefalosporinas de tercera generación (ceftriaxona, cefazidima y cefotaxima). Se determinó la densidad de consumo expresado en porcentaje y en términos del número de DDD/100 días-cama-ocupados. La evolución del consumo del tratamiento antibacteriano excluyendo los antimicrobianos de uso restringido. La comparación de los consumos se realizó con la prueba t-test. Se consideró diferencias significativas con un nivel de significación de p<0.05. RESULTS: Ceftriaxona fue el antibiótico con mayor consumo total (63%) (292,4 DDD/100 días-cama-ocupados) y las cepa de vancomicina (19%) (92,4 DDD/100 días-cama-ocupados). Por su parte, el servicio de paciente critico y de cirugía mostraron el mayor consumo de antibióticos, con un total de 150 DDD/100 días-cama-ocupados (54%) y 54 DDD/100 días-cama-ocupados (50%) respectivamente. En relación a la evolución del consumo, se observó un incremento significativo en el consumo de vancomicina (+67%, p<0.05), imipenem (+62%, p=0.004), meropenem (+84%, p<0.006) y ceftriaxona (+44%, p<0.05). CONCLUSIONES: El consumo de todos los antibióticos estudios aumentó significativamente, especialmente ceftriaxona, cefazidima y carbapenémicos. La consecuencia de este consumo pudiera significar un aumento de la resistencia bacteriana intrahospitalaria y los costos asociados en la atención de salud, por lo que se sugiere su estudio.