period. For vaccination with PCV13 versus PPSV23, incremental costs per patient were 29,138BRL (CM) and 28,978BRL (CD), leading to a budget impact of 444,074,277BRL (CM) and 37,846,568BRL (CD) for the same period. CONCLUSIONS: The addition of PCV13 to the immunization schedule in adults ≥18 years with comorbidities or immunocompromising condition would avoid more IPD cases, with an incremental cost varying from 37,846,568BRL to 793,005,843BRL over a 10-year period.

PIN24
TRICLOSAN-COATED ANTI-BACTERIAL SUTURE: A BUDGET IMPACT ANALYSIS FROM ITALIAN HEALTH SERVICE PERSPECTIVE

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OBJECTIVES: Triclosan-coated antibacterial sutures (TCS) are designed to control the bacterial colonization of the suture line, a known risk factor for surgical site infections (SSI). A recently published meta-analysis came to the conclusion that TCS showed a significant advantage in reducing the rate of SSI by 30% per cent (relative risk 0.70, 95% CI 0.57 to 0.85; P < 0.001). Subgroup analyses revealed consistent results in favour of TCS in adult patients, abdominal procedures, and clean or contaminated operations. The objective of the study is to evaluate the potential impact of cost savings associated with TCS on hip or small bowel surgery compared to vancomycin. The results were consistent according to the developed probabilistic sensitivity analysis.

PIN25
THE BUDGET IMPACT OF USING FIDAXOMICIN FOR HOSPITALISED CD PATIENTS FROM THE DANISH HEALTH CARE PERSPECTIVE

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OBJECTIVES: Analyse the budget impact in Region Hovedstaden in Denmark (Region H), if all Clostridium difficile (CD) hospitalised patients received fidaxomicin instead of vancomycin. This strategy was compared with fidaxomicin (for the immunocompetent) or PCV13 (for the immunosuppressed). This strategy was compared to PPV23 (for the immunocompetent) or PCV13 vaccine alone. A recently published meta-analysis came to the conclusion that TCS showed a significant advantage in reducing the rate of SSI by 30% per cent (relative risk 0.70, 95% CI 0.57 to 0.85; P < 0.001). Subgroup analyses revealed consistent results in favour of TCS in adult patients, abdominal procedures, and clean or contaminated operations. The results were consistent according to the developed probabilistic sensitivity analysis.

PIN26
A COMPARATIVE PUBLIC HEALTH AND BUDGET IMPACT ANALYSIS OF PNEUMOCOCCAL VACCINES. THE FRENCH CASE

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OBJECTIVES: In 2002 routine vaccination with a pneumococcal conjugate vaccine (PCV) was introduced in the French vaccination calendar for infants and toddlers. Since then, an ecological impact has been observed in the incidence of pneumococcal diseases in adults: incidence of invasive pneumococcal disease (IPD) of serotypes 1, 4, 5, 6B, 7F, 14, 18C, 19A, 19F, and 23F decreased by 25%. A recent study revealed that the incidence of pneumococcal diseases in adults: incidence of invasive pneumococcal disease (IPD) of serotypes 1, 4, 5, 6B, 7F, 14, 18C, 19A, 19F, and 23F decreased by 25%. A recent study revealed that PCV13 was highly effective against all serotypes. The objective of this study was to quantify public health and budget impact of several pneumococcal vaccination strategies for at-risk adults in France over 5 years. METHODS: The analysis was performed on a population-based Markov model previously developed for Germany, consisting of five health states: no pneumonia disease, IPD, non-bacteremic pneumococcal pneumonia (NBPP), post-meningitis sequelae and death. Epidemiology and costs were estimated from French sources whenever available. Uncertainties around assumptions were effectively captured using optimistic and/or pessimistic scenario analyses. At-risk adults received either PPV23 (for the immunocompetent) or PCV13 (for the immunosuppressed). This strategy was compared to PCV13 vaccine alone. RESULTS: Between 2014 and 2018, vaccination with PPV23 and PCV13 led to a higher reduction in terms of IPD and NBPP cases avoided in most scenarios when compared to PCV13 alone (328 (1.6%) to 2,268 (9.2%) and from 3,415 (1.6%) to 3,972 (18.4%) for IPD and NBPP respectively). From a budget impact standpoint, none of the scenario was found in favor of PCV13. Under conservative vaccination coverage assumptions, the total incremental budget impact if PCV13 replace PPV23 for the immunocompetent population ranged from €39.8 million to €65.9 million. CONCLUSIONS: The pneumococcal vaccine and the wider serotype coverage of PPV23, vaccination at risks adults with PPV23 remains the optimal strategy from a public health perspective. Moreover, the current health budget constraint, PCV13 alone is found to be associated with a significant impact on budget, whereas the health benefits are limited.

PIN27
COSTS RELATED TO PNEUMONIA, MENINGITIS AND SEPSIS IN PATIENTS 50 YEARS AND OLDER FROM THE PRIVATE HEALTH SYSTEM PERSPECTIVE IN BRAZIL

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OBJECTIVES: This study aimed to evaluate the impact of pneumonia, meningitis and sepsis and the how they represent the costs for patients 50 years and older in the Brazilian Private Health System. METHODS: An administrative claims database containing 18 million lives was used to identify episodes of pneumonia, meningitis and sepsis, in all ages, between Oct 2010 and Dec 2013. The episodes were identified using ICD-10 codes of A40.3, B95.3, G00.1; J13, J15.0, J15.3, J15.4, J15.8, J18.0, J18.9, J20.2 and P23.3 for pneumonia, A40.0, A40.1, A40.8, A40.9, A41.0, A41.8, A41.9 and P24.9 for meningitis and P96.1 and P96.3 for sepsis. 290 and 560.9 years of meningitis. Patients aged ≥50 years were identified and all-cause costs were extracted and grouped according to the 3 disease conditions. RESULTS: A total of 70,850 patients were identified, 4.6% of the population presents 5% 153% of the total costs. The burden was also different by disease. Pneumonia had 56.9% of costs incurred by age 50+. For sepsis and meningitis, 75.8% and 15.3% of the costs were incurred by age 50+, respectively. CONCLUSIONS: Pneumonia, meningitis, and sepsis and its associated costs disproportionately affect the population. For pneumonia, 71.9% of episodes were in the ages 50+. Meningitis and sepsis represented 38% and 62.9% respectively. The cost burden was also different by disease. Pneumonia had 56.9% of costs incurred by age 50+. For sepsis and meningitis, 75.8% and 15.3% of the costs were incurred by age 50+, respectively. CONCLUSIONS: Pneumonia, meningitis, and sepsis and its associated costs disproportionately affect the population. For pneumonia, 71.9% of episodes were in the ages 50+. Meningitis and sepsis represented 38% and 62.9% respectively. The cost burden was also different by disease. Pneumonia had 56.9% of costs incurred by age 50+. For sepsis and meningitis, 75.8% and 15.3% of the costs were incurred by age 50+, respectively. CONCLUSIONS: Pneumonia, meningitis, and sepsis and its associated costs disproportionately affect the population. For pneumonia, 71.9% of episodes were in the ages 50+. Meningitis and sepsis represented 38% and 62.9% respectively. The cost burden was also different by disease. Pneumonia had 56.9% of costs incurred by age 50+. For sepsis and meningitis, 75.8% and 15.3% of the costs were incurred by age 50+, respectively. CONCLUSIONS: Pneumonia, meningitis, and sepsis and its associated costs disproportionately affect the population. For pneumonia, 71.9% of episodes were in the ages 50+. Meningitis and sepsis represented 38% and 62.9% respectively. The cost burden was also different by disease. Pneumonia had 56.9% of costs incurred by age 50+. For sepsis and meningitis, 75.8% and 15.3% of the costs were incurred by age 50+, respectively.