found in their countries of origin. A longer stay in the host country or being a child of immigrants is associated with increased adaption to the new environment, and therefore the prevalence of asthma and allergies over time change with the prevalence in the non-immigrant host population. Comparisons between populations in their countries of origin and those that emigrated vary depending on their age of development, which can significantly influence the development of asthma and allergies. CONCLUSIONS: Preliminary findings suggest a strong influence of the environment on the development of asthma and allergies. The prevalence of asthma is generally higher in second generation immigrants. With length of stay the prevalence of asthma and allergies increases steadily. Further analysis should assess homogeneity across studies and obtain pooled risk estimates status as a risk factor for asthma and allergies.

PRS16 PREDICTORS OF CIGARETTE SMOKING AMONG ADULTS IN FIVE COUNTRIES: CHINA, INDIA, JORDAN, TAIWAN, AND SAUDI ARABIA
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OBJECTIVES: Tobacco use remains the leading preventable cause of premature death worldwide. Survey-based smoking related data has been collected from China, Jordan, India, Taiwan, and Saudi Arabia between 2009-2012. Predictors of smoking within each country have been identified and recently published. The objective was to identify and compare smoking predictors that remain significant across countries after combining the data from various countries into one dataset. METHODS: Survey questions included socio-demographic characteristics, history of tobacco smoking, environmental determinants of smoking like family and peer smoking behavior. Multivariate logistic regression was used to determine predictors of smoking in the past month vs. no smoking. RESULTS: A total of 3,658 adults participated in the survey. Sixty-four percent of the participants had smoked cigarettes in the past month. Females were less likely to smoke (OR=0.80, 95% CI: 0.68-1.02), whereas adults older than 25 (OR=1.77; 95% CI: 1.37-2.30) or working/studying in medical related field (OR=2.08, 95% CI: 1.76-2.43) were more likely to smoke. Compared to Chinese participants, those from India, Saudi Arabia, Taiwan were less likely to smoke (OR=0.13, 95% CI: 0.06-0.27 for India, OR=0.005, 95% CI<0.001-0.07 for Saudi Arabia, and OR=0.04, 95% CI:0.002-0.94 for Taiwan) while no significant differences were observed with Jordan participants. Teachers' anti-smoking messages significantly decreased the likelihood of smoking (OR=0.35, 95% CI:0.13-0.90). Social network, on the other hand, significantly increased the likelihood of smoking, especially among siblings (OR=1.20, 95% CI:1.05-1.37) and close friends (OR=1.96, 95% CI:1.34-2.86). Other variables associated with smoking included experiences with dyspepsia, education level, grades, personal feelings in previous week, and other substance use experiences (alcohol/cigar/chewing tobacco). CONCLUSIONS: The determinants of smoking behavior observed during the study point to the need for a US health insurer of moving MP29-02 from third-tier to second-tier pricing and reimbursement. METHODS: Population is SAR sufferers seeking treatment. MP29-02 is assumed to gain market share annually with second-tier pricing. Time horizon is one year and five years. Perspective is a US health plan with 500,000 enrollees. BIA is a pharmacy cost impact model using data from literature and supplied by Meda. Model assumes 10% branded drug price inflation, 80% brand to generic share shift and 50% price reduction; tiered payer rebates percentages and patient copay amounts. RESULTS: Estimated treated SAR population ranged from 63,165 at baseline to 68,630 in Year 5. Branded share of fluticasone-based products declined from 37.2% to 7.4% in Year 5. BIA is a pharmacy cost impact model using data from literature and supplied by Meda. Model assumes 10% branded drug price inflation, 80% brand to generic share shift and 50% price reduction; tiered payer rebates percentages and patient copay amounts. RESULTS: Estimated treated SAR population ranged from 63,165 at baseline to 68,630 in Year 5. Branded share of fluticasone-based products declined from 37.2% to 7.4% in Year 5. Overall SAR treatment budget declined from $3.2 million annually at baseline to $3.1 million in Year 5 reflecting expected shift from branded to generic market share. According to baseline assumptions, marginal change in costs prevails over one year. When SAR is treated, the annual incremental cost to move MP29-02 from third-tier to second-tier pricing are $195,695 ($0.01 FMPM). Costs associated with the study horizon, given changes in market shares, are $97,342 ($0.01 FMPM). CONCLUSIONS: MP29-02 offers an appropriate means of adhering to AR practice guidelines and improving outcomes, and this BIA model shows that the added costs of those benefits are minimal to US payers.

PRS20 THE SHORT-TERM ECONOMIC IMPACT OF CHILDHOOD PREVENTIVE HEALTH PROGRAMS IN MEXICO
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OBJECTIVES: Respiratory syncytial virus (RSV) is a primary cause of lower respiratory tract infection in infants and children and leads to substantial morbidity and mortality. Palivizumab is a monoclonal antibody demonstrated to significantly reduce the frequency of hospitalizations for RSV infection in high-risk populations, including preterm infants and children with bronchopulmonary dysplasia and congenital heart disease. National costs of implementing a childhood prophylaxis program have not been well characterized. The objective was to compare the financial impact of implementing a RSV prevention program in high-risk infants using palivizumab, to the current standard of care (SOC), with at least three antiretroviral agents plus a pneumococcal conjugate vaccine (PCV13); quadrivalent human papillomavirus (HPV) vaccine; and Bordetella pertussis (B. pertussis) vaccine. METHODS: A model was developed to estimate the one-year cost of implementing a program of prevention of severe RSV infection in high-risk populations in Mexico, from the national health care perspective. Model inputs were derived following a literature review on the health care system, and included the epidemiology of severe RSV infection in Mexico and Latin America. With appropriate Mexican economic and cost estimates. RESULTS: The cost of prophylaxis with palivizumab was approximately MEX$283 million. The corresponding costs for PCV13, HPV vaccine, and B. pertussis vaccine were estimated at MEX$1.1 billion, MEX$579 million, and MEX$636 million, respectively. Total Disease cost estimates were MEX$878 million for RSV