Objectives: There is no consistent evidence of clinical efficacy of IgM-enriched intravenous immunoglobulin (IgM) for reducing influenza complications in adults, newborns and older children with bacterial infections and sepsis. The aim of the study was to update evidence by considering recent clinical trials and analyzing age populations and comparators separately.

Methods: We searched publications in PubMed and Cochrane Library databases in December 2019. All-cause mortality was analyzed, and systematic review using meta-analysis and indirect comparison was carried out.

Results: Five meta-analyses and 18 RCTs were considered, including 12 trials studied effect of IgM in adults, 5 in newborns, and one in children 1-24 months old. All interventions were applied with basic therapy (BT). No difference between IgM and albumin was found for adults. However, we found significant efficacy of IgM in adults when compared with all comparators, RR 0.69 [0.56; 0.84], and BT, RR 0.59 [0.39; 0.89]. The observed mortality was higher than other comparators, groups, RR 0.47 [0.29; 0.76], and in BT with or without placebo, RR 0.50 [0.30; 0.84]. Children under 24 months receiving IgM also had lower mortality than in all comparators group, RR 0.48 [0.34; 0.68]. Indirect comparisons of IgM and IgG in adults showed no differences, in newborns the difference is in favor of IgM, RR 0.47 [0.29; 0.77].

Conclusions: IgM is effective in reducing all-cause mortality in adults with bacterial infection or sepsis in comparison with BT, also in newborns in comparison with BT and placebo. Further research would evaluate in under 24 months in comparison to BT with or without albumin. Further head-to-head clinical trials are needed to enhance evidence.

PIN14 HIGH THERAPEUTIC EFFICIENCY WITH LEDIPASIVIR/SOFOSBUVIR FOR THE TREATMENT OF CHRONIC HEPATITIS C IN PORTUGAL

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Objectives: Chronic hepatitis C (CHC) is a major public health problem affecting 1.5% of the Portuguese population and reducing life expectancy by 20 years. The most recent international guidelines recommend the utilization of sofosbuvir (SOF) as backbone for the treatment of CHC patients. The association of ledipasvir (LDV) to SOF enhances SOF efficacy and safety, especially in patients infected with genotype-1 hepatitis C virus. Additionally, it allows the treatment of CHC patients without using pegylated interferon-a (PEGIFN) and ribavirin (RBV). The objective of this study was to estimate LDV/SOF’s contribution to the Portuguese public health by exhausting CHC therapeutic efficiency. Methods: Therapeutic efficiency was defined as maximum capacity to benefit from treatment in terms of life years (LY) relative to the general population’s life expectancy. The natural history of CHC genotype-1 non-cirrhotics and cirrhotic patients was monitored in a population cohort. Life expectancy was calculated based on the Portuguese National Health System, the recommendation of SOF as the standard care of standard and the coincidence between therapeutic indications. Results: In HCV genotype-1 non-cirrhotic patients, LDV/SOF treatment is expected to result in 0.21 LY, 1.5 LY or 7.27 LY, respectively, at Wk0/Wk4/Wk24; if patients are infected with HCV genotype-1, LDV/SOF is expected to enhance life expectancy, with therapeutic efficiency ranging from 86.2% to 98.4%.

Conclusions: LDV/SOF regimens are associated with high therapeutic efficiency, and are expected to maximize the years of life of the Portuguese genotype-1 HCV patients.

PIN15 MODELING OF USING RILPIVIRINE/TENOFOVIR EMTRICTABINE IN TREATMENT OF CHRONIC HEPATITIS C (CHC) IN PORTUGAL: VALUE IN HEALTH 18 (2015) A335–A766

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Objectives: To estimate the long-term clinical outcomes of using rilpivirine/tenofovir/emtricitabine (single tablet regimen) in treatment of naive patients with HCV RNA<100 000 copies/ml in the Russian Federation. Methods: The mathematical model was developed in Microsoft Office 2013. The time horizon was 5 years. The model included a fixed-effect threshold model with a non-interaction term. The value of other parameters was obtained from prior epidemiological studies that had been provided in the Russian Federation. Results: The number of deaths on rilpivirine/tenofovir/emtricitabine scheme (single tablet regimen) was 12% and less, the number of YLL was 9% of the scheme efavirenz + tenofovir/emtricitabine (multi-pill regimen) and lopinavir + tenofovir/emtricitabine (multi-pill regimen), respectively. Conclusions: Results obtained with present model showed that treatment naive patients with HCV RNA<100 000 copies/ml using rilpivirine/tenofovir/emtricitabine scheme (single tablet regimen) can be associated with better long-term outcomes compared to alternative multi-pill schemes.