and deaths, respectively, may have been QV-preventable. CONCLUSIONS: The seasonal variability of influenza B lineage circulation, and the level of vaccine match determine the extent of the benefit of QV use. However, on average, under reasonable assumptions of vaccine effectiveness, a substantial number of hospitalizations and deaths could have been prevented by using QV during the study period in the United States. Funding: GlaxoSmithKline Biologicals SA.

PIN6 ASSOCIATION BETWEEN INTERFERON USE AND REDUCED METABOLIC AND VASCULAR COMPLICATIONS AMONG PATIENTS WITH HEPATITIS C Chinkov VV, Shaya FT, Howell CD

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OBJECTIVES: We determined the association between interferon treatment for chronic hepatitis C (HCV) and the presence and severity of metabolic and vascular complications occurring in a large Medicaid population. METHODS: This was a historical prospective cohort study using administrative claims data of Maryland Medicaid recipients (2006-2009) infected with hepatitis C. We used the validated Diabetes Complications Severity Index (DCSI) as proxy for the presence and severity of metabolic and vascular complications using a zero-inflated Poisson multivariate regression, stratified by White and Black race and adjusted for baseline covariates. RESULTS: White persons treated with interferon for 24-48 weeks and longer than 48 weeks had a significantly smaller increase in DCSI score ranging from 53%-75% and 54%-69% over the study follow-up, respectively, compared to untreated persons. There was no significant difference in the change in DCSI scores in Blacks treated for either 24-48 weeks or longer than 48 weeks, though paradoxically Blacks treated for > 48 weeks had a borderline significant 45% higher DCSI score over the study follow-up. In patient treated at baseline both White (OR = 0.22, p = 0.01) and Black (OR = 0.38, p = 0.09) patients treated with interferon exhibited a lower risk of developing vascular/metabolic disease at 30 and 36 months of follow-up, respectively. CONCLUSIONS: The results suggest interferon treatment for chronic HCV might decrease metabolic and vascular complications related to diabetes.

PIN7 EVALUATION LONG-TERM EFFECTS OF TREATMENT AND RESPONSE ON HEALTH RELATED QUALITY OF LIFE AMONG PATIENTS WITH CHRONIC HEPATITIS C Almadiyeva A, Kostyuk A, Sirbayev S, Salpynov Z

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OBJECTIVES: Hepatitis C decreases health related quality of life (HRQoL) which is further diminished by dialytic therapy. HRQoL improves promptly after the start of the treatment. This trial explores the course of and factors associated with HRQoL in patients given individualized or standard treatment based on early treatment response. To study the relationship between HRQoL and mode of acquisition, treatment, and adherence. To study the treatment outcomes in patients with chronic hepatitis C. METHODS: The Short Form SF-36 Health Survey was administered for evaluation health-related quality of life. Consecutive unsellected Kazakh patients with chronic hepatitis C were included in the study. Exploring these findings further, treatment outcomes in patients with chronic hepatitis C. RESULTS: At baseline, HRQoL was reduced in all SF-36 subscales in our patients compared with the general Kazakh population by age, participating center, severity of liver disease and income. Exploring these findings further, treatment outcomes in patients with chronic hepatitis C. CONCLUSIONS: Kazakh patients with chronic hepatitis C have a marked reduction in their HRQoL as compared to the general population. Main determinants of HRQoL were severity of liver disease, age, gender, participating center and response to treatment. Our results do not exclude a more profound negative impact of individualized treatment compared to standard, possibly caused by gender and race stratified incidence of infant pertussis-related hospitalizations. METHODS: Data on pertussis-related hospitalizations (ICD-9-CM discharge codes 033.0, 033.8, 033.9, 484.3) from the 2000–2011 Nationwide Inpatient Sample (NIS) were retrospectively analyzed. Annual pertussis-related hospitalizations per 100,000 infants aged <12 months was estimated using NIS sampling weights and year-specific population denominators from US census data. RESULTS: Incidence of pertussis-related hospitalization was ~6/100,000 infants between 2000 and 2003 before increasing sharply in 2004 (9.0/10,000) and 2005 (13.8/10,000). Thereafter, incidence fell substantially (6.2, 4.1, and 4.2/10,000 in 2006, 2007, and 2008, respectively) before increasing again in 2009 and 2010 (5.9 and 7.3/10,000, respectively). Incidence declined again in 2011 (3.3/10,000). Incidence was similar between males and females, but substantial differences were observed by race. Incidence was highest in Hispanic infants, starting at 8.6/10,000 in 2000, peaking at 29.4/10,000 in 2005, and then falling to 4.3/10,000 in 2010. Concerns were also noted for white and Asian infants, reaching a 2005 peak of only 5.4 and 5.3/10,000, respectively. CONCLUSIONS: Infant pertussis hospitalizations peaked in 2005 before a more recent decline thereafter, possibly due to increased herd immunity conferred by the 2006 launch of universal adolescent Tdap vaccination. Incidence surged again through 2010 before another decline in 2011, demonstrating for severe cases the documented cyclic pattern of peaks and nadirs for overall pertussis incidence. This analysis also highlights the need for increased focus on minorities in pertussis vaccination programs.