OBJECTIVES: Estimates that account for 400,000 to 500,000 people are chronically infected with Hepatitis C in Germany. About 27% of end-stage liver cirrhosis and 25% of hepatocellular carcinoma are associated with HCV. The economic relevance of hepatocellular carcinoma (HCC) treatment vs. HCC costs for the management of adverse events or HCV-related care amount for a small proportion of total costs.

RESULTS: Applying a 3% treatment rate and 71.5%/50.0% SVR rate predicted an increase in GT-2/3 patients. Costs for the management of adverse events or HCV-related care amount for a small proportion of total costs.

CONCLUSIONS: A rate of 5.97 cases of nosocomial infection (NI) per 100 discharges (issued by the United Nations, 1990) was applied. Through this period, with representation declining among whites (from 56% to 45% of cases) and increasing among blacks (from 8% to 11% of cases), Geographic distribution remained fairly constant, with highest representation from the South (30% of cases) and West (30% of cases). CONCLUSIONS: Pediatric MD incidence declined during this period, possibly due to the introduction of the pneumococcal conjugate vaccine in 2005. However, MD incidence remained substantially higher in infants compared with other age groups and there appeared to be a demographic shift in cases away from females and whites.

**PIN9**

**ESTIMATION OF THE NUMBER OF CASES OF NONOSOMIAL SKIN AND SOFT TISSUE INFECTION IN ADULTS CAUSED BY GRAM-POSITIVE BACTERIA IN PUBLIC HOSPITALS IN MEXICO**

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OBJECTIVES: To estimate the number of cases of nosocomial skin and soft tissue infection (SSI) in adults caused by Gram-positive bacteria (GPB) in public hospitals in Mexico. The total number of cases of hospital discharges in 5 years were extracted from databases of the National Health Information System. A rate of 5.97 cases of nosocomial infection (NI) per 100 discharges (issued by Instituto Mexicano del Seguro Social between 2011 and 2012) was applied. Through a systematic literature review and critical reading of studies developed under the Mexican setting (using the Critical Appraisal Skills Programme guidelines), we assessed the type of infection and determined the proportions of: microorganisms pathogen were isolated in 87.0% of microbiological cultures (23,256), among which, GPB was identified in 44.2%. According to our estimates a conservative rate of 5.97 cases of nosocomial infection (NI) per 100 discharges (issued by the United Nations, 1990) was applied. Through this period, with representation declining among whites (from 56% to 45% of cases) and increasing among blacks (from 8% to 11% of cases), Geographic distribution remained fairly constant, with highest representation from the South (30% of cases) and West (30% of cases). CONCLUSIONS: Pediatric MD incidence declined during this period, possibly due to the introduction of the pneumococcal conjugate vaccine in 2005. However, MD incidence remained substantially higher in infants compared with other age groups and there appeared to be a demographic shift in cases away from females and whites.

**PIN10**

**RECENT TRENDS IN INCIDENCE AND DEMOGRAPHICS OF PEDIATRIC MENINGOCOCCAL DISEASE IN THE UNITED STATES**

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OBJECTIVES: Approximately 1,000-1,200 people in the United States (US) develop meningococcal disease (MD) each year. MD is a life-threatening bacterial infection most common in infants (age <1 year), adolescents, and people living in close quarters. We estimated annual incidence and demographic characteristics of MD in the US pediatric population from 2000 to 2009. METHODS: Data for pediatric age groups (discharges with ICD-9-CM codes) from the 2000, 2003, 2006, and 2009 HCUP Kids’ Inpatient Databases (KID) were retrospectively analyzed. Annual MD incidence per 100,000 pediatrics (adjusted to 2010 US population) was estimated using KID sampling weights and year-specific population denominators from US census data. RESULTS: Pediatric MD incidence steadily decreased from 1.9/100,000 in 2000 to 0.7/100,000 in 2009, a 63% decline. Incidence was highest, by far, in infants, which also decreased during 2000-2009 (7.6/100,000 to 2.2/100,000, a 71% decline). Among children aged 1-4 years, incidence fell from 2.7/100,000 to 0/100,000 during this period, a 73% decline. In children aged 5-10 years, we observed a 43% decline (2.1/100,000 to 0/100,000) during this period, a 70% decline. In children aged 11-18 years, we observed a 65% decline (0.3/100,000 to 0/100,000) during this period, a 91% decline. In children aged 19-20 years, we observed a 65% decline (0.1/100,000 to 0/100,000) during this period, a 97% decline. In children aged 21-25 years, we observed a 55% decline (0.1/100,000 to 0/100,000) during this period, a 96% decline. In children aged 26-30 years, we observed a 50% decline (0.0/100,000 to 0/100,000) during this period, a 50% decline. All others (14.6% of cases) and pathogen were isolated in 87.0% of microbiological cultures (23,256), among which, GPB was identified in 44.2%. According to our estimates a conservative rate of 5.97 cases of nosocomial infection (NI) per 100 discharges (issued by the United Nations, 1990) was applied. Through this period, with representation declining among whites (from 56% to 45% of cases) and increasing among blacks (from 8% to 11% of cases), Geographic distribution remained fairly constant, with highest representation from the South (30% of cases) and West (30% of cases). CONCLUSIONS: Pediatric MD incidence declined during this period, possibly due to the introduction of the pneumococcal conjugate vaccine in 2005. However, MD incidence remained substantially higher in infants compared with other age groups and there appeared to be a demographic shift in cases away from females and whites.

**PIN11**

**THE GLOBAL BURDEN, INCIDENCE, AND PREVALENCE OF CHRONIC HEPATITIS C IN THE UNITED KINGDOM**

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1E342

OBJECTIVES: To identify and understand hepatitis C virus (HCV) prevalence and mortality rates, disease course, and the availability of data on patient and viral characteristics that may affect treatment and outcomes. METHODS: A targeted review was undertaken in MEDLINE, using a predefined search strategy, to identify publications examining HCV burden. A total of 422 publications were identified. A critical appraisal of these publications was undertaken (using the Critical Appraisal Skills Programme guidelines), for inclusion in this review. RESULTS: A total of 1,773 references were identified. Results indicated that global HCV prevalence increased from 2.3% to 3.6% from 1980 to 2005, with highest prevalence in Eastern Asia (~ 3.5%). HCV screening programmes and mandatory reporting are present in only a few countries, so prevalence is likely to be even greater. In 2010, there were estimated to be 499,000 deaths globally related to HCV, making HCV-related complications the 25th most common cause of death and a significant global health problem. The prevalence of HCV genotypes varies geographically. Genotype 1 is most prevalent in North and South America, Europe, and the Asia-Pacific region (~45%-80%). Genotype 3 is most prevalent in South Asia (~30%-80%), Southeast Asia (~30%-60%), and China (~30%-80%). Genotype 4 is most prevalent in the Middle East (~60%-92%). There is a lack of data for the majority of African and some Middle Eastern countries. Genotype 1 is associated with increased insulin resistance, worse response to treatment, and higher risk of developing cirrhosis and hepatocellular carcinoma. Genotype 3 is associated with increased steatosis (up to 73% of patients vs. 51% in patients with other genotypes) and fibrosis. CONCLUSIONS: In light of upcoming treatment alternatives, detailed epidemiological studies will help ascertain more accurately the prevalence of each HCV genotype, so that the true burden of HCV can be understood and treatments targeted appropriately.

**PIN12**

**BURDEN OF VARICELLA IN EASTERN EUROPE: A SYSTEMATIC REVIEW AND CRITICAL ANALYSIS**

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OBJECTIVES: Varicella is a common and vaccine-preventable disease, but its impact on populations in Eastern Europe (EE) has received little attention. This study aimed to review the epidemiology and economic burden of varicella in EE. METHODS: A systematic literature review was conducted in PubMed and government websites to identify studies on epidemiology and economic burden of varicella in EE. Extracted study data included varicella incidence, complications, mortality, vaccination program availability and coverage rates, as well as health care resource utilization and medical costs associated with varicella. Critical analyses of study quality and relevance were conducted. RESULTS: The number of EE countries for which varicella data were identified from four countries including Bosnia Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Russia, Serbia, Slovakia, and Slovenia. Only Latvia has a universal varicella vaccination program, while the remaining countries either only recommend...