signed to risk factors that did not justify preventing anticoagulation according to the guideline tended to decrease in both groups, this was more marked in the I group. Almost all physicians in both groups agreed that using this form would help improving preventive anticoagulant prescriptions. Nevertheless, 8/43 in the C group and 15/46 in the I group thought that it might hinder prescribing treatments that could benefit patients. CONCLUSION: Further analyses are underway to confirm that changes observed in I group prescriptions reflect improved agreement with the guidelines, and to assess variations across wards and/or for different risk factors or combinations, reflecting possible differences in supervision by senior physicians, or demonstrating the need to improve the documentation of specific recommendations.

INFECTIOUS DISEASE

ASSOCIATED OUTCOMES OF INFLUENZA-LIKE ILLNESS AND CLINICAL INFLUENZA IN ITALY
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OBJECTIVES: to estimate the natural history of influenza and the associated resource utilization and General Practitioner (GPs) workload in the Italian general population. METHODS: during a three-month winter epidemic period, 199 GPs from one Northern and one Southern Italian region reported daily the number of visits because of Influenza-like illness (ILI), Clinical influenza (CI) and any other cause. Furthermore, the first 10 cases of CI in each month of the three-month period (a total of 30 cases per GP), were carefully recorded and followed up. RESULTS: about 200,000 visits were performed by 199 GPs. ILI and CI accounted for 13.8% and 8.3% of all visits respectively. Six thousand and fifty-two thousand and CI were carefully recorded and evaluated for outcomes. In our sample, 20% of patients (pts) were at risk because of age (>65 years) or concurrent conditions. Almost all pts received at least one prescription for symptomatic drugs, and 36% received antibiotics. Complications (primarily upper and lower respiratory tract bacterial infections) affected 35% of pts. At risk pts had significantly higher complication rate (OR = 2.89; 95% C.I. 2.44–3.41), and required more exams and hospitalizations than other pts, accounting for most of direct costs associated with CI. Pts with CI had an average of 5 days of absence from work or school. CONCLUSIONS: influenza is associated with significant morbidity in general and at risk population, considerable working days lost and sizeable excess workload for GPs.

PHARMACOECONOMIC EVALUATION OF IMMUNOPROPYLAXIS FOR RESPIRATORY SYNCYTIAL VIRUS (RSV) INFECTION IN HIGH-RISK INFANTS
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Respiratory syncytial virus (RSV), the leading cause of lower respiratory tract infection in children, results in an estimated 90,000 hospitalizations and 4,500 deaths each year in the United States. Children with underlying bronchopulmonary dysplasia, prematurity or immunodeficiency are known to be at high-risk for severe RSV illness. OBJECTIVE: To evaluate research addressing the pharmacoeconomics of RSV immunoglobulin (RSV-IG) and palivizumab, the only two available agents, to prevent RSV infection among high-risk infants. METHODS: Studies in English were identified from Medline (1993 to 2000) using search terms like RSV-IG, palivizumab, costs, cost-effectiveness. Additional studies were collected by searching bibliographies of identified articles and contacting study authors and other experts. Data was abstracted from each study using a standardized reporting form. RESULTS: Cost per hospitalization averted was the primary outcome measure across most studies. Cost-effectiveness estimates of RSV-IG have ranged from $3,800 to $8,800 per respiratory related hospitalization prevented, to $24,000 per year of life saved, to $102,608 to prevent hospitalization of a 3.3 kg infant. Economic evaluation of palivizumab also indicate varied estimates ranging from expected savings of $39,107 per infant to costs of $72,712 per hospitalization prevented. Two recent studies compared both palivizumab and RSV-IG. The cost-effectiveness of both agents varied widely among different subgroups of premature infants based on their risk of RSV hospitalization defined by gestational age and duration of respiratory support. Some studies used assumptions about reduced mortality and morbidity that have not been shown in the clinical trials. Also cost-effective models utilizing RSV hospitalization rates from clinical trials reported less favorable results. CONCLUSION: Both RSV-IG and palivizumab are very costly interventions. Inconsistent data exists to conclude which is more cost-effective. In the absence of alternatives to the two agents, further research needs to be performed to determine the overall cost-effectiveness of immunoprophylaxis for RSV infection.

COST-EFFECTIVENESS OF HEPATITIS B VACCINATION IN THE NETHERLANDS
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