 aureus (MRSA), streptococci and many common Gram-negative pathogens. The objective was to evaluate the efficacy of ceftriaxone fosamil monotherapy versus other antibiotics routinely used in initial empiric treatment of MRSA-related CSSTI. METHODS: MEDLINE, Medline-In-Process, EMBASE and the Cochrane Controlled Trials Registry were searched to identify published randomised controlled trials in which ceftriaxone fosamil, daptomycin, linezolid, teicoplanin, tigecycline and vancomycin (with or without a Gram-negative antibiotic) were used to treat patients admitted to hospital with CSSTI. Primary outcomes were clinical success at test-of-cure visit in the modified intention-to-treat (MITT) and clinically evaluable (CE) populations using a NMA with uninformative priors. Clinical success for each antibiotic was reported with 95% credible intervals (CrI95%). A fixed effects model was used. RESULTS: Thirty-three studies involving five antibiotics and a total of 8152 patients with CSSTI were included. No data were found for teicoplanin. Pooled clinical success rates and CrI95 in the MITT population for each antibiotic were: ceftriaxone fosamil 81.2% (CrI95: 76.8% to 85.0%), daptomycin 81.4% (CrI95: 72.5% to 89.0%), linezolid 94.2% (CrI95: 90.7% to 96.5%), tigecycline 88.1% (CrI95: 84.7% to 90.9%) and vancomycin 80.4% (CrI95: 77.9% to 82.6%). Clinical success rates in the CE population were: ceftriaxone fosamil 89.2% (CrI95: 85.3% to 92.3%), linezolid 93.9% (CrI95: 88.5% to 96.2%), linezolid 94.2% (CrI95: 90.7% to 96.5%), tigecycline 88.1% (CrI95: 84.7% to 90.9%) and vancomycin 90.0% (CrI95: 88.2% to 91.6%). CONCLUSIONS: Although the outcomes of all trials across trials were noted, the results of this NMA suggest that ceftriaxone fosamil is comparable in efficacy to other antibiotics used in the treatment of MRSA-suspected CSSTI.

PIN8 COMPARISON OF MORTALITY BETWEEN HCV PATIENTS WITH CONTRAINDICATIONS TO TREATMENT AND HCV PATIENTS WITHOUT CONTRAINDICATIONS TO TREATMENT: A PROSPECTIVE COHORT STUDY IN A VETERANS ADMINISTRATION HOSPITAL IN THE UNITED STATES

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OBJECTIVES: To determine the impact of contraindications on treatment decisions for HCV based on some contraindications but not all. Future work should examine the occurrence of adverse events or treatment failure in order to determine the best ways to improve clinician awareness of contraindications when making treatment decisions.

PIN9 A PRELIMINARY ECONOMICAL ANALYSIS BASED ON THE EARLY IMPACT OF QUADRIVALENT HPV VACCINATION ON GW INCIDENCE IN BELGIUM

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OBJECTIVES: Quadrivalent human papillomavirus (qHPV) vaccine prevents from genital warts burden reduction following vaccination rates method and estimated at 324.2/100,000 women vaccinated. Within this age-group, 435,280 new cases (38%, 95% CI: 36%–41%) in all-cause acute-gastroenteritis (AGE) related hospital admissions is observed from 1,757 per year pre-vaccine to 1,082 per year 4th year post-launch. The number of bed days due to AGE has fallen from 897 per pre-vaccinated patient to 536 (−40%, 95% CI: −39%–41%) post-vaccination. A reduction from 6340 to 4894 (−27%, 95% CI: 26%–28%) is also seen amongst the non-rotavirus positive cases. CONCLUSIONS: Significant declines in number of rotavirus and all-cause AGE related hospitalisations are seen in young children after 4 years of mass rotavirus vaccination in Belgium. A steady state may be reached after 3 years as no further decrease in the number of rotavirus related hospitalisations is observed.

PIN11 PHARMACOTHERAPY OF ACUTE BRONCHITIS IN CLINICS: RESULTS OF PHARMACOEPIDEMICAL RESEARCH

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OBJECTIVES: Perform pharmacoeconomic analysis on actual practice when using antibacterial therapy among adults with acute bronchitis. METHODS: We have analyzed 576 cases of acute bronchitis among patients receiving clinical treatment in four hospitals located in Moscow, Nizhny Novgorod, St. Petersburg and Kazan. An individual registration folder featuring patient’s demographic data, accompanying diseases, use of antimicrobial treatment, dose regimes and methods of therapy, vaccination status and vaccine impact on all-cause AGE related hospitalisations are seen in young children after 4 years of mass rotavirus vaccination in Belgium. A steady state may be reached after 3 years as no further decrease in the number of rotavirus related hospitalisations is observed.

PIN12 BURDEN OF DISEASE AND SEROTYPE DISTRIBUTION ASSOCIATED WITH REPORTABLE INVASIVE STREPTOCOCCUS PNEUMONIAE PNEUMONIA IN NORWAY, 2007–2009

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OBJECTIVES: Streptococcus pneumoniae (SP) pneumonia represents substantial morbidity and mortality worldwide. The aim of this study was to describe the incidence, serotype distribution, and in-hospital mortality associated with reportable invasive SP pneumonia in all age groups in Norway from 2007–2009. METHODS: Patients with laboratory-confirmed invasive SP pneumonia were identified from the Norwegian Surveillance System for Communicable Diseases (MSIS) database from January 2007–December 2009. Population data were obtained from Statistics Norway. Incidence was reported annually as new cases per