importers of antimicrobial medicines are: India (25.8%), Russia (16%), China (9.7%), Ukraine (9.4%), and France (6.5%). Manufacturers from other countries consisted 3.2%. CONCLUSIONS: A large part of the drugs purchased within the guaranteed volume of free medical aid in the Republic of Kazakhstan consist from basic beta-lactam antibiotics. In the list were presented the outdated drugs (gentamicin), which is not recommended for use. Predominant drug is drugs from domestic pharmaceutical companies.

PIN91 EVALUATION OF ECONOMIC IMPACT OF TUBERCULOSIS CONTROL IN MALAYSIA USING DYNAMIC TRANSMISSION MODEL

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OBJECTIVES: Despite all the control efforts, Malaysia has yet to effectively reduce the tuberculosis (TB) burden. TB is not only a health problem, but it is also causing a significant economic burden in the order of USD16 million/year as reported by World Health Organization (WHO) in 2014. This study aimed to evaluate the economic impact of TB control in Malaysia using a dynamic transmission model (DTM).

METHODS: A newstyptic model was developed using the estimation of the number of cases using our national TB data from 2003 to 2012. The dynamics of the model is divided into four phases: infectious, communicable, and non-infectious. The model incorporates the effect of treatment and the cost of the treatment is estimated using a cost-effectiveness approach. The cost per case is estimated by the government price. The model is run for a 10-year period. The study was performed from a government perspective. All costs are expressed as USD medians (interquartile range). A 3% discount rate was used for projections. RESULTS: A total of 436 successfully treated cases were included in this study. Of these, 195 (44.7%) cases required hospitalisation during treatment period. USD616 (487-763)/patient was used for non-hospitalisation cases compared to USD461 (364-284)/patient for those requiring hospitalisation representing a 3-fold increase. 119 incomplete treatment cases were selected for comparison. USD337 (193-902)/patient was used for these incomplete cases. Our model suggests that for every 100 TB cases will decrease by 5.8% in 105 hospital. All costs were then discounted using an average 3% discount rate. TOTAL: In 2011, the estimated total of USD22 million (153-57 million) was used for direct medical costs. Based on a local estimated 6.9% incomplete treatment rate, an extra USD5.8 million (3.5-8.6 million)/year (22.9% increase) would be required. CONCLUSION: Our findings are consistent with WHO report. In Malaysia, hospitalisation appears to be the major cost driver for TB patients receiving treatment. Healthcare strategies such as early detection, increased awareness of TB and improved compliance may potentially reduce TB health budget.

PIN92 COST OF ADMINISTRATION OF A SINGLE DOSE OF ROTAVIRUS VACCINE IN CANADA

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OBJECTIVES: Differences in vaccine schedules may result in additional costs beyond the differences due to pricing variation between two products. There are two oral rotavirus vaccines approved for use in Canada; one vaccine is approved as a two-dose schedule while the other is approved as a three-dose schedule. The objective of this study is to explore the cost of administration of a single dose of either rotavirus vaccine in each Canadian province as well as for the country overall. METHODS: Two extremes were considered: Every dose administered by a physician either (i) requires a visit solely for vaccination + visit, or (ii) occurs as part of a regular visit (cost = administration only). All costs were derived from the relevant fee for service agreement of each province and territory in Canada. Assumptions included 90% vaccine coverage across each province’s 2013 birth cohort and no significant changes since 2007 to the physician fees and the schedule of the vaccine. Physicians in each province (PHN) administering vaccines in each province. Delivery by PHN was assumed to incur no cost. RESULTS: Scenarios (i) and (ii) above yielded administration costs of $10.76 and $8.06, respectively, per vaccinated Canadian child. Providers with high percentage of physician delivery accounted for the majority of this cost in both Scenario (i) (NL: $12.86/k, BC: $7.29/k, NS: $3.12/k, QC: $8.32/k, MB: $38.36/k, BC: $54.18/k) and Scenario (ii) (NB: $60.4k, QC: $31.42/k, QC: $528.8k, MB: $85.1k, BC: $72.8k). CONCLUSIONS: Administration fees can be a costly factor in universal immunization schedules. As such, it is essential to account for the differences in approved administration schedule when evaluating vaccines during the assessment of publically funded program implementation.

PIN93 RESOURCE UTILIZATION AND COSTS ASSOCIATED WITH MULTI-DRUG RESISTANT ACINETOBACTER BAUMANNI (MDR): A SYSTEMATIC REVIEW OF THE LITERATURE

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OBJECTIVES: Infections caused by multi-drug resistant (MDR) Acinetobacter baumannii (AB) are an increasing global problem. Several studies examining outcomes and resource utilization associated with MDRAB have been conducted; however, findings are not consistent. The purpose of this research was to identify and characterize available research concerning resource utilization associated with MDRAB, in the format of a systematic review of the literature. RESULTS: A systematic review of the literature was conducted using MEDLINE and electronically available conference abstracts. Articles were considered relevant if they reported resource utilization or cost information comparing MDRAB patients to controls. Controls could include susceptible AB, other organisms, or uninfected patients. RESULTS: Initial searches of the literature returned 204 potential citations for inclusion. Title and abstract review excluded 171 articles, and full text review excluded an additional article, leaving a total of 13 articles eligible for data abstraction and review. Length of stay (LOS) was reported in none

PIN94 PROJECTING CHANGES IN TOTAL DAYS OF THERAPY (DOT) IN PATIENTS HOSPITALIZED FOR ACUTE BACTERIAL SKIN AND SKIN STRUCTURE INFECTION (ABSSSI)

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OBJECTIVES: Most patients admitted to hospital for ABSSSI complete antibiotic therapy as an outpatient. This study examined the potential impact of tedizolid versus linezolid on antibiotic DOT, based on real-world inpatient use of linezolid in patients hospitalized for ABSSSI, and two pivotal phase 3 studies of patients with ABSSSI that demonstrated comparable efficacy and safety between a 5-day course of tedizolid (once daily) and a 10-day course of linezolid (twice daily).

METHODS: Duration of in-hospital therapy for ABSSSI was based on analyses of an electronic database containing comprehensive clinical records on ~38 million inpatient admissions to ~1000 hospitals in the US. DOT was calculated based on length of stay (LOS) and individual antibiotic course, using a 6-day course of tedizolid (once daily) and a 10-day course of linezolid (twice daily).

RESULTS: Among the 3,734 ABSSSI patients who met study entry criteria, 153 (4%) received linezolid. Mean DOT in patients treated with linezolid was 7.6 days (expected output was 6.3 days). Use of tedizolid instead of linezolid was estimated to reduce average inpatient DOT by 0.2 days and outpatient DOT by 3.8 days. CONCLUSIONS: Based on real-world data from linezolid and tedizolid pivotal trials, use of tedizolid in hospitalized patients with ABSSSI may substantially reduce mean DOT compared with linezolid, primarily on an outpatient basis.