illness (RIH rate: 7.03%) of which 196 tested RSV-positive (RSVH rate: 1.76%). All RIHs and 411 of 3622 (RIH rate: 7.03%) of which 196 tested RSV-positive were admitted to KMC Hospital, Manipal, from June 2012 to May 2014. RESULTS: Initial dosing of vancomycin versus 10 mg/kg according to guidelines was associated with a decreased rate of nephrotoxicity compared with low doses. Future analyses should distinguish between the occurrence of nephrotoxicity due to disease progression in severe sepsis versus vancomycin exposure.

PINF

SAFETY PROFILE OF FLUOROQUINOLONES: ANALYSIS OF ADVERSE DRUG REACTIONS IN RELATION TO CONSUMPTION DATA USING PHARMACOVIGILANCE DATABASE IN HEBEI, CHINA Shi LW1, Han G1, Zhao YL, Guan XD1

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OBJECTIVES: The aim of this study was to reassess the safety profile of fluoroquinolones using the database of adverse drug reactions (ADR) spontaneous report systems (SRS) of the Laboratory of Medical Administration at the Clinical Drug Monitoring and Evaluation Centre (CDME) of Hebei. Reports were classified by System Organ Classes (SOC) and MedDRA terms. METHODS: A retrospective analysis was conducted of detailed daily dose (10 mg/kg) according to guidelines was associated with a decreased rate of nephrotoxicity compared with low doses. Future analyses should distinguish between the occurrence of nephrotoxicity due to disease progression in severe sepsis versus vancomycin exposure.

PIN9

HIGH DOSE VANCOMYCIN LOADING VERSUS LOW DOSE IS ASSOCIATED WITH DECREASED NEPHROTOXICITY IN EMERGENCY DEPARTMENT SEPSIS PATIENTS Bosnjak J., Davis B.J., Levine B.J.1

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OBJECTIVES: While infectious disease societies recommend weight-based loading doses of vancomycin, published meta-analyses describe increased vancomycin related nephrotoxicity at these doses. Our objective was to assess incidence of nephrotoxicity with vancomycin in emergency department (ED) sepsis patients when compliant with these recommendations. METHODS: This was a retrospective cohort study performed in three EDs. An electronic health record (EHR)-based clinical decision support tool provided guidance at the point of order for IV vancomycin compliant with recommendations. Inclusion criteria: age ≥ 18 years, IV vancomycin in order, and hospital admission. Exclusion criteria: no documented weight, hemodialysis-dependent, or < 2 creatinine (Cr) values. The primary outcome was incidence of nephrotoxicity within 5 days defined as at least 2 serial Cr higher than the initial measurement by at least 0.5 mg/dL or 50%. The secondary outcome was acute kidney injury (AKI) within 5 days, defined as any single increase in Cr by 0.5 mg/dL or 50%. Analyses compared the incidence of nephrotoxicity and AKI between patients who received high dose (20 mg/kg) versus low dose (10 mg/kg). Parametric data were compared using the t-test and categorical data with chi-squared tests. RESULTS: An EHR-based query identified 2131 consecutive patients prescribed IV vancomycin over 6 months. Of these, 1330 patients met study criteria for the primary outcome and 1631 patients met study criteria for the secondary outcome. Nephrotoxicity occurred in 8% of patients. High dose vancomycin was associated with a lower rate of nephrotoxicity (6% vs 11%, p <0.05) and a lower rate of AKI (8% vs 13%, p <0.05). CONCLUSIONS: Initial dosing of vancomycin versus 10 mg/kg according to guidelines was associated with a decreased rate of nephrotoxicity compared with low doses. Future analyses should distinguish between the occurrence of nephrotoxicity due to disease progression in severe sepsis versus vancomycin exposure.

PIN7

THE METABOLIC CO-MORBIDITIES PREVALENCE AND RELATED TREATMENT COSTS BETWEEN HAART TREATED AND NOT TREATED HIV INFECTED PATIENTS IN TAIWAN Chang CT1, 2, Chou TF1, Fann CSF1

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OBJECTIVES: Highly active antiretroviral therapy (HAART) was available for HIV-infected patients in Taiwan since 1997. HAART can effectively reduce mortality and morbidity, but it may also increase the risk and related drug costs of metabolic co-morbidities such as diabetes, hypertension, and hyperlipidemia. This study aimed to investigate the prevalence and treatment costs of metabolic co-morbidities such as diabetes, hypertension, and hyperlipidemia between HAART treated and not treated patients. METHODS: We conducted a prospective study using the population-based version of the National Health Insurance Research Database (NHIRD) from Taiwan between 2010 and 2012. We extracted HIV-infected patients from both outpatient and inpatient with primary or secondary diagnosis of HIV (ICD codes 042-044). Treated patients were compared with untreated patients. RESULTS: Our study was conducted using SAS version 9.3. RESULTS: In the sampling database, there were 496 and 235 HIV infected patients with and without HAART treatments. They were mainly female (94.6% vs. 90.2%, p = 0.025). HAART treated patients were older than those without (37.5 vs. 34.5, p = 0.0017). The prevalence rate among all patients was 23.2% for diabetes, 25.4% for hyperlipidemia, as compared to 3.4%, 8.5% and 6.8% in patients without HAART. There were statistically significant differences for diabetes (p = 0.0294) and hyperlipidemia (p < 0.0001). The difference for hypertension was borderline statistically significant (p = 0.0699). Mean per patient per year of diagnosis-related group (DRG) of diabetes drug, antihypertensive drug, and sedative hypnotic drug were not statistically significant. CONCLUSIONS: The prevalence of metabolic co-morbidities among HIV-infected patients with HAART was confirmed and increasing year by year using the real world data in Taiwan. Good control of metabolic co-morbidities to reduce the risk of morbidity and mortality is highly recommended.

PINF

INCREASING PREVALENCE OF CTX-M, TEM AND SHV BETA-LACTAMASES IN CLINICAL ISOLATES OF K. PNEUMONIAE: SIGNIFICANT HEALTH AND ECONOMIC LOSSES - A PERSPECTIVE FROM PAKISTAN Hussain T1, Jamal M1, Night F1, Andleeb S1

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OBJECTIVES: E. coli is the most frequently encountered pathogen in clinical set up causing devastating infections irrespective of age and gender resulting in significant morbidity and mortality. E. coli isolates have been found resistant to variety of antibiotics commonly used in empirical therapy at hospitals and clinics. CTX-M, TEM and SHV type extended spectrum beta-lactamases are mainly responsible for this resistance. The aim of this study was to investigate the prevalence of CTX-M, TEM and SHV beta-lactamases in clinical isolates and to assess the resultant economic burden on the poor population. METHODS: E. coli isolates were collected from a tertiary care hospital between 2012 and 2013, and tested against several benzylpenicillin, amoxicillin (80%), cefotaxime (85%), ceftazidime (58%), gentamycin (58%), ciprofloxacin (89%), levofloxacin (51%), chloramphenicol (38%), erythromycin (83%), amoxicillin/clavulanic acid (82%) and trimethoprim/sulfamethoxazole (91%). The prevalence of different beta-lactamase types in E. coli isolates was CTX-M72 %, TEM75 % and SHV53 %. CONCLUSIONS: CTX-M, TEM and SHV beta-lactamases are responsible for such overwhelming resistance in these isolates. These enzymes are present on mobile genetic elements such as plasmids which are readily exchanged between diverse bacterial communities and leading this alarming resistance to epidemic level. More than 50% population live below the poverty line in Pakistan and cannot afford or have excess to expensive treatments, such resistance is challenging the very health care system of the country. Both community and resistant and non-resistant antimicrobials is on the rise and is sped up by the unregulated sub-standard health practice in Pakistan. The current health and economic losses are incalculable but the more devastating consequences to the humanity and economy are not too far from reality.
commonly used antibiotics to manage cSSSI (vancomycin, linezolid, daptomycin, tigecycline) and to determine whether the use of metronidazole and ivig was associated with a decreased rate of MRSA. The results were used to create a Perspective Comparative Database (2010-2013), which includes over 170 million patient records from ~500 hospitals in the US. This database provides insight into the relative costs of vancomycin, linezolid, tigecycline, and other antibiotics. Using a coherent approach, we developed a new strategy to manage cSSSI effectively.

OBJECTIVES: The primary objective was to evaluate the clinical outcomes of cSSSI patients treated with vancomycin, linezolid, or tigecycline. The secondary objective was to compare the costs of different antibiotics. We also aimed to identify any differences in clinical outcomes associated with the use of metronidazole or ivig.

RESULTS: The average cost of vancomycin treatment was $86,681, while the cost of linezolid was $21,600, and tigecycline was $91,780. The overall vancomycin treatment cost was significantly higher than the other two antibiotics. The clinical outcomes were comparable across the three groups, with no significant differences in infection control rates or antibiotic resistance.

CONCLUSIONS: Vancomycin treatment is associated with higher costs and similar clinical outcomes compared to linezolid and tigecycline. Further research is needed to explore the factors influencing these costs and outcomes.