analytical sample contained 26,349 admissions; 762 stays involved mechanical ventilation, 9495 had ICU time, and 16,092 had neither. Hospital mortality rates were 27.7%, 23.8% and 7.6% for these three groups, respectively. Median cost per stay was substantially higher for those with ventilation ($39,493) versus those with ICU time but no ventilation ($25,798) and those with neither ($7261). Average length of stay in the ICU was 14 days and 9 days for those with and without ventilation, respectively. Average anti-infective drug costs were 1.79 times higher in the ventilator group compared with the ICU group. CONCLUSION: VAP is an area of high unmet need. Among these 1500 hospitals, 2003 costs for those with mechanical ventilation were 1.5 times higher than a group of NP cases that were fairly complex, as indicated by some receipt of intensive care services.

LIFETIME MEDICAL COST OF CHRONIC HEPATITIS B
McKaira K. Miriti, Kaafee Billah, Cindy Weinbaum, Martin Meltzer
Centers for Disease Control and Prevention (CDC), Atlanta, GA, USA

OBJECTIVE: To estimate lifetime medical cost of chronic hepatitis B in the United States from the societal perspective.

METHODS: A hypothetical 35-year old cohort of 100,000 individuals with chronic hepatitis B was tracked in a Markov model of the natural history of disease. The model assumed standard clinical care for disease complications, but did not include antiviral treatment. Disease outcomes modeled included cirrhosis, hepatocellular carcinoma, liver transplantation and death. Annual transition parameters were estimated from long-term disease progression data in the literature. Outcome specific cost data were derived from published studies and the MarketScan® database. Expected lifetime medical cost was determined as the sum of weighted average medical cost of health outcomes over the cohort lifetime discounted at 3% annual rate and adjusted to 2003 U.S. dollars. Impact of variations in model parameters was assessed in one-way sensitivity analyses.

RESULTS: The expected per patient lifetime medical cost of chronic hepatitis B for the 35-year old cohort was $34,760 (range in sensitivity analyses: $9367–$59,298). About 73% of the cost was for cirrhosis, 10% for hepatocellular carcinoma and 11% for liver transplantation. The cost varied with the initial age at infection of the cohort: for a cohort aged 25 years at infection, the cost was 11% more than the cost for the 35-year olds, and for a 45-year old cohort, the cost was 16% less than the cost for the 35-year olds. The cost estimate was most sensitive to the annual rate of developing compensated cirrhosis.

CONCLUSIONS: Life-time medical cost of a chronic hepatitis B patient is substantial. Identification of the disease at early stage for antiviral treatment could reduce the likelihood of developing end-stage liver diseases and avert higher costs.

DIRECT MEDICAL COSTS OF PATIENTS WITH HIV/AIDS IN MEXICO
Contreras-Hernandez I1, Morales-Cisneros G2, Mould J1, Salinas-Escudero G1, Rely K1, Garduño-Espinosa J1
1Social Security Mexican Institute, Mexico City, Mexico. 2Pharmaco-economic Consultant, Mexico City, Mexico.

OBJECTIVES: To estimate direct medical costs associated to adult patients with HIV/AIDS in second and third level hospitals in the Social Security Mexican Institute. METHODS: Partial economic evaluation was performed employing a one-year survey to identify patients with HIV/AIDS resource use. The study revised hospital records in 8 second level hospitals and 2 third level hospitals in Mexico City throughout 2003. Resource use estimates included outpatient and inpatients services (visits to physicians or specialists, laboratory and cabinet exams, medications, emergency services, hospitalization, etc.). The research estimates total direct medical costs and average costs per patient per year. The analysis was conducted from the healthcare payer’s perspective. All costs were expressed in 2003 US$. RESULTS: A total of 1969 adult patients with HIV/AIDS were recruited with an average age of 39 ± 10 years; 86.4% were male. The evolution average time with HIV was of 6 ± 3 years. 29% of patients were in clinical stage A; 26% in clinical stage B and 45% in clinical stage C. The total direct medical cost of these patients on a 1-year follow up was US$1,107,952.58. Forty-eight percent of this amount corresponds to antiretroviral drugs, 10% to physician’s or specialists visits and 2% to non-antiretroviral drugs and laboratory exams. A total of 9.6% of the sample required inpatient services with a mean cost per patient of US$ 3103.2. Outpatient services had an annual mean cost per patient of US$ 5665.1 and the annual expected cost per patient in the Social Security Mexican Institute was estimated in US$ 5964.6. CONCLUSIONS: Economic consequences of HIV/AIDS patients are substantial for the Mexican Health Budget, especially due to antiretroviral drugs.