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**ECONOMIC ANALYSIS ABOUT VALGANCICLOvir PROPHYLAXIS AGAINST INFECTION FROM CITOMEGALOVIRUS IN PATIENTS WITH RENAL TRANSPLANTATION**

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**OBJECTIVES:** Compare the economic impact of prophylaxis with valganciclovir against cytomegalovirus (CMV) infection versus non-prophylactic, in renal transplantation recipients, for analysing cost of treatment. **METHODS:** Economic evaluation through a theoretical analysis to assess the impact of using prophylaxis with valganciclovir (450 mg every 12 h for 100 days) compared with no prophylaxis, in patients receiving a renal transplantation with high (D+/R-) and intermediate (R+) risk of CMV disease. Outcomes evaluated were secondary morbidity due to CMV infection, including organ rejection. Calculations about the referred complications were based on informed frequency from medical literature. Costs were evaluated from the service provider perspective, in US dollars and includes the resources used for prophylaxis and complications. Cost analysis results from the difference between symptomatic disease due to CMV, the cost of treating an acute rejection and the financial pressure regarding both situations. The number of patients needed to treat (NPT) for achieving clinical success was calculated. **RESULTS:** Based on a hypothetical scenario of 1 thousand patients, equally distributed in each group, the frequency of symptomatic infection in the valganciclovir group would be 1% against 31% in the non-prophylaxis group. The same tendency is kept regarding development of symptomatic infection (4% vs. 3.2%) as well as organ rejection (1.5% vs. 16.1%). **CONCLUSIONS:** With this theoretical pharmacoeconomic evaluation it is demonstrated that the use of prophylaxis with valganciclovir might be a cost-saving alternative for a medium-term perspective, derived from reduction in the frequency of infections and indirect events related to high-R+ patients with intermediate risk (R+), a comparison must be established between costs of prophylaxis and pre-emptive intervention, because the last might reduce medical consumption but increasing diagnosis and monitoring costs, as well as not avoiding indirect events related to viral replication.

**COST OF DIABETIC FOOT INFECTIONS DUE TO MRSA: AN ECONOMIC ANALYSIS OF DATA FROM PATIENTS TREATED WITH LINEZOLID IN SPAIN**

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**OBJECTIVES:** The aim of this study is to calculate direct cost of management diabetic foot infection (DFI) due to MRSA in diabetes mellitus (DM) patient-population treated with linezolid and to identify the most important factors related to treatment costs. **METHODS:** A cost study was performed with data from 70 prospectively patients with DM treated with linezolid from 2006-2008 in 10 Spanish Hospitals included in a non-comparative clinical trial. Cost for in-patient-stay, and outpatient management were calculated retrospectively from diagnosis until healing or death in those patients where the cost data could be estimated. Cost for linezolid treatment (IV-oral), N/A measurement and monitoring were also estimated. Resource utilization not collected during the study was based on published literature. Cost data derived from literature and Spanish database. Mean values for each item were used to calculate cost average. All costs are expressed in Euros 2007. **RESULTS:** Mean age was 63.2 years old (SD 13.0), being 68.1% males. Duration of DM was 16.5 years. A total of 55 patients healed without amputation (78.6%) and 9 (12.9%) healed after amputation. Total cost for a patient without amputation was €9429.7 (95% CI 8404.2–10455.3), while corresponding cost for a patient with amputation was €9949.9 (95% CI 8034.3–13845.6). Hospitalization accounts for 54% of cost of treating DFI in patients without amputation and 48% in patients with amputation. Surgery cost was 17% of total cost in patients undergoing amputation. Drug costs didn’t account for the major part of costs incurred during in-patient phase. Outpatient costs were 5% and 7% of total cost in patients without and with amputation, respectively. **CONCLUSIONS:** These are the first cost data results for DFI due to MRSA in Spain. Amputations were associated with high cost mainly due to surgery and long-term cost. These findings suggest the potential efficiency of a targeted approach program to prevent amputations in patients with DFI.

**USE OF NET-BENEFIT REGRESSION FRAMEWORK TO INVESTIGATE THE COST-EFFECTIVENESS OF COMBINATION ANTIVIRAL THERAPY AMONG HCV-INFECTED PATIENTS ENROLLED IN A MANAGED CARE ORGANIZATION**

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**OBJECTIVES:** Whether combination antiviral therapy is cost-effective for patient with HCV in the real-world setting has not yet to be shown. This study is to compare the cost-effectiveness of combination antiviral therapy with no treatment in cirrhotic patients with ≥2 doses of combination prescriptions (base case), and with ≥4 weeks

**ECONOMIC ANALYSIS ABOUT PCV-7 AND PHID-CV AGAINST INFECTION FROM CULTIVATED PNEUMOCOCCUS IN CHILDREN: A COMPARISON BETWEEN DIRECT AND INDIRECT COSTS**

Paris Abstracts

**COMPARISON BETWEEN MORTALITY RATES IN CASES OF ESCHERICHIA COLI INFECTION**

ESCHERICHIA COLI IN HONG KONG

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**OBJECTIVES:** To evaluate the clinical and economic impact of bacteremia caused by extended-spectrum beta-lactamases producing Escherichia coli. **METHODS:** A retrospective study was conducted in a teaching hospital in Hong Kong between January 2002 and December 2004. Demographic data, clinical factors and health care resource use in patients with bacteremia caused by extended-spectrum beta-lactamase-producing E. coli were collected. Case-mortality measurements included mortality, infection-related cost and infection-related length of stay. **RESULTS:** Thirty-five case patients with ESBL-producing E. coli bacteremia were matched with 35 control patients without ESBL-producing E. coli bacteremia. The mortality rates were 8/35 (22.9%) in cases and 1/35 (2.9%) in controls. The increased antibiotic acquisition cost of linezolid (three times higher in comparison with vancomycin and two times higher in comparison with teicoplanin) was a significant predictor of infection-related cost (ME: 1.32; 95% CI 1.04–1.69; P < 0.001) and infection-related length of stay (ME: 1.42, 95% CI 1.16–1.73, P = 0.001). **CONCLUSIONS:** ESBL-production was associated with increased length of stay and direct medical cost for treatment of E. coli bacteremia.

**CLINICAL AND ECONOMIC IMPACTS OF BACTEREMIA CAUSED BY ESCHERICHIA COLI IN HONG KONG**

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