not benefit pediatric immunization. CONCLUSIONS: This is the first of this kind of study in Iraq. The study recommended to increase the vaccine availability in public health clinics and to increase in the father and mother’s education through media program or through increasing the literacy. The family income or immunization funding on outpatient the immunization in Iraq is free and sup-ported by world health organization (WHO).

PIN40
DO PATIENTS AND PHYSICIANS HAVE SIMILAR PREFERENCES FOR HEALTH CARE DECISIONS INVOLVING UNCERTAIN OUTCOMES FOR CHRONIC HEPATITIS B (CHB) TREATMENTS?

OBJECTIVES: To quantify patient and physician preferences for therapeutic tradeoffs involving efficacy, side-effect risks, and evidence uncertainty in chronic hepatitis B (CHB) treatments. METHODS: Physicians who treat CHB patients and adult patients with a self-reported physician diagnosis of CHB completed a web-enabled, discrete-choice experiment survey in Germany and Turkey. Both patients and physicians answered 12 treatment-choice questions. Each question required evaluating a pair of hypothetical CHB medication profiles defined by years the medicine has been studied, probability that patient’s viral load remains undetectable for 5 years with possible reversal of disease progression, 5-year treatment-related risks of a fracture and renal insufﬁciency, and monthly medication cost. Nester-logit and random-parameters logit models were used to estimate preference weights for all attribute levels and the mean relative importance of each attribute. RESULTS: A total of 158 physicians and 118 patients completed the survey in Germany. 159 physicians and 117 patients completed the survey in Turkey. German patients ranked risk of renal insufﬁciency as most important while German physicians ranked efficacy as most important. Turkish physicians and patients disagreed on the relative importance of all treatment attributes. Turkish patients ranked years of evidence as the most important attribute, while Turkish physicians ranked risk of renal insufﬁciency as most important. German physicians were willing to accept a 0.4% greater increase in fracture risk than patients in return for an additional year of evidence, while Turkish physicians were willing to accept a 3.2% smaller increase in fracture risk than patients for an additional year of evidence. CONCLUSIONS: This is the first study to quantify patient and physician preferences for CHB treatment attributes and the ﬁrst study to elicit physician and patient preferences for years of evidence. We observe different discrepancies between physicians and patient preferences in Germany and Turkey. Such discrepancies may interfere with optimal outcomes if not considered in patient-physician interactions.

PIN41
INFLUENZA VACCINATION RATES AMONG HIGH RISK GROUPS IN THE UNITED STATES

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OBJECTIVES: Given increasing concerns about a global inﬂuenza pandemic, the aim of the current study was to investigate inﬂuenza vaccination rates among high risk adults and the general U.S. population. METHODS: Data from the 2007-2010 U.S. National Health and Wellness Surveys (NHWS) were used. Demographics, comorbidities, and vaccination behavior in the past year were assessed for all respondents. RESULTS: Overall, vaccination rates in the U.S. have steadily increased in the past several years (2007: 30.0%; 2008: 32.8%; 2009: 34.3%; 2010: 37.0%). In 2010, 54.1% of respondents (n=40,541) were at high risk for inﬂuenza complications (e.g., over age 50, had chronic conditions such as asthma, diabetes, COPD, cardiovascular conditions, or HIV/AIDS). These high-risk respondents reported signiﬁcantly lower levels of physical component summary scores (Means scores 52.0, p=0.001) and more ER visits (Means 0.22 vs. 0.17, p<0.001) than low-risk respondents. Vaccination rates were signiﬁcantly higher for these high-risk respondents (48.6% vs. 23.2%, p<0.001). No high-risk subgroup reported vaccination rates higher than 67% (respondents with kidney disease and HIV/AIDS reported vaccination rates of 66.5% and 67.3%, respectively). In fact, many high-risk subgroups reported vaccination rates substantially below 50% (caregivers of high-risk patients, respondents with multiple sclerosis, and pregnant women reported vaccination rates of 43.6%, 37.1%, and 30.5%, respectively). CONCLUSIONS: Even as new universal recommendations issued by the CDC may have some beneﬁcial impact, overall vaccination rates were well below 50% for the general U.S. population, even among certain high-risk subgroups (e.g., pregnant women, caregivers). Greater emphasis on inﬂuenza vaccination, particularly among high-risk patients, may have a long-term health outcome beneﬁt.

Infection – Health Care Use & Policy Studies

PIN43
UTILIZATION AND SPENDING OF ANTIFUNGAL AGENTS IN THE UNITED STATES OUTPATIENT MEDICARE POPULATION: 1991-2009

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OBJECTIVES: The antifungal market demonstrated dynamic changes with increased incidence of fungal infections, resistance to traditional medications, and entry of novel and generic therapies, which may signiﬁcantly impact Medicaid budgets for outpatient populations. Our objectives were: To describe utilization and spending trends and to analyze the market share of antifungal agents indicated for invasive fungal infections (IFI), from 1991 to 2009. METHODS: The data source used in the study was the National Medicaid State Drug Utilization Data from 1991 to 2009, with data for 2010 on outpatient prescriptions. The market share of antifungal agents in the study included all brand and generic drug names. Medications were identified using National Drug Codes. Quarterly number of prescriptions and reimbursement were calculated for the descriptive trends. Market share of speciﬁc antifungal drug was calculated over time. The market share calculation was calculated by dividing the total reimbursement by the total number of prescriptions. RESULTS: After entry of fluconazole in 1993, prescription claims for amphotericin decreased from 95% to 1995, and continued decreasing with entry of new preparations. Prescription claims for other antifungal were declining with 25% with entry of new triazoles and echinocandins. More recently, second generation triazoles dominated market share by 70%. Price-per-prescrip-tion of lipid preparations of amphotericin decreased by 55%, but increased by 50% for voriconazole. The price-per-prescription of itraconazole continuously rose from $150-400 from 1992 to 2009. CONCLUSIONS: Increased use of lipid preparations of amphotericin may be due to increased use in adverse event proﬁles, consequently leading to decreased demand for original formulation of amphotericin. The decreased use of brand and generic voriconazole may be due to resistant fungi and emergence of novel agents with broad-spectrum activity. Itraconazole has a niche market which contributes to its increasing price. Cost-effective decisions appear to drive the use of antifungal agents.

PIN44
REAL-WORLD EVALUATION OF THE ECONOMIC IMPACT OF DURATION OF DRUG THERAPY IN THE TREATMENT OF HEPATITIS C VIRUS (HCV)

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OBJECTIVES: Pegylated interferon-alpha plus ribavirin (P/R) are the standard of care (SOC) for treating hepatitis C (HCV). Few studies have evaluated the economic implications associated with P/R treatment in real world practice. This study’s objective is to quantify the correlation between P/R treatment duration and health care costs in real-world clinical practice. METHODS: Paid claims data for 2003-2008 from a large U.S. health insurance company were used to identify 1,074 HCV pa-tients with a minimum of two years of data following the start of P/R drug therapy (index date). Patients with a pre-treatment diagnosis for HIV, hepatitis B, cirrhosis, liver cancer or a liver transplantation were excluded. Patients with 24-48 weeks and 48+ weeks of continuous P/R therapy were compared to patients with < 24 weeks of treatment using multivariate analyses estimated the incremental cost difference in terms of 24-48 and 48+ weeks of P/R therapy controlling for baseline demographics, diagnostic proﬁle, and prescription drug proﬁle. RESULTS: An estimated 82% of HCV patients were viral genotype 1 based on limited available lab data. Genotype 1 patients require 48+ weeks of treatment. 55.6% and 18.5% of study patients complete 24-48 weeks or 48+ weeks of drug therapy, respectively. Drug costs associated with 24-48 weeks of treatment were -$9,832 [p<0.001] which were partially offset by savings in medical costs of -$1,446 [p<0.05] in the first year. First year drug costs for pa-tients with 48+ weeks of treatment were -$25,696 [p<0.001] which was partially offset by savings in medical costs of -$1,916 [p<0.05]. Overall, drug costs associated with 24-48 weeks of treatment was associated with a combined reduction in both medical and prescription drug costs totaling -$7,590 [p<0.05]. Patients achieving 48+ weeks of treatment experienced a reduction in total second-year costs of -$9,334 [$p<0.05]. CONCLUSIONS: A full course of P/R therapy may reduce total cost over time.

PIN45
IMPACT OF GOVERNMENT SPONSORED POLIO CONTROL PROGRAM ON KNOWLEDGE, ATTITUDE AND PERCEPTION OF POLIO IN GENERAL COMMUNITY OF BAHAWALPUR, PAKISTAN

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OBJECTIVES: Pakistan is one of the four countries around the world harboring polio. Government of Pakistan is spending lot of resources to eradicate polio from the territory of EPI (Extended Program of Immunization) initiated in 1994. The aim of our study is to determine whether this government funded polio control program has any impact on knowledge, attitude, and perception of polio in general community. METHODS: A cross sectional study was conducted. 477 respondents aged between 25 to 60 years were selected by multistage stratified systematic sampling. KAP were assessed through self administered questionnaire which was developed and valid-ated by administering to 20 professionals. Statistical analysis was performed using SPSS 16. RESULTS: 225 (47%) respondents were female and 252 (53%) were male. Majority of respondents (95.4%) have heard about polio and 96.9% were of opinion that every child must be vaccinated against polio. 27.3% of respondents believed that it is sufficiently transmit a child polio if a mother eats. 11% of respondents were not aware that whether it is communicable or non-communicable disease. 31.5% of respondents showed conﬁdence in the capability of polio vaccination team about providing appropriate information. 48.3% of respondents were satisﬁed from the vaccination campaigns of the government. This study illustrates the need for better public awareness about polio, its prevention and timing of vaccination. CONCLUSIONS: Government is spending lot of money on EPI but appropriate knowledge, positive attitudes and perceptions were found in smaller proportion of participants. This study points out that there is need to maximize education programs to make general public aware