OBJECTIVES: To explore the major determinants associated with treatment switch in CHB treated patients from a cohort across 5 EU countries. METHODS: Multivariate Cox proportional hazard regression model was used to analyze determinants of treatment switch by a backward selection. Data were analyzed from an observational cohort study, consisting of diagnosed adult CHB patients managed in outpatient clinics, prospectively enrolled from March-2008 to October-2009, in France, Germany, Poland, Romania and Turkey. Patients with HIV and/or HCV co-infections, and hepatocellular-carcinoma or liver failure at baseline were excluded. Factors considered candidates to enter the multivariate model (with univariate test at p-value <0.20) were: country, ALT level before switch, VL level before switch, liver biopsy test performed, Hepatitis B e-antigen status, CHB status, age and agent received before switch. The statistical criteria for exclusion at each step of the model building process is p-value <0.05. Results are presented as hazard ratio (HR), [95% confidence interval] and p-value: Results: Data were collected for 1267 patients followed for up to 2 years with a median (months) ranging from 12.5 (Poland) to 14.5 (Romania). A total of 567 patients received a treatment at baseline and were included in the model to analyze the determinants of treatment switch. Time on last treatment before switch was 1.9 years (median). There is a higher probability to treatment switch in France [5.19;1.76-15.24]; p=0.0027), Germany (4.80;[1.60-14.39]; p=0.0050), and Poland (4.42;[1.41-13.83]; p=0.0106) compared to Turkey. Importantly, there is no incidence in Romania. There is a higher probability to treatment switch when VL>2000IU/mL (43.5;[2.57-7.52]; p=0.0001) compared to Undetectable and VL<2000IU/mL. Analysis of interaction showed that VL when associated with a performed liver biopsy test increase probability of switch. CONCLUSIONS: This observational study identified VL level as one of the driving the treatment switch decision in CHB treated patients. Results were statistically different across countries, possibly due to different health care policies.

PIN81 PERCEPTIONS OF HOSPITAL PHARMACISTS REGARDING EFFECTIVE ANTI-MALARIAL DRUG MANAGEMENT IN PAKISTAN. A QUALITATIVE INSIGHT Malik SG1, Haqazi MA2, Shafique A3
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OBJECTIVES: To explore the perceptions of hospital pharmacists towards drug management and the underlying causes and contributing factors to anti-malarial drug stock-outs. METHODS: A qualitative study was designed to explore the perceptions of hospital pharmacists regarding drug management and irrational use of anti-malarial drugs in two major cities of Pakistan, namely, Islamabad (national capital) and Rawalpindi (twin city). Semi-structured interviews were conducted using in-depth interview view guides to collect data. Sixteen interviews with hospital pharmacists working at different public and private hospitals in Islamabad and Rawalpindi were conducted at a place and time convenient for the respondents. Interviews, were audio-taped and transcribed verbatim, were evaluated by thematic content analysis and by other authors’ analysis. RESULTS: The interviews with hospital pharmacists were focused on three major components i.e. drug management, contributing factors in stock-outs, role of hospital pharmacist and suggestions for improvements. The thematic content analysis of these components yielded further themes. 1) Prevalence of anti-malarial drug stock-outs, role of hospital pharmacist and suggestions for improvements. The research was conducted by review of the NITAG or mother agency websites, and a literature review and direct contact with a NITAG member by email, and when possible by telephone interview. RESULTS: Information was rarely available for the three countries where contact was necessary to obtain information for most countries. Only 2 EU countries (and the 4 non-EU countries) have formal terms of reference. In most cases defined missions do not fit to actual ones. Numbers (8 to 48) and backgrounds of experts varied dramatically. 69% of NITAGs have analytical frameworks, 8% have publicly-posted meetings, 15% publish meeting agendas, 31% publish minutes and 85% publish recommendations. The vast majority have no defined timelines for decision-making. CONCLUSIONS: Wide variability in organization processes and communication is seen between NITAGs. In Europe, NITAGs with few terms of reference, and no communication about previous decision-making, the lack of a structured and transparent decision-making process. There is an obvious need for improving the vaccine decision-making process. Some interesting initiatives from individual NITAGs could be taken as examples and assembled together for a benchmark exercise. Recommendations for best practices in vaccine decision making are critical to public health and will be discussed.

PIN82 TRENDS IN PREVALENCE OF ANTIBACTERIAL DRUG USE AMONG DUTCH CHILDREN FROM 2005 UNTIL 2010 Inosteen SGL1, Houlweling LMA1, Penning FJ2
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OBJECTIVES: Systemic antibiotics are frequently used by children. We assessed trends in prevalence of antibacterial drug use among Dutch children from 2005 until 2010. METHODS: The PHARMO Record Linkage System, containing amongst others outpatient pharmacy dispensing data of ~3.2 million inhabitants in the Netherlands, was used for this study. For every year in the study period 2005-2010, the number of children aged 0-18 years with any dispensing of systemic antibacterials and per subtype was counted and extrapolated to the Netherlands, standardized for age and gender. Prevalence of use was reported per 10,000 children and were obtained by calendar years and age group (0-2 years, 3-11 years, 12-18 years: adolescents) and gender. RESULTS: The prevalence of antibiotic drug use decreased 1.1-fold among infants and toddlers (from 2,231 to 2,041 per 10,000), decreased 1.3-fold among children (from 1,979 to 1,564 per 10,000), and were higher among males (1,918 vs. 1,510 per 10,000). A decrease in use was mainly observed in the most prevalent types: penicillins with extended spectrum and macrolides. However, also trimethoprim and derivatives were less frequently used, especially among female adolescents (from 163 to 92 per 10,000). Prevalence of beta-lactamase resistant penicillins increased from 2 to 29 per 10,000 among infants and toddlers and from 44 to 77 per 10,000 among children. An increase in nitrofurans was observed among female children (from 38 to 100 per 10,000) and female adolescents (from 267 to 413 per 10,000). CONCLUSIONS: This study provides an extensive overview of trends in antibacterial drug use among children in the Netherlands. An overall decrease of use was observed, while an increase was observed for nitrofurans derivatives and beta-lactamase resistant penicillins.