illness (RIH rate: 7.03%) of which 196 tested RSV-positive (RSVH rate: 1.76%). All RIHs were related to patients aged 60-69 years old, and 52 infants were documented in 52 infants. Fourteen events in 6 patients out of 62 RIHs were hyper- sensitivity reactions (moderate: 11; mild: 3). These were deemed possibly (n=10) or probably (n=4) related to palivizumab (rate: 0.0028 events per patient-month). The remaining 48 RIH events and 48 deaths were caused by causes not related (n=5), probably not related (n=5), and unclassifiable (n=4). CONCLUSIONS: Using an active surveil- lance system, a very small proportion of infants in the CARESS registry experienced SAIs and the purchases data of fluoroquinolones. They were mainly male (94.6% vs. 90.2%, p = 0.0017). The prevalence rate among all patients was 1.4% for diabetes, 23.3% for hypertension, 23.4% for hyperlipidemia, and 6.8% in patients without HAART. There were statis- tically significant differences for diabetes (p = 0.0294) and hyperlipidemia (p < 0.0001). The difference for hypertension was borderline statistically significant (p = 0.0178). The mean expenditure per patient per year of diabetes-related drugs, hypoglycemic drug, antihypertensive drug, and sedative hypnotic drug were not statisti- cally significant. CONCLUSIONS: Per previous literature reviews, the prevalence of SAIs is increasing, hyperlipidemia, hypertension, and diabetes. 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.

PI56
HIGH DOSE VANCOMYCIN LOADING VERSUS LOW DOSE IS ASSOCIATED WITH DECREASED NEPHROTOXICITY IN EMERGENCY DEPARTMENT SEPSIS PATIENTS

OBJECTIVES: While infectious disease societies recommend weight-based loading doses of vancomycin for patients with sepsis, other dosing regimens are in use. We characterized the incidence of nephrotoxicity with vancomycin in emergency department (ED) sepsis patients when compared with weight-based 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 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 as defined at least 2 serial Cr higher than the initial measurement by at least 0.5 mg/dL or 50% increase. 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 (≥ 0.5 mg/kg) and low-dose (≤ 0.5 mg/kg) vancomycin. 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 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 10mg/kg according to guidelines was associated with a decreased rate of nephrotoxicity compared with low doses. Future analyses should distinguish between the occurrence of nephro- toxicity due to disease progression in severe sepsis versus vancomycin exposure.

PI57
SAFETY PROFILE OF FLUOROQUINOLONES: ANALYSIS OF ADVERSE DRUG REACTIONS IN RELATION TO CONSUMED DATA USING PHARMACOVIGILANCE DATABASE IN HEIBEI, CHINA

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OBJECTIVES: The aim of this study was to reassess the safety profile of fluoroqui- nolones using the database of adverse drug reactions (ADR) spontaneous report system of the Chinese Pharmacovigilance database. Data of fluoroquinolones related to fluoroquinolones were retrieved from Center for Drug Monitoring and Evaluation (CDEME) of Hebei. Reports were classified by System Organ Classes with Systematized Nomenclature of Medicine-Clinical Terms. Reports were 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.

PI58
THE METABOLIC CO-MORBIDITIES PREVALENCE AND RELATED TREATMENT COSTS BETWEEN HAART TREATED AND NOT TREATED HIV INFECTED PATIENTS IN TAIWAN

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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. We aimed to describe the metabolic comorbidity prevalence among HIV infected patients. The aim of this research was to investi- gate the prevalence and treatment costs of metabolic co-morbidities such as dia- betes, hypertension, and hyperlipidemia between HAART treated and not treated patients. METHODS: We conducted a population-based study using claims-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). Treatment with HAART and other related information were extracted. The prevalence and related drug costs of metabolic co-morbidities was estimated and comparison was made using SAS version 9.3. RESULTS: In the sampling database, there were 495 and 235 HIV infected patients with and without HAART treatments. They were mainly female (94.6% vs. 90.2%, p = 0.0255). HAART treated patients were older than those without (37.5 vs. 34.5, p = 0.0017). The prevalence rate among all patients with diabetes, hypertension, hyperlipidemia, and 6.8% in patients without HAART. There were statis- tically significant differences for diabetes (p = 0.0294) and hyperlipidemia (p < 0.0001). The difference for hypertension was borderline statistically significant (p = 0.0178). The mean expenditure per patient per year of diabetes-related drugs, hypoglycemic drug, antihypertensive drug, and sedative hypnotic drug were not statisti- cally significant. CONCLUSIONS: Per previous literature reviews, the prevalence of SAIs is increasing, hyperlipidemia, hypertension, and diabetes. 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.