OBJECTIVES: Examine the economic burden and health care utilizations of the chronic hepatitis C (CHC) in the U.S. veteran population. METHODS: A retrospective database analysis was performed using the U.S. Veterans Health Administration Medical SAS datasets (010CT2007-30EP2012). Patients diagnosed with CHC (International Classification of Disease 9thRevision Clinical Modification [ICD-9-CM] codes 070.44, 070.54, 070.70, 070.71) were identified, and the first diagnosis date served in the index date. A comparator group was created by identifying patients without a CHC diagnosis but of the same age, region, gender and index year, and matched according to baseline Charlson Comorbidity Index scores. The index date for the cohort was set at 1,118.5 days, representing 2003, in the case of the CHC group. The comparison group was set at 0, representing 2004. One-to-one propensity score matching (PSM) was used to control for baseline demographic and clinical characteristics. RESULTS: Eight hundred sixty patients (N=8783) were identified for the CHC and comparison cohorts. After applying 1:1 PSM, a total of 69,809 patients were matched from each group and baseline characteristics were well-balanced. CHC patients were more likely to be hospitalized (33.47% vs. 2.42%, p<0.0001) and had more emergency room (ER) (28.55% vs. 6.68%, p<0.0001), physician office (98.65% vs. 53.56%, p<0.0001), outpatient (98.81% vs. 54.46%, p<0.0001) and pharmacy visits (88.73% vs. 57.18%, p<0.0001), resulting in higher health care costs for inpatient ($11,303 vs. $691, p<0.0001), ER ($345 vs. $60, p<0.0001), outpatient ($5,540 vs. $1,382, p<0.0001), physician office ($4,956 vs. $1,230, p=0.0001), pharmacy ($947 vs. $433, p<0.0001) and total costs ($3778 vs. $500, p<0.0001). These patients, relative to controls, had a higher frequency of the most common concomitant diseases (33.47% vs. 2.42%, p<0.0001) and were more likely to have higher health care resource utilization and were associated with a higher economic burden compared to matched controls.

HOSPITALIZATION COSTS FOR COMMUNITY-AQUIRED PNEUMONIA IN ELDERLY IN THE NETHERLANDS
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OBJECTIVES: To accurately estimate hospitalization costs of Community-Acquired Pneumonia (CAP) in elderly in the Netherlands. METHODS: This observational study was part of the CAPITA-trial [1] and was conducted in 54 hospitals in the Netherlands between October 2008 and August 2013. CAPITA participants with a suspicion of CAP was diagnosed using clinical and radiographic criteria according to the CAPITA protocol. A re-admission within 30 days was considered as one episode. Data on health care use were collected prospectively using clinical files. Hospitalization costs were stratified by age (65-74, 75-84 and $\geq$85) and risk categories based on comorbidities (high (i.e. immunocompromised patients), medium (i.e. presence of other chronic conditions and low). Costs are presented for the year 2012. RESULTS: 3,141 suspected CAP episodes were included, 1,835 confirmed CAP (58.4%) and 1,306 non-CAP (41.6%) of which 124 cases were readmissions (6.8%). The first admission resulted in an overall mean length of hospital stay of 10.94 (SD $\pm$9.9) days, in-hospital mortality rate of 10.7%, and average costs of $7,219 (95% CI [6,653, $\geq$7,853]), which was the largest part being attributed to antiretroviral therapy (48.9%). The mean length of hospital stay was 11.23 (SD $\pm$10.6) days (p=0.034), fatality rate was 7.8%, 10.6%, and 39.8% for patients without a CHC diagnosis, patients with a CHC diagnosis, and patients with a CHC diagnosis in the emergency room (ER) (28.55% vs. 6.68%, p<0.0001), physician office (98.65% vs. 53.56%, p<0.0001), outpatient (98.81% vs. 54.46%, p<0.0001) and pharmacy visits (88.73% vs. 57.18%, p<0.0001), resulting in higher health care costs for inpatient ($11,303 vs. $691, p<0.0001), ER ($345 vs. $60, p<0.0001), outpatient ($5,540 vs. $1,382, p<0.0001), physician office ($4,956 vs. $1,230, p=0.0001), pharmacy ($947 vs. $433, p<0.0001) and total costs ($3778 vs. $500, p<0.0001). These patients, relative to controls, had a higher frequency of the most common concomitant diseases (33.47% vs. 2.42%, p<0.0001) and were more likely to have higher health care resource utilization and were associated with a higher economic burden compared to matched controls.

DIRECT AND INDIRECT COST OF HCV-RELATED DISEASES IN ITALY: AN INCIDENCE-BASED PROBABILISTIC APPROACH
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OBJECTIVES: The hepatitis C virus (HCV) induces several pathological conditions worldwide with a substantial medical and economic burden. The objective of this study is to estimate the average annual cost incurred by the National Health Service (NHS) and by the country due to HCV-related diseases (direct and indirect) from a societal perspective, using an incidence-based approach. This method is based on real-world incidence data from the WHO Epi surveilance Database and the National Institute for Health and Care Excellence (NICE) evidence. In order to estimate the cost of illness, a cost of illness model was developed to estimate an aggregate measure of the total cost of illness. The respective cost for providing health care services was calculated by identifying documented vaccinations. The disease burden was assessed based on occurring secondary diseases and health services utilization in the inpatient and outpatient sector. The relative frequency of the most common concomitant diseases (corticosteroids, pneumonia) was evaluated and compared to individuals not infected with influenza. Results were compared and validated against existing evidence. RESULTS: We observed 65,826 patients with a documented influenza during the influenza season 2012/2013. The occurrence of influenza was higher in all age groups compared to the non-influenza-infected population and especially high in children. A total of 848 influenza-related hospitalizations were identified within a mean duration of 4 days, amounting a 1,945.7€ per patient. Overall, 65% of these hospitalizations were caused by influenza (principal diagnosis), and even over 80% for patients aged 2-17 years. Moreover, total outpatient costs amounted to €14,974,567. Finally, vaccination-rates were below 4% for both groups. Conclusions: Seasonal influenza can cause severe outcomes leading to hospitalizations and excess costs. Especially influenza-infected children are affected by concomitant diseases resulting in a higher disease burden. Furthermore, documented vaccination-rates are quite low.

VACCINE-INDUCED INFLUENZA AND ACUTE RESPIRATORY INFECTIONS TREATMENT IN UKRAINE
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OBJECTIVES: During the influenza epidemic period (2009-2010) 17 % of Ukrainian population was sick. The aim was to assess the dynamics of incidence rates. We used retrospective claims data analysis using the Health Risk Institute research database, containing anonymized data of 3,953,260 individuals (appr. 4.9% of the German population). The study period comprised 1 October 2012 to 30 June 2013, patients were identified based on the ICD-10-CM codes for influenza. Vaccine-rates were calculated by identifying documented vaccinations. The disease burden was assessed based on occurring secondary diseases and health services utilization in the inpatient and outpatient sector. The relative frequency of the most common concomitant diseases (corticosteroids, pneumonia) was evaluated and compared to individuals not infected with influenza. Results were compared and validated against existing evidence. RESULTS: We observed 65,826 patients with a documented influenza during the influenza season 2012/2013. The occurrence of influenza was higher in all age groups compared to the non-influenza-infected population and especially high in children. A total of 848 influenza-related hospitalizations were identified within a mean duration of 4 days, amounting a 1,945.7€ per patient. Overall, 65% of these hospitalizations were caused by influenza (principal diagnosis), and even over 80% for patients aged 2-17 years. Moreover, total outpatient costs amounted to €14,974,567. Finally, vaccination-rates were below 4% for both groups. Conclusions: Seasonal influenza can cause severe outcomes leading to hospitalizations and excess costs. Especially influenza-infected children are affected by concomitant diseases resulting in a higher disease burden. Furthermore, documented vaccination-rates are quite low.

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