four, cost-effectiveness in two, cost-benefit in one, cost-utilty in one and general cost in one. All studies demonstrated satisfactory economic results, determining QoW to inpatient care however fragile methodology was observed in the majority of study. CONCLUSIONS: In this review QoW was a strategy that saved resources with favorable outcome in terms of related infection and complications.

PIN41

COST ANALYSIS OF THE CHRONIC HCV-RELATED CIRRHOSIS IN BULGARIA

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OBJECTIVES: HCV infection is a leading cause of chronic liver disease with long-term complications - extensive fibrosis, cirrhosis and hepatocellular carcinoma. The aim of this study is to perform an analysis of the cost of therapy of patients with chronic HCV - related cirrhosis in Bulgaria. METHODS: It is a combined prospective and retrospective observational study of 201 patients with chronic HCV infection and cirrhosis monitored in the University Hospital Queen Joanna-ISUL for 3-year period (2012-2014). Data on demographic, clinical characteristics and healthcare resources utilization (hospitalizations, highly-specialized interventions, treatment pathways) were derived from published sources and expert opinion. The public incidences, treatment pathways, vaccine efficacies, and maximal achievable UMV target was fitted to VZV seroprevalence in the non-vaccinated population in the UK. The model simulated the evolution of varicella and herpes zoster with and without vaccination with a lifetime horizon. The vaccination strategy considered coverage and age at dose 1 (90%;1 year) and 2 (80%;3 years), and catch up at 12 years with 20% coverage. Costs and effects are discounted at 3.5%. RESULTS: The annual incremental Cost Effectiveness Ratio (ICER) of vaccination with high coverage at 5 and 15 years of vaccination was €6,012 (95%CI: -370;12,233)/Quality-Adjusted Life-Year (QALY) and €6,431 (95% CI:337;13,188)/QALY, respectively. There were significant savings for outpatient and hospitalization costs: €22,274,735 and €48,046,124 at 5 years, €28,994,770 and €43,777,953 at 15 years. The cost-effectiveness threshold was €533 quality-adjusted life years (QALYs) gained and social healthcare payer (only including parents’ sick leave costs). The cohort model (Knerrer et al. 2012) has been adapted for Estonia using local serotype distribution, disease incidence and direct medical costs. Vaccination efficacy assumptions come from large randomized controlled trials. Base case parameters have been validated by an expert panel and other scenarios were explored in extensive sensitivity analyses. CEA perspective is a modified healthcare payer (only including patients’ sick leave costs). The cohort is vaccinated at 2, 4 and 12 months with 95% coverage and followed over a lifetime (5% annual discount). RESULTS: Under base case assumptions, vaccinating a cohort of 14,012 infants in Estonia with PhD-IVD could prevent 3927 AOM-related outpatient visits, 248 myringotomies. 53 cases of pneumonia, 8 cases of meningitis and 3 deaths over the cohort’s lifetime. Total effectiveness results translate into 533 quality-adjusted life years (QALYs) gained and €706,242 saved in treatment costs (uncounted). With a Gross Domestic Product (GDP) per capita of €14,860 in Estonia (2014), the program would then be considered highly cost-effective (discounted incremental cost-effectiveness ratio (ICER) < 1 GDP/capita) if the vaccine price is below 128.68/dose (105.38 > €74.08/dose for 1 and 3 GDP/capita, respectively). Reducing base case herd protection by half, discounting at 3% and accounting only for direct medical costs would result in highly cost-effective thresholds of €21.47, €56.20 and €25.63/dose, respectively. CONCLUSIONS: Our model could be highly cost-effective under 126.68/ dose and cost-effective up to €74.08/dose in Estonia.

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COST-EFFECTIVENESS ANALYSIS OF HERPES ZOSTER VACCINATION IN HONG KONG

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OBJECTIVES: Herpes zoster (HZ), caused by reactivation of varicella-zoster virus (VZV), is characterized by dermatome-based rash and severe pain. Post-herpetic neuralgia may occur following HZ. The risk of HZ increases with older age and reduced immunity. HZ vaccine has been first approved for adults aged 60 years and