Arabia, (MOH) in Saudi Arabia, using WHO level II indicators, and whether these information. All procedures adhered to international guidelines on ethical and monitoring of antibiotic use to mitigate the risk of antibiotics resistance. system is recommended including adopting effective P&TC and strict guidelines total encounters in urban and rural hospitals respectively (WHO recommended encounter was 2.41 higher than recommended target of WHO (<2); In hospitals Colombia, School of Medicine. conduct of research, and were approved by the IRB at the National University of Vaccination among children ≤5 years old in Colombia, to evaluate the scope of the study, we tested only 1 out of 12 indicators of WHO core drug use level II indicators (WHO/DAP/93.1); namely; the number of encounters with antibiotic prescribed. Binary logistic regression technique was used to test the likelihood of antibiotics prescribing across hospital and patient characteristics. DATA: The data demonstrated that irrational use of medicines might exist in MOH hospitals, antibiotics overutilization in rural hospitals is an indication of it. The irrational prescribing might be associated with internal and external accountability areas, particularly at hospitals serving rural areas. Furthermore, lack of effective P&TC might contribute to irrational prescribing in hospitals serving both urban and rural areas. Adoption of effective formulary system is recommended including adopting effective P&TC and strict guidelines monitoring of antibiotic use to mitigate the risk of antibiotics resistance.

PN94 THE IMPACT OF PSYCHIATRIC COMORBIDITIES ON THE TREATMENT OF HEPATITIS C VIRUS
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OBJECTIVES: The potential for neuropsychiatric side effects may be a treatment for hepatitis C virus (HCV) patients with psychiatric comorbidities. This study’s primary objective was to compare medication treatment rates among HCV patients with and without psychiatric comorbidities. A secondary objective was assessing the impact of selection criteria on results. METHODS: Adult medication utilization trend (1999-OM 07/04, 07/04 through June 30, 2011 and no interferon alfa (INF-a) treatment 6 months prior were identified using Truven Health MarketScan Treatment Pathways. Patients without 6 hepatitis C virus (HCV) points and with psychiatric HCV diagnoses were excluded. Post-index treatment rates given pre-index psychiatric comorbidity were calculated. Sensitivity analyses were performed, dropping the confirmation diagnostic requirement and using a broader HCV diagnosis list (07/41, 07/64, 07/51, 07/054, 07/7a). RESULTS: Psychiatric comorbidities measured in the sample (n=5,083) were alcohol abuse (16.6%), anxiety (20%), mood disorders (38%), schizophrenia (8%), and substance abuse (21.5%). Overall, 13.8% were treated with conventional or pegylated INF-a, most along with ribavirin. Protease inhibitor utilization (approved for HCV in 2011) was <1%. Alcohol abuse was associated with lower INF-a treatment rates (9.5% vs. 14.6%, p<0.001) Anxiety (15.9% vs. 12%, p<0.025) and mood disorder (15.1% vs. 13%, p<0.038) patients had higher rates, compared to patients without these comorbidities. Alcohol abuse and anxiety trends were similar after dropping the confirmation diagnostic requirement (n=10,335), but mood disorder was no longer significant. Using the broader diagnosis list, alcohol abuse (9.5% vs. 8.1%, p<0.001), schizophrenia (5.5% vs. 7.9%, p<0.017), and substance abuse (6.3% vs. 8.1%, p<0.009) were associated with lower treatment rates; anxiety and mood disorder had no significant effect. CONCLUSIONS: Psychiatric comorbidities were prevalent among HCV patients and were not associated with treatment except for increased INF-a treatment rates, contrary to expectations. Minor sample selection changes impacted results, suggesting a need to carefully consider inclusion/exclusion criteria.

PN95 COMORBID RISK AND CORRELATES OF PNEUMOCOCCAL VACCINATION AMONG LATENT CLASSES OF OLDER ADULTS IN THE CROSS-SECTIONAL NATIONAL HEALTH AND WELLNESS SURVEY IN BRAZIL
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OBJECTIVES: To investigate predictors of pneumococcal polysaccharide vaccine (PPV) use across latent classes of older Brazilian adults, to understand characteristics associated with use in subpopulations with varying characteristics. METHODS: Data from the patient-reported, Internet-based 2011 National Health and Wellness Survey in Brazil (n=12,000 adults) were used. Mixture modeling was applied to identify latent classes among respondents aged ≥50 based on sociodemographics, health attitudes and behaviors, and health care resource use. Logistic regressions predicted PPV use (ever vs. never) within each latent class. Covariates included sociodemographic-risk factors (race, income, immunocompetent), high risk status (immunocompromised), flu vaccination in past year, and parent/caregiver of a child receiving pneumococcal vaccination. RESULTS: Among 3,195 respondents ≥50, two latent classes emerged. Class 1 (assigned n=1,981) versus 2 (n=1,214) respondents had higher adjusted odds of being educated beyond high school (OR=26.75), partnered (OR=2.29), insured (OR=6.82), flu vaccination (OR=2.49), and chronic heart disease (OR=1.60) prevalent among HCV patients. Some comorbidities were associated with lower treatment rates; anxiety and mood disorder had no significant effect. CONCLUSIONS: In Brazil, child vaccination may be a population-wide predictor of adult PPV uptake. Among younger, more affluent respondents with better health care access and attitudes, higher PPV use was associated with flu vaccination and heart disease. Among remaining elderly respondents, PPV uptake was lower and not significantly associated with risk factors, suggesting the need for better risk-based access.

PN96 DISPARITIES IN INITIATION OF HAART AND IN VIROLOGIC SUPPRESSION AMONG PATIENTS IN THE HIV OUTPATIENT STUDY (HOPS), 2000-2010
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OBJECTIVES: Improving and reducing disparities in time to HAART initiation and virologic suppression (VS) can help to reduce HIV virus (HIV) incidence. METHODS: Using data from ARV-naive patients who entered the HIV Outpatient Study in 2000-2010, we assessed temporal trends and correlates of initiating HAART and achieving VS (<500 copies/ml) via Kaplan-Meier curves and Cox proportional hazards regression models. RESULTS: Among 1,112 patients included in our analysis, patients were less likely to start HAART and achieve VS <1 year of diagnosis if they were
diagnosed in 2000-2003 vs 2008-2010 (for HAART initiation: 62.5% vs 78.2%, P<0.01; for VS: 53.4% vs 70.7%, P<0.01, respectively), age <30 vs >40 years (57.6% vs 71.6%, P<0.01, respectively), and non-Hispanic whites (NHW) (63.4% vs 67.1%, P = 0.01 and 56.2% vs 62.4%, P = 0.01). In multivariable models, patients were more likely to initiate HAART sooner if diagnosed after 2000-2003 (adjusted hazard ratios [95% confidence intervals] = 1.2 [1.0-1.3] and 1.6 [1.3-1.9]) but were less likely to start if age <30 vs >40 years (0.8 [0.7-0.9], NHW vs NHW [0.7-0.9] and female [0.8-0.7-1.0]. Similar findings were observed for achieving VS after HAART initiation, further adjusted for CD4 count and plasma HIV RNA viral load (VL) at HAART initiation, NHW compared with NHW were less likely to achieve VS after HAART initiation (0.7 [0.6-0.9], while age and gender were no longer significant explanatory factors. CONCLUSIONS: During 2000-2010, starting HAART and achieving VS <12 months became increasingly more common. Adjusting for CD4 and VL at start of HAART, only NHW had decreased likelihood of achieving VS after HAART initiation.

PIN99
DISPARITIES IN INFLUENZA VACCINATIONS AMONG COMMUNITY PHARMACY USERS AND NON-USERS

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OBJECTIVES: This study examined the influenza vaccination rates and racial and ethnic disparities in receiving influenza vaccinations within the past year among community pharmacy users and non-users who did not utilize pharmacy services. METHODS: The 2009 Medical Expenditure Panel Survey was analyzed. The sample consisted of respondents aged 50 years or older, as per the 2009 recommendations by the Advisory Committee on Immunization Practices. Bivariate analyses and multivariate logistic regression were conducted to examine the influenza vaccination rates and disparities in the likelihood of receiving influenza vaccinations within past year. RESULTS: The average annual medical cost for privately insured diagnosed CHC patients was approximately $24,000. Combining the uninsured CHC prevalence and the Medicare death rate, the additional annual medical cost for uninsured CHC patients was approximately $6.6B when they enter the health care system in 2014 under the Affordable Care Act. METHODS: Uninsured CHC prevalence estimates among the US household population were obtained by aggregating data from the National Health Interview Survey and the Medical Expenditure Panel Survey (MEPS). More than half of the uninsured were black, 40% were female, 30% were aged ≤40 years, and 60% were aged ≥50 years. All medical service and prescription pharmacy costs were tracked longitudinally and subsequently adjusted for inflation and length of enrollment. RESULTS: The prevalence rate of CHC among the US household population was 0.89% during 2005-2010 (95% CI (0.69, 1.09)). A total of 40.12% of these individuals were uninsured (95% CI (22.02%, 48.21%). Applying NHANES prevalence rates to US Census Bureau’s current population survey data, the estimated 2011 uninsured CHC population was 1.1MM. However, only 25% or 275,000 individuals may be diagnosed. The average annual medical cost for privately insured diagnosed CHC patients was approximately $24,000. Combining the uninsured CHC prevalence and the Medicare death rate, the additional annual medical cost for uninsured CHC patients was approximately $6.6B when they enter the health care system. The overall incremental cost of currently uninsured CHC individuals may be even higher due to the cost incurred by the undiagnosed CHC population.

PIN101
COMPLIANCE WITH THE BIRTH DOSE OF HEPATITIS B VACCINE IN HIGH ENDEMIC AND HARD TO REACH AREAS IN COLOMBIA

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OBJECTIVEs: To estimate the birth dose of hepatitis B in children under 10 years old in high endemic areas of Colombia. Describe how children are vaccinated against Hepatitis B in high endemic areas that are hard to reach due to geographical barriers. Evaluate factors associated with adequate vaccine delivery. METHODS: This study was being carried out in rural areas of the Colombian Amazon. Vaccination history was recorded for 953 children <10yrs who had a vaccine card. Data were collected in three areas of the Colombian Amazon: Leticia, Puerto Narino and Tarapaca. Children were considered to have received a birth dose if they were vaccinated with the monovalent vaccine in the first seven days after delivery. Logistic models were used to estimate association of valid vaccination with several factors. RESULTS: A total of 89.9% of the children received the dose of hepatitis B, 38.4% received the vaccine in the first week after delivery. Bivariate analysis: Only delivering at a health facility was associated with receiving of the birth dose (OR 2.69; 95% CI 17.8-40.7). CONCLUSIONS: Our study shows children in rural areas are inadequately vaccinated even though they live in a high risk area for hepatitis B infection. A new vertical transmission route of the HBV is common. Because all children cannot be delivered at a hospital due to geographical barriers new strategies need to be studied to vaccine newborns in the rural areas.

PIN102
UNINSURED CHRONIC HEPATITIS C PATIENTS AND THEIR COST IMPLICATIONS UNDER THE AFFORDABLE CARE ACT


OBJECTIVES: To estimate the financial impact of currently uninsured individuals infected with chronic hepatitis C (CHC) who will enter the health care system in 2014 under the Affordable Care Act. METHODS: Uninsured CHC prevalence estimates among the US household population were obtained by aggregating data from the National Health Interview Survey and the Medical Expenditure Panel Survey (MEPS). More than half of the uninsured were black, 40% were female, 30% were aged ≤40 years, and 60% were aged ≥50 years. All medical service and prescription pharmacy costs were tracked longitudinally and subsequently adjusted for inflation and length of enrollment. RESULTS: The prevalence rate of CHC among the US household population was 0.89% during 2005-2010 (95% CI (0.69, 1.09)). A total of 40.12% of these individuals were uninsured (95% CI (22.02%, 48.21%). Applying NHANES prevalence rates to US Census Bureau’s current population survey data, the estimated 2011 uninsured CHC population was 1.1MM. However, only 25% or 275,000 individuals may be diagnosed. The average annual medical cost for privately insured diagnosed CHC patients was approximately $24,000. Combining the uninsured CHC prevalence and the Medicare death rate, the additional annual medical cost for uninsured CHC patients was approximately $6.6B when they enter the health care system. The overall incremental cost of currently uninsured CHC individuals may be even higher due to the cost incurred by the undiagnosed CHC population.

PIN103
TREATMENT BURDEN ASSOCIATED WITH PEIPERFERASE-BASED ANTIVIRAL THERAPY FOR PATIENTS WITH CHRONIC HEPATITIS C (CHC) IN JAPAN

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OBJECTIVES: Several randomized studies confirmed the efficacy and safety of Peginterferon-based antiviral therapy for patients with hepatitis C virus infection. However, various types of patients who were not included in those studies are possibly seeking antiviral therapy in daily practice. The study aim and to estimate the annual direct cost of these currently uninsured CHC individuals is approximately $6.6B when they enter the health care system. The overall incremental cost of currently uninsured CHC individuals may be even higher due to the cost incurred by the undiagnosed CHC population. CONCLUSION: A large proportion of CHC infected individuals are currently uninsured. When the ACA health insurance mandate takes effect in 2014, this population will gain access to health care coverage and could substantially increase the cost to the health care system.

PIN104
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