and deaths, respectively, may have been QIV-preventable. **CONCLUSIONS:** The seasonal variability of influenza B lineage circulation, and the level of vaccine match determine the extent of the benefit of QIV use. However, on average, under reasonable assumptions of vaccine effectiveness, a substantial number of hospitalizations and deaths could have been prevented by using QIV during the study period in the United States. Funding: GlaxoSmithKline Biologies SA

**PIN6**

**ASSOCIATION BETWEEN INTERFERENCE USE AND REDUCED METABOLIC AND VASCULAR COMPLICATIONS AMONG PATIENTS WITH HEPATITIS C**

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**OBJECTIVES:** We determined the association between interference treatment for chronic hepatitis C (HCV) and the presence and severity of metabolic and vascular complications in a high-risk Medicaid population. **METHODS:** This was a historical prospective cohort study using administrative claims data of Maryland Medicaid recipients (2006-2009) infected with hepatitis C. We used the validated Diabetes Complications Severity Index (DCSI) as proxy for the presence and severity of diabetes complications related to diabetes. **RESULTS:** The incidence of MSSA and MRSA SSTI hospitalizations among U.S. children has decreased from 3 (2-5) days in 2001 to 2 (1-3) days in 2010. **CONCLUSIONS:** The incidence of MSSA and MRSA SSTI hospitalizations among U.S. children has dramatically increased from 2001 to 2010.

**PIN9**

**GRAHAM-ACUTE BACTERIAL SKIN AND SKIN STRUCTURE INFECTIONS (ABSSSIS): RECENT TRENDS IN URBAN HOSPITAL ADMISSIONS IN THE UNITED STATES**

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**OBJECTIVES:** To characterize types of hospitals and patients contributing to the prevalence of ABSSSIS hospital admissions and describe recent admission trends in the US. **METHODS:** We conducted a retrospective database analysis of adult (≥18 years) hospital admissions with a principal ICD-9-diagnosis of ABSSSIS: 681.XX, 682.XX, 686.XX; 958.3, 998.5X, or 035 using the US Healthcare Cost and Utilization Project National Inpatient Sample (HCUP NIS), representing over 1,000 hospitals with >8 million beds in 2005-2011. **RESULTS:** The subset analysis was performed. HCUP specified weights were used for national estimates. **RESULTS:** From 2005-2011, there were 4,891,187 adult ABSSSIS hospital admissions (2% of all HCUP NIS admissions), with admissions increasing 17.3% across this timeframe (p < 0.0001). ABSSSIS patients were primarily male (50.8%), white (60.3%), mean age 55.7 years (±18.6 yrs), Medicare (40.7%), and discharged to home (53.8%). Patients were more likely to be on moderate to high severity S. aureus SSTIs than MSSA (60.4% APR=3.0). Comorbidities included diabetes without complications (25.2%), COPD (17.2%), and CHF (10.3%) and increased over time (p<0.0001). Hospitals were in urban areas (85.4%), in the South (39.0%), of large bed size (>325 beds by region, 59%), hospital status (91.0%), and with non-teaching status (55.3%). Majority of admissions were other cellunits and abscesses (682.XX, 73.5%) and post-operative wound infection (998.XX, 21.5%). Post-traumatic (958.3, n=13,952) and post-operative wound (998.XX, n=1,048,916) infection incurred the greatest mean length of stay (7.2 vs 6.7 days, respectively vs 4.7 days average across ABSSSIS codes). Mortality was 0.5% overall and was highest among post-operative wound infection patients (1.1%). **CONCLUSIONS:** More ABSSSIS patients enter the US hospital system each year with a greater proportion of co-morbidities. As the US population continues to age and the prevalence for treating ABSSSIS patients may lessen the burden on the hospital system and reduce potential risks associated with a hospital stay.

**PIN10**

**RECENT TRENDS IN INCIDENCE OF INFANT PERTUSSIS IN THE UNITED STATES**

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**OBJECTIVES:** Infants are at greatest risk for severe pertussis (~50% of infant cases reported from 2000 to 2009). This increase indicates that up to 99% of pertussis incidence in the US, but limited data exist on whether severe infantile cases are also resurgent and the extent to which severe pertussis incidence in infants varies by geographic race. We therefore re-estimated and age- and sex-specific incidence and race-stratified incidence of infant pertussis-related hospitalizations. **METHODS:** Data on pertussis-related hospitalizations (ICD-9-CM diagnosis codes 033.0, 033.8, 033.9, 484.4) from the 2000-2011 Nationwide Inpatient Sample (NIS) were retrospectively analyzed. Annual pertussis-related hospitalizations per 100,000 infants aged ≤12 months was estimated using NIS sampling weights and year-specific population denominators from US census data. **RESULTS:** Incidence of pertussis-related hospitalizations was ~4/100,000 infants between 2000 and 2003 before increasing sharply in 2004 (9.0/10,000) and 2005 (13.8/10,000). Thereafter, incidence fell substantially (6.2, 4.1, and 4.2/10,000 in 2006, 2007, and 2008, respectively) but remaining above 2000-2001 levels. Incidence declined again in 2011 (2.3/10,000). Incidence was similar between males and females, but substantial differences were observed by race. Incidence was highest in Hispanic infants, starting at 8.6/10,000 in 2000, peaking at 24.9/10,000 in 2005, and then falling to 4.3/10,000 in 2010. Incidence was lowest for white and Asian infants, reaching a 2005 peak of only 5.4 and 5.3/10,000, respectively. **CONCLUSIONS:** Infant pertussis hospitalizations peaked in 2005 before a steep decline thereafter, possibly due to increased herd immunity conferred by the 2006 launch of universal adolescent Tdap vaccination. Incidence recurred again through 2010 before another decline in 2011, demonstrating for severe cases the documented cyclic pattern of peaks and nadirs for overall pertussis incidence. This analysis also highlights the need for increased focus on minorities in pertussis vaccination programs.