varicella cases for 75% and 65% VE-DE was respectively 60.2%/58.1% by year 30 and 55.0%/52.5% by year 80. When coverage was 75%/60%, the reduction in number of varicella cases for 75% and 65% VE-D1 was respectively 73.9%/71.3% by year 30 and 65.0%/61.6% by year 80. When VE-D1 was 65%, the reduction in number of varicella cases was 60.2%/58.1% by year 30 and 55.0%/52.5% by year 80 for VE-DE of 75% and 65%, respectively.

**CONCLUSIONS:** The coverage of varicella vaccination is an important factor affecting the number of varicella cases when long term interval between doses is considered. This is a more influential factor on predicted cases than the first dose efficacy.

**PIN114**

**HERPES ZOSTER-RELATED HEALTH CARE RESOURCE UTILIZATION IN CANCER PATIENTS IN 5 EUROPEAN COUNTRIES**

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**OBJECTIVES:** To examine herpes zoster-related health care resource utilization in hematologic (HM) or solid tumor malignancy (STM) patients seeking care at primary-care practices in 5 European countries. **METHODS:** Longitudinal primary-care practice databases (Cegedim Strategic Data) in France, Italy, Germany, Spain, and United Kingdom (UK) were analyzed retrospectively (2007-2012). Patients with HM or STM diagnoses were followed for a subsequent first herpes zoster (HZ) diagnosis (index event). HZ patients were matched with non-HZ (HM and STM) patients using propensity scores based on demographics and relevant clinical characteristics. Patients were observed for 6 months pre-index (baseline) and 6 months post-index. Demographics, comorbidities, pharmacotherapy, and health care resource utilization (specialty referrals, laboratory tests, and prescriptions) were reported with statistical significance set at p<0.05. **RESULTS:** HZ patients meeting selection criteria across all 5 countries included 907 HM and 4317 STM. Mean ages ranged from 51.5 years (HM) to 54.5 years (STM). Female gender varied from HM for 49% (UK) to 58% (Germany), and STM 56% (UK) to 63% (France). Case and control populations were well balanced at baseline. Office visits per patient were significantly higher in HZ patients compared with matched controls across 5 European countries.

**PIN115**

**USE OF HOSPITAL SERVICES BY HIV PATIENTS, 2012**

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**OBJECTIVES:** Information on the pattern of health services use by HIV patients is required to effectively plan services, particularly in light of increasing non-infectious chronic diseases in this population. This study examined the use of outpatient, emergency and inpatient department (ID) services by HIV positive patients who attended Cork University Hospital (CUH) for HIV care in 2012. **METHODS:** All pub HIV patients who attended CUH for inpatient or outpatient care in 2012 were identified using an existing clinical database. Data on outpatient appointments was supplemented by specialty (e.g. endocrinology) dia- diary ED visits and inpatient episodes were extracted from the hospital information system. Patients with no attendance between Jul-Dec were censored at the month of last visit. **RESULTS:** Data were extracted on 328 patients (3622 patient-months), 1434 outpatient visits (1810 Infectious Disease (ID), 254 other), 100 ED visits (58 patients) and 74 inpatient episodes (51 patients). Patients had a median of 3 ID outpatient visits (range 0-12), 26% of patients also attended other outpatient specialties (median 2, range 1-22). On multivariate analysis, being more recently diagnosed, and being on ART but not suppressed, or starting/STOPping ART in 2012 were associated with increased outpatient ID visits, while age >50 years was associated with fewer outpatient ID visits. Those diag nosed 2003-2007 and 2008-2011 had significantly more outpatient non-ID visits while late diagnosis was associated with fewer non-ID visits. Use of ED services was positively associated with diagnosis in 2012 and negatively associated with a minimum CD4 count ≥350 cells/µl. **CONCLUSIONS:** These data provide baseline information on the utilisation rates of ID and other specialties by HIV positive patients. Such data are useful for identifying factors which could be targeted for quality improvement interventions as well as for estimating future service requirements.

**PIN116**

**THE IMPACT OF INFLUENZA LIKE ILLNESS (ILI) IN CHILDREN WORKING ADULTS**

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**OBJECTIVES:** To evaluate the impact of child ILI on working adults’ health, productivity and health care resource use (HCRU), and to evaluate ILI’s impact on the working adults’ household. **METHODS:** All children ≤16 years of age that worked part time working, or full time working, minimum one child ≤17 years residing in household were recruited nationally (UK) for this online survey between October 2012 and May 2013. Demographics, employment status, morbidity and influenza vaccination history were collected for all households. During follow-up, households were surveyed fortnightly for influenza vaccination, ILI symptoms, time off work/education, and HCRU. From the perspective of a rehabilitation center, the third strategy yields the lowest total direct medical costs and LOS. The coverage of varicella vaccination is an important factor affecting the number of varicella cases when long term interval between doses is considered. This is a more influential factor on predicted cases than the first dose efficacy.
OBJECTIVES: To evaluate the effectiveness of an antimicrobial stewardship program by administrating a pharmaceutical program that started on November 1, 2012, and pharmacists would intervene when antimicrobial agents, including levofloxacin, teicoplanin, meropenem, tigecycline and piperacillin/tazobactam, were used for more than 7 days. Inpatients who previously received any one of these antimicrobial agents during their stay in phase 1 (2008/11-2010/12) and phase 2 (2011/01-2013/10/31) were excluded. Patients’ personal data, indication, residency, surgery history, duration of therapy, duration of hospital stay, quantity of antibiotics use and the cost of antibiotics were collected. The primary outcome was to compare the amount of antibiotics usage in defined daily doses (DDD per 1000 patient-days) between the 2 phases. Secondary outcomes were to compare the duration of therapy, the proportion of patients having prolonged antibiotic use over 14 days, the duration of hospital stay, expense of antibiotics, and cost of treatment in 30 days.

RESULTS: A total of 8,781 patients were included. 4,571 patients were in phase 1 and 4,210 were in phase 2. The most prevalent indications for antibiotic use were Acinetobacter baumannii and Enterobacteriaceae. The quantity of antimicrobial usage in phase 2 was significantly decreased from 224.08 DDD to 188.89 DDD as comparing with phase 1. The DDDs of each agent in phase 2 were also significantly decreased respectively. After the program implementation, the expense of antibiotics, duration of therapy and the duration of hospital stay were significantly decreased. The duration of therapy and saving medical expense without affecting quality of care in term of readmission rate.

PIN120

ARE ANTIBIOTIC POLICIES AND REIMBURSEMENT DECISIONS ALIGNED?

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OBJECTIVES: According to the World Health Organisation, the emergence of resistant organisms has rendered antibiotic ineffective in some settings (1). In an attempt to address current and future unmet needs in this area innovative antibiotics are being developed. We conducted a review of recent HTA evaluations for antibiotic reimbursement missions whether policy implication to the new antibiotics are reflected in reimbursement decisions. METHODS: The guidance directories of the Scottish Medicines Consortium (SMC), All Wales Medicines Strategy Group (AWMSG) and National Institute for Health and Care Excellence (NICE) were reviewed for assessments of antibiotics, from 2000 until 2014. Data relating to each assessment were extracted. A simple scoring system for the reimbursement decisions by the SMC and AWMSG was adopted: where a “positive” reimbursement decision scored 3, “Restricted use” scored 1, “Not yet reviewed” scored 0 and “Rejected” scored -1. Results were plotted to show the positioning of reimbursement decisions of AWMSG in relation to SMC. RESULTS: A total of 18 antibiotics were identified at having been assessed by either SMC or AWMSG. Of these 18 products, only 2 were assessed by NICE, and a further 2 were the subjects of “Evidence Review”.ピン121

ANALYSES ON TEMPORAL AND SPATIAL CLUSTERING AND CHANGING TREND OF HCV IN MAINLAND OF CHINA

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OBJECTIVES: Analyzing population distribution, temporal and spatial clustering and changing trend of Hepatitis C Virus(HCV). In order to provide the evidence-based decision making for the control and prevention of HCV. METHODS: HCV cases were extracted from the National Diseases Reporting System of China between 2008 and 2013. Spatial scanning unit was 2886 districts/counties in mainland China; temporal scanning unit was month, and time span was from Jan 2008 to Dec 2013. Kullback statistic scan was applied, and analyses were conducted by SaTScanTM 9.1. Making maps and visualizing results were carried out with ArcGIS 10.1. RESULTS: Monitoring data of HCV from 2008 to 2013 demonstrated that most cases of HCV occurred between 30 to 59 years old, above 60% were more than females the ratio of males to females was 1.20:1.35; the percentage of pupils was nearly 60%. Results from SaTScan illustrated that the temporal and spatial clustering was existed in the entire dimension of HCV occurrence from 2008 to 2013. Concerning age, west of China. Correlations were found between HCV infection and age, gender and province in China from 2005 to 2013. METHODS: The Back-calculation method was used to estimate the initial number of HCV infection, based on annual HCV reported cases issued by China CDC and the incubation distribution of HCV, which was from an outbreak due to a medical accident at a county in Liaoning, China in 2012; then the Expectation Maximization (EM) algorithm was employed to obtain the optimization estimates. RESULTS: The estimated numbers of newly-infected HCV cases from 2005 to 2013 were nearly 3.4 million. When 58.7% of the estimated newly-infected cases were male, cases of 30 to 39 years old were the group with the highest newly-infected cases: estimated 1.863, 304, 28.6, 30.3, 28.4, 26.5 and 28.4 infections respectively showed geographic variations that north, southwest, and west were among the regions where higher numbers were found. CONCLUSIONS: This is the first time to correctly estimate new infection numbers of HCV in China by disease report of China CDC; however, this estimation may still be underestimated because of the low unawareness of HCV and high rate of missing report on HCV cases in China.

PIN123

PEDIATRICIAN’S PERSPECTIVE ON PNEUMOCOCCAL CONJUGATE VACCINES IN INDIA: AN EXPLORATORY STUDY

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OBJECTIVE: This paper focuses on this knowledge gaps for informed decision-making and identifies key barriers in uptake PCV in India. METHODS: Qualitative interviews were conducted with pediatritionists registered with Indian Academy of Pediatrics to generate evidence on perspective and practices regarding the PCV. A multi-level stratified sampling was applied to identify pediatritionists across 12 metropolitan cities. The analysis was conducted using standard qualitative techniques, where key barriers, words, phrases and concepts from respondents. CONCLUSIONS: Quantitative variables are reported as mean and proportions. RESULTS: Majority (67.7%) of pediatritionists advice for PCV to all whereas 32.2% advice PCV only to those who can afford. Around half (50.8%) have no specific preference and recommend any PCV vaccine whereas 28.0% recommended PCV13. Main reason for acceptance of PCV were educated and informed clients (50.8%) followed by pediatricians feel the need to recommend any PCV vaccine whereas 28.0% recommend PCV13. Main reason for denial was price (79.5%), whereas the other main reasons for denial were inadequate knowledge about PCV (57.1%), as risk factors to infection, and resistance patterns.

PIN124

THE STUDY ON THE PRESCRIBING PATTERN OF ACINETOBAKTHER INFECTION IN A TERTIARY CARE HOSPITAL

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OBJECTIVE: Acinetobacter baumannii infections have become a challenge for every hospital with regards to its treatment and cost of therapy due to its penchant to acquire resistance. The aim of the present study was to ascertain the prescribing pattern of antibiotics in Acinetobacter infection. METHODS: A cross sectional, observational, retrospective study was carried out, over a period of 6 months in a tertiary care hospital. The data collected was analysed to understand the pattern with respect to patient demographics, prescription patterns, co-morbidities as risk factors to infection, and resistance patterns. RESULTS: The study showed that male patients had greater risk for A. baumannii infections with an age group of 41-60 years. The length of stay of a patient of A. baumannii infection was 23.5±12.7 days. The bacteria were found to be resistant to almost all categories of drugs. Based on the study of prescription of antibiotics it was found that empirical antibiotic therapy was prescribed to most patients. With the exception of carbapenems, all other antibiotics were used empirically. The least prescribed antibiotic was Piperacillin – Tazobactam prescribed to 25 (42.9%) patients. Cefepime-sulbactamin was found to have an antibiotic action against the bacteria. CONCLUSIONS: The study concluded that male patients were at a great risk of A. baumannii infection. Further study shows that the average of the samples tested was 23.5±12.7 days. The study showed tigecycline and cefixime were the most prominently used antibiotic. The strain in this study was resistant to almost all cephalosporins except Cefepime-Sulbactamin which had activity in 57.14% of the samples tested.