or not), and to estimate the impact of treatment cost. METHODS: We conducted a population-based observational cohort study of patients who presented for PEP in BCN in 2007 and 2008. Data collected included details of HIV exposure, drug regimen and treatment cost. RESULTS: In 2008, 498 patients came in emergencies for a possible HIV exposure (17% more than 2007). The majority were male (61.4%) and presented after sexual exposure (60.6%). Mean age was 31.4±4.0 years. Only in 47.6%, ARVs were prescribed (tri-therapy in all cases) according to guidelines. Median time to receive PEP after hospital admission was 1h07. On average, 1h±1 days of treatment were dispensed per patient. For 2008, the total acquisition cost of PEP drugs was €33,850 (1.1% of the total HIV treatment budget, +14.6% compared to 2007) equivalent of €717,785 in a societal point of view. Mean cost per patient was €835±38. Without discriminating prescription of PEP, the total cost would have been €22,263. Since French recommendations (March 2008) authorising TDF+FTC (Truvada®) in first intention as AZT+3TC (Combivir®), associated with Lopinavir/RTV, we observed a change in PEP prescription compared to 2007, which explained at 72.5% the cost’s increase observed. CONCLUSIONS: The review of cost-effectiveness suggests that PEP may be cost-effective only in certain population subgroups. In our hospital only targeted patients at high-risk received PEP according to guidelines. The cost difference between TDF+FTC and AZT+3TC highlighted here will enable us to begin a revision of local recommendations.

PIN15
THE ECONOMIC IMPLICATION OF A RAPID DIAGNOSIS AND EARLY START IN THERAPY IN PATIENTS WITH INVASIVE CANDIDA INFECTION
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Patients at risk of developing invasive candida infection in the ICU can be diagnosed early, using new rapid technologies. Accelerated diagnosis allows earlier shift in antifungal therapy for patients insufficiently treated by first choice of antifungal medicine. OBJECTIVES: To analyze the economic consequences for the Intensive Care Units (ICU) of a faster diagnosis and when indicated earlier start in therapy, using PCR compared with a traditional blood culture. METHODS: A decision-tree based costing model was designed to compare the two approaches to diagnosing (blood culture alone versus PCR plus blood culture). The model compares the costs of the diagnostic methods, costs of missed infection, costs of LOS at the ICU for the two alternatives. The model and the costing model was based on data for a half year of patients at Copenhagen University Hospital in 2008 having an invasive candida infection (n = 10), and all costs were from a Danish perspective. RESULTS: All patients in risk of developing invasive candida were treated with fluconazol and diagnosed positive. With a good national surveillance of patterns of resistance up to 35% of the patients will be shifted to an echinocandin after diagnosis. A faster diagnose and early start in therapy with echinocandin will imply in average an extra medicine costs between 348.89. Diagnosis with PCR and early start in therapy to echinocandin is cost-effective. However, different budgets (including the DRG payment) at the hospital are affected, why also thinking might be a barrier, when deciding upon the cost-effective strategy.

PIN16
COST-EFFECTIVENESS OF HEPTAVALENT PNEUMOCOCCAL CONJUGATE VACCINE (PCV-7) IN MEXICO
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OBJECTIVES: Streptococcus pneumoniae is one of the most frequent causes of invasive IPD and non-invasive infections (Non-IPD), causing 1.6 million deaths worldwide in 2002. PCV-7 provides a reliable protection for children aged 2 to 24 months. Most episodes (67%) were scored as mild/moderate using the Vesikari scale and 21% tested positive for rotavirus. The mean societal cost was $231.6 (SD 409.3) per episode, of which direct medical costs accounted for $132.2 (37%), non-medical direct costs $41.0 (6%) and indirect costs $44.4 (57%). Most of the total cost (63%) was borne by families, reflecting the importance of indirect costs. Rotavirus-positive episodes (n = 15) had higher mean total costs than rotavirus-negative episodes (n = 51), at $177.7 (SD 527.1) and $172.0 (SD 304.0) per episode, respectively. CONCLUSIONS: These data show the importance of indirect costs borne by families, and provide useful information for economic evaluations of paediatric rotavirus vaccination.

PIN17
THE COST OF ROTAVIRUS GASTROENTERITIS IN YOUNG CHILDREN IN FOUR EUROPEAN COUNTRIES: A STUDY IN PRIMARY CARE
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OBJECTIVES: To investigate the resource use and cost of rotavirus gastroenteritis (RVGE) in children aged <5 years presenting to primary care in four European countries: Italy, Spain, the Czech Republic, and Poland. METHODS: This observational, prospective study collected data from children aged <5 years presenting to primary care (general practitioners and paediatricians) with acute gastroenteritis (defined as diarrhoea for <14 days) and a positive test for rotavirus. Severity of RVGE was assessed using the Vesikari score. Parents completed a cost questionnaire at a follow-up visit or phone call 14 days after the episode, recording information on: direct medical costs (physician visits and contacts including the initial visit, use of medication, rehydration solutions and nutritional products); direct non-medical costs (transport, supervision/carer costs, other costs); and indirect costs (days lost at work or school/daycare). All costs were recorded in 2006 Euros. RESULTS: Cost data were available for 502 children, of whom 126 were in Italy, 217 in Spain, 87 in Poland and 72 in the Czech Republic. A total of 65.6% of the children (n = 326) were aged 0–24 months, 52% (n = 263) were male, and 82% (n = 410) were rated as moderate/severe using the Vesikari score. The mean total societal cost per child was €170.6 in Italy, €169.7 in Spain, €44.0 in Poland and €37.6 in the Czech Republic. The share of the total societal cost borne by the family was highest in Italy (57.5%), compared with 55.0% in Poland, 48.3% in Spain and 35.9% in the Czech Republic. CONCLUSIONS: Paediatric RVGE presentation is a burden to primary care in terms of direct and indirect costs, a high proportion of which are borne by families. These data will be valuable in economic evaluations of paediatric rotavirus vaccination.

PIN18
THE COST BURDEN OF ACUTE GASTROENTERITIS IN INFANTS AND YOUNG CHILDREN ATTENDING DAYCARE CENTRES IN FRANCE
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OBJECTIVES: To investigate the cost of acute gastroenteritis (AGE) in children aged <3 years attending daycare centres in France. METHODS: This observational, prospective study was conducted at 15 daycare centres in Paris, France. Children were eligible for the study if they had an episode of AGE (defined as ≥3 loose stools within 24 hours, lasting for <4 days) before their third birthday. Parents completed a cost questionnaire for the affected child and household contacts (a person spending at least 50% of nights in the same home) who also experienced AGE in the 14 days before or after onset of gastroenteritis in the affected child. Information on direct medical costs (general practitioner or paediatrician visits and phone consultations, hospitalisations, emergency room visits, and use of medication, rehydration solutions and nutritional products); direct non-medical costs (transport, supervision/carer costs, other costs); and indirect costs (lost workdays) was recorded in 2006 Euros. RESULTS: Costs were available for 71 episodes in 62 subjects (57 children attending daycare and 5 household contacts) of the 113 subjects in the study. Of the children attending daycare, 47% were male and 86% were aged ≤24 months. Most episodes (67%) were scored as mild/moderate using the Vesikari scale and 21% tested positive for rotavirus. The mean societal cost was €231.6 (SD 409.3) per episode, of which direct medical costs accounted for €132.2 (37%), non-medical direct costs €41.0 (6%) and indirect costs €44.4 (57%). Most of the total cost (63%) was borne by families, reflecting the importance of indirect costs. Rotavirus-positive episodes (n = 15) had higher mean total costs than rotavirus-negative episodes (n = 51), at €177.7 (SD 527.1) and €172.0 (SD 304.0) per episode, respectively. CONCLUSIONS: These data show the importance of indirect costs borne by families, and provide useful information for economic evaluations of paediatric rotavirus vaccination.

PIN19
TREATMENT COSTS FOR CHRONIC HEPATITIS B (CHB) IN URBAN CHINA
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OBJECTIVES: In China, 93 million people are chronically infected with hepatitis B virus, causing around 19,300 deaths annually. However, detailed costs of treating CHB have not been well studied, particularly within the growing urban areas. This study aimed to assess the annual direct medical costs for the treatment of CHB in three cities in China. METHODS: Medical claims of 8,954 urban CHB patients from Beijing, Nanjing, and Qingdao during January 2006 and December 2007 were randomly reviewed. Demographics; inpatient and outpatient costs; type of medications, including antiviral and Traditional Chinese Medicine (TCM), were all recorded and