to calculate the incremental cost-utility ratio (ICUR) for triple therapy. A subgroup analysis was conducted to evaluate cost-effectiveness of TN patients with IL28B TT/T; Scheuer ≥ 2 and in TN patients with Scheuer ≥ 2. RESULTS: In the overall TN population, ICUR is $90971.1/QUALY (+19736)/QUALY. ICURs in IL28B TT/T and Scheuer ≥ 2 subgroups were $42407/QUALY (+10343)/QUALY and $8694/QUALY (+12542)/QUALY, respectively. In the subgroup analysis, ICUR is $18790/QUALY ($9500)/QUALY. For Scheuer ≥ 2 subgroup ICUR = $72448/QUALY ($17670)/QUALY. Calculated values are below the cost-effectiveness threshold of 105001/QUALY ($25000)/QUALY in Poland. Results for relapsers, partial respond- ers and null responders are also presented. CONCLUSIONS: Based on the cost- utility analysis, telaprevir combination therapy is cost-effective compared to PR alone in Polish settings.

PIN108 COMPARATIVE COSTS ANALYSIS OF CONVENTIONAL STRATEGY VERSUS STEP- DOWN STRATEGY FOR THE TREATMENT OF INFLUENZA IN NON-COMMUNITY PNEUMONIA CAUSED BY GRAM POSITIVE BACTERIA IN MEXICO Gryzbowski E1, Peniche-Otero G1, Herrera-Rojas J1, Bolaños-Cornejo D1, Huuocche-Bartel J2, Muroppo-Demuga 2.

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OBJECTIVES: To estimate the cost difference between use and absence of use of Step Down Strategy (SDS) with linezolid for treatment of nosocomial pneumonia (NP) caused by Gram Positive Bacteria (GPB) in Mexico, from public health care institution perspective. METHODS: To evaluate the potential cost savings between the two strategies, a microcosting was made along three phases: (1) characterization of patients with NP, (2) assessment of resources and (3) estimation of the unit costs of medical care. The temporal horizon of the analysis was set to 14 days. Costs were estimated for the year 2013, expressed in USD and consider the follow- ing step: (1) general setting of hospitalization, consultation with specialists, rounds of administration, laboratory and imaging tests as well as outpatient control, based on unit costs by level of care reported by Instituto Mexicano del Seguro Social. The frequency of use of these resources were determined from Delphi method with a panel of 10 experienced infectologists. We calculated the differences between average total costs (ATC). The statistical significance difference between strategies was evaluated by Student’s t statistic. RESULTS: The ATC of patients using SDS was USD 1119.1 (95% CI: $9,346.6 - $10,887.3) and the ATC of patients not using this strategy was $17,251.6 ($16,379.4 - $18,123.8). The average potential savings due the use of SDS over conventional therapy (only intravenous) are $7,135,6 ($p < 0.01). CONCLUSIONS: The use of step down strategy could significantly reduce the costs of treatment of NP in terms of hospitalization, physician visits, laboratory and imaging tests, and drug administration, not as well the resources used in the outpatient control. In a challenging setting cost containment poli- cies, the choice of step-down strategy in nutriment patients represents the opportunity to invest health care resources in a more efficient way.

PIN109 RESOURCE USE AND OUTCOMES OF PATIENTS TREATED WITH VANCOYMOR OR LINEZOLID IN A TERTIARY HOSPITAL IN SHANGHAI Yang Y1, Wang W2, Song Y3, Liu W4, Wang K5, Papadimitropoulos M1, Montamat E1, Eli Lilly and Company Ltd. Shanghai Branch, Shanghai, China, 1Department of Pulmonary Medicine, Zhongshan Hospital, Fudan University, Shanghai, China, 2VitalStrategic Research Institute, Shanghai, China, 3Eli Lilly Canada, ON, Canada, 4Eli Lilly Australia Pty Ltd, Sydney, Australia

OBJECTIVES: Vancomycin and linezolid are amongst the most commonly pre- scribed antibiotics for hospital-acquired infections in China. The aim of this study is to propose the baseline characteristics, hospitalization, length of stay (LOS), length of therapy (LOT) and all-cause in-hospital mortality of patients treated with vancomycin or linezolid. METHODS: Data were extracted from the electronic medical records (EMR) of a tertiary hospital in Shanghai (bed size 1700). The analysis included patients admitted for any underlying cause who received either vancomycin or linezolid between January 2009 and July 2012. Continuous variables were compared with t test and chi-square for categorical variables. RESULTS: Of the total 3234 patients identified, 93.6% were treated with vancomycin (female: 40.6%, mean age: 58.8 years) and 6.4% were treated with linezolid (female: 22.2%, mean age: 62.3 years). Cardiac Surgery was the most frequent admitting department for the both groups, while cardiovascular disease was the top admission reason for the vancomycin group and pulmonary infec- tion for the linezolid group. The average daily dose was 1.61±1.9 g for vancomycin and 1.2±0.5 g for linezolid. The all-cause in-hospital mortality was lower in the vancomycin group compared to the linezolid group (4.2% vs. 21.7%, p<0.001). The vancomycin group had shorter LOS and LOT compared to the linezolid group (23.6±24.4 vs. 37.1±40.8 days, p<0.001; 7.0±8.8 vs. 8.7±16.0 days, p=0.025). The vancomycin group had lower total hospitalization costs, medication costs and antibiot- ics costs compared to the linezolid group ($86786±49956 vs. 125425±117055, p<0.001; 3258±39792 vs. 70372±69115, p<0.001; 15206±18957 vs. 34681±33184, p<0.001). CONCLUSIONS: Vancomycin was more frequently prescribed than lin- ezolid and was used in a smaller and less acutely ill patients. In the Chinese countries where vancomycin availability is limited, this study shows that compared to those patients treated with linezolid, vancomycin treatment was associated with a shorter LOS and LOT, decreased total hospitalization costs and decreased total medication and antibiotics costs.

PIN110 WHAT CLINICAL BENEFITS COULD BE EXPECTED FROM THE IMPLEMENTATION OF A ROTAVIRUS VACCINATION PROGRAMME IN FRANCE? Yamin D1, Remy V2, Atkins KE3, Galvani AP1

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OBJECTIVES: Rotavirus vaccines have shown great potential for reducing the disease burden of the major cause of severe childhood gastroenteritis. Real-life observational studies also confirmed the indirect protection provided by rota- virus vaccination programmes in countries where rotavirus vaccination programmes have been introduced. France has not yet implemented such a programme. Previously reported models in France do not include herd protection, thus underestimat- ing the effectiveness of vaccination. Our study uses a dynamic transmission model to account for herd immunity due to the universal effect of an oral rotavirus pentavaccine vaccination programme in France. METHODS: We developed a dynamic model to account for susceptibility of rotavirus infec- tion of a function of both age and the number of previous infections. It was parameterized with French data on rotavirus gastro-enteritis (RVGE) incidence and age-specific contact rates. We evaluated the direct and indirect effects of vaccination on disease incidence and clinical outcomes. A three-dose vaccine coverage is assumed to be achieved in 75% of newborns.

RESULTS: Our model predicts that vaccination can reduce the burden of RVGE by 66% in the four years following vaccine introduction, gradually increasing to 73% in the long term. We also observed a lower lifetime cumulative incidence of RVGE among vaccinated children and reduction in children accounts for 11% to 20% of the overall RVGE reduction in children. Incidence in the unvaccinated adult population would also be reduced by more than 40% through herd protection. Vaccination is also predicted to reduce pressure on the healthcare system with the model estimating an annual reduction of 84% and 63% for inpatient and outpatient visits, respectively.

CONCLUSIONS: The use of dynamic models is critical to account for the indirect effects of rotavirus vaccination via herd protection and thus for policymakers to understand the true effectiveness of a country-wide rotavirus vaccination programme.

PIN111 COSTS ASSOCIATED WITH COLD CHAIN USED TO STORE AND TRANSPORT THERMALLY UNSTABLE ANTIRETROVIRAL DRUGS Onebude J1,2, Fedyna G1,2,3

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OBJECTIVES: To review literature on the cost of thermal stability of ARV drugs. METHODS: A total of 86 articles, of which 34 from the peer- reviewed literature, were reviewed. RESULTS: A total of 33258±39792 vs. 34681±33184, p<0.001. CONCLUSIONS: Choice of thermally stable form of ARV drug lopinavir+ritonavir thermally stable and unstable form transporting policy makers to understand the true effectiveness of a country-wide rotavirus vaccination programme.

PIN112 RE-ESTABLISHING THE SOCIETAL VALUE OF PEDIATRIC COMBINATION VACCINES

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OBJECTIVES: Over the past decades, the number of vaccinations recommended for infants has increased significantly, in an effort pursuing wider protection against severe infectious diseases. In their first year, infants would typically get more than 50 injections. The use of combination vaccines provides one solution to the problem of high injection burden but may be undervalued due to the underestimation of vaccine-preventable diseases’ seriousness and vaccination benefits. Our objective is to investigate the societal value of pediatric combina- tion vaccines. METHODS: A literature search was performed using MEDLINE for relevant articles from 1990 to today, focusing on industrialized countries. A grey literature search on public health websites was used to complement the peer- reviewed literature. RESULTS: A total of 46 articles, of which 34 from the peer- reviewed literature, met the inclusion criteria and were analyzed. Many articles presented qualitative argumentation but no quantitative evidence. Public health benefits included improved compliance, timeliness and vaccination coverage thanks to reduced injections and better acceptability by parents. Economic ben- efits were linked to the improvement of daily practice efficiency through reduced administration burden (less visits, simplified record-keeping, handling, inventory management), decreasing vaccination-related errors such as the need for fewer syringes reducing risk of needle-stick injury. Combination vaccines could also enhance efficiency at health care system level through reduced costs of trans- port, cold chain, storage and handling. CONCLUSIONS: This review supports the broader value of pediatric combination vaccines which may plausibly generate time and money savings in the short and longer term, and enhance efficiency at both micro and macro levels in the health care system. Findings often stemmed from international contexts, the portability to other settings is therefore before plausible but subject to some uncertainty. While there is a paucity of quantitative data to support these arguments, they have significant economic implications and warrant further investigation in future economic evaluations of pediatric combination vaccines.