HIV scoring showed a significant relationship with scoring assessed through MOS-HIV (R = –0.71; P < 0.01), and through general health status (p < 0.01). MINI-HIV scoring showed a significant relationship with CD4 (p < 0.01), viral load and symptoms (p < 0.001). Regarding responsiveness to change, a high effect size in MINI-HIV was observed between those patients whose general health status had improved during the follow up visits (ES = 0.694 IC 95% 0.134–1.254). The internal consistency of the questionnaire was assessed through the a Cronbach (a = 0.93). The ICC (test—retest reliability) was 0.86. **CONCLUSIONS:** The MINI-HIV has good psychometric properties and correlated with clinical markers of the disease.

PIN21

SELF ASSESSED HEALTH-RELATED QUALITY OF LIFE AMONG HIV PATIENT IN UK

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OBJECTIVES: This study aimed to assess the cross cultural validity and reliability of Health Utility Index (HUI3) in UK HIV population. **METHODS:** The study was approved by local research ethics committee. All adult patients receiving HIV care in Cardiff were approached in the outpatient clinic and recruited into the study after giving written informed consent. Participants were required to complete the HUI3. Variables analyzed include QOL score, CD4+ category, HIV stage, antiretroviral (ARV) usage and viral load using Spearman's rank test, Kruskal-Wallis and Mann-Whitney U test. **RESULTS:** In total, 103 (98%) of participants completed the questionnaire. The average age of the participant was 40.8 years (±10.7 SD) and 81 were male. HUI3's was found to be reliable in most attributes (Cronbach's alpha 0.68), except in vision, hearing and ambulation. Four attributes (ambulation, emotion, cognition and pain) correlated significantly with QOL score (p < 0.002) after controlling for antiretroviral use, clinical, and CD4+ categories. Findings also revealed no significant difference and correlation between QOL score and CD4+ count, viral load count and HIV clinical categories. There appears to be a stronger correlation (r = –0.19) and mean difference (P = 0.08) between QOL score and antiretroviral use but this did not reach statistical significance. An interesting pattern was observed whereby asymptomatic patients and those not using antiretroviral (ARV) therapy had a lower QOL score than AIDS patients. Class of ARV also appeared to affect QOL score but was not significant statistically (P = 0.2). **CONCLUSION:** The findings of this study support validity and reliability of HUI3 in UK HIV population and therefore could be used with confidence in comparative study of HIV treatment. The results also suggest benefit of ARV use in improving patient QOL and also the different effect of ARV regimen had on the score; however this requires further investigation in a controlled study.

PIN22

COST-UTILITY ANALYSIS OF A HYPOTHETICAL VACCINATION PROGRAM AMONG THE CURRENTLY TARGETED POPULATION IN THE NETHERLANDS IN CASE OF AN INFLUENZA PANDEMIC

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OBJECTIVES: A modeling study was conducted to assess the balance between costs and effects of a hypothetical influenza vaccination programme in case of an influenza pandemic in The Netherlands. **METHODS:** An existing decision model was expanded to comprise the entire population at risk and pandemic attack rate. Dutch estimates regarding costs, frequency of GP visits, hospitalization and mortality associated with influenza and influenza related complications were used. The impact in terms of (dis-)utility of influenza and the various influenza related complications were retrieved and added. A societal perspective was used to account for direct medical costs and costs associated with sick leave. Monte-Carlo simulation was used to conduct multivariable sensitivity analyses. **RESULTS:** In the absence of vaccination the model predicted 517,567 GP visits, 41,766 hospitalizations and 72,513 deaths in case of a pandemic. Vaccination of the population at risk would result in a reduction of influenza infections (21%), GP visits (20%), hospitalizations (34%) and deaths (30%). Net savings for society of €126 million may be expected. Per person of the Dutch population the vaccination program would lead to incremental costs of—€8.00 (99% CI -€24.00 to €8.00). If only direct medical costs were taken into account costs to society would be €68 million. Benefits in terms of QALY gain are positive but very small due to the short time horizon of the analysis. The most important QALY losses are observed in those individuals that die and those that experience stroke or heart failure. Vaccination may prevent the death of 21,615 persons. The total number of life years gained is 16,627, resulting in 12,790 QALYs gained. **CONCLUSION:** A vaccination programme in which high risk individuals are vaccinated in accordance with the current influenza prevention program is cost saving and generates extra (quality adjusted) life years.

PIN23

COST-EFFECTIVENESS MODEL OF PALIVIZUMAB IN THE UK

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OBJECTIVES: To assess the cost-effectiveness of Palivizumab, a prevention against respiratory syncytial virus (RSV) infections in infants at high risk, such as premature babies, infants with bronchopulmonary dysplasia (BPD), and children with congenital heart disease (CHD). **METHODS:** A decision tree model was used to estimate the cost-effectiveness of Palivizumab in high-risk children. The data sources included published literature, the Palivizumab clinical trials, official price/tariff lists and national population statistics. The primary perspective of the study was that of the health care purchaser (National Health Service), which included the cost of administration and hospital care for RSV infections. **RESULTS:** The use of Palivizumab results in an ICER of £7042/QALY without discounting, which increases to £16,720/QALY after discounting in the prophylaxis in premature infants and such with BPD. In the prophylaxis in babies with CHD the use of Palivizumab results in an ICER of £2427/QALY without discounting and £6664/QALY after discounting. Sensitivity analyses confirmed the robustness of the model. A scenario analysis showed that the inclusion of indirect costs leads to further improvement in the cost-effectiveness outcomes for Palivizumab **CONCLUSION:** This study showed that Palivizumab is a cost-effective prophylaxis against RSV-infections in infants at high risk: the use of Palivizumab results in positive short and long-term health economic benefits to the health care purchaser.