OBJECTIVES: Lifelong usage of antiretroviral drugs (ARVs) put them among the most therapeutically costly drugs for clinics with significant drug interactions (SIDSI). This, therefore, essential to document the type of antiretroviral (ARV) and non-ARV co-prescribed drugs (CDs) for people living with HIV/AIDS (PLHIV) in order to facilitate the assessment of clinical significance of their interactions. This study aims to document the most commonly prescribed ARV drugs and CDs among PLHIV and to assess the frequency of prescriptions of the first, second, and third line ART regimens.

METHODS: All the prescriptions reviewed between January 2009 and June 2014 totaling 22,429 from 900 patients registered in ART clinic in 2013 were reviewed, with a view to documenting the most and least prescribed CDs and ARV drugs. A prescription format, purposely designed for this study was used for data abstraction. RESULTS: Zidovudine/amidine/futevirine (AZT/3TC/PMPA; 6996/992; 53.7%) was the most commonly prescribed ARV regimen followed by lopinavir/ritonavir/amidine hydrochloride (LPV/r/3TC; 5660/849; 31.7%). The most common non-ARV drug prescribed with ART regimen, followed by multivitamins (6318/950; 4.5%) and insulin (7007/108; 1.4%). CONCLUSION: Co-treatment was the most commonly observed in prescriptions. Inpatient and outpatients were the most commonly ARV regimen. Considering the wide range of non-ARV drugs co-prescribed with ART regimens in this study, evaluation of their potential interaction is hereby suggested.

FIN5 PHOTON-PUMP INHIBITOR UTILIZATION AMONG PATIENTS WITH HEPATITIS C VIRUS

FIN6 VALIDITY AND RELIABILITY OF THE MALAYSIAN VERSION OF PARENT ATTITUDES ABOUT CHILDHOOD VACCINES (PACV) SURVEY

FIN7 THE CHANGING EMPIELOGHY OF CHILDHOOD INFECTION DISEASES IN CANADA

FIN8 OBJECTIVES: Nedianic vaccination is one of the cornerstones of public health strategy for many years. Despite their proven efficacy, the proportion of the population habitually remains unvaccinated. Vaccine-preventable infections therefore represent an incremental and increasing burden in the developing and economically weaker countries. The extent of this burden depends on the changing epidemiology of each particular agent. The objective here was to estimate the past and present epidemiologic burden of severe vaccine-preventable diseases in Canada. METHODOLOGY: Data on children aged 15 years and less with influenza (and lower respiratory tract infections), measles, mumps, meningitis, rubella, pertussis, or varicella were identified by International Classification of Diseases (ICD) codes for years 2000 to 2013 from the national Discharge Abstract Database. Counts were stratified by province, age, and sex. Data on population size were obtained from Statistics Canada, and used to estimate rates of infectious disease hospitalization per 100000 population. Data were compared over time, modeled using Bayesian regression, and trends were analyzed.

RESULTS: There were 1,680,577 patients for infectious diseases among children in 2004/2005, increasing to 1,956,358 in 2013/2014. National hospitalization rates per 100000 children aged <15 years in 2004/2005 were: 152.7 influenza, 62.1 (measles), 80.0 (mumps), 81.2 (rubella), 22.8 (pertussis), and 7.1 (varicella). Counts of rubella were not reported in 2004/2005, national rates were 0.11 influenza, 0.12 measles, 0.12 mumps, 0.13 rubella (rubella and varicella), respectively. Deeper trends observed were not consistent with national reports. Overall, the attributable length of stay and frequency of sequelae will be important to accurately estimate the associated economic burden.

FIN9 DISSEMINATION OF SHER VITRIA-LACTAMASE GENES AMONGST CLINICAL ACINETOBACTER BAUMANNII ISOLATES

FIN10 CLINICAL AND MICROBIOLOGICAL OUTCOMES WITH DAPSONA/FURACIN MEDICAL INTENSIVE CARE UNIT OF A TERTIARY CARE HOSPITAL EXPERIENCE FROM CROSS-SECTIONAL STUDY

FIN11 CONCLUSIONS: The last few years, treatment of Cross-positive MRB infections has changed due to better knowledge of the limitations of glycopeptides and the introduction of novel antimicrobials, such as daptomycin. This study was conducted to evaluate clinical and microbiological outcomes with daptomycin in medical intensive care unit (ICU). METHODS: This cross-sectional study was conducted in medical ICU of a tertiary care hospital. Data was captured from medical record department for one year, Jan to Dec 2012. Clinical (vital signs, length of stay against medico advice and microbiological outcomes) were observed in patients who received daptomycin. Data was analyzed by using IBM SPSS version 20 and presented in terms of average±SD and percentage. RESULTS: Data was screened for 27 patients and analyzed for 22 patients. Mean age of patients was 57±4.3 years. Average hospital stay of patient was 39±4 days and 15±4 days, respectively. Higher number of patients (86%) was with chronic kidney diseases followed by diabetes mellitus (86%). Duration of stay was before start of Daptomycin was 3±4 days. At the start of drug 66% patients were with severe sepsis and 12±4 days with septic shock. Most of the patients were falling in type-1 category (86%). Positive cultures were reported in 77% patients and most prevalent isolates were Staphylococcus (50%) and Enterococcus (24%). Antifungal had started in 43% patients before start of drug. Daptomycin was 50±7 days per mean duration of prescription was 46±7 days. Carbapenem were highly (96%) prescribed as concomitant therapy. Of all, 26% patients were co-treated clinically and microbiologically and 46% were died. CVAE score for survivors and non-survivors was 53±7.4 and 86±1.4, respectively. CONCLUSIONS: CVAE score was already higher in case of treatment failures. Higher number of patients was in type-3 category and with higher grade of severity. Daptomycin was able to cure 40% asymptomatic number of patients (P<0.05).