Coronary syndromes (HR 1.24, 95% CI 1.17-1.32) were more likely to receive treatment (HR 3.51). Contraindications that had no influence on the likelihood of treatment were intractable epilepsy, pregnancy, major depression, and hemoglobinopenia. Neutropenia, auto-immune hepatitis, and liver transplantation are more common in patients treated in a hospital setting. 

**METHODS:** MEDLINE, Medline-In-Progress, EMBASE and the Cochrane Controlled Trials Registry were searched to identify published randomised controlled trials in which ceftriaxone, daptomycin, linezolid, teicoplanin, tigecycline and vancomycin (with or without a Gram-negative antibiotic) were used to treat patients admitted to hospital with CSSTI. Primary outcomes were clinical success at test-of-cure visit in the modified intention-to-treat (MITT) and clinically evaluable (CE) populations using a NMA with uninformative priors. Clinical success for each antibiotic was reported with 95% credible intervals (CrI 95%). A fixed effects model was used. RESULTS: Thirteen studies involving five antibiotics and a total of 8,152 patients with CSSTI were included. No data were found for teicoplanin. Pooled clinical success rates and CrI 95% in the MITT population for each antibiotic were: ceftriaxone 81.2% (CrI 76.8-85.0%), daptomycin 81.4% (CrI 76.6-87.1%), linezolid 77.6% (CrI 71.7-82.5%), tigecycline 74.1% (CrI 67.7-80.4%) and vancomycin 80.4% (CrI 73.5-86.2%). Clinical success rates in the CE population were: ceftriaxone 89.2% (CrI 85.3% to 93.2%), linezolid 93.9% (CrI 88.5% to 96.2%), linezolid 94.2% (CrI 90.7% to 96.5%), tigecycline 88.1% (CrI 84.7% to 90.9%) and vancomycin 90.0% (CrI 88.2% to 91.5%). CONCLUSIONS: Although small, the results of this NMA suggest that ceftriaxone fosamil is comparable in efficacy to other antibiotics used in the treatment of MRSA suspected CSSTI.

**CONCLUSIONS:** To our knowledge, this is the first study to evaluate the impact of mass rotavirus vaccination on the rotavirus related hospitalisations in children ≤5 years pre- and post-vaccination using data from a large population in Belgium. The results indicate that vaccination with GCV significantly reduces the rate of rotavirus-related hospitalisations in children ≤5 years old.

**METHODS:** We used a routine hospital discharge database (CSSTI) to determine the number of hospitalisations for CSSTI in Belgium from 2007–2009. The CSSTI database was populated with patients admitted with a diagnosis of CSSTI during the study period. A retrospective cohort study was conducted comparing patients admitted before (2007) and after (2008–2009) the introduction of the qHPV vaccine. The primary outcome was the compares the decrease in rotavirus-related hospitalisations after the introduction of the qHPV vaccine with the number of rotavirus-related hospitalisations before the introduction of the vaccine. 

**RESULTS:** The total number of hospitalisations for CSSTI before the introduction of the qHPV vaccine was 1,472,269. Of these, 1,016,256 (69.0%) were hospitalisations for CSSTI before the introduction of the qHPV vaccine. The number of hospitalisations for CSSTI after the introduction of the qHPV vaccine was 1,406,122. Of these, 1,009,630 (71.8%) were hospitalisations for CSSTI after the introduction of the qHPV vaccine. The difference in the number of hospitalisations for CSSTI before and after the introduction of the qHPV vaccine was 66,019 (4.4%). The 95% CI for the difference was 38,129 to 93,909 (2.5%). 

**CONCLUSIONS:** The results of this study suggest that the introduction of the qHPV vaccine is associated with a significant decrease in the number of hospitalisations for CSSTI in children ≤5 years old. This decrease is statistically significant and clinically relevant.