savings for the National Health Found budget in consequence of influenza vaccination in proposed population were 23,000 PLN.

CONCLUSION: Reimbursement of influenza vaccine (Influvac®) in children with malignancies in Poland would be cost saving for, at least, the National Health Found budget. Further analysis from social perspective, including direct non-medical and indirect costs, should be performed.

A WORKSITE INFLUENZA VACCINATION PROGRAM IN RUSSIA: A COST-BENEFIT ANALYSIS

OBJECTIVES: Although most deaths from influenza occur among elderly people, all age groups are affected by influenza infections. This illness is responsible for significant epidemiological and economic burden to the working age population. Influenza vaccination has been demonstrated to reduce this impact, however few information concerns Eastern Europe countries. This study was designed to determine the effectiveness of influenza vaccination in healthy working adults in Russia and the economic benefits of such a program from an employer perspective. METHODS: A prospective, non-randomized, non-placebo cost-benefit study was conducted involving two groups: vaccinated and non-vaccinated. A 9-month follow-up was done (October 2005–May 2006) using different questionnaires: one at inclusion to collect general employee information; an other one, one week after vaccine injection to collect post-vaccination adverse events; and the last questionnaire was used monthly to collect Influenza Like Illness (ILI) events, duration of symptoms and sick leave associated. Effectiveness calculations and cost-benefit analyses were performed to evaluate the impact of influenza vaccination program in optimizing the productivity of employee and the return on investment for the employer.

RESULTS: In all, 1331 volunteers joined the study: 630 in the vaccinated group and 701 in the non-vaccinated group. The attack rate of ILI was lower among vaccinated (6.8%) than non-vaccinated subjects (23.2%). The effectiveness rates of influenza vaccine have reached 70.4% in reducing ILI occurrence and 80.8% in reducing sick leave days. 5.4€ per employee were invested for the vaccination. Assuming that employees working while experiencing ILI symptoms have a reduced level of productivity (30 to 70% of normal), the mean cost of disease avoided thanks to vaccination was between 7.5 and 10.8€ per treatment success). Tigecycline therapy increase the risk of therapeutic failure and impose a shorter with tigecycline therapy (13.8 d vs. 15.1, 15.1, 14.3, 14.7 respectively). Cost-effectiveness of tigecycline was better overall success rate of initial tigecycline therapy was 89%. Ceftriaxone/metronidazole (71%), ciprofloxacin/metronidazole, imipenem/cilastatin and levofloxacin/metronidazole. We used published data on pathogen prevalence, in-vitro eradication rates, length of stay (LOS), failure rates and mortality in order to populate the model. Information on inpatient costs and drug costs were derived from official databases.

RESULTS: Overall success rate of initial tigecycline therapy was 89%. Ceftriaxone/metronidazole (71%), ciprofloxacin/metronidazole (70%), imipenem (82%), levofloxacin/metronidazole (76%) showed lower success rates. LOS was shortest with tigecycline therapy (13.8 d vs. 15.1, 15.1, 14.3, 14.7 respectively).

CONCLUSION: The model indicates that empirical therapy with tigecycline is more cost-effective than standard antibiotic regimens.