Model inputs were taken from the literature. The cost inputs for r-hFSH and its urinary competitors were ex-factory prices provided by Merck Serono affiliates in Sweden. Cost inputs were limited to the cost of gonadotropin, as medical costs were assumed to be equal for r-hFSH and its competitors and would not affect the comparison. To estimate the cost per oocyte produced or embryo generated, the prices of r-hFSH and of hMG were multiplied by the average dose of gonadotropin and divided by the average number of oocytes or embryos produced according to published studies. To estimate the cost per optimal chance of live birth, the cost to produce 15 oocytes was calculated. Prior studies have demonstrated that the production of 15 oocytes leads to the greatest probability of obtaining a live birth. The model outputs were age-agnostic and did not take into consideration procedural differences amongst fertility clinics, as the referenced clinical studies did not provide these details. RESULTS: The cost per oocyte retrieved, cost per embryo generated and cost per chance of live birth were each 17% less when comparing r-hFSH to HP-hMG. CONCLUSIONS: r-hFSH is cost-minimizing relative to HP-hMG from the perspective of cost per oocyte retrieved, cost per embryo generated, and cost per optimal chance of live birth. The analysis demonstrates the importance of considering outcomes while comparing costs, as the ‘cost per vial’ in isolation may be a misleading determinant of cost-effectiveness.

**PIH45**

**REDUCTION IN ABSENTEEISM ON THE WORK FLOOR AFTER INTRODUCTION OF ROTAVIRUS VACCINATION: A CASE-STUDY AMONG THE ADMINISTRATIVE PERSONNEL OF THE CITY OF ANTWERP**

**Standart B1, Benoot E1, Van de Miercroy E², Nelen V³**

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**OBJECTIVES:** Rotavirus vaccination is reimbursed in Belgium since 2006 with an initial vaccine uptake in the target group > 85%. Cost-effectiveness analysis of the vaccine is presented with indirect cost gained based on the reduction of loss in productivity among working mothers with a first child before and after vaccine introduction. We analyzed the data retrospectively from 2003 to 2012, comparing the duration amongst mothers with a first child before and after vaccine introduction. The mean duration of emergency calls was reduced by 21%, from 11.7 hours to 9.3 hours (p < 0.001). Using a conservative estimate, the average number of increased system availability per month could represent between $24,480 and $31,392 ($3.26 to 4.25 million per year). We conclude that rotavirus vaccination reduces the average duration amongst mothers with a first child before and after vaccine introduction. The introduction of the vaccine had a marked impact on the reduction of absenteeism amongst mothers in the city of Antwerp, which is observed since the introduction of rotavirus vaccine. This is amongst working mothers with a first child of the administrative personnel and it was reduced to 18 days thereafter.

The difference between the epidemic and the non-epidemic periods was statistically significant. The effects of educational interventions (appearing in 32.9% of studies) were small, approximately half of interventions showed an effect, though the non-significant differences and sample sizes (non-epidemic 10% of all studies) were too small to draw firm conclusions based on the heterogeneous interventions, functional interventions produced the largest changes in adherence. Interventional, particularly when they are financial, had the most consistent effects, albeit small ones. However, multi-faceted interventions (combining functional and educational interventions) were the most successful of all.

**PIH48**

**A QUALITATIVE EXPLORATION OF STI SCREENING PRACTICES AND BARRIERS AMONG OBGYS AND FAMILY PRACTITIONERS IN THE UNITED STATES**

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**OBJECTIVES:** Despite consistent sexually transmitted infection (STI) screening guidelines for asymptomatic women, less than half of women age 25 and younger see a physician (30.9% of non-responders and 66.7% of responders) for STI screening at their last regular check-up. The objective of this study was to determine if proactive monitoring can help reduce unplanned down-time. Average downtime per month for emergency calls was reduced by 32% ((p < 0.001). The mean duration of emergency calls was reduced by 21%, from 11.7 hours to 9.3 hours (p < 0.001). Using a conservative estimate, the average number of increased system availability per month could represent between $24,480 and $31,392 ($3.26 to 4.25 million per year). We conclude that rotavirus vaccination reduces the average duration amongst mothers with a first child before and after vaccine introduction. The introduction of the vaccine had a marked impact on the reduction of absenteeism amongst mothers in the city of Antwerp, which is observed since the introduction of rotavirus vaccine. This is amongst working mothers with a first child of the administrative personnel and it was reduced to 18 days thereafter.

The difference between the epidemic and the non-epidemic periods was statistically significant. The effects of educational interventions (appearing in 32.9% of studies) were small, approximately half of interventions showed an effect, though the non-significant differences and sample sizes (non-epidemic 10% of all studies) were too small to draw firm conclusions based on the heterogeneous interventions, functional interventions produced the largest changes in adherence. Interventional, particularly when they are financial, had the most consistent effects, albeit small ones. However, multi-faceted interventions (combining functional and educational interventions) were the most successful of all.