economic benefit between two different pneumococcal vaccines. Indirect costs were estimated for both vaccines according to the five approaches to assess the methodological influence on the total disease cost difference between PCV-7 and PHiD-CV. Base-line indirect cost estimates include the cost of productivity losses of paid workers due to disease, sequelae, and early death. Some of the approaches include in terms of cost: children’s future productivity losses, unpaid work loss and parents’ work loss, when looking after their sick children. RESULTS: Compared to FCM, HCM based approaches constantly generated higher estimates of indirect cost. Results of HCM ranged between $1.1bn (PHiD-CV), $1.2bn (PCV-7) and $1.9bn (both vaccines), while for FCM they ranged between $0.2bn and $0.9bn (both vaccines). Cost attributed to earlier death varied with a factor of 35; indirect cost due to earlier death as a proportion of total indirect cost varied between 16% (conservative FC) and 79% (conservative HC). The overall impact on total disease cost differences between the two vaccines did not alter with any approach selected (PHiD-CV always dominates PCV-7), but the amount of savings significantly differs depending on the used method. CONCLUSIONS: Although different approaches for estimating indirect cost have a large impact on the calculated cost-effectiveness estimates in Germany, the rating of these vaccines (PCV-7 dominated by PHiD-CV) stays unaffected. FCM always generates lower estimates than HCM.