the results were robust to variation of input variables. PCV13 dominates the 10- and 7-valent PCV. The validated effect of PCV on naso-population is considered, all three PCV are cost-saving. A general vaccination with

RESULTS:

for children (meningitis; bacteraemia; pneumonia and AOM) is considered. Adding and upcoming PCV. For all vaccines incidence and cost of pneumococcal infections a steady state the historical epidemiological situation (without vaccination) with exist-

This was expanded to all children under the age of two in 2006. In 2009 higher valent

Vaccines Research, Paris la Defense, France

OBJECTIVES: To determine the most cost-effective alternative for influenza preven-

OBJECTIVES: To evaluate the cost-effectiveness of micafungin compared to caspo-

CONCLUSIONS: The use of MF59 represents the lowest cost per patient

CONCLUSIONS: The use of MF59 represents the lowest cost per patient

CONCLUSIONS: In the absence of indirect effects, the ICER for PCV10 vs. PCV7 was $771,938 per QALY. PCV13 was cost saving compared to PCV7, whether indirect

in prevention of influenza and its complications while the sensitivity analysis exhibits

METHODS: A decision-analytic

CONCLUSIONS: The use of MF59 represents the lowest cost per patient

CONCLUSIONS: Costs and effects of micafungin compare favourably to those of caspofungin in the treatment of systemic Candida infections in Italy.

A COST-EFFECTIVENESS ANALYSIS OF MICAFUNGIN VERSUS CASPOFUNGIN FOR TREATMENT OF SYSTEMIC CANDIDA INFECTIONS IN ITALY

Sidhu MK1, Van Engen AK2, Switjnk AB2, Concia E3

CONCLUSIONS: In the absence of indirect effects, the ICER for PCV10 vs. PCV7 was

to other existing PCV, PCV13 is a dominant cost-effective option to prevent pneumo-

coccal diseases. Not only from a medical and epidemiological point of view, but also from a health-economic perspective an immediate change from PCV7 to PCV13 should be considered.

COST-EFFECTIVENESS OF 13-VALENT AND 10-VALENT PNEUMOCOCCAL CONJUGATE VACCINATION RELATIVE TO 7-VALENT PNEUMOCOCCAL CONJUGATE VACCINATION IN CANADA

Whillans E1, Kwan H1, Strutton DR2, Earnshaw SR3, Farkouh R4

Westra TA1, de Vries R1, Tamminga HJ2, Wiltsch HC3, Sauboin C4, Postma MJ2

OBJECTIVES: Pertussis is a highly contagious respiratory disease. Despite an effective childhood immunization programme the pertussis incidence among infants remains high. As parents are the main transmission vector to infants, their immunization

A COST-EFFECTIVENESS ANALYSIS OF A COCCONING IMMUNIZATION STRATEGY AGAINST PERTUSSIS FOR THE NETHERLANDS

Westra TA1, de Vries R1, Tamminga HJ2, Wiltsch HC3, Sauboin C4, Postma MJ2

OBJECTIVES: In mid 2001 the German Standing Vaccination Committee (STIKO) issued a vaccination recommendation for children at risk for pneumococcal diseases. This was expanded to all children under the age of two in 2006. In 2009 higher valent pneumococcal conjugate vaccines (PCV) will enter the German market. Aim of the study is to evaluate cost-effectiveness ratios in children compared to the current standard immunization (PCV7) in Germany. METHODS: A markov model compares in a steady state the historical epidemiological situation (without vaccination) with exist-

RESULTS: The use of MF59 represents the lowest cost per patient avoiding influenza or complications related to influenza when compared with the use of SPL or NOVA (MF59: US$25.17; SPL: US$40.50; NOVA: US$127.27) due to reduced institutional expenses. The ICER shows that MF59 is a dominant alternative in preventing influenza and its complications exhibiting robustness for the base study. CONCLUSIONS: MF59 is the most cost-effective alternative in influenza prevention for elderly population when a pandemic case sce-

cassettes and candidaemia. METHODS: Cost-effectiveness of both echinocandin antifungal drugs was estimated using decision analysis. Response to treatment, resource utilisation, and costs in the model were derived from the sensitivity analysis exhibits robustness for the base study. CONCLUSIONS: MF59 is the most cost-effective alternative in influenza prevention for elderly population when a pandemic case sce-

RESULTS: One-way sen-

The results were robust to variation of input variables. CONCLUSIONS: Compared

to other existing PCV, PCV13 is a dominant cost-effective option to prevent pneumo-

coccal diseases. Not only from a medical and epidemiological point of view, but also from a health-economic perspective an immediate change from PCV7 to PCV13 should be considered.

COST-EFFECTIVENESS OF SWITCHING STRATEGIES FROM A 7-VALENT TO A 13-VALENT PNEUMOCOCCAL CONJUGATE VACCINE

Pin2

Pin2

Pin4

Pin4

Pin5

Pin5

A245