INTERNATIONAL DEVELOPMENT OF A NEW HEALTH-RELATED QUALITY OF LIFE QUESTIONNAIRE SPECIFIC TO HIV/AIDS—PROQOL HIV STUDY

**Abreu Lourenco R, Strizek A**

Covance, North Ryde, New South Wales, Australia

**OBJECTIVES:** To develop an understanding of the adoption process for vaccines, and the role of value demonstration (cost-effectiveness) in that process. **METHODS:** The literature was searched for a) general information on decision criteria applicable to vaccines; b) information specific to vaccine value demonstration; and c) cost-effectiveness analyses for HPV, pneumococcal disease, and dTPa as examples of vaccines recently adopted. Information was extracted by two reviewers to outline a) the general factors affecting vaccine adoption, and b) the role of value demonstration, and (c) what influences vaccine value demonstration. **RESULTS:** Four published guidelines were identified which outline factors to consider in the vaccine adoption process. These were combined to produce the following framework: 1) The disease: is it a high priority, and an important public health issue? 2) The vaccine: is it safe and effective in reducing disease incidence? 3) The value: is it cost-effective? 4) The socio-political climate: what are the concerns of the major stakeholders and how can they be addressed? and 5) The feasibility: are there sufficient resources to adopt the vaccine? Factors identified as important in determining vaccine cost-effectiveness were: Vaccine efficacy—the more effective, including herd immunity effects, the higher the perceived value; Disease incidence—the higher the incidence, the greater the potential benefit and therefore value; Disease sequelae—the more severe and frequent the sequelae, the higher the potential value in avoiding the condition; and Duration of immunity—the longer the duration, the higher the value as fewer boosters are required. **CONCLUSIONS:** While we were able to synthesise a framework to describe the vaccine adoption process, no information was found in the literature on how the elements of that framework might be combined, ranked or weighted to reach a decision. Further research into the relative weighting of these factors is warranted.

**EVALUATION OF SEPSIS MANAGEMENT AND OUTCOMES AT A LARGE INNER-CITY ACADEMIC MEDICAL CENTER IN THE SURVIVING SEPSIS CAMPAIGN ERA**

**Ohubunwong CJ, Fozzuz CA, Heisler M, VanDenBerg C**

1Morehouse School of Medicine, Atlanta, GA, USA, 2Emory University, Atlanta, GA, USA, 3Grady Health System, Atlanta, GA, USA

**OBJECTIVES:** Assess the severe sepsis diagnosis and management practices based on the SSC guidelines and quality indicators. Determine the case severity level and outcomes of severe sepsis in an inner city hospital setting. Ascertain the average direct cost of severe sepsis hospitalization in this setting. Using an explanatory cross-sectional evaluation design, demographic, administrative, clinical and laboratory data of all patients with physician- diagnosed severe sepsis admitted during March–May 2007 were reviewed. The SSC-IHI severe sepsis screening/chart measurement tools and quality indicators were used for data collection and performance assessment respectively. Process measures were; time-to-blood culture, blood culture-antibiotic sequence, time-to-antibiotic, CVP goal, CV Oxygen saturation goal, Low-dose antibiotic, CVP goal, CV Oxygen saturation goal, Low-dose antibiotic, CVP goal, CV Oxygen saturation goal, Low-dose antibiotic, CVP goal, CV Oxygen saturation goal, Low-dose antibiotic, CVP goal, CV Oxygen saturation goal, Low-dose antibiotic, CVP goal, CV Oxygen saturation goal, Low-dose antibiotic, CVP goal, CV Oxygen saturation goal, Low-dose