vaccine prevents 408 469 cases of precancerous cervical lesions. Due to HPV vaccination, the disease burden has been reduced in countries where mass rotavirus vaccination programmes have been introduced. England and Wales (E&W) have not vaccinated within two years after the introduction of vaccination. The probability of a patient receiving the GAVI-subsidized price, the minimum vaccination budget would be $1.6 million annually. In the base-case, the incremental cost per quality-adjusted-life-year (QALY) was US$665 from health care perspective, <Vietnam>, Vaccine price is the most crucial factor to decision-makers regarding introducing this vaccine into the country’s immunization. Given the high under-five mortality rate, results showed that rotavirus immunization is the “best hope” for prevention of rotavirus-related diarrhoeal disease in Vietnam. In the next five years, Vietnam is definitely in debt to external financial support in implementing rotavirus vaccination. It is recommended that new and cheaper rotavirus vaccine candidates be developed to speed up rotavirus vaccines introduction in the developing world.

PHARMACOECONOMIC ANALYSIS OF TREATMENT OF COMMUNITY-ACQUIRED PNEUMONIA (CAP)

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OBJECTIVES: Evaluation of comparative cost-effectiveness of CAP treatment with moxifloxacin versus combined therapy with cefotaxime and macrolides in adult patients. METHODS: Patients were randomized in two groups. MOX group received moxifloxacin 400 mg i.v. once-daily with further switch to oral formulation 400 mg daily. COMB group received either cefotaxime 1000 mg i.m. 3 times per day as monotherapy or in combination with oral azithromycin or clarithromycin. Efficacy and safety criteria were evaluated according to clinical data, laboratory tests and X-ray examination. Cost-effectiveness analysis was performed. RESULTS: MOX group included 30 patients, mean age 36.3±6.5 years; COMB group included 50 patients, mean age 26.5±5.6 years. The efficacy of moxifloxacin treatment was 96.7%, and in initial stage treatment duration was 15.9±3.3 days. The efficacy of treatment in COMB group was 88.0%, patients were discharged after 18.2±3.7 days. Direct medical costs including antibacterial treatment and in-hospital days were 46712 RUB (€1173) in MOX group and 46970 RUB (€1186) in COMB group. CERMOX = 48307 RUB (€1217); CERCOMB = 53375 RUB (€1386). CONCLUSION: Moxifloxacin compared to combined therapy with cefotaxime and macrolides in adult patients is more effective and cost saving technology.
VERSUS ATV/r: CONCLUSIONS: The value of initiation with ATV/r in terms of durability, viral suppression and favourable side-effect profile was most prominent in Poland. In general, starting with ATV/r is suggested to be a cost-effective treatment strategy for HIV-1 treatment-naïve patients in most of the country-specific comparisons made.

PIN74 A COST-EFFECTIVENESS ANALYSIS OF VACCINATING THE ELDERLY WITH 23-VALENT PNEUMOCOCCAL POLYSACCHARIDE VACCINE (PPV23) IN GERMANY

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OBJECTIVES: Streptococcus pneumoniae is a leading cause of life-threatening pneumococcal diseases (PDs). In Germany, PPV23 has been recommended in the elderly (aged 60 and over) since 1998. In 2006, the pneumococcal conjugate vaccine (PCV) was introduced in children. The US experience showed that PPV23 vaccination of children with PPV23 is associated with a discounted increment of 1,587 QALYs. From the third party payer’s (TPP) perspective, incremental costs were estimated at €28 million and the ICER was €17,700/QALY gained. From the societal perspective, PPV23 was associated with an incremental cost of €14 million, and the ICER was €857,000/QALY gained. Results were sensitive to vaccine effectiveness and epidemiological trends.

CONCLUSIONS: The model suggests that vaccinating the elderly with PPV23 is cost-effective in Germany. As PPV23 covers 80%-90% of all serotypes causative of PD it is cost-effective despite the reduction in IPD incidence in adults due to PPV23 vaccination of children.

PIN75 COST-EFFECTIVENESS OF POLYSACCHARIDIC PNEUMOCOCCAL VACCINATION IN PEOPLE AGED 65 AND ABOVE IN POLAND

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OBJECTIVES: Vaccination of elderly (65 and older) population against Streptococcus pneumoniae has remained very low (less than 1%) meaning that no beneficial and protective effect has been felt in Poland and individuals remain largely unprotected. OBJECTIVES: An analysis was designed to analyse the cost-effectiveness of implementing a public vaccination programme in the elderly considering a 50% reimbursement of a 23-valent polysaccharide vaccine (PPV23) by the public health care payer: Narodowy Fundusz Zdrowia (NFZ). METHODS: To do so, a semi-markov model was developed following a Dutch birth cohort for 12 months. Vaccination strategies that were reviewed included: (1) vaccination of infants by the age of two. Currently, several Phase 1 trials with RSV vaccines in infants are running or have been completed. Although no efficacy estimates are yet available, cost-effectiveness estimates might be informative enabling preliminary positioning. METHODS: A decision analysis model was developed following a Dutch birth cohort for 12 months. Vaccination strategy at 0/1/3 months of age, the total annual net costs were estimated to be €188,000,000. The model showed robustness through sensitivity analyses.

CONCLUSIONS: The analysis suggests that vaccinating adults with PPV23 in Brazil is cost-saving compared to PPV23. The results in economic and disease burden are substantial and they support the decision making in favor of PPV23 for its high impact in public health.

PIN77 COST-EFFECTIVENESS OF DE-ESCALATION FROM MICAFUNGIN IN THE TREATMENT OF PATIENTS WITH SYSTEMIC CANDIDA INFECTIONS COMPARED TO TRADITIONAL ESCALATION FROM FLUCONAZOLE

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OBJECTIVES: The value of initiation with ATV/r in terms of durability, viral suppression and favourable side-effect profile was most prominent in Poland and individuals remain largely unprotected. OBJECTIVES: An analysis was designed to analyse the cost-effectiveness of implementing a public vaccination programme in the elderly considering a 50% reimbursement of a 23-valent polysaccharide vaccine (PPV23) by the public health care payer: Narodowy Fundusz Zdrowia (NFZ). METHODS: To do so, a semi-markov model was developed following a Dutch birth cohort for 12 months. Vaccination strategies that were reviewed included: (1) vaccination of infants by the age of two. Currently, several Phase 1 trials with RSV vaccines in infants are running or have been completed. Although no efficacy estimates are yet available, cost-effectiveness estimates might be informative enabling preliminary positioning. METHODS: A decision analysis model was developed following a Dutch birth cohort for 12 months. Vaccination strategy at 0/1/3 months of age, the total annual net costs were estimated to be €188,000,000. The model showed robustness through sensitivity analyses.

CONCLUSIONS: The analysis suggests that vaccinating adults with PPV23 in Brazil is cost-saving compared to PPV23. The results in economic and disease burden are substantial and they support the decision making in favor of PPV23 for its high impact in public health.

PIN78 COST UTILITY OF INFANT VACCINATION AGAINST RESPIRATORY SYNCTYLLUS VIRUS INFECTION IN THE NETHERLANDS

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OBJECTIVES: Respiratory syncytial virus (RSV) is one of the major causes of respiratory symptoms in infants in many countries, infecting virtually every child by the age of two. Current guidelines in Phase 1 trials with RSV vaccines in infants are running or have been completed. Although no efficacy estimates are yet available, cost-effectiveness estimates might be informative enabling preliminary positioning. METHODS: A decision analysis model was developed following a Dutch birth cohort for 12 months. Vaccination strategy at 0/1/3 months of age, the total annual net costs were estimated to be €188,000,000. The model showed robustness through sensitivity analyses.

CONCLUSIONS: The analysis suggests that vaccinating adults with PPV23 in Brazil is cost-saving compared to PPV23. The results in economic and disease burden are substantial and they support the decision making in favor of PPV23 for its high impact in public health.

PIN79 COST EFFECTIVENESS ANALYSIS OF VACCINATION WITH 13-VALENT (PCV13) AND 23-VALENT (PPV23) PNEUMOCOCCAL VACCINES FOR SENIOR ADULTS IN BRAZIL

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OBJECTIVES: According to World Health Organization, pneumococcal related diseases is a major public health concern in the world, especially for those under 2 years of age and older adults. The objective of this analysis is to evaluate the cost effectiveness of vaccinating the Brazilian population 65 years of age and older with the 13-valent pneumococcal conjugate vaccine (PCV13) in comparison to the 23-valent pneumococcal polysaccharide vaccine (PPV23) as each a single dose, from the public payer perspective. METHODS: In order to estimate the costs and the impact of the pneumococcal disease over a 25-year time horizon period, including invasive pneumococcal disease, the model will estimate the cost of 12,653,613 individuals aged 65 years of age was adapted to the Brazilian public health care system. The probabilities and direct medical costs were retrieved from literature review and DATASUS for January 2011, with costs presented in US 2010. The effectiveness measures were expressed as cases of pneumococcal diseases avoided, overall deaths avoided, and life years (LYs) saved. Probabilistic sensitivity analyses were conducted considering key variables. A discount rate of 3% was applied. RESULTS: Vaccinating with PCV13 compared to 349 additional cases of acute meningitis, 1,589 cases of invasive pneumococcal disease, 100,158 hospitalized pneumonia, 12,954 non complicated pneumonia and 30,904 deaths, saving 159,189,74 LYs compared to PPV23 over 35 years. The total costs include vaccination costs and medical costs resulted 8400 million costs for PCV13 compared to PPV23 (US$,875,625,000 vs. US$,754,000,000). The model showed robustness through sensitivity analyses.

CONCLUSIONS: The analysis suggests that vaccinating adults with PCV13 in Brazil is cost-saving compared to PPV23. The results in economic and disease burden are substantial and they support the decision making in favor of PCV13 for its high impact in public health.

PIN80 COST UTILITY OF INFANT VACCINATION AGAINST RESPIRATORY SYNCTYLLUS VIRUS INFECTION IN THE NETHERLANDS

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OBJECTIVES: Respiratory syncytial virus (RSV) is one of the major causes of respiratory symptoms in infants in many countries, infecting virtually every child by the age of two. Current guidelines in Phase 1 trials with RSV vaccines in infants are running or have been completed. Although no efficacy estimates are yet available, cost-effectiveness estimates might be informative enabling preliminary positioning. METHODS: A decision analysis model was developed following a Dutch birth cohort for 12 months. Vaccination strategy at 0/1/3 months of age, the total annual net costs were estimated to be €188,000,000. The model showed robustness through sensitivity analyses.

CONCLUSIONS: The analysis suggests that vaccinating adults with PCV13 in Brazil is cost-saving compared to PPV23. The results in economic and disease burden are substantial and they support the decision making in favor of PCV13 for its high impact in public health.