The data collection of antibiotic use's expenditure for nosocomial infection treatment at in-patient department was performed between 1 January 2010 to 30 June 2010. The source of information came from Infection Control Division of the hospital. All information were recorded further source such as in-patient data-based was used if the information of former source was incomplete. RESULTS: The analysis showed that patients with nosocomial infection is 314 patients (44 male, 270 female). The most age of infection is between 71-80 years (51.53%). Building that has the most infected frequency is female medicine building (infected 35 patients (11.15%).The most common pathogen is Acinetobacter baumannii-MDR (25.34%) while the most origin of infection is lower respiratory tract (62.80%). Duration of admission in hospital until the occur of nosocomial infection is during the first 10 days (32.80%). The value of all antibiotics used to treat patients was 12,354,176,50 bath and the cost of each month as shown in Figure 1. Subtotal and Cefoperazone (Sulperazon@) is the most highest cost, our data is similar trend from previous study reporting. Figure 1. shows how use of costs in the data (for data from 6 months). CONCLUSIONS: From the information obtained from this study will make the hospital concern about strategies to prevent nosocomial infection to reduce the loss of various and enhance the quality of life for patients.

**METHODS:**
This review aimed to explore the research situation in Southeast Asian countries. Most studies were conducted by local researchers. It conducted of publications focusing on the economic evaluation of vaccination in Southeast Asian countries. The most of the studies met a brief CHEC criteria list, such as study population, time horizon, perspective, discounting, and sensitivity analysis.

**OBJECTIVES:**
To object to obtain information on the cost of treatment (outpatient and inpatient care), including laboratory, drugs, medical supplies, consultation, X-ray, room.

**METHODS:**
A cross-sectional study was done to collect data in public hospital in East Java. Samples were 89 cases IDU with HIV, 49 of them received inpatient care. Subsequently, 28 cases IDU included in the study. Increasing number of IDU and HIVAIDS cases in Indonesia (one province with high cases is East Java) has lead the policy makers to provide subsidy for people living with HIVAIDS. Little is known about the cost of treatment in hospital. It is important for both payer and hospital how best the provider payment scheme to provide services for FLHV. The study revealed that most of them were men, at productive age, and come from both urban and rural area. Only 25% of them has less than 3 diagnosis (opportunistic infection), and the rest are having more than 3 diagnosis. The top three cases were Lung disorder, GastroEntritis and Candidiasis. Sixty-two% of them discharged with better condition, but 35% died. Average Length of stay was 9 days, and some of them was hospitalized more than one month. Average cost for inpatient care was USD 547 perday and outpatient care was USD 61 for one visit. Medical exam, drugs and hotel costs were having highest proportion. This situation was because the hospital felt total costs were not sufficiently covered by government financing scheme for the poor. CONCLUSIONS: Cost of treatment for FLHV is high and in the future become serious burden for both payer and provider. Payment to provider should consider the cost of treatment.

**OBJECTIVES:**
Economic evaluation of vaccination in Southeast Asian countries: A systematic review

**METHODS:**
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**OBJECTIVES:**
Pneumococcal nontypeable Haemophilus influenzae protein-D conjugate vaccine (PHiD-CV) in the public sector of Hong Kong compared to no vaccination.

**METHODS:**
A transmission dynamic model adapted with local data was developed to simulate multiple age-specific cohorts progressing with invasive pneumococcal diseases (IPD) (meningitis and bacteremia), all-cause pneumonia, and acute otitis media (AOM) over 10 years assuming annual universal vaccination on newborn infants with coverage rate of 90%. The study was performed from a health care payer's perspective. Relevant data inputs were based on previously published study. Direct vaccine effectiveness was estimated from prior clinical trials and post-marketing studies. 1-way and multivariate probabilistic sensitivity analyses were performed to test the robustness of model outcomes. 3% discount rate was applied to both cost and effectiveness.

**RESULTS:**
Model predictions projected that universal infant PHiD-CV vaccination could prevent 74 deaths, 1,553 quality-adjusted life years (QALYs) and 17,062 health and nursing hours in Hong Kong.

**OBJECTIVES:**
To examine the health and economic impact of pneumococcal nontypeable Haemophilus influenza protein-D conjugate vaccine (PHiD-CV) in the public sector of Hong Kong compared to no vaccination.

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A transmission dynamic model adapted with local data was developed to simulate multiple age-specific cohorts progressing with invasive pneumococcal diseases (IPD) (meningitis and bacteremia), all-cause pneumonia, and acute otitis media (AOM) over 10 years assuming annual universal vaccination on newborn infants with coverage rate of 90%. The study was performed from a health care payer's perspective. Relevant data inputs were based on previously published study. Direct vaccine effectiveness was estimated from prior clinical trials and post-marketing studies. 1-way and multivariate probabilistic sensitivity analyses were performed to test the robustness of model outcomes. 3% discount rate was applied to both cost and effectiveness.

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Model predictions projected that universal infant PHiD-CV vaccination could prevent 74 deaths, 1,553 quality-adjusted life years (QALYs) and 17,062 health and nursing hours in Hong Kong.

**OBJECTIVES:**
To analyze the economic evaluation of Pneumococcal nontypeable Haemophilus influenza protein-D conjugate vaccine (PHiD-CV) in the public sector of Hong Kong compared to no vaccination.

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A transmission dynamic model adapted with local data was developed to simulate multiple age-specific cohorts progressing with invasive pneumococcal diseases (IPD) (meningitis and bacteremia), all-cause pneumonia, and acute otitis media (AOM) over 10 years assuming annual universal vaccination on newborn infants with coverage rate of 90%. The study was performed from a health care payer's perspective. Relevant data inputs were based on previously published study. Direct vaccine effectiveness was estimated from prior clinical trials and post-marketing studies. 1-way and multivariate probabilistic sensitivity analyses were performed to test the robustness of model outcomes. 3% discount rate was applied to both cost and effectiveness.

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