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 (141 male and 173 female). The age of infection is between 71-89 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 is 12,354,176.50 bath and the cost of each month as shown in Figure 1. Subbactam and Cepeloraze (Sulperrazor®) is the most highest cost, our data is similar trend from previous study. Figure 1. The cost of use of antibiotic in hospital (data for 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.

**OBJECTIVES:** To examine the economic impact of pneumococcal non-typeable 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, pneumonia, and acute otitis media) and other outcomes (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. Epidemiologic and cost 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 projections predicted that universal infant PHiD-CV vaccination could prevent 74 deaths [1,553 quality-adjusted life years] caused by all hospitalization and domiciliary pneumonia. PHiD-CV was projected to prevent 555 additional cases of IPD, 19,706 cases of hospitalized pneumonia and 29,974 AOM over 10-year horizon as compared with no vaccination. Assuming vaccine price of HK$265 (including administration cost of HK$70 per dose, PHiD-CV vaccination is estimated to save an additional HK$536,955.65 millions as compared with no vaccination at the total vaccination cost of HK$66.18 millions. CONCLUSIONS: PHiD-CV is expected to have great impact in alleviating pneumococcal disease burden and to spare considerable disease management cost in treating pneumococcal diseases. Conclusions: 1) Universal infant PHiD-CV vaccination is a cost-saving strategy.