Cost-effectiveness of rotavirus immunization in Indonesia taking breastfeeding patterns into account
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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 Infectious Control Division of the hospital. All information were recorded further source such as in-patient data-based spare considerable disease management cost in treating pneumococcal diseases. Streptococcus pneumonia has caused invasive diseases as meningitis and bacteremia, all-cause pneumonia, and acute otitis media (AOM) over 10 years period. The study was performed from a health care payer’s perspective. Epidemiological 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 HP8265 (including administration cost of HK$70 per dose, PHD-CV vaccination is estimated to save an additional HK$599.65 millions as compared with no vaccination) at the total vaccination cost of HK$66.18 millions. CONCLUSIONS: PHD-CV is expected to have great impact in alleviating pneumococcal disease burden and to spare considerable disease management cost in treating pneumococcal diseases. Cost of treatment for PLHIV. The study revealed that most of them were men, at productive age, and lead the policy makers to provide subsidy for people living with HIV/AIDS. Little is known about the cost of treatment in hospital. It is important for both payer and hospital to test the robustness of model outcomes. 3% discount rate was applied to both cost and effectiveness. RESULTS: The analysis showed that patients with nosocomial infection is lower (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. Sulbactam and Cefoperazone (Sulperazon®) is the most highest cost, our data is similar trend from previous study. Figure 1 and Table 1 use 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 health and economic impact of pneumococcal non-typeable haemophilus influenza protein-D conjugate vaccine (PHD-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 period from 2001–2012. Keywords of “(analy* OR evaluat*) AND (vaccin* OR immuni*) AND (‘region/ country name’)” were employed. The methodological quality of the study was assessed against the CHEC criteria list. RESULTS: Out of 1344 articles, 27 eligible articles were retrieved and reviewed. It was found that the studies had been conducted in seven of eleven countries in the region. Thailand had the greatest number of publications (10). Twelve articles (44%) were written by local researchers, 19% by outside researchers, and 37% in collaboration of both. Among the articles, 56% mentioned the name of a local researcher as the first or corresponding author. The number of articles tended to increase yearly. The types of vaccination included in the studies were dengue, HPV, Hib, Hepatitis A and B, HIV, influenza, Japanese encephalitis, PCV, rotavirus and varicella. Most of the publications dealt with HPV (6) and rotavirus (6). Three studies evaluated a vaccination program that was included in the NIP of the particular country (hepatitis B in Thailand, and influenza and PCV in Singapore) All of the studies employed modeling. The most frequent category of evaluation was CUA (56%), followed by CEA (15%) and CBA (11%). Most of the studies met a brief CHEC criteria list, such as study population, time horizon, perspective, discounting, and sensitivity analysis.

CONCLUSIONS: An analysis was conducted on publications focusing on the economic evaluation of vaccinations in Southeast Asian countries. Most studies were conducted by local researchers. It can be assumed that such economic information is gaining importance in policy decision making.

OBJECTIVES: This study aims to assess the cost-effectiveness of rotavirus immunization in Indonesia, taking breastfeeding patterns explicitly into account.

METHODS: A systematic literature review was conducted of publications focusing on the economic evaluation of vaccination in Southeast Asia. All eligible publications were retrieved from databases such as Embase, PubMed, and Cochrane Library. The search was performed using the keywords “vaccination” and “economic evaluation.” A total of 1344 articles were identified, and 27 eligible articles were included.

RESULTS: The most common publications dealt with HPV (6) and rotavirus (6). Three studies evaluated a vaccination program for HIV, influenza, Japanese encephalitis, PCV, rotavirus, and varicella. Most of the studies were conducted by local researchers, 19% by outside researchers, and 37% in collaboration of both. Among the articles, 56% mentioned the name of a local researcher as the first or corresponding author. The number of articles tended to increase yearly. The types of vaccination included in the studies were dengue, HPV, Hib, Hepatitis A and B, HIV, influenza, Japanese encephalitis, PCV, rotavirus, and varicella. Most of the publications dealt with HPV (6) and rotavirus (6). Three studies evaluated a vaccination program that was included in the NIP of the particular country (hepatitis B in Thailand, and influenza and PCV in Singapore). All of the studies employed modeling. The most frequent category of evaluation was CUA (56%), followed by CEA (15%) and CBA (11%). Most of the studies met a brief CHEC criteria list, such as study population, time horizon, perspective, discounting, and sensitivity analysis.

CONCLUSIONS: The information obtained from this study will make the hospital concerned about strategies to prevent nosocomial infection to reduce the loss of various and enhance the quality of life for patients.