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 was used if the information of former source was incomplete. RESULTS: The analysis showed that patients with nosocomial infection is 314 patients (141 male; 173 female). The most age of infection is between 71-80 years (31.53%). 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 in 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 (Sulperaz®) is the most highest cost, our data is similar trend from previous study. Figure 1. Slide show from April 2008 to June 2009 (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.

PI14 COST OF TREATMENT FOR PATIENT WITH HIV AIDS IN HOSPITAL OF EAST JAVA, INDONESIA
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OBJECTIVES: To obtain information on the cost of treatment (outpatient and inpatient care), including laboratory, drugs, medical supplies, consultation, X-ray, room.

METHODS: A crosssectional 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, we 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 to understand 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, GastroEntenitis and Candidiasis. Sixty-twof 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 based in the hospital the provider payment scheme 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.

PI15 ECONOMIC EVALUATION OF VACCINATION IN SOUTHEAST ASIAN COUNTRIES: A SYSTEMATIC REVIEW
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OBJECTIVES: This review aimed to explore the research situation in Southeast Asian countries on the economic evaluation of vaccination. METHODS: A systematic literature search was conducted in March 2012 using the Medline electronic database with the PubMed interface. The search was limited to English-language articles published during 2001–2012. Keywords of “analy* OR evaluat* AND (vaccin* OR immuni*) AND (’region/ country names)” were employed. The methodological quality of the study was assessed using a modified version of the Newcastle-Ottawa Scale. 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, 44% of them has less than 3 diagnosis. 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 CEA (56%), followed by CEQ (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 of situations focusing on the economic evaluation of vaccination 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.

PI16 COST-EFFECTIVENESS OF ROTAVIRUS IMMUNIZATION IN INDONESIA TAKING BREASTFEEDING PATTERNS INTO ACCOUNT
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OBJECTIVES: This study aims to assess the cost-effectiveness of rotavirus immunization in Indonesia, taking breastfeeding patterns explicitly into account.

METHODS: A 10-year age-structured cohort model was used for the Indonesian birth cohort. Next, we compared two strategies, the current situation without rotavirus immunization versus the alternative of a national program. The model applies a 5 years time horizon, with 1 month analytical cycles for children less than 1 year old and annual for children older than 1 year. Four scenarios were considered: 1) AMR situation: population under 1 year old with 100% exclusive breastfeeding, 100% partial breastfeeding, 100% no breastfeeding and the actual combination over the different breastfeeding modes as present in Indonesia currently. Monte Carlo simulations were conducted to examine the cost acceptability of economic evaluation; and 4) studies of AMR preventions and control programs in Thailand.

CONCLUSIONS: Atotal of 30 studies were included in the analysis. Studies 1) AMR situation: population under 1 year old with 100% exclusive breastfeeding, 100% partial breastfeeding, 100% no breastfeeding and the actual combination over the different breastfeeding modes as present in Indonesia currently. Monte Carlo simulations were conducted to examine the cost acceptability of economic evaluation; and 4) studies of AMR preventions and control programs in Thailand. CONCLUSIONS: AMR is one of the major health problems in Thailand. The existing data lack clarity and are often unreliable to quantify a reasonable amount of AMR burden. More valid and reliable data on the use of antimicrobials and of AMR as well as morbidity and mortality data related to AMR are needed in order to compute burden of AMR in Thailand at a national level and inform policy decision making.