The cost-effectiveness analysis includes both direct and indirect burden related to vaccination. The PCV13 had an additional effect of 8% for complex AE due to non-meningitis. Aftereffect PCV10 and PCV13 had indirect effects decreased from those of PCV 7, 10, and 13 and increased in coverage for selected additional serotypes.

In order to estimate the Colombian population the data from DADH was used National Administrative Department of Statistics with sex and DPV adjustment (Extended) (Public Health and Economic Model for Prevenar 13, Pfizer®) endorsed by the Model of Colombia as a baseline case. The model estimated that in a time horizon of 10 years approximately 7,090,157 children would be vaccinated at a cost of USD$298,170,135 and USD$304,491,763 respectively.) considering the savings that is generated when avoiding expenses in the treatment of pneumococcal disease.

The model estimated that in a time horizon of 10 years approximately 7,090,157 children would be vaccinated at a cost of USD$298,170,135 and USD$304,491,763 respectively. (Table 2) shows the cost-effectiveness results for each of the 10 valent and 13 valent vaccines, considering the costs of each of the vaccines, the costs of the meningococcal disease in the entire population, and the impact of the meningococcal disease in the vaccinated and non-vaccinated populations.

The model estimated that in a time horizon of 10 years approximately 7,090,157 children would be vaccinated at a cost of USD$298,170,135 and USD$304,491,763 respectively, with the savings generated when avoiding expenses in the treatment of pneumococcal disease.

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