system the combined screening/risk-based strategy and the risk-based strategy are efficient strategies with reasonable cost-effectiveness.

**PIN34**

**COST-EFFECTIVENESS OF TWO SCREENING STRATEGIES FOR CHLAMYDIA TRACHOMATIS INFECTIONS IN FRANCE**

Préauber N, Delaveyne R
ANAES, Saint Denis la Plaine Cedex, France

OBJECTIVES: To evaluate two screening programs for Chlamydia Trachomatis (CT) in France by measuring cost per case and cost per treated case. METHODS: We evaluated the cost-effectiveness ratios of two CT screening strategies using a decision tree model. Strategy A involved screening of asymptomatic women only with partner notification; Strategy B involved screening of both asymptomatic men and women with partner notification. The current strategy of no screening was not evaluated. Clinical pathways were validated by a panel of experts. Direct cost analysis was performed from the point of view of the French National Health Insurance System. RESULTS: Overall, 347 women, and their partners could be treated by strategy A, and 296 individuals and their partners by strategy B. The total cost of strategy B was lower than that of strategy A (€213,400 compared to €250,558). Costs per case and costs per treated case were comparable for the two strategies, €557 and €722 respectively. According to a sensitivity analysis, the key variables were: CT prevalence, male participation rate, and likelihood that a man should consult a doctor. CONCLUSIONS: This is the first model for CT screening built on French data and thus a useful tool for French health policy decision-makers as it provides estimates for budgetary impact analysis. Its limitations are the hypotheses on which it is based (averted outcomes, direct costs . . .). Besides comparing the cost-effectiveness of screening, our study highlighted the need to standardize clinical practice and develop a good communication program.

**PIN35**

**MENINGOCOCCAL C VACCINATION OF CHILDREN AGED LESS THAN 1 YEAR: INCLUSION OF HERD IMMUNITY LEADS TO LESS FAVORABLE COST-EFFECTIVENESS RATIOS**

Welte R¹, van den Dobbelsteen G², Postma MJ³
¹University of Ulm, Ulm, Germany; ²National Institute of Public Health and the Environment, Bilthoven, Netherlands; ³Groningen University Institute for Drug Exploration/University of Groningen Research Institute of Pharmacy (GUIDE/GRIP), Groningen, Netherlands

OBJECTIVES: To estimate the incremental cost-effectiveness ratio (ICER) of routine meningococcal serogroup C conjugate vaccination of children at 2, 3, and 4, or at 5 and 6 months instead of at 14 months in the Netherlands and to determine the impact of including herd-immunity. METHODS: The analysis was performed from a societal perspective and in accordance to the Dutch guidelines for pharmacoeconomic research, using a cohort model. Direct and indirect (friction cost method) costs were considered. Future costs and effects were discounted at 4% and 2000 was chosen as baseline year. A vaccine effectiveness of 90% (based on UK data) and a vaccine protection duration of 20 years (based on the experience with Haemophilus influenzae type b) were used. Also on the basis of UK data, we assumed that 70% of all unvaccinated persons aged 0–14 months are protected because of the herd-immunity effect caused by the recent meningococcal C conjugate vaccination of all persons aged 14 months to 18 years. RESULTS: For immunization of children at 2, 3, and 4 (5 + 6) months, the herd-immunity effect decreases the yearly number of additional life years gained from 51 (36) to 15 (11) but leads to a strong increase of the ICER from €149,000 (€105,000) per life year gained to €497,000 (€349,000) per life year gained. Even if only a herd-immunity effect of 50% is assumed, the ICER still increases to about €298,000 (€209,000) per life year gained. These results are sensitive to the protection duration and effectiveness of the vaccine and the meningococcal C incidence. CONCLUSIONS: The inclusion of herd-immunity decreases the rendered small health gain and thus leads to even less favorable cost-effectiveness ratios for vaccination of children aged less than one year. Hence, the current Dutch vaccination strategy of routine vaccinating children at 14 months should not be changed.

**PIN36**

**COST-EFFECTIVENESS OF RESPIRATORY SYNCYTIAL VIRUS (RSV) PROPHYLAXIS AMONG PRETERM INFANTS IN POLAND**

Kowalik E¹, Jakuczyk MK², Niewada MP², Kamiński B¹
¹Warsaw School of Economics, Warsaw, Poland; ²Medical University of Warsaw, Warsaw, Poland

Respiratory syncytial virus (RSV) is a leading cause of a lower respiratory tract infection in infants and is responsible for increased hospitalization, morbidity, and deaths amongst high-risk individuals including those who are born prematurely. As the treatment of RSV infections is limited the analysis was focused on prophylactic therapy with palivizumab, a humanized murine monoclonal antibody that provides passive immunity against RSV. OBJECTIVES: To evaluate costs and cost-effectiveness of RSV prophylaxis among infants born at less than 32 weeks gestation in Poland. METHODS: Decision tree analysis was used to compare cost-effectiveness of two strategies, palivizumab and no prophylaxis, among a hypothetical cohort of infants born <32 gestational age. Probabilities were derived from published trials. Costs encompassed: drug costs, costs of non-intensive and intensive pediatric hospital care and costs of asthma treatment up to age 7. The discount rate of costs was set at