strategies T16/I3,I3 and I3/T12,T12 were dominated by T16/I3,T12. The incremental analysis vs. strategy T12/I3,T12 indicated, that T16/I3,T12 and I4/T12,T12 were not cost-effective alternatives for T12/I3,T12 with ICER €47 and 19 687 PLN/mycological cure gained, respectively. Changing the values of key drivers in the sensitivity analysis did not have any significant effect on ICER. CONCLUSION: T12 as primary treatment with I3 as treatment of failure and T12 as treatment of re-infection was the most cost-effective treatment for toenail onychomycosis in Poland.

HOW CAN PRODUCTS WITH MARGINAL EFFICACY SAVE MONEY? THE EXAMPLE OF A NON SPECIFIC, IMMUNOSTIMULATING, PREVENTIVE TREATMENT FOR RECURRENT UPPER RESPIRATORY TRACT INFECTIONS IN CHILDREN

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OBJECTIVE: Upper respiratory tract infections are frequent in children. Their economic impact is widely unknown. This study responded to a request from the French Economic Committee to estimate the direct cost of an acute rhino-pharyngitis (ARP), the effectiveness of Imocur® (OM-85 BV indicated for the prevention of recurrences), and the cost effectiveness of this strategy compared to placebo from a Social Security perspective.

METHOD: Costs, probabilities of short-term complications, associated care, effectiveness of Imocur during the winter period were based on review of the literature, national health statistics and consulting experts’ opinions. An incremental cost-effectiveness model was used.

RESULTS: The mean direct cost for an ARP is €49.5. Among children with recurrent infection, 1.52 infections during the winter period were avoided using this type of prophylaxis. Social Security saves approximately €68 per child on the cost of care. The sensitivity analyses confirm the robustness of the model, and show that prevention with Imocur allowed Social Security to save between 28 and 304 € in direct costs for each at-risk individual who received preventive treatment. The threshold analysis shows that this type of prophylaxis is economically profitable for the community starting from 0.15 prevented infections and direct costs of care of an acute infection exceeding 4.77 €. The demonstration is valid with recurrently-infected children, a population for which the effectiveness of Imocur has been established. If we had taken into account other payers’ viewpoints and the indirect costs, our conclusions would have been reinforced.

CONCLUSION: Non-specific immunotherapy is a reasonable measure to be considered for prevention of recurrences and should be associated with recommended measures in children at risk. The French health authorities considered the economic value of an effective medication to the community in assessing its usefulness.

DIRECT AND INDIRECT COSTS OF RESPIRATORY INFECTIONS

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OBJECTIVES: Morbidity due to respiratory infections leads to significant adverse societal and economic consequences. This study investigates the extent to which treatment for respiratory infections imposes a financial burden on an employer, and documents variations in employer payments between specific respiratory infections.

METHODS: The data source is a rich administrative claims database for a national, Fortune 100 manufacturer. It includes 1997 medical, pharmaceutical, and disability claims for employees, spouses, dependents, and retirees (n > 100,000) under age 65. The research sample consists of individual patients with one or more medical or disability claims for at least one of eleven infectious respiratory conditions. Resource utilization is contrasted with a 10 percent random sample of the employer’s overall beneficiary population.

RESULTS: Direct (medical and pharmaceutical) and indirect (disability and sporadic absenteeism) costs are analyzed. The average per capita annual costs are: for the entire employer population, $2,368; for all respiratory-infection patients, $4,397, and for respiratory-infection employees eligible for disability, $6,838. Total costs for respiratory-infection patients are 1.8 times those for the typical beneficiary. Total costs are highest for patients with pneumonia ($11,544) and lowest for patients with acute tonsillitis and acute pharyngitis ($2,180). Medical and pharmaceutical treatments account for 65% of total costs for all employees with respiratory infections, while the remaining 35% of costs are attributable to disability and sporadic absenteeism.

CONCLUSIONS: Respiratory infections impose a significant financial burden on the employer. Resource utilization by respiratory infection patients is substantial, not only for the direct treatment of respiratory infections, but also for the treatment of co-morbid medical conditions of these patients. These costs also vary considerably by type of respiratory infection. The study also shows that respiratory infections impose substantial indirect costs on employers from work loss associated with these infections.

POTENTIAL USE OF FLUOROQUINOLONES IN THE TREATMENT OF PULMONARY TUBERCULOSIS

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OBJECTIVES: The potential use of fluoroquinolones in the treatment of pulmonary tuberculosis is being explored.