COSTS OF QUANTIFERON-TB GOLD VERSUS TUBERCULIN SKIN TEST IN SPANISH HEALTH CARE WORKERS

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OBJECTIVES: Health care workers are a population at risk of Latent Tuberculosis Infection (LTBI). Thus, the safe and reliable LTBI diagnosis is usually detected by the initial tuberculin skin test (TST) in written immunological tests such as Quantiferon-TB Gold® (QFT-G) have been recently recommended for LIT screening in health care workers. We compared direct and indirect costs of two LIT screening strategies among health care workers in Spain: TST and QFT-G. This was a comparative cost study conducted from a societal perspective, using data on costs and results from a prospective observational study carried out in a Spanish public hospital, where the 2 screening alternatives were concurrently applied to a cohort of 134 health care workers. RESULTS: In a base-case analysis, the costs of the QFT-G test amounted €42.5 per screened health care worker and those of the TST €39.3. Both tests varied in their cost structure: in the case of TST, most of the total costs (70%) were indirect costs, basically time spent by the participants, whereas QFT-G was more expensive in terms of fungible material, which meant 40% of the total costs. The results are sensitive to the hourly wages of the participants and to the estimation of the time spent by them in the tests. CONCLUSIONS: This study cost showed that, in the conditions of Spanish health care system, the societal costs of the new QFT-G are comparable to those of the TST; however, the design of innovative technology to improve patient outcomes while reducing antibiotic utilization, costs and LOS over time. Further studies are warranted assessing the role of innovative technology to improve patient outcomes while reducing antibiotic utilization and LOS.

COSTS OF CROTONOYL-GLUCURONIC ACID AS A THERAPEUTIC ANTIBIOTIC FOR TUBERCULOSIS INFECTION IN SPANISH HEALTH CARE WORKERS

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