COST BURDEN OF VARICELLA-ZOSTER VIRUS INFECTION IN A MANAGED CARE SETTING

Schaffer M1, Liu M1, Scott W1, Mansukani S1
1Health Partners, Inc, Philadelphia, PA, USA; 2Hospital of the University of Pennsylvania, Philadelphia, PA, USA

Although information exists in the form of projected costs, limited data are available on the overall cost of illness resulting from varicella-zoster virus (VZV) infection. VZV is usually a benign childhood illness, but reactivation of latent VZV can lead to serious complications. OBJECTIVE: To assess medical claims costs associated with VZV infection and its resultant complications from the payers’ perspective. METHODS: We conducted a retrospective database analysis of 73,869 managed care members continuously enrolled throughout calendar year 1999. Records of members with a diagnosis code of either primary varicella (ICD9-052) or herpes zoster (ICD-053) were selected. Data was extracted and cost information was tallied for all medical claims including inpatient hospitalizations, primary care visits, specialist visits, emergency department visits, and specialty procedures. Cost data are reported in 1999 US dollars. RESULTS: In 1999, a total of 119 patients were diagnosed with varicella (52%) and herpes zoster (48%). The mean cost to the payer was $196.77/patient. The average amount paid out for members with varicella was $181.87. The average cost per member with herpes zoster was $786.27. Sixty-two (52%) VZV afflicted members were diagnosed with varicella while 57 were diagnosed with herpes zoster. The amount paid for members over age 19 (n = 56) was $640.30/patient. Of these patients, 14% were classified with varicella infection, whereas 86% were classified as having zoster. For members aged <19 (n = 63), the mean amount paid was $369.18/patient. In this group, 78% were diagnosed with varicella infection, whereas 22% were diagnosed with herpes zoster. CONCLUSION: The above costs document for the first time the true cost of VZV infection from the payers’ perspective. Further efforts to expand vaccination programs should take these costs into consideration.

ECONOMIC EVALUATION OF OSELTAMIVIR FOR INFLUENZA PATIENTS IN JAPAN

Kobayashi M
Crecon Research and Consulting Inc, Tokyo, Japan

OBJECTIVES: The aim of this analysis is to estimate the economic impacts of oseltamivir treatment for influenza in Japan. METHODS: A decision tree with endpoints of occurrences of pneumonia was constructed to compare two treatment strategies, oseltamivir treatment and conventional treatment, for otherwise healthy adult (over 16) patients with influenza like illness in Japan. Drug consumption data (e.g., acetaminophen, antibiotics, and palliative drugs for influenza like illness related symptoms) were collected prospectively as well as work absenteeism data as part of the Japanese placebo-controlled double-blind multicenter study by oseltamivir that included 316 patients. Parameters used in the decision tree were mainly derived from this study and combined with published data. Sensitivity analyses were also performed to examine the robustness of the results. RESULTS: Expected total medical cost per patient was 14,100 yen and 14,412 yen for oseltamivir treatment and conventional treatment, respectively. Expected cost including production loss was 56,654 yen and 63,485 yen, for oseltamivir treatment and conventional treatment, respectively. Based on the results of basic analyses, the savings that could be expected in Japanese nationwide health care costs with widespread use of oseltamivir ranged from 1.1 billion yen to 3.4 billion yen. CONCLUSION: This study suggested that oseltamivir treatment for patients with flu-like symptoms can be attractive from the societal perspective in Japan.

METHICILLIN-RESISTANT STAPHYLOCOCCUS SPECIES TREATMENT PATTERNS IN CANADA

Becker D, Rosner AJ
Innovus Research Inc, Burlington, ON, Canada

Antibiotic resistance is of growing importance to the Canadian health care system due to the morbidity, mortality, and financial costs of certain pathogens for which there are limited therapeutic options. Among the resistant organisms, the incidence of methicillin-resistant Staphylococcus species (MRSS) is rising and is posing an increasing burden to health care systems. OBJECTIVE: To characterize MRSS treatment patterns in patients with...