**PIN 23**

**SPANISH HEALTH INTERVENTIONS FOR CHRONIC HEPATITIS B AND THEIR ASSOCIATED COSTS**

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**OBJECTIVE:** Approximately 700,000 people in Spain are infected with HBV. The medical costs associated with chronic HBV have not yet been studied in Spain. This research aims to estimate the treatment patterns of major HBV health states and their associated costs.

**METHODS:** Resource use patterns were determined by a panel of physicians caring for HBV patients in three hospitals using a questionnaire. A review of the literature on the cost of the disease was also carried out. Average values of health resource utilisation were computed for patients with chronic hepatitis B (CHB), compensated and decompensated cirrhosis (CC and DC), hepatocellular carcinoma (HC) and liver transplantation (LT). Unit costs were derived from the Soikos health unit costs database.

**RESULTS:** No variations in clinical practice were detected among the experts consulted. The estimated annual cost for CHB is €8493 if treated with antiviral therapy ~33% patients- and €850 for patients without antivirals. Estimated annual cost for CC is €3997 (€7486 if treated with antiviral therapy ~50% patients- and €510 for patients without antivirals). Average annual cost of DC (including ascites, bacterial peritonitis, variceal haemorrhage and hepatic encephalopathy) is €6851. Hepatocellular carcinoma costs €3,731 annually with few patients receiving chemotherapy. Liver transplantation was estimated to cost €25,165 for the transplantation phase and €5,770 in the first year post transplant.

**CONCLUSIONS:** The results obtained, although not fully representative for Spain due to the small number of hospitals sampled, show that the costs associated with chronic HBV are significant. The most severe stages such as episodes of decompensated cirrhosis and transplantation are the major cost drivers. Adopting therapies that slow or stop disease progression could reduce morbidity and mortality and also the cost burden to the health care system.

**PIN 24**

**THE COST-EFFECTIVENESS OF 23-VALENT PNEUMOCOCCAL VACCINE IN CATALONIA, SPAIN**

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**OBJECTIVE:** In this study, cost-effectiveness of the 23-valent pneumococcal vaccination was assessed in Catalonia (Spain). **METHODS:** Cost-effectiveness was measured in terms of cost per life year gained (LYG), comparing net program costs and effectiveness. The net program cost was calculated from vaccinating cost less reduced health care costs from pneumococcal pneumonia. Vaccination costs were calculated taking into account a price per vaccine of €11.51. Costs and benefits were estimated for the period 1996–2001 using a 5% discount rate. **RESULTS:** The cost-effectiveness was €9,023 per LYG for the universal vaccination of individuals aged >5 years, €113,177 per LYG in individuals aged 5–24 years, €19,482 per LYG in those aged 25–44 years, €7,123 per LYG in those aged 45–64 years and €4,442 per LYG in those aged >64 years. Results were sensitive to the vaccine price and efficacy, and the percentage of pneumonias caused by S. pneumoniae. Multiway sensitivity analysis showed that, in individuals aged >64 years, the vaccine was cost-effective for vaccine efficacy >45% when the percentage of pneumonias caused by S. pneumoniae of 20%, >30% for a percentage of 30% and >25% for a percentage of 40%, and when efficacy was >30% for the current price per vaccine, >40% for a price of €15, and >50% for a price of €20. In individuals aged 45–64 years, the cost-effectiveness was <€30,000/LYG when vaccine efficacy was >80% for a percentage of pneumonias caused by S. pneumoniae of 20%, >60% for a percentage of pneumonias of 30% and >40% for a percentage of 40%. The cost-effectiveness was <€30,000/LYG when efficacy was >30% for the current price, >50% for a price of €15, and >70% for a price of €20. **CONCLUSION:** Results obtained in this study shows that pneumococcal vaccination should be a priority preventive intervention in individuals aged >64 and 45–64 years.

**PIN 25**

**COST-EFFECTIVENESS OF A PHARMACY-BASED SCREENING FOR CHLAMYDIA TRACHOMATIS**


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**OBJECTIVE:** In order to increase case-detection of Chlamydia trachomatis (CT) in a multicultural, low-income and high-CT-prevalence neighbourhood a novel approach was piloted in collaboration with the pharmacy of the health centre. The objective of this study is to estimate cost-effectiveness of the approach. **METHODS:** During a 2-year period, women aged 15–29 yrs. who collected their contraceptives at the pharmacy were offered CT-test materials. Home-collected urine could be mailed to the laboratory and the General Practitioner received the results. **RESULTS:** Nine percent of respondents were CT-positive (14% among 15–24yr). There was a strong association with Surinamese/Antillean background. Uptake of the programme was low (27%). Net cost per PID prevented ranged from cost-saving up to €3872 in a low complication rate scenario. **CONCLUSIONS:** Faced