from the trial were mapped to quality of life data from the literature to estimate the effectiveness. The time horizon for the economic analysis was one year in all analyses for costs and a lifetime for quality-adjusted life years (QALYs). **RESULTS:** The average per-participant direct medical costs (including vaccine cost) and societal costs were $47 and $60 lower in the HD arm. Hospitalizations represented over 91% of the total cost and were less frequent in the HD arm (7.7% of HD participants reported ≥1 hospitalization versus 8.4% in SD arm) and average length of stay (LOS) across all participants was shorter in the HD arm (0.49 days vs 0.56 days). HD was associated with lower per-participant and total costs, due to savings in the CUA.

**CONCLUSIONS:** Despite the higher price of HD vs. SD, the total direct medical and societal costs were lower per HD vaccine. This was driven by a reduction in the number of hospitalizations and in the LOSs for those hospitalized. HD dominated SD in the CUA.

**PIN70**

**HEALTH ECONOMIC EVALUATION OF DIFFERENT VACCINATION STRATEGIES AGAINST VARICELLA AND HERPES ZOSTER IN GERMANY**

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**OBJECTIVES:** Infection with varicella-zoster virus (VZV) causes two distinct vaccine-preventable diseases: varicella and herpes zoster (HZ). Universal childhood varicella vaccination is recommended in Germany since 2004. However, country-wide vaccination against HZ has not been introduced yet. The objective of this study was to estimate the health economic impact of different vaccination strategies assuming exogenous boosting, universal childhood varicella vaccination might cause an increase in the elderly. Compared to current German two-dose childhood varicella vaccination, the incremental cost-effectiveness ratio (ICER) was based on an age-structured model of VZV transmission and vaccination in Germany. The time horizon of the dynamic model was 100 years. Treatment costs of varicella and HZ were estimated from health insurance claims data. A 3% discount rate was used for future costs and health effects. All vaccination strategies were evaluated assuming the existence or non-existence of exogenous boosting. When assuming exogenous boosting, universal childhood varicella vaccination might cause an increase in the elderly. Compared to the current two-dose varicella vaccination, the incremental cost-effectiveness ratio of additional HZ vaccination (base-case: vaccination at 60 years of age and waning of varicella vaccination immunity) was EUR 50,978 and EUR 67,720 per quality-adjusted life year (QALY) when assuming the existence and non-existence of exogenous boosting, respectively. Discontinuation of universal varicella vaccination led, irrespective of additional HZ vaccination, to both cost-savings and QALY gains when considering exogenous boosting. Discontinuation of routine varicella vaccination and administration of HZ vaccinations in the elderly was associated with QALY and cost savings. The incremental cost-effectiveness ratio was EUR 19,848 per QALY. Discontinuation of universal varicella vaccination was associated with QALY and cost savings. **CONCLUSIONS:** The economic benefit of universal childhood varicella vaccination depends strongly on the existence of exogenous boosting. Further research is needed to measure the extent of exogenous boosting and its impact in health economic evaluations. Additional HZ vaccination can be considered as a marginally cost-effective intervention when considering a cost per QALY threshold of EUR 50,000.

**PIN71**

**COST-EFFECTIVENESS OF OMITTING TIVS/PARITAPREVIR/RITONAVIR AND DASCABUVIR FOR TREATING PATIENTS WITH CHRONIC HEPATITIS C IN THE NETHERLANDS**

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**OBJECTIVES:** Chronic Hepatitis C (CHC) is an infectious disease associated with significant morbidity and mortality. Early access to treatment may mitigate the rise in CHC-related morbidity and mortality and prevent onward transmission. We have examined the cost-effectiveness of providing broad access to treatment compared with standard treatment. The objective of the present study was to estimate the cost-effectiveness of replacing TIVs with the quadrivalent influenza vaccine for national immunization programs in Spain could improve prevention by avoiding virus B mismatch and provide a cost-effective healthcare intervention.

**PIN73**

**BROAD ACCESS TO TREATMENT IS COST-EFFECTIVE FOR PATIENTS WITH CHRONIC HEPATITIS C IN ENGLAND**

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**OBJECTIVES:** Chronic Hepatitis C (CHC) is an infectious disease associated with significant morbidity and mortality. Early access to treatment may mitigate the rise in CHC-related morbidity and mortality and prevent onward transmission. We have examined the cost-effectiveness of providing broad access to treatment compared with standard treatment. The objective of the present study was to estimate the cost-effectiveness of replacing TIVs with the quadrivalent influenza vaccine for national immunization programs in Spain could improve prevention by avoiding virus B mismatch and provide a cost-effective healthcare intervention.

**PIN74**

**VALUE IN HEALTH 18**

**COST-EFFECTIVENESS ANALYSIS OF DOBLUTEGRAVIR/ABACAVIR/LAMIVUDINE (DTG/ABC/3TC) AS A SINGLE TABLET TREATMENT OF NAIVE HIV INFECTED PATIENTS**

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**OBJECTIVES:** Influenza, an acute viral infection causing annual epidemics, has a major impact on healthcare systems and society, but can be effectively prevented using vaccination. The World Health Organization currently recommends that influenza vaccines should include at least two virus A and one virus B lineages, as well as a quadrivalent. The new quadrivalent vaccine, offering broader protection against influenza by including an additional virus B strain, received regulatory approval and is now recommended by several immunization committees (Advisory Committee on Immunization Practices (USA), Joint Committee on Vaccination and Immunisation (UK)). The aim of this study was to estimate the cost-effectiveness of replacing TIVs with the quadrivalent influenza vaccine in Spain. **METHODS:** A static, lifetime, multi-cohort model with a one-year horizon was developed to assess the costs and health outcomes associated with trivalent vs. quadrivalent vaccines. The model followed the lifetime of a cohort vaccinated each year according to local health authority recommendations. Information on circulating influenza virus strains, obtained from the National Epidemiology Centre, allowed the determination of whether the B strain included in TIVs matched the circulating one. The cost-effectiveness analysis was conducted from a societal perspective. The costs and outcomes were discounted at 3% and 1.5% for TIVs and ABC, respectively. Discontinuation of universal varicella vaccination led, irrespective of vaccination strategies, with quadrivalent influenza vaccine for national immunization programs in Spain could improve prevention by avoiding virus B mismatch and provide a cost-effective healthcare intervention.

**PIN75**

**COST-EFFECTIVENESS ANALYSIS OF DALOTEGRAVIR/ABACAVIR/LAMIVUDINE (DTG/ABC/3TC) AS A SINGLE TABLET TREATMENT OF NAIVE HIV INFECTED PATIENTS**

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**PIN76**

**COST-EFFECTIVENESS ANALYSIS OF DOBLUTEGRAVIR/ABACAVIR/LAMIVUDINE (DTG/ABC/3TC) AS A SINGLE TABLET TREATMENT OF NAIVE HIV INFECTED PATIENTS**

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