

Spanish Science & Innovation Ministry

ACAgencia de EvaluacióntSde Tecnologías SanitariasHealth Technology Assessment Agency

Introduction of Rotavirus Vaccination in the Spanish Inmunization Programme. A Cost-Utility Analysis

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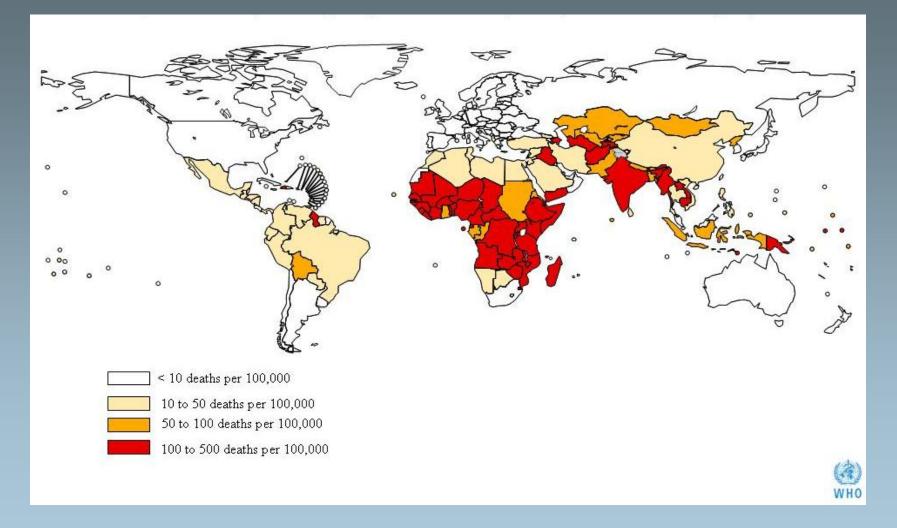
### Rotavirus

Leading cause of Acute Gastro-Enteritis (AGE) in young children worldwide

- > 1/2 million deaths/year of children < 5 years
- Half of AGE hospitalizations children < 5 years (Western countries)</p>
- > 7M € / year (Spanish health-care costs)

Rotavirus Associated Mortality Rates among children less than 5 years of age. WHO 2008.





## Introduction



### **Rotarix** ®

- Alive,
- Monovalent
- Human derived
- 3 doses (2, 4 & 6 months)

### **Rotateq** ®

- Alive
- Pentavalent
- Human and bovin derived
- 2 doses (2 & 4 months)

Available but not included in the Spanish immunization programs

#### **Orally administered**







To assess cost-utility of the introduction of rotavirus vaccination with Rotateq<sup>®</sup> or Rotarix<sup>®</sup> in the Spanish paediatric immunization program



# Methods (1/4)

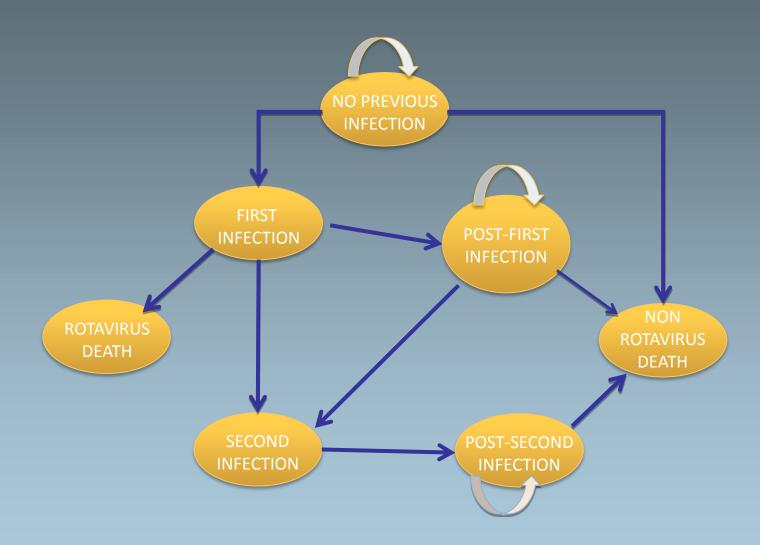


- Comparators:
  - No vaccination vs.
  - Rotarix<sup>®</sup> and Rotateq<sup>®</sup>
- Health outcome: QALY
- Perspectives:
  - Public Health Care System
  - Societal
- Population: Spanish children < 5 years old</li>
- Markov model:
  - Time horizon: 5 years
  - Cycle length: 1 month



### Markov model











INCLUDED COSTS	PERSPECTIVE		
	Societal	Public Healthcare Service	
Direct Medical		e visit, Hospitalization including nostic tests, Emergency visit	
Direct Non-Medical	Parents transportation and ex		
Indirect	Parent lost productivi Children home care	ty, <b>No</b>	

# Methods (4/4)



- Efficacy data:
  - Double-blind randomized
    placebo-controlled trials
  - Rotarix<sup>®</sup>: Vesikari T, et al. Lancet
    2007; 370: 1757-63
  - Rotateq<sup>®</sup>: Vesikari T, et al. NEJM
    2006; 354: 23-43
  - Vaccine coverage:
    - **Current average for the Spanish**
    - **Immunization Programme**

- One-way sensitivity analysis:
  - Efficacy: 95%
    - **Confidence Intervals**
  - Vaccine coverage
  - Price





# Rotavirus vaccination with Rotarix® or Rotateq® vs. no vaccination in Spain

	Public health-care service perspective		Societal perspective			
	No vacc.	Rotarix®	Rotateq®	No vacc.	Rotarix®	Rotateq®
Unitary cost (€)	29.9	120	135.1	64.5	125.8	144.7
Unitary effect (QALY)	4.78250	4.78288	4.78285	4.78250	4.78288	4.78285
ICUR (€ / QALY)		237,105	300,571		161,315	229,143





#### Sensitivity analyses by vaccine efficacy. Societal perspective

ROTARIX®	ICUR (€ / QALY)	ROTATEQ®	ICUR (€ / QALY)
92%	134,205	80%	191,696
86%	165,873	73.5%	232,390
80%	207,867	67%	287,635





#### Sensitivity analyses by price: Societal perspective

Rotarix price (€)	ICUR (€/QALY)	Rotateq price (€)	ICUR (€/QALY)
65	25,231	55	18,924
70	37,482	60	32,283
96	101,187	107	157,861
120	159,993	134	228,826
140	218,798	160	299,471







- Limitations:
  - Indirect comparisons (drug vs placebo)
  - Maintained efficacy during the 5 years
  - No Group Immunity
  - Utility measures => from parents
  - Underestimated AGE incidence => mild GE are not often diagnosed





- The introduction of rotavirus vaccination in the Spanish immunization program would not be efficient neither from public health-care service perspective nor societal one.
- Vaccination with Rotarix® would be in a better cost-utility ratio than with Rotateq®.
- Vaccines price reduction would have a greater impact on cost-utility than vaccination coverage or efficacy increases.
- Vaccination against rotavirus would be efficient if prices fell below 70€ for Rotarix® and 60€ for Rotateq®.

