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Exploring new ways of measuring the economic value of vaccination with an application to the prevention of rotaviral disease

Standaert, Baudouin Arnould Claire Ghislain Marie

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7 RECOMMENDATIONS

We are living in an environment that globally becomes more complex. Under such circumstances we cannot expect that we should always be able to apply a uniformed solution to a same problem manifesting differently under different circumstances. If we choose for that one option solution, there is a high risk for making mistakes in obtaining the right implementation of the vaccine because of not being economically attractive. We need to remain cautious and take into account the diversity of the environments to analyse and to present economic results adjusted to the local contexts.

What I have tried to demonstrate in this thesis is that first a vaccine has intrinsically a moving benefit target to be achieved over its life cycle that will impact its economic value assessment at two levels: the individual and the group level. An attractive economic result will therefore be depended where and when the assessment is performed. This is typical for any active prevention program that is initiated when a problem is substantial. From reducing the burden where the economic value of the new intervention will be high to controlling the outbreaks where the economic game of using the intervention is then different and may be more depended on the risk assessment. We often forget about that change in focus linked to the benefit vaccines can achieve over time. When we introduce a new vaccine in a community, it is not only about reducing specific mortality –the vaccine can achieve that sometimes very easily and very quickly-, but the vaccine is mainly brought in because it has the ability to control the disease spread towards a critical helping hand in the process of elimination or even eradicating specific disorders. But the economic value and the assessment tool to be used will be different by focus type.

Second is that the vaccines we are working with today are used towards the prevention of infectious or communicable diseases. This has implications for the assessment of the benefit that doesn't remain at the level of the individual as we see it for treatment, but at the level of a population or a group. We know that when we introduce a vaccine in a community it will be very difficult to reach a full coverage. Because of that we will obtain an indirect benefit by the vaccine, called the herd effect. We need to be sure that we capture well that extra hidden benefit in our economic assessment. But there are other important additional hidden benefits that are economically critical for the value assessment of the vaccine: reduction in productivity loss and improvement in quality of care. Maybe other benefits could be discovered as well, we haven't thought about.

Third is that to be most successful vaccines need to obtain a high coverage. Therefore the logistics must be there to facilitate the access. If the disease burden is huge -and that should be the case anyway otherwise one shouldn't introduce a new vaccine universally- and the vaccine coverage is high at uptake, it must create an imbalance into the established health care system. In those environments where the health care programs are maturely developed, vaccines will be a '*substitute*' for

the existing situation. The vaccine must then show high added value. We often miss to demonstrate the full picture at launch for obvious reasons. The economic assessment tool can be ICUA, but the shift should now be more in favour of CBA. With vaccines the initial investment is large, the assessment should be at the population level preferentially, and all the societal benefits need to be accounted for and not using a silo approach. A much different approach is suggested in an environment where the health care program is not so well developed. In those circumstances the vaccine will be an 'add on' project and not a substitute. In an 'add on' environment the driving force is about budget allocation and prioritizing. The new economic tool to be used then is about optimising the resource use and being most efficient.

Many challenges remain ahead for bringing those new messages across. But that is part of the game of performing the appropriate economic evaluation of vaccines depending of the environment where we are living in.

REFERENCES

- [1] Postma MJ, Standaert BA. Economics of vaccines revisited. *Hum Vaccin Immunother* 2013 May;9(5):1139-41.
- [2] Parashar UD, Gibson CJ, Bresse JS, Glass RI. Rotavirus and severe childhood diarrhea. *Emerg Infect Dis* 2006 Feb;12(2):304-6.
- [3] Ehreth J. The global value of vaccination. *Vaccine* 2003 Jan 30;21(7-8):596-600.
- [4] Van DP, Beutels P. Economic evaluation of vaccination. *Pharmacoeconomics* 1996;9 Suppl 3:8-15.
- [5] Mauskopf J, Talbird S, Standaert B. Categorization of methods used in cost-effectiveness analyses of vaccination programs based on outcomes from dynamic transmission models. *Expert Rev Pharmacoecon Outcomes Res* 2012 Jun;12(3):357-71.
- [6] Madsen LB, Ustrup M, Fischer TK, Bygbjerg IC, Konradsen F. Reduced price on rotavirus vaccines: enough to facilitate access where most needed? *Bull World Health Organ* 2012 Jul 1;90(7):554-6.
- [7] de Brabandere L, Iny A. *Thinking in new boxes*. 1st ed. New York: Random House International Edition (edn); 2013.
- [8] Sarker R, Newton C. *Optimization Modelling: a practical approach*. 1st ed. Taylor & Francis Group: LLC edN. CRC Press.; 2008.
- [9] Standaert B, Harlin O, Desselberger U. The Financial Burden of Rotavirus Disease in Four Countries of the European Union. *Pediatric Infectious Disease Journal Rotavirus* 2008 Jan;217:S20-S27.
- [10] Martin A, Cottrell S, Standaert B. Estimating utility scores in young children with acute rotavirus gastroenteritis in the UK. *Journal of Medical Economics* 2008;11(3):471-84.
- [11] Melliez H, Boelle PY, Baron S, Mouton Y, Yazdanpanah Y. [Morbidity and cost of rotavirus infections in France]. *Med Mal Infect* 2005 Oct;35(10):492-9.
- [12] Melliez H, Levybruhl D, Boelle PY, Dervaux B, Baron S, Yazdanpanah Y. Cost and cost-effectiveness of childhood vaccination against rotavirus in France. *Vaccine* 2008 Jan 30;26(5):706-15.

- [13] Standaert B, Perez N, Tehard B, Colin X, Detournay B. Cost-effectiveness analysis of vaccination against rotavirus with RIX4414 in France. *Appl Health Econ Health Policy* 2009;6(4):199-216.
- [14] Goossens LMA, Standaert B, Hartwig N, Hovels AM, Al MJ. The cost-utility of rotavirus vaccination with Rotarix(TM) (RIX4414) in the Netherlands. *Vaccine* 2008 Feb 20;26(8):1118-27.
- [15] Martin A, Batty A, Roberts JA, Standaert B. Cost-effectiveness of infant vaccination with RIX4414 (Rotarix) in the UK. *Vaccine* 2009 Jul 16;27(33):4520-8.
- [16] Postma MJ, Jit M, Rozenbaum MH, Standaert B, Tu HA, Hutubessy RC. Comparative review of three cost-effectiveness models for rotavirus vaccines in national immunization programs; a generic approach applied to various regions in the world. *BMC Med* 2011;9:84.
- [17] Knoll S, Mair C, Benter U, Vouk K, Standaert B. Will vaccination against rotavirus infection with RIX4414 be cost-saving in Germany? *Health Econ Rev* 2013;3(1):27.
- [18] Pitzer VE, Atkins KE, de Blasio BF, Van ET, Atchison CJ, Harris JP, et al. Direct and indirect effects of rotavirus vaccination: comparing predictions from transmission dynamic models. *PLoS One* 2012;7(8):e42320.
- [19] Atkins KE, Shim E, Pitzer VE, Galvani AP. Impact of rotavirus vaccination on epidemiological dynamics in England and Wales. *Vaccine* 2012 Jan 11;30(3):552-64.
- [20] Atkins KE, Shim E, Carroll S, Quilici S, Galvani AP. The cost-effectiveness of pentavalent rotavirus vaccination in England and Wales 1. *Vaccine* 2012 Nov 6;30(48):6766-76.
- [21] Atchison C, Lopman B, Edmunds W. Modelling the seasonality of rotavirus disease and the impact of vaccination in England and Wales. *Vaccine* 2010 Mar 1;28:3118-26.
- [22] Bakir M, Standaert B, Turel O, Bilge ZE, Postma M. Estimating and comparing the clinical and economic impact of paediatric rotavirus vaccination in Turkey using a simple versus an advanced model. *Vaccine* 2013 Jan 30;31(6):979-86.
- [23] Raes M, Strens D, Vergison A, Verghote M, Standaert B. Reduction in pediatric rotavirus-related hospitalizations after universal rotavirus vaccination in Belgium. *Pediatr Infect Dis J* 2011 Jul;30(7):e120-e125.
- [24] Standaert B, Gomez JA, Raes M, Debrus S, Velazquez FR, Postma MJ. Impact of rotavirus vaccination on hospitalisations in Belgium: comparing model predictions with observed data. *PLoS One* 2013;8(1):e53864.
- [25] Rheingans RD, Antil LR, Dreibelbis R, Podewils LJ, Bressee JS, Parashar UD. Economic costs of rotavirus gastroenteritis and cost-effectiveness of vaccination in developing countries. *Journal of Infectious Diseases* 2009;200:S16-S27.
- [26] Standaert B, Ethgen O, Emerson R, Postma M, Mauskopf J. Comparing cost-effectiveness results for a vaccine across different countries worldwide: what can we learn? 1. *Adv Ther* 2014 Oct;31(10):1095-108.

- [27] Demarteau N, Breuer T, Standaert B. Selecting a mix of prevention strategies against cervical cancer for maximum efficiency with an optimization program. *Pharmacoeconomics* 2012 Apr;30(4):337-53.
- [28] Standaert B, Curran D, Postma J. Budget constraint and vaccine dosing: a mathematical modelling exercise. *Cost Effectiveness and Resource Allocation* 2014;12(1):3.
- [29] Connolly MP, Topachevskiy O, Standaert B, Ortega O, Postma MJ. The impact of rotavirus vaccination on discounted net tax revenue in Egypt. *Pharmacoeconomics* 2012;30(8):681-95.
- [30] Kotsopoulos N, Connolly MP, Postma MJ, Hutubessy RC. Fiscal consequences of changes in morbidity and mortality attributed to rotavirus immunisation. *Vaccine* 2013 Nov 4;31(46):5430-4.
- [31] Vesikari T, Karvonen A, Prymula R, Schuster V, Tejedor JC, Cohen R, et al. Efficacy of human rotavirus vaccine against rotavirus gastroenteritis during the first 2 years of life in European infants: randomised, double-blind controlled study. *Lancet* 2007;370(9601):1757-63.
- [32] Velazquez FR, Matson DO, Calva JJ, Guerrero L, Morrow AL, Carter-Campbell S, et al. Rotavirus infections in infants as protection against subsequent infections 2. *N Engl J Med* 1996 Oct 3;335(14):1022-8.
- [33] Ford-Jones EL, Wang E, Petric M, Corey P, Moineddin R, Fearon M. Rotavirus-associated diarrhea in outpatient settings and child care centers. The Greater Toronto Area/Peel Region PRESI Study Group. *Pediatric Rotavirus Epidemiology Study for Immunization* 1. *Arch Pediatr Adolesc Med* 2000 Jun;154(6):586-93.
- [34] Rogoza RM, Ferko N, Bentley J, Meijer CJ, Berkhof J, Wang KL, et al. Optimization of primary and secondary cervical cancer prevention strategies in an era of cervical cancer vaccination: a multi-regional health economic analysis 2. *Vaccine* 2008 Sep 15;26 Suppl 5:F46-F58.
- [35] Clements BJ, Coady D, Gupta S. *Economics of Public Health Care Reform in Advanced and Emerging Economies*. 1st edition ed. International Monetary Fund, Publication Services; 2012.