

# **Comparative Analysis: Summary and Conclusions**

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# Objectives for comparative analysis

- Provide perspective on numbers needed to be vaccinated and cost per case averted
- Compare relative costs of vaccination for travelers with different itineraries and disease risk
- Understand the cost implications of expanding the current JE vaccination recommendations to a broader group of travelers

# Numbers need to vaccinate to prevent a case

- Risk group I: 0.7 million
- Risk group II: 1.6 million
- Risk group III: 9.8 million

# Cost per case averted

- Base case
  - Risk group I: \$0.6 billion
  - Risk group II: \$1.3 billion
  - Risk group III: \$7.9 billion
- Sensitivity analysis, incidence increased 100x
  - Risk group I: \$5 million
  - Risk group II: \$12 million
  - Risk group III: \$78 million

# Additional cost to prevent additional JE case by expanding vaccination program

- Risk group I → risk group I+II: \$1.6 billion
- Risk group I+II → risk group I+II+III: \$14.6 billion

# Conclusions

- Number needed to vaccinate and cost per case averted varied greatly related to disease risk group
- Cost per case averted was at least \$2 million even when extensive sensitivity analyses conducted including increasing incidence and medical costs and decreasing vaccine cost
  - Substantially higher in lower incidence groups

## Use of comparative analysis results

- Assist with work group considerations as part of Evidence to Recommendations assessment
- Consider comprehensively with other disease and vaccine data
  - High morbidity and mortality when JE occurs
  - Availability of safe and effective vaccine

## Remaining work group objectives to be addressed at upcoming ACIP meetings

- Present Evidence to Recommendations framework
- Present proposed recommendations for use of JE vaccine in consideration of updated safety, immunogenicity, and traveler risk data
- Provide draft of updated MMWR Recommendations & Reports

**Thank you**