

# Decision and Cost-Effectiveness Analyses of Herpes Zoster Vaccination in Adults 50 Years of Age and Older

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## DISCLAIMER

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- ❑ **Peer reviewed:** Following “Guidelines for economic analyses to be presented to the ACIP”

# Outline

- ❑ Policy Questions
- ❑ Decision and Cost Effectiveness Model
- ❑ Selected parameters and assumptions
- ❑ Base case results
- ❑ Sensitivity and Scenario analyses
- ❑ Discussion

# Policy Questions

**What is the optimal age to recommend a single dose of zoster vaccine in adults 50 or older?**

1. From a public health perspective: at what age would vaccination have the greatest population impact?
2. From an economic perspective: at what age would vaccination produce the greatest value?

# Decision and Cost Effectiveness Model Overview

## ❑ Objective:

- To evaluate the cost effectiveness of one dose of zoster vaccine administered at age 50, 60, or 70 vs. no vaccination

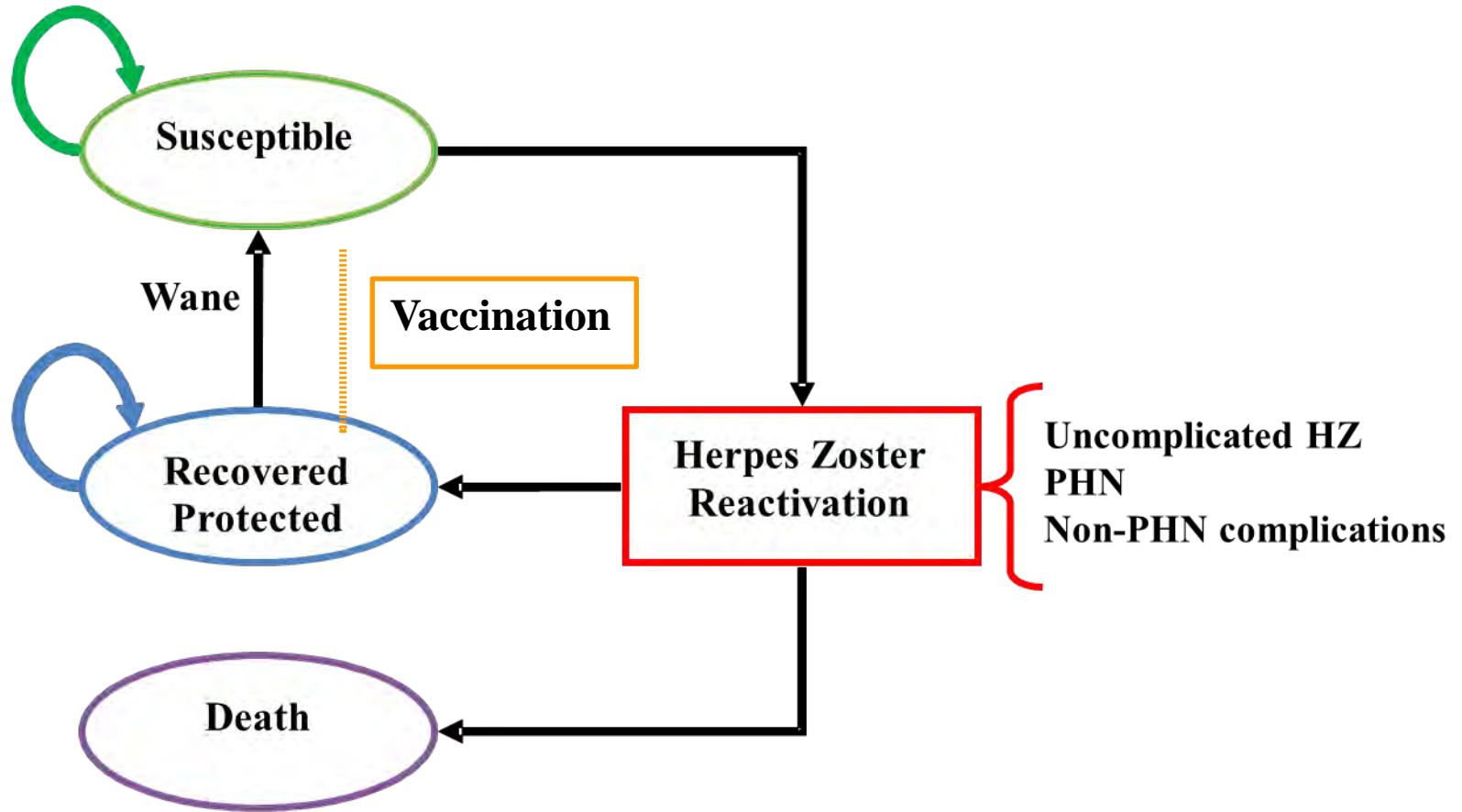
## ❑ Approach: *Cohort-based decision analysis model*

## ❑ Population: *Immunocompetent 50+ years of age*

## ❑ Analytic horizon: *Followed to mean life expectancy*

## ❑ Perspective: *Societal*

# Decision Analysis



# Primary Outcomes

- ❑ Quality Adjusted Life Years (QALYs) gained
- ❑ Cost per QALY saved

# Secondary Outcomes

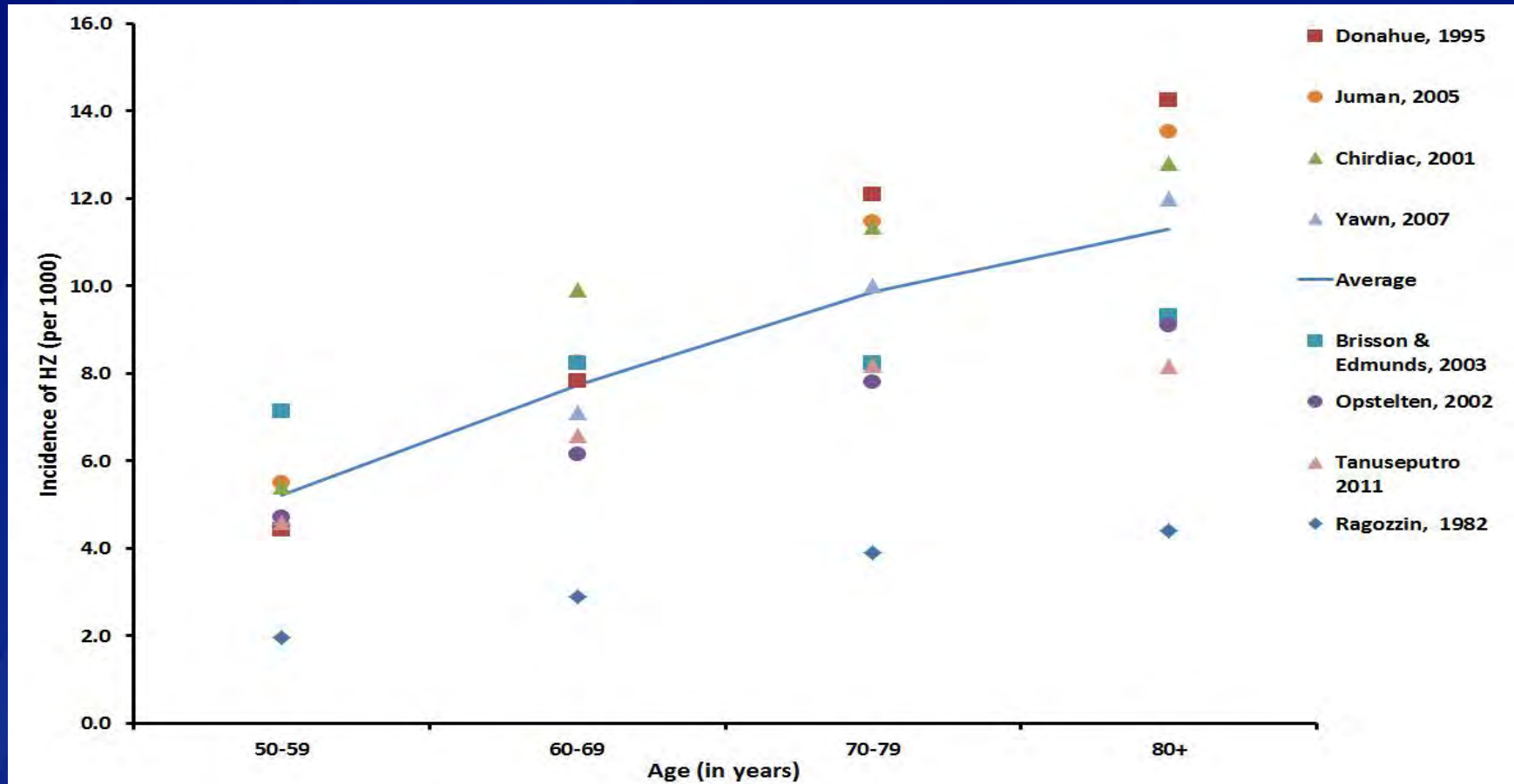
- ❑ **Cost per outcome averted:**
  - Cost per case of HZ
  - Cost per case of PHN
- ❑ **Number needed to vaccinate in order to avert:**
  - One case of HZ
  - One case of PHN



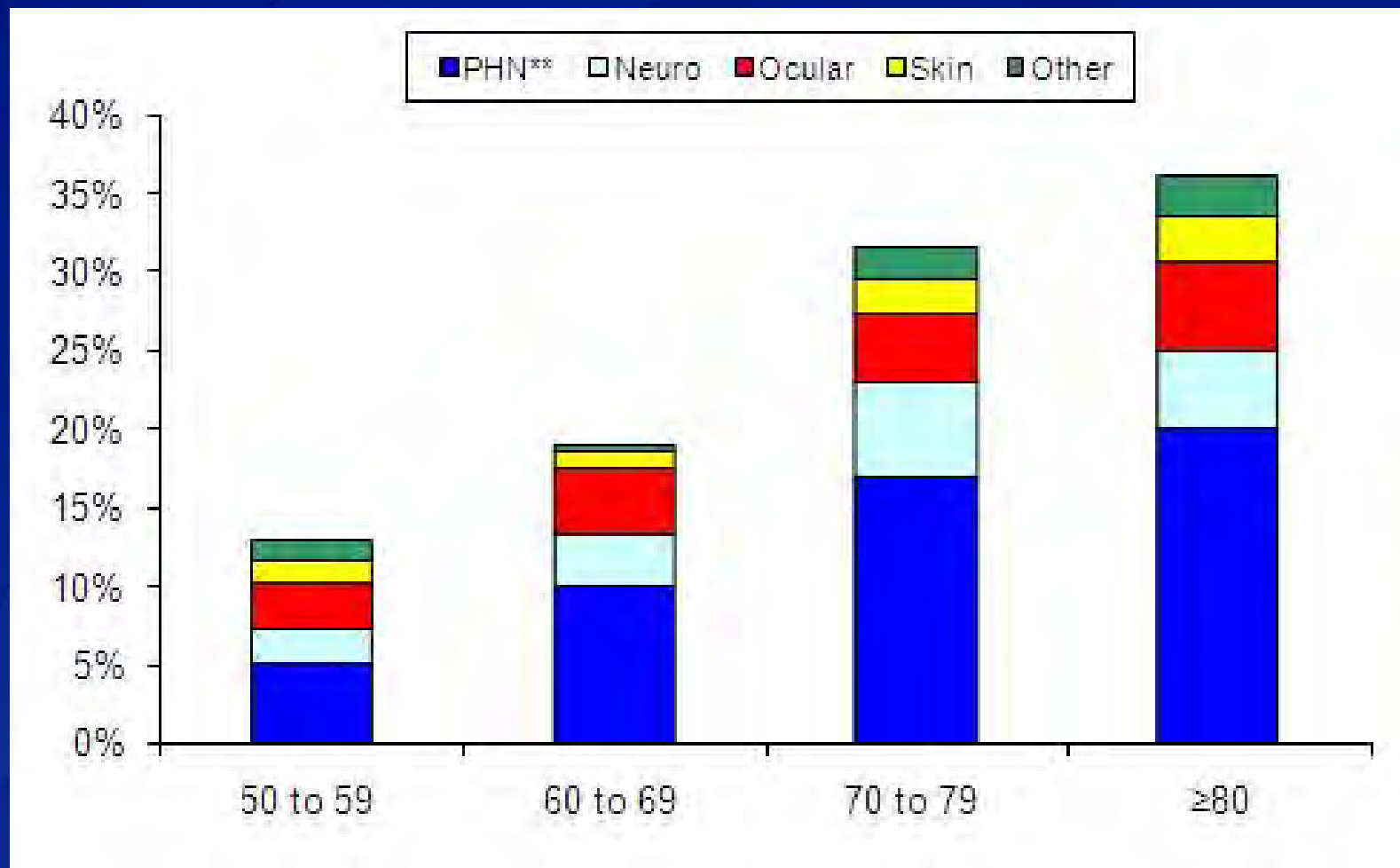
# **SELECTED PARAMETERS AND ASSUMPTIONS**

# Herpes Zoster Incidence

Based on various sources, 1982-2011



# Proportion of HZ with PHN and Non-Pain Complications



# Vaccine Characteristics by Age Group

## Mean (95% CI)

- **Efficacy for prevention of HZ**

For age 50-59yrs	69.8% (54.1% 80.6%)
For age 60-69yrs	63.9% (44.2% 75.0%)
For age 70+ yrs	37.6% (22.1% 57.6%)

- **Efficacy for prevention of PHN ( $\geq 90$  days)**

For age 60-69yrs	64.9% (20.4% 86.7%)
For age 70+ yrs	66.7% (43.3% 81.3%)

- **Vaccine AEs**

50-59yrs
60+ yrs

- **Local reactions**

49.5% (48%-50%)
31.7% (28%-33%)

- **Fever/Systemic**

2.0% (0.7%-3.2%)
1.4% (0.3%-2.5%)

# Other Assumptions

- ❑ **QALY loss calculated from**
  - Duration of pain
  - Pain intensity
  - Health utility from various health states
- ❑ **No recurrent HZ**
- ❑ **Age-specific health-related quality of life correction used (HUI-III)**
- ❑ **Direct and Indirect costs of HZ and PHN**
  - Costs for acute phase of HZ
  - Costs for non-pain complications
  - Long-term costs for PHN
  - Work loss to pain and productivity loss to death
- ❑ **Discount rate for all costs (and health outcomes in ratios), 3%**

# Cost of Vaccination

- Vaccination coverage assumed 100%
- Vaccine cost based on 2013 private sector prices
  - \$165/dose\* + \$AEs\*\* + \$20 Adm\*\*\* (≈\$190 per vaccinee)

\* CDC Vaccine Price List (June 2013)

<http://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html>

\*\* Cost of AE's used age-specific rates multiplied by direct medical cost for AE (\$11 per Dr phone call for locals reactions or \$115 per medical visit for systemic reactions)

\*\*\* Cost of vaccine administration \$20 (range \$15-\$50)

# **BASE CASE RESULTS**

**Preliminary**

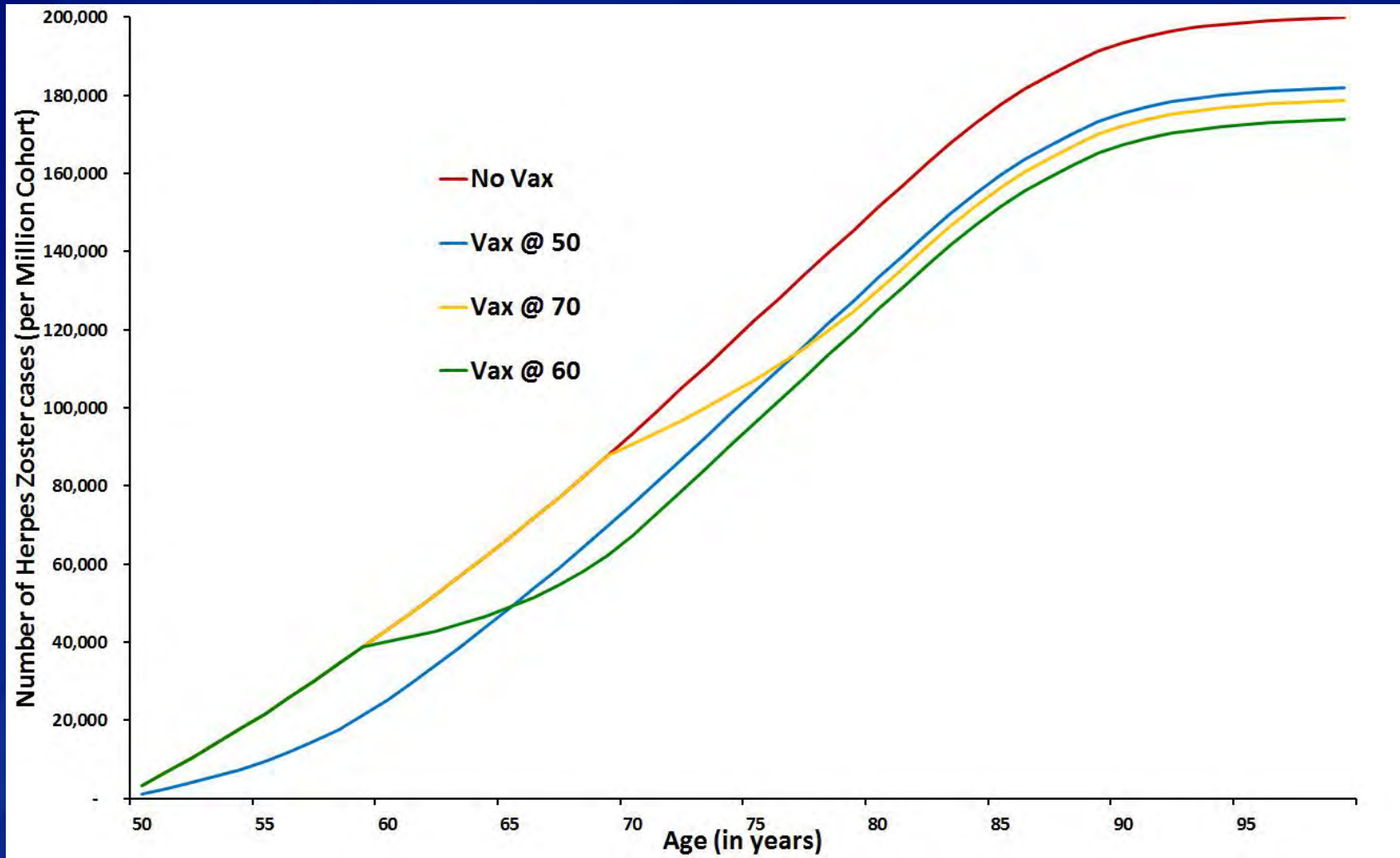
## **Analytic Approach (1)**

**At what age would vaccination have the greatest population impact?**

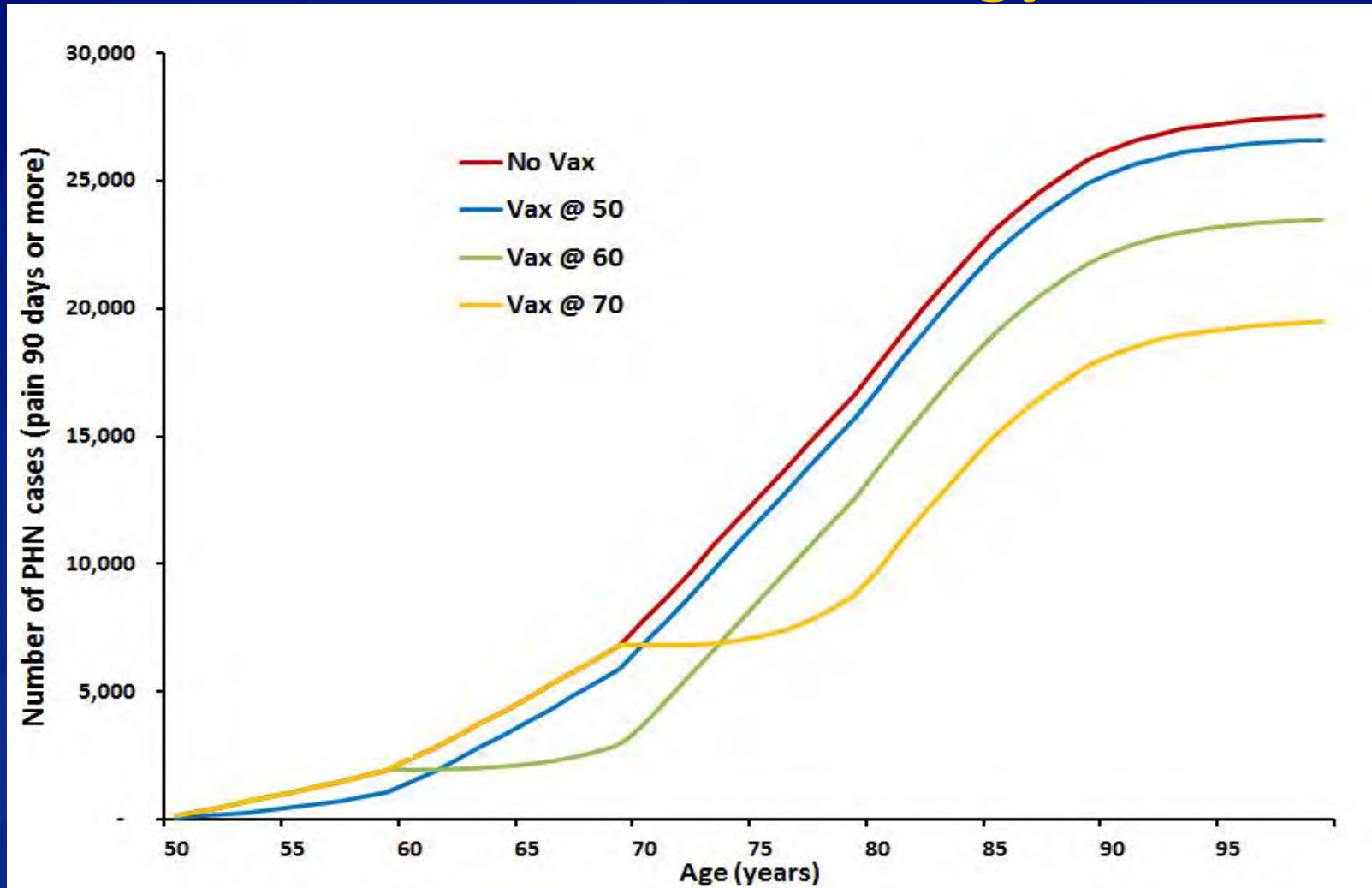
- 4 cohorts of 1M people, all followed from the age 50 years**
  - Not vaccinated at all**
  - Vaccinated at age 50**
  - Vaccinated at age 60**
  - Vaccinated at age 70**



# Cumulative Number of HZ Cases by Vaccination Strategy



# Cumulative Number of PHN\* Cases by Vaccination Strategy



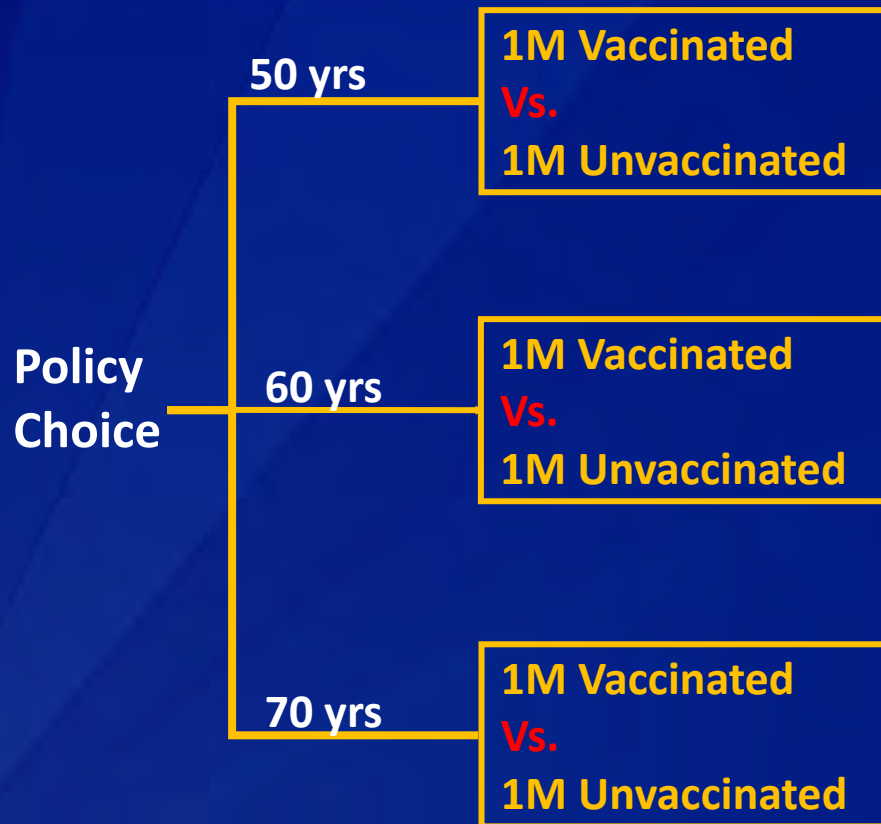
\* PHN = moderate to severe pain lasting more than 90 days

# Outcomes Prevented Compared to No Vaccination Program

	Vaccinate at 50	Vaccinate at 60	Vaccinate at 70
# HZ cases	19,765 (9.9%)	26,147 (15.0%)	21,269 (15.2%)
# PHN cases	1,012 (3.7%)	4,045 (15.0%)	8,055 (31.4%)
# Deaths	0.2 (0.3%)	0.7 (1.0%)	2 (2.2%)
<b>Ambulatory Visits</b>	<b>37,839</b>	<b>89,169</b>	<b>133,128</b>
<b>ED Visits</b>	<b>8,940</b>	<b>8,193</b>	<b>12,317</b>
<b>Hospitalizations</b>	<b>435</b>	<b>1,492</b>	<b>2,535</b>
<b># Days in hospital</b>	<b>678</b>	<b>6,693</b>	<b>10,666</b>
<b># Prescriptions</b>	<b>46,516</b>	<b>90,964</b>	<b>126,357</b>
<b>Lost work (hours)</b>	<b>625,817</b>	<b>506,110</b>	<b>413,058</b>

# Analytic Approach (2)

At what age would vaccination produce the greatest value?



- What is the cost-effectiveness of vaccinating a cohort of adults 50 years old **versus** a cohort of adults 60 years old **versus** a cohort of adults 70 years old compared to **no** vaccination in these cohorts?

# Savings in Costs and QALYs from Vaccination Compared to No Vaccination Program

(All costs in *thousands and discounted at 3%*)

	Vaccinate at 50	Vaccinate at 60	Vaccinate at 70
<b>Direct medical costs</b>	\$7,307	\$15,858	\$23,726
<b>Direct non-medical costs</b>	\$319	\$1,188	\$1,909
<b>Indirect costs</b>	\$9,241	\$7,274	\$6,329
<b>Total costs</b>	<b>\$16,867</b>	<b>\$24,319</b>	<b>\$31,964</b>
<b>QALYs saved*</b>	948	2,609	4,780

\* Discounted at 3%

## Costs of Vaccination Program by Strategy

(All costs in *thousands and discounted at 3%*)

	Vaccinate at 50	Vaccinate at 60	Vaccinate at 70
Dose + Adm	\$185,000	\$185,000	\$185,000
Local reaction	\$5,898	\$3,694	\$3,694
Fever/systemic	\$2,300	\$1,610	\$1,610
<b>TOTAL</b>	<b>\$193,198</b>	<b>\$190,304</b>	<b>\$190,304</b>

# Cost-Effectiveness Summary by Strategy (Societal Perspective)

	Vaccinate at 50	Vaccinate at 60	Vaccinate at 70
<b>Net cost*</b>	<b>\$178.5 Million</b>	<b>\$169.0 Million</b>	<b>\$162.9 Million</b>
<b>Cost per HZ prevented</b>	<b>\$11,255</b>	<b>\$8,455</b>	<b>\$9,989</b>
<b>Cost per PHN prevented</b>	<b>\$61,084</b>	<b>\$19,761</b>	<b>\$9,607</b>
<b>Cost per QALY saved **</b>	<b>\$271,713</b>	<b>\$79,967</b>	<b>\$38,191</b>

\*  $NC = \text{Cost of Vaccination Program} - \text{Savings in Cost-of-Illness from Vaccination}$

\*\* Does not including indirect cost savings

# Average Number Needed to Vaccinate by Strategy

	Vaccinate at 50	Vaccinate at 60	Vaccinate at 70
One HZ case	51	38	47
One non-PHN complication	632	425	321
One PHN case	988	247	124
One QALY	938	339	187



# **SENSITIVITY & SCENARIO ANALYSES**

**Preliminary**

## Selected Parameters for Scenario Analyses

- ❑ **Duration of vaccine efficacy**
  - Upper and lower 95% CI from SPS, STPS & LTPS data
- ❑ **Vaccine efficacy for PHN in 50-59 year olds**
  - Assuming same efficacy reported for PHN in 60-69 year olds
- ❑ **Patient perspective for QALYs**
  - Patient responses on health state evaluations from Zoster Utility Evaluation project
- ❑ **Vaccine effectiveness for prevention of HZ**
  - Observational study in a HMO (Tseng et al. JAMA 2011)

# Cost-Effectiveness Selected Scenario Analyses

	Vaccinate at 50	Vaccinate at 60	Vaccinate at 70
<b>Base-case</b>	<b>\$271,713</b>	<b>\$79,967</b>	<b>\$38,191</b>
Duration of Vaccine Efficacy - <i>Lower 95%CI</i>	\$802,356	\$215,034	\$103,886
Duration of Vaccine Efficacy – <i>Upper 95%CI</i>	\$227,168	\$69,113	\$32,864
Vaccine Efficacy for PHN in 50-59 year olds	\$226,186	\$80,005	\$38,210
Patient perspective for QALYs	\$222,380	\$66,906	\$31,991
Vaccine <i>Effectiveness</i> for HZ	\$336,073	\$95,349	\$34,739

# Study Limitations

- ❑ **Uncertain duration of vaccine protection against HZ and PHN**
  - Limitations in LTPS results due to lack of concurrent control group
  - Longer protection against PHN could increase attractiveness of earlier vaccination
  - Duration of protection in  $\geq 60$  year olds assumed for all ages
- ❑ **QALY-loss due to mild, moderate, and severe adverse events among vaccine recipients not included**
  - Including this could increase attractiveness of later vaccination
- ❑ **HZ incidence rates may be increasing over time**
  - This may increase attractiveness of later vaccination
- ❑ **Uncertainty in QALY loss due to HZ and its complications**
  - Can affect results for our policy question in any direction
  - Results of scenario analysis increase confidence somewhat

# Study Strengths

- ❑ Includes data on duration of protection through 11 years after vaccination
- ❑ Updated assumption of key parameters based on recent studies relating to zoster and zoster vaccine

# Conclusions

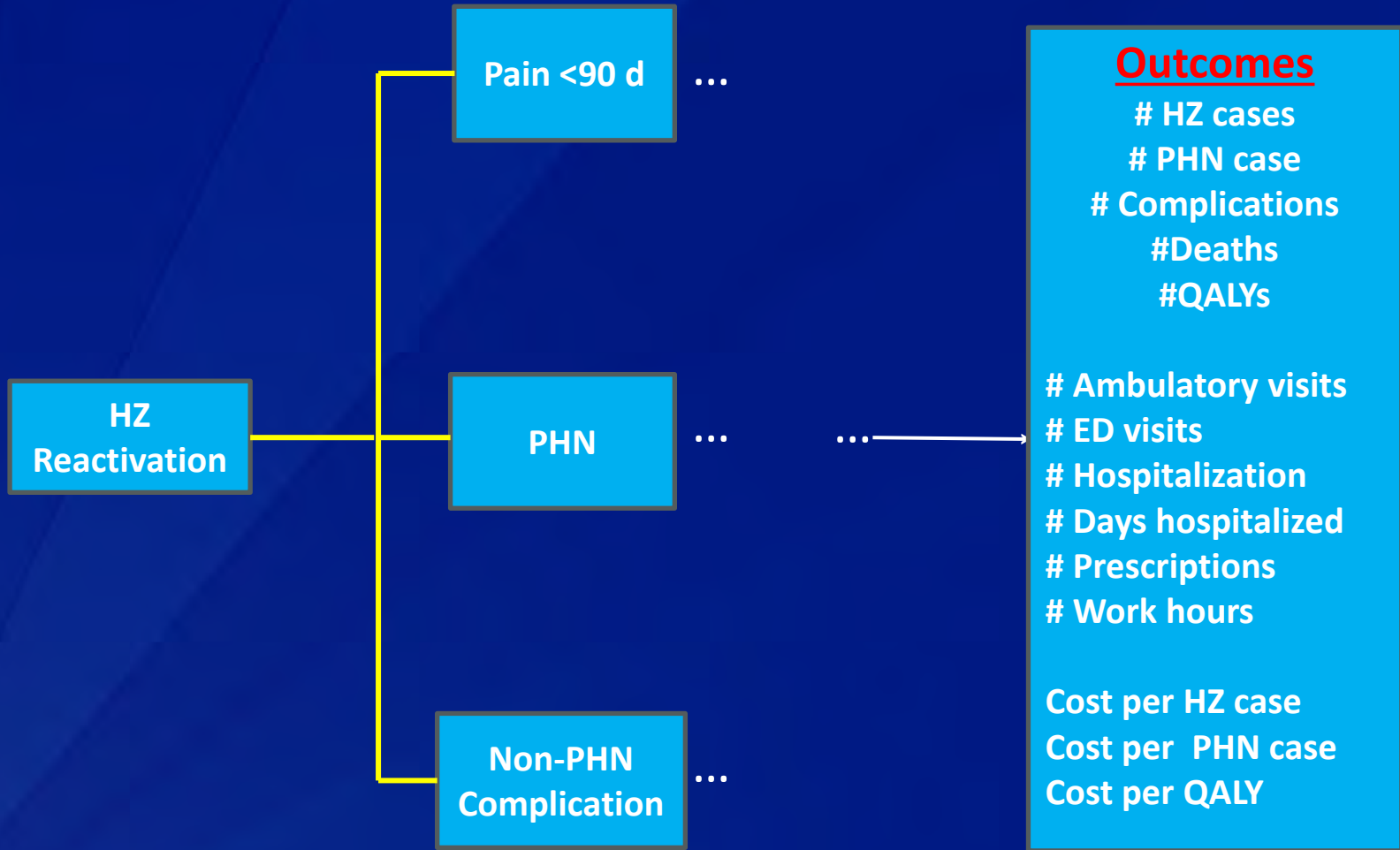
- ❑ **Substantially greater reduction of disease burden, healthcare utilization, and costs are achieved with vaccination at age 70 or 60 compared to vaccination at age 50**
- ❑ **Results were robust, based on:**
  - **Magnitude of the differences among vaccination strategies**
  - **Consistency of public health & economic perspectives**
  - **Consistency of results from scenario analyses**
- ❑ **These conclusions are consistent with those found in other published analyses**

# DISCUSSION

# Extra Slides



# Health and Healthcare Utilization Outcomes



# QALYs Estimation by Pain Duration and Intensity

QALYs lost per episode:

$$QALYs_{shingles} = (t/365) * [1 - \text{Pain Score}_{(t, i)}] * \text{Shingles}_{(t, i)}$$

$$QALYs_{PHN} = (t/365) * [1 - \text{Pain Score}_{(t, i)}] * \text{PHN}_{(t, i)}$$

Where:

- ❑  $t/365$  = Time lasting of episode as fraction of time of a year (time in days divided by 365)
- ❑ Pain Score  $(t, i)$  = Score observed for pain lasting  $t$  days and with intensity  $i$ , ( $i= 0, \dots, 10$ ; where 0 no pain and 10 worst pain)\*
- ❑ Shingles  $(t, i)$  = Percent of shingles cases with pain duration  $t$  (in days) and with intensity  $i$ .
- ❑ PHN  $(t, i)$  = Percent of PHN cases with pain duration  $t$  (in days) and pain intensity  $i$ .

\* ZUE project (Lieu et al Pharmacoeconomics 2008)

# HZ Incidence for Vaccinated Cohort

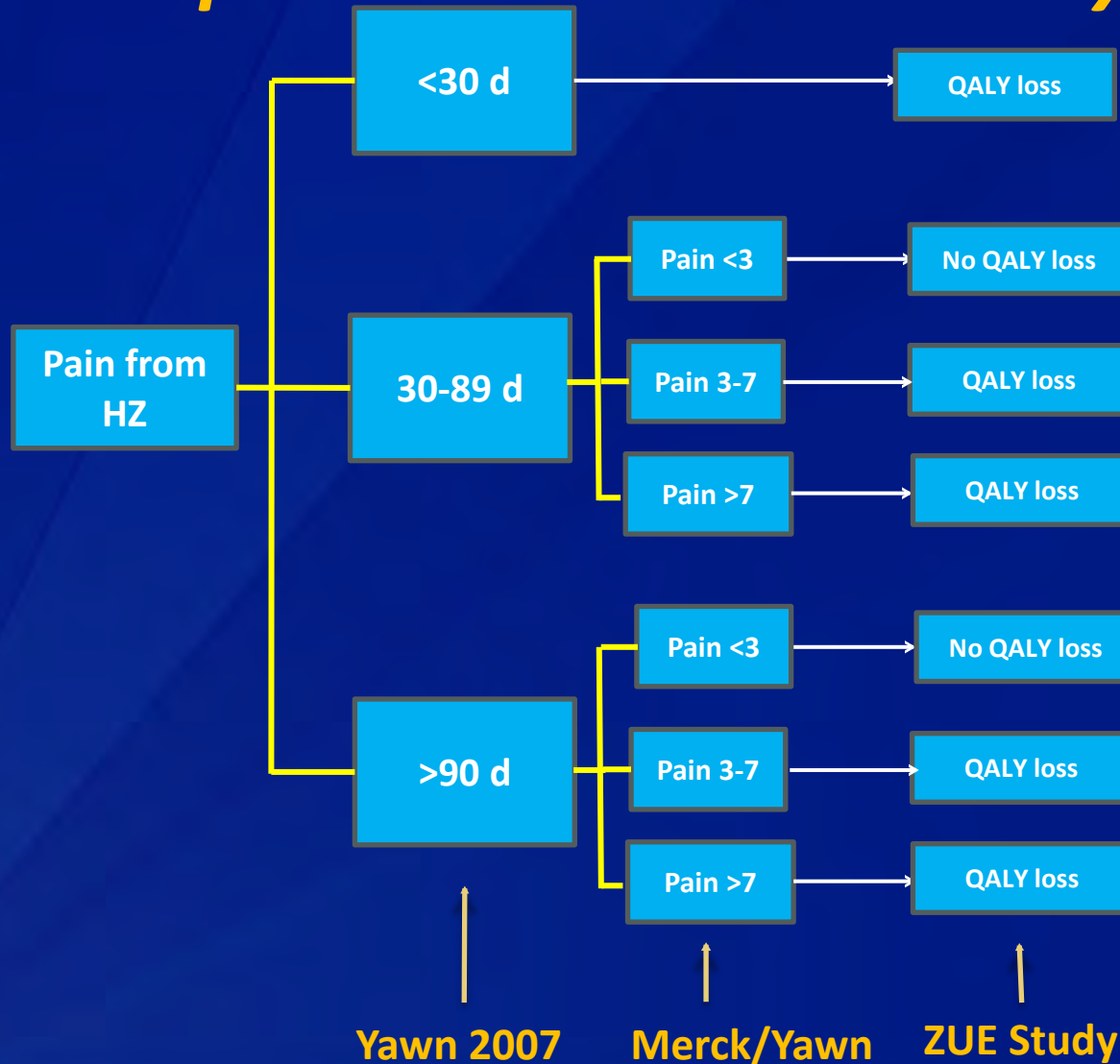
For each age group:

$$HZDI_{vacc} = HZDI_{no\ vacc} * [1 - (Residual_t * VEff_{age})]$$

Where:

- $HZDI_{vacc}$  = HZ incidence in vaccinated cohort
- $HZDI_{no\ vacc}$  = HZ incidence in non-vaccinated cohort
- $Residual_t$  = Residual vaccine efficacy (0-100%)  $t$  years after vaccination  $t=0, \dots, T$
- $VEff_{age}$  = Age-specific vaccine efficacy

# QALY Calculations: *pain duration x intensity*



# Economic Analysis: Net Cost

- ❑ We calculated net cost ( $NC$ ) for vaccinated and unvaccinated cohorts according to the following formula:

$$NC = \sum_{t=0}^T \frac{C_t - B_t}{(1 + r)^t}$$

Where:

- ❑  $C$  = cost of the vaccination program (including cost of adverse events)
- ❑  $B$  = benefits (savings in cost of illness prevented with vaccination program)
- ❑  $t$  = time in years after immunization ( $t=0, 1, 2, \dots, T$ )
- ❑  $r$  = discount rate (3%)
- ❑  $T$  = Analytical horizon (age-specific, in years)

# Economic Analysis: Cost-Effectiveness

- ❑ We calculated cost-effectiveness ratios (*CE*) according to the following formula:

$$CE = \frac{NC_{vacc} - NC_{unvacc}}{\sum_{t=0}^T \frac{(HO_{vacc} - HO_{unvacc})}{(1+r)^t}}$$

Where:

- ❑ *NC<sub>vacc</sub>* = Net cost of vaccination strategy
- ❑ *NC<sub>unvacc</sub>* = Net cost of baseline (no vaccination) strategy
- ❑ *HO<sub>vacc</sub>* = Health outcome of vaccination (ex., QALYs, LYs)
- ❑ *HO<sub>unvacc</sub>* = Health outcome of baseline (no vaccination)
- ❑ *t* = time in years after immunization (*t=0, 1, 2, ..., T*)
- ❑ *r* = discount rate (3%)
- ❑ *T* = Analytical horizon (age-specific, in years)