Socioeconomic status and economic burden of pertussis in adults: Post-hoc analyses of a retrospective database study in England

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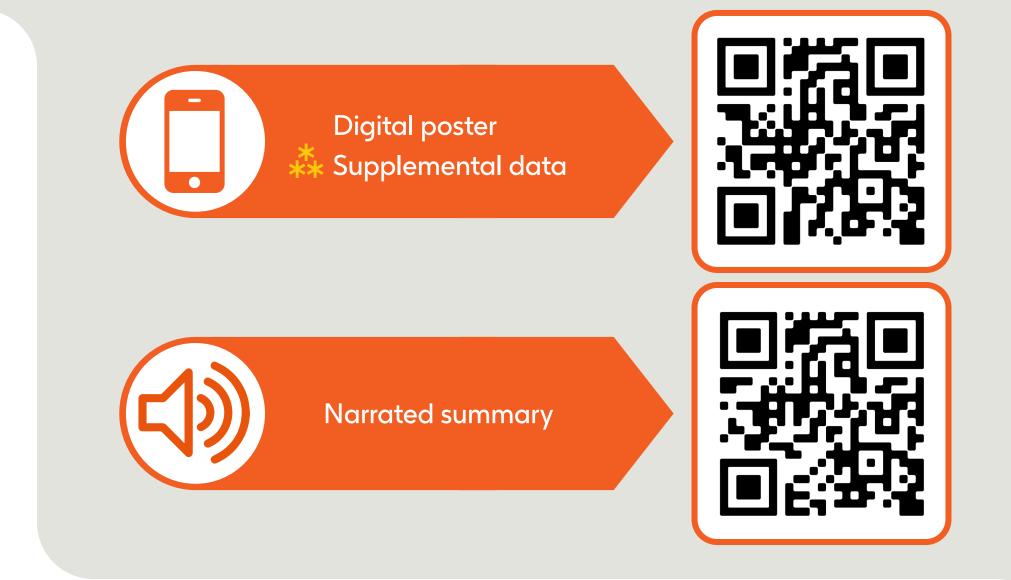


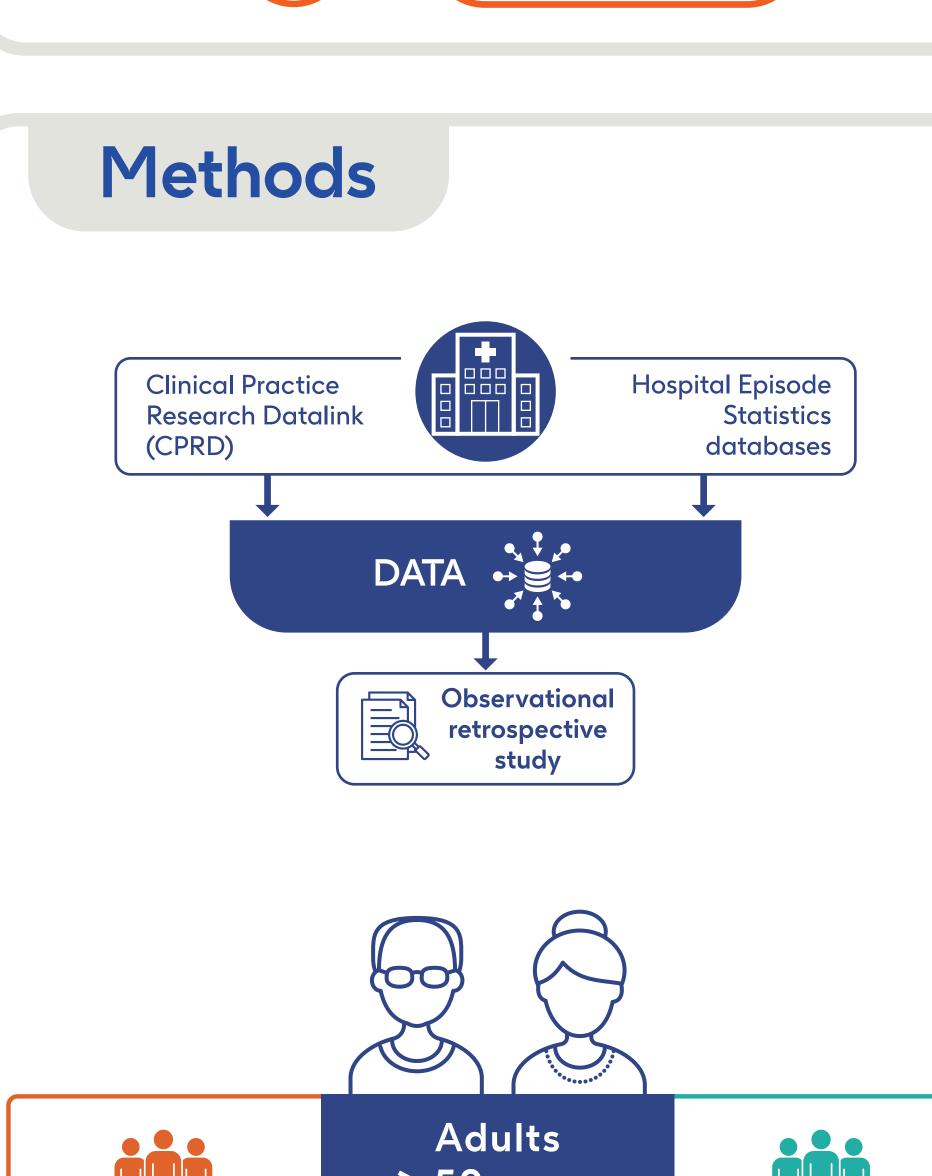
The objective is to estimate the economic burden of pertussis among ≥50-years-of-age in England, from 2009 to 2018, stratified by the index of multiple deprivation (IMD).*



Results

- All pertussis patients were matched to controls in each IMD quintile except for 1 patient in IMD quintile 5.
- The baseline characteristics were well balanced across all quintiles after propensity score matching (SMD <0.2 for all characteristics).
- The figures below compare HCRU and annualized cost per patient between the pertussis group (n=1,479) and the matched control cohort (n=1,479).

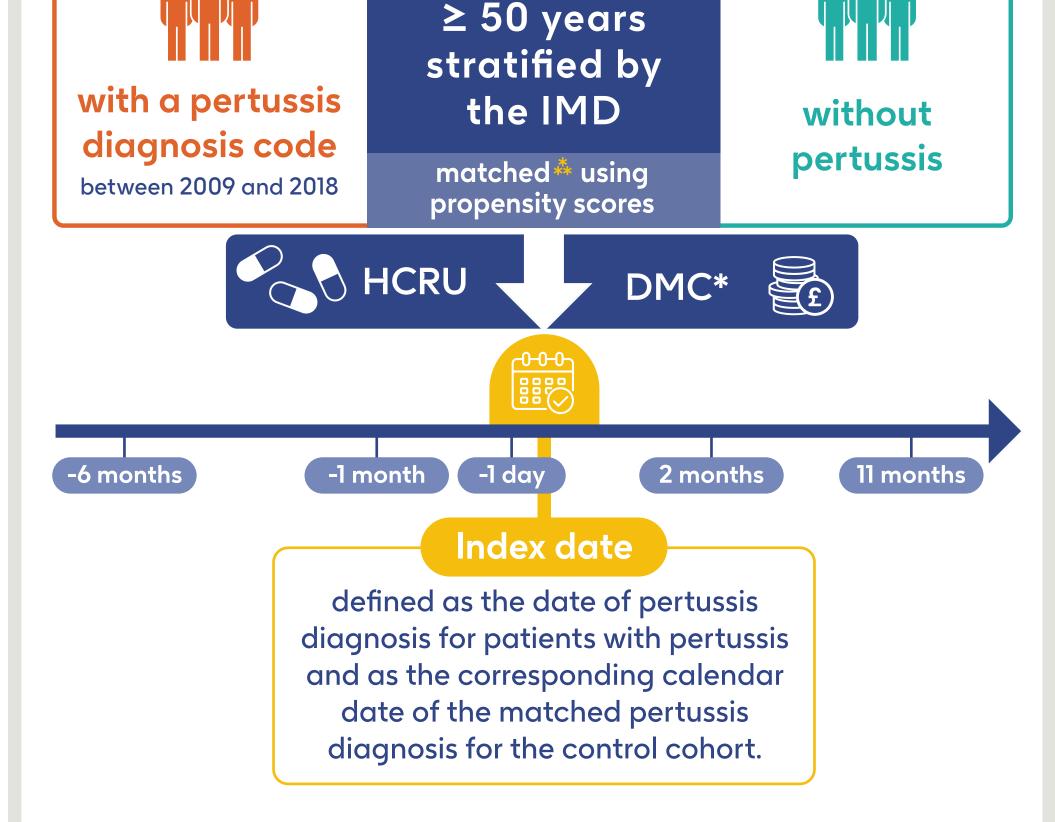






1. HCRU was higher in the pertussis groups compared to the matched control cohort in primary care settings between 6 months before the index date, up to 2 months after

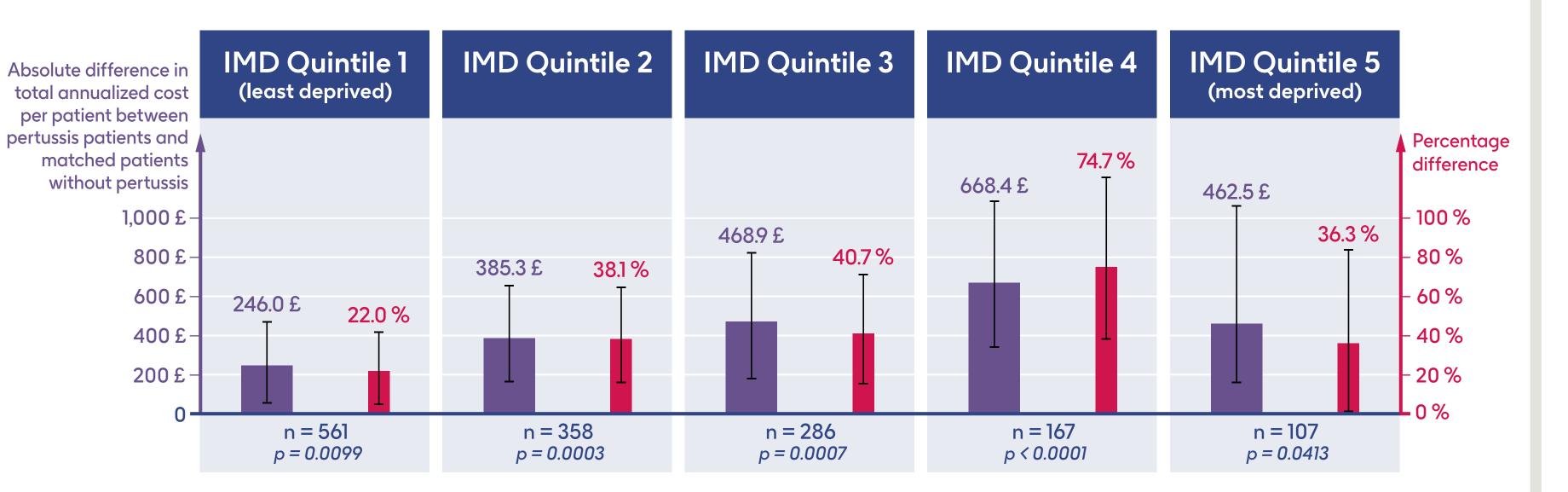




* A generalised linear model (GLM) compared DMC from 1 month before to 11 months after pertussis diagnosis. Costs were calculated by adjusting for inflation.



2. The total annualized cost^{*} per patient (calculated using GLM) tended to increase with IMD quintile from 1 month prior to 11 months after index date



Black bars: represent 95% confidence interval;

p-values: derived using the Wilcoxon rank-sum test to compare annualized medical costs between the 2 groups



Conclusions

• The ageing global population may **increase the health** and economic burden of pertussis due to the increased risk of disease among adults \geq 50-years-of-age.¹⁻³

- Besides age, socio-economic status is a known determinant of access to healthcare.⁴ It is important for understanding the impact of health inequity on a specific disease.⁵
- The impact of **socio-economic status on the economic** burden of pertussis remains unexplored.



Economic burden of pertussis was **higher among the pertussis cohort** compared to non-pertussis cohort within all IMD categories.

Economic burden of pertussis tended to increase with declining socioeconomic status (from least to most deprived).

 Additional studies are required to understand the link between IMD status and pertussis economic burden.

Abbreviations

DMC: direct medical costs; **GP:** general practitioner; **HCRU:** healthcare resource utilisation; n: total number of patients in each cohort; SMD: standardized mean difference.

References

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Acknowledgements

Business & Decision Life Sciences c/o GSK (Writers: Athanasia Benekou, Kavin Kailash)*

Disclosures

Conflict of interest: Jason Simeone was employed by Evidera Inc. during the time of the study, which received funding from GSK to complete the work disclosed in this poster *; Funding: GlaxoSmithKline Biologicals SA (GSK study identifier: VxHO-000013); This analysis is based in part on data from the CPRD obtained under license from the UK Medicines and Healthcare products Regulatory Agency. However, the interpretation and conclusions contained in this report are those of the authors alone.

ISPOR-EU 2023 | 12-15 November 2023 | Copenhagen, Denmark

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