الفامكير

COST-EFFECTIVENESS ANALYSIS OF SEASONAL INFLUENZA VACCINATION IN UAE AND IRAQ

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INTRODUCTION UNITED ARAB EMIRATES Influenza is frequently viewed as a trivial illness due to **Baseline characteristics** its typically mild symptoms. However, this overlooks the extensive scale of patients affected each year, with a Risk factors Pre - existing Comorbidities considerable number of cases escalating to severe Diabetes **Immunocompromised** complications and requiring hospitalization[1]. Smoking Respiratory Cardiac Globally, influenza causes an estimated 650,000 deaths 8.16% annually. To date, vaccination remains the most **6** 0.83% **0.66%** effective strategy for mitigating the impact of influenza

Gender Distribution Age groups **0**-4 **5-17 18-49** 50-64 **65**+

Baseline characteristics Risk factors Fre - existing Comorbidities Immunocompromised 15.61% 7.60% Smoking Healthcare worker 0.64% Pregnancy 0.67% **1.07%** Gender Distribution **0**-4 **5-17 18-49 50-64** 65+ Figure 7: Baseline characteristics of Iraq patients

REPUBLIC OF IRAQ

Figure 3: Baseline characteristics of UAE patients

METHOD Our study employs a static individual patient simulation decision tree model linked to a survival

model to capture short-term and long-term benefits and to simulate two scenarios for each patient: one with influenza vaccination and one without, shown in the figure 1.

This study examines the cost-effectiveness of influenza

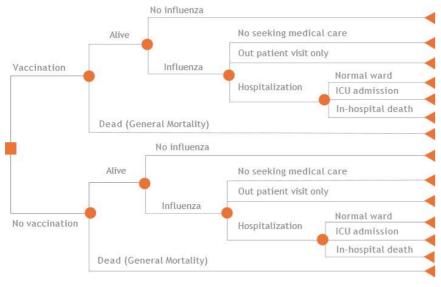
vaccination within the United Arab Emirates and Iraq,

offering insights into their potential to improve public

[2,3].

OBJECTIVE

health outcomes in the region.



Patients' characteristics can significantly affect patient prognosis. Patient characteristics in our model were based on four categories as shown in Figure 2.

Figure 1: Decision Tree

▶ Patient Cohort ◀ √ 0-4 years Respiratory Smoking 🦱 Cardiovascular Pregnancy 5-17 years Diabetes 🧌 18–49 years 50-64 years Healthcare Workers Q Mixed Female 65+ years

Figure 2: Individual characteristics

Study population

A patient cohort of around 150-200 thousand unique individuals was generated to represent the whole population adhering to the national distribution of chronic conditions and risk groups among each age group.

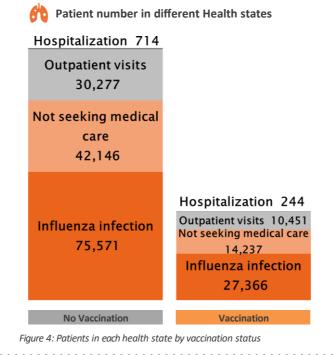
Study perspective

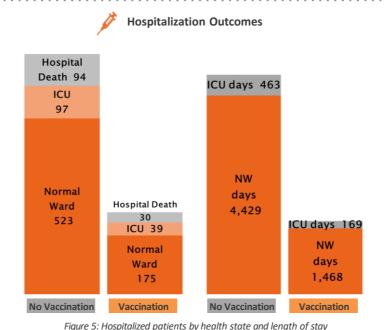
Healthcare payer perspective.

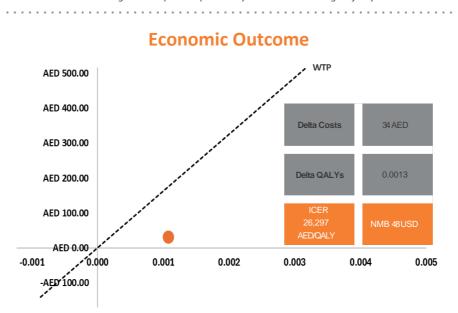
RESULTS

The outcomes of our model for each country represent the ICER, NMB, and the reductions in influenza-related outcomes including influenza infection, not seeking medical care, outpatient visits, normal ward admission, ICU admission, and in-hospital mortality.

Clinical Outcome







Clinical Outcome Patient number in different Health states

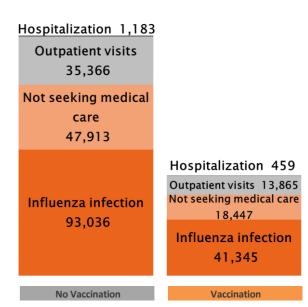


Figure 8: Patients in each health state by vaccination status

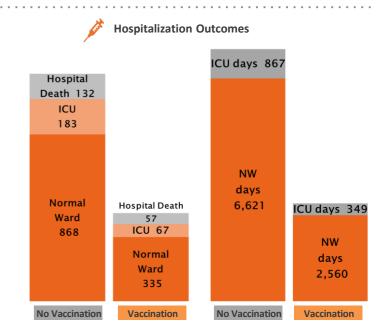
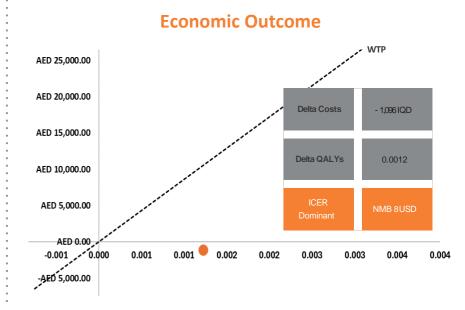


Figure 9: Hospitalized patients by health state and length of stay



Conclusion

This study underscores the importance of expanding vaccination strategies. Through a detailed analysis of the vaccine's cost-effectiveness, local insights for policymakers are provided to optimize vaccination strategies more effectively in the region.

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