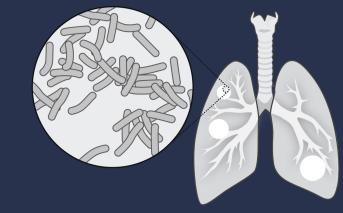
## ISPOREurope

## Cost-Effectiveness of Alternative Strategies for Tuberculosis Household Contact Investigation in Rural and Urban South Africa





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Introduction			Methodology	
<ul> <li>High Risk of TB Among Contact Persons ~&gt;40% have latent TB infection.<sup>1</sup></li> <li>Challenges in LMICs: Contact persons are often unavailable during business hours.<sup>2,3</sup></li> <li>Cost-effectiveness Question: Is <u>extending</u> routine hours of standard household contact investigation (HCI) cost-effective?</li> </ul>		<ul> <li>Health</li> <li>Outcon</li> <li>disabilit</li> <li>Comp</li> <li>Cost</li> </ul>	<ul> <li>Costs from expenditures (Jan 1 – Dec 31, 2022).</li> <li>Health system perspective.</li> <li>Outcome: Incremental cost per TB-attributable disability-adjusted life-year (DALY) averted.</li> <li>Compared to a <u>no-HCI scenario.</u></li> </ul>	
Strategies			Findings	
<ul> <li>Rural Limpopo: Standard HCI (weekdays 08:00 –16:00) vs. public holiday periods.</li> <li>Urban Soshanguve: Standard HCI vs. off-peak (after 16:00 and weekends).</li> </ul>			gure 1: Incremental Cost-Effectiveness	
Treatment Arm	Cost per DALY Averted (2022 USD)	နာ (150,000- ပိ		
Standard (Rural)	<u>\$2,900 [\$2,100 - \$4,000]</u>	ug 100,000-		
Holiday	\$4,500 [\$2,800 - \$6,300]	Crer		

