Substantial Healthcare Resource Utilization in Patients Diagnosed With Viral Lower Respiratory Tract Disease in Spain



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OBJECTIVE

To describe healthcare resource utilization and associated cost (including emergency room visits, overall hospitalizations and hospitalizations with ICU admission), in patients diagnosed with viral lower respiratory tract disease (LRTD) in Spain in 2022.

METHODS

Presented results were sourced from available public data by "Ministerio de Sanidad. Subdirección General de Información Sanitaria. Registro de Actividad de Atención Especializada – RAE-CMBD" (https://pestadistico.inteligenciadegestion.sanidad.gob.es/PUBLICOSNS, data accessed in June 2024).

We selected data of patients diagnosed with viral LRTD in 2022 in Spain. ICD-10 codes: U07.1, J09, J10, J11, J12, J12.0, J12.1, J12.2, J12.3, J12.8, J12.81, J12.82, J12.89, J12.9, J21.0, J21.1, J21.9 and J22.

Descriptive statistics and healthcare resources cost (mean APR costs) estimators are presented.

RESULTS



Sex (%)

51.6% 48.4%

HOSPITAL

Unscheduled contacts in hospitals in Spain:

739,932 cases

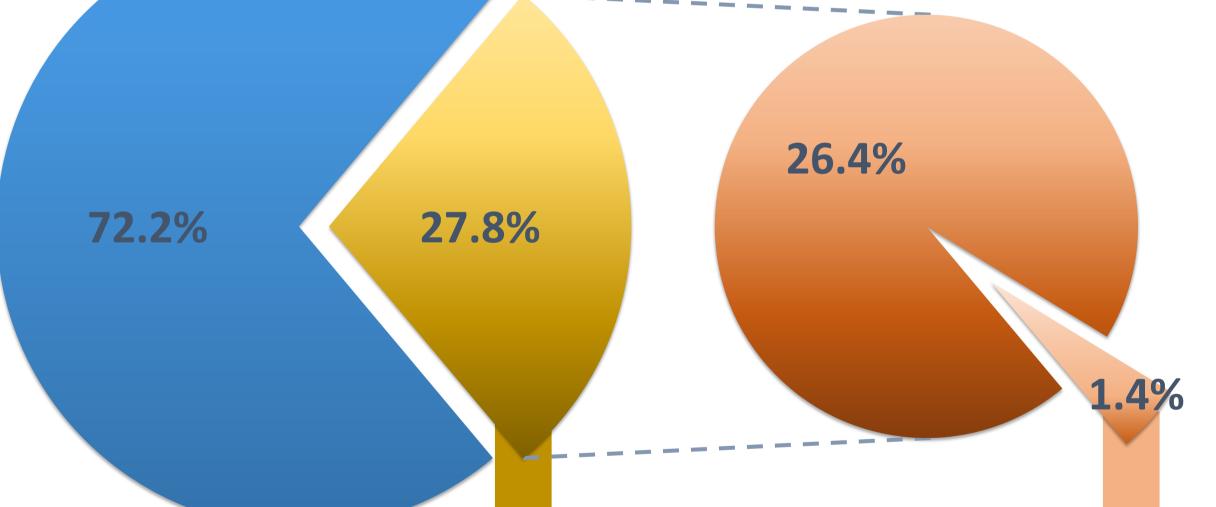


39.6% over 65 years

EMERGENCY ROOM VISITS



534,259 (72.2%)



COVID-19 related contacts:



512,274 (69.2%)



HOSPITALIZATIONS 205,673 (27.8%)

- Mean length of stay:
 - 8.2 days
- Cost per hospitalization:€4,993



10,636 (1.4%)

- Mean total length of stay:25.5 days (15 days in ICU)
- © Cost per ICU admission: €20,767

CONCLUSIONS

Our findings suggest that a substantial healthcare resources use is occurring in patients with severe viral LRTD in Spain. Further research and innovative management options are needed to better understand these results and to develop interventions to reduce disease burden in these patients.