

PD128 Evaluating The Implementation Of An Abdominal Aortic Aneurysm Screening Program In Spain

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Introduction: Abdominal aortic aneurysm (AAA) is a progressive and silent enlargement of the aorta, but aortic rupture is associated with a high mortality rate. The main objectives of this study were to assess evidence on the clinical safety, efficacy, and cost effectiveness of an AAA screening program using abdominal ultrasound. An economic evaluation was also conducted to assess the introduction of AAA screening into the Spanish Healthcare System.

Methods: A systematic literature search was conducted according to PRISMA recommendations. Randomized controlled trials were selected to assess clinical safety and efficacy. Systematic reviews were selected to identify prognostic factors for AAA and full economic evaluations were selected for the cost-effectiveness analysis. Data extraction and assessment of evidence certainty were performed using the GRADE methodology. A Markov model was developed to perform an economic evaluation and budget impact analysis of an AAA screening program in the Spanish context.

Results: Screening had a beneficial effect on AAA detection and rates of all-cause and AAA-related mortality in men older than 65 years. It had no effect on rates of AAA rupture or emergency surgery and may increase rates of elective surgery. The evidence was very uncertain for women older than 65 years. Sex and family history of AAA were the most important prognostic factors. Economic evaluation of a program screening men older than 65 years in primary care centers resulted in 0.33 life-years gained, 0.18 quality-adjusted life-years (QALYs) gained, and an incremental cost-effectiveness ratio of EUR81.98 per QALY. The program's implementation would cost an additional EUR15.68 to EUR28.40 per patient.

Conclusions: The implementation of an AAA screening program in men older than 65 years in Spain is considered effective and could be implemented using the infrastructure, materials, and human resources already present in the Spanish health system. Relevant indicators and dynamic monitoring of the program should be established to allow for continuous and flexible evaluation of results over time.

PD129 Extension Of An Influenza Vaccination Program To Include Those Aged 50 To 64 Years: A Rapid Health Technology Assessment Approach

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Introduction: Influenza causes considerable morbidity and mortality. Vaccine effectiveness is variable due to the evolution of influenza viruses and antigenic mismatch. In Ireland, influenza vaccination is reimbursed for all individuals aged at least 65 years as well as those who are at increased risk of exposure or severe disease. However, it is unclear whether reimbursement should be extended from 2023 to 2024 to those aged 50 to 64 years in the general population.

Methods: A rapid health technology assessment (HTA) format was chosen due to time constraints, as the findings were to inform a decision for the upcoming influenza season only and would not result in a permanent change to the vaccination program. National sentinel surveillance data (for seasons 2010-2011 to 2022-2023) and hospitalization data for the publicly funded healthcare system (for years 2010-2022) were used. Central Statistics Office data indicated that the projected population for 2023 of those aged 50 to 64 years was 914,379. Given the one-year timeframe, the economic evaluation was limited to a costing analysis to estimate the potential cost associated with expanding the program.

Results: Surveillance data showed year-on-year variability in influenza incidence. Excluding the years not considered representative due to the influence of COVID-19, on average 12.9 percent (range 9 to 17%) of notified cases, 11.8 percent (range 9 to 17%) of influenza-related hospital admissions, 23.2 percent (range 12 to 34%) of influenza-related intensive care admissions, and 9.6 percent (range 0 to 44%) of influenza-related deaths per year were in people aged 50 to 64 years. Data were not disaggregated according to vaccination or risk status. The estimated mean incremental cost of extending eligibility for the 2023 to 2024 season (based on a 35% uptake rate) was EUR2.27 million (range EUR1.9 million to EUR2.65 million, depending on vaccine costs).

Conclusions: Given the relatively modest number of influenza-related hospitalizations in the 50- to 64-year age group, and the substantial year-on-year variability in vaccine effectiveness, the potential for a reduction in demand for hospital care is likely to be small. While a rapid HTA approach facilitates timely decision support, it creates challenges for exploring the more complex facets of an intervention.