

VP35 Economic Consequences Of A Restricted Dutch Sexually Transmitted Infection-Testing Policy

AUTHORS:

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INTRODUCTION:

Due to the rising costs caused by an increasing demand for Sexually Transmitted Infection (STI) care, the Dutch government changed the funding of STI-clinics (1). A more restrictive testing policy introduced in 2015 no longer required syphilis and human immunodeficiency virus (HIV) tests for younger, heterosexual clients. A less extensive testing policy could be detrimental to the aim of finding and treating STIs (2,3). Infections that remain undetected could possibly lead to an increase in both the total and individual burden of disease, due to transmission and the need for more intensive treatment resulting in higher healthcare costs in the long term. In this study, we evaluated the new Dutch testing policy with respect to intended savings and missed syphilis and/or HIV infections. Moreover, we explored the efficiency of alternative test policies.

METHODS:

Using national surveillance data from 2011 to 2013 with still comprehensive testing for all, we estimated the effects of restrictive testing on test costs, number of infections missed, costs per missed infection, costs per Quality Adjusted Life Year (QALY) lost, and calculated the net monetary benefit.

RESULTS:

The 2015-policy led to estimated savings of EUR1.1 million, while missing approximately three of ten HIV infections and seven of twenty syphilis infections among all younger heterosexual clients (in total 143,612 consultations) per year. Savings were EUR435,000 per QALY lost. Standard testing second-generation immigrants for syphilis and HIV saved EUR525,000/QALY

lost. Offering an HIV test when diagnosed with chlamydia or gonorrhoea resulted in savings of EUR568,000/ QALY lost.

CONCLUSIONS:

The 2015-testing policy resulted in substantial savings as few missed HIV and syphilis infections caused QALY losses. Additional standard syphilis and HIV tests for second-generation immigrants and an additional HIV test in case of positive chlamydia or gonorrhoea diagnosis could reduce missed infections in a cost-effective way.

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VP36 Cost-Effectiveness Of Non-Invasive Prenatal Testing For Down Syndrome

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INTRODUCTION:

The analysis of cell-free fetal DNA in maternal blood, also called Non-Invasive Prenatal Testing (NIPT), represents an emerging technology and a possible alternative/complement to current prenatal screening based on biochemical and sonographic markers for Down Syndrome (DS) detection.