Prenatal screening and treatment strategies to prevent group B streptococcal and other bacterial infections in early infancy: cost-effectiveness and expected value of information analyses


Record Status
This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' objectives
"The aims were to determine the cost-effectiveness of prenatal strategies for preventing GBS and other serious bacterial infections in early infancy and to establish the expected value of further information."

(from executive summary)

Authors' conclusions
"Based on our findings, immediate extension of current practice to treat all preterm and high-risk term deliveries would be beneficial.

Thereafter, it is not clear whether the optimal choice would be culture-based testing for low-risk women, or vaccination plus treatment of all preterm and high-risk term women. There are also important issues of timing. Vaccination is unlikely to be available for the next 5 years and could not be implemented without Phase III trials, which will substantially reduce uncertainty over vaccine efficacy. In the meantime, implementation of culture testing for low-risk women appears to be the most cost-effective option but implementation costs could be significant and not recouped if, subsequently, a vaccination strategy was adopted."

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