Cost-effectiveness of respiratory syncytial virus prophylaxis in premature infants less than 32 weeks gestational age in Turkey: author's reply

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To the Editor,

We thank the authors of this letter for their interest in our manuscript and their critical appraisal of our work[1]. We would like to offer certain clarifications of the points they have raised in the letter.

In recent years, several developing countries have completed cost-effectiveness studies in an attempt to formulate their own criteria for respiratory syncytial virus (RSV) prophylaxis[2-4]. The high cost of palivizumab for developing nations, such as Turkey, cannot be ignored. The main aim of our recent study was to evaluate the cost-effectiveness of palivizumab prophylaxis by comparing hospitalization rates and costs in preterm infants who were either treated with palivizumab or treated conservatively[5].

Our analysis was based on the total medical costs incurred for the hospitalized patient. The retrospective nature of our recent study had its limitations, the most important of which was that those infants hospitalized for lower respiratory tract infections were not tested for RSV. Furthermore, the study group did not include any patients with congenital heart disease. Nevertheless, our study remains the only clinical study from Turkey to evaluate the cost-effectiveness of palivizumab by comparing lower respiratory tract infection-related hospitalization rates and to compare costs between infants treated with palivizumab and those who did not receive RSV prophylaxis[5].

Our analysis was not done purely from a payer's perspective, and we aimed to put forth the cost-effectiveness of palivizumab prophylaxis by comparing hospitalization rates and costs in preterm infants in our country. Although a few of the authors' criticisms are correct, we wished to evaluate the subject from the perspective of benefit to the patient rather than from a drug-industrial perspective. We believe that our data was based on direct medical costs from a medical viewpoint instead of from a company's perspective. Since prophylaxis drug costs are substantial among general health expenses, these kinds of studies are very critical for developing countries. As mentioned in our recent study, our results need to be confirmed by a prospective study on a larger group of patients to help determine hospitalization costs related to RSV infections.

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