

Costs Attributable to People Living With HIV in France

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Conclusions

- This study provides recent attributable costs to HIV based on a robust and representative case-control study. HIV management in France generates significant costs, with greater costs observed during the first year post-diagnosis and among those with AIDS. Despite recurring decreases in antiretroviral therapy (ART) costs, care for people with HIV (PWH) remains a substantial long-term economic burden for the National Health System

Introduction

- This study aims to update and to refine the estimation of the average annual healthcare cost per patient (PP) for PWH in France (2019-2023), reflecting the evolving treatments and the introduction of generics. To isolate HIV-attributable costs, we employed a case-control matching method

Methods

Database

- The study is based on the 2% sample (ESND) of the French National Healthcare Data System (SNDS) claims database

Study Design (Figure 1)

- PWH were identified through long-term coverage (LTD) for HIV, or ARTs during at least one year, excluding those receiving only pre-exposure prophylaxis

- The AIDS stage was defined by the presence of the ICD-10 code "B24.1" as a primary, related, or associated diagnosis during hospital admission at baseline
- ### Cohorts
- Prevalent cohort:** PWH identified between 2014 and 2022. This cohort was designed to assess the long-term economic burden of HIV (2019-2023)
 - Incident cohort:** PWH initiating LTD or ART between 2019 and 2022. This cohort was designed to evaluate the economic burden during the first year following HIV seropositivity discovery

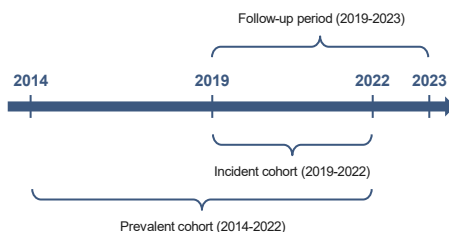
Outcomes

- Costs included treatments, hospitalizations, outpatient/inpatient care, examinations, and daily/invalidity allowances (2019-2023). Annual costs PP were calculated from a societal perspective, with subgroup analyses for individuals with AIDS and by LTD duration

Matching

- PWH were matched to controls on 1:3 ratio and based on age, sex, and comorbidities to assess HIV-attributable costs

Figure 1. Design of the Study

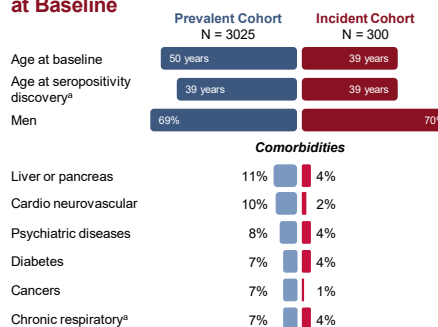


Results

Description of the Populations (Figure 2)

- The Prevalent cohort included 3 025 PWH with LTD (N = 2 459) or with ART initiation after 2014 (N = 563) or on ART in 2014 (N = 3). Of these, 10% (n = 300) were incident, 2019-2022 with no prior HIV history (2014-2018), forming the Incident cohort
- Both the Prevalent and Incident cohorts had similar proportions of men (69%) and mean age at the time of HIV seropositivity discovery (39 years). AIDS stage was observed for 25% of prevalent PWH (at baseline in 2019), while 15% of incident PWH were identified as being at AIDS stage during the period 2019-2023

Figure 2. Demographics and Comorbidities at Baseline



^aExcluding patients on ART in 2014 without LTD. ART, antiretroviral therapy; LTD, long-term coverage.

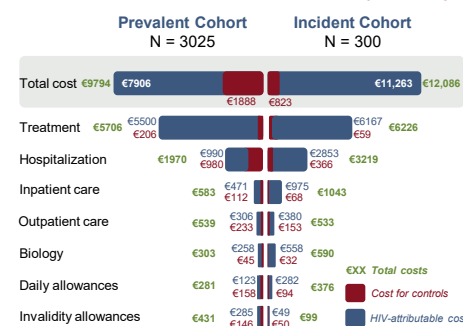
Results for the Prevalent Cohort (Figure 3)

- In the Prevalent cohort, the average annual cost per patient was €9 794, of which €7 906 directly attributable to HIV compared to the control cohort, the remaining €1 888 being non-directly HIV-attributable healthcare costs. Treatment represented the main part of the total costs (58%), dedicated for 96% (€5 500) to HIV treatment. Hospitalization is the second main cost category (20% of the total cost), of which half was attributable to HIV (€980)

Results for the Incident Cohort (Figure 3)

- In the Incident cohort (first year post-diagnosis), the average annual cost PP was significantly higher (€12 086, +23%) compared to the Prevalent cohort (€9 794), of which €11 263 was attributable to HIV. Similarly to the Prevalent cohort, treatment and hospitalization remained the two dominant cost categories. Notably, HIV-attributable costs were higher in the Incident cohort across all cost categories except invalidity allowances, reflecting the intensive resource utilization during the initial year post-diagnosis

Figure 3. Annual HIV-Attributable Costs for Prevalent and Incident HIV Cohorts (Euros,€)



Results for AIDS Stage

- At the AIDS stage, costs increased significantly: €15 841 in the Prevalent cohort (n = 752) and €23 670 in the Incident cohort (n = 45). Hospitalization became the dominant cost category at the AIDS stage, representing 42% and 54% of the total annual cost in the Prevalent and Incident cohorts, respectively
- In the Prevalent cohort, analysis by LTD duration demonstrated that, excluding the first year post-diagnosis (Incident cohort with LTD results), average annual cost remained stable for up to 20 years of disease duration. Beyond 20 years, costs started to rise above €13 000, likely reflecting the aging effects