LETTER



Response to Gomez et al.'s Letter to the Editor Regarding: "Cost-Effectiveness of the 13-Valent Pneumococcal Conjugate Vaccine (PCV13) Versus Lower-Valent Alternatives in Filipino Infants"

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We thank Gomez and colleagues for their interest in our study "Cost-effectiveness of the 13-valent pneumococcal conjugate vaccine (PCV13) versus lower-valent alternatives in Filipino infants." Gomez and colleagues raised several concerns regarding study methodology and input parameters which were very similar to previously published letters to the editor, for which there are several published responses

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Infectious and Tropical Disease, Department of Pediatrics, College of Medicine-Philippine General Hospital, University of the Philippines, Manila, Philippines [1–4]. We would like to reiterate that the costeffectiveness model used for this study uses the same assumptions as many other peer-reviewed studies of countries, including Australia, Brazil, Canada, Colombia, Finland, Italy, Malaysia, Mexico, and the Netherlands [5-11]. This scientific methodology used for pneumococcal disease serotype trends is recognized and is a strength of this study, because we are able to show with numerous predictions from multiple countries the possible range of outcomes when switching from PCV13 to lower-valent PCV alternatives. While we agree that local data may present uncertainties, as discussed extensively in the limitations section of our study, most of our data were sourced from the cost-utility analysis conducted by the Department of Health (DOH) of the Philippines in the 2020 Health Technology Assessment (HTA) of pneumococcal conjugate vaccines (PCV), and are subject to the same inherent limitations [12]. While Gomez and colleagues highlighted the savings from 5-year incremental program costs, our study results are consistent with the 2020 HTA PCV Reassessment conducted by the DOH on the overall healthcare and societal cost savings, which are especially necessary to inform decision-makers on the cost-effectiveness of PCV use.

In closing, we thank Gomez and colleagues for their assessment of our manuscript. We

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hope that our response and citations provide more clarity around our analysis.

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Compliance with Ethics Guidelines. This article is based on previously conducted studies and does not contain any new studies with human participants or animals performed by any of the authors.

Data Availability. Data sharing is not applicable to this article as no datasets were generated or analyzed during the current study.

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REFERENCES

- 1. Perdrizet J, Santana CF, Senna T, et al. Reply letter to "response to article by Johnna Perdrizet et al." by Gomez and colleagues. Hum Vaccines Immunother. 2021. https://doi.org/10.1080/21645515. 2021.1917237.
- Wasserman W, Palacios MG, Grajales AG, Wilson M, McDade C, Farkouh R. Comment on Gomez et al. "Response to article by Wasserman et al. (2018) 'Modelling the sustained use of the 13-valent pneumococcal conjugate vaccine compared to switching to the 10-valent vaccine in Mexico.'" Human Vaccines Immunother. 2019;15(3):572–4. https://doi.org/10.1080/21645515.2018.1558691.
- 3. Wilson MR, Wasserman M, Jadavji T, et al. Response to McGirr et al.'s Comment on "Clinical and economic impact of a potential switch from 13-valent to 10-valent pneumococcal conjugate infant vaccination in Canada." Infect Dis Ther. 2018;7:539–43. https://doi.org/10.1007/s40121-018-0221-2.
- Reyes JM, LaRotta J, Castano N, Fletcher MA, Wasserman M, Perdrizet J, Sini de Almeida R. Letter to the editor regarding "Budget impact analysis of pneumococcal conjugate vaccines in Colombia." Expert Rev Pharmacoecon Outcomes Res. 2022;22(1):1–3. https://doi.org/10.1080/14737167. 2022.1986006.
- Perdrizet J, Santana CFS, Senna T, Alexandre RF, Sini de Almeida R, Spinardi J, Wasserman M. Costeffectiveness analysis of replacing the 10-valent pneumococcal conjugate vaccine (PCV10) with the 13-valent pneumococcal conjugate vaccine (PCV13) in Brazil infants. Hum Vaccin Immunother. 2021;17(4):1162–72. https://doi.org/10. 1080/21645515.2020.1809266 (Epub 2020 Sep 23).
- 6. Ansaldi F, Pugh S, Amicizia D, et al. Estimating the clinical and economic impact of switching from the 13-valent pneumococcal conjugate vaccine (PCV13) to the 10-valent pneumococcal conjugate vaccine (PCV10) in Italy. Pathogens. 2020;9(2):76.
- 7. Perdrizet J, Lai YS, Williams S, Struwig VA, Wasserman M. Retrospective impact analysis and cost-effectiveness of the pneumococcal conjugate vaccine infant program in Australia. Infect Dis Therapy. 2021.

- 8. Pugh S, Wasserman M, Moffatt M, et al. Estimating the impact of switching from a lower to higher valent pneumococcal conjugate vaccine in Colombia, Finland, and The Netherlands: a cost-effectiveness analysis. Infect Dis Therapy. 2020;9(2): 305–24.
- 9. Shafie AA, Ahmad N, Naidoo J, et al. Estimating the population health and economic impacts of introducing a pneumococcal conjugate vaccine in Malaysia—an economic evaluation. Hum Vaccine Immunother. 2020;16(7):1719–27.
- 10. Wasserman M, Palacios MG, Grajales AG, et al. Modeling the sustained use of the 13-valent pneumococcal conjugate vaccine compared to switching to the 10-valent vaccine in Mexico. Hum Vaccine Immunother. 2019;15(3):560–9.

- 11. Wilson M, Wasserman M, Jadavi T, et al. Clinical and economic impact of a potential switch from 13-valent to 10-valent pneumococcal conjugate infant vaccination in Canada. Infect Dis Therapy. 2018;7(3):353–71.
- 12. Briones JR, Ceria-Perenã JA, Uy GD, Obmanã SM, Cabaluna IT. Reassessment of 10- versus 13-valent pneumococcal conjugate vaccines (PCV) in the Philippines. Manila: Republic of the Philippines Department of Health; 2020.

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