

Diagnostic Assessment Report commissioned by the NIHR HTA Programme on behalf of the National Institute for Health and Care Excellence – Final Report Addendum 1

Title: Rapid Tests for Group A Streptococcal infections in people with sore throat

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All authors have no conflicts of interest.

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Rider on responsibility for report:

The views expressed in this report are those of the authors and not necessarily those of the NIHR HTA Programme. Any errors are the responsibility of the authors.

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Contributions of authors:

Rachel Court (Information specialist) developed the search strategy and undertook searches. Hannah Fraser (Research Associate), Sian Taylor-Phillips (Associate Professor), Chidozie Nduka (Senior Research Fellow), Christopher Stinton (Senior Research Fellow) and Bex Willans (Academic Foundation 2 doctor) conducted the clinical effectiveness systematic review, this included: screening and retrieving papers, assessing against the inclusion criteria, appraising the quality of papers and abstracting data from papers for synthesis. Daniel Gallacher (Research Fellow) conducted the meta-analyses and contributed to both the clinical and cost-effectiveness sections. Felix Achana (Senior Research Fellow) contributed to the cost-effectiveness review and undertook the health economic modelling. Paramjit Gill (Professor of General Practice) provided clinical guidance and helped

develop the model structures. Hema Mistry (Associate Professor) provided project management, conducted the cost-effectiveness review and supervised the economic analysis. All authors were involved in writing draft and final versions of the report.

Table 1: Base-case cost-effectiveness results update

Test ID	Test Name	Mean costs / 1000 individuals	Mean QALYs / 1000 individuals	Inc. Costs / 1000 individuals	Inc. QALYs / 1000 individuals	ICER versus usual care
<i>Adult primary care model</i>						
	Usual care (Clinical scoring based on Centor ≥ 3 plus clinical assessment)	£49,147	859.82458955	£0	0.0000000	-
19	ALERE i Strep A 2 (Abbott)	£56,815	862.82824206	£7,669	0.00365250	£2,099,617
<i>Adult secondary care model</i>						
	Usual care (Clinical scoring based on Centor ≥ 3 plus clinical assessment)	£49,147	859.82458955	£0	0.0000000	-
19	ALERE i Strep A 2 (Abbott)	£56,815	859.82824206	£7,669	0.00365250	£2,099,617
<i>Children primary care model</i>						
	Usual care (Clinical scoring based on Centor ≥ 3 plus clinical assessment)	£50,185	939.77019917	£0	0.0000000	-
19	ALERE i Strep A 2 (Abbott)	£58,405	939.77326996	£8,221	0.003070785	£2,677,054
<i>Children secondary care model</i>						
	Usual care (Clinical scoring based on Centor ≥ 3 plus clinical assessment)	£50,185	939.77019917	£0	0.0000000	-
19	ALERE i Strep A 2 (Abbott)	£58,405	939.77326996	£8,221	0.003070785	£2,677,054

Table 1 shows the four base-case models (adult primary care, adult secondary care, children primary care, children secondary care) using the ID now/formerly ALERE i Strep A 2 test compared with usual care. Even though the test generated more QALYs than usual care, the ICERs were over £2 million.