Vaccines-2013

OMICS Group Conferences
Accelerating Scientific Discovery

3rd International Conference on
Vaccines & Vaccination

July 29-31, 2013 Embassy Suites Las Vegas, USA

Cost of illness for cholera in a high risk urban area in Bangladesh: An analysis from the household perspective

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Abstract

Background: Cholera poses a substantial health burden to developing countries like Bangladesh. In this study, the objective was to estimate the economic burden of cholera treatment incurred by households. The study has been carried out in the context of a large vaccine trial in an urban area of Bangladesh.

Methods: The study used a combination of prospective and retrospective incidence-based cost analyses of cholera illness per episode per household. A total of 400 cholera confirmed cases were identified and treated during June-October 2011 in urban Bangladesh. To estimate the total cost of cholera illness, a structured questionnaire was used, which included queries on direct medical cost non-medical cost and indirect cost of patients and caregivers.

Findings: The average total cost of illness during an episode of cholera was estimated to cost 30.4 US$ per household per episode. Total direct and indirect costs constituted 24.4% (7.4 US$) and 75.6% (23.0 US$) of the average total cost respectively. The cost for children under 5 years of age (21 US$) was higher than that of children at age 5-14 years (18 US$). Otherwise, costs increased with age. Direct cost of treatment was similar for male and female patients, but the indirect cost was higher for the former.

***Conclusion*:** Among medical cost components, medicines are the largest cost driver. No clear socioeconomic gradient emerged from our study, but limited demographic patterns have been observed in cost of illness. By preventing cholera cases, a large magnitude of production loss can be reduced

Biography

Abdur Razzaque Sarker completed his masters of health economics in university of Dhaka in Bangladesh. He currently work as a member of health economist team at icddr,b in Bangladesh. He is the research investigator of various project like “Economic Evaluation of Introduction of Cholera Vaccine in Bangladesh”, “Estimating Costs of Infant and Young Child-Feeding (IYCF) Practices Improvement Program in Bangladesh”, “Estimating Costs of MNCH Initiative in Bangladesh Implemented by UNICEF”, “Healthy Youth Development and Resilience Study”, “Self-financed health scheme of labor cooperative for accessing quality healthcare of informal sector workers in Bangladesh” and other.