Indirect, out-of-pocket and medical costs from influenza-related illness in young children.

Abstract

Background
Studies have documented direct medical costs of influenza-related illness in young children, however little is known about the out-of-pocket and indirect costs (e.g., missed work time) incurred by caregivers of children with medically attended influenza.

Objective
To determine the indirect, out-of-pocket (OOP), and direct medical costs of laboratory-confirmed medically attended influenza illness among young children.

Methods
Using a population-based surveillance network, we evaluated a representative group of
children aged <5 years with laboratory-confirmed, medically attended influenza during the 2003–2004 season. Children hospitalized or seen in emergency department (ED) or outpatient settings in surveillance counties with laboratory-confirmed influenza were identified and data were collected from medical records, accounting databases, and follow-up interviews with caregivers. Outcome measures included work time missed, OOP expenses (e.g., over-the-counter medicines, travel expenses), and direct medical costs. Costs were estimated (in 2009 US Dollars) and comparisons were made among children with and without high risk conditions for influenza-related complications.

Results
Data were obtained from 67 inpatients, 121 ED patients and 92 outpatients with laboratory-confirmed influenza. Caregivers of hospitalized children missed an average of 73 work hours (estimated cost $1456); caregivers of children seen in the ED and outpatient clinics missed 19 ($383) and 11 work hours ($222), respectively. Average OOP expenses were $178, $125 and $52 for inpatients, ED-patients and outpatients, respectively. OOP and indirect costs were similar between those with and without high risk conditions ($p > 0.10). Medical costs totaled $3990 for inpatients and $730 for ED-patients.

Conclusions
Out-of-pocket and indirect costs of laboratory-confirmed and medically attended influenza in young children are substantial and support the benefits of vaccination.

Highlights
â–º Unique cost analyses of laboratory-confirmed influenza illnesses in young children. â–º Data on caregivers’ work time lost, out-of-pocket and medical costs were collected. â–º Analyses segregate patients by level of medical care sought and complication risk. â–º Estimates of caregivers’ work time lost and out-of-pocket expenses were sizable. â–º These estimates were substantially higher than those assumed in other studies.

Abbreviations
OOP, out-of-pocket costs; ED, emergency department; NVSN, New Vaccine Surveillance Network; IQR, inter-quartile range.
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