

Social and Economic Burden of Typhoid Fever: A Qualitative Study from Kathmandu and Surrounding Communities

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Background: Typhoid fever is a significant contributor to infectious disease mortality and morbidity in South Asia. With increasing antimicrobial resistance, commonly used treatments are less effective and risks increase for complications and hospitalizations. During an episode of typhoid fever, households experience multiple social and economic costs that are often undocumented. The primary objectives of this study were to: 1) contextualize the experiences of households affected by typhoid fever from pre-diagnosis through treatment and on-going engagement in preventive practices; 2) provide perspectives from health care providers and outreach workers regarding the challenges related to diagnosis, treatment, and prevention of typhoid fever; and, 3) identify avenues for interventions to improve access to care and disease prevention.

Methods: Qualitative interviews were conducted in August 2015 with 8 physicians and 22 households with typhoid fever cases confirmed by blood culture. Three focus group discussions were conducted with Public Health Centre providers and Female Community Health Volunteers. Data were also collected on household monetary and time costs associated with disease episodes. Research sites included Kathmandu Valley and surrounding rural areas.

Results: Data reveal delays accessing healthcare, financial and time cost burdens on households, and the need to increase health literacy regarding typhoid fever prevention. Data illustrate the impact of limited laboratory diagnostic tools on health care providers' abilities to distinguish typhoid fever from other febrile conditions and treatment challenges associated with antimicrobial resistance.

Conclusions: Typhoid fever burden remains high in Nepal. These contextual data provide important information regarding the significant social, economic, and physical costs associated with typhoid fever. Further research on these social and economic burdens in Nepal and other endemic settings is needed to supplement on-going surveillance, cost-of-illness studies, and vaccine demonstration projects to ensure that household and community experiences are an integral part of future policies, and treatment and prevention programs.