

Prescribing Trend and Cost of Treatment of Enteric Fever in Nepal

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Background: Enteric fever is a major public-health problem in Nepal despite efforts to control the disease. Information on prescribing practice and treatment cost are crucial for disease control programs.

Methods: Medical prescriptions of enteric fever cases were reviewed to analyze the prescribing trends for diagnosis and treatment at different levels of health care facilities located across the country.

Results: A total of 115 enteric fever cases were reviewed of which 100 were outpatient and 15 were inpatient cases. Among outpatients, 33% were presented at Primary, 36% at District and 31% at Zonal /Tertiary level health care facilities. Highest incidence was among patients of age group 21-30 years, while no significant gender difference was found. Among inpatient cases, the average duration of hospitalization was 4.2 days. Widal test was commonly prescribed (58%) for diagnosis while blood culture/sensitivity was prescribed only in 33% cases (at hospital level only). Cefixime was the most commonly prescribed antibiotic (64%) followed by azithromycin (19%) in out-patients while ceftriaxone was commonly prescribed (in 80%) among inpatients. Combination therapy with two or more antimicrobials was prescribed in 23% cases. Antipyretics, anti-inflammatory, vitamins, proton pump inhibitors were also commonly prescribed. The average treatment cost increased by three fold among inpatients compared to outpatients. Medicines, diagnostics and other hospital-care cost constitute 57%, 26% and 17% of treatment cost respectively.

Conclusions: Widal test continues to be carried out commonly for diagnosis of enteric fever. Treatment was not based on culture sensitivity test, raising the risk for not receiving appropriate diagnoses and treatment. Use of ciprofloxacin has declined. Cephalosporins prescribed empirically at all levels of healthcare facilities warrants continuous monitoring of resistance. There is a need to strengthen diagnostics for the generation of reliable burden data and rationalize treatment.