

stakeholders answered the survey. The majority were male (n = 104; 53.9 percent) and aged between 31 and 40 years (n = 71; 36.8 percent). In scenario 1, almost half of respondents (n = 95; 49.2 percent) opted not to incorporate the new drug and in scenario 2, an even higher proportion chose not to incorporate the new drug (n = 112; 58.0 percent). In scenario 3, most have responded to not incorporate the new treatment for any age group (n = 81; 42.0 percent). In scenario 4, 65 percent of respondents opted for the preferential allocation for prevention, rather than treatment (n = 125; 64.8 percent). Overall results showed a conservative trend, considering the presented criteria and trade-offs.

### CONCLUSIONS:

We concluded that most stakeholders are not guided only by the clinical benefit of a decision. They value the importance of funding mechanisms and budget control, and consider economic, social, ethical, clinical and epidemiological aspects. This study model seems to be useful to evaluate the trends of decision makers conduct. We understand that the use of clinical scenarios brings the discussion into the environment and dynamics of the HTA process, where outcome impacts can be analyzed properly. This model can be explored in further research, using flexible criteria for each desired scenario, through real world situations. This model can be used to evaluate impacts in strategic subjects, as budget allocation, public healthcare policies, and patient-shared decision making.

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## VP34 Economic Impact Of Influenza-Like-Illness In Vietnam

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### INTRODUCTION:

Influenza is a disease related to the human respiratory system, with economic and social burden a common cause of Influenza-Like-Illness (ILI) among children and the elderly. This study was conducted to estimate cost of illness based on social perspectives of ILI cases.

### METHODS:

A prospective study was conducted between February and March 2016 in pharmacies and private clinics at Khanh Hoa, Lam Dong, Tay Ninh, Dong Nai province, Ho Chi Minh City and Hospital of Tropical Diseases. Demographic and clinical information was collected by face-to-face interview. Treatment costs included direct costs (for example, diagnosis, therapeutics) and indirect cost (cost of days lost).

### RESULTS:

Average costs associated with the ILI were USD88.09 per case among all age groups, direct non-medical costs were more dominant than direct medical costs accounting for 39.5 percent in pharmacies, 71.1 percent in clinics and 64.2 percent in hospitals. Total average cost was estimated to be EUR105 in children, and EUR514 in adults in Germany (1); and in South China, direct medical cost of ILI would be USD22.69 (2).

### CONCLUSIONS:

The cost of ILI was the reason for the economic burden of patients and their families. This study provides the data for the future research, programs and policies which can be applied for influenza or ILI in Vietnam.

### REFERENCES:

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2. Guo R, Zheng HZ, Li JS, et al., A population-based study on incidence and economic burden of influenza-like illness in south China, 2007. *Public Health*, 2011;125(6):389-395.