Cost-effectiveness of community-wide treatment for helminthiasis

Authors’ reply

We are delighted by the interest in our study of the cost-effectiveness of expanded community-wide treatment against schistosomiasis and soil-transmitted helminthiasis.1

In response to the critique by Hugo Turner and colleagues, we offer the following points for consideration.

First, the use of binary disability weights for schistosomiasis is conservative, standard practice, and used by the Global Burden of Diseases study,2 among others. Although we agree that better data is needed to inform disability as a function of disease transmission, and is highly cost effective. Global guidelines should be re-examined to address this important finding.

We declare no competing interests.

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<table>
<thead>
<tr>
<th>School-aged children*</th>
<th>Community-wide†</th>
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<tr>
<td>Binary weight</td>
<td>Stratified weights</td>
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<tr>
<td>118</td>
<td>98</td>
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<tr>
<td>167</td>
<td>145</td>
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Daly ¥= disability-adjusted life year. A lower incremental cost-effectiveness ratio is more cost effective, and an intervention was considered highly cost effective if the incremental cost-effectiveness ratio was less than US$1521 per DALY. *Relative to no treatment. †Relative to treatment of school-aged children.

Table: Incremental cost-effectiveness ratio (US$ per DALY averted) of strategies for integrated mass drug administration targeting schistosomiasis and soil-transmitted helminthiasis using intensity-stratified disability weight for schistosomiasis