OBJECTIVES: To measure preferences and willingness-to-pay amounts for the change in health-related quality-of-life associated with health states prevented by pneumococcal conjugate vaccine.

METHODS: Preference and willingness-to-pay data were collected for six health states preventable by pneumococcal conjugate vaccine (simple otitis media, complex otitis media, moderate pneumonia, severe pneumonia, meningitis, bacteremia) and one vaccine-related adverse event (fever and fussiness following vaccine). Two types of respondents were interviewed: (1) parents of children who had experienced one or more of the outcomes described in the survey (n = 101), and (2) a US community sample (n = 109). A phone-mail-phone survey approach was employed so that respondents could refer to health state descriptions and visual aids during the interview. Preferences were measured using time-tradeoff questions and willingness-to-pay was measured using dichotomous-choice double-bounded questions with four bid vectors.

RESULTS: Mean time-tradeoff and willingness-to-pay amounts were consistently higher for the community sample than the parent sample. Median time-tradeoff amounts were also higher for community respondents for most health states. The median amount of time traded off for community respondents ranged from 6 days (otitis media) to 1.5 years (bacteremia). The median responses for parents ranged from 0 days (otitis media) to 1.1 years (meningitis). Median willingness-to-pay amounts, however, were similar for the two samples. For example, both parents and community respondents were willing-to-pay $100 (median) to prevent one episode of otitis media and $500 to reduce the risk of meningitis. Median willingness-to-pay for a simplified description of the 4-dose series of pneumococcal conjugate vaccine was $250 for parents and $300 for community respondents.

CONCLUSIONS: Compared with parents, community members tended to place higher values on preventing pneumococcal-associated outcomes. The effect of differences in preferences by respondent type should be considered when incorporating quality-of-life adjustments into economic analyses of pneumococcal conjugate vaccine.