conducted based on the perspective of healthcare payers; therefore, only medical direct costs of drug were derived from the price-list of relevant medical services and drugs, registered by Ministry of Health in Vietnam 2012. RESULTS: The average direct cost of CRC for one patient accounted for nearly 756.83 million VND per year. Cost for one patient increased with the increasing of disease severity and accounted for 1.875 million VND; 800 million VND; 2,531 million VND; and 3,682 million VND in stage I, II, III, IV, respectively. In the structure of cost, with the increase in severity of disease, the percentage of drug cost increased and the percentage of medical services decreased. CONCLUSIONS: The cost of CRC treatment increased following the increase of disease severity. The huge economic impact of CRC should be controlled and considered to conduct the proper healthcare policies.

PHS43

ECONOMIC BURDEN OF COLORECTAL CANCER IN VIETNAM: FROM HEALTHCARE PAYERS’ PERSPECTIVE

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OBJECTIVES: Colorectal cancer (CRC) is considered as the third common cancer among men and the second common cancer among women worldwide. In Vietnam, colorectal cancer is the fifth common cause of cancer - related incidence. In many countries, economic burden of colorectal cancer has been investigated logically. However, we have not had any research about this in Vietnam. This research was conducted to provide more detailed information to help the decision-makers find out the most appropriated policies to control the disease. METHODS: The economic burden of CRC in Vietnam was evaluated by the following formula: C = Σ P × CI, in which C is total costs, P is number of patients, and CI is unit costs. The unit costs are evaluated in Vietnam, CI: cost of CRC in stage 1. RESULTS: The 5-year prevalence of CRC is 27.3 per 100,000. The economic burden of CRC of the whole society was estimated about 14.6 billion VND. The costs for CRC patients without the CD and PU were 12895, on drugs -267, at the expense of care -769, for services -12510. In the group of patients with the CD and PU, the total costs are the biggest in group of patients without the CD and PU - 24.8%. Without CD and PU - 29.8%. Total costs are the biggest in group of patients with the CD and PU. Drug costs are not high. A high cost in the CD group is associated with services and care. The data will be used to construct a Markov model.

PHS44

MEDICAL CARE COSTS OF CHIKUNGUYA VIRUS INFECTION IN A POPULATIONAL SAMPLE FROM MEDICAL ATTENDANCE IN COLOMBIA

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OBJECTIVES: In 2013 December, patients confirmed the local circulation of chikungu-
nya virus (CHIKV) in the region. In 2014 September, Colombia reported the first local CHKV case in the Bolivar, and started an outbreak within a susceptible population. The objective of this analysis is to estimate the medical care cost of children patients with CHKVL infection in the Bolivar, Colombia. METHODS: A retrospective study of medical records of children patients with CHKV clinically suspected of during September – November 2014 at the Hospital “Napolón Franco Páreje” in Cartagena city, Colombia. A costing data collection instrument was designed to pilot to collect the information about the frequency of use activities and supplies by patient. A descriptive study was conducted and evaluated cost data by patient and activity. RESULTS: The crude average cost per patient was $83.36 thousand, US$1.8 thousand and US$ 2.5 thousand for pneumonia, flu and herpes zoster, respectively. CONCLUSIONS: The study demonstrates significant burden of healthcare use utilization associated with patients with vaccine-preventable diseases. In addition, different management strategies may be warranted for different vaccine-preventable diseases since the differences of patient characteristics as suggested by our study.