Economic costs of coccidioidomycosis

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Methods and results

- Review of literature using PubMed with search terms "Coccidioidomycosis OR Valley Fever NOT Rift" and MeSH term "Economics"
- 12 published articles identified
- 3 are within scope
- Additional report identified in grey literature

Grizzle, Arizona 2019

- Lifetime cost of care analysis based on cases reported in Arizona in 2019
 - Median age 50 years, females 55%
 - Societal perspective
- Total \$736 million for 10 359 cases
 - Total direct medical costs \$671 million
 - Total indirect costs \$65 million
- Cost per average: \$64 800 per person in direct costs and \$6 300 for indirect costs
- Costs varied by degree of complication
 - Disseminated disease \$1.26 million direct and \$137 400 indirect costs per person
 - Primary uncomplicated pneumonia with \$23 200 in direct costs and \$1300 in lost wages

Grizzle AJ, Wilson L, Nix DE, Galgiani NJ. Clinical and economic burden of valley fever in Arizona: an incidence-based cost-of-illness analysis. Open Forum Infect Dis 2020; 8:ofaa623.

| Costs | Patients (N = 10 359) | Avg Per Person Lifetime Cost | Total Lifetime Cost for Arizona |
|---|-----------------------|------------------------------|---------------------------------|
| Direct Costs | | | |
| Primary uncomplicated pneumonia | 8805 | \$23 192 | \$204 209 262 |
| Chronic pneumonia | 259 | \$130 033 | \$33 675 245 |
| Disseminated infection | 259 | \$1 262 414 | \$326 933 779 |
| Other pulmonary changes: pulmonary nodules | 725 | \$100 768 | \$73 069 735 |
| Other pulmonary changes: pulmonary cavities | 311 | \$106 171 | \$32 994 839 |
| Indirect Costs | | | |
| Primary uncomplicated pneumonia | 8805 | \$1299 | \$11 437 890 |
| Chronic pneumonia | 259 | \$41 113 | \$10 647 198 |
| Disseminated infection | 259 | \$137 379 | \$35 577 6 94 |
| Other pulmonary changes: pulmonary nodules | 725 | \$7471 | \$5 417 535 |
| Other pulmonary changes: pulmonary cavities | 311 | \$7 471 | \$2 321 801 |
| Total Costs of Valley Fever | | | |
| Direct costs | | | \$670 882 860 |
| Indirect costs | | | \$65 402 119 |
| Work loss | | | \$22 876 440 |
| Mortality | | | \$42 525 679 |
| Total direct + indirect costs | | \$71 077 | \$736 284 978 |

Table 3. Estimated Total Direct and Indirect Lifetime Costs for Newly Diagnosed Valley Fever Cases in Arizona in 2019

Abbreviations: Avg, average.

Grizzle AJ, Wilson L, Nix DE, Galgiani NJ. Clinical and economic burden of valley fever in Arizona: an incidence-based cost-of-illness analysis. Open Forum Infect Dis 2020; 8:ofaa623.

Wilson, California 2019

- Lifetime cost of care analysis based on cases reported in California in 2017
 - Indirect costs work loss, short- and long-term disability, and mortality costs
 - Societal perspective
- Total \$700 million for 7 466 cases
 - Total direct medical costs \$429 million
 - Total indirect costs \$271 million
- Average cost per case: \$57 413 per person in direct costs and \$36 297 for indirect costs
- Costs varied by degree of complication
 - Disseminated disease \$1 023 730 direct and \$562,291 indirect costs per person
 - Primary uncomplicated pneumonia with \$22 039 in direct costs and \$931 in lost wages

Wilson L, Ting J, Lin H, et al. The rise of valley fever: prevalence and cost burden of coccidioidomycosis infection in California. Int J Environ Res Public Health 1029; 16:1113.

Economic burden of coccidioidomycosis varies by county

Table 4. Estimated total direct and indirect lifetime costs, stratified by endemic counties and counties with >100 reported coccidioidomycosis (CM) cases in 2017 in California.

| County | Number ($n = 7466$) | Direct Cost | Indirect Cost | Total Cost |
|--------------------|-----------------------|---------------|---------------|---------------|
| Fresno * | 824 | \$47,308,662 | \$29,928,554 | \$77,237,216 |
| Kern * | 2748 | \$157,772,090 | \$99,810,276 | \$257,582,366 |
| Kings * | 260 | \$14,927,490 | \$9,443,476 | \$24,370,966 |
| Los Angeles County | 934 | \$53,624,138 | \$33,923,871 | \$87,548,009 |
| Madera * | 65 | \$3,731,873 | \$2,360,869 | \$6,092,742 |
| Monterey | 182 | \$10,449,243 | \$6,610,433 | \$17,059,676 |
| San Diego | 142 | \$8,152,706 | \$5,157,591 | \$13,310,297 |
| San Luis Obispo * | 419 | \$24,056,225 | \$15,218,525 | \$39,274,749 |
| Tulare * | 275 | \$15,778,692 | \$9,988,292 | \$25,776,983 |

* Coccidioidomycosis endemic counties.

Wilson L, Ting J, Lin H, et al. The rise of valley fever: prevalence and cost burden of coccidioidomycosis infection in California. Int J Environ Res Public Health 1029; 16:1113.

Sondermeyer, California 2000-2011

- Analysis restricted to hospitalized patients only
- Abstracted length of stay and hospital charges
- Median length of stay 6 days
- Total charges over 12-year period \$2.23 billion
- Average annual charge \$185 million
- Average hospital charge per patient \$55 062 (range \$1 000 to >\$6 million)
- Charges increased from \$73 million in 2000 to \$308 in 2011 (inflation adjusted)
- 62% of charges were billed to government payors

Total and average costs for coccidioidomycosisassociated hospitalizations by expected payor, California, 2000-2011

Table 5. Total and average annual charges, by expected source of payment category, for coccidioidomycosis-associated hospitalizations, California, 2000–2011*

| Payment category | Total charges, US \$ (%) | Average annual charges, US \$ |
|--------------------------|--------------------------|-------------------------------|
| Private coverage | 713,390,109 (32) | 59,449,176 |
| Government | 1,388,671,670 (62) | 115,722,639 |
| Medi-Cal | 595,837,721 (27) | 49,653,143 |
| Medicare | 567,965,499 (25) | 47,330,458 |
| Other government | 161,878,874 (7) | 13,489,906 |
| County indigent programs | 62,989,577 (3) | 5,249,131 |
| Self-pay | 92,892,777 (4) | 7,741,065 |
| Workers compensation | 18,209,024 (1) | 1,517,419 |
| Other payer | 11,775,902 (1) | 981,325 |
| Other indigent | 7,553,126 (<1) | 629,427 |
| Invalid/unknown | 593,365 (<1) | 118,673 |
| Total charges | 2,233,085,973 (100) | 186,159,724 |

*Unknown, invalid, and missing charges were excluded from this analysis. Charity care charges coded as \$1 were also excluded. Approximately 8% of hospitalizations were missing total charge data. These charges are not adjusted for inflation.

Sondermeyer S, Lee L, Gilliss D. Tabnak F, Vugia D. Coccidioidomycosis-associated hospitalizations, California, USA, 2000-2011. Emrg Infect Dis 2013; 19:1590-97.

Conclusions

- Observations of direct medical costs per person are consistent across three studies:
 - Sondermeyer: \$55 062 (hospitalized patients only) California 2000-2011
 - Wilson: \$57 413 California 2017
 - Grizzle: \$64 800 Arizona 2019
- Taking a mid point between Wilson and Grizzle and 18 407 cases reported to CDC in 2019, the lifetime direct medical costs associated with this cohort of cases would be \$1.125 billion