Coût direct de la prise en charge et profil clinique du paludisme sévère à l'hôpital pédiatrique de Mbuji Mayi, en République Démocratique du Congo
Direct cost of management and clinical profile of severe malaria in Paediatric Hospital of Mbuji-Mayi, Democratic Republic of the Congo

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Summary

Introduction. Leading cause of morbidity and mortality of the Congolese child, malaria especially severe is so much a source of the economic losses, both direct (related to curative treatment or prevention) and indirect (due to absenteeism or the decrease of productivity), non-negligible for Mbujimayi's population whose the majority lives below the poverty line.

Methods. This cross sectional study related to the direct cost of the in-hospital hold in charge of severe malaria among children of 6 to 59 months as well as the factors influencing it was undertaken from July 1st, 2012 to June 30th, 2013 in the Provincial Hospital Dipumba. Consultation, laboratory tests, medication and hospitalization were the components of the direct cost. EPI Info software was used to analyze data.

Results. Severe malaria accounted for 70.9% of admissions (534 of 753). Overall 45.5% and 36% of cases were respectively secondary to untreated or poorly treated simple malaria. The majority of the households concerned (81.5%) were very poor as earning less than $ 30/month. The mean direct cost of the hold in charge of a severe malaria episode rose to US $ 38.6 ± 11.2 (range US $ 8.5-79.94) of which 74% were bound to medication, 11% to consultation, 8% to hospitalization and 7% to laboratory tests. Age, quality of treatment before admission, severity at admission, severe anaemia and outcome were the factors influencing this direct cost.

Conclusions. Malaria is a costly disease in relation to the standard of living of our population. It is necessary to reinforce management capabilities of cases correctly and early so much at home that in hospital and to streamline the prescriptions in order to reduce the costs led by malaria.

Keywords: direct cost, severe malaria, management, hospitalization, laboratory test