

Would you pay for an Ebola vaccine? Most say yes.

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A scanning electron micrograph of Ebola virus budding from a cell (African green monkey kidney epithelial cell line). Credit: NIAID

The 2014-2016 West African Ebola outbreak was the deadliest in history, infecting more than 28,000 people and killing more than 11,000. While the number of people infected in the United States was low, it was covered extensively in the media, leading to widespread fear. Now, given the success of recent clinical trials, we are closer than ever to a vaccine

to prevent it.

George Mason University researchers conducted a study during the height of the epidemic and found that a majority of participants (59.7 percent) would pay at least \$1 for an Ebola Vaccine. Those who were willing to pay at least \$1 had typically traveled internationally in the last 12 months, were interested in getting an Ebola [vaccine](#), and believed that the U.S. government should spend money to control Ebola and assume worldwide leadership in confronting emerging epidemics.

The nationally representative survey of U.S. adults was published in January in *Human Vaccines and Immunotherapeutics*. It included questions on Ebola-related knowledge, attitudes, and behaviors as well as background information (e.g., demographics, international travel) to test for indicators of willingness to pay for a vaccine.

Dr. Julia Painter, an assistant professor in Mason's Department of Global and Community Health (GCH) led the study with support from assistant professor Dr. Michael von Fricken; graduate student Suyane Viana de O. Mesquita (now an alumna of the Master of Public Health program); and professor Dr. Ralph J. DiClemente from Emory University.

"We believe this is the first study to assess willingness to pay for an Ebola vaccine in the United States," Painter explains. "This is important because previous studies conducted in West Africa are not generalizable to the U.S. population. Once developed, a licensed vaccine against Ebola "We were unsure of what to expect. The actual risk of Ebola infection among the general U.S. population was low, which could have led to lack of willingness so spend money on a vaccine. On the other hand, the outbreak garnered extensive media coverage, leading to a national contagion of fear. This fear could have driven people to be willing to pay for a vaccine."

The researchers also tested willingness to pay for a vaccine at various price points. Of those respondents willing to pay at least \$1, 66 percent would pay \$1-50, 20.1 percent would pay \$51-100, and 13.9 percent would pay more than \$100. People who had traveled internationally within the last 12 months and were interested in getting an Ebola vaccine were more likely to be willing to pay for a vaccine across all price points. Interestingly, participants' interest in getting a vaccine did not necessarily indicate their willingness to pay.

"Previous research has shown that [willingness](#) to pay for a vaccine is an important indicator of risk perception and demand," von Fricken explains. "This work is a first step in understanding public interest in an Ebola vaccine once it's approved."

One key limitation of this study was that questions about the Ebola vaccine were hypothetical; it is unknown if findings would apply to an actual vaccine. Willingness to pay for an actual vaccine would likely depend on cost, as well as other vaccine-related factors. Another consideration is that this study was conducted during the height of the Ebola epidemic in West Africa, and "Fearbola" epidemic in the United States. It is unclear if findings would be similar under non-outbreak circumstances.

This research is a follow up to the team's [previous study](#), which measured interest in an Ebola vaccine and was published in [Vaccine](#) in November 2016.

More information: Julia E. Painter et al, Willingness to pay for an Ebola vaccine during the 2014–2016 ebola outbreak in West Africa: Results from a U.S. National sample, *Human Vaccines & Immunotherapeutics* (2018). [DOI: 10.1080/21645515.2018.1423928](https://doi.org/10.1080/21645515.2018.1423928)

Provided by George Mason University

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