O-non-typable EPEC strains and 21 strains of other less prevalent serogroups belonged to diverse Ph/PCR types. Furthermore, they did not show any similarity to the strains of the two major serogroups: O114 and O127.

**Conclusion**: Recent case-control studies in Bangladesh showed a high prevalence of EPEC strains associated with childhood diarrhoea. The results of the present study suggest that single clonal groups of EPEC strains belonging to serogroup O114 and O127 are predominantly associated with childhood diarrhoea in Bangladesh.

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# Economic Benefits of Diabetes Control in Bangladesh

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**Objective**: Estimate the direct medical-care costs associated with diabetes, and indicate how the medical-care costs increased with the progression of the disease from the initial stage.

**Methodology**: This study was based on the data derived from the "Guidebook" of diabetic patients registered at the BIRDEM hospital. The sample consists of the registered patients in the hospital since December 1985. The surveillance collected two types of information: baseline information on patient's demographic characteristics and follow-up information of revisits later on. The baseline data also report health-related information at the first visit. The follow-up data include height, weight, blood pressure, blood sugar level, treatment recommended, and complications observed for patients. Using the blood sugar level cut-off points, the severity of diabetes was defined for the patients, and all patients were grouped into three severity categories. The use of medical services by different categories of diabetic patients was compared to estimate the effect of increased blood sugar levels on the medical-care costs. An attempt was also made to identify the costs not related to diabetes to estimate the economic benefits of preventing the disease.

**Results**: Although the prevalence of diabetes is low in Bangladesh, it is already the 10th most expensive disease in terms of total healthcare cost allocated for an illness. Diabetes imposes significant additional costs on individuals, and the cost of diabetes tends to increase with time since onset. The severity of diabetes is also associated with increased direct medical-care cost implying that even a modest control of diabetes reduces the direct medical cost for patients.

**Conclusion**: The cost of diabetes is likely to increase at a rapid rate in the future due to its expected higher prevalence and the increased cost of medical interventions. An early diagnosis and control should significantly lower the future costs of medical care associated with diabetes. The Bangladesh health sector should consider the incorporation of diabetes screening as an important public health intervention. However, the degree of financial subsidy needed for this purpose should be determined by carefully examining its prevalence rate among the different socioeconomic groups.

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