

The potential of typhoid conjugate vaccines in Bangladesh

Typhoid, a serious enteric fever spread through contaminated food and water, is a substantial public health issue that disproportionately impacts children and marginalized populations in Asia and sub-Saharan Africa. The Global Burden of Disease (GBD) study estimates that, in 2017, there were nearly 11 million typhoid cases and more than 116,000 typhoid deaths worldwide.¹ Additionally, strains of drug-resistant typhoid are spreading, causing global concern.²

TYPHOID CONJUGATE VACCINES

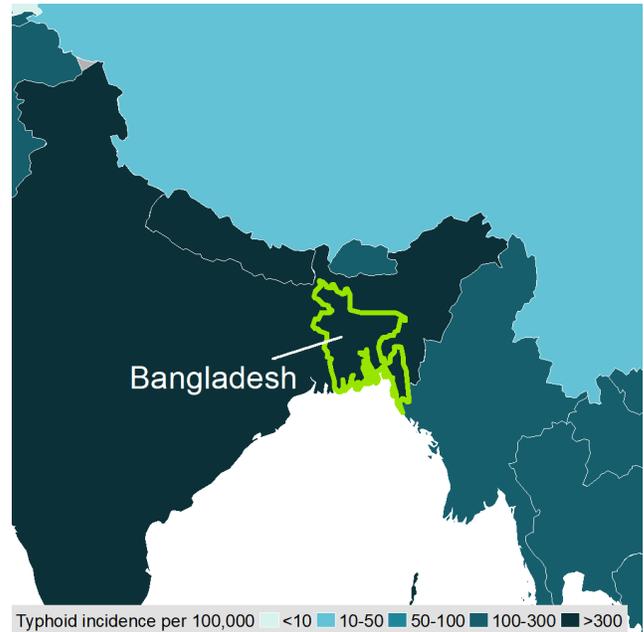
Typhoid vaccination can reduce the need for antibiotics, slow expansion of drug-resistant strains, and save lives. Newly licensed and World Health Organization (WHO)-prequalified typhoid conjugate vaccines (TCVs) have several advantages over earlier typhoid vaccines. They:

- provide longer-lasting protection;
- require only one dose; and
- are suitable for young children over 6 months.

These qualities will allow better protection for younger children and expanded coverage through routine childhood immunization programs.

WHO RECOMMENDATION AND GAVI SUPPORT

In March 2018, WHO recommended that typhoid-endemic countries introduce prequalified TCVs into routine childhood immunization programs as a single dose for infants and children over 6 months of age, accompanied by catch-up vaccination campaigns for children up to 15 years of age, where feasible. Additionally, WHO recommended prioritizing countries with a high burden of disease and/or a growing burden of drug-resistant typhoid and in response to confirmed typhoid outbreaks. Gavi, the Vaccine Alliance has earmarked US\$85 million to support the introduction of TCVs into routine immunization programs and is accepting applications for financial support, with introductions anticipated as soon as 2019.



According to GBD estimates, Bangladesh had 643 cases of typhoid per 100,000 population in 2017—the highest typhoid incidence rate in the world.

AN OPPORTUNITY FOR BANGLADESH

TCVs could have a substantial benefit in Bangladesh, where the rate of typhoid is thought to be among the highest in the world. The GBD study estimates that, in 2017, Bangladesh had:

- **1,008,864 typhoid cases** or **643 cases per 100,000 population**, 57 percent of which were among children under 15 years of age; and
- **12,558 typhoid deaths**, 63 percent of which were among children under 15 years of age.¹

Typhoid also likely imposes an economic burden in Bangladesh. While a cost-of-illness study for Bangladesh is still underway, analyses from other settings in the south Asian region have found that average total costs for a hospitalized typhoid patient amounted to one-third of the average family's annual income.³ Preliminary findings from an economic analysis predict that, even in the absence of a Gavi



Bill & Melinda Gates Foundation/Sam Reinders

Tybbar-TCV® typhoid conjugate vaccine was prequalified by the World Health Organization in December 2017.

subsidy, a catch-up campaign followed by routine immunization with TCVs would potentially be cost-effective in Bangladesh.⁴

TyVAC EFFECTIVENESS STUDY IN BANGLADESH

In order to build evidence of the effectiveness of TCVs in protecting children from typhoid, researchers with the Typhoid Vaccine Acceleration Consortium (TyVAC) are conducting four different studies in Bangladesh, Burkina Faso, Malawi, and Nepal. In Bangladesh, TyVAC and project partners are studying how well TCVs prevent typhoid in children between 9 months and 16 years of age as well as the safety, impact, and cost of the vaccine. While the WHO already recommends TCV introduction in all typhoid-endemic countries, these studies add to the evidence base as low- and middle-income countries consider TCV vaccination strategies.



Icddr, b

A child receives a vaccine during the launch of the TyVAC effectiveness study in Bangladesh, March 2018.

REFERENCES

1. Global Burden of Disease. *The Lancet*. 2018.
2. Wong VK, Baker S, Pickard DJ, et al. Phylogeographical analysis of the dominant multidrug-resistant H58 clade of *Salmonella* Typhi identifies inter- and intracontinental transmission events. *Nature Genetics*. 2015;47(6):632-639.
3. Kaljee LM, Pach A, Garrett D, et al. Social and economic burden associated with typhoid fever in Kathmandu and surrounding areas: A qualitative study. *The Journal of Infectious Diseases*. 2017;jix122.
4. Bilcke J, et al. Setting global performance standards for a cost-effective typhoid conjugate vaccine strategy: a modelling study. *In prep*.

Learn more and join the effort at www.takeontyphoid.org.

#TakeOnTyphoid