Drug-resistant typhoid strains are a growing problem in Zambia, regionally, and across the globe.

Global data show that the multidrug-resistant (MDR) H58 typhoid strain prevalence has increased dramatically since 1992.

An outbreak in Lusaka from 2010-2012 sickened 2,040 people, of which nearly 90% were children under 15 years old. Analysis of samples from the outbreak showed the it was caused by a variant of the H58 typhoid strain.

More than 80% of the isolates analyzed showed high levels of resistance to 5 of the core antimicrobials available to treat typhoid. A few of the isolates also showed low-level resistance to ciprofloxacin, a common treatment for typhoid.

As drug-resistant typhoid becomes more common, it will become more difficult to treat and force the use of more expensive and less readily-available treatment options.
Typhoid conjugate vaccines in Zambia

**Typhbar-TCV®** is a newly licensed and World Health Organization (WHO)-prequalified and recommended tool for typhoid prevention in endemic areas. Gavi, the Vaccine Alliance support for introduction is available now.

Typhbar-TCV is highly effective and safe for children as young as 6 months of age, and:

- Only requires **one dose**;
- May be **more effective and longer-lasting** than other previous typhoid vaccines; and
- Can be **co-administered with measles** vaccine.

Preliminary findings from an economic analysis predict that, even in the absence of a Gavi subsidy, a catch-up campaign with TCV could be potentially cost-effective in Zambia.