Together We Can Take on Typhoid



**TYPHOID CASES IN GHANA BY AGE (2017)** 





Most typhoid cases in Ghana

occur in children **younger** 

than 15 years old.

Blood culture-confirmed surveillance conducted by the Typhoid Fever Surveillance in Africa Program (TSAP) found typhoid incidence rates among children under 15 in Asante Akim North, Ghana, were **two times higher for rural children than for urban children** (636 versus 297 cases per 100,000, respectively).<sup>2</sup>



# Clincal rates vary by district in Ghana

Reported clinical rates for typhoid differ by district, with a large burden concentrated in northeast and southwest Ghana.<sup>3</sup>



Average typhoid rates per 100 people from 2011-2015

> - (> 4.0] - (3.0,4.0] - (2.0,3.0] - (1.0,2.0] - [0.0,1.0]

#### Significant WASH barriers in Ghana exacerbate the risk of fecally transmitted diseases such as typhoid.

» A SaniPath analysis found that, for children under 5 years of age in Accra, food—a frequent vehicle for typhoid outbreaks—is the most common and influential pathway for childhood fecal contamination.<sup>4</sup>

Another analysis in Accra found that fecal contamination and exposure is widespread across public and private domains, exacerbated by open defecation, poor sanitation services, environmental conditions, and employment activities.<sup>5</sup> The pervasiveness of the contamination creates persistent, repeated risk of exposure for Accra residents, regardless of individual latrine use and hygiene practices, suggesting the need for multi-sectoral approaches.

# ton DATH/Dinne Port

### While typhoid is rarely fatal, the recovery is long and difficult.

### The disease takes time, money, and productivity from those infected and their families and is associated with numerous long-term complications.

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



A study in 2001-2002 found 89% of typhoid isolates were resistant to chloramphenicol, the first-line treatment for typhoid at the time, with high resistance to secondline drugs co-trimoxazole and ampicillin as well. This finding spurred national guidelines to replace chloramphenicol with ciprofloxacin in 2004.<sup>6</sup>



Additionally, an analysis of typhoid isolates collected by TSAP from children under 15 in Asanta Akim North, Ghana, from 2010-2014 found 80% resistance to co-trimoxazole, 77% resistance to chloramphenicol, 67% resistance to ampicillin, with 63% resistant to all three of these drugs.<sup>7</sup>



Another analysis using TSAP typhoid isolates found that young children aged 2-4 years had the highest incidence of multidrugresistant typhoid in Ghana.<sup>8</sup>



Drug-resistant typhoid is more difficult to treat and forces the use of more expensive and less readilyavailable treatment options.

# Typhoid conjugate vaccines in Ghana

Typbar-TCV<sup>®</sup> 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.

Typbar-TCV is highly effective and safe for children as young as 6 months of age<sup>9</sup>.



Only **one dose** is required;



May be **more effective and longerlasting** than other previous typhoid vaccines; and



Can be **co-administered with measles-containing** vaccine.

### Let's Take on Typhoid in Ghana

Typhoid is endemic in Ghana, with more than **69,000** cases per year.

More than half of Ghana's typhoid burden is borne by children *younger than* 15 years of age.

Data show an increase in drug-resistant typhoid in Ghana, regionally, and globally.

A new TCV is safe, effective, and WHO-recommended for routine immunization as part of a costeffective, integrated approach to typhoid prevention and control alongside safe water, sanitation, and hygiene interventions.

*Gavi support* for TCV introduction is available *now*.

A recent modeling analysis shows that in Ghana, a catch-up campaign up to 15 years of age followed by routine immunization is the preferred strategy and likely costeffective with support from Gavi.\*<sup>10</sup>

\* At a willingness to pay threshold of US\$100 or more to avert one disability-adjusted life-year.



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