Most typhoid cases in Uganda occur in children younger than 15 years old.

Drug-resistant typhoid strains are a growing problem in Uganda, regionally, and across the globe. During an outbreak in Bundibugyo and Kasese Districts from 2008 to 2011, multidrug-resistant strains increased from just 5% of isolates in 2009 to 83% of isolates in 2011.²

During the 2015 outbreak in Kampala, which caused over 10,000 suspected cases, one analysis found that 22.7% of isolates had multidrug resistance genes, and all showed reduced susceptibility to ciprofloxacin.³

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.

Uganda is a typhoid-endemic country. The Global Burden of Disease study estimated that, in 2017, there were at least:

- 56,135 typhoid cases (144 cases per 100,000)
- 657 typhoid deaths
- 50,644 disability-adjusted life-years lost to typhoid

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.
Typhoid conjugate vaccines in Uganda

**Typbar-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.

Typbar-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-containing vaccine.**

A recent modeling analysis shows that in Uganda, a catch-up campaign up to 15 years of age followed by routine immunization is the preferred strategy and likely cost effective with support from Gavi, the Vaccine Alliance.*

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

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