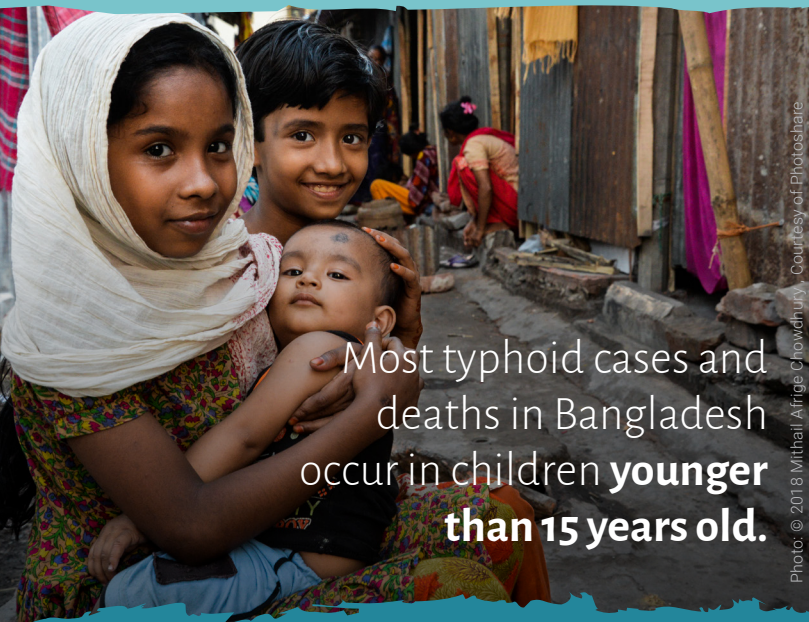
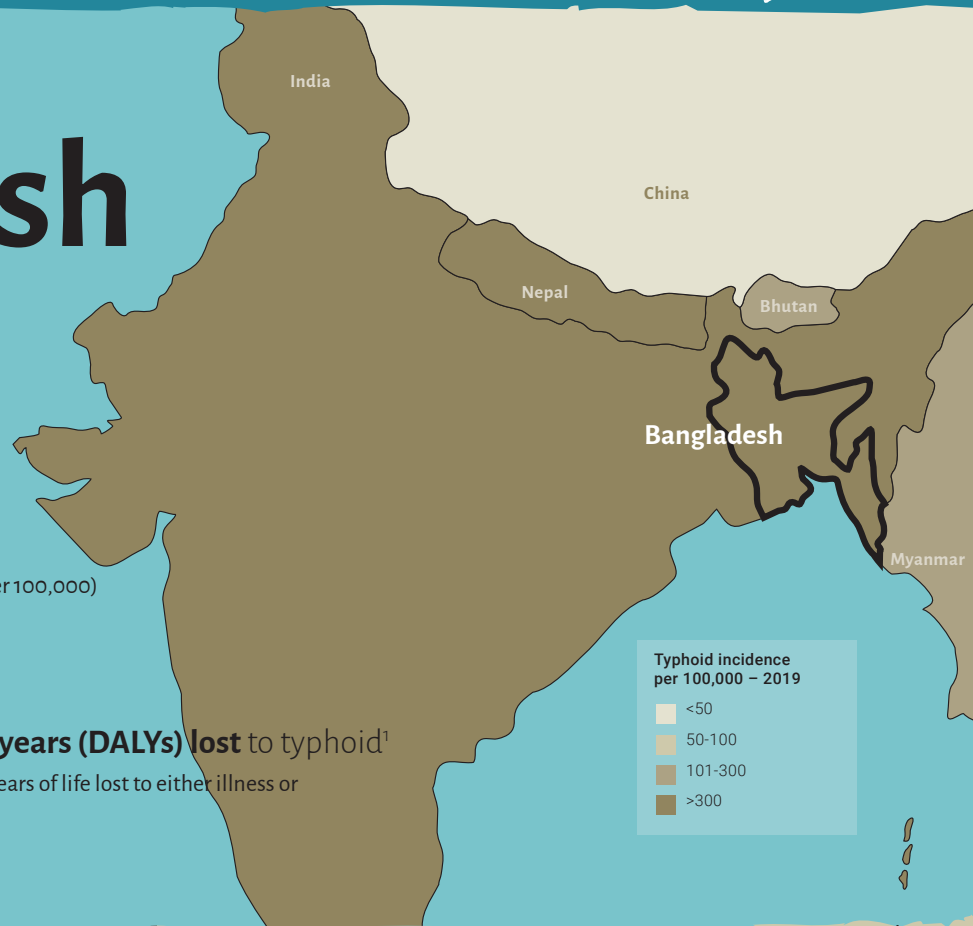


Burden of Typhoid in

# Bangladesh

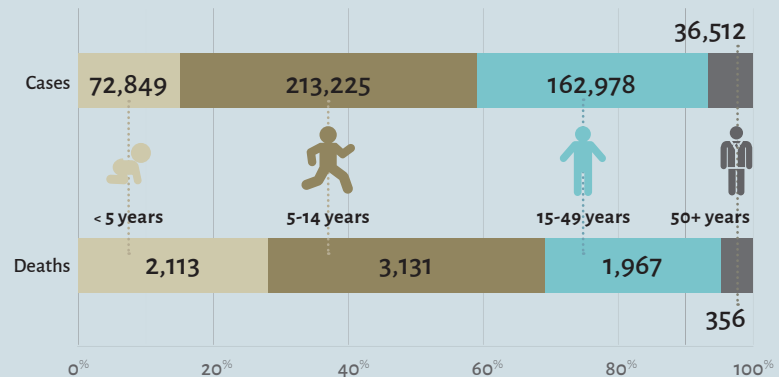
Bangladesh is a typhoid-endemic country. The Global Burden of Disease study estimated that, in 2019, there were at least:

**485,564** typhoid cases (304 cases per 100,000)  
**7,567** typhoid deaths  
**570,695** disability-adjusted **life-years (DALYs) lost** to typhoid<sup>1</sup>  
 DALYs are a measure of healthy years of life lost to either illness or early death



Most typhoid cases and deaths in Bangladesh occur in children **younger than 15 years old.**

## TYPHOID CASES AND DEATHS IN BANGLADESH BY AGE (2019)<sup>1</sup>

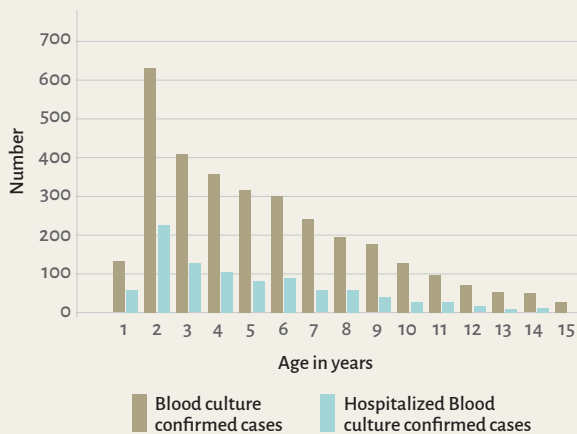


Typhoid is spread through contaminated food and water. In a recent study, 66 percent of tap water samples at study sites in Dhaka were positive for enteric fever;<sup>2</sup> demonstrating that water is a major source of typhoid infection in Bangladesh. Improvements to water and sanitation systems are important for long-term typhoid prevention and control, but can be costly and take time to implement. Typhoid conjugate vaccines can provide needed protection in the short-term.

Additionally, rapid urbanization has resulted in high population density in urban areas, which can raise the risk of typhoid transmission.<sup>2</sup>

# High burden of typhoid among young children

Age distribution of blood culture confirmed typhoid cases identified at the SEAP sites in Dhaka, Bangladesh, 2016-2019 (n=3235).<sup>3</sup>



A surveillance study in Dhaka found 1,135 cases of typhoid per 100,000 people. The rate of typhoid cases identified from this study was highest in children 5-9 years old.<sup>4</sup>

The Surveillance for Enteric Fever in Asia Project (SEAP) found a high burden of typhoid among young children in Dhaka. More than 30 percent of blood culture confirmed typhoid cases are hospitalized, of which 72 percent are in children younger than 6 years of age.<sup>3</sup>

» This high rate of illness places a large economic burden on Bangladeshi families, as a single case of typhoid typically costs a patient almost 5473 Bangladeshi Taka (US\$65), nearly double the average annual health expenditure per capita in Bangladesh.<sup>3</sup>

## 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.

Reflecting global and regional trends, drug-resistant typhoid strains are a growing problem in Bangladesh.



An analysis of typhoid isolates collected by SEAP found high levels of drug resistance. The proportion of isolates resistant to ciprofloxacin, a common antibiotic used to treat typhoid in the region, was nearly 100%, with high levels of multidrug-resistant (MDR) typhoid as well.<sup>5</sup>



Another analysis examining drug-resistant typhoid trends in Bangladesh using isolates from 1999-2013 found high rates of drug resistance to four of the most commonly used antibiotics.<sup>6</sup>



Children who contracted MDR typhoid had a longer duration of illness despite treatment,<sup>7</sup> placing further economic burdens on their families for their care.



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





# Typhoid conjugate vaccines (TCVs) in Bangladesh

The World Health Organization (WHO) recommends the introduction of prequalified TCVs be prioritized in countries with a high burden of typhoid disease or a high burden of drug-resistant typhoid. Gavi, the Vaccine Alliance support for introduction is **available now**.

Prequalified TCVs are highly effective and safe for children as young as 6 months of age. Recent data from a large Phase 3 study in Bangladesh show that TCV is safe and 85% effective in preventing typhoid.<sup>8</sup> TCVs:



Require **one dose**;



Are **more effective and may be longer-lasting** than other typhoid vaccines; and



Can be **co-administered with measles-rubella** vaccine.<sup>9</sup>



A recent modeling analysis shows that in Bangladesh, 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.<sup>\*10</sup>

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

## Let's Take on Typhoid in Bangladesh

- ✓ Typhoid is endemic in Bangladesh, with more than **485,000** cases per year.
- ✓ More than half of Bangladesh's typhoid burden is borne by children **younger than 15** years of age.
- ✓ Data show an increase in **drug-resistant typhoid** in Bangladesh, regionally, and globally.
- ✓ **TCVs are** safe, effective, and WHO-recommended for routine immunization as part of a cost-effective, integrated approach to typhoid prevention and control alongside safe water, sanitation, and hygiene interventions.
- ✓ **Gavi support** for TCV introduction is available **now**.







Photo: © 2017 Md. Akram Ali, Courtesy of Photoshare

1. Institute for Health Metrics and Evaluation. Global Burden of Disease. 2019. Accessed via: [ghdx.healthdata.org/gbd-results-tool](http://ghdx.healthdata.org/gbd-results-tool).
2. Yu AT, Amin N, Rahman MW, Curley ES, Rahman KM, Luby SP. Case-fatality ratio of blood culture-confirmed typhoid fever in Dhaka, Bangladesh. *The Journal of Infectious Diseases*. 2018;218(Suppl 4):S222-S226.
3. SEAP. Unpublished data.
4. Meiring JE, Shakya M, Khanam F, et al. Burden of enteric fever at three urban sites in Africa and Asia: A multicentre population-based study. *The Lancet Global Health*. 2021;9(12):E1688-1696.
5. Barkume C, Date K, Saha SK, et al. Phase I of the Surveillance for Enteric Fever in Asia Project (SEAP): An overview and lessons learned. *The Journal of Infectious Diseases*. 2018;218(Suppl 4):S188-S194.
6. Tanmoy AM, Westeel Em De Bruyne K, et al. *Salmonella enterica* Seroovar Typhi in Bangladesh: Exploration of genomic diversity and antimicrobial resistance. *mBio*. 2018;9(6):e02112-18.
7. Naheed A, Ram PK, Brooks WA, et al. Burden of typhoid and paratyphoid fever in a densely populated urban community, Dhaka, Bangladesh. *International Journal of Infectious Diseases*. 2010;14(Suppl 3):e93-e99.
8. Qadri F, Khanam F, Liu X, et al. Protection by vaccination of children against typhoid fever with a Vi-tetanus toxoid conjugate vaccine in urban Bangladesh: A cluster-randomised trial. *The Lancet*. 2021;398(10301):675-684.
9. Sirima SB, Ouedraogo A, Barry N, et al. Safety and immunogenicity of Vi-typhoid conjugate vaccine co-administration with routine 9-month vaccination in Burkina Faso: A randomized controlled phase 2 trial. *International Journal of Infectious Diseases*. 2021;108:465-472.
10. Blicke J, Antillon M, Pieters Z, et al. Cost-effectiveness of routine and campaign use of typhoid Vi-conjugate vaccine in Gavi-eligible countries: A modelling study. *The Lancet Infectious Diseases*. 2019;19(7):728-739.