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

In the cases identified through the STRATAA surveillance study, incidence rates were highest among children younger than 15 years old.¹

Drug resistance has likely caused typhoid cases in Malawi to increase rapidly over the past years.²³

Data from Blantyre show that multidrug-resistant (MDR) typhoid strains became prominent in 2011.

Following the introduction of MDR strains in 2011, typhoid became the predominant bloodstream infection among adults and children in Malawi, with a 21% incidence of complications among children.²⁴

The recent STRATAA study found high rates of MDR typhoid in Malawi. 92% of isolates were MDR.¹

All isolates from typhoid cases identified in a large Phase 3 typhoid conjugate vaccine efficacy study conducted in Malawi were MDR.⁴
Typhoid conjugate vaccines (TCVs) in Malawi

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 Malawi show that TCV is safe and 84% effective in preventing typhoid. 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.**

The Government of Malawi has prioritized typhoid prevention and control and plans to introduce TCV into its routine childhood immunization program in 2022.

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