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

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

Typhoid was the most commonly found invasive bacteria in two separate studies in Zanzibar and rural Korogwe District. In Korogwe, 88% of typhoid isolates were resistant to chloramphenicol, which is a first-line treatment option. An evaluation of blood culture-confirmed typhoid cases in Moshi, Tanzania, between 2011 and 2013 found that 89% of samples were multidrug-resistant (MDR). In another analysis using sites from both rural and urban Moshi, 36% of all blood culture-confirmed cases were MDR. The urban site estimated a population incidence of MDR typhoid of 103 cases per 100,000.

Each typhoid case in Zanzibar costs families an average of US$154.47, nearly two months of average family income. 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.

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 incidence per 100,000 – 2019
- <50
- 50-100
- 101-300

Typhoid cases in Tanzania by age (2019)
- <5
- 5-14
- 15-49
- 50-69
- 70+

Typhoid cases (140 cases per 100,000)
- 79,334 cases
- 1,671 deaths
- 129,334 disability-adjusted life-years lost to typhoid

Burden of Typhoid in Tanzania

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

- 79,334 typhoid cases
- 1,671 typhoid deaths
- 129,334 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 (TCVs) in Tanzania

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 Malawi show 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 and meningococcal A vaccines**.

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 Tanzania.

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