**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.**

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.

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### Burden of Typhoid in Uganda

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

- **41,734 typhoid cases** (102 cases per 100,000)
- **635 typhoid deaths**
- **48,627 disability-adjusted life-years lost** to typhoid¹

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 in Uganda

- **<5 cases per 100,000**
- **50-100 cases per 100,000**
- **101-300 cases per 100,000**

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

### Typhoid Cases in Uganda by Age (2019)

- **<5 years old:** 11%
- **5-14 years old:** 46%
- **15-49 years old:** 40%
- **50-69 years old:** 2%
- **70+ years old:** 1%

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**Typhoid incidence per 100,000 – 2019**

- Bundibugyo 2011
- Kasese 2011
- Kasese 2009

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**Typhoid cases in Uganda by age (2019)**

- 15-49: 57%
- 5-14: 11%
- >50: 46%
Typhoid conjugate vaccines (TCVs) in Uganda

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 Uganda.

Typhoid is endemic in Uganda, with more than **41,000 cases** per year.

Uganda’s burden of typhoid is most heavily borne by children **under 15** years of age.

Data show an increase in drug-resistant typhoid in Uganda, 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.

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