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

Global data show that the multidrug-resistant (MDR) H58 typhoid strain prevalence has increased dramatically since 1992.²

An outbreak in Lusaka from 2010-2012 sickened 2,040 people, of which nearly 90% were children under 15 years old. Analysis of samples from the outbreak showed the it was caused by a variant of the H58 typhoid strain.³

More than 80% of the isolates analyzed showed high levels of resistance to 5 of the core antimicrobials available to treat typhoid. A few of the isolates also showed low-level resistance to ciprofloxacin, a common treatment for typhoid.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.

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

17,860 typhoid cases (98 cases per 100,000)
333 typhoid deaths
25,428 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.

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Most typhoid cases in Zambia occur in children younger than 15 years old.
Typhoid conjugate vaccines (TCVs) in Zambia

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.\(^4\) 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.\(^5\)

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 Zambia.\(^6\)

\(\checkmark\) Typhoid is endemic in Zambia, with more than 17,000 cases per year.

\(\checkmark\) Zambia’s burden of typhoid is most heavily borne by children **under 15** years of age.

\(\checkmark\) Data show an increase in **drug-resistant typhoid** in Zambia, regionally, and globally.

\(\checkmark\) 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.

\(\checkmark\) **Gavi support** for TCV introduction is available **now**.

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