Together We Can Take on Typhoid

Burden of Typhoid in

Zambia

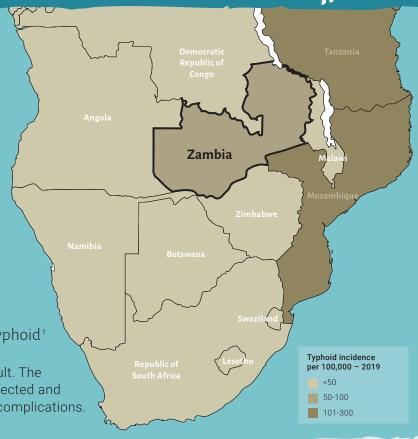
Zambia is a typhoid-endemic country. The Global Burden of Disease study estimated that, in 2019, there were at least:

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.



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



Global data show that the multidrugresistant (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



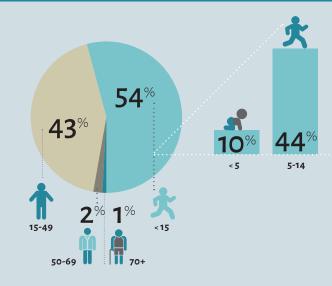
More than 80% of the isolates analyzed showed high levels of resistance to **5 of the core antimicrobials available** to treat typhoid. A few of the isolates also showed low-level resistance to ciprofloxacin, a common treatment for typhoid.³



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.

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

TYPHOID CASES IN ZAMBIA BY AGE (2019)



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 longerlasting 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 catchup campaign with TCV could be cost-effective in Zambia.⁶

Let's Take on Typhoid in Zambia

Typhoid is endemic in Zambia, with more than **17,000** cases per year.

- Zambia's burden of typhoid is most heavily borne by children **under 15** years of age.
- Data show an increase in *drug-resistant typhoid* in Zambia, regionally, and globally.
- **TCVs** are safe, effective, and WHO-recommended for routine immunization as part of a costeffective, integrated approach to typhoid prevention and control alongside safe water, sanitation, and hygiene interventions.

Gavi support for TCV introduction is available *now*.

- 1. Institute for Health Metrics and Evaluation. Global Burden of Disease. 2019. Accessed via: ghdx.healthdata.org/gbd-results-tool.
- 2. Wong VK, Baker S, Pickard DJ, et al. Phylogeographical analysis of the dominant multidrug-resistant H58 clade of Salmonella Typhi identifies inter- and intracontinental transmission events. Nature Genetics. 2015;47(6):632-639.
- 3. Hendriksen RS, Leekitcharoenphon P, Lukjancenko O, et al. Genomic signature of multidrug-resistant Salmonella enterica serovar Typhi isolates related to a massive outbreak in Zambia between 2010 and 2012. Journal of Clinical Microbiology. 2015;53:262-272.
- 4. Patel PD, Patel P, Liang Y, et al. Safety and efficacy of a typhoid conjugate vaccine in Malawian children. New England Journal of Medicine. 2021;385(12):1104-1115.
- 5. 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.
- 6. 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.





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