Typhoid, a serious enteric fever spread through contaminated food and water, is a substantial public health issue that disproportionately impacts children and marginalized populations in Asia and sub-Saharan Africa. The Global Burden of Disease (GBD) study estimates that, in 2019, there were more than 9 million typhoid cases and more than 110,000 typhoid deaths worldwide. Additionally, strains of drug-resistant typhoid are spreading, causing global concern.

TYPHOID CONJUGATE VACCINES

Typhoid vaccination can reduce the need for antibiotics, slow expansion of drug-resistant strains, and save lives. Typhoid conjugate vaccines (TCVs) are licensed, prequalified by the World Health Organization (WHO), and have advantages over earlier typhoid vaccines. TCVs provide longer-lasting protection, require only one dose, and are safe and efficacious for children over 6 months.

Three large Phase 3 efficacy studies conducted in Nepal, Bangladesh, and Malawi showed that TCV prevented 78, 85, and 84 percent of typhoid cases in children 9 months to 16 years old, respectively. These results demonstrate that TCV is protective across diverse settings in Africa and Asia.

WHO RECOMMENDATION AND GAVI SUPPORT

In March 2018, WHO recommended TCV as the preferred typhoid vaccine because of its improved performance and suitability for younger children. WHO recommends the introduction of TCV be prioritized in countries with the highest burden of typhoid disease or a high burden of drug-resistant typhoid. WHO encourages routine administration to be accompanied by catch-up vaccination campaigns for children up to 15 years of age, where feasible and supported by data. Gavi, the Vaccine Alliance has provided financial support for eligible countries to introduce TCVs since 2018. Several countries have already introduced TCV into their routine immunization programs including Liberia, Pakistan, Samoa, and Zimbabwe. More than 36 million children have been vaccinated with TCV globally.

AN OPPORTUNITY FOR BANGLADESH

TCVs could have a substantial benefit in Bangladesh, where the rate of typhoid is thought to be among the highest in the world. The GBD study estimates that, in 2019, Bangladesh had:

- 485,564 typhoid cases or 304 cases per 100,000 population, 59 percent of which were among children under 15 years of age; and
- 7,567 typhoid deaths, 69 percent of which were among children under 15 years of age.

The burden of typhoid may be even higher than GBD estimates. A surveillance study conducted in Dhaka found 1,135 cases of typhoid per 100,000 people.
Typhoid also likely imposes an economic burden in Bangladesh. While a cost-of-illness study for Bangladesh is still underway, analyses from other settings in the south Asian region have found that average total costs for a hospitalized typhoid patient amounted to one-third of the average family’s annual income. Analyses from an economic analysis predict that, even in the absence of a Gavi subsidy, a catch-up campaign followed by routine immunization with TCVs could be cost-effective in Bangladesh.

**TyVAC EFFECTIVENESS STUDY IN BANGLADESH**

In order to build evidence of the effectiveness of TCVs in protecting children from typhoid, researchers with the Typhoid Vaccine Acceleration Consortium (TyVAC) are conducting four different studies in Bangladesh, Burkina Faso, Malawi, and Nepal. In Bangladesh, TyVAC and project partners found that TCVs have 85 percent efficacy against blood-culture confirmed typhoid in children 9 months to 16 years of age and have a strong safety profile.

While the WHO already recommends TCV introduction in all typhoid-endemic countries, this additional evidence helps inform ongoing decisions about TCV vaccination in low-and middle-income countries.

**REFERENCES**


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**TyVAC**

TyVAC (Typhoid Vaccine Acceleration Consortium) is a partnership of the World Health Organization, the Bill & Melinda Gates Foundation, and the PATH-Merck Vaccines for Infectious Diseases partnership.

**Tybar TCV®**

Tybar TCV® is a typhoid conjugate vaccine that was prequalified by the World Health Organization in December 2017.