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

Global data show that multidrug-resistant (MDR) typhoid prevalence has increased dramatically since 1992.\(^2\)

A study conducted in DRC found that nearly half of the isolates tested were MDR.\(^3\) These samples were from outbreaks occurring between 2002 and 2014.

Another surveillance study found that 38% of isolates tested were MDR, and 25% had decreased ciprofloxacin susceptibility,\(^1\) the preferred antibiotic treatment in the region. Together, these studies demonstrate increasing drug-resistant typhoid in DRC.

Drug-resistant typhoid is more difficult to treat and forces the use of more expensive and less readily-available treatment options.

**Burden of Typhoid in the Democratic Republic of the Congo (DRC)**

Hospital surveillance data from DRC indicate that:
- Typhoid is a frequent source of bloodstream infection;
- Is the most common bloodstream infection identified in adults; and
- Is frequently identified in children, of whom 72% are younger than 10 years old.\(^1\)

DRC has experienced multiple large-scale typhoid outbreaks in the last decade, suggesting a growing typhoid burden.

Typhoid is difficult to diagnose because it requires blood cultures, which require specialized training to perform and laboratory capacity that may not be available. Typhoid is often misdiagnosed for other diseases with similar symptoms, making it difficult to know its true burden.

Additional studies are ongoing to better understand DRC’s typhoid burden, with results expected soon.

While typhoid is rarely fatal, the recovery is long and difficult. The disease steals time, money, and productivity from those infected and their families and is associated with numerous long-term complications.

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

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. Support for introduction from Gavi, the Vaccine Alliance 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, yellow fever, 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 DRC.