Niger is a typhoid-endemic country. The Global Burden of Disease 2019 study estimated that Niger experienced at least:

- 31,141 typhoid cases (134 cases per 100,000)
- 491 typhoid deaths
- 38,895 disability-adjusted life-years lost to typhoid

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 Niger occur in children younger than 15 years old.

The risk of typhoid may be increasing in Niger.

Typhoid is spread through contaminated food and water. In Niger, more than half of the population does not have access to basic water services and 85% do not have access to basic sanitation services. This raises typhoid risks.

Global data show that multidrug-resistant (MDR) typhoid prevalence has increased dramatically since 1992. A study in Niger found that all 4 typhoid isolates identified were MDR. While the total number of isolates from this study is small, it confirms that MDR typhoid is present in Niger. Drug-resistant typhoid is more difficult to treat and forces the use of more expensive and less readily-available treatment options.

Typhoid intestinal perforations are a severe and life-threatening complication of the disease. A study of childhood abdominal emergency surgeries at Niamey National Hospital found that 38% of the abdominal surgeries performed in children younger than 5 years old were for intestinal perforation due to typhoid. These cases have a more complicated recovery, are more expensive to treat, and have a higher mortality rate.
Typhoid conjugate vaccines (TCVs) in Niger

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. TCVs:

- Are highly effective and safe for children as young as 6 months of age;
- Require a single dose to prevent 79-85% of typhoid cases in children;\(^6\)
- Offer strong protection for at least 4 years; and
- Can be co-administered with measles, yellow fever, and meningococcal A vaccines.\(^7\)^\(^8\)

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 Niger.\(^9\)

Typhoid is endemic in Niger, with more than 31,000 cases per year.

Niger’s burden of typhoid is most heavily borne by children younger than 15 years of age.

Data show a high number of intestinal perforations due to typhoid as well as increasing drug resistance, which is more difficult to treat.

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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