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

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

An analysis of typhoid samples from Lagos found that more than 80% of these samples were MDR. Increasing rates of fluoroquinolone and cephalosporin resistance were seen as well.³

Another study of typhoid cases in children younger than 5 years old in Kano and the Federal Capital Territory found that 40% were MDR.⁴

Drug-resistant typhoid is more difficult to treat and forces the use of more expensive and less readily-available treatment options.
Typhoid conjugate vaccines (TCVs) in Nigeria

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;
- Offer strong protection for **at least 4 years**; and
- Can be **co-administered** with measles-rubella and yellow fever 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 Nigeria.

Let’s Take on Typhoid in Nigeria

- Typhoid is endemic in Nigeria, with more than **290,000 cases** per year.
- Nigeria’s burden of typhoid is most heavily borne by children **younger than 15 years of age**.
- Data show an increase in **drug-resistant typhoid** in Nigeria, regionally, and globally.
- 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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