Together We Can Take on Typhoid





TYPHOID CASES IN SENEGAL BY AGE (2019)



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

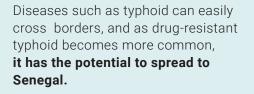


Global data show that multidrugresistant (MDR) typhoid prevalence has **increased dramatically since 1992**.²



While drug-resistant typhoid has not been isolated in Senegal,³ it has been **found in other West African countries**, including Ghana.²







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 Senegal

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;³



Offer strong protection for **at least 4 years**; and



Can be **co-administered** with measles-rubella and yellow fever vaccines.^{4,5}

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 Senegal.⁶

Let's Take on Typhoid in Senegal

- Typhoid is endemic in Senegal, with more than **15,000** cases per year.
- Senegal's burden of typhoid is most heavily borne by children **younger than 15** years of age.
- Data show a global increase in *drug-resistant typhoid*, which could spread to Senegal.
- **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. Park SE, Pham DT, Boinett C, et al. The phylogeography and incidence of multi-drug resistant typhoid fever in sub-Saharan Africa. Nature Communications. 2018;9(1):509
- 3. Al-Emran HM, Eibach D, Krumkamp R, et al. A multicountry molecular analysis of *Salmonella enterica* Serovar Typhi with reduced susceptibility to ciprofloxacin in sub-Saharan Africa. *Clinical Infectious Diseases*. 2016;62(Suppl 1):S42-S46.
- 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 co-administration of meningococcal type A and measles-rubella vaccines with typhoid conjugate vaccine in children aged 15-23 months in Burkina Faso. International Journal of Infectious Diseases. 2021;102:517-526.
- 6. 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.
- 7. Bilcke J, Antillón M, Pieters Z, et al. Cost-effectiveness of routine and campaign use of typhoid Vi-conjugate vaccine in Gavi-eligible countries: A modelling study. Lancet Infectious Disease. 2019;19(7):728-739



