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

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

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

Diseases such as typhoid can easily cross borders, and as drug-resistant typhoid becomes more common, it has the potential to spread to Senegal.

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 cost-effective, integrated approach to typhoid prevention and control alongside safe water, sanitation, and hygiene interventions.
- Gavi support for TCV introduction is available now.