Burden of Typhoid in

Bangladesh

Bangladesh is a typhoid-endemic country. The Global Burden of Disease study estimated that, in 2021, there were at least:

477,518 typhoid cases (290 cases per 100,000)

7,998 typhoid deaths

602,875

disability-adjusted life-years (DALYs) **lost** to typhoid¹

DALYs are a measure of healthy years of life lost to either illness or early death



Most typhoid cases and deaths in Bangladesh occur in children younger than 15 years old.





Typhoid is spread through contaminated food and water. In a recent study, 66 percent of tap water samples at study sites in Dhaka were positive for enteric fever,² demonstrating that water is a major source of typhoid infection in Bangladesh. Improvements to water and sanitation systems are important for long-term typhoid prevention and control, but can be costly and take time to implement. Typhoid conjugate vaccines can provide needed protection in the short-term.

Additionally, rapid urbanization has resulted in high population density in urban areas, which can raise the risk of typhoid transmission.²

High burden of typhoid among young children

Data on blood cultureconfirmed typhoid cases in Dhaka, Bangladesh, found high rates of typhoid in children younger than 15 years old, with the highest rates in children 2-4 years old.³

Another surveillance study in Dhaka found 1,135 cases of typhoid per 100,000 people. The rate of typhoid cases identified from this study was highest in children 5-9 years old.⁷



While typhoid is rarely fatal, the recovery is long and difficult.

The disease takes time, money, and productivity from those infected and their families and is associated with numerous long-term complications.

Reflecting global and regional trends, drug-resistant typhoid strains are a growing problem in Bangladesh.



An analysis of typhoid isolates collected by SEAP found high levels of drug resistance. The proportion of isolates resistant to ciprofloxacin, a common antibiotic used to treat typhoid in the region, was nearly 100%.³



Another analysis examining drug-resistant typhoid trends in Bangladesh using isolates from 1999-2013 found high rates of drug resistance to four of the most commonly used antibiotics.8



Children who contracted MDR typhoid had a longer duration of illness despite treatment,9 placing further economic burdens on their families for their care.



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 Bangladesh

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. Gavi, the Vaccine Alliance support for introduction 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;¹⁰



Offer strong protection for at least 4 years; and



Can be **co-administered with** measles-rubella vaccine.¹¹



A recent modeling analysis shows that in Bangladesh, a catch-up campaign up to 15 years of age followed by routine immunization is the **preferred strategy and likely cost-saving**.⁶

Let's Take on Typhoid in Bangladesh

- Typhoid is endemic in Bangladesh, with more than **477,000** cases per year.
- More than half of Bangladesh's typhoid burden is borne by children younger than 15 years of age.
- Data show an increase in
 drug-resistant typhoid in
 Bangladesh, regionally, and globally.
- WHO-recommended for routine immunization as part of a costeffective, integrated approach to typhoid prevention and control alongside safe water, sanitation, and hygiene interventions.
- The Government of Bangladesh has made the decision to *introduce TCV*.





- Institute for Health Metrics and Evaluation. Global Burden of Disease. 2021. Accessed via: ghdx.healthdata.org/gbd-results-tool.
- 2. Yu AT, Amin N, Rahman MW, Gurley ES, Rahman KM, Luby SP. Case-fatality ratio of blood culture—confirmed typhoid fever in Dhaka, Bangladesh. *The Journal of Infectious Diseases.* 2018;218(Suppl 4):S222-S226.
- Garrett DO, Longley AT, Aiemjoy K, et al. Incidence of typhoid and paratyphoid fever in Bangladesh, Nepal, and Pakistan: Results of the Surveillance for Enteric Fever in Asia Project. The Lancet Global Health. 2022;10(7):E978-988.
- 4. Saha S, Sayeed KMI, Saha S, et al. Hospitalization of pediatric enteric fever cases, Dhaka, Bangladesh, 2017-2019: Incidence and risk factors. *Clinical Infectious Diseases*. 2020;71(Suppl 3):S196-204.
- Mejia N, Pallas S W, Saha S, et al. Typhoid and paratyphoid cost of illness in Bangladesh: Patient and health facility costs from the Surveillance for Enteric Fever in Asia Project II. Clinical Infectious Diseases. 2020;71(Suppl 3): S293–S305.
- Weyant C, Hooda Y, Munira SJ. Cost-effectiveness and public health impact of typhoid conjugate vaccine introduction strategies in Bangladesh. Vaccine. 2024;42(11):2867-2876.
- 7. Meiring JE, Shakya M, Khanam F, et al. Burden of enteric fever at three urban sites in Africa and Asia: A multicentre population-based study. *The Lancet Global Health*. 2021;9(12):E1688-1696.

- Tanmoy AM, Westeel Em De Bruyne K, et al. Salmonella enterica Serovar Typhi in Bangladesh: Exploration of genomic diversity and antimicrobial resistance. mBio. 2018;9(6):e02112-18.
- Naheed A, Ram PK, Brooks WA, et al. Burden of typhoid and paratyphoid fever in a densely populated urban community, Dhaka, Bangladesh. *International Journal of Infectious Diseases*. 2010;14(Suppl 3):e93-e99.
- Qadri F, Khanam F, Liu X, et al. Protection by vaccination of children against typhoid fever with a Vi-tetanus toxoid conjugate vaccine in urban Bangladesh: A cluster-randomised trial. The Lancet. 2021;398(10301):675-684.
- Sirima SB, Ouedraogo A, Barry N, et al. Safety and immunogenicity of Vityphoid 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.
- Blicke J, Antillon M, Pieters Z, et al. Cost-effectiveness of routine and campaign use of typhoid Vi-conjugate vaccine in Gavi-eligible countries: A modelling study. The Lancet Infectious Diseases. 2019;19(7):728-739.



