Take on Typhoid

Burden of Typhoid in

Ghana

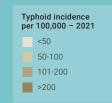
Ghana is a typhoid-endemic country. The Global Burden of Disease study estimated that, in 2021, there were at least:

56,484 typhoid cases (165 cases per 100,000)

879 typhoid deaths

67,537 disability-adjusted **life-years lost** to typhoid¹

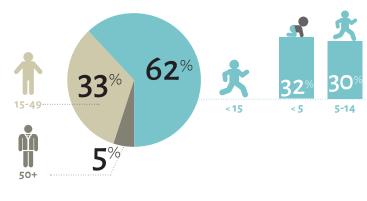
Senegal





TYPHOID CASES IN GHANA BY AGE (2021)

Ghana



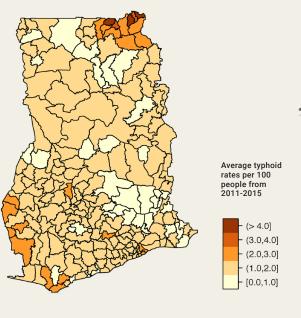


Blood culture-confirmed surveillance conducted by the Typhoid Fever Surveillance in Africa Program (TSAP) found typhoid incidence rates among children under 15 in Asante Akim North, Ghana, were **two times higher for rural children than for urban children** (636 versus 297 cases per 100,000, respectively).²



Clincal rates vary by district in Ghana

Reported clinical rates for typhoid differ by district, with a large burden concentrated in northeast and southwest Ghana.³



Significant WASH barriers in Ghana exacerbate the risk of fecally transmitted diseases such as typhoid. » A SaniPath analysis found that, for children under 5 years of age in Accra, food-a frequent vehicle for typhoid outbreaks—is the most common and influential pathway for childhood fecal contamination.4 Another analysis in Accra found that fecal contamination and exposure is widespread across public and private domains, exacerbated by open defecation, poor sanitation services, environmental conditions, and employment activities.5 The pervasiveness of the contamination creates persistent, repeated risk of exposure for Accra residents, regardless of individual latrine use and hygiene practices, suggesting the need for multi-sectoral approaches.

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.

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



A study in 2001-2002 found 89% of typhoid isolates were resistant to chloramphenicol, the first-line treatment for typhoid at the time, with high resistance to secondline drugs co-trimoxazole and ampicillin as well. This finding spurred national guidelines to replace chloramphenicol with ciprofloxacin in 2004.6



Additionally, an analysis of typhoid isolates collected by TSAP from children under 15 in Asanta Akim North, Ghana, from 2010-2014 found 80% resistance to co-trimoxazole, 77% resistance to chloramphenicol, 67% resistance to ampicillin, with 63% resistant to all three of these drugs (multidrug-resistant typhoid).⁷



Another analysis using TSAP typhoid isolates found that young children aged 2-4 years had the highest incidence of multidrugresistant typhoid in Ghana.8



Drug-resistant typhoid is more difficult to treat and forces the use of more expensive and less readilyavailable treatment options.

Typhoid conjugate vaccines (TCVs) in Ghana

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;



Offer strong protection for at least 4 years; and



Can be co-administered with measles-rubella, yellow fever, and meningococcal A vaccines. 10,11

Let's Take on Typhoid in Ghana

- Typhoid is endemic in Ghana, with more than **56,000** cases per year.
- More than half of Ghana's typhoid burden is borne by children younger than 15 years of age.
- Data show an increase in drug-resistant typhoid in Ghana, regionally, and globally.
- 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.







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