

Burden of Typhoid in

Burkina Faso

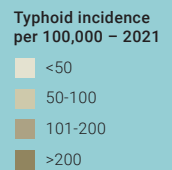
Burkina Faso is a typhoid-endemic country. The Global Burden of Disease 2021 study estimated that Burkina Faso experienced at least:

97,523 typhoid cases (428 cases per 100,000)

1,507 typhoid deaths

122,939 disability-adjusted **life-years lost** to typhoid¹

While typhoid is rarely fatal, the recovery is long and difficult. The disease steals time, money, and productivity from those infected and their families and is associated with numerous long-term complications.



Most typhoid cases in Burkina Faso occur in children **younger than 15 years old.**

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**.²



While drug-resistant typhoid has not been isolated in Burkina Faso³, it has been found in other West African countries, including Ghana⁴. Additionally, Burkina Faso has documented MDR for other *Salmonella* infections that are treated with the same antibiotics as typhoid⁵, **raising the concern that drug-resistant typhoid could evolve.**

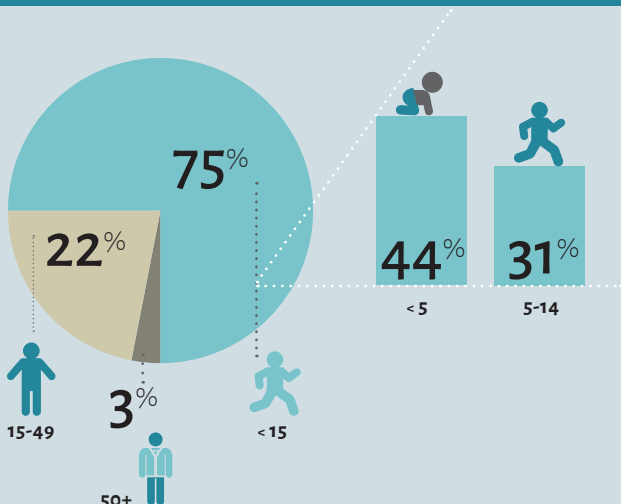


Diseases such as typhoid do not respect borders, and as drug-resistant typhoid becomes more common, **it will likely spread to Burkina Faso.**



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

TYPHOID CASES IN BURKINA FASO BY AGE (2021)



The Government of Burkina Faso prioritized child health and introduced typhoid conjugate vaccines (TCVs) into the routine immunization program in 2025.

Burkina Faso vaccinated 10.5 million children during the catch-up campaign and currently offers TCV to all children at 9 months old.



Typhoid conjugate vaccines (TCVs) in Burkina Faso

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;⁶



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



Can be **co-administered** with measles-rubella, yellow fever, and meningococcal A vaccines.^{7,8}

Let's Take on Typhoid in Burkina Faso

- ✓ Typhoid is endemic in Burkina Faso, with more than **97,000** cases per year.
- ✓ Burkina Faso'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 Burkina Faso.
- ✓ **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.
- ✓ The Government of Burkina Faso **introduced TCV in 2025**.

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 Burkina Faso.⁹

1. Institute for Health Metrics and Evaluation. Global Burden of Disease. 2021. Accessed via: ghdx.healthdata.org/gbd-results-tool.
2. Wong VK, Baker S, Pickard DJ, et al. Phylogeographical analysis of the dominant multidrug-resistant H58 clade of *Salmonella* Typhi identifies inter- and intracontinental transmission events. *Nature Genetics*. 2015;47(6):632-639.
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. 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):5094.
5. Demele R, Konate A, Soulama I, et al. Prevalence of multidrug-resistant *Salmonella enterica* and associated factors among under five children with diarrhea in rural Burkina Faso. *Clinical Biotechnology and Microbiology*. 2018;3(1):566-576.
6. 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.
7. 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.
8. 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.
9. 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.