

Potential of typhoid conjugate vaccines in Sudan

Typhoid, a serious enteric fever spread through contaminated food and water, is a substantial public health issue that disproportionately impacts children and marginalized populations in Asia and sub-Saharan Africa. The Global Burden of Disease (GBD) study estimates that, in 2021, there were more than 7 million typhoid cases and more than 93,000 typhoid deaths worldwide.¹ Additionally, strains of drug-resistant typhoid are spreading, causing global concern.²

TYPHOID CONJUGATE VACCINES

Typhoid vaccination can reduce the need for antibiotics, slow expansion of drug-resistant strains, and save lives. Typhoid conjugate vaccines (TCVs) are licensed, prequalified by the World Health Organization (WHO), and have advantages over earlier typhoid vaccines. TCVs provide longer-lasting protection, require only one dose, and are safe and efficacious for children over 6 months.

Three large Phase 3 efficacy studies conducted in Bangladesh, Malawi, and Nepal showed that TCV prevented 85, 84, and 79 percent of typhoid cases in children 9 months to 16 years old, respectively. These results demonstrate that TCV is protective across diverse settings in Africa and Asia.

WHO RECOMMENDATION AND GAVI SUPPORT

In March 2018, WHO recommended TCV as the preferred typhoid vaccine because of its improved performance and suitability for younger children. WHO recommends the introduction of TCV be prioritized in countries with the highest burden of typhoid disease or a high burden of drug-resistant typhoid. WHO encourages routine administration to be accompanied by catch-up vaccination campaigns for children up to 15 years of age, where feasible and supported by data. Gavi, the Vaccine Alliance has provided financial support for eligible countries to introduce TCVs since 2018. Several countries have already introduced TCV into their routine immunization programs including Burkina Faso, Kenya, Liberia, Nepal, Pakistan, Samoa, and Zimbabwe. More than 90 million children have been vaccinated with TCV.



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AN OPPORTUNITY FOR SUDAN

TCVs could have a substantial benefit in Sudan, where typhoid inflicts a significant public health burden. The latest GBD analysis estimates that, in 2021, Sudan had:

- **13,757 typhoid cases or 32 cases per 100,000 population**, 67 percent of which were among children under 15 years of age; and
- **204 typhoid deaths**, 74 percent of which were among children under 15 years of age.¹

Typhoid likely also imposes an economic burden in Sudan. Analyses from other settings in sub-Saharan Africa have found that the average costs of a typhoid case borne by families can amount to two months of average family income.³ An economic analysis predicts that, even in the absence of a Gavi subsidy, a catch-up campaign followed by routine childhood immunization with TCVs would potentially be cost-effective in Sudan.⁴

References

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;47:632-639.
3. Riewpaiboon A, Piatti M, Ley B, et al. Cost of illness due to typhoid fever in Pemba, Zanzibar, East Africa. *Journal of Health, Population and Nutrition*. 2014;32(3):377-385.
4. Bilcke J, 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):P728-739.

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