

Burden of Typhoid in the Democratic Republic of the Congo (DRC)

DRC is a typhoid-endemic country. The Global Burden of Disease 2023 study estimated that DRC experienced at least:

- 237,743** typhoid cases (252 cases per 100,000)
- 3,296** typhoid deaths
- 254,159** disability-adjusted **life years lost** to typhoid.¹

Hospital surveillance data from DRC indicate that:

- ▶ Typhoid is a frequent source of bloodstream infection;
- ▶ Is the most common bloodstream infection identified in adults; and
- ▶ Is frequently identified in children, of whom 72% are younger than 10 years old.²

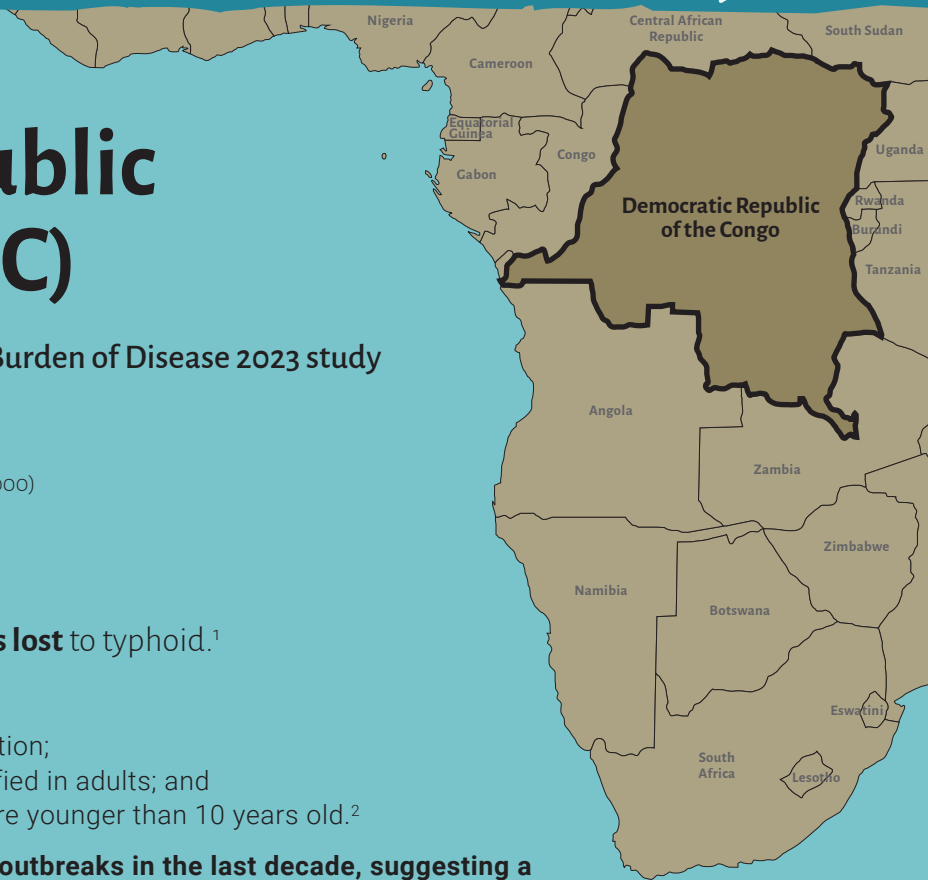
DRC has experienced multiple large-scale typhoid outbreaks in the last decade, suggesting a growing typhoid burden.

Typhoid is difficult to diagnose because it requires blood cultures, which require specialized training to perform and laboratory capacity that may not be available.

Typhoid is often misdiagnosed for other diseases with similar symptoms, making it difficult to know its true burden.

Additional studies are ongoing to better understand DRC's typhoid burden, with results expected soon.

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 DRC occur in children **younger than 15 years old.**

Photo: Megan Carey



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



Global data show that multidrug-resistant (MDR) typhoid prevalence has **increased dramatically since 1992.**³



A study conducted in DRC found that **nearly half of the isolates tested were MDR.**⁴ These samples were from outbreaks occurring between 2002 and 2014.



Another surveillance study found that 38% of isolates tested were MDR, and 25% had decreased ciprofloxacin susceptibility,² the preferred antibiotic treatment in the region. Together, **these studies demonstrate increasing drug-resistant typhoid in DRC.**



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 DRC

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;⁵



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



Can be **co-administered with measles-rubella, yellow fever, and meningococcal A** vaccines.^{6,7}

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 DRC.⁸

Let's Take on Typhoid in DRC

- ✓ Typhoid is a growing threat in DRC with more than **235,000** cases per year and increasing rates of drug-resistant typhoid.
- ✓ DRC's burden of typhoid is most heavily borne by children **younger than 15** years of age.
- ✓ **Climate change, urbanization, and increasing refugee populations** are poised to add additional strains on water, sanitation, and hygiene infrastructure, thereby **increasing the populations susceptible to typhoid**.
- ✓ **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**.

Photo: PATH/Georgina Goodwin

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