

Typhoid conjugate vaccines in Zimbabwe

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 2023, there were more than 6 million typhoid cases and more than 71,000 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 strong protection for at least 4 years, require only one dose, and are safe and effective for children older than 6 months of age.

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

WHO RECOMMENDATION AND GAVI SUPPORT

In March 2018, WHO recommended TCVs 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 Bangladesh, Burkina Faso, Kenya, Liberia, Malawi, Nepal, Niger, Pakistan, Samoa, and Zimbabwe. Nearly 150 million children have been vaccinated with TCV.



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AN OPPORTUNITY FOR ZIMBABWE

TCV is now in Zimbabwe's routine immunization program and is projected to have a substantial public health benefit. Typhoid is endemic in Zimbabwe and outbreaks have long plagued the country, particularly around Harare. Beginning in late 2016, annual outbreaks have significantly increased Zimbabwe's typhoid burden, with more than 4,000 cases recorded in 2018.³ However, the true burden is likely much higher due to diagnostic limitations. Drug-resistant typhoid is also a major problem in Zimbabwe, with up to 73 percent of cases in Harare suburbs resistant to first-line antibiotics.

Typhoid likely also imposes an economic burden. While costs of illness have not yet been evaluated for Zimbabwe, a recent analysis from Malawi found that typhoid can be economically catastrophic for families, sometimes costing more than a family's total monthly income.⁴ An economic analysis predicts that Zimbabwe's catch-up campaign and subsequent routine childhood immunization with TCVs will likely be cost-effective, even in the absence of a Gavi subsidy.⁵

References

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