To the Editor: I read with interest the case report “An imported enteric fever caused by a quinolone-resistant Salmonella typhi” by Somily et al1 and have the following comments:

The patient described in the case had two episodes of typhoid fever two months apart. The authors have labelled the second infection as a relapse. However, relapse usually occurs two to three weeks after the resolution of fever and is known to occur in 5% to 10% of patients.2 It is usually milder than the original attack, and the S Typhi strain isolated in relapse usually has the same antibiotic susceptibility pattern as the isolate during the original attack. Although rare, reinfection may also occur and can be distinguished from relapse by molecular typing.3,4 The patient in the case seems to have re-infection with S Typhi.

I would like to know whether the patient was already immunised with typhoid vaccine before the first attack. If not, I would also like to ask the authors whether typhoid vaccination in the patient after the first attack would have prevented the re-infection. Centers for Disease Control and Prevention (CDC) recommend typhoid vaccine for travelers to areas where there is a recognized increased risk of exposure to S Typhi. As observed with many bacterial diseases, an attack of typhoid fever does not provide long lasting immunity from a future episode of the same illness. An episode of typhoid fever usually means that the child lives in an environment in which further exposure to infection is likely. There is also the possibility that early treatment would have reduced the full force of immunity from developing. Trials have shown that treatment of typhoid patients in the first two weeks of illness may inhibit the development of the protective anti-Vi CPS antibody response.5 Taking into consideration the above points, the general recommendation is to give typhoid vaccine at least 4 weeks after full recovery from the illness.

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Letters

REFERENCES

1. Somily AM. An imported enteric fever caused by a quinolone-resistant Salmonella Typhi. Ann Saudi Med 2010;30:313-6.

2. Parry CM, Hien TT, Dougan G, White NJ, Farrar JJ. Typhoid fever. N Engl J Med. 2002;347:1770-2.

3. Hermans PW, Saha SK, van Leeuwen WJ, Verbrugh HA, van Belkum A, Goessens WH. Molecular typing of Salmonella typhi strains from Dhaka (Bangladesh) and development of DNA probes identifying plasmid-encoded multidrug-resistant isolates. J Clin Microbiol 1996;34:1373-9.

4. Wain J, Hien TT, Connerton P, Ali T, Parry CM, Chinh NT, Vinh H, Phuong CX, Ho VA, Diep TS, Farrar JJ, White NJ, Dougan G. Molecular typing of multiple-antibiotic-resistant Salmonella enterica serovar Typhi from Vietnam: application to acute and relapse cases of typhoid fever. J Clin Microbiol 1999;37:2466-72.

5. House D, Ho VA, Diep TS, Chinh NT, Bay PV, Vinh H, et al. Antibodies to the Vi capsule of Salmonella Typhi in the serum of typhoid patients and healthy control subjects from a typhoid endemic region. J Infect Dev Ctries 2008;2:308-12.

Table 2

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