Tackling typhoid fever burden in south Asia

South Asia is often thought to be a hub for enteric fever, also called typhoid fever. Hence, the Article by Denise Garrett and colleagues in this issue of The Lancet Global Health, which quantifies the burden of this disease, is very welcome. Based on hard evidence of the kind that has been presented here, governments in this region can potentially make policy changes towards the control of enteric fever.

However, at first glance the title might be misleading, as India, with its huge population and widespread typhoid fever, is not represented here. The authors, to their credit, explain this in the introduction of the Article, but the acronyms SEAP (Surveillance of Enteric Fever in Asia Project, which includes this present study) and SEFI (Surveillance of Enteric Fever in India), which separately reports on the findings from India, might be confusing.

Many doctors in south Asia perceive enteric fever to be on the decline, but this well-done burden study would seem to indicate that the problem is still very substantial. All the overall adjusted incidence rates for enteric fever, as clearly shown in the results by Garrett and colleagues, are well over 100 per 100,000 person-years, which is the threshold used to define high-burden settings for enteric fever. In fact, another recently published study in this journal reports an even higher burden in Nepal and Bangladesh than reported here by Garrett and colleagues.

The importance of WASH (water, sanitation, and hygiene) in controlling enteric fever is undisputed, but this (especially plumbing and sanitation improvements) is usually a long-term solution. In the meantime, vaccinations will be important. Based on WHO’s recent recommendations and supportive findings from a randomised controlled trial (carried out in Lalitpur, Nepal), the Nepali Government, with the help of Gavi, the Vaccine Alliance, started a nationwide typhoid vaccination campaign from early April, 2022, following in the footsteps of Pakistan, which started an enteric fever vaccination drive after encountering widespread ceftriaxone resistance.

In conclusion, the remarkable burden of typhoid fever as reported here by Garrett and colleagues must be appreciated so that control strategies, including use of the new typhoid conjugate vaccine, can be put in place. But, aside from WASH measures, what seems to be consistently ignored in tackling typhoid fever is the lack of emphasis on proper typhoid treatment trials with reliable, suitable diagnostics so that this disease can be effectively eliminated from areas of endemicity.

I declare no competing interests.

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