

Typhoid Fever

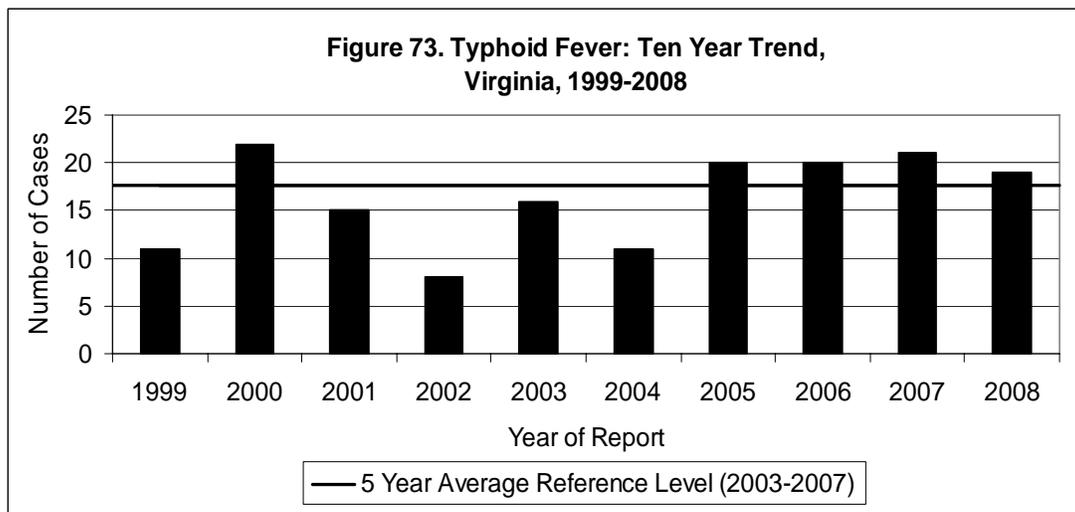
Agent: *Salmonella* ser.Typhi (bacteria)

Mode of Transmission: Ingestion of food or water contaminated by feces or urine of patients and carriers. The bacteria live only in humans.

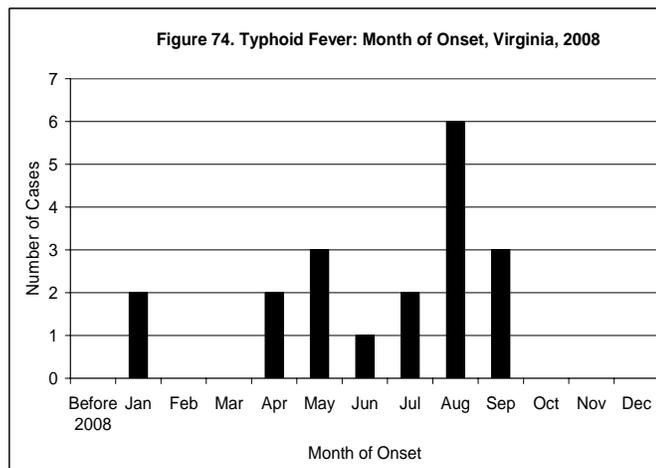
Signs/Symptoms: Include sustained fever, headache, malaise, a change in mental status, lethargy, anorexia, fast heart rate, enlarged spleen, a non-productive cough and constipation.

Prevention: Access to safe water and proper sanitation as well as following safe food handling practices are essential. Typhoid fever vaccine should be considered for travelers to a country where the disease is common.

During 2008, 19 cases of typhoid fever were reported in Virginia. This is a 9% decrease from the 21 cases reported in 2007, but an 8% increase from the five year average of 17.6 cases per year (Figure 73). Travel histories were obtained for all cases, and all but one had traveled outside of the United States in the 30 days prior to onset of illness. The countries included were Pakistan, India, Bangladesh, and Ethiopia. The one reported case with no travel history was epidemiologically linked to a family member with prior history of typhoid fever.



The 1-9 year age group had the highest incidence rate (1.0 per 100,000), followed by the 20-29 and 30-39 year age groups (0.3 per 100,000 each). Race information was not available for 53% of the cases, but among cases with a race reported, the “other” race category had the highest number of cases and the highest incidence rate (6 cases, 1.1 per 100,000). Incidence



among females and males was the same (0.2 per 100,000). Fifteen cases (79%) were reported from the northern region, where the incidence rate was 0.7 per 100,000. The other regions in the state had incidence rates ranging from 0.0 to 0.2 per 100,000. In 2008, the largest proportion of cases (58%) had onset during the third quarter, with a peak in August (Figure 74).