

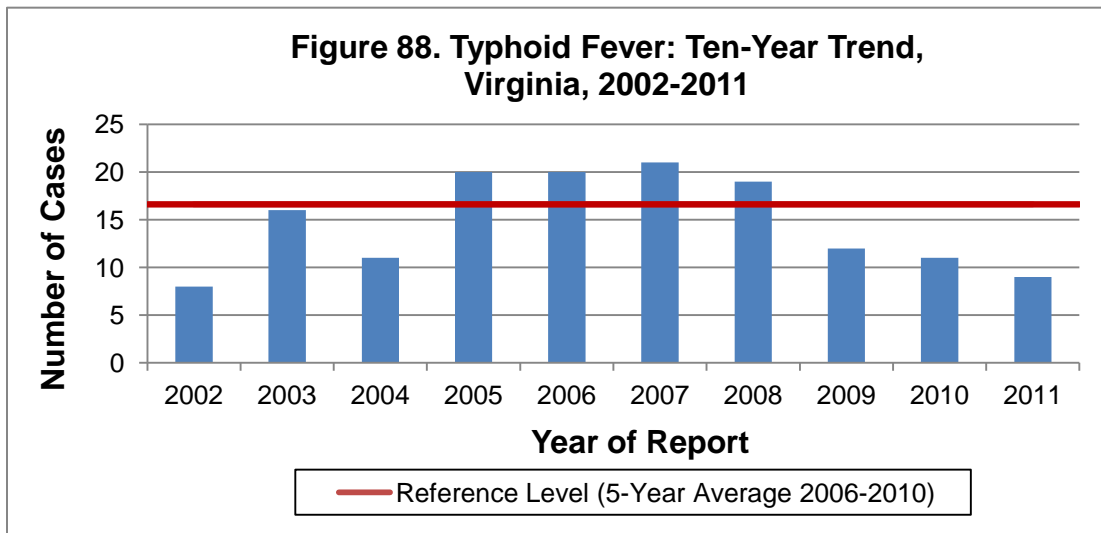
Typhoid Fever

Agent: *Salmonella* ser. Typhi (bacteria)

Mode of Transmission: Ingestion of food or water contaminated by feces or urine of infected persons. The bacteria live only in humans.

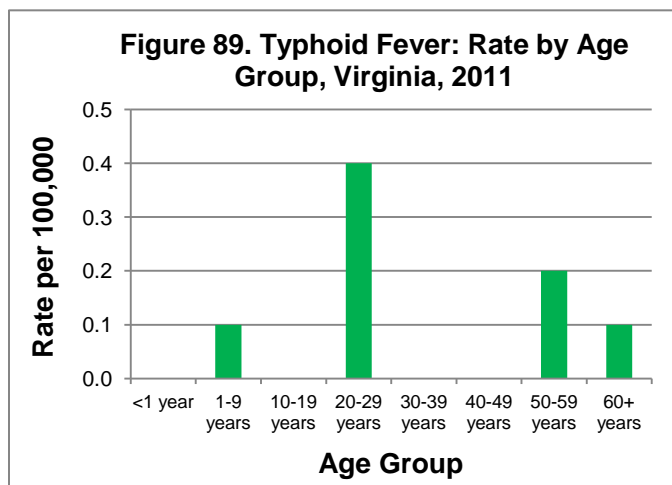
Signs/Symptoms: Include sustained fever, headache, malaise, altered mental status, lethargy, anorexia, fast heart rate, enlarged spleen, a non-productive cough and constipation.

Prevention: Access to safe water and proper sanitation, and following safe food handling and hand hygiene practices are essential. Travelers to countries where the disease is common should get vaccinated and avoid consuming risky foods and drinks.



During 2011, nine cases of typhoid fever were reported in Virginia, a small (18%) decrease from the 11 cases reported in 2009, and a 46% decrease from the five-year average of 16.6 cases per year (Figure 88). This is the fourth consecutive year with a decrease in the number of cases. Travel histories were obtained for eight of the nine cases. Seven persons had traveled outside the United States in the 30 days before illness onset, visiting India (5 cases, 56%) and Bangladesh (2 cases, 22%). Of the remaining two cases, one was lost to follow up and the other traveled outside the United States more than a year prior to illness onset.

The 20-29 year age group had the highest number of cases and highest incidence rate (5 cases, 0.4 per 100,000), followed by the 50-



59 year age group (2 cases, 0.2 per 100,000) (Figure 89). The two remaining cases occurred in the 1-9 year and the 60 years and older age groups. Race information was not available for 33% of the cases. Where information on race was available, the “other” race population was reported with the highest number of cases and highest incidence rate (5 cases, 0.5 per 100,000). The female and male populations had similar rates (0.1 per 100,000, each). Most of the cases (7 cases, 78%) were reported from the northern region, where the incidence rate was 0.3 per 100,000. Two cases were reported from the eastern region, with an incidence of 0.1 per 100,000.

Onset occurred throughout the year with no seasonal trend observed; however, because most of these infections were acquired outside the country, any seasonality is likely to be related to travel patterns to countries where the disease is more common.