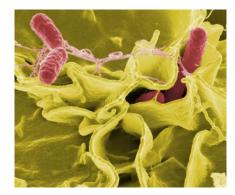
Lecture -8 III Semester

## **Medical Microbiology**

# Typhoid





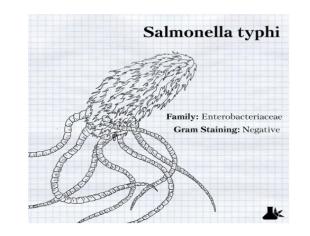
*Dr. Dharmesh Harwani* Department of Microbiology

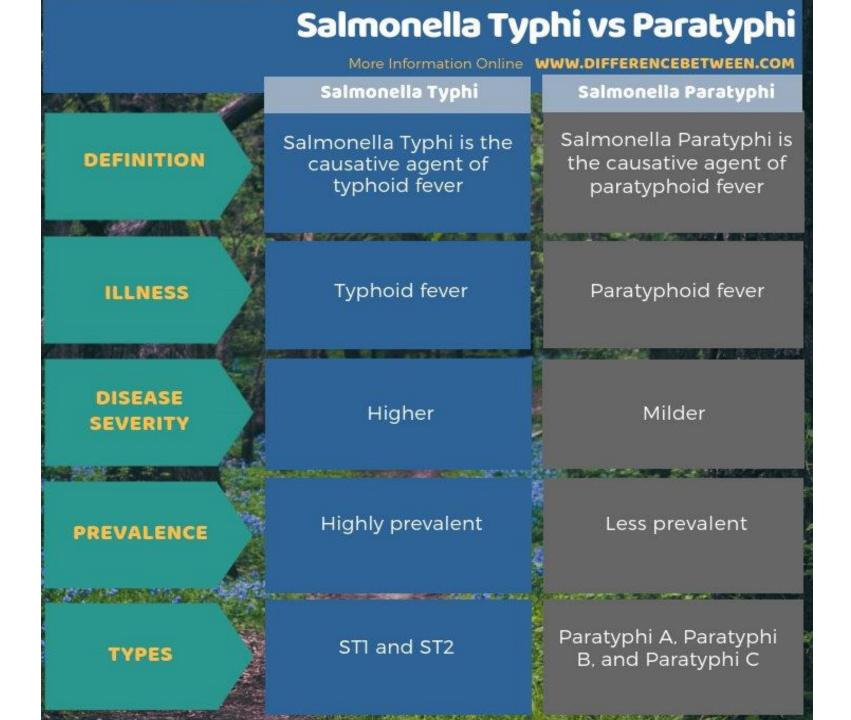
### Typhoid

- [Greek typhodes, smoke] fever is caused by several virulent serovars of Salmonella typhi
- Symptoms may vary from mild to severe, and usually begin 6 to 30 days after exposure. Onset of a high fever, weakness, abdominal pain, constipation, headaches, and mild vomiting.
- Some people develop a skin rash with rose colored spots
- Other people may carry the bacterium but are asymptomatic
- Typhoid is spread by eating or drinking food or water contaminated with the feces of an infected person
- Only humans can be infected

### ROSE SPOTS



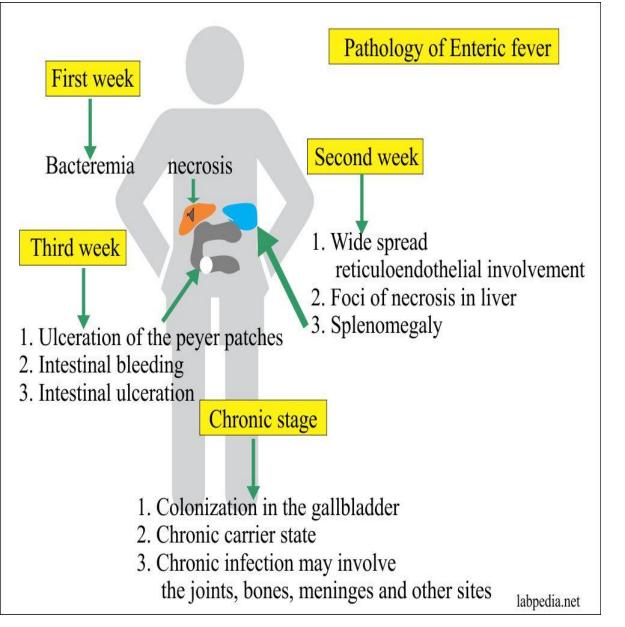




# Epidemiology

- In 2015, 12.5 million new cases worldwide were reported.
- The disease is most common in India. Children are most commonly affected.
- Rates of disease decreased in the developed world in the 1940s as a result of improved sanitation and use of antibiotics to treat the disease.
- In 2015, it resulted in about 149,000 deaths worldwide
- The risk of death may be as high as 20% without treatment.
- Typhus is a different disease. However, the name typhoid means "resembling typhus" due to the similarity in symptoms.

### **Signs and Symptoms**

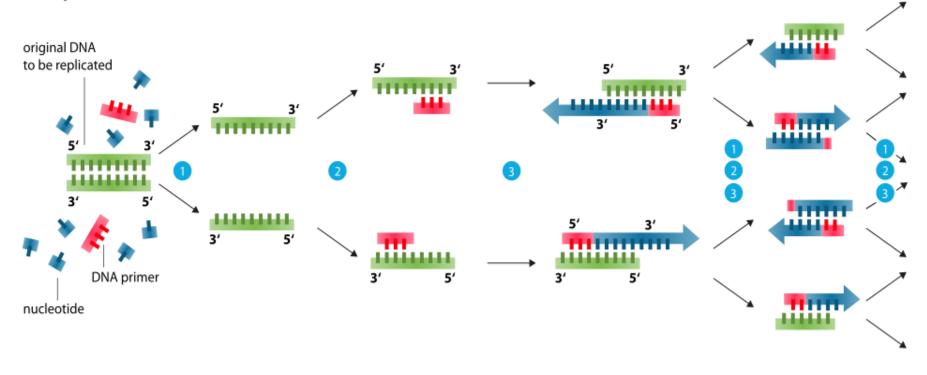


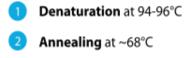
**First week;** bradycardia, malaise, headache, and cough, bloody nose (epistaxis) decrease of WBC (leukopenia), eosinopenia. The Widal test is usually negative Second week; high bradycardia. delirium, rose spots, rhonchi, diarrhea spleen and liver are enlarged (hepatosplenomegaly). The Widal test is strongly positive, with antiO and antiH antibodies.

Third week; Intestinal haemorrhage, encephalitis, pneumonia, high fever and low platelet count (thrombocytopenia)

### Diagnosis

### Polymerase chain reaction - PCR



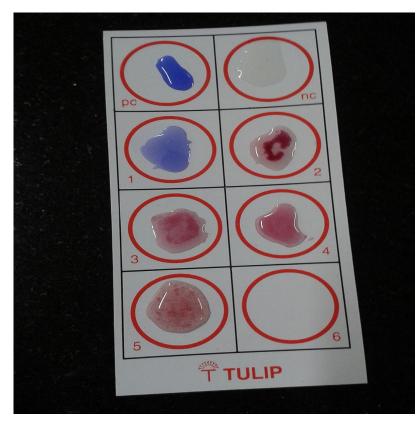


3 Elongation at ca. 72 °C

### Diagnosis

The global phylogeographical analysis showed dominance of a haplotype 58 (H58) which probably originated in India during late 1980s and now spreading through the world carrying multidrug resistance

Immunoglobulin M (IgM): The first antibody the body makes against a new infection



PLOS NEGLECTED TROPICAL DISEASES

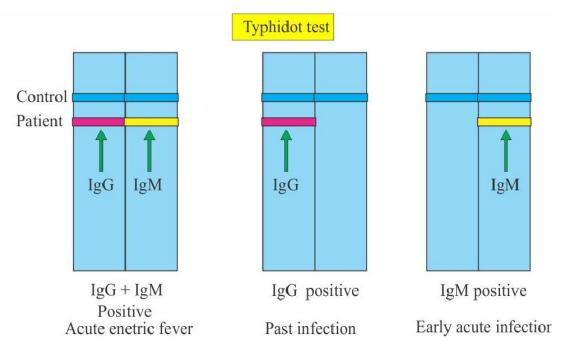
RESEARCH ARTICLE

Rapid Emergence of Multidrug Resistant, H58-Lineage *Salmonella* Typhi in Blantyre, Malawi

Nicholas A. Feasey<sup>1,2,3</sup>\*, Katherine Gaskell<sup>1</sup>, Vanessa Wong<sup>3</sup>, Chisomo Msefula<sup>1,4</sup>, George Selemani<sup>1</sup>, Save Kumwenda<sup>5</sup>, Theresa J. Allain<sup>4</sup>, Jane Mallewa<sup>1,4</sup>, Neil Kennedy<sup>4</sup>, Aisleen Bennett<sup>1,6</sup>, Joram O. Nyirongo<sup>4</sup>, Patience A. Nyondo<sup>4</sup>, Madalitso D. Zulu<sup>4</sup>, Julian Parkhill<sup>3</sup>, Gordon Dougan<sup>3</sup>, Melita A. Gordon<sup>6</sup>°, Robert S. Heyderman<sup>1,2</sup>°

### **Prevention: Sanitation and hygiene**

### Diagnosis



- Diagnosis is made by any blood, bone marrow, or stool cultures and with the Widal test (Antibodies against *Salmonella* antigens O-somatic and H-flagellar)
- Vaccination: Live, oral Ty21a vaccine (Vivotif) Injectable typhoid polysaccharide vaccine (Typhim Vi)
- Treatment: Typhoid fever, when properly treated, is not fatal. Ampicillin, chloramphenicol, trimethoprim-sulfamethoxazole, amoxicillin, and ciprofloxacin
- Ciprofloxacin resistance is an increasing problem, especially in the Indian subcontinent, For these people, the recommended first-line treatment is Ceftriaxone.

#### Mary Mallon (1869-1938) and the history of typhoid fever

#### Filio Marineli, Gregory Tsoucalas, Marianna Karamanou, George Androutsos

Medical School, University of Athens, Athens, Greece



Mary Mallon as "Typhoid Mary"

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3959940/