

Typhoid Fever

(*Enteric Fevers*)

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Enteric Fevers

- Salmonella Typhi
- Salmonella Paratyphi A, B,C

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Historical landmarks in Typhoid

- In 1880s, the typhoid bacillus was first observed by Eberth in
 - **Spleen sections**
 - **Mesenteric lymph nodes** from a patient who died from typhoid.

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Typhoid Mary



- A famous example is “Typhoid” Mary Mallon, who was a food handler
- Responsible for infecting 78 people, killing 5.

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Typhoid Mary

- "Typhoid Mary," real name Mary Mallon, worked as a cook in New York City in the early 1900s.
- After discovering that she was the common link among many people who had become ill from typhoid fever She was traced to typhoid outbreaks a second time.
- So she was put in prison again where she lived until she died.

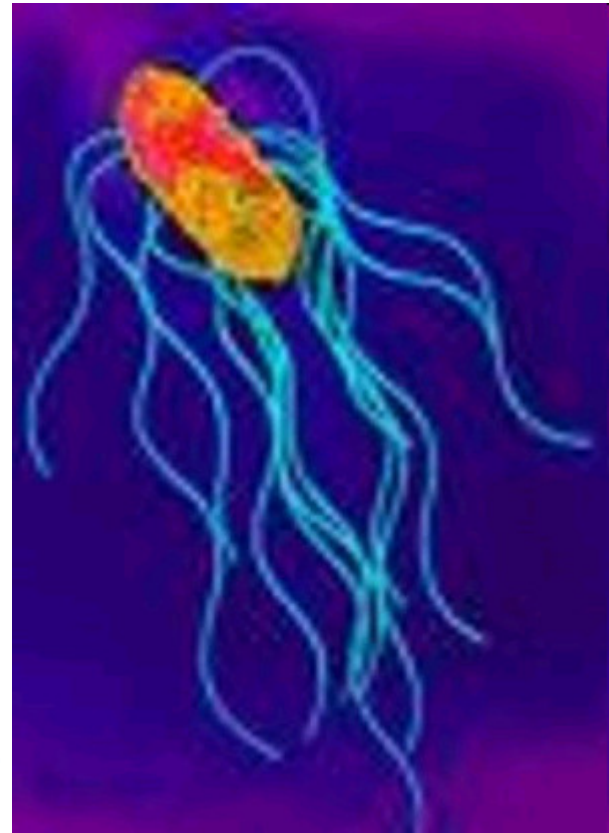
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Etiology of Typhoid fever

- Typhoid fever is a bacterial disease, caused by *Salmonella typhi*.
- Transmitted through
 - Ingestion contaminated food & drink by the faeces or urine of infected people.
- Para typhoid fevers are produced by other species named *Paratyphi A, B, C*

Bacteriology –Typhoid fever

- Salmonella belong to Enterobacteriaceae
- Gram negative bacilli
- Antigen on structure



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Antigenic structure of Salmonella

- Two sets of antigens
- Detection by serotyping

1 Somatic or O Antigens

contain long chain polysaccharides

2 Flagellar or H Antigens

Strongly immunogenic

Induces antibody formation rapidly

High titers following infection or immunization.

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How a Typhoid fever spreads

- *Salmonella* Typhi lives only in humans.
- Persons with typhoid fever carry the bacteria in their bloodstream and intestinal tract.
- In addition, a small number of persons, called carriers , recover from typhoid fever but continue to carry the bacteria.
- Both ill persons and carriers shed *S. Typhi* in their feces (stool).

Pathogenesis of Enteric fever

- Caused by *S. Typhi* & *S. Paratyphi* A , B or C
- The organisms penetrate **ileal mucosa**
- Reach **mesentric lymph nodes** via Lymphatics
- **Multiply in lymph nodes**
- Invade **Blood stream** via thoracic duct
- In **7 – 10 days through blood stream infect Liver,** Gall Bladder, spleen, Kidney, Bone marrow.
- After multiplication bacilli **pass into blood** causing secondary and heavier bacteremia

- Through the blood , it reaches to liver & gall bladder
- From **Gall bladder** further invasion occurs in **intestines**
- Involvement of peyr's patches, **gut lymphoid tissue**
- Lead to inflammatory reaction & **infiltration** .
- Leads to Necrosis, Sloughing and formation of chacterstic **typhoid ulcers** intestine

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Clinical feature

- Incubation Period : Ingestion to onset of fever varies from 3 – 50 days. (2 weeks)
- Insidious start, early symptoms are vague
- Dull continuous head ache
- Abdominal tenderness
- Abdominal discomfort
- *May progress and present with step ladder pattern temperature*

Clinical features

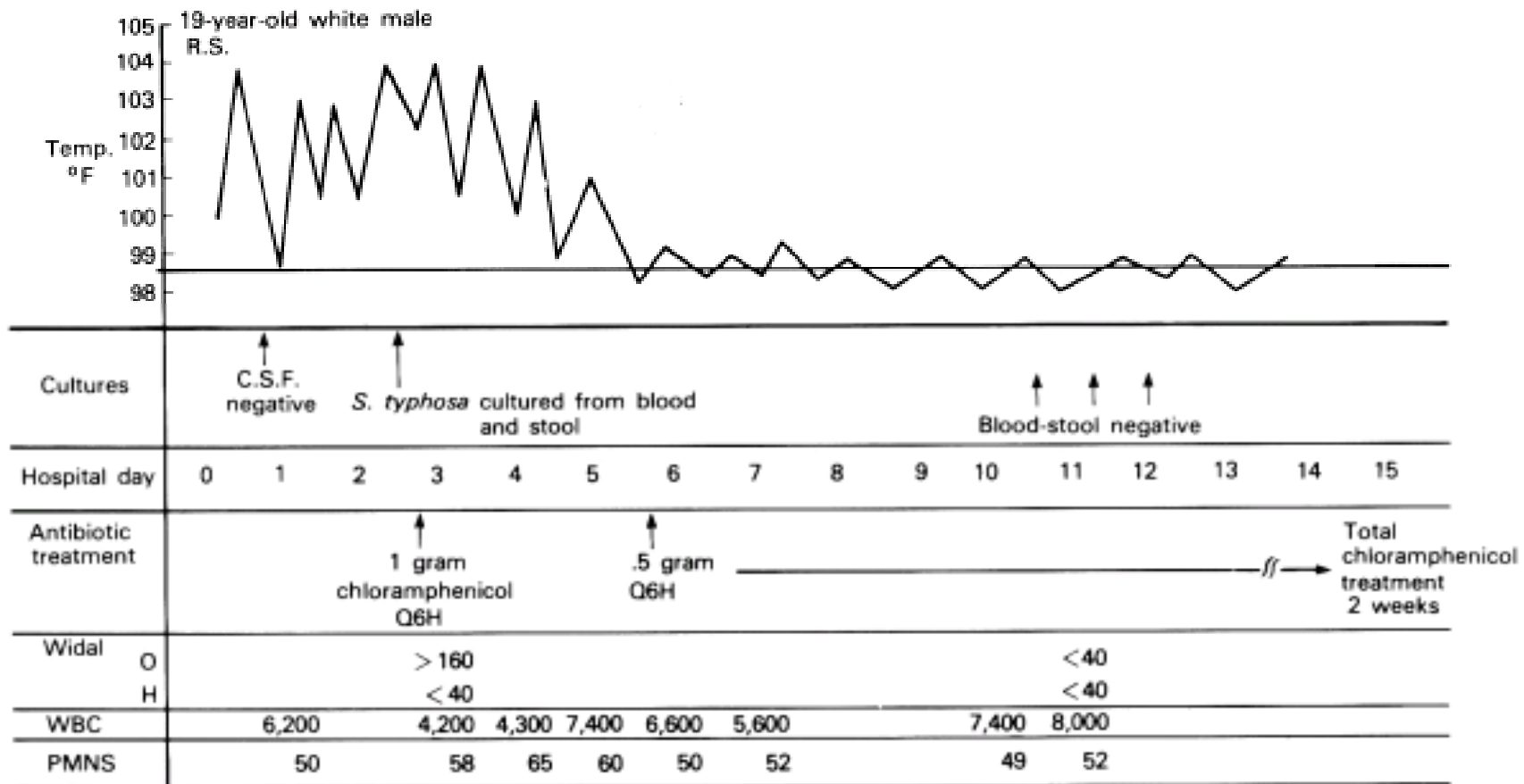
- Typhoid fever (enteric fever) is a septicemia
- Characterized initially by
 - Fever – High Grade
 - Relative Bradycardia,
 - Hepatomegaly
 - Splenomegaly
 - Abdominal symptoms like Pain in abdomen, Nausea, Vomiting
 - 'Rose spots' which are clusters of pink patches on the skin.

□ Complications

- intestinal hemorrhage or perforation..... can develop in untreated patients or when treatment is delayed.**

Events in a Typical typhoid Fever

CHART 23. — Course of typhoid fever of a previously immunized American patient in Vietnam



Source: Records of patients treated by Lt. Col. Kenneth W. Hedlund, MC, 85th Evacuation Hospital, Vietnam.

Rashes in Typhoid

- Rash
- Rose spots 2 - 4 mm in diameter
- Raised discrete irregular
- Found in front of chest
- Fade after 3 – 4 days

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Complication in Typhoid

- Intestinal perforation
- Severe intestinal hemorrhage
- Severe bacteremia

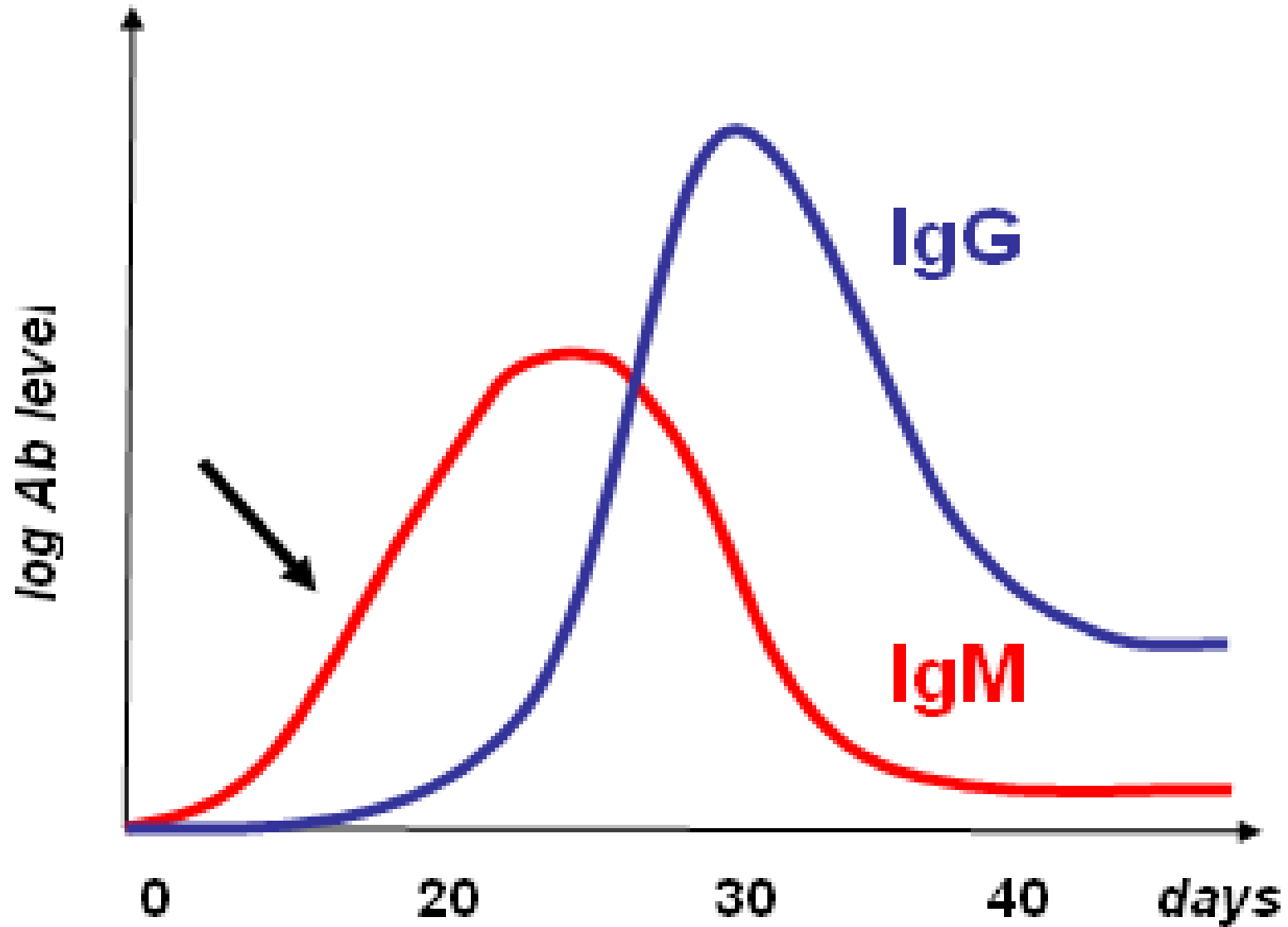
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Relapse

- 5 – 10 % of untreated patients
- On few occasions relapses can be severe and may be fatal.

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Immune Response in Typhoid



Typhoid carriers

- 1 per 30 of the survivors become carriers.
- In carriers the bacteria remain
 - Inside the gall bladder
 - Spread bacteria to environment through stool
 - causing new infections to healthy through contaminated water & food.

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Diagnosis of Enteric Fever

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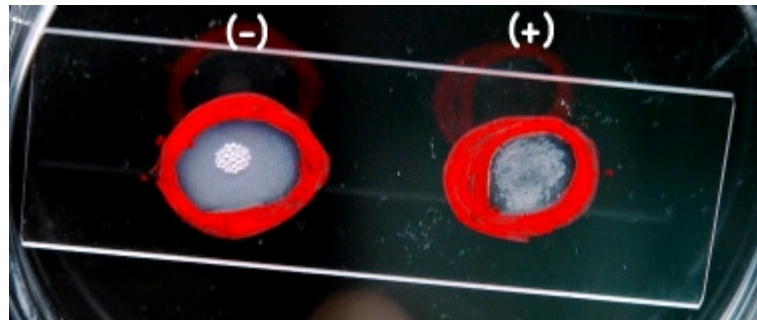
Blood Cultures in Typhoid Fevers

- Blood culture in Bile broth
- Bacteremia occurs early in the disease
- Blood Cultures are positive in
 - 1st week in 90%
 - 2nd week in 75%
 - 3rd week in 60%
 - 4th week and later in 25%

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Slide agglutination tests

- In slide agglutination tests,
 - known serum and unknown Serum is mixed
 - clumping occurs within few minutes



Bactek and Radiometric based methods are in recent use

- Bactek methods
- Isolation of Salmonella
- Rapid and Sensitive method
- In early diagnosis of Enteric fever.

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Other methods in Isolation of Enteric Pathogens

- Feces Culture
- Urine Culture
- Bone marrow cultures (Highly Sensitive)

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Widal test

- The widal test detects
 - antibodies against **O and H antigens**
- Serial dilutions
- **Two serum** specimens obtained at intervals of 7 – 10 days to read the raise of antibodies.
- Following Titers of antibodies against the antigens are significant
 - O > 1 in 160**
 - H > 1 in 320**

Management

Antimicrobial Therapy in Typhoid

- With antibiotic therapy, more than 99% are cured.
 1. **Chloramphenicol** = Drug of choice and effective
 2. **Tromethoprim Sulfamethozole**
 3. Flouroquinolones like **Ciprofloxacin ,Levofloxacin.**
 4. 3rd generation cephalosporins, **Ceftriaxone, Cefixime**

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Vaccines for Typhoid Prevention

Oral – A live oral vaccine (Typhoral)

1, 3, 5 days (three doses)

No antibiotics should be taken during the period of administration of vaccine

The injectable vaccine, (Typhim –vi)

- Given Subcutaneous or Intramuscular injection
- Single dose is adequate.

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Vaccines for Typhoid

Both vaccines are given to only > 5 years of age.

Immunity lasts for 3 years

Need a booster

**Vaccines are not effective in prevention of
Paratyphoid fevers**

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Simple hand hygiene and washing can reduce several cases of Typhoid



**It is nice to have money
and
the things that money can buy.**

**But it's important to make sure
you haven't lost the things
which money can't buy.”**