

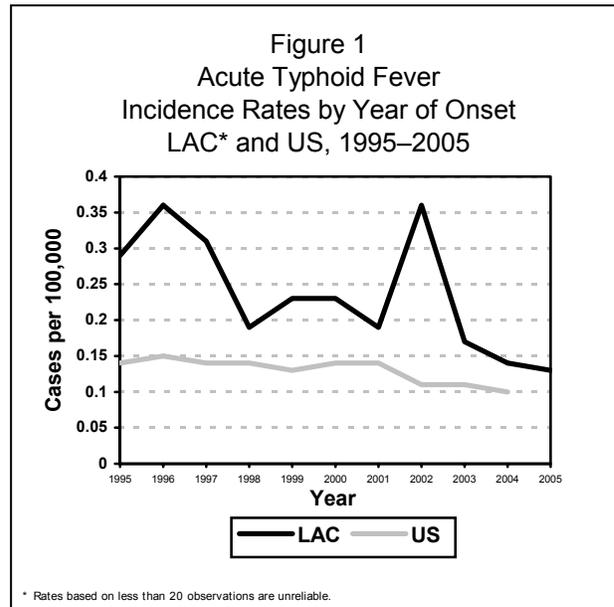


TYPHOID FEVER, ACUTE

CRUDE DATA	
Number of Cases	12
Annual Incidence ^a	
LA County	--- ^b
California	0.20
United States	0.11
Age at Diagnosis	
Mean	23.1
Median	20.5
Range	3-54
Case Fatality	
LA County	0.0%
United States	N/A

^a Cases per 100,000 population.

^b Rates based on less than 20 observations are unreliable.



DESCRIPTION

Typhoid fever, or “enteric fever,” is an acute systemic disease caused by the Gram-negative bacillus *Salmonella typhi*. Transmission may occur person-to-person or by ingestion of food or water contaminated by the urine or feces of acute cases or carriers. Common symptoms include insidious onset of persistent fever, headache, malaise, anorexia, constipation (more commonly than diarrhea), bradycardia, enlargement of the spleen, and rose spots on the trunk. Humans are the only known reservoir for *S. typhi*. Vaccine is available to those at high risk or travelers.

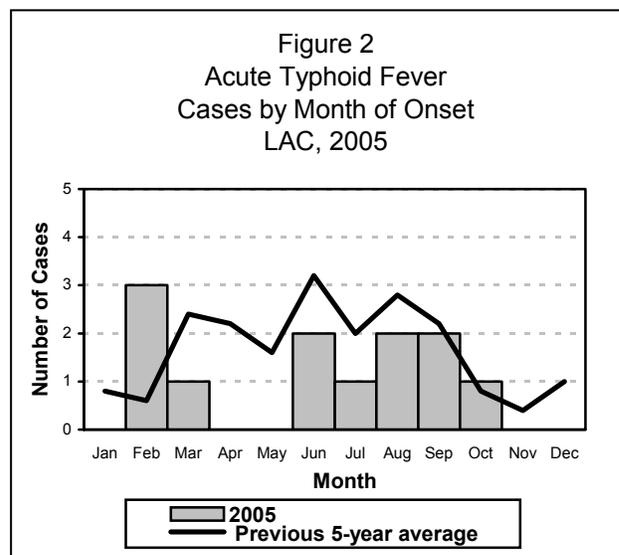
DISEASE ABSTRACT

- Travel was again the most common risk factor identified in LAC; 58% of cases reported visits to typhoid endemic countries.
- Adults represented 75% of all cases in 2005.

STRATIFIED DATA

Trends: The yearly incident has decreased after a peak in 2002. There were eight percent fewer cases in 2005. Twelve is the fewest number of cases reported in LAC in over twenty years.

Seasonality: In 2005 the number of cases peaked in February, (Figure 2); however, no cases seemed to coincide with the winter holidays as in previous years. The majority of cases occurred in the summer months, however, the incidence was below the five-year average.





Age: In 2005, 75% of acute cases were in adults consistent with the five-year average (Figure 3). The age group of fifteen to thirty-four has consistently represented the highest percentage of cases in the past five years.

Sex: The male-to-female ratio was 3:1. In 2005, males had an increased incidence, unlike the previous years when there were more female cases.

Race/Ethnicity: In 2005, acute typhoid cases occurred in Asians and Latinos. There were no cases in Blacks or Whites (Figure 4).

Location: In 2005, SPA 6 and 8 each had three cases (25%). SPA 2 and 7 had two cases each (17%). SPA 1 and 5 had one case each (8%). SPA 3 and 4 had no reported cases.

PREVENTION

Handwashing after using the toilet, before preparing or serving food, and before and after caring for others is important in preventing the spread of typhoid. When traveling to locations where sanitary practices are uncertain, foods should be thoroughly cooked and served hot; bottled water should be used for drinking as well as for brushing teeth and making ice. Vaccination should be considered when traveling in areas of high endemicity. LAC tests household contacts of confirmed cases for *S typhi* to identify any previously undiagnosed carriers or cases.

COMMENTS

The majority of cases (n=7, 58%) traveled to endemic areas outside the US; Mexico, Pakistan, India, Bangladesh, Indonesia and Chile were reported travel destinations. One adult case reported travel inside the US. Three cases were infected by previously undiagnosed carriers in the household; one family reported having a relative from Mexico that visits frequently.

ADDITIONAL RESOURCES

General information about typhoid fever available from CDC at:
www.cdc.gov/ncidod/dbmd/diseaseinfo/typhoidfever_g.htm

Traveler's health information is available at: www.cdc.gov/travel/diseases/typhoid.htm

General information and reporting information about this and other diseases in LAC is available at:
www.lapublichealth.org/acd/food.htm

