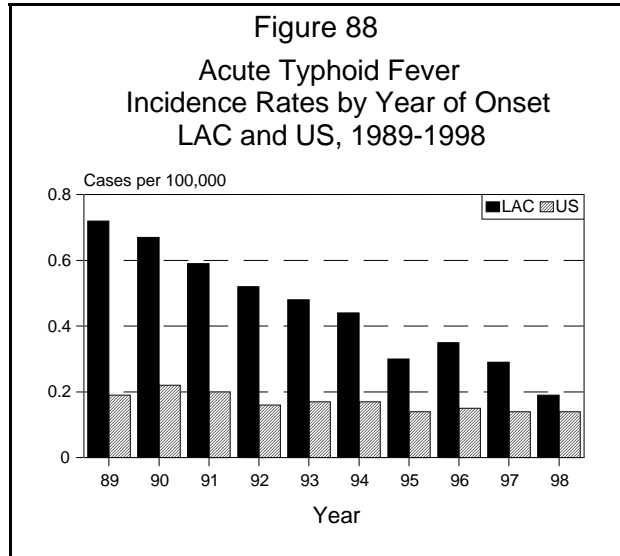


TYPHOID FEVER, ACUTE

CRUDE DATA	
Number of Cases	17
Annual Incidence ^a	
LA County	0.19
California	0.00
United States	0.00
Age at Onset	
Mean	21
Median	20
Range	1-74 yrs
Case Fatality	
LA County	0
United States	N/A

^aCases per 100,000 population.



ETIOLOGY

Salmonella typhi, a gram-negative bacillus.

DISEASE ABSTRACT

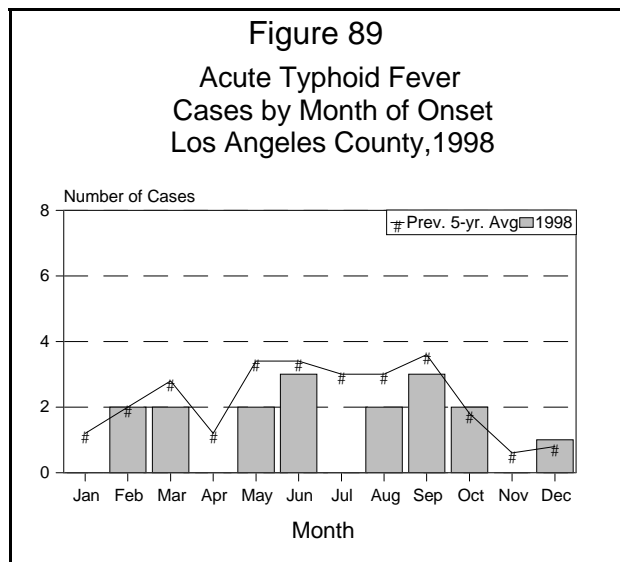
Acute typhoid fever is primarily a disease associated with recent immigration, travel, or contact with a previously unknown carrier.

STRATIFIED DATA

Trends: The rate of reported typhoid fever cases has been steadily decreasing in the last ten years. Annual incidence declined from 0.72 per 100,000 population in 1989 to 0.19 in 1998 (Figure 88).

Seasonality: Late spring and summer months have the most cases, coinciding with holidays and school vacation (Figure 89).

Age: The 1- to 4-year-old and the 5- to 14-year-old age groups had the highest incidence rates, 0.66 and 0.30 per 100,000 population, respectively (Figure 90).



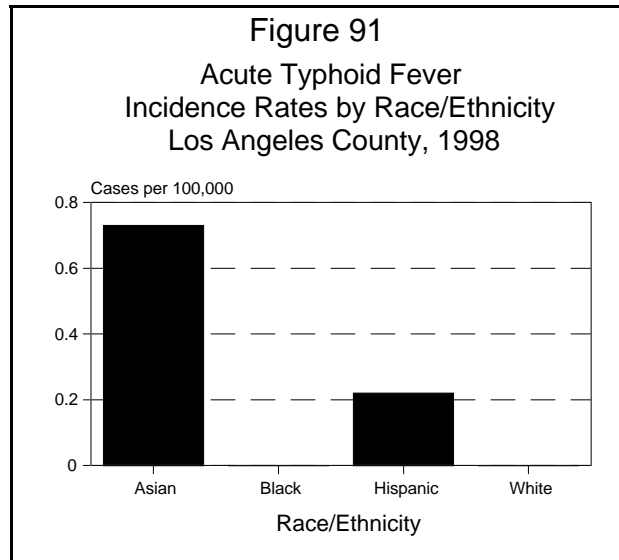
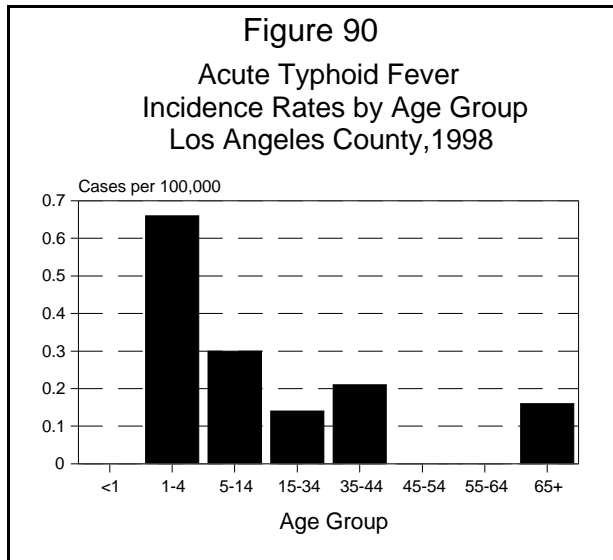
Sex: The male-to-female rate ratio was 1:1.1. Typically, a slight tendency for more frequent acute disease exists in males; however, this year the ratio is about equal.

Race/Ethnicity: As in past years, acute typhoid fever continues to be seen primarily in Asians and Hispanics (Figure 91).

Location: Case location in LAC at the time of illness was not related to disease acquisition; twelve (71%) cases acquired disease outside the US.

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 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 off the usual tourist itineraries.

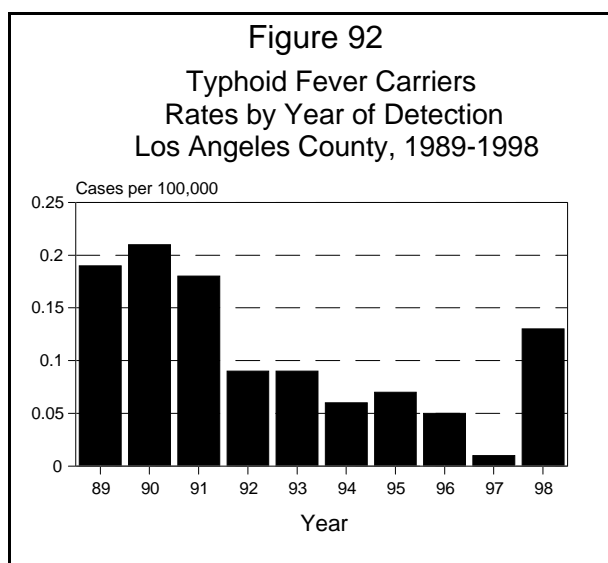
COMMENTS: Los Angeles County is considered the source county for five cases (29%). Two of these cases were linked to a previously unknown carrier in the family who had lived in an endemic country. Three other cases had ties to an endemic country but denied recent travel or visitors. Of cases acquired outside the US, 8 (67%) acquired disease in Asia and 4 (33%) acquired disease in Central or South America.



TYPHOID FEVER, CARRIER

CRUDE DATA	
Number of Cases	12
Annual Incidence ^a	
LA County	0.13
United States	N/A
Age at Diagnosis	
Mean	48
Median	41.5
Range	13-91
Case Fatality	
LA County	0.0%
United States	N/A

^aCases per 100,000 population.



ETIOLOGY

Salmonella typhi, a gram-negative bacillus.

DISEASE ABSTRACT

The number of newly identified typhoid carriers rose from a low level of only one new carrier last year to a seven-year high of 12 carriers. In 1998, a total of 26 known carriers resided in LAC; seventy-seven percent of them emigrated from a country with endemic typhoid fever.

COMMENTS

- In 1998, 12 newly diagnosed carriers more closely coincides with the numbers of newly diagnosed carriers prior to 1992 (Figure 92). Ten of the 12 are Hispanic and 2 are Asian.
- Most patients do not remember the date of acute onset.
- The carrier state is more common among women. Eighty-three percent (10) of the new carriers this year are female. Of the 26 being prospectively followed 81% (21) are female.
- Each identified carrier is added to a typhoid carrier registry and visited semi-annually by a public health nurse to determine compliance with a signed typhoid carrier agreement. Carriers are followed until they clear, die, or are transferred to another health jurisdiction.
- Ciprofloxacin was used to clear three carriers; two received no other medical/surgical intervention.