

# TYPHOID AND ENTERIC FEVER;EPIDEMIOLOGY AND TRANSMISSION IN INDIA

*Topic: TYPHOID AND ENTERIC FEVER | Subtopic: EPIDEMIOLOGY AND TRANSMISSION IN INDIA*

India has a high burden of enteric fever, with transmission sustained by fecal–oral contamination of water and food in settings with inadequate sanitation, crowded housing, and unsafe municipal water storage. Population surveillance from Indian cities has reported very high annual incidence among children (often in the hundreds to over a thousand cases per 100,000 in dense urban settlements), while many rural areas have substantially lower rates, underscoring the role of infrastructure and household water handling. Children and adolescents carry a substantial share of cases; school-age children are commonly affected, but clinically important disease also occurs in preschool children and occasionally in infants. *Salmonella Typhi* remains the dominant cause, while *Salmonella Paratyphi A* contributes a meaningful minority of cases in some regions and may cause illness comparable in severity to typhoid. Current typhoid vaccines target Typhi and do not protect against Paratyphi A, so WASH remains critical even when TCV coverage improves. Humans are the only reservoir; transmission is driven by acutely infected individuals and, less commonly in pediatrics, chronic carriers with prolonged fecal shedding. Risk is higher for household contacts of a case, children consuming untreated water or street food, and communities with sewage–water interfaces. Because antimicrobial resistance is an increasing constraint, prevention is central to reducing morbidity, household economic impact, and antibiotic pressure.

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