

## **TYPHOID AND ENTERIC FEVER;PREVENTION II: WASH, OUTBREAK RESPONSE, AND REPORTING**

**TYPHOID AND ENTERIC FEVER;PREVENTION II: WASH, OUTBREAK RESPONSE, AND Topic: TYPHOID AND ENTERIC FEVER | Subtopic: PREVENTION II: WASH, OUTBREAK RESPONSE, AND REPORTING** Enteric fever control depends on interrupting fecal–oral transmission through water, sanitation, and hygiene (WASH) and on timely public health action when clusters occur. Clinicians should counsel families on safe drinking water (boiling or reliable filtration), handwashing with soap after toileting and before food handling, and avoidance of high-risk uncooked foods and unsafe street beverages for children. When multiple suspected or confirmed cases occur in a locality, school, or hostel, notify local public health authorities and surveillance systems (such as IDSP) to trigger investigation and source control. Outbreak response typically includes confirmation with cultures from early cases, rapid assessment of common exposures, and inspection and testing of water sources and food handling sites. Immediate control measures may include chlorination of water supplies, cleaning storage tanks, temporary closure of implicated kitchens, and community messaging on boiling water and hand hygiene. Routine antibiotic prophylaxis for contacts is generally discouraged because it promotes resistance; instead, contacts should be educated to seek care promptly for fever. Targeted stool testing and treatment of identified adult carriers, especially food handlers, may be required, with clearance before return to food preparation. Where feasible, reactive TCV campaigns can be considered to reduce transmission during outbreaks, alongside sustained infrastructure improvement.

References:

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