

# TYPHOID AND ENTERIC FEVER; PREVENTION I: IMMUNIZATION

*Topic: TYPHOID AND ENTERIC FEVER | Subtopic: PREVENTION I: IMMUNIZATION*

Vaccination is a key preventive strategy in India, complementing improvements in water and sanitation. The preferred product for children is the typhoid conjugate vaccine (TCV), which can be given from 6 months of age and produces T-cell–dependent immunity with longer protection than older polysaccharide vaccines. IAP ACVIP guidance supports a single dose in infancy (commonly administered around 9–12 months, and permissible from 6 months), with catch-up vaccination for older unvaccinated children and adolescents. Current practice generally does not require a routine booster in childhood, although policies may evolve as long-term effectiveness data mature. TCV can be coadministered with other routine childhood vaccines at separate sites; vaccination should be deferred only for the usual reasons such as a severe acute illness or a prior anaphylactic reaction to a vaccine component. The older Vi polysaccharide vaccine is less preferred because it is not immunogenic in children under 2 years and requires repeat dosing for sustained protection. The oral live Ty21a vaccine is less commonly used in Indian pediatrics because of age and dosing constraints. Programmatically, introduction into the public schedule has been recommended by national advisory groups (NTAGI) with phased implementation; clinicians should follow local public health schedules while ensuring access through private services when needed. After recovery from acute enteric fever, vaccination can be offered at follow-up once the child is clinically well. Available typhoid vaccines do not protect against *Salmonella Paratyphi A*, so immunization must be paired with WASH measures and outbreak control.

## References:

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