

TYPHOID AND ENTERIC FEVER; AGE AND SPECIAL POPULATIONS

Topic: TYPHOID AND ENTERIC FEVER | Subtopic: AGE AND SPECIAL POPULATIONS

Age modifies both presentation and the threshold for admission. Neonatal typhoid is exceedingly rare but may present as nonspecific sepsis with poor feeding, abdominal distension, or shock; manage in hospital with sepsis protocols and a third-generation cephalosporin such as cefotaxime rather than ceftriaxone in early infancy because of bilirubin-related safety concerns. Infants and toddlers may present with diarrhea, vomiting, and dehydration with fewer classic signs; the threshold for admission is lower because deterioration can be rapid and oral therapy may not be reliable. In preschool and school-age children, abdominal pain, hepatosplenomegaly, and a typical “typhoidal” appearance are more often evident, and selected uncomplicated cases can be treated as outpatients when follow-up is assured. Adolescents approach adult patterns of illness and may be at risk for late complications if diagnosis is delayed. Special populations require additional caution. Children with SAM, chronic disease, or immunocompromise (including HIV or chemotherapy) may have blunted signs, higher bacteremia burden, and slower recovery, and may need longer courses and closer monitoring. In such children, consider broader differentials including invasive nontyphoidal *Salmonella*. Children with hemoglobinopathies can develop focal *Salmonella* infections such as osteomyelitis; persistent localized pain or swelling warrants targeted imaging and prolonged therapy. Social factors matter at every age: poor ability to return for review or uncertain adherence should lower the threshold for admission or supervised therapy.

References:

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