

# **TYPHOID AND ENTERIC FEVER;OVERVIEW AND GUIDELINE FRAME**

*Topic: TYPHOID AND ENTERIC FEVER | Subtopic: OVERVIEW AND GUIDELINE FRAME*

Enteric fever is an acute systemic febrile illness caused by *Salmonella enterica* serovar Typhi and, less commonly, serovars Paratyphi A, B, or C. In Indian pediatric practice, it should be considered in any child with fever for at least 3–5 days without an alternative focus, particularly when gastrointestinal symptoms, hepatosplenomegaly, or a toxic appearance are present. Management should be guideline-led and antimicrobial-resistance aware, using national recommendations (such as those from NCDC and ICMR) and pediatric consensus statements where available. Obtain blood culture before antibiotics whenever feasible, treat promptly when clinical suspicion is high, and reassess response clinically rather than changing antibiotics solely for persistent fever in the first few treatment days. Diagnostic over-reliance on serology (especially the Widal test) drives misdiagnosis and unnecessary antibiotics; a culture-first approach with disciplined reassessment is preferred. Empiric fluoroquinolones are generally avoided in children in India because of high resistance and pediatric safety considerations, with third-generation cephalosporins and azithromycin forming the backbone of therapy. This document integrates triage (outpatient versus inpatient), order-set-ready pediatric dosing, escalation when resistance is suspected, management of key complications, and prevention through typhoid conjugate vaccination and water, sanitation, and hygiene measures.

## **References:**

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4. Typhoid fever: control & challenges in India (review, PMC) — [<https://pmc.ncbi.nlm.nih.gov/articles/PMC6977362/>](<https://pmc.ncbi.nlm.nih.gov/articles/PMC6977362/>)