

## **TYPHOID AND ENTERIC FEVER;MONITORING RESPONSE, CULTURE-NEGATIVE**

*Topic: TYPHOID AND ENTERIC FEVER | Subtopic: MONITORING RESPONSE, CULTURE-NEGATIVE*

MANAGEMENT, AND STEP-DOWN Response assessment should combine the fever curve with overall clinical trajectory. With effective therapy, many children show improved appetite, activity, and hemodynamics before fever fully resolves; defervescence may take 4–7 days, especially with cephalosporins. Persistent fever alone in the first treatment week is not equivalent to failure if the child is clearly less toxic and is eating and drinking better. A structured reassessment is warranted when there is clinical deterioration at any time, or when by day 5–7 there is minimal improvement in both fever trend and overall condition. Reassessment includes a repeat history and examination, review of antibiotic dosing and adherence, and focused evaluation for complications (for example perforation, bleeding, abscess) or alternative diagnoses and co-infections. Culture-negative illness is common when children present late or after prior antibiotics; if suspicion remains high and the child is improving, complete the planned course and ensure close follow-up rather than chasing low-yield tests. If suspicion is high but response is poor, repeat blood culture and consider bone marrow culture in selected cases to confirm diagnosis and guide escalation. Routine “test of cure” cultures are not needed in uncomplicated recovery. For hospitalized children who improve on parenteral therapy, step down to an appropriate oral agent (guided by susceptibility when available) once the child is stable and tolerating feeds, to complete a total of 10–14 days of therapy and reduce line-related complications and length of stay.

### **References:**

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4. Typhoid Fever — StatPearls (NCBI Bookshelf) — [<https://www.ncbi.nlm.nih.gov/books/NBK557513/>](<https://www.ncbi.nlm.nih.gov/books/NBK557513/>)