

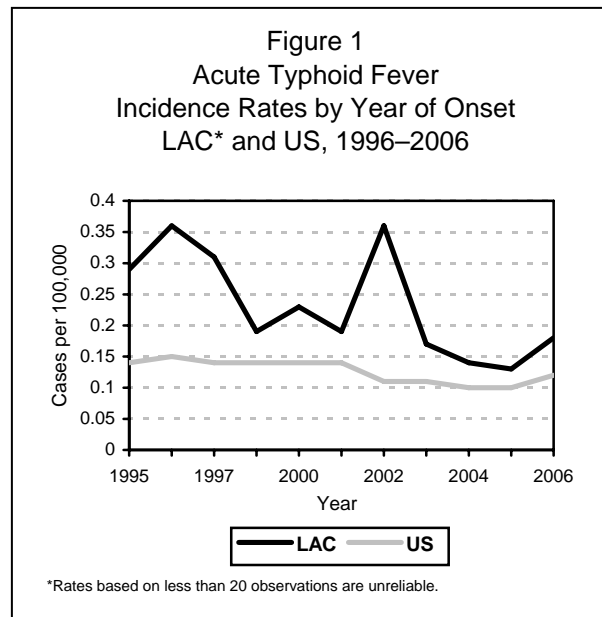
TYPHOID FEVER, ACUTE

CRUDE DATA	
Number of Cases	17
Annual Incidence ^a	
LA County	0.18 ^b
California	0.21 ^c
United States	0.12 ^c
Age at Diagnosis	
Mean	18.70
Median	20.0
Range	1-48

^a Cases per 100,000 population.

^b Rates based on less than 19 observations are unreliable.

^c Calculated from 2007 Summary of notifiable diseases issue of MMWR (56:853-863).

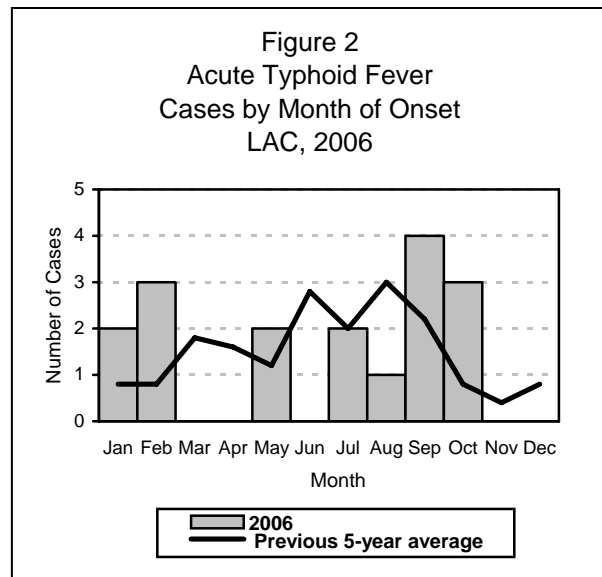


DESCRIPTION

Typhoid fever, or “enteric fever,” is an acute systemic disease caused by the Gram-negative bacillus *Salmonella typhi*. Transmission may occur person-to-person or by ingestion of food or water contaminated by the urine or feces of acute cases or carriers. Common symptoms include insidious onset of persistent fever, headache, malaise, anorexia, constipation (more commonly than diarrhea), bradycardia, enlargement of the spleen, and rose spots on the trunk. Humans are the only known reservoir for *S. typhi*. Vaccine is available to those at high risk or travelers.

DISEASE ABSTRACT

- Travel was the most common risk factor identified in LAC; 76% of cases reported travel to typhoid endemic countries. One case recently immigration and one case visited from endemic countries.
- Fifty-eight percent of cases were Asian in 2006.



STRATIFIED DATA

Trends: The yearly incident has decreased after a peak in 2002. However, there were 41% more cases in 2006 compared to 2005.

Seasonality: In 2006, the number of cases peaked in September (Figure 2); however, no cases seemed to coincide with the winter holidays. Typhoid cases occur sporadically throughout the year and are not necessarily associated with traditional travel periods.

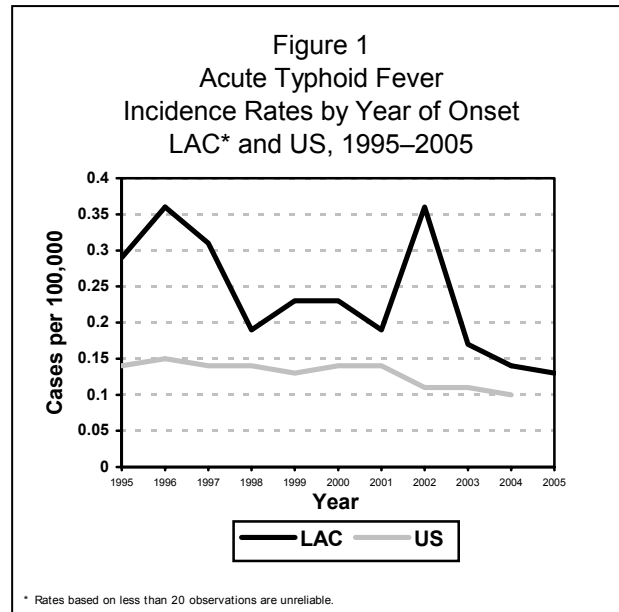


TYPHOID FEVER, ACUTE

CRUDE DATA	
Number of Cases	12
Annual Incidence ^a	
LA County	--- ^b
California	0.20
United States	0.11
Age at Diagnosis	
Mean	23.1
Median	20.5
Range	3-54
Case Fatality	
LA County	0.0%
United States	N/A

^a Cases per 100,000 population.

^b Rates based on less than 20 observations are unreliable.



DESCRIPTION

Typhoid fever, or “enteric fever,” is an acute systemic disease caused by the Gram-negative bacillus *Salmonella typhi*. Transmission may occur person-to-person or by ingestion of food or water contaminated by the urine or feces of acute cases or carriers. Common symptoms include insidious onset of persistent fever, headache, malaise, anorexia, constipation (more commonly than diarrhea), bradycardia, enlargement of the spleen, and rose spots on the trunk. Humans are the only known reservoir for *S. typhi*. Vaccine is available to those at high risk or travelers.

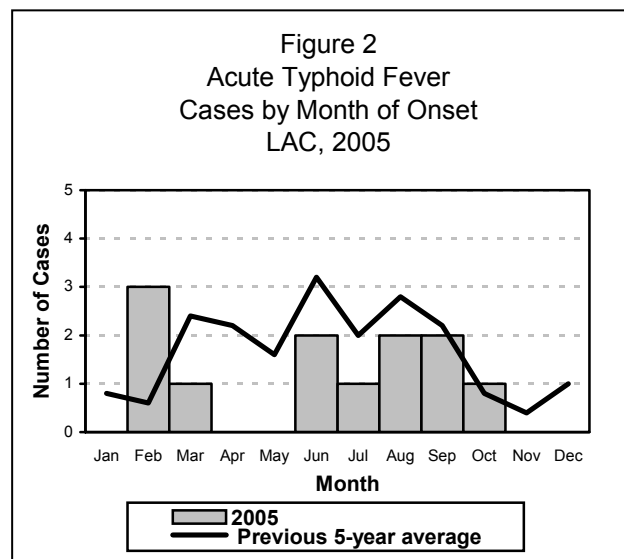
DISEASE ABSTRACT

- Travel was again the most common risk factor identified in LAC; 58% of cases reported visits to typhoid endemic countries.
- Adults represented 75% of all cases in 2005.

STRATIFIED DATA

Trends: The yearly incident has decreased after a peak in 2002. There were eight percent fewer cases in 2005. Twelve is the fewest number of cases reported in LAC in over twenty years.

Seasonality: In 2005 the number of cases peaked in February, (Figure 2); however, no cases seemed to coincide with the winter holidays as in previous years. The majority of cases occurred in the summer months, however, the incidence was below the five-year average.





Age: In 2005, 75% of acute cases were in adults consistent with the five-year average (Figure 3). The age group of fifteen to thirty-four has consistently represented the highest percentage of cases in the past five years.

Sex: The male-to-female ratio was 3:1. In 2005, males had an increased incidence, unlike the previous years when there were more female cases.

Race/Ethnicity: In 2005, acute typhoid cases occurred in Asians and Latinos. There were no cases in Blacks or Whites (Figure 4).

Location: In 2005, SPA 6 and 8 each had three cases (25%). SPA 2 and 7 had two cases each (17%). SPA 1 and 5 had one case each (8%). SPA 3 and 4 had no reported cases.

PREVENTION

Handwashing after using the toilet, before preparing or serving food, and before and after caring for others is important in preventing the spread of typhoid. When traveling to locations where sanitary practices are uncertain, foods should be thoroughly cooked and served hot; bottled water should be used for drinking as well as for brushing teeth and making ice. Vaccination should be considered when traveling in areas of high endemicity. LAC tests household contacts of confirmed cases for *S typhi* to identify any previously undiagnosed carriers or cases.

COMMENTS

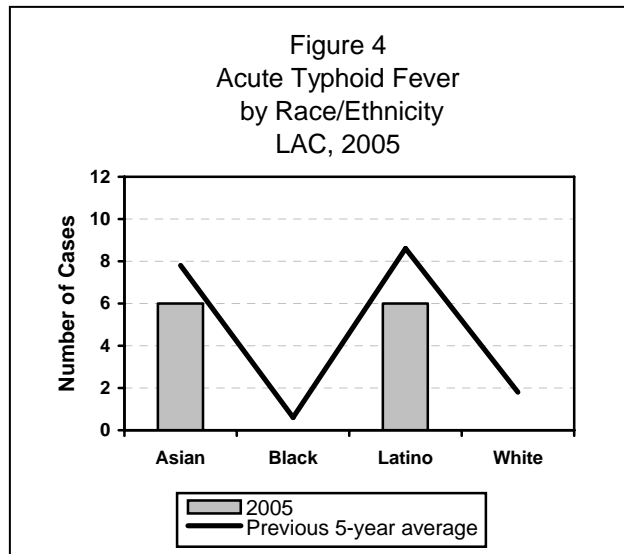
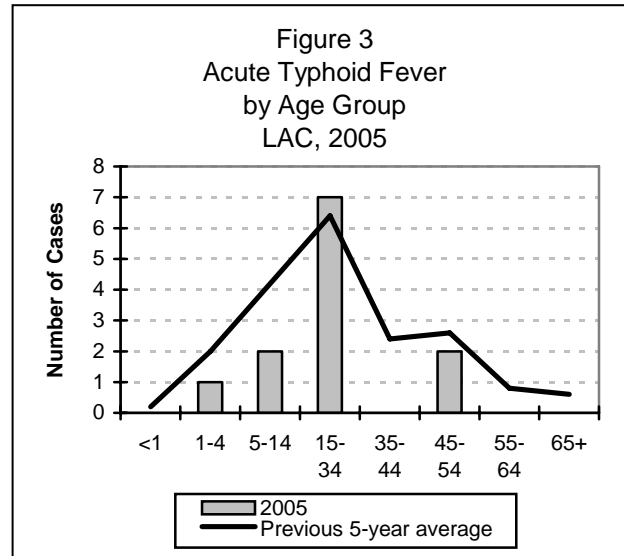
The majority of cases (n=7, 58%) traveled to endemic areas outside the US; Mexico, Pakistan, India, Bangladesh, Indonesia and Chile were reported travel destinations. One adult case reported travel inside the US. Three cases were infected by previously undiagnosed carriers in the household; one family reported having a relative from Mexico that visits frequently.

ADDITIONAL RESOURCES

General information about typhoid fever available from CDC at:
www.cdc.gov/ncidod/dbmd/diseaseinfo/typhoidfever_g.htm

Traveler's health information is available at: www.cdc.gov/travel/diseases/typhoid.htm

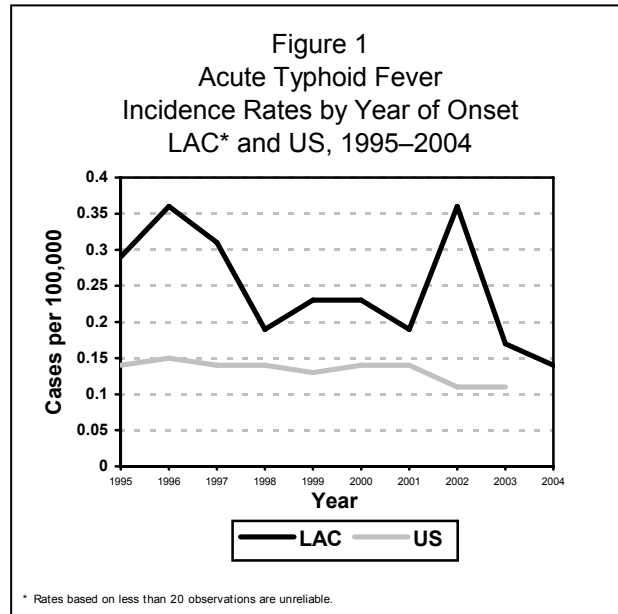
General information and reporting information about this and other diseases in LAC is available at:
www.lapublichealth.org/acd/food.htm





TYPHOID FEVER, ACUTE

CRUDE DATA	
Number of Cases	13
Annual Incidence ^a	
LA County	--- ^b
California	0.20
United States	0.11
Age at Diagnosis	
Mean	35.3
Median	35
Range	1-67
Case Fatality	
LA County	0.0%
United States	N/A



^a Cases per 100,000 population.

^b Rates based on less than 20 observations are unreliable.

DESCRIPTION

Typhoid fever, or “enteric fever,” is an acute systemic disease caused by the gram-negative bacillus *Salmonella typhi*. Transmission may occur person-to-person or by ingestion of food or water contaminated by the urine or feces of acute cases or carriers. Common symptoms include insidious onset of persistent fever, headache, malaise, anorexia, constipation (more common than diarrhea), bradycardia, enlargement of the spleen, and rose spots on the trunk. Humans are the only known reservoir for *S. typhi*. Vaccine is available to those at high risk or travelers.

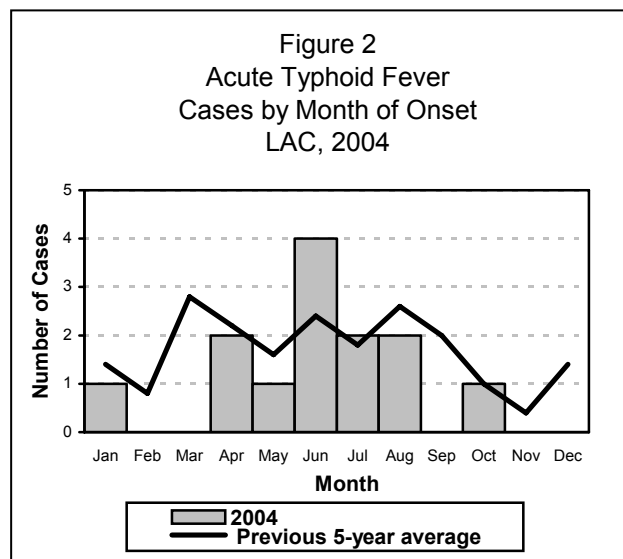
DISEASE ABSTRACT

- Travel was again the most common risk factor identified in LAC; 85% of cases reported visits to typhoid endemic countries.
- Adults represented 77% of all cases in 2004.

STRATIFIED DATA

Trends: There has been a two year decrease since a peak in 2002. There were 19% fewer cases in 2004. Thirteen is the fewest number of cases reported in LAC in over twenty years.

Seasonality: Most cases again occurred in spring and summer (Figure 2), however, no cases seemed to coincide with the winter holidays as in previous





years. In 2004 cases peaked in June, while in previous years, March had consistently had more cases (as indicated by the five year average).

Age: In 2004, 77% of acute cases were in adults and this is consistent with the five year average. In the previous two years, children aged 5–14 years represented a high percentage of cases.

Sex: The male-to-female ratio was 1:1.6. There has been a female preponderance since 2002.

Race/Ethnicity: No one group was overrepresented in 2004. In the three previous years, typhoid fever cases were seen primarily in Latinos. Black cases are rare (Figure 4).

Location: Each SPA had at least one case. SPA 4 had five cases (38 %). SPA 5 had two cases (15 %).

PREVENTION

Handwashing after using the toilet, before preparing or serving food, and before and after caring for others is important in preventing the spread of typhoid. When traveling to locations where sanitary practices are uncertain, foods should be thoroughly cooked and served hot; bottled water should be used for drinking as well as for brushing teeth and making ice. Vaccination should be considered when traveling in areas of high endemicity. LAC tests household contacts of confirmed cases for *S typhi* to identify any previously undiagnosed carriers or cases.

COMMENTS

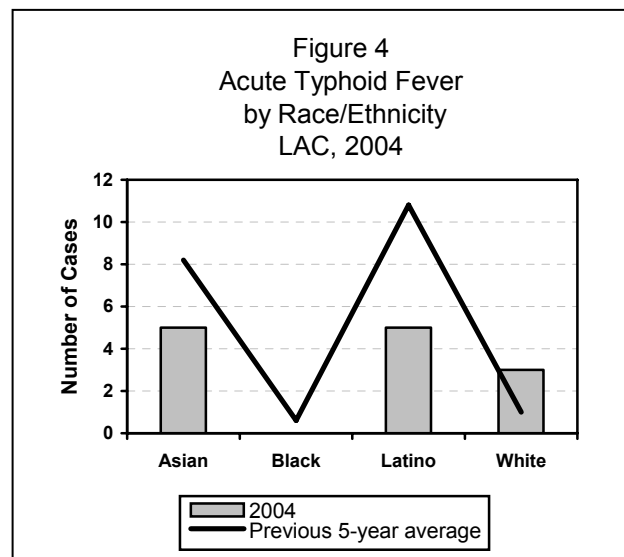
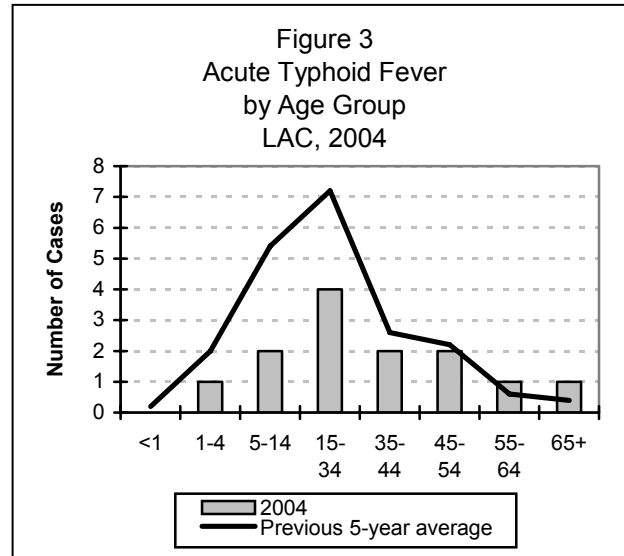
The majority of cases (N=11, 85%) traveled to endemic areas outside the US; Mexico, Central and South America, Samoa, Bangladesh, Nepal and Indonesia, were reported travel destinations. One adult case denied travel, however, this history was not reliable. One case, a child, was infected by a previously undiagnosed carrier in the household.

ADDITIONAL RESOURCES

General information about typhoid fever available from CDC at:
www.cdc.gov/ncidod/dbmd/diseaseinfo/typhoidfever_g.htm

Traveler's health information is available at: www.cdc.gov./travel/diseases/typhoid.htm

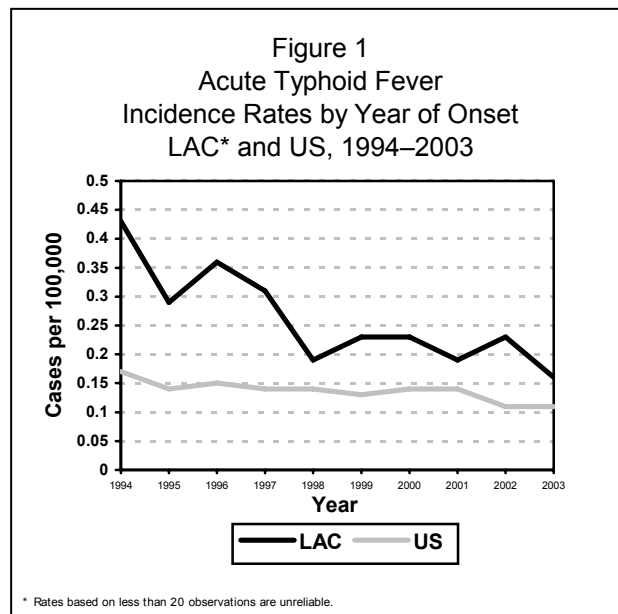
General information and reporting information about this and other diseases in LAC is available at:
www.lapublichealth.org/acd/food.htm





TYPHOID FEVER, ACUTE

CRUDE DATA	
Number of Cases	16
Annual Incidence ^a	
LA County	0.16 ^b
California	0.25
United States	0.11
Age at Diagnosis	
Mean	23.4
Median	13
Range	4–55
Case Fatality	
LA County	0.0%
United States	N/A



^a Cases per 100,000 population.

^b Rates based on less than 20 observations are unreliable.

DESCRIPTION

Typhoid fever, or “enteric fever,” is an acute systemic disease caused by the gram-negative bacillus *Salmonella typhi*. Transmission may occur person-to-person or by ingestion of food or water contaminated by the urine or feces of acute cases or carriers. Common symptoms include insidious onset of persistent fever, headache, malaise, anorexia, constipation (more common than diarrhea), bradycardia, enlargement of the spleen, and rose spots on the trunk. Humans are the only known reservoir for *S. typhi*. Vaccine is available to those at high risk or travelers.

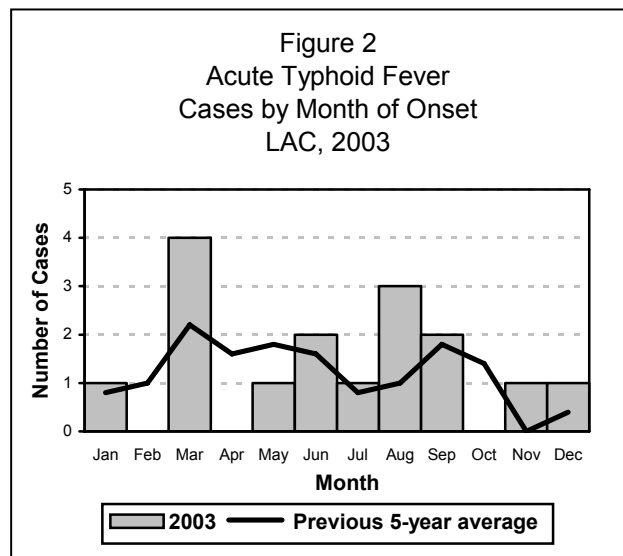
DISEASE ABSTRACT

- Travel was again the most common risk factor with 63% of cases reporting visits to typhoid endemic countries.
- School aged children represented 50% of all cases.

STRATIFIED DATA

Trends: Compared to the previous year, there were 51% fewer cases in 2003. The difference is attributed to the two outbreaks reported in 2002 and no outbreaks reported in 2003. Sixteen is the fewest cases reported in LAC in twenty years.

Seasonality: Fifty percent of cases occurred during the summer months. In previous years, most cases occurred





in late spring and summer, coinciding with holidays and school vacations (Figure 2). March has also consistently had more cases as indicated by the 5-year average.

Age: In 2003, children aged 5–14 years continued to have a high incidence (50%; n=8, Figure 3). Most of these children (89%) were born in the USA, but 78% of these children had traveled to countries where typhoid fever is endemic. Travel dates for these children did not necessarily coincide with school vacations in the spring, summer and winter.

Sex: The male-to-female ratio was 1:1.6. The female preponderance seen in 2002 and 2003 may be due to the decreasing number of reported cases.

Race/Ethnicity: In 2003, typhoid fever cases were again seen primarily in Latinos, who accounted for 56% of cases (Figure 4).

Location: Cases resided in one of four SPAs—SPA 2 (31%), SPAs 6 and 7 (25% each) and SPA 8 (19%).

PREVENTION

Handwashing after using the toilet, before preparing or serving food, and before and after caring for others is important in preventing the spread of typhoid. When traveling to locations where sanitary practices are uncertain, foods should be thoroughly cooked and served hot; bottled water should be used for drinking as well as for brushing teeth and making ice. Vaccination should be considered when traveling in areas of high endemicity. LAC tests household contacts of confirmed cases for *S typhi* to identify and previously undiagnosed carriers or cases.

COMMENTS

The majority of the cases (n=10, 63%) traveled to endemic areas outside the US; Mexico, Guatemala, India and Nigeria were reported travel destinations. Four cases (25%) denied specific foreign travel. One case had household contacts (HHCs) born in a typhoid endemic country; the contacts were culture negative. Another case moved between LAC and another jurisdiction. HHCs in LAC were culture negative; the other jurisdiction declined to test the household. One case was infected by a previously undiagnosed carrier.

ADDITIONAL RESOURCES

General information about typhoid fever available from CDC at:
www.cdc.gov/ncidod/dbmd/diseaseinfo/typhoidfever_g.htm

Traveler's health information is available at: www.cdc.gov/travel/diseases/typhoid.htm

Figure 3
Acute Typhoid Fever
by Age Group
LAC, 2003

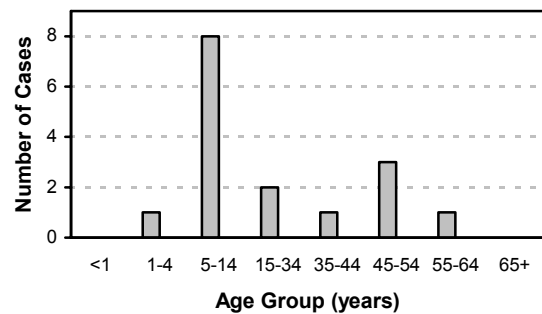
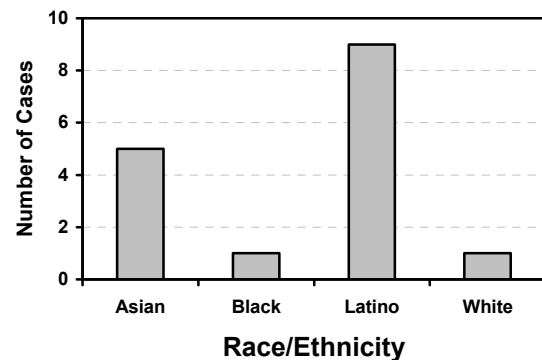


Figure 4
Acute Typhoid Fever
by Race/Ethnicity
LAC, 2003

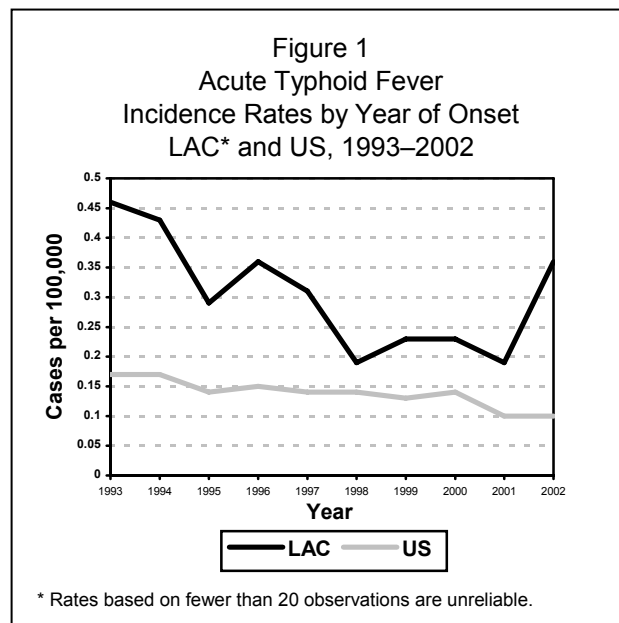




TYPHOID FEVER, ACUTE

CRUDE DATA	
Number of Cases	33
Annual Incidence ^a	
LA County	0.4
California	0.2
United States	0.1
Age at Diagnosis	
Mean	19
Median	18
Range	0–65 years
Case Fatality	
LA County	0.0%
United States	N/A

^a Cases per 100,000 population.



DESCRIPTION

Typhoid fever, or “enteric fever,” is an acute systemic disease caused by the gram-negative bacillus *Salmonella typhi*. Transmission may occur person to person or by ingestion of food or water contaminated by the urine or feces of acute cases or carriers. Common symptoms include insidious onset of persistent fever, headache, malaise, anorexia, constipation (more common than diarrhea), bradycardia, enlargement of the spleen, and rose spots on the trunk. Humans are the only known reservoir for *S. typhi*.

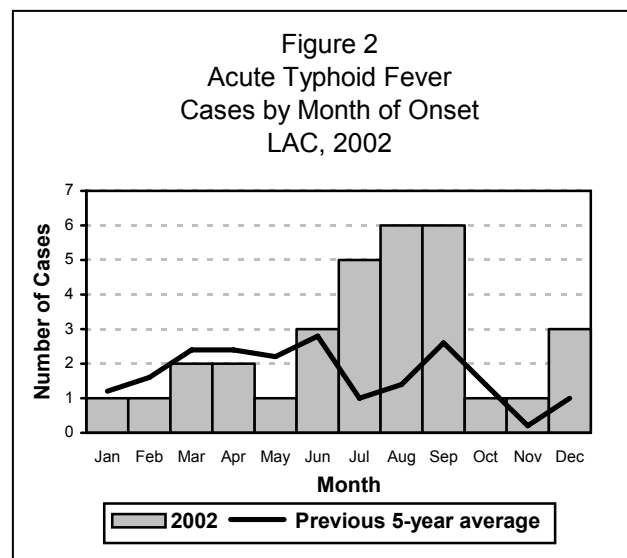
DISEASE ABSTRACT

- During 2002, 27% (n=9) of all cases were related to two separate outbreaks, both occurred among Latino extended families during the summer season.
- Travel continued to be the most common risk factor—52% of cases reported visits to typhoid-endemic countries.

STRATIFIED DATA

Trends: The rate of typhoid fever cases increased due in part to two outbreaks. In 2001, the rate was 0.18.

Seasonality: The majority of cases (60%) had onset during the summer, which was the time period of the two outbreaks. In previous years, most cases occurred in late spring and summer, coinciding with holidays and school vacations (Figure 2).





Age: In 2002, although persons aged 15–34 years continued to have a high incidence (Figure 3), persons aged 5–14 and 1–4 years also had high incidence. This was due to the two outbreaks occurring in extended families with many children.

Sex: The male-to-female ratio was 0.9:1.

Race/Ethnicity: In 2002, acute typhoid fever cases were seen primarily in Latinos, who accounted for 52% of cases (Figure 4). In 2001, Asians had the highest percentage. This change was due to the two outbreaks in the Latino community.

Location: The two outbreaks occurred in SPAs 1 and 2. Sporadic cases were seen in all SPAs except SPA 5.

PREVENTION

Handwashing after using the toilet, before preparing or serving food, and before and after caring for others is important in preventing the spread of typhoid. When traveling to locations where sanitary practices are uncertain, foods should be thoroughly cooked and served hot; bottled water should be used for drinking as well as for brushing teeth and making ice. Vaccination should be considered when traveling in areas of high endemicity. LAC tests household contacts of confirmed cases for *S. typhi* to identify and previously undiagnosed carriers or cases.

COMMENTS

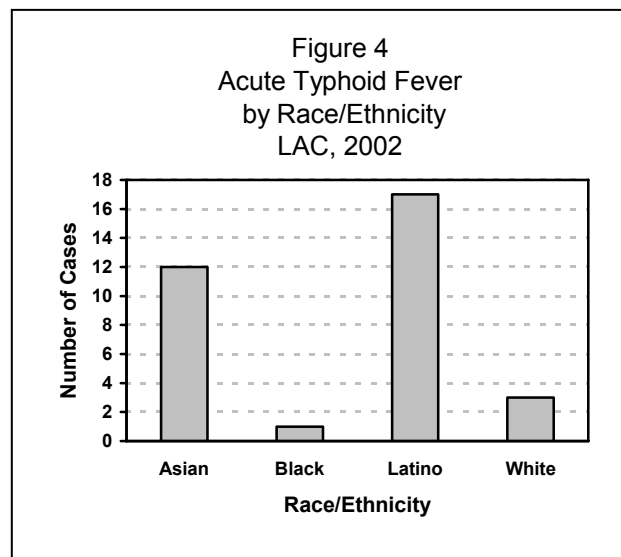
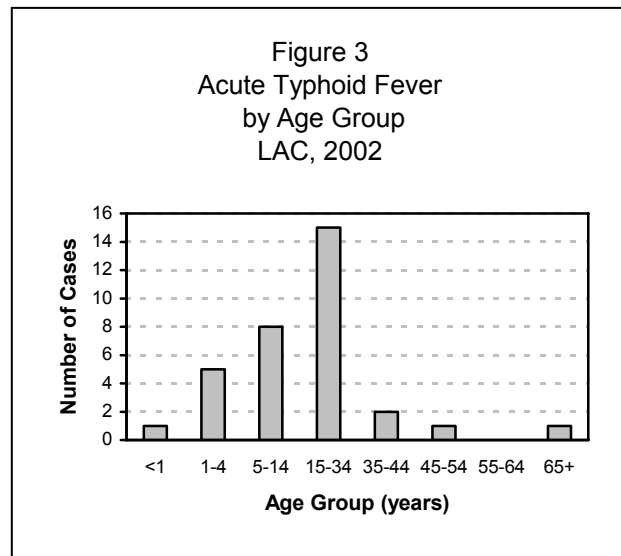
Nine cases (27%) were related to the two outbreaks. Two previously unknown carriers were identified as sources for these outbreaks. Half of the cases ($n=17$, 52%) were associated with travel to endemic areas outside the US; of these cases, most ($n=11$) acquired disease while in Asia and the Pacific Islands. Five cases acquired disease in Mexico and Central and South America.

Four cases (12%), that were not outbreak-related, denied foreign travel or having recent visitors from areas outside the US. It is presumed they became infected in LAC. Household contacts were tested for *S. typhi* and no source of infection was identified.

ADDITIONAL RESOURCES

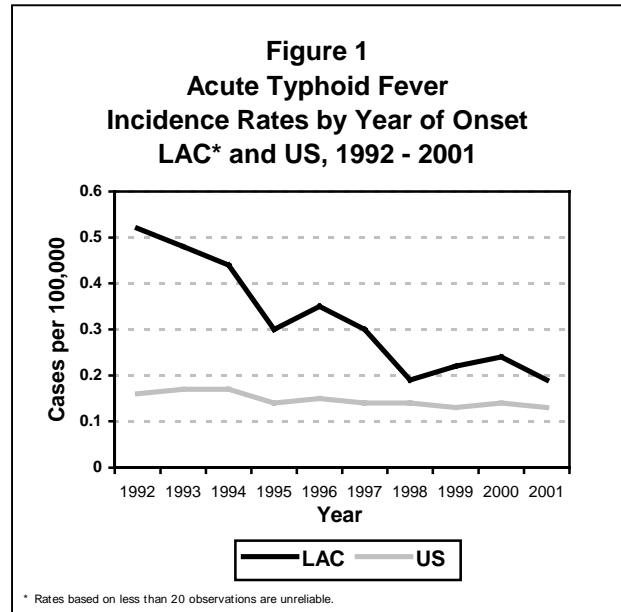
General disease information is available at:
www.cdc.gov/ncidod/dbmd/diseaseinfo/typhoidfever_g.htm

Traveler's health information is available at: www.cdc.gov./travel/diseases/typhoid.htm



TYPHOID FEVER, ACUTE

CRUDE DATA	
Number of Cases	17
Annual Incidence ^a	
LA County	0.2 ^b
California	0.2
United States	0.1
Age at Diagnosis	
Mean	32
Median	32
Range	2-90 years
Case Fatality	
LA County	0.0%
United States	N/A



^a Cases per 100,000 population.

^b Rates based on less than 20 observations are unreliable.

DESCRIPTION

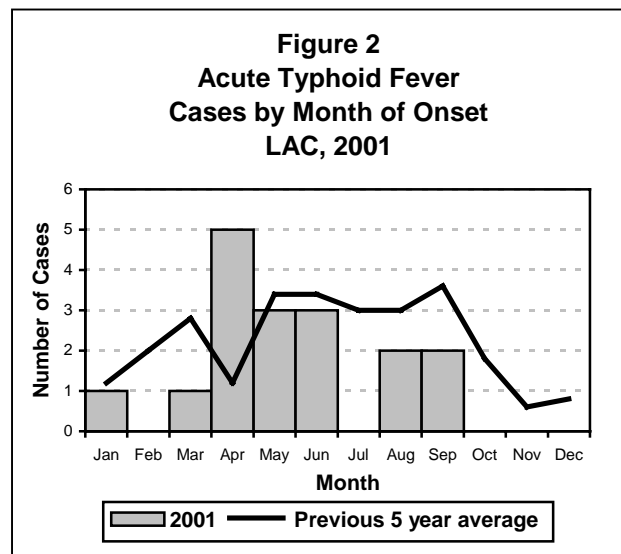
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DISEASE ABSTRACT

- In LAC, 82% of the acute typhoid fever cases were associated with recent immigration and foreign travel.
- Most cases were reported among Asians, followed by Latinos.
- In 2001, no cases were linked to previously unknown carriers.

STRATIFIED DATA

Trends: The rate of reported typhoid fever cases remained steady after decreasing for ten years. Annual incidence had declined from 0.67 in 1990 to 0.22 in 1999. In 2000, the incidence rate was 0.23. In 2001, the rate was 0.18.



Seasonality: In LAC, the majority of cases (65%) had onset in Spring. Most cases occur in late

spring and summer, coinciding with holidays and school vacation (Figure 2).

Age: In 2001, persons aged 15-34 years continued to have the highest incidence (Figure 3). This may be because persons in this age group travel or immigrate more.

Sex: The male-to-female rate ratio was 1.25:1. This slight male preponderance is typical.

Race/Ethnicity: Acute typhoid fever cases continue to be seen primarily in Asians, who accounted for 59% of cases (Figure 4). Latinos had the second highest incidence with 29% of cases. This trend may be related to individuals traveling to their countries of origin (see comments related to travel).

Location: Eighty-eight percent of cases were seen in SPAs 6, 5 and 4.

COMMENTS

Fourteen cases (82%) were associated with travel to endemic areas outside the US. Of these cases, 9 apparently acquired disease in Asia and 5 acquired disease in Mexico or Central America.

Three cases (18%) denied foreign travel or having recent visitors from areas outside the US. It is presumed they became infected in LAC. Household contacts were tested for *S. typhi* and no source of infection was identified.

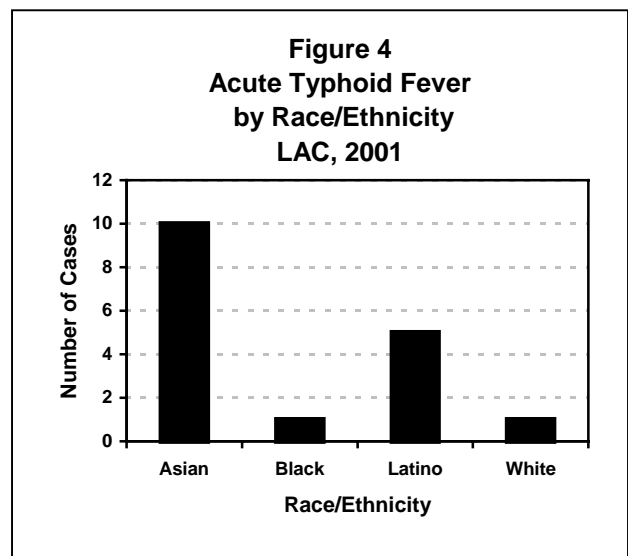
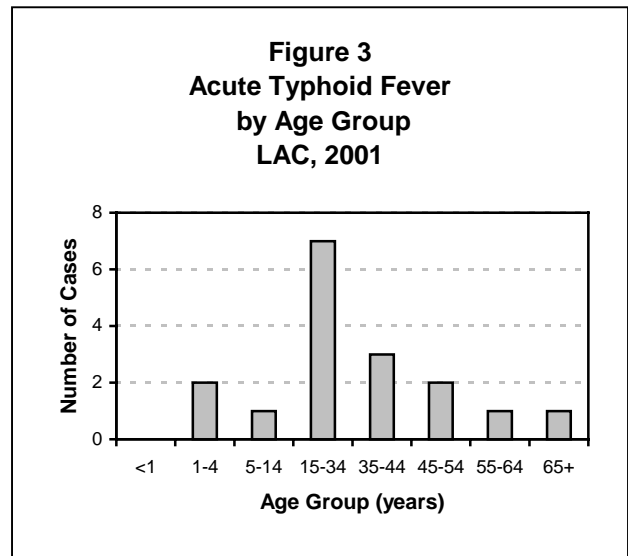
PREVENTION

Handwashing after using the toilet, before preparing or serving food, and before and after caring for others is important in preventing the spread of typhoid. When traveling to locations where sanitary practices are uncertain, foods should be thoroughly cooked and served hot; bottled water should be used for drinking as well as for brushing teeth and making ice. Vaccination should be considered when traveling in areas of high endemicity.

ADDITIONAL RESOURCES

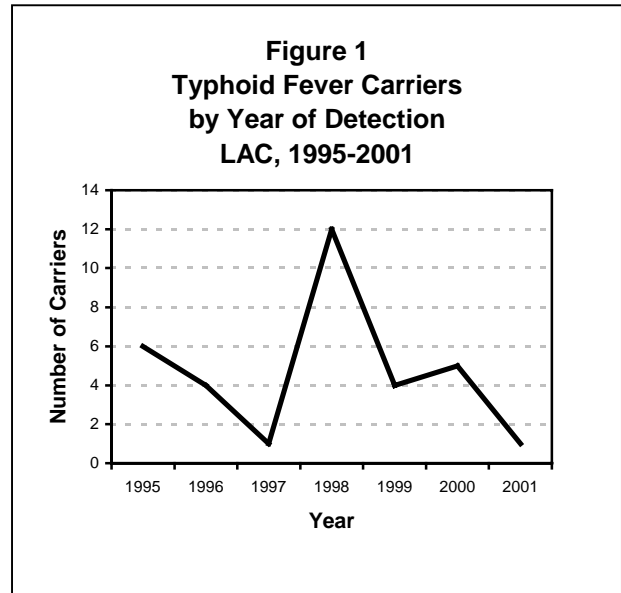
General disease information is available at:
www.cdc.gov/ncidod/dbmd/diseaseinfo/typhoidfever_g.htm

Traveler's health information is available at: www.cdc.gov/travel/diseases/typhoid.htm



TYPHOID FEVER, CARRIER

CRUDE DATA	
Number of New Carriers	1
Annual Incidence ^a	
LA County	N/A
United States	N/A
Age at Diagnosis	
Mean	N/A
Median	N/A
Range	N/A
Case Fatality	
LA County	0.0%
United States	N/A



^a Cases per 100,000 population.

DESCRIPTION

The chronic typhoid carrier state can occur after symptomatic or subclinical infections of *Salmonella typhi*. Among untreated cases, 10% will shed bacteria for three months after initial onset of symptoms and 2-5% will become chronic carriers. The chronic carrier state occurs most commonly among women in middle age.

DISEASE ABSTRACT

- During 2001, a total of 18 carriers were under case management in LAC. Only one new typhoid carrier was identified in 2001.
- Four carriers were successfully treated and cleared with antibiotics.
- Two previously known carriers moved into LAC from other jurisdictions.

COMMENTS

The single new carrier was foreign born. Previously unknown carriers are sometimes found when testing household contacts to new acute typhoid cases for *S. typhi*. The single new carrier was not associated with any acute cases. Each new carrier is added to the typhoid carrier registry. All carriers are visited semi-annually by a public health nurse to assess and emphasize compliance with a signed typhoid carrier agreement.

ADDITIONAL RESOURCES

Disease Information is available at: www.cdc.gov/ncidod/dbmd/diseaseinfo/typhoidfever_g.htm