

## An Elaborative Note on Typhoid

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### Description

The severe systemic infection which is generally caused by gram negative bacterium *Salmonella typhi* is usually defined as typhoid which is otherwise called as enteric fever. The mode of transmission of infection is through faecal-oral route which is via contaminated food and water. The organisms are usually absorbed from the gut which passes through the bloodstream to the liver and spleen. They are released into the blood after 10-14 days of incubation period after which the symptoms usually begins. They localise in the lymphoid tissue of small intestine which can bleed and perforate, is the main cause of death for typhoid fever. *Salmonella typhi* only infect humans so the spread of infection comes from infected excreta of a human or from a carrier. Most of the patients who have typhoid will excrete organisms at certain stage of their illness. In females incidence of becoming carriers increases with age. Typhoid is infectious irrespective of the individuals age group. Symptoms in the initial stages include fever with chills, severe headache, constipation and a dry cough may be present. The pulse rate is slower than the normal by alternately taking in the count of patient's temperature. After 7 to 10 days from the onset of symptoms the fever reaches its peak with a sign of rash on the upper abdomen and back which are usually visible on the white skin. If proper treatment is not given, complications occur during the second week of illness which includes weakness, dehydration and most commonly intestinal bleeding and perforation. Diagnosis include the collection of blood culture, isolation of organism from stool sample in the second and third weeks of illness and isolation of bacteria in the urine. Antibiotics are often used to treat typhoid namely ciprofloxacin, co-trimoxazole, amoxycillin and chloramphenicol.

Prevention of spread of typhoid depends upon clean water supply (protection and chlorination of public water supply), good sanitation (disposal of human excreta must be carried out in a safe manner and there should be no backflow connection between sewers and water supplies), treatment of carriers, selective immunization of groups (monovalent whole cell typhoid vaccine and oral typhoid vaccine), screening and contact tracing (search for case or carrier and for the transport medium such as food and water), nursing care (sedation of patients, regular observation for vital signs, bowel haemorrhage and perforation observation, transfer to an intensive care unit if the condition is severe), and rehabilitation (role of primary healthcare team, role of hospital and community settings, and role of health education and health promotion).

Another fever which is very similar to the illness of typhoid fever is paratyphoid fever (paratyphoid) which is caused by one of the *Salmonella* paratyphi A, B and C types. When compared to typhoid fever, paratyphoid fever is less severe and has shorter incubation period with diarrhoea from the onset of symptoms whereas ample amount of rashes (rose coloured spots) and less intestinal complications are observed. Prevention methods are same as typhoid fever and treatment includes the use of antibiotic such as azithromycin while no vaccine is available particularly for paratyphoid but the typhoid vaccine may show some signs of benefits.

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