

Dynamics and resistance patterns of recurrent typhoid outbreaks: descriptive epidemiology study, Harare, Zimbabwe



Y Ronoh¹, K Masunda², C Duri², P Manangazira², R Ortuno¹.

¹Médecins Sans Frontières, Harare, Zimbabwe; ²Ministry of Health and Child Care, Harare, Zimbabwe

BACKGROUND

- Typhoid fever has become a public health problem in Harare City, with large number of cases reported annually since 2010.
- There is a paucity of data reported regarding the association between rainfall patterns as dynamic supporting factors for typhoid outbreaks, and antimicrobial resistance.

OBJECTIVES

- We describe the dynamic features of the typhoid epidemic in Harare City, including the associations between typhoid transmission factors and emergence of antibiotic resistance between 2016 and 2018.

METHODS

Line-listed typhoid cases were obtained from the City of Harare Department of Health for the period from January 2016 to December 2018. Daily precipitation estimates were obtained from Climate Hazards Group Infrared Precipitation. Cases were culture confirmed and analysed for antimicrobial resistance. We conducted descriptive analyses for city and suburbs. We divided the epidemic into rainy season (January to March), winter season (April to August), and the pre-onset rainy (September to December).

RESULTS

Figure 1: Weekly epidemiological series of typhoid cases from Epi week 1 to 52 for cumulative period 2016 to 2018.

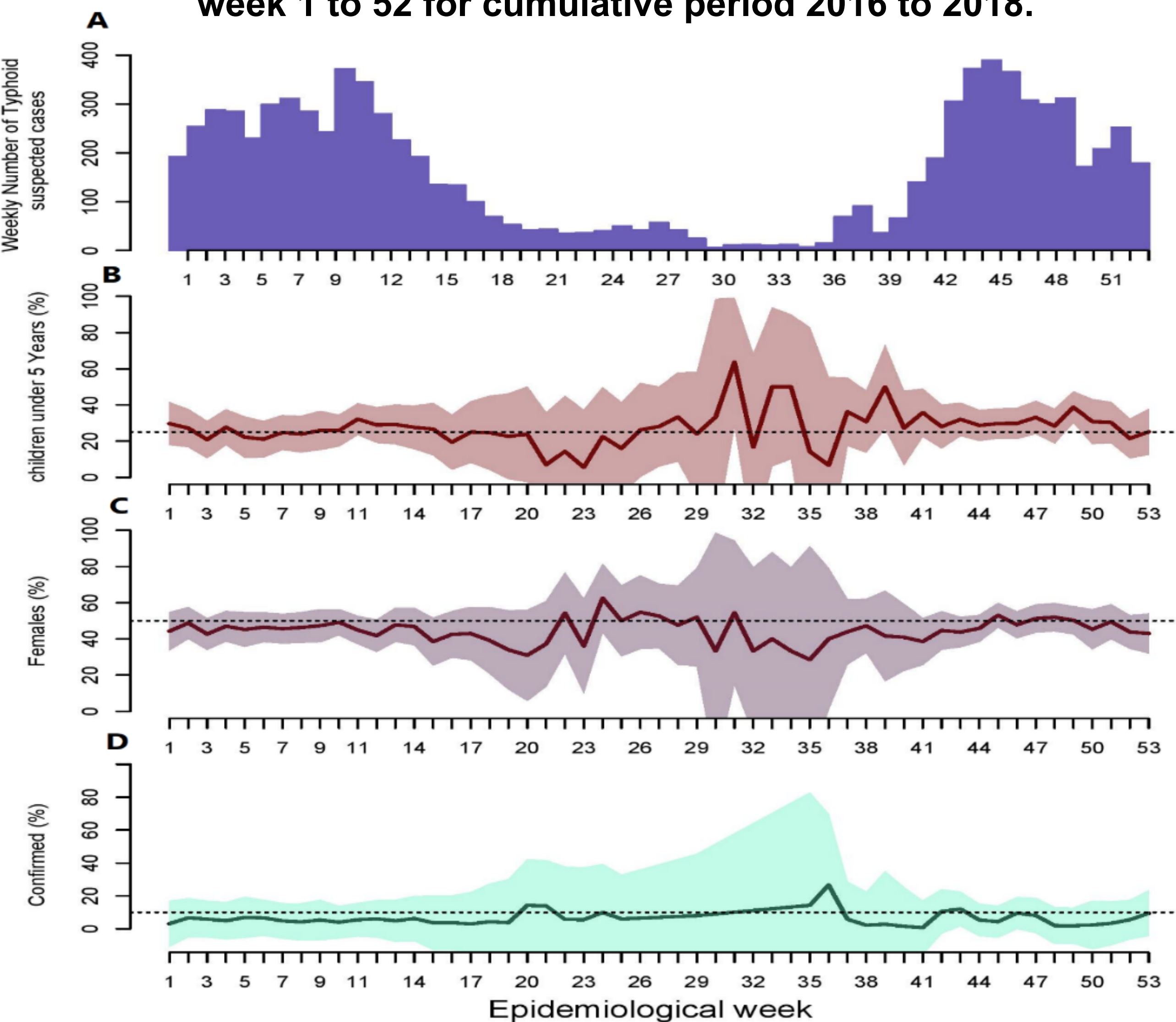


Figure 2: Monthly trend of incidence cases reported, instantaneous reproductive number and average rainfall pattern from Jan2016 - Dec 2018

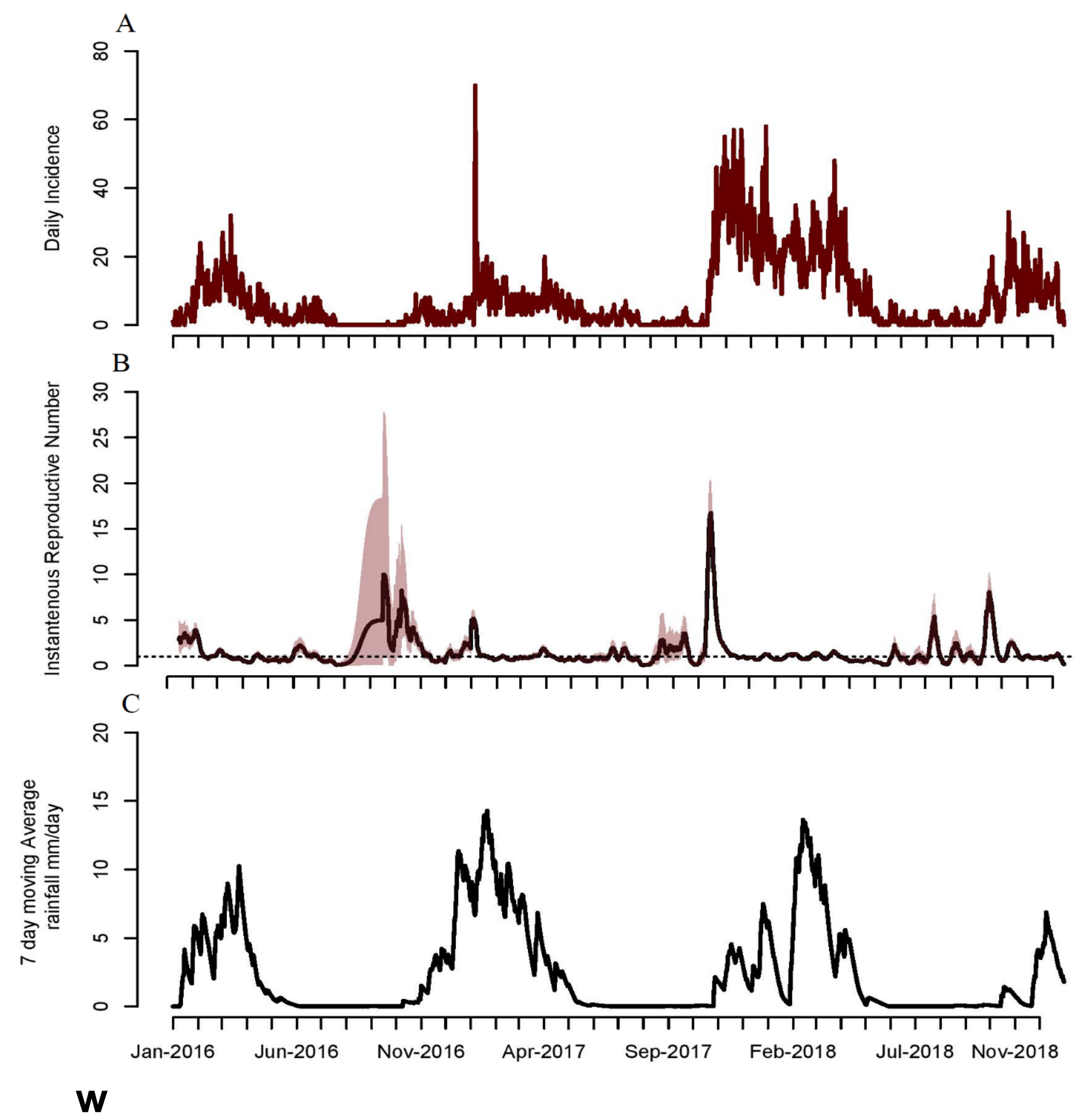
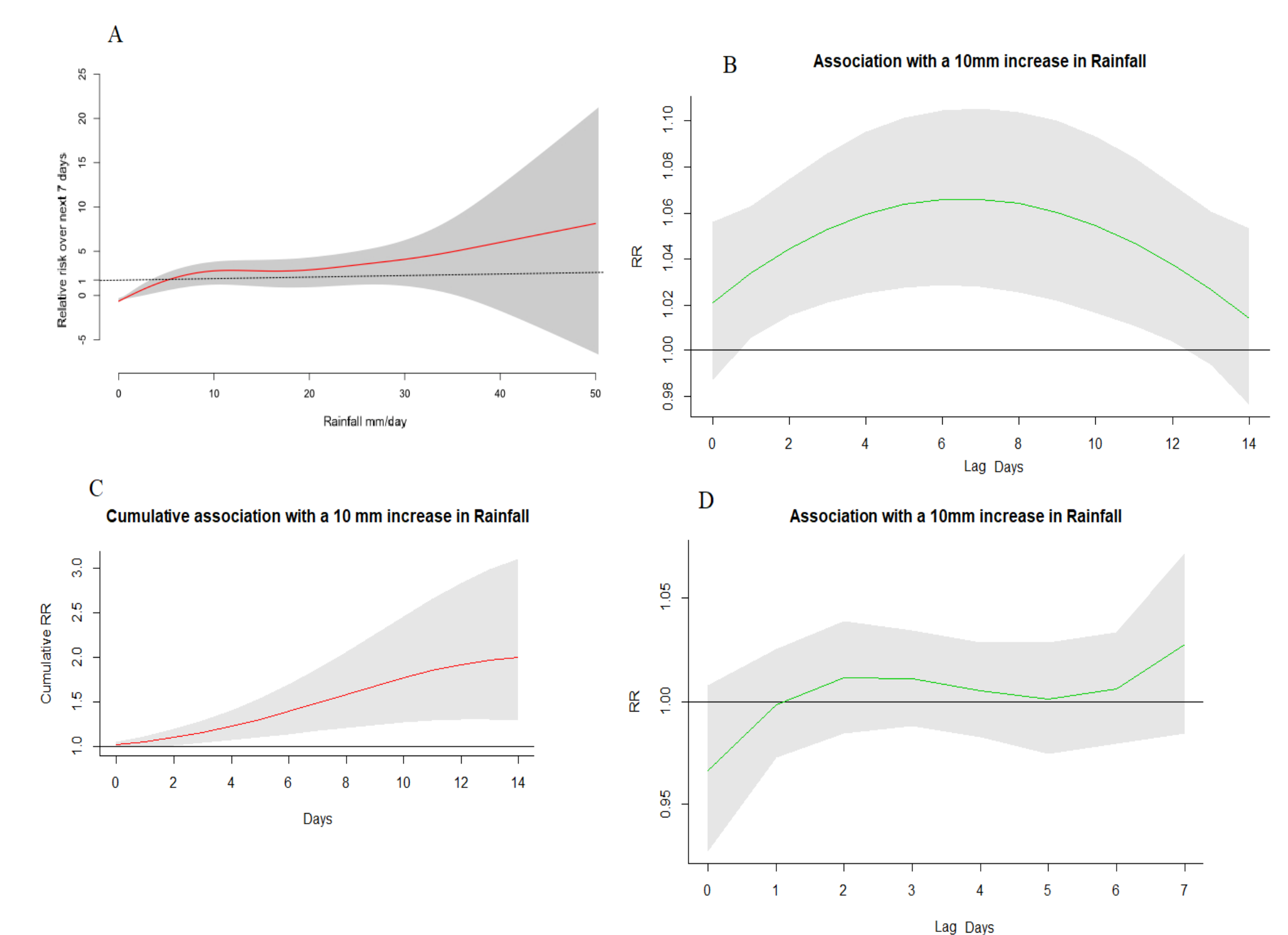


Figure 3: Temporal relationship between relative risk of typhoid exposure over 7 days accumulated rainfall



The centre line in each graph shows the estimated spline curve, and the upper and lower lines represent the 95% confidence limits. Red line represent Relative risk, and grey polygon with 95% exact binomial confidence Interval. Rainfall over lags of 0–7 days and 0–14 days. RR represents the relative risk of typhoid (scaled against the mean weekly number of cases).

DISCUSSIONS

- This study provides a unique opportunity to understand the typhoid epidemic in density suburbs with challenges associated with control of typhoid fever.
- We found that the under-fives had highest incidence of typhoid cases. The highest incidence close to 50 percent of cases to adults occurred during dry seasons a pointer of household transmission.
- The epidemic was characterised by four peaks predominantly occurring onset of rains with increase number of cases with increase precipitations.
- We illustrated that typhoid in suburbs of Harare is seasonal, with the risk of reporting cases increasing at the beginning of rainy season. This phenomenon provides a window opportunity for outbreak preparedness, including enhance surveillance system, strategic supplies and training of health workers on case definition.
- Our observation that over 90% of isolate showed decrease susceptibility to common antibiotics use for management especially on nalidixic acid and ciprofloxacin were common during the outbreak suggest that options for antimicrobial therapy becoming limited.

Conclusion

These dynamics might be explained by factors related to sources and modes of transmission, including contamination of boreholes and shallow well, inadequate access to clean water and sanitation. Reduce susceptibility to commonly used antibiotics justify needs to address rising problem of antibiotic resistance and inefficient prescription of antibiotics, antimicrobial surveillance is required to monitor dynamic antibiotic resistance profiles of S. Typhi and MDR strains.

For questions or comments contact:

Msfocb-Harare-epidemio@brussels.msf.org



Ethical statement

The MSF Ethics Review Board granted approval for this study.

Acknowledgements

Ministry of Health Staff
Zimbabwe National Medical Reference Lab
Zimbabwe Ministry of Health and Child Care
Zimbabwe Medical Research Council

