

***Typhoid Fever***  
***(Salmonella typhi)***  
Last revised June 3, 2011

**I. IDENTIFICATION**

**CLINICAL DESCRIPTION:** An illness caused by *Salmonella typhi* that is often characterized by insidious onset of sustained fever, headache, malaise, anorexia, relative bradycardia, constipation or diarrhea, and nonproductive cough. However, many mild and atypical infections occur. Carriage of *S. typhi* may be prolonged.

A. **REPORTING CRITERIA:** Laboratory Confirmation

B. **LABORATORY CRITERIA FOR CONFIRMATION:**

- Isolation of *S. typhi* from blood, stool, or other clinical specimen

C. **WISCONSIN CASE DEFINITION:**

- Probable: a clinically compatible case that is epidemiologically linked to a confirmed case in an outbreak
- Confirmed: a clinically compatible case that is laboratory confirmed

**II. ACTIONS REQUIRED / PREVENTION MEASURES**

A. **WISCONSIN DISEASE SURVEILLANCE CATEGORY II:**

Report to the patient's local health department either electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax using an Acute and Communicable Disease Case Report ([F-44151](#)), or by other means within 72 hours upon recognition of a case or suspected case.

B. **EPIDEMIOLOGY REPORTS REQUIRED:**

- *Electronically* – Report through WEDSS, including appropriate disease-specific tabs  
OR
- *Paper Copy* – Acute and Communicable Diseases Case Report ([F-44151](#)) AND Typhoid Fever Surveillance Report ([CDC 52.5](#)).

C. **PUBLIC HEALTH INTERVENTIONS:**

In accordance with Wisconsin Administrative rule DHS 145.05, local public health should follow the methods of control recommended in the current edition of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association.

- Educate public about proper hand washing after using the toilet or handling contaminated clothing or linens, before cooking, or associating with high-risk individuals.
- Assess patient's activities for high-risk settings.
- Educate and advise high-risk patients and food workers on enteric precautions.
- Exclude individuals from high risk settings until they have three consecutive negative stool cultures collected 24 hours apart, at least 48 hours after antibiotics, and not earlier than one month after onset of illness.

## Wisconsin Division of Public Health Communicable Disease Surveillance Guideline

- Exclude household and close contacts from high-risk settings until at least two negative stool and urine cultures, taken at least 24 hours apart, are obtained.
- Source investigation by LHD. Obtain travel history; all travel companions should be contacted and interviewed.
- Asymptomatic carriage should **NOT** be reported as typhoid fever.

### D. PREVENTION MEASURES: (Currently two Typhoid vaccines which provide limited protection to *S. typhi* infection are licensed and available in the U.S.)

- Vaccines are indicated for:
  - Travelers to areas where risk of exposure to *S* serotype Typhi is recognized
  - People with intimate exposure to a documented typhoid fever carrier
  - Laboratory workers with frequent contact with *S* serotype Typhi and people living in areas outside the United States with endemic typhoid infection.

## IV. CONTACTS FOR CONSULTATION

### A. LOCAL HEALTH DEPARTMENT – REGIONAL OFFICES – TRIBAL AGENCIES:

<http://www.dhs.wisconsin.gov/localhealth/index.htm>

### B. BCDER / COMMUNICABLE DISEASE EPIDEMIOLOGY SECTION: (608) 267-9003

### C. WISCONSIN STATE LABORATORY OF HYGIENE / BACTERIOLOGY: (608) 263-3421

## V. RELATED REFERENCES

- Heymann DL, ed. Typhoid Fever. In: *Control of Communicable Diseases Manual*. 19th ed. Washington, DC: American Public Health Association, 2008: 664-671
- Pickering LK, ed. Salmonella Infections. In: *Red Book: 2006 Report of the Committee on Infectious Diseases*. 27th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2009: 579-583.