**Introduction**

Typhoid fever, also known as typhoid, is a common worldwide illness, transmitted by the ingestion of food or water contaminated with the [feces](file:///C:\wiki\Feces) of an infected person, which contain the bacterium [salmonella enterica,](file:///C:\wiki\Salmonella_enterica_enterica)(***Weinberg, 2008***).

With an estimated 21.6 million cases of annually resulting in 200,000 deaths in endemic areas, the [***WHO***](file:///C:\wiki\World_Health_Organization) ***(2009)*** identifies typhoid as a serious public health problem. Its incidence is highest in children and young adults between 5 and 19 year old.

Typhoid fever is characterized by a slowly progressive [fever](file:///C:\wiki\Fever) as high as 40 °C (104 °F), profuse sweating, [gastroenteritis](file:///C:\wiki\Gastroenteritis), and nonbloody [diarrhea](file:///C:\wiki\Diarrhea) (less commonly), a [rash](file:///C:\wiki\Rash) of flat, rose-colored spots may appear ***(Easmon, 2005).***

Flying insects feeding on feces may occasionally transfer the bacteria through poor hygiene habits, and public sanitation conditions. Public education campaigns encouraging people to wash their hands after defecating and before handling food are an important component in controlling spread of the disease. According to statistics from the ***United States*** [***Centers for Disease Control and Prevention***](file:///C:\wiki\Centers_for_Disease_Control_and_Prevention) ***(CDC), (2006)*** the [chlorination](file:///C:\wiki\Chlorination) of drinking water has led to dramatic decreases in the transmission of typhoid fever.

A person may become an [asymptomatic carrier](file:///C:\wiki\Asymptomatic_carrier) of typhoid fever, suffering no symptoms, but capable of infecting others. According to the ***CDC (2006),*** approximately 5% of people who contract typhoid continue to carry the disease after they recover. Many carriers of typhoid were locked into an isolation ward never to be released in order to prevent further typhoid cases. These people often deteriorated mentally, driven mad by the conditions they lived in ***(Synodinos et al., 2008).***

Diagnosis is made by any [blood](file:///C:\wiki\Blood_culture), [bone marrow](file:///C:\wiki\Bone_marrow) or [stool](file:///C:\wiki\Human_feces) [cultures](file:///C:\wiki\Culture) and with the [Widal test](file:///C:\wiki\Widal_test). In [epidemics](file:///C:\wiki\Epidemic) and less wealthy countries, after excluding [malaria](file:///C:\wiki\Malaria), [dysentery](file:///C:\wiki\Dysentery) or [pneumonia](file:///C:\wiki\Pneumonia), a therapeutic trial time with [chloramphenicol](file:///C:\wiki\Chloramphenicol) is generally undertaken while awaiting the results of Widal test and cultures of the blood ***( Easmon, 2005).***

Sanitation and hygiene are the critical measures that can be taken to prevent typhoid. Typhoid does not affect animals and therefore transmission is only from human to human. Typhoid can only spread in environments where human feces or urine are able to come into contact with food or drinking water. Careful food preparation and washing of hands are crucial to preventing typhoid.

There are two vaccines currently recommended by the [World Health Organization](file:///C:\wiki\World_Health_Organization) for the prevention of typhoid: these are the live, oral [Ty21a](file:///C:\wiki\Ty21a) vaccine and the injectable [Typhoid polysaccharide vaccine](file:///C:\wiki\Typhoid_polysaccharide_vaccine) (Typhim Vi). Both are between 50 % to 80 % protective and are recommended for travelers to areas where typhoid is endemic ***(O'Hara, 2006).***

The treatment of choice is a fluoroquinolone such as [ciprofloxacin](file:///C:\wiki\Ciprofloxacin) otherwise; a third-generation cephalosporin such as [ceftriaxone](file:///C:\wiki\Ceftriaxone) or [cefotaxime](file:///C:\wiki\Cefotaxime) is the first choice. Cefixime is a suitable oral alternative (***Ryan et al., 2006***).