Salmonella typhi is a bacteria that causes typhoid fever. The bacteria are transmitted through contaminated food and water, particularly in areas with poor sanitation. The bacteria can survive in the environment for long periods, making it difficult to prevent outbreaks. The disease is characterized by fever, fatigue, and a prominent skin rash.

The symptoms of typhoid fever develop 7 to 14 days after exposure to the bacteria. Early symptoms may include fever, headache, and body aches, which can be mistaken for the flu. The most characteristic symptom is a skin rash that appears 4 to 5 days into the illness.

Diagnosis of typhoid fever is typically made through a blood test or a stool test. Treatment is usually with antibiotics, such as chloramphenicol or amoxicillin. In some cases, patients may require supportive care, such as fluid replacement.

Prevention of typhoid fever involves good hygiene, avoiding contaminated food and water, and getting vaccinated. The typhoid vaccine is effective in preventing the disease and can be given orally or by injection.

In tropical areas, typhoid fever is a significant public health problem. The disease is common in children and adults, with children being more susceptible. The mortality rate is highest in infants and young children, but vaccination can significantly reduce the risk of severe complications.

In the modern era, typhoid fever is seen as a disease of travelers, but in the past it was a common disease in many parts of the world. The disease is much less common today due to improvements in sanitation and the availability of effective vaccines.

The current availability of parenteral Vi antigen and oral live attenuated Ty21a vaccines is limited, and neither vaccine is considered to provide adequate protective efficacy in children. Two vaccines have now largely superseded the older crude vaccines: these are the Vi-purified Vi antigen vaccine and the Vi-inactivated Vi antigen vaccine.

However, there are significant side effects associated with these vaccines. Fever and local pain are common, particularly with the Vi-purified Vi antigen vaccine. In contrast, the Vi-inactivated Vi antigen vaccine is given either by subcutaneous or intramuscular injection, which may be associated with a higher incidence of side effects.

In most cases, intestinal bleeds can be managed with fluid replacement and transfusion. When hemorrhage may necessitate surgery. Intra-arterial vasopressin has been also been used to control bleeding.

The duration of infection is an important determinant of the risk of severe complications, and patients should be observed in hospital until their fever has returned to normal for at least one day. A return to antibiotic therapy may be required, although the patient often begins to feel better within one or two days.

Severe typhoid cases may require treatment with effective antimicrobials. The patient should be observed in hospital until their fever has returned to normal for at least one day. A return to antibiotic therapy may be required, although the patient often begins to feel better within one or two days.

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