

# The Psychological Impact of Typhoid Fever and its Significance

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## DESCRIPTION

Typhoid fever, also known as enteric fever, is a bacterial infection caused by *Salmonella enteric serotype Typhi*. This potentially life-threatening illness is primarily transmitted through contaminated food and water, particularly in regions with poor sanitation and hygiene practices [1]. Understanding the causes, symptoms, diagnosis, treatment, and prevention methods is crucial for effective management and control of typhoid fever. The bacterium *Salmonella Typhi* is responsible for causing typhoid fever. It is primarily spread through the ingestion of food or water contaminated with the feces of an infected person. Poor sanitation and hygiene, inadequate sewage disposal systems, and lack of access to clean water contribute significantly to the transmission of the disease. In some cases, individuals who are carriers of the bacteria but do not exhibit symptoms can unknowingly spread the infection [2]. The symptoms of typhoid fever typically develop one to three weeks after exposure to the bacteria. In severe cases, complications such as intestinal perforation, gastrointestinal bleeding, and organ failure can occur, posing significant risks to the patient's health. Diagnosing typhoid fever typically involves a combination of clinical evaluation, laboratory tests, and imaging studies [3]. Healthcare providers may perform blood cultures to isolate the *Salmonella* bacteria from the patient's bloodstream. Stool cultures can also be conducted to detect the presence of the bacteria. Additionally, imaging tests such as ultrasound or CT scans may be used to assess complications such as intestinal perforation. Prompt and appropriate treatment is essential to manage typhoid fever and prevent complications. Antibiotics are the primary treatment for this bacterial infection [4]. Commonly prescribed antibiotics include fluoroquinolones, such as ciprofloxacin and levofloxacin, and cephalosporins, such as ceftriaxone [5,6]. In some cases, antibiotic resistance may necessitate the use of alternative medications. Supportive care is also crucial to help alleviate symptoms and prevent dehydration. Patients are advised to rest, stay hydrated by drinking fluids, and maintain a nutritious diet. In severe cases or in the presence of complications, hospitalization may be required for close monitoring and intravenous administration of fluids and antibiotics. Preventing typhoid fever revolves around implementing

measures to reduce the risk of exposure to the bacteria. Key preventive strategies include [7-10].

Vaccines against typhoid fever are available and recommended for individuals traveling to high-risk areas or those at increased risk of exposure. These vaccines can provide protection against the disease for several years. Practicing good hygiene, such as washing hands thoroughly with soap and water before eating or handling food, can help prevent the ingestion of contaminated substances. Avoiding consuming raw or undercooked food, particularly in regions with poor sanitation, is also important. Implementing measures to improve sanitation infrastructure, such as proper sewage disposal and access to clean water sources, can help reduce the transmission of typhoid fever within communities. Educating individuals about the importance of personal hygiene practices, such as proper handwashing techniques and sanitation habits, can help prevent the spread of infectious diseases, including typhoid fever [11,12].

## CONCLUSION

Typhoid fever remains a significant public health concern, particularly in regions with inadequate sanitation and hygiene infrastructure. Understanding the causes, symptoms, diagnosis, treatment, and prevention methods is crucial for effective management and control of this potentially life-threatening illness. By implementing comprehensive strategies that focus on vaccination, food and water safety, sanitation improvements, and personal hygiene, efforts can be made to reduce the burden of typhoid fever and improve public health outcomes globally.

## REFERENCES

1. Irunde JI, Ndendya JZ, Mwasunda JA, Robert PK. Modeling the impact of screening and treatment on typhoid fever dynamics in unprotected population. *Results Phys.* 2023;54:107120.
2. Asadi F, Trinugroho JP, Hidayat AA, Rahutomo R, Pardamean B. Data mining for epidemiology: The correlation of typhoid fever occurrence and environmental factors. *Procedia Comput Sci.* 2023;216:284-92.
3. William V, Rusmawatingtyas D, Makrufardi F, Kumara IF. Sepsis and disseminated intravascular coagulation are rare complications of typhoid fever: A case report. *Ann Med Surg.* 2022;73:103226.

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4. Teferi MY, El-Khatib Z, Alemayehu EA, Adane HT, Andualem AT, Hailesilassie YA, et al. Prevalence and antimicrobial susceptibility level of typhoid fever in Ethiopia: A systematic review and meta-analysis. *Prev Med Rep.* 2022;25:101670.
5. Salerno-Gonçalves R, Fresnay S, Magder L, Darton TC, Waddington CS, Blohmke CJ, et al. Mucosal-Associated Invariant T cells exhibit distinct functional signatures associated with protection against typhoid fever. *Cell Immunol.* 2022;378:104572.
6. Rashid S, El-Deeb AA, Inc M, Akgül A, Zakarya M, Weera W et al. Stochastic dynamical analysis of the co-infection of the fractional pneumonia and typhoid fever disease model with cost-effective techniques and crossover effects. *Alex Eng J.* 2023;69:35-55.
7. Peter OJ, Ibrahim MO, Edogbanya HO, Oguntolu FA, Oshinubi K, Ibrahim AA, et al. Direct and indirect transmission of typhoid fever model with optimal control. *Results Phys.* 2021;27:104463.
8. Birger R, Antillón M, Bilcke J, Dolecek C, Dougan G, Pollard AJ, et al. Estimating the effect of vaccination on antimicrobial-resistant typhoid fever in 73 countries supported by Gavi: A mathematical modelling study. *Lancet Infect Dis.* 2022;22(5):679-91.
9. Lawal FO, Yusuf TT, Abidemi A. Modelling the impact of vaccination on transmission dynamics of Typhoid fever. *Control Optim.* 2023;13:100310.
10. Adi-Dako O, Kumadoh D, Egbi G, Okyem S, Addo PY, Nyarko A, et al. Strategies for formulation of effervescent granules of an herbal product for the management of typhoid fever. *Heliyon.* 2021;7(10).
11. Marchello CS, Birkhold M, Crump JA. Complications and mortality of typhoid fever: a global systematic review and meta-analysis. *J Infect.* 2020;81(6):902-10.
12. Abboubakar H, Kombou LK, Koko AD, Fouda HP, Kumar A. Projections and fractional dynamics of the typhoid fever: A case study of Mbandjock in the Centre Region of Cameroon. *Chaos Solit Fractals.* 2021;150:111129.