

Typhoid Vaccine:

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Typhoid vaccine can prevent **typhoid fever**.

People who are actively ill with typhoid fever and people who are carriers of the bacteria that cause typhoid fever can both spread the bacteria to other people. When someone eats or drinks contaminated food or drink, the bacteria can multiply and spread into the bloodstream, causing typhoid fever.

Typhoid fever can be a life-threatening disease. Symptoms of infection include persistent high fever, weakness, stomach pain, headache, diarrhea or constipation, cough, and loss of appetite.

People who do not get treatment can continue to have fever for weeks or months. As many as 30% of people who do not get treatment die from complications of typhoid fever. There are fewer antibiotic treatment options as drug-resistant typhoid bacteria has become more common in many parts of the world.

Typhoid fever is common in many regions of the world, including parts of East and Southeast Asia, Africa, the Caribbean, and Central and South America. Typhoid fever is not common in the United States.

2 Typhoid vaccine

There are two vaccines to prevent typhoid fever. One is an inactivated (killed) vaccine and the other is a live, attenuated (weakened) vaccine. Your health care provider can help you decide which type of typhoid vaccine is best for you.

- **Inactivated typhoid vaccine** is administered as an injection (shot). It may be given to people 2 years and older. One dose is recommended at least 2 weeks before travel. Repeated doses are recommended every 2 years for people who remain at risk.

- **Live typhoid vaccine** is administered orally (by mouth). It may be given to people 6 years and older. One capsule is taken every other day, for a total of 4 capsules. The last dose should be taken at least 1 week before travel. Each capsule should be swallowed whole (not chewed) about an hour before meals with cold or lukewarm water. A booster vaccine is needed every 5 years for people who remain at risk. **Important: live typhoid vaccine capsules must be stored in a refrigerator (not frozen).**

Routine typhoid vaccination is not recommended in the United States, but typhoid vaccine is recommended for:

- Travelers to parts of the world where typhoid is common. (NOTE: typhoid vaccine is not 100% effective and is not a substitute for being careful about what you eat or drink.)
- People in close contact with a typhoid carrier.
- Laboratory workers who work with *Salmonella typhi* bacteria.

Typhoid vaccine may be given at the same time as other vaccines.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of typhoid vaccine**, or has any **severe, life-threatening allergies**.
- Has a **weakened immune system**.
- Is **pregnant or breastfeeding**, or thinks she might be pregnant.
- Is **taking or has recently taken antibiotics or anti-malarial drugs**.



In some cases, your health care provider may decide to postpone typhoid vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting typhoid vaccine.

Your health care provider can give you more information.

4 Risks of a vaccine reaction

- Pain from the shot, redness, or swelling at the site of the injection, fever, and headache, and general discomfort can happen after inactivated typhoid vaccine.
- Fever, headache, abdominal pain, diarrhea, nausea, and vomiting can happen after live typhoid vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

6 How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's typhoid website at www.cdc.gov/typhoid-fever/typhoid-vaccination.html





Immunize Los Angeles

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Typhoid Vaccine Consent Form

I have read and understood the above information about Typhoid vaccination. I have had a chance to ask questions. I understand the benefits and risks of Typhoid vaccination and request that vaccine be given to me or the person named below whom I am authorized to sign for.

Information of Person to Receive Vaccine			
Name (Please print): Last Name, First Name Date of Birth			
Address: Street		City	State Zip
Phone Number			
X			
Signature (Person receiving Vaccine or Parent or Guardian)			Date

For Clinic Use Only	
Date of Vaccination:	
Manufacture/ Lot Number:	
Site of Injection:	
Chronic Diseases:	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Screening Questionnaire

The following questions will help us determine which vaccines may be given today. If a question is not clear, please ask your health care provider to explain it.

	Yes	No	Don't Know
1. Are you sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have allergies to medications, food, or any vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction after receiving a vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have cancer, leukemia, AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had x-ray treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. During the past year, have you received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. For women: Are you pregnant or is there a chance you could become pregnant in the next three months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you received any vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature (Person receiving Vaccine or Parent or Guardian)

Date

Did you bring your immunization record card with you? Yes No

It is important for you to have a personal record of your vaccinations. If you don't have a record card, ask your health care provider to give you one. Bring this record with you every time you seek medical care. Make sure your health care provider records all your vaccinations on it.