

Salmonellosis, Typhoid Fever and Paratyphoid Fever

In 2017, 1,079 cases of salmonellosis (non-typhoidal) were reported (incidence rate 22.4/100,000); 32.8% were associated with international travel. *Salmonella* infection continues to be the second most commonly reported enteric disease in BC. While the *Salmonella* incidence in 2017 shows a slight decrease, the rate was similar to previous years and higher than in 2012 and 2013. These high incidence rates are mainly due to the ongoing *S.Enteritidis* outbreak. A provincial strategy to address rising incidence of human *S. Enteritidis* cases in BC has been developed which outlines recommended actions to be taken at the provincial level from farm to fork.

Rates were highest in children under five years of age and among residents of Kootenay Boundary, East Kootenay and North Shore/Coast Garibaldi HSDA. Cases were reported throughout the year with an increase in cases in spring and in December which coincides with known outbreaks.

The incidence rate of typhoid fever (0.8/100,000) increased for unknown reasons whereas paratyphoid fever incidence (0.4/100,000) remained stable. The majority of these cases are associated with international travel, with South Asia being the most common travel location reported. Typhoid and paratyphoid fever cases clustered in the first third of the year, a temporal reflection of the travel patterns of BC residents. Most cases (76.8%) were reported from Fraser Health Authority. The highest incidence of typhoid fever was for children and paratyphoid fever was in

adults between 20-29 years.

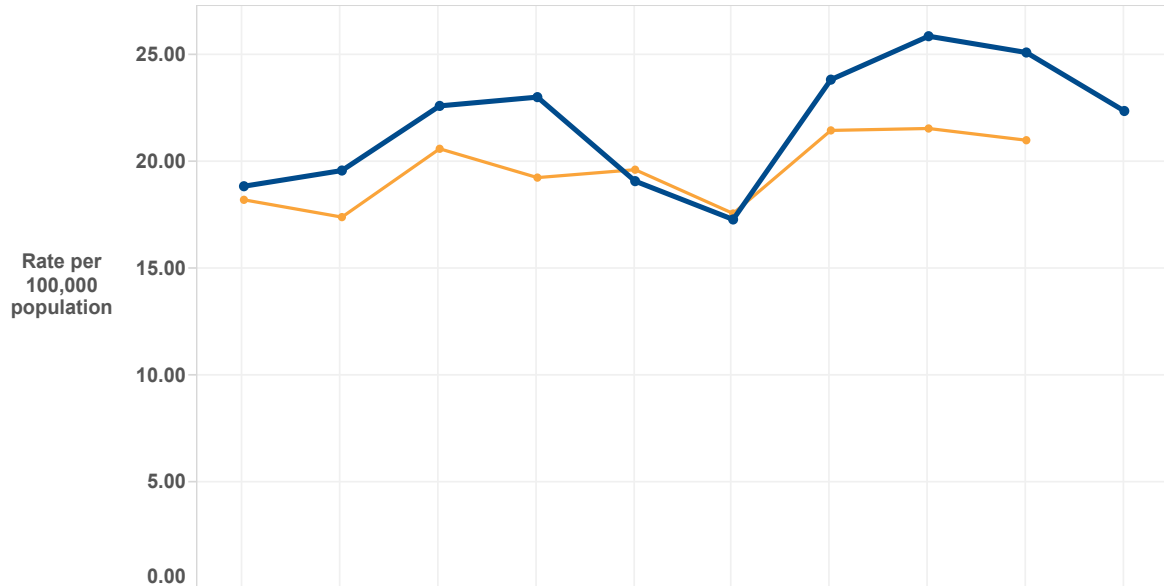
S.Enteritidis, *S.Typhimurium* and *S.Typhi* were the most commonly reported *Salmonella* serotypes in 2017. *S.Enteritidis* continued to account for more than half of the salmonellosis cases in BC, which has been true for over a decade. There was a notable shift in the most common serotypes in 2017. *S.Heidelberg* which had previously been reported in the top 5, was not reported in the top 10 in 2017. *S.Braenderup* which has not previously been reported in the top 10, ranked 6th in 2017 due to a national outbreak where chicken meat was the suspected source.

There were 10 *Salmonella* outbreaks in 2017, including six *S.Enteritidis* outbreaks, 1 *S.Branderup*, 1 *S.Chailey*, 1 *S.Weltevreden* and 1 *S.Heidelberg*. All were foodborne and nine were solved. Chicken meat was identified as the source in six of them and the majority of them were community-wide outbreaks with a widely distributed food product (see [Enteric Outbreak section](#)).

Additional analyses comparing *Salmonella* human and food chain surveillance data are available through the BC Integrated Surveillance of Foodborne Pathogens program (www.bccdc.ca/integratedfoodchainsurveillance).

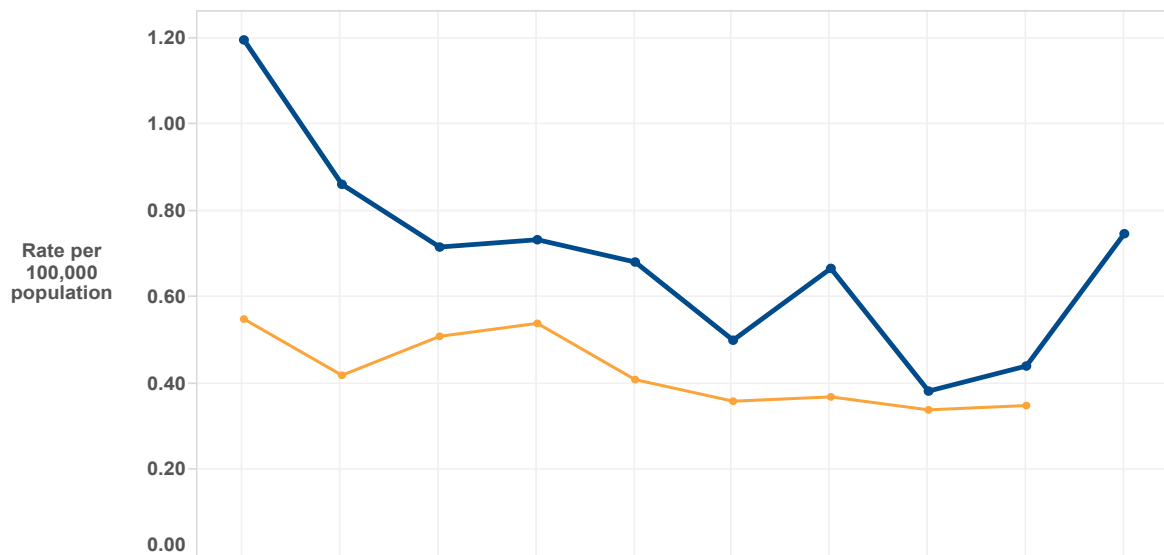


10.1 Salmonellosis (non-typhoidal) Rates by Year, 2008-2017



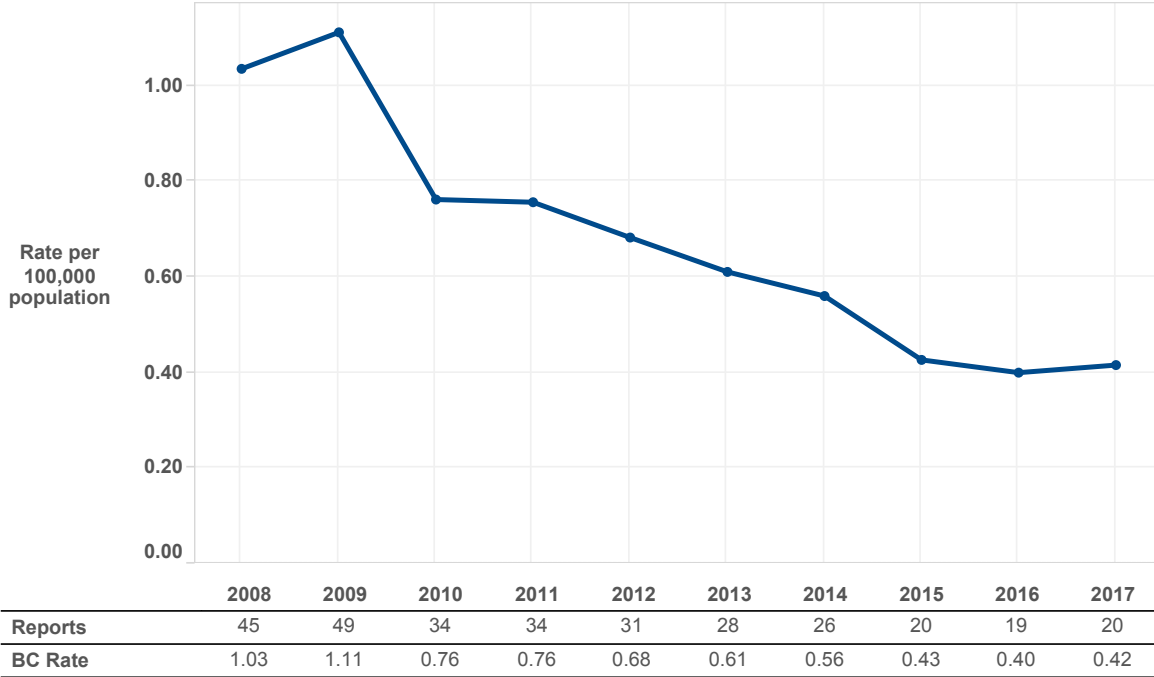
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Reports	821	865	1,011	1,037	869	795	1,109	1,216	1,196	1,079
BC Rate	18.88	19.61	22.64	23.05	19.11	17.32	23.87	25.90	25.14	22.40
Canada Rate	18.24	17.43	20.63	19.28	19.65	17.60	21.49	21.58	21.03	21.03

10.2 Salmonella Typhoid Fever Rates by Year, 2008-2017

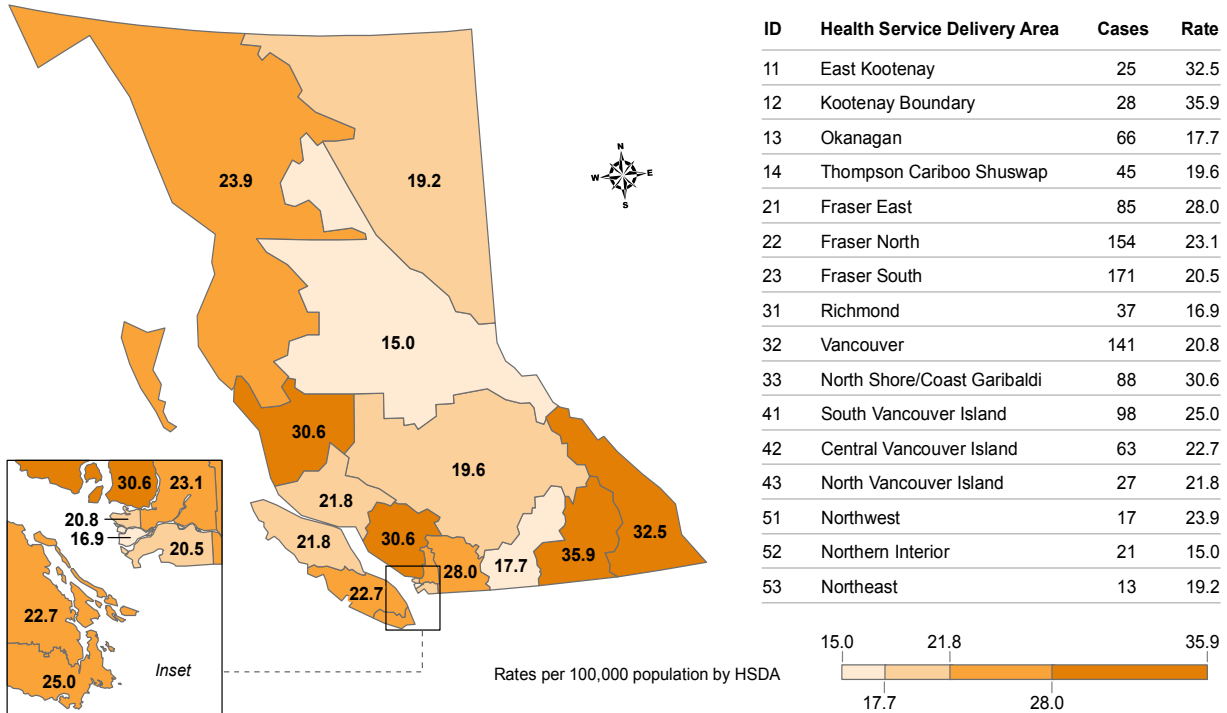


	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Reports	52	38	32	33	31	23	31	18	21	36
BC Rate	1.20	0.86	0.72	0.73	0.68	0.50	0.67	0.38	0.44	0.75
Canada Rate	0.55	0.42	0.51	0.54	0.41	0.36	0.37	0.34	0.35	0.35

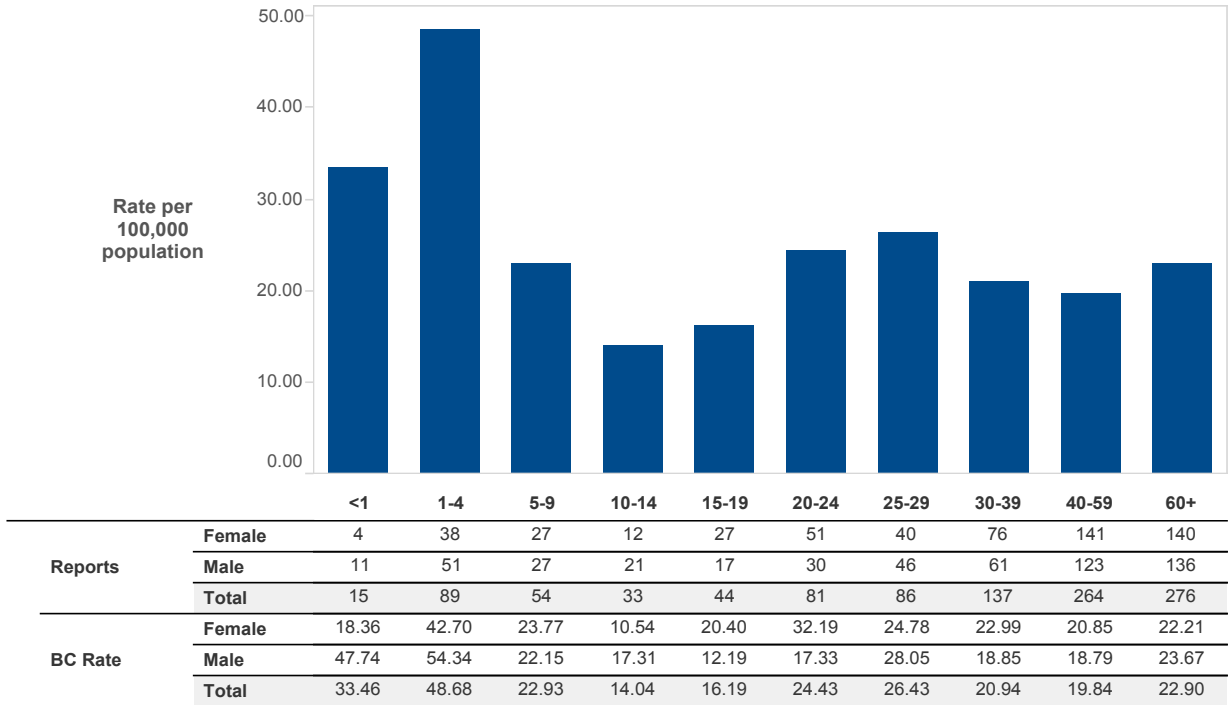
10.3 Salmonella Paratyphoid Fever Rates by Year, 2008-2017



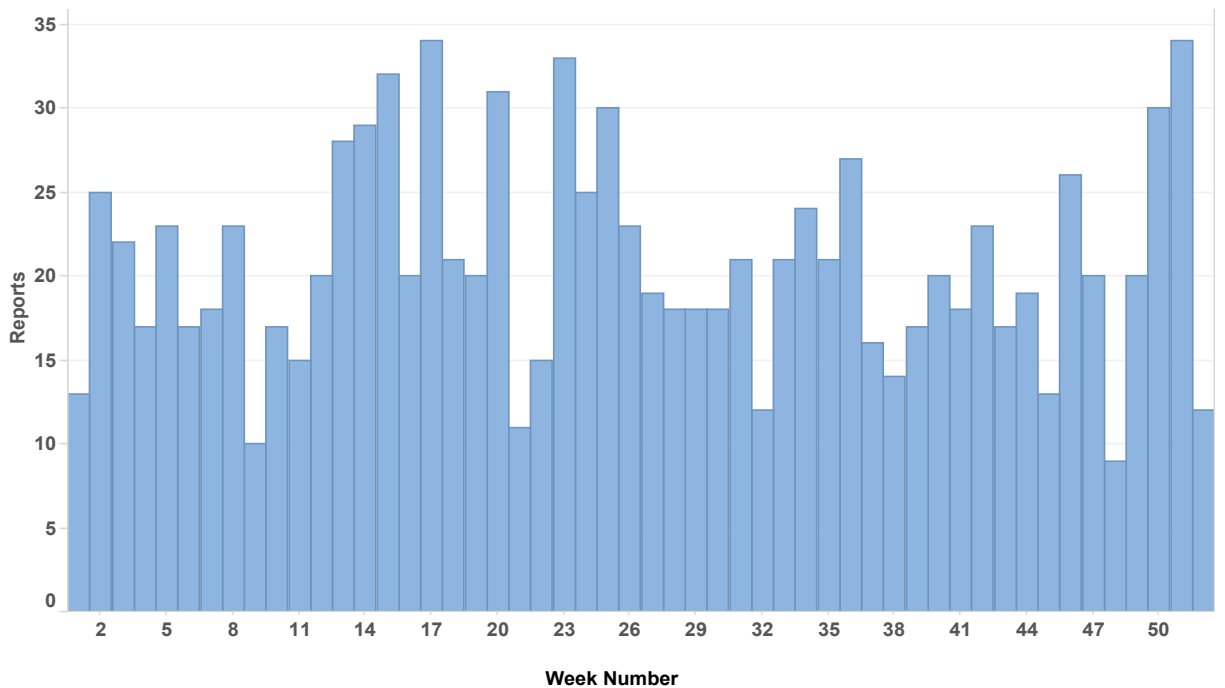
10.4 Salmonellosis (non-typhoidal) Rates by HSDA, 2017



10.5 Salmonellosis (non-typhoidal) Rates by Age Group, 2017



10.6 Salmonellosis (non-typhoidal) Reports by Week, 2017



10.7 Salmonella Serotype Distribution, 2017

Rank	Serotype	Number of Cases	Proportion
1	Enteritidis	603	51.7%
2	Typhimurium	41	3.5%
3	Typhi	40	3.4%
4	<i>Salmonella</i> ssp 4,5,12:i:	24	2.1%
5	Newport	23	2.0%
6	Branderup	21	1.8%
7	Infantis	21	1.8%
8	Paratyphi A	21	1.8%
9	<i>Salmonella</i> ssp 4,12:i:-	20	1.7%
10	Stanley	20	1.7%
	Other	333	28.5%
	Total	1167	100.0%

Note: Serotype distribution is based on BCCDC PHL data. Numbers may vary from those reported in Panorama.