

administration of appropriate antibiotic therapy prevents severe complications of enteric fever and reduces mortality to <1%. The initial choice of antibiotics depends on the susceptibility of the *S. Typhi* and *S. Paratyphi* strains in the area of residence or travel (**Table 165-1**). For treatment of drug-susceptible typhoid fever, fluoroquinolones are the most effective class of agents, with cure rates of ~98% and relapse and fecal carriage rates of <2%. Experience is most extensive with ciprofloxacin. Short-course ofloxacin therapy is similarly successful against infection caused by quinolone-susceptible strains. However, because of the high prevalence of strains of *S. Typhi* and *S. Paratyphi* with decreased susceptibility to ciprofloxacin (MIC >0.125 µg/mL) on the Indian subcontinent, in Nepal, and in some locales in Africa, fluoroquinolones should no longer be used for empirical treatment of enteric fever in these regions. Patients infected with DSC strains of *S. Typhi* or *S. Paratyphi* should be treated with ceftriaxone or azithromycin. Patients with concern for ceftriaxone-resistant *S. Typhi* infection should be treated empirically with a carbapenem.

TABLE 165-1 Antibiotic Therapy for Enteric Fever in Adults