Reviewer's report

Title: A young traveller presenting with Typhoid fever after oral vaccination: A case report

Version: 2 Date: 19 June 2013

Reviewer: George Panos

Which of the following following best describes what type of case report this is?: None

Has the case been reported coherently?: No

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: No

Is the case report persuasive?: Yes

Does the case report have explanatory value?: No

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

Typhoid vaccines protect 50%-80% of recipients and travelers should be cautioned that typhoid immunization is not 100% effective; typhoid fever (TF) therefore, could still occur. (Ref.: CDC/NIH)

A search of the bibliography should provide existing information pertaining to immunized persons for TF and their corresponding Widal testing with titre results.

Some patients with bacteriologically confirmed TF may fail to develop the usual rise of antibody titres. (Your Ref.: 17).

The Widal test results are preferably reported, on at least two consecutive time points 7-21 days apart, as either 'no agglutination' or if agglutination is present, reported in titres of 1:20, 1:40, 1:80, 1:160, etc, rather than in descriptive...
(positive/negative) terms or in (positive/negative) form with respect to a set cut-off titre value (eg. > or< 1:200) respectively. This provides information on possible fourfold increase in the titre (eg. from 1:40 to 1:160) over time on sequential determinations which would be in line with a positive Widal test. The utilization of 2-mercaptoethanol added to the Widal test may elicit further valuable information on the IgM and IgG components of the test.

It must be pointed out in the text that the diagnosis often is made clinically whereas firm diagnosis usually relies on positive blood cultures and especially bone marrow cultures since the Widal test is unreliable but utilised widely in developing countries because of low cost.

The authors must defend their decision to administer empirically (pending culture results) ciprofloxacin IV at a dose of 500mg once daily, if they initially included TF in their differential diagnosis, since their patient was a return traveler from India, where resistance to fluoroquinolones in patients with TF is very high; a third-generation cephalosporin would in this case be a preferred regimen.

The English language needs some attention as does the medical terminology on a few occasions in the text.

**Quality of written English:** Needs some language corrections before being published

**Declaration of competing interests:**

I declare that I have no competing interests