

High Seroprevalence of Antibodies to *Salmonella typhi* Protein Antigens HlyE and CdtB in Chandigarh, India: Evidence of Ongoing Community Transmission

Nidhi Kamboj¹, Stephen Baker², Neelam Taneja¹,¹ PGIMER Chandigarh, India ² A*STAR IDL, Singapore

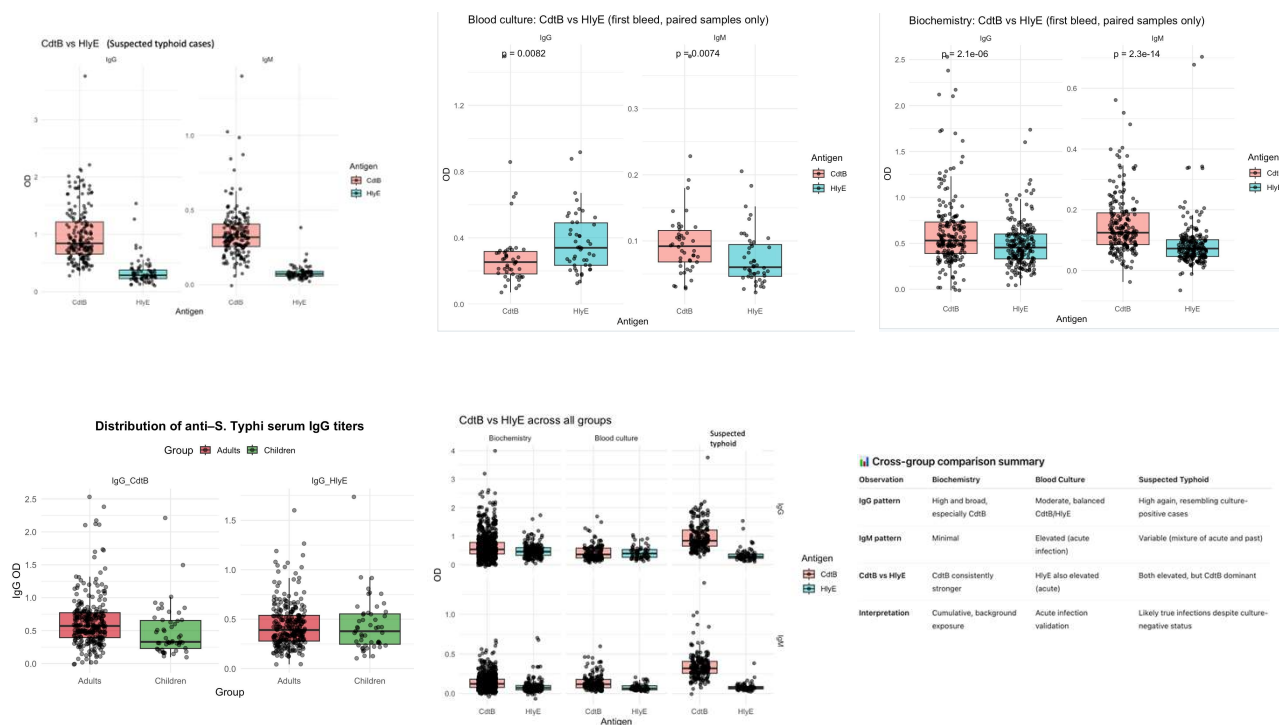
Background:

Typhoid fever caused by *Salmonella enterica* serovar Typhi continues to impose a significant disease burden in South Asia. Conventional diagnostics such as Widal test and blood culture have limited sensitivity. Serological assays targeting Hemolysin E (HlyE) and Cytolethal Distending Toxin subunit B (CdtB) offer a robust alternative for capturing both recent and cumulative exposure.

Methods:

We performed an age-stratified, cross-sectional serosurvey in Chandigarh, India, analyzing 1,138 serum samples: 199 from Suspected typhoid cases, 770 from routine biochemistry submissions, and 169 from blood culture-confirmed typhoid patients. Serial follow-up samples were collected from culture-positive individuals to assess antibody persistence. IgG and IgM responses against purified HlyE and CdtB were quantified using in-house ELISAs. Seropositivity thresholds were established from negative controls, and age-related trends were evaluated.

Results:



Key Findings:

- **High seroprevalence of both anti-HlyE and anti-CdtB antibodies** was detected across all groups (suspected typhoid, biochemistry, and blood culture-confirmed).
- **IgG responses were consistently higher and more sustained** than IgM, reflecting cumulative exposure in the population.
- **Suspected typhoid and culture-confirmed patients showed significantly higher antibody titers** compared to biochemistry controls.
- **Strong correlation observed between anti-HlyE and anti-CdtB IgG levels**, supporting their combined diagnostic potential.
- **Age-stratified analysis revealed high seropositivity in both children and adults**, indicating ongoing community transmission of *S. Typhi* in Chandigarh.

Conclusion:

High seroprevalence to HlyE and CdtB across multiple cohorts and persistence in follow-up samples demonstrate ongoing *S. Typhi* circulation in Chandigarh. These antigens provide superior resolution of exposure dynamics and support the integration of serosurveillance with typhoid conjugate vaccine strategies in endemic urban regions.

Acknowledgement:

We gratefully acknowledge the **PGIMER, Chandigarh**, and **Civil Hospital, Manimajra** for their support in patient recruitment and sample collection. We sincerely thank all the **patients and their families** for their participation in this study. We also acknowledge the valuable collaboration and guidance of **Dr. Stephen Baker**. **DST (Department of Science and Technology, Government of India)** is acknowledged for providing funding

