

# Cholera

## Information Sheet

### **Cholera is a highly contagious water-borne bacterial disease.**

It's been around for many years and still causes frequent outbreaks in many parts of the world, especially Africa, Asia, the Middle East and parts of Central and Latin America.

Outbreaks are most common in poor urban areas, refugee camps, chronic complex emergencies or where large numbers of people gather in adverse conditions. It rarely affects international workers.

Outbreaks can be seasonal or sporadic. Predominantly these occur in areas where there are inadequate clean water and sanitation systems. In some areas it is endemic (permanently present). The main two 'serogroups' responsible for outbreaks are 01 (found worldwide) and 0139 (confined to SE Asia).

### **ITS GLOBAL IMPACT**

In 2020, the World Health Organisation reported 323,369 cases in 24 countries worldwide. However, it is thought that the true figure is much higher as many cases are not reported due to limitations in surveillance systems and fear of impact on trade and tourism.

### **HOW IS IT TRANSMITTED?**

'Vibrio cholerae' is the name of the bacteria which causes cholera and it contaminates water supplies and food, including fish, shellfish, raw fruit and vegetables. It is usually

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spread by the infected faeces of those with cholera contaminating water and food supplies. Many people with cholera do not have any symptoms but can shed the bacteria and infect other people through contamination of water supplies, although direct person to person spread is rare. It tends to have the biggest impact on children, those who are malnourished or those who have underlying medical conditions. Therefore, healthy travellers, humanitarian and mission workers are less likely to be infected and if they are infected, the disease is often mild.

### **THE VACCINE AND WHO SHOULD HAVE IT**

Our clinic in London stocks Dukoral, a non-live (inactivated) oral vaccine which can be given to those aged 2 years and above. Children aged two to six years of age should receive 3 doses of the vaccine, which are usually given one week apart between each dose. Children aged 6 years and over receive two doses, one week apart. Booster doses can also be given. It is about 79-100% effective against V.Cholera 01, but not all strains of cholera and protection lasts two years.

### **SIGNS AND SYMPTOMS**

75% cases of cholera cause nothing more than mild diarrhoea that is self-limiting. It takes between 12 hours and 5 days for a person to show symptoms after ingesting contaminated food or water. The main symptom experienced is acute watery diarrhoea, and occasionally also nausea, vomiting and/or abdominal cramps.

Life-threatening episodes have to be recognised and treated urgently as they can cause death from dehydration within just a few hours, particularly in vulnerable groups such as children or those who are malnourished. Symptoms usually start suddenly; with profuse, painless watery diarrhoea, often resembling rice water. Vomiting commonly also occurs so dehydration can occur rapidly.

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## **HOW TO PREVENT IT**

The best way is to take care with personal hygiene and to follow strict rules on safe drinking water and food preparation. Regular hand washing particularly after using the toilet, and before and after food preparation and eating is a key factor in helping to control the spread of the disease. If travelling with a family or leading a group, make sure everyone knows and obeys these basic rules of hygiene, even if there is no cholera risk, as they will also help to prevent other types of diarrhoea. It is vital to ensure drinking water is boiled, filtered or purified, that food is well-cooked and that you wash your hands frequently.

## **HOW IT'S TREATED**

Treatment involves safe fluid and salt replacement using oral rehydration solution (ORS) and, in severe cases, intravenous fluids are required alongside appropriate treatment with antibiotics for severely dehydrated patients who are at risk of going into shock. Drinking oral rehydration solution or a suitable equivalent is vital along with plenty of water. Slow sipping often eases nausea and allows for effective rehydration. The WHO recommends ORS sachets be dissolved in 1 litre of clean water. Adult patients may require up to 6 litres of ORS to treat moderate dehydration on the first day. Rapid access to treatment is essential during a cholera outbreak.

## **ADVICE IF WORKING IN AREAS AFFECTED BY IT**

1. If you are going to an area for any length of time where cholera is commonly found or there is a current outbreak, discuss having the cholera vaccine with your travel health advisor. This is also important if you are working in refugee camps, war zones, chronic complex emergencies or after large-scale natural disasters.
2. If you, a family member or colleague have symptoms that suggest cholera you should follow this procedure:

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- Start oral rehydration solution at once and continue until the diarrhoea has improved and a good output of pale coloured urine is produced.
  - If symptoms are concerning then see a doctor or reliable health worker as soon as possible.

### **IN ADDITION WE RECOMMEND THAT YOU:**

- Maintain strict hand hygiene with frequent and thorough hand washing.
- Follow safe food and water precautions.
- Drink water which is filtered and treated or boiled. If using bottled water always inspect the bottle carefully to make sure it has not been tampered with and ensure the water appears clear. If in doubt, boil for at least 1 minute at a rolling boil, or longer at altitude.

### **SOURCES**

- [Cholera factsheet](#), World Health Organisation
- [Cholera](#), Fit for Travel

*Reviewed: February 2023 by Jo Thompson, Dr Matt Edwards*