

CHOLERA

What is cholera?

Cholera is an acute, diarrheal illness caused by infection of the intestine with the bacteria *Vibrio cholerae*. The infection is often mild or without symptoms, but sometimes it can be severe.

Who gets cholera?

Although cholera is extremely rare in the United States, anyone can get cholera if they drink water or eat food contaminated with the cholera bacterium. In an outbreak situation, the source of contamination is usually the feces (stool) of an infected person. The disease can spread rapidly in areas with inadequate treatment of sewage and drinking water.

Cholera has been very rare in industrialized nations for the last 100 years; however, the disease is still common today in other parts of the world, including the Indian subcontinent and sub-Saharan Africa. Since 1991, epidemic cholera has been a problem in South America. A few persons in the United States have contracted cholera after eating raw or undercooked shellfish from the Gulf of Mexico.

How is cholera spread?

Cholera is spread in contaminated water and food. Cases of cholera that occur in the United States are usually among persons who have traveled to places where cholera is common, or among persons who have eaten contaminated food brought back to the United States by other travelers.

The disease is not likely to spread directly from one person to another.

How soon after exposure do symptoms appear?

Symptoms can occur within hours up to five days after consumption of contaminated food or water, usually in two or three days.

How is cholera diagnosed?

Cholera is diagnosed by isolating the cholera bacterium, *Vibrio cholerae*, from stool or vomit, or by finding evidence in the blood of the recent production of antibodies against cholera.

What is the treatment for cholera?

Cholera can be treated by immediate replacement of the fluid and salts lost through diarrhea. Patients can often be treated with oral rehydration solution, but severe cases also require intravenous fluid replacement. With prompt rehydration, fewer than 1% of cholera patients will die. Antibiotics shorten the course and diminish the severity of the illness, but they are not as important as rehydration.

How can cholera be prevented?

The risk of cholera in the United States is virtually nonexistent, and the risk for cholera is very low for travelers visiting even those areas with epidemic cholera when simple precautions are observed.

If traveling to an area where cholera has occurred, the following precautions are recommended:

- If you drink water, buy it bottled or bring it to a rolling boil for one minute before you drink it. Bottled carbonated water is safer than uncarbonated water. Other safe beverages include tea and coffee made with boiled water and carbonated, bottled beverages with no ice.
- Ask for drinks without ice unless the ice is made from bottled or boiled water. Avoid popsicles and flavored ices that may have been made with contaminated water.
- Eat only foods that have been thoroughly cooked and are still hot, or fruit that you have peeled yourself.
- Avoid undercooked or raw fish or shellfish, including ceviche.
- Make sure all vegetables are cooked; avoid salads.
- Avoid foods and beverages from street vendors.
- Do not bring perishable seafood back to the United States.

A simple rule of thumb is: "Boil it, cook it, peel it, or forget it!"

A vaccine is available; however, it confers only brief and incomplete immunity and is not recommended for travelers.

Where can I get more information?

- Your personal doctor.
- Your local health department listed in your telephone directory.
- The Utah Department of Health, Bureau of Epidemiology (801) 538-6191 or Immunization Program (801) 538-9450.
- The Division of Quarantine, National Center for Infectious Diseases, Centers for Disease Control and Prevention has information on cholera and other diseases of concern to travelers at <http://www.cdc.gov/travel/travel.htm>

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