

Cholera

Agent: *Vibrio cholerae* (serogroup O1 and O139)

Mode of Transmission: Epidemics and pandemics are strongly linked to the consumption of unsafe water and food, poor hygiene, inadequate water treatment, poor sanitation, and crowded living conditions. Conditions leading to epidemics exist in many developing countries where cholera is either endemic or a recurring problem in a large number of areas. The disease is unlikely to spread directly from one person to another.

Signs/Symptoms: Sudden onset of profuse, painless watery stools, often described as rice-water stool, provoked by an enterotoxin that affects the small intestine. Nausea and profuse vomiting occur early in the course of illness. In untreated cases, rapid dehydration, acidosis, circulatory collapse, hypoglycemia in children and renal failure can rapidly lead to death. In most cases infection is asymptomatic or causes mild diarrhea.

Prevention: Two oral cholera vaccines (OCVs) provide significant protection for several months against cholera caused by O1 strains. One is a live vaccine and the other vaccine is inactivated. OCVs are mainly used by travelers from industrialized countries. Measures that inhibit or otherwise compromise the movement of people, foods or other goods are not epidemiologically justified and have never proved effective to control cholera.

Other Important Information: In severely dehydrated cases (cholera gravis), death may occur within a few hours and the case-fatality rate may exceed 50%. With proper and timely rehydration, this can be less than 1%.

No cases of cholera were reported in Virginia in 2009. The last case of cholera in Virginia occurred in 1994.