

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: Safe drinking water and proper sanitation are the keys to cholera prevention. When traveling in countries where cholera is present, only thoroughly cooked hot foods or fruits/vegetables that are peeled just before eating should be eaten, and only bottled beverages or water that has been boiled or treated with chlorine be used for drinking, brushing teeth, or cleaning food preparation surfaces. Hands should be washed thoroughly with soap after using the bathroom and before preparing or eating food. Seafood should be cooked thoroughly before it is eaten. Existing oral cholera vaccines are not available in the U.S. and are not recommended for most travelers.

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

No cases of cholera were reported in Virginia in 2012. One travel-associated case had been reported each year in 2010 and 2011. No cases of cholera were reported in Virginia from 1995 to 2009.