

Cholera



Cholera is an acute bacterial disease associated with poor sanitation and contracted predominantly through the ingestion of contaminated food or water. It causes profuse watery diarrhea that can lead to dehydration, shock, and in rare cases can be fatal. A pre-travel vaccine is available for travelers at increased risk of contracting the disease, though medical professionals recommend it primarily for those at higher risk.

Symptoms

Cholera can be mild in healthy travelers; 75% of affected people will display mild or no symptoms. The incubation period (the period between infection and symptoms) is typically 2-5 days, but symptoms can manifest as quickly as a few hours after being infected. In some cases, symptoms can develop rapidly within hours, particularly for those with health problems such as immunosuppression, liver disease, malnutrition, or those who are unable to access safe food and water. These symptoms may include:

- + Severe, watery diarrhea and subsequent dehydration and electrolyte imbalance
- + Nausea and vomiting
- + Stomach cramps
- + Rapid heart rate
- + Loss of skin elasticity
- + Thirst
- + Dry mucous membranes
- + Restlessness/irritability
- + Leg cramps

In severe cases where dehydration and electrolyte imbalance are profound, more complex illnesses can develop that could lead to metabolic acidosis (excessive production of acid in the body), renal failure, or a coma, and without treatment, circulatory collapse, and death. However, with prompt rehydration, less than 1% of patients diagnosed with cholera will die.

Transmission

Cholera bacteria are generally found free-living in fresh and brackish water, so infection can occur from drinking contaminated water, or from consuming water and food that has been infected through fecal contamination of infected individuals. Freshwater or marine fish and shellfish run the risk of contamination, so it's important to make sure these foods are from reputable sources.

Cholera transmission is closely associated with poor sanitation and inadequate water facilities. Consequently, cholera can be a major concern in densely populated areas with poor infrastructure such as refugee camps and sites after natural disasters. Humans are the only known natural host of cholera, but in individuals with normal levels of gastric acidity, large numbers of bacteria are required to establish infection. Asymptomatic individuals can transmit the bacterial infection for a few days, in those showing symptoms this can last between 2-14 days. Direct person-to-person transmission is uncommon.

Diagnosis

Along with a full clinical and travel history, a stool sample from individuals reporting gastrointestinal symptoms can be used to identify the infection.

Treatment

There is a high risk of severe dehydration due to profuse diarrhea with a cholera infection, so an oral rehydration solution (ORS) dissolved in water is used to replace lost electrolytes, glucose, and fluids and to prevent shock. ORS is available in sachets from many pharmacies, camping shops, travel clinics, and supermarkets. In some cases of severe cholera, a course of antibiotics may expedite recovery along with intravenous fluids.

With the correct treatment, individuals can recover quickly from cholera with no long-term effects. Once recovered, individuals are no longer carriers of the disease, but it is possible to become re-infected if exposed to the bacteria again.

Always call the Anvil Assistance line if help is required with medications or any medical issues during travel.



Prevention

In general, the risk of contracting cholera for healthy travelers is low, but to reduce the risk of infection, you should avoid potentially contaminated water by using boiled or bottled water that is properly sealed. Ice cream, ice, and fresh fruits and vegetables are also potential sources of contamination, so it's best to avoid these items unless you can confirm the source. All food should be cooked well. Good personal hygiene is important and regular handwashing with safe water and soap prior to eating and after visiting the bathroom will reduce the risk of infection.

Cholera immunization, available as a drink in 2-3 separate doses, may be required if visiting an area affected by cholera, especially if working in high-risk areas (refugee camps and areas affected by natural disasters). Proof of immunization is not a requirement for entry into any country. Seek advice from your family doctor or nurse well in advance of travel. The immunization is considered 85% effective in the months following administration, although a booster may be required at some point as the efficacy of the vaccine reduces over time.

It is recommended that you take a supply of ORS sachets if traveling to areas affected by cholera and use them as directed on the packet. If caring for or in contact with anyone suspected or confirmed to have cholera, it is important to ensure regular handwashing and disposal of contaminated items, including proper disposal of human waste. Toilets/latrines should be used, but in an area with no toilet facilities, then waste should be buried. You should not defecate in any body of water as this will potentially increase local transmission of the disease.

For more information and the most up-to-date facts, please visit the website of the World Health Organization (WHO).

This factsheet has been developed for educational purposes and is correct at the time of production. It is not designed as a replacement for professional medical advice. Please consult your medical professional for any concerns or queries regarding cholera.