

Cholera

Introduction

Cholera is a bacterial infection. It is caused by drinking water contaminated with vibrio cholerae bacteria, or by eating food that has been in contact with contaminated water.

The most common symptoms of cholera are:

extensive, watery diarrhoea

nausea (feeling sick)

vomiting (being sick)

muscle cramps

Left untreated the combination of diarrhoea and vomiting can cause a person to quickly become dehydrated (lack of fluids inside their body) and go into shock (experience a sudden massive drop in blood pressure). In the most severe cases these conditions can be fatal.

How cholera is spread

Around three-quarters of people who are exposed to cholera bacteria do not develop any symptoms. However, these people can contaminate water by passing stools (faeces) that contain bacteria into water, or pass on the disease through poor food hygiene.

How common is it?

Because of the improvements in sanitation and water hygiene over the last 100 years or so, cholera is rare.

Cases of cholera are now largely confined to regions of the world with poor sanitation and water hygiene, such as:

sub-Saharan Africa (all the countries south of the Sahara desert)

south and south-east Asia, particularly India and Bangladesh

some parts of the Middle East

some parts of South America

Even in these parts of the world, cholera remains relatively uncommon. However, mass outbreaks can occur in times of natural disaster, war, or civil unrest due to overcrowding of people in poor living conditions and a lack of access to clean water.

For example there was a large outbreak of cholera in Haiti in 2010 after an earthquake.

Advice for travellers

If you are travelling to parts of the world known to be affected by cholera, following some basic precautions should prevent you from contracting a cholera infection:

maintain good personal hygiene

only drink water from a bottle that has been properly sealed or carbonated

do not buy ice cream, ice cubes or fruit juices from street vendors

do not eat raw vegetables, peeled fruit, shellfish or salads

Travellers who do contract cholera tend to have a much better outlook as they are generally healthy and well fed.

Unfortunately many people in the developing world who catch cholera are often malnourished and in a poor state of health so they are much more vulnerable to the effects of the infection.

Vaccination

There is a vaccine (given as a drink) that protects against cholera. It is estimated to be 85% effective.

Vaccination is usually only required for:

people travelling in remote areas where cholera epidemics are occurring and there is limited access to medical care

those intending to visit high-risk areas such as refugee camps or war zones

those taking part in disaster relief operations

These people include emergency relief workers, members of the armed forces and healthcare workers.

It is important to get advice from your nurse or doctor about whether you need a cholera vaccination well in advance of travelling.

Treatment

Cholera needs prompt treatment with oral rehydration solution (ORS) to prevent dehydration and shock. ORS comes in a sachet. It is made up of a mixture of salts and glucose, which are dissolved in water. ORS is ideal for replacing the fluids and minerals that are lost when a person becomes dehydrated.

As well as treating dehydration and shock with ORS, antibiotics can be used to treat the underlying infection.

ORS sachets are available from many pharmacists, camping shops and travel clinics. If you are travelling to regions of the world affected by cholera, take ORS sachets as a precaution.

Cholera vaccination

There is a vaccination available to protect you against cholera.

The cholera vaccination is not recommended for all travellers. For most people, following normal food and water hygiene precautions will be enough to prevent infection.

The cholera vaccination is recommended for:

aid workers helping in disaster areas or refugee camps

backpackers heading to remote areas where cholera is a risk, and where they will not have access to medical care

The vaccine

For adults and children over the age of six, two doses of the vaccine are needed to protect against cholera for two years. After this, a booster is required. The vaccine is taken orally (by mouth) in liquid form.

Children aged two to six years old will need to have three doses of the vaccine. This will protect them for six months, after which time they will need to have a booster.

For all age groups, the doses must be given at least one week apart, but no more than six weeks apart. The vaccinations should be completed at least one week before travelling.

The cholera vaccine cannot be given to children under two years of age.

After having the cholera vaccine, up to 1% of people may have symptoms similar to a mild stomach upset, such as abdominal pain, diarrhoea and nausea. Severe reactions are rare.

Pregnancy and breastfeeding

Speak to your DOCTOR before having any vaccinations if:

you are pregnant

you think you might be pregnant

you are breastfeeding

In many cases, it is unlikely a vaccine given to a woman when she is pregnant or breastfeeding will cause problems for the baby. However, your DOCTOR will give you further advice.

People with immune deficiencies

For some people travelling overseas, vaccination against certain diseases may not be advised. This may be the case if:

you have a condition that affects your body's immune system, such as HIV or AIDS

you are receiving treatment that affects your immune system, such as chemotherapy (a treatment for cancer)

you have recently had a bone marrow or organ transplant

Your DOCTOR can give you further advice.

Side effects

After having the cholera vaccine, up to 1% of people may have symptoms that are similar to a mild stomach upset, such as abdominal pain, diarrhoea and nausea. Severe reactions are rare.