

# Cholera

## Community and Public Health

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Cholera is an acute, diarrhoeal illness caused by infection with the bacterium *Vibrio cholerae*. An estimated 3 to 5 million cases occur each year around the world, with over 100,000 deaths.

Cholera is not present in New Zealand but is found overseas in some under developed countries where there is inadequate water treatment, poor sanitation, and inadequate hygiene. Shellfish eaten raw have been a source of cholera where the disease is found.

### How is it caught or spread?

People become infected when they swallow the bacteria in contaminated water and food, or from contact with infected people. Water supplies can be contaminated in an epidemic with the poo (faeces) from an infected person.

### What are the symptoms?

Cholera infection is often mild or without symptoms, but can sometimes be severe.

Approximately one in 20 infected people will have severe disease with profuse watery diarrhoea, vomiting, and leg cramps. Rapid loss of body fluids leads to dehydration and shock. Death can occur within hours without treatment.

Symptoms typically take 2 to 3 days to appear, but it can take a few hours or 5 days.

### How is it treated?

Cholera can be simply and successfully treated by immediate replacement of the fluid and salts lost through diarrhoea. Patients can be treated with oral rehydration solution - a pre-packaged mixture of sugar and salts to be mixed with water and drunk in large amounts.

Severe cases also require intravenous fluid replacement. Fewer than 1% of cholera patients die with adequate prompt fluid replacement.

Antibiotics shorten the course and diminish the severity of the illness, but they are not as important as receiving fluids.

### Time away from work or school

Persons with cholera need to be symptom-free for 48 hours before they can return to work or school.

Affected people who are at high risk of infecting others need to stay away from work, school or preschool until given a clearance. This includes

food handlers, healthcare workers and staff and children of early childhood centres. Clearance may require exclusion until two faecal (poo) samples have been submitted.

Symptomatic contacts are managed like a case while awaiting the result of faecal (poo) cultures. Other contacts are not excluded from work, school or preschool.

### How can infection or spread be prevented?

The risk of getting cholera is very low when visiting areas with cholera if you keep to the following simple precautions.

#### Safe water for drinking

- Drink only bottled, boiled, or chemically treated water. Bottled or canned carbonated beverages are also safe. Make sure that the seal has not been broken on bottled drinks.
- Disinfect your own water by bring it to a full boil.
- Avoid tap water, drinking fountains, and ice cubes.
- Use bottled, boiled, or chemically treated water to wash dishes, brush your teeth, wash and prepare food, or make ice.

#### Washing hands

- Wash your hands often with soap and clean water.
- Use an alcohol-based hand cleaner (with at least 60% alcohol) if no water and soap are available.
- Clean your hands especially before you eat or prepare food and after using the toilet.

#### Other hygiene tips

- Eat foods that are packaged or that are freshly cooked and served hot.
- Do not eat raw and undercooked meats and seafood. Also avoid unpeeled fruits and vegetables.
- Dispose of poo (faeces) in a sanitary manner to prevent contamination of water and food.

### Getting vaccinated

Three cholera vaccines available but they are not usually recommended because most travelers are at very low risk of cholera.

Information adapted from the Centers for Disease Control (Atlanta, USA).