

Cholera

Cholera is an acute diarrhoeal illness caused by some strains of the bacterium *Vibrio cholerae*. Infection occurs when the bacteria are taken in by mouth, usually in food or water contaminated by human faeces. Infection is often mild, or without any symptoms, but it can be severe.

Symptoms include:

- > sudden onset of painless, profuse, watery diarrhoea
- > nausea and vomiting early in the illness
- > dehydration.

In severe untreated cases, death may occur within hours, but with simple treatment, full recovery can be expected.

The cholera organism is known to be present in some rivers along the eastern Australian coast, but there has not been a locally acquired infection since 1977. In Australia, because of our high standards of sanitation, water and food quality, cholera outbreaks do not occur. Cases are seen only in travellers arriving from countries where the disease is still common, such as Africa, Central Europe, Latin America and Asia.

Cholera is spread by:

- > drinking contaminated water
- > eating food contaminated by dirty water, soiled hands or flies
- > eating fish or shellfish from contaminated waters.

The cholera organism can survive for long periods in water and ice.

Diagnosis is suspected on clinical signs and confirmed by growing the *Vibrio cholerae* organism from a faecal specimen.

Incubation period

(time between becoming infected and developing symptoms)

A few hours to 5 days, usually 2 – 3 days.

Infectious period

(time during which an infected person can infect others)

During the acute stage and for a few days after recovery. However, some people (called 'carriers') who do not have symptoms may still carry the bacteria and be infectious, sometimes for months to years.

Treatment

Although cholera can be life-threatening, it is easily treated by immediate rehydration, that is, replacement of the fluid and salts lost through diarrhoea.

Oral rehydration fluid is recommended. This can be obtained from pharmacies.

Patients with severe dehydration or who are unable to keep oral fluids down require hospitalisation and intravenous fluid replacement. Anyone who has been in a high-risk region within the previous five days and develops severe vomiting and diarrhoea should seek urgent medical assessment.

Antibiotics shorten the duration of the illness and lessen the severity, but they are not as important as rehydration.

Control of spread

- > Exclude from child care, preschool, school and work until there has been no diarrhoea for 24 hours. If working in a child care, health care or commercial food setting, the exclusion period should be 48 hours.
- > Follow good hand washing procedures.
- > Severely ill patients should be isolated in hospital.
- > People who are less severely ill can be nursed at home. Faeces and vomit can be disposed of into the toilet except in areas where there is not an adequate sewage disposal system.
- > All linen and articles used by the patient should be washed in hot soapy water and the room thoroughly cleaned when the person has recovered.

Cholera (cont.)

Control of spread cont.

- > Vaccines are available but are recommended only for some travellers to high-risk countries. They may not protect against all strains of cholera bacteria and protection is for several months only.
- > When travelling to high-risk countries, seek advice from a travel medicine clinic or an experienced general practitioner on how to protect yourself from cholera and other diarrhoeal illnesses. In particular, drink only water that has been boiled or disinfected with iodine or chlorine tablets. Carbonated bottled drinks are usually safe, if no ice is added.
- > Good food handling procedures should always be followed, including when travelling.
- > Contacts (for example, family members) of a case should be observed for five days from the date of the last exposure to the infected person.



Cholera is a notifiable disease

- > Hand Hygiene
- > Overseas Travel
- > Collecting a Faecal Sample