Alabama Department of Public Health (ADPH) Alabama Emergency Response Technology (ALERT) Health Alert Network (HAN) November 28, 2022

CDC releases information on a rise in cholera cases worldwide

Since January 2022, a marked rise in cholera infections has occurred worldwide, with large outbreaks in Haiti, Malawi, and Syria, and a total of 29 countries reporting cases. After more than 3 years with no cases of cholera reported in Haiti, in October 2022, national authorities began reporting confirmed cholera cases spreading across the country. As of November 15, 9,317 suspected cases and 174 deaths have been reported from 9 of Haiti's 10 departments. Medical treatment facilities in the Port-au-Prince metropolitan area, the outbreak epicenter, are approaching capacity.

A traveler could arrive in the United States with cholera at any time. Although no cases have been reported in the United States in 2022 among travelers returning from Haiti, eight cases have been reported among travelers returning from Pakistan, Iraq, and Bangladesh. Sustained community transmission in the United States is unlikely due to reliable water, sanitation, and hygiene infrastructures. Cholera is often not considered as a possible cause of watery diarrhea among returning U.S. travelers, which can result in delayed treatment and death.

Cholera is an acute diarrheal infection caused by ingestion of food or water contaminated with the bacterium *Vibrio cholerae*. People who develop watery diarrhea within 5 days after being in any country where cholera is occurring should seek medical care immediately and inform the clinician about their travel history. Physicians evaluating patients with acute onset of watery diarrhea should obtain a travel history, consider cholera in patients returning from affected regions, and obtain a stool specimen for *Vibrio cholerae* testing. Physicians should treat people with watery diarrhea with appropriate rehydration strategies, including Ringer's lactate for severe dehydration, and oral rehydration solutions (ORS) or low-sugar oral electrolyte solutions for mild to moderate dehydration. Pharmacies and medical facilities should have an ample supply of these rehydration products. If they are not available, patients should drink broth or water. They should not use drinks with a high sugar content, such as juice, soft drinks, or sports drinks, because that could worsen diarrhea.

Clinical laboratory staff who detect a possible *Vibrio cholerae* infection using a culture-independent diagnostic test should quickly culture (within 3 days) the original specimen on appropriate media, inform the state public health laboratory staff at the Alabama Department of Public Health's (ADPH) Bureau of Clinical Laboratories (BCL) if *Vibrio cholerae* is detected, and send the isolate (or CIDT-positive sample, if unable to culture) to the state public health laboratory using appropriate shipping conditions.

The Centers for Disease Control and Prevention (CDC) and ADPH recommend cholera vaccination for people traveling to or living in areas of active cholera transmission. This might include visiting or working in areas experiencing cholera outbreaks or during humanitarian crises. Travelers are encouraged to check CDC's Travel Health Notices website to identify areas

with active cholera transmission and to visit a doctor or travel clinic to talk about vaccination. You can discuss options with a healthcare provider.

For more information:

https://www.cdc.gov/cholera/vaccines.html

https://wwwnc.cdc.gov/travel/notices

https://www.cdc.gov/cholera/index.html

https://www.who.int/news-room/fact-sheets/detail/cholera