



# Epidemiological Alert: Cholera

(27 October 2010)

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## Current Situation

Starting in Epidemiological Week (EW) 41, an increase in acute diarrhea cases, with severe cases and deaths, was observed in the departments of Artibonite and Central. In EW 42, isolation of *V. cholerae* O: 1 serotype Ogawa was confirmed in samples from hospitalized patients.

Preliminary data as of EW 43<sup>1</sup>, provided by the Ministry of Public Health and Population, show that hospitalizations due to cholera totaled 4,722, 85.3% of which were patients 5 years of age and over, 52.4% males, and 47.6% females. The departments with confirmed cases are: Artibonite (76.5%), Central (22.9%), Nord-Est and Nord. The cumulative incidence rate for Artibonite Department is 28 cases/10,000 inhabitants, and for Central Department is 19 cases/10,000 inhabitants.

The total number of deaths due to cholera as of EW 43 is 303, 49% of which occurred in health services. The cases fatality rate among hospitalized patients in the department of Artibonite shows a decline from 3.05 (as of 20 October) to 2.27 (as of 25 October).

We would like to remind that the recommendations concerning surveillance, treatment, infection control, and cholera prevention, published in the 24 October Alert (available at [http://new.paho.org/hq/index2.php?option=com\\_docman&task=doc\\_view&gid=10647&Itemid=1091](http://new.paho.org/hq/index2.php?option=com_docman&task=doc_view&gid=10647&Itemid=1091)), remain in effect.

The purpose of this alert is to share the recommendations published by the World Health Organization in its document "**WHO statement relating to international travel and trade to and from countries experiencing outbreaks of cholera.**" These recommendations are the following:

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<sup>1</sup> The cutoff date for the data is 25 October; only Central Department has a cutoff date of 26 October.

## Embargoes on food products<sup>2</sup>

### **WHO does not advise implementation of embargoes or similar restrictions on trade related to countries affected by cholera outbreaks**

Food produced under good manufacturing practices poses only a negligible risk for cholera transmission, and there is currently no evidence that food commercially imported from affected countries has been implicated in outbreaks of cholera in importing countries. The isolated cases of cholera that have been related to imported food have been associated with food which had been in the possession of individual travellers. Countries experiencing cholera outbreaks are therefore advised to ensure that individual travellers leaving the country are fully informed of WHO's recommendation not to carry unprocessed food with them, and thereby contribute to prevent the spread of cholera to other countries. Countries may accordingly consider discarding unprocessed food products carried by travellers from areas experiencing such outbreaks.

The importance of food safety systems of locally produced as well as imported food should be realized and ensured. Embargoes on properly processed food imports have been shown to be ineffective in the control of cholera, and are therefore viewed as unnecessary.

## Quarantine and similar restrictions to travellers' movements

### **WHO does not advise routine screening or quarantine of travellers coming from cholera affected areas.**

Routine restrictions on movements of people, including quarantine measures or "cordon sanitaire", have been shown to be ineffective in the control of cholera, and are therefore viewed as unnecessary. WHO does not advise routine screening, quarantining or other similar restrictions of travellers coming from areas experiencing an outbreak of cholera. Authorities must provide proper medical care to cholera patients, if any, and are encouraged to provide information to travellers on risks of cholera infection, risk avoidance, cholera symptoms, and when and where to report should these symptoms develop.

## Vaccination requirements for travellers

### **WHO does not consider that requiring proof of vaccination for entry plays a useful role in preventing the international spread of cholera and therefore, such a requirement is considered as an unnecessary interference with international travel.**

An internationally licensed oral cholera vaccine (OCV) is currently available on the market in very limited stocks and is available for individuals aged two years and above. It is administered in two doses 10-15 days apart, and protection starts 10 days after the ingestion of the second dose, i.e. minimum three weeks after the ingestion of the first dose. The required use of the parenteral cholera vaccine as a condition of entry has never been

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<sup>2</sup> Note that all health measures applied to international travel or trade against introduction of cholera (and other diseases) must be in accordance with the detailed requirements in the International Health Regulations (2005), which are legally binding upon WHO Member States. In the context of import bans of goods on public health grounds, any such major restrictions must be based upon evidence of a public health risk, as well as scientific principles, available scientific evidence of a risk to human health, and "any available specific guidance or advice from WHO." (Article 43.2, International Health Regulations (2005).) If entry of these goods are delayed or barred for more than 24 hours, WHO needs to be informed of the measures and their health rationale. (Article 43.5).

recommended by WHO due to its low protective efficacy and the high occurrence of severe adverse reactions.

Reference to a requirement for proof of cholera vaccination as a condition for entry was removed from the International Health Regulations in 1973; the Model International Certificate of Vaccination no longer includes a specific space for recording cholera vaccinations.

## Chemoprophylaxis for travellers

**WHO does not advise requiring prophylactic administration of antibiotics or proof of such administration for travellers coming from or going to a country affected by cholera.**

Chemoprophylaxis for travellers going to or coming from cholera-affected areas has been demonstrated to have no effect on the spread of cholera, but can have adverse effects by increasing antimicrobial resistance and provides a false sense of security.

## WHO advice to countries receiving trade or travellers from a cholera-affected area

Countries neighboring an area affected by cholera are advised to implement the following measures:

- improve national preparedness to rapidly respond to an outbreak and limit its consequences, should cholera spread across borders;
- improve disease surveillance to obtain better data for risk assessment and early detection of outbreaks, including establishing an active surveillance system;
- inspect and destroy potentially infected food items carried by individual travelers;
- Provide information to travelers on risks of cholera, precautions to avoid infection, cholera symptoms, and when and where to report should these symptoms develop.

However, the following measures are not advised, as they have been proven ineffective, costly and counter-productive:

- Routine treatment with antibiotics, or preventive chemoprophylaxis, that has no effect on the spread of cholera. Such use of antibiotics can have adverse effects by increasing antimicrobial resistance and provides a false sense of security;
- restrictions in travel and trade between countries or between different regions of a country, including requiring that travellers have proof of cholera vaccination or the screening of travelers by means of rectal swabbing or faecal analysis;
- establishment of quarantine measures or a cordon sanitaire at borders, a measure that diverts resources and may hamper cooperation between institutions and countries.

## References

1. WHO fact sheet on cholera. Last up-date September 2007  
<http://www.who.int/mediacentre/factsheets/fs107/en/>
2. Prevention and control of cholera outbreaks, WHO policy and recommendations, September 2007  
[http://www.emro.who.int/CSR/Media/PDF/cholera\\_whopolicy.pdf](http://www.emro.who.int/CSR/Media/PDF/cholera_whopolicy.pdf)
3. International Health Regulations (2005), available in Arabic, Chinese, English, French, Russian and Spanish, and additional information on the IHR (2005) <http://www.who.int/csr/ihr/en/>
4. WHO: A guide on safe food for travellers, 2007  
<http://www.who.int/foodsafety/publications/consumer/travellers/en/index.html>