Cholera is an acute bacterial intestinal infection. When illness does occur, more than 90% of episodes are mild or moderate and are difficult to distinguish from other types of travellers' diarrhoea. Simple rehydration is the treatment for these cases.

Fewer than 10% of those infected develop typical cholera with signs of moderate or severe dehydration. In severe cases profuse, painless, watery diarrhoea 'rice water stools' accompanied by nausea and vomiting, can rapidly lead to serious dehydration and death if treatment is not sought promptly.

How do you catch cholera?
Cholera is a disease that occurs in low-income countries and is usually associated with poverty, poor sanitation and poor access to clean drinking water. Infection is usually spread by consumption of water contaminated with infected faeces and to a lesser degree by food. Raw or undercooked seafood from polluted water is a common source of infection. Direct person-to-person transmission is rare; a high infecting dose is necessary to cause illness in healthy individuals. The disease can occur in large-scale epidemics where sanitation facilities have broken down, for example in refugee camps and after natural disasters.

Incubation period
The incubation period is usually 2-5 days but may only be a few hours.

Prevention
In general, travellers are at minimal risk from cholera as they usually avoid the unsanitary conditions where this disease is present. All travellers should take steps to avoid contaminated food and water. Boil or purify all drinking water and avoid eating undercooked shellfish and seafood.

An oral vaccine for cholera may be recommended for travellers at particular risk. For example, relief workers in disaster or refugee areas, those working in hospitals or slum areas, travellers visiting areas currently or recently reporting an outbreak or military personnel working in conflict zones.

Treatment
Fluid replacement is essential to prevent dehydration. You should aim to drink as much non-alcoholic fluid as it takes to maintain a good output of normal looking urine (this may be as much as 6 or 7 litres a day). In severe cases intravenous fluid may be necessary. Antibiotics are an important addition to fluid therapy as they reduce the volume of fluid loss and reduce the risk of infection spreading to others. With prompt, effective treatment, mortality is less than 1%.

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