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HEALTH ADVISORY:
Potential for Cholera Infection in Travelers and Contacts to/from Haiti

SUMMARY: An outbreak of *Vibrio cholerae* in Haiti was confirmed by the US CDC on October 21, 2010 with one documented case of imported cholera from a traveler to Haiti reported in Florida. Approximately 10% of the Boston population is of Haitian ancestry, and travel between Haiti and Boston can be expected to increase during the holiday season. Travelers to these areas are at risk of acquiring cholera if appropriate precautions are not taken. Health care providers in Boston are asked to 1) consider cholera infection when evaluating patients with recent travel in Haiti (up to five days post return) and potential close contacts who present with acute watery diarrhea and severe dehydration, 2) submit stool specimens for appropriate laboratory testing, and 3) report all suspect and confirmed cases of cholera diagnosed in Boston to the Boston Public Health Commission.

BACKGROUND

Residents in Haiti continue to be displaced with many living in temporary camps with insufficient infrastructure following the earthquake in January, 2010. Initially following the earthquake, cholera was not identified as a potential epidemic threat since there had not been a cholera outbreak in Haiti in decades. However, breaches in water supply, sanitation, and hygiene infrastructure and cholera present in the population reliant on these systems have resulted in an outbreak of cholera which was confirmed on October 21, 2010, resulting in over 1,000 fatalities to date. The current epidemic is expected to last several months. The Florida Department of Health reported a confirmed case of symptomatic cholera in a visitor returning from Haiti in early November. Boston represents the third largest concentration of residents of Haitian ancestry in the United States (approximately 60,000 people) living predominantly in the Hyde Park and Mattapan neighborhoods. Travel to and from Haiti can be expected over the holiday season representing a potential for imported cases of cholera.

SYMPTOMS AND DIAGNOSIS

Cholera infection is often asymptomatic or mild; only 5% of cases present with profuse watery diarrhea without abdominal cramps or fever. Diarrhea is often described as "rice-water" consistency: colorless with flecks of mucus. Severe dehydration can result if fluids are not replenished. Hypokalemia, metabolic acidosis, and hypovolemic shock can occur within 4-12 hours without proper fluid replacement. Because the usual incubation period for cholera infection ranges from 1-3 days, the patient may not present with illness until after returning from travel. Typically confirmed cases are identified by clinically relevant findings and laboratory confirmation. Probable cases (without laboratory confirmation) should be considered with an illness of acute watery diarrhea (3 or more episodes in 24 hours) and recent travel to Haiti or close contact with a confirmed or probable case. Cholera testing should be specifically requested when submitting stool specimens from suspected cases since use of selective media may increase the yield. Dehydrated patients that are capable of taking oral rehydration salts should do so immediately (up to 1000 ml/hr for adults and 20ml/kg/hr for children). Severe dehydration should be treated with intravenous fluids. Antibiotics can reduce the volume and duration of diarrhea, but re-hydration is the mainstay of treatment. Current CDC recommendations on choice of antibiotic based on susceptibility tests from the Haitian outbreak are available at <http://www.cdc.gov/haiticholera/clinicalmanagement/>.

PREVENTION

Cholera is primarily transmitted through consumption of contaminated water or food. A local epidemic in Boston is unlikely due to a treated public water supply and adequate waste water disposal. Person-to-person transmission is rare, even in epidemic and healthcare settings; however, contact precautions should always be taken to limit contamination with feces. Travelers to Haiti should only drink safe water (bottled, boiled, or chlorinated). Hands should be washed frequently with soap and safe water. At this time, the CDC is not recommending the cholera vaccine for travelers and chemoprophylaxis is not indicated for cholera prevention.

REPORTING

Healthcare providers in Boston are required by state and city regulations to report all suspect or confirmed cholera cases promptly to the Boston Public Health Commission (BPHC) at 617-534-5611. Reporting forms for health care providers and for laboratories are available on the web at www.bphc.org/cdc and educational materials in English and Haitian Creole are available [here](#).