History and epidemiology of the disease

The last indigenous case of cholera in England and Wales was reported in 1893. Occasional imported cases occur, but the risk of an outbreak is very small in countries with modern sanitation and water supplies, and high standards of food hygiene. In England, Wales and Northern Ireland, 126 laboratory notifications of cholera from 1990 through to 2001 were reported (Lawrence and Jones, 2004). Of these, 64% were imported from the Indian subcontinent. For the latest epidemiological data on cholera cases reported in England and Wales please see: http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Cholera/EpidemiologicalData/

Cholera due to the classical biotype of V. cholerae was endemic in the Ganges Delta of West Bengal and Bangladesh during the last two centuries and caused epidemics and global pandemics. The seventh global pandemic, which started in 1961, is due to the El Tor biotype and is now widespread in Asia and Africa; Central and South America were affected in the early and mid-1990s but have largely brought the disease under control. A new serogroup of V. cholerae (O139), which produces similar symptoms, emerged in the Bay of Bengal in the early 1990s, is present in South-East Asia and China, and is responsible for about 15% of reported cholera cases in these regions (World Health Organization, 2004).

In 2003, 45 countries officially reported to the World Health Organization (WHO) 111,575 cases of cholera and 1,894 deaths (WHO, 2004), an overall case–fatality ratio (CFR) of 1.7%. In certain vulnerable groups and high-risk areas, the CFR reached as high as 41%. These reports of cases and deaths are considered to grossly underestimate the actual numbers due to under-reporting and the limitations of surveillance systems. Countries in Africa (particularly the Democratic Republic of Congo, Liberia, Mozambique, Somalia and Uganda) accounted for 96% of reported cases in 2003. For the latest epidemiological information from WHO on global cholera reports please see: http://www.who.int/cholera/statistics/en/index.html
Immunisation against cholera can be considered, following a full risk assessment, for the following categories of traveller (JCVI, 2004):

- travellers to potential cholera risk areas, for whom vaccination is considered potentially beneficial.

Individual risk assessment is essential, based on area of travel and any underlying health conditions.