



December 5, 2022

Travelers Returning to the United States with Cholera – Information and CDC Guidance for Healthcare Providers

U.S. clinicians should be prepared to treat cases of cholera in returning travelers

Background

The Centers for Disease Control and Prevention (CDC) has identified an unprecedented global increase of [cholera](#) infections, with large outbreaks currently occurring in Haiti, Malawi, and Syria. Currently, CDC considers [25 countries to have active cholera transmission](#).

Thus far in 2022, 8 travelers with cholera have returned to the United States from Pakistan, Iraq, and Bangladesh. Although cholera in travelers is rare and sustained community transmission in the United States is unlikely, widespread cholera outbreaks in other countries highlight the need for clinicians in the United States to be prepared to treat travelers with cholera ([JAMA 1994;272:1203](#)), as they could arrive in the United States at any time.

Clinicians evaluating patients with acute onset of watery diarrhea should obtain a travel history, consider cholera in patients returning from affected regions, obtain a stool specimen for testing, and [begin prompt treatment](#). Without treatment, death can occur within hours.

Recommendations for Clinicians

Visit [Cholera Information for Public Health and Medical Professionals](#) for clinical resources including information on when to suspect cholera in a patient and how to diagnose and treat cholera. Scroll to the bottom for even more information, such as videos about cholera.

Recommendations for Pharmacies and Medical Facilities

Pharmacies and medical facilities should have an ample supply of [rehydration products](#).

Recommendations for Laboratorians

Clinical laboratory professionals should review CDC's [cholera diagnosis and detection information](#). Clinical laboratory staff who isolate *Vibrio cholerae* or detect

a possible *Vibrio cholerae* infection using a culture-independent diagnostic test should

1. Quickly culture (within 3 days) the original specimen on appropriate media,
2. Inform state public health laboratory staff if *Vibrio cholerae* is detected, and
3. Send the isolate (or C1DT-positive sample, if unable to culture) to the state public health laboratory using appropriate shipping conditions.

Recommendations for State Public Health Laboratories

State public health laboratories should submit *Vibrio cholerae* isolates to CDC as soon as possible. For more information, please refer to [CDC Test Code 10119: *Vibrio cholerae* Identification and Subtyping](#) and the [guidelines for submitting specimens to CDC](#).

Recommendations for State Health Departments

State health departments should report all cases of *Vibrio* infection to CDC by emailing COVISResponse@cdc.gov using the [Cholera and Other *Vibrio* Illness Surveillance Report form](#).

Recommendations for the Public

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.

Additional CDC Resources

CDC's [cholera website](#) provides information for specific groups, health promotion materials, publications, data and statistics, and training and education resources.

The Emergency Risk Communication Branch in the Division of Emergency Operations, Center for Preparedness and Response is responsible for the management of all COCA Products.

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[Crisis & Emergency Risk Communication Training](#)—training program that draws from lessons learned during public health emergencies, and incorporates best practices from the fields of risk and crisis communication

[Health Alert Network](#)—CDC's primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, and local public health practitioners; clinicians; and public health laboratories



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