



Epidemiological Unit

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Cholera Fact Sheet

Introduction

Cholera is an acute intestinal infection caused by the bacteria *Vibrio cholerae*. The last cholera case in Sri Lanka was reported to the epidemiology unit in 2003.

Clinical Features

Cholera symptoms include watery faeces with bits of mucus and mild fishy smell, vomiting, abdominal cramps and dehydration. Fever is rare, usually found only in children. Cholera can cause severe acute watery diarrhoea, which can be fatal within hours if untreated.

Risk Categories

People living in areas with unsafe drinking water, poor sanitation, and inadequate hygiene are at highest risk of getting cholera.

Diagnosis

The diagnosis is confirmed by the isolation of *V. cholerae* serogroup O1 or O139 from faeces. A presumptive diagnosis can be made by visualisation by dark field or phase microscopy of *V. cholerae*'s characteristic motility, specifically inhibited by preservative-free serotype-specific antiserum. There is no difference in the illness caused by the two serogroups.

Treatments

Treatment of cholera consists mainly of the replacement of lost fluids and salts. The use of oral rehydration salts (ORS) is the quickest and most efficient way of doing this. Most people recover in three to six days. If the infected person becomes severely dehydrated, intravenous fluids can be given. Patients may be treated with antibiotics, such as tetracycline and erythromycin.

Reservoir

V. cholerae is often part of the normal flora of salty water and creeks and can be associated with algal blooms (plankton). Humans are one of the reservoirs of the pathogenic form of *V. cholerae*

Communicability

Persons are infectious during the acute stage and for a few days after recovery. By the end of the first week, 70% of patients are non-infectious. By the end of the third week, 98% are non-infectious. Occasionally the carrier state may persist for months and chronic biliary infection with intermittent shedding of organisms may last for years.

Mode of Transmission

Transmission occurs through ingestion of contaminated water and food. Sudden large outbreaks are usually caused by a contaminated water supply. Raw or undercooked seafood may be a source of infection in areas where cholera is prevalent and sanitation is poor. Transmission due to direct person-to-person contact is rare.

Incubation period

The incubation period can be anything between a few hours and five days. Most people get symptoms after two to five days.

Preventive measures

Preventing and controlling cholera involves a combination of strengthening surveillance, improving water, sanitation and hygiene, increasing risk communication and community engagement, improving access to quality treatment and implementing oral cholera vaccine campaigns.

1. Only drink boiled cool water.
2. Eat freshly prepared food, cooked thoroughly and hot - in particular, don't eat raw or undercooked seafood.
3. Don't eat raw vegetables such as green salads as they may have been washed in contaminated water - only eat raw vegetables and fruit that you can peel.
4. Wash hands with soap and water after going to the toilet and particularly before handling food.

Health Education to Cholera Patients:

1. Ensure you maintain good hygiene.
2. Wash your hands with soap and running water for at least 20 seconds after using the toilet.
3. Do not prepare food for others.
4. If the person is a food handler, do not attend work until your doctor has said you no longer can spread cholera to others.