



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Thomas Farley, M.D., M.P.H.
Commissioner

2010 Alert # 3 Imported Cholera Cases in New York City

- **Three cases of cholera have been confirmed in New York City (NYC)**
- **All three cases are linked to a confirmed cholera outbreak in the Dominican Republic**
- **Providers should include cholera in the differential diagnosis for patients presenting with gastrointestinal illness who have a history of recent travel to Haiti or the Dominican Republic.**
- **Report suspected and confirmed cases to the Bureau of Communicable Disease**
- **Submit all isolates of *Vibrio cholerae* to the Public Health Laboratory for confirmation and molecular typing, regardless of travel history.**

February 7, 2011

Dear Colleagues,

On February 4, 2011, the NYC Department of Health and Mental Hygiene was notified of three cases of cholera among NYC residents who attended a wedding in the Dominican Republic, where there was a known outbreak of cholera. All had symptoms starting on January 24 which lasted from 1-5 days. All took antibiotics and their symptoms resolved. None were hospitalized. There has been an ongoing outbreak of cholera in Haiti since October 21st, 2010. Cases with the same strain circulating in Haiti have been reported in neighboring Dominican Republic and there appears to be some local transmission in the Dominican Republic.

While *Vibrio cholerae* infection is rare in the United States, it should be considered in patients presenting with gastrointestinal illness who report international travel to areas where outbreaks are occurring. Cholera is spread by eating or drinking food or water that has been contaminated by the fecal waste from an infected person. This occurs more often in developing countries with inadequate water supplies and improper sewage disposal. The risk for person-to-person transmission is low, and isolation of cholera patients or quarantine of asymptomatic travelers from affected areas is not warranted. However, persons in sensitive occupations, such as food preparation, child care or health care, should not work while they have diarrhea. Cases related to travelers and imported foods are seen in the US and more cases are expected from the current outbreak.

Individuals with *Vibrio cholerae* infection are most often asymptomatic or have mild gastroenteritis. However, about 5% of infected persons develop severe, dehydrating, acute watery diarrhea. The first line of treatment for cholera is rehydration. Administration of oral rehydration salts and, when necessary, intravenous fluids and electrolytes in a timely manner with adequate volumes will reduce case-fatality rates to <1%. Severe cases of cholera should be treated with antimicrobial agents to which the strain is susceptible. Antibiotics can reduce the volume and duration of diarrhea and should be given to hospitalized patients but should never be used as “chemoprophylaxis” to prevent cholera on a mass scale. For more information please visit the CDC website at: <http://www.cdc.gov/haiticholera/>

As always, please notify the New York City Department of Health and Mental Hygiene immediately if you identify or suspect that a patient has cholera. (During business hours, call the Bureau of Communicable Disease: 212-788-9830. After hours, contact the Poison Control Center at 800-222-1222).

All clinical *Vibrio cholerae* isolates should be sent to the NYC DOHMH's Public Health Laboratory for confirmation and molecular typing as soon as possible. Specimens should be submitted along with the enteric bacteria test request form which can be found on our website at:

http://www.nyc.gov/html/doh/downloads/pdf/labs/lab-forms-enteric_f.pdf

Attn: Enteric Bacteriology Unit
Public Health Laboratory, Rm 136
455 1st Ave
New York, NY 10016
212-447-6783

We appreciate your continued assistance in preventing foodborne disease transmission.

Sincerely,

Sharon Balter

Sharon Balter, MD
Bureau of Communicable Disease