



SURVEILLANCE REPORT

Annual Epidemiological Report for 2015

Cholera

Key facts

- Cholera is a rare travel-associated disease in the EU/EEA.
- In 2015, seven EU/EEA countries reported 24 laboratory-confirmed cases of cholera, a similar number as in previous years.
- All cases with known travel history were infected outside of Europe.

Methods

This report is based on data for 2015 retrieved from The European Surveillance System (TESSy) on 16 November 2016. TESSy is a system for the collection, analysis and dissemination of data on communicable diseases.

For a detailed description of methods used to produce this report, please refer to the *Methods* chapter [1].

An overview of the national surveillance systems is available online [2].

A subset of the data used for this report is available through ECDC's online *Surveillance atlas of infectious diseases* [3].

In 2015, all EU/EEA countries but Liechtenstein reported cholera data. Twenty-four countries used EU case definitions [2], the remaining six used other or unknown case definitions. In all countries but two, reporting of cholera was compulsory. All countries had a comprehensive surveillance system. All countries but Belgium reported case-based data.

Epidemiology

In 2015, seven EU/EEA countries reported 24 confirmed cases of cholera, with the United Kingdom accounting for more than half of the cases (Table 1). All 22 cases with known importation status were reported as having been imported. Of the 20 cases with known probable country of infection, nine were infected in India, six in Pakistan, two in the Dominican Republic, and one each in Malaysia, Morocco and the Philippines.

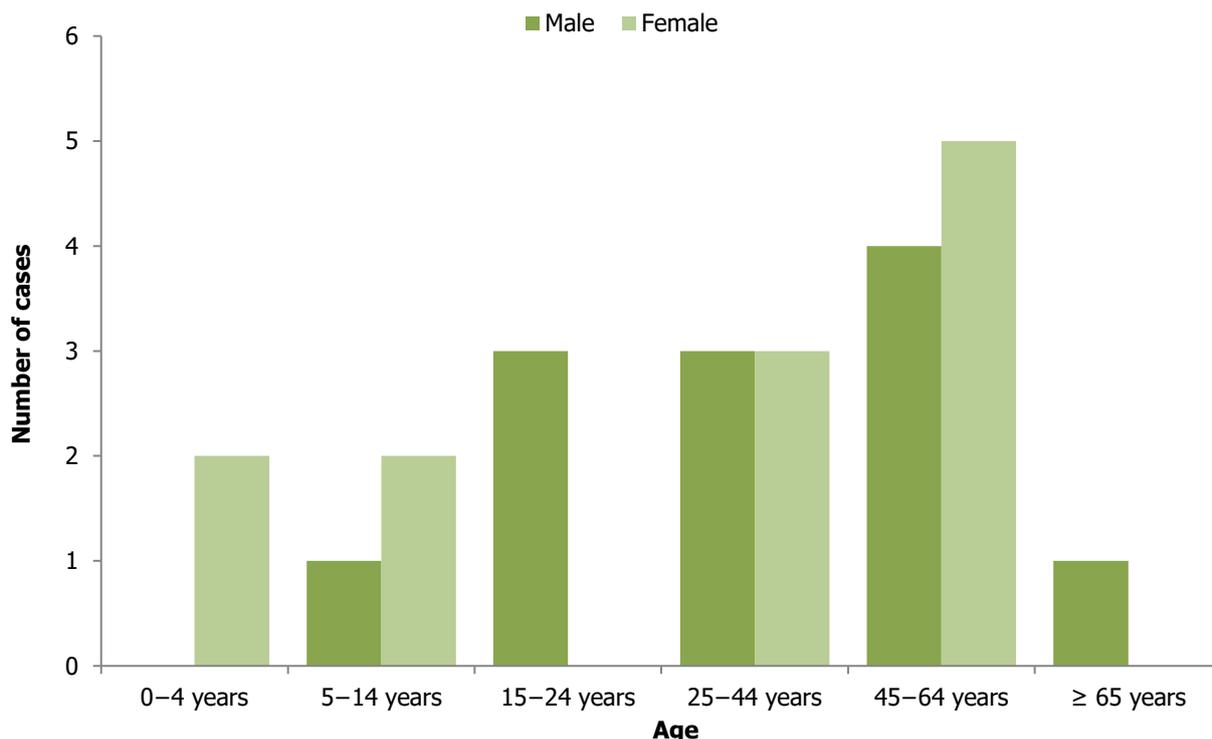
The majority of cases were reported in adults (Figure 1) and between August and October (Figure 2).

Table 1. Confirmed cholera cases by country and year, EU/EEA, 2011–2015

Country	2011	2012	2013	2014	2015		
	Confirmed cases	Confirmed cases	Confirmed cases	Confirmed cases	National coverage	Reported cases	Confirmed cases
	Number	Number	Number	Number	Y/N	Number	Number
Austria	0	1	1	0	Y	0	0
Belgium	0	0	0	0	Y	1	1
Bulgaria	0	0	0	0	Y	0	0
Croatia	.	0	0	0	Y	0	0
Cyprus	0	0	0	0	Y	0	0
Czech Republic	0	0	0	0	Y	0	0
Denmark	1	0	0	0	Y	0	0
Estonia	0	0	0	0	Y	0	0
Finland	0	0	0	0	Y	0	0
France	1	4	1	1	Y	1	1
Germany	3	0	1	1	Y	3	3
Greece	0	0	0	0	Y	0	0
Hungary	0	0	0	0	Y	0	0
Ireland	0	0	0	0	Y	0	0
Italy	0	0	0	0	Y	0	0
Latvia	0	0	0	0	Y	0	0
Lithuania	0	0	0	0	Y	0	0
Luxembourg	0	0	0	0	Y	0	0
Malta	0	0	0	0	Y	0	0
Netherlands	2	0	0	0	Y	0	0
Poland	0	0	0	0	Y	0	0
Portugal	0	0	0	0	Y	0	0
Romania	0	0	0	0	Y	0	0
Slovakia	0	0	0	0	Y	0	0
Slovenia	0	0	0	0	Y	0	0
Spain	1	0	1	0	Y	2	2
Sweden	1	1	0	0	Y	1	1
United Kingdom	26	12	5	10	Y	15	15
EU	35	18	9	12	Y	23	23
Iceland	0	0	0	0	Y	0	0
Liechtenstein
Norway	0	0	0	0	Y	1	1
EU/EEA	35	18	9	12	.	24	24

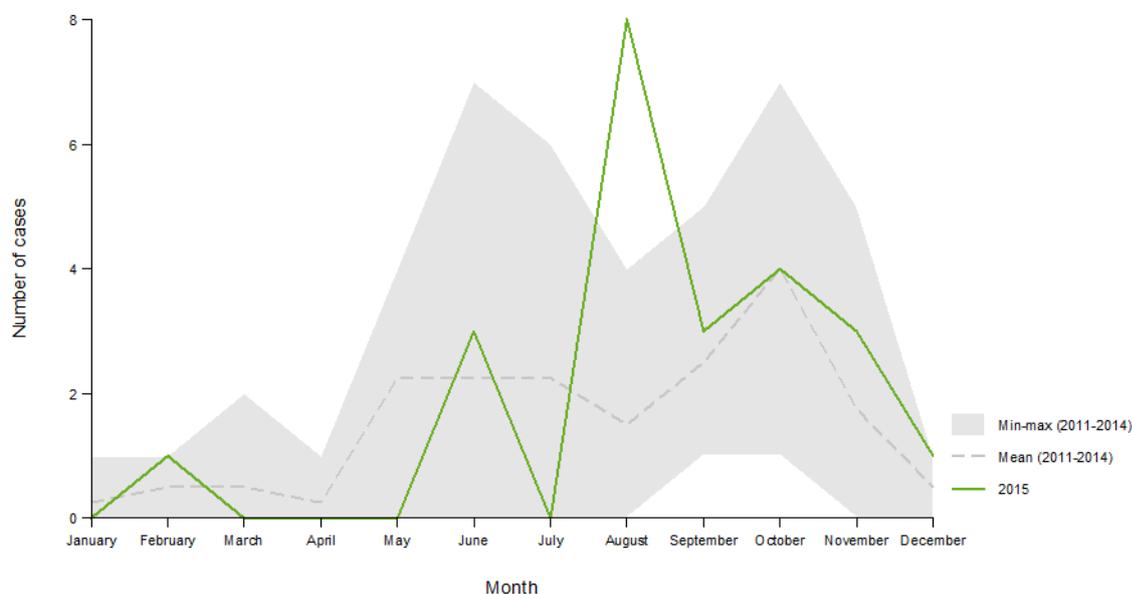
Source: Country reports. Legend: Y = yes, N = no, C = case based, A = aggregated, * = no data reported, ASR = age-standardised rate, - = no notification rate calculated.

Figure 1. Confirmed cholera cases by age and gender, EU/EEA, 2015



Source: Country reports from Belgium, France, Germany, Norway, Spain, Sweden and the United Kingdom.

Figure 2. Confirmed cholera cases: seasonal distribution, EU/EEA, 2015 compared with 2011–2014



Source: Country reports from Austria, Belgium, Bulgaria, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the United Kingdom.

Discussion

Cholera is endemic in many tropical countries in Asia and Africa and was re-introduced in the Caribbean region a few years ago [4, 5]. In the EU/EEA, cholera is rare and primarily associated with travel to endemic countries.

Cholera can be prevented by adhering to basic rules of drinking water and food hygiene [6]. Cholera vaccine is safe and moderately effective for at least five years, depending on the vaccine [4]. WHO does not recommend cholera vaccination for international workers and travellers in general, but only for emergency and relief workers

who are likely to be directly exposed to cholera patients or to contaminated food or water, particularly those staying in areas with poor access to health-care facilities' [7].

Public health implications

European travellers to cholera-endemic destinations should follow the same hygienic rules as in any country with lack of clean water. Cholera vaccination should be considered for emergency and relief workers at risk of direct exposure to cholera patients or contaminated food or water, in line with national and international guidelines.

References

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