

Cholera

Annual Epidemiological Report for 2019

Key facts

- In the European Union/European Economic Area (EU/EEA), cholera is a rare disease that is primarily associated with travel to endemic countries outside of the EU/EEA.
- In 2019, seven EU countries reported 26 confirmed cases of cholera, which was similar to previous years.
- Most cases (16/26) were reported by the United Kingdom.

Methods

This report is based on data for 2019 retrieved from The European Surveillance System (TESSy) on 5 October 2020. TESSy is a system for the collection, analysis and dissemination of data on communicable diseases. For a detailed description of the 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 2019, all EU/EEA countries except Liechtenstein reported cholera data. Twenty-six countries used EU case definitions and the remaining four used other or unknown case definitions. In all countries, except the United Kingdom, reporting of cholera was compulsory. All countries had comprehensive surveillance and reported case-based data.

Epidemiology

In 2019, seven EU countries reported 26 confirmed cases of cholera, with the United Kingdom – as in previous years – accounting for most cases (61.5%) (Table 1). Of the 24 cases reported with a travel history and a probable country of infection, 13 were infected in India, four in Pakistan, two in Tunisia, and one each in Bangladesh, the Dominican Republic, Indonesia, Kenya and Yemen.

Table 1. Distribution of confirmed cholera cases by country and year, EU/EEA, 2015–2019

Country	2015	2016	2017	2018	2019
	Confirmed cases				
Austria	0	0	0	0	0
Belgium	1	1	0	1	0
Bulgaria	0	0	0	0	0
Croatia	0	0	0	0	0
Cyprus	0	0	0	0	0
Czechia	0	0	1	0	0
Denmark	0	1	0	0	1
Estonia	0	0	0	0	0
Finland	0	0	0	0	0
France	1	0	0	2	5
Germany	3	1	2	0	1
Greece	0	0	0	0	0
Hungary	0	0	0	0	0
Iceland	0	0	0	0	0
Ireland	0	0	0	0	0
Italy	0	0	0	0	1
Latvia	0	0	0	0	0
Liechtenstein
Lithuania	0	0	0	0	0
Luxembourg	0	0	0	0	0
Malta	0	0	0	0	1
Netherlands	0	0	0	0	0
Norway	1	1	0	0	0
Poland	0	0	0	0	1
Portugal	0	0	0	0	0
Romania	0	0	0	0	0
Slovakia	0	0	0	0	0
Slovenia	0	0	0	0	0
Spain	2	3	1	2	0
Sweden	1	0	1	1	0
United Kingdom	15	16	12	20	16
EU/EEA	24	23	17	26	26

Source: country reports

∴ no data reported

Discussion

Cholera is endemic in many tropical countries in Asia and Africa. It was reintroduced into the Caribbean region in 2010 [4,5]. In the EU/EEA, cholera is rare and primarily associated with travel to endemic countries.

Cholera can be prevented by adhering to safe water and sanitation practices [6]. Cholera vaccination is safe and moderately effective for at least five years, depending on the vaccine [4]. The World Health Organization 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 healthcare facilities” [7].

Public health implications

European travellers to cholera-endemic destinations should follow hygiene recommendations relevant to avoiding or mitigating the risks of exposure to unclean water or potentially contaminated food. 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

1. European Centre for Disease Prevention and Control. Introduction to the Annual Epidemiological Report. Stockholm: ECDC; 2017. Available from: <https://ecdc.europa.eu/en/annual-epidemiological-reports/methods>
2. European Centre for Disease Prevention and Control. Surveillance systems overview. Stockholm: ECDC; 2019. Available from: <https://www.ecdc.europa.eu/en/publications-data/surveillance-systems-overview-2019>
3. European Centre for Disease Prevention and Control. Surveillance Atlas of Infectious Diseases. Stockholm: ECDC; 2018. Available from: <https://atlas.ecdc.europa.eu/public/index.aspx?Dataset=27&HealthTopic=13>
4. Clemens JD, Nair GB, Ahmed T, Qadri F, Holmgren J. Cholera. Lancet. 2017 Sep 23;390(10101):1539-1549.
5. Ali M, Nelson AR, Lopez AL, Sack DA. Updated global burden of cholera in endemic countries. PLoS Negl Trop Dis. 2015 Jun;9(6):e0003832. Available from: <http://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0003832>
6. Harris JB, LaRocque RC, Qadri F, Ryan ET, Calderwood SB. Cholera. Lancet. 2012 Jun 30;379(9835):2466-2476.
7. World Health Organization. Cholera vaccine: WHO position paper, August 2017 - Recommendations. Vaccine. 2018 Jun 7;36(24):3418-3420.