Wisconsin Division of Public Health Communicable Disease Surveillance Guideline

Cholera
(Vibrio cholera)
Last revised June 7, 2011

I. IDENTIFICATION
   A. CLINICAL DESCRIPTION: An acute bacterial disease of variable severity ranging from a mild diarrhea to profuse watery diarrhea, occasional vomiting, and if not treated, rapid dehydration.

   B. REPORTING CRITERIA: Laboratory confirmation.

   C. LABORATORY CRITERIA FOR CONFIRMATION:
      • Isolation of toxigenic (e.g., cholera toxin-producing) Vibrio cholerae serogroup 01 or 0139 from stool or vomitus, OR
      • Significant increase in vibriocidal or antitoxic antibodies in acute and early convalescent phase sera, OR
      • Significant decrease in vibriocidal antibodies in early and late convalescent-phase sera among persons not recently vaccinated.

   D. WISCONSIN CASE DEFINITION: A clinically compatible illness that is laboratory confirmed.

II. ACTIONS REQUIRED / PREVENTION MEASURES
   A. WISCONSIN DISEASE SURVEILLANCE CATEGORY I:
      Report IMMEDIATELY BY TELEPHONE to the patient's local health officer upon identification of a case or suspected case. Complete and mail an Acute and Communicable Disease Case Report (F-44151) to the local health officer within 24 hours.

   B. EPIDEMIOLOGY REPORTS REQUIRED:
      • Electronically – Report through WEDSS, including appropriate disease-specific tabs or
      • Paper Copy – Acute and Communicable Diseases Case Report (F-44151) and
      • Cholera and Other Vibrio Illness Surveillance Report (CDC 52.79)

   C. PUBLIC HEALTH INTERVENTIONS:
      In accordance with Wisconsin Administrative rule DHS 145.05, local public health should follow the methods of control recommended in the current edition of Control of Communicable Diseases Manual, edited by David L. Heymann, published by the American Public Health Association.

      • Source investigation by LHD to include history of travel to and from endemic areas, dates, mode of transportation, and foods consumed.
      • Surveilliance of contacts who shared food and drink for at least five days after exposure.
      • Educate public about proper hand washing after using the toilet or handling contaminated clothing or linens, before cooking, or associating with high-risk individuals.
      • Assess patient’s activities for high-risk settings.
      • Educate and advise high-risk patients and food handlers on enteric precautions.
      • Determine if case is outbreak-related and notify your Regional Office or CDES.
III. CONTACTS FOR CONSULTATION
   A. LOCAL HEALTH DEPARTMENT – REGIONAL OFFICES – TRIBAL AGENCIES: 
   
   B. BCDER / COMMUNICABLE DISEASE EPIDEMIOLOGY SECTION: (608) 267-9003
   
   C. WISCONSIN STATE LABORATORY OF HYGIENE / BACTERIOLOGY: (608) 263-3421

IV. RELATED REFERENCES
   

V. DISEASE TRENDS
   - Since 1986 there have been no cases of cholera reported in Wisconsin.