SURVEILLANCE REPORT

Cholera

Annual Epidemiological Report for 2018

Key facts

- In the EU/EEA, cholera is a rare disease associated with travel to countries outside of the EU/EEA.
- In 2018, five EU/EEA countries reported 26 confirmed cases of cholera, which was in the same range as in previous years.
- Most cases (20/26) were reported by the United Kingdom

Methods

This report is based on data for 2018 retrieved from The European Surveillance System (TESSy) on 17 September 2019. 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 2018, all EU/EEA countries except Liechtenstein reported cholera data. Twenty-five countries used EU case definitions and the remaining five 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 2018, five EU countries reported 26 confirmed cases of cholera, with the United Kingdom accounting for most cases (76.9%), as in previous years (Table 1). Of 22 cases reported with a travel history, eight were infected in India, seven in Pakistan, three in Thailand, two in Bangladesh and one each in Myanmar and Tunisia.

Suggested citation: European Centre for Disease Prevention and Control. Cholera. In: ECDC. Annual epidemiological report for 2018. Stockholm: ECDC; 2019.

Stockholm, December 2019

Table 1. Distribution of confirmed cholera cases by country and year, EU/EEA, 2014–2018

	2014	2015	2016	2017	2018
Country	Confirmed cases	Confirmed cases	Confirmed cases	Confirmed cases	Confirmed cases
Austria	0	0	0	0	0
Belgium	0	1	1	0	1
Bulgaria	0	0	0	0	0
Croatia	0	0	0	0	0
Cyprus	0	0	0	0	0
Czech Republic	0	0	0	1	0
Denmark	0	0	1	0	0
Estonia	0	0	0	0	0
Finland	0	0	0	0	0
France	1	1	0	0	2
Germany	1	3	1	2	0
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	0
Latvia	0	0	0	0	0
Liechtenstein	.	.	.	.	.
Lithuania	0	0	0	0	0
Luxembourg	0	0	0	0	0
Malta	0	0	0	0	0
Netherlands	0	0	0	0	0
Norway	0	1	1	0	0
Poland	0	0	0	0	0
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	0	2	3	1	2
Sweden	0	1	0	1	1
United Kingdom	10	15	16	12	20
EU/EEA	**12**	**24**	**23**	**17**	**26**

Source: country reports.
.: no data reported.

Discussion

Cholera is endemic in many tropical countries in Asia and Africa and was reintroduced into the Caribbean region in 2010 [4,5]. In the EU/EEA, cholera is rare and is 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]. 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 healthcare facilities' [7].

Public health implications

European travellers to cholera-endemic destinations should follow relevant hygiene rules to avoid or mitigate the risks of exposure to unclean water and potentially contaminated food, as for 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 and water, in line with national and international guidelines.

References

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