



RAPID RISK ASSESSMENT

Update: Outbreak of cholera in Cuba, potential risk for European travellers

17 January 2013

Main conclusions and recommendations

- The report of 51 confirmed cases in Havana, Cuba, raises the risk for European travellers for contracting the disease when compared to the previous rapid risk assessment of July 2012. The overall risk for travellers is still considered low.
- Travellers to Cuba, Haiti and the Dominican Republic should be aware of preventive hygiene measures and seek advice from travel medicine clinics to assess their personal risk.
- Further, physicians in the EU should consider the diagnosis of cholera in returning travellers from Cuba, the Dominican Republic and Haiti, presenting with compatible symptoms. Upon diagnosis, notification to the relevant public health authorities is essential.

Previous rapid risk assessment

Outbreak of cholera in Cuba, potential risk for European travellers. Rapid Risk Assessment, 12 July 2012. Available from: <http://www.ecdc.europa.eu/en/publications/Publications/TER-Rapid-risk-assessment-cholera-Cuba-July-2012.pdf>

Public health issue

Cases of cholera in Cerro and other municipalities of Havana, Cuba, and potential risk for infection of European citizens travelling to Cuba.

Source and date of request

ECDC internal decision, 16 January 2013.

Internal response team

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External: WHO Regional Office for Europe, Pan American Health Organization.

Updated event information

In 2012, Cuba faced – for the first time in almost 150 years – an outbreak of cholera [1]. This outbreak followed a major outbreak of cholera on Hispaniola Island (Haiti and the Dominican Republic) which began at the end of 2010. Since the beginning of the outbreak, 638 511 cases were reported in Haiti and 29 490 cases in the Dominican Republic (as of the first week of 2013) [2,3]. In 2011, a few imported cholera cases were reported from European travellers returning from the Dominican Republic [2].

In July 2012, 85 confirmed cases were reported from the Cuban province of Granma, the majority in the city of Manzanillo [1]. Another 47 cases were confirmed in the aftermath of hurricane Sandy in October 2012, in the provinces of Santiago de Cuba, Camagüey and Guantánamo [4]. The cumulative number of cases reported in Cuba reached 500 by the end of 2012 [4].

On 6 January 2013, the Cuban public health authorities observed an increase of acute diarrhoeal diseases in the municipality of Cerro and other municipalities of Havana (Figure 1), supposedly related to food handling [3].

As of 14 January 2013, 51 cases of cholera have been confirmed in Havana and were subtyped to be *Vibrio cholerae* toxigenic serogroup O1, serotype Ogawa, biotype El Tor [3].

The Cuban authorities are taking measures to raise awareness among the population, improve sanitary and food hygiene, including water treatment and supply, and provide clinical care [3].

Figure 1. Provinces of Cuba*

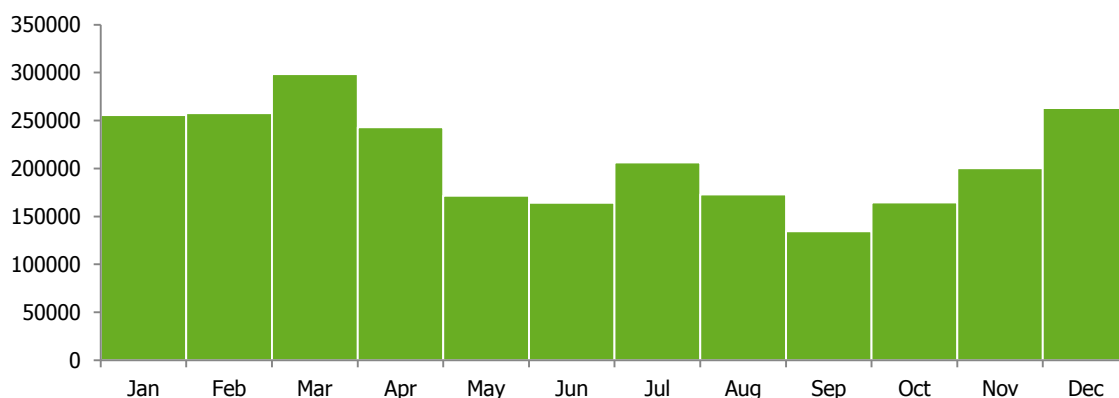


* Provinces with confirmed cases are coloured in orange

Threat assessment for the EU

In 2010, more than 2.5 million tourists visited Cuba [5,6]. Of these, around 810 000 (32%) were European residents, mostly from Italy, Spain, and Germany [5]. Approximately 58% of these tourists visited Cuba during the European winter [5] (Figure 2).

Figure 2. Number of tourists arriving by air per month in 2010 [5]



Havana, the capital of Cuba, is located in the north of the island and has a population of 2.1 million. In 2010, 1.2 million tourists visited the province Ciudad de La Habana, half of the total tourist volume of the country [6].

Globally, the risk of cholera infection in travellers visiting Cuba should still be considered low. However, the risk has increased since the former rapid risk assessment of July 2012. This reassessment takes into account the high proportion of tourists visiting Havana and the fact that the affected geographical area is expanding.

Applying suitable preventive hygiene measures plays a key role in the prevention of the disease. Visitors of cholera-endemic/epidemic countries should only drink bottled water or water treated with chlorine, carefully wash all fruits and vegetables with bottled or chlorinated water before consumption, regularly wash their hands (especially before eating), avoid consuming raw seafood products and only eat seafood when thoroughly cooked. Travellers with severe watery diarrhoea should seek immediate medical attention [7].

Considering the hygiene standards in the European Union, the risk for further transmission of cholera upon return of imported cases is considered negligible.

In European Union Member States, a cholera vaccine is not routinely recommended for travellers but might be considered for humanitarian health workers and military personnel working in refugee camps, persons travelling to cholera-epidemic/endemic countries with limited access to safe drinking water and/or no access to medical care, and immunocompromised people.

Travellers should seek advice from travel medicine clinics in order to assess their personal risk. Physicians in the EU should consider the diagnosis of cholera in returning travellers from cholera-endemic/epidemic countries (e.g. Cuba, the Dominican Republic, and Haiti) presenting with compatible symptoms. Physicians and clinical laboratories need to follow public health guidance on the notification of cholera cases.

Enhanced surveillance and swift response to the outbreak is essential to limit further spread of cholera.

Conclusions

The report of 51 confirmed cases in Havana, Cuba, raises the risk for European travellers for contracting the disease when compared to the previous rapid risk assessment of July 2012. The overall risk is still considered low.

Recommendations

Travellers to Cuba, as well as to Haiti and the Dominican Republic, should be aware of preventive hygiene measures. They should seek advice from travel medicine clinics in order to assess their personal risk.

In addition, physicians in the EU should consider the diagnosis of cholera in returning travellers from Cuba, the Dominican Republic and Haiti presenting with compatible symptoms. Upon diagnosis, notification to the relevant public health authorities is essential.

Contact

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References

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