

A lab result of *Vibrio cholerae* rarely indicates a Cholera infection.

Though lab results may look similar, Cholera is infrequent in the United States and is almost always related to international travel.

| | Vibriosis caused by non-toxicogenic <i>V. cholerae</i> | Cholera caused by toxicogenic <i>V. cholerae</i> |
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| Clinical presentation | As a GI illness, vibriosis causes watery, non-bloody stools and abdominal cramps. | Profuse, watery, non-painful diarrhea with rapid onset life-threatening dehydration. Stools have a "rice-water" appearance. |
| Infection routes | Exposure to bodies of water containing the bacteria, which occurs naturally in the environment. Raw or undercooked shellfish, particularly oysters. Person to person transmission has not been documented. | Exposure to bodies or water, drinking water, or food contaminated by feces of infected individuals or in countries where the bacteria is endemic. Rarely, domestic cases have been due to consuming contaminated seafood brought from outside the US. |
| Incubation period | Typically 24 hours, with a range of 5 to 92 hours. | Typically 1 to 3 days, with a range of a few hours to 5 days. |
| Incidence | <i>V. cholerae</i> is the 3 rd most common <i>Vibrio</i> species in the US. | Very uncommon in the US. |
| Endemic? | Endemic in the United States because it is naturally occurring in bodies of water. | Endemic in about 50 countries, mostly Africa, South and Southeast Asia, and Hispaniola. Not endemic in the US. |
| Bottom line | Common in Arizona and the US | Very rare in Arizona and the US |

What happens when someone tests positive for *Vibrio cholerae*?

