Cholera Vaccine Information

Indications for use of vaccine

Cholera vaccine is not indicated for the majority of travellers as food and water hygiene precautions will be adequate to prevent infection.

The vaccine can be considered for travellers visiting areas with epidemic cholera of the O1 strain, specifically-

- Aid workers assisting in disaster relief or refugee camps
- More adventurous backpackers travelling to remote regions with limited access to medical care

In addition the vaccine may be considered for at risk travellers with underlying gastrointestinal illness or immune suppression in whom cholera would have serious adverse consequences.

The vaccine may also provide protection against travellers' diarrhoea caused by heat-labile toxin producing *Escherichia coli*. However, it is unlicensed for this use, and data on its efficacy in travellers is limited. For specific information on travellers' diarrhoea see the separate information sheet.

Availability of vaccine

There is one cholera vaccine licensed for use in the UK, Dukoral™, which is distributed by Chiron vaccines, and was launched in the UK on 18 May 2004. The vaccine protects against infection caused by *Vibrio cholerae* serogroup O1.

Vaccine schedules

Age	Primary course	Reinforcing doses
Adults and children from 6 years or older	2 doses with an interval of at least one week between them	Single dose after two years
Age 2 to 6 years	3 doses with an interval of at least one week between them	Single dose after six months

Administration

Dukoral™ is an oral vaccine, and includes a 3ml vaccine suspension and effervescent granules. For adults, the granules are dissolved into approximately 150ml of water to which the vaccine is added and mixed well.
For children aged two to six years, half the solution is poured away and the vaccine added to the remaining approximately 75mls.

Interrupted courses

The Summary of Product Characteristics (SPC) suggests that if more than six weeks have elapsed between doses during the primary vaccination course, the course should be recommenced.

The SPC also suggests that if more than two years have elapsed between the completion of the primary course and administration of a reinforcing dose, the primary course should be repeated.

Contraindications

- Hypersensitivity to active substances or excipients of the vaccine
- Current acute gastrointestinal illness or febrile illness

Adverse events

In clinical trials the most frequently reported adverse events were uncommon and of a gastrointestinal nature. These included abdominal pain, diarrhoea, abdominal cramps and general discomfort.

Rare adverse events included fever, malaise, nausea, vomiting, loss of appetite and dizziness.

Very rare adverse events included fatigue, dyspepsia, shivers, joint pain, sore throat, sweating, insomnia and rash.