

Cholera Threatens



Cholera victim and funeral pyre.

Obscured by turmoil in the Middle East, rampant cholera still threatens this summer to cross the water to Europe. World health officials are already concerned of a repeat of cholera outbreaks of 40 to 60 years ago.

For Americans the problem of self-protection during a trip to Arab lands may now be academic. The bans have been lifted but travel is not being encouraged.

But southern and eastern Europe is another matter. The new Seventh Cholera Pandemic resembles the sixth, that ran from 1899 to 1922; and that blanketed Europe.

"I wouldn't be surprised to hear any day of an outbreak in some rural areas of Europe," says the UN medical agency's Director-General, Dr. Marcolino Gomez Candau. "The classical and El Tor forms now exist in endemic form in a vast area between the Pacific and Mediterranean. So, numerous possibilities remain for further spread. The pattern closely resembles that of past pandemics. It is a real danger!"

Cholera has already crossed into a corner of the U.S.S.R. in the Caucasus. The Russians reported almost 600 cases there. Iran and Iraq have suffered extensive outbreaks during the past two years and cases are reported in Turkey, Syria, Jordan and elsewhere.

For a long time, epidemiologists assumed that cholera had retreated to its ancient lair in the Ganges delta. Then a new form, El Tor, arose suddenly in Indonesia in August 1961, spread by political refugees from the Celebes riots to Hong Kong, Macao and China, then

marched by various routes throughout the Pacific and across the Asian land mass, sweeping 23 countries. El Tor even muscled out the classical form in India, a rare biological feat.

Last year 42,000 cases and 4,000 deaths were reported to WHO, as required by the International Sanitary Regulations. But nations are known to try to keep outbreaks secret, to protect exports and tourism, at least until they are swamped by the disease.

Studies in Taiwan, the Philippines and elsewhere suggest that up to 100 are victims for each known clinical case.

Travel is a major problem.

"When cholera enters a region, the highway is a dangerous place," says WHO staff specialist, Dr. D. S. Barua. "I remember in '64 how it fanned out from Calcutta and took the roads to Pakistan, Burma and westward. But it's quite capable of traveling by sea, via fishermen and seamen, across the Dardanelles, for instance.

"And it can come by air. Recently a British traveler arrived in Japan from Hong Kong and India with the disease." Japan, which has done an excellent job of wiping out cholera with antibiotics, has a perfect record in recent years detecting 14 cases entering the country and preventing cholera from establishing a foothold.

Not a single case has been reported in Europe or America, although two Washington technicians have suffered laboratory infections. "So far there has never been a case in Latin America, which is amazing because conditions are favorable there," Dr. Barua says.

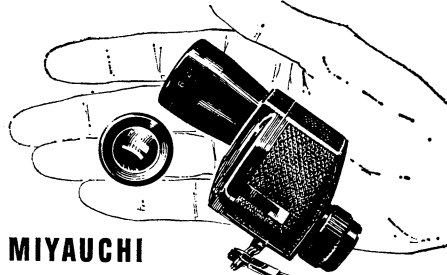
"We have heard rumors of cases in sub-Saharan Africa, although a real foothold couldn't be kept secret by an unprepared country. Many Africans do come to Saudi Arabia and mix with Moslem pilgrims from Asia, so there's always a possibility."

All the Middle Eastern countries along the Mediterranean are considered vulnerable. The United Arab Republic and the Sudan have been preparing intensively to control any outbreak.

The most endemic nations continue to be the Philippines, India, Pakistan, Indonesia, Vietnam and, presumably China. This year a new outbreak is reported in Cambodia. Most of these countries have the disease all year. The Middle Eastern epidemics occur in summer.

"It always seems to happen around August 15," says Dr. Barua. "We fear that date." *David Alan Ehrlich*

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