

# CHOLERA CHRONOLOGY

Cholera was originally endemic to the Indian subcontinent, with the Ganges River likely serving as a contamination reservoir. It spread by trade routes (land and sea) to Russia, then to Western Europe, and from Europe to North America.

**1816–1826 First pandemic:** Previously restricted, the pandemic began in Bengal, then spread across India by 1820. It extended as far as China and the Caspian Sea before receding.

**1829–1851 Second pandemic** reached Europe, London and Paris in 1832. In London, it claimed at least 3000 victims according to a 1832 article; in Paris, 20,000 succumbed (out of a population of 650,000) with 100,000 victims in all of France. It reached Russia, Quebec, Ontario and New York in the same year and the Pacific coast of North America by 1834.

**1849** Second outbreak in Paris. An outbreak in North America took the life of U.S. President James K. Polk.

**1852–1860 Third pandemic** mainly affected Russia, with over a million deaths.

**1863–1875 Fourth pandemic** spread mostly in Europe and Africa.

**1866** Outbreak in North America.

**1899–1923 Sixth pandemic** had little effect in Europe because of advances in public health, but Russia was badly affected again.

**1961–1970s Seventh pandemic** began in Indonesia, called **El Tor** after the strain, and reached Bangladesh in 1963, India in 1964, and the USSR in 1966. From North Africa it spread into Italy by 1973. In the late 1970s there were small outbreaks in Japan and in the South Pacific. There were also many reports of a cholera outbreak near Baku in 1972, but information of this was suppressed in the USSR.

**January 1991–September 1994** – Outbreak in South America, apparently initiated by discharged ballast water. Beginning in Peru there were 1.04 million identified cases and almost 10,000 deaths. The causative agent was a non-O1, nonagglutinable vibrio (NAG) named **O139 Bengal**. It was first identified in Tamilnadu, India and for a while displaced El Tor in southern Asia before decreasing in prevalence from 1995 to around 10% of all cases. It is considered to be an intermediate between El Tor and the classic strain and occurs in a new serogroup.

Source: Wikipedia