Locally acquired severe non-O1 and non-O139 *Vibrio cholerae* infection associated with ingestion of imported seafood

To the Editor: We report a case of severe *Vibrio cholerae* infection acquired in Sydney, likely due to ingestion of imported seafood.

An 83-year-old man with Parkinson disease presented with a 3-day history of vomiting, large-volume watery diarrhoea and acute renal impairment necessitating admission to the intensive care unit. Blood cultures grew curved gram-negative bacilli, and intravenous piperacillin–clavulanic acid was commenced. Subsequent microbiological testing of blood isolated *V. cholerae*, prompting testing and confirmation of *V. cholerae* in stool cultures. The strain was identified as non-O1 and non-O139 by serotyping, and toxin gene-negative by polymerase chain reaction testing.

The patient subsequently reported ingestion of imported seafood (a marinara mix containing mussels from Chile, prawns from Vietnam and squid from China), purchased from a local supermarket, although none of the suspected food was available for testing. He had no recent travel history or exposure to marine or brackish-water environments and no unwell contacts.

Antimicrobial therapy was changed to ciprofloxacin. The patient's recovery was complicated by caecal pseudo-obstruction requiring endoscopic decompression. He was discharged after 2 weeks of antibiotic treatment.

Although rare, sporadic cases of both epidemic (O1 and O139

serotypes) and non-epidemic (non-O1 and non-O139 serotypes) *V. cholerae* infection have been reported in Australia.[1] Australian cases have been linked to ingestion of imported seafood, with a notable outbreak in Sydney associated with imported whitebait.[2] *V. cholerae* is known to be present in Australian estuaries, and some endemic cases have been associated with local aquatic exposure.[3]

While only O1 and O139 isolates are mandated for reporting to Australian public health units, non-epidemic strains of *V. cholerae* are associated with bacteraemia and a poor prognosis.[4] Clinically suspected cases of *V. cholerae* infection should be reported to public health units, pending microbiological confirmation. As identification of *Vibrio* species is not routinely done on stool cultures, a suspicion of *Vibrio* infection must be communicated to laboratories.

Under current Australian law, only imported cooked prawns are required to be tested for *Vibrio* species contamination, and there is no restriction on the geographical origin of seafood imported into Australia.[5,6] This case highlights an ongoing risk of potentially severe *V. cholerae* infection from imported seafood, and it should be considered as a differential diagnosis for patients presenting with severe enteritis and a compatible exposure history.

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