



17 September 2018

# CHOLERA PREPAREDNESS

An update for Physicians, Accident & Emergency  
practitioners and Laboratorians

Outbreak Response Unit, Division of Public Health Surveillance and Response  
National Institute for Communicable Diseases (NICD)  
24-hour hotline number: 082-883-9920

Cases of cholera have been reported from Zimbabwe (Harare). As of 14<sup>th</sup> September 2018 there are no confirmed or suspected cases of cholera in South Africa. However, there is a risk that persons travelling from the affected areas may present with cholera in South Africa.

Healthcare workers countrywide should be on high alert for suspected cholera cases.

### Cholera case definitions:

A suspected case of cholera:

- A person of any age who develops severe dehydration or dies from acute watery diarrhoea with or without vomiting in an area under threat of cholera importation.

A confirmed case of cholera:

- Isolation of *Vibrio cholerae* O1 or O139 from a specimen collected from any patient with diarrhoea.

### Transmission of cholera

Cholera is transmitted through contaminated water or food, or soiled hands. Health-care workers attending to persons with suspected or confirmed cholera should observe strict contact precautions, and be sure to wash hands after examination of each patient.

### Laboratory confirmation of cholera

- Obtain specimen collection material from the laboratory (specimen jar, swab +/- transport media)
- Label specimen with patient details before collecting stool. Mark specimen clearly: 'suspected cholera'.
- If the laboratory is on-site, collect stool specimen in normal specimen jar and submit immediately.
- If >2hour transport time will be required for the specimen to reach the laboratory, dip a swab into a stool specimen and place the swab into Cary-Blair transport medium. Leave the swab in the bottle, close, and submit the bottle to the lab. Refrigerate the specimen if there is a delay in transporting the specimen

### Response to a suspected case of cholera:

1. Establish that the patient meets the case definition for a suspected case of cholera.
2. Observe appropriate infection control procedures (see NICD website).
3. Assess the patient's level of hydration and manage fluid losses as appropriate (see NICD website).
4. Submit a stool specimen to the local NHLS laboratory and label the specimen 'suspected cholera'.
5. Inform the NICD hotline (082-883-9920) and notify the local and provincial communicable disease control co-ordinator (CDCC) telephonically.
6. Complete a case investigation form (CIF) (see NICD website). Obtain the GPS co-ordinates of the patient's place of presentation. Submit CIF to province CDCC
7. NHLS laboratories should send all *Vibrio cholerae* isolates to the NICD Centre for Enteric Diseases - for confirmation and further typing.

### Managing a suspected cholera case

**No-one should die from cholera! Rehydration is the mainstay of treatment. Antibiotics are of secondary importance**

1. Assess the degree of dehydration
2. Replace fluid, and maintain hydration status based on the degree of dehydration (see RSA cholera guidelines)
3. Until further information is received regarding susceptibility, ciprofloxacin is the antibiotic of choice for patients with some or severe dehydration only.
4. Children < 5 years of age should be given zinc supplementation
5. Patients can eat/should be fed as soon as they can tolerate food
6. Patients who are no longer dehydrated and can take ORS, and have decreased frequency of diarrhoea may be discharged.
7. Never use anti-motility drugs (e.g. loperamide)

### RSA cholera treatment guidelines are available at

[www.nicd.ac.za](http://www.nicd.ac.za) under the 'Diseases A-Z' tab