



Cholera Diagnosis and Case Management Summary



27 February 2023

There is an outbreak of cholera in South Africa. Cholera outbreaks in several African countries continue, (including Malawi, Mozambique, Zimbabwe and Zambia).

Healthcare workers throughout the country should be on high alert for suspected cholera cases, regardless of travel history

Cholera case definitions:

A suspected case of cholera:

- A person of any age with or dying from acute watery diarrhoea with or without vomiting

A confirmed case of cholera:

- Isolation of toxigenic *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 less commonly person to person. Healthcare workers attending to persons with suspected or confirmed cholera should observe strict contact precautions and hand hygiene.

Laboratory confirmation of cholera

1. Obtain specimen collection material from the laboratory (universal specimen container, swab etc).
2. If the laboratory is on-site, collect stool specimen in universal specimen container and submit immediately.
3. If a delay of >2 hours between specimen collection and processing at the laboratory is likely, obtain transport media from the laboratory (Cary-Blair transport media is recommended). Dip a swab into the stool specimen and place the swab into the bottle of Cary-Blair transport medium. Leave the swab in the bottle, close, and submit the bottle and original stool specimen to the lab. Refrigerate both if there is a delay in transport to the laboratory.
4. Mark specimen clearly: 'suspected cholera'.

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 (standard and contact precautions, including isolation where possible; see national guidelines on NICD website).
3. Assess the patient's level of hydration and manage fluid losses as appropriate (see national guidelines on NICD website).
4. Submit a stool specimen to the laboratory and label the specimen as 'suspected cholera'.
5. Notify the case as suspected cholera immediately.
7. All laboratories should send any *Vibrio cholerae* isolates to the NICD Centre for Enteric Diseases for further testing.

Managing a suspected cholera case

Rehydration is the mainstay of treatment.

1. Assess the degree of dehydration
2. Replace fluid and maintain hydration status based on the degree of dehydration (see national guidelines on NICD website)
3. Antibiotic therapy is recommended for hospitalised patients. Ciprofloxacin is currently the antibiotic of choice:

Paediatric dose:	Adult dose:
15 mg/kg po, 12 hourly for 3 days	500 mg po, 12 hourly for 3 days

4. Children <5 years of age should be given zinc supplementation
5. Patients 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. Don't prescribe anti-motility drugs (e.g. loperamide)
8. Isolate patient if possible and apply contact precautions

Cholera treatment guidelines, specimen collection guidance and updates are available at www.nicd.ac.za under the 'Diseases A-Z' tab.