NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

OUTBREAK OF CHOLERA IN SOUTH AFRICA: UPDATE AND ALERT FOR HEALTHCARE WORKERS

Centre for Enteric Diseases

National Institute for Communicable Diseases

27 February 2023

Update on the outbreak of cholera outbreak in South Africa

Note: cholera cases and outbreaks are defined and classified in accordance with the Global Task Force on Cholera Control guidance (https://www.gtfcc.org/wp-content/uploads/2023/02/gtfcc-public-health-surveillance-for-cholera-interim-guidance.pdf).

As at 27 February 2023, a total of six confirmed cases of cholera have been reported in Gauteng Province. No confirmed cases have been reported in other provinces. Isolates from all cases are identified as toxigenic *Vibrio cholerae* O1 serotype Ogawa, and are susceptible to ciprofloxacin.

The first three cases were imported or import-related cases following travel to Malawi. Cases 4 and 5 acquired infection locally; they had not travelled, had no links to imported cases or to each other, and don't reside or work in the same area. These two are classified as indigenous cases (Table 1). The sixth case is newly reported and under investigation.

Table 1. Confirmed cholera cases by origin of infection

Case number	Case classification	Comment
1	Imported case	Cases 1 and 2 were infected in Malawi. Case 3 is a close household contact of case 1 (has a direct link to imported case)
2	Imported case	
3	Import-related case	
4	Locally-acquired indigenous case	No history of local or international travel. No evidence of a direct link to an imported case.
5	Locally-acquired indigenous case	No history of local or international travel. No evidence of a direct link to an imported case.
6	Under investigation	

By definition, the detection of locally-acquired indigenous cholera cases is a confirmed cholera outbreak. There is an ongoing risk for imported cases following travel from other African countries experiencing cholera outbreaks, especially Malawi, Mozambique, Zambia and Zimbabwe; obtaining a travel history remains important. However, now that there is a confirmed outbreak, the detection of locally-acquired cases is critical for guiding public health investigations and interventions to interrupt transmission in the community.

All healthcare workers must consider cholera in any person with (or dying from) acute watery diarrhoea.

For cases of acute watery diarrhoea:

- **Collect a stool or rectal swab specimen and request culture for cholera (in addition to other microbiological tests as indicated). Where possible, collect specimens before antibiotic treatment is given.**
- **Notify the case as suspected cholera (do this immediately; don't wait for laboratory results)**

The mainstay of cholera treatment is fluid replacement. Mild to moderate cases may be treated with oral rehydration fluid. Severe cases require admission and intravenous administration of fluid. Antibiotic treatment (ciprofloxacin) is recommended for patients with moderate to severe dehydration, as it reduces disease severity and the risk of further transmission.

Communities are urged to drink water from safe water sources, ensure good hand hygiene before and after using the toilet, and before and after handling food.

Additional resources

Guidance on collection of specimens for cholera testing can be found here
The cholera diagnosis and case management summary can be found here
The national guidelines for cholera management and control can be found here