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.

**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 – don’t wait for lab confirmation.
6. All laboratories should send any *Vibrio cholerae* isolates to the NICD Centre for Enteric Diseases for further testing.

**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.

**Managing a suspected cholera case**

Rehydration is the mainstay of treatment.

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

<table>
<thead>
<tr>
<th>Paediatric dose:</th>
<th>Adult dose:</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 mg/kg (max 1g) po stat</td>
<td>1g po stat</td>
</tr>
</tbody>
</table>

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](http://www.nicd.ac.za) under the ‘Diseases A-Z’ tab.
**Treatment Flowchart for Cholera Cases**

Adapted from the Global Task Force on Cholera Control Cholera Outbreak Response Field Manual, October 2019

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**Suspected Cholera Case**

*Any person presenting with or dying from watery diarrhoea*

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**Step 1**

*Does patient fit case definition?*

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**Yes**

**Give IV Ringer’s Lactate**

- **<1 year of age**: over 6 hours
  - 1st 60 min: 30ml/kg
  - Next 5 hrs: 70ml/kg

- **>1 year of age**: over 3 hours
  - 1st 30 min: 30ml/kg
  - Next 2.5 hrs: 70ml/kg

**Reassess frequently (Every 15-30 min)**

**Reassess hydration status**

- Awake AND
- Able to drink AND
- Improved pulse strength

**Yes**

**Antibiotics***

- **Adults (including pregnant women)**
  - First line: Ciprofloxacin 1g p.o. single dose
  - Alternative: Azithromycin 1g p.o. single dose

- **Children <12 years**
  - First line: Ciprofloxacin 20 mg/kg (max 1g) p.o. single dose
  - Alternative: Azithromycin 20 mg/kg (max 1g) p.o. single dose

---

**No**

**SOME dehydration**

*At least two of the following:*

- Irritable or restless
- Skin pinch goes back slowly
- Sunken eyes
- Rapid pulse
- Thirsty (drinks eagerly)

**Give ORS and observe for 4 hours:** see table below OR can also calculate at 75 ml/kg over 4 hours + ongoing losses

**For first 4 hours:**

<table>
<thead>
<tr>
<th>Age</th>
<th>&lt;4 months</th>
<th>4-11 months</th>
<th>12-23 months</th>
<th>2-4 years</th>
<th>5-14 years</th>
<th>&gt;15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight (kg)</td>
<td>&lt;5</td>
<td>5-7.9</td>
<td>8-10.9</td>
<td>11-15.9</td>
<td>16-29.9</td>
<td>&gt;30</td>
</tr>
<tr>
<td>ORS (ml)</td>
<td>200-400</td>
<td>400-600</td>
<td>600-800</td>
<td>800-1200</td>
<td>1200-2200</td>
<td>2200-4000</td>
</tr>
</tbody>
</table>

**Yes**

**Consider discharge if patient:**

- Has no signs of dehydration
- Is able to take ORS without vomiting
- Has no watery stools for 4 hours
- Is able to walk without assistance
- Is passing urine

---

**NO dehydration**

*Awake and alert*

*Normal pulse*

*Normal thirst*

*Eyes not sunken*

*Skin pinch normal*

**Give ORS and observe for 4 hours**

**For first 4 hours:**

<table>
<thead>
<tr>
<th>Age</th>
<th>&lt;2 years</th>
<th>2-9 years</th>
<th>≥10 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORS (ml)</td>
<td>50-100</td>
<td>100-200</td>
<td>As much as wanted</td>
</tr>
</tbody>
</table>

**Yes**

**STEP 1**

*Does patient fit case definition?*

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**No**

**Manage as an outpatient**

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*Antibiotics are indicated for: all patients with severe dehydration; all patients requiring hospitalisation; patients with coexisting conditions (including pregnancy) or comorbidities (including HIV and SAM) regardless of degree of dehydration; and patients with high purging (at least one stool per hour during the first 4 hours of treatment) or treatment failure (the patient is still dehydrated after completing the initial 4 hours of rehydration therapy), regardless of the degree of dehydration.*

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*Consider discharge if patient:*

- Has no signs of dehydration
- Is able to take ORS without vomiting
- Has no watery stools for 4 hours
- Is able to walk without assistance
- Is passing urine

---

**Suspected Cholera Case**

*Any person presenting with or dying from watery diarrhoea*