

Healthcare workers throughout the country should be on high alert for suspected cholera cases.

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.

Cholera bacteria also can live in brackish (slightly salty) and coastal waters. Eating raw shellfish can cause cholera.

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 and submit immediately.
3. If a delay of >2 hours between specimen collection and laboratory processing is likely, obtain transport media from the laboratory (Cary-Blair media is recommended). Dip a swab into the stool specimen and place it into the bottle of Cary-Blair medium. Leave the swab in the bottle, close, and submit the bottle and original stool specimen to the lab. Mark specimen 'suspected cholera' Refrigerate both if there is a delay in transport to the laboratory.
4. Request 'MCS & cholera' testing (cholera is not included in routine 'MCS')

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 – do not wait for lab confirmation.
6. 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 and reassess the degree of dehydration frequently. Replace fluid and maintain hydration status based on the degree of dehydration (see next page)
2. Antibiotic therapy is recommended for hospitalised patients.
3. Ciprofloxacin is currently the antibiotic of choice:

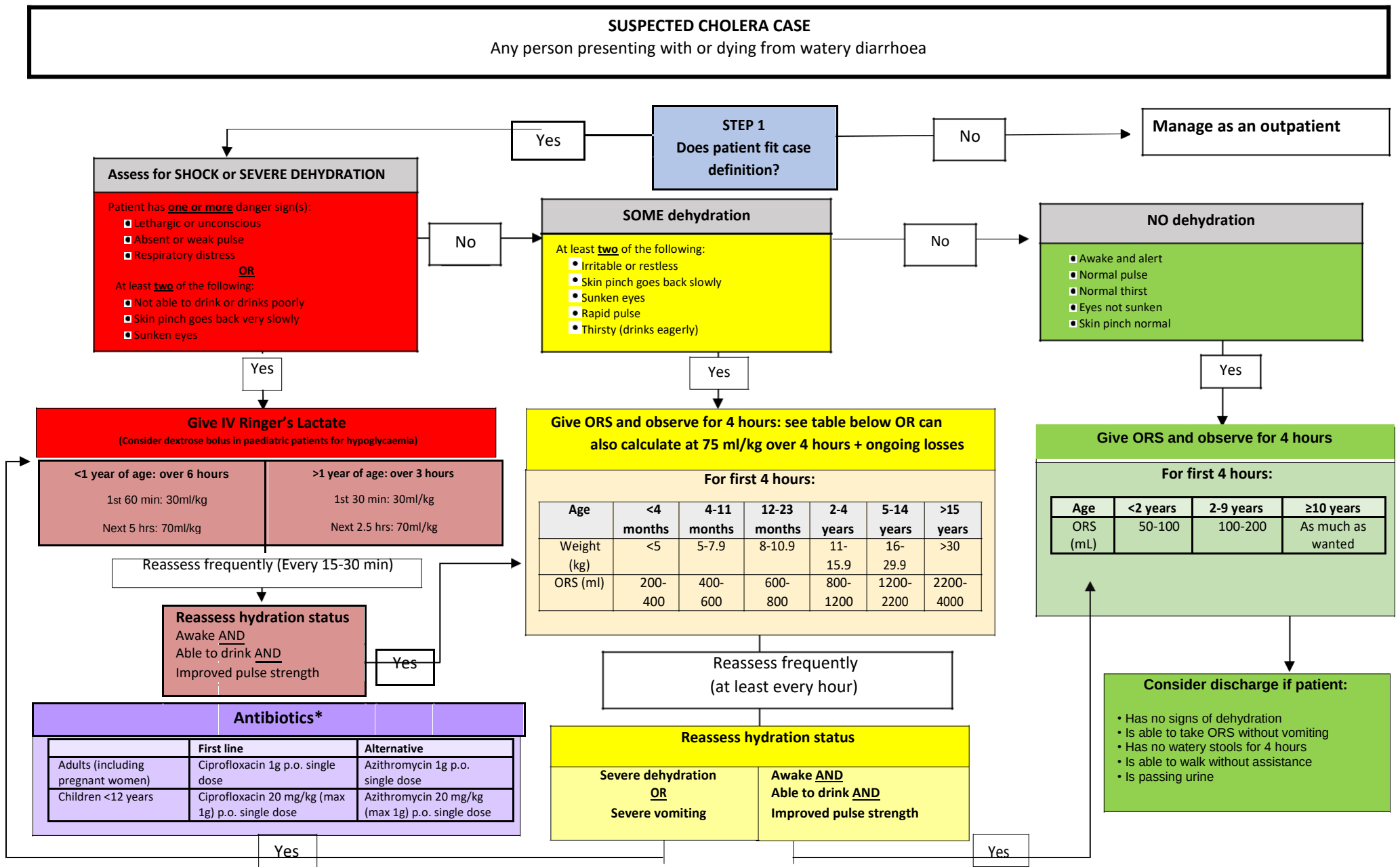
Paediatric dose:	Adult dose:
20 mg/kg (max 1g) po stat	1g po stat

4. Children <5 years of age should be given zinc supplementation. Patients should be fed as soon as they can tolerate food
5. Patients who are no longer dehydrated, can take ORS, and have decreased frequency of diarrhoea may be discharged. Don't prescribe anti-motility drugs (e.g. loperamide)
6. Isolate patient if possible and apply contact precautions

Cholera treatment guidelines, specimen collection guidance and updates are available at www.nicd.ac.za/diseases-a-z-index/cholera/

Treatment Flowchart for Cholera Cases

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



*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.