
Cholera

Frequently Asked Questions

1. What is cholera?

Cholera is an acute diarrhoeal disease caused by the bacterium *Vibrio cholerae*. It is capable of causing large outbreaks and epidemics as it spreads rapidly through contaminated water and food. Cholera outbreaks usually occur in the developing world and are associated with poor water, sanitation and hygiene infrastructure. Humans are the only reservoir for vibrio

2. What are the signs and symptoms of cholera?

The incubation period (the period from when the person ingests cholera-contaminated water/food to when they first become ill) ranges from a few hours to 5 days (usually 2 - 3 days). Most people infected with cholera will have a mild illness or not feel ill at all. Mild cholera presents as an acute diarrhoeal illness which can't easily be distinguished from other common causes of diarrhoea.

In its severe form, cholera typically presents as:

- profuse diarrhoea which is painless and watery, with flecks of mucus in the stool ("rice water" stools)
- vomiting may occur, usually early in the illness
- most people don't have a fever, although it may develop in children
- dehydration (thirst, weakness, muscle cramps, sunken eyes) occurs rapidly and if left untreated can be rapidly fatal

3. Who is at risk of getting cholera?

The people most at risk of getting infected with cholera are those who live in or travel to areas with unsafe drinking water and inadequate sanitation. Individuals living in crowded spaces are also at an increased risk of acquiring cholera. The elderly, infants and young children are most at risk of severe illness.

4. How is cholera spread?

People usually get cholera from drinking water or eating food that contains traces of faeces (stool) from someone that is infected with cholera. Therefore, water contaminated with human faeces is the most important

means of cholera transmission, either directly (through drinking contaminated water) or indirectly (through eating contaminated food). Cholera bacteria also can live in brackish (slightly salty) and coastal waters. Eating raw shellfish can cause cholera. Water can be contaminated at its source, during storage or during use.

Infection can result from eating food that was in contact with contaminated water, vegetables that were fertilised with human excreta (night soil) or "freshened" with contaminated water, as well as fish (particularly shellfish) sourced from contaminated water and eaten raw or is insufficiently cooked.

Soiled hands can also contaminate clean drinking water and food.

4. How is cholera treated?

Rehydration (replacement of lost body fluid) is the mainstay of treatment and is lifesaving. Mild and moderate cases of cholera can be managed with oral rehydration solution and continually reassessed for discharge or admission. Severely ill persons need to be admitted to hospital for intravenous fluid rehydration.

Antibiotics are recommended for all patients with severe dehydration and all patients requiring hospitalisation. Ciprofloxacin is currently the antibiotic of choice

Full treatment guidelines are available [here](#).

5. How do we prevent the spread of cholera?

In an outbreak, the best control measures are the early detection of cases and treatment of patients, coupled with health education. Hand washing is essential for all healthcare workers as well as community members. To respond quickly to a cholera outbreak and prevent deaths, health facilities must have access to adequate quantities of essential supplies, particularly oral rehydration solution and intravenous fluids.

Provision of potable (treated) water, improved sanitation, as well as health education are necessary to prevent the spread of cholera in the community.

Cholera vaccines are also used in certain outbreak situations.

6. What precautions should people take?

The community should be informed about sources of contamination and ways to avoid infection. Hand washing is vital in all community and health facility settings. Attention to sanitation can markedly reduce the risk of transmission of

cholera as well as other diarrhoeal diseases. This is especially true where lack of improved sanitation may lead to contamination of water sources. Basic principles of sanitary human waste disposal and the protection of water sources from faecal contamination should be prioritized.

- Use safe water. If people are concerned about the quality of water they use for drinking and cooking, it is recommended to treat the water first by boiling it (place water in a clean container and bring to a boil for 1 minute). Water can also be treated with household bleach (add 1 teaspoon of bleach containing 3 to 5% chlorine concentration to 20 litres of water, mix well and leave to stand for at least 30 minutes before use). Water should be stored covered in clean containers.
- Because contaminated food may also be a source of cholera infection, attention to food safety is an essential preventive measure to prevent faecal contamination of food by food handlers.

7. Useful information on cholera

- NICD Disease Index <https://www.nicd.ac.za/diseases-a-z-index/cholera/>
- WHO Health Topics <https://www.who.int/health-topics/cholera>
- Global Task Force on Cholera Control <https://www.gtfcc.org/>

For more information:

- Medical/clinical-related queries:
 - NICD Hotline 0800 212 552, outbreak@nicd.ac.za
- Laboratory-related queries: Centre for Enteric Diseases
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