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**CIRCULAR: CHOLERA GUIDANCE FOR PROFESSIONAL HEALTH WORKERS IN
HEALTH FACILITIES AND AT COMMUNITIES**

The country is currently experiencing an outbreak of Diarrhoeal diseases or gastrointestinal infection, and a rising number of laboratory-confirmed cases of Cholera. The most affected provinces are Gauteng and Free State. Outbreak response teams have been activated and response measures are underway in the affected provinces.

It is critical that health care workers are well informed of the diarrhoeal diseases and cholera situation and are able to manage cases appropriately.

The National Department of Health (NDoH) is committed to supporting the delivery of standardised, efficient care during the current outbreaks. This guidance has been developed by the NDoH in collaboration with the National Institute for Communicable Diseases (NICD), the various available documents and guidelines from the NDoH and the NICD. This guidance aims to reiterate in a summarised manner the important information for healthcare workers across the country for the diagnosis, management and notification of suspected cholera cases.

Regards,

**DR SSS BUTHELEZI
DIRECTOR-GENERAL OF HEALTH
DATE: 23 May 2023**

Background:

Cholera is an acute diarrhoeal disease caused by the ingestion of food or water contaminated with the bacterium, *Vibrio cholerae*. Outbreaks have been associated with two toxin-producing strains of *V. cholerae*, namely O1 and O139 Ogawa serotypes. Cholera outbreaks usually occur in developing countries and are associated with poor water, sanitation and hygiene infrastructures. South Africa and several neighbouring countries are currently experiencing ongoing cholera outbreaks.

The incubation period for cholera is short and ranges from a few hours to five days. Most people infected with *V. cholerae* will be asymptomatic, however, can still shed bacteria into the environment for up to 10 days after infection. The majority of symptomatic people will experience mild to moderate symptoms, however, some develop severe dehydration that can result in death within a few hours if left untreated.

Signs and symptoms of cholera include the following:

- sudden onset of illness
- diarrhoea which is profuse, painless and watery, with flecks of mucus in the stool ("rice water" stools)
- vomiting (not always present; usually occurs early in the illness)
- fever is not common, although may be present (usually in children)
- dehydration (occurs rapidly and if untreated can be fatal)

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.

All suspected cases should be notified immediately using the NMC website or mobile application (<https://mstrmobile.nicd.ac.za/nmc/>). Case Investigation Forms should also be submitted and can be accessed using the following link: https://www.nicd.ac.za/wp-content/uploads/2017/03/NICD_Cholera_CIF_Updated20181004_FINAL.pdf.

Healthcare workers attending to persons with suspected or confirmed cholera should observe strict contact precautions and hand hygiene, including isolation where possible.

Laboratory confirmation of cholera:

Cholera is not easy to distinguish from other causes of diarrhoea, so samples should be submitted for testing for anyone presenting with acute-onset of diarrhoea.

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'.

All laboratories should send any *V. 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.
2. Replace fluid and maintain hydration status based on the degree of dehydration (see Figure 1).
3. Antibiotic therapy is recommended for hospitalised patients. Ciprofloxacin is currently the antibiotic of choice:
 - Paediatric dose: 20 mg/kg (max 1g) po stat
 - Adult dose: 1g po stat
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.

Household management:*

In areas where water supplies may be contaminated, households should be taught water sanitisation techniques.

The simplest and most cost-effective method is chlorination of water in a storage container using household bleach:

1. Add one teaspoon (5 ml, or one capful if bottle has a screw cap) of household bleach to 20- 25 litres of water.
2. Thoroughly mix solution with the water and allow to stand for at least two hours (preferably overnight) before use.

Boiling is also effective, however, there is a potential for microbial re-growth if the boiled water is stored beyond 1 - 2 days. Filtration may be necessary in addition to boiling if the only water available contains much particulate matter:

1. Use a piece of clean white cloth to cover the opening of a 20-25 litre water container.
2. Pour water through the clean cloth into the container.
3. Clean the cloth and make sure it is always clean for future use.

* Adapted from NDOH National Guidelines for Cholera Control, 2014.

Comprehensive guidelines on management can be accessed using the following link: <https://www.nicd.ac.za/assets/files/2014%20SA%20Cholera%20Guidelines.pdf>.

For additional information please visit the NICD website (<https://www.nicd.ac.za/diseases-a-z-index/cholera/>) or contact the 24-hour NICD Clinician Hotline on 0800 212 552.

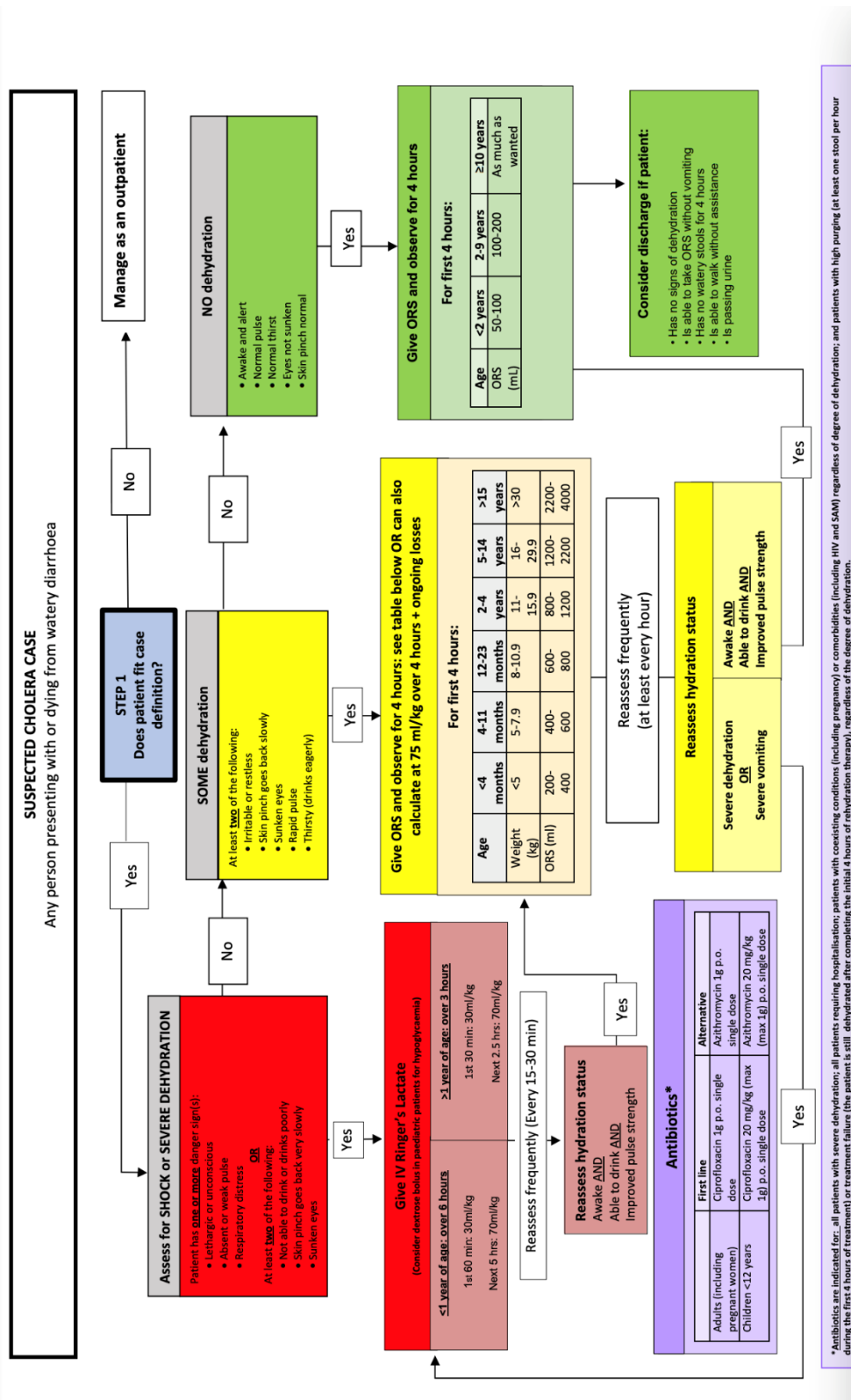


Figure 1. Management algorithm for suspected cholera cases