



## FREQUENTLY ASKED QUESTIONS: CHOLERA



### 1. What is cholera?

Cholera is an acute, intestinal disease caused by the bacterium *Vibrio cholerae*. The disease is characterised by watery diarrhoea (rice-water) that can quickly lead to severe dehydration and death if treatment is not promptly given. Vomiting also occurs in most patients.

### 2. What are the symptoms of cholera disease?

*V. cholerae* has a short incubation period, ranging from 1 to 5 days before symptoms appear. However, in the majority of cases, the infection is asymptomatic. When illness does occur, more than 90% of episodes are of mild or moderate severity and are difficult to distinguish clinically from other types of acute diarrhoea. Less than 10% of ill persons develop typical cholera with signs of moderate or severe dehydration.

Symptoms include:

- Nausea
- Vomiting
- Watery diarrhoea of rapid onset with 'rice appearance'
- Hypotension
- Death in 18 hours if treatment is not given promptly.

### 3. Why is cholera a health problem in South Africa and the world?

Throughout history, devastating outbreaks of cholera have resulted in millions of cases and hundreds of thousands of deaths. However, only 7 epidemics of cholera are recorded, with the first being in 1817 and originating from Asia. The latest outbreak of cholera started in Indonesia in 1961 and reached the African continent in the 1970s and South America in 1991, where by 1994 over 1 million cases and nearly 10 000 deaths had been recorded.

Globally, it is estimated that there are at least 120 000 deaths due to cholera annually, but because of underreporting due to surveillance difficulties and fear of economic and societal consequences, a lot of cholera cases are not recorded. The current cholera epidemic in South Africa started in 1997 and it originated from Mozambique. More than 300 000 cases have been recorded to date with 3901 culture confirmed cases for 2003. Most of the cases were from KwaZulu-Natal, Mpumalanga and Eastern Cape provinces of South Africa. However, the last confirmed cases of cholera in South Africa were in 2004.

#### **4. How is cholera transmitted?**

Cholera is transmitted by the faecal-oral route mainly through the ingestion of contaminated food and water.

#### **5. Who is at risk?**

Anyone is at risk of cholera infection, but there are certain groups who due to circumstances are more at risk than others and they include:

- Refugees
- Persons in areas with poor sanitation
- Travellers to cholera endemic regions
- Military personnel

#### **6. How do I know if I have or have had cholera disease?**

Cholera is a rapid onset disease with characteristic 'rice' watery diarrhoea appearing within 5 days. Confirmation of cholera can be done by the laboratory testing of stools from the infected individuals.

#### **7. What is the treatment following cholera infection?**

Treatment for cholera is about timing and the severity of the diarrhoea. Mild to moderate diarrhoea can be treated with oral rehydration salt solution, alone, but patients who become severely dehydrated must be given intravenous fluids. In severe cases, treatment must be administered promptly, as severe cholera diarrhoea has a case fatality rate of up to 50%, and this is reduced to less than 1% with prompt rehydration. An effective antibiotic can reduce the volume and duration of diarrhoea and the period of vibrio excretion. Tetracycline is the usual antibiotic of choice, but resistance to it is increasing. Other antibiotics that are effective against *V. cholerae* include cotrimoxazole, erythromycin, doxycycline, chloramphenicol and furazolidone.

#### **8. How is cholera prevented?**

When cholera appears in a community it is essential to ensure three things: hygienic disposal of human faeces, an adequate supply of safe drinking water, and good food hygiene.

Although vaccination as a means of preventing disease is the best public health intervention, the current cholera vaccines are only effective for a few years.

#### **9. Who should get the cholera vaccine?**

- Travellers to a cholera endemic country
- Persons living in condition where sanitation is poor and the risk of cholera is high.
- Refugees of a camp where the possible outbreak of cholera is high.

## **10. How and when is the cholera vaccine given?**

- Two doses are given by injection intramuscularly, 2 weeks apart for the parenteral vaccine.
- For the oral cholera vaccine, two doses are given 1 to 6 weeks apart.

## **11. Should HIV positive individuals be vaccinated?**

Both the parenteral and oral cholera vaccines can be given to HIV positive individuals.

## **12. What are the side effects of the cholera vaccine?**

Cholera vaccines are safe. The most common side effects are redness, swelling and pain at the site of injection. Less commonly, fever may occur for a short time after the vaccine has been administered.

### **Where to find us:**

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