## b Cholera awareness over December 2016 to January 2017

The NICD has received reports of cholera in the Masvingo Province, Zimbabwe, with a total of four confirmed cases by 19 November 2016. Cases were confirmed in Mwenezi District situated in southern Zimbabwe on the border with South Africa's Limpopo Province. As of 23 November 2016, there are no confirmed or suspected cases of cholera in South Africa. However, there is a high risk that travellers from the outbreak-affected areas may present with cholera in South Africa.

Healthcare workers countrywide should be on high alert for suspected cholera cases. The 2014 South African cholera guidelines define a <u>suspected</u> case of cholera as follows:

- In an area where cholera is not known to be present—a patient, irrespective of age, develops severe dehydration or dies from acute watery diarrhoea, or
- In an area where there is a cholera outbreak, a patient who develops acute watery diarrhoea with or without vomiting.

Any suspected case should be immediately notified by telephone to the local and provincial communicable disease control co-ordinator. Healthcare workers should ensure that stools or rectal swab specimens are collected from suspected cholera cases. Specimens should be sent in Cary-Blair transport medium to the laboratory with a specific request for cholera testing. All healthcare facilities, especially those in Limpopo Province, should have adequate resources for specimen collection (rectal swabs, specimen jars, specimen request forms), case management and a copy of the most recent cholera guidelines. Case management should include rehydration therapy according to dehydration assessment protocol. This is the most important lifesaving measure. South African cholera guidelines can be accessed on the NICD website: <a href="http://">http://</a> www.nicd.ac.za/?page=diseases a-z&id=73

**Source:** Division of Public Health Surveillance and Response, NICD-NHLS; Centre for Enteric Diseases, NICD-NHLS; (outbreak@nicd.ac.za)