

4 FOOD- AND WATER-BORNE DISEASES

Imported cholera

Cholera was confirmed in an adult female traveller returning from Accra, Ghana. She spent ten days in Accra and returned to South Africa (SA) on 26 July 2014. She presented with severe watery diarrhoea (typical rice-water stools), vomiting, headache and marked dehydration requiring hospital admission two days after returning home to Soshanguve, Gauteng Province. She had begun feeling ill two days before arriving in SA. *Vibrio cholerae* O1 serotype Ogawa was confirmed by conventional culture, followed by confirmation of the presence of the cholera enterotoxin and characterisation of the isolate as the El Tor biotype by molecular techniques. Molecular epidemiology (using PFGE analysis) showed that the strain originated in Western Africa.

The patient responded well to intensive fluid therapy and made an uneventful recovery after a week of inpatient treatment. The District Communicable Diseases Directorate responded promptly, and

no further cases were identified. The patient lives in a formal house with municipal water and water-borne sewerage.

Ghana is currently experiencing a cholera outbreak, with 878 cases and 15 deaths reported to date. There needs to be vigilance for further imported cases, since there is always a possibility that infected persons could introduce *Vibrio cholerae* into informal water supplies. Rehydration therapy remains the mainstay of treatment. The last outbreak of cholera in South Africa was in November 2008 to June 2009, and affected all nine provinces; the total number of laboratory-confirmed cases was >1 000, and clinical cases >12 000.

Source: Division of Public Health Surveillance and Response; Centre for Enteric Diseases (Bacteriology) NICD-NHLS; Vermaak en Vennote Pathologists; Disease Surveillance and Outbreak Response, City of Tshwane