

Focus on Cholera

Cholera is an infectious diarrhoeal disease caused by a bacterium called *Vibrio cholerae*. The first cholera pandemic originated in India in 1817. In South Africa, cholera was first reported in 1974, and the outbreaks in the country have been associated with importation from neighbouring countries, especially Zimbabwe and Mozambique. The last cholera outbreak in South Africa was triggered by imported cases from an outbreak in Zimbabwe during 2008. Over the years, cholera outbreaks and pandemics have occurred in countries associated with poor water, sanitation, and hygiene infrastructures. Although cholera has been eliminated from the Global North more than 150 years ago, the disease still affects over 2.86 million people and kills an estimated 95 thousand people annually. Currently, several cases of cholera have been confirmed in Gauteng, Free State and Limpopo provinces in South Africa. There are also deaths reported due to the cholera outbreak.



Who is at risk of getting cholera?

The people most at risk of contracting cholera are those who are exposed to unsafe drinking water, contaminated rivers or dams, poor sanitation, and inadequate hygiene.

What are the signs and symptoms of cholera?

The period from which the person is infected to when they fall sick can be from a few hours to as long as 5 days. Most people infected experience very mild illness or do not feel ill at all. Mild cholera presents as a diarrhoeal illness which cannot easily be distinguished from other common causes of diarrhoea.

How is cholera spread?

Cholera can be transmitted in the following ways:

- Drinking water contaminated by the cholera bacteria.
- Eating contaminated food such as vegetables that have been fertilised with human excreta or watered with contaminated water.
- Soiled hands can contaminate clean drinking water and food.

Severe cholera can present as follows:

- Sudden onset of ill health.
- Profuse painless watery diarrhoea, with flecks of mucus in the stool or “rice water” stools.
- Vomiting may occur early in the illness.
- No fever in adults, but children may develop a fever.
- Dehydration occurs rapidly and can lead to death if untreated.

How is cholera diagnosed?

A stool sample is the preferred specimen to confirm a diagnosis of cholera through laboratory analysis. If a stool sample cannot be collected, a rectal swab can still be taken to rule out cholera bacteria.

How is cholera treated?

Treatment depends on the severity of the condition. Mild cases can be managed at home, and an oral rehydration solution (ORS) can be taken to prevent dehydration. ORS can be prepared at home by boiling 1 litre of water, and then adding 8 level teaspoons of sugar and 1 level teaspoon of salt to the water. Individuals who are moderately or severely ill need to be admitted to the hospital for treatment.

How can you prevent the spread of cholera?

- Hand washing with soap and clean water before and after handling food and after using a toilet is necessary to reduce the risk of transmission of cholera as well as other diarrhoeal diseases. An alcohol-based hand sanitiser with at least 70% alcohol can be used if there is no soap and clean water.
- Food safety is important, and food must be thoroughly cooked to kill the bacteria. Cooking surfaces and items must be cleaned with soapy water.
- People are urged not to drink water from unsafe sources such as rivers, dams, and streams. In areas with unsafe water, water can be chlorinated using household bleach as follows:
 - Add one teaspoon (5 ml or one capful bleach bottle) of household bleach to 20 to 25 litres of water.
 - Thoroughly mix the bleach solution with the water and allow it to stand for at least two hours before use.
- Water can also be boiled, however, boiled water should be used within a day to avoid contamination of water when it is stored beyond 1 - 2 days.

What is covered as PMB level of care?

“Cholera” is a PMB condition under Diagnosis and Treatment Pair (DTP) code 338S. The treatment component specified for this DTP is “Medical management”. The medical schemes must pay for in and out-of-hospital consultations, tests, medicines, follow-up consultations and treatment in full if the services were obtained from a designated service provider (DSP).

In case of an emergency, healthcare services must be paid in full, even if a non-DSP was used. The healthcare practitioner must assist the member in completing the forms to register for PMB benefits which must be funded by the medical scheme from the risk-benefit. Funding of PMB claims from the Medical Savings Account (MSA) contravenes the Medical Schemes Act.

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