

Cholera - are we containing the crisis?

The last few months have witnessed a massive cholera epidemic in KwaZulu-Natal province. Also, cholera has recently been reported in Mpumalanga, North-West, Gauteng and Western Cape provinces. In the Northern province, an unusual number of patients with diarrhoeal disease have been reported, and at least one death confirmed as due to cholera at autopsy. As of 25 February 2001, the number of confirmed cholera cases and deaths reported in all provinces are as follows:

Province	Confirmed Cases	Number of deaths
Kwa-Zulu Natal	58 121	122
Gauteng	38	2
Mpumalanga	45	1
Northern Prov.	1*	1
North West	3	0
Western Cape	1	0
Free State, Eastern Cape and Northern Cape	no cases	no cases

Footnote: * = probably more cases
Source: Nagpal U (Communicable Disease Control, National Dept. of Health).

A common feature in the affected provinces has been that when secondary cases have occurred with epidemic spread, this has occurred in environments of extreme poverty, where clean water and adequate sanitation are unavailable. In developing settings, the *Vibrio cholerae* O1, El Tor biotype is known to be responsible for causing epidemic, life-threatening diarrhoea with a high proportion of asymptomatic cases and carriers compared to the Classic biotype¹. Usually the incubation period of *Vibrio cholerae* is between 24 and 72 hours after ingestion of the infectious agent, although this may extend up to five days. The acute onset of profound watery diarrhoea that follows is accompanied

by abdominal cramps that are typically not painful. This initial presentation of profound watery diarrhoea is usually explosive and easily leads to severe dehydration and death within hours of onset. The fact that South Africa and some of its neighbours are in the grip of devastating cholera outbreaks makes the article: "*Cholera – the grim reality of under-development*" appropriate at this time to equip family practitioners with the necessary information on how to deal with this problem. Past epidemics have demonstrated that cholera may persist for many years, decreasing markedly during the winter months and then escalating during summer. What this means is that South Africa and its neighbours are not yet out of the woods with cholera. There are a number of important points that all family practitioners should take note of in the management of cholera. These include the following:

- Cholera is a severe diarrhoeal illness which can lead rapidly to dehydration and death in a few hours if untreated
- The key to cholera management is appropriate and aggressive fluid replacement – not antibiotics
- The role of antibiotics in the management of cholera remains adjunctive i.e. only in the critically ill patient and given as a single oral dose ciprofloxacin (1gm stat)
- All cases of watery diarrhoeal illness associated with severe dehydration, particularly in people above five years of age, should be responded to as cholera until proven otherwise.

What this article on cholera in the *South African Family Practice* journal highlights are issues of its epidemiology, presentation and management, containment of outbreaks, risks to the traveller and the place of cholera vaccination. What is quite clear is that

epidemic cholera is an indicator of severe under-development.² The World Health Organisation has praised the efforts of the government in tackling the cholera epidemic in KwaZulu-Natal province through good case management. However, the key requirement for the control of cholera is to provide safe water and adequate sanitation for all. In a country where 80% of poor people have no running water and a higher proportion have no proper toilet, it is heartening that the sum of R55 million (R30 million from Water Affairs and R25 million from National Treasury) has been earmarked for water supply and sanitation provision for the rural areas of the country starting from April 2001. It must not be forgotten that those living in informal settlements around our towns and cities are also at risk of cholera outbreaks. Hence, it is imperative that all local government structures make the provision of safe water supply and adequate sanitation, a priority in their areas of governance. We trust that the readers will find this article informative and its content implementable in practice.

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