Appendix B: Provincial Case Definitions for Diseases of Public Health Significance

Disease: Cholera

Effective: February 2019
Cholera

1.0 Provincial Reporting
Confirmed and probable cases of disease

2.0 Type of Surveillance
Case-by-case

3.0 Case Classification

3.1 Confirmed Case
Laboratory confirmation of infection with clinically compatible signs and symptoms:
- Isolation of cholera toxin producing *Vibrio cholerae* (*V. cholerae*) serovar O1 or O139 from an appropriate clinical specimen (i.e., stool).

3.2 Probable Case
- Clinically compatible signs and symptoms in a person with an epidemiologic link to a laboratory-confirmed case.
  OR
- Detection of *V. cholerae* by nucleic acid amplification testing (NAAT) from an appropriate clinical specimen (see above).

4.0 Laboratory Evidence

4.1 Laboratory Confirmation
The following will constitute a confirmed case
- Positive culture for toxigenic *V. cholerae

4.2 Approved/Validated Tests
- Standard culture for *V. cholerae*
- NAAT for *V. cholerae*
- Serotyping for O antigen

4.3 Indications and Limitations
- Toxigenicity of *V. cholerae* isolates should be established.
- Further strain characterization, including antibiotic susceptibility testing, is indicated for epidemiological, public health and control purposes.

5.0 Clinical Evidence
Clinically compatible signs and symptoms of illness are characterized by mild or moderate diarrhea in roughly 90% of individuals. In 5-10% of cases, infected individuals develop severe, watery diarrhea and/or vomiting. Stools are typically colourless with
flecks of mucous referred to as “rice water” diarrhea. The resulting loss of fluids in an infected individual can rapidly lead to severe dehydration. If not treated, death can occur within hours.

6.0 ICD 10 Code(s)

A00 Cholera

7.0 Sources


8.0 Document History

Table 1: History of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Document Section</th>
<th>Description of Revisions</th>
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<tr>
<td>January 2014</td>
<td>General</td>
<td>New template.</td>
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<tr>
<td></td>
<td></td>
<td>Section 9.0 Document History added.</td>
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<tr>
<td>January 2014</td>
<td>3.1 Confirmed Case</td>
<td>Removal of vomitus as an appropriate clinical specimen.</td>
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<td>Addition of the second bullet point: “Detection of V. cholerae by nucleic acid amplification testing (NAAT) from an appropriate clinical specimen”.</td>
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<tr>
<td>January 2014</td>
<td>4.1 Laboratory Confirmation</td>
<td>Addition of second bullet point: “Positive NAAT for V. cholera”.</td>
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<tr>
<td>January 2014</td>
<td>4.2 Approved/Validated Tests</td>
<td>Addition of second bullet point: “NAAT for V. cholera”.</td>
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<tr>
<td>January 2014</td>
<td>8.0 Sources</td>
<td>Updated.</td>
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<tr>
<td>February 2019</td>
<td>General</td>
<td>Minor revisions were made to support the regulation change to Diseases of Public Health Significance. Detection of <em>V. cholerae</em> by nucleic acid amplification testing (NAAT) from an appropriate clinical specimen moved from a confirmed case to probable.</td>
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