

# 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

Centers for Disease Control and Prevention. National Notifiable Disease Surveillance System: Cholera (*Vibrio cholerae* O1/O139) - 1996 Case Definition [Internet]. Atlanta, GA: U.S. Department of Health & Human Services; 1996 [cited June 5, 2018]. Available from: <https://wwwn.cdc.gov/nndss/conditions/cholera/case-definition/1996/>

Heymann DL, editor. Control of Communicable Diseases Manual. 20 ed. Washington, D.C: American Public Health Association; 2015.

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Cholera: Information for Clinicians, December 1, 2010. Toronto, ON: Queen's Printer for Ontario; 2010. Available from: <http://govdocs.ourontario.ca/node/6892>

Public Health Agency of Canada. Cholera. In: Case Definitions for Communicable Diseases under National Surveillance. Canada Communicable Disease Report. 2009;35S2.

## 8.0 Document History

**Table 1: History of Revisions**

Revision Date	Document Section	Description of Revisions
January 2014	General	New template. Section 9.0 Document History added.
January 2014	3.1 Confirmed Case	Removal of vomitus as an appropriate clinical specimen. Addition of the second bullet point: “Detection of <i>V. cholerae</i> by nucleic acid amplification testing (NAAT) from an appropriate clinical specimen”.
January 2014	4.1 Laboratory Confirmation	Addition of second bullet point: “Positive NAAT for <i>V. cholera</i> ”.
January 2014	4.2 Approved/ Validated Tests	Addition of second bullet point: “NAAT for <i>V. cholera</i> ”.
January 2014	8.0 Sources	Updated.

<b>Revision Date</b>	<b>Document Section</b>	<b>Description of Revisions</b>
February 2019	General	<p>Minor revisions were made to support the regulation change to Diseases of Public Health Significance.</p> <p>Detection of <i>V. cholerae</i> by nucleic acid amplification testing (NAAT) from an appropriate clinical specimen moved from a confirmed case to probable.</p>

