One-Minute Workout Cholera in SA

We have done some research on the cholera epidemic in SA and, relying on data compiled by the World Health Organization (WHO), compared the local epidemic with some international trends. The results are surprising.

SA history

- SA had its last cholera epidemic in the Eighties, running from 1981 to 1984. Some 36 000 cases were reported, with 362 deaths -- a fatality rate of 1%.
- In the current epidemic, a total of 76 285 cases have been reported up to 23 March 2001, with 149 deaths. This renders a fatality rate of 0,2% -- or 0,195%, to be precise. By June 2001 the total number of cases have increased to 100'697 and 209 people have died. The death rate remains 0,2%.
- The much lower fatality rate suggests that SA is now more successful in curbing fatalities from this disease.
- A lack of water and sanitation are the most important contributory causes of cholera. R7,5 million has been made available in the previous fiscal year for water supplies and sanitation; with a further R25 million in the current fiscal year, as from 1 April 2001.

International comparisons

- Internationally, the incidence of cholera is on the rise. In 1999 the number of cholera cases worldwide doubled from the previous year. SA did not experience a big increase in 1999, but numbers did rise at a rapid rate in 2000. The WHO refers to the current outbreak as the world's 7th cholera pandemic.
- The SA fatality rate of 0,2% compares with the rate of 1,27% registered in 1999 in Latin America, where Brazil

had the highest death rate at 2,57% and Venezuela the lowest at 1,06%.

 In Asia the overall death rate in 1999 was 0,87%. The lowest was in Singapore with no deaths from eleven reported cases; and the highest, 7,6%, was in Cambodia. India recorded 0,16% -- lower than in SA.

Conclusions

- SA appears to be handling the current crisis relatively well, given the lower fatality rate despite a higher incidence of the disease.
- Efforts to provide free water and sanitation should contribute to current efforts to contain the disease.

First published on 3 April 2001 by BoE Private Clients.