

South African provinces gripped by cholera epidemic

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The cholera epidemic that has been raging in the rural areas of eastern KwaZulu-Natal for nearly six months threatens to spread to other South African provinces. Since August 2000, 57 people have died from the disease and over 14,000 have been infected. The rate of infection has accelerated dramatically with the onset of the rainy season. Nearly 500 new cases were reported between December 31 2000 and January 1 2001, and the rate of infection continues to rise.

Health authorities fear holidaymakers and migrant workers leaving KwaZulu-Natal province at the end of the Christmas break may spread the disease to other areas of the country. Three provinces, Gauteng, Mpumalanga and the Free State have been placed on "full alert" and response teams have been set up in all nine provinces in case the disease spreads.

According to the January 5 *Mail and Guardian*, there have already been reports of the disease in Gauteng, Mpumalanga and neighbouring Swaziland, with local hospitals admitting up to five new patients a day, and six people have died.

In Mpumalanga, health authorities have warned local villagers not to use water from the Elands and Crocodile rivers, following indications that they are contaminated with human sewage containing the cholera bacterium. But villagers living on the banks of the Elands, with no fresh water, no sewerage system and no local clinic, depend on the river for their drinking water.

Hospitals are making efforts to resolve the crisis, setting up special isolation wards, clinics and re-hydration centres. Although the "El Tor" strain of the disease involved is not as deadly as some others, with a mortality rate of two percent or less, it is highly infectious and does not always present symptoms. According to Professor Willem Sturm of the

microbiology department at the University of Natal, the number of people carrying the disease could be much higher than the number of cases reported. People who do not know they have cholera may be going about their normal daily lives, unwittingly spreading the infection through their contact with water sources and food.

Even when patients know they are infected, some are afraid to stay away from work for fear of losing their jobs. In November, the *Mail and Guardian* reported that one patient only agreed to be admitted to the Somdumbili clinic after he had gone to his employer with a drip in his arm, to explain his absence from work.

The present epidemic is an indictment of the ANC government in power in South Africa for the past six years. Universal access to clean water has been an ANC guarantee in every election manifesto since 1994.

In the rural areas of KwaZulu-Natal and many other regions of the country, millions of people continue to live in impoverished and unsanitary conditions without access to fresh water or adequate sewage provisions. Whole communities are forced to rely on rivers and streams for their drinking water.

Even where clean water is available, the government has exacerbated the problem by introducing water charges. Families that cannot afford the charges try to save money by continuing to get their water from contaminated sources.

Cholera first appeared in Europe in 1832, when an epidemic swept across the continent killing 31,000 in Britain alone. It spread rapidly in cities like London, Liverpool and Manchester, where workers and their families were crowded into single rooms or lived underground in the cellars. Their dwellings had no drains, or, even worse, had drains that leaked into the

water supply. Another epidemic struck in 1848, forcing the authorities to finally undertake major public health reforms.

The last major epidemic in England was in 1866, which was part of a pandemic that also affected Europe, Asia, Africa and the United States. Today the disease is now endemic on the African continent, with epidemics occurring in poverty stricken regions like KwaZulu-Natal, areas suffering from the ravages of war like Rwanda and Sierra Leone, or from floods as in Mozambique.

The South African government has promised to release extra funds to improve sanitation in KwaZulu-Natal, and the World Health Organisation has agreed to bring in experts to provide advice. But these short-term measures will do nothing to ensure the necessary conditions to prevent future outbreaks. If the present epidemic spreads to the major townships, where millions of workers and their families live in wretched and unsanitary conditions, a major health disaster could ensue.



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