A cholera outbreak was reported in Yemen on 27 April, 2017. Since then, according to WHO the number of acute watery diarrhea or reported suspected cholera cases has increased to reach over 42,207, including 420 deaths between 27 April 2017 and 24 May 2017, and the infection rate is rising quickly. The outbreak has affected 18 districts with more than half of the total cases reported in Sana’a City (Amanat Al-Asimah), Hajjah, Amran and Sana’a governorates. A state of emergency has been declared in the governorate. In Yemen, officials estimate that only 45% of health facilities are currently functioning; moreover, healthcare workers are going unpaid for more than half a year. Less than 7 million people are one step short of famine.

In Somalia, since the beginning of the year, according to WHO, the number of suspected or confirmed cases has been more than 40,000 with 693 deaths. In the same period in Ethiopia there have been more than 33,000 cases of acute watery diarrhea and 776 deaths.

Yemen has been contending with an outbreak of cholera since October 2016. This second wave is likely the effect of the rainy season in late April, which may have spread contaminated water, but according to WHO a new and more virulent strain of the cholera, perhaps originating in Somalia or Ethiopia, cannot be ruled out. Cholera is endemic in Somalia, but the recent recrudescence could be the effect of a drought that began in October 2016, creating widespread shortage of food and clean drinking water. WHO epidemiologists say that the severity and extent of the current outbreak is unprecedented reaching 75% of the country.

Clinicians should be aware that travellers from these countries should be investigated for cholera if presenting with acute, watery diarrhoea.

Nicola Petrosillo & Eskild Petersen
For the ESCMID Task Force for Emerging Infections