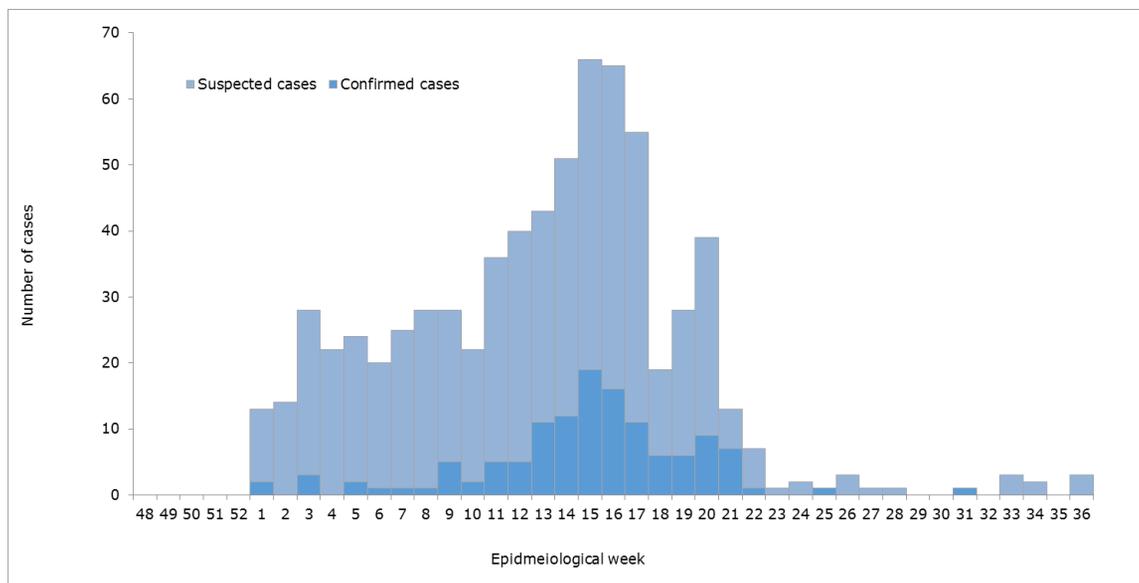


# Zika-Epidemiological Report

## Bolivia (Plurinational State of)

3 November 2016

**Figure 1.** Confirmed and suspected Zika cases by epidemiological week (EW). Bolivia. EW 48 of 2015 to EW 36 of 2016.



Source: Data published by the Bolivia Ministry of Public Health and reproduced by PAHO/WHO

### FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

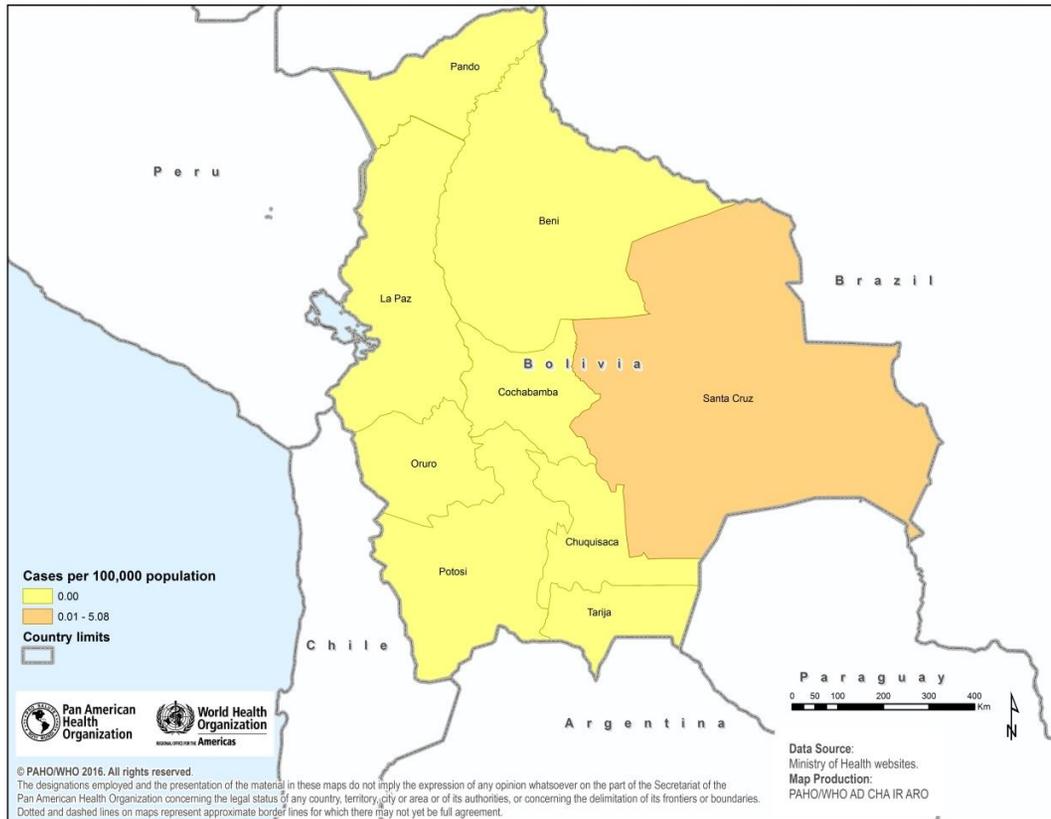
In epidemiological week (EW) 2 of 2016, the Bolivia International Health Regulations (IHR) National Focal Point (NFP) notified PAHO/WHO of the detection of the first autochthonous vector-borne case of Zika virus disease.

### GEOGRAPHIC DISTRIBUTION

As of EW 36 of 2016, autochthonous cases were confirmed in one department, Santa Cruz, out of the 10 departments in the country (**Figure 2**).<sup>1</sup> However, suspected cases have been detected in Beni, Chuquisaca, La Paz, Pando, and Tarija. In Santa Cruz Department, 91% of the laboratory-confirmed cases were reported from the city of Santa Cruz de la Sierra, and the remaining cases were reported from Andres/Banez, Cordillera, Obsipo Santistevan, Velasco, and Sara.<sup>1</sup>

<sup>1</sup> Reported to PAHO/WHO by the Bolivia Ministry of Health during a field mission.

**Figure 2.** Confirmed Zika cases per 100,000 population by department. Bolivia. EW 52 of 2015 to EW 36 of 2016.



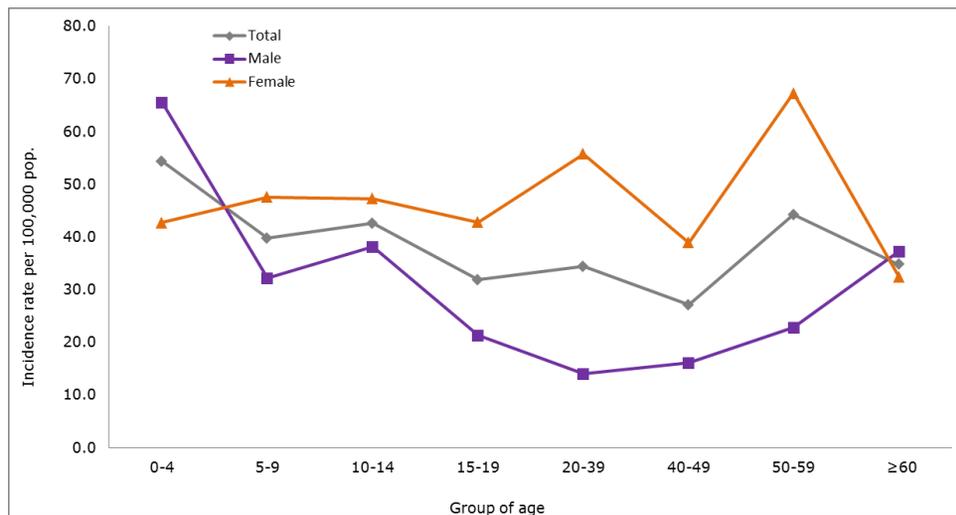
Source: Data provided by the Bolivia Ministry of Health and reproduced by PAHO/WHO

## TREND

At the beginning of 2016, the number of suspected and laboratory-confirmed Zika cases in Bolivia increased, and peaked in EW 15 of 2016. Since then, weekly numbers of cases have gradually decreased (**Figure 1**).

There is a preponderance of females among suspected Zika cases in Bolivia for all age groups, except for the groups aged 0-4 years and  $\geq 60$  where the incidence rate is higher among males (**Figure 2**). The highest incidence rate is observed in females aged 50-59 years (67 cases per 100,000 population), followed by females aged 20-29 years (56 cases per 100,000).

**Figure 2:** Incidence rate of suspected Zika cases by sex and age group. Bolivia. EW 1 to 36 of 2016.

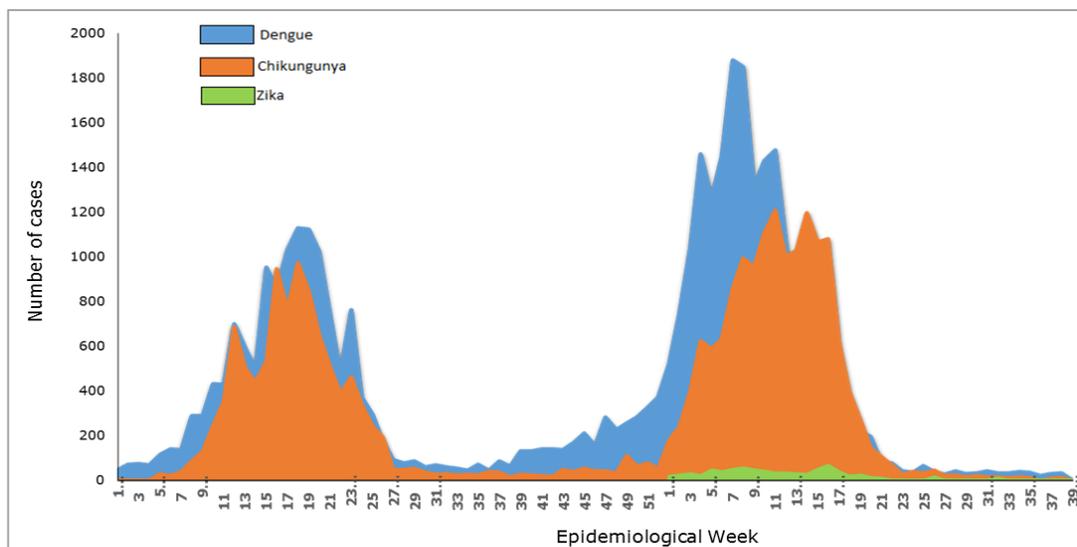


Source: Data published by the Bolivia Ministry of Health as of EW 36<sup>1</sup> and reproduced by PAHO/WHO

## CIRCULATION OF OTHER ARBOVIRUSES

Between EW 1 and EW 52 of 2015, a total of 27,013 suspected dengue cases were reported compared to the 20,713 suspected cases already reported between EW 1 and EW 39 of 2016.<sup>1</sup> At the peak in EW 7 of 2016, the number of suspected dengue cases was 67% higher than the peak in EW 21 of 2015 (**Figure 3**). In 2016, the departments reporting the highest number of suspected dengue cases are Santa Cruz, Tarija and Beni respectively.

**Figure 3.** Dengue, chikungunya and Zika cases by EW. Bolivia. EW 1 of 2015 to EW 39 of 2016.



Source: Data provided by the Bolivia Ministry of Health and reproduced by PAHO/WHO

From EW 1 to EW 39 of 2016, a total of 15,068 suspected chikungunya cases were reported, which represents an increase compared to the 10,428 suspected cases reported throughout 2015.<sup>1</sup>

## ZIKA VIRUS DISEASE IN PREGNANT WOMEN

Between EW 1 and 36 of 2016, a cumulative total of 57 confirmed cases of Zika virus infection in pregnant women were reported in Bolivia, all from the department of Santa Cruz.<sup>1</sup>

## ZIKA COMPLICATIONS

### ZIKA-VIRUS-ASSOCIATED GUILLAIN-BARRÉ SYNDROME (GBS)

As of EW 44 of 2016, no cases of Zika-virus-associated Guillain-Barré syndrome (GBS) or other neurological syndromes have been reported by the Bolivia health authorities.<sup>2</sup>

### CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 44, the Bolivia Ministry of Health (MoH) reported three laboratory-confirmed cases of microcephaly associated with Zika virus infection from Santa Cruz Department, the first cases in the country.<sup>2</sup>

### DEATHS AMONG ZIKA CASES

As of EW 44 of 2016, no deaths among Zika cases have been reported the Bolivia health authorities.<sup>2</sup>

## NATIONAL ZIKA SURVEILLANCE GUIDELINES

No information is available on the national guidelines for Zika surveillance.

## LABORATORY CAPACITY

The diagnosis of Zika virus is performed by molecular detection (real time RT-PCR) at the *Centro Nacional de Enfermedades Tropicales* (CENETROP), Ministry of Health. For its diagnoses, CENETROP also uses serologic testing based on ELISA assays (IgM).

## INFORMATION-SHARING

At the time of this report, the latest information shared by the Bolivia Ministry of Health to PAHO/WHO was from EW 36 of 2016.

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<sup>2</sup> Bolivia Ministry of Health. Press release. 2 November 2016. <https://www.minsalud.gob.bo/1774-santa-cruz-ministerio-de-salud-confirma-tres-casos-de-zika-en-recien-nacidos>