Pan American Health Organization
World Health Organization
Regional Office for the Americas

Zika cases and congenital syndrome associated with Zika virus reported by countries and territories in the Americas, 2015 - 2017
Cumulative cases

Data as of 27 July 2017 2:00 PM EST

Country/Territory	Autochthonous cases[a]		Imported cases	Incidence Rate[b]	Deaths among Zika cases[c]	Confirmed congenital syndrome associated with Zika virus infection[d]	Population X 1000[e,f]
	Suspected	Confirmed					
North America							
Bermuda	0	0	6	*0.00*	0	0	71
Canada	0	0	507	*0.00*	0	1	36,284
United States of America[1]	0	225	5,071	*0.07*	0	91	325,296
Subtotal	***0***	***225***	***5,584***	***0.06***	***0***	***92***	***361,651***
Latin America and the Caribbean							
Latin America							
Mexico[2]	0	9,125	15	7.09	0	6	128,624
Central American Isthmus							
Belize[3]	1,624	248	0	504.58	0	0	371
Costa Rica	6,737	1,859	32	176.11	0	6	4,881
El Salvador[4]	11,589	51	0	189.36	0	4	6,147
Guatemala[5]	3,727	966	0	28.15	0	140	16,674
Honduras	32,130	302	0	396.00	0	4	8,190
Nicaragua	0	2,060	3	33.31	0	2	6,184
Panama[6]	4,307	964	42	132.11	0	9	3,990
Subtotal	***60,114***	***6,450***	***77***	***143.34***	***0***	***165***	***46,437***
Latin Caribbean							
Cuba	0	187	58	1.64	0	0	11,392
Dominican Republic[7]	4,911	345	0	49.08	0	93	10,708
French Guiana[8,9]	10,500	483	10	3979.35	0	1	276
Guadeloupe[8,10]	30,845	382	0	6615.89	0	5	472
Haiti[11]	2,955	5	0	27.12	0	1	10,916
Martinique[8,11]	36,680	21	0	9267.93	0	7	396
Puerto Rico[14]	0	40,421	137	1098.10	5	44	3,681
Saint Barthelemy[8]	990	61	0	10510.00	0	0	10
Saint Martin[8,12]	3,280	200	0	9666.67	0	1	36
Subtotal	***90,161***	***42,105***	***205***	***349.11***	***5***	***152***	***37,887***
Andean Area							
Bolivia (Plurinational State of)[13]	2,492	782	4	29.84	0	14	10,971
Colombia[14]	98,408	9,802	0	222.43	0	179	48,650
Ecuador[17]	3,842	1,848	15	34.47	0	5	16,506
Peru[18]	6,398	1,425	22	24.47	0	0	31,970
Venezuela (Bolivarian Republic of)[19]	59,965	2,413	0	197.91	0	0	31,518
Subtotal	***171,105***	***16,270***	***41***	***134.21***	***0***	***198***	***139,615***
Brazil[20]	218,931	135,740	0	169.25	11	2,775	209,553
Southern Cone							
Argentina[21]	869	138	40	2.29	0	2	44,060
Chile	0	0	34	0.00	0	0	18,131
Paraguay[22]	655	16	0	9.98	0	2	6,725
Uruguay	0	0	1	0.00	0	0	3,444
Subtotal	***1,524***	***154***	***75***	***2.32***	***0***	***4***	***72,360***
Non-Latin Caribbean							
Anguilla	31	23	1	317.65	0	0	17
Antigua and Barbuda	465	14	2	509.57	0	0	94
Aruba[23]	1,208	703	7	1676.32	0	0	114
Bahamas[24]	440	25	3	117.72	0	0	395
Barbados[25]	705	150	0	292.81	0	1	292
Bonaire, St Eustatius and Saba[26]	235	437	0	2688.00	0	0	25
Cayman Islands	232	31	10	453.45	0	0	58
Curacao[27]	4,476	2,049	0	4379.19	0	0	149
Dominica	1,154	79	0	1666.22	0	0	74
Grenada[28]	335	118	0	408.11	0	2	111
Guyana	0	37	0	4.79	0	0	773
Jamaica[29]	7,650	203	0	279.67	0	0	2,808
Montserrat	18	5	0	460.00	0	0	5
Saint Kitts and Nevis	554	33	0	1107.55	0	0	53
Saint Lucia	822	50	0	528.48	0	0	165
Saint Vincent and the Grenadines	528	83	0	579.41	0	0	102
Sint Maarten (Dutch part)[30]	253	149	0	957.14	0	0	42
Suriname	2,768	724	0	637.23	4	4	548
Trinidad and Tobago	0	718	1	52.52	0	3	1,367
Turks and Caicos Islands	200	25	3	432.69	0	0	52
Virgin Islands (UK)	74	53	0	362.86	0	0	35
Virgin Islands (US)[31]	1,151	1,022	2	2109.71	0	0	103
Subtotal	***23,279***	***6,731***	***29***	***406.53***	***4***	***10***	***7,382***
TOTAL	**565,114**	**216,800**	**6,026**	**77.92**	**20**	**3,402**	**1,003,509**

SOURCE: Cases reported by the IHR National Focal Points to the WHO IHR Regional Contact Point for the Americas and through the Ministry of Health websites, 2016-17

NOTES: Data is shared in an effort to transparently disseminate available information reported by Member States. Any subsequent interpretation and analysis of this data should consider differences in surveillance systems and reporting requirements. Information may change as Member States review and integrate retrospective data.

[a] PAHO/WHO Case definitions for suspected and confirmed Zika cases is available at: http://www.paho.org/hq/index.php?option=com_content&view=article&id=11117&Itemid=41532&lang=en

[b] Incidence rate (autochthonous suspected + autochthonous confirmed) / 100,000 pop.

[c] Deaths among Zika cases do not include deaths related to Guillain-Barré syndrome (GBS) or congenital malformations associated with Zika virus infection. As of 12 May 2016, previously reported deaths related to GBS were removed from this total.

[d] Confirmed congenital syndrome associated with Zika virus infection case definition: Live newborn who meets the criteria for a suspected case of congenital syndrome associated with Zika virus AND Zika virus infection was detected in specimens of the newborn, regardless of detection of other pathogens. Case definitions for congenital syndrome associated with Zika virus infection is available at: http://www.paho.org/hq/index.php?option=com_content&view=article&id=11117&Itemid=41532&lang=en

[e] Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects: The 2015 Revision, http://esa.un.org/unpd/wpp/index.htm, July 2015. Processed and revised by PAHO. Population by Sex and Age range for Countries and Territories of Americas 2017. http://www.paho.org/data/index.php/en/indicators/demographics-core/106-cat-data-en/336-poblacion-reg-en.html?showall=&limitstart Accessed on January 26, 2017.
International Programs Center, Population Division, U.S. Census Bureau. IDB Release Date: December 2013.
http://www.paho.org/data/index.php/en/indicators/demographics-core/106-cat-data-en/336-poblacion-reg-en.html?showall=&limitstart Accessed on January 26, 2017.
Population source for Saint Barthelemy and Saint Martin available for 2016 (updated 31 December 2016) available at: Journal official de la République Francaise. https://www.legifrance.gouv.fr/jo_pdf.do?id=JORFTEXT000033748679 Accessed on January 26, 2017.
Population source for Bonaire, Sint Eustatius and Saba for 2015 (updated 29 November 2016 available at: Caribisch Nederland; bevolkingsontwikkeling, geboorte, sterfte, migratie - 29 November 2016
http://statline.cbs.nl/StatWeb/publication/?DM=SLNL&PA=80539ned&DL=0-1,9-10&D2=a&D3=a&HDR=T&STB=G1,G2&CHARTTYPE=1&VW=T Accessed on January 26, 2017.

[f] For countries and territories which reported their first Zika case in 2015, the population is based on the average between 2015-2017. For countries and territories which reported their first Zika case in 2016, the population is based on the average between 2016-2017. For countries and territories which did not report Zika cases between 2015-2017, the population is based on the average between 2015-2017.

[1] Confirmed cases in the United States of America include one laboratory acquired case. On 11 July 2017, 8 pregnancy losses with birth defects were reported. Available at: http://www.cdc.gov/zika/geo/united-states.html

[2] http://www.gob.mx/salud/prensa/050-primer-caso-de-microcefalia-asociado-con-zika

[3] In the previous Zika update from the Belize Ministry of Health on 8 May 2017, a total of 1,294 suspected and 206 confirmed cases were notified to PAHO/WHO (EW 2 of 2016 to EW 18 of 2017). On 14 July 2017, the Belize Ministry Health notified PAHO/WHO of 1,624 suspected cases and 248 confirmed cases distributed between epidemiological week (EW) 2 of 2016 and 27 of 2017, of which 802 suspected cases and 166 confirmed cases correspond to new cases notified between EW 1 and 27 of 2017.

[4] After retrospective review, laboratory-confirmed cases was adjusted by the El Salvador IHR National Focal Point as of 25 August 2016.
As of 30 June 2017, the number of suspected cases decreased based on the modification by the El Salvador Ministry of Health

[5] In the previous Zika update from the Guatemala Ministry of Public Health on 20 March 2017, a total of 59 cases of confirmed congenital syndrome associated with Zika virus infection were notified to PAHO / WHO (EW 32 of 2015 to EW 9 of 2017). On 25 May 2017, the Guatemala Ministry of Public Health notified 140 cases of confirmed congenital syndrome associated with Zika virus infection to PAHO/WHO (EW 32 of 2015 to EW 19 of 2017), of which 59 cases were newly reported cases between EW 14 and EW 18 of 2017.

[6] Note the total confirmed cumulative cases published on 29 June and 6 July 2017 had included 42 imported confirmed cases reported by the Panama Ministry of Health. Those imported cases are no longer included in the current cumulative total.

[7] As of 19 May 2017, the Dominican Republic Ministry of Public Health reported 39 additional confirmed cases of congenital syndrome associated with Zika virus infection, resulting in a cumulative total of 93 cases. The majority of these additional cases were detected during epidemiological week (EW) 48 of 2016. http://digepisalud.gob.do/docs/Boletines%20epidemiol%C3%B3gicos/Boletines%20semanales/2017/Bolet%C3%ADn%20Semanal%2017-2017.pdf

[8] The reported number of suspected cases of Zika are estimates. According to Santé publique France, the estimated number of suspected cases is the sum of the number of visits recorded by the Decentralized Centers of Prevention and Care (CDPS) and the estimated number of people who consulted a general practitioner for this purpose. The estimate is based on data collected by the sentinel physician network.

[9] In addition to the one reported case of congenital syndrome, on 9 June 2017, Santé publique France reported 18 fetuses with cerebral malformations of mothers infected with Zika.

[10] In addition to the 5 reported cases of congenital syndrome, on 8 June 2017, Santé publique France reported 16 fetuses with cerebral malformations of mothers infected with Zika.

[11] In addition to the 7 reported cases of congenital syndrome, on 8 June 2017, Santé publique France reported 22 fetuses with cerebral malformations of mothers infected with Zika.

[12] The case reported by Santé publique France corresponds to a fetus with cerebral malformation of mothers infected with Zika.

[13] On 17 February 2017, in a joint publication in the U.S. Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report (MMWR) between the National Laboratory of Public Health of Haiti, Directorate of Epidemiology, Laboratory and Research of Haiti, the U.S. CDC in Haiti and Tanzania, the Division of Global Health Protection of the U.S. CDC, and the National Malaria Control Program of Haiti, a total of 3,017 suspected cases and 19 confirmed cases of Zika were reported between 12 October 2015 and 10 September 2016.

[14] On 23 June 2017, the number of confirmed cases were changed from 40,374 to 40,357 based on the modification by the Puerto Rico Department of Health

[15] As of 19 May 2017, the number of confirmed and suspected cases increased based on the update by the Bolivia Ministry of Health. http://snis.minsalud.gob.bo/37-noticias-snis-ve/noticias-principales/63-boletin-vigilancia-epidemiologica

[16] On 9 December a joint publication between the National Institute of Health of Colombia, the US-CDC National Center on Birth Defects and Developmental Disabilities and the Colombia Ministry of Health reported that between 31 January and 12 November 2016, a total of 147 microcephaly cases in fetus and infants had laboratory evidence of Zika virus infection by real-time reverse transcription–polymerase chain reaction (rRT-PCR) or immunohistochemistry.

[17] On 2 June 2017, the Ecuador Ministry of Health notified PAHO/WHO of 3,842 suspected cases and 1,694 confirmed cases distributed between epidemiological week (EW) 52 of 2015 and 21 of 2017, of which 1,147 suspected cases and 814 confirmed cases correspond to new cases notified between EW 1 and 21 of 2017. On 10 April the Ecuador Ministry of Health notified the first two confirmed cases of congenital syndrome associated with Zika virus corresponding to EW 52 of 2016 and EW 4 of 2017.

[18] The difference between the number of reported suspected cases from 11 July 2017 (6,380 suspected cases) to 18 July 2017 (6,326 suspected cases) is due to retrospective adjustment of data by the Peru Ministry of Health.

[19] After retrospective review, laboratory-confirmed cases was adjusted by the Venezuela (Bolivarian Republic of) IHR National Focal Point as of 25 August 2016.

[20] Brazil Ministry of Health case definition for confirmed cases of congenital syndrome associated with Zika virus infection includes confirmed and probable cases per PAHO's case definition. As of EW 22 of 2017, 928 cases were confirmed for Zika virus by laboratory criteria. On 26 July 2017, the Brazil Ministry of Public Health reported 218,931 suspected Zika cases, representing a decrease from the prior report total of 224,670 cases due to an adjustment by the Ministry following retrospective review.

[21] On 3 July 2017, the Argentina Ministry of Health reported 121 confirmed cases of Zika (until EW 26 of 2017) (five less than the previous update). The decrease in the number of confirmed cases from the report on 26 June 2017 to this report is due to retrospective adjustment of data by the Argentina Ministry of Health. According to the Argentina Ministry of Health, suspected cases are cases that could not be excluded by laboratory-based Zika diagnosis in areas with confirmed viral circulation as part of the nonspecific acute febrile syndrome surveillance and the integrated diagnosis of arboviruses.

[22] The difference between the number of reported suspected cases from 10 July 2017 (661 suspected cases) to 14 July 2017 (655 suspected cases) is due to retrospective adjustment of data by the Paraguay Ministry of Public Health and Social Welfare.

[23] In the previous Zika update from the Netherlands Ministry of Health, Welfare and Sport on 26 April 2017, a total of 1,208 suspected and 468 confirmed cases were notified to PAHO / WHO (EW 1 of 2016 to EW 14 of 2017). On 21 June 2017, the Netherlands Ministry of Health, Welfare and Sport notified 649 confirmed cases, the additional 181 confirmed cases were reported between EW 1 and 22 of 2017

[24] The 440 suspected cases and 25 confirmed cases reported by the Bahamas Ministry of Health on 19 June 2017, occurred between EW 1 of 2016 and EW 52 of 2016.

[25] In the previous Zika update from the Barbados Ministry of Health on 16 December 2016, a total of 699 suspected and 46 confirmed cases were notified to PAHO / WHO (EW 1 of 2016 to EW 49 of 2016). On 27 April 2017, the Barbados Ministry of Health notified 705 suspected and 150 confirmed cases of Zika to PAHO/WHO occurred between EW 1 of 2016 to EW 13 of 2017. Of the 150 confirmed cases, 3 happened in 2015, 144 in 2016 and 3 in 2017.

[26] In the previous Zika update from the Netherlands Ministry of Health, Welfare and Sport on 26 April 2017, a total of 235 suspected and 381 confirmed cases were notified to PAHO / WHO (EW 1 of 2016 to EW 16 of 2017). On 21 June 2017, the Netherlands Ministry of Health, Welfare and Sport notified 95 confirmed cases between EW 1 and 22 of 2017. The data provided herein is the sum of confirmed cases reported for Bonaire (352), Sint Eustatius (61) and Saba (24).

[27] In the previous Zika update from the Netherlands Ministry of Health, Welfare and Sport on 26 April 2017, a total of 2,589 suspected and 1,259 confirmed cases were notified to PAHO / WHO (EW 1 of 2016 to EW 47 of 2016). On 10 July 2017, the Netherlands Ministry of Health, Welfare and Sport notified 4,476 suspected and 2,049 confirmed cases distributed between EW 1 of 2016 and 22 of 2017.

[28] After retrospective review, suspected cases were adjusted by the Grenada Ministry of Health as of 13 October 2016

[29] In the previous Zika update from the Jamaica Ministry of Health (MoH) on 9 April 2017, a total of 7,655 suspected and 203 confirmed cases were notified to PAHO / WHO (EW 16 of 2015 to EW 10 of 2017). On 29 May 2017, the Jamaica MoH notified 7,650 suspected and 203 confirmed cases of Zika to PAHO/WHO (EW 16 of 2015 to EW 20 of 2017).

[30] Per information shared by the Netherlands IHR NFP to PAHO/WHO, the confirmed Zika cases was adjusted for Sint Maarten.

[31] On 6 June 2017, the U.S. Virgin Islands Department of Health reported 1,115 suspected and 1,017 confirmed cases of Zika (until EW 23 of 2017). The decrease in the number of confirmed case from the report on 16 May 2017 to this report is due to retrospective adjustment of data by the U.S. Virgin Islands Department of Health

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