**Zika-Epidemiological Report**

**El Salvador**

30 June 2017

**Figure 1.** Suspected Zika cases by epidemiological week (EW). El Salvador. EW 37 of 2015 to EW 25 of 2017.

**FIRST AUTOCHTHONOUS VECTOR-BORNE CASES**

In epidemiological week (EW) 46 of 2015, El Salvador health authorities reported that three samples tested positive for Zika virus by RT-PCR.

**GEOGRAPHIC DISTRIBUTION**

As of EW 23 of 2017, all 14 departments in El Salvador have reported suspected cases of Zika virus infection. Between EW 1 of 2016 and EW 23 of 2017, the highest incidence rates have been reported from the departments of Chalatenango (336 cases per 100,000 population), and Cuscatlán (252 cases per 100,000) (Figure 2).

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1 Zika virus data reported to PAHO/WHO by the El Salvador IHR National Focal Point (NFP) on 29 June 2017.
Figure 2. Suspected Zika cases per 100,000 population by department. El Salvador. EW 1 of 2016 to EW 23 of 2017🎀

Source: Data published by the El Salvador Ministry of Health and reproduced by PAHO/WHO²

TREND

Information is available only for suspected cases. Between EW 1 and EW 23 of 2017, a total of 218 suspected Zika cases were reported in El Salvador, representing a 97% reduction in cases compared to the same period in 2016² (Figure 1).¹ There is no information about confirmed cases, therefore continuing transmission cannot be excluded.

Between EW 1 of 2016 and EW 23 of 2017, the highest rates of incidence have been observed in children under 1 year (323 cases per 100,000 population) and adults aged 20-29 years (289 cases per 100,000) (Figure 3).² -³

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¹ Information for Zika cases by department was not available for EW 10 and EW 14 of 2017.


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CIRCULATION OF OTHER ARBOVIRUSES

Between EW 1 and EW 21 of 2017, a total of 34 probable dengue cases were reported, representing a 17 fold increase in cases compared to the same period in 2016. The current dengue trend is well below the epidemic threshold which is established with data from the past five years (Figure 4). As of EW 23 of 2017, there has been a 94% reduction in the number of suspected chikungunya cases compared to the same period in 2016 (Figure 5).\(^1\) Between 2015 and 2016, El Salvador experienced simultaneous circulation of dengue and chikungunya, with seasonal peaks between July and August.

Figure 4. Suspected cases of dengue by EW of symptom onset. El Salvador. 2011-2016 and up to EW 23 of 2017.


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Figure 5. Suspected chikungunya cases by EW. El Salvador. 2016 up to EW 23 of 2017.

Source: Data published by the El Salvador Ministry of Health

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

Between EW 47 of 2015 and EW 25 of 2017, a total of 305 pregnant women with suspected Zika virus infection were reported.\(^1\) According to the El Salvador laboratory surveillance, as of EW 19, twelve pregnant women suspected for Zika virus infection were tested, and all 12 women tested negative for Zika.\(^2\)

ZIKA COMPLICATIONS

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

Between EW 46 of 2015 and EW 5 of 2017, El Salvador reported 313 cases of Guillain-Barré syndrome (GBS),\(^6\) including four deaths.\(^3\) Annually, on average, 210 GBS cases are reported nationwide by El Salvador health authorities.\(^7\) No new information has been received on GBS since EW 5 of 2017.

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 33 of 2016, four cases of microcephaly associated with Zika virus infection have been confirmed by El Salvador health authorities.\(^3\) The number of microcephaly cases reported since March 2016 is higher than the average numbers of cases reported for the same period between 2012 and 2015 (24 cases). As of EW 31 of 2016, 109 microcephaly cases were reported, including the four that were laboratory-confirmed for Zika virus infection.\(^3\) Of the remaining cases, 18 were

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\(^1\) Reported to PAHO/WHO by the El Salvador IHR NFP on 13 February 2017


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positive for toxoplasmosis, 15 were positive for cytomegalovirus and 72 remain under investigation. Since then no new information was received.

DEATHS AMONG ZIKA CASES
As of EW 25 of 2017, no deaths among Zika cases have been reported by El Salvador health authorities.1,3

NATIONAL ZIKA SURVEILLANCE GUIDELINES
Information on the national Zika surveillance guidelines is published on the El Salvador Ministry of Health website, which is available at:


Technical guidelines for the care and classification of children with microcephaly is available at:

LABORATORY CAPACITY
Laboratory confirmation of suspected Zika cases is performed by molecular detection (In house real time RT-PCR) and serology (ELISA IgM detection) at the national reference laboratory by the El Salvador Ministry of Health. In addition, the PCR multiplex system from the United States Centers for Disease Control and Prevention (CDC) (Triplex) has recently been established.

INFORMATION-SHARING
Information on dengue, chikungunya and Zika virus is received by PAHO/WHO on a weekly basis. At the time of this report, the latest information provided by the El Salvador IHR National Focal Point was from EW 25 of 2017 and the latest information available on the El Salvador Ministry of Health website was from EW 23 of 2017.