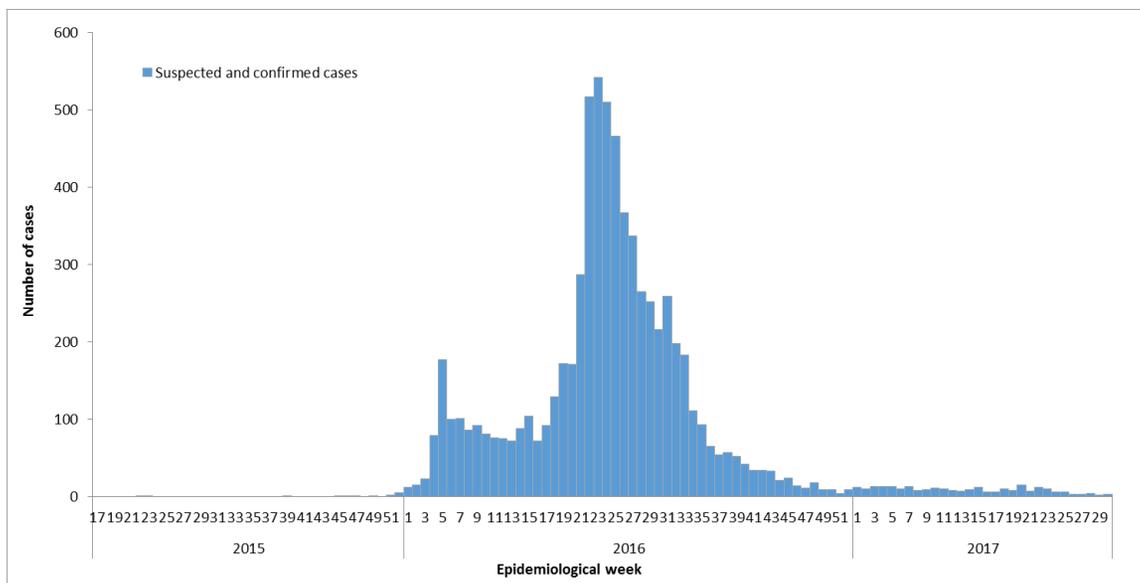


Zika-Epidemiological Report Jamaica

25 September 2017

Figure 1. Suspected and confirmed Zika cases by epidemiological week (EW). Jamaica. EW 17 of 2015 to EW 30 of 2017.



Source: Data provided by the Jamaica Ministry of Health to PAHO/WHO¹

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

In epidemiological week (EW) 4 of 2016, the detection of the first autochthonous vector-borne transmission of Zika virus was reported in Jamaica.² The first confirmed Zika cases were reported in the city of Greater Portmore, Southern Jamaica.

GEOGRAPHIC DISTRIBUTION

As of EW 12 of 2017, the highest rates of incidence were registered in the parishes of Saint Thomas (461 cases per 100,000 population), Trelawny (351 cases per 100,000), Saint James (313 cases per 100,000), and Kingston and Saint Andrew (306 cases per 100,000) (**Figure 2**).³

¹ Reported to PAHO/WHO by the Jamaica Ministry of Health on 13 September 2017.

² Reported to PAHO/WHO by the Jamaica Ministry of Health on 17 November 2016.

³ Reported to PAHO/WHO by the Jamaica Ministry of Health on 9 April 2017.

In regard to chikungunya, in 2017, no cases were reported as of EW 21.⁵ In 2016, one confirmed and 204 suspected cases of chikungunya (total incidence rate of 7 cases per 100,000) were reported up to EW 24. In 2015, a total of 299 suspected cases of chikungunya (11 cases per 100,000) were reported up to EW 6.

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

Since the beginning of the outbreak, up to EW 12 of 2017, there has been 712 suspected cases of Zika virus disease in pregnant women, 78 of which have been laboratory confirmed.³ Of the 78 confirmed cases, updates were received for 60 patients. Among these, one experienced intra-uterine death, which was detected during a routine ultrasound at 20 weeks gestation; one delivered an extremely premature infant who died two days after birth; and, another had an induced abortion.

ZIKA COMPLICATIONS

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

As of EW 33 of 2017, a total of 30 suspected GBS cases based on the Brighton Criteria (1 to 3) and 11 that were clinically diagnosed as GBS based on clinical signs, symptoms, and investigation results were reported by the Jamaica health authorities to PAHO/WHO.¹ Of the cumulative 41 GBS cases, 6 were classified as presumed and one as laboratory confirmed (PCR positive) for Zika.

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 33 of 2017, a total of 12 probable and 60 suspected cases of congenital syndrome associated with Zika virus infection were reported by the Jamaica health authorities to PAHO/WHO.¹ Of these, 62 had microcephaly or severe microcephaly.

DEATHS AMONG ZIKA CASES

As of EW 35 of 2017, no deaths among Zika cases were reported by the Jamaica health authorities to PAHO/WHO.

NATIONAL ZIKA SURVEILLANCE GUIDELINES

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

LABORATORY CAPACITY

Laboratory confirmation is performed by molecular detection (real time RT-PCR) at the Virology laboratory, West Indies University. The serological diagnosis for Zika and dengue is performed at the National Public Health Laboratory by ELISA (IgM).

INFORMATION-SHARING

Information on Zika is periodically provided by the Jamaica Ministry of Health to PAHO/WHO. At the time of this report, the latest received information was from EW 33 of 2017.

⁵ PAHO/WHO. Chikungunya: Statistic Data. Number of reported cases of Chikungunya Fever in the Americas. Available at: http://www.paho.org/hq/index.php?option=com_topics&view=readall&cid=5927&Itemid=40931&lang=en