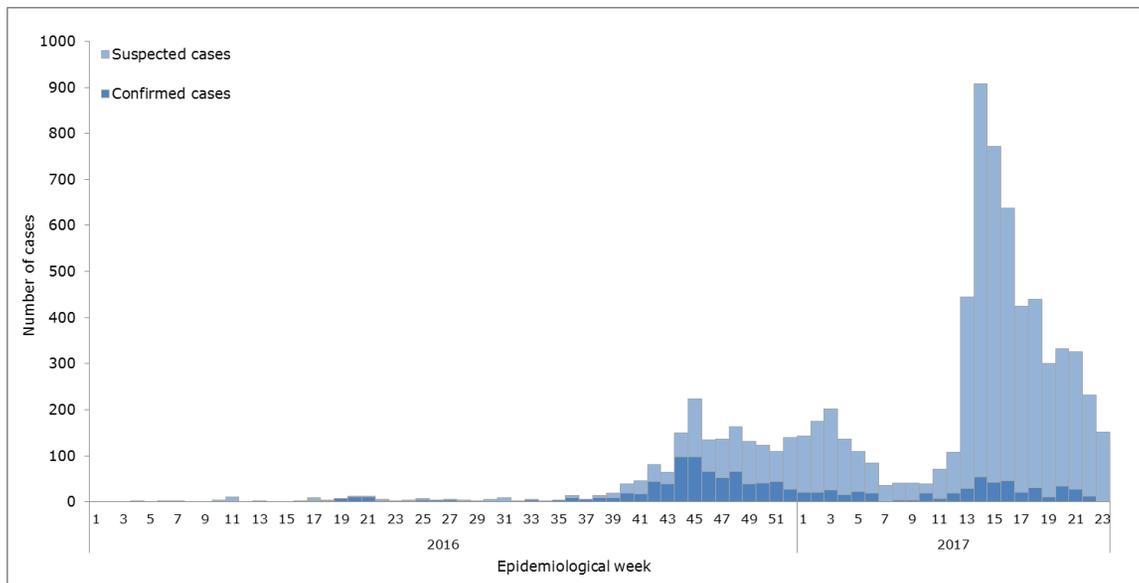


Zika-Epidemiological Report

Peru

29 June 2017

Figure 1. Confirmed and suspected Zika cases¹ by epidemiological week (EW), Peru. EW 1 of 2016 to EW 23 of 2017.



Source: Data published by the Peru Ministry of Health² and reproduced by PAHO/WHO

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

In epidemiological week (EW) 17 of 2016, the Peru International Health Regulations (IHR) National Focal Point (NFP) notified PAHO/WHO of the detection of the first case of autochthonous vector-borne transmission of Zika virus.

GEOGRAPHIC DISTRIBUTION

Between EW 1 of 2016 and epidemiological week (EW) 23 of 2017, suspected autochthonous Zika cases have been reported in 10 of Peru's 25 departments: Cajamarca, Ica, La Libertad, Lima, Loreto, Madre de Dios, Piura, San Martin, Tumbes, and Ucayali.¹ Of these, La Libertad, Madre de Dios, and Piura are the only departments which did not report any confirmed autochthonous Zika cases in 2016. The cases reported in Lima include one case of sexual transmission (the only autochthonous case reported in Lima in 2016)³ and 48 laboratory-confirmed cases from the district

¹ As per Peru's surveillance system, this figure includes symptomatic and asymptomatic cases

² Peru Ministry of Health. National Center for epidemiology, prevention and control of diseases. Situation Room of Health - Zika. EW 23 of 2017. Available at: <http://www.dqe.gob.pe/portal/docs/vigilancia/sala/2017/SE23/zika.pdf>

³ Peru Ministry of Health. National Center for epidemiology, prevention and control of diseases. Situation of Zika in Peru. 27 July 2016. Peru IHR NFP communication to PAHO/WHO.

of Comas reported in 2017, as of EW 23.¹ Of the total cases reported in Peru in 2017, only 9% were laboratory-confirmed.¹

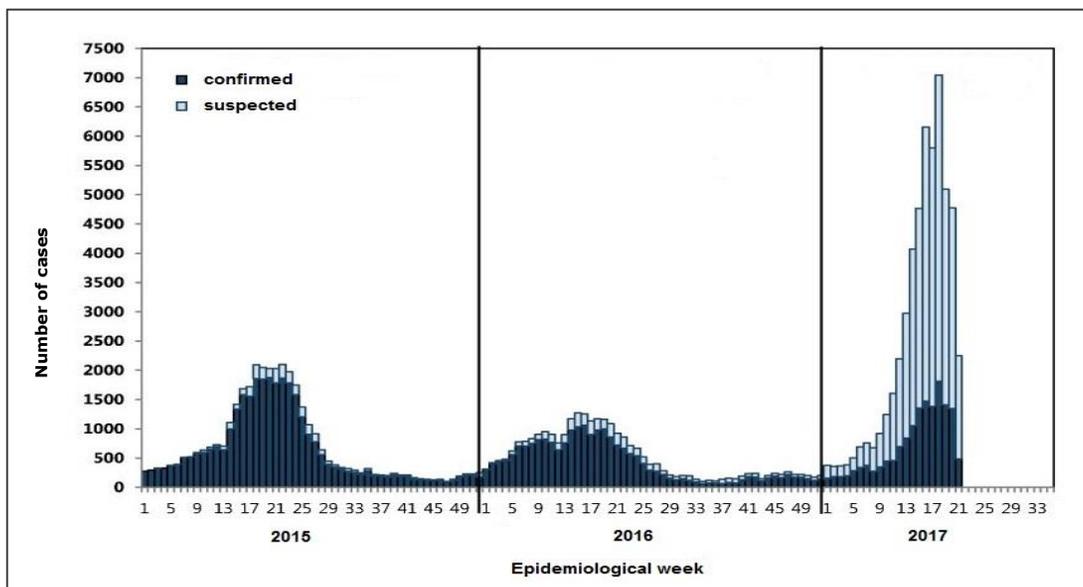
TREND

From EW 3 to EW 38 of 2016, low numbers of Zika cases were reported in Peru (**Figure 1**).² From EW 39 onwards, the number of cases began to increase due to an outbreak in the city of Iquitos, Loreto Region, with a first peak being reported in EW 45, when more than 200 cases were reported.⁴ A new, more pronounced peak was observed in EW 14 of 2017, with more than 800 cases being registered. This new increase of cases was related to an outbreak in the city of Ica, Chincha Province. Since then, cases have progressively declined.

CIRCULATION OF OTHER ARBOVIRUSES

In Peru, between EW 1 and EW 21 of 2017, a total of 53,017 confirmed and probable dengue cases have been reported, representing approximately three times the number of cases compared with the same period in 2016 (n=18,196 cases) (**Figure 2**).⁴ About 28.5% of the cases (n=15,085) reported in 2017 have been laboratory-confirmed, while 71.5% of the cases (n=37,932) have been classified as probable. This year, the cumulative incidence rate is 167 cases per 100,000 population. In 2017, the majority of the cases (95%, n=50,206) have been reported in eight departments: Ancash, Ayacucho, Ica, La Libertad, Lambayeque, Loreto, Piura, and Tumbes.

Figure 2. Distribution of dengue cases by epidemiological week, Peru. 2015 – 2017 (as of EW 21).

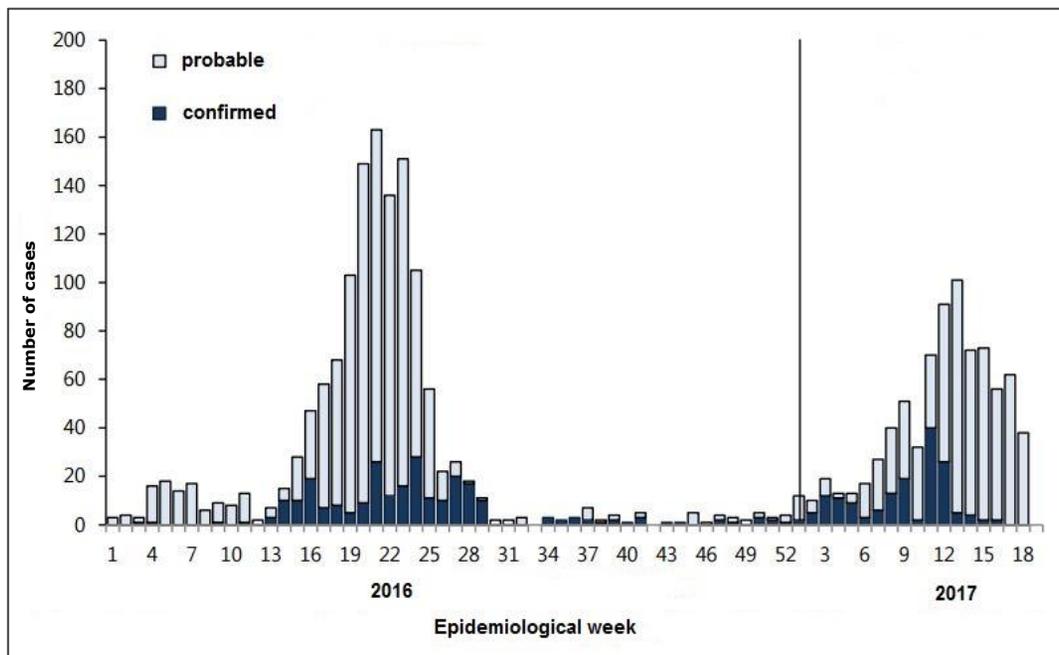


Source: Data published by Peru Ministry of Health and reproduced by PAHO/WHO⁵

⁴ Peru Ministry of Health. National Center for epidemiology, prevention and control of diseases. Peru epidemiological bulletin, Peru. EW 21 of 2017. Available at: <http://www.dge.gob.pe/portal/docs/vigilancia/boletines/2017/17.pdf>

In Peru, the first autochthonous chikungunya case was reported in EW 23 of 2015 in the Tumbes department.⁵ During the same year, 219 cases were reported. In 2016, a total of 1,339 cases were reported. In 2017, as of EW 18, a total of 797 cases have been reported, of which 20% (n=161) have been laboratory-confirmed (**Figure 3**). The cumulative incidence rate is 3 cases per 100,000 population. This year, the majority of the cases (91.3%, n= 686) have been reported in two departments: Piura and Tumbes.

Figure 3. Distribution of chikungunya cases by epidemiological week, Peru. 2016 – 2017 (as of EW 18).



Source: Data published by Peru Ministry of Health and reproduced by PAHO/WHO⁵

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

Between 2016 and EW 21 of 2017, a total of 207 confirmed cases of Zika virus infection in pregnant women have been reported: 115 in 2017 and 92 in 2016.³ Among these, 73 completed pregnancies and three abortions were reported. Samples were collected from 42 of the 73 newborns: 41 were negative for Zika and results are pending for the other newborn. Samples were not taken from the remaining 31 newborns.

ZIKA COMPLICATIONS

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

As of EW 23 of 2017, no cases of Zika-virus-associated Guillain-Barré syndrome (GBS) or other neurological syndromes have been reported by Peru health authorities.¹

⁵ Peru Ministry of Health. National Center for epidemiology, prevention and control of diseases. Peru epidemiological bulletin, Peru. EW 18 of 2017. Available at: <http://www.dge.gob.pe/portal/docs/vigilancia/boletines/2017/18.pdf>

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 23 of 2017, no cases of congenital syndrome associated with Zika virus infection have been reported by Peru health authorities.¹

DEATHS AMONG ZIKA CASES

As of EW 23 of 2017, no deaths among Zika cases have been reported by Peru health authorities.¹

NATIONAL ZIKA SURVEILLANCE GUIDELINES

In Peru, the National Epidemiology Center, Disease Prevention and Control at the Ministry of Health performs Zika virus surveillance:

- Surveillance based on case definitions is implemented in all health facilities in the country;
- Sentinel surveillance of chikungunya and Zika virus for the early detection of autochthonous transmission is implemented in 12 health facilities in nine Departments, in coordination with the National Institute of Health (INS).

As of EW 20 of 2016, the Peru National Epidemiology Center, Disease Prevention and Control, together with the INS and other agencies, developed the emergency protocol "Monitoring of Microcephaly", which was approved via the vice-ministerial Resolution No. RVM 014-2016-SA. The protocol is available at:

<http://www.dge.gob.pe/portal/docs/tools/zika/R014-2016-SA.PDF>

LABORATORY CAPACITY

Laboratory confirmation of suspected cases of Zika virus is performed by molecular detection (real time RT-PCR) and serology (ELISA IgM detection) by the *Laboratorio de Metaxénicas* of the National Institute of Health at Ministry of Health of Peru.

INFORMATION-SHARING

Information on the first confirmed cases was provided by the Peru IHR NFP to PAHO/WHO in EW 17 of 2016. Updated information is regularly shared by the Peru IHR NFP. In addition, the Peru Ministry of Health publishes an epidemiological bulletin and a situation room report on a weekly basis through its website. At the time of this report, the latest published epidemiological bulletin available was from EW 21 of 2017 and the latest published situation room report available was from EW 23 of 2017.