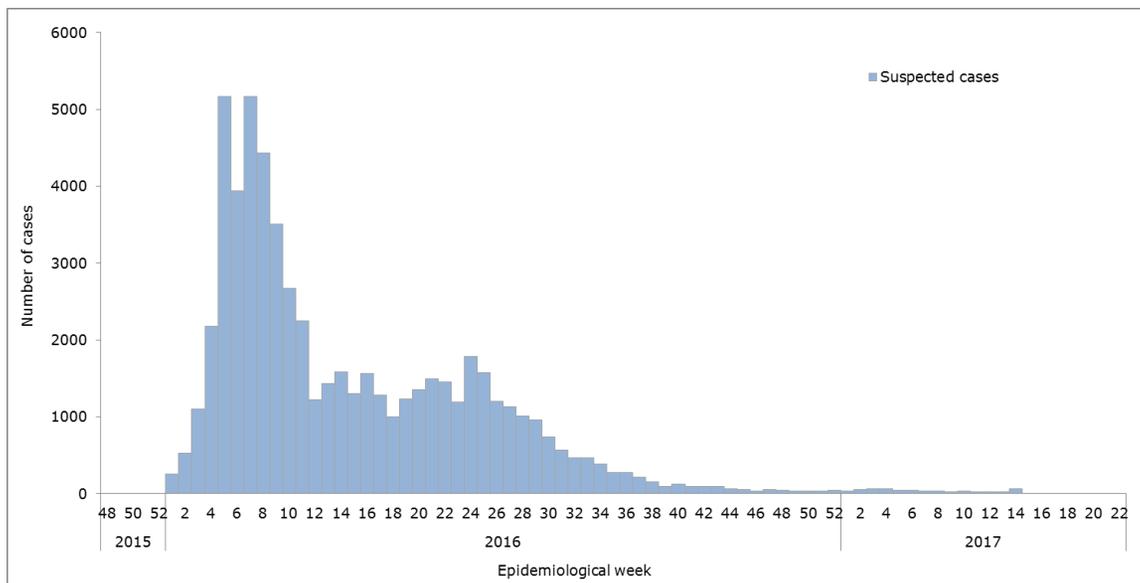


Zika-Epidemiological Report

Venezuela (Bolivarian Republic of)

29 June 2017

Figure 1. Suspected Zika cases by epidemiological week (EW). Venezuela. EW 48 of 2015 to EW 22 of 2017.



Source: Data provided by the Bolivarian Republic of Venezuela Ministry of Health to PAHO/WHO¹

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

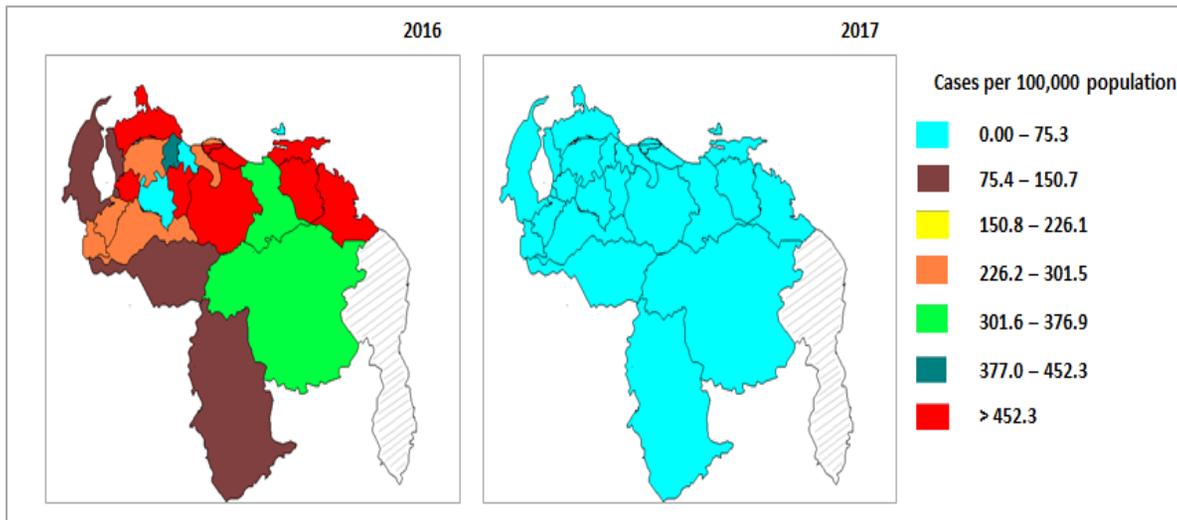
In epidemiological week (EW) 48 of 2015, the detection of the first autochthonous vector-borne Zika case was reported by the Bolivarian Republic of Venezuela International Health Regulations (IHR) National Focal Point (NFP).

GEOGRAPHIC DISTRIBUTION

Since the emergence of Zika virus, suspected cases have been detected in all of Venezuela's 24 states.¹ In 2016, the highest incidence was registered in Sucre (1,572 cases per 100,000 population), Distrito Capital (1,317 cases per 100,000), and Delta Amacuro (720 cases per 100,000). In 2017, as of EW 16, the highest incidence rates were reported in Falcon (54 cases per 100,000), Sucre (53 cases per 100,000), and Amazonas (12 cases per 100,000) (**Figure 2**).

¹ Reported to PAHO/WHO by the Venezuela IHR NFP on 2 May 2017.

Figure 2. Incidence of suspected Zika cases by state per 100,000 population. Venezuela. 2016-2017 (as of EW 16).



Source: Data provided by the Venezuela Ministry of Health and reproduced by PAHO/WHO¹

TREND

From EW 1 of 2016 onwards, numbers of Zika cases began to progressively increase (**Figure 1**).¹ However, between EW 4 and EW 11 of 2016, the highest weekly numbers of Zika virus cases were reported (average of 3,664 suspected cases per week). Since then and up to EW 24 of 2016, a relatively stable number of cases were reported (average of 1,377 suspected cases per week). Since EW 25 of 2016, a gradual decrease in the incidence of Zika virus has been observed. In the last 8 weeks (EW 7 to EW 14 of 2017), a weekly average of 29 suspected cases has been reported. No information on confirmed cases is available.

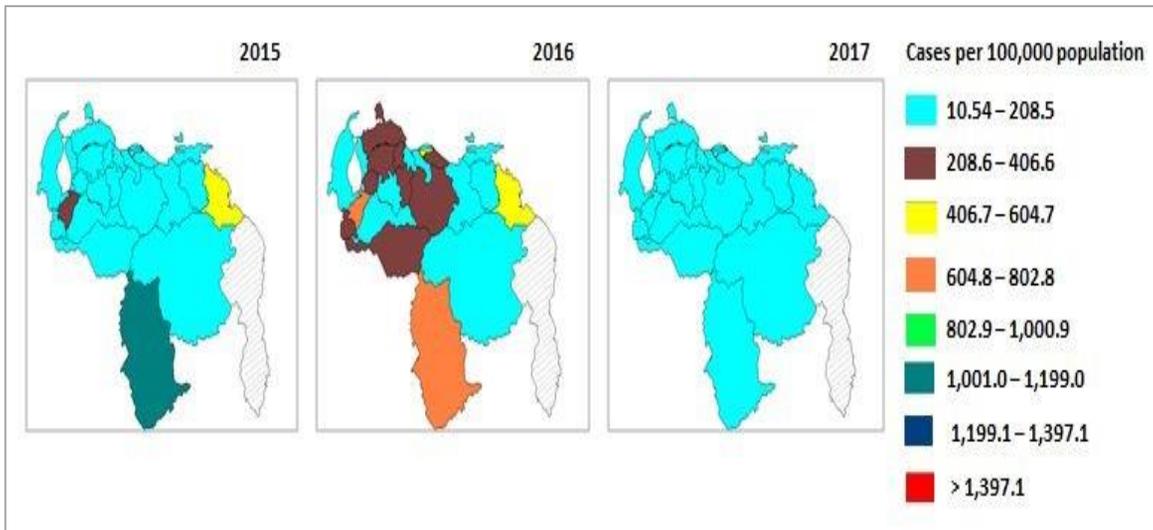
CIRCULATION OF OTHER ARBOVIRUSES

Between EW 1 and EW 16 of 2017, a total of 2,584 probable cases of dengue have been reported¹, which represents a decrease compare to the same period in 2016, when a total of 17,836 probable cases were reported.

From EW 1 to EW 16 of 2017, a total of 91 suspected cases of chikungunya have been reported.¹ During the same period, in 2016, a total of 2,347 suspected cases were reported.

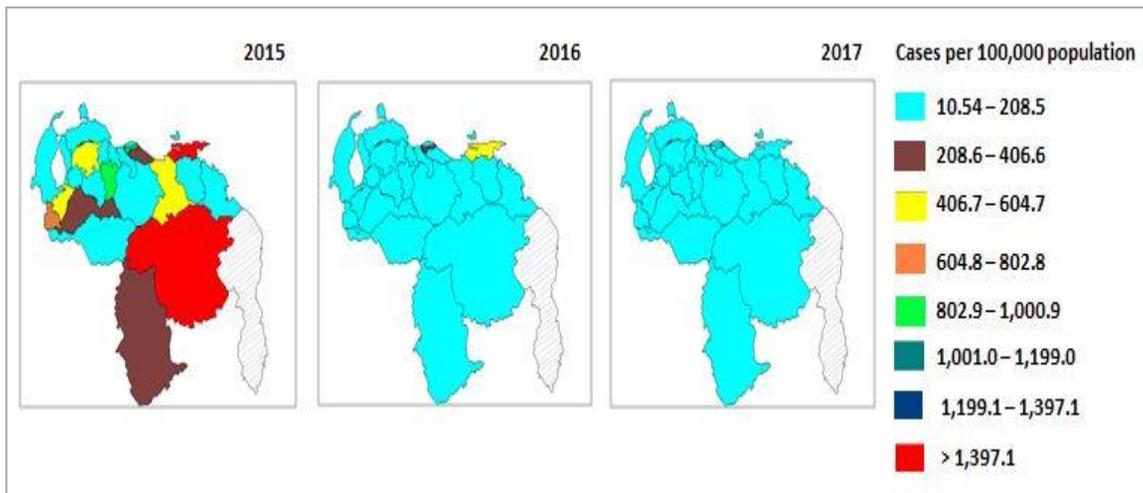
Figure 3 and **Figure 4** illustrate the incidence of dengue and chikungunya at the sub-national level by year.

Figure 3. Dengue incidence. Venezuela. 2015 to 2017 (as of EW 16).



Source: Data provided by the Venezuela Ministry of Health and reproduced by PAHO/WHO¹

Figure 4. Chikungunya incidence. Venezuela. 2015 to 2017 (as of EW 16).



Source: Data provided by the Venezuela Ministry of Health and reproduced by PAHO/WHO¹

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

Between EW 5 of 2016 and EW 12 of 2017, there were 3,463 suspected Zika cases reported in pregnant women.^{2,3}

² Reported to PAHO/WHO by the Venezuela IHR NFP on 5 December 2016.

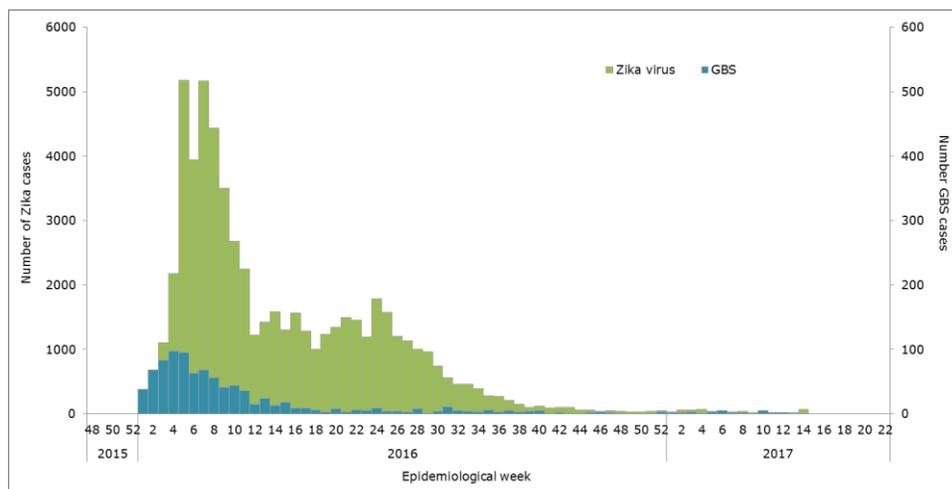
³ Reported to PAHO/WHO by the Venezuela IHR NFP on 2 April 2017.

ZIKA COMPLICATIONS

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

In 2016, Venezuela health authorities reported an increase of Guillain-Barré syndrome (GBS) cases compared with the number of cases detected in previous years.⁴ As of EW 16 of 2017, a cumulative total of 933 GBS cases were identified (**Figure 5**).¹ Similar to what has been observed with Zika, a significant decrease in the number of GBS cases has been reported nationwide. No information on GBS-related deaths is available.

Figure 5. Suspected and confirmed cases of Zika and GBS. Venezuela. EW 48 of 2015 to EW 22 of 2017.



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

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 22 of 2017, no cases of congenital syndrome associated with Zika virus infection have been reported by Venezuela health authorities.¹

DEATHS AMONG ZIKA CASES

As of EW 22 of 2017, no deaths among Zika cases have been reported by Venezuela health authorities.¹

NATIONAL ZIKA SURVEILLANCE GUIDELINES

The Venezuela Ministry of People's Power for Health website has protocols for Zika, GBS, and pregnancy complications associated with Zika virus.

The Venezuela Zika virus surveillance protocol is available at:

<https://drive.google.com/file/d/0By6RZhEqt4ajY1RmU041b250WjQ/view?usp=sharing>

The Venezuela GBS protocol is available at:

<https://drive.google.com/file/d/0By6RZhEqt4ajS01iczdVQnQ4SE0/view>

⁴ Reported to PAHO/WHO by the Venezuela IHR NFP on 12 February 2017.

The Venezuela Protocol for early surveillance, conduct, and monitoring of Zika virus in pregnant women and complications in the mother and child is available at:

<https://drive.google.com/file/d/0By6RZhEqt4ajNWNam0hmNDlpZ28/view>

LABORATORY CAPACITY

Laboratory confirmation of Zika suspected cases is performed by molecular detection (real time RT-PCR) by the *Instituto Nacional de Higiene "Rafael Rangel"* at the Venezuela Ministry of People's Power for Health.

INFORMATION-SHARING

The Venezuela IHR NFP periodically provides PAHO/WHO with an epidemiological report on Zika virus. At the time of this report, the latest available information provided was from EW 16 of 2017.