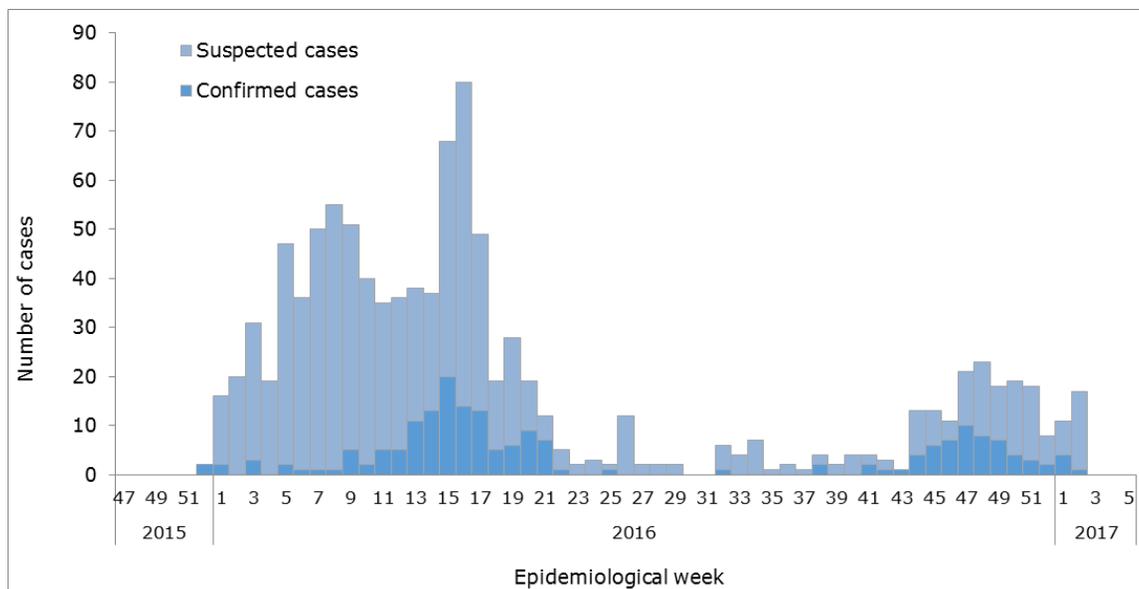


Zika-Epidemiological Report

Bolivia (Plurinational State of)

2 March 2017

Figure 1. Confirmed and suspected Zika cases by epidemiological week (EW). Bolivia. EW 47 of 2015 to EW 5 of 2017.



Source: Data provided by the Bolivia Ministry of Health ¹

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

In epidemiological week (EW) 2 of 2016, the Bolivia International Health Regulations (IHR) National Focal Point (NFP) notified PAHO/WHO of the detection of the first autochthonous vector-borne case of Zika virus disease.

GEOGRAPHIC DISTRIBUTION

As of EW 49 of 2016, autochthonous cases were confirmed in the departments of Santa Cruz (n=144), Pando (n=9) and Beni (n=3).² Suspected cases have been detected in Beni, Chuquisaca, La Paz, Pando, Cochabamba and Santa Cruz.³

¹ Reported to PAHO/WHO from Bolivia International Health Regulation (IHR) National Focal Point (NFP) on 24 January 2017.

² Reported to PAHO/WHO from Bolivia International Health Regulation (IHR) National Focal Point (NFP) on 21 December 2016.

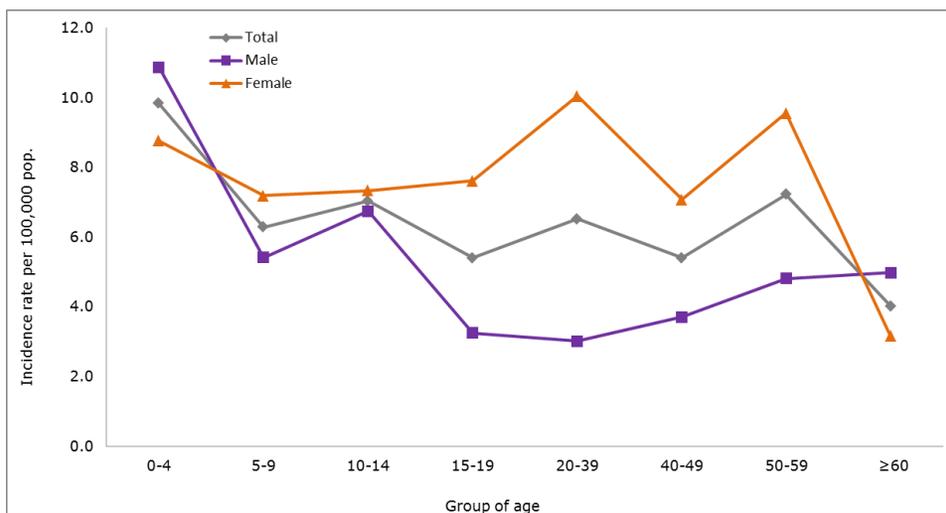
³ Data published by the Bolivia Ministry of Health as of EW 52 of 2016 and reproduced by PAHO/WHO. Available at http://estadisticas.minsalud.gob.bo/reportes_vigilancia/Form_Vigi_2016_302a.aspx. Query made on 13 February 2017.

TREND

In 2016, the number of suspected and laboratory-confirmed Zika cases in Bolivia increased in the beginning of the year, and peaked in EW 16 of 2016. Since then, weekly numbers of cases gradually decreased until EW 44 when a small increase of cases was observed (**Figure 1**). In the last 8 weeks (EW 47 of 2016 to EW 2 of 2017) an average of 12 suspected cases per week was reported.

Between EW 1 and 52 of 2016, there was a preponderance of females among suspected Zika cases in Bolivia for all age groups, except for the groups aged 0-4 years and ≥ 60 where the incidence rate was higher among males (**Figure 2**). The highest incidence rate was observed among females aged 20-39 years (10 cases per 100,000 population) and males aged 0-4 years (11 cases per 100,000).³

Figure 2: Incidence rate of suspected Zika cases by sex and age group. Bolivia. EW 1 to 52 of 2016.



Source: Data published by the Bolivia Ministry of Health³

CIRCULATION OF OTHER ARBOVIRUSES

In 2016, a total of 31,756 suspected cases of dengue were reported in Bolivia, approximately 17% higher than the total number of suspected cases reported in 2015.⁴ The incidence rate was 288 cases per 100,000 populations.

In 2016, a total of 20,785 suspected chikungunya cases were reported, which represents a 99% increase compared to the 10,428 suspected cases reported throughout 2015.⁵

⁴ PAHO/WHO. Data, Maps and Statistics. Number of reported cases of Dengue and Severe Dengue (SD) in the Americas by Country. EW 52 of 2016. Available at:

http://www.paho.org/hq/index.php?option=com_topics&view=rdmore&cid=6290&Itemid=40734

⁵ PAHO/WHO. Data, Maps and Statistics. Number of reported cases of Chikungunya Fever in the Americas - EW 52 (December 30, 2016). Available at:

http://www.paho.org/hq/index.php?option=com_topics&view=readall&cid=5927&Itemid=40931&lang=en

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

Between EW 44 of 2016 and EW 2 of 2017, a cumulative total of 19 confirmed cases of Zika virus infection in pregnant women were reported by Bolivia national authorities.¹

ZIKA COMPLICATIONS

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

As of EW 46 of 2016, one case of Guillain-Barré syndrome (GBS) associated with Zika virus infection was confirmed in the department of Santa Cruz. The patient has since died.

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 2 of 2017, the Bolivia Ministry of Health (MoH) reported 14 laboratory-confirmed cases of microcephaly associated with Zika virus infection.⁶

DEATHS AMONG ZIKA CASES

As of EW 5 of 2017, no deaths among Zika cases have been reported the Bolivia health authorities.¹

NATIONAL ZIKA SURVEILLANCE GUIDELINES

The Bolivia Ministry of Health national guideline for management of Zika virus infection is available at: <https://www.minsalud.gob.bo/images/Documentacion/dgss/Epidemiologia/DENGUE-Chik-Zika/Guia%20final%20de%20Zika.pdf>

LABORATORY CAPACITY

The diagnosis of Zika virus is performed by molecular detection (real time RT-PCR) at the *Centro Nacional de Enfermedades Tropicales* (CENETROP), Ministry of Health. For its diagnoses, CENETROP also uses serologic testing based on ELISA assays (IgM).

INFORMATION-SHARING

At the time of this report, the latest information shared by the Bolivia Ministry of Health to PAHO/WHO was from EW 02 of 2017.

⁶ Reported to PAHO/WHO from Bolivia International Health Regulation (IHR) National Focal Point (NFP) on 18 January 2017