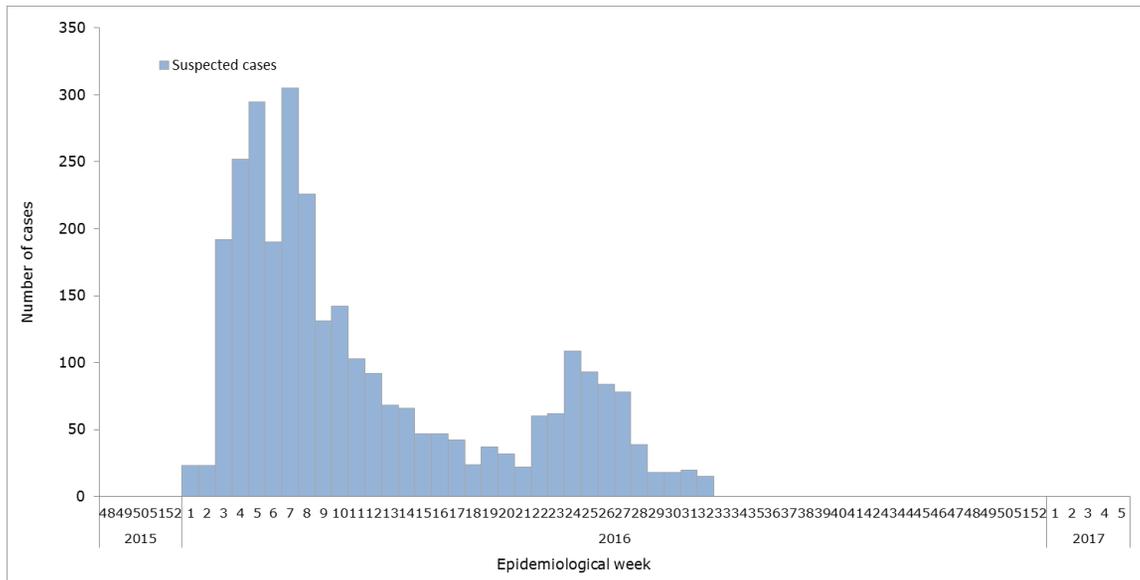


Zika-Epidemiological Report Haiti

3 March 2017

Figure 1. Suspected Zika cases. Haiti. EW 42 of 2015 to EW 5 of 2017.



Source: Data provided by the Haiti Ministère de la Santé Publique et de la Population (MSPP) to PAHO/WHO¹

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

In epidemiological week (EW) 1 of 2016, the detection of the first autochthonous vector-borne transmission of Zika virus was reported in Haiti; however, molecular and clinical data indicate that Zika virus appears to have circulated in Haiti in 2014.²

GEOGRAPHIC DISTRIBUTION

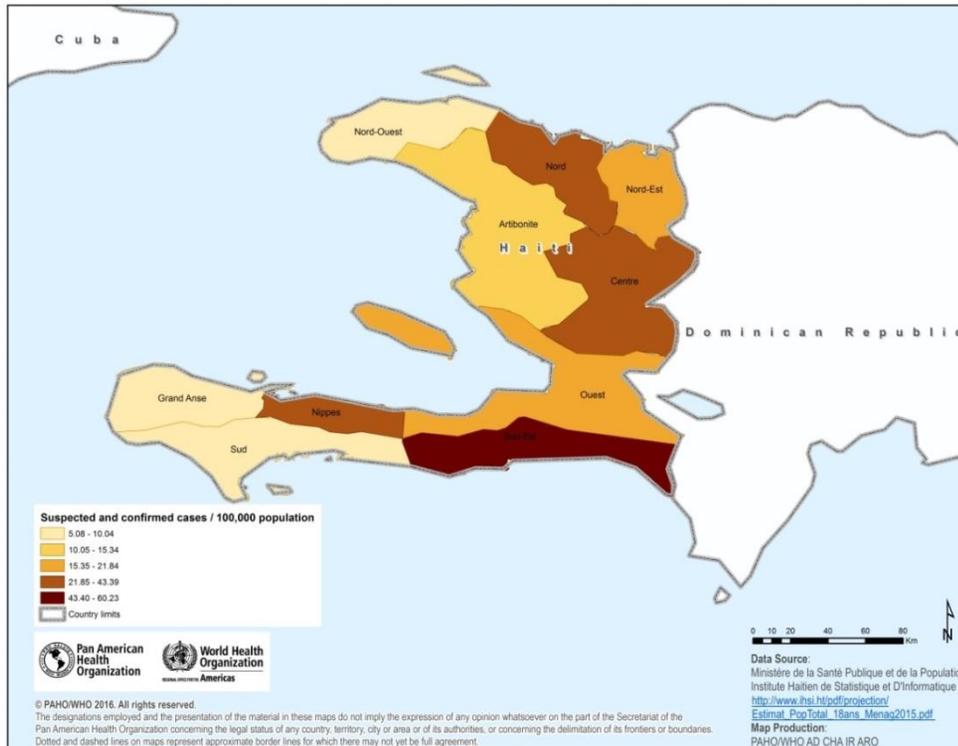
As of EW 21 of 2016, all ten departments in Haiti had registered suspected cases of Zika virus (**Figure 2**).¹ The highest rate was reported from departments of Sud-Est, Nord, Nippes, and Centre. In addition, a recent report by Journel et al. (2017)³ indicated that, as of EW 36 of 2016, among 3,036 suspected cases of Zika diseases, the highest rates were reported in Plaine du Nord (441 cases per 100,000 population), Fond des Nègres (254 cases per 100,000), and Milot (234 cases per 100,000 population).

¹ Reported to PAHO/WHO from Haiti Ministère de la Santé Publique et de la Population (MSPP) on 10 June 2016.

² Lednicky J, Beau De Rochars VM, El Badry M, Loeb J, Telisma T, Chavannes S, et al. (2016) Zika Virus Outbreak in Haiti in 2014: Molecular and Clinical Data. PLoS Negl Trop Dis 10(4): e0004687. doi:10.1371/journal.pntd.0004687

³ Ito Journel, MT; Lesly L. Andrécy, MD; Dudley Metellus; et al. transmission of Zika virus – Haiti, October 12, 2015 – September 10, 2016. MMWR February 17, 2017 / Vol. 66 / No. 6

Figure 2. Cumulative suspected and confirmed Zika cases per 100,000 population by department. Haiti. EW 42 of 2015 to EW 21 of 2016.



Source: Data provided by Haiti MSPP ¹

TREND

In Haiti, the case count increased between EW 42 of 2015 and EW 7 of 2016, with a peak in the number of reported cases in EW 7 of 2016, followed by a steep decrease (**Figure 1**).¹ A small increase in cases occurred from EW 21 to EW 24, after which a decrease in trend is observed. On average, 46 cases per week have been reported in the last eight weeks for which information is available (EW 25 to EW 32 of 2016). No further information on trends has been received from Haiti.

CIRCULATION OF OTHER ARBOVIRUSES

In 2015, Haiti reported 52 cases of dengue (1 case per 100,000 population).⁴ Dengue cases were reported up to EW 22 of 2015, after which no new cases have been reported to PAHO/WHO. Prior to 2015, 240 suspected dengue cases (2 cases per 100,000 population) were reported in 2012 as of EW 34.

Chikungunya was first officially reported in Haiti in 2014. By the end of 2014, Haiti reported 64,695 suspected cases of chikungunya (627.2 cases per 100,000 population), 14 of which were laboratory confirmed.⁵ While in 2015 Haiti had reported a cumulative total of 56 suspected cases, as of EW 16 of 2016, two suspected and one confirmed case of chikungunya had been reported.

⁴ PAHO/WHO. Data, Maps and Statistics. Number of reported cases of Dengue and Severe Dengue (SD) in the Americas. Available at: http://www.paho.org/hq/index.php?option=com_topics&view=rdmore&cid=6290&Itemid=40734

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

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

As of EW 21 of 2016, the Haiti Ministère de la Santé Publique et de la Population (MSPP) has identified 22 pregnant women with suspected Zika virus disease. There is no update on surveillance for pregnant women in Haiti since the last Zika epidemiological report of 15 June 2016.

ZIKA COMPLICATIONS

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

On EW 10 of 2016, the United States International Health Regulations (IHR) National Focal Point (NFP) notified PAHO/WHO of a laboratory-confirmed case of Guillain-Barré syndrome (GBS), with a history of travel to Haiti and subsequent onset of facial weakness in January. No increase of GBS has been reported by Haiti national authorities as of EW 38 of 2016.

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 38 of 2016, the Haiti IHR NFP reported one laboratory-confirmed congenital microcephaly associated with Zika virus infection. The case was confirmed by real-time RT-PCR. The latest report received from the Haiti IHR NFP in EW 33 of 2016 indicated that there were 13 additional suspected cases of microcephaly associated with Zika virus under investigation in Haiti; however, the report by Journal et al. (2017) indicated that 29 suspected cases of Zika virus associated congenital microcephaly were tested and resulted negative by RT-PCR.³

DEATHS AMONG ZIKA CASES

As of EW 5 of 2017, no deaths among Zika cases have been reported by Haiti health authorities.

NATIONAL ZIKA SURVEILLANCE GUIDELINES

In EW 2 of 2016, a press release issued by the MSPP indicated that a surveillance system for the detection of Zika virus had been established. The press release is available at:

<http://mspp.gouv.ht/site/downloads/Communique%20de%20presse%20No%202%20Zika.pdf>

LABORATORY CAPACITY

Laboratory confirmation is performed by molecular detection (real-time RT-PCR) by the *Laboratoire National de Sante Publique* (LNSP) at the Haiti MSPP.

INFORMATION-SHARING

The latest information received from the Haiti national authorities was from EW 33 of 2016. At the time of this report, the latest available epidemiological report on Zika virus from the Haiti MSPP was from EW 4 of 2016.⁶

⁶ Haiti MSPP. Epidemic situation of Zika in Haiti. EW 42 of 2015 to EW 4 of 2016. Available at: <http://mspp.gouv.ht/site/downloads/Evolution%20epidemie%20du%20ZIKA%20en%20Haiti%20au%203%20fev%202016.pdf>