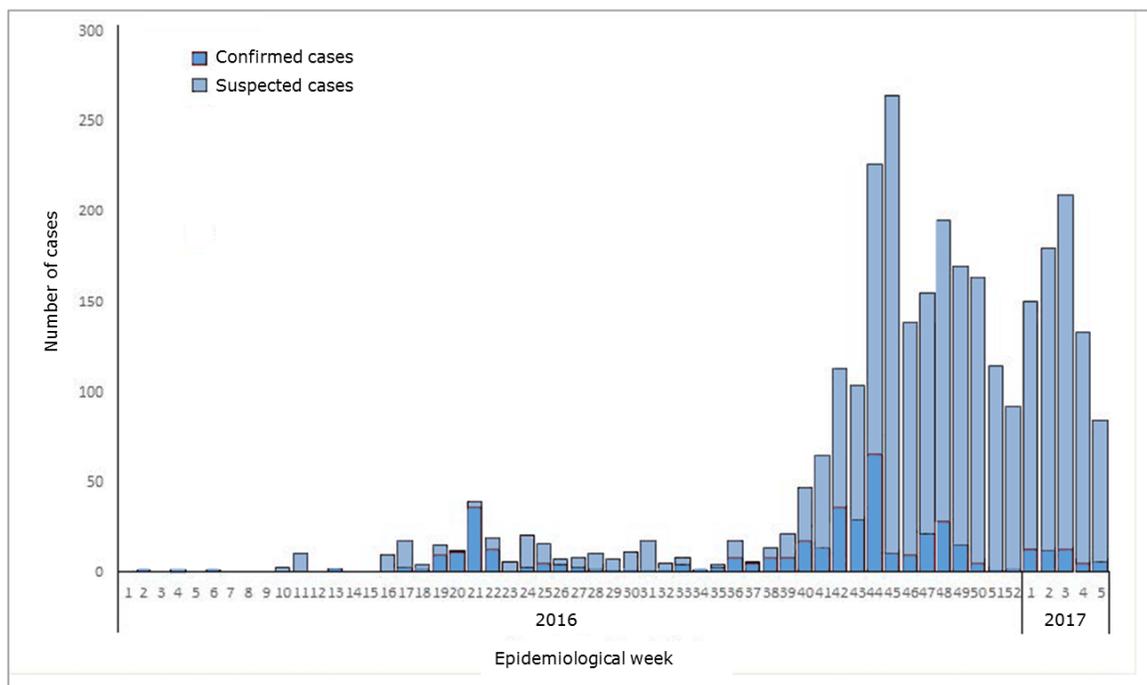


Zika-Epidemiological Report

Peru

2 March 2017

Figure 1. Confirmed and imported Zika cases (symptomatic and asymptomatic) by epidemiological week (EW), Peru. EW 1 of 2016 to EW 5 of 2017.



Source: Data published by Peru Ministry of Health and reproduced by PAHO/WHO¹

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 2016 and 2017 (EW 5), confirmed autochthonous cases have been reported in six of Peru's 25 departments: Cajamarca, Lima, Loreto, San Martin, Tumbes, and Ucayali. Three of these six departments, have reported autochthonous confirmed cases only in 2016: Cajamarca, Lima, and Tumbes.¹

¹ Peru Ministry of Health. National Center for epidemiology, prevention and control of diseases. Situation Room of Health Peru epidemiological bulletin, Peru. EW 5 of 2017. Available at: <http://www.dge.gob.pe/portal/docs/vigilancia/boletines/2017/05.pdf>

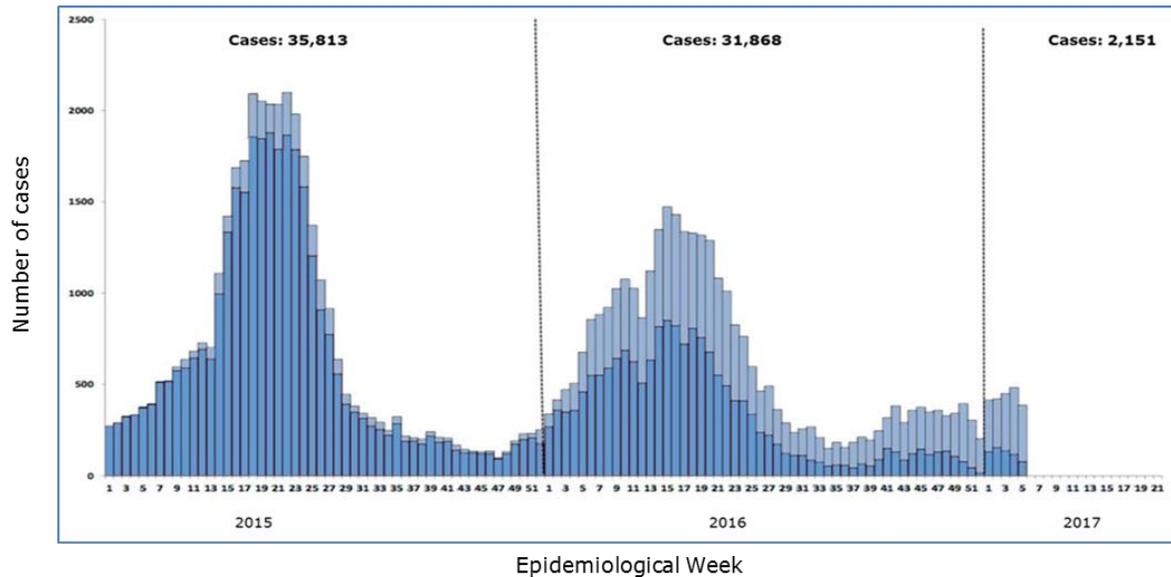
TREND

From EW 40 to EW 48 of 2016, a relatively high number of weekly cases were reported in Peru with a peak during EW 45, when approximately 260 cases were reported (**Figure 1**). This trend appears to persist in 2017, as an increase in the number of cases is observed between EW 1 and EW 3. Of the cases reported in 2017, the majority (n=731, 97%) are concentrated within the department of Loreto.¹

CIRCULATION OF OTHER ARBOVIRUSES

In Peru, between EW 1 and EW 5 of 2017, a total of 2,151 cases of dengue have been reported, representing approximately an 11% decrease compared to the same period in 2016 (**Figure 2**).¹ About 29% of the cases (n=620) reported in 2017 have been laboratory-confirmed, while 71% of the cases (n=1,531) are probable. The cumulative incidence rate is 7 cases per 100,000 population.

Figure 2. Distribution of dengue cases by epidemiological week, Peru. EW 1 of 2015 – EW 5 of 2017, 2016.



Source: Data published by Peru Ministry of Health and reproduced by PAHO/WHO¹

Chikungunya was first detected in Peru in September 2015. By EW 52 of 2015, 192 suspected and 103 confirmed cases were identified in the country.² During 2016, 141 suspected and 131 confirmed cases were reported. Between EW 1 and 5 of 2017, 5 confirmed and 163 suspected chikungunya cases have been detected in Peru.

² 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

Between 2016 and EW 5 of 2017, a total of 95 confirmed cases of Zika virus infection in pregnant women have been reported.¹ Among these, 46 completed pregnancies and 2 abortions have been reported. Samples were collected from 32 of the 46 newborns: 26 were negative for Zika; results are pending for the other six newborns. Samples were not taken from the remaining 14 newborns.

ZIKA COMPLICATIONS

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

As of EW 5 of 2017, no cases of Zika-virus-associated Guillain-Barré syndrome (GBS) or other neurological syndromes have been reported by Peru health authorities.¹

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 5 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 5 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 on a weekly basis through its website. At the time of this report, the latest published epidemiological bulletin was from 5 of 2017.