

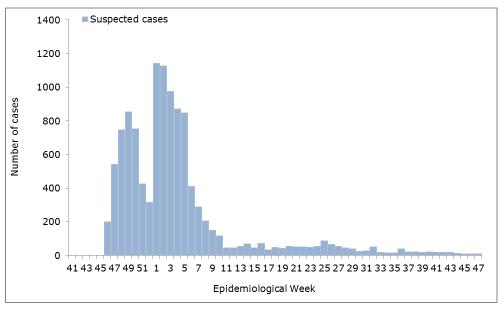


Zika-Epidemiological Report

El Salvador

21 December 2016

Figure 1. Suspected Zika cases by epidemiological week (EW). El Salvador. EW 41 of 2015 to EW 47 of 2016.



Source: Data provided by El Salvador Ministry of Health to PAHO/WHO

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

In epidemiological week (EW) 46 of 2015, El Salvador health authorities reported that three samples tested positive for Zika virus by RT-PCR.

GEOGRAPHIC DISTRIBUTION

As of EW 47 of 2016, all 14 departments in El Salvador have reported suspected cases of Zika virus infection.¹ The highest incidence rates have been reported from the departments of Chalatenango, Cabañas, and Cuscatlán which are respectively 270%, 208% and 203% higher than the national average (**Figure 2**).¹

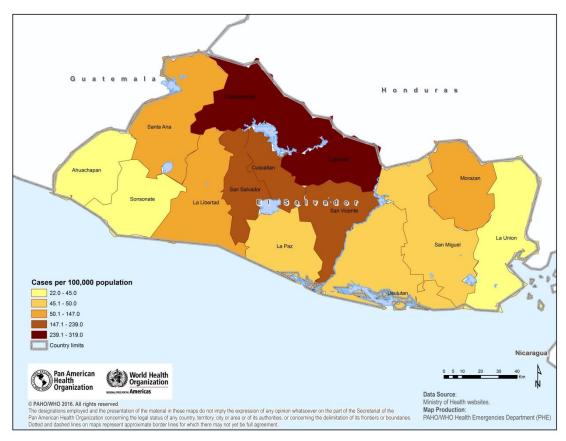
Suggested citation: Pan American Health Organization / World Health Organization. Zika - Epidemiological Report El Salvador. December 2016. Washington, D.C.: PAHO/WHO; 2016

¹ El Salvador Ministry of Health. Epidemiological Bulletin. EW 47 of 2016. Available at: http://www.salud.gob.sv/download/boletin-epidemiologico-semana-47-del-20-al-26-de-noviembre-de-2016





Figure 2. Suspected Zika cases per 100,000 population by department. El Salvador. EW 1 to EW 47 of 2016



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

TREND

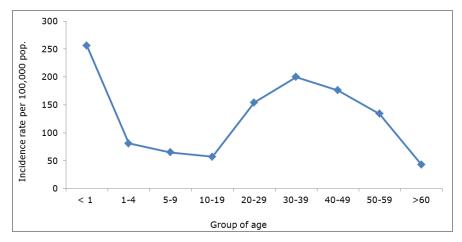
The majority of Zika cases in El Salvador were reported between EW 47 of 2015 and EW 5 of 2016 (**Figure 1**). Since then, a steady decline in weekly numbers of cases has been observed.

Between EW 46 of 2015 and EW 47 of 2016, the highest rates of incidence have been observed in children under 1 year and adults aged 30-39 years (**Figure 3**).¹





Figure 3. Incidence rate of suspected Zika cases per 100,000 population by age-group. El Salvador. EW 1 – EW 47 of 2016.

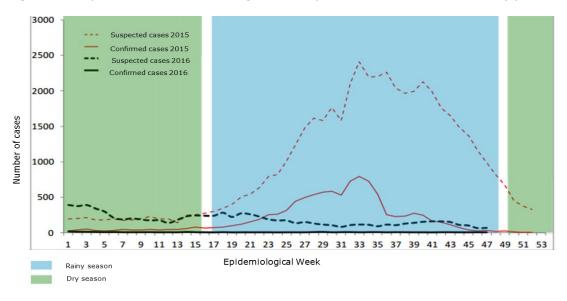


Source: Data published by El Salvador Ministry of Health and reproduced by PAHO/WHO

CIRCULATION OF OTHER ARBOVIRUSES

Between 2015 and 2016, El Salvador has been experiencing simultaneous circulation of dengue and chikungunya, with seasonal peaks between July and August. As of EW 47 of 2016, a total of 8,500 probable cases of dengue have been reported in El Salvador, 82% less than the total number of cases reported for the same period in 2015 (**Figure 4**). Similarly, as of EW 47, El Salvador health authorities have reported 90% less cases of chikungunya compared to the same period in 2015 (**Figure 5**).

Figure 4. Suspected and confirmed dengue cases by EW. El Salvador. 2015 - 2016 (up to EW 47).

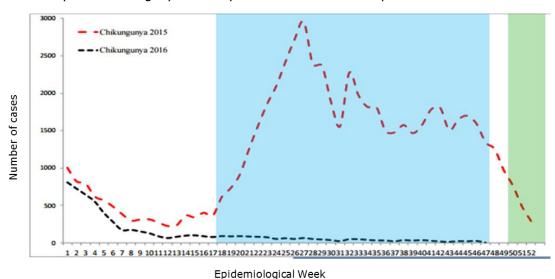


Source: Data published by the El Salvador Ministry of Health¹





Figure 5. Suspected chikungunya cases by EW. El Salvador. 2015 up to EW 47 of 2016.



Source: Data published by the El Salvador Ministry of Health¹

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

Between EW 47 of 2015 and EW 47 of 2016, a total of 362 pregnant women with suspected Zika virus disease have been reported by El Salvador health authorities. Up to EW 46 of 2016, 77 women have been tested for Zika virus, of which eight have been confirmed positive for the infection. The rest (253) were not tested because they consulted five days after onset of symptoms.

ZIKA COMPLICATIONS

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

Between EW 48 of 2015 and EW 31 of 2016, El Salvador reported 224 cases of Guillain-Barré syndrome (GBS), including four deaths.² Annually, on average, 210 GBS cases are reported nationwide by El Salvador health authorities.²

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 33 of 2016, four cases of microcephaly associated with Zika virus infection have been confirmed by El Salvador health authorities.² The number of microcephaly cases reported since March 2016 is higher than the average numbers of cases reported for the same period between 2012 and 2015 (24 cases). As of EW 31, 109 microcephaly cases were reported, including the four that were laboratory-confirmed for Zika virus infection.² Of the remaining cases, 18 were positive for toxoplasmosis, 15 were positive for cytomegalovirus and 72 remain under investigation.

Suggested citation: Pan American Health Organization / World Health Organization. Zika - Epidemiological Report El Salvador. December 2016. Washington, D.C.: PAHO/WHO; 2016

² PAHO/WHO Information Bulletin. Zika and Arboviruses. No 1. August 2016. Available at: http://www.paho.org/els/index.php?option=com_content&view=article&id=1063&Itemid=0





DEATHS AMONG ZIKA CASES

As of EW 49 of 2016, no deaths among Zika cases have been reported by El Salvador health authorities.

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NATIONAL ZIKA SURVEILLANCE GUIDELINES

Information on the national Zika surveillance guidelines is published on the El Salvador Ministry of Health website, which is available at:

http://www.salud.gob.sv/archivos/vigi_epide2015/boletines_epidemilogicos2015/Boletin_epidemiologicos2015.pdf

Technical guidelines for the care and classification of children with microcephaly is available at: http://asp.salud.gob.sv/regulacion/pdf/lineamientos/lineamientos tecnicos atencion ni%C3%B1os con microcefalia.pdf

LABORATORY CAPACITY

Laboratory confirmation of suspected Zika cases is performed by molecular detection (*In house* real time RT-PCR) and serology (ELISA IgM detection) at the national reference laboratory by the El Salvador Ministry of Health. In addition, the PCR multiplex system from the United States Centers for Disease Control and Prevention (CDC) (Trioplex) has recently been established.

INFORMATION-SHARING

Information on dengue, chikungunya and Zika virus is received by PAHO/WHO on a weekly basis. At the time of this report, the latest information available on the El Salvador Ministry of Health website was from EW 47 of 2016.