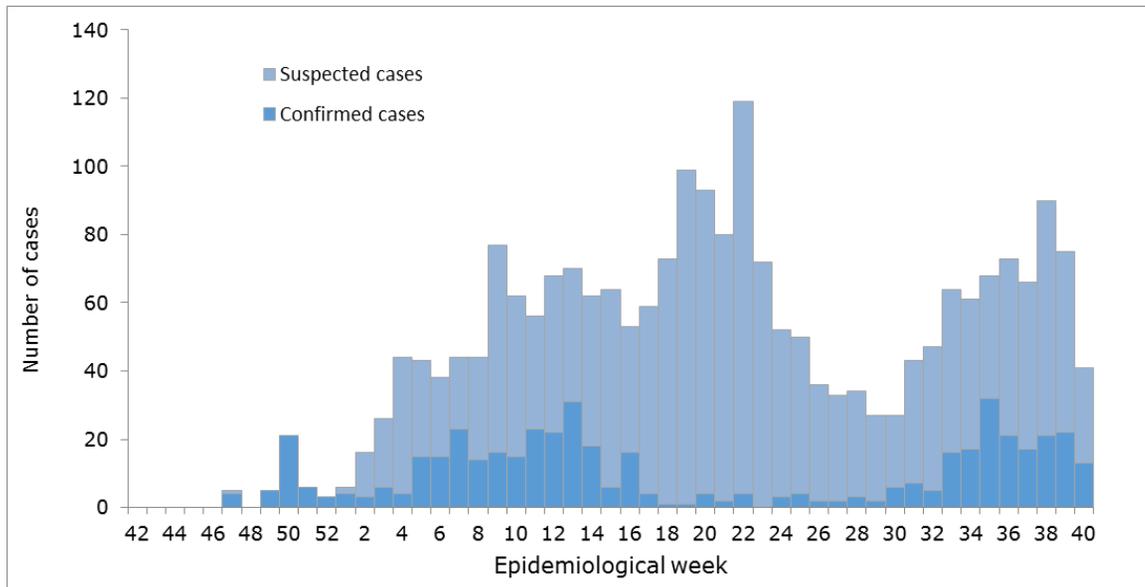


Zika-Epidemiological Report Panama

1 November 2016

Figure 1. Suspected and confirmed Zika cases. Panama. EW 42 of 2015 to EW 40 of 2016



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

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

In epidemiological week (EW) 48 of 2015, the Panama International Health Regulations (IHR) National Focal Point (NFP) notified PAHO/WHO of the first laboratory-confirmed case of Zika virus disease. The first case was reported from Ustupu Island in Alligandi District, Guna Yala Region.

GEOGRAPHIC DISTRIBUTION

As of EW 41 of 2016, 13 out of the 15 health regions in Panama reported confirmed cases of Zika virus. A majority of the confirmed cases were from the regions of Guna Yala (178 cases) and Metropolitana (184 cases).¹

TREND

Between EW 47 of 2015 until EW 40 of 2016, Panama registered 1,818 suspected Zika cases, of which 480 were laboratory-confirmed.² Suspected Zika cases started increasing in EW 2 of 2016 and reached a peak in EW 22, with 115 suspected cases reported (**Figure 1**). Afterwards, the

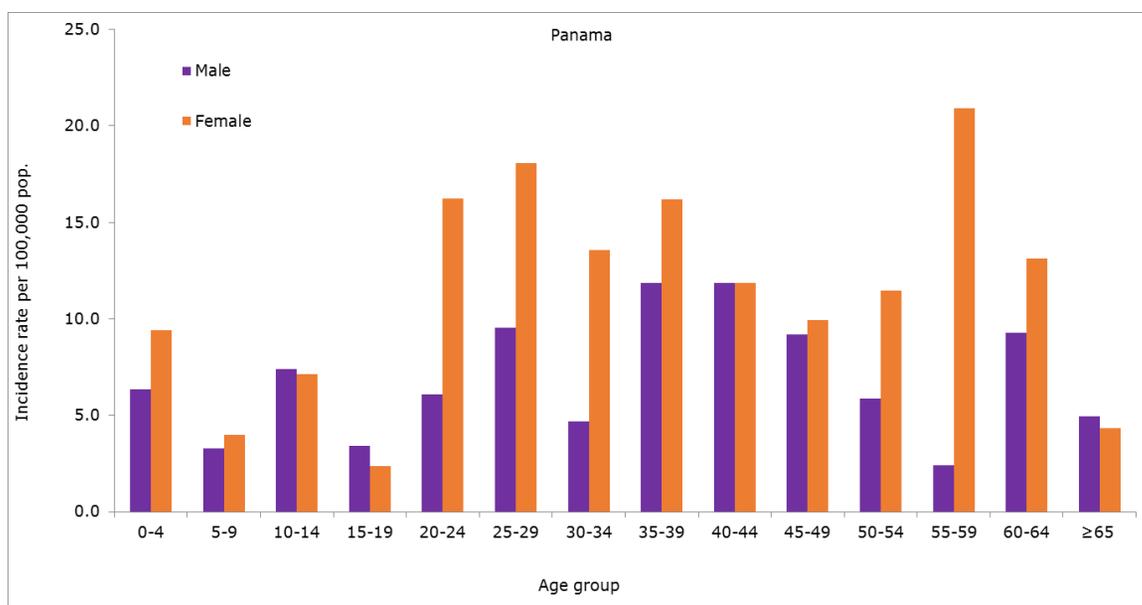
¹ Panama Ministry of Health. Epidemiological Bulletin No. 34– Zika. 16 October 2016. Available at: http://www.minsa.gob.pa/sites/default/files/publicacion-general/boletin_34_zk_sem41.pdf

² Zika virus data reported to PAHO/WHO by the Panama IHR NFP

number of reported cases declined, although a new increase was observed since EW 31 similar to the curve between EW 2 to EW 22.

There is a preponderance of females among confirmed Zika cases in Panama (**Figure 2**). The highest rate is observed in females aged 55-59 years (21 per 100,000 population), followed by females of 25-29 years (18 per 100,000 population), and females of 35-39 years (16 per 100,000 population).

Figure 2: Incidence rate of confirmed Zika cases by sex and age group. Panama. 2015 to EW 40 of 2016



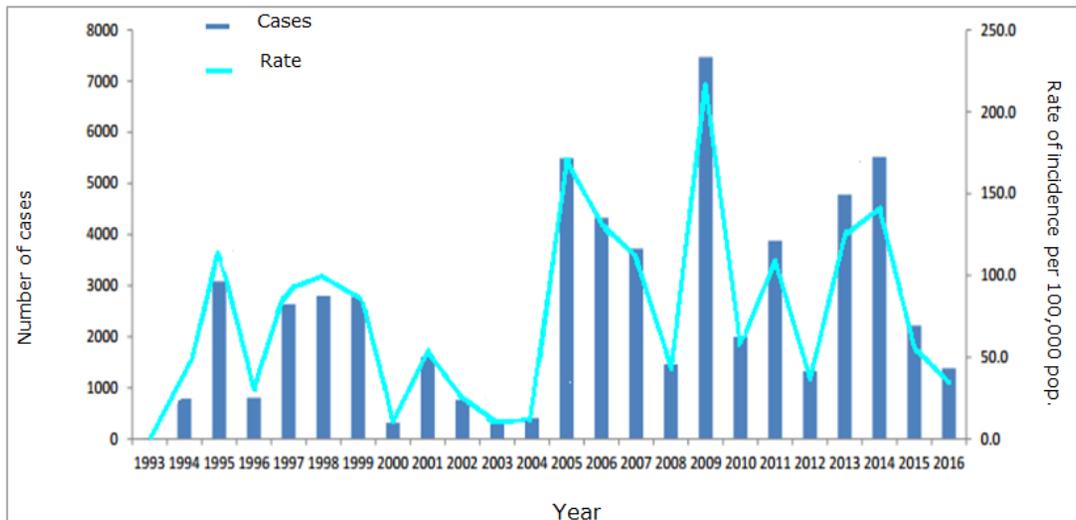
Source: Data published by the Panama Ministry of Health as of EW 37¹ and reproduced by PAHO/WHO

CIRCULATION OF OTHER ARBOVIRUSES

Between EW 1 to EW 36 of 2016, a total of 1,387 confirmed dengue cases (32 cases per 100,000 population) were reported at the national level (**Figure 3**). This number is lower compared to the same period of 2015. During 2016, there were slightly more confirmed female cases (36 per 100,000 population) compared with confirmed male cases (32 per 100,000 population).³

³ Panama Ministry of Health. Epidemiological Bulletin No. 36 – Dengue. 14 September 2016. Available at: http://www.minsa.gob.pa/sites/default/files/publicacion-general/boletin_36_dengue_0.pdf

Figure 3: Number of suspected dengue cases and incidence rate. Panama. 1993 to 2016. (up to EW 36 of 2016)



Source: Surveillance data published by the Panama Ministry of Health and reproduced by PAHO/WHO

Chikungunya emerged in Panama in 2014. Between EW 1 and EW 35 of 2016, a total of 1,788 suspected cases including six confirmed cases were reported.⁴

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

Since the beginning of the epidemic up to EW 41 of 2016, a total of 105 suspected cases of Zika virus disease, including 30 laboratory-confirmed cases, have been reported in pregnant women by Panama health authorities.¹ The majority of the suspected cases were in their third trimester of gestation. Of the 13 regions reporting cases of Zika virus disease in pregnant women, Metropolitan Region reported the highest number of cases (suspected and confirmed) accounting for 38% of the total case count.

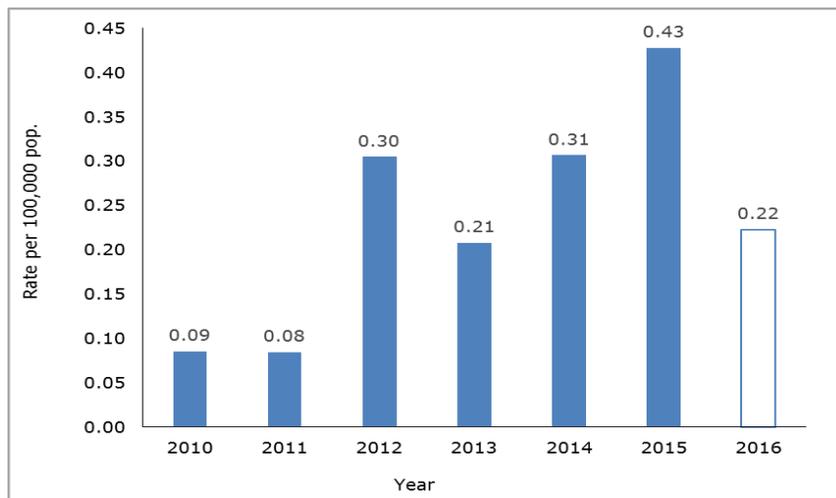
ZIKA COMPLICATIONS

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

In Panama, since 2010 to date, there has been an increasing trend in the rate of Guillain-Barré syndrome (GBS) cases, ranging between 0.08 and 0.43 per 100,000 population (**Figure 4**). Thus far in 2016, a total of 11 GBS cases have been reported. Of these, two have been laboratory-confirmed for Zika virus infection.² One other neurological syndrome case has been laboratory-confirmed for Zika virus infection.

⁴ Panama Ministry of Health. Epidemiological Bulletin No. 8 –Chikungunya. 5 September 2016. Available at: http://www.minsa.gob.pa/sites/default/files/publicacion-general/boletin_8_chikv_1.pdf

Figure 4: Reported GBS cases (per 100,000 population) in patients up to 65 years of age. Panama. 2010-2016*



*2016 up to EW 37

Source: Surveillance data provided to PAHO/WHO from the Panama Ministry of Health

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 41 of 2016, thirty six suspected cases of congenital syndrome associated with Zika virus disease have been reported by Panama health authorities, of which five have been laboratory-confirmed for Zika virus infection by RT-PCR.¹

DEATHS AMONG ZIKA CASES

As of EW 41 of 2016, no deaths among Zika cases have been reported by Panama health authorities.

NATIONAL ZIKA SURVEILLANCE GUIDELINES

No information is available on the national guidelines for Zika surveillance.

LABORATORY CAPACITY

As of EW 41 of 2016, there has been one laboratory performing real-time PCR in Panama and the diagnosis of Zika virus infection is centralized at the Instituto Gorgas.

INFORMATION-SHARING

The Epidemiological Bulletin is published by the Panama Ministry of Health on a weekly basis. Information on Zika virus is also received by PAHO/WHO from the Panama IHR NFP on a weekly basis. At the time of this report, the latest information available was from EW 41 of 2016.