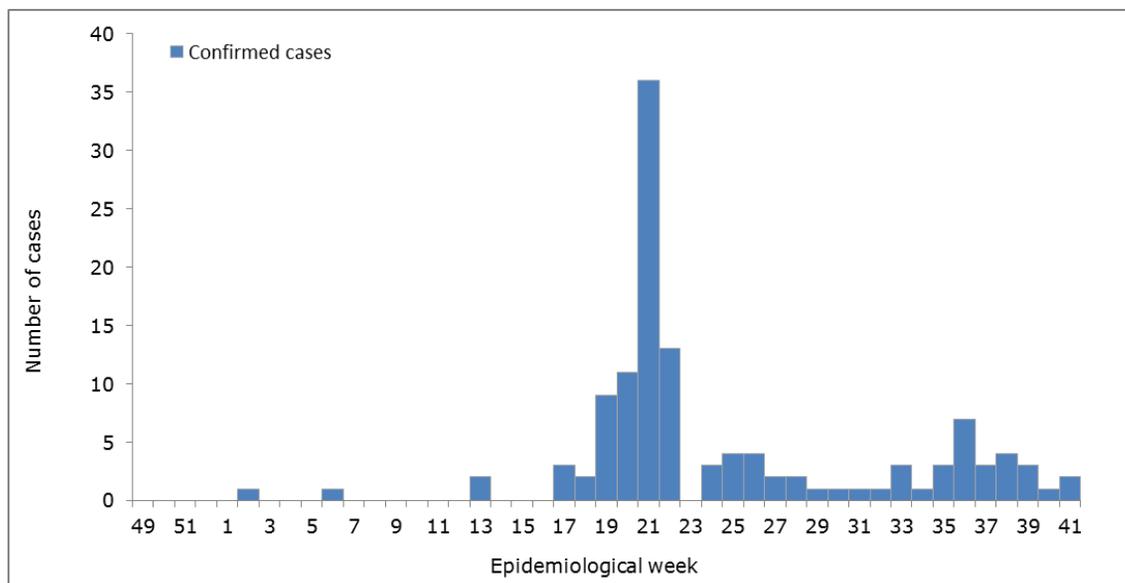


Zika-Epidemiological Report

Peru

2 November 2016

Figure 1. Confirmed Zika cases (symptomatic and asymptomatic) by epidemiological week (EW). Peru. EW 1 to EW 41 of 2016.



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

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

As of EW 41 of 2016, a total of 122 autochthonous cases have been confirmed in seven of Peru's 25 departments, including one case of sexual transmission in Lima.¹ The departments that have reported the most cases are Cajamarca (65 cases) and Loreto (49 cases).²

¹ Peru Ministry of Health. National Center for epidemiology, prevention and control of diseases. Situation of Zika in Peru. 27 July 2016. Peru IHR NFP communication to PAHO/WHO.

² Peru Ministry of Health. Epidemiological Bulletin. EW 41 of 2016. Available at: <http://www.dge.gob.pe/portal/docs/vigilancia/boletines/2016/41.pdf>

TREND

Since the peak of EW 21 of 2016, a decrease in reported cases has been observed. Between EW 24 and 41, a low number of cases have been reported in Peru (**Figure 1**). The epidemic curve for Peru is based only on confirmed Zika cases, which may not provide an accurate representation of the dynamics of the epidemic.

CIRCULATION OF OTHER ARBOVIRUSES

In Peru, as of EW 41 of 2016, a total of 28,624 cases of dengue have been reported, representing a 22% decrease compared to the same period in 2015.²

As of EW 41 of 2016, 119 confirmed and 113 suspected chikungunya cases have been reported in Peru.³ Chikungunya was first detected in Peru in September 2015. By EW 52 of 2015, 192 suspected and 103 confirmed cases were reported in the country.

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

As of EW 41 of 2016, a total of 40 confirmed cases of Zika infection in pregnant women have been reported.² Of these, 26 have completed their pregnancy without complications or microcephaly upon initial examination. The remaining 14 are being followed up.

ZIKA COMPLICATIONS

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

As of EW 41 of 2016, no cases of Zika-virus-associated Guillain-Barré syndrome (GBS) or other neurological syndromes have been reported by Peru health authorities.²

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 41 of 2016, no cases of congenital syndrome associated with Zika virus infection have been reported by Peru health authorities.²

DEATHS AMONG ZIKA CASES

As of EW 41 of 2016, no deaths among Zika cases have been reported by Peru health authorities.²

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.²

³ 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

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 EW 41 of 2016.