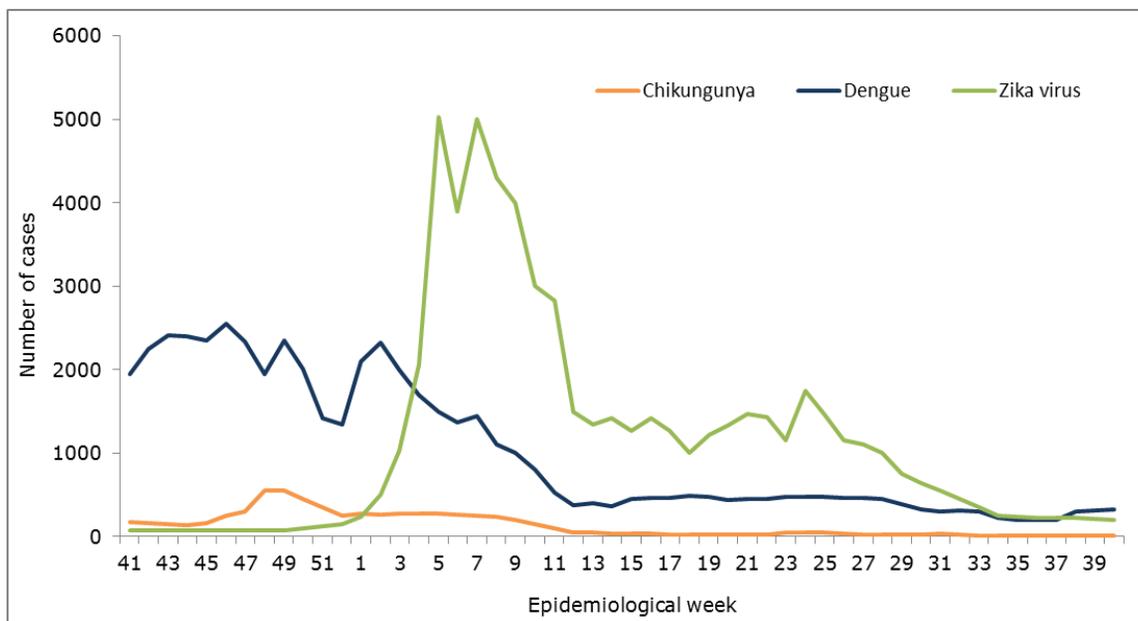


Zika-Epidemiological Report

Venezuela (Bolivarian Republic of)

3 November 2016

Figure 1. Number of chikungunya, dengue and Zika cases by epidemiological week (EW). Venezuela. EW 41 of 2015 to EW 40 of 2016.



Source: Data provided by the Venezuela IHR NFP

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

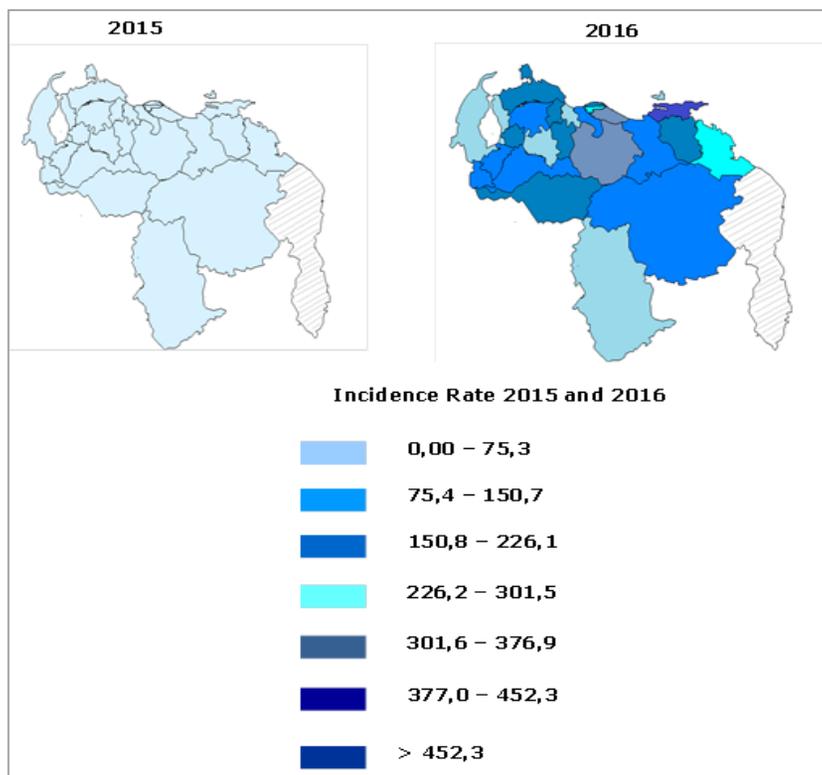
In epidemiological week (EW) 48 of 2015, the detection of the first autochthonous vector-borne Zika case was reported by the Bolivarian Republic of Venezuela International Health Regulations (IHR) National Focal Point (NFP).

GEOGRAPHIC DISTRIBUTION

As of EW 36 of 2016, autochthonous cases have been confirmed in all 24 states of Venezuela. The highest incidence rate in 2016 is observed in states located in the northern part of Venezuela, with the highest rate in the Distrito Capital (927 cases per 100,000 population), followed by Sucre (500 cases per 100,000 population) and Delta Amacuro (309 cases per 100,000 population) (**Figure 2**).¹

¹ Reported to PAHO/WHO by the Venezuela IHR NFP on 16 October of 2016.

Figure 2. Suspected Zika cases per 100,000 population, by state. Venezuela. 2015-2016.



Source: Data provided by the Venezuela IHR NFP

TREND

An increase of cases was observed from EW 48 of 2015 to EW 7 of 2016. Between EW 8 and EW 12 of 2016, there was a decline in reported cases. Subsequently, a stable trend of Zika cases has been observed, with a slight decrease from EW 24 up to EW 40 (**Figure 1**).¹

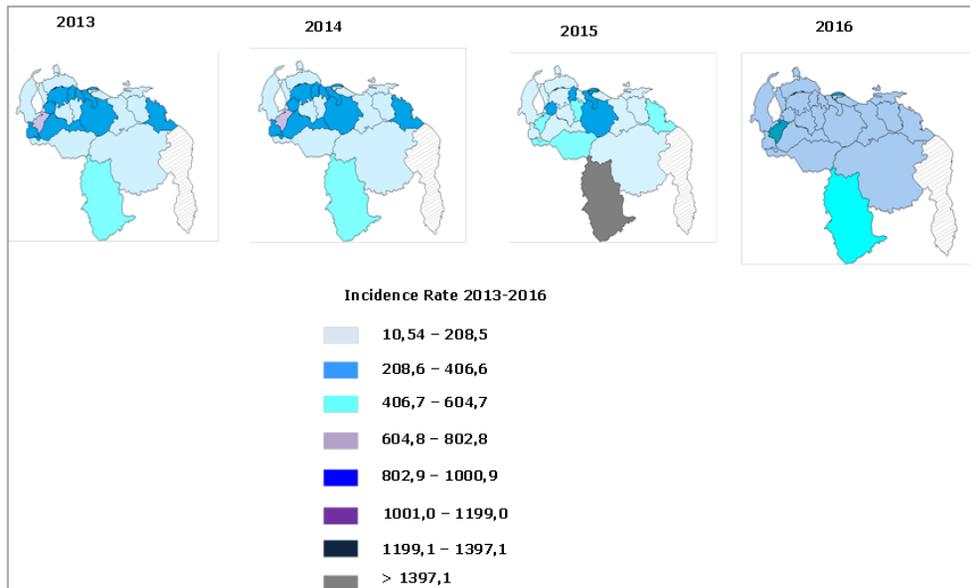
CIRCULATION OF OTHER ARBOVIRUSES

The transmission of both dengue and chikungunya in 2016 is lower than what was observed in 2015 (**Figure 1**).¹

The incidence rate of suspected dengue cases up to EW 40 was 65, 291, and 178 cases per 100,000 population in 2013, 2014, and 2015 respectively. The geographical distribution of dengue in 2013 was similar to the distribution of Zika in 2016. As of EW 40 of 2016, the incidence rate of dengue is 87 cases per 100,000 population at the national level.

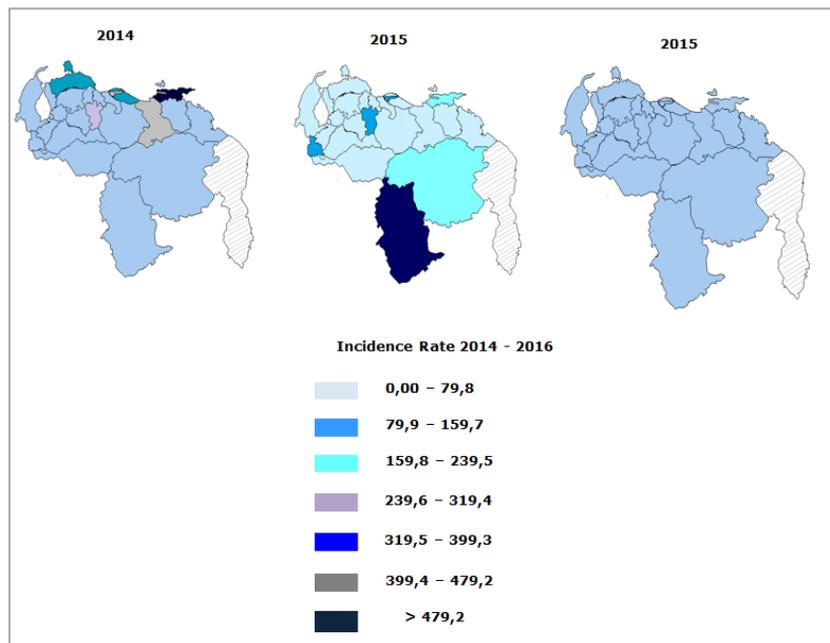
The incidence of suspected chikungunya cases up to EW 40 was 123 and 11 cases per 100,000 population in 2014 and 2015 respectively. As of EW 40 of 2016, the incidence rate of chikungunya is 11 cases per 100,000 population. Dengue and chikungunya incidence rate by the sub-national level by year is presented in **Figure 3** and **Figure 4**.

Figure 3. Dynamic of dengue incidence rate. Venezuela. 2013 to 2016 (up to EW 40).



Source: Data provided by the Venezuela IHR NFP

Figure 4. Dynamic of chikungunya incidence rate. Venezuela. 2014 to 2016 (up to EW 40).



Source: Data provided by the Venezuela IHR NFP

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

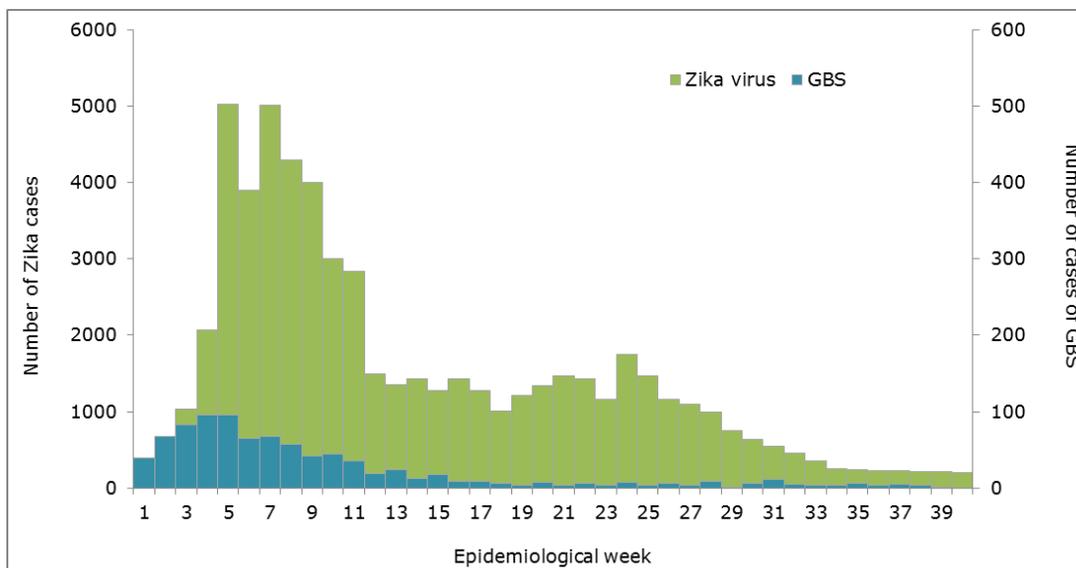
Between EW 5 and EW 36 of 2016, there have been 1,071 suspected Zika cases in pregnant women.¹

ZIKA COMPLICATIONS

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

In 2016, Venezuela health authorities have reported an increase of Guillain-Barré syndrome (GBS) cases compared with the number of cases detected in previous years.¹ As of EW 40 of 2016, a total of 894 GBS cases have been identified (**Figure 5**). No information on GBS-related deaths is available.

Figure 5. Suspected and confirmed cases of Zika and GBS. Venezuela. EW 1 to EW 40 of 2016.



Source: Data provided by the Venezuela IHR NFP

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 40 of 2016, no cases of congenital syndrome associated with Zika virus infection have been reported by Venezuela health authorities.¹

DEATHS AMONG ZIKA CASES

As of EW 40 of 2016, no deaths among Zika cases have been reported by Venezuela health authorities.¹

NATIONAL ZIKA SURVEILLANCE GUIDELINES

The Venezuela Ministry of People’s Power for Health website has protocols for Zika, GBS, and pregnancy complications associated with Zika virus.

The Venezuela Zika virus surveillance protocol is available at:

<https://drive.google.com/file/d/0By6RZhEqt4ajY1RmU041b250WjQ/view?usp=sharing>

The Venezuela GBS protocol is available at:

<https://drive.google.com/file/d/0By6RZhEqt4ajS01iczdVQnQ4SE0/view>

The Venezuela Protocol for early surveillance, conduct, and monitoring of Zika virus in pregnant women and complications in the mother and child is available at:

<https://drive.google.com/file/d/0By6RZhEqt4ajNWNam0hmNDlpZ28/view>

LABORATORY CAPACITY

Laboratory confirmation of Zika suspected cases is performed by molecular detection (real time RT-PCR) by the *Instituto Nacional de Higiene "Rafael Rangel"* at the Venezuela Ministry of People's Power for Health.

INFORMATION-SHARING

This report was compiled using information provided by the Venezuela IHR NFP to PAHO/WHO before 30 October 2016.