Zika virus – Incidence and trends

To date, 47 countries and territories in the Americas have confirmed autochthonous, vector-borne transmission of Zika virus disease since 2015. In addition, five countries in the Americas have reported sexually transmitted Zika cases. Since the last Zika Epidemiological Update of 20 October 2016, no additional countries and/or territories have confirmed vector-borne autochthonous transmission of Zika virus in the Americas (Figure 1).

Figure 1. Countries and territories in the Americas with confirmed autochthonous (vector-borne) Zika virus cases, 2015-2016.

1 Anguilla; Antigua and Barbuda; Argentina; Aruba; the Bahamas; Barbados; Belize; Bolivia (Plurinational State of); Bonaire, Sint Eustatius, and Saba; Brazil; the British Virgin Islands; Cayman Islands; Colombia; Costa Rica; Cuba; Curaçao; Dominica; the Dominican Republic; Ecuador; El Salvador; French Guiana; Grenada; Guadeloupe; Guatemala; Guyana; Haiti; Honduras; Jamaica; Martinique; Mexico; Nicaragua; Panama; Paraguay; Peru; Puerto Rico; Saint Barthélemy; Saint Kitts and Nevis; Saint Lucia; Saint Martin; Saint Vincent and the Grenadines; Sint Maarten; Suriname; Trinidad and Tobago; Turks and Caicos Islands; the United States of America; the United States Virgin Islands; and Venezuela (Bolivarian Republic of).

2 Argentina, Canada, Chile, Peru, and the United States of America.
Highlighted below is a summary of the Zika epidemiological situation by sub-regions of the Americas.

**North America**

In Mexico, since the beginning of the outbreak up to epidemiological week (EW) 39 of 2016 cases had an upward trend. While a downward trend of confirmed cases has been observed from EW 40 through EW 41, this trend may vary as data is updated retrospectively.

In the United States of America, the area of transmission within the county of Miami-Dade, Florida continues to increase. In a press release issued 19 October 2016, the state of Florida and the U.S. Centers for Disease Control and Prevention (CDC) reported on the investigation of autochthonous transmission in a new area within the county of Miami-Dade.

**Central America**

In Central America, Guatemala has presented a stable trend from EW 37 through EW 40 of 2016. Panama continues to report an increasing trend in cases. Similarly, in Belize, an increasing trend in cases is reported between EW 36 and EW 39 of 2016.

In the other countries of Central America, the trend continues to decrease.

**Caribbean**

To date, Saint Kitts and Nevis is the last country and/or territory in the Region to have detected autochthonous transmission of Zika. Since the beginning of the epidemic up to EW 40, new cases have been reported, with an increasing trend.

In the islands of Turks and Caicos an increasing trend of cases occurred between EW 36 and EW 38 of 2016.

Other countries/territories in the Caribbean also show a declining trend of Zika cases.

**South America**

All countries in South America continue to report decreasing numbers of Zika cases.

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3 Canada, Mexico, and the United States of America.
4 Read the full report.
5 Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama.
6 Anguilla, Antigua and Barbuda, Aruba, the Bahamas, Barbados, Bonaire, Saint Eustatius and Saba, Curacao, Cayman Islands, Cuba, Dominica, the Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Puerto Rico, Saint Barthélemy, Saint Lucia, Saint Martin, Sint Maarten, Saint Vincent and the Grenadines, Trinidad and Tobago, Turks and Caicos Islands, and the U.S. Virgin Islands.
7 Argentina, Bolivia, Brazil, Colombia, Ecuador, French Guiana, Guyana, Paraguay, Peru, Suriname, and Venezuela.
Congenital syndrome associated with Zika virus infection

To date, 19 countries and territories in the Americas have reported confirmed cases of congenital syndrome associated with Zika virus infection. Since the Zika Epidemiological Update of 20 October 2016, Bolivia and Trinidad and Tobago have reported confirmed cases of congenital syndrome associated with Zika virus infection.

As of EW 35, Canada reported two maternal-fetal transmissions of Zika Virus; one with severe neurological anomalies.

As of 1 September, the table with the number of confirmed cases of congenital syndrome is published on a weekly basis on the PAHO/WHO website and is available at: http://www.paho.org/hq/index.php?option=com_content&view=article&id=12390&Itemid=42090&lang=en.

Guillain-Barré syndrome (GBS) and other neurological disorders

Since the publication of the Zika Epidemiological Update of 20 October 2016, Guatemala has reported an increase in Guillain-Barré syndrome (GBS) cases, in addition to the previously reported Zika virus laboratory confirmation in at least one case of GBS (Table 1).

Table 1. Countries and territories in the Americas with GBS in the context of Zika virus circulation.

<table>
<thead>
<tr>
<th>Increase in GBS with Zika virus lab confirmation in at least one case of GBS</th>
<th>Zika virus laboratory confirmation in at least one case of GBS</th>
<th>Increase in GBS with no Zika virus lab confirmation in any of the cases</th>
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<td>Venezuela</td>
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8 Read the case definition.
9 Information on the location where the mother contracted the infection is not publicly available; however, Canadian authorities informed the national authorities of the country where the infection was acquired.
Guidelines for the serological diagnosis of Zika virus infection

PAHO/WHO encourages Member States to implement and apply the PAHO/WHO Guidelines for the serological diagnosis of Zika virus infection, published in October 2016, considering that the detection of Zika virus (ZIKV) IgM antibodies is an important tool for confirming the infection to this virus which is associated to complications, including neurological and congenital syndromes, and that ZIKV serological diagnosis can be performed by ELISA IgM starting from the sixth day of onset of symptoms through several months after the infection.