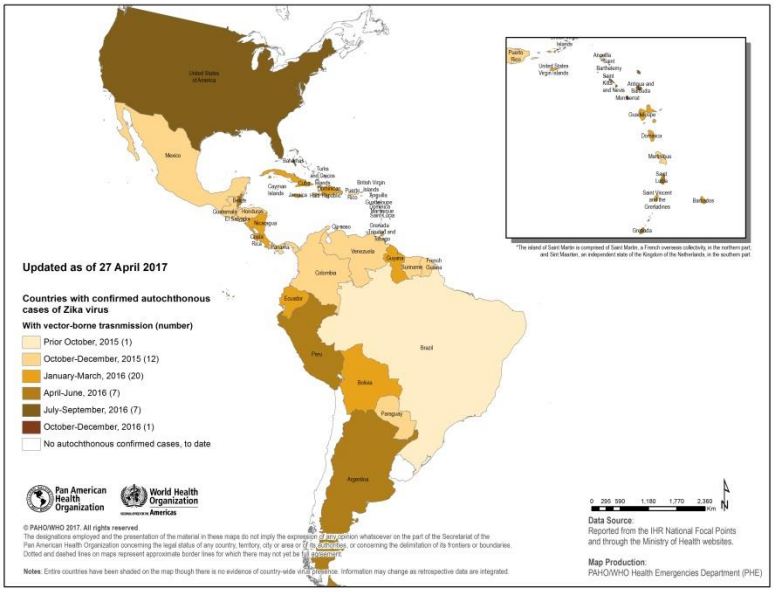
Zika - Epidemiological Update

27 April 2017

Situation summary in the Americas

Since epidemiological week (EW) 44 of 2016, no additional countries or territories of the Americas have confirmed autochthonous, vector-borne transmission of Zika virus disease. To date, 48 countries and territories in the Americas have confirmed autochthonous, vector-borne transmission of Zika virus disease since 2015,[1] while five countries have reported sexually transmitted Zika cases (**Figure 1**).[2]

Figure 1. Countries and territories in the Americas with confirmed autochthonous (vector-borne) Zika virus cases, 2015 - 2017.



The following is a summary of the epidemiological situation by sub-regions.

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[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, Montserrat, 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, 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.

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North America[3]

In the United States of America, the Florida Department of Health reported that Florida no longer has any identified areas with active Zika transmission; however, isolated cases of local transmission could continue to be reported.[4] The Texas Department of State Health Services has not reported cases of local transmission during 2017.[5]

Meanwhile, Mexico continues to report confirmed cases with a declining trend observed since epidemiological week (EW) 40 of 2016. Since the last epidemiological update, no new states have confirmed local transmission.

Central America[6]

The trend of reported cases in Central America continues to decline (**Figure 2**), with the exception of Guatemala, where there was a slight increase in suspected and confirmed Zika cases between EW 1 and 9 of 2017, similar to what was observed with dengue during the same period in the country.

From EW 1 to EW 10 of 2017, in this sub-region, an average of 180 suspected and confirmed cases were reported on a weekly basis.

Caribbean[7]

In Aruba, an upward trend in the number of suspected and confirmed cases persists since EW 29 of 2016. In the other countries/territories of this sub region, the decreasing trend of reported cases continues, with a weekly average of 545 cases reported between EW 1 and EW 10 of 2017.

South America[8]

Following a declining trend in reported cases since EW 7 of 2016, starting from EW 1 of 2017, there has been an increasing trend of reported cases in South America mainly due to increases in the number of cases in Bolivia (Plurinational State of), Brazil, Ecuador, and Peru (**Figure 3**). Between EW 1 and EW 10 of 2017, an average of 1,247 suspected and confirmed cases were reported per week in this sub region.

In Argentina, between EW 8 and EW 16 of 2017, three new provinces, Chaco, Formosa, and Salta, reported local transmission of Zika.[9] Including Córdoba and Tucumán, which reported

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[3] Canada, Mexico, and the United States of America.
[4] Read the full report.
[5] Read the full report.
[6] Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama.
[7] Anguilla, Antigua and Barbuda, Aruba, the Bahamas, Barbados, Bonaire, Saint Eustatius and Saba, Curacao, Cayman Islands, Cuba, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Monsterrat, Puerto Rico, Saint Barthélemy, Saint Kitts and Nevis, Saint Lucia, Saint Martin, Sint Maarten, Saint Vincent and the Grenadines, Trinidad and Tobago, Turks and Caicos, the U.K. Virgin Islands, and the U.S. Virgin Islands.
[8] Argentina, Bolivia (Plurinational State of), Brazil, Colombia, Ecuador, French Guiana, Guyana, Paraguay, Peru, Suriname, and Venezuela (Bolivarian Republic of).
[9] Read the full report.

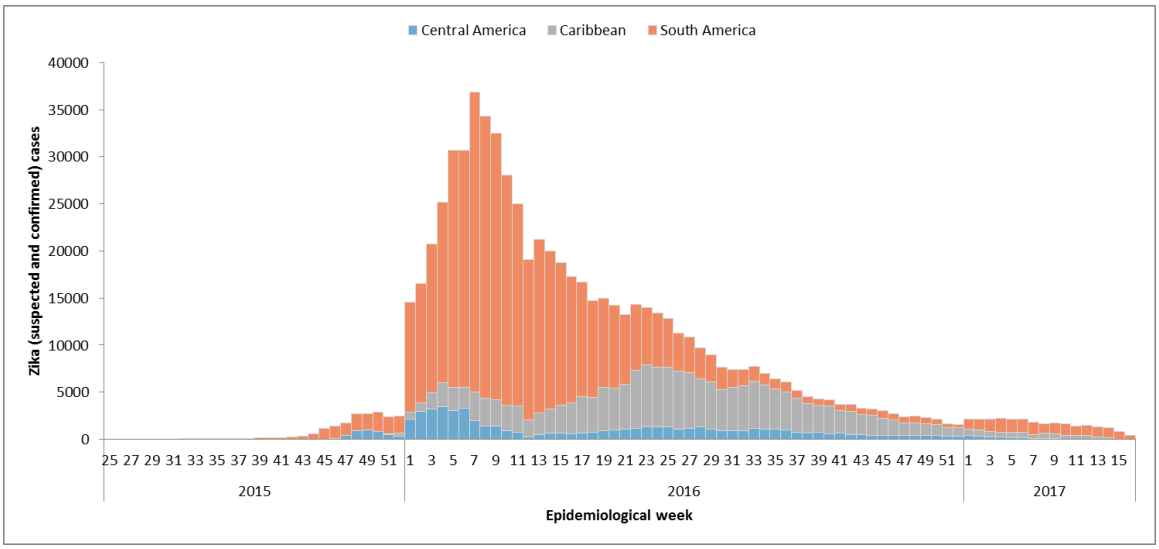
autochthonous vector-borne transmission of Zika in 2016, a total of 5 provinces have reported Zika virus circulation.[10]

In Bolivia (Plurinational State of), the increase in cases has been observed since the beginning of 2017, with 71% (280) of the cases confirmed in the first 12 weeks of 2017 in the department of Beni. In Ecuador, cases increased from EW 5, and 68% (401) of cases confirmed in the first 15 weeks of 2017 were from the province of Guayas.[11]

In Brazil, there was a slight increase in notified Zika cases between EW 1 and EW 9 of 2017, similar to what was observed with chikungunya during the same period in the country.[12]

In Peru, the increase is mainly due the ongoing outbreak in the department of Loreto[13] and, from EW 9 of 2017, with the outbreak in the province of Chincha in the department of Ica.[14]

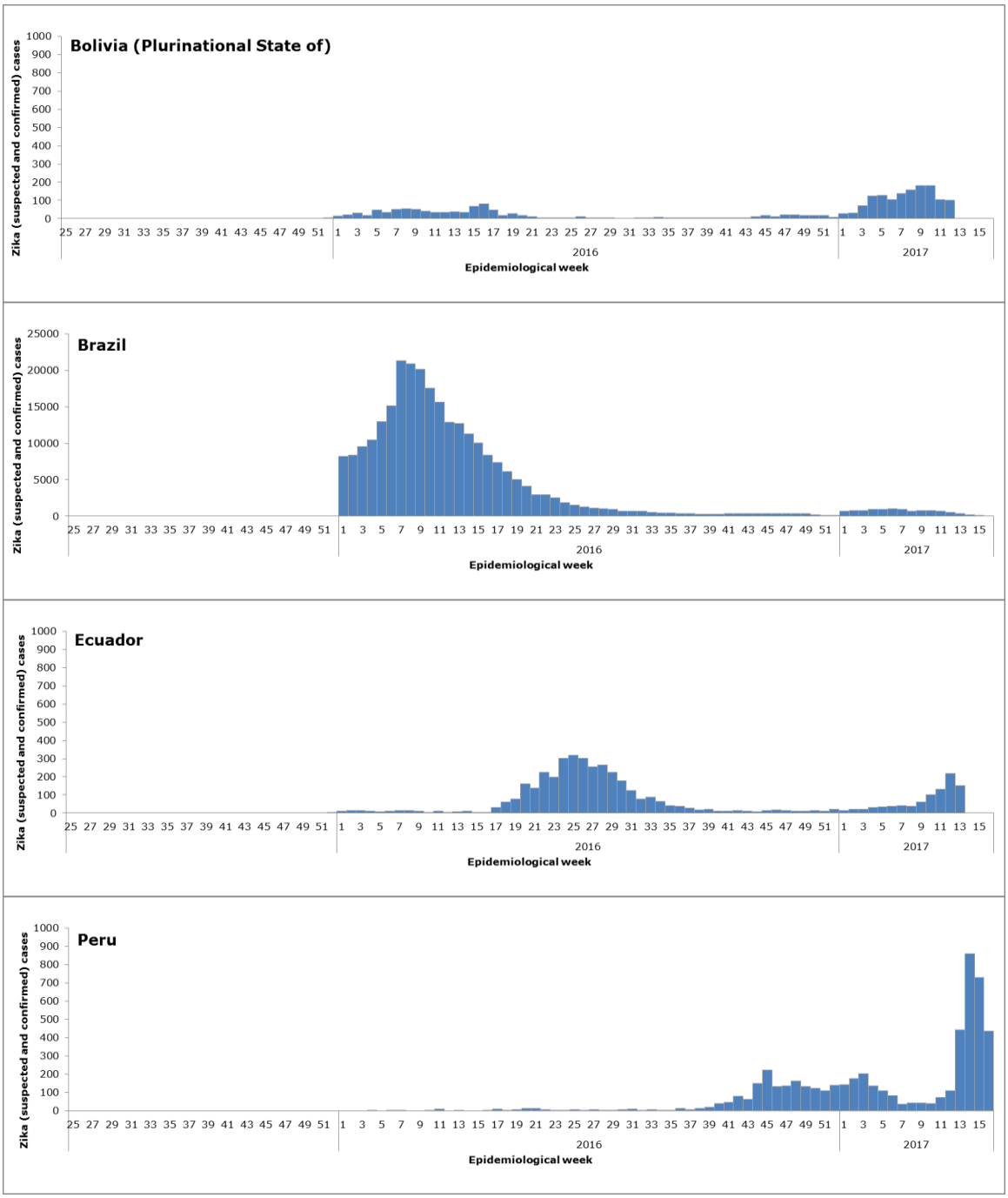
Figure 2. Distribution of suspected and confirmed Zika cases by epidemiological week and sub-region. Region of the Americas, 2016 – 2017 (as of EW 16).[15]



Source: Data provided by countries and territories and reproduced by PAHO/WHO

[10] Read the full report.
[11] Read the full report.
[12] Read the full report.
[13] Read the full report.
[14] Read the full report.
[15] Countries and territories for which information on the distribution of cases by epidemiological week is available and that were included in Figure 2: Anguilla, Antigua and Barbuda, Argentina, Aruba, Barbados, Belize, Bolivia (Plurinational State of), Bonaire, Saint Eustatius, and Saba, Brazil, Cayman Islands, Colombia, Costa Rica, Curaçao, Dominica, Dominican Republic, Ecuador, El Salvador, French Guyana, Grenada, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Montserrat, Panama, Paraguay, Peru, Puerto Rico, Saint Barthelemy, Saint Kitts and Nevis, Saint Martin, Saint Vincent and the Grenadines, Sint Maarten, Suriname, Trinidad and Tobago, Turks and Caicos, Venezuela (Bolivarian Republic of), U.K. Virgin Islands.

Figure 3. Distribution of suspected and confirmed Zika cases by EW. Bolivia (Plurinational State of), Brazil, Ecuador, and Peru, EW 25 of 2015 to EW 16 of 2017.



Source: Data provided by the Ministries of Health of Bolivia (Plurinational State of), Brazil, Ecuador, and Peru and reproduced by PAHO/WHO

Congenital syndrome associated with Zika virus infection[16]

To date, 26 countries and territories in the Americas have reported confirmed cases of congenital syndrome associated with Zika virus infection. In EW 15 and EW 17 of 2017, Ecuador and Barbados[17] reported for the first time confirmed cases of congenital syndrome associated with Zika virus infection. In the last eight weeks (EW 10 to EW 17 of 2017), Brazil, Colombia, Costa Rica, Ecuador, Grenada, Guadeloupe, Guatemala, Martinique, Mexico, Puerto Rico, and the United States of America updated their number of cases of congenital syndrome associated with Zika virus infection.

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.

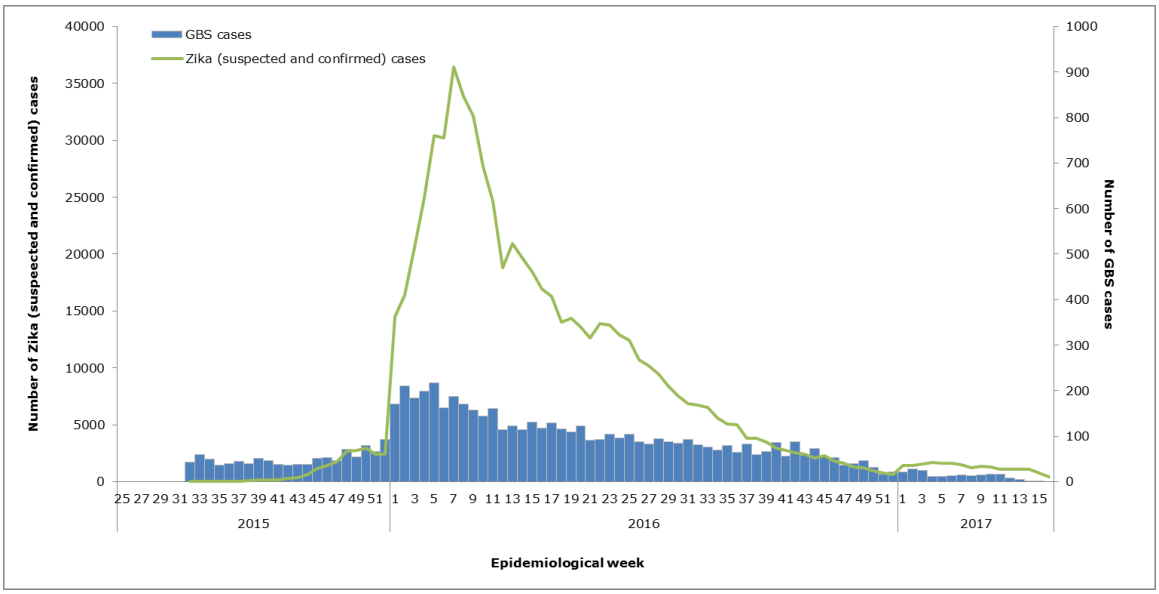
Guillain-Barré syndrome (GBS) and other neurological disorders

In EW 17 of 2017, Barbados reported its first five cases of Guillain-Barré syndrome (GBS) associated with Zika virus infection.

Figure 4 illustrates the trends in Zika and GBS cases. The downward trend in Zika cases in the region of the Americas is accompanied by a similar trend in GBS cases.

[16] Read the case definition.
[17] Read the full report.

Figure 4. Distribution of suspected and confirmed cases of Zika and GBS by EW. Region of the Americas, 2015 – 2017 (as of EW 16).[18]



Source: Data provided by the countries/territories of the Region of the Americas and reproduced by PAHO/WHO

[18] Countries and territories for which information on the distribution of cases by epidemiological week is available and that were included in Figure 4. **Zika cases**: Anguilla, Antigua and Barbuda, Argentina, Aruba, Barbados, Belize, Bolivia (Plurinational State of), Bonaire, Saint Eustatius, and Saba, Brazil, Cayman Islands, Colombia, Costa Rica, Curacao, Dominica, Ecuador, El Salvador, Grenada, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Montserrat, Panama, Paraguay, Peru, Puerto Rico, Saint Barthelemy, Saint Kitts and Nevis, Saint Martin, Saint Vincent and the Grenadines, Sint Maarten, Suriname, Trinidad and Tobago, Turks and Caicos, Venezuela (Bolivarian Republic of), U.K. Virgin Islands. **GBS cases**: Argentina, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Colombia, Curaçao, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guadeloupe, Guatemala, Honduras, Jamaica, Martinique, Mexico, Panama, Paraguay, Puerto Rico, Saint Vincent and the Grenadines, Suriname, Trinidad and Tabago, and Venezuela (Bolivarian Republic of).