

Number of Reported Cases of Chikungunya Fever in the Americas, by Country or Territory  
2017 (to week noted)  
Cumulative cases  
Epidemiological Week / EW 30 (Updated as of 28 July 2017)

Country/Territory	Epidemiological Week <sup>a</sup>	Autochthonous transmission cases <sup>b</sup>		Imported cases	Incidence Rate <sup>c</sup>	Deaths <sup>d</sup>	Population <sup>e</sup> X 1000
		Suspected	Confirmed				
<b>North America</b>							
Bermuda	Week				0.0		71
Canada	Week						36,626
Mexico	Week 28		19	0	0.01	0	130,223
United States of America <sup>f</sup>	Week 29			16	0.0	0	326,474
<b>Subtotal</b>		<b>0</b>	<b>19</b>	<b>16</b>	<b>0.00</b>	<b>0</b>	<b>493,394</b>
<b>Central American Isthmus</b>							
Belize	Week				0.0		374
Costa Rica	Week 28	229	6		4.79		4,905
El Salvador	Week 28	356	0	0	5.77	0	6,167
Guatemala	Week 22	200			1.18		17,005
Honduras	Week				0.00		8,304
Nicaragua	Week 29	539	10		8.83		6,217
Panama <sup>g,h,i</sup>	Week 26	970	12	1	24.24		4,051
<b>Subtotal</b>		<b>2,294</b>	<b>28</b>	<b>1</b>	<b>4.94</b>	<b>0</b>	<b>47,023</b>
<b>Latin Caribbean</b>							
Cuba	Week						11,390
Dominican Republic	Week				0.00		10,766
French Guiana (1)	Week 26	135	37		60.99		282
Guadeloupe (2)	Week 22		9		1.91		472
Haiti	Week				0.00		10,983
Martinique (2)	Week 22		14				396
Puerto Rico	Week 27		8		0.22		3,679
Saint Barthelemy (2)	Week 20	0	3		42.86		7
Saint Martin (French part) (2)	Week 22	0	3		9.38		32
<b>Subtotal</b>		<b>135</b>	<b>74</b>	<b>0</b>	<b>0.55</b>	<b>0</b>	<b>38,007</b>
<b>Andean Area</b>							
Bolivia <sup>h,i</sup>	Week 28	3,119	22	0	28.42		11,052
Colombia <sup>h,i</sup>	Week 28	728	5	0	1.49	0	49,067
Ecuador	Week 23		155		0.93		16,625
Peru <sup>h,i</sup>	Week 28	873	507		4.29		32,166
Venezuela	Week 16	91	7	0	0.31	0	31,925
<b>Subtotal</b>		<b>4,811</b>	<b>696</b>	<b>0</b>	<b>3.91</b>	<b>0</b>	<b>140,835</b>
<b>Southern Cone</b>							
Argentina	Week 29	0	0		0.00		44,272
Brazil	Week 25	65,173	66,576		62.37	51	211,243
Chile	Week 3			1	0.00		18,313
Paraguay <sup>h</sup>	Week 26	739	5		10.92		6,811
Uruguay	Week 2			1	0.00		3,456
<b>Subtotal</b>		<b>65,912</b>	<b>66,581</b>	<b>2</b>	<b>46.64</b>	<b>51</b>	<b>284,095</b>
<b>Non-Latin Caribbean</b>							
Anguilla	Week				0.00		17
Antigua and Barbuda	Week				0.00		95
Aruba	Week				0.00		115
Bahamas	Week				0.00		397
Barbados	Week				0.00		292
Cayman Islands	Week				0.00		58
Curacao	Week				0.00		149
Dominica	Week				0.00		74
Grenada	Week				0.00		111
Guyana	Week				0.00		774
Jamaica	Week 21		0		0.00		2,813
Montserrat	Week				0.00		5
Saint Kitts and Nevis	Week				0.00		52
Saint Lucia	Week				0.00		164
Saint Vincent and the Grenadines	Week				0.00		102
Sint Maarten (Dutch part)	Week				0.00		42
Suriname	Week				0.00		552
Trinidad and Tobago	Week				0.00		1,369
Turks and Caicos Islands	Week				0.00		52
Virgin Islands (UK)	Week				0.00		35
Virgin Islands (US)	Week				0.00		102
<b>Subtotal</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>7,370</b>
<b>TOTAL</b>		<b>73,152</b>	<b>67,396</b>	<b>19</b>	<b>13.91</b>	<b>51</b>	<b>1,010,724</b>

NOTES: only accumulated cases for the year 2017 are presented.

<sup>a</sup> Epidemiological Week for which information is available. Changes in the data from week to week should be interpreted by taking into account the differences in surveillance systems.

<sup>b</sup> **Suspected case:** patient with acute onset of fever >38°C (101°F) and severe arthralgia or arthritis not explained by other medical conditions, and who resides or has visited epidemic or endemic areas within two weeks prior to the onset of the symptoms.

**Confirmed case:** a suspected case with any specific CHIK test (viral isolation, RT-PCR, Ig M, or four-fold increase of chikungunya specific antibodies titers) - PAHO/CDC confirmed case definition available at [www.paho.org/chikungunya](http://www.paho.org/chikungunya).

<sup>c</sup> Incidence rate (autochthonous suspected + autochthonous confirmed) / 100,000 pop.

<sup>d</sup> Deaths directly or indirectly related to Chikungunya.

<sup>e</sup> Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects: The 2015 Revision, <http://esa.un.org/unpd/wpp/index.htm>, July 2015. International Programs Center, Population Division, U.S. Census Bureau. IDB Release Date: December 2013

<sup>f</sup> According to the case definitions used by the French Caribbean, probable and confirmed cases are included under confirmed cases, as per PAHO's case definitions.

(1) The probable cases reported in the Ciré Guyane Bulletin are included in the confirmed cases, in accordance with the PAHO case definitions. Available in: [http://invs.santepubliquefrance.fr/fr/content/download/136510/490620/version/100/file/pe\\_chik\\_guyane\\_050517.pdf](http://invs.santepubliquefrance.fr/fr/content/download/136510/490620/version/100/file/pe_chik_guyane_050517.pdf)  
Sixty five cases clinically suggestive of chikungunya were estimated between EW 9 to 17 of 2017.

(2) For Martinique, Guadeloupe, Saint Martin (French Part), and Saint Barthelemy: The probable cases reported in the Ciré Antilles Bulletin are included in confirmed cases in accordance with the PAHO case definitions. Available in: [http://invs.santepubliquefrance.fr/fr/content/download/136113/488924/version/144/file/pe\\_arbo\\_antilles\\_130417.pdf](http://invs.santepubliquefrance.fr/fr/content/download/136113/488924/version/144/file/pe_arbo_antilles_130417.pdf)

<sup>h</sup> In EW 5 of 2017, the number of suspected (cumulative) cases changed from 2 to 423, because both suspected and probable cases were included. [http://vigilalud.gov.py/boletines/03\\_03\\_2017\\_12\\_07\\_12\\_Boletin-Epidemiologico\\_SE-5.pdf](http://vigilalud.gov.py/boletines/03_03_2017_12_07_12_Boletin-Epidemiologico_SE-5.pdf)

<sup>i</sup> The difference between the number of reported suspected cases from 21 July 2017 (883 suspected cases) to 28 July 2017 (873 suspected cases) is due to retrospective adjustment of data by the Peru Ministry of Health, which is published at: <http://www.dge.gob.pe/portals/docs/vigilancia/sala/2017/SE28/chikun.pdf>

<sup>h,i</sup> The number of suspected cases increased from 539 to 1,289, based on the update made on April 26, 2017 by the Ministry of Health to the data provided in the tool to conduct the consultation of cases with suspected diagnosis and is reported to SNIS-VE. Available at: [http://estadisticas.minsalud.gob.bo/reportes\\_vigilancia/default\\_vigilancia.aspx](http://estadisticas.minsalud.gob.bo/reportes_vigilancia/default_vigilancia.aspx). Date of consultation: May 1, 2017.

<sup>h,i</sup> On July 21, 2017, the number of confirmed cases decreased from 6 to 5, based on the adjustments made by the National Health Institute of Colombia, which are published: <http://www.ins.gov.co/boletin-epidemiologico/Boletin%20Epidemiologico%2017%20Boletin%20Adn%20epidemiologico%20B3gicoc%20semana%2027.pdf>

<sup>h,i</sup> In the epidemiological bulletin 14 of EW 15 of 2017 the Ministry of Brazil reported 13,239 confirmed cases and 29,771 suspected cases. In the epidemiological bulletin 16 of EW 19, 2017, the Ministry of Brazil reported 28,225 confirmed cases and 52,724 suspected cases. Link: <http://portalquovos.saude.gov.br/images/pdf/2017/mar/25/Monitoramento-dos-casos-de-dengue-febre-de-chikungunya-e-brebre-pelo-virus-Zika-At-the-Week-Epidemiologico.pdf>

<sup>h,i</sup> Note the total confirmed cumulative cases published on 7 July 2017 had included one imported confirmed case reported by the Panama Ministry of Health. This imported case is no longer included in the current cumulative total. On 14 July 2017 cumulative suspected cases increased from 774 to 970 to include 196 suspected cases distributed between EW23-EW26 of 2017 that were reported by the Panama Ministry of Health. Report available at: [http://www.minsa.gob.pa/sites/default/files/publicacion-general/boletin\\_6\\_chikv\\_2.pdf](http://www.minsa.gob.pa/sites/default/files/publicacion-general/boletin_6_chikv_2.pdf)

<sup>g</sup> Department of Health data: <http://www.salud.gov.pr/Estadisticas-Registros-y-Publicaciones/Pages/Informe-Arboviral.aspx>

**Data source:** Cases reported by IHR NFPs to PAHO/WHO and/or through Member States websites or official news publication. Cases reported by CARPHA for non-Latin Caribbean countries, unless other source specified