Zika cases and congenital syndrome associated with Zika virus reported by countries and territories in the Americas, 2015 - 2017
Cumulative cases
Data as of 1 June 2017 2:00 PM EST

Country/Territory

Confirmed cases

Imported cases

Incidence Rate

Subtotal

Subtotal

Population (x1000)

Population (x1000)

Lack of vertical transmission was determined between enrolment and retrieval of maternal blood samples to the laboratories.

For countries and territories which did not report Zika cases between 2015-2017, the population is based on the average between 2015-2017.


International Programs Center, Population Division, U.S. Census Bureau. IDB Release Date: December 2013.

B) Changes in the population were added to the population estimates for the IHR country/territory.

The number of confirmed cases reported in the Americas by country/territory is based on the data provided by the Pan American Health Organization (PAHO) and the World Health Organization (WHO). The data presented here are based on reports from the countries and territories themselves, and on data from the PAHO/WHO Global Strategy for Zika Virus and Other Arboviruses. The number of cases reported in this table includes both laboratory-confirmed and probable cases. The number of cases reported includes cases reported to PAHO/WHO and cases reported to domestic health authorities.

As of 31 March 2017, the number of confirmed cases (978) is based on the data provided by the Ministry of Health of Brazil in order to improve the quality control mechanism for the diagnosis of the disease. The number of suspected cases (9,699) is based on the data from the Brazilian Ministry of Health.

The number of cases in the Americas is based on the data reported to PAHO/WHO and the number of confirmed cases associated with Zika virus is based on the data reported to PAHO/WHO and the number of confirmed cases associated with Zika virus in the Americas is based on the data provided by the countries and territories themselves.

The number of cases reported in the Americas by country/territory is based on the data provided by the Pan American Health Organization (PAHO) and the World Health Organization (WHO). The data presented here are based on reports from the countries and territories themselves, and on data from the PAHO/WHO Global Strategy for Zika Virus and Other Arboviruses. The number of cases reported in this table includes both laboratory-confirmed and probable cases. The number of cases reported includes cases reported to PAHO/WHO and cases reported to domestic health authorities.

From the previous Zika update from the Barbados Ministry of Health on 16 December 2016, a total of 699 suspected and 46 confirmed cases were reported to PAHO/WHO (EW 1 of 2016 to EW 49 of 2016). On 27 April 2017, the Barbados Ministry of Health notified 705 suspected and 172 confirmed cases and 10 reported deaths between EW 1 of 2016 to EW 17 of 2017.

After retrospective review, laboratory-confirmed cases was adjusted by the Venezuela (Bolivarian Republic of) IHR National Focal Point as of 25 August 2016.

In the previous Zika update from the Jamaica Ministry of Health (MoH) on 9 April 2017, a total of 7,655 suspected and 203 confirmed cases were reported to PAHO /WHO (EW 16 of 2015 to EW 10 of 2017). On 29 May 2017, the Jamaica MoH notified 7,650 suspected and 197 confirmed cases and 49 reported deaths between EW 16 of 2015 to EW 17 of 2017.

The number of confirmed cases associated with Zika virus is based on the data reported to PAHO/WHO and the number of confirmed cases associated with Zika virus in the Americas is based on the data provided by the countries and territories themselves.

In the previous Zika update from the Nicaragua Ministry of Health on 17 November 2016, a total of 118 imported cases were reported, of which 117 suspected cases and 1 confirmed case were reported. On 26 April 2017, the Nicaragua Ministry of Health notified 44 suspected cases and 18 confirmed cases associated with Zika virus.

In the previous Zika update from the Saint Vincent and the Grenadines (SVG) Ministry of Health on 15 July 2016, a total of 52 suspected cases of Zika virus were reported, of which 1 confirmed case was laboratory-confirmed. On 21 July 2016, the SVG Ministry of Health confirmed the first laboratory-confirmed case of Zika virus infection with a urine sample from a resident of St. Vincent Island.

On 8 May 2017, the Argentina Ministry of Health notified 869 suspected and 86 confirmed cases of Zika to PAHO/WHO which occurred between EW 1 of 2016 to EW 16 of 2017, of which 765 suspected and 60 confirmed cases correspond to newly notified cases between EW 1 and 16 of 2017. According to the Argentina Ministry of Health, suspected cases were confirmed by laboratory-based Zika diagnostic tests and included cases as part of the routine process for Zika virus surveillance and the integrated diagnosis of infections.

After retrospective review, laboratory-confirmed cases was adjusted by the Brazil Ministry of Health of Venezuela as of 25 August 2016.

In the previous Zika update from the Caribbean Public Health Agency (CARPHA) on 8 March 2017, a total of 316 imported cases were reported to PAHO/WHO (EW 1 of 2016 to EW 1 of 2017). On 26 April 2017, the CARPHA notified 16 imported cases and 4 new suspected cases associated with Zika virus.

In the previous Zika update from the St. Vincent and the Grenadines Ministry of Health on 19 January 2017, a total of 130 imported cases were reported to PAHO/WHO (EW 1 of 2016 to EW 17 of 2016). On 26 April 2017, the St. Vincent and the Grenadines Ministry of Health notified 15 imported cases associated with Zika virus.

Per the Caribbean Public Health Agency (CARPHA) on 8 March 2017, a total of 316 imported cases were reported to PAHO/WHO (EW 1 of 2016 to EW 1 of 2017). On 26 April 2017, the CARPHA notified 16 imported cases and 4 new suspected cases associated with Zika virus.

After retrospective review, laboratory-confirmed cases was adjusted by the Venezuela (Bolivarian Republic of) IHR National Focal Point as of 25 August 2016.