Figure 1. Suspected and confirmed Zika cases by epidemiological week (EW). Saint Kitts and Nevis. EW 21 of 2016 to EW 16 of 2017.

Source: Data provided by the Saint Kitts and Nevis Ministry of Health, Social Services, Community Development, Culture and Gender Affairs to PAHO/WHO

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

In epidemiological week (EW) 37 of 2016, the Saint Kitts and Nevis Ministry of Health notified PAHO/WHO of the detection of the first confirmed cases of autochthonous vector-borne transmission of Zika virus.

GEOGRAPHIC DISTRIBUTION

Laboratory-confirmed cases have been detected on both Saint Kitts and Nevis.

TREND

Information regarding Zika cases in Saint Kitts and Nevis is only available up to EW 16 of 2017. Following the emergence of Zika virus in Saint Kitts and Nevis, the number of cases increased up to EW 39 of 2016, after which a declining trend was observed (Figure 1). Zika virus transmission has continued during 2017, although with less intensity. No Zika cases were reported between EW 51 of

1 Reported to PAHO/WHO by the Saint Kitts and Nevis International Health Regulations (IHR) National Focal Point (NFP) on 26 April 2017.
2 Reported to PAHO/WHO by the Saint Kitts and Nevis IHR NFP on 18 October 2016.
3 Reported to PAHO/WHO by the Saint Kitts and Nevis IHR NFP on 4 October 2016.
2016 and EW 11 of 2017. In the last eight weeks (EW 9 to EW 16 of 2017), an average of one case per week was reported.

CIRCULATION OF OTHER ARBOVIRUSES

No information on the number of dengue cases reported in 2017 is available. As of EW 46 of 2016, 136 probable dengue cases (261 cases per 100,000) had been reported. In 2015, 5 probable dengue cases (5 cases per 100,000), including one confirmed case, were detected up to EW 24.

In regard to chikungunya, no information on the number of cases reported in 2017 is available. A total of 28 suspected cases (54 cases per 100,000) were detected in 2016. In 2014, 432 suspected and 27 laboratory-confirmed cases (cumulative incidence rate of 900 cases per 100,000) were registered up to EW 44.

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

As of EW 35 of 2017, the Saint Kitts and Nevis Ministry of Health, Social Services, Community Development, Culture and Gender Affairs has not reported any Zika virus infection in pregnant women.

ZIKA COMPLICATIONS

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

As of EW 35 of 2017, no cases of Zika-virus-associated Guillain-Barré syndrome (GBS) or other neurological syndromes have been reported by Saint Kitts and Nevis health authorities to PAHO/WHO.

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 35 of 2017, no cases of congenital syndromes associated with Zika virus infection have been reported by Saint Kitts and Nevis health authorities to PAHO/WHO.

DEATHS AMONG ZIKA CASES

As of EW 35 of 2017, no deaths among Zika cases have been reported by Saint Kitts and Nevis health authorities to PAHO/WHO.

NATIONAL ZIKA SURVEILLANCE GUIDELINES

No information is available on the national guidelines for Zika surveillance.

LABORATORY CAPACITY

Samples from suspected Zika cases are sent to Caribbean Public Health Agency (CARPHA) for laboratory molecular conformation (real-time RT-PCR).

INFORMATION SHARING

At the time of this report, the latest Zika virus information shared by the Saint Kitts and Nevis IHR NFP with PAHO/WHO was from EW 16 of 2017.

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4 PAHO/WHO. Data, Maps and Statistics. Number of reported cases of Dengue and Severe Dengue (SD) in the Americas. Available at: http://www.paho.org/hq/index.php?option=com_topics&view=rdmore&cid=6290&Itemid=40734