Pan American Health Organization World Health Organization	Health Organization Number of Reported Cases of Chikungunya Fever in the Americas, by Country or Territory World Health Organization 2017 (to week noted) Cumulative cases Cumulative cases							
Country/Territory	Epidemiological Week ^a	Autochthonous Suspected	s transmission cases ^b Confirmed	Imported cases	Incidence Rate ^c	Deaths ^d	Population ^e X 1000	
North America Bermuda	Week		1		0.0		71	
Canada	Week						36,626	
Mexico United States of America ^{>}	Week 19 Week 20		15	0		0	130,223 326,474	
Subtotal	HCCK 10	0	15	8		0	493,394	
Central American Isthmus								
Belize Costa Rica	Week Week 19	139			0.0 2.83		374 4,905	
El Salvador	Week 19	223	0	0	3.62	0	6,167	
Guatemala	Week 14	123			0.72		17,005	
Honduras Nicaragua	Week Week 19	366	8		0.00		8,304 6,217	
Panama	Week 16	716	8	1	17.87		4,051	
Subtotal Latin Caribbean		1,567	16	1	3.37	0	47,023	
Cuba	Week						11,390	
Dominican Republic	Week				0.00		10,766	
French Guiana (1) Guadaloupe (2)	Week 17 Week 12	65	19		29.79 1.06		282	
Haiti	Week		5		0.00		10,983	
Martinique (2)	Week 14		9				396	
Puerto Rico Saint Barthelemy (2)	Week 18 Week 10	0	8		0.22 28.57		3,679	
Saint Barthelemy (2) Saint Martin (French part) (2)	Week 10 Week 9	0			6.25		32	
Subtotal		65	45	0		0	38,007	
Andean Area		1 000			44.00		44.050	
Bolivia **** Colombia*****	Week 13 Week 19	1,289 545	0	0		0	<u>11,052</u> 49,067	
Ecuador	Week 17	010	85	•	0.51	·	16,625	
Peru**	Week 20	806	191		3.10		32,166	
Venezuela	Week 16	91	7	0		0	31,925	
Subtotal Southern Cone		2,731	291	0	2.15	0	140,835	
Argentina	Week 20	0	0		0.00		44,272	
Brazil	Week 19	52,724	28,225		38.32	13	211,243	
Chile	Week 3			1	0.00		18,313	
Paraguay*	Week 16	739	4		10.91		6,811	
Uruguay	Week 2	50 (00		1	00.70	10	3,456	
Subtotal Non-Latin Caribbean		53,463	28,229	2	28.76	13	284,095	
Anguilla	Week				0.00		17	
Antigua and Barbuda	Week				0.00		95	
Aruba Bahamas	Week Week				0.00		115	
Barbados	Week				0.00		292	
Cayman Islands	Week				0.00		58	
Curacao Dominica	Week Week				0.00		149 74	
Grenada	Week				0.00		111	
Guyana	Week				0.00		774	
Jamaica Montserrat	Week 9 Week		0		0.00		2,813 5	
Saint Kitts and Nevis	Week				0.00		52	
Saint Lucia Saint Vincent and the Grenadines	Week Week				0.00		<u> </u>	
Saint Vincent and the Grenadines 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 Virgin Islands (UK)	Week Week				0.00		52	
Virgin Islands (US)	Week						102	
Subtotal		0 57,826		0		0 13	7,370 1,010,724	
NOTES: only accumulated cases for the ye ^a Epidemiological Week for which informatic ^b Suspected case: patient with acute ones Confirmed case: a suspected case with ar ^c Incidence rate (autochthonous suspected ^d Deaths directly or indirectly related to Chil ^a Population Division of the Department of International Programs Center, Population 1 ^F According to the case definitions used by the Frer	on is available. Changes in the d t of fever >38°C (101°F) and sev y specific CHIK test (viral isolati + autochthonous confirmed) / 11 kungunya. Economic and Social Affairs of tt Division, U.S. Census Bureau. II hch Caribbean, probable and confirmed	ata from week to week erere arthriti on, RT-PCR, Ig M, or fo 00,000 pop. he United Nations Secr DB Release Date: Dece I cases are included under c	should be interpreted by taking s not explained by other medica puur-fold increase of chikungunya etaniat, World Population Prosp mber 2013 onfirmed cases, as per PAHO's case	into account the differences al conditions, and who reside a specific antibodies titers) - I ects: The 2015 Revision, http definitions.	in surveillance systems. s or has visited epidemic or e PAHO/CDC confirmed case o p://esa.un.org/unpd/wpp/index	ndemic areas within two wee definition available at www.p .htm, July 2015.	sks prior the onset of the symptoms. aho.org/chikungunya.	
International Programs Center, Population	Division, U.S. Census Bureau. If nch Caribbean, probable and confirmed Bulletin are included in the confirmed c were estimated between EW 9 to 17 of	DB Release Date: Dece cases are included under c ases, in accordance with the 2017.	mber 2013 onfirmed cases, as per PAHO's case a PAHO case definitions. Available in:	definitions. http://invs.santepubliquefrance.fr/fi	r/content/download/136510/490620	/version/100/file/pe_chik_guyane_	050517.pdf	

27 For Martinique, Guadeloupe, Saint Martin (French Part), and Saint Barthelemy: The probable cases reported in the Cire Antilles Bulletin are included in confirmed cases in accordance with the PAHO case definitions. Av ttp://invs.santepubliquefrance.fr/fr/content/download/136113/488924/version/144/file/pe_arto_antilles_130417.pdf

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://wigisalud.gov.py/boletines/03_03_2017_12_07_12_Boletin-Epidemiologico_SE-5.pdf **On March 3, 2017, the number of suspected cases increased from 175 to 170, based on the adjustments made by the Ministry of Health of Peru. On March 17, 2017, the number of confirmed cases decreased from 28 to 27, based on the adjustments made by the Ministry of Health of Peru. On March 17, 2017, the number of confirmed cases decreased from 28 to 27, based on the adjustments made by the Ministry of Health of Peru. On March 17, 2017, the number of confirmed cases decreased from 28 to 27, based on the adjustments made by the Ministry of Health of Peru. On March 17, 2017, the number of confirmed cases decreased from 28 to 27, based on the adjustments made by the Ministry of Health of Peru, which are published: http://www.dge.gob.pe/portal/docs/vigilancia/sala/2017/SelaSE08.zip and http://www.dge.gob.gob.gob/sela/SelaSE08.zip and http://www.dge.gob.gob/sela/SelaSE08.zip and http://www.dge.gob/selaSE08.zip and http://se

**** 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. Date of consultation: May 1, 2017.

***On May 10, 2017, the number of confirmed cases decreased from 7 to 6, based on the adjustments made by the National Health Institute of Colombia, which are published: http://www.ins.gov.co/boletin-

videmiologico/Boletn%20Epidemiolgico/2017%20Bolet%C3%ADn%20epidemiol%C3%B3gico%20semana%2017.pdf

¹ The period provide standing of the W 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. In the epidemiological bulletin 16 of EW 19, 2017, the Ministry of Brazil reported 28,225 confirmed cases and 52,724 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. In the epidemiological bulletin 16 of EW 19, 2017, the Ministry of Brazil reported 28,225 confirmed cases and 52,724 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. In the epidemiological bulletin 16 of EW 19, 2017, the Ministry of Brazil reported 28,225 confirmed cases and 52,724 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.

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