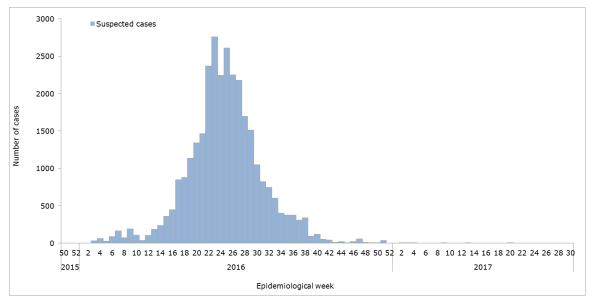


Zika-Epidemiological Report Guadeloupe

25 September 2017

Figure 1. Suspected Zika cases by epidemiological week (EW). Guadeloupe. EW 50 of 2015 to EW 30 of 2017.



Source: Data published by the Cire Antilles Guyane and reproduced by PAHO/WHO¹

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

In epidemiological week (EW) 3 of 2016, the France International Health Regulations (IHR) National Focal Point (NFP) notified PAHO/WHO of the detection of the first autochthonous vector-borne case of Zika in Guadeloupe.

GEOGRAPHIC DISTRIBUTION

Between EW 44 of 2016 and EW 3 of 2017, laboratory-confirmed cases were reported in at least two of the 32 communes of Guadeloupe: Abymes and Baie Mahault.^{2,3} Information on the geographic distribution of cases reported since then is not available.

¹ Weekly numbers of dengue, chikungunya, and Zika cases are estimates. According to Santé Publique France, the estimated number of suspected cases is the sum of the number of visits recorded by the Decentralized Centers of Prevention and Care (CDPS) and the estimated number of people who consulted a general practitioner for this purpose. The estimate is based on data collected by the sentinel physician network. Cire Antilles Guyane. Arboviruses – Situation of dengue, chikungunya, and Zika in the Antilles. EW 30 of 2017. Available at:

http://invs.santepubliquefrance.fr/fr/content/download/138997/501556/version/148/file/pe_arbo_antilles_040817.pdf ² Cire Antilles Guyane. Zika virus surveillance in the Antilles Guyane - epidemiological situation. EW 50 of 2016. Available at: http://invs.santepubliquefrance.fr/fr/Publications-et-outils/Points-epidemiologiques/Tous-lesnumeros/Antilles/2016/Situation-epidemiologique-du-virus-Zika-aux-Antilles.-Point-au-22-decembre-2016

Suggested citation: Pan American Health Organization / World Health Organization. Zika - Epidemiological Report Guadeloupe. September 2017. Washington, D.C.: PAHO/WHO; 2017

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TREND

Since EW 38 of 2016, weekly numbers of suspected Zika cases have decreased considerably (**Figure 1**).¹ In the last 8 weeks (EW 23 to EW 30 of 2017), no suspected or confirmed cases have been reported. On 29 June 2017, Guadeloupe was included in the WHO list of countries/territories with interrupted transmission.

CIRCULATION OF OTHER ARBOVIRUSES

Between July 2016 and July 2017, the number of suspected dengue cases has mostly remained below the epidemic threshold level, with the number of suspected cases exceeding the epidemic threshold only in EW 28 of 2017.¹ During this period, a total of 390 suspected cases have been reported, including 165 cases registered in the last 8 weeks (EW 23 to EW 30 of 2017).

Between July 2016 and July 2017, the number of suspected chikungunya cases has remained very low, with a total of 40 suspected cases being reported.¹ In the last 8 weeks (EW 23 to EW 30 of 2017), one probable case has been reported.

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

As of EW 30 of 2017, a total of 815 pregnant women with laboratory-confirmed Zika virus infection have been reported by Guadeloupe health authorities.^{1,4}

ZIKA COMPLICATIONS

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

As of EW 7 of 2017, a total of 40 patients with Guillain-Barré syndrome (GBS) were laboratoryconfirmed for Zika virus by Guadeloupe health authorities. Sixteen other patients with severe neurological syndromes were also reported.³

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 30 of 2017, five children presenting microcephaly were identified through the surveillance system for complications. Furthermore a total of 9 cases of congenital microcephaly and 7 cases of other cerebral malformations detected by ultrasound in pregnant women with confirmed Zika virus infection have been reported by Guadeloupe health authorities.¹

DEATHS AMONG ZIKA CASES

As of EW 50 of 2016, the death of a GBS patient with laboratory-confirmed Zika virus infection was reported by Guadeloupe health authorities.² As of EW 7 of 2017, Guadeloupe health authorities reported a total of three deaths that may be attributable to Zika.³

NATIONAL ZIKA SURVEILLANCE GUIDELINES

The Cire Antilles Guyane has implemented a "surveillance program, alert and management of epidemics" with an integrated preparedness and response plan for vector-borne diseases. More information is available at:

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³ Cire Antilles Guyane. Zika virus surveillance in the Antilles Guyane - epidemiological situation. EW 7 of 2017. Available at: <u>http://invs.santepubliquefrance.fr/fr/Publications-et-outils/Points-epidemiologiques/Tous-les-</u>

numeros/Antilles/2017/Situation-epidemiologique-du-virus-Zika-aux-Antilles-et-en-Guyane.-Point-au-23-fevrier-2017 ⁴ As of 30 June 2017, the surveillance of pregnant women has been discontinued; however, the consolidation of data that were collected prior to this date continues.



http://www.invs.sante.fr/Dossiers-thematiques/Maladies-infectieuses/Maladies-a-transmission-vectorielle/Zika/Le-systeme-de-surveillance

INFORMATION-SHARING

The Cire Antilles Guyane publishes a periodic epidemiological bulletin on Zika virus. At the time of this report, the latest available Regional Health Agency epidemiological bulletin was from EW 30 of 2017.