



Zika-Epidemiological Report Saint Lucia

25 September 2017

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

In epidemiological week (EW) 14 of 2016, the Saint Lucia International Health Regulations (IHR) National Focal Point (NFP) notified PAHO/WHO of the detection of the first confirmed cases of autochthonous vector-borne transmission of Zika which were identified by syndromic surveillance in residents of the Castries District.

GEOGRAPHIC DISTRIBUTION

No information is available on the geographic distribution of cases.

TREND

Information regarding Zika cases in Saint Lucia is only available up to EW 50 of 2016. No information has been reported on the distribution of cases by epidemiological week. Of the 50 laboratory-confirmed cases reported as of EW 50 of 2016, the majority (96%) are female. The highest number of cases was reported among females aged 15-49 years.

CIRCULATION OF OTHER ARBOVIRUSES

In 2017, as of EW 24, a total of 14 laboratory-confirmed dengue cases have been reported (9 cases per 100,000 population).² In 2016, a total of 196 probable cases of dengue were reported (120 cases per 100,000) up to EW 48, including 78 laboratory-confirmed cases. These figures are higher compared to those reported in 2015, when 25 laboratory-confirmed cases (15 cases per 100,000) were detected up to EW 52. In 2014, 167 probable cases (97 cases per 100,000), including 90 laboratory-confirmed cases, were reported up to EW 53.

No information on the number of chikungunya cases reported in 2017 is available. In 2016, a total of 114 probable cases of chikungunya were reported (70 cases per 100,000) up to EW 24³, this figure is lower compared with the 645 suspected and 238 laboratory-confirmed cases of chikungunya (542 cases per 100,000) reported up to EW 29 of 2014.

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

As of EW 41 of 2016, a total of 39 confirmed and 45 suspected cases of Zika virus infection in pregnant women were reported.⁴ The highest number of cases among pregnant women was observed among women aged 20-39 years. No further information on Zika virus infection in pregnant women has been provided by Saint Lucia health authorities to PAHO/WHO.

⁴ Reported to PAHO/WHO by the Saint Lucia IHR NFP on 21 October 2016.

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

¹ Reported to PAHO/WHO by the Saint Lucia IHR NFP on 9 January 2017.

² PAHO/WHO. Data, Maps and Statistics. Number of reported cases of Dengue and Severe Dengue (SD) in the Americas by Country. Available at: http://www.paho.org/hq/index.php?option=com topics&view=article&id=1&Itemid=40734&lang=en
³ PAHO/WHO. Data, Maps and Statistics. Number of reported cases of Chikungunya Fever in the Americas. Available at: http://www.paho.org/hq/index.php?option=com topics&view=readall&cid=5927&Itemid=40931&lang=en





ZIKA COMPLICATIONS

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

As of EW 35 of 2017, 6 cases of Guillain-Barré syndrome (GBS) not laboratory-confirmed for Zika virus were reported by Saint Lucia health authorities to PAHO/WHO. Of the 6, one case reported Zika symptoms prior to onset of symptoms.⁵

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

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

NATIONAL ZIKA SURVEILLANCE GUIDELINES

An epidemiological alert was issued by the Saint Lucia Ministry of Health Wellness to outline steps for increased Zika virus surveillance and is available at:

http://health.govt.lc/zika

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 with PAHO/WHO by the St. Lucia IHR NFP through their Weekly Syndromic Surveillance Report was from EW 4 of 2017.

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⁵ Reported to PAHO/WHO by the Saint Lucia IHR NFP on 24 January 2017.