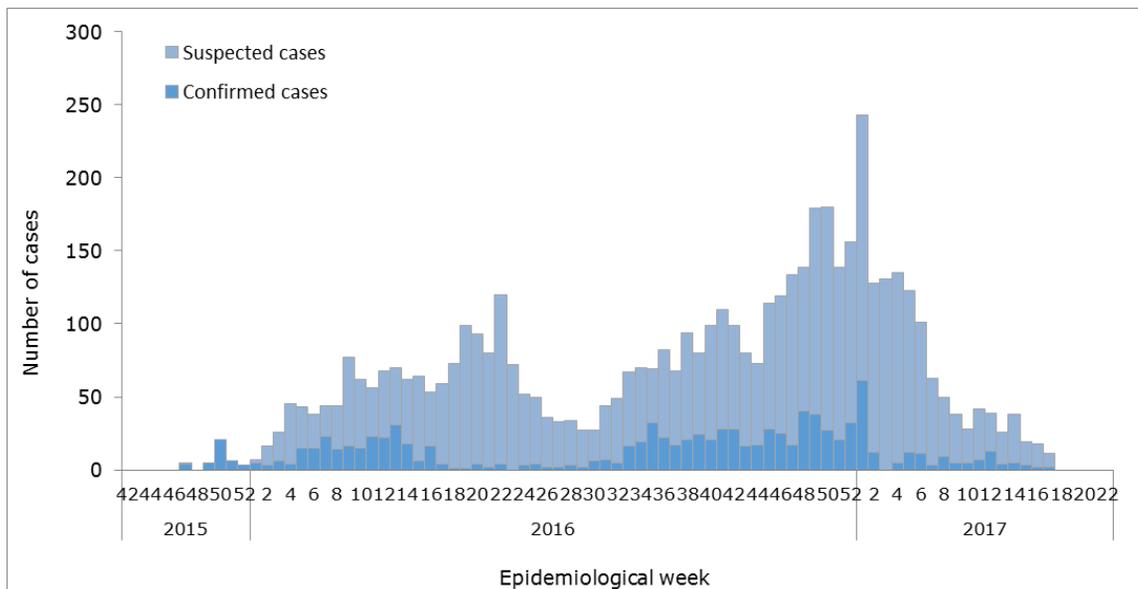


Zika-Epidemiological Report Panama

28 June 2017

Figure 1. Suspected and confirmed Zika cases. Panama. EW 42 of 2015 to EW 22 of 2017



Source: Data provided by the Panama Ministry of Health to PAHO/WHO¹

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

In epidemiological week (EW) 48 of 2015, the Panama International Health Regulations (IHR) National Focal Point (NFP) reported to PAHO/WHO the detection of the first confirmed case of autochthonous vector-borne transmission of Zika virus. The first case was reported from Ustupu Island in Alligandi District, Guna Yala Region.

GEOGRAPHIC DISTRIBUTION

As of EW 21 of 2017, all 15 health regions in Panama reported confirmed cases of Zika virus. Between EW 47 of 2015 and EW 21 of 2017, the health regions of Guna Yala (434 cases per 100,000 population) and Herrera (136 cases per 100,000) reported the highest incidence rates of Zika among confirmed cases.²

¹ Zika virus data reported to PAHO/WHO by the Panama IHR NFP on 29 May 2017.

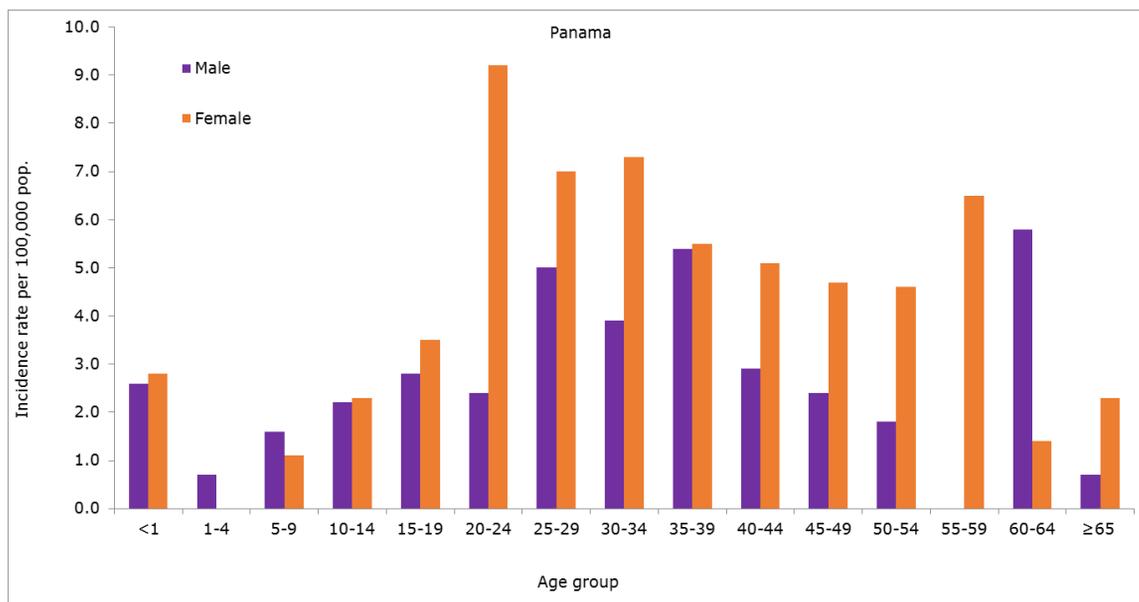
² Panama Ministry of Health. Epidemiological Bulletin No. 21– Zika. 29 May 2017. Available at: http://www.minsa.gob.pa/sites/default/files/publicacion-general/boletin_zika_21.pdf

TREND

Suspected Zika cases in Panama started increasing in EW 2 of 2016 and reached a peak in EW 1 of 2017, with 243 suspected and confirmed cases reported (**Figure 1**).¹ Cases have been declining steadily since the peak, with an average of 14 cases per week being reported in the last 8 weeks (EW 13 to EW 20 of 2017).¹

There is a preponderance of females among confirmed Zika cases in Panama (**Figure 2**). The highest rate is observed in females aged 20-24 years, followed by females of 30-34 years, and females of 25-29 years.²

Figure 2: Incidence rate of confirmed Zika cases by sex and age group. Panama. EW 1 to EW 21 of 2017



Source: Data published by the Panama Ministry of Health and reproduced by PAHO/WHO²

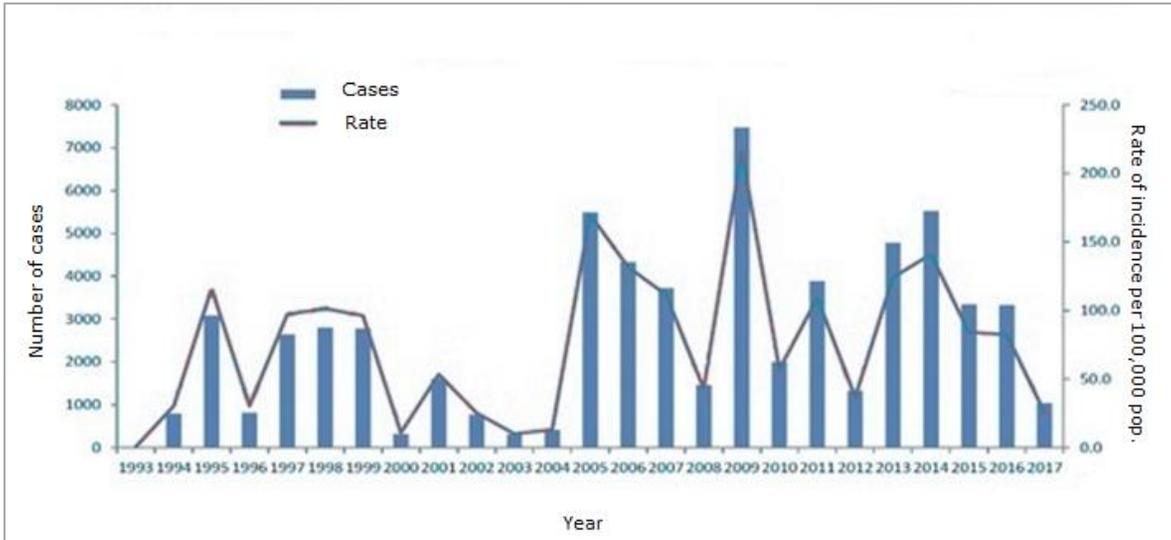
CIRCULATION OF OTHER ARBOVIRUSES

Between EW 1 to EW 20 of 2017, a total of 1,036 confirmed dengue cases (25 cases per 100,000) were reported at the national level.³ This figure is approximately twice the number of cases reported in 2016 for the same period when 521 cases (13 cases per 100,000) were reported.⁴ The total number of dengue cases reported in 2016 was lower than those reported in the previous three years (**Figure 3**).

³ Panama Ministry of Health. Epidemiological Bulletin No. 20 – Dengue. 30 May 2017. Available at: http://www.minsa.gob.pa/sites/default/files/publicacion-general/boletin_20_dengue_1.pdf

⁴ Panama Ministry of Health. Epidemiological Bulletin No. 20 – Dengue. 2 June 2016. Available at: http://www.minsa.gob.pa/sites/default/files/publicacion-general/boletin_20_dengue_0.pdf

Figure 3: Number of suspected dengue cases and incidence rate. Panama. 1993 to 2017. (up to EW 20 of 2017)



Source: Surveillance data published by the Panama Ministry of Health and reproduced by PAHO/WHO

Chikungunya emerged in Panama in 2014. Between EW 1 and 22 of 2017, a total of 774 suspected cases including 9 confirmed cases have been reported.⁵ This figure is slightly lower compared to the 946 cases including 10 confirmed cases reported between EW 1 and EW 21 of 2016.⁶ In 2016, a total of 3,545 suspected cases including six confirmed cases were reported up to EW 52.⁷

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

Since the beginning of the epidemic up to EW 21 of 2017, a total of 175 suspected cases of Zika virus disease, including 69 laboratory-confirmed cases, have been reported in pregnant women by Panama health authorities.² Majority of the suspected cases were in their third trimester of gestation, and in the age group 30-34 years. Of the 15 regions reporting cases of Zika virus in pregnant women, Metropolitan Region reported the highest number of cases (suspected and confirmed) accounting for 47% of the total case count.¹

ZIKA COMPLICATIONS

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

Between 2015 and EW 20 of 2017, a total of 23 GBS cases have been reported.¹ Of these, three have been laboratory-confirmed for Zika virus infection.¹ One other neurological syndrome case has been laboratory-confirmed for Zika virus infection.¹

⁵ Panama Ministry of Health. Epidemiological Bulletin No. 5 –Chikungunya. 9 June 2017. Available at: http://www.minsa.gob.pa/sites/default/files/publicacion-general/boletin_5_chikv_2.pdf

⁶ Panama Ministry of Health. Epidemiological Bulletin No. 5 –Chikungunya. 2 June 2016. Available at: http://www.minsa.gob.pa/sites/default/files/publicacion-general/boletin_5_chikv_1.pdf

⁷ Panama Ministry of Health. Epidemiological Bulletin No. 12 –Chikungunya. 15 February 2017. Available at: http://www.minsa.gob.pa/sites/default/files/publicacion-general/boletin_12_chikv_1.pdf

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 20 of 2017, forty-eight suspected cases of congenital syndrome associated with Zika virus disease have been reported by Panama health authorities, of which 8 have been laboratory-confirmed for Zika virus infection by RT-PCR.¹

DEATHS AMONG ZIKA CASES

As of EW 22 of 2017, no deaths among Zika cases have been reported by Panama health authorities.

NATIONAL ZIKA SURVEILLANCE GUIDELINES

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

LABORATORY CAPACITY

As of EW 47 of 2016, there has been one laboratory performing real-time PCR in Panama and the diagnosis of Zika virus infection is centralized at the Instituto Gorgas.

INFORMATION-SHARING

The Epidemiological Bulletin is published by the Panama Ministry of Health on a weekly basis. Information on Zika virus is also received by PAHO/WHO from the Panama IHR NFP on a weekly basis. At the time of this report, the latest available Zika information shared with PAHO/WHO was from EW 20 of 2017 and at the latest available Zika information published by the Panama Ministry of Health was from EW 21 of 2017.