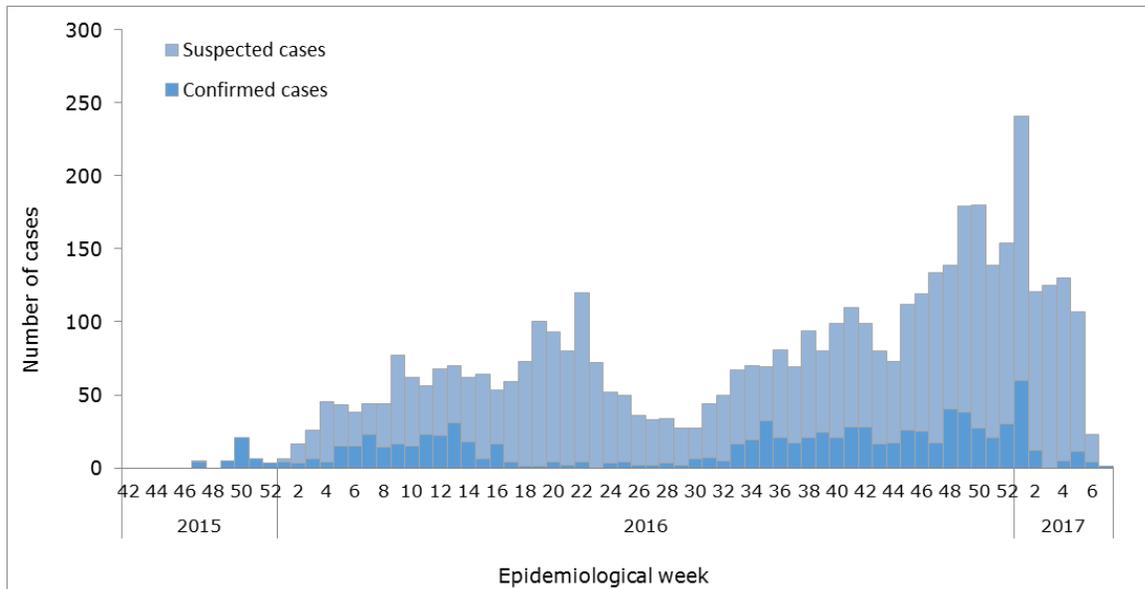


Zika-Epidemiological Report Panama

2 March 2017

Figure 1. Suspected and confirmed Zika cases. Panama. EW 42 of 2015 to EW 6 of 2017



Source: Data provided by the Panama Ministry of Health¹

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

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

GEOGRAPHIC DISTRIBUTION

As of EW 7 of 2017, all 15 health regions in Panama reported confirmed cases of Zika virus. Between EW 47 of 2015 and EW 7 of 2017, the health regions of Guna Yala (430 cases per 100,000 population), and Herrera (118 cases per 100,000) reported the highest incidence rates of Zika among confirmed cases.¹

TREND

Suspected Zika cases in Panama started increasing in EW 2 of 2016 and reached a peak in EW 1 of 2017, with 241 cases reported (**Figure 1**).² Majority of the cases were reported between EW 31 of

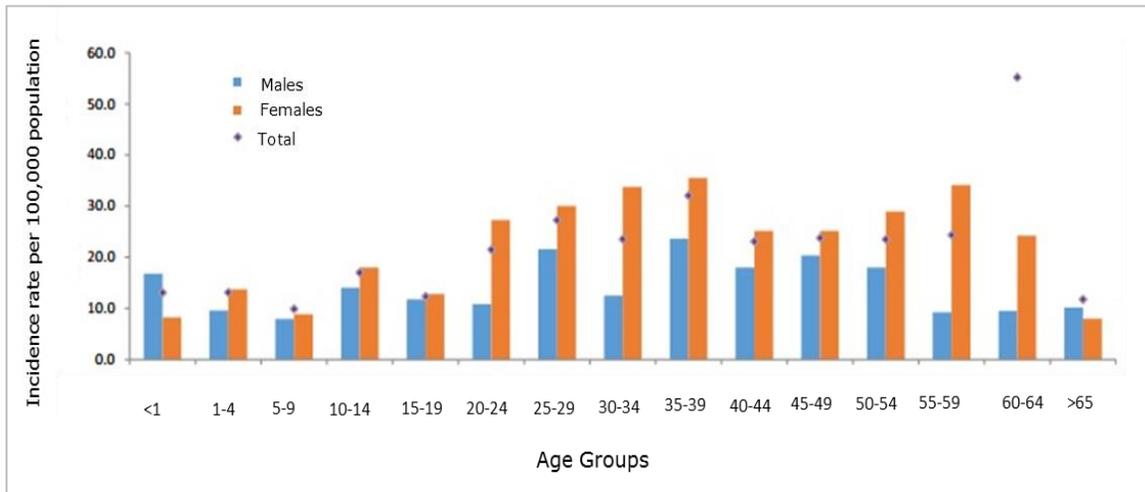
¹ Panama Ministry of Health. Epidemiological Bulletin No. 7– Zika. 20 February 2017. Available at: http://www.minsa.gob.pa/sites/default/files/publicacion-general/boletin_zika_7.pdf

² Zika virus data reported to PAHO/WHO by the Panama IHR NFP on 7 February 2017.

2016 and EW 5 of 2017. An average of 130 cases per week has been reported in the last 8 weeks (EW 51 of 2016 and EW 6 of 2017).

There is a preponderance of females among confirmed Zika cases in Panama (**Figure 2**). The highest rate is observed in females aged 35-39 years, followed by females of 30-34 years, and females of 55-59 years.³

Figure 2: Incidence rate of confirmed Zika cases by sex and age group. Panama. EW 47 of 2015 to EW 51 of 2016



Source: Data published by the Panama Ministry of Health as of EW 51 of 2016³

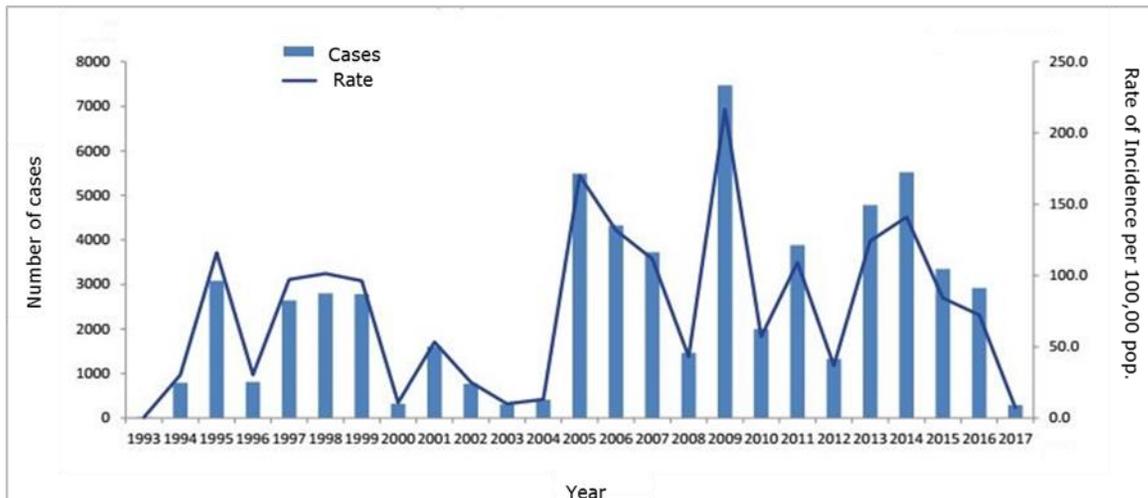
CIRCULATION OF OTHER ARBOVIRUSES

Between EW 1 to EW 7 of 2017, a total of 294 confirmed dengue cases (7 cases per 100,000 population) were reported at the national level.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. 44– Zika. 28 December 2016. Available at: http://www.minsa.gob.pa/sites/default/files/publicacion-general/boletin_44_zk_sem51.pdf

⁴ Panama Ministry of Health. Epidemiological Bulletin No. 7 – Dengue. 723 February 2017. Available at: http://www.minsa.gob.pa/sites/default/files/publicacion-general/boletin_7_dengue_1.pdf

Figure 3: Number of suspected dengue cases and incidence rate. Panama. 1993 to 2017. (up to EW 7 of 2017)



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

Chikungunya emerged in Panama in 2014. In 2016, a total of 3,545 suspected cases including six confirmed cases were reported.⁵ Between EW 1 and 4 of 2017, a total of 207 cases including two confirmed cases have been reported.⁶

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

Since the beginning of the epidemic up to EW 7 of 2017, a total of 158 suspected cases of Zika virus disease, including 59 laboratory-confirmed cases, have been reported in pregnant women by Panama health authorities.¹ Majority of the suspected cases were in their third trimester of gestation. Of the 15 regions reporting cases of Zika virus disease in pregnant women, Metropolitan Region reported the highest number of cases (suspected and confirmed) accounting for 44% of the total case count.¹

ZIKA COMPLICATIONS

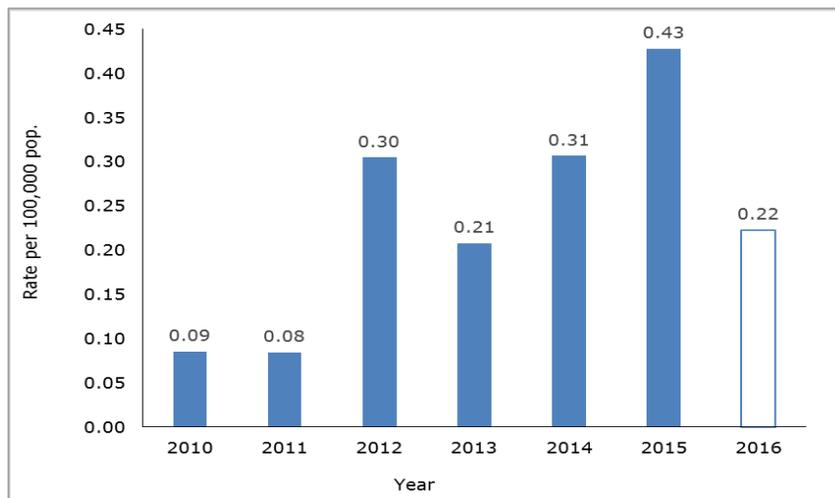
ZIKA-VIRUS-ASSOCIATED GUILLAIN-BARRÉ SYNDROME (GBS)

In Panama, since 2010 to date, there has been an increasing trend in the rate of Guillain-Barré syndrome (GBS) cases, ranging between 0.08 and 0.43 per 100,000 population (**Figure 4**). Between EW 2 of 2016 and EW 7 of 2017, a total of 15 GBS cases have been reported.² Of these, two have been laboratory-confirmed for Zika virus infection.² One other neurological syndrome case has been laboratory-confirmed for Zika virus infection.

⁵ 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

⁶ Panama Ministry of Health. Epidemiological Bulletin No. 1 –Chikungunya. 15 February 2017. Available at: http://www.minsa.gob.pa/sites/default/files/publicacion-general/boletin_1_chikv_2.pdf

Figure 4: Reported GBS cases (per 100,000 population) in patients up to 65 years of age. Panama. 2010-2016*



*2016 up to EW 37

Source: Surveillance data provided to PAHO/WHO from the Panama Ministry of Health

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 7 of 2017, forty six suspected cases of congenital syndrome associated with Zika virus disease have been reported by Panama health authorities, of which five have been laboratory-confirmed for Zika virus infection by RT-PCR.¹

DEATHS AMONG ZIKA CASES

As of EW 7 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 information shared with PAHO/WHO as well as the latest available information published by the Panama Ministry of Health was from EW 7 of 2017.