

Zika-Epidemiological Report

Saint Lucia

2 March 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 virus. These were identified by syndromic surveillance in residents of the Castries District.

GEOGRAPHIC DISTRIBUTION

No information is available on the geographic distribution of cases.

TREND

No information is available on the distribution of cases by epidemiological week.

The majority (96%) of the 50 laboratory-confirmed cases are female.¹ The highest number of cases was among females aged 15-49 years.

CIRCULATION OF OTHER ARBOVIRUSES

As of EW 48 of 2016, 196 probable cases of dengue have been reported (incidence rate of 120 cases per 100,000 population), including 78 laboratory-confirmed cases.² In 2015, 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.

As of EW 24 of 2016, 114 probable cases of chikungunya have been reported (70 per 100,000 population).³ In 2014, 645 suspected and 238 laboratory-confirmed cases of chikungunya (cumulative incidence rate of 542 cases per 100,000) were reported up to EW 29.

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

As of EW 41 of 2016, the Saint Lucia Ministry of Health and Wellness has reported 39 confirmed and 45 suspected cases of Zika in pregnant women.⁴ The highest number of cases among pregnant women was observed among women aged 20-39 years.

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=rdmore&cid=8379&Itemid=40931

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

ZIKA COMPLICATIONS

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

As of EW 5 of 2017, no cases of Zika-virus-associated Guillain-Barré syndrome (GBS) or other neurological syndromes were reported by Saint Lucia health authorities.

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 5 of 2017, no cases of congenital syndrome associated with Zika virus infection have been reported by Saint Lucia health authorities.

DEATHS AMONG ZIKA CASES

As of EW 5 of 2017, no deaths among Zika cases have been reported by Saint Lucia health authorities.

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

On EW 14 of 2016, the Saint Lucia IHR NFP reported the first autochthonous Zika virus disease case. Subsequent information has been provided by the Saint Lucia Ministry of Health and Wellness surveillance department to PAHO/WHO. At the time of this report, the latest information provided was from EW 52 of 2016.