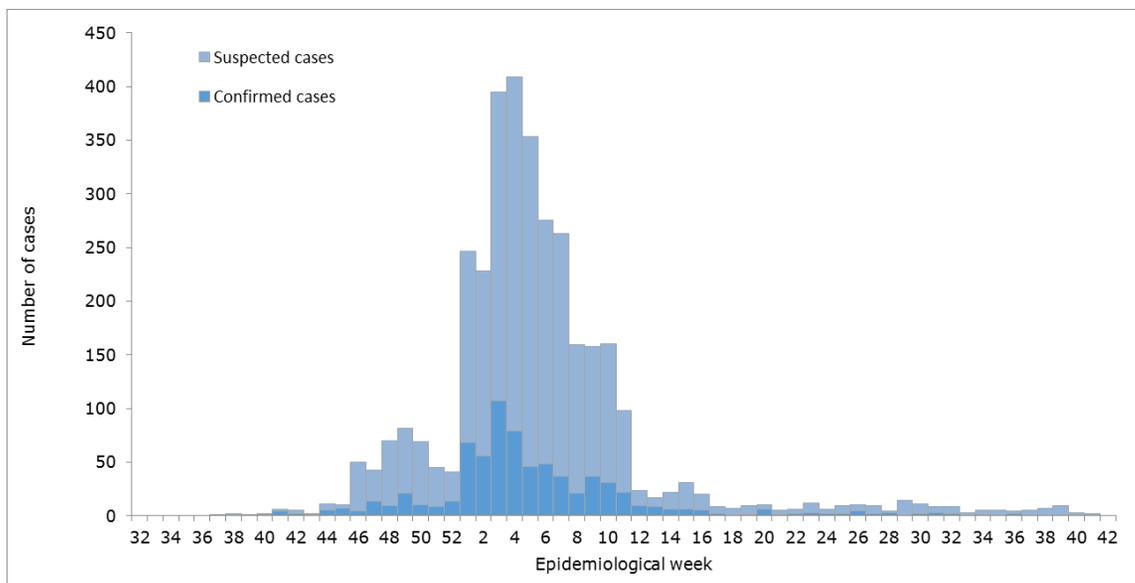


Zika-Epidemiological Report

Suriname

2 November 2016

Figure 1. Suspected and confirmed Zika cases by epidemiological week (EW). Suriname. EW 32 of 2015 to EW 42 of 2016



Source: Data provided by the Suriname IHR NFP to PAHO/WHO and reproduced by PAHO/WHO

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

In epidemiological week (EW) 44 of 2015, the Suriname International Health Regulations (IHR) National Focal Point (NFP) notified PAHO/WHO of the detection of the first case of autochthonous vector-borne transmission of Zika virus.

GEOGRAPHIC DISTRIBUTION

As of EW 22 of 2016, all ten districts of Suriname have reported cases of Zika, with the Nickerie and Para districts being the most affected during the past four weeks.¹

TREND

Zika cases have been reported in Suriname since late 2015 (**Figure 1**). Most of the cases have been detected between EW 1 to EW 11 of 2016, with an average of 249 cases per week. Since then, there has been a steady decrease in the weekly number of suspected and confirmed cases.

¹ Reported to PAHO/WHO by the Suriname IHR NFP on 29 October 2016.

CIRCULATION OF OTHER ARBOVIRUSES

In 2016, 14 probable dengue cases (incidence rate of 3 cases per 100,000 population), including one laboratory-confirmed case, were reported in Suriname up to EW 27.² In 2015, 15 probable cases (3 cases per 100,000), including six laboratory-confirmed cases, were identified up to EW 52. In 2014, 197 probable cases (36 cases per 100,000), including 13 laboratory-confirmed cases, were reported up to EW 53.

In regard to chikungunya, in 2016, three suspected cases (1 case per 100,000 population) have been reported.³ By contrast, in 2014, 1,210 laboratory-confirmed cases (225 cases per 100,000 population) were registered up to EW 43.

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

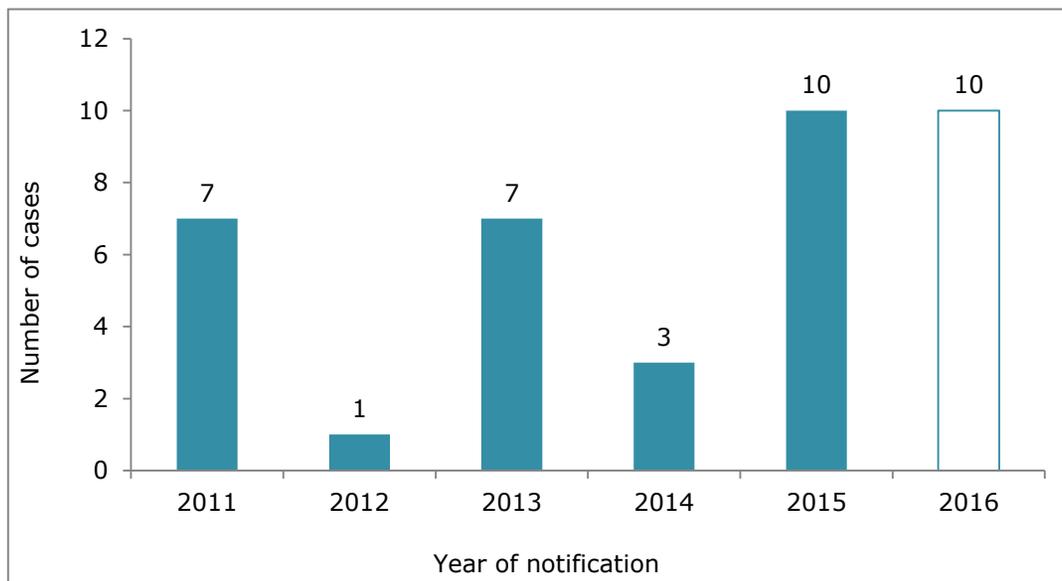
As of EW 42 of 2016, health authorities in Suriname have not reported any Zika virus cases in pregnant women.¹

ZIKA COMPLICATIONS

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

Between EW 39 of 2015 and EW 37 of 2016, health authorities in Suriname have identified 15 cases of Guillain-Barré syndrome (GBS), four of which have been laboratory-confirmed with Zika virus infection (**Figure 2**). Ten of these 15 GBS cases have been detected in 2016. The distribution of GBS cases and suspected Zika cases by EW is compared in **Figure 3**. Among the 15 GBS cases, the highest incidence rate is among the 60-64 year-old age group, followed by the 40-44 year-old age group (**Figure 4**).

Figure 2. GBS cases per year. Suriname. 2011 to 2016.

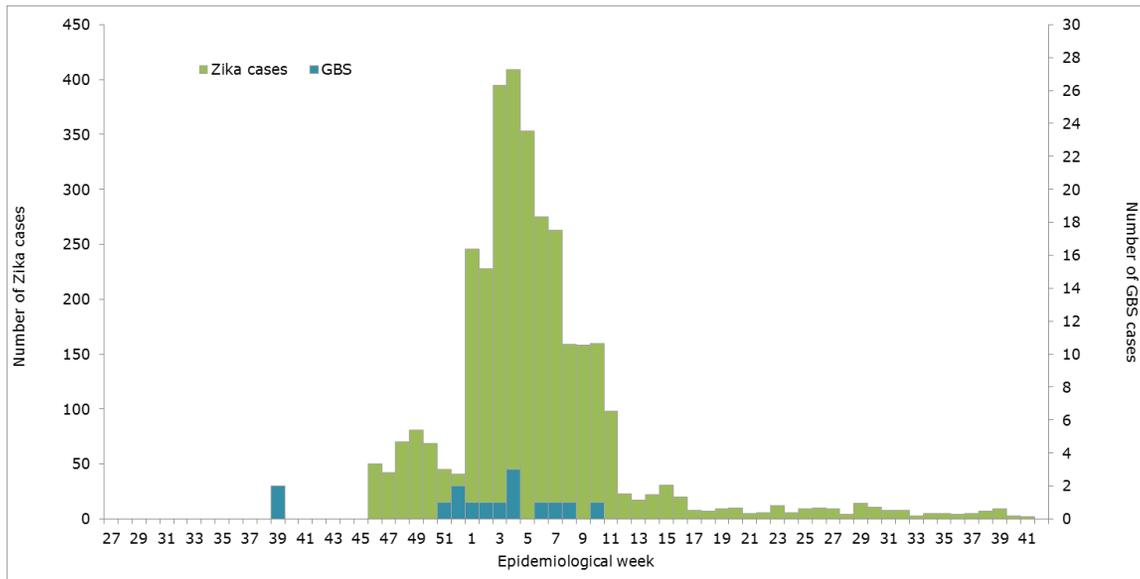


Source: Data provided by the Suriname Ministry of Health and reproduced by PAHO/WHO

² PAHO/WHO. Data, Maps and Statistics. Number of reported cases of Dengue and Severe Dengue (SD) in the Americas. Available at: http://www.paho.org/hq/index.php?option=com_topics&view=rdmore&cid=6290&Itemid=40734

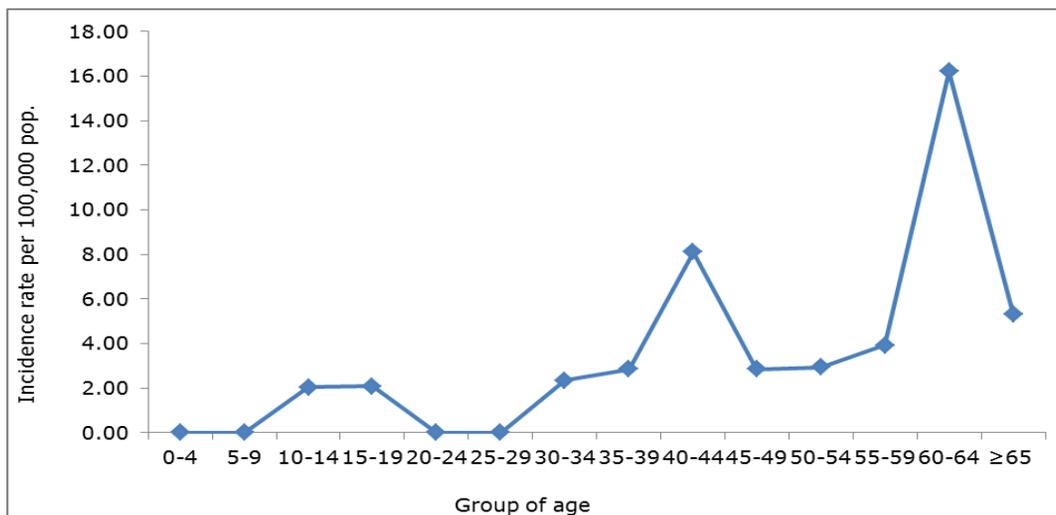
³ PAHO/WHO. Chikungunya: Statistic Data. Number of reported cases of Chikungunya Fever in the Americas. Available at: http://www.paho.org/hq/index.php?option=com_topics&view=readall&cid=5927&Itemid=40931&lang=en

Figure 3. Suspected Zika and GBS cases by EW. Suriname. EW 32 of 2015 to EW 42 of 2016.



Source: Data provided by the Suriname Ministry of Health and reproduced by PAHO/WHO

Figure 4. Incidence rate of GBS cases (per 100,000 population) by age group. Suriname. EW 39 of 2015 to EW 37 2016.



Source: Data provided by the Suriname Ministry of Health and reproduced by PAHO/WHO

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 42 of 2016, the Suriname IHR NFP has reported two confirmed, six probable, and two suspected cases of congenital syndromes associated with Zika virus infection.¹

Suggested citation: Pan American Health Organization / World Health Organization. Zika - Epidemiological Report Suriname. November 2016. Washington, D.C.: PAHO/WHO; 2016

DEATHS AMONG ZIKA CASES

As of EW 42 of 2016, four deaths among confirmed Zika cases have been reported by the Suriname Ministry of Health. All four cases were males older than 55 years of age, with underlying clinical conditions.¹

NATIONAL ZIKA SURVEILLANCE GUIDELINES

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

LABORATORY CAPACITY

Laboratory confirmation of suspected cases of Zika virus is performed by molecular detection (real time RT-PCR) by the Academic Hospital of Paramaribo (AZP). Confirmation by ELISA (IgM) is available through the Pasteur Institute in Cayenne. The Central Laboratory at the Ministry of Health utilizes serology for differential diagnosis.

INFORMATION-SHARING

The Suriname IHR NFP provides PAHO/WHO with their epidemiological report on Zika virus on a weekly basis. At the time of this report, the latest information provided was from EW 42 of 2016.