

Zika-Epidemiological Report Argentina

2 November 2016

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

In epidemiological week (EW) 20 of 2016, the Argentina International Health Regulations (IHR) National Focal Point (NFP) notified PAHO/WHO of the detection of the first laboratory-confirmed autochthonous case of Zika virus disease.

GEOGRAPHIC DISTRIBUTION

The first confirmed vector-borne cases were reported in Tucuman Province in Northwestern Argentina, where the outbreak is ongoing. As of EW 41 of 2016, a total of 26 confirmed Zika cases have been reported in two of Argentina's 24 provinces.¹ Confirmed autochthonous vector-borne cases were reported in Tucuman Province and one case of sexual transmission in Cordoba Province.¹

TREND

As of EW 41 of 2016, 1,821 suspected Zika cases were reported, 26 of which were laboratoryconfirmed. The distribution of cases by epidemiological week is not available, and therefore, the information on trend is not presented.

CIRCULATION OF OTHER ARBOVIRUSES

Before the introduction of Zika virus in Argentina, dengue had been circulating in the country. There has been no active circulation of dengue or other arboviruses in Argentina since EW 26 of 2016. Between EW 1 and EW 25 of 2016, dengue outbreaks were reported in 15 jurisdictions. As of EW 40 of 2016, of the 77,261 dengue notifications, there were 41,208 confirmed cases (incidence rate of 96 cases per 100,000 population) of dengue serotypes 1 and 4.¹

The first autochthonous case of chikungunya virus in Argentina was confirmed in EW 8 of 2016 in the provinces of Salta and Jujuy. As of EW 41, a total of 338 autochthonous confirmed cases (329 in Salta and 9 in Jujuy) were reported. In the second half of the year, between EW 27 and EW 37, a total of 62 suspected cases of chikungunya were reported. ¹

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

As of EW 41 of 2016, the Argentina Ministry of Health has reported 46 suspected and four confirmed Zika cases among pregnant women. Of the four confirmed pregnant women cases, three were from Tucumán Province and one was a patient from Bolivia seeking treatment in Córdoba Province.

¹ Argentina Ministry of Health. Integrated Surveillance Bulletin. EW 41 of 2016. Available at: <u>http://www.msal.gob.ar/images/stories/boletines/boletin integrado vigilancia N331-SE41.pdf</u>

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



ZIKA COMPLICATIONS

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

As of EW 41 of 2016, no cases of Zika-virus-associated Guillain-Barré syndrome (GBS) or other neurological syndromes have been reported by the Argentina health authorities.

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 41 of 2016, no congenital syndromes associated with Zika virus infection have been reported by the Argentina health authorities.

DEATHS AMONG ZIKA CASES

As of EW 41 of 2016, no deaths among Zika virus disease cases have been reported by Argentina health authorities.

NATIONAL ZIKA SURVEILLANCE GUIDELINES

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

LABORATORY CAPACITY

The diagnosis and laboratory surveillance of Zika virus is performed trough the National Network of Public Health Laboratories, where molecular detection and differential diagnosis are carried out. The National Reference Laboratory is the *Instituto Nacional de Enfermedades Virales Humanas "Dr. Julio I Maiztegui"* (INEHV), where the capacity for both molecular (RT-PCR) and serology (ELISA IgM and PRNT) is fully established.

INFORMATION-SHARING

Official preliminary data were shared by the Argentina International Health Regulations (IHR) National Focal Point (NFP) in EW 20 of 2016. At the time of this report, the latest epidemiological bulletin published by the Argentina Ministry of Health was from EW 41 of 2016.

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