Figure 1. Suspected Zika virus cases by epidemiological week (EW). Honduras. EW 47 of 2015 to EW 48 of 2016

Source: Data provided by Honduras Ministry of Health to PAHO/WHO

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

In epidemiological week (EW) 50 of 2015, the detection of the first autochthonous vector-borne transmission of Zika virus was reported by Honduras health authorities.

GEOGRAPHIC DISTRIBUTION

As of EW 37, all 18 departments in Honduras have reported suspected Zika cases. The municipalities with the highest incidence of cases have been Cortes, Francisco Morazan, and Yoro (Figure 2). The map of geographic distribution was produced based on data provided to PAHO/WHO by the Honduras IHR NFP up to EW 37.

1 Reported to PAHO/WHO from Honduras International Health Regulation (IHR) National Focal Point (NFP) on 12 December 2016
2 Reported to PAHO/WHO from Honduras IHR NFP on 26 September 2016
**Figure 2.** Suspected and confirmed Zika virus cases per 100,000 population. Honduras. EW 1 to EW 37 of 2016

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**TREND**

Between EW 1 and EW 6 of 2016, there was an increase of Zika virus cases in Honduras (**Figure 1**). After the peak of EW 6, weekly reported cases declined until EW 12. This was followed by a new increase in the number of cases until EW 24. Since then, a downward trend has been observed.

**CIRCULATION OF OTHER ARBOVIRUSES**

Between EW 1 and EW 11 of 2016, the numbers of chikungunya and dengue cases were lower compared to those of Zika virus (**Figure 3**). Between EW 12 and EW 36, chikungunya, dengue and Zika virus had similar patterns of transmission. As of EW 37 of 2016, 20,034 probable (incidence rate of 230 cases per 100,000 population) and 76 confirmed cases of dengue have been reported.³

As of EW 32 of 2016, 14,325 suspected cases (175 cases per 100,000) of chikungunya have been reported in Honduras.⁴

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ZIKAVIRUSDISEASEINPREGNANTWOMEN

The Honduras Ministry of Health is conducting surveillance for pregnant women with suspected Zika disease. As of EW 48, there were a cumulative total of 661 pregnant women with suspected Zika disease identified in the country, 125 of which were laboratory-confirmed by real-time polymerase chain reaction (PCR).²

ZIKACOMPLICATIONS

ZIKAVIRUS-ASSOCIATED GUILLAIN-BARRÉ SYNDROME (GBS)

Between EW 1 and EW 48 of 2016, 157 cases of Guillain-Barré syndrome (GBS), including six fatal cases, have been reported by Honduras health authorities.¹ As of EW 48 of 2016, the Honduras IHR NFP reported two cases of GBS with laboratory confirmation for Zika virus. The pattern of transmission of Zika virus disease and distribution of GBS cases by epidemiological week is presented in Figure 4.
CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 48 of 2016, the Honduras IHR NFP has reported two confirmed cases of congenital malformation associated with Zika virus infection.¹

DEATHS AMONG ZIKA CASES

As of EW 49 of 2016, no deaths among Zika cases have been reported by Honduras health authorities.

NATIONAL ZIKA SURVEILLANCE GUIDELINES

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

LABORATORY CAPACITY

Laboratory confirmation is performed by molecular detection (real time RT-PCR) at the Laboratorio Nacional de Vigilancia de la Salud, Honduras Ministry of Health and at the Virology Laboratory of the Genetic Research Center, Universidad Nacional Autonoma de Honduras (UNAH). The Laboratorio Nacional de Vigilancia de la Salud also performs serological diagnosis for chikungunya, dengue and Zika virus by ELISA IgM detection.

INFORMATION-SHARING

Information on chikungunya, dengue and Zika virus is received by PAHO/WHO on a weekly basis. At the time of this report, the latest information available received from the Honduras IHR NFP was from EW 48 of 2016.