**Zika-Epidemiological Report**

**Peru**

20 December 2016

**Figure 1.** Confirmed and imported Zika cases (symptomatic and asymptomatic) by epidemiological week (EW). Peru. EW 1 to EW 46 of 2016.

![Graph showing confirmed and imported Zika cases]

Source: Data published by Peru Ministry of Health and reproduced by PAHO/WHO

**FIRST AUTOCHTHONOUS VECTOR-BORNE CASES**

In epidemiological week (EW) 17 of 2016, the Peru 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 46 of 2016, a total of 898 suspected and 154 laboratory-confirmed Zika cases have been reported in Peru. Cases have been detected in ten of Peru’s 25 departments, including one case of sexual transmission in Lima. The departments that have reported the most confirmed cases are Loreto (77 cases) and Cajamarca (17 cases).

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TREND

Since EW 40, a relatively high number of weekly cases have been reported in Peru, with peak in EW 45, when approximately 260 cases were reported (Figure 1).1

CIRCULATION OF OTHER ARBOVIRUSES

In Peru, as of EW 48 of 2016, a total of 30,799 cases of dengue have been reported, representing a 12% decrease compared to the same period in 2015.3 The cumulative incidence rate is 98 cases per 100,000 population. (Figure 2). Approximately 85% of the cases have been reported in Piura, la Libertad, Ayacucho, Loreto, Lambayeque, Tumbes and Uyacali.

Figure 2. Distribution of dengue cases by Epidemiological Week. EW 1- 48, 2016. Peru

As of EW 46 of 2016, 121 confirmed and 122 suspected chikungunya cases have been reported in Peru.4 Chikungunya was first detected in Peru in September 2015. By EW 52 of 2015, 192 suspected and 103 confirmed cases were reported in the country.

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

As of EW 46 of 2016, a total of 40 confirmed cases of Zika virus infection in pregnant women have been reported.1

ZIKA COMPLICATIONS

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

As of EW 49 of 2016, no cases of Zika-virus-associated Guillain-Barré syndrome (GBS) or other neurological syndromes have been reported by Peru health authorities.

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CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 49 of 2016, no cases of congenital syndrome associated with Zika virus infection have been reported by Peru health authorities.

DEATHS AMONG ZIKA CASES

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

NATIONAL ZIKA SURVEILLANCE GUIDELINES

In Peru, the National Epidemiology Center, Disease Prevention and Control at the Ministry of Health performs Zika virus surveillance:

- Surveillance based on case definitions is implemented in all health facilities in the country;
- Sentinel surveillance of chikungunya and Zika virus for the early detection of autochthonous transmission is implemented in 12 health facilities in nine Departments, in coordination with the National Institute of Health (INS).

As of EW 20 of 2016, the Peru National Epidemiology Center, Disease Prevention and Control, together with the INS and other agencies, developed the emergency protocol "Monitoring of Microcephaly", which was approved via the vice-ministerial Resolution No. RVM 014-2016-SA.²

LABORATORY CAPACITY

Laboratory confirmation of suspected cases of Zika virus is performed by molecular detection (real time RT-PCR) and serology (ELISA IgM detection) by the Laboratorio de Metaxénicas of the National Institute of Health at Ministry of Health of Peru.

INFORMATION-SHARING

Information on the first confirmed cases was provided by the Peru IHR NFP to PAHO/WHO in EW 17 of 2016. Updated information is regularly shared by the Peru IHR NFP. In addition, the Peru Ministry of Health publishes an epidemiological bulletin on a weekly basis through its website. At the time of this report, the latest published epidemiological bulletin was from EW 46 of 2016.