Zika-Epidemiological Report

The United States of America

21 December 2016

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

In epidemiological week (EW) 30 of 2016, the United States International Health Regulations (IHR) National Focal Point (NFP) and the U.S. Centers for Disease Control and Prevention (CDC) reported the first four autochthonous cases of Zika virus in the state of Florida.

GEOGRAPHIC DISTRIBUTION

On 28 November 2016, in addition to locally transmitted cases of Zika virus in Florida, the Texas Department of State Health Services reported the state's first autochthonous case of Zika virus in Brownsville, Texas. As of EW 50 of 2016, the U.S. CDC has reported a total of 185 confirmed autochthonous cases of Zika; 184 in the state of Florida and one in Texas. There was one laboratory acquired case, and 4,431 travel-associated cases in 49 states and Washington, D.C. (Figure 1). The Florida Department of Health originally detected vector-borne transmission in the counties of Miami-Dade and Pinellas. As of EW 50, only Miami-Dade County continues to report local transmission. Moreover, on 9 December 2016, the Texas Department of State Health Services reported an additional four suspected autochthonous cases of Zika virus in Cameron County, Texas.

7 Texas Department of State Health Services. Texas Announces Additional Local Zika Cases in Cameron County. 9 December 2016. Available at: http://dshs.texas.gov/news/releases/2016/20161209.aspx
Figure 1. Imported and local Zika cases in states and territories of the U.S. As of 15 December 2016.

Source: Published by the U.S. Centers for Disease Control and Prevention (CDC)

TRANSMISSION

In addition to the 185 confirmed autochthonous cases of Zika, in the U.S. CDC has reported Zika cases that were acquired through non-vector-borne transmission.1 As of EW 50 of 2016, 38 sexually transmitted Zika cases have been confirmed, including one case of female-to-male sexual transmission of Zika in New York City,9 and one laboratory-acquired case of Zika virus.1 The U.S. CDC has also reported a Zika case from the state of Utah with an unknown route of person-to-person transmission.1 The case is a family contact of an elderly Utah resident who contracted Zika abroad and died in Utah. The two cases had direct contact while the deceased case had a high level of viremia – more than 100,000 times higher than the average level seen in other infected persons. As of EW 34, none of their contacts had tested positive for Zika.10

CIRCULATION OF OTHER ARBOVIRUSES

The last reported dengue outbreak in the continental United States occurred between 2009 and 2010 in Key West, Florida with 22 confirmed cases of locally-acquired dengue infections.11 In 2005, the state of Texas experienced a dengue outbreak.12 Outbreaks of dengue have been occasionally reported in the Hawaiian Islands; the most recent outbreak was reported in 2015 when the Hawaii

Department of Health (HDOH) laboratory-confirmed 107 cases of dengue fever with dates of onset ranging from 11 September to 18 November 2015.13

In late 2014, a total of 2,811 chikungunya cases were reported, of which 12 were autochthonous cases from Florida.14,15 In 2016, the United States IHR NFP notified PAHO/WHO of the first laboratory-confirmed case of locally-acquired chikungunya virus in the state of Texas. The patient, who is from Cameron County, became ill in November 2015 and tested positive for the chikungunya virus by polymerase chain reaction (PCR) in January 2016. The diagnosis was confirmed by the U.S. CDC in May 2016.

**ZIKA VIRUS DISEASE IN PREGNANT WOMEN**

As of EW 50 of 2016, the U.S. CDC has reported 1,172 pregnant women, in the United States and the District of Columbia, and an additional 2,639 pregnant women in the US territories with laboratory evidence of possible Zika virus infection, with or without symptoms.16

**ZIKA COMPLICATIONS**

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

As of EW 50 of 2016, U.S. CDC has reported 13 cases of Guillain-Barré syndrome (GBS) associated with Zika in the U.S. States and 51 GBS cases in the U.S. territories.1

**CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION**

As of EW 50 of 2016, there has been laboratory evidence of possible Zika virus infection in 34 live-born infants with birth defects and five pregnancy losses with birth defects. The reported birth defects include microcephaly, calcium deposits in the brain indicating possible brain damage; excess fluid in the brain cavities and surrounding the brain; absent or poorly formed brain structures; abnormal eye development; or other problems resulting from damage to brain that affects nerves, muscles and bones, such as clubfoot or inflexible joints.17

**DEATHS AMONG ZIKA CASES**

As mentioned above, the U.S. CDC is assisting in the investigation of two cases of Zika in Utah, one of which has passed away.6

---

NATIONAL ZIKA SURVEILLANCE GUIDELINES

Zika virus disease and Zika virus congenital infection are nationally notifiable conditions.

The United States CDC Congenital Microcephaly Case Definitions are available at:


LABORATORY CAPACITY

The CDC Trioplex rRT-PCR and Zika MAC-ELISA (testing for anti-Zika IgM) are available to qualified laboratories in the United States. Eligible public health laboratories are those who have demonstrated proficiency with ELISA-based serological methods (for CDC Zika MAC-ELISA) or with rRT-PCR (for CDC Trioplex rRT-PCR) and who have facilities, personnel and equipment appropriate to the safe handling of specimens suspected of containing Zika, dengue, or chikungunya viruses.18

CDC’s Laboratory Response Network (LRN) is a national network of more than 150 laboratories that can process and test specimens in coordination with CDC to manage laboratory surge efforts and address increased testing requirements.19

INFORMATION SHARING

In EW 30 of 2016, the United States IHR NFP and the U.S. CDC reported the first autochthonous Zika cases. Additionally, the U.S CDC publishes Zika updates on a weekly basis. At the time of this report, the U.S. CDC Zika update was published on EW 50 of 2016.

---
