**Figure 1.** Suspected and confirmed Zika virus disease cases. Belize. EW 48 of 2015 to EW 22 of 2017.

Source: Data provided by the Belize Ministry of Health to PAHO/WHO.

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**FIRST AUTOCHTHONOUS VECTOR-BORNE CASES**

In epidemiological week (EW) 20 of 2016, the Belize International Health Regulations (IHR) National Focal Point (NFP) reported PAHO/WHO of the detection of two autochthonous cases of Zika virus in Belize City and Cayo District. This followed a previous report in EW 14 of 2016 by the United States of America health authorities of an imported case of Zika virus disease with travel history to Belize.

**GEOGRAPHIC DISTRIBUTION**

No information on the geographic distribution of Zika cases is available.

**TREND**

From EW 2 to EW 19 of 2016, low numbers of Zika cases were reported in Belize, with an average of 2 suspected and confirmed cases being reported per week (*Figure 1*). From EW 20 onwards, the number of cases began to increase significantly, with a first peak being reported in EW 34.

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1 Reported to PAHO/WHO from Belize International Health Regulation (IHR) National Focal Point (NFP) on 8 May 2017.


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(n=69 cases). A second, more pronounced peak was observed in EW 7 of 2017 (n=91 cases). Since then, progressively lower numbers of Zika cases were reported in Belize, with an average of 13 suspected and confirmed cases per week being registered in the last eight weeks (EW 11 to EW 18 of 2017).

CIRCULATION OF OTHER ARBOVIRUSES

According to the Belize Ministry of Health, the number of confirmed dengue cases increased between 2009 and 2012, from 1,370 to 2,041 respectively. The epidemic curve is not available. In 2016, the Belize health authorities reported 192 probable cases (incidence rate of 55 cases per 100,000 population) and one confirmed case of dengue up to EW 46. In 2017, no dengue cases have been reported in Belize.

In 2016, the Belize health authorities reported 58 suspected cases and one confirmed case (16 cases per 100,000) of chikungunya. In 2017, no chikungunya cases have been reported in Belize.

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

One case reported in EW 20 of 2016 from Cayo District was 22 weeks pregnant at the time of diagnosis.

ZIKA COMPLICATIONS

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

As of EW 22 of 2017, no cases of Guillain-Barré syndrome (GBS) associated with Zika virus infection have been reported by the Belize Ministry of Health.

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 22 of 2017, no cases of congenital syndrome associated with Zika virus infection have been reported by the Belize Ministry of Health.

DEATHS AMONG ZIKA CASES

As of EW 22 of 2017, no deaths among Zika cases have been reported by the Belize Ministry of Health.

NATIONAL ZIKA SURVEILLANCE GUIDELINES

An epidemiological alert was issued by the Belize Ministry of Health to outline steps for increased Zika virus surveillance. More information is available at:


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6 Reported to PAHO/WHO from the Belize Ministry of Health on 26 May 2017.
LABORATORY CAPACITY

Samples from suspected cases of Zika virus disease are sent to the Caribbean Public Health Agency (CARPHA) for laboratory testing. In addition, samples are sent to the Instituto de Diagnóstico y Referencia (InDRE) in Mexico for molecular confirmation.

INFORMATION-SHARING

Information on Zika is periodically provided by the Belize IHR NFP to PAHO/WHO. At the time of this report, the latest information available received from the Belize IHR NFP was from EW 22 of 2017.