**Zika-Epidemiological Report**

**Bahamas**

28 June 2017

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

---

**FIRST AUTOCHTHONOUS VECTOR-BORNE CASE**

In epidemiological week (EW) 32 of 2016, the Bahamas International Health Regulations (IHR) National Focal Point (NFP) reported to PAHO/WHO the detection of the first confirmed case of autochthonous vector-borne transmission of Zika virus.2

**TREND**

From EW 27 of 2016, an increase in suspected Zika cases was observed, reaching a peak in EW 36 of 2016 (n=42 cases) (Figure 1). Subsequently, a decrease in cases was observed. As of EW 15 of 2017, 25 laboratory-confirmed autochthonous Zika cases have been reported in the Bahamas.3

---

1 Reported to PAHO/WHO from the Bahamas International Health Regulation (IHR) National Focal Point (NFP) on 19 June 2017.

2 Reported to PAHO/WHO by the Bahamas IHR NFP on 10 August 2016.


Pan American Health Organization • [www.paho.org](http://www.paho.org) • © PAHO/WHO, 2017
GEOGRAPHIC DISTRIBUTION

Of the total confirmed cases, 23 have been reported from New Providence District and one case each was reported from Bimini District and the island of Eleuthera.3

CIRCULATION OF OTHER ARBOVIRUSES

As of EW 12 of 2017, no cases of dengue have been reported in the Bahamas.4 In 2016, a total of 82 probable dengue cases (incidence rate of 21 cases per 100,000 population), including one laboratory-confirmed case, was identified up to EW 48.4 This figure is higher compared to the 10 probable cases (3 cases per 100,000), including three laboratory-confirmed cases (1 case per 100,000), reported up to EW 52 in 2015. In 2014, 146 probable cases (38 cases per 100,000), including 14 laboratory-confirmed cases (4 cases per 100,000), were reported up to EW 53.

With regard to chikungunya, no data is available for 2017. In 2016, one confirmed and 75 suspected chikungunya cases (19 cases per 100,000) were reported up to EW 20.5 In 2015, 10 laboratory-confirmed cases of chikungunya (3 cases per 100,000) were reported up to EW 17. In 2014, 92 laboratory-confirmed cases (24 cases per 100,000) were registered up to EW 51.

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

As of EW 22 of 2017, no cases of Zika virus infection in pregnant women have been reported by the Bahamas health authorities.

ZIKA COMPLICATIONS

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

As of EW 22 of 2017, no cases of Zika-virus-associated Guillain-Barré syndrome (GBS) or other neurological syndromes have been reported by the Bahamas health authorities.

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 Bahamas health authorities.

DEATHS AMONG ZIKA CASES

As of EW 22 of 2017, no deaths among Zika virus cases have been reported by the Bahamas health authorities.

NATIONAL ZIKA SURVEILLANCE GUIDELINES

No information is available on national guidelines for Zika surveillance.

---

4 PAHO/WHO. Data, Maps and Statistics. Number of reported cases of Dengue and Severe Dengue (SD) in the Americas. Available at: http://www.paho.org/hq/index.php?option=com_topics&view=rdmore&cid=6290&Itemid=40734
LABORATORY CAPACITY

Samples of suspected Zika cases are sent to the Caribbean Public Health Agency (CARPHA) in Trinidad and Tobago for molecular confirmation (real-time RT-PCR). Laboratory capacity building includes a PCR machine under purchasing process.

INFORMATION-SHARING

At the time of this report, the latest available Zika virus information shared by the Bahamas IHR NFP was from EW 52 of 2016 and the latest available Zika virus information provided by the Bahamas Ministry of Health was from EW 15 of 2017.