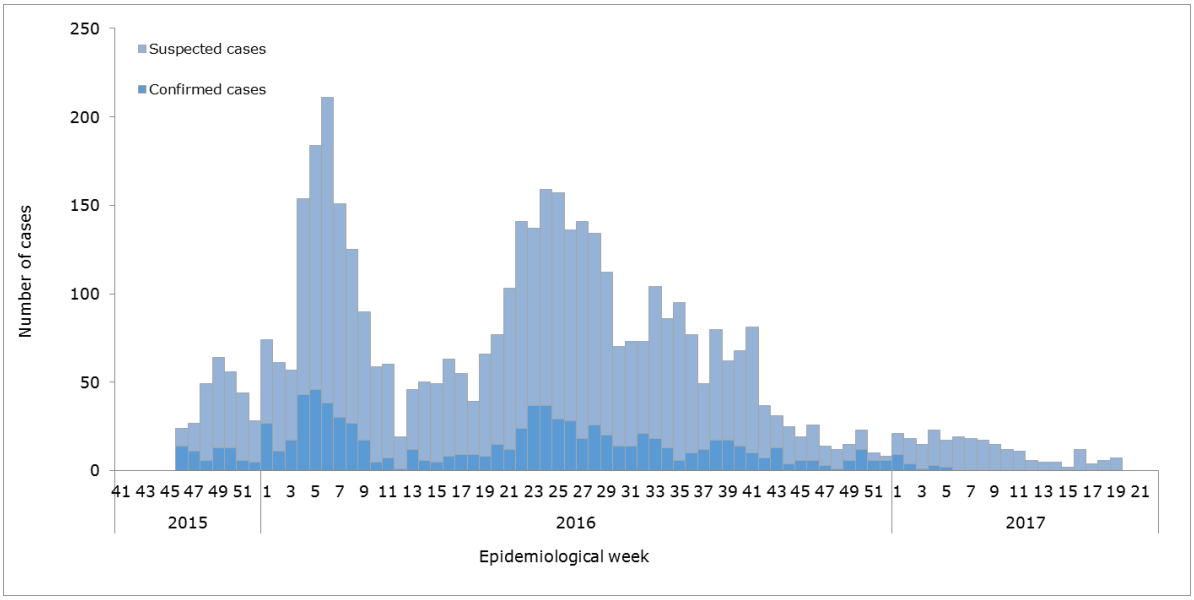
Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

Zika-Epidemiological Report
Guatemala

28 June 2017

Figure 1. Suspected and confirmed Zika cases. Guatemala. EW 41 of 2015 to EW 22 of 2017.



Source: Data reported by the Guatemala Ministry of Public Health and Social Assistance[1]

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

In epidemiological week (EW) 47 of 2015, Guatemala health authorities reported the detection of the first confirmed case of autochthonous vector-borne transmission of Zika virus in Guatemala, in Zacapa Department.

GEOGRAPHIC DISTRIBUTION

In 2017, as of EW 17, Guatemala has reported suspected Zika virus cases in 17 health areas.[2,3] The highest incidence rates were recorded in Guatemala Central (9 cases per 100,000 population), Santa Rosa (5 cases per 100,000), and Chiquimula (4 cases per 100,000). In 2016, instead, the highest incidence rates were recorded in the health areas of Zacapa (56 cases per 100,000), Santa Rosa (53 cases per 100,000), and Quetzaltenango (28 cases per 100,000).[4]

[1] Reported to PAHO/WHO by the Guatemala Ministry of Public Health and Social Assistance on 25 May 2017.
[2] Guatemala Ministry of Public Health and Social Assistance. Epidemiological Bulletin. EW 17. Available at: http://epidemiologia.mspas.gob.gt/files/Publicaciones%202017/SEMEPI%202017/SEMEPI_17_2017.pdf
[3] Please note that information provided by the Guatemala Ministry of Public Health and Social Assistance is disaggregated by health area and not by department.
[4] Guatemala Ministry of Public Health and Social Assistance. Epidemiological Bulletin. EW 52 of 2016. Available at: http://epidemiologia.mspas.gob.gt/files/Publicaciones%202016/SEMEPI/SEMEPI_52_2016.pdf

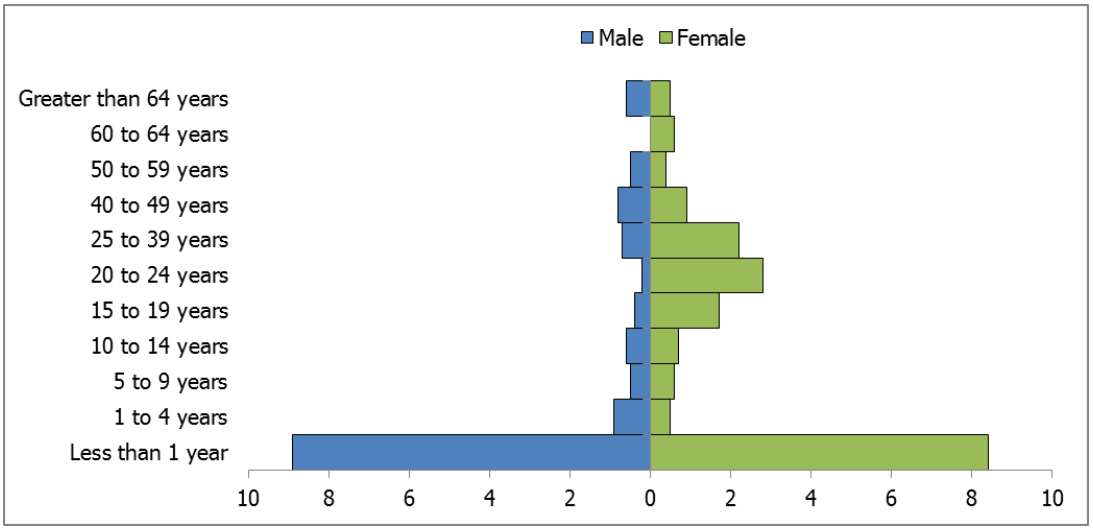
Suggested citation: Pan American Health Organization / World Health Organization. Zika - Epidemiological Report Guatemala. June 2017. Washington, D.C.: PAHO/WHO; 2017

TREND

From the end of 2015 up to EW 6 of 2016, an increasing trend of Zika cases was observed in Guatemala. Since then a decrease of weekly number of cases has been observed, with a slight increase in the first weeks of 2017. In the last 8 weeks (EW 12 to EW 19 of 2017), an average of 6 suspected Zika cases per week has been reported (**Figure 1**).

With regard to the distribution of cases by age and gender, according to available data, in 2017 the highest Zika incidence rate was observed in children below one year of age. In addition, among those aged 5 to 49 years, there was a higher Zika incidence rate in females compared to males (**Figure 2**).[2]

Figure 2. Rate of incidence of Zika cases per 100,000 population by age and gender. Guatemala. EW 1 to EW 17 of 2017.

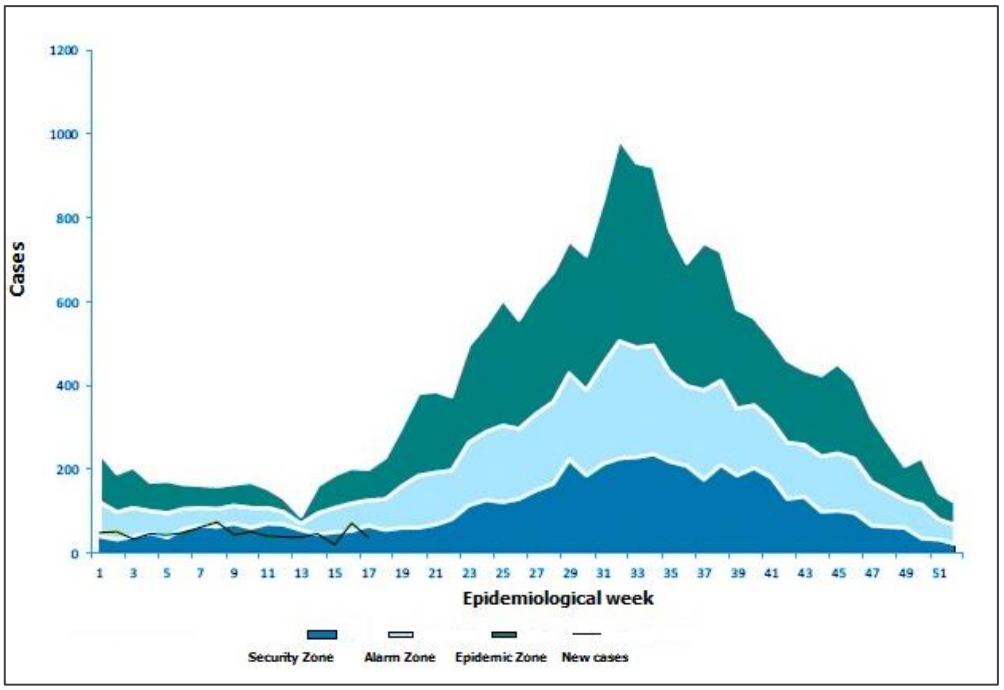


Source: Data reported by the Guatemala Ministry of Public Health and Social Assistance and reproduced by PAHO/WHO[2]

CIRCULATION OF OTHER ARBOVIRUSES

Between EW 1 and EW 17 of 2017, a total of 794 dengue cases (5 cases per 100,000) have been reported, representing a decrease compared to the 2,316 dengue cases (14 cases per 100,000) reported in the same period of 2016.[2] As of EW 17 of 2017, the number of weekly dengue cases is below the epidemic threshold and on a downward trend (**Figure 3**).

Figure 3. Dengue, endemic corridor by EW. Historical data from 2009 to 2016 (excluding 2014). Guatemala. EW 1 to EW 17 of 2017.



Source: Data reported by the Guatemala Ministry of Public Health and Social Assistance and reproduced by PAHO/WHO[2]

In regard to chikungunya, from EW 1 to EW 17 of 2017, a total of 154 cases (1 case per 100,000) have been reported nationwide, which represents a 92% decrease compared to the same period in 2016 when 1,817 cases were reported (11 cases per 100,000).[2]

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

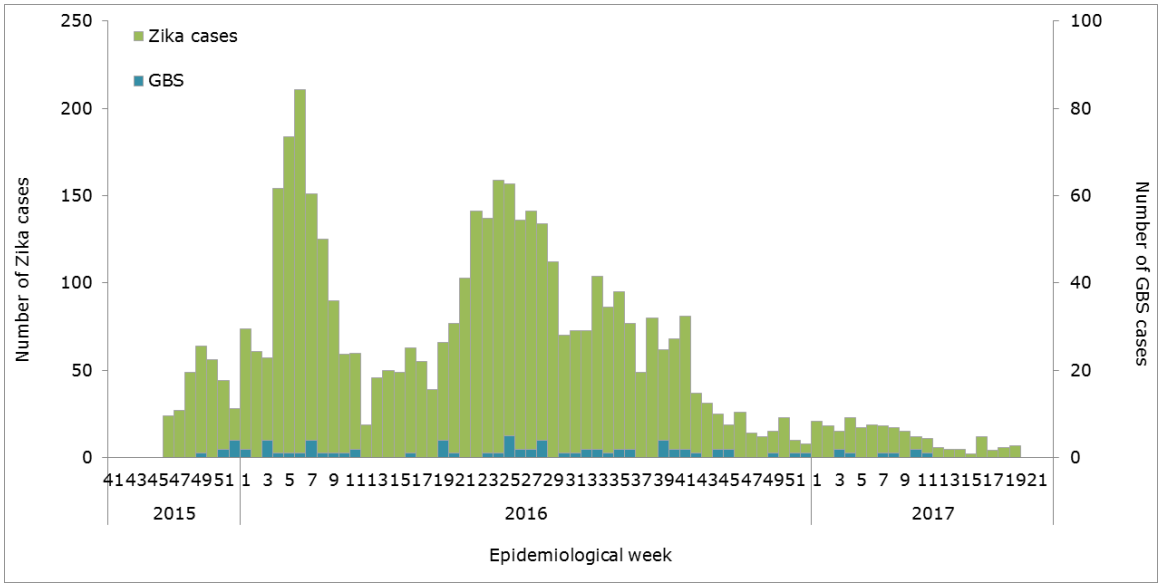
As of EW 19 of 2017, the Guatemala Ministry of Public Health and Social Assistance has reported 1,256 pregnant women with suspected Zika virus disease, including 332 confirmed cases.[1]

ZIKA COMPLICATIONS

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

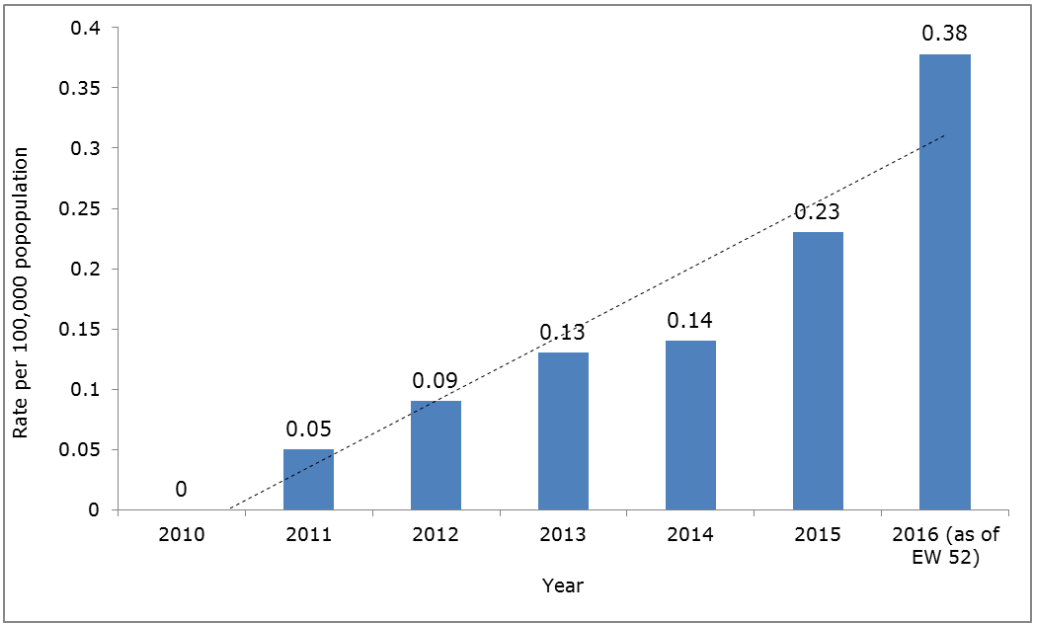
As of EW 19 of 2017, a total of 81 cases of Guillain-Barré syndrome (GBS) have been reported, including 9 cases confirmed for Zika virus (**Figure 4**).[1] The incidence rate of GBS in 2016 (as of EW 40) was higher than the rates of GBS reported between 2011 and 2015 (**Figure 5**). As of EW 17 of 2017, eleven confirmed and 65 suspected cases of neurological syndrome associated with Zika virus infection were reported.[2]

Figure 4. Zika cases and GBS cases by EW. Guatemala. EW 41 of 2015 to EW 22 of 2017.



Source: Data reported by the Guatemala Ministry of Public Health and Social Assistance to PAHO/WHO[1]

Figure 5. Rate of GBS per 100,000 population. Guatemala. 2011-2016 (as of EW 52).



Source: Data reported by the Guatemala Ministry of Public Health and Social Assistance to PAHO/WHO[1]

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 19 of 2017, a total of 140 confirmed cases of congenital syndrome associated with Zika virus infection have been reported by the Guatemala health authorities.[1]

DEATHS AMONG ZIKA CASES

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

NATIONAL ZIKA SURVEILLANCE GUIDELINES

The Ministry of Public Health and Social Assistance published a protocol for the epidemiological surveillance, prevention, control and care of Zika virus disease. The protocol is available at:

http://epidemiologia.mspas.gob.gt/files/Protocolo%20Zica.pdf

LABORATORY CAPACITY

The diagnosis of Zika virus is performed by molecular detection (real time RT-PCR) by the *Grupo Virología, Laboratorio Nacional de Salud* at the Ministry of Health of Guatemala. Currently, the laboratory is also implementing the serology diagnosis based on ELISA IgM detection as well as the PCR multiplex system from the United States Centers for Disease Control and Prevention (Trioplex).

INFORMATION-SHARING

The Guatemala Ministry of Public Health and Social Assistance publishes a weekly epidemiological bulletin and the Guatemala IHR NFP shares data with PAHO/WHO regularly. At the time of this report, the latest information shared by the Guatemala IHR NFP with PAHO/WHO was from EW 19 of 2017, and the latest available information published online by the Guatemala Ministry of Public Health and Social Assistance was from EW 17 of 2017.