**Figure 1.** Suspected Zika cases by week of symptom onset date. U.S. Virgin Islands. EW 9 of 2016 to EW 23 of 2017.

![Graph showing suspected Zika cases by week of symptom onset date](image)

Source: Data published by the U.S. Virgin Islands Department of Health

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**FIRST AUTOCHTHONOUS VECTOR-BORNE CASES**

In epidemiological week (EW) 4 of 2016, the United States of America International Health Regulations (IHR) National Focal Point (NFP) notified PAHO/WHO of the detection of the first confirmed case of autochthonous vector-borne transmission of Zika virus disease from Saint Croix, one of the three main islands of the U.S. Virgin Islands.

**GEOGRAPHIC DISTRIBUTION**

As of EW 23 of 2017, all three main islands of the U.S. Virgin Islands have reported suspected and confirmed Zika cases. Saint Thomas reported the highest number of cases (1,254 suspected including 682 confirmed cases) followed by Saint Croix (738 suspected including 247 confirmed) and Saint John (140 suspected including 88 confirmed).\(^1\)

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TREND

As of EW 23 of 2017, a total of 2,132 suspected Zika cases, including 1,017 laboratory-confirmed cases, have been reported in the U.S. Virgin Islands.\(^1\) Between EW 28 and EW 39 of 2016, an increase in suspected cases was reported on the main islands, with Saint Thomas registering the highest increase. Since then, a downward trend in the number of cases has been observed in Saint Thomas (Figure 1). Saint Croix and Saint John reported a downward trend starting EW 47 and EW 45 of 2016 respectively. Transmission during 2017 continues with low intensity.

CIRCULATION OF OTHER ARBOVIRUSES

As of EW 19 of 2017, 1 laboratory-confirmed case of dengue (incidence rate of 1 case per 100,000 population) has been reported. In 2016, 48 laboratory-confirmed dengue cases (46 cases per 100,000) were reported in the U.S. Virgin Islands up to EW 52.\(^2\) In 2015, 103 laboratory-confirmed cases (99 cases per 100,000) were identified up to EW 40. In 2014, 10 laboratory-confirmed cases (10 cases per 100,000) were reported up to EW 53.

In regard to chikungunya, in 2015, 94 suspected and 24 confirmed cases (115 case per 100,000 population) were reported up to EW 49.\(^3\) In 2014, 1,321 suspected and 380 confirmed cases (1,620 cases per 100,000 population) were registered up to EW 53. No chikungunya data is available for 2016 and 2017.

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

As of EW 23 of 2017, a total of 2,001 pregnant women have been tested for Zika virus in the U.S. Virgin Islands. Of these, 238 have been laboratory-confirmed for Zika virus infection.\(^1\)

ZIKA COMPLICATIONS

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

As of EW 23 of 2017, no cases of Zika-virus-associated Guillain-Barré syndrome (GBS) or other neurological syndromes have been reported by U.S. Virgin Islands health authorities.\(^1\)

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 23 of 2017, no cases of congenital syndromes associated with Zika virus infection have been reported by U.S. Virgin Islands health authorities.\(^1\) According to a Morbidity and Mortality Weekly Report (MMWR) by the U.S. Centers for Disease Control and Prevention (CDC) published on 8 June 2017, about 5% of fetuses and infants born to women with laboratory evidence of recent possible Zika virus infection in the U.S. territories had possible Zika-associated birth defects, the same as the percentage reported in the 50 U.S. states during 2016.\(^4\)

DEATHS AMONG ZIKA CASES

As of EW 23 of 2017, no deaths among Zika cases have been reported by U.S. Virgin Islands health authorities.\(^1\)

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NATIONAL ZIKA SURVEILLANCE GUIDELINES

Instructions for reporting suspected Zika cases to the U.S. Virgin Islands DOH are available at: http://doh.vi.gov/assets/documents/2016/010716_zika_reporting_instructions.pdf


INFORMATION-SHARING

Information regarding Zika has been published on the U.S Virgin Islands DOH website on a weekly basis. At the time of this report, the latest available Zika information from the U.S. Virgin Islands DOH was from EW 23 of 2017.