**Zika-Epidemiological Report**

**Bolivia (Plurinational State of)**

3 November 2016

**Figure 1.** Confirmed and suspected Zika cases by epidemiological week (EW). Bolivia. EW 48 of 2015 to EW 36 of 2016.

**FIRST AUTOCHTHONOUS VECTOR-BORNE CASES**

In epidemiological week (EW) 2 of 2016, the Bolivia International Health Regulations (IHR) National Focal Point (NFP) notified PAHO/WHO of the detection of the first autochthonous vector-borne case of Zika virus disease.

**GEOGRAPHIC DISTRIBUTION**

As of EW 36 of 2016, autochthonous cases were confirmed in one department, Santa Cruz, out of the 10 departments in the country (Figure 2).\(^1\) However, suspected cases have been detected in Beni, Chuquisaca, La Paz, Pando, and Tarija. In Santa Cruz Department, 91% of the laboratory-confirmed cases were reported from the city of Santa Cruz de la Sierra, and the remaining cases were reported from Andres/Banez, Cordillera, Obsipo Santistevan, Velasco, and Sara.\(^1\)

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\(^1\) Reported to PAHO/WHO by the Bolivia Ministry of Health during a field mission.


Figure 2. Confirmed Zika cases per 100,000 population by department. Bolivia. EW 52 of 2015 to EW 36 of 2016.

Source: Data provided by the Bolivia Ministry of Health and reproduced by PAHO/WHO

TREND

At the beginning of 2016, the number of suspected and laboratory-confirmed Zika cases in Bolivia increased, and peaked in EW 15 of 2016. Since then, weekly numbers of cases have gradually decreased (Figure 1).

There is a preponderance of females among suspected Zika cases in Bolivia for all age groups, except for the groups aged 0-4 years and ≥ 60 where the incidence rate is higher among males (Figure 2). The highest incidence rate is observed in females aged 50-59 years (67 cases per 100,000 population), followed by females aged 20-29 years (56 cases per 100,000).
**Figure 2:** Incidence rate of suspected Zika cases by sex and age group. Bolivia. EW 1 to 36 of 2016.

Source: Data published by the Bolivia Ministry of Health as of EW 36 and reproduced by PAHO/WHO

**CIRCULATION OF OTHER ARBOVIRUSES**

Between EW 1 and EW 52 of 2015, a total of 27,013 suspected dengue cases were reported compared to the 20,713 suspected cases already reported between EW 1 and EW 39 of 2016. At the peak in EW 7 of 2016, the number of suspected dengue cases was 67% higher than the peak in EW 21 of 2015 (Figure 3). In 2016, the departments reporting the highest number of suspected dengue cases are Santa Cruz, Tarija and Beni respectively.

**Figure 3.** Dengue, chikungunya and Zika cases by EW. Bolivia. EW 1 of 2015 to EW 39 of 2016.

From EW 1 to EW 39 of 2016, a total of 15,068 suspected chikungunya cases were reported, which represents an increase compared to the 10,428 suspected cases reported throughout 2015.
ZIKA VIRUS DISEASE IN PREGNANT WOMEN

Between EW 1 and 36 of 2016, a cumulative total of 57 confirmed cases of Zika virus infection in pregnant women were reported in Bolivia, all from the department of Santa Cruz.¹

ZIKA COMPLICATIONS

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

As of EW 44 of 2016, no cases of Zika-virus-associated Guillain-Barré syndrome (GBS) or other neurological syndromes have been reported by the Bolivia health authorities.²

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 44, the Bolivia Ministry of Health (MoH) reported three laboratory-confirmed cases of microcephaly associated with Zika virus infection from Santa Cruz Department, the first cases in the country.²

DEATHS AMONG ZIKA CASES

As of EW 44 of 2016, no deaths among Zika cases have been reported the Bolivia health authorities.²

NATIONAL ZIKA SURVEILLANCE GUIDELINES

No information is available on the national guidelines for Zika surveillance.

LABORATORY CAPACITY

The diagnosis of Zika virus is performed by molecular detection (real time RT-PCR) at the Centro Nacional de Enfermedades Tropicales (CENETROP), Ministry of Health. For its diagnoses, CENETROP also uses serologic testing based on ELISA assays (IgM).

INFORMATION-SHARING

At the time of this report, the latest information shared by the Bolivia Ministry of Health to PAHO/WHO was from EW 36 of 2016.

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