Pan American Health Organization

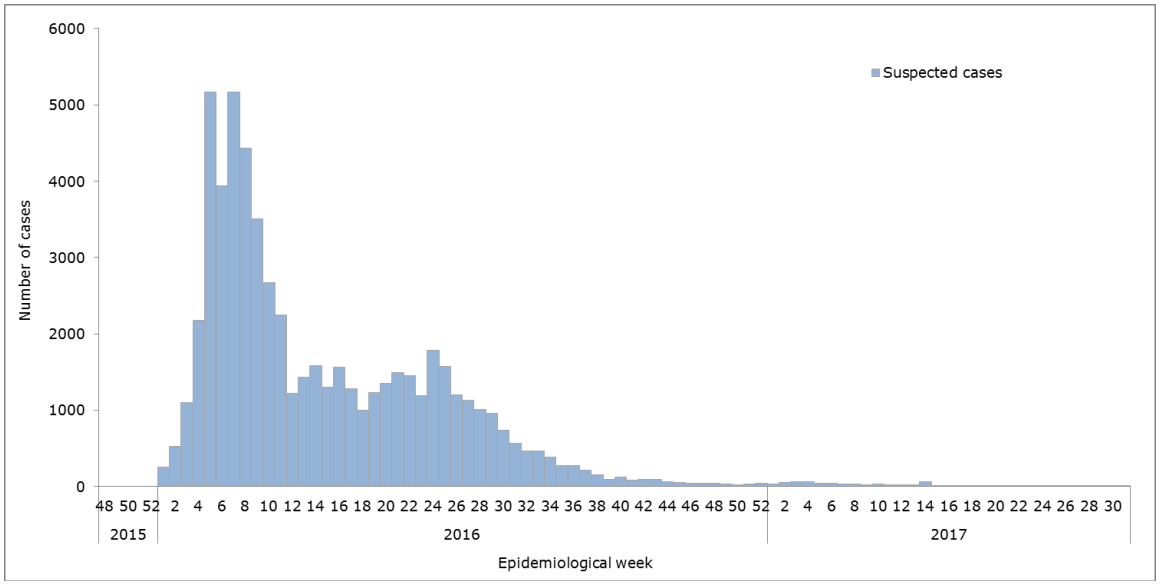
World Health Organization
REGIONAL OFFICE FOR THE Americas

Zika-Epidemiological Report

Venezuela (Bolivarian Republic of)

25 September 2017

Figure 1. Suspected Zika cases by epidemiological week (EW). Venezuela. EW 48 of 2015 to EW 31 of 2017.



Source: Data provided by the Bolivarian Republic of Venezuela Ministry of Health to PAHO/WHO[1]

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

In epidemiological week (EW) 48 of 2015, the detection of the first autochthonous vector-borne Zika case was reported by the Bolivarian Republic of Venezuela International Health Regulations (IHR) National Focal Point (NFP).

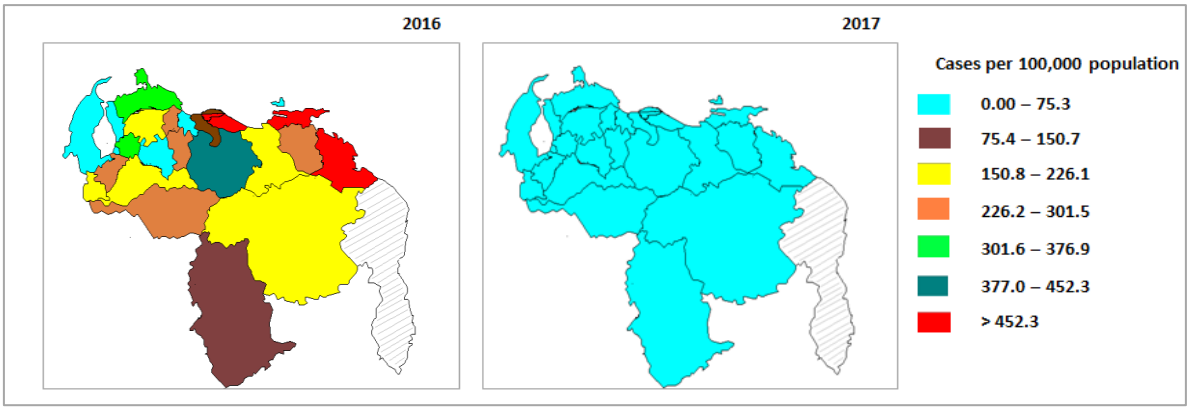
GEOGRAPHIC DISTRIBUTION

Since the emergence of Zika virus, suspected cases have been detected in all of Venezuela's 24 states In 2017, as of EW 31, the highest incidence rates were reported in Falcon (30 cases per 100,000), Sucre (28 cases per 100,000), and Amazonas (8 cases per 100,000) (**Figure 2**).[1] In contrast, in 2016, the highest incidence rates were registered in Distrito Capital (1,481 cases per 100,000), Sucre (838 cases per 100,000 population), and Delta Amacuro (509 cases per 100,000). **Figure 2** illustrates the incidence of Zika at the sub-national level by year.

[1] Reported to PAHO/WHO by the Venezuela IHR NFP on 6 September 2017.

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

Figure 2. Cumulative incidence of suspected Zika cases by state per 100,000 population. Venezuela. 2016-2017 (as of EW 31).



Source: Data provided by the Venezuela Ministry of Health and reproduced by PAHO/WHO[1]

TREND

From EW 1 of 2016 onwards, numbers of Zika cases began to progressively increase an,d between EW 4 and EW 11 of 2016, the highest weekly numbers of Zika virus cases were reported, with peaks of over 5,000 cases during EW 5 and EW 7. Since then and up to EW 24 of 2016, a relatively stable number of cases were reported (average of ~1,377 suspected cases per week). Since EW 25 of 2016, a gradual decrease in the incidence of Zika virus has been observed. In the last 8 reported weeks (EW 24 to EW 31 of 2017), the number of suspected cases has never exceeded 25 cases per week, with no laboratory-confirmed cases being reported during this period (**Figure 1**).[1]

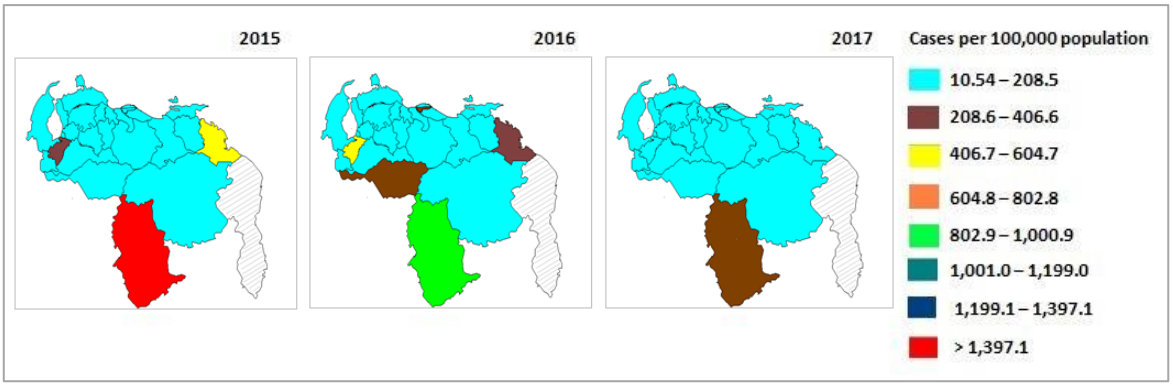
CIRCULATION OF OTHER ARBOVIRUSES

Between EW 1 and EW 31 of 2017, a total of 4,929 probable cases of dengue have been reported,[1] which represents a decrease compare to the same period in 2016, when a total of 24,700 probable cases were reported.

From EW 1 to EW 31 of 2017, a total of 215 suspected cases of chikungunya have been reported.[1] In contrast, during the same period in 2016, a total of 3,156 suspected cases were reported.

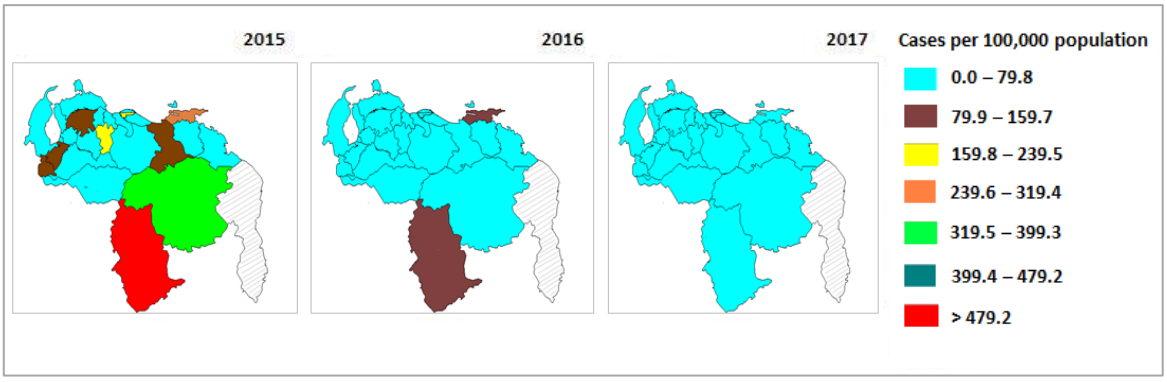
Figure 3 and **Figure 4** illustrate the incidence of dengue and chikungunya at the sub-national level by year.

Figure 3. Cumulative incidence of suspected dengue cases by state per 100,000 population. Venezuela. 2015 to 2017 (as of EW 31).



Source: Data provided by the Venezuela Ministry of Health and reproduced by PAHO/WHO[1]

Figure 4. Cumulative incidence of suspected chikungunya cases by state per 100,000 population. Venezuela. 2015 to 2017 (as of EW 31).



Source: Data provided by the Venezuela Ministry of Health and reproduced by PAHO/WHO[1]

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

Between EW 5 of 2016 and EW 12 of 2017, there were 3,463 suspected Zika cases reported in pregnant women.[2, 3]

ZIKA COMPLICATIONS

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

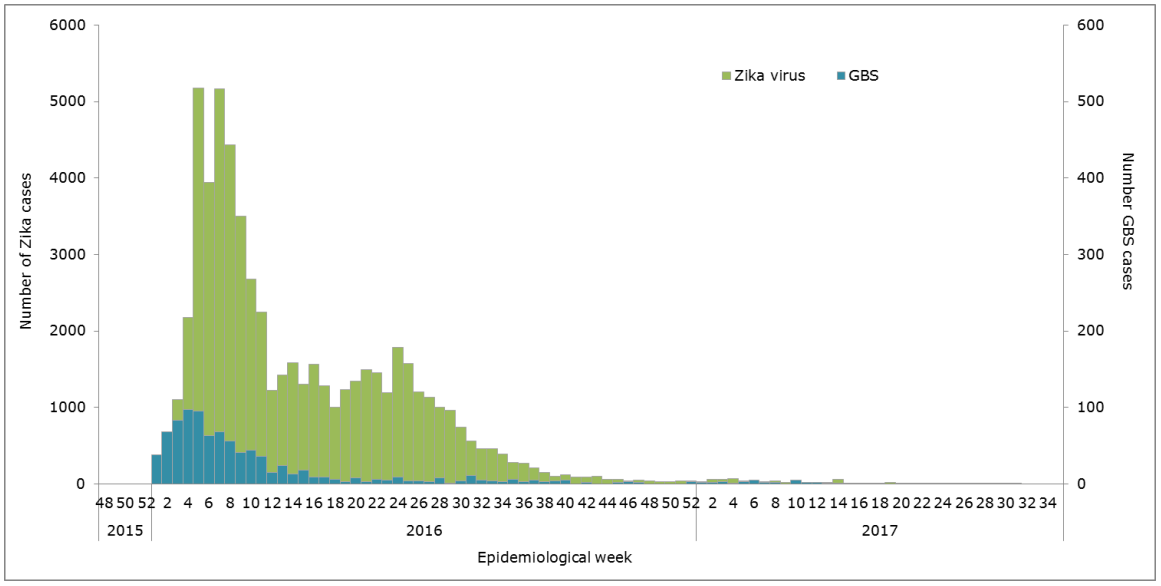
In 2016, Venezuela health authorities reported an increase of Guillain-Barré syndrome (GBS) cases compared with the number of cases detected in previous years.[4] As of EW 16 of 2017, a cumulative total of 933 GBS cases were identified (**Figure 5**).[5] Similar to what was observed

[2] Reported to PAHO/WHO by the Venezuela IHR NFP on 5 December 2016.
[3] Reported to PAHO/WHO by the Venezuela IHR NFP on 2 April 2017.
[4] Reported to PAHO/WHO by the Venezuela IHR NFP on 12 February 2017.
5 Reported to PAHO/WHO by the Venezuela IHR NFP on 2 May 2017.

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

with Zika, a significant decrease in the number of GBS cases was reported nationwide. No information on GBS-related deaths is available.

Figure 5. Suspected and confirmed Zika and GBS cases by EW. Venezuela. EW 48 of 2015 to EW 35 of 2017.



Source: Data provided by the Venezuela Ministry of Health to PAHO/WHO[1]

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 35 of 2017, no cases of congenital syndrome associated with Zika virus infection have been reported by Venezuela health authorities to PAHO/WHO.

DEATHS AMONG ZIKA CASES

As of EW 35 of 2017, no deaths among Zika cases have been reported by Venezuela health authorities to PAHO/WHO.

NATIONAL ZIKA SURVEILLANCE GUIDELINES

The Venezuela Ministry of People's Power for Health website has protocols for Zika, GBS, and pregnancy complications associated with Zika virus.

The Venezuela Zika virus surveillance protocol is available at:
https://drive.google.com/file/d/0By6RZhEqt4ajY1RmU041b250WjQ/view?usp=sharing

The Venezuela GBS protocol is available at:
https://drive.google.com/file/d/0By6RZhEqt4ajS01iczdVQnQ4SE0/view

The Venezuela Protocol for early surveillance, conduct, and monitoring of Zika virus in pregnant women and complications in the mother and child is available at:
https://drive.google.com/file/d/0By6RZhEqt4ajNWNaM0hmNDlpZ28/view

LABORATORY CAPACITY

Laboratory confirmation of Zika suspected cases is performed by molecular detection (real time RT-PCR) by the *Instituto Nacional de Higiene "Rafael Rangel"* at the Venezuela Ministry of People's Power for Health.

INFORMATION-SHARING

The Venezuela IHR NFP periodically provides PAHO/WHO with an epidemiological report on Zika virus. At the time of this report, the latest available information provided was from EW 31 of 2017.

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