# Zika - Epidemiological Update

**14 July 2016**

**Note**: The Epidemiological Update publication schedule is being changed from weekly to bi-weekly until further notice. Accordingly, the next Zika-Epidemiological Update is scheduled for 28 July 2016.

## Zika virus – Incidence and trends

To date, 40 countries and territories have confirmed local, vector-borne transmission of Zika virus disease in the Region of the Americas since 2015. In addition, five countries in the Americas have reported sexually transmitted Zika cases (Argentina, Canada, Chile, Peru, and the United States of America). Since the last Pan American Health Organization/ World Health Organization (PAHO/WHO) Zika Epidemiological Update on 7 July 2016, no additional countries or territories have confirmed vector-borne autochthonous transmission of Zika virus (**Figure 1**).

In the past week, Canada reported 143 travel-related Zika cases detected in 2015 and 2016 (as of 6 July) to PAHO/WHO. Of these, 142 cases acquired the infection in countries/territories of the Americas.

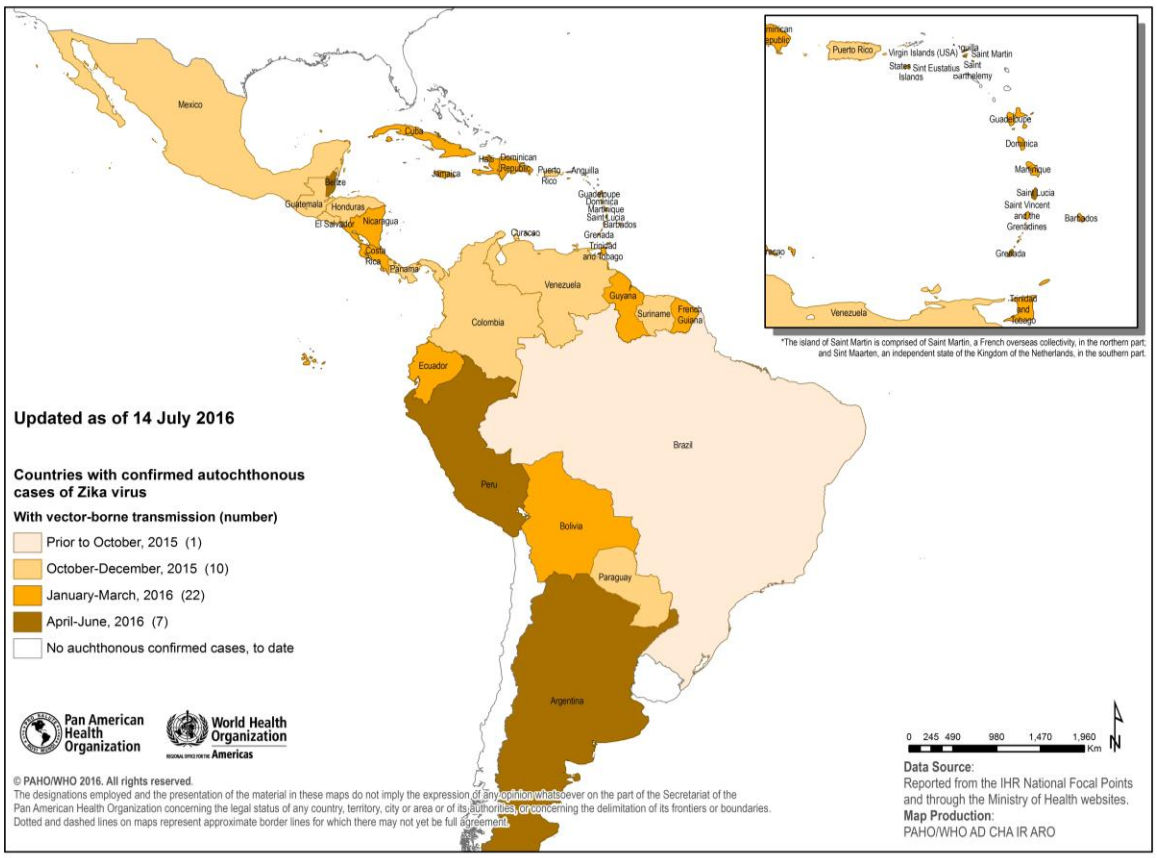
In the United States, a confirmed–imported–case of Zika died in the state of Utah becoming the first confirmed Zika related death in the continental United States.[1]

In the last four weeks of reported data, an increasing trend in cases has been observed in Costa Rica, Ecuador, Guadeloupe, Guatemala, Jamaica, Mexico, Nicaragua, Puerto Rico, Saint Barthelemy, Saint Martin, and Venezuela.

[1] Due to the state health privacy laws the date of onset of Zika disease, date of death, history of travel, and underlying clinical conditions are not available.

Suggested citation: Pan American Health Organization / World Health Organization. Zika Epidemiological Update, 14 July 2016. Washington, D.C.: PAHO/WHO; 2016

**Figure 1.** Countries and territories in the Americas with confirmed autochthonous (vector-borne) Zika virus cases, 2015-2016.



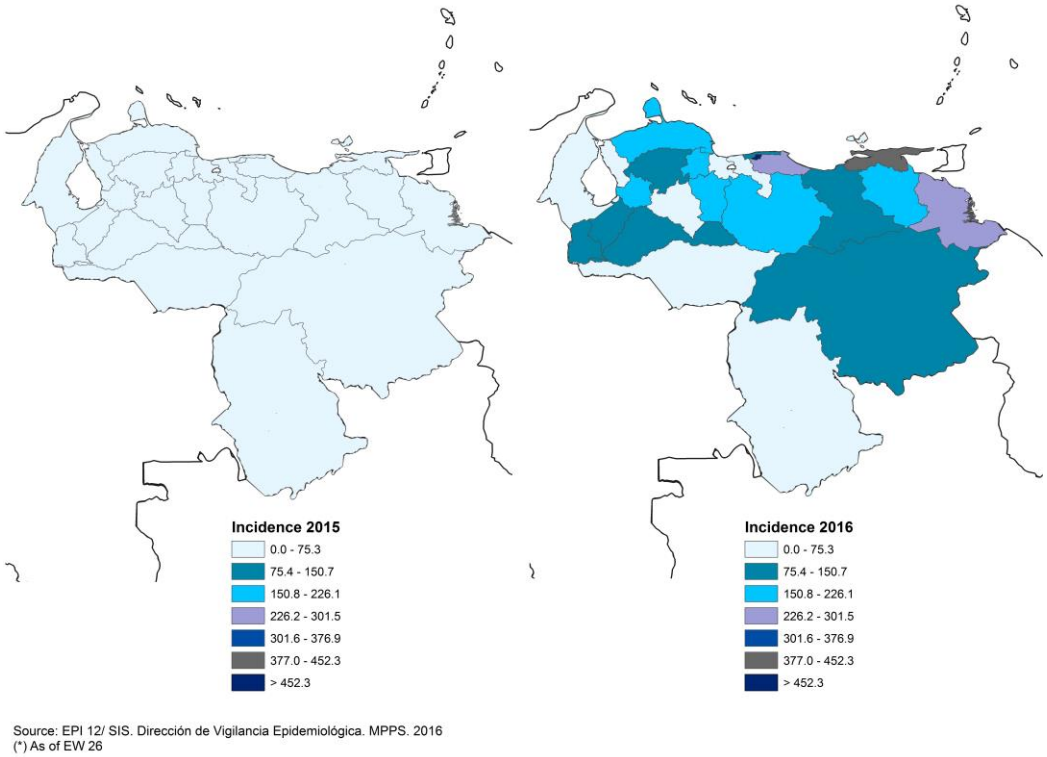

This week, the Zika situation in the Bolivarian Republic of Venezuela is highlighted below.

**Venezuela**

As of epidemiological week (EW) 26 of 2016, 24 states of Venezuela had confirmed autochthonous Zika virus cases. The comparative incidence rate by state and year is presented in **Figure 2**. The highest incidence rate in 2015 was reported in the state of Vargas, while in 2016, the highest incidence rate has been reported in Apure, followed by Delta Amacuro, Miranda and Mérida.

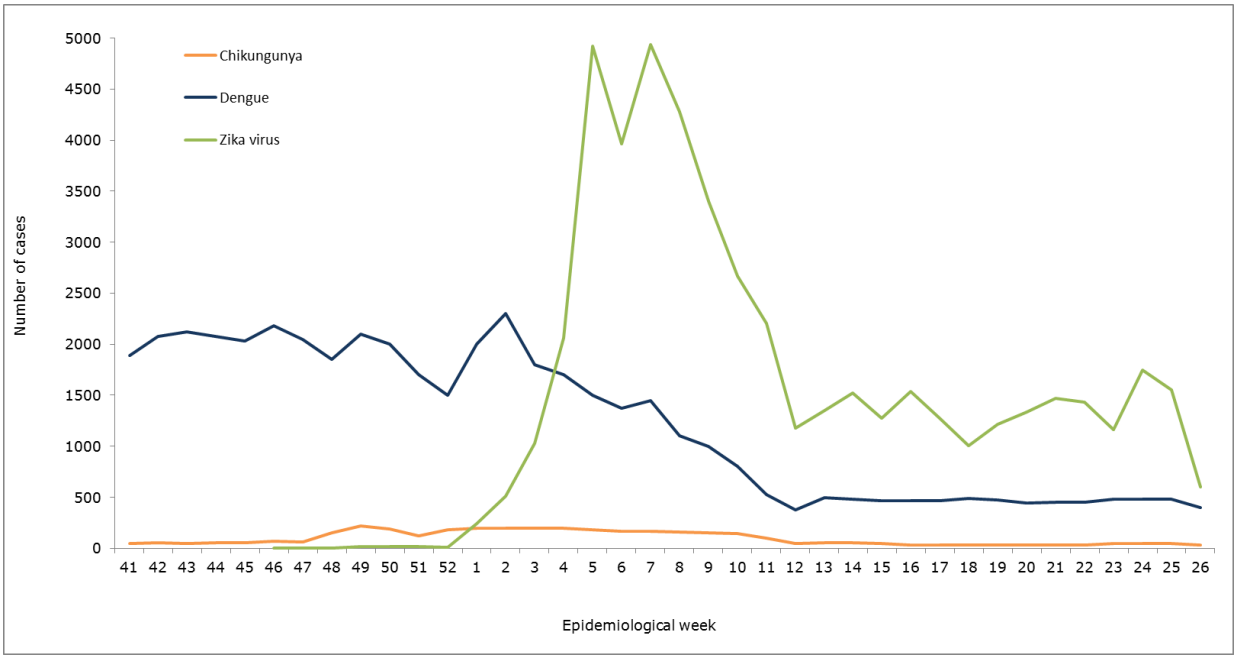
The highest number of Zika virus cases was reported between EW 48 of 2015 and EW 8 of 2016. Since EW 9 to EW 13 of 2016, a decreasing trend is observed, followed by a slightly increasing trend of cases (**Figure 3**). With regards to dengue, in the last 12 weeks of 2015 and the first two weeks of 2016, an average of 2,000 dengue cases per week were reported. As of EW 4, and coinciding with the increase of Zika cases, the number of dengue cases decreased, as observed in **Figure 3**.

**Figure 2**. Suspected Zika case incidence rate. Bolivarian Republic of Venezuela. 2015- 2016 (up to EW 26).




**Source**: Map produced by the Venezuela national health authorities and reproduced by PAHO/WHO

**Figure 3**. Chikungunya, dengue, and Zika cases by epidemiological week (EW). Bolivarian Republic of Venezuela. 2015-2016 (up to EW 26).




**Source**: Data provided by the Venezuela national health authorities and reproduced by PAHO/WHO

## Congenital syndrome associated with Zika virus infection[2]

Since the last PAHO/WHO Zika Epidemiological Update on 7 July 2016, Brazil, Colombia, and the United States of America have updated the number of reported cases presented in **Table 1.** Additionally, El Salvador and the Dominican Republic are investigating suspected neurological syndrome cases.

### Brazil

According to the Brazil Ministry of Health, between 22 October 2015 and 9 July 2016, a total of 8,451 suspected cases of microcephaly and other congenital malformations of the central nervous system (CNS) have been reported in newborns. Of these, 1,687 cases were confirmed in accordance with Brazil's Surveillance and Response Protocol[3] (266 were confirmed by laboratory criteria). Out of the total cases reported, 3,622 cases were discarded as being due to noninfectious causes or not fitting the case definition, and 3,142 remain under investigation. Of the reported cases, 351 correspond to stillbirths or neonatal deaths (4.2% of the total); 102 of them were confirmed by laboratory criteria.[4]

**Table 1.** Countries and territories in the Americas with reported congenital syndrome associated with Zika virus infection.

| Countries reporting congenital syndrome associated with Zika virus | Number of confirmed cases to date |
|---|---|
| Brazil | 1,687 |
| Colombia[5] | 18 |
| El Salvador | 1 |
| French Guiana | 1 |
| Martinique[6] | 6 |
| Panama | 5 |
| Puerto Rico[7] | 1 |
| United States[8] | 15 |

**Source:** Data provided by the national health authorities of the country / territory to PAHO/WHO or published on their Ministry of Health or Public Health Agency website

### Colombia

[2] Case definition available at: http://bit.ly/1TpcVIS
[3] Surveillance and Response Protocol. See Protocol.
[4] Information published on the Brazil, Ministry of Health website. See full report.
[5] See full report.
[6] See full report.
[7] See full report.
[8] See full report.

Between EW 1 and EW 26 of 2016 a total of 194 microcephaly cases were reported in Colombia. This number represents an increase compared to the expected historical annual mean (140 cases per year). Of the 194 cases notified, 18 cases were confirmed for association with Zika virus, 64 cases were discarded and 112 cases remain under investigation.

## Guillain-Barré syndrome (GBS) and other neurological disorders

To date, 11 countries and territories in the Region have reported an increase in cases of Guillain-Barré syndrome (GBS). Four other countries and territories have not recorded an increase in GBS but have identified Zika virus-associated cases of GBS (**Table 2**). In addition, during the previous week (3-9 July 2016, EW 27) some countries of the Caribbean (Dominica, Grenada, and Saint Vincent and the Grenadines) reported GBS cases suspected to be associated with Zika virus infection.

**Table 2.** Countries and territories in the Americas with GBS in the context of Zika virus circulation.

| Increase in GBS with Zika virus lab confirmation in at least one case of GBS | Zika virus lab confirmation in at least one case of GBS | Increase in GBS with no Zika virus lab confirmation in any of the cases |
|---|---|---|
| Brazil | Guadeloupe | Paraguay |
| Colombia | Haiti | |
| Dominican Republic | Panama | |
| El Salvador | Puerto Rico | |
| French Guiana | | |
| Honduras | | |
| Jamaica | | |
| Martinique | | |
| Suriname | | |
| Venezuela | | |