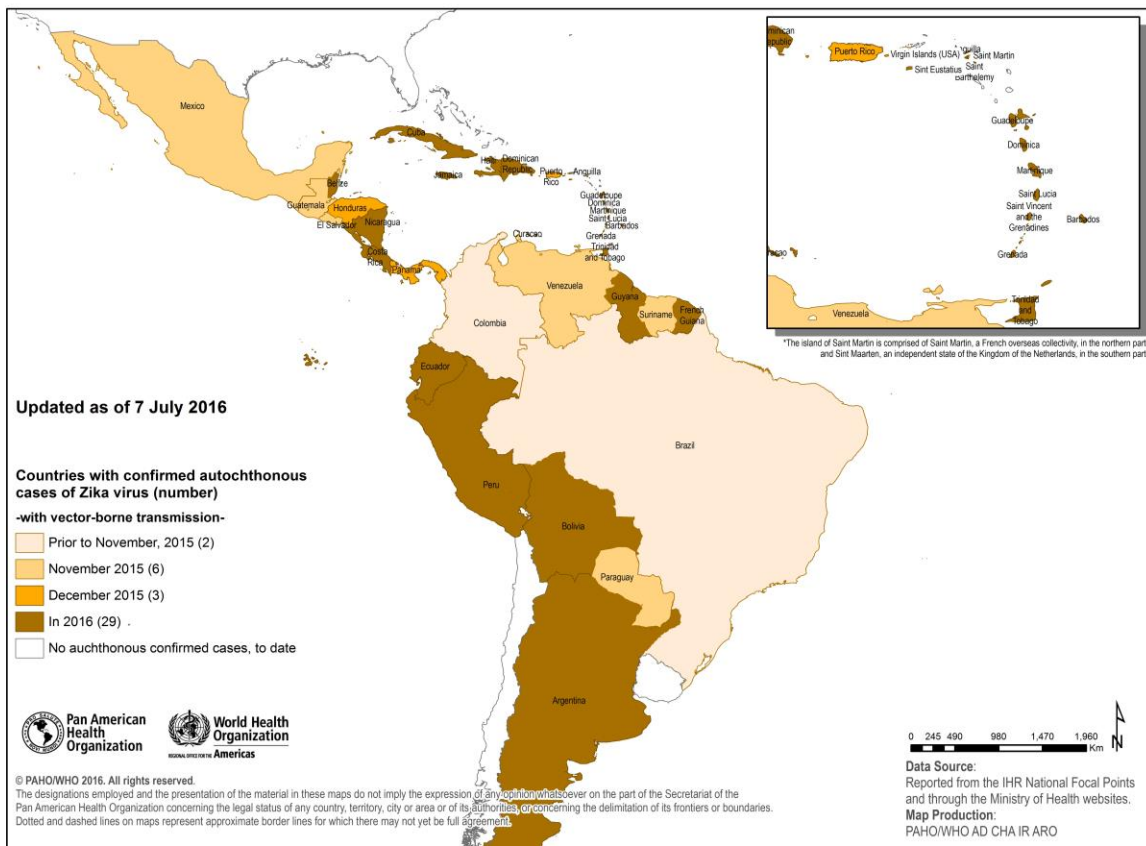


Zika virus – Incidence and trends

To date, 40 countries and territories have confirmed local, vectorial transmission of Zika virus disease in the Region of the Americas since 2015 (**Figure 1**). In addition, five countries in the Americas have reported Zika cases by sexual transmission (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 30 June 2016](#), no additional countries or territories confirmed vector-borne autochthonous transmission of Zika virus. In review of the respective last four weeks of reported data, an increasing trend in cases has been observed in Costa Rica, French Guiana, Guadeloupe, Guatemala, Jamaica, Mexico, Puerto Rico, Saint Barthelemy, and Saint Martin.

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



Suggested citation: Pan American Health Organization / World Health Organization. Zika Epidemiological Update, 30 June 2016. Washington, D.C.: PAHO/WHO; 2016

Congenital syndrome associated with Zika virus infection¹

Since the last PAHO/WHO [Zika Epidemiological Update on 30 June 2016](#) up to 7 July 2016, only Brazil and Colombia have updated the number of reported cases presented in **Table 1**.

Brazil

According to the Brazil Ministry of Health, between 22 October 2015 and 2 July 2016, a total of 8,301 suspected cases of microcephaly and other congenital malformations of the central nervous system (CNS) have been reported in newborns. Of these, 1,656 cases were confirmed in accordance with Brazil's Surveillance and Response Protocol² (255 were confirmed by laboratory criteria). Out of the total cases reported, 3,515 cases were discarded as being due to noninfectious causes or not fitting the case definition, and 3,130 remain under investigation. Of the total reported cases, 4% (334 cases) correspond to stillbirths or neonatal deaths; 92 of them were confirmed by laboratory criteria.³

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	1,656
Colombia ⁴	13
El Salvador	1
French Guiana	1
Martinique ⁵	6
Panama	5
Puerto Rico ⁶	1
United States ⁷	12

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

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**).

¹ Case definition available at: <http://bit.ly/1TpcVIS>

² Surveillance and Response Protocol. [See Protocol](#).

³ Information published on the Brazil, Ministry of Health website. [See full report](#).

⁴ [See full report](#).

⁵ [See full report](#).

⁶ [See full report](#).

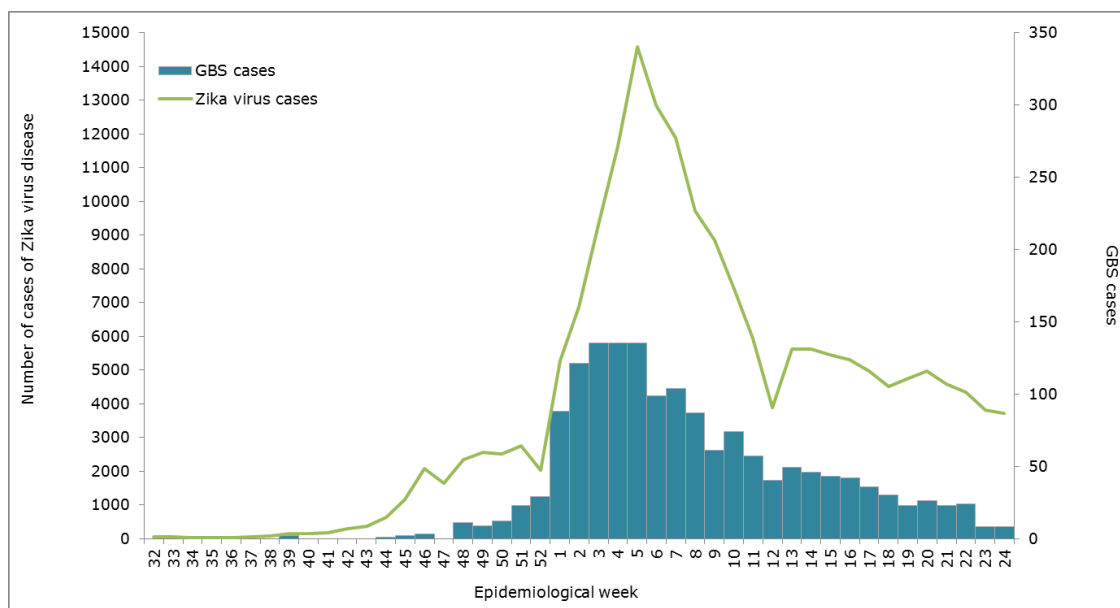
⁷ [See full report](#).

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		

Presented below is the epidemic curve of suspected and confirmed Zika and GBS cases in Colombia, the Dominican Republic, El Salvador, Honduras, Suriname, and Venezuela (**Figure 2**); a temporal correlation between the increase of Zika virus disease cases and GBS cases is observed.

Figure 2. Zika and GBS cases in Colombia, the Dominican Republic, El Salvador, Honduras, Suriname, and Venezuela. EW 32 of 2015 to EW 24 of 2016.



Source: Data provided by the Colombia Ministry of Health and Social Protection, and the Ministries of Health of El Salvador, Honduras, Suriname, and Venezuela to PAHO/WHO. The Dominican Republic data was published by the Dominican Republic Ministry of Health and reproduced by PAHO/WHO.