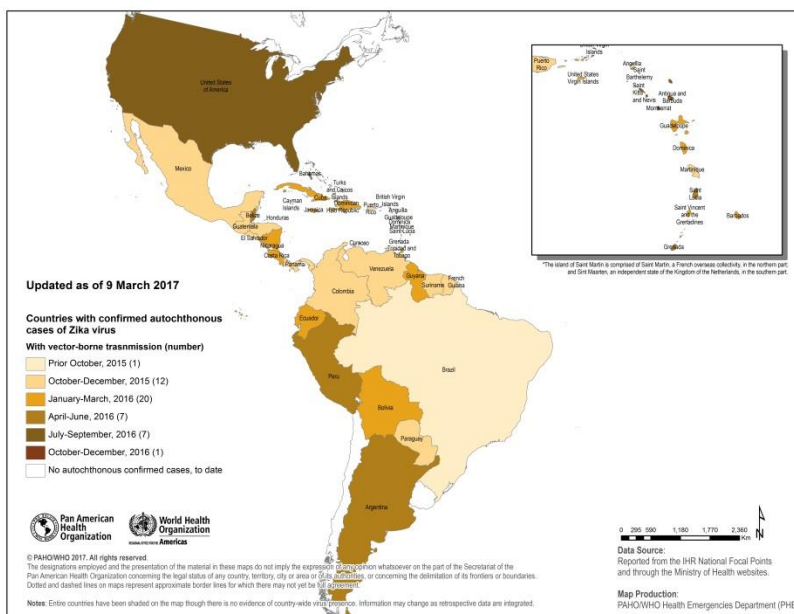


Situation summary in the Americas

Since epidemiological week (EW) 44 of 2016, no additional countries or territories of the Americas have confirmed autochthonous, vector-borne transmission of Zika virus. To date, 48 countries and territories in the Americas have confirmed autochthonous, vector-borne transmission of Zika virus since 2015 (**Figure 1**).¹ In addition, five countries in the Americas have reported sexually transmitted Zika cases.²

Figure 1. Countries and territories in the Americas with confirmed autochthonous (vector-borne) Zika virus cases, 2015 - 2017.



Highlighted below is a summary of the epidemiological situation by sub-regions.

¹ Anguilla; Antigua and Barbuda; Argentina; Aruba; the Bahamas; Barbados; Belize; Bolivia (Plurinational State of); Bonaire, Sint Eustatius, and Saba; Brazil; the British Virgin Islands; Cayman Islands; Colombia; Costa Rica; Cuba; Curaçao; Dominica; the Dominican Republic; Ecuador; El Salvador; French Guiana; Grenada; Guadeloupe; Guatemala; Guyana; Haiti; Honduras; Jamaica; Martinique; Mexico; Montserrat; Nicaragua; Panama; Paraguay; Peru; Puerto Rico; Saint Barthélemy; Saint Kitts and Nevis; Saint Lucia; Saint Martin; Saint Vincent and the Grenadines; Sint Maarten; Suriname; Trinidad and Tobago; Turks and Caicos Islands; the United States of America; the United States Virgin Islands; and Venezuela (Bolivarian Republic of).

² Argentina, Canada, Chile, Peru, and the United States of America.

North America³

In the United States of America, the Florida Department of Health reported isolated local transmission cases.⁴

In Mexico, new cases continue to be reported, although they have been decreasing since EW 40 of 2016.

Central America⁵

The number of reported cases in Central America continues to decrease, with a weekly average of 335 cases, 275 suspected, and 60 confirmed, in the last four weeks (EW 6 to EW 9 of 2017).

In Costa Rica a slight increase of suspected and confirmed cases was reported in EW 5 of 2017.

In Panama there was increasing trend of suspected and confirmed cases between SE 30 of 2016 and SE 1 of 2017. Although there was a decrease in EW 2 of 2017, suspected and confirmed cases continue to be reported at a weekly average of 229 suspected and confirmed cases in the last 4 weeks.

Caribbean⁶

In Aruba an increasing trend in suspected and confirmed cases was reported between EW 29 of 2016 and EW 4 of 2017. In the last four weeks, there was a weekly average of 53 suspected and confirmed cases.

In Curaçao, there is an increasing trend in the number of suspected and confirmed cases between EW 31 and EW 47 of 2016.

In Guadeloupe and Martinique a low circulation of the virus continues to be reported with a few sporadic confirmed cases in the last five weeks (EW 1 of EW 5 of 2017).

While other countries and territories in the Caribbean continue to report cases, there is a decreasing trend in the sub-region with a weekly average of 340 cases in the last four weeks.

South America⁷

In Argentina in EW 8 of 2017, two autochthonous cases were confirmed for the first time in the province of Salta⁸ (one case) and in the province of Chaco (one case), the latter case had a

³ Canada, Mexico, and the United States of America.

⁴ Read the [full report](#).

⁵ Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama.

⁶ Anguilla, Antigua and Barbuda, Aruba, the Bahamas, Barbados, Bonaire, Saint Eustatius and Saba, Curacao, Cayman Islands, Cuba, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Puerto Rico, Saint Barthélemy, Saint Lucia, Saint Martin, Sint Maarten, Saint Vincent and the Grenadines, Trinidad and Tobago, Turks and Caicos Islands, the U.K. Virgin Islands, and the U.S. Virgin Islands.

⁷ Argentina, Bolivia, Brazil, Colombia, Ecuador, French Guiana, Guyana, Paraguay, Peru, Suriname, and Venezuela.

⁸ Local authorities are conducting an investigation to determine the likely site of infection.

history of having stayed in the province of Formosa during the probable period of infection. In 2016, autochthonous cases had been confirmed in the provinces of Córdoba and Tucumán.⁹

In Paraguay, the trend of suspected cases increased between EW 42 of 2016 and EW 5 of 2017.

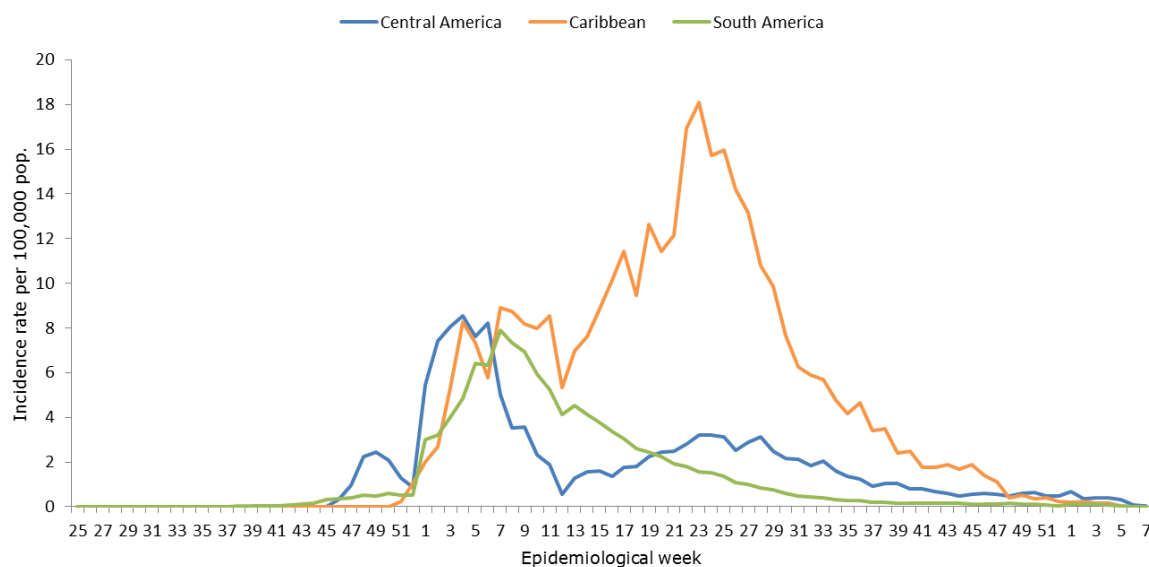
In Peru, there was an increase in the number of cases reported between EW 1 and EW 3 of 2017; the increase is related to an outbreak occurring in the department of Loreto. In 2017 cases were reported in new districts of the departments of Loreto, San Martín, and Ucayali.¹⁰

In other countries of South America, the number of cases reported remains stable with a weekly average of 396 cases (353 suspected and 43 confirmed) in the last four weeks.

Trend in the Caribbean, Central America, and South America

Figure 2 shows the trend of suspected and confirmed cases in the Caribbean, Central America, and South America. Incidence rate peaked in EW 7 of 2016 for all three sub-regions; from that point onwards in Central America and South America a downward trend occurs. In contrast, in the Caribbean, a growing trend occurred with a peak observed in EW 23 of 2016. Since EW 40 of 2016, the trend has remained stable in all three sub-regions.

Figure 2. Distribution of incidence rate by EW and sub-region. Americas 2015 – 2017 (up to EW 7)¹¹



Source: Data provided by countries and territories and reproduced by PAHO/WHO

⁹ Read the [full report](#).

¹⁰ Read the [full report](#).

¹¹ Countries and territories for which information on the distribution of cases by epidemiological week is available and are included in Figure 2: Anguilla, Antigua and Barbuda, Argentina, Aruba, Barbados, Belize, Bolivia, Bonaire, Sint Eustatius, and Saba, Brazil, the British Virgin Islands, the Cayman Islands, Colombia, Costa Rica, Curaçao, Dominica, the Dominican Republic, Ecuador, El Salvador, Granada, Guadeloupe, Guatemala, French Guiana, Guyana, Haiti, Honduras, Jamaica, Martinique, Montserrat, Panama, Paraguay, Peru, Saint Barthélemy, Saint Vincent and the Grenadines, Saint Martin, Sint Maarten, Suriname, Trinidad and Tobago, Turks and Caicos Islands, and Venezuela.

Congenital syndrome associated with Zika virus infection¹²

To date, 24 countries and territories in the Americas have reported confirmed cases of congenital syndrome associated with Zika virus infection. In EW 5 of 2017, Saint Martin reported a confirmed case of congenital syndrome associated with Zika virus infection for the first time. In the last four weeks, Argentina, Brazil, Colombia, the Dominican Republic, French Guyana, Guadeloupe, Guatemala, Martinique, Puerto Rico, Trinidad and Tobago, and the United States of America, updated their number of cases of congenital syndrome associated with Zika virus infection.

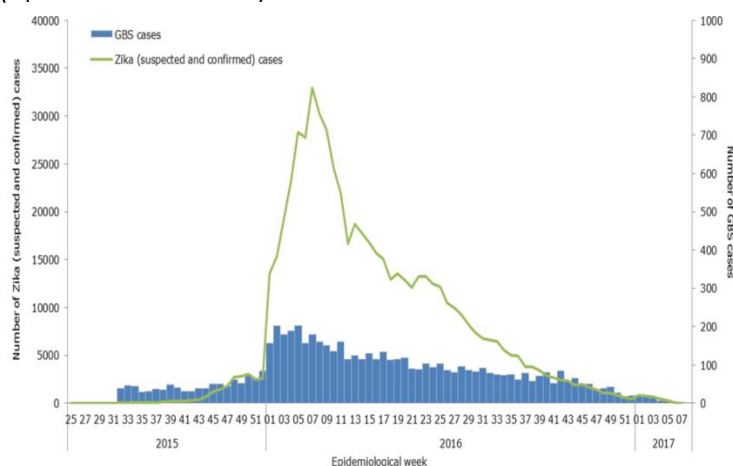
As of 1 September 2016, the table with the number of confirmed cases of congenital syndrome is published on a weekly basis on the PAHO/WHO website and is available at: http://www.paho.org/hq/index.php?option=com_content&view=article&id=12390&Itemid=42090&lang=en

Guillain-Barré syndrome (GBS) and other neurological disorders

In EW 7 of 2017, Curaçao and Trinidad and Tobago reported cases of Guillain-Barré syndrome (GBS) associated with Zika virus infection for the first time.

The trend of Zika cases and associated GBS cases is shown in **Figure 3**. The declining Zika trend is accompanied by a similar trend for GBS cases.

Figure 3. Distribution of Zika cases (suspected and confirmed) and GBS in the Region of the Americas. 2015-2017 (up to EW 7 of 2017)¹³



Source: Data provided by countries and territories and reproduced by PAHO/WHO

¹² Read the [case definition](#).

¹³ Countries and territories for which information on the distribution of cases by epidemiological week is available and are included in Figure 3: **Zika cases:** Anguilla, Antigua and Barbuda, Argentina, Aruba, Barbados, Belize, Bolivia, Bonaire, Sint Eustatius, and Saba, the British Virgin Islands, the Cayman Islands, Colombia, Costa Rica, Curaçao, Dominica, the Dominican Republic, Ecuador, El Salvador, Granada, Guadeloupe, Guatemala, French Guiana, Guyana, Haiti, Honduras, Jamaica, Martinique, Montserrat, Panama, Paraguay, Peru, Saint Barthélemy, Saint Vincent and the Grenadines, Saint Martin, Sint Maarten, Suriname, Trinidad and Tobago, Turks and Caicos Islands, and Venezuela. **GBS cases:** Argentina, Barbados, Belize, Bolivia, Brazil, Colombia, Curaçao, Dominica, the Dominican Republic, Ecuador, El Salvador, Granada, Guadeloupe, Guatemala, Honduras, Jamaica, Martinique, Mexico, Panama, Paraguay, Puerto Rico, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Venezuela.

The following is a list of countries and territories in the Americas reporting increased cases of Guillain-Barre syndrome (GBS) and/or laboratory confirmation of Zika virus in at least one GBS case.

Table 1. 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 infection laboratory confirmation in at least one case of GBS	Increase in GBS with no Zika virus lab confirmation in any of the cases
Brazil	Bolivia	Paraguay
Colombia	Costa Rica	Saint Vincent and the Grenadines
Curaçao	Grenada	
Dominican Republic	Haiti	
El Salvador	Mexico	
French Guiana	Panama	
Guadeloupe	San Martin	
Guatemala		
Honduras		
Jamaica		
Martinique		
Puerto Rico		
Suriname		
Trinidad and Tobago		
Venezuela		