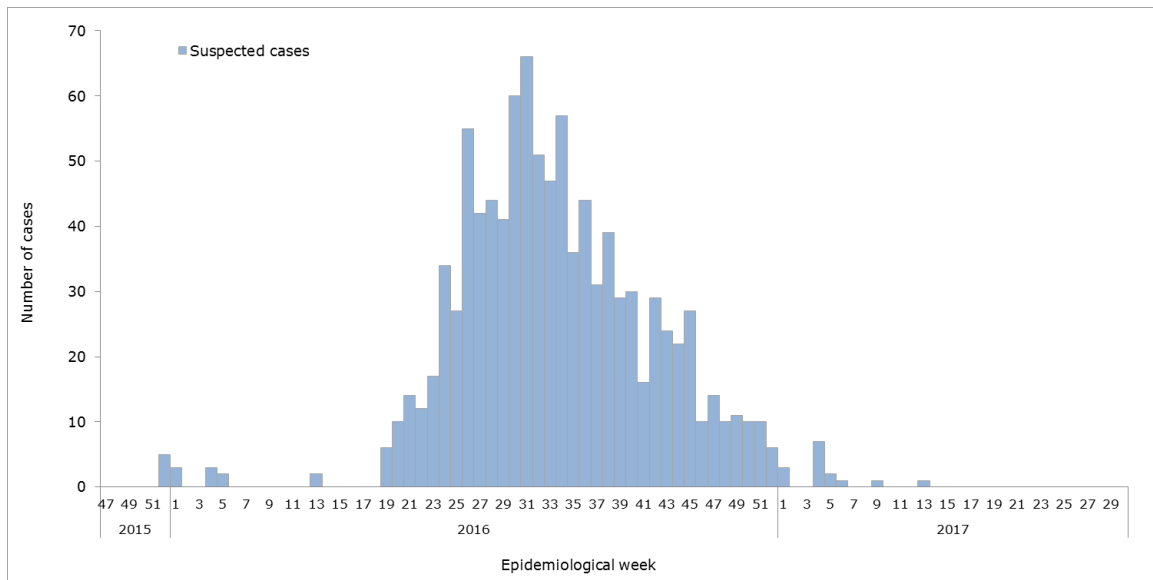


Zika-Epidemiological Report Saint Barthélemy

25 September 2017

Figure 1. Suspected Zika cases by epidemiological week (EW). Saint Barthélemy. EW 47 of 2015 to EW 30 of 2017.



Source: Data reported by the Cire Antilles Guyane and reproduced by PAHO/WHO¹

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

In epidemiological week (EW) 17 of 2016, the France International Health Regulations (IHR) National Focal Point (NFP) notified PAHO/WHO of the detection of the first autochthonous vector-borne case of Zika in Saint Barthélemy.

GEOGRAPHIC DISTRIBUTION

No information is available on the geographic distribution of cases.

TREND

Since EW 49 of 2016, weekly numbers of suspected cases have decreased and remain very low, with a total of 40 suspected cases being reported (**Figure 1**).¹ In the last 8 weeks (EW 23 to EW

¹ Weekly numbers of dengue, chikungunya, and Zika cases are estimates. According to Santé Publique France, the estimated number of suspected cases is the sum of the number of visits recorded by the Decentralized Centers of Prevention and Care (CDPS) and the estimated number of people who consulted a general practitioner for this purpose. The estimate is based on data collected by the sentinel physician network. Cire Antilles Guyane. Arboviruses – Situation of dengue, chikungunya, and Zika in the Antilles. EW 22 of 2017. Available at: http://invs.santepubliquefrance.fr/fr/content/download/137475/494379/version/145/file/pe_arbo_antilles_080617.pdf

30 of 2017), no suspected or confirmed cases have been reported. On 24 May of 2017, Saint Barthélemy was included in the WHO list of countries/territories with interrupted transmission.²

CIRCULATION OF OTHER ARBOVIRUSES

Between July 2016 and July 2017, a total of 40 suspected dengue cases have been reported, of which 11 have been registered in the last 8 weeks (EW 23 to EW 30 of 2017).

Since the beginning of 2017, three probable chikungunya cases have been reported.¹

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

As of EW 30 of 2017, a total of 11 pregnant women with Zika virus infection have been reported by Saint Barthélemy health authorities.¹

ZIKA COMPLICATIONS

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

As of EW 30 of 2017, no cases of Zika-virus-associated Guillain-Barré syndrome (GBS) or other neurological syndromes have been reported by Saint Barthélemy health authorities.¹

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 30 of 2017, no cases of congenital syndrome associated with Zika virus infection have been reported by Saint Barthélemy health authorities.¹

DEATHS AMONG ZIKA CASES

As of EW 30 of 2017, no deaths from Zika virus disease have been reported by Saint Barthélemy health authorities.¹

NATIONAL ZIKA SURVEILLANCE GUIDELINES

The Cire Antilles Guyane has implemented a "surveillance program, alert and management of epidemics" with an integrated preparedness and response plan for vector-borne diseases. More information is available at:

<http://www.invs.sante.fr/Dossiers-thematiques/Maladies-infectieuses/Maladies-a-transmission-vectorielle/Zika/Le-systeme-de-surveillance>

INFORMATION-SHARING

The Cire Antilles Guyane publishes a weekly epidemiological bulletin on Zika virus. At the time of this report, the latest Regional Health Agency epidemiological bulletin available was from EW 30 of 2017.

² The minimum timeline for determining transition to an interrupted state is 12 months after the last confirmed case, and no cases identified in travellers. For countries with a high capacity for diagnostic testing, consistent timely reporting of diagnostic results, a comprehensive arboviral surveillance system and/or a temperate climate or island setting, the interruption of vector-borne transmission is defined as the absence of ZIKV infection 3 months after the last confirmed case. Countries where interruption is epidemiologically likely to have occurred should provide surveillance data to WHO to support the assessment by expert review. WHO. Zika virus (ZIKV) classification table. 24 May 2017. Available at: <http://apps.who.int/iris/bitstream/10665/255542/1/zika-classification-24May17-eng.pdf>