Situation summary in the Americas

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

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

The following is a summary of the epidemiological situation by sub-regions.

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1. Anguilla, Antigua and Barbuda, Argentina, Aruba, the Bahamas, Barbados, Belize, Bolivia, 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, the United States of America, the United States Virgin Islands, and Venezuela.

2. Argentina, Canada, Chile, Peru, and the United States of America.
North America\textsuperscript{3}

In the United States of America, the Florida Department of Health reported that Florida no longer has any identified areas with active Zika transmission, and cases of local transmission have not been reported.\textsuperscript{4} The Texas Department of State Health Services has not reported cases of local transmission during 2017.\textsuperscript{5}

Meanwhile, Mexico continues to report confirmed cases with a declining trend observed since epidemiological week (EW) 40 of 2016. Since the last epidemiological update, no new states have confirmed local transmission of Zika virus.

Central America\textsuperscript{6}

The trend of reported cases in Central America continues to decline (Figure 2), with the exception of Belize,\textsuperscript{7} where an increase in the number of suspected and confirmed Zika cases was observed between EW 49 of 2016 and EW 7 of 2017. The majority of the confirmed cases are from the Corozal district.

From EW 10 to EW 14 of 2017, in this sub-region, an average of 71 suspected and confirmed cases were reported per week.

Caribbean\textsuperscript{8}

In Turks and Caicos, an increase in the number of suspected cases was observed between EW 4 and EW 8 of 2017. In the other countries/territories of this sub region, the decreasing trend of reported cases continues, with a weekly average of 330 suspected and confirmed cases reported between EW 10 and EW 14 of 2017.

South America\textsuperscript{9}

Since EW 1 of 2017, an increasing trend of suspected and confirmed cases has been observed in South America, mainly due to increases in the number of reported cases in Argentina, Bolivia (Plurinational State of), Brazil, Ecuador, and Peru (Figure 3). Between EW 10 and EW 14 of 2017, an average of 1,246 suspected and confirmed cases were reported per week in this sub-region.

In Argentina, an increase in suspected and confirmed cases was observed between EW 1 and EW 16 of 2017; this increase is related to outbreaks in the provinces of Formosa, Salta,

\textsuperscript{3} Canada, Mexico, and the United States of America.  
\textsuperscript{4} Read the full report.  
\textsuperscript{5} Read the full report.  
\textsuperscript{6} Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama.  
\textsuperscript{7} Read the full report.  
\textsuperscript{8} Anguilla, Antigua and Barbuda, Aruba, the Bahamas, Barbados, Bonaire, Saint Eustatius and Saba, Curacao, Cayman Islands, Cuba, Dominica, the Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Monserrat, Puerto Rico, Saint Barthélémy, Saint Kitts and Nevis, Saint Lucia, Saint Martin, Sint Maarten, Saint Vincent and the Grenadines, Trinidad and Tobago, Turks and Caicos, the U.K. Virgin Islands, and the U.S. Virgin Islands.  
\textsuperscript{9} Argentina, Bolivia, Brazil, Colombia, Ecuador, French Guiana, Guyana, Paraguay, Peru, Suriname, and Venezuela.
and Chaco. In these last two provinces, the date of symptom onset of the last confirmed cases was EW 16 of 2017.

In Brazil, there was a slight increase in notified Zika cases between EW 1 and EW 9 of 2017, after which reported cases decreased up to EW 15 of 2017 – similar to what was observed with chikungunya during the same period in the country.

In Ecuador, since EW 5 of 2017, there has been an upward trend in the number of suspected and confirmed cases, with a peak in EW 16 of 2017. About 65% (448) of the cases confirmed in the first 17 weeks of 2017 are from the province of Guayas.

In Peru, the increase is mainly due to the ongoing outbreak in the department of Loreto and, from EW 10 of 2017, an upward trend in the number of suspected and confirmed cases has been observed, with a peak in EW 14 of 2017 due to an outbreak in the Chinch'a province, Ica department.

**Figure 2.** Distribution of suspected and confirmed Zika cases by epidemiological week and sub-region. Region of the Americas, 2016 – 2017 (as of EW 18).

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

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10 Read the full report.
11 Read the full report.
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14 Read the full report.
15 Read the full report.
16 Countries and territories for which information on the distribution of cases by epidemiological week is available and that were included in Figure 2: Anguilla, Antigua and Barbuda, Argentina, Aruba, Barbados, Belize, Bolivia, Bonaire, Saint Eustatius, and Saba, Brazil, Cayman Islands, Colombia, Costa Rica, Curaçao, Dominica, the Dominican Republic, Ecuador, El Salvador, French Guyana, Grenada, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Montserrat, Panama, Paraguay, Peru, Puerto Rico, Saint Barthelemy, Saint Kitts and Nevis, Saint Martin, Saint Vincent and the Grenadines, Sint Maarten, Suriname, Trinidad and Tobago, Turks and Caicos, Venezuela, U.K. Virgin Islands.
Figure 3. Distribution of suspected and confirmed Zika cases by EW. Argentina, Brazil, Ecuador, and Peru, EW 25 of 2015 to EW 18 of 2017.

Source: Data provided by the Ministries of Health of Argentina, Brazil, Ecuador, and Peru and reproduced by PAHO/WHO
Congenital syndrome associated with Zika virus infection

Since October 2015, a total of 26 countries and territories in the Americas have reported confirmed cases of congenital syndrome associated with Zika virus infection. Since the last epidemiological update, no countries or territories have reported for the first time confirmed cases of congenital syndrome associated with Zika virus infection. In the last four weeks (EW 18 to EW 21 of 2017), Brazil, Colombia, the Dominican Republic, Ecuador, Honduras, Panama, Puerto Rico, and the United States of America updated their number of cases of congenital syndrome associated with Zika virus infection.

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

Since the last epidemiological update, no countries or territories have reported for the first time confirmed cases of Guillain-Barré syndrome (GBS) associated with Zika virus infection.

Figure 4 illustrates the trends in Zika and GBS cases. The downward trend in Zika cases in the region of the Americas is accompanied by a similar trend in GBS cases.

Figure 4. Distribution of suspected and confirmed cases of Zika and GBS by EW. Region of the Americas, 2015 – 2017 (as of EW 18).18

Source: Data provided by the countries/territories of the Region of the Americas and reproduced by PAHO/WHO

17 Read the case definition.
18 Countries and territories for which information on the distribution of cases by epidemiological week is available and that were included in Figure 4. Zika cases: Anguilla, Antigua and Barbuda, Argentina, Aruba, Barbados, Belize, Bolivia, Bonaire, Saint Eustatius, and Saba, Brazil, Cayman Islands, Colombia, Costa Rica, Curaçao, Dominica, Ecuador, El Salvador, Grenada, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Montserrat, Panama, Paraguay, Peru, Puerto Rico, Saint Barthelemy, Saint Kitts and Nevis, Saint Martin, Saint Vincent and the Grenadines, Sint Maarten, Suriname, Trinidad and Tobago, Turks and Caicos, Venezuela, U.K. Virgin Islands. GBS cases: Argentina, Barbados, Belize, Bolivia, Brazil, Colombia, Curaçao, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guadeloupe, Guatemala, Honduras, Jamaica, Martinique, Mexico, Panama, Paraguay, Puerto Rico, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Venezuela.