

Department of Defense
Armed Forces Health Surveillance Branch
Zika Virus in the Americas Surveillance Summary
(27 JAN 2016)



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For questions or comments, please contact:

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DEPARTMENT OF DEFENSE (AFHSB)

Zika Virus in the Americas Surveillance Summary #2

27 JAN 2016 (3 FEB 2016)



CASE REPORT: As of 27 JAN 2016, confirmed autochthonous transmission of Zika virus (ZIKV) has been reported in 22 (+2) countries and territories in the Americas since MAY 2015: Barbados, Bolivia, Brazil, Colombia, Dominican Republic, Ecuador, El Salvador, French Guiana, Guatemala, Guadeloupe, Guyana, Haiti, Honduras, Martinique, Mexico, Panama, Paraguay, Puerto Rico, Saint Martin, Suriname, U.S. Virgin Islands, and Venezuela. PAHO believes ZIKV will continue to spread in the hemisphere and could reach all countries and territories where Aedes mosquitos are found (this only excludes Canada and continental Chile). A CDC official, [quoted in the media](#), says widespread transmission in the United States is not likely. Researchers at the Pasteur Institute in French Guiana [report](#) the virus circulating in Suriname is 99.7% to 99.9% identical to the Asian strain that caused an outbreak in French Polynesia in 2013-2014.

Several U.S. states and European countries, Canada, and Israel have reported imported ZIKV infections following travel to affected areas of the Americas, including one case of microcephaly in Hawaii associated with travel to Brazil. At least 22 imported Zika cases have been identified in the mainland U.S. since 2007, with at least eight cases since JAN 2016. More imported ZIKV infections among travelers from areas of ongoing transmission are expected.

ZIKV AND PREGNANCY: During the past week, CDC has issued guidance for advising and caring for [pregnant women](#) and for [evaluating and testing Infants with possible congenital ZIKV infection](#). On 12 JAN 2016, Brazil's Ministry of Health (MOH) presented evidence to support a biological link between ZIKV infection during pregnancy and subsequent congenital neurological malformations, such as microcephaly. However, the MOH said that more investigations are needed to further substantiate this linkage. Laboratory results, including PCR and tissue sample testing performed by CDC, confirmed the presence of ZIKV RNA in four malformation deaths in Rio Grande Norte. As of 23 JAN, Brazil was investigating 3,448 suspected cases of microcephaly (68 suspected deaths) in 24 states. In addition, Brazil has confirmed 270 cases (six linked to ZIKV) and ruled out 462. A potential association between ZIKV infection and neurological syndromes, such as Guillain-Barré syndrome (GBS), has been reported in the Americas and French Polynesia and is being investigated. PAHO issued an [Epidemiological Update](#) on 17 JAN 2016 calling all members to establish and maintain the capacity to detect and confirm ZIKV infection, to prepare facilities for the possible increased demand for specialized care for neurological syndromes, and to strengthen ante-natal care.

DoD IMPACT: No cases of Zika or Zika-associated congenital neurological malformations have been reported in DoD personnel or beneficiaries. ZIKV infection is not a reportable medical event (RME) in DoD. Military healthcare providers, however, should consider ZIKV infection in beneficiaries presenting with an undifferentiated febrile illness and a history of travel to areas with ongoing transmission. Providers should consult CDC guidance on [evaluating and testing women](#) reporting travel during pregnancy to areas with ZIKV transmission and [newborns](#). Confirmed cases should be reported in DRSi as "Any Other Unusual Condition Not Listed," with "Zika" entered in the comment field along with pertinent travel history. Testing is available through the CDC and several state health departments; laboratories should contact their state health department to arrange for testing. There are currently no commercially available diagnostic tests.

TRAVEL ADVISORY: Increasing evidence of a causal link between ZIKV exposure during pregnancy and an increased risk of congenital neurologic malformations in developing fetuses prompted CDC to raise the level of its travel notice for Zika in the [Caribbean](#), [Puerto Rico](#), [Mexico](#), [Central America](#), and [South America](#) on 15 JAN 2016 from Watch Level 1, Practice Usual Precautions to Alert Level 2, Practice Enhanced Precautions. On 22 JAN 2016, CDC issued Alert Level 2, Practice Enhanced Precautions travel notices for [Samoa](#) and the [Cape Verde Islands](#). These two countries, plus Thailand, are the only countries outside the Western Hemisphere reporting ongoing autochthonous Zika virus transmission during the past two months. CDC is advising women who are pregnant or trying to become pregnant to defer travel to areas of ZIKV transmission, if possible. In addition to the countries with active travel notices, Zika virus outbreaks have previously occurred in areas of Africa, Southeast Asia, and the Pacific Islands.

ADDITIONAL INFORMATION: Information on the clinical and epidemiological features of ZIKV infection, including risk during pregnancy, is available from the [CDC](#) and [PAHO](#). CDC issued a [Health Advisory Notice \(HAN\)](#) for health professionals on 15 JAN 2016. CDC has added ZIKV infections to the National Notifiable Diseases Surveillance System (NNDSS) with the event code 11726. NNDSS is seeking expedited Office of Management and Budget approval before it can receive reports.

Text updated from the previous report will be printed in red; items in (+xx) represent the change in number from the previous AFHSB summary (19 JAN 2016).

All information has been verified unless noted otherwise. Sources include: NCMI, CDC, ECDC, Brazil MOH, PAHO, The Lancet, and Hawaii DOH.

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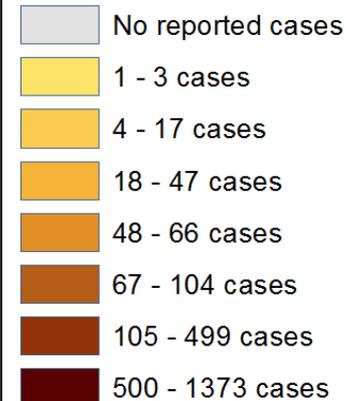
27 JAN 2016



Western Hemisphere Countries and Territories Reporting Autochthonous Zika Virus Infections as of 27 JAN 2016



Microcephaly Cases Reported in Brazil from 22 OCT 2015 to 23 JAN 2016



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