

Department of Defense
Armed Forces Health Surveillance Branch
Zika Virus in the Americas Surveillance Summary
(19 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 #1

19 JAN 2016 (next report as needed)



TRAVEL ADVISORY: Increasing evidence of a causal link between Zika virus (ZIKV) exposure during pregnancy and an increased risk of congenital neurologic deformities 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. CDC upgraded the travel notice from Watch Level 1, Practice Usual Precautions to Alert Level 2, Practice Enhanced Precautions. The change was made because ongoing investigations conducted in Brazil and by CDC into the relationship between Zika and [microcephaly](#) have demonstrated ZIKV RNA in amniotic fluid as well as brain and placental tissue from microcephalic fetuses and infants. On 16 JAN 2016, CDC confirmed a baby born with microcephaly in Oahu, Hawaii was infected with ZIKV. The mother likely contracted Zika while pregnant and living in Brazil in MAY 2015. The travel notice changes apply to countries in the Western Hemisphere with ongoing ZIKV transmission. CDC is advising women who are pregnant or trying to become pregnant to defer travel to areas of ZIKV transmission, if possible.

On 12 JAN 2016, Brazil's Ministry of Health (MOH) presented evidence to support a biological link between ZIKV infection during pregnancy and subsequent neurological congenital abnormalities, such as microcephaly; however, the MOH also cited 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. Brazil continues to investigate 3,530 suspected cases of microcephaly and 46 suspected deaths. The potential link between ZIKV infection and other neurological abnormalities and syndromes, such as Guillain-Barré syndrome (GBS), is also 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.

BACKGROUND: Zika virus is a flavivirus related to dengue, yellow fever, West Nile virus (WNV), and Japanese encephalitis (JE). It is transmitted by *Aedes aegypti* and *Aedes albopictus* mosquitoes, which are prevalent in South and Central America as well as areas of North America, including Mexico and parts of the U.S. ZIKV is endemic in tropical Africa, Southeast Asia, and the Pacific Islands. Clinical presentation of ZIKV infection consists of mild [symptoms](#), including fever, rash, muscle and joint pain, and conjunctivitis, that can last between two and seven days. According to CDC, four out of five people infected remain asymptomatic. There is no vaccine or specific treatment available.

CASE REPORT: In MAY 2015, Brazil was the first Western Hemisphere country to report ongoing ZIKV transmission, followed by Colombia and Suriname. As of 19 JAN 2016, confirmed autochthonous transmission of ZIKV since MAY 2015 has been reported in 20 countries and territories in the Western Hemisphere: Brazil, Barbados, Bolivia, Colombia, Suriname, Venezuela, Panama, El Salvador, Guatemala, Guyana, Honduras, Martinique, French Guiana, Paraguay, Haiti, Mexico, Puerto Rico, Guadeloupe, Ecuador, and Saint Martin. Colombia most recently reported 11,712 suspected and confirmed cases of ZIKV infection as of 2 JAN in 34 of 36 local authorities. Colombia is preceded only by Brazil, which has an estimated range of 400,000 to 1.3 million ZIKV infections. While no cases of ZIKV infection have been confirmed in Marie-Galante and Saint-Barthélemy, clinically suggestive cases have been identified, and lab testing results are pending.

Since DEC 2015, three imported Zika cases related to travel the Caribbean and Central and South America have been confirmed: Canada (1), Germany (1), and the U.S. (1). According to CDC, German health officials reported confirmation (by PCR) of ZIKV infection in a patient who had traveled to Haiti via Guadeloupe on 6 DEC and returned to Germany on 20 DEC after becoming ill on 16 DEC. On 11 JAN 2016, two imported cases were reported in North America: one in Texas and one in British Columbia, both with recent travel to El Salvador. At least 22 imported Zika cases have been identified in the mainland U.S. since 2007. Since JAN 2015, "at least eight U.S. travelers have had positive Zika virus testing performed at CDC. However, CDC is still receiving specimens for ZIKV testing from returning U.S. travelers who became ill in 2015 or 2016."

DoD IMPACT: No cases have been reported in DoD personnel or beneficiaries. Zika is not a reportable medical event (RME) in DoD; however, U.S. Military healthcare providers should consider ZIKV infection in beneficiaries presenting with an undifferentiated febrile illness and a history of travel to areas with ongoing transmission. 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.

All information has been verified unless noted otherwise. Sources include: CDC, Brazil MOH, PAHO, Outbreak News Today, Hawaii DOH, Scientific American, and France-Antilles.

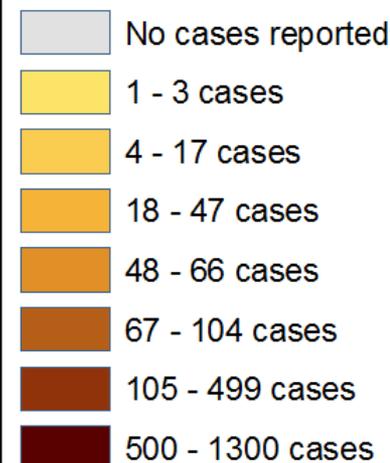
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Western Hemisphere Countries and Territories Reporting Autochthonous Zika Virus Infections as of 19 JAN 2016



Microcephaly Cases Reported in Brazil from 22 OCT 2015 to 12 JAN 2016



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