

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



**Approved for Public Release**

*For questions or comments, please contact:*

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# DEPARTMENT OF DEFENSE (AFHSB)

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24 FEB 2016 (next report 2 MAR 2016)



**DoD SURVEILLANCE:** On 8 FEB 2016, AFHSB released guidelines for [Detecting and Reporting DoD Cases of Acute Zika Virus Disease](#).

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 and pregnancy status for females.

Testing is currently available through the CDC and at least 16 state health departments, with additional states pending. CDC has requested an Emergency Use Authorization for ZIKV diagnostic PCR and IgM testing. **On 22 FEB, the [Naval Infectious Diseases Diagnostics Laboratory \(NIDDL\)](#) announced that it had a ZIKV PCR [laboratory developed test \(LDT\)](#) available for clinical diagnosis. Testing can be requested through CHCS in the National Capital Region (NCR) or through a test request form available at the lab’s web page. NAMRU-6, in Lima, Peru, also has an LDT PCR diagnostic assay available.** There are currently no commercially available diagnostic tests.

On 3 FEB the Armed Services Blood Program Office issued a memorandum implementing the American Association of Blood Banks’ [Association Bulletin 16-03, Zika, Dengue and Chikungunya Guidance](#) for reducing the risk of Zika, dengue, and chikungunya virus transmission through blood products. (The [Food and Drug Administration](#) issued recommendations on 16 FEB.)

**CASE REPORT:** From 1 MAY 2015 to 24 FEB 2016, confirmed autochthonous transmission of Zika virus (ZIKV) has been reported in 29 (+2) countries and territories in the Western Hemisphere: **Aruba**, Barbados, Bolivia, Bonaire, Brazil, Colombia, Costa Rica, Curacao, Dominican Republic, Ecuador, El Salvador, French Guiana, Guatemala, Guadeloupe, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Nicaragua, Panama, Paraguay, Puerto Rico, Saint Martin, Suriname, **Trinidad and Tobago**, U.S. Virgin Islands, and Venezuela. PAHO believes ZIKV will continue to spread in the hemisphere and could reach all areas where *Aedes* mosquitoes are found (this only excludes Canada and continental Chile). U.S. health authorities say limited outbreaks are possible but widespread outbreaks in the continental U.S. are unlikely.

### Western Hemisphere Countries and Territories Reporting Autochthonous Zika Virus Infections as of 24 FEB 2016



Text updated from the previous report will be printed in red; items in (+xx) represent the change in number from the previous AFHSB summary (17 FEB 2016).

All information has been verified unless noted otherwise. Sources include: CDC, NIDDL, AABB, FDA, and PAHO.

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**CASE REPORT (cont'd):** Outside of the Americas, **ongoing** ZIKV transmission is reported from American Samoa, Samoa, Cape Verde, Tonga, and the **Marshall Islands**. Past outbreaks were reported from other areas of Africa, Southeast Asia, and the Pacific Islands.

As of **23 FEB**, CDC reports **97 (+34)** travel-related Zika cases in **22 (+2)** states and the District of Columbia in the mainland U.S. and Hawaii since MAY 2015, **including 11 pregnant women**. More imported ZIKV infections among travelers from areas of ongoing transmission are expected. On 2 FEB, Dallas, TX, health officials reported a case of **sexually-transmitted ZIKV** infection. **CDC and state public health departments are investigating 14 reports of suspected sexual transmission of the virus, including several involving pregnant women**. Several European countries, China, Canada, Australia, and Israel have reported travel-related ZIKV infections.

**ZIKA AND MICROCEPHALY:** Only Brazil is currently reporting microcephaly cases temporally associated with the ZIKV outbreak. Hawaii and Slovenia have each reported a microcephaly case linked to ZIKV infection acquired in Brazil. Investigators in Brazil and at the CDC continue to work on establishing a definitive causal link between ZIKV infection during pregnancy and subsequent congenital neurological malformations, such as microcephaly. 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 **20 FEB**, Brazil has reported **5,640 (+360)** suspect microcephaly cases, including **120 deaths (+12)**; Brazil has completed investigating **1,533** of the suspect cases. Of these **1,533** cases, **583 (38%)** were confirmed as microcephaly and **950 (62%)** were ruled out. On 9 FEB, the [Journal of the American Medical Association](#) published a study conducted in Salvador, Brazil, linking ocular abnormalities to ZIKV infection in infants with microcephaly.

**ZIKA AND GUILLAIN-BARRÉ SYNDROME:** According to [WHO on 19 FEB](#), Brazil, Colombia, El Salvador, Suriname, and Venezuela have reported an increase of Guillain-Barré syndrome (GBS) cases that may be associated with the recent introduction of ZIKV. Puerto Rico and Martinique have reported GBS cases associated with ZIKV infection but not an overall increase in cases. The U.S. reports one ZIKV-related case. The causal link between ZIKV and GBS remains under investigation.

**CDC GUIDANCE:** On **23 FEB 2016**, CDC issued a [Health Alert Network \(HAN\) advisory reiterating its 5 FEB interim guidelines for preventing sexual transmission of ZIKV](#). CDC issued updated guidance for health care providers caring for [infants and children with possible ZIKV infection on 19 FEB](#). It updated its [22 JAN interim guidance](#) for advising and caring for pregnant women on 5 FEB with new interim guidance for health care providers [caring for pregnant women and women of reproductive age](#) with possible ZIKV exposure. On 15 JAN, CDC issued a [HAN advisory](#) for health professionals on recognizing, managing, and reporting Zika infections in travelers returning from affected areas. On 29 JAN, Zika virus disease became a [notifiable disease](#) in the U.S. On 3 FEB 2016, the CDC Emergency Operations Center (EOC) moved to [Level 1 activation for the Zika response](#), its highest level.

**TRAVEL ADVISORY:** Based on the possible association between ZIKV infections and congenital neurologic malformations CDC, is maintaining and updating its Alert Level 2, Practice Enhanced Precautions travel notices for the [Caribbean](#), [Puerto Rico](#), [Mexico](#), [Central America](#), [South America](#), the [Pacific Islands](#), and [Cape Verde](#); **covering 34 countries and territories**. CDC is advising women who are pregnant or trying to become pregnant to defer travel to areas of ZIKV transmission, if possible.

**GLOBAL RESPONSE:** On 16 FEB, the WHO launched a global [Strategic Response Framework and Joint Operations Plan](#) to guide the international response to the spread of ZIKV and the neurological conditions potentially associated with infection. On 1 FEB, [WHO declared](#) that the cluster of microcephaly cases and other neurologic disorders reported in Brazil, which followed a similar cluster in French Polynesia in 2014, constituted a Public Health Emergency of International Concern (PHEIC). The Brazil MOH said there was no evidence to support claims by an Argentinian group called Physicians in the Crop-Sprayed Villages that the mosquito larvicide, pyreproxifen, was the cause of the recent up-tick in microcephaly cases and not ZIKV; Brazil's Rio Grande do Sul state suspended use of the pesticide.

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#### Western Hemisphere Countries and Territories with Autochthonous Transmission of Zika Virus: JAN 2015 - 23 FEB 2016

Country/Territory	Confirmed	Suspected	Deaths	Microcephaly Cases	Guillain-Barré Syndrome Cases
Aruba	4	0	0	NR	NR
Barbados	7	0	0	NR	NR
Bolivia	1	0	0	NR	NR
Bonaire	1	0	0	NR	NR
Brazil	534	72,062	4	4,690*	YES**
Colombia	1,504	30,051	3	NR	YES**
Costa Rica	1	0	0	NR	NR
Curacao	1	0	0	NR	NR
Dominican Republic	10	0	0	NR	NR
Ecuador	25	0	0	NR	YES
El Salvador	3	7,923	0	NR	YES**
French Guiana	99	790	0	NR	NR
Guadeloupe	25	221	0	NR	NR
Guatemala	105	278	0	NR	NR
Guyana	1	0	0	NR	NR
Haiti	5	329	0	NR	NR
Honduras	2	4,590	0	NR	NR
Jamaica	1	0	0	NR	NR
Martinique	12	6,050	0	NR	YES**
Mexico	80	0	0	NR	NR
Nicaragua	66	0	0	NR	NR
Panama	60	0	0	NR	NR
Paraguay	6	0	0	NR	NR
Puerto Rico	63	0	0	NR	YES**
Saint Martin	7	0	0	NR	NR
Suriname	6	1,097	4	NR	YES**
Trinidad and Tobago	1	0	0	NR	NR
U.S. Virgin Islands	4	0	0	NR	NR
Venezuela	4	4,696	1	NR	YES**
<b>Total</b>	<b>2,638</b>	<b>128,087</b>	<b>12</b>	<b>4,690*</b>	NR = Not reported

Sources: Zika cases reported to PAHO as of 18 FEB, except for microcephaly reported by the Brazil MOH as of 20 FEB; Zika cases reported by health departments in Puerto Rico as of 18 FEB and the U.S. Virgin Islands as of 23 FEB; and GBS cases reported to WHO as of 17 FEB.

\* Confirmed (583) and suspected (4,107) microcephaly cases; excludes investigated and ruled out (950).

\*\* Reported increase in GBS cases associated with the introduction of ZIKV or GBS linked to ZIKA infection without and overall increase in cases.

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## Additional Resources and Media Reports

### Zika Web Sites

- AFHSB Guidance
  - [Detecting and Reporting DoD Cases of Acute Zika Virus Disease](#)
- CDC
  - [Zika home page](#)
  - [Information for health care providers](#)
  - [Zika virus disease Q&A](#)
  - [Travel notices](#)
  - [Zika and pregnancy](#)
- [PAHO Zika Page](#)
- [WHO](#)
- [ECDC](#)
- [Agencia Brasil](#)  
(official government news agency)

### Information and News

- [Update: Interim Guidelines for Prevention of Sexual Transmission of Zika Virus — United States, 2016 \(CDC, 23 FEB\)](#)
- [Zika Situation Report \(WHO, 19 FEB\)](#)
- [Update: Interim Guidelines for Healthcare Providers Caring for Infants and Children with Possible Zika Virus Infection – United States, February 2016 \(CDC, 19 FEB\)](#)
- [Zika Outbreak: WHO's Global Emergency Response Plan \(WHO, 16 FEB\)](#)
- [Recommendations for Donor Screening, Deferral, and Product Management to Reduce the Risk of Transfusion-Transmission of Zika Virus \(FDA, 16 FEB\)](#)
- [Guillain-Barré syndrome – Colombia and Venezuela \(WHO, 12 FEB\)](#)
- [Notes from the Field: Evidence of Zika Virus Infection in Brain and Placental Tissues from Two Congenitally Infected Newborns and Two Fetal Losses — Brazil, 2015 \(CDC, MMWR, 10 FEB\)](#)
- [Ocular Findings in Infants With Microcephaly Associated With Presumed Zika Virus Congenital Infection in Salvador, Brazil \(JAMA, 9 FEB\)](#)
- [Interim Guidelines for Prevention of Sexual Transmission of Zika Virus — United States, 2016 \(CDC, 5 FEB\)](#)
- [Update: Interim Guidelines for Health Care Providers Caring for Pregnant Women and Women of Reproductive Age with Possible Zika Virus Exposure — United States, 2016 \(CDC, MMWR, 5 FEB\)](#)
- [BPL 16-02, Guidance Regarding Zika, Dengue and Chikungunya Viruses \(Armed Forces Blood Program Office, 3 FEB\)](#)
- [American Association of Blood Banks, Bulletin #16-03, Zika, dengue, and chikungunya viruses \(AABB, 1 FEB\)](#)
- [DCHHS reports first case of Zika virus through sexual transmission \(Dallas County HHS, 2 FEB\)](#)
- [WHO statement on the first meeting of the International Health Regulations \(2005\) \(IHR 2005\) Emergency Committee on Zika virus and observed increase in neurological disorders and neonatal malformations \(WHO, 1 FEB\)](#)
- [Possible association between Zika virus infection and microcephaly — Brazil, 2015 \(CDC, 19 JAN\)](#)
- [Interim guidelines for the evaluation and testing of infants with possible congenital Zika virus infection — United States, 2016 \(CDC, MMWR, 29 JAN\)](#)
- [Interim guidelines for pregnant women during a Zika Virus outbreak — United States, 2016 \(CDC, 22 JAN\)](#)
- [Recognizing, managing, and reporting Zika virus infections in travelers returning from Central America, South America, the Caribbean, and Mexico \(CDC, 15 JAN\)](#)

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