Informe Global de Situación sobre Zika más reciente - en inglés

Zika virus, Microcephaly and Guillain-Barré syndrome

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KEY UPDATES

- Countries and territories reporting mosquito-borne Zika virus infections for the first time in the past week:
  - None
- Countries in the Western Pacific Region have been reporting new cases as seen in Singapore, Philippines and Malaysia.
- Countries and territories reporting microcephaly and other central nervous system (CNS) malformations potentially associated with Zika virus infection for the first time in the past week:
  - None
- Countries and territories reporting Guillain-Barré syndrome (GBS) cases associated with Zika virus infection for the first time in the past week:
  - None
- The 2016 Summer Paralympic Games continue in Rio de Janeiro, Brazil. WHO continues to provide technical support to the Ministry of Health to ensure the 2016 Summer Paralympic Games are as safe as possible for all athletes, volunteers, visitors and residents. There is a low, but not zero, risk of Zika transmission in this setting. All persons should continue to follow guidance on avoiding Zika infection.

ANALYSIS

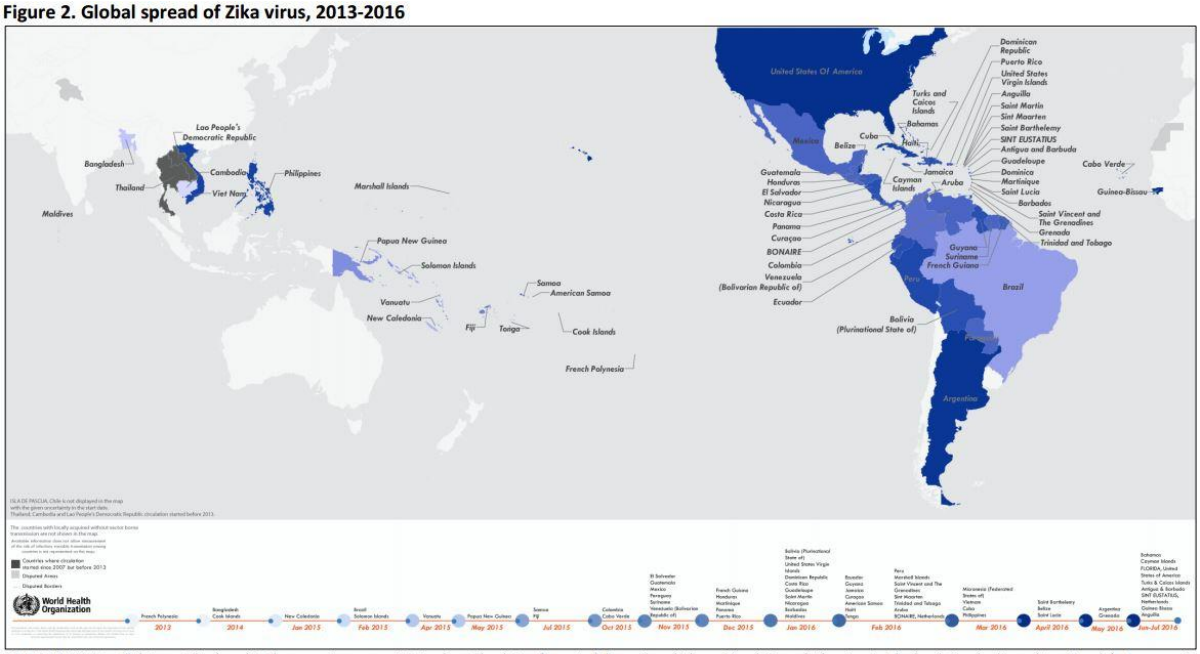
- There are two major lineages of Zika virus: the "African" lineage and the "Asian" lineage. The "African" lineage has only been reported in Africa and was most recently identified through sequencing analysis of the seven confirmed Zika cases reported in Guinea-Bissau. The "Asian" lineage consists of strains that have been reported from Asia, the Western Pacific Region, the Region of the Americas and Cabo Verde.
- The "Asian" lineage viruses reported in Singapore likely evolved from the strain that was previously circulating in Southeast Asia and thus do not appear to be the result of imported virus from South America.
- To date, neurological complications have been linked only to post-2007 strains of the "Asian" lineage. These post-2007 strains have been isolated from French Polynesia since 2013, the Region of the Americas from 2015 onwards and from Cabo Verde in 2016. ZIKA VIRUS SITUATION REPORT ZIKA VIRUS MICROCEPHALY GUILLAIN-BARRÉ SYNDROME 15 SEPTEMBER 2016 (DATA AS OF 14 SEPTEMBER 2016)
- While there have not previously been reports of neurologic complications associated with Zika cases in Southeast Asia, continued vigilance is

warranted, because the exact relationship between the evolution of the virus and its effect on neurologic complications has not been clarified. The absence of proof of neurologic complications should not be assumed to indicate proof of absence; there have not been sufficient numbers of investigated Zika cases in either Southeast Asia or Africa to definitively rule out the possibility of microcephaly or other congenital malformations, or Guillain-Barré syndrome, in these settings.

SITUATION

- 72 countries and territories (Fig. 1, Table 1) have reported evidence of mosquito-borne Zika virus transmission since 2007 (70 with reports from 2015):
  - 55 with a reported outbreak from 2015 onwards (Fig. 2, Table 1).
  - Five with having possible endemic transmission or evidence of local mosquito-borne Zika infections in 2016.
  - 12 with evidence of local mosquito-borne Zika infections in or before 2015, but without documentation of cases in 2016, or with the outbreak terminated.
- Since February 2016, 12 countries have reported evidence of person-to-person transmission of Zika virus (Table 2).
- 20 countries or territories have reported microcephaly and other CNS malformations potentially associated with Zika virus infection or suggestive of congenital infection (Table 3). Four of the 20 countries reported microcephalic babies born from mothers in countries with no endemic Zika virus transmission but who reported recent travel history to Zika-affected countries.
- 18 countries and territories have reported an increased incidence of GBS and/or laboratory confirmation of a Zika virus infection among GBS cases (Table 4).
- In Guinea-Bissau, the investigation of five reported cases of microcephaly is ongoing.
- Based on a systematic review of the literature up to 30 May 2016, WHO has concluded that Zika virus infection during pregnancy is a cause of congenital brain abnormalities, including microcephaly, and that Zika virus is a trigger of GBS1. The findings, which emerge from a causality framework that WHO developed in February 2016 to appraise the strengths and weaknesses of available evidence about the causal relationships, also identify gaps in research and provide direction for further work.

Figure 2. Global spread of Zika virus, 2013-2016



ISLA DE PASCUA – Chile is not displayed in the map given uncertainty about the date of onset of the outbreak there. Circulation of Zika virus in Thailand, Cambodia and Lao People's Democratic Republic started before 2013. Countries where sexual transmission occurred are not represented in this map. Available information does not permit measurement of the risk of infection in any country; the variation in transmission intensity among countries is therefore NOT represented on this map. Zika virus is not necessarily present throughout the countries/territories shaded in this map.

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