

# **Epidemiological Update**

Reported increase of congenital microcephaly and other central nervous system symptoms

10 February 2016

### **Brazil**

In July 2015, Brazil reported the detection of patients with neurological syndromes who had recent history of Zika virus infection in the state of Bahia. There were 76 patients with neurological syndromes identified of which 42 (55%) were confirmed as Guillain-Barré Syndrome (GBS). Among the confirmed cases of GBS, 26 (62%) had a history of symptoms consistent with Zika virus infection. In addition, 7 patients presenting with neurologic syndromes were confirmed to be positive for Zika virus infection in November 2015. In 2015, a total of 1708 cases of GBS have been registered nationwide, representing a 19% increase from the previous year (1,439 cases).

On October 2015, the Brazil Ministry of Health reported an unusual increase in the number of cases of microcephaly in the Pernambuco state, in the Northeast region of Brazil. As of 30 January 2016, the Ministry of Health reported 4,783 cases of microcephaly and/or Central Nervous System (CNS) malformation suggestive of congenital infection including 76 deaths. During 2001 – 2014, an average of 163 microcephaly cases has been recorded nationwide per year.

## Colombia

In February 2016, Colombia reported an increase in cases of GBS. On average Colombia registers 242 cases of GBS per year. However, in the five-week period between mid-December 2015 and late January 2016, 86 cases of GBS were already detected. Of the total cases notified, 49 (57%) were male and 37 (43%) were female. In 58 cases for whom age was available, 95% were older than 18 years (mean age of 43 years).

#### El Salvador

From 1 December 2015 to 6 January 2016, 46 GBS were recorded in El Salvador, including 2 deaths. In El Salvador, the annual average number of GBS is usually 169 cases. Twenty-five (54%) were male and 35 (76%) were over 30 years old. Out of the 22 patients whose information was available, 12 (54%) presented with febrile rash illness in the 15 days prior to the onset of symptoms consistent with GBS. Investigations are ongoing to determine the cause of infection.

# Guadeloupe

Among the cases that were laboratory-confirmed for Zika virus infection, one case of myelitis was reported on 3 February 2016.

# **Martinique**

Although no unusual increase of GBS has been detected above expected levels, two cases of GBS have been reported in Martinique (France), where Zika virus infection was confirmed in urine samples by RT-PCR.

## **Suriname**

On 29 January 2016, Suriname reported that during 2015 their surveillance system detected an increased incidence of GBS. On average Suriname registers 4 cases of GBS per year, however, in 2015 there were 10 cases of GBS detected and 3 cases of GBS detected in the first three weeks of 2016. Two of the cases of GBS have tested positive so far for Zika virus infection.

## **United States of America**

On 8 January 2016, the Hawaii State Department of Health received laboratory confirmation from the U.S. Centers for Disease Control and Prevention (CDC) of a past Zika virus infection in a baby recently born with microcephaly in a hospital on Oahu. The mother likely had Zika infection when she was residing in Brazil in May 2015 and her newborn acquired the infection in utero.

# Venezuela (Bolivarian Republic of)

On 2 February 2016, Venezuela reported that since the second week of January 2016, an increase in number of GBS cases has been detected. From 1-31 January 2016 there were 252 GBS cases. Of the 66 cases for which information was available, 30% were 45 to 54 years old and 29% were 65 years or older. In addition, 61% were male and 39% were female. A clinical history consistent with Zika virus infection was observed in the days prior to onset of neurological symptoms in 76% of the GBS cases. Associated comorbidity was present in 65% of the cases. Additionally, among the laboratory confirmed cases there are two cases of GBS and three with other neurological disorders.