

## Number of Reported Cases of Chikungunya Fever in the Americas, by Country or Territory 2017 (to week noted) **Cumulative cases**

Epidemiological Week / EW 38 (Updated as of 22 September 2017)

Country/Territory	Epidemiological Week <sup>a</sup>		transmission cases <sup>b</sup>	Imported cases	Incidence Rate <sup>c</sup>	Deaths <sup>d</sup>	Population <sup>e</sup>
	Epideiliological Week	Suspected	Confirmed		includince reac	Deutilo	X 1000
North America							
Bermuda	Week				0.0		71
Canada	Week						36,626
Mexico	Week 36		24	0	0.02	0	
United States of America	Week 37			49	0.0	0	
Subtotal		0	24	49	0.00	0	493,394
Central American Isthmus							T
Belize	Week				0.0		374
Costa Rica	Week 35	309	6		6.42		4,905
El Salvador	Week 36	437	0	0	7.09	0	
Guatemala	Week 33	292	0		1.72		17,005
Honduras	Week	050	20		0.00		8,304
Nicaragua (^)	Week 36 Week 35	652 1,996	20 24	1	10.81 49.86	0	
Panama****** Subtotal	VVeek 35	3,686	50	1	49.86 7.95	0	4,051 47,023
Latin Caribbean		3,000	30		7.95	U	47,023
Cuba	Week					1	11,390
					0.00		10,766
Dominican Republic French Guiana (1)	Week Week 26	135	37		60.99		10,766
	Week 26 Week 30	135	37 11		2.33	-	282 472
Guadaloupe (2) Haiti	Week 30		11		0.00		10,983
Martinique (2)			24		0.00		396
					0.22		
Puerto Rico							3,679
Saint Barthelemy (2)	Week 30	0	3		42.86		1
Saint Martin (French part) (2)	Week 30	0	3	•	9.38		32
Subtotal		135	86	0	0.58	0	38,007
Andean Area							T
Bolivia ****	Week 36	3,212	22	0			11,052
Colombia*****	Week 36	867	23	0		0	
Ecuador	Week 36		185		1.11	2	16,625
Peru**	Week 36	839	617		4.53		32,166
Venezuela	Week 34	227	28	0	0.80	0	31,925
Subtotal		5,145	875	0	4.27	2	140,835
Southern Cone							
Argentina	Week 37	0	0		0.00		44,272
Brazil*******	Week 35	50,196	121,734		81.39	99	
Chile	Week 3	00,100	121,101	1	0.00		18,313
		739	5	<u> </u>	10.92		
Paraguay*	Week 35	739	3				6,811
Uruguay	Week 2			1	0.00		3,456
Subtotal		50,935	121,739	2	60.78	99	284,095
Non-Latin Caribbean							
Anguilla	Week				0.00		17
Antigua and Barbuda	Week				0.00		95
Aruba	Week				0.00		115
Bahamas	Week				0.00		397
Barbados	Week				0.00		292
Cayman Islands	Week				0.00		58
Curacao	Week						149
Dominica	Week				0.00		74
Grenada	Week				0.00		111
Guyana	Week				0.00		774
Jamaica	Week 21		0		0.00		2,813
Montserrat	Week				0.00		5
Saint Kitts and Nevis	Week				0.00		52
Saint Lucia	Week				0.00		164
Saint Vincent and the Grenadines	Week				0.00		102
Sint Maarten (Dutch part)	Week				0.00		42
Suriname	Week				0.00		552
Trinidad and Tobago	Week				0.00		1,369
Turks and Caicos Islands	Week				0.00		52
Virgin Islands (UK)	Week				0.00		35
Virgin Islands (US)	Week						102
Subtotal		0	0	0	0.0	0	
TOTAL		59,901	122,774	52	18.07	101	1,010,724
NOTES: only accumulated cases for the year	er 2017 are presented						

Epidemiological Week for which information is available. Changes in the data from week to week should be interpreted by taking into account the differences in surveillance systems.

Suspected case: patient with acute onset of fever >38°C (101°F) and severe arthralgia or arthritis not explained by other medical conditions, and who resides or has visited epidemic or endemic areas within two weeks prior the onset of the symptoms. Confirmed case: a suspected case with any specific CHIK test (viral isolation, RT-PCR, Ig M, or four-fold increase of chikungunya specific antibodies titers) - PAHOICDC confirmed case definition available at www.paho.org/chikungunya. Incidence rate ( autochthonous suspected + autochthonous confirmed) / 100,000 pop.

Deaths directly or indirectly related to Chikungunya.

Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects: The 2015 Revision, http://esa.un.org/unpd/wpp/index.htm, July 2015. International Programs Center, Population Division, U.S. Census Bureau. IDB Release Date: December 2013

According to the case definitions used by the French Caribbean, probable and confirmed cases are included under confirmed cases, as per PAHO's case definitions.

(1) The probable cases reported in the Cire Guyane Bulletin are included in the confirmed cases, in accordance with the PAHO case definitions. Available in: http://invs.saniepubliquefrance.fr/fricontent/download/136510/490620/version/100/file/pe\_chik\_guyane, 050517.pdf Skry five cases clinically suggestive of chiunguray were estimated between EW 9 to 17 of 2017. 2) For Martinique, Guadedoupe, Saint Martin (French Part), and Saint Barthelemy: The probable cases reported in the Cire Antilles Bulletin are included in confirmed cases in accordance with the PAHO case definitions. Available in: http://invs.saniepubliquefrance.fr/fricontent/download/136113/488924/version/144file/pe\_arto\_antilles\_130417.pdf

(Y)The difference between the number of reported confirmed cases (21) and suspected cases (620) from EW 35 of 2017 is due to updated data reported by the Nicaraguan Ministry of Health. Bulletins available at http://www.minsa.gob.nlindex.ptp/repository/Descargas-MINSA/Direcc%C3%B3n-General-Vigilancia-de-1a-Salud-Pic/C3%BABica/Boletines/Boletines/Boletines-2017/Bolet%C3%ADn-Epidemiof%C3%B3gico-Semana-No.-35/ And http://www.minsa.gob.nlindex.ptp/repository/Descargas-MINSA/Direcc%C3%B3n-General-Vigilancia-de-1a-Salud-Pic/C3%BABica/Boletines-2017/Bolet%C3%ADn-Epidemiof%C3%B3gico-Semana-No.-35/ And http://www.minsa.gob.nlindex.ptp/repository/Descargas-MINSA/Direcc%C3%B3n-General-Vigilancia-de-1a-Salud-Pic/C3%BABica/Boletines/Boletin

\*In EW 5 of 2017, the number of suspected (cumulative) cases changed from 2 to 423, because both suspected and probable cases were included. http://vigisalud.gov.py/boletines/03\_03\_2017\_11\_07\_12\_Boletin-Epidemiologico\_SE-5.pdf

\*\*The difference between the number of reported suspected cases from 25 August 2017 (849 suspected cases) to 01 September 2017 (822 suspected cases) is due to retrospective adjustment of data by the Peru Ministry of Health, which is published at: http://www.dge.gob.pe/portal/docs/vigilancia/sala/2017/SE33/chikun.pdf

\*\*\* The number of suspected cases increased from 539 to 1,289, based on the update made on April 26, 2017 by the Ministry of Health to the data provided in the tool to conduct the consultation of cases with suspected diagnosis and is reported to SNIS-VE.

\*\*The difference between the number of reported confirmed cases (6) and suspected cases (852) from EW 34 of 2017 to the number of confirmed cases (23) and suspected cases (849) from EW 35 of 2017 is due to updated data reported by the Colombia Ilinistry of Health. Bulletins available at: http://www.ins.gov.co/boletin-epidemiologico/Boleth%20Epidemiolgico/2017%20Bolet%C3%ADn%20epidemiol%C3%B3gico%20semana%2035.pdf And http://www.ins.gov.co/boletin-pidemiologico/Boleth%20Epidemiolgico/2017%20Bolet%C3%ADn%20epidemiol%C3%B3gico%20semana%2035.pdf And http://www.ins.gov.co/boletin-pidemiologico/Boleth%20Epidemiolgico/2017%20Bolet%C3%ADn%20epidemiol%C3%B3gico%20semana%2034.pdf

The difference between the number of reported confirmed cases (104,298 cases) and suspected cases (58,837) from EW 31 of 2017 to the number of reported confirmed cases (112,963) and suspected cases (21,784) from EW 33 of 2017 is due to updated day by the Brazilian Ministry of Health. Bulletins available at the playbraisance saude government of the property of the

Department of Health data: http://www.salud.gov.pr/Estadisticas-Registros-y-Publicaciones/Pages/Informe-Arboviral.aspx

Data source: Cases reported by IHR NFPs to PAHO/WHO and/or through Member States websites or official news publication. Cases reported by CARPHA for non-Latin Caribbean countries, unless other source specified