

Zika-Epidemiological Report

Cuba

28 June 2017

FIRST AUTOCHTHONOUS VECTOR-BORNE CASE

In epidemiological week (EW) 11 of 2016, the Cuba International Health Regulations (IHR) National Focal Point (NFP) reported to PAHO/WHO the detection of the first confirmed case of autochthonous vector-borne transmission of Zika virus.

GEOGRAPHIC DISTRIBUTION

The first autochthonous case was confirmed in a resident of Central Havana, Havana Province.¹ Since then, two more autochthonous cases were confirmed from the city of Holguín in EW 31 of 2016.² In 2016, Zika cases were primarily reported in the provinces of Camagüey, Cienfuegos, Guantánamo, Havana, and Santiago de Cuba, and ³ in 2017 (as of EW 18), active Zika virus transmission has only been reported in the municipalities of Arroyo Naranjo and Regla in the province of Havana.

TREND

Between EW 1 and EW 52 of 2016, a total of 187 laboratory confirmed cases of autochthonous Zika virus disease have been reported.⁴ No information is available on the distribution of cases by epidemiological week.

CIRCULATION OF OTHER ARBOVIRUSES

No dengue cases have been reported in 2017. During 2016, there were 1,836 dengue cases reported (16 cases per 100,000 population), including 1,807 autochthonous and 29 imported cases. This is similar to figures reported in 2015 when 1,641 dengue cases (15 cases per 100,000 population) were notified. This represented a decrease compared with a total of 2,522 dengue cases (22 cases per 100,000 population) reported in Cuba in 2014.⁵

No chikungunya cases have been reported by Cuba health authorities.⁶

¹ Granma. The first case of autochthonous transmission of Zika virus is diagnosed. 15 March 2016. Available at: <http://www.granma.cu/cuba/2016-03-15/diagnostican-primer-caso-de-trasmision-autoctona-del-virus-del-15-03-2016-21-03-56>

² Granma. Information note of the Ministry of Public Health. 3 August 2016. Available at: <http://www.granma.cu/cuba/2016-08-03/nota-informativa-del-ministerio-de-salud-publica-03-08-2016-23-08-35>

³ Granma. Overconfidence is the main risk. 6 May 2017. Available at: <http://www.granma.cu/cuba/2017-05-06/confiarnos-es-el-mayor-de-los-riesgos-06-05-2017-00-05-22>

⁴ Reported to PAHO/WHO by the Cuba Ministry of Public Health on 17 January 2017.

⁵ PAHO/WHO. Data, Maps and Statistics. Number of reported cases of Dengue and Severe Dengue (SD) in the Americas. Available at: http://www.paho.org/hq/index.php?option=com_topics&view=article&id=1&Itemid=40734

⁶ PAHO/WHO. Chikungunya: Statistic Data. Number of reported cases of Chikungunya Fever in the Americas. Available at: http://www.paho.org/hq/index.php?option=com_topics&view=readall&cid=5927&Itemid=40931&lang=en

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

As of EW 22 of 2017, the Cuba Ministry of Public Health has not reported suspected or confirmed Zika virus disease in pregnant women.

ZIKA COMPLICATIONS

ZIKA-VIRUS-ASSOCIATED GUILLAIN-BARRÉ SYNDROME (GBS)

As of EW 22 of 2017, no cases of Zika-virus-associated Guillain-Barré syndrome (GBS) or other neurological syndromes have been reported by Cuba health authorities.

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 22 of 2017, no cases of congenital syndrome associated with Zika virus infection have been reported by Cuba health authorities.

DEATHS AMONG ZIKA CASES

As of EW 22 of 2017, no deaths among Zika disease cases have been reported by Cuba health authorities.

NATIONAL ZIKA SURVEILLANCE GUIDELINES

No information is available on guidelines for Zika virus surveillance.

LABORATORY CAPACITY

The diagnosis of Zika virus is performed at the *Instituto de Medicina Tropical "Pedro Kouri"* (IPK) from the Ministry of Public Health of Cuba, by molecular detection (RT-PCR). The IPK is currently also using the PCR multiplex system, Triplex from the United States Centers for Disease Control (CDC) and Prevention.

INFORMATION-SHARING

At the time of this report, the latest available Zika virus information shared by the Cuba IHR NFP with PAHO/WHO was from EW 52 of 2016.