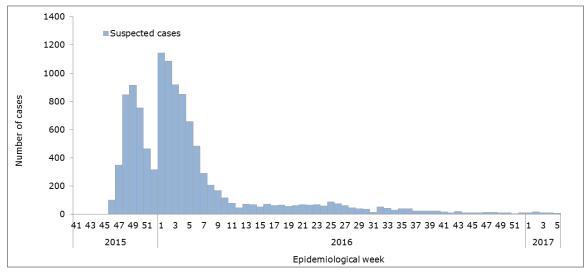


Zika-Epidemiological Report

El Salvador

2 March 2017

Figure 1. Suspected Zika cases by epidemiological week (EW). El Salvador. EW 41 of 2015 to EW 5 of 2017.



Source: Data provided by El Salvador Ministry of Health to PAHO/WHO

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

In epidemiological week (EW) 46 of 2015, El Salvador health authorities reported that three samples tested positive for Zika virus by RT-PCR.

GEOGRAPHIC DISTRIBUTION

As of EW 6 of 2017, all 14 departments in El Salvador have reported suspected cases of Zika virus infection.^{1,2} The highest incidence rates have been reported from the departments of Chalatenango (333 cases per 100,000 population), Cabañas (251 cases per 100,000), and Cuscatlán (249 cases per 100,000) (**Figure 2**).^{1,2}

¹ El Salvador Ministry of Health. Epidemiological Bulletin. EW 6 of 2017. Available at:

http://www.salud.gob.sv/download/boletin-epidemiologico-semana-06-del-05-al-11-de-febrero-de-2017/ ² El Salvador Ministry of Health. Epidemiological Bulletin. EW 52 of 2016. Available at: <u>http://www.salud.gob.sv/boletines-</u>epidemiologicos-2016/#

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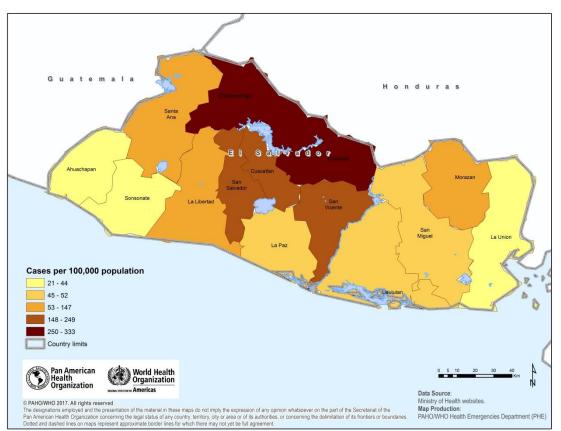


Figure 2. Suspected Zika cases per 100,000 population by department. El Salvador. EW 1 of 2016 to EW 6 of 2017

Source: Data published by the El Salvador Ministry of Health and reproduced by PAHO/WHO¹

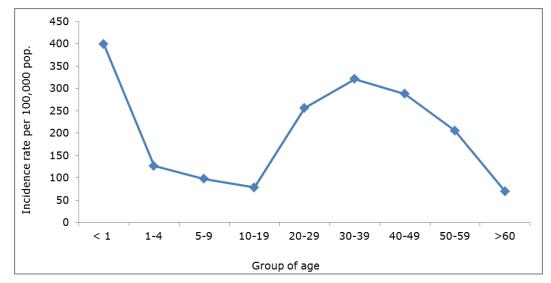
TREND

The majority of Zika cases in El Salvador were reported between EW 47 of 2015 and EW 5 of 2016 (**Figure 1**).¹ A peak was reached in EW 1 of 2016 with 1,144 cases reported per week. Since then, a steady decline in weekly numbers of cases has been observed. In the last 8 weeks (from EW 50 of 2016 to EW 5 of 2017), an average of 10 cases per week has been reported.

Between EW 47 of 2015 and EW 6 of 2017, the highest rates of incidence have been observed in children under 1 year and adults aged 30-39 years (**Figure 3**).¹



Figure 3. Incidence rate of suspected Zika cases per 100,000 population by age-group. El Salvador. EW 47 of 2015 – EW 6 of 2017.

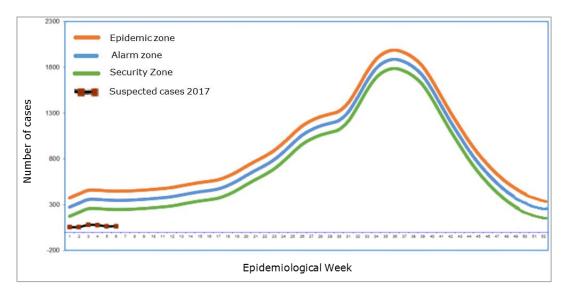


Source: Data published by El Salvador Ministry of Health and reproduced by PAHO/WHO¹⁻²

CIRCULATION OF OTHER ARBOVIRUSES

Between 2015 and 2016, El Salvador experienced simultaneous circulation of dengue and chikungunya, with seasonal peaks between July and August. As of EW 6 of 2017, the epidemic curve of suspected dengue cases is within the normal range of what is expected for this time of the year (**Figure 4**).¹ As of EW 6 of 2017, there has been a 98% reduction in the number of suspected chikungunya cases compared to the same period in 2016 (**Figure 5**).¹

Figure 4. Suspected cases of dengue by EW of symptom onset. El Salvador. 2011-2016 and up to EW 6 of 2017.



Source: Data published by the El Salvador Ministry of Health and reproduced by PAHO/WHO¹

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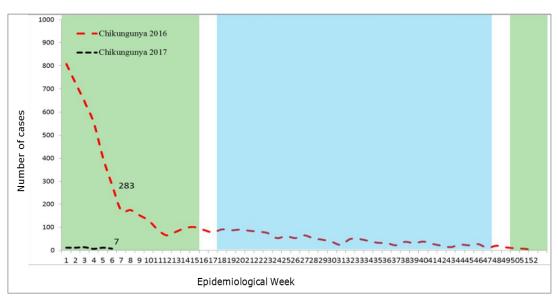
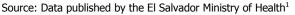


Figure 5. Suspected chikungunya cases by EW. El Salvador. 2016 up to EW 6 of 2017.



ZIKA VIRUS DISEASE IN PREGNANT WOMEN

Between EW 47 of 2015 and EW 6 of 2017, a total of 371 pregnant women with suspected Zika virus disease have been reported by El Salvador health authorities.¹ Up to EW 3 of 2017, 77 women have been tested for Zika virus, of which eight have been confirmed positive for the infection.

ZIKA COMPLICATIONS

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

Between EW 46 of 2015 and EW 5 of 2017, El Salvador reported 313 cases of Guillain-Barré syndrome (GBS)³, including four deaths.³ Annually, on average, 210 GBS cases are reported nationwide by El Salvador health authorities.⁴

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 33 of 2016, four cases of microcephaly associated with Zika virus infection have been confirmed by El Salvador health authorities.³ The number of microcephaly cases reported since March 2016 is higher than the average numbers of cases reported for the same period between 2012 and 2015 (24 cases). As of EW 31 of 2016, 109 microcephaly cases were reported, including the four that were laboratory-confirmed for Zika virus infection.³ Of the remaining cases, 18 were positive for toxoplasmosis, 15 were positive for cytomegalovirus and 72 remain under investigation.

DEATHS AMONG ZIKA CASES

As of EW 6 of 2017, no deaths among Zika cases have been reported by El Salvador health authorities. 1,3

³ Reported to PAHO/WHO by the El Salvador IHR NFP on 13 February 2017

⁴ PAHO/WHO Information Bulletin. Zika and Arboviruses. No 1. August 2016. Available at: <u>http://www.paho.org/els/index.php?option=com_content&view=article&id=1063&Itemid=0</u>

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NATIONAL ZIKA SURVEILLANCE GUIDELINES

Information on the national Zika surveillance guidelines is published on the El Salvador Ministry of Health website, which is available at:

http://www.salud.gob.sv/archivos/vigi_epide2015/boletines_epidemilogicos2015/Boletin_epidemiolo_gico_SE412015.pdf

Technical guidelines for the care and classification of children with microcephaly is available at:

http://asp.salud.gob.sv/regulacion/pdf/lineamientos/lineamientos tecnicos atencion ni%C3%B1os ______con__microcefalia.pdf

LABORATORY CAPACITY

Laboratory confirmation of suspected Zika cases is performed by molecular detection (*In house* real time RT-PCR) and serology (ELISA IgM detection) at the national reference laboratory by the El Salvador Ministry of Health. In addition, the PCR multiplex system from the United States Centers for Disease Control and Prevention (CDC) (Trioplex) has recently been established.

INFORMATION-SHARING

Information on dengue, chikungunya and Zika virus is received by PAHO/WHO on a weekly basis. At the time of this report, the latest information provided by the El Salvador IHR National Focal Point was from EW 5 of 2017 and the latest information available on the El Salvador Ministry of Health website was from EW 6 of 2017.