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REGIONAL OFFICE FOR THE **Americas**

Zika Virus Outbreak & Zika Congenital Syndrome

Regional Situation and Response

SPBA, 30 March 2016

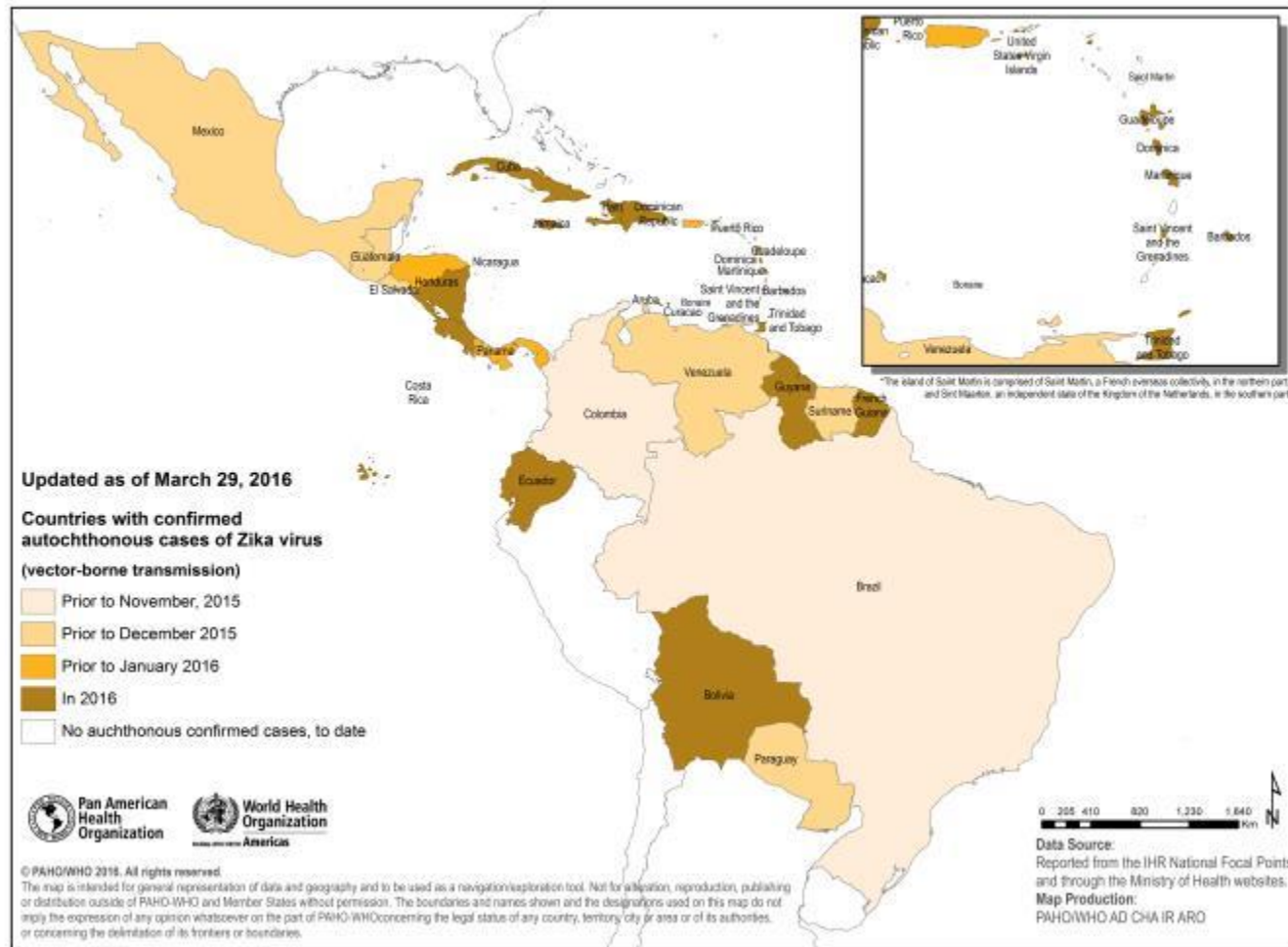


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Countries and territories in the Americas with autochthonous, confirmed Zika virus cases, 2015-2016 (as of 29 March 2016)



There are currently **33 countries or territories** reporting local, vector-borne transmission of Zika virus in the Region of the Americas.

PAHO/WHO Alerts

- **Posting of Epidemiological Alerts and technical guidance on www.paho.org**
 - **7 May 2015:** Epi Alert - Risk of Zika virus infection in the Americas Region
 - **10 June 2015:** Technical guidelines on Zika virus laboratory
 - **16 October 2015:** Epi updates including case definition
 - **17 November 2105:** Epi Alert - Increase in microcephaly in the northeast of Brazil
 - **01 December 2015:** Epi Alert - Neurological syndrome, congenital malformations and Zika virus infections, implications for public health in the Americas

First reports in Brazil: Unusual increase of newborns with microcephaly



Photo credit: Image provided by mother of newborn (Rio de Janeiro, Brazil), with authorization for dissemination exclusively among public health workers.



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ZIKV and microcephaly (up to 24 March 2016)

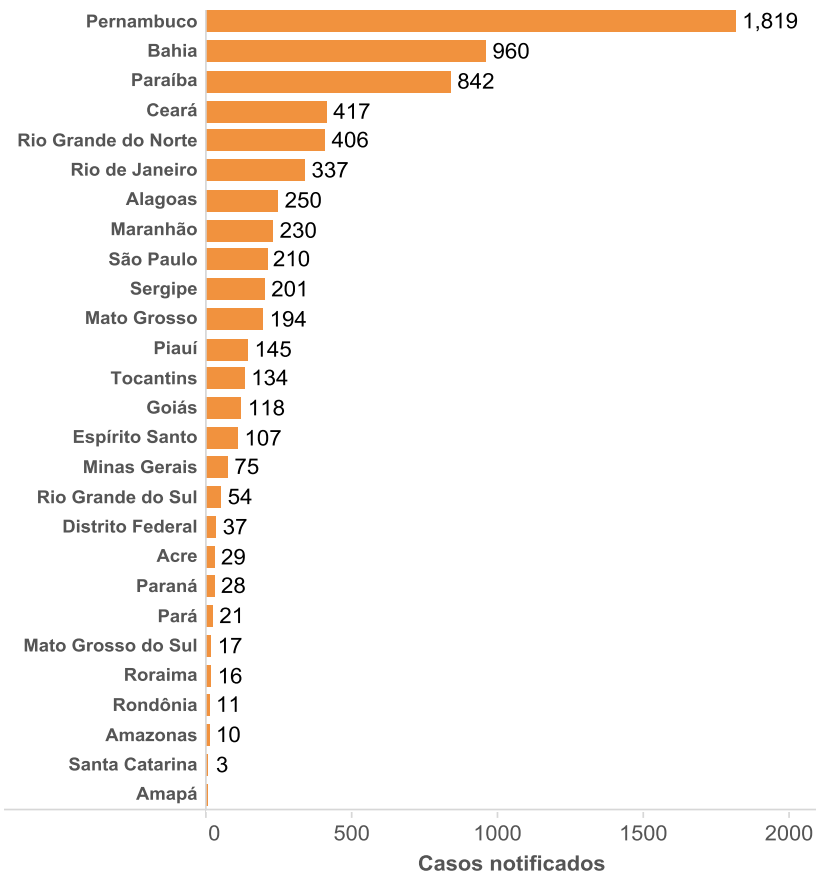
- Evidence of the association between microcephaly and Zika virus is growing
- *Lancet* publication from French Polynesia March 2016 strongly supports the hypothesis that Zika virus infection during the first trimester of pregnancy is associated with an increased risk of microcephaly
- Further data will soon be available from Pernambuco, Colombia, Rio de Janeiro, and others

ZIKV Situation at Global Level

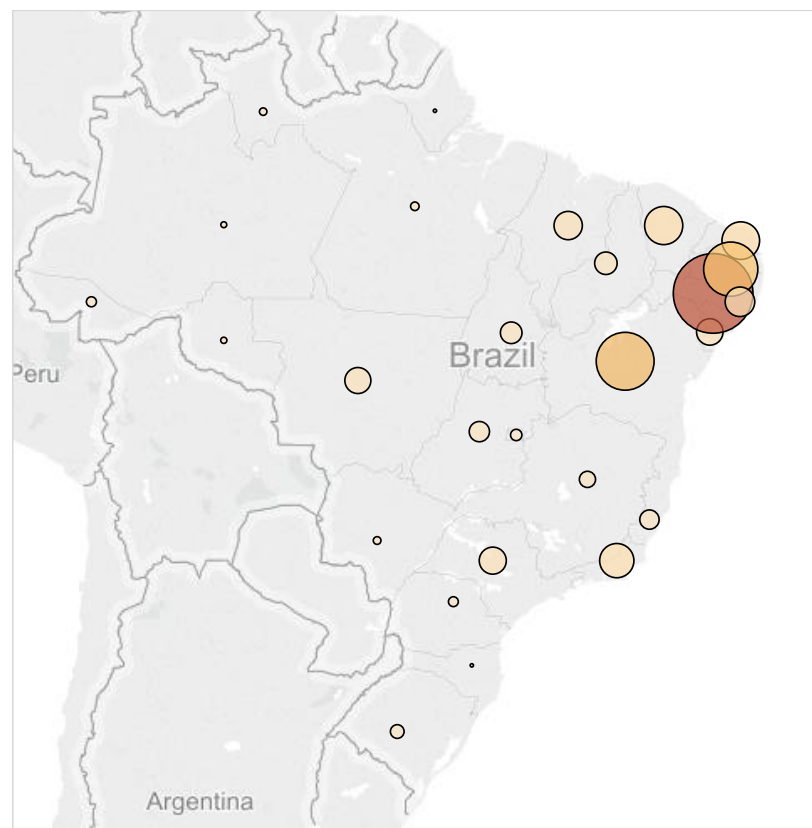
2007- 2016 (as of 24 March 2016)

- **Reported autochthonous Zika virus transmission and microcephaly:**
 - 4 countries: Brazil, French Polynesia, Panama, Martinique
- **Reported or indication of autochthonous Zika virus transmission:**
 - 2 AFRO: Gabon, **Cabo Verde**
 - 30 PAHO/AMRO countries
 - 4 SEARO: Bangladesh, Indonesia, Maldives, Thailand
 - 13 WPRO: American Samoa, Cambodia, Fiji, Malaysia, Marshall Islands, New Caledonia, Philippines, Samoa, Solomon Islands, Tonga, Vanuatu, Laos, Micronesia

Reported cases of microcephaly in Brazil, by epidemiological week



Year/week: 2016/11



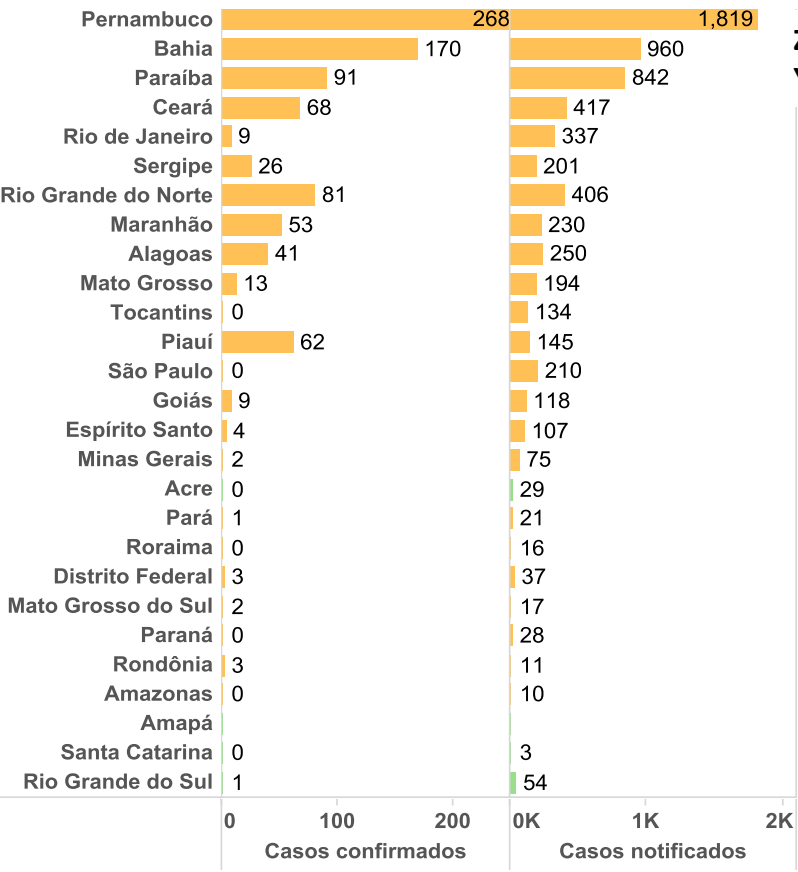
Semana Epidemiológica
2016-11

Casos notificados
3 1,819

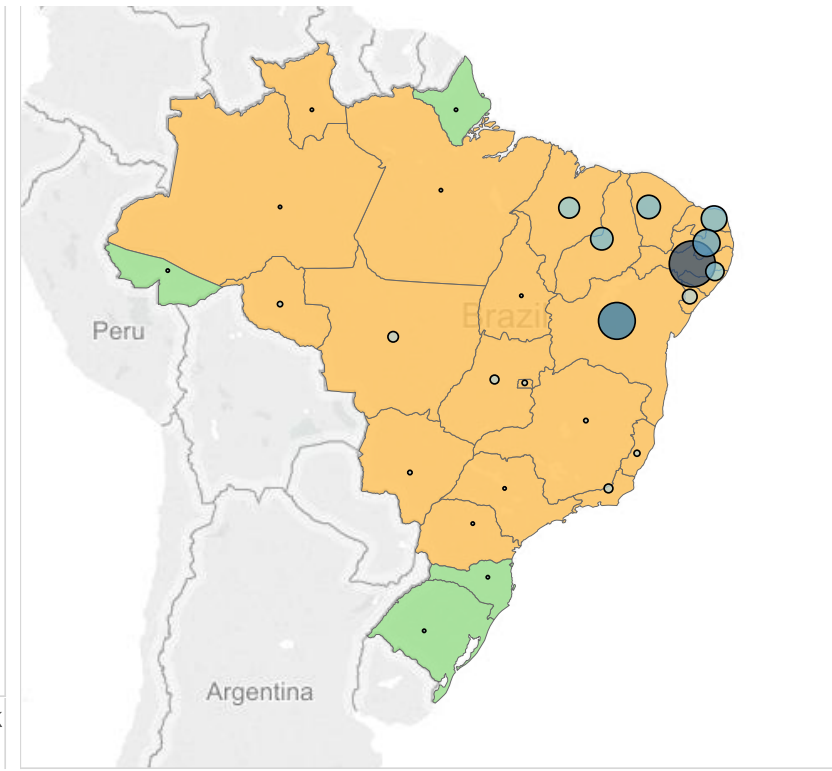
Casos notificados
3 500 1,000 1,500 1,819

Fonte: Informe epidemiológico de casos de microcefalia no Brasil. Ministério da Saúde, Brasil
Elaboração: Sala de situação Vírus Zika - OPAS/OMS Brasil

Reported cases of microcephaly in Brazil, by epidemiological week



Zika transmission vs confirmed cases of microcephaly
Year/week (2016/11)



semana Epidemiológica
16-11

Transmissão autóctone
de Zika
Não
Sim

Casos confirmados
(microcefalia)
0 268

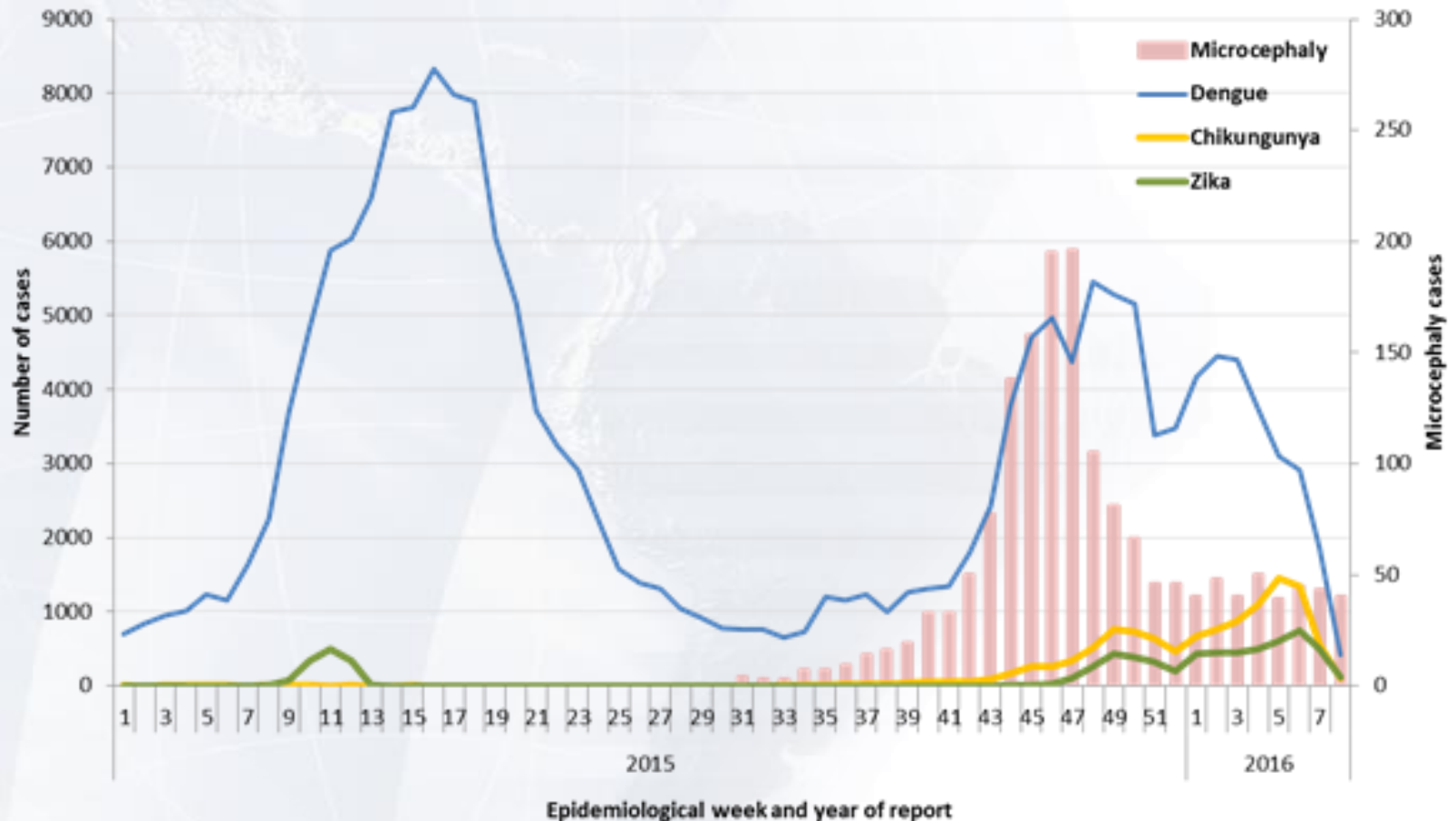
0
50
100
150
200
268

Fonte: Informe epidemiológico de casos de microcefalia no Brasil. Ministério da Saúde. Brasil
Elaboração: Sala de situação Vírus Zika - OPAS/OMS Brasil

Countries and territories in the Americas reporting Guillain-Barré syndrome (GBS) in the context of Zika virus circulation (up to 24 march 2016)

Increase in GBS	Increase in GBS plus Zika virus lab confirmation in at least one case of GBS	Zika virus lab confirmation in at least one case of GBS
Colombia	Brazil	French Guiana
	El Salvador	Haiti
	Honduras	Martinique
	Suriname	Panama
	Venezuela	Puerto Rico

Reported cases of dengue, chikungunya, Zika virus and microcephaly in Pernambuco state, Brazil by epidemiological week, 2015 to 2016



Zika virus and observed increase in neurological disorders and neonatal malformations

Public Health Emergency of International Concern (PHEIC)

Implications for the Americas

- Multisectorial coordinated approach for vector control and management. Partnering and engaging relevant stakeholders and the community.
- Surveillance strengthening:
 - Surveillance for arboviruses
 - Surveillance of birth defects
 - Surveillance of GBS
- Health services preparedness for the management of potential complications including neurological syndromes and birth defects
- Risk communication and public awareness



February 1st, 2016

Zika virus knowledge gaps to be addressed

Regional research agenda was developed by PAHO:

- Define absolute risk of neurological malformation in fetus by gestational age
- Describe the clinical spectrum of the Zika congenital syndrome
- Understand the role of the different modes of transmission: sexual, vector, vertical
- Characterize the dynamics of arboviruses co-circulating in same sub-regions: DENV, CHIKV, ZIKV, YFV, others, and study the vector competency
- New serological tests to improve detection in context of high circulation of other flaviviruses
- New tools for vector control
- Need of financing and coordination

Ongoing regional Zika virus research

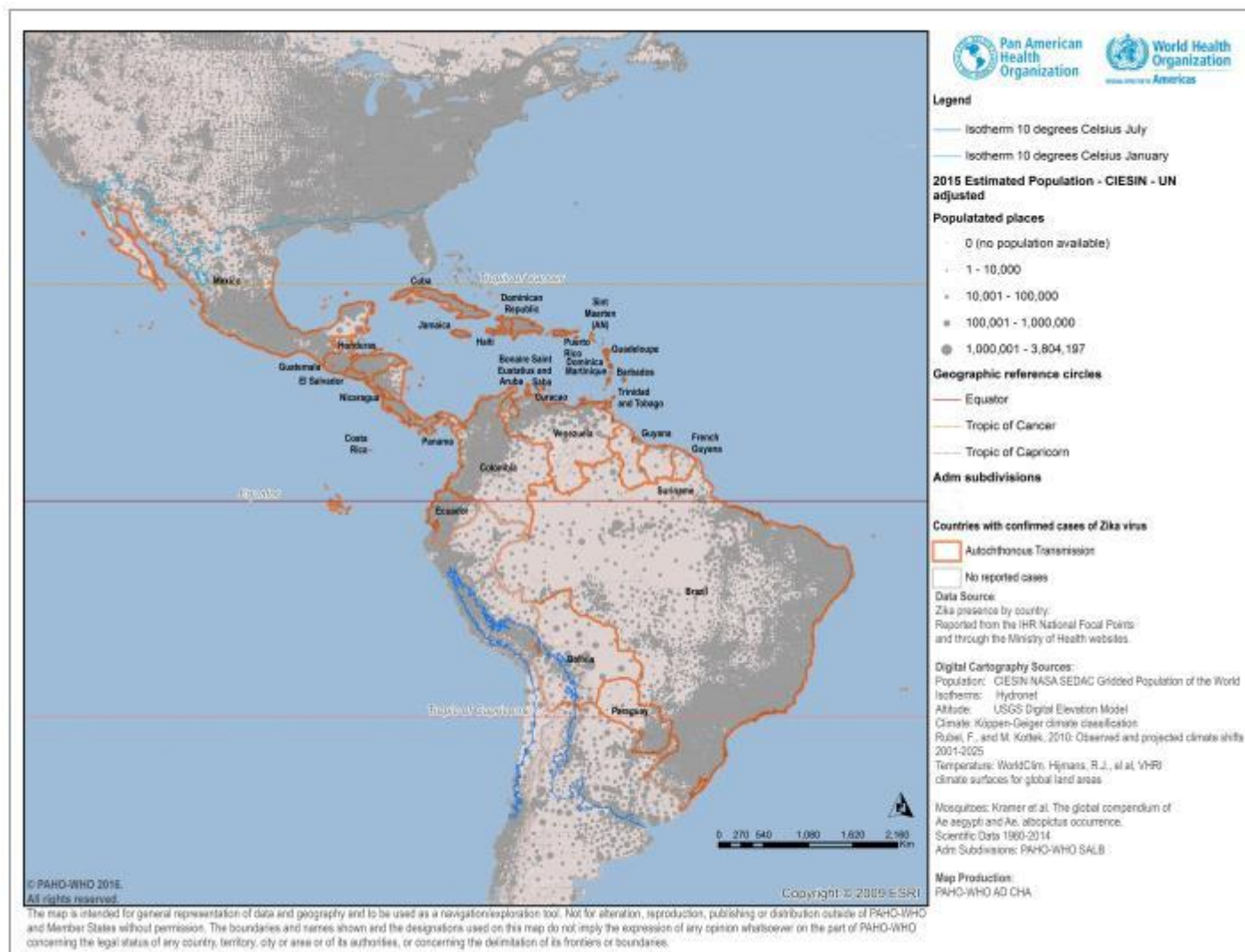
- PAHO has developed a platform to register published and ongoing research (www.paho.org/zika-research); 50 protocols and 158 primary studies have been registered
- Studies include a wide range of topics (epidemiology, disease pathogenesis, clinical management, public health interventions, vectors and reservoirs, health systems and services response, research and development)
- A number of cohort and case control studies are ongoing in different countries:
 - asymptomatic pregnant women
 - pregnant women with rash / pregnant women ZIKV+
 - children with/without Zika congenital syndrome
 - Guillain-Barre syndrome and other neurological alterations.

Future of Zika virus in the Region

- New arbovirus in the Region with high risk for establishing an endemic transmission and co-circulating with dengue and chikungunya
- 473 M. of persons at risk to be infected by the Zika virus:
 - Presence of *Aedes aegypti*
 - Altitude < 2,000 m
 - Including areas with permanent and seasonal risk of transmission
- Role of sexual transmission in the dynamics of the outbreak or maintaining the transmission is not known yet

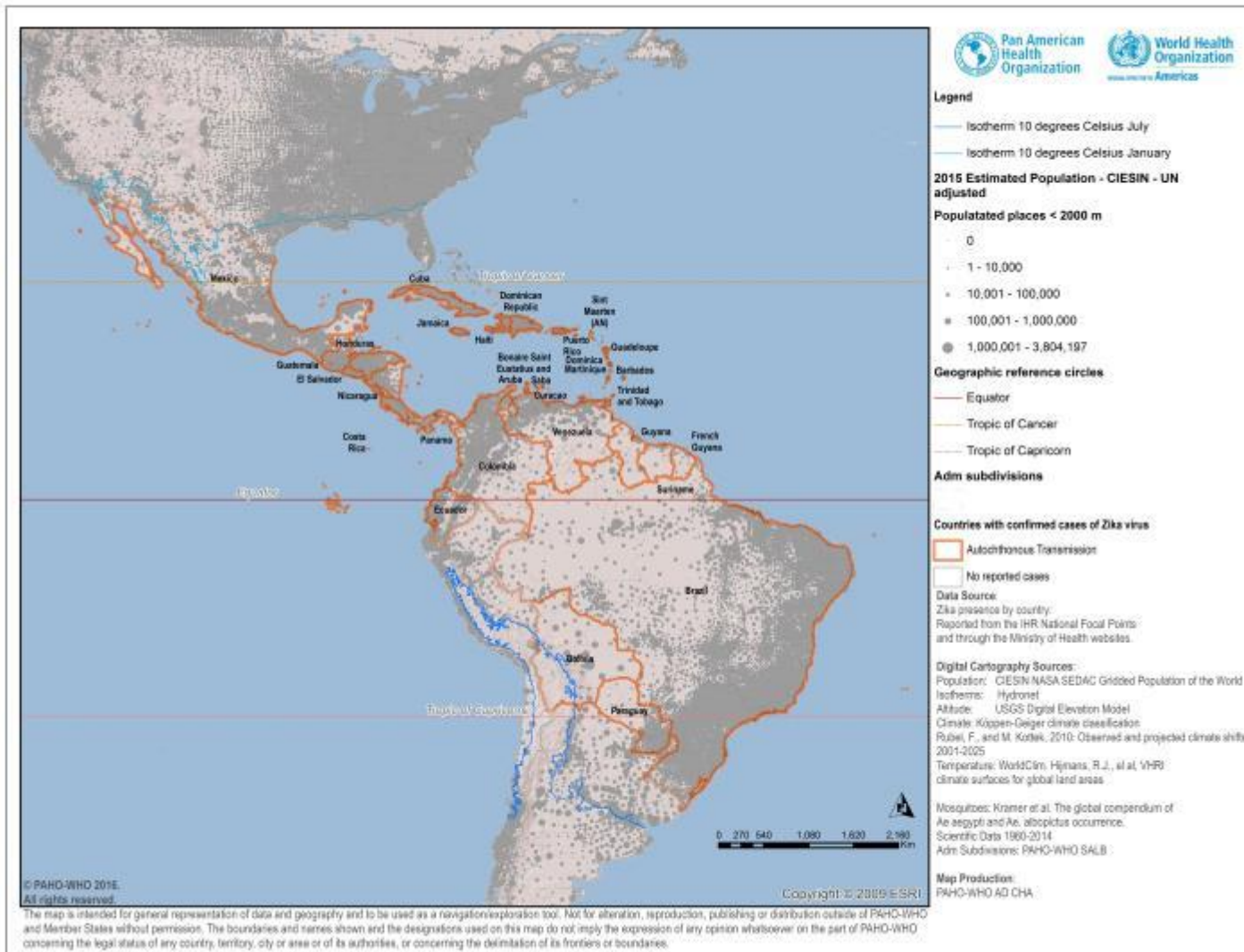
Future of Zika virus in the Region

Total population in the Americas (CIESIN estimates)



- **988 M** people
(988,177,129)

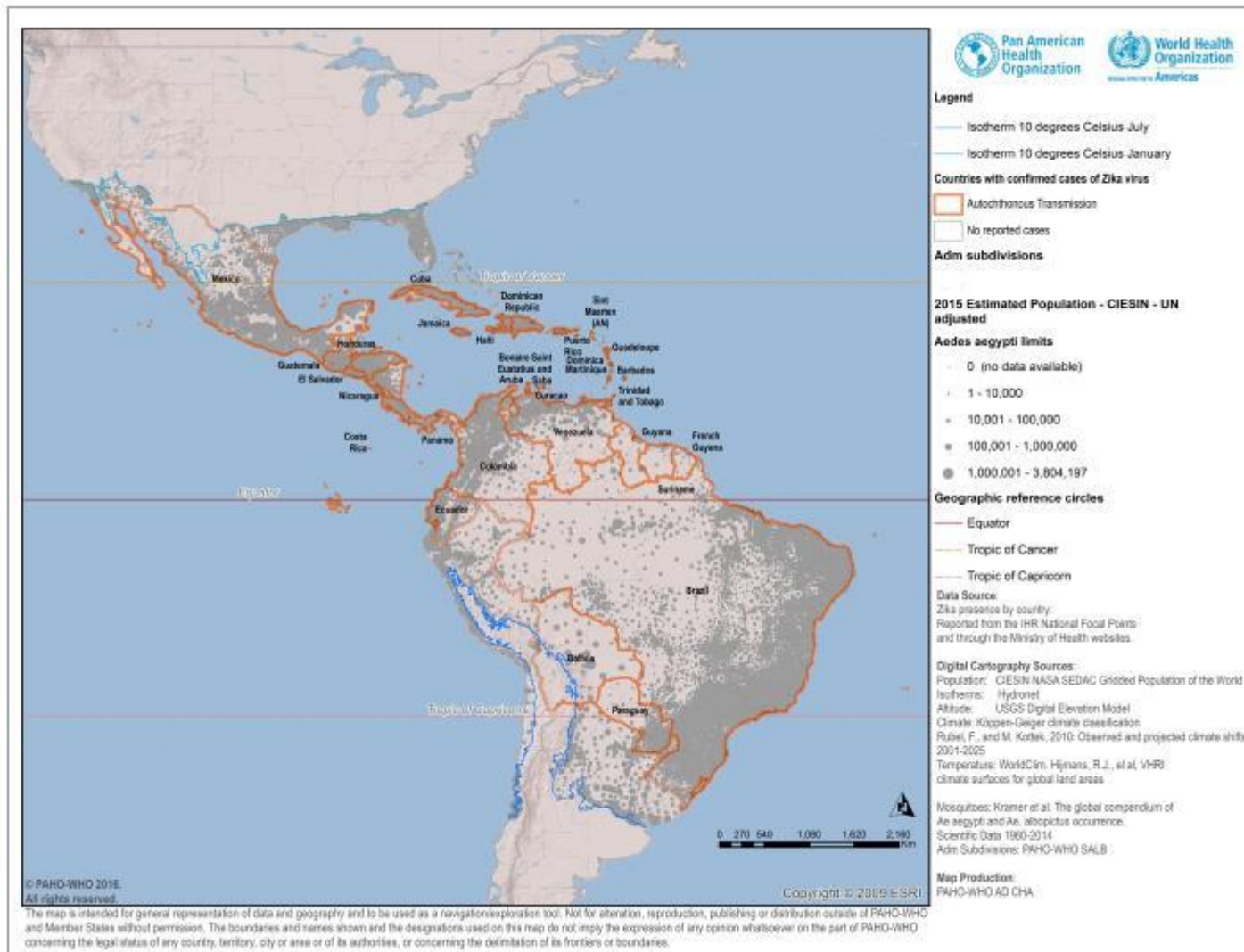
Total population in the Americas living in areas < 2000 m above sea level



- **899 M** people
(898,757,396)

Future of Zika virus in the Region

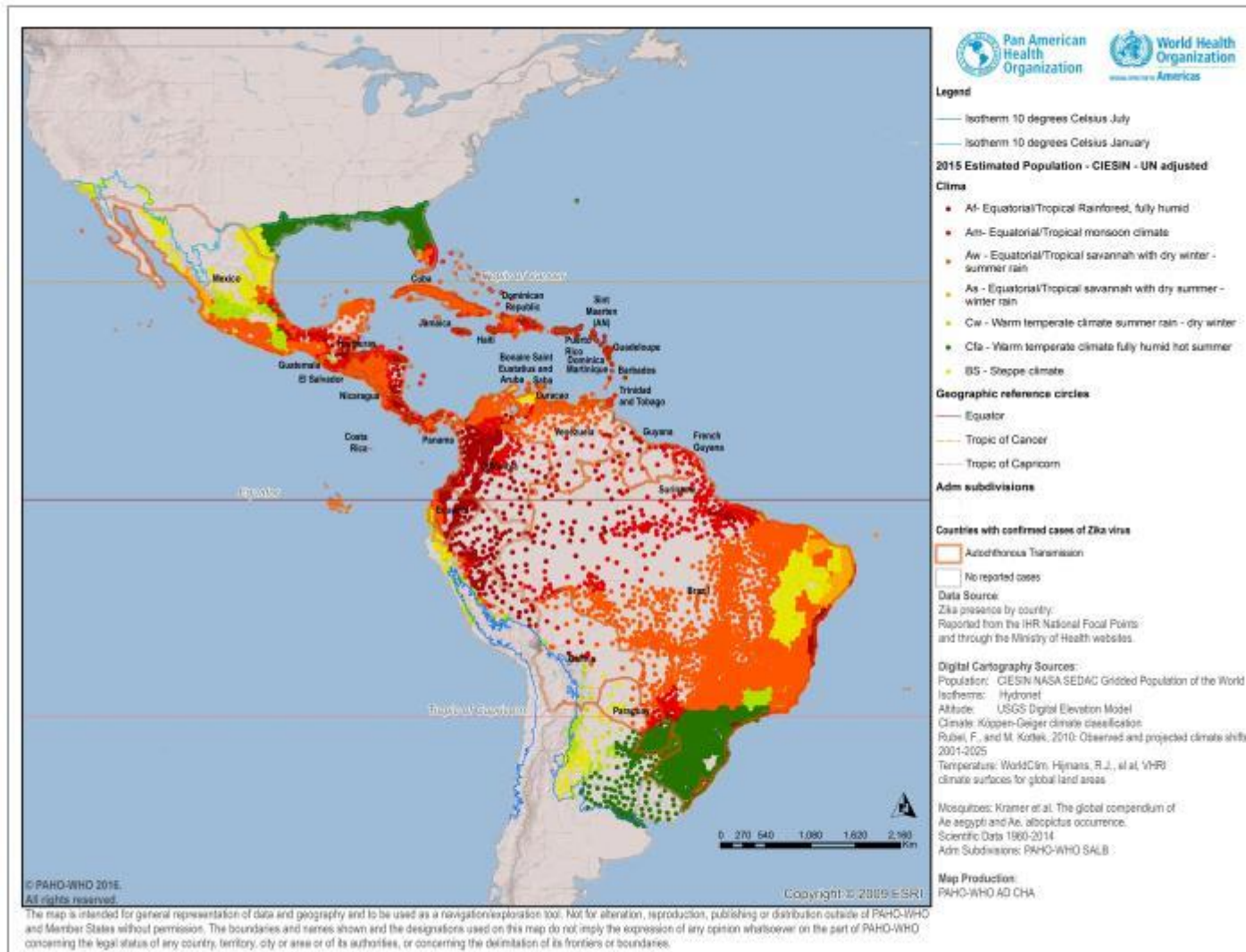
Total population in the Americas living in areas < 2000 m above sea level and within the 10° Celsius isotherms (North & South) delimiting survival of *Aedes aegypti* during winter



- **576 M** people
(575,656,883)

Future of Zika virus in the Region

Total population in the Americas living in areas < 2000 m above sea level and within the 10° Celsius isotherms (North & South) delimiting survival of *Aedes aegypti* during winter in tropical/temperate climates



- **520 M** people
(520,152,791)

PAHO/WHO Strategy to respond to Zika virus

www.paho.org/zikavirus

DETECT

Early **detection** of the virus, its sequelae and monitoring the evolution of the epidemic

PREVENT

Risk reduction by reducing vector density and opportunities for transmission

RESPOND

Response management, including preparation of health facilities, recommendations for clinical management, risk communication, resource mobilization and logistics

Promote **research** and generation of evidence

PAHO Zika Incident Management System (IMS)

- Activated in December 2015
- Full operations: 1 February 2016
- Reports to PAHO Director
- Supported by Emergency Operations Center platform
- Articulates work of all PAHO technical departments
- Coordinates implementation of Regional Strategy through 28 country offices
- Supports implementation of MS Zika plans
- Linked to the WHO IMS activated at HQ and 5 other regions



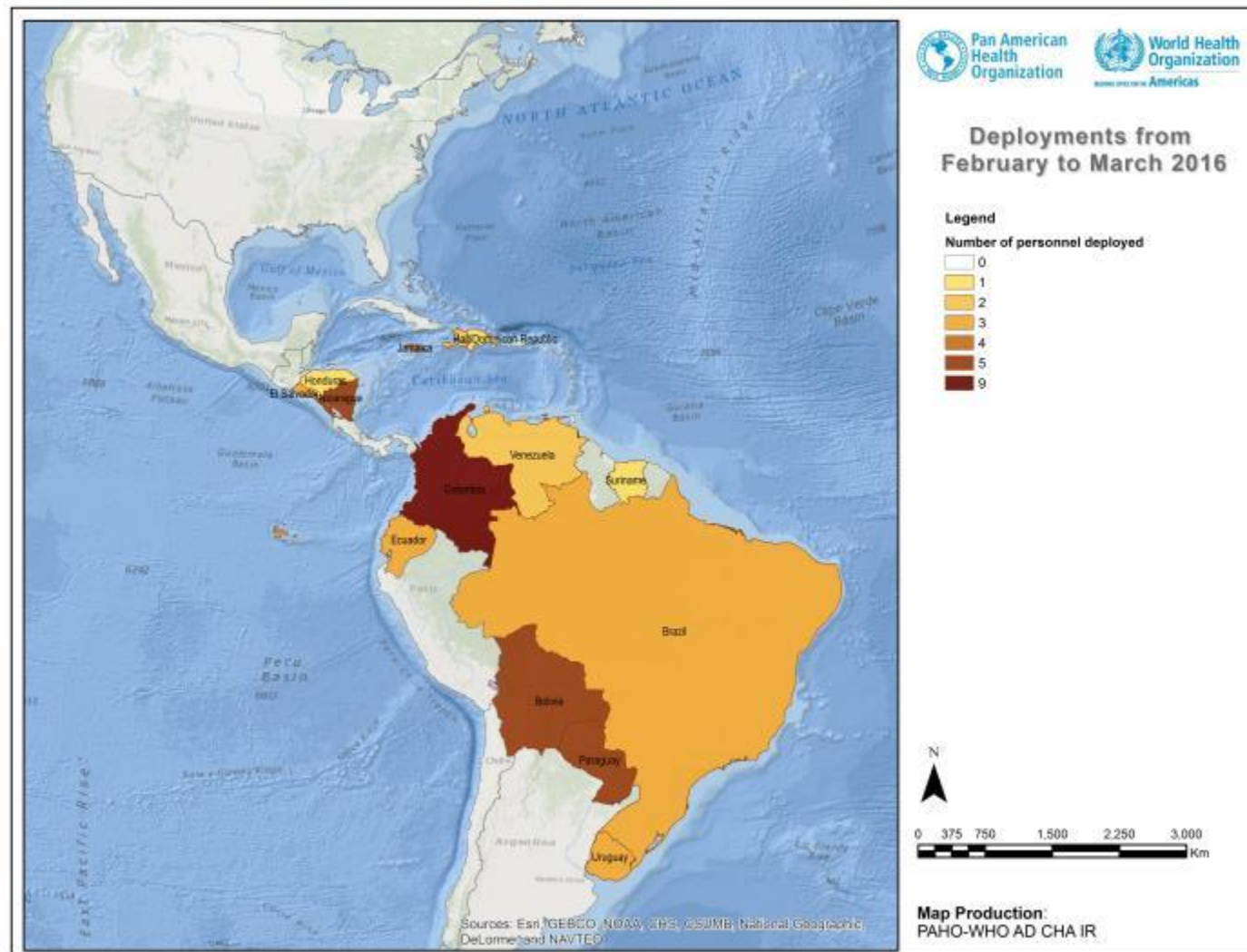
PAHO and regional Zika response activities

- Regional surveillance under IHR (monitoring Zika virus spread, detecting GBS increase and congenital neurological malformations)
- Publication of Epi updates and maps
- Development / review / publication of technical guidelines (WHO and PAHO)
- Coordination of partners through PAHO country offices and HQ (UN agencies, Global Outbreak and Response Network, other partners)
- Support to national Zika plans through PAHO country offices
- Deployment of multidisciplinary teams to key and prioritized countries; follow-up missions targeting identified gaps
- Strategic Fund for insecticides / larvicides and procurement of laboratory reagents, immunoglobulins

PAHO and regional Zika response activities

- Support to national Zika plans through PAHO country offices
- Deployment of multidisciplinary teams to key and prioritized countries. Follow-up missions targeting identified gaps. Expertise includes:
 - Epi surveillance
 - Laboratory
 - Case management: GBS, microcephaly
 - Organization of health services
 - Reproductive health
 - Risk communication
 - Vector control
 - Research protocols

PAHO and regional Zika response activities



Resource Requirements

Area of Work	Total Planned (USD) 31 Dec 2016	Total Required (USD) by 30 June 2016
Detect (Surveillance)	3,000,000	1,600,000
Prevent (Risk Communication)	2,500,000	1,500,000
Prevent (Vector Control)	3,140,000	1,500,000
Research	880,000	300,000
Respond (Health Systems Support/Strengthening)	4,500,000	2,400,000
Coordination and Management	980,000	300,000
TOTAL	15,000,000	7,600,000



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Funding Status

Status of Funds	Amount (USD)
Total Planned	15,000,000
Total Received <i>Canada (IHA): CAN\$250,000 ; Canada (PHAC): CAN\$500,000; Gates Foundation: US\$750,000; WHO CFE: US\$2,000,000</i>	2,350,000
Total Pledged <i>IDB: US\$200,000; Spain: Euros 100,000</i>	310,000
In Discussion (through WHO) <i>Government of Japan: US\$10,000,000 (US\$5M for the Americas)</i>	
Total Funding Gap	12,340,000

PAHO and regional ZIKV response activities

Some scientists say that this is a new chapter of the history of medicine

- Implications for the PAHO plan of work 2016-17 and beyond
 - We anticipate that due to lack of knowledge of the disease, it will take time to understand fully the spectrum and the needs.
 - We will need to include these identified needs in the plan of action of many PAHO units and departments including surveillance, case management, reproductive services, organization of health services, maternal and child health, and vector control.



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