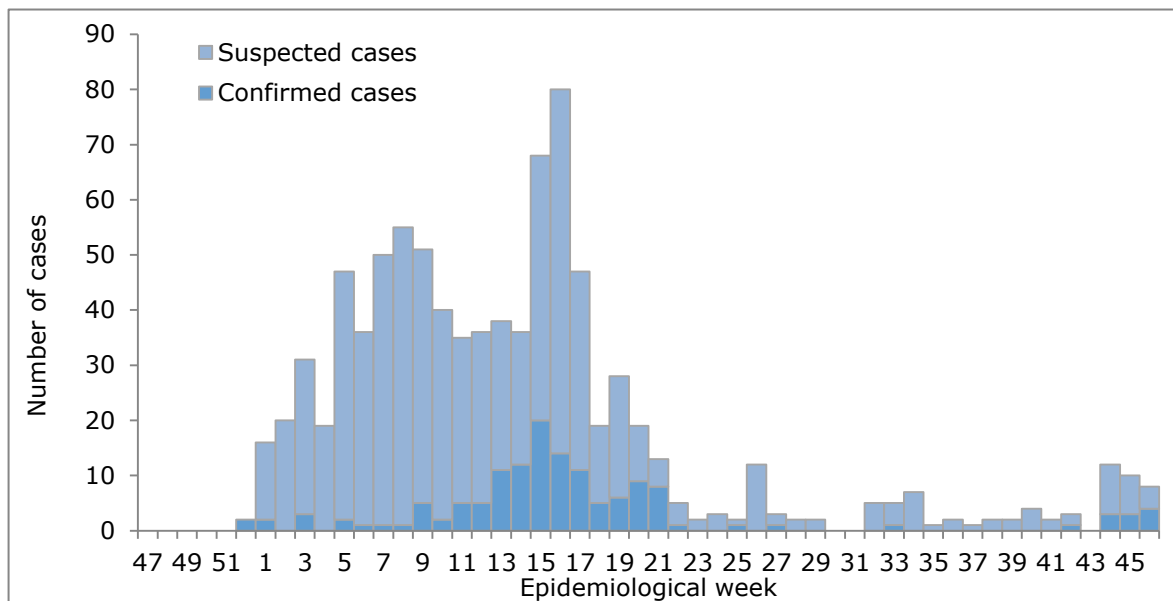


Zika-Epidemiological Report

Bolivia (Plurinational State of)

22 December 2016

Figure 1. Confirmed and suspected Zika cases by epidemiological week (EW). Bolivia. EW 47 of 2015 to EW 46 of 2016.



Source: Data provided by the Bolivia Ministry of Health and reproduced by PAHO/WHO¹

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

In epidemiological week (EW) 2 of 2016, the Bolivia International Health Regulations (IHR) National Focal Point (NFP) notified PAHO/WHO of the detection of the first autochthonous vector-borne case of Zika virus disease.

GEOGRAPHIC DISTRIBUTION

As of EW 46 of 2016, 137 autochthonous cases were confirmed in Santa Cruz Department and an additional three cases in other departments². Suspected cases have been detected in Beni, Chuquisaca, La Paz, Pando, Cochabamba and Santa Cruz.³

¹ Reported to PAHO/WHO from Bolivia International Health Regulation (IHR) National Focal Point (NFP) on 7 December 2016.

² Bolivia Ministry of Health. Press release. 29 November 2016. <https://www.minsalud.gob.bo/1877-santa-cruz-medicos-del-pais-se-capacitan-en-el-manejo-de-enfermedades-producidas-por-el-zika>

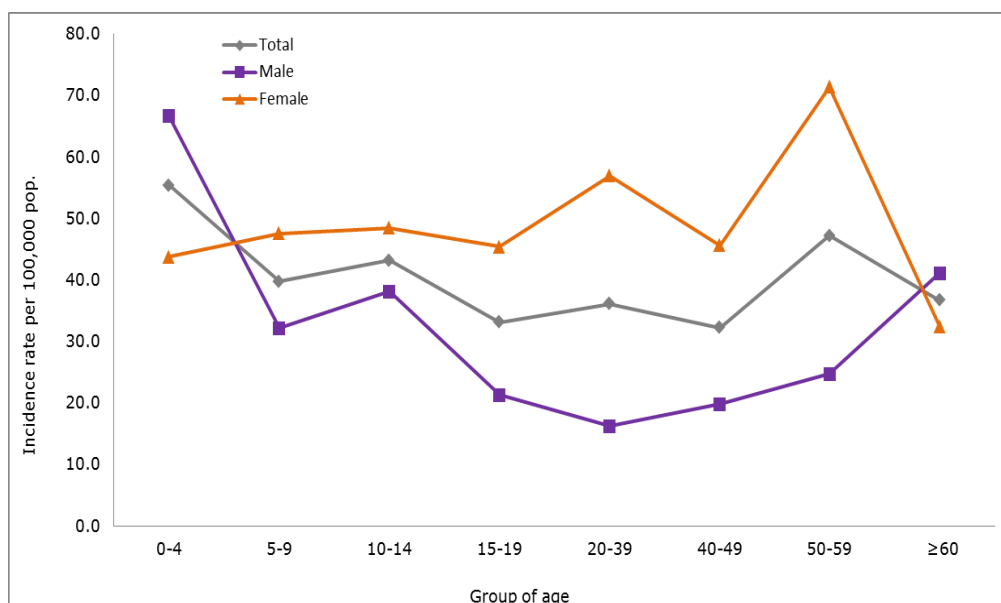
³ Data published by the Bolivia Ministry of Health as of EW 43 and reproduced by PAHO/WHO. Available at http://estadisticas.minsalud.gob.bo/reportes_vigilancia/Form_Vigi_2016_302a.aspx. Query made on December 21st.

TREND

At the beginning of 2016, the number of suspected and laboratory-confirmed Zika cases in Bolivia increased, and peaked in EW 16 of 2016. Since then, weekly numbers of cases have gradually decreased (**Figure 1**). A new increase of cases has been observed since EW 44.

There is a preponderance of females among suspected Zika cases in Bolivia for all age groups, except for the groups aged 0-4 years and ≥ 60 where the incidence rate is higher among males (**Figure 2**). The highest incidence rate is observed in females aged 50-59 years (71 cases per 100,000 population), followed by males aged 0-4 years (67 cases per 100,000).³

Figure 2: Incidence rate of suspected Zika cases by sex and age group. Bolivia. EW 1 to 43 of 2016.

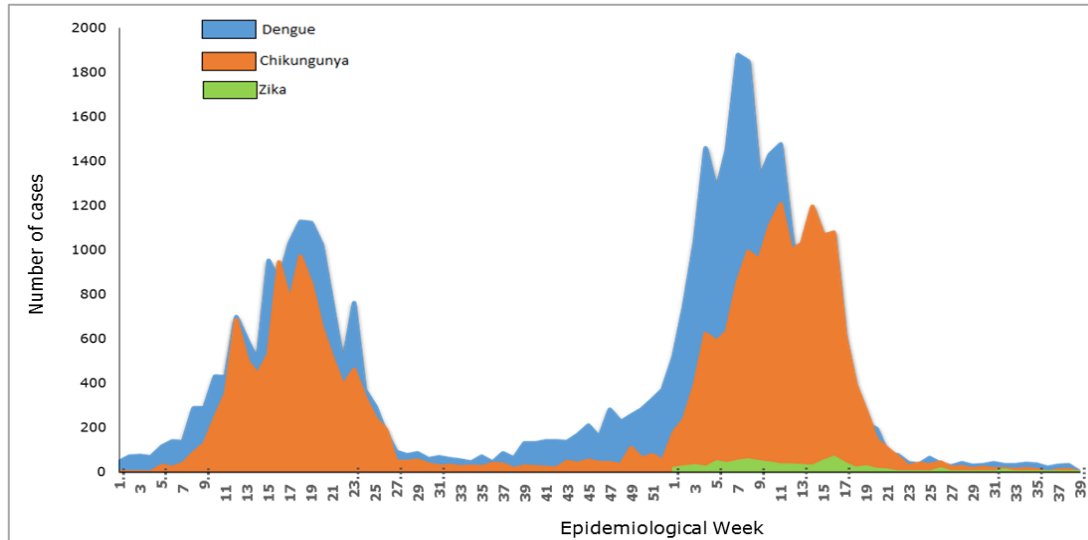


Source: Data published by the Bolivia Ministry of Health as of EW 43³ and reproduced by PAHO/WHO

CIRCULATION OF OTHER ARBOVIRUSES

Between EW 1 and EW 52 of 2015, a total of 27,013 suspected dengue cases were reported compared to the 20,713 suspected cases already reported between EW 1 and EW 39 of 2016.¹ At the peak in EW 7 of 2016, the number of suspected dengue cases was 67% higher than the peak in EW 21 of 2015 (**Figure 3**). In 2016, the departments reporting the highest number of suspected dengue cases are Santa Cruz, Tarija and Beni respectively.

Figure 3. Dengue, chikungunya and Zika cases by EW. Bolivia. EW 1 of 2015 to EW 39 of 2016.



Source: Data provided by the Bolivia Ministry of Health and reproduced by PAHO/WHO¹

From EW 1 to EW 39 of 2016, a total of 15,068 suspected chikungunya cases were reported, which represents an increase compared to the 10,428 suspected cases reported throughout 2015.¹

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

Between EW 1 and 46 of 2016, a cumulative total of 60 confirmed cases of Zika virus infection in pregnant women were reported in Bolivia, all from the department of Santa Cruz.⁴

ZIKA COMPLICATIONS

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

As of EW 46 of 2016, one case of Guillain-Barré syndrome (GBS) associated with Zika virus infection was confirmed in the department of Santa Cruz. The patient has since died.

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 46, the Bolivia Ministry of Health (MoH) reported nine laboratory-confirmed cases of microcephaly associated with Zika virus infection.²

DEATHS AMONG ZIKA CASES

As of EW 46 of 2016, no deaths among Zika cases have been reported the Bolivia health authorities.²

NATIONAL ZIKA SURVEILLANCE GUIDELINES

No information is available on the national guidelines for Zika surveillance.

⁴ Bolivia Ministry of Health. Press release. 19 November 2016. <https://www.minsalud.gob.bo/1837-ministerio-de-salud-informa-sobre-primer-caso-de-guillain-barre-por-zika>

LABORATORY CAPACITY

The diagnosis of Zika virus is performed by molecular detection (real time RT-PCR) at the *Centro Nacional de Enfermedades Tropicales* (CENETROP), Ministry of Health. For its diagnoses, CENETROP also uses serologic testing based on ELISA assays (IgM).

INFORMATION-SHARING

At the time of this report, the latest information shared by the Bolivia Ministry of Health to PAHO/WHO was from EW 46 of 2016.