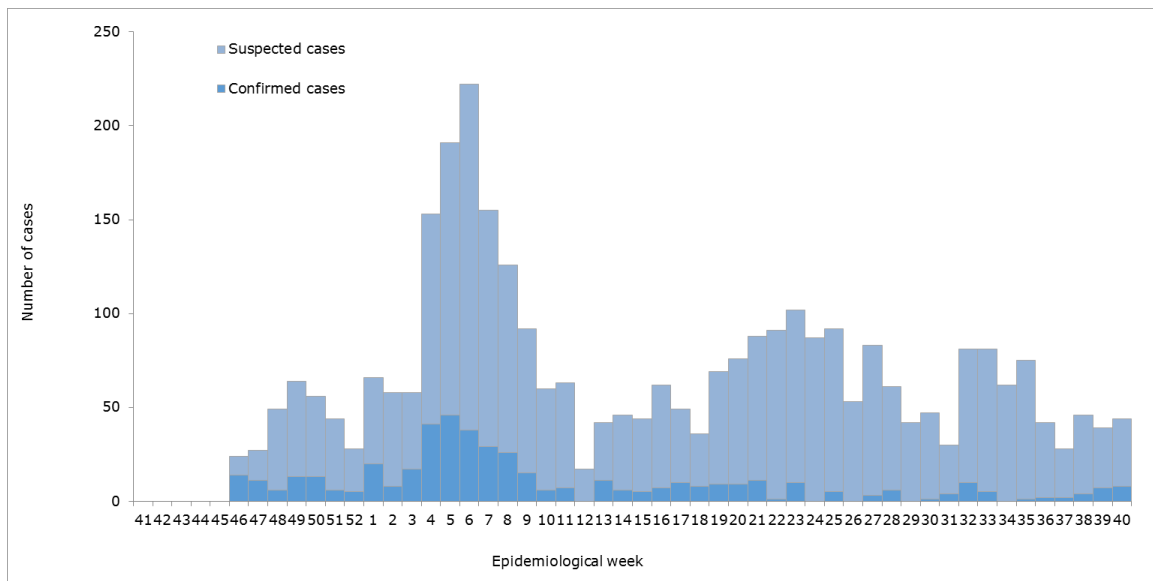


Zika-Epidemiological Report Guatemala

3 November 2016

Figure 1. Suspected and confirmed Zika cases. Guatemala. EW 40 of 2015 to EW 40 of 2016.



Source: Data shared by the Guatemala Ministry of Public Health and Social Assistance and reproduced by PAHO/WHO

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

In epidemiological week (EW) 47 of 2015, Guatemala health authorities reported the detection of the first laboratory-confirmed case of Zika virus in the Zacapa Department.

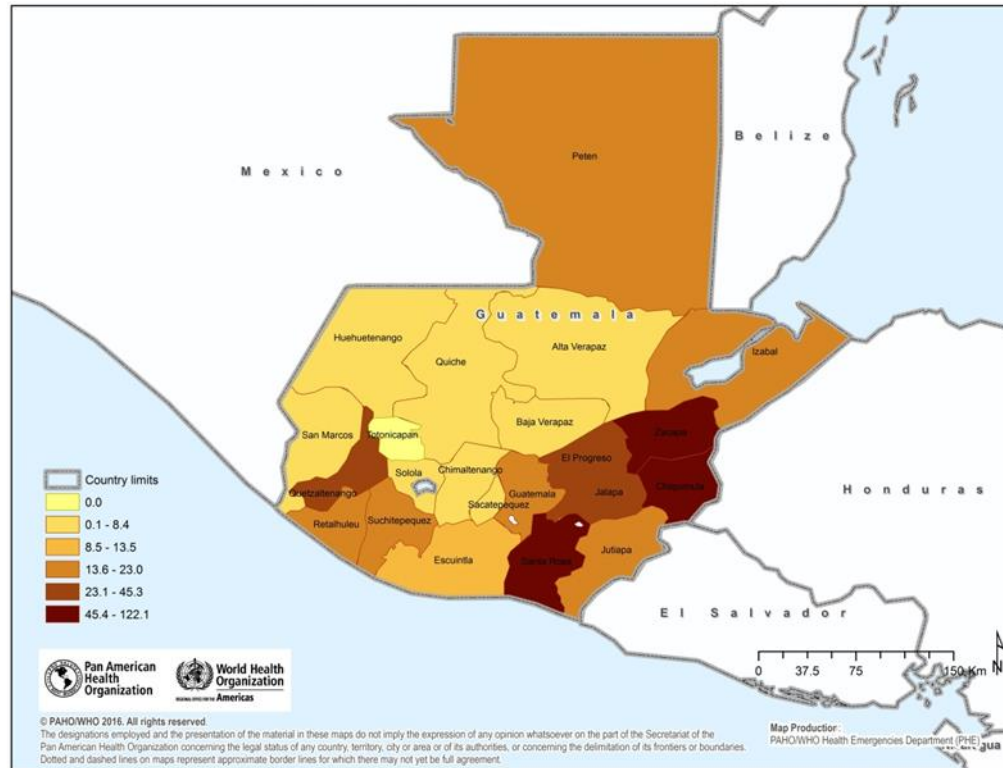
GEOGRAPHIC DISTRIBUTION

Between EW 40 of 2015 and EW 40 of 2016, a total of 2,785 suspected and 466 confirmed cases have been reported in Guatemala.¹ As of EW 38 of 2016, a Guatemala has reported suspected cases of Zika virus disease in 21 out of 22 departments. Totonicapán Department has not reported any Zika cases. The highest cumulative incidence rates have been recorded in the departments of Santa Rosa (122 cases for 100,000 population), Zacapa (115 cases for 100,000), Chiquimula (87 cases for 100,000), Jalapa (45 cases for 100,000) and El Progreso (42 cases for 100,000) (**Figure 2**).²

¹ Reported to PAHO/WHO by the Guatemala Ministry of Public Health and Social Assistance on 23 October 2016.

² Guatemala Ministry of Public Health and Social Assistance. Epidemiological Bulletin. EW 38. Available at: http://epidemiologia.mspas.gob.gt/files/Publicaciones%202016/SEMEPI/SEMEPI_38_2016.pdf

Figure 2. Suspected and confirmed Zika cases per 100,000 population. Guatemala. EW 1 to EW 38 of 2016.



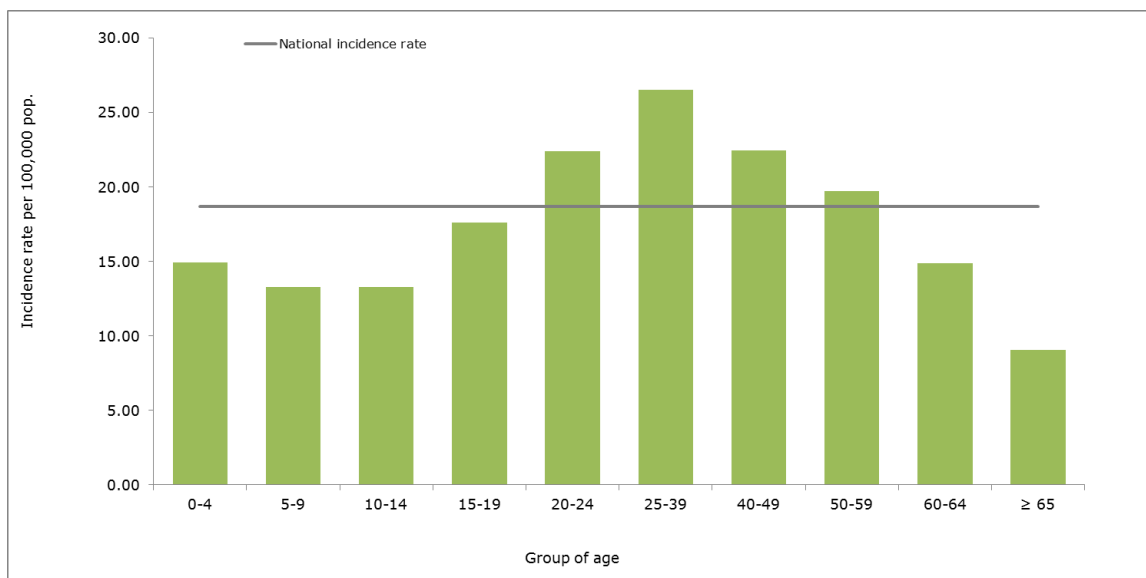
Source: Data shared by the Guatemala Ministry of Public Health and Social Assistance and reproduced by PAHO/WHO

TREND

A steady increase in the number of Zika cases was observed from EW 46 of 2015 to EW 6 of 2016, when a peak of 222 cases was reported. Since then, weekly cases have decreased. Between EW 35 and EW 40, an average of 46 cases per week has been reported in Guatemala (**Figure 1**).

Above-average Zika incidence rates are observed in adults aged 20 to 59 years (**Figure 3**).¹

Figure 3. Rate of incidence of Zika cases per 100,000 population by age and sex. Guatemala. EW 1 to EW 38 of 2016.



Source: Data shared by the Guatemala Ministry of Public Health and Social Assistance and reproduced by PAHO/WHO

CIRCULATION OF OTHER ARBOVIRUSES

Between EW 1 and EW 38 of 2016, a total of 7,179 dengue cases (44 cases per 100,000) have been reported in Guatemala. Over the same period, in 2015, 14,503 cases were detected (90 cases per 100,000).²

In regard to chikungunya, from EW 1 to EW 38 of 2016, a total of 4,408 cases (27 cases per 100,000) have been registered in the country. During the same period, in 2015, 26,383 cases were identified (163 cases per 100,000).²

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

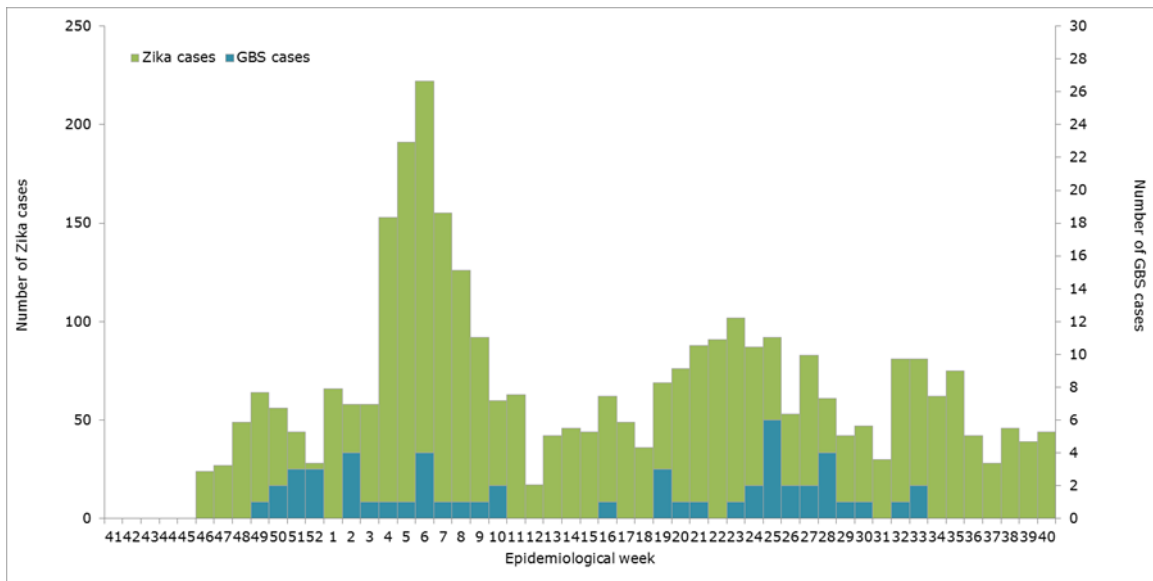
As of EW 40 of 2016, the Guatemala Ministry of Public Health and Social Assistance has reported 890 pregnant women with suspected Zika virus disease, including 258 confirmed cases.¹

ZIKA COMPLICATIONS

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

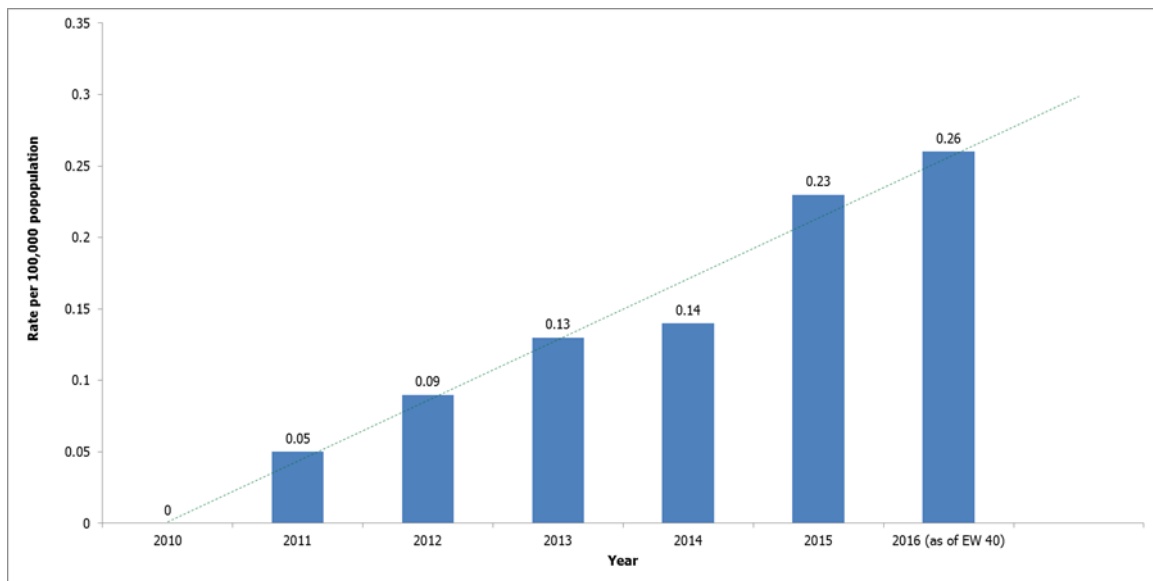
As of EW 40 of 2016, 54 cases of Guillain-Barré syndrome (GBS) have been reported, including 13 cases confirmed for Zika virus (**Figure 4**).¹ The incidence rate of GBS in 2016 (as of EW 40) is higher than the rates of GBS reported between 2011 and 2015 (**Figure 5**).

Figure 4. Zika cases and GBS cases by EW. Guatemala. EW 33 of 2015 to EW 40 of 2016.



Source: Data shared by the Guatemala Ministry of Public Health and Social Assistance to PAHO/WHO

Figure 5. Rate of GBS per 100,000 population. Guatemala. 2011-2016 (as of EW 40).



Source: Surveillance reports from the Guatemala Ministry of Public Health and Social Assistance to PAHO/WHO

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 40 of 2016, 15 confirmed cases of congenital syndrome associated with Zika virus infection have been reported by the Guatemala health authorities.¹

DEATHS AMONG ZIKA CASES

As of EW 40 of 2016, no deaths among Zika cases have been reported by the Guatemala health authorities.¹

Suggested citation: Pan American Health Organization / World Health Organization. Zika - Epidemiological Report Guatemala. November 2016. Washington, D.C.: PAHO/WHO; 2016

NATIONAL ZIKA SURVEILLANCE GUIDELINES

The Ministry of Public Health and Social Assistance published a protocol for the epidemiological surveillance, prevention, control and care of Zika virus disease. The protocol is available at:

<http://epidemiologia.mspas.gob.gt/files/Protocolo%20Zica.pdf>

LABORATORY CAPACITY

The diagnosis of Zika virus is performed by molecular detection (real time RT-PCR) by the *Grupo Virología, Laboratorio Nacional de Salud* at the Ministry of Health of Guatemala. Currently, the laboratory is also implementing the serology diagnosis based on ELISA IgM detection as well as the PCR multiplex system from the United States Centers for Disease Control and Prevention (Trioplex).

INFORMATION-SHARING

The Guatemala Ministry of Public Health and Social Assistance publishes a weekly epidemiological bulletin. At the time of this report, the latest Zika virus information shared with PAHO/WHO by the Guatemala International Health Regulations (IHR) National Focal Point (NFP) was from EW 40 of 2016.