



- As of 11 May 2016, 58 countries and territories report continuing mosquito-borne transmission (Fig. 1) of which:
 - 45 countries are experiencing a first outbreak of Zika virus since 2015, with no previous evidence of circulation, and with ongoing transmission by mosquitoes (Table 1).
 - 13 countries reported evidence of Zika virus transmission between 2007 and 2014, with ongoing transmission.
 - In addition, four countries or territories have reported evidence of Zika virus transmission between 2007 and 2014, without ongoing transmission: Cook Islands, French Polynesia, ISLA DE PASCUA – Chile and YAP (Federated States of Micronesia).
- Person-to-person transmission (Table 2):
 - Nine countries have reported evidence of person-to-person transmission of Zika virus, probably via a sexual route.
- In the week to 11 May 2016, Grenada is the latest country to report mosquito-borne Zika virus transmission.
- Microcephaly, and other fetal malformations potentially associated with Zika virus infection or suggestive of congenital infection, have been reported in seven countries or territories (Table 3). Two cases, each linked to a stay in Brazil, were detected in Slovenia and the United States of America. One additional case, linked to a brief stay in Mexico, Guatemala and Belize, was detected in a pregnant woman in the United States of America.
- Three cases of microcephaly and other neurological abnormalities are under verification in Venezuela, Honduras and Spain (linked to a stay in Latin America).
- In the context of Zika virus circulation, 13 countries and territories worldwide have reported an increased incidence of Guillain-Barré syndrome (GBS) and/or laboratory confirmation of a Zika virus infection among GBS cases (Table 4).
- Based on research to date, there is scientific consensus that Zika virus is a cause of microcephaly and GBS.
- The global prevention and control strategy launched by the World Health Organization (WHO) as a Strategic Response Framework encompasses surveillance, response activities

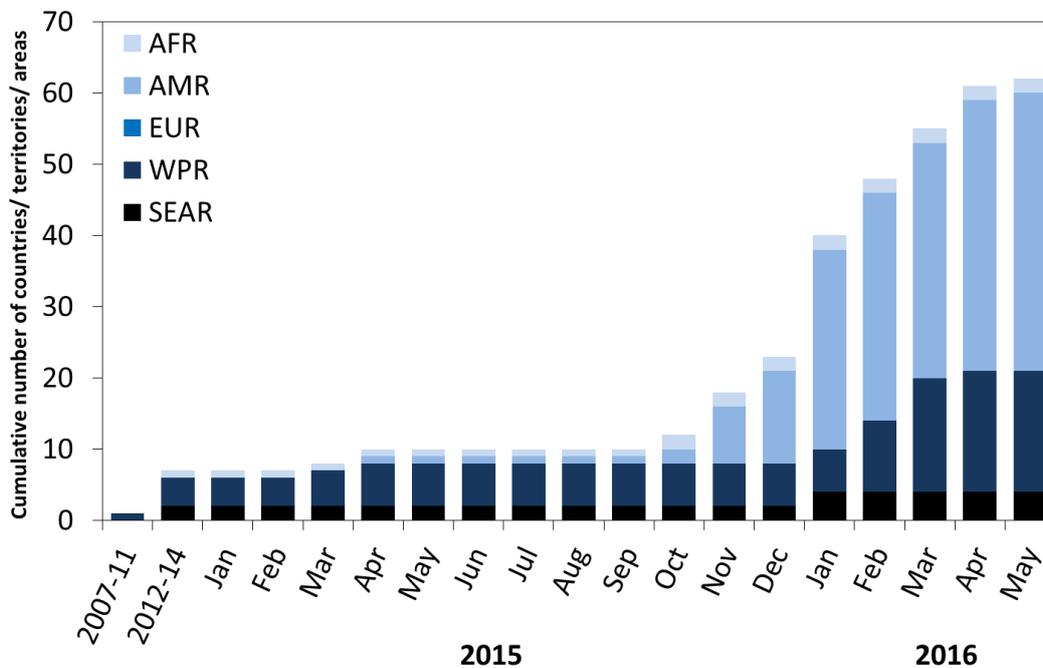
and research. Key interventions are being undertaken jointly by WHO and international, regional and national partners in response to this public health emergency (Table 5).

- Incident managers from the six WHO Regional Offices and headquarters, as well as relevant technical and support staff, met in Washington D.C., USA on 4 and 5 May 2016 to review past and ongoing activities, to discuss key lessons and to develop a strategy for future action to ensure that the response collaboration continues to work effectively. A draft of the Strategic Response Framework for the second half of 2016 will be shared with partners mid-May and finalized by mid-June.
- WHO has developed new advice and information on diverse topics in the context of Zika virus.¹ WHO's latest information materials, news and resources to support corporate and programmatic risk communication, and community engagement are available online.²

Risk assessment

Overall, the global risk assessment has not changed since May 5. Zika virus continues to spread geographically to areas where competent vectors are present. Although a decline in cases of Zika infection has been reported in some countries, or in some parts of countries, vigilance needs to remain high. At this stage, based on the evidence available, WHO does not see an overall decline in the outbreak.

Figure 1. Cumulative number of countries, territories and areas by WHO region³ reporting mosquito-borne Zika virus transmission in years, 2007-2014, and monthly from 1 January 2015 to 11 May 2016



¹ <http://www.who.int/csr/resources/publications/zika/en/>

² <http://www.who.int/emergencies/zika-virus/en/> ; <http://www.who.int/risk-communication/zika-virus/en/>

³ <http://www.who.int/about/regions/en/>

Table 1. Countries reporting mosquito-borne Zika virus transmission

Classification	WHO Regional Office	Country / territory / area	Total
Category 1. Countries experiencing a first outbreak of Zika virus since 2015, with no previous evidence of circulation, and with ongoing transmission by mosquitos.	AFRO	Cabo Verde	1
	AMRO/PAHO	Aruba, Barbados, Belize, Brazil, Bolivia (Plurinational State of), BONAIRE – Netherlands, Colombia, Costa Rica, Cuba, Curaçao, Dominica, Dominican Republic, Ecuador, El Salvador, French Guiana, Grenada, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Nicaragua, Panama, Paraguay, Peru*, Puerto Rico, Saint Barthelemy, Saint Lucia, Saint Martin, Saint Vincent and the Grenadines, Sint Maarten, Suriname, Trinidad & Tobago, United States Virgin Islands, Venezuela (Bolivarian Republic of)	38
	SEARO	Maldives	1
	WPRO	American Samoa, Fiji, Marshall Islands, Samoa, Tonga	5
Subtotal			45
Category 2. Countries where there is evidence of Zika virus transmission from 2007 to 2014, with or without ongoing transmission; or countries where an outbreak since 2015 is reported to be over.	AFRO	Gabon	1
	SEARO	Bangladesh, Indonesia, Thailand	3
	WPRO	Cambodia, Cook Islands, French Polynesia, Lao People’s Democratic Republic, Malaysia, Micronesia (Federated States of), New Caledonia, Papua New Guinea, Philippines, Solomon Islands, Vanuatu, Viet Nam	12
	PAHO	ISLA DE PASCUA - Chile	1
Subtotal			17
Total			62

Categories are defined as follows:

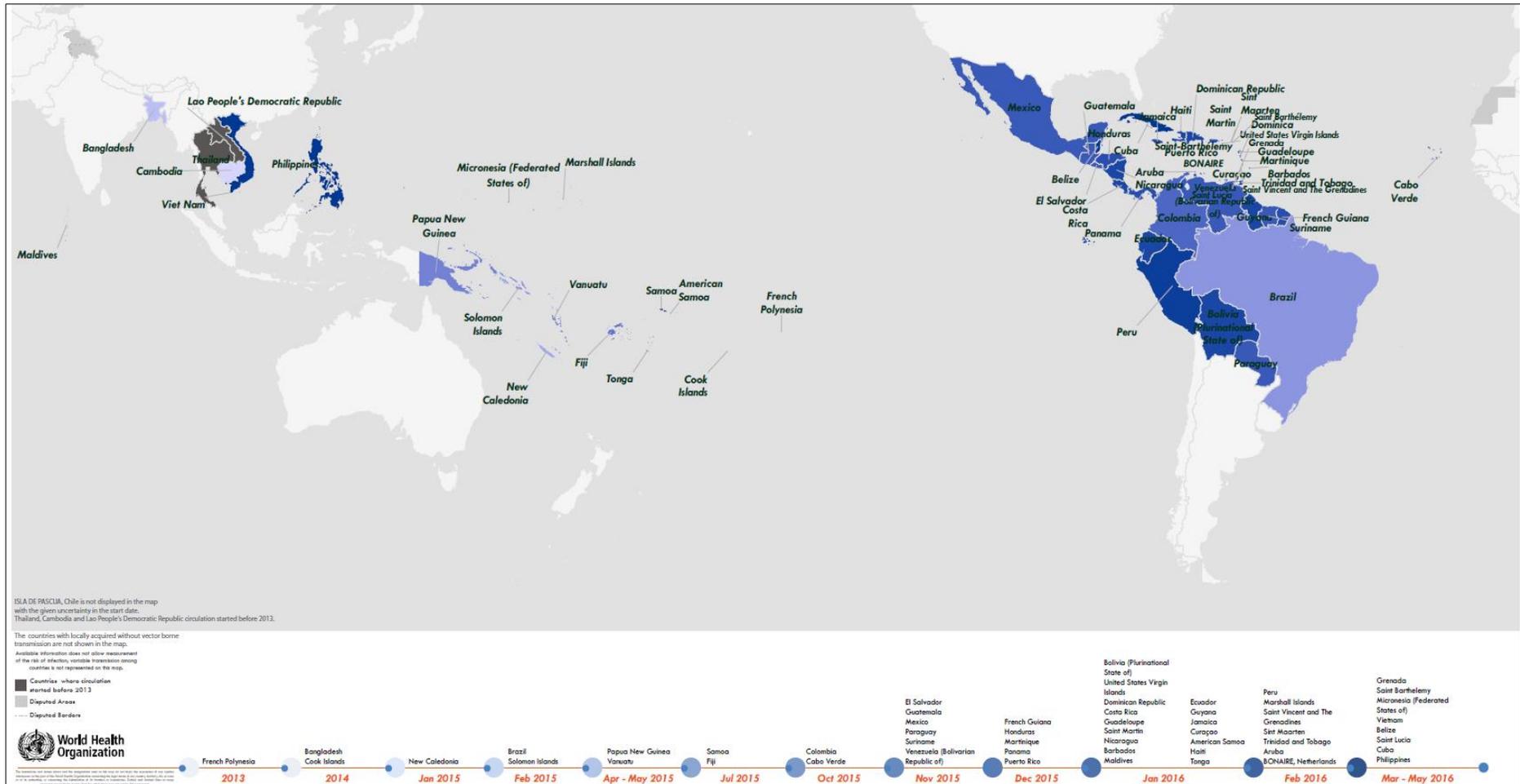
- **Category 1. Countries experiencing a first outbreak of Zika virus, with no previous evidence of circulation, and with ongoing transmission by mosquitos:** countries where Zika virus has recently been introduced, with no evidence of circulation in the past and where there is ongoing transmission. These countries present a high risk of Guillain-Barré syndrome, microcephaly and other neurological disorders associated with Zika virus.
- **Category 2. Countries where there is evidence of Zika virus transmission prior to 2015, with or without ongoing transmission or where the outbreak is reported to be over:** this group includes countries that are not experiencing a first outbreak and where transmission has occurred at low levels in the past, and where transmission may or may not be ongoing or countries that have reported an outbreak since 2015 that is not over. This table lists countries that have experienced outbreaks after 2007, all countries with evidence of infection prior to 2007 are listed in http://www.who.int/bulletin/online_first/16-171082.pdf.

*Peru has also reported Zika virus disease through sexual transmission

Table 2. Countries reporting non vector-borne Zika virus transmission

Classification	WHO Regional Office	Country / territory / area	Total
Countries with evidence of person-to-person transmission of Zika virus, other than mosquito-borne transmission	AMRO/PAHO	Argentina, Canada, Chile, Peru, United States of America	5
	EURO	France, Italy, Portugal	3
	WPRO	New Zealand	1
Total			9

Figure 2. Global spread of Zika virus, 2013-2016



ISLA DE PASCUA – Chile is not displayed in the map given the uncertainty in the start date. Circulation of Zika virus in Thailand, Cambodia and Lao People’s Democratic Republic started before 2013. Countries where sexual transmission occurred are not represented in this map. Available information does not permit measurement of the risk of infection in any country; the variation in transmission intensity among countries is therefore NOT represented on this map. Zika virus is not necessarily present throughout the countries/territories shaded in this map

Table 3. Countries, territories and areas reporting microcephaly and /or CNS malformation cases potentially associated with Zika virus infection

Reporting country or territory	Number of microcephaly and /or CNS malformation cases suggestive of congenital infections or potentially associated with a Zika virus infection	Probable location of infection
Brazil	1326 ⁴	Brazil
Cabo Verde	3	Cabo Verde
Colombia	7	Colombia
French Polynesia	8	French Polynesia
Marshall Islands	1	Mashall Islands
Martinique	2 ⁵	Martinique
Panama	4	Panama
Slovenia ⁶	1	Brazil
United States of America ^{7,8}	2	Brazil; Mexico, Belize or Guatemala (undetermined)

Table 4. Countries, territories or areas reporting Guillain-Barré syndrome (GBS) potentially associated with Zika virus infection

Classification	Country / territory / area
Reported increase in incidence of GBS cases, with at least one GBS case with confirmed Zika virus infection	Brazil, Colombia, Dominican Republic, El Salvador*, French Polynesia, Honduras, Suriname, Venezuela (Bolivarian Republic of)
No increase in GBS incidence reported, but at least one GBS case with confirmed Zika virus infection	French Guiana, Haiti, Martinique, Panama, Puerto Rico

* GBS cases with previous history of Zika virus infection were reported by the International Health Regulations (2005) National Focal Point in United States of America.

⁴ http://combateaedes.saude.gov.br/images/sala-de-situacao/informe_microcefalia_epidemiologico25.pdf

⁵ <http://www.invs.sante.fr/Publications-et-outils/Points-epidemiologiques/Tous-les-numeros/Antilles-Guyane/2016/Situation-epidemiologique-du-virus-Zika-aux-Antilles-Guyane.-Point-au-4-mai-2016>

⁶ <http://www.nejm.org/doi/pdf/10.1056/NEJMoa1600651>

⁷ <http://governor.hawaii.gov/newsroom/doh-news-release-hawaii-department-of-health-receives-confirmation-of-zika-infection-in-baby-born-with-microcephaly/>

⁸ <http://www.nejm.org/doi/full/10.1056/NEJMoa1601824>

Table 5. Strategic Response Framework and Joint Operational Response Plan: summary of key response interventions

Objectives	Activities
Public health risk communication and community engagement activities	<ul style="list-style-type: none"> ▪ Coordinate and collaborate with partners on risk communication messaging and community engagement for Zika. ▪ Develop communication and knowledge packs and associated training on Zika virus and all related and evolving issues for communication experts. ▪ Engage communities to communicate risks associated with Zika virus disease and promote vector control, personal protection measures, reduce anxiety, address stigma, and dispel rumours and cultural misperceptions. ▪ Disseminate material on Zika and potentially associated complications for key audiences such as women of reproductive age, pregnant women, health workers, clinicians, and travel and transport sector stakeholders. ▪ Conduct social science research to understand perceptions, attitudes, expectations and behaviours regarding fertility decisions, contraception, abortion, pregnancy care and care of infants with microcephaly and persons with GBS. ▪ Support countries to monitor impact of risk communications.
Vector control and personal protection against mosquitoes	<ul style="list-style-type: none"> ▪ Regularly update and disseminate guidelines/recommendations on emergency <i>Aedes spp.</i> mosquito control and surveillance. ▪ Support insecticide resistance monitoring activities. ▪ Support countries in vector surveillance and control, including provision of equipment, insecticides, personal protection equipment (PPE) and training.
Care for those affected and advice for their caregivers	<ul style="list-style-type: none"> ▪ Assess and support existing capacity and needs for health system strengthening, particularly around antenatal, birth and postnatal care, neurological and mental health services, and contraception and safe abortion. ▪ Map access barriers limiting women’s capacity to protect themselves against unintended pregnancy. ▪ Develop guidance for: families affected by microcephaly, GBS or other neurological conditions; women suspected or confirmed to have Zika virus infection, including women wanting to get pregnant, pregnant women and women who are breastfeeding; health workers on Zika virus health care, blood transfusion services, tools for triage of suspected Zika virus, chikungunya and dengue cases; and for health services management following a Zika virus outbreak. ▪ Provide technical support to countries on health service delivery refinements and national level planning to support anticipated increases in service needs. ▪ Procure and provide equipment and supplies to prepare their healthcare facilities in provision of specialized care for complications of Zika virus for prioritized countries and territories.