



- As of 22 June 2016, 61 countries and territories report continuing mosquito-borne transmission (Fig. 1) of which:
  - 47 countries are experiencing a first outbreak of Zika virus since 2015, with no previous evidence of circulation, and with ongoing transmission by mosquitos (Table 1).
  - 14 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).<sup>1</sup>
- Ten countries have reported evidence of person-to-person transmission of Zika virus, probably via a sexual route (Table 2).
- The United States Center for Disease Control and Prevention (US-CDC) reported one, laboratory-acquired case of Zika virus infection.<sup>2</sup>
- In the week to 22 June 2016, Anguilla is the latest territory to report mosquito-borne Zika virus transmission.
- As of 22 June 2016, microcephaly and other central nervous system (CNS) malformations potentially associated with Zika virus infection or suggestive of congenital infection have been reported by twelve countries or territories. Three of those reported microcephaly cases borne from mothers with a recent travel history to Brazil (Slovenia, United States of America), the Bolivarian Republic of Venezuela and Colombia (Spain), for one additional case the precise country of infection is not determined (as the case travelled to three known affected countries in Latin America) (Table 3).
- As of 9 June, the US-CDC reported three live born infants with birth defects and three pregnancy losses with birth defects with laboratory evidence of possible Zika virus infection.<sup>3</sup>
- 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).

<sup>1</sup> Kosrae has recently reported mosquito-borne Zika virus transmission. However, Yap has reported an outbreak in 2007 that has terminated. Both island states are part of the Federated States of Micronesia.

<sup>2</sup> <https://www.cdc.gov/zika/geo/united-states.html>

<sup>3</sup> <https://www.cdc.gov/zika/geo/pregnancy-outcomes.html>

- Zika infection was diagnosed in four patients with a severe neurological condition in Guadeloupe.<sup>4</sup>
- Based on research to date, there is scientific consensus that Zika virus is a cause of microcephaly and GBS.
- Sequencing of the virus that causes the Zika outbreak in Cabo Verde showed that the virus is of the Asian lineage and the same as the one that circulates in Brazil.
- The third meeting of the Emergency Committee (EC) convened by the Director-General under the International Health Regulations (2005) regarding microcephaly, other neurological disorders and Zika virus was held by on 14 June 2016.<sup>5</sup>
- The global Strategic Response Framework launched by the World Health Organization (WHO) in February 2016 encompasses surveillance, response activities and research. An interim report<sup>6</sup> has been published on some of the key activities being undertaken jointly by WHO and international, regional and national partners in response to this public health emergency. A revised strategy for the period of July 2016 to December 2017 was published on 17 June.<sup>7</sup>
- WHO has developed new advice and information on diverse topics in the context of Zika virus.<sup>8</sup> WHO's latest information materials, news and resources to support corporate and programmatic risk communication, and community engagement are available online.<sup>9</sup>

### **Risk assessment**

Overall, the global risk assessment has not changed, though the implication of the presence of the Asian lineage in Cabo Verde is yet unknown. 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.

<sup>4</sup> <http://www.invs.sante.fr/fr/Publications-et-outils/Points-epidemiologiques/Tous-les-numeros/Antilles-Guyane/2016/Situation-epidemiologique-du-virus-Zika-aux-Antilles-Guyane.-Point-au-16-juin-2016>

<sup>5</sup> <http://apps.who.int/ihr/eventinformation/announcement/32698-who-statement-third-meeting-international-health-regulations-2005-ihr2005>

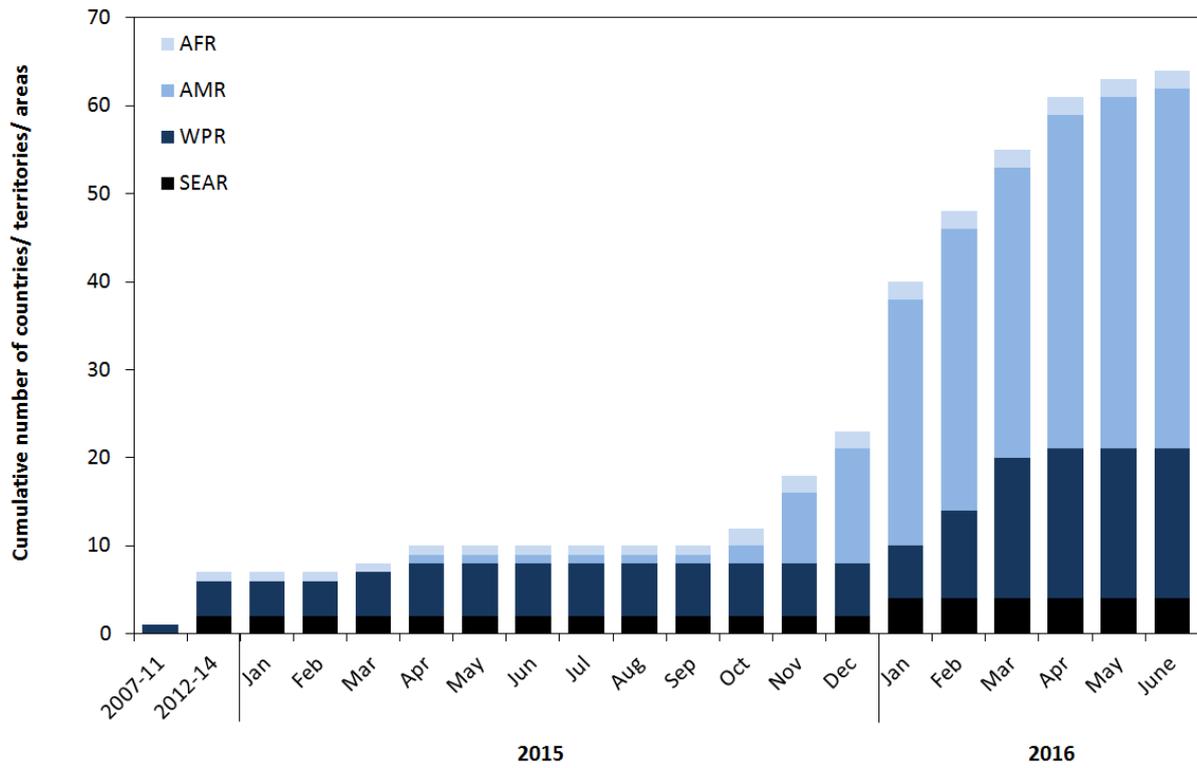
<sup>6</sup> [http://apps.who.int/iris/bitstream/10665/207474/1/WHO\\_ZIKV\\_SRF\\_16.2\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/207474/1/WHO_ZIKV_SRF_16.2_eng.pdf?ua=1)

<sup>7</sup> <http://apps.who.int/iris/bitstream/10665/246091/1/WHO-ZIKV-SRF-16.3-eng.pdf?ua=1&ua=1>

<sup>8</sup> <http://www.who.int/csr/resources/publications/zika/en/>

<sup>9</sup> <http://www.who.int/emergencies/zika-virus/en/>; <http://www.who.int/risk-communication/zika-virus/en/>

**Figure 1. Cumulative number of countries, territories and areas by WHO region<sup>10</sup> reporting mosquito-borne Zika virus transmission in years, 2007-2014, and monthly from 1 January 2015 to 22 June 2016**



<sup>10</sup> <http://www.who.int/about/regions/en/>

**Table 1. Countries and territories reporting mosquito-borne Zika virus transmission**

Classification	WHO Regional Office	Country / territory / area	Total
<b>Category 1. Countries and territories experiencing a first outbreak of Zika virus since 2015, with no previous evidence of circulation, and with ongoing transmission by mosquitos.</b>	AFRO	Cabo Verde	1
	AMRO/PAHO	Anguilla, Argentina, 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 <sup>§</sup> , 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)	40
	SEARO	Maldives	1
	WPRO	American Samoa, Fiji, Marshall Islands, Samoa, Tonga	5
<b>Subtotal</b>			<b>47</b>
<b>Category 2. Countries and territories where there is evidence of Zika virus transmission from 2007 to 2014, with or without ongoing transmission; or countries where an outbreak since 2007 is reported to be over.</b>	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
<b>Subtotal</b>			<b>17</b>
<b>Total</b>			<b>64</b>

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 countries 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 2007 that is now 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](http://www.who.int/bulletin/online_first/16-171082.pdf).

\*One island state (Yap) reported an outbreak in 2007

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

Classification	WHO Regional Office	Country / territory / area	Total
<b>Countries with evidence of person-to-person transmission of Zika virus, other than mosquito-borne transmission</b>	AMRO/PAHO	Argentina, Canada, Chile, Peru, United States of America	5
	EURO	France, Germany, Italy, Portugal	4
	WPRO	New Zealand	1
<b>Total</b>			<b>10</b>



**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 <sup>11</sup>	1616	Brazil
Cabo Verde	6	Cabo Verde
Colombia	7	Colombia
El Salvador	1	El Salvador
French Polynesia	8	French Polynesia
Marshall Islands	1	Marshall Islands
Martinique <sup>12</sup>	4	Martinique
Panama	5	Panama
Puerto Rico	1	Puerto Rico
Slovenia <sup>13</sup>	1	Brazil
Spain	2	Colombia, Venezuela (Bolivarian Republic of)
United States of America <sup>14,15,16</sup>	3	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
<b>Reported increase in incidence of GBS cases, with at least one GBS case with confirmed Zika virus infection</b>	Brazil, Colombia, Dominican Republic, El Salvador*, French Guiana, French Polynesia, Honduras, Martinique, Suriname, Venezuela (Bolivarian Republic of)
<b>No increase in GBS incidence reported, but at least one GBS case with confirmed Zika virus infection</b>	Haiti, 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.

<sup>11</sup> <http://portalsaude.saude.gov.br/index.php/cidadao/principal/agencia-saude/24202-ministerio-da-saude-confirma-1-616-casos-de-microcefalia-em-todo-o-pais>

<sup>12</sup> <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-9-juin-2016>

<sup>13</sup> <http://www.nejm.org/doi/pdf/10.1056/NEJMoa1600651>

<sup>14</sup> <http://governor.hawaii.gov/newsroom/doh-news-release-hawaii-department-of-health-receives-confirmation-of-zika-infection-in-baby-born-with-microcephaly/>

<sup>15</sup> <http://www.nejm.org/doi/full/10.1056/NEJMoa1601824>

<sup>16</sup> <http://www.cdc.gov/zika/geo/pregnancy-outcomes.html>

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

Objectives	Activities
<b>Public health risk communication and community engagement activities</b>	<ul style="list-style-type: none"> <li>▪ Coordinate and collaborate with partners on risk communication messaging and community engagement for Zika.</li> <li>▪ Develop communication and knowledge packs and associated training on Zika virus and all related and evolving issues for communication experts.</li> <li>▪ 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.</li> <li>▪ 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.</li> <li>▪ 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.</li> <li>▪ Support countries to monitor impact of risk communications.</li> </ul>
<b>Vector control and personal protection against mosquitoes</b>	<ul style="list-style-type: none"> <li>▪ Regularly update and disseminate guidelines/recommendations on emergency <i>Aedes spp.</i> mosquito control and surveillance.</li> <li>▪ Support insecticide resistance monitoring activities.</li> <li>▪ Support countries in vector surveillance and control, including provision of equipment, insecticides, personal protection equipment (PPE) and training.</li> </ul>
<b>Care for those affected and advice for their caregivers</b>	<ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ Map access barriers limiting women’s capacity to protect themselves against unintended pregnancy.</li> <li>▪ 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.</li> <li>▪ Provide technical support to countries on health service delivery refinements and national level planning to support anticipated increases in service needs.</li> <li>▪ 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.</li> </ul>