



- As of 3 August 2016, 68 countries and territories (Fig. 1, Table 1) have reported evidence of mosquito-borne Zika virus transmission since 2007 (65 of these countries and territories have reported evidence of mosquito-borne Zika virus transmission since 2015):
 - 51 countries and territories with a first reported outbreak from 2015 onwards (Table 1).
 - Four countries are classified as having possible endemic transmission or have reported evidence of local mosquito-borne Zika infections in 2016.
 - 13 countries and territories have reported evidence of local mosquito-borne Zika infections in or before 2015, but without documentation of cases in 2016, or with the outbreak terminated.
- The United States of America reported mosquito-borne Zika virus transmission for the first time on 29 July 2016.
- Since February 2016, 11 countries have reported evidence of person-to-person transmission of Zika virus, probably via a sexual route (Table 2).
- As of 3 August 2016, 14 countries or territories have reported microcephaly and other central nervous system (CNS) malformations potentially associated with Zika virus infection or suggestive of congenital infection. No additional countries or territories have reported microcephaly in the last week. Three of the 14 total countries reported microcephaly cases born from mothers in countries with no endemic Zika virus transmission but who reported recent travel history to Zika-affected countries in the WHO Region of the Americas (Table 3).
- As of 3 August 2016, the United States Centers for Disease Control and Prevention (US-CDC) reported 13 live-born infants with birth defects and six pregnancy losses with birth defects with laboratory evidence of Zika virus infection.¹
- As of 3 August 2016, 15 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).
- In Guinea-Bissau, on 29 June 2016, Institute Pasteur Dakar (IPD) confirmed that three of 12 samples tested positive for Zika by PC-R. All 12 samples tested negative against IgM Zika. One additional sample from a recent case also tested positive for Zika virus infection.

¹ <https://www.cdc.gov/zika/geo/pregnancy-outcomes.html>

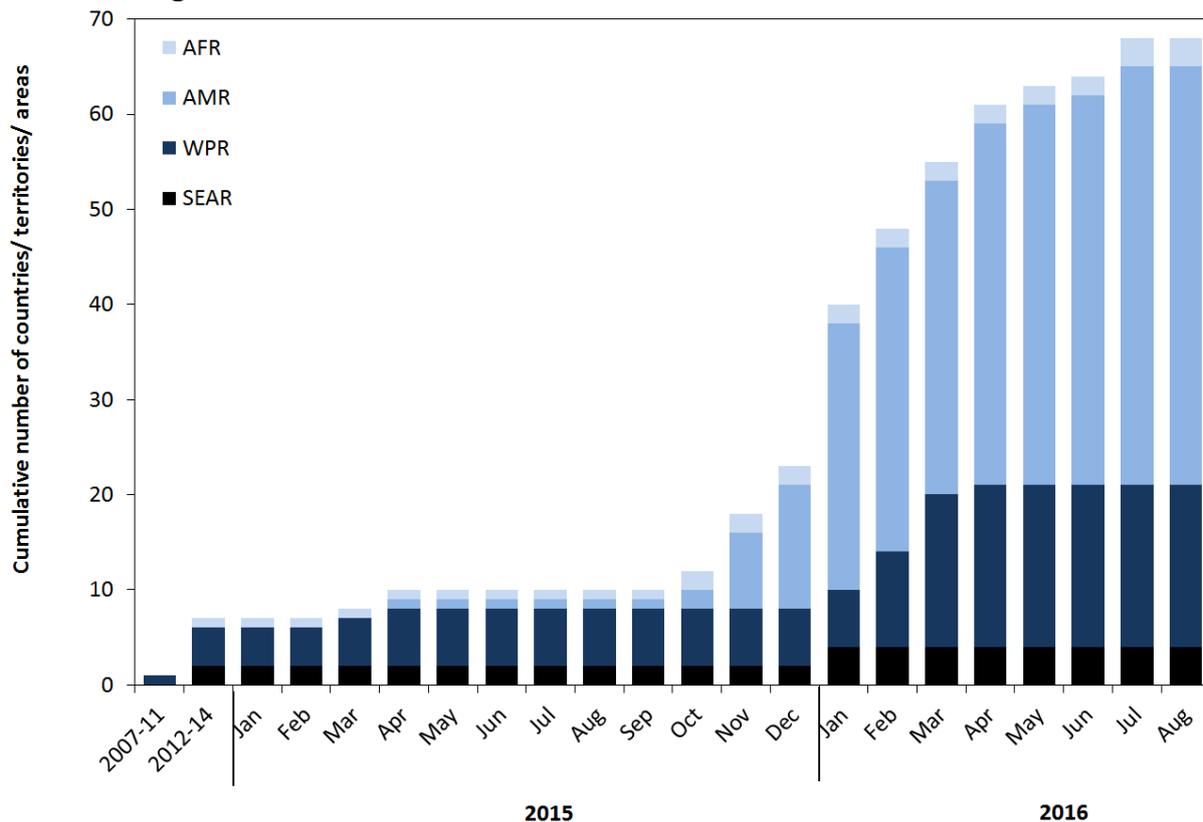
All four samples were sent to IPD on 1 July for gene sequencing and the results are pending. Twenty-two additional samples were collected and sent for testing; the results are still pending.

- A roster of WHO technical and communication officers is available to answer media queries during the Olympics.²
- WHO has developed advice and information on diverse topics in the context of Zika virus.^{3,4}

Risk assessment

Overall, the global risk assessment has not changed. 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, there is no overall decline in the outbreak.

Figure 1. Cumulative number of countries, territories and areas by WHO region⁵ reporting mosquito-borne Zika virus transmission in years (2007–2014), and monthly from 1 January 2015 to 3 August 2016



² <http://who.int/mediacentre/contacts/dgo/en/>

³ <http://www.who.int/csr/resources/publications/zika/en/>

⁴ <http://www.who.int/emergencies/zika-virus/en/>; <http://www.who.int/risk-communication/zika-virus/en/>

⁵ <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
Category 1: Countries with a first reported outbreak from 2015 onwards	AFRO	Cabo Verde; Guinea-Bissau	2
	AMRO/PAHO	Anguilla; Antigua and Barbuda; Argentina; Aruba; Barbados; Belize; Bolivia (Plurinational State of), BONAIRE, SINT EUSTATIUS and SABA – Netherlands*; Brazil; 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 Barthélemy; Saint Lucia; Saint Martin; Saint Vincent and the Grenadines; Sint Maarten; Suriname; Trinidad and Tobago; Turks and Caicos; United States of America; United States Virgin Islands; Venezuela (Bolivarian Republic of)	43
	WPRO	American Samoa; Fiji; Marshall Islands; Micronesia (Federated States of); Samoa; Tonga	6
Subtotal			51
Category 2: Countries with possible endemic transmission or evidence of local mosquito-borne Zika infections in 2016	SEARO	Indonesia; Thailand	2
	WPRO	Philippines; Viet Nam	2
Subtotal			4
Category 3: Countries with evidence of local mosquito-borne Zika infections in or before 2015, but without documentation of cases in 2016, or outbreak terminated	AFRO	Gabon	1
	PAHO/AMRO	ISLA DE PASCUA – Chile**	1
	SEARO	Bangladesh; Maldives	2
	WPRO	Cambodia; Cook Islands**; French Polynesia**; Lao People's Democratic Republic; Malaysia; New Caledonia; Papua New Guinea; Solomon Islands; Vanuatu	9
Subtotal			13
Total			68

*This includes confirmed Zika virus cases reported in BONAIRE – Netherlands, SINT EUSTATIUS and SABA – Netherlands.

**These countries and territories have not reported Zika virus cases in 2015 or 2016.

Categories are defined as follows (Fig. 2):

Category 1: Countries with a first reported outbreak from 2015 onwards

- A laboratory confirmed, autochthonous, mosquito-borne case of Zika virus infection in an area where there is no evidence of circulation of the virus in the past (prior 2015), whether it is detected and reported by the country itself or by another state party diagnosing returning travellers **OR**
- A laboratory confirmed, autochthonous, mosquito-borne case of Zika virus infection in an area where transmission has been previously interrupted. The assumption is that the size of the susceptible population has built up to a sufficient level to allow transmission again; the size of the outbreak will be a function of the size of the susceptible population **OR**
- An increase of the incidence of laboratory confirmed, autochthonous, mosquito-borne Zika virus infection in areas where there is on-going transmission, above two standard deviations of the baseline rate, or doubling the number of cases over a 4-week period. Clusters of febrile illnesses, in particular when epidemiologically-linked to a confirmed case, should be microbiologically investigated.

Category 2: Countries with possible endemic transmission or evidence of local mosquito-borne Zika infections in 2016 with the reporting period beginning in 2007

- Countries or territories that have reported an outbreak with consistent presence of laboratory confirmed, autochthonous, mosquito-borne cases of Zika virus infection 12 months after the outbreak **OR**
- Countries or territories where Zika virus has been circulating for several years with consistent presence of laboratory confirmed, autochthonous, mosquito-borne cases of Zika virus infection or evidence of local mosquito-borne Zika infections in 2016. Reports can be from the country or territory where infection occurred, or from a third party where the case is first recorded according to the International Health Regulations (IHR 2005). Countries with evidence of infection prior to 2007 are listed in http://www.who.int/bulletin/online_first/16-171082.pdf

Category 3: Countries with evidence of local mosquito-borne Zika infections in or before 2015, but without documentation of cases in 2016, or outbreak terminated with the reporting period beginning in 2007

- Absence of confirmed cases over a 3-month period in a specific geographical area with climatic conditions suitable for year-round arbovirus transmission, or over a 12-month period in an area with seasonal vector activity.

Figure 2. Country categorization according to dates of first and last report of confirmed Zika virus

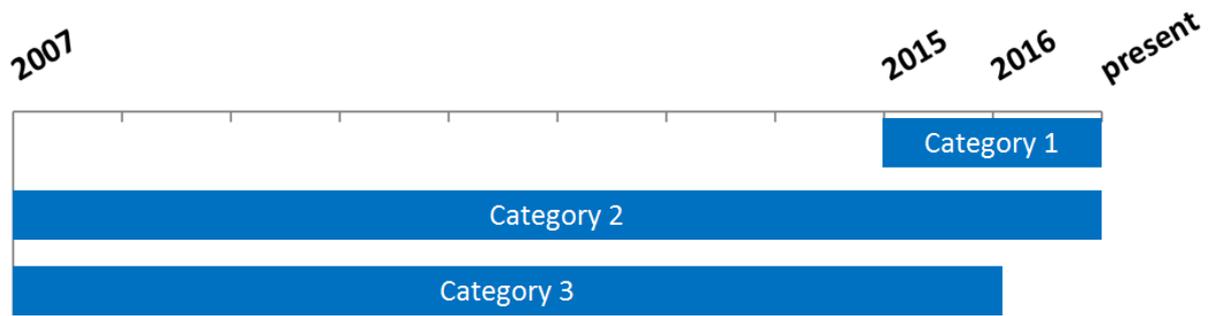


Table 2. Countries reporting non mosquito-borne Zika virus transmission since February 2016

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, Germany, Italy, Portugal, Spain	5
	WPRO	New Zealand	1
Total			11

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 Zika infections or potentially associated with a Zika virus infection	Probable location of infection
Brazil	1749 ⁶	Brazil
Cabo Verde	9	Cabo Verde
Colombia	21 ⁷	Colombia
El Salvador	2	El Salvador
French Guiana	2 ⁸	French Guiana
French Polynesia	8	French Polynesia
Marshall Islands	1	Marshall Islands
Martinique	8 ⁹	Martinique
Panama	5	Panama
Paraguay	2 ¹⁰	Paraguay
Puerto Rico	1	Puerto Rico
Slovenia	1 ¹¹	Brazil
Spain	2	Colombia, Venezuela (Bolivarian Republic of)
United States of America*	19 ¹²	Undetermined**

* US-CDC has modified the way information is displayed. To protect the privacy of the women and children affected by Zika, US-CDC is not reporting individual state, tribal, territorial or jurisdictional level data.

**The probable locations of three of the infections were Brazil (1 case), Haiti (1 case) and Mexico, Belize or Guatemala (1 case).

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 Guiana, French Polynesia, Honduras, Jamaica, Martinique, Suriname, Venezuela (Bolivarian Republic of)
No increase in GBS incidence reported, but at least one GBS case with confirmed Zika virus infection	Guadeloupe ¹³ , 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.

⁶ <http://portalsaude.saude.gov.br/index.php/cidadao/principal/agencia-saude/24769-microcefalia-1-749-casos-confirmados-no-brasil>

⁷ <http://www.ins.gov.co/boletin-epidemiologico/Boletn%20Epidemiologico/2016%20Boletn%20C3%ADn%20Epidemiologico%20B3gico%20semana%2027.pdf>

⁸ <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-21-juillet-2016>

⁹ <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-21-juillet-2016>

¹⁰ <http://www.mspbs.gov.py/v3/paraguay-reporta-sus-dos-primeros-casos-de-microcefalia-asociados-al-zika/>

¹¹ <http://www.nejm.org/doi/pdf/10.1056/NEJMoa1600651>

¹² <http://www.cdc.gov/zika/geo/pregnancy-outcomes.html>

¹³ <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-23-juin-2016>