



Centers for Disease Control and Prevention



Zika virus disease epidemiology in the Americas, 2015–2016

Zika Response Epidemiology and Surveillance Task Force

October 20, 2016

Zika virus

- RNA flavivirus related to dengue, yellow fever, Japanese encephalitis, and West Nile viruses
- Transmitted to humans primarily by *Aedes* (*Stegomyia*) species mosquitoes
- Typically causes asymptomatic infection or mild dengue-like illness
- Recent outbreaks identified new modes of transmission and clinical manifestations



Aedes aegypti

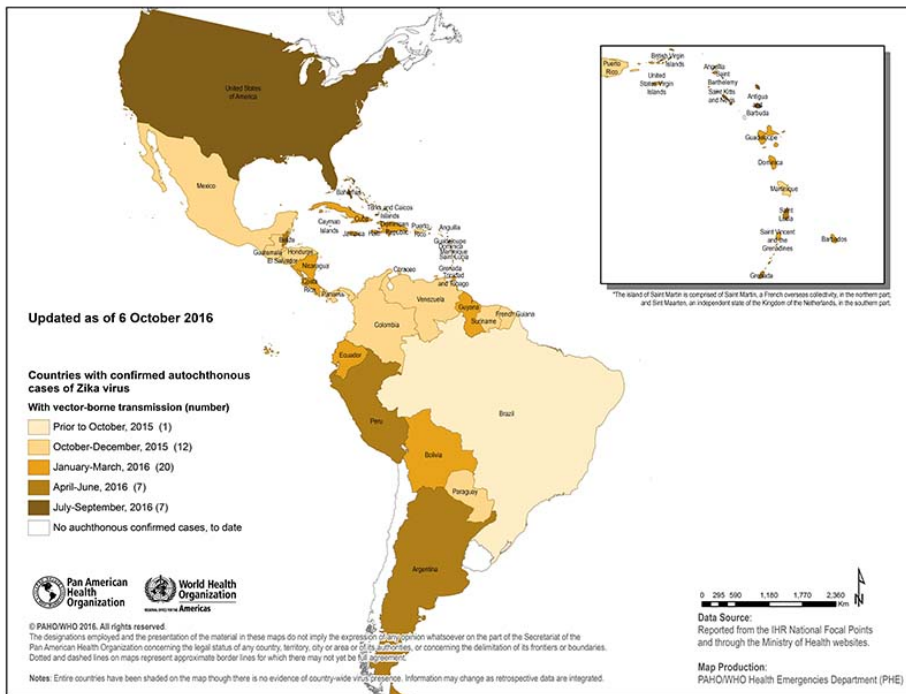


Aedes albopictus

Zika virus epidemiology

- First isolated from a monkey in Uganda in 1947
- Before 2007, only sporadic human disease cases reported from Africa and southeast Asia
- In 2007, first outbreak reported on Yap Island, Federated States of Micronesia
- In 2013–2015, >30,000 suspected cases reported from French Polynesia and other Pacific islands
- Local transmission first identified in the Americas in May 2015

Locally transmitted Zika virus disease cases reported to PAHO by country in the Americas, 2015–2016 (as of Oct 13)



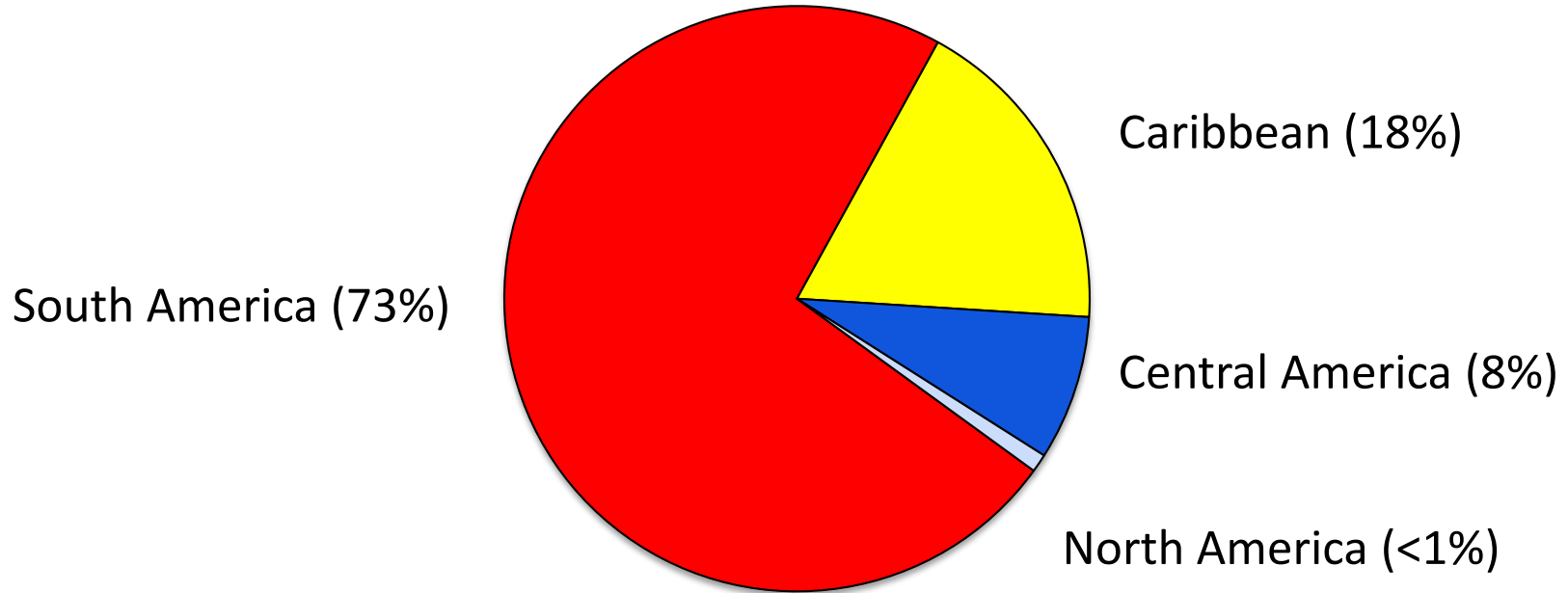
Country/Territory
(N=47)

(N=661,183)*

Brazil	298,827	(45%)
Colombia	104,465	(16%)
Venezuela	60,176	(9%)
Martinique	36,467	(6%)
Honduras	31,799	(5%)
Guadeloupe	30,969	(5%)
Puerto Rico	26,701	(4%)
El Salvador	11,285	(2%)
Other	60,494	(9%)

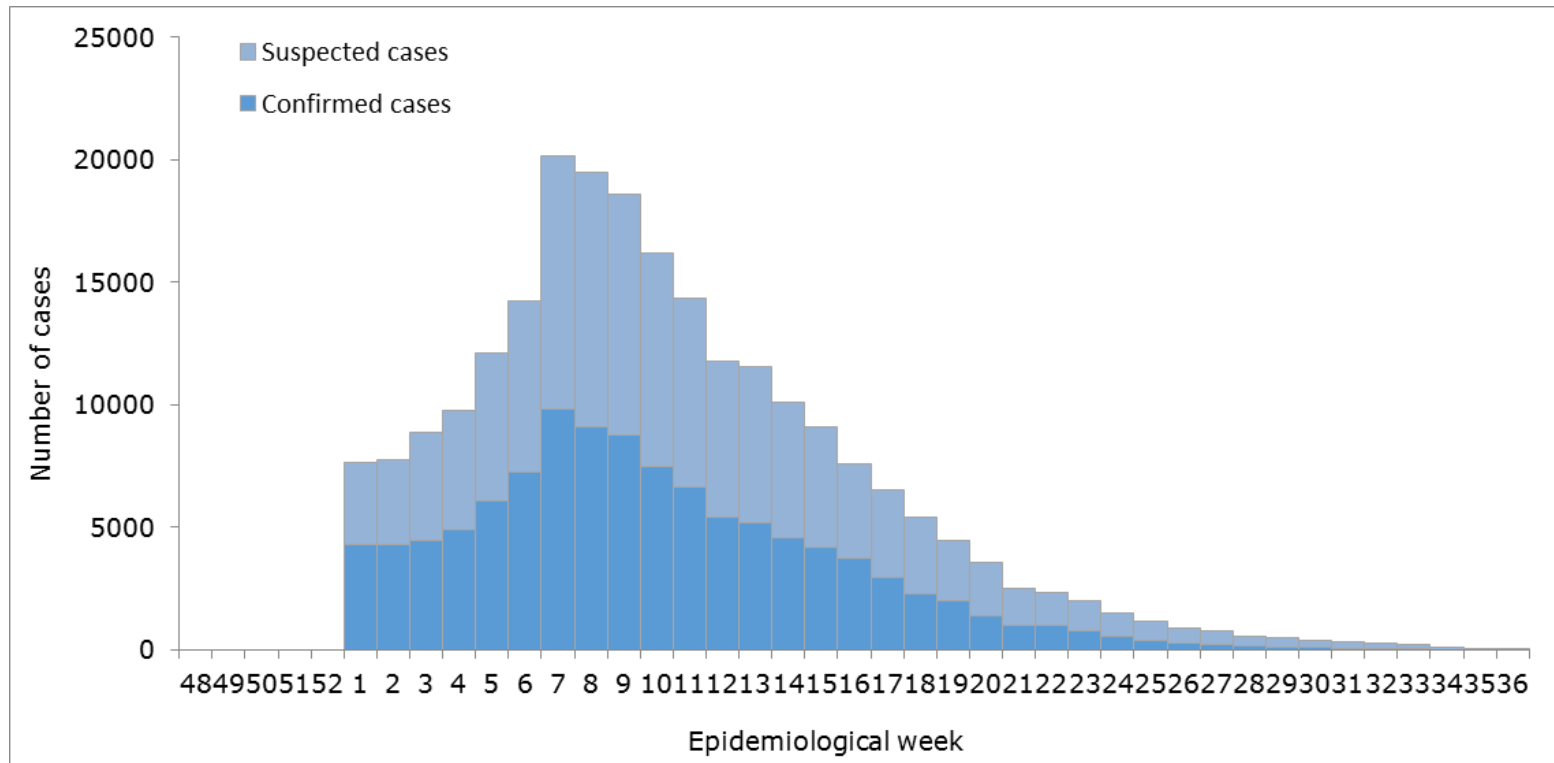
*23% of cases are lab-confirmed

Suspected and confirmed locally transmitted Zika virus disease cases reported to PAHO by region in the Americas, 2015–2016

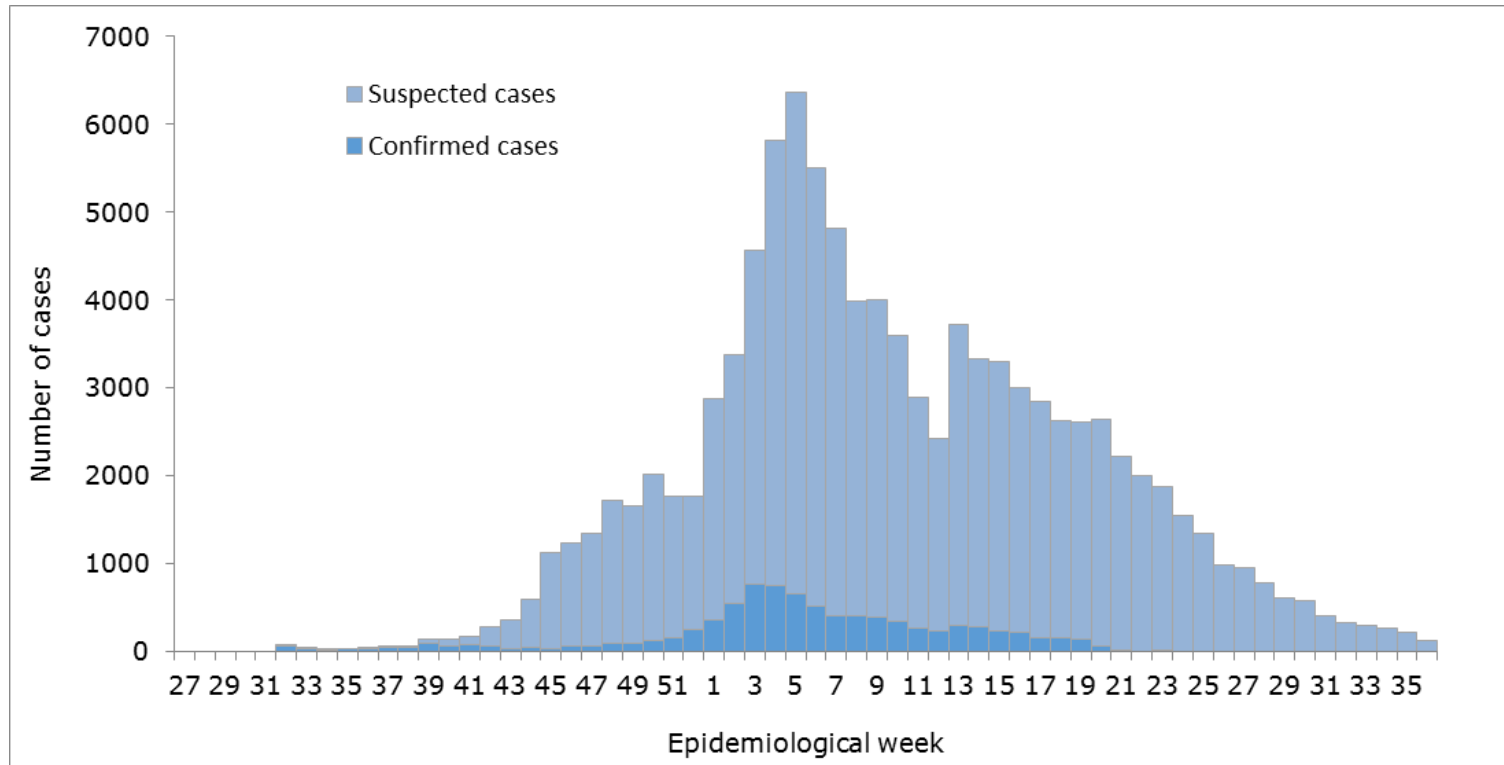


N=661,183 suspected and confirmed cases

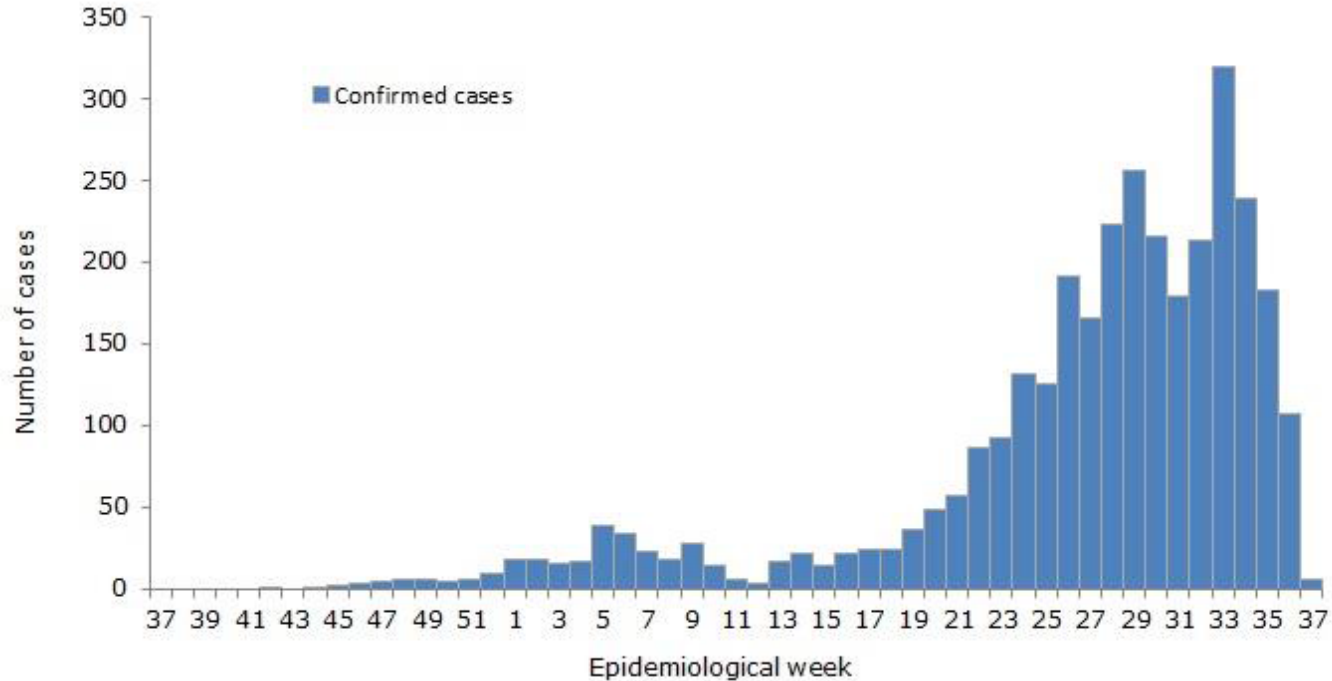
Suspected Zika virus disease cases reported to PAHO from Brazil, Jan–Oct 3, 2016



Suspected and confirmed Zika virus disease cases reported to PAHO from Colombia, Jul 2015–Oct 3, 2016



Confirmed Zika virus disease cases reported to PAHO from Mexico, Sep 2015–Oct 3, 2016



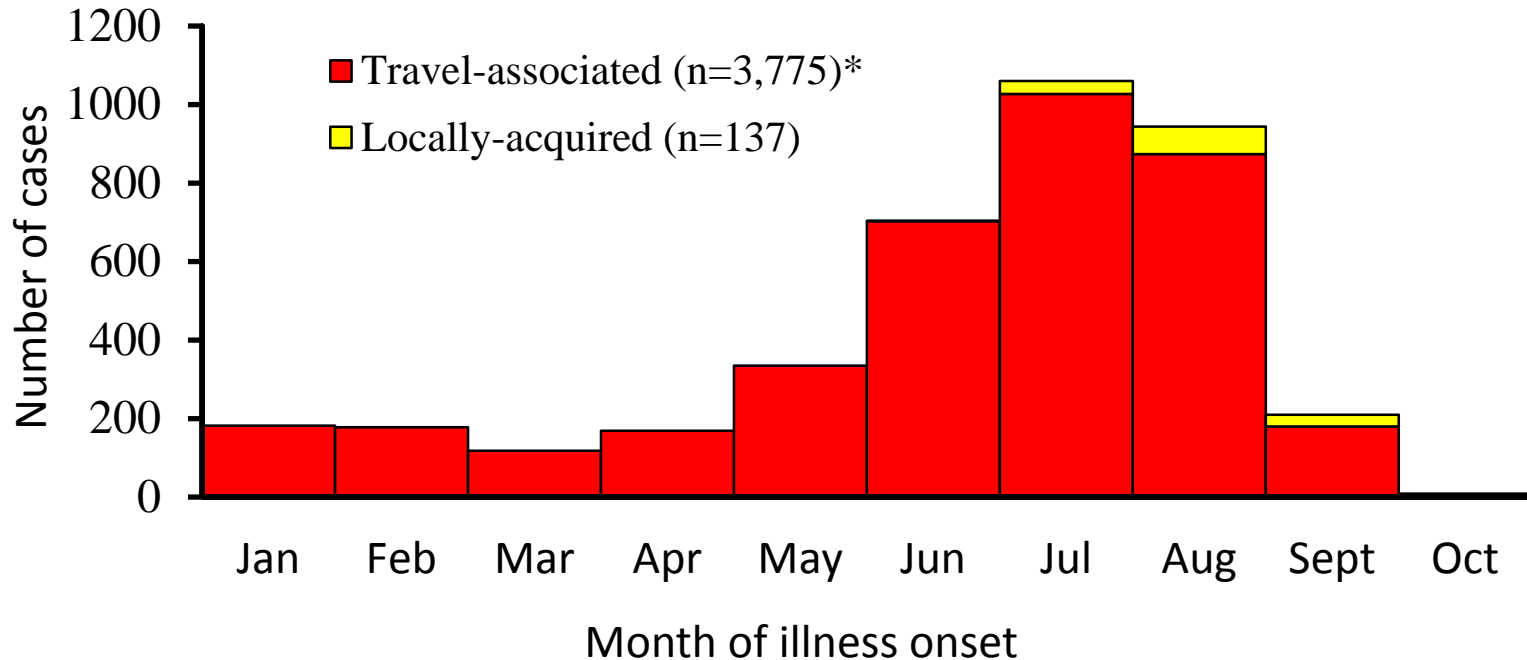
Laboratory-confirmed Zika virus disease cases reported to ArboNET by states or territories — United States, 2015-2016 (as of Oct 12, 2016)

	Travel-associated cases* (N=3,892)		Locally acquired cases† (N=25,999)	
States	3,808	(98%)	128	(<1%)
Territories				
Puerto Rico	75	(2%)	25,355	(98%)
U.S. Virgin Islands	2	(<1%)	469	(2%)
American Samoa	7	(<1%)	47	(<1%)

*Includes cases in travelers and their contacts with presumed sexual or in utero transmission, one case with unknown route of person-to-person transmission, and one lab acquired case

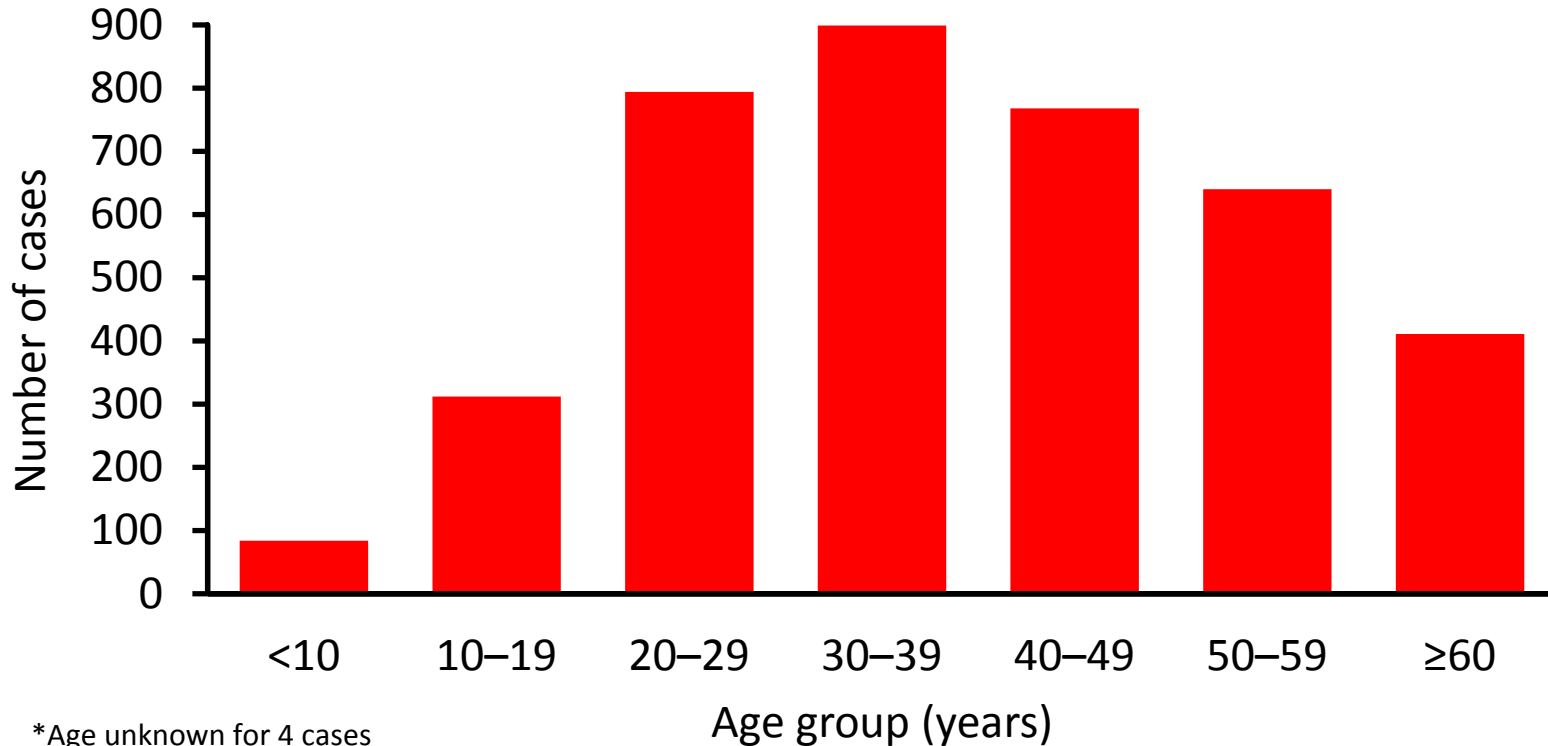
†Presumed local mosquito-borne transmission

Month of illness onset for reported Zika virus disease cases — U.S. states, Jan-Oct 2016



*Travelers or their sexual contacts returning from affected areas

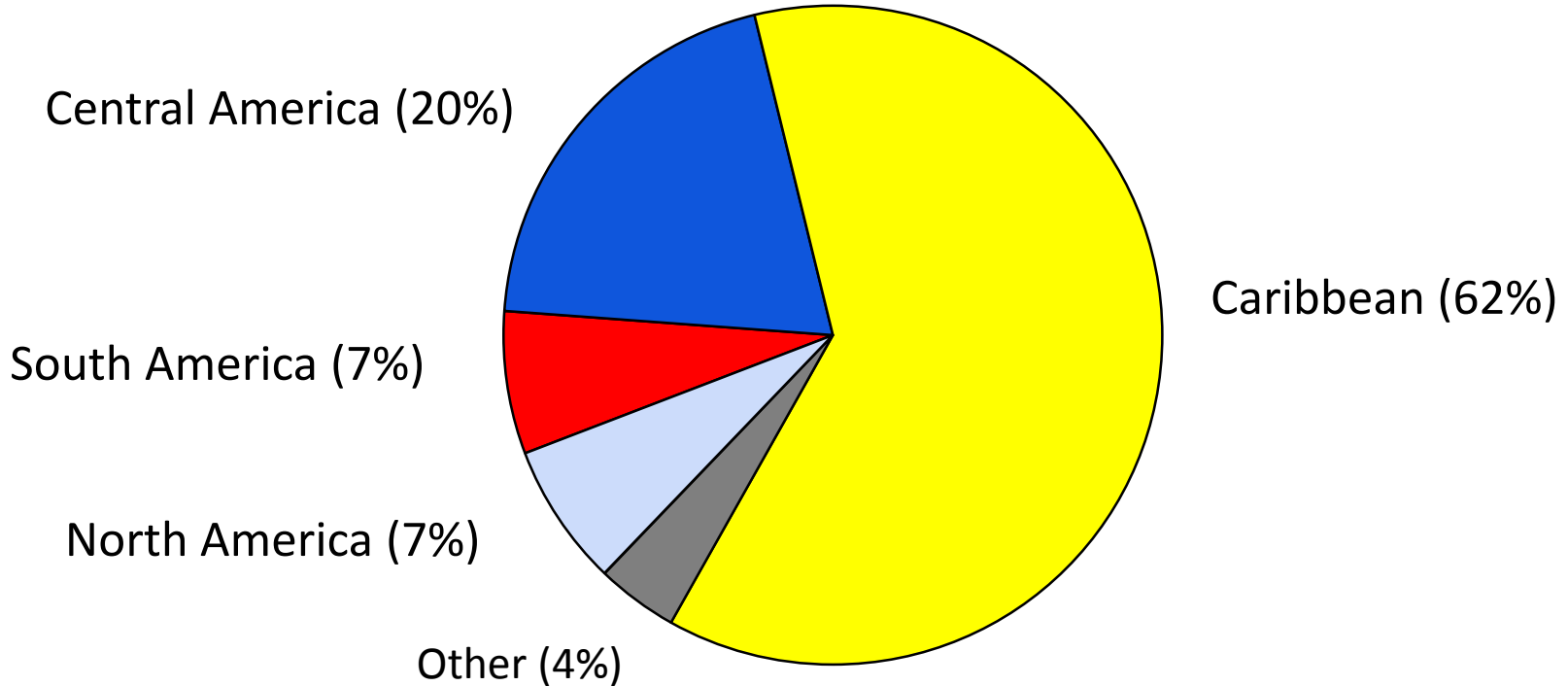
Age group for reported Zika virus disease cases — U.S. states, Jan-Oct 2016 (N=3,912*)



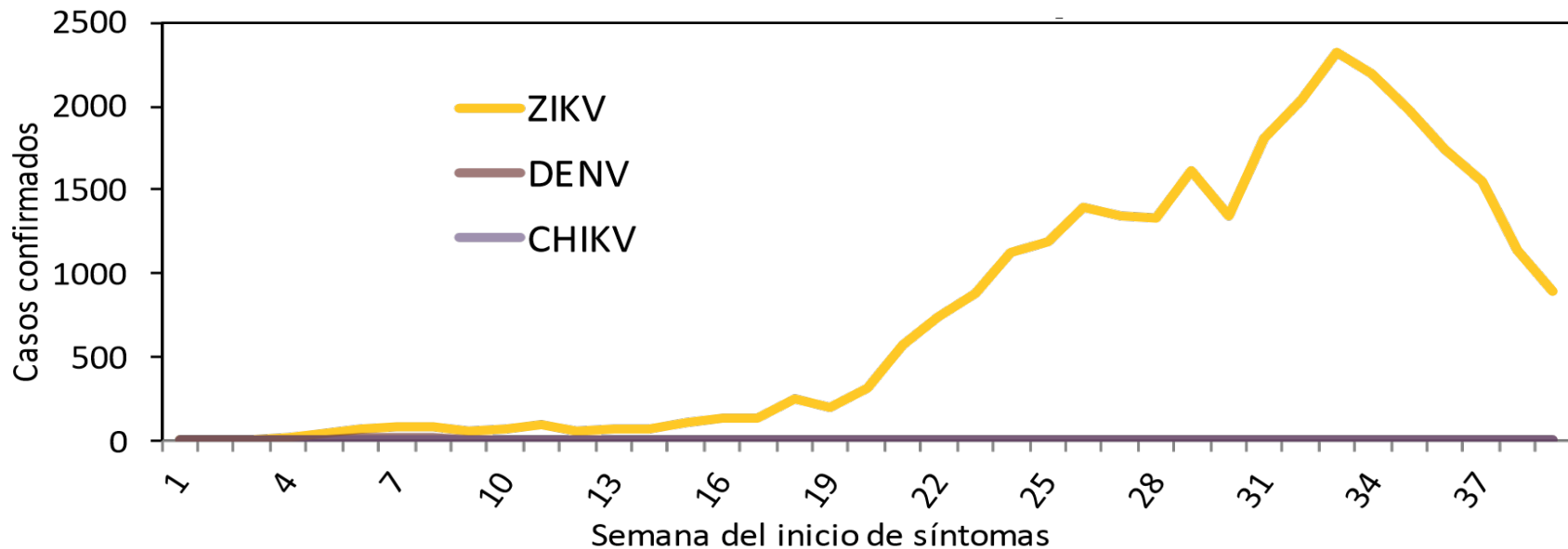
*Age unknown for 4 cases



Region where reported U.S. travel-associated Zika virus disease cases were acquired, Jan–Sept 2016

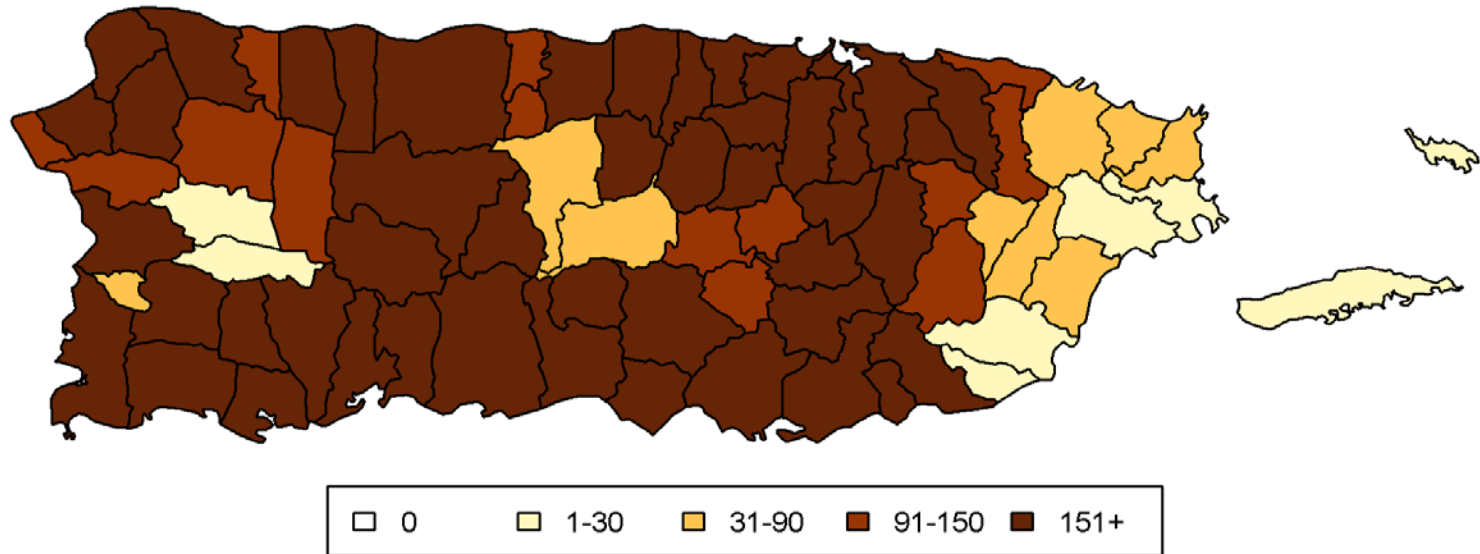


Confirmed Zika, dengue, and chikungunya virus disease cases reported from Puerto Rico by week of illness onset, 2016*



*as of Sept 29, 2016

Confirmed Zika virus disease cases reported from Puerto Rico by municipality, week 39, 2015–2016 (n=28,878)



Mosquito-borne transmission in Florida



Mosquito-borne transmission in Florida

- Sporadic locally acquired cases identified in multiple counties in south Florida
- Multiperson transmission identified in three areas of Miami-Dade County
 - Resulted in recommendations for pregnant women to avoid travel to those areas
- No evidence of ongoing active local transmission in one of the three areas after aerial spraying and other mosquito control efforts
- As of Oct 17th there were 160 locally acquired cases reported by Florida DOH
- Florida DOH continues to report active investigations in several counties in south Florida
- Pregnant women and their sex partners who are concerned about potential exposure to Zika may consider postponing nonessential travel to all parts of Miami-Dade County

Zika virus vaccine development and clinical trials

- U.S. government interagency working group objectives
 - Evaluate promising candidate vaccines for safety, immunogenicity, and efficacy
 - Have one or more candidate vaccines available in 2018 for emergency use in U.S. populations at high risk of exposure or disease
 - Work with partners to commercialize vaccines for broad distribution by 2020
- Current status
 - Many vaccine candidates in preclinical development
 - Four vaccines in phase 1 clinical trials by end of 2016
 - Phase 2 studies scheduled to begin in 2017

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

