



KEY UPDATES

- Countries, territories and subnational areas reporting vector-borne Zika virus (ZIKV) infections for the first time since 1 February:
 - None
- Countries and territories reporting microcephaly and other central nervous system malformations potentially associated with ZIKV infection for the first time since 1 February:
 - Mexico, Saint Martin
- Countries and territories reporting Guillain-Barré syndrome cases associated with ZIKV infection for the first time since 1 February:
 - Curaçao, Trinidad and Tobago
- WHO, the United States Centers for Disease Control and Prevention and the European Centre for Disease Prevention and Control have developed a new Zika virus classification scheme.¹ The classification serves to categorize the presence of and potential for vector-borne ZIKV transmission and to inform public health recommendations. Based on the defined criteria and expert review, some countries, territories and subnational areas were reclassified and some were classified for the first time.
- In line with WHO's transition to a sustained programme to address the long-term nature of the disease and its consequences, this is the final WHO Zika situation report. WHO will continue to publish the Zika classification table (Table 1) on a regular basis as well as periodic situation analyses.

ANALYSIS

- Overall, the global risk assessment has not changed. ZIKV continues to spread geographically to areas where competent vectors are present. Although a decline in cases of Zika virus infection has been reported in some countries, or in some parts of countries, vigilance needs to remain high.

SITUATION

- Eighty-four countries, territories or subnational areas with evidence of vector-borne ZIKV transmission (Table 1).

¹ <http://apps.who.int/iris/bitstream/10665/254619/1/WHO-ZIKV-SUR-17.1-eng.pdf>

- Sixty-one areas with ongoing transmission following new introduction reported from 2015 onwards or with reintroduction in an area where transmission has been previously been interrupted (Category 1).
- Eighteen areas with evidence of virus circulation before 2015 or with ongoing transmission that is no longer in the new or re-introduction phase, but where there is no evidence of interruption (Category 2).
- Five areas where transmission has been interrupted, with the potential for future transmission (Category 3).
- Sixty-four countries, territories or subnational areas where the competent vector is established but with no documented past or current ZIKV transmission (Category 4).
- Thirteen countries have reported evidence of person-to-person transmission of ZIKV (Table 2).
- Thirty-one countries or territories have reported microcephaly and other central nervous system (CNS) malformations potentially associated with ZIKV infection, or suggestive of congenital infection (Table 3).
- Twenty-three countries or territories have reported an increased incidence of Guillain-Barré syndrome (GBS) and/or laboratory confirmation of a ZIKV infection among GBS cases (Table 4).

Table 1. ZIKV classification^{2,3}

	WHO Regional Office	Country / territory / subnational area	Total
Category 1: Area with new introduction or re-introduction with ongoing transmission	AFRO	Angola; Cabo Verde; Guinea-Bissau	3
	AMRO/PAHO	Anguilla; Antigua and Barbuda; Argentina; Aruba; Bahamas; Barbados; Belize; Bolivia (Plurinational State of); Bonaire, Sint Eustatius and Saba; Brazil; British Virgin Islands; Cayman Islands; Colombia; Costa Rica; Cuba; Curaçao; Dominica; Dominican Republic; Ecuador; El Salvador; French Guiana; Grenada; Guadeloupe; Guatemala; Guyana; Honduras; Jamaica; Martinique; Mexico; Montserrat; Nicaragua; Panama; Paraguay; Peru; Puerto Rico; Saint Barthélemy; Saint Kitts and Nevis; Saint Lucia; Saint Martin; Saint Vincent and the Grenadines; Sint Maarten; Suriname; Trinidad and Tobago; Turks and Caicos Islands; United States of America; United States Virgin Islands; Venezuela (Bolivarian Republic of)	47
	SEARO	Maldives	1
	WPRO	American Samoa; Fiji; Marshall Islands; Micronesia (Federated States of); Palau; Papua New Guinea; Samoa; Singapore; Solomon Islands; Tonga	10
	Subtotal		61
Category 2: Area either with evidence of virus circulation before 2015 or area with ongoing transmission that is no longer in the new or re-introduction phase, but where there is no evidence of interruption	AFRO	Burkina Faso; Burundi; Cameroon; Central African Republic; Côte d'Ivoire; Gabon; Nigeria; Senegal; Uganda	9
	AMRO/PAHO	Haiti	1
	SEARO	Indonesia; Thailand; Bangladesh	3
	WPRO	Cambodia; Lao People's Democratic Republic; Malaysia; Philippines; Viet Nam	5
	Subtotal		18
Category 3: Area with interrupted transmission and with potential for future transmission	AMRO/PAHO	ISLA DE PASCUA – Chile	1
	WPRO	Cook Islands; French Polynesia; New Caledonia; Vanuatu	4
Subtotal		5	
Category 4: Area with established competent vector but no known documented past or current transmission	AFRO	Benin; Botswana; Chad; Comoros; Congo; Democratic Republic of the Congo; Equatorial Guinea; Eritrea; Ethiopia; Gambia; Ghana; Guinea; Kenya; Liberia; Madagascar; Malawi; Mali; Mauritius; Mayotte; Mozambique; Namibia; Niger; Réunion; Rwanda; Sao Tome and Principe; Seychelles; Sierra Leone; South Africa; South Sudan; Togo; United Republic of Tanzania; Zambia; Zimbabwe	33
	AMRO/PAHO	Uruguay	1
	EMRO	Djibouti; Egypt; Oman; Pakistan; Saudi Arabia; Somalia; Sudan; Yemen	8
	EURO	Georgia; Região Autónoma da Madeira – Portugal; Russian Federation; Turkey	4
	SEARO	Bhutan; India; Myanmar; Nepal; Sri Lanka; Timor-Leste	6
	WPRO	Australia; Brunei Darussalam; China; Christmas Island; Guam; Kiribati; Nauru; Niue; Northern Mariana Islands (Commonwealth of the); Tokelau; Tuvalu; Wallis and Futuna	12
Subtotal		64	
Total		148	

Category 1: Area with new introduction or re-introduction with ongoing transmission

- a. A laboratory-confirmed autochthonous,⁴ vector-borne case of ZIKV infection in a country/territory/subnational area where there is no evidence of virus circulation before 2015, whether it is detected and reported by the country/territory/subnational area where infection occurred, or by another country by diagnosis of a returning traveller; **or**

² Areas are classified according to country, territory, or subnational area.

³ <http://apps.who.int/iris/bitstream/10665/254619/1/WHO-ZIKV-SUR-17.1-eng.pdf>

⁴ Autochthonous infection is considered to be an infection acquired in-country, i.e. among patients with no history of travel during the incubation period or who have travelled exclusively to non-affected areas during the incubation period.

- b. A laboratory-confirmed autochthonous, vector-borne case of ZIKV infection in a country/territory/subnational area **where transmission has been previously interrupted**, whether it is detected and reported by the country where infection occurred, or by another country by diagnosis of a returning traveller.

Category 2: Area either with evidence of virus circulation before 2015 or area with ongoing transmission that is no longer in the new or re-introduction phase, but where there is no evidence of interruption

This category takes into account those countries with known historical laboratory evidence of ZIKV circulation prior to 2015, based on the literature as well as all ZIKV surveillance data whether detected and reported by the country where infection occurred or by another country reporting a confirmed case in a returning traveller. Countries in this category may have seasonal variations in transmission. These countries may also experience outbreaks of ZIKV disease.

Laboratory criteria to ascertain the presence of ZIKV in past studies are:

- a. Detection of the virus in humans, mosquitoes or animals; **and/or**
- b. Serologic confirmation of ZIKV infection with tests conducted after 1980, and considered as confirmed infection on expert review based on testing for all appropriate cross-reactive flaviviruses and utilization of comprehensive testing methodologies. Because of testing and interpretation limitations with serological data antedating 1980, they were not used for classification purposes.

Category 3: Area with interrupted transmission and with potential for future transmission

The minimum timeline for determining transition to an interrupted state is 12 months after the last confirmed case, and no cases identified in travellers. For countries with a high capacity for diagnostic testing, consistent timely reporting of diagnostic results, a comprehensive arboviral surveillance system and/or a temperate climate or island setting, the interruption of vector-borne transmission is defined as the absence of ZIKV infection 3 months after the last confirmed case. Countries where interruption is epidemiologically likely to have occurred should provide surveillance data to WHO to support the assessment by expert review.

Category 4: Area with established competent vector but no known documented past or current transmission

All countries/territories/subnational areas where the main competent vector (*A. aegypti*) is established, but which have not had a documented, autochthonous, vector-borne case of ZIKV infection. This category also includes a subgroup of countries/ territories /subnational areas where ZIKV transmission may occur because of a shared border with a neighbouring Category 2 country, by belonging to the same ecological zone and having evidence of dengue virus transmission. In this subgroup, a first laboratory-confirmed, autochthonous vector-borne case of ZIKV infection may not necessarily indicate new introduction (Category 1), but rather previously unknown and undetected transmission (Category 2), and these countries/territories/subnational areas will be reclassified accordingly.

Table 2. Countries reporting person-to-person ZIKV transmission since February 2016

	WHO Regional Office	Country / territory	Total
Countries with evidence of person-to-person transmission of ZIKV, other than vector-borne transmission	AMRO/PAHO	Argentina, Canada, Chile, Peru, United States of America	5
	EURO	France, Germany, Italy, Netherlands, Portugal, Spain, United Kingdom of Great Britain and Northern Ireland	7
	WPRO	New Zealand	1
Total			13

Table 3. Countries and territories that have reported microcephaly and/or CNS malformation cases potentially associated with ZIKV infection

	WHO Regional Office	Reporting country or territory	Total
Countries and territories that have reported microcephaly and/ or CNS malformation cases potentially associated with ZIKV infection	AFRO	Cabo Verde	1
	AMRO/PAHO	Argentina, Bolivia (Plurinational State of), Brazil, Canada*, Colombia, Costa Rica, Dominican Republic, El Salvador, French Guiana, Grenada, Guadeloupe, Guatemala, Haiti, Honduras, Martinique, Mexico, Nicaragua, Panama, Paraguay, Puerto Rico, Saint Martin, Suriname, Trinidad and Tobago, United States of America*	24
	EURO	Slovenia**, Spain***	2
	SEARO	Thailand	1
	WPRO	French Polynesia, Marshall Islands, Viet Nam	3
	Total		31

*Probable locations of ZIKV infection are undetermined.

** Probable location of ZIKV infection is Brazil.

*** Probable locations of ZIKV infection are Colombia or Bolivarian Republic of Venezuela.

Table 4. Countries and territories that have reported Guillain-Barré syndrome (GBS) potentially associated with ZIKV infection

	WHO Regional Office	Country or territory	Total
Reported increase in incidence of GBS cases, with at least one GBS case with confirmed ZIKV infection	AMRO/PAHO	Brazil, Colombia, Curaçao, Dominican Republic, El Salvador*, French Guiana, Guadeloupe, Guatemala, Honduras, Jamaica, Martinique, Puerto Rico, Suriname**, Trinidad and Tobago, Venezuela (Bolivarian Republic of)	15
	WPRO	French Polynesia	1
No increase in GBS incidence reported, but at least one GBS case with confirmed ZIKV infection	AMRO/PAHO	Bolivia (Plurinational State of), Costa Rica, Grenada, Haiti, Mexico, Panama, Saint Martin	7
Total			23

*GBS cases with previous history of ZIKV infection were reported by the United States of America.

**One case living in continental Netherlands was diagnosed in January 2016 and reported by the Netherlands.