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

Classification	WHO Regional Office	Country / territory	Total
Category 1: Countries with a reported outbreak from 2015 onwards[#]	**AFRO**	Cabo Verde; Guinea-Bissau	**2**
	AMRO/PAHO	Anguilla; Antigua and Barbuda; Argentina; Aruba; Bahamas; Barbados; Belize; Bolivia (Plurinational State of), Bonaire, Sint Eustatius and Saba – Netherlands*; Brazil; British Virgin Islands; Cayman Islands; 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)	**46**
	WPRO	American Samoa; Fiji; Marshall Islands; Micronesia (Federated States of); Samoa; Singapore; Tonga	**7**
Subtotal			**55**
Category 2: Countries with possible endemic transmission or evidence of local mosquito-borne Zika infections in 2016	**SEARO**	Indonesia; Thailand	**2**
	WPRO	Malaysia***; Philippines; Viet Nam	**3**
Subtotal			**5**
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; New Caledonia; Papua New Guinea; Solomon Islands; Vanuatu	**8**
Subtotal			**12**
Total			**72**

[#]The wording has been revised in recognition of the fact that a country that has had a first outbreak since 2015 and in which that outbreak has since terminated, may again report a new outbreak or cases which would qualify the country to be re-included in category 1.

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

****Malaysia moved from category 3 to category 2 because locally-acquired Zika virus infections without evidence of an outbreak were reported in the two weeks to 14 September 2016.*

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

Category 1: Countries with a 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/volumes/94/9/16-171082.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.*