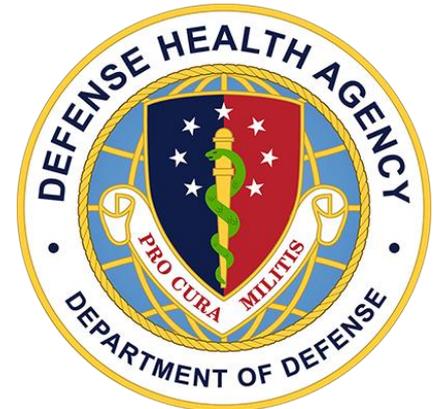


Department of Defense
Armed Forces Health Surveillance Branch
Global Zika Virus Surveillance Summary
(11 JAN 2017)



Approved for Public Release

For questions or comments, please contact:

dha.ncr.health-surv.list.afhs-ib-alert-response@mail.mil



DEPARTMENT OF DEFENSE (AFHSB)

Global Zika Virus Surveillance Summary #52

11 JAN 2017 (next report 25 JAN 2017)



DoD SURVEILLANCE: Weekly incidence among Military Health System (MHS) beneficiaries has decreased significantly since its peak during the week ending 30 JUL 2016. As of 1300 on 11 JAN 2017, there have been 163 (+2) confirmed Zika virus (ZIKV) disease cases (see table) since the first case was reported during the third week of 2016. One confirmed case is linked to the outbreak in Miami-Dade County, FL. There are four cases in pregnant Service members and two (+1) cases in pregnant dependents.

On 7 DEC 2016, AFHSB issued [updated detection and reporting guidance](#) that includes delineation of ZIKV virus infection versus ZIKV disease case definitions with reporting information for each. Cases should be reported in DRSi as “Any Other Unusual Condition Not Listed,” with “Zika” entered in the comment field along with additional pertinent information such as travel history and pregnancy status.

IgM ELISA and rRT-PCR assays are available under an [Emergency Use Authorization \(EUA\)](#) at DoD laboratories (see map on [Slide 4](#)). Confirmatory PRNT testing is available at the NIDDL.

As of 31 DEC 2016, no vector mosquitoes collected on DoD installations had tested positive for ZIKV.

CASE REPORT: Overall weekly incidence for travel-associated cases in the U.S. States and locally acquired cases in Puerto Rico continue to trend downwards.

As of 10 JAN 2017, TX has reported six cases of suspected locally transmitted ZIKV disease in Cameron County since it announced its first ZIKV case likely transmitted by a mosquito on 28 NOV. No new cases have been reported in TX since 22 DEC. The sixth case is not associated with the first five cases. Cameron County is in southeast TX and borders the Mexican state of Tamaulipas, which reported 97 (+1) ZIKV cases in 2016.

Zika Cases in the U.S. States and Territories	U.S. States*	U.S. Territories		
		Puerto Rico**	U.S. Virgin Islands*	American Samoa*
Total Zika Cases	4,835 (+26)	36,375 (+49)	917 (+1)	114
Travel-Associated***	4,618 (+26)	-	-	-
Local Vector Transmission	216	-	-	-
Laboratory Exposure	1	-	-	-
Guillain Barré Syndrome (GBS)	13	66†	-	-

U.S. Zika Pregnancy Registry Data, as of 27 DEC		
Pregnant Zika Cases	1,292 (+46)	2,842 (+141)
Infants Born with Birth Defects	36 (+2)	1††
Pregnancy Losses with Birth Defects	5	1††

*Zika cases reported to ArboNET as of 4 JAN (U.S. States and Am. Samoa). Zika cases reported by USVI as of 10 JAN; USVI also reported 120 Zika cases in pregnant women.
 **From the Puerto Rico DOH as of 22 DEC; PR DOH is tracking 2,937 (+16) ZIKV cases in pregnant women.
 ***Includes 38 sexually transmitted cases.
 † Of the 66 GBS cases, 16 are classified as evidence of flavivirus infection, but specific virus undetermined.
 †† CDC last reported these cases on 29 SEP.

Demographics for all confirmed Zika cases in Military Health System Beneficiaries as of 1300, 11 JAN 2017 (N = 163 confirmed cases)			
Demographic		N	%
Service <small>*includes MHS beneficiaries from USPHS, NOAA, etc.</small>	Army	71 (+1)	43.6%
	Air Force	27	16.6%
	Navy	21 (+1)	12.9%
	Marine Corps	12	7.4%
	Coast Guard	30	18.4%
	Other*	2	1.2%
Status <small>**includes Reserve Component</small>	Service Member**	114 (+1)	69.9%
	Dependent	38 (+1)	23.3%
	Retiree	11	6.7%
Age	0-20	11	6.7%
	21-35	78 (+2)	47.9%
	36-50	50 (+2)	30.7%
	51+	19	11.7%
	Not Reported	5 (-2)	3.1%
Gender	Female	65 (+1)	39.9%
	Male	98 (+1)	60.1%

As of 10 JAN 2017, FL health officials have reported 256 locally acquired ZIKV infections. No new cases have been reported in FL since 28 DEC. FL DOH continues to investigate additional areas in Miami-Dade County.

Updated advice for people living in or traveling to Miami-Dade County, FL, and Cameron County, TX, is available from [CDC](#).

CDC has issued Alert Level 2, Practice Enhanced Precautions, travel notices for 60 [countries and territories](#); 49 are in the Western Hemisphere, 10 are in PACOM, and one is in AFRICOM. [CDC has posted travel information](#) for 11 countries in Southeast Asia. The countries are: Brunei, Burma (Myanmar), Cambodia, Indonesia, Laos, Malaysia, Maldives, Philippines (53 (+1) cases), Thailand (>680 cases), Timor-Leste (East Timor), and Vietnam (155 cases). These countries have either reported low level local ZIKV transmission or are adjacent to countries with known ZIKV transmission. Singapore has reported low level ZIKV

(+xx) represent the change in number from the previous AFHSB summary (4 JAN 2017).

All information has been verified unless noted otherwise.

For questions or comments, please contact: dha.ncr.health-surv.list.afhs-ib-alert-response@mail.mil

Approved for Public Release



DEPARTMENT OF DEFENSE (AFHSB)

Global Zika Virus Surveillance Summary #52

11 JAN 2017



CASE REPORT CONT'D: transmission with 458 cases and no identified clusters as of 11 JAN 2017; no new cases have been reported since the week ending 31 DEC.

Past evidence of local transmission has been reported from other areas of [Africa, Asia, and the Pacific Islands](#), where sporadic transmission may continue to occur. On 9 JAN 2017, Angola health officials announced two locally transmitted Zika cases, including one in a French tourist. According to [CDC](#), increased case reporting from PACOM countries, some of which are endemic for ZIKV, may be the result of increased testing and surveillance or a change in the intensity of virus transmission.

According to [PAHO](#) on 29 DEC, over the previous four weeks nearly all Caribbean and North, Central, and South American OCONUS countries and territories reported a decreasing trend in Zika cases except for Panama, Anguilla, and the Iquitos region of Peru. Bolivia reported an outbreak in Santa Cruz Department.

MICROCEPHALY and GUILLAIN-BARRÉ SYNDROME: According to [WHO](#), as of 4 JAN, 29 countries have reported cases of microcephaly and other fetal malformations potentially associated with ZIKV infection or suggestive of a congenital infection, including four with travel-related microcephaly cases. As of 4 JAN, 21 countries and territories in the Western Hemisphere as well as French Polynesia have reported Guillain-Barré syndrome (GBS) cases that may be associated with of ZIKV infection. The Western Hemisphere countries reporting microcephaly or GBS are listed in the table on [slide 7](#). Countries in PACOM and AFRICOM reporting microcephaly are Cape Verde, French Polynesia, the Marshall Islands, Thailand, and Vietnam.

USG RESPONSE: On 22 DEC, [FDA issued a warning](#) to providers making them aware of higher than expected false positive results on IgM tests, especially the Zika Detect IgM Capture ELISA, and advising them to wait for confirmatory testing before making patient management decisions. [CDC announced](#) on 22 DEC that it was awarding nearly \$184 million of the \$350 million it received in the Zika Response and Preparedness Appropriations Act of 2016 to states, territories, local jurisdictions, and universities to support the response to ZIKV infection and its associated adverse health outcomes. On 16 NOV, CDC released [Updated: Guidance for US Laboratories Testing for Zika Virus Infection](#). CDC issued [ZIKV infection control guidance](#) on 25 OCT. Also on 30 SEP, CDC published an updated [ZIKV response plan for CONUS and Hawaii](#).

GLOBAL RESPONSE: Following the fifth meeting of the Emergency Committee (EC) on ZIKV, microcephaly, and other neurological disorders on 18 NOV, WHO declared that the [event no longer meets the criteria](#) for a Public Health Emergency of International Concern (PHEIC). The EC said that ZIKV and its associated consequences remain a significant enduring public health challenge requiring intense action, but is no longer a PHEIC as defined under the International Health Regulations. WHO had declared the PHEIC on 1 FEB 2016. On 25 OCT, WHO issued the [first quarterly update](#) to its [JUL 2016 Zika Strategic Response Plan](#). PAHO has created a [searchable database](#) of published primary research and protocols. For additional information, visit the [WHO](#) and [PAHO](#) Zika web pages.

MEDICAL COUNTERMEASURES and RESEARCH: Socio-economic factors such as lifestyle, housing infrastructure, and good sanitation are likely to prevent large-scale transmission of ZIKV in the U.S. despite importation of the virus and a suitable climate for vectors, according to a research article in the Journal of Medical Entomology on 3 JAN 2017. A PLOS Medicine report on 3 JAN 2017 said a systematic review of published and unpublished research found sufficient evidence to say that ZIKV is a cause of congenital abnormalities and is a trigger of GBS. A study published in PLOS One on 20 DEC describing the prevalence of ZIKV antibodies in mothers from Hawaii who gave birth to babies with and without microcephaly between 2009 and 2012 suggests the presence of ZIKV infections and associated microcephaly in the U.S. as early as 2009. On 21 DEC, Inovio Pharmaceuticals announced its DNA-based Zika vaccine (GLS-5700) generated robust antigen-specific antibody responses in its first multi-center phase I trial. [EID posted a case series](#) from Guadeloupe (seven cases) suggesting a causal link between severe thrombocytopenia and ZIKV infection. In an [early release Emerging Infectious Diseases \(EID\) article](#), researchers found that ZIKV can replicate and persist in fetal brain and placental tissue for months after maternal infection. On 14 DEC, researchers published a study in JAMA using preliminary data from the U.S. Pregnancy Registry. This study showed that 6% of fetuses or infants had ZIKV-associated birth defects among pregnant women with evidence of recent ZIKV infection who completed pregnancies; no birth defect cases were attributed to maternal exposure solely in the second or third trimester. On 13 DEC, researchers published a cohort study in NEJM characterizing the spectrum of fetal outcomes among ZIKV infected pregnant women in Brazil; adverse fetal outcomes were evident regardless of the trimester of maternal infection (55% of pregnancies had adverse outcomes after maternal infection during the first trimester, 52% after infection during the second trimester, and 29% after infection during the third trimester). In an [early release MMWR article](#) published on 9 DEC, researchers studying ZIKV disease among pregnant women in Colombia found the risk of ZIKV related birth defects was highest when maternal infection occurred during the first trimester or early second trimester of pregnancy; evidence also suggests ZIKV related birth defects in Colombia may be significantly underreported. The Walter Reed Army Institute of Research (WRAIR) began [Phase 1 clinical testing](#) of a Zika purified inactivated virus (ZPIV) on 7 NOV. In an [early release EID article](#), researchers estimated the incidence of GBS in Puerto Rico following the introduction of ZIKV was 3.2 to 5.1 times above baseline in 2016. A 17 OCT, EID article reported that ZIKV RNA could be isolated in [vaginal secretions, whole blood](#), and [semen](#) up to 14 days, 81 days, and 92 days after symptom onset, respectively. The authors in both reports caution that the detection of ZIKV RNA does not necessarily equate to the detection of infectious virus.

items in (+xx) represent the change in number from the previous AFHSB summary (4 JAN 2017).

All information has been verified unless noted otherwise. Additional sources include: AFP, Manila Standard Today Online, Indo-Asian News Service and Outbreak News Today.

For questions or comments, please contact: dha.ncr.health-surv.list.afhs-ib-alert-response@mail.mil



DEPARTMENT OF DEFENSE (AFHSB)

Global Zika Virus Surveillance Summary #52

11 JAN 2017



Emergency Use Authorization Zika Testing at DoD Laboratories



- BAMC**
Brooke Army Medical Center
- BAACH**
Brian Allgood Army Community Hospital
- CRDAMC**
Carl R. Darnall Army Medical Center
- EAMC**
Eisenhower Army Medical Center
- LRMC**
Landstuhl Regional Medical Center
- MAMC**
Madigan Army Medical Center
- NAMRU-3**
U.S. Naval Medical Research Unit No. 3
- NAMRU-6**
U.S. Naval Medical Research Unit No. 6
- NHRC**
Naval Health Research Center
- NIDDL**
Naval Infectious Diseases
Diagnostic Laboratory
- TAMC**
Tripler Army Medical Center
- USAFSAM**
U.S. Air Force School of
Aerospace Medicine
- USAMRIID**
United States Army Medical
Research Institute of
Infectious Diseases
- WAMC**
Womack Army Medical Center
- WBAMC**
William Beaumont Army
Medical Center
- WRNMMC**
Walter Reed National Military
Medical Center

*Plaque-reduction neutralization test (PRNT)

As of 11 JAN 2017

For questions or comments, please contact: dha.ncr.health-surv.list.afhs-ib-alert-response@mail.mil

Approved for Public Release



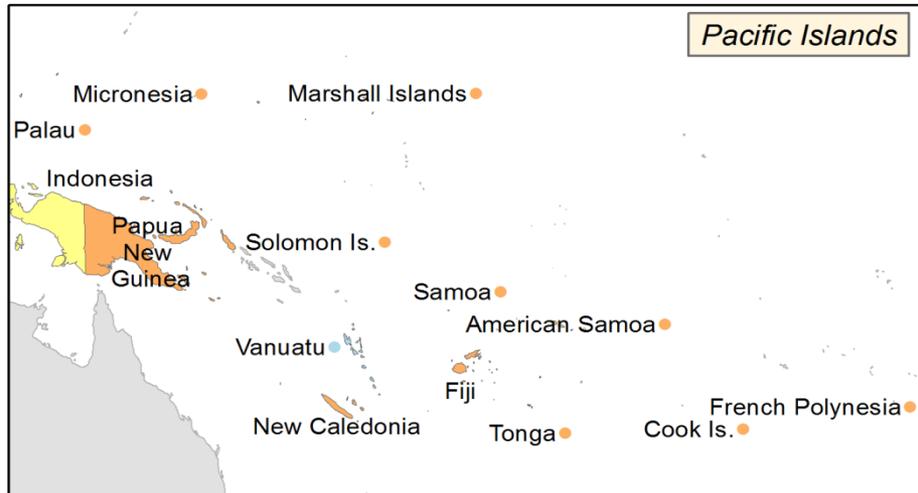
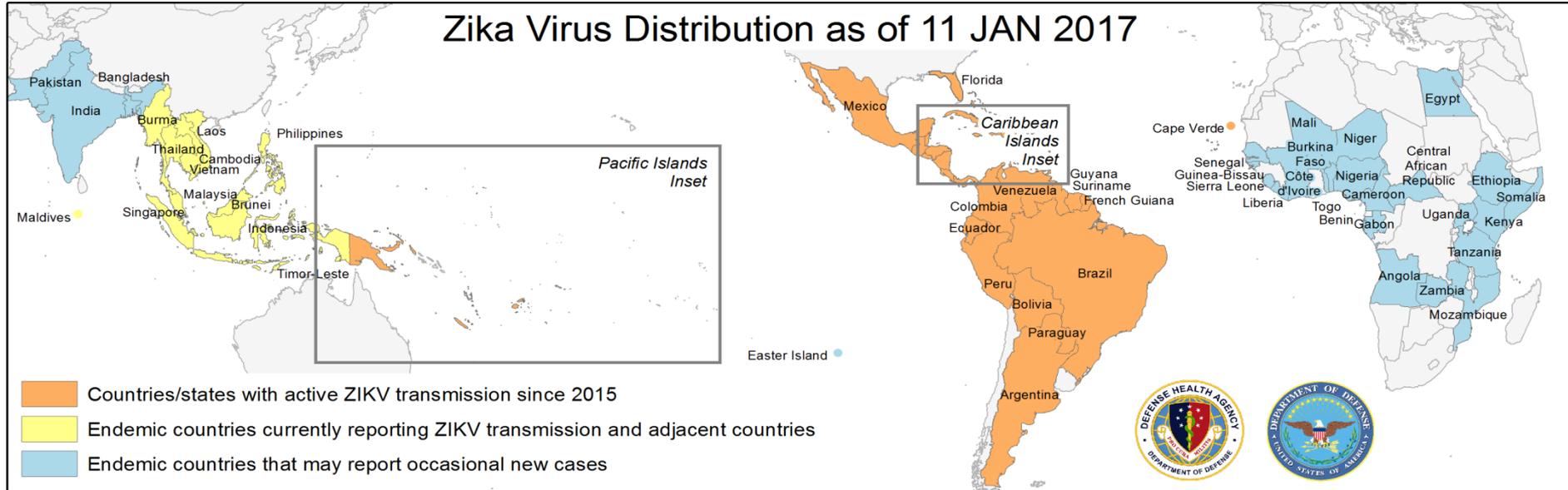
DEPARTMENT OF DEFENSE (AFHSB)

Global Zika Virus Surveillance Summary #52

11 JAN 2017



Zika Virus Distribution as of 11 JAN 2017



* Countries with a small footprint are given a marker by their label to denote current or previous Zika presence. Source: CDC.

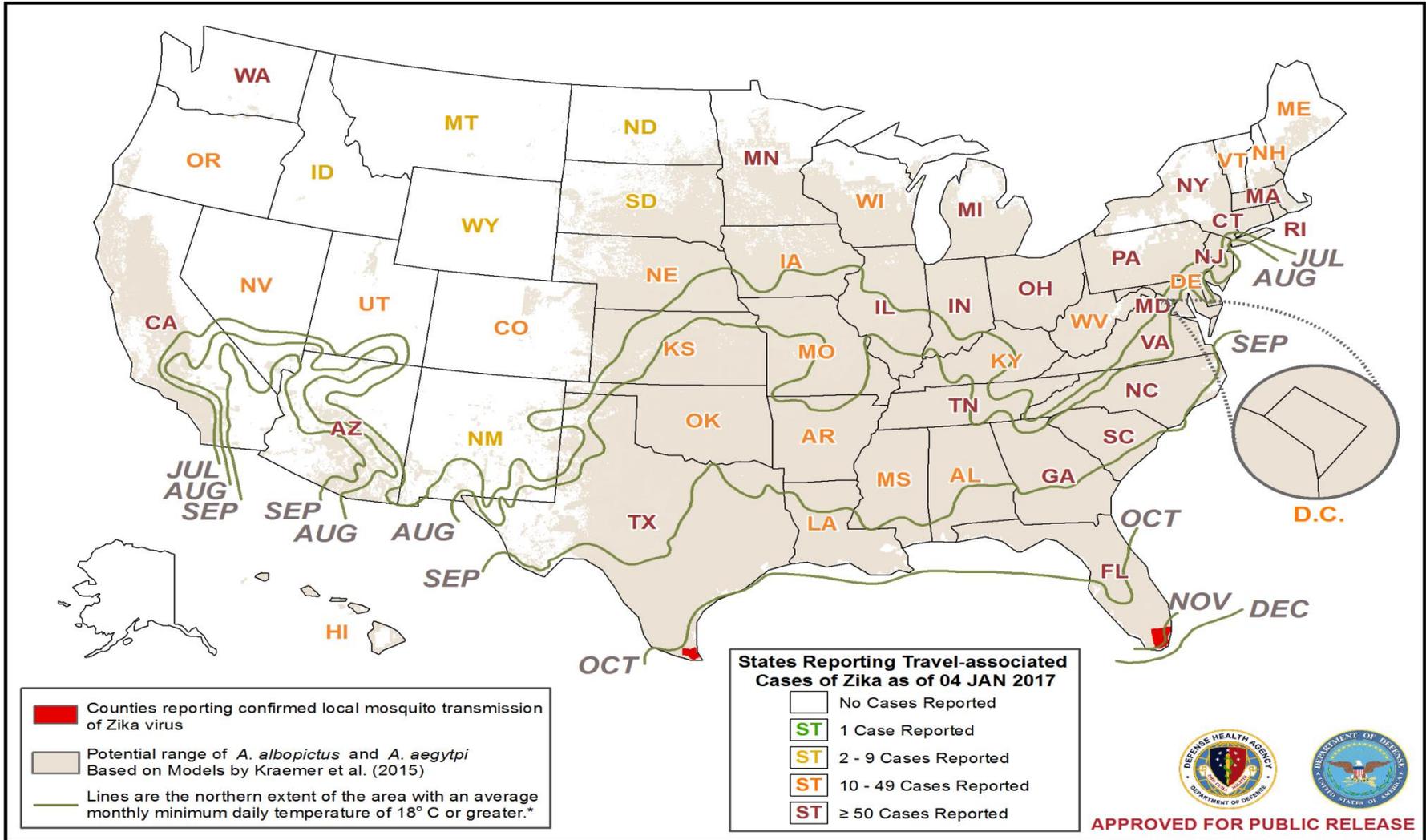
For questions or comments, please contact: dha.ncr.health-surv.list.afhs-ib-alert-response@mail.mil



DEPARTMENT OF DEFENSE (AFHSB)

Overlap of States Reporting Imported Zika Cases and the Estimated Range of Mosquito Vectors and Transmission Suitability

11 JAN 2017



This version of the map shows that after JUL the northern extent begins to move southward.

Based on Sang et al, Predicting Unprecedented Dengue Outbreak Using Imported Cases and Climatic Factors in Guangzhou, 2014. PLoS Negl Trop Dis 9(5);e0003808.

For questions or comments, please contact: dha.ncr.health-surv.list.afhs-ib-alert-response@mail.mil

Approved for Public Release



DEPARTMENT OF DEFENSE (AFHSB)

Global Zika Virus Surveillance Summary #52

11 JAN 2017



Western Hemisphere Countries[‡] and Territories with Autochthonous Transmission of Zika Virus: 1 JAN 2015 – 5 JAN 2017

	Confirmed	Suspected	Microcephaly Cases*	Reporting GBS [†]
Total	178,169	535,410	2,490	21 Countries/Territories

Country/Territory	Confirmed	Suspected	Microcephaly Cases*	Reporting GBS [†]	Country/Territory	Confirmed	Suspected	Microcephaly Cases*	Reporting GBS [†]
Anguilla	18	24			Guyana	37	0		
Antigua & Barbuda	14	465			Haiti	5	2,955	1	Yes
Argentina	26	1,821	1		Honduras	298	31,936	2	Yes
Aruba	28	676			Jamaica	186	7,052		Yes
Bahamas	22	0			Martinique	12	36,680	18	Yes
Barbados	46	699			Mexico	7,475	0		Yes
Belize	68	756			Montserrat	5	2		
Bolivia	156	741	14	Yes	Nicaragua	2,053	0	2	
Bonaire, St. Eustatius, Saba	85	0			Panama	676	2,663	5	Yes
Brazil	109,596	211,770	2,289	Yes	Paraguay	14	555	2	
British Virgin Islands	52	74			Peru	388	1,570		
Cayman Islands	30	211			Puerto Rico	36,375	0	10	Yes
Colombia	9,799	96,753	77	Yes	Saint Barthelemy	61	975		
Costa Rica	1,614	5,221	2	Yes	Saint Kitts & Nevis	33	549		No
Cuba	3	0			Saint Lucia	50	822		
Curaçao	820	0			Saint Martin	200	3,115		Yes
Dominica	79	1,150			Saint Vincent & the Grenadines	83	508		
Dominican Republic	333	4,908	22	Yes	Sint Maarten	62	168		
Ecuador	875	2,680		Yes	Suriname	723	2,760	2	Yes
El Salvador	51	11,434	4	Yes	Trinidad and Tobago	643	0	1	
French Guiana	483	9,700	16	Yes	Turks & Caicos	17	179		
Grenada	111	316	1	Yes	U.S. Virgin Islands	917	99		
Guadeloupe	379	30,845	6	Yes	Venezuela	2,380	59,235		Yes
Guatemala	788	3,343	15	Yes					

* Number of microcephaly and/or CNS malformation cases suggestive of congenital infections or potentially associated with ZIKV infection

† Reported increase in GBS cases associated with the introduction of ZIKV and/or GBS case(s) linked to ZIKV infection

‡ Excludes the U.S.; this data can be found elsewhere in this report.

All data was obtained from PAHO, Ministries of Health, and Departments of Health unless otherwise noted.

For questions or comments, please contact: dha.ncr.health-surv.list.afhs-ib-alert-response@mail.mil

Approved for Public Release