Zika virus transmission continues

As of May 2016, a total of 58 countries and territories have reported continuing mosquito-borne transmission of Zika virus since 2015, with no previous evidence of circulation. No country in the Eastern Mediterranean Region has yet reported any transmission of Zika virus infection till date.

Editorial note

Zika virus continues to spread geographically to areas where competent vectors are present. Since the declaration of WHO, on 01 February 2016, that the clusters of microcephaly thought to be associated with Zika virus (ZIKV) constitute a public health emergency of international concern (PHEIC), cases have continued to increase in countries with presence of known mosquito vectors.

As of May 2016, a total of 58 countries and territories have reported transmission of Zika virus infection. Although, currently a decline in cases of Zika virus infection has been reported in some countries or in some parts of the countries, there is no overall decline of the outbreak and the overall global risk assessment associated with the virus remain unchanged.

What is new now compared to February 2016 is that there is now international scientific consensus that Zika virus is a cause of microcephaly and Guillain-Barré syndrome (GBS). Consequently, Zika virus infection and its associated congenital and other neurological disorders continue to be a PHEIC. As of May 2016, microcephaly and other central nervous system (CNS) malformations potentially associated with Zika virus infection or suggestive of congenital infection have been reported by a number of countries or territories. There has also been report of person-to-person transmission of Zika virus infection other than mosquito-borne transmission, principally through sexual mode of transmission. (please see the box above)

In recent time, Zika virus outbreak has been reported from Cabo Verde and sequencing of the virus has shown that this virus is the same as the one that circulates in Brazil. This is a clear evidence that ZIKV can spread internationally and establish new transmission chain in areas where the vector is present.

In the Eastern Mediterranean Region (EMR) of WHO, a number of countries are known to have the competent vectors. Both epidemiological, laboratory and vector surveillance need to be strengthened in all these countries to detect any sign of local transmission or importation.

Update on outbreaks in the Eastern Mediterranean Region

MERS-CoV in Saudi Arabia, Bahrain

Current public health events of international concern [cumulative N° of cases (deaths), CFR %]

Avian Influenza : 2006-2016

Egypt (A/H5N1) [350 (117), 33.4%]
Egypt (A/H9N2) [3 (0)]

MERS-CoV: 2012-2016

Saudi Arabia [1398 (598), 42.7%]
Jordan [39 (12), 31%]
Oman [7 (3), 42%]
UAE [78 (11), 14.1%]
Kuwait [3 (1), 33.3%]
Qatar [14 (5), 35%]
Bahrain [1 (1), 100%]

Lassa fever : 2015-2016

Nigeria [159(82), 51.5%]
Benin [71(23),32.3%]
Germany [2 (0)]
Togo [2 (0)]

Avian Influenza A (H7N9) : 2013-2016

China [752 (295),39.2%]


Pakistan [368 (0)]
Afghanistan [520]