World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

Weekly Epidemiological Monitor

ISSN 2224-4220

Volume 14; Issue no 51; 19 December 2021

Current major event

Risk of importation of Zika virus from India to the Region

As of 14 November 2021, a total of 196 cases of Zika virus disease have been reported from three different states in India (Kerala, Maharashtra and Utter Pradesh states) since July 2021. Health authorities in the affected states have implemented comprehensive response strategies to contain the Zika outbreaks.

Editorial note

Zika virus disease is caused by a virus transmitted primarily by *Aedes* mosquitoes, which bite during the day. Symptoms are generally mild and include fever, rash, conjunctivitis, muscle and joint pain, malaise or headache. Symptoms typically last for two to seven days. Most people with Zika virus infection do not develop symptoms. Zika virus infection during pregnancy can cause infants to be born with microcephaly and other congenital malformations, known as congenital Zika syndrome. Infection with Zika virus is also associated with other complications of pregnancy including preterm birth and miscarriage. An increased risk of neurologic complications is associated with Zika virus infection in adults and children, including Guillain-Barré syndrome, neuropathy and myelitis.

The first Zika virus case in India this year was officially confirmed in Kerala state on 8 July 2021. The virus was detected in the blood sample of a 24-year-old pregnant woman from Parassala block of Trivandrum district. Six out of the 109 cases recorded in Kerala were pregnant women, with an age range between 21 and 30 years old. Four of them were infected in their 3rd trimester and two in their 1st trimester. The Zika outbreak in Utter Pradesh is the first such outbreak to be confirmed in the state. In recent months, an increased activity of mosquito-borne diseases has been reported in many states of India, including dengue and chikungunya. Some of the Zika cases were detected through active surveillance and contact tracing implemented in the affected villages and districts. So far, no cases of microcephaly and/or Guillain-Barre syndrome have been linked with this outbreak.

Outbreaks of Zika virus disease have been recorded in Africa, the Americas, Asia and the Pacific (see map). There is no confirmed Zika virus infection in countries of the Eastern Mediterranean Region, so the outbreaks in neighbouring India have put the Region on alert for risk of importation.

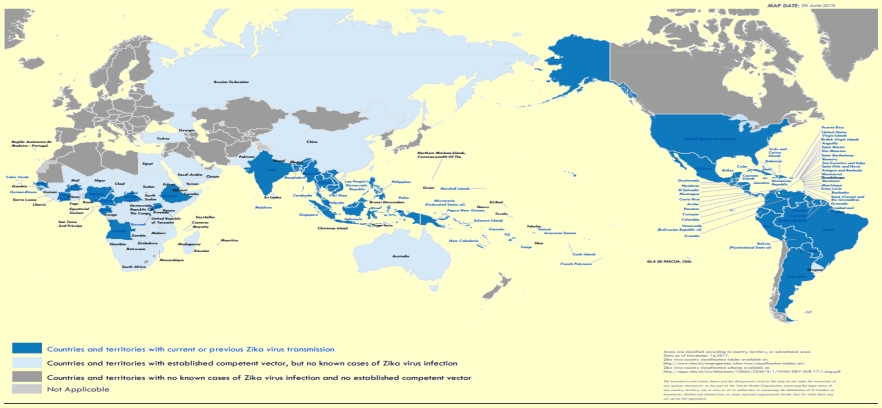
According to the WHO risk assessment, the overall risk is considered low at the regional and global levels, while at the national level in India (especially Kerala and Maharashtra states) is currently assessed as moderate.

Zika virus is primarily transmitted by mosquitoes of the species *Aedes aegypti* and *Aedes albopictus*. These mosquitoes are well established in some countries of the Eastern Mediterranean Region. Although the overall risk in countries of the Region is low, importation through infected travellers from the affected states of India cannot be ruled out.

Countries with increased travel to and from the affected states should enhance surveillance at health facilities to identify potential suspected cases. It is important to enhance vector surveillance through targeted entomological surveys. Special attention should be given to the prevention of mosquito bites among pregnant women, women of reproductive age and young children.

WHO is supporting countries to control Zika virus disease and is encouraging them to implement the Zika Strategic Response Framework which focuses on enhancing laboratory capacities in the Member States while strengthening the integrated human and vector surveillance system and implementing integrated vector management to control the importation and spread of the virus (see above).

Countries and territories with current or previous Zika virus transmission, by WHO regional office (data as of 2 July 2019)



Zika Strategic Response Framework

- Advancing research in prevention, surveillance and control of Zika virus infection and associated complications.
- Developing, strengthening and implementing integrated surveillance systems for Zika virus infection and associated complications.
- Strengthening the capacity of laboratories to test for Zika virus infection worldwide.
- Supporting global efforts to implement and monitor vector control strategies aimed at reducing *Aedes* mosquito populations.
- Strengthening care and support of affected children and families affected by complications of Zika infection.

Update on outbreaks

in the Eastern Mediterranean Region

COVID-19 in 22 EMR countries

Current public health events of concern

[cumulative N° of cases (deaths), **CFR %**]

Coronavirus disease 2019 (COVID-19): 2019–2021	
Afghanistan	[157 787 (7335), 4.6%]
Bahrain	[278 499 (1394), 0.5%]
Djibouti	[13 538 (189), 1.4%]
Egypt	[375 330 (21 361), 5.7%]
Iran (Islamic Republic of)	[6 170 979 (131 083), 2.1%]
Iraq	[2 090 480 (24 063), 1.2%]
Jordan	[1 033 665 (12 230), 1.2%]
Kuwait	[414 098 (2466), 0.6%]
Lebanon	[700 943 (8936), 1.3%]
Libya	[381 749 (5598), 1.5%]
Morocco	[952 814 (14 809), 1.6%]
occupied Palestinian territory (oPt)	[466 669 (4870), 1%]
Oman	[304 843 (4113), 1.3%]
Pakistan	[1 291 108 (28 872), 2.2%]
Qatar	[246 537 (614), 0.2%]
Saudi Arabia	[550 842 (8862), 1.6%]
Somalia	[23 169 (1333), 5.8%]
Sudan	[45 901 (3295), 7.2%]
Syrian Arab Republic	[49 751 (2846), 5.7%]
Tunisia	[721 031 (25 470), 3.5%]
United Arab Emirates	[744 137 (2151), 0.3%]
Yemen	[10 101 (1976), 19.6%]