Zika
Response to the PHEIC

Health Forum of West Michigan
3 March 2017

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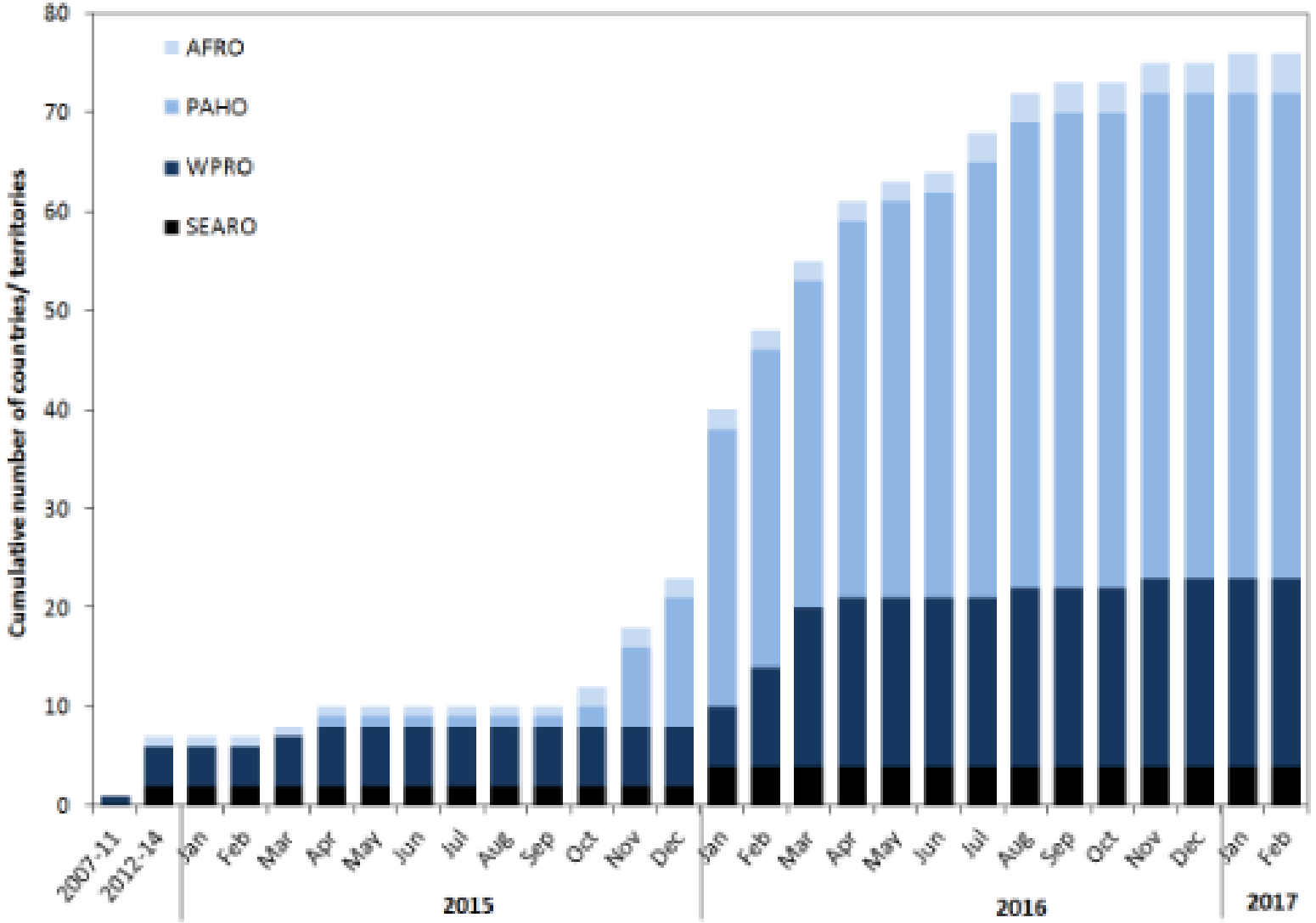
Zika – 2015-2017

- March 2015 — Brazil notifies WHO of illness characterised by skin rash in N.E states
- May 2015 — Incident management established by PAHO
- July 2015 — Brazil reports association between ZIKV and GBS
- Oct 2015 — Brazil reports association between ZIKV and microcephaly
- Jan 2016 — WHO declares Grade 2 Emergency and establishes incident management system
- 1 Feb 2016 — WHO Director General declares PHEIC
- 17 Feb 2016 — WHO releases strategic response plan
- 30 May 2016 — WHO concludes ZIKV during pregnancy is a cause of congenital brain abnormalities, including microcephaly, and ZIKV is a trigger for GBS

Zika – 2015-2017

- IHR Emergency Committee – March, June, September, November 2016
- PHEIC declared over – November 2016
- WHO incident management system for Zika dissolved February 2017

Zika – 2015-2017



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Mosquito-borne transmission

Classification	WHO Regional Office	Country / territory	Total
Category 1: Countries with a reported outbreak from 2015 onwards#	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 – 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; 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; United States of America; United States Virgin Islands; Venezuela (Bolivarian Republic of)	48
	WPRO	American Samoa; Fiji; Marshall Islands; Micronesia (Federated States of); Palau; Samoa; Singapore; Tonga	8
Subtotal			59
Category 2: Countries with possible endemic transmission or evidence of local mosquito-borne Zika infections in 2016 or 2017	SEARO	Indonesia; Maldives; Thailand	3
	WPRO	Malaysia; New Caledonia; Philippines; Viet Nam	4
Subtotal			7
Category 3: Countries with evidence of local mosquito-borne Zika infections in or before 2015, but without documentation of cases in 2016 or 2017, or outbreak terminated	AFRO	Gabon**	1
	PAHO/AMRO	ISLA DE PASCUA – Chile**	1
	SEARO	Bangladesh**	1
	WPRO	Cambodia**; Cook Islands**; French Polynesia**; Lao People's Democratic Republic; Papua New Guinea; Solomon Islands; Vanuatu	7
Subtotal			10
Total			76

WHO sit rep, 2 February 2017

Person-to-person transmission

(since February 2016)

Classification	WHO Regional Office	Country / territory	Total
Countries with evidence of person-to-person transmission of Zika virus, other than mosquito-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

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Microcephaly / CNS

Reporting country or territory	Number of microcephaly and/or CNS malformation cases suggestive of congenital Zika virus infections or potentially associated with a Zika virus infection	Probable location of infection
Argentina	2[2]	Argentina
Bolivia (Plurinational State of)	14[3]	Bolivia (Plurinational State of)
Brazil	2366[4]	Brazil
Cabo Verde	9	Cabo Verde
Canada	2	Undetermined
Colombia	86[5]	Colombia
Costa Rica	2	Costa Rica
Dominican Republic	22[6]	Dominican Republic
El Salvador	4	El Salvador
French Guiana	16[7]	French Guiana
French Polynesia	8	French Polynesia
Grenada	1	Grenada
Guadeloupe	13[8]	Guadeloupe
Guatemala	15[9]	Guatemala
Haiti	1	Haiti
Honduras	2	Honduras
Marshall Islands	1	Marshall Islands
Martinique	19[8]	Martinique
Nicaragua	2[10]	Nicaragua
Panama	5	Panama
Paraguay	2[11]	Paraguay
Puerto Rico	11[12]	Puerto Rico
Slovenia	1[13]	Brazil
Spain	2	Colombia, Venezuela (Bolivarian Republic of)
Suriname	4	Suriname
Thailand	2	Thailand
Trinidad and Tobago	1	Trinidad and Tobago
United States of America	42[14]	Undetermined**
Viet Nam	1	Viet Nam

***The probable locations of three of the infections were Brazil (one case), Haiti (one case) and Mexico, Belize or Guatemala (one case).*

WHO sit rep, 2 February 2017

Guillain-Barré syndrome

Classification	Country / territory
Reported increase in incidence of GBS cases, with at least one GBS case with confirmed Zika virus infection	Brazil, Colombia, Dominican Republic, El Salvador*, French Guiana, French Polynesia, Guadeloupe[15], Guatemala, Honduras, Jamaica, Martinique, Puerto Rico[16], Suriname**, Venezuela (Bolivarian Republic of)
No increase in GBS incidence reported, but at least one GBS case with confirmed Zika virus infection	Bolivia (Plurinational State of), Costa Rica, Grenada[17], Haiti, Mexico, Panama, Saint Martin

GBS cases with previous history of Zika virus 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.*

WHO sit rep, 27 October 2016

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Formative & operational research

- Preparedness – pre-positioning (geographic, thematic, interventions)
- Mesh existing knowledge with emerging issues

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- ‘Good enough’ data
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Formative & operational research

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- Operationalise data
- Two-way communication and flow of information
- Act on what we are being told
- Coordination is imperative

Zika coordination

- KAP resource pack
  http://www.who.int/csr/resources/publications/zika/kap-surveys/en/

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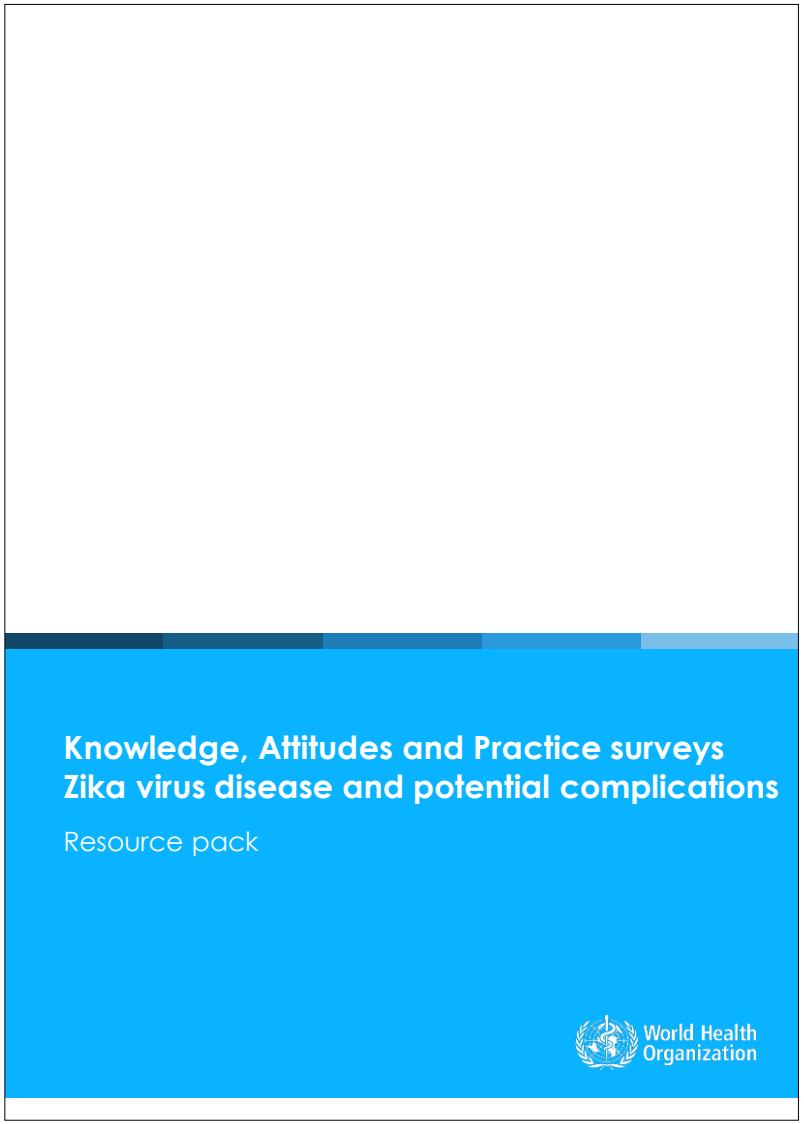
KAP resource pack



- English
- Spanish
- Portuguese
- Chinese
- Arabic
- Russian

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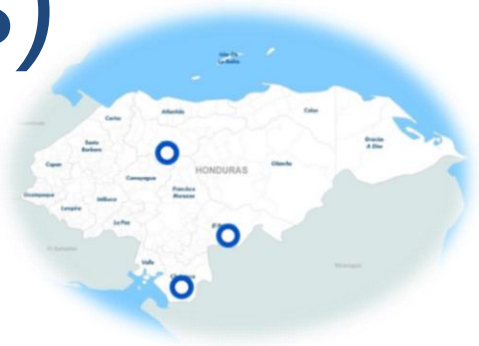
Interactive map (4Ws)



Honduras

Guatemala

Dominican Republic

El Salvador

MoH with UNICEF support
Type of study: Qualitative
Methodology: Focus groups
Key focus: KAP regarding personal protection
Key stakeholder: Pregnant women and women of reproductive age
Timeframe: September 2016
Status: DRCO is reviewing the TOR with the MoH

World Vision
Type of study: Quantitative
Methodology: KAP (smartphone)
Key focus: TBC
Key stakeholder: Adult/Adolescent community members
Timeframe: July 2016
Date when findings could be shared: September 2016
Status: Data collection concluded. Analysis started 15 August
For more information please **contact:** Adriana Yepes (adyepes@hotmail.com)

Health Communication Capacity Collaborative (HC3 - USAID)
Type of study: Qualitative
Methodology: Interviews
Key focus: Rapid assessment of communication in USAID priority countries
Key stakeholder: Key stakeholders
Timeframe: March-April 2016
Status: Report available athttp://www.zikacommunicationnetwork.org/zikacomresource/hc3-landscaping-summary-report-zika-coordination-communication-four-countries-honduras-el-salvador-dominican-republic-guatemala-march-april-2016
For more information please contact: Gabrielle Hunter - John Hopkins Centre for communication programs (gabrielle.hunter@jhu.edu)

Type of study: Quantitative
Methodology: SMS Survey
Key focus: Preceptions on Zika modes of transmission, use of preventive measures, risks of Zika during prengnacy
Timeframe: August 2016

Zika coordination

- KAP resource pack
  http://www.who.int/csr/resources/publications/zika/kap-surveys/en/
- Mapping social science and operational research
  http://www.who.int/risk-communication/zika-virus/rcce-activities/en/

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Zika coordination

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- Network of anthropologists / social scientists activated
- Crowd-source information
- Temporary Interest Group, Society for Medical Anthropology

  https://www.facebook.com/groups/1650483251869010/

  http://www.americananthro.org/AttendEvents/Content.aspx?ItemNumber=2143&navItemNumber=637

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Focal Countries

- Argentina
- Barbados
- Belize
- Bolivia
- Brazil
- Brunei
- Cape Verde
- Colombia
- Costa Rica
- Dominica
- Dominican Republic
- Ecuador
- El Salvador
- Guatemala
- Haiti
- Honduras
- Hong Kong
- Jamaica
- Mexico
- Mozambique
- Nicaragua
- Trinidad & Tobago
- Panama
- Peru
- Philippines
- Samoa
- Saudi Arabia
- Suriname
- USA
- Venezuela

Findings

Transmission

- Knowledge on transmission by mosquito is high
- Knowledge on sexual transmission low
- Link between mosquito and other well known illnesses (dengue, chikungunya)
- Communications not well adapted to reflect new information

Findings

Risk

- Perception that pregnant women are at greatest risk
- But not always clear what the risk is
- Pregnant women as target group expressed sentiments of anxiety and vulnerability
- General community perception of over-reaction to Zika
- Zika is not a priority
- Direct exposure to Congenital Zika Syndrome (CZS)
- People at greatest risk often have least agency to act

Findings

Prevention

- Eliminating standing water was most common measure reported
- Tensions between individual / household / community / state actions
- Responsibility – vector control / personal protection
- Limited use of condoms for prevention (wider social significance)

Findings

Management of Complications

- Very little information, studies focus on Zika not CZS
- Preliminary analysis Brazil

Zika – 2017 and beyond

- Other regions
- Sexual transmission – need to increase visibility and information
- Relevance of targeted messaging and recommended actions
- Management of complications – disabilities
- Longer-term socioeconomic impact
- Ongoing / developing research agendas, monitoring and evaluation
- Shift from emergency to long-term programmatic response

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Grand Valley State University, Michigan
2 March 2017

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