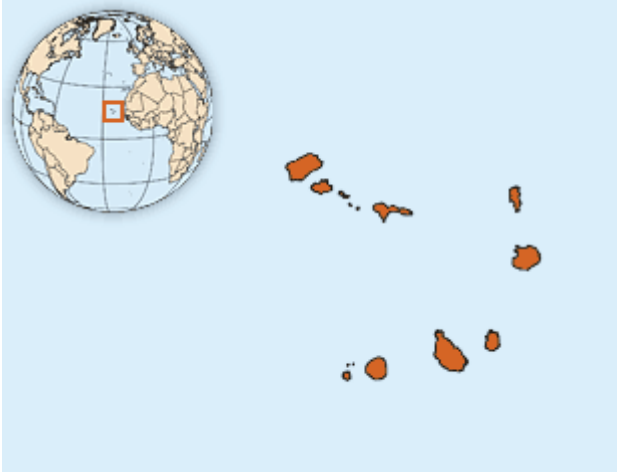


# Cape Verde | Zika virus disease



Fonte : OMS/RSI-EIS – Event information Site (EIS) para Pontos Focais Nacionais RSI/

Core Details

Date updated: Monday, February 1, 2016 - 16:01

Region: [AF](#)

Country:

[Cape Verde](#)

Status:

[Current](#)

Hazard:

[Infectious](#)

Syndrome:

[Acute Fever and Rash Syndrome](#)

Disease:

[Zika virus disease](#)

Verification Status:

[WHO-NFP risk assessment ongoing](#)

Laboratory Confirmed:

Yes

IHR Assessment:

[Public Health Risk \(PHR\)](#)

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Risk Assessment



Serious Public Health Impact

- Yes. Zika virus can cause large epidemics with a substantial demand on the public health system including surveillance, case management, laboratory capacities and differential diagnosis especially in case of co-circulation of other mosquito-borne diseases like dengue. Currently, investigations are ongoing to characterize the relationship between Zika virus infections during pregnancy and observed increase in congenital malformations of the central nervous system among newborns (see events in Brazil and French Polynesia in EIS <http://apps.who.int/ihr/eventinformation/event/2015-e000227> and <http://apps.who.int/ihr/eventinformation/event/2015-e000251>). While the cause is under investigation, large Zika virus outbreaks should be considered as a potential serious public health risk.



Unusual or unexpected

Yes. This is the first reported epidemic of Zika virus disease in Cape Verde.



International disease spread

Yes. There is a risk of spread of Zika virus infectious to countries that have the vector-mosquito capable of transmission.



Interference with international travel or trade

No. WHO advises against the application of any travel or trade restrictions on Cape Verde regarding this event.

Date first Published to EIS: Tuesday, December 15, 2015 - 14:55

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Latest Bulletin / Situation report

[Event Update 2016-02-01](#)

Date / Time Published: 2016-02-01 15:52

On 21 October 2015, the National IHR Focal Point of Cape Verde informed WHO of the country's first reported outbreak of Zika virus infection. This update provides the latest information on the outbreak situation and the public health response mounted by the government.

Between the end of September 2015 and 17 January 2016, 7 081 suspected cases of Zika virus infection have been reported. The number of reported cases peaked during last week of November 2015 at 793, and has been on a steady decline since then; by the end of the first and second weeks of January 2016 the numbers of reported cases were

212 and 126 respectively. Suspected cases were reported from several municipalities on Santiago Island (Praia, Santa Catarina, Santa Cruz, São Domingos and Tarrafal) as well as others islands, including Maio, Fogo and Boa Vista. The municipality of Praia reported 68% of the cases (4 823) and Sao Filipe 17% (1 170). So far, no neurological complications have been reported despite enhanced surveillance and mandatory reporting of cases of microcephaly.

### **Public health response**

The MoH has implemented several prevention and control measures, including

- strengthening the surveillance system,
- enhancing laboratory confirmation mechanisms,
- improving case management,
- conducting social mobilization and vector control activities,
- developing a protocol with the Institute Pasteur of Dakar for assessing virus circulation and entomological risk amplification,
- monitoring pregnant women for detection of microcephaly and neurological complications – currently, about 30 cases among pregnant women are being followed.

WHO is providing financial and technical support for vector control activities.

### **WHO advice**

The proximity of mosquito vector breeding sites to human habitation is a significant risk factor for Zika virus infection. Prevention and control relies on reducing the breeding of mosquitoes through source reduction (removal and modification of breeding sites) and reducing contact between mosquitoes and people. This can be achieved by reducing the number of natural and artificial water-filled habitats that support mosquito larvae, reducing the adult mosquito populations around at-risk communities and by using barriers such as repellents, insect screens, closed doors and windows, and long clothing. Since the *Aedes* mosquitoes (the primary vector for transmission) are day-biting mosquitoes, it is recommended that those who sleep during the daytime, particularly young children, the sick or elderly, should use insecticide-treated mosquito nets to provide protection. Mosquito coils or other insecticide vaporizers may also reduce the likelihood of being bitten.

During outbreaks, space spraying of insecticides may be carried out periodically to kill flying mosquitoes. Suitable insecticides (recommended by the WHO Pesticide Evaluation Scheme) may also be used as larvicides to treat relatively large water containers.

Basic precautions for protection from mosquito bites should be taken by people traveling to high risk areas, especially pregnant women. These include use of repellents, wearing light colored, long sleeved shirts and pants and ensuring rooms are fitted with screens to prevent mosquitoes from entering.

WHO does not recommend any travel or trade restriction to Cape Verde based on the current information available.

- [Bulletins](#)
- [History](#)
- [Announcements](#)

Date/Time	Title	Details
2016-02-01 15:52	<a href="#">Event Update</a> <a href="#">2016-02-01</a>	<p>On 21 October 2015, the National IHR Focal Point of Cape Verde informed WHO of the country's first reported outbreak of Zika virus infection. This update provides the latest information on the outbreak situation and the public health response mounted by the government.</p> <p>Between the end of September 2015 and 17 January 2016, 7 081 suspected cases of Zika virus infection have been reported. The number of reported cases peaked during last week of November 2015 at 793, and has been on a steady decline since then; by the end of the first and second weeks of January 2016 the numbers of reported cases were 212 and 126 respectively. Suspected cases were reported from several municipalities on Santiago Island (Praia, Santa Catarina, Santa Cruz, São Domingos and Tarrafal) as well as others islands, including Maio, Fogo and Boa Vista. The municipality of Praia reported 68% of the cases (4 823) and Sao Filipe 17% (1 170). So far, no neurological complications have been reported despite enhanced surveillance and mandatory reporting of cases of microcephaly.</p> <p><b>Public health response</b></p> <p>The MoH has implemented several prevention and control measures, including</p> <ul style="list-style-type: none"> <li>• strengthening the surveillance system,</li> <li>• enhancing laboratory confirmation mechanisms,</li> <li>• improving case management,</li> <li>• conducting social mobilization and vector control activities,</li> <li>• developing a protocol with the Institute Pasteur of Dakar for assessing virus circulation and entomological risk amplification,</li> <li>• monitoring pregnant women for detection of microcephaly and neurological complications – currently, about 30 cases among pregnant women are being followed.</li> </ul> <p>WHO is providing financial and technical support for vector control activities.</p>

Date/Time	Title	Details
2015-12-15 15:53	<a href="#">Event Update</a> <a href="#">2015-12-15</a>	<p data-bbox="595 237 778 266"><b>WHO advice</b></p> <p data-bbox="595 315 1345 965">The proximity of mosquito vector breeding sites to human habitation is a significant risk factor for Zika virus infection. Prevention and control relies on reducing the breeding of mosquitoes through source reduction (removal and modification of breeding sites) and reducing contact between mosquitoes and people. This can be achieved by reducing the number of natural and artificial water-filled habitats that support mosquito larvae, reducing the adult mosquito populations around at-risk communities and by using barriers such as repellents, insect screens, closed doors and windows, and long clothing. Since the Aedes mosquitoes (the primary vector for transmission) are day-biting mosquitoes, it is recommended that those who sleep during the daytime, particularly young children, the sick or elderly, should use insecticide-treated mosquito nets to provide protection. Mosquito coils or other insecticide vaporizers may also reduce the likelihood of being bitten.</p> <p data-bbox="595 1010 1345 1182">During outbreaks, space spraying of insecticides may be carried out periodically to kill flying mosquitoes. Suitable insecticides (recommended by the WHO Pesticide Evaluation Scheme) may also be used as larvicides to treat relatively large water containers.</p> <p data-bbox="595 1227 1345 1444">Basic precautions for protection from mosquito bites should be taken by people traveling to high risk areas, especially pregnant women. These include use of repellents, wearing light colored, long sleeved shirts and pants and ensuring rooms are fitted with screens to prevent mosquitoes from entering.</p> <p data-bbox="595 1489 1345 1556">WHO does not recommend any travel or trade restriction to Cape Verde based on the current information available.</p> <p data-bbox="595 1637 1345 2000">In the beginning of October 2015, the National IHR Focal Point of the Republic of Cape Verde notified WHO of an ongoing outbreak of cutaneous rash and pruritus with and without fever in Praia, the capital city, on the island of Santiago. Health centres began to report cases from 5 October. The earliest onset of symptoms dated back to the 27th September 2015. As of 14 October, a total of 165 cases were reported including 85 cases (70.59%) reported by the hospital. The majority of the cases have presented with cutaneous rash and no fever, while other cases</p>

Date/Time	Title	Details
		<p>presented with low-grade fever, sometimes with joint pain, headaches and other symptoms.</p> <p>Blood samples from 64 cases were sent to the Institute Pasteur in Dakar in Senegal. Seventeen of these samples tested positive for Zika virus (15 were IgM positive and 2 were RT-PCR positive). Differential diagnosis included: Dengue, Chikungunya, Rift Valley fever, West Nile, Yellow fever, and were all tested negative. Samples were tested for measles and rubella and were all negative (final results are ongoing). There was no proved recent dengue virus circulating in the population but one case was reported as co-infected with ECHO4 virus.</p> <p>Until 6 December 2015, 4744 cases of Zika virus disease have been reported. Suspected cases were reported from several municipalities in Santiago islands (Praia, São Domingos, Santa Cruz, Santa Catarina and Tarrafal) and in others islands, such as Maio, Fogo and Boa Vista. The municipality of Praia reported 81% of the cases (3845 cases). In the week 49, the total number of suspected case notified was 580 against 632 in the previous week.</p> <p>No neurological complications have been reported thus far. Twenty-one pregnant women with Zika infection are being followed-up for possible complications by the MoH .</p> <p>The Ministry of Health issued recommendations on prevention and control measures and strengthened the surveillance related to this outbreak.</p> <p>The ongoing control measures include enhanced surveillance, laboratory confirmation, case management, social mobilization and vector control. WHO AFRO is providing financial and technical support to the country for vector control activities.</p>