

Zika in Suriname

Emerging virus – Established vector

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Content

- How the outbreak and response started
- How they progressed
- Lessons Learned
- Remaining challenges

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In the beginning.....

- Aftermath of the 2014-2015 CHIK-V epidemic:
 - Cases (flare-up/new)
 - Unpaid bills (waste collection, repairs of schools)
- Prediction of new dengue epidemic
- Yellow Fever vaccination of children
- 25 May 2015: Elections

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Preparing for Zika after Brazil (May 2015)

- Zika alert for medical doctors and general public
- Pressing for payment of clean up and repair bills
- Identify and address gaps in *Aedes aegypti* vector control
- Prepare for update of dengue control manual
- IHR monitoring
- Hotline

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Laboratory surveillance

- CARPHA
- Institute Pasteur
- Confirmation: November 2015
- Quite similar to the one from Asia

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Entomological surveillance

- Ovitrap at certain sites
- Resistance testing
- Provide information

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Vector control: IVM

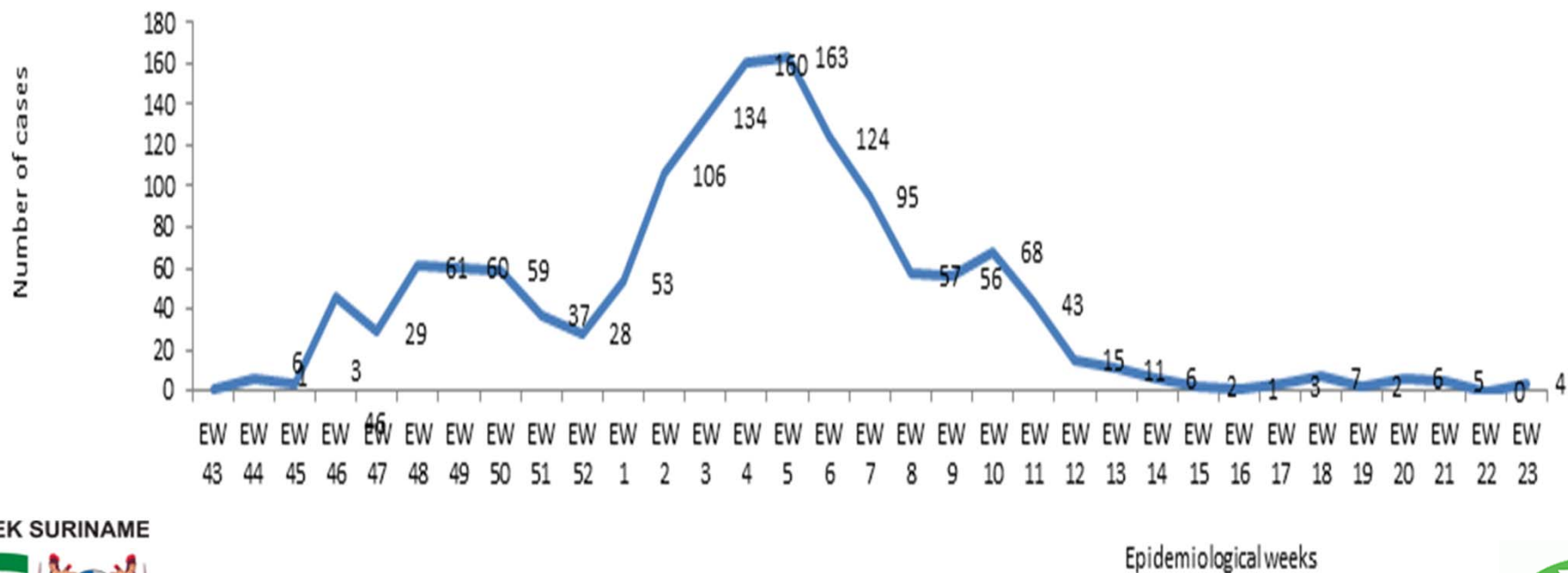
- Visit home address of (suspect) case:
 - Inspect for mosquito breeding sites and larvae
 - Give instructions for breeding site prevention
 - Advise on preventing mosquito bites
 - Focal spraying in 100 meter circumference
- Training of District Commissioners, government facilities managers, heads of schools
- First waste removal by ministry of Public Works

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Epidemiological surveillance

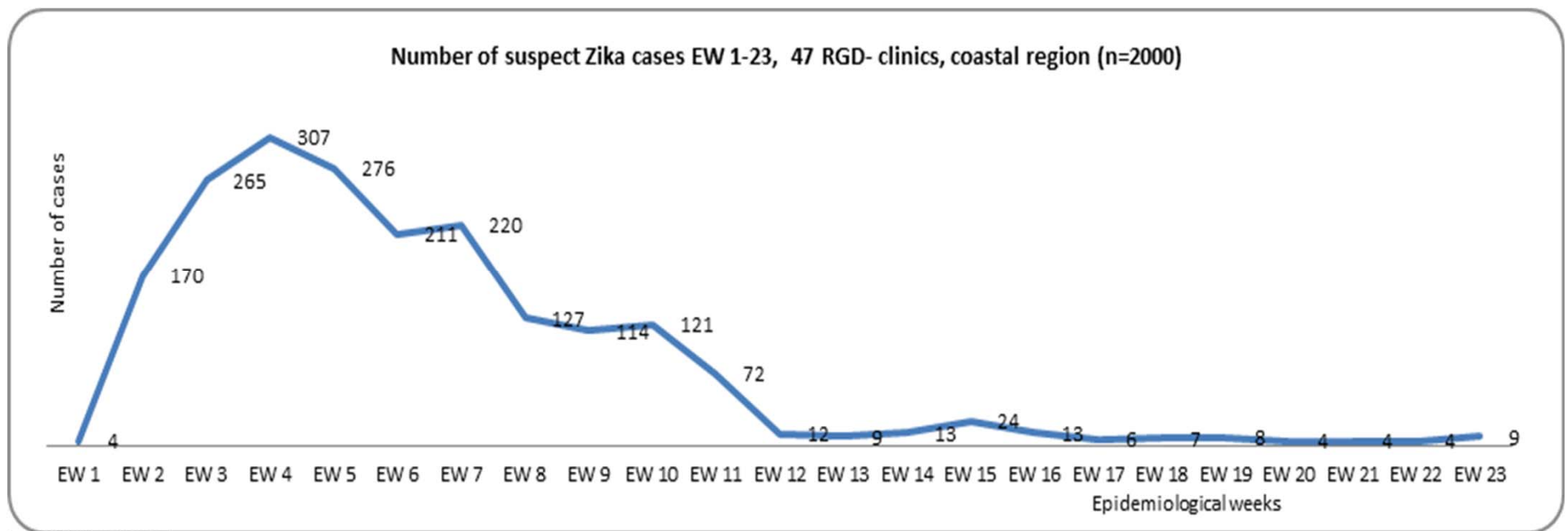
Zika suspect cases--Telefonade- EW 43-52. and EW 1-23 (n=1451) Year 2015 - 2016



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Coastal area: suspect ZIK-V cases

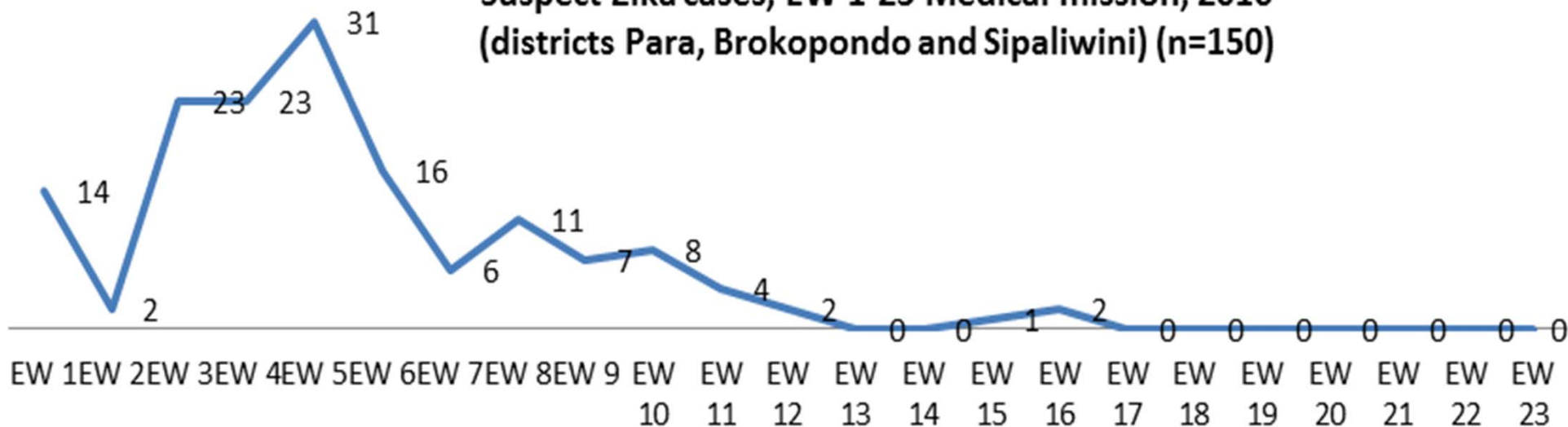


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Hinterland: suspect ZIK-V cases

**Suspect Zika cases, EW 1-23 Medical mission, 2016
(districts Para, Brokopondo and Sipaliwini) (n=150)**

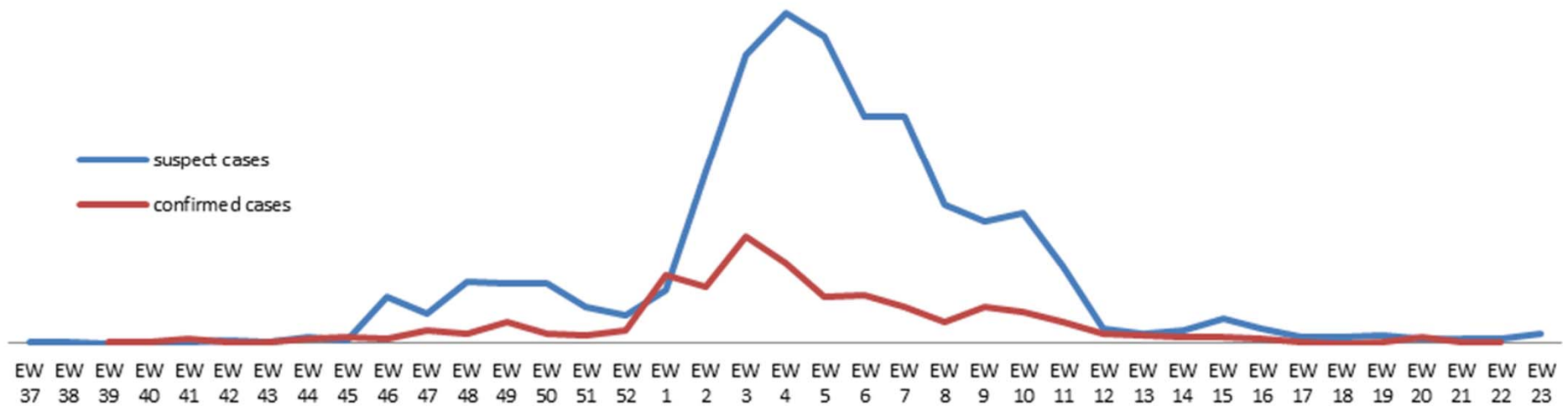


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Syndromal and laboratory surveillance

Zika confirmed and suspect cases by epidemiological

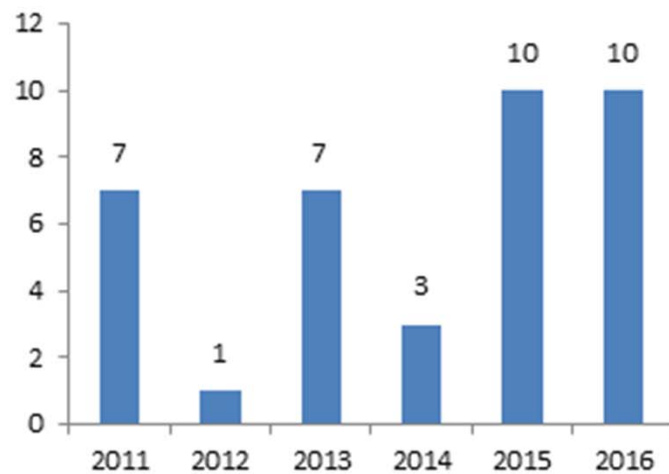


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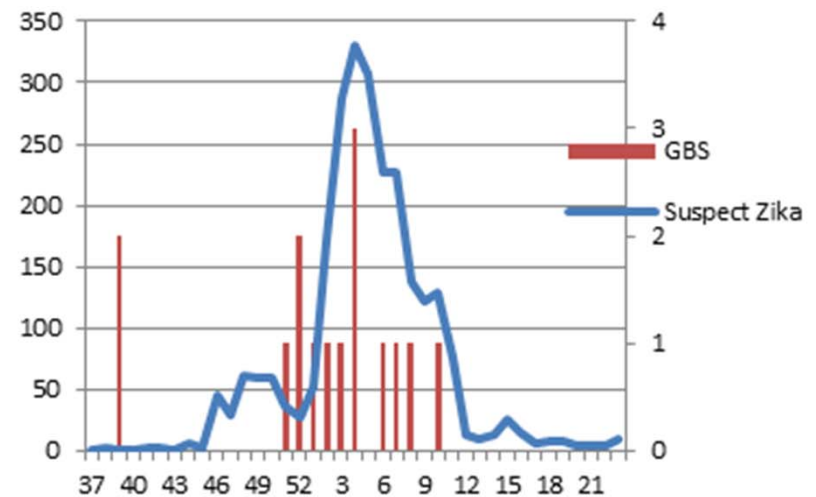


GBS cases

Guillain Barré by years: 2011-2016
(preliminary data till May 20, 2016)



Number of suspect Zika cases and GBS cases by



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Mortality

- December 2015 – January 2016: 4 confirmed Zika-related deaths
- All 4: males, > 55 yrs old, underlying illness, fast progress to death
- All confirmed by Institute Pasteur

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Zika and pregnancy

- Prenatal consultations performed by midwives; in case of Zika: referral to gynaecologist for monitoring
- Up till now, no microcephaly or congenital anomalies from Zika positive pregnancies
- Children born out of Zika positive pregnancies are closely monitored for developmental problems

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(Risk) communication

- Existing Aedes material was updated to Zika-V, including Zika-brief to be used in schools
- Risk communication training workshop <http://www.who.int/risk-communication/country-stories/suriname/en/>
- Drafting of risk communication strategy
- Press conference and easy media access
- Airing of visual material of vector control
- Information sessions with (local) communities

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National Zika response

- Strategies:
 - Prevent and destroy Aedes mosquito breeding sites
 - Protect against mosquito bites
 - Intensify Zika pregnancy PNC; delay pregnancy
 - Provide Immunoglobulin for GBS
 - Coordinate research
- December 2015: Emergency (3 month) plan
 - (Risk) Communication
 - Vector control

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Technical assistance mission PAHO/WHO

- To strengthen ZIK-V preparedness and response
- Input for long term integrated multi-component plan
- Perinatology, Neurology, Epidemiology, Laboratory, Vector control, IHR
- UNICEF: WASH
- UNFPA: SRHR, Family Planning

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Lessons learned

- New disease: uncertain what to expect in your context
- Old vector *Aedes* mosquito is domesticated and all over the country: new behavior
- Human behavior changed: no more manual killing mosquito (remote control behavior)
- Programmatic response is essential, both integrated and comprehensive

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Challenge

- Less predictable weather
- Donor coordination
- (Risk) communication
- Keep up the pace with a waning epidemic
- Not get usurped by daily fires

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The end

- Any questions ?

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