2016 Profile of Zika Virus Disease in Dallas County

Dallas County Health and Human Services

Summary of Zika Cases, 2016

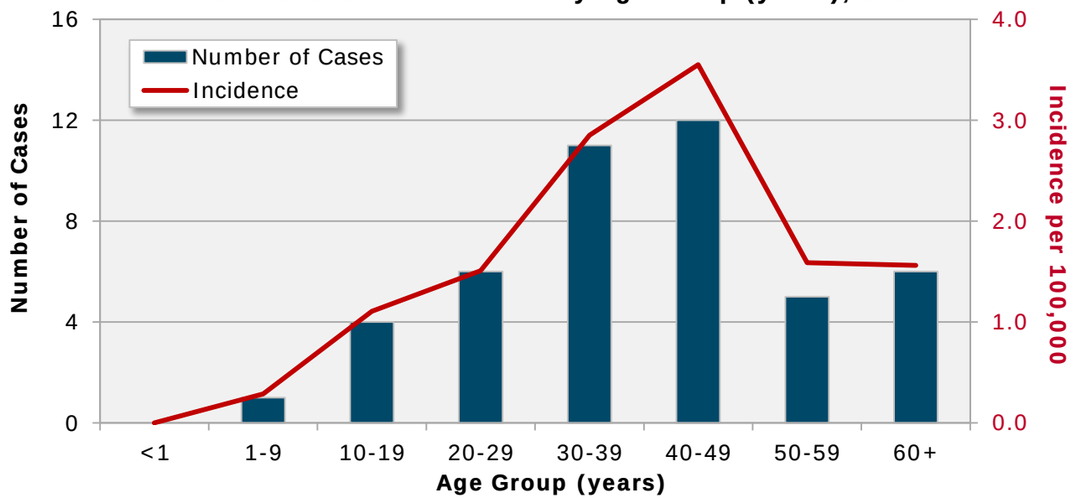
	n (%)	Incidence per 100,000
Total	45 (100)	1.7
Sex		
Male	16 (35.6)	1.3
Female	29 (64.4)	2.2
Race/Ethnicity		
Hispanic	26 (57.8)	2.5
White	15 (33.3)	1.9
Black	3 (6.7)	0.5
Age Group 2 (years)		
<1	0	N/A
1–9	1 (2.2)	0.3
10-19	4 (8.9)	1.1
20–29	6 (13.3)	1.5
30–39	11 (24.4)	2.8
40–49	12 (26.7)	3.5
50–59	5 (11.1)	1.6
≥60	6 (13.3)	1.6
Hospitalizations	1	0.0
Case Status		
Confirmed	40 (89)	N/A
Probable	5 (11)	N/A

Laboratory Testing at DCHHS, 2016

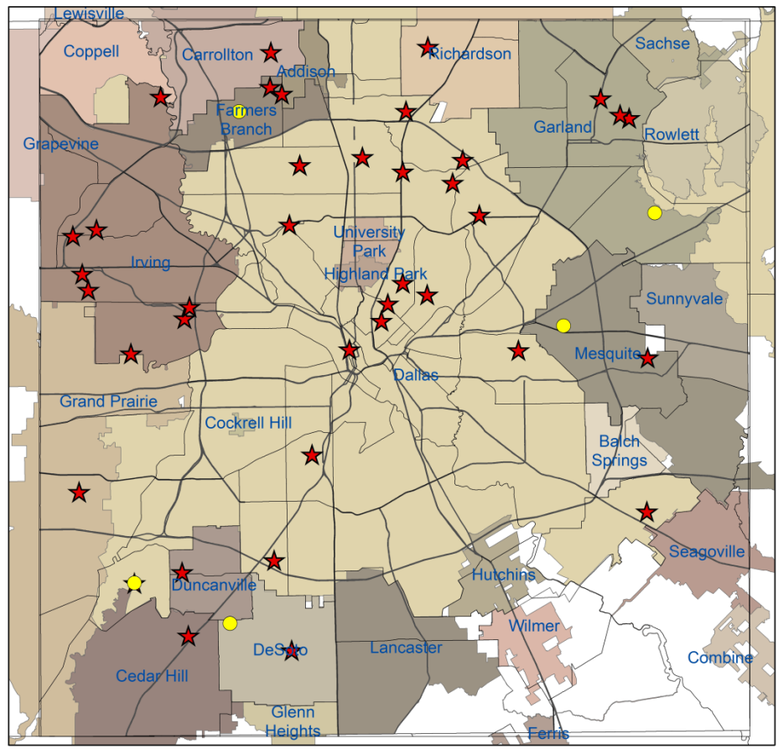
Total specimens submitted to DCHHS	1,829
Total patients tested by DCHHS	1,290

Note: Incidence calculated using projected population data for 2016.
Data Sources: Dallas County Department of Health and Human Services, Epidemiology Division; National Electronic Disease Surveillance System (NEDSS); Population data obtained through the Centers for Disease Control and Prevention: WONDER Bridged-Race Population Estimates 1990-2015.

Zika Cases and Incidence by Age Group (years), 2016



Confirmed and Probable Zika Virus Disease, 2016



★ Confirmed Zika virus disease, non-congenital ● Probable Zika virus disease, non-congenital

Zika Cases by Country of Travel, 2016

	Country/Territory	Cases
North America	Mexico	12
Central America	Guatemala	5
	Honduras	2
	El Salvador	4
	Nicaragua	2
	Belize	1
Caribbean	Jamaica	4
	Puerto Rico	5
	Dominican Republic	1
	Virgin Islands	3
	French West Indies	1
	Barbados	1
	Trinidad	1
South America	Colombia	1
	Venezuela	2
Total		**45**

Patients Reported to US Zika Pregnancy Registry

	2016 Pregnant Women
Confirmed Disease	1
Probable Disease	2
Confirmed Infection	2
Probable Infection	14
Serology equivocal unspecified flavivirus	20
Total	**39**

Summary

- Zika is spread by *Aedes* species mosquitos, sexual contact, or, in pregnant women, from mother to fetus.
- Symptoms of Zika disease include fever, rash, red eyes, headache, joint pain, and muscle pain, and last about a week.
- Zika infection during pregnancy can increase the risk of microcephaly and other birth defects.

Note: a confirmed case of Zika *disease* is a clinically compatible individual with either detection of ZIKV RNA by RT-PCR or a positive ZIKV IgM antibody test with PRNT titers positive for ZIKV and negative for dengue or other flaviviruses; a probable case of Zika disease is a clinically compatible individual with a positive ZIKV IgM antibody test and either (a) positive PRNT for both ZIKV and dengue or other flaviviruses, or (b) negative dengue virus IgM test and no PRNT performed. Persons who do not show clinical symptoms, but meet the laboratory confirmation guidelines above are classified as either confirmed or probable Zika virus *infection* and are not included in overall Zika case counts. The majority of persons diagnosed with Zika virus infection are asymptomatic pregnant women with travel history to areas with Zika transmission who were screened for Zika and tested IgM positive for ZIKV and PRNT positive for both ZIKV and dengue.