

Current information on the Zika Report, Tanzania

Prepared by WCO Tanzania

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1. On Friday, December 16, 2016, the Government of Tanzania issued a statement in response to reports circulating in the media and social networks about Zika virus presence in the country.
2. The circulating reports are on studies conducted in the country which indicate presence of the Zika virus in some of the recruited participant's blood specimens. The study findings are from an of '*Evaluation of AccuPower® ZIKV (DENV and CHIKV) Multiplex RT-PCR kit in the diagnosis of Dengue, Chikungunya, and Zika viral infection in Tanzania*'. The aim of this study was to evaluate the kit.

The *evaluation* report results stated that 'out of 435 samples tested, 48 (11.03%) tested positive for Zika virus, and no single Dengue or Chikungunya virus was detected.' The 435 include 74 samples from a regional hospital laboratory, of which, 45 (60.08%) tested positive for Zika virus. The study calls for Zika virus surveillance to ascertain prevalence.

3. There is a second report of another study that follows neonates with congenital anomalies and is conducted by the Weil Bugando School of Medicine, Mwanza, Tanzania. The study enrolled 80 neonates between May and December 2015. Zika, Chikungunya, and Dengue virus were detected in the neonate's sera using AccuPower® ZIKV (DENV and CHIKV) Multiplex RT-PCR kit. The study abstract states that of the 80 neonates, 35 (43%) were found to be PCR positive for Zika virus. Chikungunya virus was detected in 9 (11.3%) neonates. Eight (10%) neonates were positive for both Zika and Chikungunya virus infections. All positive sera for IgG HSV-2 and syphilis were PCR positive for Zika virus infection. This study does not link neonatal congenital anomalies with Zika virus infection and recommends further studies.
4. The question that must asked is whether the presence of Zika virus is unusual or constitutes and outbreak. The government acknowledges that Zika virus was first isolated in Tanzania in 1952; Zika virus disease outbreak has not been declared in Tanzania. There are clear procedures for such a declaration that are outlined in the Internal Health Regulations (2005).
5. The MOHCDGEC has in place a draft Tanzania National Preparedness and Response plan on ZIKA Virus Disease 2016 whose overall is to ensure the country is prepared and has measures in place for appropriate response. The goal is to enhance capacity using evidence-based interventions through better planning, prediction, and early detection for a timely response. Tanzania is in regular communication with WHO and collaborates closely with WHO on IHR (2005) and other emergencies.

Way forward and considerations

1. These findings (though preliminary and yet to be validated) provide an opportunity to further investigations and a detailed review of the public health interventions and to further strengthen preparedness activities for Zika virus.
2. Based on the history of Zika virus in the country, the presence of the vector *Aedes aegypti* mosquito and recent outbreaks in other countries, the risk for Zika virus disease may need to re-assessed thoroughly and or to determine whether the virus is in circulation.
3. A review of the study methodologies and protocol and conduct to confirmatory tests of the samples in a WHO accredited laboratory within the region.
4. Increase public health awareness on prevention and control of Zika virus with focus on limiting exposure to the vector in the highest risk groups such as pregnant women.

WCO – MOHCDGEC Engagement

5. The WCO supported the country to develop a National Preparedness and Response Plan on Zika Virus Disease as soon as the WHO Director General declared Zika virus disease as a PHEIC. The draft plan is to be endorsed by the national authorities
6. The WCO has provided the Fact sheet on Zika virus disease to the national authorities.
7. The WCO will continue to work with the MOHCDGEC in collaboration with other stakeholders to address the Zika virus disease threat.