



Table 1. ZIKV classification^{1,2}

	WHO Regional Office	Country / territory / subnational area	Total
Category 1: Area with new introduction or re-introduction with ongoing transmission	AFRO	Angola; Guinea-Bissau	2
	AMRO/PAHO	Anguilla; Antigua and Barbuda; Argentina; Aruba; Bahamas; Barbados; Belize; Bolivia (Plurinational State of); Bonaire, Sint Eustatius and Saba; British Virgin Islands; Costa Rica; Cuba; Curaçao; Dominica; Dominican Republic; Ecuador; French Guiana; Grenada; Guyana; Honduras; Jamaica; Montserrat; Nicaragua; Panama; Peru; Puerto Rico; Saint Kitts and Nevis; Saint Lucia; Saint Martin; Saint Vincent and the Grenadines; Sint Maarten; Trinidad and Tobago; Turks and Caicos Islands; United States of America; United States Virgin Islands; Venezuela (Bolivarian Republic of)	36
	WPRO	Marshall Islands; Samoa; Singapore; Solomon Islands; Tonga	5
Subtotal			43
Category 2: Area either with evidence of virus circulation before 2015 or area with ongoing transmission that is no longer in the new or re-introduction phase, but where there is no evidence of interruption	AFRO	Burkina Faso; Burundi; Cabo Verde; Cameroon; Central African Republic; Côte d'Ivoire; Gabon; Nigeria; Senegal; Uganda	10
	AMRO/PAHO	Brazil; Colombia; El Salvador; Guatemala; Haiti; Mexico; Paraguay; Suriname	8
	SEARO	Bangladesh; India; Indonesia; Maldives; Thailand	5
	WPRO	Cambodia; Fiji; Lao People's Democratic Republic; Malaysia; Papua New Guinea; Philippines; Viet Nam	7
Subtotal			30
Category 3: Area with interrupted transmission and with potential for future transmission	AMRO/PAHO	Cayman Islands; Guadeloupe; ISLA DE PASCUA – Chile; Martinique; Saint Barthélemy	5
	WPRO	American Samoa; Cook Islands; French Polynesia; Micronesia (Federated States of); New Caledonia; Palau; Vanuatu	7
Subtotal			12
Category 4: Area with established competent vector but no known documented past or current transmission	AFRO	Benin; Botswana; Chad; Comoros; Congo; Democratic Republic of the Congo; Equatorial Guinea; Eritrea; Ethiopia; Gambia; Ghana; Guinea; Kenya; Liberia; Madagascar; Malawi; Mali; Mauritius; Mayotte; Mozambique; Namibia; Niger; Réunion; Rwanda; Sao Tome and Principe; Seychelles; Sierra Leone; South Africa; South Sudan; Togo; United Republic of Tanzania; Zambia; Zimbabwe	33
	AMRO/PAHO	Uruguay	1
	EMRO	Djibouti; Egypt; Oman; Pakistan; Saudi Arabia; Somalia; Sudan; Yemen	8
	EURO	Georgia; Região Autónoma da Madeira – Portugal; Russian Federation; Turkey	4
	SEARO	Bhutan; Myanmar; Nepal; Sri Lanka; Timor-Leste	5
	WPRO	Australia; Brunei Darussalam; China; Christmas Island; Guam; Kiribati; Nauru; Niue; Northern Mariana Islands (Commonwealth of the); Tokelau; Tuvalu; Wallis and Futuna	12
Subtotal			63
Total			148

Category 1: Area with new introduction or re-introduction with ongoing transmission

¹ Areas are classified according to country, territory, or subnational area.

² <http://apps.who.int/iris/bitstream/10665/254619/1/WHO-ZIKV-SUR-17.1-eng.pdf>

- a. A laboratory-confirmed autochthonous,³ vector-borne case of ZIKV infection in a country /territory/subnational area where there is no evidence of virus circulation before 2015, whether it is detected and reported by the country /territory/subnational area where infection occurred, or by another country by diagnosis of a returning traveller; **or**
- b. A laboratory-confirmed autochthonous, vector-borne case of ZIKV infection in a country/territory/subnational area **where transmission has been previously interrupted**, whether it is detected and reported by the country where infection occurred, or by another country by diagnosis of a returning traveller.

Category 2: Area either with evidence of virus circulation before 2015 or area with ongoing transmission that is no longer in the new or re-introduction phase, but where there is no evidence of interruption

This category takes into account those countries with known historical laboratory evidence of ZIKV circulation prior to 2015, based on the literature as well as all ZIKV surveillance data whether detected and reported by the country where infection occurred or by another country reporting a confirmed case in a returning traveller. Countries in this category may have seasonal variations in transmission. These countries may also experience outbreaks of ZIKV disease.

Laboratory criteria to ascertain the presence of ZIKV in past studies are:

- a. Detection of the virus in humans, mosquitoes or animals; **and/or**
- b. Serologic confirmation of ZIKV infection with tests conducted after 1980, and considered as confirmed infection on expert review based on testing for all appropriate cross-reactive flaviviruses and utilization of comprehensive testing methodologies. Because of testing and interpretation limitations with serological data antedating 1980, they were not used for classification purposes.

Category 3: Area with interrupted transmission and with potential for future transmission

The minimum timeline for determining transition to an interrupted state is 12 months after the last confirmed case, and no cases identified in travellers. For countries with a high capacity for diagnostic testing, consistent timely reporting of diagnostic results, a comprehensive arboviral surveillance system and/or a temperate climate or island setting, the interruption of vector-borne transmission is defined as the absence of ZIKV infection 3 months after the last confirmed case. Countries where interruption is epidemiologically likely to have occurred should provide surveillance data to WHO to support the assessment by expert review.

Category 4: Area with established competent vector but no known documented past or current transmission

All countries/territories/subnational areas where the main competent vector (*A. aegypti*) is established, but which have not had a documented, autochthonous, vector-borne case of ZIKV infection. This category also includes a subgroup of countries/territories/subnational areas where ZIKV transmission may occur because of a shared border with a neighbouring Category 2 country, by belonging to the same ecological zone and having evidence of dengue virus transmission. In this subgroup, a first laboratory-confirmed, autochthonous vector-borne case of ZIKV infection may not necessarily indicate new introduction (Category 1), but rather previously unknown and undetected transmission (Category 2), and these countries/territories/subnational areas will be reclassified accordingly.

³ Autochthonous infection is considered to be an infection acquired in-country, i.e. among patients with no history of travel during the incubation period or who have travelled exclusively to non-affected areas during the incubation period.