Red Colombiana de Colaboración en Zika

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Justificación

- La infección por el virus Zika se ha convertido rápidamente, para finales de 2015, principios de 2016, en un considerable problema de salud pública en Colombia, por lo cual, y basados en exitosas experiencias en investigación en chikungunya y otras enfermedades tropicales, se plantea el desarrollo y funcionamiento formal de una ***red*** que propicie la colaboración frente a los múltiples aspectos que plantea la infección por este importante arbovirus emergente en el país y en la región de América Latina.

Visión

- Aportar al conocimiento científico de Zika, con el fin de contribuir a mitigar los impactos y poder generar información que sirva para la correcta toma de decisiones basadas en evidencias científicas;
- Con fines de intervención para mejorar la situación y reducir los efectos de dicho arbovirus en la población de Colombia;
- Con una visión no solo nacional, sino también global e internacional del problema.

Constitución

- La red está conformada por investigadores (reconocidos por Colciencias), médicos y profesionales del área de las ciencias de la salud, pertenecientes a grupos de investigación e instituciones de **14** departamentos de Colombia:
  - Risaralda (Coordinación), Sucre, Tolima, La Guajira, Santander, Caldas, Huila, Cundinamarca, Valle del Cauca, Quindío, Bolívar, Atlántico, Córdoba y Antioquia.

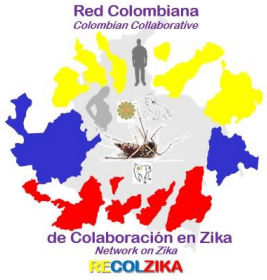
- Fecha de constitución: 1° de Febrero de 2016.

Perfiles

- Los miembros son profesionales con formación de especialización, maestría y/o doctorado, en las áreas de: epidemiología, virología, pediatría, medicina familiar, infectología, medicina tropical, parasitología, salud pública, neonatología, ginecología y obstetricia, biología molecular, inmunología, salud ocupacional, microbiología, entomología, medicina del viajero, bacteriología, enfermería, entre otras.

- Contamos con Investigadores Junior, Asociados y Senior pertenecientes a grupos de investigación reconocidos y clasificados por Colciencias (A1, A, B, C y D).

Miembros



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- Leonardo Jurado (Huila) [14]
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- Hernán Vargas (Cundinamarca) [22]
- Sandra Gómez (Cundinamarca) [22]
- Carlos Eduardo Fonseca Becerra (Huila) [23]
- Andrés Felipe Cardona-Cardona (Risaralda) [1,24]
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- Juan Manuel Anaya (Cundinamarca) [32] (Investigador Senior Colciencias, 2015-2018)
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José Antonio Suárez (Panamá)

Líneas de Trabajo

- Análisis epidemiológico del comportamiento en el país y en los departamentos, así como en América Latina
- Aspectos clínicos: coinfecciones, formas atípicas y severas (comorbilidades) y factores de riesgo
- Aspectos diagnósticos, moleculares e inmunológicos
- Asociación con síndrome de Guillain-Barré
- Asociación con síndrome de Microcefalia y Zika congénito y evaluación en el Embarazo (cohorte ZIKERNCOL)
- Evaluación entomológica de vectores infectados e incriminados en transmisión en departamentos de la Red
- Colaboración con redes internacionales para el desarrollo de proyectos de investigación básica y aplicada, clínica y epidemiológica
- Cooperación en el desarrollo de guías de atención basadas en evidencia en el ámbito nacional e internacional. Actualmente en desarrollo con la Sociedad Latinoamericana de Medicina del Viajero (SLAMVI) y los Comités de Medicina del Viajero de la Asociación Panamericana de Infectología (API) y de la Sociedad Latinoamericana de Infectología Pediátrica (SLIPE)

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[**Primer estudio bibliométrico a nivel mundial sobre Zika – First bibliometric assessment in the world about Zika**]

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[**Primer caso reportado a nivel de mundial de coinfección triple DENV/CHIKV/ZIKV – First reported case in the world about triple coinfection DENV/CHIKV/ZIKV**]

10. Arzuza-Ortega L, Polo A, Pérez-Tatis G, López-García H, Parra E, Pardo-Herrera LC, Rico-Turca AM, **Villamil-Gómez W**, **Rodríguez-Morales AJ. Fatal Sickle Cell Disease and Zika Virus Infection in Girl from Colombia**. *Emerg Infect Dis* 2016 May; 22(5):925-927; available online at: http://wwwnc.cdc.gov/eid/article/22/5/15-1934_article (Indexed on Medline/Index Medicus).
[**Primer caso publicado en literatura científica a nivel de mundial de un paciente con comorbilidad e infección por ZIKV (fallece en asociación a una enfermedad de base) – First case published in the world of a patient with ZIKV that died in association with a comorbidity**]

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13. **Rodriguez-Morales AJ**, **Bandeira AC, Franco-Paredes C**. **The expanding spectrum of modes of transmission of Zika virus: a global concern**. *Ann Clin Microbiol Antimicrob.* 2016 Mar 3; 15:13. http://dx.doi.org/10.1186/s12941-016-0128-2 (Indexed on Medline/Index Medicus).
14. **Villamil-Gómez WE, Mendoza-Guete A**, Villalobos E, González-Arismendy E, **Uribe-García AM, Castellanos JE**, **Rodriguez-Morales AJ**. **Diagnosis, Management and Follow-up of Pregnant Women with Zika virus infection: A preliminary report of the ZIKERNCOL cohort study on Sincelejo, Colombia**. *Travel Medicine & Infectious Disease* 2016 Mar-Apr; 14(2):155-158; available online at: http://www.sciencedirect.com/science/article/pii/S1477893916000302 (Indexed on Medline/Index Medicus)
[**Primera cohorte de embarazadas con infección por virus Zika de Colombia – First cohorte of pregnant women with Zika from Colombia**]
15. **Alvarado-Socarras JL**, **Rodriguez-Morales AJ. Etiological agents of microcephaly: implications for diagnosis during the current Zika virus epidemics.** *Ultrasound Obstet Gynecol* 2016 April; 47(4):525-526; available online: http://onlinelibrary.wiley.com/doi/10.1002/uog.15885/abstract (Indexed on Medline/Index Medicus).
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Publicaciones del Grupo (IV)

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21. **Alvarado-Socarras JA, Sepúlveda-Arias JC, Zambrano LI, Rodriguez-Morales AJ**. **Importancia del diagnóstico etiológico de laboratorio en Zika durante el embarazo y su posible asociación con el síndrome de Guillain-Barré**. *Med Clin (Barc).* 2016 (aceptado, en prensa, # MEDCLI-D-16-00303) (Indexed on Medline/Index Medicus).
22. **Rodriguez-Morales AJ**, Galindo-Marquez ML, García-Loaiza CJ, Sabogal-Roman JA, Marin-Loaiza S, Ayala AF, Lozada-Riascos CO, **Sarmiento-Ospina A, Vásquez-Serna H, Jimenez-Canizales CE,** Escalera-Antezana JP. **Mapping Zika virus infection using geographical information systems in Tolima, Colombia, 2015-2016 [version 1; referees: 2 approved]** *F1000Research* 2016, 5:568 (http://dx.doi.org/10.12688/f1000research.8436.1) (Indexed on Medline/Index Medicus)
23. **Sarmiento-Ospina A, Vásquez-Serna H, Jimenez-Canizales CE, Villamil-Gómez WE, Rodriguez-Morales AJ**. **Zika associated deaths in Colombia.** *Lancet Infect Dis* 2016 May; 16(5):523-524 [Epub Ahead Apr 7]; available online: http://www.sciencedirect.com/science/article/pii/S1473309916300068 (Indexed on Medline/Index Medicus)
24. **Rodriguez-Morales AJ**, Haque U, Ball JD, García-Loaiza CJ, Galindo-Marquez ML, Sabogal-Roman JA, Marin-Loaiza S, Ayala AF, **Lozada-Riascos CO, Diaz-Quijano FA, Alvarado-Socarras JA**. **Spatial distribution of Zika virus infection in northeastern Colombia** [Submitted]. *Bull World Health Organ* 2016 E-pub 29 Apr. doi: http://dx.doi.org/10.2471/BLT.16.176529 (Indexed on Medline/Index Medicus)

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Emerg Infect Dis. 2016 May;22(5):925-7. doi: 10.3201/eid2205.151934. No abstract available.
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2. **Zika** virus associated deaths in Colombia.
Sarmiento-Ospina A, Vásquez-Serna H, Jimenez-Canizales CE, Villamil-Gómez WE, **Rodriguez-Morales** AJ.
Lancet Infect Dis. 2016 Apr 7. pii: S1473-3099(16)30006-8. doi: 10.1016/S1473-3099(16)30006-8. [Epub ahead of print] No abstract available.
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3. **Zika** infection GIS-based mapping suggest high transmission activity in the border area of La Guajira, Colombia, a northeastern coast Caribbean department, 2015-2016: Implications for public health, migration and travel.
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4. Healthcare students and workers' knowledge about **Zika** and its association with microcephaly in two cities of Colombia.
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J Infect Public Health. 2016 Mar 19. pii: S1876-0341(16)30006-5. doi: 10.1016/j.jiph.2016.03.001. [Epub ahead of print] No abstract available.
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7. Reply: Dengue RT-PCR-positive, Chikungunya IgM-positive and **Zika** RT-PCR-positive co-infection in a patient from Colombia.
Villamil-Gómez WE, **Rodriguez-Morales** AJ.
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8. Diagnosis, management and follow-up of pregnant women with **Zika** virus infection: A preliminary report of the ZIKERNCOL cohort study on Sincelejo, Colombia.
Villamil-Gómez WE, Mendoza-Guete A, Villalobos E, González-Arismendy E, Uribe-García AM, Castellanos JE, Rodríguez-Morales AJ.
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1	Zika: The new arbovirus threat for latin america	Rodriguez-Morales, A.J.	2015	Journal of Infection in Developing Countries
	View at Publisher			Open Access
2	Zika: Another sexually transmitted infection?	Patiño-Barbosa, A.M., Medina, I., Gil-Restrepo, A.F., Rodriguez-Morales, A.J.	2015	Sexually Transmitted Infections
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3	Zika and microcephaly in Latin America: An emerging threat for pregnant travelers?	Rodriguez-Morales, A.J.	2016	Travel Medicine and Infectious Disease
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4	A bibliometric analysis of global Zika research	Martinez-Pulgarin, D.F., Acevedo-Mendoza, W.F., Cardona-Ospina, J.A., Rodríguez-Morales, A.J., Paniz-Mondolfi, A.E.	2016	Travel Medicine and Infectious Disease
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5	Healthcare students and workers' knowledge about transmission, epidemiology and symptoms of Zika fever in four cities of Colombia	Sabogal-Roman, J.A., Murillo-García, D.R., Camila Yepes-Echeverri, M., (...), Barreto-Rodriguez, K., Rodríguez-Morales, A.J.	2016	Travel Medicine and Infectious Disease
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7	Zika virus associated deaths in Colombia	Sarmiento-Ospina, A., Vásquez-Serna, H., Jimenez-Canizales, C.E., Villamil-Gómez, W.E., Rodriguez-Morales, A.J.	2016	The Lancet Infectious Diseases
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11	Preliminary estimation of the basic reproduction number of Zika virus infection during Colombia epidemic, 2015-2016	Nishiura, H., Mizumoto, K., Villamil-Gómez, W.E., Rodríguez-Morales, A.J.	2016	Travel Medicine and Infectious Disease
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12	Reply: Dengue RT-PCR-positive, Chikungunya IgM-positive and Zika RT-PCR-positive co-infection in a patient from Colombia	Villamil-Gómez, W.E., Rodriguez-Morales, A.J.	2016	Journal of Infection and Public Health
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13	Zika infection GIS-based mapping suggest high transmission activity in the border area of La Guajira, Colombia, a northeastern coast Caribbean department, 2015-2016: Implications for public health, migration and travel	Rodriguez-Morales, A.J., García-Loaiza, C.J., Galindo-Marquez, M.L., (...), Lozada-Riascos, C.O., Díaz-Quijano, F.A.	2016	Travel Medicine and Infectious Disease
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14	Healthcare students and workers' knowledge about Zika and its association with microcephaly in two cities of Colombia	Betancourt-Trejos, M.L., Narváez-Maldonado, C.F., Ortíz-Erazo, W.F., (...), Maya-Betancourth, J.G., Rodríguez-Morales, A.J.	2016	Travel Medicine and Infectious Disease
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	View at Publisher			Article in Press

Base de datos de Zika de OPS/OMS

Pan American Health Organization

World Health Organization
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Zika Research Projects List | Knowledge Translation | Zika website | PAHO

Published primary research studies and protocols

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Zika Research Projects List | Knowledge Translation | Zika website | PAHO

Published primary research studies and protocols

ZIKA research

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Uncommon presentation of Zika fever or co-infection?

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Full text: http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(16)30006-8/abstract

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Solo en el Review de Musso en Clinical Microbiology Reviews (IMPACT FACTOR: 17.406) sobre Zika, citaron 6 artículos de RECOLZIKA

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CrossMark

Zika Virus

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Unit of Emerging Infectious Diseases, Institut Louis Malardé, Tahiti, French Polynesia[a]; Program in Emerging Infectious Diseases, Duke-NUS Medical School, Singapore[b]; Partnership for Dengue Control, Lyon, France[c]

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THE LANCET Zika virus resource centre

Zika infection GIS-based mapping suggest high transmission activity in the border area of La Guajira, Colombia, a northeastern coast Caribbean department, 2015–2016: Implications for public health, migration and travel

Alfonso J. Rodriguez-Morales, Carlos Julian García-Loaiza, Maria Leonor Galindo-Marquez, Juan Alejandro Sabogal-Roman, Santiago Marin-Loaiza, Carlos O. Lozada-Riascos, Fredi A. Diaz-Quijano

Travel Medicine and Infectious Disease

Published online: April 7, 2016

Healthcare students and workers' knowledge about Zika and its association with microcephaly in two cities of Colombia

Mariet Liliana Betancourt-Trejos, Carlos Fernando Narváez-Maldonado, Wilder Fernando Ortíz-Erazo, Juan Sebastián Arias-Guzmán, Andrés Felipe Gil-Restrepo, Miguel Angel Sánchez-Rueda, Néstor Jaime Muñoz-Calle, Juan Gabriel Maya-Betancourth, Alfonso J. Rodríguez-Morales

Travel Medicine and Infectious Disease

Published online: April 7, 2016

Preliminary estimation of the basic reproduction number of Zika virus infection during Colombia epidemic, 2015–2016

Hiroshi Nishiura, Kenji Mizumoto, Wilmer E. Villamil-Gómez, Alfonso J. Rodríguez-Morales

Travel Medicine and Infectious Disease

Published online: April 6, 2016

Diagnosis, management and follow-up of pregnant women with Zika virus infection: A preliminary report of the ZIKERNCOL cohort study on Sincelejo, Colombia

Wilmer E. Villamil-Gómez, Anibal Mendoza-Guete, Elvira Villalobos, Edgardo González-Arismendy, Ana María Uribe-García, Jaime Eduardo Castellanos, Alfonso J. Rodríguez-Morales

Travel Medicine and Infectious Disease, Vol. 14, No. 2, p155–158

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A bibliometric analysis of global Zika research

Dayron F. Martinez-Pulgarin, Wilmer F. Acevedo-Mendoza, Jaime A. Cardona-Ospina, Alfonso J. Rodríguez-Morales, Alberto E. Paniz-Mondolfi

Travel Medicine and Infectious Disease, Vol. 14, No. 1, p55–57

Published online: July 29, 2015

Healthcare students and workers' knowledge about transmission, epidemiology and symptoms of Zika fever in four cities of Colombia

Juan A. Sabogal-Roman, David Ricardo Murillo-García, M. Camila Yepes-Echeverri, Juan D. Restrepo-Mejia, Santiago Granados-Álvarez, Alberto E. Paniz-Mondolfi, Wilmer E. Villamil-Gómez, Diana Carolina Zapata-Cerpa, Keyben Barreto-Rodriguez, Alfonso J. Rodríguez-Morales

Travel Medicine and Infectious Disease, Vol. 14, No. 1, p52–54

Published online: December 22, 2015

Zika and microcephaly in Latin America: An emerging threat for pregnant travelers?

Alfonso J. Rodriguez-Morales

Travel Medicine and Infectious Disease, Vol. 14, No. 1, p5–6

Published online: February 2, 2016

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Travel Medicine and Infectious Disease

Volume 14, Issue 2, March–April 2016, Pages 155–158

Diagnosis, Management and Follow-up of Pregnant Women with Zika virus infection: A preliminary report of the ZIKERNCOL cohort study on Sincelejo, Colombia

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Working Group on Zoonoses, International Society for Chemotherapy, Aberdeen, UK
Public Health and Infection Research Incubator and Group, Faculty of Health Sciences, Universidad Tecnologica de Pereira, Pereira, Risaralda, Colombia

Impact Factor: 1.670

Table 1. Demographical, obstetrical, clinical and laboratory characteristics of 28 pregnant women initially included in the ZIKERNCOL cohort, Sincelejo, Colombia.

Characteristics	Summary measures	
	Mean	**Interquartile range**
Age (years-old)	28.0	26.0-30.0
Gestational age (weeks)	27.2	17.9-38.1
Symphysis-fundal height (cms)	23.0	17.8-31.3
Fetal heart rate (bpm)	140	134-149
	n	**%**
Gravidity		
Primigravidae	8	29
Multigravidae	20	71
Previous ectopic pregnancies	1	4
Previous miscarries	6	21
Previous C-sections	8	29
Antenatal care during current pregnancy	6	21
Personal history		
History of gestational diabetes	0	0
History of thyroid alterations	0	0
History of genetic disorders	0	0
Obesity	1	4
High blood pressure	1	4
Systemic erythematous lupus	1	4
Family history of high blood pressure	5	18
Family history of diabetes	1	4
Family history of nephropathies	1	4

Villamil-Gómez WE, Mendoza-Guete A, Villalobos E, González-Arismendy E, Uribe-García AM, Castellanos JE, **Rodriguez-Morales AJ**. **Diagnosis, Management and Follow-up of Pregnant Women with Zika virus infection: A preliminary report of the ZIKERNCOL cohort study on Sincelejo, Colombia**. *Travel Medicine & Infectious Disease* 2016 Mar-Apr; 14(2):155-158; available online at: http://www.sciencedirect.com/science/article/pii/S1477893916000302 (Indexed on Medline/Index Medicus)

Clinical features		
Rash	20	71
Fever	13	46
Arthralgia	11	39
Conjunctivitis	10	36
Cephalea	12	43
Abdominal pain	11	39
Myalgia	9	32
Malaise	4	14
Anemia	4	14
Pelvic pain	3	11
Chills	2	7
Retroocular pain	2	7
Edema in lower limbs	2	7
Hemiparesis	1	4
Asthenia	1	4
Jaundice	1	4
Lumbar pain	1	4
	Mean	**Interquartile range**
Physical examination		
Systolic blood pressure (mmHg)	110	100-120
Diastolic blood pressure (mmHg)	70	68-80
Heart rate (bpm)	80	76-81
Respiratory rate (bpm)	18	17-20
Temperature (°C)	37.0	36.6-37.0
	n	**%**
Serological tests (positive)		
HIV	0	0
Hepatitis B virus	0	0
VDRL/FTA	0	0
Toxoplasma IgG	3	11
Rubella IgG	1	4
CMV	0	0
Herpes simplex type 1	0	0
Herpes simplex type 2	0	0
Epstein-Barr virus	0	0
Rheumatoid factor test	0	0
	Mean	**Interquartile range**
Complete blood count and chemistry findings		
White blood cells (/mL)	9.9	7.8-11.1
Hemoglobin (g/dL)	11.6	10.7-12.5
Hematocrit (%)	33.1	31.5-37.4
Platelets (cells/mL)	249,000.0	193,250.0-297,750.0
Neutrophils (%)	70.9	68.8-73.1
Erythrocyte sedimentation rate (ESR) (mm)	40.0	36.0-50.0
Lactate dehydrogenase (LDH) (IU/L)	414.0	372.0-577.5
Creatine phosphokinase (CPK) (IU/L)	53.0	45.0-179.0

Villamil-Gómez WE, Mendoza-Guete A, Villalobos E, González-Arismendy E, Uribe-García AM, Castellanos JE, **Rodriguez-Morales AJ**. **Diagnosis, Management and Follow-up of Pregnant Women with Zika virus infection: A preliminary report of the ZIKERNCOL cohort study on Sincelejo, Colombia**. *Travel Medicine & Infectious Disease* 2016 Mar-Apr; 14(2):155-158; available online at: http://www.sciencedirect.com/science/article/pii/S1477893916000302 (Indexed on Medline/Index Medicus)

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Fatal Sickle Cell Disease and Zika Virus Infection in Girl from Colombia

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Volume 22, Number 5—May 2016

Letter

Fatal Sickle Cell Disease and Zika Virus Infection in Girl from Colombia

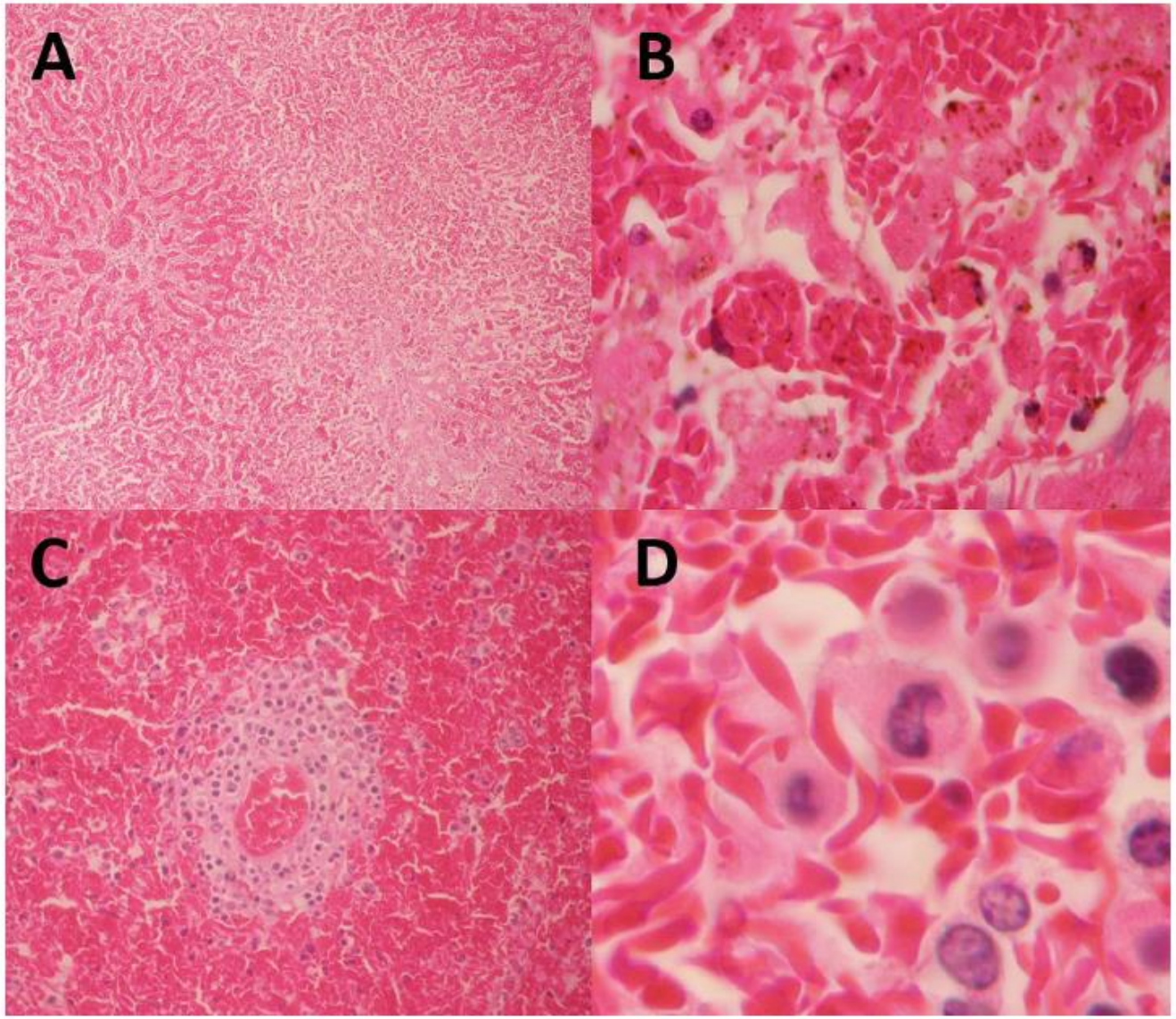
Suggested citation for this article

Table. Clinical laboratory results for 15-year-old girl with sickle cell disease who died of Zika virus infection, Colombia*

Laboratory test	Baseline value	Value at hospitalization (Malambo)	Value 24 h later (ICU, Barranquilla)
Leukocyte count, × 10^9 cells/L	10.00	8.23	ND
Hemoglobin level, g/dL	7.00	8.10	4.20
Hematocrit, %	28.00	25.00	13.00
MCV, fL/erythrocyte	73.00	73.00	ND
Reticulocytes, %	1.00	1.00	ND
Total bilirubin, mg/dL	ND	2.97	ND
Direct bilirubin, mg/dL	ND	1.67	ND
Platelet count/mL	ND	54,000.00	76,000.00
PT, s	ND	ND	33.3 (control 13.10)
aPTT, s	ND	ND	45.0 (control 29.80)
ALT, mg/dL	ND	ND	2,245.00
AST, mg/dL	ND	ND	3,215.00
LDH , IU/L	ND	ND	441.00
Alkaline hemoglobin electrophoresis, %			
HbS	ND	ND	62.50
HbC□E	ND	ND	37.50
HbF	ND	ND	0.00
Malaria thick and thin blood smears□	Not done	Not done	□
HIV-1 and HIV-2 ELISA□	Not done	Not done	□
MAT for *Leptospira* spp.□	Not done	Not done	□
RT-PCR for DENV□	Not done	Not done	□
RT-PCR for CHIKV□	Not done	Not done	□
RT-PCR for YFV□	Not done	Not done	□
RT-PCR for ZIKV□	Not done	Not done	+

*ICU, intensive care unit; ND, not determined; MCV, mean corpuscular volume; PT, prothrombin time; aPTT, activated partial thromboplastin time; ALT, alanine aminotransferase; AST, aspartate aminotransferase; LDH, lactate dehydrogenase; Hb, hemoglobin; □, negative; MAT; microscopic agglutination test; RT-PCR, reverse transcription PCR; DENV, dengue virus; CHIKV, chikungunya virus; YFV, yellow fever virus; ZIKV, Zika virus; +, positive.
□Blood samples were obtained 5 days after illness onset. These tests were performed at the National Reference Laboratory of the National Institute of Health, Bogotá, Colombia.

Arzuza-Ortega L, Polo A, Pérez-Tatis G, López-García H, Parra E, Pardo-Herrera LC, Rico-Turca AM, Villamil-Gómez W, Rodríguez-Morales AJ. Fatal Sickle Cell Disease and Zika Virus Infection in Girl from Colombia. Emerg Infect Dis 2016 May; 22(5):925-927 [Epub Ahead Jan 25]; available online at: http://wwwnc.cdc.gov/eid/article/22/5/15-1934_article



Technical Appendix Figure. Autopsy findings for liver and spleen of a 15-year-old girl with sickle cell disease who died of Zika virus infection, Colombia. A) Liver showing panacinar necrosis. B) Liver showing erythrophagocytosis of Kupffer cells. C) Spleen showing severe decrease of white pulp (functional asplenia). D) Spleen showing multiple splenic drepanocytes (splenic sequestration). (Hematoxylin and eosin stained) (Original magnification, ×10 in A, ×40 in B and C, ×60 in D.)

Arzuza-Ortega L, Polo A, Pérez-Tatis G, López-García H, Parra E, Pardo-Herrera LC, Rico-Turca AM, Villamil-Gómez W, **Rodríguez-Morales AJ. Fatal Sickle Cell Disease and Zika Virus Infection in Girl from Colombia**. *Emerg Infect Dis* 2016 May; 22(5):925-927 [Epub Ahead Jan 25]; available online at: http://wwwnc.cdc.gov/eid/article/22/5/15-1934_article

Artículo citado en:

RAPID RISK ASSESSMENT

Zika virus disease epidemic: potential association with microcephaly and Guillain–Barré syndrome

Second update, 8 February 2016

A recent case report from Colombia about a fatal Zika virus infection in a 15-year-old girl with sickle cell disease (SCD) has raised the question whether SCD is a risk factor for severe Zika virus disease, as it is known to be for severe dengue and chikungunya [23]. This publication is the first report about Zika infection in a patient with sickle

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* For the latest information, see http://ecdc.europa.eu/en/healthtopics/zika_virus_infection/zika-outbreak/Pages/Zika-countries-with-transmission.aspx

cell disease. Due to the current spread in areas where sickle cell disorders are present (e.g. the Caribbean), Zika infection evaluation should be monitored among those patients.

23. Arzuza-Ortega L, Polo A, Pérez-Tatis G, López-García H, Parra E, Pardo-Herrera LC, et al. Fatal Zika virus infection in girl with sickle cell disease, Colombia. Emerg Infect Dis. 2016;22(5).

THE LANCET Infectious Diseases

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Zika virus associated deaths in Colombia

Andrea Sarmiento-Ospina[a], Heriberto Vásquez-Serna[b], Carlos E Jimenez-Canizales[b, c], Wilmer E Villamil-Gómez[d], Alfonso J Rodriguez-Morales[c, d]

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[d] Infectious Diseases Research Group, Hospital Universitario de Sincelejo, Sucre, Colombia

- Between Oct 2 and Oct 22, 2015, four febrile patients attended Tolima's Hospitals in the central region of Colombia.
- Patients were a 2-year-old girl, a 30-year-old woman, a 61-year-old man, and a 72-year-old woman, with 2–6 previous days with fever.

Acute lymphoblastic leukemia

Acute myeloid leukemia

High blood pressure

Diabetes mellitus type 2

1. The infant girl also had dehydration, somnolence, hepatomegaly, mucosa haemorrhage, and **thrombocytopenia**, evolving to respiratory distress, disseminated intravascular coagulation, and shock.
2. The 30-year-old woman had exanthema in upper and lower limbs, **severe thrombocytopenia**, and leukopenia, evolving in 10 days to **intracerebral and subarachnoid haemorrhages**, sepsis, acute respiratory failure, seizures, and shock.
3. The older man had myalgias and arthralgias, with dehydration, **mucosa haemorrhage**, also evolving to respiratory distress, acute coronary syndrome, and shock. This patient's history included **high blood pressure** under medication control.
4. The older woman presented with abdominal pain, vomiting, dehydration, somnolence, and **thrombocytopenia**, evolving to acute respiratory failure and shock. This patient's history included **diabetes mellitus type 2** under control with insulin. In all four patients, giving the endemicity of the zone, dengue fever or chikungunya were suspected.

All patients presented with **anaemia** (haemoglobin range 90–120 g/L), three of them with **leukopenia**. The 30-year-old woman had leukocytosis, and all but the older man had severe thrombocytopenia (**<14 000 platelets per mL**). Despite medical management at the intensive care unit, all of four patients died.

1. The infant girl died **24 h** after admission (**5 days after symptoms began**);
2. the 30-year-old woman died after **10 days** (**12 days after symptoms began**);
3. the 61-year-old man at **24 h** (**7 days after symptoms begun**), and
4. the 72-year-old woman in less than **24 h** (**48 h after symptoms began**).

In all these cases, RT-PCR for dengue (including tissues), anti-dengue IgM, and NS1 ELISA and western-blot tests were negative. In the 61-year-old man, IgM for chikungunya was positive. IgM for *Leptospira* spp was negative in all cases. Finally, **in all patients RT-PCR for Zika virus was positive**, confirmed at the Colombia national reference laboratory. In the infant girl and 30-year-old woman, necropsy revealed probable **acute leukaemias (lymphoblastic and myeloid, respectively)**. In the 61 year-old man, necropsy showed ischaemic lesions in the brain with areas of necrosis in the liver and of systemic inflammatory response in the spleen. **In this patient, RT-PCR of tissues was positive for Zika virus.** In the 72-year-old woman, necropsy showed oedema and ischemic lesions in brain.

Reseñados en Nature (Impact Factor=41.456)

First Zika-linked birth defects detected in Colombia

Cases may signal start of anticipated wave of birth defects in country hit hard by Zika virus.

Declan Butler

04 March 2016

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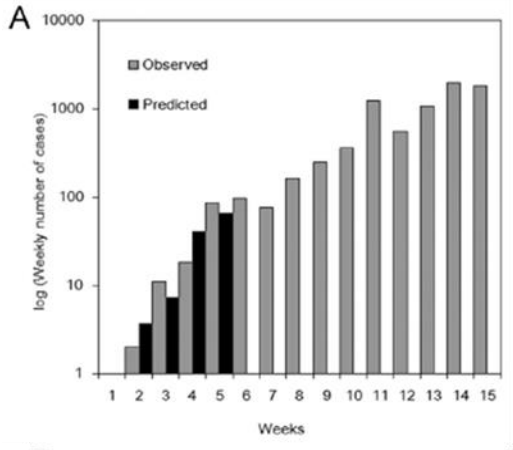
Researchers have diagnosed one newborn with microcephaly — an abnormally small head — and two others with congenital brain abnormalities, says Alfonso Rodriguez-Morales, who chairs the Colombian Collaborative Network on Zika (RECOLZIKA), which made the diagnoses. All three tested positive for the presence of Zika virus. The researchers have submitted a report of their detections to a scientific journal.

Rodriguez-Morales, an infectious-diseases epidemiologist at the Technological University of Pereira in western Colombia, says that he expects to see a rise in cases of Zika-linked birth defects starting in two or three months' time. The RECOLZIKA group — a network of researchers and public-health institutions across Colombia — are already investigating a handful of other suspected cases of microcephaly, which have a possible link to Zika.

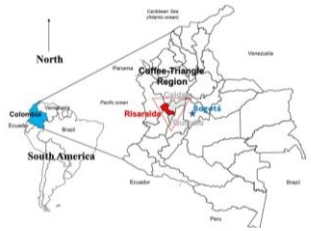
Estudios de caracterización geográfica y modelamiento epidemiológico y espacial

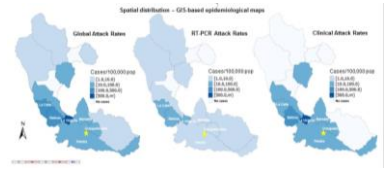
Red Colombiana de Colaboración en Zika
Colombian Collaborative Network on Zika
RECOLZIKA

Preliminary estimation of the basic reproduction number of Zika virus infection during Colombia epidemic, 2015–2016

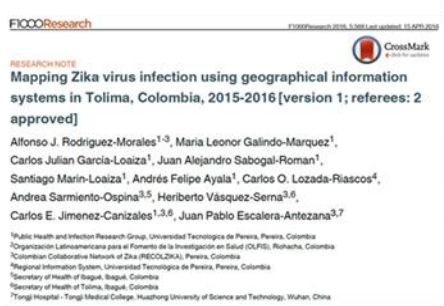


Nishiura H, Mizumoto K, Villamil-Gómez WE, Rodríguez-Morales AJ. Preliminary estimation of the basic reproduction number of Zika virus infection during Colombia epidemic, 2015-2016. Travel Medicine & Infectious Disease 2016 Epub Ahead Apr 7; available online: http://www.sciencedirect.com/science/article/pii/S1477893916300084 (Indexed on Medline/Index Medicus)





Rodriguez-Morales et al. A Preliminary Report of the Ongoing Epidemics of Zika in the Department of Risaralda, Colombia. ECCMID 2016, Amsterdam, Netherlands (Oral presentation).



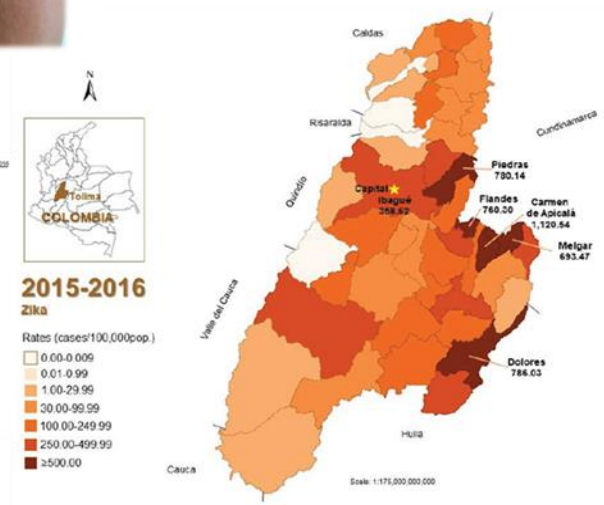
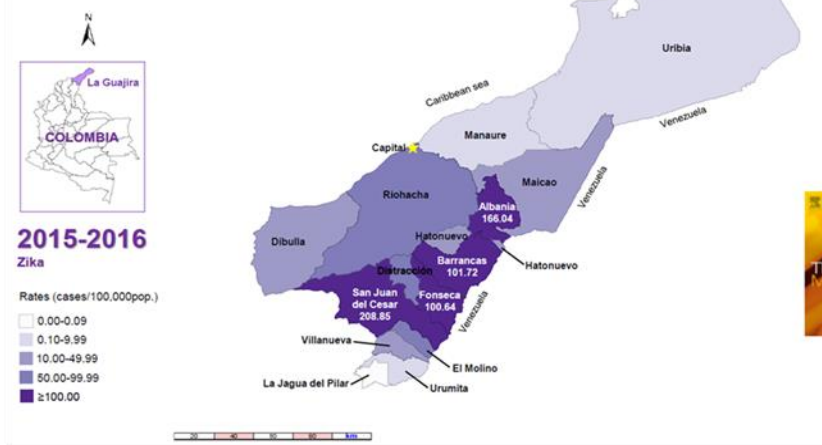


Figure 1. Geographic distribution of ZIKV incidence rates (cases/100,000 pop.) in the Tolima department, Colombia, 2015–2016. (*Up to the 9th epidemiological week, March 5, 2016).

Rodríguez-Morales AJ, García-Loaiza CJ, Galindo-Marquez ML, Sabogal-Roman JA, Marin-Loaiza S, Lozada-Riascos CO, Diaz-Quijano FA. **Zika infection GIS-based mapping suggest high transmission activity in the border area of La Guajira, Colombia, a northeastern coast Caribbean department, 2015-2016: implications for public health, migration and travel.** *Travel Medicine & Infectious Disease* 2016 Epub Ahead Apr 7; available online: http://www.sciencedirect.com/science/article/pii/S1477893916300102 (Indexed on Medline/Index Medicus).

OLFIS Organización Latinoamericana para el Fomento de la Investigación en Salud



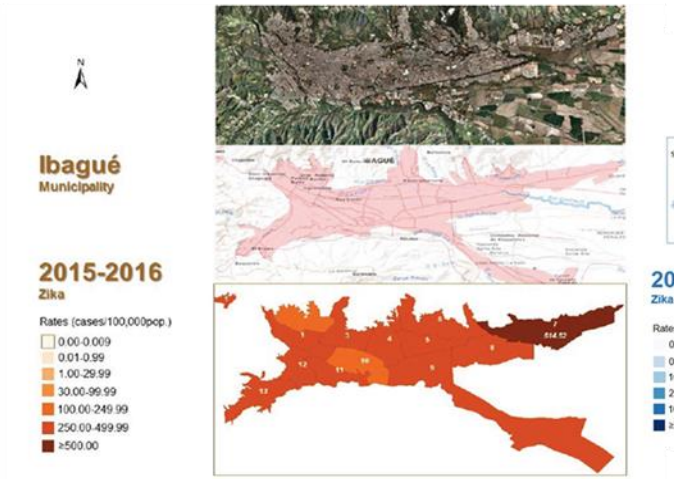
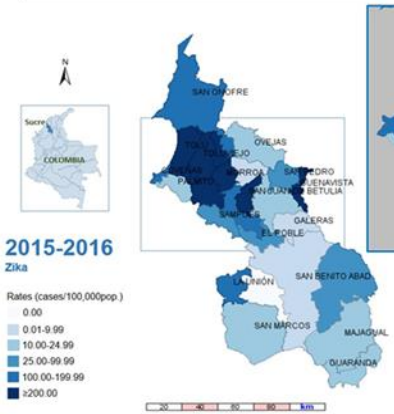
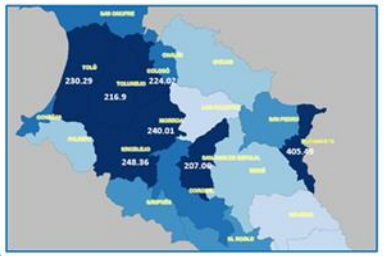


Figure 2. Geographic distribution of ZIKV incidence rates (cases/100,000 pop.) in Ibagué municipality, Colombia, 2015–2016. (*Up to the 9th epidemiological week, March 5, 2016). Aerial photography obtained from the Geographical Institute Agustin Codazzi, Colombia, at: http://ssiglwps.igac.gov.co/ssigl2.0/visor/galeria.req?mapaId=44

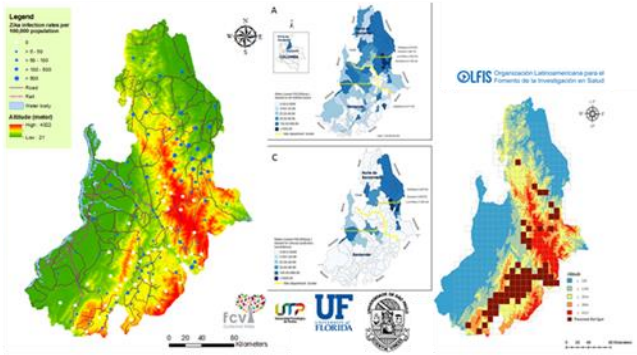




Mapping Zika in municipalities of one coastal department of Colombia (Sucre) using Geographic information system (GIS) during 2015-2016 outbreak: implications for public health and travel advice

Alfonso J. Rodriguez-Morales, Leidy Jhoana Patiño-Cadavid, Carlos O. Lozada-Riascos, Wilmer E. Villamil-Gómez.

(submitted)



Rodriguez-Morales AJ, Haque U, Ball JD, García-Loaiza CJ, Galindo-Marquez ML, Sabogal-Roman JA, Marin-Loaiza S, Ayala AF, Lozada-Riascos CO, Diaz-Quijano FA, Alvarado-Socarras JA. Spatial distribution of Zika virus infection in northeastern Colombia [Submitted]. Bull World Health Organ 2016 E-pub 29 Apr. doi: http://dx.doi.org/10.2471/BLT.16.176529 (Indexed on Medline/Index Medicus)

Presentaciones en Eventos

Próximas presentaciones

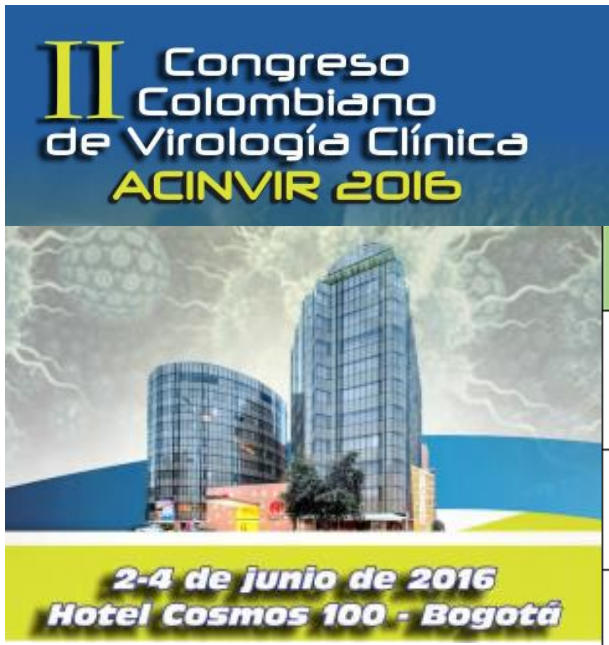
Mesa Redonda: "Enfermedades vectoriales: foco en Zika"
Día: Lunes 23 de mayo
Hora: 11:30 a 13:00 hs
Salón: Magno Juan Pablo II

Coordinadores / Conveners: Tomás Orduna - Andrea Uboldi

-Situación epidemiológica general de enfermedades vectoriales / Epidemiological situation of vectorial diseases - José Moya

-Aspectos clínicos de la infección por virus Zika en adultos / Clinical aspects of Zika virus infection in adults - Alfonso Rodríguez Morales

-Aspectos clínicos de la infección por virus Zika en pediatría y embarazo /



JUEVES 2	
SALON PEGASUS (200 pax)	
8:00 - 10:00 am	***Arbovirus Emergentes en Latinoamérica y Colombia- ACIN-API-CMV-SLAMVI***
8:00	Epidemiología, aspectos diagnósticos y moleculares de Chikungunya y Zika - Dra. Marcela Mercado
8:30	Diagnóstico diferencial, manejo de Fiebres virales trasmitidas por Aedes aegypti. Dr. Wilmer Villamil-Gómez
9:00	Reumatismo Inflamatorio Crónico-post-Chikungunya. Dr. Alfonso J. Rodriguez-Morales
9:30	Mortalidad en la infección por virus Chikungunya y Zika: lecciones aprendidas - Dr. Diego Viasus
10:00	
12:30 1:00 pm.	Mitos y realidades de la Fiebre de Zika . Coordina Dr. Alfonso Rodríguez-Morales. Participantes: Drs. Jaime Castellanos, Ana María Uribe-García, Tailandia Rodriguez, Marcela Mercado, Rodrigo Pardo.

Próximas presentaciones

Título propuesto:	Chikungunya y Zika: Arbovirus Emergentes en Latinoamérica (ACIN-API-CMV-SLAMVI)
Nombre Coordinador del Simposio (principal):	Alfonso J. Rodriguez-Morales
Institución Coordinador del Simposio (principal):	Secretario Nacional, Asociación Colombiana de Infectología (2015-2017)
Correo Electrónico Coordinador del Simposio (principal):	ajrodriguezmmd@gmail.com
Nombre Coordinador del Simposio (suplente):	Wilmer E. Villamil-Gómez
Institución Coordinador del Simposio (suplente):	Comité de Zooonosis y Fiebres Hemorrágicas, Asociación Colombiana de Infectología
Correo Electrónico Coordinador del Simposio (suplente):	wvillamil07@gmail.com

¿Cómo vincularse a RECOLZIKA?

- RECOLZIKA es una red que desea contar con la vinculación de personas del campo de la salud y disciplinas relacionadas en diferentes niveles que puedan aportar a la investigación en Zika.
- Por ello, puede descargar el formulario disponible en www.RECOLZIKA.org, diligenciarlo y remitirlo a: arodriguez@utp.edu.co.
- En el caso de personas fuera de Colombia, enviar previamente un correo solicitando información.

Perspectivas

- Financiamiento de macroproyecto presentado por el Consorcio de Instituciones Europeas en asocio con RECOLZIKA, liderado por la Universidad de Zürich (ZIKIT-EU), conjuntamente con Brasil y México
  - Estudios en microcefalia y síndrome de Guillain-Barré multicéntricos, otros
- Mayor integración nacional y latinoamericana con otros grupos de investigación, departamentos, instituciones y países
- Mayor reconocimiento por autoridades sanitarias nacionales e internacionales
- Financiamientos de Colciencias y otros entes nacionales e internacionales para diferentes propuestas de investigación