

**Cancun, Quintana Roo (February 3, 2016)** – According to the Minister of Health Juan Lorenzo Ortegon Pacheco, the State of Quintana Roo, where Cancun is located, has not seen any reported cases of the Zika virus in tourists or locals to date. Quintana Roo remains free of this illness and continues to work diligently towards maintaining this status.

On January 18, The National Center of Prevention Programs and Disease Control (Cenaprece) issued a “Declaration of Epidemiologic Emergency EE-1-2016 for all Mexican states in response to the occurrence of the Zika virus to strengthen and reinforce medical care and clinical management, prevention, promotion and control of the disease in order to reduce the disease’s impact among the population, especially among pregnant women.” Cenaprece is the only entity authorized to issue emergency and epidemiological alerts. The recommended measures were drafted in response to the WHO alert and are preventive in nature.

The Minister stated that “these protocols are required procedures so that health institutions are able to execute and put in place preventive measures, and is not in any way an “epidemiologic alert” or directed exclusively to the State of Quintana Roo.” He also mentioned that Zika should be treated with the same dedication, prevention measures and vigilance as cases of dengue or chikungunya; strongly encouraging citizens to take preventive actions.

Ortegon Pacheco informed that there are currently 448 specialists fighting against diseases caused by the *Aedes Aegypti* mosquito, equipped with 57 vehicles, 52 ULV machines, 102 backpack sprayers, 35 thermal mosquito foggers, 12 manual sprayers and 26 Hudson sprayers.

In this regard, the Federal Health Minister Mercedes Juan Lopez recommended that the general population take precautionary measures, especially in Chiapas, to avoid the transmission of this disease.

Preventative actions taken by the hospitality industry in major tourist destinations of Quintana Roo are as follows:

Strengthen mosquito fogging efforts, with ecological products authorized by the Ministry of Health.

Implementation of Hygienic-Sanitary Prevention Programs like Cristal and Distintivo H.

Relay specific instructions to housekeeping personnel to keep bedroom doors closed during service, using door hangers as an indicator when service is being performed.

Have mosquito repellent available for guests, either in rooms or for sale in hotel stores.

Provide information and recommendation to guests in the concierge area.

Provide specific information and recommendations to hotel employees.

Constant communication with the corresponding authorities.

“In Mexico, there is no cause for alarm at the moment as the Health sector prepared to face this situation a year ago when the first cases of Zika were reported in the Americas,” Minister Ortegon Pacheco stated.

\*Please find attached the statement issued by the WHO

**WHO statement on the first meeting of the International Health Regulations (2005) (IHR 2005) Emergency Committee on Zika virus and observed increase in neurological disorders and neonatal malformations**

1 February 2016

The first meeting of the Emergency Committee (EC) convened by the Director-General under the International Health Regulations (2005) (IHR 2005) regarding clusters of microcephaly cases and other neurologic disorders in some areas affected by Zika virus was held by teleconference on 1 February 2016, from 1310 to 1655 Central European Time.

The WHO Secretariat briefed the Committee on the clusters of microcephaly and Guillain-Barré Syndrome (GBS) that have been temporally associated with Zika virus transmission in some settings. The Committee was provided additional data on the current understanding of the history of Zika virus, its spread, clinical presentation and epidemiology.

The following States Parties provided information on a potential association between microcephaly and/or neurological disorders and Zika virus disease: Brazil, France, United States of America, and El Salvador.

The Committee advised that the recent cluster of microcephaly cases and other neurologic disorders reported in Brazil, following a similar cluster in French Polynesia in 2014, constitutes a Public Health Emergency of International Concern (PHEIC).

The Committee provided the following advice to the Director-General for her consideration to address the PHEIC (clusters of microcephaly and neurologic disorders) and their possible association with Zika virus, in accordance with IHR (2005).

Microcephaly and neurologic disorders:

- Surveillance for microcephaly and GBS should be standardized and enhanced, particularly in areas of known Zika virus transmission and areas at risk of such transmission,
- Research into the etiology of new clusters of microcephaly and neurologic disorders should be intensified to determine whether there is a causative link to Zika virus and/or other factors or co-factors.

As these clusters have occurred in areas newly infected with Zika virus, and in keeping with good public health practice and the absence of another explanation for these clusters, the Committee highlights the importance of aggressive measures to reduce infection with Zika virus, particularly among pregnant women and women of childbearing age.

As a precautionary measure, the Committee made the following additional recommendations:

Zika Virus Transmission:

- Surveillance for Zika virus infection should be enhanced, with the dissemination of standard case definitions and diagnostics to at-risk areas,
- The development of new diagnostics for Zika virus infection should be prioritized to facilitate surveillance and control measures,

- Risk communications should be enhanced in countries with Zika virus transmission to address population concerns, enhance community engagement, improve reporting, and ensure application of vector control and personal protective measures,
- Vector control measures and appropriate personal protective measures should be aggressively promoted and implemented to reduce the risk of exposure to Zika virus,
- Attention should be given to ensuring women of childbearing age and particularly pregnant women have the necessary information and materials to reduce risk of exposure,
- Pregnant women who have been exposed to Zika virus should be counselled and followed for birth outcomes based on the best available information and national practice and policies,

#### Longer-term Measures

- Appropriate research and development efforts should be intensified for Zika virus vaccines, therapeutics and diagnostics.
- In areas of known Zika virus transmission health services should be prepared for potential increases in neurological syndromes and/or congenital malformations.

#### Travel Measures

- There should be no restrictions on travel or trade with countries, areas and/or territories with Zika virus transmission,
- Travellers to areas with Zika virus transmission should be provided with up to date advice on potential risks and appropriate measures to reduce the possibility of exposure to mosquito bites,
- Standard WHO recommendations regarding disinsection of aircraft and airports should be implemented.

#### Data Sharing

- National authorities should ensure the rapid and timely reporting and sharing of information of public health importance relevant to this PHEIC,
- Clinical, virologic and epidemiologic data related to the increased rates of microcephaly and/or GBS, and Zika virus transmission, should be rapidly shared with the World Health Organization to facilitate international understanding of these events, to guide international support for control efforts, and to prioritize further research and product development.

Based on this advice the Director-General declared a Public Health Emergency of International Concern (PHEIC) on 1 February 2016. The Director-General endorsed the Committee's advice and issued them as Temporary Recommendations under IHR (2005). The Director-General thanked the Committee Members and Advisors for their advice.