**Session: 84. Zika Virus Epidemic in the Dominican Republic, 2016**

Farah Peña, MD\(^1\); Raquel Pimentel, MD\(^2\); Shaveta Khosla, MPH\(^3\); Supriya Mehta, MHS, PhD\(^4\) and Maximo Brito, MD, MPH\(^5\); \(^1\)Epidemiology Directorate, Ministry of Health, Santo Domingo, Dominican Republic, \(^2\)School of Public Health, University of Illinois at Chicago, Chicago, Illinois, \(^3\)Division of Infectious Diseases, University of Illinois at Chicago, Chicago, Illinois

**Background.** The first cases of Zika (ZIKV) in the Americas were reported in Easter Island, Chile in 2014. The epidemic spread to Brazil and Central America in 2015. We describe the extent and distribution of the countrywide ZIKV epidemic in the Dominican Republic.

**Methods.** The DR Ministry of Health (MoH) instituted active surveillance, monitoring and mandatory reporting of suspected cases of ZIKV in 2015 through the National System of Epidemiologic Surveillance (SINAVE). In the pre-epidemic period, the MoH conducted active search and blood testing of suspected cases in communities rumored to have cases of the disease. During the epidemic, the MoH conducted weekly monitoring of all cases of febrile exanthems, iliac paralyis and menigitis, and also conducted rapid surveys in highly populated areas to identify local outbreaks. Data from SINAVE was exported and analyzed using SAS.

**Results.** A total of 5236 cases ZIKV were reported to the MoH from January 2016 to December 2016 (figure). Cases were 74% female, of whom 1275 (33%) were pregnant. Most of the cases (51%) were diagnosed in the age group of 20 to 39, and did not differ by gender. The majority (58%) of cases were reported from a metropolitan area. Almost all cases (82%) were treated in the outpatient setting, while 17% were hospitalized. Only 3 patients died and 95% had an uncomplicated course. There were 285 cases of Guillain Barre Syndrome (GBS; Figure), with the epidemic curve showing a peak 2-4 weeks following the peak of the epidemic. Compared with patients with suspected ZIKV (n = 1054), those with GBS were more likely to be male (47% vs. 19%, P < 0.001), aged 240 years (53% vs. 19%, P < 0.001), more likely to have complications (18% vs. 0%, P = 0.04) and comorbidity (2% vs. 0.2%, P = 0.04) Seventeen (6%) of confirmed GBS cases resulted in death.

**Conclusion.** The MoH conducted weekly monitoring of all cases of febrile exanthems, iliac paralysis and meningitis, and also conducted rapid surveys in highly populated areas to identify local outbreaks. Data from SINAVE was exported and analyzed using SAS.

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**Conclusion.** The DR reported one of the largest ZIKV outbreaks in the Americas. The epidemic started early in 2016 and had all but subsided by May 2017. Although most cases had an uncomplicated course, incidence of GBS was high.

**Disclosures.** All authors: No reported disclosures.