Dear Editor,

We read the publication on “Mapping Zika in the 125 municipalities of Antioquia department of Colombia using Geographic Information System (GIS) during 2015-2016 outbreak” with a great interest [1]. Thahir-Silva et al. mentioned that “Use of GIS-based epidemiological maps allows to integrate preventive and control strategies, as well as public health policies, for joint control of this vector-borne disease [1].” Indeed, the GIS system is proven for the advantage in disease surveillance. Focusing the use of GIS for Zika, there are some limitations that should be considered. First, similar to the other emerging disease, the verification of the case is usually problematic. Whether the cases used in mapping are correctly diagnosed is the basic query. Nevertheless, a more important concern is that data for mapping is usually a passive recorded data. Based on the experience in our setting in Indochina where the disease is also endemic, most of Zika virus infections are asymptomatic [2]. The recent report from Cambodia also showed a high rate of silent infection which cannot be detected if there is no serosurveillance [3]. The actual Zika virus disease situation cannot be derived from GIS mapping based on these observations.

Conflict of interest
None

REFERENCES