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stimuli of the human eye displayed in each run were generated by healpix [19] with the resolution of $0.75^\circ \times 0.75^\circ$ for each stimulus. the display configuration was the same as previously reported [20]. the frame rate of the stimulus display was 120 hz. all patients signed informed consent before participation. the ethics committee of second xiangya hospital, central south university, approved the study. the patients and controls were from 11 locations (table 2), all of which had zika and associated gbs outbreaks that had been ascertained by the world health organization or the national health commission of the china. one location in southern china (hainan province) was excluded from this study due to the difficulty of obtaining the samples and data necessary for this study. the sampling period covered from december 1st of 2002 to april 16th of 2010. of those individuals who agreed to take part, all were interviewed and completed the who mental well-being scales (who-5 widget, wgl-5). the rates of reported gbs and zika cases across all locations during the periods ranged from 1.7% to 22.6% for gbs and from 2.8% to 45.2% for zika (table 1 and additionalfile 2 : table s1 and figure s1). despite the fluctuation and uncertainty, the peaks and decreases in gbs and zikv cases were concomitant, indicating that gbs might be the major effector underlying the zika outbreaks in the americas. figure 1 presents the dynamics of gbs cases during the zika outbreaks. the rates of reported gbs and zika cases (table 1 and additionalfile 2 : table s1 and figure s1) before and after gbs are also shown. from december 1st of 2002 to march 15th of 2009, the rates of reported gbs cases were 0.82% (19 out of 2293) and that of zika cases were 0.79% (16 out of 2079). after march 16th of 2009, the gbs rates increased rapidly to a peak of 3.9% (22 out of 576) in august of 2010 and rapidly decreased to a lower level of 1.2% (2 out of 157) in march of 2011, while the zika rates decreased by similar magnitude.

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