

18 August 2026

Public Health Situation Analysis of Colombia

As of 18 August 2026

Type of emergency



Earthquake

Major health risks

- ✓ Injuries
- ✓ Acute diarrheal diseases
- ✓ Mental health/ psychosocial conditions
- ✓ Influenza, SARS-CoV-2, RSV, and other respiratory viruses
- ✓ Vaccine-preventable diseases (measles, pertussis)
- ✓ Arboviral diseases (Dengue and chikungunya)
- ✓ Natural Hazards (Earthquake aftershocks, Volcanoes)

Other health issues

- ✓ Maternal mortality
- ✓ Sexual and reproductive health
- ✓ Tuberculosis
- ✓ HIV
- ✓ Malnutrition and child health
- ✓ Non-Communicable Diseases (NCDs)
- ✓ Vector-borne diseases (Oropouche virus disease, Malaria, Yellow Fever)
- ✓ Human rabies transmitted by dogs
- ✓ Poisoning from snake bites and other venomous animals

CONTEXT

Summary of the impact of the 10 August 2026 earthquake in Colombia (as of 18 August 2026)



304

DEATHS



4,548

INJURIES



356

RESCUED



426

MISSING PERSONS



192

HEALTH FACILITIES
REPORTED STRUCTURAL DAMAGES

Source: Unidad Nacional para la Gestión del Riesgo de Desastres (UNGRD). *Reporte Situacional No. 013. Sismo 7.4 Mw 10/08/2026 – San José del Palmar, Chocó.* Bogotá: UNGRD; 11 Aug 2026 (1), Pan American Health Organization. *Sismo San Jose del Palmar Colombia - Magnitud 7,4 Mw. Reporte de Situación #5 – Corte: 18 de agosto de 2026, 18:30 h.* Bogotá: PAHO; 18 Aug 2026 (2).

On 10 August 2026 at 07:34 local time, a magnitude 7.4 (Mw) earthquake struck western Colombia, with its epicentre located approximately 20 km from San José del Palmar in the department of Chocó. According to the Servicio Geológico Colombiano, the earthquake occurred at an estimated depth of 96 km. Numerous aftershocks were recorded following the main shock, including an event of magnitude 4.8 (1).

As of 18 August 2026, national authorities reported impacts in 472 municipalities across 15 departments, particularly in western and central Colombia. Preliminary information indicated 304 deaths, 4,548 injuries, 426 missing persons and 356 people rescued, while approximately 19,001 homes were damaged and 3,971 destroyed. These figures remain preliminary and are subject to change as damage and needs assessments continue (1,2).

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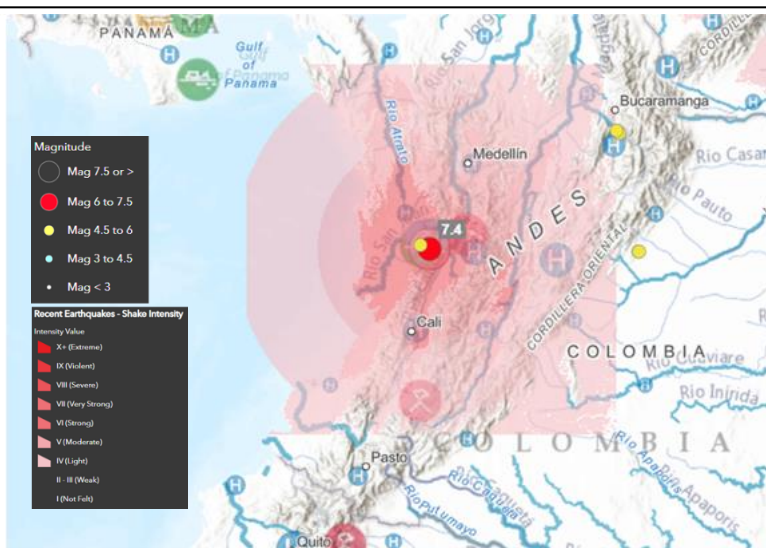
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The greatest reported human impact has been concentrated in Valle del Cauca and Risaralda, which together accounted for the majority of reported deaths. Valle del Cauca reported the highest number of injured people, while deaths and injuries were also reported in Chocó, Caldas, Quindío, Cauca and Antioquia (1–3).

The earthquake has caused significant disruption to critical infrastructure and essential services. Damage has been reported to roads, water-supply systems, educational facilities, community infrastructure and health facilities (1). Several major road corridors were closed or operating under restrictions, including the Cali–Buenaventura and Manizales–Fresno corridors, while access along the Pereira–Quibdó route was restricted. Air transport was also affected, with the airports of Pereira, Manizales, Armenia, Cartago and Buenaventura operating under restrictions and authorized primarily for State and medical flights (3).

Figure 1: Geographic location of the earthquake with shake intensity extent



Source: Pan American Health Organization (PAHO). *Near Real-Time Natural Hazards in the Americas* (ArcGIS Online web application); Washington, D.C.: PAHO; 2026. Available from: <https://www.arcgis.com/apps/webappviewer/index.html?id=bbb6909009994e60a025549b02e8e07c>

The health sector has been directly affected. As of 18 August, UNGRD reported 303 affected health facilities nationwide. PAHO/WHO, in coordination with the Ministry of Health, territorial health authorities and teams in the field, was conducting more detailed follow-up of affected health facilities in Chocó, Caldas, Risaralda, Quindío, Cauca and Valle del Cauca. The Ministry of Health has verified impacts on 192 facilities and prioritized 50 facilities which could compromise the continuity and response capacity of health services. Reported impacts included structural and non-structural damage, evacuation and relocation of some services. PAHO/WHO is assisting the Ministry of Health in consolidating Rapid Health Facility Assessments using the ERES tool (Herramienta de Evaluación Rápida de Establecimientos de Salud in Spanish); these assessments are being conducted by teams from departmental and district health secretariats, as well as MSPS and PAHO/WHO delegates who have received prior training (2).

Temporary emergency accommodation has been established in some affected areas, including Manizales and Buenaventura. As of August 18, 2026, 75 Temporary Emergency Accommodations are operational across 7 of the departments/districts affected by the earthquake, housing a total of 2,944 people; these are currently undergoing updating and characterization by health departments using the "EWARS in a box" tool (2). Damage to housing, health facilities, transport networks and water systems, together with population displacement and continuing seismic activity, may further disrupt access to essential health services and increase public health risks during the emergency and early recovery phases.

From a public health perspective, damage to health infrastructure, interruption of referral routes and essential services, population displacement and overcrowding in temporary accommodation may exacerbate existing health risks and increase demand for trauma care, mental health and psychosocial support, maternal and child health services, management of chronic diseases, and surveillance and control of communicable diseases.

Prior to the earthquake, epidemiological analyses from the six most affected departments indicated increased activity of several priority communicable diseases. Severe acute respiratory infection (SARI) indicators, including unusual SARI events, were already exceeding expected levels, while pertussis notifications were substantially above historical baselines. These findings suggest that the earthquake occurred in a context of pre-existing epidemiological pressure, particularly for respiratory and vaccine-preventable diseases (4).

HEALTH STATUS

Population mortality

In 2021, the leading causes of death in Colombia were COVID-19 (178.3 deaths per 100,000 population, accounting for 25.2% of all deaths in the country), followed by ischaemic heart disease (115.5 deaths per 100,000 people), stroke (36.1), interpersonal violence (35.7), and chronic obstructive lung disease (25.7). COVID-19 was also the leading contributor to Years of Life Lost (YLLs), reflecting its disproportionate impact on premature mortality, while interpersonal violence was ranked second, and ischaemic heart disease was ranked third (5). An overview of mortality indicators is shown in *Table 1* below.

Table 1. Key Mortality and Life Expectancy Indicators. Colombia

Mortality Indicators	Colombia	Year	Source
Life expectancy at birth (years)	77.9	2024	PAHO (6)
General mortality rate (age-adjusted per 1,000 pop)	5.5	2024	PAHO (6)
Estimated infant mortality rate (deaths < 1 year per 1,000 live births)	10.5	2024	PAHO (6)
Estimated child mortality rate (deaths < 5 years per 1,000 live births)	11.5	2024	PAHO (6)
Estimated maternal mortality ratio (per 100,000 live births)	44.7	2024	PAHO (6)
Estimated number of deaths due to HIV	3,057	2025	UNAIDS/WHO (7)
Estimated number of deaths caused by TB	2,300	2024	WHO (8)

The recent earthquakes are not reflected in the baseline mortality indicators presented in **Table 1**; however, earthquake-related disruptions may increase mortality risks indirectly by limiting access to emergency care, essential medicines, maternal and child health services, and care for chronic conditions.

Vaccination coverage

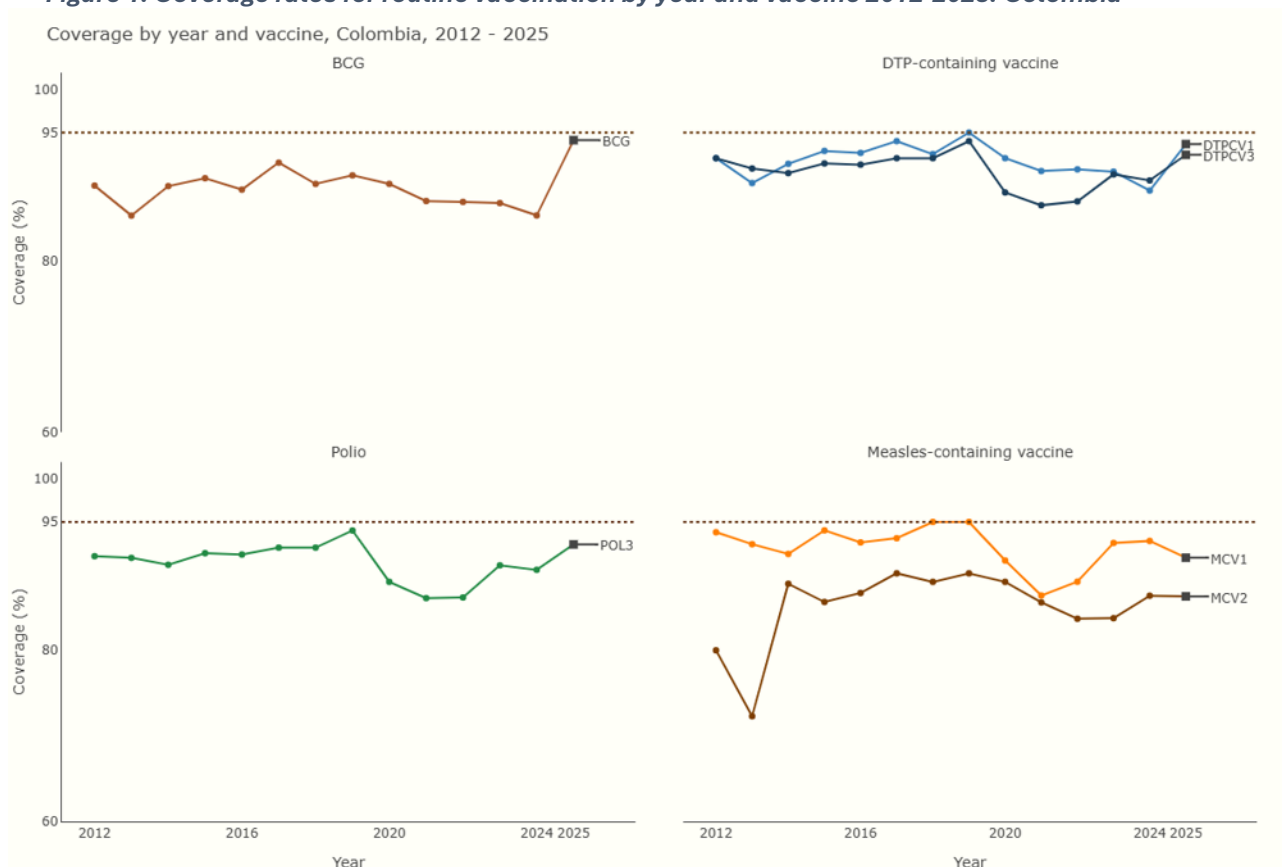
The robust routine immunization system in Colombia has seen a relatively high level of coverage of the BCG, DTPCV, Polio, and MCV vaccines in the past decade. Coverages have been recorded at about >90% for most vaccines, except for the MCV2. Coverage declined during the COVID-19 pandemic, reaching its lowest levels in 2021-2022, with recovery observed from 2023 onwards for most antigens; MCV2 coverage remained below 88% throughout the period. There is still a gap in the recorded coverage, with all vaccines falling short of the 95% target in 2025, although MCV1 reached 95.5% in 2023. At the subnational level, most departments in Colombia report a greater than 80% coverage for all vaccines in the routine immunization schedule, with a few territories reporting lower than 80% coverage for the DPTCV3 (Vichada), Polio3 (Vichada), and the MCV2 (Vichada, Choco, Meta, Guaviare, and Guainía) vaccines (9).

The earthquake may amplify the risk of outbreaks by disrupting routine vaccination services, particularly in affected areas where health facilities, cold chain equipment, electricity supply, transport routes, vaccine distribution, and outreach activities may be interrupted. Displacement, overcrowding in temporary shelters or host communities, loss or inaccessibility of vaccination records, and the redirection of health workers toward trauma and emergency care can make it more difficult to identify and vaccinate under-immunized populations (10). In densely populated urban areas, informal settlements, remote communities, and temporary displacement sites, populations with incomplete coverage of DTP3, MCV2, and POL3 often coexist in conditions of overcrowding, food insecurity, and inadequate water, sanitation, and hygiene (WASH), increasing the risk of transmission of measles, diphtheria, pertussis, yellow fever, and other vaccine-preventable diseases. Strengthening targeted catch-up immunization strategies, prioritizing vaccination of displaced and host communities, reinforcing early warning and epidemiological surveillance for priority vaccine-preventable syndromes, and ensuring the sustained restoration and protection of routine immunization services, including vaccine supply, cold chain functionality, transport, laboratory capacity, and human resources, are critical to mitigating outbreak risks and preventing further erosion of population immunity (9).

Table 2. Coverage rates for routine vaccinations by year and vaccine 2020-2025. Colombia (9)

Vaccination Indicators (9)	2020	2021	2022	2023	2024	2025	Source
DTP-containing vaccine, 1st dose	92%	90.5%	90.7%	90.4%	88.2%	93.7%	PAHO
DTP-containing vaccine, 3rd dose	88%	86.5%	87%	90.1%	89.4%	92.4%	PAHO
BCG	89%	87%	86.9%	86.8%	85.3%	94.1%	PAHO
Measles-containing vaccine, 1st dose	90.5%	86.4%	88%	95.5%	92.8%	90.8%	PAHO
Measles-containing vaccine, 2nd dose	88%	85.6%	83.7%	83.8%	86.4%	86.3%	PAHO
Polio, 3 rd dose	88%	86.1%	86.2%	89.9%	89.4%	92.4%	PAHO

Figure 1: Coverage rates for routine vaccination by year and vaccine 2012-2025. Colombia



Source: Pan American Health Organization/World Health Organization. Immunization coverage throughout the life course in the Americas. Washington, D.C.: PAHO/WHO; 2026. Available from: <https://paho-cim.shinyapps.io/immunization-dashboard/#> (9)

HEALTH RISKS

The risk assessment considered both disaster-related vulnerabilities and the epidemiological situation observed in affected territories before the earthquake. In particular, elevated respiratory disease activity, increased pertussis notifications, and weekly alert signals for dengue and malaria were identified prior to the event and informed the prioritization of risks presented below.

The primary **health risks associated with the August 2026 earthquake** in Colombia are summarized in the following table. This table presents the health risks that may emerge or be exacerbated over the **next three months** because of the earthquakes, including their potential effects on affected populations, health service delivery, critical infrastructure, and living conditions.

Public Health Threat	Likelihood	Public Health Consequences	Level of Risk	Rationale
Injuries	Highly likely	Severe	Very High	- As of 18 August 2026, 4,548 people have been reported injured following the earthquake. Extensive structural damage was also reported, including 19,001 damaged homes, 3,971 destroyed homes and 64 collapsed buildings (1,2). - Continued seismic activity and exposure to damaged structures, debris and cleanup activities may result in additional traumatic injuries (1). - With 303 health facilities reported affected nationwide (192 verified by the Ministry of Health) and disruptions to major transport corridors, access to emergency, surgical and specialized trauma care may be constrained in some areas (1).
Acute diarrheal diseases	Highly likely	Major	Very High	- Damage caused by the earthquake may lead to the displacement of the population to temporary camps that lack adequate sanitation facilities, established mechanisms for solid waste management, and appropriate systems for water treatment, chlorination, and quality control. Furthermore, overcrowded conditions, limited availability of supplies for the storage, transport, and safe use of water, and poor hygiene practices can increase exposure to unsafe drinking water and improper food handling. These conditions increase the risk of acute diarrheal diseases and other water- and sanitation-related illnesses, especially among children under five, older adults, pregnant women, and people with underlying health conditions. - As of 11 August, 34 aqueduct systems had been reported affected across several earthquake-affected departments, potentially compromising access to safe drinking water (1). - Disruption of water and sanitation services, combined with temporary displacement and potentially inadequate WASH conditions in emergency accommodation may increase the risk of acute diarrheal and other water- and foodborne diseases (1,3). - Strengthened surveillance, water-quality monitoring and access to safe water, sanitation and hygiene are important to reduce the risk of outbreaks in affected communities and temporary accommodation.

Mental health/ psychosocial conditions	Highly likely	Major	Very high	- The earthquake has resulted in substantial mortality, injuries, missing persons and destruction of homes, with 304 deaths, 4,548 injuries and 426 missing persons reported as of 18 August (2). - Bereavement, injury, displacement, loss of housing and livelihoods, and continuing seismic activity may increase acute stress, anxiety, depression and other mental health and psychosocial needs. - Particular attention should be given to affected families, children, people with pre-existing mental health conditions, displaced populations, and health and emergency-response personnel.
Measles	Likely	Severe	Very high	- In 2026, measles cases have been confirmed in Colombia following several years without endemic transmission. As of EW29, 14 confirmed cases and no deaths had been reported; cases were characterized as sporadic importations, and Colombia maintained its measles elimination status (11). Routine immunization coverage remains below the 95% target, with coverage estimated at 90.8% for MCV1 and 86.3% for MCV2 in 2025 (11,12). - The risk of measles importation and focal transmission is increased by the ongoing regional measles situation. Between EW1 and EW29 of 2026, 47,026 confirmed cases and 48 deaths were reported in 17 countries and territories in the Americas, approximately five times the number reported during the same period in 2025 (11). - Earthquake-related disruptions may further increase risk by interrupting vaccination services, cold-chain functionality, vaccine distribution, surveillance and laboratory diagnosis. Displacement and overcrowding in temporary accommodation may also make it more difficult to identify and vaccinate under-immunized populations (1,3). - Surveillance analyses conducted in the affected departments showed that suspected measles notifications were already above expected levels before the earthquake. Any interruption in surveillance, laboratory confirmation or vaccination activities may increase the risk of delayed detection and localized transmission. Measles surveillance remains active in the country due to the international alert and the ongoing response to imported and import-related cases confirmed in the country (4).

Dengue and chikungunya	Highly likely	Major	Very High	- There has been a general declining trend in dengue incidence following the surge in cases starting in 2023, with 320,982 cases reported in 2024, 125,119 cases in 2025, and 66,147 cases as of epidemiological week (EW) 30 in 2026, along with a corresponding decrease in severe cases. There has, however, been a slight increase in the dengue case fatality rate (13). However, dengue remains the main urban arboviral threat in the areas affected by the earthquake. - The proportion of laboratory-confirmed cases has decreased slightly from 71.7% in 2024 to approximately 69.4% in 2025 and 68.9% in 2026. Integrated epidemiological, entomological, and laboratory surveillance should be maintained, including sufficient diagnostic capacity in terms of personnel and supplies in heavily affected areas, for an adequate interpretation of trends (13). - For chikungunya, recent incidence in Colombia has been low and on a declining trend, with 78 cases reported in 2024, 44 cases in 2025, and 17 cases through EW 25 of 2026. Nevertheless, regional re-emergence, intense transmission observed in neighboring countries, and high population susceptibility increase the risk of introduction and local transmission. Enhanced surveillance, diagnostic capacity, and clinical preparedness should therefore be maintained (14,15). - Although cumulative dengue incidence remained below historical expectations, weekly analyzes showed that dengue activity exceeded alert thresholds during the four weeks preceding the earthquake. This finding suggests an increasing transmission trend that warrants close monitoring throughout the response and recovery phases (4). - The widespread presence of <i>Aedes aegypti</i>, favorable climatic conditions, disruptions to the regular water supply—which may increase household water storage—waste and debris accumulation, population displacement, and limitations in surveillance, diagnosis, and vector control could facilitate focal transmission and the occurrence of dengue and chikungunya outbreaks. This risk may further increase during rainy periods due to the accumulation of water in outdoor containers, discarded objects, debris, and solid waste, creating additional breeding sites for <i>Aedes</i> mosquitoes. - Situations in which primary health care is disrupted make early clinical detection of chikungunya or dengue cases more difficult, which may increase the risk of severe disease due to a lack of timely care, particularly among high-risk populations: neonates and infants, pregnant women, people with comorbidities, and older adults.
Natural Hazards	Unlikely	Major	High	- The Colombian Geological Service (SGC per its acronym in Spanish) has been monitoring the Puracé volcano in the department of Cauca since 20 July 2026 and issued an orange alert on 1 August 2026 following persistent seismic activity and rising carbon dioxide (CO₂) concentrations and two ash emissions (12). - Westward dispersion of ash caused fallout in some rural settlements of Puracé municipality. Temporary shelters were set up in the municipality, and water quality assessments carried out. The community surveillance network was activated for intensified surveillance, community mobilisation, and distribution of potable water in affected municipalities. Additional preparatory efforts include activating contingency plans for the hospital network in the area, finalising the official census of families in the high-threat zone, and technical assistance to the Cauca regional authorities with surveillance, including EWARS systems (12). - Volcanic unrest at Puracé, one of the most active volcanoes in Colombia, is being monitored independently of the earthquake; concurrent volcanic and seismic emergencies could compound demands on the health system. Consequences of a volcanic eruption – lava flows, ash clouds, and gas emissions can overwhelm public health systems that are currently focused on the aftermath of the earthquake.

Maternal mortality	Highly likely	Moderate	High	- Colombia observed a declining trend in maternal mortality ratio (MMRatio) between 2007 and 2017, with a sudden increase in 2020 and 2021 associated with the COVID-19 pandemic, and a subsequent decline from 2022 onwards. Maternal mortality was highest among women aged 40 years and above, women living in rural areas, among indigenous populations, and people who were uninsured or with subsidized insurance (16). - Maternal morbidity in terms of Maternal Near Miss (MNM) has seen a steady increase in Colombia from 2016 to 2025, with a 11.6% annual increase, and an average of 658 cases per epidemiological week in 2026. This has a strong association with the number of antenatal checkups attended (16). - Maternal health outcomes are likely to worsen due to the recent earthquakes by disrupting access to hospitals, referral systems, blood banks, surgical care, transport, electricity, water, communications and essential medicines. These disruptions are especially critical for pregnant women requiring emergency obstetric care, including management of hemorrhage, hypertensive disorders, sepsis, obstructed labor and emergency caesarean section. - In affected areas, health services are under severe pressure, with damaged or partially operational facilities, overcrowding, reduced bed capacity, limited patient transport, low blood-bank availability and disrupted referral and patient-tracking systems.
Pertussis	Likely	Major	High	- Recent surveillance data shows that pertussis (whooping cough) was the event with the greatest increase (3.22 times the expected level) (4). - As of EW 30 2026, 3,530 probable cases of pertussis were reported in Colombia, of which 16.7% of cases were laboratory confirmed. While this incidence (1.1 cases per 100,000 people) is below the trend observed till date in 2025, it still lies well above the incidence observed in 2017-2024 (less than 0.5 cases per 100,000 people) (4). - Departments such as Chocó and the Buenaventura district show higher incidence rates in 2026 compared to previous years (4).
Vaccine preventable diseases	Likely	Moderate	High	- As of 2025, Colombia has reported a >90% coverage for the BCG, DPTCV1, DPTCV3, Polio3, MCV1 vaccines and a >85% coverage for the MCV2 vaccine. - Historically, over the last 5 years, coverage has been maintained at above 85% for the BCG, DPTCV1, DPTCV3, Polio3, MCV1 vaccines and above >80% coverage for the MCV2 vaccine (9). - Cases of rubella, mumps, and varicella have continued to be reported in the country in 2026 (4,12). - In the aftermath of the earthquake, disruptions in the delivery of routine health services, impacts to vaccine supply and storage, cold chain facilities, and delays in the conduct of routine vaccination sessions can lead to outbreaks of vaccine preventable diseases, like diphtheria, pertussis, and measles, among vulnerable children. The situation is particularly applicable in crowded, densely populated locales, such as shelters or temporary accommodation for displaced populations.

Influenza, SARS-CoV-2, RSV, and other respiratory viruses (SARI)	Likely	Major	High	- Epidemiological analyses from the six prioritized departments demonstrated that respiratory disease indicators were already above expected levels prior to the earthquake, with unusual SARI and SARI events exceeding historical baselines. Overcrowding in shelters and disruptions in access to care could further amplify transmission and increase health-service demand (4). - The circulation of influenza, SARS-CoV-2, respiratory syncytial virus (RSV), and other respiratory viruses in Colombia has seen a rise in 2026, consistent with the seasonal peaks observed in the last few years. The proportion of RSV in the current season, however, is much higher than the influenza and SARS-CoV-2 viruses. Case incidence rates for Influenza Like Illness (ILI) and Severe Acute Respiratory Infections (SARI) are within epidemic thresholds. The risk of transmission persists however, and surveillance should be maintained, particularly in shelters and temporary settlements (4,17). - The simultaneous or successive circulation of respiratory viruses (SARS-CoV-2, influenza, RSV) could increase outpatient cases, hospitalizations, and deaths, and consequently lead to overcrowding of health services. New SARS-CoV-2 variants could further increase the risk of new outbreaks (4,17). - As part of the earthquake response, PAHO supports syndromic surveillance in shelters and transitional camps, given the risk of increased acute respiratory infections and influenza-like illness in crowded settings (2).
Oropouche	Likely	Major	High	- Between EW 1 and EW 30 of 2025, 26 laboratory-confirmed cases of Oropouche virus disease were reported in Colombia, while 74 confirmed cases were reported in 2024. While continued circulation cannot be ruled out, the risk should be considered differentiated and localized, primarily in rural and peri-urban areas or in areas with a history of transmission (15,18). - Because its transmission dynamics are mainly associated with rural and sylvatic cycles, urban shelters established following the earthquake are less likely to result in widespread amplification. Nevertheless, population displacement, exposure to vectors in rural areas, and potential limitations in surveillance and diagnosis justify maintaining enhanced epidemiological and entomological surveillance in at-risk areas.
Malaria	Likely	Moderate	High	- Malaria remains endemic in Colombia, with transmission concentrated in the Pacific region. In 2026, Chocó continues to account for a substantial proportion of malaria cases nationally, while transmission is also reported in Risaralda, Cauca and Buenaventura, overlapping with areas affected by the earthquake (4,19). - Weekly surveillance indicators exceeded alert thresholds in the weeks immediately preceding the earthquake, suggesting that malaria transmission was already increasing in some affected territories despite cumulative annual incidence remaining close to expected levels. Continued monitoring of malaria trends, diagnostic capacity, antimalarial availability and vector-control activities is therefore essential (4). - Earthquake-related disruption of health services, transport and surveillance may delay malaria diagnosis and treatment, particularly in remote communities. Population displacement and interruption of vector-control activities may further increase exposure in malaria-endemic areas(1,3). - Damage to housing and changes in living conditions may increase exposure to mosquito vectors, particularly among displaced populations or those living in inadequately protected temporary accommodation.

HIV	Likely	Moderate	High	- In 2025, Colombia had an estimated 240,000 people living with HIV (PLHIV), indicating a substantial population dependent on continuous access to antiretroviral therapy (ART), diagnostic services and follow-up care (7). - While there has been a 72% decline in mortality among PLHIV since 2010, the incidence of new infections decreased only 8%, and significant gaps remain across the HIV care cascade. In 2025, 70% of the estimated PLHIV was on ART and 65% virally suppressed (7). - Earthquake-related service disruptions could affect ART continuity. Damage to facilities, road restrictions, displacement, and supply-chain disruption could delay ART refills. Testing and linkage disruptions: HIV testing, confirmatory diagnosis, linkage to care, and follow-up may be interrupted. Reduced laboratory access and transport limitations may delay viral load testing, increasing the risk of undetected treatment failure. Access to condoms, PrEP, PEP, harm-reduction services, and outreach to key populations may be reduced. Disruption of antenatal care, HIV testing in pregnancy, ART for pregnant women, and delivery services could increase the risk of mother-to-child transmission if not rapidly mitigated. Displacement, overcrowding, loss of privacy, gender-based violence risk, and service interruption may disproportionately affect PLHIV, migrants, GBV survivors, sex workers, MSM, transgender people, and people who use drugs. (20).
Tuberculosis	Highly likely	Moderate	High	- In 2024, Colombia reported an estimated 26,000 new cases of tuberculosis (TB), including 1300 multidrug-resistant cases (MDR-TB), making it one of the countries with the highest TB burden in the Region of the Americas. TB incidence (47% increase) as well as mortality (84% increase) have been on a rise in the period from 2015-2024 (8). - In 2024, only 55% of patients with MDR-TB/RR-TB successfully completed their treatment. The estimated case fatality rate was 12%, only 72% of MDR/RR-TB cases were laboratory-confirmed, and 81% of cases (new notified and relapse cases) were enrolled on treatment (8). - More than 52% of TB affected households face catastrophic total costs associated with management (8). - The earthquake is likely to further disrupt TB services by damaging or overloading health facilities, interrupting laboratory diagnosis, referral pathways, drug supply and patient follow-up. In addition, displacement and overcrowding may delay diagnosis and increase transmission risk, while interruptions in treatment may worsen outcomes and contribute to drug resistance.
Malnutrition and child health	Unlikely	Moderate	Moderate	- Colombia has reported the prevalence of acute malnutrition to be 0.55 per 100 children less than 5 years of age, according to their most recent assessment in 2025. This has seen a 16.23% decrease from the reported cases in 2024, which was the year with the highest reported prevalence in the last decade. Subnationally, Choco, and Risaralda departments report higher prevalences than the national average and are also some of the areas heavily impacted by the earthquake. Indigenous populations and rural communities are reported to be disproportionately impacted (16). - An increase in morbidity and decrease in mortality trends have been reported since 2023, indicating timely detection of cases and preventing deaths due to malnutrition (16). - In earthquake-affected areas, damage to roads, markets, water systems, health facilities, and electricity supply may further disrupt access to food, safe water, infant and young child feeding support, and essential nutrition services. - Displacement, overcrowding in temporary shelters, loss of livelihoods, and interruptions in health and nutrition services may increase the risk of acute malnutrition, particularly among children under five and pregnant and lactating women. - Disruptions to primary health care, growth monitoring, vaccination, and treatment of common childhood illnesses may further worsen child health outcomes in the coming three months.

Tetanus	Likely	Minor	Moderate	- Colombia has a relatively high coverage of the tetanus vaccine, ranging from 85% to 95% in the last 5 years (9). 15 cases of non-neonatal tetanus have been reported in Colombia as of EW 31 2026 (4,12). - Earthquakes increase the risk of tetanus by causing a high number of contaminated wounds, crush injuries, and trauma associated with debris and cleanup and reconstruction activities. Disruptions to health services can delay timely prophylaxis and treatment (21). - There have been no reports so far of lack of access to proper wound care and timely access to vaccination and tetanus immunoglobulin for individuals with clinical indications (21).
Yellow fever	Likely	Minor	Moderate	- There has been a resurgence of autochthonous yellow fever human cases in 2024, with a peak in cases in 2025 and continuing in 2026. Cases have primarily been reported in the department of Tolima, with sporadic cases in surrounding departments. 56 cases, including 24 deaths, have been reported in 2026 so far (22). - There have been epizootics reported among non-human primates roughly corresponding to the same period as human cases, with 26 epizootic cases reported in 2026, indicating ongoing sylvatic circulation (22). - No yellow fever circulation has been documented in the most heavily affected area, and few human cases were detected in the country during the weeks preceding the earthquake. - The risk can be considered localized, primarily in rural, sylvatic, or transitional areas where vectors and non-human primates are present, as well as in areas with low vaccination coverage. Population displacement into these areas, increase in contact with vectors and non-human primate hosts displaced from usual habitats, disruptions to vaccination services, and limitations in surveillance because of the earthquake, could increase the risk of exposure and hinder the timely detection of cases.
Leptospirosis	Likely	Minor	Moderate	- A total of 279 leptospirosis cases have been identified in Colombia as of EW 31 2026, lab confirmed as well as epidemiologically linked. This is well below expected numbers relative to previous years (4,12). - The earthquake may increase localized transmission due to damage to water and sanitation systems, the accumulation of waste and debris, population displacement, increased exposure to rodents, and contact with mud, wastewater, or contaminated water during cleanup activities. - Disruptions to surveillance, laboratory diagnosis, and timely access to antibiotic treatment could increase the risk of severe disease, particularly in affected communities with inadequate WASH conditions.
Cholera	Unlikely	Moderate	Moderate	Colombia has reported no cholera cases since the Latin American epidemic of the 1990s; the most likely route of introduction would be importation of toxigenic <i>Vibrio cholerae</i> O1 from an area with active transmission. However, once introduced, the deterioration of water, sanitation, and hygiene conditions following the earthquake could facilitate its spread, particularly in shelters, temporary camps, and communities with limited access to safe water.

Sexual and reproductive health	Likely	Minor	Moderate	- The total fertility rate in Colombia is 1.6 births per woman, and 5% of women aged 15 to 49 have an unmet need for modern contraceptive methods of family planning, and only 87% of demand for family planning is satisfied with modern methods (23). - Birth rates among adolescents are moderately high, with 39 births per 1,000 women aged 15 to 19, and contraceptive use among all women remains at 67%, indicating persistent barriers to access (23). - The earthquake is likely to disrupt access to antenatal care, safe delivery, emergency obstetric care, family planning, and services for survivors of sexual violence in affected departments. - Displacement, overcrowding, supply interruptions, and reduced privacy are expected to increase unmet needs for contraception, menstrual hygiene supplies, and protection services for women and girls, particularly in the most affected communities.
Non-communicable diseases (NCDs)	Likely	Minor	Moderate	- Colombia has consistently reported a lower burden of Non-Communicable Diseases (NCDs) relative to other countries in the Region of the Americas, remaining in the lowest quintile of NCD burden in the Region. However, mortality from NCDs has increased by approximately 30% in 2021, relative to 2011 values (24). - Cardiovascular disease, cancer, diabetes, and chronic kidney disease are the leading causes of mortality among NCDs. Cardiovascular disease and diabetes show a general decreasing trend but report a sharp increase in 2020 and 2021. Cancer cases of different types show a decreasing incidence and mortality rate in 2021 (25–28). - Risk factors such as hypertension and tobacco use among adults are on the decline in recent years, but the rising prevalence of obesity and overweight both among adults and among children and adolescents, highlight the need for targeted NCD management and prevention strategies (29–31).
Zika	Unlikely	Moderate	Moderate	- Zika virus transmission continues to be reported in Colombia but remains at very low levels and shows a downward trend: 117 cases were reported in 2024, 94 in 2025, and 61 through epidemiological week (EW) 30 of 2026. 27% of the cases reported in 2026 were laboratory-confirmed (32). - Although the earthquake may create conditions conducive to the proliferation of <i>Aedes aegypti</i>, such as disruptions to the water supply, household water storage, waste accumulation, and limitations in vector control activities, the available evidence does not indicate significant Zika virus circulation or support considering it a likely transmission threat in the short term. - Nevertheless, the potential consequences for pregnant women and fetuses may be significant because of the risk of Zika-associated congenital syndrome.
Poisoning from snake bites and other venomous animals	Likely	Minor	Moderate	- A total of 2,984 cases of snake bites, including 14 deaths have been reported in the country as of EW 30 2026. Some departments with a high incidence of snake bites are also the ones heavily impacted by the earthquake (12,33). - The earthquake may increase exposure to snakes, scorpions, and other venomous animals among displaced populations, people sleeping outdoors or in damaged shelters, and those involved in debris removal, rubble clearing, reconstruction, and other clean-up activities. The risk is higher in rural, peri-urban, and underserved communities, where access to timely clinical care is already limited. - Timely access to appropriate antivenom is essential to prevent severe outcomes. Earthquake-related disruptions to roads, health facilities, supply chains, cold chain, and referral systems may delay treatment and increase the risk of complications. The national usage rate of antivenoms stands at 78.5%, while some departments report a rate lower than 40%. - As of EW 26 2026, 2,535 cases of scorpion stings, including 1 death have been reported in Colombia. Of these, only 69% of cases received the appropriate antivenom (12).

Human rabies transmitted by dogs	Unlikely	Minor	Low	- Colombia has reported 2 human cases of rabies in the last 5 years, 1 in 2021 and 1 in 2025, both caused by the wildlife variant of the virus from mammals other than dogs. Although there is a declining trend of animal cases of rabies, there is still ongoing circulation of the virus in dogs and other mammals (34). - As of EW 30 2026, about 115,282 cases of aggression in animals capable of transmitting rabies, have been reported in Colombia (12). - The earthquake may further increase the risk of exposure and poor outcomes by displacing populations, increasing contact with free-roaming dogs, disrupting dog vaccination and surveillance activities, and limiting timely access to wound care, rabies post-exposure prophylaxis, and rabies immunoglobulin.
Red: Very high risk. Could result in high levels of excess mortality/morbidity. Orange: High risk. Could result in considerable levels of excess mortality/morbidity. Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity. Green: Low risk. Unlikely to make a contribution to excess mortality/morbidity. Grey: No plausible assessment can be made at this time.				

HEALTH SYSTEM STATUS AND DISRUPTIONS

Colombia's health system operates through a decentralized network of public and private health service providers, with territorial health authorities responsible for coordinating emergency response at the departmental and municipal levels. Following the earthquake, the Ministry of Health and Social Protection and the Instituto Nacional de Salud (INS) activated their Health Emergency Operations Centers and deployed multidisciplinary teams to support health authorities in the departments of Chocó, Valle del Cauca and Caldas, including the districts of Buenaventura and Cali, with damage and health-needs assessments. Territorial health authorities also activated emergency coordination and public health surveillance mechanisms (3).

The earthquake has directly affected health infrastructure and service delivery across several departments. As of 18 August, 303 health facilities were reported affected nationwide (2). PAHO/WHO and national and territorial authorities were conducting more detailed assessments of facilities in Chocó, Caldas, Risaralda, Quindío, Cauca and Valle del Cauca (3). The Ministry of Health has verified impacts on 192 facilities and prioritized 50 facilities which could compromise the continuity and response capacity of health services (2). Reported impacts range from minor non-structural damage to structural damage requiring evacuation or relocation of services.

PAHO/WHO is assisting the Ministry of Health in consolidating Rapid Health Facility Assessments using the ERES tool; these assessments are being conducted by teams from departmental and district health secretariats, as well as MSPS and PAHO/WHO delegates who have received prior training (2).

In Cali, partial structural collapse was reported at Hospital Universitario del Valle, while Clínica Nuestra Señora de los Remedios was fully evacuated due to structural damage. Several other facilities reported non-structural damage or remained under assessment. In Quibdó, Hospital Local Ismael Roldán Valencia was providing hospitalization and triage services outside the facility while damage assessments continued. Health facilities in Caldas, Risaralda, Quindío and Cauca also reported varying levels of structural and non-structural damage (3).

Disruptions to transport infrastructure may further affect access to health services and patient referral. Major road corridors, including Cali–Buenaventura and Manizales–Fresno, were closed or operating under restrictions, while several regional airports were operating with restrictions and prioritizing State and medical flights (3). These constraints may be particularly significant for rural and remote populations requiring referral to higher-complexity services.

The immediate priorities for the health sector include maintaining emergency and trauma care, assessing and restoring affected health facilities, ensuring continuity of essential health services, maintaining referral pathways and public health surveillance, and identifying emerging health needs among affected and displaced populations (1).

Beyond emergency trauma care, maintaining continuity of essential public health programs should be considered a priority component of the response. Particular attention should be given to tuberculosis, HIV, malaria and routine immunization programs, where interruptions in diagnosis, treatment, medicine supply or patient follow-up could result in significant medium-term public health consequences.

Figure 2. Affected health centers by department (IPS - Instituciones prestadoras de servicios de salud per its acronym in Spanish) (2)

Departamento / Distrito	Número de IPS con afectaciones	IPS priorizadas
Chocó	70	19
Valle del Cauca	40	9
Risaralda	22	10
Quindío	21	5
Caldas	18	6
Cali (Valle del Cauca)	10	-
Cauca	6	-
Buenaventura (Valle del Cauca)	3	1
Bolívar	2	-
Total	192	50

Source: Pan American Health Organization. Sismo San Jose del Palmar Colombia - Magnitud 7,4 Mw. Reporte de Situación #5 – Corte: 18 de agosto de 2026, 18:30 h. Bogotá: PAHO; 18 Aug 2026 (2).

PAHO/WHO RESPONSE (2)

Technical support in the rapid assessment process of health facilities

In coordination with the Ministry of Health and Social Protection, support was provided for defining and implementing the Health Damage Assessment and Needs Analysis (EDAN Salud) strategy. This prioritized the initial assessment of affected health facilities using the Rapid Health Facility Assessment (ERES) tool and, in ATE areas, assessment via the "EWARS in a box" tool. PAHO/WHO supported staff training for implementation, targeting teams from the Ministry, health secretariats, and health facilities in the affected zones.

Facilities identified by ERES as having major damage are prioritized for a supplementary assessment using the POSTH tool—conducted by civil engineers and/or architects—to gain a more detailed understanding of the damage. Health authorities are already receiving the results of the assessments conducted.

Additionally, support is being provided to incorporate the ERES format into the emergency information management platform, aiming to integrate and jointly analyze data generated during the response. Concurrently, technical assistance is being provided to the Ministry to develop an ArcGIS dashboard; this will allow for the consolidation and visualization of assessment results and support the prioritization of interventions at affected health facilities. Support was also provided to organize the capacities offered by various stakeholders in relation to local needs, as well as to map the capacities of Health Cluster partners.

Emergency Medical Team (EMT) and CICOM

Overview of the response by national and international EMTs. Situation as of August 16, 2026, 09:00.

Key figures

- One national EMT is operational at 3 locations, and 2 additional EMTs are in the process of mobilization.
- Operational capacity includes Type 1 EMTs and Specialized Surgical Care Teams (SCTs).
- Operational presence is concentrated in Buenaventura, Cali, and Litoral del San Juan.

Key coordination aspects

- At the request of the Ministry of Health, the Virtual Medical Coordination Cell (CICOM, Célula de Información y Coordinación de Operaciones Médicas) was activated on August 14, with technical support from PAHO/WHO, to register and review potential offers of assistance.
- The response continues to be managed using national capacities. The San Raffaele Hospital Ship has deployed three Mobile EMT Type 1 teams to Bajo Calima, Río Cajambre, and Cali.
- On August 18, the San Raffaele Hospital Ship deployed an additional Mobile EMT Type 1 and a Specialized Surgical Care Team to Litoral del San Juan, using its vessel for transport and operational support.
- Three international teams are ready to deploy if accepted: Save the Children (Mobile EMT Type 1), Czech EMT (Fixed EMT Type 1), and University of Miami / Panamerican Trauma Society (SCT-ERCS).
- Ten additional EMTs and Specialized Care Teams are monitoring the situation.
- No international deployment should be initiated without review and authorization by the Ministry of Health. The Virtual CICOM will remain active to evaluate offers against identified needs.

Figure 3. General EMT Response, Colombia, August 16, 2026 (2)

Estado	Equipos
DEPLOY – Desplegados y operativos	3
MOB – Equipo en movilización	2
RtD/ST-B – Listos para desplegarse / En espera	3
MON – Monitoreando	10

Source: Pan American Health Organization. Sismo San Jose del Palmar Colombia - Magnitud 7,4 Mw. Reporte de Situación #5 – Corte: 18 de agosto de 2026, 18:30 h. Bogotá: PAHO; 18 Aug 2026 (2).

Strengthening the monitoring and characterization of Emergency Temporary Shelters (ETS)

In coordination with the regional office's Health Emergency Information & Risk Assessment (HIM) team, PAHO/WHO supported the standardization and optimization of "EWARS in a Box," including the four modules adopted by the National Institute of Health (INS) for characterization and surveillance in temporary shelters. Technical adjustments were made to facilitate its deployment in affected areas, and support was provided for implementing syndromic surveillance in these settings. Furthermore, leveraging data collected via "EWARS in a Box," PAHO is supporting the development of an automated integration, analysis, and visualization process in Power BI; this initiative aims to facilitate situation monitoring and decision-making within the Emergency Operations Center in Public Health (COESP per its acronym in Spanish), as well as the timely exchange of information between the INS and the Ministry of Health and Social Protection (MSPS). Additionally, a technical note on the surveillance, prevention, and control of acute respiratory infections (ARI) in temporary camps—prepared by the headquarters' Infectious Hazard Management (IHM) unit—was shared with health authorities.

Water, Sanitation, and Hygiene (WASH)

The Departmental Health Secretariat and PAHO/WHO are implementing comprehensive WASH and environmental health measures to mitigate health risks in temporary shelters and healthcare facilities. Interventions prioritize territorial assessment and the assurance and monitoring of water quality—including the immediate distribution of bottled water in collaboration with the Red Cross and the provision of cleaning kits and essential supplies. Additionally, efforts are being made to promote food safety, vector control to prevent disease outbreaks, and animal health and companion-animal welfare activities are being coordinated with the veterinary public health authorities.

Mental Health Psychosocial Support (MHPS)

Work has been done to structure a mental health support proposal that includes:

- Psychological First Aid (PFA) training for groups of volunteer psychologists responding to the MHPSS (Mental Health and Psychosocial Support) emergency.
- Support in coordinating the response and activating mental health pathways in the Chocó, Buenaventura, and Cali regions.

- A strategy to provide emotional support to first responder teams from local health secretariats and local stakeholders.
- Development of key mental health messages.
- Activation of in-person mental health care in the field for response teams and affected individuals.
- Coordination with the INS (National Institute of Health) COESP regarding Rapid Response Teams deployed in the field and operational staff, including, Psychological First Aid training and "care for the caregiver" sessions; and collaboration with the Colombian College of Psychologists and the Ministry of Health to help link volunteer psychologist groups with local mental health pathways and health secretariats.
- Telephone-based support for PAHO-PHE colleagues and their families.

Logistics

Capacity building regarding the coordination and mobilization of Panama's Regional Strategic Reserve for the donation of health tents and emergency medical backpacks is currently underway.

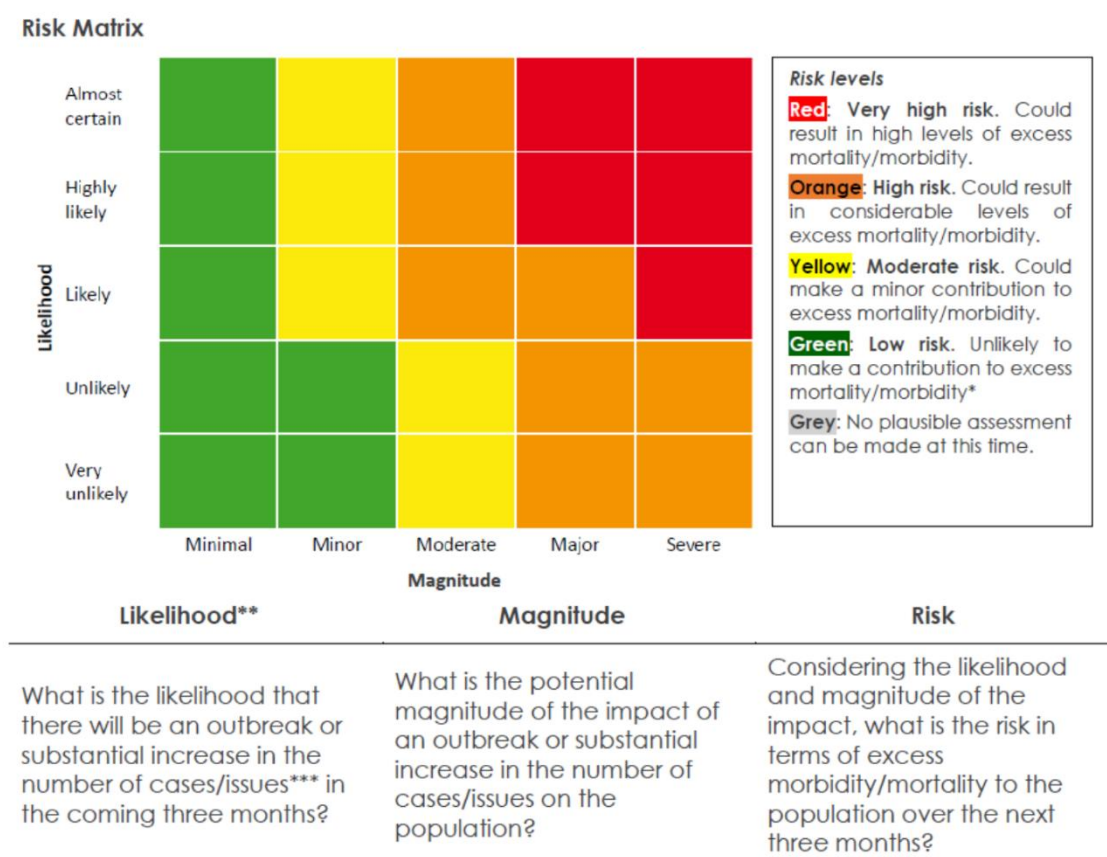
Field Deployments

PAHO/WHO teams have been deployed to support the actions carried out by the health authorities in Chocó, Valle del Cauca, Buenaventura, and Cali, and recently in Risaralda.

APPENDIX

Appendix 1. Risk Assessment Methodology

Figure 6. Risk matrix for assessing the likelihood and potential magnitude of health impact



Source: World Health Organization. Public Health Information Services. Geneva: WHO; 2018. Available from: <https://healthcluster.who.int/publications/m/item/public-health-situation-analysis-standard-operating-procedures> (35)

REFERENCES

1. Unidad Nacional para la Gestión del Riesgo de Desastres. Reporte Situacional No. 013 Sismo 7.4 Mw 10/08/2026 – San José del Palmar, Chocó. 2026 Aug. UNGRD; 2026. Unpublished.
2. Pan American Health Organization. Informe de Situación 5: Colombia - Terremoto agosto 2026. 18 de agosto de 2026. Bogotá: PAHO; 2026 [cited 19 August 2026]. Available from: <https://www.paho.org/es/documentos/informe-situacion-5-colombia-terremoto-agosto-2026-19-agosto-2026>
3. Pan American Health Organization. Informe de Situación 3: Colombia - Terremoto agosto 2026. 11 de agosto de 2026. Bogotá: PAHO; 2026 [cited 19 August 2026]. Available from: <https://www.paho.org/es/documentos/informe-situacion-3-colombia-terremoto-agosto-2026-11-agosto-2026>
4. Instituto Nacional de Salud. Boletín Epidemiológico Semanal Año 21. Capacidades territoriales para la gestión del riesgo ante brotes y emergencias en salud pública, Colombia, 2024–2026. Semana epidemiológica 31 02 al 08 de agosto de 2026. Bogotá: INS; 2026 Aug [cited 19 August 2026]. Available from: https://www.ins.gov.co/buscador-eventos/BoletinEpidemiologico/2026_Boletin_epidemiologico_semana_31.pdf
5. Pan American Health Organization WHO. ENLACE: Data Portal on Noncommunicable Diseases, Mental Health, and External Causes - Leading causes of death, and disability. Washington, D.C.: PAHO/WHO; 2026 [cited 19 August 2026]. Available from: <https://www.paho.org/en/enlace/leading-causes-death-and-disability>
6. Pan American Health Organization/ World Health Organization. Core Indicators Portal. Region of the Americas. Washington D.C.: PAHO/WHO; 2026 [cited 19 August 2026]. Available from: <https://opendata.paho.org/en/core-indicators>
7. Joint United Nations Programme on HIV/AIDS. AIDSinfo | UNAIDS DATA 2025. Geneva: UNAIDS; 2026 [cited 19 August 2026]. Available from: <https://aidsinfo.unaids.org/databook>
8. World Health Organization. Tuberculosis profile: Colombia. Geneva: WHO; 2026 [cited 19 August 2026]. Available from: https://worldhealthorg.shinyapps.io/tb_profiles/?_inputs_&tab=%22tables%22&lan=%22EN%22&iso3=%22COL%22&entity_type=%22country%22
9. Pan American Health Organization. Immunization throughout the life course in the Americas. Washington, D.C.: PAHO; 2026 [cited 19 August 2026]. Available from: <https://paho-cim.shinyapps.io/immunization-dashboard/#>
10. Pan American Health Organization. Regional Measles IMST presentation (June 29, 2026). Unpublished. Washington, D.C.; 2026.
11. Pan American Health Organization. Situation Report #8: Measles in the Americas Region. 31 July 2026. Washington, D.C.: PAHO; 2026 Jul [cited 19 August 2026]. Available from: <https://www.paho.org/en/documents/situation-report-8-measles-americas-region-31-july-2026>
12. Instituto Nacional de Salud. Boletín Epidemiológico Semanal Año 21. Vínculos entre el clima y los peligros alimentarios. Semana epidemiológica 30 26 de julio al 01 de agosto de 2026. Bogotá: INS; 2026 Aug [cited 19 August 2026]. Available from: https://www.ins.gov.co/buscador-eventos/BoletinEpidemiologico/2026_Boletin_epidemiologico_semana_30.pdf
13. Pan American Health Organization. Arboviral diseases portal: Colombia country profile – dengue cases. Washington D.C.: PAHO; 2026 [cited 19 August 2026]. Available from: <https://www.paho.org/en/arbo-portal/countries/colombia-country-profile>
14. Pan American Health Organization. Epidemiological Alert Chikungunya and Oropouche in the Americas Region - 28 August 2025. Washington D.C.: PAHO; 2025 [cited 19 August 2026]. Available from: <https://www.paho.org/en/documents/epidemiological-alert-chikungunya-and-oropouche-americas-region-28-august-2025>
15. Pan American Health Organization. Arboviral Diseases Portal – Chikungunya: analysis by country. Washington D.C.: PAHO; 2026 [cited 19 August 2026]. Available from: <https://www.paho.org/en/arbo-portal/chikungunya-data-and-analysis/chikungunya-analysis-country>

16. Instituto Nacional de Salud. Boletín Epidemiológico Semanal Año 21. Maternidad segura. Semana epidemiológica 10 08 al 14 de marzo del 2026. Bogotá: INS; 2026 Mar [cited 19 August 2026]. Available from: https://www.ins.gov.co/buscador-eventos/BoletinEpidemiologico/2026_Boletin_epidemiologico_semana_10.pdf
17. Pan American Health Organization / World Health Organization. Influenza, SARS CoV-2, RSV and other Respiratory Viruses Regional Situation - Region of the Americas. Washington D.C.: PAHO/WHO; 2026 [cited 19 August 2026]. Available from: <https://www.paho.org/es/informe-situacion-influenza>
18. Pan American Health Organization. Arboviral diseases portal: Oropouche weekly report. Washington D.C.: PAHO; 2026 [cited 19 August 2026]. Available from: <https://www.paho.org/es/arbo-portal/arbo-portal-oropouche>
19. Instituto Nacional de Salud. Boletín epidemiológico Malaria Semana epidemiológica 16 19 al 25 de abril. Bogotá: INS; 2026 Apr [cited 19 August 2026]. Available from: https://www.ins.gov.co/buscador-eventos/BoletinEpidemiologico/2026_Boletin_epidemiologico_semana_16.pdf
20. Joint United Nations Programme on HIV/AIDS. 2025 Global AIDS Update — AIDS, Crisis and the Power to Transform. Geneva: UNAIDS; 2025 [cited 19 August 2026]. Available from: <https://www.unaids.org/en/resources/documents/2025/2025-global-aids-update>
21. World Health Organization. Tetanus. Geneva: WHO; 2026 [cited 19 August 2026]. Available from: <https://www.who.int/news-room/fact-sheets/detail/tetanus>
22. Pan American Health Organization. Yellow Fever Dashboard in the American Region [Internet]. 2026 [cited 19 August 2026]. Available from: <https://shiny.paho-phe.org/yellowfever/?tab=country>
23. United Nations Population Fund. Colombia: Population 2025. New York: UNFPA; 2026 [cited 19 August 2026]. Available from: <https://www.unfpa.org/data/world-population/CO>
24. Pan American Health Organization/ World Health Organization. ENLACE: Data Portal on Noncommunicable Diseases, Mental Health, and External Causes - The burden of noncommunicable diseases. Washington, D.C.: PAHO/WHO; 2026 [cited 19 August 2026]. Available from: <https://www.paho.org/en/enlace/burden-noncommunicable-diseases>
25. Pan American Health Organization WHO. ENLACE: Data Portal on Noncommunicable Diseases, Mental Health, and External Causes - Cardiovascular disease burden. Washington, D.C.: PAHO/WHO; 2026 [cited 19 August 2026]. Available from: <https://www.paho.org/en/enlace/cardiovascular-disease-burden>
26. Pan American Health Organization WHO. ENLACE: Data Portal on Noncommunicable Diseases, Mental Health, and External Causes - Burden of Cancer. Washington, D.C.: PAHO/WHO; 2026 [cited 19 August 2026]. Available from: <https://www.paho.org/en/enlace/burden-cancer>
27. Pan American Health Organization WHO. ENLACE: Data Portal on Noncommunicable Diseases, Mental Health, and External Causes - Burden of disease from diabetes. Washington, D.C.: PAHO/WHO; 2026 [cited 19 August 2026]. Available from: <https://www.paho.org/en/enlace/burden-disease-diabetes>
28. Pan American Health Organization WHO. ENLACE: Data Portal on Noncommunicable Diseases, Mental Health, and External Causes - Burden of Kidney Diseases. Washington, D.C.: PAHO/WHO; 2026 [cited 19 August 2026]. Available from: <https://www.paho.org/en/enlace/burden-kidney-diseases>
29. Pan American Health Organization/ World Health Organization. ENLACE: Data Portal on Noncommunicable Diseases, Mental Health, and External Causes - Hypertension. Washington, D.C.: PAHO/WHO; 2026 [cited 19 August 2026]. Available from: <https://www.paho.org/en/enlace/hypertension>
30. Pan American Health Organization/ World Health Organization. ENLACE: Data Portal on Noncommunicable Diseases, Mental Health, and External Causes - Tobacco Use. Washington, D.C.: PAHO/WHO; 2026 [cited 19 August 2026]. Available from: <https://www.paho.org/en/enlace/tobacco-use>
31. Pan American Health Organization/ World Health Organization. ENLACE: Data Portal on Noncommunicable Diseases, Mental Health, and External Causes - Overweight and Obesity. Washington, D.C.: PAHO/WHO; 2026 [cited 19 August 2026]. Available from: <https://www.paho.org/en/enlace/overweight-and-obesity>
32. Pan American Health Organization. Zika: Analysis by Washington, D.C.: PAHO; 2026 [cited 19 August 2026]. Available from: <https://www.paho.org/en/arbo-portal/zika-data-and-analysis/zika-analysis-country>

33. Instituto Nacional de Salud (INS). Boletín Epidemiológico Semanal Año 21. Accidente ofídico, Accidente por otros animales venenosos. Semana epidemiológica 27 05 al 11 de julio de 2026. Bogotá: INS; 2026 Jul [cited 19 August 2026]. Available from: https://www.ins.gov.co/buscador-eventos/BoletinEpidemiologico/2026_Boletin_epidemiologico_semana_27.pdf
34. Pan American Center for Foot-and-Mouth Disease and Veterinary Public Health. Regional Information System for the Epidemiological Surveillance of Rabies (SIRVERA). Duque de Caxias (RJ): PAHO; 2026 [cited 19 Aug 2026]. Available from: <https://sirvera.panaftosa.org.br/Site/Inicio/Index?idl=3>
35. World Health Organization Health Cluster. Public Health Situation Analysis: Standard Operating Procedures. Geneva: WHO; 2018 [cited 19 August 2026]. Available from: <https://healthcluster.who.int/publications/m/item/public-health-situation-analysis-standard-operating-procedures>