

Monthly Report on the Implementation of Epidemic Intelligence in the Americas

Health Emergency Information and Risk Assessment Unit (HIM)

July 2026

Overview - July 2026

Detecting public health threats

398,445

Relevant pieces of information analyzed

143

Early warning flags identified

41

Notifications from National IHR Focal Points

Verifying information

3,221

IHR event-related communications managed

11

Signals requiring verification

15

New events

- Mpox
- Avian influenza
- Chapare virus

Risk assessments for events

0

Risk Assessments published

8

Geospatial Risk analysis

Disseminating alerts and updates

2

Public Health Situational Analyses

2

Epidemiological alerts and updates

3

Situation Reports for ongoing emergencies

Capacity-building

24



Professionals trained

46



Meetings for strengthening collaboration

Topics

- Epidemic Intelligence from Open Sources (EIOS)
- Community event-based surveillance (CEBS)
- Field epidemiology

I. Regional Epidemic Intelligence Activity

A. Detection of early warning flags

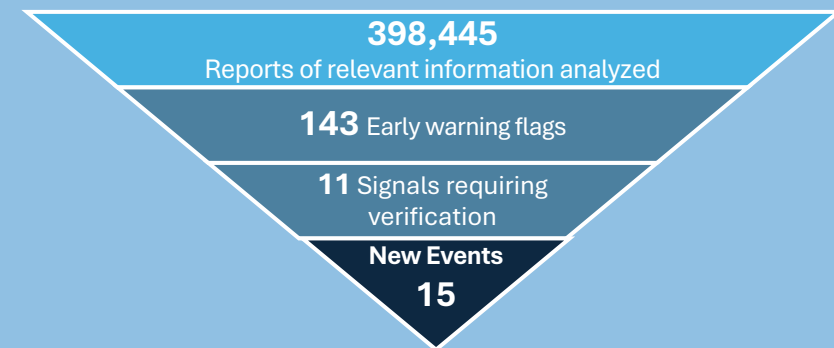
At the regional level, the Health Emergency Information and Risk Assessment Unit (HIM) of the PAHO Health Emergencies Department (PHE) operates through the continuous epidemic intelligence phases, scanning multiple sources to identify **Early warning flags**¹ (information indicating a potential acute public health risk) in the Americas Region.

24 Hours | **7** Days a week | **365** days of the year

Early warning flags are triaged to identify if these are **signals**² requiring **verification** in close coordination with Member States³. Once verified, a signal becomes an **event**. PAHO conducts risk assessments and continuously monitors these events, including epidemiological and geospatial analysis, while facilitating information exchange with Member States and partners and producing actionable intelligence and

technical support to guide timely public health decisions and response across the Americas.

Figure 1. Public health intelligence for acute public health event detection and verification⁴ from 1 to 31 July 2026.



Between 1 to 31 July 2026, a total of **398,445 reports of relevant information** related to acute public health events in the Americas Region were scanned by PHE/HIM team. Of these, **143 were classified as early warning flags** (Figure 1) and published in the public dashboard available at: <https://shiny.paho-phe.org/ems/>

¹ Early warning flags are data and/or information considered by the Early Warning and Response system as representing a potential acute risk to human health. Reports of relevant information (i.e., untreated and unverified) are first detected and triaged in order to retain only the one pertinent to early detection purposes i.e. early warning flags.

² An early warning flag that, following initial review and triage, is considered pertinent to early detection and meets the criteria for verification. A signal represents information concerning a potential acute risk to human health for which verification with an authoritative source is warranted.

Once verified, a signal may be classified and managed as an event

³ A Member State is a country or state that belongs to a particular organization or confederation, while a State Party is a nation that has formally ratified or acceded to an international legal agreement, in this case the International Health Regulations (2005).

⁴ Only requests for verification pertaining to Member States (excluding all territories) sent under the International Health Regulations (2005) within the Americas Region are included.

B. Collaborative assessments of signals with Member States through National IHR Focal Points

Between 1 to 31 July 2026, a total of **56 communications** related to epidemic intelligence were managed by the HIM Unit with Member States through National IHR Focal Points, to assess ongoing and new public health signals and events concerning the Americas, among others (*Table 1*).

Table 1. Communications related to epidemic intelligence managed by PAHO.

 24/7 coverage for management of communications for potential public health emergencies of international concern			Number of communications
	NOTIFICATIONS	National IHR NFP notifications received through IHR channels (IHR Article 6)	41
	VERIFICATION*	Requests for verification sent to National IHR Focal Points (IHR Article 10)	11
	REQUESTS FOR FURTHER INFORMATION	Requests for further information sent to National IHR Focal Points	4
TOTAL			56

Source: PAHO records

*Only requests for verification pertaining to Member States (excluding all territories) sent under the International Health Regulations (2005) within the Americas Region are included.

C. Public health events managed

During July 2026, a total of **15 new events** pertaining to 8 Member States were managed for the Americas Region (*Table 2*), of which all were infectious-related.

Three events were related to Mpox, while the remaining 12 were related to various disease/conditions including Chapare virus, avian influenza, cyclosporiasis, and hantavirus, amongst others.

Table 2. Public health events and emergencies managed during July 2026 in the Americas Region⁵.

NUMBER OF EVENTS IN JULY 2026	
NEW	15
ONGOING	12
CLOSED	3

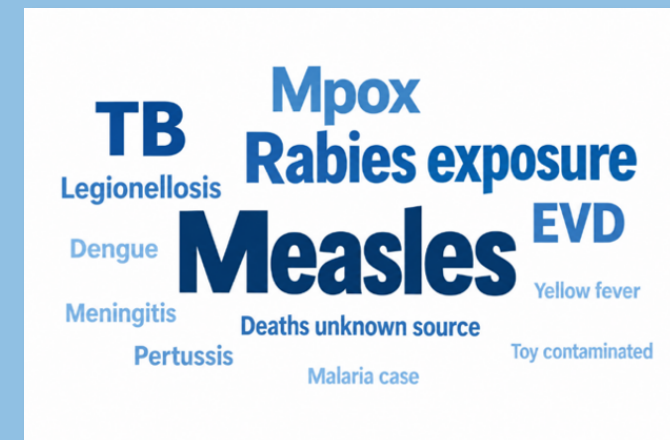
⁵ All of these public health events/emergencies are recorded in an internal platform known as the Event Management System (EMS)

PAHO support and collaboration among Member States (IHR Article 44)

During July 2026, there were **84 situations**, of which some were not necessarily notifiable event under the IHR*, that required collaboration and assistance either from PAHO or between and among Member States.

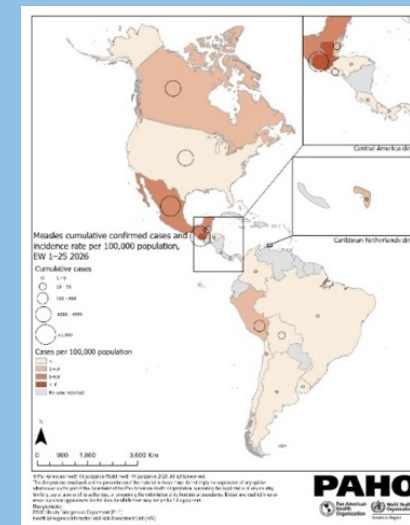
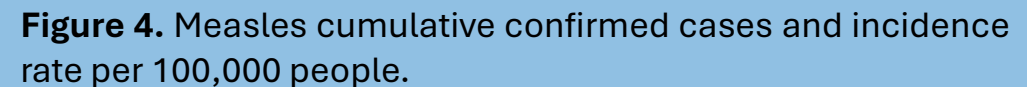
The most common ones for which collaboration or assistance was requested, under Article 44, included measles and tuberculosis, among other hazards shown in the word cloud below (*Figure 2*).

Figure 2. Key situations for which collaboration or assistance was requested during July 2026.



Additional GIS analyses were used in the public health situation assessment (PHSA) for Venezuela in the context of the earthquake, considering the humanitarian context, health risks and impacts on health infrastructure (PHSA published on 10 July 2026). The geospatial analysis of the earthquake in Venezuela was performed to assess the extent of the earthquake and its aftershocks, cities and towns impacted, populations affected, as well as buildings and structures damaged. The extent and damage analyses assisted in the initial risk and exposure assessments of the impact of the earthquake (*Figure 3*).

Figure 3. Geospatial analysis of exposure and impact of the earthquakes in Venezuela, June 2026.



E. Timeliness performance indicators

PAHO's time to initial action

During July 2026, all **11 signals** requiring verification requests⁶ were submitted within 24 hours (*Table 3*).

Table 3. Timeliness performance for PAHO in July 2026.

Timeliness Indicators for July 2026		Quantity
REQUESTS FOR VERIFICATION (RFV) SENT	Total	11
	<24 hours since detection	11
	24-48 hours since detection	0
	>48 hours since detection	0

Source: PAHO records

Between January and July 2026, among the **39 requests for verification (RFV)** sent under the International Health Regulations (2005), 38 (97.4%) were sent within 24–48 hours of signal detection (*Table 4*).

Among the 11 signals requiring verification, 6 were verified, 3 were discarded, and 2 were classified as unverifiable as no response was received.

Table 4. Timeliness performance for PAHO from January to July 2026.

Date	RFVs Sent	RFVs sent within 24 – 48 hours of signal detection	Total %
Jan-2026	4	4	100%
Feb-2026	5	4	80%
Mar-2026	1	1	100%
Apr-2026	7	7	100%
May-2026	9	9	100%
Jun-2026	2	2	100%
Jul-2026	11	11	100%
Total	39	38	97.4%

Source: PAHO records

⁶ Only requests for verification pertaining to Member States of the Americas Region sent under the International Health Regulations (2005) within the Americas Region are

included; this excludes any verification pertaining to territories/countries corresponding to National IHR Focal Points of other WHO Regions.

Member States timeliness for detection, notification, and response

Between January and July 2026, a total of 91 events⁷ were assessed for detection, notification, and response timeliness.

Table 5. Member State timeliness for detection, notification, and response (7–1–7 target⁸).

Month of 2026	Number of events	 DETECT (median)	 NOTIFY (median)	 RESPOND (median)
January	18	4 days	2 days	0 days
February	11	3 days	0 days	0 days
March	15	8 days	4 days	0 days
April	16	2.5 days	3.5 days	0 days
May	9	5 days	2 days	0 days
June	7	3 days	5 days	0 days
July	15	7 days	5 days	0 days
Total	91	5 days	3 days	0 days

Source: PAHO records

Supporting Country Decision-Making Through Timely Event Information

Between January and July 2026, Member States received **85 detailed reports on public health events and/or emergencies** through the secured platform, Event Information Site (EIS) or other official communication channels. Of these, 82 (96%) were shared within one week of the date the information was first received, reinforcing timely regional situational awareness and coordinated response efforts.

⁷ The 7-1-7 target is a global public health framework set in three timeliness metrics: 7 days to detect, 1 day to notify public health authorities, and 7 days to complete early response actions.

F. Regional Operations for Food Safety Incidents

INFOSAN is the International Food Safety Authorities Network, a voluntary, FAO/WHO led network which is formed by the food safety authorities of 190 countries. In the Americas Region, PAHO has the operational role of maintaining up-to-date membership, performing event-based surveillance and risk assessment actions to support the INFOSAN Secretariat in response of food safety emergencies involving the Americas Region.

In the Americas Region, PHE/HIM supports the emergency-related International Food Safety Authorities Network (INFOSAN) function. This includes detecting and triaging food safety signals and assessing the risk to inform appropriate public health action. INFOSAN operates through nationally designated **Emergency Contact Points (ECPs) in 35 countries** in the Americas. PAHO supports Member States in confirming and keeping ECP information up to date to facilitate timely communication during food safety events.

Food Safety Incidents

In July 2026, eight new food safety incidents were managed through or in coordination with INFOSAN, involving seven different countries in the Americas. Across new and ongoing incidents, 60 communications were recorded during the month to support information exchange, verification and follow-up. The distribution of incidents by hazard type and food category is presented in Figures 5 and 6.

Figure 5. INFOSAN incidents by hazard type (biological, undeclared allergen and physical), July 2026.

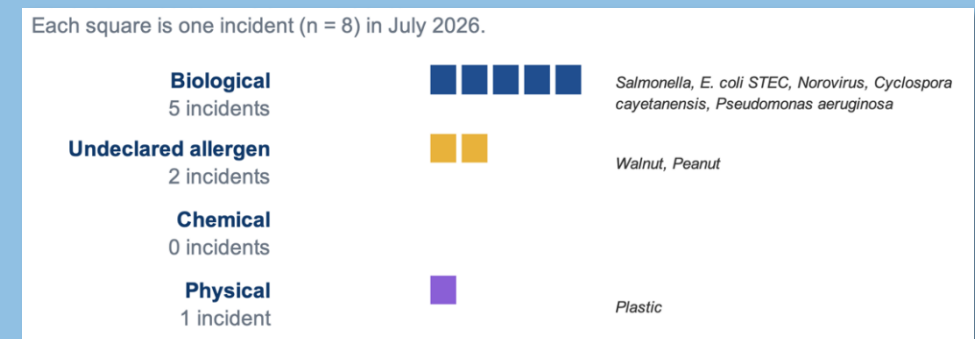
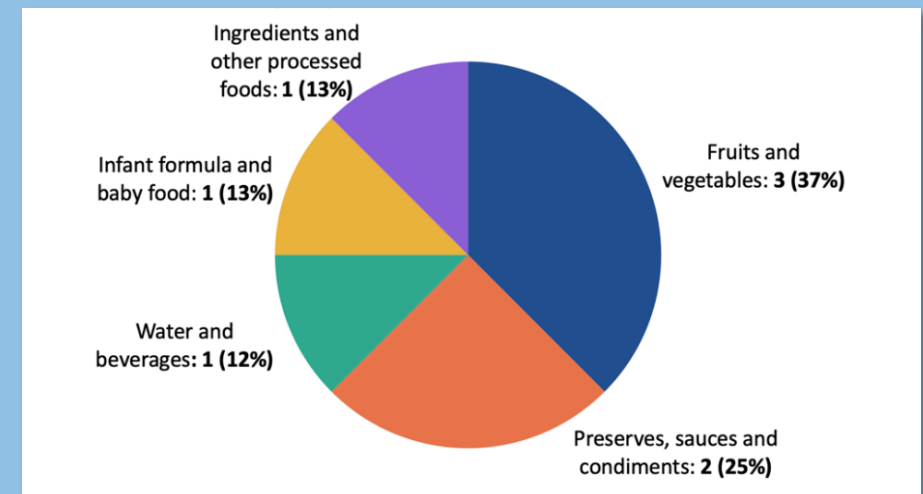


Figure 6. INFOSAN incidents by food group, July 2026.



II. Consolidating National Workforces' Capacities for Epidemic Intelligence

G. Strengthening of Early Warning and Detection

Under the regional mandate on epidemic intelligence, PAHO supports Member States in strengthening capacities for early warning and the timely detection of public health threats. This includes strengthening event-based surveillance approaches and promoting the use of tools such as the Epidemic Intelligence from Open Sources (EIOS) system to support the systematic detection, triage and assessment of signals from publicly available sources.

Monthly Highlight: Building EIOS Capacities in Turks and Caicos

From 30 June to 16 July 2026, a total of 24 public health professionals from Turks and Caicos were trained by the PHE/HIM unit on the use of the Epidemic Intelligence from Open Sources (EIOS). The 18-hour training session covered key concepts of epidemic intelligence and risk assessment, as well as the use of the EIOS system to enhance the detection, verification and risk assessment of potential public health threats in Turks and Caicos.



H. Expanding Outbreak Investigation Capacity Across the Americas and Beyond

Since 2024, PAHO has developed an **Outbreak Investigation Training Toolkit**, which is publicly available, to support Member States in training national and local personnel to detect and investigate public health events and to strengthen outbreak investigation protocols and procedures. The toolkit provides adaptable training materials, case studies, evaluation tools and resources for trainers.

Since its publication, the toolkit has been requested 94 times by institutions across 34 countries and territories, including 21 in the Region of the Americas⁹. From all of the requests, 59 were for the Spanish version, 32 for the English version, and 3 for the Portuguese version.



⁹ Americas Region: Anguilla, Argentina, Belize, Bolivia (the Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, El Salvador, Guatemala, Haiti, Mexico, Paraguay, Peru, Suriname, Trinidad and Tobago, the United States of America, Uruguay, and Venezuela (Bolivarian Republic of). Other WHO Regions: Australia, India, Indonesia, Italy, Malaysia, Myanmar, Nepal, Nigeria, São Tomé and Príncipe, Spain, Sweden, Uganda, and the United Kingdom of Great Britain and Northern Ireland.

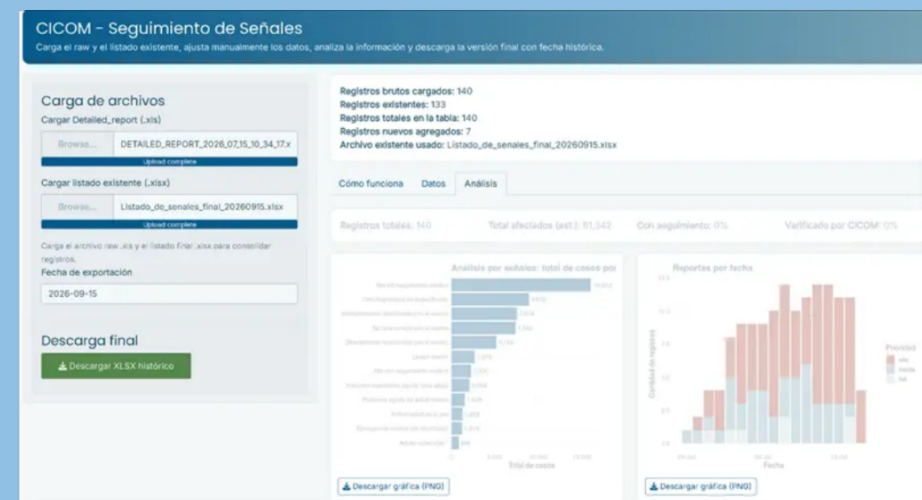
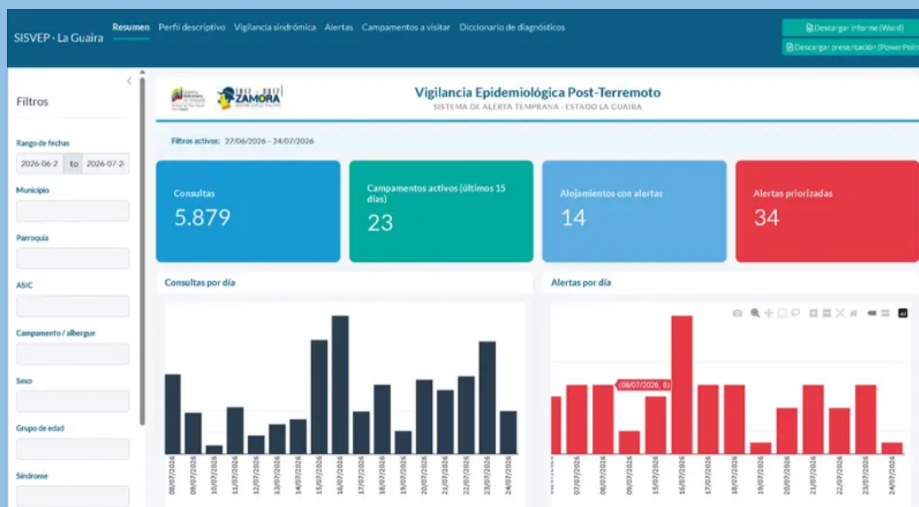
III. Strengthening robust, integrated and interoperable surveillance systems

I. Strengthening Digital Early Warning in Venezuela

Following the earthquakes in Venezuela, PAHO helped in operationalizing **digital event-based surveillance into practice during an emergency**, strengthening the ability of national teams to identify and monitor emerging public health risks in affected communities.

- Emergency surveillance was digitized, including rapid hospital assessments, improving the availability of information from affected areas.
- Epidemiological information was transformed into routine intelligence products to support situational awareness and operational decisions (**Figure 7**).
- Medical consultation data reported by on-the-ground Emergency Medical Teams (EMTs) through the Medical Information and Coordination Cells (CICOM, per its acronym in Spanish) was systematically extracted and analyzed to support epidemiological surveillance, identify critical cases, and detect emerging disease patterns affecting the population.

Figure 7. Early-warning workflows were strengthened to detect, triage and verify signals from shelters, Emergency Medical Teams and other sources, helping response teams identify emerging risks requiring attention.



J. Advancing a Country-Owned Digital Pathway for Community Early Warning in Bolivia

Bolivia continued advancing the operationalization of community event-based surveillance (CEBS) by assessing digital solutions that can support early warning within the national surveillance system. At the request of the Ministry of Health and Sports, PAHO supported a feasibility review of the national system and its comparison with COMAlerta, the modular CEBS tool supported through PROTECT.

PHE/HIM is supporting the definition the most appropriate pathway for Bolivia, considering national workflows, technical requirements and integration with existing surveillance systems. This country-led approach reflects PROTECT's model of adapting digital tools to national needs rather than promoting a single implementation model.

K. Connecting Africa and the Americas to Strengthen Field Epidemiology Capacity

PAHO is helping connect expertise from the Americas with partners in Africa to strengthen field epidemiology capacities in Portuguese-speaking African countries. In July 2026, PAHO facilitated an exchange between partners in Brazil and Africa Centers for Disease Control and Prevention (CDC) to explore the adaptation of EpiSUS Frontline, a practical field epidemiology training program for frontline public health professionals.

The initiative draws on experience developed in the Americas to strengthen capacities for the detection, investigation and response to public health events in the African Region. Partners agreed to jointly review and adapt the program with participating countries, supporting South–South cooperation and the transfer of practical tools, training approaches and implementation experience across regions.

L. Regional Forecasting to Support Member States: The Case of Measles in the Americas Region

Figure 8. Forecasting for measles per country

Country	R_t (95% CrI) ¹ Effective reproduction number	Model-based trend ²	4-week forecast (EW 30–33) median [95% CrI] ³	Modeling interpretation
Mexico	0.77 [0.68 – 0.85]	↓ declining	~173 [114–240] cases 	R_t below 1 with a narrow interval — model points to continued decline over the next 4 weeks, with the upper bound also below unity.
Guatemala	0.67 [0.64 – 0.69]	↓ declining	~1,225 [1,070–1,388] cases 	R_t is estimated at 0.67 [0.64–0.69], remaining substantially below the epidemic threshold. This indicates ongoing contraction of transmission, with projections supporting a continued downward trend.
United States	1.08 [0.90 – 1.28]	↓ declining	~147 [87–226] cases 	R_t is estimated at 1.08. Although the point estimate is slightly above 1, the uncertainty around the estimate does not allow a clear conclusion regarding changes in transmission. Continued monitoring is warranted.
Canada	— ⁴	— ⁴	— ⁴	Modeling not performed — see footnote 4. Of 1,107 cases in 2026, 1,021 remain linked to the outbreak that began in October 2024, now in sustained decline.
Peru	0.92 [0.82 – 1.02]	↓ declining	~278 [199–370] cases 	R_t is estimated at 0.92. While the point estimate is below 1, current uncertainty does not allow a clear inference of declining transmission. Continued monitoring is needed to confirm whether this trend is sustained.
Bolivia	— ⁴	— ⁴	— ⁴	Modeling not performed — see footnote 4.

¹ R_t = effective reproduction number — the average number of secondary infections per case at a given point in time. Estimated using the EpiEstim method with a 4-week sliding window (8). 95% CrI = 95% credible interval. See Technical Notes.

²Trend classified from the full 95% credible interval (CrI) of R_t : increasing (lower bound > 1), declining (upper bound < 1), or uncertain (interval includes 1).

Between 1-31 July, PHE/HIM developed model-based estimates of measles transmission dynamics for countries in the Region with sustained outbreaks and sufficient available information, for the Regional Measles Situation Reports #6-8.

The **immediate forecast/nowcast** adjusts the most recent weeks to account for any reporting delays and generates estimates of cases that have already occurred but have not yet been fully reported. The **short-term forecast** projects the expected incidence of cases over the next four weeks based on the current estimated effective reproduction number (R_t , the average number of secondary infections per case). The classification of trends was based on the full 95% credibility interval of R_t : increasing (lower bound > 1), decreasing (upper bound < 1), or uncertain (the interval includes 1).

Case data included weekly counts of confirmed measles cases were obtained from national surveillance systems that report to PAHO. Limitations involved include the estimates being dependent on the completeness and timeliness of national-level reports, as well as on the assumed serial interval. Country-specific changes in surveillance may affect the interpretation of trends in each country.

M. PAHO Strategic engagement for an international sports mass gathering event with a focus on information sharing and risk assessment

Between 27 May and 3 August 2026, PAHO conducted enhanced event-based surveillance to support epidemic intelligence during a major international mass gathering event involving millions of attendees and travelers. The surveillance effort focused on the early detection, verification, and assessment of public health threats that could affect event participants, host communities, or populations across the Americas Region. A key aspect of this was PAHO's strategic engagement for facilitating the coordination of information sharing and technical exchanges with collaborating institutions, in order foster a shared understanding of emerging risks and strengthen collective situational awareness to inform a timely response.

During July 2026, 23 daily coordination meetings were held jointly between PAHO and collaborating institutions to review and discuss emerging signals identified through each institution's respective event-based surveillance systems. During this period, PAHO specifically screened more than 398,000 media and information reports, which were triaged and analyzed to identify signals meeting established surveillance criteria related to the mass gathering event. PAHO identified 53 signals that underwent structured risk assessments. The resulting analyses and risk assessments were disseminated through daily reports, shared with National IHR Focal Points and partners within the Region and globally, to support public health decision-making. Of the identified signals, **75% were related to infectious disease events, 21% to environmental or disaster-related events, and 4% to chemical hazards**. Frequently monitored events included foodborne disease outbreaks, measles, vector-borne diseases, respiratory illnesses, extreme heat, wildfire smoke, flooding, water quality incidents, and other health threats occurring in areas associated with the mass gathering event.

IV. Enhancing timely and transparent information sharing on public health threats

N.Actionable information shared by PHE/HIM

PHE/HIM supported the timely dissemination of actionable epidemiological information through Epidemiological Alerts, Epidemiological Updates, Public Health Situational Analyses and Situation Reports, providing Member States with concise, verified information on emerging and evolving public health threats, changes in epidemiological trends, and recommended actions for surveillance, preparedness and response.



PHE/HIM also contributed with the sharing of actionable information by publishing PAHO Intelligence Briefs, a concise scientific communication format that translates operational epidemic intelligence into focused analyses for public health authorities and the wider scientific community. July briefs addressed diphtheria, El

Niño 2026–2027, and measles in the context of mass gatherings and international travel, highlighting key epidemiological developments, vulnerabilities, and preparedness priorities.

Links to information products:

- [Epidemiological alerts and updates](#)
- [Public Health Situational Analyses](#)
- [PAHO Rapid Risk Assessments \(RRA\)](#)
- [PAHO Intelligence Briefs:](#)
 - [Diphtheria in the Americas: strengthening routine immunization, surveillance, and outbreak readiness](#)
 - [El Niño in the Americas, 2026–2027: public health risks and preparedness priorities](#)
 - [Reinforcing measles control in the Americas amid mass gatherings: detection, response, and traveler health implications](#)



23 Daily Epidemic Intelligence Reports

2 Epidemiological Alerts and Updates

2 Public Health Situational Analyses

110

Actionable
information products
shared

3 Situation Reports on ongoing emergencies

3 PAHO Intelligence Briefs

31 Daily Reports of Signals Detected

23 Daily Reports for international sporting Mass Gathering Event

23 Post-earthquake Reports of Signals Detected in Venezuela

O. Up-to-date epidemiological information to support Member State response to events and emergencies

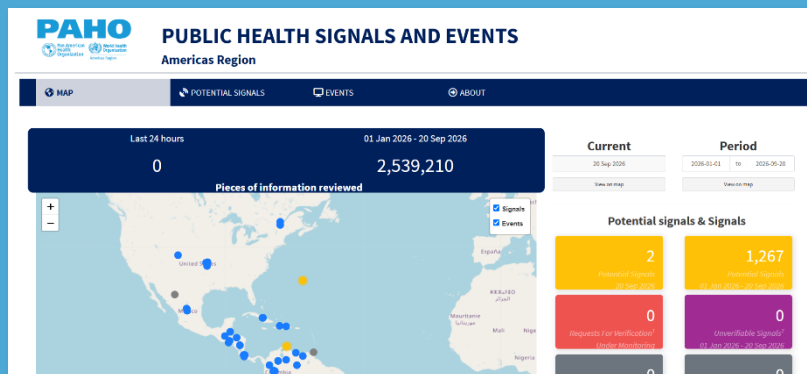
Publication and continuous maintenance of the Influenza A(H5N1), Yellow Fever, and Measles databases, as well as the development and regular updating of six interactive dashboards for the monitoring of public health signals, events, outbreaks, and emergencies in the Region of the Americas.

The dashboards integrate epidemiological, geographic, demographic, clinical, and, where relevant, animal health information to provide timely and accessible situational intelligence for early warning, risk assessment, and public health decision-making. Products include dashboards for Mpox, influenza A(H5N1), yellow fever, measles, cholera resurgence in

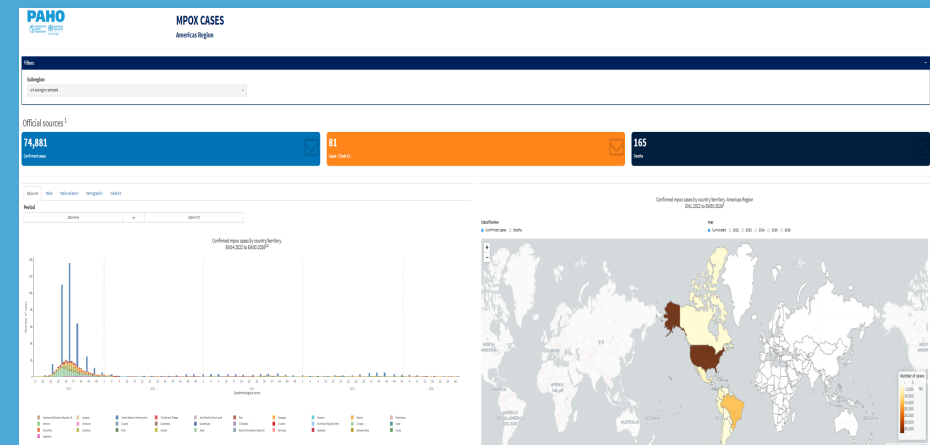
Hispaniola, and regional public health signals and events monitoring, enabling users to assess temporal and geographic trends, characterize affected populations, identify emerging risks and information gaps, and support the prioritization of preparedness and response actions.

Access the dashboards: [Mpox](#), [Influenza A\(H5N1\)](#), [Public health signals and events](#), [Climate central sea level rise \(SLR\) analysis](#) and [Yellow fever](#).

Public Dashboard on [Public Health Signals and Events](#)



Public Dashboard on [Mpox Cases in the Americas Region](#)



P. Promote international collaboration in the Americas for epidemic intelligence

Participation in the Public Health Risk Assessment Network (PHRN) Working Group

PHE/HIM participated in the Public Health Risk Assessment Network (PHRN) bi-monthly working group call held on 20 July 2026. The group brings together representatives from partner organizations. Discussions highlighted recent public health risk assessments conducted and the topic of artificial intelligence in assessment approaches.

Q. Fostering collaboration and knowledge exchange for epidemic intelligence

Strengthening Epidemic Intelligence from Open Sources (EIOS) use through Regional-Global Technical Exchange

PAHO engaged with the WHO EIOS Core Team and members of the Global EIOS Support Team to strengthen coordination and knowledge exchange around the use of EIOS. Discussions with Global EIOS Support Team focused on sharing experiences, practices and lessons learned to support the routine use of EIOS, while a bilateral meeting with the EIOS Core Team provided an opportunity to share updates on specific developments, priorities and needs in the Americas Region.

Glossary

The activities presented in this report are organized in alignment with the [PAHO Strategy on Epidemic Intelligence for Strengthening Early Warning for Health Emergencies 2024–2029](#) and its [Regional Action Plan](#). The terminology used throughout the report follows these regional frameworks and draws on relevant WHO and PAHO technical guidance documents that underpin the concepts and functions of epidemic intelligence and early warning. The glossary below provides the definitions applied throughout this report.

Acute public health event. Any event that represents immediate threat to human health and requires prompt action, i.e., implementation of control and/or mitigation measures to protect the health of the public. This term includes events that have not yet led to disease in humans but have the potential to cause disease through exposure of humans to infected or contaminated food, water, animals, manufactured products, environments, or as a result of direct or indirect consequences of natural events, conflicts or other disruptions of critical infrastructure. (1)

Community event-based surveillance (CEBS). The detection and reporting of events of public health importance within a community by members of that community. (2)

Detection. A process by which signals of potential public health risks are detected, recorded, and undergo preliminary assessment. (3)

Early warning flag. Data and/or information considered by the Early Warning and Response system as representing a potential acute risk to human health. Early warning flags may consist of reports of cases or deaths (individual or aggregated), potential exposure of human beings to biological, chemical or radiological and nuclear hazards, or occurrence of natural or man-made disasters. Early warning flags can be detected through any potential source (health or non-health, informal or official) including the media. Reports of relevant information (i.e., untreated and unverified) are first detected and triaged in order to retain only the one pertinent to early detection purposes i.e., early warning flags.

Epidemic intelligence. A process involving interlinked steps of detection, verification, risk assessment, reporting, and response. (4)

Epidemic Intelligence from Open Sources (EIOS).

Event. A manifestation of disease or an occurrence that creates a potential for disease. In the context of event-based surveillance, an “event” also includes those of unknown origin and refers to “a signal” that has been “verified” (see signal and alert). (1,5)

Event-based surveillance (EBS). The organized collection, monitoring, assessment and interpretation of mainly unstructured ad hoc information regarding health events or risks, which may represent an acute risk to human health. (1)

Event Information Site (EIS). A secure web-based platform, the Event Information Site (EIS), for communications with National Focal Points.

International Health Regulations (IHR). The purpose and scope of these Regulations are to prevent, prepare for, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risk and which avoid unnecessary interference with international traffic and trade. (5)

Event Management System (EMS). EMS is the central electronic repository of event-related information. EMS is a password-protected web-based tool accessible to designated personnel at WHO Country and Regional Offices, and headquarters, subject to completion of relevant training. (6)

IHR Notification. Each State Party shall notify WHO, by the most efficient means of communication available, by way of the National IHR Focal Point, and within 24 hours of assessment of public health information, of all events which may constitute a public health emergency of international concern within its territory in accordance with the decision instrument, as well as any health measure implemented in response to those events. (5)

National IHR Focal Point. The national centre, designated by each State Party, which shall be accessible at all times for communications and liaison with WHO IHR contact points under the IHR. (5)

Public health emergency of international concern (PHEIC). An extraordinary event which is determined, as provided in these Regulations: (i) to constitute a public health risk to other States through the international spread of disease; and (ii) to potentially require a coordinated international response. (5)

Public health risk. A likelihood of an event that may affect adversely the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger. (5)

Request for further information (RFI). Pursuant to the paragraph 10.1 and to Article 9 of the IHR, each State Party, when requested by WHO, shall verify and provide information to WHO in the context of an assessment under Article 6, including relevant information as described in that Article (case definitions, laboratory results, source and type of the risk, number of cases and deaths, conditions affecting the spread of the disease and the health measures employed; and report, when necessary, the difficulties faced and support needed in responding to the potential public health emergency of international concern) in a timely manner. (5)

Request for verification (RFV). WHO shall request, in accordance with Article 9, verification from a State Party of reports from sources other than notifications or consultations. (5)

Response. Any public health action triggered by the detection of a public health risk (e.g., monitoring of the event, information of the public, triggering field investigation and/or implementation of any control or mitigation measures). The nature of the response will have to be adapted according to the nature of the public health risk. (1)

Risk. The likelihood of an event resulting in negative consequences for public health. (1)

Risk assessment. A systematic process for gathering, assessing and documenting information to assign a level of risk to human health to an event. Risk assessment includes three components - hazard assessment, exposure assessment and context assessment. The risk assessment provides the basis to inform the action to be taken in order to manage and reduce the negative consequences of acute public health events. Risk assessment is a continuous process from the detection of the signal to the response to the event. (1)

State Party. States bound by the International Health Regulations 2005 (5).

Signal. An early warning flag that, following initial review and triage, is considered pertinent to early detection and meets the criteria for verification. A signal represents information concerning a potential acute risk to human health for which verification with an authoritative source is warranted. Once verified, a signal may be classified and managed as an event.

Surveillance. The systematic ongoing collection, collation and analysis of data for public health purposes and the timely dissemination of public health information for assessment and public health response as necessary. (5)

Triage. The process of screening the data and information that are relevant for early detection purposes (i.e. screening out mild/irrelevant events from potential acute public health events, and cleaning to eliminate duplicates and correct obvious mistakes). (1)

Verification. In the context of the IHR (article 1): “[...] the provision of information by a State Party to WHO confirming the status of an event within the territory or territories of that State Party”. Under the IHR, all States Parties are required to provide verification upon request by WHO within a limited time period. In the current document, verification is also the pro-active crosschecking of the validity (veracity) of the signals collected by EWAR, by contacting the original source, additional sources, or by performing field investigation. Verification requires that hoaxes, false rumors, and artefacts are eliminated from further consideration. (1,5)

WHO IHR Contact Point. The unit within WHO which shall be accessible at all times for communications with the National IHR Focal Point. (5)

References

1. World Health Organization. Early detection, assessment and response to acute public health events: implementation of early warning and response with a focus on event-based surveillance. Geneva: WHO; 2014. Available from: <https://www.who.int/publications/i/item/WHO-HSE-GCR-LYO-2014.4>.
2. Pan American Health Organization. Guía para la aplicación de la vigilancia de eventos basada en la comunidad para la alerta temprana y respuesta a eventos agudos y emergencias de salud pública. Washington, D.C.: PAHO; 2026. Available from: <https://iris.paho.org/items/61103b73-8ec3-4352-b617-f2fcded8a9b1>.
3. World Health Organization. Public health intelligence competency framework. Geneva: WHO; 2025. Available from: <https://www.who.int/docs/default-source/eios/phi-competency-framework.pdf>.
4. Pan American Health Organization. Strategy on Epidemic Intelligence for Strengthening Early Warning of Health Emergencies 2024-2029. 61st PAHO Directing Council, 76th Session of the Regional Committee of WHO for the Americas; 30 September-4 October 2024. Washington, D.C.: PAHO; 2024. Available from: <https://www.paho.org/en/documents/cd6112-rev-1-strategy-epidemic-intelligence-strengthening-early-warning-health>.
5. World Health Organization. International Health Regulations (2005), As amended in 2014, 2022 and 2024. Geneva: WHO; 2026. Available from: https://apps.who.int/gb/bd/pdf_files/IHR_2014-2022-2024-en.pdf.
6. World Health Organization. Global public health intelligence report 2022. Geneva: WHO; 2023. Available from: <https://iris.who.int/handle/10665/372054>.