

Monthly Report on the Implementation of Epidemic Intelligence in the Americas

Health Emergency Information and Risk Assessment Unit (HIM)

August 2026

Overview - August 2026

Detecting public health threats

403,850

Relevant pieces of information analyzed

154

Early warning flags identified

17

Notifications from IHR National Focal Points

Verifying information

3,083

IHR event-related communications managed

1

Signals requiring verification

6

New events

- Cyclosporiasis
- Mpox clade 1b
- Dengue
- Chemical spill
- Acute respiratory infections

Risk assessments for events

1

Risk Assessments published

2

Geospatial Risk analysis

Disseminating alerts and updates

1

Public Health Situational Analyses

2

Epidemiological alerts and updates

3

Situation Reports for ongoing emergencies

Capacity-building

78



Professionals trained

8



Meetings for strengthening collaboration

Topics

- Epidemic Intelligence
- Genomic surveillance
- Field epidemiology

I. Regional Epidemic Intelligence Activity

A. Detection of early warning flags

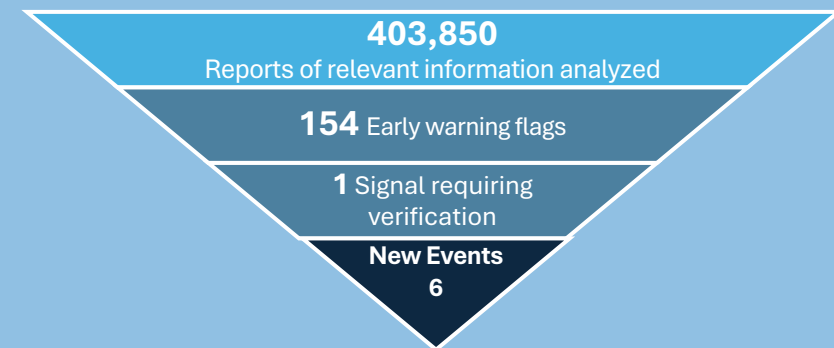
At the regional level, the Health Emergency Information and Risk Assessment Unit (HIM) of the PAHO Health Emergencies Department (PHE) operates through the continuous epidemic intelligence phases, scanning multiple sources to identify **Early warning flags**¹ (information indicating a potential acute 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 August 2026.



Between 1 to 31 August 2026, a total of **403,850 reports of relevant information** related to acute public health events in the Americas Region were scanned by PHE/HIM team. Of these, **154 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 August 2026, a total of **3,083 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)	17
	VERIFICATION*	Requests for verification sent to National IHR Focal Points (IHR Article 10)	1
	REQUESTS FOR FURTHER INFORMATION	Requests for further information sent to National IHR Focal Points	4
TOTAL			22

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 August 2026, a total of **six new events** pertaining to five Member States were managed for the Americas Region (*Table 2*), of which five (83%) were infectious-related and one (17%) was chemical-related.

Two events were related to cyclosporiasis, while the remaining events were related to mpox clade Ib, chemical spill, dengue, and acute respiratory infections.

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

NUMBER OF EVENTS IN AUGUST 2026	
NEW	6
ONGOING	3
CLOSED	3

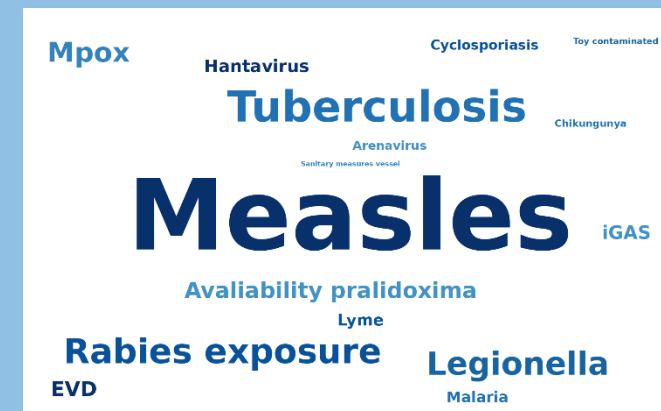
⁵ All of these public health events/emergencies are recorded in an internal platform known as the Event Management System (EMS)

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

During August 2026, there were **109 situations**, of which some were not necessarily notifiable events 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 contact tracing for measles and rabies exposure, among other hazards shown in the word cloud below (*Figure 2*).

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



D. Triangulating Geographic Information System (GIS) intelligence to support risk assessment

During August 2026, the GIS team produced **2 geospatial analyses** in support of ongoing public health emergencies and event monitoring related to the regional measles emergency.

Additional GIS analyses were used in the public health situation assessment (PHSA) for Colombia in the context of the August 2026 earthquake, considering the humanitarian context, health risks and impacts on health infrastructure (PHSA published on 24 August 2026). The geospatial analysis assessed the extent of the earthquake and affected areas, including the distribution of reported impacts, exposed populations, and health facilities and other critical infrastructure potentially affected. These analyses supported the initial assessment of risk, exposure, and potential public health impacts associated with the earthquake and helped inform the overall situational analysis and response planning (*Figure 3*).

A geospatial analysis on measles case burden by country was also conducted and published in the Regional Measles Situation Reports to describe the geographic patterns of the disease and identify high risk countries and subregions (*Figure 4*).

Figure 3. Geospatial analysis of exposure and impact of the earthquakes in Colombia, August 2026.

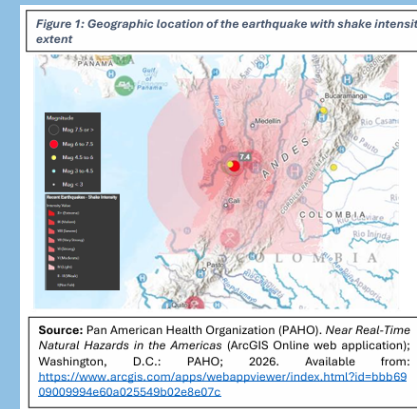
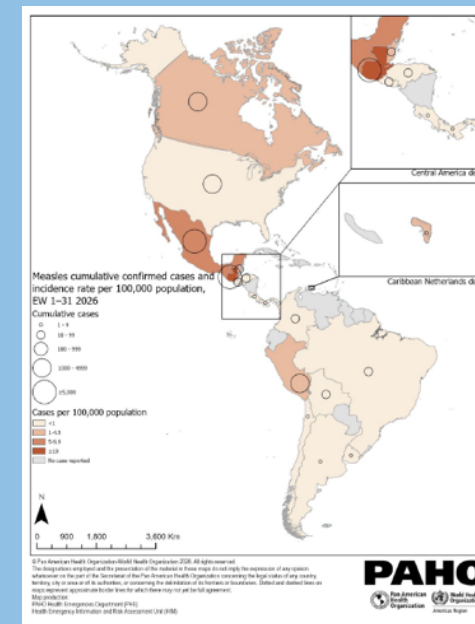


Figure 4. Measles cumulative confirmed cases and incidence rate per 100,000 people.



E. Timeliness performance indicators

PAHO's time to initial action

During August 2026, the **signal** requiring verification request⁶ was submitted within 24 hours (*Table 3*).

Table 3. Timeliness performance for PAHO in August 2026.

Timeliness Indicators for August 2026		Quantity
REQUESTS FOR VERIFICATION (RFV) SENT	Total	1
	<24 hours since detection	1
	24-48 hours since detection	0
	>48 hours since detection	0

Source: PAHO records

Between January and August 2026, among the **40 requests for verification (RFV)** sent under the International Health Regulations (2005), 39 (97.5%) were sent within 24–48 hours of signal detection (*Table 4*).

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

The signal that required verification, was verified.

Table 4. Timeliness performance for PAHO from January to August 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%
Aug-2026	1	1	100%
Total	40	39	97.5%

Source: PAHO records

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 August 2026, a total of 97 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
August	6	3.5 days	11.5 days	0 days
Total	97	5 days	3 days	0 days

Source: PAHO records

Supporting Country Decision-Making Through Timely Event Information

Between January and August 2026, Member States received **87 detailed reports on public health events and/or emergencies** through the secured platform, Event Information Site (EIS) or other official communication channels. Of these, 84 (97%) 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 August 2026, **six new food safety incidents** were managed through or in coordination with INFOSAN, involving six different countries in the Americas. Across new and ongoing incidents, 56 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. New INFOSAN incidents by hazard type (biological, undeclared allergen and physical), August 2026.

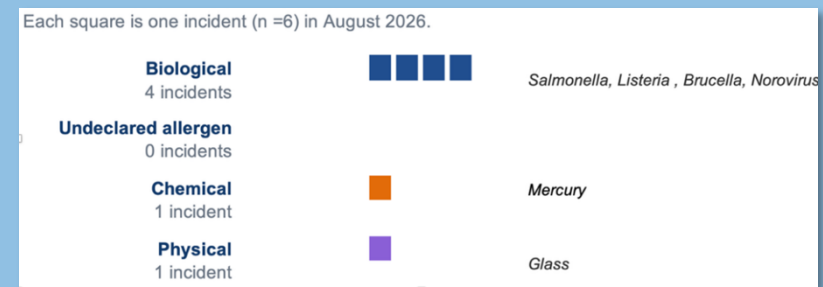
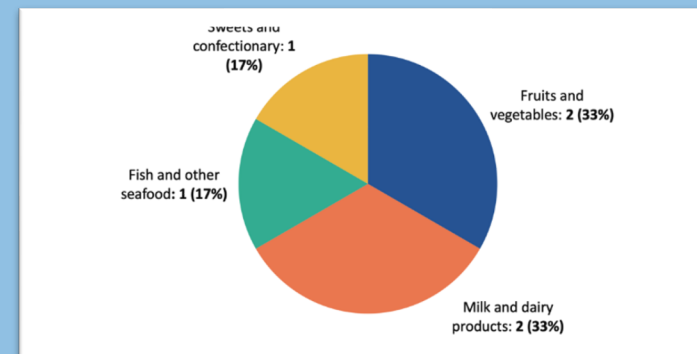


Figure 6. New INFOSAN incidents by food group, August 2026.



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: Reinforcing EIOS Capacities in Venezuela and Brazil

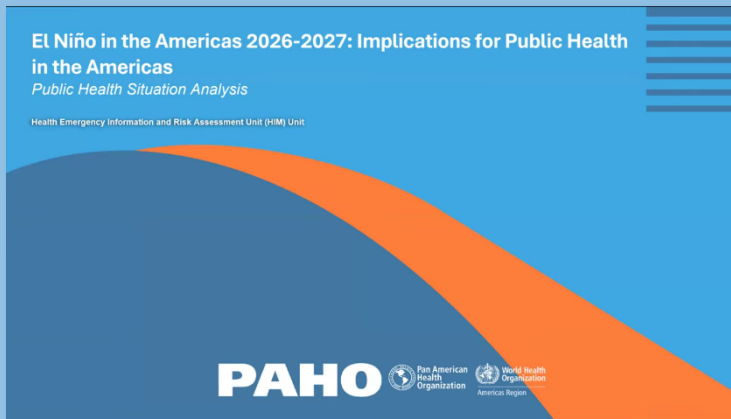
The first EIOS training was provided for the Venezuela Community. The sessions introduced participants to the use of Epidemic Intelligence from Open Sources (EIOS) for the identification, monitoring, and assessment of potential public health threats. The training aimed to strengthen participants' practical knowledge and familiarity with the platform and its application to public health surveillance. A total of **20 participants successfully completed the training activities.**

Furthermore, a virtual refresher session on EIOS V2 was conducted for the Brazil community to provide an update on the platform's new features introduced in Version 2. The session focused particularly on the integration of artificial intelligence-based tools, including EIOS Companion and Anomalies, and their potential to facilitate and support new Event-Based Surveillance (EBS) strategies being developed by the community at the subnational level. A total of **12 participants actively engaged in the session,** which included practical exercises and a Q&A session to address participants' questions and discuss the application of these tools in EBS activities.

H. Supporting Climate-Informed Public Health Preparedness for El Niño in the Americas

The team contributed as panelists to the regional webinar “El Niño and Health in the Americas: Strengthening Preparedness and Anticipatory Action,” which brought together climate, health, and emergency management perspectives to strengthen preparedness for the potential health impacts of El Niño across the Region of the Americas.

During the session on Public Health Situational Analysis: Risks, Preparedness and Response, the team presented key findings from the regional public health risk assessment and discussed how climate-related hazards (including droughts, floods, heatwaves, and wildfires) can affect population health, health services, and climate-sensitive diseases. The discussion also emphasized the importance of translating climate information and forecasts into actionable public health measures, including strengthened surveillance, preparedness planning, and anticipatory action.



Dry conditions		Wet conditions	
Public health risk	Level of risk	Public health risk	Level of risk
Malnutrition	Very high risk	Malnutrition	Very high risk
Cholera and other waterborne diseases	Very high risk	Cholera and other waterborne diseases	Very high risk
Heat stress	Very high risk	Malaria	Very high risk
Adverse diseases like Dengue, Zika, Chikungunya, Dengue and Yellow Fever	Very high risk	Adverse diseases like Dengue, Zika, Chikungunya, Dengue and Yellow Fever	Very high risk
Measles	Very high risk	Measles	Very high risk
Malaria	High risk	Other vector-borne diseases	High risk
Other vector-borne diseases	High risk	Other vaccine-preventable diseases	High risk
Other vaccine-preventable diseases	High risk	Respiratory diseases	High risk
Respiratory diseases	High risk	Maternal and child health	High risk
Maternal and child health	High risk	Disast injuries	High risk
Disast injuries	High risk	Gender-based violence	High risk
Gender-based violence	High risk	Conditions requiring mental health and psychosocial support (PPHPS)	High risk
Conditions requiring mental health and psychosocial support (PPHPS)	High risk	Accidents by venomous animals	High risk
Accidents by venomous animals	High risk	Robust-borne diseases	Moderate risk
Robust-borne diseases	Moderate risk	Human rabies	Moderate risk
Human rabies	Moderate risk	Bornaviruses, fish and shellfish poisoning	Moderate risk
Bornaviruses, fish and shellfish poisoning	Moderate risk	Myxoma caused by New World camponotids (Crematogaster humilis)	Moderate risk
Myxoma caused by New World camponotids (Crematogaster humilis)	Moderate risk	Heat stress	Moderate risk

I. Advancing data-driving public health decision-making through R Training and analytical capacity building

PAHO provided an introductory R training for the Venezuela team to strengthen capacity for public health information analysis and support more consistent and reproducible analytical workflows. **Forty participants** were invited to the session, which introduced key R-based processes for managing and analyzing public health data.

The training focused on practical skills applicable to routine surveillance and emergency response, including data import and cleaning, basic extract-transform-load (ETL) processes, and the standardization of analytical procedures. Participants were also introduced to the development of graphs and other outputs for routine monitoring. By establishing a common foundation in R, the activity supports more standardized, efficient, and reproducible approaches to public health data analysis.

The screenshot displays the RStudio interface with the following components:

- Source Editor:** Contains an R script with comments in Spanish and code for installing and loading packages using the `pacman` package.
- Console:** Shows the execution of `getwd()`, `list.files()`, and `pacman::p_load()` commands.
- Environment:** Indicates that the environment is empty.
- Files Pane:** Lists the files in the current directory, including presentation slides and R project files.

```
# un paquete es un conjunto de funciones creadas para realizar tareas concretas.~
# La instalación se hace UNA SOLA VEZ en cada computador.~
#~
# Si los paquetes todavía no están instalados, quite el símbolo # de la siguiente
# línea, ejecútela y espere hasta que termine la instalación.~
#~
pacman::p_load(tidyverse, readxl, writexl, lubridate)~
?pacman::p_load~
install.packages(c("tidyverse", "readxl", "writexl", "lubridate")) # instale los paquetes
#~
# 0.2 Cargar paquetes ###~
#~
# library() activa un paquete instalado para utilizarlo durante esta sesión.~
#~
library(tidyverse) # Manipulación de datos, texto, tablas y gráficos~
```

```
> getwd()
[1] "C:/Users/rojasjua/OneDrive - Pan American Health Organization/Escritorio/curso Ven/facilitadores"
> list.files()
[1] "03_primeros pasos.pptx"      "04_conceptos fundamentales.pptx"
[3] "Clases"                     "curso_R_introductorio_2h30.Rproj"
[5] "datos"                       "resultados"
[7] "scripts"
> # Suma
> 2 + 3
[1] 5
> pacman::p_load("tidyverse", "readxl", "writexl", "lubridate")
> ?pacman::p_load
> pacman::p_load(tidyverse, readxl, writexl, lubridate)
```

J. 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.



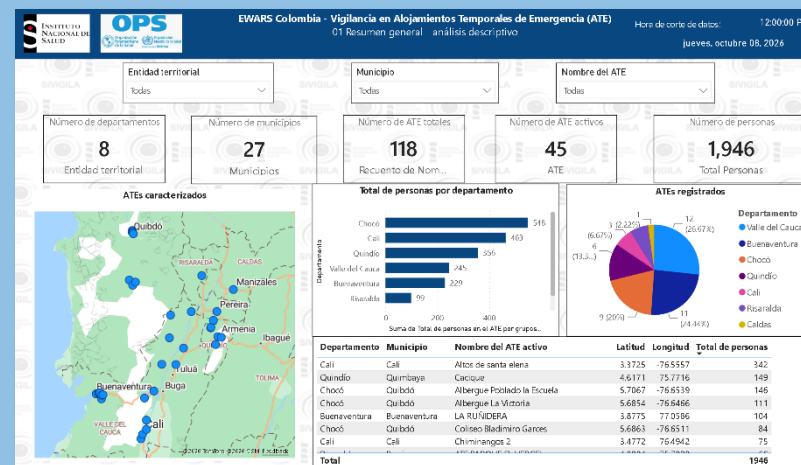
III. Strengthening robust, integrated and interoperable surveillance systems

K. Strengthening Digital Early Warning and Epidemiological Surveillance Following the Colombia Earthquake

Following the August 2026 earthquake in Colombia, PAHO provided technical support to strengthen information management and digital surveillance for the emergency response. Support focused on cleaning, standardizing, and consolidating information collected through emergency response forms, improving the availability and usability of data for operational monitoring.

ETL (Extract, Transform, Load) processes were developed to extract data from emergency response sources, clean and standardize the information, and load the resulting datasets into Power BI for analysis and visualization. This workflow strengthened the use of EWARS and related response data to support public health assessment, situational awareness, and timely decision-making during the emergency response.

Figure 7. Power BI dashboard developed to support EWARS monitoring following the August 2026 earthquake in Colombia.



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



PAHO is facilitating the adaptation of the EPISUS Field Epidemiology Training (FETP) – Front Line hybrid format from Brazil to the Africa Center for Disease Prevention and Control (CDC). As part of this activity, **from 17 to 21 August 2026, a technical working meeting was held in Addis Ababa to advance the adaptation of the FETP Frontline curriculum for Portuguese-speaking African countries**, with participating of the Brazil Ministry of Health in its role as a **WHO Collaborating Centre**, and facilitating by PAHO. During this one-week workshop **the curriculum** as well as the

approach for its adaptation to the broader African context was reviewed. The Portuguese speaking countries and Africa CDC agreed on a hybrid adaptation model that combines **Brazil’s technical expertise with Africa CDC’s regional perspective**, while leveraging the Africa CDC learning platform and Community of Practice to support implementation and sustainability. The meeting also established a practical roadmap for the next phase of work, including the progressive review and adaptation of training materials and continued technical coordination among the participating institutions.

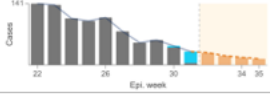
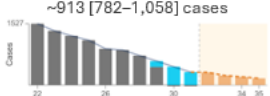
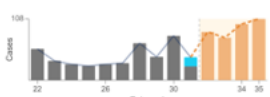
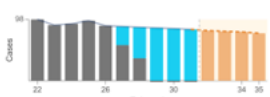
M. Strengthening Surveillance for Climate-Related Emergencies in Paraguay

In Paraguay, PHE is providing technical support to strengthen surveillance during climate-related emergencies by integrating enhanced surveillance approaches with community-based surveillance. The initiative brings together COMAlert (Red Tero Tero) and EWARS, two complementary tools already operating in the country, to improve the detection, triage, and follow-up of public health signals during emergencies.

The integration aims to strengthen coordination between formal surveillance systems and community reporting, enabling earlier identification of priority events, better information flow, and more timely public health action. By connecting these existing surveillance mechanisms, the initiative seeks to support a more coordinated and responsive approach to monitoring health risks associated with climate-related emergencies.

N. 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	Based on the model ²	4-week forecast (weeks 32–35) Median [95% CrI] ³	Model interpretation
Mexico	0.62 [0.53–0.71]	↓ declining	~80 [43–125] cases 	R_t below 1 with a narrow range — the model points to a continued decline over the next 4 weeks, with the upper bound also below 1.
Guatemala	0.66 [0.63–0.69]	↓ declining	~913 [782–1,058] cases 	R_t is estimated to be 0.66 [0.63–0.69], which remains well below the epidemic threshold. This indicates a decline in transmission, and projections suggest that the downward trend will continue.
United States	1.35 [1.18–1.53]	↓ on the rise	~367 [259–500] cases 	R_t is estimated to be 1.35 (CI: 1.18–1.53). The estimate and its uncertainty interval are above 1, indicating an increase in transmission in the most recent period, following the previously observed downward trend. Continued monitoring is recommended to assess the persistence of this change.
Canada	— ⁴	— ⁴	— ⁴	No modeling was performed—see footnote 4. Of the 1,107 cases recorded in 2026, 1,021 remain linked to the outbreak that began in October 2024, which is now showing a sustained decline.
Peru	0.97 [0.87–1.07]	↓ declining	~313 [228–413] cases 	R_t is estimated to be 0.97 (95% CI: 0.87–1.07). Although the point estimate is slightly less than 1, the uncertainty interval includes 1, so it is not possible to clearly conclude whether transmission is

Between 1–31 August, 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 Report #9.

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.

O. PAHO Strategic engagement for an international sports mass gathering event

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 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 August 2026, following the conclusion of the mass gathering event, PAHO facilitated a series of weekly discussions with key collaborating institutions to evaluate the surveillance and coordination activities undertaken during the tournament period. Through these structured exchanges, partners jointly identified successes, challenges, and lessons learned from the collaboration, fostering a shared understanding of effective practices and areas requiring further strengthening. PAHO coordinated the synthesis of these findings capturing recommendations to enhance epidemic intelligence, information-sharing mechanisms, and cross-institutional coordination for future mass gathering events in the Region of the Americas.

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

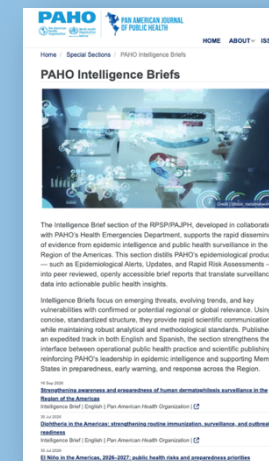
P. Actionable information shared by PHE/HIM

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 contributes 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.

Links to information products:

- [Epidemiological alerts and updates](#)
- [Public Health Situational Analyses](#)
- [PAHO Rapid Risk Assessments \(RRA\)](#)
- [PAHO Intelligence Briefs](#)



31 Daily Epidemic Intelligence Reports

2 Epidemiological Alerts and
Updates

1 Public Health Situational
Analyses

1 Risk Assessments

71

Actionable
information products
shared

3 Situation Reports on ongoing
emergencies

1 Daily Reports for international sporting Mass Gathering Event

7 Post-earthquake Reports of Signals Detected in Venezuela

21 Post-earthquake Reports of Signals Detected in Colombia

4 Human Mobility Reports in Border Areas

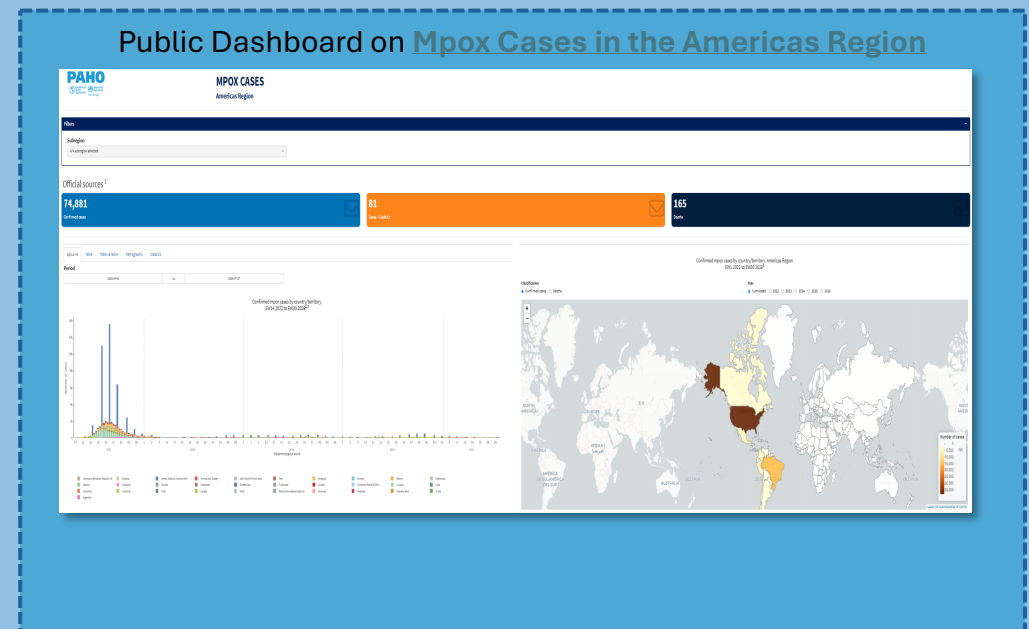
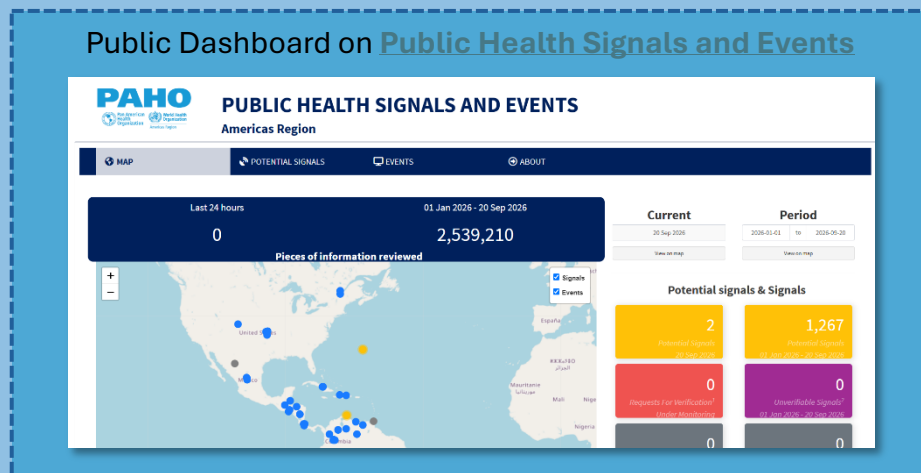
Q. Up-to-date epidemiological information to support Member State response to events and emergencies

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](#).



R. Promote international collaboration in the Americas for epidemic intelligence

3rd Reginal Meeting on Epidemic Intelligence for the Americas



On 5–6 August 2026, PAHO convened the 3rd Regional Meeting on Epidemic Intelligence for the Americas in Salvador, Brazil, bringing together national authorities responsible for surveillance and epidemic intelligence to review progress in implementing the 2024–2029 Regional Strategy and Action Plan. Countries reviewed advances and challenges across the four strategic lines and consolidated priorities for 2026–2029 to guide technical cooperation, the implementation and monitoring of national action plans, and the development of regional solutions. Discussions also addressed systems integration and interoperability, information exchange, and mechanisms to better coordinate capacity-building support. The meeting also marked the official launch of PAHO's Basic Course on Epidemic Intelligence, developed under the PROTECT project with Pandemic Fund support to strengthen foundational capacities for early warning and response.

Strengthening the Integration of PulseNet and Genomic Surveillance with Epidemic Intelligence



From 23–26 August 2026, PAHO participated in the PulseNet Latin America and Caribbean Meeting in Guatemala to strengthen the integration of genomic surveillance networks within the regional epidemic intelligence framework. HIM presented progress in implementing the Regional Action Plan, including indicators related to genomic surveillance, and discussed opportunities to strengthen coordination between PulseNet focal points and national epidemic intelligence counterparts. The meeting also explored mechanisms to better integrate epidemiological, genomic, food safety, and event-based surveillance information to support signal detection, risk assessment, and the identification of events of regional relevance. In addition, HIM presented progress on the development of a regional platform for the exchange, analysis, and comparison of genomic data on foodborne pathogens, aimed at improving countries' access to analytical capabilities and strengthening interoperability across the Region.

S. Fostering collaboration and knowledge exchange for epidemic intelligence



Strengthening Epidemic Intelligence at the Subnational Level in Bahia

On 4 August 2026, PAHO experts participated in the 1st State Meeting on Epidemiological Intelligence of the State of Bahia in Salvador, Brazil, organized by the Superintendency of Health Surveillance and Protection (SUVISA) of the Bahia State Health Department. The engagement provided an opportunity to present the objectives and implementation perspectives of PAHO's Regional Strategy on Epidemic Intelligence and to promote dialogue across subnational, national, and regional levels. The activity contributed to connecting regional priorities with operational efforts at the subnational level and to advancing more integrated early warning systems for the detection and assessment of public health threats.

Advancing the Epidemic Intelligence Agenda in Central America

In August 2026, PAHO participated in the meeting of the COTEVISI, the regional technical commission on epidemiological surveillance and health information systems of COMISCA, bringing together surveillance authorities from Central America and the Dominican Republic. PAHO presented progress and next steps for implementation of the Regional Action Plan on Epidemic Intelligence 2024–2029, helping further position the epidemic intelligence agenda within regional surveillance priorities and strengthen its articulation with existing Central American coordination mechanisms.

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.

Strengthening Epidemic Intelligence through Regional Capacity Building

In August 2026, PAHO launched the Basic Course on Epidemic Intelligence, adapted to the regional context of the Americas and made it available through its Virtual Campus for Public Health. Developed with support from the Pandemic Fund's PROTECT project, this free, self-paced course represents an important milestone in advancing the Regional Strategy on Epidemic Intelligence for Strengthening Early Warning of Health Emergencies (2024–2029). By incorporating regional priorities, institutional experiences, and lessons learned from Member States, the course aims to strengthen public health workforce capacities in epidemic intelligence, early warning, and risk assessment, while promoting the integration of event-based and indicator-based surveillance. This initiative reinforces PAHO's commitment to expanding access to standardized training and building sustainable capacities for health emergency preparedness and response across the Americas. The course is available at: <https://campus.paho.org/es/curso/inteligencia-epidemica>

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)

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