PAHO Pan American Health Organization World Health Organization Americas Region



Monthly Report on the Implementation of Epidemic Intelligence in the Americas

Health Emergency Information and Risk Assessment Unit (HIM)

June 2026

PAHO Pan American Health Organization World Health Organization Americas Region

PAHO Pan American Health Organization | World Health Organization Americas Region

Overview - June 2026

Detecting public health threats

289,158
Relevant pieces of information analyzed

119
Early warning flags identified

32
Notifications from National IHR Focal Points

Verifying information

3,221
IHR event-related communications managed

2
Signals requiring verification

7
New events
- Avian influenza
- Chikungunya
- Botulism

Risk assessments for events

2
Risk Assessments published
- Bundibugyo virus
- COVID-19

14
Geospatial Risk analysis

Disseminating alerts and updates

1
Public Health Situational Analyses

1
Epidemiological alerts and updates

5
Situation Reports for ongoing emergencies

Capacity-building

29
Professionals trained

18
Meetings for strengthening collaboration

Topics
- Community event-based surveillance (CEBS)
- Epidemic Intelligence from Open Sources
- Mass gathering events

I. Regional Epidemic Intelligence Activity

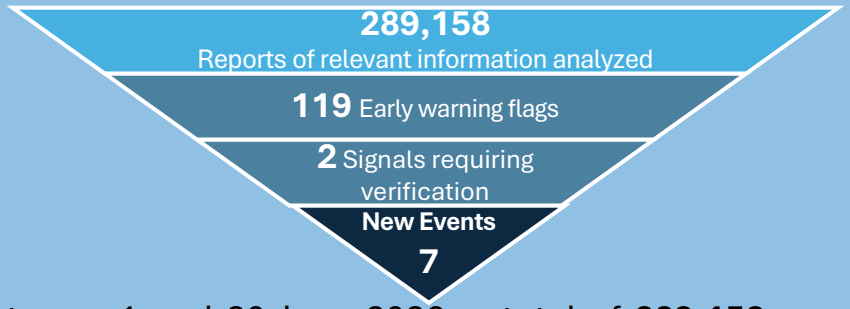
A. Detection of early warning flags

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 States[3]. 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 verification[4] from 1 to 30 June 2026.



Between 1 and 30 June 2026, a total of **289,158 reports of relevant information** related to acute public health events in the Americas Region were scanned by PHE/HIM team. Of these, **119 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 of the Americas Region sent under the International Health Regulations (2005) within the Americas Region are included; this excludes any verification pertaining to countries/territories corresponding to National IHR Focal Points of other WHO Regions.

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

Between 1 and 30 June 2026, a total of **3,221communications** 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)	32
	VERIFICATION*	Requests for verification sent to National IHR Focal Points (IHR Article 10)	2
	REQUESTS FOR FURTHER INFORMATION	Requests for further information sent to National IHR Focal Points	1
TOTAL			35

Source: PAHO Health Emergencies, Health Emergency Information and Risk Assessment Unit (HIM). Internal records. 2026. Unpublished.

* 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 countries/territories corresponding to National IHR Focal Points of other WHO Regions.

C. Public health events managed

During June 2026, a total of **seven new events** pertaining to six Member States were managed for the Americas Region (*Table 2*), of which five were infectious-related, one was product-related and one was radionuclear-related.

Three events were related to influenza due to identified avian or animal influenza virus, while the remaining four were related to chikungunya, botulism, adulterated beverages, and possible radiation exposure.

Table 2. Public health events and emergencies managed during June 2026 in the Americas Region[5].

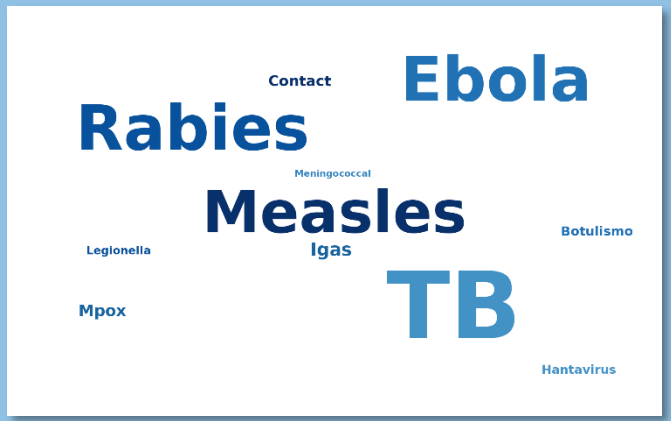
NUMBER OF EVENTS IN JUNE 2026	
NEW	7
ONGOING	3
CLOSED	4

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

During June 2026, there were **65 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 measles, rabies, Ebola, 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 June 2026.



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

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

During June 2026, the GIS team produced **14 geospatial analyses** in support of ongoing public health emergencies and event monitoring: six analyses related to the regional measles emergency, and eight on the earthquake in Venezuela.

GIS analyses were conducted for Venezuela in the context of the 24 June 2026 earthquakes and their aftershocks, assessing the initial exposure and impact on cities and towns, populations and hospitals in the country. Additional analyses were performed to assess the damage to buildings and structures in the impacted areas (*Figure 3*). The analysis results were used in the Public Health Situation Analysis (PHSA) for Venezuela in the context of the earthquake, considering the ongoing humanitarian situation, existing health risks and expected impacts to health infrastructure.

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 Venezuela, June 2026.

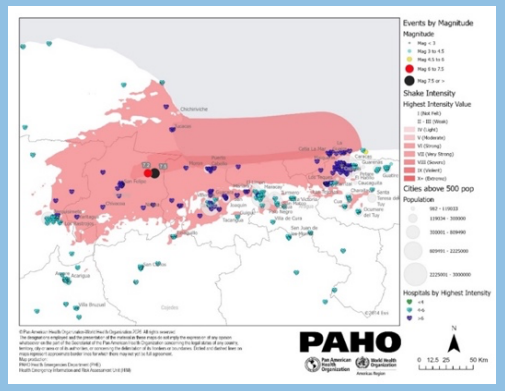
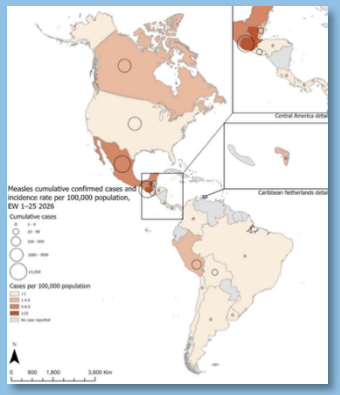


Figure 4. Measles cumulative confirmed cases and incidence rate per 100,000 people.



E. Timeliness performance indicators

PAHO's time to initial action

During June 2026, all **two signals** requiring verification requests[6] were submitted within 24 hours (*Table 3*).

Table 3. Timeliness performance for PAHO in June 2026.

Timeliness Indicators for June 2026		Quantity
REQUESTS FOR VERIFICATION (RFV) SENT	Total	2
	<24 hours since detection	2
	24-48 hours since detection	0
	>48 hours since detection	0

Source: PAHO Health Emergencies, Health Emergency Information and Risk Assessment Unit (HIM). Internal records. 2026. Unpublished.

Between January and June 2026, among the **28 requests for verification (RFV)** sent under the International Health Regulations (2005), 27 (9.4%) were sent within 24–48 hours of signal detection (*Table 4*).

Among the two signals requiring verification, one was verified and one was discarded.

Table 4. Timeliness performance for PAHO from January to June 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%
Total	**28**	**27**	**96%**

Source: PAHO Health Emergencies, Health Emergency Information and Risk Assessment Unit (HIM). Internal records. 2026. Unpublished.

[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 countries/territories corresponding to National IHR Focal Points of other WHO Regions.

Member States timeliness for detection, notification, and response

Between January and June 2026, a total of 76 events[7] were assessed for detection, notification, and response timeliness.

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

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**
Overall for 2026	**76**	**3.5 days**	**3 days**	**0 days**

Source: PAHO Health Emergencies, Health Emergency Information and Risk Assessment Unit (HIM). Internal records. 2026. Unpublished.

Supporting Country Decision-Making Through Timely Event Information

Between January and June 2026, Member States received **69 detailed reports on public health events and/or emergencies** through the secured platform, Event Information Site (EIS) or other official communication channels. Of these, 66 (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 PAHO/WHO, and 7 days to initiate 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 June 2026, **six new food safety incidents** were managed through or in coordination with INFOSAN, involving three different countries in the Americas. Across new and ongoing incidents, 30 communications were recorded during the month to support information exchange, verification and follow-up; this included two ongoing incidents involving two countries in the Americas. The distribution of the new incidents by hazard type and food category is presented in Figures 5 and 6.

Figure 5. New INFOSAN incidents by hazard type, June 2026.

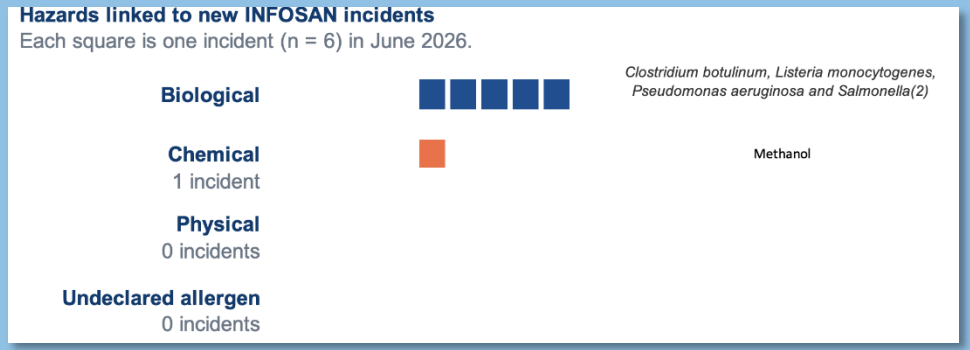
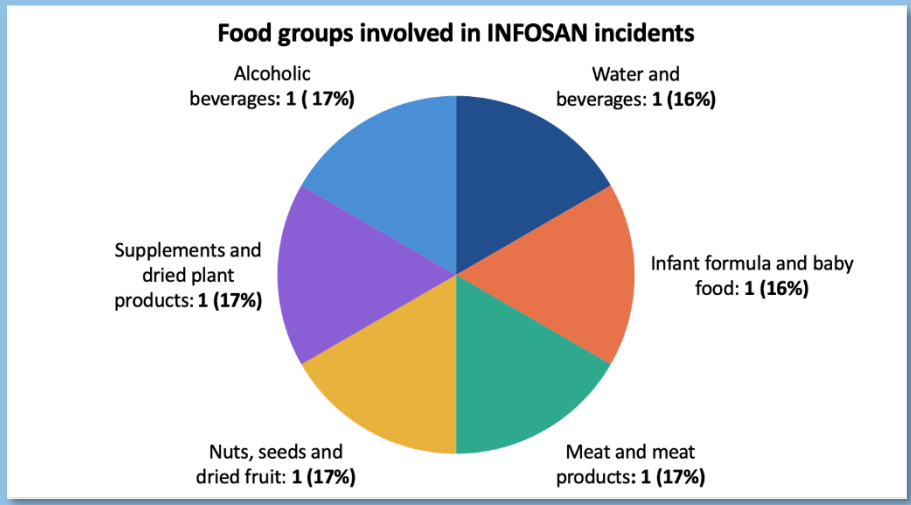


Figure 6. New INFOSAN incidents by food group, June 2026.



II. Consolidating national workforces' capacities for epidemic intelligence

G. Strengthening epidemic intelligence in Bolivia through the EIOS System with support from the Pandemic Fund

Within the framework of the PROTECT Project, Bolivia, with support from PHE/HIM, made progress in strengthening its early warning and event-based surveillance capacities through the implementation and expansion of the Epidemic Intelligence from Open Sources (EIOS) system.

From 9 to 11 June, national teams participated in a training workshop in La Paz aimed at strengthening technical competencies in the use of EIOS and its integration into surveillance processes. Key outcomes included the identification of priority information sources, enhanced capacities for analyzing signals and threats, and the development of automated reports to support risk assessment. The activity combined technical sessions, practical exercises, and collaborative work, adapting the tool to national operational needs.



PAHO EIOS Team Engagement with the WHO Pandemic Hub EIOS Core Team

PHE/HIM Team engaged with the World Health Organization Pandemic Hub Epidemic Intelligence from Open Sources (WHO/Pandemic Hub/EIOS) Core Team through a series of coordination and bilateral meetings. On 17 June, a meeting was held with the Global Epidemic Intelligence Support Team (GEST) and a bilateral meeting, both coordinated by the Global EIOS Support Team.

H. Strengthening early warning in Mexico City during an international sports mass gathering event



During an international sports mass gathering event, PAHO/WHO provided technical guidance, operational support, and training to strengthen Mexico City's early warning system, SIAT-CDMX. Built around the PAHO/WHO Early Warning, Alert and Response System (EWARS), the platform combined routine surveillance data with alerts from stadium medical posts and fan festivals, supporting rapid verification and consistent risk prioritization. The integration of Quick and Immediate Risk Assessment (QIRA) and offline reporting through EWARS-in-a-Box strengthened surveillance during the mass gathering and created capacity for future events. By 30 June 2026, the system had processed 382 public health alerts, of which 311 had been resolved.

I. Regional consultation on community event-based surveillance (CEBS) competencies and training materials in San Bernardino, Paraguay

From 2–4 June 2026, a regional expert consultation with PROTECT countries was held in San Bernardino, Paraguay, to review the competency framework and training materials for the implementation of Community Event-Based Surveillance (CEBS). The consultation reviewed and validated key profiles, operational competencies, training content, and curriculum design for strategic, operational, and community-level actors. Country implementation experiences were also discussed to ensure that the materials can be adapted to different national contexts.

The outcomes will inform the development of the regional CEBS training package and support stronger capacities for early detection, verification, and response to public health events.

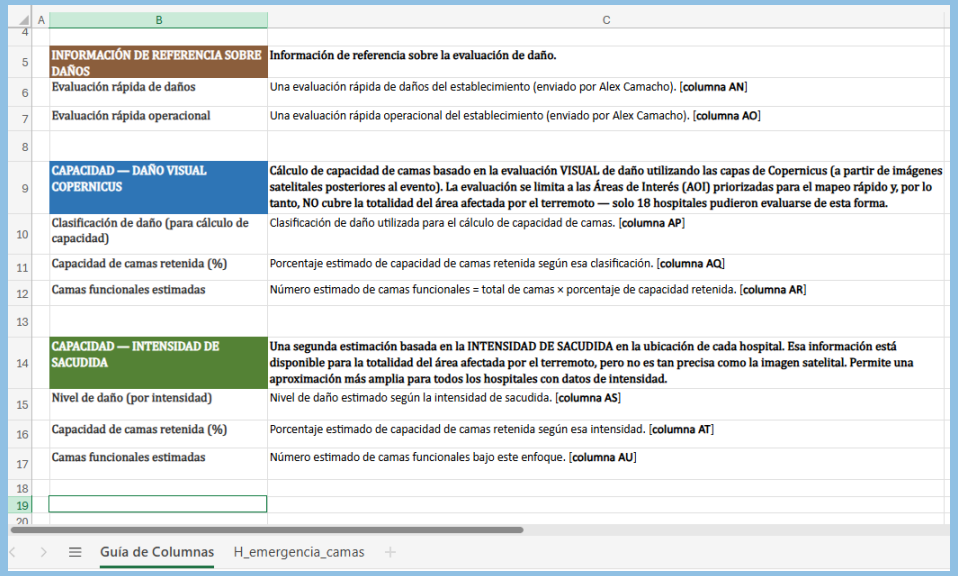


III. Strengthening robust, integrated and interoperable surveillance systems

J. GIS-based assessment of hospital exposure, potential damage and functional capacity following the Venezuela earthquake.

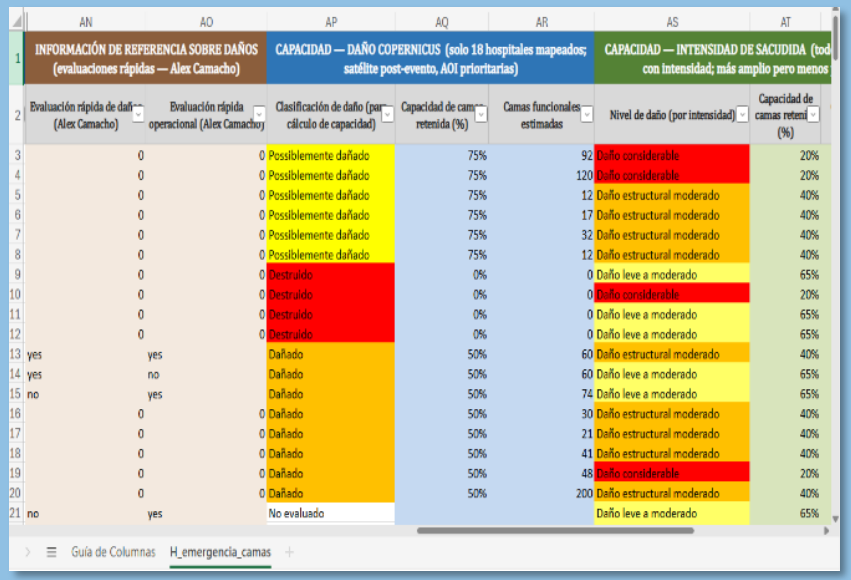
PHE/HIM conducted an in-depth GIS-based assessment to identify emergency hospitals potentially affected by the June 2026 Venezuela earthquake and estimate possible impacts on their functional capacity. A spatial analysis was performed by intersecting the USGS earthquake shaking intensity layer with the emergency hospitals database, enabling facilities to be geographically assessed and prioritized according to their exposure to different levels of shaking intensity.

Figure 7. Hospital damage assessment and estimated functional capacity following the Venezuela earthquake.



	B	C
5	**INFORMACIÓN DE REFERENCIA SOBRE DAÑOS**	**Información de referencia sobre la evaluación de daño.**
6	Evaluación rápida de daños	Una evaluación rápida de daños del establecimiento (enviado por Alex Camacho). [**columna AN**]
7	Evaluación rápida operacional	Una evaluación rápida operacional del establecimiento (enviado por Alex Camacho). [**columna AO**]
9	**CAPACIDAD — DAÑO VISUAL COPERNICUS**	**Cálculo de capacidad de camas basado en la evaluación VISUAL de daño utilizando las capas de Copernicus (a partir de imágenes satelitales posteriores al evento). La evaluación se limita a las Áreas de Interés (AOI) priorizadas para el mapeo rápido y, por lo tanto, NO cubre la totalidad del área afectada por el terremoto — solo 18 hospitales pudieron evaluarse de esta forma.**
10	Clasificación de daño (para cálculo de capacidad)	Clasificación de daño utilizada para el cálculo de capacidad de camas. [**columna AP**]
11	Capacidad de camas retenida (%)	Porcentaje estimado de capacidad de camas retenida según esa clasificación. [**columna AQ**]
12	Camas funcionales estimadas	Número estimado de camas funcionales = total de camas × porcentaje de capacidad retenida. [**columna AR**]
14	**CAPACIDAD — INTENSIDAD DE SACUDIDA**	**Una segunda estimación basada en la INTENSIDAD DE SACUDIDA en la ubicación de cada hospital. Esa información está disponible para la totalidad del área afectada por el terremoto, pero no es tan precisa como la imagen satelital. Permite una aproximación más amplia para todos los hospitales con datos de intensidad.**
15	Nivel de daño (por intensidad)	Nivel de daño estimado según la intensidad de sacudida. [**columna AS**]
16	Capacidad de camas retenida (%)	Porcentaje estimado de capacidad de camas retenida según esa intensidad. [**columna AT**]
17	Camas funcionales estimadas	Número estimado de camas funcionales bajo este enfoque. [**columna AU**]

Guía de Columnas | H_emergencia_camas

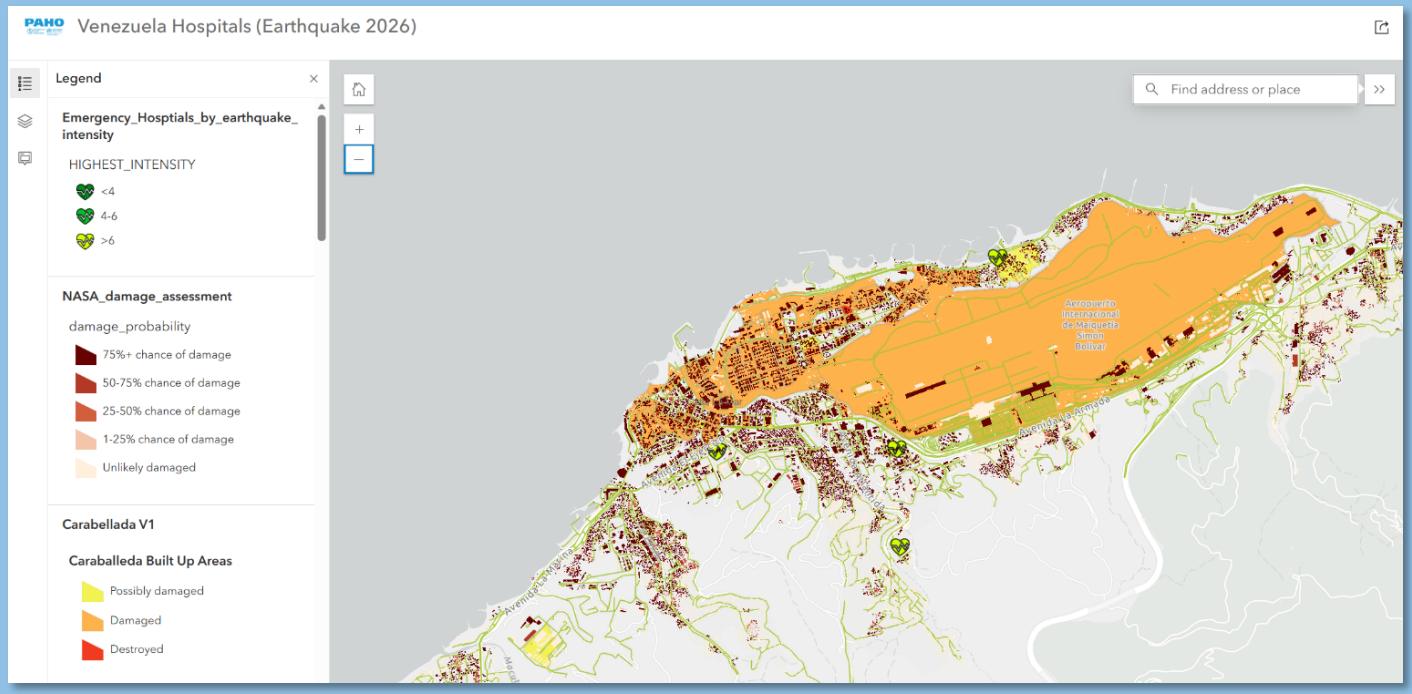


	AN	AO	AP	AQ	AR	AS	AT
1	INFORMACIÓN DE REFERENCIA SOBRE DAÑOS (evaluaciones rápidas — Alex Camacho)		CAPACIDAD — DAÑO COPERNICUS (solo 18 hospitales mapeados; satélite post-evento, AOI prioritarias)			CAPACIDAD — INTENSIDAD DE SACUDIDA (tod con intensidad; más amplio pero menos	
2	Evaluación rápida de dañ (Alex Camacho)	Evaluación rápida operacional (Alex Camacho)	Clasificación de daño (par cálculo de capacidad)	Capacidad de cam retenida (%)	Camas funcionales estimadas	Nivel de daño (por intensidad)	Capacidad de camas reten (%)
3		0	0 Posiblemente dañado	75%	92	Daño considerable	20%
4		0	0 Posiblemente dañado	75%	120	Daño considerable	20%
5		0	0 Posiblemente dañado	75%	12	Daño estructural moderado	40%
6		0	0 Posiblemente dañado	75%	17	Daño estructural moderado	40%
7		0	0 Posiblemente dañado	75%	32	Daño estructural moderado	40%
8		0	0 Posiblemente dañado	75%	12	Daño estructural moderado	40%
9		0	0 Destruido	0%	0	Daño leve a moderado	65%
10		0	0 Destruido	0%	0	Daño considerable	20%
11		0	0 Destruido	0%	0	Daño leve a moderado	65%
12		0	0 Destruido	0%	0	Daño leve a moderado	65%
13	yes	yes	Dañado	50%	60	Daño estructural moderado	40%
14	yes	no	Dañado	50%	60	Daño leve a moderado	65%
15	no	yes	Dañado	50%	74	Daño leve a moderado	65%
16		0	0 Dañado	50%	30	Daño estructural moderado	40%
17		0	0 Dañado	50%	21	Daño estructural moderado	40%
18		0	0 Dañado	50%	41	Daño estructural moderado	40%
19		0	0 Dañado	50%	48	Daño considerable	20%
20		0	0 Dañado	50%	200	Daño estructural moderado	40%
21	no	yes	No evaluado			Daño leve a moderado	65%

Guía de Columnas | H_emergencia_camas

PHE/HIM also developed an interactive GIS web application integrating the hospital exposure analysis with detailed data from a NASA damage assessment. The application visualizes the location of emergency hospitals alongside estimated probabilities and severity of damage to surrounding built-up areas, allowing users to explore potential impacts at a more granular geographic level. The integration of these datasets supported the identification of potentially affected health infrastructure and surrounding populations. Available from: https://who.maps.arcgis.com/apps/instant/sidebar/index.html?appid=5237d93ca8f94b149621c60cc4648bb1.

Figure 8. Interactive GIS web application to visualize potentially affected built-up areas and the location of emergency hospitals in relation to the earthquake.



K. Early Warning, Alert and Response System (EWARS) based assessment of potential damage to hospitals following the Venezuela earthquake.

PHE/HIM developed a summary assessment and supported the development of digital assessment tools using EWARS to assess potential damage to prioritized hospitals and identify populations potentially exposed to the June 2026 Venezuela earthquake.

This work included adapting standardized assessment forms for use through EWARS with or without internet connectivity. The forms were organized into thematic modules covering different aspects of hospital damage and disruption, enabling disaggregated data collection across prioritized facilities. An integrated data collection system supported the consolidation and analysis of information, facilitating the identification of needs and the prioritization of response actions.

The process also included transferring the assessment methodology and the administration of both EWARS and the hospital assessment tool (ERES / POSTH) to the country team, enabling national counterparts to manage the tools, coordinate data collection, and use the information.

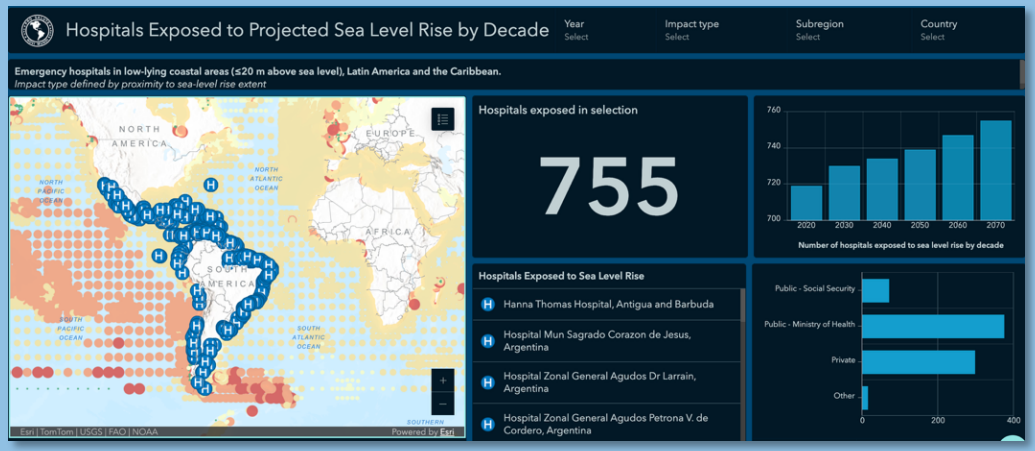
L. Assessment of hospital exposure to projected sea level rise (SLR) in the Americas

PHE/HIM conducted a regional analysis to assess the exposure of hospitals to projected sea level rise (SLR) across Latin America and the Caribbean. Using GIS and spatial analysis, projected sea level rise scenarios were integrated with geospatial data on health facilities to identify hospitals potentially exposed over different future decades and support Member States in understanding potential risks to health infrastructure.

Updated results were consolidated in a technical memorandum and concept note and shared with Member States on 18 June 2026. An interactive dashboard was developed to visualize hospitals exposed to projected sea level rise by decade, country, and subregion, accompanied by country-level summaries provided as annexes. Dedicated analyses and dashboards were also developed for Brazil and Peru using national Ministry of Health datasets, providing more detailed country-level assessments.

Regional interactive dashboard available from:
https://who.maps.arcgis.com/apps/dashboards/5803ff022c5e427cb19d350c3737b482#

Figure 9. Dashboard on hospitals exposed to projected sea level rise by decade.



M. Spatial risk analysis and predictive modelling for yellow fever in the Americas

PHE/HIM supported the development of yellow fever risk mapping and predictive analyses through the geoprocessing and integration of multiple spatial, environmental, and epidemiological variables. GIS methods were used to prepare, harmonize, and process geospatial datasets for incorporation into the yellow fever risk model, supporting the identification of geographic areas with conditions associated with increased risk of transmission.

Variables processed at the second administrative level included latitude, minimum altitude, hydrology, Major Habitat Type (MHT), temperature, precipitation, non-human primate (NHP) hosts, canopy/tree disruption or loss, and frontier/land-use intensity. These outputs provided standardized spatial inputs for the development and refinement of yellow fever risk maps and predictive analyses across the Region.

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.

Links to information products:

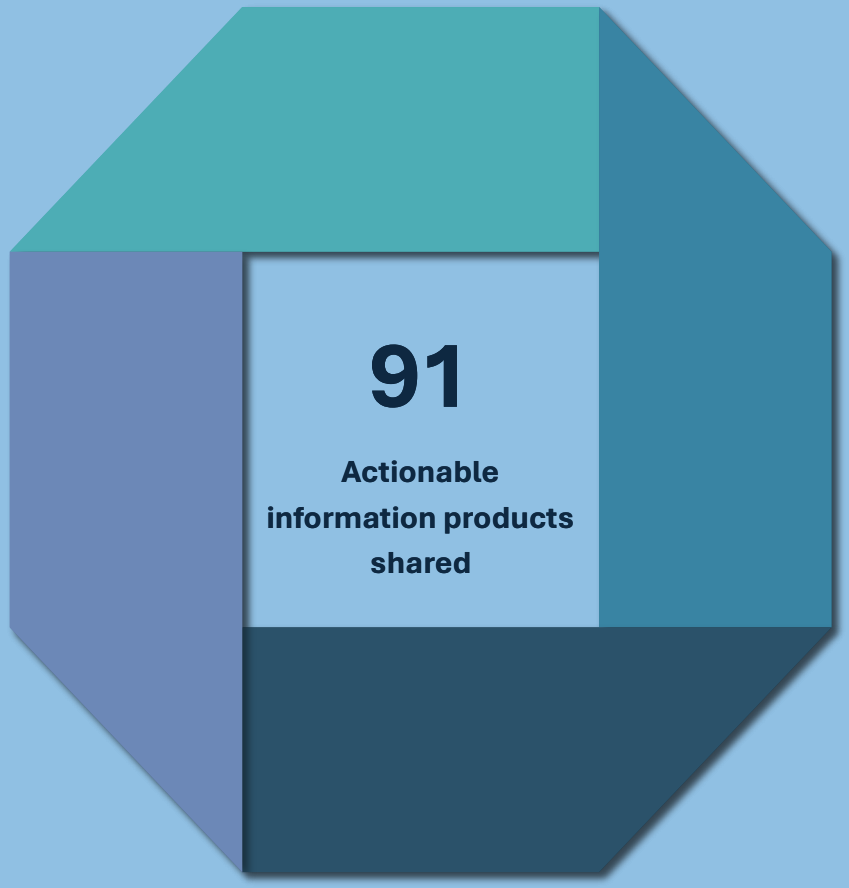
- Epidemiological alerts and updates
- Public Health Situational Analyses
- PAHO Rapid Risk Assessments (RRA)
- PAHO Intelligence Briefs



22 Daily Epidemic Intelligence Reports

1 Epidemiological Alerts and Updates

1 Public Health Situational Analyses



5 Situation Reports on ongoing emergencies

30 Daily Reports of Signals Detected

30 Daily Reports for international sporting Mass Gathering Event

5 Post-earthquake Reports of Signals Detected in Venezuela

O. 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 (EBS) 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 to foster a shared understanding of emerging risks and strengthen collective situational awareness to inform a timely response.

During June 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 289,000 media and information reports, which were triaged and analyzed to identify signals meeting established surveillance criteria related to the mass gathering event. PAHO identified 72 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, 71% were related to infectious disease events, 28% to environmental or disaster-related events, and 1% to chemical hazards. Frequently monitored events included measles, New World screwworm, foodborne and waterborne diseases, wildfire smoke, natural disasters, and avian influenza occurring in areas associated with the mass gathering event.

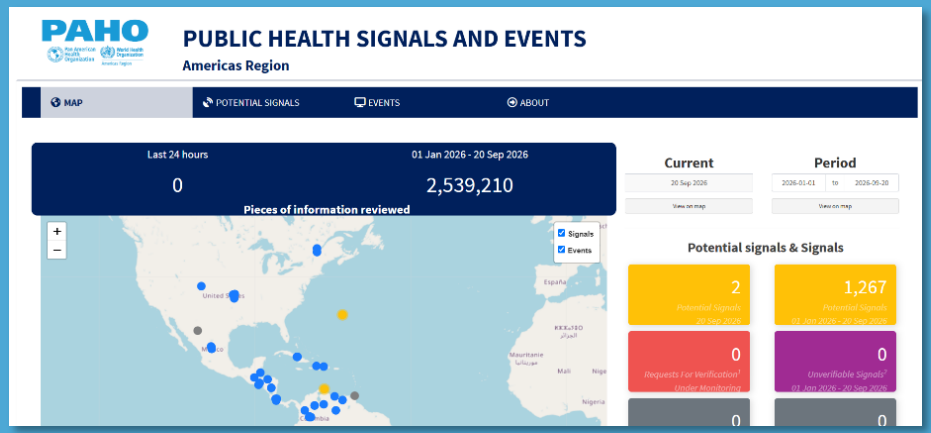
P. Up-to-date epidemiological information to support Member State response to events and emergencies

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

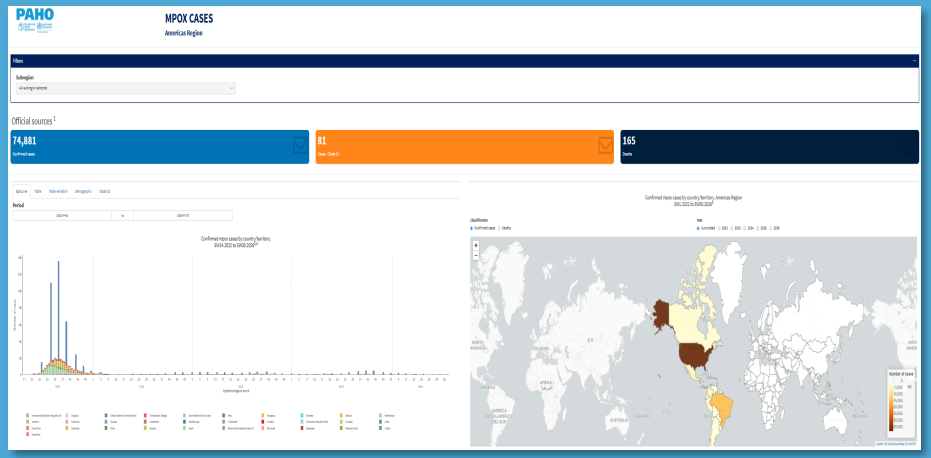
Hispaniola, **and regional public health signals and events monitoring, enabling users to assess temporal and geographic trends, characterize affected populations, identify emerging risks and information gaps, and support the prioritization of preparedness and response actions.**

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



Q. Interregional collaboration on Ebola preparedness

On 26 June 2026, PAHO/WHO convened a technical exchange with Africa CDC and Brazil's Ministry of Health to strengthen preparedness for Ebola disease caused by Bundibugyo virus. The meeting connected public health authorities and National IHR Focal Points from the Americas with experts from Africa CDC and the WHO Regional Office for Africa. Participants examined operational lessons on surveillance, border health measures, contact tracing, quarantine, laboratory readiness, clinical management, and infection prevention and control. The exchange supported interregional coordination and helped translate outbreak experience into practical preparedness measures for the early detection and management of potential imported cases.

R. Promote international collaboration in the Americas for epidemic intelligence

During June 2026, PAHO held four weekly regional epidemic intelligence meetings as a standing coordination mechanism for early warning and public health event management across the Americas. Bringing together the Health Emergencies Department, Country Offices, and technical departments, the meetings established a shared regional picture of emerging and ongoing threats, assessed their potential regional and international implications, and identified priorities for action and support to Member States. This process connected surveillance and country-level intelligence with regional risk assessment, coordinated follow-up, and timely information sharing across PAHO.

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). Epidemic Intelligence from Open Sources (EIOS) is a global initiative for open-source intelligence for public health decision making. It is led by the WHO as part of its constitutional mandate as the directing

and coordinating authority on international health work. EIOS is built on three pillars: a growing global community of practice, a range of multi-disciplinary collaborators and an evolving fit-for-purpose system. https://www.who.int/initiatives/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.