



International Health Regulations (IHR) Operational processes

Notification, verification and provision of information - Art 5-11

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World Health
Organization
REGIONAL OFFICE FOR THE
Americas



Content

IHR Related Communications **1**

2 WHO's Public Health Intelligence workflow

Verification Requests **3**

4 Notifications at Global Level

Notifications in the Americas **5**

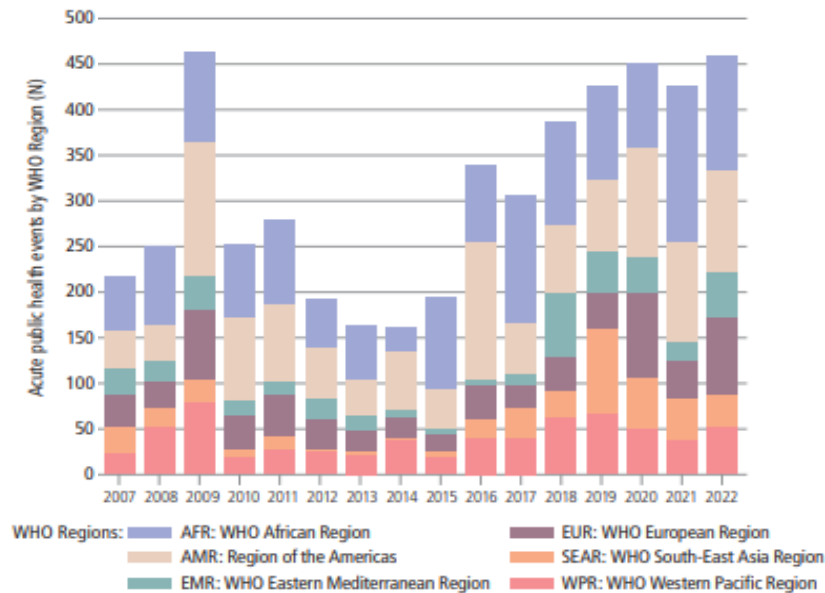
6 Information Dissemination

IHR (2005) event notifications and PHEICs

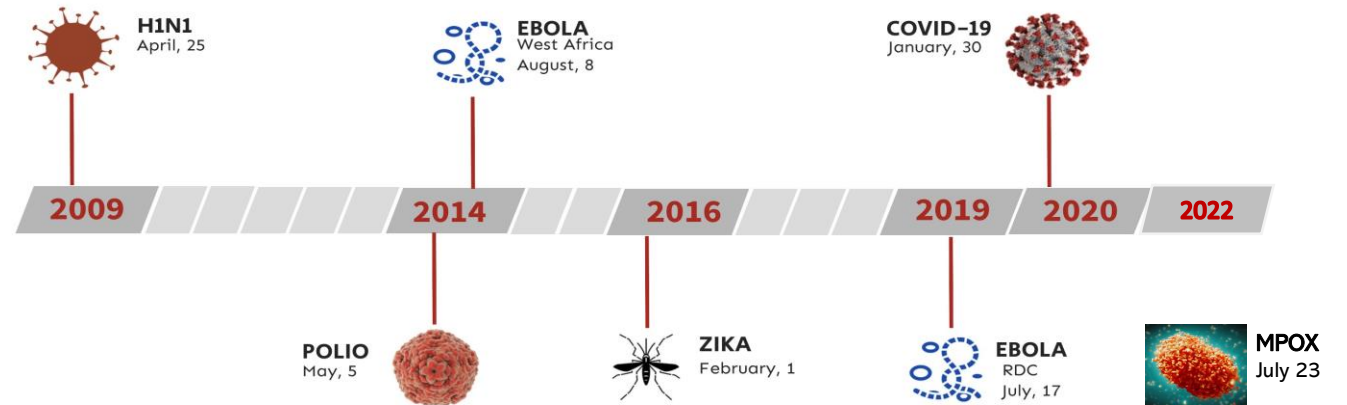
States Parties are required to report all events that may constitute a public health emergency of international concern (PHEIC).

Since 2007 nearly 5,000 events have been reported by States Parties under IHR (2005) to WHO & 7 PHEICs declared

Acute public health events reported to WHO by Region between 2007 and 2022 (n=4861)



Public Health Emergencies of International Concern 2007 and 2022 (n=7)



IHR (2005): early detection and notification

- IHR (2005) are applied to all events that may constitute a public health emergency of international concern (PHEIC).
- Member States - at the national level assess all reports of public health events within 48 hours (Annex 1)
- **Notification** within 24 hours of assessment of public health information of all events which may constitute a PHEIC, through the national IHR Focal Point (Art. 6):
 - Irrespective of origin or source: chemical, biological or radionuclear; or from unknown etiology
- WHO may take into account reports from sources other than notifications and consultations (Art.9)

Notification using Annex 2

Always notifiable

- Smallpox, SARS, Wild-type poliovirus, Human influenza caused by new subtype

Any event of potential international public health concern that meet two of the criteria;

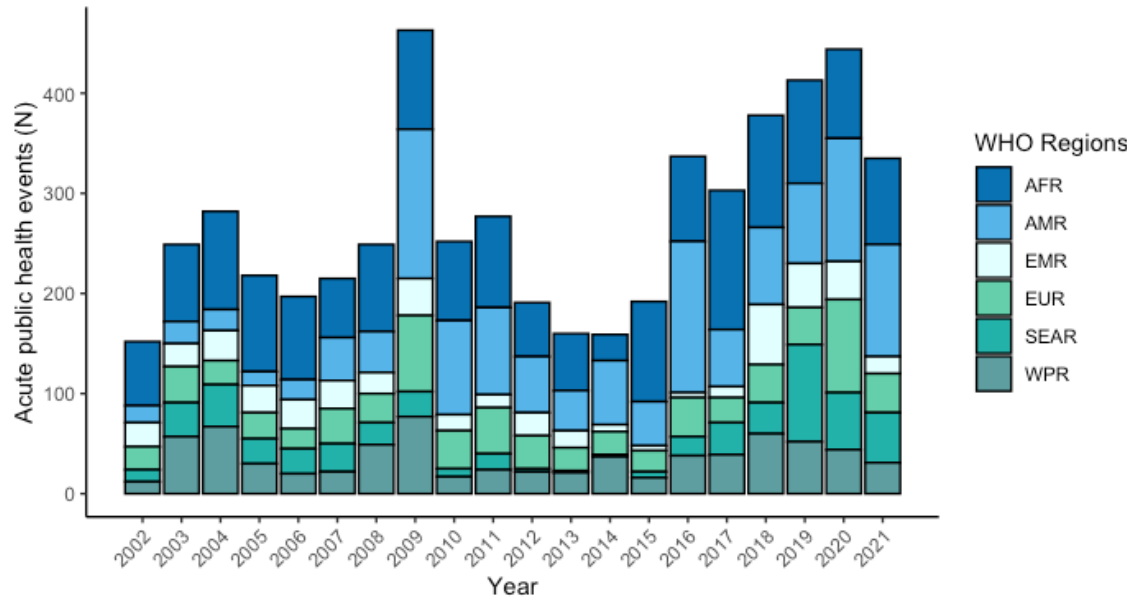
- Is the public health impact of the event serious?
- Is the event unusual or unexpected?
- Is there any significant risk of international spread?
- Is there any significant risk of international travel or trade restrictions?

Following notification

- obligation of continuous provision of accurate and sufficiently detailed information to WHO (Art 6.2)

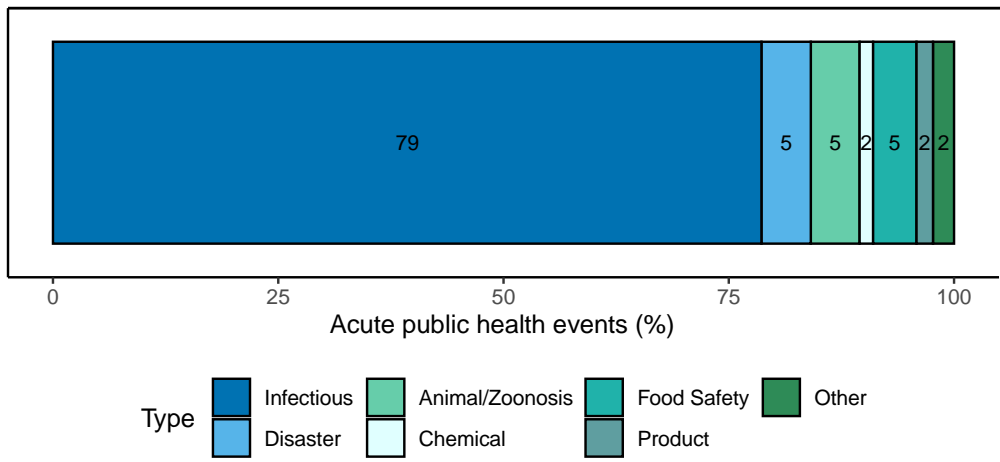
What is reported at global level

Acute public health events (substantiated) (N=5,466) by year and WHO Region between 2007 and 2023

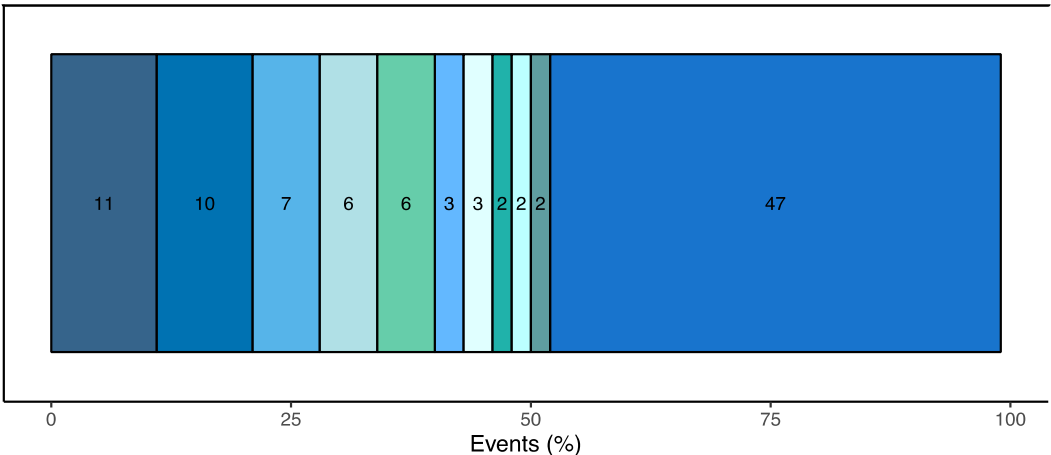


***Substantiated:** when the presence of a hazard is confirmed or the number of human cases exceeds normal thresholds.

Type (in percentage) of acute public health events (substantiated) reported globally, Jun 2007 – Jun 2023.

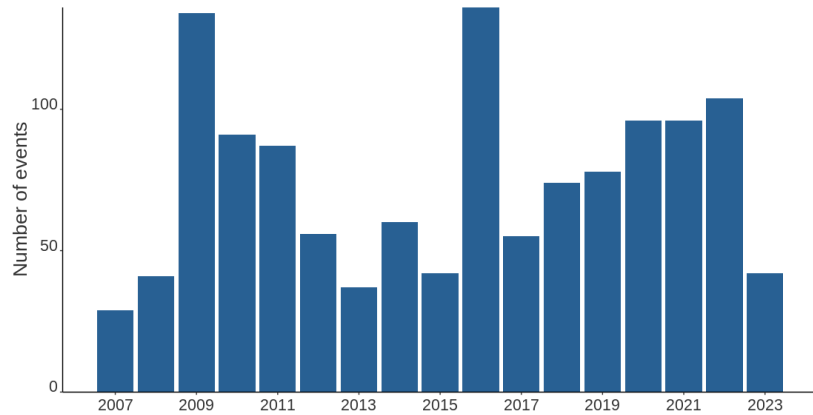


Top ten (in percentage) substantiated infectious disease events reported globally, Jun 2007 - Jun 2023

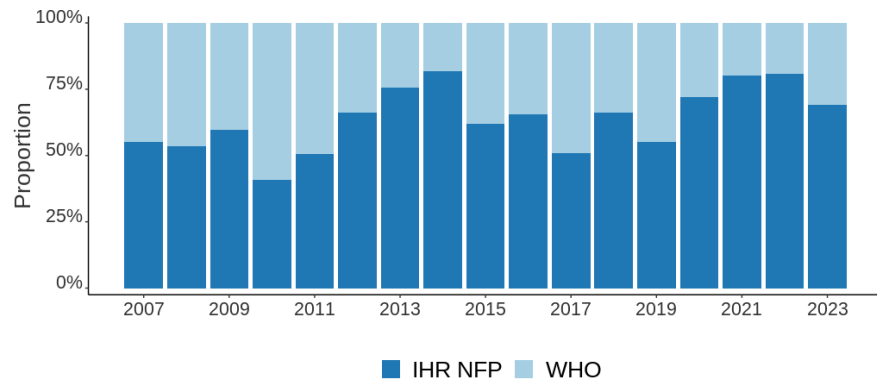


What is reported in the Americas

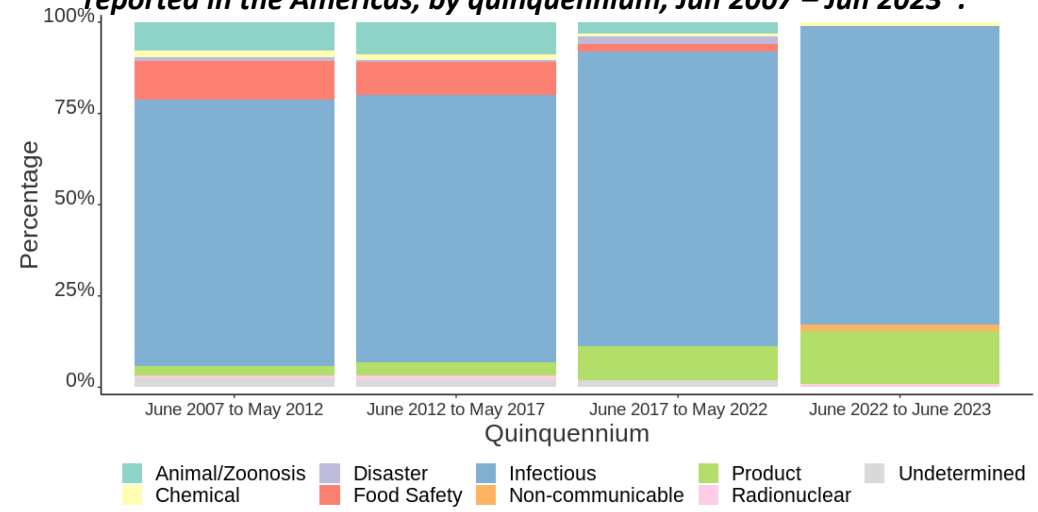
Acute public health events (substantiated) (N=1,258) by year, Region of the Americas, between 2007 and 2023



Acute public health events (substantiated) (N=1,258) by year and type of source, Region of the Americas, between 2007 and 2023

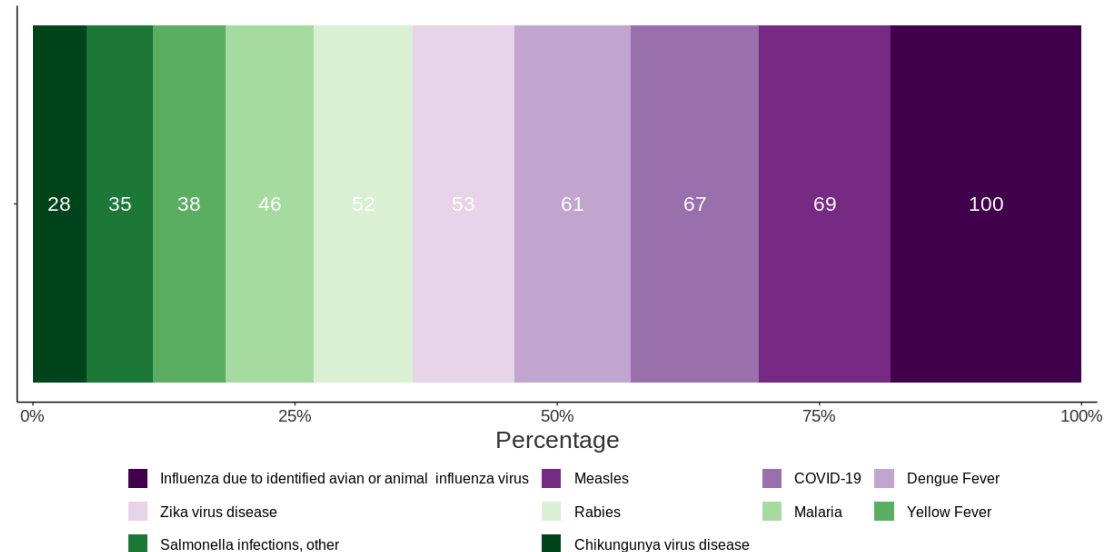


Type (in percentage) of acute public health events (substantiated) reported in the Americas, by quinquennium, Jun 2007 – Jun 2023*.

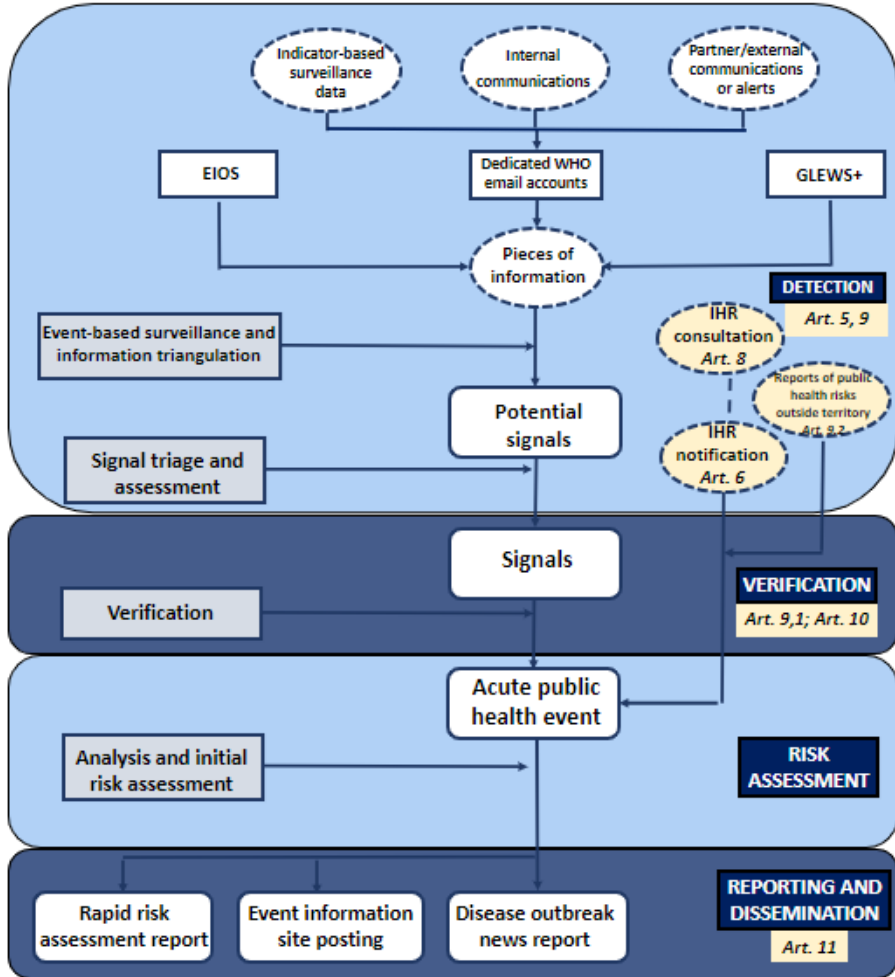


*In 2022 the EMS was updated, and the categories animal/zoonosis and food safety were eliminated; events are now under the other remaining categories accordingly they do not appear in the June 2022-2023 data.

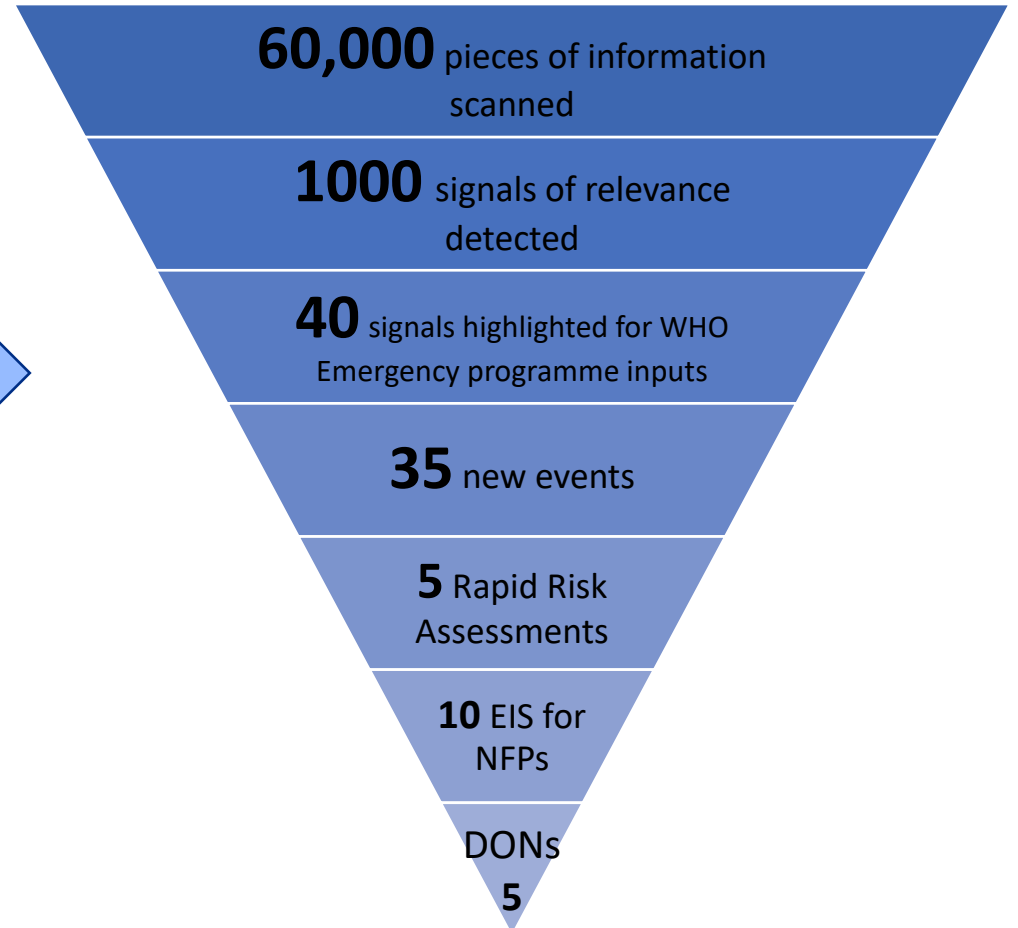
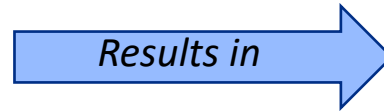
Top ten (in percentage) substantiated infectious disease events reported in the Americas, Jun 2007 - Jun 2023



WHO's Public Health Intelligence workflow



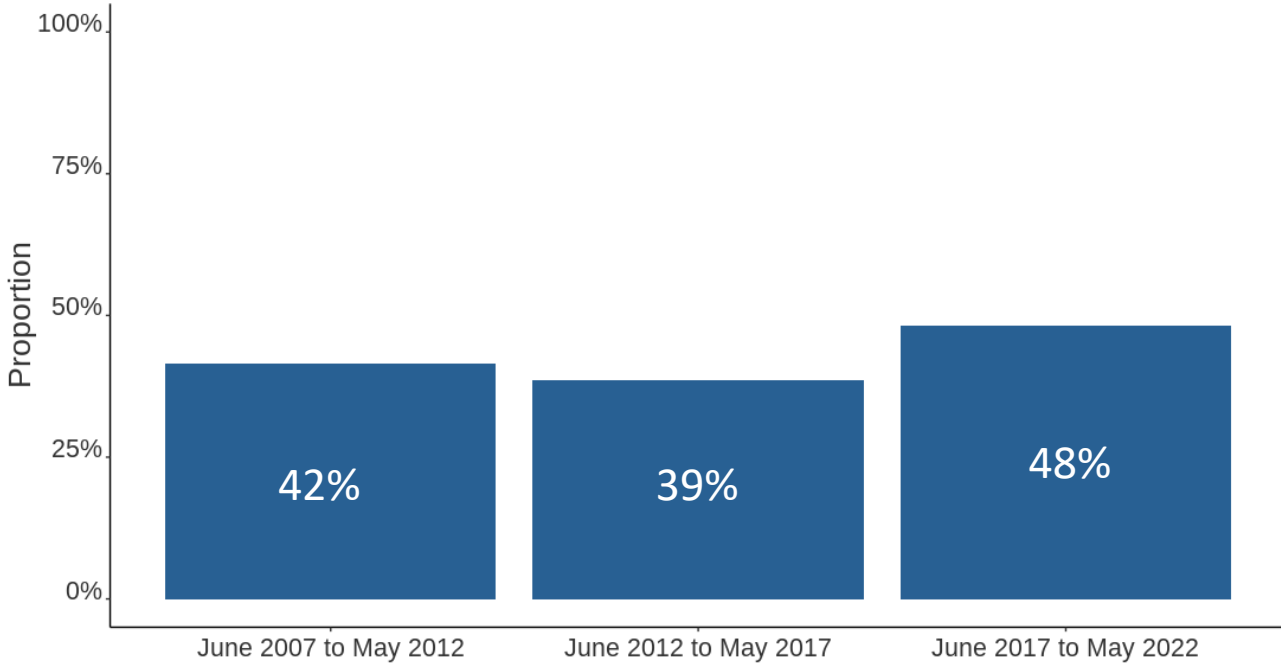
Average monthly stats



WHO Verification request (Art 10)

- WHO may take into account **reports from informal sources of information** (i.e., reports from other countries, informal information, media reports).
- WHO is mandated to obtain verification from States Parties of events that have not been reported by a State and may constitute a PHEIC (Articles 5.4, 9.1 and 10.1)
- Communication via Regional IHR Contact Points and WHO Country Offices
- States Parties shall acknowledge these requests and provide available public health information on the status of the event within 24 hours, respectively (Article 10.2).
- In 2022, 66% of request for verification responses were received in 24-48hrs globally.

Verification: Proportion of IHR National Focal Point (NFP) responses to request for verification within 48 hours, by quinquennium



| | Jun2007 May2012 | Jun2012 May2017 | Jun2017 May2022 |
|---------------------|--------------------|--------------------|--------------------|
| Numerator | 101 | 49 | 81 |
| Denominator | 243 | 127 | 168 |
| % within 48h | 42% | 39% | 48% |

Events in the Americas – June 2007 to June 2022

| Geographic Area | | substantiated events | | |
|------------------------|-----------|------------------------------|-------------------------|-------------|
| | | rate per 10 ⁶ pop | 95% Confidence Interval | |
| | | | lower bound | upper bound |
| Region of the Americas | 2007-2022 | 1.16 | 1.10 | 1.23 |
| | 2007-2012 | 0.44 | 0.39 | 0.48 |
| | 2012-2017 | 0.34 | 0.30 | 0.37 |
| | 2017-2022 | 0.39 | 0.36 | 0.43 |
| Andean | 2007-2022 | 2.03 | 1.80 | 2.29 |
| | 2007-2012 | 0.77 | 0.62 | 0.93 |
| | 2012-2017 | 0.53 | 0.42 | 0.67 |
| | 2017-2022 | 0.74 | 0.60 | 0.89 |
| Central America | 2007-2022 | 3.28 | 2.78 | 3.85 |
| | 2007-2012 | 0.95 | 0.68 | 1.29 |
| | 2012-2017 | 1.01 | 0.74 | 1.34 |
| | 2017-2022 | 1.30 | 1.00 | 1.66 |
| Caribbean | 2007-2022 | 5.20 | 4.36 | 6.16 |
| | 2007-2012 | 1.68 | 1.21 | 2.27 |
| | 2012-2017 | 1.55 | 1.11 | 2.11 |
| | 2017-2022 | 1.96 | 1.46 | 2.57 |
| North America | 2007-2022 | 0.60 | 0.54 | 0.68 |
| | 2007-2012 | 0.26 | 0.22 | 0.31 |
| | 2012-2017 | 0.19 | 0.16 | 0.24 |
| | 2017-2022 | 0.15 | 0.12 | 0.19 |
| Southern Cone | 2007-2022 | 0.79 | 0.69 | 0.91 |
| | 2007-2012 | 0.32 | 0.25 | 0.39 |
| | 2012-2017 | 0.20 | 0.15 | 0.26 |
| | 2017-2022 | 0.27 | 0.22 | 0.34 |

AREA LEGEND

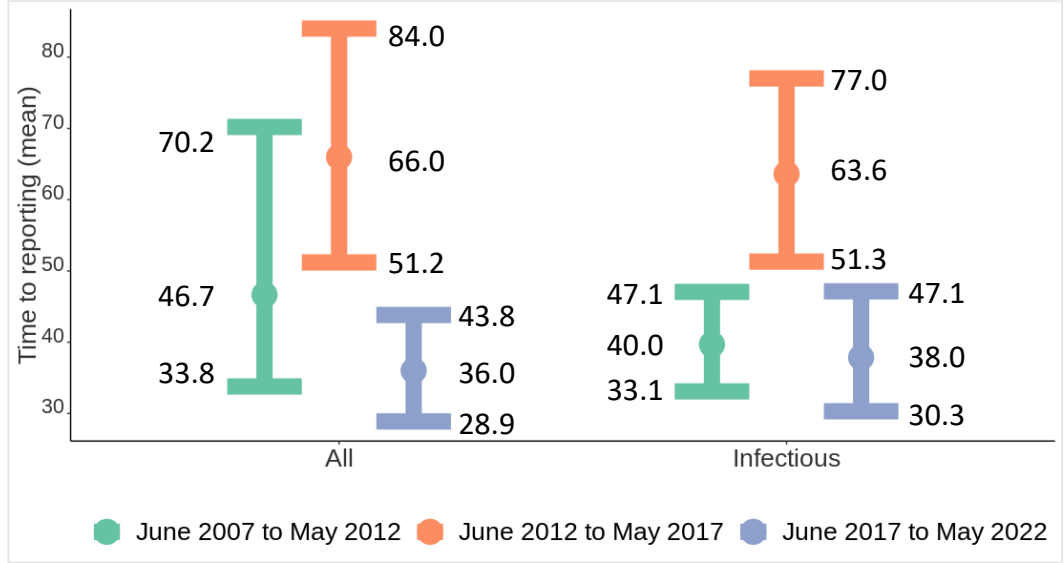
- Region of the Americas:** Member States of the Americas only.
- Andean Area:** Bolivia, Colombia, Ecuador, Peru, Venezuela
- Central America:** Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama
- Caribbean:** Antigua and Barbuda, the Bahamas, Barbados, Belize, Cuba, Dominica, the Dominican Republic, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago, Suriname
- North America:** Canada, Mexico, the United States of America
- Southern Cone:** Argentina, Brazil, Chile, Paraguay, Uruguay

Substantiated: when the presence of a hazard is confirmed or the number of human cases exceeds normal thresholds.
 Source: Event Management System

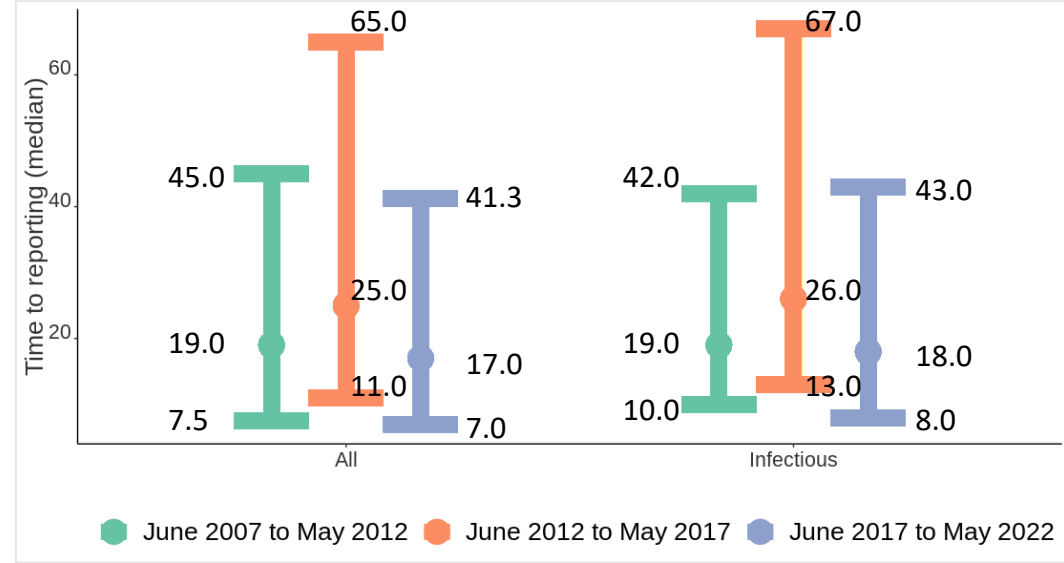


Detection: Time to reporting of substantiated events* by quinquennium and type of hazards, Region of the Americas

Mean and CI95%** of days to reporting event



Median and IQR of days to reporting event



***Substantiated:** when the presence of a hazard is confirmed or the number of human cases exceeds normal thresholds.
****Confidence Interval (CI)95%:** calculated using bootstrap method

Time to reporting: Timeframe between the estimated date of onset of the event and the date information was first received by PAHO/WHO

IQR: Interquartile range



Information Dissemination (Article 11)

- ✓ Sharing information with affected countries
- ✓ Sharing information with Member States
- ✓ Sharing information with the public health community / public
- ✓ Sharing information with other authorities
- ✓ Temporary recommendations in relation to a PHEIC

Sharing information with affected States Parties (Art 9.2)

States Parties shall inform WHO within 24 hour of receipt of evidence of a public health risk identified outside their territory that may cause international disease spread, as manifested by exported or imported:

- Human cases
- Vectors which carry infection or contamination; or
- Goods that are contaminated

WHO informed and transfer as much information as possible to NFP

Confirmed Yellow fever case in Côte d'Ivoire ex Angola

AF RGO/OUTBREAK AFRO

To: NIZIGAMA, Lionel; FIRMINO, Walter Manuel; KUKU, Muhau

Cc: AF RGO/OUTBREAK AFRO; KEITA, Mory; KIMENYI, Jean Paul; KAMBALE KAVOGA, Freddy; WILLIAMS, George Sie; outbreak; CIBRELUS YAMAMOTO, Laurence; +12 others

Dear Walter and Lionel,

We would like to inform you that a confirmed case of yellow fever has been reported in Côte d'Ivoire in a 35-year-old male who traveled to Angola between 27 March and 2 April 2023. Investigation in Côte d'Ivoire suggests possible contamination in Luanda. The date of onset of symptoms is 4 April 2023, two days after his return from Angola, with malaise, headache, nausea, joint and muscle pain, without signs of jaundice or bleeding. Dengue fever was suspected, and the blood sample taken on 6 April was PCR positive at the Institut Pasteur in Dakar.

- Departure for Angola: 27 March 2023
- Itinerary: Abidjan, Accra, Dubai, Luanda
- Places visited in Luanda: Airport, Thompson Hotel, Metropolis Building
- Return from Angola 2 April 2023
- Return itinerary : Luanda, Dubai, Accra, Abidjan

We are sharing this information with you to explore whether it is possible to obtain information about the yellow fever situation in Luanda (and Angola) in general that may be related to this case, and to take steps to strengthen yellow fever surveillance. Additional requests may be made by colleagues copied on this communication.

Best regards,

Alerting Member States – Event Information Site (EIS)

- EIS: secure website developed by WHO to facilitate communications with the National IHR Focal Points (NFPs) as part of the implementation of the IHR
- Information is provided by WHO to NFPs in confidence as specified in Article 11.1 of the IHR
- Information provided
 - ✓ IHR criteria assessment
 - ✓ Situation update
 - ✓ Public Health Response
 - ✓ WHO Risk Assessment
 - ✓ WHO Advice/Recommendations
 - ✓ Links for more information
- Compiled by technical experts across 3 levels of WHO
- Sent to NFP for consultation (an accuracy check)



<https://extranet.who.int/ihr/eventinformation/>

*WHO shall **send to all States Parties [...] as soon as possible [...] such public health information [...] which is necessary to enable States Parties to respond to a public health risk***

Alerting the public – Disease Outbreak News (DONs)

- DONs: WHO's main communications product for the public on acute public health events > 25 years
- Contents
 - Situation at a glance
 - Description of the outbreak
 - Epidemiology of the disease
 - Public health response
 - WHO risk assessment
 - WHO advice
 - Further information links
- Multi-stage production & clearance process of technical experts across all 3 levels of the organization – approx. 10-50 individuals

World Health Organization

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Emergencies

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Disease Outbreak News (DONs)

Latest WHO Disease Outbreak News (DONs), providing information on confirmed acute public health events or potential events of concern.

Disease Outbreak News
16 June 2023 | Influenza A(H1N1) variant virus - Brazil

Disease Outbreak News
9 June 2023 | Marburg virus disease - Equatorial Guinea

Disease Outbreak News
2 June 2023 | Marburg virus disease - the United Republic of Tanzania

Disease Outbreak News
1 June 2023 | Outbreak of suspected fungal meningitis associated with surgical procedures performed under spinal anaesthesia – the United States of America and Mexico

<https://www.who.int/emergencies/disease-outbreak-news>

Alerting the public -Epidemiological Alert and Updates

- PAHO's main communications product for the public on acute public health events > 20 years
- Provide information on acute international public health events as well as recommendations issued by the Organization
- Alerts and Updates mainly on infectious agents, although they may also be of events concerning contaminated goods, food safety, or of chemical or radionuclear origin, per the provisions of the International Health Regulations (IHR (2005))
- Complement the WHO Diseases Outbreak News (DONs) postings
- Between January and Jun 2023, 23 alerts and updates have been issued.

PAHO World Health Organization
Epidemiological Alert
Outbreaks of avian influenza caused by influenza A(H5N1)
in the Region of the Americas
13 March 2023

Given the increasing detection of outbreaks of highly pathogenic avian influenza (HPAI) in birds registered in 16 countries of the Region of the Americas, the confirmation of the first human infection of influenza A(H5N1) in Latin America and the Caribbean, and the increase of cases in mammals, both terrestrial and aquatic, causing morbidity and mortality, raising concerns about the threat it poses to the health of domestic and wild animals, biodiversity and potentially for public health (1,2,3).

According to the World Organization for Animal Health (WOAH), the highly pathogenic avian influenza (HPAI) epidemic season continues with outbreaks in poultry, wild birds, and mammals, mainly in the Regions of Europe, America, and Asia. In the current epidemic period, subtype A(H5N1) is predominant and has caused an alarming rate of wild birds killed and an increasing number of cases in mammals, both terrestrial and aquatic, causing morbidity and mortality, raising concerns about the threat it poses to the health of domestic and wild animals, biodiversity and potentially for public health (1,2,3).

In accordance with the seasonal pattern of HPAI¹, the number of outbreaks is expected to increase in the coming months and WOAH recommends that countries maintain and strengthen their surveillance systems, biosecurity measures on farms, and continue with the timely notification of avian influenza outbreaks in both poultry and non-poultry species (domestic and/or wild birds). The quality of surveillance is key for the early detection and timely response to potential threats to animal health with an impact on human public health (1,2,3).

Whenever avian influenza viruses circulate among wild birds, a risk of zoonotic transmission of infections in humans is always present. The first human case of avian influenza A(H5N1) was reported on 26 January 2023 (case fatality 2).

¹ Avian influenza of influenza viruses (H5N1) and other influenza viruses (H7N9, H9N2, H5Nx, H7Nx, H10Nx, H1Nx, H2Nx, H3Nx, H4Nx, H6Nx, H8Nx, H9Nx, H10Nx, H11Nx, H12Nx, H13Nx, H14Nx, H15Nx, H16Nx, H17Nx, H18Nx, H19Nx, H20Nx, H21Nx, H22Nx, H23Nx, H24Nx, H25Nx, H26Nx, H27Nx, H28Nx, H29Nx, H30Nx, H31Nx, H32Nx, H33Nx, H34Nx, H35Nx, H36Nx, H37Nx, H38Nx, H39Nx, H40Nx, H41Nx, H42Nx, H43Nx, H44Nx, H45Nx, H46Nx, H47Nx, H48Nx, H49Nx, H50Nx, H51Nx, H52Nx, H53Nx, H54Nx, H55Nx, H56Nx, H57Nx, H58Nx, H59Nx, H60Nx, H61Nx, H62Nx, H63Nx, H64Nx, H65Nx, H66Nx, H67Nx, H68Nx, H69Nx, H70Nx, H71Nx, H72Nx, H73Nx, H74Nx, H75Nx, H76Nx, H77Nx, H78Nx, H79Nx, H80Nx, H81Nx, H82Nx, H83Nx, H84Nx, H85Nx, H86Nx, H87Nx, H88Nx, H89Nx, H90Nx, H91Nx, H92Nx, H93Nx, H94Nx, H95Nx, H96Nx, H97Nx, H98Nx, H99Nx, H100Nx).

Global context

According to the World Organization for Animal Health (WOAH), the highly pathogenic avian influenza (HPAI) epidemic season continues with outbreaks in poultry, wild birds, and mammals, mainly in the Regions of Europe, America, and Asia. In the current epidemic period, subtype A(H5N1) is predominant and has caused an alarming rate of wild birds killed and an increasing number of cases in mammals, both terrestrial and aquatic, causing morbidity and mortality, raising concerns about the threat it poses to the health of domestic and wild animals, biodiversity and potentially for public health (1,2,3).

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PAHO World Health Organization
Epidemiological Update
Poliomyelitis in the Region of the Americas
7 April 2023

This epidemiological update provides additional information on the case of flaccid paralysis with confirmation of vaccine-derived poliovirus type 1 (VDPV1) recently reported by Peru. The Pan American Health Organization (PAHO/WHO) reiterates the importance of continuing efforts to achieve and maintain polio vaccination coverage greater than 95% in each district or municipality to minimize the risk of a poliovirus outbreak or event, strengthen epidemiological surveillance of acute flaccid paralysis (AFP) and update national poliovirus outbreak preparedness and response plans to detect and respond promptly and timely to an importation of wild poliovirus or vaccine-derived poliovirus (VDPV), or the emergence of a VDPV in any country of the Region.

Global situation summary

According to the Global Polio Eradication Initiative, 33 countries globally are defined as states infected¹ with different types of polioviruses, including two with endemic transmission of wild poliovirus type 1 (WPV1) during 2023 (Afghanistan and Pakistan) (1).

As of 5 April 2023, four countries are considered infected with WPV1 (Afghanistan, Malawi, Mozambique and Pakistan), four countries with circulating vaccine-derived poliovirus type 1 (cVDPV1) (Madagascar, Malawi, Democratic Republic of Congo), one country with circulating vaccine-derived poliovirus type 3 (cVDPV3) (Israel), and 29 countries with circulating vaccine-derived poliovirus type 2 (cVDPV2) (1).

Situation summary in the Region of the Americas

On 21 March 2023, the National Focal Point (NFP) for the International Health Regulations (IHR) of Peru notified PAHO/WHO of a confirmed case of vaccine-derived poliovirus type 1 (VDPV1) (3). The case is a child who at the date of onset of symptoms was 14 months old, belonging to an indigenous community in the district of Manesha in the District del Marañon province of the Loreto department, with no history of vaccination or travel history before the onset of symptoms (4).

Situation summary

In the Region of the Americas, between epidemiological week (EW) 1 and EW 52 of 2022, there were 2,807,818 dengue cases reported, with a cumulative incidence rate of 202.36 cases per 100,000 population. As of EW 10 of 2023, dengue continues to be the predominant arboviral disease, representing 70% (342,243) of the arbovirus cases (1).

In Figure 1 a temporal decrease in dengue, chikungunya, and Zika cases over the last 15 years in the Region of the Americas can be observed, with a clear predominance of dengue circulation over other arboviruses. The third year with highest number of dengue cases reported was in 2022, only being surpassed in numbers reported in the years 2016 and 2019.

Figure 1. Distribution of dengue, chikungunya, and Zika cases by year reported, Region of the Americas, 2008-2022 (up to EW 52 of 2022).

Source: Adapted from Pan American Health Organization, PLSA Health Information Platform for the Americas, Core Indicators Portal, Washington, DC: PAHO, 2023 [cited 14 March 2023]. Available from: <https://bit.ly/3ESJF5u>

Suggested citation: Pan American Health Organization / World Health Organization. Epidemiological Update: Dengue in the Region of the Americas, 28 March 2023, Washington, D.C.: PAHO/WHO, 2023.

Pan American Health Organization • www.paho.org • © PAHO/WHO, 2023

PAHO World Health Organization
Epidemiological Alert
Increase in cases and deaths from chikungunya
in the Region of the Americas
8 March 2023

In 2022, the Region of the Americas registered an increase in the number of cases and deaths from chikungunya above the numbers reported in previous years. Moreover, in the current season, an expansion of the disease occurrence has been observed beyond the historical areas of transmission reported since 2014.

This trend has continued during the first weeks of 2023, in which this increase in cases and deaths has become even more evident representing an unusual behavior. Given this situation, the Pan American Health Organization / World Health Organization (PAHO/WHO) reiterates that Member States intensify actions to prepare health care services, including the diagnosis and proper management of cases, and to strengthen prevention and vector control measures to reduce the impact of this and other arboviral diseases.

Situation summary:

Between epidemiological week (EW) 1 and EW 52 of 2022, a total of 273,685 cases of chikungunya, including 87 deaths, were reported in 14 of the countries and territories of the Region of the Americas. This figure is higher than that observed in the same period of 2021 (137,025 cases, including 12 deaths). During the first eight epidemiological weeks of 2023, 115,539 cases and 33 deaths due to chikungunya were reported (Figure 1 and 2), with the highest incidence rates observed in Paraguay (1,120 cases per 100,000 population) and Brazil (14.2 cases per 100,000 population).

The increase in cases and deaths from chikungunya compared to the numbers reported in recent years is in addition to the simultaneous circulation of other arboviral diseases, such as dengue and Zika, impacting on the overload of care services. These three diseases are transmitted by the same vector and are present in the same geographical areas.

It is very important to intensify prevention and control measures to reduce the impact of these diseases, especially in areas where they are present in a high number of cases.

PAHO World Health Organization
Epidemiological Update
Dengue in the Region of the Americas
28 March 2023

In 2022, the Region of the Americas an increase in the number of cases and deaths due to dengue was observed compared to the previous years. This trend has continued during the first weeks of 2023, and in some countries, it has become even more pronounced, resulting in overcrowding of health care services. Given this situation, the Pan American Health Organization / World Health Organization (PAHO/WHO) reiterates to Member States to organize the health care service networks and strengthen health care services, while reinforcing individual and vector prevention and control measures to reduce the impact on the population.

Situation summary

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In Figure 1 a temporal decrease in dengue, chikungunya, and Zika cases over the last 15 years in the Region of the Americas can be observed, with a clear predominance of dengue circulation over other arboviruses. The third year with highest number of dengue cases reported was in 2022, only being surpassed in numbers reported in the years 2016 and 2019.

Figure 1. Distribution of dengue, chikungunya, and Zika cases by year reported, Region of the Americas, 2008-2022 (up to EW 52 of 2022).

Source: Adapted from Pan American Health Organization, PLSA Health Information Platform for the Americas, Core Indicators Portal, Washington, DC: PAHO, 2023 [cited 14 March 2023]. Available from: <https://bit.ly/3ESJF5u>



Global and Regional Situation Reports (SitReps)

CHOLERA EPIDEMIC IN HAITI AND THE DOMINICAN REPUBLIC

16 May 2023

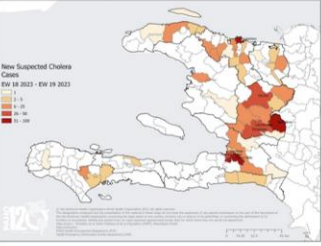
HIGHLIGHTS

In Haiti, as 15 May 2023, the Department of Epidemiology, Laboratories, and Research (DELAR) have reported 42,351 suspected cases and 2,678 confirmed cases in all 10 departments of the country, which represent a **1.72% increase in confirmed cases** and a **0.50% increase in suspected cases in the last 7 days**.

In Haiti, PAHO/WHO continues to support the Ministry of Health (Ministère de la Santé Publique et de la Population – MSPP) and partners, including in:

- Strengthening surveillance by supporting epidemiological surveillance missions in Nord, Nord-Est, and Nord-Ouest departments.
- Enhancing epidemiological and laboratory surveillance at the department level to improve the quality of data and reporting, as well as to strengthen the capacity of the regional laboratories for the rapid detection and diagnosis of cholera, including procuring equipment, laboratory materials and reagents.
- Improving case management in Cholera Treatment Centers (CTC) by supporting Health Directorates in clinical care, water, hygiene, sanitation and infection prevention and control, including the CTCs established in prisons.
- Distribute medical and non-medical supplies to aid the cholera response in all departments across the country, including Non-food Items, Ringer Lactate fluids, infusion sets and Oral Rehydration Salts for case management as well as aqua tabs for the purification of water.

In the Dominican Republic, the total number of confirmed cases is 99, of which 74 are reported in the capital city of Santo Domingo.



Reported Suspected Cholera Cases in Haiti by Department as of 16 May 2023
Source: Haiti Ministère de la Santé Publique et de la Population (MSPP). Data generated by PAHO/WHO

IN NUMBERS

As of 15 May 2023

Haiti
42,351 Suspected Cases*
2,678 Confirmed Cases
38,772 Hospitalized Cases
686 Deaths
1.66% Case Fatality Rate (suspected cases)
1.21% Case Fatality Rate (Hospitalized cases)

Dominican Republic
99 Confirmed Cases
0 Deaths

**Total suspected cases for Haiti include institutional and community cases as well as cases reported in the Civil Prison of Pò based on Department Epi cumulative data.*

Source Haiti: Ministère de la Santé Publique et de la Population #145
Source Dominican Republic: Ministerio de Salud Pública.

MONKEYPOX MULTI-COUNTRY OUTBREAK RESPONSE REGION OF THE AMERICAS

Report n. 7, 3rd March 2023

MONKEYPOX SITUATION IN NUMBERS

Region of the Americas
As of 24 February 2023 (16:00)

| | | | |
|---|----------------------------------|---|---|
| Total as of 24 Feb 2023 | 58,578 confirmed cases | 607 new confirmed cases Last 4 weeks | -55% decrease in variation of cases |
| 31 countries/territories with confirmed cases | 76 deaths | 28 Jan to 24 Feb 2023 | 0 newly affected countries |

Global WHO Risk Assessment¹: Moderate | Risk Assessment for the Americas¹: Moderate

As of 24 February 2023.

Globally, 86,173 (85,511) confirmed cases of mpox, including 89 deaths, from 110 Member States across all 6 WHO Regions: 68% in the Region of the Americas, 30% in the European Region, 1.6% in the African Region, and 51% each in the 3 remaining WHO regions (Figure 1).

- The number of new weekly cases in epidemiological week (EW) 7 compared to EW 6 of 2023 (% variation) has decreased by 54%.
- In the past 21 days, 20 countries have reported new cases.
- In last week of full reporting, 5 countries reported an increase in the weekly number of cases, with the highest increase reported in Costa Rica.
- 97% of cases with available data are male, the median age is 34 years (QR: 29 – 41). Males between 18-44 years old account for 79% of cases with available data.
- 1% of cases with available age data are aged 0-17 years, including 267 cases aged 0-4 years. 73% of cases aged 0-17 are reported from the Region of the Americas.
- In the **Region of the Americas**, 58,578 confirmed cases were reported from 31 countries and territories, including 76 deaths.
- In the past 4 weeks, the Region has reported 88% of global cases.
- Six countries in the Region are among the top 10 countries globally with the highest number of confirmed cases, and account for 92% of confirmed cases within the Region: United States, Brazil, Colombia, Mexico, Peru, and Canada.
- The number of new weekly reported cases in EW 7 compared to EW 6 of 2023 (% variation) decreased by 55%.
- 48,651 (86%) of confirmed cases with available information are male. Most cases with available information are aged 20 to 45 years old and self-identify as men who have sex with other men.
- 13 countries in the Region have reported 736 confirmed cases among persons ≤ 17 years old, including 45 cases among infants.

COVID-19 PAHO/WHO RESPONSE. AUGUST 2022. REPORT N.81

SITUATION NUMBERS IN THE AMERICAS

175,701,207
TOTAL REPORTED CASES

2,819,798
TOTAL REPORTED DEATHS

1,970,091,914
VACCINE DOSES ADMINISTERED

12.7% DECREASE FROM PREVIOUS WEEK

9.6% DECREASE FROM PREVIOUS WEEK

29.3% OF CASES 43.5% OF DEATHS WORLDWIDE

69.4% OF THE POPULATION FULLY VACCINATED IN LATIN AMERICAN AND THE CARIBBEAN*

AS OF 31 AUGUST 2022
*VACCINATION DATA AS OF 2 SEPTEMBER 2022.

IN THE NEWS

Results of the first phase of the communications campaign developed by the Pan American Health Organization (PAHO) and the International Telecommunication Union (ITU) to address vaccine hesitancy in Eastern Caribbean Countries (ECC) were considered a success. The campaign ran from October 2021 to June 2022 and addressed four key challenges: low COVID-19 vaccination uptake; false COVID-19 information; the achievement of 70% vaccination coverage by June 2022; and the appearance of new variants of concern. PAHO and ITU worked on the campaign with telecommunications provider Trend Media/Digicel. The campaign leveraged the public-private partnership model pioneered by WHO and ITU. PAHO-curated awareness-raising and behavior change information was packaged in engaging multimedia format (infographics, posters, videos, etc.) and posted online. People received SMS messages with brief preventive health advice along with links to multimedia materials accessible without data-traffic costs. Phase 1 initially ran from October 2021 to January 2022 and targeted Antigua and Barbuda, Grenada, and St. Lucia. The project was extended to June 2022, and then included Dominica and St. Vincent and the Grenadines. Findings show that one in four people read some of the 5 million messages forwarded and opened the links. Additionally, approximately 81% of mobile users who received the messages described the content as useful, interesting, or relevant. Importantly, at least 5% of respondents reported that the communications campaign helped them decide to get vaccinated, while almost 14% said the information helped them adjust their behavior. PAHO and ITU are currently in discussions about Phase 2 of the project, which is to be implemented in other Caribbean countries.

[Read the full article here.](#)

Geo-Hub COVID-19 Information System for the Region of the Americas

PAHO's COVID-19 Vaccination in the Americas Dashboard

PAHO's technical and epidemiological reports, guidance, and recommendations

PAHO thanks our generous donors who have been helping us save lives and reduce the impact of COVID-19 in the Region.


Thank You!
paho.org/donate

Read global operational situation reports

World Health Organization

READ PAHO'S COVID-19 OPERATIONAL SITUATION REPORTS [HERE](#).
READ [PAHO'S MID-YEAR SUMMARY REPORT ON RESPONSE TO COVID-19 IN 2022](#).

Rapid Risk Assessments (RRAs)




Risk Assessment on poliomyelitis (polio): implications for the Region of the Americas
25 April 2023

Risk assessment date: 21 April 2023

| | |
|---|----------|
| Overall risk in the Region | High |
| Confidence in available information in the Region | Moderate |

| Criteria | Assessment | Likelihood | | Consequences | Risk | Rationale |
|---|------------|------------|----------|--------------|------|---|
| | | | | | | |
| Potential risk to human health | Regional | Likely | Moderate | High | High | <ul style="list-style-type: none"> Between 2019 and 2023, cases of vaccine-derived poliovirus (cVDPV2 and VDPV1) were reported in countries of the Region of the Americas (See exposure assessment). In one of every 200 poliovirus infections, irreversible paralysis occurs (usually of the lower limbs), and 5% to 10% of these cases die from paralysis of the respiratory muscles. Poliomyelitis (polio) mainly affects children under five, but anyone who is not vaccinated can get the disease, regardless of age. Current conditions in the countries and territories of the Region leave vulnerable groups exposed, which could have a potential impact on the severity of clinical presentation and lethality in these groups. The untimely attention of cases due to: 1) a poor health seeking behavior, 2) healthcare workers' lack of experience in detecting and managing cases, and 3) cultural or geographical access barriers, could negatively influence the prognosis of the disease. Polio requires sensitive epidemiological surveillance of acute flaccid paralysis (AFP), including immediate investigation of cases and timely collection of samples. Inadequate polio vaccination coverage and poor AFP surveillance could lead to polio outbreaks in the Region. |
| Risk of the event spreading | Regional | Likely | Moderate | High | High | <ul style="list-style-type: none"> The increase in the population susceptible to poliovirus is a result of low vaccination coverage in general for all immunobiologics (See context evaluation). AFP surveillance is weakened, evidenced by the poor performance of surveillance indicators (See context assessment). This could delay detection, notification, confirmation, and control actions at the source. In 2023, a case of vaccine-derived poliovirus type 1 (VDPV 1) was detected in Peru. The complete sequence of the VP1 region of the VDPV1 viral genome presented 31 nucleotides of difference with Sabin virus 1 (VP1) and was not genetically related to any other previously sequenced VDPV1, including those currently circulating in countries with cVDPV1 outbreaks. This is a new VDPV1. Susceptible individuals persist among indigenous populations living along borders. Difficulty maintaining adequate vaccination levels in the migrant population within the Region and from other Regions. |
| Risk of insufficient prevention and control capacity with available resources | Regional | Likely | Major | High | High | <ul style="list-style-type: none"> Health service capacity is overburdened due to the impact of concurrent public health emergencies. Limitations and barriers to providing vaccination services to indigenous and migrant populations and other vulnerable populations. Limited capacity of some country-territories of the Region to rapidly detect poliovirus circulation and interrupt transmission through vaccination. The population vaccine hesitancy¹ regarding vaccination is high in some countries of the Region and has been enhanced by misinformation during the concurrent COVID-19 pandemic. |

¹ Our World in Data. Vaccination. Available in: <https://ourworldindata.org/vaccination#note-24>




Risk evaluation on chikungunya – Implications for the Region of the Americas
9 March 2023

Date of risk assessment: 7 March 2023

| | | |
|-------------------------------------|----------|----------|
| Overall risk | Regional | High |
| Confidence in available information | Regional | Moderate |

| Criteria | Evaluation | Probability | | Consequences | Risk | Rationale |
|--|------------|---------------|----------|--------------|------|---|
| | | | | | | |
| Potential risk for human health | Regional | Likely | Moderate | High | High | <ul style="list-style-type: none"> Significant increase in chikungunya transmission in some countries of the Region of the Americas. Dengue, chikungunya, and Zika have similar signs and symptoms, this may represent a challenge in clinically differentiating these infections in the first few days of illness. This similarity makes it challenging for healthcare workers to establish an appropriate clinical diagnosis and clinical management, which can lead to inadequate treatment and deaths. Expansion of chikungunya outside historical transmission areas poses additional risks, as the population is immunologically susceptible to infection and may not be aware of clinical manifestations of the disease, including severe clinical manifestations. Most cases of chikungunya are self-limiting. Severe clinical presentations are infrequent but may contribute to the cause of death in neonates infected during the perinatal period, the elderly, and people with underlying medical conditions. Uncommon complications include uveitis, retinitis, myocarditis, hepatitis, nephritis, bullous skin lesions, hemorrhage, meningoencephalitis, myelitis, Guillain-Barré syndrome, and cranial nerve palsies. One country of the Region (Paraguay) is reporting an unprecedented increase in chikungunya cases, including a high incidence of meningoencephalitis possibly associated to chikungunya, which is generally considered a severe and uncommon clinical presentation. |
| Risk of the event spreading | Regional | Highly likely | Moderate | High | High | <ul style="list-style-type: none"> Cases of chikungunya reported outside of the historical transmission areas (in the South of Brazil and Argentina). East-Central-South-African (ECSA) chikungunya lineage was preliminarily detected in Paraguay. This lineage was not circulating widely in the Region previously. Arboviral transmission is heightened during the summer in the Southern Hemisphere, which coincides with the rainy season in the countries and territories of the Region of the Americas that are in the tropics. In the South Cone subregion, currently, Paraguay has a high transmission of chikungunya. Bordering countries might be affected as a result, thus potentially spreading this illness to new areas. The Region of the Americas is characterized by wide social inequalities with large urban populations living in conditions that lack of sanitary infrastructure which promotes increases in the mosquito vector presence/reproduction. This situation has been exacerbated by the impact of the COVID-19 pandemic on the community and healthcare systems. Between EW 1 and EW 8 of 2023, the number of cases of chikungunya is over the average reported during the same period of the last 5 years. The <i>Aedes aegypti</i> and <i>Aedes albopictus</i> mosquitoes are widely distributed in the Region of the Americas. |
| Risk of insufficient control capacities with available resources | Regional | Likely | Moderate | High | High | <ul style="list-style-type: none"> Health care facilities in some countries are overburdened, specifically in the endemic areas with high transmission due to concurrent emergencies. The COVID-19 pandemic has impacted vector control equipment and management of supplies, causing several countries to have shortages in insecticides and other vector control consumables. Dengue, chikungunya, and Zika (among other diseases that present rash and fever) can produce similar clinical manifestations, particularly in the first days of the disease. This similarity makes it challenging for health care personnel to identify the illness; therefore, these diseases may be misdiagnosed, which can lead to inadequate case management and cause patient death. |



Risk Assessment on vaccine-preventable diseases (diphtheria, measles, yellow fever and polio): implications for the Region of the Americas
28 February 2023

Date of assessment: 22 February 2023

| | | |
|-------------------------------------|----------|------|
| Overall risk | Regional | High |
| Confidence in available information | Regional | High |

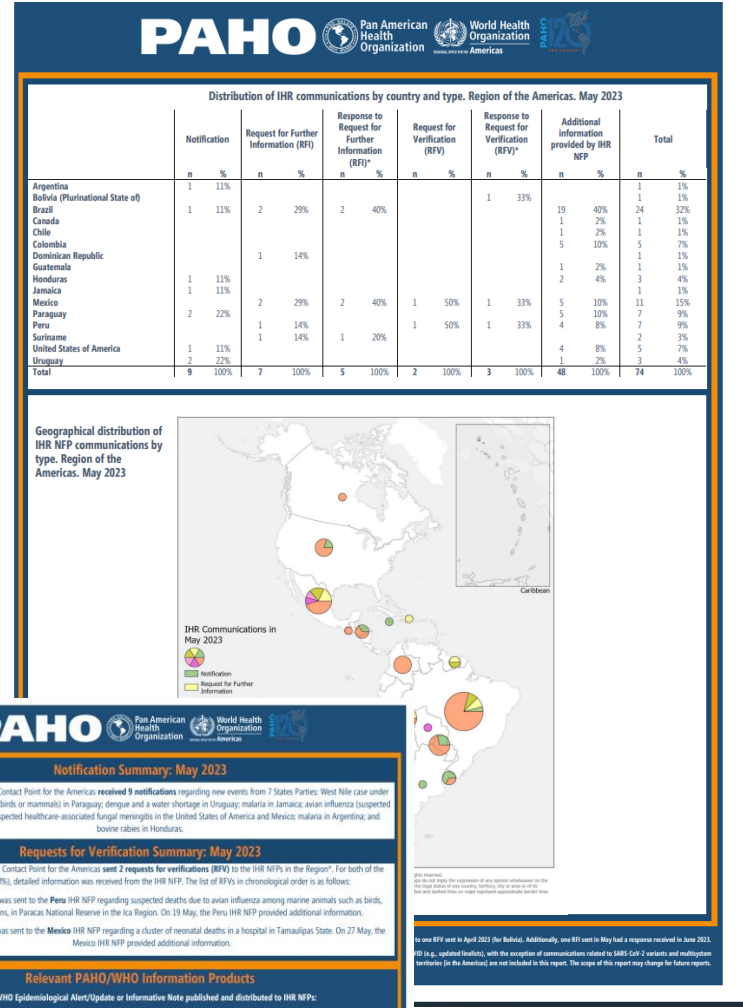
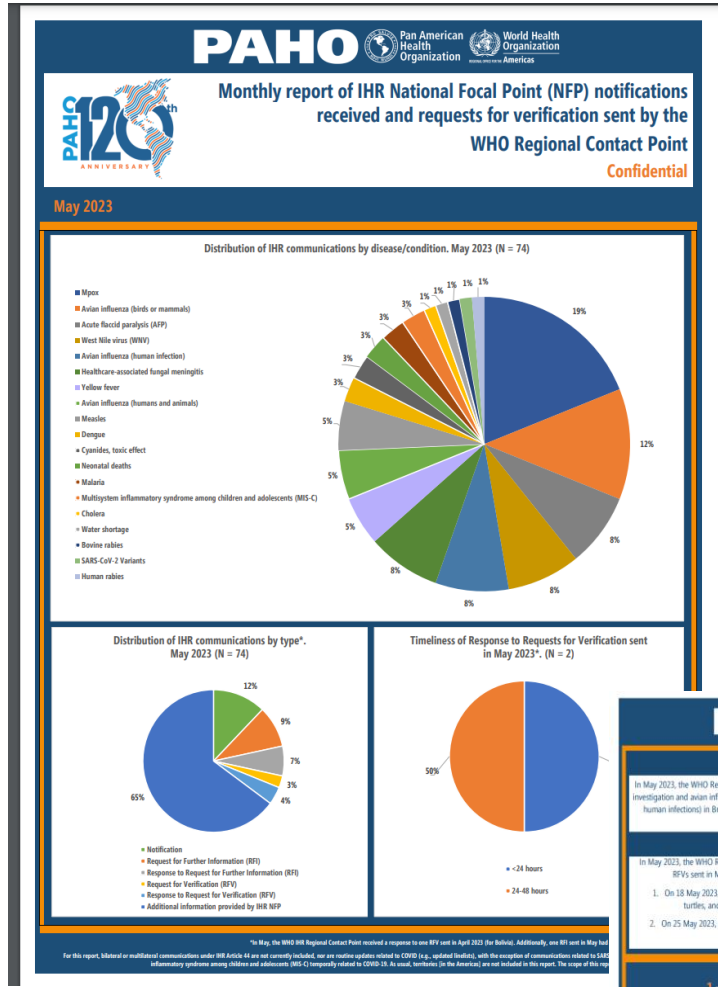
| Criteria | Assessment | Likelihood | | Consequences | Risk | Rationale |
|--|------------|------------|----------|--------------|------|--|
| | | | | | | |
| Potential risk for human health | Regional | Likely | Moderate | High | High | <ul style="list-style-type: none"> Between 2019 and 2022, cases of vaccine-preventable diseases (VPD) such as measles, diphtheria, polio (cVDPV2), and yellow fever have been reported in countries of the Region of the Americas (See exposure assessment). The case fatality rate (CFR) of vaccine-preventable diseases increases in risk groups which include children under 5 years of age, older adults, pregnant women, immunocompromised people, displaced people, people with acute or chronic malnutrition, among others. The current conditions in the countries and territories of the Region leave these vulnerable groups exposed, which could have a potential impact on the severity of the clinical presentation and lethality of disease among these groups. The untimely health care of cases due to decreased demand for health care or lack of experienced healthcare workers could negatively influence the disease prognosis. |
| Risk of event spreading | Regional | Likely | Moderate | High | High | <ul style="list-style-type: none"> The increase of susceptible population is a result of low vaccination coverage in general for all immunobiologics (See context assessment). Low performance in the surveillance of vaccine-preventable diseases has been observed, which can be evidenced by the poor performance of surveillance indicators (See context assessment). This could delay detection, notification, confirmation, and control actions at the source. Active transmission of diphtheria persists in Haiti. Persistently susceptible among indigenous populations living along borders. Difficulty in maintaining adequate levels of vaccination in the migrant population within the Region and from other Regions. |
| Risk of insufficient control capacities with available resources | Regional | Likely | Moderate | High | High | <ul style="list-style-type: none"> Health service capacity overburdened due to the impact of concurrent public health emergencies. Limitations to provide vaccination services to migrants, as well as vulnerable populations. The population's perception of skepticism¹ regarding vaccination is high in some countries of the Region and has been boosted by the COVID-19 pandemic. |

¹ Our World in Data. Vaccination. Available in: <https://ourworldindata.org/vaccination#note-24>

Risk Assessment on vaccine-preventable diseases: Implications for the Region of the Americas 1

Monthly reports on notified events and requests for verification sent by the WHO Regional Contact Point

- Since January 2022, 17 monthly IHR reports have been distributed to IHR NFPs in the Region
- Provides a summary of IHR communications received and sent by WHO Regional Contact Point including
 - ✓ Notifications
 - ✓ Requests for verification (RFV)
 - ✓ Requests for further information (RFI)
 - ✓ Disease/condition
 - ✓ Timeliness of responses to RFV
- Includes relevant PAHO/WHO information products shared with IHR NFPs and published online



Annual Report on public health events assessed by the WHO Regional Offices, under the IHR

- Since 2016, 7 Annual Reports on Acute public health events assessed by WHO Regional Offices have been published.
- Initially as a joint venture between the Regional Offices of the Americas, Africa, and Europe and since 2021 at the Global Level.



Home / Publications / Overview / 2021 Annual global report on public health intelligence activities as part of the WHO Health Emergencies Programme

2021 Annual global report on public health intelligence activities as part of the WHO Health Emergencies Programme

30 June 2022 | Publication



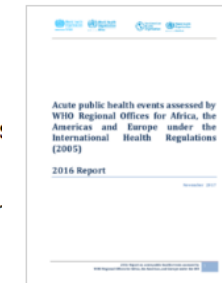
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Acute public health events assessed by WHO Regional Offices for Africa, the Americas, and Europe under the International Health Regulations (2005) -- 2020 Report Technical Reports



Acute public health events assessed by WHO Regional Offices for Africa, the Americas, and Europe under the International Health Regulations (2005) 2018 Report Technical Reports



Acute public health events assessed by WHO Regional Offices for Africa, the Americas, and Europe under the International Health Regulations (2005) 2016 Report Technical Reports



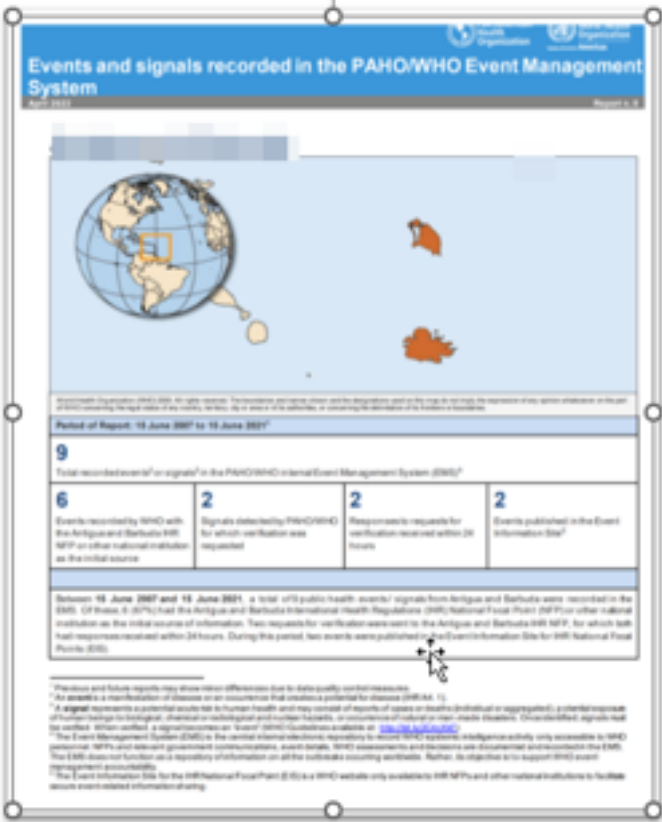
Acute public health events assessed by WHO Regional Offices for Africa, the Americas, and Europe under the International Health Regulations (2005) 2019 Report Technical Reports



Acute public health events assessed by WHO Regional Offices for Africa, the Americas, and Europe under the International Health Regulations (2005) 2017 Report Technical Reports

Country specific annual report: Notified events and request for verification

- Disseminated to States Parties since 2018
- Summary of:
 - ✓ Notified events by the IHR NFP
 - ✓ Requests for verification (RFV) sent and responses received
 - ✓ Events published in the EIS
 - ✓ Events recorded in the EMS since June 2007
 - ✓ Hazard, disease/condition, aetiology of each event



Event Management System (EMS) Summary: Antigua and Barbuda

Annex 1. Events published in the Event Information Site for the IHR National Focal Point (EIS) (n=2): 15 June 2007 – 15 June 2021.

| Year | Disease condition | Not-Assessment |
|------|---|----------------|
| 2008 | Influenza-like illness in central America virus | FMDC |
| 2020 | COVID-19 | FMDC |

Annex 2. Requests for verification sent to the Antigua and Barbuda IHR NFP (n=2): 15 June 2007 – 15 June 2021.

| Event ID | Hazard | Syndrome | Disease Condition | Aetiology | Date verification requested | Responses to requests for verification received within 24 hours? | Date of response from the IHR NFP |
|-------------|-----------|----------------------------|---|-------------------------|-----------------------------|--|-----------------------------------|
| 2008-000008 | Infection | Acute Respiratory Syndrome | Influenza like illness in central America virus | Parvovirus (P19) (2008) | 06/22/2008 | Yes | 06/22/2008 |
| 2020-000002 | Infection | Acute Respiratory Syndrome | COVID-19 | | 01/21/2020 | Yes | 02/01/2020 |

Annex 3. Events or signals recorded in the PAHO/WHO Internal Event Management System (n=6): 15 June 2007 – 15 June 2021.

| Event ID | Hazard | Syndrome | Disease Condition | Aetiology | Creation date* |
|-------------|-----------|----------------------------|---|-------------------------------|----------------|
| 2008-000008 | Infection | Acute Respiratory Syndrome | Influenza like illness in central America virus | Parvovirus (P19) (2008) | 06/22/2008 |
| 2016-000002 | Infection | | Yellow fever, other | | 04/15/2016 |
| 2016-000016 | Infection | | Chikungunya-like fever | Chikungunya virus | 04/25/2016 |
| 2016-000003 | Infection | | Dike virus disease | Inspired case | 05/04/2016 |
| 2016-000001 | Infection | | Dike virus disease | Local transmission | 07/28/2016 |
| 2016-000021 | Infection | | Malaria | Malaria in the United Kingdom | 07/24/2016 |
| 2020-000004 | Infection | | Dengue Fever | SEW 1 | 07/01/2020 |
| 2020-000003 | Infection | Acute Respiratory Syndrome | COVID-19 | | 07/01/2020 |
| 2021-000002 | Infection | | COVID-19 | SARS-CoV-2 variants | 02/14/2021 |

*Please note that this table refers to the date in which PAHO opened the event in the internal PAHO/WHO Event Management System and not the date of report to PAHO.

Summary

- **WHO Public Health Intelligence activities** – WHO shall collect information regarding events through its surveillance activities and assess their potential to cause international disease spread and possible interference with international traffic. (Art 5.4)
- **Notification** of all events which may constitute a public health emergency of international concern (PHEIC) (per IHR Annex 2), with follow-up of relevant information (Art 6)
- **Consultations** with WHO on non-notifiable events (Art 8)
- **Reporting** of public health risks in other countries (Art 9.2)
- **Verification** and provision of available information on events if requested by WHO, with follow-up of information (Arts 9.1, 10)
- **Access to event information** disseminated by WHO through its secure Event Information Site (EIS) (Article 11)

The logo features the text 'PAHO' in a vertical stack of white letters on the left. To its right is a large '120th' in white. The '120' is partially overlaid by a stylized graphic of white wavy lines that resemble a globe or a network. Below the '120th' is the word 'ANNIVERSARY' in white, spaced-out capital letters. In the top left corner, there is a circular graphic with an orange and blue gradient.

PAHO
120th
ANNIVERSARY

Thank you
Gracias
Obrigada
Merci



PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas