

## Original article

# Implementation of the Strategic Information Center for Regional Health Surveillance in Montes Claros

## *Implementação do Centro de Informações Estratégicas em Vigilância em Saúde Regional de Montes Claros*

Thallyta de Sousa Lima<sup>1</sup>  | Victória Sabrina Ferreira de Assis<sup>1</sup>  | Kesia Barbosa dos Reis<sup>1</sup>  | Agna Soares Silva Menezes<sup>1</sup>  | Débora Danielly Dias Ribeiro<sup>2</sup>  | Gabriel Henrique de Moraes Tavares<sup>3</sup>  | Anne Vitória Silva Rodrigues<sup>3</sup> 

<sup>1</sup>Secretária de Estado de Minas Gerais, Superintendência Regional de Saúde de Montes Claros, MG, Brazil

<sup>2</sup>Departamento de Emergências em Saúde Pública, Centro de Informações Estratégicas em Vigilância em Saúde, Montes Claros, MG, Brazil.

<sup>3</sup>Centro Universitário do Norte de Minas (Uninorte Minas), Montes Claros, MG, Brazil. [ROR: <https://ror.org/05t3h0r03>]

## Abstract

**Objective:** to report on the experience of creating and implementing the Regional CIEVS (Center for Strategic Information on Health Surveillance) in Montes Claros, Minas Gerais, Brazil. **Materials and Methods:** information was obtained from documents, including legislation from the Unified Health System (SUS), data from the Minas Gerais State Health Secretariat and the Montes Claros Regional Health Superintendence, as well as reports and testimonies from workers in the field. **Results:** the organization of the CIEVS is still under development, aiming at the implementation of coordinated response actions, encompassing emergencies related to mass events, risk agents, and the continuous monitoring of events and rumors. In this context, workflows are being reviewed in partnership with other health agencies, services, and institutions, focusing on expanding and adopting communication and information tools, aiming at future expansion and integration between services. **Conclusion:** the CIEVS (Centers for Epidemiological Surveillance) are important centers of epidemiological intelligence, playing an essential role in guiding health surveillance policies at the regional level, especially with regard to early identification and timely response to health emergencies.

**Keywords:** Implementation. Emergency Identification. Public Health Surveillance.

## Resumo

**Objetivo:** relatar a experiência do processo de criação e implementação do Centro de Informações Estratégicas em Vigilância em Saúde (CIEVS) Regional de Montes Claros, Minas Gerais, Brasil. **Materiais e Métodos:** as informações foram obtidas a partir de documentos, incluindo a legislação do Sistema Único de Saúde, dados da Secretaria de Estado de Saúde de Minas Gerais e da Superintendência Regional de Saúde de Montes Claros, além de relatórios e depoimentos de trabalhadores da área. **Resultados:** a organização do CIEVS continua em fase de desenvolvimento, tendo como objetivo a implementação de ações articuladas de resposta, abrangendo emergências relacionadas a eventos de massa e agentes de risco, além do monitoramento contínuo de eventos e rumores. Nesse contexto, estão a ser revistos os fluxos de trabalho em parceria com outras instâncias, serviços e instituições de saúde, com foco na ampliação e adoção de ferramentas de comunicação e informação, visando à futura expansão e integração entre os serviços. **Conclusão:** os CIEVS configuram-se como importantes núcleos de inteligência epidemiológica, desempenhando papel essencial na condução das políticas de vigilância em saúde no âmbito regional, especialmente no que se refere à identificação precoce e à resposta oportuna frente às emergências em saúde.

**Palavras-chave:** Implementação. Identificação da Emergência. Vigilância em Saúde Pública.

**Corresponding author:** Thallyta de Sousa Lima | [thallyta.lima@soufunorte.com.br](mailto:thallyta.lima@soufunorte.com.br)

Received: 02|19|2026. Approved: 06|01|2026.

Assessed by the double-blind review process.

**How to cite this article:** Lima TS, Assis VSF, Reis KB, Menezes ASF, Ribeiro DDD, Tavares, GHM, Rodrigues AVS. Implementation of the Strategic Information Center for Regional Health Surveillance in Montes Claros. Revista Bionorte. 2026;15:e1285.

<https://doi.org/10.47822/bn.v15i1.1285>



## Introduction

Within the context of the evolution of surveillance of communicable diseases of international relevance, a structure was established and strengthened to respond more efficiently to these threats. The creation of the International Health Regulations (IHR) in 1951 came as a response to the international spread of six diseases (cholera, plague, relapsing fever, smallpox, typhoid fever and yellow fever), and was established to harmonize measures to control communicable diseases, balancing public health interests with international trade<sup>1</sup>. Revised in 1995 by the World Health Assembly, the update aimed to address the growing threat of infectious diseases and their increased spread, especially due to international trade and movement. The revision was finalized in 2005, a decade after the start of the process<sup>2</sup>.

The International Health Regulations (IHR), approved by the World Health Organization (WHO) in 2005 and incorporated into Brazilian law by Legislative Decree 395, guides measures for the international control of diseases, such as the 2009 H1N1 pandemic.<sup>3</sup> Its implementation, in conjunction with WHO guidelines, highlights the importance of collaboration between countries in addressing public health problems, demonstrating that diseases considered harmless in some regions can have serious consequences in others<sup>4</sup>.

The approval of the IHR during the 58<sup>th</sup> WHO Assembly was a milestone for international public health, strengthening the capacity of countries to respond to health emergencies<sup>2</sup>. The IHR aims to prevent and control the spread of diseases, establishing global standards that avoid interference in international trade and traffic. Signatory countries must legislate in accordance with the objectives of the regulation<sup>5</sup>.

Aligned with these global guidelines, the Brazilian Ministry of Health, through the Health Surveillance Secretariat, created the Center for Strategic Information in Health Surveillance (CIEVS) through Ordinance N. 30, of July 7, 2005. This initiative sought to strengthen the capacity of the National Health Surveillance System (SNVS) to identify public health emergencies in an early and timely manner, aiming to organize the adoption of appropriate responses that minimize and contain risks to the health of the population<sup>6,7</sup>. In line with this initiative, Ordinance No. 4,641, of December 2022, establishes the CIEVS as an Epidemiological Intelligence service within the SNVS of the Unified Health System (UHS)<sup>8</sup>.

The CIEVS aims to carry out the detection, notification, monitoring and support of the response to health events that may contribute to public health emergencies, covering the three management spheres of the UHS. The notification flow begins at the local level, passing through the state level to the national level<sup>9</sup>. At the local level, events with the potential to cause morbidity or

mortality are identified and assessed, followed by communication to the intermediate level and the application of preliminary control measures. At the intermediate level, the notified events are confirmed, control measures are implemented, and the events notified at the national level are evaluated. Finally, the national level evaluates and notifies the WHO, coordinating the Public Health response<sup>10</sup>.

To ensure the effectiveness of this process, the CIEVS Network must have specific procedures for the detection, receipt, verification, notification, evaluation, monitoring, and documentation of the response. When all these sources are analyzed together, Public Health Surveillance provides comprehensive data that underpin the action<sup>8</sup>.

In subsequent years, the creation of decentralized CIEVS units in states and municipalities further expanded this structure, ensuring agile, structured, and coordinated action, and forming a network capable of responding promptly and in a coordinated manner to public health emergencies, reflecting the commitment to strengthening surveillance and response to potential health crises in the country<sup>11</sup>.

In this context, within the scope of the National Network for Surveillance, Alert and Response to Public Health Emergencies in the Unified Health System (Vigiar-UHS), the Federal Government, through the Ministry of Health, made an investment that resulted in a 238% expansion of CIEVS units, increasing from 55 centers in 2020 to 190 units operating throughout the national territory. These units include: 1 National, 27 State (including the Federal District), 42 Regional, 26 Capital, 46 Municipal, 14 Border and 34 Special Indigenous Health Districts (DSEI)<sup>11,12</sup>.

For this expansion in the state of Minas Gerais, the Network considered the main locational attributes, such as the flow of people to the regional centers of trade and services<sup>8</sup>. The city of Montes Claros has the second largest road junction in the country<sup>9</sup>. To strengthen the SNVS's capacity to identify public health emergencies in an early and timely manner, efforts are made to organize the adoption of appropriate responses that minimize and contain risks to the population's health. The CIEVS plays a fundamental role in monitoring notifications of outbreaks, epidemics, health problems, disasters, and the occurrence of epizootics and lack of assistance in the health area, in addition to detecting health events reported by media outlets<sup>13</sup>.

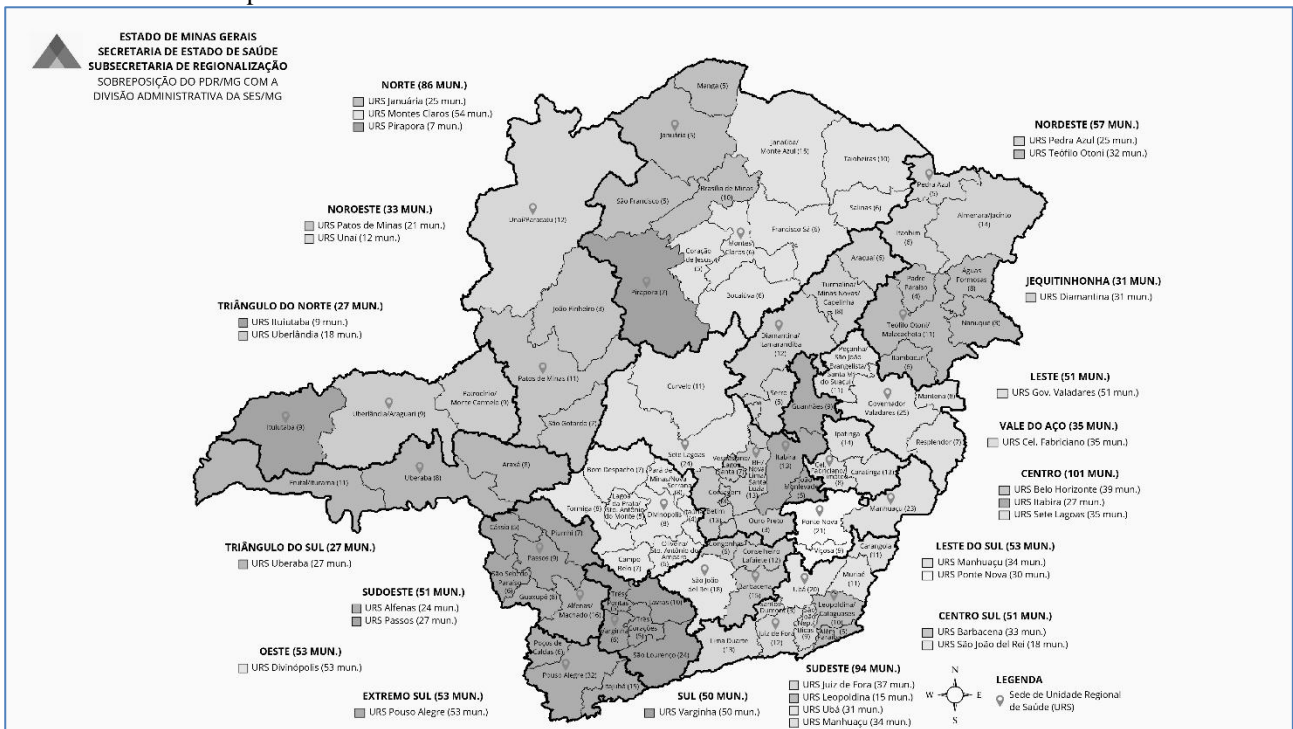
This article presents an experience report describing the creation and implementation process of the Regional CIEVS (Center for Strategic Information on Health Surveillance) in Montes Claros, Minas Gerais. The information was obtained from documents, including SUS (Brazilian Unified Health System) legislation, data from the Minas Gerais State Health Secretariat and the Montes Claros Regional Health Superintendence (SRS), as well as reports and testimonies from workers in the field.

Therefore, this study aims to describe and analyze the implementation process of the Montes Claros Regional CIEVS.

### Materials and Methods

The Regional Health Superintendence of Montes Claros is located in the northern macroregion of Minas Gerais, in the city of Montes Claros, and covers 54 municipalities, subdivided into 7 health microregions: Bocaiuva (6), Coração de Jesus (5), Montes Claros (6), Francisco Sá (6), Taiobeiras (10), Salinas (6) and Janaúba/Monte Azul (15), totaling a population of 1,091,256 inhabitants, as presented in the Minas Gerais regionalization master plan, Figure 1.

**Figure 1.** Overlap between the Minas Gerais Regionalization Master Plan and the administrative division of the Minas Gerais State Health Department.



Source: State Department of Health, Sub-Secretariat of Regionalization, 2024.

The Montes Claros Regional Health Network has 489 Family Health Strategy (ESF) teams. The Hospital Network consists of one state public hospital, nine municipal public hospitals, and thirteen philanthropic and/or private units. Of these, nine are part of the National Hospital Epidemiological Surveillance Network (Renaveh), which operates through Hospital Epidemiology Centers (NHE) to detect, monitor, and respond to epidemiological changes. The partnership between CIEVS and Renaveh strengthens the Surveillance, Alert, and Response Network for Public Health Emergencies of the Unified Health System (Rede Vigiante-SUS), improving the capacity for early communication and management of threats to public health<sup>12</sup>.

In 2023, the Montes Claros Regional CIEVS was created, aiming to meet the need to establish regional mechanisms for immediate response in cases of importance to public health and to provide rapid responses to epidemiological emergencies. Furthermore, the creation of the CIEVS fulfills the regulatory requirement that those responsible for public health organizations and establishments must report suspected or confirmed cases of notifiable diseases to UHS managers within 24 hours.

The Montes Claros Regional CIEVS is part of the network of CIEVS with State Management, acting in the management of acute crises and in the monitoring of sentinel events. Its activities include support for the rapid and effective management of epidemiological emergencies, focusing on the early detection of possible threats to public health.

In view of its organizational composition, the Montes Claros Regional CIEVS has, in its regulatory structure, the GM/MS Ordinance N. 3,303, of November 29, 2021, which authorizes the transfer of federal funds to state and municipal health funds, to be allocated to the health surveillance group for the expansion and strengthening of the CIEVS with the definition of locations for the implementation of new units. This ordinance is one of the laws that guides and establishes the start of operations of the unit in Montes Claros, at the regional level, based on the following criteria: trade and service activities: intense circulation of people towards regional centers, with emphasis on cities that act as hubs in the interior of the Northeast Region and in the state of Minas Gerais; Health care network: analysis of the organization of health services based on the centrality of regional hubs, including primary, secondary and tertiary care levels.

The formalization of the start of activities of the CIEVS Regional Montes Claros with managers in Northern Minas Gerais took place at the meeting of the Bipartite Inter-managerial Commission of the Unified Health System (CIB-UHS), on September 1, 2023. The meeting also mentions Ordinance N. 30, of July 7, 2005, which establishes the CIEVS and defines its duties, composition and coordination. According to regulations and legislation, the Montes Claros Regional CIEVS does not have a specific published ordinance establishing its activities. However, the unit officially follows the legislation established for the CIEVS of the State of Minas Gerais, which outlines its responsibilities, composition, and coordination, as set forth in SES Resolution No. 2753 of April 19, 2011.

The physical structure of the Montes Claros Regional CIEVS is located in the same building that houses the Health Surveillance department of the Montes Claros Regional Health Superintendence (SRS Montes Claros). This space is shared with the technical references of the surveillance sector, with adequate infrastructure for the team's work, including computers with internet access, information systems, a printer, and workstations in islands. The CIEVS team occupies one of these islands, ensuring integration and efficient communication within this environment.

Within the budgetary structure, the financial resources allocated to the CIEVS are regulated by GM/MS Ordinance N. 3,303, of November 29, 2021. Its objective is to cover the costs of any health surveillance actions and services, focusing on the implementation and strengthening of the CIEVS that are part of the Vigiar-SUS Network. In general, the financial resources are managed by the Minas Gerais State Health Department. Expenses and costs for the Montes Claros Regional CIEVS must be reported to the State Level.

The Montes Claros Regional CIEVS team consists of five representatives from the Minas Gerais State Health Department (SES-MG) – these professionals combine the role of technical reference for SES-MG (one professional being the coordinator/focal point of the Regional CIEVS) and also perform the activities inherent to the CIEVS; 3 interns from the undergraduate nursing course and 1 institutional technical supporter from the Ministry of Health who, in March 2024, came to assist and support the routine of actions and work processes in the area of operation (Table 1).

**Table 1.** The technical team of the CIEVS Regional office in Montes Claros and their professional training.

Team	Professional Formation
Aгна Soares Silva Menezes	Nurse, PhD in Health Sciences. Coordinator of Health Surveillance and the Regional CIEVS of Montes Claros, Specialist in Health Policies and Management.
Maria Regina de Oliveira Morais	Biologist, Master in Health Education, Specialist in Health Policies and Management, technical manager of the NHEs.
Siderllany Aparecida Vieira Mendes	Nurse, Master in Health Education, Specialist in Health Policy and Management.
Adriana Barbosa Amaral	Nurse, Master in Science in Health Sciences, Specialist in Public Health.
Greicielle Souza Nascimento Lopes	Bachelor's degree in Administration, technician in Health Management.
Débora Danielly Dias Ribeiro	Nurse. Institutional technical support staff member of the Ministry of Health.
Kesia Barbosa dos Reis	Nursing student intern.
Thallyta de Sousa Lima	Nursing student intern.
Victória Sabrina Ferreira de Assis	Nursing student intern.

Regarding the flow of communication, it takes place through permanent communication by telephone contact, with operating hours from 7 am to 6 pm (outside of these hours, contact is made directly with the CIEVS Minas on-call service) and via email, for receiving notifications, every day.

The unit's responsibilities include weekly meetings for planning and evaluating indicators, studying cases contained in the monitoring spreadsheet, and preparing epidemiological alerts

whenever, based on the criteria of the Risk Assessment instrument of the Ministry of Health, it is deemed necessary. Routine activities also include:

- **Mining and gathering rumors** related to public health that may pose a threat to the population. These are carried out using tools that monitor both official and unofficial news. Information verification occurs through investigations in the virtual environment to confirm the authenticity of identified rumors or events. Additional information is collected from official sources, such as municipal websites and other government platforms, or through consultations with local health authorities, allowing for the distinction between true information and potential fake news. A weekly news clipping is compiled to disseminate confirmed information about epidemiologically relevant health problems and other events that may constitute public health emergencies.
- **Monitoring of public health events** to support preparedness, surveillance, and response actions, constant surveillance is carried out on various public health events, using multiple data sources, which help guide surveillance activities and define epidemiological investigation priorities. The unit records all monitoring activities in an Excel spreadsheet, including the analyses performed and the decisions taken, ensuring traceability and providing a basis for the continuous evaluation and improvement of preparedness and response strategies.
- As a way to monitor events, the unit has been holding bi-weekly meetings of the **Event Monitoring Committee (CME)** since April 2024, which is supported by regulatory bodies, the macro-regional laboratory, and regional technical references. These meetings are open to the participation of all municipalities within the coverage area of the Montes Claros Regional Health Superintendence (SRS), the Health Surveillance Nuclei (NHE), and the Health Surveillance Coordinators of the Pirapora and Januária Management Units.
- IV- Given the magnitude of the arbovirus epidemic in 2024, during the seasonal period, the preparation of an **epidemiological bulletin on arboviruses** began, containing the incidence rates and circulating serotypes by municipality, the total cumulative number of cases and their evolution, aiming to track and monitor cases and deaths. The Epidemiological Bulletin is a Health Surveillance tool whose objective is to inform and disseminate weekly epidemiological data on arboviruses in the Montes Claros Regional Health Superintendence;
- **Monitoring and technical visits to NHEs**, aiming to promote communication within the hospital setting and developing support activities in the identification of risk events, among other activities;
- In May 2024, the team held its **first Webinar**, whose theme was: preparedness, surveillance and response to public health emergencies at the Strategic Information Center for Health Surveillance in the Montes Claros Regional area, in order to maintain continuous and systematic monitoring

of diseases, health problems and events.

## Results

Considering the guidelines established by the International Health Regulations (2005) and Ordinance N. 4,641 of 2022, as well as other current regulatory instruments, it is observed that the performance of the CIEVS of Montes Claros is in line with the competencies advocated for this type of unit. The analysis of institutional documents, combined with the team's reports, allows for a closer and more contextualized understanding of the implementation trajectory of the Montes Claros Regional CIEVS. This path highlights not only the progress achieved, but also the challenges faced in the unit's organizational process, especially regarding the response to public health emergencies in the region. Based on the activities developed and the management of information systems, the CIEVS has contributed to the production of relevant data, fundamental to supporting health surveillance in the municipalities of Northern Minas Gerais. This data reflects the beginning of the structuring of a more integrated system for monitoring events of public health importance, strengthening the regional capacity for detection and response.

The data analyzed corresponds to the period from August to December 2023, the initial phase of operation of the Montes Claros Regional CIEVS, allowing a preliminary assessment of its performance and the actions developed in this context. During this period, the unit recorded 52 case notifications and 3 death notifications, related to suspected or confirmed diseases, health problems, and other events with the potential to constitute public health emergencies. This volume of records, already at the beginning of activities, highlights the relevance of the CIEVS as a strategic point for capturing and monitoring information in the region.

When analyzing the distribution of health problems, a higher frequency of Meningococcal Diseases/Meningitis is observed, corresponding to 21.9% (n=12) of the notifications, followed by Measles (12.7%, n=7), Pertussis (10.9%, n=6), and Guillain-Barré Syndrome (10.9%, n=6). This profile indicates a predominance of events related to vaccine-preventable diseases and conditions of neurological importance, which reinforces the need for continuous surveillance, improved immunization efforts, and a timely response to potential outbreaks. Overall, the findings suggest that, even in its initial phase, the CIEVS already plays a relevant role in identifying priority health events, contributing to the strengthening of epidemiological surveillance in the macro-region of Northern Minas Gerais (Table 2).

**Table 2.** Number and proportion of notifications, according to disease, health problem or event and month of occurrence, received by the CIEVS Regional of Montes Claros, August to December 2023.

Diseases and complications	Aug.	Sep.	Oct.	Nov.	Dec.	Total	%
Accident caused by an animal potentially transmitting rabies	02	00	00	00	00	02	3.6
Whooping cough	00	02	01	03	00	06	10.9
Dengue fever (death)	00	00	00	00	03	03	5.5
Creutzfeldt-Jakob disease (CJD)	00	00	00	02	00	02	3.6
Meningococcal disease/Meningitis	00	01	03	04	04	12	21.9
Spotted Fever/Rickettsioses	01	02	02	00	00	05	9.1
Leptospirosis	00	00	01	00	02	03	5.5
Mpox	00	00	01	00	00	01	1.7
Measles	00	06	01	00	00	07	12.7
Guillain-Barré syndrome	00	00	01	05	00	06	10.9
DDA and DTHA outbreak	01	01	02	00	01	05	9.1
Outbreak (COVID-19)	00	02	01	00	00	03	5.5

**Source:** Monitoring spreadsheet for the Montes Claros Regional CIEVS, 2023.

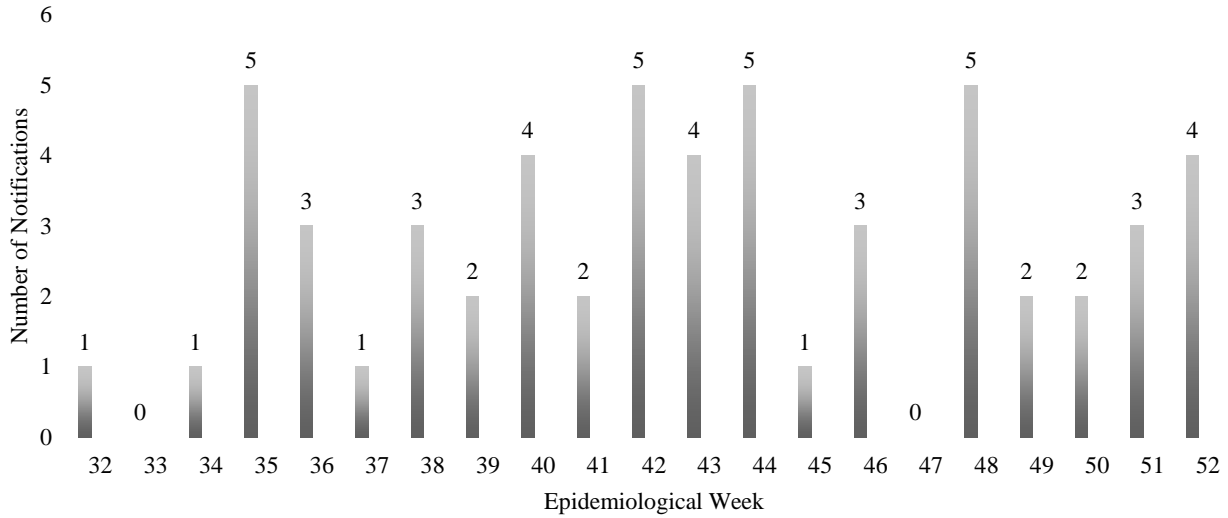
Regarding the channels used to send notifications of diseases, health problems, and events, email predominates as the main means of communication, accounting for 52 records (94.54%). To a lesser extent, the WhatsApp application appears, with 2 records (3.63%), and other means, also with 1 record (1.83%), in the year 2023. This pattern highlights the centrality of email as an institutional communication tool, although the use of messaging applications also presents itself as a complementary alternative.

Mandatory notification corresponds to the mandatory communication to health authorities in the event of suspected or confirmed diseases, health problems, or events of relevance to public health, and may occur immediately or weekly. The data analysis shows that 85.0% (n=47) of the notifications sent to the Montes Claros Regional CIEVS were classified as immediate, which is directly related to the nature and priority of the events monitored by the unit. The remaining 15.0% (n=8) corresponded to weekly notifications.

This scenario reinforces the strategic role of CIEVS in monitoring rapidly evolving events with potential collective impact, requiring agile and coordinated responses. Furthermore, it highlights the importance of the health network's sensitivity in identifying and communicating these health problems in a timely manner, contributing to monitoring the epidemiological profile and making timely decisions. The NHEs were responsible for the majority of notifications 53.0% (n=29), followed by municipal surveillance with 40% (n=22), and other notifiers with 7.0% (n=4). According to the final classification of cases under monitoring, 62.0% (n=34) were discarded, while 38.0% (n=21) were confirmed in the year 2023.

Based on the identified notifications and the epidemiological week, it was noted that only in weeks 33 and 47, there was no record in the database received by the CIEVS Regional Montes Claros in the year 2023 (Graph 1).

**Graph 1.** Number of notifications of diseases, health problems and events reported to the CIEVS Regional Montes Claros, second epidemiological week, in the year 2023 (n=56).



**Source:** Monitoring spreadsheet for the Montes Claros Regional CIEVS, 2023.

## Discussion

The CIEVS plays an essential role in the continuous monitoring of events relevant to public health, including outbreaks, epidemics, illnesses, disasters, epizootics, and situations of lack of assistance. Its work involves the systematic collection, analysis, and monitoring of these occurrences, enabling timely and effective responses from health services. In addition, the CIEVS also monitors information disseminated by different media, contributing to the early identification of possible risks to the health of the population and strengthening health surveillance actions<sup>13</sup>.

Decentralized CIEVS units have been implemented in different states and municipalities, expanding the reach of health surveillance actions. To ensure agile, organized, and integrated action among these units, the CIEVS Network was structured, conceived as a strategic arrangement capable of promoting timely and coordinated responses to public health emergencies, at all levels of surveillance activity. In this context, the CIEVS Network has shown significant growth in Brazil, evidenced by the substantial increase in the number of units distributed throughout the national territory, which demonstrates the continuous effort to strengthen surveillance and improve response capacity in the face of possible events of public health relevance<sup>9</sup>.

The actions of the Montes Claros Regional CIEVS result in the early and timely identification of public health emergencies, aiming to organize the adoption of appropriate responses that reduce and contain risks to the health of the population. These initiatives also strengthen the process of detecting rumors and raising awareness of events that may result in potential public emergencies. The

analysis of diseases and events favors the implementation of targeted actions, contributing to the mitigation of risks to the health of the population<sup>4</sup>.

The CIEVS implementation process continues, aiming to develop coordinated response actions, encompassing emergencies related to large-scale events, different agents, and the systematic monitoring of events and rumors. In this scenario, there is a review of workflows in partnership with other bodies, as well as health services and institutions, coupled with the expansion and implementation of information and communication tools, with a view to expanding and increasing integration between services<sup>9</sup>.

In addition, improvements are planned in the physical structure, investments in the qualification of professionals, an increase in the number of technicians and the incorporation of new technologies, especially in the areas of information and communication.

## Conclusion

In the current scenario, the CIEVS (Centers for Strategic Information in Health Surveillance) are consolidating themselves as essential centers of epidemiological intelligence, playing a strategic role in guiding health surveillance policies at the regional level, especially concerning early identification and rapid response to health emergencies.

## Authors' contributions

**Research conception and design:** Thallyta de Sousa Lima, Débora Danielly Dias Ribeiro, Gabriel Henrique de Moraes Tavares, Kesia Barbosa dos Reis, Victória Sabrina Ferreira de Assis, Anne Vitória Silva Rodrigues, Agna Soares Silva Menezes. **Analysis, interpretation of data and manuscript writing.:** Thallyta de Sousa Lima, Victória Sabrina Ferreira de Assis, Gabriel Henrique de Moraes Tavares, Kesia Barbosa dos Reis, Agna Soares Silva Menezes, Anne Vitória Silva Rodrigues, Débora Danielly Dias Ribeiro. **Resource management:** Thallyta de Sousa Lima, Débora Danielly Dias Ribeiro, Gabriel Henrique de Moraes Tavares, Kesia Barbosa dos Reis, Victória Sabrina Ferreira de Assis, Anne Vitória Silva Rodrigues, Agna Soares Silva Menezes. **Critical review of the manuscript regarding intellectual content and final presentation:** Agna Soares Silva Menezes, Débora Danielly Dias Ribeiro, Thallyta de Sousa Lima, Victória Sabrina Ferreira de Assis, Kesia Barbosa dos Reis, Gabriel Henrique de Moraes Tavares, Anne Vitória Silva Rodrigues. Os autores aprovaram a versão final do manuscrito e se declararam responsáveis por todos os aspectos do trabalho, incluindo a garantia de sua precisão e integridade.

## Conflict of interests

The authors declared no conflicts of interest.

## References

1. Alho AM, Quelhas C, Subtil I, Adrego T, Durão J. The implementation of the International Health Regulations on vector-borne diseases: a scoping review of the qualitative evidence performed worldwide. *Port J Public Health*. 2023;41(3):218-29. <https://doi.org/10.1159/000531752>
2. Oyram Y. Saúde e direitos: regulamento sanitário internacional. [tese]. Salvador: Universidade Federal da Bahia; 2013. Available from: <https://repositorio.ufba.br/bitstream/ri/15203/1/TESE%20YARA%20OYRAM.%202013.pdf>. Acesso em: 06 set. 2024.
3. Agência Nacional de Vigilância Sanitária (Anvisa). Regulamento Sanitário Internacional [Internet]. Available from: <https://www.gov.br/anvisa/pt-br/assuntos/paf/regulamento-sanitario-internacional/arquivos/7181json-file-1>. Acesso em: 15 set. 2024.
4. Lima YO, Costa EA. Implementação do Regulamento Sanitário Internacional (2005) no ordenamento jurídico-administrativo brasileiro. *Ciênc saúde coletiva*. 2015;20(6):1773-83. <https://doi.org/10.1590/1413-81232015206.06552014>
5. Santos IDM, Machado CV, Pereira AMM, Andrade CLT. Covid-19 na América Latina: desigualdades e capacidades de resposta dos sistemas de saúde a emergências sanitárias. *Rev Panam Salud Publica*. 2023;47:e88. <https://doi.org/10.26633/RPSP.2023.88>
6. Gomes TJ. O enfrentamento do Brasil diante do risco de uma pandemia de influenza pelo vírus A (H1N1). *Epidemiol Serv Saúde*. 2009;18(3):201-4. <http://dx.doi.org/10.5123/S1679-49742009000300001>
7. Brasil. Ministério da Saúde. Portaria nº 30, de 7 de julho de 2005. Available from: [https://bvsmms.saude.gov.br/bvs/saudelegis/svs/2005/prt0030\\_07\\_07\\_2005.html](https://bvsmms.saude.gov.br/bvs/saudelegis/svs/2005/prt0030_07_07_2005.html). Acesso em: 26 set. 2024.
8. Brasil. Ministério da Saúde. Portaria nº 4.641, de 29 de dezembro de 2022. Available from: [https://bvsmms.saude.gov.br/bvs/saudelegis/gm/2022/prt4641\\_29\\_12\\_2022.html](https://bvsmms.saude.gov.br/bvs/saudelegis/gm/2022/prt4641_29_12_2022.html). Acesso em: 15 set. 2024.
9. Paraná. Secretaria de Estado da Saúde. Centro de Informações Estratégicas em Vigilância em Saúde (CIEVS) [Internet]. Curitiba: SESA-PR. Available from: <https://www.saude.pr.gov.br/Pagina/Centro-de-Informacoes-Estrategicas-em-Vigilancia-em-Saude-CIEVS>. Acesso em: 03 set. 2024.
10. Mato Grosso. Secretaria de Estado de Saúde de Mato Grosso do Sul. Vigilância baseada em rumores e eventos: CIEVS/MS 2024. Campo Grande: Secretaria de Estado de Saúde de Mato Grosso do Sul, 2025 [Internet]. Available from: [https://www.saude.ms.gov.br/wp-content/uploads/2025/05/Vigilancia-Baseada-em-Rumores-e-Eventos\\_-CIEVSMS2024.pdf](https://www.saude.ms.gov.br/wp-content/uploads/2025/05/Vigilancia-Baseada-em-Rumores-e-Eventos_-CIEVSMS2024.pdf). Acesso em: 25 fev. 2025.
11. Brasil. Ministério da Saúde. Centro de Informações Estratégicas em Vigilância em Saúde (CIEVS) [Internet]. Available from: <https://www.gov.br/saude/pt-br/composicao/svsa/cievs>. Acesso em: 15 set. 2024.
12. Brasil. Ministério da Saúde. Investimento de mais de R\$ 925 milhões na Rede Vigiante SUS permitiu ampliação de centros de informações estratégicas em vigilância em saúde [Internet]. Available from: <https://www.gov.br/saude/pt-br/assuntos/noticias/2022/dezembro/investimento-de-mais-de-r-925-milhoes-na-rede-vigiar-sus-permitiu-ampliacao-de-centros-de-informacoes-estrategicas-em-vigilancia-em-saude>. Acesso em: 15 set. 2024.
13. Pereira PJF. A cidade de Montes Claros, no Sertão Norte Mineiro, como ponto de retenção, rejeição e concentração de trabalhadores migrantes. *Dos Sertões: a terra e a água*. 2023. Available from: <https://editoracriacao.com.br/wp-content/uploads/2023/08/A-terra-e-a-agua-n-9.pdf>. Acesso em: 06 set. 2024.