The 2003 SARS outbreak forced many in the global North to consider global public health and outbreak detection for the first time. These events also prompted Weir and Mykhalovskiy to study this topic, and their research has culminated in *Global Public Health Vigilance* (GPHV). This is an important and timely study of contemporary public health, and one that successfully incorporates empirical and theoretical insight. Despite positioning itself outside of Surveillance Studies, it is also a valuable contribution to the field, notably in its development of the concept of vigilance. *GPHV* addresses the relative paucity of sociological research on global public health, as most existing work is from a cultural studies perspective that relies on discourse analysis. Weir and Mykhalovskiy present a unique approach to a timely subject, and succeed in uncovering a rich description of health surveillance developments.

The authors consider the World Health Organization’s expansion of its mandate beyond infectious diseases towards a more general ‘public health emergency’, a transformation beginning in the late 1990s that reconfigured the international exchange of outbreak information. This historical break is considered through a multifaceted approach as new concepts, processes and agencies are carefully described. Theoretically, they approach these issues as a dialogue between a Foucauldian history of the present and Dorothy Smith’s social organization of knowledge. This approach is deemed necessary because contemporary health vigilance cannot be reduced to issues of sovereignty or governance. They draw out extensive archival material on public health transformations, which are complemented by interviews with Canadian public health personnel as well as WHO representatives in Geneva.

Contemporary public health surveillance has undergone a conceptual transformation in terms of how health emergencies are understood. But this transformation is also procedural in terms of detection, coping with knowledge gaps, and preventing outbreaks from crossing national borders. A key change is the role of unofficial knowledge in terms of health surveillance. Recognizing that official sources may decline to report incidences, the Global Public Health Intelligence Network (GPHIN) and the Program for Monitoring Emerging Diseases (ProMED) were launched to monitor unofficial news sources. While unofficial sources were previously used in an ad hoc manner, GPHIN and ProMED-mail provided a more systematic and institutionally recognized means of collection. The authors make a distinction between case-based surveillance through official sources as well as event-based surveillance through unofficial ones. These provide surface and depth assessments of the global health landscape, respectively. Although these are positioned against each other, the authors note that surface and depth approaches operate in tandem to augment the scope of public health surveillance.
Another transformation is the shift from focusing on producing a list of key diseases to monitor to an algorithm-based approach to detecting events. This shift is fuelled by criticisms that a static list failed to reflect the realities of global outbreaks. An algorithm-based approach allows for a broader entry point for emergencies, and also allows for new kinds of suspicion to inform public health surveillance. This includes the surveillance of syndromic events, including admissions to emergency rooms and pharmaceutical sales. A broader range of phenomena are under scrutiny, suggesting a more versatile public health surveillance, but also a shift from monitoring the actual to monitoring the potential. This shift is likely found in other surveillance domains that increasingly privilege an anticipatory kind of scrutiny.

The authors do not conceptualize their work in terms of surveillance, claiming that their focus is broader than just detection. However, the concepts and relations covered in GPHV are of value to surveillance scholars looking at public health as well as other topics. Their perception of Surveillance Studies does, however, merit consideration. While this field covers a broader range of topics than envisioned by Weir and Mykhalovskiy, their claim that Surveillance Studies is limited by its focus on human subjects is apt. New research should consider this criticism, and prioritize a social scientific approach to non-human surveillance. The authors also avoid Surveillance Studies material by claiming that personal data is not scrutinized by early warning detection. While this may be true, subsequent research ought to consider the relation between personal data and measures that expand the scope of public health surveillance. The authors do recommend the study of new developments in public health surveillance that involve the internet. These recommendations will benefit Surveillance Studies, especially as turning to broader and more robust sources of knowledge will implicate personal information.

GPHV offers a thorough study of contemporary public health surveillance that is framed in terms of risks and vulnerabilities brought on by global connectivity. By looking at these themes as well as the changing status of information and categories for suspicion, they highlight some concepts that may feature prominently in other surveillance arenas that are undergoing transformation. In particular, their focus on the concept of vigilance refers to continual monitoring in the face of risk and uncertainty, with a particular eye for the ‘marginal and dangerous event’ (p.3). Vigilance is a kind of apparatus to monitor the precursor of catastrophic incidents, and departs from the premise that the social is immediately knowable, complicating the role of expertise as well as value of fixed disease lists. The authors break from existing literature by claiming that vigilance differs from risk through its emphasis on foresight as opposed to the calculation of probable risk. This distinction is helpful for enriching our understanding of anticipatory scrutiny, and guides the study of other kinds of monitoring fuelled by global risk.

Weir and Mykhalovskiy assert that GPHV ‘creates a new analytic space for social science research on (…) infectious disease and public health emergencies’ (p.175). This is an accurate assessment of their work. GPHV focuses on its subject with a detailed eye to historical developments, making a valuable contribution to public health surveillance, as well as a broader focus on risk and vigilance. Perhaps more importantly, GPHV may help to pave the way for a Surveillance Studies that is prepared to study the non-human.