SARINET PLUS
REVELAC-i
REGIONAL MEETING
PANAMA - MARCH 2026

Technical note on the 2026 Regional Meeting of SARInet plus and REVELAC-i

The regional meeting of the Severe Acute Respiratory Infections Network (SARInet plus) and the Network for the Evaluation of Vaccine Effectiveness in Latin America and the Caribbean – Influenza (REVELAC-i) was held in Panama City, Panama, from March 24 to 26, 2026, to share experiences on surveillance, diagnosis, and immunization for influenza and other respiratory viruses. The meeting marked the 15th anniversary of the Pandemic Influenza Preparedness (PIP) Framework, highlighting its role in strengthening the Global Influenza Surveillance and Response System (GISRS) and enhancing global cooperation, equitable access to countermeasures, and preparedness for current and emerging respiratory threats.

The meeting convened more than 180 experts from 38 countries and territories, as well as representatives from the Pan American Health Organization/World Health Organization (PAHO/WHO), the United States Centers for Disease Control and Prevention (US CDC), the Francis Crick Institute, the St. Jude Children's Research Hospital, the Council of Ministers of Health of Central America (COMISCA), and the Caribbean Public Health Agency (CARPHA).

PAHO Pan American Health Organization World Health Organization Americas Region

SARInet plus Severe Acute Respiratory Infections Network

REVELAC-i

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Day 1 – 24 March 2026

Keynote Address – A 15-Year Journey of the PIP Framework and the Evolving Landscape of GISRS

Wenqing Zhang and Anne Huvos (WHO)

The keynote reviewed the Pandemic Influenza Preparedness (PIP) Framework since its adoption by the World Health Assembly in 2011 and its role within the Global Influenza Surveillance and Response System (GISRS). The PIP Framework was characterized as the world's only fully operational access and benefit sharing system, designed both to ensure timely sharing of influenza viruses with pandemic potential through GISRS and to improve equitable access to vaccines and other countermeasures. Concrete achievements presented over fifteen years included 100 SMTA2 agreements signed (16 with vaccine manufacturers, 2 for diagnostics, and 82 with academic and other institutions), advance access to approximately 900 million doses of pandemic vaccine, 25 million syringes, up to 5 million treatment courses, and 250,000 diagnostic kits. Through the Partnership Contribution, USD 350 million has been collected and 86 countries supported.

Capacity-building results illustrated the long-term effect of the PIP Framework on the global system: 25 new National Influenza Centres (NICs) were established, 22 additional Member States began routinely sharing virus samples with WHO Collaborating Centres (from 113 in 2014 to 135 in 2024), 56 new Member States started or improved reporting through FluNet/FluID, 61 Member States now publish national burden of disease estimates, and 15 additional Member States reached WHO Maturity Level 3 in regulatory capacity. GISRS itself has expanded from 54 NICs in 42 countries in 1953-54 to 158 NICs in 139 countries in 2026, with progressive incorporation of avian and pandemic influenza (since 1997), RSV (since 2015), and SARS-CoV-2 (since 2020). The presentation concluded that GISRS is a global public good, essential for influenza today and for any future "Disease X", and that the GISRS-PIP model is informing broader Pathogen Access and Benefit-Sharing (PABS) negotiations under the Pandemic Agreement, while flagging unresolved risks linked to geopolitical headwinds, financial pressure on WHO, and uncertainty about how the Pandemic Agreement may interact with the existing PIP Framework and the sharing of viruses and genetic sequence data.

Early Detection and One Health Approaches

From Animal Reservoirs to Human Infection: A One Health Approach for Zoonotic Influenza Viruses

Richard Webby (St. Jude Children's Research Hospital)

Zoonotic influenza spillover from animal reservoirs to humans was examined through three key biological barriers—exposure to infected hosts, receptor compatibility, and the capacity for efficient replication in humans—and the main pathways by which these barriers can be

overcome, including viral evolution, high exposure dose, and host-related risk factors. Surveillance data informing the WHO Vaccine Composition Recommendation for the 2026 Southern Hemisphere season showed continued zoonotic activity between September 2025 and February 2026, with human detections of avian and swine-origin influenza viruses, including H5Nx, H9N2, and multiple variant swine subtypes. These findings highlighted persistent spillover risk at high-risk animal-human interfaces such as live bird markets, dairy farms, and swine exhibitions.

Robust risk assessment, vaccine preparedness, illustrated through the WHO TIPRA process, and surveillance were shown to depend on integrated animal and human data, underscoring the central importance of a One Health approach. At the same time, substantial implementation challenges were identified, including fragmented reporting systems, institutional siloing across ministries, limited inter-agency trust, and restricted access to animal samples. The ongoing global expansion of A(H5N1) clade 2.3.4.4b across poultry, wild birds, and mammals was used to illustrate the urgency of establishing routine cross-sector communication, trust, and data and sample-sharing mechanisms before, rather than during, the next zoonotic influenza event.

Roundtable: Intersectoral Coordination - Lessons from Latin America and the Caribbean

Moderator: Angel Rodríguez and **Lia Puppim Buzanovsky** (PAHO, Washington, D.C.)

Panelists: Cecilia González Lebrero (Ministry of Health, Argentina); **Marcelo Ferreira da Costa Gomes** (Ministry of Health, Brazil); **Rachel Corbett** (Ministry of Health, Cayman Islands)

The roundtable reviewed zoonotic influenza events between 2021 and 2025 to examine how intersectoral coordination has evolved in different national contexts. Argentina and Brazil described progress from informal collaboration toward more structured coordination mechanisms linking human, animal, and environmental sectors, supported by shared surveillance, laboratory collaboration, and risk-based follow-up of exposed individuals, with no confirmed human cases identified. The Cayman Islands highlighted challenges specific to small island settings, including limited surge capacity, the need to adapt global guidance to local contexts, and the importance of advance planning and laboratory readiness. Across countries, a common gap was limited detection of influenza viruses in wildlife, while the overall discussion underscored that institutionalized coordination, clear activation criteria, and preparedness before emergencies are critical for an effective zoonotic influenza response.

Regional Overview: Early Detection of (Re)Emerging Respiratory Viruses

Marisol Valenzuela (PAHO, Washington, D.C.)

Early detection of emerging and re-emerging respiratory viruses in the Americas was examined within the WHO Mosaic framework for respiratory virus surveillance. Early detection was described as a continuous process linking identification, monitoring, and evaluation, grounded in routine surveillance and strengthened by event-based surveillance (EBS), which focuses on the recognition of signals rather than confirmed cases. The integration of human, animal, and environmental information was highlighted as critical for recognizing unusual events at an earlier stage, illustrated by the A(H5N1) outbreak in the United States, where animal health signals preceded laboratory confirmation and supported timely sequencing and preparedness actions.

Several operational approaches were discussed, including facility-based, community-based, media-based, and targeted surveillance of high-risk populations. Preliminary mapping from 2025 indicated that a number of countries are already implementing EBS or targeted surveillance strategies, although coverage remains uneven. Gaps persist in the standardization of signal triggers, clarity of reporting pathways, and availability of biosafety-equipped sample collection. Overall, the discussion emphasized that timely public health action depends on trained personnel, clearly defined signal thresholds, adaptable reporting mechanisms, and sustained cross-sector collaboration.

Roundtable: Event-Based Surveillance in Practice - Implementation, Monitoring and Evaluation, and Expansion

Moderator: Cassandra Jones (US CDC)

Panelists: Diana Pava (Ministry of Health, Colombia); **Catherine Castillo** (Ministry of Health, Panama); **Katia Peralta** (Ministry of Health, Paraguay); **Dana Gomez** (Ministry of Health, Saint Lucia)

The roundtable explored how countries are strengthening event-based surveillance and community engagement to improve early detection, underscoring that effective surveillance depends on both technical systems and active participation beyond the health sector. Panama described robust animal health reporting from sub-national to national levels and identified the absence of a formal intersectoral framework as a key limitation for responding to zoonotic events. Colombia presented a citizen-driven mobile reporting platform that has expanded early detection by enabling direct community notification of health signals, particularly in hard-to-reach populations and closed settings. Saint Lucia presented a pragmatic, resource-appropriate model using a dedicated phone line, DHIS2-based reporting, trained community focal points, and reinforced risk communication. Paraguay described its implementation of event-based surveillance beginning in 2022 through an offline-capable reporting system that enabled real-time notification, signal traceability, and coordination across sectors, strengthening the

identification and follow-up of unusual events in diverse settings. Across diverse contexts, the discussion converged on common requirements: simple reporting tools, empowered communities, formalized intersectoral coordination, and clearly defined paths from signal to verification to public health action.

Use of Zoonotic Influenza Vaccines in Humans

Alba Vilajeliu (WHO)

The presentation provided an overview of the current evidence and policy guidance on the use of zoonotic influenza A(H5) vaccines in humans, set against the global epidemiological context of ongoing animal transmission and sporadic human infections. It summarized WHO guidance published in December 2025, which recommends that countries consider targeted use of licensed A(H5) vaccines during interpandemic and emergence periods for specific high-risk groups, rather than the general population. The presentation reviewed decision making factors related to animal, human, and virological risk, as well as available evidence on vaccine safety, immunogenicity, duration of protection, and cross reactivity. Emerging real-world experiences from countries such as Finland and Canada illustrated both the feasibility and challenges of implementing pre pandemic vaccination programs, including limited uptake, operational constraints, and issues related to vaccine shelf life. The presentation concluded by highlighting critical evidence gaps and research priorities to inform future policy, particularly regarding effectiveness, optimal dosing strategies, duration of protection, and programmatic feasibility.

Influenza

Virologic Surveillance Update: What Are We Seeing and How Should We Interpret It?

Nicola Lewis (Francis Crick Institute)

The session opened with an overview of the genetic and antigenic evolution of influenza viruses during the 2025 to 2026 Northern Hemisphere season. Marked divergent evolution was described for A(H3N2), driven by the rapid emergence of the K subclade J.2.4.2 from June 2025 and the co circulation of multiple subclades by September, which required complex antigenic characterization using ferret antisera. Ongoing evolution was also observed for A(H1N1)pdm09 across established phylogenetic branches and within the B Victoria lineage, where emerging subclades demonstrated reduced vaccine reactivity based on hemagglutination inhibition data.

Despite these evolutionary dynamics, vaccine performance data were reassuring. The recommended Northern Hemisphere vaccine was shown to provide meaningful early protection against the emerging H3N2 K subclade, particularly among children and adolescents, and immunogenicity data from a multi age cohort study demonstrated robust antibody responses across all age groups with no identified immunity gaps. The presentation also highlighted the

Legacy Cohort as a multipurpose surveillance platform generating continued insights into influenza and COVID 19 evolution, and underscored the importance of timely specimen sharing by National Influenza Centres with WHO Collaborating Centres to support near real time evolutionary tracking and evidence-based vaccine strain recommendations.

Influenza Virologic Surveillance in the Americas: CDC Updates and Support to the SARInet Network

Rebecca Kondor (US CDC)

The presentation described the role of the CDC as a WHO Collaborating Centre in supporting SARInet member countries through the receipt and characterization of influenza specimens from across the Americas. Between February 2025 and the time of the meeting, specimens representing A(H3N2), A(H1N1)pdm09 and B viruses were received from 21 countries, with guidance provided on shipment frequency, optimal timing linked to vaccine composition meetings, and recommended specimen quality criteria.

Updates were also shared on advances in surveillance and analysis, including the introduction of a jointly developed HA and NA subclade nomenclature system to monitor co circulating subclades using the Nextstrain platform. Integrated genotype and phenotype analyses illustrated subclade diversity for A(H1N1)pdm09, A(H3N2) and B Victoria between September 2025 and February 2026, and a preprint was highlighted that defined influenza epidemic zones based on temporal clustering of global surveillance data across hemispheric and tropical regions.

Beyond Walls: Immersive Experience in the PAHO Virtual Reality Laboratory

Juliana Leite (PAHO, Washington, D.C.)

This presentation introduced an immersive virtual laboratory experience developed within the PAHO/WHO framework to strengthen regional preparedness and support resilient and sustainable laboratory systems. The platform enables users to navigate virtual laboratory environments, interact with laboratory equipment, consult technical documents, and complete practical training exercises. Available resources include WHO and PAHO manuals, International Health Regulations documentation, biosafety guidelines, and SARInet and PAHOGen publications. The virtual laboratory tool was presented as aligned with the PAHO Strategic Plan 2025-2030 for an Integrated Public Health Laboratory System in the Americas. Availability in both English and Spanish was highlighted as a key feature enabling asynchronous training and capacity-building across the region, particularly in settings with limited access to in-person laboratory training.

Influenza Season 2025-2026: Experience from Canada

Nathalie Bastien and Liza Lee (PHAC)

The Public Health Agency of Canada reviewed the 2025-2026 influenza season using the FluWatch+ platform, integrating influenza, COVID-19, and RSV surveillance. A pre-season alert warned of a likely vaccine mismatch with dominant A(H3N2) subclade K and a potentially severe season. Community transmission indicators and laboratory positivity reached three-year highs but were sharply concentrated over a brief two-week period, followed by rapid decline. By 7 March 2026, influenza A represented 95% of detections, mostly A(H3N2) subclade K, and antigenic testing confirmed a major vaccine mismatch. Despite this, the overall burden was lower than in 2024-2025, with fewer hospitalizations, ICU admissions, and deaths. The findings suggest accelerated but time-compressed transmission rather than increased severity, while emerging B/Victoria C.3.1 viruses with reduced reactivity warrant continued monitoring.

Linking Influenza Surveillance to Vaccine Planning and Procurement

Jordi Ballesté (PAHO, Washington, D.C.)

This presentation outlined the role of PAHO's Regional Revolving Fund as a central mechanism for translating influenza surveillance data into procurement decisions across 41 countries and territories in the Americas. Demand planning was described as the backbone of the mechanism, operating through a structured annual cycle in which countries submit vaccine needs, regional demand is consolidated, lines of credit are confirmed, and purchase orders are processed in two tranches across the fiscal year.

Influenza vaccines were highlighted as having unique market dynamics due to seasonality and the lead time between WHO strain recommendation, manufacturer production, filling, and delivery, requiring close alignment between surveillance-based strain selection and procurement timelines. Demand instability was identified as a critical risk: without timely and assured demand, suppliers cannot commit to production, leading to higher prices and limited supply. New strategic priorities of the Regional Revolving Fund include process optimization, expansion of the product portfolio, regional supply agreements for rapid outbreak and pandemic response, regional production support, and a Member States Portal. Practical guidance was provided on demand planning, with emphasis on accurate target-population estimates, particularly for children under three years of age, appropriate wastage assumptions for multidose vials, and coordination with other seasonal vaccination products.

Roundtable: Using Data to Counter Influenza Vaccine Hesitancy

Moderator: Peter Figueroa (University of the West Indies)

Panelists: Pilar Torterola (PAHO, Argentina); **Lilian Middleton** (Ministry of Health and Wellness, Belize); **Oneka Scott** (Ministry of Health, Guyana)

The roundtable addressed vaccine hesitancy as a persistent barrier to influenza immunization among priority populations. Argentina presented findings from the Behavioral and Social Drivers (BeSD) study, which examined determinants of vaccination against influenza, COVID-19, and RSV among pregnant women. Guyana shared national experience with demand-side challenges, while Belize focused on vaccine hesitancy among healthcare workers, identified across country experiences as a particularly difficult group to reach.

Vaccine hesitancy was described as multifactorial, shaped by concerns about safety, especially during pregnancy, low perceived risk of influenza, access barriers, and mistrust of institutional messaging. Hesitancy among healthcare workers was highlighted as having a disproportionate impact on public confidence and patient uptake. Strategies discussed included community-based engagement, endorsement by trusted local figures, routine integration of influenza vaccination into antenatal care, and the use of targeted communication approaches informed by BeSD data.

Day 2 – 25 March 2026

Pandemic Preparedness

Overview of Progress in Pandemic Preparedness in the Americas

Diana Malo (PAHO, Washington D.C.)

The presentation reviewed progress in pandemic preparedness across the Region of the Americas between 2023 and 2025. Advances were documented in surveillance systems, risk assessment, infection prevention and control programs, and the updating of national preparedness plans aligned with the PRET initiative. Six elements were identified as critical for effective preparedness for respiratory pathogens, including governance structures, evidence-based decision-making, sustainable financing, and the operational clarity of national plans.

Strategic priorities were grouped into five domains. Coordination focused on operationalizing national plans, sustaining multisectoral mechanisms, and ensuring durable financing. Surveillance highlighted the integration of human, animal, and environmental data under a One Health approach, definition of action thresholds linked to risk management, and stronger use of data for decision-making. Community protection called for systematic incorporation of public health and social measures into national plans, risk-based criteria for staged implementation, and stronger Risk Communication and Community Engagement (RCCE). Clinical management emphasized standardization of clinical protocols and management of deceased persons. Access to medical countermeasures focused on updating and exercising vaccine deployment plans with clear distribution and prioritization mechanisms.

Pandemic Surveillance Guidance

Aspen Hammond (WHO)

The World Health Organization presented the updated guidance on surveillance for pandemic influenza, replacing the previous 2017 version with a revised edition published in 2026. The update incorporates lessons learned from the COVID-19 response, Unity Studies, the Mosaic framework, and the principles of the PRET initiative. The objective of the guidance is to provide a standardized approach to surveillance during the transition from seasonal influenza to a pandemic context.

A central conceptual shift highlighted was the transition from case counting toward the assessment of severity, burden, and overall impact, making use of existing systems such as surveillance for severe acute respiratory infections and influenza-like illness. The guidance emphasized that surveillance objectives change over the course of a pandemic and that countries should be prepared to adapt accordingly. It was noted that no single surveillance approach can meet all objectives, and that strengthening and leveraging existing systems offers greater sustainability and efficiency. Surveillance data were framed as integral to continuous risk

assessment and public health decision-making, with sentinel systems recommended once universal case reporting becomes unsustainable.

Activation Criteria, Risk Levels, and Escalation of the Pandemic Preparedness Plans

Farah Peña (PAHO, Dominican Republic)

The Dominican Republic presented progress in updating the National Preparedness and Response Plan for pandemics caused by respiratory pathogens. The plan is aligned with the PRET initiative and a multi-hazard approach and is structured around operational phases and five progressive activation levels, ranging from routine operations to red alert. Activation criteria are defined using epidemiological indicators and triggering factors, including incidence, severity, trends, and health system capacity metrics.

The plan incorporates a situational matrix combining levels of transmission and response capacity to guide proportionate, phased measures from preparedness through full response. This integrated risk assessment approach was presented as supporting timely and coherent decision-making. The framework allows for adaptive responses based on epidemiological evolution and enables differentiated interventions at the territorial level. The implementation of clear activation criteria within national pandemic preparedness plans was identified as a critical next step.

Country experience: Update of the National Deployment and Vaccination Plan for Pandemic Influenza

María de los Ángeles León (Ministry of Health, Cuba)

Cuba presented the updated National Deployment and Vaccination Plan for pandemic influenza and other respiratory viruses with pandemic potential. The plan builds on the long-standing National Immunization Program, experience from the H1N1 pandemic in 2009, and lessons learned during the COVID-19 response. The updated approach aims to strengthen preparedness for emerging threats by leveraging existing capacities, including the primary health care network, national vaccine production, and integration between public health authorities, scientific institutions, and industry.

The planning process included a technical workshop with PAHO in 2025, during which logistical and operational gaps were identified through a simulation exercise. This process resulted in a defined roadmap for further development of the plan. Key areas for strengthening included logistics, information systems, and risk communication. The presentation emphasized that preparedness must be multisectoral, rooted in existing capacities, and proactive, with the principle of acting before emergencies occur to ensure timely and effective responses.

Roundtable Multi-level Coordination and Financing for Pandemic Preparedness in Central America and the Dominican Republic

Moderator: Liz Parra (PAHO, Central America)

Panelists: Naomi Iioshi (COMISCA)**; Luis Bonilla Ortiz-Arrieta** (UNDRR); **Adherbal de la Rosa Toulier** (CEPREDENAC); **María del Mar Ordoñez** (Ministry of Health, Guatemala)

This panel explored multilevel coordination and financing for pandemic preparedness, with a focus on Central America and the Dominican Republic. Pandemics were framed as biological disasters that should be managed within the Sendai Framework for Disaster Risk Reduction, emphasizing governance, investment, and risk reduction. The discussion highlighted the importance of strong coordination between the health sector and civil protection systems, with clearly defined roles, action thresholds, and effective coordination mechanisms.

Financing challenges were discussed, including persistently low investment in disaster risk reduction and an overemphasis on response rather than prevention, despite evidence that investments in resilience generate high returns. Country experiences underscored the importance of strengthening planning processes, using data and epidemiological intelligence for decision-making, enhancing intersectoral coordination, and conducting simulations to operationalize plans. Pandemic preparedness was presented as a social and multisectoral investment rather than solely a health sector expenditure.

Handling of Corpses in the Context of Pandemics

Ángel Rodríguez (PAHO, Washington D.C.)

The safe management of deceased persons during pandemics was presented as a core component of clinical care and health system surge capacity. This function is closely linked to the ability of health systems to manage sudden increases in mortality, protect personnel, and maintain continuity of essential services. Regional evidence indicated that this remains one of the weakest components of national preparedness plans, with limited development in areas such as service continuity, infection prevention and control, and safe management of bodies.

Effective management was described as requiring intersectoral planning, coordination among multiple actors, and preparedness for significant operational challenges. The presentation emphasized the need to systematically integrate management of deceased persons into pandemic planning and hospital emergency response plans. Persistent gaps in national plans were noted, particularly in infection prevention and control, alongside the need for strict biosafety implementation at all stages, supported by clear protocols, ongoing training, and adequate availability of personal protective equipment.

Resilient Laboratory Systems

Jairo Méndez (PAHO, Washington D.C.)

Resilient laboratory systems were presented as a foundational element of surveillance and response to health emergencies. While the Region of the Americas has substantial capacity, particularly in diagnostic networks and molecular platforms, important gaps remain in biosafety and quality management systems. Lessons from the COVID-19 pandemic highlighted the value of pre-existing laboratory capacity, the rapid expansion of genomic surveillance, and the need to improve data interoperability.

The presentation emphasized that the value of laboratory systems lies not only in data generation but in the ability to translate technical findings into clear, timely, and actionable information for decision-makers. Effective response was described as dependent on resilient and collaborative laboratory networks integrated with surveillance systems, supported by contingency planning and adaptive capacity to manage sudden increases in demand. Quality management and strong integration with surveillance were identified as essential conditions for effective emergency response.

Respiratory Syncytial Virus (RSV)

RSV Seasonality and Epidemiological and Virologic Surveillance in the Americas

Paula Couto and **Gabriela Rodríguez** (PAHO, Washington D.C.)

RSV was confirmed as a leading cause of acute respiratory infections and hospitalizations among children under five years of age in the Americas, with an estimated 46-52 RSV-associated ALRI episodes per 1,000 children annually. Analysis of multi-country surveillance data showed that RSV seasonality varies substantially across the region, with winter peaks in temperate areas, rainy-season peaks in many tropical settings, and less clearly defined year-round circulation in parts of the tropics. RSV epidemics generally progress from south to north across the Region, but timing and duration differ widely within and between countries. These findings underscore the importance of country-specific seasonality estimates to guide the timing, duration, and expected impact of RSV prevention strategies, including maternal vaccination and passive immunization. Integrated surveillance through SARINet plus was highlighted as essential for informing policy decisions, immunization planning, and economic evaluations.

Laboratory surveillance was highlighted as a foundational component of RSV monitoring and response, enabling confirmation, characterization, and interpretation of epidemiologic trends. RSV diagnostic capacity is integrated into national influenza surveillance systems across the Americas, supported by RT-PCR testing and expanding genomic surveillance. Data from platforms such as EpiRSV show ongoing circulation of both RSV A and RSV B, with multiple genotypes and

lineages reflecting sustained viral diversity. Strengthening genomic surveillance was emphasized as critical for tracking viral evolution, supporting evaluation of vaccine and monoclonal antibody performance, and identifying potential implications for diagnostic assays. Investment in laboratory capacity, bioinformatics, and data integration was presented as essential to ensure high-quality surveillance and evidence-based decision-making as RSV prevention interventions are introduced and scaled up.

Clinical Management of RSV

Ángel Rodríguez (PAHO, Washington D.C.)

RSV was presented as a major driver of severe acute respiratory infections, particularly among infants, older adults, and individuals with comorbidities, with outcomes largely dependent on timely and effective supportive care, in the absence of widely available antivirals. Updated PAHO recommendations, developed using a rigorous GRADE methodology, emphasized vaccination for older adults and during pregnancy, and strong evidence supporting the use of nirsevimab for infant prophylaxis. Clinical guidance underscored simplified, standardized case management pathways focused on oxygen therapy, respiratory support, and avoidance of low-value interventions such as routine antibiotics, bronchodilators, and corticosteroids in young children. Adaptation of guidelines to local capacity was identified as essential to ensure feasibility, equity, and impact.

Experience from Early Adopting Countries on RSV Immunization

Allison Brown (US CDC)

Early implementation experiences from countries introducing RSV immunization strategies showed that both monoclonal antibodies and maternal vaccines can substantially reduce RSV-related hospitalizations when well aligned with national delivery platforms. Evidence from Chile, Argentina, Scotland, and the United States demonstrated strong effectiveness and reassuring safety profiles, supporting continued scale-up. Programmatic lessons highlighted the importance of early planning, selecting strategies compatible with health system realities, and investing in provider communication to drive uptake. Robust data systems emerged as critical for identifying eligible populations, monitoring coverage and safety, and enabling rapid adjustments during implementation, while remaining evidence gaps present opportunities for cross-country learning and collaboration.

Roundtable: Country Experiences

Moderator: Francisco Nogareda (PAHO, Washington D.C.)

Panelists: Cecilia Gonzalez Lebrero (Ministry of Health, Argentina)**; Ana Yamileth Hernández** (Ministry of Health, El Salvador); **Luis Cousirat** (Expanded Program on Immunization, Paraguay); **Federica Badia** (Ministry of Health, Uruguay)

The discussion highlighted varied country experiences with introducing RSV prevention strategies, emphasizing common implementation challenges alongside early successes. Argentina reported rollout of maternal vaccination with plans to extend prevention to newborns, noting operational challenges typical of introducing a new intervention. El Salvador identified key hurdles related to implementation planning, communication to ensure acceptance among pregnant women, product availability, and traceability in vaccination records. Paraguay described how evidence from Chile supported the introduction of a monoclonal antibody, while logistical, distribution, communication, and follow-up of vaccinated children remained key challenges. Uruguay shared a more advanced experience, having introduced the vaccine nationally in 2024 and achieving high coverage rates of 75% in 2025 and 84% in the current year, supported by systematic evaluation, strong monitoring, and a universal, free, and accessible vaccination program.

Parallel Session: Epidemiological Surveillance

The epidemiology parallel session was designed as an applied, scenario-based exercise to strengthen participants' ability to interpret surveillance information and translate it into practical public health action. The scenario used was the 2025-26 influenza season in the Northern Hemisphere, characterized by the influenza A(H3N2) subclade K predominance. Following the introduction and organization of groups, participants were presented with a developing situation and a series of injects linked to key technical areas, including virological surveillance, epidemiological surveillance, and vaccine effectiveness. At each stage, participants were asked to identify the most important information available, determine what additional data were needed, and assess how the information could inform decision-making in the context of an emerging or evolving respiratory threat.

The session emphasized the use of surveillance data for action, preparedness, and response. Participants examined how virological data can support the early detection and characterization of circulating viruses, how epidemiological data can help assess trends, severity, populations at risk, and health system impact, and how vaccine effectiveness information can guide risk communication, vaccination strategies, and planning for future seasons. The exercise also required groups to consider roles and responsibilities at different levels of the surveillance and response system, reinforcing the importance of clear coordination, timely data sharing, and evidence-informed decision-making. The session concluded with a discussion of lessons learned and practical considerations for strengthening preparedness and improving surveillance interpretation ahead of the next respiratory virus season.

Parallel Session: Laboratory

The laboratory parallel session was designed as an applied, scenario-based exercise to strengthen participants' ability to assess genomic surveillance capacities and translate genomic data into actionable public health decisions. The session was structured in two components. In the first component, participants conducted a standardized assessment of national genomic surveillance capacities across nine key dimensions, including sequencing, infrastructure, bioinformatics, human resources, and integration with epidemiological surveillance. Using a real-time digital tool, countries contributed to a regional mapping exercise and were classified through a traffic-light system, allowing for a comparative visualization of capacity levels and identification of key gaps and strengths across the region.

In the second component, participants engaged in simulated scenarios involving respiratory viruses, including influenza, SARS-CoV-2, RSV, and zoonotic threats. Each group analyzed a package of genomic, epidemiological, and clinical data to identify key findings, assess trends, and determine the public health relevance of emerging events. Participants were asked to evaluate the coherence between data sources, identify uncertainties, and classify the level of risk using a standardized framework. The exercise emphasized critical interpretation, highlighting that not all genomic events imply public health impact and that risk assessment must be grounded in integrated evidence.

The session emphasized the transition from data generation to decision-making. Participants practiced translating complex genomic information into concise technical briefings for decision-makers, including clear risk classification and actionable recommendations. The exercise also reinforced the importance of integrating laboratory and epidemiological systems, strengthening bioinformatics capacity, and improving communication pathways. The session concluded with key reflections on regional gaps and opportunities, underscoring that while sequencing capacity has expanded, the main challenge remains the effective use of genomic data to inform timely and evidence-based public health actions.

Parallel Session: Immunization

The immunization parallel session gathered national immunization managers and officials from 32 countries focusing on monitoring of influenza vaccination coverage, use of tools and resources, and practical application through case study work.

The first part of the session included presentations of the current landscape of influenza vaccination in the Region, vaccination coverage by priority groups, the available tools and resources for monitoring and evaluation of influenza vaccination, and a practical demonstration of the PAHO influenza immunization dashboard.

The second part of the session included a scenario-based exercise where participants were split into three groups to conduct a case study on vaccine coverage monitoring, potential data sources for coverage estimation and challenges and limitation of existing information systems in three priority groups: health care workers, pregnant women and older adults. Groups discussed internally and then presented in plenary followed by a group discussion. The case study was facilitated by experts from PAHO, WHO and CDC.

Day 3 – 26 March 2026

Integrated Surveillance, Digital Systems and Analytics

Regional Guidance for Integrated Surveillance of Respiratory Viruses

Marisol Valenzuela (PAHO, Washington, D.C.)

Integrated surveillance of respiratory viruses was framed within the WHO Mosaic framework, which links detection, monitoring, and evaluation to inform public health action. The guidance promotes integration of SARS-CoV-2, RSV, and other respiratory viruses of public health importance into existing influenza sentinel surveillance systems. Emphasis was placed on representative site selection, standardized case definitions, systematic sampling strategies, timely laboratory testing, and routine reporting to FluNet and FluID. Complementary surveillance approaches, including syndromic surveillance, mortality monitoring, wastewater surveillance, and population-specific strategies, were highlighted to enhance system flexibility and sustainability across diverse country contexts.

Using Syndromic Data for Respiratory Surveillance in the Caribbean

Sheena De Freitas (CARPHA)

CARPHA described a regional respiratory surveillance approach in the Caribbean that integrates multiple data streams to support early detection and situational awareness. Syndromic surveillance is currently implemented in 20 CARPHA Member States, complemented by SARI and ARI sentinel surveillance in eight countries using DHIS2, and communicable disease surveillance in 14 countries that allows weekly reporting of suspected cases. Additional sources such as the Tourism Health Information Surveillance system and the Caribbean Vessel Surveillance System are used to maintain regional datasets and issue alerts to countries and key stakeholders.

The CARPHA Aberration Reporting System (CARS), built in R, was highlighted as a web-based tool for detecting unusual increases in respiratory events compared with historical baselines for the same period. Users input case counts with time variables to identify aberrations that may signal emerging outbreaks. Looking ahead, CARPHA emphasized further strengthening data integration, improving timeliness of reporting, and expanding analytical capacity to enhance regional early warning and response for respiratory threats.

Roundtable: Country Experiences - Integration of SARI/ILI/ARI Surveillance Systems into DHIS2

Moderator: Prabhjot Singh (PAHO, Barbados and Eastern Caribbean Countries)

Panelists: Terri-Ann Joseph (Ministry of Health, Antigua and Barbuda); **Shalauddin Ahmed** (Ministry of Health, Dominica); **Larissa Mark** (Ministry of Health, Grenada)

The roundtable shared country experiences integrating SARI, ILI and ARI surveillance into the DHIS2 platform across Eastern Caribbean countries. Antigua and Barbuda, Grenada and Dominica reported progress in standardizing case definitions and data entry forms, training facility staff, and using DHIS2 dashboards to visualize trends and provide feedback to clinicians and decision-makers. PAHO's role was highlighted as critical, particularly in Grenada, where support included facilitating the hiring of specialized technical support companies to strengthen national capacity, update data elements and metadata, and maintain the system. Countries stressed the need for periodic training to address staff turnover, and noted the advantages of DHIS2 as an open-source platform with mobile functionality that supports data entry in resource-constrained settings.

Common implementation challenges included internet connectivity and sustainable infrastructure, notably in Antigua and Barbuda, sustained data quality at the point of entry, harmonization with laboratory information, and the ongoing need for user support. Dominica shared progress on EBS and plans to integrate laboratory surveillance, with a pilot expected in the near term, supported by a locally trained technical team capable of making platform changes. Grenada also described ongoing discussions with vendors to improve interoperability between DHIS2 and pre-existing systems such as EMRs, as part of a broader move toward an integrated health information system where DHIS2 serves as the backbone for public health data. Across countries, DHIS2 was identified as a viable backbone for integrated respiratory virus surveillance in small-state settings, with next steps focused on improved interoperability with laboratory and immunization data and increased automation of weekly reporting to PAHO.

Roundtable: Strengthening Information Systems - Interoperability, Dashboards & Automated Reporting

Moderator: Ana Margarita Botello (PAHO, Panama)

Panelists: Roxana Loayza (CENETROP, Bolivia); **Marcelo Ferreira da Costa Gomes** (Ministry of Health, Brazil); **Natalia Vergara** (Ministry of Health, Chile); **Marcela Reyes** (Ministry of Health, Panama); **Eduardo Silvera** (Ministry of Health, Uruguay)

The session highlighted ongoing efforts to strengthen interoperability across epidemiological, laboratory, and immunization information systems. Presenters described national efforts to build automated weekly dashboards, link nominal records across surveillance and vaccination registries, and reduce manual data handling through application programming interfaces (APIs). Brazil and Chile illustrated mature integrated platforms with dashboards for SARI, ILI, COVID-19,

and RSV; Bolivia (CENETROP) presented advances in laboratory data integration; Panama and Uruguay described work on routine automated reporting and on linking surveillance with national health registries. Common themes included the importance of unique patient identifiers, governance arrangements between ministries and reference laboratories, sustained investment in IT staff, and progressive automation of reports for both internal decision-making and external reporting.

Forecasting Project

Katia Peralta (Ministry of Health, Paraguay)

Paraguay presented an operational system for short-term forecasting of severe acute respiratory infection (SARI) hospitalizations, developed in collaboration with the University of Texas, the University of Georgia, US CDC, and PAHO. Historical data on hospitalizations, virology, vaccination, length of stay, and hospital capacity are combined to generate short-term forecasts of incident and prevalent cases and to estimate the probability of exceeding hospital bed capacity. The system uses an ensemble of mechanistic and statistical models and produces automated weekly reports to support health service planning and public communication. Early validation suggests good predictive performance, and ongoing work focuses on dashboard development, continuous model refinement, and strengthening national capacity in epidemiological modelling.

Advances in AMoMo

Yury García (PAHO, Washington D.C.) and **María del Mar Ordoñez** (Ministry of Health, Guatemala)

Recent updates to the AMoMo (America's Mortality Monitoring Network) tools focused on improving usability and facilitating country-level implementation. The analytical format transitioned from static RMarkdown outputs to an interactive dashboard, incorporating feedback received during technical workshops. Updated documentation, including guiding questions and analytical recommendations, is now available to support interpretation of results. A structured implementation pathway was outlined, covering model validation with national epidemiology teams, decisions on data hosting, technical installation requirements, data-sharing arrangements, capacity-building for country analysts, and standardized reporting. The approach emphasizes secure handling of aggregated data and gradual country ownership of analyses.

Operational Research

Insights from Combined Virological and Vaccine Effectiveness Surveillance

Danuta Skowronski (BC CDC)

The presentation highlighted that interpreting influenza vaccine performance requires the integrated analysis of virological data and real-world vaccine effectiveness (VE) estimates. While global virological surveillance and antigenic characterization underpin vaccine strain selection, experience shows that apparent laboratory "match" does not always predict field protection. Factors such as antigenic drift, egg-adaptation mutations, and host immune history—including prior infection, repeated vaccination, and immunological imprinting—can substantially influence observed effectiveness.

Recent experience with A(H3N2) subclade K illustrated this complexity. Genetic and antigenic analyses raised concern due to multiple hemagglutinin mutations and measurable antigenic distance from the vaccine strain, yet mid-season VE estimates showed moderate protection within historical expectations. This discrepancy underscored that virological signals alone may over- or under-estimate expected vaccine performance, just as VE estimates without virological context may be misleading. The presentation emphasized that routine integration of genomics, epidemiology, and immunology is essential to accurately interpret influenza VE, guide vaccine strain decisions, and support credible communication around annual influenza immunization programs.

Vaccine Effectiveness Evaluation in Latin America

Francisco Nogareda (PAHO, Washington D.C.)

The presentation traced the REVELAC-i network from its first regional meeting in Antigua, Guatemala in February 2013 through 2026, with the founding mandate of generating influenza vaccine effectiveness estimates and impact evaluations and integrating epidemiology, laboratory, and immunization programs for evidence-based decisions. Over 13 years, eleven countries have contributed to vaccine effectiveness evaluations against hospitalization in Latin America, with sample size growing from a few thousand patients in early years to 78,516 patients in the 2025 season alone. Estimates are produced for children, adults with comorbidities, and older adults, by influenza type/subtype; the network expanded to COVID-19 vaccine evaluation in 2021 (with published variant-specific, time-since-vaccination, and primary-versus-booster analyses) and to RSV vaccines and monoclonal antibodies in 2024.

Achievements include consolidation of the network with improved epidemiological and laboratory surveillance, enhanced system interoperability, regional and final estimates each season, national estimates in five countries, scientific publications, and contribution to the WHO Global Influenza Vaccine Effectiveness (GIVE) report. Challenges identified include incomplete capture of critical variables, the need for relative effectiveness estimates, clade- and subclade-

specific estimates, increasing regional representativeness, and ensuring sustained country participation and reporting.

Impact Evaluation in the Americas – Phase I and Phase II

Jorge Jara (PAHO, Washington D.C.)

Work coordinated through PAHO has supported countries in estimating influenza disease burden and the impact of vaccination using a simplified, operational modeling tool aligned with WHO guidance. Phase I focused on piloting the approach and strengthening national capacity through hands-on training, enabling countries to generate baseline estimates of influenza burden and vaccination impact. Phase II introduced important methodological refinements, including differential vaccine effectiveness by age or risk group, waning immunity, longer analytic time horizons beyond a single year, and the estimation of deaths averted, allowing for more realistic and policy-relevant analyses.

By early 2026, most participating countries had produced technical reports on influenza burden and vaccine-averted outcomes, reflecting substantial progress in evidence generation. However, dissemination remained largely confined to technical audiences, with limited translation of results into communication products for decision-makers or the public. Survey findings highlighted the need to strengthen communication and advocacy, promote systematic use of estimates in public health planning and policy, define indicators to assess training impact, and adopt a more holistic approach that engages surveillance, immunization, and policy stakeholders from the outset of operational research.

Economic Burden Evaluations in the Region and Country Experience

Nelson Alvis (PAHO, Washington D.C.) and **María del Mar Ordoñez** (Ministry of Health, Guatemala)

Respiratory viruses impose a substantial economic burden on health systems in the Americas, with more than 700,000 hospitalizations estimated annually. This burden extends beyond direct medical costs to include significant out-of-pocket expenditures that can push households into financial hardship, as well as productivity losses linked to hospitalizations and premature deaths. Analysis in the region is further complicated by structural characteristics such as fragmented health systems and high levels of labor informality, which limit data integration and obscure the full economic impact.

To address these challenges, a methodological foundation was established with the WHO manual on cost-of-illness estimation released in 2015 for middle-income countries. Recognizing the need for greater regional relevance, PAHO subsequently developed a tailored manual for the Americas that accounts for national heterogeneity and varying system capacities. This regional framework proposes three methodological tiers aligned to different scenarios, ranging from rapid analyses to inform urgent policy decisions, to cross-country comparisons, and to high-precision studies

requiring more comprehensive data. Rather than classifying countries, the tiered approach allows flexibility in selecting appropriate methods based on available data, resources, and policy objectives. Country experience from Guatemala illustrated how the approach is being operationalized to support investment decisions in immunization and health system strengthening.

Risk Communication and Community Engagement (RCCE)

How to Translate Surveillance Data and Signals into Clear, Timely, and Impactful Messages that Guide Public Action. Using the PISA framework to strengthen risk communication

Tanya Escamilla (PAHO, Washington D.C.)

Clear and effective risk communication was presented as a critical link between surveillance data and protective action by communities. The session emphasized that people respond to the meaning of information rather than to technical indicators, and that poorly translated data can limit both public understanding and policy impact. The Pandemic Influenza Severity Assessment (PISA) framework was introduced as a structured approach to interpret surveillance data beyond transmissibility, incorporating severity, impact, and health system pressure to guide timely and proportional risk communication. Strong coordination between surveillance, epidemiology, laboratory teams, and communication specialists was highlighted as essential, particularly when communicating under uncertainty. Early, clear, and coordinated messaging was emphasized as a key factor in building trust, improving preparedness, and supporting effective public health action.

Interactive Exercise: “RCCE Relay: Turning Signals into Action”

Natalia Acosta (PAHO, Washington D.C.)

This interactive exercise demonstrated a practical, step-by-step approach to translating epidemiological signals into public-facing messages during an unusually severe influenza season. Participants worked through a defined response chain that included interpreting the signal, translating technical data, identifying priority audiences, addressing public concerns empathetically, and developing a coherent final message. The exercise emphasized that communication should be activated at the same time as technical response efforts, rather than as a later step. Priority was given to messages that are clear, actionable, and tailored to vulnerable groups, using appropriate channels and language. The activity reinforced that timely, coordinated, and empathetic communication is essential to ensure surveillance information results in meaningful protective behaviors and public trust.

COVID-19

Post-pandemic COVID-19 Surveillance in Mexico: 2023-25

Laura Flores (Ministry of Health, Mexico)

Since the onset of the pandemic, Mexico's health system has faced significant challenges while also leveraging the crisis to strengthen core capacities. Laboratory modernization, including the adoption of new technologies, improved timely diagnosis and enabled broader public health interventions beyond traditional approaches. Integration between diagnostic services and epidemiological surveillance was strengthened, fostering networked collaboration among hospitals, including highly specialized centers, and technical teams. Although gaps in coverage, coordination, and continuity persist, the pandemic accelerated meaningful advances in infrastructure, collaboration, and communication.

The experience underscored the importance of addressing challenges promptly through coordinated, multi-sectoral action and sustained capacity-building at national level. Key lessons included the value of interinstitutional coordination, adaptive strategies, and evidence-based decision-making supported by systematic sample collection. Strong staff commitment and effective use of existing assets, such as strategically positioned laboratories that serve as pillars for diagnosis and surveillance, provided a solid foundation. While progress to date is substantial, further consolidation, expansion, and adaptation of these gains will be essential to ensure a sustainable and resilient public health response to future threats.

Post-pandemic SARS-CoV-2 Genomic Surveillance and Virological Patterns: PAHOGen Experience

Juliana Leite (PAHO, Washington D.C.)

Post-pandemic genomic surveillance was presented as a transition from emergency COVID-19 sequencing toward an integrated, sustainable regional genomics approach. Building on the COVIGEN network established in 2020, PAHOGen supports countries with both established and limited sequencing capacity through shared platforms, reference laboratories, and data ownership by countries. Ongoing monitoring of variants, including variants of interest and under monitoring, demonstrated continued viral evolution at lower intensity than earlier phases of the pandemic. The experience highlighted the need to embed genomic surveillance across pathogens of epidemic and pandemic potential and to link sequencing data more closely with epidemiological surveillance and public health decision-making.

COVID-19 In-season Operational Research Challenges and Opportunities: Experience from the USA on In-season Severity Assessments, Impact, Burden and VE

Amanda Payne and **Monica Patton** (US CDC)

The presentation reviewed COVID-19 vaccine coverage, effectiveness, and disease burden during the 2025-2026 season in the United States. Vaccination coverage declined across all age groups compared with the previous season, with the most marked decreases seen among adults aged 65 years and older and persistently low coverage in children. Surveillance and effectiveness data showed that vaccination continued to provide moderate protection against severe outcomes, particularly hospitalization, despite reduced effectiveness against milder disease and high levels of population immunity.

COVID-NET data indicated lower overall hospitalization rates than in recent seasons, while confirming clear summer and winter peaks. Disease burden and severity remained concentrated at the extremes of age, especially in infants under six months and older adults, with age identified as the strongest risk factor for hospitalization. Overall, the findings reinforced the continued value of COVID-19 vaccination in reducing severe disease and protecting high-risk groups, alongside concerns about declining vaccine uptake.

Updated Recommendations for COVID-19 Immunization

Alba Vilajeliu (WHO)

Updated WHO COVID-19 vaccination recommendations reflect the transition to an endemic phase, with a substantially reduced overall burden but continued risk among older adults, people with comorbidities, immunocompromised individuals, and pregnant people. Although widespread population immunity and the dominance of Omicron sub-lineages have lowered rates of severe disease, hospitalizations and deaths persist in these higher-risk groups. Evidence reviewed by WHO SAGE indicates that currently available mRNA and protein subunit vaccines targeting Omicron variants remain safe and effective against severe outcomes, even though protection wanes over time.

In response, WHO now recommends a more targeted vaccination approach that prioritizes groups at highest risk while giving countries flexibility to tailor strategies based on local epidemiology, feasibility, and cost-effectiveness. Routine vaccination of high-risk populations is advised with at least one dose per year, and preferably two doses approximately six months apart, with a minimum six-month interval between doses or following infection. Co-administration with seasonal influenza vaccine is encouraged to improve programmatic efficiency. These recommendations aim to sustain protection in vulnerable groups while supporting efficient, evidence-based use of COVID-19 vaccines as countries adjust to long-term management of the disease.

Roundtable: Country Perspective - What Are Your Priorities for Respiratory Virus Surveillance for the Next 5 Years?

Moderator: Peter Figueroa (University of the West Indies)

Panelists: Paula Rodriguez (Ministry of Health, Chile); **Mélissa Ethéart** (Ministry of Health, Haiti); **Homer Mejía** (Ministry of Health, Honduras); **Tyrone Roberts** (Ministry of Health, Jamaica); **Leonor Fonseca** (Ministry of Health, Nicaragua)**; Luis Ordoñez** (Ministry of Health, Peru)

Across countries, priorities converged around strengthening integrated, sustainable systems for respiratory virus surveillance, laboratory capacity, immunization, and preparedness, while adapting to national contexts and constraints. A common theme was the need to move beyond centralized, disease-specific approaches toward integrated, interoperable systems that combine epidemiological surveillance, laboratory diagnostics, genomics, immunization data, and risk communication, increasingly aligned with One Health and PRET frameworks.

Chile, Honduras, Nicaragua, and Peru emphasized expanding and sustaining sentinel surveillance networks, improving territorial representativeness, and decentralizing laboratory and genomic capacity beyond national reference centers. Priorities included strengthening regional molecular laboratories, expanding genomic surveillance for influenza and other respiratory viruses, improving sample logistics, and enhancing interoperability between surveillance, laboratory, and vaccination systems. These countries also highlighted the importance of operational research, disease and economic burden studies, improved nominal immunization registries, and stronger risk communication to support evidence-based decision-making and optimized vaccination strategies.

Haiti underscored more fundamental system challenges, including financial constraints, governance, data use, and laboratory-surveillance integration, compounded by social instability and multiple concurrent emergencies. Priorities focused on sustainable financing, national capacity-building, decentralization of molecular testing, development of genomic analysis expertise, and stronger analytical and communication capacities to address vaccine hesitancy and support prevention strategies. Across all settings, countries stressed the importance of consolidating pandemic-era gains, strengthening intersectoral collaboration, particularly between health, agriculture, and research sectors, and ensuring that surveillance data are translated into timely, coordinated public health action.

Jamaica highlighted an interest in advancing work around epidemic intelligence as part of the broader efforts to strengthen respiratory virus surveillance and pandemic preparedness. They noted that epidemic intelligence is seen as an important mechanism for improving early detection of unusual respiratory event, supporting timely risk assessment, and enhancing the use of multiple data sources to inform public health action. This interest reflects Jamaica's commitment to strengthening national preparedness capacities by better integrating indicator-based surveillance, event-based surveillance, laboratory information, hospital data, and other relevant

signals to support more timely coordinated decision-making for respiratory viruses and future pandemic threats.

Closing and Next Steps

Marc Rondy and **Francisco Nogareda** (PAHO, Washington D.C.)

The closing session outlined key milestones for the SARInet plus and REVELAC-i networks for the coming year, with an emphasis on consolidation, expansion, and increased use of evidence for decision-making. For SARInet plus, priorities include defining recommended approaches for EBS; deploying monitoring and evaluation tools together with a standardized training package for sentinel surveillance; and completing the regional dashboard with integrated genomic surveillance data.

Clinical management priorities focus on reviewing and updating guidelines for respiratory virus diseases, including RSV; implementing the RSV burden-of-disease protocol; and operationalizing a regional economic burden analysis to inform public health decision-making. Laboratory and genomic surveillance milestones include strengthening laboratory response capacities; consolidating genomic surveillance in coordination with animal health systems; improving timely sharing of zoonotic influenza viruses with WHO Collaborating Centres to support risk assessment and candidate vaccine virus selection; ensuring full implementation of laboratory quality, biosafety, and biosecurity policies; and rolling out the Strategic Plan for an Integrated Public Health Laboratory System in the Americas.

Pandemic preparedness priorities include conducting a PRET-based tabletop exercise to strengthen intersectoral coordination; implementing multi-country simulation exercises with a tailored package for the Caribbean context; developing regional guidance on public health and social measures; and updating national pandemic preparedness plans to incorporate corpse management and infection prevention and control within clinical management components.

For REVELAC-i, milestones focus on improving the completeness of critical variables in influenza and RSV vaccine effectiveness evaluations, conducting impact evaluations to support immunization policy decisions, and using these findings to strengthen programs and optimize vaccination campaigns. The session also highlighted the need to support immunization programs more broadly, including strengthening influenza program evaluation, increasing coverage among priority groups, improving monitoring and reporting with particular attention to the Caribbean, supporting RSV introduction and monitoring, and reinforcing pandemic preparedness capacities. Participants were invited to suggest topics for the 2027 meeting agenda through the network channels.

Agenda for SARInet plus and REVELAC-i Regional Meeting

Panama City, Panama

24 to 26 March 2026

Tuesday 24 March 2026

Opening of the meeting

Schedule	Title
8:00-9:00	Accreditation
9:00-9:30	**Official opening** Ana Rivière Cinnamond, PAHO Representative in Panama Ashley Fowlkes, Epidemiologist, Influenza Division, US Centers for Disease Control and Prevention Wenqing Zhang, Head, Global Respiratory Threats, WHO Andrea Vicari, Unit Chief, Infectious Hazard Management, PAHO Fernando Boyd Galindo, Minister of Health of Panama
9:30-9:45	**Agenda and objectives of the meeting** PAHO
9:45-9:50	Security briefing
9:50-10:20	**Keynote Address – A 15-Year Journey of the Pandemic Influenza Preparedness (PIP) Framework and the Evolving Landscape of the Global Influenza Surveillance and Response System (GISRS)** Wenqing Zhang, WHO Anne Huvos, WHO
10:20-10:50	Coffee break and Group Photo

Early Detection and One Health Approaches

Moderator: Marisol Valenzuela

Schedule	Title
10:50-11:00	**From Animal Reservoirs to Human Infection: A One Health Approach for Zoonotic Influenza Viruses** St. Jude – WHO CC
11:00-11:30	**Intersectoral Coordination: Lessons from Latin America and the Caribbean** Brazil Argentina Cayman Islands
11:30-11:40	Q&A Session
11:40-11:50	**Regional Overview: Early Detection of (Re)Emerging Respiratory Viruses** PAHO

11:50-12:20	**Event-Based Surveillance in Practice: Implementation, Monitoring and Evaluation, and Expansion** Panama Colombia Paraguay Saint Lucia
12:20-12:30	Q&A Session
12:30-12:50	**Use of Zoonotic Influenza Vaccines in Humans** WHO
12:50-13:00	Q&A Session
13:00-14:00	Lunch

Influenza

Moderator: Ornella Cyrus

Schedule	Title
14:00-14:15	**Virologic Surveillance Update: What Are We Seeing and How Should We Interpret It?** The Francis Crick Institute – WHO CC
14:15-14:30	**Influenza Virologic Surveillance in the Americas: CDC Updates and Support t the SARInet Network** US Centers for Disease Control and Prevention
14:30-14:35	**Beyond Walls: Immersive Experience in the PAHO Virtual Reality Laboratory** PAHO
14:35-14:45	**Influenza Season 2025-2026: Experience from Canada** Public Health Agency of Canada
14:45-15:05	Q&A Session
15:05-15:15	**Linking Influenza Surveillance to Vaccine Planning and Procurement** PAHO
15:15-15:45	**Using Data to Counter Influenza Vaccine Hesitancy** Argentina Guyana Belize
15:45-16:00	Coffee break

Wednesday 25 March 2026

Pandemic Preparedness
Moderator: Diana Malo

Schedule	Title
9:00-9:10	**Pandemic Surveillance Guidance** WHO
9:10-9:20	**Overview of Progress in Pandemic Preparedness in the Americas** PAHO
9:20-9:30	**Activation Criteria, Risk Levels, and Escalation of the Pandemic Preparedness Plans** PAHO
9:30 -9:40	**Country experience: Update of the National Deployment and Vaccination Plan for Pandemic Influenza** Cuba
9:40-9:50	Q&A Session
9:50-10:30	**Multi-level Coordination and Financing for Pandemic Preparedness in Central America and the Dominican Republic** COMISCA COSEFIN -/ SICA CEPREDENAC Guatemala
10:30-10:40	**Handling of Corpses in the Context of Pandemics** PAHO
10:40-10:50	**Resilient Laboratory Systems** PAHO
10:50-11:20	Coffee break

Respiratory Syncytial Virus (RSV)
Moderator: Francisco Nogareda

Schedule	Title
11:20-11:35	**RSV Seasonality and Epidemiological and Virologic Surveillance in the Americas** PAHO
11:35-11:45	**Clinical Management of RSV** PAHO
11:45-12:00	**Experience from Early Adopting Countries on RSV Immunization** US Centers for Disease Control and Prevention
12:00-12:45	**Country Experiences**

	Argentina El Salvador Paraguay Uruguay
12:45-13:00	Q&A Session
13:00-14:00	Lunch

Parallel Sessions

Epidemiological Surveillance (1)

Moderator: Marc Rondy

Schedule	Title
14:00-14:10	**Introduction and group organization** PAHO
14:10-14:30	**Situation overview**
14:30-14:50	Activity 1: Virological surveillance
14:50-15:50	Activity 2: Epidemiological surveillance
15:50-16:30	Activity 3: Vaccine effectiveness
16:30-17:00	Lessons learned for the next season and conclusion

Laboratory (2)

Moderator: Juliana Leite

Schedule	Title
14:00-14:10	**Opening and objectives of the session** PAHO
14:10-14:25	**Standardized Country Capacity Assessment**
14:25-14:35	**Automated Classification of Capacities**
14:35-15:45	**Simulation Exercise** From Sequence to Decision: Translating Genomic Surveillance into Public Health Action
15:45-16:45	**Working group presentations**
16:45-17:00	**Validation and next steps**

Immunization (3)

Moderators: Francisco Nogareda, Martha Velandia, Marcela Contreras and Jorge Jara

Schedule	Title
14:00-14:15	**Opening and objectives of the session** PAHO
14:15-14:30	**Influenza Vaccination Coverage, Tools and Resources**

14:30-14:45	**PAHO Influenza Vaccination Dashboard**
14:45-16:30	**Case study - Influenza Vaccination Coverage and Information Systems to Monitor Coverage in Priority Groups**
16:30-17:00	**Discussion**

Thursday 26 March 2026

Integrated Surveillance, Digital Systems and Analytics

Moderator: Yury Garcia

Schedule	Title
9:00-9:10	**Regional Guidance for Integrated Surveillance of Respiratory Viruses** PAHO
9:10-9:20	**Using Syndromic Data for Respiratory Surveillance in the Caribbean** CARPHA
9:20-9:35	**Country Experiences: Integration of SARI/ILI/ARI Surveillance Systems into DHIS2** PAHO Antigua and Barbuda Grenada Dominica
9:35-10:20	**Strengthening Information Systems – Interoperability, Dashboards & Automated Reporting** Brazil Bolivia Chile Panama Uruguay
10:20-10:30	**Forecasting Project** Paraguay
10:30-10:40	**Advances in AMoMo** PAHO Guatemala
10:40-11:00	Coffee break

Operational Research

Moderators: Paula Couto and Jorge Jara

Schedule	Title
11:00-11:15	**Insights from Combined Virological and Vaccine Effectiveness Surveillance** British Colombia Centre for Disease Control
11:15-11:25	**Vaccine Effectiveness Evaluation in Latin America** PAHO
11:25- 11:35	**Impact Evaluation in the Americas - Phase I and Phase II** PAHO
11:35-11:50	**Economic Burden Evaluations in the Region and Country Experience** PAHO Guatemala

11:50-12:00	Q&A Session

Risk Communication and Community Engagement (RCCE)

Moderator: Natalia Acosta

Schedule	Title
12:00-12:15	**How to Translate Surveillance Data and Signals into Clear, Timely, and Impactful Messages that Guide Public Action. Using the PISA framework to strengthen risk communication** PAHO
12:15-12:30	**Interactive Exercise: "RCCE Relay: Turning Signals into Action"**
12:30-13:45	Lunch

COVID-19

Moderator: Paula Couto

Schedule	Title
13:45-14:00	**Post-pandemic COVID-19 Surveillance in Mexico: 2023-25** Mexico
14:00-14:10	**Post-pandemic SARS-CoV-2 Genomic Surveillance and Virological Patterns: PAHOGen Experience** PAHO
14:10-14:25	**COVID-19 In-season Operational Research Challenges and Opportunities: Experience from the USA on In-season Severity Assessments, Impact, Burden and VE** US Centers for Disease Control and Prevention
14:25 -14:40	**Updated Recommendations for COVID-19 Immunization** WHO
14:40-15:00	Q&A Session
15:00 -15:30	Coffee break

Wrap Up

Moderator: Peter Figueroa

Schedule	Title
15:30-16:10	**Country Perspective: What Are Your Priorities for Respiratory Virus Surveillance for the Next 5 Years?** Chile Haiti Honduras Jamaica Nicaragua Peru
16:10-16:30	**Closing Remarks**

List of participants

The following list includes all participants who attended in person the 2026 Regional Meeting of the SARInet plus and REVELAC-i networks.

Country Representatives

Anguilla
Cathy Laurent
Fay Astaphan

Argentina
Cecilia González Lebrero
Estefanía Benedetti

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Malika Haywood
Soria Dupie

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