REVELAC-i REPORT
INFLUENZA VACCINE EFFECTIVENESS
Mid-Season 2026

Special Program Comprehensive Immunization

Pan American Health Organization

August 2026

Washington, DC

Season: Southern Hemisphere – Mid-Season 2026

Participating countries: Argentina, Brazil, Chile, Panama, Paraguay and Uruguay

Study population: SARI patients ≥ 6 months old admitted in participant hospitals during 2026 season

Study period: week 9 to week 28 (1 March to 20 July 2026)

Type of vaccine: Inactivated trivalent or quadrivalent vaccine – Southern hemisphere composition for Season 2026

- TIV: Argentina, Brazil, Chile, Paraguay, and Uruguay
- Adjuvanted TIV: Argentina (older adults), Paraguay (older adults)
- QIV: Uruguay (private)

Methods: Case control – test negative design

- **Case:** SARI patient with a RT-PCR positive result for influenza
- **Non case (control):** SARI patient with a RT-PCR negative result for influenza and for SARS-CoV-2.
- **Vaccinated:** SARI patient who has received the influenza vaccine in the season 2026 at least 14 days before symptom onset
- **Unvaccinated:** SARI patient who did not receive any influenza vaccine in the season 2026 at symptom onset.

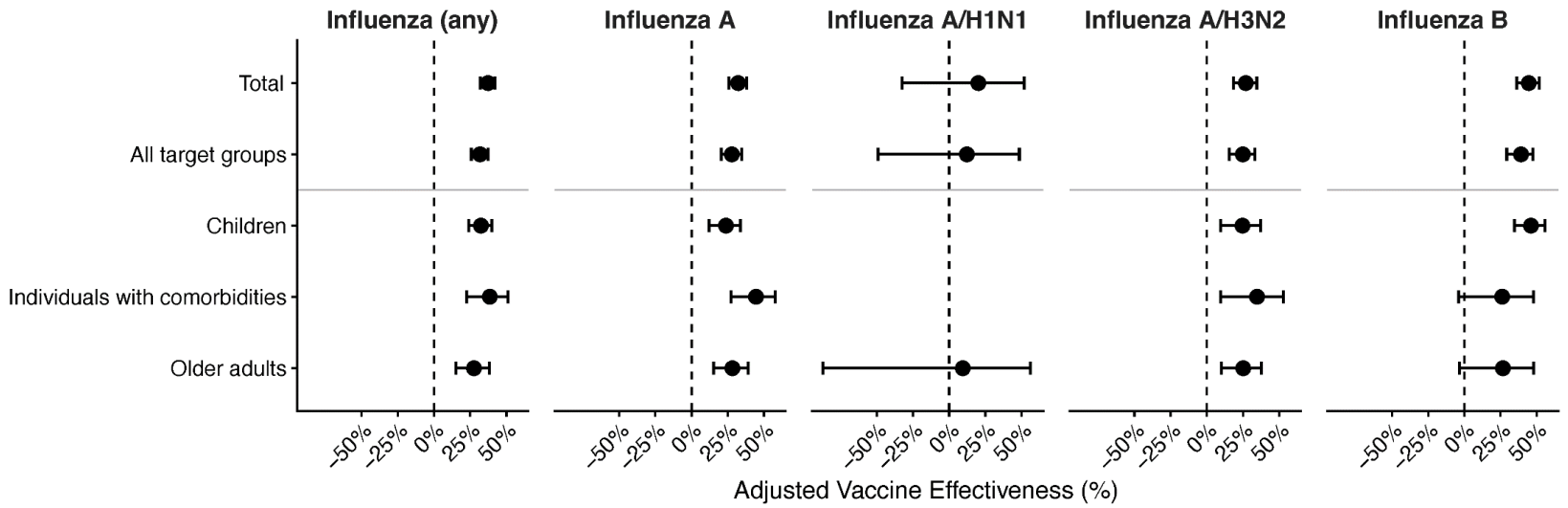
Patients included: 27,237

Table 1. Estimated seasonal influenza vaccine effectiveness – REVELAC-i, March-July 2026 (n = 27,237)

	Vaccinated cases	Total cases	Vaccinated Non cases	Total Non cases	VE adjusted* % (CI95%)
Influenza (any)	1,109	7,334	4,809	19,903	37.2 (32.0, 42.0)
Influenza A	801	5,531	4,809	19,903	32.2 (25.7, 38.1)
Influenza A/H1N1	20	148	4,809	19,903	20.2 (-32.6, 51.9)
Influenza A/H3N2	514	3,215	4,809	19,903	27.0 (18.5, 34.6)
Influenza B	308	1,793	4,809	19,903	44.5 (36.3, 51.7)

* Vaccine effectiveness estimated from logistic regression model adjusting for participating country, sex, age in years (fit as cubic spline), week of onset of symptoms (fit as cubic spline), and presence of at least one comorbidity.

Figure 1. Influenza vaccine effectiveness – REVELAC-i, March- March-July 2026 (n = 27,237)



Acknowledgments

We acknowledge the REVELAC-i (Network for the Evaluation of Vaccine Effectiveness in Latin America and the Caribbean - influenza) and collaborators:

- PAHO/WHO: Francisco Nogareda, Jorge Jara, Paula Couto, Juliana Leite, Marc Rondy, Martha Velandia and Daniel Salas
- CDC Influenza Division: Ashley Fowlkes, Anna Chard and Laura Castro
- WHO CC: Rebecca Kondor
- Argentina: Estefania Benedetti (Carlos G. Malbrán), Andrea Pontoriero (INEI-ANLIS), Marina Pasinovish, Maria Paz Rojas Mena, Carla Jimena Voto (Ministry of Health), Pilar Torterola, Veronica Lucconi and Wilmer Marquiño (PAHO)
- Brazil: Walquiria Aparecida Ferreira da Almeida, Daiana Araújo da Silva, Greice Madeleine Ikeda do Carmo, Francisco José de Paula Júnior, Miriam Teresinha, Furlam Prando Livorati (Ministry of Health). Lely Guzmán, Patricia Marques and Alex Rosewell (PAHO)
- Chile: Marcela Avendaño, Patricia Bustos, Paula Rodríguez Ferrari, Natalia Vergara Mallegas (Ministry of Health) and Rodrigo Fasce (ISP), Solange Santillana, Olivia Brathwaite and Claudio Canales (PAHO)
- Panama: Catherine Lissette Castillo, Pablo Enrique González Alonzo, Pedro Augusto Contreras Saenz, Elba Carolina Aparicio, Sanchez, Yadira de Molto (Ministry of Health), Andrea Villalobos, Ana Botello and Isaias Montilla (PAHO)
- Paraguay: Katia Peralta, Luis Cousirat, Chavely Domínguez, Maria José Ortega, Elena Penayo, Cynthia Vázquez (Ministry of Public Health and Social Welfare). Neris Villalobos (PAHO)
- Uruguay: Natalia Goñi, Karina Griot, Jose Eduardo Silvera, Daiana Tritten, Steven Tapia Villacís (Ministry of Public Health) and Noelia Speranza (PAHO)
- GISAID: The findings of this evaluation are based on metadata associated with 1676 sequences available on GISAID from March 2026 to 20 August 2026, and accessible at https://doi.org/10.55876/gis8.260129xz. We gratefully acknowledge all data contributors, i.e., the authors and their originating laboratories responsible for obtaining the specimens, and their submitting laboratories for generating the genetic sequence and metadata and sharing via the GISAID Initiative, on which this research is based.