

Recommendations for measles

Pan American Health Organization 2026

PAHO



Pan American
Health
Organization



World Health
Organization

Americas Region

Recommendations for measles 2026

The Pan American Health Organization, with the support of its Strategic Advisory Group on Vaccine-Preventable Diseases, recommends the following on the use of measles-containing vaccine in the region of the Americas:

1. Specific measles-containing vaccine for selective vaccination strategies for outbreak preparedness and rapid response:
 - In children from 12 months to 10 years of age, any of the measles, mumps and rubella (MMR) vaccines, with mumps vaccines strains Leningrad-Zagreb or Jeryl-Lynn (MMR-LZ or MMR-JL), or measles-rubella (MR) can be used.
 - If individuals 10 years of age or older and at risk-groups over the age of 10 are to be vaccinated, it is preferable to use MR or MMR-JL.
 - If during an outbreak neither MR or MMR-JL vaccines are available, countries should review the situation and consider use of MMR-LZ in individuals 10 years of age or older and at risk-groups over the age of 10, weighing the risks of vaccination against the risks of inaction. If countries make the decision to use MMR-LZ during an outbreak, it is essential that they consider (a) reinforcing comprehensive vaccine safety surveillance with laboratory support in order to monitor for adverse events (i.e. aseptic meningitis), and (b) ensuring communication to the potential vaccinees and the public on vaccine safety/adverse events following immunization of the MMR-LZ vaccine and effective management of aseptic meningitis by clinicians.
2. Countries with active outbreaks may consider introducing a zero-dose measles-containing vaccine in children 6 to 11 months old. This dose should not count towards the primary vaccination series dose of MMR. The combination vaccine MMRV (MMR + varicella) is not to be used in children less than 12 months old.
3. To review the measles and rubella surveillance performance and vaccination coverage to identify potential areas of vulnerability. Particular attention should be given to settings that attract large gatherings of individuals from multiple countries or with recent travel history—such as music concerts, religious events, pilgrimage seasons, and major sporting events. In the context of the 2026 FIFA World Cup, countries are advised to implement additional surveillance measures, including active case-finding, to document the absence of measles and rubella cases.
4. Rapid response to a measles outbreak should begin within the first 48 hours after case report. The response should have a proactive component immunizing those at risk, including selective vaccination strategies, i.e. identifying those in need of ring

immunization and mop-up vaccination. Mass vaccination may be required if the outbreak is large.

5. Countries should strive for a goal of a primary vaccination series of two doses with MMR vaccine and achieve a minimum of 95% national coverage in at least 80% of their municipalities.
6. Each country must assess how vulnerable the population is to a measles outbreak using current measles vaccine coverage rates and by conducting a careful and thorough assessment of their measles vaccination strategy, efforts, and outcomes over the past 20 to 30 years. This should include not only young children but also teenagers and young adults.
7. Countries must identify high risk groups and develop strategies to improve measles vaccination coverage. These include identification of the causes for low uptake considering the variability among communities (cultural factors, perception, etc.).
8. Countries must take action to prevent new outbreaks by vaccinating susceptible individuals: those that are lacking either the first or second dose of a measles-containing vaccine.
9. Increase vaccination coverage in groups geographically adjacent to, or interacting with, groups that are hesitant to vaccinate.
10. Identify and address missed opportunities for measles vaccination (e.g., at school enrollment time).
11. Educate the public about the seriousness of measles infection at any age but particularly in infants and toddlers. Currently, measles cases are affecting all ages.
12. Implement education and messaging specifically targeted to hesitant groups. Develop concrete strategies tailored to address the specific concerns of those communities to increase vaccine uptake.
13. For communities experiencing outbreaks, efforts should be made to educate the public regarding the seriousness of measles and identify as well as provide opportunities for measles immunization. They should implement effective and clear communication to the public concerning the safety of measles-containing vaccines and the known side effects/adverse events associated with them. This is essential to prevent vaccine mistrust and mis/disinformation.
14. Unvaccinated individuals with no history of having measles that are planning international travel to countries with measles outbreaks or where measles is endemic, should be encouraged to receive a measles-containing vaccine, ideally at least two weeks prior to departure. Infants 6 – 11 months old travelling to an area with a measles outbreak should receive a measles-containing vaccine that counts as a zero dose.

Additional considerations:

- Countries should know that there is no global stockpile of measles-containing vaccine. The PAHO's Revolving Fund implements advance purchase commitments to address unplanned demands swiftly, thus enhancing outbreak response capabilities.
- Careful planning by Member States is crucial to ensure timely and complete access to vaccines and supplies. This proactive approach helps mitigate potential delays and shortages, especially during critical times. Additionally, based on the consolidated demand, PAHO would be able to consider implementing advance purchase commitments to address unplanned demands swiftly, enhancing outbreak response capabilities. Countries must ensure adequate stock monitoring and optimal levels of buffer stock, both for vaccines and syringe products.