Situation Report #1
Measles in the Americas Region

15 April 2026

Data as of EW 14, 2026 11:00 EST (UTC-05:00). Information in this document is subject to change.

Situation Overview

Between epidemiological weeks (EW) 1 and EW 14 of 2026, countries in the Region of the Americas reported 15,366 confirmed measles cases[1]. In 2025, 14,767 measles cases were reported, including 32 deaths. This follows a marked rise in cases during 2025, with continued acceleration observed in early 2026 (**Figure 1**).

Genotyping information indicate that the D8 lineage has been identified across multiple countries and is associated with outbreaks in at least ten countries, suggesting widespread circulation of this strain in the Region.

The highest number of cases in 2026 have been reported in Mexico (n= 8,655), Guatemala (n= 4,109), the United States of America (n= 1,706), and Canada (n= 789), with ongoing transmission documented in Bolivia and other countries across the Region (**Figure 1**).

All age groups are affected; however, the highest number of cases has been reported among children, particularly those aged 1–9 years, followed by children and adolescents aged 10–19 years. Incidence rates are highest among children under one year of age.

A substantial proportion of cases occur among unvaccinated individuals, with available data indicating that approximately two-thirds of confirmed cases have no documented history of measles vaccination.

Response Highlights

- A regional emergency for measles was declared on 23 February 2026, triggering activation of PAHO's Incident Management Support Team (IMST) and emergency procedures to scale up response across the Region.
- Vaccination response scaled up regionally, with PAHO supporting outbreak and follow-up campaigns targeting children and adolescents across multiple countries.
- Rapid response capacity was reinforced through the deployment of immunization experts, targeted funding for microplanning, and the strengthening and adaptation of epidemiologic and laboratory surveillance, alongside field operations.
- Regional coordination reinforced, including cross-country knowledge exchange to align outbreak response strategies and operational approaches.
- Persistent challenges in vaccine access and uptake, with ongoing efforts to secure additional doses and improve reach among high-risk populations.

SITUATION IN NUMBERS

15,366

Confirmed Cases

11

Deaths*

13

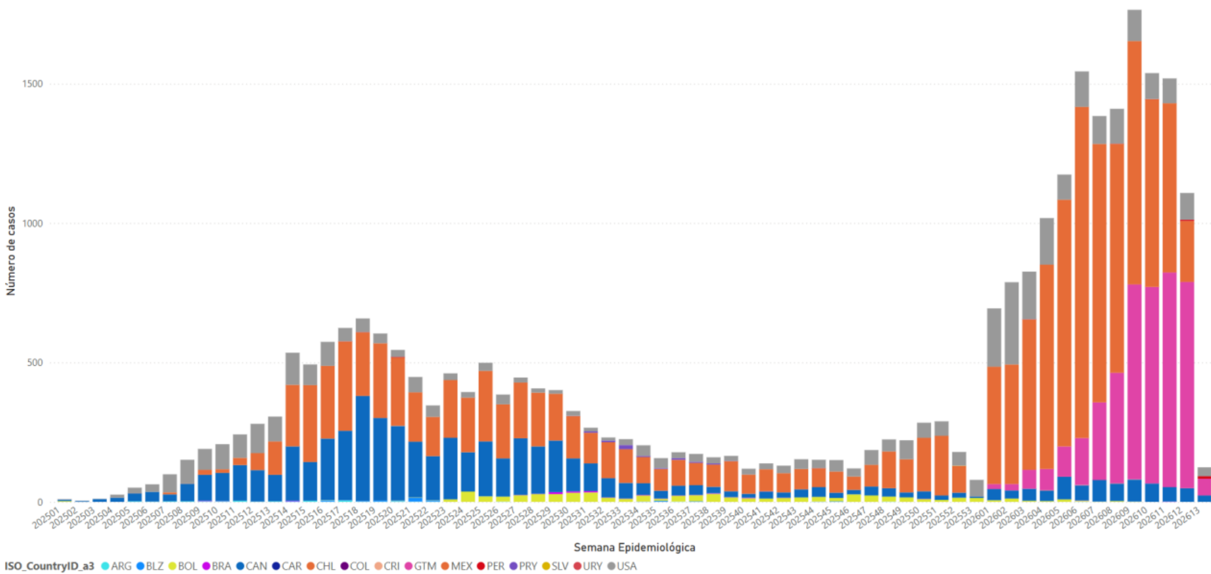
Countries affected

Source: PAHO/WHO Measles Dashboard: https://tinyurl.com/3xtcjv84

* 9 deaths reported from Mexico and 2 from Guatemala

[1] Data correspond to EW 13 2026 for all countries, except for Peru and El Salvador, for which data is available up to EW 14 2026.

Figure 1: Confirmed measles cases by epidemiological week (EW) of rash onset. Region of the Americas. From EW 01 2025 to EW 13 2026.



Source: Pan American Health Organization/World Health Organization. Regional Measles Dashboard. Washington, D.C.: PAHO/WHO; 2026 [cited 15 April 2026]. Available from: https://tinyurl.com/3xtcjv84

Operational Status and Response in Priority Countries

Mexico

- **Status**: Very high transmission intensity, with cases reported in nearly all states and major outbreaks in Jalisco, Chiapas, Mexico City, and Sinaloa. Nine additional deaths were reported in 2026 up to epidemiological week (EW) 14, bringing the total number of deaths since the start of the outbreak in 2025 to 36. Available information suggests transmission has likely continued for over 12 months, beyond the elimination deadline of 1 February 2026.
- **Response**: PAHO is providing financial and technical support for outbreak response vaccination. Support is ongoing for the preparation of a follow-up MMR campaign targeting children under 5 years with an additional dose. Coordination with the International Red Cross is underway to support two infection prevention and control (IPC) initiatives.
- **Gaps**: The follow-up campaign has been postponed. Current vaccination activities rely largely on centralized sites, which may limit reach to high-risk populations. Further alignment on optimal implementation approaches may be beneficial.

Guatemala

- **Status**: Rapidly expanding outbreak, with 4,109 cases reported as of EW 14 of 2026 and spread across most departments. Community transmission is ongoing in multiple areas. Highest incidence is observed in children under 1 year and adults aged 20–29 years. Two deaths were reported in infants less than 1 year.

- **Response**: PAHO Country and Regional Offices are providing financial and technical support for field response. One international CIM advisor and one national consultant have been deployed. The Revolving Fund is supporting procurement of approximately 900,000 MR vaccine doses that will arrive in late April.
- **Gaps**: Vaccine availability remains limited, with additional doses required to scale up response. Immunization gaps remain substantial (e.g., ~844,000 people in Guatemala City). Strengthening of surveillance information systems is ongoing.

United States

- **Status**: The outbreak, which began on 20 January 2025, remains active. Available information suggests transmission may have continued for over 12 months.
- **Response**: Technical coordination continues, with a meeting with RVC scheduled for November 2026 to further assess transmission status.
- **Gaps**: Additional time is required to complete genomic sequencing and epidemiological investigations, which may delay full characterization of transmission chains.

Canada

- **Status**: Endemic transmission continues, linked to the national outbreak initiated in New Brunswick in 2024. A total of 789 cases have been reported in 2026, with recent transmission across multiple provinces.
- **Response**: Ongoing technical engagement with the Public Health Agency of Canada (PHAC), including a PAHO-supported national webinar (10 February 2026) facilitating exchange of response experiences across countries.
- **Gaps**: Continued multi-province transmission underscores the need for sustained coordination and response efforts.

Bolivia

- **Status**: Transmission remains low and largely concentrated in Santa Cruz, accounting for the majority of reported cases. Cases reported in 2026 are primarily in children less than 10 years old, with emphasis in infants.
- **Response**: PAHO is supporting rapid response activities, including financial support for microplanning and implementation of a nationwide vaccination campaign (targeting up to 19 years), launched on 9 March 2026 with emphasis on Santa Cruz.
- **Gaps**: Slow progress in campaign implementation since launching. Continued vigilance and sustained response efforts are needed to prevent further geographic spread.

Peru

- **Status**: In 2026, a total of 31 confirmed measles–rubella cases were reported, with transmission concentrated in the most recent epidemiological weeks (EW 12–14) in the Puno region, which shares a border with Bolivia. Cases have predominantly affected children and adolescents.
- **Response**: PAHO is supporting rapid response activities, including ongoing training on rapid response and microplanning. PAHO is also supporting laboratory capacities with specific training on sequencing.
- **Gaps**: MR vaccines have been ordered and are expected by the end of May; in the meantime, national guidelines should allow the use of MMR-LZ for susceptible contacts aged ≥10 years.

Other Countries (Brazil, Colombia, El Salvador)

Response: PAHO country offices and regional teams are supporting ongoing preparedness and rapid response activities, including strengthening readiness for potential importations and localized transmission.

Annex 1

Epidemiological Overview

1. Trends of Measles cases in the Region of the Americas by country, as of EW 142026

The table below summarizes the epidemiological situation in countries that have reported confirmed measles cases.

Country	Cases	Trend (last 4 weeks)**	Jurisdictions	Epi Notes	RVC Class.
Mexico*	2025: 6,152 2026: 8,655		32/32	Most new cases are reported in Jalisco. Nine additional deaths were reported in 2026 up to epidemiological week (EW) 14, bringing the total number of deaths since the start of the outbreak in 2025 to 36. Last case in EW 13 of 2026.	Sust. Elim. with **major concerns**
Canada*	2025: 5,425 2026: 789		10/13	98% of cases are linked to the New Brunswick (NB) 2024 outbreak. In EWs 05-08, six provinces reported 259 cases, of which 256 are related to NB2024. Last case on 2 April 2026 (EW 13).	**Endemic**
United States*	2025: 2,144 2026: 1,706		33/52	In 2025, 48 outbreaks; in 2026, 17. Majority of cases in under-vaccinated populations. Most cases in South Carolina (667), Utah (408) Texas (176) , Florida (129), and Arizona (59). Last case on EW 12 of 2026.	Sust. Elim. with **major concerns**
Guatemala*	2025: 1 2026: 4,109		29/29	Cluster of cases reported after a Christian religious meeting that have disseminated to at least 19/22 departments (23/29 health areas). PAHO is supporting outbreak rapid response. Last case on EW 13 of 2026.	Sustained elimination
Bolivia*	2025: 595 2026: 51	No trend	9/9	In 2026, 85% of cases are from Santa Cruz Department, followed by Beni and Cochabamba (5%). 75% of cases are <10 years. There is a low transmission intensity over the past 4 weeks. Last case on 3 March 2026 (EW 09).	Sust. Elim. with **major concerns**
Paraguay	2025: 48	No trend	2/18	Last case on 25 September 2025 (EW 39).	Sustained elimination
Belize	2025: 44	No trend	2/6	Last case was on 2 November 2025 (EW 45).	Sustained elimination
Brazil	2025: 38 2026: 2	No trend	7/27	Imported cases in Rio de Janeiro, Brasilia, Sao Paulo, Rio Grande do Sul, Tocantins, Maranhão and Matto Grosso. Last case on EW 11 of 2026.	Sust. Elim. with **moderate** concerns
Argentina	2025: 37 2026: 1	No trend	3/24	Last case on 8 Feb 2026 (EW 6), case imported from Philippines.	Sust. Elim. with **moderate** concerns

Uruguay*	2025: 12 2026: 2	No trend	2/19	Twelve cases in an Orthodox community and general population in Rio Negro Department, associated with recent travel to Bolivia. Two other importations in 2026 in Montevideo. Last case on EW 03.	Sustained elimination
Colombia*	2026: 4	No trend	2/33	Four cases identified during EW 06-08 in Bogotá and Bucaramanga. All cases with probable source of infection in Mexico, due to international travel. Last cases on 23 February 2026 (EW 08).	Sustained elimination
Peru*	2025: 5 2026: 31	No trend	1/25	29 cases reported in the Punto region; source of infection remains unknown. Last case was on 08 April 2026 (EW 14).	Sustained elimination
El Salvador*	2025: 1 2026: 11	No trend	1/14	Five imported cases, with source of infection in Guatemala and Mexico City; and 6 secondary cases reported. Date of rash onset was 08 April 2026 (EW 14) .	Sustained elimination
Costa Rica*	2025: 1 2026: 3	No trend	1/7	Cases with probable source of infection in Costa Rica during an international music festival.	Sustained elimination
Chile*	2026: 1	No trend	1/29	One case in 2026, imported from Mexico in EW 04.	Sustained elimination

* Countries with active outbreaks. **Last EW not included to avoid under-reporting.