

Regional Situation Report · No. 3

Measles in the Region of the Americas

21 May 2026 · Next issue: 4 June 2026

REPORTING PERIOD: EW 1–19, 2026 (4 Jan 2026 – 16 May 2026) · 2-week change window: EW 17–18 vs. EW 15–16		
CUMULATIVE — EW 1–19, 2026		
20,332 CONFIRMED CASES	25 DEATHS <small>CFR 0.12%</small>	16 COUNTRIES AND TERRITORIES <small>(CUMULATIVE)¹</small>
LAST 2 WEEKS — EW 17–18, 2026		
+1,241 NEW CONFIRMED CASES ↓ -24.5% <small>(compared to EW 15 – EW 16)</small>	+10 NEW DEATHS <small>Two new deaths in Mexico and eight new deaths in Guatemala</small>	8/16 COUNTRIES AND TERRITORIES REPORTING <small>Belize, Bolivia, Canada, El Salvador, Guatemala, Mexico, Peru, United States of America</small>

Situation Overview

Between epidemiological week (EW) 1 and EW 19 of 2026 (ending on 16 May 2026), the Region of the Americas reported **20,332** confirmed measles cases from 16 countries and territories, including **25** deaths, representing a 276% increase compared to the same period in 2025. Mexico (10,817), Guatemala (6,209), the United States (1,893) and Canada (1,018) accounted for the majority (98%) of confirmed cases (**Map 1** and **Annex 1**).

During EW 17 and EW 18 of 2026, the Region of the Americas reported **1,241** new confirmed measles cases across eight countries and territories, representing a 24.5% decrease compared with the previous two-week period (EW15-16; 1,644 new cases). This decline was driven primarily by sustained reductions in Mexico and continued decreases in Canada. Peru was the main exception, with cases continuing to increase during this period, mostly concentrated in Puno. Trends in Guatemala should be interpreted with caution, given possible reporting delays or updates in recent weeks².

The outbreak continues to disproportionately affect young children, with the highest incidence rates observed among infants under one year of age. Approximately two-thirds of confirmed cases have no documented history of measles vaccination³. The D8 genotype, DSI d 9171 has been identified across multiple countries and remains the main genotype detected in the Region (1).

¹Since Situation Report 2, two new countries and territories (Panama and Bonaire, Saint Eustatius and Saba) have reported measles cases for the first time in 2026.

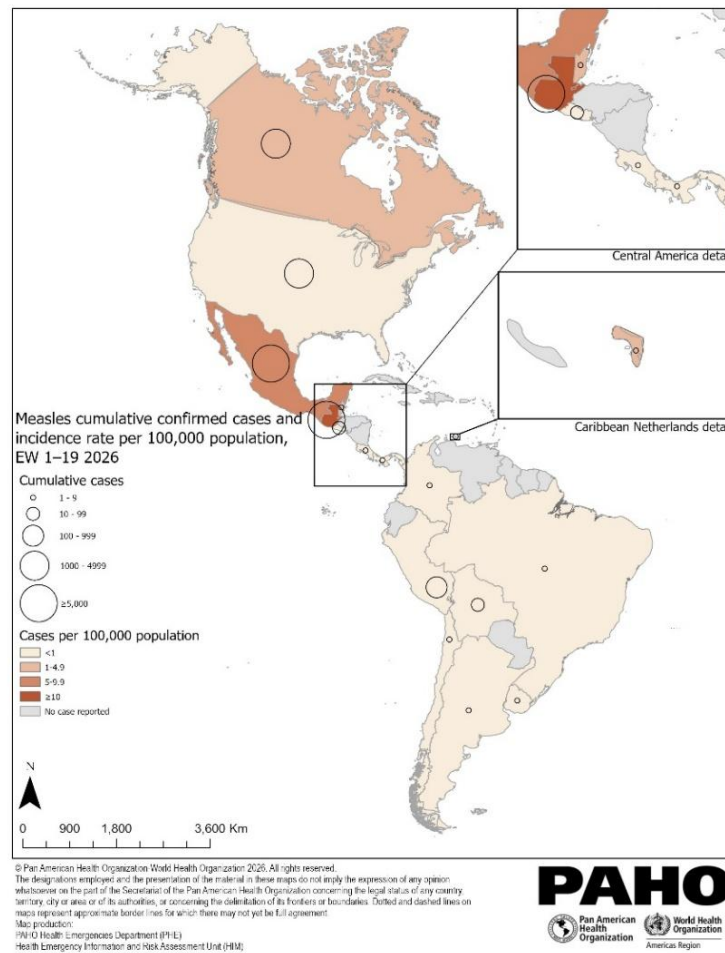
²Trends in Guatemala should be interpreted with caution. Under Guatemala's Ministry of Health (MSPAS) Protocol V3, issued on 16 March 2026, laboratory samples are no longer collected for epidemiologically linked or clinically confirmed cases. As reported figures include only laboratory-confirmed cases, recent weekly trends may be affected by changes in surveillance and testing practices, please refer to: <https://saludijuntos.gt/docs/protocolo-operativo-sectorial-respuesta-sarampion-V3.pdf>

³For more detailed information on outbreak demographics, please refer to the [PAHO Regional Measles Dashboard](#).

Response Highlights

- Continued regional and country-level surveillance, including epidemiological monitoring, and support for active case-finding activities to inform outbreak response.
- Strengthened risk communication and community engagement, including activation of the regional measles emergency webpage, ongoing media response, coordination with country communication focal points, and social listening and misinformation monitoring.
- Provided operational and technical guidance to strengthen epidemiological and laboratory surveillance, diagnostic, and vaccine-safety surveillance capacities, including support to laboratory capacity in Peru, with a current focus on molecular surveillance.
- Supported outbreak-response activities in affected countries, including field support in Peru, measles, mumps and rubella (MMR) vaccination campaign activities in Peru and Guatemala, and microplanning for the second phase of Guatemala’s vaccination campaign.

Map 1. Confirmed measles cases and incidence rate per 100,000 population by country. Region of the Americas. EW 1 – EW 19, 2026. (n=20,332)



Operational Snapshot — Priority Countries

Table 1. Operational snapshot of priority countries: transmission status and joint response since Situation Report 2.

Country	Joint response this period	Focus next 2 weeks PAHO actions
Mexico (2)	National authorities, with PAHO support, trained 775 vaccination-programme professionals in Chihuahua, Nuevo León, and Coahuila; outbreak response and follow-up vaccination activities ongoing.	Continue expanding vaccination reach in communities with lower coverage and mobile populations until the end of May.
Guatemala (3)	Ministry of Health leading the response; PAHO providing laboratory reagents, technical guidance, and rapid-response team support; microplanning completed for the vaccination campaign in the department of Guatemala, specifically targeting the Guatemala Central and Nor Occidente regions, which accounts for the highest proportion of cases.	Sustain vaccination outreach and surveillance across affected areas.
United States	Ongoing technical exchange with national authorities	Continued genetic characterization to map transmission chains.
Canada	Sustained coordination with the Public Health Agency of Canada	Continued inter-provincial coordination and cross-border information sharing.
Peru (4)	National authorities, with PAHO support, deployed technical assistance to Puno covering surveillance, laboratory capacity, and vaccination microplanning; diagnostic protocols adapted to available reagents.	Continued laboratory follow-up, field investigation, and vaccination response.
Bolivia (5)	PAHO presented a 90-day plan to interrupt virus transmission, but its full execution requires sustained financial and operational resources from the newly national and subnational governments. Furthermore, political instability risks disrupting implementation.	In light of the current political and social crisis, the plan will be reviewed alongside with health authorities to ensure its operational viability.

PAHO Response by Strategic Pillar (6)⁴

Collaborative Surveillance

- Regional monitoring of measles cases and key epidemiological indicators to track the evolution of the outbreak and inform response activities.
- Technical follow-up and active case-finding support to countries experiencing outbreaks, with current emphasis on Guatemala and Peru.
- Convening of the Measles and Rubella Regional Laboratory Network to share country experiences, identify operational challenges and best practices, and disseminate PAHO recommendations to optimize laboratory response during measles outbreaks.
- Support to strengthening of national laboratory capacity for measles diagnosis and genetic characterization, including reagent support and technical guidance.
- Coordination with national laboratory networks across the Region, including virtual technical meetings, training (e.g. measles genotyping in Costa Rica), and technical guidance to additional countries (e.g., Honduras).
- Ongoing evidence reviews and vaccine safety monitoring (Events Supposedly Attributable to Vaccination or Immunization, ESAVI) related to measles-mumps-rubella (MMR) vaccine administration in adolescents and adults in countries implementing outbreak-response vaccination.

Immunization & Vaccine Operations

- Operational and technical support to outbreak-response vaccination activities in affected countries, including field missions and on-the-ground accompaniment.
- Support to MMR vaccination campaigns in countries currently implementing outbreak response, including sub-national microplanning for campaign phases.
- Vaccine supply coordination through the PAHO Revolving Fund (regional vaccine procurement mechanism).

Risk & Crisis Communication and Community Engagement

- Activated and maintained the regional measles emergency webpage (<https://www.paho.org/en/measles-multi-country-outbreak-2026>).
- Biweekly coordination with country communication focal points to align messaging, share updates, and identify communication needs.
- Ongoing response to media requests with timely public information on the regional situation and response.
- Signed agreement with YouTube to strengthen collaboration in addressing misinformation, including planned engagement sessions with content creators.
- Updated the RCCE and Vaccination Week in the Americas 2026 webpages with new content on measles and misinformation.

⁴ PAHO's response is organized through the strategic pillars. Activities reflect work undertaken across the Region—by PAHO headquarters, sub-regional offices, and country offices—in coordination with national authorities during this reporting period.

- Ongoing social listening and misinformation monitoring; multilingual misinformation guides actively promoted.

Annex 1 — Epidemiological Overview & Outlook

Figure 1. Epidemiological curve of confirmed measles cases in the Region of the Americas by country and EW, from EW 01 2025 to EW 19 2026

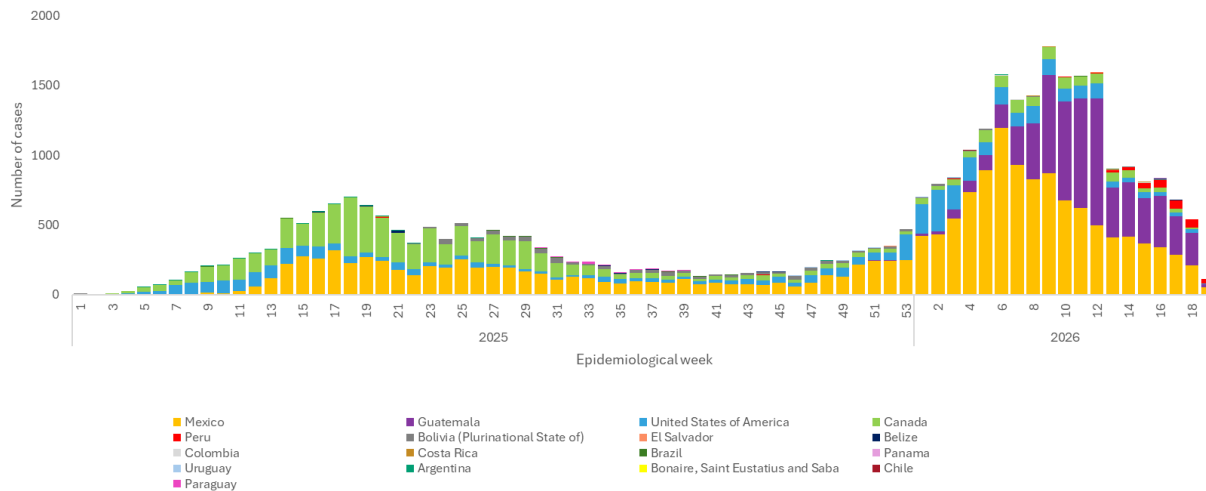
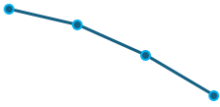




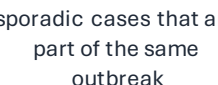


Table 2. Measles cases in the Region of the Americas by country, as of EW 19 2026

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

Country	Cases 2026 (up to EW 19) (1)	Trend (last 4 weeks)**	Re-Verification Commission classification (7)	Epidemiological notes
Mexico*	10,817	<p>↓ declining</p> 	Sustained elimination with major concerns	<p>Most new cases have been reported in Jalisco, Mexico City and Chiapas. As of epidemiological week (EW) 19, 13 additional deaths had been reported, bringing the total number of deaths since the start of the outbreak in 2025 to 40. Transmission remains concentrated among under-vaccinated and highly mobile communities. Last case was on EW 19 of 2026.</p>

Country	Cases 2026 (up to EW 19) (1)	Trend (last 4 weeks)**	Re-Verification Commission classification (7)	Epidemiological notes
Guatemala*	6,209	<p>only laboratory confirmed cases⁵</p> 	Sustained elimination	Transmission reported across 22 departments, particularly in Guatemala Central. During EW 17 and EW 18, eight additional deaths were reported, bringing the total number of deaths in 2026 to 12. The most recent case was reported in EW 19 of 2026.
United States*	1,893	<p>→ plateau</p> 	Sustained elimination with major concerns	In 2025, 48 outbreaks were reported; compared with 19 outbreaks in 2026 to date. The majority of cases continue to occur among under-vaccinated populations. In 2026, the highest numbers of cases have been reported in South Carolina (669), Utah (456), Texas (182), Florida (135), and Arizona (82). Last case was on EW 19 of 2026.
Canada*	1,018	<p>↓ declining</p> 	Endemic	Approximately 98% of cases are linked to the 2024 New Brunswick (NB) outbreak. In 2026, the highest numbers of cases have been reported in Manitoba (630), Alberta (302), British Columbia (30), and Ontario (24). Last case was on EW 18 of 2026.
Peru*	290	<p>↑ increasing</p> 	Sustained elimination	Most new cases have been reported in Puno (255). Last case was on EW 18 of 2026.
Bolivia*	62	<p>Drop by drop transmission with sporadic cases that are part of the same outbreak</p> 	Sustained elimination with major concerns	Last case was on EW 17 of 2026.

⁵ Trends in Guatemala should be interpreted with caution. Under Guatemala's Ministry of Health (MSPAS) Protocol V3, issued on 16 March 2026, laboratory samples are no longer collected for epidemiologically linked or clinically confirmed cases. As reported figures include only laboratory-confirmed cases, recent weekly trends may be affected by changes in surveillance and testing practices, please refer to: <https://saludjuntos.gt/docs/protocolo-operativo-sectorial-respuesta-sarampion-V3.pdf>

Country	Cases 2026 (up to EW 19) (1)	Trend (last 4 weeks)**	Re-Verification Commission classification (7)	Epidemiological notes
El Salvador	14	Sporadic importations	Sustained elimination	Last case was on EW 17 of 2026.
Colombia	7	Sporadic importations	Sustained elimination	Last case was on EW 15 of 2026.
Belize	7	Sporadic importations	Sustained elimination	Last case was on EW 17 of 2026.
Costa Rica	5	Sporadic importations	Sustained elimination	Last case was on EW 15 of 2026.
Other (≤5 cases) ***	See dashboard (1)	—	—	—

*Countries with active outbreaks: measles cases have been reported for a period of 12 weeks or longer. **Last EW excluded from observed counts to mitigate reporting delay. ***Argentina, Bonaire, Saint Eustatius and Saba, Brazil, Chile, Panama, and Uruguay. See PAHO/WHO Measles Dashboard: <https://tinyurl.com/3xtciv84>

References

1. Pan American Health Organization. PAHO Regional Measles Dashboard. Washington D.C.: PAHO; 2026 [cited 18 May 2026]. Available in Spanish from: <https://app.powerbi.com/reportEmbed?reportId=71eebf72-f738-4475-b404-d84f41c7e05a&autoAuth=true&ctid=e610e79c-2ec0-4e0f-8a14-1e4b101519f7>
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