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World Health Organization
Americas Region

PAHO

Regional Situation Report · No. 4

Measles in the Region of the Americas

4 June 2026 · *Next issue: 18 June 2026*

REPORTING PERIOD: EW 1–21, 2026 (4 Jan 2026 – 30 May 2026) · 2-week change window: EW 19–20 vs. EW 17–18

CUMULATIVE — EW 1–21, 2026		
21,431 CONFIRMED CASES	**31** DEATHS CFR 0.14%	**17** COUNTRIES AND TERRITORIES (CUMULATIVE) [1]
LAST 2 WEEKS — EW 19–20, 2026		
+1,040 NEW CONFIRMED CASES ↓ -22.6% *(compared to EW 17 – EW 18)*	**+6** NEW DEATHS *One new death in Mexico and five new deaths in Guatemala*	**9/17** COUNTRIES AND TERRITORIES REPORTING *Bolivia, Canada, Colombia, El Salvador, Guatemala, Honduras, Mexico, Peru, United States of America*

Situation Overview

Between epidemiological week (EW) 1 and EW 21 of 2026 (ending on 30 May 2026), the Region of the Americas reported **21,431** confirmed measles cases from 17 countries and territories, including **31** deaths, representing a 234% increase compared to the same period in 2025. Mexico (11,184), Guatemala (6,655), the United States (1,983) and Canada (1,042) accounted for the majority (97%) of confirmed cases (**Map 1**) (*1,2*).

During EW 19 and EW 20 of 2026, the Region of the Americas reported **1,040** new confirmed measles cases across nine countries and territories, representing a 16.2% decrease compared with the previous two-week period (EW17-18; 1,343 new cases). This decline was driven primarily by sustained reductions in the United Stated and continued decreases in Canada and Mexico. 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 weeks[2].

The outbreak continues to disproportionately affect young children, with the highest incidence rates observed among infants under one year of age. Approximately 85% of confirmed cases are either unvaccinated or have an unknown vaccination status. The D8 genotype, DSId 9171 has been identified across multiple countries and remains the main genotype detected in the Region (*1*).

Model-based estimates of transmission as of EW 21 indicate continued declines in Mexico and Canada, sustained increases in Peru, and stabilizing dynamics in the United States, with the effective reproduction number (R_t) near 1. Full estimates and four-week forecasts are presented in **Table 3**. Nevertheless, sustained transmission could still occur through gradual, drop-by-drop spread, underscoring the need to continue strengthening vaccination efforts.

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[1] *Since Situation Report 3, one new country (Honduras) has reported measles cases for the first time in 2026.*

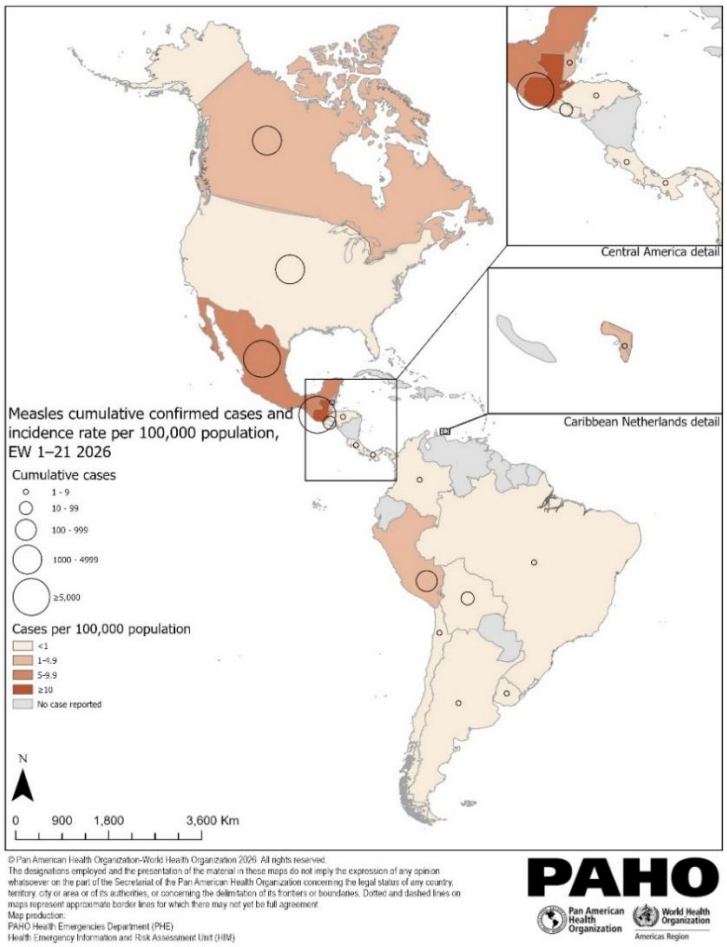
[2] *Trends in Guatemala should be interpreted with caution. Under Guatemala's Ministry of Health (MSPAS per its acronym in Spanish) Protocol V3, issued on 16 March 2026, laboratory samples are no longer collected for epidemiologically linked or clinically confirmed cases. As reported figures include 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-opeativo-sectorial-respuesta-sarampion-V3.pdf*

Response Highlights

During this reporting period, PAHO's response focused on the following priority activities, undertaken in coordination with national authorities:

- Regional surveillance of measles case data and key epidemiological indicators, including technical cooperation visits to support countries experiencing active or significant outbreaks.
- Strengthening of laboratory and surveillance capacity including follow-up with Peru on decentralizing measles laboratory diagnosis, and review of Haiti's measles and rubella surveillance data.
- Outbreak response support to Guatemala and Peru through international consultant missions and sustained technical support from national consultants including support to outbreak-response vaccination campaigns in Guatemala (Central and Nor-Occidental) and in Puno, Peru.
- Dissemination of regional measles guidance, including the Measles Epidemiological Alert of 29 May 2026, a podcast episode on FIFA World Cup health recommendations covering measles vaccination, and the Immunization Bulletin technical article on laboratory response during measles outbreaks.

Map 1. Confirmed measles cases and incidence rate per 100,000 population by country. Region of the Americas. EW 1 – EW 21, 2026. (n=21,431)



Operational Snapshot — Priority Countries

Table 1. Operational snapshot of priority countries: transmission status and joint response since Situation Report 3

Country	Joint response this period	Focus for the next 2 weeks PAHO actions
Mexico (*3*)	Supported national authorities with epidemiological surveillance and infection control across Sonora, Chihuahua, Campeche, and Durango; and follow up on vaccination activities.	Continued technical cooperation to support outbreak response activities nationwide.
Guatemala (4)	PAHO supported the Ministry of Health-led response through the development of epidemiological and vaccination dashboards; clinical management guidance; training in immunization and outbreak communication across 29 health areas; enhanced subnational data management capacity at the subnational level; and technical support to incident managers for response coordination.	Continue supporting national authorities in defining and implementing response priorities while further strengthening rapid response team capacities at central and subnational levels in clinical management, infection prevention and control, and epidemiological surveillance.
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 (*5*)	Supported national authorities in strengthening emergency response capacity through training of health personnel across 11 Regional Health Directorates on emergency response and vaccination strategies; and capacity-building of 125 immunization staff in Juliaca and Puno on microplanning and operational guidelines	Continued laboratory follow-up, field investigation, and supporting vaccination brigades with communication outreach along deployment routes.
Bolivia (*6*)	Ongoing PAHO support includes strengthening epidemiological surveillance through sample shipment to the CDC for genotyping and training on outbreak closure in Beni and Tarija; engagement with community stakeholders to promote health activities in prioritized health centers in Cochabamba; and enhanced risk communication and social mobilization efforts to improve risk perception and promote vaccination uptake.	Amid the ongoing political and social crisis, the immunization response plan has been updated with national authorities; vaccine supply monitoring continues as a preventive measure given nationwide roadblocks — no stockout situations have been reported to date; support case investigation in Riberalta, Beni Department.

PAHO Response by Strategic Pillar (7)[3]

Collaborative Surveillance

- Regional monitoring of measles cases and key epidemiological indicators to track the evolution of the outbreak and inform response activities.
- Organization and coordination of country visits and technical accompaniment to countries experiencing active or significant measles outbreaks.
- Follow-up with the National Institute of Health (INS as per its acronym in Spanish) of Peru on the decentralization plan for measles laboratory diagnosis.
- Follow-up on epidemiological surveillance data shared by Haiti's national laboratory for measles and rubella.
- Updates to the proposed laboratory diagnostic algorithm for measles outbreaks with community transmission, published in the Immunization Bulletin as part of a technical article on laboratory response during measles outbreaks. Available in Spanish from: https://iris.paho.org/items/8ac864eb-f76a-4025-9cc3-f3ffda408eb4
- 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

- Logistical and material support, including assistance with deployment needs, registration tools, vaccination forms, and surveillance reporting instruments.
- Assessment of national and subnational vaccine storage and transport capacity, including available cold-chain capacity up to May 2026 for the doses required in outbreak-response activities.
- Strengthening of health workers' capacities in vaccine management, including guidance on the implementation and use of the multi-dose open-vial policy.

Risk & Crisis Communication and Community Engagement

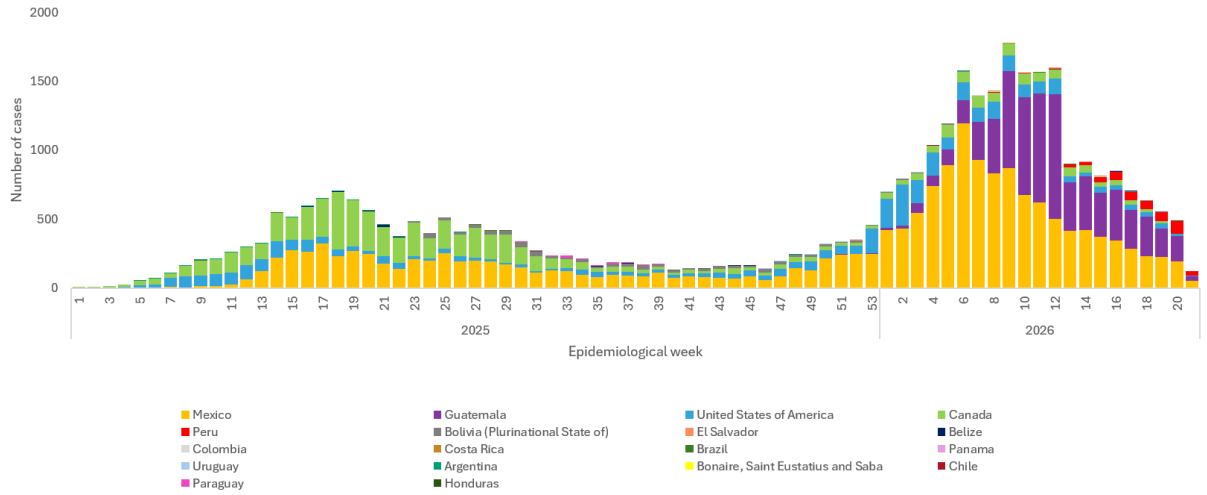
- Publication of the epidemiological alert *"Measles in the Region of the Americas"* on 29 May 2026. Available from: https://www.paho.org/en/documents/epidemiological-alert-measles-americas-region-29-may-2026
- "*Let's talk*" podcast episode on health recommendations for the FIFA World Cup, including measles vaccination recommendations for travelers and the general population. Available from: https://www.paho.org/en/documents/lets-talk-about-health-ep-26-health-and-world-cup
- Publication of "*Boletín de Inmunización, Vol. 48, No. 1"* on April 2026, a technical article on laboratory response during measles outbreaks. Available in Spanish from: https://iris.paho.org/items/8ac864eb-f76a-4025-9cc3-f3ffda408eb4

[3] *PAHO's response is organized through the strategic pillars. This section reflects regional and cross-country activities undertaken across the Region — by PAHO headquarters, sub-regional offices, and country offices — in coordination with national authorities during this reporting period. Country-specific operational support is summarized in Table 1.*

- Technical review of Honduras' communication products related to ESAVI, and coordination of a virtual training for Ministry of Health on communication in the context of measles outbreaks.
- Ongoing social listening and misinformation monitoring; multilingual misinformation guides actively promoted.

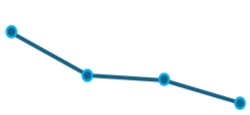
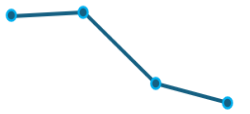
Epidemiological Situation

Figure 1. Epidemiological curve of confirmed measles cases in the Region of the Americas by country and EW, from EW 01 2025 to EW 21 2026



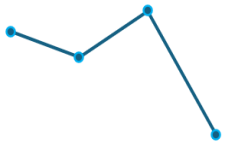
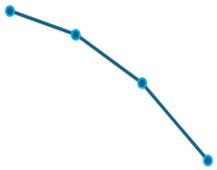
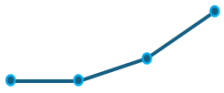
The table below summarizes the epidemiological situation in countries that have reported confirmed measles cases.

Table 2. Measles cases in the Region of the Americas by country, as of EW 21 2026

Country	Cases 2026 (up to EW 21) (*1,2*)	Deaths 2026 (up to EW 21) (*1,2*)	Trend (last 4 weeks)**	Re-Verification Commission classification (*8*)	Epidemiological notes
Mexico*	11,184	14	↓ declining 	Sustained elimination with major concerns	Most new cases between epidemiological week (EW) 20 and EW 21 were reported in Jalisco, Durango, Zacatecas and Mexico City. As of EW 21, 14 additional deaths had been reported in 2026, bringing the total number of deaths from the start of the outbreak in 2025 to 41. The most recent death was reported in Zacatecas on EW 16. Last case was on EW 21 of 2026.
Guatemala*	6,655	17	*only laboratory confirmed cases*[4] 	Sustained elimination	Transmission reported across all 22 departments, particularly in Guatemala Central. In addition to the laboratory confirmed cases, more than 9,000 probable cases[5] have been registered in the country so far (9). During EW 20 and EW 21, five additional deaths were reported. The most recent case was reported in EW 21 of 2026.

[4] *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-opeativo-sectorial-respuesta-sarampion-V3.pdf*

[5] *Probable case definition: Cases by clinical criteria or epidemiological link*

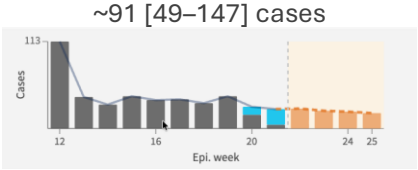
Country	Cases 2026 (up to EW 21) (*1,2*)	Deaths 2026 (up to EW 21) (*1,2*)	Trend (last 4 weeks)**	Re-Verification Commission classification (*8*)	Epidemiological notes
United States*	1,983	0	↓ declining 	Sustained elimination with major concerns	In 2025, 48 outbreaks were reported; compared with 30 outbreaks 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 (484), Texas (182), Florida (139), and Arizona (84). Last case was on EW 21 of 2026.
Canada*	1,042	0	↓ declining 	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 (657), Alberta (305), British Columbia (31), and Ontario (27). Last case was on EW 19 of 2026.
Peru*	446	0	↑ increasing 	Sustained elimination	Cases reported in 2026 have been mainly concentrated in Puno (440), followed by Arequipa (3), Lambayeque (2), and Lima (1). Last case was on EW 21 of 2026.
Bolivia*	70	0	Drop by drop transmission with sporadic cases that are part of the same outbreak	Sustained elimination with major concerns	Last case was on EW 20 of 2026.
El Salvador	18	0	Sporadic importations	Sustained elimination	Last case was on EW 19 of 2026.
Belize	9	0	Sporadic importations	Sustained elimination	Last case was on EW 17 of 2026.
Colombia	7	0	Sporadic importations	Sustained elimination	Last case was on EW 15 of 2026.
Costa Rica	5	0	Sporadic importations	Sustained elimination	Last case was on EW 15 of 2026.

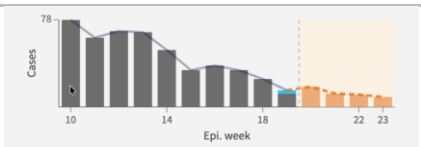
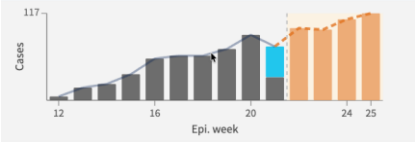
Country	Cases 2026 (up to EW 21) (*1,2*)	Deaths 2026 (up to EW 21) (*1,2*)	Trend (last 4 weeks)**	Re-Verification Commission classification (*8*)	Epidemiological notes
Other (≤5 cases) * **	See dashboard (*1*)	See dashboard (*1*)	—	—	—

**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/3xtcjv84*

To complement the cases summary above, this section presents model-based estimates of transmission dynamics for countries with sustained outbreaks and sufficient data (***Table 3***). Nowcasting corrects the most recent weeks for reporting delays. Short-term forecasting projects expected case incidence over the next four weeks based on the current estimated effective reproduction number (R_t) — the average number of secondary infections per case. R_t above 1 indicates sustained or accelerating transmission; below 1 indicates a declining outbreak. Full methodology is provided in Technical Notes.

Table 3. Model-based estimates of measles transmission dynamics, by country, as of EW 21, 2026

Country	R_t (95% CrI)[1] Effective reproduction number	Model-based trend[2]	4-week forecast (EW 22–25) median [95% PrI][3]	Modeling interpretation
Mexico	0.67 [0.62 – 0.72]	↓ *declining*	~336 [258–425] cases 	R_t below 1 with a narrow interval — model points to continued decline over the next 4 weeks.
Guatemala	—[4]	—[4]	—[4]	Modeling not performed — see footnote 4.
United States	0.86 [0.72 – 1,02]	~ *stabilizing*	~91 [49–147] cases 	R_t below 1 but with a credible interval crossing unity — model points to possible slowing, though sustained decline is not yet confirmed
Canada	0.69 [0.57 – 0.83]	↓ *declining*	~50 [23–89] cases	R_t below 1 — sustained decline expected; ~98% of cases remain linked to the 2024 New Brunswick outbreak.

				
Peru	1.21 [1.07 – 1.35]	↑ *increasing*	~418 [307–553] cases 	R_t above 1 — model projects continued increase, consistent with the Puno-concentrated transmission.
Bolivia	—[5]	—[5]	—[5]	Modeling not performed — see footnote 5.

[1] *R_t = effective reproduction number — the average number of secondary infections per case at a given point in time. Estimated using the EpiEstim method with a 4-week sliding window (10). 95% CrI = 95% credible interval. See Technical Notes.*

[2] *Trend classified from the full 95% credible interval (CrI) of R_t: increasing (lower bound > 1), declining (upper bound < 1), or uncertain (interval includes 1).*

[3] *Median 4-week forecast and 95% prediction interval (PrI) for projected new cases over EW 22–25, conditional on the current estimated R_t.*

[4] *Guatemala: modeling not performed for this period because the change in case-definition criteria under MSPAS Protocol V3 (16 March 2026) — under which only laboratory-confirmed cases are reported — affects the comparability of the case series across recent weeks.*

[5] *Bolivia: modeling not performed because weekly incidence has fallen below the threshold (<5 cases/week) at which R_t estimation becomes unreliable and short-term forecasting is not robust enough to inform operational decisions.*

Technical Notes

This sitrep uses two complementary modeling steps. First, **nowcasting** corrects the most recent epidemiological weeks for reporting delays, producing estimates of cases that have already occurred but are not yet fully reported. Second, **short-term forecasting** projects expected case incidence over the next four weeks based on the current estimated effective reproduction number (Rt).

Case data. Weekly confirmed measles case counts were obtained from national surveillance systems reported to PAHO/WHO.

Nowcasting. To account for reporting delays inherent to passive surveillance, a nowcasting model was applied to estimate the true incidence of the most recent epidemiological weeks. Depending on the length of the available training window, either a negative binomial generalized linear model (6–14 weeks) or a generalized additive model with penalized splines (≥15 weeks) was fitted to the historical reporting pattern and used to project the expected final case count for incomplete weeks, with 95% credible intervals. Thresholds were set based on internal model stability assessment, consistent with general guidance on data-adaptive nowcasting (*11*).

Effective reproduction number (Rt). Rt was estimated using the EpiEstim method (*10*), which applies a Bayesian sliding-window approach to the nowcast-corrected incidence series. A 4-week (28-day) sliding window was used, corresponding to approximately two serial intervals — a commonly applied default that balances statistical stability against temporal resolution. A discrete gamma serial interval distribution was

assumed (mean 15 days, SD 4 days), consistent with the measles literature (*12*). The serial interval was treated as fixed; this simplification modestly underestimates Rt uncertainty but does not affect the qualitative trend classifications presented. Rt credible intervals are computed conditional on the nowcast point estimate and therefore do not formally propagate nowcasting uncertainty. Trend classification was based on the full 95% credible interval of Rt: **increasing** (lower bound > 1), **declining** (upper bound < 1), or **uncertain** (interval includes 1).

Short-term forecasting. Four-week projections were generated via a renewal model simulating 10,000 stochastic Poisson trajectories anchored to the estimated Rt. Results are expressed as median and 95% prediction interval.

Limitations. Estimates depend on the completeness and timeliness of country-level reporting and on the assumed serial interval. Country-specific surveillance changes — including the expanded case definition adopted by Guatemala under MSPAS Protocolo V3 (16 March 2026) — may affect interpretation of trends in individual countries and are flagged in the country annex.

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