Pan American Health Organization
World Health Organization
Americas Region

PAHO

Regional Situation Report · No. 6

Measles in the Region of the Americas

2 July 2026 · *Next issue: 16 July 2026*

REPORTING PERIOD: EW 1–25, 2026 (4 Jan 2026 – 27 June 2026) · 2-week change window: EW 23–24 vs. EW 21–22

CUMULATIVE — EW 1–25, 2026		
22,974 CONFIRMED CASES	**39** DEATHS CFR 0.17%	**17** COUNTRIES AND TERRITORIES (CUMULATIVE) [1]
LAST 2 WEEKS — EW 23–24, 2026		
+479 NEW CONFIRMED CASES ↓ -51.1% *(compared to EW 21 – EW 22)*	**+1** NEW DEATHS *One new death in Bolivia*	**10/17** COUNTRIES AND TERRITORIES REPORTING *Belize, Bolivia (Plurinational State of), Canada, Colombia, Guatemala, Honduras, Mexico, Panama, Peru, and United States of America*

Situation Overview

Between epidemiological week (EW) 1 and EW 25 of 2026 (ending on 27 June 2026), the Region of the Americas reported **22,974** confirmed measles cases from 17 countries and territories, representing an 181% increase compared to the same period in 2025. Mexico (11,820), Guatemala (7,067), the United States (2,134) and Canada (1,079) accounted for the majority (96%) of confirmed cases (**Map 1**). Additionally, **39** deaths have been reported (*1*).

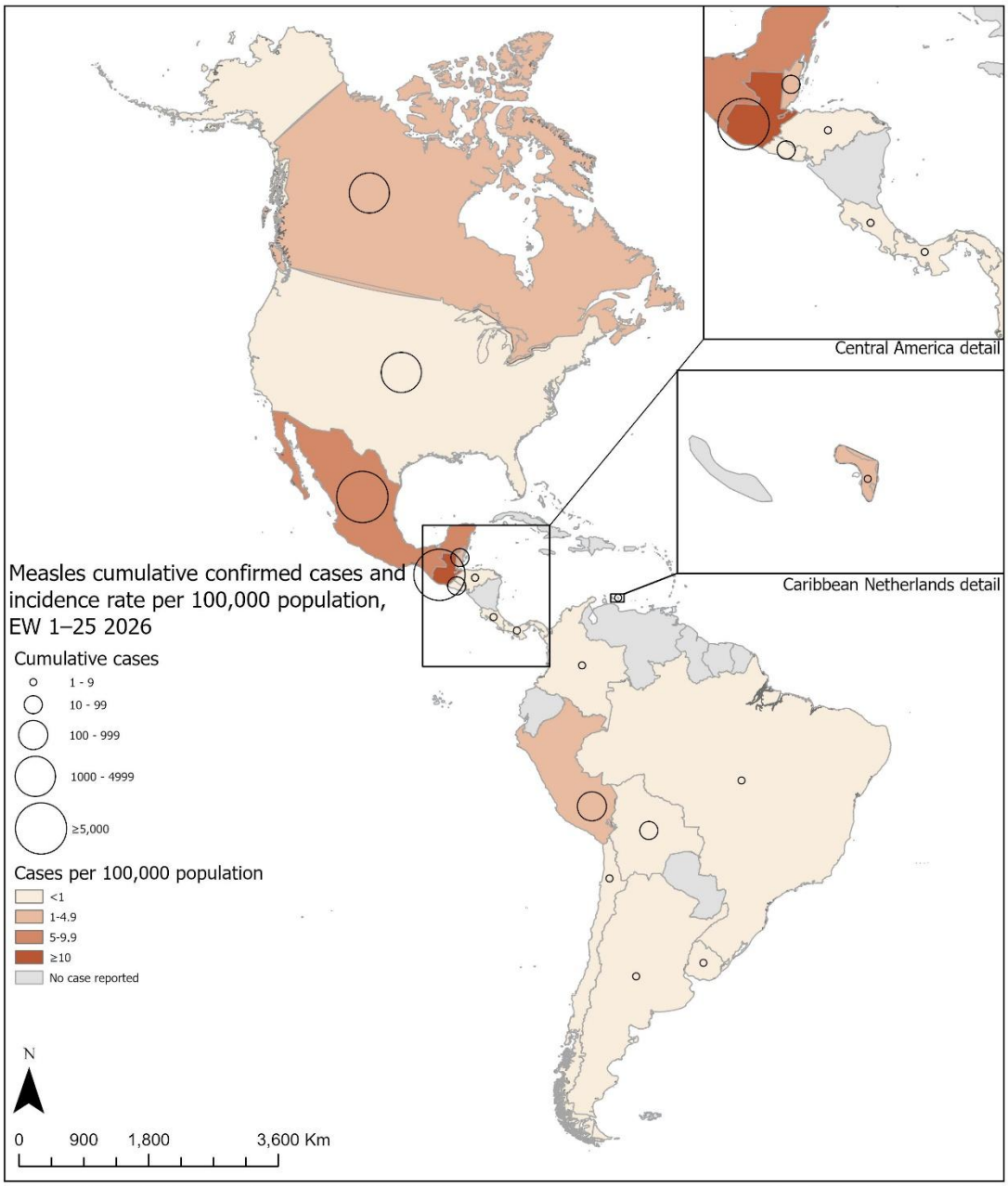
During EW 23 and EW 24 of 2026, the Region of the Americas reported **479** new confirmed measles cases across seven countries and territories, representing a 51.1% decrease compared with the previous two-week period (EW 21-22; 980 new cases) (**Figure 1**). This decline was driven primarily by continued decreases in Mexico, Peru, and the United States. In Canada, case numbers have remained low and appear to be plateauing, with only a small number of cases reported each week. Trends in Guatemala should be interpreted with caution, given possible reporting delays or updates in recent weeks[2].

In the context of the recent earthquakes in Venezuela, the risk of measles transmission remains a concern due to suboptimal vaccination coverage, surveillance gaps, and increased population movement related to emergency response operations. Available information indicates low coverage for both first and second doses of measles-containing vaccine, as well as the presence of silent municipalities. Given the risk of possible imported cases, particularly in areas receiving humanitarian personnel, supplies, or population movements, strengthening early detection, laboratory confirmation capacity, active case finding, and vaccination of susceptible populations remains a priority to reduce the risk of importation and onward transmission.

[1] *Since Situation Report 5, no additional country 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 (2).*

Map 1. Confirmed measles cases and incidence rate per 100,000 population by country. Region of the Americas. EW 1 – EW 25, 2026. (n=22,974)



Map production:
PAHO Health Emergencies Department (PHE)
Health Emergency Information and Risk Assessment Unit (HIM)

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The following sections describe the Pan American Health Organization's (PAHO) ongoing operational response to the regional measles situation. The *Operational Snapshot* summarizes the status of priority countries and the technical cooperation underway with each. The *PAHO Response by Strategic Pillar* consolidates regional actions across the four operational pillars guiding the Organization's response: epidemiological surveillance and laboratory diagnosis; immunization and vaccine operations; risk communication and community engagement; and operational readiness and partnerships.

Operational Snapshot — Priority Countries

Table 1. Operational snapshot of priority countries and joint response actions

Country	Joint response this period	Focus for the next 2 weeks PAHO actions
Mexico (*3*)	PAHO continues supporting the country in implementing vaccination activities within the context of the FIFA World Cup.	Continued technical cooperation to support outreach vaccination activities in FIFA World Cup™ host cities: Mexico City, Monterrey and Guadalajara (FIFA Fan Fest).
Guatemala (4)	In support of the Ministry of Health-led response, PAHO provided technical cooperation through training new lab staff in integrated surveillance of vaccine-preventable diseases and measles outbreak lab response; coordination with MOH advisors on logistics for strengthening clinical management and IPC; technical support and participation in the measles campaign launch in Northeast and South health areas, including risk communication/early warning materials distributed to all 29 health areas; and support in determining additional SR/MMR vaccine doses needed for revolving fund procurement.	Continue supporting national authorities through logistical support for vaccination brigades across four Guatemala health regions and sending a technical mission to Guatemala (Quiché Department) July 4–11, focused on clinical management and infection prevention and control (IPC)
United States	Ongoing technical exchange with national authorities.	Continued coordination and collaboration on measles outbreak response
Peru (*5*)	Particular focus in Puno, supporting active epidemiological surveillance, institutional and community active case finding, case investigation, contact follow-up, and coordination with DIRESA Puno, prioritized health networks, hospitals, laboratories, and health facilities; support of vaccination response activities, including blocking vaccination, mass vaccination, fixed and mobile vaccination posts, house-to-house vaccination, and interventions in schools, universities, transport terminals, and other high-attendance areas; strengthening of laboratory capacity in Puno, supporting timely processing of samples and transfer	Continue support of intensified vaccination and surveillance in priority areas, with emphasis on closing immunity gaps, maintaining active case finding in high-mobility settings, and strengthening coordination between epidemiology, immunization, laboratory, clinical services, communication teams, and local authorities; priority actions include field supervision of vaccination brigades, monitoring of coverage and nominal registries, timely laboratory processing

Country	Joint response this period	Focus for the next 2 weeks PAHO actions
	of real-time PCR testing, and provided technical support to clinical teams through review of hospitalized cases and guidance on clinical recognition and management of measles; activities to address vaccine-related misinformation, radio engagement, and exchange of lessons learned on communication during measles outbreaks.	and reporting, and support to preparedness and response actions for the Tinajani Festival.
Bolivia (*6*)	PAHO's ongoing assistance included completion of training on outbreak closure tools across the nine departments, followed by monitoring of departmental progress in registering and validating Active Institutional Case Finding (BAI per its acronym in Spanish) information; technical guidance on outbreak closure documentation, including BAI, community active case finding, rapid vaccination monitoring, and microplanning; continuation of extramural vaccination activities in 22 high-risk municipalities, with 45,606 doses of MMR and MR vaccines administered according to preliminary reporting; support of communication and social mobilization activities through the "Brecha Cero, ningún niño desprotegido ante el sarampión" initiative, including advocacy with national and departmental authorities, media engagement, and dissemination of preventive vaccination messages.	Continue technical follow-up with departments facing delays in BAI registration and outbreak closure documentation, prioritizing in-person support to Santa Cruz, La Paz, Potosí, Oruro, Beni, and Tarija; additional focus will include supporting analysis meetings to address bottlenecks, continuing follow-up of vaccination activities in high-risk municipalities, and reinforcing communication and social mobilization actions to increase vaccination uptake.

PAHO Response by Strategic Pillar (*7*)[3]

Collaborative Surveillance

- Continued technical support to strengthen measles and rubella surveillance across countries in the Region, including rapid response strengthening activities and active case finding in priority areas.
- Sustained coordination and follow-up meetings with countries reporting measles-related events, including Bolivia, Canada, Mexico, and the United States of America, to review the epidemiological situation, discuss priority actions, and provide technical guidance.
- Continued monitoring of the measles situation in Canada, where reported cases show a decreasing trend. Follow-up coordination meetings are ongoing to assess surveillance and response activities.
- Supported the review and follow-up of measles cases in Colombia reported through the International Health Regulations (IHR) mechanism. Rapid surveillance strengthening workshops are also being implemented.

[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.*

- Continued coordination with health authorities in Guatemala on the use and analysis of data registered through Go.Data.
- Conducted an analysis of measles data from Mexico over the past six weeks to identify municipalities and states with the highest recent activity, including areas with sustained reporting of cases.
- Supported response activities in Peru, including a mission to Arequipa to strengthen the comprehensive management of the outbreak and support rapid response and surveillance capacities at the health network level. Field visits are also being carried out in prioritized regions, with emphasis on areas that have reported cases from the outbreak in Puno, and follow-up activities are being coordinated for other departments, including Cusco.
- Supported active case finding in Bolivia in departments that have not reported cases in recent weeks.
- Conducted a technical visit to Guatemala's national laboratory to train new staff from the Vaccine-Preventable Diseases Unit. Topics included laboratory-based surveillance, diagnostic algorithms and interpretation of results, quality assurance, and strengthening of the laboratory network.

Clinical Management

- Conducted a regional webinar on strengthening clinical management and infection prevention and control for measles, aimed at supporting health professionals and response teams in the Region. The session focused on clinical management, prevention, and infection control measures for measles and was held on 25 June 2026 through Zoom, with simultaneous interpretation in English, Spanish, French, and Portuguese. Approximately 1,500 participants were connected to the webinar. Recordings will be uploaded in the event site: https://www.paho.org/en/events/regional-webinar-strengthening-clinical-management-and-infection-prevention-and-control (*8*).

Immunization & Vaccine Operations

- Supported follow-up on vaccination strategies and response actions in affected countries, including outbreak-control vaccination, schedule completion, and microplanning.
- Continued technical support was provided to the National Professional Consultant (NPC) in Peru and to vaccination response activities in affected areas, including Juliaca and Puno. A mission to Arequipa was carried out in coordination with local health authorities to strengthen vaccination response actions.
- Supported vaccination intensification activities in Puno, Peru, with deployment of the immunization team from the national level to accompany field implementation. Activities focused mainly on children under 1 year of age, children aged 1–4 years, and young adults aged 18–29 years.
- Followed up on vaccination activities in Mexico, where more than 34 million doses have been administered. Technical support also included analysis of vaccinated populations by age group.
- Continued support to vaccination activities in departments reporting cases in Bolivia, with vaccination activities extended through 17 July 2026.
- Followed up on the national vaccination campaign in Guatemala, with four weeks of implementation completed and approximately 243,000 doses administered, representing 36% progress.

- Followed up on the completion of Paraguay's follow-up vaccination campaign, which achieved 90%. The country has reported nine months without confirmed measles cases, and 79% of municipalities achieved coverage equal to or above 95%.
- Continued monitoring and follow-up of vaccination response activities in Colombia, El Salvador, Honduras, Panama, and Uruguay.

Risk & Crisis Communication and Community Engagement

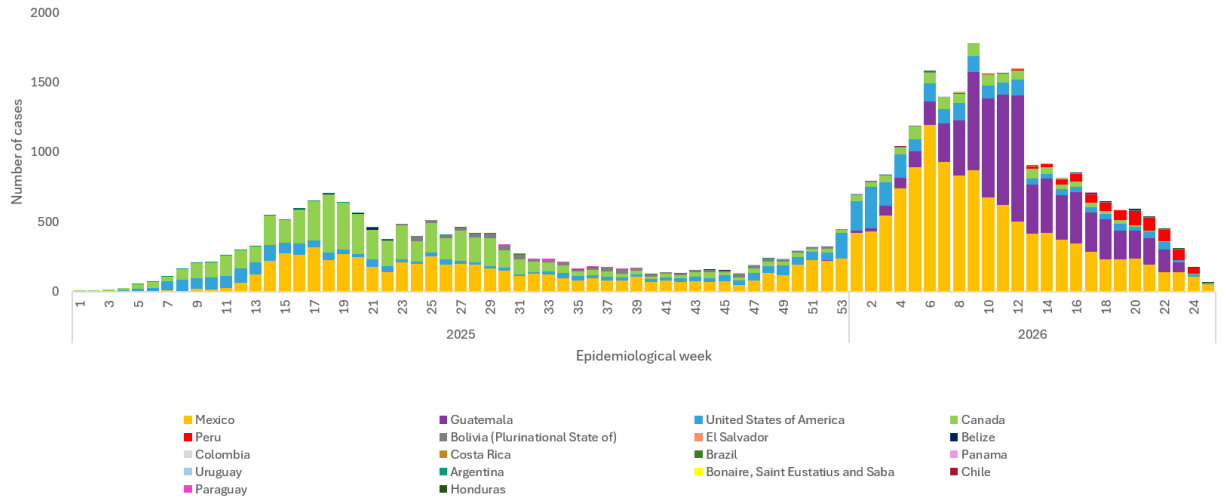
- Promoted PAHO guidance on identifying and countering vaccine-related misinformation for content creators through PAHO's website and social media channels. Article available from: https://www.paho.org/en/news/23-6-2026-how-identify-and-counter-vaccine-misinformation-paho-guidance-journalists-and (*9*).
- Developed and disseminated communication materials to support measles risk communication, including a banner and webinar site for the regional session on measles clinical management, prevention, and infection control. Available from: https://www.paho.org/en/events/regional-webinar-strengthening-clinical-management-and-infection-prevention-and-control (*8*).
- Conducted a workshop with communication teams from Peru's Ministry of Health on strategies to address vaccine-related misinformation, with 61 participants.
- Conducted a second workshop with communication teams from Peru's Ministry of Health on crisis communication in the context of the measles outbreak, including lessons learned from Bolivia, with 80 participants.
- Conducted the second part of a Risk Communication and Community Engagement (RCCE) and Events Supposedly Attributable to Vaccination or Immunization (ESAVI) workshop for communication teams from Honduras' Ministry of Health. Article available from: https://www.paho.org/es/noticias/23-6-2026-comunicadores-salud-todo-pais-fortalecen-capacidades-gestion-riesgos-crisis-con (*10*).
- Delivered a presentation on RCCE and misinformation during a workshop on nominal immunization registries for national immunization program teams in Washington, DC, with participation from Argentina, Brazil, Chile, Paraguay, and Uruguay.
- Held coordination meetings with Spanish- and English-speaking communication focal points to align regional messaging and support dissemination of measles-related communication products.
- Monitored media coverage following the World Cup-related press release, identifying 50 articles across more than 15 countries in the Americas.
- Reviewed misinformation trends shared by Mexico related to the vaccination campaign on social media, including narratives on lack of trust in institutions, Agenda 2030, false claims that vaccines are toxic or cause cancer, and messages discouraging vaccination.
- Supported the first posts from content creators participating in the World Cup campaign, including Mellanie da Fonte, Chef Oropeza, and Parisa Fitz-Henley. Available from:
    - Mellanie da Fonte:
        - https://www.instagram.com/reel/DZdsodmR7Px/?igsh=azdua2Nya3M1ZWk%3D (*11*).
        - https://www.instagram.com/reel/DZoAQPOAEFG/?igsh=MTVuZ3Y4dDJkZ2E2Zg%3D%3D (*12*).

- https://www.instagram.com/reel/DZyO7h8Ak5g/?igsh=MXZvOGR5NnprOXlvag%3D%3D (*13*).

- Chef Oropeza:
  - https://www.instagram.com/reel/DZjGowQSumq/ (*14*).
  - https://www.instagram.com/reel/DZvv3LDSFcd/ (*15*).
- Parisa Fitz-Henley
  - https://www.instagram.com/p/DZsiTxWJOX8/?utm_source=ig_web_copy_link&igsh=MzRlODBiNWFlZA%3D%3D (*16*).

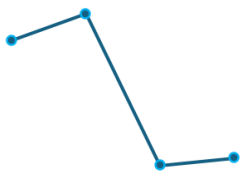
Epidemiological Situation

Figure 1. Epidemiological curve of confirmed measles cases in the Region of the Americas by country and EW, from EW 1 2025 to EW 25 2026



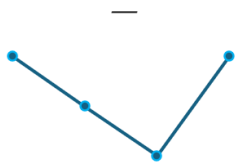
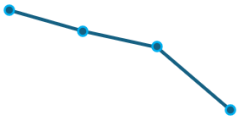
The table below summarizes the epidemiological situation in countries that have reported confirmed measles cases.

Table 3. Measles cases in the Region of the Americas by country, as of EW 25 2026

Country	Cases 2026 (up to EW 25) (*1*)	Deaths 2026 (up to EW 25) (*1*)	Trend (last 4 weeks)**	Re-Verification Commission classification (*17*)	Epidemiological notes
Mexico*	11,820	16	↓ declining 	Sustained elimination with major concerns	Most new cases in 2026 were reported in Jalisco (6,548), Ciudad de Mexico (996), and Chiapas (841). No additional deaths were registered during this period. The most recent death was reported in EW 23 of 2026. Last case was on EW 25 of 2026.
Guatemala*	7,067	22	*only laboratory confirmed cases*[4]	Sustained elimination	Transmission reported across all 22 departments, particularly in Guatemala Central. In addition to the laboratory confirmed cases, 16,350 cases with clinical criteria and epidemiological linkage[5] have been registered in the country so far (*18*). No additional deaths were registered during EW 24 and EW 25. The most recent laboratory-confirmed case was reported in EW 23 of 2026.
United States*	2,134	0	↓ declining 	Sustained elimination with major concerns	In 2026, the highest numbers of cases have been reported in South Carolina (670), Utah (507), Texas (182), Florida (141), Virginia (128), and Arizona (86). Last case was on EW 25 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 (2)

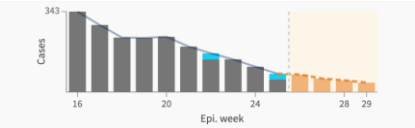
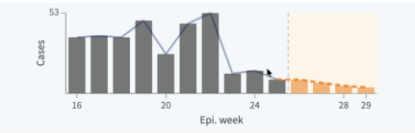
5 Probable case definition: Cases by clinical criteria or epidemiological link

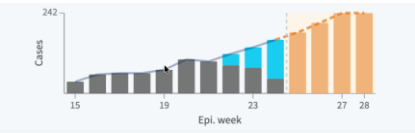
Country	Cases 2026 (up to EW 25) (*1*)	Deaths 2026 (up to EW 25) (*1*)	Trend (last 4 weeks)**	Re-Verification Commission classification (*17*)	Epidemiological notes
Canada*	1,079	0	— 	Endemic	Approximately 98% of cases are linked to the 2024 New Brunswick (NB) outbreak. In 2026, the highest numbers of cases have been reported in Manitoba (670), Alberta (311), British Columbia (32), and Ontario (28). Last case was on EW 22 of 2026.
Peru*	737	0	↓ declining 	Sustained elimination	Cases reported in 2026 have been mainly concentrated in Puno (603), followed by Arequipa (15), Lambayeque (3), Cusco (3), Lima (2), and Tacna (1). Last case was on EW 24 of 2026.
Bolivia*	77	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 24 of 2026.
El Salvador	18	0	Sporadic importations	Sustained elimination	Last case was on EW 20 of 2026.
Belize	11	0	Sporadic importations	Sustained elimination	Last case was on EW 20 of 2026.
Colombia	8	0	Sporadic importations	Sustained elimination	Last case was on EW 22 of 2026.
Honduras	6	0	Sporadic importations	Sustained elimination with major concerns	Last case was on EW 25 of 2026.
Costa Rica	5	0	Sporadic importations	Sustained elimination	Last case was on EW 15 of 2026.
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 (1)*

To complement the cases summary above, this section presents model-based estimates of transmission dynamics for countries with sustained outbreaks and sufficient data (***Table 4***). Nowcasting (in blue bars) corrects the most recent weeks for reporting delays. Short-term forecasting (in orange bars) 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 4. Model-based estimates of measles transmission dynamics, by country, as of EW 25, 2026

Country	R_t (95% CrI)[1] Effective reproduction number	Model-based trend[2]	4-week forecast (EW 26–29) median [95% PrI][3]	Modeling interpretation
Mexico	0.66 [0.61 – 0.72]	↓ *declining*	~220 [157–293] cases 	R_t below 1 with a narrow interval — model points to continued decline over the next 4 weeks, with the upper bound also below unity.
Guatemala	—[4]	—[4]	—[4]	Modeling not performed — see footnote 4.
United States	0.62 [0.51 – 0.76]	~ *stabilizing*	~25 [7–52] cases 	R_t below 1, the model suggests transmission may be declining, but the trend is recent (three weeks) and requires continued monitoring before sustained decline can be inferred.
Canada	—[5]	—[5]	—[5]	Modeling not performed — see footnote 5. Of 1,079 cases in 2026, 1,021 remain linked to the outbreak that began in October 2024, now in sustained decline. A separate emergent cluster in Quebec (23 cases, last rash onset epi week 24) is not attributed to the D8 outbreak by PHAC and is under monitoring as a probable distinct transmission event pending genotype confirmation (*19*).
Peru	1.35 [1.23 – 1.47]	↑ *increasing*	~919 [742–1,124] cases	R_t clearly above 1 with a narrow interval — model projects continued growth, consistent with concentrated transmission in Puno.

Country	R_t (95% CrI)[1] Effective reproduction number	Model-based trend[2]	4-week forecast (EW 26–29) median [95% PrI][3]	Modeling interpretation
				
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 (20). 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 26–29, 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 and Canada: 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. Thre sholds were set based on internal model stability assessment, consistent with general guidance on data-adaptive nowcasting (*21*).

Effective reproduction number (Rt). Rt was estimated using the EpiEstim method (*20*), which applies to 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 (*22*). 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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