

Regional Situation Report · No. 7

Measles in the Region of the Americas

16 July 2026 · Next issue: 30 July 2026

REPORTING PERIOD: EW 1–27, 2026 (4 Jan 2026 – 11 July 2026) · 2-week change window: EW 25–26 vs. EW 23–24		
CUMULATIVE — EW 1–27, 2026		
43,559 CONFIRMED CASES	44 DEATHS CFR 0.10%	17 COUNTRIES AND TERRITORIES (CUMULATIVE) ¹
LAST 2 WEEKS — EW 25–26, 2026		
+1,818 NEW CONFIRMED CASES ↓ -38.4% <i>(compared to EW 23 – EW 24)²</i>	+5 NEW DEATHS <i>Four new deaths in Guatemala and one new death in Mexico</i>	8/17 COUNTRIES AND TERRITORIES REPORTING <i>Bolivia (Plurinational State of), Canada, Colombia, Guatemala, Mexico, Peru, United States of America, and El Salvador</i>

Situation Overview

Between epidemiological week (EW) 1 and EW 27 of 2026 (ending on 11 July 2026), the Region of the Americas reported **43,559** confirmed measles cases from 17 countries and territories, representing a 3.8 fold increase compared to the same period in 2025. Guatemala (27,145), Mexico (12,052), the United States (2,231) and Canada (1,097) accounted for the majority (98%) of confirmed cases (**Map 1**). Additionally, **44** deaths have been reported (1). **The substantial increase in the regional cumulative total compared with Situation Report No.6 is primarily attributable to a retrospective update from Guatemala**, which added 20,078 cases. Guatemala's reported total increased from 7,067 to 27,145 cases following the inclusion of cases confirmed by epidemiological linkage and clinical criteria, in addition to laboratory-confirmed cases. This change in case reporting should be considered when interpreting regional totals and trends.

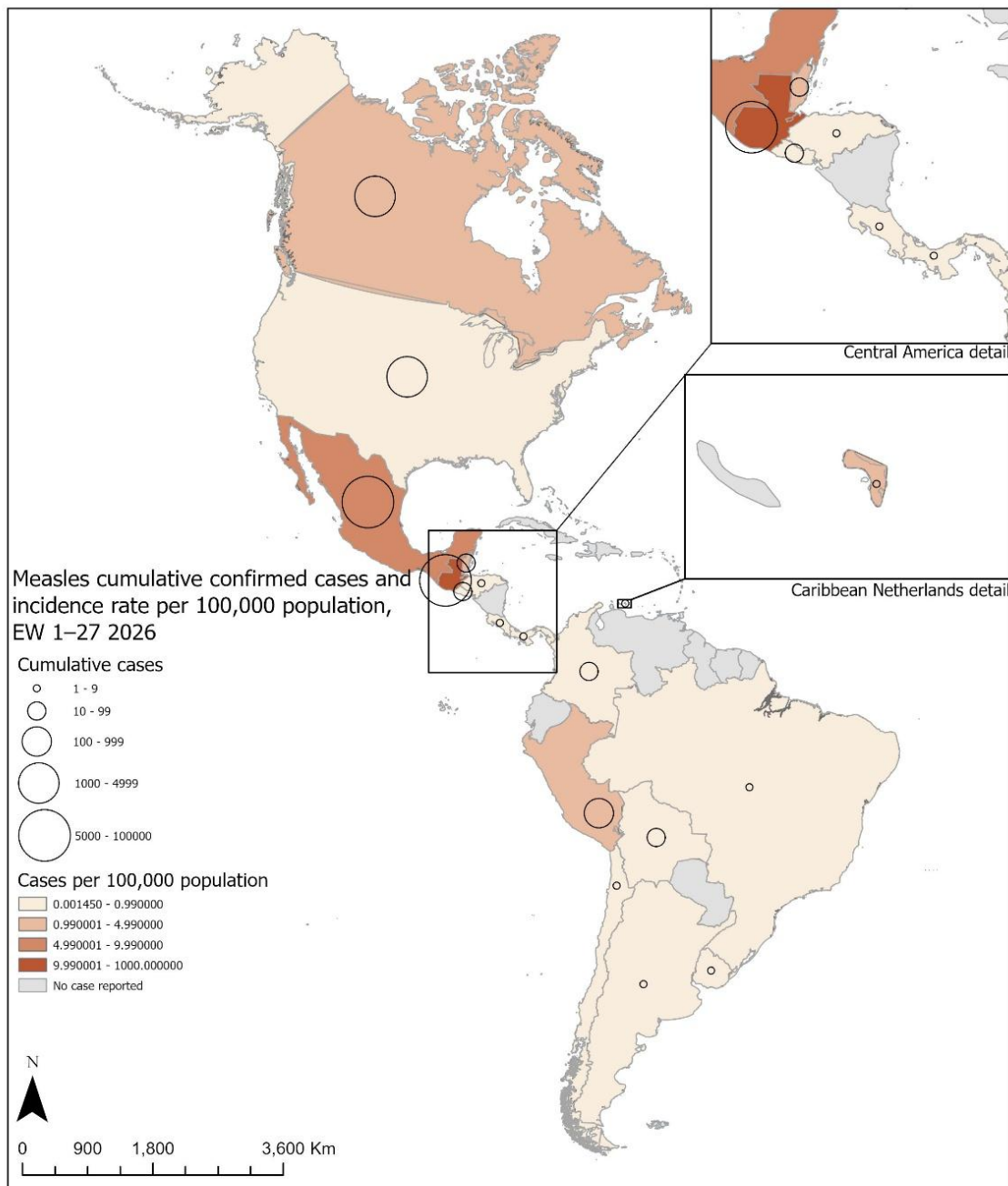
During EW 25 and EW 26 of 2026, the Region of the Americas reported **1,818** new confirmed measles cases across eight countries and territories, representing a 38.4% decrease compared with the previous two-week period (EW 23–24; 2,949 new cases)² (**Figure 1**). The decrease was driven mainly by fewer cases reported in Guatemala, Mexico, Peru, and the United States. In contrast, Canada reported an increase, driven primarily by a rise in cases in Quebec.

Following the earthquakes, the risk of measles introduction and spread in Venezuela remains a concern due to suboptimal vaccination coverage, surveillance gaps, and gathering of displaced population in temporary camps related with emergency response and early recovery activities. Given the risk of possible imported cases, particularly in areas receiving humanitarian personnel, strengthening early detection, laboratory confirmation capacity, active case finding, and vaccination of displaced populations remain a priority to reduce the risk of importation and onward transmission.

¹ Since Situation Report 6, no additional country has reported measles cases for the first time in 2026.

² The number of cases reported for EW 23–24 differs from SitRep 6 because the updated data from Guatemala now include cases classified through epidemiological linkage and clinical criteria, which were not included in the previous reporting period.

**Map 1. Confirmed measles cases and incidence rate per 100,000 population by country. Region of the Americas.
EW 1 – EW 27, 2026. (n=43,559)**



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The designations employed and the presentation of the material in these maps do not imply the expression of any opinion whatsoever on the part of the Secretariat of the Pan American Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.
Map production:
PAHO Health Emergencies Department (PHE)
Health Emergency Information and Risk Assessment Unit (HIM)

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 (2)	PAHO continued supporting the national measles response through technical coordination on surveillance, immunization, clinical management, and risk communication; follow-up on preparations for the measles outbreak response review workshop scheduled for 5–7 August 2026; support for outbreak-response vaccination through vaccination blockades, documented sweeps, and large-scale vaccination sites, including intensified measles vaccination during the national “FIFA 2026” campaign and continued response activities in July; clinical guidance focused on supportive care, appropriate triage and isolation, timely vitamin A supplementation, early identification and management of complications, and prevention of healthcare-associated transmission; dissemination of the regional webinar on measles clinical management and infection prevention and control; collaboration with United Nations Children’s Fund (UNICEF) and national health authorities on communication materials developed in the context of the FIFA World Cup™.	Continue technical cooperation to strengthen the outbreak response; follow-up on the August response review workshop and coordination with National Center for Child and Adolescent Health (CENSIA per its acronym in Spanish) on a proposed visit by PAHO experts; potential vaccination microplanning mission/workshop to strengthen outbreak control, inform the follow-up campaign planned for the first half of 2027, and integrate microplanning into routine immunization; participation in an immunization workshop on 16 July to review lessons learned and opportunities for improvement, while continuing to support outbreak-response vaccination, documented sweeps, and vaccination in high-traffic areas.
Guatemala (3)	In support of the Ministry of Health-led response, PAHO continued providing technical cooperation to strengthen national and subnational surveillance, including capacity-building, laboratory reporting through Go.Data, weekly situation analysis, IHR notification, and data-quality improvement; supported mortality and case-fatality analyses; delivered the measles outbreak management dashboard to the Directorate of Epidemiology and Risk Management and the Directorate of Information Technology (DTI, per its acronym in Spanish); technical mission was organized from 4–11 July with experts in clinical management and infection prevention and control (IPC), including an	Continue supporting national authorities in strengthening outbreak response; vaccination microplanning and logistical preparation in Quiché, Alta Verapaz, Ixil, Huehuetenango, and Chiquimula; determining additional vaccine and syringe requirements; strengthening clinical management and IPC following the Quiché mission; supporting data quality and complete case reporting; and advancing culturally appropriate community engagement and communication materials, including guidance for teachers,

Country	Joint response this period	Focus for the next 2 weeks PAHO actions
	interprogrammatic visit to Quiché from 6–9 July to assess practices, identify gaps, review clinical records, conduct simulations, and train health personnel; logistical support for vaccination brigades in Guatemala Central, Northwestern, Northeastern, and Southern Guatemala; support in recalculating susceptible populations, estimating vaccination and logistical needs; strengthened risk communication materials; advanced the vaccination campaign information dashboard.	midwives, and community leaders in Mayan languages.
United States	Ongoing technical exchange with national authorities.	Continued coordination and collaboration on measles outbreak response
Peru (4)	Continued providing technical support to the national and subnational measles response, with particular focus on Puno and Cusco; follow-up on regional response commitments and Measles–Rubella (MR) vaccine procurement; technical assistance to response teams in Cusco to strengthen case investigation, contact follow-up, and institutional and community active case finding; identification of operational improvements during field exercises; PAHO supported intensified vaccination activities across the southern macro-region and assessed field response measures, identifying incomplete vaccination blockades and data-quality gaps for corrective action; supported clinical guidance on referral, vitamin A use, and infection prevention and control; advocacy with local authorities in Paucartambo to strengthen communication during the Virgen del Carmen festivities; development of a technical session for a Centers for Disease Control and Prevention (CDC) course on adverse events following immunization.	Continue supporting intensified surveillance and vaccination in priority areas, including follow-up on corrective actions for incomplete vaccination blockades and strengthening contact tracing and active case finding; support risk communication and preparedness for upcoming high-attendance events and travel periods, including a proposed survey in Puno to assess perceptions of vaccination and inform tailored communication messages; support on appropriate clinical referral, vitamin A use, and IPC measures, as well as logistical support for vaccination activities in strategic locations, including Sicuani.
Bolivia (5)	PAHO continued supporting outbreak-closure activities through the review and validation of departmental documentation, technical assistance to address reporting gaps, and follow-up with departmental teams; technical visit was conducted in Santa Cruz to establish coordination with the new Director of Epidemiology and develop an action plan to intensify outbreak-closure activities. Progress in documentation exceeded 95% in Pando, Oruro, Potosí, Beni, Cochabamba, and Chuquisaca, while targeted support continued in La Paz, Tarija and in Santa Cruz; in-person and virtual follow-up, review of regulatory and documentation requirements, and	Continue technical follow-up on outbreak-closure documentation, with priority support to Santa Cruz, La Paz, and Tarija, including in-person assistance to municipalities with the greatest delays; support the preparation and completion of final municipal and departmental closure reports in areas that have remained without cases for more than 90 days; strengthen investigation, contact tracing, and rapid response capacities in Santa Cruz; and support implementation of contingency

Country	Joint response this period	Focus for the next 2 weeks PAHO actions
	planned visits to eligible rural municipalities; supported intensified vaccination and communication activities; outreach brigades were deployed to 22 high-risk municipalities across five departments, administering 46,266 measles, mumps and rubella (MMR) and MR vaccine doses; communication and social mobilization activities included expert-led videos, vaccination messaging during the winter holiday period, local media engagement, and coordination with social security institutions and the Ministry of Defense to promote vaccination among priority groups; vaccination was also promoted at high-attendance events; following confirmation of measles cases in Yunguyo, Peru, near Copacabana, technical guidance was developed to support contingency planning and preparedness in La Paz.	measures in La Paz following cases reported near the border with Peru; communication and social mobilization activities will continue to promote vaccination and reinforce risk awareness.

PAHO Response by Strategic Pillar (6)³

Partnerships and Communications

- The Multi-Country Measles Outbreak Response Strategy and Donor Appeal was published and is now available online. The document outlines priority response actions and resource requirements to support countries in controlling ongoing measles outbreaks and strengthening regional preparedness and response capacities. Document available from: <https://www.paho.org/en/documents/measles-multi-country-outbreak-response-strategy-and-donor-appeal> (7)

Collaborative Surveillance

- Reviewed surveillance gaps and areas for strengthening in Haiti. A coordination meeting was also held to support preparedness and strengthen surveillance and immunization activities.
- Conducted a coordination meeting with health authorities in Bolivia to review the epidemiological situation and identify opportunities to reinforce ongoing response activities, particularly in Santa Cruz.
- Continued coordination in Guatemala to strengthen the national information system, contributing to improved data quality and a substantial increase in the number of confirmed cases captured in the system.
- Provided financial and technical support to measles outbreak response activities in Honduras.

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 technical support to response activities in Peru, including field visits to Arequipa and Cusco, support to Outbreak Response Immunization (ORI) activities, and a technical meeting held on 9 July to support measles outbreak modelling.
- In Brazil, coordinated with the technical team that will support the publication of safety data on the MMR vaccine among adolescents and adults.
- PAHO, Caribbean Public Health Agency (CARPHA), and the Best-dos Santos Public Health Laboratory, conducted a four-day training workshop on the molecular diagnosis of measles, leptospirosis, hantavirus, and arboviruses with epidemic and pandemic potential. The workshop combined theoretical and practical sessions. PAHO will continue providing technical support and assessing the implementation of the measles rRT-PCR assay in Antigua and Barbuda, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines.
- Conducted a virtual update meeting of the Regional Measles and Rubella Laboratory Network on 10 July 2026. Discussions included the PAHO guidelines for laboratory response during measles outbreaks with community transmission.

Immunization & Vaccine Operations

- Supported vaccination activities in Panama.
- Developed a protocol to guide vaccination activities in temporary shelters in Venezuela in the context of the ongoing emergency.
- Vaccination activities and progress reported by countries with community transmission and those classified as high risk are summarized in the following table:

Table 2. Vaccination Situation and Response Progress in Priority Countries

Country	Classification	Vaccination activities and progress
Guatemala	Community transmission	In Guatemala Central, 365,785 doses were administered after seven weeks of vaccination activities, representing 54.4% progress compared with the expected 87%. In the Northwestern region, 41,996 doses were administered after three weeks, representing 21% progress compared with the expected 45%.
Mexico	Community transmission	Vaccination activities continued; however, no consolidated analysis of vaccination data was available to assess progress since the beginning of the outbreak response.
Bolivia	Community transmission	As of 29 June 2026, vaccination progress reached 41% among children aged 6–11 months, 58.4% among children aged 1–4 years receiving the first dose, and 59.6% among persons aged 5–19 years.
Honduras	High risk	The vaccination campaign initially planned for 2025 was not implemented. Technical support has continued for planning and microplanning, while the vaccine formulation and vaccination strategy remain under discussion.
Haiti	High risk	The most recent vaccination campaign was conducted in 2019. Since then, an estimated eight susceptible birth cohorts have accumulated.

Risk & Crisis Communication and Community Engagement

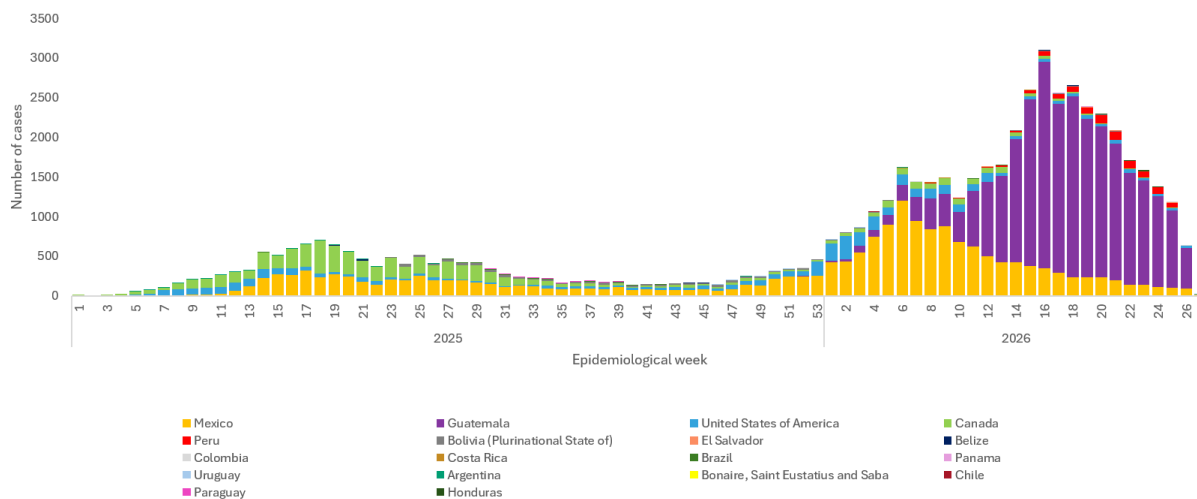
- Published the findings of a study on the social and behavioral drivers of influenza, COVID-19, and respiratory syncytial virus vaccination among pregnant women in Argentina. The report provides evidence to support a better understanding of target audiences and inform the design of tailored vaccination communication strategies. Study available from: <https://iris.paho.org/items/f9d837cb-a7ea-4803-8ac5-05997c1eee8b> (8)
- Supported risk communication activities in Honduras by reviewing talking points for a press conference on the investigation of three Events Supposedly Attributable to Vaccination or Immunization (ESAVI) associated with the hexavalent vaccine, considering their potential impact on confidence in the national immunization program.
- Reviewed quantitative indicators from the national social media campaign on vaccination in Honduras.
- Expanded access to the Regional Webinar on Strengthening Measles Clinical Management and Infection Prevention and Control by making the recording available with subtitles in English, Spanish, and Portuguese. Available from: <https://www.paho.org/en/events/regional-webinar-strengthening-clinical-management-and-infection-prevention-and-control> (9)
- Supported the preparation of a press conference on the public health response to the earthquakes in Venezuela, including messaging related to measles vaccination. Press conference available from: <https://www.youtube.com/live/lj1XCZ1ecH8> (10)
- Promoted the new PAHO Virtual Campus course, *Building Trust and Responding to Vaccine Misinformation*, available in English, to strengthen capacities for addressing vaccine-related misinformation and maintaining public confidence in immunization. Course available from: <https://campus.paho.org/mooc/login/index.php> (11)
- Disseminated the latest edition of the *Immunization Newsletter*, which includes an article on the laboratory response to measles outbreaks and is available in English, Portuguese, and French. Available from: <https://iris.paho.org/items/de96965d-7396-49d6-8027-1cb3eef81b19> (12)
- Supported community engagement activities in Guatemala through the “La Abeja Pepe” campaign, in collaboration with Catholic leaders, to promote vaccination and strengthen engagement with local communities.
- Supported the implementation of a digital vaccination campaign in Peru in coordination with the Ministry of Health (MINSA per its acronym in Spanish) and other United Nations agencies, promoting evidence-based information and public confidence in vaccination. Available from: <https://www.facebook.com/OPSOMSPeru/posts/pfbid0vsKTyuZxuTKWhHWxijtjOkK3UoTwn4HMyo1HxrCLetqYitva9y3YnSvygM1Yo3w9l?rldid=9klsNZs01V3QMjAi> (13)

Operations support and Logistics

- Continued Logistics Support System (LSS) training activities in Honduras, Guatemala, and Colombia to strengthen the management and monitoring of health supplies and inventories, in coordination with other ongoing projects.

Epidemiological Situation

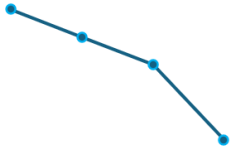
Figure 1. Epidemiological curve of confirmed measles cases in the Region of the Americas by country and EW, from EW 1 2025 to EW 27 2026



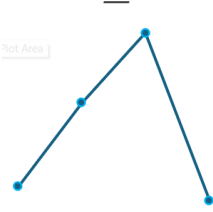
The table below summarizes the epidemiological situation in countries that have reported confirmed measles cases.

Table 3. Measles cases in the Region of the Americas by country, as of EW 27 2026

Country	Cases 2026 (up to EW 27) (1)	Deaths 2026 (up to EW 27) (1)	Trend (last 4 weeks)**	Re-Verification Commission classification (14)	Epidemiological notes
Mexico*	12,052	17	↓ declining	Sustained elimination with major concerns	Most new cases in 2026 were reported in Jalisco (6,580), Ciudad de Mexico (1,004), and Chiapas (845). One additional death was registered during this period. The most recent death was reported in EW 27 of 2026. Last case was on EW 27 of 2026.

Country	Cases 2026 (up to EW 27) (1)	Deaths 2026 (up to EW 27) (1)	Trend (last 4 weeks)**	Re-Verification Commission classification (14)	Epidemiological notes
Guatemala*	27,145 ⁴	26	 ↓ declining	Sustained elimination	Transmission has been reported across all 22 departments, particularly in Guatemala Central. Of the 27,145 confirmed cases reported nationwide, 7,489 were laboratory-confirmed, 3,054 were confirmed by epidemiological linkage, and 16,602 were confirmed by clinical criteria. Four additional deaths were registered during EW 26 and EW 27. The most recent confirmed case was reported in EW 26 of 2026.
United States*	2,231	0	 ↓ declining	Sustained elimination with major concerns	In 2026, the highest numbers of cases have been reported in South Carolina (670), Utah (516), Texas (182), Virginia (176), Florida (141), Pennsylvania (103) and Arizona (97). Last case was on EW 27 of 2026.

⁴ Reported figures now include laboratory-confirmed, epidemiologically linked, and clinically confirmed cases

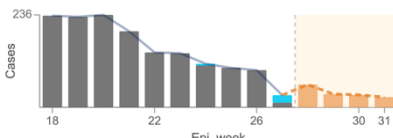
Country	Cases 2026 (up to EW 27) (1)	Deaths 2026 (up to EW 27) (1)	Trend (last 4 weeks)**	Re-Verification Commission classification (14)	Epidemiological notes
Canada*	1,097	0		Endemic	Approximately 98% of cases are linked to the 2024 New Brunswick (NB) outbreak. In 2026, the highest numbers of cases have been reported in Manitoba (674), Alberta (311), British Columbia (37), Quebec (31) and Ontario (29). A separate emerging cluster in Quebec, comprising 23 cases with the most recent rash onset in EW 24, has not been attributed by Public Health Agency of Canada (PHAC) to the D8 outbreak and is being monitored as a potentially distinct transmission event pending genotype confirmation (15). Last case was on EW 26 of 2026.
Peru*	859	0		Sustained elimination	Cases reported in 2026 have been mainly concentrated in Puno with 90% of the cases, followed by Arequipa, Lima, Cusco, Moquegua, Lambayeque, Huánuco, Tacna, Madre de Dios, and Junin. Last case was on EW 26 of 2026.
Bolivia*	81	1	Drop by drop transmission with sporadic cases that are part of the same outbreak	Sustained elimination with major concerns	Last case was on EW 26 of 2026.
El Salvador	39	0	Sporadic importations	Sustained elimination	Last case was on EW 25 of 2026.
Colombia	13	0	Sporadic importations	Sustained elimination	Last case was on EW 26 of 2026.
Belize	11	0	Sporadic importations	Sustained elimination	Last case was on EW 20 of 2026.
Panama	9	0	Sporadic importations	Sustained elimination	Last case was on EW 23 of 2026.

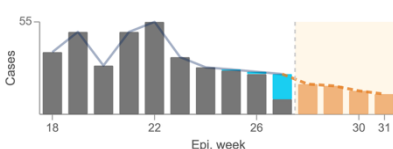
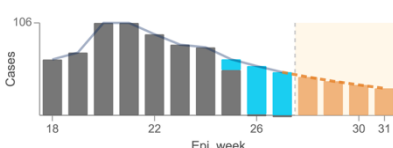
Country	Cases 2026 (up to EW 27) (1)	Deaths 2026 (up to EW 27) (1)	Trend (last 4 weeks)**	Re-Verification Commission classification (14)	Epidemiological notes
Brazil	6	0	Sporadic importations	Sustained elimination with moderate concerns	Last case was on EW 23 of 2026.
Honduras	6	0	Sporadic importations	Sustained elimination with major concerns	Last case was on EW 24 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, Chile, and Uruguay. See Pan American Health Organization / World Health Organization (PAHO/WHO) Measles Dashboard: <https://tinyurl.com/3xtciv84> (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 27, 2026

Country	R_t (95% CrI) ¹ Effective reproduction number	Model-based trend ²	4-week forecast (EW 28–31) median [95% PrI] ³	Modeling interpretation
Mexico	0.66 [0.59 – 0.73]	↓ declining	~150 [99–211] 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	0.72 [0.59 – 0.87]	↓ declining	~61 [29–104] cases	R_t below 1, the model suggests transmission may be declining, but the trend is recent (three

Country	R_t (95% CrI) ¹ Effective reproduction number	Model-based trend ²	4-week forecast (EW 28–31) median [95% PrI] ³	Modeling interpretation
				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.
Peru	0.77 [0.68 – 0.87]	↓ declining	~149 [96–213] cases 	R_t below 1 for the first time; model projects a possible decline in transmission, though this finding should be interpreted cautiously given its recent emergence and requires confirmation in subsequent estimates.
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 (16). 95% CrI = 95% credible interval. See Technical Notes.

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

³Median 4-week forecast and 95% prediction interval (PrI) for projected new cases over EW 28–31, conditional on the current estimated R_t .

⁴Guatemala: modeling not performed for this period because the change in case-definition criteria under Ministry of Public Health and Social Assistance (MSPAS per its acronym in Spanish) Protocol V3 (16 March 2026) — under which only laboratory-confirmed cases are reported — affects the comparability of the case series across recent weeks.

⁵Bolivia 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 (R_t).

Case data. Weekly confirmed measles case counts were obtained from national surveillance systems reported to Pan American Health Organization / World Health Organization (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 (17).

Effective reproduction number (R_t). R_t was estimated using the EpiEstim method (16), 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 (18). The serial interval was treated as fixed; this simplification modestly underestimates R_t uncertainty but does not affect the qualitative trend classifications presented. R_t 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 R_t : **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 R_t . 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 Ministry of Public Health and Social Assistance (MSPAS per its acronym in Spanish) Protocolo V3 (16 March 2026) — may affect interpretation of trends in individual countries and are flagged in the country annex.

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