PAHO Pan American Health Organization World Health Organization Americas

REMARKS BY DR. JARBAS BARBOSA
MEDIA BRIEFING ON MEASLES IN THE AMERICAS
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Good morning, and thank you for joining us.

Today, I would like to provide an update on the measles situation in the Americas, explain why we are seeing a resurgence of a disease our Region worked so hard to eliminate, and outline what countries must do now to stop transmission.

As of 13 November 2026, the Region has reported 58,213 confirmed measles cases and 82 deaths, compared with 12,596 cases during the same period last year.

These figures are a serious warning for our Region. Measles is resurging globally amid persistent gaps in vaccination coverage, and this global trend is also affecting the Americas.

As the first and only World Health Organization (WHO) Region to have eliminated measles, the Americas achieved an extraordinary public health milestone in 2016. But the loss of regional elimination status in November 2025, after the re-establishment of endemic transmission in Canada, reminds us that elimination must be continuously protected.

Since then, new challenges have emerged.

Last week, the independent Measles and Rubella Elimination Regional Monitoring and Re-Verification Commission met to review the most recent epidemiological situation in countries of the Americas.

This Commission applies established objective criteria. If a country shows sustained transmission for more than 12 months from a single genotype and lineage, measles transmission is considered re-established.

The Commission concluded that endemic measles transmission has now been re-established in Bolivia, Mexico and the United States and recommended that their measles elimination status be withdrawn, a recommendation which I have accepted.

While this is a significant setback, countries are already taking action to bring their outbreaks under control. Bolivia, Mexico and the United States are implementing measures to strengthen vaccination, surveillance and outbreak response. In addition, Canada has interrupted transmission associated with the outbreak that resulted in the loss of its elimination status.

However, the current situation requires urgent attention.

Other countries in the Region are experiencing prolonged outbreaks. Continued transmission anywhere increases the risk of the virus reaching people who cannot be vaccinated and communities where immunity gaps persist.

Losing measles elimination status has broader implications than losing a public health designation. It means the virus has circulated for a prolonged period of time, putting families and communities at risk of preventable illness, hospitalization and death.

Measles is one of the most contagious diseases in the world. One infected person can transmit the virus to as many as 18 susceptible individuals. It can cause pneumonia, encephalitis, blindness, and death. It can also weaken the immune system for months after infection and, in rare cases, lead to a fatal neurological disease years after the acute infection has resolved.

Yet measles is entirely preventable. We have a safe and highly effective vaccine, and we know how to stop transmission. We have the tools, and we know how to use them.

The central challenge is the growing number of people who remain unprotected. Immunity gaps have accumulated over time, leaving many children, adolescents and adults susceptible. These gaps are often concentrated in particular geographic areas and communities, creating the conditions for rapid transmission. National-level vaccination data can mask these important disparities, providing an incomplete picture of actual population protection. Whether due to barriers to health services, missed vaccinations, misinformation, or vaccine hesitancy, these gaps create opportunities for measles to spread.

Closing these gaps helps protect babies who are too young to be vaccinated and people who cannot receive vaccines for medical reasons. Their protection depends on the immunity of those around them.

Protecting elimination requires more than responding to outbreaks. It means acting before they occur. Prevention can be carefully planned in advance and requires far fewer resources than controlling a large outbreak once transmission is established.

The Pan American Health Organization (PAHO) is working with countries to interrupt transmission and prevent further outbreaks. We are supporting vaccination campaigns to reach communities with low coverage, strengthening epidemiological and laboratory surveillance, supporting rapid-response teams, and helping countries investigate and contain outbreaks. This includes direct technical support for outbreak response in Brazil, Bolivia, Colombia, Guatemala, Honduras, and Peru.

The message today is therefore one of urgency, but also one of confidence. We have faced this challenge before. After endemic transmission was re-established in Venezuela and Brazil in 2018

and 2019 respectively, countries worked together to interrupt transmission, and the Region regained its measles elimination status in 2024.

The Elimination of measles is not a trophy that a country wins once and places on a shelf. It is an achievement that must be protected every day by closing immunity gaps and ensuring that every community is reached.

Our path back to elimination is clear: achieving and sustaining at least 95% coverage with both doses of the measles vaccine in every community, backed by strong surveillance and effective outbreak response.

PAHO will continue working with every country toward that goal. We know what works. We have done it before. With sustained commitment and decisive action, the Americas can eliminate measles once again.

Thank you.

Dr. Jarbas Barbosa