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World Health Organization
Americas Region

PAHO

Regional Situation Report · No. 16

Measles in the Region of the Americas

19 November 2026 · *Next issue: 3 December 2026*[1]

REPORTING PERIOD: EW 1–45, 2026 (4 January 2026 – 14 November 2026) · 2-week change window: EW 43–44 vs. EW 41–42 [2]

CUMULATIVE — EW 1–45, 2026		
58,795 CONFIRMED CASES	**84** DEATHS Case Fatality Rate (CFR) 0.14%	**17** COUNTRIES AND TERRITORIES (CUMULATIVE) [3]

LAST 2 WEEKS — EW 43–44, 2026	
3 NEW DEATHS *Three new deaths in the United States of America*	**7/17** COUNTRIES AND TERRITORIES THAT HAVE REPORTED CASES DURING EW 43-44 *Belize, Bolivia (Plurinational State of), Canada, Guatemala, Mexico, Peru and the United States of America*

Summary of the Situation

Between epidemiological week (EW) 1 and EW 45 of 2026 (which ended on 14 November 2026), the Region of the Americas reported **58,795** confirmed cases of measles in 17 countries and territories, representing a 4.7-fold increase compared with the same period in 2025. Guatemala (34,860), Mexico (14,087), the United States (5,412), Peru (2,985), and Canada (1,128) account for the vast majority (99.5%) of confirmed cases (**Map 1**). A total of **84** deaths has been reported, including 53 in Guatemala, 23 in Mexico, six in the United States of America, one in Peru and one in Bolivia (*1*).

During EW 43 and EW 44 of 2026, the Region of the Americas reported **527** new confirmed cases of measles in seven countries and territories (**Figure 1**). Of the 527 new confirmed cases reported during EW 43–44, the United States accounted for 390, followed by Guatemala 73, Peru with 48, Mexico with nine, Belize with four, Canada with two, and Bolivia with one[2].

The **10–13 November meeting of the Regional Commission for the Monitoring and Re-Verification of Measles, Rubella, and Congenital Rubella Syndrome Elimination (RVC)** reviewed the epidemiological situation of measles across the Region. Based on the Commission's assessment and recommendations, which were subsequently endorsed by the Pan American Health Organization (PAHO) Director, **Dr. Jarbas Barbosa**, endemic measles transmission was determined to have been re-established in **Bolivia, Mexico, and the United States**, resulting in the loss of measles elimination status in all three countries.

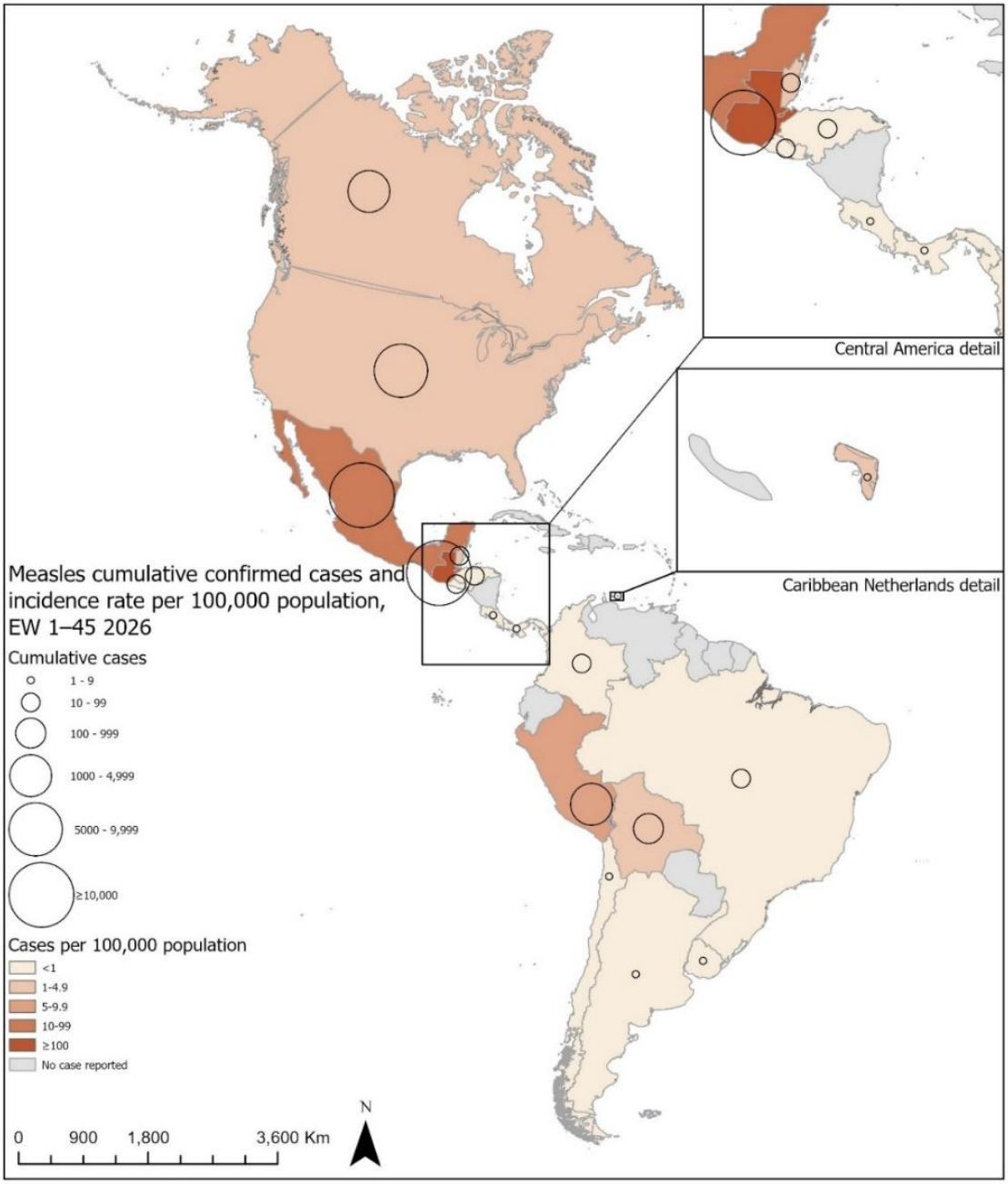
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[1] *Previous Regional Situation Reports and additional information and resources on measles in the Region of the Americas are available on the PAHO measles webpage: Measles Multi - Country Outbreak 2026 - PAHO/WHO | Pan American Health Organization. (2)*

[2] *Please note that figures presented in this Situation Report may differ from those shown in PAHO's online measles dashboard for the Region of the Americas. The Situation Report reflects information available as of EW 45, 2026, while the dashboard is updated on a rolling basis as new data becomes available.*

[3] *Since Situation Report No. 15, no other country has reported any new cases of measles in 2026.*

Map 1. Confirmed cases of measles and incidence rate per 100,000 inhabitants by country. Region of the Americas. EW1 – EW45, 2026. (n = 58,795)



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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 ongoing operational response of the Pan American Health Organization (PAHO) to the regional measles situation. The *Operational Overview* summarizes the situation in priority countries and the technical cooperation being carried out with each of them. *PAHO's Response by Strategic Pillar* consolidates regional actions across the four operational pillars that guide the Organization's response: epidemiological surveillance and laboratory diagnosis; immunization and vaccination operations; risk communication and community engagement; and operational preparedness and partnerships.

Operational Overview — Priority Countries

Table 1. Operational Summary of Priority Countries and Joint Response Actions

Country	Joint Response During This Period	Approach for the Next 2 Weeks PAHO Actions
Mexico (3)	PAHO continued supporting Mexico's measles outbreak response through implementation of the 90-day plan while sustaining follow-up virtual sessions with prioritized states, including Jalisco, Chiapas, Durango, Quintana Roo, Veracruz, and Zacatecas.	Continue to support the classification of pending measles cases, particularly those reported in the last 12 epidemiological weeks (893 pending as of 10 November 2026). PAHO will also support rapid vaccination monitoring training for local teams in states with ongoing transmission and strengthen technical support toward outbreak control and closure in priority states.
Guatemala (4)	PAHO continued to support the subnational response through territorial consultants in five priority departments. Surveillance support included data validation, Go.Data case reporting, active case finding integrated with vaccination, and an assessment of options to decentralize measles laboratory diagnosis. Vaccination support covered brigades in hard-to-reach areas, cold-chain assessments, surveys on reasons for non-vaccination, and a campaign relaunch plan in low-coverage areas. Microplanning workshops were extended to five additional health areas. At national level, PAHO advised on vaccination strategies and target populations for phases 2 and 3 of the campaign. The virtual clinical management and infection, prevention and control (IPC) series continued with a session on severe case management and referral. Community engagement and costed communication plans were also supported.	Continue to support campaign implementation and monitoring, including preparations for phase 3 and adjustments to strategies and target populations. Priorities include improving surveillance data quality and active case finding, assessing options to decentralize laboratory diagnosis, sustaining brigade operations in hard-to-reach areas, strengthening community engagement in low-coverage areas, and completing the clinical management and IPC training series. Support will also help address funding constraints for brigade mobilization and the national shortage of vitamin A.
Bolivia (5)	PAHO continued to support Bolivia's response, including updating surveillance and vaccination data to document outbreak closure. Under the *Cerrando Brechas* ("Closing Gaps") campaign, 276 vaccination brigades intensified immunization in priority municipalities across seven departments through 15 November. Rapid vaccination monitoring found municipalities with coverage below the 95% target, and vaccination activities were rescheduled in those areas. PAHO also provided financial support for national and departmental risk communication to increase vaccination demand.	Prioritize interrupting ongoing transmission in Santa Cruz and support implementation of the recommendations issued by the Regional Monitoring and Reverification Commission on 13 November 2026. Continue targeted vaccination and follow-up monitoring in municipalities with coverage below 95%, and complete validation of surveillance and vaccination data to document outbreak closure where eligible. Support for coverage monitoring, and risk communication, despite financial and administrative constraints.

Peru (6)	PAHO continued to support Peru's outbreak response, including technical assistance on vaccination strategies and outbreak control in Ucayali. Vaccination was intensified ahead of the papal visit (11–16 November), including checks of vaccination status among participants, workers, and volunteers. After the visit, the Ministry of Health strengthened surveillance for possible secondary cases through enhanced notification, contact tracing, and rapid response teams. In areas with community transmission, vaccination sweeps continue, along with zero-dose vaccination for infants aged 6–11 months and expanded vaccination up to age 29. On 12 November, the government extended the national measles health emergency through 31 December 2026 in Metropolitan Lima, Callao, and 12 departments.	Strengthen surveillance and contact tracing to detect possible secondary cases linked to the papal visit through early December. Continue to support intensified vaccination and response efforts in priority departments with ongoing transmission or high laboratory positivity, as well as the quality assessment of diagnostic reagents to support timely case classification. Advocacy will continue for timely availability of additional vaccine, alongside support for response activities under the extended national health emergency.

PAHO Response by Strategic Pillars (7)[4]

Collaborative Surveillance and Immunization

- The Regional Verification Commission (RVC) for Measles and Rubella Elimination held a meeting to review the annual country reports with the national authorities from 10 to 13 November 2026, which resulted in the issuance of regional and specific recommendations to sustain and recover measles elimination status.
- In Mexico, PAHO continues to support field response activities and the finalization of an updated 90-day plan to control and end the measles outbreak.
- In Peru, PAHO is supported preparedness activities for the visit of Pope Leo XIV, as well as vaccination efforts in the departments of Loreto, Amazonas and Madre de Dios.
- As part of the 7-1-7 approach to review early actions for detection and response to measles outbreaks, 14 of 18 countries participated in the assessment, with 13 of the 14 participating countries submitting the questionnaire. Interviews and outbreak reviews were completed for Costa Rica and El Salvador, and harmonization of codes for regional qualitative analysis is ongoing.
- PAHO coordinated an interview with Paraguay's national team, scheduled for 2 December 2026, as part of the 7-1-7 assessment. Initial findings from the regional analysis are expected in the second week of December 2026.

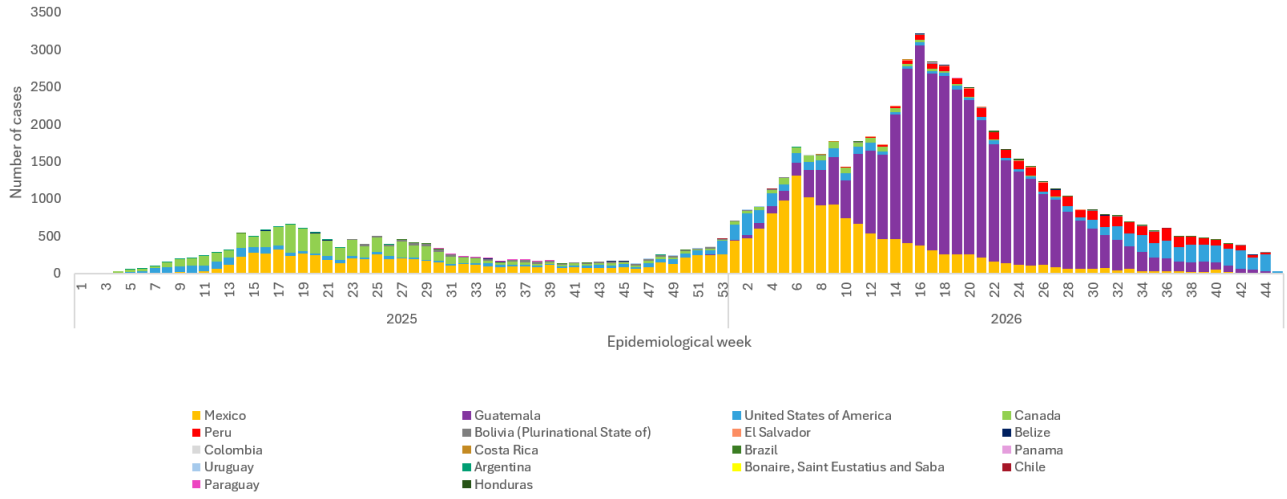
[4] *PAHO's response is organized around strategic pillars. This section describes the regional and international activities carried out throughout the Region—by PAHO headquarters, subregional offices, and country offices—in coordination with national authorities during the reporting period. Country-specific operational support is summarized in Table 1.*

Risk & Crisis Communication and Community Engagement

- PAHO supported media engagement on the regional measles situation, including interviews with The New York Times and Associated Press (AP).
- PAHO published a questions-and-answers document for journalists addressing the measles situation in the Americas. Available from: https://www.paho.org/en/news/17-11-2026-measles-americas-questions-and-answers-technical-reference-journalists-and-public (8)
- PAHO held a press conference on 17 November 2026 to provide updates on the measles situation in the Region of the Americas. Available from: https://www.youtube.com/watch?v=flnhsxg2_WE (9)
- PAHO published a press release urging countries to strengthen efforts to stop measles outbreaks and advance towards elimination in the Americas. Available from: https://www.paho.org/en/news/17-11-2026-paho-urges-countries-step-efforts-stop-measles-outbreaks-and-move-towards (10)
- PAHO developed and shared measles prevention communication materials with countries, including social media content prepared in the context of Pope Leo XIV's visit to Argentina, Uruguay and Peru. These materials have been published in the WHO Media Library to support country-level communication efforts. Available from: https://who.canto.global/v/G0UK5LGBT1/album/TJ33U?viewIndex=0 (11)

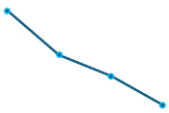
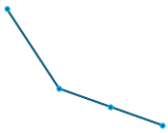
Epidemiological Situation

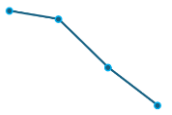
Figure 1. Epidemiological curve of confirmed measles cases in the Region of the Americas, by country and epidemiological week (EW), from EW 1 of 2025 to EW 45 of 2026



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

Table 2. Measles cases in the Region of the Americas by country, as of EW 45 of 2026

Country	New cases reported through EW 43-44	Cases in 2026 (up to EW 45) (*1*)	Deaths in 2026 (up to EW 45) (*1*)	Observed trend (EW 41-44)**	Response scenario (12)****	Epidemiological notes
Guatemala*	+73	34,860	53	↓ declining 	Scenario C – Community transmission	As of EW 45, transmission has been reported in all the 22 departments. The overall downward trend continues at the national level since the observed peak during EW 16-18; at the departmental level, the highest incidence rates continue to be observed in Izabal (402.5 cases per 100,000 inhabitants), followed by Central Guatemala (332.7 per 100,000 inhabitants) and Sololá (309.3 per 100,000 inhabitants). Individuals aged 15 to 39 years accounted for 62% of confirmed cases, with those aged 20 to 29 years representing the most affected age group. Infants under one year remain particularly vulnerable, with a case fatality rate of 0.55%, compared with 0.15% in the general population of confirmed cases. Overall, 67.6% of confirmed cases had no documented history of vaccination. The most recent case was reported in EW 44 of 2026.
Mexico*	+9	14,087	23	↓ declining 	Scenario C – Community transmission	Transmission continues to show an overall declining trend, although cases are still being reported in several states. Most cases in 2026 are concentrated in three states: Jalisco, with 7,538 cumulative cases in 2026; Chiapas, with 1,058 cases; and Mexico City, with 1,033 cases. Infants under one year remain the most affected in terms of incidence, with 107 cases per 100,000 inhabitants. The most recent case was recorded in EW 44 of 2026.

Country	New cases reported through EW 43-44	Cases in 2026 (up to EW 45) (*1*)	Deaths in 2026 (up to EW 45) (*1*)	Observed trend (EW 41-44)**	Response scenario (12)****	Epidemiological notes
United States*	+390	5,412	6	stable 	Scenario C – Community transmission	In 2026, the highest numbers of confirmed cases have been reported in Pennsylvania (1,529), South Carolina (670), Utah (536), and Wisconsin (505). Cases have been reported across 47 jurisdictions, with 96% associated with outbreaks. Children and adolescents aged 5-19 years and adults aged 20 years and older each account for approximately 40% and 41% of cases respectively, followed by children under five years (18%). Overall, 96% of cases occurred among individuals who were unvaccinated or whose vaccination status was unknown. Three additional measles-related deaths have been reported in 2026 since the previous Situation Report, bringing the cumulative total to six deaths. The most recent case was reported in EW 45 of 2026.
Peru*	+48	2,985	1	↓ declining 	Scenario C – Community transmission	As of EW 45, transmission has been concentrated primarily in southern Peru, particularly in the departments of Puno (1,463) and Arequipa (579), with cases also reported in Loreto (268), Madre de Dios (236), Lima (164), and Cusco (140). The most recent case was recorded in EW 44 of 2026.
Canada*	+2	1,128	0	Droplet transmission with sporadic cases that are part of the same outbreak	Scenario B – Identifiable transmission chains	The last case associated with the multijurisdictional measles outbreak that started in New Brunswick in October 2024 was reported in August 2026. Since then, nine additional imported cases have been reported. The most recent case was recorded in EW 44 of 2026.
Bolivia*	+1	127	1	Droplet transmission with sporadic cases that are part of the same outbreak	Scenario B – Identifiable transmission chains	Transmission is still active in Santa Cruz and La Paz Departments. The last case was reported in EW 44 of 2026.

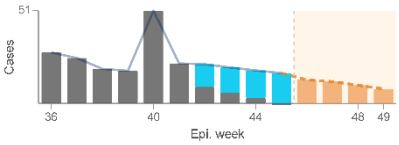
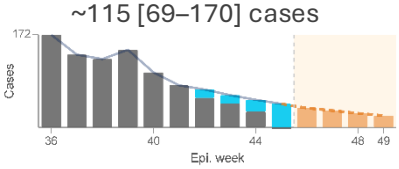
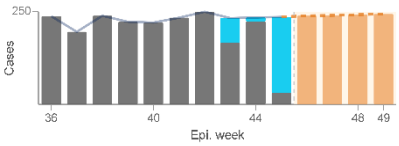
Country	New cases reported through EW 43-44	Cases in 2026 (up to EW 45) (*1*)	Deaths in 2026 (up to EW 45) (*1*)	Observed trend (EW 41-44)**	Response scenario (12)****	Epidemiological notes
Brazil	0	67	0	Sporadic imports	Scenario A – No current transmission / risk of importation	Active outbreaks in Amazonas and Acre States have been reported, related to imported cases from Peru. The last case was reported in EW 41 of 2026.
El Salvador	0	58	0	Sporadic imports	Scenario A – No current transmission / risk of importation	The last case was reported in EW 30 of 2026.
Belize	+4	19	0	Sporadic imports	Scenario A – No current transmission / risk of importation	The most recent case was reported in EW 43 of 2026.
Colombia	0	17	0	Sporadic imports	Scenario A – No current transmission / risk of importation	The last case was reported in EW 41 of 2026.
Honduras	0	15	0	Sporadic imports	Scenario A – No current transmission / risk of importation	The last case was reported in EW 31 of 2026.
Panama	0	9	0	Sporadic imports	Scenario A – No current transmission / risk of importation	The last case was reported in EW 23 of 2026.
Costa Rica	0	5	0	Sporadic imports	Scenario A – No current transmission / risk of importation	The last case was reported in EW 15 of 2026.
Others (≤5 cases) * **	—	See dashboard (*1*)	See dashboard (*1*)	—		—

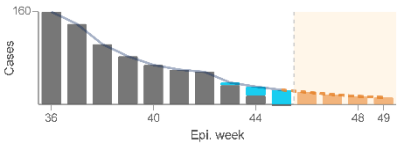
**Countries with active outbreaks: Measles cases have been reported over a period of 12 weeks or more. **The most recent epidemiological week (EW) was excluded from the observed counts to account for delays in reporting. ***Argentina, Bonaire, St. Eustatius, and Saba; Chile; and Uruguay. See the Pan American Health Organization/World Health Organization (PAHO/WHO) measles dashboard: https://tinyurl.com/3xtcjv84 (1)*

*****Response scenarios are defined according to the current pattern of measles transmission: Scenario A refers to settings with no confirmed cases and a risk of importation; Scenario B to limited confirmed cases with identifiable transmission chains; and Scenario C to confirmed cases occurring across multiple geographic areas with multiple identifiable or unidentifiable transmission chains, consistent with community transmission. Response actions are cumulative: Scenario B includes the actions under Scenario A, while Scenario C includes the actions under Scenarios A and B, with additional or intensified measures as needed. (12)*

To supplement the case summary above, this section presents model-based estimates of transmission dynamics for countries with sustained outbreaks and sufficient data (***Table 3***). The immediate forecast (shown in blue bars) adjusts the most recent weeks to account for reporting delays. The short-term projection (shown in orange bars) forecasts the expected incidence of cases over the next four weeks based on the current estimated effective reproduction number (R_t)—that is, the average number of secondary infections per case. An R_t value greater than 1 indicates sustained or accelerating transmission; a value less than 1 indicates a declining outbreak. The complete methodology is presented in the Technical Notes.

Table 3. Model-based estimates of measles transmission dynamics, by country, as of EW 45 of 2026

Country	R_t (95% CrI)[1] Effective reproduction number	Based on the model [2]	4-week forecast (EW 46–49) Median [95% PrI][3]	Model interpretation
Mexico	**0.71 [0.56–0.88]**	*~stable*	~43 [16–78]cases 	R_t is estimated at 0.71. The uncertainty interval entirely below 1, suggesting declining transmission. The model projects low case counts over the next four weeks.
Guatemala	**0.69 [0.61–0.79]**	*↓ declining*	~115 [69–170] cases 	R_t is estimated to be 0.69, remaining below the epidemic threshold. This indicates declining transmission, and projections suggest that the downward trend will continue.
United States	**1.02 [0.95–1.08]**	*~stable*	~965 [807–1,138] cases 	R_t is estimated to be 1.02. The interval includes 1, consistent with a plateau at the national level. The national aggregate combined a declining outbreak in Pennsylvania with recent growth in other states. However, the most recent two weeks have been substantially delay-adjusted so this

Country	R_t (95% CrI)[1] Effective reproduction number	Based on the model [2]	4-week forecast (EW 46–49) Median [95% PrI][3]	Model interpretation
				estimate should be read with caution.
Canada	—[4]	—[4]	—[4]	No modeling was performed—see footnote 4.
Peru	**0.66 [0.56–0.77]**	↓ *declining*	~64 [31–106] cases 	R_t is estimated at 0.66, with the uncertainty interval remaining entirely below 1, indicating declining transmission at the national level. The model projects a continued decrease in cases over the next four weeks.
Bolivia	—[4]	—[4]	—[4]	No modeling was performed—see footnote 4.

[1] R_t = effective reproduction number — the average number of secondary infections per case at a given time. Estimated using the EpiEstim method with a 4-week moving window (13). 95% CrI = 95% credibility interval. See Technical Notes.

[2] Trend classified based on the full 95% credibility interval (CrI) of R_t: increasing (lower limit > 1), decreasing (upper limit < 1), or uncertain (the interval includes 1).

[3] Median of the 4-week projection and 95% prediction interval (PrI) for projected new cases during epidemiological weeks (EW) 46–49, conditional on the currently estimated R_t.

[4] Canada and Bolivia: Modeling was not performed because the weekly incidence has fallen below the threshold (<5 cases/week) at which the R_t estimate is no longer reliable, and the short-term forecast is not robust enough to inform operational decisions.

Technical Notes

This status report uses two complementary modeling stages. First, **nowcasting** adjusts the most recent epidemiological weeks to account for reporting delays, generating estimates of cases that have already occurred but have not yet been fully reported. Second, **the short-term forecast** projects the expected incidence of cases for the next four weeks based on the current estimated effective reproduction number (Rt).

Case data. Weekly counts of confirmed measles cases were obtained from national surveillance systems that report to the Pan American Health Organization/World Health Organization (PAHO/WHO).

Immediate forecast. To account for reporting delays inherent in passive surveillance, an immediate forecast model was applied to estimate the actual incidence for the most recent epidemiological weeks. Depending on the length of the available training period, either a negative generalized linear binomial 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% credibility intervals. Thresholds were established based on an internal assessment of model stability, in accordance with general guidelines on data-adaptive short-term forecasting (14).

Effective reproduction number (Rt). Rt was estimated using the EpiEstim method (13), which applies a Bayesian sliding-window approach to the short-term forecast-adjusted incidence series. A 4-week (28-day) sliding window was used, which corresponds approximately to two serial intervals—a commonly applied default value that balances statistical stability with temporal resolution. A discrete gamma distribution was assumed for the serial interval (mean of 15 days, standard deviation of 4 days), consistent with the literature on measles (15). The serial interval was treated as fixed; this simplification slightly underestimates the uncertainty of Rt but does not affect the qualitative trend classifications presented. The credibility intervals for Rt are calculated based on the point estimate of the immediate forecast and, therefore, do not formally propagate the uncertainty of that forecast. The classification of trends was based on the full 95% credibility interval of Rt: **increasing** (lower bound > 1), **decreasing** (upper bound < 1), or **uncertain** (the interval includes 1).

Short-term forecasts. Four-week projections were generated using a renewal model that simulated 10,000 stochastic Poisson trajectories anchored to the estimated Rt. The results are expressed as the median and 95% prediction interval.

Limitations. The estimates depend on the completeness and timeliness of national-level reports, as well as on the assumed serial interval. Country-specific changes in surveillance—including the expanded case definition adopted by Guatemala in Protocol V3 of the Ministry of Public Health and Social Assistance (MSPAS per its acronym in Spanish) (March 16, 2026)—may affect the interpretation of trends in each country and are noted in the country appendix.

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