Canada officially loses its measles elimination status amid sustained assault on public health

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After more than a year of sustained community transmission of the measles virus, the WHO/Pan American Health Organization has had to officially acknowledge that Canada is no longer among countries that have eliminated the potentially fatal disease.

This ominous development is the predictable result of years of governments undermining public health, intensified by the catastrophic rollback of COVID-19 mitigation measures early in the pandemic.

More than 5,000 measles cases have been confirmed in 2025 compared to 147 in 2024, with infections reported in nine provinces and the Northwest Territories. Two deaths have been recorded, both infants exposed to the virus in utero. A country once held up for its public health achievements now faces widespread circulation of a disease considered eliminated for a quarter century.

Canada first achieved measles elimination in 1998. This reflected the success of routine MMR vaccination against measles, mumps and rubella introduced in the 1970s and strengthened through a two-dose schedule in the 1990s. Measles, among the most contagious viruses known, requires 95 percent immunization coverage to maintain herd immunity. A 2022 report by the Canadian Immunization Research Network found national rates roughly five percentage points below that level. The erosion of public health capacity and the Canadian ruling class' cultivation of the anti-vax far-right has driven coverage even lower over the past three years.

Although increased global travel and waning immunity contribute to case importation, the central cause of the present crisis is the systematic dismantling of the public health infrastructure and the growing influence of vaccine hesitancy fuelled by right-wing anti-science propaganda. Federal data show that 83 percent of infections involve unvaccinated individuals, while the vaccination status of another 12 percent is unknown. These figures reflect collapsing routine immunization, reduced access to primary care and the disintegration of community health units. The entire Pan-American region had eliminated measles in 2016, becoming the first WHO-designated region to do so, before an outbreak in sanctions-devastated Venezuela spread to Brazil, leading to that status being revoked 2 years later. Renewed efforts to halt measles spread resulted in the Americas again being declared measles free in 2024, just before an outbreak erupted in New Brunswick, on Canada's east coast, last year. With the outbreaks ongoing in the United States and Mexico, it's unlikely the region will regain measles-elimination status in the near future.

The failure to halt the spread of the virus is another damning indictment of the state of public health under capitalism. As one infectious disease expert told the *Guardian*, "No country with the amount of resources of Canada–or other countries in North America even–should lose their measles elimination status."

The ongoing disaster in Canada is the outcome of deliberate policy choices by successive federal governments. The Conservative government of Stephen Harper and the Liberal governments of Justin Trudeau and now the former central banker Mark Carney have advanced austerity, privatisation and the redirection of public resources from social needs toward corporate subsidies and militarism.

Under Harper, federal public health capacity was hollowed out through sustained budget cuts. Surveillance programs were weakened, laboratory capacity reduced and federal-provincial transfers constrained through a funding formula tied to GDP growth. These measures left provincial and territorial health systems chronically under-resourced in the face of a growing and aging population and unable to sustain robust immunization and outreach programs.

The Trudeau Liberal government that followed continued alomg this trajectory. Health transfers to the provinces stagnated in real terms and were paired with the promotion of market-driven reforms dressed up as innovation. During the pandemic, the federal government withdrew from large sections of health coordination. Testing, quarantine and border controls were wound down and routine vaccination programmes were left to struggle without resources. This created conditions in which childhood immunization faltered and the infrastructure for surveillance and prevention declined.

The Carney government's 2025 budget intensifies these attacks. It pairs sweeping cuts to public services with the largest increase in military spending in seven decades. Public health and social programs face contraction under a fiscal framework designed to accelerate defence spending while reducing public services. The Public Health Agency of Canada announced 320 job cuts in September as part of a "post-pandemic recalibration," directly undermining disease surveillance and outbreak response at a moment when these capacities are essential.

Clinics and community health centres remain understaffed and family physicians are less accessible than at any time in recent

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memory. Free COVID-19 vaccination has been eliminated in provinces such as Alberta and Quebec, reinforcing the shift toward a privatised primary-care model that leaves public health dependent on market forces. These conditions make routine vaccination and catch-up campaigns impossible across wide swathes of the country.

The decay of public health has been accelerated by the political capitulation to far-right anti-science forces during the COVID-19 pandemic. Governments in Ottawa and the provinces, under pressure from business associations and major media outlets, dismantled public health protections in the name of economic reopening; then moved rapidly to scrap what mitigation measures remained in the wake of the far-right "Freedom Convoy," which menacingly occupied downtown Ottawa for three weeks at the beginning of 2022.

The Liberals, Conservatives, NDP, Bloc Québécois and CAQ all adopted the language of "personal responsibility" and abandoned mask mandates in schools, ventilation upgrades, systematic testing and coordinated vaccination outreach. Jurisdictions reopened schools and workplaces despite ongoing transmission, creating conditions for the spread of both COVID-19 and other infectious diseases. By normalising mass infection, the political establishment ensured the collapse of the infrastructure required for routine immunization, including staff redeployed during the pandemic who were never replaced.

The unions played a central role by keeping workers on the job throughout successive waves of COVID, blocking any independent movement that could have forced serious public health measures. They upheld the official drive to maintain production and profits, enabling the unchecked spread of SARS-CoV-2 and draining already weak public health units.

Alberta, one of the hardest hit provinces in the current measles outbreak, is led by far-right United Conservative Party (UCP) Premier Danielle Smith. Smith, like federal Conservative Party leader Pierre Poilievre, was a strident supporter of the far-right led Convoy. The Alberta premier has given her support to the anti-vax movement, describing anti-vaxers as the "most-discriminated against group" in her lifetime, and promotes their anti-social nostrums about "personal choice" in respect to routine public health vaccination. She has hypocritically expressed concern over rising measles infections, while claiming little can be done to ameliorate the crisis.

Smith's government is at the forefront of furthering the privatization of healthcare in Canada. Alberta has recently announced plans to allow physicians to work in the public and private healthcare systems concurrently, purportedly to reduce wait-times (caused by decades of public spending austerity). This will likely exacerbate wait-times, as doctors leave the public system for the promise of greater earnings in the private sector. Experts have already cited the lack of family physicians as a contributing factor in the low rates of measles vaccination.

These tendencies mirror developments across North America and internationally. Hundreds of anti-science bills have been introduced in US state legislatures in recent years, with those that have been enacted weakening immunization requirements, restricting public health authority and legitimizing the anti-science propaganda of the far right. The same political currents are flowing through Canada, eroding support for vaccination and undermining confidence in public health guidance. With public health units starved of staff and resources, the routine immunization system is collapsing with all that that entails under conditions where Covid and other viral threats continue to evolve. Smith in particular has been cultivating ties with the far-right American government in her battles with Ottawa. Washington has gutted public health spending under the leadership of the anti-vax Health and Human Services secretary Robert F. Kennedy Jr. Kennedy's allies have made clear their goals, with the president of the Make America Health Again (MAHA) Institute, Mark Groton, recently telling attendees at an event hosted by Kennedy's Children's Health Defence, 'I've come to this anti-vax conference with a message that we need to be more boldly anti-vax."

Earlier this year, Kennedy attempted to intervene to block the planned culling of an ostrich flock infected with bird flu in British Columbia. After month of litigation and over Washington's continued protests, authorities finally culled the herd, which they had identified as an infection risk, earlier this month.

Canada's loss of measles elimination status stands as a warning. The ruling elite that has sacrificed tens of thousands of lives and counting to COVID-19 is normalising a future in which once-controlled diseases circulate freely while new pathogens spread with minimal restraint. As billions are diverted from social needs to rearmament and war, the working class confronts an escalating public health emergency.

No confidence can be placed in the capitalist state, its political parties or the pro-corporate unions that have enforced this deadly agenda. The defence of public health and the defence of life itself requires the mass political organisation of the working class independent of all capitalist parties and the trade-union bureaucracy through the building of rank-and-file committees in workplaces, schools and hospitals, linking struggles across provinces and internationally to advance a program which will reorganise society around human need rather than private profit. This includes rebuilding and greatly expanding a fully-funded, public health system, and restoring mass immunization.

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