

UK loses measles elimination status amid sustained assault on public health

Henry Lee**10 February 2026**

In January, the UK lost its measles elimination status, the World Health Organization (WHO) confirmed. Based on data from 2024, the highly infectious and potentially deadly virus is circulating in the population.

WHO recommends at least 95 percent of children should receive two doses of the measles, mumps and rubella (MMR) vaccine, which is highly effective in preventing measles. But data for England in 2024 showed 91.9 percent of children received one dose by their fifth birthday, and only 83.9 percent had received two doses.

This means one in every 11 children is completely unprotected, and one in six is not fully vaccinated, offering enormous scope for the virus to spread. Measles is infectious even before a rash develops, and in a typical classroom there will be several children vulnerable to infection if one of their classmates is infected.

Low vaccine protection in the population is a long-standing problem neglected by successive governments. It disproportionately affects the most deprived sections of the working class, in the UK and worldwide.

WHO's European Region meeting in September found uninterrupted spread of measles over the previous 12 months in Armenia, Austria, Azerbaijan, Spain, and Uzbekistan, all of which had previously eliminated the disease.2016

The United States is at the epicentre of a measles resurgence among the major capitalist powers. Last year the US recorded 2,255 measles cases, the highest annual total since 1992, and two unvaccinated children died from the disease. The nation's measles elimination status, maintained since 2000, is now in jeopardy, and in January alone, 607 cases were confirmed. This month has seen 847 confirmed cases in the state of South Carolina.

The *World Socialist Web Site* reported on a mass outbreak of measles that began last month at the Dilley Immigration Processing Center in South Texas, where the Trump administration confines hundreds of immigrant

families and children under conditions of deliberate brutality and medical neglect. That outbreak, made public by immigration attorney Eric Lee, sparked protests with hundreds shouting, "Let us out!" and "Liberty for the kids!".

Elimination status does not mean there are no cases of measles, but that enough of the population is vaccinated or there are enough protective measures in place that any outbreaks remain limited and do not continue to spread through the population.

The re-establishment of endemic measles poses a constant risk, mainly to children who are not vaccinated. A report in the *BMJ* (formerly *British Medical Journal*) explained that before the widespread adoption of vaccination, "Measles [was] a major cause of mortality and morbidity in children receiving treatment for leukaemia".

Its return has already taken a tragic toll in Britain. There were two measles-related deaths in 2025, including a child who died after contracting measles. In 2024, four adults and one child died from measles.

This is the second time that measles transmission has been re-established in the UK. WHO first certified the UK as having eliminated measles in 2016, but low vaccination rates saw cases grow rapidly from only 90 detected in 2015 to 1,250 in 2018, when measles was again recognised as re-established.

The social distancing measures brought in to control the spread of COVID-19 in 2020 and 2021 were highly effective in preventing the spread of other preventable diseases, including measles. The UK Health Security Agency recorded only 95 cases in 2020 and two cases in 2021, when the WHO again certified measles as eliminated.

But amid demands from big business, corporate media outlets and politicians to open workplaces and especially schools as quickly as possible, disregarding the

consequences for infection, social distancing measures were quickly dismantled and measles regained a foothold.

During the pandemic, leading scientists advocated effective measures to prevent airborne transmission of viruses such as COVID-19 and measles. The technology is readily available to create healthy public spaces. But scientific advice was ignored in the drive to re-open the economy, with workers' lives counting for nothing.

Measles is highly infectious, and according to WHO can stay in the air for two hours after an infected person leaves the area. Even starting from a low level, measles can spread rapidly in an under-vaccinated population. Cases exploded to 3,681 in 2024.

Vaccination rates in London are especially low, with only 73.3 percent of five-year-olds having received both doses. A recent paper in the *BMJ* noted, “In 2023-24 the vaccination rate of both MMR doses among 5 year olds was as low as 61% in the borough of Hackney, 64% in Islington, and 65% in Kensington and Chelsea.”

The same *BMJ* article quotes Ben Kasstan-Dabush, assistant professor of global health and development at the London School of Hygiene and Tropical Medicine, who explained that while targeted intervention was needed in those areas with the lowest vaccine coverage, cuts to health funding make this difficult.

Bharat Pankhania, senior clinical lecturer in public health medicine at the University of Exeter Medical School, called for “easier access to GP practices and more health visitors who can immunise babies in their homes.” But such policies are incompatible with a Labour government which describes health spending as “pour[ing] money into a black hole.”

Problems accessing vaccines are made far worse by the constant attacks on science which undermine confidence in vaccines that are proven to be safe and effective. The anti-vaccine movement sponsored by the US Trump administration and its Health and Human Services Secretary Robert F. Kennedy Jr. poses a deadly threat to the health of the working class around the world.

The history of measles vaccination in Britain shows the potential for the working class to use science to eliminate disease but also the anti-science forces which seek to prevent that.

Measles vaccination was introduced in the UK in 1968. Children between 13 and 15 months began to be given the measles, mumps and rubella (MMR) vaccine in 1988, achieving coverage of over 90 percent.

This high coverage and a targeted programme in schools to provide the MMR vaccine to children who were older

than 15 months when it was introduced were highly effective. By 1996 endemic transmission had been seemingly interrupted, although at the time the WHO did not certify that measles was eliminated.

It was only after the fraudulent paper of Dr. Andrew Wakefield in 1998, which falsely alleged a link between the MMR vaccine and autism, that vaccination rates fell steeply, to a low of around 80 percent in the late 90s, leaving an entire generation under-protected. The paper was later retracted and Wakefield struck off for serious professional misconduct, but the same lie has been promoted by anti-vax forces including the US Centres of Disease Control, formerly a leading body for scientific health data worldwide, and continues to cause immense harm.

Two-dose vaccination coverage increased from 85 percent in 2010 to 89.3 percent in 2014 largely due to a targeted “catch up” campaign for children who missed their vaccines in the wake of the Wakefield paper, but this was not sustained. Apart from a slight increase in 2019-20, vaccination rates have fallen every year since 2016.

Increasing vaccine coverage is the key to eliminating measles, but this is being actively undermined by the Starmer government’s continued starving of the health service of necessary funding.

Healthcare workers now face a situation they never imagined, treating patients for diseases which had once been eliminated such as measles, and the increase in sickness linked to poverty including scurvy and rickets. The financial oligarchy is clawing back the concessions won by the working class through decades of struggle, and confirming the observation of Karl Marx that “Accumulation of wealth at one pole is, therefore, at the same time accumulation of misery, agony of toil slavery, ignorance, brutality, mental degradation, at the opposite pole”.

Opposition to this agenda of the ruling class requires the building of a socialist movement in the working class, which will fight for comprehensive healthcare in every community, with health visitors who can bring compassionate care, accurate information and vaccine availability to all.



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