

# Measles cases in the US surge past 1,000 in 2026

**Benjamin Mateus**  
24 February 2026

The United States has reached a catastrophic milestone in the resurgence of preventable infectious diseases, exposing the devastating consequences of a systemic assault on public health infrastructure. According to the most recent data from the Centers for Disease Control and Prevention (CDC), the nation has already confirmed 982 measles cases in 2026, while CNN’s measles tracker reports an even higher toll of 1,030 infections.

The US did not breach the 1,000-case threshold last year until May, putting the country on a rapid trajectory to greatly surpass 2025’s three-decade high of 2,281 infections. This is not merely an epidemiological failure, but a historic regression in which a highly contagious virus, officially eliminated more than a quarter-century ago, is being allowed to rampage through the population.

The measles outbreak comes under conditions of deepening dysfunction in the federal public health system. The principal deputy director of the Centers for Disease Control, former Republican congressman and medical doctor Ralph Abraham, announced that he was stepping down to attend to “unforeseen family obligations,” effective immediately.

His departure follows that of Jim O’Neill, the right-wing economist and protégé of ultra-right billionaire Peter Thiel, who served as acting CDC director until he was removed by Health and Human Services Secretary Robert F. Kennedy Jr. on February 14. O’Neill’s appointment was only intended to be temporary, and he is now expected to be nominated to lead the National Science Foundation, another key scientific institution for which he is equally unqualified.

The CDC has all but been left rudderless in a storm of infectious disease and politics. This is not incompetence; the absence of leadership is not a failure of policy but the intended policy itself—to bury the CDC in the quagmire and make it impossible to fulfill its mission.

The agency is now helmed on an acting basis by NIH Director Jay Bhattacharya, a co-author of the notorious Great Barrington Declaration—the herd-immunity-through-mass-infection manifesto widely condemned by public health experts as a blueprint for mass death—who has entirely failed to flag South Carolina’s systematic underreporting or demand transparent hospitalization data, signaling a tacit federal endorsement of the state’s obfuscation.

The geography of this crisis highlights the social terrain where vaccine refusal has been deliberately cultivated. South Carolina has emerged as the undisputed epicenter, recording 973 cases in a

massive outbreak centered in Spartanburg County. As the measles crisis explodes across the state, public health officials are engaged in dangerous obfuscation of the disease’s true severity. South Carolina does not require its hospitals to report measles-related admissions to the state. Consequently, the state is reporting a staggeringly low hospitalization rate of just 2 percent, or a mere 20 admissions.

Infectious disease experts have condemned this figure as “ludicrous” and indicative of “vast underreporting,” noting that the CDC typically estimates a 20 percent hospitalization rate for the virus. By comparison, the recent outbreak in Texas saw a 13 percent hospitalization rate. As Dr. Paul Offit of Children’s Hospital of Philadelphia warned, the suppression of this critical data prevents the severity of the illness from being communicated, deliberately cultivating a false public impression that the highly contagious pathogen is mild and benign.

As ProPublica noted in their report, this statistical cover-up is driven by a profound and calculated indifference on the part of the South Carolina Department of Public Health, which has effectively abandoned its duty to protect the population.

South Carolina state epidemiologist Dr. Linda Bell has openly admitted that the agency is “not getting an accurate picture at all” of how the virus is ravaging the community, yet she simultaneously declared that the state has not even considered adding measles hospitalizations to its mandatory reporting list. This bureaucratic negligence is compounded by intense political pressure from right-wing state legislators and corporate health systems that are collectively pandering to a vocal, vaccine-resistant minority. Doctors treating patients on the front lines are left entirely in the dark, forced to rely on Facebook posts and local rumors to learn about severe local complications like pneumonia, dehydration or life-threatening encephalitis.

This complete lack of federal oversight aligns seamlessly with the broader Trump-Kennedy administration agenda of normalizing mass infection and downplaying the deadly realities of vaccine-preventable diseases. By allowing states like South Carolina to hide the true extent of this outbreak, the CDC further erodes whatever fragile public trust remains in its authority, proving once again that the health and safety of the population have been entirely subordinated to anti-science political expediency and vaccine disinformation—and the results are now manifesting in communities across the country.

The explosive spread of measles is the direct and predictable

outcome of plummeting childhood immunization rates. National kindergarten coverage for the measles, mumps and rubella (MMR) vaccine has deteriorated to 92.5 percent, falling dangerously below the 95 percent threshold required to maintain herd immunity and prevent community transmission. Simultaneously, the share of kindergarteners claiming non-medical exemptions from required vaccines has surged to a record 3.6 percent. The virus flourishes under conditions of widening vulnerability. Fully 94 percent of measles patients in 2026 have been unvaccinated or have an unknown vaccine status.

More precisely, and according to the recently published *Nature Health* measles study by Zhou et al., mapping county-level MMR vaccine uptake reveals significant spatial clustering of low coverage among children under five, heavily concentrated in the South and Southwest. The model correctly flagged the dangerous immunity gaps in West Texas and southern New Mexico that fueled a 2025 outbreak of more than 760 cases, spreading rapidly through communities largely abandoned by targeted public health outreach.

The most explosive consequence is currently unfolding in South Carolina's Upstate region, where years of expanding non-medical exemptions have accumulated a massive pool of susceptible youth, igniting the largest single US measles outbreak in a generation. A parallel crisis is raging along the Arizona-Utah border, exploiting some of the lowest vaccination rates in the country. Florida, where state Surgeon General Joseph Ladapo has aggressively promoted anti-science "health freedom" rhetoric over community safety, has seen immunization compliance plummet—sparking active clusters, including the outbreak at Ave Maria University in Collier County. These are not accidents of geography; they are the predictable result of a decade of engineered immunity erosion in predominantly poor or heavily religious working-class communities.

The explosion of these hotspots is not solely a product of localized vaccine refusal, but the direct consequence of a systematically gutted public health infrastructure. As highlighted in a review of the measles crisis published in *Cureus* in July 2025, states have actively dismantled their capacity to contain infectious diseases. In Texas, for instance, the contact tracing workforce was drastically reduced during the COVID-19 pandemic, stripping the region of the basic epidemiological resources required to track and isolate highly contagious pathogens.

Deprived of the robust, community-level outreach programs that historically sustained high childhood immunization rates, these abandoned working-class regions are left entirely defenseless. In view of this engineered combination of plummeting vaccine uptake and the deliberate destruction of disease containment networks, epidemiological models now warn that the United States stands on the precipice of disaster, with measles projected to become a fully endemic disease once again if these catastrophic trends are not immediately reversed.

The current public health crisis represents a tragic and deliberate reversal of one of the greatest scientific and social achievements of the 20th century. The combination of decades of sustained public health initiatives, comprehensive school immunization laws, and the removal of financial barriers through the Vaccines for Children

program culminated in the historic elimination of endemic measles in the United States in 2000. These advances were not merely medical breakthroughs; they were monumental social gains won through collective effort, demonstrating that human progress and science could conquer ancient, deadly scourges.

Today, these hard-fought protections are being systematically dismantled by a ruling class and a social order in advanced decay. Having normalized mass death and debilitation during the ongoing COVID-19 pandemic to protect corporate profits, the political establishment now treats disease prevention as an unacceptable impediment to profit-making.

The resurgence of measles is the direct consequence of a coordinated anti-science agenda spearheaded by the Trump-Kennedy administration, which has purged scientific expertise from the CDC, gutted the Advisory Committee on Immunization Practices, and elevated right-wing ideology over population health. US public health officials now callously dismiss the impending loss of the nation's measles elimination status. This signifies that these agencies no longer function to protect life and well-being; instead, they do precisely the opposite.

More importantly, the return of preventable plagues like measles confirms that the defense of public health is no longer merely a medical issue, but a fundamental class political question. The deliberate erosion of scientific authority and the gutting of epidemiological infrastructure constitute a direct assault on the working class, which relies on these social protections for survival. Securing a future free from the threat of infectious disease requires rejecting the capitalist subordination of human life to private profit. It demands the independent political mobilization of the working class, armed with a scientific program, to rebuild society and its public health institutions based on collective human need.



To contact the WSWs and the Socialist Equality Party visit:

**[wsws.org/contact](https://www.wsws.org/contact)**