Peru declares state of emergency as measles epidemic exposes crisis of capitalist-run public health

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The Peruvian government has declared a 90-day health emergency as a measles outbreak tears through the country's most impoverished and vulnerable communities, exposing once again the catastrophic failure of the capitalist state to guarantee the most basic conditions of life for the working class and the poor.

As of early May 2026, Peru had registered 301 confirmed cases and 1,403 suspected cases nationwide. The epicenter of the outbreak is the Puno region in the southern Andes, which accounts for 295 of the confirmed cases. Health authorities acknowledge the spread of the disease remains completely uncontained more than two months after the initial epidemiological alert was issued.

Six people were hospitalized due to serious complications, including two children and four adults. A pregnant woman is also among those confirmed infected. The disease has now spread far beyond Puno, with active cases reported across the regions of Arequipa, Cusco, Huancavelica, Moquegua, Amazonas, Loreto, Tacna, Tumbes, Ucayali, Madre de Dios and Apurímac, as well as Lima's seaport of Callao. Of 215 confirmed cases analyzed, 37 belong to the 5–9 age group, 75 to the 10–19 group and 60 to the 20–29 group, with additional cases registered among adults up to age 59.

A highly contagious, acute viral disease that affects individuals of all ages, measles is one of the leading causes of death among young children globally.

The World Health Organization (WHO) has warned that Peru now faces the conditions for an even more damaging spread of the disease. Far from being an unforeseen natural disaster, this crisis is the direct and foreseeable product of decades of systematic underfunding of public health infrastructure, the gutting of state vaccination programs and the subordination of every social need to the demands of profit and fiscal austerity.

The official statistics on vaccination coverage tell the story with devastating clarity. Deputy Minister of Health Augusto Tarazona has acknowledged that achieving herd immunity against measles requires a minimum vaccination coverage of 95 percent of the population. In 2025, Peru reached only 82 percent—already dangerously below the threshold. In Puno, the situation is even more alarming: coverage has fallen from an already inadequate 70 percent in 2025 to just 16 percent in the first quarter of this year. The Ministry of Health in Puno has announced that in-person classes will be suspended at schools failing to achieve 90 percent vaccination coverage.

Emergency measures, however inadequate, came only after the outbreak had already taken hold. As the WSWS has documented, Peru has endured some of the highest per-capita COVID-19 death rates in the world, a toll inflicted overwhelmingly upon the working class and Indigenous communities who bore the full weight of a state policy that prioritized economic activity over human life.

The Ministry of Health has attributed the start of the current outbreak to the mass gatherings of the Candelaria and Carnival celebrations—February and March—during which large numbers of people from across Peru and neighboring Bolivia converged on Puno. Upcoming events of similar scale, including Inti Raymi on June 24, threaten to accelerate transmission further.

César Munayco, director of Peru's National Center for Epidemiology, has acknowledged that measles—long absent from urban centers—"is reappearing in regions like Puno and Metropolitan Lima, revealing structural weaknesses in the health system." This official admission names the essential truth: what is failing is the entire social infrastructure that decades of capitalist mismanagement and austerity have hollowed out.

Arequipa: outbreak spreads along corridors of daily life

The city of Arequipa (1.3 million inhabitants) has become a second front in the epidemic. Two university students who traveled to Juliaca, in the Puno region, returned carrying the virus. One developed the disease in Arequipa itself; the other contracted it in Juliaca—a crossroad town that links Cusco and Arequipa with Bolivia—and fell ill upon returning home. In-person classes have been suspended at both the Universidad Continental of Arequipa and the Universidad Nacional de San Agustín (UNSA), where a student who had recently visited her hometown of Juliaca tested positive.

Measles is not a mild childhood inconvenience. It is a highly contagious viral disease whose complications include pneumonia, encephalitis and permanent loss of vision or hearing. It can kill. It strikes with particular ferocity among unvaccinated children and immunocompromised individuals. Its hallmark symptoms—high fever, skin rash, cough, and conjunctivitis—precede a period during which the virus can spread to others before the infected person even knows they are ill.

And yet, measles is entirely preventable. Two doses of the measles-mumps-rubella (MMR) vaccine, administered in childhood, confer lifelong immunity in 97 percent of recipients. This is not a disease for which humanity lacks the tools. It is a disease that spreads because the social and political order refuses to deploy those tools equitably and consistently. Every measles case in 2026 is, in the most literal sense, a political failure.

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Latin America: a region structurally primed for epidemic

Peru's crisis is not an isolated national failing. It reflects a regional catastrophe that was explicitly forecast. In January 2024, the Pan American Health Organization (PAHO) issued an epidemiological alert warning that only a quarter of the 40 countries in the Americas had achieved the minimum 95 percent coverage threshold for even a single dose of the MMR vaccine. PAHO's conclusion was unambiguous: the entire Latin American region was, in its own words, "structurally prepared for a measles epidemic."

That structural preparation is not an accident of geography or culture. It is the direct product of decades in which international financial institutions—the IMF, the World Bank, and Wall Street—imposed fiscal austerity on governments across the region, systematically gutting public health infrastructure, defunding vaccination programs and forcing hundreds of millions of workers and their children to rely on health systems starved of resources.

The crisis is not confined to the Global South. The United States declared measles eliminated in 2000. That achievement is now being systematically dismantled. As the WSWS has documented, measles cases in the US surpassed 1,000 in early 2026, reaching that threshold far earlier in the year than in 2025, which had itself marked a three-decade high. The number of cases, spread across 38 states and the District of Columbia, has nearly doubled since.

This epidemic is being fueled by the Trump administration's systematic assault on public health institutions, the gutting of the CDC, and the deliberate promotion of anti-vaccine disinformation from the highest levels of the state.

A new dimension of danger now looms with the 2026 FIFA World Cup, to be co-hosted by the United States, Canada, and Mexico. Of the 104 scheduled matches, 78 will be played on US soil. Hundreds of thousands of fans from across Latin America—including from countries with collapsing vaccination rates—will travel to host cities and return home, traversing airports, stadiums and public transport in nations where measles is already circulating at elevated levels. The conditions for a significant international transmission event are already present.

How COVID-19 destroyed a generation of vaccination coverage

The COVID-19 pandemic did not merely kill millions in its own right—it detonated a secondary crisis in global public health whose consequences are still unfolding. Between 2020 and 2022, more than 61 million doses of measles vaccines went unadministered worldwide as routine immunization programs broke down. Latin America absorbed a disproportionate share of those losses. The children who missed those doses are now school-aged. They live in communities. They travel. They are unprotected. And measles is circulating.

As with Peru's COVID-19 death toll, the measles epidemic is not a natural disaster, but a concentrated expression of a social crisis decades in the making: a chronically starved healthcare system, soaring inequality and a Peruvian bourgeoisie that faithfully follows the lead of its patrons in Washington in placing profits above human life.

Peru is a country of enormous inequality. Millions of households lack reliable access to clean water. Much of the workforce is absorbed by an informal economy in which workers have no access to healthcare, sick leave or occupational protections of any kind.

The shantytowns encircling Lima and the Indigenous communities of the Andes and the Amazon operate at a level of material deprivation incompatible with the functioning of any serious public health system. These are not the accidental residues of underdevelopment—they are the structural products of capitalist property relations and the international division of labor imposed by imperialism.

Twenty years ago, measles was on the verge of global eradication. As the WSWS has explained, the two-dose measles vaccination program, before it began to be eroded, had saved an estimated 93.7 million lives—the greatest life-saving achievement of any vaccine intervention in history. The unraveling of that achievement through austerity, defunding and anti-scientific disinformation represents one of the most profound social crimes of the capitalist era.

Measles as the virus of inequality

The WSWS has described measles as "the virus of inequality," a characterization that cuts to the essence of the current crisis. Those left unprotected are, overwhelmingly, the workers and the poor of the Global South and the most marginalized sections of the working class in the imperialist countries themselves.

Nowhere is this more visible than in Lima, Peru's capital. The "Wall of Shame"—a three-kilometer concrete barrier running through the hills on the city's southern edge—physically separates the working class neighborhoods and migrant communities from the manicured wealth of the Casuarinas district on the other side of the "Wall," home to very wealthy bourgeois families.

The children on one side of that wall receive vaccines through functioning health centers with reliable cold chains and adequately paid personnel. The children on the other side receive whatever survives the chronic underfunding of the Peruvian state, whatever reaches communities where inequality has risen sharply through the combined COVID and political crises of recent years.

No solution within the framework of bourgeois politics

On June 7, Peruvians will elect a new president. One of the two contenders is Keiko Fujimori, a corrupt extreme right-wing politician, daughter of the dictator former President Alberto Fujimori. Under her rule, the rich will become richer, and she will rely on the armed forces to impose a dictatorial "peace." That will include more cuts in education and healthcare and attacks against any working class upsurge.

Fujimori's opponent is Roberto Sánchez, a corrupt career politician running on a populist program. In last Sunday's debate of the political teams, it was clear that Sanchez has recanted his electoral promises in order to appease international capital. The solution to this crisis cannot be found within the parameters of any party or tendency operating within the framework of Peruvian capitalism. There is no question that if Sánchez wins, he will quickly align his government with the demands of international capital.

Defending public health, fully funding vaccination programs, and rebuilding the health infrastructure that capitalism has systematically gutted are not technical or administrative questions—they are political ones. They require the independent mobilization of the Peruvian and Latin American working class, organized on the basis of a socialist program and as part of the international movement of the working class against capitalism.

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