US measles cases near their worst level since 1991, met with official silence

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In just half the time of last year, the United States has reproduced its worst measles outbreak in 35 years, a catastrophic milestone met with official silence. The nation recorded 2,231 confirmed measles cases as of the July 9 update by the Centers for Disease Control and Prevention (CDC), 97.5 percent of the 2,289 infections reported for all of 2025, itself the highest full-year total since 1991. The country crossed the 1,000-case threshold in under two months, a mark it did not reach until nearly May of last year. With the CDC warning that summer travel and large events will drive further cases in the coming months, the 2025 record is certain to fall at the next weekly update.

Yet there are no congressional hearings, no emergency briefings, no presidential addresses. The country eliminated measles in 2000 but is now poised to lose that status this November, and the dominant posture of the political establishment is a shrug. The silence is not incidental; it is the achieved goal of a policy that has redefined a preventable epidemic as the normal background of American life. The virus has reached 42 jurisdictions in 2026, with 13 further cases among international visitors, and the tell lies in its continuity across the calendar year.

Of the total, 93 percent are outbreak-associated, and the majority, 1,365 cases, are the continuation of outbreaks that ignited in 2025 and never stopped, with a further 717 from 32 new outbreaks this year. The young and unprotected bear the burden: 93 percent of the infected are unvaccinated or of unknown status, and 70 percent are under 19, including 20 percent under five.

The geography of the disease maps onto the places where immunity has collapsed. South Carolina leads with 670 cases in 2026, the tail of an Upstate outbreak that began in October 2025 and grew into the largest outbreak in the US in more than three decades, reaching 997 cases concentrated in Spartanburg County before the state declared it over in April. Utah has climbed to 516 cases, with kindergarten MMR coverage at just 88.6 percent. Texas has confirmed 182, most inside federal detention facilities, including some 130 at a single U.S. Marshals Service site in Hudspeth County and the first publicly reported cases at the ICE family detention center in Dilley, tying the epidemic directly to immigration policy. Florida has reached 141 amid conspicuous under-reporting by its health department, and further clusters are active in Virginia, Pennsylvania, Arizona and Washington.

This vulnerability is the structural result of declining rates of childhood immunity. National kindergarten coverage for the measles, mumps and rubella vaccine fell from 95.2 percent in 2019–20 to 92.5 percent in 2024–25, a fifth consecutive year below the 95 percent herd-immunity threshold, leaving roughly 286,000 kindergartners unprotected as the exemption rate reached a record 3.6 percent. Only 10 states and the District of Columbia still meet the 95 percent target; Idaho has fallen to a national low of 78.5 percent.

Last year set the baseline that the current surge is already overtaking: 2,289 cases and 48 outbreaks in 2025, beginning in January in a Mennonite community in Gaines County, Texas, and producing the first US measles deaths in a decade, two unvaccinated children and one adult. Even so, the official toll is understated. The CDC reports a 2026 hospitalization rate of 6 percent against a historical norm near 20 percent, and South Carolina, which does not mandate hospital reporting, has published rates as low as 2 percent.

None of this began with Health Secretary Robert F. Kennedy Jr. Measles was already returning before the pandemic. In 2019 the United States recorded 1,274 cases, its worst year since 1992, and came within weeks of forfeiting the very elimination status it now stands to lose. That resurgence unfolded under the first Trump administration, driven by a vaccination rate that had been slipping for years as exemptions spread and local health departments, hollowed out by decades of bipartisan austerity, lost the capacity to respond.

The pandemic interrupted this trajectory only to deepen it. Lockdowns and collapsed travel drove measles to just 13 cases in 2020, briefly masking the decay beneath the surface, even as the COVID-19 response stripped tens of millions of children worldwide of routine vaccination and exposed the class logic of American public health, in which containment was subordinated to profit and mass death treated as a cost of business. Kennedy is not the author of this assault but its concentrated expression, the personification in a cabinet post of a long, bipartisan retreat from the principle that society bears collective responsibility for its members.

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This resurgence is not a misfortune that policy failed to prevent; the dismantling of the machinery that prevents the infectious spread of diseases is the policy. Its most concentrated phase began in June 2025, when Kennedy fired all 17 members of the Advisory Committee on Immunization Practices (ACIP), an unprecedented purge in the panel's 61-year history, and replaced them with vaccine skeptics such as Martin Kulldorff and Retsef Levi.

Because ACIP recommendations dictate insurance coverage, govern the Vaccines for Children program that serves more than half of American youth and anchor nearly 600 state statutes, capturing the committee handed the administration control of national health policy without a single piece of legislation. In August 2025, it canceled $500 million in mRNA vaccine development, halting 22 projects at Pfizer, Moderna and others, including work on H5N1 avian influenza. CDC Director Susan Monarez was fired for refusing to preapprove the restrictions, prompting senior scientists to resign, warning of death and disability from these actions. It culminated on January 5, 2026, when a memo cut the childhood schedule from 17 routinely recommended vaccines to 11, with no public notice or ACIP vote.

On March 16, 2026, U.S. District Judge Brian E. Murphy enjoined the new schedule as "arbitrary and capricious," staying the ACIP appointments and votes and restoring the prior standards. The check is real but limited: The administration appealed to the First Circuit, rewrote the ACIP charter twice to strip its expertise requirements and issued an executive order advancing the same agenda. A parallel assault runs through the states, where Florida Surgeon General Joseph Ladapo is moving to end all school vaccine mandates amid a wave of more than 350 anti-vaccine bills filed in 2025, while *Miller v. McDonald*, kept alive by the Supreme Court, could impose religious exemptions nationwide.

Reclassifying once-required immunizations as a matter of "shared clinical decision-making" offloads public health onto individuals, viable for affluent families with concierge care but a dead letter for working-class families without a regular physician. The contradiction is stark. Public trust in the CDC has collapsed from 77 percent to 50 percent in a single year, yet support for school vaccination mandates remains above 75 percent. Even Republican pollsters call the anti-vaccine agenda a midterm liability, yet the epidemic proceeds unannounced.

Measles is ancient, and its danger reaches beyond the acute illness. It induces immune amnesia, erasing up to 73 percent of a survivor's immune memory and leaving them exposed to other infections for months or years, so falling coverage endangers far more than the primary infection. The disease is also, uniquely, tameable. The durable immunity first documented in the 19th century became the conceptual root of herd immunity, the very principle current policy is dismantling. Before the vaccine era began in 1963, the United States endured roughly 500,000 cases a year, driven to zero by elimination in 2000; worldwide, measles vaccination has since saved more lives than any other vaccine, an estimated 94 million since 1974.

The United States is one node in a global regression it is actively accelerating. In November 2026, the Pan American Health Organization's (PAHO) Regional Verification Commission will review the elimination status of both the United States and Mexico. A May 2026 analysis in *The Lancet* found the United States already fails four of seven CDC elimination indicators, with the effective reproduction number above 1.0 on 285 of 376 days since January 2025, the signature of continuous domestic transmission; the authors judged the loss of status highly likely.

Such a loss would be the first for the hemisphere's wealthiest nation since 2000. It follows Canada, which lost its status in November 2025 and took the entire Americas region's measles-free designation with it. Cases across the Americas in 2025 ran to nearly 32 times the 2024 total, and by PAHO's July 2 report the 2026 regional count had passed 22,000, with 39 deaths. Mexico is now the epicenter, with more than 11,800 cases in an outbreak linked to the Texas cluster; Guatemala has exceeded 7,000, and Canada has added more than 1,000 this year. Beyond the hemisphere, global first-dose coverage has plateaued at 84 percent, far below the 95 percent required.

Washington is an accelerant, not a bystander. By withdrawing from the World Health Organization, the administration severed the principal funding for the Global Measles and Rubella Laboratory Network, some 700 laboratories confirming outbreaks worldwide, and withheld roughly $600 million from Gavi, threatening immunization for tens of millions of children. Officials treat the coming loss as a technicality to be quietly absorbed, but it formalizes a defeat already suffered, the reversal of one of the greatest public health achievements of the last century.

The virus spreading today is the same one conquered decades ago, and the remedy is the same cheap, highly effective vaccine that achieved elimination in 2000. The science has not changed; what has been withdrawn is the will to use it. An agency that would treat this as the emergency that it is would be holding hearings and mobilizing resources, not changing the subject to food dyes. The genuine defense of public health requires the independent political mobilization of the international working class, for whom these policies are a measure of life itself. The loss of elimination status in November 2026 measures how far the social right to collective protection has already been rolled back, and what it will take to reverse it.

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