US measles hits a 35-year high: One front in a global unraveling of public health

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26 July 2026

According to a July 23 update from the Centers for Disease Control and Prevention (CDC), the United States has confirmed 2,318 measles cases in 2026, officially surpassing the 2,289 infections recorded during the entirety of 2025. Reached in July with no deaths reported yet this year, this figure marks the highest domestic burden in 35 years. As Dr. Richard Besser, a former acting director of the CDC, noted in *USA Today*, the measles caseload of the past 18 months exceeds the total of the previous 25 years combined.

This number is not merely one country's misfortune but a single, visible expression of a coordinated global process in which the public health achievements of the postwar years are being attacked indiscriminately. The same deliberate withdrawal of collective protection that manifests as falling immunization coverage in the United States shows up elsewhere as empty vials in the Democratic Republic of Congo, where the latest Ebola epidemic has killed more than 1,356 people, as of July 25, in just over two months.

The political establishment works constantly to keep these crises apart, though they are common expressions of a capitalist system that is indifferent to the plight of the world's billions but at the beck and call of its billionaires and financial aristocracy.

The arithmetic of withdrawn protection

The record measles caseload is not a natural misfortune but an engineered collapse in immunization that falls most heavily on the youngest and unprotected. Despite the historic surge, the crisis has been met with official silence, producing no congressional hearings or emergency actions.

According to the CDC, the virus is hitting those without immunity, with 93 percent of patients unvaccinated or of unknown status. The burden falls on the young, with nearly 70 percent of cases occurring in individuals under age 19. Regional data from the Pan American Health Organization (PAHO) show the highest incidence among infants under one year of age, too young for their first vaccine dose. Overall, 7 percent of infected individuals in the United States have required hospitalization this year.

This concentration of disease is the direct result of decaying childhood protection. National kindergarten coverage for the measles, mumps and rubella vaccine fell from 95.2 percent before the pandemic to 92.5 percent for the 2024 to 2025 school year. This marks a fifth consecutive year below the 95 percent threshold required to give sufficient population immunity that the highly infectious virus will not spread, leaving approximately 286,000 kindergartners unprotected. Only 10 states and the District of Columbia meet the national target, while Idaho has plummeted to 78.5 percent.

This erosion can be traced directly to a fraudulent 1998 paper published in *The Lancet* by Andrew Wakefield that falsely linked the vaccine to autism, one thread, as the *World Socialist Web Site* has noted, in the evolving political crisis underpinning public health. Although the study was exposed as a deliberate fabrication by investigative journalist Brian Deer and retracted in 2010, the lie was amplified for two decades by anti-vaccine activists like Health and Human Services Secretary Robert F. Kennedy Jr., who now wields the power of federal office to act on this disinformation. What the vaccine once made rare, manufactured disinformation and political paralysis are making common again.

The health burden of measles

The absence of reported measles deaths in the United States so far in 2026 does not support those dismissing the virus as a harmless childhood illness. While modern medicine is better at preventing fatalities, the severe and entirely preventable morbidity concentrated among the unprotected reveals the true scandal of the current crisis.

A recent chart review published in *NEJM Evidence* analyzing the ongoing Utah outbreak makes this concrete. Of 602 reported cases across the state, 49 individuals, or 8 percent, required hospitalization, and 90 percent of those admitted were unvaccinated. The clinical toll was severe: 29 percent developed measles pneumonia, 78 percent needed intravenous fluids for dehydration, 61 percent required supplemental oxygen for hypoxemia, and four patients required intensive care.

Similar patterns emerge in other epicenters. A clinical series from Prisma Health in South Carolina, reported by *CIDRAP*, identified two cases of measles encephalitis, a severe swelling of the brain, among 81 patients seeking care.

The true scale of the crisis is the 8 percent hospitalization rate. This burden is a direct result of a false policy, borne almost entirely by children left unshielded by the deliberate withdrawal of collective protection.

Measles operates as a single global reservoir. The virus does not recognize political borders; susceptibility pooling anywhere raises the odds of infection everywhere, so an outbreak in one location becomes a probability of one in another. The estimated 286,000 unprotected kindergartners in the United States and the 33 million children worldwide who missed a measles dose in 2022, according to the World Health Organization (WHO), are part of the same susceptible pool.

PAHO's Situation Report 4 makes this system explicit. Through late May, the Americas region recorded 21,431 cases and 31 deaths, an increase of 234 percent. Mexico leads the hemisphere with 11,184 cases, followed by Guatemala with 6,655, and the same D8 viral genotype crosses back and forth over the border between Mexico and Texas. Globally, WHO and UNICEF data show that 14.3 million infants received no measles vaccine at all in 2024, more than half of them in just 10

countries, including the Democratic Republic of Congo. Global first-dose coverage sits at 84 percent, leaving no WHO region on track.

In this worldwide unraveling, the United States acts as a deliberate accelerant rather than a passive bystander. By withdrawing from the WHO, the Trump administration severed the critical funding that sustains the Global Measles and Rubella Laboratory Network, and it is withholding roughly $600 million from Gavi, the Vaccine Alliance, defunding the epidemiological surveillance and immunization capacity of the whole world.

The price of forfeiting elimination

The financial toll of this orchestrated vulnerability is explosive. An analysis published in *PNAS* by a Yale University team detailing the health and economic repercussions of declining MMR coverage estimated that in 2025 measles imposed a nationwide cost of $244.2 million, roughly $104,629 per case, with per-case costs inversely correlated with local immunity so that the least-protected communities pay the most. Should coverage among children up to age six decline by just 1 percent annually over five years, the researchers project a nonlinear surge: by 2030, 17,232 cases, 4,085 hospitalizations and 36 deaths in a single year, at a cost of $1.50 billion, and a cumulative societal cost of $7.77 billion. A complementary simulation in *JAMA* by Mathew Kiang and colleagues projects that measles will return to endemic status within about two decades under current trends, with a further 10 percent decline in MMR coverage producing a 25-year toll of 11.1 million infections.

This trajectory guarantees the formal forfeiture of a historic public health triumph. Because the virus is too contagious for absolute zero incidence to hold while it circulates anywhere, experts defined elimination carefully. Outlined by Orenstein, Papania and Wharton in a 2004 supplement of *The Journal of Infectious Diseases*, elimination was defined as interrupting endemic transmission for 12 or more months, with an effective reproduction number below 1 serving as the necessary and sufficient test that the chain was broken.

The United States has already breached this threshold. An analysis in *The Lancet* finds the country now fails four of seven CDC elimination indicators, with the effective reproduction number above 1 on 285 of 376 days since January 2025, indicating sustained domestic spread. PAHO will formally review the status of both the United States and Mexico this November. Canada already lost its own status in November 2025, a failure that took the measles-free regional designation of the Americas with it.

Undoing public health achievements

Every front of the assault on public health uses the same method: relocating a systemic cause onto a scapegoat, whether the poor, the disabled or the Chinese, so the world system that produced the crisis vanishes from view. The historical arc is stark. In 1962, the CDC's founding chief epidemiologist, Alexander Langmuir, argued that measles should be eliminated “because it is there and because it can be done.” In January 2026, the agency's then principal deputy director, Ralph Abraham, called the looming loss of elimination status the “cost of doing business.”

The mid-century vaccines and the agencies that deployed them were concessions a postwar ruling class made under pressure, which it now withdraws. As historians George Rosen and Dorothy Porter showed, public health is not a gift of civilization but a conquest of class struggle, dismantled when that pressure recedes.

This dynamic is made concrete in Peter Daszak. He spent 15 years tracing the spillovers that the globalized economy manufactures, warning that trade, travel and the wildlife industry drive new pandemics. The federal government debarred him in 2024, and he was forced out of EcoHealth Alliance in 2025. He was scapegoated by a lab-leak narrative whose function was to make China the author of the pandemic and shield the global capitalist system from any responsibility.

The same method operates elsewhere. Authorities are banning community water fluoridation, a 1945 achievement that most protects the poor. Autism is branded a preventable disease to justify recasting disability as an economic burden, while Centers for Medicare and Medicaid Services administrator Mehmet Oz declares that healthy people do not consume healthcare resources. Each tactic relocates a systemic cause onto a scapegoat.

Conclusion: The scientist as worker

The measles virus remains the same and the vaccines highly effective. What the 35-year high in infections measures is the decay of the social order that puts science to use, not a failure of science itself.

Every vaccine is the accumulated product of generations of collective, publicly funded human endeavor built to make life more habitable. Virologist Paul Parkman assigning his rubella patent directly to the public rather than a private firm is the emblem of that legacy. Since 1974, global immunization has saved 154 million lives, with measles prevention alone accounting for nearly 94 million, according to a 2024 analysis in *The Lancet*.

When this scientific labor is swallowed by institutions organized for profit, the work becomes deformed and starved, through financialized pharmaceutical firms, defunded public health agencies and a state that calls disease the cost of doing business. Science serving capital and science serving humanity are at war, and the measles resurgence is the byproduct of that conflict and a warning of the outcome if capitalism prevails.

The defense of public health cannot be won by appealing to the institutions that abandoned it. It requires scientists and health workers to recognize themselves as workers whose social labor produced this knowledge, and to decide what that labor serves. An isolated scientist, like an isolated worker, cannot defend himself. Science informs the workers whose lives it protects, and only the organized power of those workers can create the conditions in which science serves life rather than profit, which in turn frees the science.

That reciprocal recognition is the ground on which measles was once defeated and the only ground on which it can be defeated again. The impending loss of elimination status in November 2026 measures how far the collective right to protection has been rolled back. It is also a summons to the people who built that protection to recognize what they are and what they must do to fight back.