

US measles cases double last year's total as Pennsylvania records a sixth death

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A 39-year-old unvaccinated woman in Franklin County, Pennsylvania, died on October 10 of what the county coroner recorded as a probable acute cardiac event due to possible complications of measles, becoming the sixth person in the state to die in an outbreak that began in late April. Coroner Jordan Conner stated that the death meets the definition established by the state Department of Health, which says it is reviewing the case.

The five earlier deaths were a newborn, a six-week-old infant, an 18-year-old, a 20-year-old and a 40-year-old woman. All six were unvaccinated, with the two infants too young to have that protection.

The United States recorded no measles death at all between 2016 and 2024, and three were reported in 2025. Pennsylvania has now recorded six since August 25, while no other state has reported a single one this year, though South Carolina has confirmed nearly a thousand cases. Yet the Centers for Disease Control and Prevention (CDC) has counted only three deaths nationally for 2026, the same number the country recorded last year, each of them marked with an asterisk, and the agency will not say in which states they occurred, though only one state has reported any.

In the face of this crisis, the CDC has confirmed 4,588 cases in its latest weekly national update, double the 2,289 recorded in all of 2025. The epicenter of the epidemic remains Pennsylvania, with 1,286 cases confirmed across 42 counties, up from 1,136 when the WSWs last reported on the outbreak, and 247 hospitalized, nearly 20 percent of those infected. The United States is expected to lose the measles elimination status it has held since 2000 when the Pan American Health Organization reviews the data next month.

The CDC has now sent the state some assistance with its epidemic response, and the circumstances under which it did so are themselves revealing. Federal investigators cannot enter a state that has not asked for them, as public health authority in the United States rests with the states and the CDC's Epidemic Intelligence Service deploys on invitation only. Pennsylvania withheld that invitation for most of the outbreak, and the reason is itself the substance of the dispute. On September 16, with four deaths recorded by the state and none by the federal government, Health Secretary Debra Bogen wrote that

Pennsylvania would accept federal investigators if the agency would acknowledge that those deaths had occurred. It declined to do so.

The state submitted its request regardless on October 7 and a week later was still asking the agency to explain how it determines what counts as a measles death, while Kennedy told reporters on October 15 that Pennsylvania had never requested assistance and had suffered as a consequence.

What arrived on Monday was a single officer, deployed for the customary one to three weeks, to a state that has some 300 staff working on the outbreak and 60 disease detectives of its own. He has come neither to vaccinate anyone nor to trace contacts, but to construct models estimating how many cases there actually are and what the state's vaccination drive has achieved. Pennsylvania has thus asked Washington to help it establish the size of its epidemic, and Washington has sent one man to calculate a number while publishing no national hospitalization figure, refusing to identify the states in which its three recorded deaths occurred, and conducting no campaign urging anyone to be vaccinated. The requirement of an invitation governs who may enter Pennsylvania. It does not govern what the agency says to the country, and on that it has been almost silent. All this is taking place with the midterm elections less than two weeks away.

Perhaps more consequential still was the Department of Health's issuance on October 19 of clinical guidance for measles in pregnancy and congenital measles, which noted that congenital cases had been identified for the first time in decades. These are harbingers of what lies ahead. Sixty-six of the state's measles cases have been confirmed in pregnant women and 157 in children under four, but the department keeps no count of congenital cases at all, it told *Ars Technica*, because the definition of such cases is not currently standardized.

The CDC, which changed its counting method in September, is at the same time working with state epidemiologists toward a standardized case definition for measles deaths whose effect would be to exclude those Pennsylvania has confirmed. Where no standard exists nothing is recorded, and where one is being drafted it is being drafted to exclude.

The clinical reality behind that absence of a count is well

understood. Approximately one-third of babies born to mothers whose rash began within 14 days of delivery will develop congenital measles. The MMR vaccine is a live vaccine and cannot be administered during pregnancy, so that for a non-immune pregnant woman the only protection available is an immunoglobulin injection within six days of exposure, which requires that she know she was exposed. Everything else depends upon the vaccination of those around her. The first of the state's six deaths was a newborn boy who died immediately after birth in August while his mother was severely ill with measles, among the deaths Kennedy publicly suggested had been fabricated.

The same guidance instructs clinicians to counsel families to watch their children for years for seizures, loss of developmental milestones and difficulties at school, which are early indications of subacute sclerosing panencephalitis, a progressive and almost invariably fatal brain disease that follows infection with the wild virus and not the vaccine. *Emerging Infectious Diseases*, the journal published by the CDC, this month carried a study of 20 such children treated at a single hospital in Quezon City, Philippines. Half of those whose infections could be dated had contracted measles before they were old enough to be vaccinated, and the four infected during the Philippine outbreak of 2018 and 2019 presented two to three years afterward rather than the usual seven to 10, which the authors call the leading edge of a post-outbreak wave.

Measles, in other words, is not finished with a population when its case counts cease, and no death recorded under the federal criterion will ever include these children.

The administration has meanwhile been constructing something else. On October 8 Kennedy announced a federal initiative on vaccine injuries that opens a clinic at the National Institutes of Health, reimburses physicians who file reports to the Vaccine Adverse Event Reporting System, rebuilds that system and requires electronic health records to carry vaccine injury fields. The clinic had in fact opened three days earlier, and Kennedy attended its ribbon-cutting without disclosing that he had done so.

The design of that reporting system is the key to what is being built. Anyone may submit a report to it and the reports are not vetted, and they already constitute the raw material of litigation seeking damages for alleged vaccine injury. The CDC has paid nearly \$1 million to a Virginia technology firm to rebuild the system. Kennedy himself was paid as much as \$500,000 a year for roughly a decade by Children's Health Defense, the anti-vaccine organization he founded, which brings such suits.

Nor is the premise of the initiative true. The surveillance system that the secretary says ignores vaccine injuries is the system that discovered them, having identified Guillain-Barré syndrome following the swine flu vaccine of 1976 and intussusception (a severe bowel blockage) following the rotavirus vaccine of 1999. Both vaccines were withdrawn from

use as a result. The evidence Kennedy himself favors has fared considerably less well, as the pediatrician Paul Offit set out on October 19. A Florida study that the secretary called "gold-standard science" was constructed from billing codes and was never published, and when a Danish study following 1.2 million children found no association between aluminum adjuvants and 50 chronic disorders, Kennedy demanded its retraction and the journal refused. Offit anticipates that Kennedy will continue adding injuries to the federal compensation program until it collapses, leaving vaccines less available, less affordable and more widely feared without being any safer.

The measles vaccine is safe and effective, mass immunization remains an elementary requirement of public health and of the self-defense of the working class, and the anti-vaccine movement is entirely reactionary. The distrust that workers feel toward the state has a rational basis, but it constitutes an indictment of the ruling class rather than a reason to refuse a vaccine.

Mass vaccination, like clean water and sewerage before it, was never a gift of capitalism but was fought for and paid for publicly, because the alternative was that working people would go on dying of diseases the wealthy could afford to avoid. The COVID-19 pandemic established the precedent for its retraction, when governments across the world declared the emergency over while the virus continued to kill, abolished free testing and treatment, and informed workers that mass infection was the acceptable price of uninterrupted production. Measles is simply the first of the older diseases to collect on that decision, because it finds every gap at the moment one opens.

The US went nine years without a single measles death, three were reported last year, and one state has now recorded six in seven weeks while the federal government, confronting twice the cases, acknowledges three and will not name them. The agency has not failed to count. It has been reconstructed so that it cannot count.

The hollowing out of American public health did not begin in 2025 and has not been the work of a single party. What is being secured is a state relieved of any obligation to know what it is doing to the population. The cost is borne by working people, whose children are now born into an epidemic their government declines to count, and whose defense of their own health cannot be entrusted to the state that is dismantling it.



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