US loses measles elimination status as cases and deaths surge

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The United States has lost the measles elimination status it has held since 2000, ending 26 years in which measles was effectively nonexistent in the country (the only known cases were linked to foreign travel, not local transmission). Pan American Health Organization (PAHO) Director Jarbas Barbosa told a press briefing on Tuesday, November 17, "The commission concluded that the endemic measles transmission has now been reestablished in Bolivia, Mexico and the United States, and recommended that their measles elimination status be withdrawn, a recommendation which I have accepted."

Noel Brewer, chair of an independent US committee that presented findings on the country's outbreaks to PAHO, told the *Wall Street Journal*, "Runaway measles outbreaks in the United States, as well as the needless deaths, are all due to low measles vaccination coverage. We've gotten comfortable letting children be stopped by a deadly disease and die from it."

In the past week, two more measles-associated deaths have raised the toll reported by state health departments in 2026 to 10. On November 13, the Pennsylvania Department of Health confirmed the state's seventh, an unvaccinated resident of Montour County, whose age the department did not release. Montour joins Lancaster County, with three deaths; Jefferson County, with two; and Mifflin County, with one. The same day, the Wisconsin Department of Health Services and the Grant County Health Department announced a pediatric measles-associated death, the state's second in eight days, with no further details released. The escalation is without precedent since elimination.

In the 21 years from 2004 through 2024, only a single person died of measles in the United States, a Washington state woman in 2015. Since the current surge began in 2025, 13 people have died, three in 2025 and 10 this year, five of them in November alone. The last time the United States recorded as many as 10 measles deaths in a single year was 1991, at the end of a resurgence that produced some 55,000 cases and more than 120 deaths from 1989 through 1991.

The review that ended US elimination status was first set to begin on April 13. However, on March 2, PAHO moved the reviews of the United States and Mexico to its regular annual meeting in November, citing analysis still under way by US health authorities, including complete viral genome sequencing. "One could hypothesize that they didn't want to annoy the administration before the election," former CDC director Tom Frieden told CIDRAP. PAHO has denied that the delay was politically motivated.

The return of measles-associated deaths marks a crisis not only of public health but of the social organization of society as a whole. Measles was eliminated in the United States by a public program of mass vaccination that cost little and returned no profit. Its resurgence is a global phenomenon and a byproduct of the malign neglect that finance capital adopted as its answer to the COVID-19 pandemic, putting the interests of finance above the health and well-being of the working class.

Where the epidemic stands

Across the country, the Centers for Disease Control and Prevention (CDC) recorded 5,412 confirmed cases in 2026 as of November 12, set against 2,289 cases in all of 2025 and 285 in 2024. It is the 14th straight week in which the agency has added at least 100 cases. Ninety-six percent of patients were unvaccinated or of unknown vaccination status, and 11 percent have required hospitalization.

Even the number of dead depends on who is counting. State health departments report 10 measles-associated deaths, the CDC counts six while naming no state, and PAHO still lists only three in its latest situation report. That public agencies cannot agree on the most elementary measure of an epidemic is itself evidence of the fragility of the surveillance system meant to track it.

Pennsylvania remains the center of the national epidemic, with 1,542 cases in 46 counties and 305 hospitalizations. Wisconsin has recorded 649 cases in 20 counties, up from 431 in 13 counties on November 3 and the highest number in the state in more than 35 years.

The epidemic has also brought back a condition that had all but disappeared from American medicine. From the start of 2025 through the end of September 2026, 13 cases of congenital measles, in which a mother passes the virus to her fetus in the womb, were reported to the CDC, according to preliminary figures that CDC scientists published November 16 in a public health alert in *NEJM Evidence*, in partnership with CIDRAP. The alert counted 112 confirmed cases of measles during pregnancy, almost all among women who were unvaccinated or whose vaccination status was unknown. Pennsylvania alone had confirmed 97 by November 6. "This is a brand new phenomenon," Michael Osterholm, who directs CIDRAP, told the Associated Press. "What's happening is we have so many women of childbearing age who were not vaccinated in the last 25 years, nor have they ever had exposure to measles because for the last 25 years we have beaten it back."

An estimated 25 to 30 percent of babies born to women who contract measles shortly before delivery may become infected, according to the American Academy of Pediatrics. Complications

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include pneumonia, encephalitis and subacute sclerosing panencephalitis (SSPE), a degenerative brain disease that appears years after infection and is almost always fatal. Adam Ratner of the academy's infectious diseases committee said there are indications that children with congenital measles may be at higher risk of SSPE and may develop it sooner.

National kindergarten MMR (measles, mumps and rubella) coverage fell to 92.4 percent in the 2025–26 school year, down from 95.2 percent in 2019–20. The fall in vaccination rates is a byproduct of the bipartisan attack on public health by the entire political establishment. Coverage fell to 93.9 percent in the first school year of the pandemic, under Trump's first administration. Coverage fell again in every school year of the Biden administration, to 92.5 percent in 2024–25, and has fallen once more under Kennedy. A study published in *Nature Medicine* by the Global Burden of Disease (GBD) collaboration noted that kindergarten exemptions reached 3.6 percent in 2024–25, with 17 states reporting exemption rates above 5 percent.

PAHO defines re-established endemic transmission as "a chain of transmission involving a viral strain with an identical genotype and lineage" that "has continued uninterrupted for 12 months or longer." Brewer presented the CDC's report to the commission on November 10, and a source familiar with its findings told Reuters that the agency itself had determined there were 12 months of continuous transmission. To regain the status, a country must end transmission and remain free of it for at least 12 months. Brazil lost its status in 2019 and took until 2024 to restore it.

The Midwest and the holidays

Across the Midwest, gaps in immunity have pushed case totals to multi-decade highs. In Wisconsin, the outbreak, centered in Grant, Lafayette and Iowa counties in the southwestern corner of the state, has spread to 20 counties, while in Grant County two-dose MMR coverage among school-age children stands at 67 percent. Minnesota has recorded 160 cases, 136 of them in Todd County, where only 61 percent of children born in 2023 have received at least one MMR dose, compared with 81 percent statewide.

Ohio has recorded 372 cases, 61 of them in the past week, concentrated in the northeastern counties of Geauga, Ashtabula and Wayne. Indiana has recorded 171, with 37 added in the past week, and the largest county total is in LaGrange, where MMR coverage was reported at 35.9 percent in 2025. The Virginia chain identified in the genomic analysis has already reached Indiana and Pennsylvania, and the evidence points to one broad regional gap in community immunity rather than separate local outbreaks.

This regional gap takes on acute significance as Thanksgiving approaches and infected people travel between states. The CDC has long warned that measles spreads during periods of heavy travel, such as the holidays.

One global process

None of this is peculiar to the United States. Canada lost its elimination status in November 2025, which cost the Americas their status as a region free of endemic measles. Mexico and Bolivia lost their elimination status along with the United States on November 17, while Guatemala, whose status was also under review and whose outbreak is the largest in the region, was not among the countries named. Guatemala has recorded 34,748 cases and 53 deaths. There, 67.6 percent of patients had no documented vaccination, and the case fatality rate among infants is 0.55 percent against 0.15 percent overall. Mexico has reported 13,761 cases and 23 deaths, with incidence highest among infants under one, at 102 per 100,000.

In Bangladesh, in what *Think Global Health* describes as the world's largest measles outbreak by case count, the interim government replaced UNICEF procurement with open bidding, despite UNICEF's repeated warnings, and secured only 17.8 million of the roughly 70 million doses the country needs each year. Meanwhile, the US aid freeze of January 2025 suspended more than 100 health projects worth $550 million. By August 4, 849 children had died with confirmed or suspected measles, and the toll passed 1,000 by October.

In Europe, the United Kingdom, Spain, Austria, Armenia, Azerbaijan and Uzbekistan lost their elimination status in determinations published in January, while measles remains endemic in 13 other countries, including France, Germany and Italy.

These outbreaks share a common origin. When governments worldwide abandoned COVID-19 elimination and let the pandemic spread unchecked, routine care collapsed everywhere. The loss of US elimination status is the American expression of that global process.

The policies that subordinated public health to the demands of finance capital during the pandemic, pursued under both parties, have since become entrenched, and the withdrawal of US immunization funding abroad and the attack on vaccination at home under Kennedy at Health and Human Services have deepened them. The defense of public health cannot be left to the governments that have abandoned it. What is required is the independent intervention of the working class internationally.

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