ISSN 1669-9106 MEDICINA (Buenos Aires) 2026: 86: 562-563

Letter

MEASLES IN THE AMERICAS: EMERGING RISK AHEAD OF THE 2026 WORLD CUP

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The recent confirmation[1] by the Pan American Health Organization (PAHO) and the World Health Organization (WHO) that the Region of the Americas has lost its measles elimination status is a wake-up call for all countries in the region, including ours. The Region of the Americas had been declared measles-free on September 27, 2016[2], and the sustained reintroduction of the virus in Canada for more than 12 months led to the Region losing its verification as a territory free of endemic circulation. Although this setback is reversible, it represents a significant epidemiological risk in a context of low vaccine coverage and a global increase in outbreaks.

During 2025, countries in the Region experienced exponential growth in cases[3]. PAHO reported 12 596 confirmed cases and 28 deaths as of November 7, 2025[1], concentrated mainly in Canada, Mexico, and the United States. More than 89% of cases were reported in unvaccinated individuals or those with unknown vaccination status, highlighting the magnitude of the existing immunization gap. At the same time, regional coverage of the second dose of the MMR vaccine (MMR2) is 79%[1].

In this scenario, the imminent realization of the 2026 World Cup in countries currently affected by active outbreaks implies a massive flow of travelers and a high risk of importing cases to other countries[4]. Previous experiences in the region show that, in the face of vaccination gaps, a single imported case can generate extensive chains of transmission, especially in communities with suboptimal coverage. In the last four FIFA World Cups (South Africa 2010, Brazil 2014, Russia 2018, and Qatar 2022), total stadium attendance ranged from 3.0 to 3.4 million spectators per tournament, with averages of close to 50 000 attendees per match[5,6]. Official tourism reports and FIFA's own reports also indicate that these events generated the arrival of more than 1 million international tourists per venue, with visitors from more than 200 countries in the case of Brazil 2014 and Qatar 2022[7].

Measles[3] is one of the most contagious diseases in the world, with an estimated basic reproduction number (R0) between 12 and 18, meaning that one infected person can transmit the virus to up to 18 susceptible individuals. Its complications, such as pneumonia, encephalitis, blindness, and death, particularly affect infants, immunocompromised individuals, and unvaccinated adults. Historical evidence shows that the measles vaccine has been the most impactful immunization intervention of the WHO Expanded Program on Immunization[8], preventing nearly 94 million deaths in the last 50 years and dramatically reducing global child mortality. However, this success depends on maintaining coverage of at least 95% with two doses, a critical requirement for preventing community transmission of an extremely contagious virus.

The recent loss of measles elimination status in the Americas exposes current gaps: suboptimal coverage, accumulation of susceptible individuals, and increasing international mobility. In this context, even a single imported case can trigger widespread outbreaks, reflecting the fragility of the achievements made through decades of vaccination.

Considering the transnational nature of the risk and the magnitude of the expected flow of

travelers for the 2026 World Cup, we invite international organizations, ministries of health, and epidemiological control agencies to assess this situation and adopt the measures they deem appropriate to strengthen regional preparedness. Cooperation between countries is essential to reduce the gap in susceptible travelers, optimize integrated surveillance, and ensure a timely response to any imported cases of measles.

Considering this situation, the Vaccine Council of the Argentine Society of Medicine strongly recommends:

- Verifying and completing the vaccination schedule for adults, especially those who do not have proof of two doses of the MMR vaccine.

- Recommending vaccination before international travel, particularly to countries with active outbreaks or high viral circulation[9].

- Reinforce epidemiological surveillance and immediate reporting of suspected cases.

- Actively promote vaccination among healthcare workers, travelers, and populations with low coverage.

- Communicate clearly, avoiding unnecessary alarm but emphasizing the importance of regaining coverage above 95% to prevent outbreaks.

The return of measles to the Region does not imply failure but rather serves as a strong reminder: vaccination is an irreplaceable tool for individual and collective protection. In the context of increasing international mobility, and with a global sport event on the horizon, it is imperative to reduce immunity gaps and maintain a prevention strategy based on science, cooperation, and early action.

References

1. Pan American Health Organization. PAHO calls for regional action as the Americas lose measles elimination status. Washington, D.C.: PAHO; 10 November 2025. In: https://www.paho.org/en/news/10-11-2025-paho-calls-regional-action-americas-lose-measles-elimination-status; accessed November 2025.
2. Pan American Health Organization. Region of the Americas is declared free of measles. Washington, D.C.: PAHO/WHO; 27 September 2016. In: https://www.paho.org/en/news/27-9-2016-region-americas-declared-free-measles; accessed November 2025.
3. World Health Organization. Disease Outbreak News; Measles in the Region of the Americas. 28 April 2025. In: https://www.who.int/emergencies/disease-outbreak-news/item/2025-DON565; accessed November 2025
4. Wilder-Smith A, Steffen R. Mass gatherings. Travel Medicine 2019: 383–6.
5. Fédération Internationale de Football Association. FIFA World Cup Qatar 2022 – In Numbers. Zürich: FIFA; 2022. In: https://publications.fifa.com/es/annual-report-2022/tournaments-and-events/fifa-world-cup-quatar-2022/fifa-world-cup-qatar-2022-in-numbers/; accessed November 2025
6. Reis RM, Telles R, Cherobim AP. Host cities, stadium capacity, number of matches and total and average attendance: FIFA World Cup 2006–2014. ResearchGate; 2020. In: https://www.researchgate.net/figure/Host-cities-stadium-capacity-number-of-matches-and-total-and-average-attendance_tbl3_339311257, accessed November 2025
7. South African Government Communication and Information System. Government assessment of the 2010 FIFA World Cup. In: https://www.gov.za/sites/default/files/gcis_document/201409/sr-sacountryreport2013-withcovera.pdf; accessed November 2025
8. Shattock AJ, Johnson HC, Sim SY, et al. Contribution of vaccination to improved survival and health: modelling 50 years of the Expanded Programme on Immunization. Lancet 2024; 403: 2307-16.
9. Ministerio de Salud. Calendario Nacional de Vacunación. Triple viral/Doble viral. Argentina.gob.ar. In: https://www.argentina.gob.ar/salud/vacunas/doble-triple-viral; accessed November 2025.