Measles Elimination Status Explainer

How Elimination Status Is Verified & What It Means

Common Health Coalition

The Takeaway

- Measles spreads very easily through the air and can make people seriously ill. For families living in or near an outbreak area, they should ensure they are up to date on the MMR vaccine, which is safe and about 97% effective after two doses.
- People who may have been exposed or notice symptoms like high fever, cough, red eyes, or a rash, should call their doctor or local health department. For those who are unvaccinated, a vaccine given within 72 hours of exposure can still help protect against illness.
- Elimination status tells us whether our vaccination, surveillance, and outbreak response systems are keeping measles from settling back into our communities. Holding onto it means outbreaks are being properly prevented, caught, and stopped, which protects babies too young to be vaccinated, pregnant people, and anyone with a weakened immune system. Losing it would mean measles is once again spreading continuously in the US, putting more families at risk and making future outbreaks harder and more costly to control.

What "elimination status" means

A country keeps its measles elimination status as long as no single chain of measles spread lasts 12 months or longer inside its borders. Elimination does not mean zero cases. Imported cases and outbreaks can still happen in an eliminated country, as long as each outbreak is stopped before it reaches the 12-month mark.

- **The 12-month rule**. PAHO considers endemic transmission re-established when lab and epidemiological evidence show the same virus strain (identical genotype and lineage) spreading without interruption for 12 months or more in a country.
- **The clock does not move**. PAHO says the date used to judge whether transmission was re-established is fixed. What can vary is when the review meeting happens, which depends on how long countries take to prepare their evidence.
- **No formal penalties**. Losing status carries no sanctions. PAHO describes the consequences as higher outbreak risk, more strain on health systems, and lost public health gains.
- **One country affects the whole region**. When any one country loses status, the Americas as a region loses it too.

What a "loss of elimination status" means

Loss of elimination status would mean measles is again considered endemic, spreading continuously inside the US. It **would not** bring sanctions, formal penalties, or by itself impose travel restrictions.

Getting status back requires at least 12 straight months with no endemic spread, a corrective action plan, and stronger vaccination, surveillance and outbreak response. Venezuela (lost 2018, regained 2023) and Brazil (lost 2019, regained 2024) each took about five years to regain status.

Who decides, how, and when

The final call belongs to the Director of the Pan American Health Organization (PAHO), acting on the recommendation of an independent expert commission. The graphic below walks through the four steps of this year's review, who is responsible for each one, and the key dates that led up to it.

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When	Who	What happens
Looking back		
2016	The Americas become the first region verified measles-free.	
Jan. 20, 2025	The West Texas outbreak begins, starting the 12-month window under review for the US. Mexico's window starts Feb. 1, 2025.	
Nov. 10, 2025	PAHO announces that Canada has lost elimination status, which means the Americas as a region has lost it too.	
Mar. 2, 2026	PAHO moves its special US and Mexico review from April into the regular November meeting.	
The 2026 review: four steps to a decision		
2025 through mid-2026	**Step 1** CDC, with state and local health departments US federal, state and local public health agencies. Learn more.	CDC and health departments trace each outbreak's chains of transmission through case interviews and contact tracing, collecting case, lab and genomic data, and CDC writes the annual US measles elimination report. This year's report adds whole genome sequencing, which can show more precisely whether cases belong to one continuous chain or to separate introductions.
Mid-Aug. to Sept. 2026	**Step 2** US National Verification Committee for the Elimination of Measles, Rubella, and Congenital Rubella Syndrome Independent US experts convened by the Task Force for Global Health. Learn more.	The committee reviews CDC's report and forwards it to PAHO along with its own expert opinion. The report's contents are confidential, members are bound by confidentiality, and the committee does not comment on its conclusions.
Nov. 10 to 13, 2026	**Step 3** PAHO Measles and Rubella Elimination Regional Monitoring and Re-Verification Commission (RVC) Eight independent experts from across the Americas. Learn more.	At its closed sixth annual meeting, the commission reviews every country's data for the previous year and the first half of the current year, covering vaccination coverage, surveillance quality, lab and genomic evidence, and outbreak response. National reports are restricted, and no single piece of evidence decides a country's status. The RVC then recommends each country's status to the PAHO Director.
~Week of Nov. 16, 2026 (expected based on last year's timing)	**Step 4** PAHO Director Head of PAHO, the World Health Organization's regional office for the Americas. Learn more.	The Director accepts or acts on the RVC's recommendations, notifies each country, and releases the decisions for the US, Mexico and the region to the public. Last year the commission met Nov. 4 to 7 and PAHO announced Canada's status the following Monday. A full written report of the meeting follows several months later.

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Where the US stands

The US has held measles elimination status since 2000, and its status for this review period will be announced after the November meeting. Mexico's status is also under review, and Canada is currently the only country in the Americas classified as endemic.

- **The window under review** began with the West Texas outbreak on January 20, 2025.
- **At least one US outbreak has run longer than 12 months.** Utah's outbreak began in June 2025, and an outbreak on the Utah-Arizona border was detected in August 2025. The review will assess whether these cases represent an uninterrupted chain of transmission lasting 12 months or more.
- **The key question is linkage.** Long outbreaks alone do not decide status. The commission looks at whether cases form one unbroken chain of the same strain, which is why this year's genome sequencing matters.
- **Case counts are at a 30-plus-year high.** The US reported 2,289 cases in 2025, the most in more than three decades, and now more than twice that number.

What an outbreak feels like to families

Regardless of what PAHO decides in November, one case of measles is one too many. Elimination status is a technical finding about chains of transmission, but the realities of outbreaks land on everyone in the community. For families living or working near an outbreak, the experience is personal and immediate, and telling these stories helps people see what elimination protects in everyday life. For example, during a measles outbreak:

- **Getting measles is serious**. Individuals can experience days of high fever, a full-body rash, cough, and red watery eyes. About 1 in 5 unvaccinated people who get measles end up in the hospital, often with pneumonia, and some children suffer brain swelling or die. There is no medicine that cures it.
- **Pregnancy becomes more risky**. Measles presents increased risk of miscarriage, intrauterine growth restriction, premature birth, and congenital measles if infection occurs during pregnancy.Going out in public with a baby gets harder. Babies do not typically get their first dose of MMR until 12 months, so parents of infants end up weighing every grocery run, church service and pediatrician visit. In outbreak areas, babies as young as 6 months may be able to get an early dose - parents should talk to their pediatricians.
- **Exposure alerts become part of daily life**. An alert that someone with measles spent an hour at a store sends a parent back through their week, checking where they were, when, and with whom.
- **School, child care, and work get disrupted**. Exclusions and quarantines mean missed school for kids and missed work for parents. An exposed unvaccinated child stays home from school for 21 days.
- **Figuring out adult vaccination status is incredibly difficult and time consuming**. The US has no national vaccine record. State immunization registries mostly began in the 1990s, so many adults' childhood shots were never entered, and the paper cards are often long gone along with the pediatrician who gave them. Some adults vaccinated between 1963 and 1967 received an early measles vaccine that didn't work well and are advised to get another dose. Without records, the options are a blood test to check immunity, or simply getting another MMR shot. CDC generally treats people born before 1957 as presumptively immune.

There are concrete actions that leaders across sectors can take to mitigate impacts of declining childhood vaccination rates, and the resulting costs to patients, communities, health organizations, employers, and the broader economy. For more information, see the Coalition's *More Illness, Greater Cost Spotlight Brief on Childhood Immunizations*.

Sources & Resources

- PAHO: Regional Verification Commission overview and FAQ
- PAHO: RVC to hold sixth annual meeting in November (Oct. 14, 2026)
- PAHO: Update on the review of measles elimination status (Mar. 2, 2026)
- PAHO: Americas lose measles elimination status (Nov. 10, 2025)
- STAT: Noel Brewer on how the US committee assesses status (Aug. 6, 2026)
- AP: Utah marks a year of battling measles (June 20, 2026)
- KFF Measles Elimination Status Explainer

For more information and vaccine resources, visit CommonHealthCoalition.org/vaccine-response.

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