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Recommitting to the eradication of measles

Canada's loss of measles elimination status is a warning of growing susceptibility to infectious diseases

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Canada's loss of measles elimination status is a troubling sign of a global trend in increasing susceptibility to infectious diseases. Even high income countries are struggling to control a disease that they once eliminated, raising serious questions about international efforts in protecting populations from dangerous pathogens. Amid a worldwide measles resurgence, Canada's experience underscores the fragility of hard-won public health achievements and the need for countries to recommit to elimination, not only to prevent needless illness and death but also to strengthen defences against risk of infectious diseases more broadly.

In November 2025, the Pan American Health Organization (PAHO) formally recognised that Canada had lost its measles elimination status, ending the country's 27 year streak without sustained domestic transmission of the disease.[1] After eliminating measles in 1998, Canada had mostly sporadic cases and occasional outbreaks. However, an internationally linked outbreak in 2024 led to more than 5000 reported cases in 2025.[2] Canada no longer met the criteria for elimination after transmission continued for more than 12 months.

The return of measles to Canada has exacted a substantial human toll. In a linked study, Wilson and colleagues document an outbreak in Ontario that accounted for nearly half (n=2377) of Canada's more than 5000 measles cases in 2025.[3] The outbreak resulted in 166 admissions to hospital, 13 admissions to intensive care, 51 infections during pregnancy, 10 infections of congenital measles, and an infant's death. Transmission was concentrated in historically under-vaccinated communities. Genomic sequencing identified the outbreak-associated strain in the United States of America, Mexico, the Netherlands, and other countries, illustrating how the consequences of not containing measles can extend far beyond national borders.

The return of endemic measles transmission is a setback for the Americas, which, in 2016, became the first WHO region to be formally verified as having eliminated the disease. Canada is the third country in the region to lose its elimination status, following Venezuela and Brazil, but the first in North America and the first high income country to do so.[4] USA has reported more than 4000 measles cases in 2026, while Mexico has recorded more than 19 000 since early 2025.[5] Prolonged outbreaks in both countries have raised concerns about the re-establishment of endemic transmission, with PAHO scheduled to review their elimination status in November 2026.

When countries lose their measles elimination status, public health measures that once protected against the disease appear to be faltering. The fact that this outbreak occurred in a high income country like Canada, with substantial resources and access to effective vaccines, is particularly concerning. Maintenance of elimination requires more than high vaccination coverage. Sensitive disease surveillance, laboratory capacity, rapid outbreak investigations, timely reporting, effective public health responses, community engagement and public trust are all needed. These same capabilities are essential for detecting and controlling other infectious disease risks. If countries with substantial resources struggle to contain a disease for which a safe and highly effective vaccine has long been available, serious questions are raised about their ability to confront pathogens for which fewer tools exist. In such settings, an erosion of trust in government and rising misinformation and disinformation are likely driving reductions in vaccination coverage that are make populations susceptible to measles outbreaks. But social vulnerabilities, politicisation, and weakened public health response capacity make stopping measles outbreaks harder when they occur.

Measles is among the most contagious infections, capable of spreading wherever immunity gaps exist. Even countries with high overall vaccination coverage remain susceptible when individuals who are particularly at risk cluster within communities. Recent outbreaks in Canada, Mexico, and the USA show how cross-border movement and shared social networks connect affected populations. Sustained transmission in one country increases the likelihood of imported disease and outbreaks elsewhere.

PAHO's regional elimination criteria reflect this interdependence. Every country must interrupt endemic transmission for the region to maintain elimination status. This requirement is more than an administrative distinction. Continued transmission anywhere puts other countries that have successfully controlled measles at risk, while each country that eliminates endemic transmission reduces their neighbours' risk. Elimination is a collective accomplishment, sustained by cooperation rather than by isolated national efforts. Canada's loss of measles elimination status means a loss of status for the entire Americas region.[1]

Evidence from Venezuela and Brazil show that a loss of elimination status does not need to be permanent.[6] Venezuela interrupted endemic transmission following a nationwide vaccination campaign reaching nearly nine million children, supported by strengthened surveillance, rapid response training, and international cooperation. Brazil similarly regained elimination through coordinated

vaccination efforts, expanded laboratory testing, and improved outbreak response. Both countries demonstrate that renewed investment in public health capabilities can stop sustained transmission.

Canada's experience should prompt more than concern about a national setback. The return of measles in countries previously designated as eliminated is a warning about global infectious disease risk. Countries need to recommit to measles elimination; not only to restore a designation but also to stop a dangerous, preventable disease and to strengthen the public health systems that protect their own populations and those of their neighbours from other serious infectious threats.

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1 Pan American Health Organization. PAHO calls for regional action as the Americas lose measles elimination status. 10 November 2025. https://www.paho.org/en/news/10-11-2025-paho-calls-regional-action-americas-lose-measles-elimination-status (19 October 2026).

2 Public Health Agency of Canada. Measles and rubella weekly monitoring report. 2025. https://health-infobase.canada.ca/measles-rubella/ (19 October 2026).

3 Wilson SE, Lim GH, Aloosh M, etal. Impact of a large measles outbreak associated with transmission in the Americas and Canada's loss of measles elimination status: descriptive cohort study. *BMJ* 2026;395:e101123. doi: 10.1136/bmj-2026-101123

4 Branswell H. Canada loses measles elimination status—as does the entire Americas region. STAT. 10 November 2025. https://www.statnews.com/2025/11/10/measles-canada-americas-paho-who-elimination-status/ (19 October 2026).

5 Brown University Pandemic Center. Measles cases spike & possible 6th death, H1N1 kicks off flu season. Tracking Report. 15 October 2026. https://mailchi.mp/messages/pandemic-center-tracking-report-10-15-2026 (19 October 2026).

6 Andrus JK, Santos JI, Evans Gilbert T, etal. Sustaining measles and rubella elimination through the Regional Monitoring and Re-Verification Commission in the Americas. *Rev Panam Salud Publica* 2024;48:e93. pmid: 39687260. doi: 10.26633/RPSP.2024.93