

**Measles  
Global Update  
January 2026**



**World Health  
Organization**



# Data sources and limitations

The Global Measles and Rubella Report is based on surveillance data reported by Member States to the regional offices weekly or monthly. The regional compilation is reported to HQ monthly. Data are to be reported from the regions on the 1<sup>st</sup> Friday of the month, and HQ attempts to release the monthly report by the 3<sup>rd</sup> Monday of the month.

## Please note:

- Numbers of cases might differ from the official numbers reported annually as part of the WHO/UNICEF Joint reporting process (JRF). The difference can be due to the time lag as the annual data might not be complete at the time of reporting.
- In addition, the difference can be due to multiple surveillance systems at country level. In these cases, the monthly data are extracted from the case based surveillance system while the annual data can be from the aggregated system.

### Epidemiologic Data: Case-based and/or Aggregate Reporting to WHO

- Epidemiologic data comes from Member States in one of two forms
  - Case-based data, which is our recommendation, is provided by most member states. At WHO HQ, we collect a limited set of variables, including, age, date of onset, country reporting, 1<sup>st</sup>/2<sup>nd</sup> administrative unit of residence, vaccination status (by recall), date related to specimen collection/testing, and final classification. Regions might or might not collect more data than this. Often suspected cases with recent date of onset are not classified; however, at HQ we classify pending cases as clinically compatible and update the data if/when new data are provided to HQ. For AFR, we classify all cases that are rubella IgM+ as rubella laboratory-confirmed cases.
  - Aggregated data on number of suspected, lab-confirmed, epi-linked, and clinically compatible cases of measles/rubella, by month/year of onset, and by subnational area (though some member states do not provide this level of disaggregation).
    - Source for zero-reporting from some member-states though this is not a consistent process.
- A few member states send us both case-based and aggregated data as they have two different surveillance systems in the country.
  - If both aggregate and case-based data are sent to HQ, numbers from aggregate surveillance are considered case counts for the country, while case-based data are used for the national slides to show age distribution, proportion vaccinated, and age-specific incidence.

### Limitations

- Reporting delays: It can take 2–3 months from the time a case is reported to public health in a member state to the time the data are provided to WHO HQ.
  - Some of this is due to normal reporting delays that are expected as it takes time to get information from a health center to Geneva based on reporting frequencies set by various levels
  - We are working to decrease the delays in reporting.
- Underreporting/lack of reporting
- Case definitions for suspect, epidemiologically linked and clinically compatible cases may vary between countries.
- Completeness of the data reported to WHO is unknown
- For this monthly update, pending cases are considered measles clinically compatible.
  - These cases may later be discarded or confirmed based on laboratory testing in which case historical case counts may vary from one report to another.
  - This could lead to differences between the Global monthly report and Regional or National surveillance bulletins published by WHO Offices and National authorities.

### ELISA Laboratory Data from the Global Measles and Rubella Laboratory Network (GMRLN)

- The Global Measles Rubella Laboratory Network laboratories report the number of samples received as well as the number of samples tested for IgM serology, as well as the number positive, negative and equivocal.
  - These aggregated data are collected to account for the inadequate linking between laboratory and epidemiological data in some countries.
  - Numbers of cases reported may differ from the number of samples tested positive for various reasons
    - Samples tested positive in a laboratory may not reported to the surveillance system
    - IgG screening results are inappropriately included in the surveillance database
    - Inconsistent reporting from laboratories.
    - This is based on the number of SAMPLES tested, not the number of CASES tested. One case can have multiple samples being tested (e.g. different specimen types, repeat specimen collection based on timing of collection).

### Limitations

- Data are only from network laboratories
- Non-network laboratories are not included
- Some laboratories don't report
- IgG results are sometimes inappropriately reported

### Genotyping Data

Genotyping data are obtained from the MeaNS2 (<https://who-gmrln.org/means2>) and RubeNS2 (<https://who-gmrln.org/rubens2>).

### Limitations

- Inadequate sample collection for genotyping challenges interpretation of the data
- Underreporting
  - WHO recommends that Member States submit genotyping data to these databases, but it is not currently a requirement so there is underreporting
- Genotype data can't be linked to epidemiologic data at the global level

# Number of reported measles cases by WHO Region

## 2025

Region	Member States*	Suspected MR cases	Measles cases	Clin	Epi	Lab	Date Received
AFR	42/47	107,264	60,789	28,725	13,039	19,025	2026-01
AMR	32/35	40,532	13,645	2	2,848	10,795	2026-01
EMR	20/21	115,793	68,589	31,305	8,533	28,751	2026-01
EUR	47/53	47,864	32,586	5,036	5,475	22,075	2026-01
SEAR	10/10	101,302	18,406	5,603	3,466	9,337	2026-01
WPR	28/28	139,944	53,608	14,829	11,732	27,047	2026-01
Total	179/194	552,699	247,623	85,500	45,093	117,030	

Region	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
AFR	6,386	7,464	9,546	6,528	7,159	5,542	4,500	4,290	3,140	3,579	2,315	340
AMR	213	434	1,221	2,516	2,177	1,883	1,656	881	729	594	622	719
EMR	6,972	7,765	9,603	9,539	9,082	6,222	6,091	4,353	3,476	2,366	1,830	1,290
EUR	4,903	4,465	4,529	5,286	5,245	3,868	1,766	825	506	483	642	68
SEAR	1,407	1,612	2,090	2,156	1,699	1,241	1,275	912	1,293	1,735	2,134	852
WPR	4,331	2,965	3,466	3,828	7,006	9,986	6,364	5,332	4,908	3,571	1,839	12
Total	24,212	24,705	30,455	29,853	32,368	28,742	21,652	16,593	14,052	12,328	9,382	3,281

## 2024

Region	Member States*	Suspected MR cases	Measles cases	Clin	Epi	Lab	Date Received
AFR	43/47	153,308	86,127	15,884	51,811	18,432	2026-01
AMR	33/35	17,781	464	0	53	411	2026-01
EMR	21/21	164,426	96,713	52,179	6,207	38,327	2026-01
EUR	52/53	149,238	127,411	21,812	20,127	85,472	2026-01
SEAR	10/10	133,179	29,532	7,995	6,657	14,880	2026-01
WPR	28/28	91,820	19,202	7,893	986	10,323	2026-01
Total	187/194	709,752	359,449	105,763	85,841	167,845	

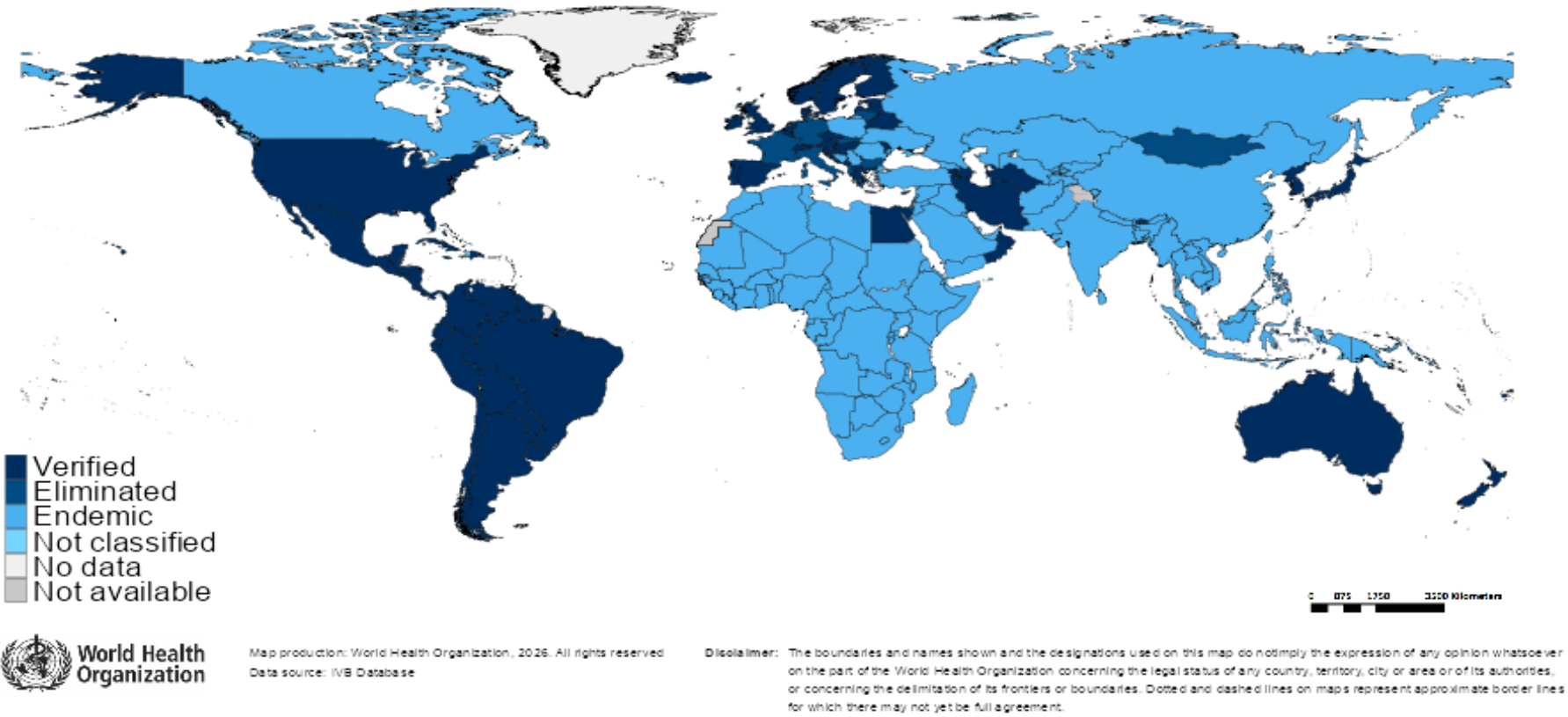
Region	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
AFR	13,630	15,801	19,233	11,624	7,782	4,419	2,969	2,331	2,501	2,270	2,207	1,360
AMR	23	49	103	47	18	19	41	39	37	33	44	11
EMR	13,513	15,485	15,739	10,912	10,914	7,073	5,088	3,559	3,838	3,695	3,272	3,625
EUR	29,073	24,206	20,550	15,700	12,920	9,445	5,174	2,415	1,502	1,391	2,018	3,017
SEAR	2,760	3,040	4,027	2,928	2,183	1,342	1,840	2,204	2,563	2,913	2,206	1,526
WPR	2,142	1,791	1,927	1,677	1,661	1,211	924	1,355	1,360	1,712	1,816	1,626
Total	61,141	60,372	61,579	42,888	35,478	23,509	16,036	11,903	11,801	12,014	11,563	11,165

Notes: Based on data received 2026-01 – This is surveillance data, hence for the last month, the data may be incomplete. \* Member States Reporting / Total Member States in Region

# Measles/rubella verification of elimination

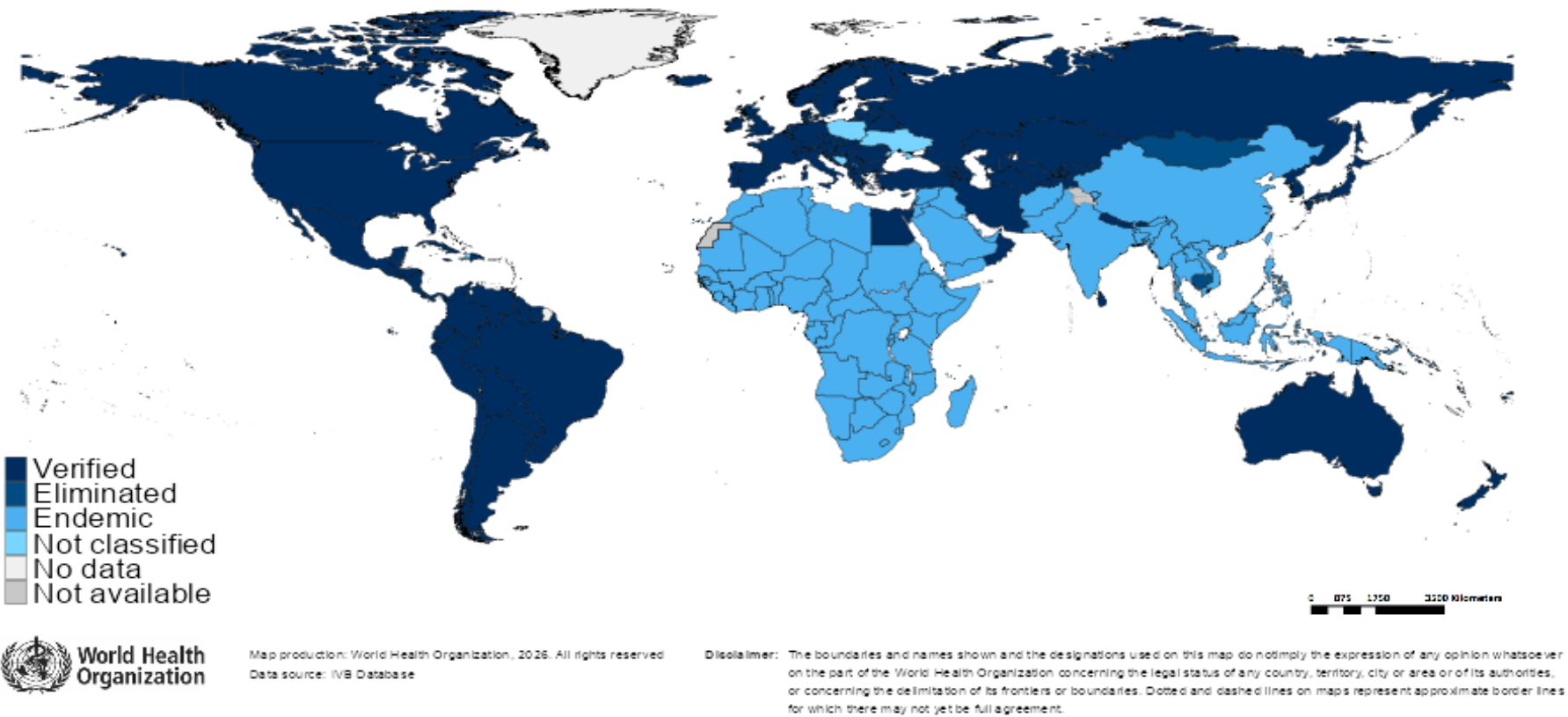
## Measles

Region	Member States	Verified	% Verified	Eliminated	Endemic*	Not classified
AFR	47	3	6	0	44	0
AMR	35	33	94	0	1	1
EMR	21	4	19	0	17	0
EUR	53	33	62	8	12	0
SEAR	10	4	40	0	6	0
WPR	28	19	68	1	8	0
GLOBAL	194	96	49	9	88	1



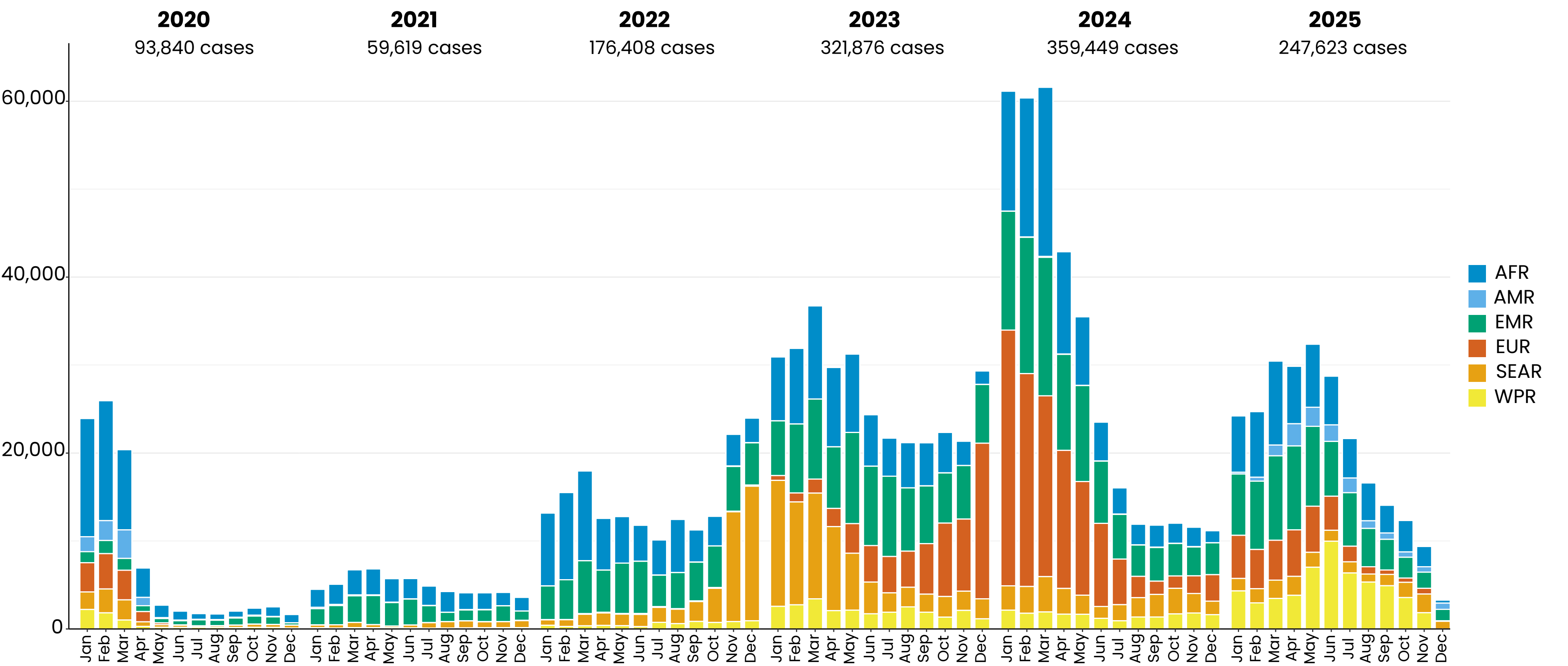
## Rubella

Region	Member States	Verified	% Verified	Eliminated	Endemic*	Not classified
AFR	47	3	6	0	44	0
AMR	35	34	97	0	0	1
EMR	21	4	19	0	17	0
EUR	53	50	94	0	0	3
SEAR	10	6	60	0	4	0
WPR	28	19	68	2	7	0
GLOBAL	194	116	60	2	72	4



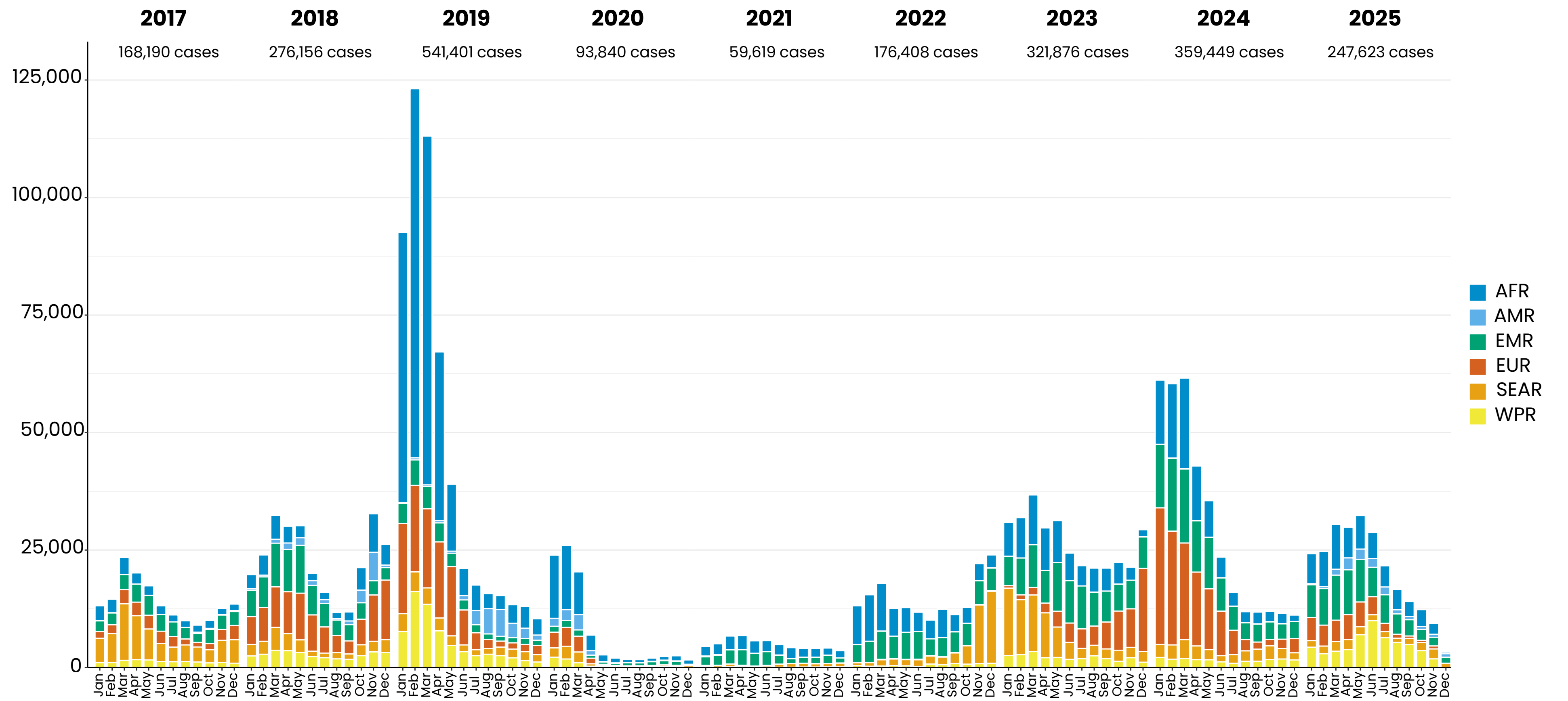
Notes: Based on data available at WHO HQ as of 2026-01-13 . Terms used on this slide refer to the global framework for the verification of measles and rubella elimination. These terms might differ from those used by WHO Regional Offices. Verified = Elimination verified by Regional Verification Commission (RVC); Eliminated = Eliminated transmission but no RVC verification yet; \*The endemic category on this slide also includes countries where transmission was reestablished.

# Measles case distribution by month and WHO Region (2020-2025)



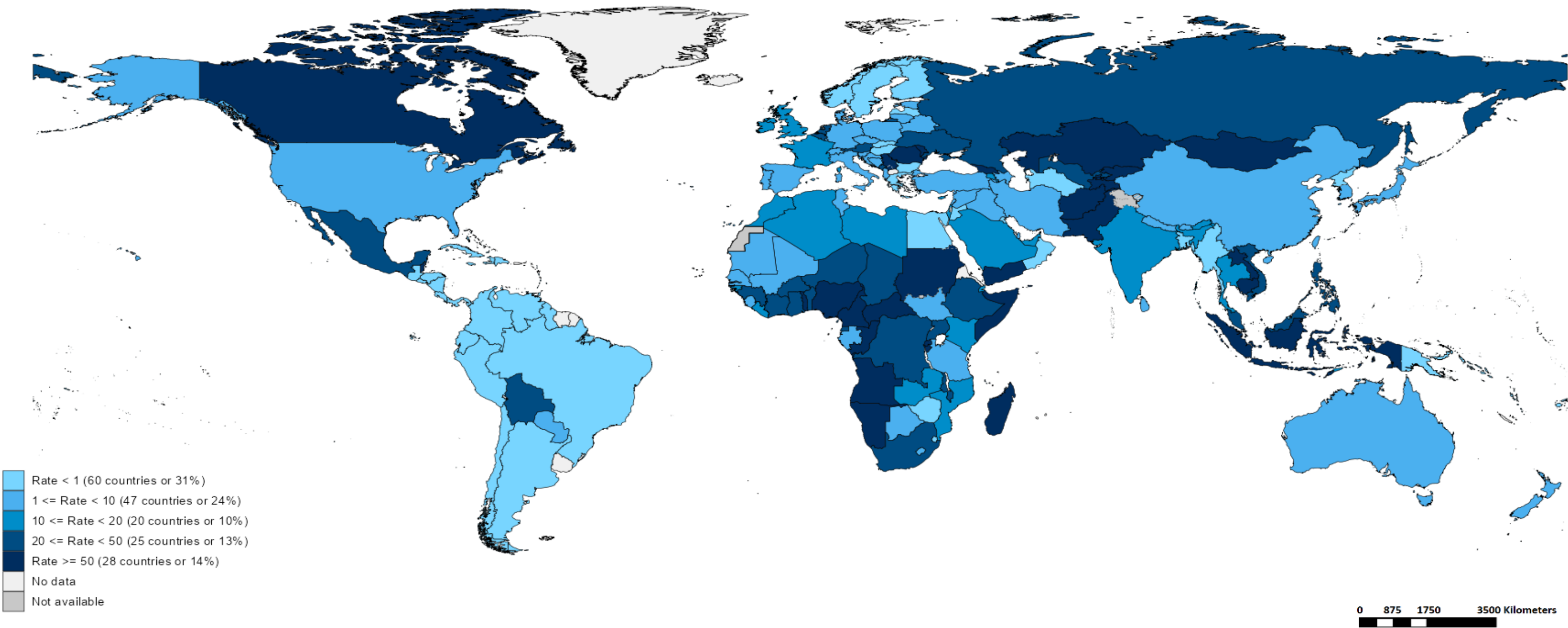
Based on data received 2026-01 - Data Source: IVB Database - This is surveillance data, hence for the last month(s), the data may be incomplete.

# Measles case distribution by month and WHO Region (2017–2025)



Based on data received 2026-01 – Data Source: IVB Database – This is surveillance data, hence for the last month(s), the data may be incomplete.

# Measles Incidence Rate per Million (12M period)



## Highest incidence rates

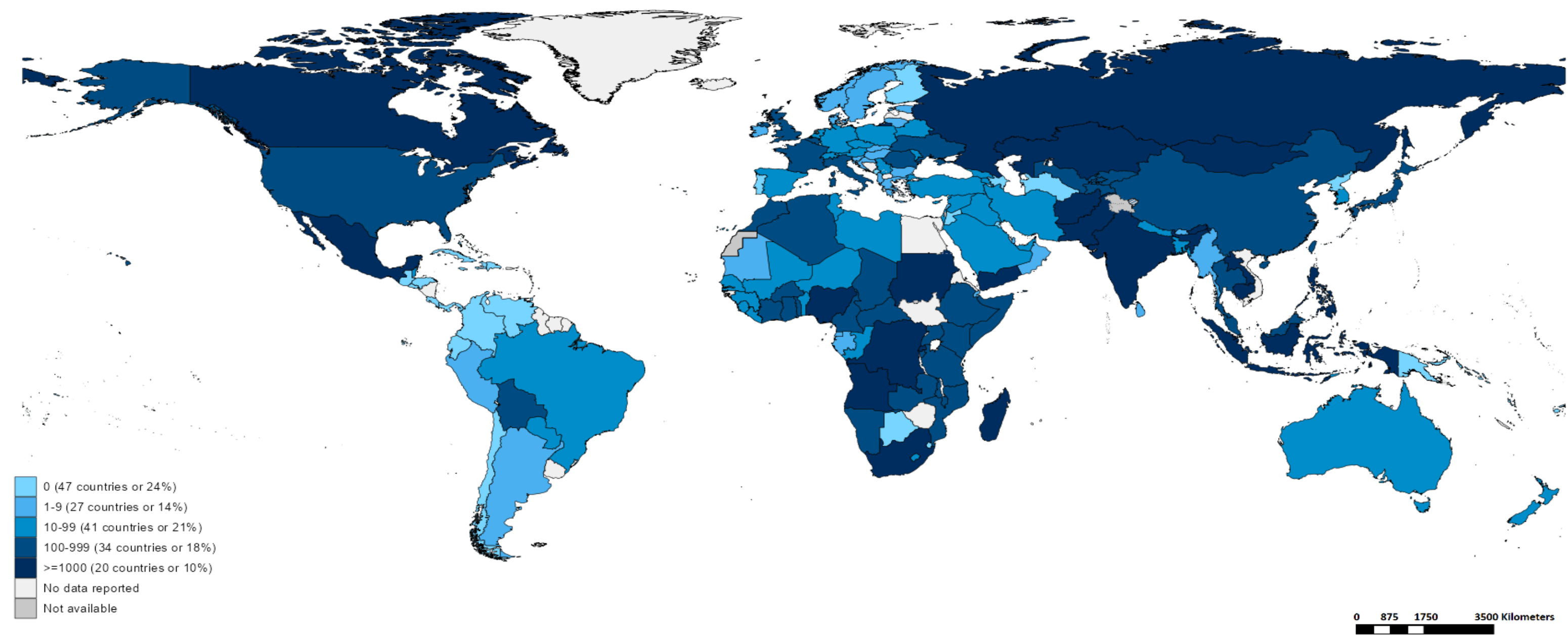
Country	Cases	Rate
Mongolia	13139	3,735.75
Kyrgyzstan	9605	1,316.65
Yemen	29050	695.41
Cambodia	8193	459.04
Lao People's Democratic Republic	3202	406.70
Romania	5144	272.04
Afghanistan	10424	237.75
Angola	9267	237.37
Tajikistan	2243	207.94
Kazakhstan	3196	153.33



Map production: World Health Organization, 2026. All rights reserved  
Data source: IVB Database

**Disclaimer:** The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

# Number of Reported Measles Cases (Last 6 months)



Country	Cases*
Indonesia	14,406
Yemen	9,277
Mongolia	8,483
Pakistan	8,310
India**	8,184
Angola	5,823
Nigeria	4,676
Mexico	3,164
Russian Federation	2,939
Lao People's Democratic Republic	2,859

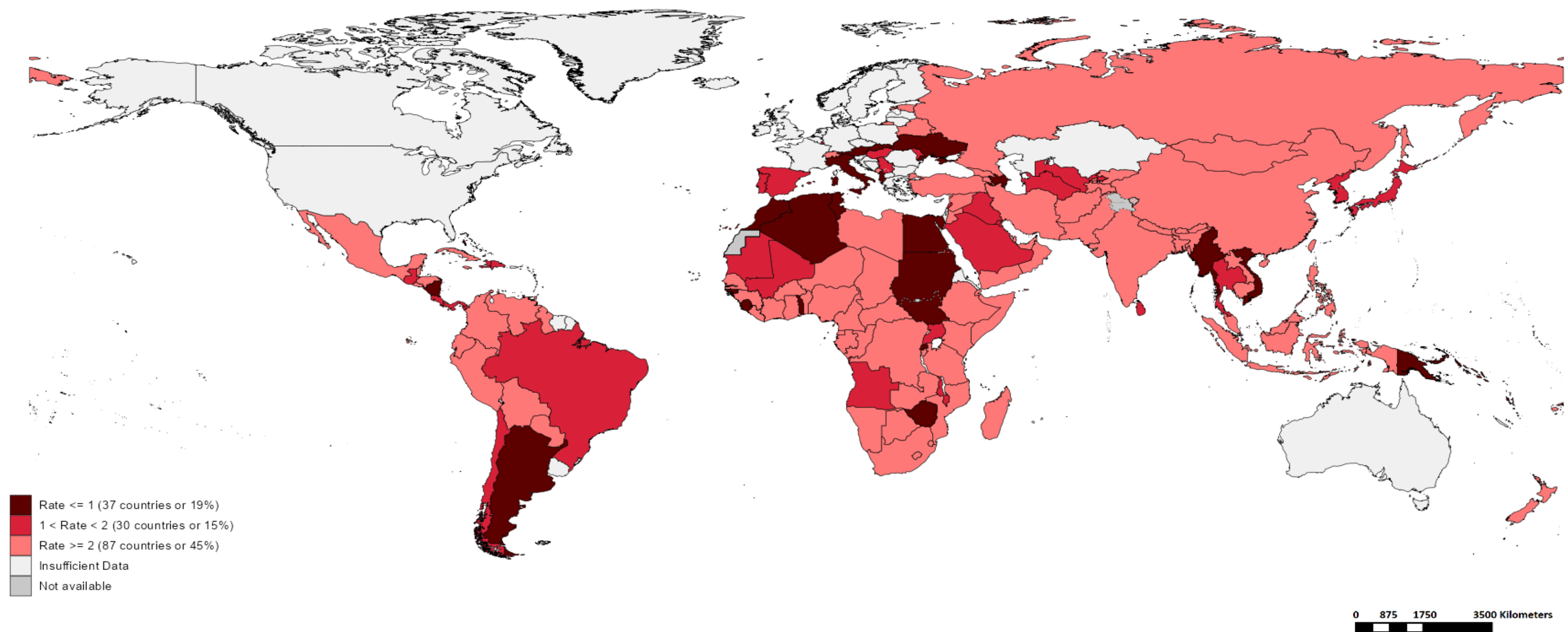


Map production: World Health Organization, 2026. All rights reserved  
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Notes: Based on data received 2026-01 – Surveillance data from 2025-06 to 2025-11 – \* Countries with highest number of cases for the period – \*\*WHO classifies all suspected measles cases reported from India as measles clinically compatible if a specimen was not collected as per the algorithm for classification of suspected measles in the WHO VPD Surveillance Standards. Thus numbers might be different between what WHO reports and what India reports.

# Surveillance sensitivity reporting rate of measles and rubella (12 months, discarded cases\* per 100,000 population)

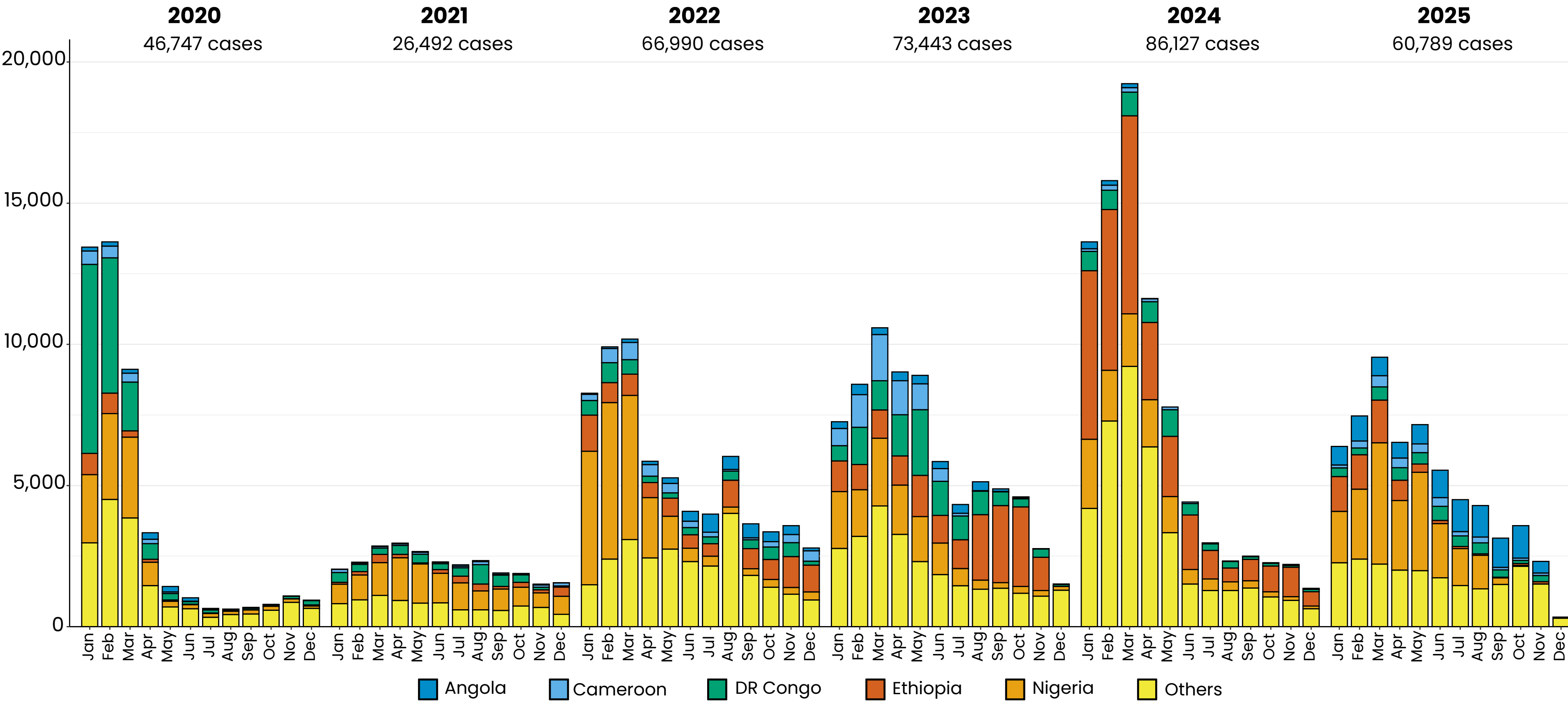


Map production: World Health Organization, 2026. All rights reserved  
Data source: IVB Database

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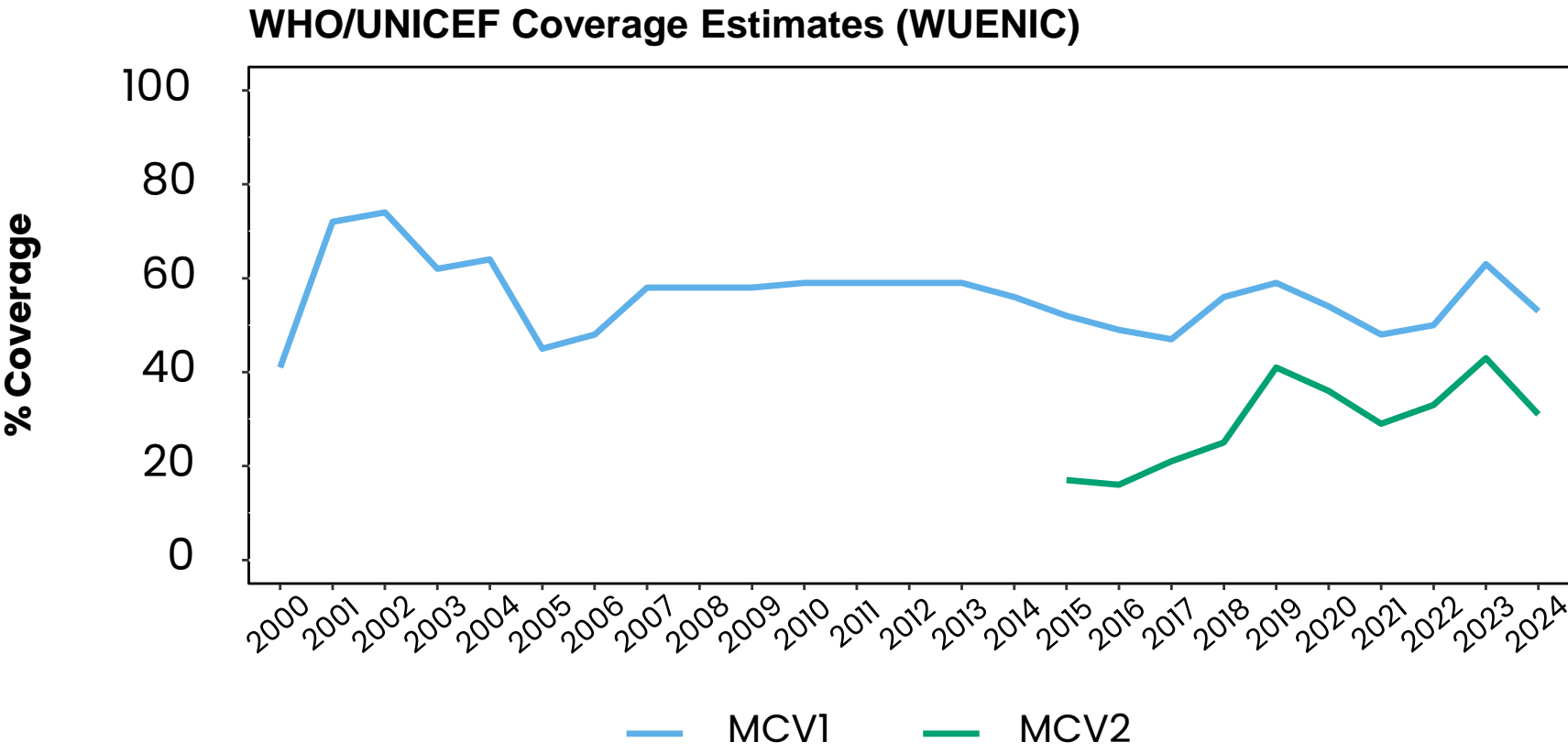
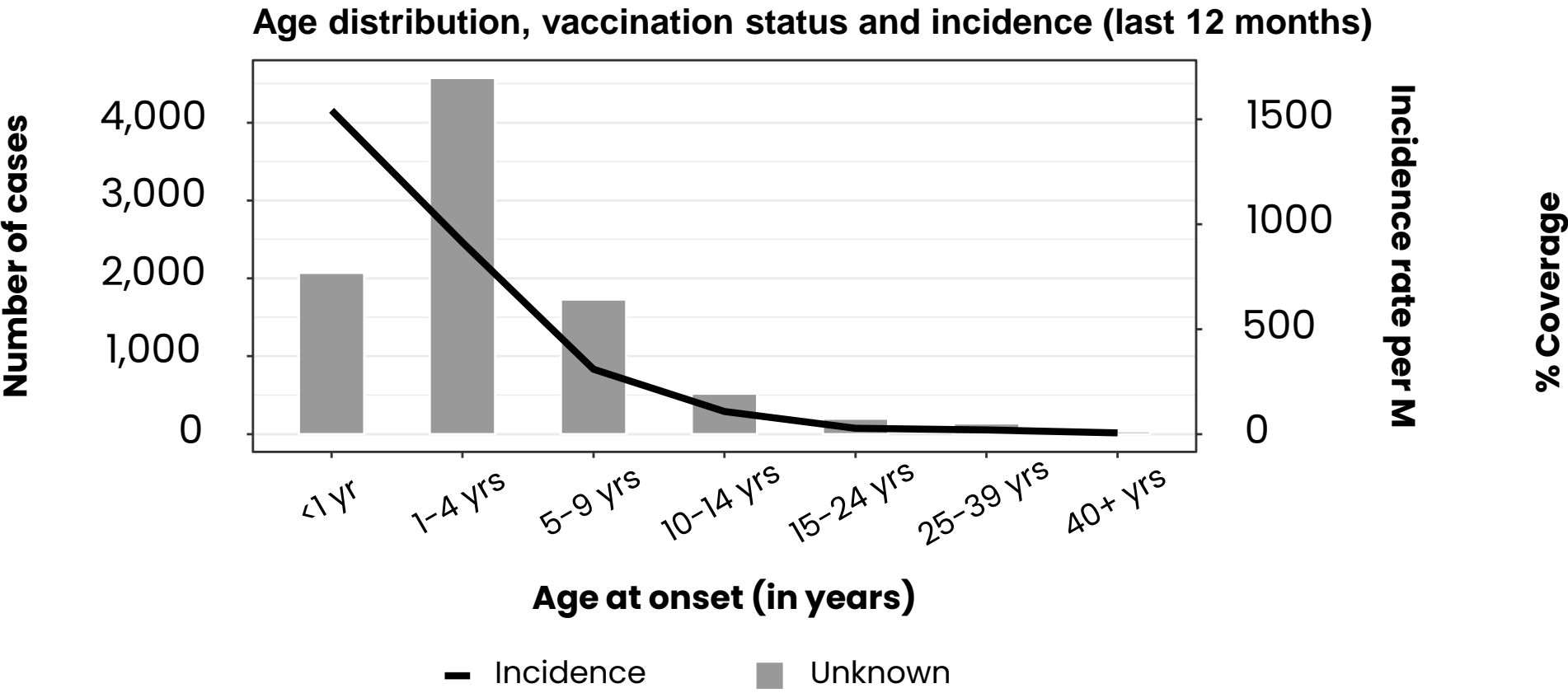
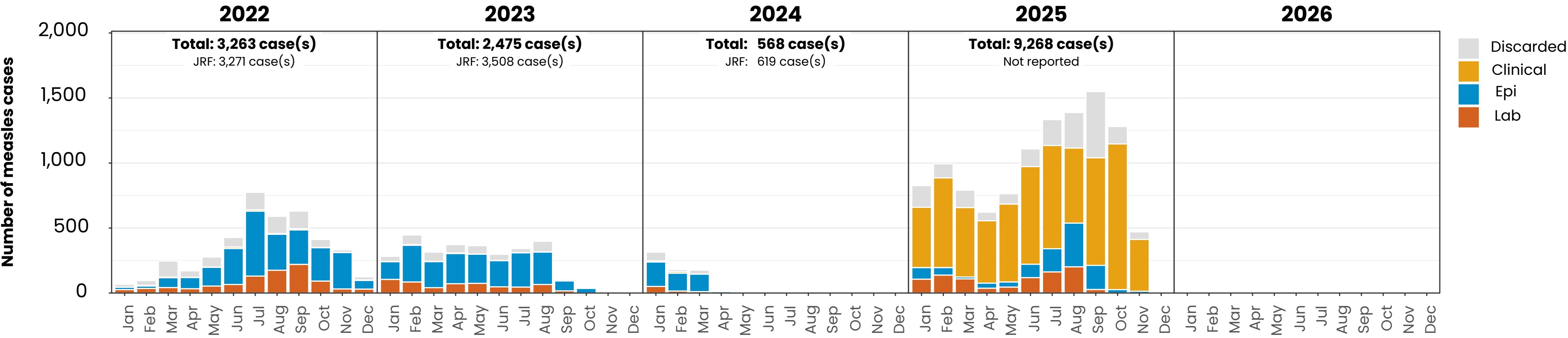
Notes: Based on data received 2026-01 – Surveillance data from 2024-12 to 2025-11 – Target: >= 2 discarded cases\* / 100,000 population\*\* – \* Suspected cases investigated and discarded as non-measles non-rubella using laboratory testing and/or epidemiological linkage to another etiology \*\* World population prospects, 2019 revision

# Measles case distribution (AFR), 2020-2025



Measles cases: Angola

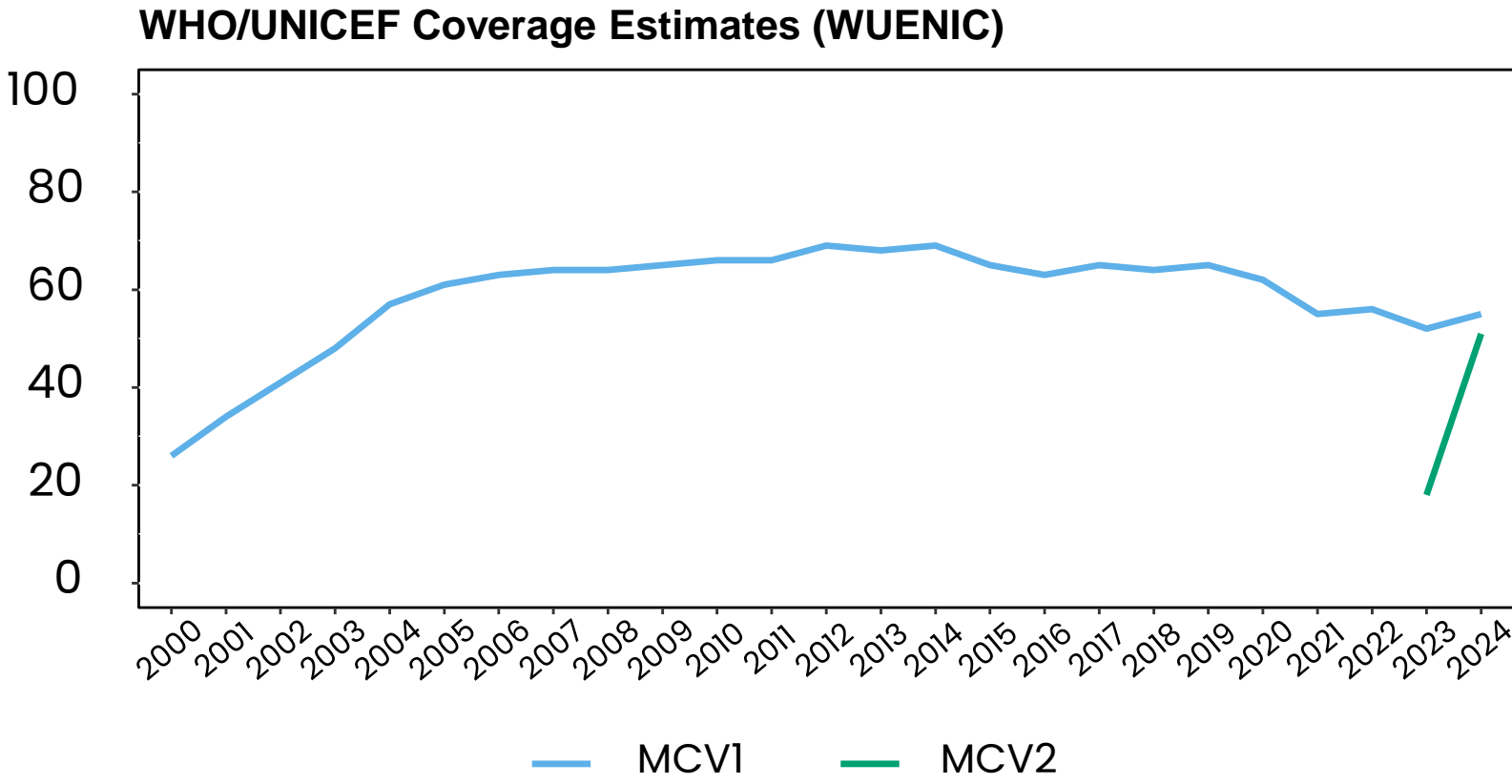
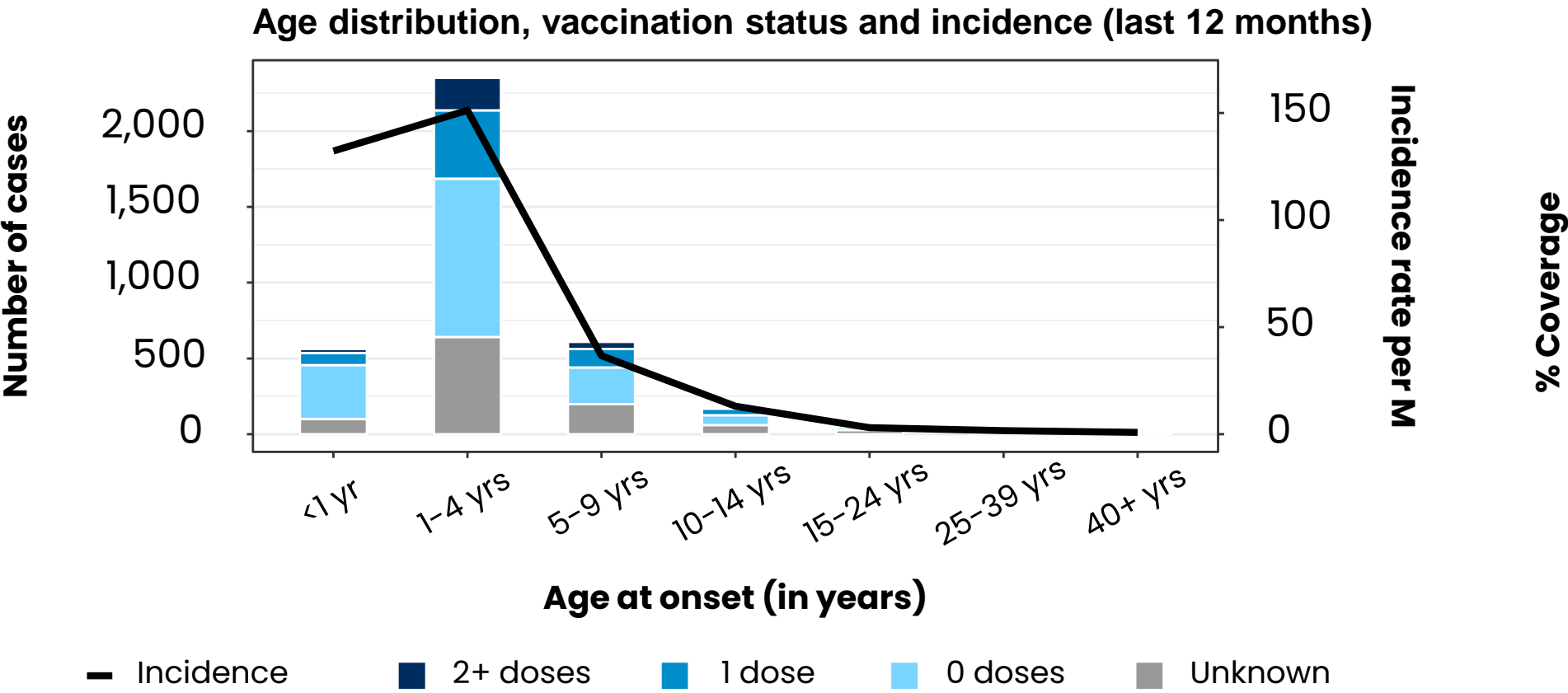
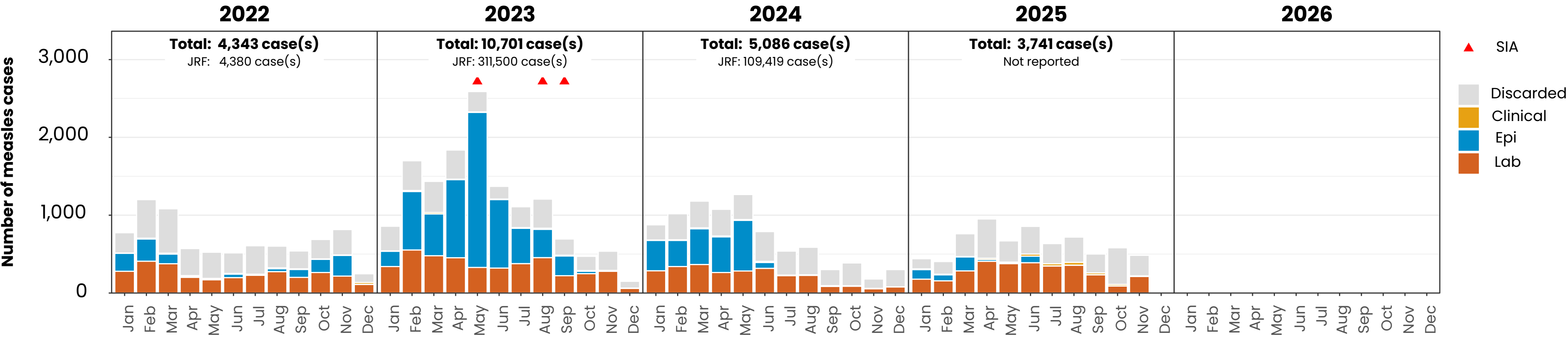
ELIMINATION STATUS: **ENDEMIC**



Based on data received 2026-01 – Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

# Measles cases: Democratic Republic of the Congo

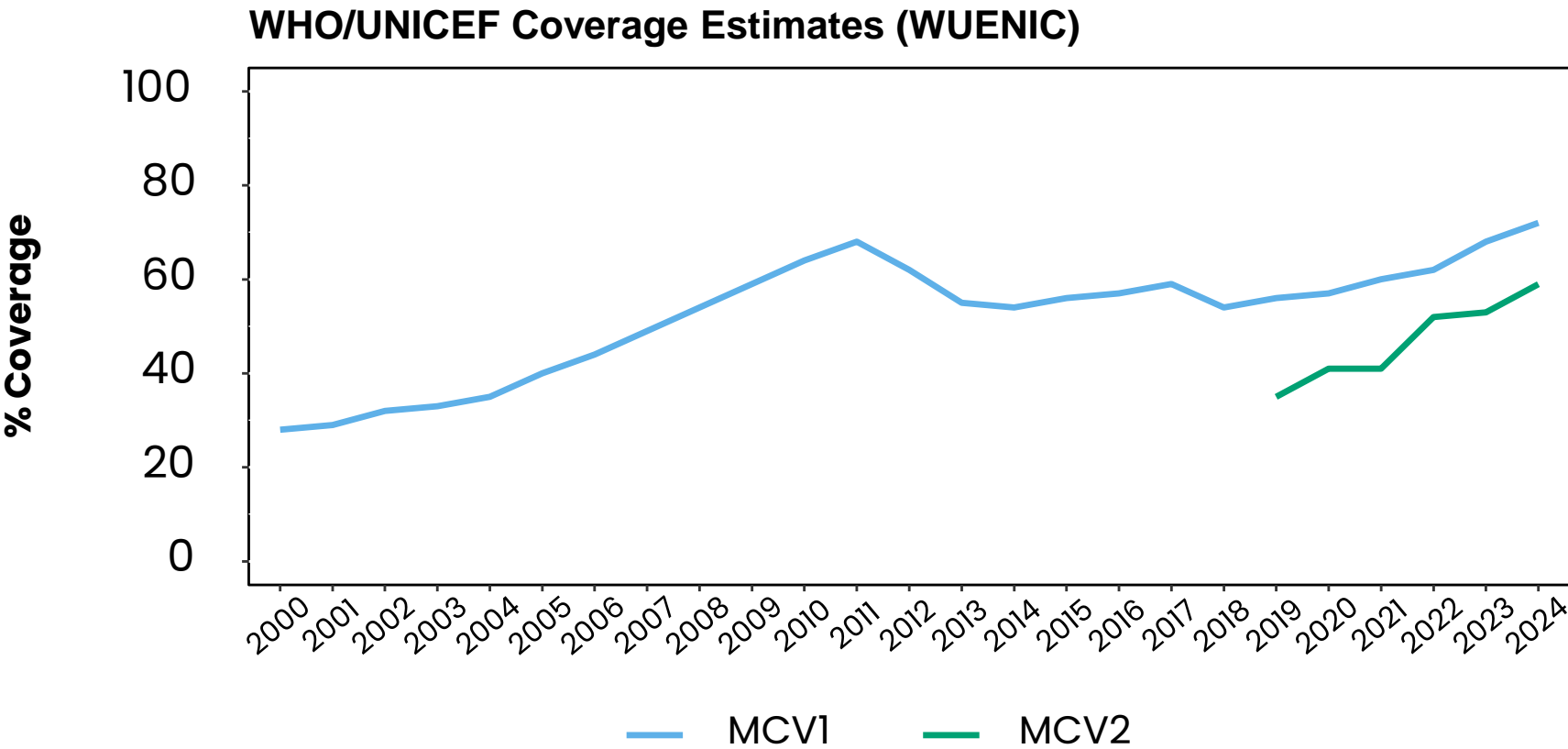
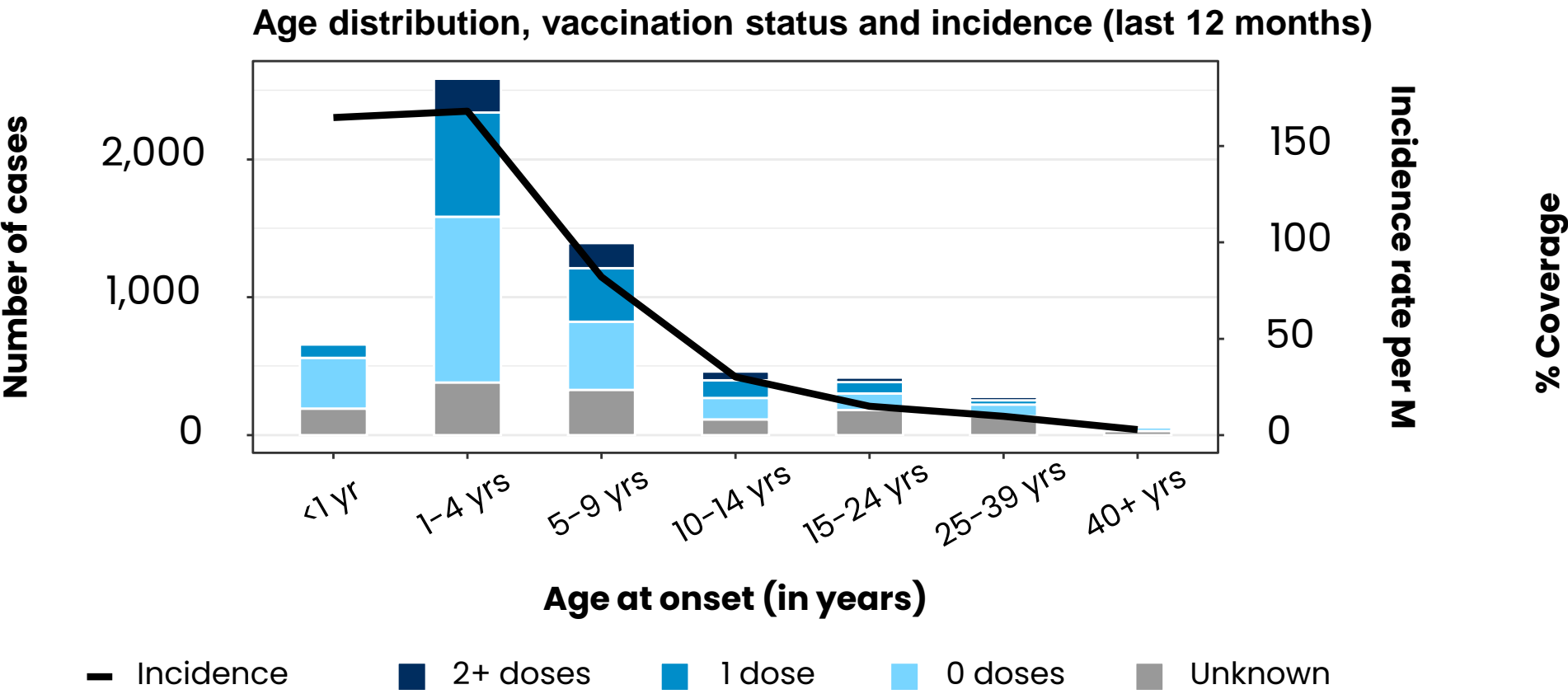
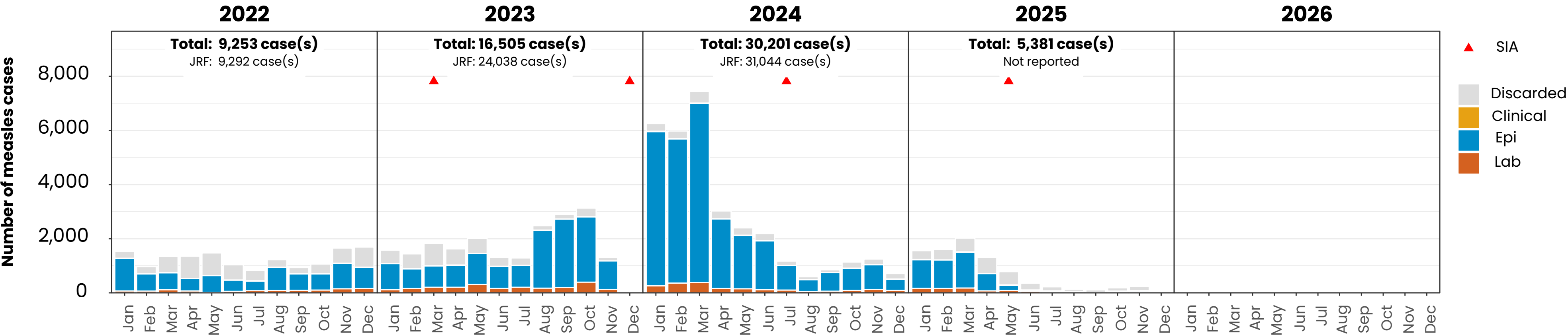
ELIMINATION STATUS: **ENDEMIC**



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# Measles cases: Ethiopia

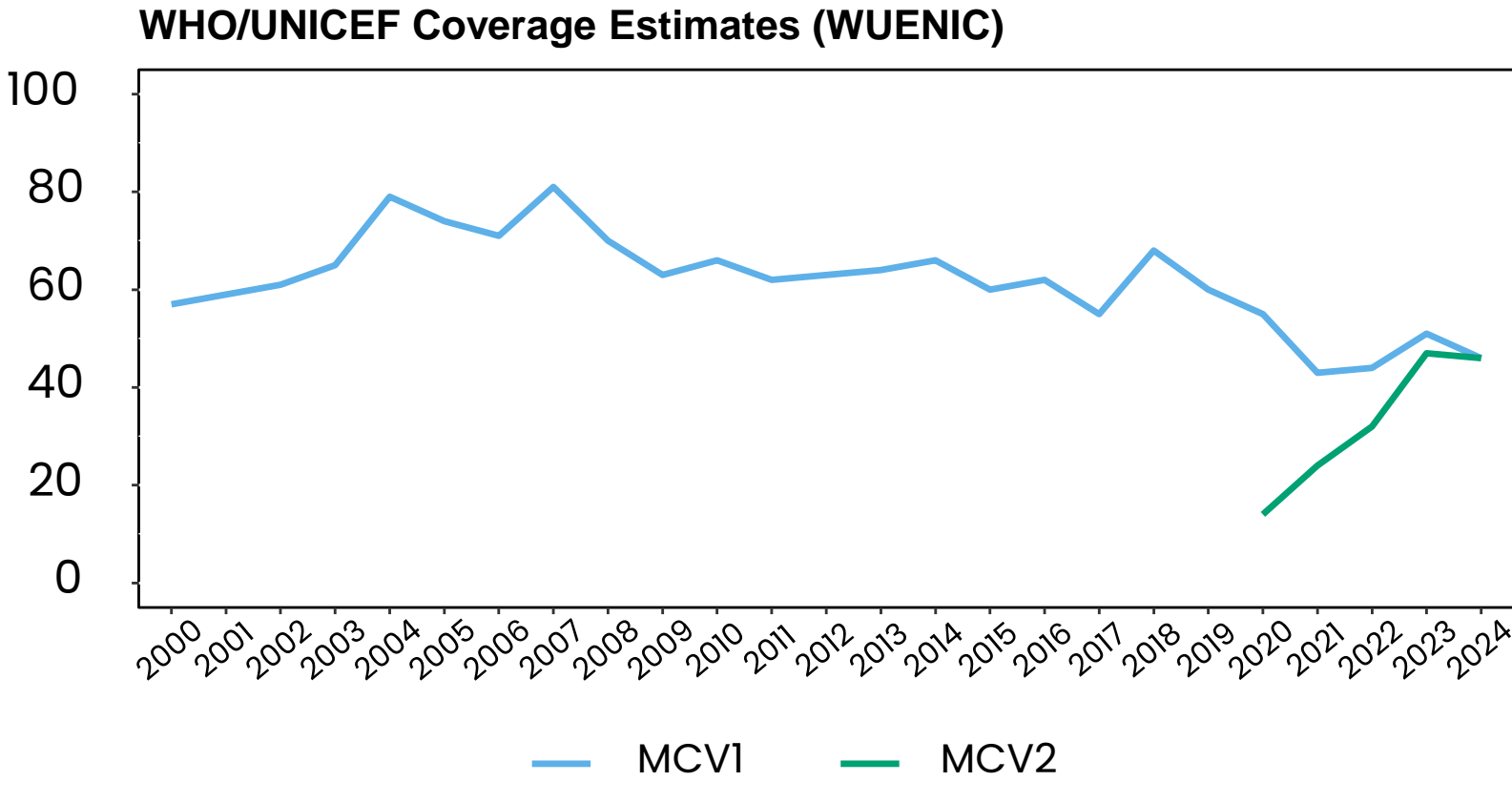
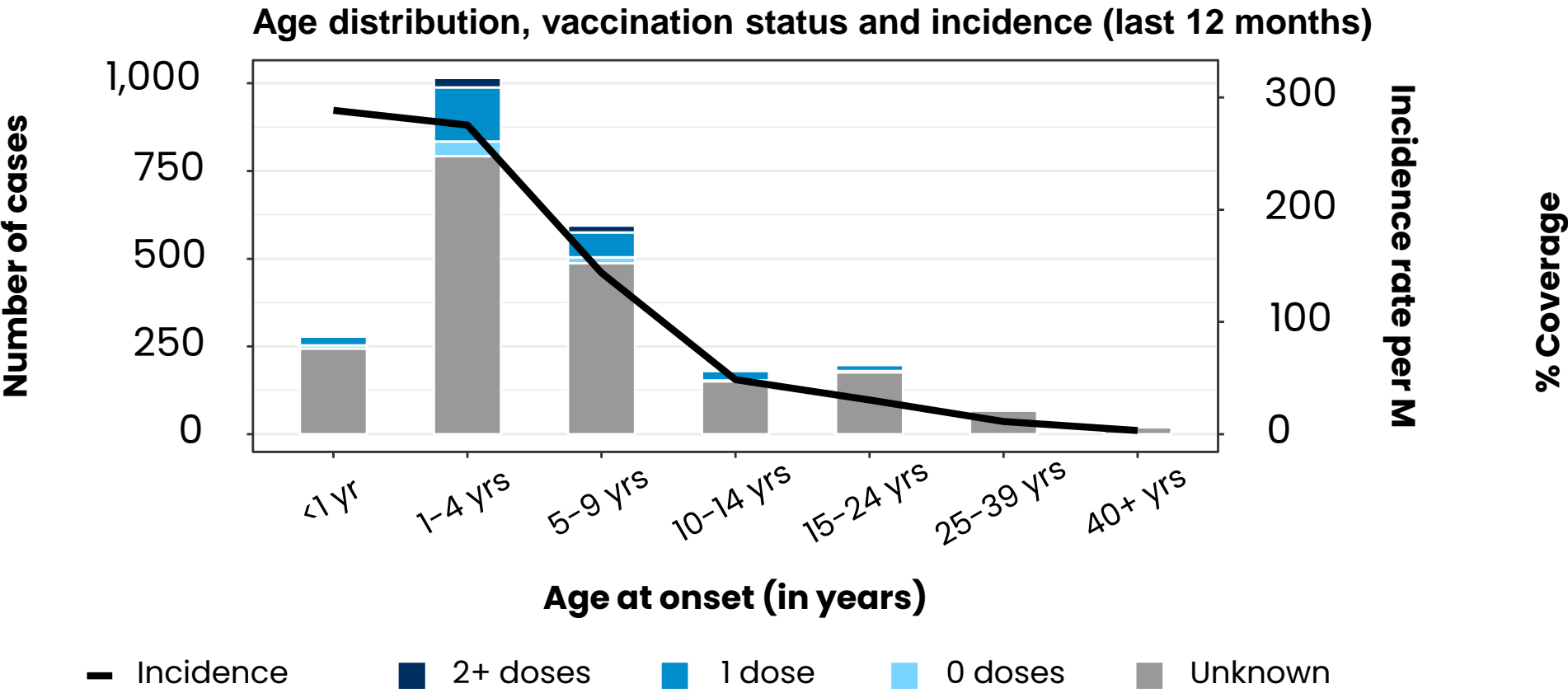
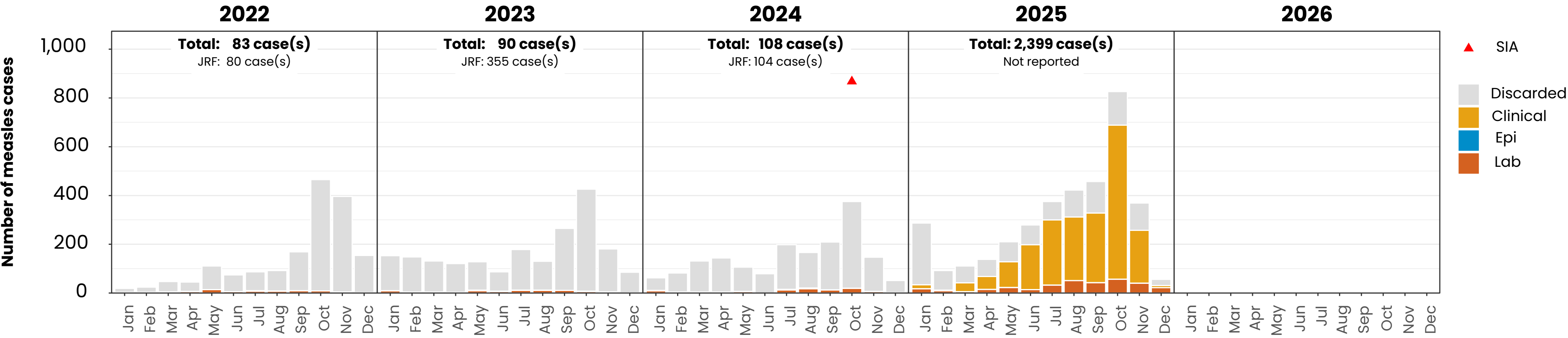
ELIMINATION STATUS: **ENDEMIC**



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# Measles cases: Madagascar

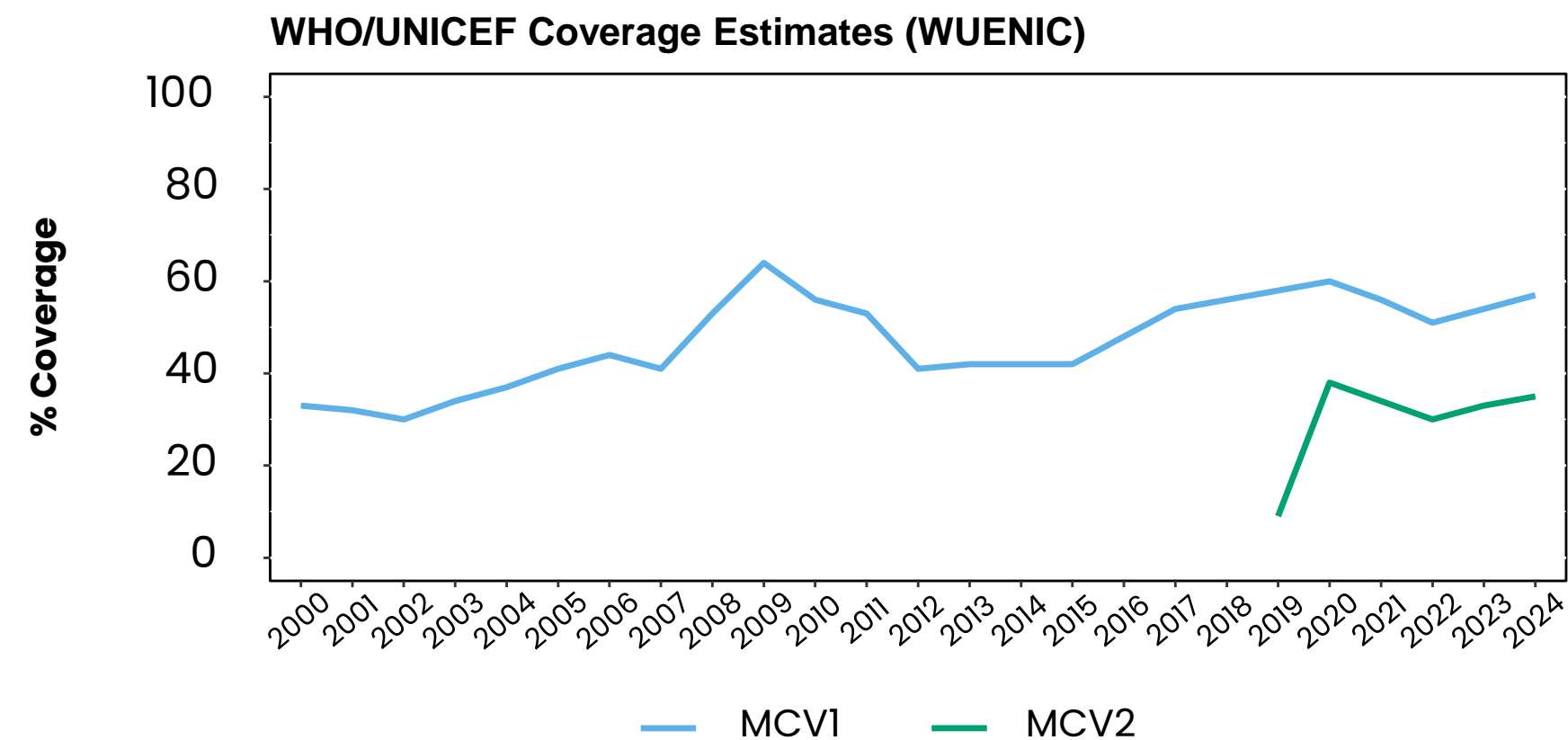
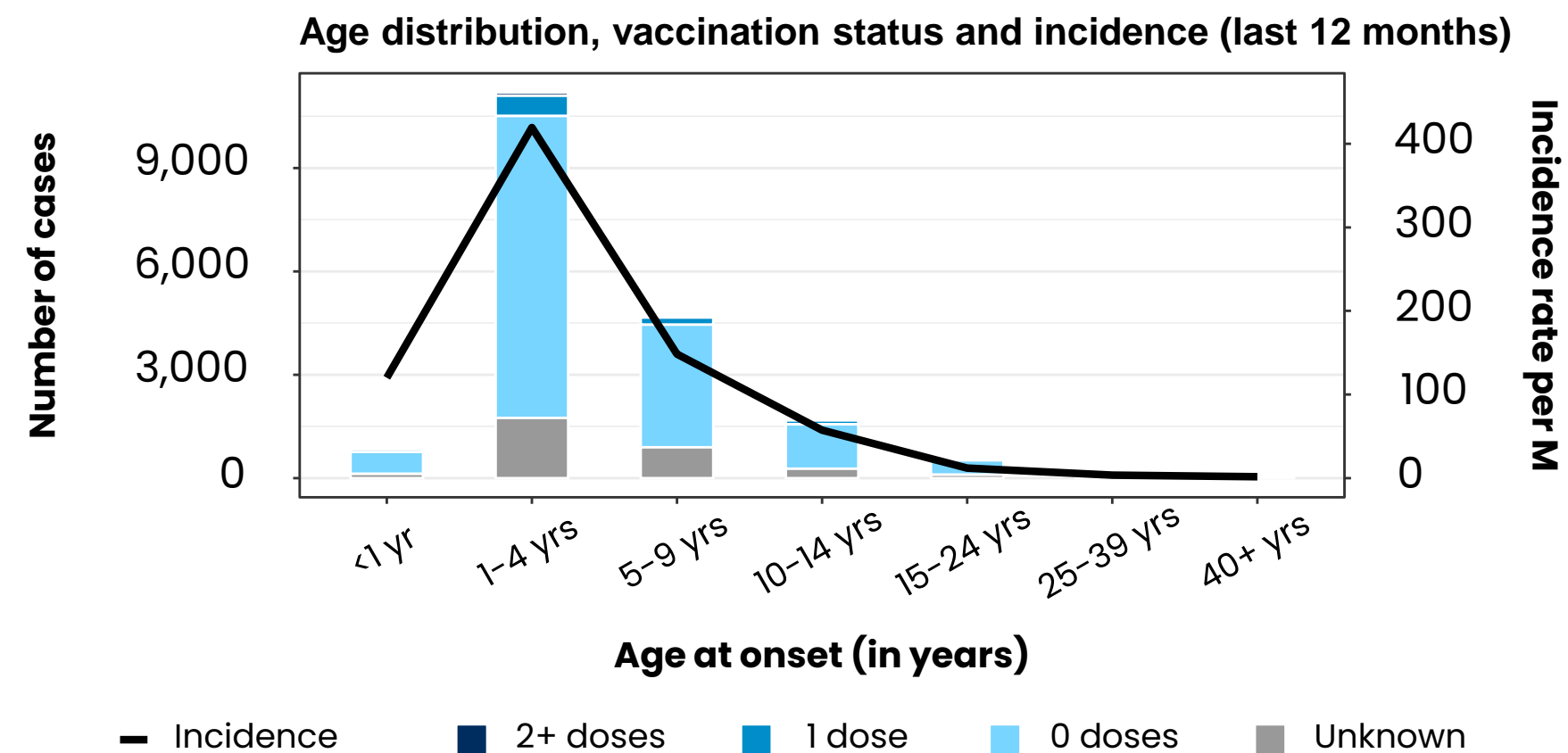
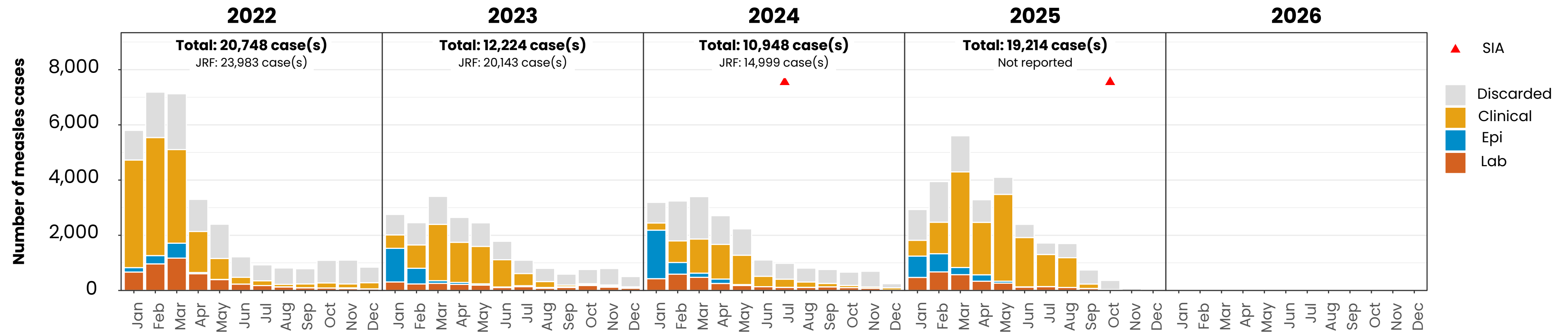
ELIMINATION STATUS: **ENDEMIC**



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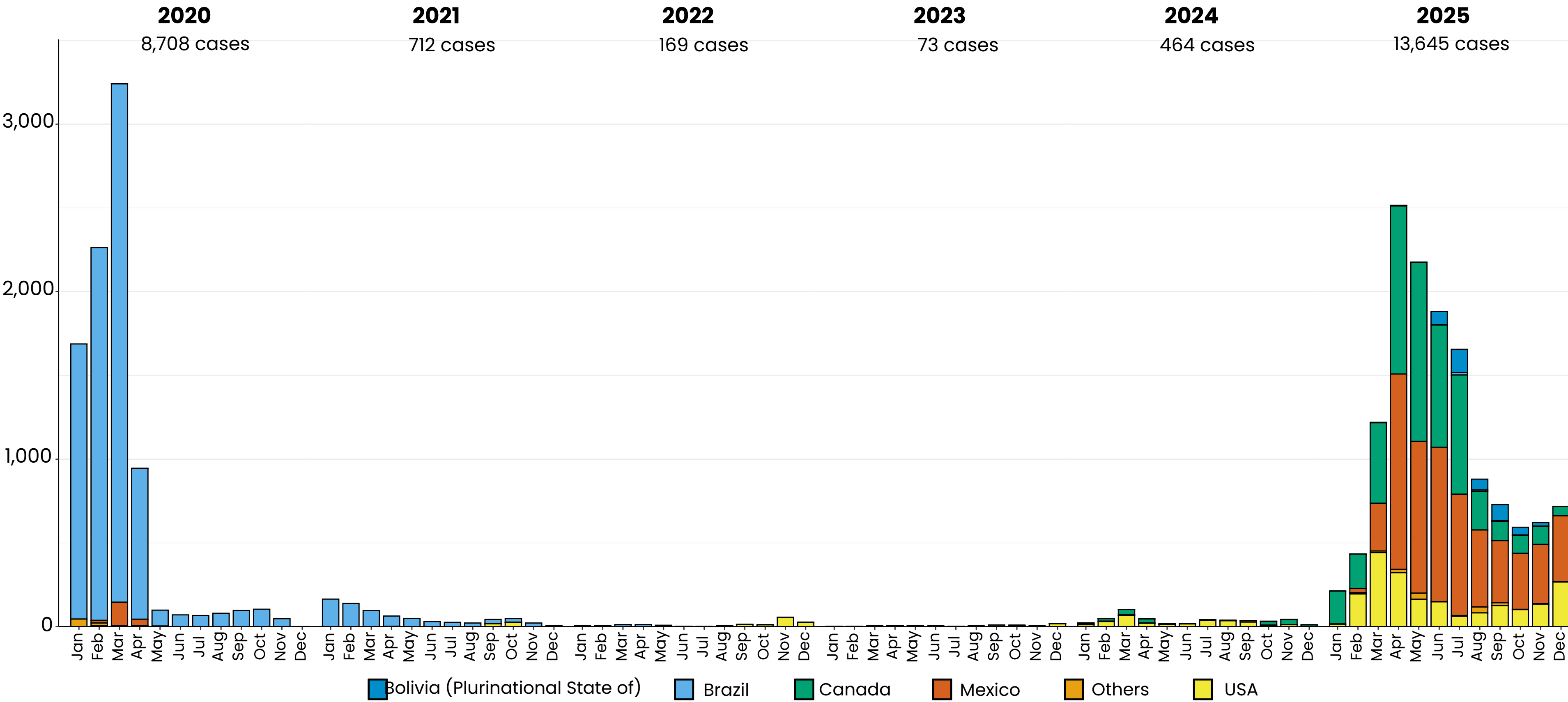
## Measles cases: Nigeria

ELIMINATION STATUS: **ENDEMIC**



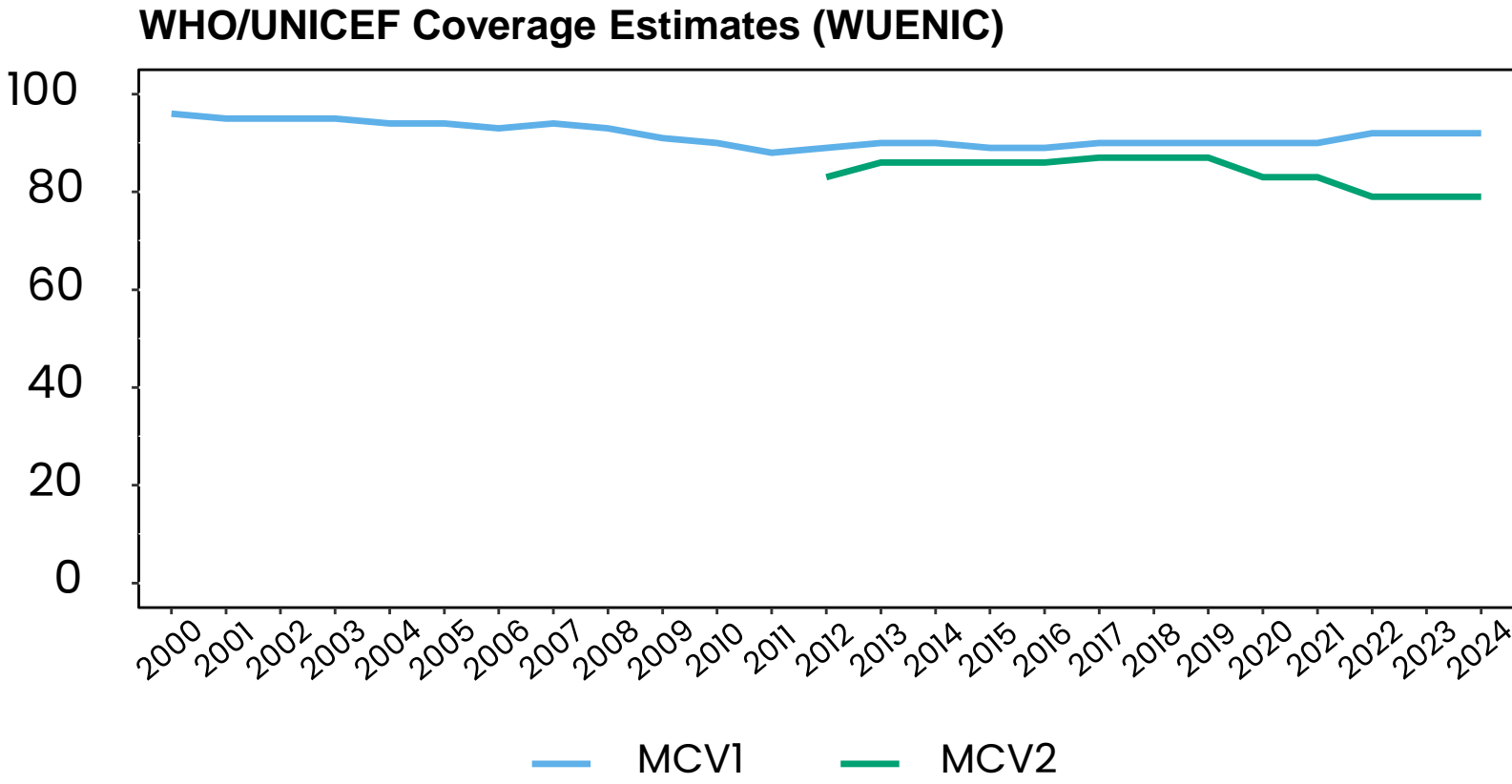
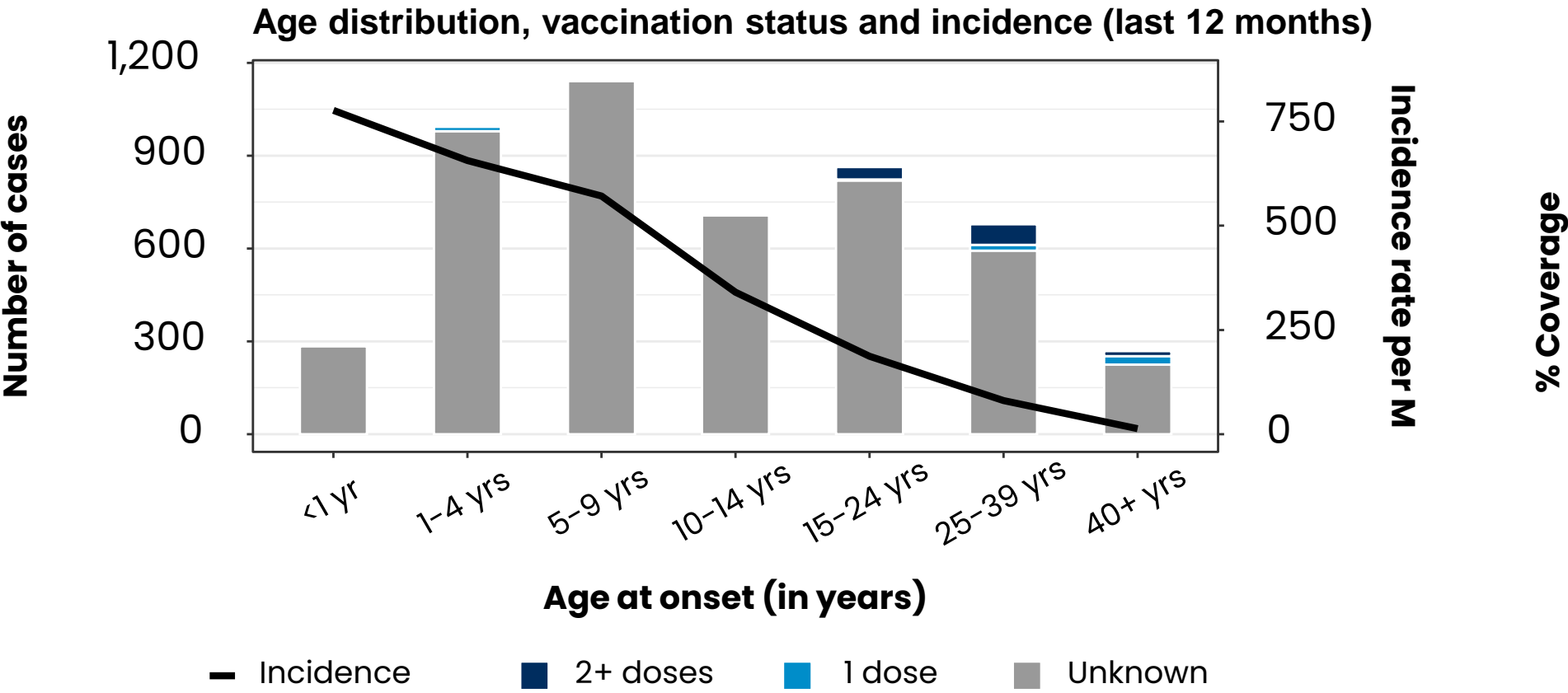
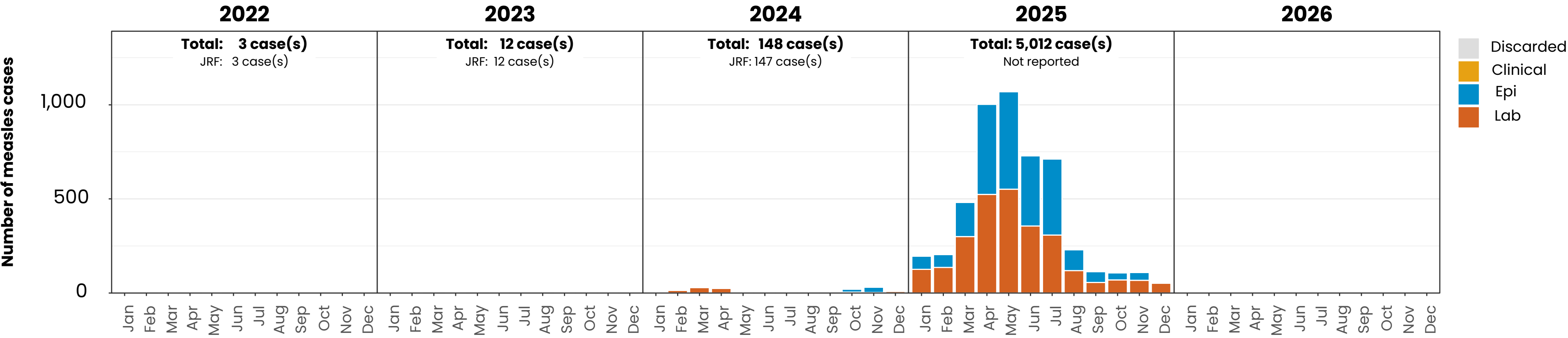
Based on data received 2026-01 – Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

# Measles case distribution (AMR), 2020-2025



# Measles cases: Canada

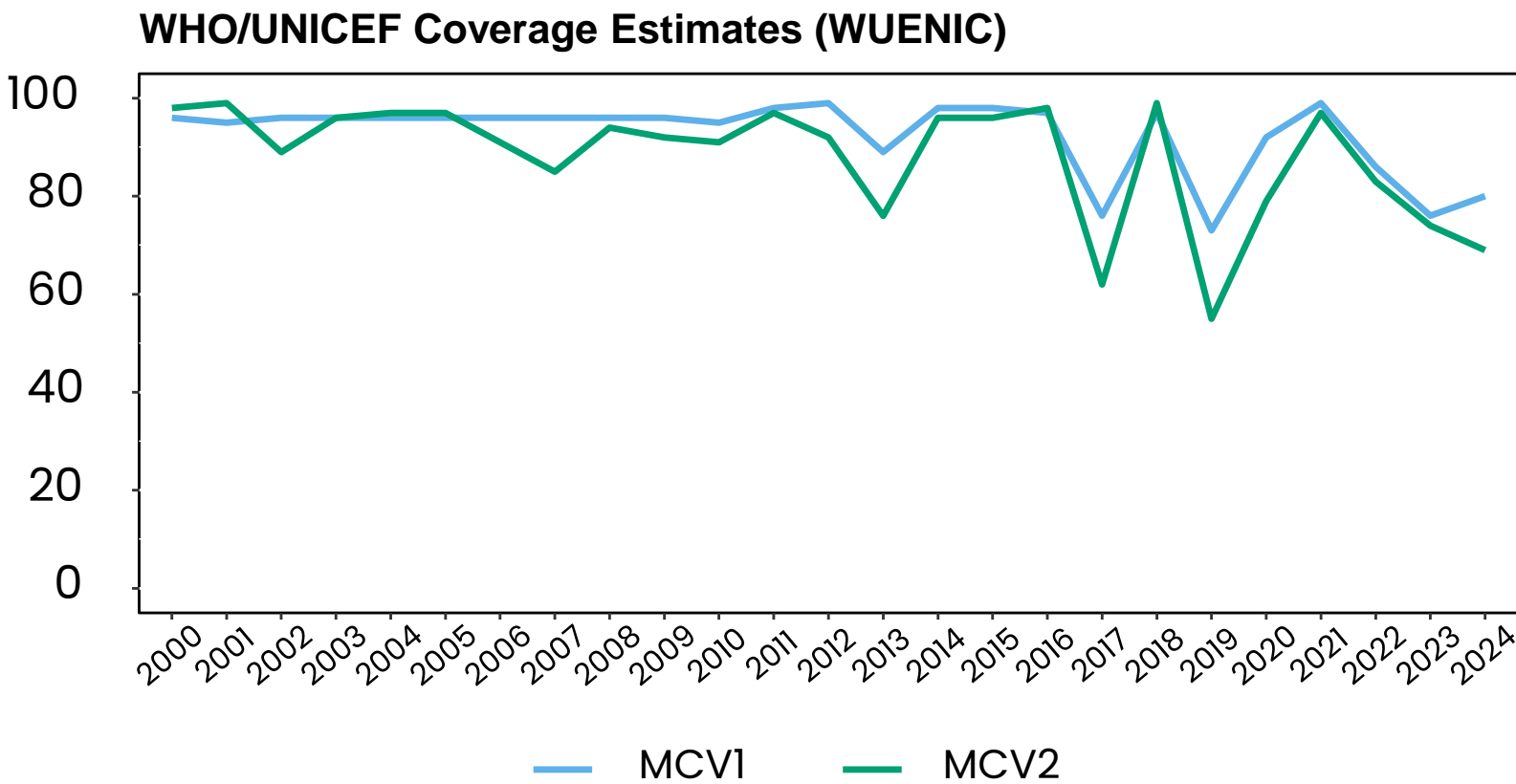
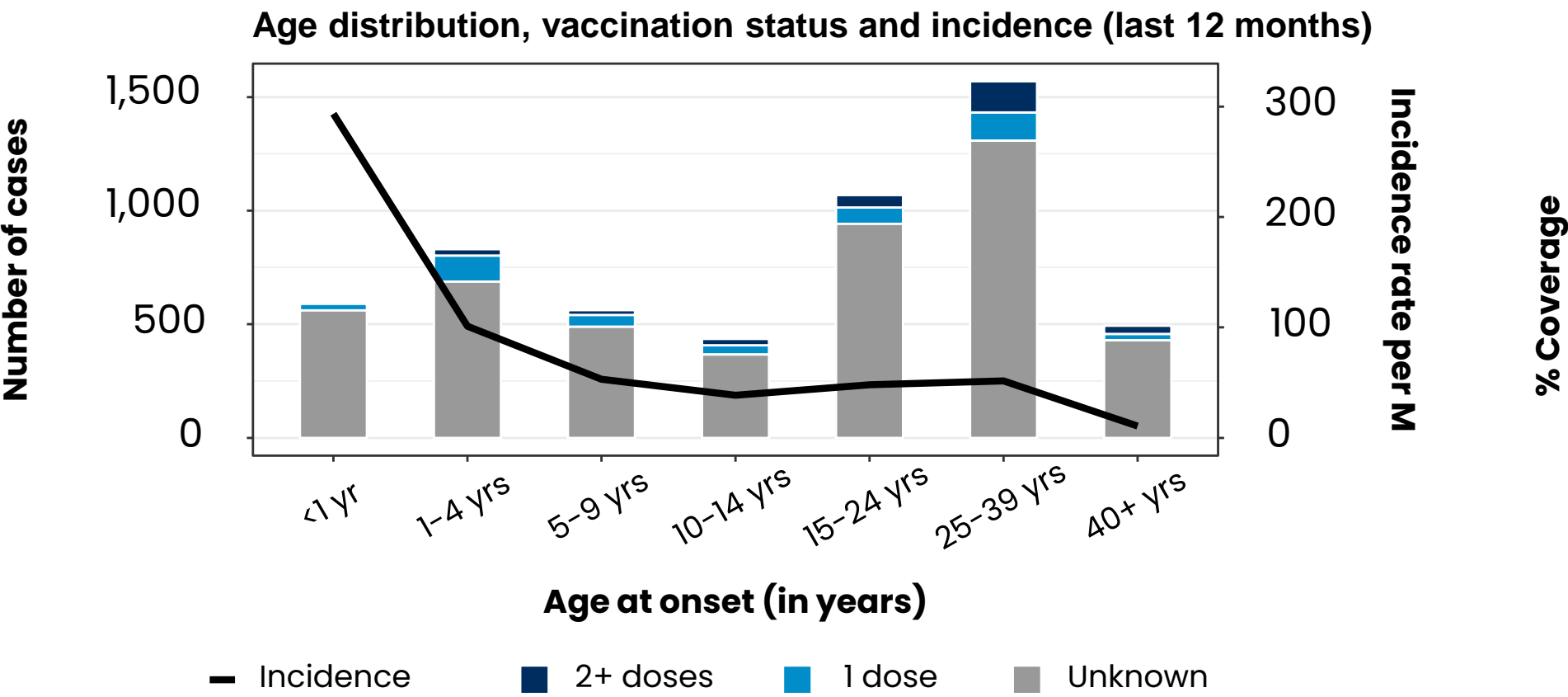
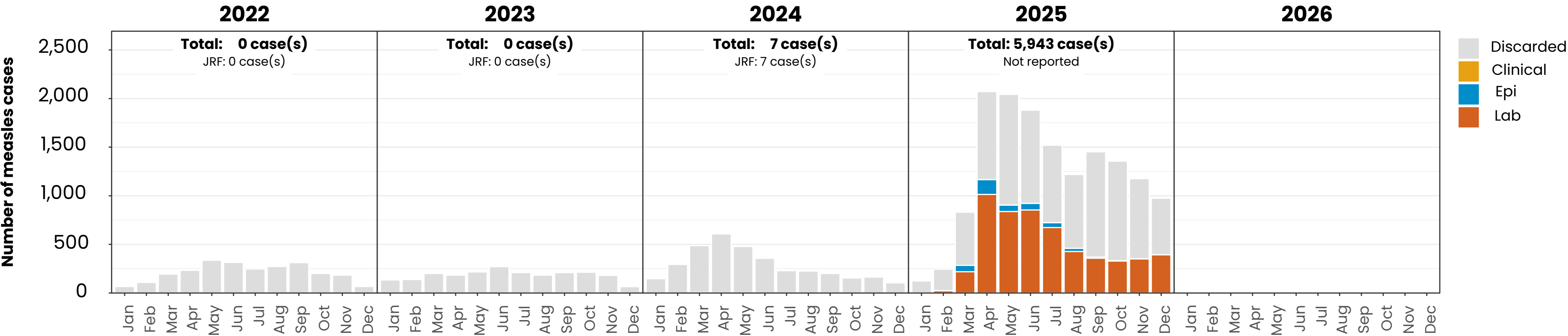
ELIMINATION STATUS: **RE-ESTABLISHED**



Based on data received 2026-01 – Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Measles cases: Mexico

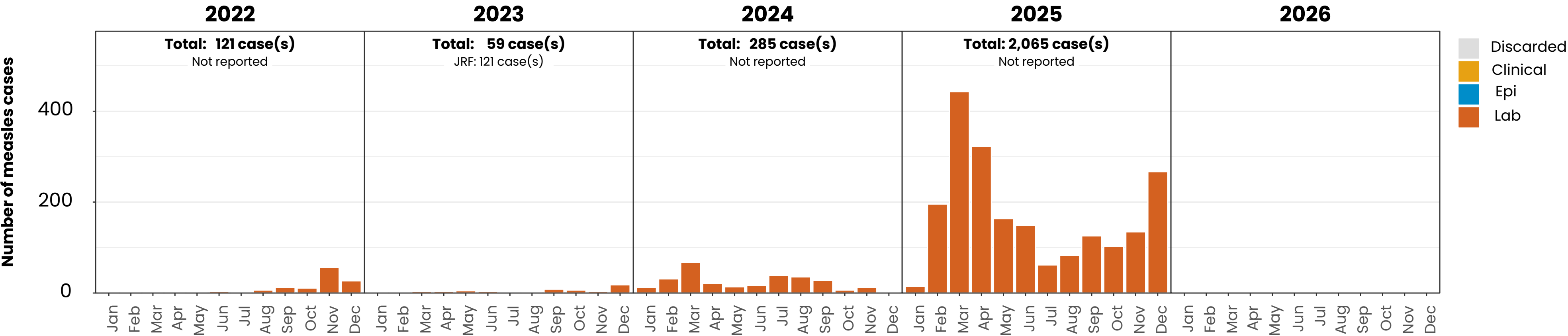
ELIMINATION STATUS: **VERIFIED**



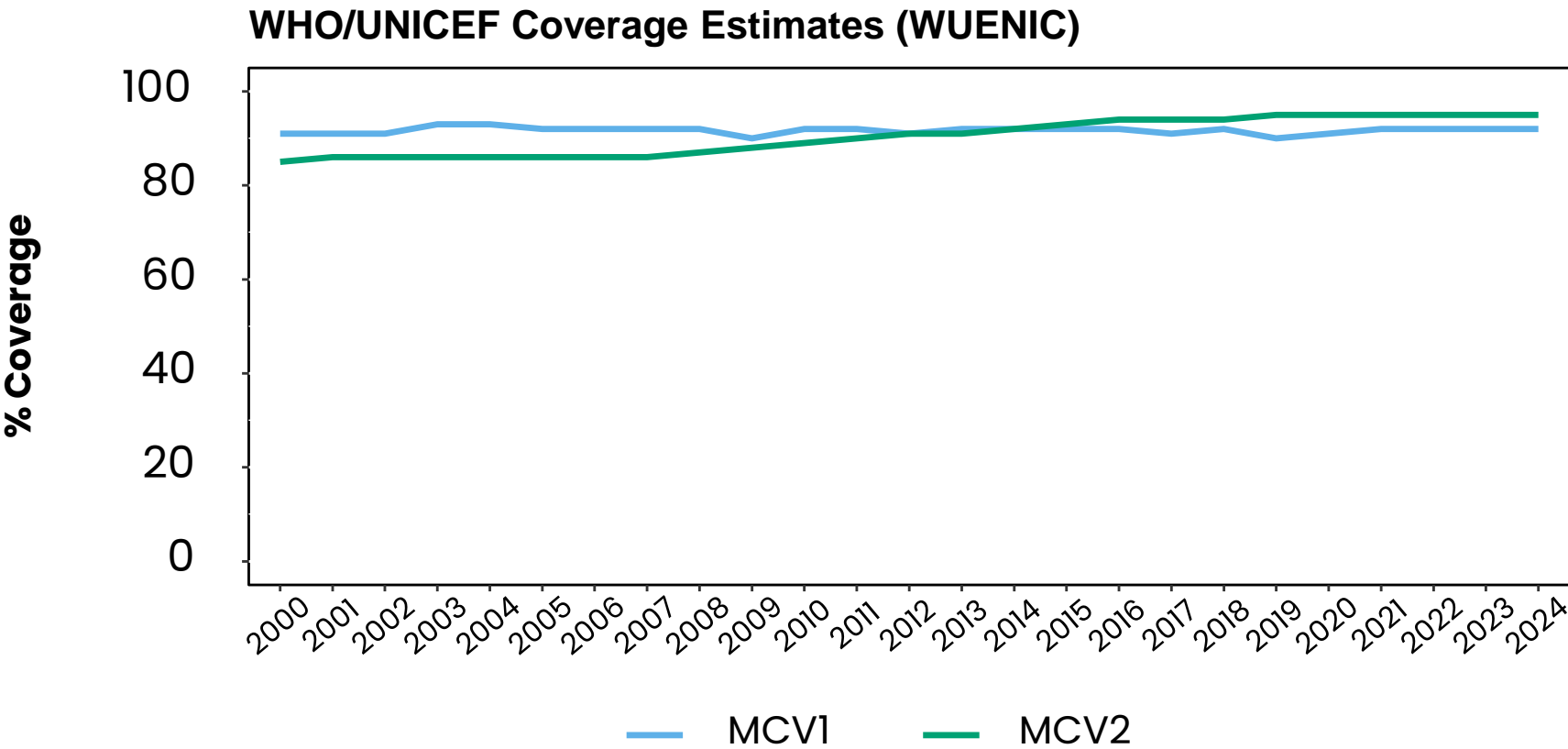
Based on data received 2026-01 – Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

# Measles cases: United States of America

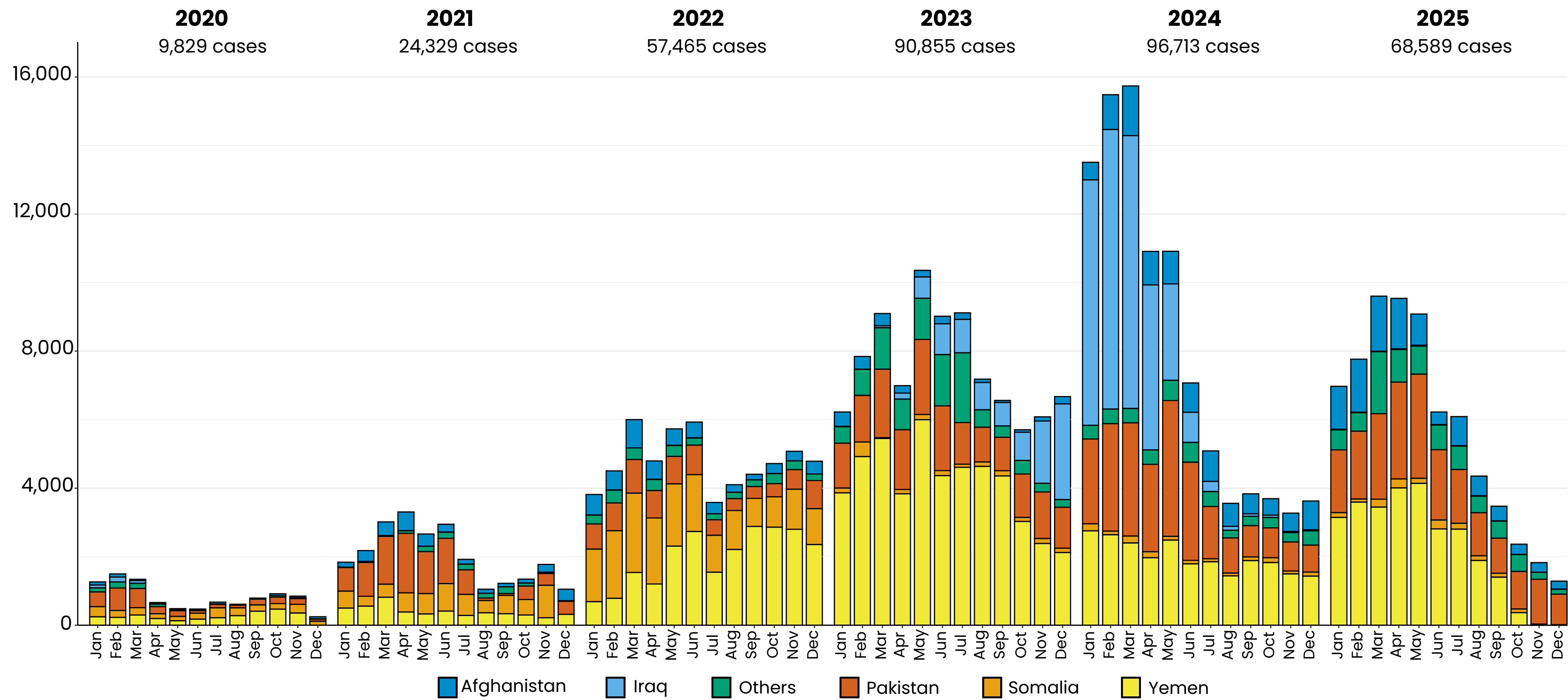
ELIMINATION STATUS: **VERIFIED**



No data available or no case reported in the last 12 months



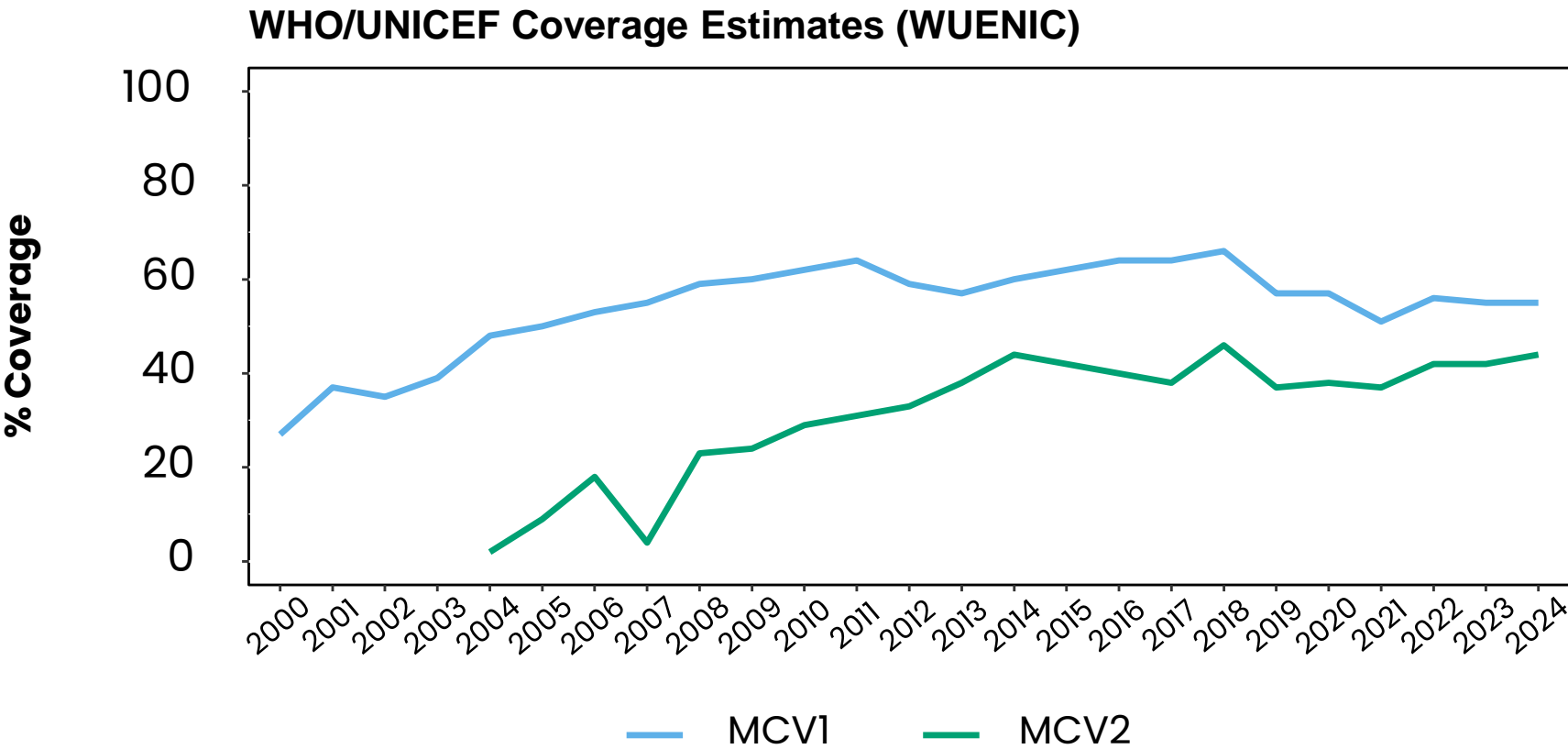
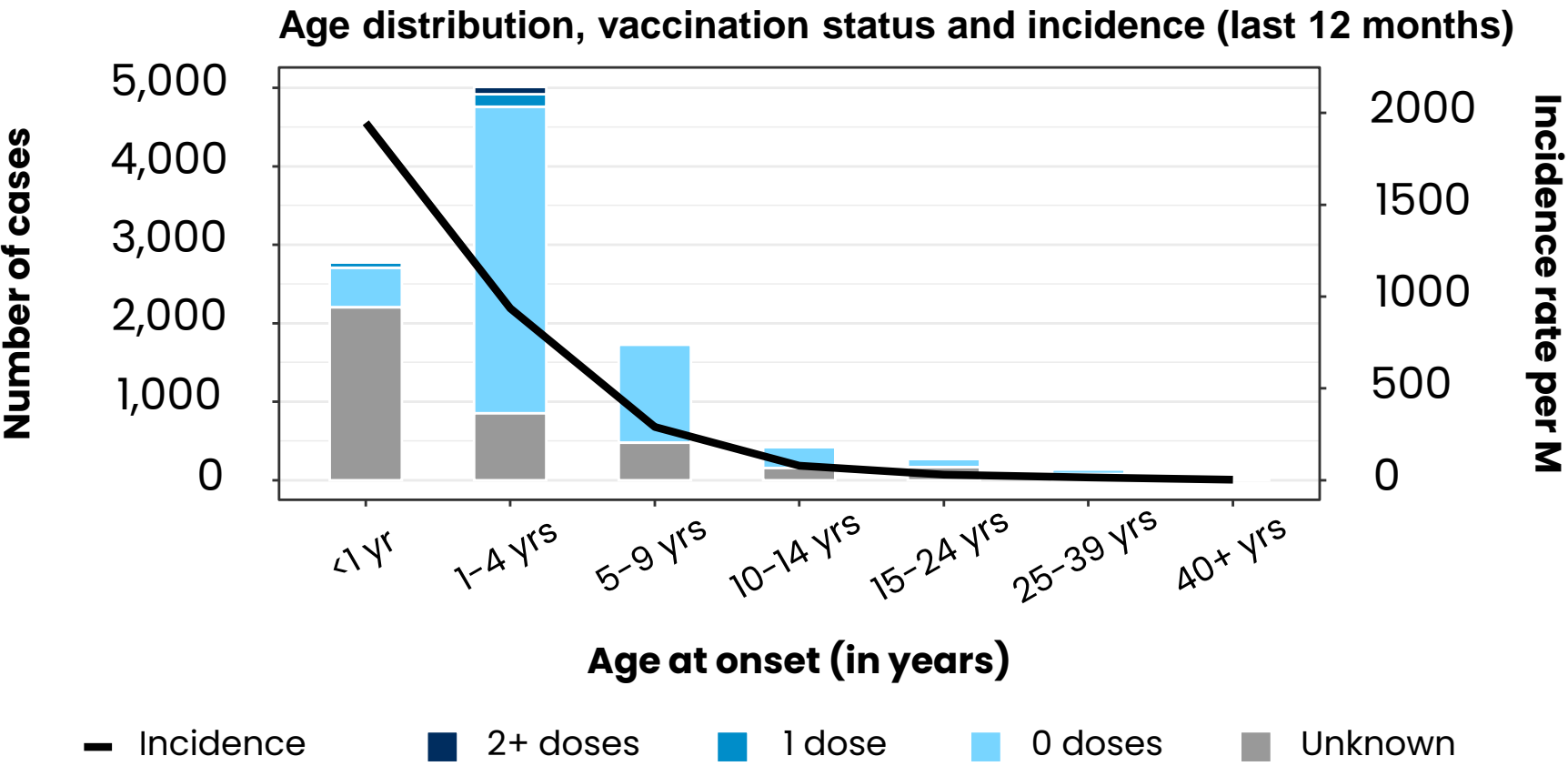
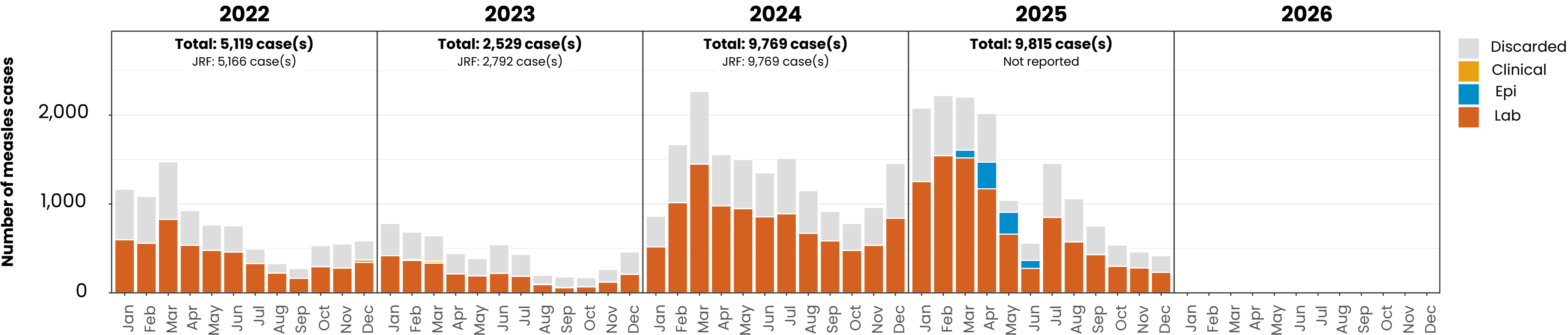
# Measles case distribution (EMR), 2020-2025



Based on data received 2026-01 - Data Source: IVB Database

Measles cases: Afghanistan

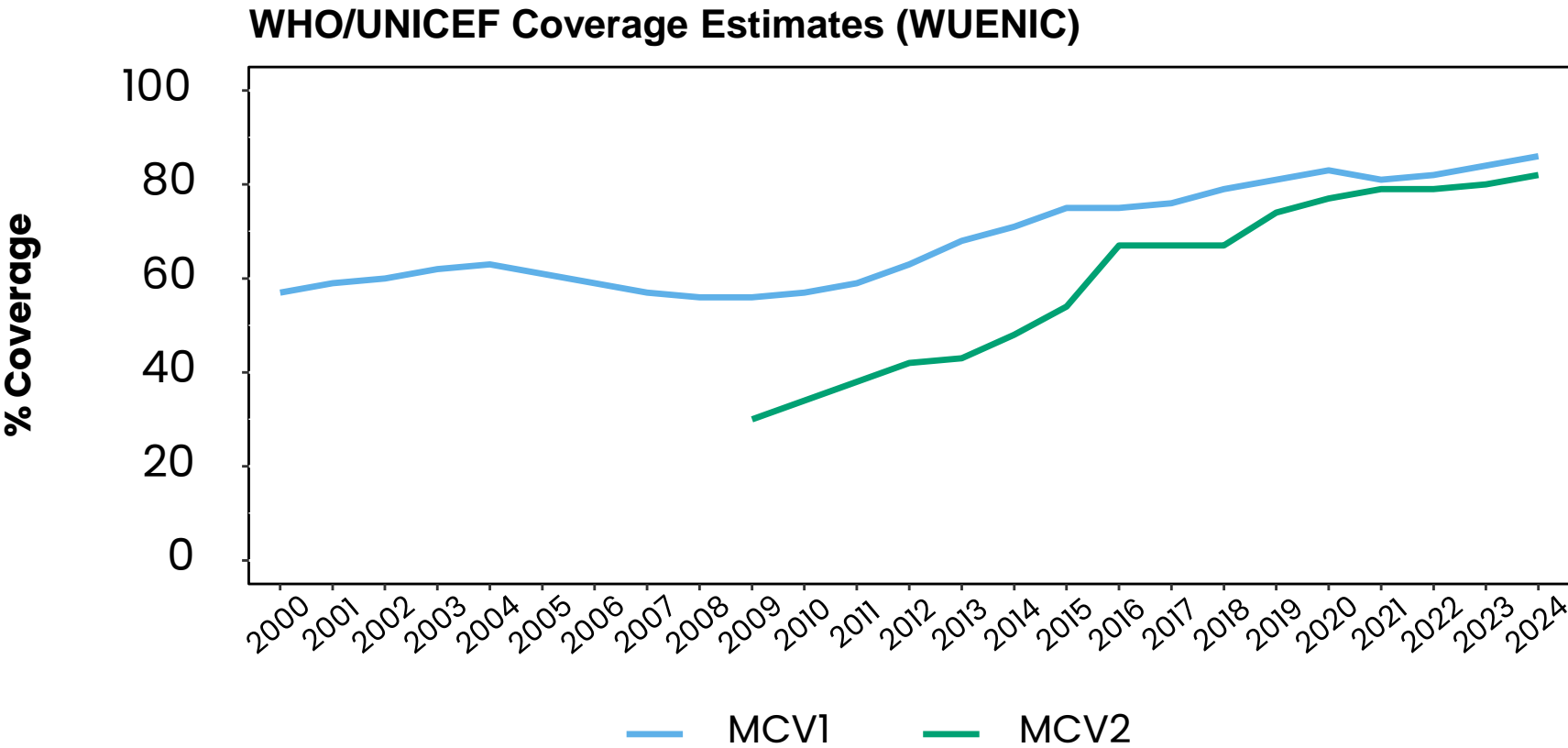
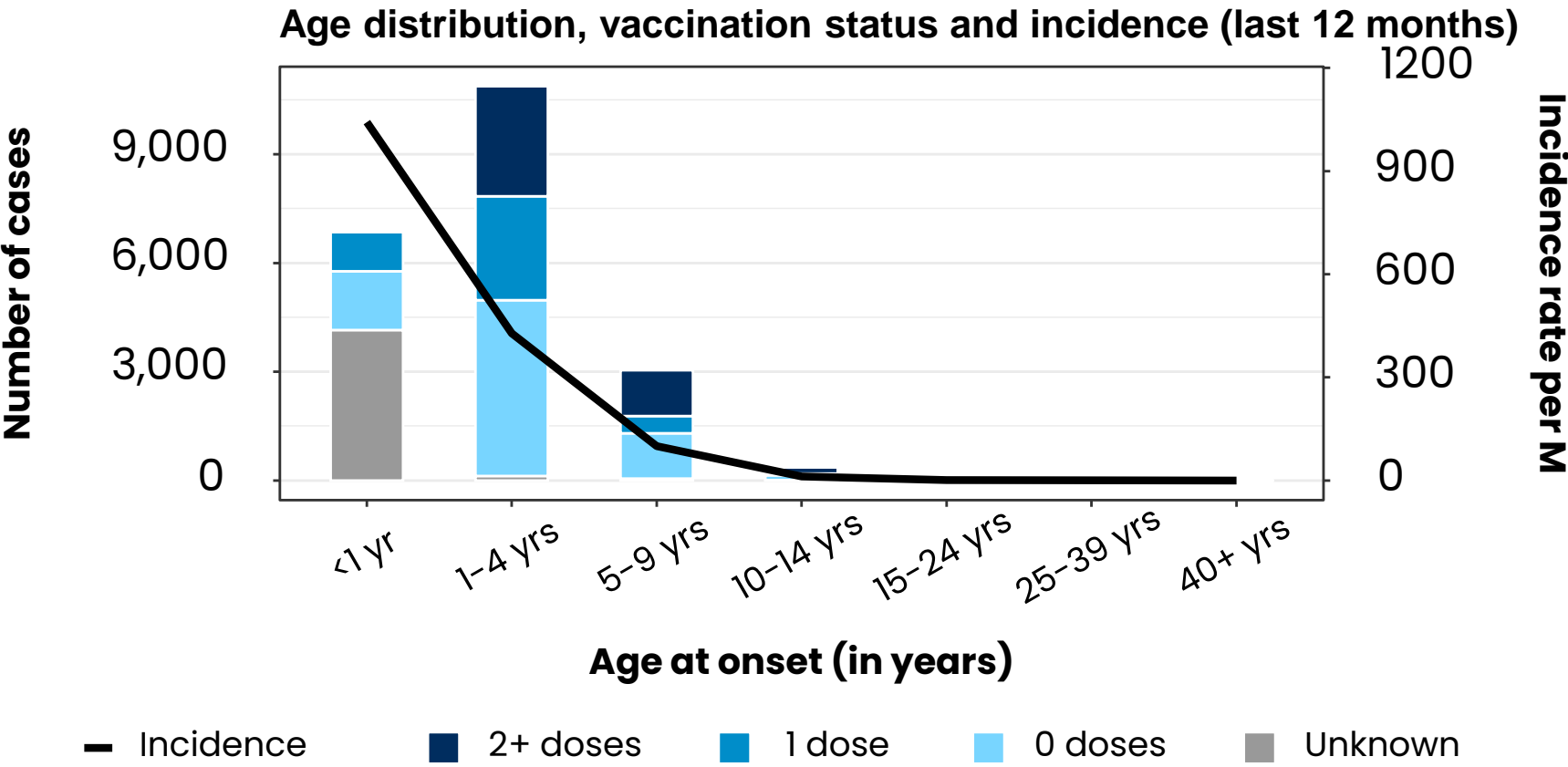
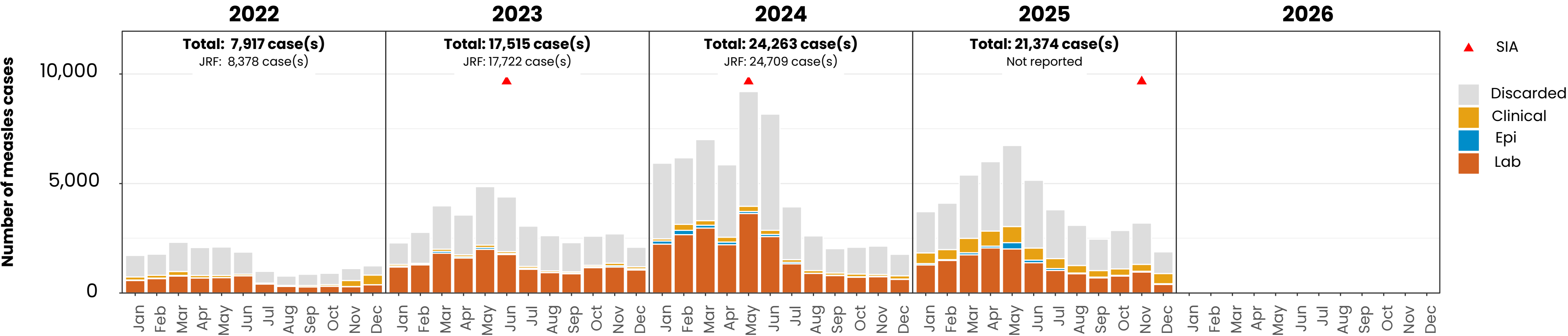
ELIMINATION STATUS: ENDEMIC



Based on data received 2026-01 – Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

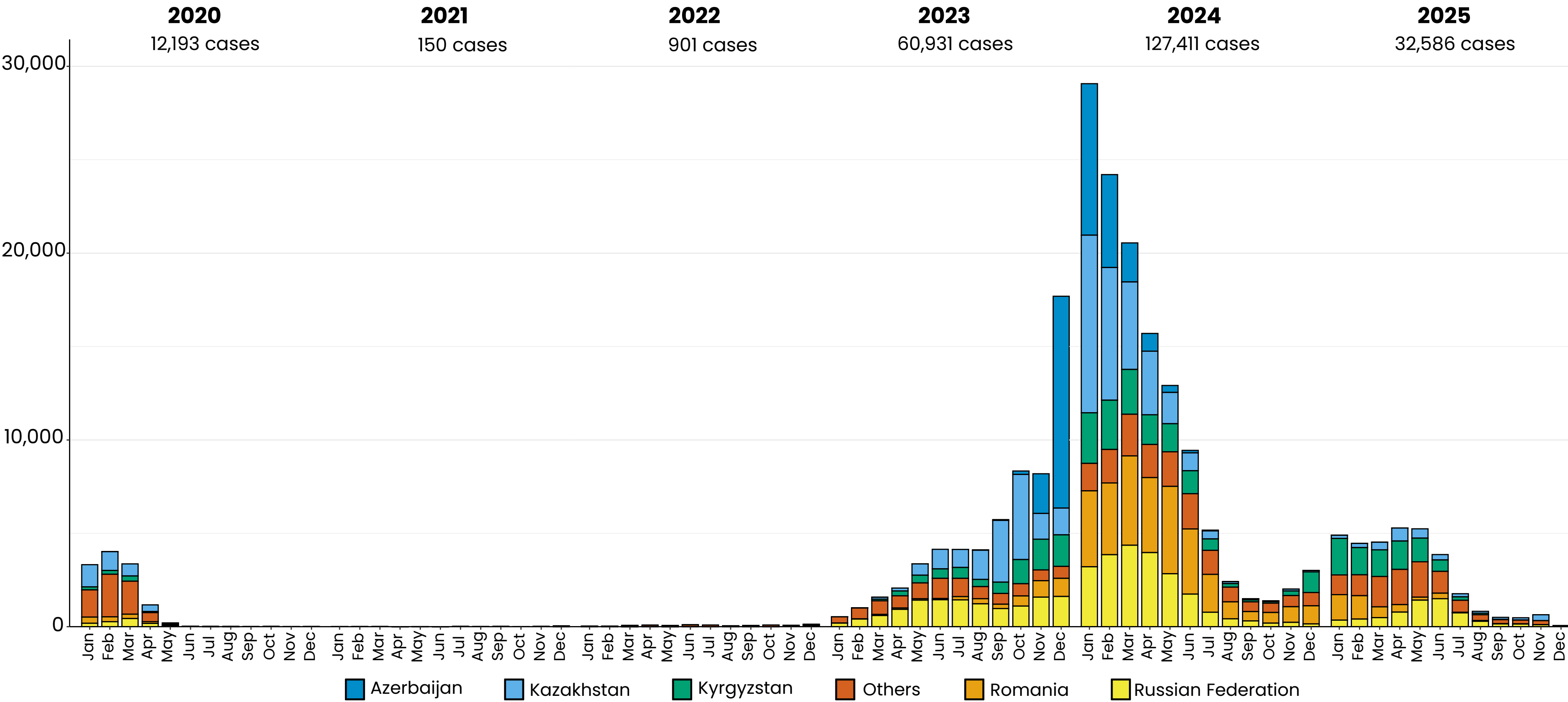
Measles cases: Pakistan

ELIMINATION STATUS: **ENDEMIC**

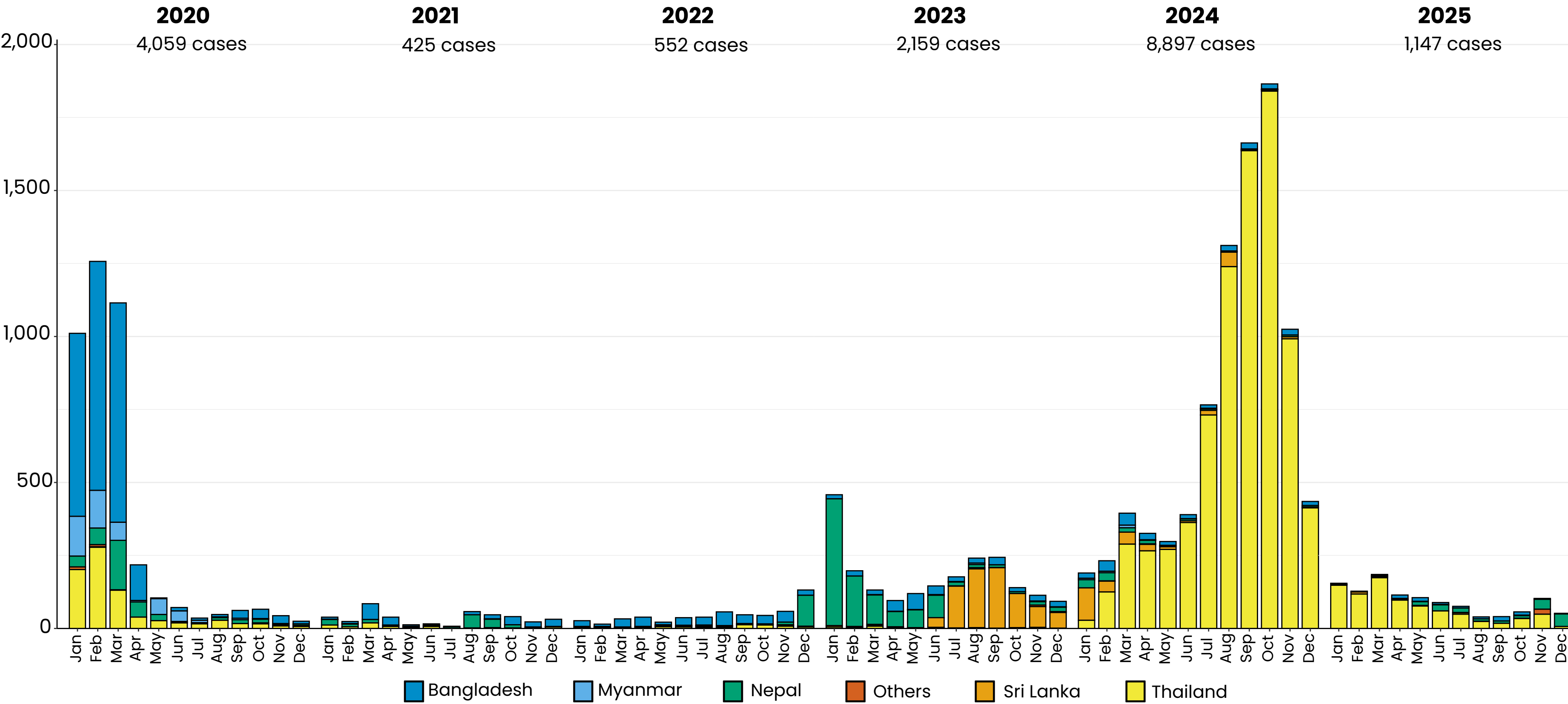


Based on data received 2026-01 – Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

# Measles case distribution (EUR), 2020-2025

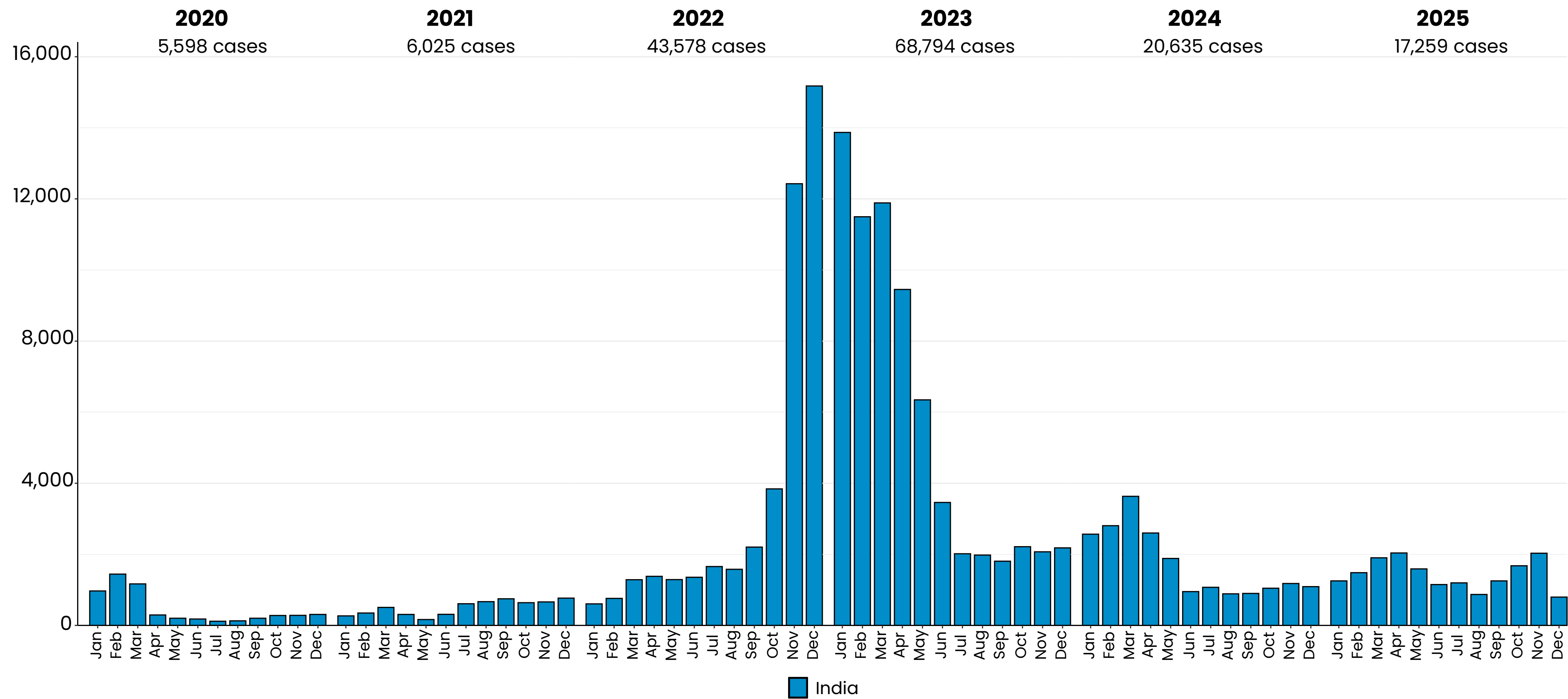


# Measles case distribution (SEAR (excl. India)), 2020–2025



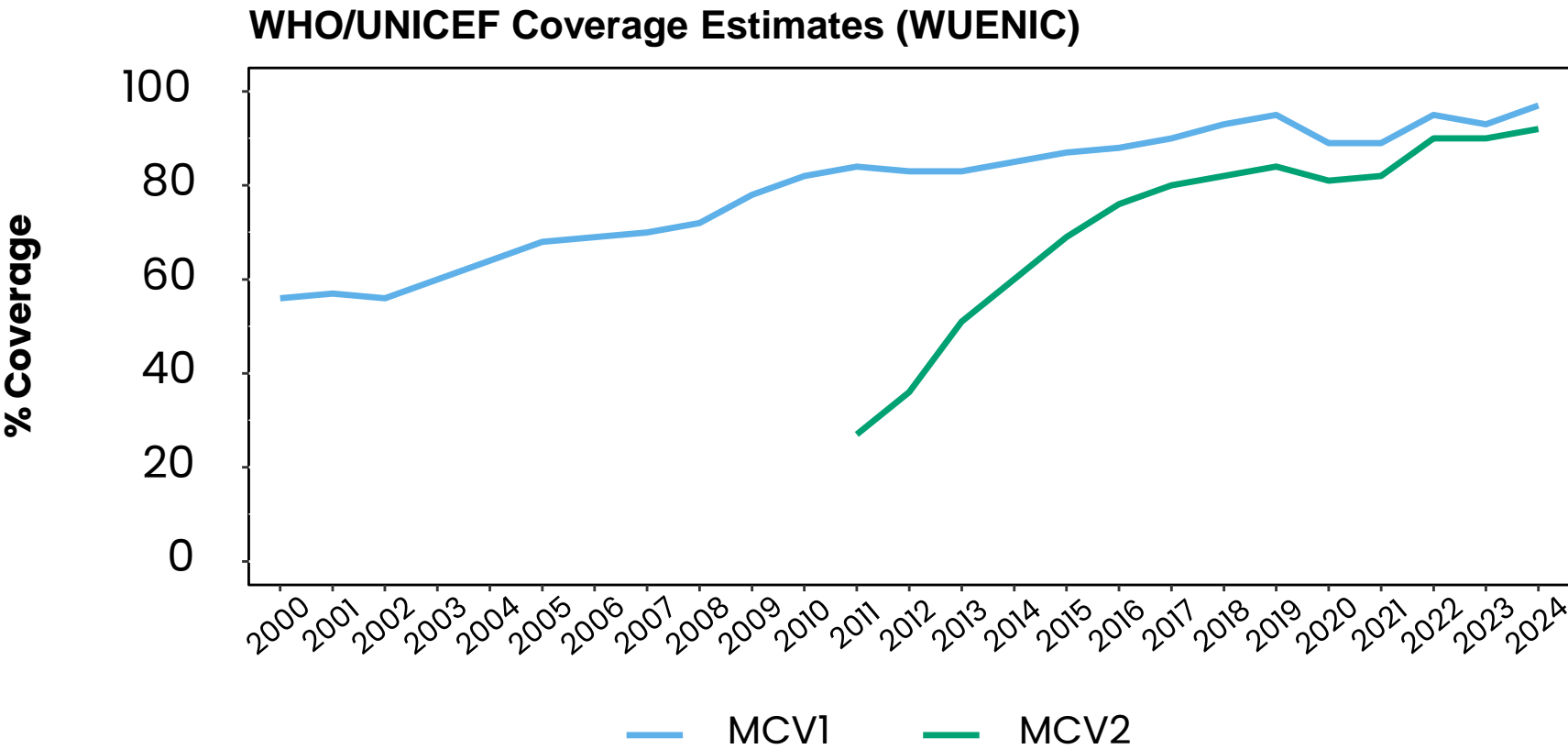
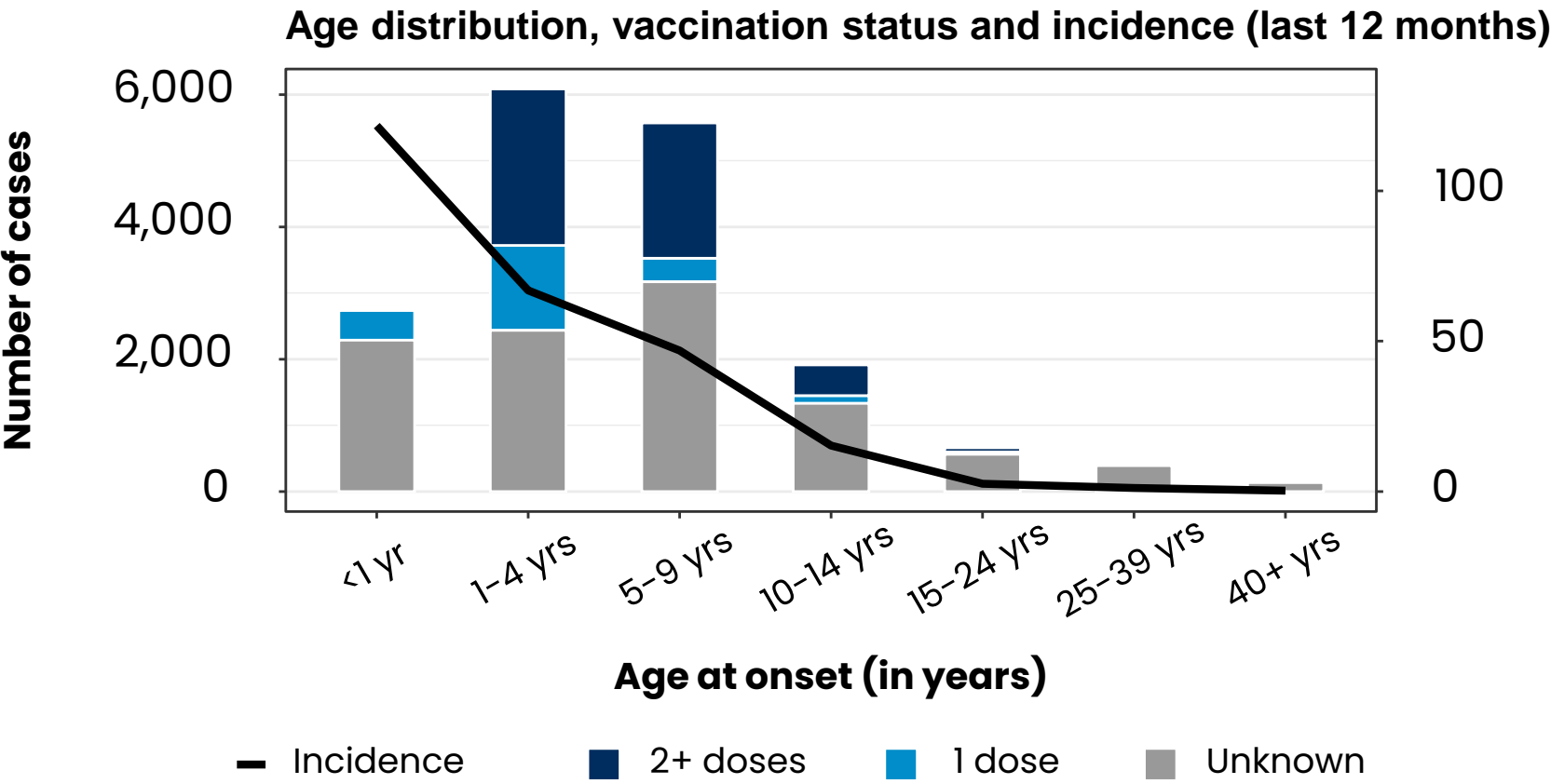
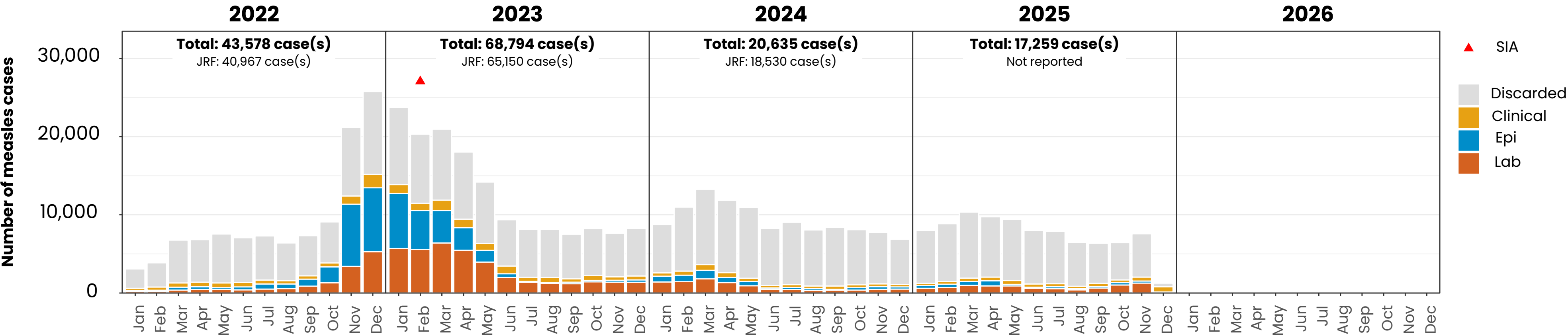
Based on data received 2026-01 - Data Source: IVB Database

# Measles case distribution (SEAR, India), 2020–2025



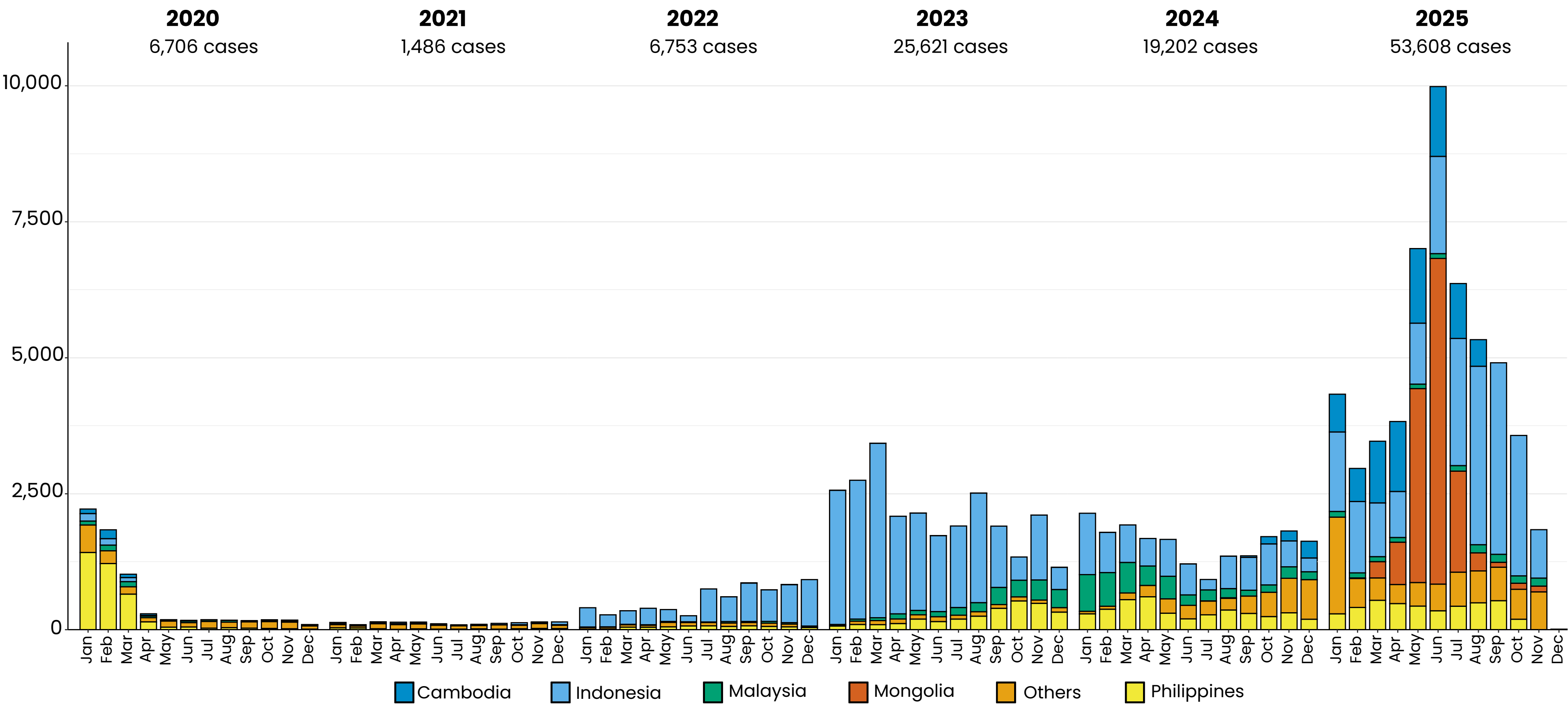
Measles cases: India

ELIMINATION STATUS: **ENDEMIC**

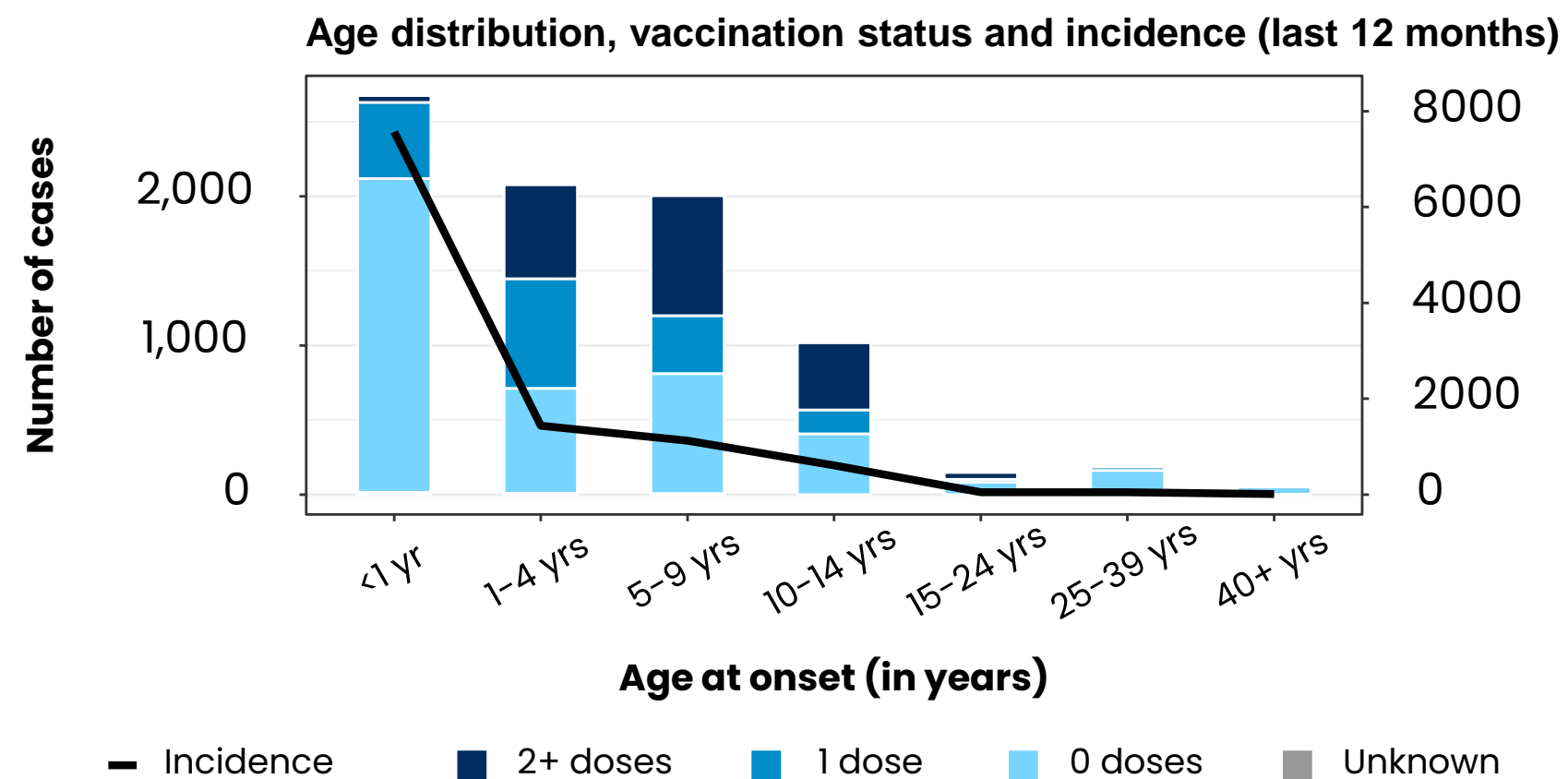


Based on data received 2026-01 – Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

# Measles case distribution (WPR), 2020-2025

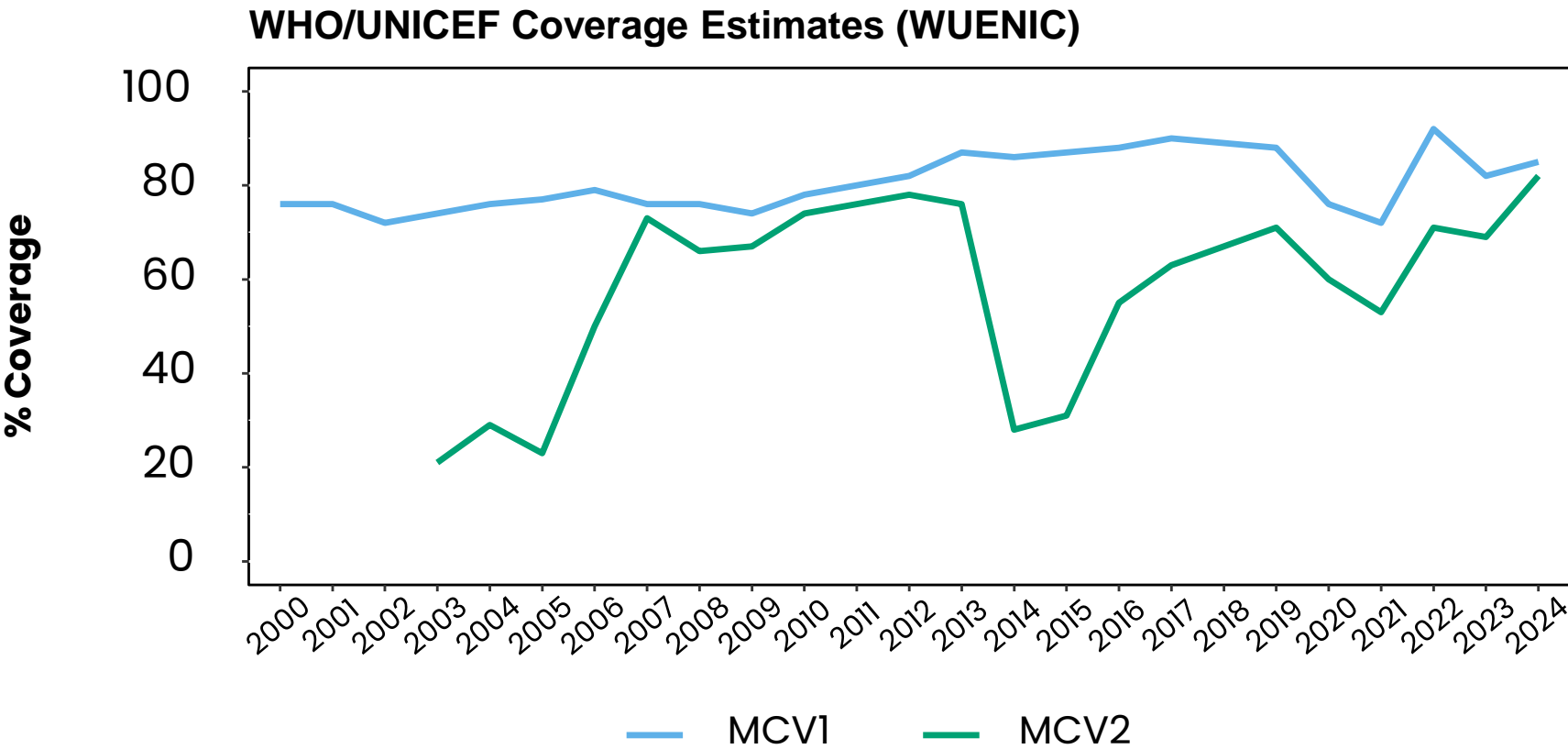
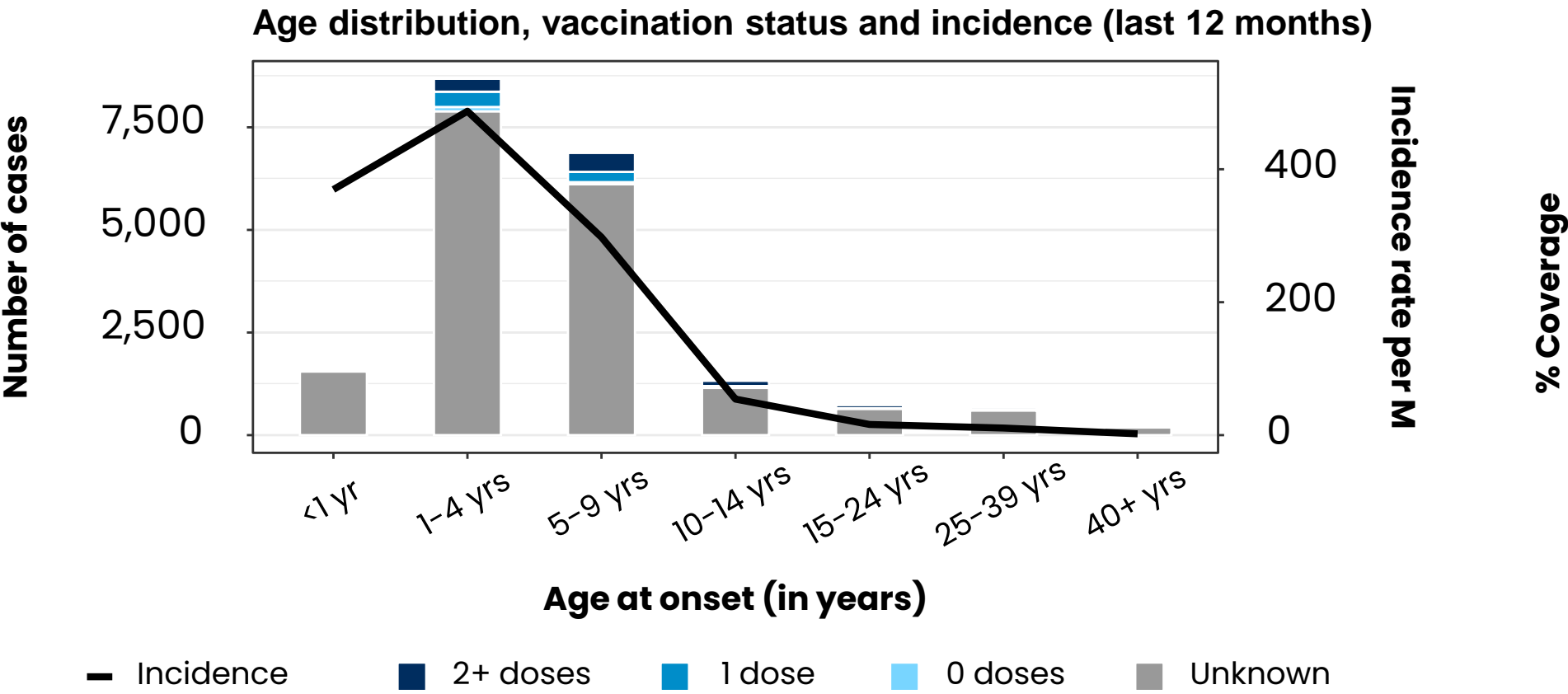
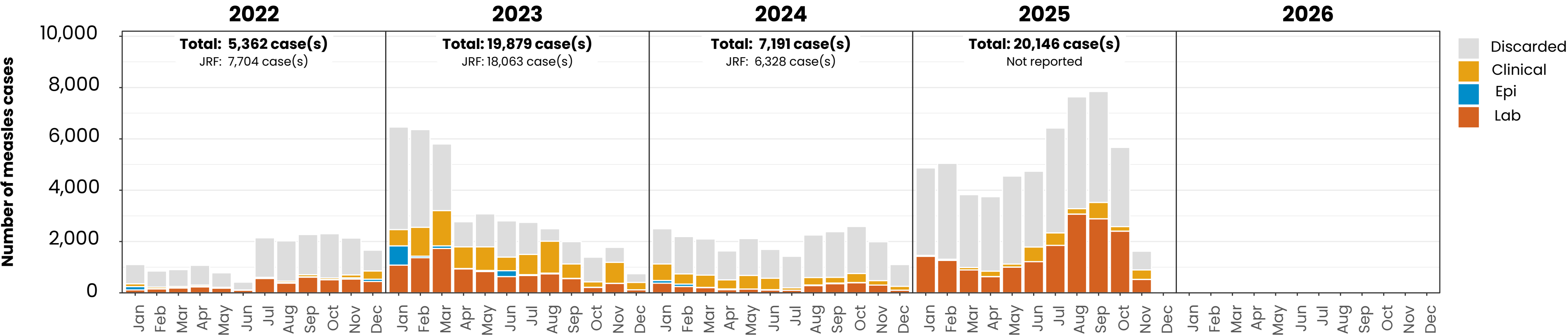


ELIMINATION STATUS: **RE-ESTABLISHED**



Measles cases: Indonesia

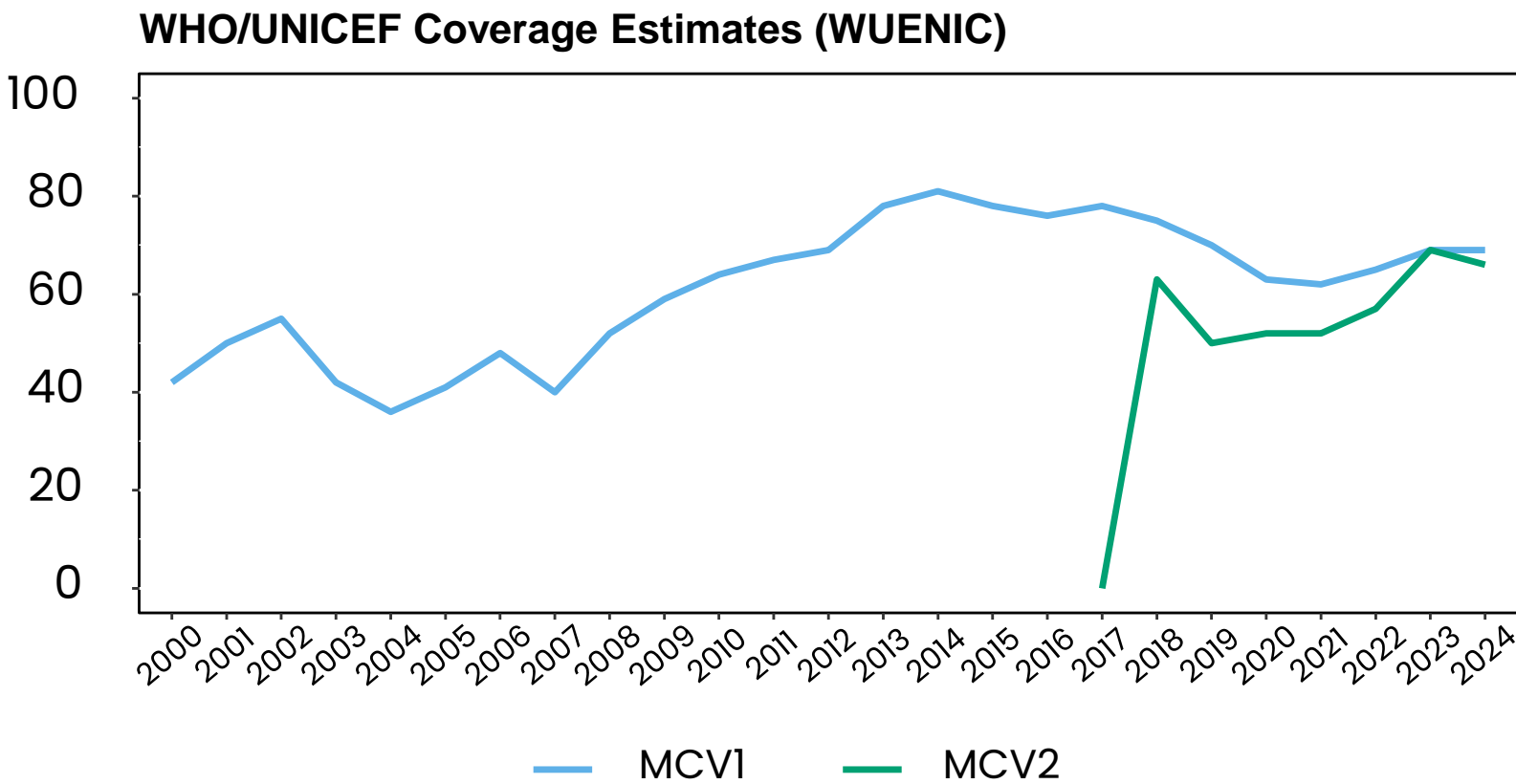
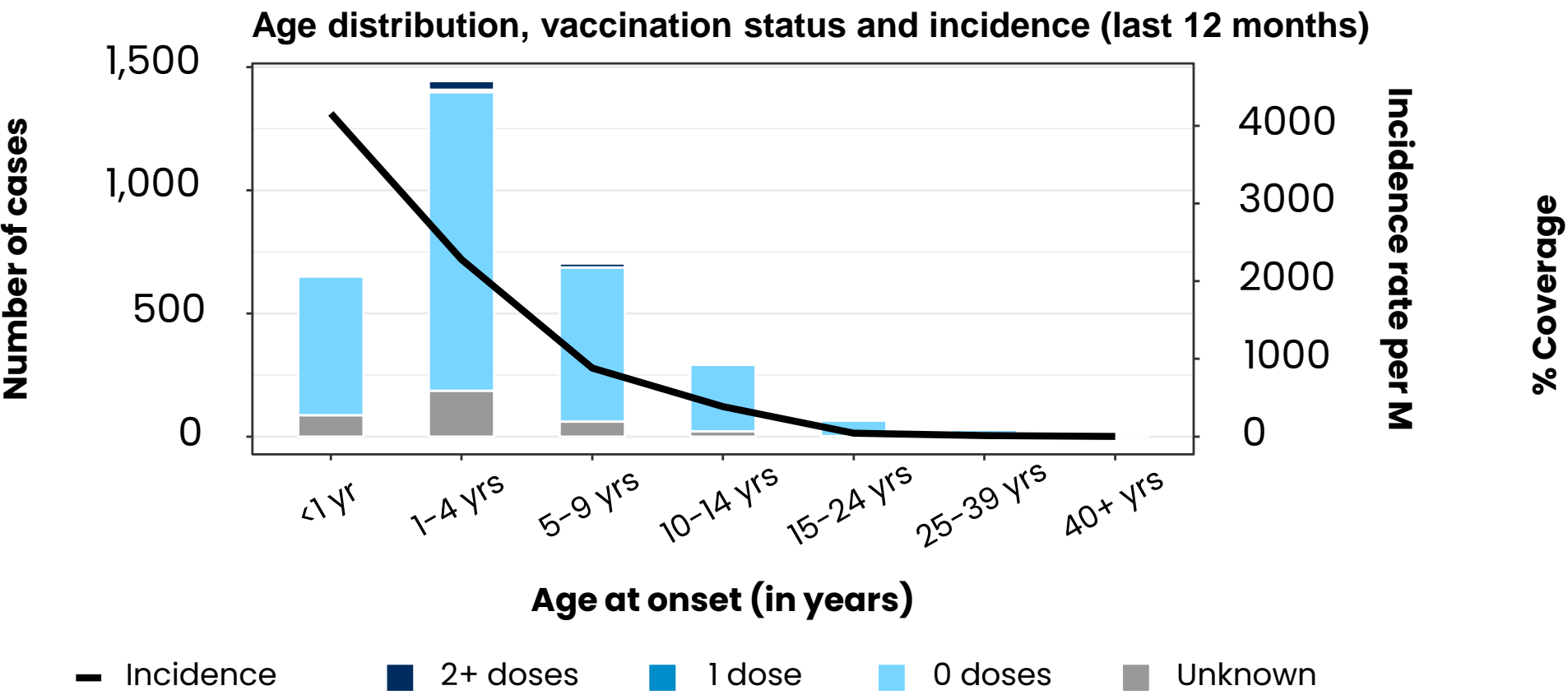
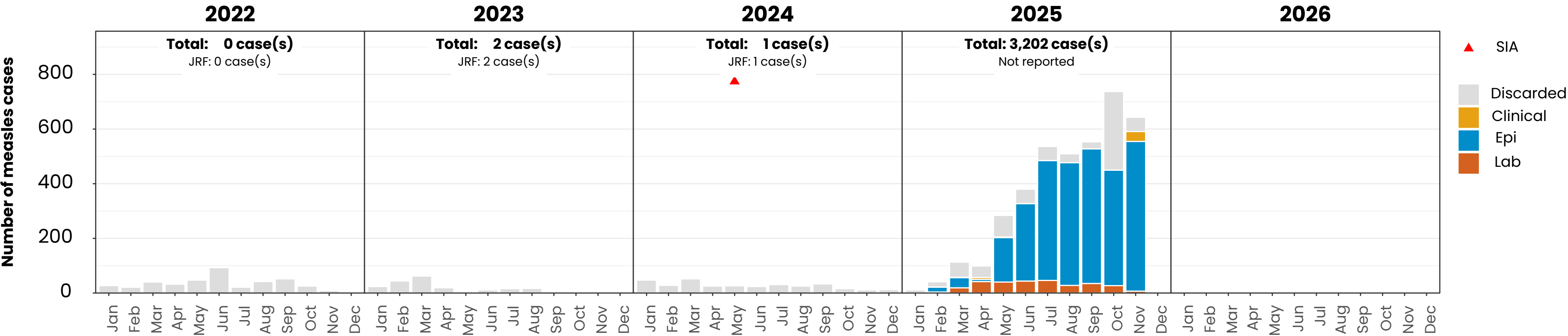
ELIMINATION STATUS: **ENDEMIC**



Based on data received 2026-01 - Data Source: IVB Database. Main epi curve was built using a combination of case-based and aggregate surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Measles cases: Lao People's Democratic Republic

ELIMINATION STATUS: ENDEMIC



Based on data received 2026-01 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)