World Health Organization

Immunization, Vaccines and Biologicals (IVB)

Measles Global Situation Update

November 2026

Disclaimer

Please note that all data contained within is provisional. The number of cases of measles and rubella officially reported by a member state is only available by July of each year (through the joint WHO UNICEF annual data collection exercise). If any numbers from this provisional data are quoted, they should be properly sourced with a date (i.e. "provisional data based on monthly data reported to WHO (Geneva) as of November 2026"). For official data, please visit our website.

World Health Organization

Immunization, Vaccines and Biologicals (IVB)



MEASLES

Number of reported measles cases by WHO Region

2026

Region	Member States*	Suspected MR cases	Measles cases	Clin	Epi	Lab	Date Received
AFR	42/47	98,626	60,827	22,138	27,005	11,684	2026-11
AMR	31/35	93,768	56,190	17	1,427	54,746	2026-11
EMR	21/21	87,656	45,366	16,137	10,681	18,548	2026-11
EUR	45/53	27,109	15,295	1,193	716	13,386	2026-11
SEAR	10/10	194,115	100,405	2,861	46,845	50,699	2026-11
WPR	27/28	120,228	66,053	46,721	2,164	17,168	2026-11
Total	**176/194**	**621,502**	**344,136**	**89,067**	**88,838**	**166,231**	

Region	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
AFR	10,468	12,129	10,785	6,844	5,836	5,178	3,926	3,380	1,412	858	11	0
AMR	3,691	6,017	7,506	11,225	10,108	7,372	3,886	2,901	2,262	1,128	94	0
EMR	5,949	5,496	5,739	7,658	5,798	4,609	3,655	2,938	2,201	1,322	1	0
EUR	2,730	2,825	2,588	2,383	1,717	1,408	756	513	319	56	0	0
SEAR	3,965	4,643	10,199	26,771	25,379	12,146	6,948	5,032	4,484	838	0	0
WPR	9,362	8,573	10,529	12,636	9,039	6,513	4,674	3,234	1,493	0	0	0
Total	**36,165**	**39,683**	**47,346**	**67,517**	**57,877**	**37,226**	**23,845**	**17,998**	**12,171**	**4,202**	**106**	**0**

2025

Region	Member States*	Suspected MR cases	Measles cases	Clin	Epi	Lab	Date Received
AFR	43/47	114,292	66,334	31,458	14,662	20,214	2026-11
AMR	35/35	43,119	14,707	96	3,009	11,602	2026-11
EMR	21/21	135,080	75,875	32,517	12,111	31,247	2026-11
EUR	47/53	53,320	36,691	4,902	6,019	25,770	2026-11
SEAR	10/10	110,153	19,851	3,834	4,420	11,597	2026-11
WPR	28/28	156,860	68,614	30,293	12,966	25,355	2026-11
Total	**184/194**	**612,824**	**282,072**	**103,100**	**53,187**	**125,785**	

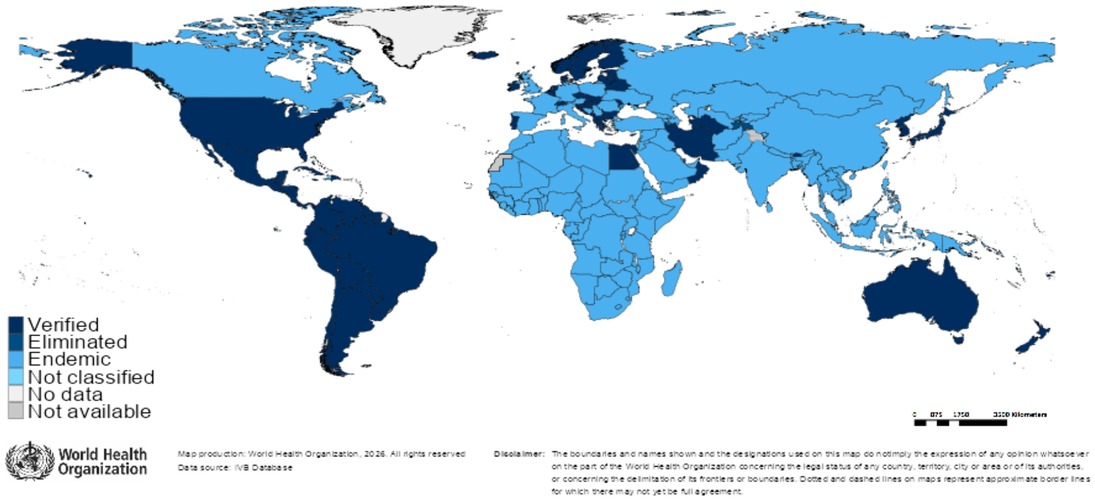
Region	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
AFR	6,569	7,567	9,775	6,602	7,279	5,760	4,524	4,671	3,978	4,224	3,221	2,164
AMR	74	440	1,231	2,532	2,200	1,907	1,686	896	763	656	804	1,518
EMR	6,988	7,778	9,641	9,542	9,054	6,293	6,149	4,593	3,972	4,010	3,806	4,049
EUR	4,989	4,550	5,608	5,952	5,718	3,944	1,923	834	507	485	702	1,479
SEAR	1,370	1,554	2,025	2,108	1,628	1,168	1,202	894	1,225	1,720	2,084	2,873
WPR	4,063	3,198	3,319	3,447	7,007	9,261	5,699	5,457	6,502	7,754	7,249	5,658
Total	**24,053**	**25,087**	**31,599**	**30,183**	**32,886**	**28,333**	**21,183**	**17,345**	**16,947**	**18,849**	**17,866**	**17,741**

Notes: Based on data received 2026-11 - 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

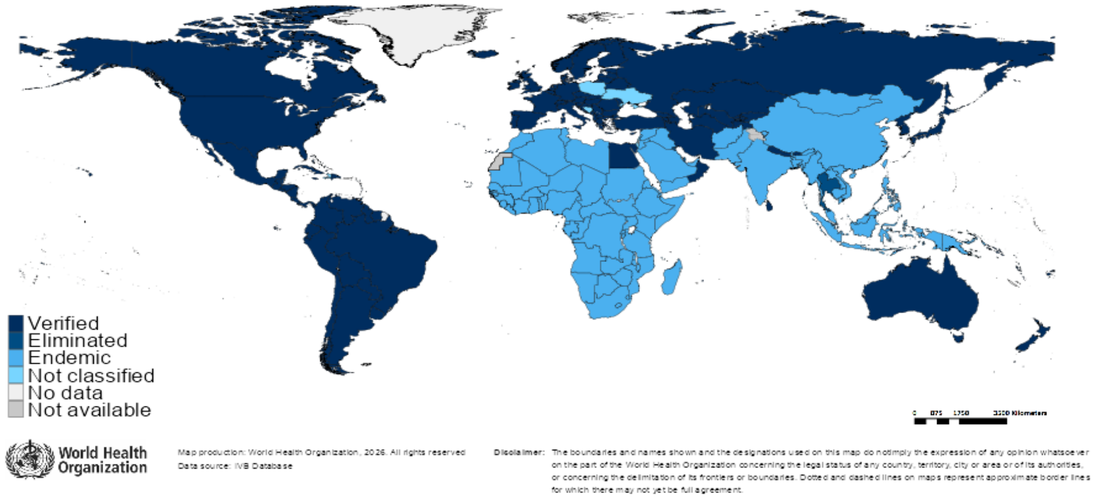
Measles

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	2	15	0
EUR	53	32	60	1	19	1
SEAR	10	4	40	0	6	0
WPR	28	19	68	0	9	0
GLOBAL	**194**	**95**	**49**	**3**	**94**	**2**



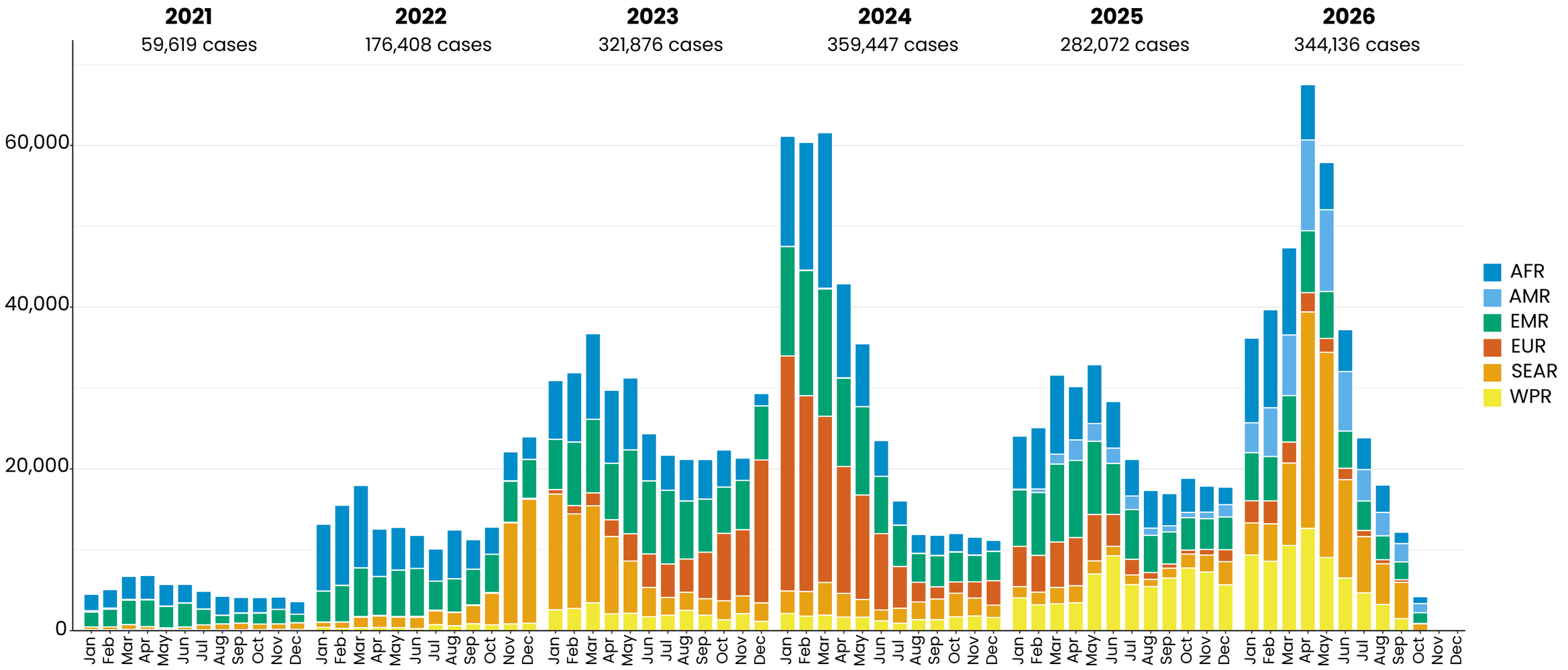
Rubella

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	2	15	0
EUR	53	49	92	0	0	4
SEAR	10	6	60	1	3	0
WPR	28	19	68	0	9	0
GLOBAL	**194**	**115**	**59**	**3**	**71**	**5**



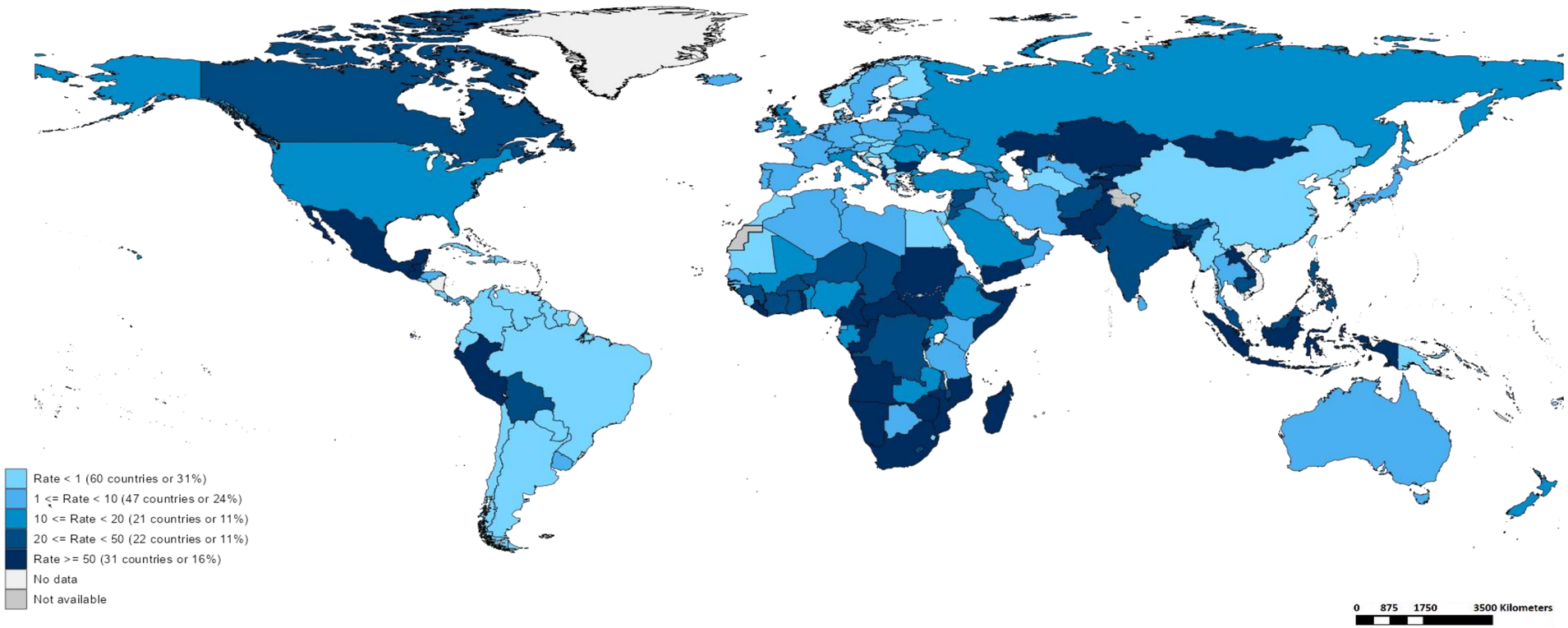
Notes: Based on data available at WHO HQ as of 2026-11-11 . Terms used on this slide refer to the global framework for the verification of measles and rubella elimination. These terms might differ from those used by WHO Regional Offices. Verified = Elimination verified by Regional Verification Commission (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 (2021-2026)



Based on data received 2026-11 - 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
Guatemala	32997	1,765.69
Mongolia	2097	596.23
Yemen	22483	538.21
Maldives	267	504.08
Lao People's Democratic Republic	3728	473.51
Kazakhstan	8897	426.84
Rwanda	6057	415.74
Bangladesh	70152	399.30
Cameroon	11159	373.47
Angola	10768	275.82

World Health Organization

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Data source: IVB Database

Disclaimer: The boundaries and names shown and the designations used on this map do notimply 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.

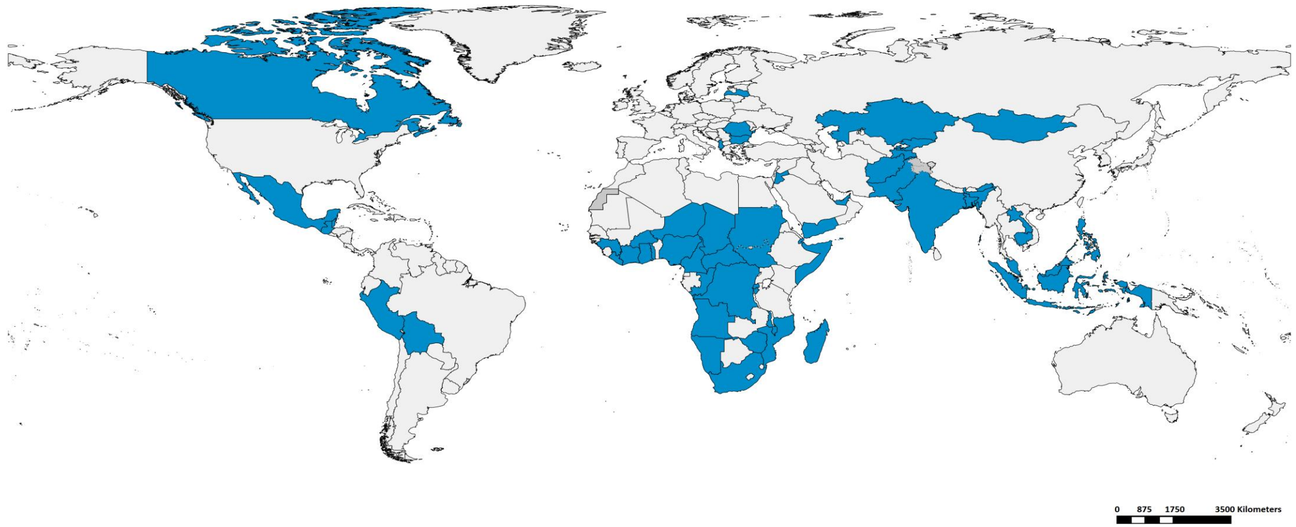
Notes: Based on data received 2026-11 - Surveillance data from 2025-10 to 2026-09 - Incidence: Number of cases / population * 1,000,000 - Population data: World population prospects, 2024 revision

Immunization Agenda 2030 - Impact Goal 1.3

Countries provisionally meeting the large or disruptive outbreaks definition - Data from 2025-07 to 2026-06 included

Country	Cases	Rate/M	Clinical*
Guatemala	28,393	1,496.89	0%
Mongolia	4,268	1,199.96	0%
Lao People's Democratic Republic	5,208	653.12	0%
Yemen	20,470	476.47	70%
Kazakhstan	8,913	422.75	9%
Cameroon	11,752	383.54	1%
Angola	13,964	347.23	80%
Bangladesh	58,351	328.15	0%
Indonesia	76,450	265.56	75%
Central African Republic	1,441	252.85	1%
Madagascar	7,581	226.15	22%
Rwanda	3,303	221.83	31%
Maldives	103	193.78	2%
Sudan	9,844	184.75	0%
Namibia	420	133.20	50%
Mexico	16,307	122.61	0%
Togo	999	113.78	2%
Kyrgyzstan	738	99.72	35%
Burundi	1,375	93.35	2%
South Africa	6,070	92.74	77%
Congo	614	92.50	5%
Cambodia	1,539	85.26	0%
Liberia	495	84.56	0%
Afghanistan	3,461	76.83	0%
Pakistan	18,113	69.85	18%
Tajikistan	759	69.13	0%

Country	Cases	Rate/M	Clinical*
Somalia	1,384	68.16	0%
Bulgaria	450	67.49	6%
Zimbabwe	1,134	65.65	100%
Albania	174	63.25	0%
Canada	2,475	61.16	0%
South Sudan	660	53.07	57%
Belize	21	48.99	0%
Mozambique	1,682	45.91	2%
DR Congo	5,185	44.52	2%
Bolivia (Plurinational State of)	562	44.08	13%
Philippines	4,423	37.57	68%
Niger	1,063	36.89	5%
Chad	750	34.79	0%
United Arab Emirates	379	32.74	6%
Burkina Faso	781	31.75	25%
Peru	1,053	30.15	0%
Ghana	1,010	28.29	93%
Romania	515	27.39	3%
Djibouti	32	26.68	0%
Latvia	46	25.06	0%
Malaysia	904	24.85	9%
Jordan	275	23.73	0%
Guinea	364	23.57	0%
Nigeria	5,678	23.42	86%
India	33,866	22.93	11%
Malawi	515	22.60	0%
Côte d'Ivoire	688	20.54	0%



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Data source: IVB Database

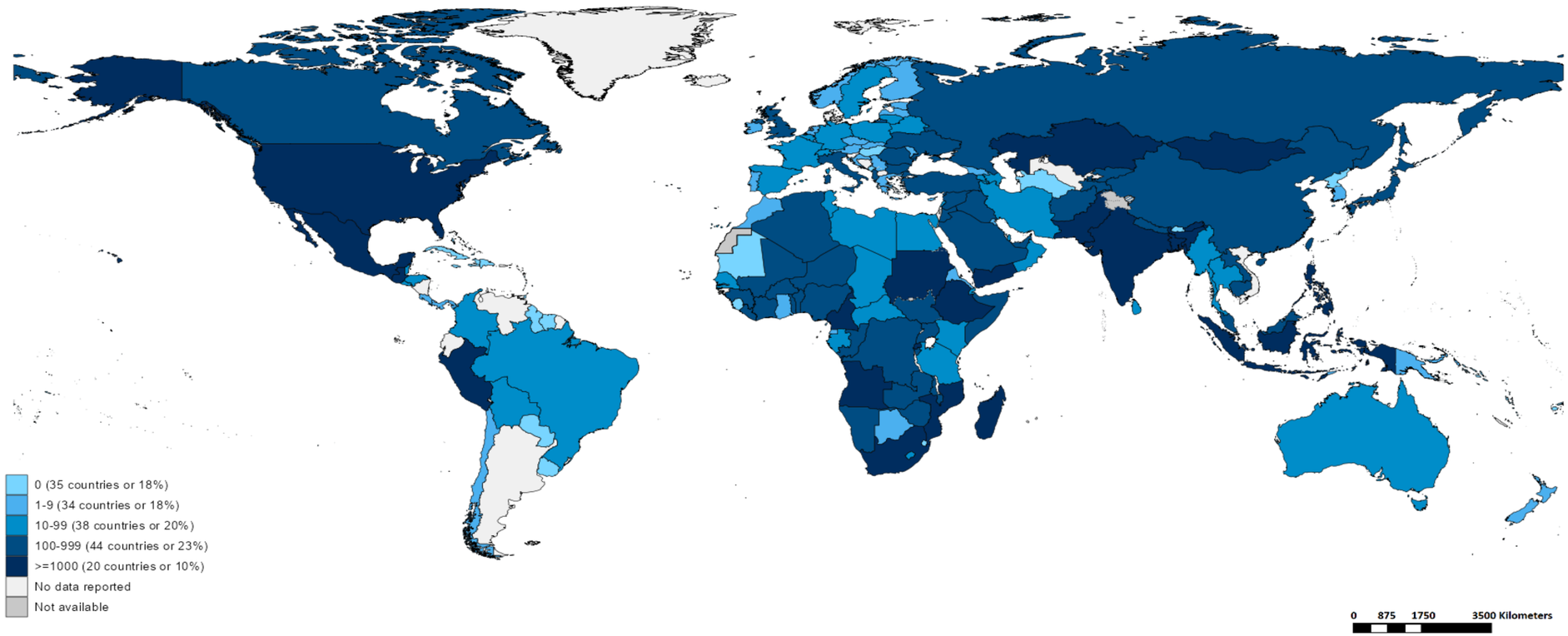
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Total: 53 countries

In the frame of tracking progress towards the goals of Immunization Agenda 2030 (IA2030), an indicator has been developed by a working group in order to represent large or disruptive measles outbreaks. This indicator is defined as an incidence equal or greater than 20 reported measles cases per million population over a period of 12 months. It is important to note that measles outbreak definitions vary between countries and regions according to local context and level of progress towards regional elimination goals. This definition of large or disruptive outbreaks aims to complement and not replace the national and regional definitions, while also providing a degree of global standardization and permitting tracking of progress against a common metric.

Notes: Based on data received 2026-11 and covering the period between 2025-07 and 2026-06 - Incidence: Number of cases / 1M population - Population Data: World population prospects, 2024 revision - A high proportion of clinical cases indicates a high level of uncertainty associated with the incidence rates and the inclusion of countries in this list.

Number of Reported Measles Cases (Last 6 months)



Country	Cases*
Bangladesh	64,922
Indonesia	32,909
Guatemala	28,093
India**	15,281
Yemen	11,206
Pakistan	8,201
Rwanda	4,782
South Africa	4,687
Sudan	4,037
Mexico	3,960

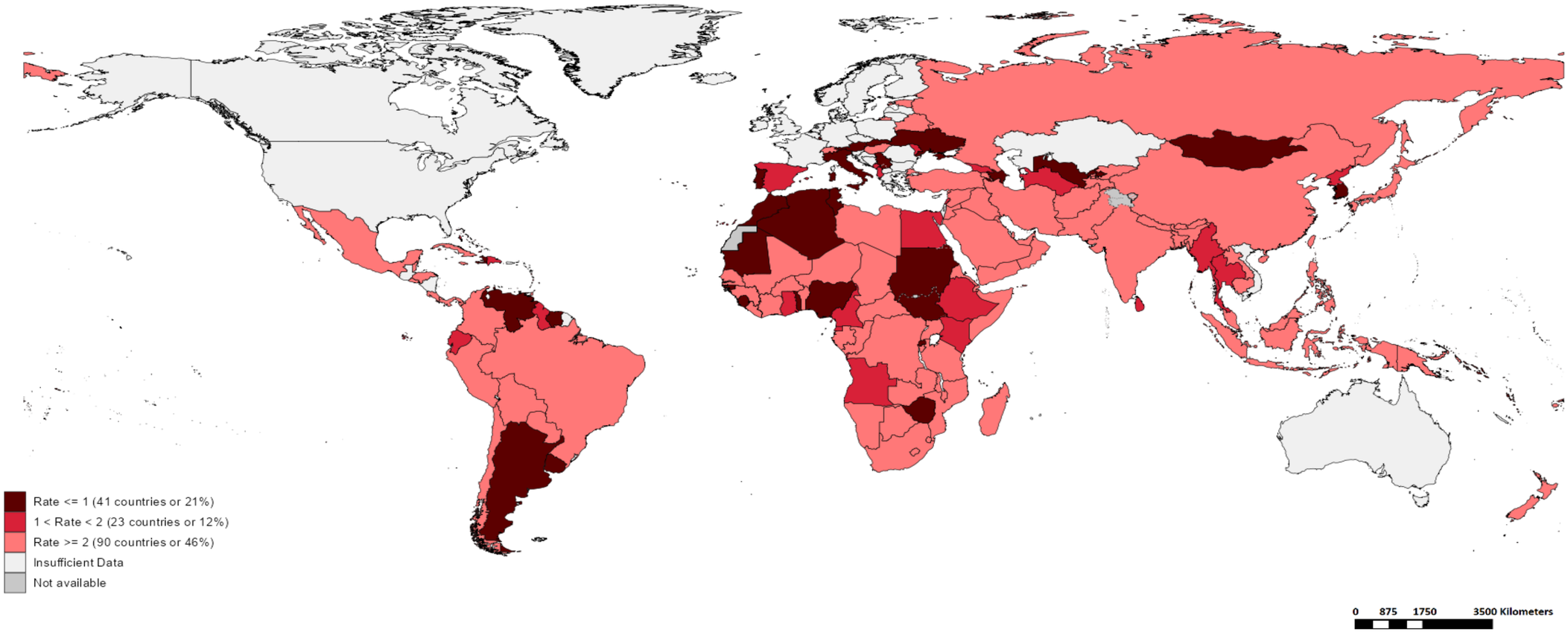
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Notes: Based on data received 2026-11 - Surveillance data from 2026-04 to 2026-09 - * Countries with highest number of cases for the period - **WHO classifies all suspected measles cases reported from India as measles clinically compatible if a specimen 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)



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Data source: IVB Database

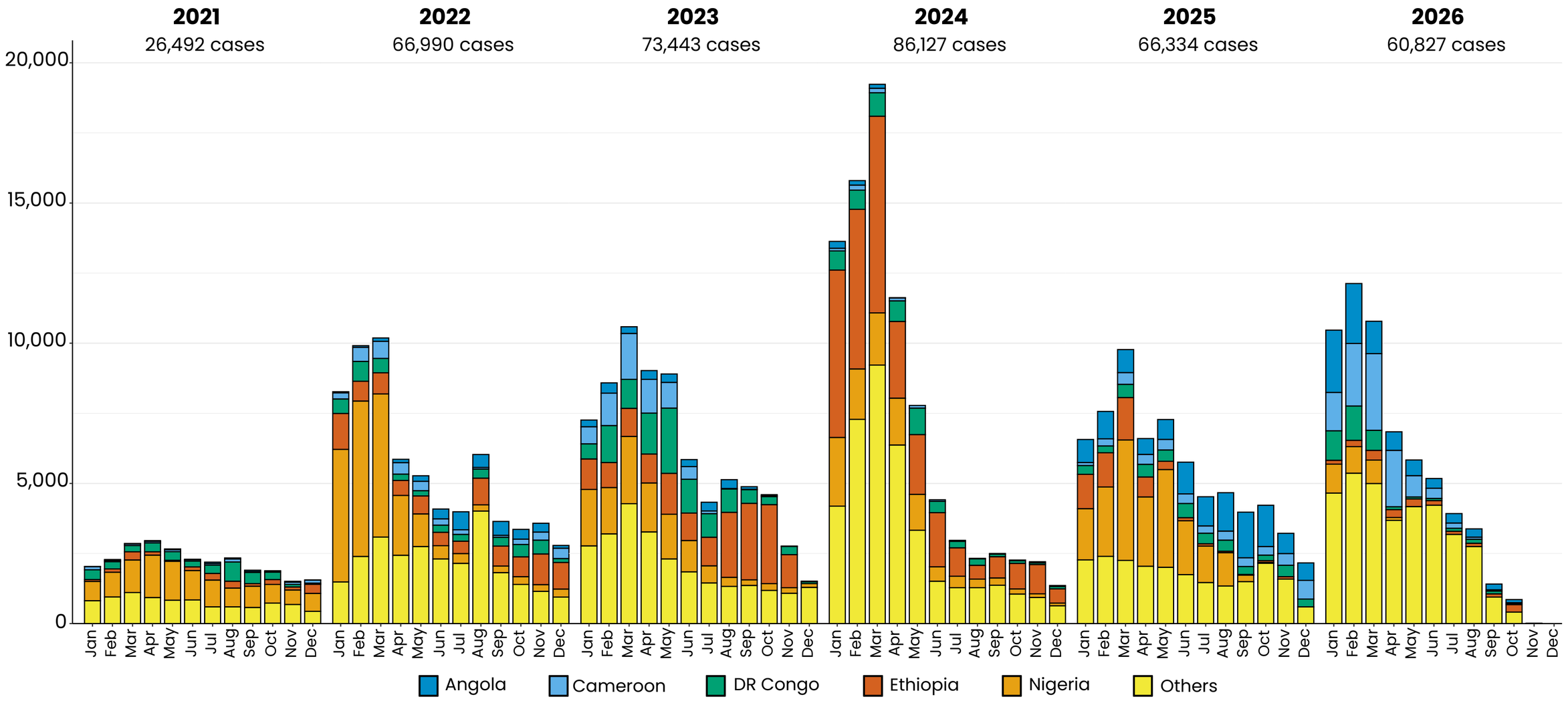
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Notes: Based on data received 2026-11 - Surveillance data from 2025-10 to 2026-09 - Target: >= 2 discarded cases* / 100,000 population** - * Suspected cases investigated and discarded as non-measles non-rubella using laboratory testing and/or epidemiological linkage to another etiology ** World population prospects, 2024 revision

Disclaimer

This document contains data provided to WHO by member states. Note that some member states only provide aggregate data to WHO, and for these, we are unable to generate a country profile. Some member states report all cases at one time point for the entire year, and thus epidemiologic curves generated are not accurate and a reporting artifact. For some countries, cases are reported by age category, not by exact age in months and/or years. Thus, age distribution/incidence is approximate. Cases classified as pending by countries are classified at WHO as clinically compatible at this time, and thus numbers might different between data shown here and provided by the member state or WHO country/regional offices.
*UN population data is used as the denominator for calculating incidence.

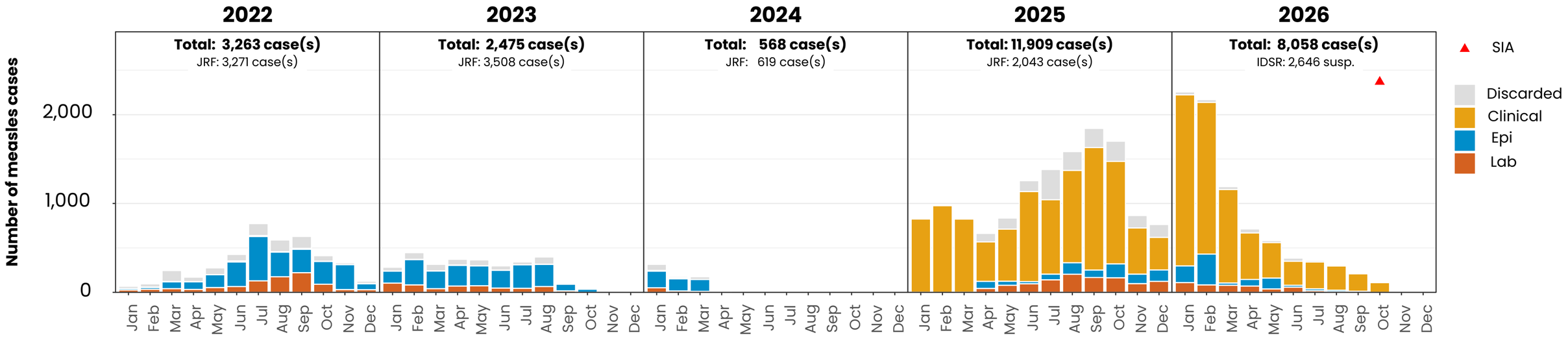
Measles case distribution (AFR), 2021–2026

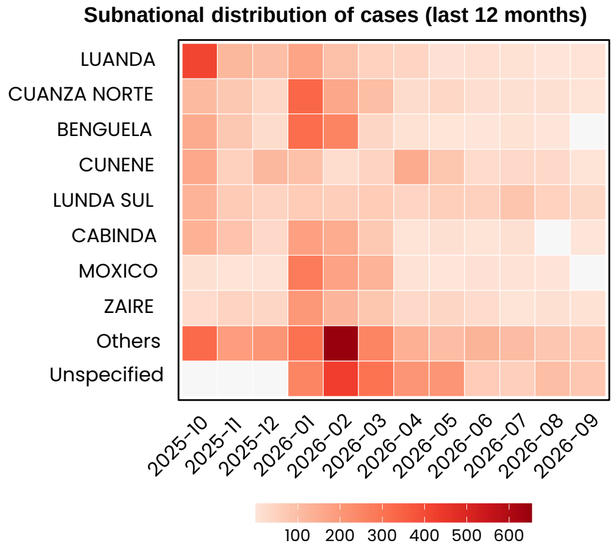


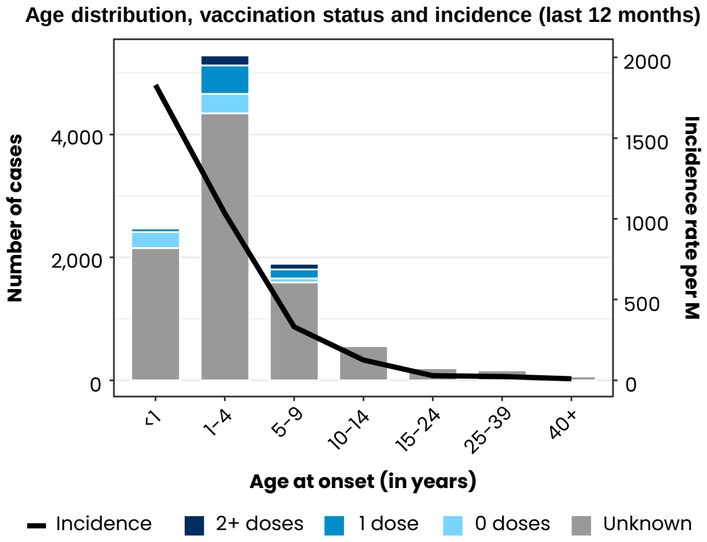
Based on data received 2026-11 - Data Source: IVB Database

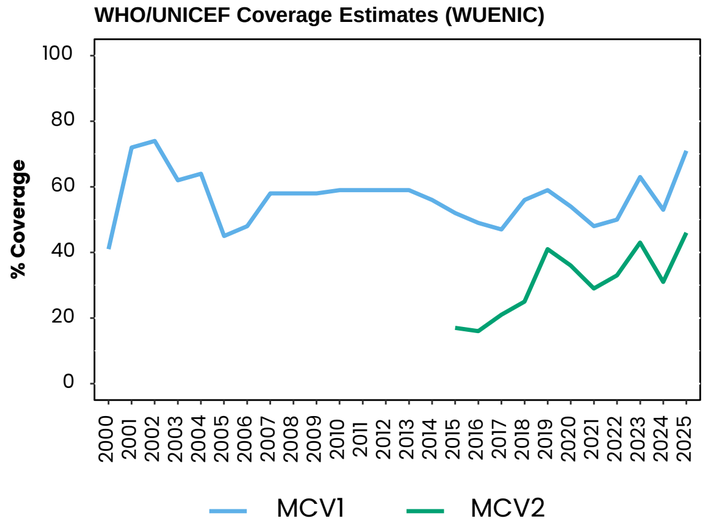
Measles cases: Angola

ELIMINATION STATUS: **ENDEMIC**





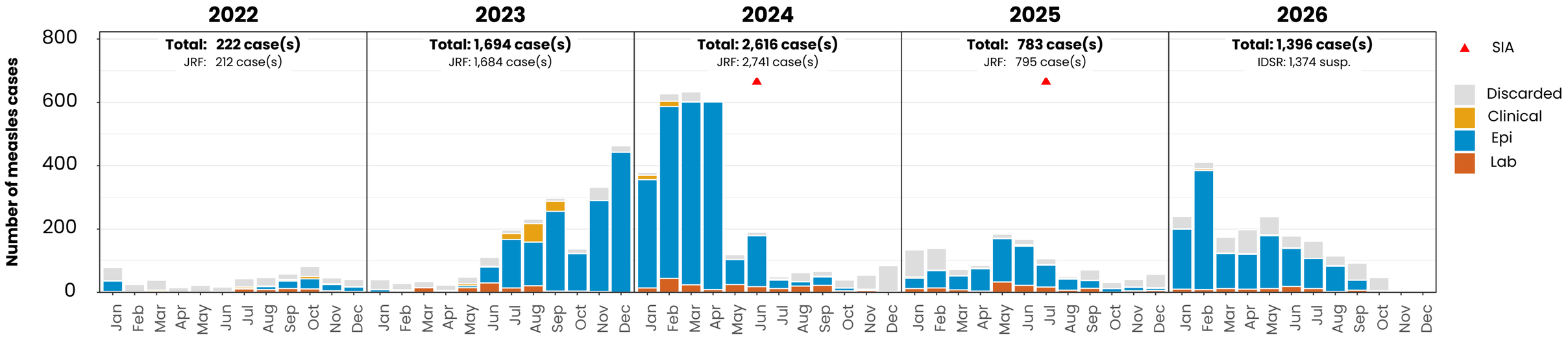




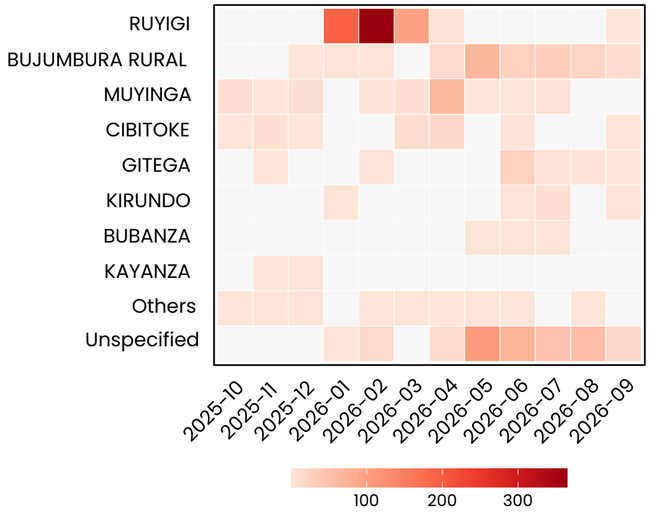
Based on data received 2026-11 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Measles cases: Burundi

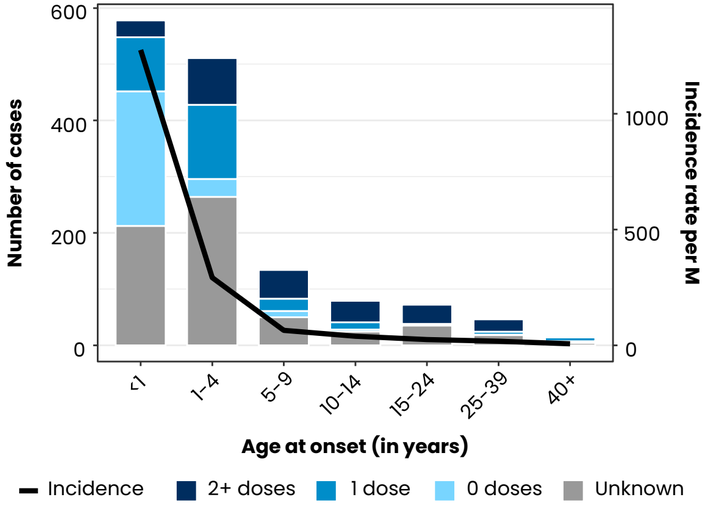
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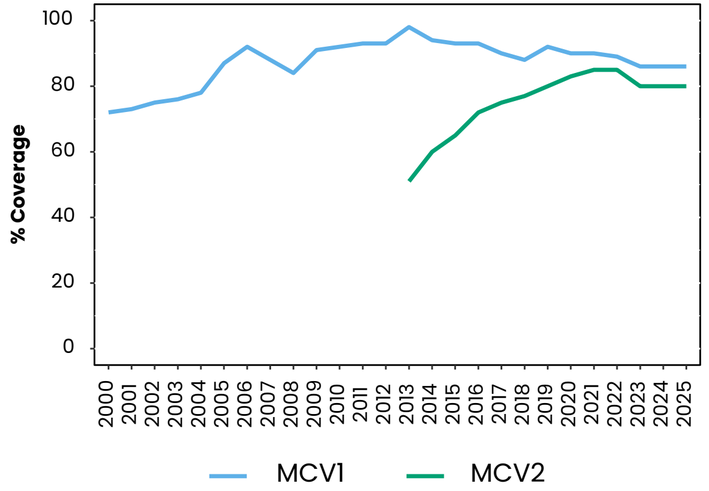
Subnational distribution of cases (last 12 months)



Age distribution, vaccination status and incidence (last 12 months)



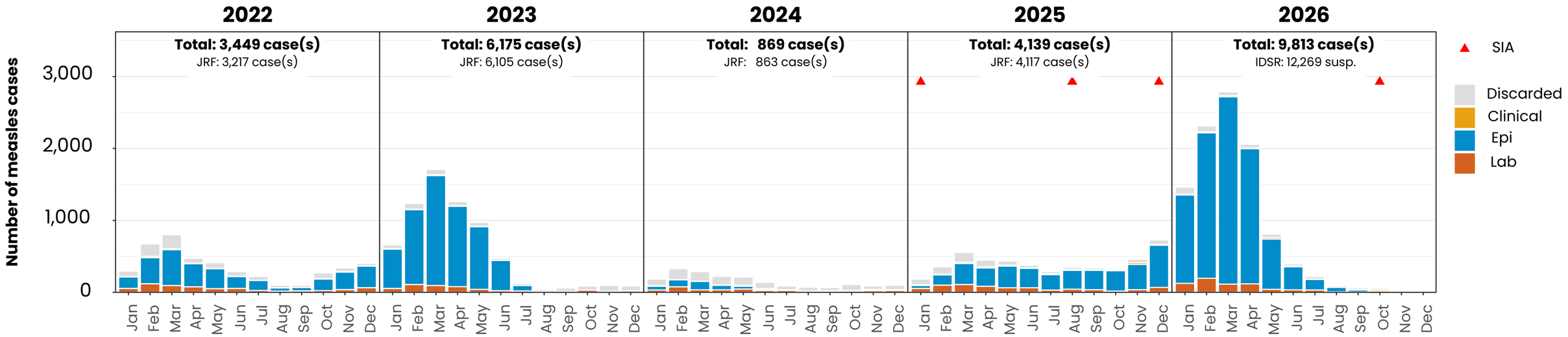
WHO/UNICEF Coverage Estimates (WUENIC)



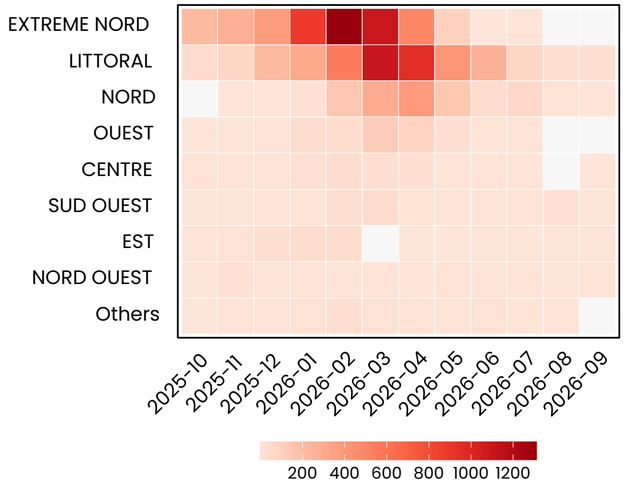
Based on data received 2026-11 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Measles cases: Cameroon

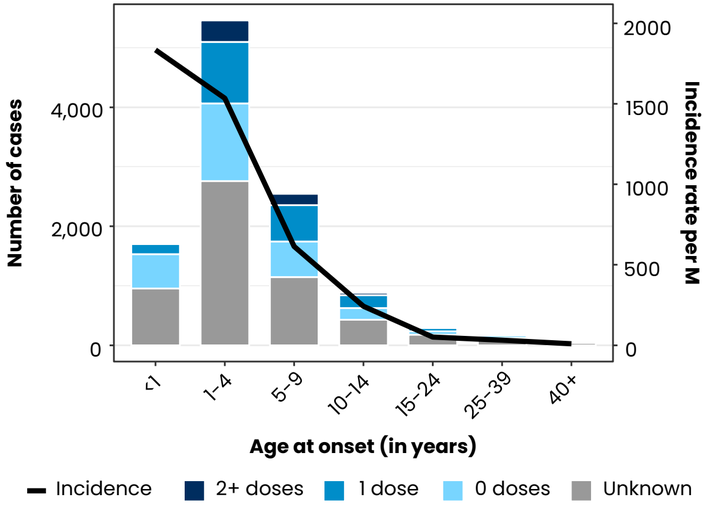
ELIMINATION STATUS: **ENDEMIC**



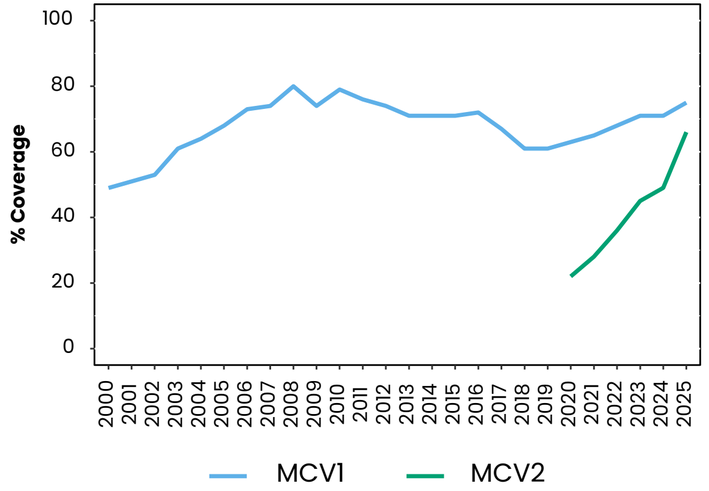
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Age distribution, vaccination status and incidence (last 12 months)



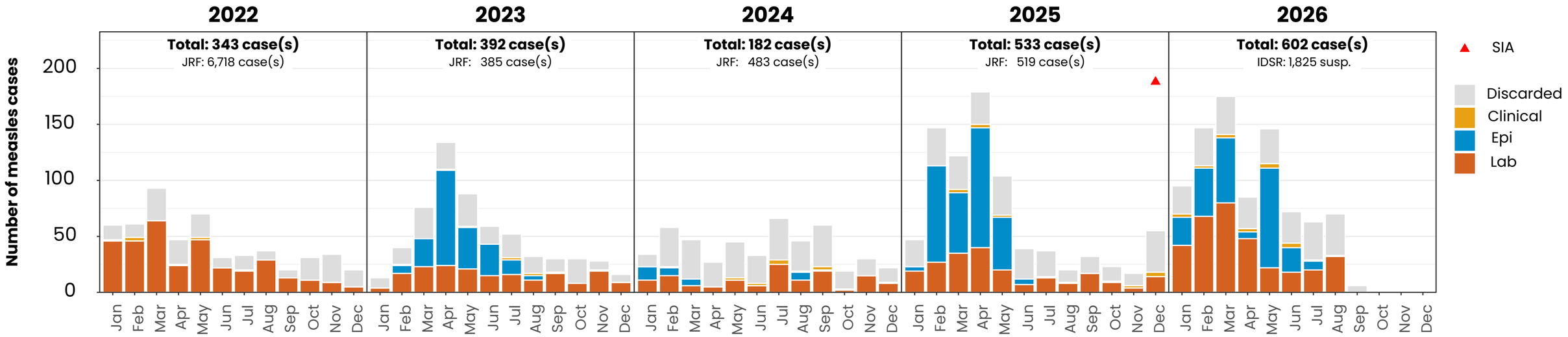
WHO/UNICEF Coverage Estimates (WUENIC)

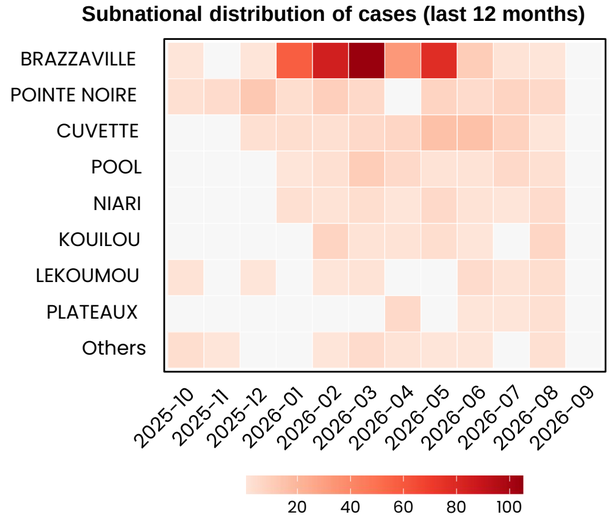


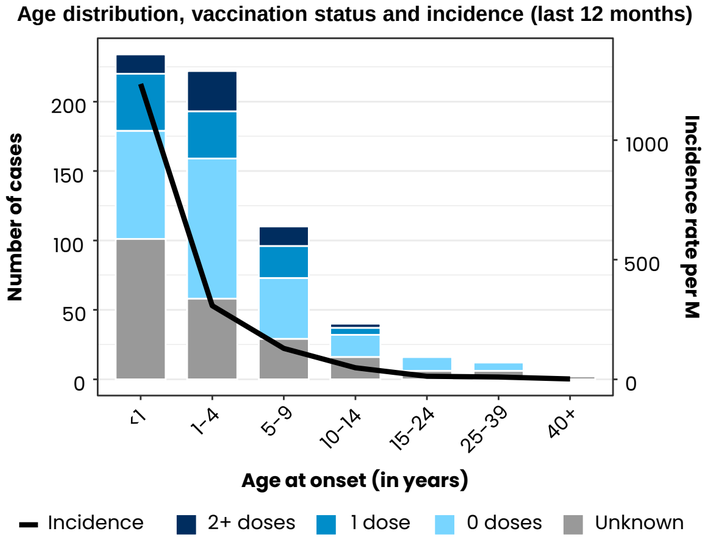
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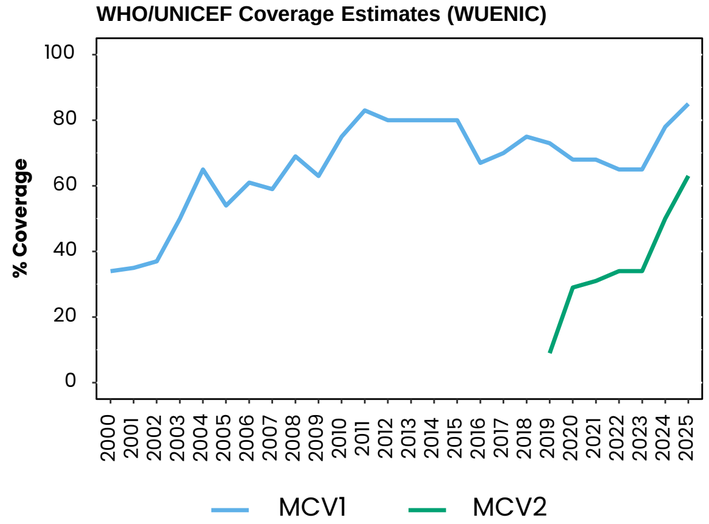
Measles cases: Congo

ELIMINATION STATUS: **ENDEMIC**





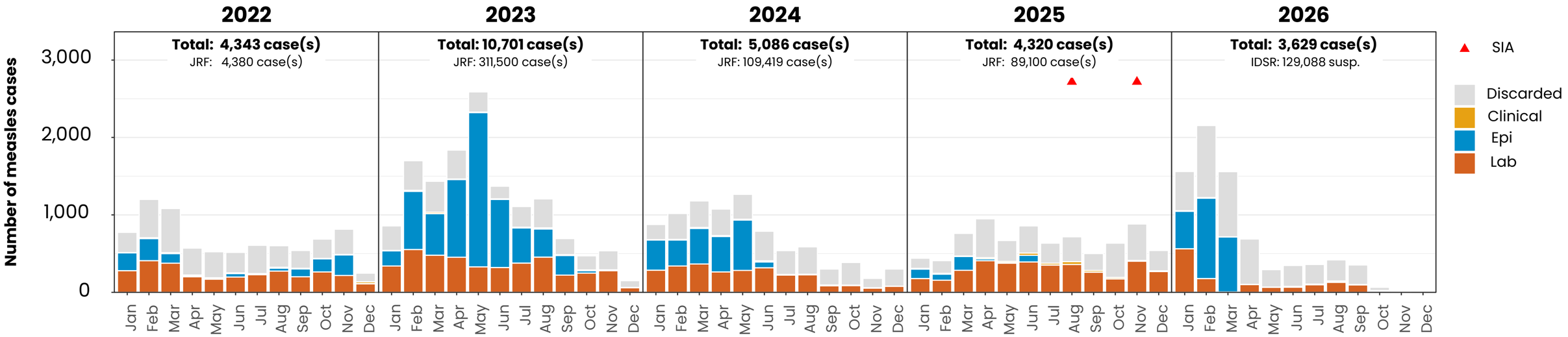


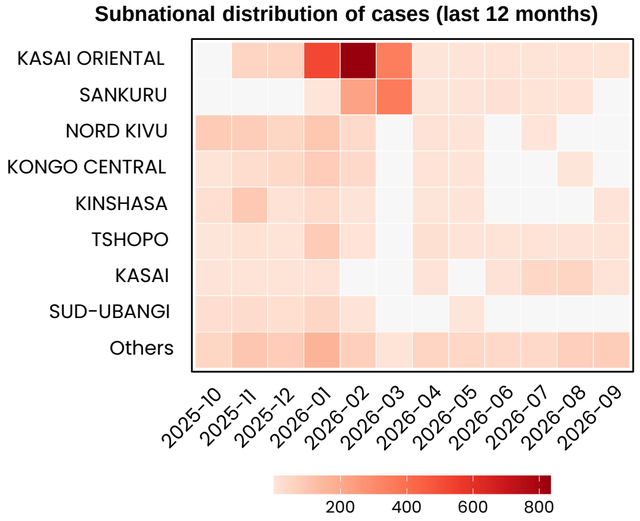


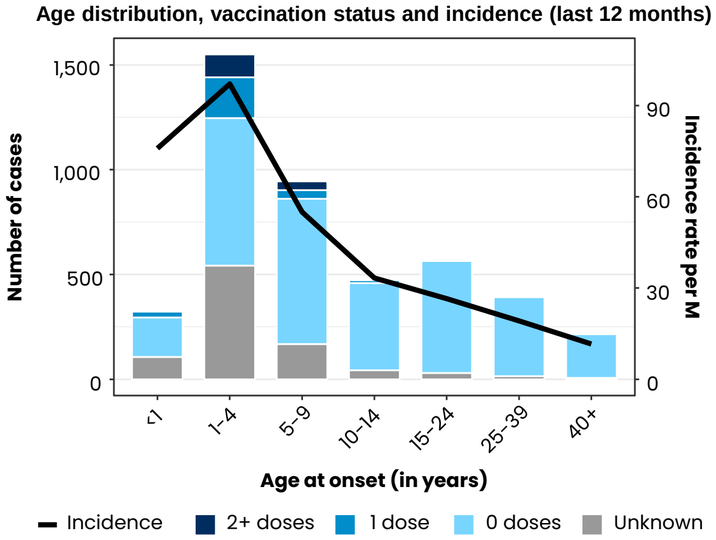
Based on data received 2026-11 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

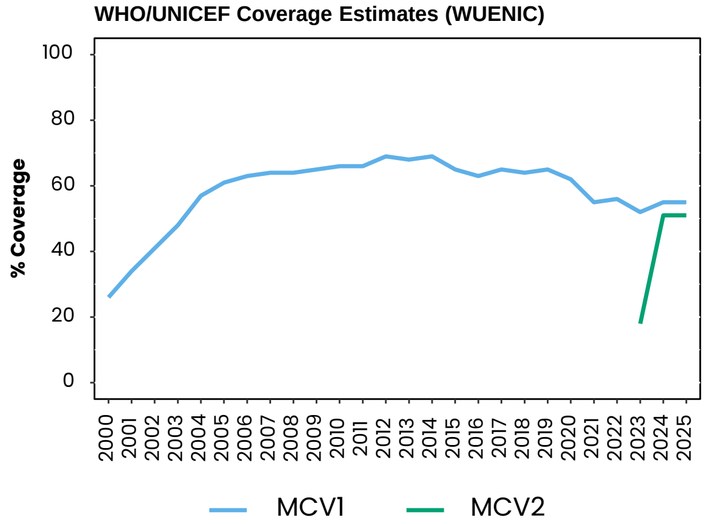
Measles cases: Democratic Republic of the Congo

ELIMINATION STATUS: **ENDEMIC**





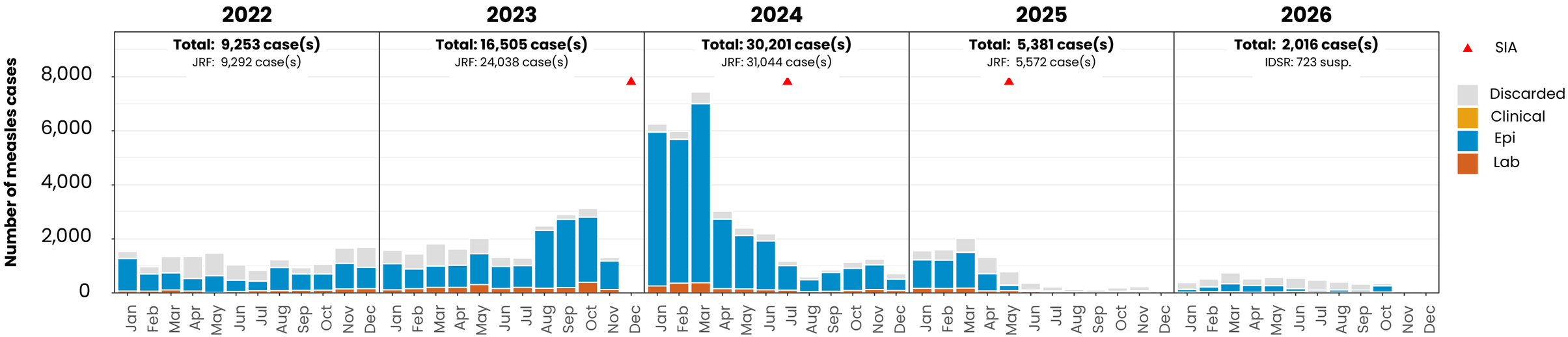


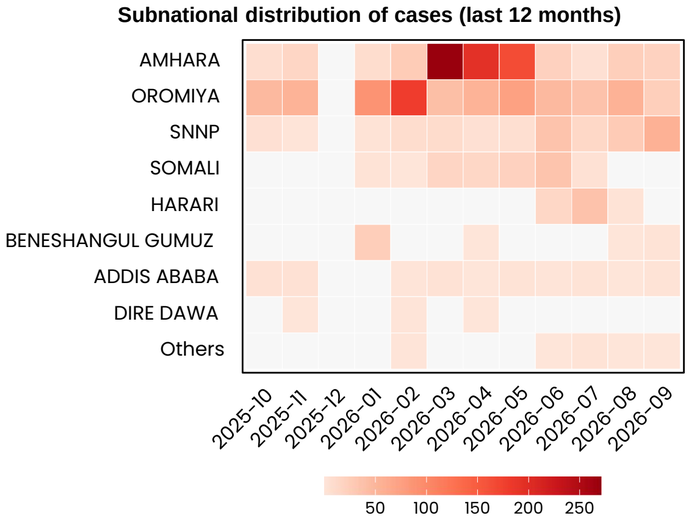


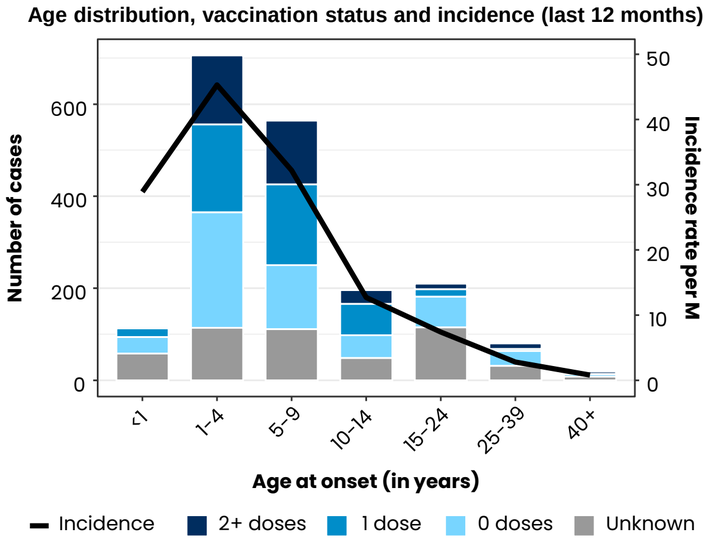
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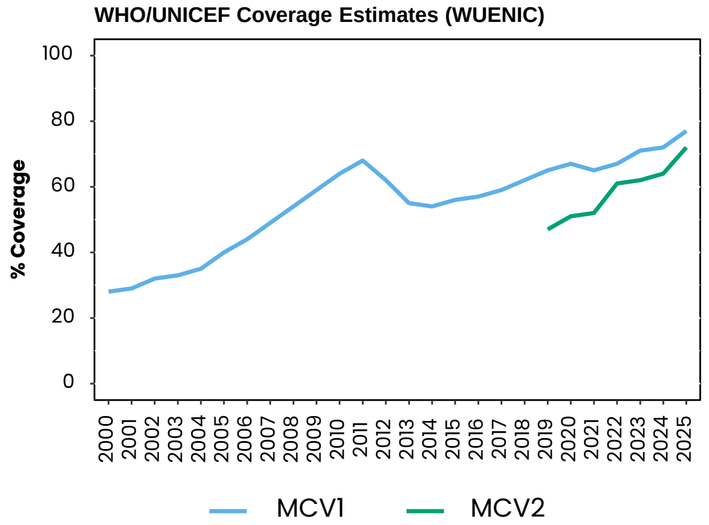
Measles cases: Ethiopia

ELIMINATION STATUS: **ENDEMIC**





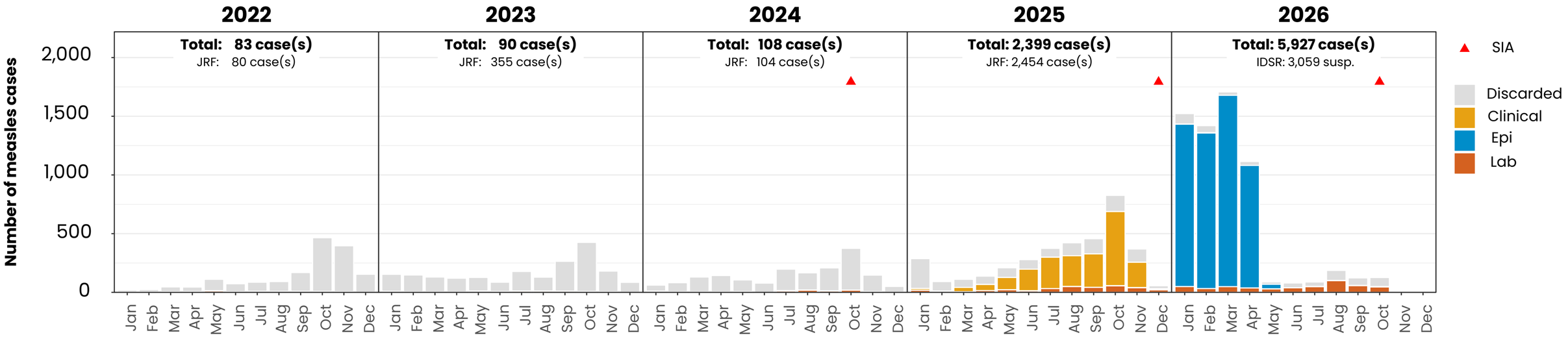




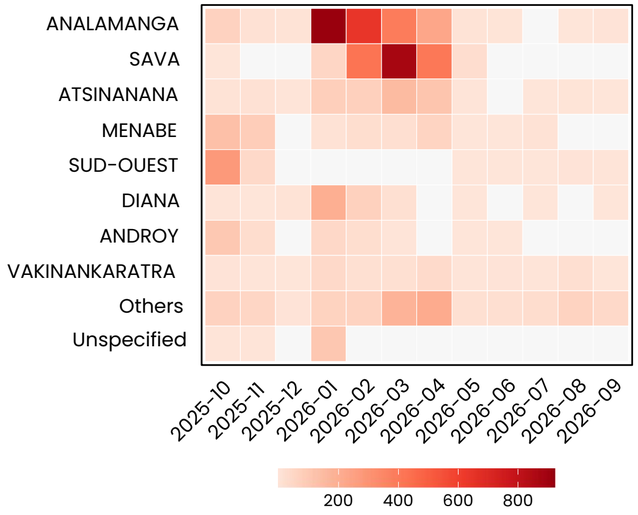
Based on data received 2026-11 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Measles cases: Madagascar

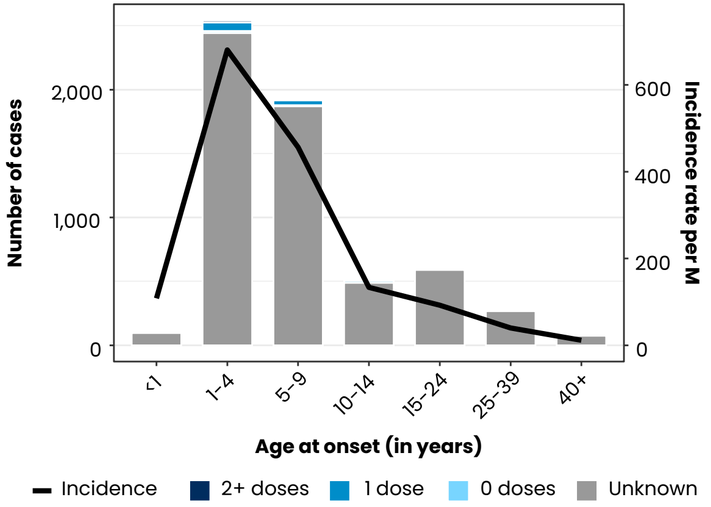
ELIMINATION STATUS: **ENDEMIC**



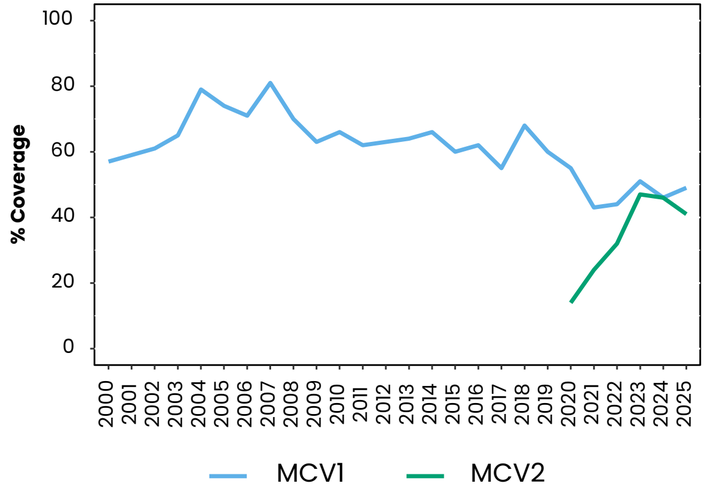
Subnational distribution of cases (last 12 months)



Age distribution, vaccination status and incidence (last 12 months)



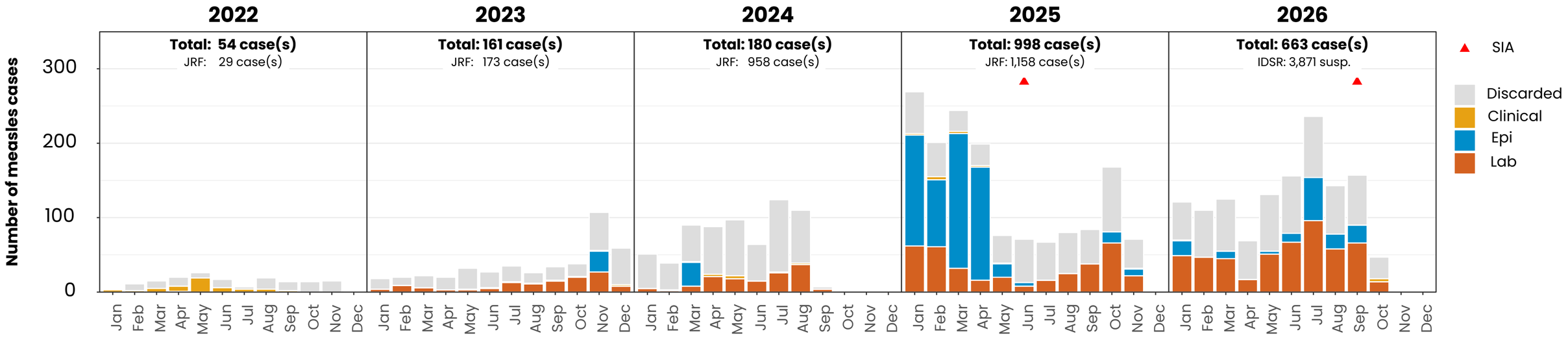
WHO/UNICEF Coverage Estimates (WUENIC)

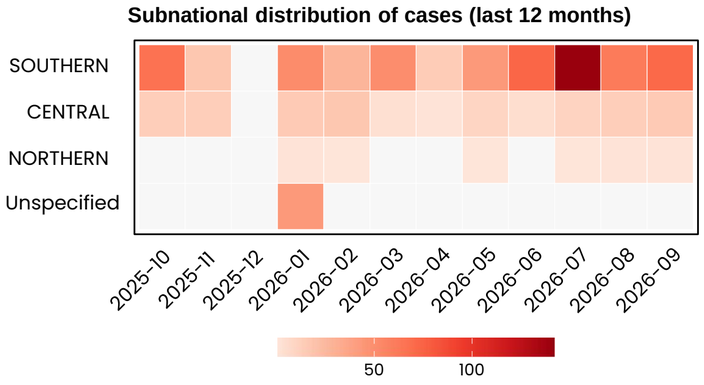


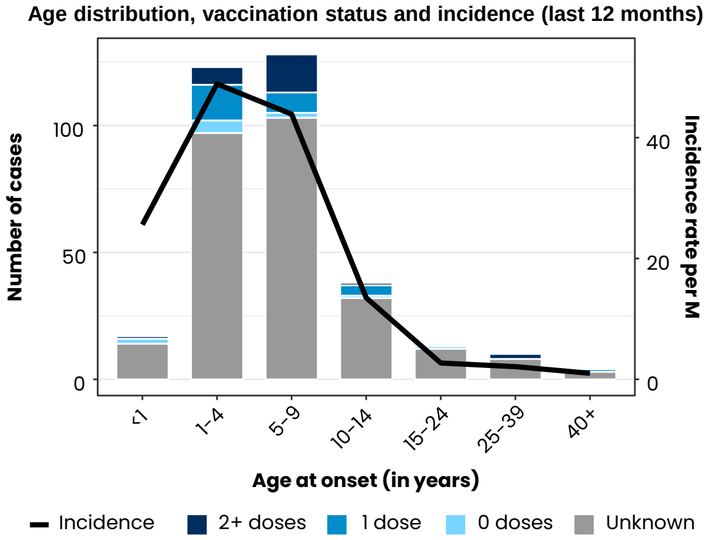
Based on data received 2026-11 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

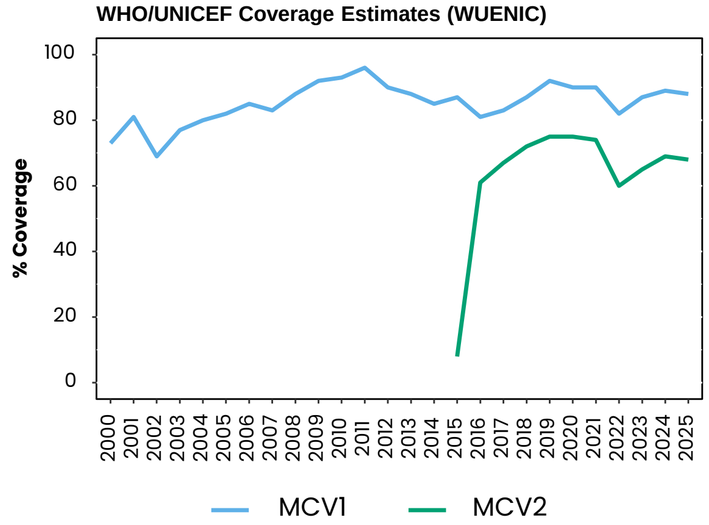
Measles cases: Malawi

ELIMINATION STATUS: **ENDEMIC**





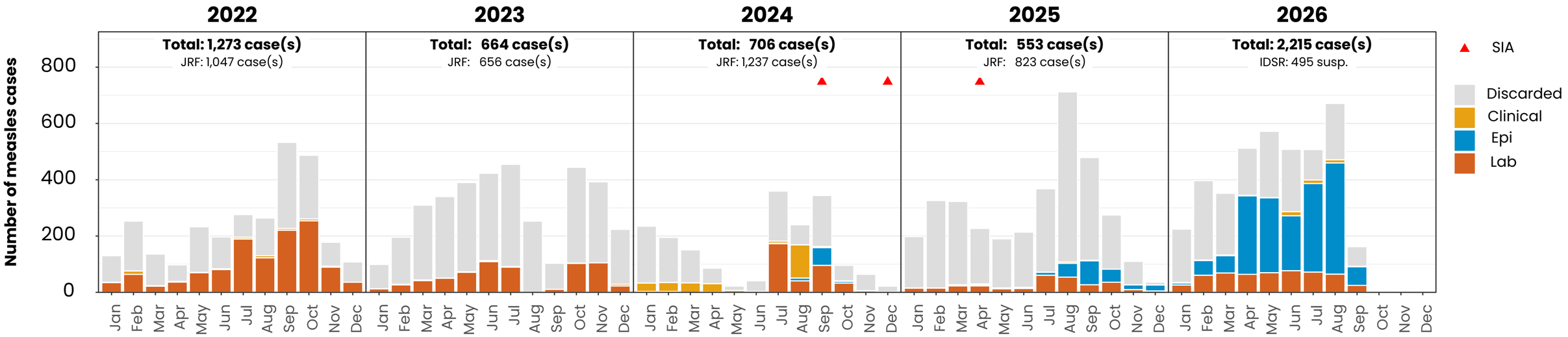


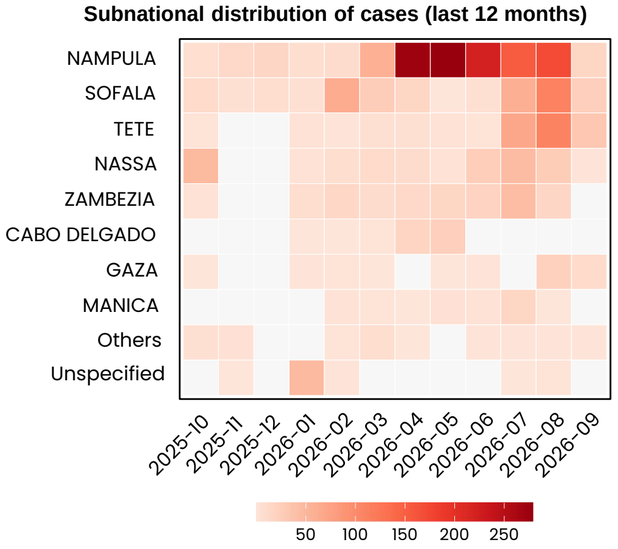


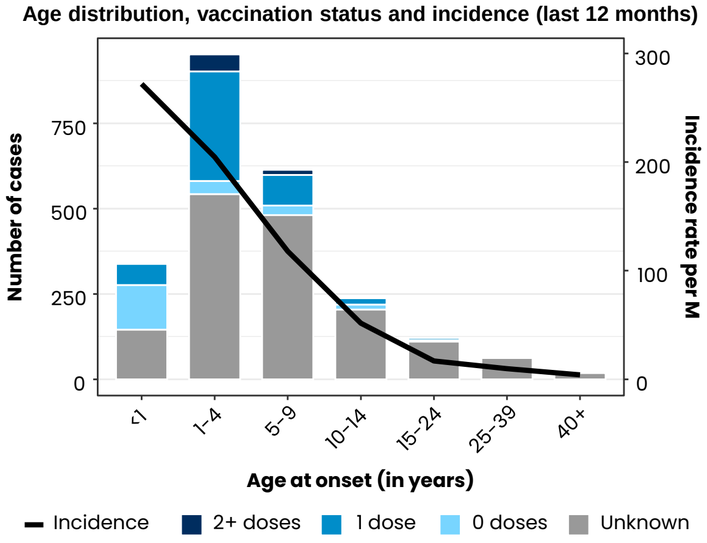
Based on data received 2026-11 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

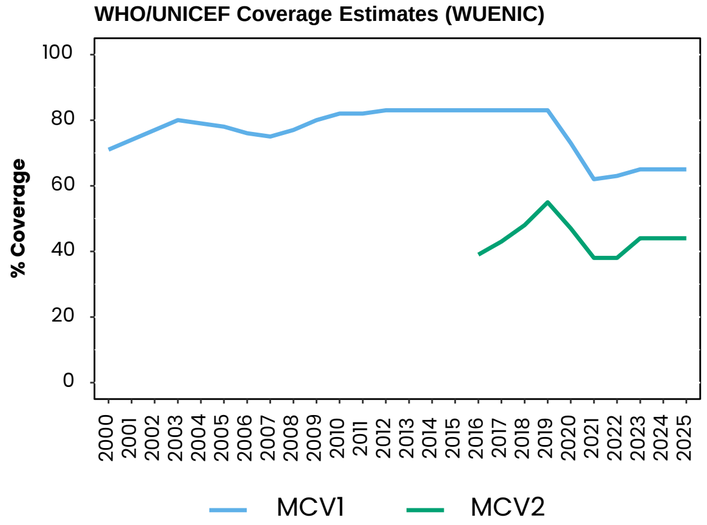
Measles cases: Mozambique

ELIMINATION STATUS: **ENDEMIC**





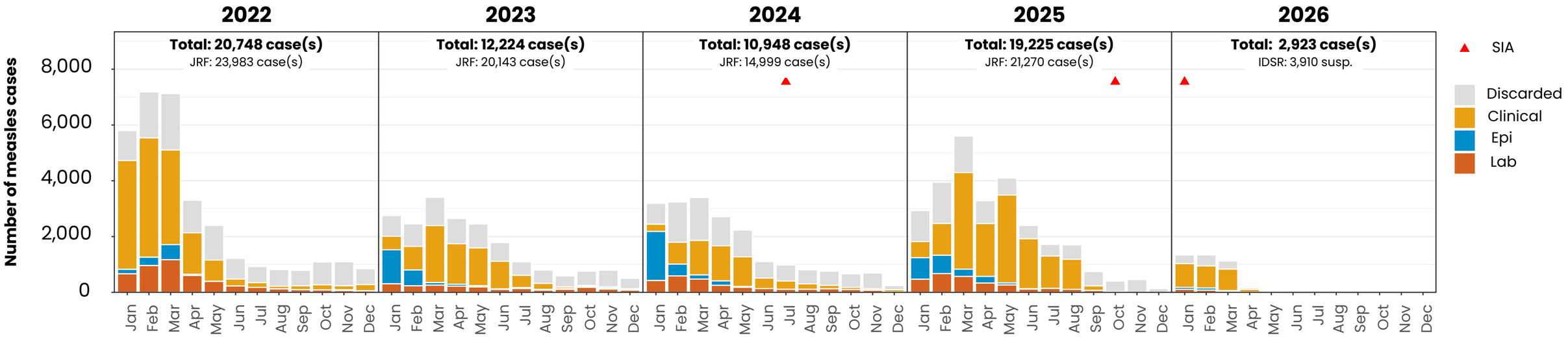




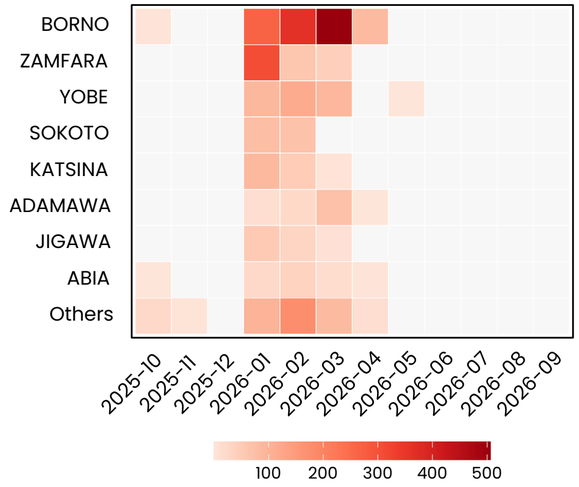
Based on data received 2026-11 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Measles cases: Nigeria

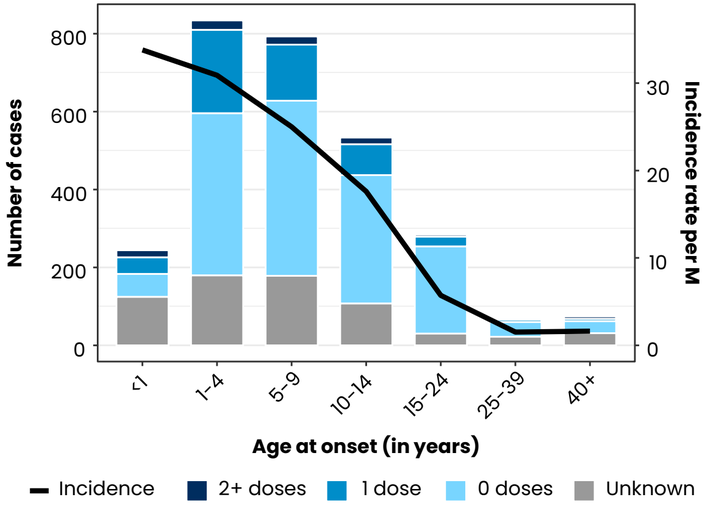
ELIMINATION STATUS: **ENDEMIC**



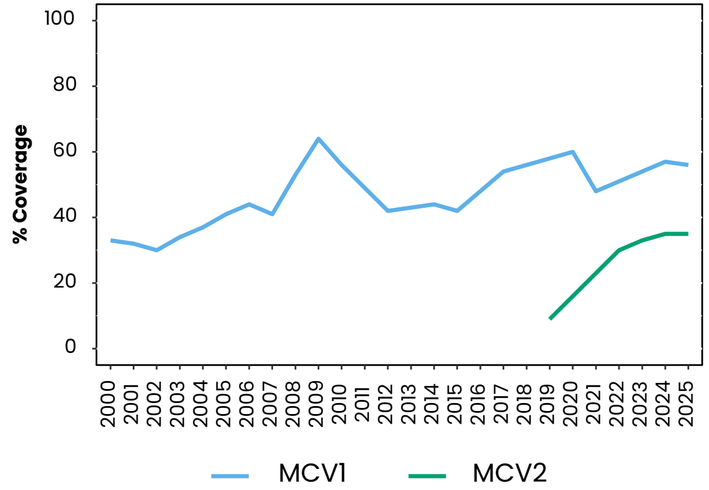
Subnational distribution of cases (last 12 months)



Age distribution, vaccination status and incidence (last 12 months)



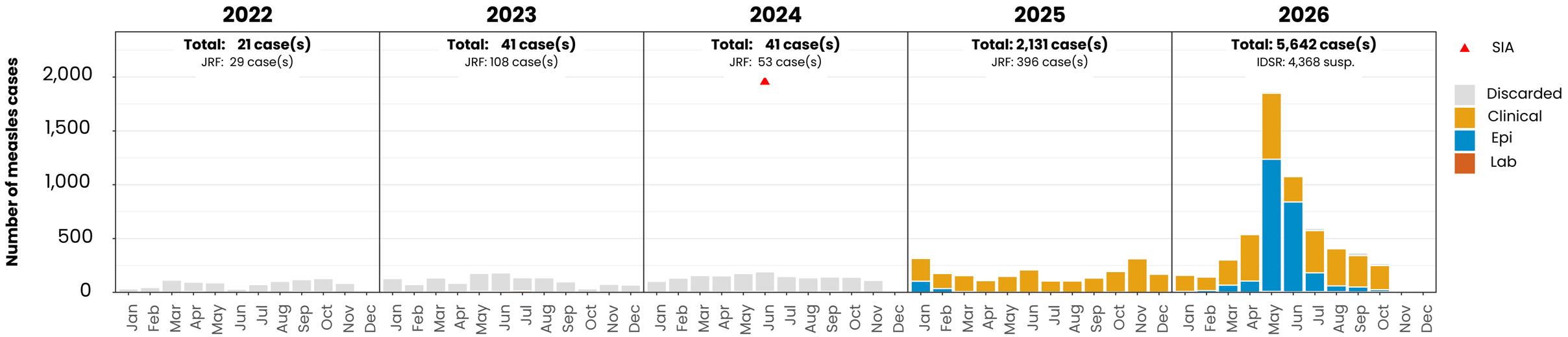
WHO/UNICEF Coverage Estimates (WUENIC)

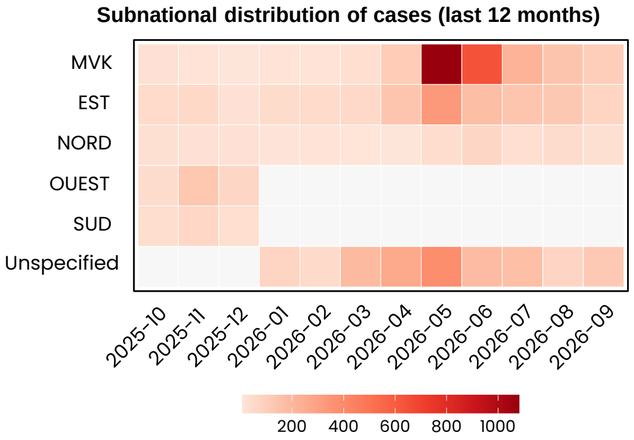


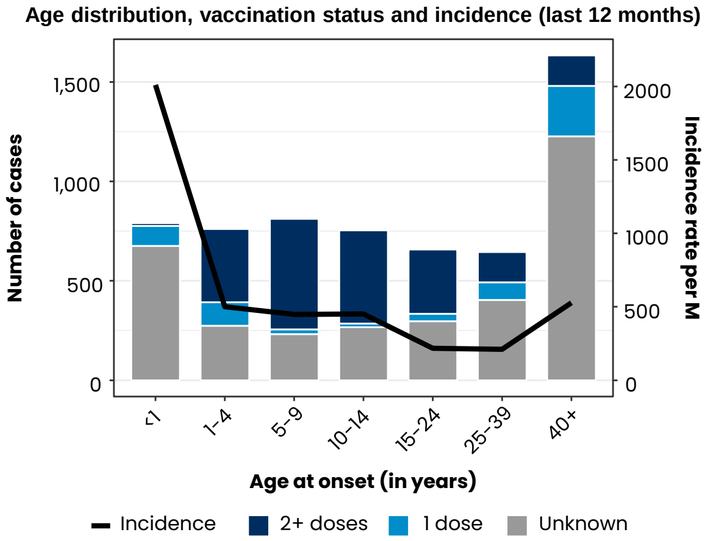
Based on data received 2026-11 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

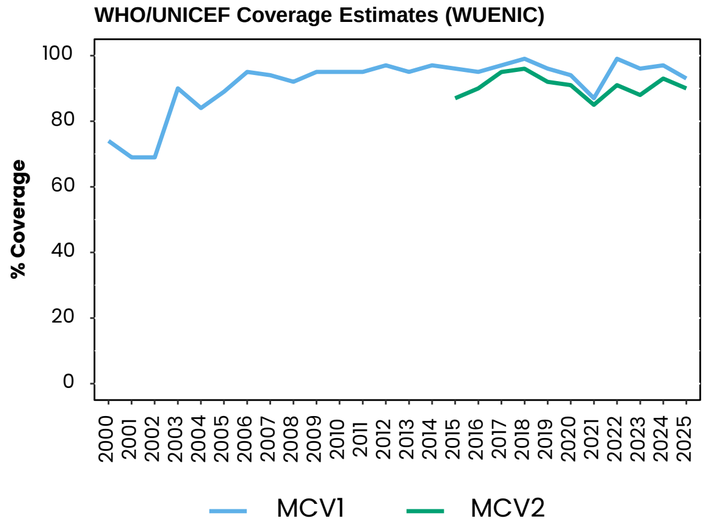
Measles cases: Rwanda

ELIMINATION STATUS: **ENDEMIC**



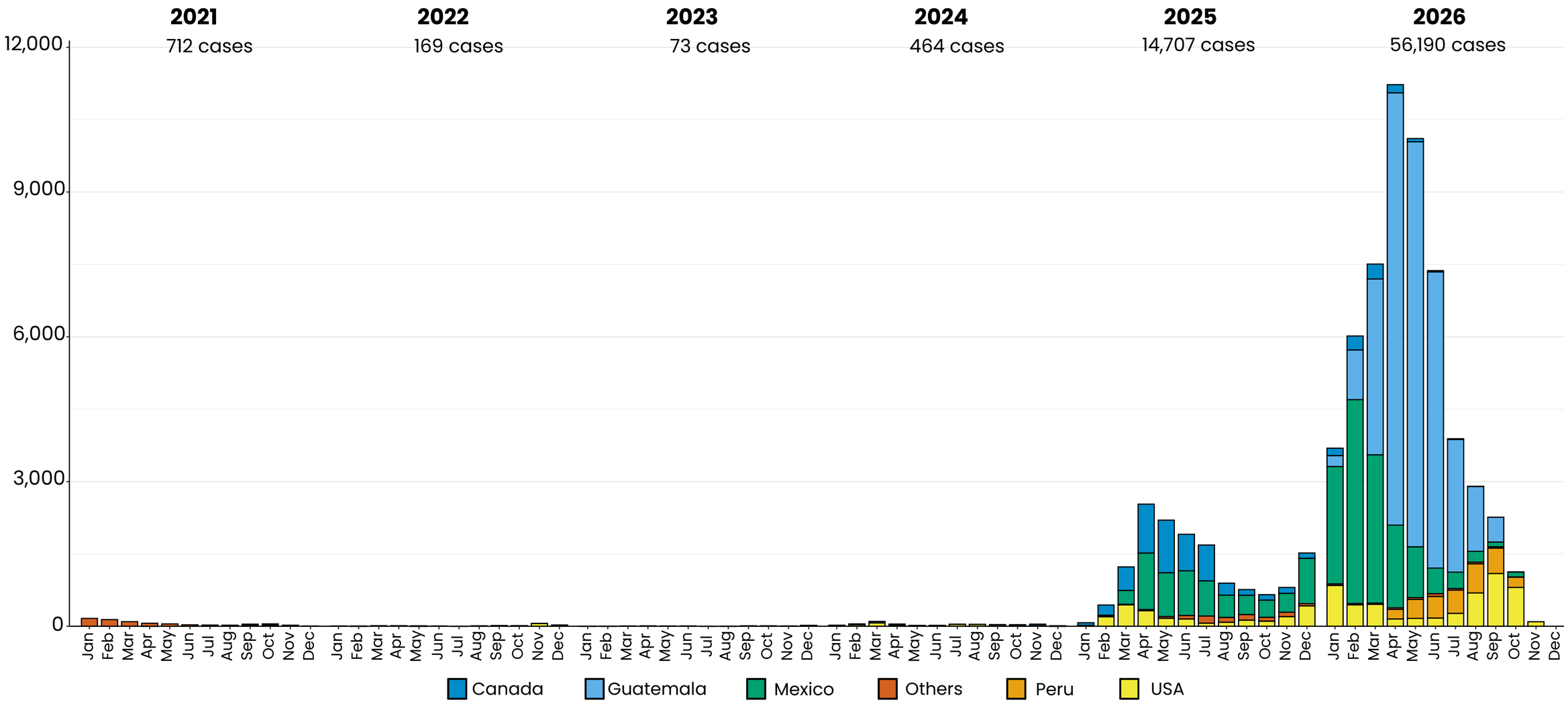






Based on data received 2026-11 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

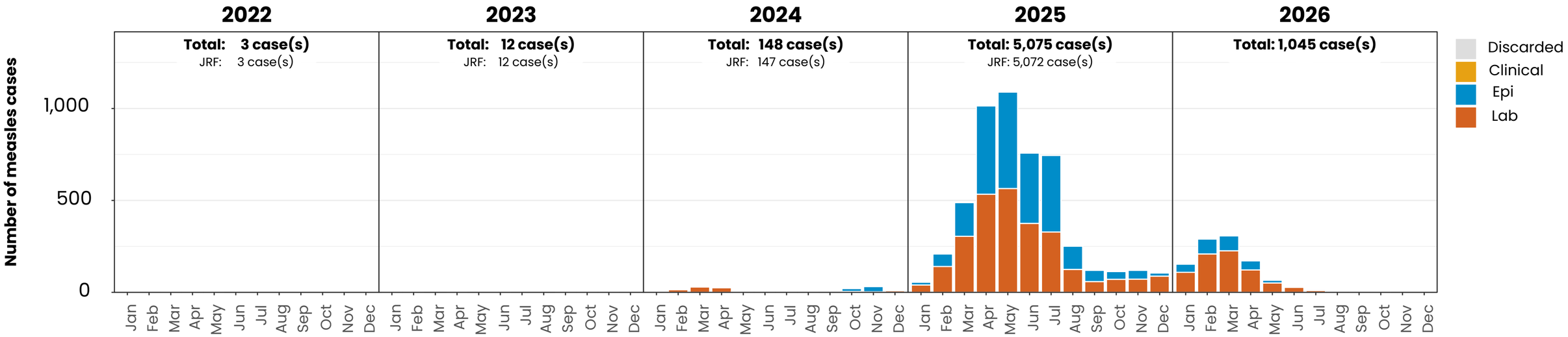
Measles case distribution (AMR), 2021-2026



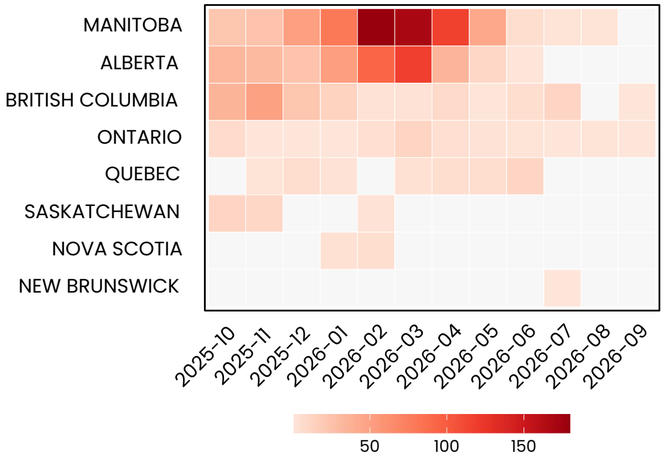
Based on data received 2026-11 - Data Source: IVB Database

Measles cases: Canada

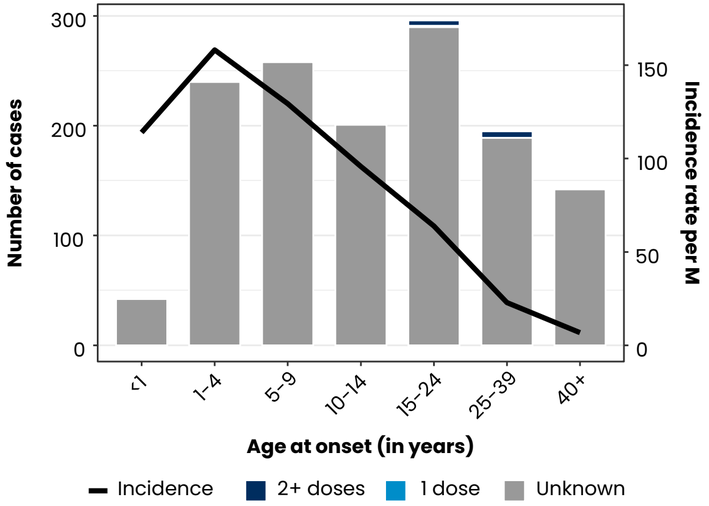
ELIMINATION STATUS: **RE-ESTABLISHED**



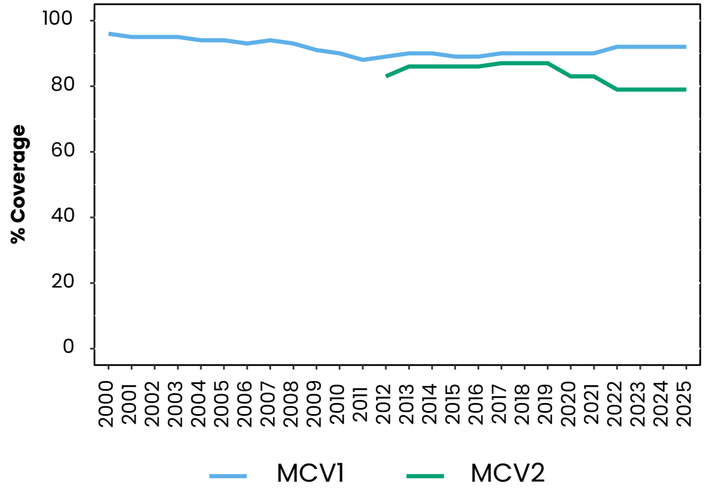
Subnational distribution of cases (last 12 months)



Age distribution, vaccination status and incidence (last 12 months)



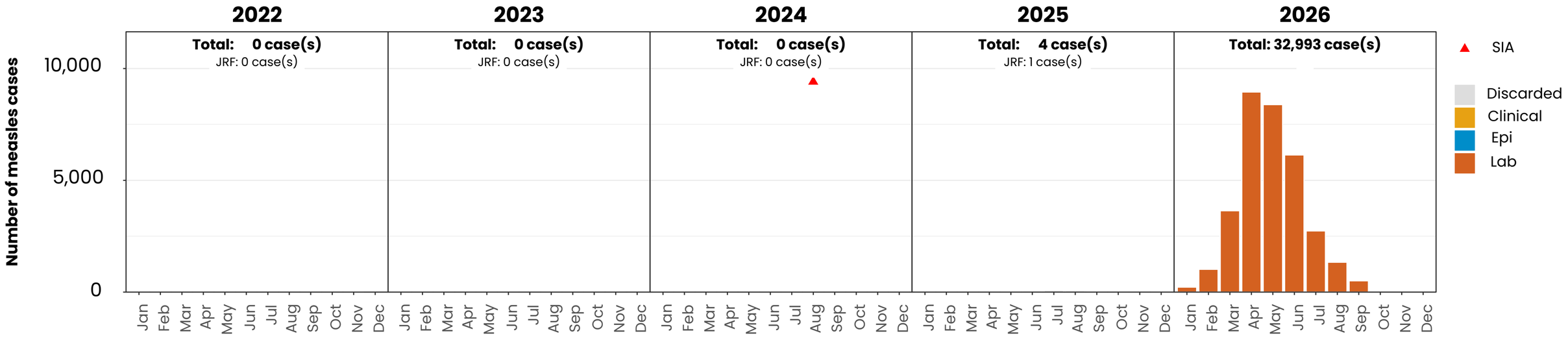
WHO/UNICEF Coverage Estimates (WUENIC)

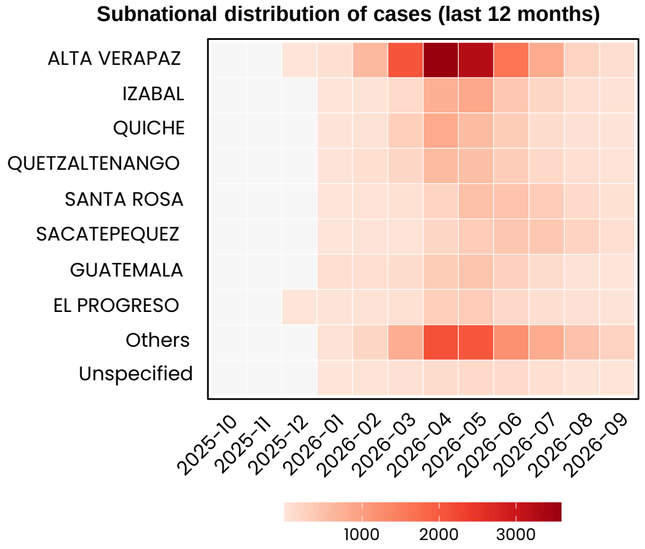


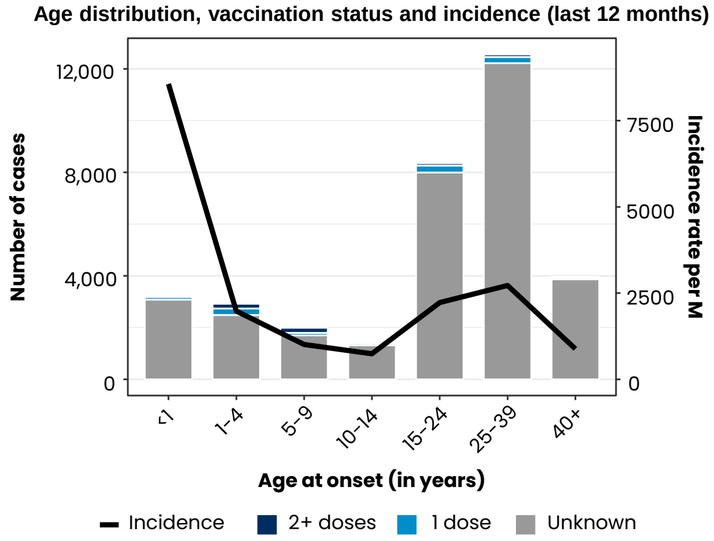
Based on data received 2026-11 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

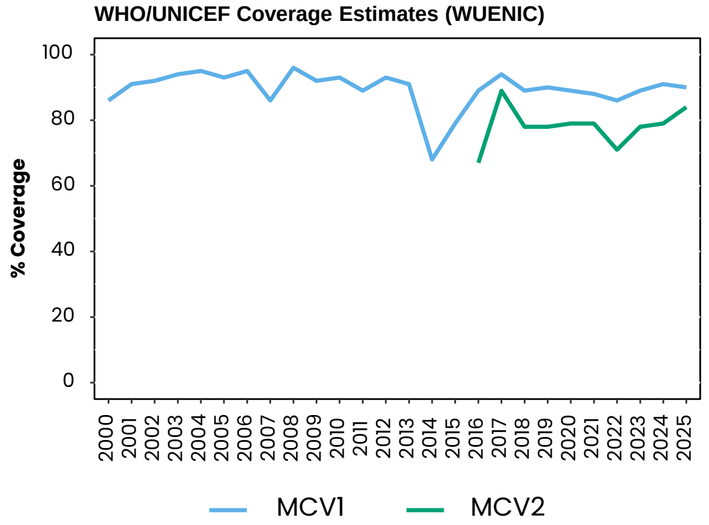
Measles cases: Guatemala

ELIMINATION STATUS: **VERIFIED**





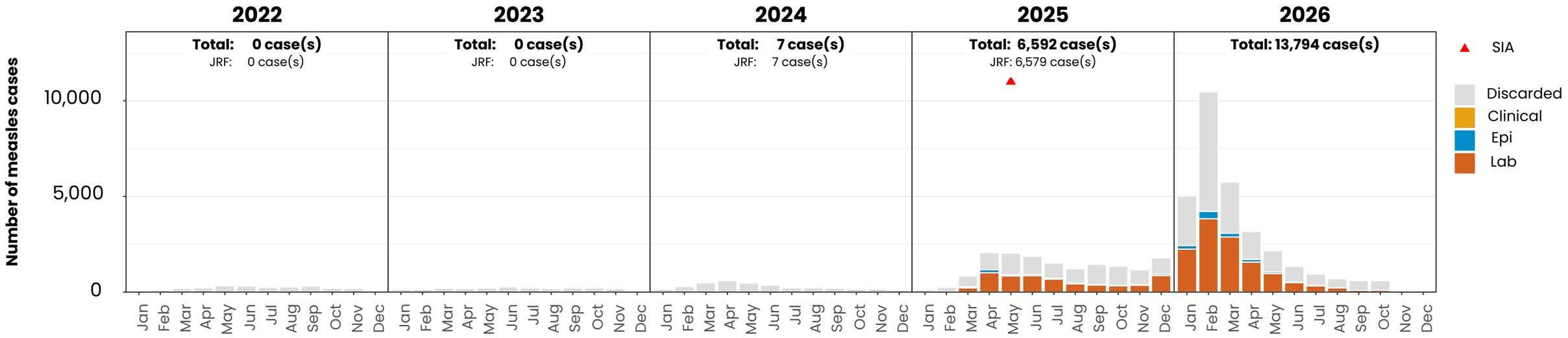


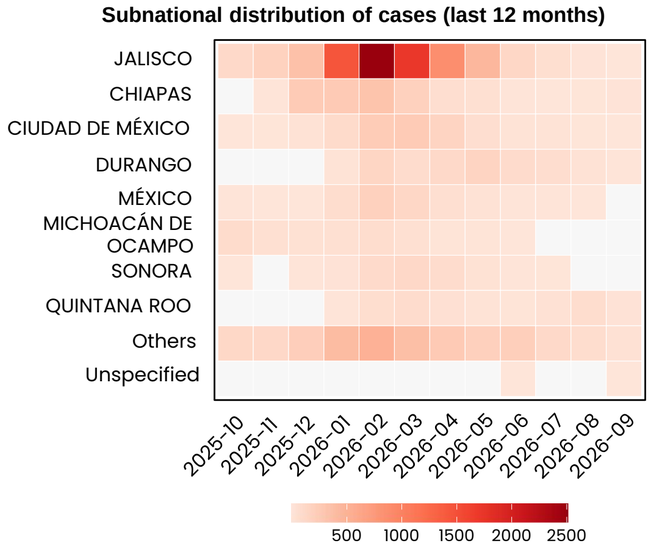


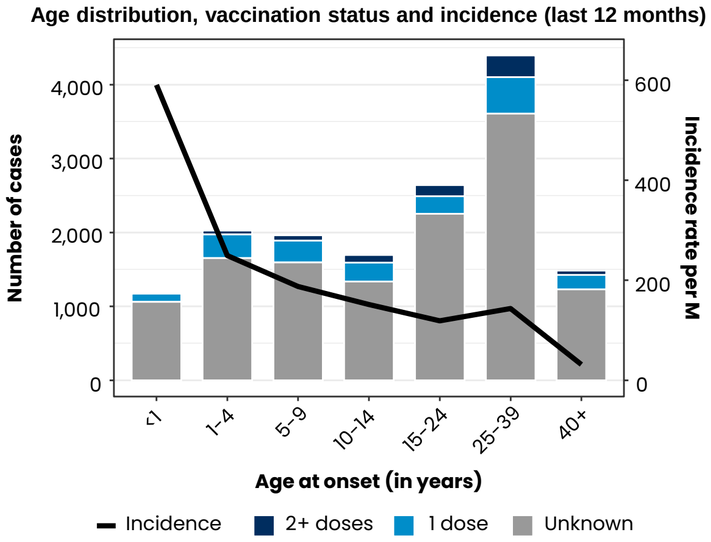
Based on data received 2026-11 - Data Source: IVB Database. Main epi curve was built using a combination of case-based and aggregate surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

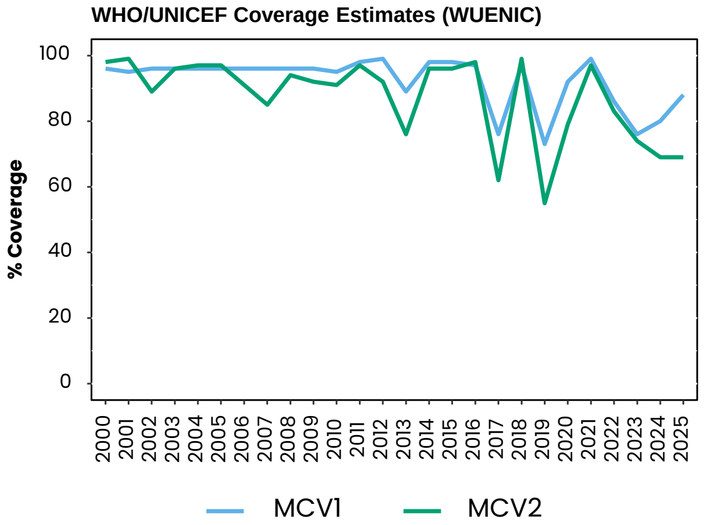
Measles cases: Mexico

ELIMINATION STATUS: **VERIFIED**





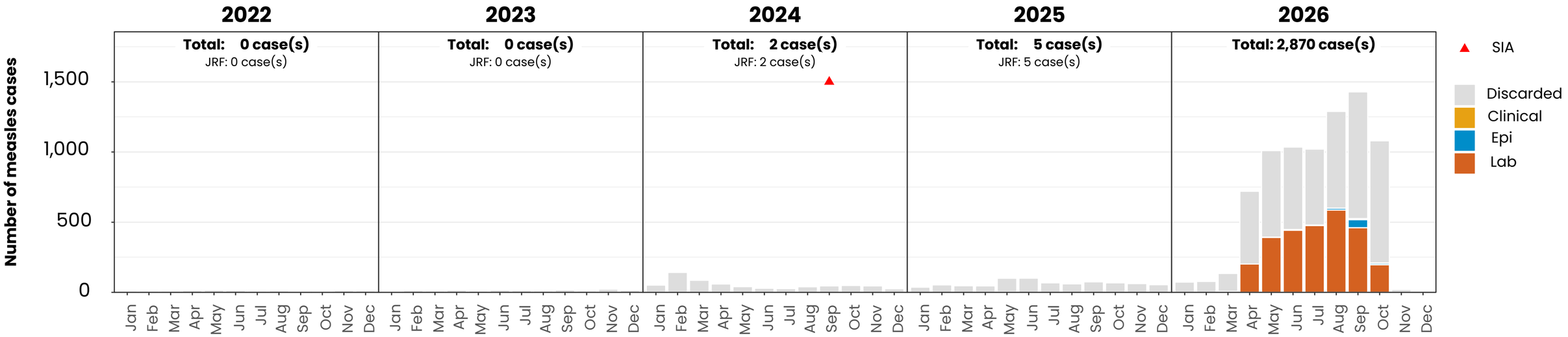




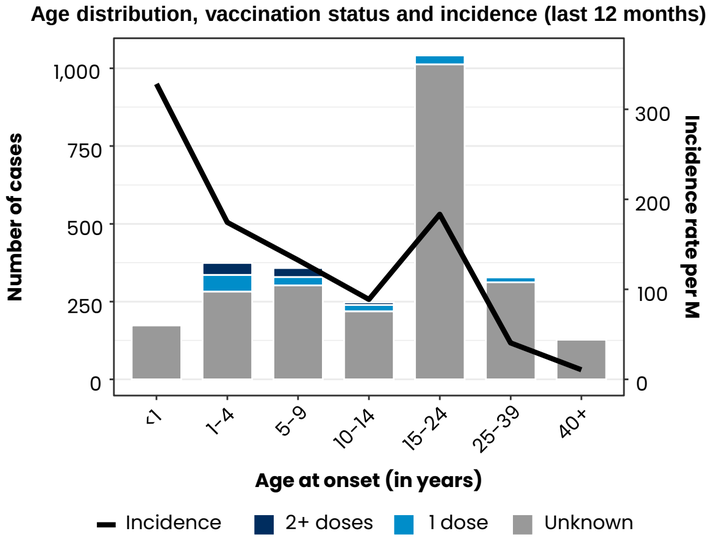
Based on data received 2026-11 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

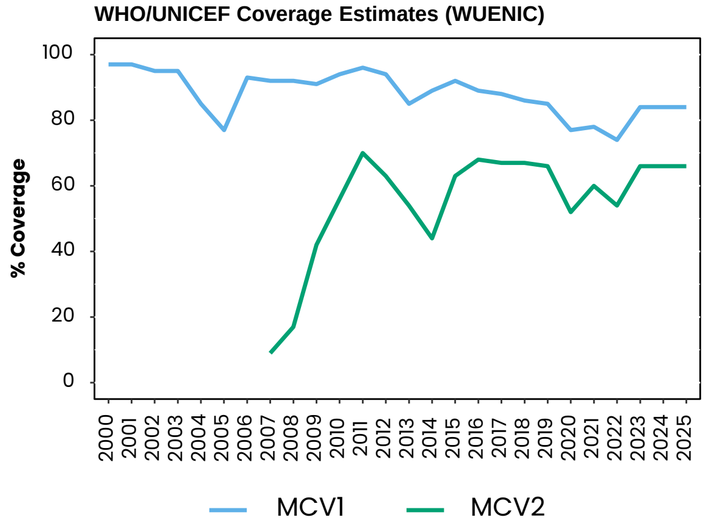
Measles cases: Peru

ELIMINATION STATUS: **VERIFIED**



No subnational data available for the past 12 months

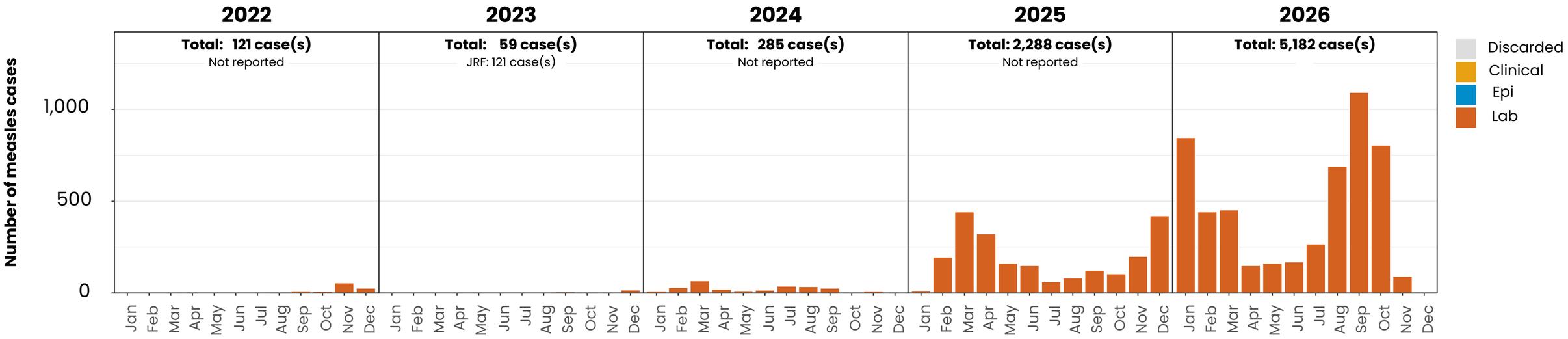




Based on data received 2026-11 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

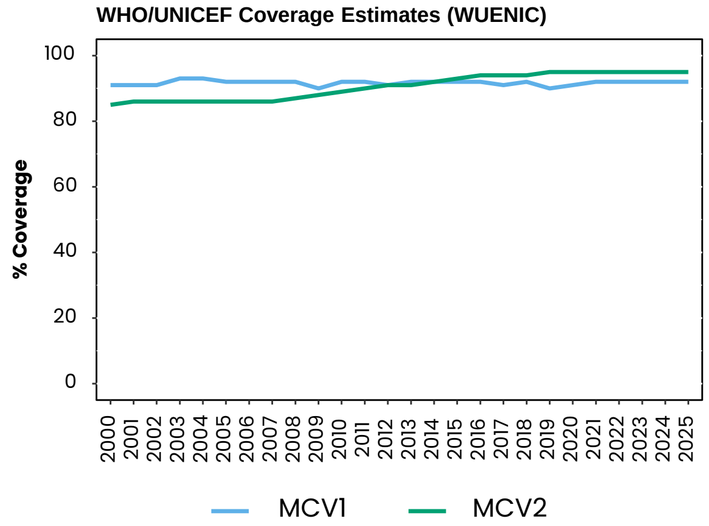
Measles cases: United States of America

ELIMINATION STATUS: **VERIFIED**



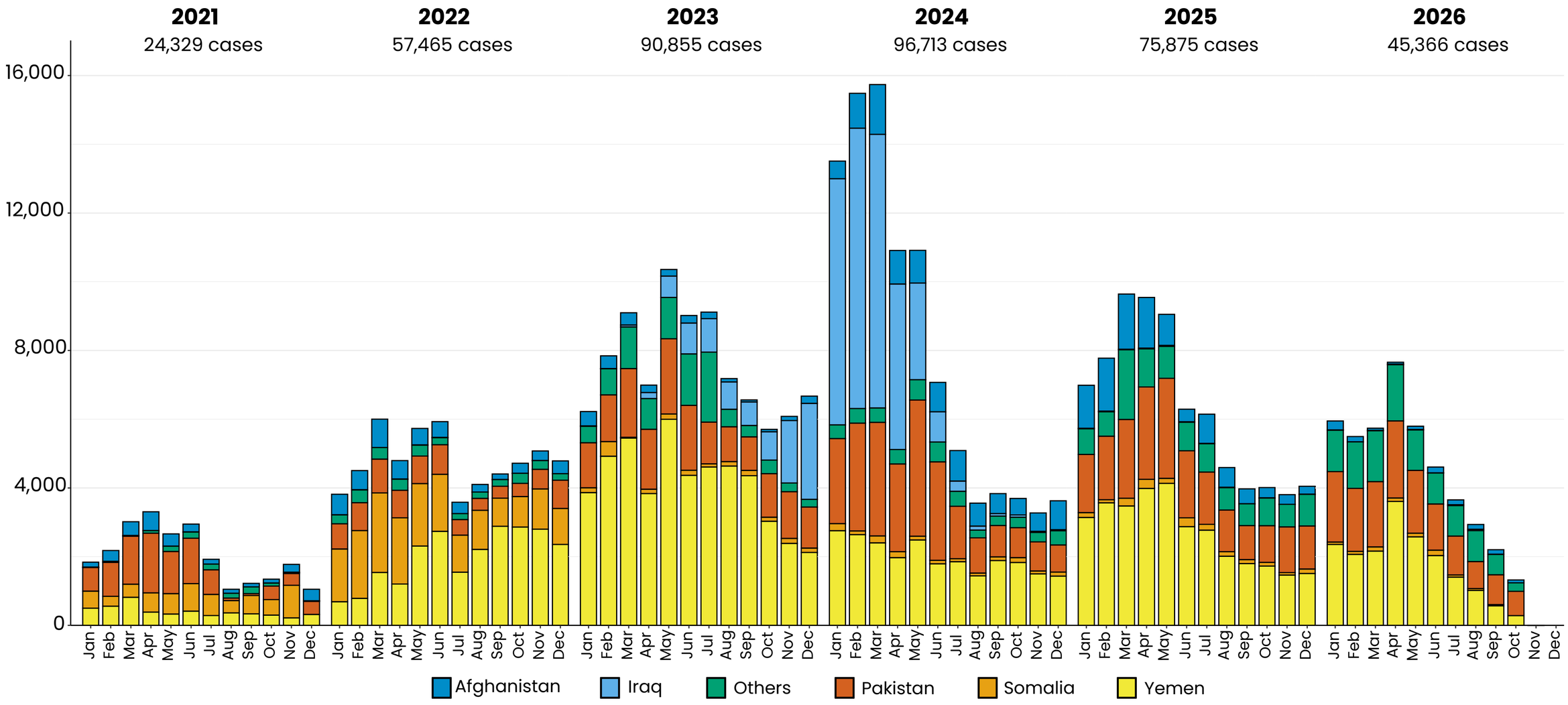
No subnational data available for the past 12 months

No age distribution data available for the past 12 months



Based on data received 2026-11 - Data Source: IVB Database. Main epi curve was built using aggregate surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

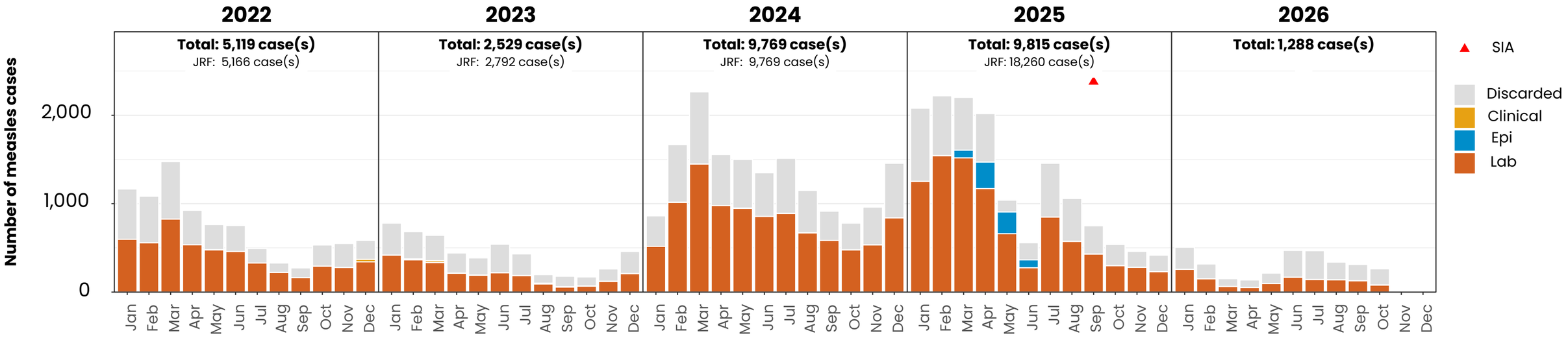
Measles case distribution (EMR), 2021-2026



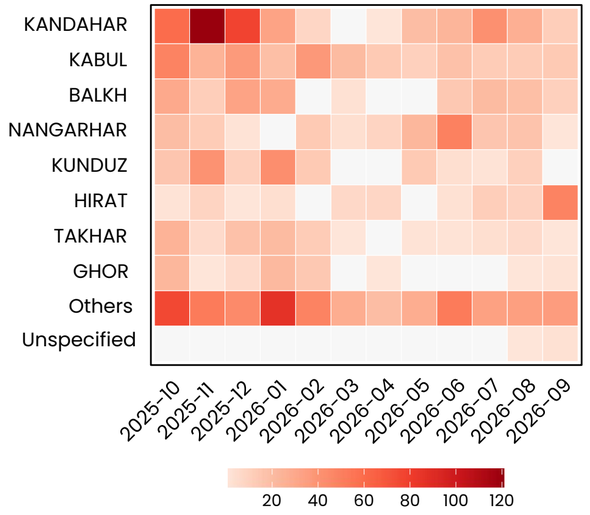
Based on data received 2026-11 - Data Source: IVB Database

Measles cases: Afghanistan

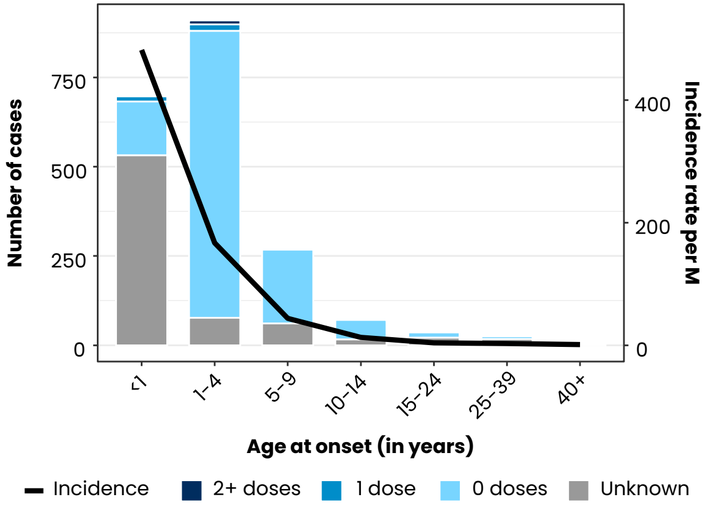
ELIMINATION STATUS: **ENDEMIC**



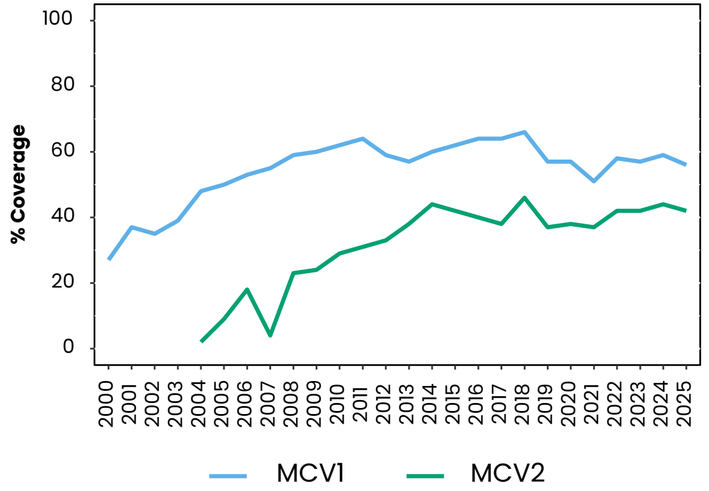
Subnational distribution of cases (last 12 months)



Age distribution, vaccination status and incidence (last 12 months)



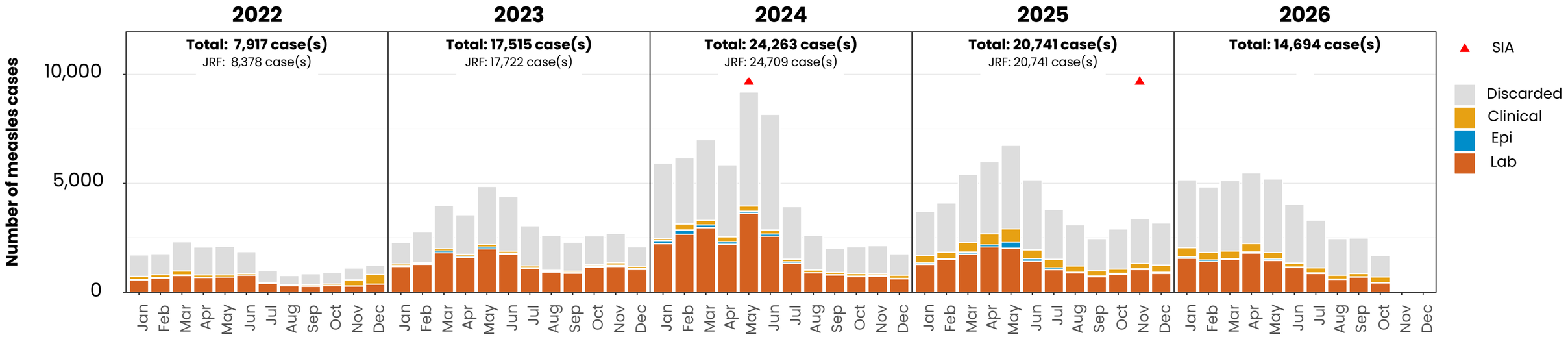
WHO/UNICEF Coverage Estimates (WUENIC)

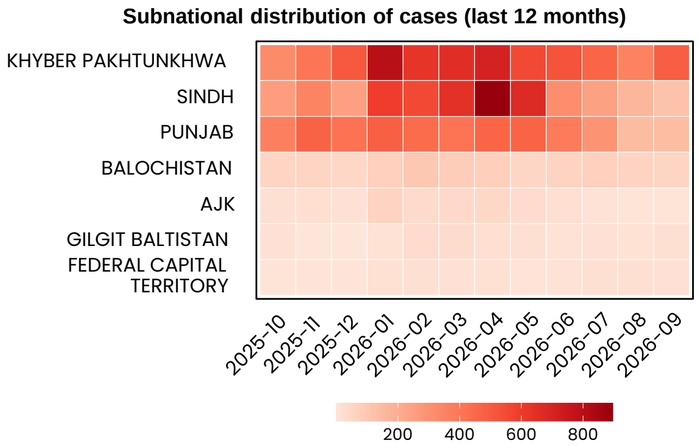


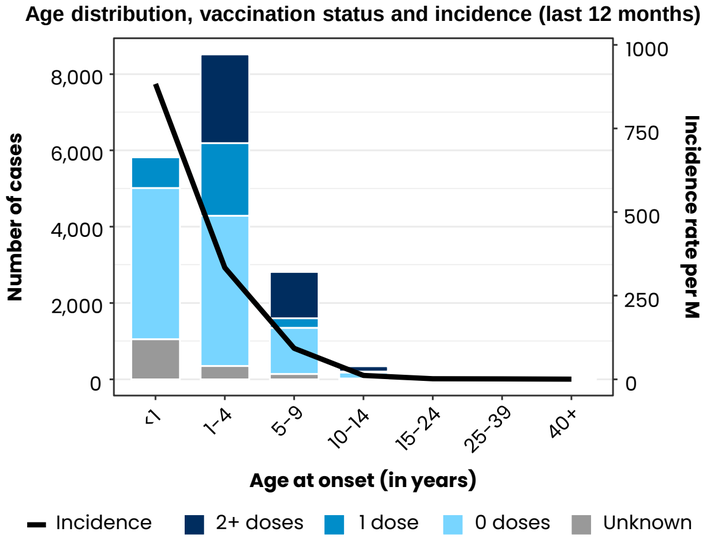
Based on data received 2026-11 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

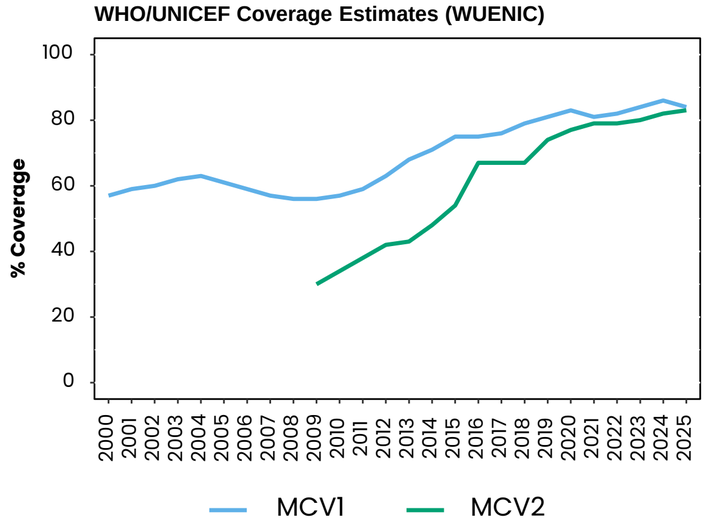
Measles cases: Pakistan

ELIMINATION STATUS: **ENDEMIC**





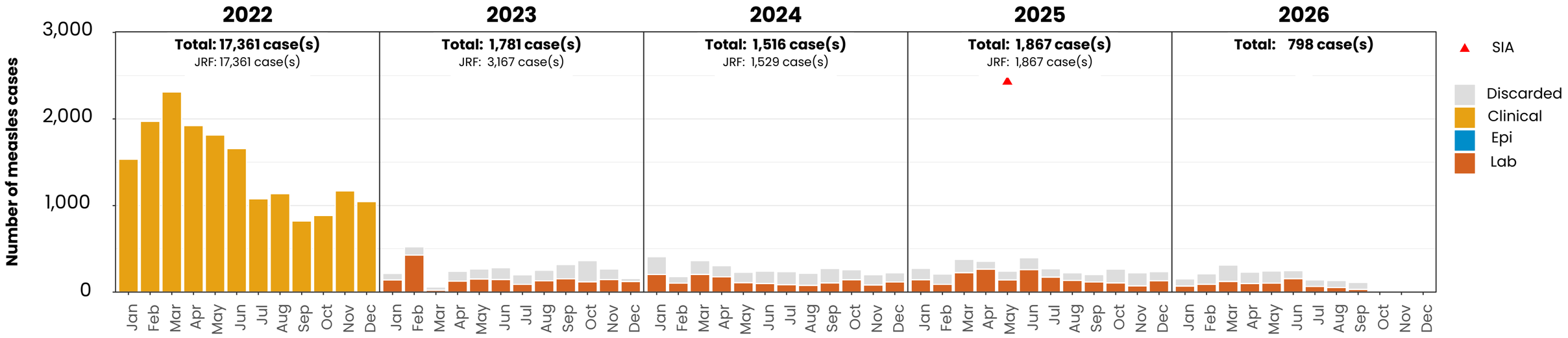




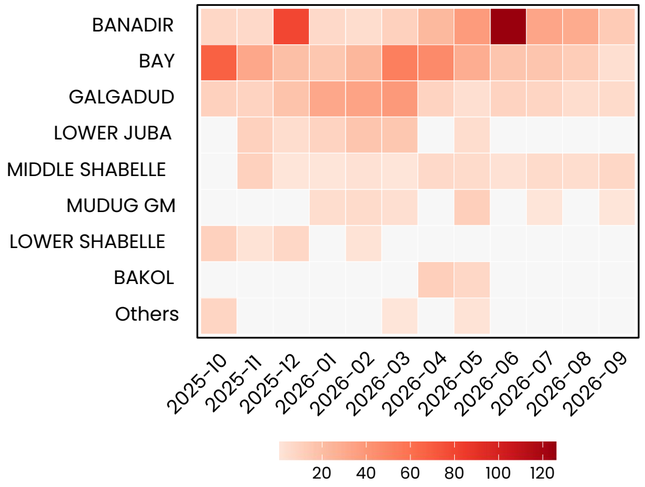
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Measles cases: Somalia

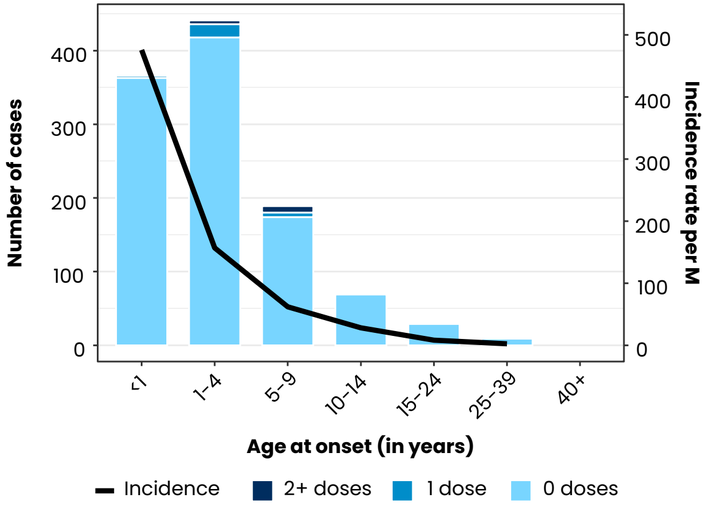
ELIMINATION STATUS: **ENDEMIC**



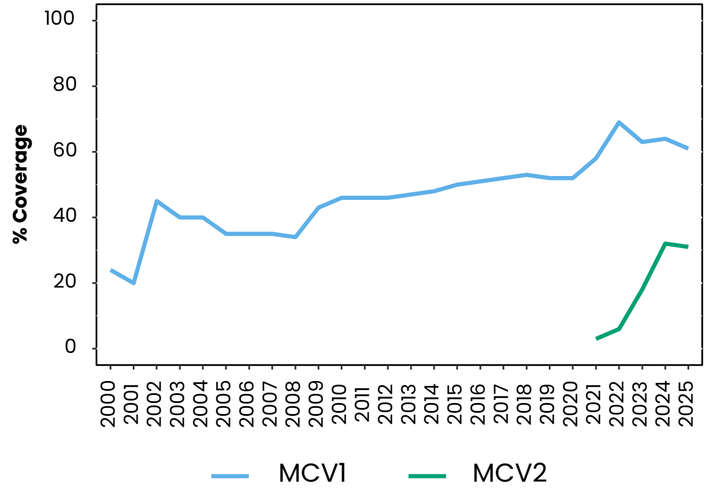
Subnational distribution of cases (last 12 months)



Age distribution, vaccination status and incidence (last 12 months)



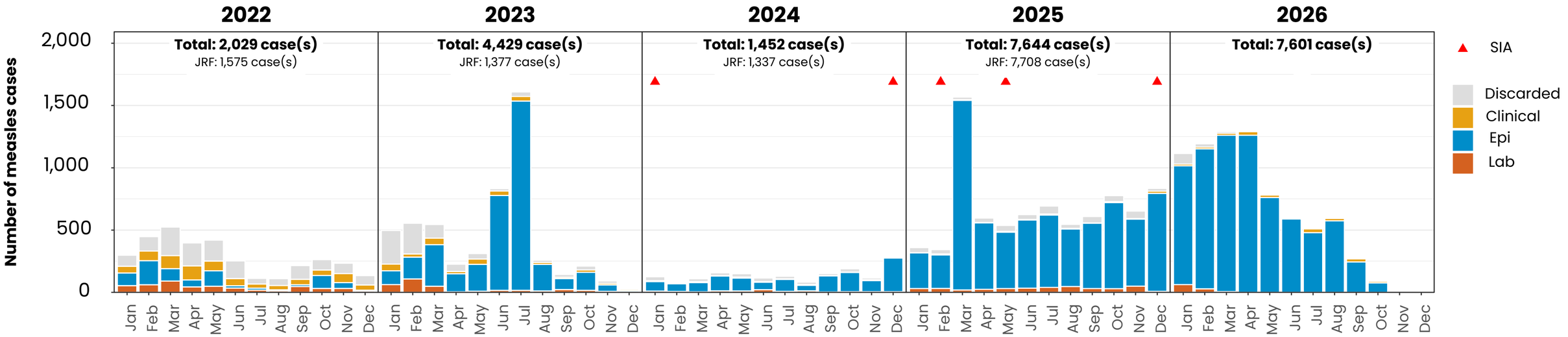
WHO/UNICEF Coverage Estimates (WUENIC)



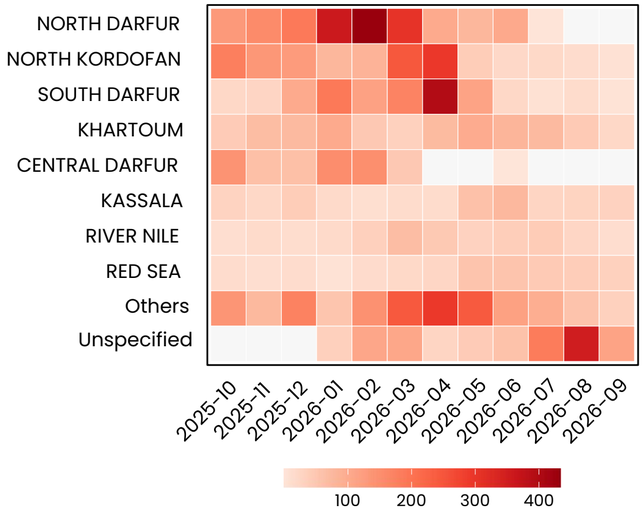
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Measles cases: Sudan

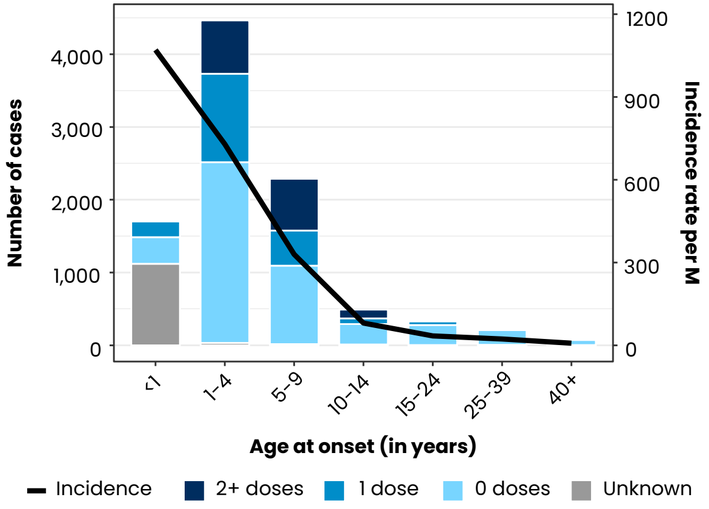
ELIMINATION STATUS: **ENDEMIC**



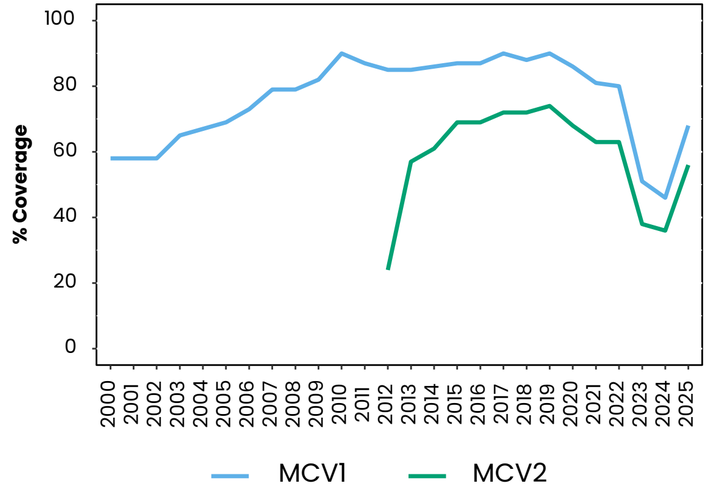
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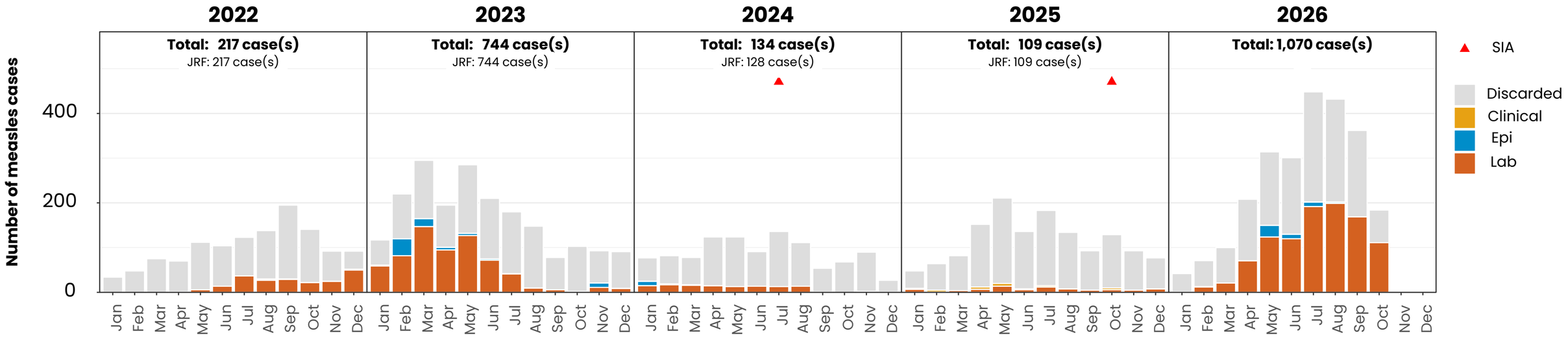
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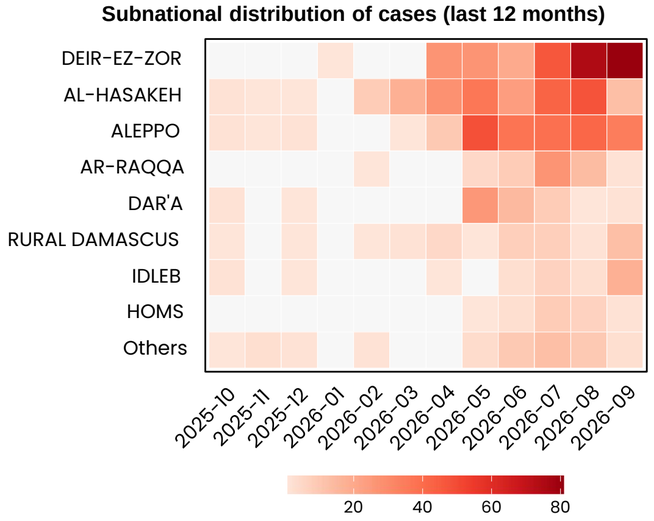


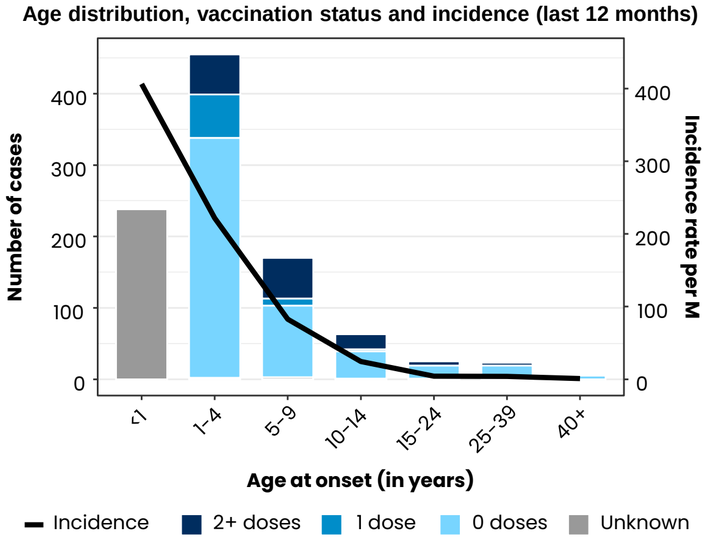
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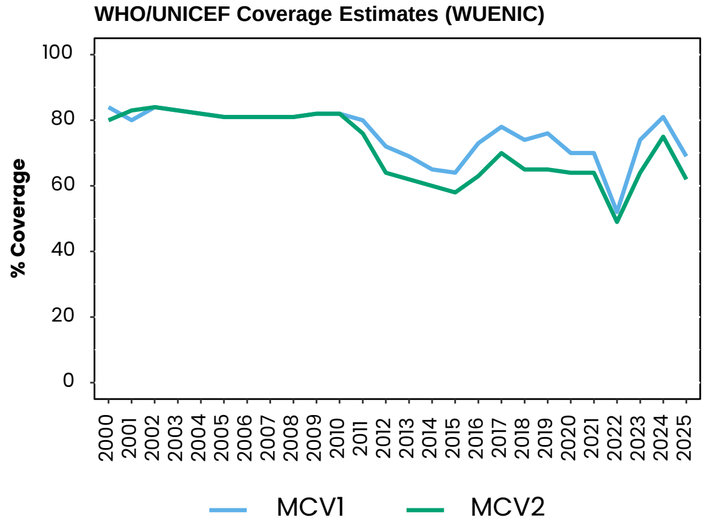
Measles cases: Syrian Arab Republic

ELIMINATION STATUS: **ENDEMIC**





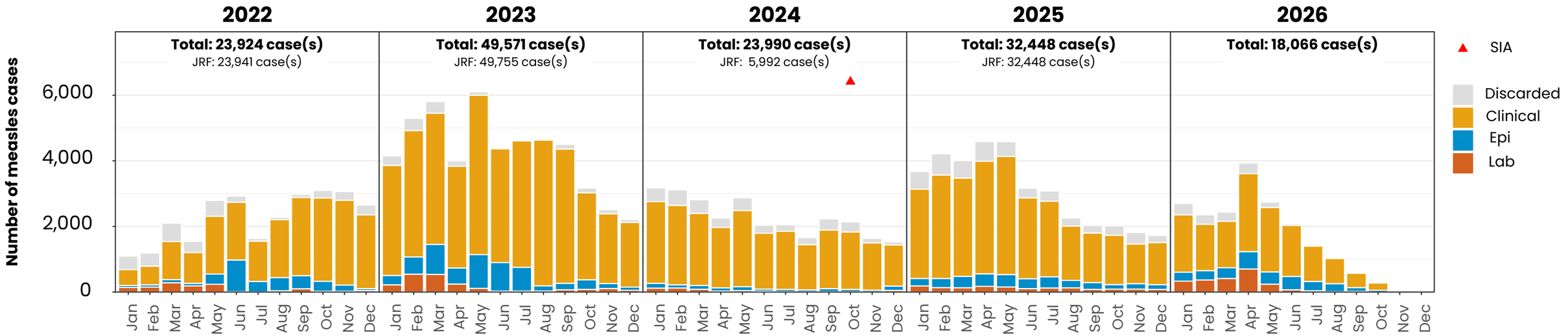




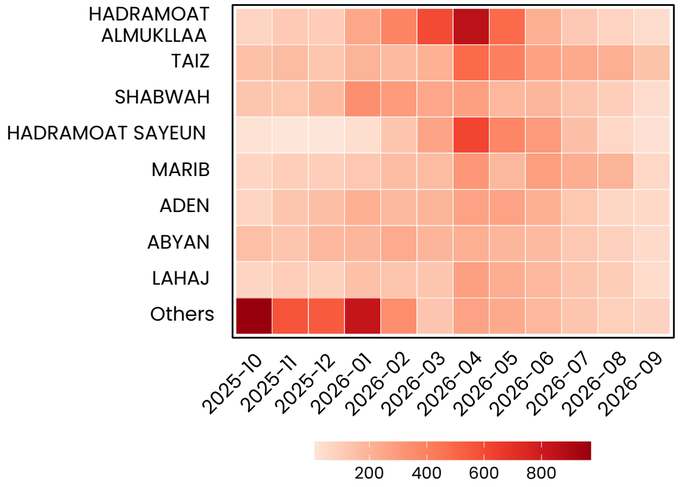
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Measles cases: Yemen

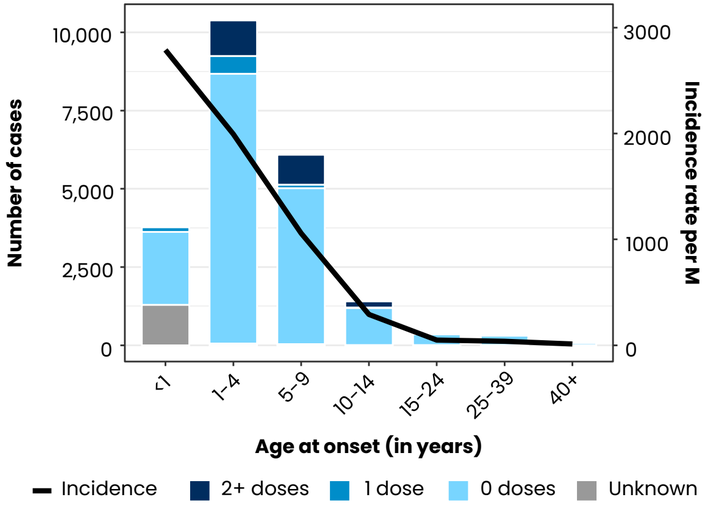
ELIMINATION STATUS: **ENDEMIC**



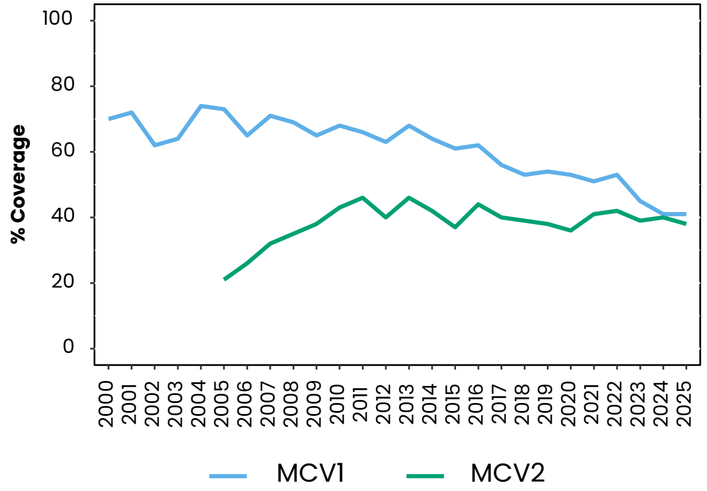
Subnational distribution of cases (last 12 months)



Age distribution, vaccination status and incidence (last 12 months)

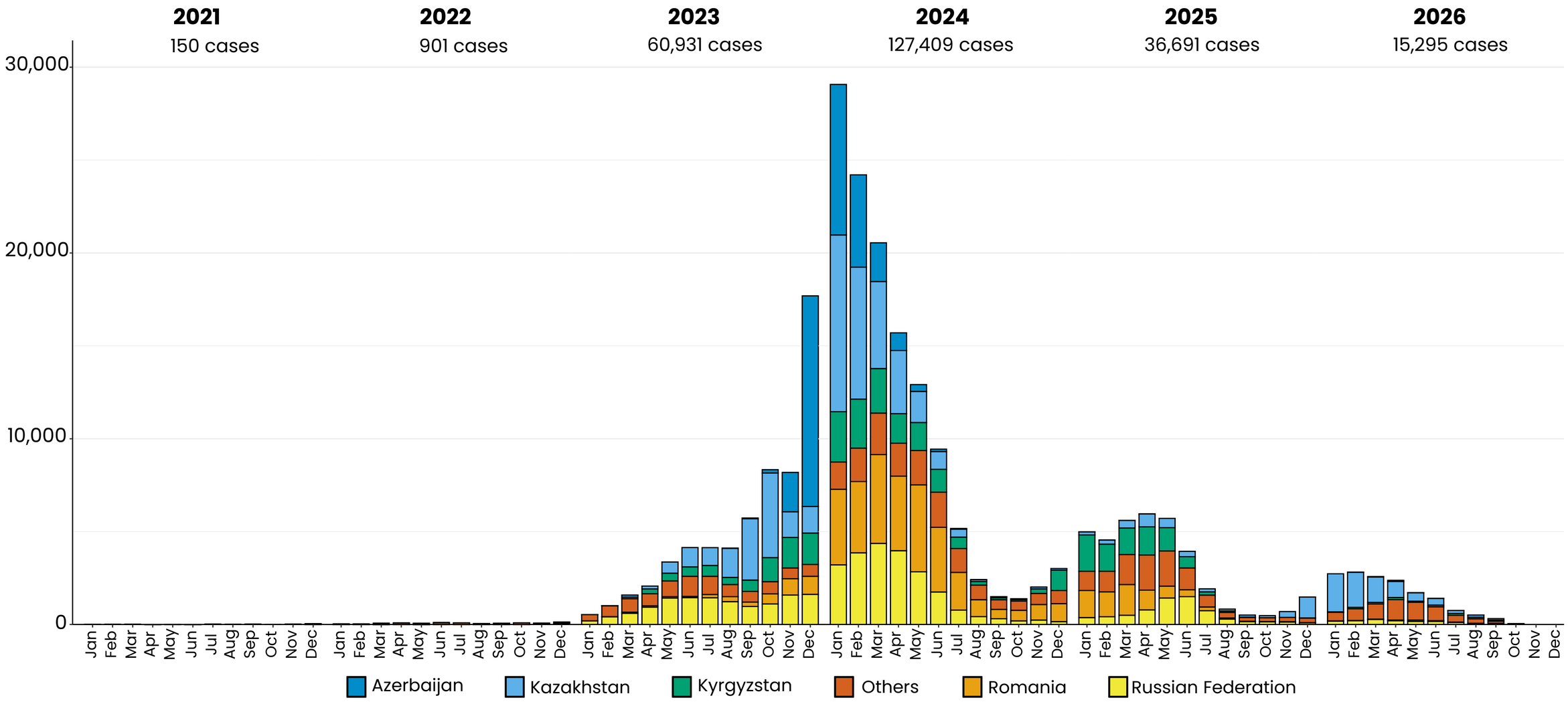


WHO/UNICEF Coverage Estimates (WUENIC)



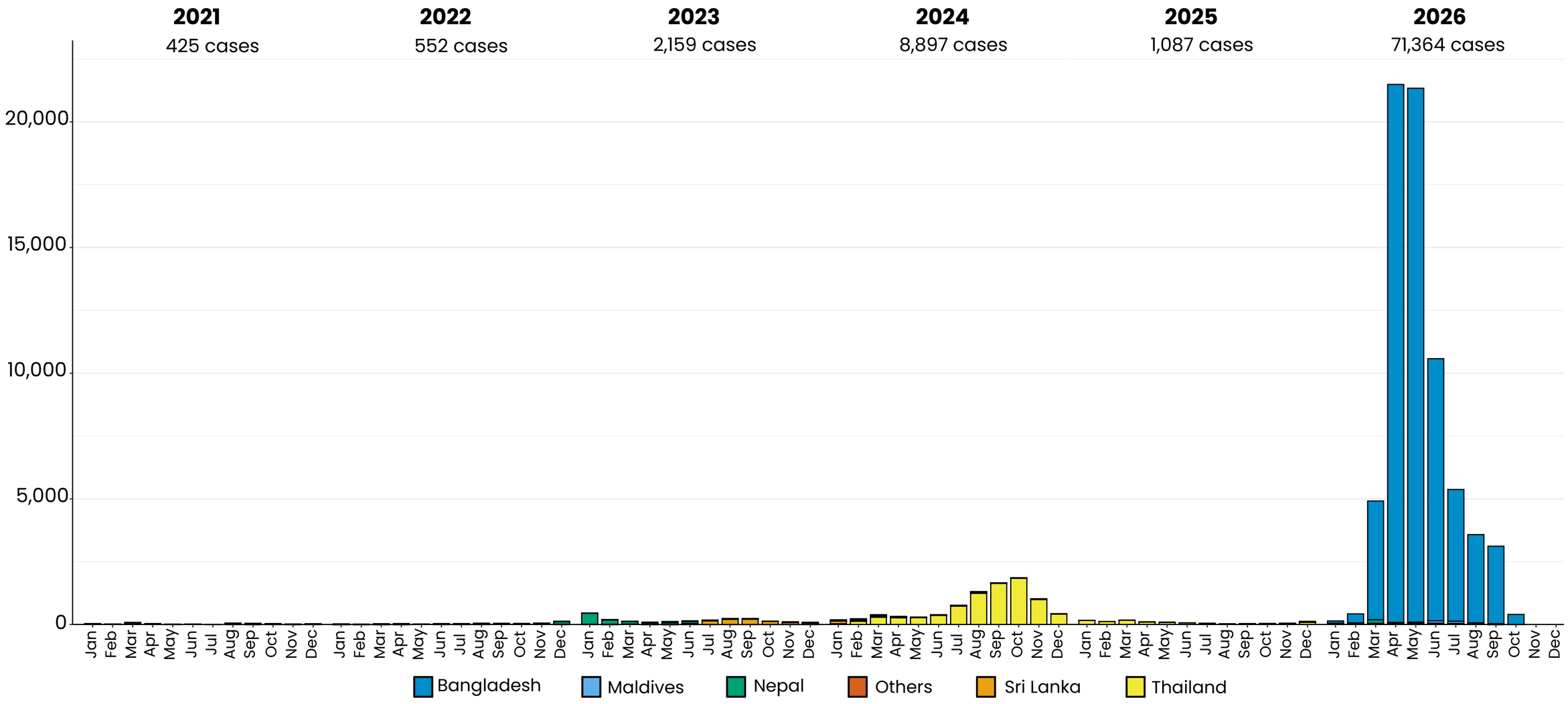
Based on data received 2026-11 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Measles case distribution (EUR), 2021-2026



Based on data received 2026-11 - Data Source: IVB Database

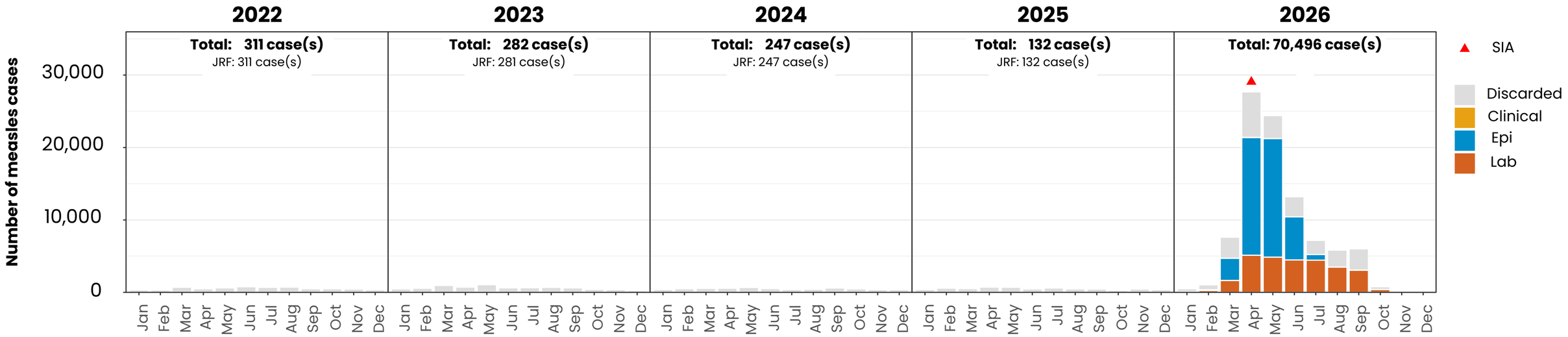
Measles case distribution (SEAR (excl. India)), 2021-2026

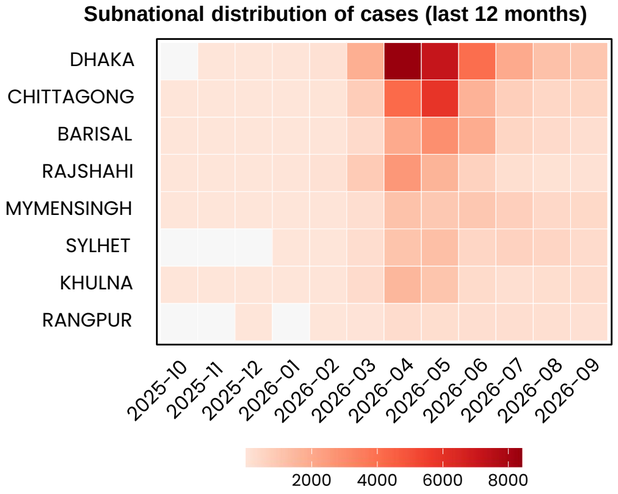


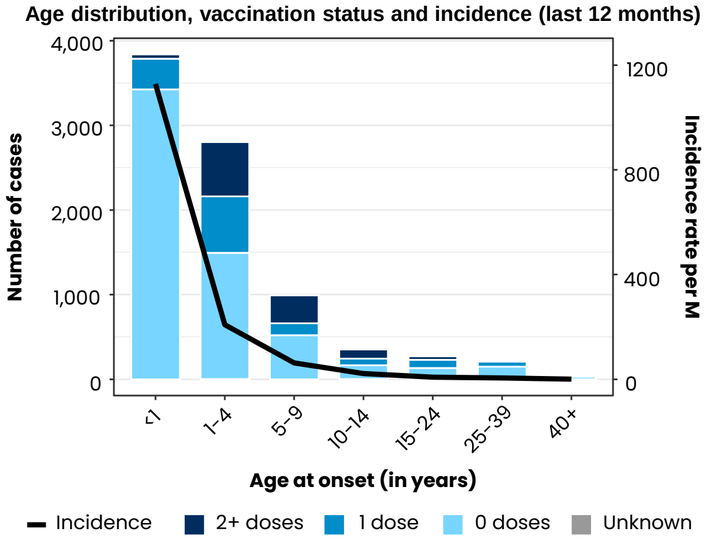
Based on data received 2026-11 - Data Source: IVB Database

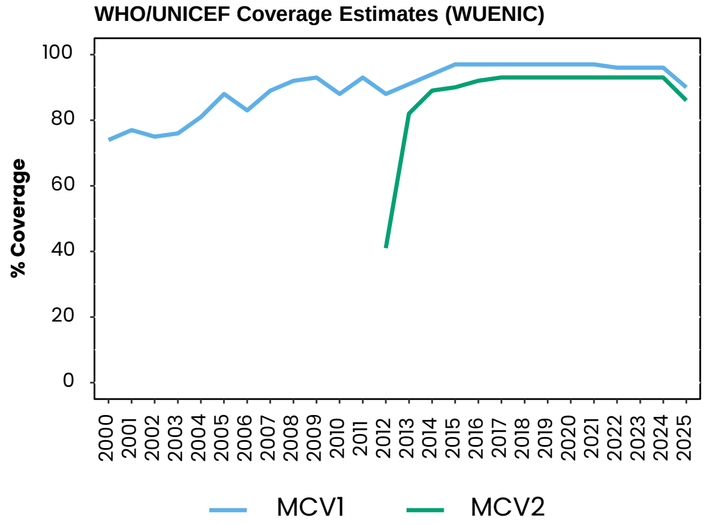
Measles cases: Bangladesh

ELIMINATION STATUS: **ENDEMIC**





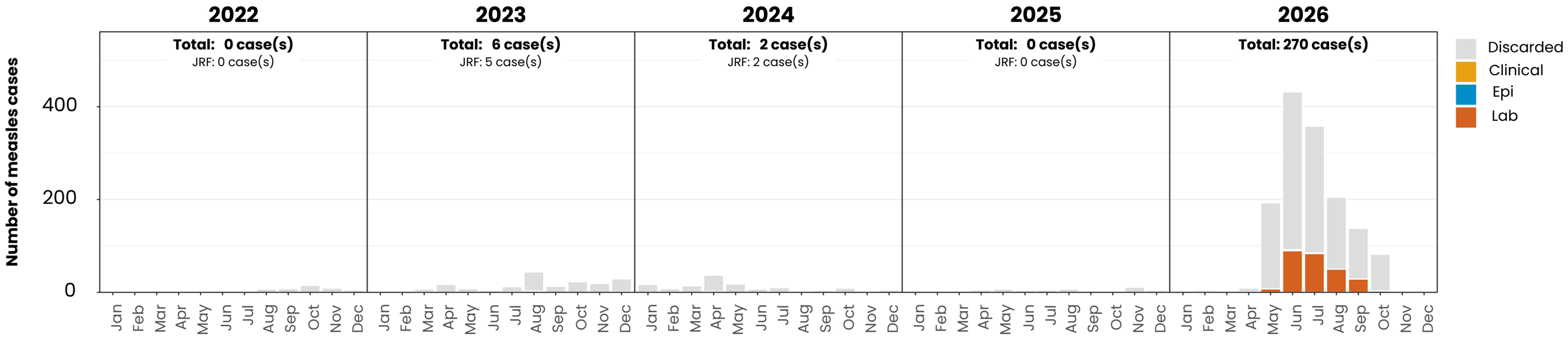


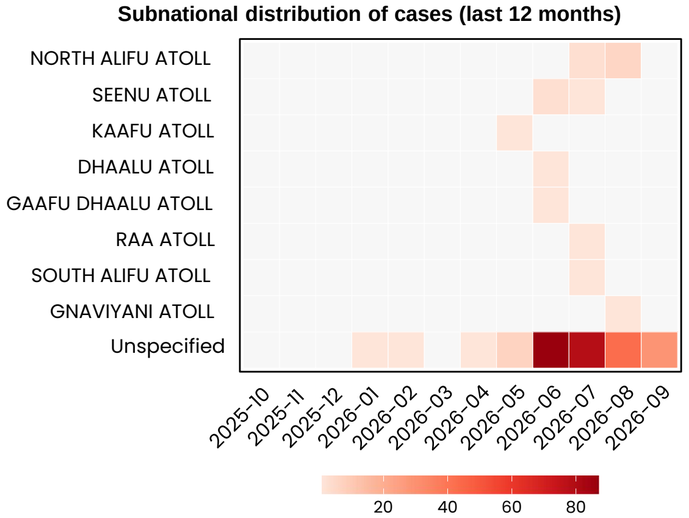


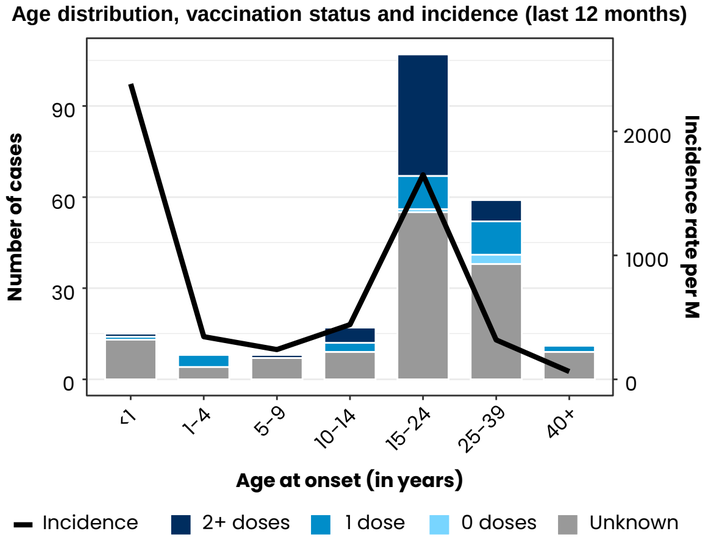
Based on data received 2026-11 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

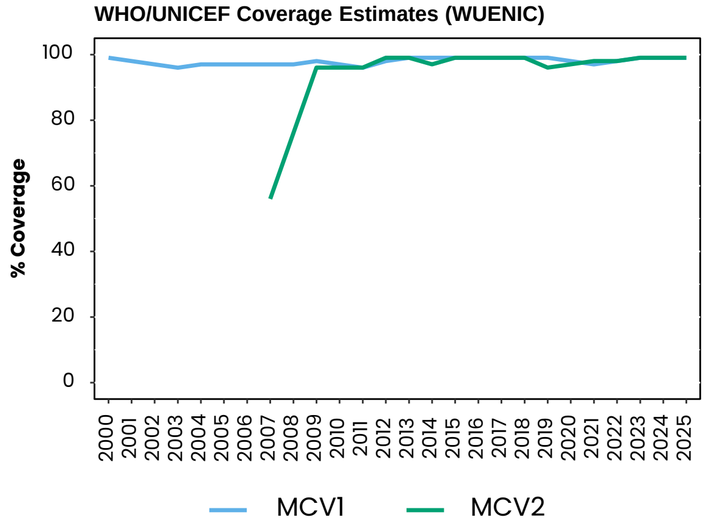
Measles cases: Maldives

ELIMINATION STATUS: **VERIFIED**



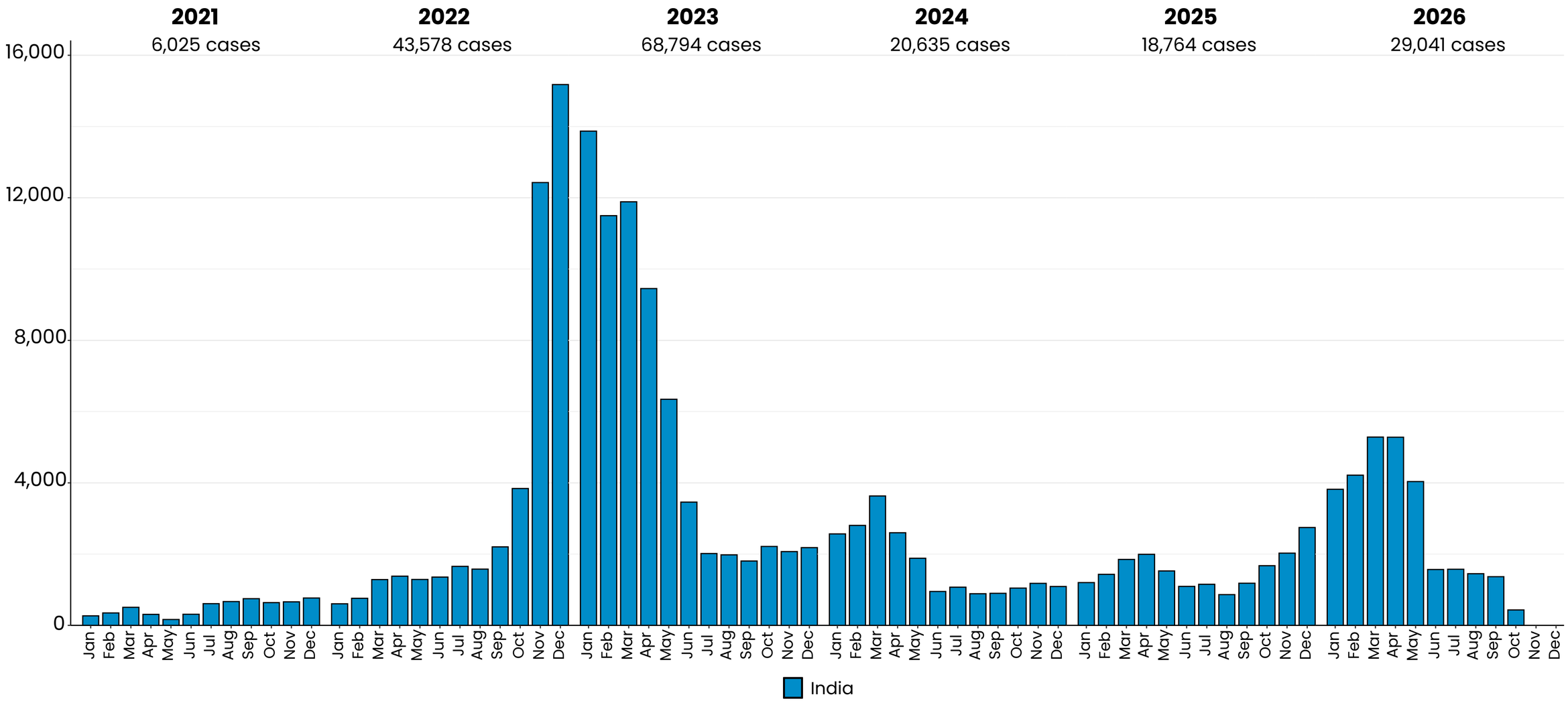






Based on data received 2026-11 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

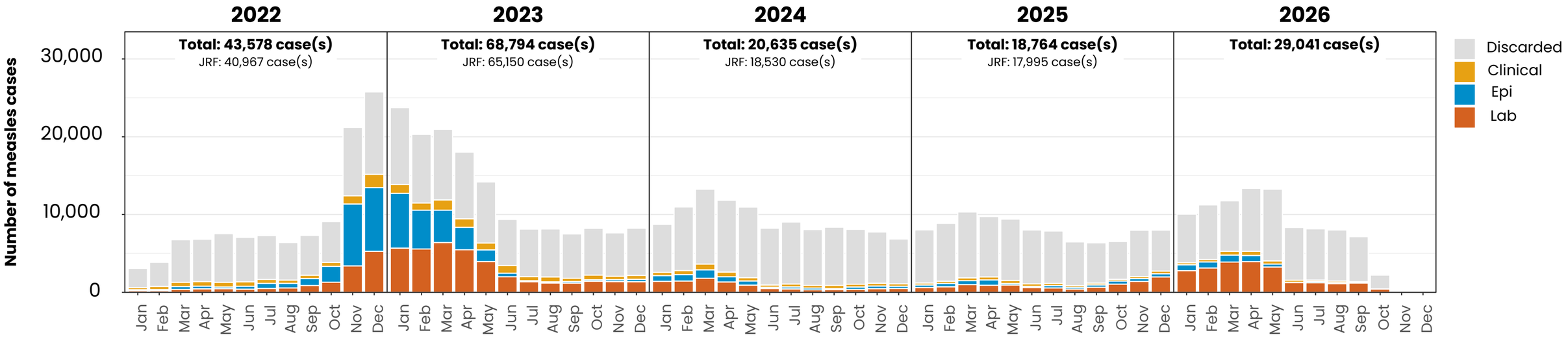
Measles case distribution (SEAR, India), 2021-2026

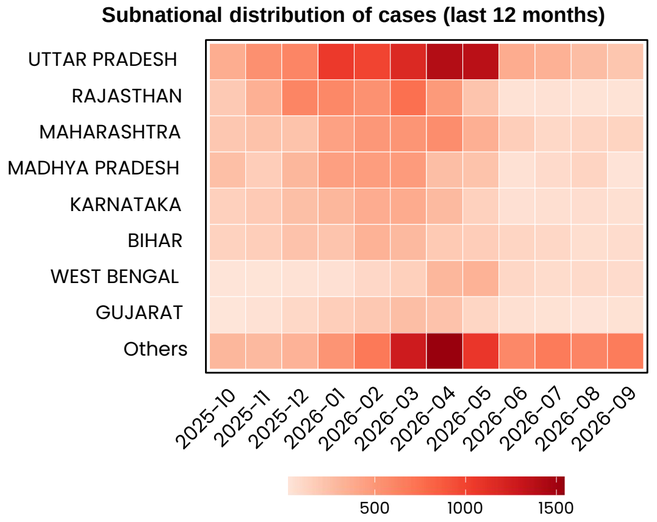


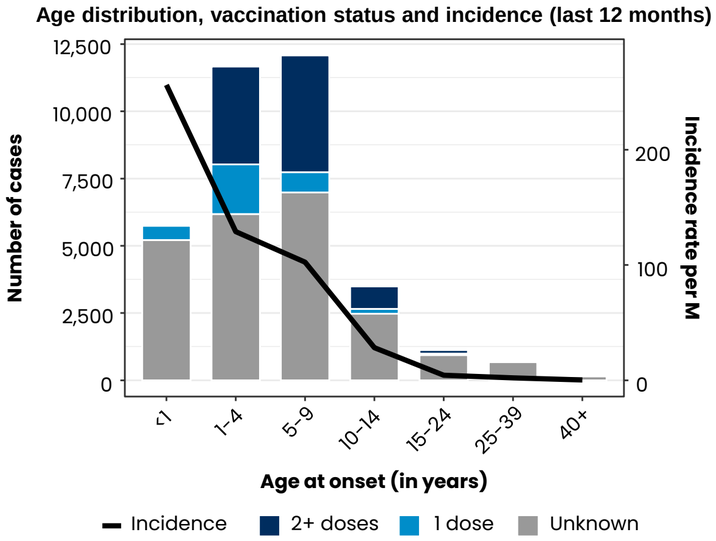
Based on data received 2026-11 - Data Source: IVB Database

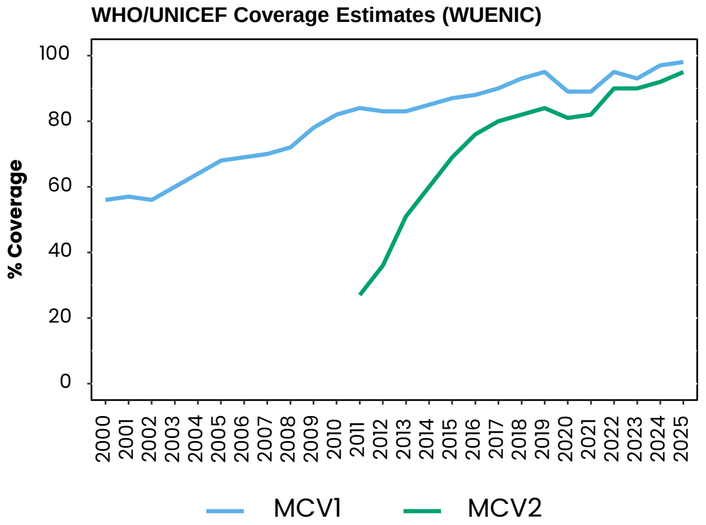
Measles cases: India

ELIMINATION STATUS: **ENDEMIC**



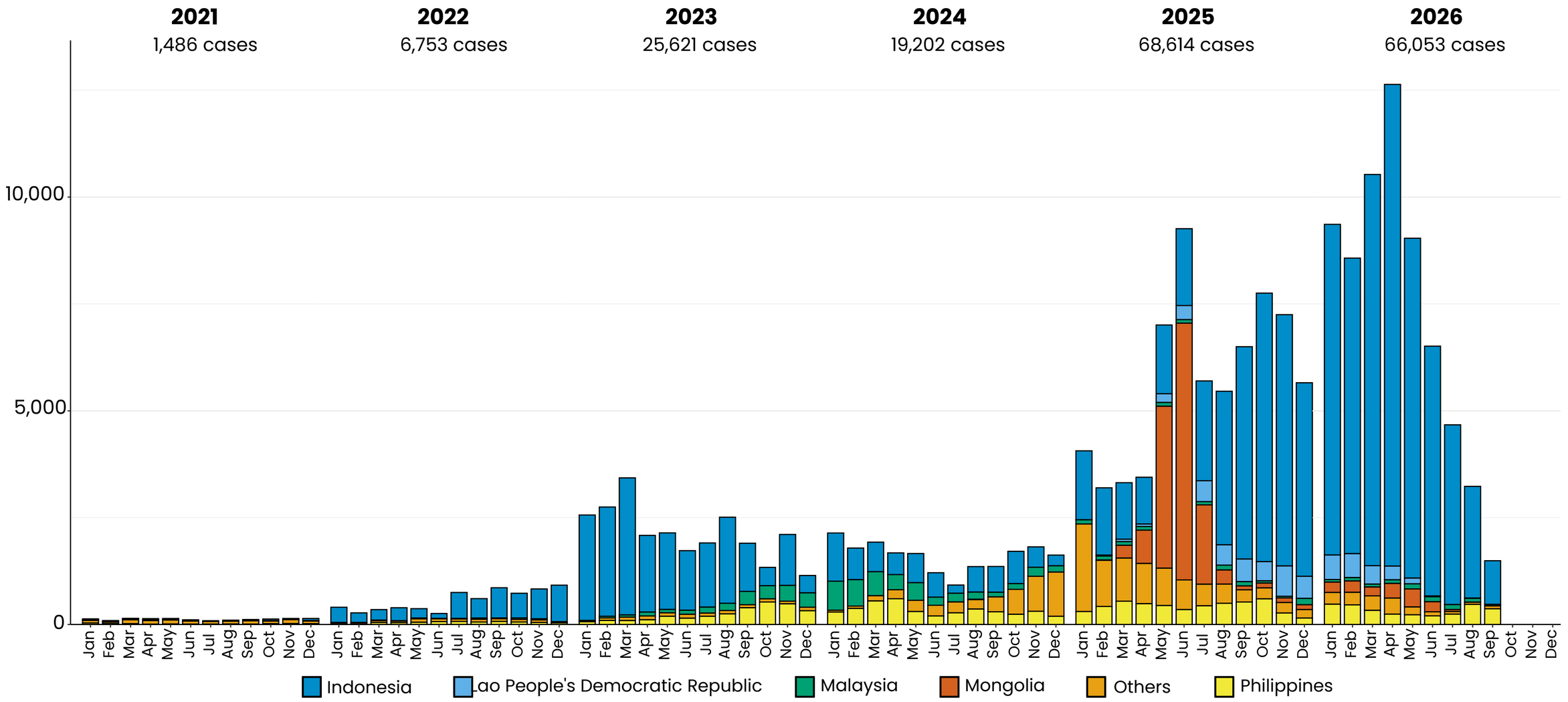






Based on data received 2026-11 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

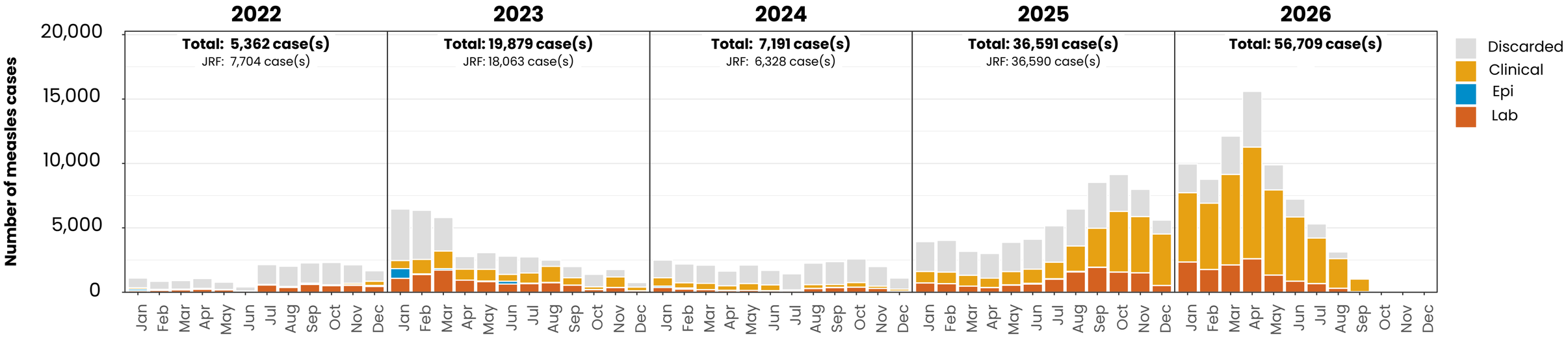
Measles case distribution (WPR), 2021-2026



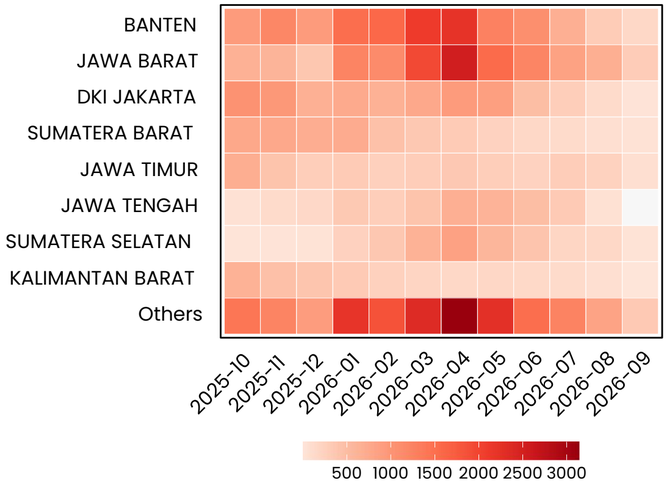
Based on data received 2026-11 - Data Source: IVB Database

Measles cases: Indonesia

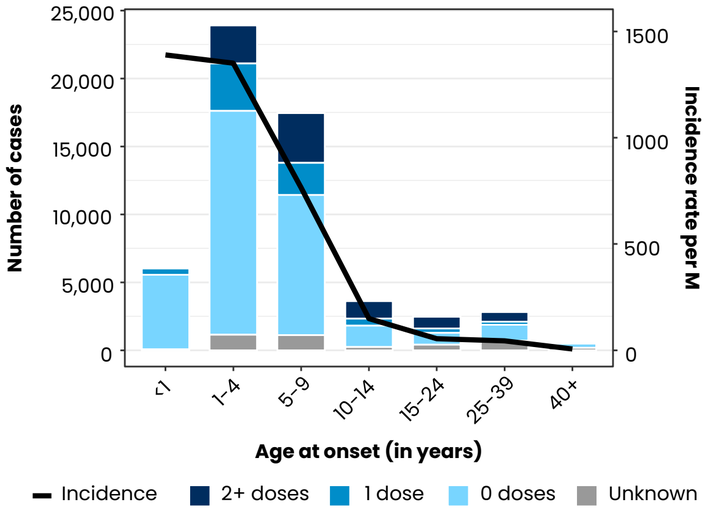
ELIMINATION STATUS: **ENDEMIC**



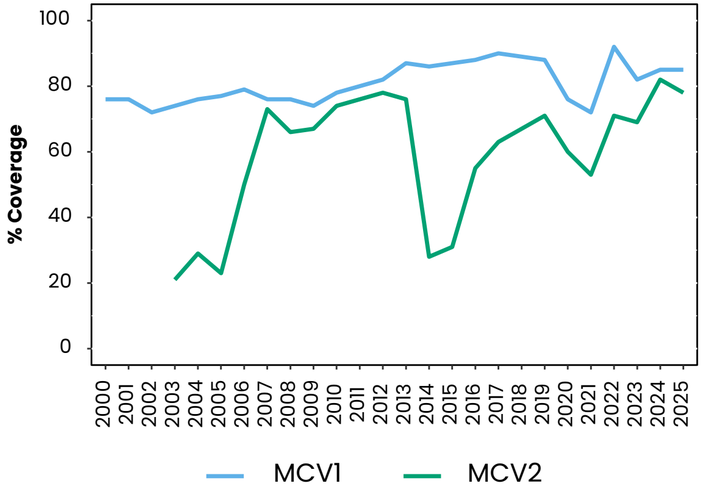
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Age distribution, vaccination status and incidence (last 12 months)



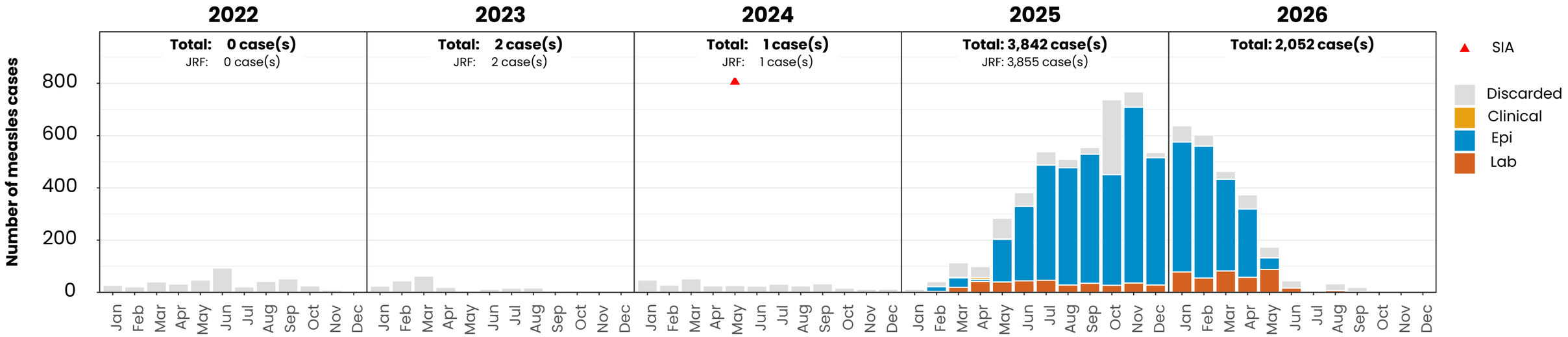
WHO/UNICEF Coverage Estimates (WUENIC)

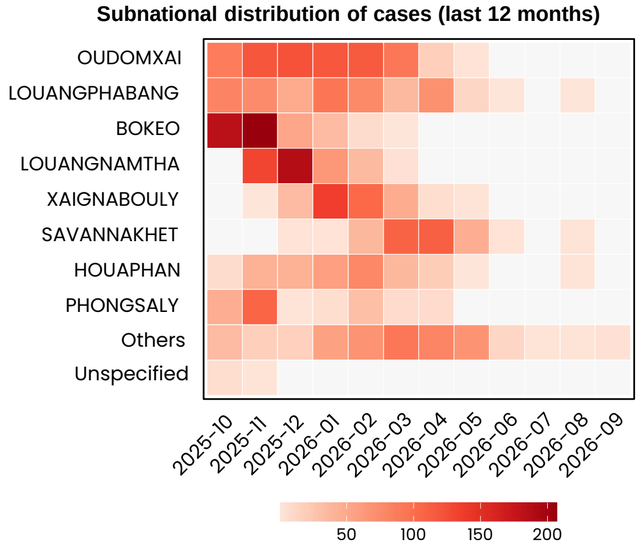


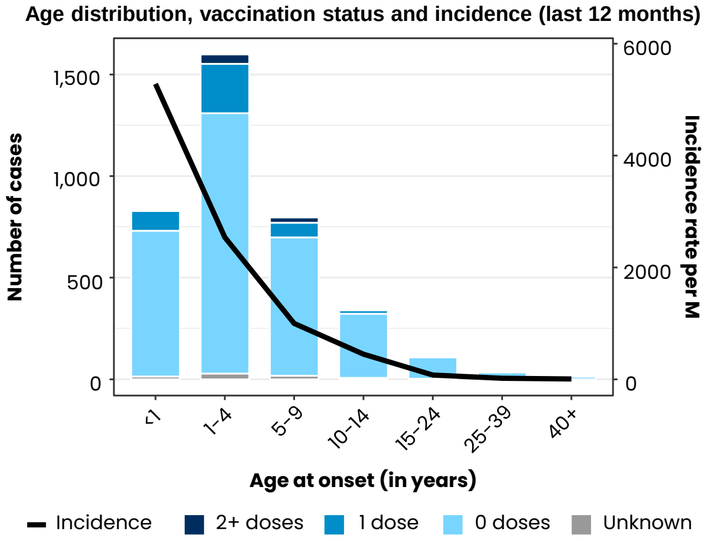
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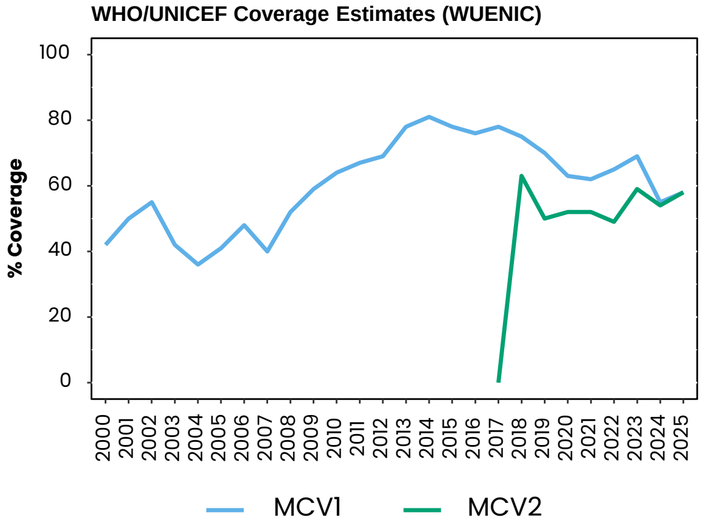
Measles cases: Lao People's Democratic Republic

ELIMINATION STATUS: **ENDEMIC**





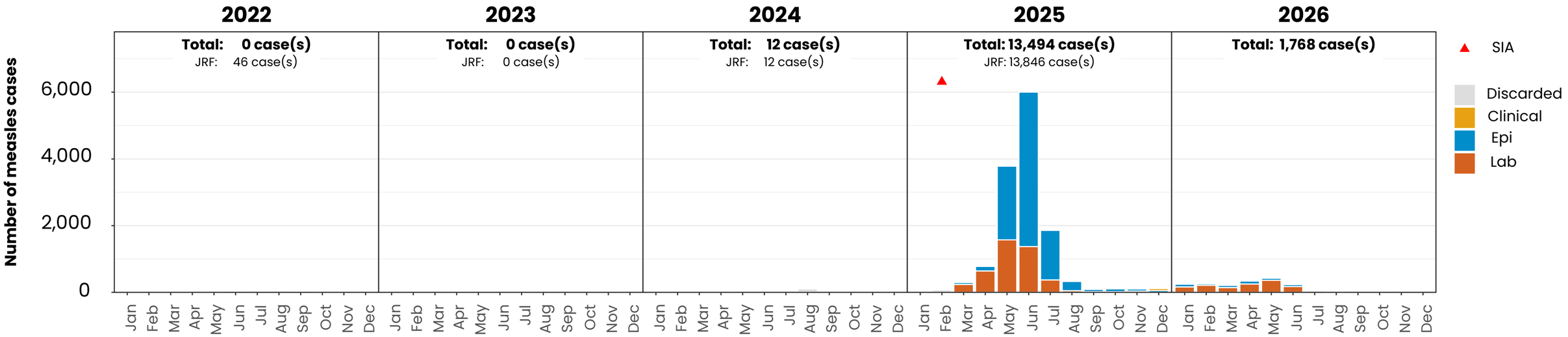




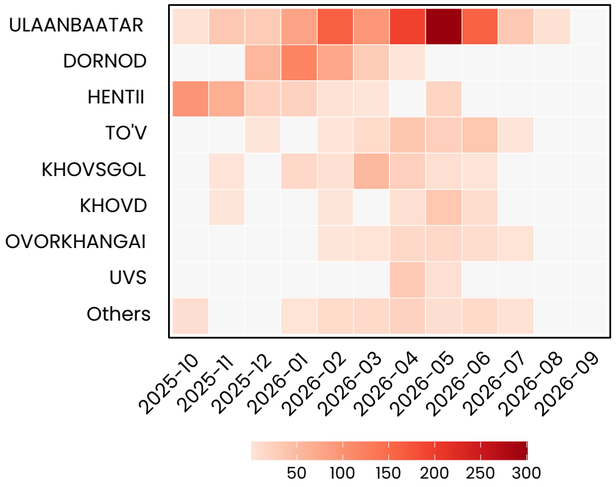
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Measles cases: Mongolia

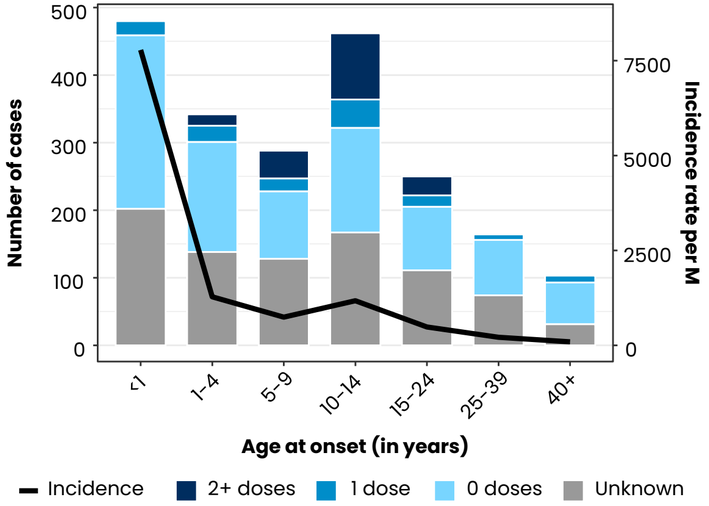
ELIMINATION STATUS: **RE-ESTABLISHED**



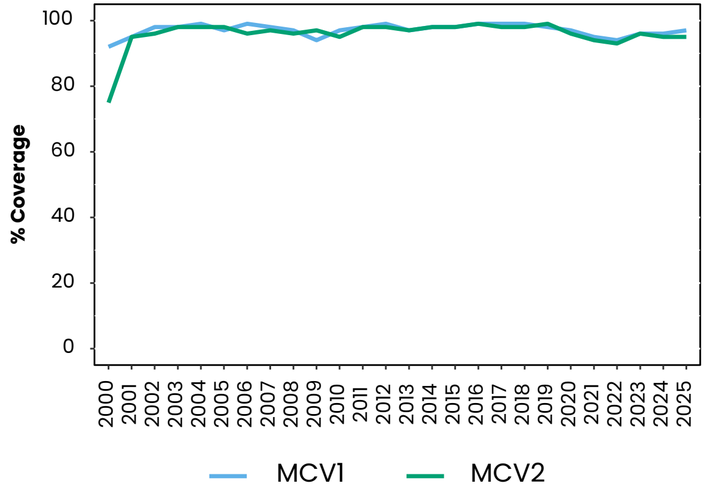
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Age distribution, vaccination status and incidence (last 12 months)

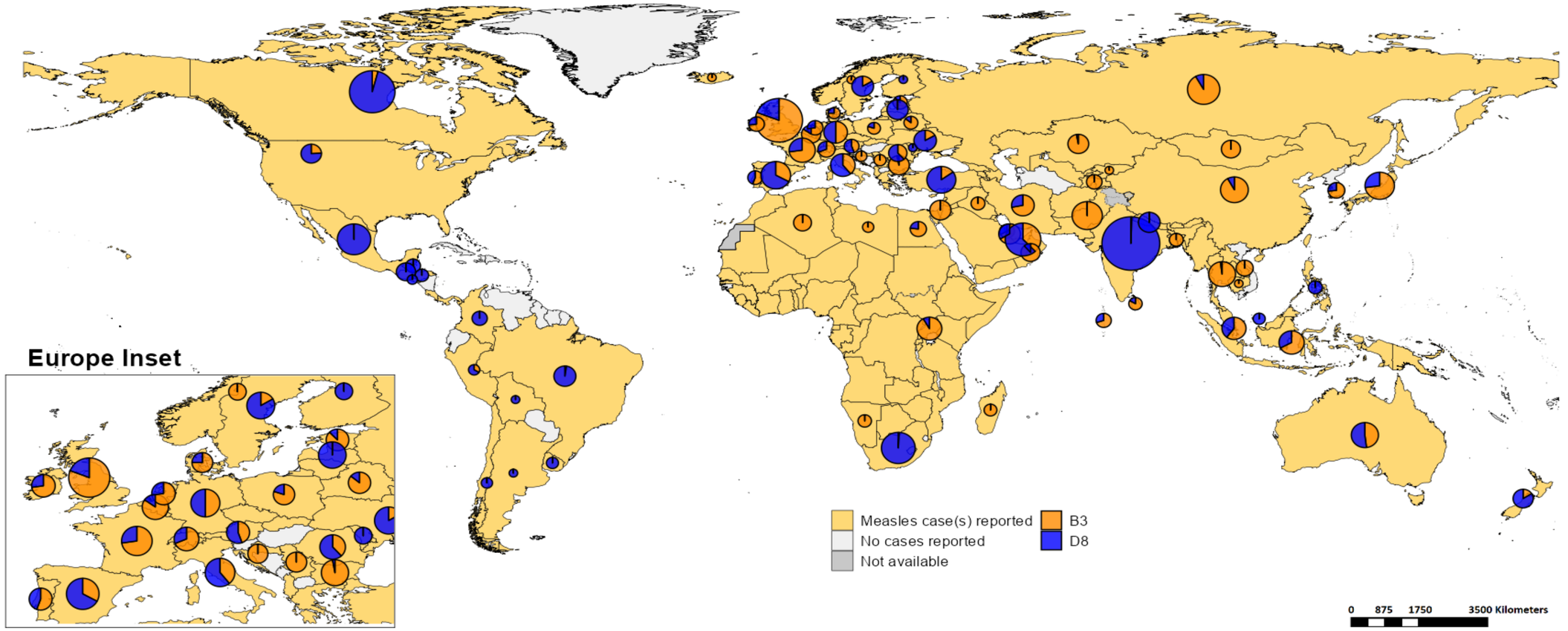


WHO/UNICEF Coverage Estimates (WUENIC)



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Distribution of measles genotypes (last 12 months)



World Health Organization

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 notimply 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.

Data Source: MeaNS2 database (Genotypes) and IVB Database (Incidence) as of 2026-11-11 and covering the period between 2025-10 and 2026-09 - Pie charts proportional to the number of sequenced viruses

WHO Bulletins and Newsletters

- AFR (webpages under migration)
- AMR: PAHO measles and rubella weekly bulletin (published every 2 weeks)
- EMR: EMRO measles home page
- EUR : EURO EpiData update
- SEAR: (webpages under migration)
- WPR: WPRO measles-rubella monthly bulletin

(Switch to presentation mode if links are inactive)

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 1st Friday of the month, and HQ attempts to release the monthly report by the 3rd 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, 1st/2nd 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

Distribution list

This report is posted on the WHO Immunization data portal (https://immunizationdata.who.int/global?topic=Provisional-measles-and-rubella-data&location=) and distributed by email on a monthly basis.
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