Measles
Global Update
March 2026

World Health Organization | IVB

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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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 March 2026"). For official data from 1980-2024, please visit our website.

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

Measles

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Number of reported measles cases by WHO Region

2026

Region	Member States*	Suspected MR cases	Measles cases	Clin	Epi	Lab	Date Received
AFR	34/47	11,576	7,193	2,507	2,369	2,317	2026-03
AMR	22/35	21,142	8,814	0	202	8,612	2026-03
EMR	16/21	6,283	3,189	707	1,014	1,468	2026-03
EUR	32/53	3,863	2,816	220	86	2,510	2026-03
SEAR	7/10	15,313	6,726	2,663	446	3,617	2026-03
WPR	22/28	4,113	1,819	11	1,279	529	2026-03
Total	**133/194**	**62,290**	**30,557**	**6,108**	**5,396**	**19,053**	

Region	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
AFR	4,613	2,580	0	0	0	0	0	0	0	0	0	0
AMR	3,514	4,870	430	0	0	0	0	0	0	0	0	0
EMR	2,918	262	9	0	0	0	0	0	0	0	0	0
EUR	2,640	176	0	0	0	0	0	0	0	0	0	0
SEAR	3,875	2,851	0	0	0	0	0	0	0	0	0	0
WPR	1,202	614	3	0	0	0	0	0	0	0	0	0
Total	**18,762**	**11,353**	**442**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

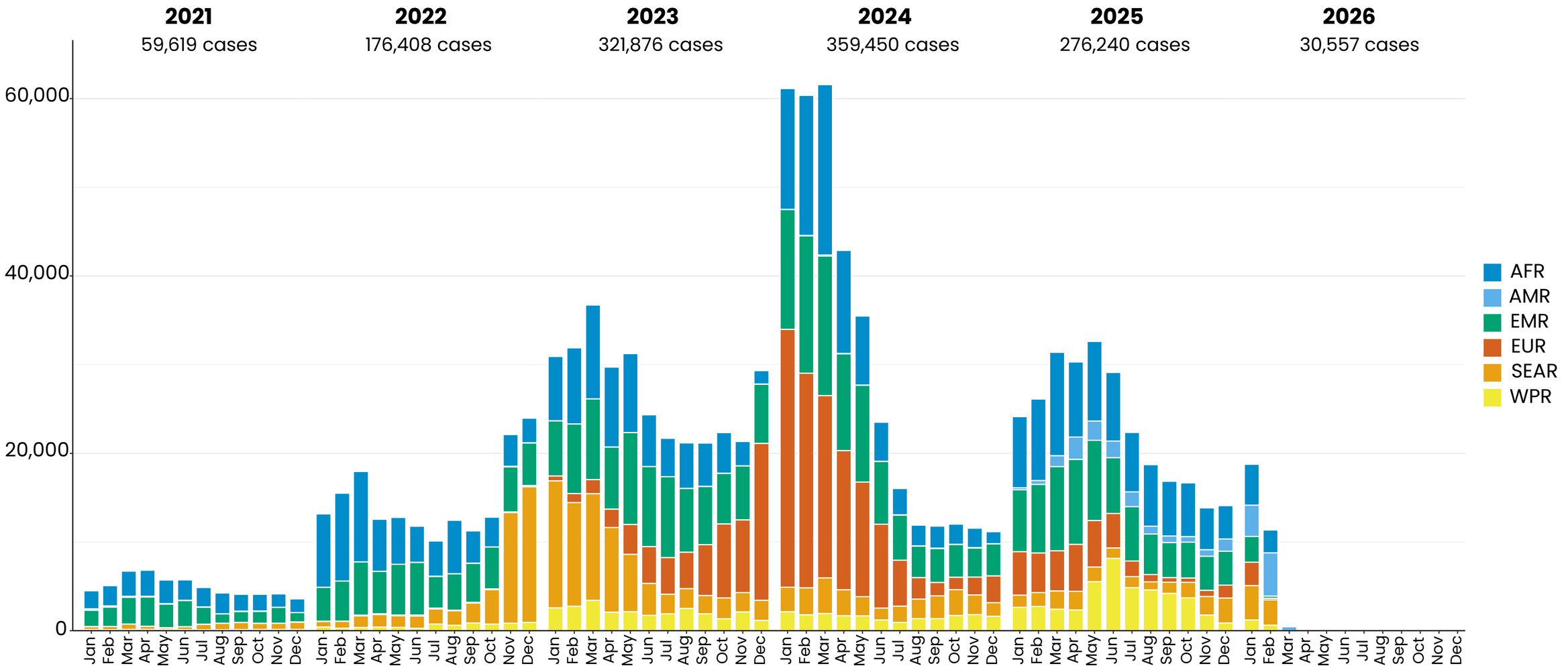
2025

Region	Member States*	Suspected MR cases	Measles cases	Clin	Epi	Lab	Date Received
AFR	42/47	145,789	88,460	40,184	21,113	27,163	2026-03
AMR	32/35	42,294	14,477	2	2,880	11,595	2026-03
EMR	20/21	130,075	75,508	32,898	12,012	30,598	2026-03
EUR	47/53	50,316	34,020	4,878	5,507	23,635	2026-03
SEAR	10/10	109,824	20,011	4,265	4,304	11,442	2026-03
WPR	28/28	134,476	43,764	3,847	12,439	27,478	2026-03
Total	**179/194**	**612,774**	**276,240**	**86,074**	**58,255**	**131,911**	

Region	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
AFR	8,046	9,196	11,663	8,463	8,980	7,734	6,718	6,941	6,164	6,060	4,724	3,771
AMR	211	436	1,221	2,516	2,178	1,883	1,659	883	739	631	743	1,377
EMR	6,990	7,729	9,501	9,588	9,044	6,295	6,129	4,563	3,967	4,044	3,833	3,825
EUR	4,906	4,463	4,525	5,284	5,245	3,872	1,763	826	506	482	699	1,449
SEAR	1,369	1,571	2,051	2,114	1,646	1,191	1,239	914	1,256	1,746	2,091	2,823
WPR	2,627	2,723	2,425	2,333	5,528	8,146	4,854	4,594	4,211	3,704	1,760	859
Total	**24,149**	**26,118**	**31,386**	**30,298**	**32,621**	**29,121**	**22,362**	**18,721**	**16,843**	**16,667**	**13,850**	**14,104**

Notes: Based on data received 2026-03 - This is surveillance data, hence for the last month, the data may be incomplete. * Member States Reporting / Total Member States in Region

Measles case distribution by month and WHO Region (2021-2026)



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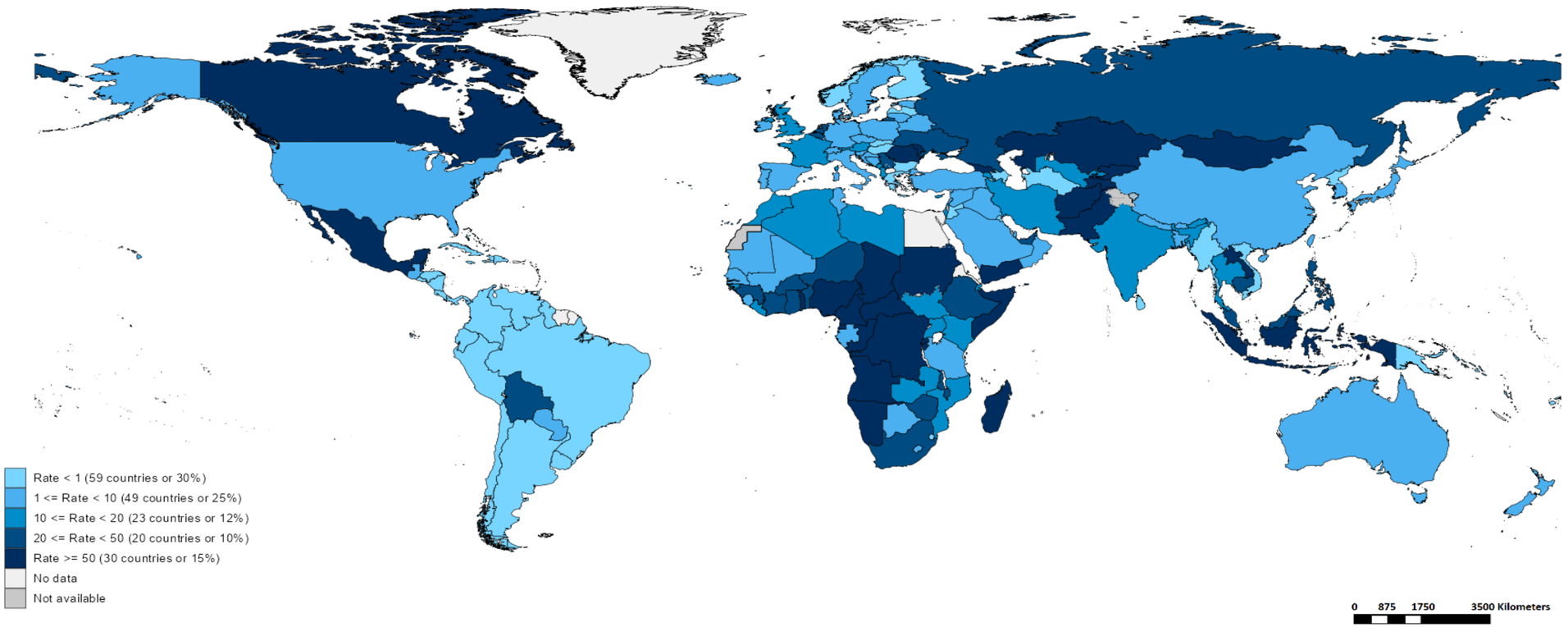
Measles Incidence Rate per Million (12M period)



Highest incidence rates

Country	Cases	Rate
Mongolia	13293	3,779.53
Kyrgyzstan	6582	902.26
Yemen	29488	705.90
Lao People's Democratic Republic	4720	599.51
Angola	21955	562.37
Cameroon	9104	304.69
Kazakhstan	6120	293.61
Central African Republic	1461	265.00
Tajikistan	2255	209.05
Afghanistan	8806	200.85

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Data source: IVB Database

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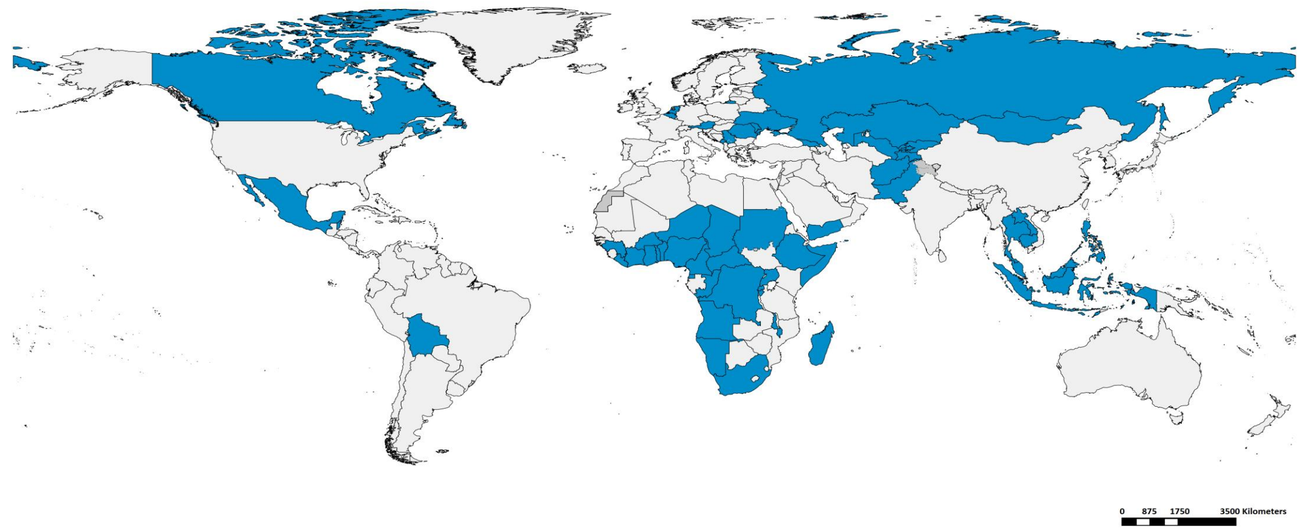
Notes: Based on data received 2026-03 - Surveillance data from 2025-02 to 2026-01 - Incidence: Number of cases / population * 1,000,000 - Population data: World population prospects, 2019 revision

Immunization Agenda 2030 - Impact Goal 1.3

Countries provisionally meeting the large or disruptive outbreaks definition - Data from 2024-11 to 2025-10 included

Country	Cases	Rate/M	Clinical*
Mongolia	13,014	3,700.21	0%
Kyrgyzstan	9,855	1,350.92	43%
Yemen	32,760	784.22	87%
Angola	20,262	519.01	81%
Lao People's Democratic Republic	2,612	331.76	0%
Romania	5,979	316.20	4%
Afghanistan	10,679	243.57	0%
Tajikistan	2,241	207.76	0%
Cameroon	6,196	207.37	4%
Central African Republic	1,058	191.90	1%
Congo	1,040	160.38	2%
Georgia	587	154.20	14%
Kazakhstan	2,978	142.87	6%
Sudan	6,625	128.24	1%
Canada	4,899	122.09	0%
Rwanda	1,654	113.53	91%
Togo	1,059	108.93	3%
Burundi	1,515	105.28	2%
Belize	42	99.31	5%
Somalia	1,863	94.79	0%
Cambodia	1,590	89.09	0%
Nigeria	19,447	81.87	75%
Equatorial Guinea	158	81.51	10%
Serbia	540	80.73	60%
Pakistan	19,796	77.56	20%
Namibia	225	72.75	30%
Republic of Moldova	203	67.75	3%

Country	Cases	Rate/M	Clinical*
DR Congo	7,405	65.63	5%
Madagascar	2,139	65.33	87%
Indonesia	17,406	60.92	2%
Ethiopia	6,857	50.62	1%
Guinea	702	46.49	10%
Russian Federation	6,666	46.29	0%
Malawi	1,019	45.87	3%
Niger	1,268	45.42	19%
Philippines	5,119	43.83	71%
Benin	648	43.74	16%
Chad	910	43.33	4%
Ghana	1,481	42.24	86%
Ukraine	1,610	41.30	7%
Mexico	5,204	39.44	0%
Bolivia (Plurinational State of)	460	36.56	0%
South Africa	2,316	35.77	23%
Malaysia	1,207	33.55	19%
Belgium	388	33.00	9%
Côte d'Ivoire	1,067	32.62	0%
Montenegro	20	31.61	0%
Netherlands (Kingdom of the)	568	30.96	0%
Thailand	2,203	30.76	43%
Burkina Faso	680	28.25	23%
Uzbekistan	932	25.15	1%
Uganda	1,177	22.91	5%
Austria	188	20.63	0%
Liberia	116	20.24	0%



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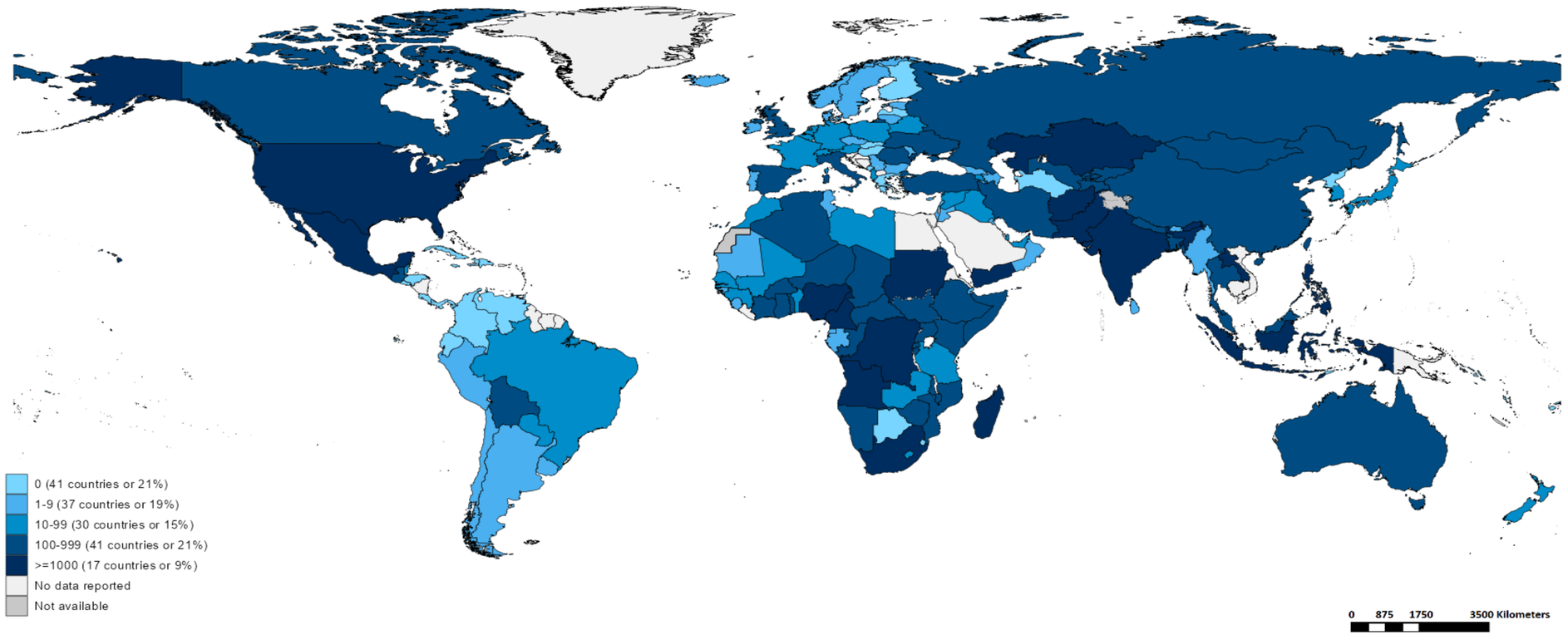
Total: 54 countries

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 2026-03 and covering the period between 2024-11 and 2025-10 - Incidence: Number of cases / 1M population - Population Data: World population prospects, 2019 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*
India**	12,135
Angola	11,941
Indonesia	8,892
Yemen	8,507
Pakistan	7,527
Cameroon	5,088
Mexico	4,636
Sudan	4,071
Kazakhstan	3,826
Lao People's Democratic Republic	3,565

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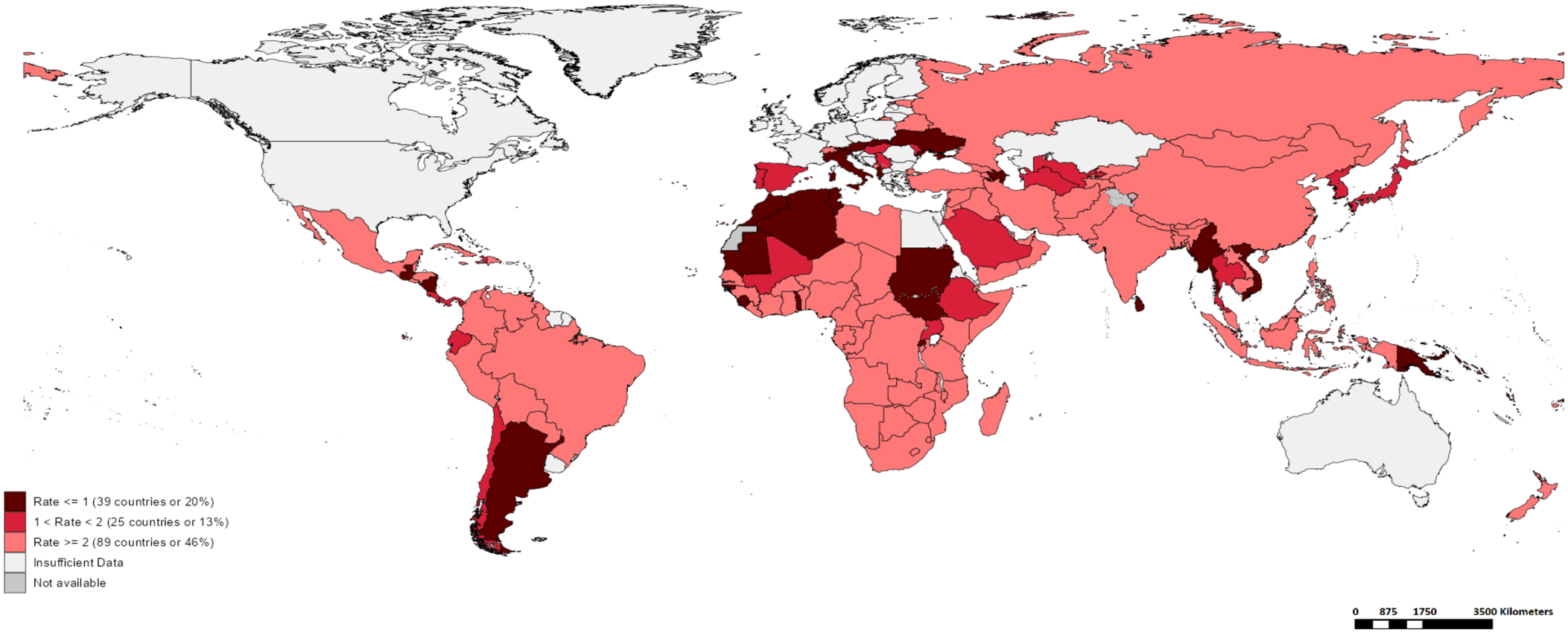
Notes: Based on data received 2026-03 - Surveillance data from 2025-08 to 2026-01 - * Countries with highest number of cases for the period - **WHO classifies all suspected measles cases reported from India as measles clinically compatible if a specimen was not collected as per the algorithm for classification 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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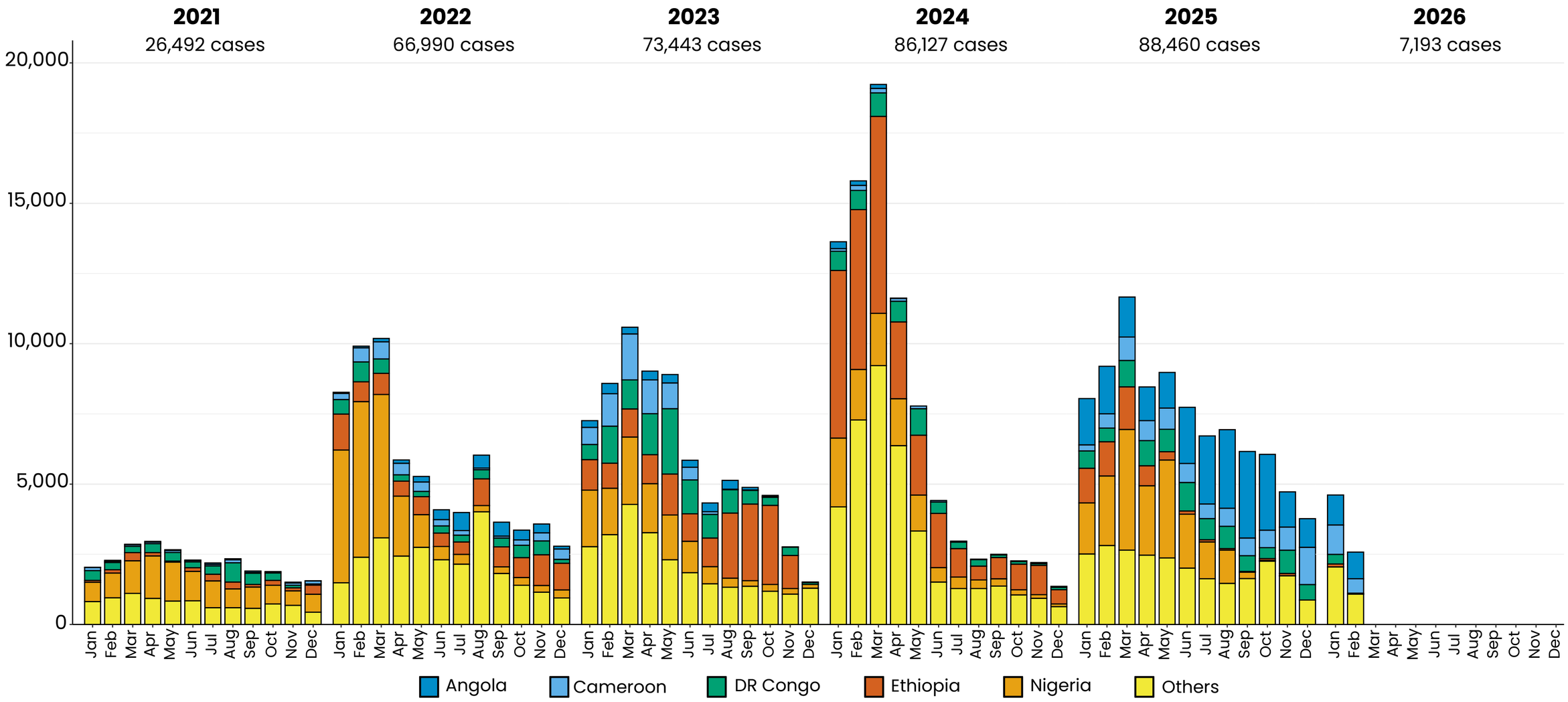
Notes: Based on data received 2026-03 - Surveillance data from 2025-02 to 2026-01 - Target: >= 2 discarded cases* / 100,000 population** - * Suspected cases investigated and discarded as non-measles non-rubella using laboratory testing and/or epidemiological linkage to another etiology ** World population prospects, 2019 revision

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.

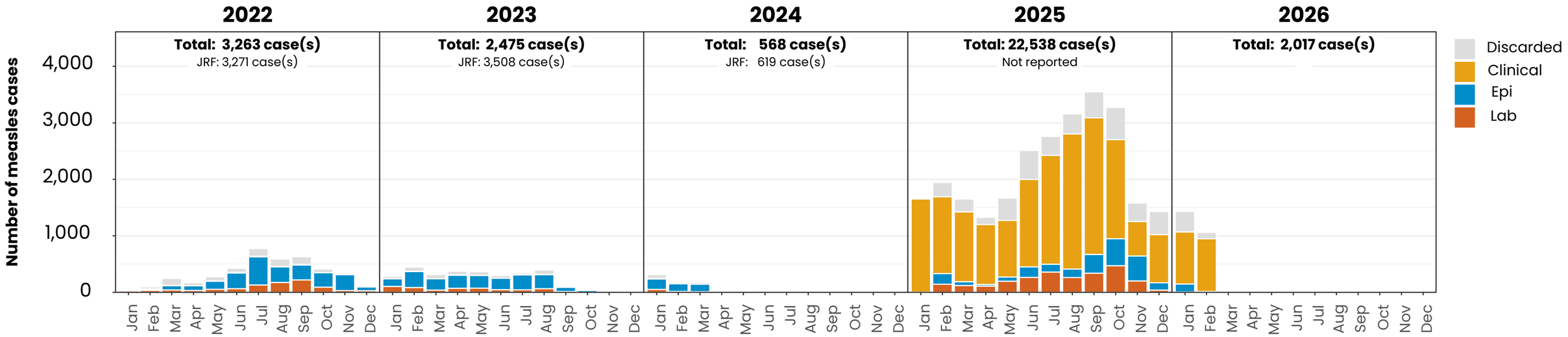
Measles case distribution (AFR), 2021–2026

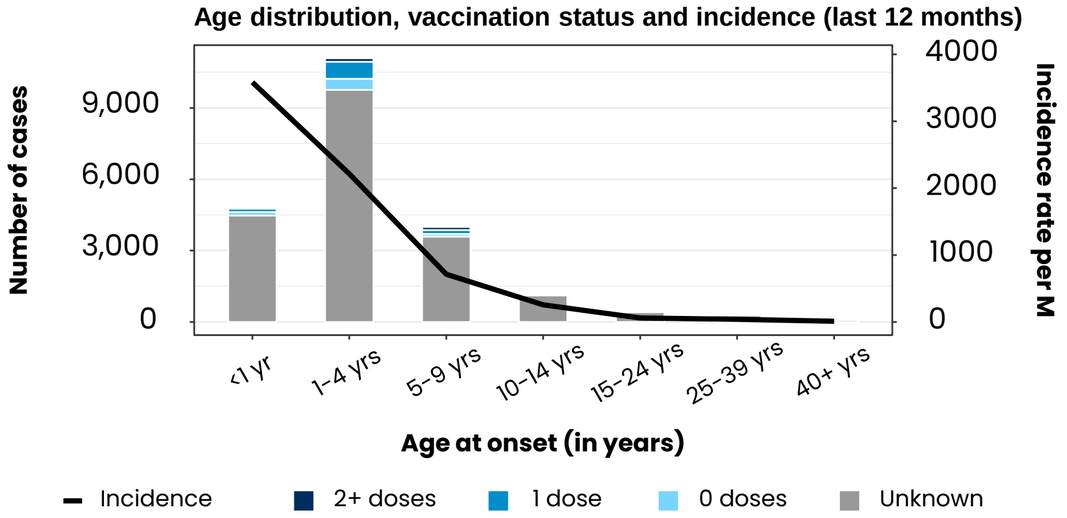


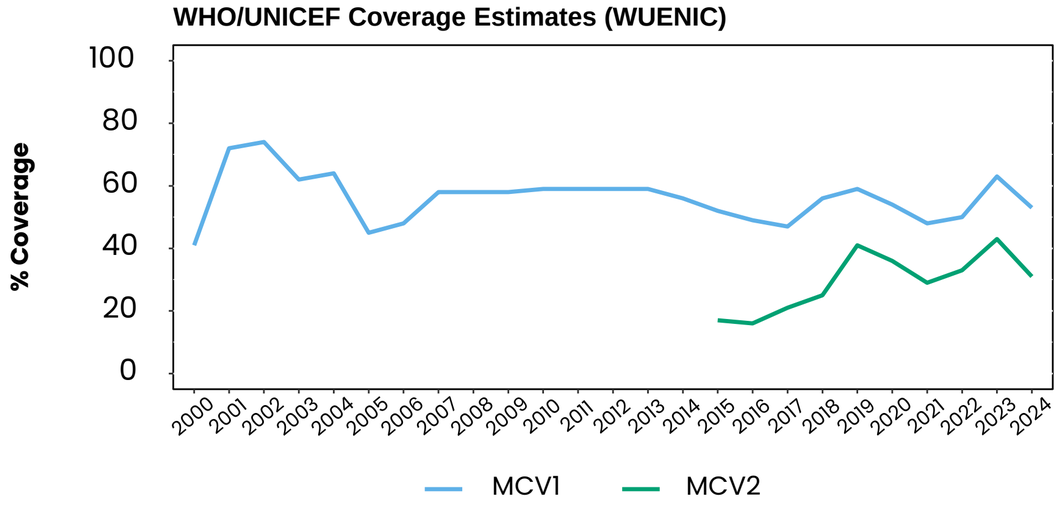
Based on data received 2026-03 - Data Source: IVB Database

Measles cases: Angola

ELIMINATION STATUS: **ENDEMIC**



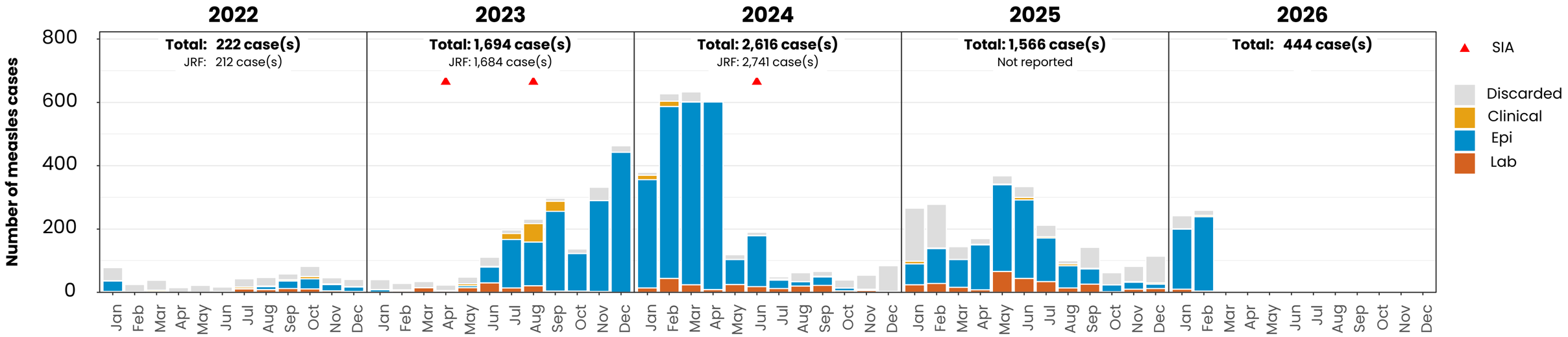


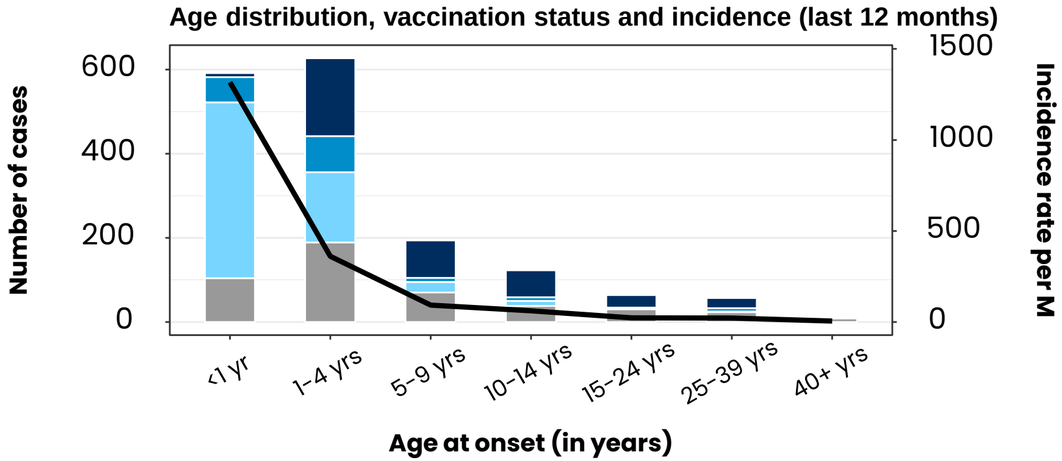


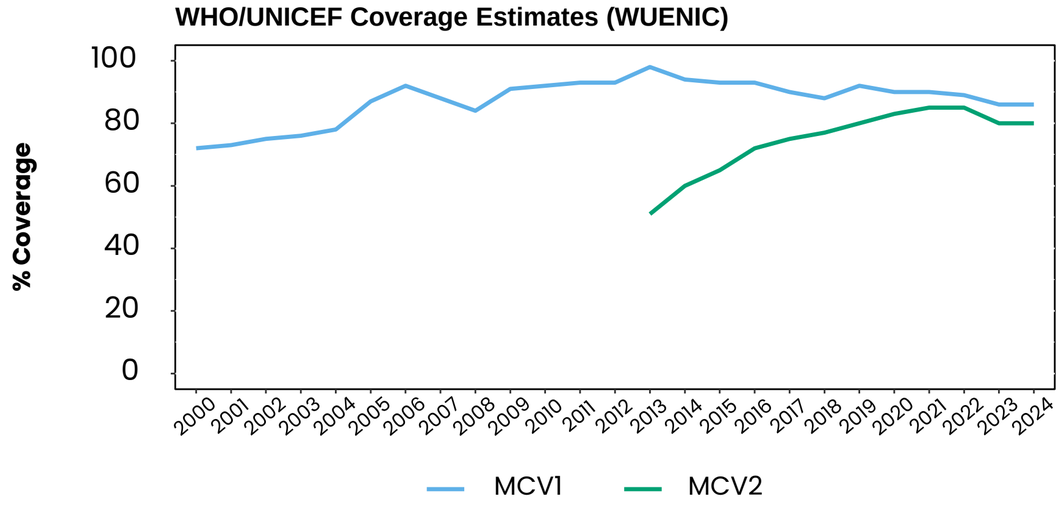
Based on data received 2026-03 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Measles cases: Burundi

ELIMINATION STATUS: **ENDEMIC**







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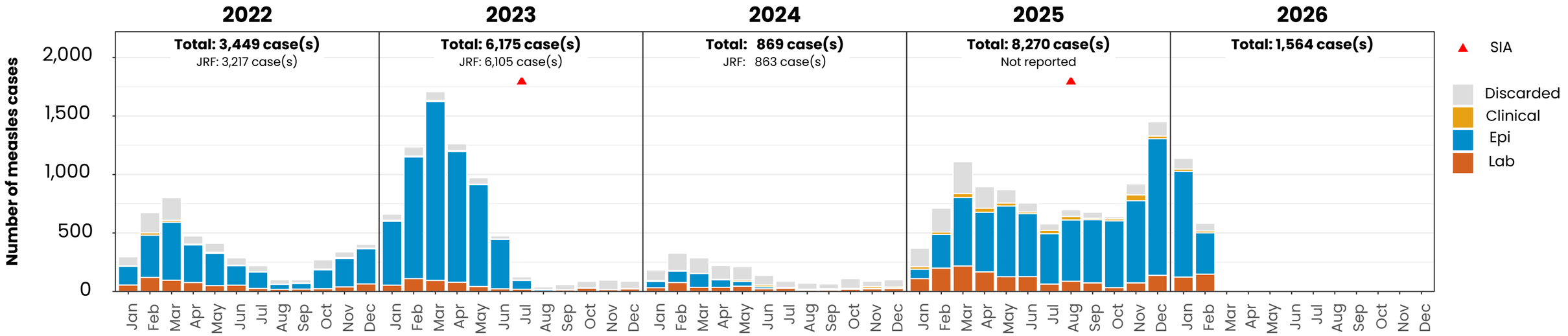
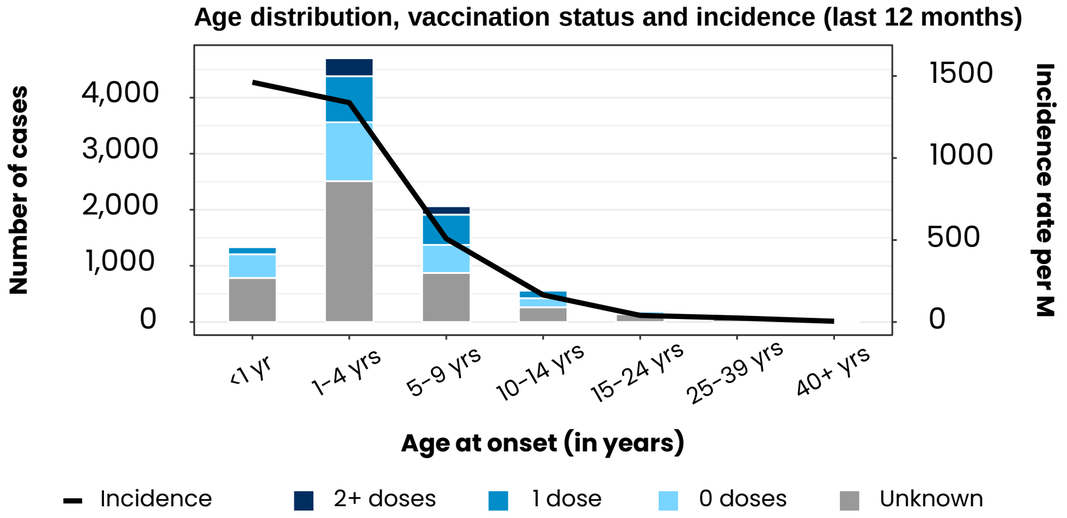
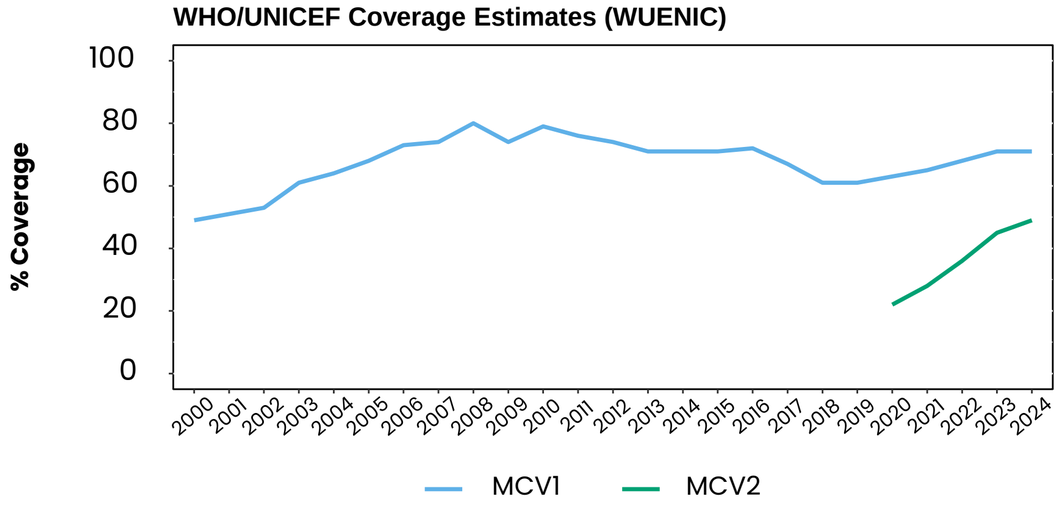
Measles cases: Cameroon

ELIMINATION STATUS: **ENDEMIC**







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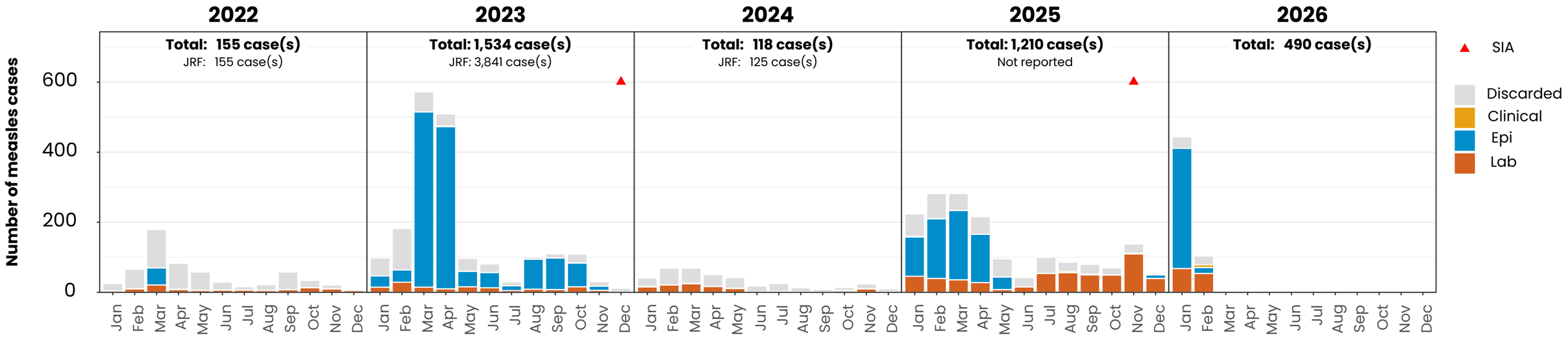
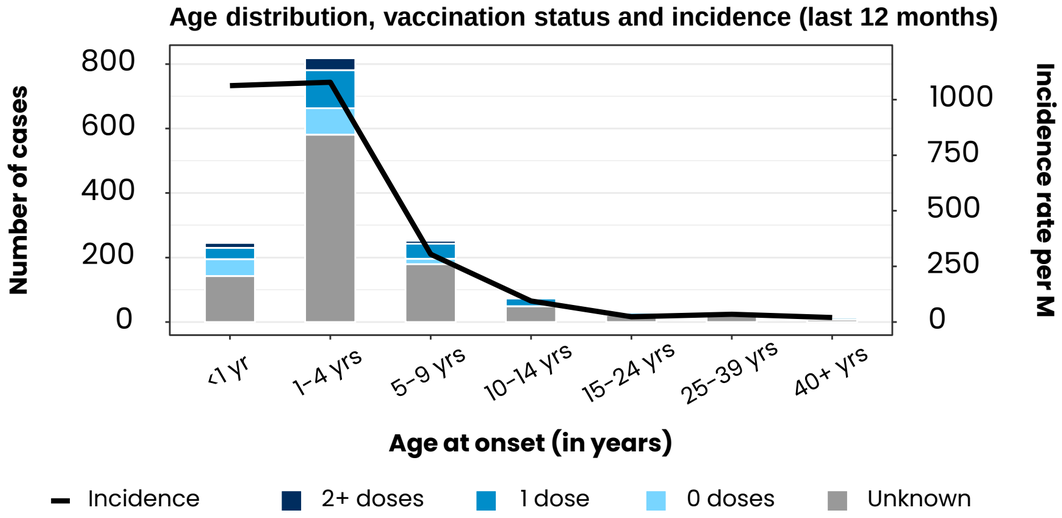
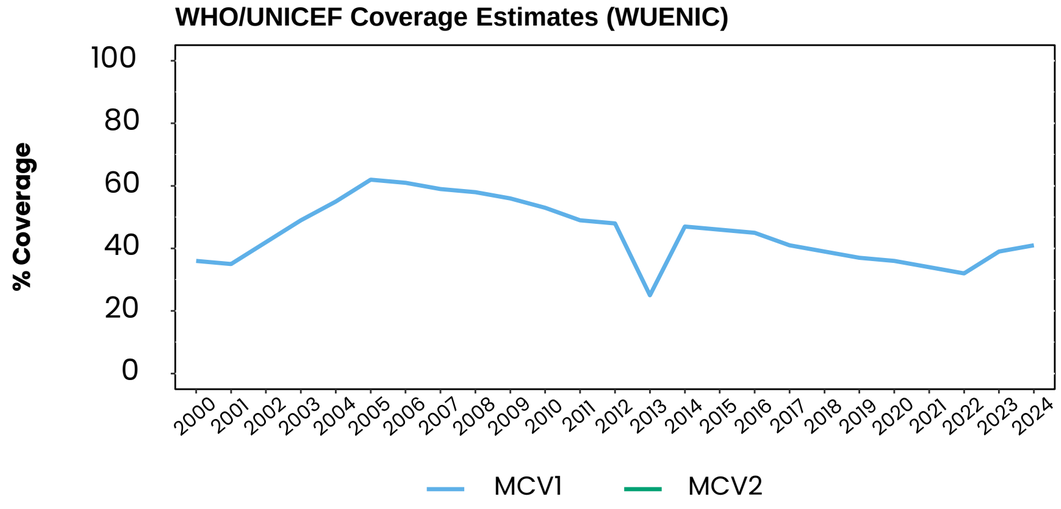
Measles cases: Central African Republic

ELIMINATION STATUS: **ENDEMIC**







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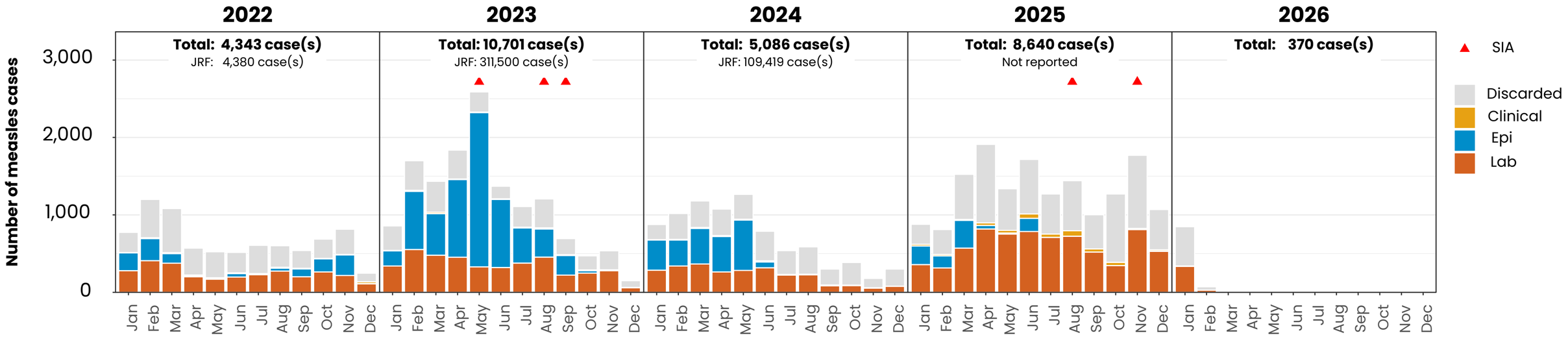
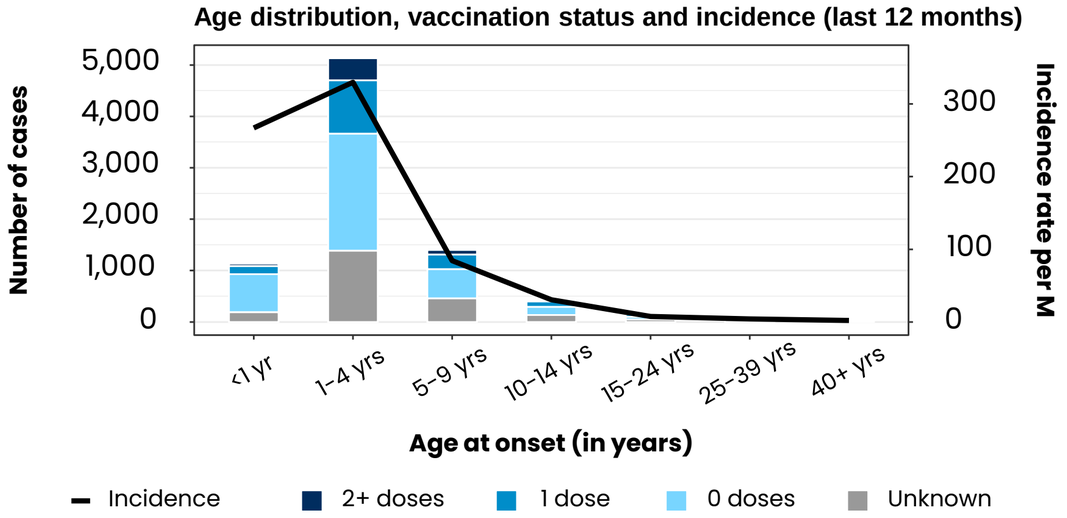
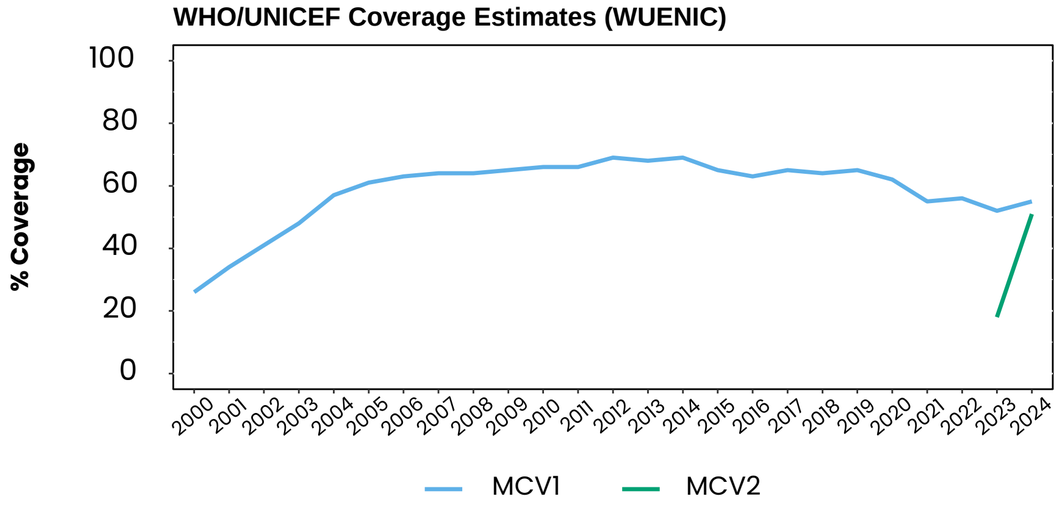
Measles cases: Democratic Republic of the Congo

ELIMINATION STATUS: **ENDEMIC**







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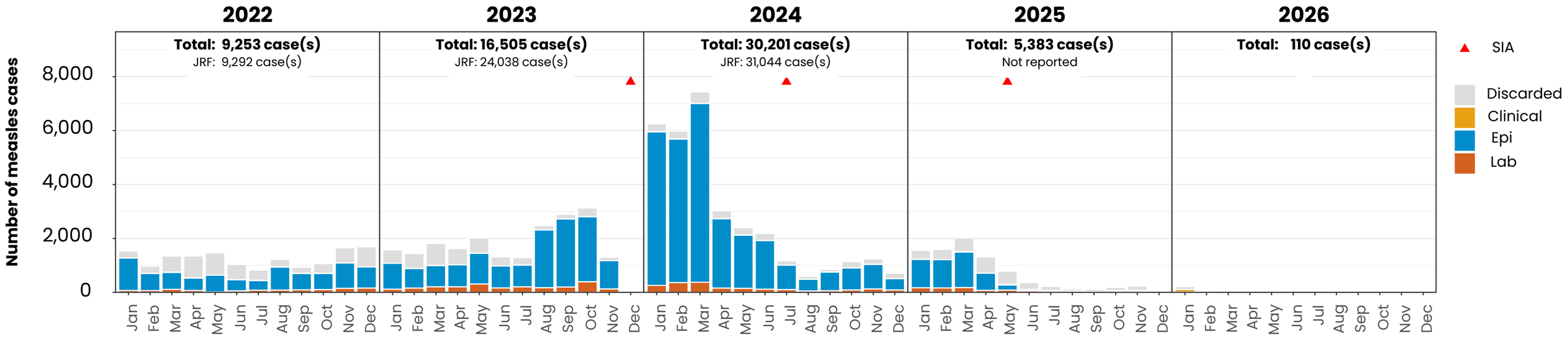
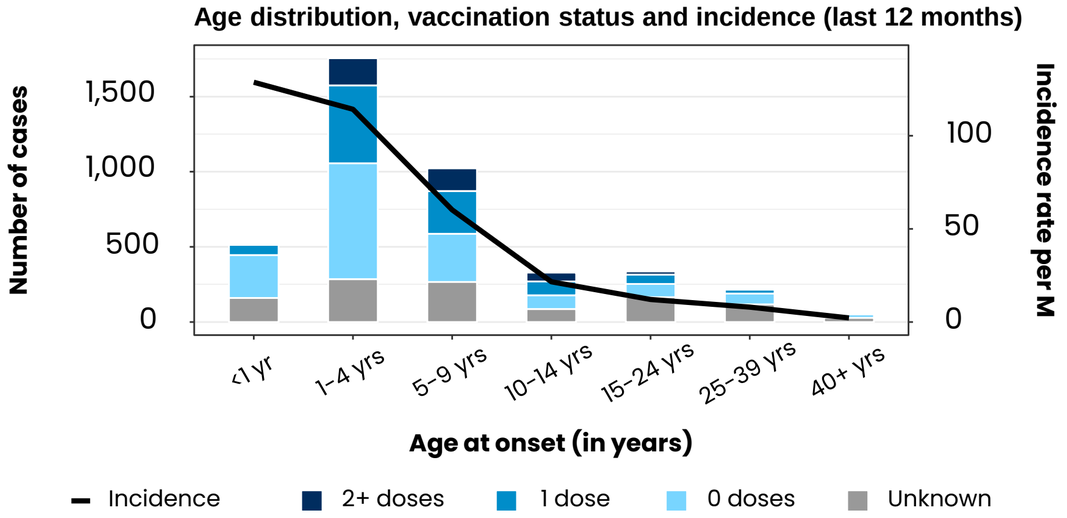
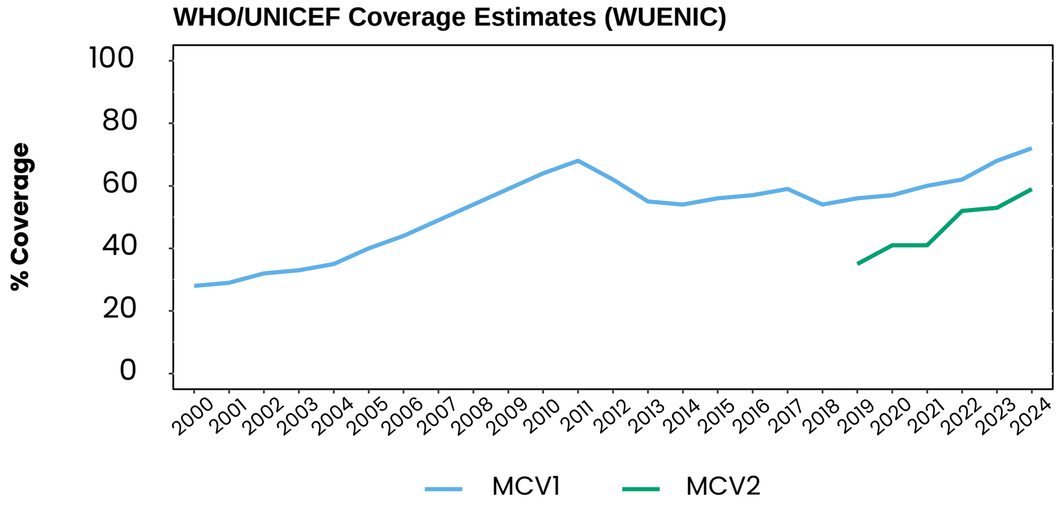
Measles cases: Ethiopia

ELIMINATION STATUS: **ENDEMIC**



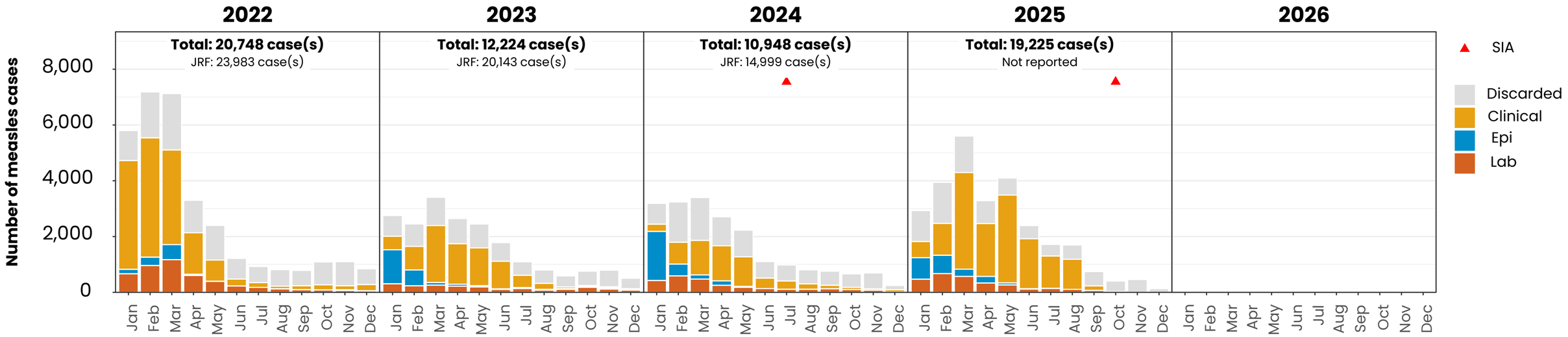


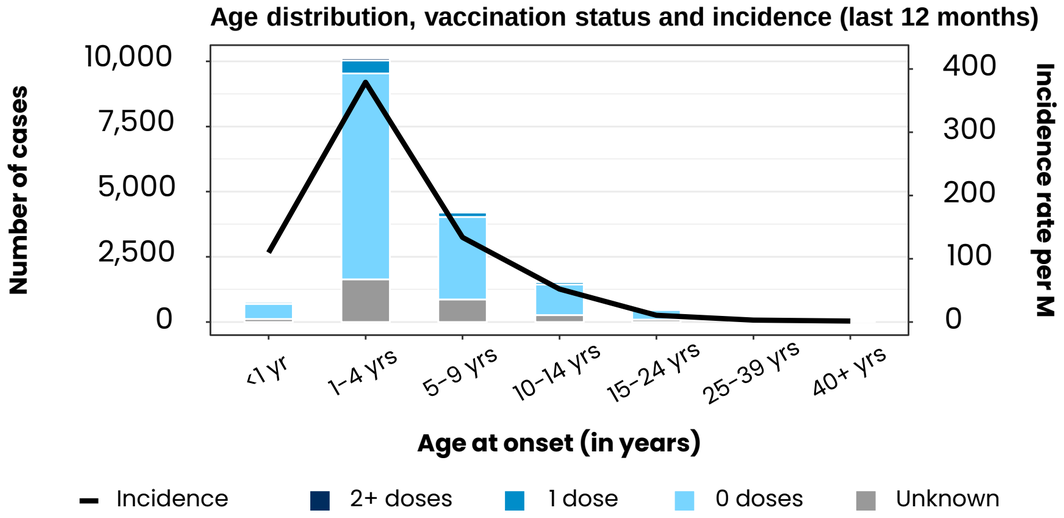


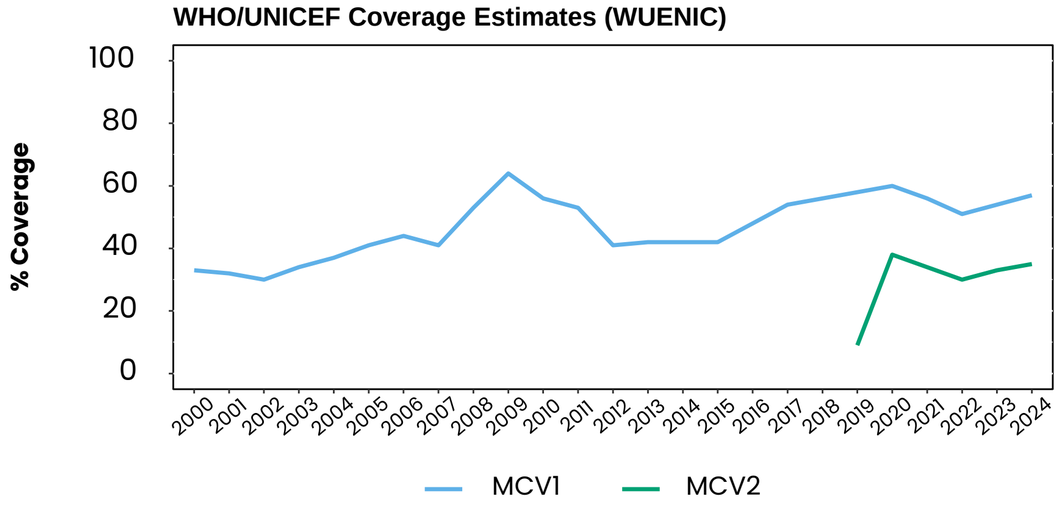
Based on data received 2026-03 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Measles cases: Nigeria

ELIMINATION STATUS: **ENDEMIC**

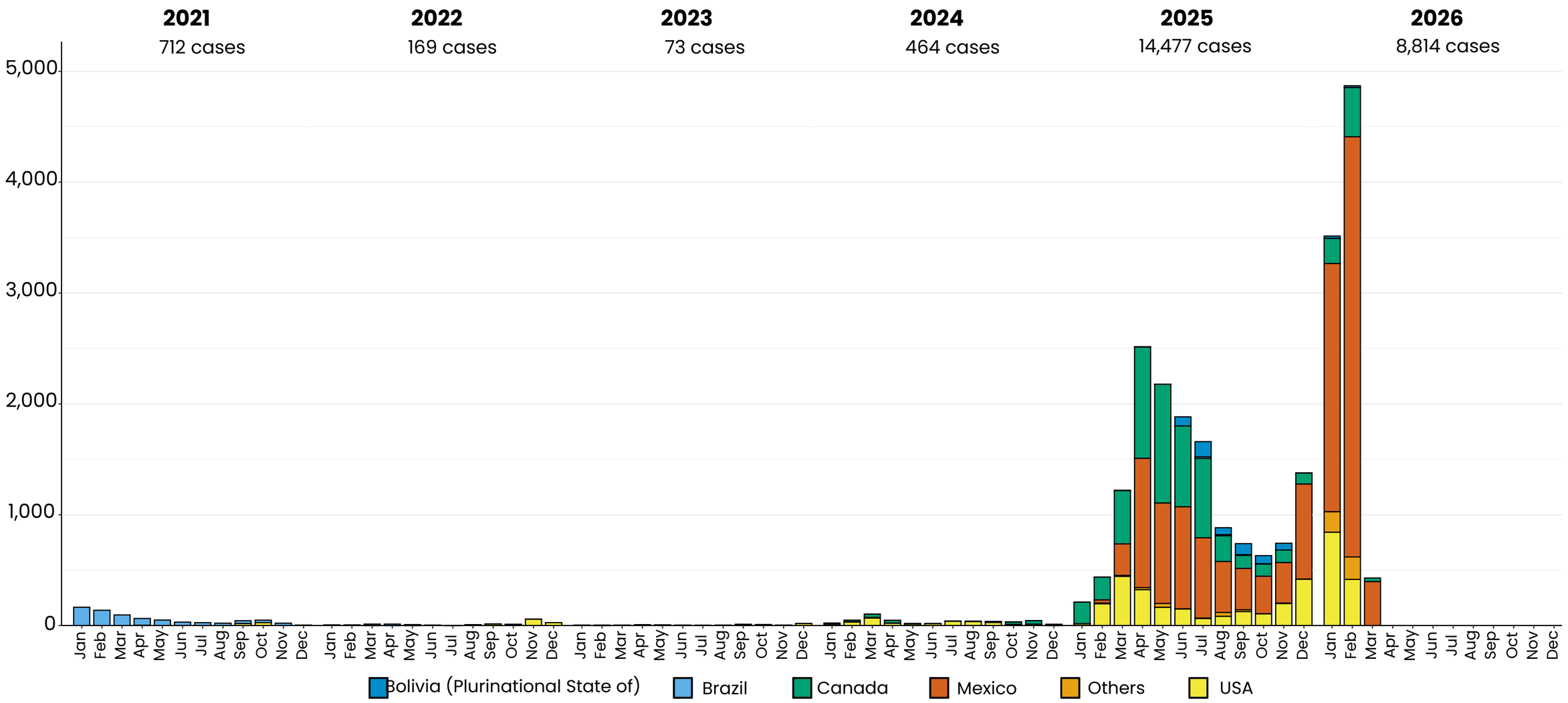






Based on data received 2026-03 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

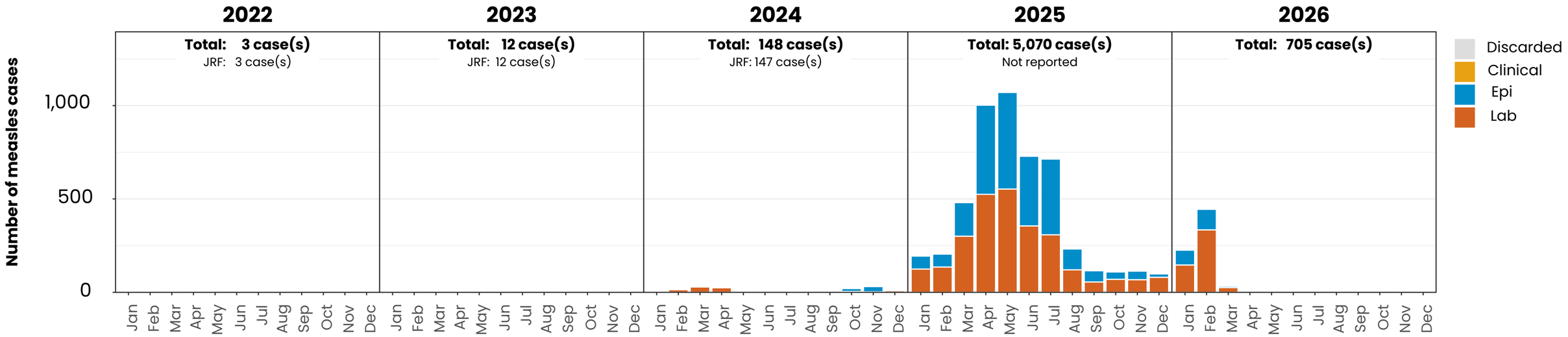
Measles case distribution (AMR), 2021-2026

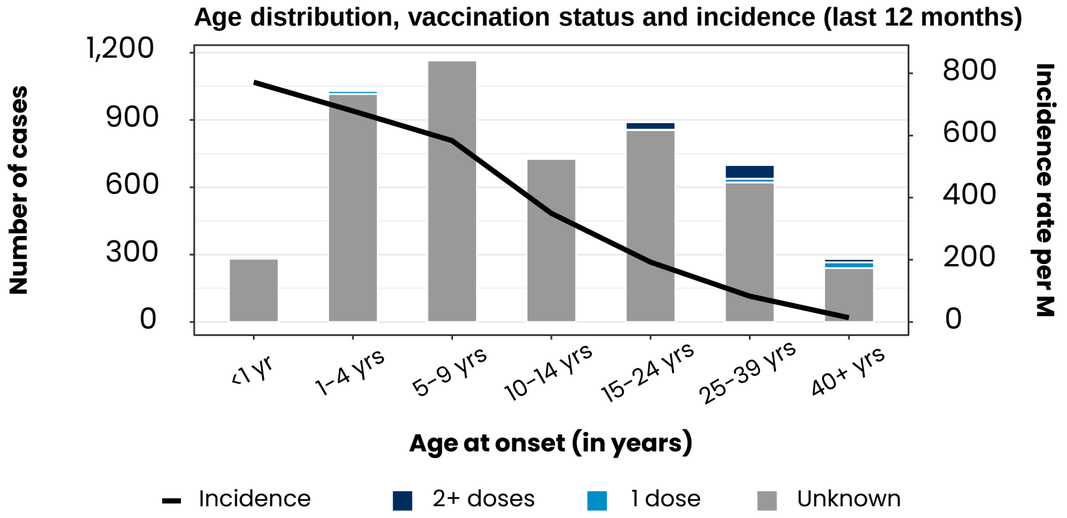


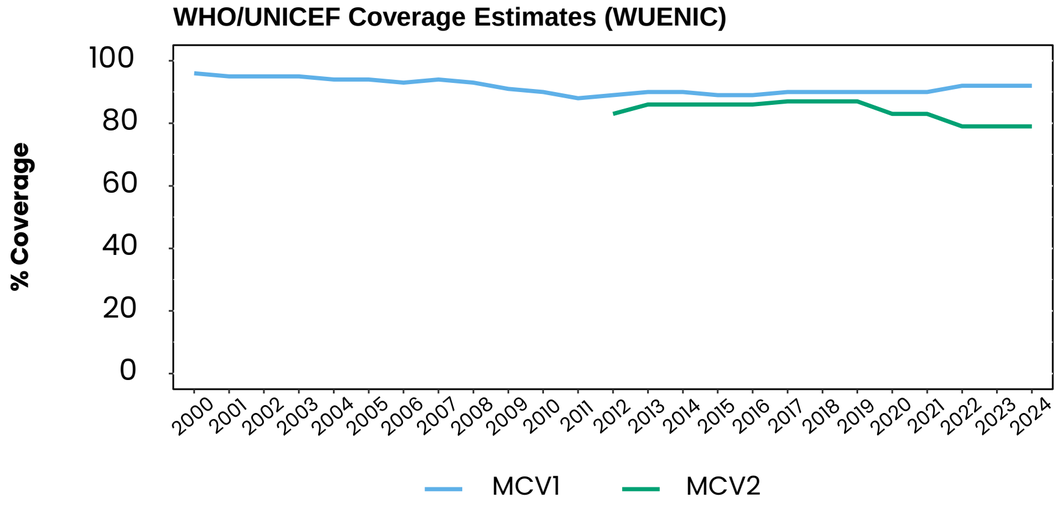
Based on data received 2026-03 - Data Source: IVB Database

Measles cases: Canada

ELIMINATION STATUS: **RE-ESTABLISHED**



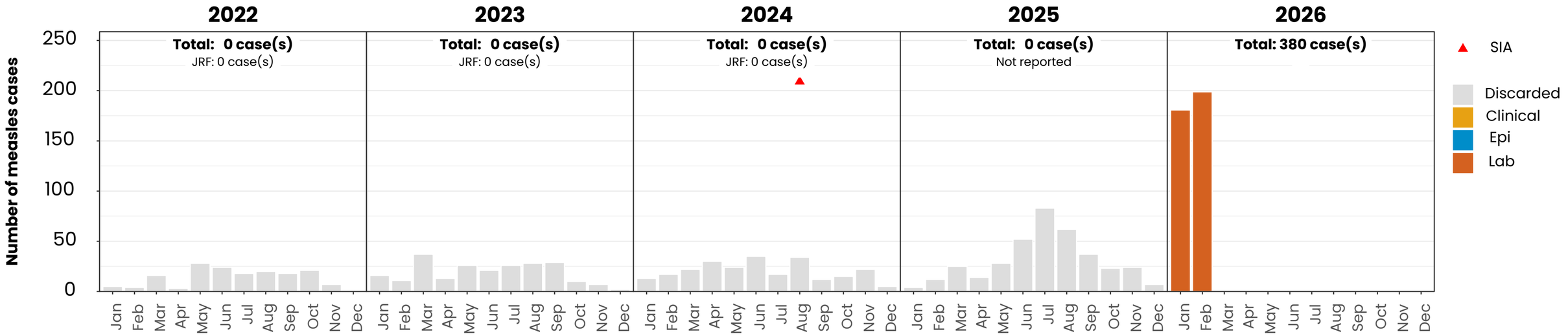


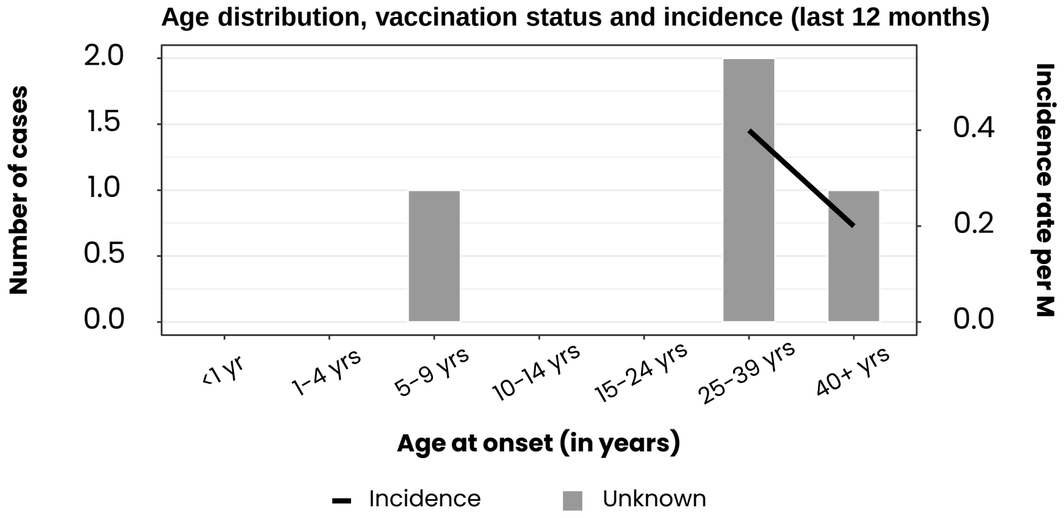


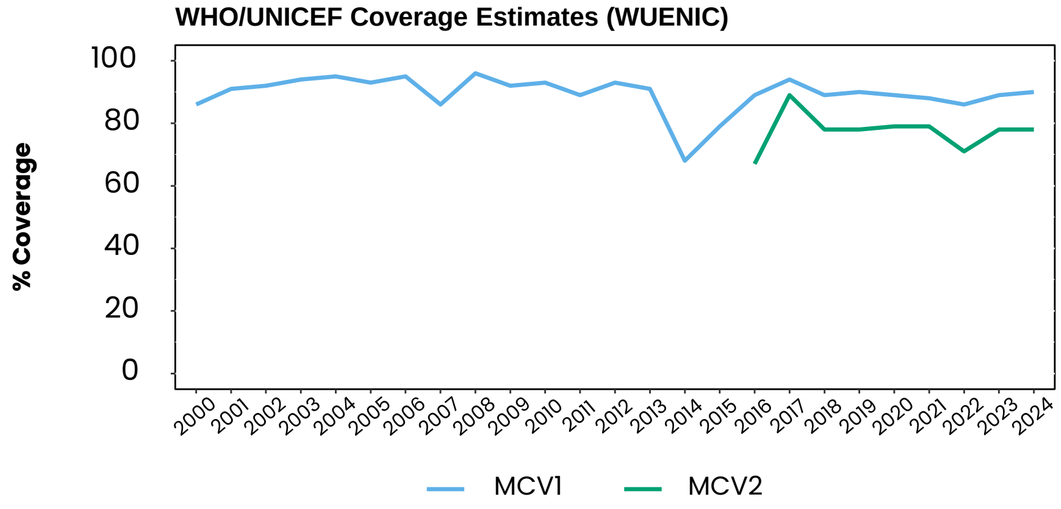
Based on data received 2026-03 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Measles cases: Guatemala

ELIMINATION STATUS: **VERIFIED**



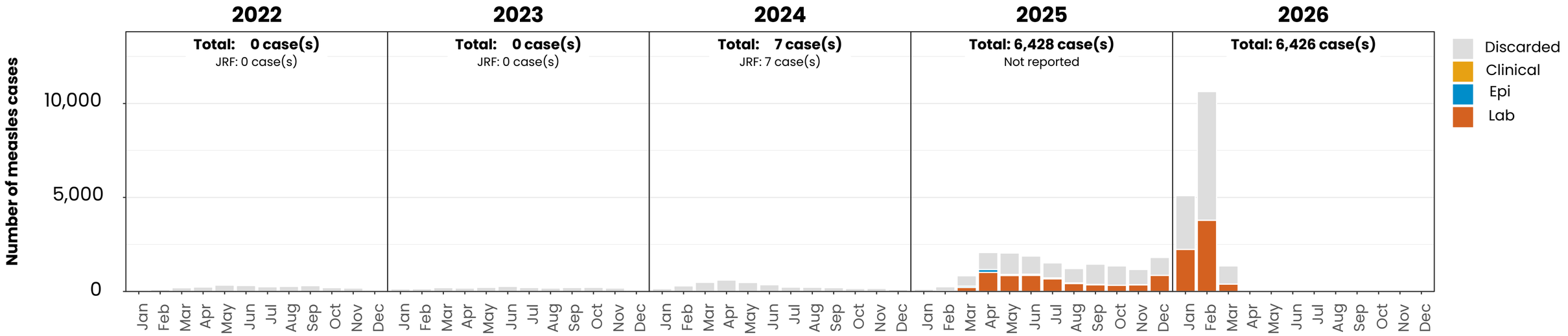


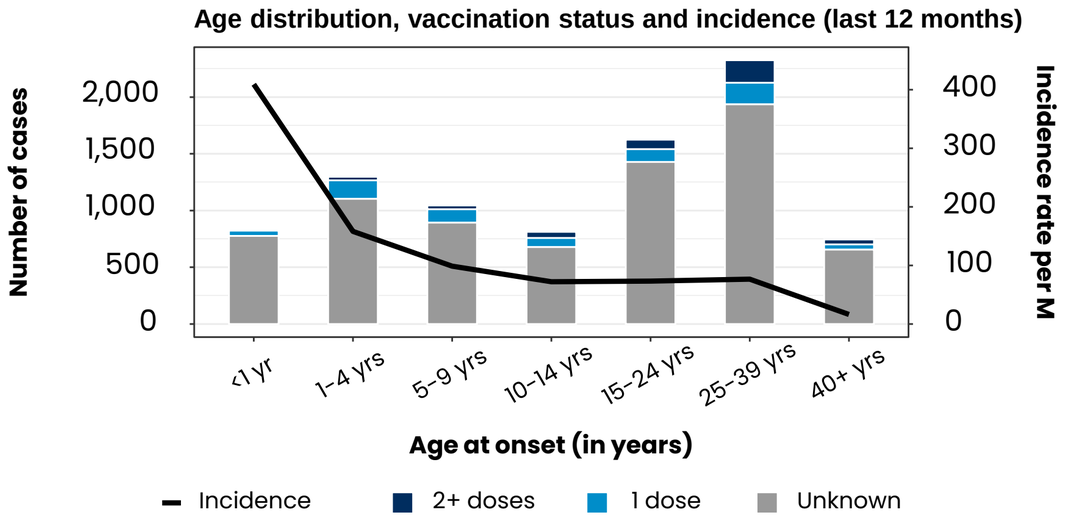


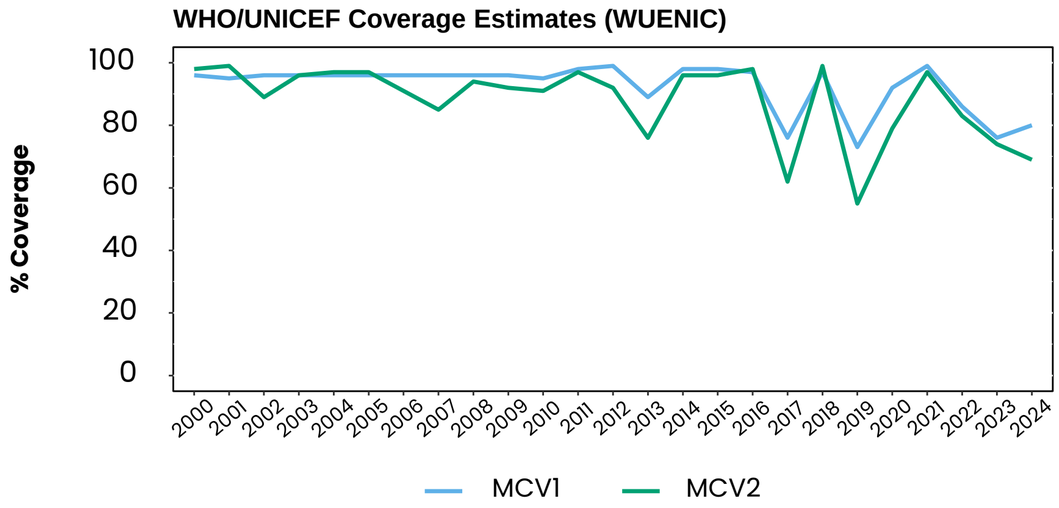
Based on data received 2026-03 - Data Source: IVB Database. Main epi curve was built using a combination of case-based and aggregate surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Measles cases: Mexico

ELIMINATION STATUS: **VERIFIED**



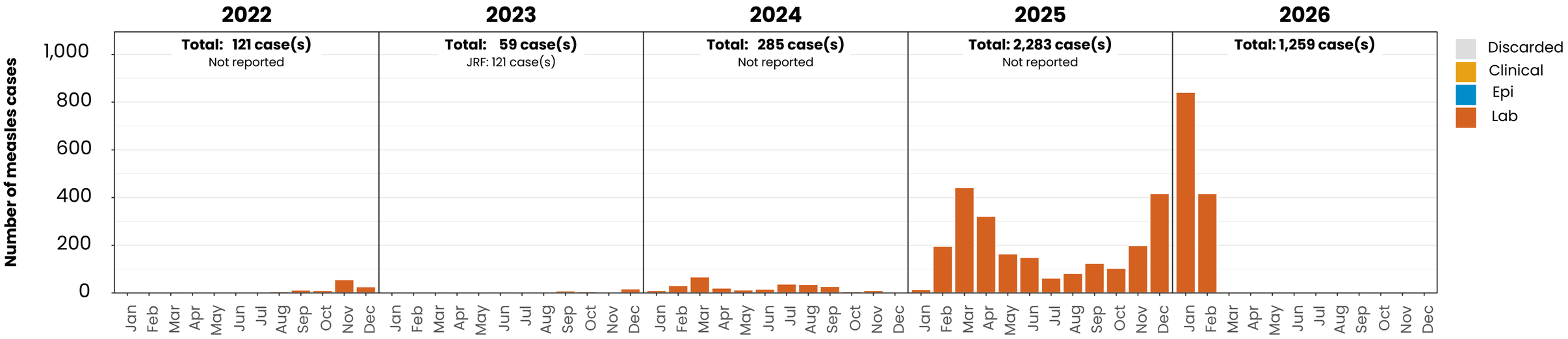




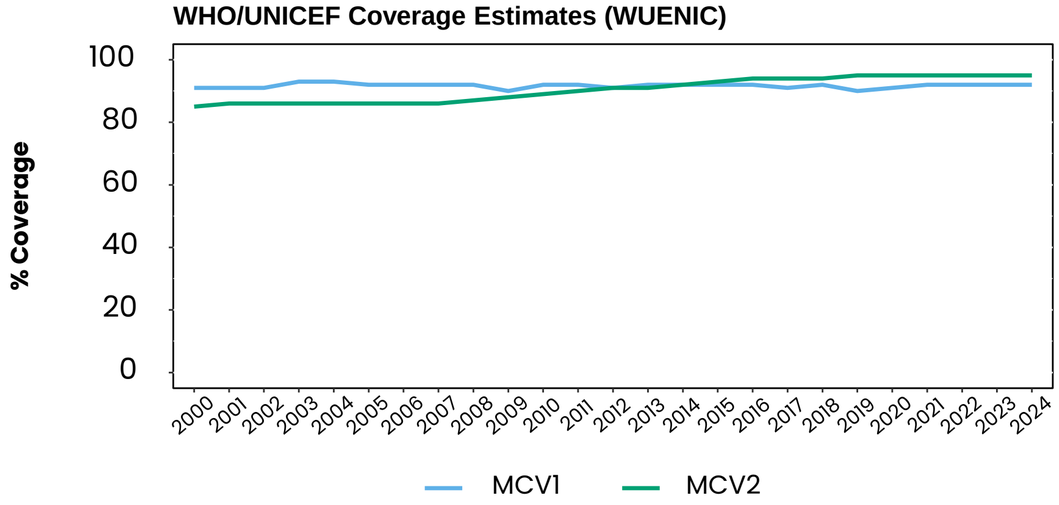
Based on data received 2026-03 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Measles cases: United States of America

ELIMINATION STATUS: **VERIFIED**

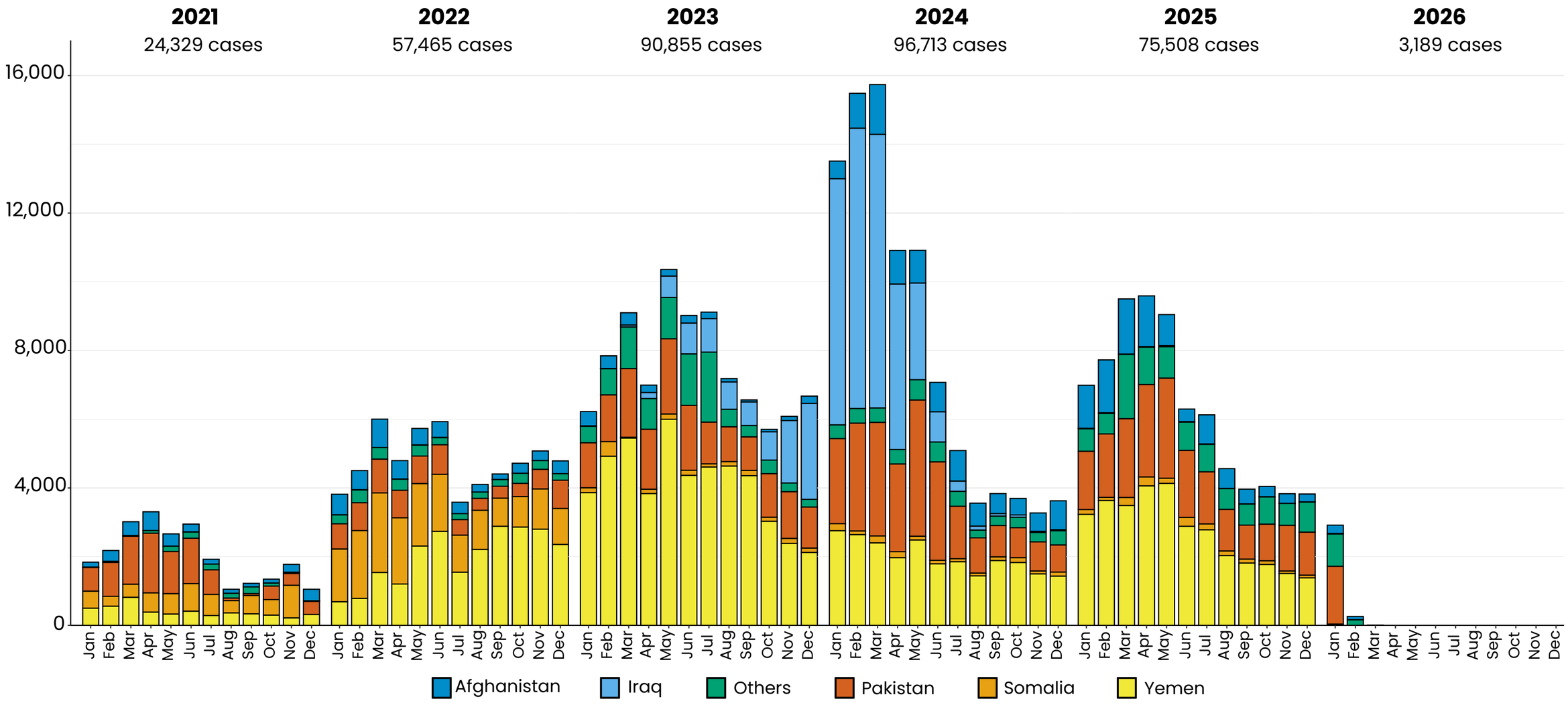


No data available or no case reported in the last 12 months



Based on data received 2026-03 - Data Source: IVB Database. Main epi curve was built using aggregate surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

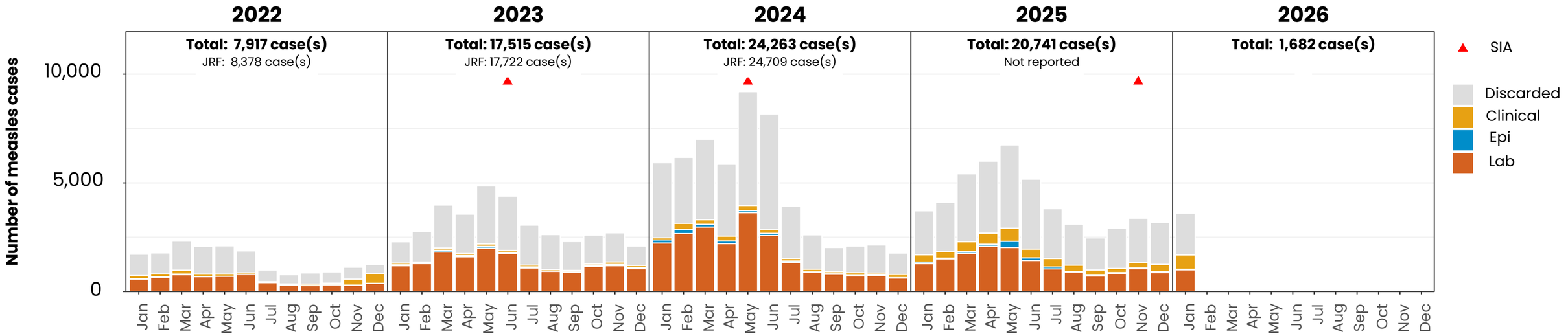
Measles case distribution (EMR), 2021-2026

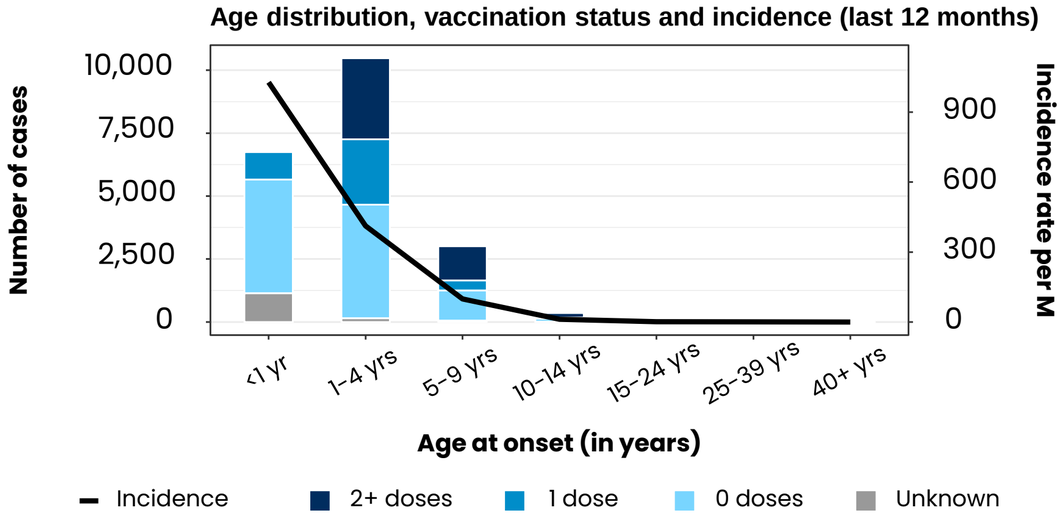


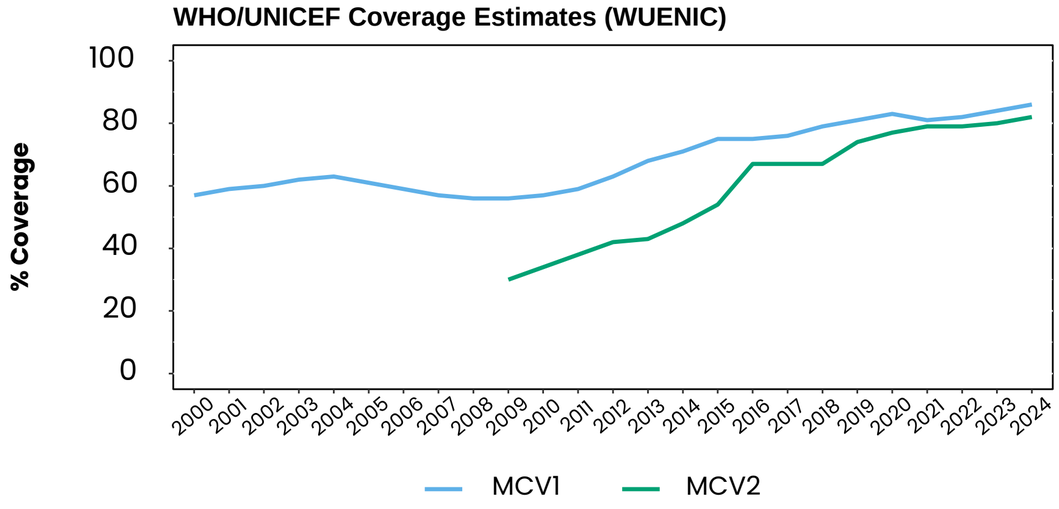
Based on data received 2026-03 - Data Source: IVB Database

Measles cases: Pakistan

ELIMINATION STATUS: **ENDEMIC**



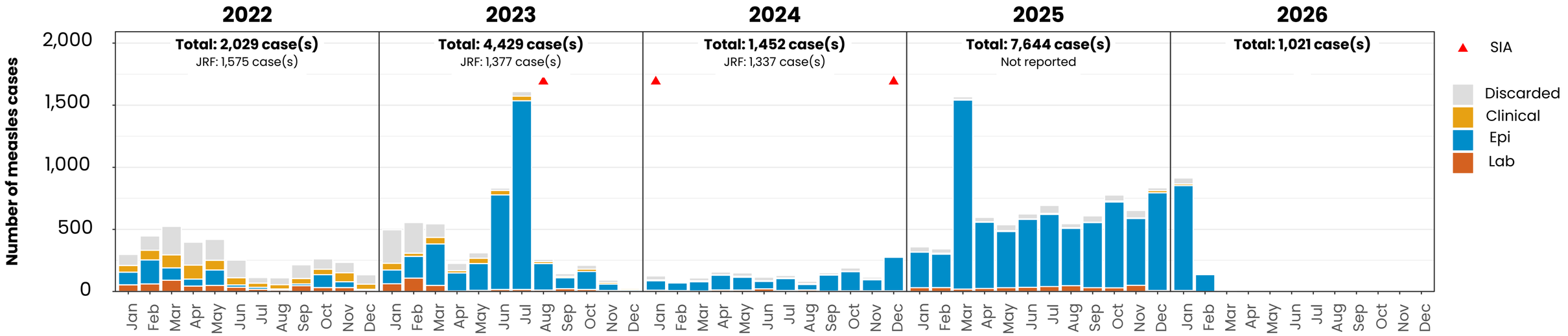


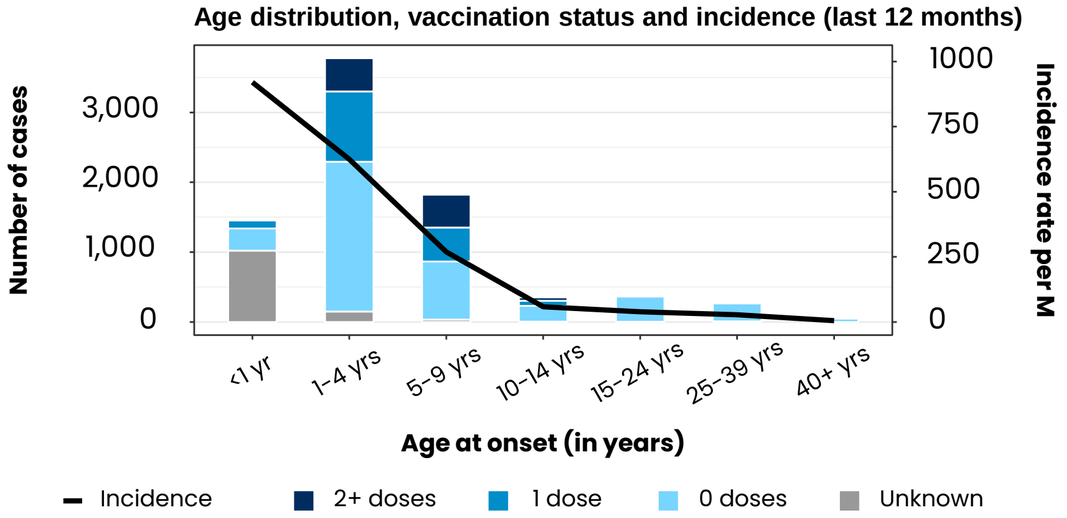


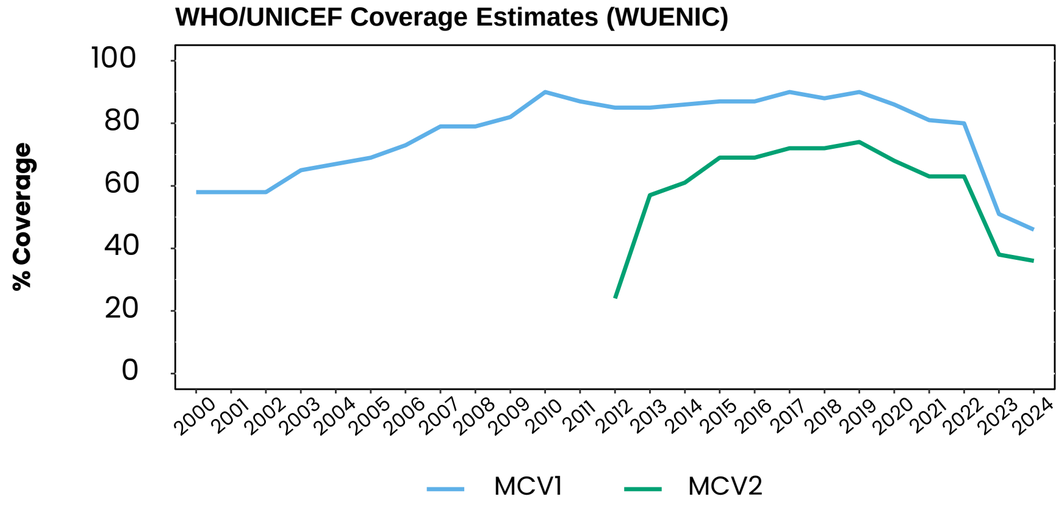
Based on data received 2026-03 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Measles cases: Sudan

ELIMINATION STATUS: **ENDEMIC**

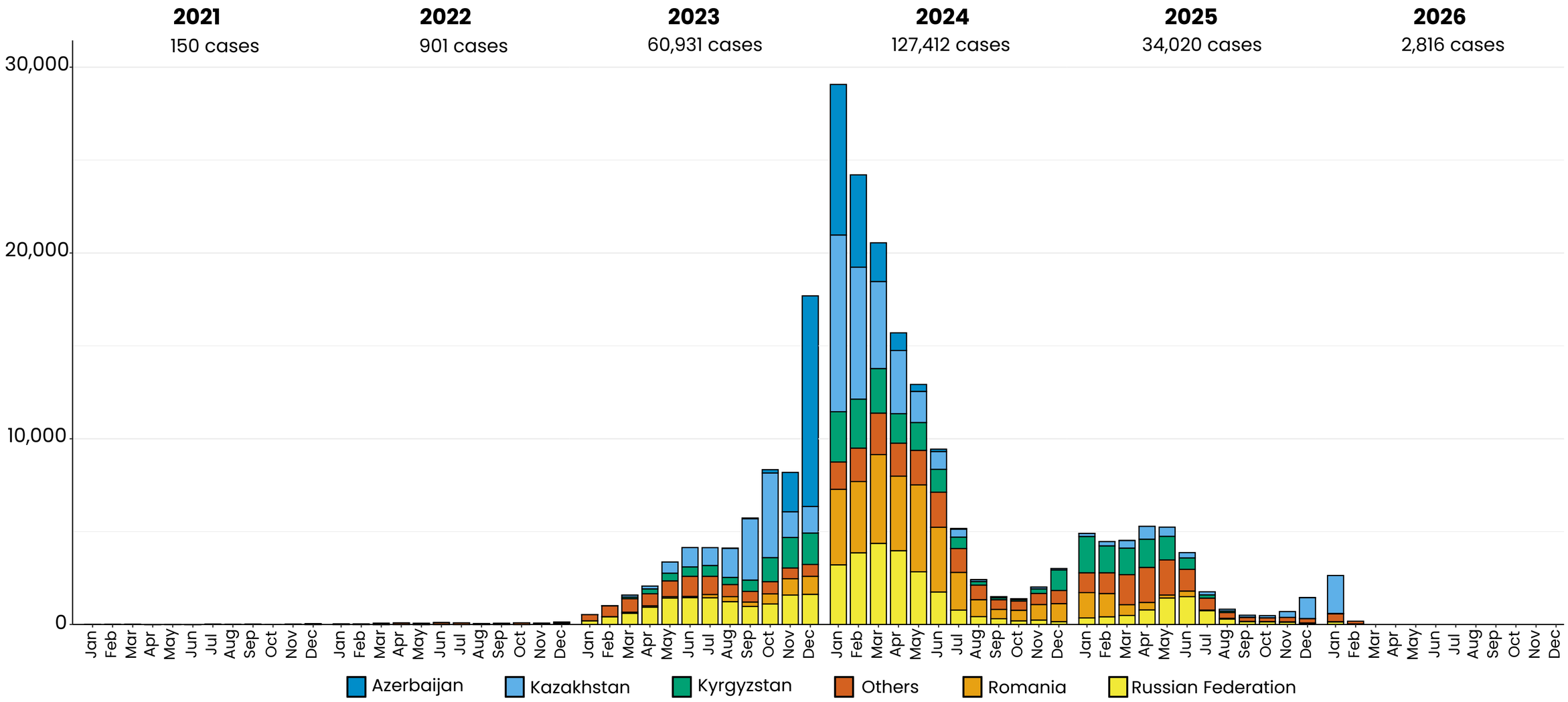






Based on data received 2026-03 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

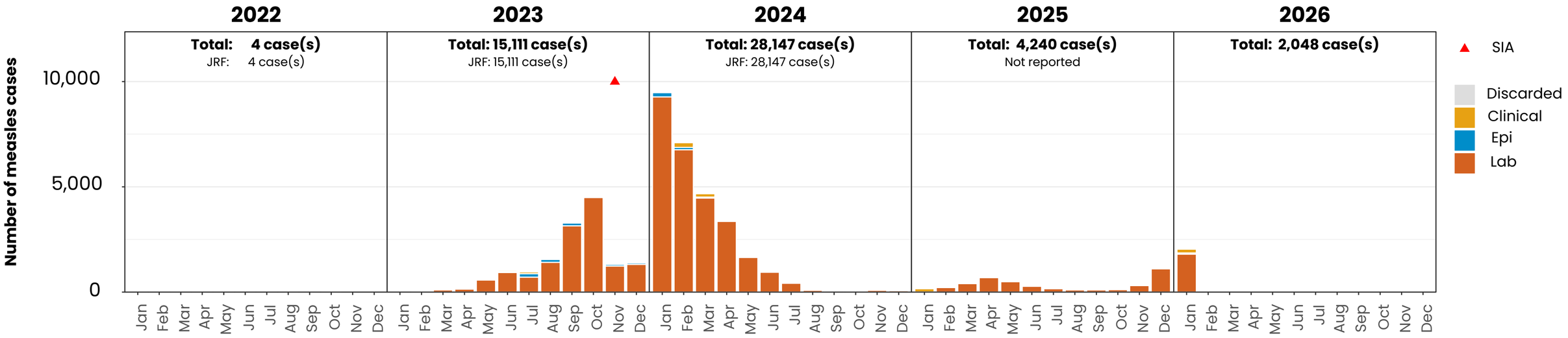
Measles case distribution (EUR), 2021-2026



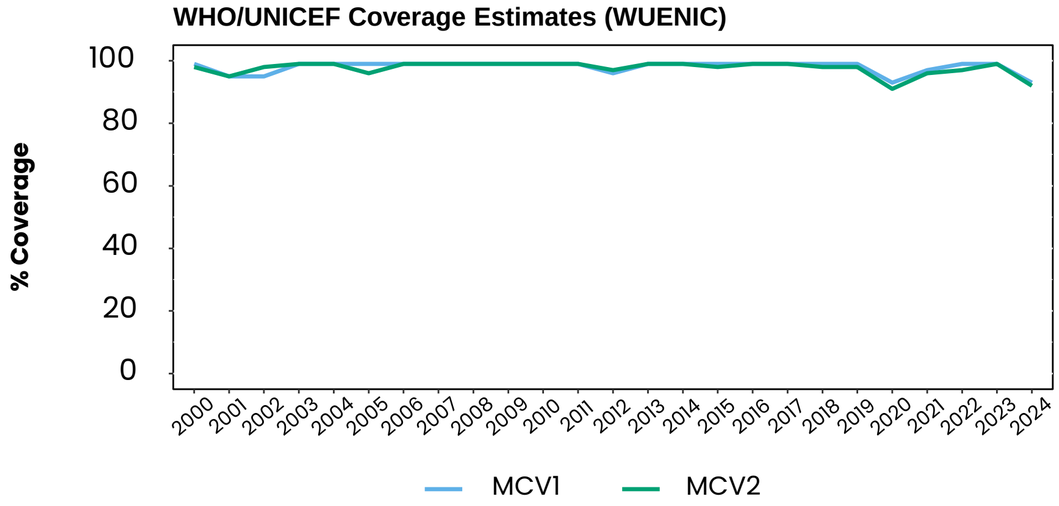
Based on data received 2026-03 - Data Source: IVB Database

Measles cases: Kazakhstan

ELIMINATION STATUS: **ENDEMIC**

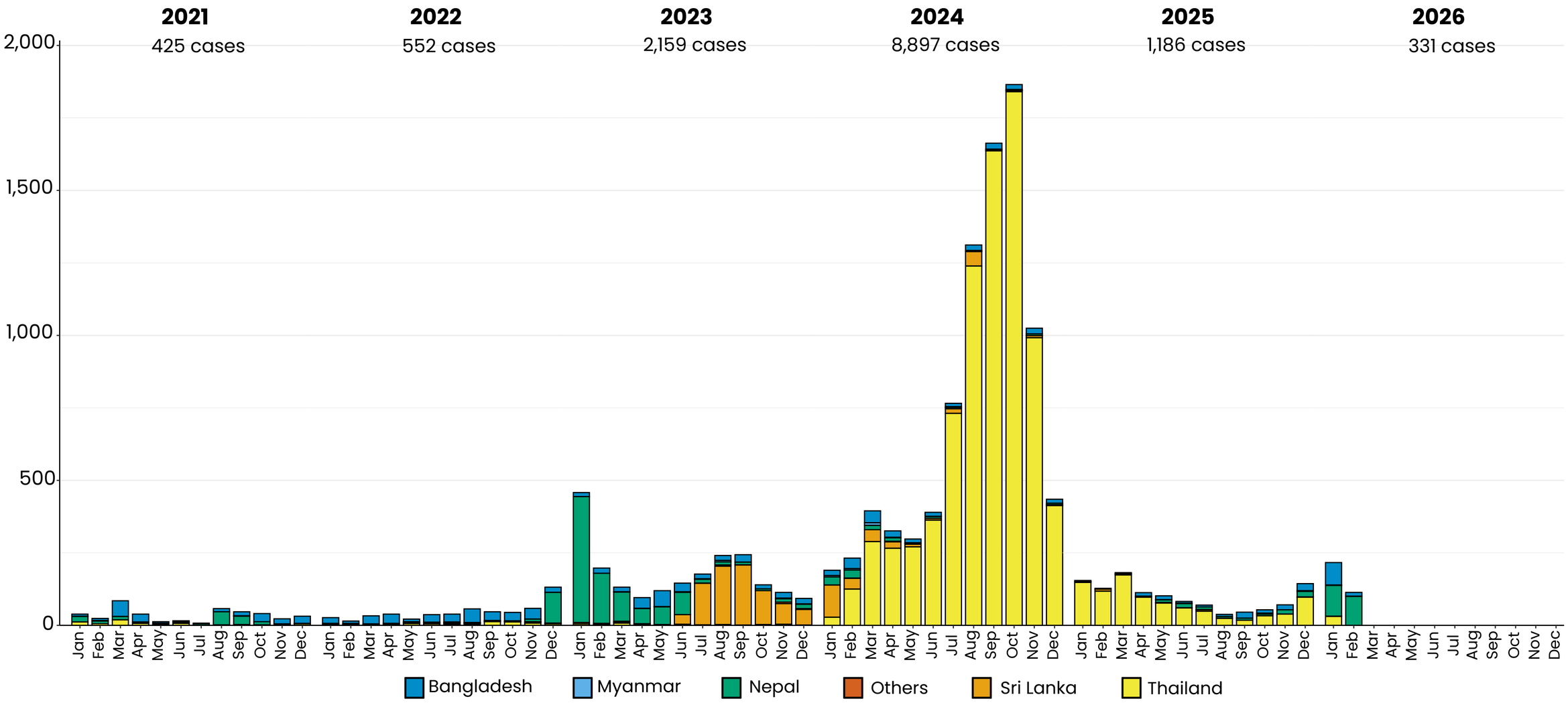


No data available or no case reported in the last 12 months



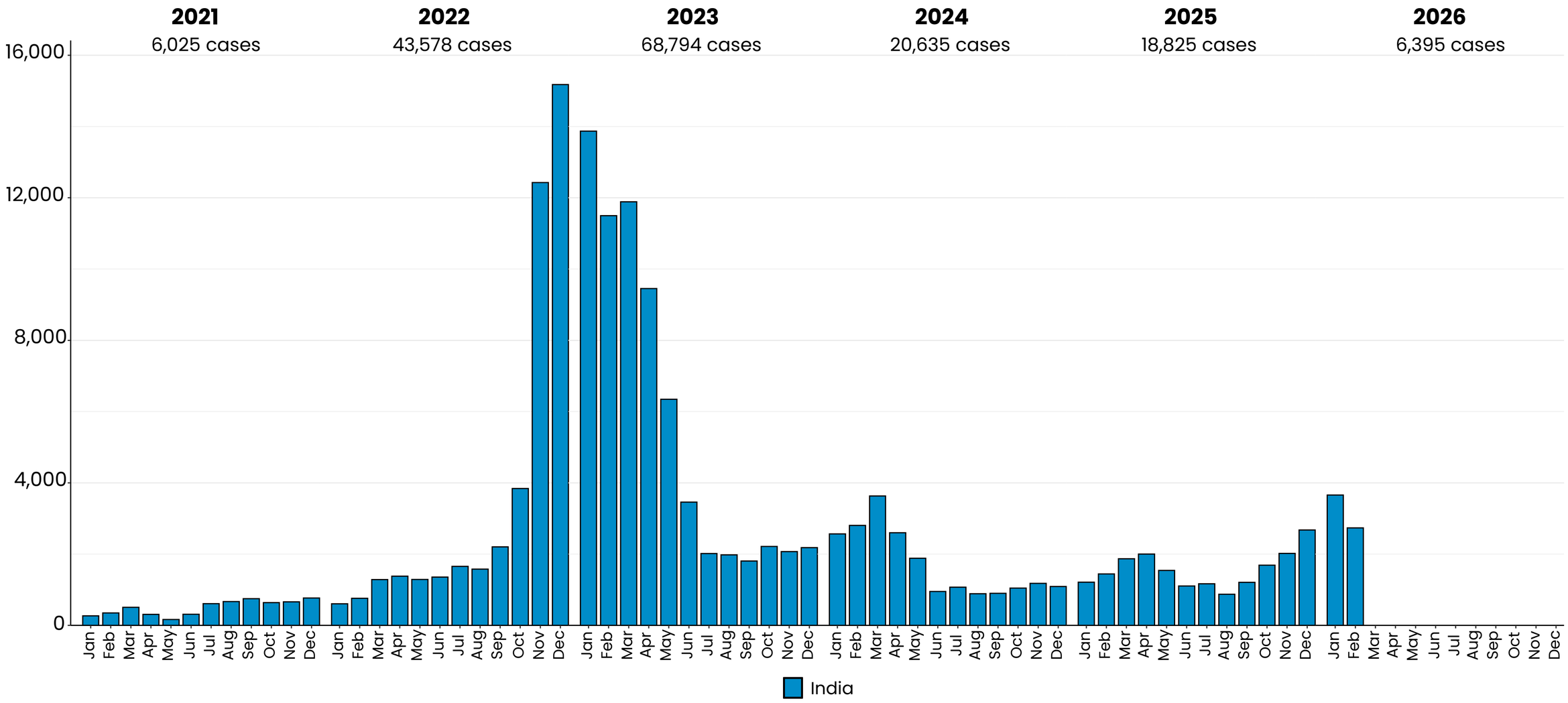
Based on data received 2026-03 - Data Source: IVB Database. Main epi curve was built using aggregate surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

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



Based on data received 2026-03 - Data Source: IVB Database

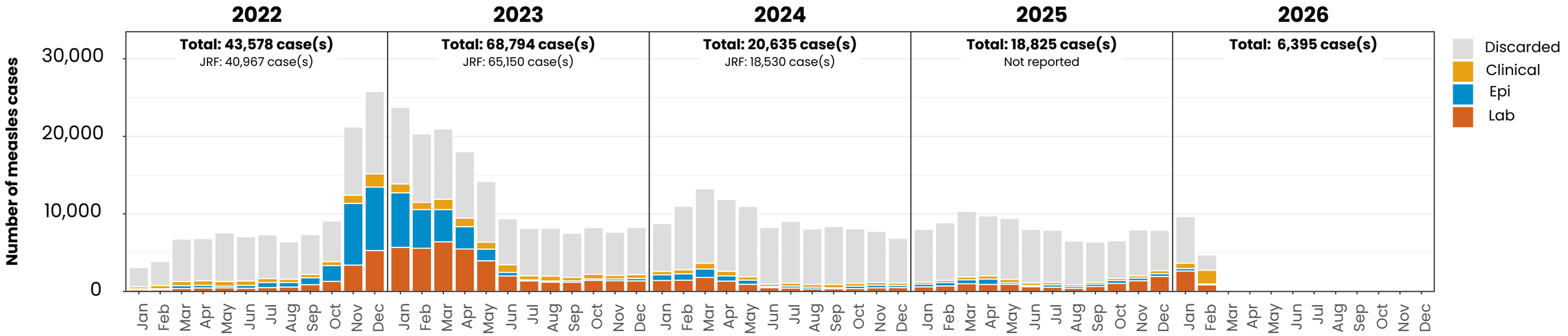
Measles case distribution (SEAR, India), 2021-2026

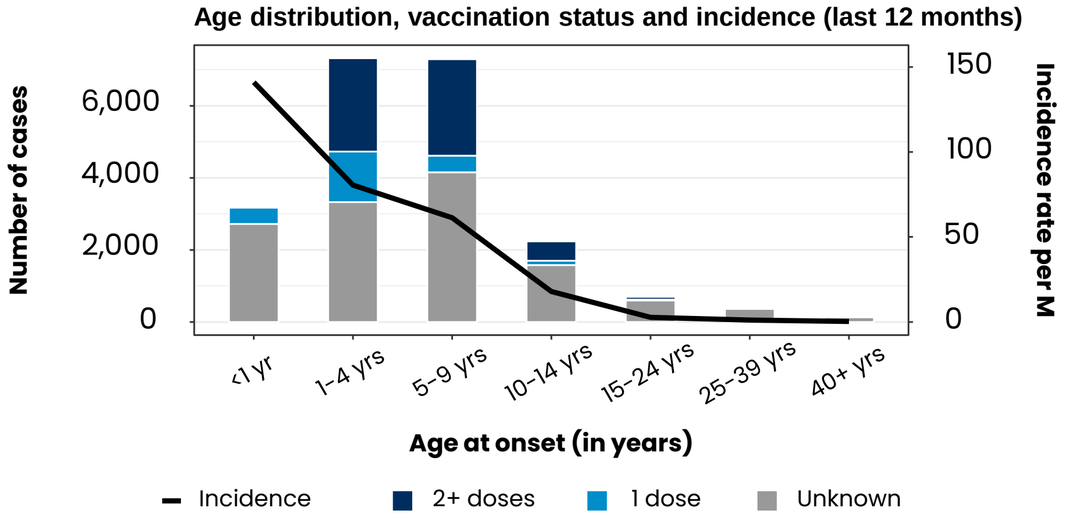


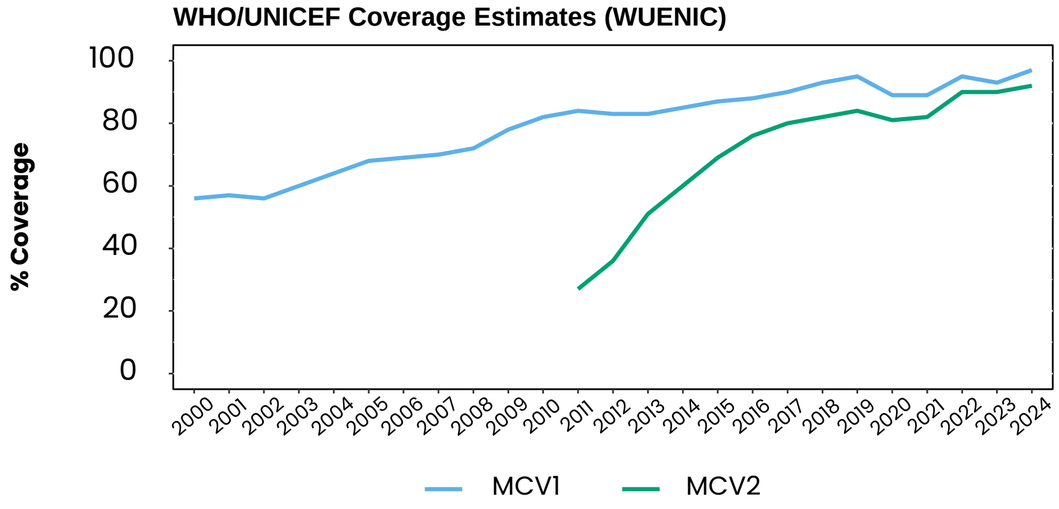
Based on data received 2026-03 - Data Source: IVB Database

Measles cases: India

ELIMINATION STATUS: **ENDEMIC**







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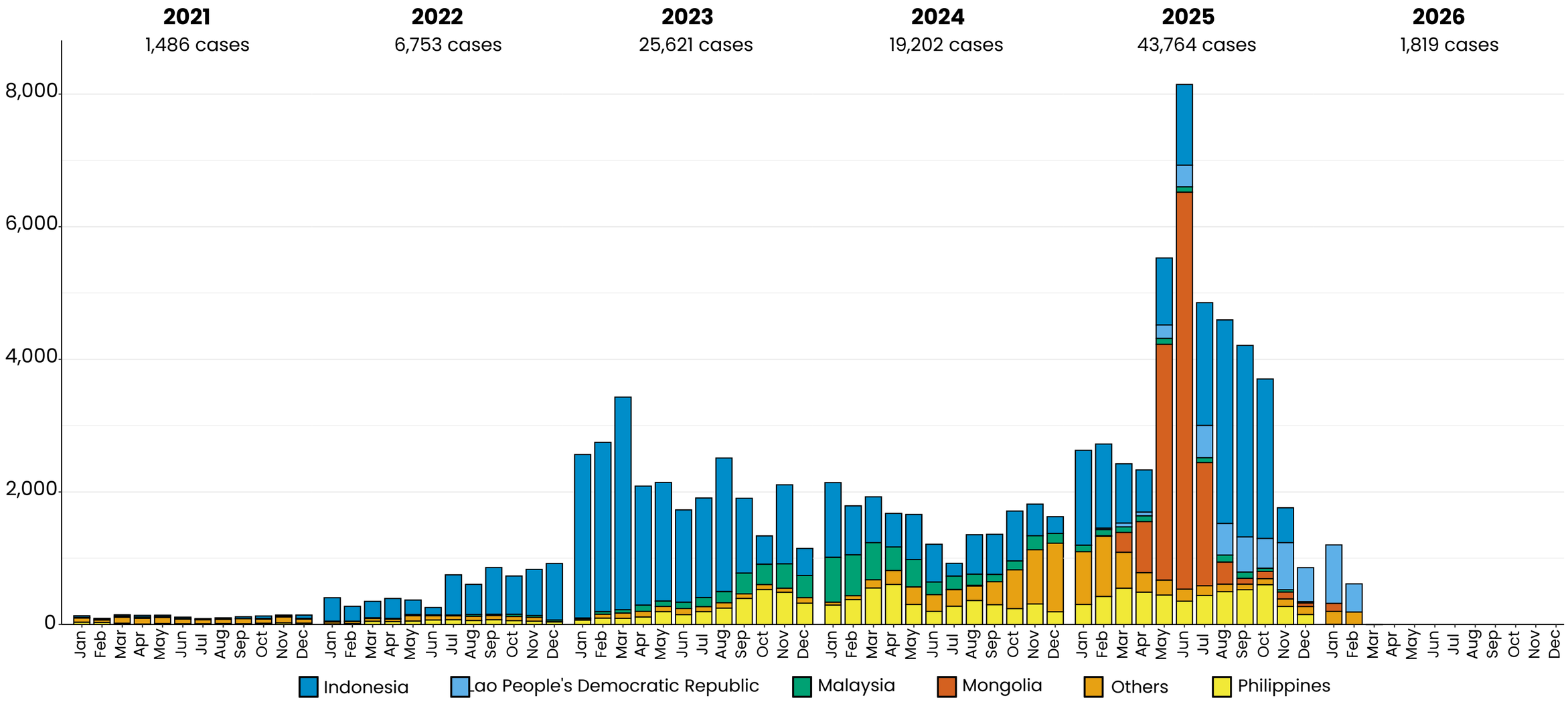
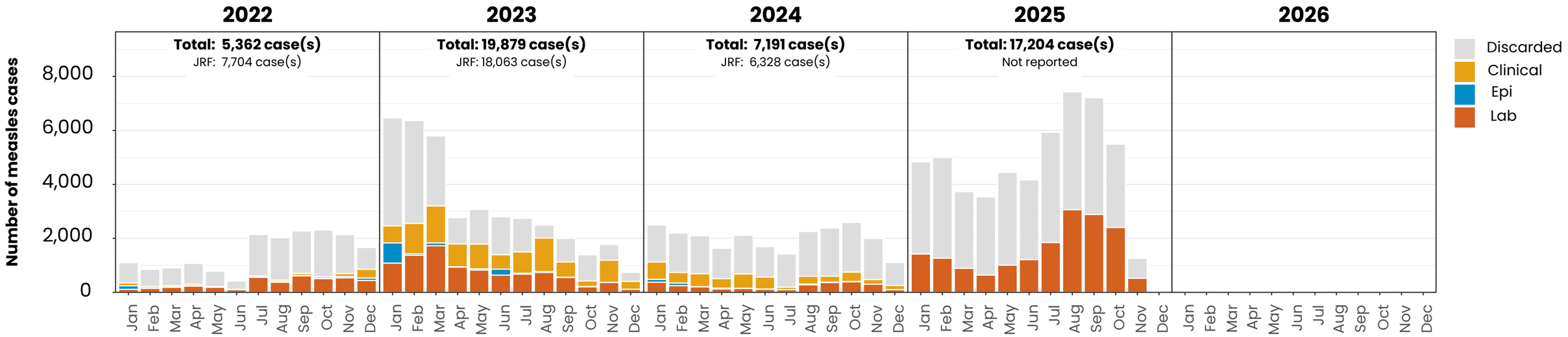
Measles case distribution (WPR), 2021-2026

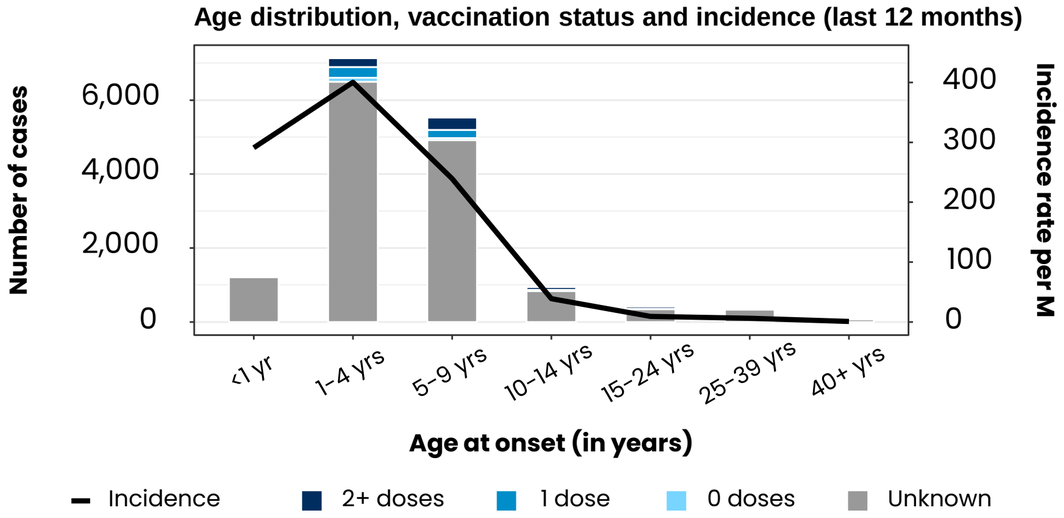


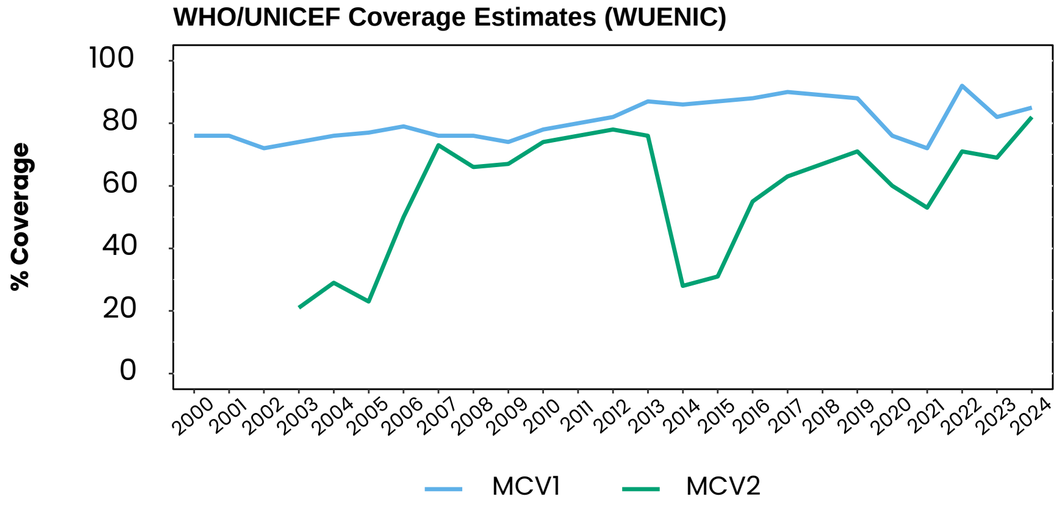
Based on data received 2026-03 - Data Source: IVB Database

Measles cases: Indonesia

ELIMINATION STATUS: **ENDEMIC**

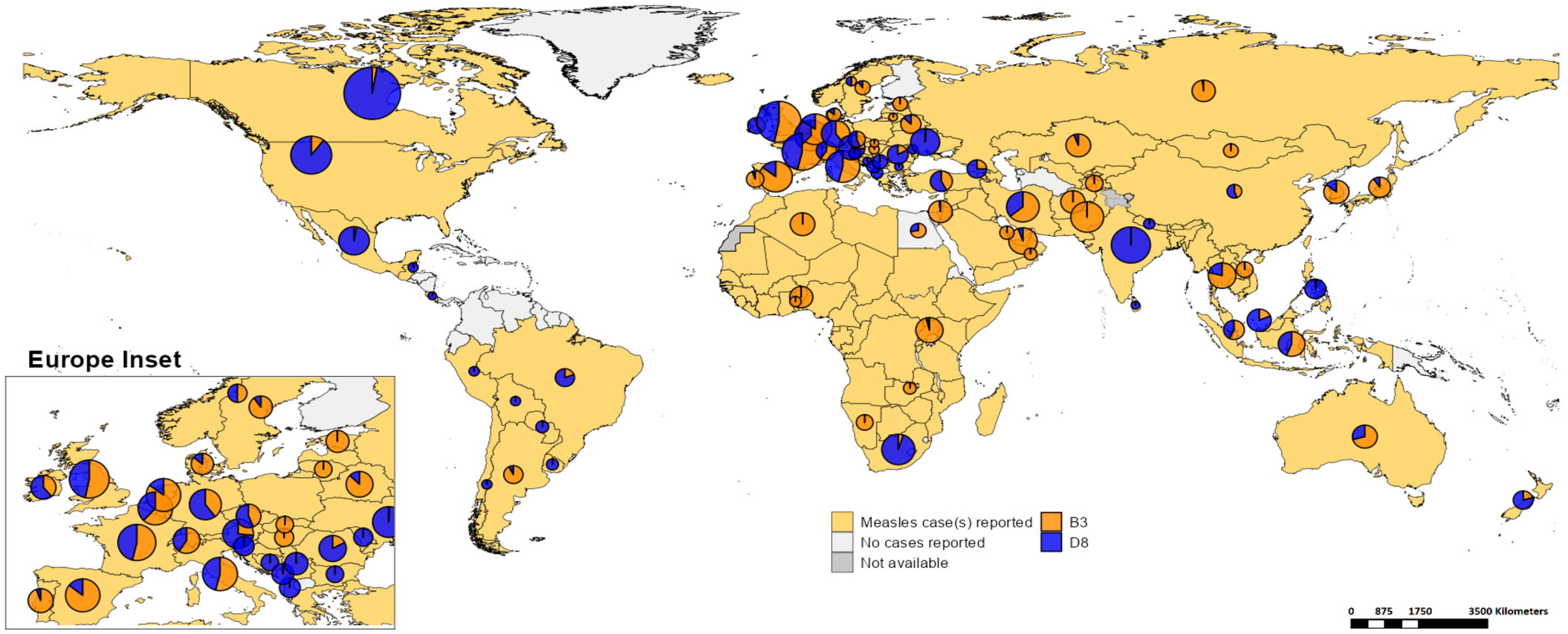






Based on data received 2026-03 - Data Source: IVB Database. Main epi curve was built using a combination of case-based and aggregate surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

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 2026-03-16 and covering the period between 2025-02 and 2026-01 - 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 Friday)
- EMR: EMRO measles home page
- EUR : EURO EpiData update
- SEAR: (webpages under migration)
- WPR: WPRO measles-rubella monthly bulletin

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