Measles and Rubella Global Update April 2026

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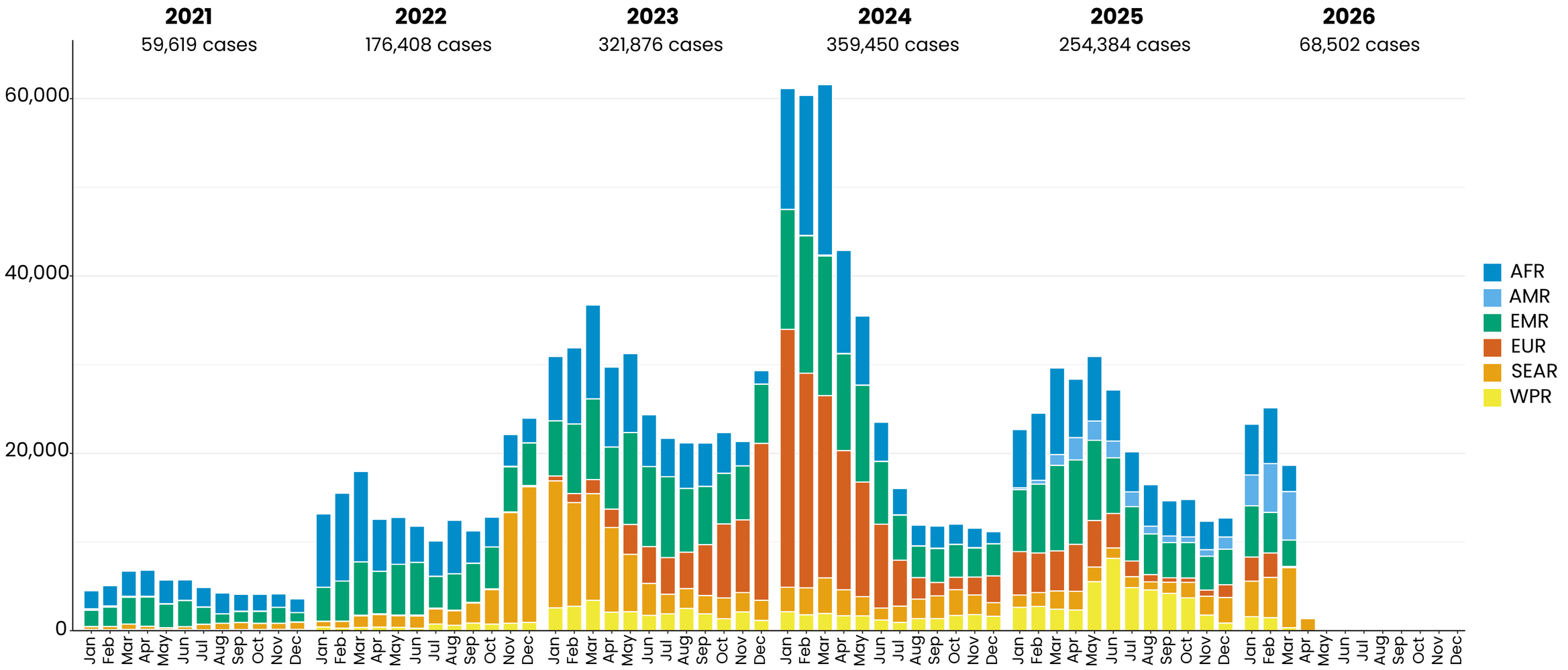
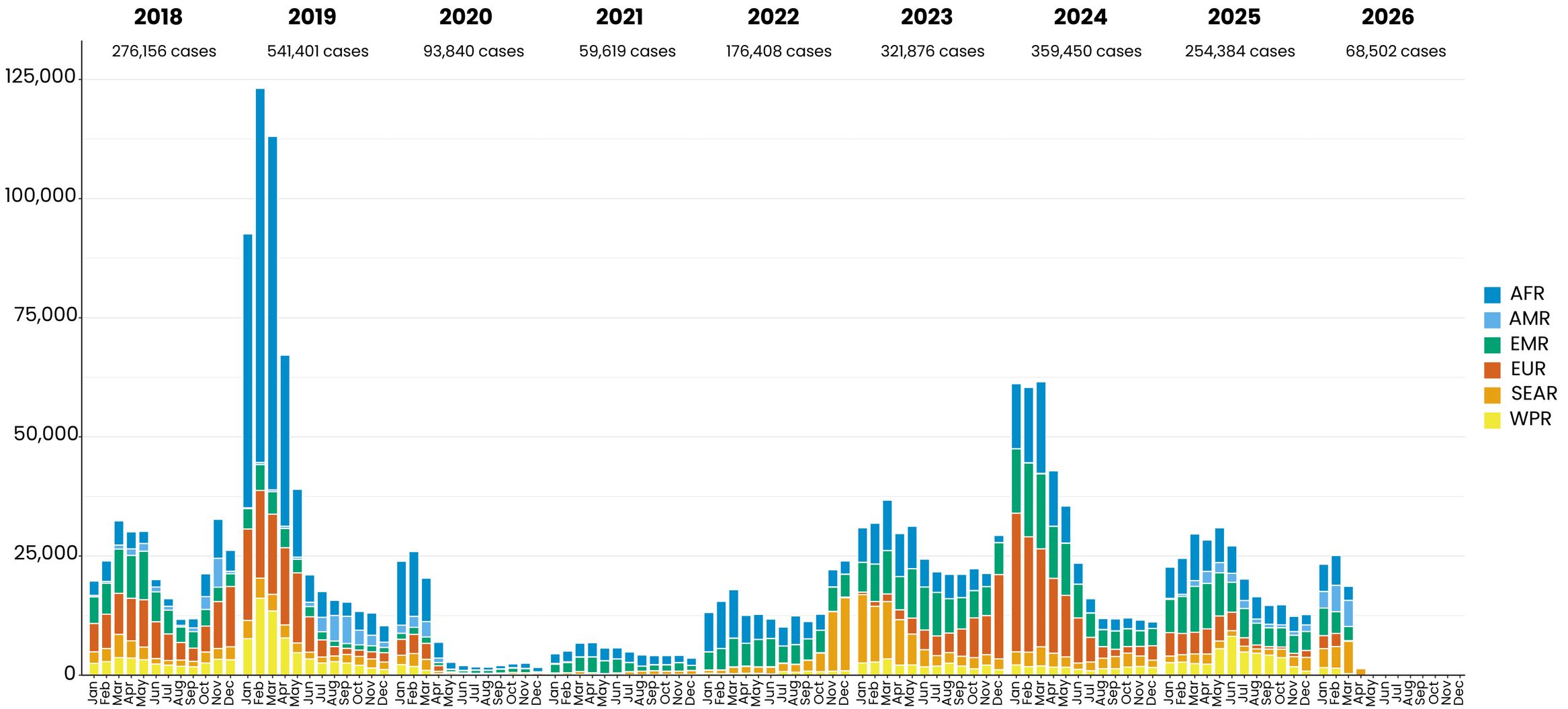
Measles case distribution by month and WHO Region (2021-2026)



Based on data received 2026-04 - Data Source: IVB Database - This is surveillance data, hence for the last month(s), the data may be incomplete.

Measles case distribution by month and WHO Region (2018-2026)



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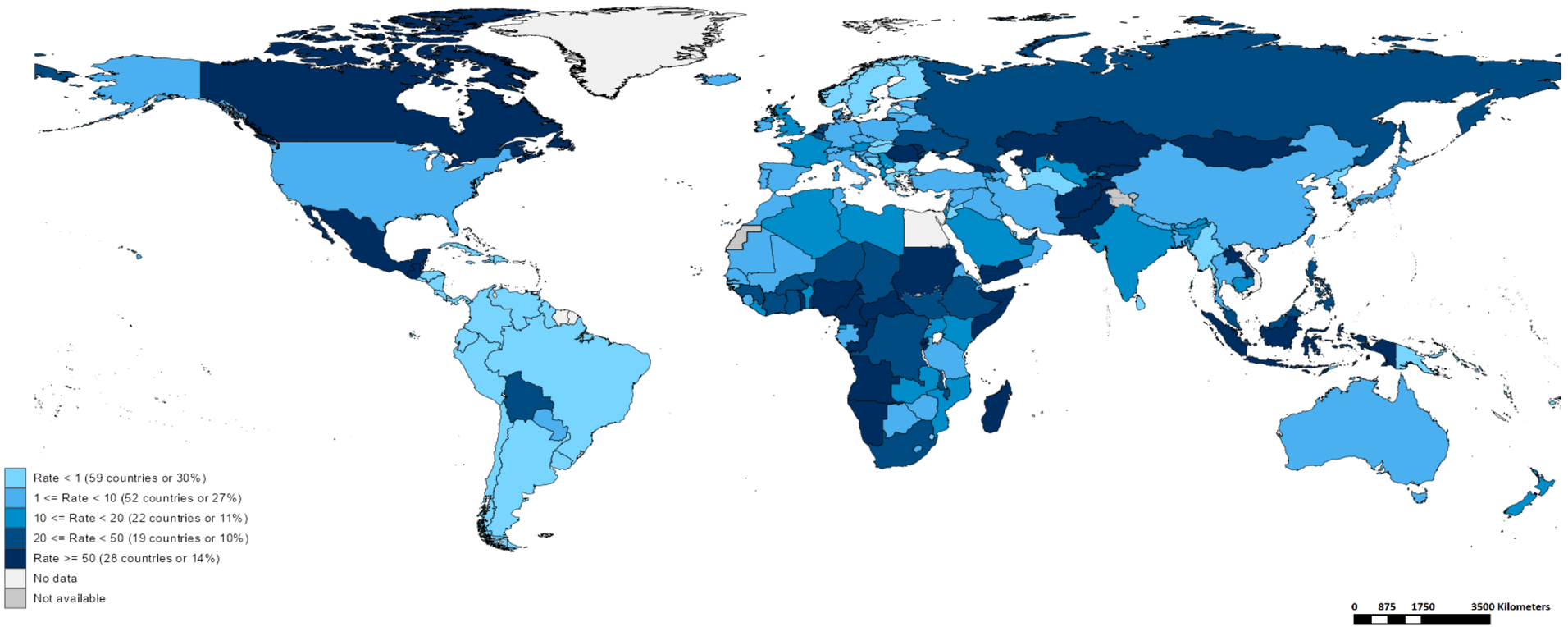
Measles Incidence Rate per Million (12M period)



Highest incidence rates

Country	Cases	Rate
Mongolia	13363	3,799.44
Yemen	30331	726.08
Kyrgyzstan	5196	712.27
Lao People's Democratic Republic	4914	624.15
Kazakhstan	7771	372.82
Angola	13030	333.76
Cameroon	7184	240.43
Tajikistan	2190	203.03
Central African Republic	1107	200.79
Afghanistan	7392	168.60

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Data source: IVB Database

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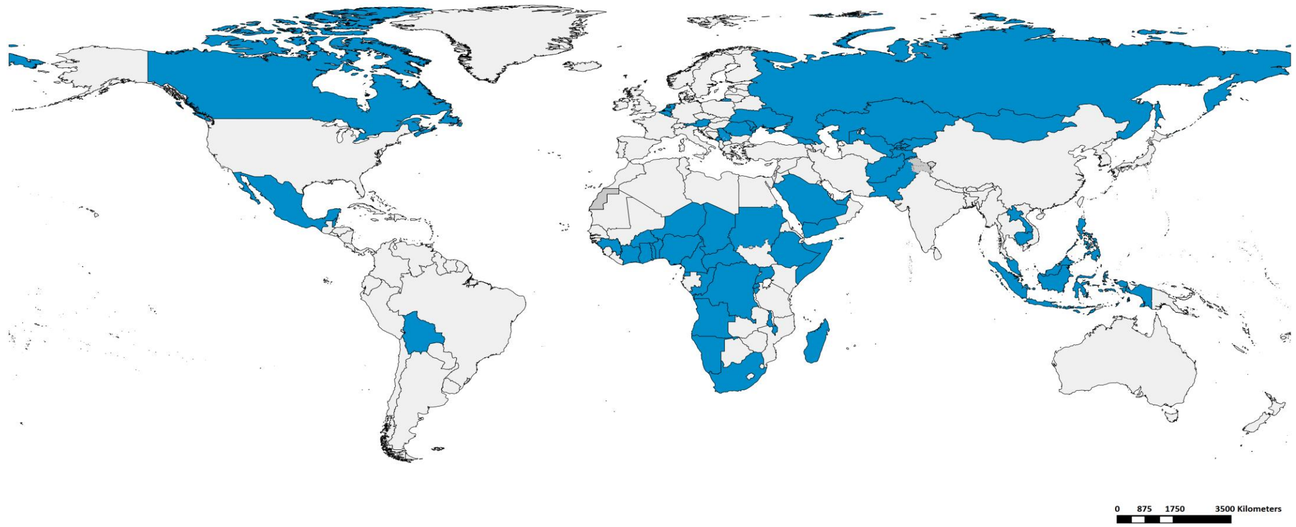
Notes: Based on data received 2026-04 - Surveillance data from 2025-03 to 2026-02 - Incidence: Number of cases / population * 1,000,000 - Population data: World population prospects, 2024 revision

Immunization Agenda 2030 - Impact Goal 1.3

Countries provisionally meeting the large or disruptive outbreaks definition - Data from 2024-12 to 2025-11 included

Country	Cases	Rate/M	Clinical*
Mongolia	13,119	3,730.06	0%
Kyrgyzstan	9,605	1,316.65	44%
Yemen	32,375	775.01	86%
Lao People's Democratic Republic	3,321	421.82	0%
Angola	11,289	289.16	85%
Romania	5,162	273.00	4%
Afghanistan	10,424	237.75	0%
Tajikistan	2,243	207.94	0%
Kazakhstan	3,196	153.33	5%
Georgia	555	145.80	14%
Sudan	7,116	137.74	1%
Rwanda	1,963	134.73	92%
Canada	4,981	124.13	0%
Togo	1,158	119.12	2%
Cameroon	3,510	117.47	4%
Central African Republic	581	105.38	1%
Belize	44	104.04	5%
Somalia	1,852	94.23	0%
Namibia	257	83.10	31%
Nigeria	19,323	81.35	75%
Congo	524	80.81	3%
Pakistan	20,275	79.44	20%
Cambodia	1,407	78.83	0%
Madagascar	2,370	72.39	87%
Republic of Moldova	191	63.75	3%
Indonesia	17,456	61.09	1%
Serbia	371	55.46	70%

Country	Cases	Rate/M	Clinical*
Burundi	771	53.58	2%
Russian Federation	6,555	45.52	0%
Malawi	998	44.92	1%
Philippines	5,081	43.51	71%
Ethiopia	5,892	43.49	1%
Niger	1,212	43.41	18%
Ghana	1,516	43.23	87%
Mexico	5,575	42.25	0%
Equatorial Guinea	81	41.79	11%
Bolivia (Plurinational State of)	521	41.41	0%
Guinea	598	39.60	7%
Ukraine	1,541	39.53	6%
South Africa	2,410	37.22	22%
DR Congo	4,121	36.52	5%
Benin	528	35.64	13%
Belgium	388	33.00	9%
Côte d'Ivoire	1,051	32.13	0%
Netherlands (Kingdom of the)	554	30.20	0%
Malaysia	1,030	28.63	22%
Burkina Faso	644	26.75	19%
Uzbekistan	969	26.15	1%
Saudi Arabia	799	23.11	0%
Chad	477	22.71	4%
Montenegro	14	22.13	0%
Uganda	1,086	21.13	5%
Austria	184	20.19	0%
United Arab Emirates	229	20.18	13%



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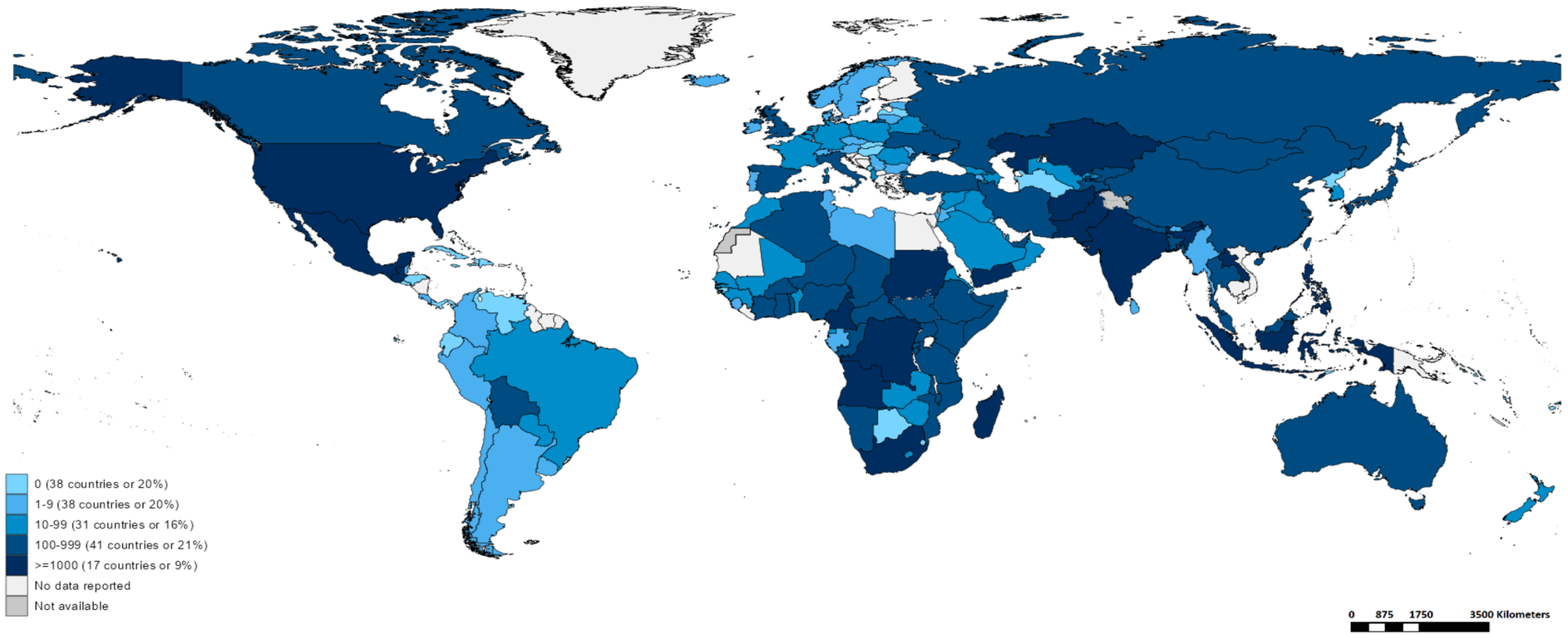
Data source: IVB Database

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 2026-04 and covering the period between 2024-12 and 2025-11 - 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*
India**	15,750
Yemen	11,085
Pakistan	8,721
Mexico	8,005
Angola	7,373
Indonesia	5,822
Kazakhstan	5,599
Cameroon	5,109
Sudan	3,689
Lao People's Democratic Republic	3,304

World Health Organization

Data source: IVB Database

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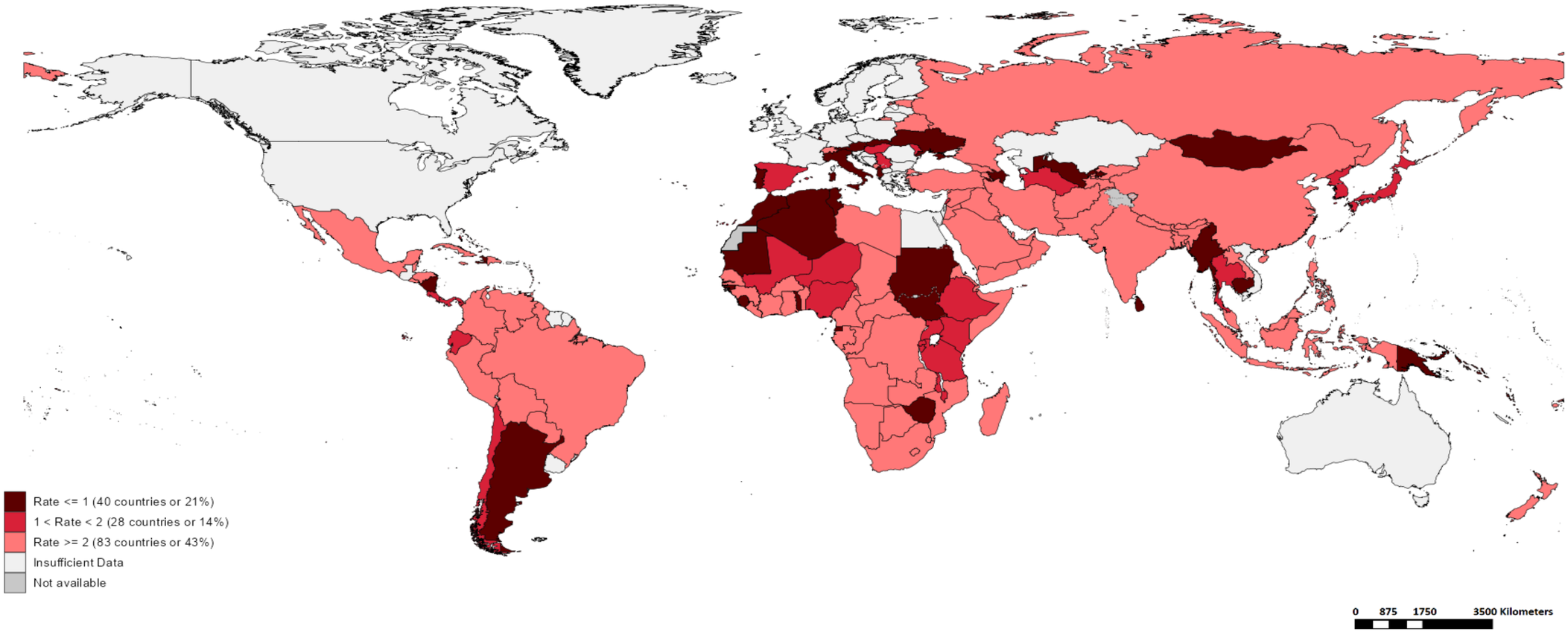
Notes: Based on data received 2026-04 - Surveillance data from 2025-09 to 2026-02 - * Countries with highest number of cases for the period - **WHO classifies all suspected measles cases reported from India as measles clinically compatible if a specimen was not collected as per the algorithm for classification 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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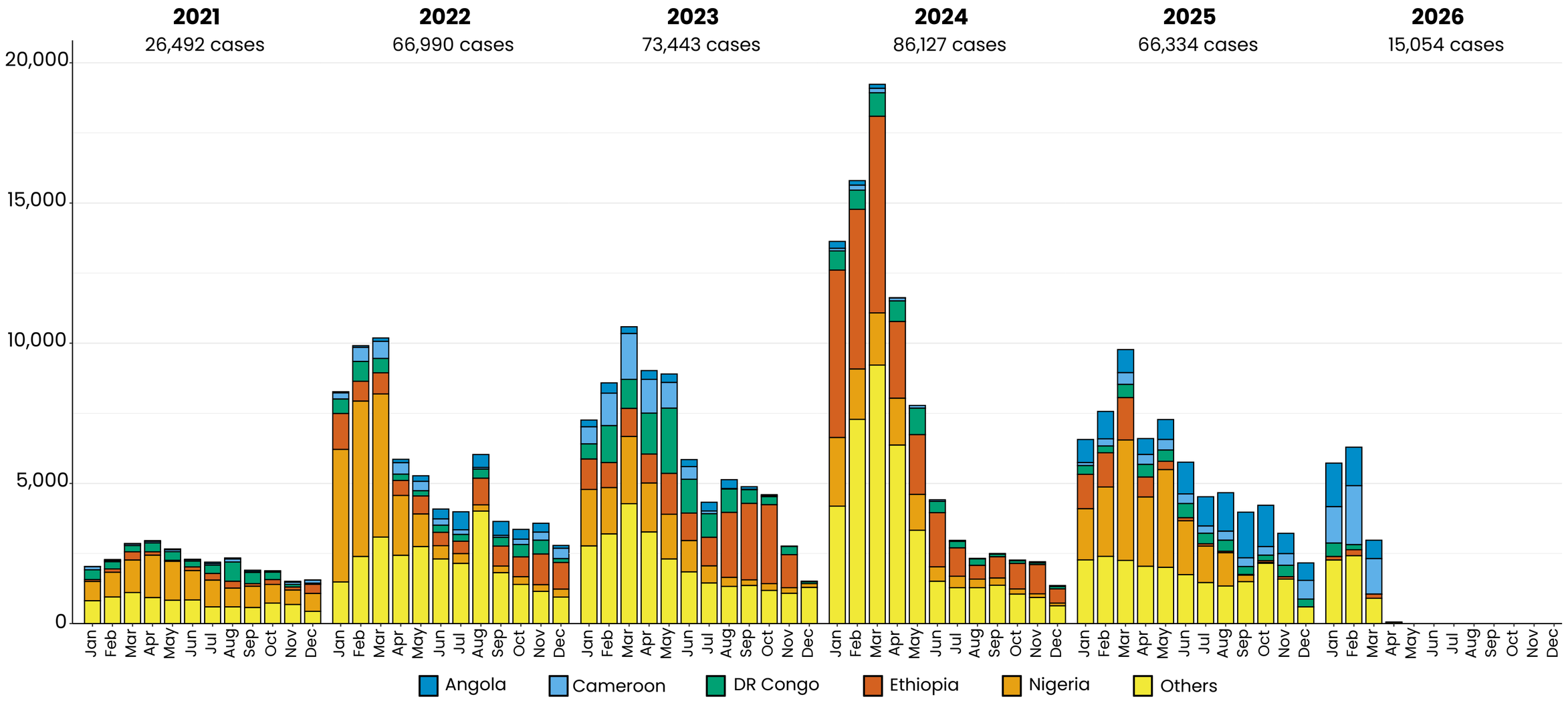
Notes: Based on data received 2026-04 - Surveillance data from 2025-03 to 2026-02 - Target: >= 2 discarded cases* / 100,000 population** - * Suspected cases investigated and discarded as non-measles non-rubella using laboratory testing and/or epidemiological linkage to another etiology ** World population 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.

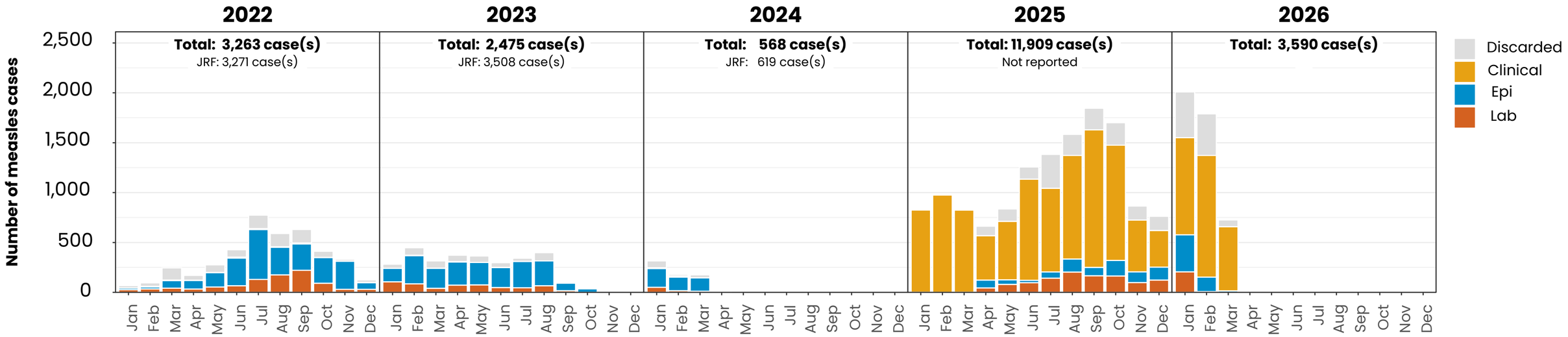
Measles case distribution (AFR), 2021–2026

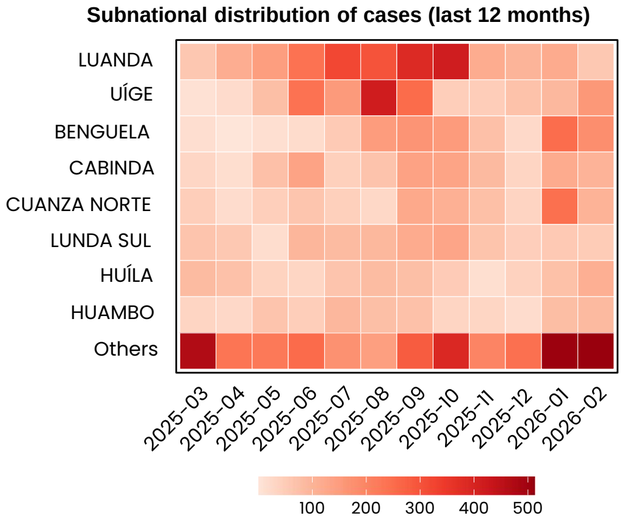


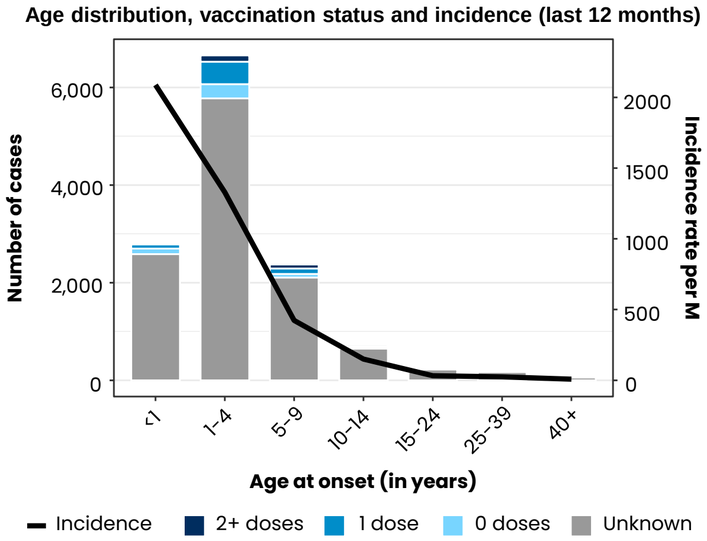
Based on data received 2026-04 - Data Source: IVB Database

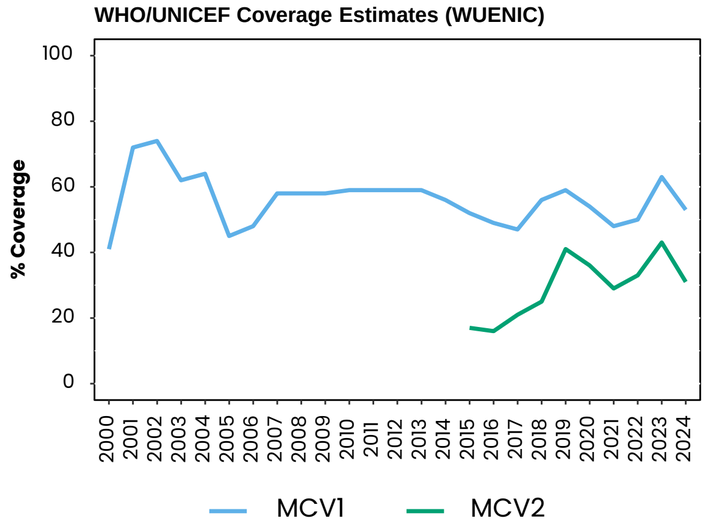
Measles cases: Angola

ELIMINATION STATUS: **ENDEMIC**





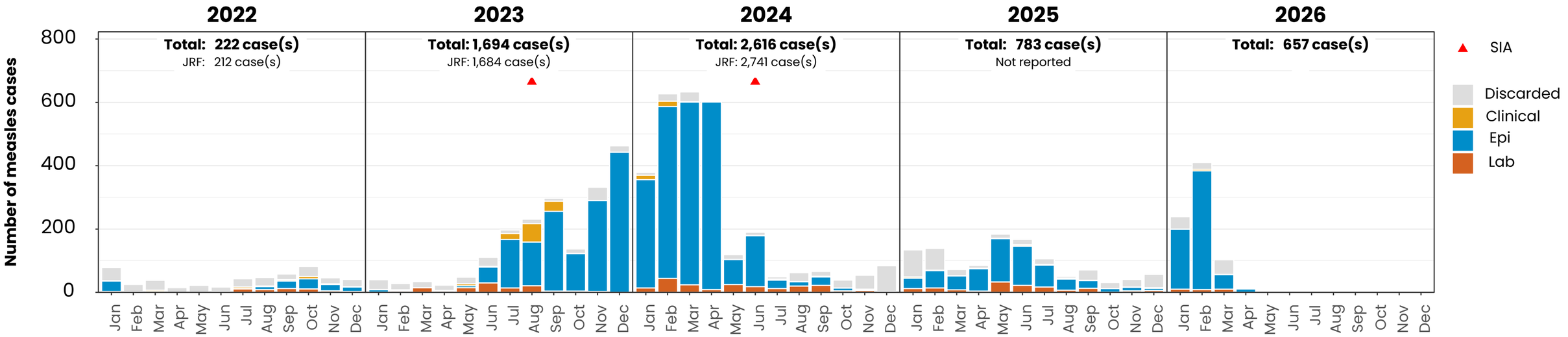


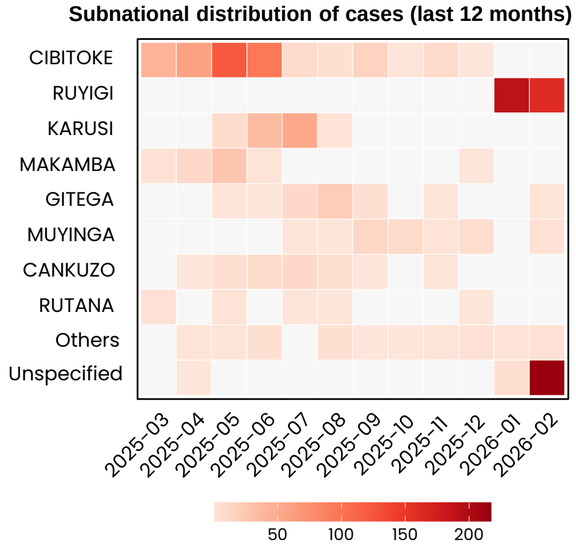


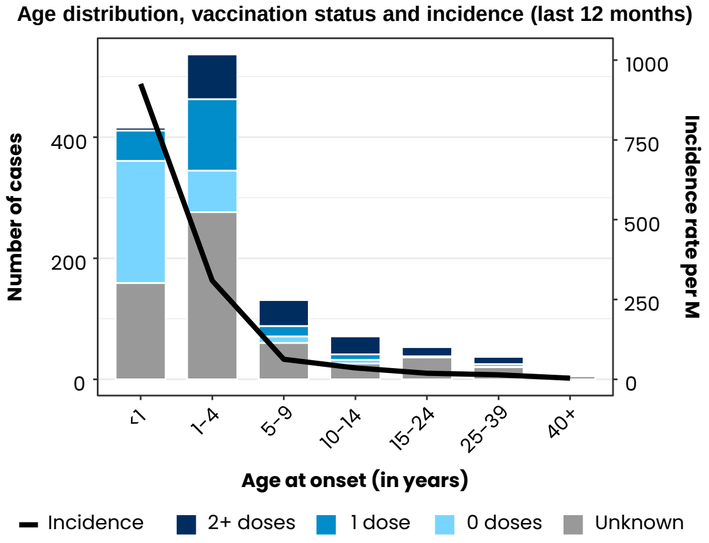
Based on data received 2026-04 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

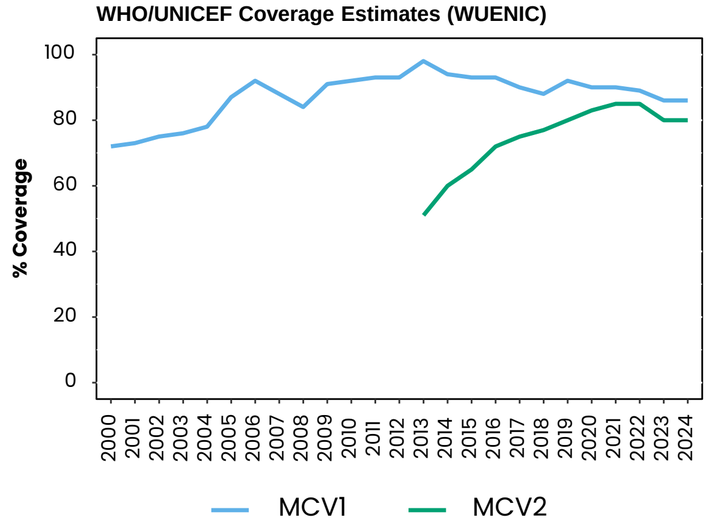
Measles cases: Burundi

ELIMINATION STATUS: **ENDEMIC**









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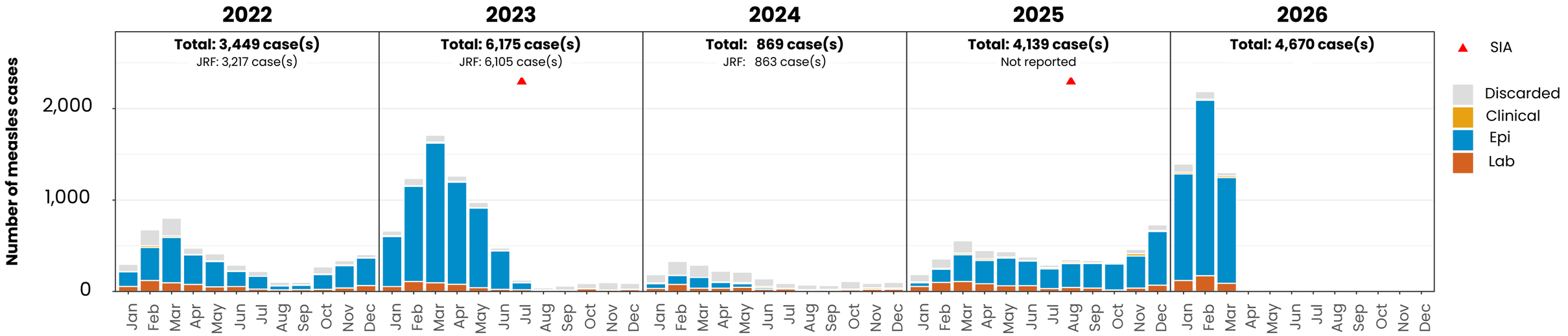
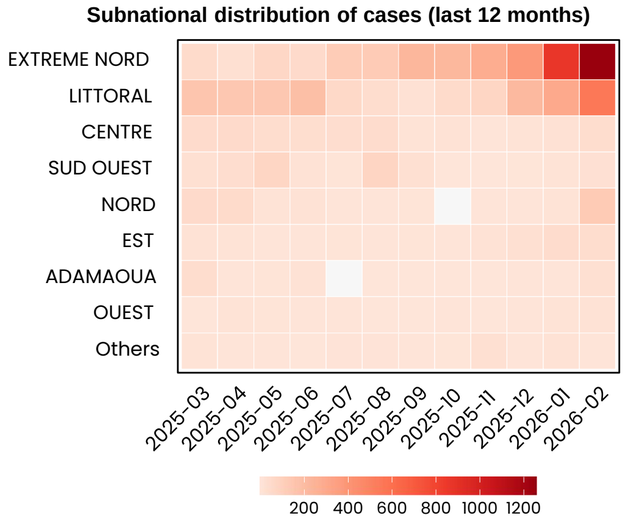
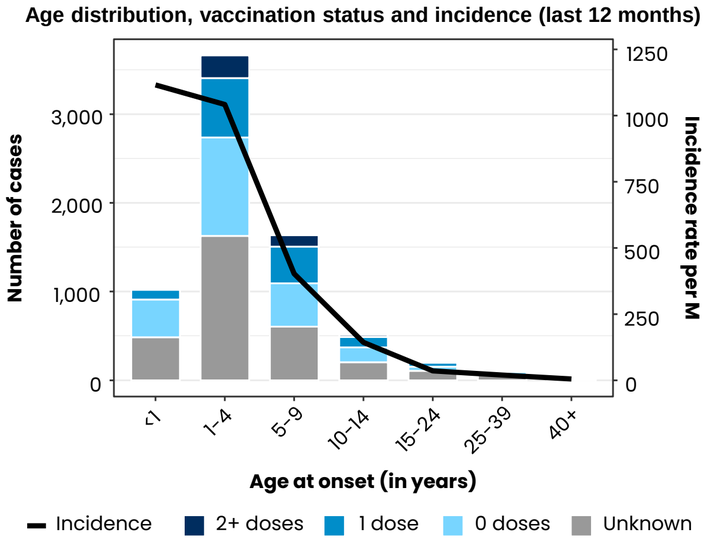
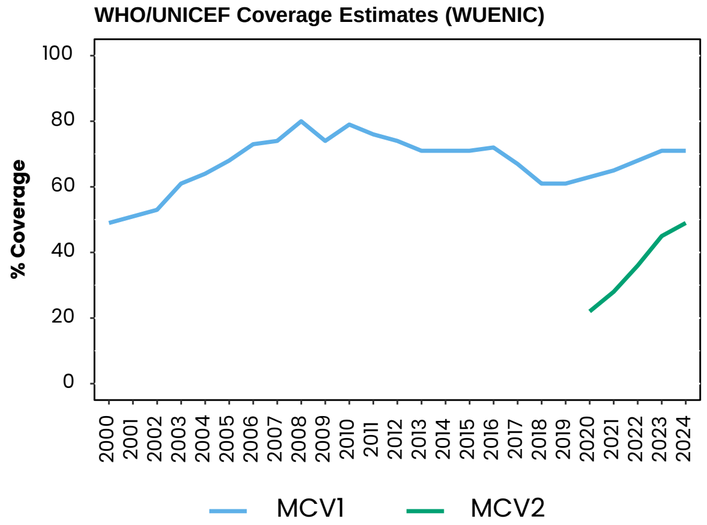
Measles cases: Cameroon

ELIMINATION STATUS: **ENDEMIC**









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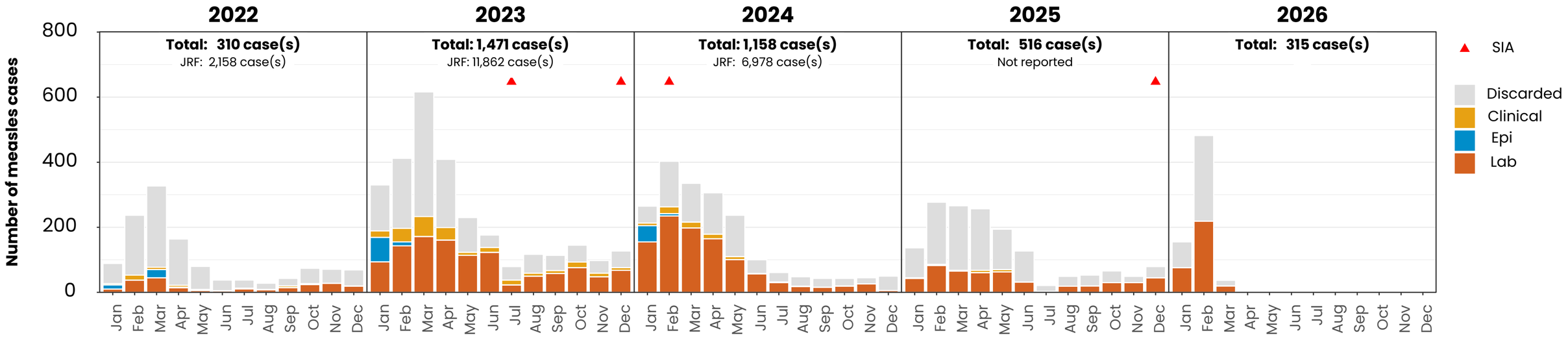
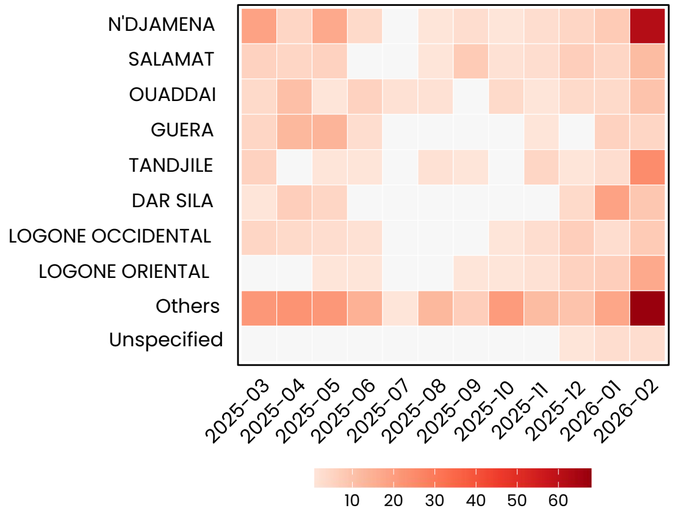
Measles cases: Chad

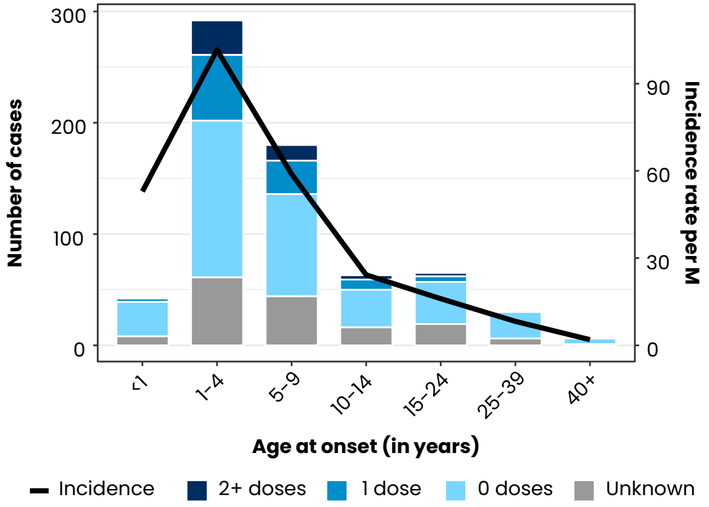
ELIMINATION STATUS: **ENDEMIC**



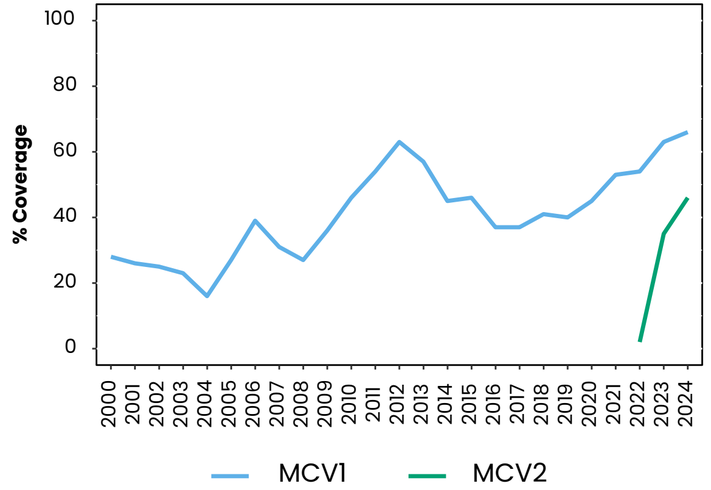
Subnational distribution of cases (last 12 months)



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



WHO/UNICEF Coverage Estimates (WUENIC)



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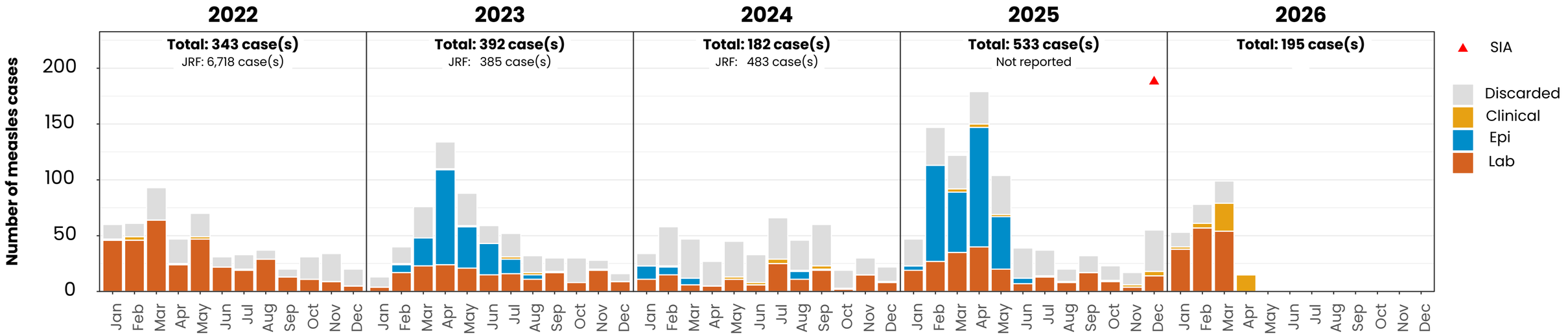
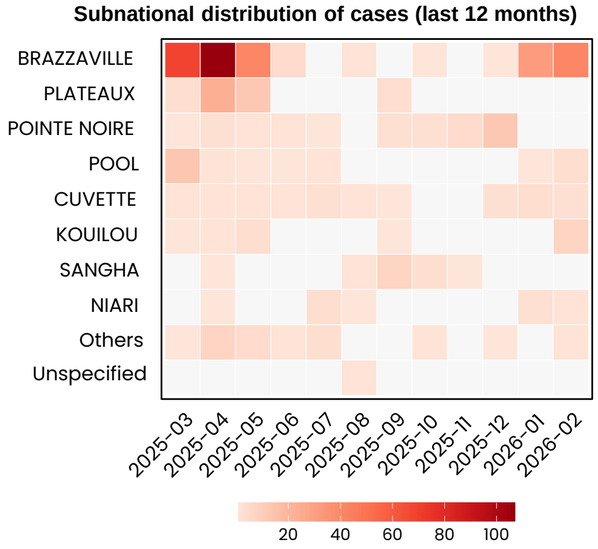
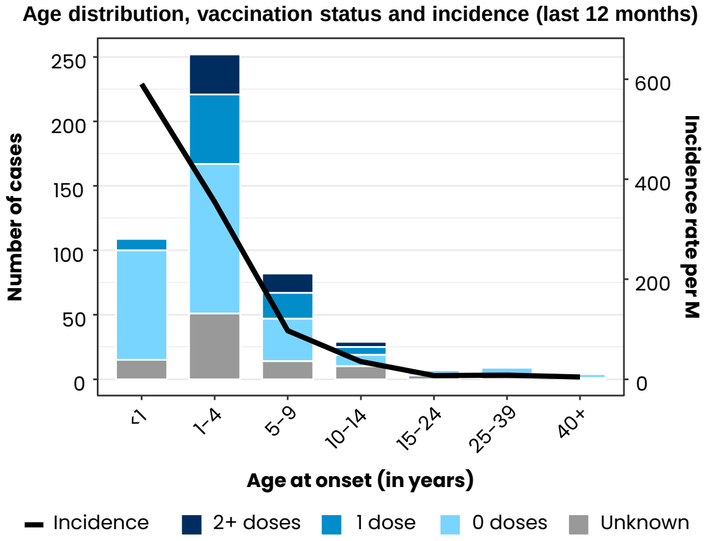
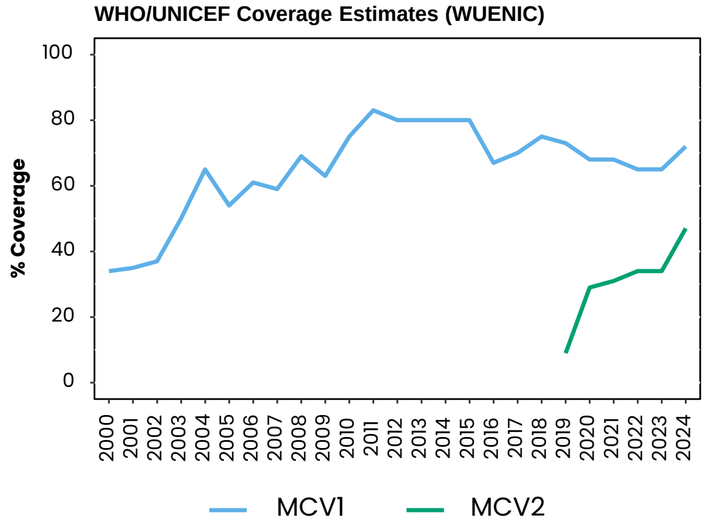
Measles cases: Congo

ELIMINATION STATUS: **ENDEMIC**









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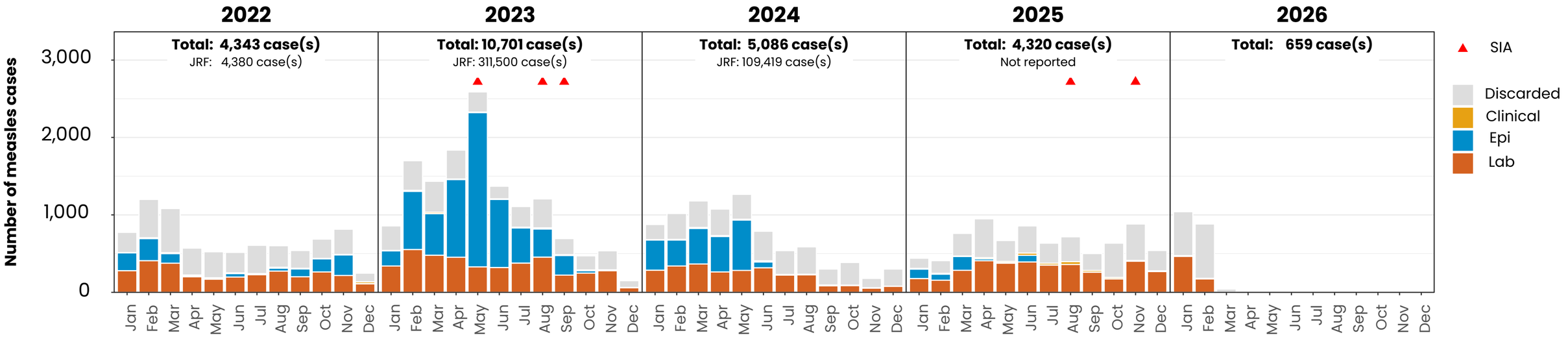
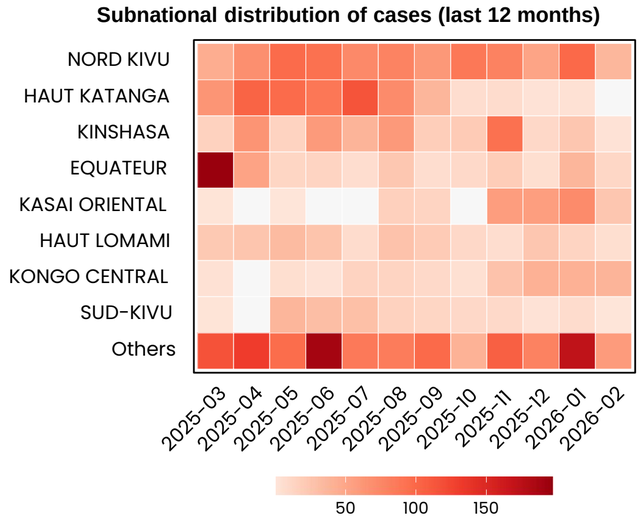
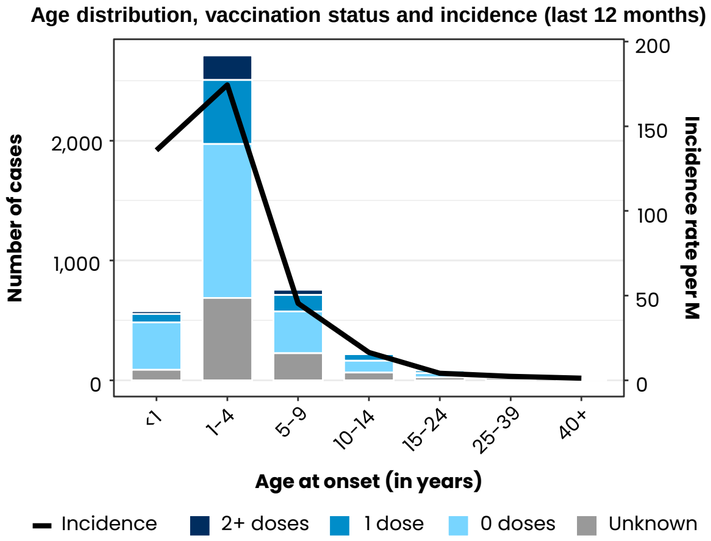
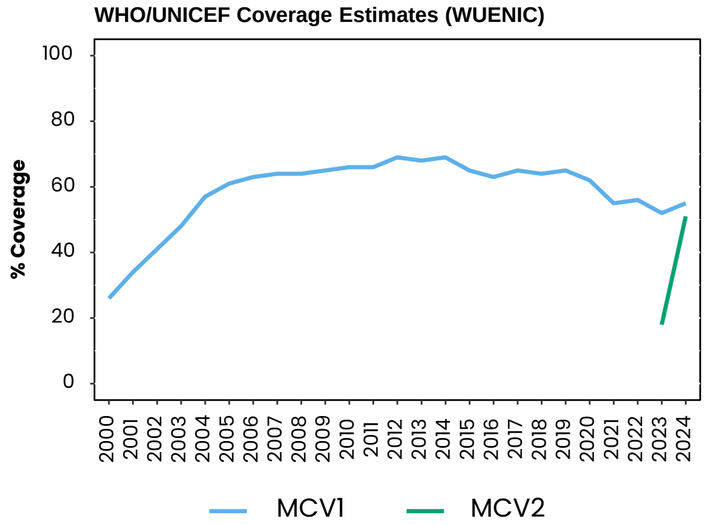
Measles cases: Democratic Republic of the Congo

ELIMINATION STATUS: **ENDEMIC**









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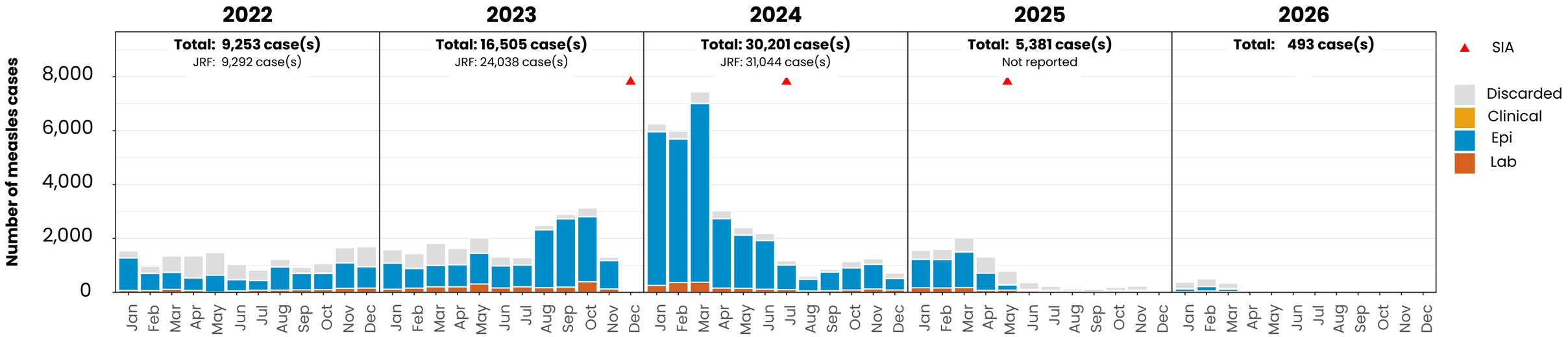
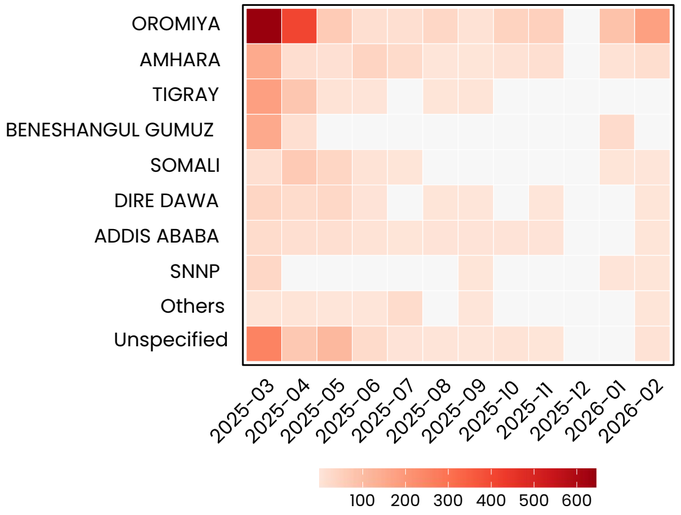
Measles cases: Ethiopia

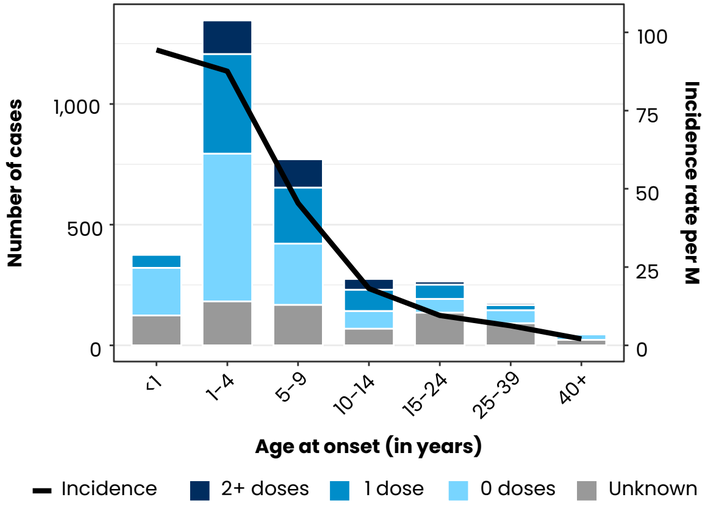
ELIMINATION STATUS: **ENDEMIC**



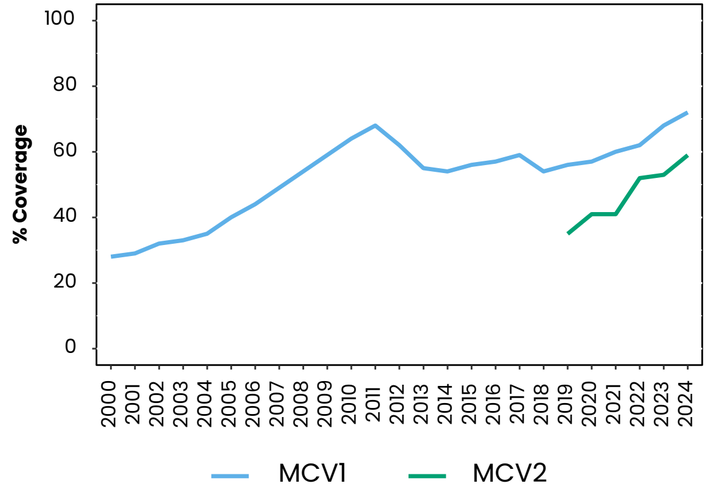
Subnational distribution of cases (last 12 months)



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



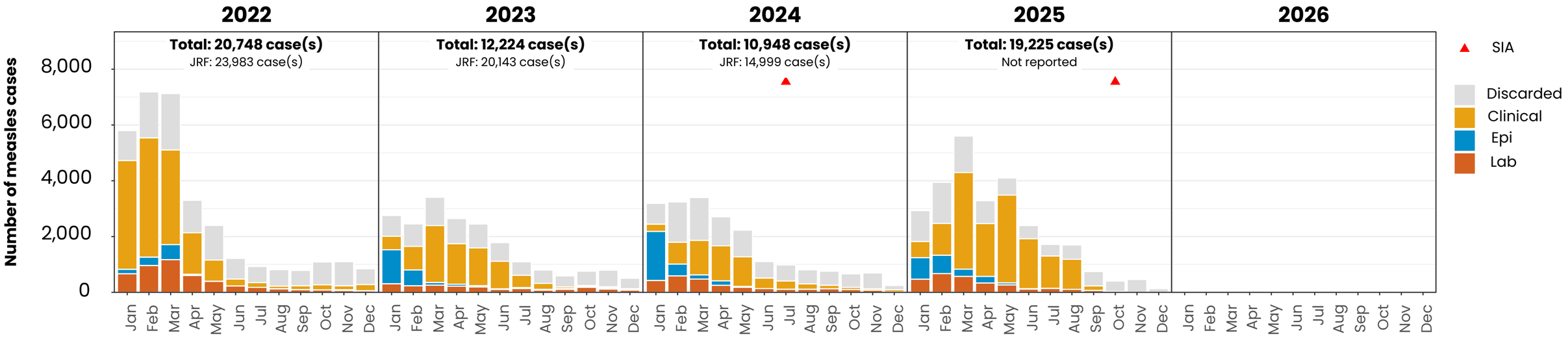
WHO/UNICEF Coverage Estimates (WUENIC)



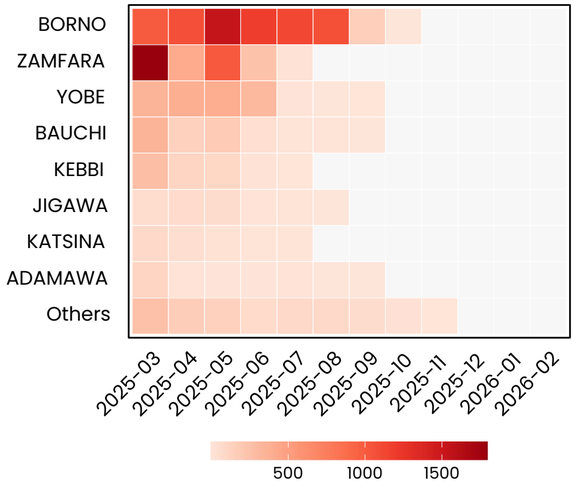
Based on data received 2026-04 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Measles cases: Nigeria

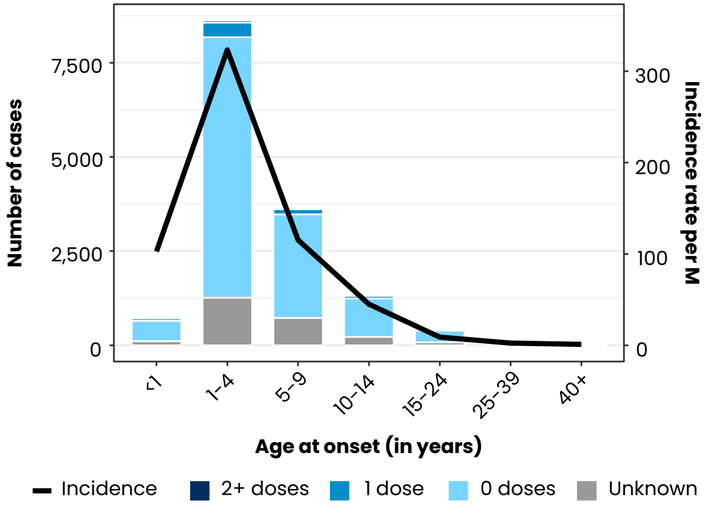
ELIMINATION STATUS: **ENDEMIC**



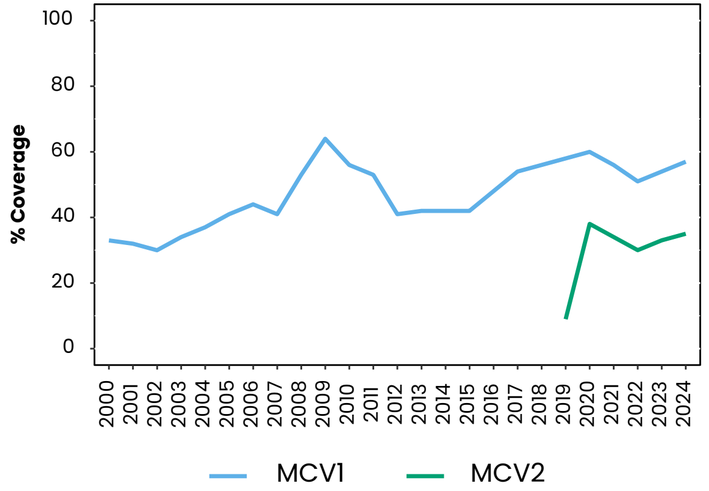
Subnational distribution of cases (last 12 months)



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

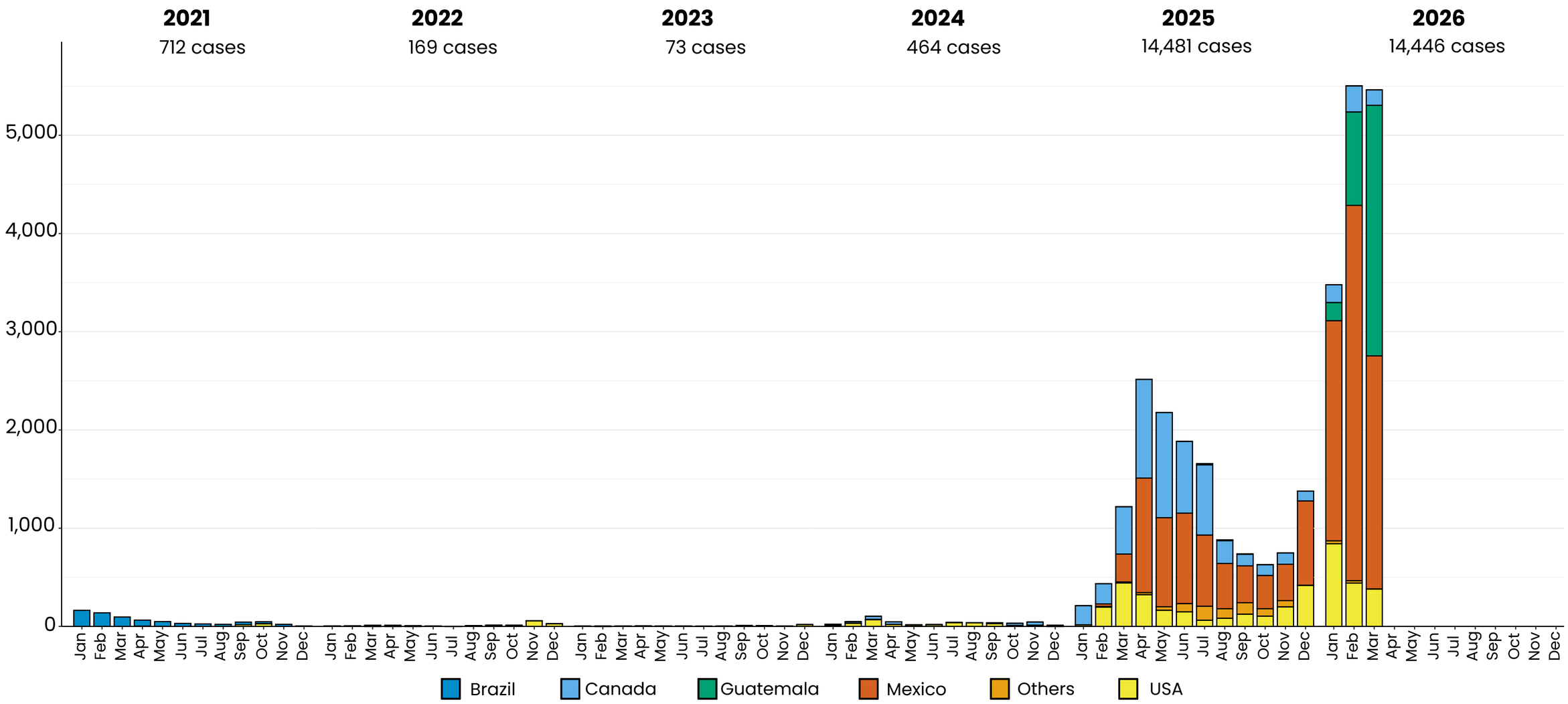


WHO/UNICEF Coverage Estimates (WUENIC)



Based on data received 2026-04 - 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)

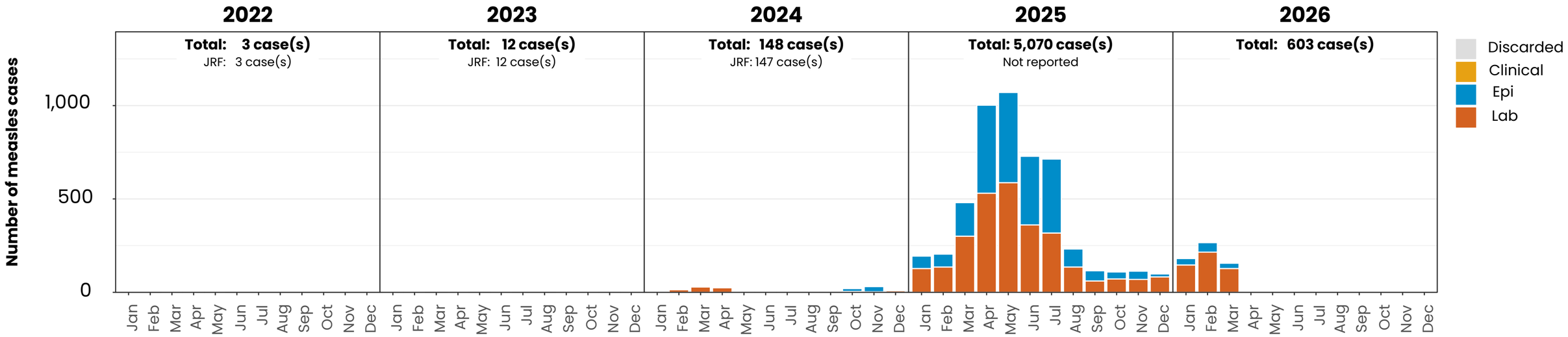
Measles case distribution (AMR), 2021-2026

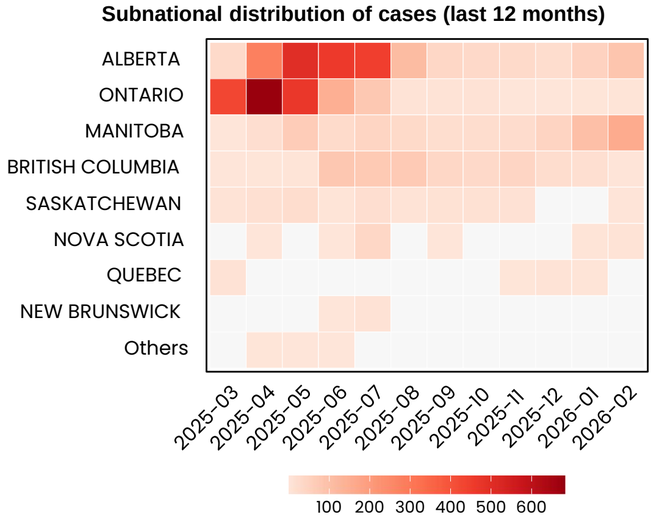


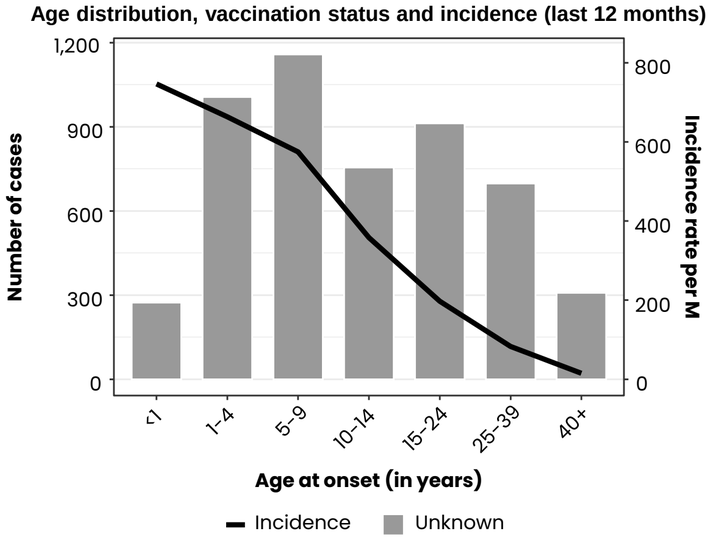
Based on data received 2026-04 - Data Source: IVB Database

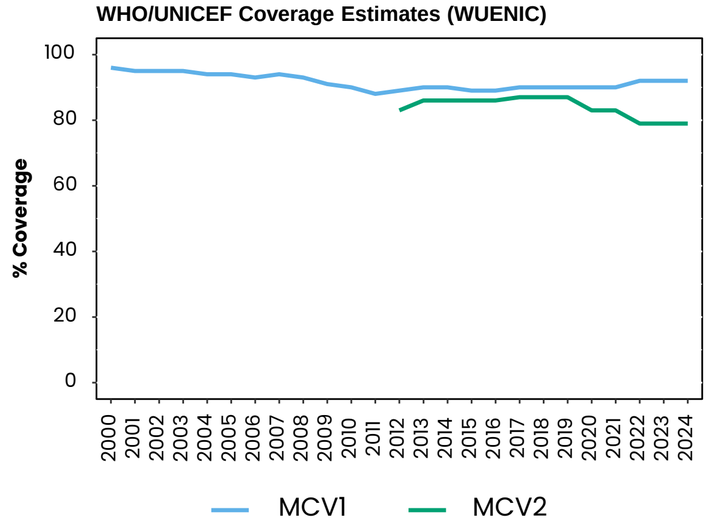
Measles cases: Canada

ELIMINATION STATUS: **RE-ESTABLISHED**





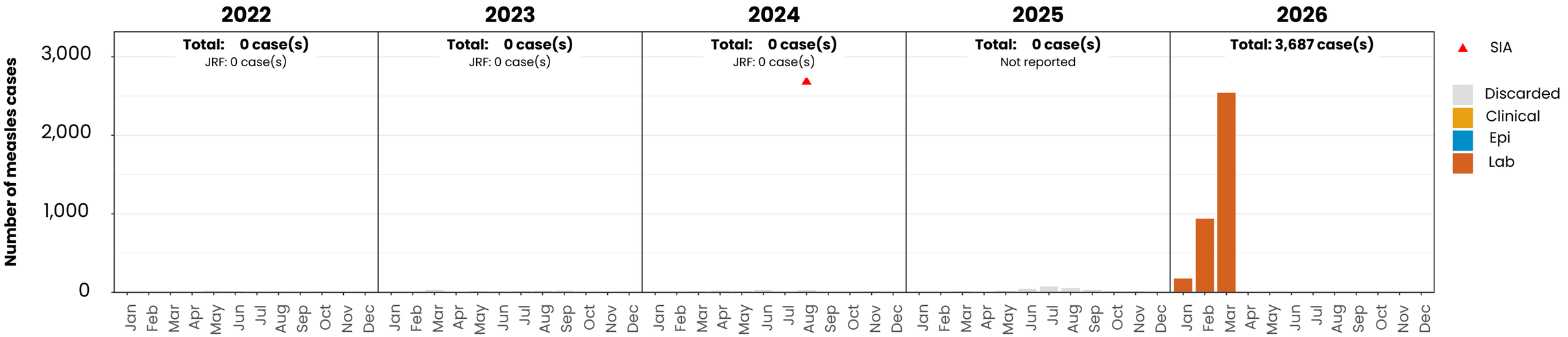




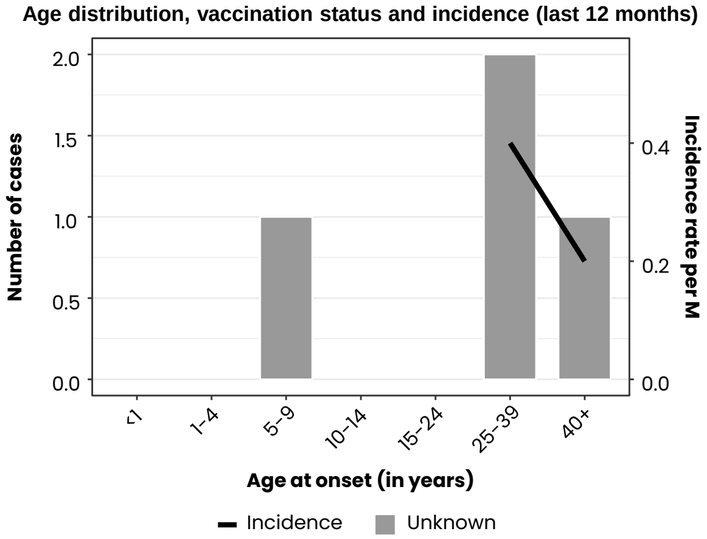
Based on data received 2026-04 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

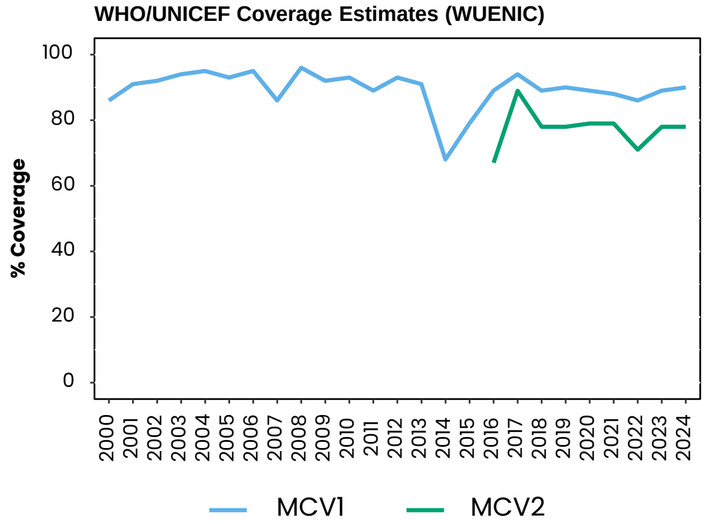
Measles cases: Guatemala

ELIMINATION STATUS: **VERIFIED**



No subnational data available for the past 12 months

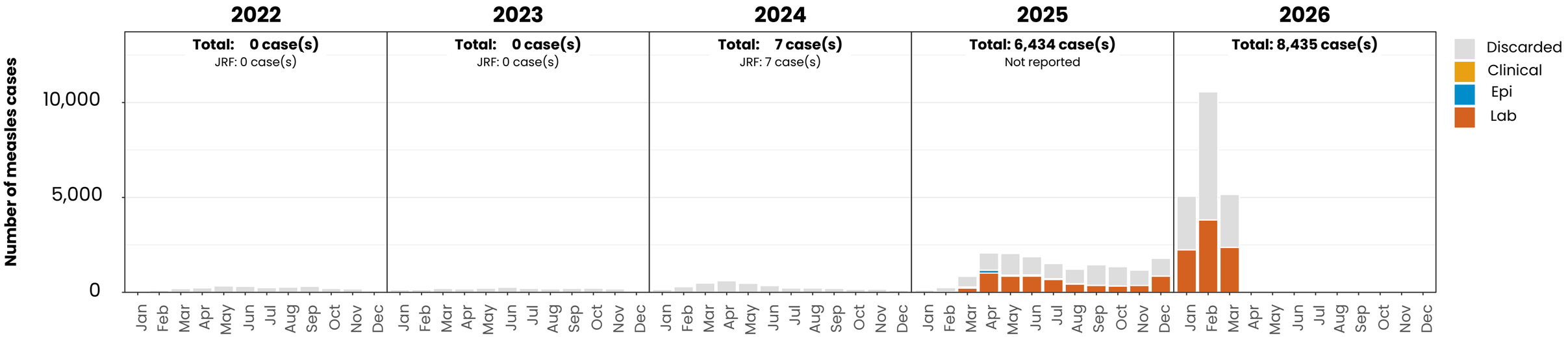




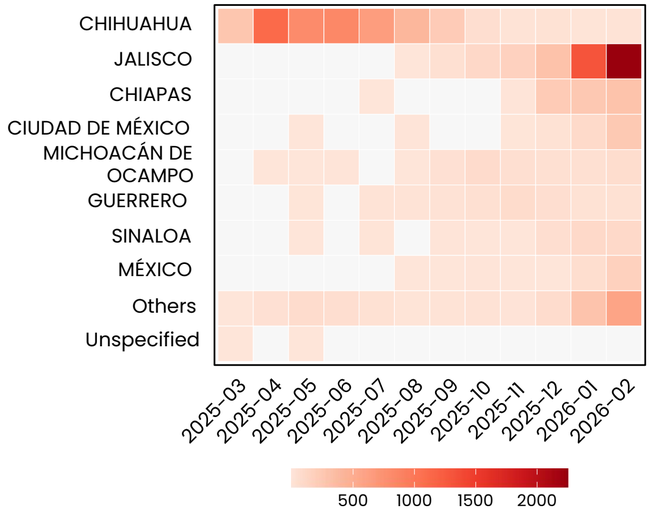
Based on data received 2026-04 - Data Source: IVB Database. Main epi curve was built using a combination of case-based and aggregate surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Measles cases: Mexico

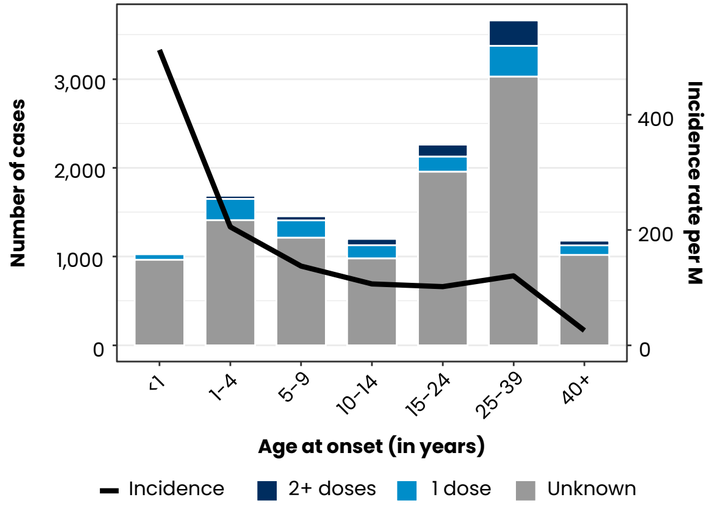
ELIMINATION STATUS: **VERIFIED**



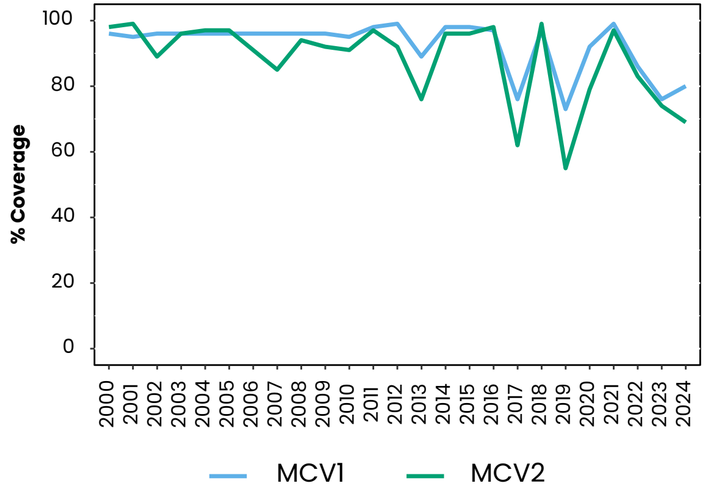
Subnational distribution of cases (last 12 months)



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



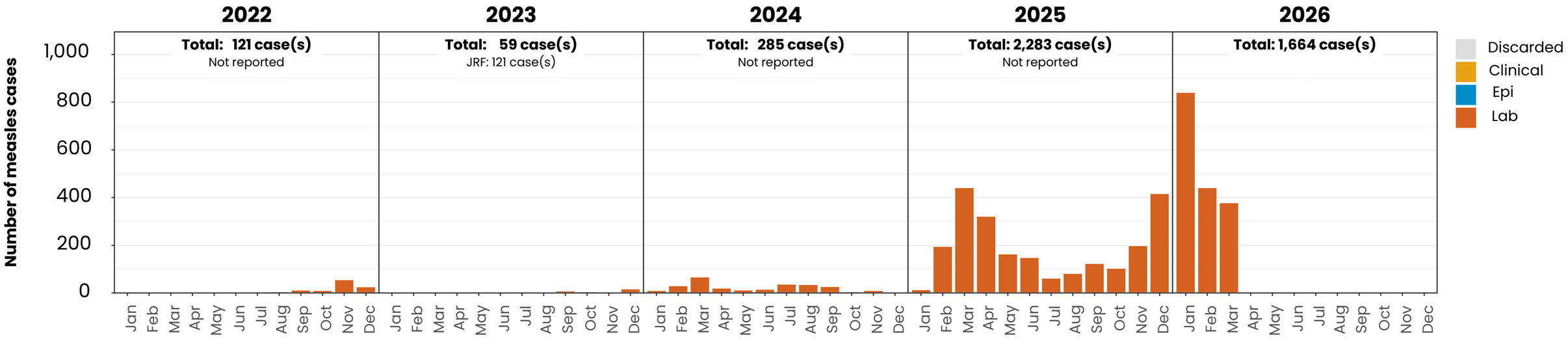
WHO/UNICEF Coverage Estimates (WUENIC)



Based on data received 2026-04 - 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)

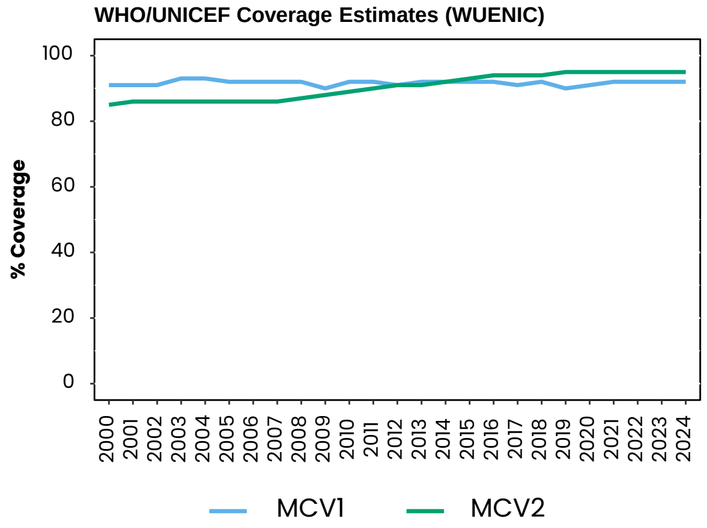
Measles cases: United States of America

ELIMINATION STATUS: **VERIFIED**



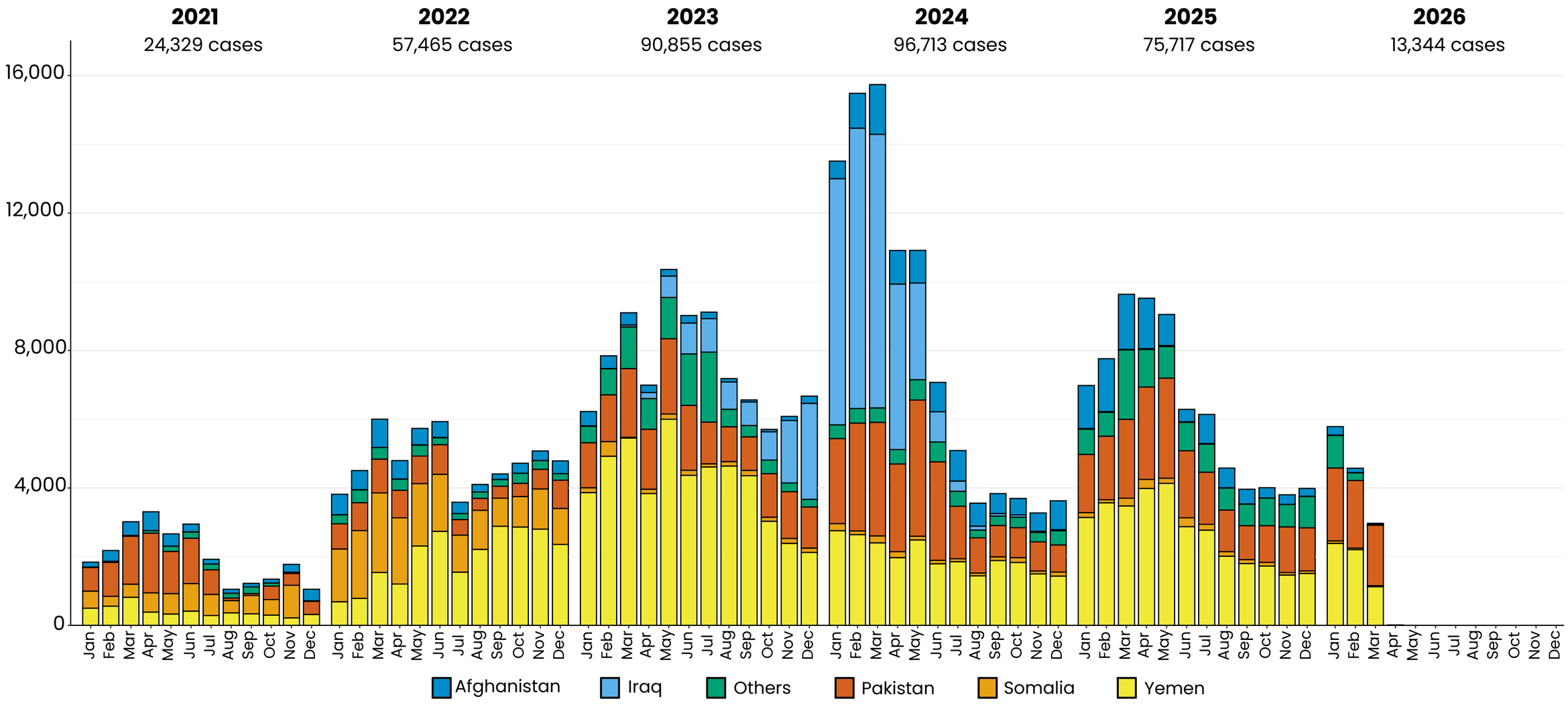
No subnational data available for the past 12 months

No age distribution data available for the past 12 months



Based on data received 2026-04 - Data Source: IVB Database. Main epi curve was built using aggregate surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

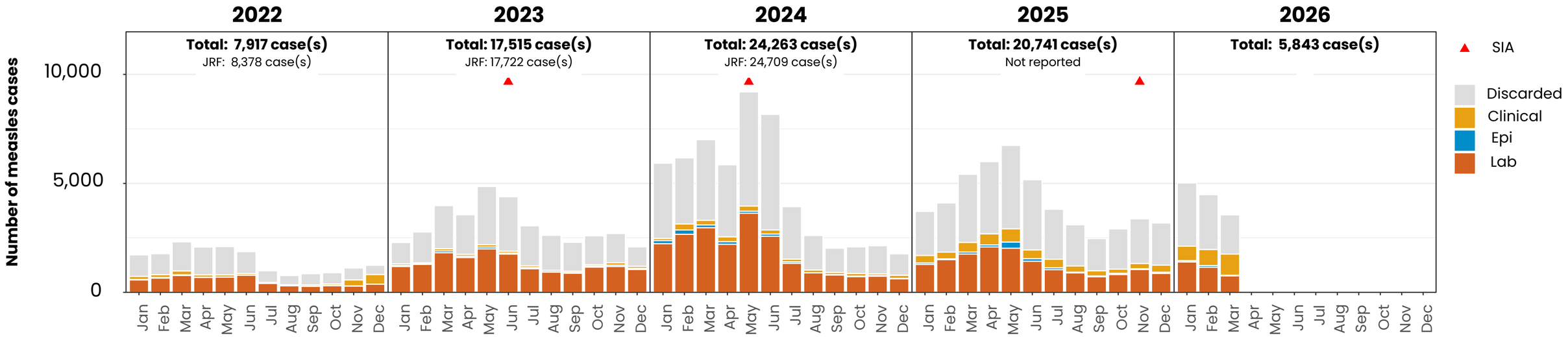
Measles case distribution (EMR), 2021-2026



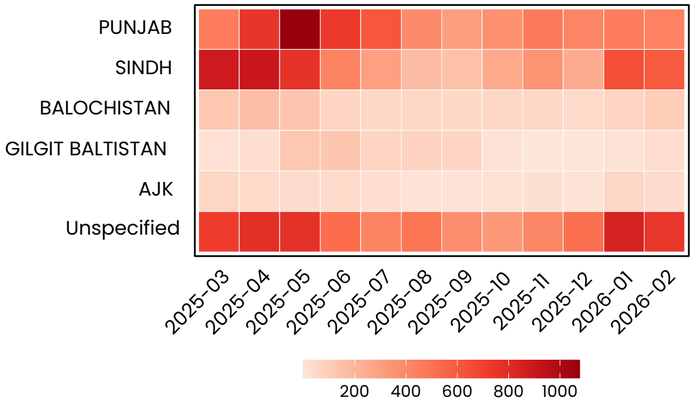
Based on data received 2026-04 - Data Source: IVB Database

Measles cases: Pakistan

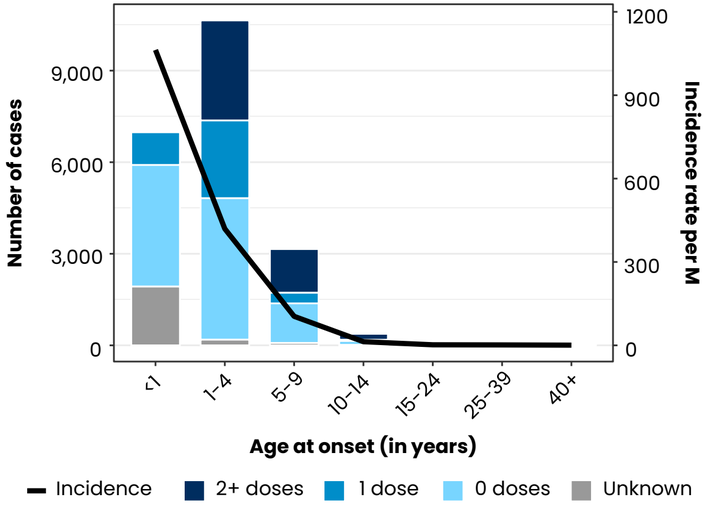
ELIMINATION STATUS: **ENDEMIC**



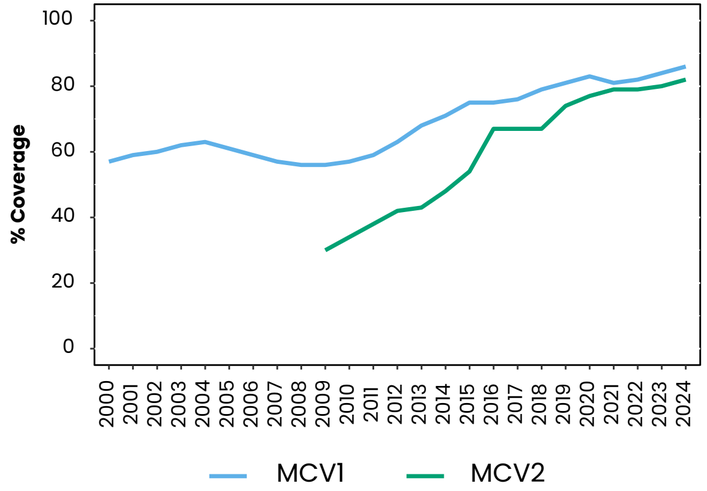
Subnational distribution of cases (last 12 months)



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



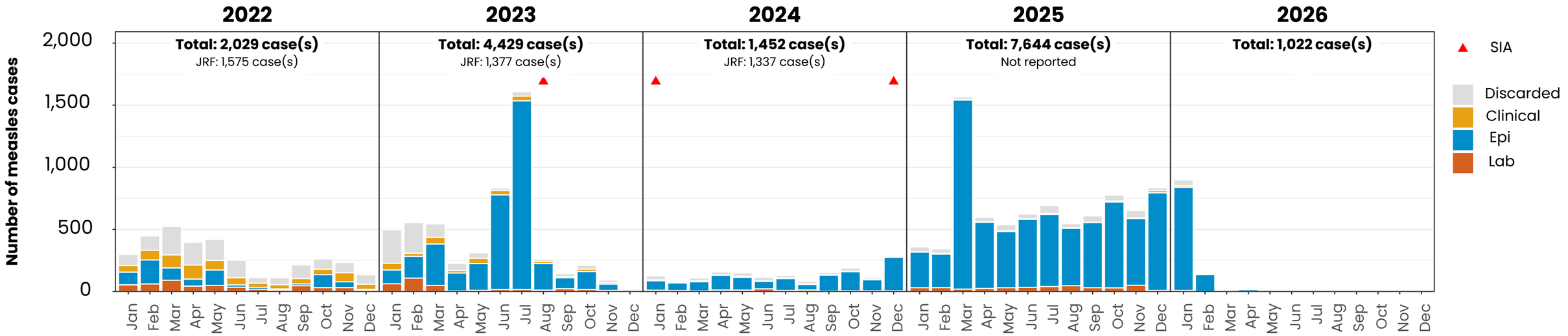
WHO/UNICEF Coverage Estimates (WUENIC)



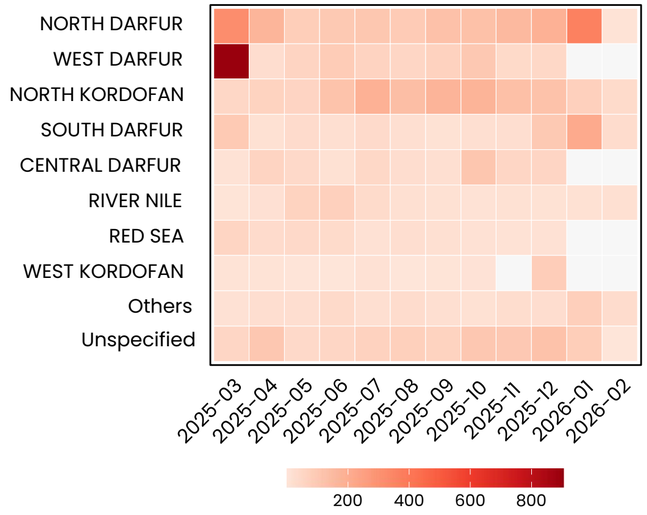
Based on data received 2026-04 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Measles cases: Sudan

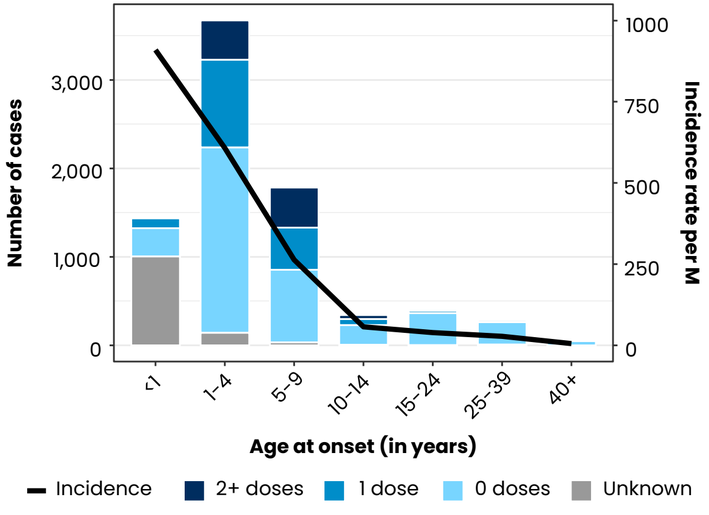
ELIMINATION STATUS: **ENDEMIC**



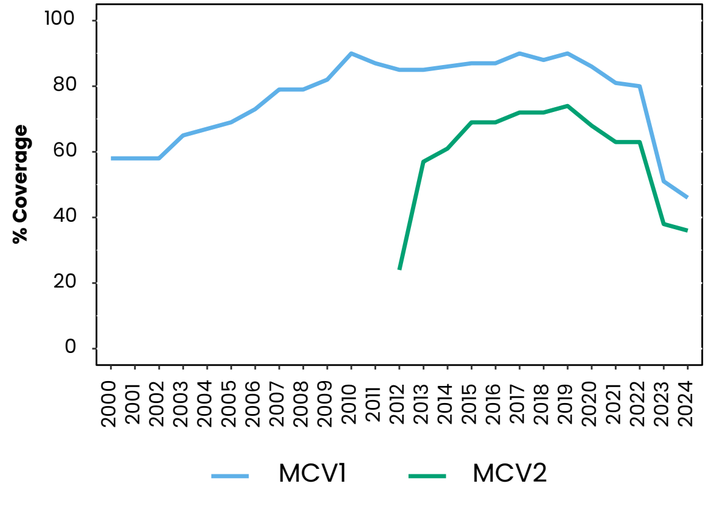
Subnational distribution of cases (last 12 months)



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

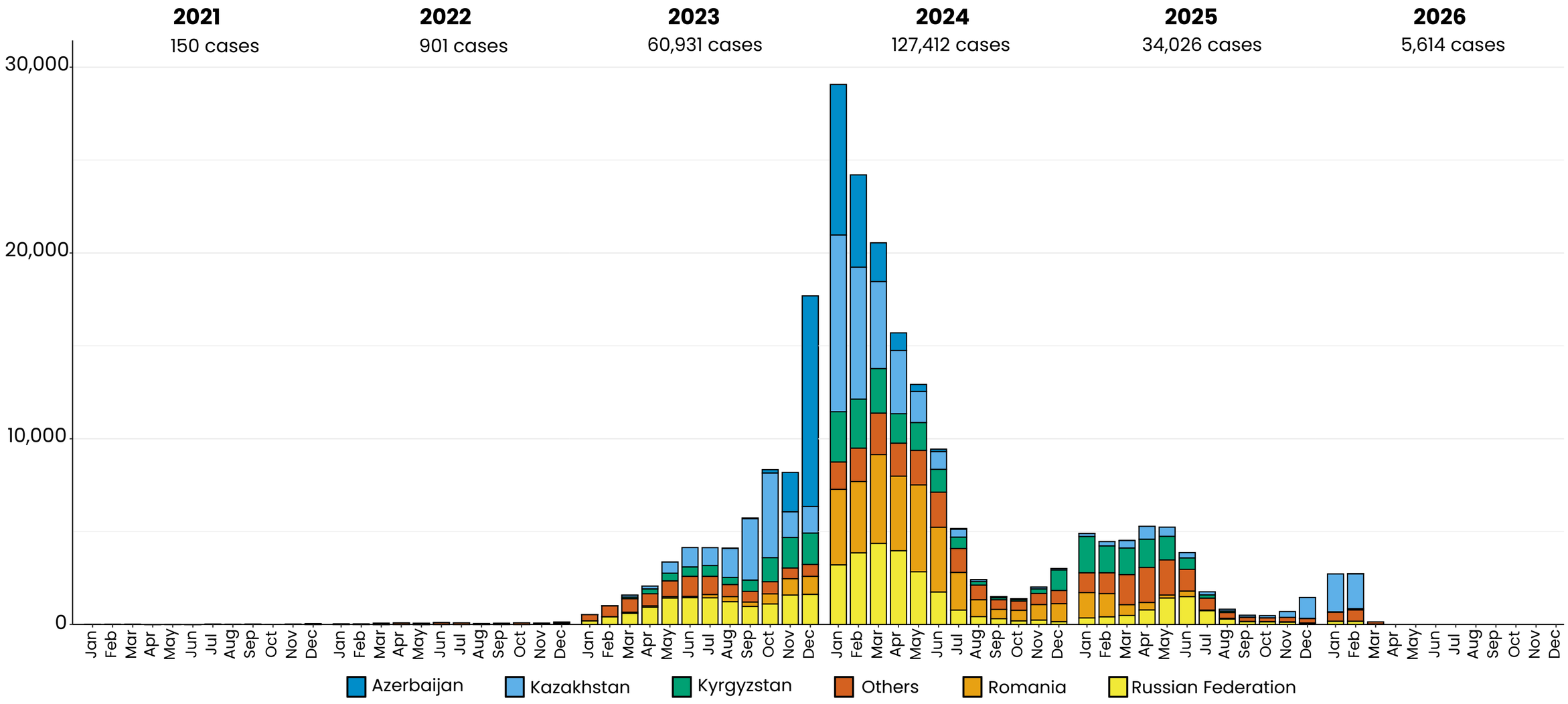


WHO/UNICEF Coverage Estimates (WUENIC)



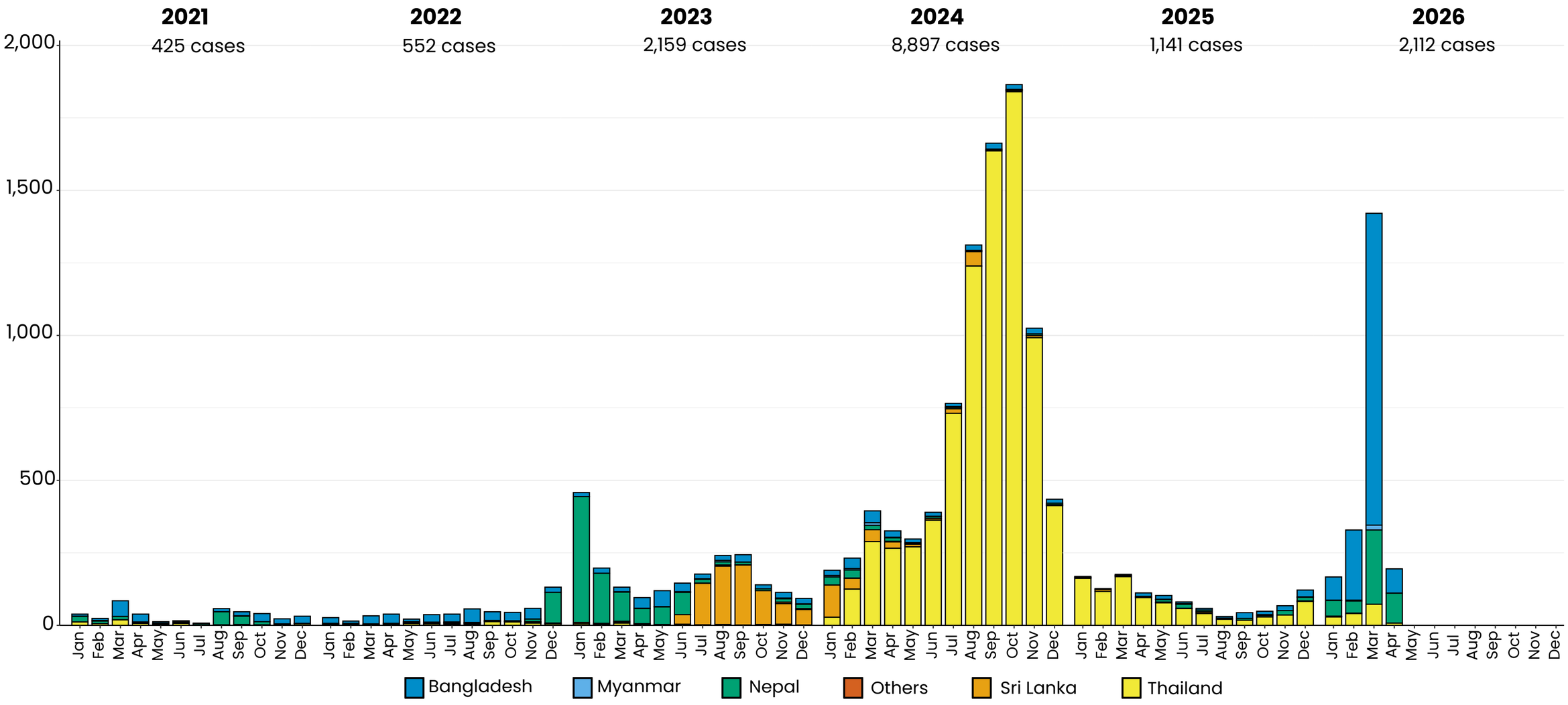
Based on data received 2026-04 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Measles case distribution (EUR), 2021-2026



Based on data received 2026-04 - Data Source: IVB Database

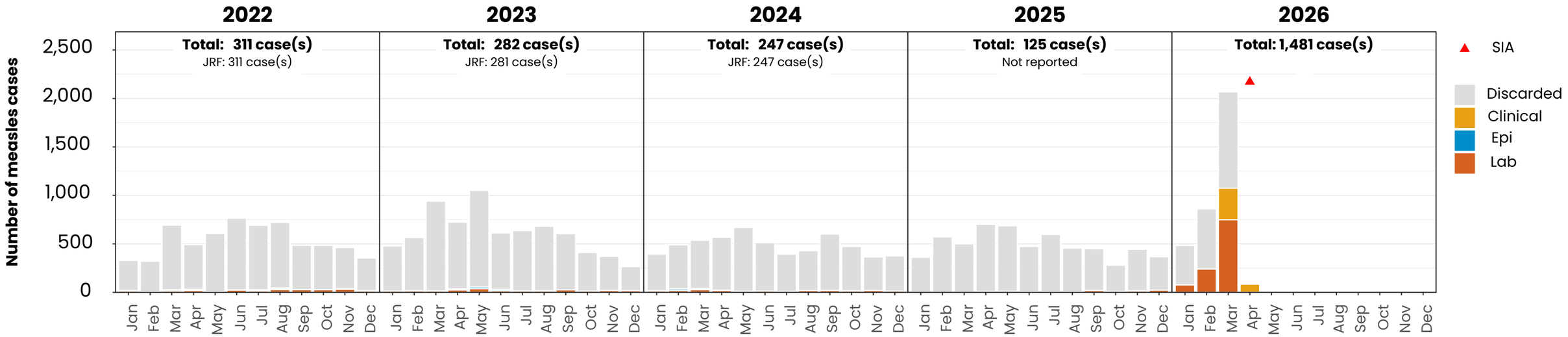
Measles case distribution (SEAR (excl. India)), 2021-2026

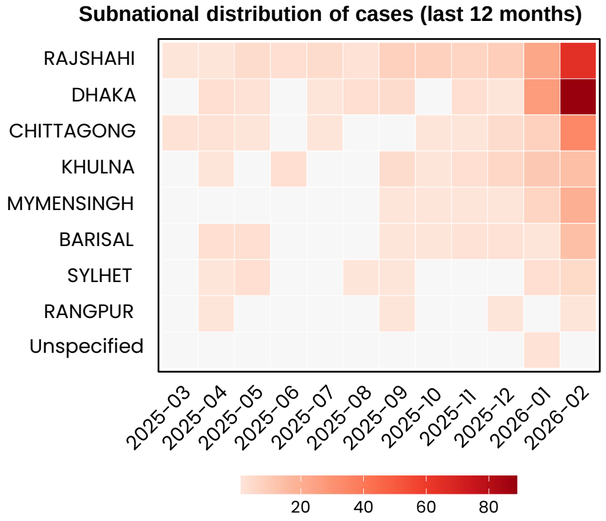


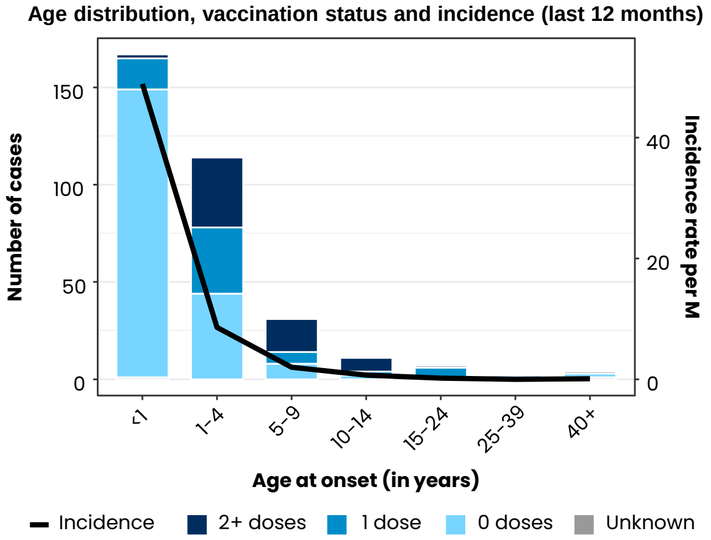
Based on data received 2026-04 - Data Source: IVB Database

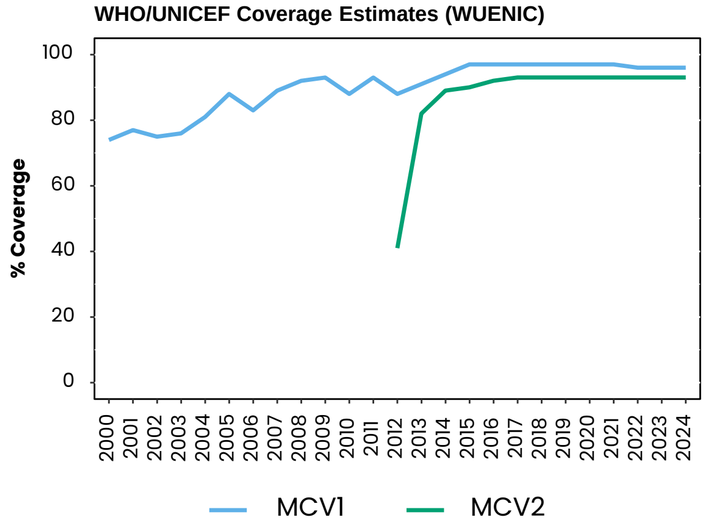
Measles cases: Bangladesh

ELIMINATION STATUS: **ENDEMIC**



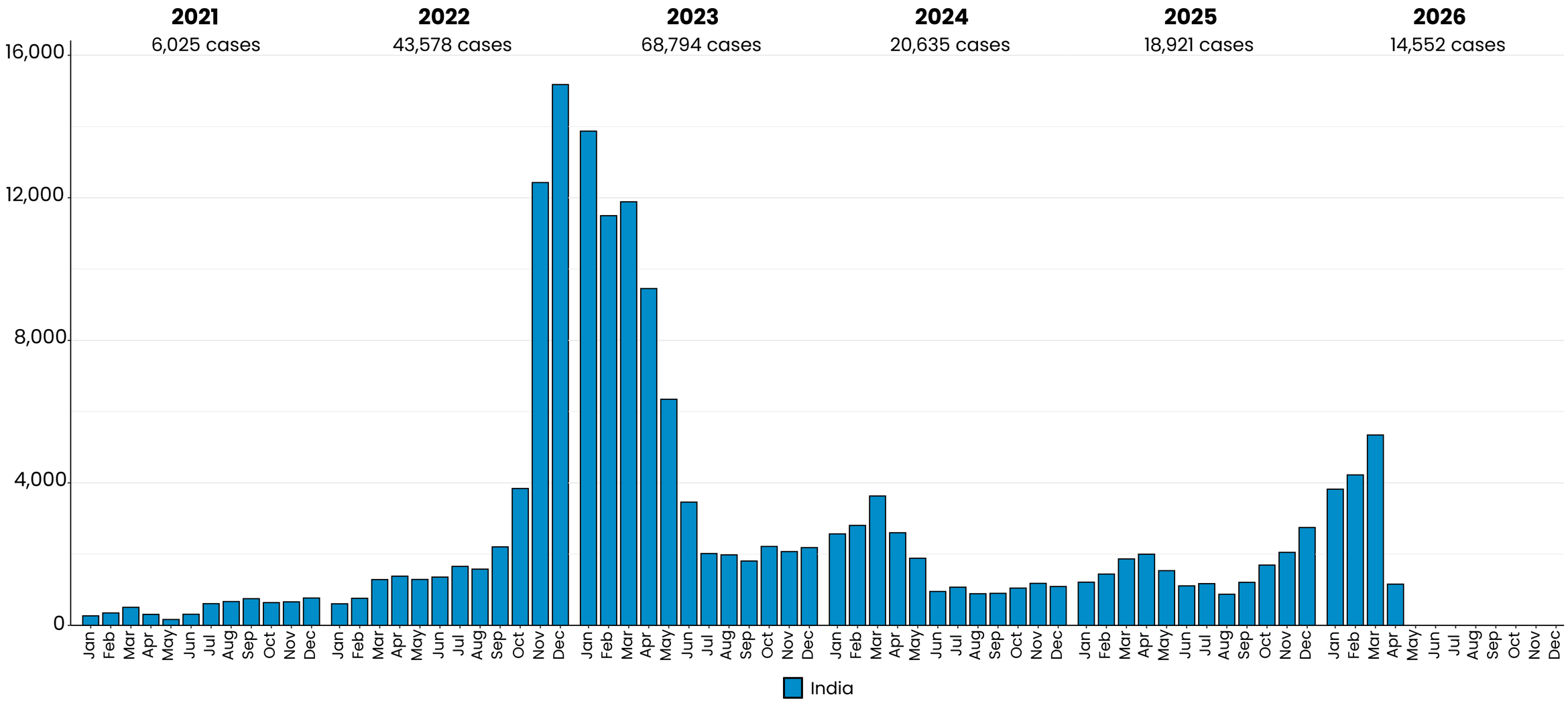






Based on data received 2026-04 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

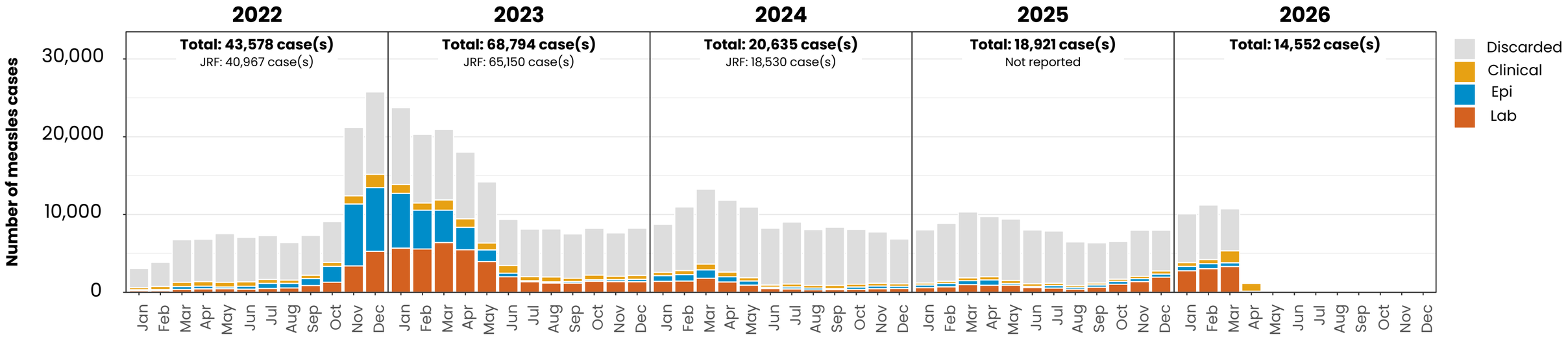
Measles case distribution (SEAR, India), 2021-2026

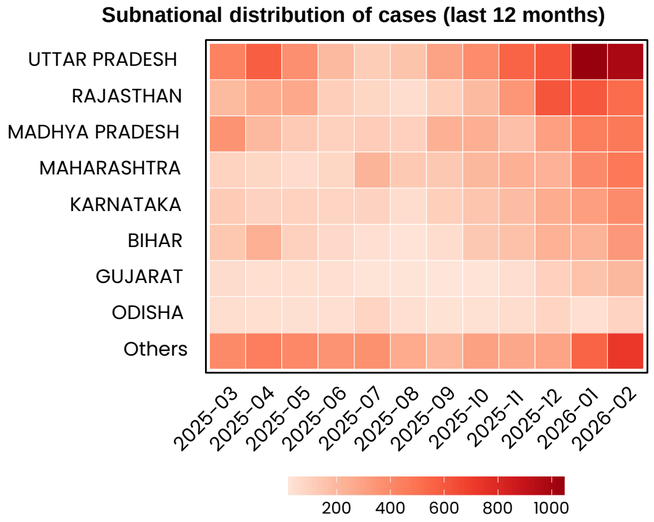


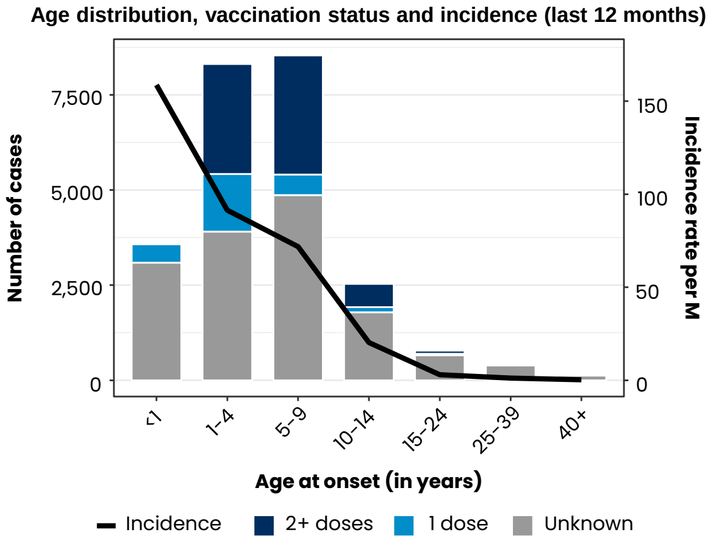
Based on data received 2026-04 - Data Source: IVB Database

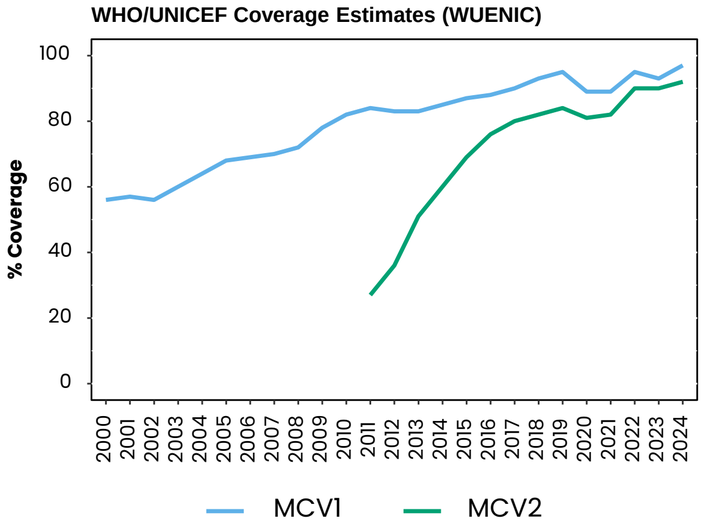
Measles cases: India

ELIMINATION STATUS: **ENDEMIC**



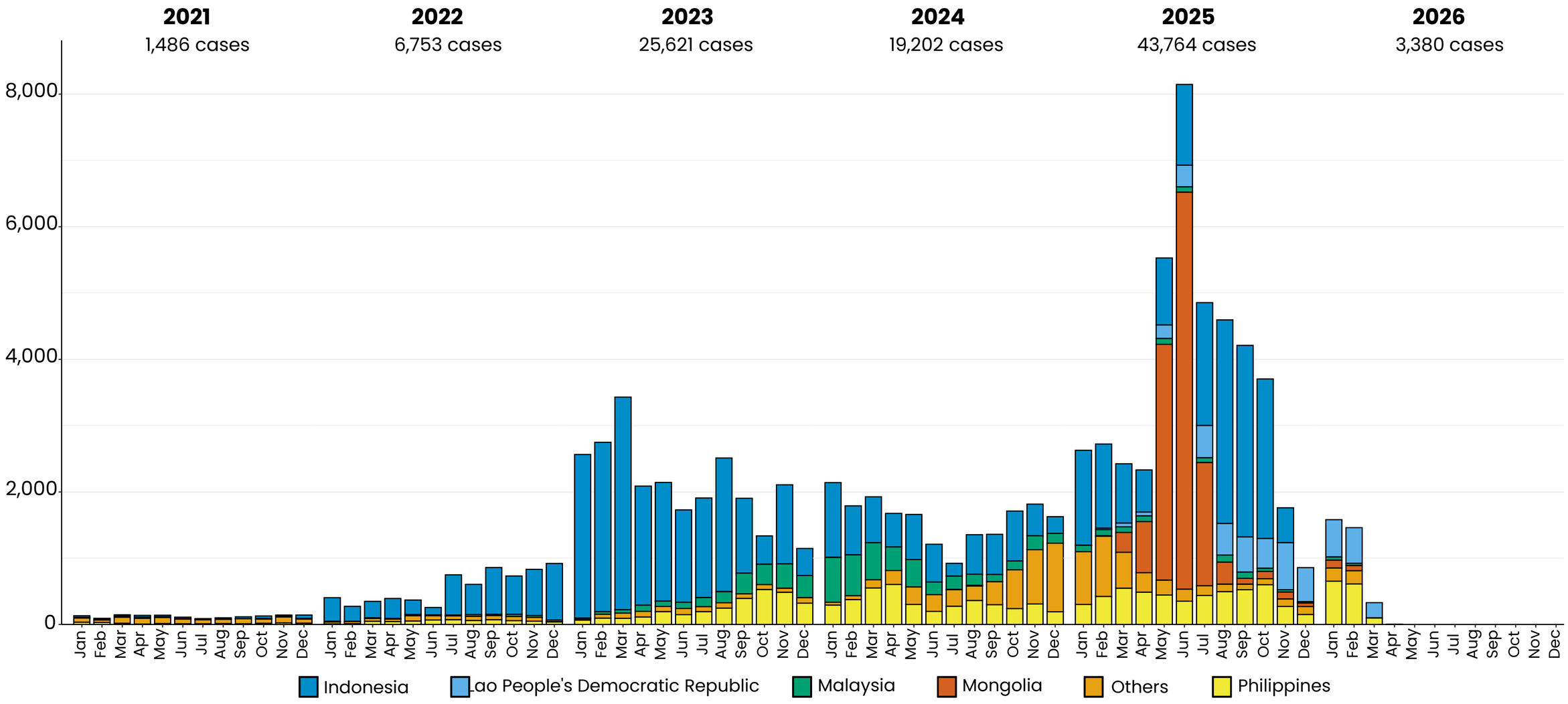






Based on data received 2026-04 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

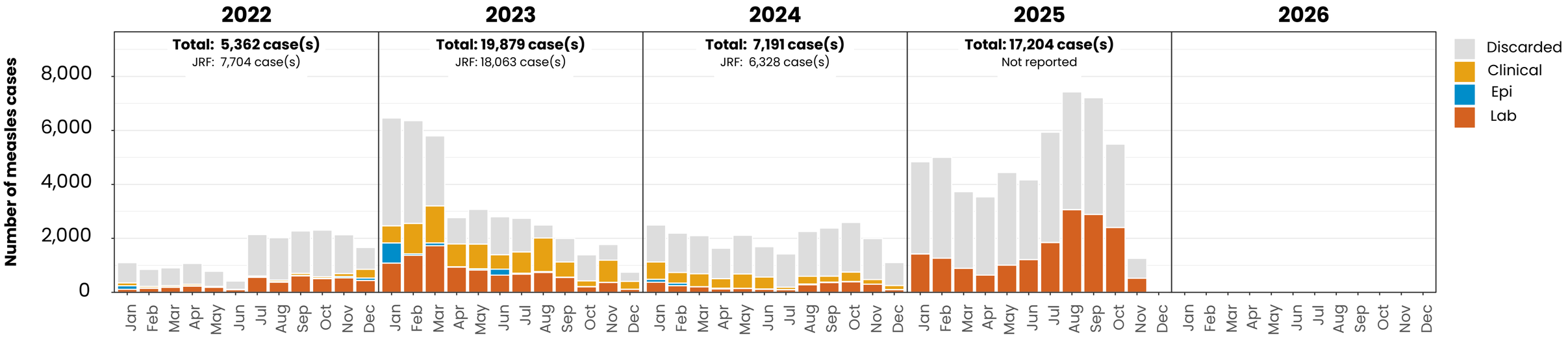
Measles case distribution (WPR), 2021-2026



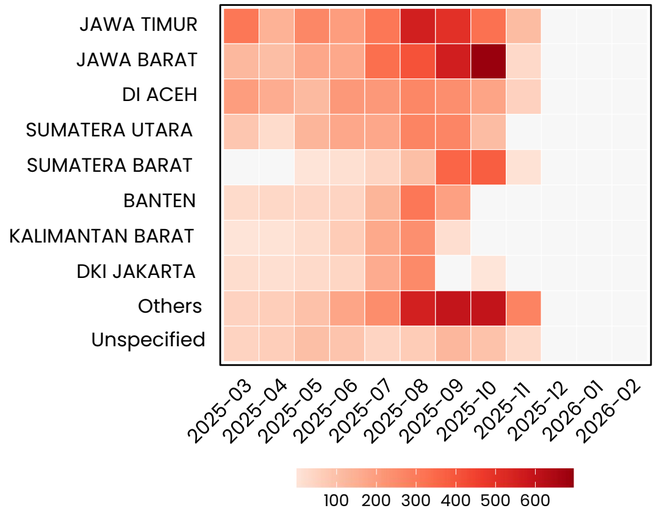
Based on data received 2026-04 - Data Source: IVB Database

Measles cases: Indonesia

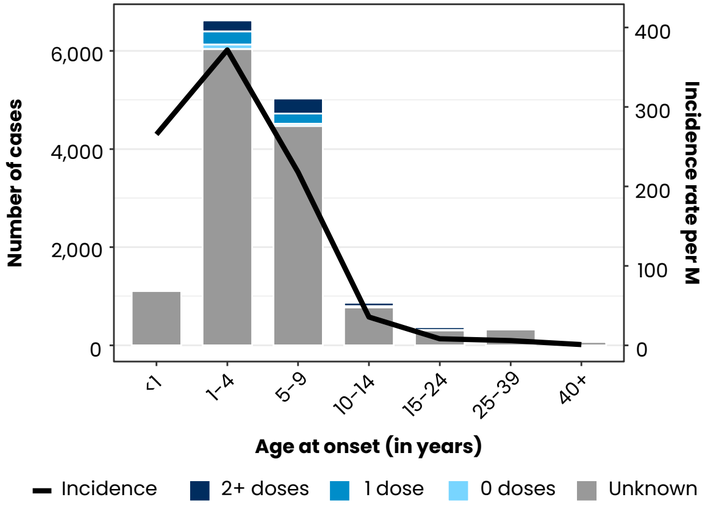
ELIMINATION STATUS: **ENDEMIC**



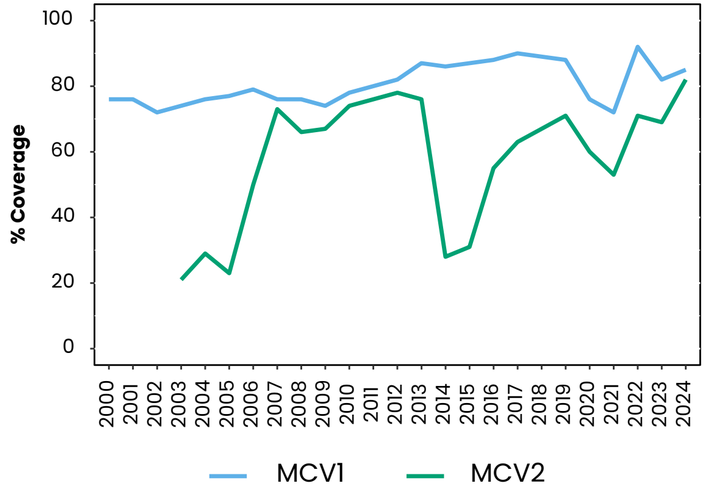
Subnational distribution of cases (last 12 months)



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



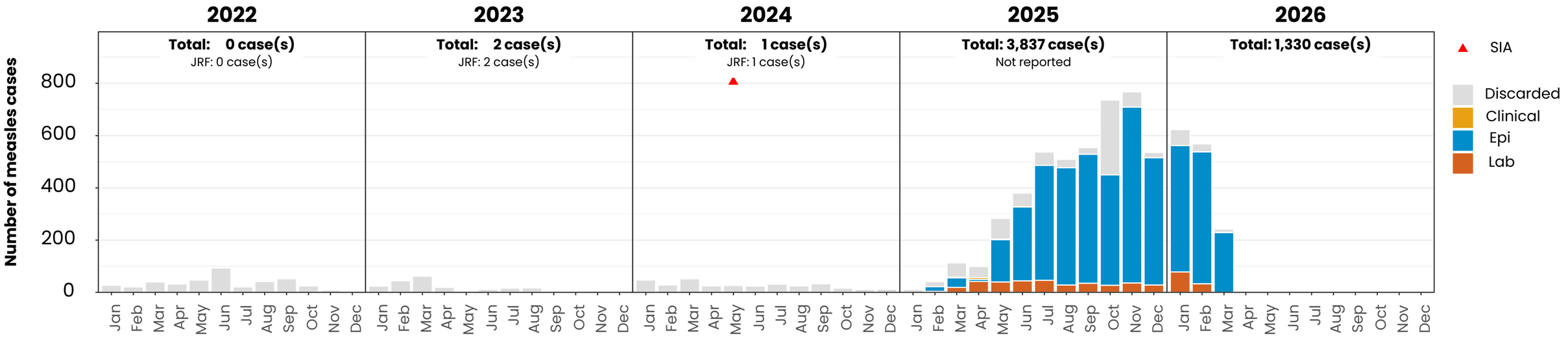
WHO/UNICEF Coverage Estimates (WUENIC)

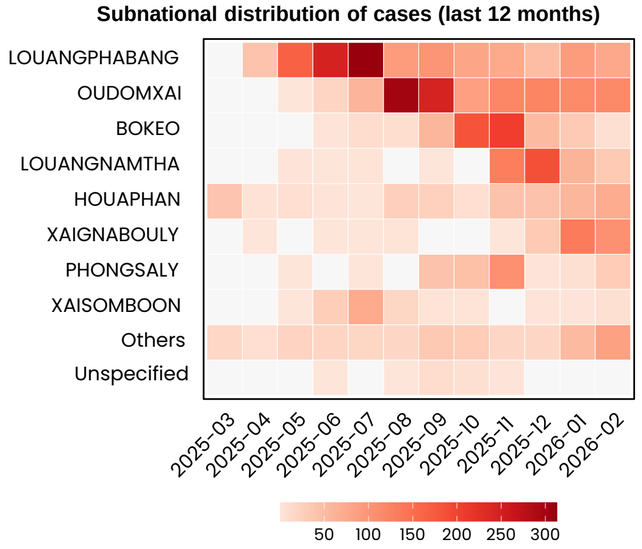


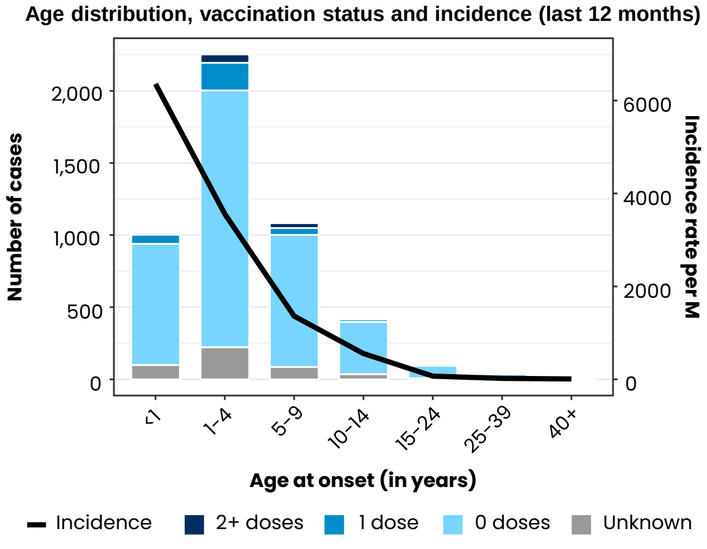
Based on data received 2026-04 - Data Source: IVB Database. Main epi curve was built using a combination of case-based and aggregate surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

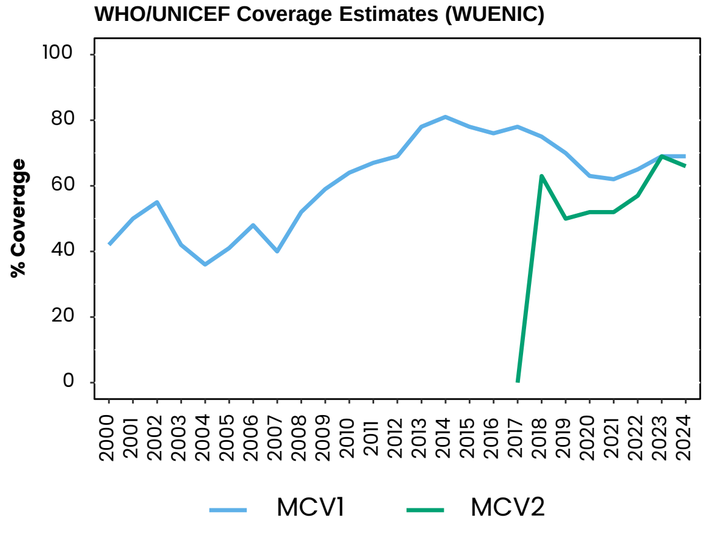
Measles cases: Lao People's Democratic Republic

ELIMINATION STATUS: **ENDEMIC**



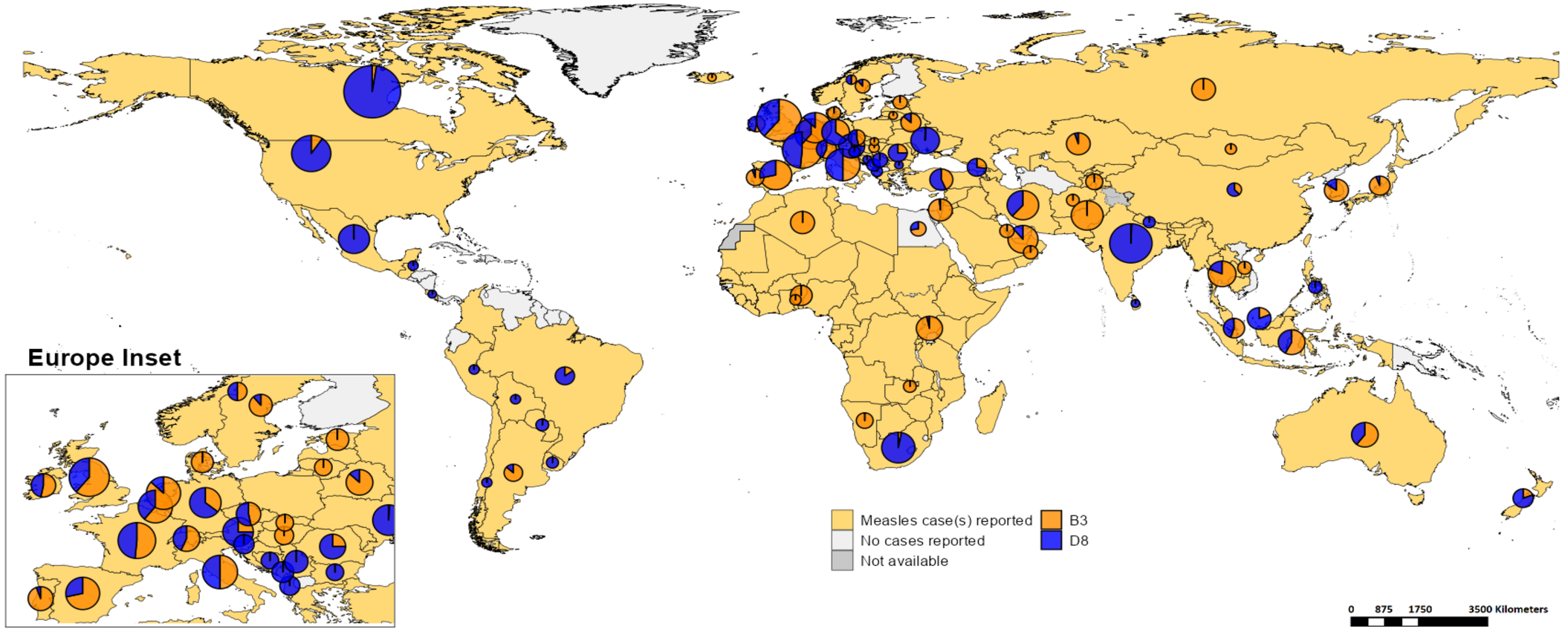






Based on data received 2026-04 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Distribution of measles genotypes (last 12 months)



World Health Organization

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 2026-04-16 and covering the period between 2025-03 and 2026-02 - 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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