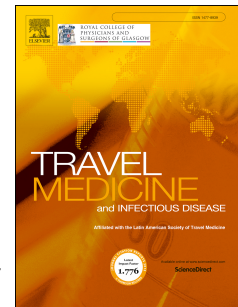


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The 2026 FIFA World Cup: Communicable disease risks and advice for visitors to Canada, the United States, and Mexico

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Editorial

The 2026 FIFA World Cup: Communicable disease risks and advice for visitors to Canada, the United States, and Mexico

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The 2026 FIFA World Cup will be one of the largest international mass gatherings ever organized. For the first time in history, the tournament will be hosted by three countries simultaneously, Canada, the United States, and Mexico, and will involve 48 national teams competing across 16 cities. The tournament will take place from June 11 to July 19, 2026. Millions of international travelers, athletes, journalists, staff members, and supporters are expected to move between venues over several weeks, generating one of the largest episodes of short-term global mobility recorded in modern sport [1]. As observed in previous FIFA World Cups, the Olympic Games, and the Pan-American Games, large-scale human movement creates important opportunities for the amplification and dissemination of communicable diseases, both endemic and imported; as well as, non-communicable risks, such as injuries, accidents, extreme weather events, disasters, and intentional threats, such as terrorism [1-5].

Mass gatherings have repeatedly demonstrated their potential to facilitate the transmission of infectious diseases and place strains on often overburdened host health systems [6-10]. Previous experiences from the FIFA World Cup in Brazil in 2014 [2, 3], the Olympic Games in Rio de Janeiro in 2016 [3], the Pan American Games in Peru in 2019 [5], and the FIFA World Cup in Qatar in 2022 [4] emphasize the importance of pre-travel counseling, vaccination strategies, epidemiological surveillance, vector control, food safety measures, strong communication strategies, and rapid outbreak response systems. Another challenge often associated with mass gatherings is the difficulty of conducting surveillance, tracking cases, and responding promptly to public health events. Large-scale events provide an environment conducive to the transmission of various pathogens, where a combination of factors such as high population density, sanitary conditions, the diverse geographic origins of attendees, and the presence of individuals with different immune profiles accelerates the spread of infectious diseases [11, 12].

The epidemiological baseline for the 2026 FIFA World Cup necessitates a risk-stratified approach to clinical counseling, primarily driven by the documented resurgence of vaccine-preventable diseases across the Americas, notably measles globally (Table 1) [13-18]. During 2025 and continuing into 2026, multiple countries in the Americas and other regions have reported substantial measles outbreaks associated with declining vaccination coverage (<https://www.paho.org/sites/default/files/2026/05/measles-outbreak-situation-report-no3-21may-2026.pdf>), increased vaccine hesitancy [19], disruptions in immunization programs following the COVID-19 pandemic, and intensified international travel (www.cdc.gov; www.who.int; www.paho.org). The Pan American Health Organization (PAHO) announced in November 2025 that the Region of the Americas has lost its verification as free from endemic measles transmission (<https://www.paho.org/en/news/2-3-2026-update-review-measles-elimination-status>). Given the extraordinary transmissibility of measles, mass gatherings involving crowded airports,

164 stadiums, fan zones, hotels, and public transportation systems create ideal conditions for
165 rapid spread [20-22].

166 The resurgence of measles in the Americas has been facilitated in part by the substantial
167 decline in routine childhood immunization coverage observed after the COVID-19
168 pandemic. Across the region, millions of children experienced delayed, incomplete, or
169 missed vaccinations, while recovery of coverage levels has remained heterogeneous and
170 insufficient in several countries. Simultaneously, increasing vaccine hesitancy and
171 misinformation have contributed to expanding susceptible populations, creating favorable
172 conditions for renewed outbreaks of vaccine-preventable diseases, particularly measles
173 [23, 24].

174 Measles currently represents one of the greatest preventable infectious risks associated
175 with international travel to the World Cup [2, 25-27]. The disease can spread efficiently
176 through airborne transmission, including in enclosed environments with brief exposure.
177 Given its exceptionally high basic reproduction number (R_0 of 12-18), measles poses a
178 highly efficient transmission threat within the dense mixing matrices of host city transit
179 hubs and enclosed stadium concourses, making pre-travel immunological verification a
180 critical mitigation strategy. Imported measles cases linked to international sporting events
181 have been documented previously, and the Americas remain vulnerable to re-
182 establishment of endemic transmission [28]. The current epidemiological situation in
183 North America is particularly relevant because outbreaks have been reported in multiple
184 jurisdictions of the United States, Canada, and Mexico during 2025–2026 (www.cdc.gov;
185 www.canada.ca; www.gob.mx). Large urban centers hosting World Cup matches may
186 therefore face increased vulnerability to transmission chains involving susceptible visitors
187 and local populations (Figure 1). Consequently, high-traffic transit hubs and mass-
188 gathering venues within host cities may act as localized amplification nodes.
189 Transmission dynamics in these micro-environments will largely depend on the
190 interaction between susceptible visitors and specific, under-vaccinated cohorts within
191 local host populations (Figure 1). The host countries have reported more than 20,000
192 measles cases in 2026, and cases have been confirmed in most jurisdictions where World
193 Cup locations (15 out of the 16) are designated across these three countries (Figure 1).

194 Accordingly, pre-travel vaccination assessment should constitute the cornerstone of
195 preventive strategies for all travelers attending the tournament [29-31]. Although some
196 vaccines are specifically relevant to the infectious risks associated with international travel
197 and mass gatherings during the FIFA World Cup 2026 (particularly MMR, Tdap, influenza,
198 COVID-19, hepatitis A, hepatitis B, and meningococcal vaccines), others, such as
199 pneumococcal and RSV vaccines, reflect broader recommendations for routine adult
200 immunization and optimization of baseline preventive health before travel. The principal
201 vaccines recommended for travelers attending the 2026 FIFA World Cup are summarized
202 in Table 2. Travelers should ideally seek pre-travel medical consultation at least 4–8

weeks before departure. Verification of routine immunizations is essential, particularly for measles-mumps-rubella (MMR), diphtheria-tetanus-pertussis, influenza, COVID-19, hepatitis A, and hepatitis B vaccines. In selected travelers, particularly adolescents, young adults, and those staying in shared accommodations or participating in prolonged crowded activities, meningococcal vaccination (MenACWY and, in selected circumstances, MenB) may also be considered as part of pre-travel risk assessment. Complete measles immunization with two documented doses of MMR vaccine or evidence of immunity should be strongly recommended for all eligible travelers, starting at 1 year of age. In selected situations, infants aged 6–11 months traveling internationally may require an early dose of the MMR vaccine according to national recommendations [2, 5, 32].

Pertussis also deserves particular attention [33]. Several countries in the Americas and Europe have experienced significant increases in pertussis incidence in recent years, including outbreaks among adolescents and adults [34, 35]. Waning immunity and incomplete booster coverage may facilitate transmission during mass gatherings. Reinforcement with adult tetanus-diphtheria-acellular pertussis vaccination (Tdap) should therefore be considered, especially among healthcare workers, older adults, and travelers with close contact with infants [36, 37].

Respiratory infections will likely remain among the most common health threats during the tournament. Influenza viruses [38], notably, the circulation of the influenza A H3N2 virus of the K subclade (J.2.4.1) [39], which the WHO has reported and warned about, citing sustained transmission during the 2025–2026 season in its North American region; SARS-CoV-2 [40], other coronaviruses such as 229E [41], NL63, OC43, HKU1; respiratory syncytial virus [42], rhinoviruses, and other respiratory pathogens can spread efficiently in crowded environments [2, 3, 5]. Preventive measures should include vaccination when indicated, respiratory hygiene, hand hygiene, masking in select high-risk settings, and avoiding travel while symptomatic. Previous analyses of mass gatherings have demonstrated the important role of close human proximity in facilitating respiratory disease outbreaks [43]. Seasonal influenza has historically been associated with sporting events and international gatherings [44]. Although COVID-19 no longer poses the same global emergency as in 2020–2022, the continued circulation of SARS-CoV-2 variants remains a concern, especially among vulnerable populations [45].

In addition to vaccine-preventable respiratory infections, foodborne and waterborne illnesses are expected to remain common among travelers. Traveler's diarrhea remains among the most common conditions affecting international travelers attending mass events [46–48]. Norovirus, non-typhoidal Salmonella, enterotoxigenic and Shiga toxin-producing Escherichia coli, and other enteric pathogens may spread through contaminated food, water, or high-contact surfaces, particularly in crowded environments where sanitation systems and food services are under pressure. Previous GeoSentinel

analyses involving travelers returning from Brazil identified diarrheal syndromes among the leading causes of illness during international sporting events [3]. Preventive advice should emphasize safe food handling, frequent handwashing, adequate hydration, and avoidance of unsafe water and uncooked foods [49-51].

Vector-borne diseases also warrant consideration, particularly in Mexico and the southern United States [52, 53]. Dengue, Zika, chikungunya, and Oropouche virus disease continue to expand geographically in the Americas [54]. Climatic conditions, urbanization, and vector proliferation contribute to sustained arboviral transmission [55]. Although the principal host cities in Mexico are not located within malaria-endemic areas, travelers with broader itineraries may visit regions where malaria transmission persists. This requires physicians in the host health system to promptly recognize the risk, test for it, and treat it to prevent avoidable harm [56, 57]. Personal protective measures against mosquito bites, including DEET-containing repellents, are recommended. Also, to wear light-colored clothing that covers as much of the body as possible, a strategy that both minimizes direct contact with the vector and facilitates visual inspection. Environmental precautions should therefore also be reinforced [58-62]. There is also a minor risk of vector-borne transmission of Lyme and Chagas disease [63, 64]. The risk of vector-borne zoonoses in host countries is concentrated in rickettsial diseases and Lyme disease, with the highest incidence during the summer months (June to August), the peak period for tick activity. Of note is the incidence of spotted fever in Mexico and the southwestern United States. At the same time, Lyme disease is prevalent in Canadian cities and the northern/northeastern United States, with exposure to ticks in peri-urban areas.

Therefore, measures against ticks and triatomine bugs should also be recommended. In the cities where the soccer matches will be played in Mexico, there is no cutaneous or visceral leishmaniasis; however, in other areas of Mexico (e.g., Quintana Roo and Campeche), there have been cases of the cutaneous form in 2026 (<https://www.gob.mx/cms/uploads/attachment/file/1079562/sem18.pdf>).

World Cup matches in the summer require extra caution due to extreme heat and large crowds. In Mexico, temperatures can easily reach 45°C in both the north and south, increasing the risk of dehydration and heat exhaustion. Travelers should stay hydrated at all times, plan breaks, and watch for signs such as dizziness, mental confusion, and low blood pressure. In addition, large crowds in temporary structures increase the risk of injury. Therefore, it is essential to locate emergency exits, avoid overcrowded areas, and limit alcohol consumption, which accelerates dehydration and causes accidents.

The principal communicable disease risks relevant to travelers attending the 2026 FIFA World Cup, including their epidemiological characteristics, geographic relevance, and key preventive measures, are summarized in Table 1.

Other infectious risks include sexually transmitted infections, such as HIV, syphilis, gonorrhea, mpox, and hepatitis B. Mass gatherings have historically been associated with increased sexual risk behaviors, emphasizing the importance of preventive education, condom use, hepatitis B vaccination, and awareness regarding timely access to HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) when indicated. Emerging and re-emerging infectious diseases, such as Mpox, also need to be considered in risk assessment.

Healthcare providers should also remind travelers regarding rabies exposure prevention, particularly for those planning ecotourism activities or animal contact in rural settings [2, 5]. In addition, travelers should be warned about the risk of scorpion stings and accidents involving venomous animals, especially in Mexico [65].

An additional emerging concern associated with international sporting events is antimicrobial resistance (AMR) [1, 6, 8]. Recent discussions have highlighted the potential role of the 2026 FIFA World Cup as a sentinel event for the global dissemination of antimicrobial-resistant microorganisms and the introduction of resistant clones [1, 66]. International travel facilitates microbial exchange between populations with different resistance epidemiology, including asymptomatic colonization with multidrug-resistant bacteria. Enhanced surveillance systems, antimicrobial stewardship, wastewater monitoring, and coordinated international data sharing may therefore become increasingly important components of preparedness strategies during major sporting events [67-70].

Preparedness for the World Cup should also include strengthened surveillance systems capable of rapidly detecting outbreaks and unusual infectious events [71-73]. Coordination among health authorities in Canada, the United States, and Mexico, as well as international organizations and sports authorities, will be essential. Public health messaging targeting travelers, healthcare professionals, and local populations should emphasize vaccination, respiratory hygiene, food safety, vector avoidance, and prompt medical consultation when symptoms develop [74-76]. Among these risks in overcrowded environments, meningococcal disease remains a threat to travelers, smokers, and event attendees. Healthcare professionals should remain aware of imported and emerging infections in returning travelers, particularly febrile illnesses with respiratory or hemorrhagic presentations [77, 78].

Travel medicine and infectious diseases specialists will play a critical role before, during, and after the tournament. Pre-travel consultations provide opportunities to assess vaccination status, evaluate itinerary-specific risks, optimize chronic disease management, recommend preventive strategies, and educate travelers about warning signs that require medical attention. Post-travel evaluation will also remain essential for the early recognition of imported infections in returning travelers [2, 5, 79]. The estimated

incubation dynamics of selected communicable diseases associated with the FIFA World Cup 2026 suggest that many infected travelers may remain asymptomatic during international transit and develop symptoms only after returning home (Figure 2). In addition to the importance of pre-travel assessment, there should be integrated epidemiological surveillance systems in place to detect warning signs and provide assistance at airports in the three host countries, at all football stadiums where matches are held, and in local health systems, to detect any communicable disease in time, notify and implement control measures to prevent outbreaks (<https://www.who.int/publications/i/item/9789240113350>) (<https://www.cdc.gov/yellow-book/hcp/travel-associated-infections-diseases/meningococcal-disease.html>).

Given the rise in emerging and re-emerging infectious diseases with epidemic potential, mass gatherings can serve as important platforms for global sentinel surveillance; therefore, requiring a comprehensive approach that integrates active epidemiological surveillance, environmental monitoring, real-time diagnostic capacity, and a response flowchart, including the activation of an early warning system for febrile syndrome and the designation of triage zones (<https://www.who.int/activities/managing-health-risks-during-mass-gatherings>). Planning, the dissemination of health information, interagency coordination, and the availability of biosafety resources are critical factors in preventing scenarios of epidemic amplification in high-population-density settings [80]. The traveler should seek medical evaluation and inform healthcare professionals about their travel destinations and dates.

The Latin American Society of Travel Medicine (SLAMVI) has already issued a series of recommendations, especially for international travelers attending the 2026 FIFA World Cup, which are currently available in Spanish on its website (www.slamvi.org) and accompanied by a companion infographic (Figure 3).

The 2026 FIFA World Cup will undoubtedly be an extraordinary global celebration of sport and international exchange. However, as demonstrated by previous mass gathering events, communicable diseases remain an unavoidable component of global mobility [73, 81-84]. While communicable disease transmission is an inherent risk in short-term global mobility, active integration of cross-border surveillance and targeted pre-travel behavioral counseling can significantly attenuate outbreak velocity. Strengthening vaccination coverage, enhancing surveillance, promoting preventive education, and fostering international collaboration will be fundamental to minimizing the risk of infectious diseases during this unprecedented sporting event.

The traveling population serves as a crucial epidemiological sentinel in detecting cross-border spread of pathogens, particularly at mass gatherings. This scenario requires health systems to be prepared through integrated surveillance supported by

metagenomic diagnostics, a strategy that is directly aligned with the WHO's strategic priorities.

Declaration of interests

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Table 1. Main communicable disease risks, epidemiological characteristics, geographic relevance, and preventive recommendations for travelers attending the 2026 FIFA World Cup in Canada, the United States, and Mexico.

Infectious risk	Main epidemiological features	Countries / host-city relevance	Prevention advice
Measles	Highest priority. Very high transmissibility; outbreaks reported across North America in 2025–2026.	Canada, USA, Mexico. Particularly relevant to all host cities, given airports, stadiums, fan zones, public transport, and international mixing.	Verify 2 documented MMR doses or immunity before travel. Infants 6–11 months may need early MMR according to local guidance. Isolate and seek care for fever with rash.
Pertussis	Resurgence reported in the Americas and Europe; adults may have atypical disease and transmit to infants.	In all host countries and cities, the risk is enhanced in crowded indoor settings and family travel groups.	Ensure recent Tdap/dTpa booster, especially healthcare workers, older adults, pregnant travelers, and those in contact with infants.
Influenza and other respiratory viruses	Common during mass gatherings; transmission is favored by close contact, indoor spaces, and travel hubs.	All host cities. Risk may vary by season and hemispheric origin of visitors.	Annual influenza vaccine, respiratory hygiene, masks in high-risk settings, and avoid travel while febrile or acutely ill.
COVID-19	Ongoing circulation of SARS-CoV-2 variants; severe disease risk persists in older adults and immunocompromised travelers.	All host cities.	Updated COVID-19 vaccination according to national recommendations; testing and masking when symptomatic or exposed.
Traveler's diarrhea / foodborne infections	Among the most frequent travel-associated syndromes are those caused by bacterial, viral, and parasitic pathogens.	Relevant in all host countries, especially for travelers consuming street food or eating in crowded venues.	Hand hygiene, safe food and water practices, oral rehydration salts, and avoidance of raw or undercooked foods when the risk is uncertain.
Hepatitis A	Food- and waterborne; risk increases with travel and variable exposure to sanitation.	All three countries are more relevant to broader itineraries and to travelers visiting friends and relatives.	Hepatitis A vaccination for non-immune travelers.
Hepatitis B / sexually transmitted infections	Risk linked to sexual exposure, medical procedures, tattoos/piercings, and blood exposure.	All host cities; mass gatherings may increase risk behaviors.	Hepatitis B vaccination, condom use, PrEP when indicated, and avoid unsafe injections or unregulated procedures.
Dengue	Expanding in the Americas, travel-associated and locally acquired cases are increasingly reported in parts of the USA; endemic risk in Mexico.	Mexico: broader risk beyond host cities; USA: greater concern in southern states, including areas near Houston, Dallas, Miami, and Los Angeles, depending on season and vector activity.	Mosquito avoidance: DEET/picaridin repellent, long sleeves, air-conditioned or screened accommodation; seek care for fever after mosquito exposure.
Zika / chikungunya / Oropouche	Arboviral infections with regional emergence in the Americas; Zika is important for pregnancy-related risk.	Mainly relevant for Mexico and broader Latin American itineraries; theoretical or localized risk in the southern USA.	Mosquito avoidance. Pregnant travelers should review destination-specific guidance before travel.
Malaria	Not expected in the World Cup host cities, but present in limited areas of Mexico.	Mexico: risk for travelers extending itineraries to endemic areas; not expected in Mexico City, Guadalajara, or Monterrey.	Itinerary-specific assessment for chemoprophylaxis; mosquito avoidance.
Rocky Mountain spotted fever and other rickettsioses	Tick-borne disease; potentially severe; risk varies geographically and seasonally.	USA and Mexico; possible relevance for travelers with outdoor exposure near endemic areas.	Tick avoidance, repellents, protective clothing, prompt tick removal, and early medical evaluation for fever/rash after a tick bite.
Rabies	Rare but almost always fatal after symptom onset; risk from dogs, bats, and wildlife.	All countries; greater relevance for rural/ecotourism activities and animal contact, especially broader itineraries in Mexico.	Avoid animal contact; consider pre-exposure vaccination for high-risk travelers; urgent post-exposure prophylaxis after bites/scratches.
Antimicrobial-resistant organisms	International travel and mass gatherings may facilitate the silent dissemination of resistant bacteria.	All host countries and international travelers.	Antimicrobial stewardship, avoid unnecessary antibiotics, safe food/water practices, and healthcare-associated screening when indicated.

AMR, antimicrobial resistance; COVID-19, coronavirus disease 2019; DEET, N,N-diethyl-meta-toluamide; HIV, human immunodeficiency virus; MMR, measles-mumps-rubella; PrEP, pre-exposure prophylaxis; RSV, respiratory syncytial virus; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2; USA, United States of America.

Table 2. Recommended vaccines for travelers attending the 2026 FIFA World Cup in Canada, the United States, and Mexico.

Vaccine	Recommended travelers/population	Rationale in the context of the FIFA World Cup 2026
Priority Vaccines		
Measles-mumps-rubella (MMR)	All travelers without documented immunity or incomplete vaccination; infants 6–11 months may require an early dose according to national recommendations	Ongoing measles outbreaks in North America and globally; extremely high transmissibility in airports, stadiums, public transportation, and fan zones. Prevention of importation and secondary transmission is critical.
Tetanus-diphtheria-acellular pertussis (Tdap/dTpa)	Adults without a recent booster (<10 years), healthcare workers, pregnant women, and travelers in contact with infants	Pertussis resurgence in the Americas and Europe; crowding may facilitate respiratory transmission.
Influenza vaccine	All travelers, especially older adults, pregnant women, immunocompromised persons, and those with chronic diseases	Mass gatherings facilitate respiratory virus transmission; influenza outbreaks have historically occurred during sporting events and international gatherings.
COVID-19 vaccine	All eligible travelers according to updated national recommendations	Continued circulation of SARS-CoV-2 variants; risk of transmission in crowded indoor settings and during international travel.
Hepatitis A vaccine	Non-immune travelers, especially those consuming local food or extending itineraries	Food- and waterborne transmission remains a common travel-associated risk.
Hepatitis B vaccine	Unvaccinated travelers, long-stay travelers, persons with potential sexual exposure or medical procedures abroad	Risk associated with sexual exposure, medical care, tattoos, and accidental blood exposure during travel.
Meningococcal ACWY vaccine ($\pm$ MenB in selected cases)	Adolescents and young adults, travelers in shared accommodations, long-stay visitors, immunocompromised individuals, and travelers with specific risk factors according to national recommendations	Large international mass gatherings may facilitate close-contact respiratory transmission of <i>Neisseria meningitidis</i> , particularly in crowded environments and shared accommodations
Vaccines for selected travelers or specific risk scenarios		
Typhoid vaccine	Travelers with broader itineraries, higher-risk food exposure, or prolonged stays, particularly in Mexico or rural areas	Potential exposure through contaminated food or water; prevention of enteric fever in travelers with higher-risk itineraries.
Rabies pre-exposure vaccine	Travelers with anticipated animal contact, ecotourism activities, or prolonged rural stays	Rabies remains endemic in wildlife reservoirs and some domestic animals in the Americas.
Respiratory syncytial virus (RSV) vaccine	Older adults and high-risk individuals according to national recommendations	RSV continues to cause substantial morbidity in older adults and vulnerable populations; crowded settings may facilitate spread.
Pneumococcal vaccines	Older adults and persons with chronic medical conditions or immunocompromising conditions	Reduction in the risk of severe pneumococcal disease associated with respiratory infections during travel.
Mpox vaccine (when indicated)	Selected high-risk travelers according to evolving epidemiology and public health recommendations	International mass gatherings may facilitate close-contact transmission of mpox in specific social and sexual networks.

COVID-19, coronavirus disease 2019; MMR, measles-mumps-rubella; Mpox, monkeypox; RSV, respiratory syncytial virus; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2; Tdap/dTpa, tetanus-diphtheria-acellular pertussis vaccine. MenACWY, quadrivalent meningococcal conjugate vaccine; MenB, serogroup B meningococcal vaccine.

Figure 1. Geographic distribution of measles outbreaks and FIFA World Cup 2026 host cities in Canada, the United States, and Mexico, 2025–2026.

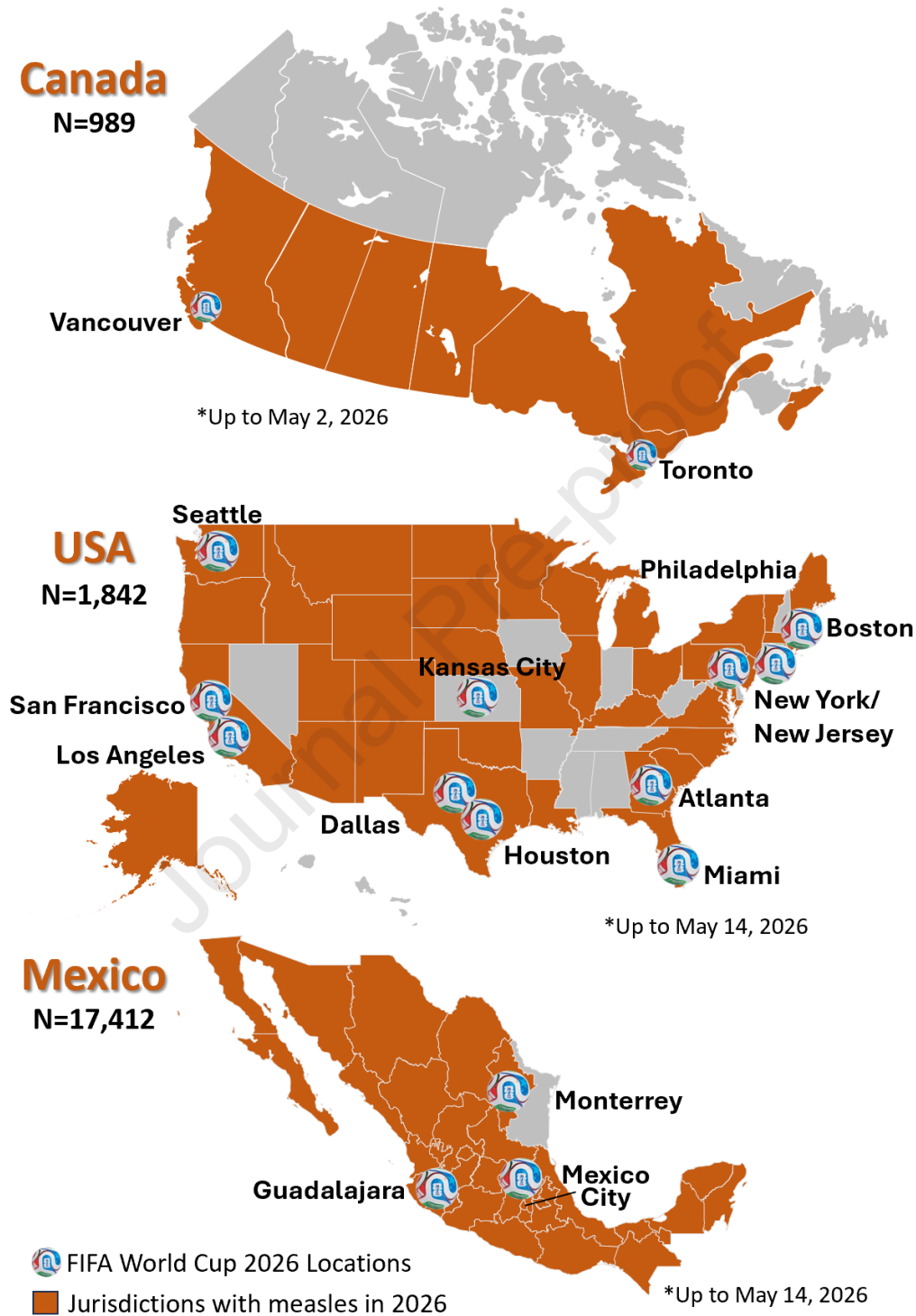
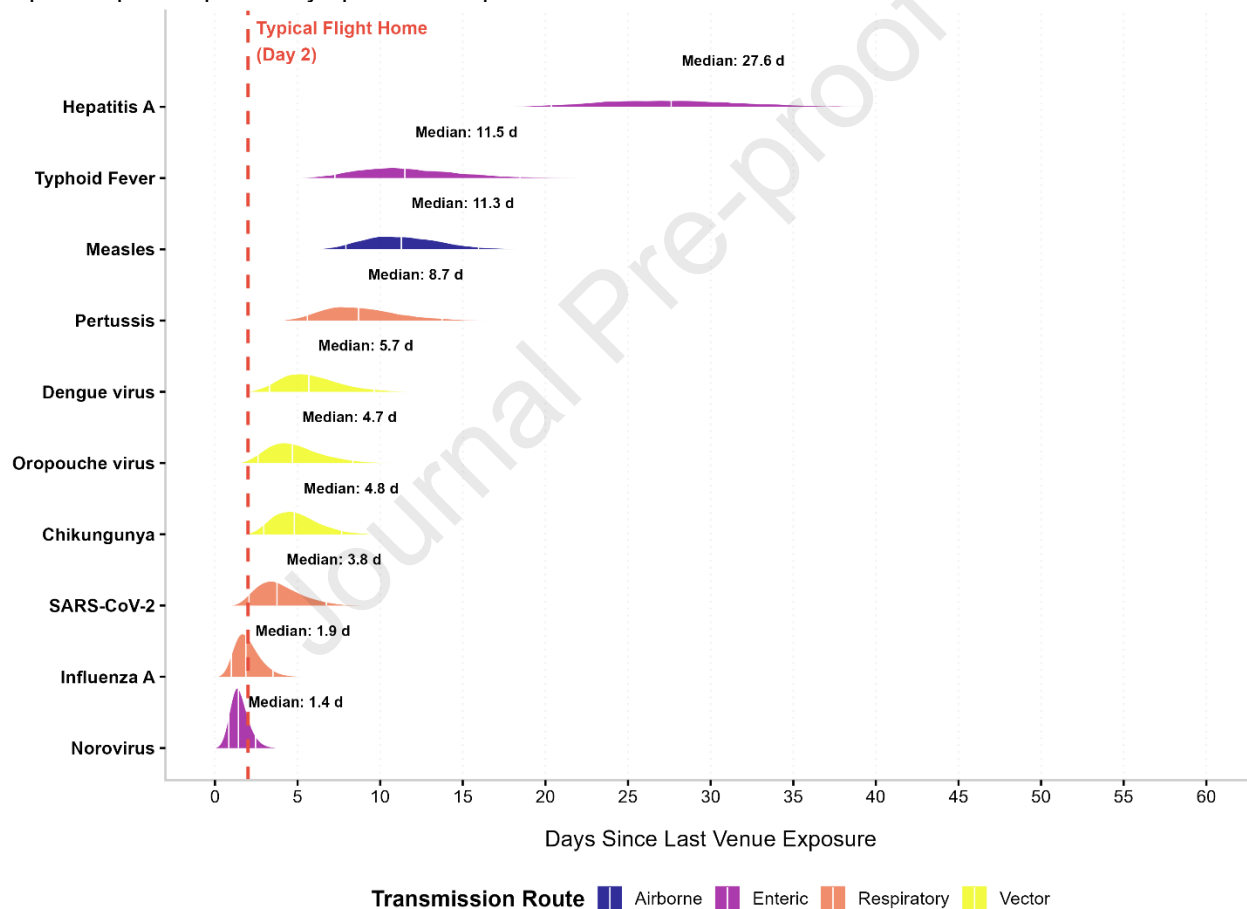


Figure 2. Estimated post-travel incubation periods and asymptomatic transit potential of selected communicable diseases associated with the 2026 FIFA World Cup.

Post-Travel Symptom Onset: 90% Probability Density. Solid internal lines denote the 5th, 50th (median), and 95th percentiles of incubation. Ridgeline plot of simulated log-normal incubation periods ($n=10,000$ per pathogen) for ten communicable diseases relevant to the 2026 FIFA World Cup. The horizontal axis denotes the number of days elapsed since the last potential exposure at a venue. Solid vertical lines within each distribution mark the 5th, 50th (median), and 95th percentiles, capturing the 90% probability window for initial symptom presentation. Colors indicate the primary transmission route: airborne (blue), enteric (purple), respiratory (orange), and vector-borne (yellow). The dashed red line (Day 2) represents a standard international transit window. The peak probability for symptom onset across most pathogens, including arboviruses and measles, falls well after this transit period. This demonstrates that infected travelers will likely cross international borders asymptotically, underscoring the need for post-travel clinical vigilance rather than reliance on point-of-entry screening. Incubation parameters were derived from the published epidemiological literature for each pathogen and modeled with log-normal distributions to approximate expected post-exposure symptom-onset patterns.



599 **Figure 3.** Infographics of the SLAMVI recommendations for travelers attending the 2026
600 FIFA World Cup, available in Spanish at www.slamvi.org.

Guía de Salud: Mundial de Fútbol 2026 – Viaja Seguro con SLAMVI

Preparación: El Blindaje Preventivo (4-8 semanas antes)

Prioridad Crítica: Sarampión y Tos Ferina

Se exigen esquemas completos por brotes globales activos de estas enfermedades altamente contagiosas.



SRP
(Sarampión)



dTpa
(Tos ferina)



Consulta Médica Previa

Visite a un especialista 4 a 8 semanas antes para actualizar vacunas y profilaxis.

Refuerzos de Rutina Actualizados



Es esencial contar con refuerzos vigentes contra Influenza, COVID-19 y Hepatitis B.



Protección en el Destino y Post-Viaje



Higiene y Prevención de Vectores

Consuma agua embotellada y use repelente DEET (25-50%) para evitar enfermedades regionales.



Lavado de manos y evitar alimentos crudos o dudosos.



Regreso

6 Meses

Vigilancia hasta 6 Meses Después

Consulte al médico si presenta fiebre, tos persistente o erupciones tras su regreso.



NotebookLM

Health Guide: FIFA World Cup 2026 – Travel Safely with SLAMVI

Preparation: Preventive Protection (4-8 weeks before travel)

Critical Priority: Measles and Pertussis

Global outbreaks require complete vaccination schedules against these highly contagious diseases.



MMR
(Measles)



Tdap
(Pertussis)



Pre-Travel Medical Consultation

Visit a specialist 4 to 8 weeks before travel to update vaccines and preventive measures.

Stay Up to Date with Routine Boosters



It is essential to have up-to-date boosters against Influenza, COVID-19 and Hepatitis B.



Protection During Travel and Post-Travel



Hygiene and Vector Prevention

Drink bottled water and use DEET (25-50%) repellent to prevent region-specific diseases.



Wash your hands frequently and avoid raw or undercooked foods.



Return

6 Months

Monitor for Symptoms up to 6 Months After Travel

See a doctor if you develop fever, persistent cough or rash after returning.

