

# 2026 FIFA World Cup: Summary of High Consequence Pathogens



Kansas City will be one of 11 American cities to host the 2026 FIFA World Cup. The potential increase in tourism from different parts of the country and world creates the opportunity for disease importation into Kansas City, as well as the potential increase in healthcare utilization.

This document aids healthcare providers in evaluating patients for potential infectious diseases of concern and provides them with appropriate steps to control transmission in healthcare settings. All suspected and confirmed cases of reportable diseases, including those not on this list, should be reported to the Kansas City, MO Health Department Communicable Disease at 816-513-6152. Information about disease reporting can be found [here](#).

## Recommended Screening Procedures

- As part of a complete health history and physical examination, all patients should be asked about domestic and international travel history and animal exposure, in addition to participation in World Cup events.
- If a vaccine-preventable disease is suspected, immunization history should also be ascertained, particularly for the following conditions: measles, varicella, hepatitis A, typhoid, and tetanus.
- Suspected cases of infectious diseases detailed below, unusual disease clusters or outbreaks, and/or illnesses associated with any World Cup events should be immediately reported to Kansas City Health Department Communicable Disease 816-513-6152.

## Common Signs & Symptoms and Associated Disease

Some diseases of public health concern associated with these syndromes are listed below. These lists are not exhaustive, and most symptoms will be caused by common pathogens not listed here. Additional information on a selection of these pathogens is provided on pages 2-7.

Diarrhea (watery or bloody)	Fever	Muscle Aches/ Fatigue	Rash	Respiratory Symptoms	Vomiting
<ul style="list-style-type: none"> <li>• Cholera</li> <li>• Ebola and Sudan Virus Diseases</li> <li>• Lassa Hemorrhagic Fever</li> <li>• Poliomyelitis</li> <li>• Some South American Hemorrhagic Fever</li> <li>• Typhoid Fever</li> </ul>	<ul style="list-style-type: none"> <li>• Arboviral Infections</li> <li>• Malaria</li> <li>• Measles</li> <li>• Meningitis (viral/bacterial)</li> <li>• Melioidosis</li> <li>• MERS</li> <li>• Mpox</li> <li>• Novel Flu (ie. H5N1)</li> <li>• Plague</li> <li>• Poliomyelitis</li> <li>• SARS</li> <li>• Tuberculosis</li> <li>• Typhoid Fever</li> <li>• Viral Hemorrhagic Fever</li> </ul>	<ul style="list-style-type: none"> <li>• Arboviral Infections</li> <li>• Hantavirus</li> <li>• Malaria</li> <li>• Melioidosis</li> <li>• Mpox</li> <li>• Novel Flu (e.g. H5N1)</li> <li>• Schistosomiasis</li> <li>• SARS</li> </ul>	<ul style="list-style-type: none"> <li>• Arboviral Infections</li> <li>• Measles</li> <li>• Mpox</li> <li>• Schistosomiasis</li> </ul>	<ul style="list-style-type: none"> <li>• Hantavirus</li> <li>• Measles</li> <li>• Melioidosis</li> <li>• MERS</li> <li>• Novel Flu (e.g. H5N1)</li> <li>• Plague</li> <li>• SARS</li> </ul>	<ul style="list-style-type: none"> <li>• Cholera</li> <li>• Meningitis</li> <li>• Poliomyelitis</li> <li>• Viral Hemorrhagic Fever</li> </ul>

\* Arboviral infections [include](#): Chikungunya, dengue, [Oropouche](#), Rift Valley Fever, SFTS

## 2026 FIFA World Cup: Public Health Screening Tool for High Consequence Pathogens

Disease	Circulating Locations	Initial Signs / Symptoms	Incubation Period	Diagnostic Specimens	Testing Laboratory	Transmission-based Precautions
<b>Arboviral Infections</b> <ul style="list-style-type: none"> <li>• <a href="#">Chikungunya</a></li> <li>• <a href="#">Dengue</a></li> <li>• <a href="#">Oropouche virus</a></li> <li>• <b>Severe Fever with Thrombocytopenia Syndrome Virus (SFTS)</b></li> </ul>	<b>Chikungunya, Dengue, Zika, Oropouche:</b> Africa, Americas, Asia  <b>SFTS:</b> Asia	<b>Common:</b> Fever, joint pain, headache, muscle pain, joint swelling, rash, SFTS: nausea, vomiting, diarrhea + above  <b>Severe:</b> Encephalitis, Altered mental status SFTS: AKI, mucosal hemorrhage, DIC  <b>Signs of severe dengue (24-48 hrs after defervescence):</b> Bleeding from the gums, epistaxis, abdominal pain, hematemesis, hematochezia, extreme fatigue	<b>Chikungunya:</b> 3 – 12 days  <b>Dengue:</b> 3 – 14 days  <b>Oropouche:</b> 3 – 10 days <b>SFTS:</b> 7-14 days	Serum or Spinal Fluid	<b>Chikungunya, Dengue:</b> Commercial lab testing available, order serology (IgG and IgM) and PCR, if available  <b>Oropouche, SFTS:</b> Contact the MDHSS for testing coordination	<a href="#">Standard</a>
<a href="#">Cholera</a>	Africa, Haiti, Middle East, Southeast Asia	Watery diarrhea (rice-water stools), vomiting, leg cramps, dehydration	A few hours to 5 days	Stool	Commercial lab testing is available to detect the bacteria.  Confirmatory testing is done at <b>MSPHL</b> on isolates that are positive for <i>Vibrio cholerae</i> .  Contact the MDHSS for testing coordination	<a href="#">Standard and Contact precautions for diapered or incontinent persons</a>
<a href="#">Hantavirus Disease (Hantavirus Pulmonary Syndrome (HPS) and Hemorrhagic Fever with Renal Syndrome (HFRS))</a>	Americas, Asia and Europe	<b>HPS:</b> Fever, malaise, muscle pain, headache, dizziness, chills, coughing and shortness of breath, respiratory failure, and shock  <b>HFRS:</b> Headaches, back and abdominal pain, fever, nausea, blurred vision, internal bleeding, acute kidney failure	<b>HPS:</b> 1 – 8 weeks  <b>HFRS:</b> 1 – 2 weeks	Serum	Commercial lab testing is available, order both IgM and IgG.  Confirmatory testing at CDC. Contact the MDHSS BCDPC for testing coordination.	<a href="#">Standard</a>

<a href="#"><u>Malaria</u></a>	Africa, Asia, some areas of Central and South America have an elevated risk for Malaria	<b>Common:</b> Fever <b>Severe:</b> Altered consciousness, seizures, severe anemia, ARDS, hepatic and renal failure	12 – 30 days	Whole blood, thick and thin blood smears	Commercial lab testing available, microscopy and PCR to determine species	<a href="#"><u>Standard</u></a>
<a href="#"><u>Measles</u></a>	Global	Fever, malaise, cough, coryza, and conjunctivitis, Koplik spots, maculopapular rash  <b>Severe:</b> pneumonia, encephalitis	7 – 21 days	Nasopharyngeal (NP) or Urine, or throat swab	Commercial lab testing or MSPHL with approval	<a href="#"><u>Standard and Airborne</u></a>
<a href="#"><u>Melioidosis</u></a>	Southeast Asia, Northern Australia	Fever, headache, trouble breathing, stomach or chest pain, muscle pain, confusion, seizure	1 – 3 weeks	Blood, sputum, and urine	Commercial lab testing is available.  Testing at CDC. Contact the MDHSS for testing coordination	<a href="#"><u>Standard</u></a>
<a href="#"><u>Meningococcal disease</u></a>	Global	Fever, headache, stiff neck, altered mental status (confusion), nausea, photophobia (eyes being more sensitive to light), vomiting	1 – 10 days	Blood, spinal fluid	Commercial lab testing is available. Positive isolates [ <i>Neisseria meningitidis</i> ] should be submitted to MSPHL	<a href="#"><u>Standard and Droplet</u></a>
<a href="#"><u>Middle East Respiratory Syndrome (MERS)</u></a>	Middle East	Fever, cough, shortness of breath	2 – 14 days	Nasopharyngeal and/or Oropharyngeal swabs, sputum, and lower respiratory tract aspirates/washes	Testing at CDC. Contact the MDHSS for testing coordination.	<a href="#"><u>Standard, Contact, Droplet, and Airborne</u></a>
<a href="#"><u>Mpox</u></a>	<b>Central and West Africa:</b> Clade I, <b>Global:</b> Clade II	Fever, headache, muscle aches, backache, swollen lymph nodes, chills, exhaustion, rash	3 – 17 days	Swabs of lesion	Commercial testing is available or MSPHL with approval from MDHSS. Positive specimens should be sent to CDC for Clade testing. Contact the MDHSS BCDCP for testing coordination.	Minimum PPE: face mask Additional PPE may be used: Gown, gloves, eye protection.

<a href="#">New World Screwworm</a>	Central and South America, Caribbean, Mexico	Painful wounds that do not heal, foul odor or bleeding, visible larvae or egg masses in a wound, ears, eyes, nose, mouth or other body orifice		Collect larvae	Testing at CDC Or MDHSS BCDPC for testing coordination.	<a href="#">Standard</a>
<a href="#">Nipah Virus</a>	Asia, South Pacific, and Australia	Fever, headache, drowsiness, respiratory illness, disorientation, confusion, encephalitis	4 – 14 days	Whole blood	Testing at CDC Or MDHSS BCDPC for testing coordination	Use Special Pathogens Level 2 VHF <sub>2</sub> N95 respirator, two pairs of extended cuff gloves, coverall or gown, apron, face shield, hood, knee high boot covers, shoe covers (if coverall used).
<b>Novel influenza (e.g., H3N1, H7N9, H5N1)</b>	<b>Global</b> in animals, rarely seen in humans	Fever, cough, sore throat, stuffy nose, muscle aches, fatigue, conjunctivitis, nausea/vomiting, diarrhea	2 – 10 days	Nasopharyngeal and/or Oropharyngeal swabs	Testing at MSPHL for subtyping. Contact the MDHSS BCDPC for testing coordination.	<a href="#">Standard, Contact, Droplet, and Airborne</a>
<a href="#">Plague (pneumonic)</a>	Africa, Asia, South America, and Western United States	Fever, headache, weakness, rapidly developing pneumonia, chest pain, shortness of breath	1 – 6 days	Blood, sputum, spinal fluid	Initial testing at a commercial lab is available. Confirmatory testing is done at MSPHL on isolates that are positive for <i>Yersinia pestis</i> . Contact the MDHSS BCDPC for testing coordination.	<a href="#">Standard and Droplet</a>
<a href="#">Poliomyelitis</a>	Africa, Eastern Mediterranean, Europe	Fever, fatigue, sore throat, headache, nausea, vomiting, diarrhea, constipation, abdominal pain  <b>Paralytic symptoms:</b> Severe headache, sensitivity to light or touch, neck stiffness, muscle spasms, weakness, paralysis	<b>Nonparalytic symptoms:</b> 3 – 6 days  <b>Paralytic symptoms:</b> 7 – 21 days	Stool, blood, spinal fluid	Testing at CDC Or MDHSS BCDPC for testing coordination.	<a href="#">Standard</a> and Contact

<a href="#">Rift Valley Fever</a>	Africa, Middle East	<b>Mild Illness:</b> Fever, weakness, muscle aches, headache, dizziness, vomiting, back pain  <b>Severe Illness:</b> Blurred vision, decreased vision, retinal sores, encephalitis, unexplained hemorrhage	2 – 6 days	Whole blood	Testing at CDC Or MDHSS BCDCP for testing coordination.	<a href="#">Standard</a>
<b>Severe Acute Respiratory syndrome (SARS)</b>	Currently not circulating	Fever, headache, fatigue, muscle aches	2 – 7 days	Nasopharyngeal and/or Oropharyngeal swabs, sputum, and lower respiratory tract aspirates/washes	Testing at CDC Or MDHSS BCDCP for testing coordination.	<a href="#">Standard, Contact, Droplet, and Airborne</a>
<a href="#">Typhoid Fever</a>	Africa, Central and South America, Southeast Asia	Fever, malaise, diarrhea or constipation, rose-colored spots	1 – 3 weeks	Blood or stool	Commercial lab testing is available. Positive isolates of all Salmonella species should be submitted to MSPHL for species confirmation.	<a href="#">Standard</a>
<a href="#">Tuberculosis</a>	Global	Persistent cough, chest pain, fatigue, fever, night sweats, chills, coughing up blood/mucus	2 – 10 weeks, can take up to 2 years	Blood and sputum	MSPHL and Commercial lab testing is available.	<a href="#">Standard, Contact, and Airborne</a>
<b>Viral Hemorrhagic Fevers</b> • <a href="#">Crimean-Congo hemorrhagic fever (CCHF)</a>	<b>CCHF:</b> Africa, Asia, Middle East, South-Eastern Europe	Fever, headache, back pain, joint pain, stomach pain, vomiting, red eyes, flushed face, red throat, petechiae (red spots) on the palate	2 – 14 days	Whole blood	Testing at CDC Or MDHSS BCDCP for testing coordination.	<a href="#">Use Special Pathogens Level 2 VHF: N95 respirator, two pairs of extended cuff gloves, coverall or gown, apron, face shield, hood, knee high boot covers, shoe covers (if coverall used).</a>

<ul style="list-style-type: none"> <li>• <b><a href="#">Ebola and Sudan Virus Disease</a></b></li> </ul>	West and Central Africa	Fever, abdominal pain, vomiting, diarrhea, general malaise and weakness, and headache, fatigue, unexplained hemorrhage	2 – 21 days	EDTA Whole Blood	Testing at CDC Or MDHSS BCDCP for testing coordination.	<a href="#">Use Special Pathogens Level 2 VHF:</a> N95 respirator, two pairs of extended cuff gloves, coverall or gown, apron, face shield, hood, knee high boot covers, shoe covers (if coverall used).
<ul style="list-style-type: none"> <li>• <b><a href="#">Lassa Hemorrhagic Fever</a></b></li> </ul>	West Africa	Fever, myalgia, abdominal pain, vomiting, diarrhea, malaise, headache, unexplained hemorrhage.	2 – 21 days	EDTA Whole Blood	Testing at CDC Or MDHSS BCDCP for testing coordination.	<a href="#">Use Special Pathogens Level 2 VHF:</a> N95 respirator, two pairs of extended cuff gloves, coverall or gown, apron, face shield, hood, knee high boot covers, shoe covers (if coverall used).
<ul style="list-style-type: none"> <li>• <b><a href="#">Marburg Virus Disease</a></b></li> </ul>	Central, East, and West Africa	Fever, chills, headache, and myalgia	2 – 21 days	EDTA Whole Blood	Testing at CDC Or MDHSS BCDCP for testing coordination.	<a href="#">Use Special Pathogens Level 2 VHF:</a> N95 respirator, two pairs of extended cuff gloves, coverall or gown, apron, face shield, hood, knee high boot covers, shoe covers (if coverall used).
<b>South American Hemorrhagic Fevers</b>	<ul style="list-style-type: none"> <li>• <b><a href="#">Chapare virus (CHAPV) Chapare hemorrhagic fever</a></b></li> </ul>	<b>CHAPV:</b> fever, general malaise, myalgia, headache, anorexia, nausea, vomiting, and hypersensitivity. Progressing to hemorrhagic and neurological symptoms	<b>CHAPV:</b> 9 – 19 days	EDTA Whole Blood	Testing at CDC Or MDHSS BCDCP for testing coordination.	<a href="#">Use Special Pathogens Level 2 VHF:</a> N95 respirator, two pairs of extended cuff gloves, coverall or gown, apron, face shield, hood, knee high boot covers, shoe covers (if coverall used).

<ul style="list-style-type: none"> <li>• <b>Guanarito virus (GTOV) (Venezuelan hemorrhagic fever)</b></li> </ul>	<p><b>GTOV:</b> Portuguesa and Barinas, Venezuela</p>	<p><b>GTOV:</b> Fever, weakness, headache, joint pain, cough, sore throat, nausea, vomiting, diarrhea, and various forms of bleeding</p>	<p><b>GTOV:</b> 3 – 12 days</p>	<p>Testing at CDC Or MDHSS BCDCP for testing coordination.</p>	<p><a href="#">Guidance for personal protective equipment (PPE)</a></p>
<ul style="list-style-type: none"> <li>• <b>Junin virus (JUNV) (Argentinian hemorrhagic fever)</b></li> </ul>	<p><b>JUNV:</b> Buenos Aires, Santa Fe, La Pampa, and Córdoba, Argentina</p>	<p><b>JUNV:</b> Fever, myalgia, arthralgia, headache, conjunctivitis, nausea, vomiting, and diarrhea. Progressing to hemorrhagic and neurological symptoms</p>	<p><b>JUNV:</b> 6 – 12 days</p>	<p>Testing at CDC Or MDHSS BCDCP for testing coordination.</p>	<p><a href="#">Guidance for personal protective equipment (PPE)</a></p>
<ul style="list-style-type: none"> <li>• <b>Machupo virus (MACV) Bolivian hemorrhagic fever)</b></li> </ul>	<p><b>MACV:</b> Mamore, Itenex, and Yucuma provinces, Bolivia</p>	<p><b>MACV:</b> fever, general malaise, myalgia, headache, anorexia, nausea, vomiting, and hypersensitivity. Progressing to hemorrhagic and neurological symptoms</p>	<p><b>MACV:</b> 3-16 days</p>	<p>Testing at CDC Or MDHSS BCDCP for testing coordination.</p>	<p><a href="#">Guidance for personal protective equipment (PPE)</a></p>
<ul style="list-style-type: none"> <li>• <b>Sabia virus (SABV) (Brazilian hemorrhagic fever)</b></li> </ul>	<p><b>SABV:</b> São Paulo, Brazil</p>	<p><b>SABV:</b> Not well characterized, but can include fever, headache, chills, myalgia, sore throat, conjunctivitis, nausea, vomiting, diarrhea, bleeding gums, metrorrhagia, drowsiness, tremors, difficulty, walking, and generalized tonic-clonic seizures</p>	<p><b>SABV:</b> unknown</p>	<p>Testing at CDC Or MDHSS BCDCP for testing coordination.</p>	<p><a href="#">Guidance for personal protective equipment (PPE)</a></p>

Country	Language	Prevalent Diseases	Importation Risk	Sources
<b>Algeria</b>	Arabic Berber French	Leishmaniasis Tuberculosis Brucellosis	Leishmaniasis (High)	<a href="#">FIFA International Visitor Profile-Algeria</a> <a href="#">Algeria-Travel View-Traveler's Health-CDC</a>
<b>Argentina</b>	Spanish	Dengue Seasonal Influenza Syphilis	Dengue (Moderate)	<a href="#">FIFA International Visitor Profile-Argentina</a> <a href="#">Argentina-Travel View-Traveler's Health-CDC</a>
<b>Austria</b>	German	Campylobacteriosis Salmonellosis TBE	Campylobacteriosis (Moderate)	<a href="#">FIFA International Visitor Profile-Austria</a> <a href="#">Austria-Travel View-Traveler's Health-CDC</a>
<b>Curacao</b>	Papiamentu	Dengue STIs Norovirus	Dengue (Moderate)	<a href="#">FIFA International Visitor Profile-Cucacao</a> <a href="#">Curacao-Travel View-Traveler's Health-CDC</a>
<b>Ecuador</b>	Spanish	Dengue Seasonal Influenza TB	Dengue (High)	<a href="#">FIFA International Visitor Profile-Ecuador</a> <a href="#">Ecuador-Travel View-Traveler's Health-CDC</a>
<b>Netherlands</b>	Dutch	Lyme Disease Chlamydia Campylobacteriosis	Lyme Disease (Moderate)	<a href="#">FIFA International Visitor Profile-Netherlands</a> <a href="#">Netherlands-Travel View-Traveler's Health-CDC</a>
<b>Tunisia</b>	Arabic French	Leishmaniasis TB Brucellosis	Leishmaniasis (Low)	<a href="#">FIFA International Visitor Profile-Tunisia</a> <a href="#">Tunisia-Travel View-Traveler's Health-CDC</a>

Kansas City Health Department Communicable Disease, 816-513-6152 or 816-513-6008 (after hours) to report suspected cases, access diagnostic testing, or obtain additional information.

# World Cup Planning 2026 Checklist for Healthcare Provider and Clinicians

- ✔ Review CDC's [Yellow Book](#) for travel medicine topics and visit CDC's [Travel Health Notices](#) webpage for the latest advisories and recommendations related to global outbreaks.
- ✔ Monitor global disease activity and consider travel history of teams and fans but note that teams and fans may not reside or be arriving from their country of residency and may travel between venues.
- ✔ Review infection prevention and control plans for clinical and laboratory settings. Ensure healthcare personnel, lab workers and staff are up to date with infection prevention and control (IPC) guidance and training at the appropriate level.
- ✔ Remind laboratories, healthcare facilities, and clinicians to report notifiable disease and conditions.
- ✔ Assess testing capacity for priority threats across partner laboratories by reviewing test directories or contact laboratories, including the State Public Health Laboratories (SPHL), [Laboratory Response Network](#) (LRNs), and local laboratory partners.
- ✔ Prepare to have interpretation services for non-English speaking visitors.
- ✔ Address language and cultural needs by tailoring messages and delivery methods for those at risk or exposed to public health threats and be prepared to rapidly translate critical information.
- ✔ Consider how to communicate with international travelers (e.g., utilizing social media channels, WhatsApp, Signal, and other messaging systems).
- ✔ Consider staffing needs, cross-training, and surge capacity.
- ✔ Review plans, clinical protocols, and exercise concepts with EM, healthcare, and other partners.
- ✔ Ensure patient transport plans are in place should there be need for additional or special transport due to patient surges or suspected or confirmed highly pathogenic diseases.
- ✔ Confirm locations and access procedures for specialized caches (e.g., [CHEMPACK](#), [Botulinum](#) antitoxin); consider temporary relocation closer to the event if surge demand may exceed local supply.
- ✔ Review supply inventory, Continuity of Operations (COOP) and surge plans, laboratory safety protocols and procedures.
- ✔ Consider possible threats to the public's health.
- ✔ The identified risks and threats should guide planning efforts, including exercises, risk communications, and staffing considerations.
- ✔ Review and update internal and external contacts and notification timeframes (e.g., immediate of 24 hours) for specific incidents/events.
- ✔ Consider conducting a contact drill.

# CDC/Additional Resources

- [CDC Core Practices](#)
- [Tools and Resources](#)
- [IPC Guidance](#)
- [Standard Precautions](#)
- [Healthcare Respiratory Protection](#)
- [Hygiene Practices](#)
- [Hand Hygiene](#)
- [Qualitative Risk Assessments](#)
- [Interim Guidance for Infection Control within Healthcare Setting for Novel Influenza A](#)
- [Laboratory Testing for Patients with a Suspected Viral Hemorrhagic Fever or High-Consequence Disease](#)
- [Performing Routine Diagnostic Testing for Patients with Suspected HCID](#)
- [Be Ready for Measles: Toolkit](#)
- [Mass Gatherings/Special Events: Topic Collection \(ASPR TRACIE\)](#)
- [FIFA World Cup 2026](#)

**KCHD** – [Kansas City Health Department](#)

**MDHSS** – [Missouri Department of Health and Senior Services](#)

**MSPHL** – [Missouri State Public Health Laboratory](#)

**CDC** – [Centers for Disease Control and Prevention](#)

### **KCHD Point of Contact**

**Kansas City Health Department**

**Communicable Disease Dept Main line:** 816-513-6152, Fax: 816-513-6090

Kansas City Health Department, 816-513-6008 (24/7), includes weekends and holidays.

### **Missouri State Public Health Point of Contact**

**Missouri Department of Health and Senior Services (MDHSS)**

**Bureau of Communicable Disease Control and Prevention**

Phone: 573-751-6113 during normal business hours (Monday-Friday, 8am-5pm) Fax: 573-526-0235

**Missouri Department of Health and Senior Services (DHSS) Emergency Response Center** at 800-392-0272 (24/7), includes weekends and holidays.