Interim Considerations for Advanced Preparedness for Potential Public Health Threats Connected to FIFA World Cup 2026
March 09, 2026

Purpose: This document provides state, tribal, local, and territorial (STLT) health officials considerations for improving readiness for potential public health threats associated with mass gatherings during the upcoming FIFA World Cup 2026 soccer tournament. It outlines broad areas for health officials in all jurisdictions to prevent, prepare for, detect, and respond to potential public health incidents. Jurisdictional partners may contact the Centers for Disease Control and Prevention (CDC) for more information or technical assistance via the CDC Health Department Liaisons (eocstlthdlno@cdc.gov).

Background: Every four years, since 1930, FIFA (Fédération International de Football Association) holds an international soccer competition among men's national teams. This year's competition will be held across 16 cities in the United States, Mexico, and Canada from June 11 through July 19, 2026, and will be the largest World Cup to date. Teams from 48 countries will play 104 matches in 39 days. Teams and match officials, many of whom are arriving as early as March to acclimate to local conditions, will be staying and training in Base Camps. The Department of Homeland Security has designated the semi-final matches (Dallas, TX and Atlanta, GA), bronze final match (Miami, FL), and championship final match (NY/NJ) as Special Event Assessment Rating (SEAR) 1 events (requiring extensive federal interagency support) with the remaining matches as SEAR 2 events (may require some level of federal agency support). It is anticipated that select matches may be elevated to a National Special Security Event level. States and host cities are projecting hundreds of thousands of visitors who will attend matches, FIFA-sponsored "Fan Festivals" and "Fan Zones", and other informal gatherings connected with the games.

Public Health Role. In addition to the responsibilities that public health departments uphold every day to protect the public's health, all jurisdictions, whether they are hosting an official FIFA-sponsored event or not, are encouraged to review their own preparedness plans and approach planning from a risk-based lens. All jurisdictions must additionally consider the threats most likely to occur or have significant impacts due to their own unique geographies, populations, and visitors. Public health professionals may provide expertise across many topics, including planning for preventive public health messaging, disease surveillance and investigation, disease/condition clinical information, laboratory diagnostic support, emergency management, and technical assistance on a wide variety of public health disciplines (e.g., environmental health, worker safety and health, epidemiology, etc.). Departments of health will also manage their own surge and staffing plans, engage with multi-disciplinary partners, and be prepared to communicate and respond to incidents. CDC stands ready to assist and help connect jurisdictions with resources across the federal government and through other non-government partners.

Tips for STLT Health Officials to Improve Readiness for Potential Public Health Threats Connected to FIFA World Cup 2026

1. Anticipate possible threats to the public's health

- Identify priority risks by reviewing the most recent state, local, or agency Risk Assessment (RA) and/or Threat and Hazard Identification and Risk Assessment (THIRA) to identify the "most likely/most consequential" diseases, conditions, or hazards (naturally occurring and intentional).
    - Consider relevant intelligence from emergency management, law enforcement, and other partners.
    - Contact the state health preparedness program for health-related risk assessment information.
- Consider risks including, but not limited to:
    - **Biological**: Foodborne, respiratory and vector-borne illnesses, sexually transmitted infections (STI), viral hemorrhagic fevers
    - **Chemical**: Accidental chemical leaks, weapons of mass destruction
    - **Radiological/Nuclear**: Dirty bombs or meltdown scenarios
    - **Explosives/Violence**: Active shooter, pyrotechnics
    - **Environmental/Natural Disasters**: Heat and other weather events, earthquakes, air quality (e.g., smog, wildfires), energy consumption, cyber-attacks/outages
- Design a flexible Concept of Operations (ConOps) Plan for large events that can be used to address many threats and:
    - Includes review of current capabilities and capacity of health department, health system, and supporting institutions,
    - Integrates existing plans and ensures all major risks and the considerations in this document are addressed,
    - Considers staffing needs, cross-training, and surges,
    - Considers how to implement Incident Command System (ICS) if concurrent public health events occur, requiring overlapping staff, resources, and partners.
- Identify areas where incidents may be more likely to occur, including official sporting events, accessory events, unplanned watch parties, locations where teams will reside

and play, very important person (VIP) guest movement, and where tourists and fans may stay and congregate.

- 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.
- The identified risks and threats should guide planning efforts, including exercises, risk communications, and staffing considerations.

2. Strengthen relationships in advance of an emergency

- Engage in active planning discussions with colleagues in emergency management (EM), law enforcement, healthcare, tribal partners, FIFA planning groups, and the public health system at various levels of government. Ensure mutual awareness of agency and organization plans and capabilities.
- Review plans that clearly define agency roles and responsibilities during a public health event. Discuss possible scenarios and emergencies that could take place. Include coordination and communication mechanisms between internal programs local, state, and federal entities.
- Jurisdictions not hosting FIFA-sponsored World Cup events may consider what support is available to other jurisdictions if a public health emergency were to occur (e.g., laboratory support to help cover routine testing, personal protective equipment (PPE), and hospital beds in case of medical surge).
- Confirm accurate contact information. State World Cup planning leads should coordinate with CDC and the Administration for Strategic Preparedness and Response (ASPR) contacts, including health department liaison officers (HD LNOs), relevant CDC program, and ASPR Regional Emergency Coordinators (REC). Local leads should coordinate with their respective state and regional partners.
    - Consider conducting a contact drill.
    - Review and update internal and external contacts and notification timeframes (e.g. immediate or 24 hours) for specific incidents/events.
- Review and update memoranda of understanding (MOUs) or initiate new MOUs where required (e.g., for moving resources or personnel).

- Identify and engage local partners who may or may not be routinely involved, such as local media, large-venue contacts, hotels and hospitality-oriented organizations (e.g. Chamber of Commerce, Hotel Association, unions, short-term rental companies), agriculture and vector control agencies, law enforcement and emergency services, and healthcare coalitions.

3. Enhance public health surveillance

- Ensure systems are in place for rapid detection of health threats and reporting of notifiable diseases and other jurisdiction-specific reporting requirements. Consider modifying existing surveillance systems to enable rapid assessment of potential exposures before, during, and after the FIFA World Cup 2026 games and events.
- Be prepared to surge personnel for monitoring exposures, contact tracing, case investigation, and management of inter-jurisdictional notifications, and adjust weekend, overnight and holiday surveillance and reporting, if necessary.
- Assess surveillance and data systems that may be used for monitoring and responding to events or concerns. Determine if changes are needed to include questions about event attendance or travel. Review if additional personnel need access to and/or training on surveillance and data systems, including but not limited to:
    - CDC's 1 CDC Data Platform (1CDP);
    - Case-based surveillance system in the jurisdiction;
    - Syndromic surveillance such as the National Syndromic Surveillance Program (NSSP);
    - Sentinel surveillance, such as Wastewater Surveillance and Traveler-Based Genomic Surveillance program (TGS);
    - Consider other data sources to enhance situational awareness: Emergency Medical Services (EMS), poison center, hospital capacity and utilization, urgent care facility data, restaurant complaint logs, vital records, tracking systems from medical tents, BioWatch, outbreak surveillance systems, or laboratory information systems.
- Review processes for interstate notification (e.g., Epi-X, CSTE Epi On-Call, and jurisdiction protocols)
- Plan for public health actions based on surveillance plans and disease priorities.
    - Prepare to have interpretation services for case interviews for non-English speaking visitors.

- Prepare for working with the jurisdictional CDC Port Health Station. Review the Port Health Station Contact List and CSTE-CDC Protocol for Health Department Notification to CDC Port Health Stations of Infectious Persons with Recent Travel.

- Consider how information will be shared internally and externally and what level of detail will be shared with different audiences.
  - Consider templates for Situation Reports independently and/or combined with State EM to create a global common operating picture among the partners.

4. Readiness for testing

- Assess testing capacity for priority threats across partner laboratories by reviewing test directories or contacting laboratories, including the State Public Health Laboratories (SPHL), Laboratory Response Network (LRNs), and local laboratory partners (e.g., clinical facilities).
- Connect with points of contact at SPHL and identify new or existing partnerships with other state, regional, federal, and commercial laboratories and laboratory networks (e.g. LRNs).
- Engage in planning discussions with public health and, when able, clinical laboratories, such as reviewing supply inventory, Continuity of Operations (COOP) and surge plans, laboratory safety protocols and procedures, including proper use of PPE and having appropriate and sufficient PPE and test kit quantities.
  - When reviewing SPHL surge capacity, discuss staffing, equipment, and material capacity.
  - Consider how to prioritize testing for critical pathogens at the SPHL by sending lower priority specimens to other willing laboratories (public health and clinical). Consider cross-training staff to support immediate surge demands.
  - Encourage SPHLs to review specimen collection and transport protocols, CDC test directories, and CDC testing submission and shipping instructions: Submitting Specimens to CDC; Submit and Ship Specimens.
- Recommend local and clinical laboratory facilities to review their specimen collection and transport protocols, including how to engage with local and state public health and the SPHL.

5. Medical countermeasures (MCM)

- Review priority risks to determine when MCM deployment is warranted.
- Review MCM plans and conduct an operational assessment of the program.
- Confirm receive, stage, store (RSS), distribute, and dispense readiness, including transportation considerations.
    - Review primary/alternate sites, staffing, security, material handling equipment (MHE), cold chain, communications, etc.
    - Ensure rapid access to existing caches of MCMs (vaccines, antiviral drugs, antibiotics, antitoxins, etc.) or the ability to request federal or partner support.
    - 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.
- Validate inventory and access to MCMs across STLT and healthcare partners; confirm vendor managed inventory (VMI) request procedures, if applicable.
- Consider multiple Point of Dispensing (POD) models (open/closed, drive-through, mobile, venue-based) with clearly coordinated state and federal roles.
- Review plans, clinical protocols, and exercise concepts with EM, healthcare, and other partners.
    - Confirm authority and procedures to request and integrate additional MCM support (e.g., Requesting SNS Assets).
    - Establish cross-jurisdictional agreements on triggers, legal/financial mechanisms, and logistics for MCM sharing across boundaries.

6. Administrative readiness

- Understand existing funding mechanisms, deliverable requirements, and local public health legal authorities (Public Health Law).
- Incorporate administrative readiness into preparedness exercises (e.g., phone chains, platform continuity, power/internet outage scenarios).
- Develop surge staffing plans, including overtime, vacation, union, and contract considerations.

- Request CDC resources in coordination with the state health department as needed, including but not limited to Epidemic Intelligence Service Officers (EISOs), Laboratory Leadership Service Fellows (LLSs), and Public Health Informatics Fellows (PHIFs) via Epi-Aids, Lab-Aids, and/or Info-Aids.
- Coordinate requests for federal medical support through state health departments and ASPR Regional Emergency Coordinators (RECs). Requests for support will be adjudicated and fulfilled based on funding and resource availability.
- Align planning and exercises with funding requirements.
- Update and share contact lists and functional boxes across public and private sectors.
- Confirm activation plans with state emergency management and local partners.
- Identify authorized officials and how to delegate authorization to alternates to sign emergency declarations, approve funds, contracts, staffing changes, etc.

7. Risk communications

- Consider working with partners, including neighboring jurisdictions, to activate a Joint Information System for collaboration and sharing of information.
- Determine platforms that will be used for information dissemination. Consider establishing statewide visitor hotline and/or a dedicated webpage with resources like how to access health care, transportation information, how to contact the health department and emergency services in the United States (e.g., 911 or poison center), and how to access information (e.g., 211).
    - Encourage travelers to sign up for local emergency alert systems (e.g., CityAlert) and ensure the process is simple and accessible.
    - Consider how to communicate with international travelers (e.g., utilizing social media channels, WhatsApp, Signal, and other messaging systems).
    - Discuss messaging with host site/basecamp FIFA coordinator, if relevant, and integrate plans to communicate via their communication systems for serious concerns.
- Determine how to send notifications related to public health outbreaks or exposure events, engage jurisdictional, federal, and other relevant partners in communication planning, and discuss interagency coordination of messaging.
    - Consider drafting advance press releases/talking points for high-profile events or disease outbreaks. Review emergency clearance protocols in advance.

- 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.

8. Partner communications and information sharing

- Plan for how reported incidents linked to the World Cup or related events will be shared with health department leadership, other relevant agencies in the jurisdiction, and to the public.
- Ensure appropriate personnel are enrolled in state and local health notifications, receive CDC Health Alert Network (HAN) notifications, and closely monitor CDC's Traveler Health Notices.
- Ensure appropriate personnel have access to and are monitoring CDC's 1CDP and Epi-X notifications.
- Disseminate information to state and local response partners, including hospitals, healthcare systems, primary care associations, pre-hospital systems, provider organizations, local public health partners, and emergency management partners.
- Consider writing Health Alert/Provider Alert messages for distribution to healthcare providers and for specific priority events, preparing templates for these messages, and/or collecting historical Health Alert messages from likely risks during mass gatherings.
- Border states should consider establishing communications with and talking directly to neighboring states/provinces and city government health departments in Canada/Mexico. This includes telephone, email, or other relevant channels to share information; confirm after-hours contact information for urgent situations.
- Anticipate and prepare for language barriers, which may require translation services.

9. Healthcare system readiness

- Alert major health care systems about the potential for an increase in patients during the tournament, and proactively reach out to clinics, pharmacies, and other health care partners to share potential threats/protocols to address them.
- Work with healthcare partners to prepare for unfamiliar or high consequence threats.
- Review current medical response capabilities (e.g., pre-hospital transport, surge capacity, state medical response teams, mobile clinics and hospitals).
- Assess fatality management plans and availability of resources for this purpose.

- 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.
- Remind laboratories, healthcare facilities, and clinicians to report notifiable diseases and conditions.
- Remind clinicians to assess for recent travel—both international and domestic (including travel between U.S. states and territories)—when evaluating patients. This should include asking about and documenting attendance at World Cup events.
    - 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.
    - Ensure IPC protocols for clinical and laboratory settings are current and review and exercise facility-level precautions.
    - Review Standard Precautions and Healthcare Respiratory Protection resources.
    - Consider the need for appropriate care and infection control of identified patients and suspected high consequence infectious disease (HCID) cases.
- Familiarize health department staff and healthcare partners with the locations and roles of Regional Emerging Special Pathogen Treatment Centers (RESPTC).

10. Community public health prevention and intervention

- Ensure the jurisdiction's plans include investigating and supporting cases in public and non-clinical settings and include considerations for temporary visitors.
  Review local legal parameters and regulations.
    - Plan for supporting quarantine and isolation needs.
    - Anticipate what wraparound services may need to be made available for visitors for quarantine and isolation.
- Consider public health resources and IPC plans for locations and personnel linked to mass gathering venues, such as hospitality settings (e.g., hotels, short-term rentals, indoor and outdoor event venues), food handling and delivery settings, public transportation and rideshare services, and public events and mass gathering spaces.
- Consider information campaigns promoting basic hygiene practices, hand hygiene, covering coughs, staying home when sick, appropriate toilet use, flushing guidance, STI prevention, access to local healthcare, and other preventive services for visitors.

- Review existing education and guidance for non-clinical community partners, such as hospitality partners, who could assist with quarantining and/or isolating travelers during exposures and illnesses. Important considerations should include funding, facility types and availability, security, safety of cleaning and food staff at the facility, availability of local nurses or proximity to care, food safety and religious and/or ethnic considerations (e.g., halal or kosher) communication, and overall comfort.
- Consider priority populations and access needs, disability access, undocumented/ visitor populations, and transient fans/workforce.
- Major events frequently attract high-profile and/or high-security attendees. Identifykey individuals (World Cup planning members, Olympic Committee, celebrities, heads of state, or otherhighly influential people) that will attend the event. Possible planning may include coordinating plans with security staff and considering the legality and logistics of quarantine, healthcare access, and direct dispensing of MCMs.

Appendix 1: Select Resources

These resources are provided for your convenience only; they do not represent a full or comprehensive review of all resources available and may or may not be relevant for your planning considerations.

CDC Points of Contact for FIFA World Cup 2026

- Health Department Liaisons: eocstlthdlno@cdc.gov
- STLT World Cup Work Group: eocevent286@cdc.gov
- Emergency Operations Center for 24/7 emergency reporting and consultation: 770-488-7100

CDC Resources

- CDC's Health Alert Network (HAN): Sign Up
- Yellow Book: Mass Gatherings
- Traveler Health:
  - Resources
  - Travel Health Notices
  - About Port Health
  - Port Health Station Contact List
  - CSTE-CDC Protocol for Health Department Notification to CDC Port Health Stations of Infectious Persons with Recent Travel
- Infection Prevention and Control:
  - CDC's Core Practices
  - Tools and Resources
  - IPC Guidance
  - Standard Precautions
  - Healthcare Respiratory Protection
  - Hygiene Practices
  - Hand Hygiene
- Laboratory Resources:
  - OneLab REACH
  - Laboratory PPE Toolkit
- High Consequence Infectious Diseases (HCID):
  - Qualitative Risk Assessments
  - Interim Guidance for Infection Control within Healthcare Settings 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

- Chemical, Biological, Radiological, Nuclear, and high-yield Explosives (CBRNE):
  - Category A and B Biological Agents
  - CHEMPACK
  - Radiological Terrorism: Public Health Officials Toolkit | Radiation Emergencies | CDC
- Select Public Health Risks
  - *Be Ready for Measles:* Toolkit
  - Extreme Heat: Resources
  - Restaurant Food Safety: Resources

Additional Resources

- FIFA World Cup 2026
- Regional Emerging Special Pathogen Treatment Centers (RESPTC)
- Mass Gatherings/Special Events: Topic Collection (ASPR TRACIE)
- CBRNE: Resources (ASPR TRACIE)
- Federal Emergency Management Agency (FEMA) Continuity Resources: Toolkit
- Key Planning Factors for a Biological Incident: Guidance and Fact Sheet (FEMA)
- Surveillance Programs:
  - National Syndromic Surveillance Program (NSSP)
  - National Wastewater Surveillance System (NWSS)
  - Traveler-based Genomic Surveillance program (TGS)
  - BioWatch

Webinar Recordings and Slides

- Integrating Applied Epidemiologists into FIFA World Cup 2026 Planning: CSTE Webinar Library
- Access Past Serios Communicable Disease Program's Project Extension for Community Healthcare Outcomes Resources | Emory University | Atlanta GA
- Tranquil Passport - Portable Biocontainment Unit (PBCU)