World cup 2026: Keeping NJ families safe

Uzma Hasan, MD

Regional Director, Pediatric Infectious Diseases Northern Jersey

RWJ-Barnabas Health Medical Group

Clinical Associate Professor

Rutgers NJ Medical School

5/13/26

Objectives

- Review World cup 2026 emergency preparedness
- Common infections in mass gatherings and modes of spread
- Preventive strategies

Disclosures

- None

World cup 2026

- Single biggest sporting event in the world
- June 11-July 19
- 3 host countries: US, Canada and Mexico
- 48 teams, 104 matches, 39 day tournament
- 6 million attendees.
- Eleven major cities in US will host matches, 3 in Mexico, 2 in Canada
- Watch parties/FIFA Fan Festivals

METLIFE STADIUM
Capacity 82,500
Will host 8 matches starting June 13th including final on July 19th.

Lincoln Financial Field
Philadelphia
6 matches

Team base camps

- The Pingry School
- Rutgers University
- Stockton University
- Columbia Park Training Facility

STOCKTON UNIVERSITY

(Galloway, NJ – Atlantic City area)

RUTGERS UNIVERSITY

(Piscataway, NJ – Central Jersey Area)

THE PINGRY SCHOOL

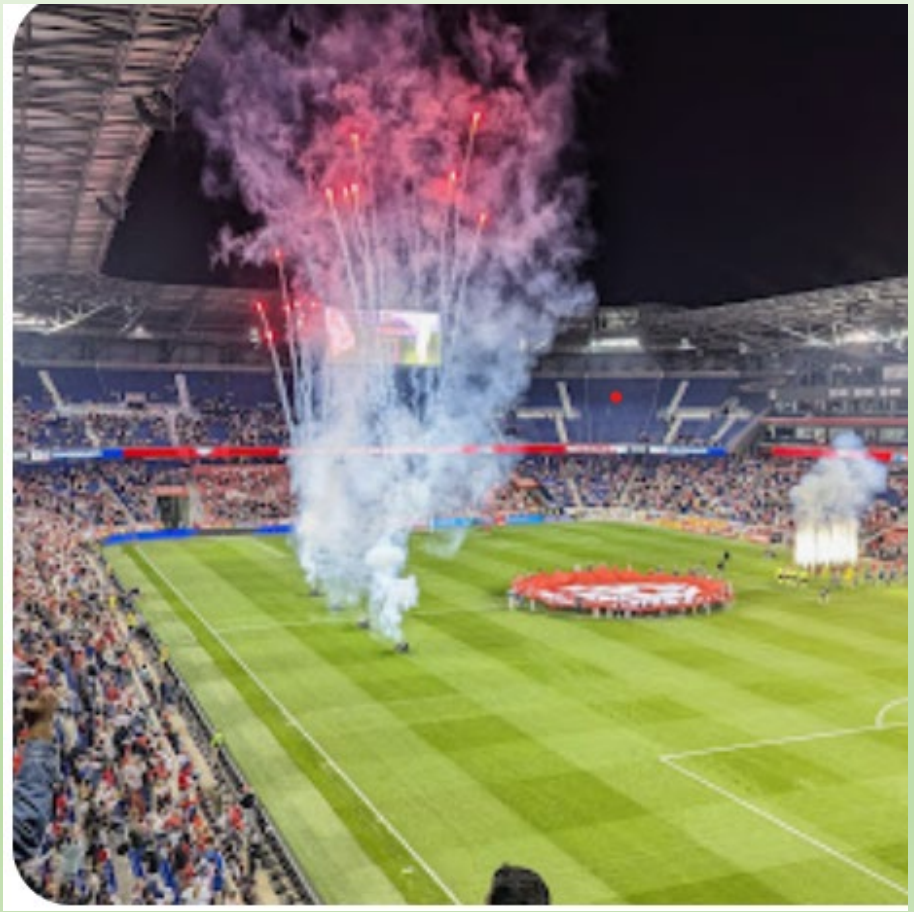
(Basking Ridge, NJ – Central Jersey Area)

COLUMBIA PARK TRAINING FACILITY

(Morristown,, NJ – North Jersey Area)

[Home | FIFA World Cup 2026™ NYNJ]

Fan Hub: Sports Illustrated Stadium, Harrison, NJ



American Dream Mall

Flag Cities (June 8-July 16) Bergen, Essex, Hudson, Passaic Counties

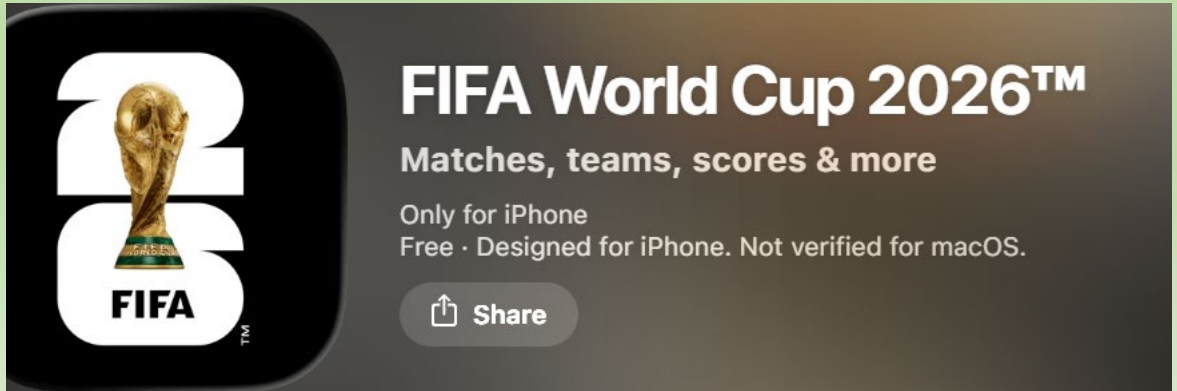
- North to Shore Festival (June 13-July 16) Essex, Monmouth, Atlantic Counties
- South Jersey World Cup Activations (May 2-July 19) Camden County

Official NJNY World Cup Events

- **Queens**
  - NYNJ World Cup 26 Queens Group Stage HQ
    - USTA Billie Jean King National Tennis Center
    - June 11-27
- **Manhattan**
  - NYNJ World Cup 26 & Telemundo Fan Village at Rockefeller Center
    - Rockefeller Center
    - July 6-19
- **The Bronx**
  - NYNJ World Cup 26 Bronx Fan Zone
    - Bronx Terminal Market
    - June 13-14
- **Brooklyn**
  - Brooklyn Fan Zone
    - Brooklyn Bridge Park
    - June 13 – July 19
- **Staten Island**
  - NYNJ Worl Cup Staten Island Fan Zone
    - SIUH Community Park
    - June 29 – July 2

- *Additional event announcements and details forthcoming*
- *All information and dates subject to change.*

NYCEM
New York City Emergency Management



Subscribe to Notify NYC

- Text “NotifyNYC” to 692-692
- Visit nyc.gov/NotifyNYC
- Download in your app store

Concurrent events

- America’s 250th celebration
- International Naval review 250
- July 4th: Macy’s fireworks
- Tickertape parade
- Summer concerts
- High density gatherings

Timeline

NJ based teams begin arriving June 1
Friendly matches begin May 30 or 31

NYNJ Fan Hub @ Sports Illustrated Stadium (Harrison)
Dream Fan Fest @ American Dream Mall (E. Rutherford)

Flag City Fan Festivals in Essex, Hudson, Bergen Counties
Other fan events TBD and statewide

Preparing for World cup 2026

- The FIFA 2026 Medical and Public Health Workgroup, co-chaired by NJDOH and NYCEM

- NYDOH: NSPS (National Special Pathogen System), NETEC (National Emerging and Special Pathogens Training and Education Center) and NJDOH: full-scale table top exercises for mass sporting events including those targeted at special pathogens.

- Health Department advisory documents: surveillance, screening, reporting tools: Philadelphia, California, NJ, MA
- Regional collaboration: The Council of State and Territorial Epidemiologists (CSTE), Situational awareness

- **Targeted trainings:** cross-border outbreaks, waste-water surveillance(Sars-COV-2, Influenza A, B, Avian Flu H5,RSV, Mpox, Measles)
- **Surge preparation:** securing manpower and other resources
- **Food Safety**
- **Communicable disease surveillance and response**
- **Mass casualty planning**
- **Security considerations:** Trafficking, bioterrorism

https://www.njlincs.net/FIFA/FWC_Health_Medical_Planning.pdf

https://inside.fifa.com/health-and-medical/animated-series

How do healthcare systems prepare?

- **Surge planning**: high density crowds, heat related injury, injuries, alcohol and drug use, STI screening, staffing
- **Infection surveillance:** respiratory illness, food-borne pathogens, special pathogens, vector borne illnesses

-"**Identify-Isolate-Inform"** re: any pathogen of significance

- **Mass casualty incident:** coordination with EMS, ORs/Burn units, Blood etc
- **International visitor:** travel history, vaccination status, communication/interpreter
- **Resource management**: PPE, Testing, Post-exposure prophylaxis
- **Regional collaboration and communication**

Communicable Disease Surveillance and Risk assessment

Disease Event	Likelihood	Impact	Risk*
Measles: Any case of measles in NJ including any case occurring in player/staff, or traveler or spectator attending a World Cup match, fan festival, or passing through regional transportation hubs. A detection of measles virus in NJ wastewater.	**Likely**	**Major**	**Moderate**
Enteric diseases: Cluster or outbreak above expected levels or associated with World Cup-related events (Ex: GI illnesses, "food poisoning", norovirus, salmonellosis, STEC, Hep A, Shigellosis, Cryptosporidiosis, Typhoid fever, etc)	**Very Likely**	**Low-Moderate**	**Low- Moderate**
COVID-19: Outbreaks or surge in activity or hospitalizations	**Likely**	**Low-Moderate**	**Low- Moderate**
Mpox: Cluster of illnesses linked to a World Cup event or any case detected with clade Ia or Ib	**Likely**	**Low-Moderate**	**Low- Moderate**

Risk Level Matrix				
	Low Impact	Moderate Impact	Major Impact	Severe Impact
Very Likely	Low	Moderate	High	High
Likely	Low	Moderate	Moderate	High
Unlikely	Low	Low	Moderate	Moderate
Very Unlikely	Low	Low	Low	Moderate

NJ Health
New Jersey Department of Health

Communicable Disease Surveillance and Risk assessment

Disease Event	Likelihood	Impact	Risk*
Other Respiratory Viruses: Increases in illnesses above expected levels	**Likely**	**Low**	**Low**
STIs: Cluster or outbreak related to a World Cup event	**Likely**	**Low**	**Low**
Legionellosis: Clusters of illness related to a World Cup event or hotel venue	**Unlikely**	**Moderate**	**Low**
Vector-borne disease: Locally acquired non-endemic VBD (Ex: Malaria, Dengue, Chikungunya)	**Unlikely**	**Moderate**	**Low**
Vaccine preventable disease (non-measles): Increases beyond expected levels while the events are held; or any cases associated with World Cup-related events. (Ex: invasive meningococcal disease, mumps, polio)	**Unlikely**	**Low-Moderate**	**Low**
Influenza A/B: Increase in levels above seasonally expected levels	**Unlikely**	**Low**	**Low**
Avian Influenza (H5N1): Any human cases (suspected or confirmed)	**Very unlikely**	**Major**	**Low**
MERS: Any cases (suspected or confirmed)	**Very unlikely**	**Major**	**Low**
VHF: Any cases (suspected or confirmed)	**Very unlikely**	**Major**	**Low**
Tuberculosis: Cluster of illness related to a World Cup event	**Very unlikely**	**Low**	**Low**
Bioterrorism#	**n/a**	**Severe**	**n/a**

NJHealth
New Jersey Department of Health

INFECTIOUS DISEASE RISKS IN MASS GATHERINGS

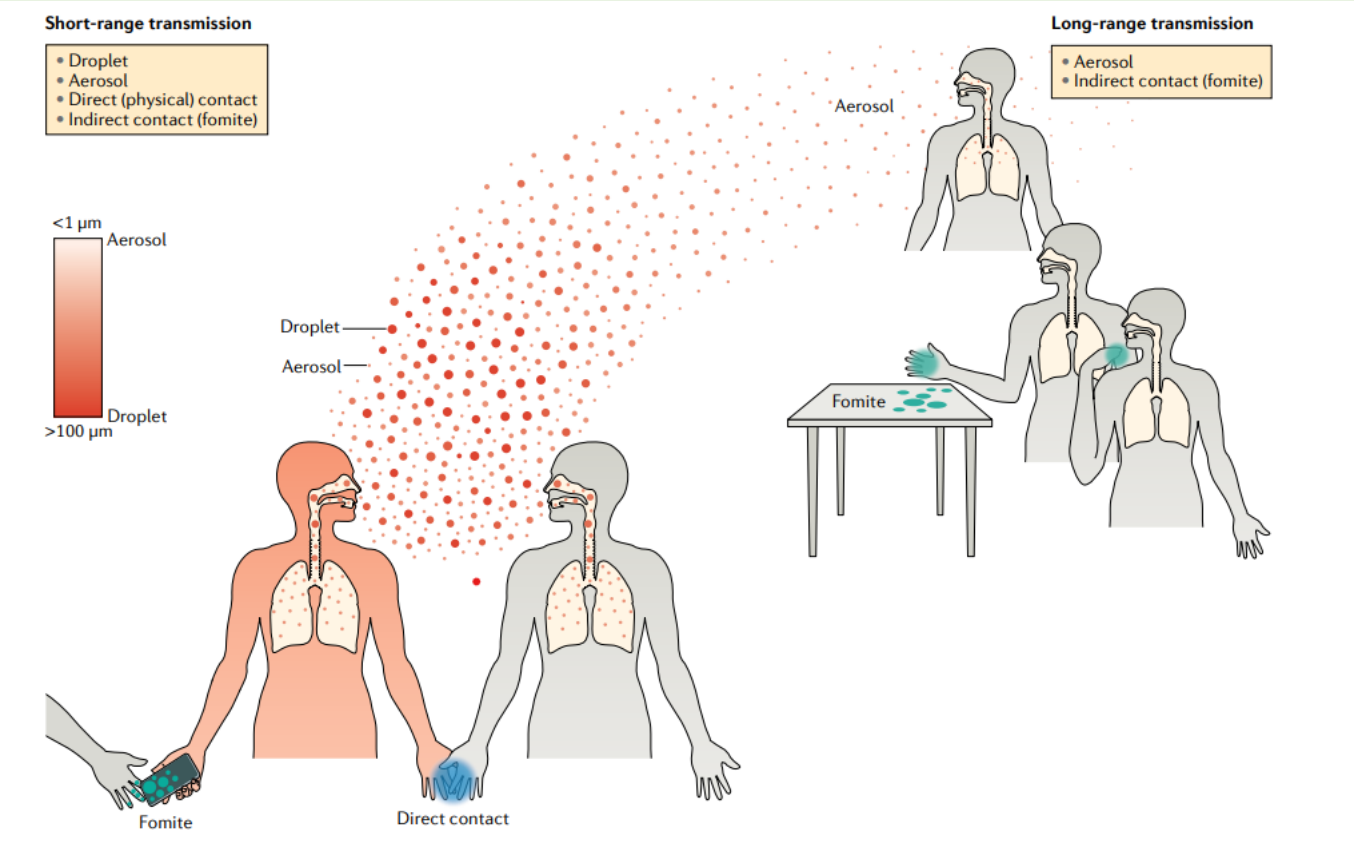
Transmission of Infections

- Respiratory droplets and Aerosol
- Fecal-oral spread
- Direct contact, Contact with contaminated surfaces
- Sharing of food and drinks, sharing of utensils
- Vector-borne diseases

- **Risk factors:**

- High density crowds, host health status, recent travel, vaccination status, shared facilities

Respiratory infections



- COVID-19
- Influenza
- RSV
- Rhinovirus
- Human Metapneumovirus
- MERS-CoV
- Pertussis
- Tuberculosis
- Legionella

PREVENTION

- Vaccination
- Hand hygiene
- Masking/Distancing
- Stay home when sick

Transmissibility and transmission of respiratory viruses
Nature Reviews Microbiology **volume 19**, pages528–545 (2021)

Gastrointestinal infections

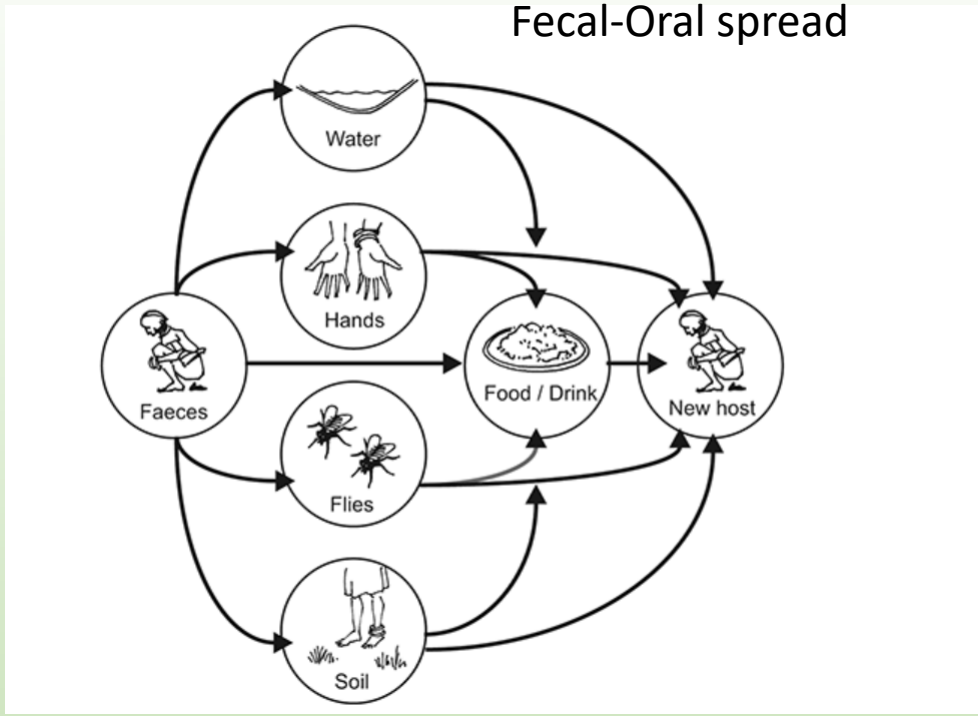
- **Norovirus**
- **E coli**
- **Salmonella**
- **Campylobacter**
- **STEC**
- **Listeria**
- **Hepatitis A**

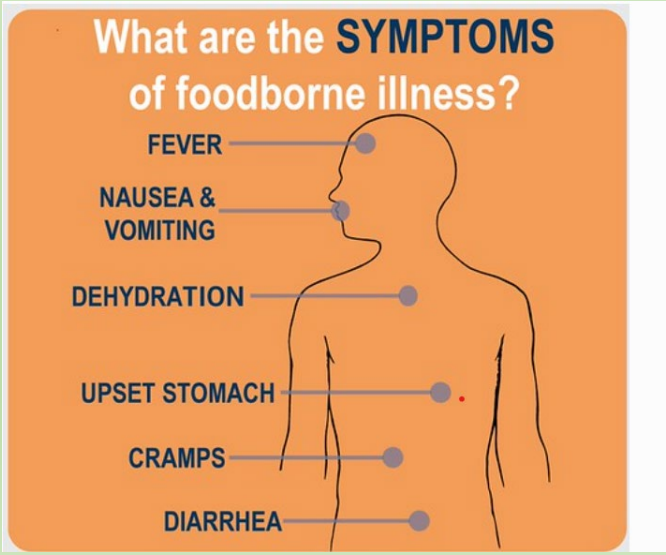
- **Food-borne illness**
- From consumption of contaminated food/beverages

- **Prevention:**
- Hand washing, cleaning/disinfecting surfaces
- Do not prepare/handle food for others when sick
- Safer food choices from certified vendors

https://www.fsis.usda.gov/food-safety/foodborne-illness-and-disease

Fecal-Oral spread





Norovirus

- Abrupt onset vomiting and watery diarrhea
- Symptoms last 24-72 hours
- Transmission: fecal-oral or vomitus-oral

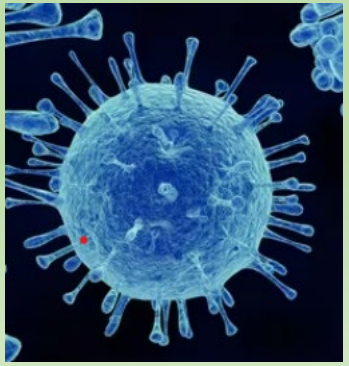
Direct: person-person

Indirect: ingesting contaminated food or water or touching high touch contaminated surfaces then touching mouth.

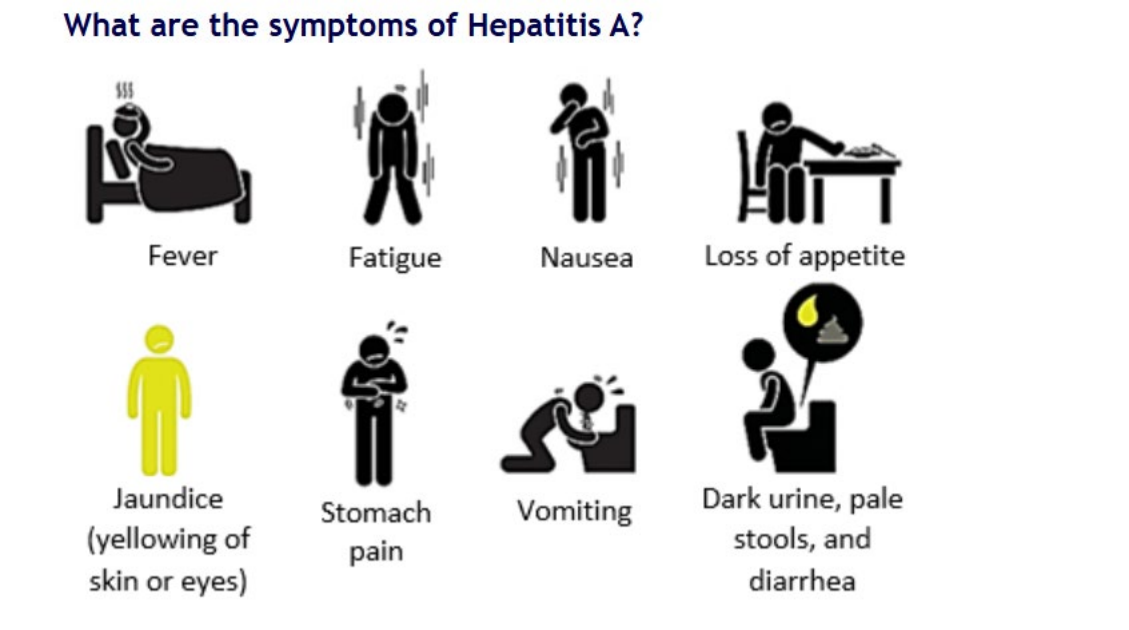
- Common source: ice, shellfish, read to eat foods like berries, salads, bakery products.
- May linger on surfaces for up to 2 weeks.
- Treatment: supportive
- Control measures: Hand washing, bleach solution to clean surfaces

Norovirus outbreaks impacting Sports

- **2026 Winter Olympics (Milan-Cortina):** Affected multiple teams, including the Finnish women's ice hockey team, leading to canceled games.
- **2018 Winter Olympics (PyeongChang):** More than 260 people were infected
- **2017 World Athletics Championships (London):** Norovirus cases among athletes and personnel.
- **2012 Youth Basketball Tournament (Kentucky):** A gastroenteritis outbreak, suspected to be norovirus, affected participants, prompting a CDC investigation.
- **2005 Premier League Football:** Tottenham Hotspur squad fell ill with suspected norovirus after eating at a hotel, affecting a crucial match



Hepatitis A



http://publichealth.lacounty.gov/media/hepa/index.htm

- **Incubation: 15-50 days**
- **Diagnosis: Hep A Ig M**
- **Treatment:** Supportive care

•Who's at high risk:

- Homeless, and/or use illicit drugs
- Household contact with Hep A
- Men who have sex with men
- Have sexual contact with someone who has hepatitis
- Travel where Hep A is endemic

Prevention: 2 doses of vaccine given 6 months apart 1 dose: 95% 2 doses: 99% protection

Cleaning frequently touched surfaces

Surfaces that are frequently touched should be cleaned often with disinfectants. This includes:

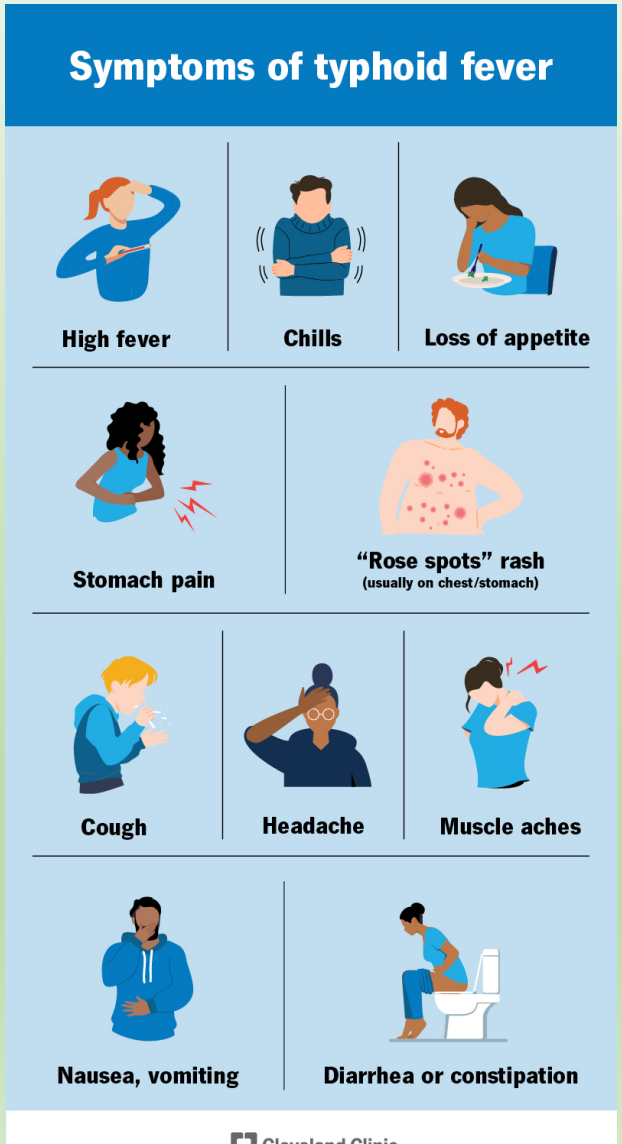
- Bathroom surfaces
- Light switch plates
- Infant high chairs
- Kitchen surfaces
- Phones
- Tables and chairs
- Doorknobs
- Computer keyboards
- Wheelchairs and walkers
- Sport equipment
- Railings
- Remote controls

- Meticulous hand-washing, proper sanitation
- How can I clean areas contaminated with Hepatitis A virus? Use 10% bleach solution

Post-exposure prophylaxis:

Vaccine/ when indicated immunoglobulin within 14 days of exposure

Typhoid fever



Diagnosis

Treatment

Vaccine Preventable illness

- **Measles**
- Hep A
- Mumps
- Varicella
- Pertussis
- Polio
- Meningococcal disease

Mumps

Whooping cough

Varicella

Meningococcemia

Measles


Koplik Spots

Spread: droplet/airborne
Attack rate: 90%
Population immunity as high as 95% or greater is often needed to stop ongoing transmission

DIAGNOSIS
Fever – can be up to 105F
+
Rash
+
3 Cs Cough
Coryza
Conjunctivitis

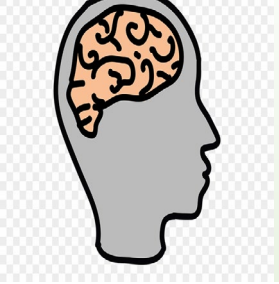
Contagious from 4 days before the rash through 4 days after appearance of the rash
Incubation period: 6-21 days.

Virus can remain for 2 hours in a space where infected person coughs or sneezes!

https://emergency.cdc.gov/coca/ppt/2023/081723_slides.pdf

https://www.nhs.uk/conditions/measles/

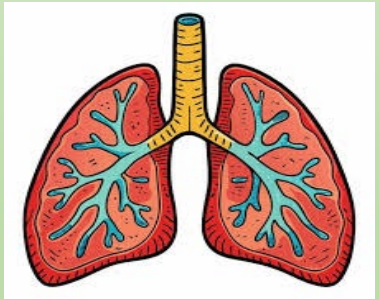
COMPLICATIONS OF MEASLES



Encephalitis

Keratitis

Otitis media



Pneumonia

Diarrhea

- **1842 cases in US in 2026**
- **> 90% IN UNVACCINATED**
- **1 case in Hudson county linked to travel**

DIAGNOSIS OF MEASLES:

- Oropharyngeal/nasopharyngeal swab (rRT-PCR)
- Urine (rRT-PCR)
- Serum (measles IgM and IgG)

TREATMENT OF MEASLES

- Supportive care

PREVENTION

- Vaccination:
- **Single dose: 95% protection, 2 doses: 98% protection**

POST-EXPOSURE PROPHYLAXIS

- MMR vaccine within 72 hrs of exposure
- Immunoglobulin within 6 days of exposure

Skin/soft tissue infections

Molluscum

Athlete’s foot

Warts

Cellulitis

Folliculitis

STDs

- HIV
- Gonorrhea
- Chlamydia
- Syphilis
- Mpox
- Testing and treatment
- Prevention

https://www.healthychildren.org/English/health-issues/conditions/sexually-transmitted/Pages/Sexually-Transmitted-Infections-Prevention.aspx

Transmission of antibiotic resistant bacterial infections

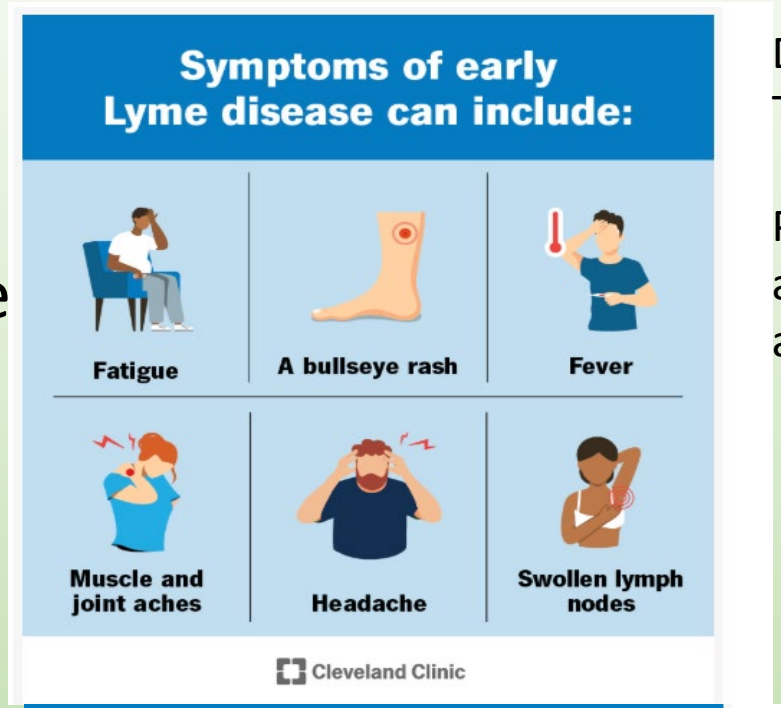
- ESBL bacteria, Carbapenem resistant bacteria, VISA/VRSA, C.auris
- Drug resistant Gonorrhea
- Drug resistant M. Tuberculosis
- Drug resistant Salmonella

- Infections are difficult to treat
- Considerable cost to healthcare system

Louisiana Office of Public Health https://ldh.la.gov/assets/oph/Center-PHCH/Center-CH/infectious-epi/HAI/2023_HAIEID/04_HAI_Workshop_MDRO_Prevention.pdf

Vector borne infections

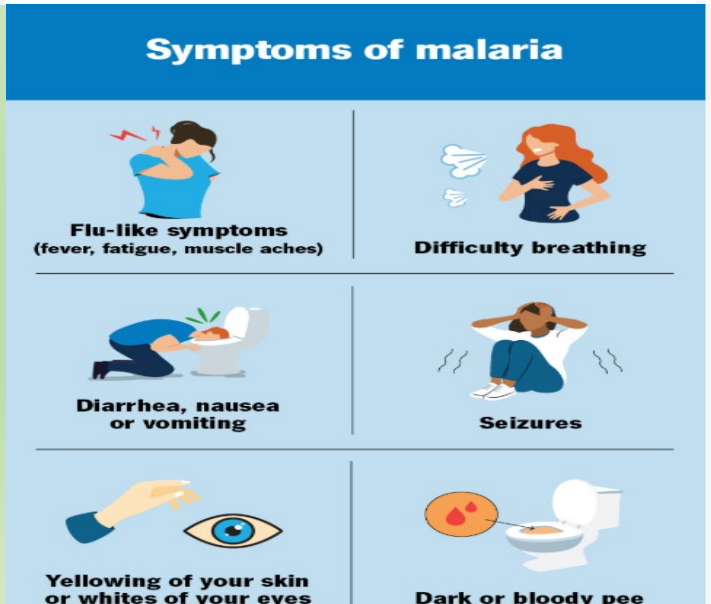
- Lyme disease



Diagnosis: Lyme serology
Treatment: Doxycycline

Prevention: insect repellants, avoid woody, brushy or grassy areas, tick checks

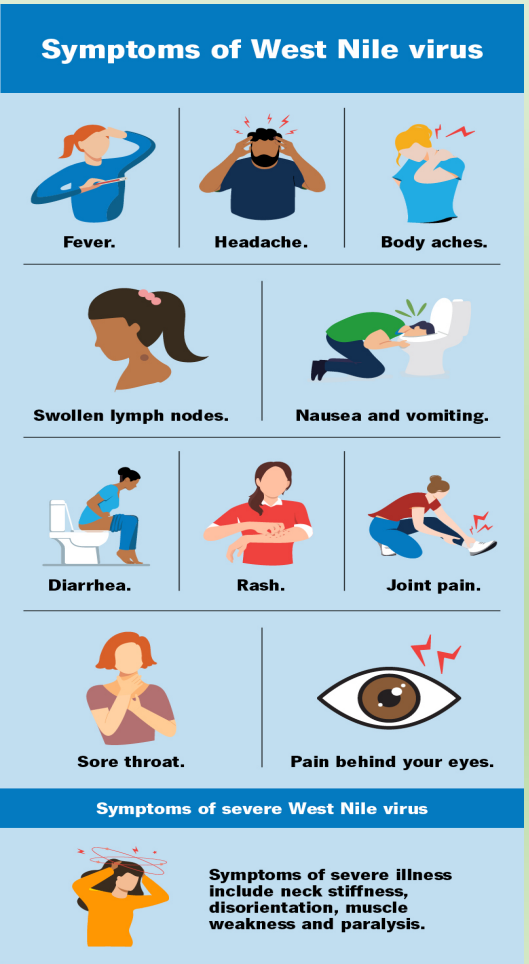
- Malaria



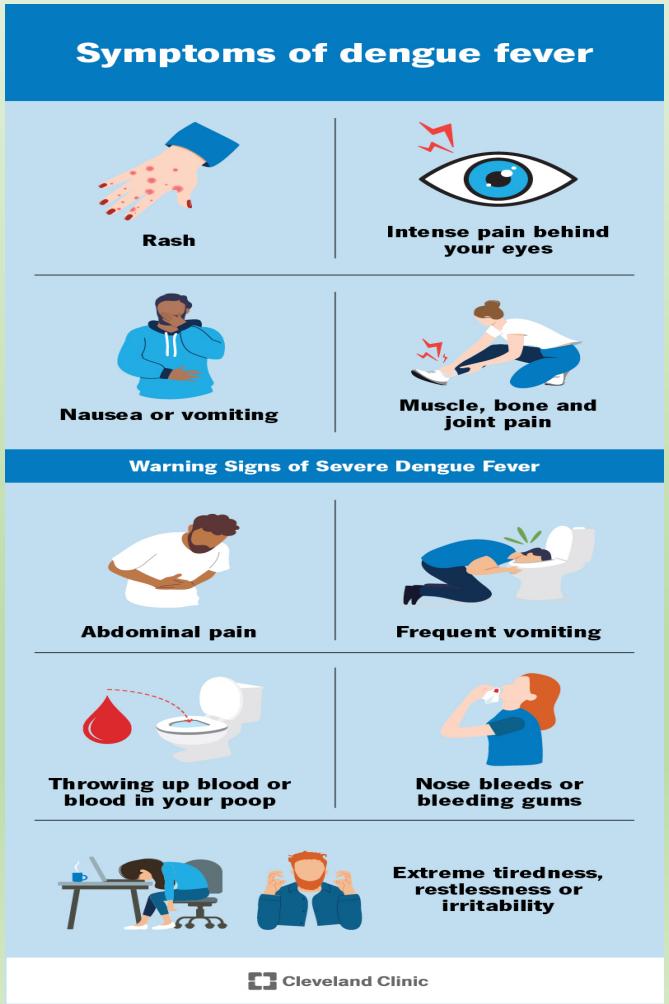
Diagnosis:Microscopy or Rapid diagnostic tests
Treatment: antimalarials
Prevention: prophylaxis, personal protection, mosquito control

Vector borne infections

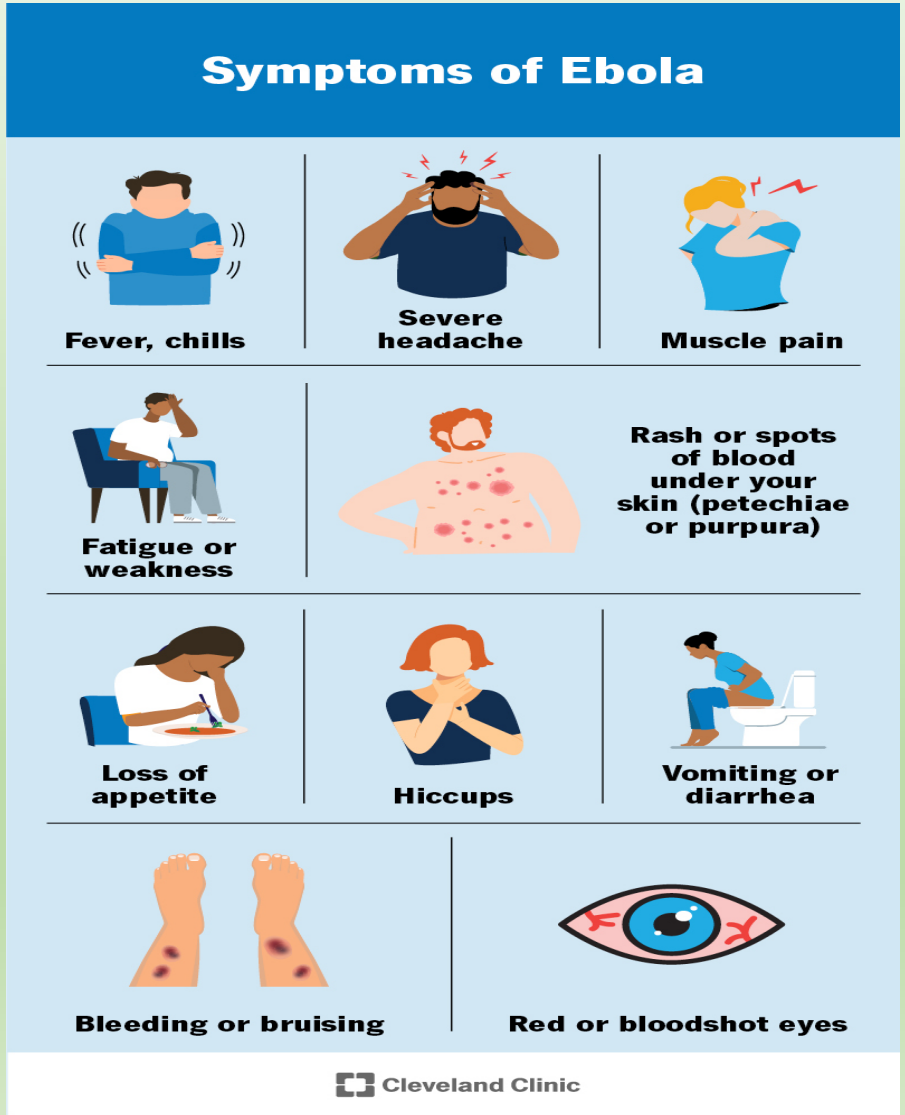
West Nile



Dengue



Special pathogens: Viral hemorrhagic fevers



Ebola

Diagnosis

Treatment

Hantavirus: what do I need to know?

- Hantavirus is spread from exposure to rodent saliva, urine, feces
- On May 2, 2026, the World Health Organization (WHO) was notified of a cluster of severe acute respiratory illness (SARI) among passengers and crew of a cruise ship MV Hondius in the Atlantic Ocean. The cluster included two deaths and one critically ill passenger, whose laboratory tests confirmed hantavirus.
- Cruise ship carried 147 people (86 passengers and 61 crew) from 23 different countries.
- As of May 12, 2026: **11 cases: 9 confirmed cases, 2 suspected, 3 deaths**
- Strain implicated: Andes virus; person to person spread
- **Symptoms:** Early symptoms include fatigue, fever, muscle aches, headaches, abdominal pain, vomiting and diarrhea, appearing 1–8 weeks after exposure.
- Hantavirus pulmonary syndrome (HPS), a severe and potentially deadly disease that affects the lungs
- Other strains can cause: Hemorrhagic fever with renal syndrome: deadly disease that can affect the kidneys.

https://www.cdc.gov/hantavirus/hcp/clinical-overview/hfrs.html

Hantavirus

- **Transmission:** prolonged close contact with symptomatic person: direct physical contact in enclosed space< exposure to body fluids or respiratory secretions, kissing, sharing utensils, handling contaminated bedding.

- **Testing:** Hantavirus Ig M and Ig G

- **Treatment**: Supportive

- NJ currently monitoring 2 residents, no symptoms.
- At present risk of spread in NJ is low.

Table 1. Top 10 infectious disease considerations at mass gatherings for sporting events in 2026

Method of transmission	Pathogen	Mean incubation period	Reason for concern	Type of precautions
Food and beverages 	Hepatitis A ^*PEP available	28 days (range 15–50 days)	Foodborne outbreaks are common	Contact precautions
	Norovirus	12–48 hours	Outbreaks ARE common	Contact precautions
	E. Coli	3–4 days (range 3–8 days) *E. coli* O157:H7 : 3–4 days (range 1–10 days) ETEC: 6–48 hrs	Potential for different strains of E. coli based on visiting traveler countries.	Contact precautions
Airborne (aerosol and droplet) 	Measles ^*PEP available	11–12 days	Increased rates in the USA and Canada in past years. Increased rates in some participating visitors' countries	Airborne precautions
	COVID-19 ^	Varied based on prior variants : median incubation period of 3–4 days	Seasonality of COVID-19 is still uncertain with potential for increased transmission	Droplet precautions
	Influenza ^ and other respiratory viruses	Influenza: 1 to 4 days RSV: 4 to 6 days	Potential for increased transmission	Droplet precautions
	Tuberculosis	Detected an average of 8–10 weeks after infection	Increased incidence likely in countries of participating visitors	Airborne precautions
Contact (skin and infectious bodily fluids) 	Mpox ^*PEP available	Range 3–17 days	Relatively new emerging pathogen as of 2024 with evolving epidemiology	Contact precautions
	HIV and other sexually transmitted infections *PEP available for HIV and STIs	HIV: flu-like symptoms within 2 to 4 weeks after infection	Sexually transmitted infections can increase at these type of world events	Standard precautions
Contact (other pathogens) 	Multi-drug resistant bacteria such metallo-B lactamases and *C. auris*		Not likely an acute problem; however, over time introduction could lead to gradual emergence in host cities	Contact precautions

TOP 10 INFECTIOUS DISEASES CONCERNS WITH MASS GATHERINGS

Sports fever! Getting the ball rolling to prevent infections at the World Cup™ and beyond
Antimicrobial Stewardship and Healthcare Epidemiology (2026),6,e61,1-7
https://pmc.ncbi.nlm.nih.gov/articles/PMC13104518/

Summary: Infectious Diseases in Sporting events

- **Respiratory:**COVID-19, Influenza, RSV, Rhinovirus, Human Metapneumovirus
- **GI:** Norovirus, E coli, Salmonella
- **Skin/soft tissue infections:** Impetigo, folliculitis, cellulitis, tinea corporis (ringworm), Tinea pedis (athlete's foot), warts, Molluscum
- **Water borne:** Leptospirosis
- **Blood-borne pathogens:** Hepatitis B, C, HIV
- **Vaccine preventable illness:** Measles, Mumps, Hep A, Rubella, Varicella,Pertussis
- **Sexually transmitted:** HIV, STDs: Chlamydia, Gonorrhea, Syphilis, Mpox
- **Vector-borne disease:** Malaria, Lyme, Dengue, West Nile, Zika,Chikungunya

Prevention

- Vaccination
- Hand hygiene
- Masking
- STD prevention
- Vector control
- Enhanced surveillance

RESOURCES

NJHealth
New Jersey Department of Health

Contact List	
For non-urgent FIFA preparedness, state operations or general planning questions, reach out to DPREMS at Vax.Operations@doh.nj.gov or your primary NJDOH contact (e.g. DLPH liaisons for LHDs)	
NJDOH Main Line	Phone: 1-800-367-6543; After Hours Contact: 609-392-2020
NJDOH Communicable Disease Services (CDS)	Phone: 609-826-5964 (M-F, 8a-5p) After Hours Contact: 609-392-2020
NJDOH Local Health Directory	Phone/Email Directory
NJDOH Public Health and Environmental Labs (PHEL)	Phone Directory
NJDOH Office of Emergency Medical Services (OEMS)	Phone: 609-633-7777 Email: EMS@doh.nj.gov
NJDOH Public Health and Food Protection Program	Phone: 609-826-4935 Email: phfpp@doh.nj.gov
NJDOH Regional Epidemiology Program (REP)	Phone: 609-826-5964 Email: CDS.REP.Communications@doh.nj.gov
NJDOH Vaccine Preventable Disease Program (VPDP)	Phone: (609)-826-4860

https://www.njlincs.net/FIFA/FWC_Health_Medical_Planning.pdf

Helpful Resources	
FIFA Event Information	FIFA World Cup 2026 FIFA World Cup 2026 NY/NJ FIFA World Cup 2026 Philadelphia Visit NJ FIFA World Cup
Heat Emergencies	Extreme Heat Preparedness Checklist (Heat Hub NJ) National Weather Service (Alerts) Chill Out NJ and NJ 211 (Cooling center locations) NJDOH Heat-Related Illness Data Dashboard
Chemical and Radiological Preparedness	Chemical Preparedness Handbook for Local Health Departments Radiological and Chemical Preparedness Resources
High-Consequence Infectious Diseases	National Emerging Special Pathogens Training & Education Center National Special Pathogen System Region 2 RESPTC
Screening & Investigation Tools	Travelers' Health (CDC) Measles Resources for Health Professionals (NJDOH) How to Report a Disease (NJDOH CDS) Biological and Chemical Agents of Concern Fact Sheets (Johns Hopkins) Vaccine Preventable Disease Investigation Checklist for Local Health (NJDOH)
EMS Providers/First Responder Guidance	EMS Toolbox (NJDOH) ASPR TRACIE EMS Infectious Disease Playbook, Version 2.0 Viral Hemorrhagic Fevers (VHFs) Guidance for EMS and 9-1-1 Answering Points (CDC)
Human Trafficking	NJ Coalition Against Human Trafficking Human Trafficking Webinar Series and Resources (American Hospital Association) Tip Hot Line: 855-END-NJHT or (855)-363-6548
Substance Use and Treatment	Substance Use Prevention and Treatment Resources (NJDOH) NJ Poison Control and Emergency Hotlines (NJPIES)

https://www.njlincs.net/FIFA/FWC_Health_Medical_Planning.pdf

References

- **Sports fever! Getting the ball rolling to prevent infections at the World Cup™ and beyond Antimicrobial Stewardship and Healthcare Epidemiology (2026),6,e61,1-7 https://pmc.ncbi.nlm.nih.gov/articles/PMC13104518/**
- **Red book online**
- **NJDOH**
- https://my.clevelandclinic.org/health/diseases
- https://www.healthychildren.org/English/Pages/default.aspx
- https://www.who.int/publications/i/item/WHO-2023-Generic-Mass-gatherings-All-Hazards-RAtool-2023-1
- https://ldh.la.gov/assets/oph/Center-PHCH/Center-CH/infectious-epi/HAI/2023_HAIEID/04_HAI_Workshop_MDRO_Prevention.pdf
- https://www.njlincs.net/FIFA/FWC_Health_Medical_Planning.pdf
- https://www.cdc.gov/hantavirus/hcp/clinical-overview/hfrs.html
- NJDOH_FWC_CDS_Risk_Assessment.pdf
- Travel_Disease_Table.pdf

Special thanks

- Al Fortner Director Fire and Safety, Local Emergency Management Officer Cooperman Barnabas Medical Center
- Eileen Yaney, MS, CIC Chair of Infection Prevention, Cooperman Barnabas Medical Center
- Brittany Haliani: Director, Medical Library