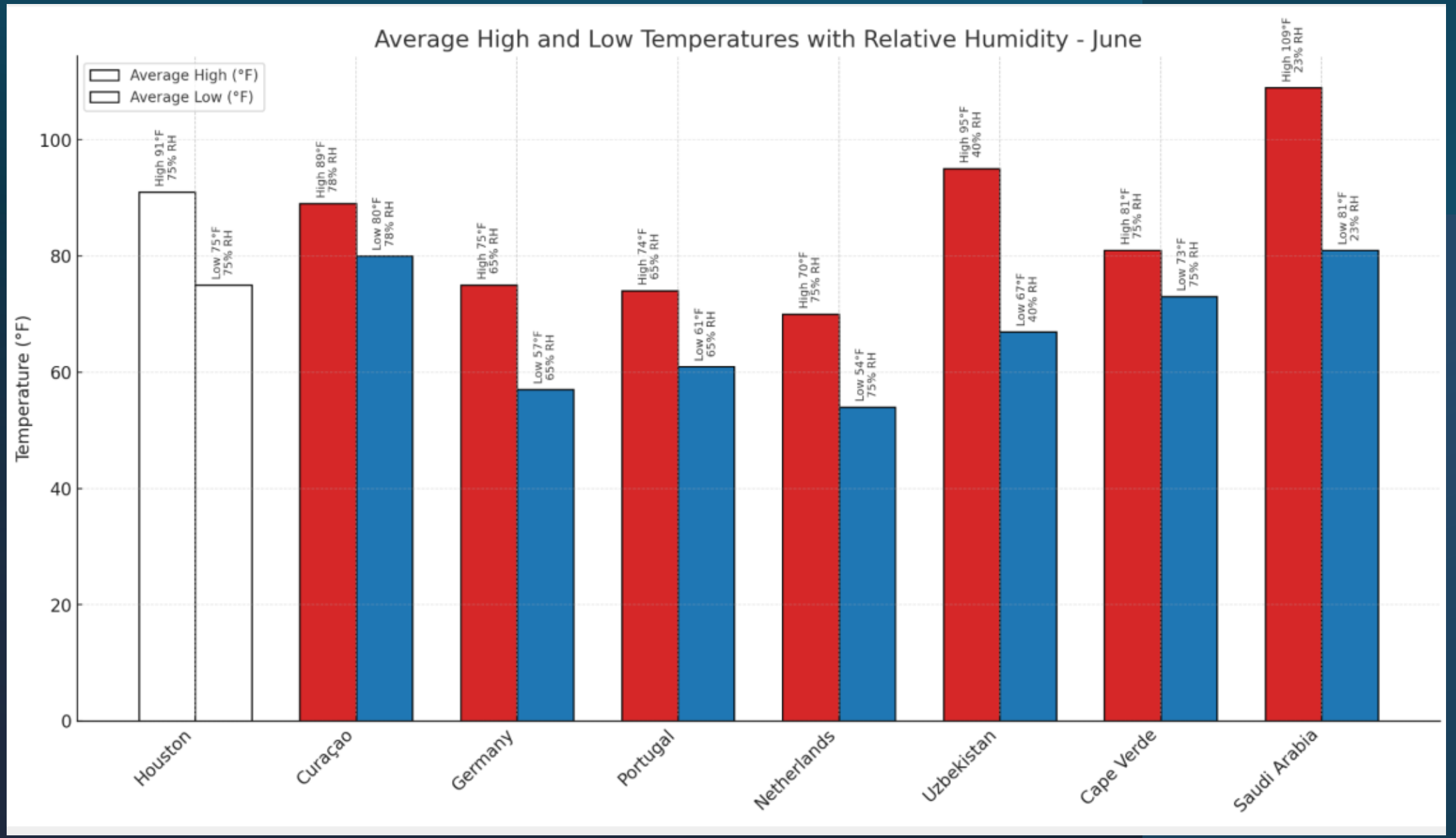
FIFA World Cup 2026

Houston Healthcare Update


FIFA
26
HOUSTON
GROUP STAGE
GERMANY
V
CURAÇAO
JUNE 14 · 12:00 PM CT
PORTUGAL
V
FIFA
COD/JAM/NCL
JUNE 17 · 12:00 PM CT
NETHERLANDS
V
FIFA
UKR/SWE/POL/ALB
JUNE 20 · 12:00 PM CT
PORTUGAL
V
UZBEKISTAN
JUNE 23 · 12:00 PM CT
CABO VERDE
V
SAUDI ARABIA
JUNE 26 · 7:00 PM CT


FIFA
HOUSTON
ROUND OF 32
1C
V
2F
JUNE 29 · 12:00 PM CT
ROUND OF 16
W73
V
W75
JULY 4 · 12:00 PM CT


Average High and Low Temperatures with Relative Humidity - June
Average High (°F)
Average Low (°F)
Temperature (°F)
0
20
40
60
80
100
High 91°F 75% RH
Low 75°F 75% RH
High 89°F 78% RH
Low 80°F 78% RH
High 75°F 65% RH
Low 57°F 65% RH
High 74°F 65% RH
Low 61°F 65% RH
High 70°F 75% RH
Low 54°F 75% RH
High 95°F 40% RH
Low 67°F 40% RH
High 81°F 75% RH
Low 73°F 75% RH
High 109°F 23% RH
Low 81°F 23% RH
Houston
Curaçao
Germany
Portugal
Netherlands
Uzbekistan
Cape Verde
Saudi Arabia

Summary:

- Fans from northern Europe (Germany, Netherlands, Portugal) are coming from mid-70 to low-70s June highs into low-90s, very humid Houston — a jump of ~15–20°F plus **much higher dew points** for that temperature range. They will be the most vulnerable to heat stress, dehydration, and performance issues when outdoors for matches, fan zones, and transit.

- Fans from Curaçao, Cape Verde, and Tashkent are used to warm–hot but generally dr or breezier conditions; Houston's combination of heat + humidity will still feel heavier, especially during mid-day with high heat index.

- Fans from Riyadh are accustomed to extreme **dry** heat, but Houston's lower temperature + much higher moisture will produce comparable or worse heat index despite a lower thermometer reading.

Epi by Country

Curacao

Dengue

Chikungunya

Zika

Netherlands

Measles

Pertussis

MPox

Epi by Country

Portugal

Measles

Mpox

Dengue

Germany

Measles

Pertussis

MPox

Epi by Country

Portugal

Measles

Mpox

Dengue

Germany

Measles

Pertussis

MPox

Epi by Country

Uzbekistan

Measles

Hep A
TB

Cape Verde

Dengue

Zika

Shigella

Saudi Arabia

MERS

Dengue
Measles

What to Expect

Larger more established teams such as Germany, The Netherlands, and Portugal have a very strong fan base, with many fans that travel to follow their teams.

We have 3 teams that are first-timers to World Cup: Curacao, Uzbekistan, and Cabo Verde

What does this event mean for Hospitals/EMS?

Hospital Capacity

Significant population surge (up to 300,000+)

Capacity in the ED

Ambulance Wall Time

Medical Tourism

Mitigation Being undertaken

ETHAN – alternate destinations

Increased Staffing at the Sobering Center

Onsite medical for Fanfest

EMS surge capacity (35-50 units extra on the streets)

May transport to freestanding ER’s

Preparations

Country Brief: Curaçao → Houston (HOU)

Priority conditions, Houston fit, and countermeasure considerations

Priority conditions (watch-outs)

- **Dengue** — aedes (mosquitos)-borne; risk of local amplification during mosquito season; avoid NSAIDs until ruled out.
- **Chikungunya** — aedes (mosquitos)-borne; severe arthralgia; no U.S. chikungunya vaccine planned (license currently suspended).
- **Zika** — aedes (mosquitos) + sexual; pregnancy-focused counseling/testing.
- Measles — airborne; short PEP windows (MMR ≤72h, IG ≤6d).

Houston fit (why we care)

- Aedes (mosquitos) aegypti/albopictus are established locally → imported viremic cases can seed limited transmission.
- Mass outdoor mixing increases bite opportunity; indoor venues elevate measles risk in under-vaccinated clusters.

Medical countermeasures & operational notes (high level)

- Dengue/CHIKV/Zika: (NAAT/NS1/IgM) + supportive care**; IV fluid surge readiness** [IV Shortage Ongoing].
- Measles PEP: MMR supply + immune globulin access plan (often constrained / hard to get in large quantities).

Country Brief: Germany → Houston (HOU)

Priority conditions, Houston fit, and countermeasure considerations

Priority conditions (watch-outs)

- **Measles** — airborne; high transmissibility in venues/hotels; rapid isolation + PEP cascade.
- **Pertussis** — droplet/close contact; infant impact; macrolide treatment/PEP.
- **Mpox** — close/sexual contact; network-dependent; JYNNEOS + testing readiness.
- **Meningitis** — low likelihood, high consequence; <24h PEP for close contacts.
- **XDR/MDR Shigella** — fecal–oral/sexual networks; culture + AST to guide therapy.

Houston fit (why we care)

- Event amplification: indoor airborne/droplet (measles/pertussis) and network-based (mpox/shigella).
- Crowding increases exposure – decreases sanitation; rapid triage/isolation prevents secondary spread.

Medical countermeasures & operational notes (high level)

- Measles PEP: MMR supply + immune globulin access plan (often constrained / hard to get in large quantities).
- Pertussis: macrolides + PEP protocols; protect infants/OB settings.
- Mpox: lesion NAAT; JYNNEOS access; tecovirimat (TPOXX) via CDC pathways for severe/high-risk (possible long-lead time).
- Invasive Meningococcal disease (Meningitis): rifampin/cipro/ceftriaxone for PEP with rapid deployment.

*XDR/MDR = extremely drug resistant/moderately drug resistant

Country Brief: Portugal → Houston (HOU)

Priority conditions, Houston fit, and countermeasure considerations

Priority conditions (watch-outs)

- **Measles** — airborne; European resurgence
- **Mpox** — close/sexual contact; network-dependent; vaccination/testing readiness.
- **Dengue** — imported viremia could seed local aedes (mosquitos) transmission.
- **Meningitis** — low likelihood, high consequence; rapid PEP for close contacts.

Houston fit (why we care)

- Aedes (mosquitos) aegypti/albopictus are established locally → imported viremic cases can seed limited transmission.
- Mass outdoor mixing increases bite opportunity; indoor venues elevate measles risk in under-vaccinated clusters

Medical countermeasures & operational notes (high level)

- Measles PEP: MMR supply + immune globulin access plan (often constrained / hard to get in large quantities).
- Dengue/CHIKV/Zika: (NAAT/NS1/IgM) + supportive care; **IV fluid surge readiness** [IV Shortage Ongoing].
- Mpox: lesion NAAT; JYNNEOS access; tecovirimat (TPOXX) via CDC pathways for severe/high-risk (possible long-lead time).

Country Brief: The Netherlands → Houston (HOU)

Priority conditions, Houston fit, and countermeasure considerations

Priority conditions (watch-outs)

- **Measles** — airborne; high transmissibility; rapid isolation + PEP windows.
- **Pertussis** — droplet/close contact; infants highest risk; macrolide PEP.
- **Mpox** — close/sexual contact; clade signal per EU reporting; targeted outreach.
- **Meningitis** — low likelihood, high consequence; PEP for close contacts.
- **XDR Shigella** — network-dependent; culture + AST; hygiene + counseling.

Houston fit (why we care)

- Event amplification: indoor airborne/droplet (measles/pertussis) and network-based (mpox/shigella).
- Crowding increases exposure – decreases sanitation; rapid triage/isolation prevents secondary spread.

Medical countermeasures & operational notes (high level)

- Measles PEP: MMR supply + immune globulin access plan (often constrained / hard to get in large quantities).
- Pertussis: macrolides + PEP protocols; protect infants/OB settings.
- Mpox: lesion NAAT; JYNNEOS access; tecovirimat (TPOXX) via CDC pathways for severe/high-risk (possible long-lead time).
- Invasive Meningococcal disease (Meningitis): rifampin/cipro/ceftriaxone for PEP with rapid deployment.
- Shigella: stool culture + AST; antimicrobial stewardship guidance.

Country Brief: Uzbekistan → Houston (HOU)

Priority conditions, Houston fit, and countermeasure considerations

Priority conditions (watch-outs)

- **Measles** — airborne; rapid PEP windows; high venue transmission potential.
- **Hepatitis A** — fecal–oral; food-handler/household clusters; vaccine/IG PEP.
- T**uberculosis** (incl. MDR/RR) — prolonged exposure; healthcare recognition + isolation.
- **Diphtheria** — droplet/close contact; antitoxin via CDC; cluster risk if delayed.

Houston fit (why we care)

- Event amplification: indoor airborne/droplet (measles/diphtheria) and Hep A (fecal–oral).
- Crowding increases exposure – decreases sanitation; rapid triage/isolation prevents secondary spread.

Medical countermeasures & operational notes (high level)

- Measles PEP: MMR supply + immune globulin access plan (often constrained / hard to get in large quantities)
- HepA: vaccine + IG for PEP (≤14 days) in indicated exposures.
- Diphtheria: antitoxin (DAT) access workflow via CDC + (possible long-lead time).
- Tuberculosis: airborne isolation + rapid NAAT + linkage to Tuberculosis program; MDR consult

Country Brief: Cape Verde → Houston (HOU)

Priority conditions, Houston fit, and countermeasure considerations

Priority conditions (watch-outs)

- **Dengue** — aedes (mosquitos)-borne; epidemic activity per brief; local aedes (mosquitos) makes amplification plausible.
- **Measles** — airborne; mass indoor mixing risk; PEP windows short.
- **Shigella** (resistance signal) — fecal–oral/sexual; culture + AST; hygiene counseling.
- **Hepatitis A** — fecal–oral; food-handler clusters; vaccine/IG PEP.
- **Zika** — pregnancy-focused counseling/testing; aedes (mosquitos) + sexual transmission.

Houston fit (why we care)

- Vector suitability: aedes (mosquitos) established locally → dengue (and Zika in theory) have seasonal plausibility.
- Event amplification: indoor airborne/droplet (measles) and fecal-oral (Hep-A/Shingella).
- Crowding increases exposure – decreases sanitation; rapid triage/isolation prevents secondary spread.

Medical countermeasures & operational notes (high level)

- Dengue: (NAAT/NS1/IgM) + supportive care; **IV fluid surge readiness** [IV Shortage Ongoing].
- Measles PEP: MMR supply + immune globulin access plan (often constrained / hard to get in large quantities).
- Shigella: stool culture + AST; antimicrobial stewardship guidance.
- HepA: vaccine + IG for PEP (≤14 days) in indicated exposures.

Country Brief: Saudi Arabia → Houston (HOU)

Priority conditions, Houston fit, and countermeasure considerations

Priority conditions (watch-outs)

- **MERS-CoV (HCID)** — severe pneumonia; healthcare-amplified risk; rapid PUI isolation/testing.
- **Dengue** — aedes (mosquitos)-borne; imported viremia could seed local transmission in mosquito season.
- **Measles** — airborne; high local potential in undervaccinated clusters.
- **Meningitis** — high consequence; rapid therapy + close-contact PEP.

Houston fit (why we care)

- MERS: community spread is typically limited, however Crowding increases exposure – decreases sanitation; facility preparedness and PPE adherence are key.
- Dengue: aedes (mosquitos) in Harris County + warm season → plausible local amplification if viremic travelers arrive.

Medical countermeasures & operational notes (high level)

- MERS: rRT-PCR on lower-respiratory specimens preferred; no specific antiviral approved—supportive care; strict airborne + contact + eye protection. Follow RITA plan in CMOC plan.
- Dengue: (NAAT/NS1/IgM) + supportive care; IV fluid surge readiness [IV Shortage Ongoing].
- Measles PEP: MMR supply + immune globulin access plan (often constrained / hard to get in large quantities)
- Invasive Meningococcal disease (Meningitis): rifampin/cipro/ceftriaxone for PEP with rapid deployment.

Cross-cutting messaging

EMS / first responders

- Mask and notify destination for fever-with-rash or severe respiratory illness + travel history.
- Use appropriate PPE (airborne/droplet/contact per dispatch); minimize aerosol-generating procedures without full PPE.
- For suspected MPox: cover lesions; gloves/gown; routine decon.
- Document venue exposures (hotel/arena/fan zone) to support public-health tracing.

Hospitals / clinics (ED, urgent care, primary care)

- Triage prompt: international travel ≤30 days + fever/rash/cough/jaundice/hemorrhagic signs.
- Immediate airborne isolation for suspected measles/Tuberculosis
- Prepare for surge in IV needs (anticipate logistics, advocate shortage)
- PEP readiness: measles (MMR ≤72h / IG ≤6d), Pertussis and Meningitis contact prophylaxis.
- Arbovirus workflows: dengue NAAT/NS1 early; avoid NSAIDs until dengue excluded; counsel bite avoidance while febrile.
- Special pathogens (MERS): rapid isolation, specimen routing, and CMOC/public-health/CDC consult.
- Notification Contact Information: Local Health Departments

Recommendations

Suggested planning priorities for June–July 2026 operations

Top priorities (highest leverage)

- Measles: airborne isolation + fast testing + PEP logistics (MMR ≤72h; IG ≤6d).
- Dengue/arboviruses: NAAT/NS1 testing access + clinical protocols + mosquito-control + public messaging.
- IV fluid/bag surge readiness [IV Shortage Ongoing].

Second-tier hazards (still plan for)

- Pertussis, Hepatitis A: time-sensitive PEP workflows and communications (households, food-service).
- Mpox / resistant Shigella: targeted outreach + culture/AST readiness + vaccination pathways.
- Tuberculosis (incl. MDR): sustained isolation/testing capacity + linkage to Tuberculosis control.
- Meningitis: rapid recognition + immediate ceftriaxone + close-contact PEP within 24 hours.

Remember! There will be people from more than just these countries! Expect the unexpected, communicate, and keep planning

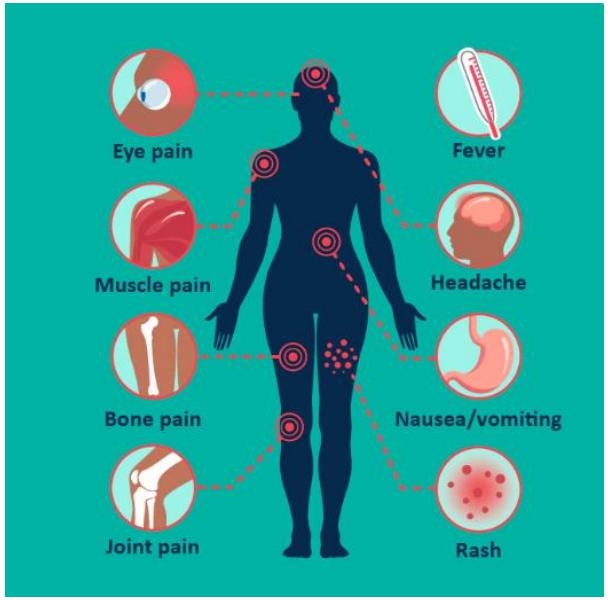
CDC Links

Measles

https://www.cdc.gov/measles/hcp/clinical-overview/index.html

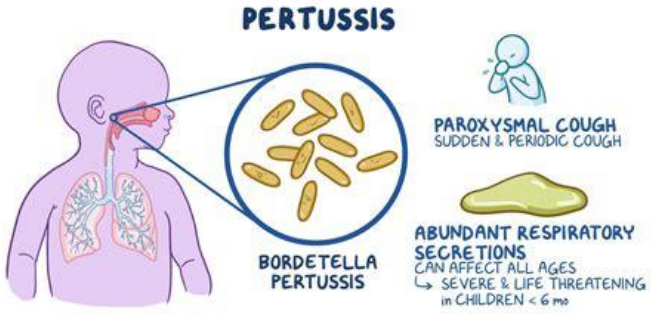
Dengue

https://www.cdc.gov/dengue/hcp/index.html



Pertussis

https://www.cdc.gov/pertussis/hcp/clinical-overview/index.html



CDC Links

Hepatitis A

https://www.cdc.gov/hepatitis-a/hcp/clinical-overview/index.html

Mpox

https://www.cdc.gov/monkeypox/hcp/clinical-overview/index.html

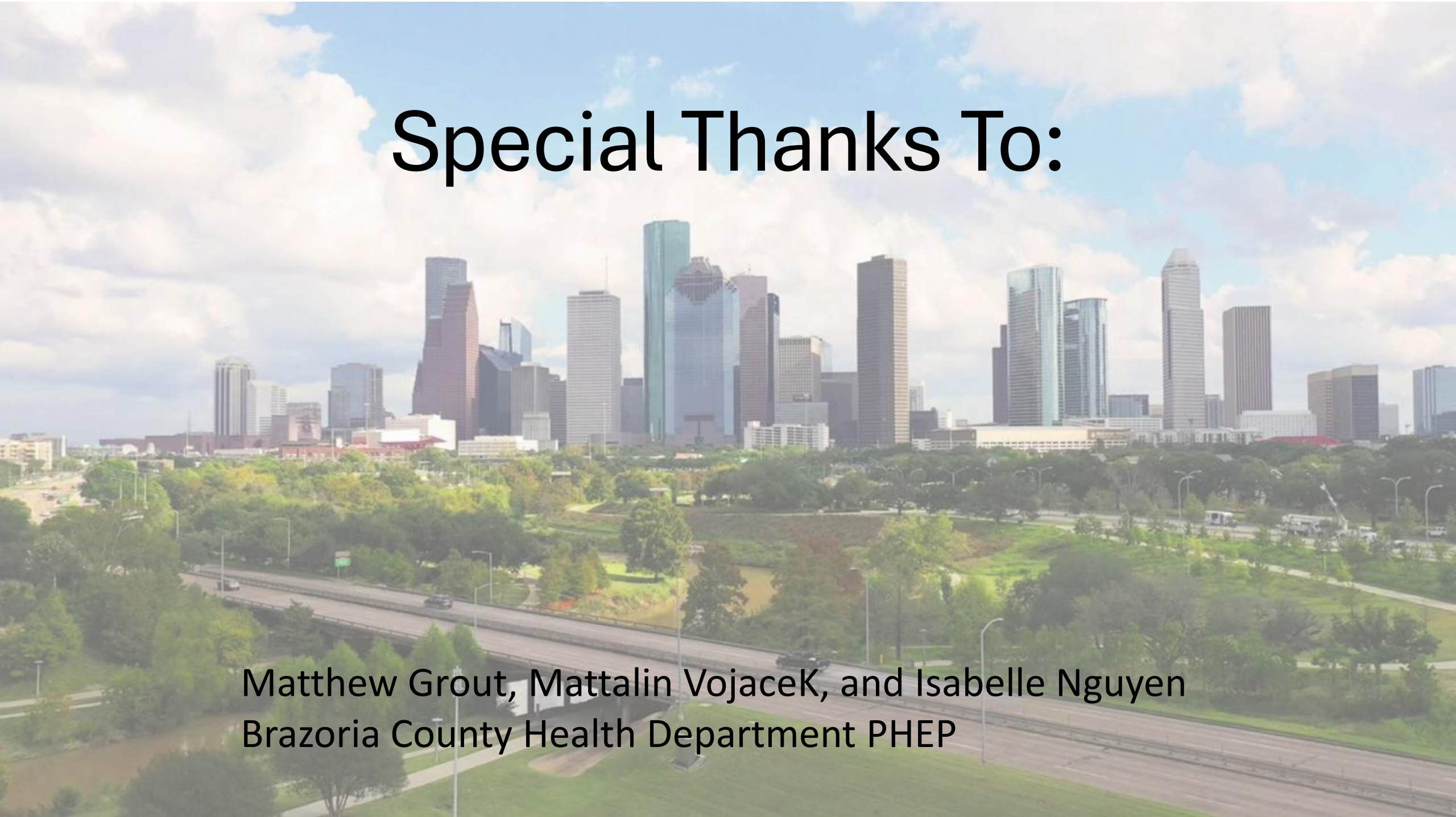
TB

https://www.cdc.gov/tb/hcp/clinical-overview/index.html

Meningitis

https://www.cdc.gov/meningococcal/hcp/clinical/index.html

Special Thanks To:



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