

This document provides an overview of known information about the 2026 FIFA World Cup and America’s 250 Anniversary events in NYC, reviews potential public health risks, and reviews planning considerations for health care partners. This information is based on the available intelligence as of April 2026 and is subject to change.

FIFA WORLD CUP OVERVIEW

The FIFA World Cup is the largest football (more commonly known as soccer in the United States) competition in the world. **The 2026 FIFA World Cup is being hosted by the United States, Canada, and Mexico, and will be held from June 11 to July 19, 2026.** It is an unprecedented sporting event with no easy comparison in terms of size, duration, nations, and fans involved, besides the Olympics. This is the **largest World Cup to date** in terms of scope (3 host countries, 16 host cities), number of teams (48), number of games (104), and length (39 days). Projections from various sources estimate 1 to 6 million international visitors to the United States. **New York/New Jersey is one of 12 American Host Cities, for 8 games, including the final match, which is anticipated to draw 2 million people to the area.**

All local games are played at **MetLife Stadium in East Rutherford, New Jersey.** [The schedule](#) for these games is below.



NYC will have many organized [fan zone](#) (locations that offer immersive experiences and live match viewing) and community celebrations throughout the World Cup. Not all locations have been announced but currently anticipated sites include **Louis Armstrong Stadium (at the Billie Jean King Tennis Center), Rockefeller Center, the Javits Center, Brooklyn Bridge Park, Central Park, and FerryHawks Stadium (Staten Island).** No teams have base camps in NYC (where teams reside and train between games) for the Group Stage, but this could change for later games. Very Important People (VIPs) will be visiting and lodging in NYC so expect traffic disruptions throughout the tournament, especially around game dates.

AMERICA 250 AND INTERNATIONAL NAVAL REVIEW (INR)

July 4, 2026, is the United States’ 250th Birthday! Many events are scheduled in NYC to celebrate the country’s Semiquincentennial. This year is the **50th Anniversary of the Macy’s Fourth of July Fireworks**, with fireworks planned for both Hudson and East Rivers.

Sail4th 250 (July 3-8) will coincide with the city’s largest ever Fleet Week. NYC will host approximately 50 international **Tall Ships** (class A and B) in New York Harbor, the [largest gathering of Tall Ships](#) since 1976. This event anticipates 50+ participating countries, 27,000 sailors, multiple days of parades, concerts, and other events, with ships docked along the entire city coastline. On July 4th, the U.S. Navy will conduct an **International Naval Review (INR)** of 50 allied and U.S. naval vessels, with flyovers of 100-125 aircraft. The official INR reviewing agent is the **President of the United States.**

NYC will also host the usual summer events, like the **Puerto Rican Day Parade** and **Pride Month**, and it is expected that **informal watch parties** and **spontaneous gatherings** around the city will occur throughout the tournament.

KEY PLANNING TAKEAWAYS

- The 2026 World Cup may present a range of public health risks due to its duration, surge of visitors, large-scale concurrent events, national and international security implications and seasonal hazards (e.g., heat).
- Health care and emergency medical services (EMS) communities should apply an all-hazards planning approach and ensure existing plans are reviewed and updated as needed.
- Health and medical entities should review training and exercise needs to ensure staff are familiar with relevant plans and procedures (e.g., disease reporting).
- Health care facilities and providers should maintain situational awareness by signing up for **health alerts** and **emergency notifications**.
 - NYC: [Health Alert Network](#) and [Notify NYC](#)
 - NJ: [Health Alert Network](#)

OVERVIEW OF PUBLIC HEALTH RISKS

Considerations	Potential Public Health Risks
Large Sporting Events	<ul style="list-style-type: none"> • Energetic celebrations; potentially aggressive mood, violent fan clashes • Blast injuries, burns (caused by pyrotechnics, incendiary devices, etc.) • Crowd surges and stampedes • Alcohol and drug use and abuse, overdose emergencies
Infectious Diseases	<ul style="list-style-type: none"> • Higher risk of communicable disease spread and outbreaks (e.g., sexually transmitted infections, respiratory infections, diarrheal diseases) • Travel-associated infections and introduction of non-endemic diseases <ul style="list-style-type: none"> ○ Vaccine preventable diseases (e.g., measles) ○ Special pathogens (e.g., Lassa fever) ○ Mosquito/vector-borne (e.g., malaria, dengue) • Risk of food-borne illness from new and unregulated food vendors
Climate	<ul style="list-style-type: none"> • Dehydration, heat stroke, heat exhaustion, especially during periods of extreme heat • Heavy rains and flash flooding can occur with little warning during summer months • Impaired air quality, especially in the context of extreme heat or wildfires elsewhere • Exacerbation of chronic illness from (exposure to) very hot weather/impaired air quality
International Attendees	<ul style="list-style-type: none"> • Unfamiliarity with U.S. health care system, insurance limitations, and payment issues • Cultural sensitivities and translation needs • Follow-up contact and care including case investigations and contact tracing • Unknown immunity of visitors and potential communicable disease spread through unvaccinated travelers
Health Care Strain	<ul style="list-style-type: none"> • Increased ED, inpatient, and outpatient volume • Transport disruptions impacting emergency medical services (EMS) • Staff delays getting to/from work, especially during game days • Mass casualty incidents • Infectious disease exposures requiring investigations and management (e.g., measles) • Limited community isolation and quarantine capacity for visitors
Civil Unrest	<ul style="list-style-type: none"> • Increased security presence increases risk for confrontations (e.g., local and federal law enforcement, military) • Protests and counterprotests • Targeted attacks
Other Threats	<ul style="list-style-type: none"> • Terrorism (e.g., chemical, radiation, biological attacks) • Cybersecurity attacks • Power outages • Human trafficking – recognition and reporting • Multiple or overlapping public health emergencies happening at once

HEALTH CARE FACILITY PLANNING CHECKLIST

GENERAL PLANNING AND PREPAREDNESS

Plan

- **Review** emergency response, disaster preparedness, downtime, and cybersecurity plans before the upcoming FIFA World Cup events based on hazards outlined above
 - Establish or update emergency roles and responsibilities for all staff
- Develop **staffing plans** for expected surge needs as well as potential surge needs should a high impact event occur (e.g., communicable disease outbreak, mass casualty incident)
- Evaluate **lock-down and security plans** for health care facilities and personnel

Equip

- Post [signage in multiple languages](#) at points of entry and waiting areas instructing patients to inform staff of international travel plus rash, fever and/or cough immediately
- Review staff **personal protective equipment (PPE)** needs
- Review **supply needs** for treatment of burn, blast, and bombing injuries
- Consider **other hazards** that may require extra supplies (e.g., heat illness, naloxone kits)
- Consider **post-exposure prophylaxis (PEP)** and **diagnostic** supplies (e.g., MMR vaccine, and GammaSTAN, rabies PEP, rapid malaria tests)

Train and Exercise

- Ensure appropriate staff understand their roles in an emergency and have access to relevant protocols and procedures
- Refresh staff trainings
 - Ensure staff, including new employees, are current with all training required for their position, including potential surge and response roles and downtime procedures
- Update clinical providers on biological, chemical and radiological agents and protocols (e.g., decontamination)
- Review procedures that address medical treatment of mass casualties, including decontamination, PPE, and triage protocols
- Assess infection control training needs, including **screening and isolation** and **PPE** donning and doffing
- Based on above, develop an **exercise plan** to test highest priority plans and protocols

COMMUNICATIONS AND SITUATIONAL AWARENESS

- Review **emergency notifications** and communication protocols (internal and external)
 - Review of 24/7 notification procedures for weekend and after-hours emergencies
 - Update emergency contact lists
- Assess and test all available **communication platforms** and channels
- Ensure **situational awareness**
 - Sign up for public health alerts and emergency notifications (see above)
 - Reinforce notification process to public health and emergency management
- Consider **risk communications**, including:
 - Increased health education and patient education campaigns (e.g., heat safety)
- Review your **language translation** service provider's surge capacity

INFECTIOUS DISEASES OF PUBLIC HEALTH CONCERN

- Ensure staff are familiar with protocols to "**identify, isolate, and inform**"
 - Staff at points of entry and again at triage should screen for travel history and exposure risks plus rash when patients present with protocols in place for triggering immediate airborne isolation, as needed
- Ensure staff, including at points of entry and triage, can **recognize** potentially infectious patients and **implement appropriate infection control** measures immediately and place in airborne isolation when indicated (e.g., fever and rash)
 - Ensure facilities can [safely conduct evaluation and management of a patient with a possible high-consequence infectious disease](#)
- Provide clinical staff with information on **local and international outbreaks** (see resources below)
- Ensure frontline staff are familiar with **public health reporting** processes and [diseases that require immediate notification](#) including outbreaks, unusual presentations, clusters of diseases, or bioterrorism events
 - Call the **NYC Provider Access Line** at 866-692-3641 to report or go to [NYC Reporting and Services](#)
- Ensure laboratory staff (including after-hour/weekend staff) and IPC have [eOrder accounts](#) for submitting routine and urgent requisition forms for Health Department laboratory testing and accessing results
- Ensure staff are up to date with all recommended **vaccinations** and maintain staff vaccination records

PUBLIC HEALTH CONTACT LIST	
New York City Health Department	NYC Provider Access Line: 866-692-3641 Reporting and Services - NYC Health
New York City Emergency Management	For non-emergencies email the NYCEM Health & Medical On-Call ESF Coordinator: healthmedicalESFlist@oem.nyc.gov For emergencies call NYCEM Watch Command: 718-422-8700
New York State Department of Health	General information phone: 1-833-364-4695 Public Health Duty Officer Helpline: 1-866-881-2809 Communicable Disease Reporting Contact the NYS Department of Health Contact Your County Health Office - NYSACHO
New Jersey Department of Health	Phone: 1-800-367-6543 After hours contact: 609-392-2020 Communicable Disease Reporting Contact the NJ Department of Health Find Your Local NJ Health Department

RESOURCES	
FIFA Event Information	FIFA World Cup 2026 FIFA World Cup 2026 NY/NJ Visit NJ FIFA World Cup 2026 FIFA26 Weekly Intelligence Roundup – newsletter sign-up
Extreme Weather	NYC Hot Weather and Your Health NYC Emergency Management Extreme Heat Planning Sign up for Notify NYC to receive emergency weather alerts National Weather Service Alerts Cool Options NYC (cooling center locations and hours) Extreme Heat and Health (Heat Hub NJ) Heat and Medications (NYC Health) Air Quality and Health and go to AirNow.gov to find the current NYC AQI level
Infectious Diseases Screening and Investigation Tools	NYS Weekly Global Health Update Report NYC Health + Hospitals/Bellevue Monthly Travel Screening List CDC Travel Health Notices CDC Yellow Book Biothreats Emergence, Analysis, and Communications Network (BEACON) WHO Disease Outbreak News NETEC Tip Sheet: Identify, Isolate, Inform Integrating Travel Screening into EMR (Region 2 RESPTC)

<p>Preparing for High-Consequence Infectious Diseases</p>	<p>NYC/NYS Health Advisory: Viral Hemorrhagic Fevers (2025) National Emerging Special Pathogens Training and Education Center (NETEC) National Special Pathogen System Region 2 Emerging Special Pathogen Treatment Center (R2ESPTC) Johns Hopkins Center for Health Security Biological and Chemical Agents of Concern Fact Sheets Emory Serious Communicable Diseases Program Project ECHO Sessions</p>
<p>Hospital Readiness</p>	<p>ASPR TRACIE Hospital Readiness and Response: An Online Guidebook National Response Team Quick Reference Guides HHS/ASPR Project ECHO Clinical Readiness Rounds Region 2 Project ECHO Community of Practice Webinar Series: World Cup Preparation</p> <ul style="list-style-type: none"> • Recordings of sessions will be posted at r2resptc.org/tools.php
<p>EMS Providers and First Responder Guidance</p>	<p>ASPR TRACIE EMS Infectious Disease Playbook, Version 2.0 CDC Interim Guidance for EMS Systems and 9-1-1 Answering Points Viral Hemorrhagic Fevers (VHFs)</p>
<p>Human Trafficking</p>	<p>American Hospital Association Educational Events on Human Trafficking New York State Information on Human Trafficking and Services Human Trafficking · NYC311</p>
<p>Substance Use and Treatment</p>	<p>NYC Alcohol and Drug Use Services NYC Poison Control or call 212-POISONS (212-764-7667)</p>