

Aneeka Chaudhry
AC Health
Interim Director

Dr. Nicholas J. Moss
AC Health
Health Officer

Kimi Watkins-Tartt
ACPHD
Director

Dr. Kavita K. Trivedi
ACPHD
Communicable Disease Controller

Health Advisory

Superbowl LX in Santa Clara on February 8, 2026

January 29, 2026

Situation:

Super Bowl LX is taking place in the city of Santa Clara on February 8, 2026, and related mass gatherings in the Bay Area begin on February 3.

These events will draw many travelers to our region during the winter respiratory season when the transmission and healthcare burden of viral illnesses like influenza and RSV are high. Travelers may come from domestic and international locations with communicable diseases that are not endemic to our region. Mass events may also be targets for bioterrorism. In addition, measles outbreaks are on the rise in the United States so patients with fever, rash and exposure at mass gatherings should also be considered for measles testing.

Actions Requested of Healthcare Providers during the entire month of February 2026:

1. Expand differential diagnoses to consider non-endemic diseases (e.g., viral hemorrhagic fevers, arboviral diseases, typhoid and bioterrorism agents (biological, chemical, or radiological).
2. If measles is suspected, please place the patient in an airborne isolation room immediately and call Alameda County Public Health Department's Acute Communicable Disease Section at (510) 267-3250 during office hours and (925) 422-7595 evenings and weekends by requesting the On-Call Duty Officer.
3. Routinely elicit and document patients' recent travel history (both international and domestic).
4. Routinely elicit and document patient attendance at the Super Bowl or any related events to help investigate potential clusters of illness.
5. Report any suspected or confirmed reportable diseases and conditions, clusters of disease, or presentations consistent with biological terrorism. Indicators of disease outbreaks or possible biological terrorism include:
 - An unusual temporal or geographic clustering of illness (e.g., people who attended the same public event or gathering).
 - Increase in serious lower respiratory illness with negative tests for common bacteria and viruses.
 - Patients with clinical signs and symptoms that suggest an infectious disease outbreak (e.g., >2 persons presenting with an unexplained febrile illness associated with sepsis, pneumonia, respiratory failure, rash, or botulism-like syndrome with flaccid muscle paralysis, especially if occurring in otherwise healthy persons).



- An unusual age distribution for common diseases (e.g., an increase in chickenpox-like illness in adult patients).
- Single cases of disease due to uncommon agents (e.g., anthrax, plague, tularemia) in patients with no history suggesting an explanation for illness.
- Large number of cases of acute flaccid paralysis with prominent bulbar palsies, suggestive of a release of botulinum toxin.

Continue to follow all routine [Title 17](#) reporting requirements. Visit [Disease Reporting and Control](#) for more information on what is reportable and how to report to ACPHD.