

# FIFA World Cup 2026: Ensuring the BC health care system puts its best foot forward

In June and July 2026, the Musqueam, Squamish, and Tsleil-Waututh Nations; the Province of British Columbia; and the City of Vancouver will host seven FIFA World Cup 2026 (FWC26) matches at BC Place in Vancouver, with Vancouver Coastal Health (VCH) serving as the host health jurisdiction.<sup>1</sup> With an estimated 350 000 spectators expected and international visitors from many regions over a concentrated period, the matches will take place alongside a large fan festival at the Pacific National Exhibition and related events across the city.<sup>1</sup> For health care workers, FWC26 presents familiar health care and public health risks, similar to those posed by other large international events that regularly take place in BC. The foundation of health security is the ability to detect early clinical signals in emergency departments, urgent care settings, and laboratories well before they are visible through formal surveillance systems.<sup>2,3</sup>

## Provincial risk assessment and preparedness

Mass gatherings rarely introduce exotic health threats; rather, they increase the potential for familiar health risks at a different frequency, scale, and impact.<sup>4-6</sup> The BC Centre for Disease Control (BCCDC) completed a provincial public health risk assessment for FWC26, considering increased population density, close contact in indoor and outdoor venues, higher demands on food services, summer heat, wildfire season, and changes in social behavior and transportation.

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*This article is the opinion of the BC Centre for Disease Control and has not been peer reviewed by the BCMJ Editorial Board.*

Examining the risks of health events using a World Health Organization mass gathering framework<sup>7</sup> alongside a health impact risk assessment matrix based on probability and population health impact,<sup>8,9</sup> BCCDC categorized most public health risks as low, with the following assessed as moderate:

- Enteric infections related to food handling and high-volume food service.
- Respiratory viruses, including SARS-CoV-2 and seasonal influenza, with the potential for off-season or imported strains.
- Substance use–related harms, including toxic drug overdose and alcohol-associated injury.
- Environmental exposures, including heat events.

Other conditions, such as measles, sexually transmitted and bloodborne infections, vector-borne diseases, and zoonoses, were assessed as lower risk, with existing public health capacity expected to be sufficient. The communicable disease risk assessment findings were consistent with those shared earlier this year by Public Health Ontario,<sup>10</sup> the other host health jurisdiction in Canada.

A small number of scenarios were classified as low likelihood but high consequence, including exposure to high-threat pathogens and deliberate biological or chemical exposure events. While unlikely, these scenarios reinforce the importance of clear reporting pathways and early escalation of clinical concerns.

Local and provincial planning for FWC26 has focused on strengthening existing systems and on response planning proportional to risk. VCH, BCCDC, and the Office of the Provincial Health Officer have worked together closely on enhanced surveillance

and coordination, including with provincial, national, and international partners.

## Be prepared for a variety of health risks

As FWC26 begins, health care workers are asked to apply their most valuable everyday skills—point-of-care risk assessment, clinical judgment, and timely communication—to protect patients, colleagues, and the broader community during FWC26 and year-round. Such clinical vigilance can be summarized in four familiar principles.

### Identify

Maintain a heightened index of suspicion, including unusual presentations, unexpected seasonality, disproportionate severity of illness, and clusters of similar symptoms. A history of recent travel or attendance at mass events is important, but the absence of a “classic” exposure should not be falsely reassuring.

### Isolate

Early infection prevention and control measures remain essential when a communicable disease is suspected. Timely isolation protects other patients and health care workers and preserves system capacity.

### Inform

Early reporting is critical. Health care workers should report unusual cases or clusters through established pathways to their regional health authority, which remains the primary point of contact for public health notification. Diagnostic certainty is not required to initiate a discussion; clinical concern alone is sufficient. Early notification enables rapid risk assessment, access to specialized testing, and coordination across the health care system, if needed.

## Respond

Health care workers may also play a key role in treating noncommunicable conditions—for example, heat-related illness, respiratory conditions related to poor air quality, and mechanical injuries.

Ultimately, preparedness for FWC26 rests on strong everyday systems and the skilled health care workers who sustain them. Although only communicable diseases require public health reporting, early recognition and appropriate clinical management of both infectious and non-infectious conditions, paired with timely communication of unusual or concerning presentations, will support an effective health care system response during FWC26 and year-round. ■

—**Bonnie Henry, MD, MPH, FRPCP**  
Provincial Health Officer, Office of the  
Provincial Health Officer

—**Mark Lysyshyn, MD, MPH, FRPCP**  
Deputy Chief Medical Health Officer, VCH

—**Jennifer Vines, MD, MPH, FRPCP, CCFP**  
Public Health Physician, BCCDC

## Generative artificial intelligence use

Microsoft Copilot was used to generate an early draft of this article based on an outline the authors provided and to generate text based on Microsoft PowerPoint slides that one author (J.V.) created.

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