

MEASLES – THE AMERICAS 2025

MORBIDITY AND MORTALITY

| COUNTRY | CASES | HOSPITALIZATIONS | DEATHS |
|---|--------|------------------|--------|
| NORTH AMERICA | | | |
| US | 1,387 | 173 | 3 |
| CANADA | 4,448 | 335 | 1 |
| MEXICO | 4,226 | 551 | 15 |
| CENTRAL AMERICA | | | |
| <u>BELIZE (July 2025-outbreak over)</u> | 34 | 1 | 0 |
| COSTA RICA | 1 | 0 | 0 |
| SOUTH AMERICA | | | |
| <u>BOLIVIA</u> | 254 | 0 | 0 |
| ARGENTINA (NO NEW CASES) | 35 | 2 | 0 |
| <u>BRAZIL</u> | 23 | - | 0 |
| <u>PARAGUAY</u> | 21 | 2 | 0 |
| <u>PERU (NO NEW CASES)</u> | 4 | 0 | 0 |
| THE CARRIBEAN | 34 | 0 | 0 |
| TOTAL | 10,467 | 1064 | 18 |

BACKGROUND

UNITED STATES

MEXICO

BOLIVIA

CANADA

OUTLOOK: NORTH AMERICA

OUTLOOK: CENTRAL AND SOUTH AMERICA

Yale
SCHOOL
OF PUBLIC
HEALTH

8/24/2025
2300 HRS EDT

RISK ASSESSMENT IN OUTBREAK AREAS

| Risk for Localized Spread | Risk to unvaccinated populations in and around the outbreak areas | Risk to Children | Potential for sustained transmission |
|---------------------------|---|------------------|--------------------------------------|
| HIGH | HIGH | HGH | HIGH |

LINKS

UNITED STATES

[CDC](#)

TEXAS LINKS

- [TEXAS DEPARTMENT OF STATE HEALTH SERVICES](#)

NEW MEXICO LINKS

- [NEW MEXICO DEPARTMENT OF HEALTH](#)

OKLAHOMA LINKS

- [OKLAHOMA STATE DEPARTMENT OF HEALTH](#)

KANSAS

- [KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT](#)

CANADA

- [MEASLES AND RUBELLA WEEKLY MONITORING REPORT](#)
- [ALBERTA DASHBOARD](#)
- [BRITISH COLOMBIA](#)
- [MANITOBA HEALTH](#)
- [NEW BRUNSWICK](#)
- [NOVA SCOTIA](#)
- [PUBLIC HEALTH ONTARIO](#)
- [PRINCE EDWARDS ISLAND](#)
- [QUEBEC](#)
- [SASKATCHEWAN](#)

MEXICO

[INFORME DIARIO DEL BROTE DE SARAMPIÓN EN MÉXICO, 2025](#)

BOLIVIA

[Estamos Salud](#)

MEASLES TESTING LABORATORIES

- [CDC MEASLES VIRUS LABORATORY](#)

RESOURCES FOR THE PUBLIC

- [CDC – MEASLES](#)
- [MEASLES CASES AND OUTBREAKS](#)
- [NYSDOH: YOU CAN PREVENT MEASLES](#)
- [CDC VIDEO: GET VACCINATED AND PREVENT MEASLES](#)
- [CDC VACCINE SHOT FOR MEASLES DIRECTORY FOR LOCAL HEALTH DEPARTMENTS](#)

RESOURCES FOR EMS PROVIDERS

- [GUIDANCE FOR SUSPECTED MEASLES PATIENT](#)
- [NYSDOH POLICY STATEMENT](#)

PORTALS, BLOGS, AND RESOURCES

- [CIDRAP](#)
- [CORI](#)
- [FORCE OF INFECTION](#)
- [IVAC](#)
- [KAISER HEALTH NEWS](#)
- [MEDPAGE TODAY](#)
- [NY STATE GLOBAL HEALTH UPDATE](#)
- [THE PANDEMIC CENTER TRACKING REPORT](#)
- [YOUR LOCAL EPIDEMIOLOGIST](#)

BACKGROUND

TYPE OF PUBLIC HEALTH EMERGENCY: **LARGE MULTINATIONAL MEASLES OUTBREAK**

OVERVIEW: The Americas have experienced a rate of measles infections **34 times higher than one year ago**. In 2025, a total of **10,518 cases and 18 deaths** have been reported across the region. Ten countries account for these cases, with **Canada having 4,448 cases (1 death)**, **Mexico (4,226 cases, 15 deaths)**, and the United States (1,388 cases, 3 deaths) representing the vast majority. Other affected countries include **Bolivia (254 cases)**, **Argentina (35)**, **Belize (34)**, **Brazil (23)**, **Paraguay (21)**, **Peru (4)**, and **Costa Rica (1)**. In addition, **34 cases** have been reported in the Caribbean, though PAHO has not specified the countries involved. This sharp rise underscores the urgent need to close gaps in routine immunization, improve access to healthcare, and address vaccine hesitancy.

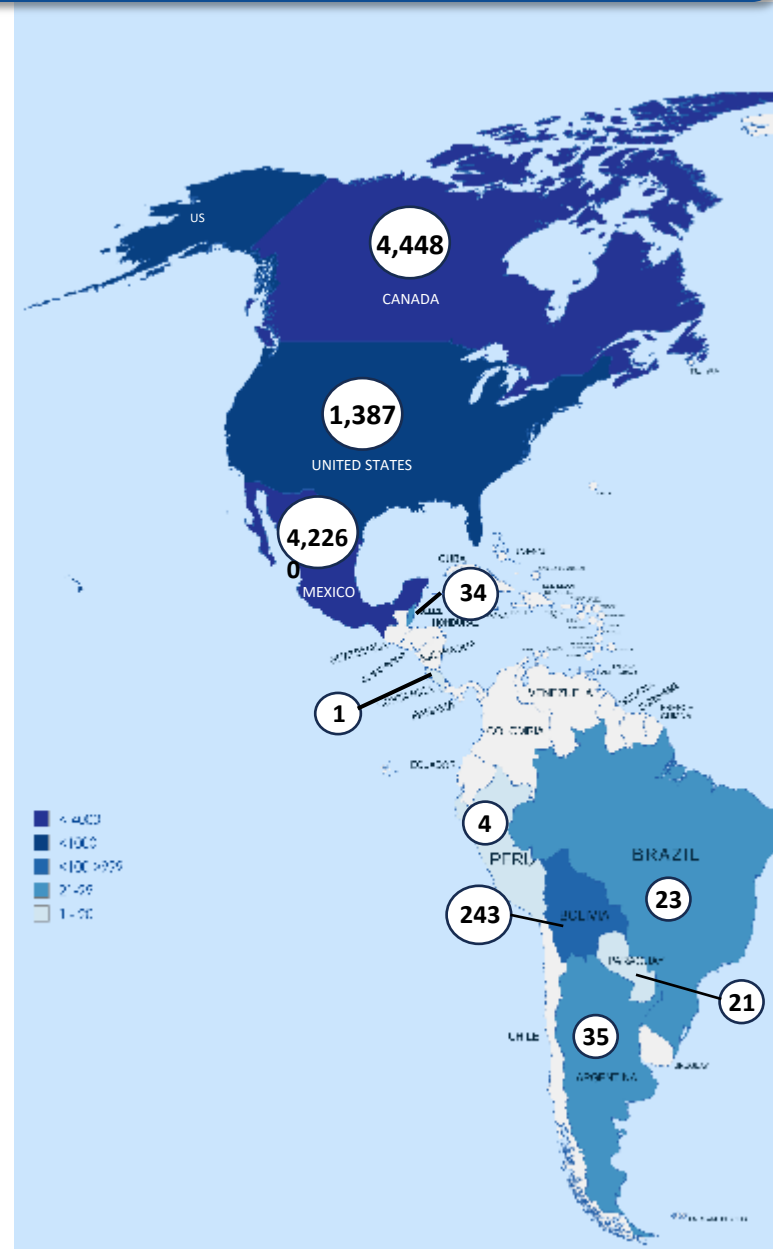
GENOTYPES: **Genotype D8** is the primary driver of the current outbreaks and has been identified in cases across eight countries—particularly within Mennonite communities in **Canada, the United States, Mexico, Belize, Argentina, Bolivia, Brazil, and Paraguay**. In Brazil, transmission has been concentrated among members of a small **Russian Orthodox community in Tocantins state**. **Genotype B3** has also been detected, though far less frequently, and across a wider geographic area. These B3 detections are likely linked to sporadic introductions rather than the sustained local transmission seen with D8.

VACCINATION: Although entirely preventable through the MMR (measles, mumps, and rubella) vaccine, outbreaks continue to occur in under-vaccinated communities, leading to serious health outcomes and increased transmission risk (CDC). Since 2019, vaccination rates have declined globally, leading to a worldwide increase in measles cases.

- Contributing factors:
 - Socioeconomic inequities
 - Limited healthcare access
 - Under-resourced public health systems
 - Localized vaccine hesitancy
- Coverage in The Americas
 - **First dose:** 88%
 - **Second dose:** 77%
 - **Target threshold to prevent outbreaks:** ≥95%

REGIONAL TRENDS:

- *Canadian and Mexican outbreaks continue to grow rapidly.*
- *The outbreak in the United States appears to be slowing down compared to the peak in the spring. However, transmission is ongoing, and low vaccination rates among children are a risk for the upcoming school year.*
- *Smaller outbreaks in other countries have been contained, including Belize.*
- *Countries are launching vaccination campaigns in response to the outbreak.*
- *The most affected age groups are children under 5 years and adolescents aged 10–19 years.*



UNITED STATES

BACKGROUND: Measles, officially declared eliminated in the U.S. in 2000, has made a troubling return. As of mid-August 2025, the U.S. has logged **more measles cases than in any year since elimination**—surpassing both 2019 and even 1992 in severity As of 8/19/2025, **1,375 confirmed cases across 41 states**, a sharp rise from the **285 cases in all of 2024**.

- **Texas:** 762 cases, at least 2 child deaths, and nearly 99 hospitalizations, including pneumonia and encephalitis complications.
 - **New Mexico:** 100 cases, 1 death.
 - **Kansas:** 87 cases across multiple outbreaks.
- So far in 2025, there have been **35 outbreaks nationwide**. Importantly, **87% of cases are outbreak-associated**, compared to **16 outbreaks and 69% outbreak-associated cases (198 of 285)** in 2024.

VACCINATION GAPS: Vaccination coverage has slipped below the **95% herd immunity threshold** in many communities. Drivers include:

- **Public mistrust and misinformation**, amplified by social media.
- **Pandemic-era disruptions** in routine immunization programs.
- **Cuts to NIH and CDC funding** for vaccine-hesitancy research, alongside the sidelining of expert voices.

These gaps have allowed localized outbreaks to grow unchecked, spilling into broader transmission chains.

SURVEILLANCE AND INTERVENTION: Public health responses are adapting:

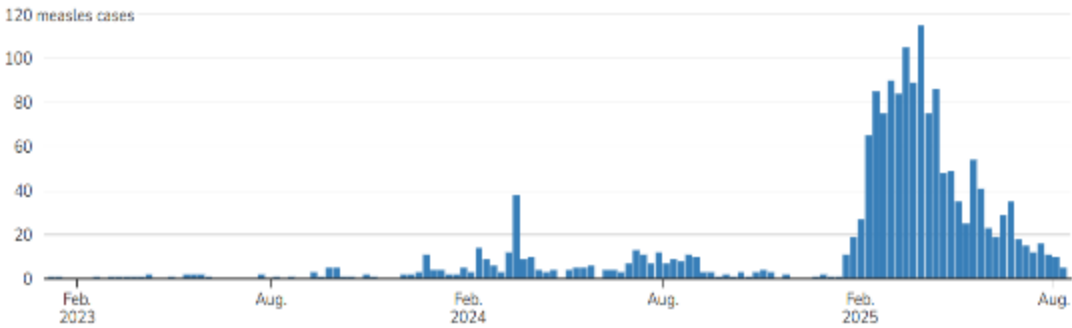
- **Wastewater surveillance** is now deployed in Maryland, California, New Mexico, parts of Texas, and Connecticut to detect measles early—sometimes before clinical symptoms appear.
- **Community-based vaccination campaigns**—including door-to-door outreach, rapid-response immunization brigades, and culturally sensitive education—have proven effective in boosting local uptake.
- **Targeted interventions** in close-knit, under-vaccinated populations (e.g., Mennonite, Amish, and some religious or rural communities) remain central to outbreak control.

THE ROAD FORWARD - To reverse the tide and re-secure measles elimination, the U.S. must:

- **Reinforce Vaccination Coverage** – Push childhood coverage back above 95%.
- **Invest in Public Health Infrastructure** – Restore outbreak-response capacity weakened by funding cuts.
- **Rebuild Trust** – Partner with community leaders for empathetic, accurate communication.
- **Scale Surveillance Innovations** – Expand wastewater monitoring and integrated early warning systems.
- **Align Policy with Science** – Ensure national and state-level health policies follow public health evidence-based science.

MEASLES CASES IN 2025 - CDC

1,375 (+14) CONFIRMED MEASLES CASES (AS OF 8/19/2025)



As of August 19, 2025, a total of 1,375 confirmed* measles cases were reported by 42 jurisdictions: Alaska, Arkansas, Arizona, California, Colorado, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, New Jersey, New Mexico, New York City, New York State, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, and Wyoming.

Age

Under 5 years: 388 (28%)
5-19 years: 513 (37%)
20+ years: 467 (34%)
Age unknown: 7 (1%)

Vaccination Status

Unvaccinated or Unknown: 92%
One MMR dose: 4%
Two MMR doses: 4%

Percent Hospitalized: 13%

Under 5 years: 21% (83 of 388)
5-19 years: 8% (39 of 513)
20+ years: 11% (51 of 467)
Age unknown: 0% (0 of 7)

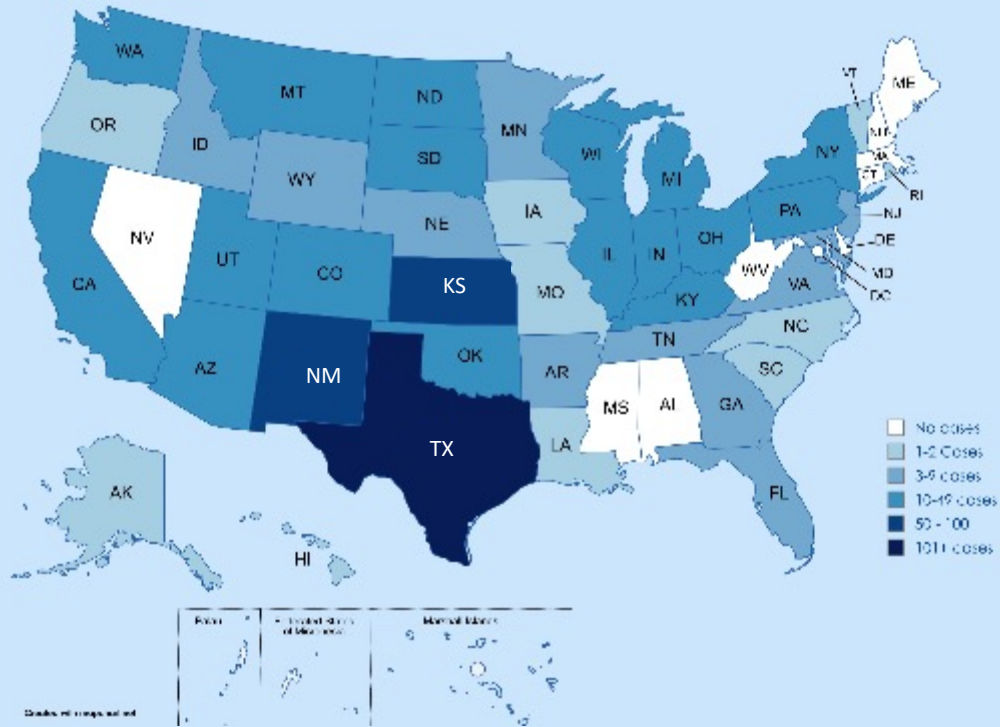
Deaths: 3

There have been 3 confirmed deaths from measles.

MEASLES US OUTLOOK 2025

*** NOTE:** The information on this page has been gathered by reviewing data from state and local health departments, news media sources, and the [Center for Outbreak Response Innovation \(CORI\)](#)

1,387*



The increase in measles cases can be attributed to falling vaccination rates and increased importation of travel-related cases, which occur when unvaccinated people acquire measles abroad and bring it back to the U.S.

| STATE | CASES |
|---------------------------------|--------------|
| TEXAS ** | 801 |
| NEW MEXICO | 100 |
| KANSAS | 90 |
| NORTH DAKOTA | 36 |
| OHIO | 35 |
| MONTANA + | 31 |
| MICHIGAN | 27 |
| COLORADO | 21 |
| OKLAHOMA | 20 |
| CALIFORNIA | 20 |
| NEW YORK | 16 |
| PENNSYLVANIA | 15 |
| KENTUCKY | 14 |
| WISCONSIN+ | 14 |
| ARIZONA | 13 |
| SOUTH DAKOTA | 12 |
| UTAH | 11 |
| ILLINOIS | 10 |
| INDIANA | 10 |
| WASHINGTON | 10 |
| ARKANSAS | 8 |
| IOWA | 8 |
| WYOMING+ | 8 |
| MISSOURI | 7 |
| FLORIDA+ | 6 |
| GEORGIA | 6 |
| NEW JERSEY | 6 |
| TENNESSEE | 6 |
| MINNESOTA | 5 |
| IDAHO | 3 |
| MARYLAND | 3 |
| VIRGINIA | 3 |
| ALASKA | 2 |
| HAWAII | 2 |
| LOUISIANA | 2 |
| SOUTH CAROLINA+ | 2 |
| NEBRASKA | 1 |
| NORTH CAROLINA | 1 |
| OREGON | 1 |
| RHODE ISLAND | 1 |
| VERMONT | 1 |
| TOTAL | 1,387 |

- OUTBREAKS**
- SMALL OUTBREAK (3-9)
 - MEDIUM OUTBREAK (10 - 49)
 - LARGE OUTBREAK (50 OR MORE)

An outbreak of measles is defined as three or more laboratory-confirmed cases that are temporally related and epidemiologically or virologically linked.

As of 1800 hours on 24 August 2025, EDT, there are approximately 1,388 measles cases (including confirmed and suspected cases) across 41 states.

This year, there have been at least 36 measles outbreaks. Here are some listed below:

- **Texas**, involving [37 counties](#)
- **New Mexico**, [6 counties](#)
- **Oklahoma**, and the [Cherokee Nation](#) in Oklahoma
- [9 counties in Kansas](#)
- **Ashtabula and Knox Counties, Ohio**
- **Erie County, Pennsylvania**
- **Allen County, Indiana**
- **Bergen County, New Jersey**
- **Metro Atlanta, Georgia**
- **Gallatin County, Montana**
- **Montcalm County, Michigan** (linked to Ontario Outbreak) and a 2nd outbreak in Grand Traverse County
- **Upper Cumberland region, Tennessee**
- **Williams County, Grand Rapids, North Dakota**
- **Faulkner County, Arkansas**
- **Utah County, Utah**
- **Navajo County, Arizona**

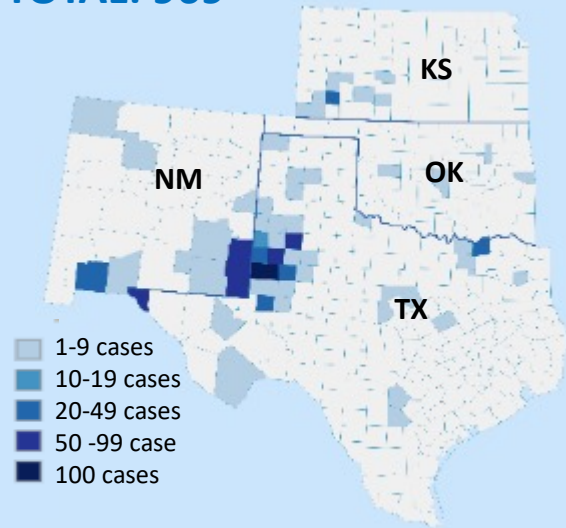
** TEXAS CASES NOT ASSOCIATED WITH OUTBREAK: 39

- 1 case – Bell County
- 1 case - Bexar
- 1 case – Brazoria County
- 3 cases– Collin County
- 1 case – Dallas County
- 2 cases – Denton County
- 2 cases – El Paso County
- 1 Case – Adult, Fort Bend (travel-related)
- 5 cases – Harris County
- 1 case – Harrison County.
- 1 case – Hays County
- 1 case - Midland
- 2 cases – Randall County
- 1 case – Adults, Rockwall County (travel-related)
- 1 Case – Scurry County
- 1 case – Shackelford
- 4 cases – Tarrant
- 2 cases – Travis County
- 8 cases - Williamson

TEXAS CASES ASSOCIATED WITH THE OUTBREAK: 762

The US Southwest Outbreak - TX and KS Declare its Outbreak Over

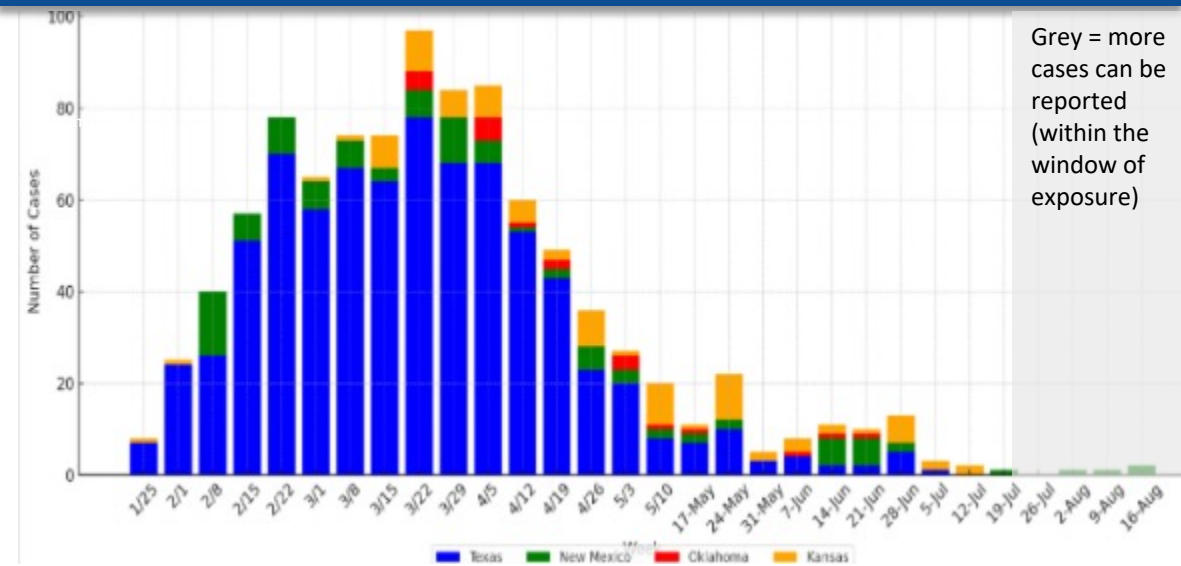
TOTAL: 969



| STATE | CASES | HOSPITALIZATIONS | DEATHS |
|--------------|------------|------------------|----------|
| KS | 87 | 8 | 0 |
| OK | 20 | 0 | 0 |
| NM | 100 | 7 | 1 |
| TX | 762 | 99 | 2 |
| TOTAL | 969 | 114 | 3 |

- **KS has had no new cases in 6 weeks**
- **OK has had no new cases in 9 weeks**
- **NM has had three new cases in August.**
- **TX has had no new outbreaks in 6 weeks**

SOUTHWEST MEASLES OUTBREAK – EPI CURVE (WEEK ENDING 8/16/25)



Grey = more cases can be reported (within the window of exposure)

AGE OF CASES

WEST TEXAS OUTBREAK n=762

| 0-4 Years | 5-17 Years | 18+ Years | Pending | Total |
|-------------|-------------|-------------|-----------|-------|
| 225 (29.5%) | 286 (37.5%) | 247 (32.5%) | 4 (0.05%) | 762 |

NEW MEXICO OUTBREAK n=100

| 0-4 Years | 5-17 Years | 18+ Years | Pending | Total |
|-----------|------------|-----------|---------|-------|
| 24 (24%) | 23 (23%) | 53 (53%) | 0 | 100 |

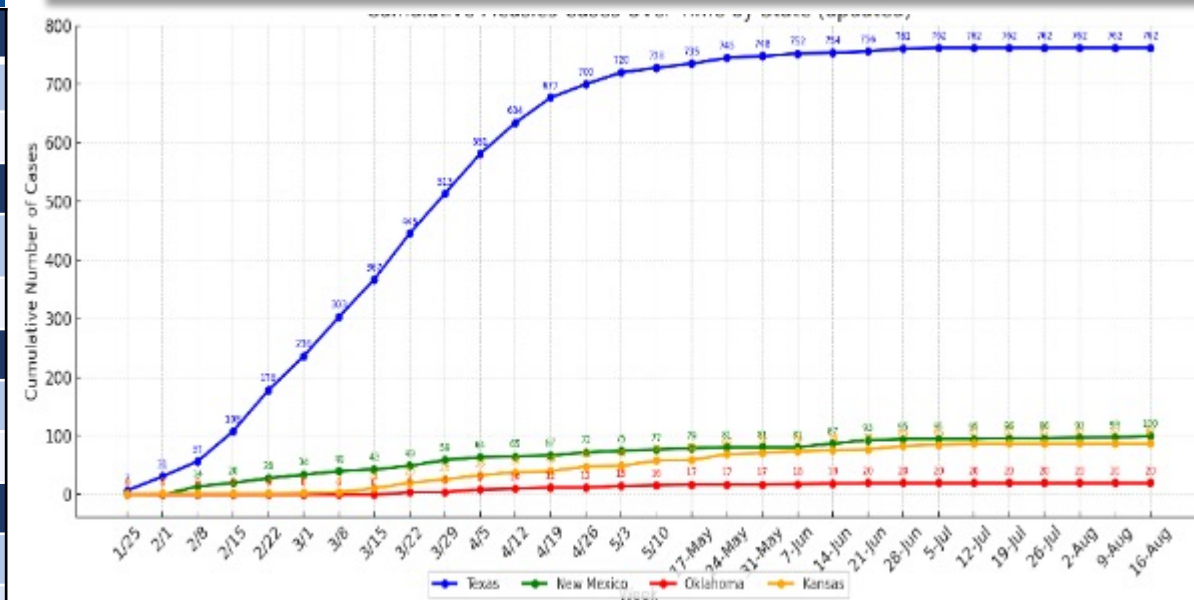
KANSAS OUTBREAK n=87

| 0-4 Years | 5-17 Years | 18+ Years | Pending | Total |
|------------|------------|------------|---------|-------|
| 37 (42.5%) | 33 (38%) | 17 (19.5%) | 0 | 87 |

OKLAHOMA OUTBREAK n=20

| 0-4 Years | 5-17 Years | 18+ Years | Pending | Total |
|---|------------|-----------|---------|-------|
| 17 Cases Confirmed, 3 Probable – no ages provided | | | | 20 |

SOUTHWEST MEASLES OUTBREAK – CUMULATIVE CASES OVER TIME (WEEK ENDING 8/17/2025)



MEXICO

OVERVIEW:

- The origin of the outbreak is traced to a large Mennonite community near Cuauhtémoc, where vaccination rates are estimated at only 50–70%. It was introduced into the community when an unvaccinated 8-year-old who became infected during a visit to relatives in Texas and returned to Mexico, where the virus rapidly spread through schools, churches, and neighboring communities.
- The outbreak has since expanded into Indigenous and working-class populations, including individuals with underlying health conditions that increase the risk of severe illness and death. 20 states and 82 municipalities have confirmed measles cases.
- To date, Mexico has reported 15 measles-related deaths—14 in Chihuahua and 1 in Sonora—all among unvaccinated individuals. Indigenous communities have been hardest hit, with a case-fatality rate 20 times higher than in the general population.
- Approximately 70% of deaths have been among the Rarámuri, an indigenous people. The combination of low vaccine coverage, geographic barriers, and pre-existing health vulnerabilities (like malnutrition) has amplified the impact.
- Chihuahua remains the epicenter, accounting for 93.29% of all confirmed measles cases in Mexico and 93% of all deaths.
- The 0–4-year-old group reported the highest incidence rate (8.82 cases per 100,000 inhabitants under 4 years of age), followed by the 25–29-year-old and 30–34-year-old groups with incidence rates of 5.04 and 4.22, respectively.

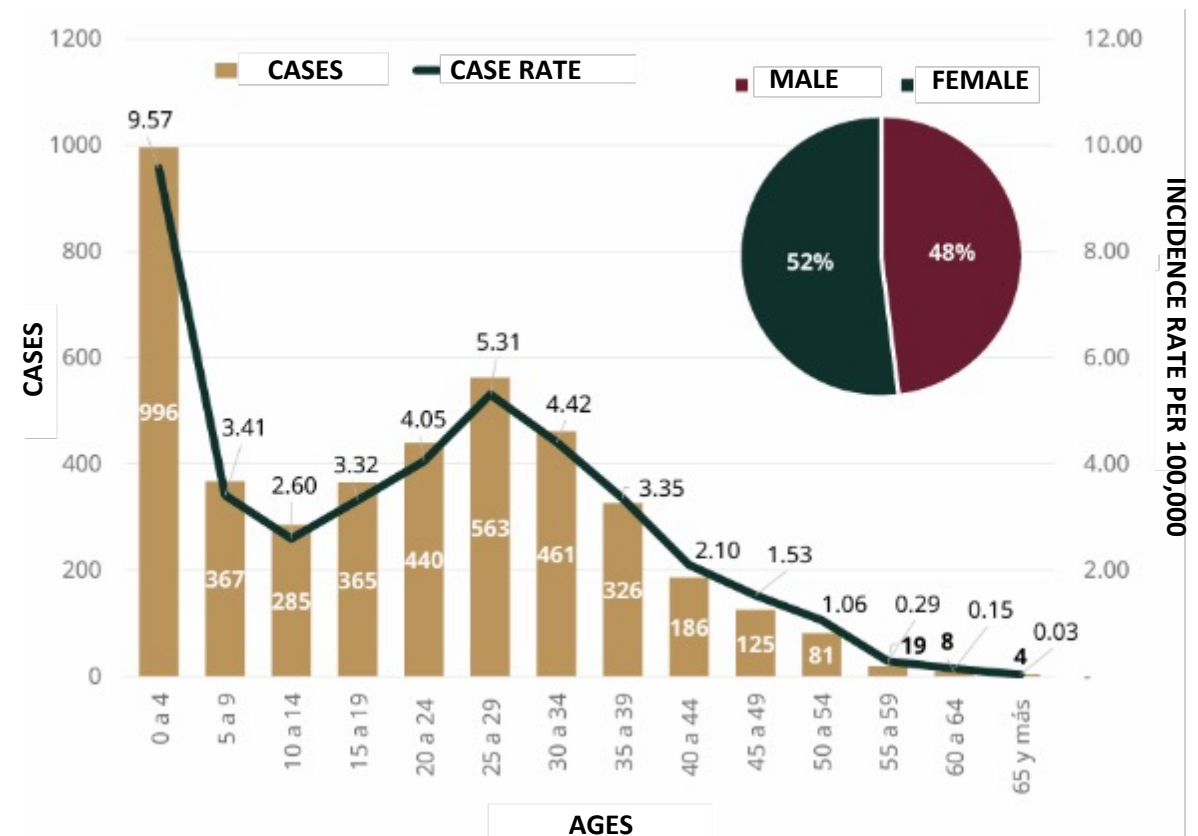
RESPONSE MEASURES & VACCINATION EFFORTS

Mexico's Ministry of Health has rolled out a **Rapid Response Plan**, which includes:

- Enhanced **surveillance and laboratory diagnostics**,
- Quicker **identification and isolation** of cases, and
- Strengthened **control measures** in health clinics and within communities to disrupt transmission chains.

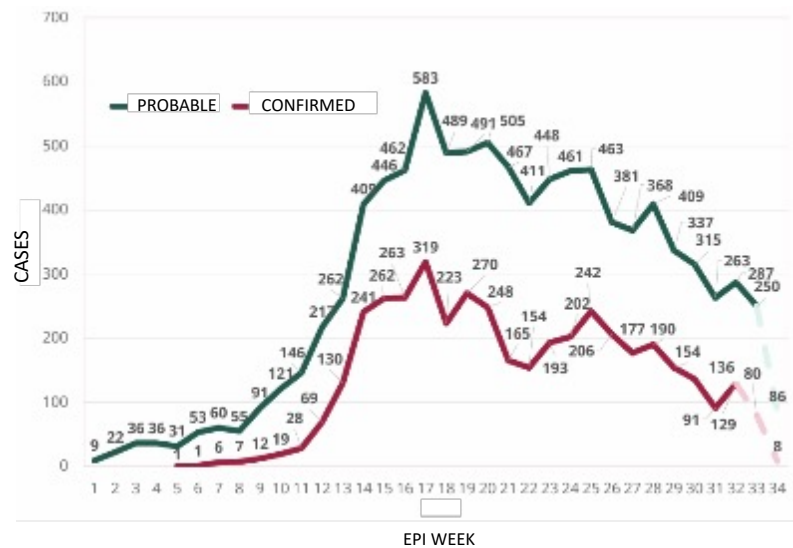
Juárez Shield Strategy: In response to the rapidly escalating situation, the government launched the “**Juárez Shield Strategy**”—a mass vaccination campaign targeting individuals aged **6 months to 49 years**, across Chihuahua. The goal is to deliver 500,00 doses to the three largest municipalities in Chihuahua (Juárez, Chihuahua City, and Cuauhtémoc) and vaccinate children before the start of the new school year in late August.

CONFIRMED CASES BY SEX, AGE, AND INCIDENCE RATE



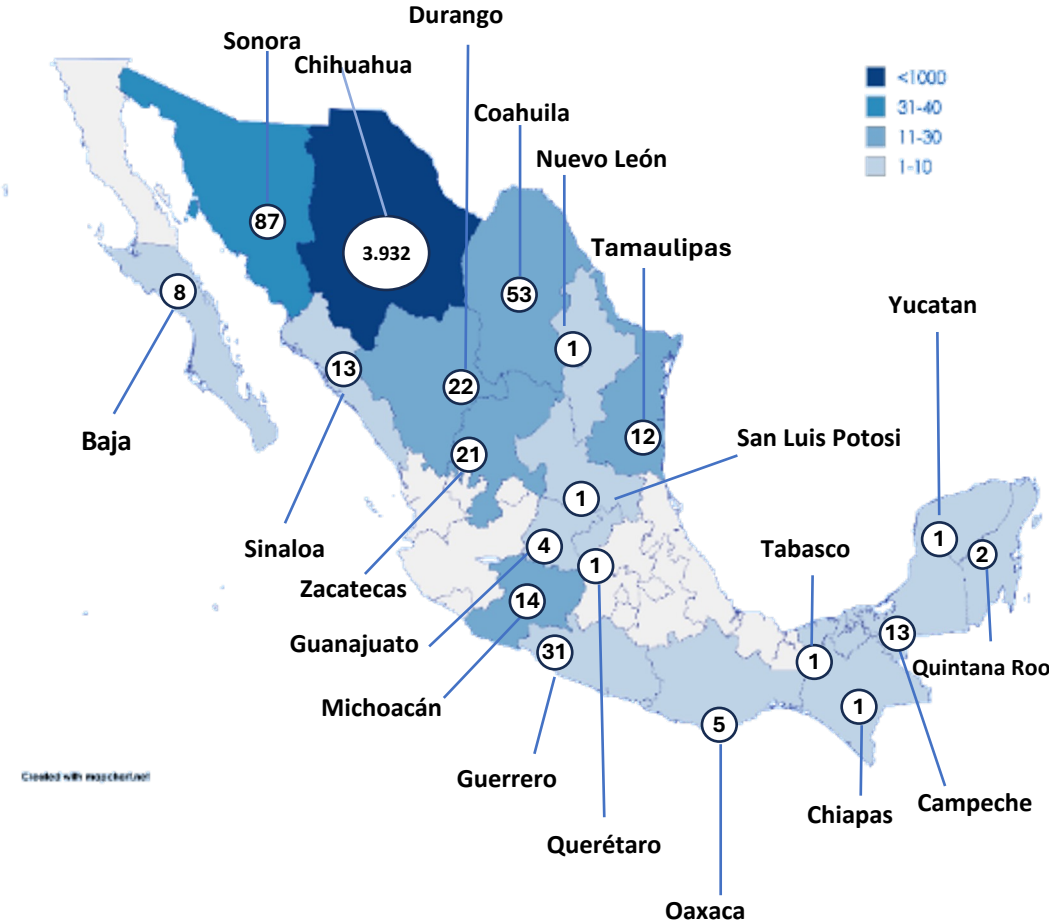
MEXICO

PROBABLE AND CONFIRMED MEASLES CASES BY
EPIDEMIOLOGICAL WEEK AND DATE OF RASH ONSET



| CONFIRMED MEASLES CASES | | |
|-------------------------|--------------|----------|
| STATE | CASES | |
| | CONFIRMED | PROBABLE |
| BAJA | 8 | 52 |
| CAMPECHE | 13 | 67 |
| CHIAPAS | 1 | 31 |
| CHIHUAHUA | 3,932 (+136) | 5,479 |
| MÉXICO CITY | 3 (+1) | 305 |
| COAHUILA | 53 (+4) | 242 |
| DURANGO | 22 | 197 |
| GUANAJUATO | 4 | 441 |
| GUERRERO | 31 (+6) | 93 |
| MICHOACÁN | 14 | 145 |
| NUEVO LEÓN | 1 | 222 |
| OAXACA | 5 | 63 |
| QUERÉTARO | 1 | 96 |
| QUINTANA ROO | 2 | 59 |
| SAN LUIS POTOSI | 1 | 115 |
| SINALOA | 13 | 90 |
| SONORA | 87 | 244 |
| TABASCO | 1 | 62 |
| TAMAULIPAS | 12 | 107 |
| YUCATAN | 1 | 44 |
| ZACATECAS | 21 | 131 |
| TOTAL | 4226 (+146) | 8,285 |

Data as of 8/22/2025

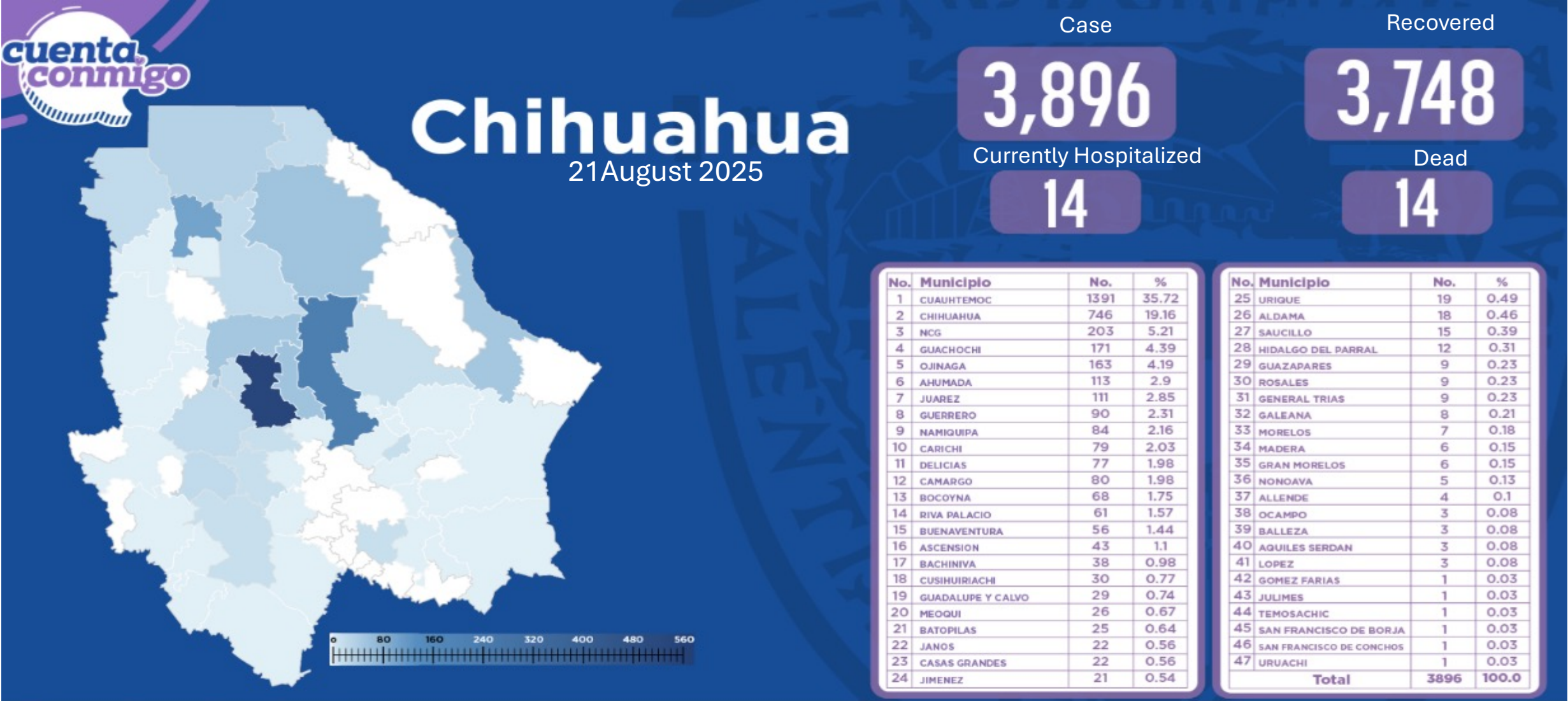


4,226 CONFIRMED CASES
14 DEATHS

MEXICO – DEATHS FROM MEASLES 2025

| # | Patient Description | Age | Location (State) | Vaccinated? | Date | Underlying Conditions / Notes | Source(s) |
|----|----------------------------------|--------------------|---|-------------|-----------|---|---|
| 1 | Adult male, Mennonite community | 31years old | Ascensión, Chihuahua | No | 4/3/2025 | Diabetes | DW |
| 2 | Boy, Mennonite community | 7 years old | Ojinaga, Chihuahua | No | 5/2/2025 | Underlying health problem (leukemia) | Chihuahua Secretaría de Salud; TV Azteca |
| 3 | Boy, Mennonite community | 11 months old | Namiquipa, Chihuahua | No | 5/6/2025 | mother unvaccinated, no passive immunity, underlying renal condition) | Chihuahua Secretaría de Salud; TV Azteca |
| 4 | Girl, agricultural laborers | 1 year old | (Originally from Chihuahua) Died in Sonaro | No | 5/8/2025 | Severe malnutrition | Informador.mx La Secretaría de Salud de Sonora |
| 5 | Girl, Rarámuri community | 2 years, 11 months | Ojinaga, Chihuahua | No | 5/17/2025 | Dehydration, diarrhea, pneumonia | Chihuahua Secretaría de Salud |
| 6 | Adult male, Rarámuri | 45 years old | Carichí, Chihuahua | No | 5/29/2025 | — | N+ Noticias |
| 7 | Girl, Rarámuri community | 4 years old | Guachochi, Chihuahua | No | 6/5/2025 | Moderate malnutrition, pneumonia | N+ Noticias |
| 8 | Boy, Mixtec community | 5 years old | (Originally from Sinaloa) Died in Chihuahua. | No | 6/15/2025 | Severe malnutrition, anemia, respiratory issues, pneumonia | N+ Noticias |
| 9 | Woman, Rarámuri | 27 years old | Meoqui, Chihuahua | No | 6/16/2025 | Pneumonia, no comorbidities | N+ Noticias |
| 10 | Boy, agricultural laborer family | 2 years 11 months | Campo Nueva Holanda, Ojinaga, Chihuahua | No | 6/27/2025 | Dehydration and diarrhea | Chihuahua Secretaría de Salud |
| 11 | Woman, Rarámur community | 48 years old | San José Baqueachi, Carichí, Chihuahua | No | 7/7/2025 | Complications from pneumonia, no comorbidities | Chihuahua Secretaría de Salud |
| 12 | Man, Rarámur community | 46 years old | Cuauhtémoc, Chihuahua | No | 7/21/2025 | Respiratory failure and pneumonia | Chihuahua Secretaría de Salud |
| 13 | Girl, Rarámur community | 6 years old | Carichí, Chihuahua | No | 7/21/2025 | Respiratory failure and pneumonia | N+ Noticias Secretaría de Salud del Estado de Chihuahua |
| 14 | Man, Rarámur community | 54 years old | Bocoyna, Chihuahua | No | 7/30/2025 | Respiratory failure and pneumonia | N+ Noticias Secretaría de Salud del Estado de Chihuahua |
| 15 | Girl, Rarámuri community | 15 years old | From Guadalupe y Calvo, died in Camargo | No | 8/13/2025 | Pneumonia, no comorbidities | El Diario de Chihuahua Secretaría de Salud del Estado de Chihuahua |

MEXICO: CHIHUAHUA'S OUTBREAK



Fuente: Secretaría de Salud

SOURCE OF GRAPHIC: [MediChihuahua](#)

BOLIVIA

- Bolivia has reported 254 cumulative measles cases, with the department of Santa Cruz remaining the most affected, accounting for 214 cases (84% of the national total).
- A National Health Emergency was declared on 23 June 2025. The first case of the year was reported in April in Santa Cruz in an infant. The second case involved an individual who attended two large gatherings of an evangelical church in Santa Cruz, each drawing more than 30,000 participants from Bolivia and abroad.
- Cases have been detected in 8 out of 9 departments and 45 municipalities nationwide, 21 of which are in Santa Cruz.
- More than half of all cases are linked to Mennonite colonies in the department, where daily commercial interactions with the broader population increase transmission risk. About 1% are linked to another church, and 49% to the general population.

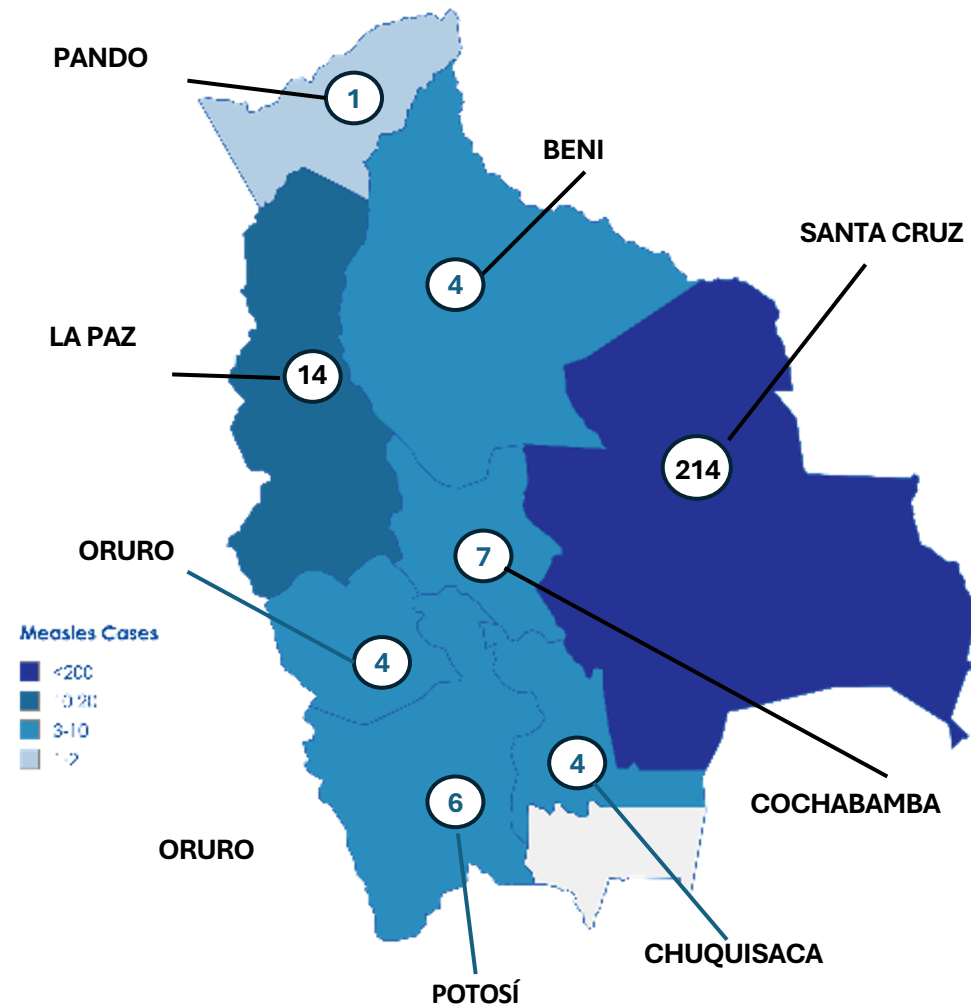
TARGETED INTERVENTION: The Ministry of Health & SEDES Santa Cruz launched an intensive vaccination, surveillance, and control campaign focused on Mennonite colonies.

ACTIVITIES:

- Contact tracing, population censuses, and active case finding.
- Vaccination blockades in affected areas; preventive campaigns in unaffected communities.
- Meetings with Mennonite leaders to secure cooperation.

COORDINATION: Municipal, education, and community authorities engaged to ensure access for health teams.

| CONFIRMED MEASLES | |
|-------------------|-------|
| STATE | CASES |
| SANTA CRUZ | 214 |
| LA PAZ | 14 |
| COCHABAMBA | 7 |
| POTOSÍ | 6 |
| BENI | 4 |
| ORURO | 4 |
| CHUQUISACA | 4 |
| PANDO | 1 |
| TOTAL | 254 |



CANADA

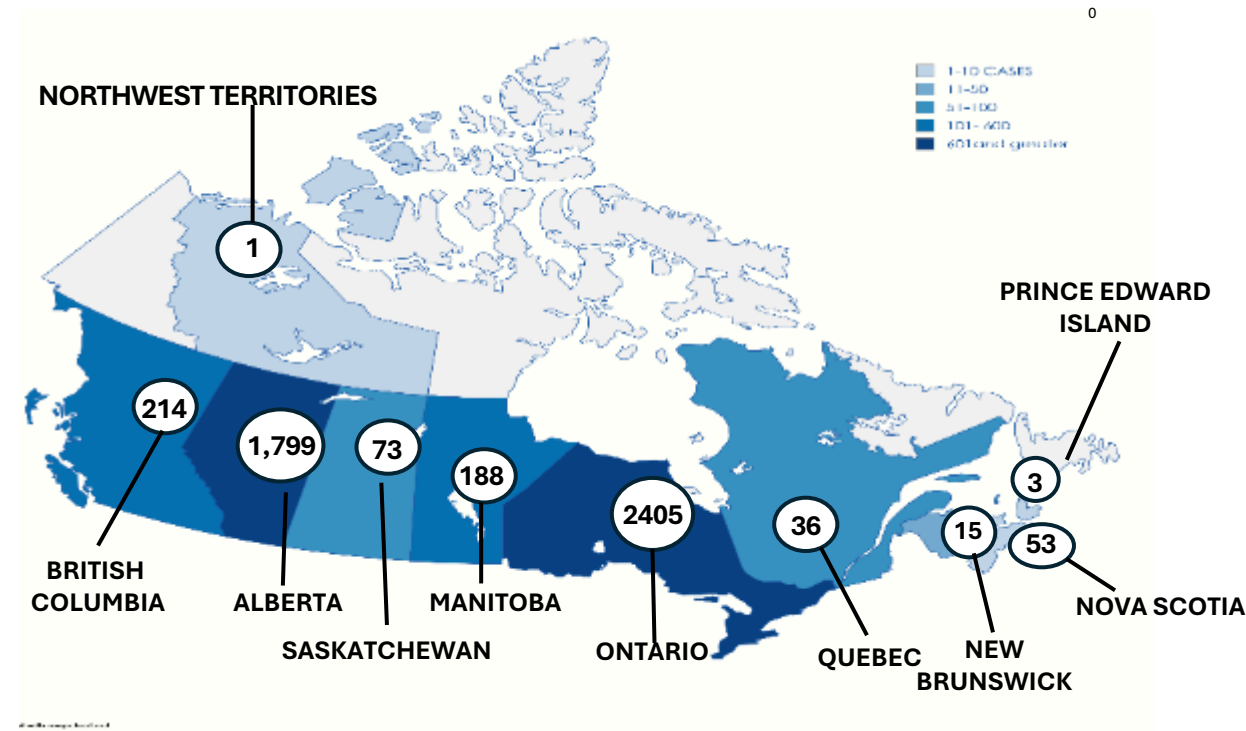
Brief Timeline of Outbreak



| MEASLES 2025 | | | |
|-----------------------|-----------------|----------------|--------|
| PROVINCE | CONFIRMED CASES | PROBABLE CASES | TOTALS |
| ONTARIO | 2,093 (+1) * | 312 | 2405 |
| ALBERTA | 1,799 (+37) | 0 | 1799 |
| MANITOBA | 177 (+6) | 11 | 188 |
| BRITISH COLUMBIA | 197 (+10) | 17 | 214 |
| SASKATCHEWAN | 74 (+1) | 0 | 74 |
| QUEBEC | 36 | 0 | 36 |
| PRINCE EDWARD ISLAND | 3 | 0 | 3 |
| NOVA SCOTIA | 53 | 0 | 53 |
| NORTHWEST TERRITORIES | 1 | 0 | 1 |
| NEW BRUNSWICK | 15 | 0 | 15 |
| TOTAL | 4,448 (55) | 340 | 4,788 |

* Count includes 42 cases not associated with the outbreak.




As of 8/23/2025



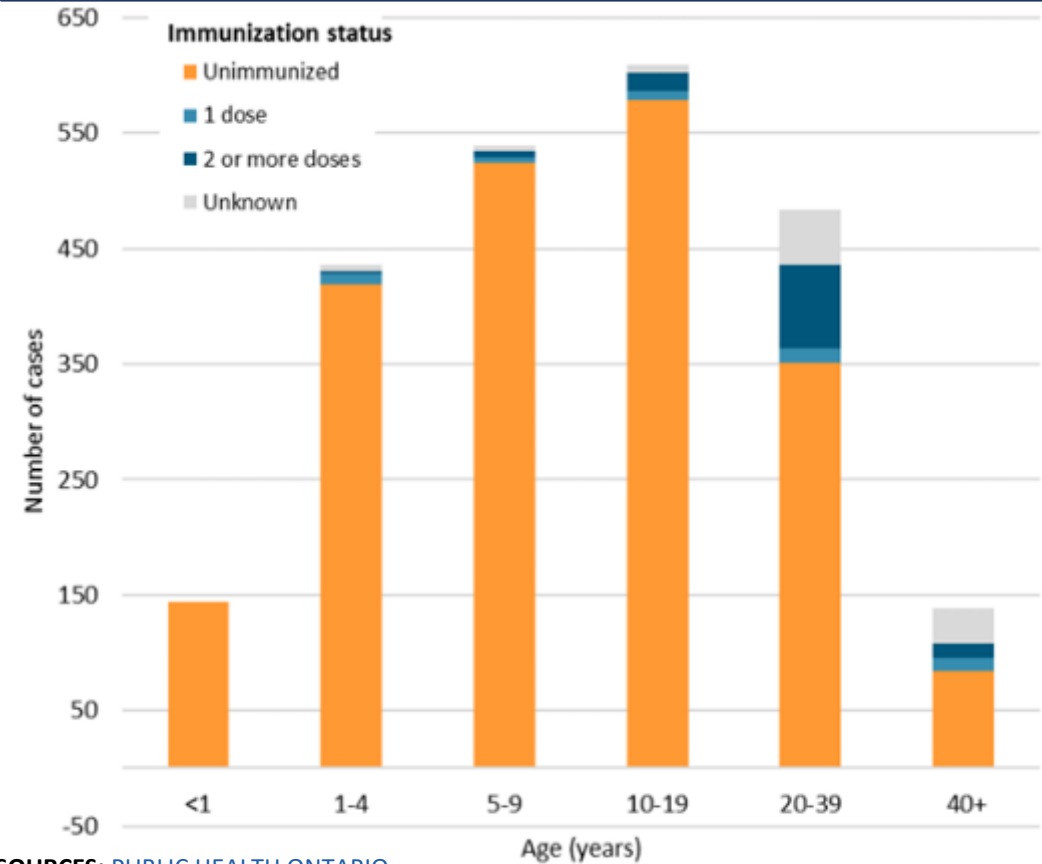
4,788 Cases (4,448 Confirmed, 340 Probable)
1 Death

CANADA OUTLOOK: ONTARIO'S OUTBREAK

(OCTOBER 18, 2024, TO AUGUST 19, 2025)

| MORBIDITY AND MORTALITY | | | |
|-------------------------|--|---|--|
| PROVINCE | CASES  | HOSPITALIZATIONS  | DEATHS  |
| ONTARIO* | 2,363 (2,051 confirmed, 312 probable) | 165 (12 ICU) | 1 |

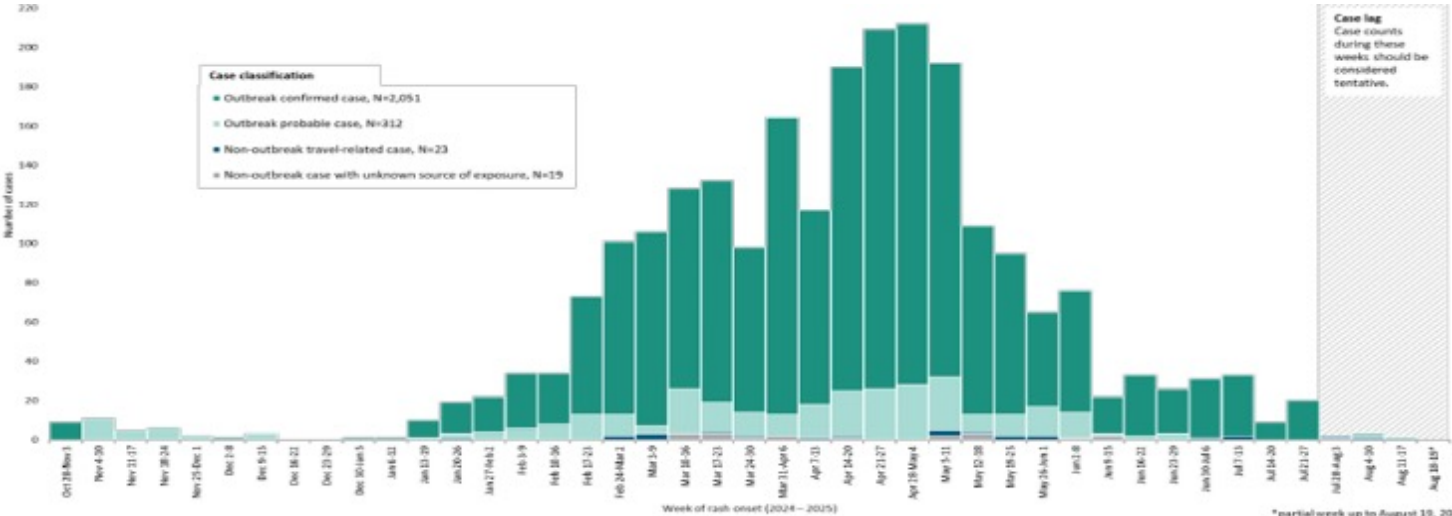
IMMUNIZATION STATUS OF MEASLES OUTBREAK CASES BY AGE GROUP: OCTOBER 28, 2024 – AUGUST 19, 2025



SOURCES: [PUBLIC HEALTH ONTARIO](#)




- As of August 19, Ontario has reported a total of 2,363 measles cases (2,051 confirmed, 312 probable) associated with the multi-jurisdictional outbreak occurring in 26 public health units.
- Among all outbreak cases, the majority (73.1%, n=1,728) were infants, children, and adolescents 19 years old or younger.
- Almost all infant, child, and adolescent outbreak cases (96.4%, n=1,665) were unimmunized, while 69.9% (n=435) of adults were unimmunized.
- A total of 2.2% (n=51) of outbreak cases were pregnant at the time of their measles infection
 - Of these, 82.4% (n=42) were unimmunized, 2.0% (n=1) received one dose of measles-containing vaccine, 9.8% (n=5) received two or more doses, and 5.9% (n=3) had unknown immunization status.
 - There have been nine cases of congenital measles (i.e., measles diagnosed in the first 10 days of life).
- Overall, 7.0% (n=165) of outbreak cases were hospitalized, and 0.5% (n=12) were admitted to the intensive care unit (ICU).
 - 94.5% (n=156) of hospitalized cases were unimmunized, of whom 122 were infants, children, and adolescents.
 - The median length of stay among discharged hospitalized cases was 3 days (range: 1–54 days), and the median length of stay among ICU admissions was 3.5 days (range: 1–54 days).
- One death occurred in a congenital case of measles, who was born pre-term and had other underlying medical conditions.

NUMBER OF MEASLES CASES BY WEEK OF RASH ONSET, 10/28/2024 – 08/19/2025



PUBLIC HEALTH ONTARIO

CANADA OUTLOOK: ALBERTA'S OUTBREAK

| MORBIDITY AND MORTALITY | | | |
|-------------------------|--|---|--|
| PROVINCE | CASES  | HOSPITALIZATIONS  | DEATHS  |
| Alberta | 1,799 (+68) | 147 (+5) (15 ICU) | 0 |

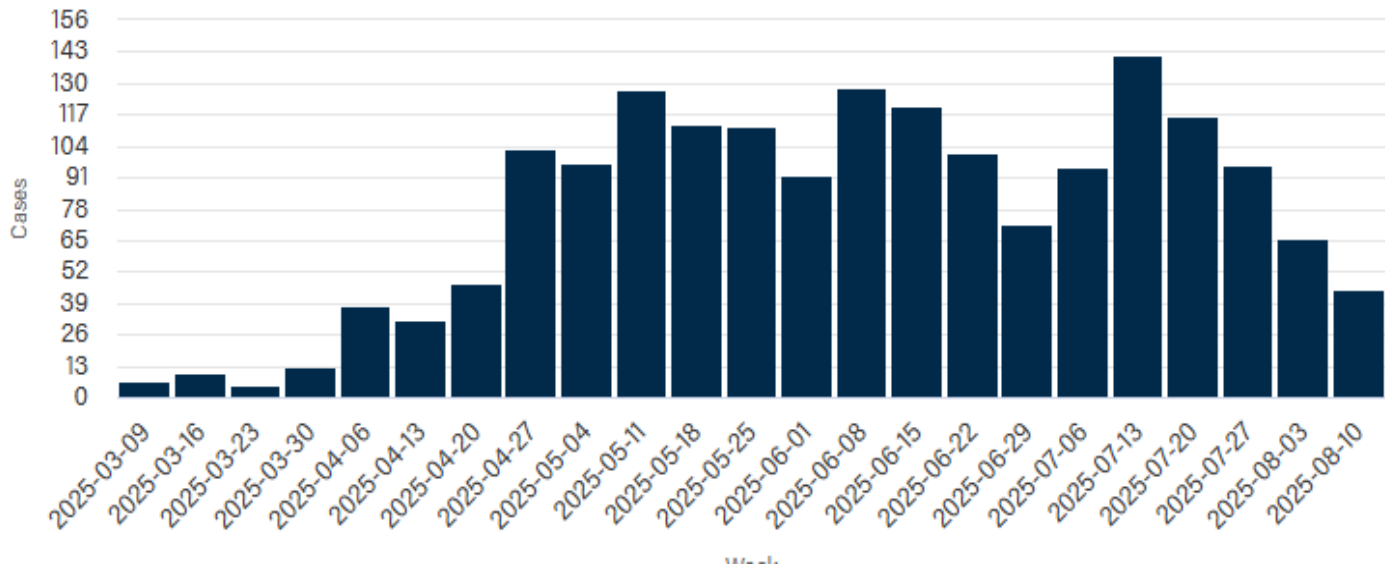
| IMMUNIZATION STATUS | COUNT |
|---------------------|-------|
| Unimmunized | 1,583 |
| 1 dose | 52 |
| 2 or more doses | 77 |
| Unknown | 66 |
| Total | 1,778 |

| AGE RANGE | NUMBERS |
|--------------------|---------|
| <5 years | 511 |
| 5 to 17 years | 785 |
| 18 to 54 years | 494 |
| 55 years and older | 9 |

Multi-Jurisdictional Outbreak

- Measles transmission is currently occurring in Alberta, affecting individuals of all ages – including infants, children, and adults. Most reported cases have been in children under 5 years old and those aged 5 to 17 who are not immunized.
- Cases have been reported in all zones of the province, with the highest numbers in the north, south, and central zones. Due to the number of people in these areas who may not be immune to measles, some cases are likely going undetected or unreported.
- Alberta Health Services shares known public [exposure locations](#) for the Edmonton, Calgary, Central, and parts of the North Zone. A standing exposure advisory has been issued for the [South Zone](#) and areas of the [North Zone](#). Site-specific exposure advisories will no longer be issued in these locations.

NUMBER OF MEASLES CASES BY WEEK OF RASH ONSET, 1/1/2025 – 08/15/2025



OUTLOOK – NORTH AMERICA

UNITED STATES

ARIZONA: Mohave County health officials are warning people in the northern Arizona town of Colorado City and its surrounding communities about a [growing measles outbreak](#). Colorado City, which is situated on the Arizona-Utah border, had a population of about 3,300 people as of the 2020 census. A large portion of its residents are members of the offshoot Fundamentalist Church of Jesus Christ of Latter-day Saints, or FLDS, which has a known vaccine hesitancy. Nine cases of the highly contagious disease have been confirmed in the county. As of August 22, 2025, there have been 13 cases of measles in Arizona.

MONTANA: Lewis and Clark Public Health (LCPH) has confirmed a single case of measles in the county, the first in decades. Local health officials emphasize there is no evidence of community transmission or any public exposure sites in Lewis and Clark County. As of August 18, 31 measles cases have been confirmed in Hill County, Gallatin County, Flathead County, Cascade County, Yellowstone County, and now Lewis and Clark County.

WISCONSIN: Five more cases of measles have been reported in northeast Wisconsin's Oconto County, the state health department announced Aug. 22. These cases are related to the nine cases identified in the county earlier this month, health officials said, indicating the disease is spreading in the community. The additional cases are linked to the [nine cases confirmed in the county on August 2, 2025](#), bringing the total number of cases to 14.

WYOMING: Wyoming has reported a total of [8 cases](#): 6 in Carbon County, 1 in Natrona County, and 1 in Niobrara County (which may have also been in Converse County while infectious). The outbreak in Carbon County started with an unvaccinated adult who was exposed to measles outside of the US.

CANADA

Canada is experiencing its largest measles surge since the disease was declared eliminated in 1998. Overall, 4,553 (98%) of cases were locally acquired, while 85 cases (2%) resulted from exposures outside of Canada. This means that while progress has been made in slowing down outbreaks in many provinces, Canada remains vulnerable to reintroduction.

ONTARIO: The outbreak in Ontario appears to be slowing down, with only 1 additional case reported this week. Public health officials believe the downward trend suggests transmission is slowing, though continued vigilance remains necessary.

ALBERTA: While Ontario has seen a sharp decline in confirmed cases, Alberta has become Canada's hotspot. Measles transmission is currently occurring in Alberta, affecting individuals of all ages – including infants, children, and adults. Most reported cases have been in children under 5 years old and those aged 5 to 17 who are not immunized. Cases have been reported in all zones of the province, with the highest numbers in the north, south, and central zones. Due to the number of people in these areas who may not be immune to measles, some cases are likely going undetected or unreported.

MANITOBA: 6 additional cases reported this week.

BRITISH COLUMBIA: 10 additional cases reported this week.

MEXICO

In Mexico, measles outbreaks remain active despite containment efforts. This week, confirmed cases surpassed 4,000, underscoring the urgent need to strengthen vaccination coverage, intensify containment measures in under-immunized communities, and maintain robust epidemiological surveillance to prevent further spread.

CHIHUAHUA: Chihuahua has emerged as the epicenter of the outbreak. Low vaccination uptake in close-knit Mennonite communities, compounded by widespread misinformation, has fueled transmission.

In response, Mexican health authorities launched the *Juárez Shield Strategy*, offering free immunizations to millions. Rapid-response measures and strengthened surveillance reinforce this initiative, all aimed at achieving nationwide measles elimination by November 2025.

Yet, despite progress in limiting wider spread, **Chihuahua remains the primary hot spot—demanding sustained attention to vaccination and community trust-building in the areas most affected.**

OUTLOOK – SOUTH AMERICA

BOLIVIA: Bolivia has reported a total of 254 measles cases, with the majority (84%) concentrated in Santa Cruz. Children remain the most affected, accounting for 85% of cases among those aged 1–19. The Ministry of Health plans to launch a vaccination campaign in the coming weeks targeting this age group, with a focus on boosting coverage and strengthening measles prevention in schools. Notably, the number of cases has doubled over the past month.

PARAGUAY: Paraguay has reported a total of 21 confirmed measles cases, with 9 additional cases under investigation. Most of the confirmed cases were reported earlier this week. The outbreak began with a single imported case, which led to at least 14 secondary cases; another case was later identified as epidemiologically linked to the outbreak.

BRAZIL: Brazil has now gone two full weeks without a new measles case, and the Ministry of Health confirms there is no sustained transmission in the country. In response to the outbreak, 13.6 million vaccine doses were distributed, and lockdown measures were implemented in Tocantins and along border regions. Of the 23 confirmed cases reported this year, 18 occurred in Campos Lindos, Tocantins. The other five imported cases were swiftly contained by Brazilian health authorities.

CONTRIBUTORS

The Virtual Medical Operations Center Briefs (VMOC) were created as a service-learning project by the Yale School of Public Health faculty and graduate students in response to the 2010 Haiti Earthquake. Each year, students enrolled in Environmental Health Science Course 581—Public Health Emergencies: Disaster Planning and Response produce the VMOC Briefs. These briefs compile diverse information sources—including status reports, maps, curated news articles, and web content— into a single, easily digestible document that can be widely shared and used interactively.

Key features of this report include:

- **Comprehensive Overview:** Provides situation updates, maps, relevant news, and web resources.
- **Accessibility:** Designed for easy reading, wide distribution, and interactive use.
- **Collaboration:** The “unlocked” format enables seamless sharing, copying, and adaptation by other responders.

The students learn by doing, quickly discovering how and where to find critical information and presenting it in an easily understood manner.

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