

MEASLES – THE AMERICAS 2025

MORBIDITY AND MORTALITY		
COUNTRY	CONFIRMED CASES	DEATHS
NORTH AMERICA -3 ACTIVE OUTBREAKS		
<u>US</u>	1,527	3
<u>CANADA</u>	5,009*	1
* Includes the probable cases reported by Canada under the clinically confirmed column, due to alignment with PAHO’s case definition.		
<u>MEXICO</u>	4,703	21
CENTRAL AMERICA - NO ACTIVE OUTBREAKS		
<u>BELIZE (JULY 2025- OUTBREAK OVER)</u>	34	0
COSTA RICA (NO NEW CASES)	1	0
SOUTH AMERICA – 2 ACTIVE OUTBREAKS		
<u>BOLIVIA</u> (INFO INCOMPLETE)	320	0
ARGENTINA (NO NEW CASES)	35	0
<u>BRAZIL</u>	31 (+3)	0
<u>PARAGUAY</u>	44 (+6)	0
<u>PERU</u> (NO NEW CASES)	4	0
THE CARRIBEAN (NO NEW CASES)	34	0
TOTAL	11,742	25

BACKGROUND
UNITED STATES
ARIZONA AND UTAH
CANADA
ONTARIO
ALBERTA
MEXICO
MEXICO - DEATHS
CHIHUAHUA
Yale SCHOOL OF PUBLIC HEALTH 9/28/2025 2300 HRS EDT

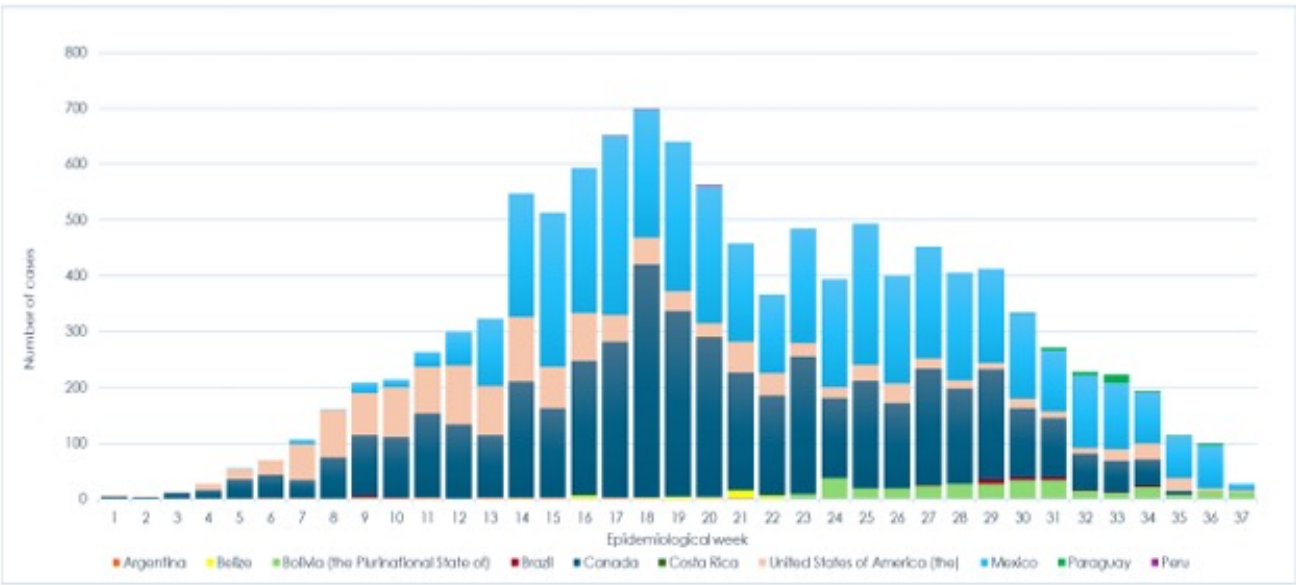
RISK ASSESSMENT IN OUTBREAK AREAS			
Risk for Localized Spread	Risk to unvaccinated populations in and around the outbreak areas	Risk to Children	Potential for sustained transmission
HIGH	HIGH	HIGH	MODERATE
LINKS			
<u>UNITED STATES</u> <u>CDC</u> <u>TEXAS LINKS</u> TEXAS DEPARTMENT OF STATE HEALTH SERVICES <u>NEW MEXICO LINKS</u> NEW MEXICO DEPARTMENT OF HEALTH <u>OKLAHOMA LINKS</u> OKLAHOMA STATE DEPARTMENT OF HEALTH <u>KANSAS</u> KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT <u>ARIZONA</u> ARIZONA DEPARTMENT OF HEALTH SERVICES <u>UTAH</u> UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES		<u>BOLIVIA</u> ESTAMOS SALUD <u>PARAGUAY</u> SALUS PUBLICA <u>MEASLES TESTING LABORATORIES</u> CDC MEASLES VIRUS LABORATORY <u>RESOURCES FOR THE PUBLIC</u> 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 <u>RESOURCES FOR EMS PROVIDERS</u> GUIDANCE FOR SUSPECTED MEASLES PATIENT NYSDOH POLICY STATEMENT <u>PORTALS, BLOGS, AND RESOURCES</u> CIDRAP CORI FORCE OF INFECTION IVAC KAISER HEALTH NEWS MEDPAGE TODAY NY STATE GLOBAL HEALTH UPDATE THE PANDEMIC CENTER TRACKING REPORT YOUR LOCAL EPIDEMIOLOGIST	
<u>WHO</u> IMMUNIZATION DATA <u>PAHO</u> PAHO MEASLES <u>CANADA</u> MEASLES AND RUBELLA WEEKLY MONITORING REPORT ALBERTA DASHBOARD BRITISH COLOMBIA MANITOBA HEALTH NEW BRUNSWICK NOVA SCOTIA PUBLIC HEALTH ONTARIO PRINCE EDWARDS ISLAND QUEBEC SASKATCHEWAN		<u>MEXICO</u> INFORME DIARIO DEL BROTE DE SARAMPIÓN EN MÉXICO, 2025 MEDICHIUAHUA	

BACKGROUND

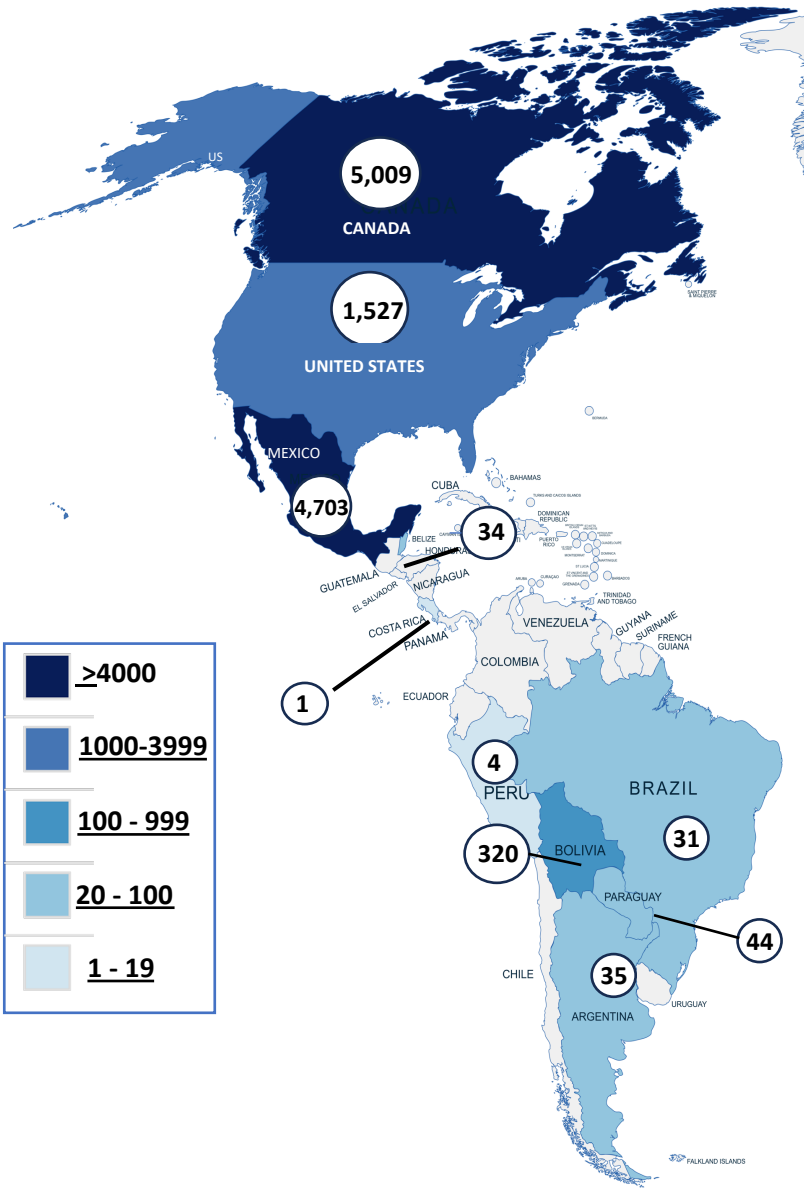
TYPE OF PUBLIC HEALTH EMERGENCY: **LARGE MULTINATIONAL MEASLES OUTBREAK (20 SEPTEMBER 2025)**

OVERVIEW: In 2025, between epidemiological week (EW) 1 and EW 38, **11,696** measles cases were confirmed in the Americas Region, including **25 deaths**, in **Argentina** (n= **35** cases), **Belize** (n= **34** cases), the Plurinational State of **Bolivia** (n= **320** cases), **Brazil** (n= **35** cases), **Canada** (n= **5,009**, including one death), **Costa Rica** (n= **1** case), **Mexico** (n= **4,703** cases, including **21 deaths**), **Paraguay** (n= **44** cases), Peru (n= **4** cases), and the **United States of America** (n= **1,527**, including **three deaths**). This total represents a 31-fold increase compared with the 358 measles cases reported during the same period in 2024.

The distribution of confirmed measles cases in the Americas Region by epidemiological week shows a gradual increase in cases starting in EW 3 of 2025, with the highest number of cases recorded in EW 18 related to outbreaks in vaccine-resistant communities in several countries in the Americas Region. There has also been a slow decline in the number of cases reported in the last four epidemiological weeks.



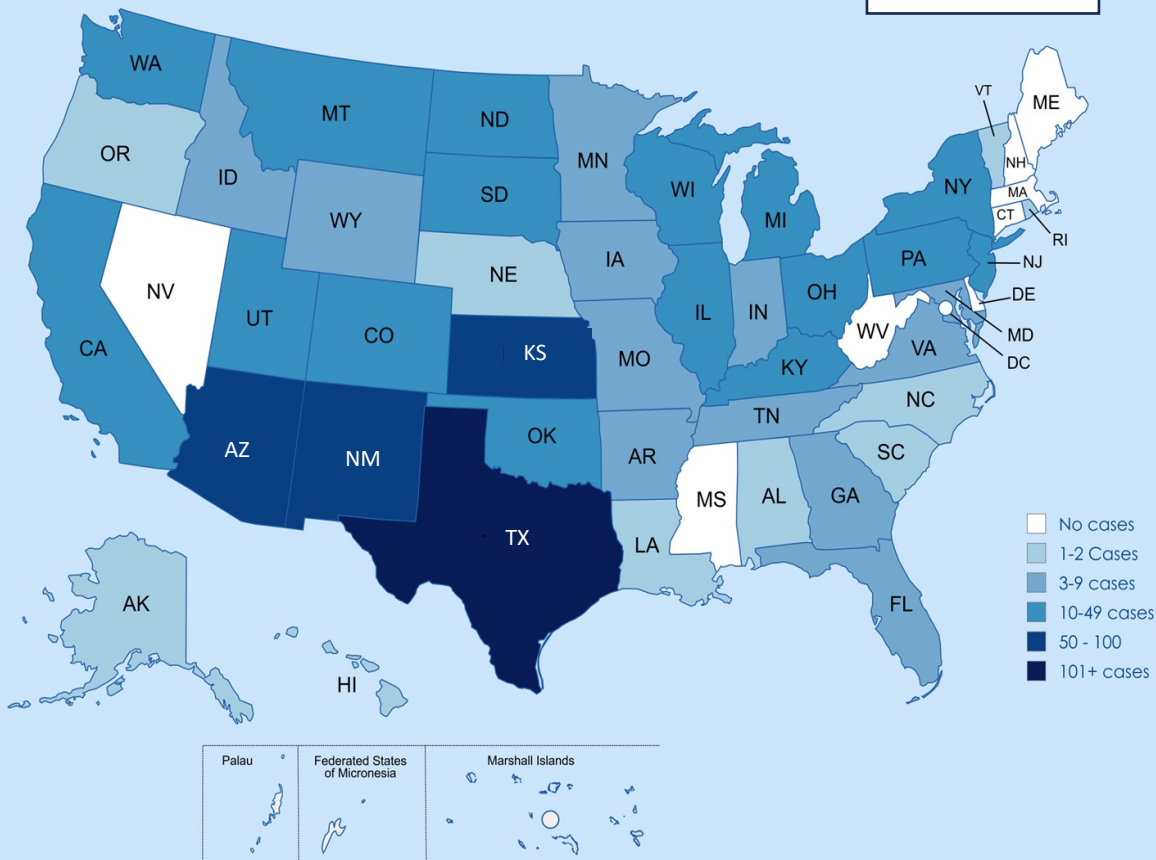
***Note:** Includes confirmed and probable cases for Canada.



MEASLES CASES - AS OF 28 SEP 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)*

1,527*



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 **	803
NEW MEXICO	100
KANSAS	90
ARIZONA+	52
UTAH+	44
OHIO	38
NORTH DAKOTA	36
WISCONSIN	36
MONTANA+	32
COLORADO+	27
MICHIGAN	27
NEW YORK+	24
CALIFORNIA	20
OKLAHOMA	20
PENNSYLVANIA	16
KENTUCKY	14
SOUTH DAKOTA	12
ILLINOIS	11
WASHINGTON	11
GEORGIA+	10
NEW JERSEY	10
IDAHO+	9
INDIANA	9
WYOMING	9
ARKANSAS	8
IOWA	8
MINNESOTA+	8
MISSOURI	7
TENNESSEE	7
FLORIDA	6
VIRGINIA	4
SOUTH CAROLINA	4
MARYLAND	3
ALASKA	2
HAWAII	2
LOUISIANA	2
ALABAMA	1
NEBRASKA	1
NORTH CAROLINA	1
OREGON	1
RHODE ISLAND	1
VERMONT	1
TOTAL	1,527

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 28 September 2025, EDT, there are approximately 1,527 measles cases (including confirmed and suspected cases) across 41 states. There have been 40 Outbreaks in the US this year, including the following:

- Arizona** - Navajo County, Mohave County
- Arkansas** - Faulkner County
- Colorado** – 10 cases linked to an infectious traveler
- Georgia** - Metro Atlanta
- Illinois** - Southern Illinois (Franklin–Williamson region)
- Indiana** - Allen County
- Iowa** - Johnson County
- Kansas** 9 counties
- Kentucky** - Woodford, Fayette, and Jefferson Counties
- Montana**, Gallatin, Hill, and Yellowstone Counties.
- Michigan** - Montcalm County (linked to Ontario Outbreak) and a 2nd outbreak in Grand Traverse County
- Missouri** - Cedar County
- Oklahoma** and the Cherokee Nation
- Ohio** - Ashtabula and Knox Counties
- Pennsylvania** - Erie County
- New Jersey** - Bergen County
- New Mexico** - 6 counties
- North Dakota** - Williams County, Grand Rapids
- Texas** - 37 counties
- Tennessee** - Upper Cumberland Region
- Utah** - Utah County, Beaver, Garfield, Iron, Kane, and Washington Counties
- Wisconsin** - Oconto County
- Wyoming** - Carbon County

In 2025, 86% of all confirmed cases in the US are associated with outbreaks. CDC reports the cumulative number of measles outbreaks (defined as 3 or more related cases)

92% of all cases are found in individuals who have not been vaccinated. 4% have had one MMR dose, and 4% have had two doses.

12% have required hospitalization.

UNITED STATES – ARIZONA AND UTAH OUTBREAK

- A measles outbreak in northern Arizona was connected to cases across the state line in Utah, health officials said.
- The outbreak is centered in communities with low vaccination rates, with most cases occurring in unvaccinated people.
- Health officials from both states are working together to contain the outbreak.
- This outbreak is currently the most significant active outbreak in the US and is growing exponentially.

The outbreak is concentrated in communities with low vaccination rates, and most cases have occurred in unvaccinated individuals. One of the largest measles outbreaks in the United States is now centered along the Arizona–Utah border. As of 9/28/2025, Mohave County, Arizona, and Washington County, Utah, had reported a combined total of 78 cases.

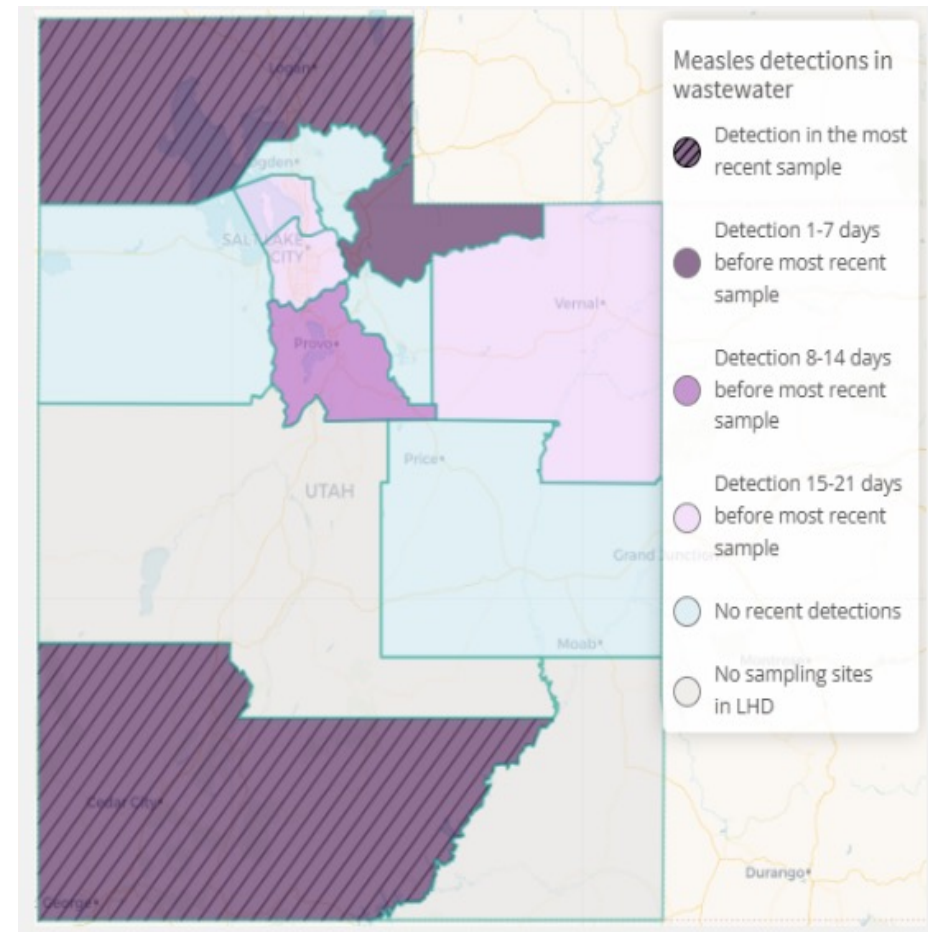
In Mohave County, Arizona, officials have confirmed [48 confirmed measles cases](#), including one child who required hospitalization. This represents a more than fivefold increase from the nine cases reported just one month earlier, on 8/25/2025.

In southwestern Utah, the Southwest Utah Public Health Department has reported [30 confirmed cases](#), all but one occurring among unvaccinated, school-age children. This is four times the number of cases documented since 8/29/2025, when the first infections were identified. Many of the Utah cases have been traced to exposures at a local high school, a festival, and a Chick-fil-A restaurant.

SOURCE: [Utah Department of Health and Human Services](#), [Arizona Department of Health Services](#)

Wastewater dashboard - Utah

The Utah Department of Health and Human Services is now testing wastewater for measles. Recent tests show the virus is present in wastewater in several health districts, which means it's more widespread in the state than previously known.



UNITED STATES – UTAH & ARIZONA

UTAH

CASES: 44

HOSPITALIZATIONS: 5 (11%)

DEATHS: 0

AGES:

- <18: 28 (64%)
- 18+: 16 (36%)

VACCINATION STATUS:

- Unvaccinated: 43 (98%)
- Vaccinated: 1 (3%)

OUTBREAK OVERVIEW: In late May, a few sporadic cases were identified in infectious travelers visiting Utah. In late June, the first cases were reported in Utah County and southwestern Utah, near the border with Arizona. Health officials say they began seeing sustained community spread about a month ago. The southwestern outbreak has grown to 44 cases in Utah alone. The spokesperson for the Southwestern Utah Public Health District has confirmed this outbreak is linked to the one across the border in Arizona, as travel is common between the neighboring “twin cities” of Colorado City, AZ, and Hildale, UT, both of which are home to many members of a close-knit Mormon sect. Common exposure sites include schools and school-related events. Viral samples collected on June 1 and July 1 were all the D8 genotype.

RESPONSE: After finding wastewater samples that were positive for measles in July in Provo (where Brigham Young University is located), the Utah Department of Health and Human Services is expanding from 2 sites to 35 sites across the state.

ARIZONA

CASES: 52

HOSPITALIZATIONS: 1 (2%)

DEATHS: 0

AGES: Arizona has not reported the age breakdown of cases. Affected individuals are between the ages of 1 and 45, and most cases are in school-aged children.

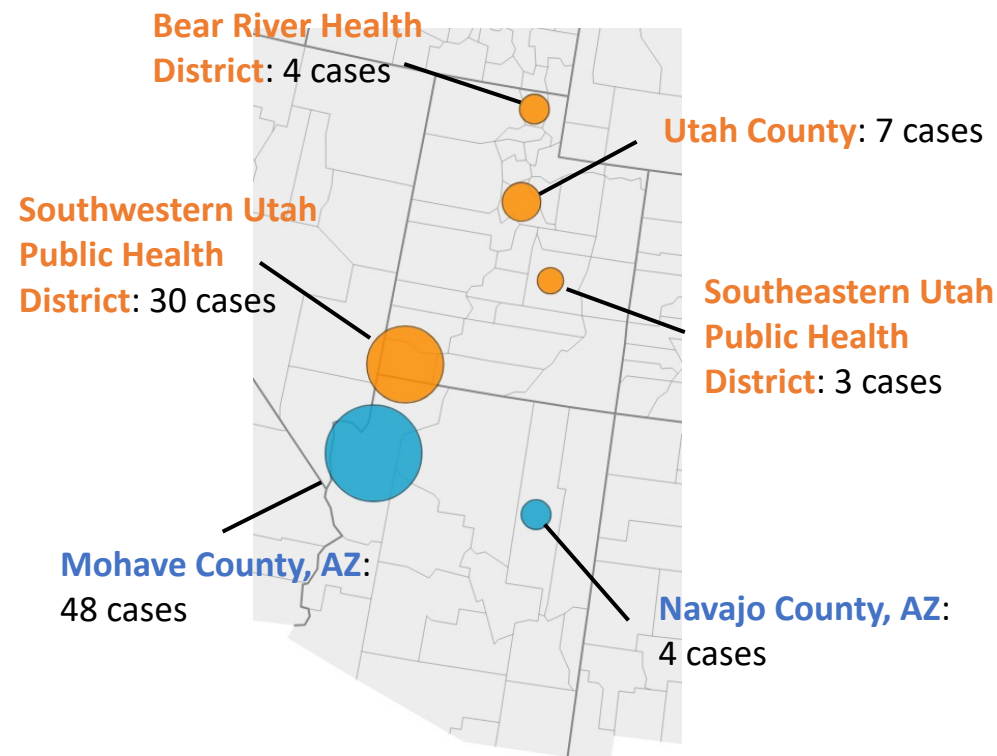
VACCINATION STATUS: Arizona has not reported the vaccination status of cases.

OUTBREAK TIMELINE: Arizona’s first cases occurred in a cluster of four unvaccinated individuals in Navajo County, linked to international travel. There is no indication these cases are related to the subsequent outbreak of 48 cases in Mohave County, which began in early August.

RESPONSE: Local and state departments of health are working to conduct contact tracing, isolate cases, set up vaccination clinics, and raise awareness at local schools and businesses.

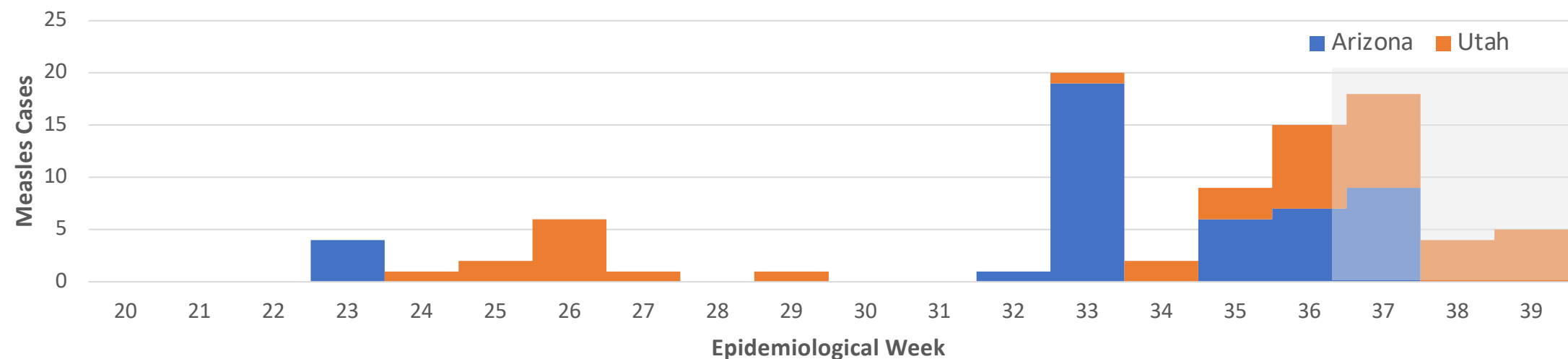
FACTORS DRIVING THE OUTBREAK:

- **Low vaccination rates:** Kindergarten vaccination rates are low in the affected areas. For example, MMR vaccination rates for the two elementary schools in Colorado City were 7% and 40%.
- **Anti-vaccination sentiment:** Rates of vaccine exemptions for schoolchildren have risen in recent years, with the majority of exemptions in Arizona being personal (85%) and religious (12.5%).
- **Close-knit religious communities:** Colorado City, AZ, and Hildale, UT, are home to a religious sect with historically low vaccination rates.
- **Large gatherings:** The outbreak in Utah was fueled by a large high school cycling event.
- **Travel:** Smaller outbreaks began after exposure during international travel.



UNITED STATES – UTAH & ARIZONA OUTBREAK TIMELINE

EPI CURVE FOR MEASLES CASES IN ARIZONA AND UTAH, 2025



late May	Southwestern Utah: 2 infectious travelers visit in late May; no subsequent cases recorded
June 9	Navajo County, AZ: Cluster of 4 cases linked to recent international travel
26	Southwest Utah Public Health District: First 2 cases are reported in the district Utah County, UT: First 5 cases are reported in the county
July	UT: 4 additional cases reported in Southwest Utah Public Health District (2) and Utah County (2)
August 2-7	Mohave County, AZ: First exposures around Colorado City, AZ, a border city next to Hildale, Utah
16	Wasatch County, UT: Large exposure incident at high school cycling event (~2,000 people); several infections linked to the event
21	Mohave County, AZ: 9 cases in Colorado City outbreak
September 12	Mohave County, AZ: 30 total cases in Colorado City outbreak UT: 30 total cases in Utah County (7), Southwest Utah (20), and Southeast Utah (3)
20	Bear River Public Health District, UT: first case reported in Cache County

CANADA

BACKGROUND: The 2025 measles outbreak in Canada is the product of a perfect storm: a sparking importation event, weakening population immunity, rising hesitancy and misinformation, structural vulnerabilities in public health and healthcare access, and social dynamics that allowed the virus to spread through susceptible networks.

IMPORTATION AND INITIAL SPARK: The current outbreak began in **October 2024** when an imported case attending a large gathering in New Brunswick— which included attendees from multiple provinces— introduced the measles virus into Canada.

MULTI-JURISDICTION SPREAD: From late 2024 into 2025, the outbreak continued to spread across several provinces: Ontario, Alberta, Manitoba, British Columbia, Saskatchewan, Nova Scotia, New Brunswick, Prince Edward Island, the Northwest Territories, and Quebec.

CONTRIBUTING FACTORS

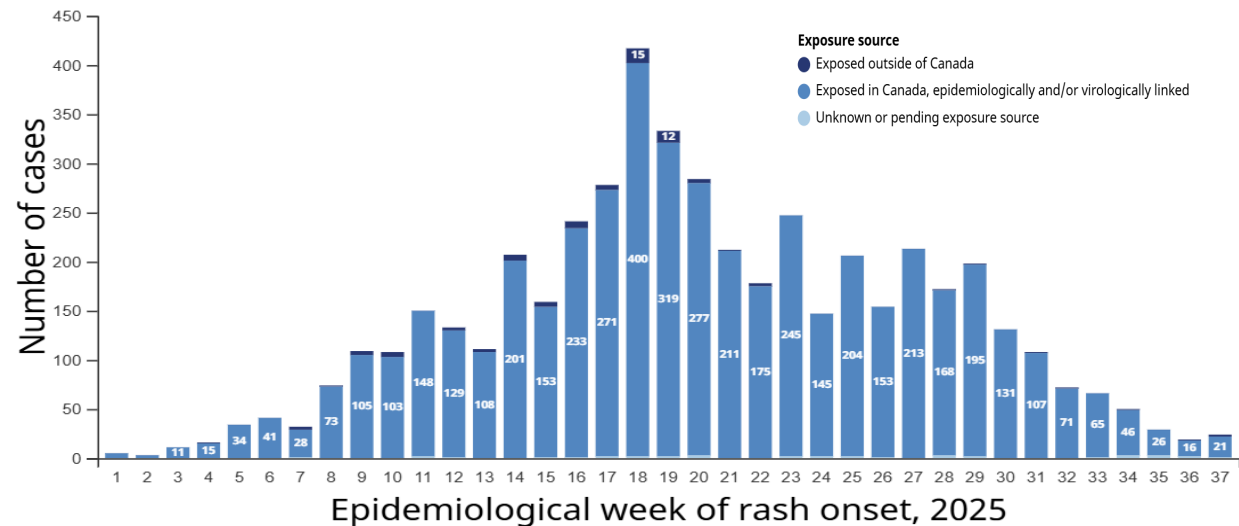
- **Low Vaccination Coverage**
 - **Erosion of herd immunity:** National first-dose measles vaccination coverage fell from 90% in 2019 to around 83% by 2023— well below the 95% threshold.
 - **Concentration in under-vaccinated communities:** The majority of cases are among unvaccinated individuals, with many arising within close-knit communities and groups with limited engagement with public health.
- **Vaccine Hesitancy & Misinformation**
 - **Lingering hesitancy and misinformation:** Distrust in public health, fueled partly by the COVID-19 pandemic and growing anti-vaccine movements, has played a role in lower vaccination rates.
 - **Attitudinal challenges:** Studies show that declining familiarity with vaccine-preventable diseases can reduce perceived threat, leading to complacency or skepticism toward vaccination.

Public Health System and Access Gaps

- **Disrupted immunization services:** COVID-19 strained public health infrastructure, leading to missed routine vaccinations.
- **Gaps in healthcare access and systems:**
 - About **20% of Canadians lack a consistent family doctor**, reducing opportunities for routine vaccine discussions.
 - There's **no comprehensive national vaccine registry**, making it hard to track immunization status.
- **Looser exemption policies:** In some regions like Alberta, religious and personal exemptions for school-entry vaccination are common and hard to challenge.

Community Dynamics: The outbreak spread swiftly among tightly interlinked religious groups— such as Mennonite communities—that span Canada, the U.S., and Mexico.

EPIDEMIOLOGICAL CURVE FOR MEASLES CASES, BY EPIDEMIOLOGICAL WEEK - 37



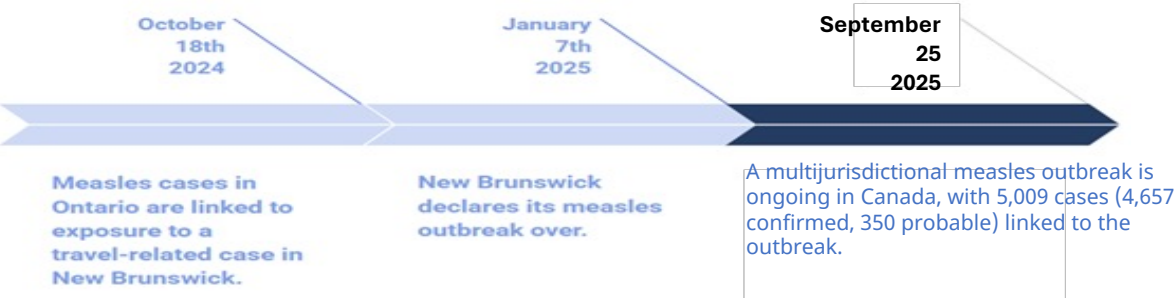
SOURCES:

[Measles and rubella weekly monitoring report – Week 37](#)
[PAHO - Measles cases rise in the Americas in 2025](#)
[PAHO - Epidemiological Update - Measles in the Americas Region - 1 July 2025](#)
[PAHO - Ten countries in the Americas report measles outbreaks in 2025- 15 August 2025](#)

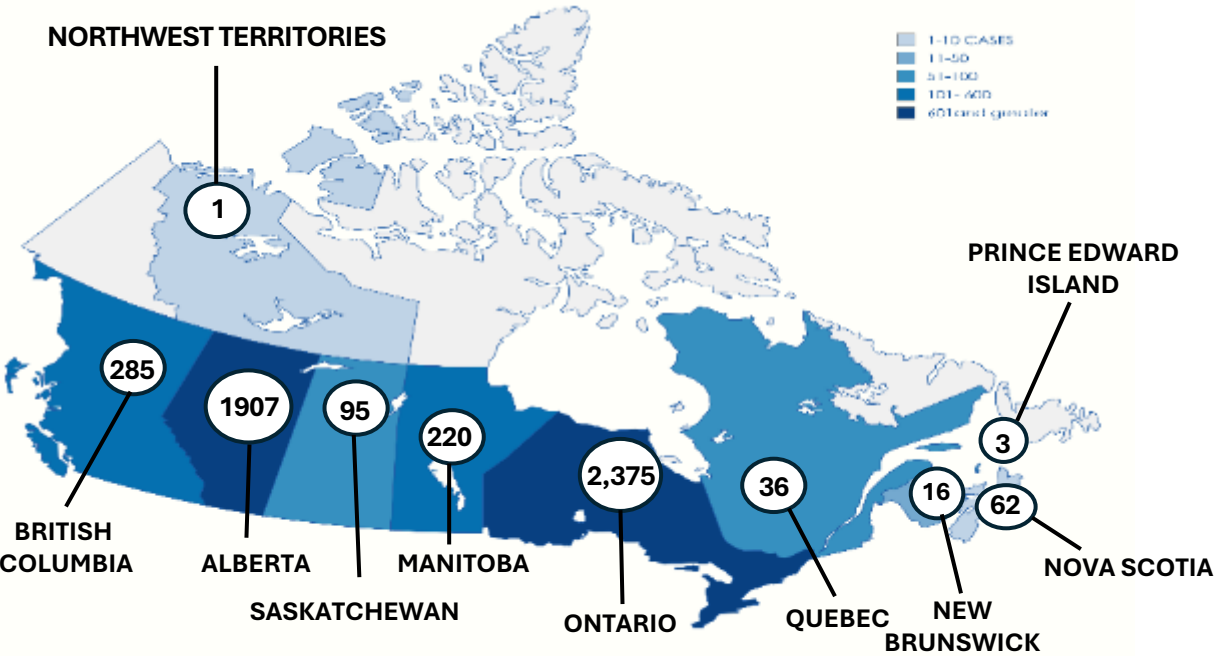
CANADA – CURRENT SITUATION

Brief Timeline of Outbreak

As of 9/28/2025



MEASLES 2025			
PROVINCE	CONFIRMED CASES	PROBABLE CASES	TOTALS
ONTARIO	2,058	317	2,375
ALBERTA	1,907 (+6)	0	1,907
MANITOBA	211 (+7)	18	220
BRITISH COLUMBIA	268 (+3)	17	285
SASKATCHEWAN	95(+12)	0	95
QUEBEC	36	0	36
PRINCE EDWARD ISLAND	3	0	3
NOVA SCOTIA	62 (+1)	0	62
NORTHWEST TERRITORIES	1	0	1
NEW BRUNSWICK	16 (+1)	0	16
TOTAL	4,657	352	5,009



5,009 Cases (4,657 Confirmed and 352 Probable)
1 Death

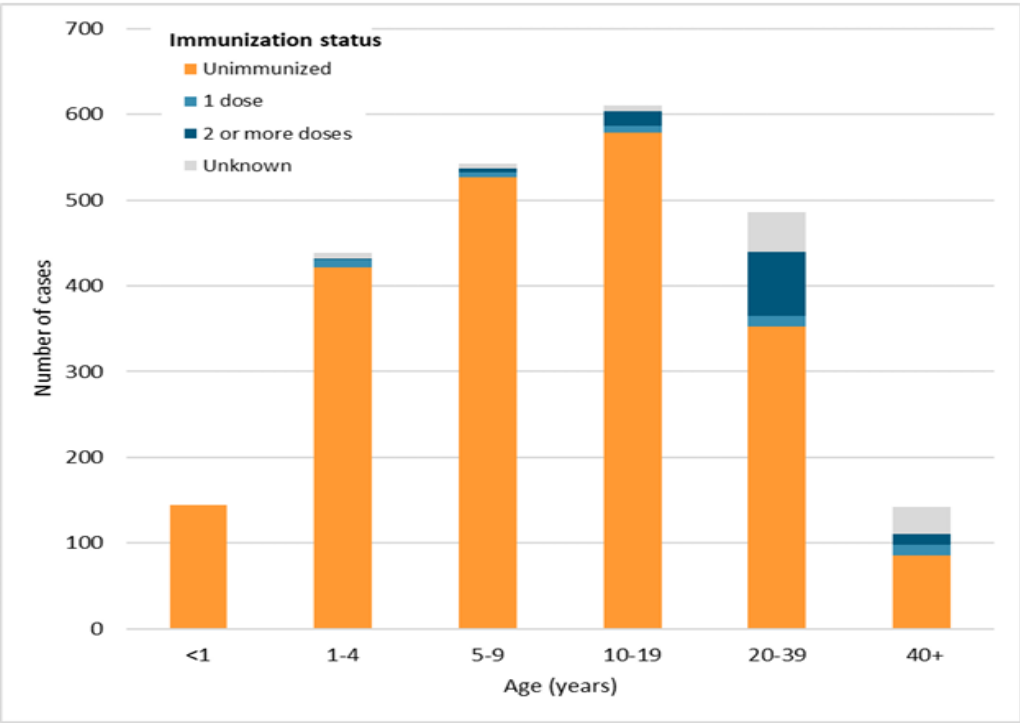
* Count includes 43 cases not associated with the outbreak and the outbreak numbers that began on 21 October 2024

OUTBREAK – ONTARIO

(OCTOBER 18, 2024, TO September 23, 2025)

MORBIDITY AND MORTALITY			
PROVINCE	CASES 	HOSPITALIZATIONS 	DEATHS 
ONTARIO*	2,375 (2,058 confirmed, 317 probable)	165 (12 ICU)	1

IMMUNIZATION STATUS OF MEASLES OUTBREAK CASES BY AGE GROUP: OCTOBER 28, 2024 – SEPTEMBER 23, 2025

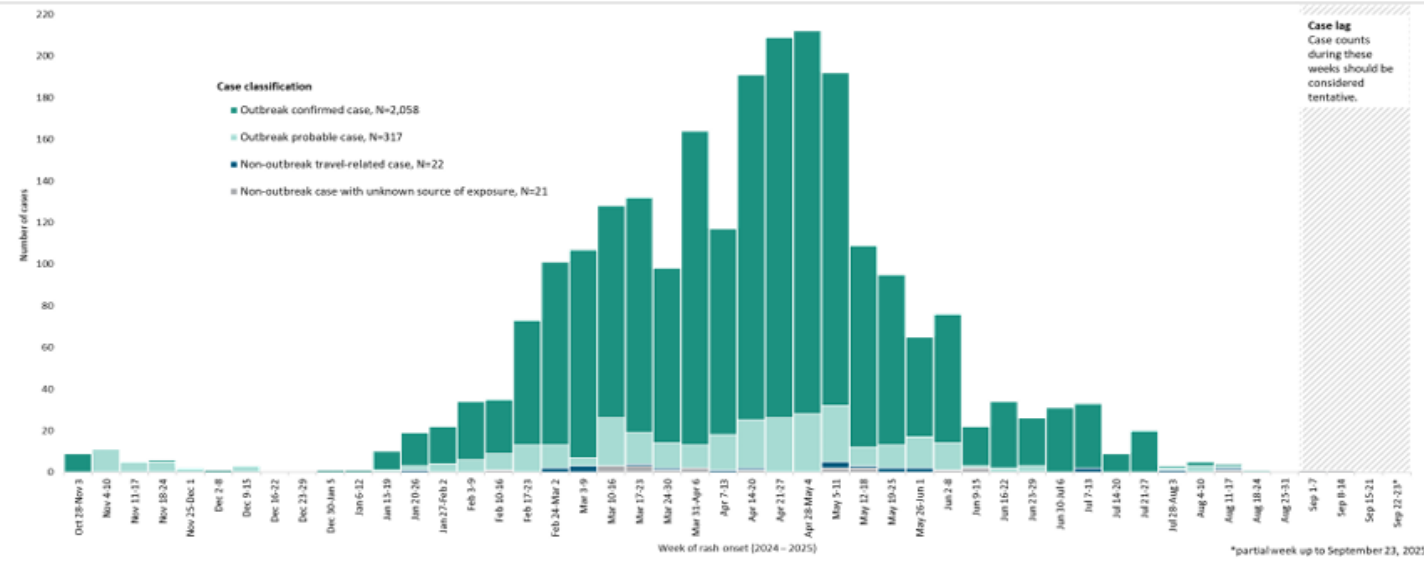


Notes:

- Outbreak cases are reported for the period October 28, 2024 – September 23, 2025.
- A data table corresponding to this figure can be found in Appendix Table A2.

- As of September 9, Ontario has reported a total of 2,375 measles cases (2,058 confirmed, 317 probable) associated with the multi-jurisdictional outbreak occurring in 26 public health units. This represents an increase of seven new cases.
- Among all outbreak cases, the majority (73.0%, n=1,734) were infants, children and adolescents (19 years old or younger), while 26.4% (n=628) were adults, and 0.5% (n=13) had unknown age
- Almost all infant, child, and adolescent outbreak cases (96.4%, n=1,671) were unimmunized, while
- 69.7% (n=438) of adults were unimmunized.
- A total of 2.1% (n=51) of outbreak cases were pregnant at the time of their measles infection.
 - Of these, 84.3% (n=43) were unimmunized, 2.0% (n=1) received one dose of measles-containing vaccine, 9.8% (n=5) received two or more doses, and 3.9% (n=2) had unknown immunization status.
 - There have been nine cases of congenital measles (i.e., measles diagnosed in the first 10 days of life).
- Overall, 6.9% (n=165) of outbreak cases were hospitalized and 0.5% (n=12) were admitted to the
- intensive care unit (ICU).
 - 95.2% (n=157) of hospitalized cases were unimmunized, of whom 122 were infants, children and adolescents.
- 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 – 09/23/2025



OUTBREAK – ALBERTA

MORBIDITY AND MORTALITY

PROVINCE	CASES 	HOSPITALIZATIONS 	DEATHS 
Alberta	1,907	150 (15 ICU) (0 Currently Hospitalized)	0

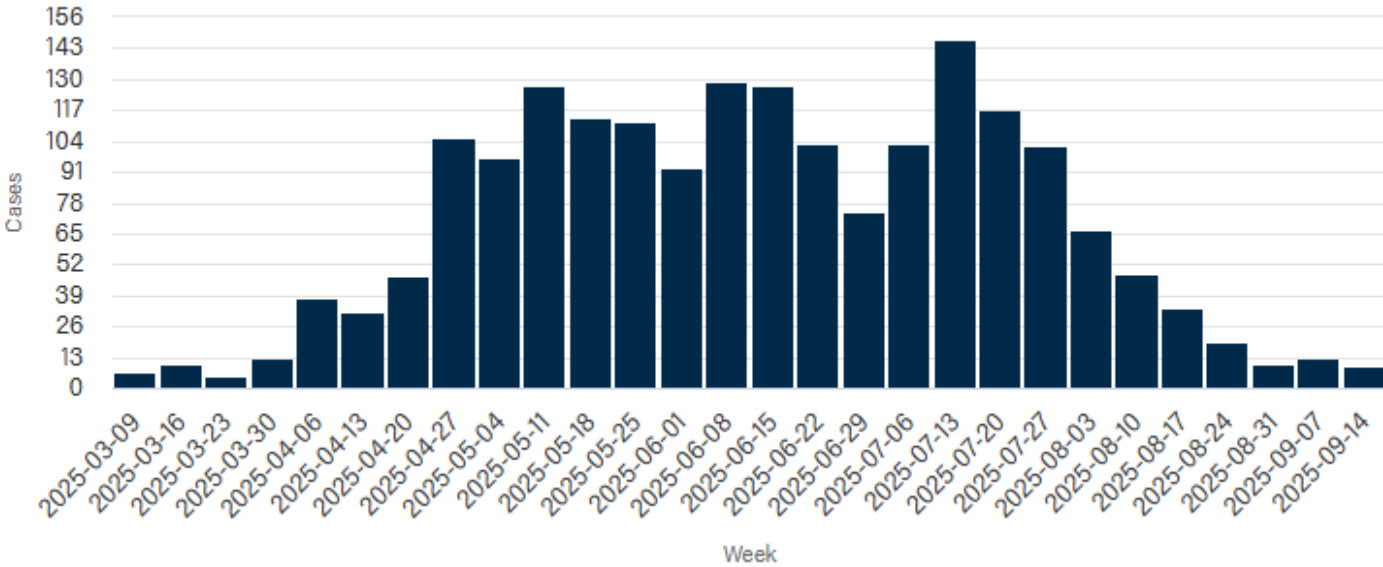
IMMUNIZATION STATUS	COUNT
Unimmunized	1.698
1 dose	55
2 or more doses	79
Unknown	75

AGE RANGE	NUMBERS
<5 years	547 (+3)
5 to 17 years	837 (+1)
18 to 54 years	514 (+2)
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 – 09/14/2025



MEXICO

BACKGROUND

- 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 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. Twenty-one states and 94 municipalities have confirmed measles cases.

CURRENT SITUATION

- There are **4,730** confirmed cases, with **4,321** of those cases in the state of Chihuahua.
- To date, Mexico has reported **21 measles-related deaths– 20 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 **71% 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 **92% of all confirmed measles** cases in Mexico and **95.23% of all deaths**.
- In terms of incidence rate, the 0–4 years age group reported the highest incidence (11.2 cases per 100,000 inhabitants under 4 years), followed by the 25–29 years and 30–34 years groups with incidence rates of 5.62 and 4.67, respectively.

GENOTYPES IDENTIFIED:

- **D8 (Ontario.CAN/47.24)** – dominant strain, linked to outbreaks in Texas and Canada.
- **B3 (NSW.AUS/10.24)** – limited to Oaxaca, contained importation.

KEY DRIVERS OF THE OUTBREAK:

- **Systemic Weaknesses:** Post-2018 budget cuts (69% reduction in vaccination funds) and procurement delays.
- **Coverage Gaps:** Vaccine uptake as low as 30–50% in Mennonite and some Indigenous communities.
- **Misinformation & Distrust:** Resistance to vaccination in rural and religious groups.
- **Access Inequalities:** Farmworkers and Indigenous groups face barriers to healthcare.

PUBLIC HEALTH RESPONSE

- **“Juarez Shield Strategy”** – Mass vaccination campaign.
- **Rapid Response Plan** – Enhanced surveillance, lab confirmation, case isolation.
- **Door-to-Door Vaccination** – Community engagement with local and religious leaders.
- **Vitamin A Supplementation** – For children under 5 with suspected or confirmed measles.

SOURCES:

[Daily Report – Mexico](#)

[Epidemiological Situation of Vaccine-Preventable Diseases in Mexico – Report 37](#)

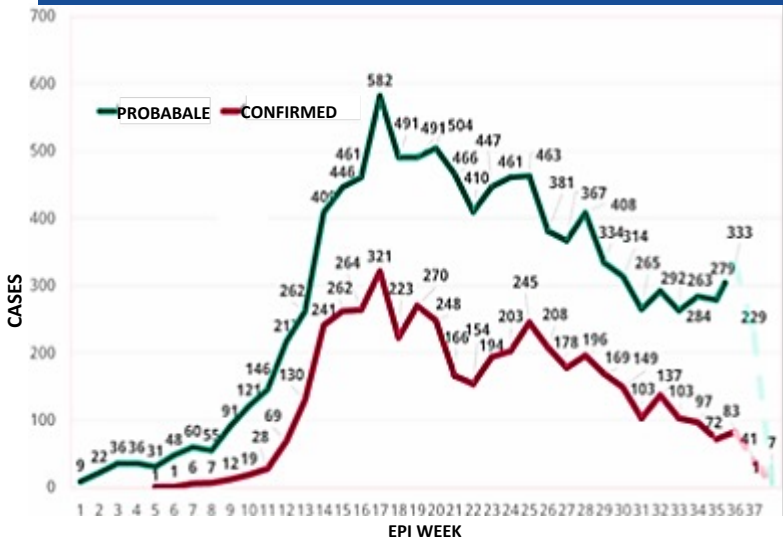
[Bi Weekly Bulletin – August \(PAHO\)](#)

[Think Global Health - Measles Takes Root In Mexico](#)

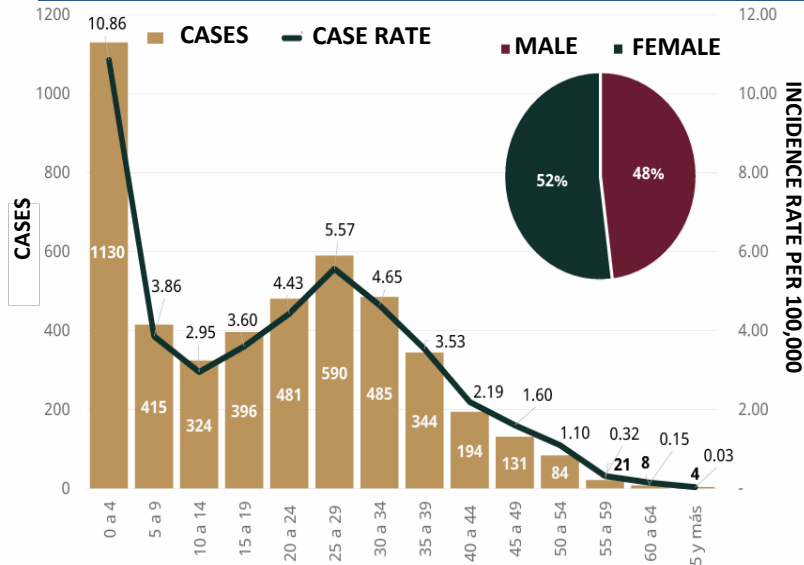
[A Population-based Measles Serosurvey In Mexico: Implications For Re-emergence](#)

MEXICO

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

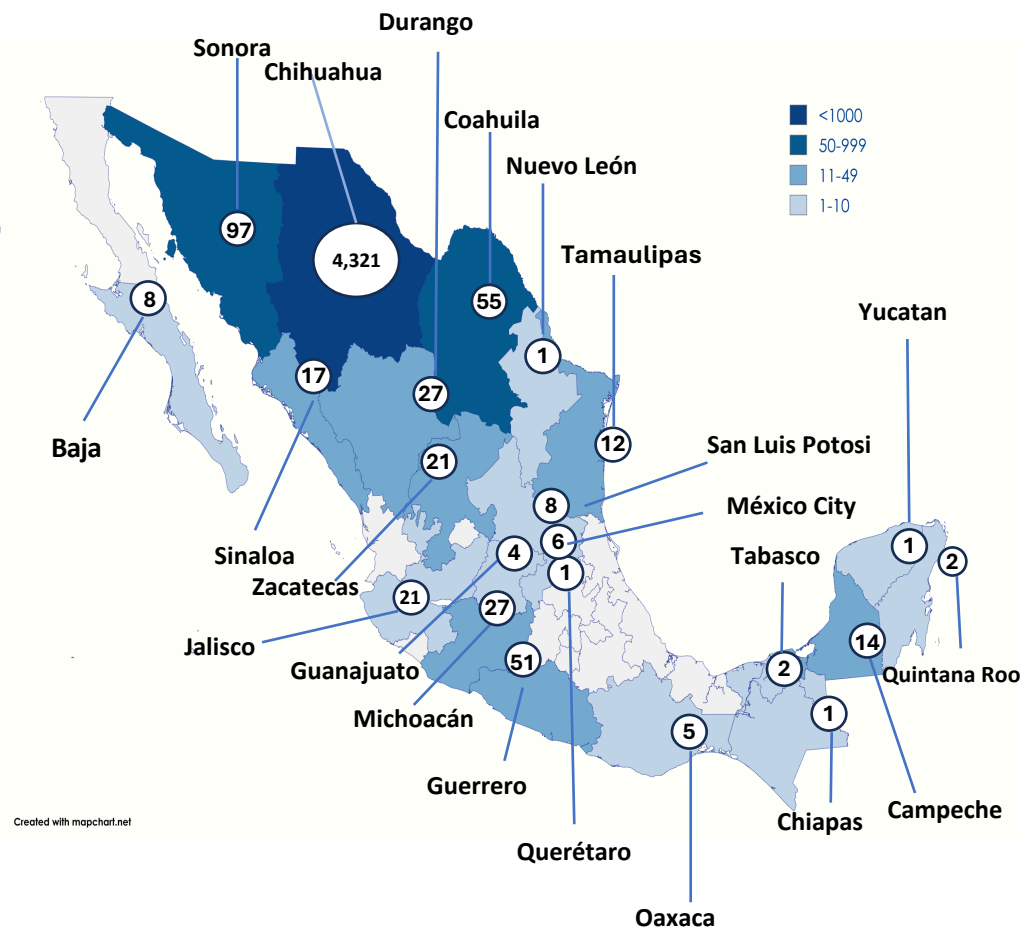


CONFIRMED CASES BY SEX, AGE, AND INCIDENCE RATE



CONFIRMED MEASLES CASES		
STATE	CASES	
	CONFIRMED	PROBABLE
BAJA	8	59
CAMPECHE	14 (+1)	90
CHIAPAS	1	32
CHIHUAHUA	4,321 (+36)	5,930
MÉXICO CITY	6	629
COAHUILA	55 (+1)	269
DURANGO	27 (+5)	216
GUANAJUATO	4	478
GUERRERO	51	151
JALISCO	21 (+19)	358
MEXICO	3	399
MICHOACÁN	27 (+5)	212
NUEVO LEÓN	1	247
OAXACA	5	71
QUERÉTARO	1	110
QUINTANA ROO	2	64
SAN LUIS POTOSI	6 (+5)	128
SINALOA	17 (+2)	117
SONORA	97 (+2)	256
TABASCO	2	74
TAMAULIPAS	12	117
YUCATAN	1	49
ZACATECAS	21	139
TOTAL	4,703	10,195

Data as of 9/19/2025



4,703 CONFIRMED CASES
21 DEATHS

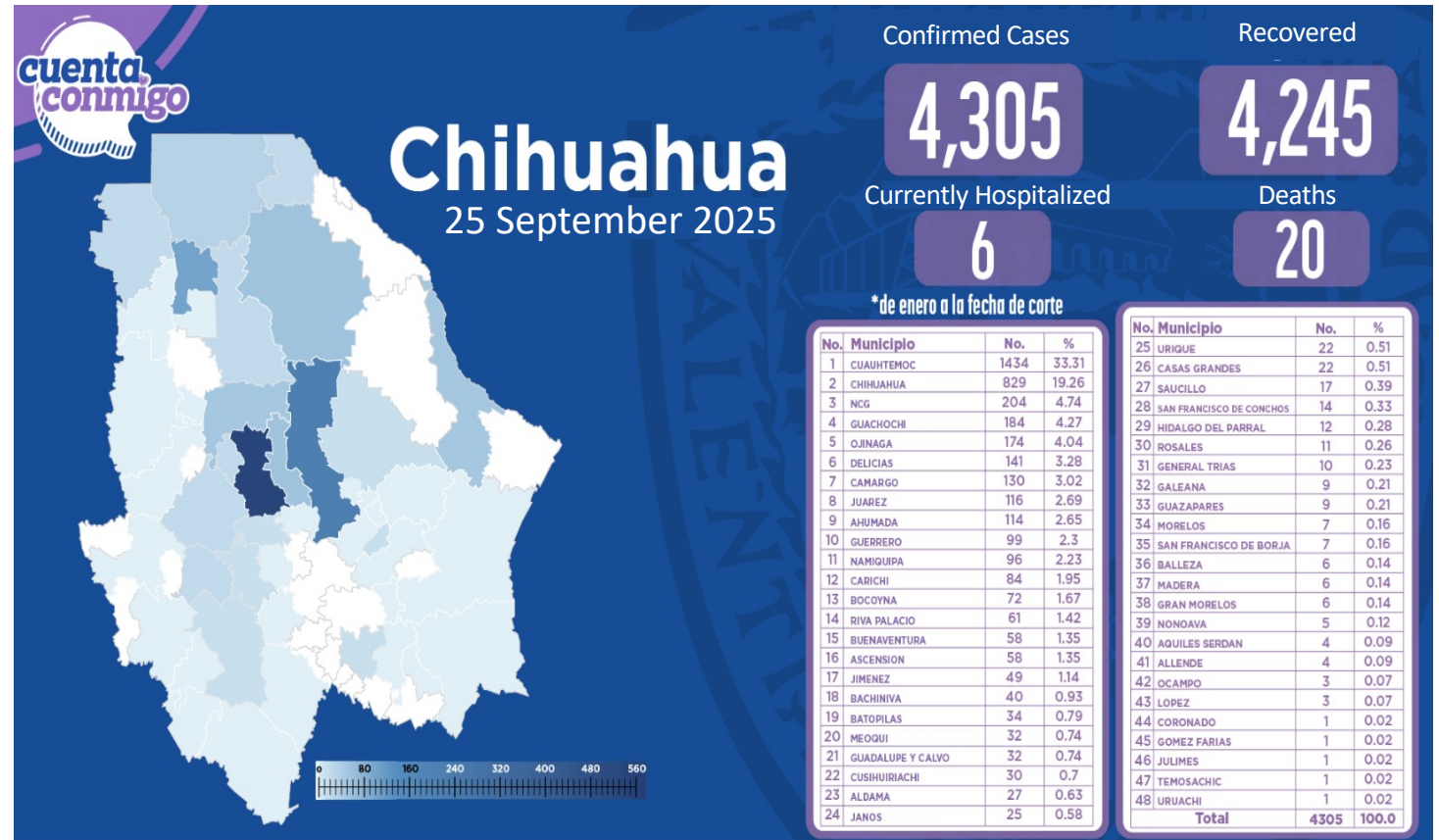
SOURCE: [DAILY REPORT](#)
[CONFIRMAN EL PRIMER CASO DE SARAMPIÓN EN](#)
[JALISCO; ACTIVAN CERCO EPIDEMIOLÓGICO](#)

MEXICO – DEATHS FROM MEASLES 2025

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, Rarámuri community	48 years old	San José Baqueachi, Carichí, Chihuahua	No	7/7/2025	Complications from pneumonia, no comorbidities	Chihuahua Secretaría de Salud
12	Man, Rarámuri community	46 years old	Cuauhtémoc, Chihuahua	No	7/21/2025	Respiratory failure and pneumonia	Chihuahua Secretaría de Salud
13	Girl, Rarámuri community	6 years old	Carichí, Chihuahua	No	7/21/2025	Respiratory failure and pneumonia	Chihuahua Secretaría de Salud
14	Man, Rarámuri 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
16	Woman, Rarámuri, farm labored	19 years old	From Guadalupe y Calvo, working in Camargo, died in Chihuahua City	No	8/25/2025	No info at this time	Secretaría de Salud del Estado de Chihuahua
17	Rarámuri baby boy	1 year, 2-month-old	Cuauhtémoc, Chihuahua	No	8/27/2025	Pneumonia	Secretaría de Salud del Estado de Chihuahua
18	Rarámuri baby boy	1 year, 4-month-old	From Urique, died in Cuauhtémoc	No	8/29/2025	Complications related to measles	Secretaría de Salud del Estado de Chihuahua
19	Rarámuri baby girl	11 months	Camargo, Chihuahua	No	9/6/2025	Complications related to measles	Secretaría de Salud del Estado de Chihuahua
20	Rarámuri boy	4 years old	Delicias, Chihuahua	No	9/8/2025	Complications related to measles	Secretaría de Salud del Estado de Chihuahua
21	Rarámuri girl	3 years old	Cuauhtémoc, Chihuahua	No	9/9/2025	Complications related to measles	Secretaría de Salud del Estado de Chihuahua

OUTBREAK – CHIHUAHUA, MEXICO

- **Current Trend:** While the outbreak is no longer growing at an exponential rate, sustained transmission persists, creating an ongoing risk. Densely populated areas and communities with low vaccination coverage remain vulnerable to new clusters.
- **Herd Immunity Challenge:** Reaching and maintaining **95% vaccination coverage** is essential to halt measles transmission. Until coverage is uniformly achieved, including among vaccine-hesitant and hard-to-reach groups, measles will continue to be a threat.
- **Border & Regional Spillover:** Chihuahua's **geographic proximity and cultural ties to U.S. border states** heighten the risk of cross-border spread, especially given recent travel-related introductions (e.g., the initial case linked to Texas). Without containment, additional regional seeding is possible.



Fuente: Secretaría de Salud

SOURCE OF GRAPHIC: [MediChihuahua](#)



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DEL ESTADO
DE CHIHUAHUA

SECRETARÍA
DE SALUD

MediChihuahua

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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