

MEASLES – THE AMERICAS 2025

MORBIDITY AND MORTALITY		
COUNTRY	CONFIRMED CASES	DEATHS
NORTH AMERICA -3 ACTIVE OUTBREAKS		
<u>US</u>	1,610 (+33)	3
<u>CANADA</u>	5,131*+ (+20)	2
* Includes the probable cases reported by Canada under the clinically confirmed column, due to alignment with PAHO's case definition and 43 non-outbreak cases were added this week		
+The Ontario Outbreak has officially been declared over as of 6 October 2025.		
<u>MEXICO</u>	4,959 (+80)	23 (+1)
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> (NO UPDATE)	385	0
ARGENTINA (NO NEW CASES)	35	0
<u>BRAZIL</u>	34 (+2)	0
<u>PARAGUAY</u>	49 (+2)	0
<u>PERU</u> (NO NEW CASES)	4	0
THE CARRIBEAN	41	0
TOTAL	12,284 (+137)	28

BACKGROUND
UNITED STATES
ARIZONA AND UTAH
CANADA
ONTARIO
ALBERTA
MEXICO
MEXICO - DEATHS
CHIHUAHUA

10/19/2025 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> <u>TEXAS DEPARTMENT OF STATE HEALTH SERVICES</u> <u>NEW MEXICO LINKS</u> <u>NEW MEXICO DEPARTMENT OF HEALTH</u> <u>OKLAHOMA LINKS</u> <u>OKLAHOMA STATE DEPARTMENT OF HEALTH</u> <u>KANSAS</u> <u>KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT</u> <u>ARIZONA</u> <u>ARIZONA DEPARTMENT OF HEALTH SERVICES</u> <u>UTAH</u> <u>UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES</u>		<u>BOLIVIA</u> <u>ESTAMOS SALUD</u> <u>PARAGUAY</u> <u>SALUS PUBLICA</u> <u>MEASLES TESTING LABORATORIES</u> <u>CDC MEASLES VIRUS LABORATORY</u> <u>RESOURCES FOR THE PUBLIC</u> <u>CDC – MEASLES</u> <u>MEASLES CASES AND OUTBREAKS</u> <u>NYSDOH: YOU CAN PREVENT MEASLES</u> <u>CDC VIDEO: GET VACCINATED AND PREVENT MEASLES</u> <u>CDC VACCINE SHOT FOR MEASLES</u> <u>DIRECTORY FOR LOCAL HEALTH DEPARTMENTS</u> <u>RESOURCES FOR EMS PROVIDERS</u> <u>GUIDANCE FOR SUSPECTED MEASLES PATIENT</u> <u>NYSDOH POLICY STATEMENT</u> <u>PORTALS, BLOGS, AND RESOURCES</u> <u>CIDRAP</u> <u>CORI</u> <u>FORCE OF INFECTION</u> <u>IVAC</u> <u>KAISER HEALTH NEWS</u> <u>MEDPAGE TODAY</u> <u>NY STATE GLOBAL HEALTH UPDATE</u> <u>THE PANDEMIC CENTER TRACKING REPORT</u> <u>YOUR LOCAL EPIDEMIOLOGIST</u>	
<u>WHO</u> <u>IMMUNIZATION DATA</u> <u>PAHO</u> <u>PAHO MEASLES</u> <u>CANADA</u> <u>MEASLES AND RUBELLA WEEKLY MONITORING REPORT</u> <u>ALBERTA DASHBOARD</u> <u>BRITISH COLOMBIA</u> <u>MANITOBA HEALTH</u> <u>NEW BRUNSWICK</u> <u>NOVASCOTIA</u> <u>PUBLIC HEALTH ONTARIO</u> <u>PRINCE EDWARDS ISLAND</u> <u>QUEBEC</u> <u>SASKATCHEWAN</u>		<u>MEXICO</u> <u>INFORME DIARIO DEL BROTE DE SARAMPIÓN EN MÉXICO, 2025</u> <u>MEDICHIUAHUA</u>	

BACKGROUND

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

SITUATION: In 2025, between epidemiological week (EW) 1 and EW 40 **12,284** measles cases were confirmed in the [Americas Region](#), including **28 deaths**, in **Argentina** (n= **35** cases), **Belize** (n= **34** cases), the Plurinational State of **Bolivia** (n= **385** cases), **Brazil** (n= **31** cases), **Canada** (n= **5,131**, including **2 deaths**), **Costa Rica** (n= **1** case), **Mexico** (n= **4,959** cases, including **23 deaths**, **Paraguay** (n= **49** cases), **Peru** (n= **4** cases), and the **United States of America** (n= **1,610**, including **3 deaths**), and 41 cases in the Caribbean. This total represents a 31-fold increase compared to the 358 cases reported during the same period in 2024, underscoring a substantial resurgence of measles transmission across the region.

EPIDEMIOLOGICAL CONTEXT

The **distribution of confirmed measles cases by epidemiological week** indicates a **gradual increase beginning in EW 3 of 2025**, with a **peak in EW 18** primarily associated with outbreaks in **vaccine-resistant and under-immunized communities** across multiple countries. Over the past four epidemiological weeks, a **slow but steady decline** in reported cases has been observed, though transmission remains ongoing in several areas.

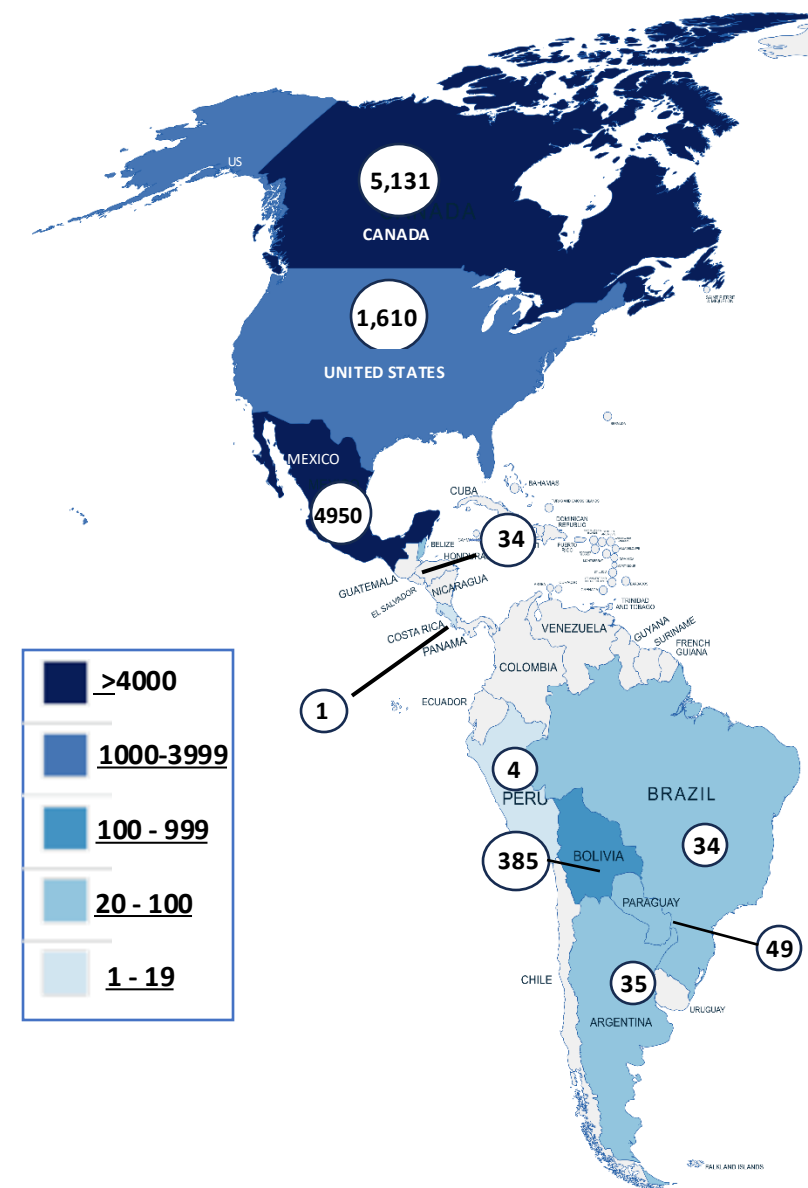
REGIONAL ELIMINATION STATUS

The **Region of the Americas** remains at **risk of losing its measles-free status** as endemic transmission persists in several countries. To maintain elimination certification, each affected country must **interrupt transmission and report zero cases within 12 months** of outbreak onset.

The deadlines for maintaining elimination status are:

- **Canada:** by **October 2025**
- **United States of America:** by **January 2026**
- **Mexico:** by **February 2026**

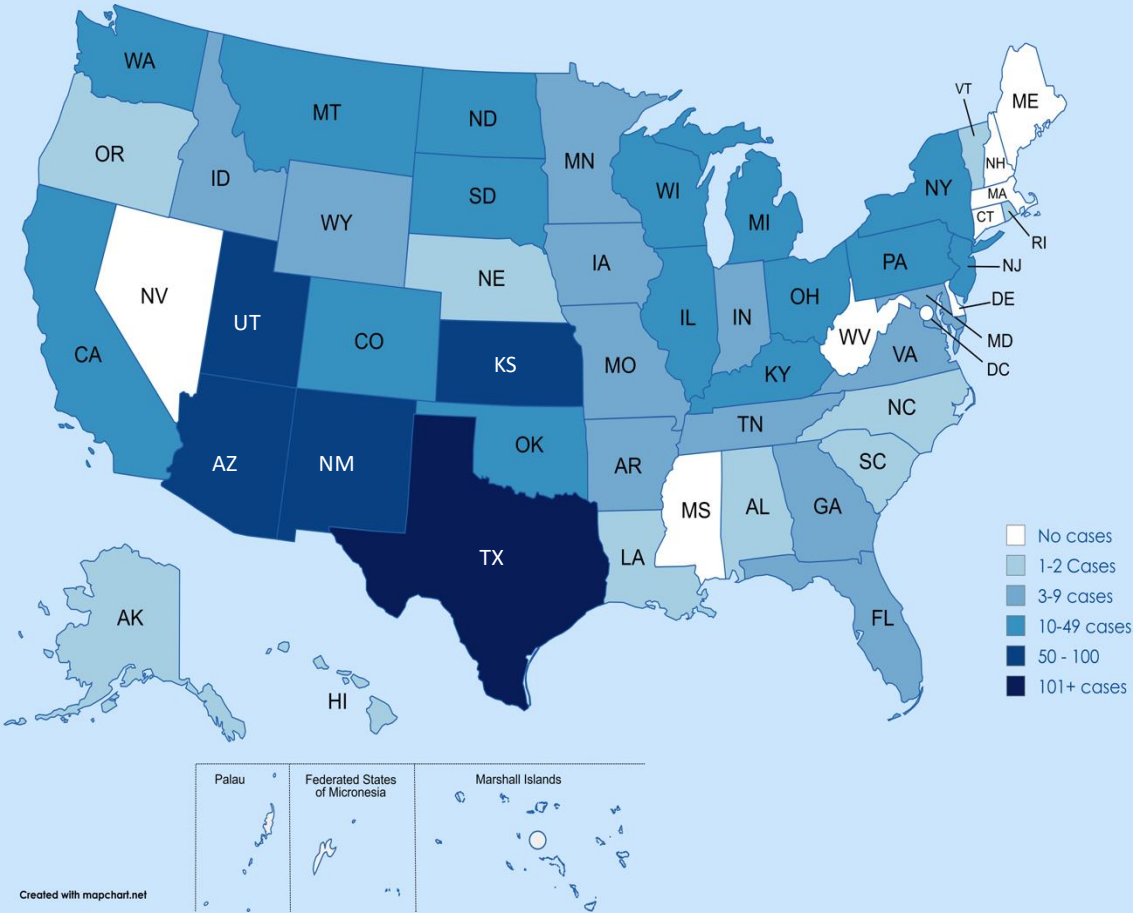
Failure to meet these deadlines could result in the **revocation of measles elimination status**, marking a major setback to regional immunization and surveillance achievements.



MEASLES CASES – AS OF 19 OCTOBER 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 \(CORI\)](#)*

1,610*



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+	77 (+14)
UTAH+	57 (+3)
OHIO	43 (+1)
NORTH DAKOTA	36
WISCONSIN	36
MONTANA	32
COLORADO	31 (+4)
MICHIGAN	28
NEW YORK	25 (+1)
CALIFORNIA	22 (+1)
OKLAHOMA	20
MINNESOTA+	21 (+1)
SOUTH CAROLINA+	19 (+7)
PENNSYLVANIA	16
KENTUCKY	14
ILLINOIS	12
SOUTH DAKOTA	12
WASHINGTON	11
GEORGIA+	10
NEW JERSEY	10
IDAHO	9
INDIANA	9
WYOMING	9
ARKANSAS	8
IOWA	8
MISSOURI	7
TENNESSEE	7
FLORIDA	6
VIRGINIA	4
ALASKA	3 (+1)
MARYLAND	3
HAWAII	2
LOUISIANA	2
VERMONT	2
ALABAMA	1
NEBRASKA	1
NORTH CAROLINA	1
OREGON	1
RHODE ISLAND	1
DISTRICT OF COLUMBIA	1
TOTAL	1,610

- 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 19 October 2025, EDT, there are approximately 1,610 measles cases (including confirmed and suspected cases) across 42 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
- South Carolina - Upstate
- 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 – UPDATES

CURRENTLY THERE ARE ACTIVE OUTBREAKS IN MINNESOTA, SOUTH CAROLINA, UTAH, AND ARIZONA.

MINNESOTA: On Saturday, October 19, a case was identified in an unvaccinated child under the age of 5 in Olmsted County with history of international travel. There have been a total of 21 measles cases in Minnesota in 2025, including 5 exposed outside the US, 15 exposed domestically, and 1 with an unknown source of exposure. 15 of the 21 cases were reported in October, 10 of which were linked to two families exposed to an infected traveler from out of state. The quarantine period for over 100 children exposed to measles in the Twin Cities area concluded on October 15.

OHIO: There have been 5 cases of measles in central Ohio this month. Four of these were in a New Albany family that had traveled internationally. The fifth case was unrelated to the others and occurred in an unvaccinated child who also had a history of recent international travel.

COLORADO: The Colorado Department of Public Health and Environment reported a case in an individual from out of state who was traveling in Huerfano County in southern Colorado. The additional 3 cases reported this month were from Mesa County, bringing their outbreak to a total of 11 cases. After a wastewater surveillance program being piloted in Mesa County alerted health officials to the presence of measles before the outbreak began, the state of Colorado has now implemented wastewater surveillance statewide.

SOUTH CAROLINA: A measles outbreak is raising concern in the Upstate region of South Carolina, where 15 cases have now been reported to the South Carolina Department of Public Health (SCDPH). The five new cases were in unvaccinated children that were contacts of previously identified cases. These cases were connected to an elementary school and a K-12 charter school in Spartanburg County. Since the new cases were quarantining after having contact with previous cases, the SCDPH says there are no further school exposures.

Last week, a case was detected in nearby Greenville County with no apparent link to the Spartanburg cases, which health officials say indicates unrecognized community spread.

Health officials mentioned that the MMR vaccination rate in the affected areas is around 90%.

ALASKA: A case was reported in Anchorage this week in an unvaccinated individual who was traveling from an unidentified area of the United States that health officials describe as experiencing a “substantial measles outbreak.” The individual traveled through airports in Las Vegas, Seattle, and Anchorage.

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 continues to grow.**

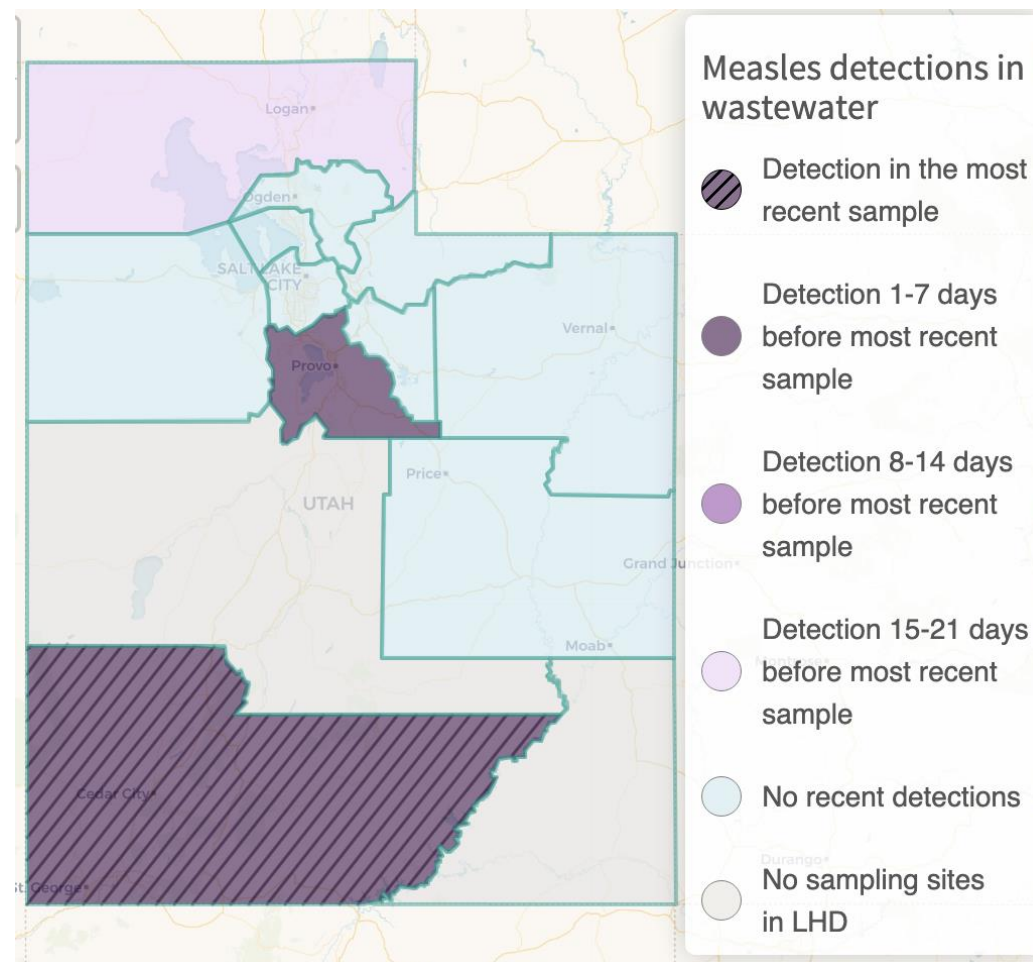
The outbreak is concentrated in communities with low vaccination rates, and most cases have occurred in unvaccinated individuals. One of the largest measles outbreaks in the United States is now centered along the Arizona–Utah border. **As of 10/19/2025, Mohave County, Arizona, and Washington County, Utah, had reported a combined total of 116 cases.**

In Mohave County, Arizona, officials have reported [73 confirmed measles cases](#), including one child who required hospitalization.

In southwestern Utah, the Southwest Utah Public Health Department has reported [57 confirmed cases](#), most occurring among unvaccinated, school-age children. Many of the Utah cases have been traced to exposures at a local high school, a festival, and a Chick-fil-A restaurant.

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.



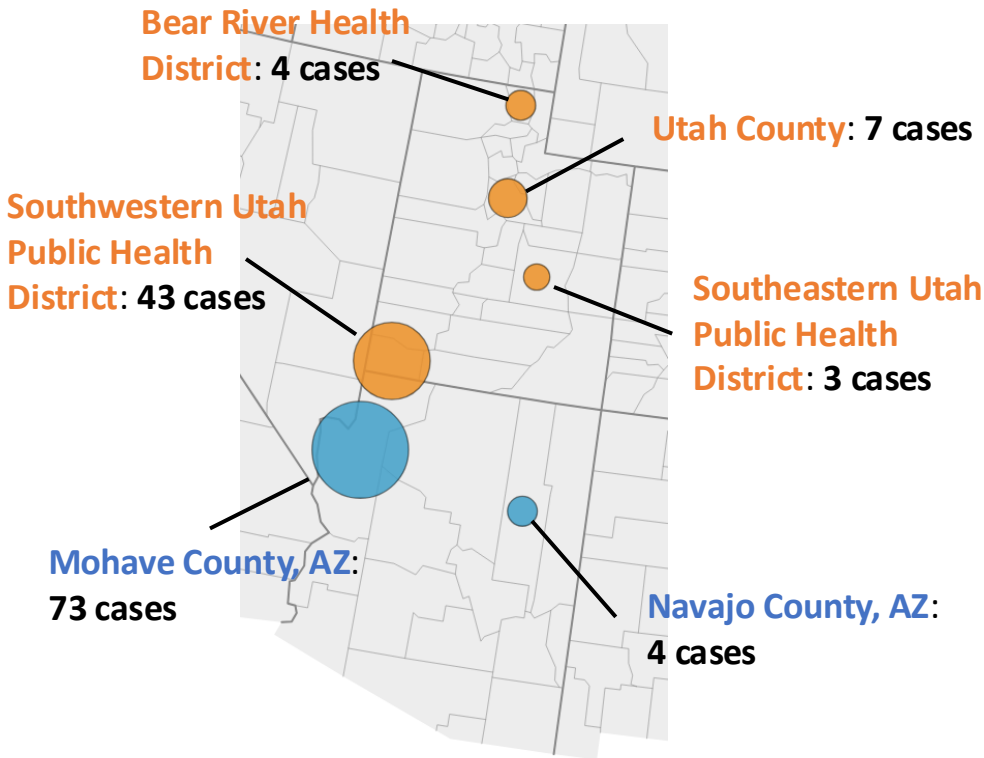
UNITED STATES – ARIZONA AND UTAH OUTBREAK

UTAH		
CASES: 57 (+2)	HOSPITALIZATIONS: 6 (11%)	DEATHS: 0
AGES: <18: 33 (58%) 18+: 24 (42%) VACCINATION STATUS: - Unvaccinated: 55 (96%) - Vaccinated: 1 (2%) - Unknown: 1 (2%) 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 Arizona border. Health officials say they began seeing sustained community spread about a month ago. The southwestern outbreak has grown to 45 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: 77 (+14)	HOSPITALIZATIONS: 3 (4%)	DEATHS: 0
AGES: Arizona has not reported the age breakdown of cases. 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 55 cases in Mohave County, which began in early August. Community transmission is occurring. 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.		

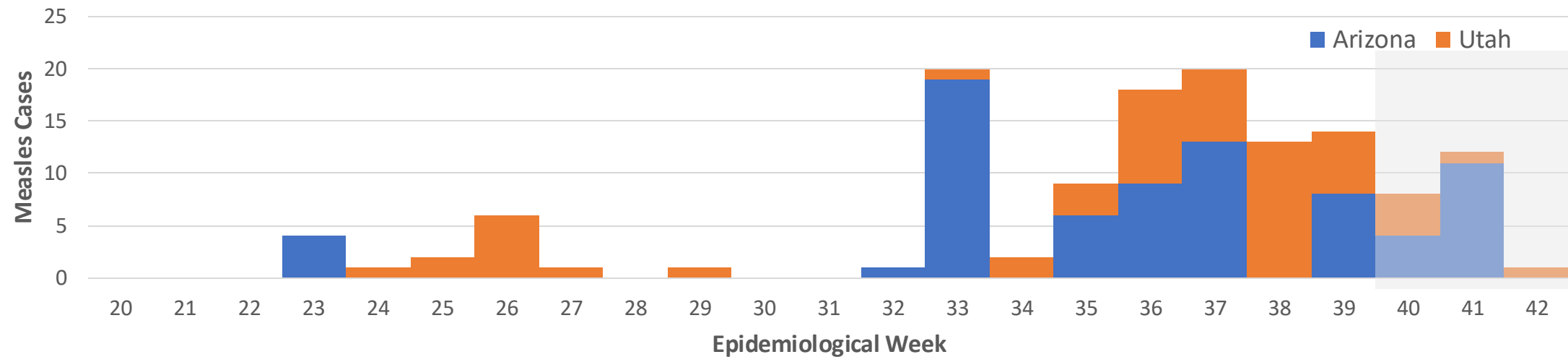
FACTORS DRIVING THE OUTBREAK:

- 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
October 19	AZ/ UT: 134 combined cases in Utah and Arizona

CANADA

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

IMPORTATION AND INITIAL SPARK: The outbreak began in October 2024, when an imported case attending a large gathering in New Brunswick seeded the virus into Canada. The event, which brought together attendees from multiple provinces, provided the ideal conditions for rapid transmission and the initial dispersal of measles across provincial boundaries.

MULTI-JURISDICTIONAL SPREAD: From late 2024 into 2025, the outbreak expanded beyond its original epicenter. Cases spread through **Ontario, Alberta, Manitoba, British Columbia, Saskatchewan, Nova Scotia, New Brunswick, Prince Edward Island, the Northwest Territories, and Quebec.** The multi-jurisdictional spread reflects both the contagious nature of measles and the cracks in Canada's protective vaccination shield.

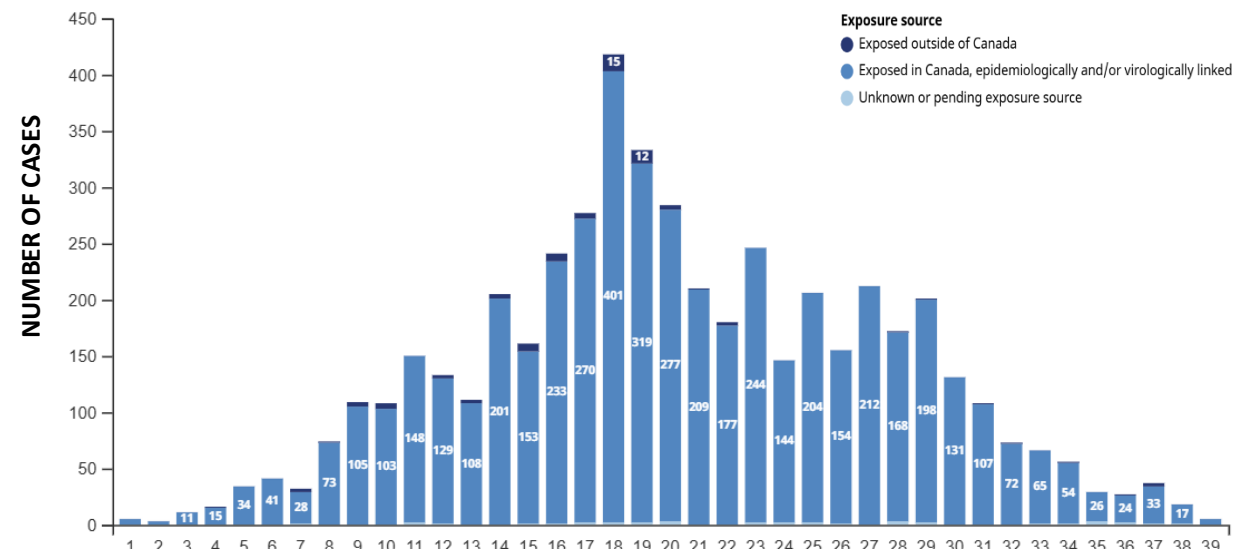
CONTRIBUTING FACTORS

- **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 required to prevent sustained transmission.
 - **Clusters of under-vaccination:** Many cases have arisen in under-immunized communities, particularly among close-knit groups with limited engagement with public health authorities.
- **Vaccine Hesitancy & Misinformation**
 - **Lingering distrust:** Public confidence in vaccination weakened during the COVID-19 pandemic, leaving space for anti-vaccine movements to grow louder and more influential.
 - **Changing perceptions:** With declining familiarity of measles as a public health threat, many individuals perceive the disease as distant or low-risk, fueling complacency and skepticism toward the vaccine.

STRUCTURAL VULNERABILITIES & SOCIAL DYNAMICS

- **Healthcare access gaps:** Remote, rural, and Indigenous communities often face barriers to timely vaccination services, including limited clinic hours, shortages of healthcare staff, and logistical hurdles in vaccine delivery.
- **Cross-provincial mobility:** Travel between provinces and territories, combined with participation in large gatherings and events, accelerated the geographic spread of the virus.
- **Social clustering:** Measles transmission has been amplified within close-knit cultural, religious, or ideological groups where vaccine refusal or delay is more common, creating concentrated pools of susceptibility.
- **Strains on public health infrastructure:** Years of budgetary constraints and competing priorities have left some local public health units less prepared for large-scale outbreak response, slowing containment efforts.

EPIDEMIOLOGICAL CURVE FOR MEASLES CASES, BY EPIDEMIOLOGICAL WEEK - 40



SOURCES:

EPIDEMIOLOGICAL WEEK OF RASH ONSET, 2025

[Measles and rubella weekly monitoring report – Week 39](#)

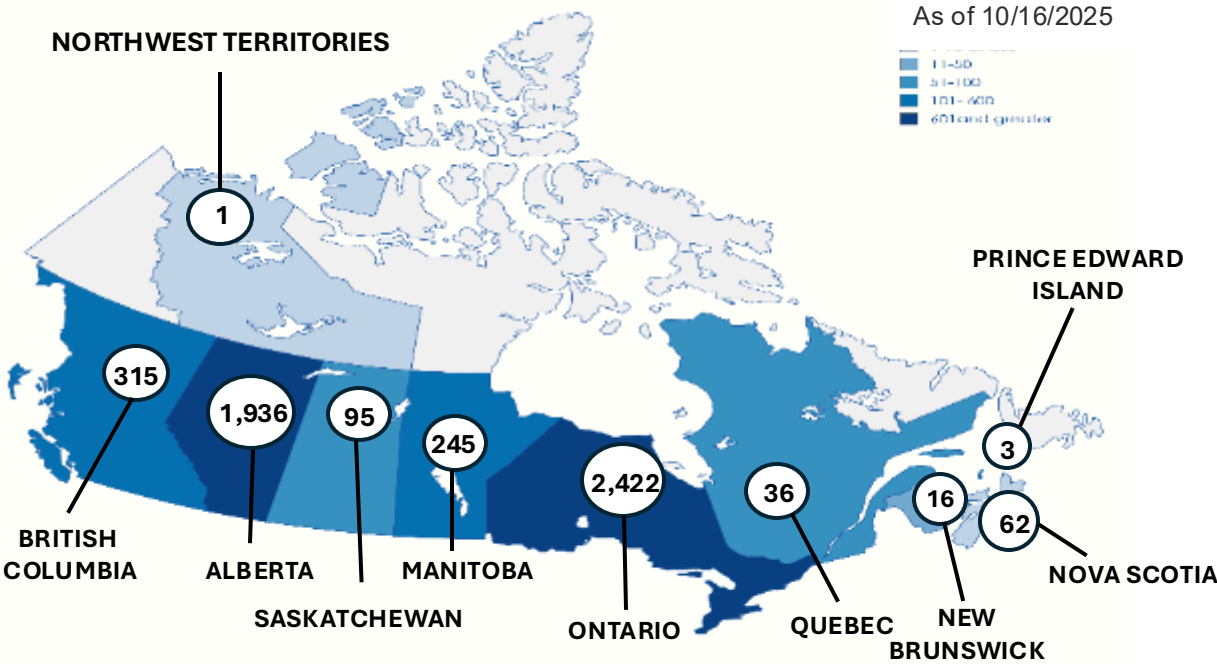
[PAHO - Measles cases rise in the Americas in 2025](#)

CANADA – CURRENT SITUATION

Brief Timeline of Outbreak



MEASLES 2025			
PROVINCE	CONFIRMED CASES	PROBABLE CASES	TOTALS
ONTARIO	2,107*	315	2,422
ALBERTA	1,936	0	1,936
MANITOBA	230	18	245
BRITISH COLUMBIA	295	20	315
SASKATCHEWAN	95	0	95
QUEBEC	36	0	36
PRINCE EDWARD ISLAND	3	0	3
NOVA SCOTIA	62	0	62
NORTHWEST TERRITORIES	1	0	1
NEW BRUNSWICK	16	0	16
TOTAL	4781	353	5,131



5,131 Cases (4,781 Confirmed and 353 Probable) 2 Deaths

There is a multijurisdictional measles outbreak ongoing in Canada. The outbreak began in New Brunswick in October 2024 (66 cases) and has continued to spread across Canada, with the largest outbreak occurring in Ontario, accounting for 2,375 cases (2060 confirmed, 315 probable), and Alberta with 1,936 cases. The outbreak in Ontario was declared over on 6 October 2025. Ongoing spread continues in Alberta, Manitoba, and British Columbia.

The measles strain circulating in this outbreak is wild-type (genotype D8).

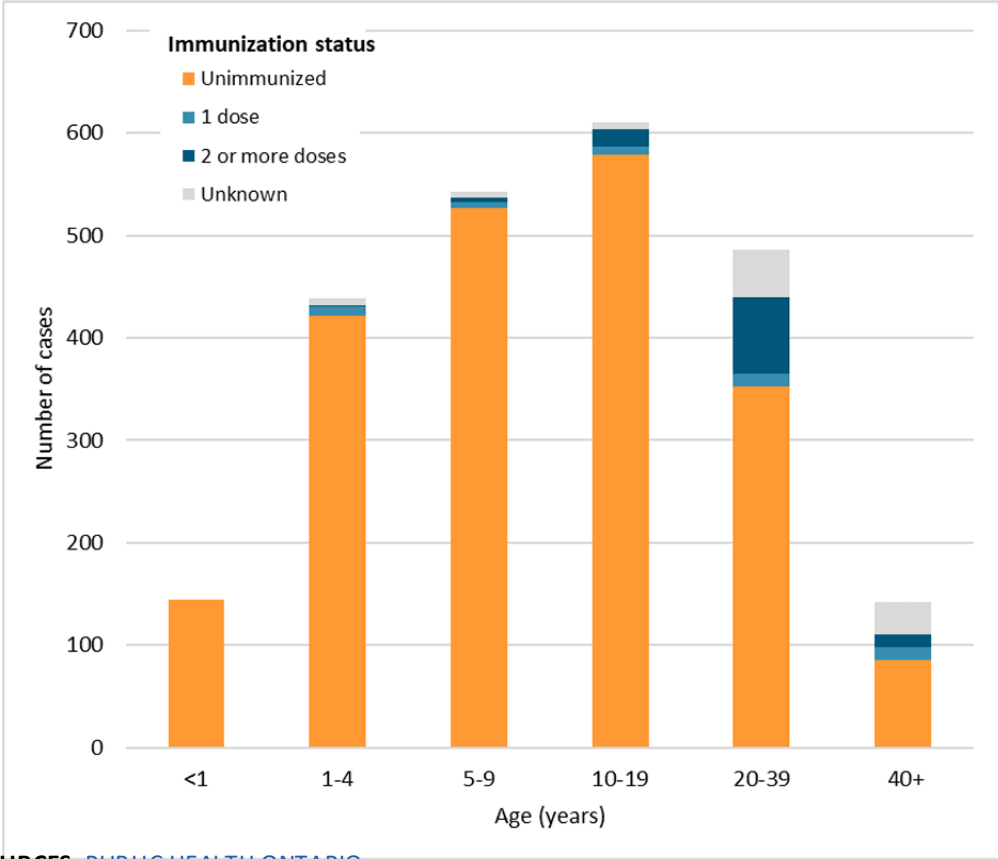
* Count includes 47 cases **not associated** with the outbreak and the outbreak numbers that began on 21 October 2024. Ontario's outbreak ended 6 October 2025.

OUTBREAK – ONTARIO

(OCTOBER 18, 2024, TO OCTOBER 16, 2025)

MORBIDITY AND MORTALITY			
PROVINCE	CASES 	HOSPITALIZATIONS 	DEATHS 
ONTARIO*	2,375 (2,060 confirmed, 315 probable)	165 (12 ICU)	1

IMMUNIZATION STATUS OF MEASLES OUTBREAK CASES BY AGE GROUP: OCTOBER 28, 2024 – OCTOBER 14, 2025

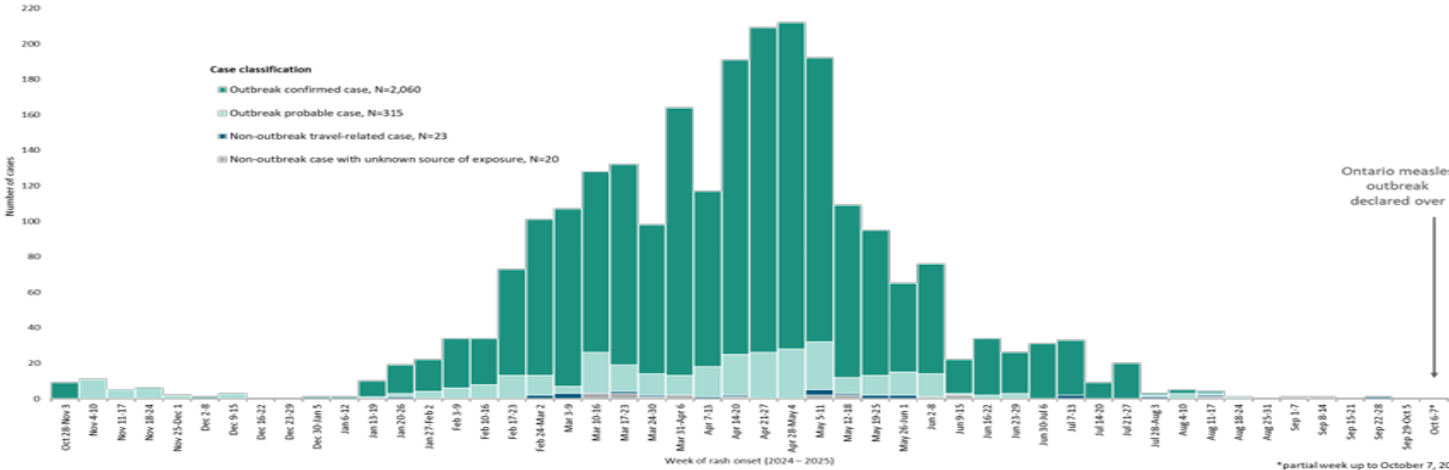


SOURCES: [PUBLIC HEALTH ONTARIO](#)

EFFECTIVE OCTOBER 6, 2025 - ONTARIO'S MEASLES OUTBREAK HAS BEEN DECLARED OVER - Using national guidance to define the conclusion of the outbreak (i.e., 46 days since the rash onset date of the last outbreak case). Although the outbreak is declared over, measles continues to circulate in Canada and globally, so ongoing vigilance for measles case finding and public health follow-up will continue to occur. There have been no additional cases in the last week (October 7-14, 2025).

- As of 14 October, Ontario has reported a total of 2,375 measles cases (2,060 confirmed, 315 probable) associated with the multi-jurisdictional outbreak occurring in 26 public health units.
- 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 with underlying medical conditions.

NUMBER OF MEASLES CASES BY WEEK OF RASH ONSET, 10/28/2024 – 10/14/2025



*partial week up to October 7, 2025

OUTBREAK – ALBERTA

MORBIDITY AND MORTALITY

PROVINCE	CASES 	HOSPITALIZATIONS 	DEATHS 
ALBERTA	1,936 (+22)	153 (15 ICU) (1 Currently Hospitalized)	1

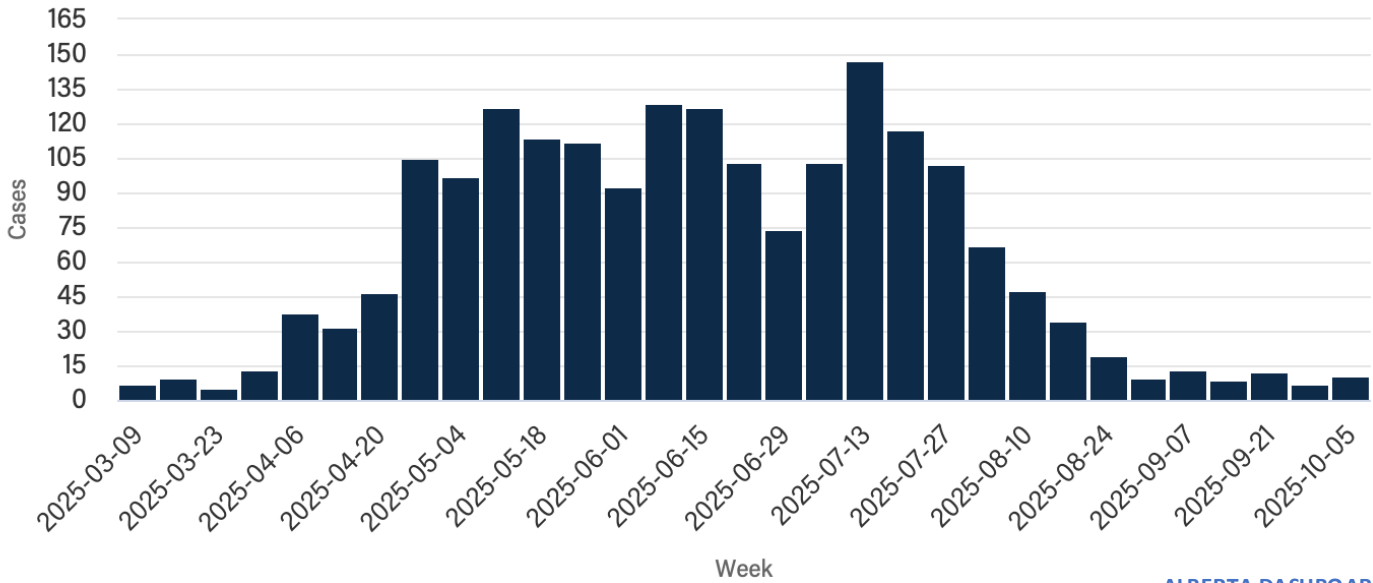
IMMUNIZATION STATUS	COUNT
Unimmunized	1,728
1 dose	55
2 or more doses	79
Unknown	70

AGE RANGE	NUMBERS
<5 years	554
5 to 17 years	855
18 to 54 years	518
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.
- Alberta reported its first death of an infant from measles in October.

NUMBER OF MEASLES CASES BY WEEK OF RASH ONSET, 1/1/2025 – 09/21/2025



MEXICO

BACKGROUND

- **Origin:** Mennonite community near Cuauhtémoc (vaccine coverage only 50–70%)
- **Index case:** Unvaccinated 8-year-old infected in Texas, returned to Mexico
- **Spread:** Schools, churches, neighboring communities → now in 25 states / 120 municipalities
- **Expansion:** Indigenous and working-class populations, with higher risk due to malnutrition and chronic illness

CURRENT SITUATION

- **4,959 confirmed cases nationwide**
 - **4,401 (88.74%) in Chihuahua**
 - **Cases are picking up in other parts of the country, specifically in Guerrero (73 cases) , Michoacan (77 cases), and Jalisco (97 cases)**
- **23 measles-related deaths**
 - **21 in Chihuahua, 1 in Sonora, 1 in Durango**
 - All unvaccinated
- **Indigenous communities disproportionately affected**
 - Case-fatality rate **20x higher** than the general population
 - **71% of deaths among the Rarámuri**
- **Impact & Risk Factors**
 - Chihuahua = **epicenter** – **89% of cases** and **91% of deaths** nationwide
- **Age groups** (highest incidence per 100k):
 - **0–4 years:** 11.67
 - **25–29 years:** 5.73
 - **30–34 years:** 4.84

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

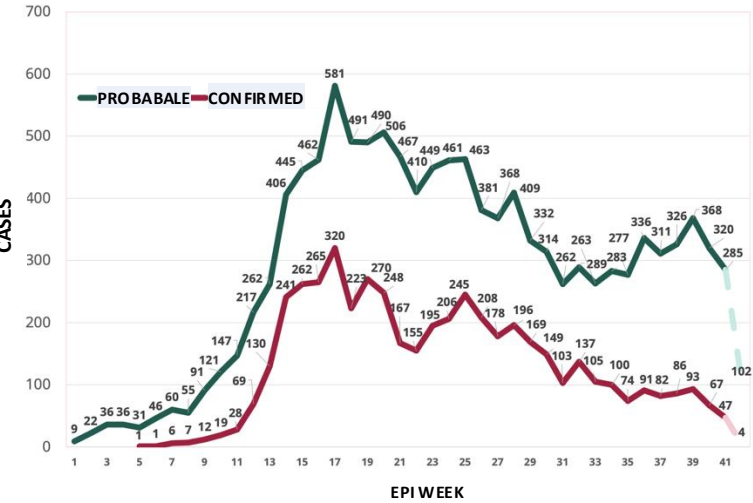
- **“Juarez Shield Strategy”** – Mass vaccination campaign.
- **Rapid Response Plan** – Enhanced surveillance, lab confirmation, case isolation.
- **Door-to-Door Vaccination** – Community engagement with local and religious leaders.
- **Vitamin A Supplementation** – For children under 5 with suspected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

SOURCES:

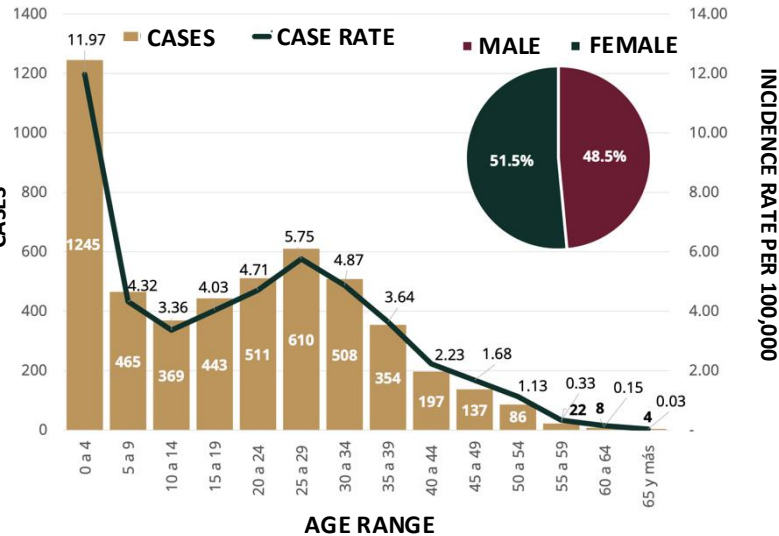
[Daily Report – Mexico](#)
[Epidemiological Situation of Vaccine-Preventable Diseases in Mexico – Report 37](#)
[Think Global Health - Measles Takes Root In Mexico](#)
[A Population-based Measles Serosurvey In Mexico: Implications For Re-emergence](#)

MEXICO

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



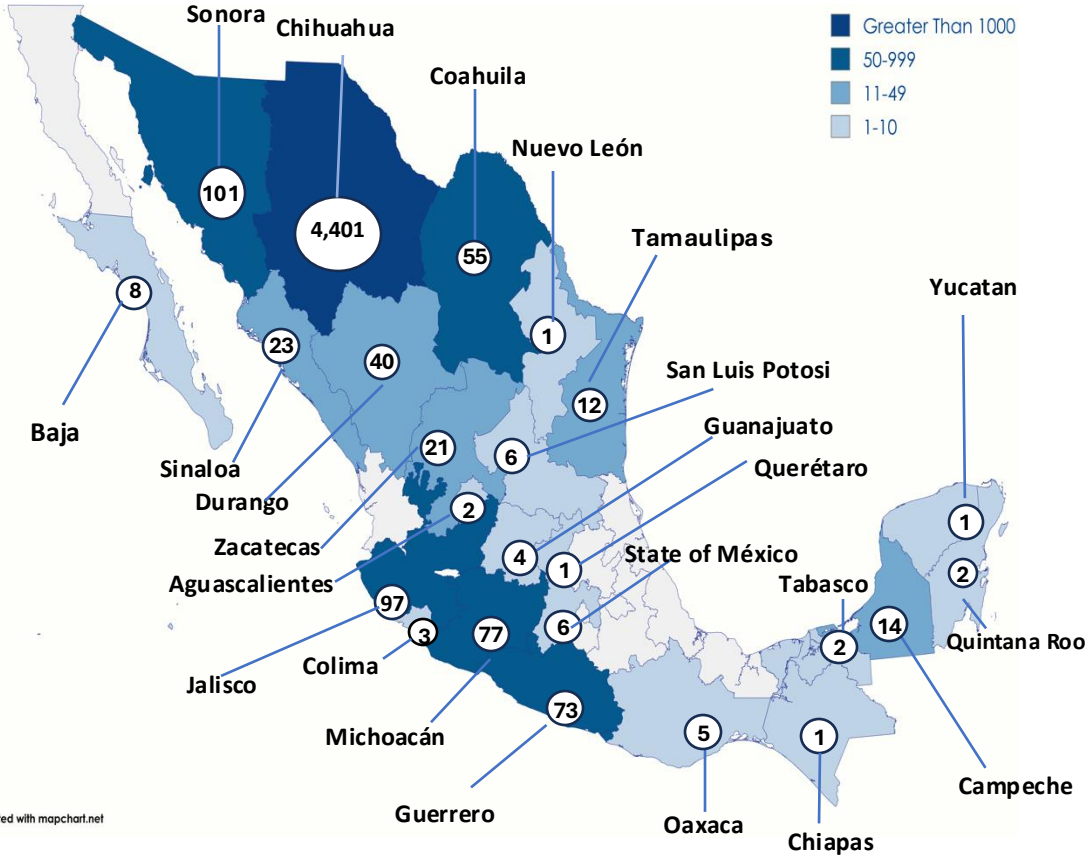
CONFIRMED CASES BY SEX, AGE, AND INCIDENCE RATE



CONFIRMED MEASLES CASES

STATE	CASES	
	CONFIRMED	PROBABLE
AGUASCALIENTES	2	117
BAJA	8	62
CAMPECHE	14	95
CHIAPAS	1	32
CHIHUAHUA	4,401 (+31)	6,045
COAHUILA	55	289
COLIMA	3	32
DURANGO	40	265
GUANAJUATO	4	501
GUERRERO	73 (+11)	196
JALISCO	97 (+27)	574
MEXICO	3	461
MÉXICO CITY	6	731
MICHOACÁN	77 (+19)	342
NUEVO LEÓN	1	257
OAXACA	5	74
QUERÉTARO	1	115
QUINTANA ROO	2	67
SAN LUIS POTOSI	6	134
SINALOA	23 (+6)	140
SONORA	101	276
TABASCO	2	80
TAMAULIPAS	12	121
YUCATAN	1	52
ZACATECAS	21	147
TOTAL	4,959	11,205

Data as of 10/17/2025



4,959 CONFIRMED CASES
23 DEATHS

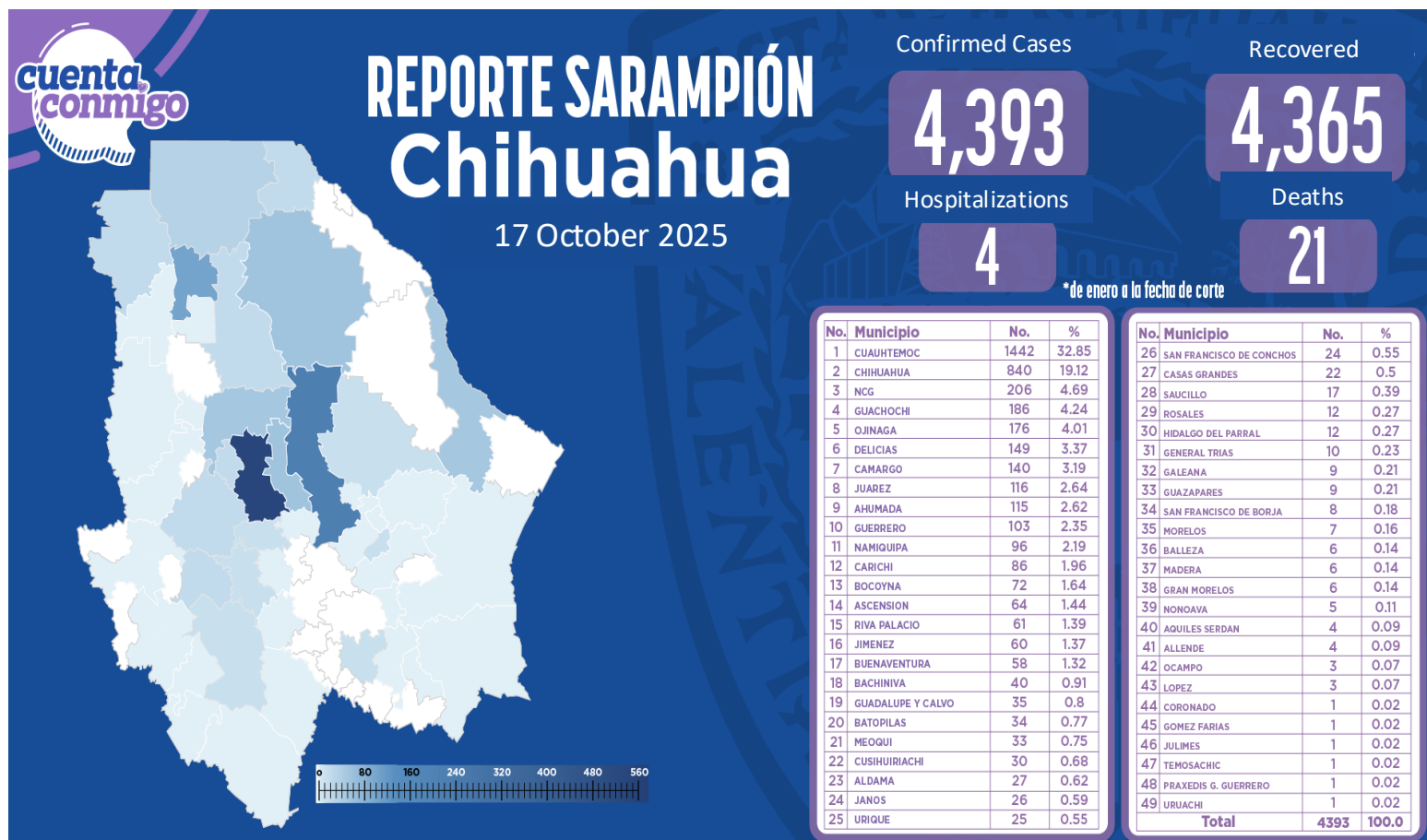
SOURCE: [DAILY REPORT](#)
[CONFIRMAN EL PRIMER CASO DE SARAMPIÓN EN](#)
[JALISCO: ACTIVAN CERCO EPIDEMIOLÓGICO](#)

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
22	Woman, Rarámuri, day laborer	18 years old	Máximo, Durango (originally from Chihuahua)	No	10/15/2025	Complications related to measles	Excélsior, El Sol de Durango

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. The Secretary of Health is targeting vaccination campaigns towards rural areas and agricultural areas.
- 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.



SOURCE OF GRAPHIC: [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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