YALE SCHOOL OF PUBLIC HEALTH - ESF-8 VIRTUAL MEDICAL OPERATION CENTER SPECIAL REPORT

MEASLES – THE AMERICAS 2025

MORBIDITY AND MORTALITY		
COUNTRY	CONFIRMED CASES	DEATHS
NORTH AMERICA -3 ACTIVE OUTBREAKS		
US	1,628 (+18)	3
CANADA	5,148*+ (+17)	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.		
MEXICO	5,053 (+91)	23
CENTRAL AMERICA - NO ACTIVE OUTBREAKS		
BELIZE (JULY 2025- OUTBREAK OVER)	34	0
COSTA RICA (NO NEW CASES)	1	0
SOUTH AMERICA – 2 ACTIVE OUTBREAKS		
BOLIVIA (NO UPDATE)	389	0
ARGENTINA (NO NEW CASES)	35	0
BRAZIL	34	0
PARAGUAY	49	0
PERU (NO NEW CASES)	4	0
THE CARRIBEAN	41	0
TOTAL	12,410 (126)	28

BACKGROUND

UNITED STATES

ARIZONA AND UTAH

SOUTH CAROLINA

CANADA

ALBERTA

MEXICO

MEXICO - DEATHS

CHIHUAHUA

Yale SCHOOL OF PUBLIC HEALTH

10/26/2025
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

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

ARIZONA
ARIZONA DEPARTMENT OF HEALTH SERVICES

UTAH
UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES

WHO
IMMUNIZATION DATA

PAHO
PAHO MEASLES

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
MEDICHIHUAHUA

BOLIVIA
ESTAMOS SALUD

PARAGUAY
SALUS PUBLICA

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

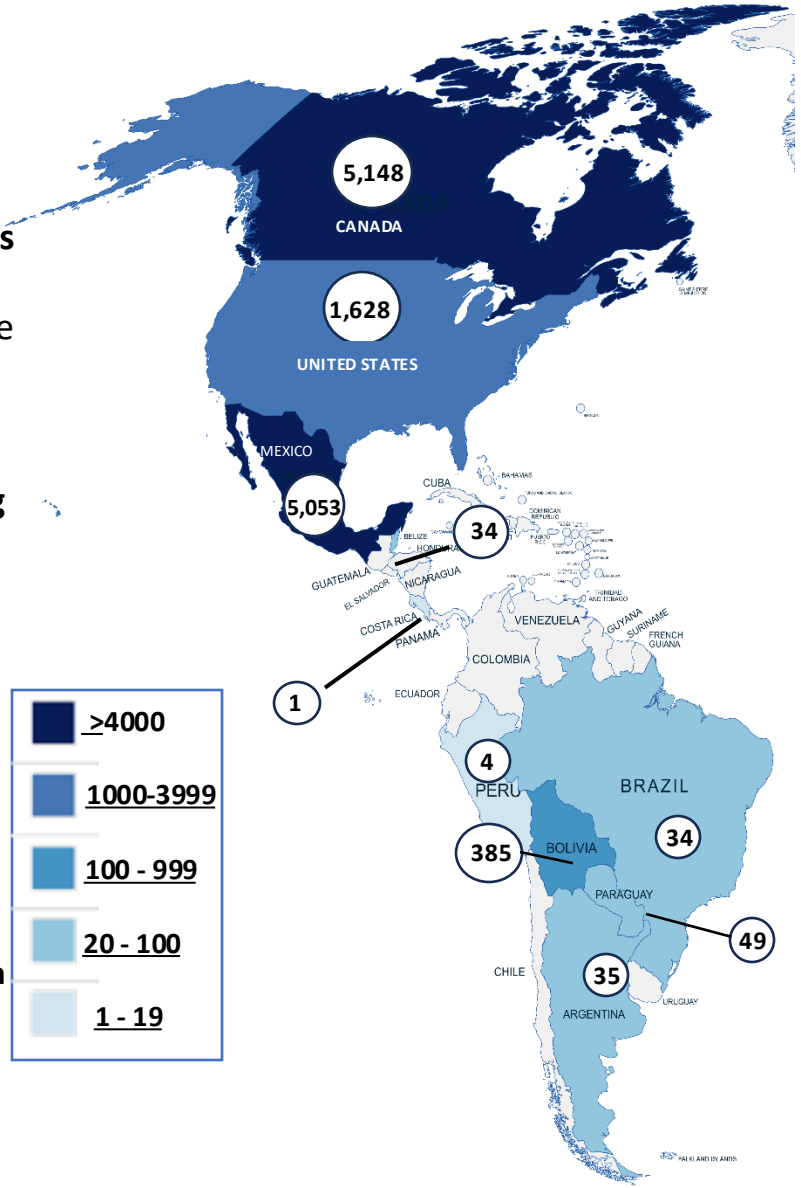
RESOURCES FOR EMS PROVIDERS
- GUIDANCE FOR SUSPECTED MEASLES PATIENT
- NYSDOH POLICY STATEMENT

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

SITUATION: In 2025, between epidemiological week (EW) 1 and EW 43, a total of **12,411 measles cases** were confirmed in the **Region of the Americas**, including **28 deaths**. Reported cases were distributed as follows: **Argentina (n = 35), Belize (n = 34), the Plurinational State of Bolivia (n = 385), Brazil (n = 31), Canada (n = 5,148, including 2 deaths), Costa Rica (n = 1), Mexico (n = 5,053, including 23 deaths), Paraguay (n = 49), Peru (n = 4), the United States of America (n = 1,628, including 3 deaths),** and **41 cases reported 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 shows a **gradual increase beginning in EW 3 of 2025**, peaking in **EW 18**, primarily driven by outbreaks in vaccine-resistant and under-immunized communities across multiple countries. **Over the past five epidemiological weeks, a slow but steady decline in reported cases has been observed; however, 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 (Monday, 27 October marks a full year of continuous measles transmission in Canada,**
- **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.

UNITED STATES

MINNESOTA: The measles case count in Minnesota has risen to 21. A pediatric patient at the Mayo Clinic was recently diagnosed with measles, exposing others at the Rochester medical campus to the infectious disease. As of 10/21/2025, the Minnesota Department of Health (MDH) reports that 2025 now ranks as the fifth-worst year for measles in the state since 1997. The highly contagious virus continues to spread as childhood vaccination rates decline statewide, raising concerns among public health experts about renewed vulnerability to preventable diseases.

NEW YORK: A second case of measles in the last three months has been detected in Rockland County. The measles cases are of particular concern in Rockland County, which has had one of the lowest childhood vaccination rates in the state. A recent review of MMR vaccination rates for children under age 2 showed that in Rockland, just 62% had received at least one vaccine dose. So far in 2025, there have been 18 confirmed cases in New York City and 9 in New York State outside NYC (Rest of State), for a total of 27. Four cases in Orange County, one in Suffolk County, one in Ontario County, one in Putnam County, and two cases in Rockland County.

ALASKA: The Anchorage Health Department has announced that a person who traveled to Anchorage on Oct. 13 was diagnosed with measles. According to a news release from the department, the person isolated after they arrived but could have exposed people at airports in Anchorage, Seattle and Las Vegas. This is the second confirmed case of measles in Anchorage this year. This is the second confirmed case of measles in Anchorage this year. In May, an unvaccinated Anchorage youth tested positive for the virus. Alaska has had at least 3 cases of measles this year all associated with travel.

SOUTH CAROLINA: The South Carolina Department of Public Health (DPH) added two new confirmed cases of measles in Spartanburg County on Friday, bringing the total number of cases in South Carolina this year to 25 and the total number of cases in the current Upstate outbreak to 22. Both cases were linked to close contacts of known cases who had been quarantining at home.

- There was a very low turnout at its measles mobile vaccination units in Spartanburg County, despite a recent outbreak. Only seven shots were administered.
- The outbreak resulted in the quarantine of over 150 students from two Upstate schools. Those students have now completed quarantine and returned to school this week.

UTAH AND ARIZONA: The nation's second-largest measles outbreak this year is spreading beyond its epicenter along the Utah–Arizona border.

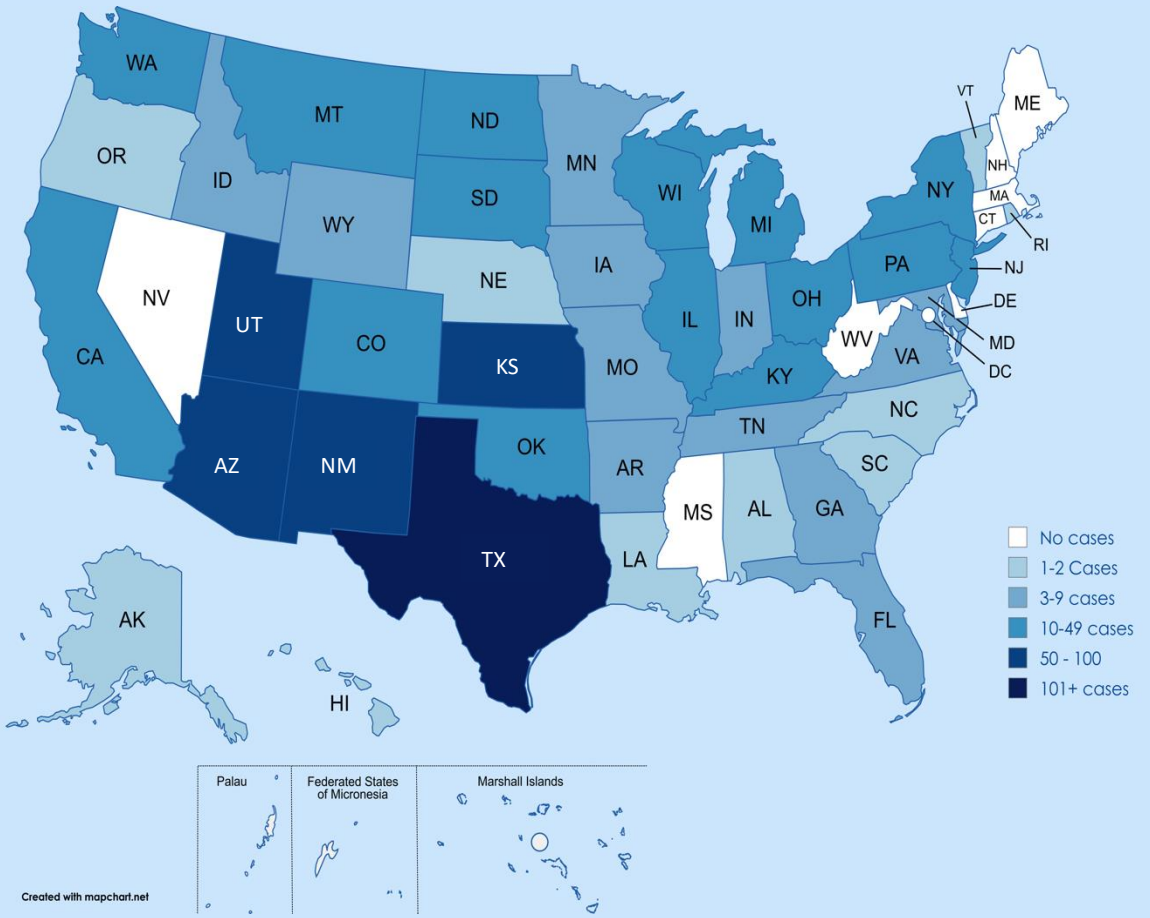
- Most of the confirmed cases are linked to the tight-knit twin communities of Colorado City, in Mohave County, Arizona, and Hildale, in Washington County, Utah. The two towns function as one community—residents live, work, and worship interchangeably on both sides of the border.
- In recent weeks, additional cases have been reported in nearby larger towns, including Hurricane and St. George, Utah. According to the Southwest Utah Public Health Department, these exposures occurred in hospital and urgent care settings. Measles has also spread north into Iron County, Utah.
- Vaccination coverage remains below the 95% threshold needed for herd immunity: Iron County, Utah, is at 82.4%; Washington County, Utah, is at 79.2%; and Mohave County, Arizona, is at 78.4%.

SOURCES: **Utah DHHS, Arizona HHS, NBC NEWS – 22 OCT**

MEASLES CASES – AS OF 26 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)*

1628*



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	84 (+7)
UTAH+	58 (+1)
OHIO	43
NORTH DAKOTA	36
WISCONSIN	36
MONTANA	32
COLORADO	31
MICHIGAN	29(+1)
NEW YORK	27 (+2)
SOUTH CAROLINA	25 (+6)
CALIFORNIA	22
OKLAHOMA	20
MINNESOTA+	21 (+1)
PENNSYLVANIA	16
KENTUCKY	14
ILLINOIS	12
SOUTH DAKOTA	12
WASHINGTON	11
GEORGIA+	10
INDIANA	10
NEW JERSEY	10
IDAHO	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	1,628

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 – ARIZONA AND UTAH OUTBREAK

- **A measles outbreak in northern Arizona was connected to cases across the state line in Utah.**
- **The outbreak is centered in communities with low vaccination rates, with most cases occurring in unvaccinated school-age children.**
- **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.**

As of 10/26/2025, at least **127** people have been infected, most linked to two small towns -- Colorado City, Arizona, and Hildale, Utah, where residents often move between the two communities.

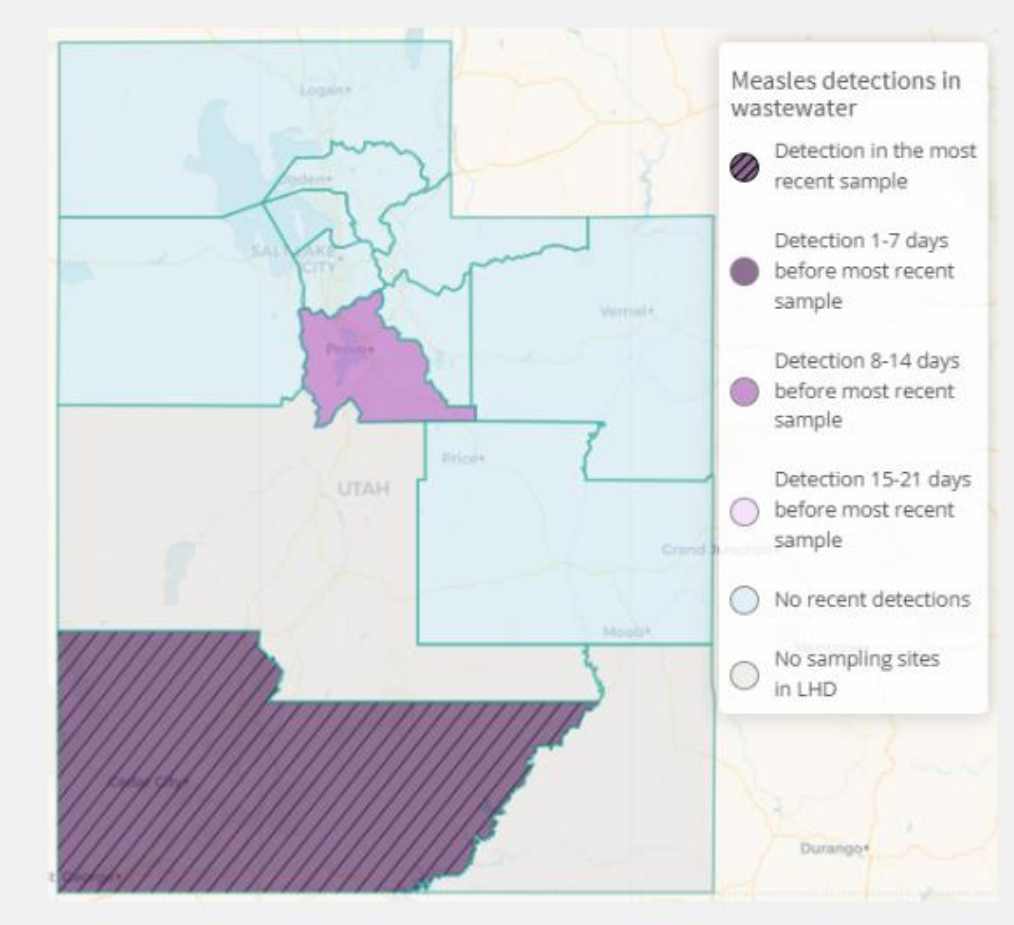
In Mohave County, Arizona, officials have reported **80 confirmed measles cases**, including three who have required hospitalization. This brings the state's total for 2025 to **84 cases**.

In Utah, the Utah Department of Public Health has reported **58 confirmed cases**, most occurring among unvaccinated, school-age children. **At least 47 cases are associated with the current outbreak.** Seven have required hospitalization.

Many of the clusters started in schools, but now there is community transmission. The outbreak has also reached Iron County, Utah, just north of the original epicenter.

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.



SOURCE: Utah Department of Health and Human Services, Arizona Department of Health Services

UNITED STATES – ARIZONA AND UTAH OUTBREAK

UTAH		
CASES: 58(+1)	HOSPITALIZATIONS: 7 (12%)	DEATHS: 0

AGES:

- **<18: 33 (58%)**
- **18+: 25 (42%)**

VACCINATION STATUS:

- **Unvaccinated: 56 (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 D8 genotype.

RESPONSE: After finding wastewater samples 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 to 35 sites across the state.

ARIZONA		
CASES: 84 (+7)	HOSPITALIZATIONS: 3 (4%)	DEATHS: 0

AGES: Arizona has not reported the age breakdown of cases. Most cases are in school-aged children.

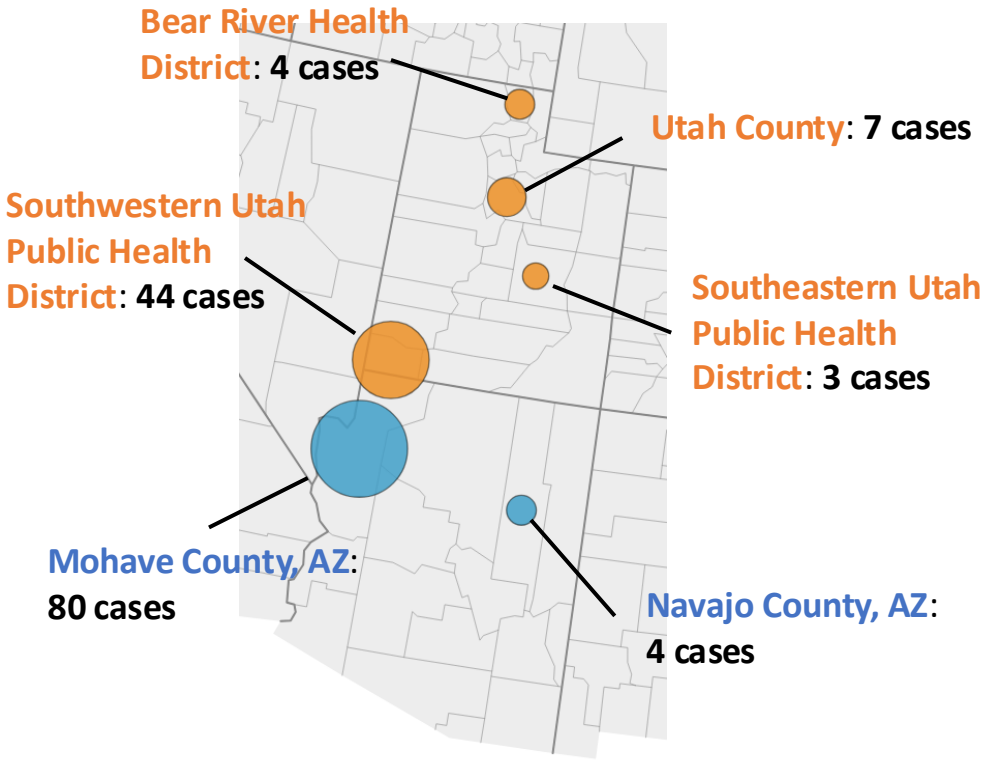
VACCINATION STATUS: Arizona has not reported the vaccination status of cases.

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.

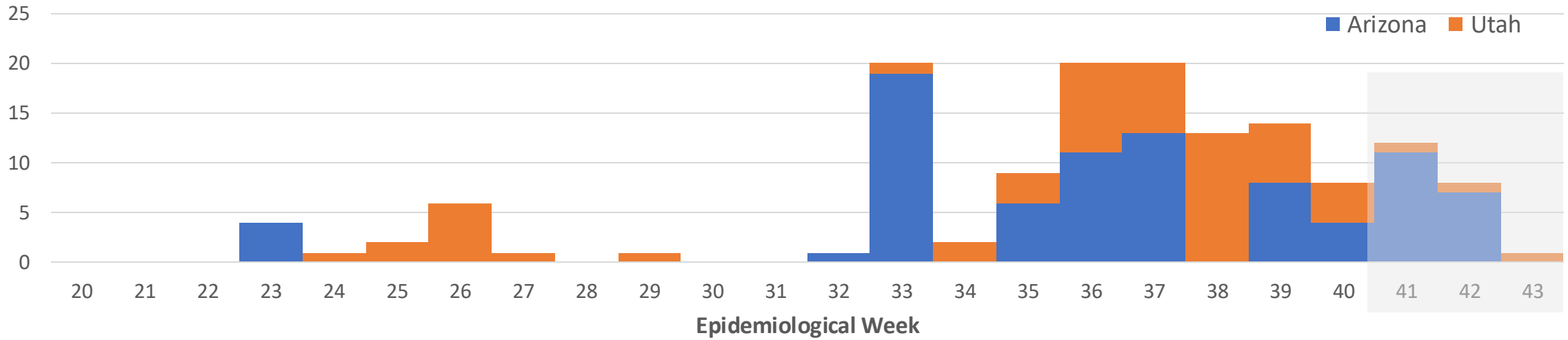
FACTORS DRIVING THE OUTBREAK:

- **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 for 2025
October 26	Mohave County, AZ: 80 total cases in the Colorado City outbreak Washington and Iron Counties, UT: 44 cases AZ/ UT: 142 cases in 2025.

SOURCES: Utah DHHS, Arizona HHS, KJZZ, PNT, WastewaterSCAN

UNITED STATES – SOUTH CAROLINA OUTBREAK

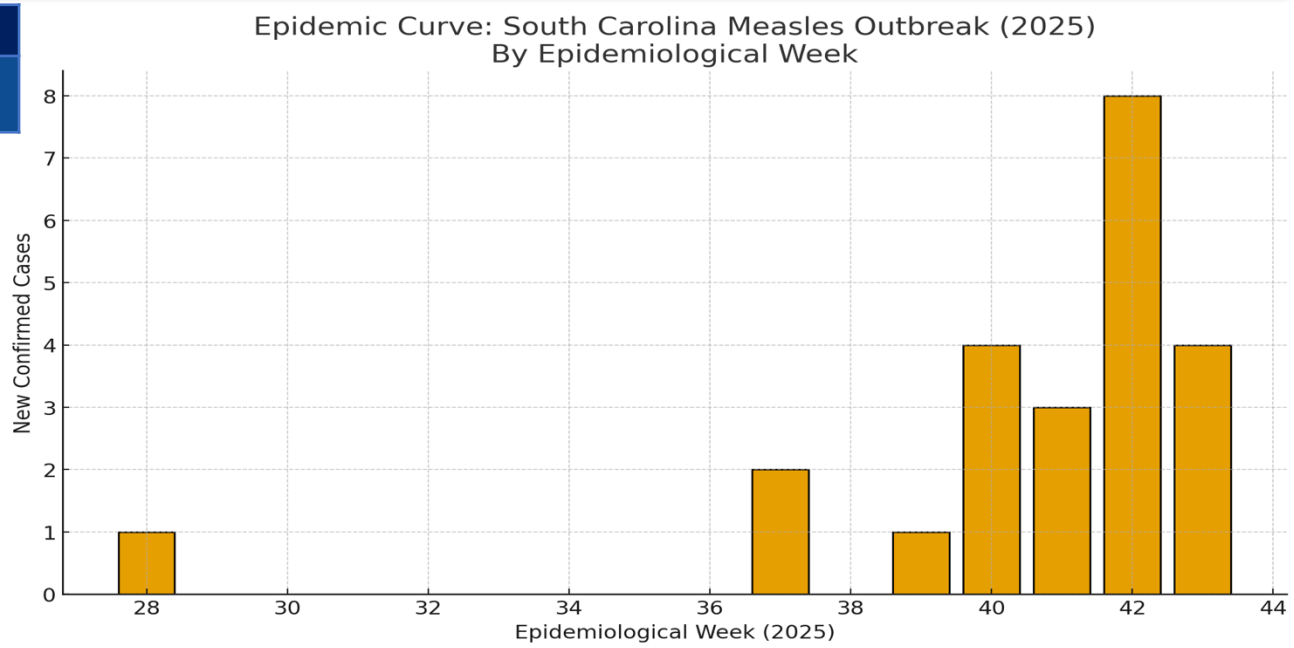
UTAH		
CASES: 22	HOSPITALIZATIONS: 0	DEATHS: 0

AGES: South Carolina has not reported the age breakdown of cases. Most cases are in school-aged children.

VACCINATION STATUS: South Carolina has reported that all cases are among the unvaccinated.

RESPONSE:

- Local and state health departments are working to conduct contact tracing, isolate cases, set up vaccination clinics, and raise awareness among local schools and businesses.
- Unvaccinated children were required to quarantine for 21 days.



SC DPH

July	The first two cases in South Carolina were reported in **Spartanburg County.**
September 8	A third case was reported on Sept. 8 in the **Upstate.**
September 26	A fourth case was reported in the **Upstate.**
October 2	**The Department of Public Health (DPH)** confirmed a **measles outbreak** in the Upstate.
October 7	DPH confirmed the 9th and 10th cases in **Spartanburg County.**
October 8	DPH confirmed two cases in Spartanburg County involving two schools: the Global Academy of South Carolina and Fairforest Elementary.
October 9	DPH confirmed a child in **Greenville County** has measles.
October 14	DPH confirmed 16 cases since July, and 12 of those are directly linked to an ongoing **Spartanburg County outbreak.**
October 17	3 new confirmed cases of measles in Spartanburg County since Tuesday, bringing the total number of cases in the state this year to **19** and the total number of cases in the current outbreak **to 15.**
October 21	**DPH** added four new confirmed cases of measles in **Spartanburg County,** bringing the total number of cases in South Carolina this year to 23 and the number of cases in the current outbreak to 20.
October 24	DPH added two new cases in **Spartanburg County** bringing the total number of cases in South Carolina this year to **25** and the number of cases in the **current outbreak to 22.**

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.

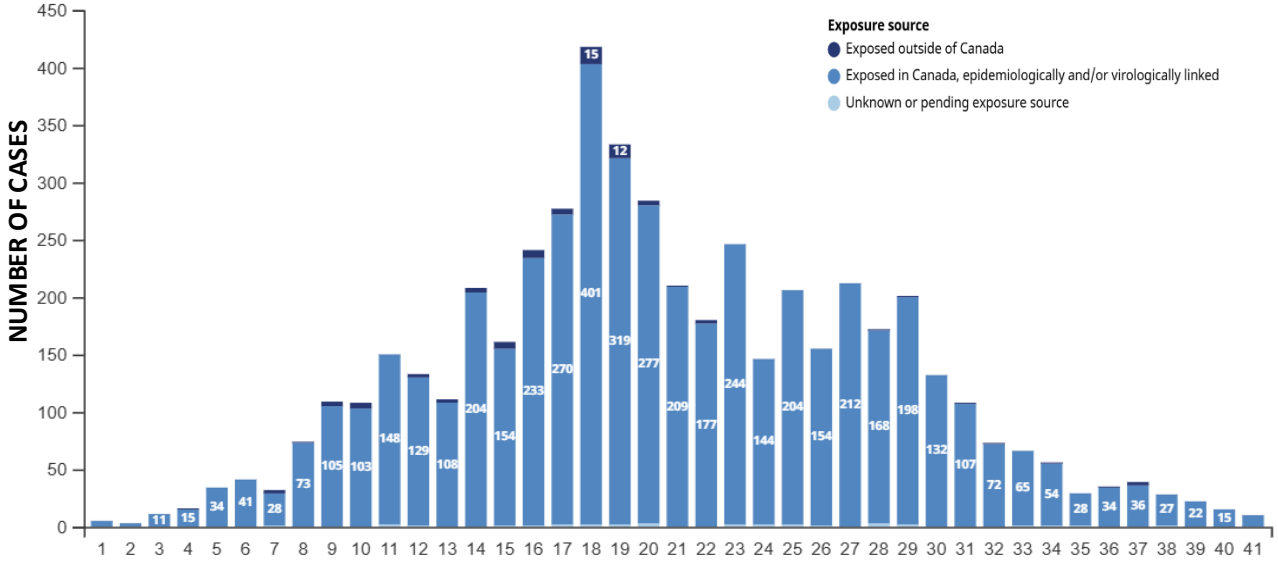
CONTRIBUTING FACTORS

- **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 - 41



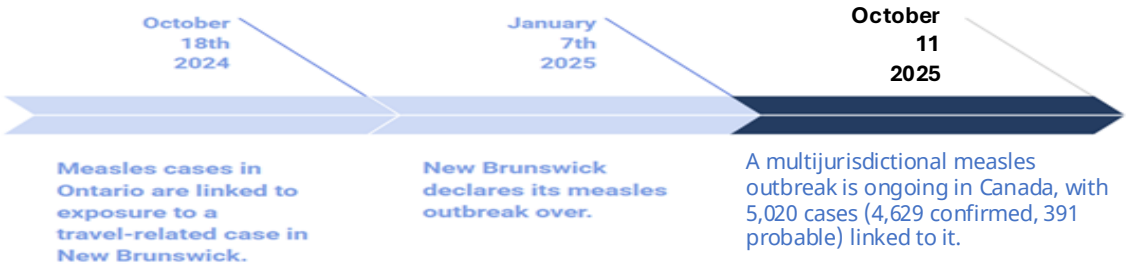
SOURCES:

Measles and rubella weekly monitoring report – Week 39

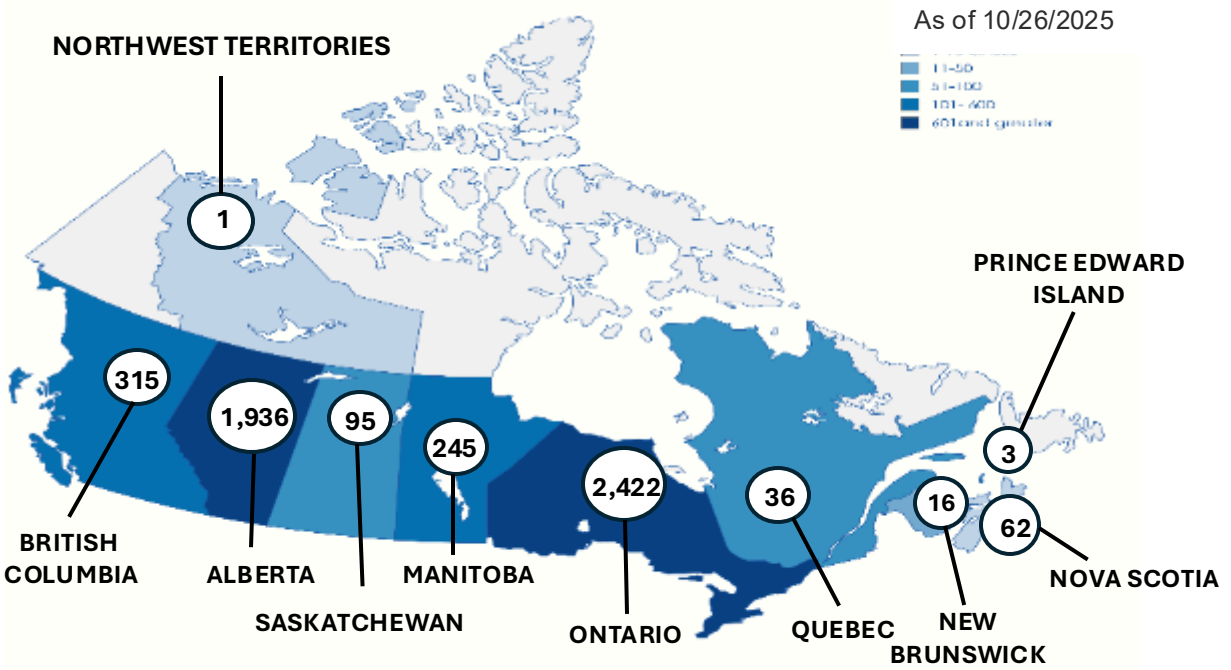
PAHO - Measles cases rise in the Americas in 2025

CANADA – CURRENT SITUATION

Brief Timeline of Outbreak



MEASLES 2025			
PROVINCE	CONFIRMED CASES	PROBABLE CASES	TOTALS
ONTARIO	2,107*	315	2,422
ALBERTA	1,940	0	1,940
MANITOBA	238	15	253
BRITISH COLUMBIA	299	20	319
SASKATCHEWAN	96	0	96
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	4798	350	5148



5,148 Cases (4,798 Confirmed and 350 Probable)
2 Deaths

A multijurisdictional measles outbreak is 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 (2,060 confirmed, 315 probable), and in Alberta, with 1,940 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.

SOURCES: MANITOBA HEALTH, ALBERTA DASHBOARD, QUEBEC, PUBLIC HEALTH ONTARIO, SASKATCHEWAN, CA MEASLES AND RUBELLA WEEKLY MONITORING REPORT, BC, NEW BRUNSWICK, NOVA SCOTIA

OUTBREAK – ALBERTA

MORBIDITY AND MORTALITY			
PROVINCE	CASES	HOSPITALIZATIONS	DEATHS
ALBERTA	1,940(+4)	153 (15 ICU) (1 Currently Hospitalized)	1

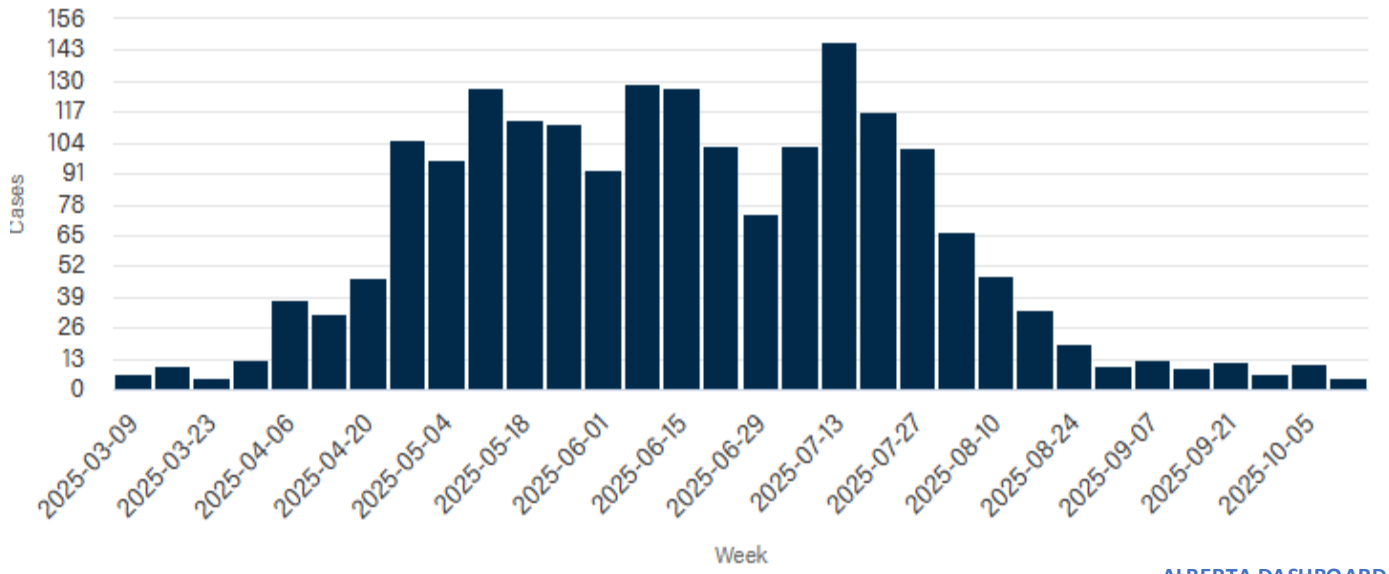
IMMUNIZATION STATUS	COUNT
Unimmunized	1,773
1 dose	55
2 or more doses	79
Unknown	73

AGE RANGE	NUMBERS
<5 years	555
5 to 17 years	857
18 to 54 years	519
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 – 10/12/2025



ALBERTA DASHBOARD
CA MEASLES AND RUBELLA WEEKLY

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 a higher risk due to malnutrition and chronic illness

CURRENT SITUATION

- **5,053 confirmed cases nationwide**
  - **4,414 (87%) in Chihuahua**
  - **Cases are picking up in other parts of the country, specifically in Guerrero (n=91 cases) , Michoacan (n=108 cases), and Jalisco (n=127 cases)**
- **23 measles-related deaths**
  - **21 in Chihuahua, 1 in Sonora, 1 in Durango**
  - All unvaccinated
- **Indigenous communities are disproportionately affected**
  - Case-fatality rate **20x higher** than the general population
  - **71% of deaths among the Rarámuri**
- **Impact & Risk Factors**
  - Chihuahua = **epicenter – 87% of cases** and **91% of deaths** nationwide
- **Age groups** (highest incidence per 100k):
  - **0–4 years:** 12.25
  - **25–29 years:** 5.80
  - **30–34 years:** 4.94

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

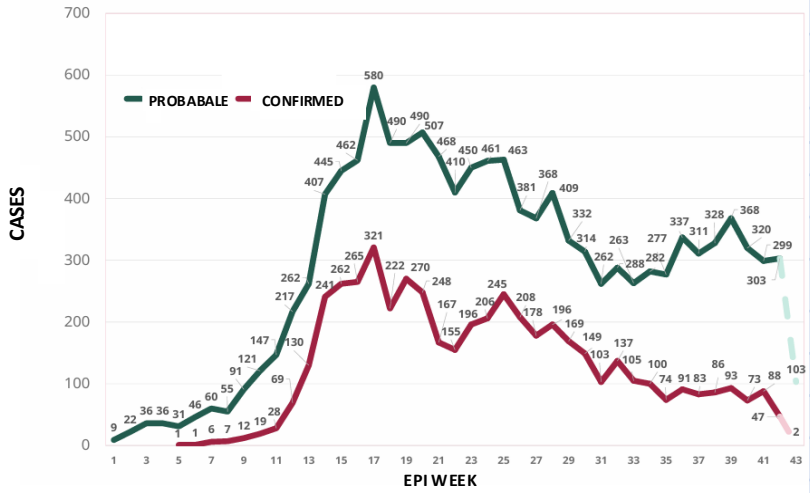
- **"Juarez Shield Strategy"** – Mass vaccination campaign.
- **Rapid Response Plan** – Enhanced surveillance, lab confirmation, case isolation.
- **Door-to-Door Vaccination** – Community engagement with local and religious leaders.
- **Vitamin A Supplementation** – For children under 5 with suspected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

SOURCES:

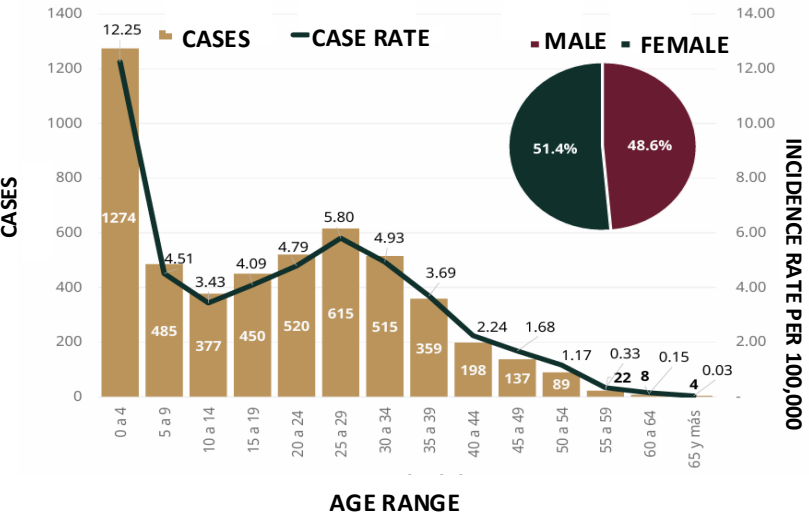
Daily Report – Mexico
Epidemiological Situation of Vaccine-Preventable Diseases in Mexico – Report 37
Think Global Health - Measles Takes Root In Mexico
A Population-based Measles Serosurvey In Mexico: Implications For Re-emergence

MEXICO

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



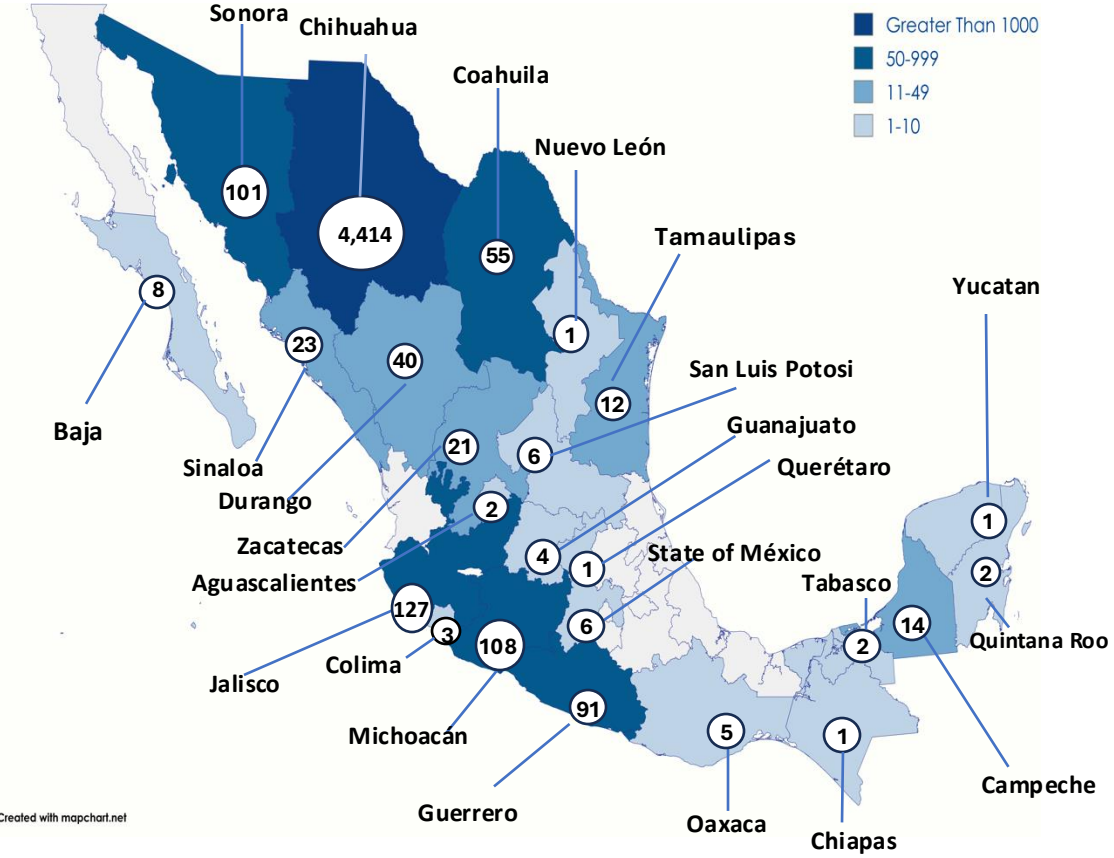
CONFIRMED CASES BY SEX, AGE, AND INCIDENCE RATE



CONFIRMED MEASLES CASES

STATE	CASES	
	CONFIRMED	PROBABLE
AGUASCALIENTES	2	121
BAJA	8	64
CAMPECHE	14	95
CHIAPAS	1	33
CHIHUAHUA	4,414 (+13)	6,080
COAHUILA	55	295
COLIMA	3	36
DURANGO	40	272
GUANAJUATO	4	501
GUERRERO	91 (+18)	219
JALISCO	127 (+30)	666
MEXICO	4	482
MÉXICO CITY	6	777
MICHOACÁN	108 (+31)	383
NUEVO LEÓN	1	262
OAXACA	5	75
QUERÉTARO	2	116
QUINTANA ROO	2	69
SAN LUIS POTOSI	6	134
SINALOA	23	144
SONORA	101	284
TABASCO	2	80
TAMAULIPAS	12	123
YUCATAN	1	55
ZACATECAS	21	148
TOTAL	5,053	11,522

Data as of 10/26/2025



4,959 CONFIRMED CASES
23 DEATHS

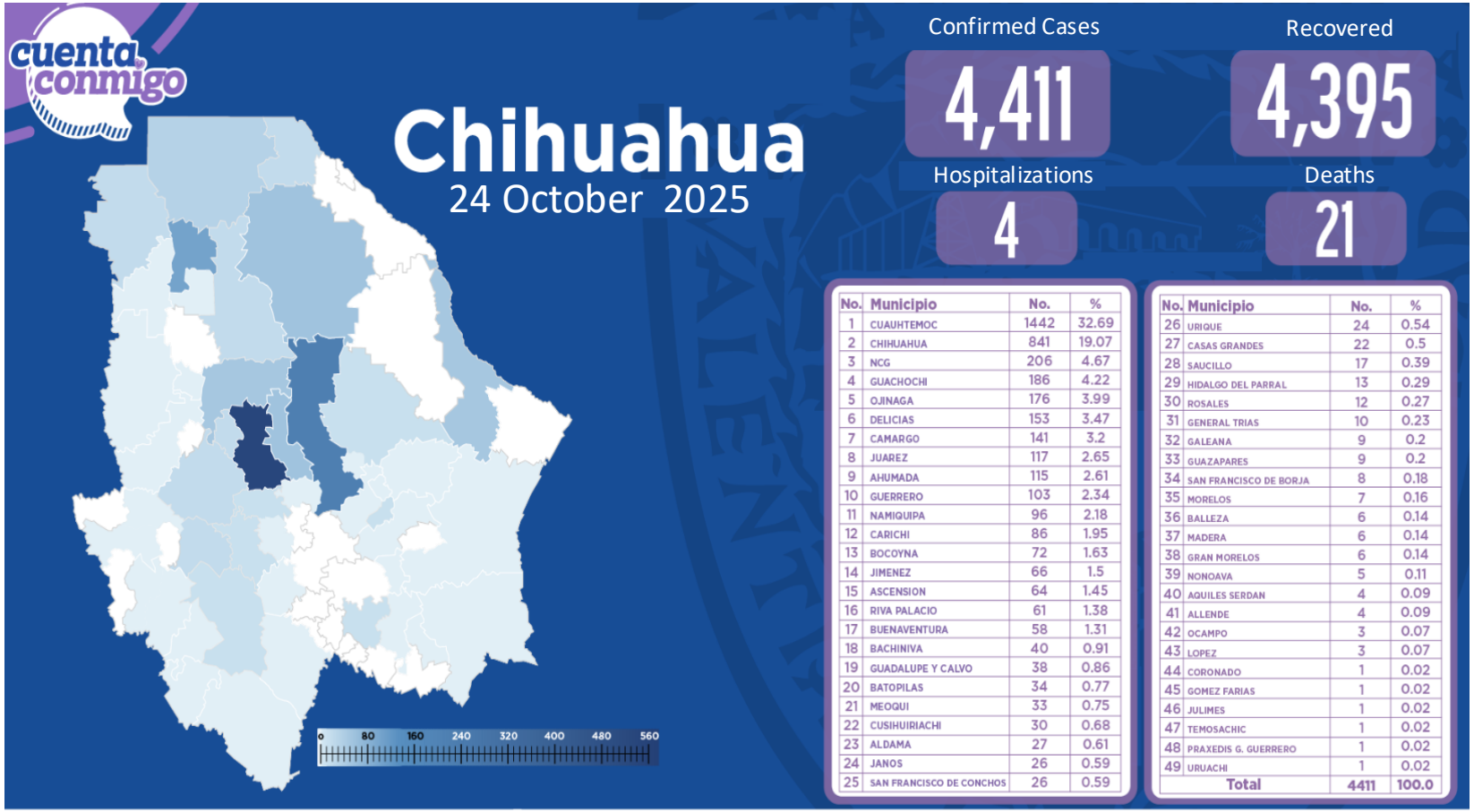
SOURCE: DAILY REPORT
CONFIRMAN EL PRIMER CASO DE SARAMPIÓN EN JALISCO: ACTIVAN CERCO EPIDEMIOLÓGICO

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, community transmission continues. This week's numbers are the lowest since the outbreak began.
- 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 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.



No.	Municipio	No.	%
1	CUAUHTEMOC	1442	32.69
2	CHIHUAHUA	841	19.07
3	NCG	206	4.67
4	GUACHOCHI	186	4.22
5	OJINAGA	176	3.99
6	DELICIAS	153	3.47
7	CAMARGO	141	3.2
8	JUAREZ	117	2.65
9	AHUMADA	115	2.61
10	GUERRERO	103	2.34
11	NAMIQUIPA	96	2.18
12	CARICHI	86	1.95
13	BOCOYNA	72	1.63
14	JIMENEZ	66	1.5
15	ASCENSION	64	1.45
16	RIVA PALACIO	61	1.38
17	BUENAVENTURA	58	1.31
18	BACHINIVA	40	0.91
19	GUADALUPE Y CALVO	38	0.86
20	BATOPILAS	34	0.77
21	MEOQUI	33	0.75
22	CUSIHUIRIACHI	30	0.68
23	ALDAMA	27	0.61
24	JANOS	26	0.59
25	SAN FRANCISCO DE CONCHOS	26	0.59

No.	Municipio	No.	%
26	URIQUE	24	0.54
27	CASAS GRANDES	22	0.5
28	SAUCILLO	17	0.39
29	HIDALGO DEL PARRAL	13	0.29
30	ROSALES	12	0.27
31	GENERAL TRIAS	10	0.23
32	GALEANA	9	0.2
33	GUAZAPARES	9	0.2
34	SAN FRANCISCO DE BORJA	8	0.18
35	MORELOS	7	0.16
36	BALLEZA	6	0.14
37	MADERA	6	0.14
38	GRAN MORELOS	6	0.14
39	NONOAVA	5	0.11
40	AQUILES SERDAN	4	0.09
41	ALLENDE	4	0.09
42	OCAMPO	3	0.07
43	LOPEZ	3	0.07
44	CORONADO	1	0.02
45	GOMEZ FARIAS	1	0.02
46	JULIMES	1	0.02
47	TEMOSACHIC	1	0.02
48	PRAXEDIS G. GUERRERO	1	0.02
49	URUACHI	1	0.02
	Total	4411	100.0

Fuente: Secretaría de Salud

SOURCE OF GRAPHIC: MediChihuahua

GOBIERNO 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.

LTC (R) Joanne McGovern – Joanne.McGovern@yale.edu
Lecturer, Department of Environmental Health Sciences, Yale School of Public Health

Shoa Moosavi (Editor)