

MEASLES – THE AMERICAS 2025

MORBIDITY AND MORTALITY

| COUNTRY | CONFIRMED CASES | DEATHS |
|--|-----------------|--------|
| NORTH AMERICA -3 ACTIVE OUTBREAKS | | |
| <u>US</u> | 1,731 (+43) | 3 |
| <u>CANADA</u> | 5,246 (+13) | 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> | 5,257 (+72) | 24 |
| 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 (NO UPDATE)</u> | 413(+24) | 0 |
| ARGENTINA | 35 | 0 |
| <u>BRAZIL</u> | 35 | 0 |
| PARAGUAY | 49 | 0 |
| PERU (NO NEW CASES) | 4 | 0 |
| THE CARRIBEAN | 41 | 0 |
| TOTAL | 12.846 | 29 |

BACKGROUND

UNITED STATES

ARIZONA AND UTAH

SOUTH CAROLINA

CANADA

ALBERTA

MEXICO

MEXICO - DEATHS

CHIHUAHUA

Yale
SCHOOL
OF PUBLIC
HEALTH

11/16/2025
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](#)
[MEDICHIUAHUA](#)

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: This week, The Region of the Americas, and Canada has officially lost its status as having eliminated measles. The number of cases in Mexico has surpassed Canada, and Mexico now has the largest outbreak in the Americas. The US has surpassed 1,700 cases.

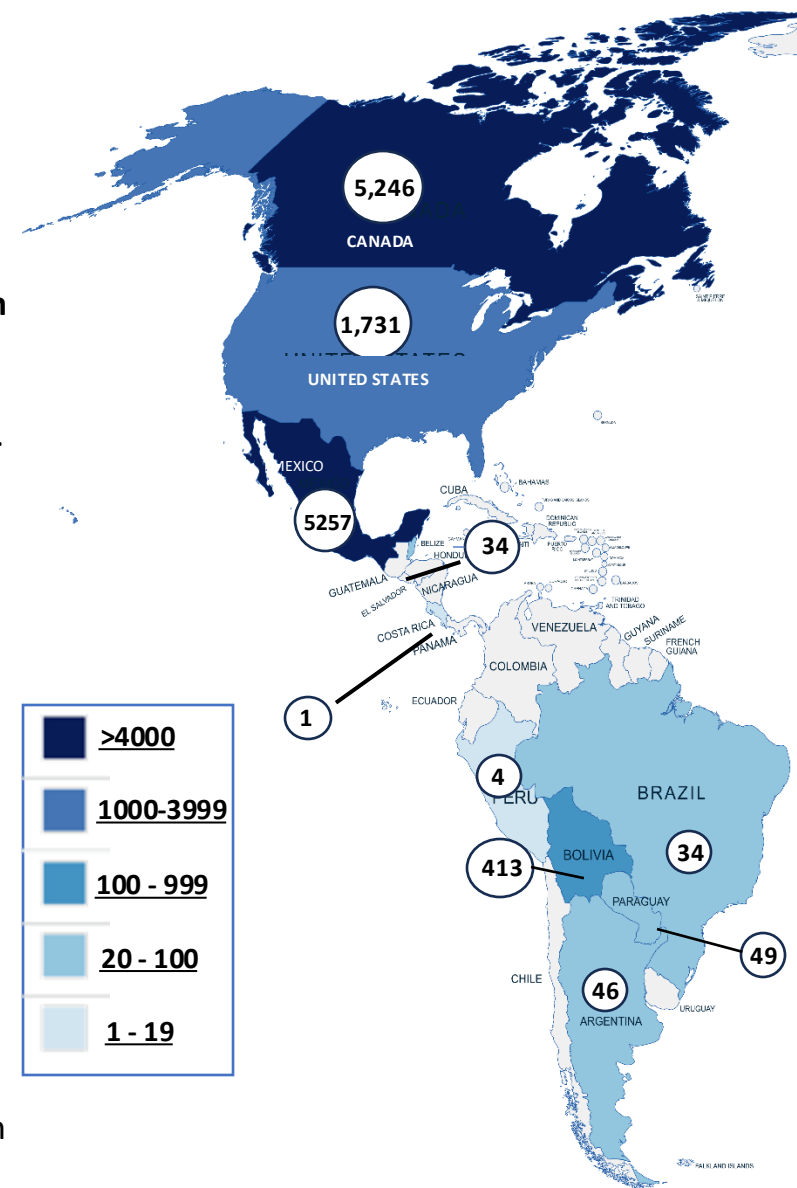
In 2025, between epidemiological week (EW) 1 and EW 45, a total of **12,846 measles cases** were confirmed in the **Region of the Americas**, including **29 deaths**. Reported cases were distributed as follows: **Argentina (n = 35)**, **Belize (n = 34)**, the **Plurinational State of Bolivia (n = 413)**, **Brazil (n = 35)**, **Canada (n = 5,246)**, including **2 deaths**, **Costa Rica (n = 1)**, **Mexico (n = 5,257, including 23 deaths)**, **Paraguay (n = 49)**, **Peru (n = 4)**, the **United States of America (n = 1,731, including 3 deaths)**, and **n= 41 cases reported in the Caribbean**.

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 eight epidemiological weeks, a slow but steady decline in reported cases has been observed; however, transmission and outbreaks remain ongoing in several areas.**

REGIONAL ELIMINATION STATUS

On November 10, 2025, the Pan American Health Organization (PAHO) announced that the Region of the Americas has lost its status as being free from endemic measles transmission. The decision followed a review by the PAHO Measles, Rubella, and Congenital Rubella Syndrome Elimination Regional Monitoring and Re-Verification Commission, which met in Mexico City from November 4-7, 2025, to assess the region's epidemiological situation. As a result, the Americas—formerly the first region in the world to eliminate measles twice—has once again lost its measles-free status. Canada was notified that it lost its measles elimination status on 10 November. The US will face a similar fate in January if it is unable to stem the rise in measles by then.



UNITED STATES

SOUTH CAROLINA: SCDPH is actively responding to a measles outbreak in the Upstate region. As of Nov. 14, 2025, [DPH is reporting 47 cases of measles](#) since July 9, **44** of which are in Spartanburg County and are part of the current outbreak. Currently, **18** individuals are under quarantine.

ARIZONA/UTAH OUTBREAK: The measles outbreak along the Utah–Arizona border has grown into a major public health emergency, with 184 confirmed cases to date—**124 in Arizona** and **60 in Utah**. The epicenter remains the closely connected twin communities of **Colorado City, Arizona, and Hildale, Utah**, and the investigation links the surge to the Short Creek outbreak. This is now the second-largest measles outbreak in the United States this year, surpassed only by the resurgence in Texas.

KANSAS: The Kansas City (Missouri) Health Department announced a confirmed case of measles in a Kansas resident who visited the Kansas City International Airport earlier this month. This person was at a KCI terminal from approximately 2 a.m. to noon on Nov. 5 and 2 a.m. to 4 a.m. on Nov. 10. Kansas has seen 91 cases this year.

NEW YORK: Three new measles cases have been confirmed in Rockland County, linked to a resident who traveled abroad. The health department is offering free MMR vaccines to residents to combat the outbreak, emphasizing the importance of vaccination for community safety. New York has seen 30 cases in 2025— 18 in NYC and 12 outside of the city (4 cases in Orange County, 1 in Suffolk County, 1 in Ontario County, 1 in Putnam County, and 5 in Rockland County).

LOUISIANA: On Monday, 10 November 2025, the Louisiana Department of Health (LDH) confirmed a measles case in an adult resident of Region 9, which includes Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington parishes. The individual was exposed during international travel, was not hospitalized, and is isolating at home until they are no longer infectious. The patient’s vaccination status is unknown. A public exposure occurred at the Louis Armstrong New Orleans International Airport on November 9, between 5-8:30 PM, in Concourse B and beyond the security checkpoint.

COLORADO: People in Cortez and Mancos may have been exposed to the measles from confirmed case in a school-age child in Montezuma County, according to the Colorado Department of Public Health and Environment. The child developed [measles symptoms](#) after traveling to another state with an ongoing outbreak. The child was unvaccinated.

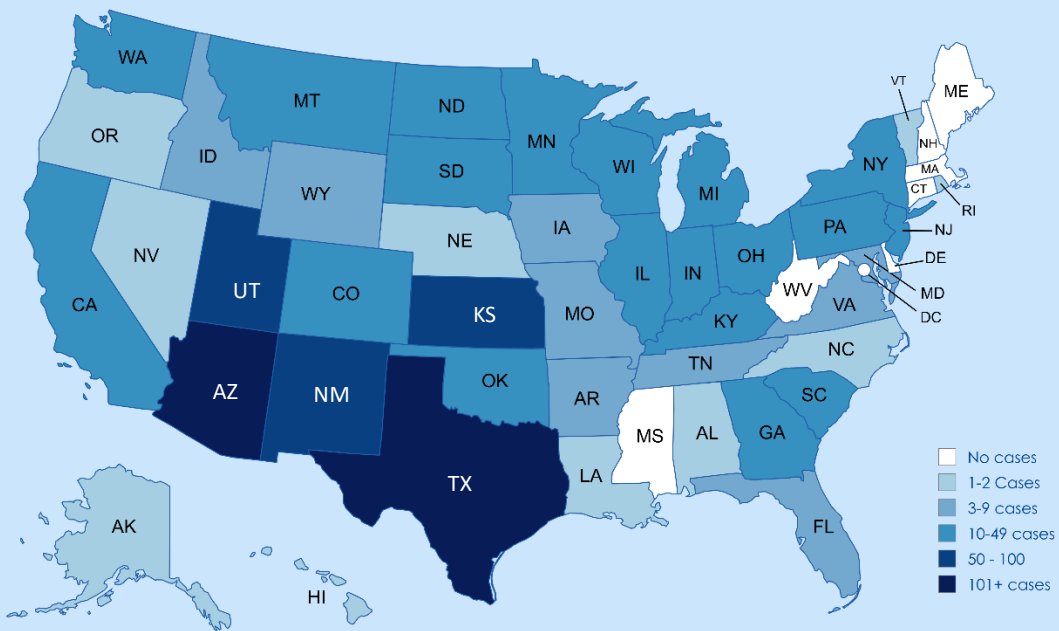
IDAHO: A measles case has been reported in Boundary County involving a child not yet school age, according to Boundary Community Hospital officials. The child had recently traveled outside the area, and hospital leaders said they are working closely with public health authorities to ensure all appropriate precautions are taken. Idaho has had 11 cases this year, all of which have been in unvaccinated individuals. This is the second case of measles in Boundary County this November.

NOTE: Idaho recently enacted the Idaho Medical Freedom Act, which prohibits state and local governments, private businesses, employers, schools, and daycares from requiring vaccines or other “medical interventions.” The law is considered the culmination of more than a decade of anti-vaccine activism.

MEASLES CASES – AS OF 16 NOVEMBER 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 \(CORI\)](#)*

1731*



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 |
| ARIZONA+ | 128 (+17) |
| NEW MEXICO | 100 |
| KANSAS+ | 91 (+1) |
| UTAH+ | 77 (+10) |
| SOUTH CAROLINA+ | 47 (+9) |
| OHIO | 44 |
| NORTH DAKOTA | 36 |
| WISCONSIN | 36 |
| COLORADO + | 32 (+1) |
| MONTANA | 32 |
| NEW YORK | 30 (+2) |
| MICHIGAN | 29 |
| MINNESOTA+ | 24 (+1) |
| CALIFORNIA | 22 |
| OKLAHOMA | 20 |
| PENNSYLVANIA | 16 |
| ILLINOIS | 14 |
| KENTUCKY | 14 |
| SOUTH DAKOTA | 12 |
| WASHINGTON | 12 |
| IDAHO+ | 11 (+2) |
| NEW JERSEY | 11 |
| GEORGIA | 10 |
| INDIANA | 10 |
| WYOMING | 9 |
| ARKANSAS | 8 |
| IOWA | 8 |
| TENNESSEE | 8 |
| MISSOURI | 7 |
| FLORIDA | 6 |
| VIRGINIA | 4 |
| ALASKA | 3 |
| LOUISIANA+ | 3 (+1) |
| MARYLAND | 3 |
| HAWAII | 2 |
| VERMONT | 2 |
| ALABAMA | 1 |
| DISTRICT OF COLUMBIA | 1 |
| NEBRASKA | 1 |
| NEVADA | 1 |
| NORTH CAROLINA | 1 |
| OREGON | 1 |
| RHODE ISLAND | 1 |
| TOTAL | 1,731 (+43) |

- 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 16 November 2025, EDT, there are approximately 1731 measles cases (including confirmed and suspected cases) across 43 states. There have been 45 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, **87%** 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 occur in individuals who are not vaccinated. **4%** have received 1 MMR dose, and **4%** have received 2 doses.

12% have required hospitalization.

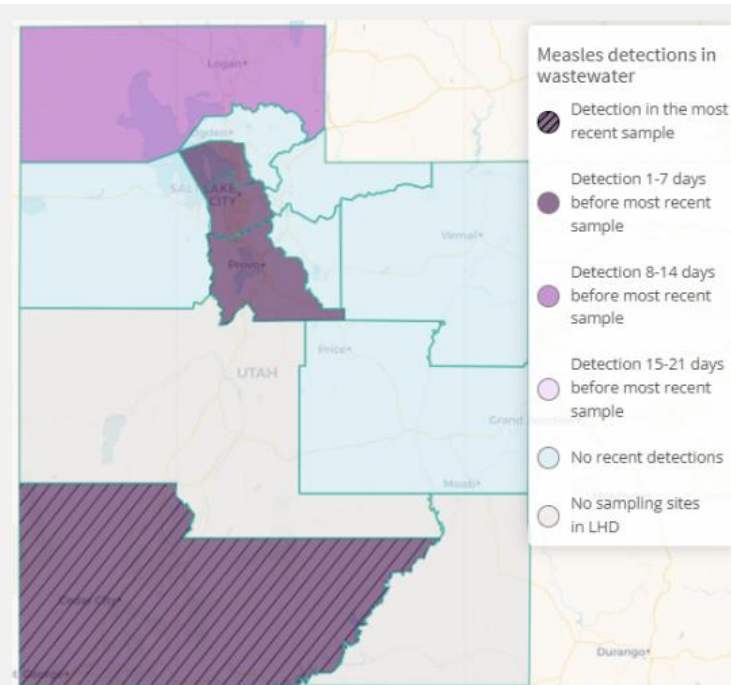
UNITED STATES – ARIZONA AND UTAH OUTBREAK

- A measles outbreak in northern Arizona is 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 it continues to grow.

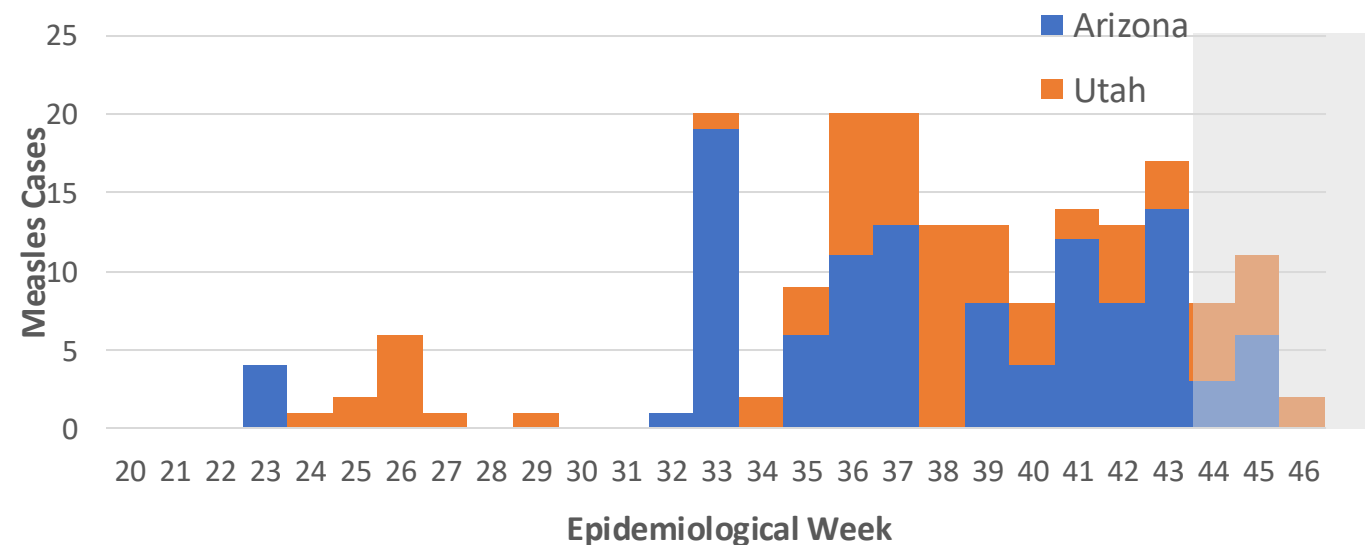
As of 11/14/2025, at least **184 people have been infected**, most linked to two small towns -- **Colorado City, Arizona**, and **Hildale, Utah**, where residents often move between the two communities. In Mohave County, Arizona, officials have reported **124 confirmed measles cases**, including three requiring hospitalization. This brings the state's total for 2025 to **128 cases**. In Utah, the Utah Department of Public Health has reported **77 confirmed cases**, most occurring among unvaccinated, school-age children. At least **60 cases** are associated with the current outbreak. Eight have required hospitalization. Many of the clusters started in schools, but there is now 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.



EPI CURVE FOR MEASLES CASES IN ARIZONA AND UTAH, 2025



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

UNITED STATES – ARIZONA AND UTAH OUTBREAK

UTAH

CASES: 77 (+10)

HOSPITALIZATIONS: 8 (10%)

DEATHS: 0

AGES:

- <18: 42 (54.5%)
- 18+: 35 (45.5%)

VACCINATION STATUS:

- Unvaccinated: 76 (99%)
- Vaccinated: 1 (1%)
- Unknown: 0 (0%)

OUTBREAK OVERVIEW: After sporadic cases in late May and June, the outbreak in Utah accelerated in the wake of a large gathering in mid-August. In early September, subsequent exposure events included a healthcare facility, fast food restaurant, and schools. Most cases are in school-aged children; however, in recent weeks, there has been an increase in adult cases. The outbreak has now reached Salt Lake County.

RESPONSE: The outbreak response is ongoing, including contact tracing, risk communication, vaccinations, and wastewater surveillance. 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 expanded from 2 to 35 sites across the state.

FACTORS DRIVING THE OUTBREAK:

- **Low vaccination rates:** Kindergarten vaccination rates are low in 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 rose in recent years, with the majority of exemptions in AZ 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. In an encouraging sign, Hildale's mayor has said there has been a "sharp rise" in vaccinations, after a long history of mistrust and misinformation spreading in this community.
- **Large gatherings:** The initial stages of the outbreak in Utah were fueled by a large high school cycling event.
- **Travel:** Smaller outbreaks began after exposure during international travel.

ARIZONA

CASES: 128 (+17)

HOSPITALIZATIONS: 3 (2%)

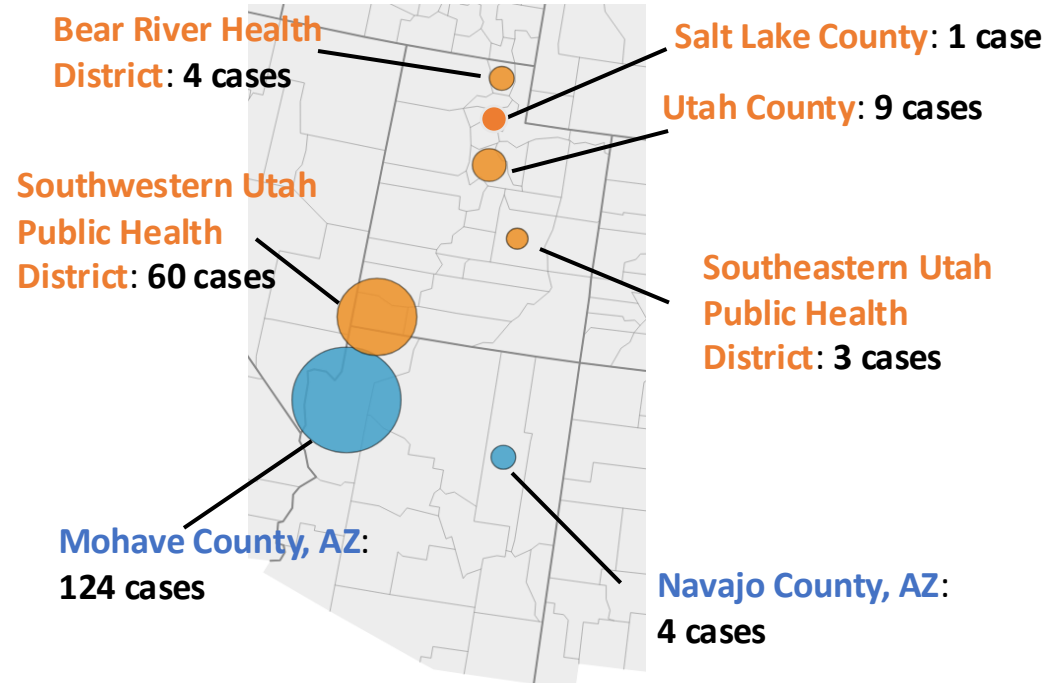
DEATHS: 0

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: The current outbreak in Mohave County began in early August in Colorado City. Contact with communities across the border in Utah fueled the spread, as Utah public health officials confirmed the two outbreaks are related. 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.



UNITED STATES – SOUTH CAROLINA OUTBREAK

| SOUTH CAROLINA | | |
|----------------|---------------------|-----------|
| CASES: 47 (+9) | HOSPITALIZATIONS: 0 | DEATHS: 0 |

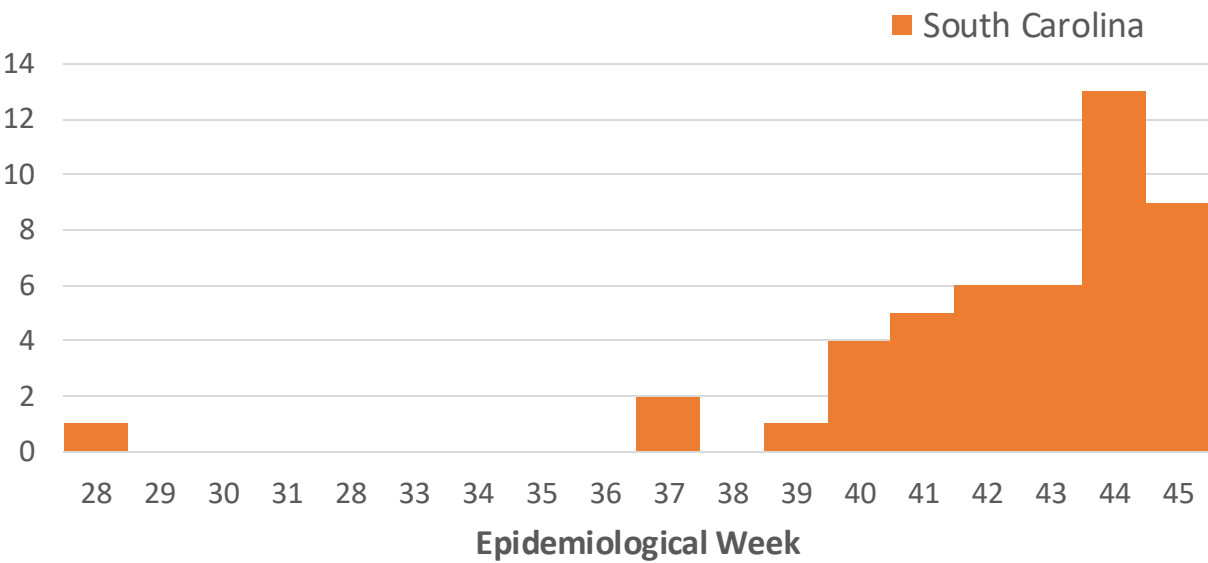
LOCATION: Upstate South Carolina (Spartanburg County + Greenville County exposure sites).

AGES: < 5: 9
5-17:25
18+: 5
Minor under age 18 (age undisclosed):5
VACCINATION STATUS: 42 unvaccinated
2 with one of the recommended two-dose MMR sequence.

COMMUNITY TRANSMISSION: Ongoing

PUBLIC-HEALTH MEASURES: Contact tracing; quarantine of exposed, unvaccinated individuals; vaccination outreach; public alerts.

EPI CURVE FOR MEASLES CASES IN SOUTH CAROLINA, 2025



The South Carolina Department of Public Health (DPH) is reporting 9 new measles cases as of Friday, November 14. The total number of cases in South Carolina related to the Upstate outbreak is now **44**, and the total reported to DPH this year is **47**. At least 6 of the 9 latest cases live in the same household as earlier cases.

Other potential exposures are still being investigated.

There are currently 18 people in quarantine. The successful early quarantining following an identified exposure is a positive public health outcome that has prevented additional community spread during this outbreak.

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 brought 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.

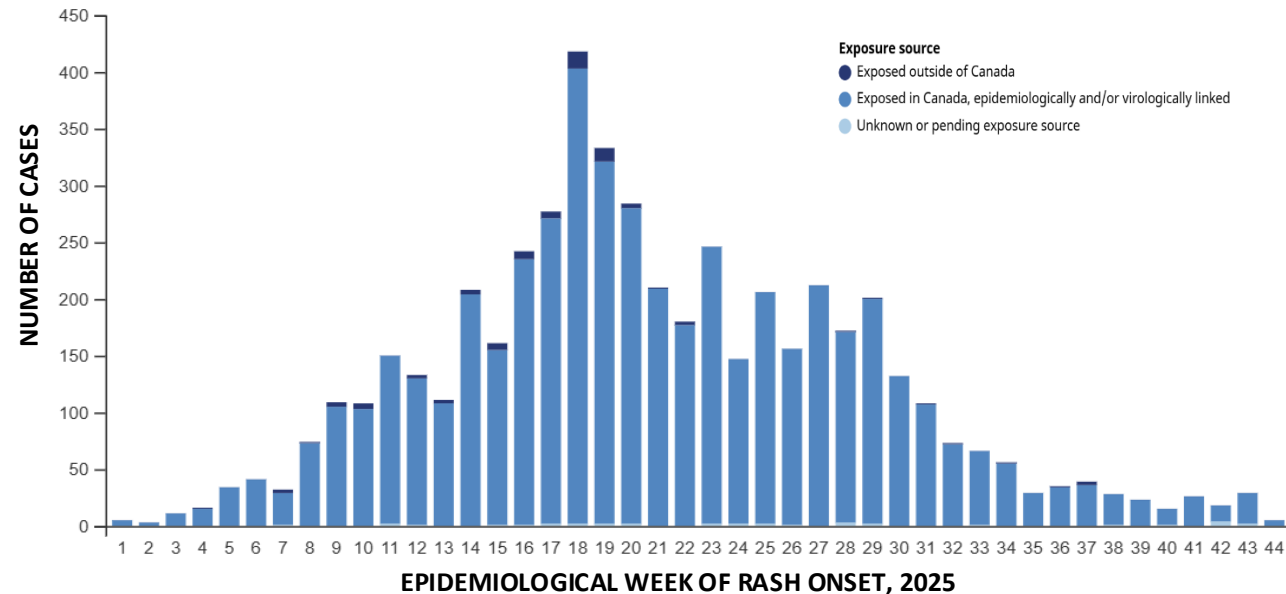
CONTRIBUTING FACTORS

- **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 - 44

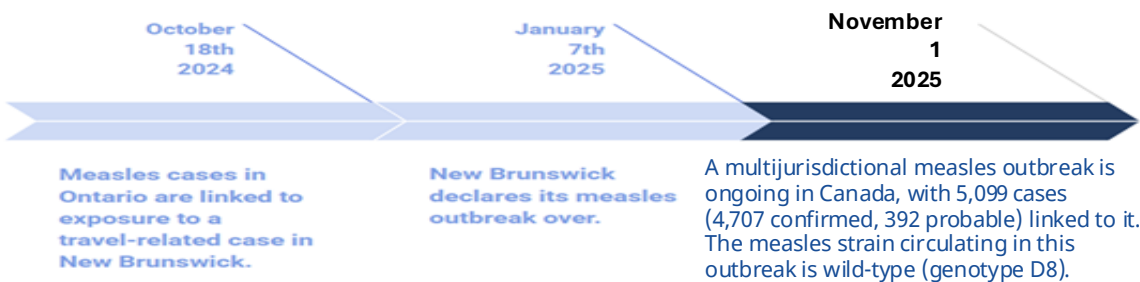


SOURCES:

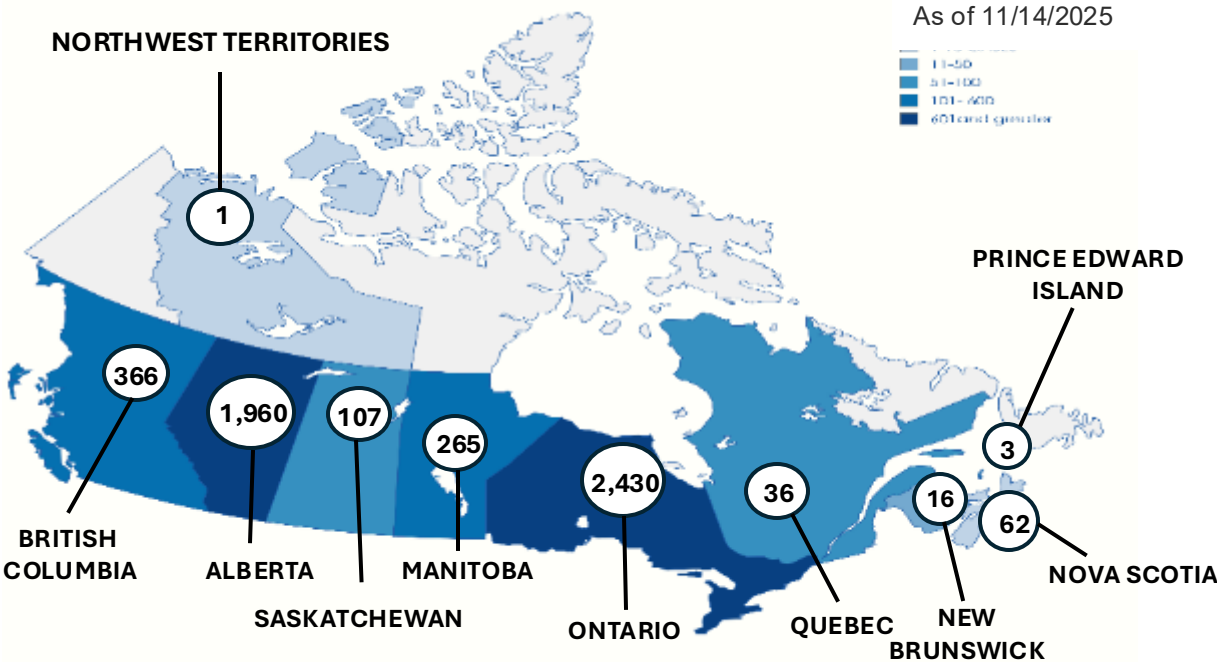
[Measles and rubella weekly monitoring report – Week 42](#)
[PAHO - Measles cases rise in the Americas in 2025](#)

CANADA – CURRENT SITUATION

Brief Timeline of Outbreak



| MEASLES 2025 | | | |
|-----------------------|-----------------|----------------|------------|
| PROVINCE | CONFIRMED CASES | PROBABLE CASES | TOTALS |
| ONTARIO | 2,115 (+1)* | 315 | 2,430 (+1) |
| ALBERTA | 1,960 (+4) | 0 | 1,960 (+4) |
| MANITOBA | 249 (+2) | 16 | 265 (+2) |
| BRITISH COLUMBIA | 343 (6) | 23 | 366 (+6) |
| SASKATCHEWAN | 107 | 0 | 107 |
| 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 | 4,892 | 354 | 5,246 |






5,246 Cases (4,882 Confirmed and 354 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 October 6, 2025. Spread is ongoing in Alberta, Manitoba, and British Columbia.

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

* Count includes 54 cases **not associated** with the outbreak and the outbreak numbers that began on October 21, 2024. Ontario's outbreak ended October 6, 2025.

OUTBREAK – ALBERTA

| MORBIDITY AND MORTALITY | | | |
|-------------------------|--|---|--|
| PROVINCE | CASES  | HOSPITALIZATIONS  | DEATHS  |
| ALBERTA | 1,960 (+4) | 157 (15 ICU) (0 Currently Hospitalized) | 1 |

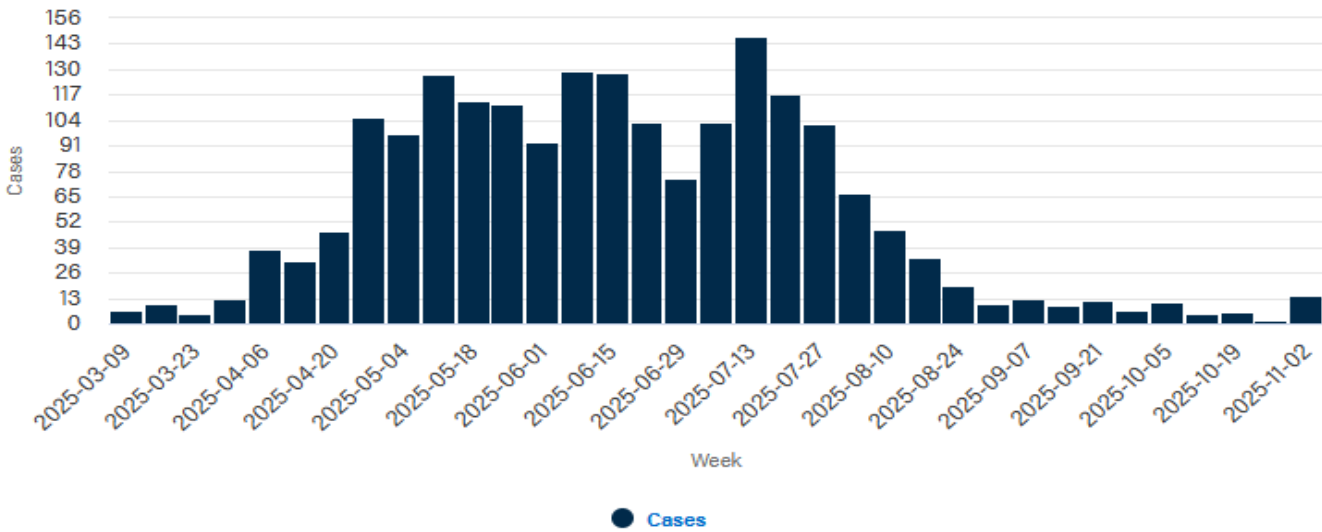
| IMMUNIZATION STATUS | COUNT |
|---------------------|-------|
| Unimmunized | 1758 |
| 1 dose | 52 |
| 2 or more doses | 78 |
| Unknown | 82 |

| AGE RANGE | NUMBERS |
|--------------------|---------|
| <5 years | 563 |
| 5 to 17 years | 866 |
| 18 to 54 years | 522 |
| 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 – 11/02/2025



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 a higher risk due to malnutrition and chronic illness

CURRENT SITUATION

- **5,257 confirmed cases nationwide**
 - **4,440 (84.46%) in Chihuahua**
 - **Cases are picking up in other parts of the country, specifically in Guerrero (n=128 cases), Michoacan (n=153 cases), and Jalisco (n=188 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 – 84% of cases and 91% of deaths nationwide**

AGE GROUPS (highest incidence per 100k):

- **0–4 years:** 12.83
- **25–29 years:** 5.94
- **30–34 years:** 5.09

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](#)

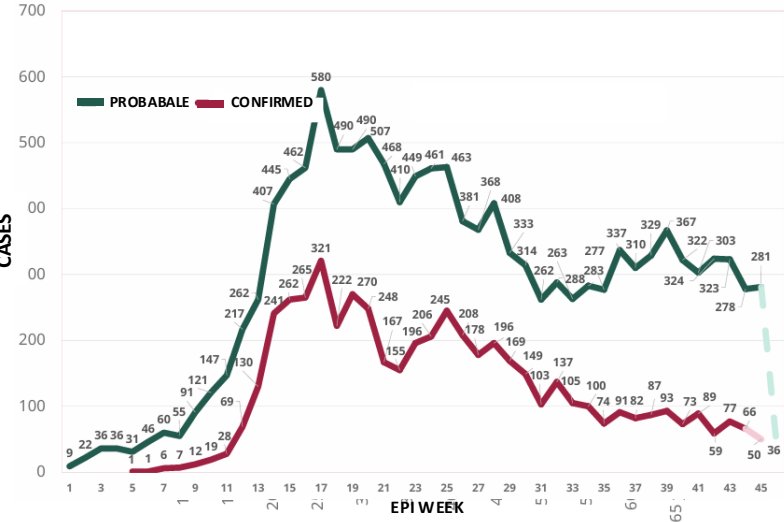
[Epidemiological Situation of Vaccine-Preventable Diseases in Mexico – Report 29 \(Week 42\)](#)

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

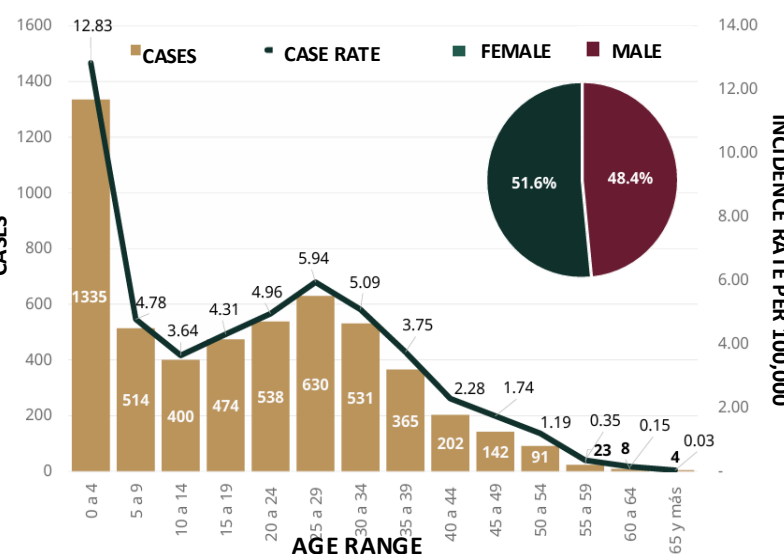
[A Population-based Measles Serosurvey In Mexico: Implications For Re-emergence](#)

MEXICO

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



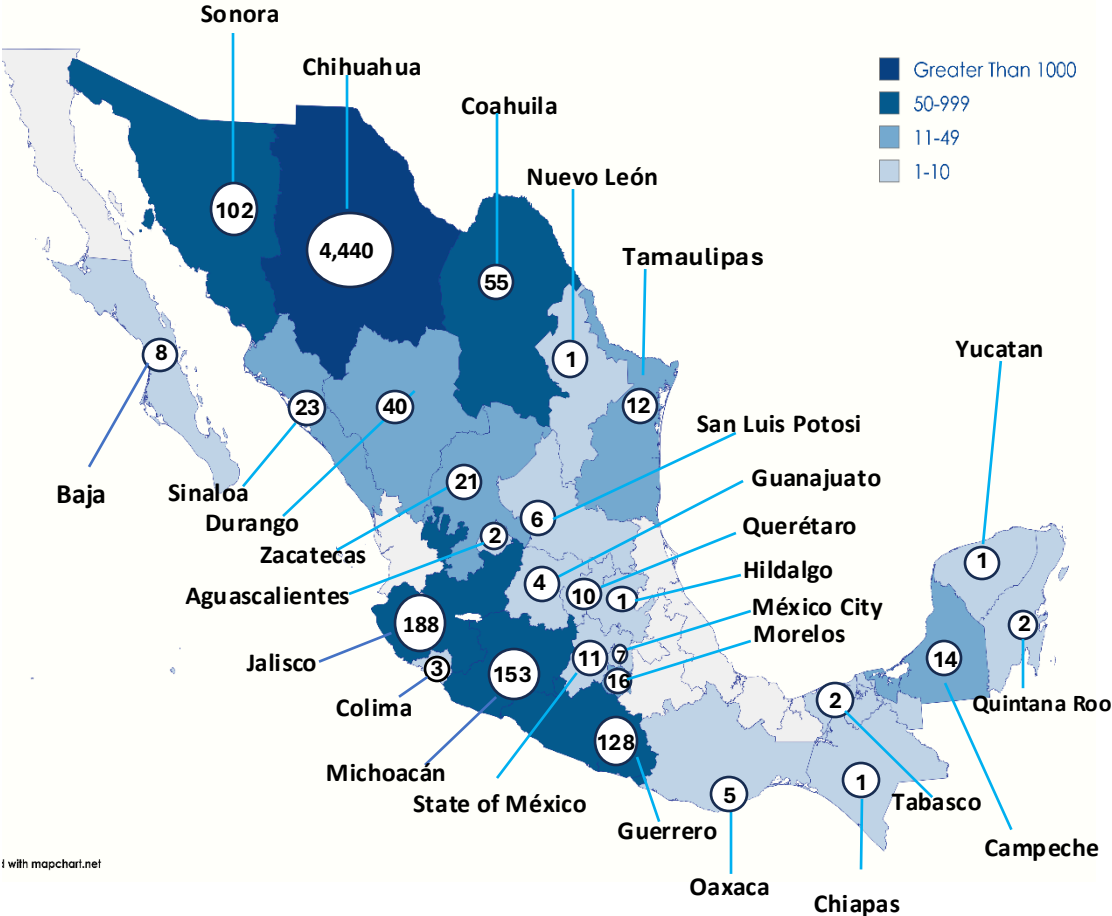
CONFIRMED CASES BY SEX, AGE, AND INCIDENCE RATE



CONFIRMED MEASLES CASES

| STATE | CASES | |
|-----------------|-------------|----------|
| | CONFIRMED | PROBABLE |
| AGUASCALIENTES | 2 | 138 |
| BAJA | 8 | 65 |
| CAMPECHE | 14 | 97 |
| CHIAPAS | 1 | 36 |
| CHIHUAHUA | 4,440 (+4) | 6,145 |
| COAHUILA | 55 | 300 |
| COLIMA | 3 | 38 |
| DURANGO | 40 | 280 |
| GUANAJUATO | 4 | 520 |
| GUERRERO | 128 (+17) | 279 |
| HIDALGO | 1 | 104 |
| JALISCO | 188 (+28) | 957 |
| MEXICO | 11 (+6) | 544 |
| MÉXICO CITY | 7 (+1) | 831 |
| MICHOACÁN | 153(+14) | 470 |
| MORELOS | 16 (+1) | 194 |
| NUEVO LEÓN | 1 | 274 |
| OAXACA | 5 | 84 |
| QUERÉTARO | 10 (+1) | 138 |
| QUINTANA ROO | 2 | 74 |
| SAN LUIS POTOSI | 6 | 144 |
| SINALOA | 23 | 149 |
| SONORA | 102 | 295 |
| TABASCO | 2 | 80 |
| TAMAULIPAS | 12 | 126 |
| YUCATAN | 1 | 58 |
| ZACATECAS | 21 | 152 |
| TOTAL | 5,257 (+71) | 12,572 |

Data as of 11/14/2025



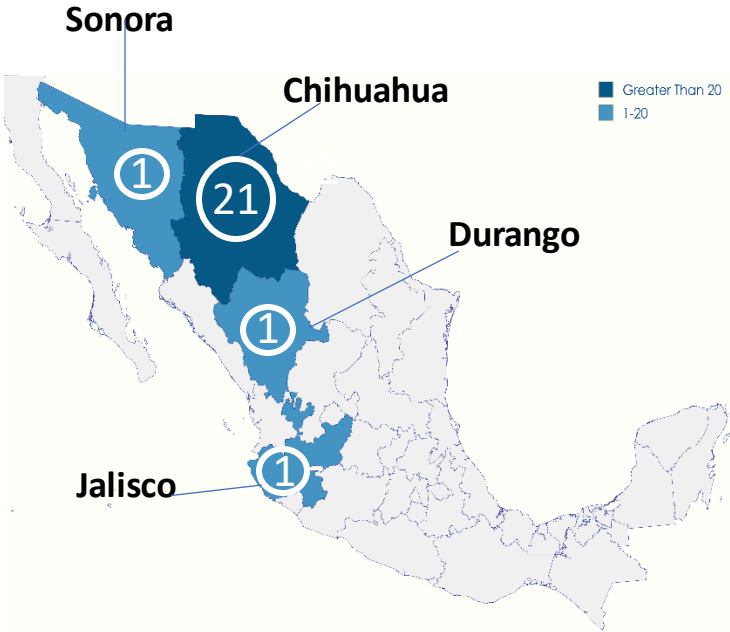
5,257 CONFIRMED CASES
24 DEATHS

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

MEXICO – DEATHS FROM MEASLES 2025

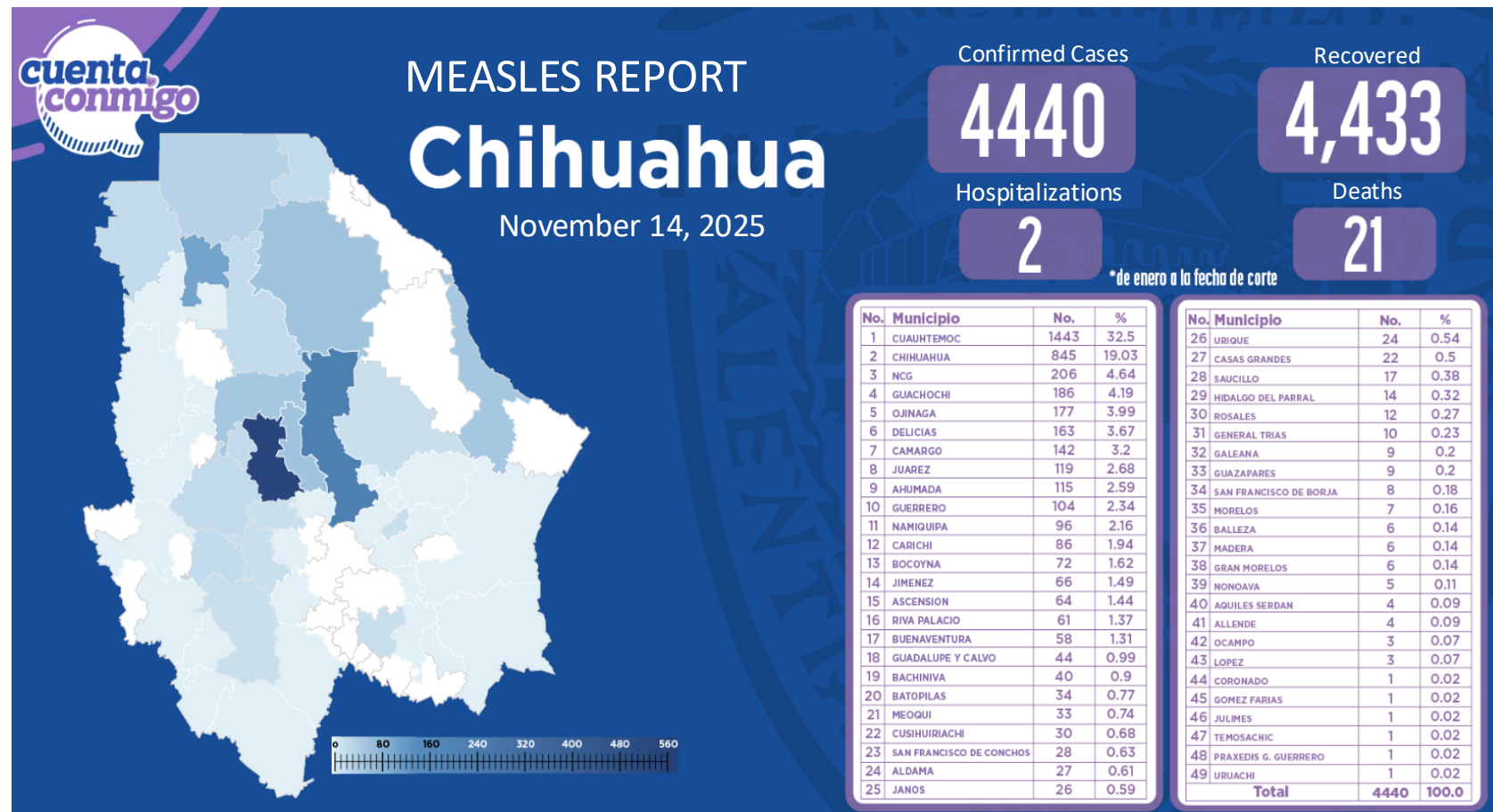
| STATE | MUNICIPALITY | AGE | SEX | COMORBIDITIES | DATE OF DEATH |
|-----------|--------------------------------|-------------------|--------|--------------------------------|---------------|
| Chihuahua | Ascensión | 31 years | Male | Type 2 Diabetes, Hypertension | 4/3/2025 |
| | Ojinaga | 7 years | Male | Lymphoblastic Leukemia | 5/2/2025 |
| | Namiquipa | 11 months | Male | Malnutrition | 5/6/2025 |
| | Ojinaga | 2 years | Female | None | 5/17/2025 |
| | Buena Aventura | 5 years 5 months | Male | Severe Malnutrition, Anemia | 6/15/2025 |
| | Meoqui | 27 years | Female | None | 6/16/2025 |
| | Cuauhtémoc | 27 years | Male | None | 5/29/2025 |
| | Cuauhtémoc | 4 years 4 months | Female | Moderate Malnutrition | 6/6/2025 |
| | Ojinaga | 2 years | Male | Intestinal Parasitic Infection | 6/27/2025 |
| | Chihuahua | 48 years | Female | None | 7/13/2025 |
| | Bocoyna | 46 years | Male | None | 7/21/2025 |
| | Carichí | 6 years 1 month | Female | None | 7/21/2025 |
| | Creel | 54 years | Male | None | 7/6/2025 |
| | Camargo | 15 years 4 months | Male | None | 8/13/2025 |
| | Camargo | 19 years 9 months | Female | None | 8/25/2025 |
| | Chihuahua | 1 year 2 months | Male | Malnutrition | 8/27/2025 |
| | Cuauhtémoc | 1 year 4 months | Male | None | 8/29/2025 |
| | Camargo | 11 months | Female | Malnutrition | 9/6/2025 |
| | Delicias | 3 years 9 months | Male | Malnutrition | 9/8/2025 |
| | Cuauhtémoc | 4 years 5 months | Female | Malnutrition | 9/9/2025 |
| | Ascensión | 11 months | Female | Malnutrition | 9/23/2025 |
| Sonora | Cajeme | 1 year 8 months | Female | Malnutrition | 05/08/2025 |
| Durango | Hidalgo de Parral | 19 years | Female | Malnutrition | 09/24/2025 |
| Jalisco | Arandas (Family from Guerrero) | 11 month | Female | Malnutrition | 11/10/2025 |

DEATHS: 24



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.



Fuente: Secretaría de Salud

SOURCE OF GRAPHIC: [MediChihuahua](#)



MÁS CHIHUAHUA
más de lo bueno
GOBIERNO DEL ESTADO

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)