

# MEASLES – THE AMERICAS 2025

MORBIDITY AND MORTALITY		
COUNTRY	CONFIRMED CASES	DEATHS
NORTH AMERICA -3 ACTIVE OUTBREAKS		
<u>US</u>	1,772 (+41)	3
<u>CANADA</u>	5,238 (+29)	2
* Includes the probable cases reported by Canada under the clinically confirmed column, due to alignment with PAHO's case definition and 54 Non-outbreak cases.		
+The Ontario Outbreak has officially been declared over as of 6 October 2025.		
<u>MEXICO</u>	5,314 (+58)	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</u>	413	0
ARGENTINA	35	0
<u>BRAZIL</u>	37 (+2)	0
<u>PARAGUAY</u>	49	0
PERU (NO NEW CASES)	4	0
THE CARRIBEAN	41	0
URUGUAY	3 (NEW)	0
TOTAL	12,941	29

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

11/23/2025 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> <ul style="list-style-type: none"><li><u>TEXAS DEPARTMENT OF STATE HEALTH SERVICES</u></li></ul> <u>NEW MEXICO LINKS</u> <ul style="list-style-type: none"><li><u>NEW MEXICO DEPARTMENT OF HEALTH</u></li></ul> <u>OKLAHOMA LINKS</u> <ul style="list-style-type: none"><li><u>OKLAHOMA STATE DEPARTMENT OF HEALTH</u></li></ul> <u>KANSAS</u> <ul style="list-style-type: none"><li><u>KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT</u></li></ul> <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> <ul style="list-style-type: none"><li><u>CDC MEASLES VIRUS LABORATORY</u></li></ul> <u>RESOURCES FOR THE PUBLIC</u> <ul style="list-style-type: none"><li><u>CDC – MEASLES</u></li><li><u>MEASLES CASES AND OUTBREAKS</u></li><li><u>NYSDOH: YOU CAN PREVENT MEASLES</u></li><li><u>CDC VIDEO: GET VACCINATED AND PREVENT MEASLES</u></li><li><u>CDC VACCINE SHOT FOR MEASLES</u></li><li><u>DIRECTORY FOR LOCAL HEALTH DEPARTMENTS</u></li></ul> <u>RESOURCES FOR EMS PROVIDERS</u> <ul style="list-style-type: none"><li><u>GUIDANCE FOR SUSPECTED MEASLES PATIENT</u></li><li><u>NYSDOH POLICY STATEMENT</u></li></ul> <u>PORTALS, BLOGS, AND RESOURCES</u> <ul style="list-style-type: none"><li><u>CIDRAP</u></li><li><u>CORI</u></li><li><u>FORCE OF INFECTION</u></li><li><u>IVAC</u></li><li><u>KAISER HEALTH NEWS</u></li><li><u>MEDPAGE TODAY</u></li><li><u>NY STATE GLOBAL HEALTH UPDATE</u></li><li><u>THE PANDEMIC CENTER TRACKING REPORT</u></li><li><u>YOUR LOCAL EPIDEMIOLOGIST</u></li></ul>	
<u>WHO</u> <u>IMMUNIZATION DATA</u>  <u>PAHO</u> <u>PAHO MEASLES</u>  <u>CANADA</u> <ul style="list-style-type: none"><li><u>MEASLES AND RUBELLA WEEKLY MONITORING REPORT</u></li><li><u>ALBERTA DASHBOARD</u></li><li><u>BRITISH COLOMBIA</u></li><li><u>MANITOBA HEALTH</u></li><li><u>NEW BRUNSWICK</u></li><li><u>NOVASCOTIA</u></li><li><u>PUBLIC HEALTH ONTARIO</u></li><li><u>PRINCE EDWARDS ISLAND</u></li><li><u>QUEBEC</u></li><li><u>SASKATCHEWAN</u></li></ul>		<u>MEXICO</u> <u>INFORME DIARIO DEL BROTE DE SARAPIÓN EN MÉXICO, 2025</u> <u>MEDICHIUAHUA</u>	

# BACKGROUND

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

**SITUATION:** This week, Uruguay has reported 3 cases of measles.

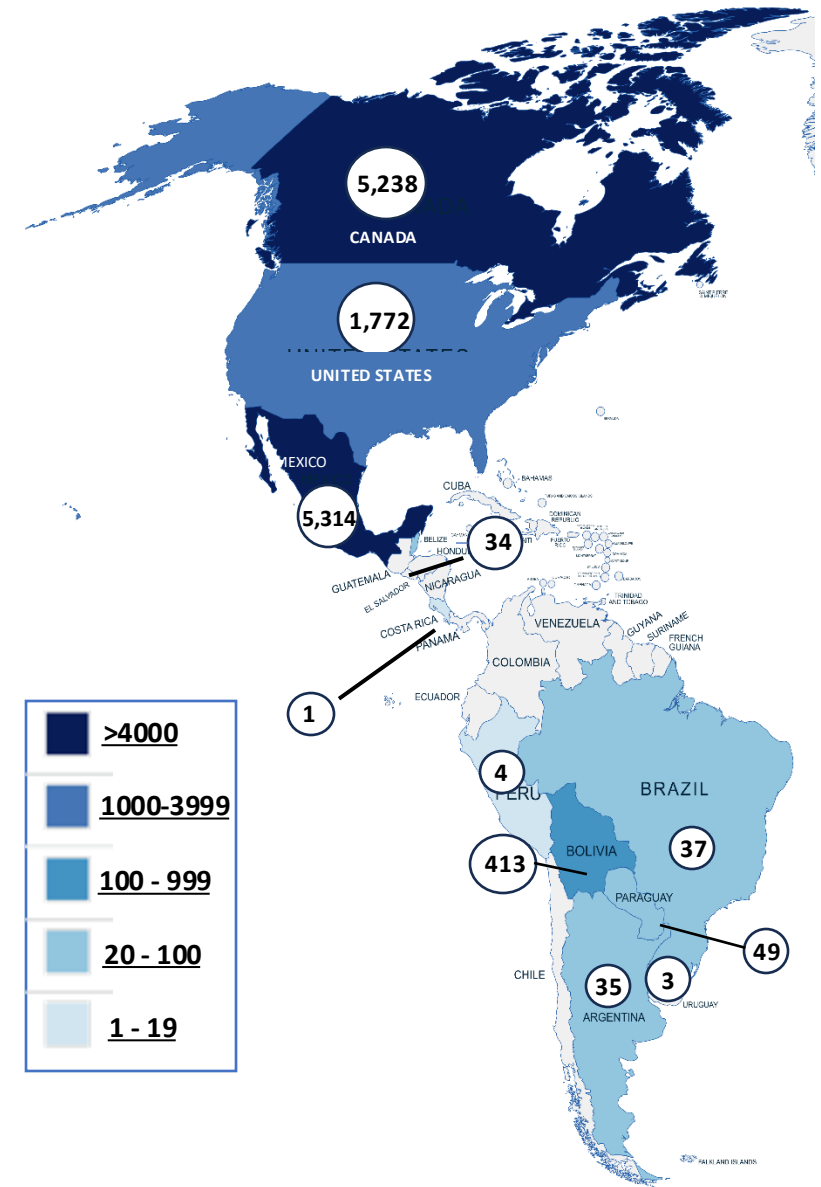
In 2025, between epidemiological week (EW) 1 and EW 46, a total of **12,934 measles cases** were confirmed in the **Region of the Americas**, including **29 deaths**. Reported cases were distributed as follows: **Argentina (n = 35)**, **Belize (n = 34)**, the **Plurinational State of Bolivia (n = 413)**, **Brazil (n = 37)**, **Canada (n = 5,238, including 2 deaths)**, **Costa Rica (n = 1)**, **Mexico (n = 5,314, including 24 deaths)**, **Paraguay (n = 49)**, **Peru (n = 4)**, the **United States of America (n = 1,772, including 3 deaths)**, **Uruguay (N=3)** 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 nine epidemiological weeks, a slow but steady decline in reported cases has been observed; however, transmission and outbreaks continue in several countries.**

### 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 November 10. The US will face a similar fate in January if it is unable to stem the measles outbreak by then.



# UNITED STATES

**SOUTH CAROLINA:** SCDPH is actively responding to a measles outbreak in the Upstate region. As of Nov.21, 2025, [DPH is reporting 55 cases of measles](#) since July 9, 52 of which are in Spartanburg County and are part of the current outbreak. Three new cases of measles in Spartanburg County have led to the quarantining of students at three public schools. The officials suspect that exposures have occurred at Lyman Elementary School and D.R. Hill Middle School, in Spartanburg District Five Schools, and Boiling Springs Middle School, in Spartanburg County School District 2. According to the DPH update, 57 Lyman Elementary students are currently quarantined, along with 55 from Boiling Springs Middle and 1 from D.R. Hill. Measles vaccination rates among students at the schools are below the state average. According to DPH records, Boiling Springs Middle has a vaccination rate of 80 percent, while Lyman Elementary has a rate of 89 percent.

A worker at Greenville–Spartanburg International Airport is among the newly confirmed measles cases in Spartanburg County, according to the South Carolina Department of Health and Environmental Control (DPH). Public health officials believe this case may have exposed travelers at the airport on November 10 and 11, 2025, between 9:00 a.m. and 7:00 p.m. Investigators also report that a person with measles attended Way of Truth Church in Inman on the evening of Friday, November 7, and again on Sunday, November 9, from 10:00 a.m. to 2:00 p.m. Anyone who may have been at the airport or the church during these times should monitor for symptoms of measles and contact their health care provider if they become ill, informing them of the possible exposure.

**ARIZONA/UTAH OUTBREAK:** The measles outbreak along the Utah–Arizona border continues to grow, with **224** confirmed cases to date—**137 in Arizona** and **92 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 West Texas.

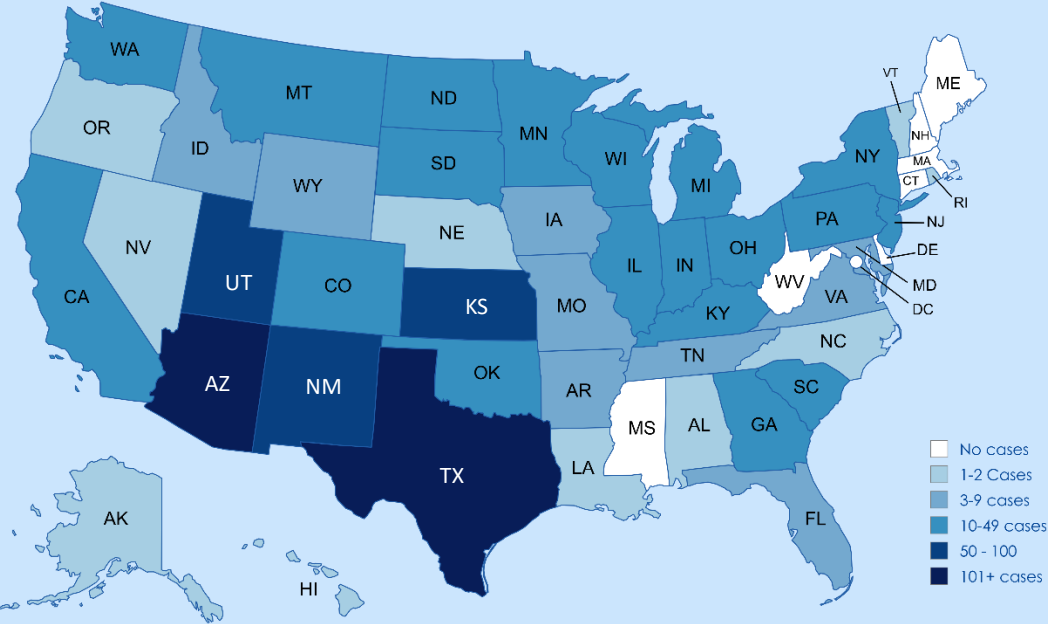
**FIVE NEW CASES IN WASATCH COUNTY, UTAH:** Officials have confirmed 5 cases of Measles in Wasatch County from Wasatch High School students on Saturday, November 22, 2025. Two more cases are still being evaluated. Officials have also confirmed that one or more of these students did attend school or school activities while infectious during school hours on November 14, 17, and 18, and a school play on Saturday, November 15. These are the first confirmed cases of Measles in Wasatch County. Three of the students were not vaccinated, two were.

**NEW YORK:** Cases of measles in Rockland County are rising. [Rockland reported a case of measles this August](#). Health Commissioner Dr. Mary Leahy then [announced on Oct. 24](#) that a [second case of measles](#) was confirmed in a person who had returned from international travel. In November, Leahy reported that [two residents had come down with measles](#) after contact with the person sickened in October. The New York State Health Department is now reporting three additional cases, bringing the total to [8 cases in Rockland County for 2025](#). So far in 2025, New York has had 33 cases, 18 in New York City, and 15 in New York State outside NYC (Rest of State). Four cases in Orange County, one in Suffolk County, one in Ontario County, one in Putnam County, and eight in Rockland County.

# MEASLES CASES – AS OF 23 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 \(CORI\)](#)*

1,772\*



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+	137 (+9)
NEW MEXICO	100
UTAH+	92(+15)
KANSAS	91
SOUTH CAROLINA+	55 (+8)
OHIO	44
NORTH DAKOTA	36
WISCONSIN	36
NEW YORK	33 (+3)
COLORADO	32
MONTANA	32
MICHIGAN	29
MINNESOTA	24
CALIFORNIA	22
OKLAHOMA	20
PENNSYLVANIA	16
IDAHO+	15 (+4)
ILLINOIS	14
KENTUCKY	14
SOUTH DAKOTA	12
WASHINGTON	12
NEW JERSEY	11
INDIANA	11 (+1)
GEORGIA	10
WYOMING	9
ARKANSAS	8
IOWA	8
TENNESSEE	8
FLORIDA	7
MISSOURI	7
VIRGINIA	4
ALASKA	3
LOUISIANA	3
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	1,772(+41)

- 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 2<sup>nd</sup> 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.

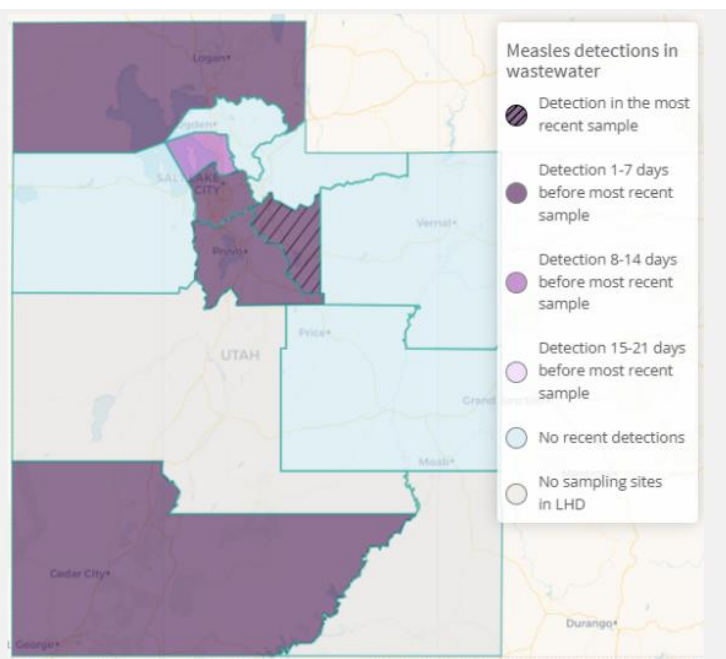
# UNITED STATES – ARIZONA AND UTAH OUTBREAK

- 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.

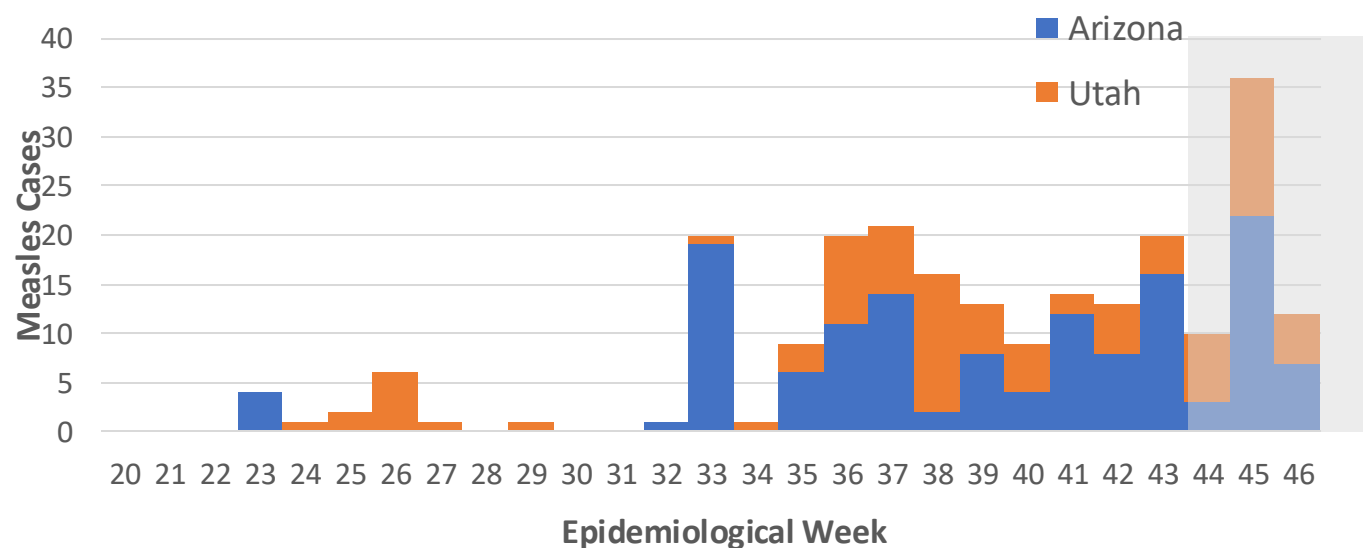
As of 11/23/2025, at least **209 people have been infected, most linked to two small towns -- Colorado City, Arizona, and Hildale, Utah**, where residents often move between the two communities. In Mohave County, Arizona, officials have reported **133 confirmed measles cases**, including four requiring hospitalization. This brings the state's total for 2025 to **137 cases**. In Utah, the Utah Department of Public Health reported **87 confirmed cases** on Friday, 21 November, but on Saturday, 22 November, Wasatch County reported that five students at the local high school had the virus, bringing the state's total to 92. Nine have required hospitalization. Many of the clusters started in schools, but there is now community transmission. The outbreak has also reached Iron County, Salt Lake County, Wasatch County, and Utah County.

## 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: 92 (+15)

HOSPITALIZATIONS: 9 (10.34%)

DEATHS: 0

### AGES:

- <18 54 (59 %)
- 18+: 38 (41.7%)

### VACCINATION STATUS:

- Unvaccinated: 88 (98%)
- Vaccinated: 4 (2%)
- Unknown: 0 (0%)

**OUTBREAK OVERVIEW:** After sporadic cases in late May and June, the outbreak in Utah accelerated following a large gathering in mid-August. In early September, subsequent exposure events included a healthcare facility, a 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, Central Utah, Utah County, . and Wasatch County.

**RESPONSE:** The outbreak response is ongoing, including contact tracing, risk communication, vaccinations, and wastewater surveillance. After finding wastewater samples in Provo (where Brigham Young University is located) positive for measles in July, the Utah Department of Health and Human Services expanded from 2 to 35 sites across the state.

[UTAH](#)

## ARIZONA

CASES: 137 (+9)

HOSPITALIZATIONS: 4 (3%)

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.

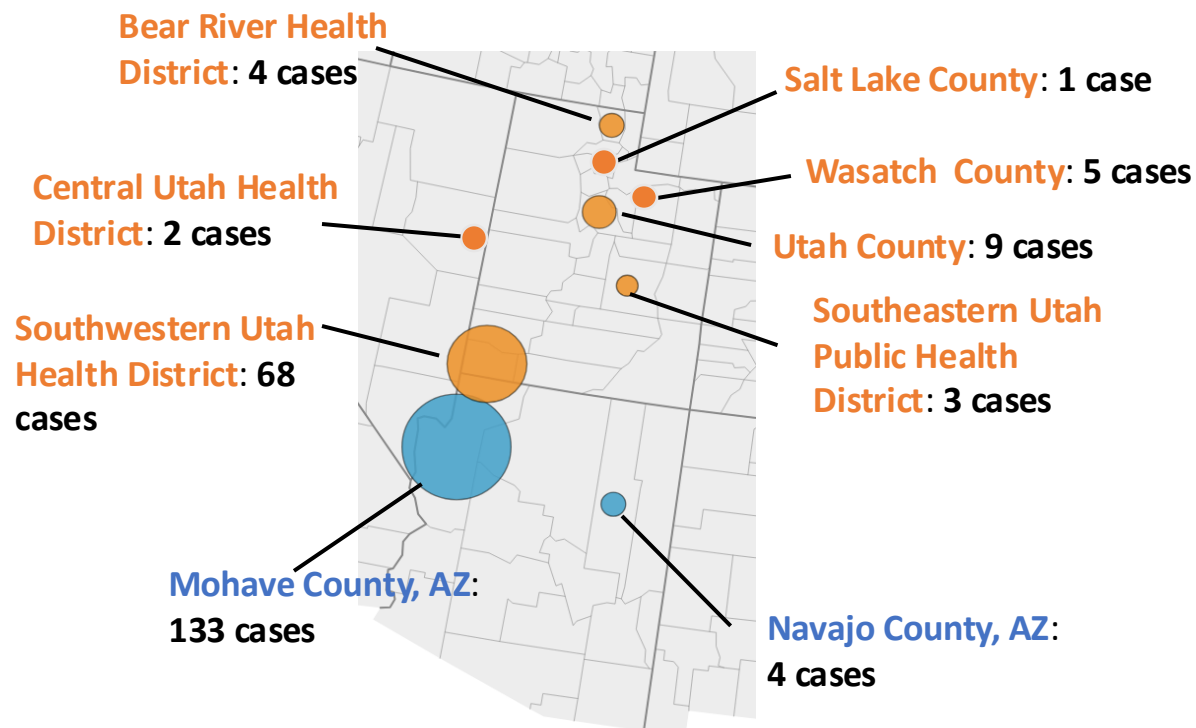
**OUTBREAK TIMELINE:** The current outbreak in Mohave County began in early August in Colorado City. Contact with communities across the border in Utah fueled the spread, as Utah public health officials confirmed the two outbreaks are related. Community transmission is occurring.

**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.

[ARIZONA](#)

### 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.



# UNITED STATES – SOUTH CAROLINA OUTBREAK

## SOUTH CAROLINA

CASES: 55 (+8)

HOSPITALIZATIONS: 0

DEATHS: 0

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

**AGES:** < 5: 10

5-17: 31

18+: 6

Minor under age 18 (age undisclosed): 5

**VACCINATION STATUS:** 49 unvaccinated  
2 Partially vaccinated  
4 Unknown

### TRANSMISSION:

- Ongoing
- **27 of the cases so far are due to household transmission.**

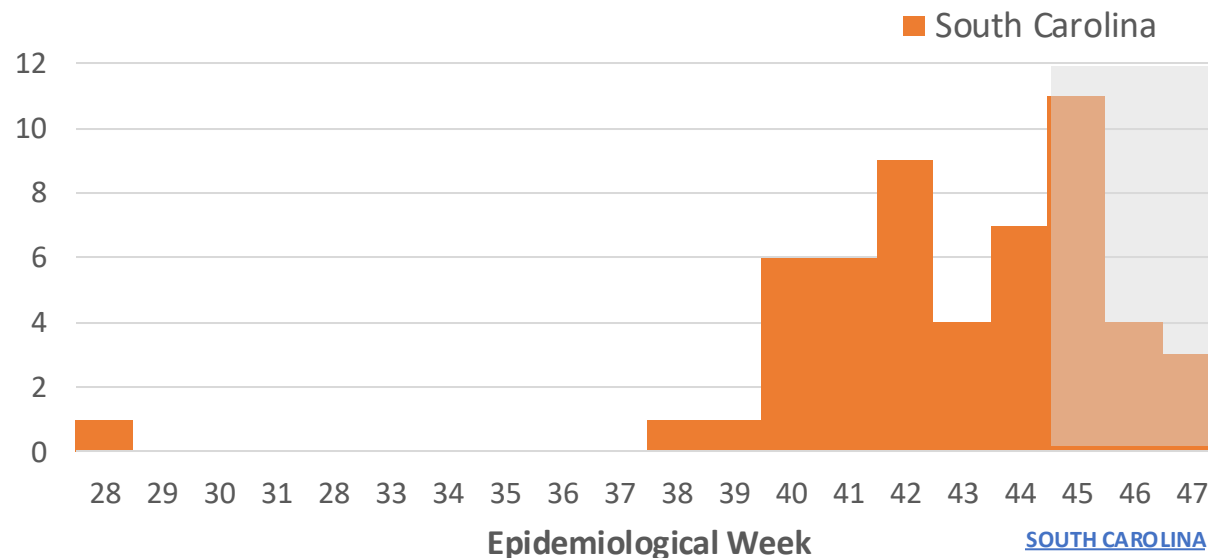
**PUBLIC HEALTH MEASURES:** Response measures include contact tracing; quarantine of exposed, unvaccinated individuals; vaccination outreach; and public alerts. There has been a 110% increase in MMR vaccines in Spartanburg County. Currently, 137 individuals are in quarantine.

**COMMUNITY TRANSMISSION:** Ongoing.

Three new cases of measles in Spartanburg County have led to the quarantining of students at three public schools. Health officials suspect that exposures have occurred at Lyman Elementary School and D.R. Hill Middle School, in Spartanburg District Five Schools, and Boiling Springs Middle School, in Spartanburg County School District 2. According to the DPH update, 57 Lyman Elementary students are currently quarantined, along with 55 from Boiling Springs Middle and one from D.R. Hill. Measles vaccination rates among students at the schools are below the state average.

DPH also is alerting the public to a confirmed case of measles in an employee at the Greenville Spartanburg International Airport (GSP) that may have resulted in exposures to visitors on the days of Nov. 10 and Nov. 11, 2025, from 9 a.m.-7 p.m. each day.

## EPI CURVE FOR MEASLES CASES IN SOUTH CAROLINA, 2025



# 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. **On November 10, 2025, the Pan American Health Organization notified Canada that it had lost its measles elimination status due to its failure to curb a year-long outbreak.**

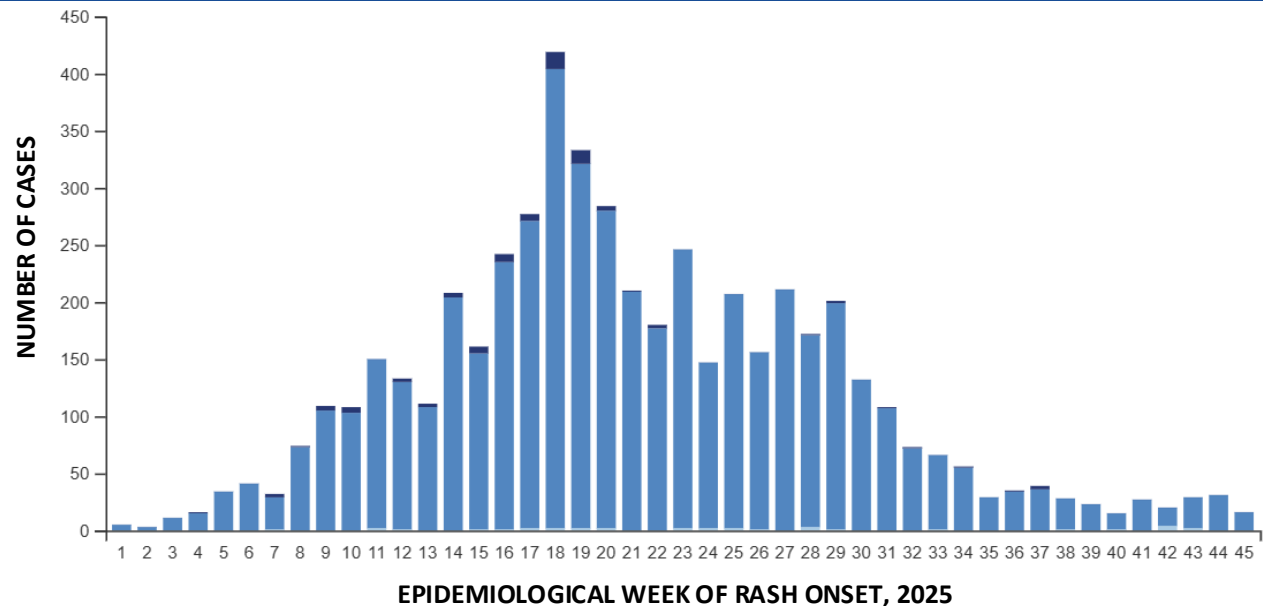
## CONTRIBUTING FACTORS

- **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 - 45



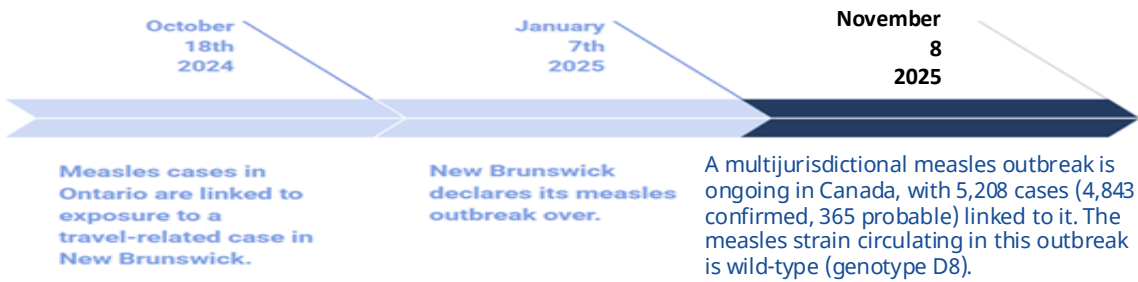
## SOURCES:

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

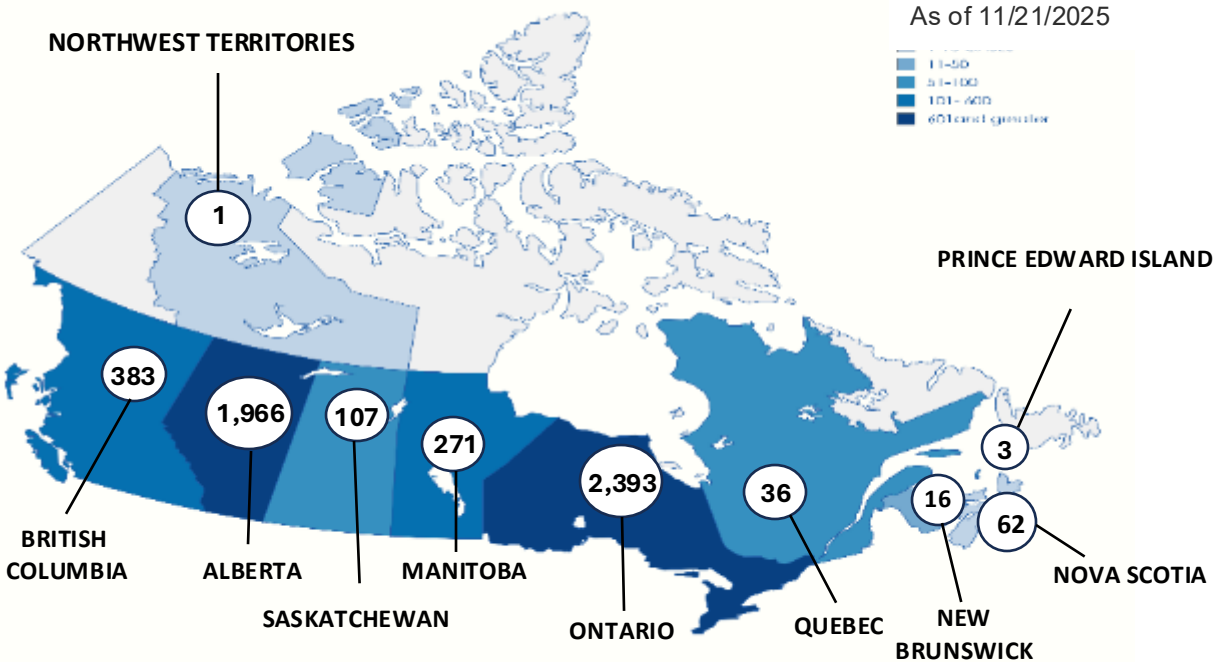


# CANADA – CURRENT SITUATION

## Brief Timeline of Outbreak



MEASLES 2025			
PROVINCE	CONFIRMED CASES	PROBABLE CASES	TOTALS
ONTARIO	2,104*	289	2,393
ALBERTA	1,966 (+6)	0	1,966 (+6)
MANITOBA	253 (+4)	18 (+2)	271 (+6)
BRITISH COLUMBIA	360 (+17)	23	383 (+17)
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	4,908	330	5,238



## 5,238 Cases (4,908 Confirmed and 330 Probable) 2 Deaths




In 2025, there have been 5,238 cases (4,908 confirmed and 330 probable). The majority of these cases are linked to the ongoing multijurisdictional measles outbreak in Canada since the fall of 2024.

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 1,966 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 is just the number for 2025.

# OUTBREAK – ALBERTA

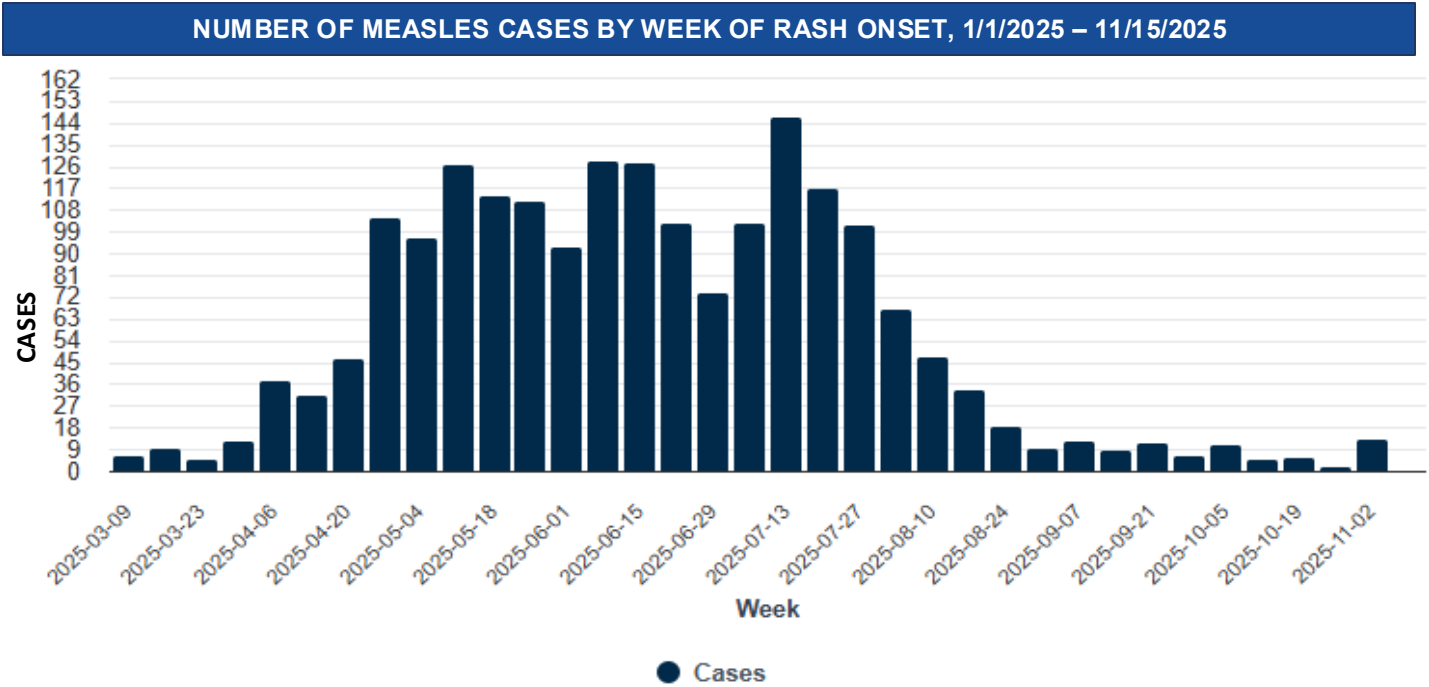
MORBIDITY AND MORTALITY			
PROVINCE	CASES 	HOSPITALIZATIONS 	DEATHS 
ALBERTA	1,966 (+6)	157 (15 ICU) ( 0 Currently Hospitalized)	1

IMMUNIZATION STATUS	COUNT
Unimmunized	1759
1 dose	52
2 or more doses	78
Unknown	77

AGE RANGE	NUMBERS
<5 years	563
5 to 17 years	872
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.



# 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

- **5,314 confirmed cases nationwide**
  - **4,451 (83.76%) in Chihuahua**
  - **Cases are picking up in other parts of the country, specifically in Guerrero (n=141 cases), Michoacan (n=157 cases), and Jalisco (n=215 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:** 13.07
- **25–29 years:** 5.97
- **30–34 years:** 5.13

## 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

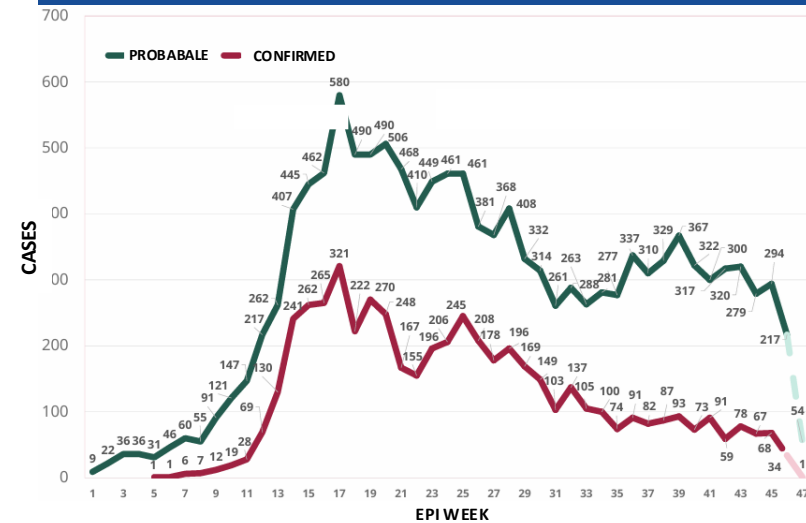
- **“Juarez Shield Strategy”** – Mass vaccination campaign
- **Rapid Response Plan** – Enhanced surveillance, lab confirmation, case isolation
- **Door-to-Door Vaccination** – Community engagement with local and religious leaders
- **Vitamin A Supplementation** – For children under 5 with suspected or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

## SOURCES:

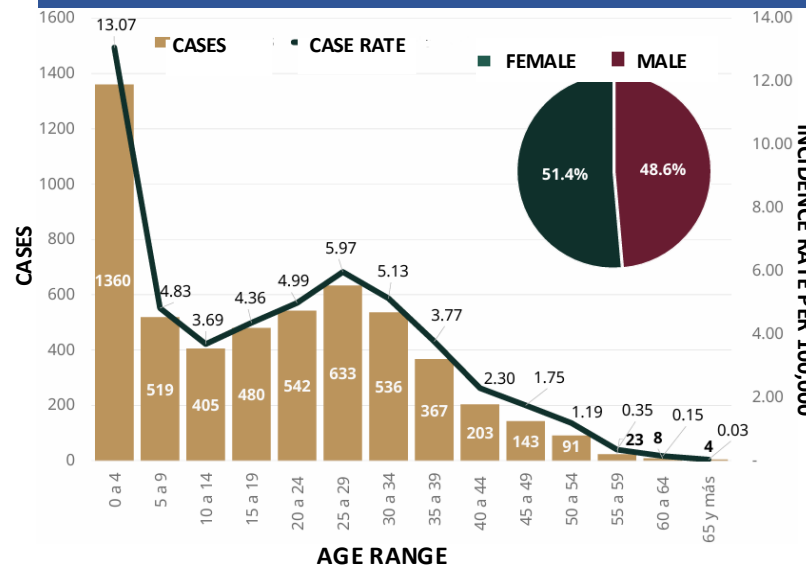
[Daily Report – Mexico](#)

# MEXICO

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



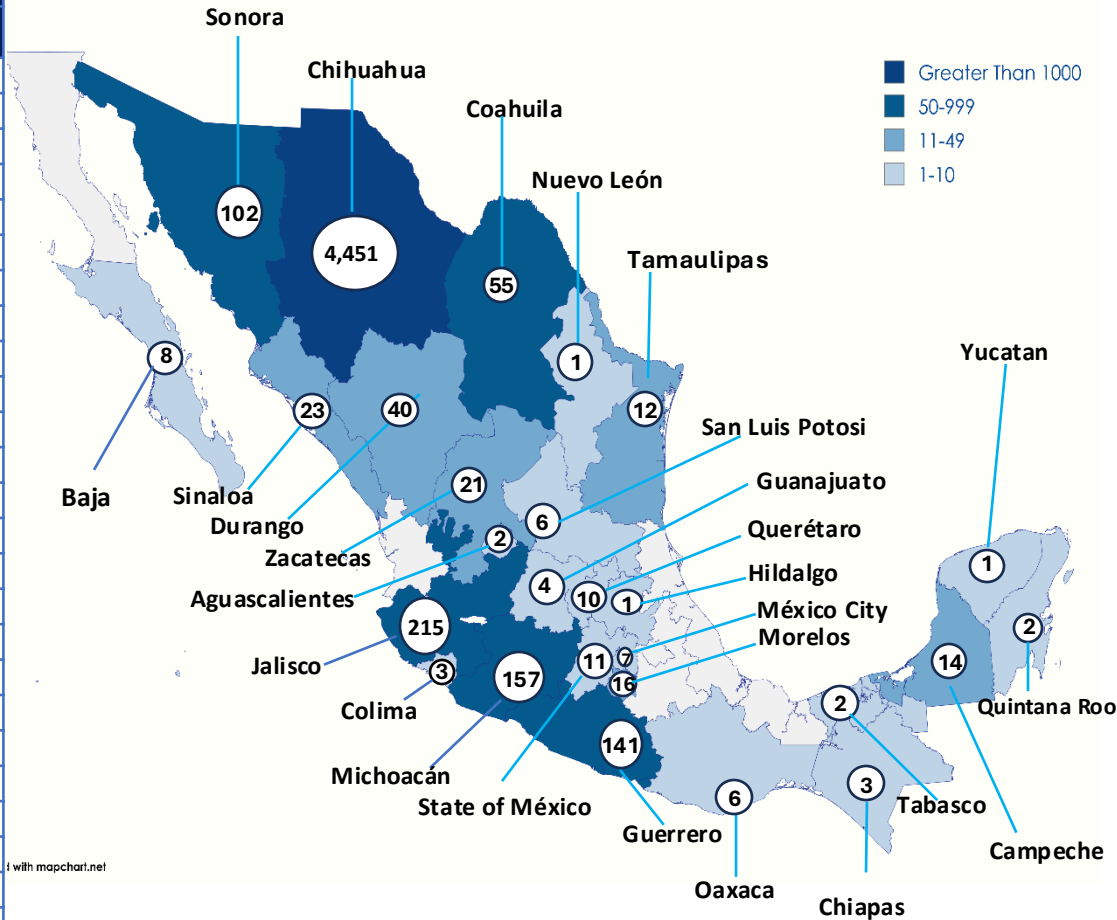
CONFIRMED CASES BY SEX, AGE, AND INCIDENCE RATE



CONFIRMED MEASLES CASES

STATE	CASES	
	CONFIRMED	PROBABLE
AGUASCALIENTES	2	143
BAJA	8	66
CAMPECHE	14	99
CHIAPAS	3 (+2)	40
CHIHUAHUA	4,451 (+11)	6,154
COAHUILA	55	297
COLIMA	3	39
DURANGO	40	283
GUANAJUATO	4	520
GUERRERO	141 (+13)	307
HIDALGO	1	108
JALISCO	215 (+27)	1,056
MEXICO	11	572
MÉXICO CITY	7	831
MICHOACÁN	157 (+4)	470
MORELOS	16	194
NUEVO LEÓN	1	274
OAXACA	6 (+1)	84
QUERÉTARO	10	142
QUINTANA ROO	2	73
SAN LUIS POTOSI	6	144
SINALOA	23	149
SONORA	102	300
TABASCO	2	81
TAMAULIPAS	12	128
YUCATAN	1	60
ZACATECAS	21	154
TOTAL	5,314 (+58)	12,795

Data as of 11/21/2025



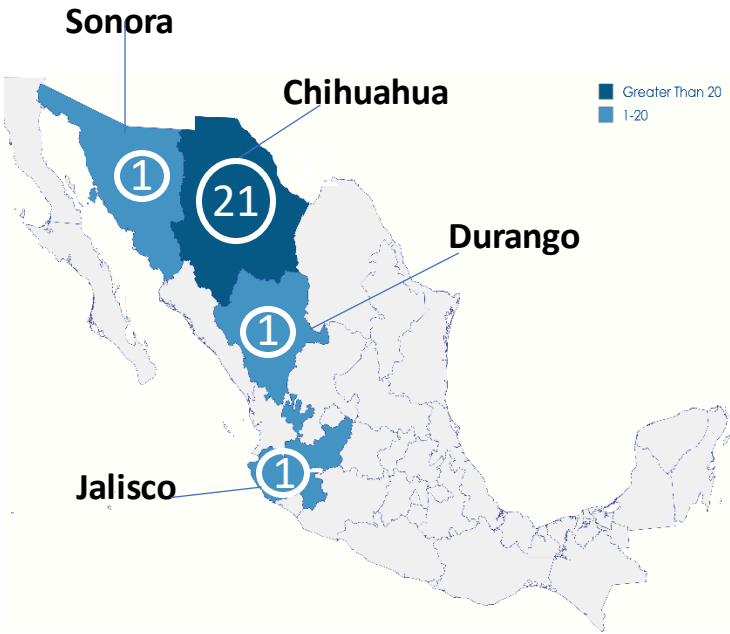
5,314 CONFIRMED CASES  
24 DEATHS

SOURCE: [DAILY REPORT](#)

# 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

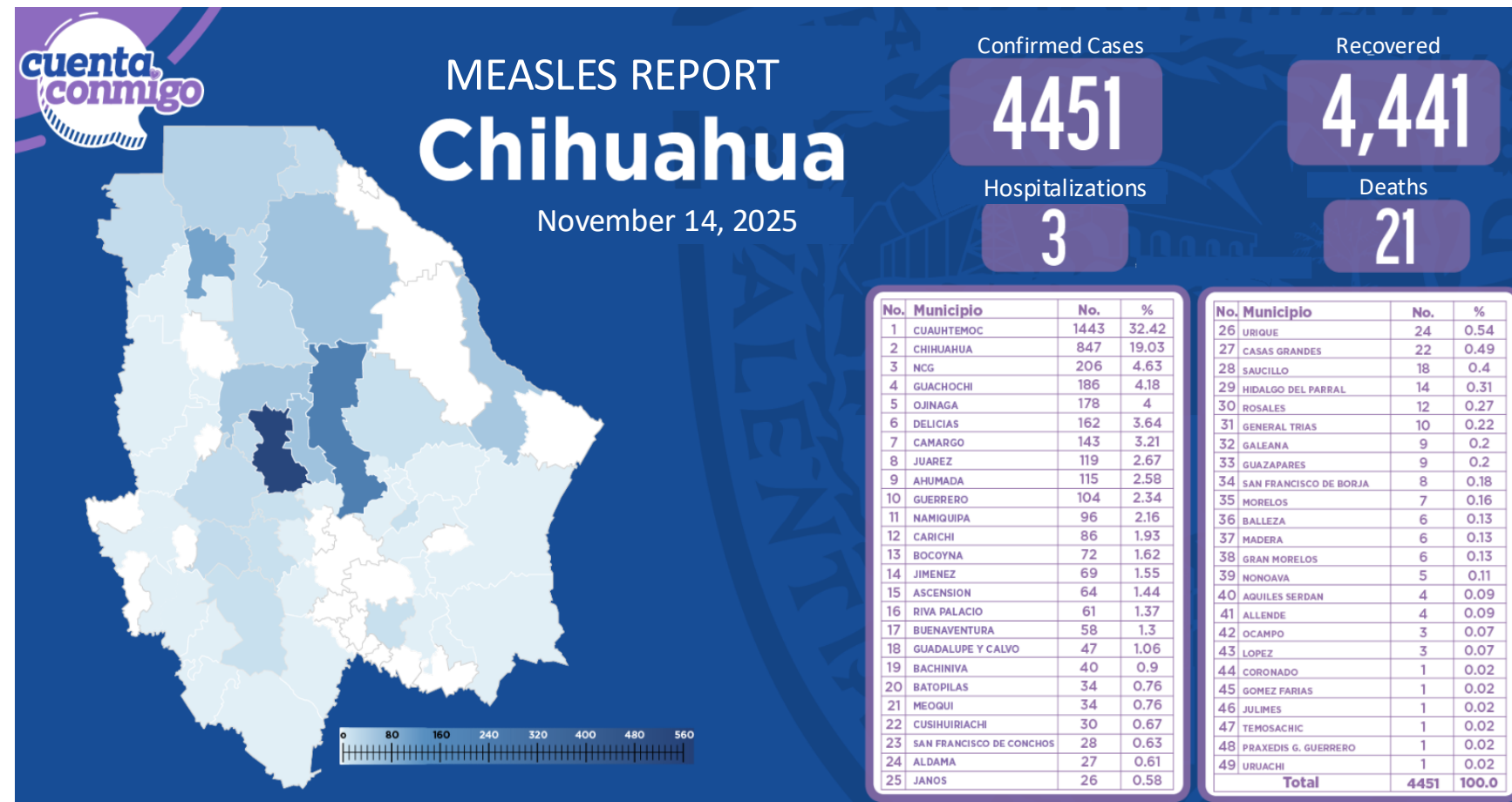
DEATHS: 24





# 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](#)



JANOS  
**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.

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