

MEASLES – THE AMERICAS 2025

MORBIDITY AND MORTALITY

COUNTRY	CONFIRMED CASES	DEATHS
NORTH AMERICA -3 ACTIVE OUTBREAKS		
<u>US</u>	1,687 (+22)	3
<u>CANADA</u>	5,233 (+56)	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>	5,185 (+69)	23
CENTRAL AMERICA - NO ACTIVE OUTBREAKS		
<u>BELIZE (JULY 2025- OUTBREAK OVER)</u>	34	0
COSTA RICA (NO NEW CASES)	1	0
SOUTH AMERICA – 2 ACTIVE OUTBREAKS		
<u>BOLIVIA</u> (NO UPDATE)	389	0
ARGENTINA	46	0
<u>BRAZIL</u>	35	0
PARAGUAY	49	0
PERU (NO NEW CASES)	4	0
THE CARRIBEAN	41	0
TOTAL	12,704 (+147)	28

BACKGROUND

UNITED STATES

ARIZONA AND UTAH

SOUTH CAROLINA

CANADA

ALBERTA

MEXICO

MEXICO - DEATHS

CHIHUAHUA

Yale
SCHOOL
OF PUBLIC
HEALTH

11/9/2025
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: In 2025, between epidemiological week (EW) 1 and EW 44, a total of **12,704 measles cases** were confirmed in the **Region of the Americas**, including **28 deaths**. Reported cases were distributed as follows: **Argentina (n = 46)**, **Belize (n = 34)**, the **Plurinational State of Bolivia (n = 389)**, **Brazil (n = 35)**, **Canada (n = 5,233, including 2 deaths)**, **Costa Rica (n = 1)**, **Mexico (n = 5,185, including 23 deaths)**, **Paraguay (n = 49)**, **Peru (n = 4)**, the **United States of America (n = 1,687, including 3 deaths)**, and **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 seven epidemiological weeks, a slow but steady decline in reported cases has been observed; however, transmission and outbreaks remain ongoing in several areas.**

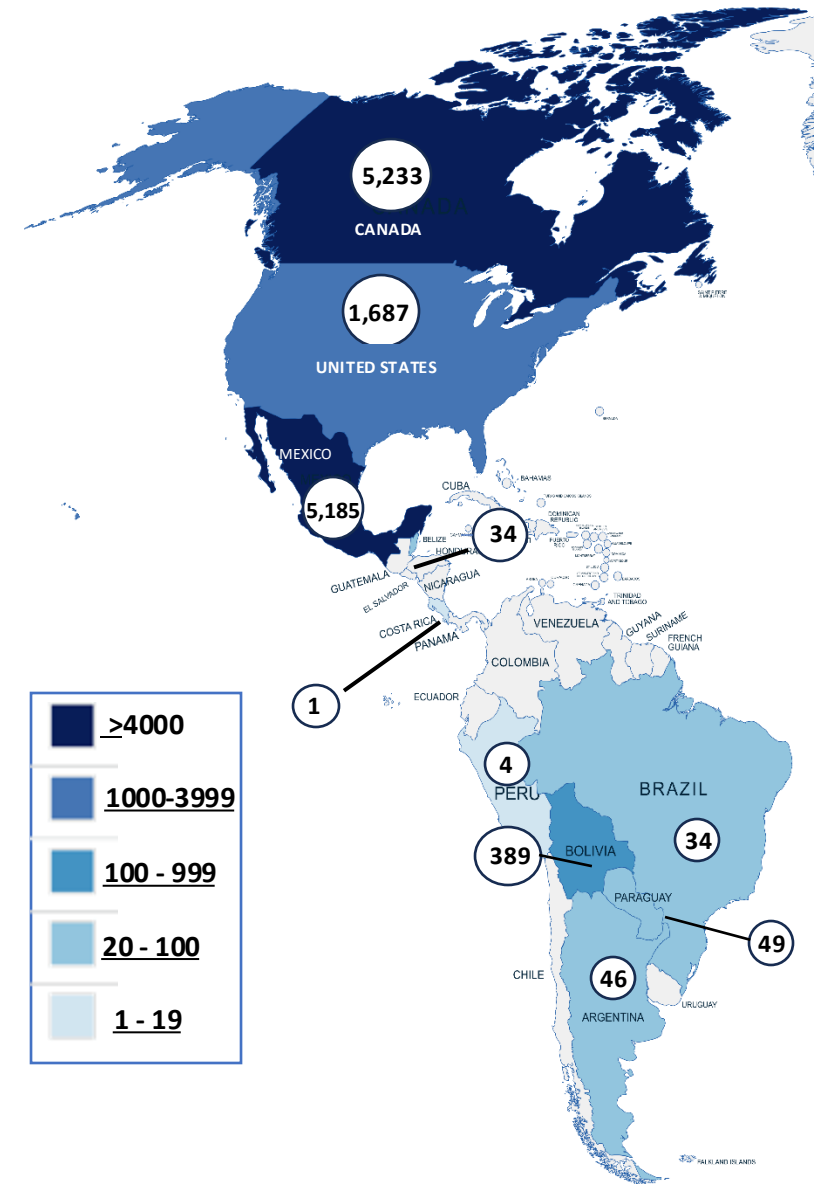
REGIONAL ELIMINATION STATUS

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, October 27 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

[SOUTH CAROLINA](#): South Carolina’s Department of Public Health (DPH) has confirmed one new measles case in Spartanburg County, raising the outbreak total to 35. In the 11/7/2025 update, SCDPH said it is investigating possible exposures. The outbreak, which began over a month ago, has centered around Fairforest Elementary School and the Global Academy of South Carolina. More than 120 students were quarantined early in the response, a step health officials believe helped contain the virus’s spread in the wider community. Currently, 33 individuals are under quarantine.

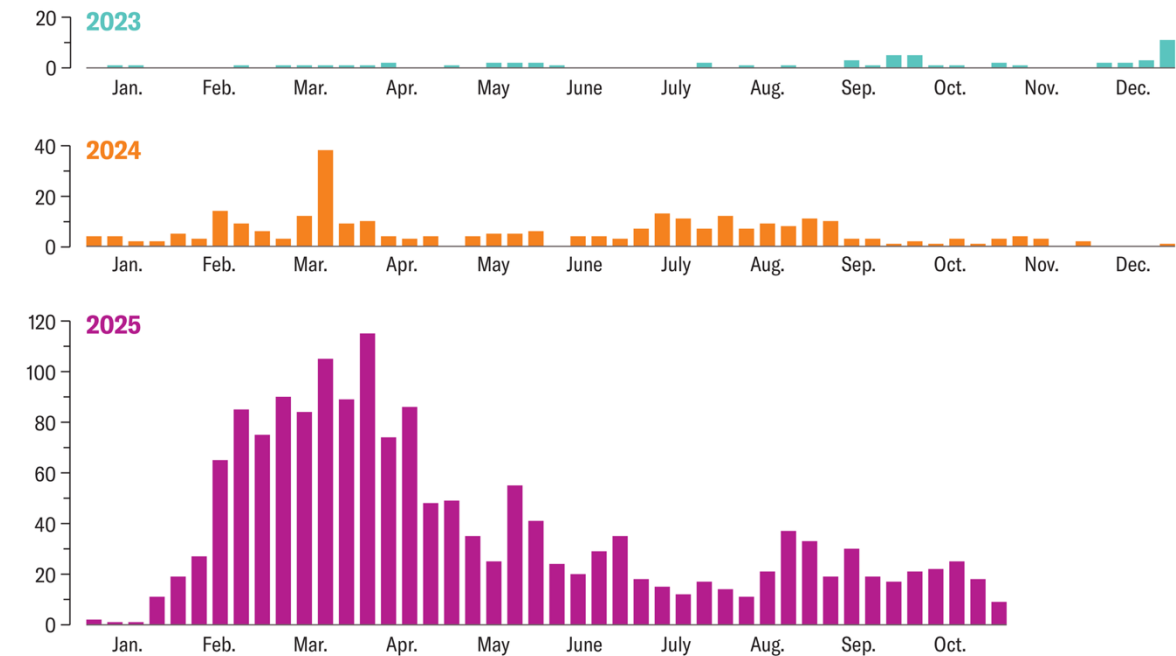
[ARIZONA/UTAH OUTBREAK](#): The measles outbreak at the Arizona-Utah border as of 11/7/2025 is 162 cases and is the second-largest U.S. measles outbreak of 2025. The Arizona-Utah outbreak's first cases were reported in August in the southwestern Utah community of Hildale and in the rural northern Arizona community of Colorado City in Mohave County. Hildale and Colorado City are in different states, but they operate as one community. There are 107 cases in Arizona connected to the outbreak, with 27 new cases added during the past two weeks. Most of the cases associated with the Arizona outbreak involve individuals under 18. The Southwest Utah Public Health Department reported 55 cases as of November 7th. The department has notified the public about recent exposures at Water Canyon High School in Hildale, St. George Regional Hospital in St. George, Utah and Cedar City Hospital in Cedar City, Utah.

[NEVADA](#): An infant has contracted measles, marking the first case in Clark County, NV, since 2018, the [Southern Nevada Health District](#) announced on 11/7/2025. The child, who was too young to receive the measles, mumps, and rubella vaccine, was hospitalized but has since been discharged and is recovering, according to a health district news release. People may have been exposed to measles at St. Rose Dominican Hospital's Siena Campus Pediatric Emergency Department from 8 a.m. to 1:30 p.m. on 10/31/2025 and from 7 a.m. to 3 p.m. on 11/1/2025, the health district said. The health district said its surveillance team is working with the facility to notify patients who may have been exposed.

[TENNESSEE](#): Nashville’s first case of measles in 20 years was confirmed in early November. [The Metro Public Health Department](#) reported a positive measles case on Friday morning. The Davidson County had recently been traveling and resident is currently in isolation, according to MPH. The source of the infection is being investigated, including possible contacts. The case was not vaccinated against measles. This is the 8th case of measles in Tennessee in 2025.

Weekly U.S. Measles Cases, January 2023–October 2025

Each bar in the charts below represents one week’s worth of confirmed measles cases, dated by the onset of a rash.

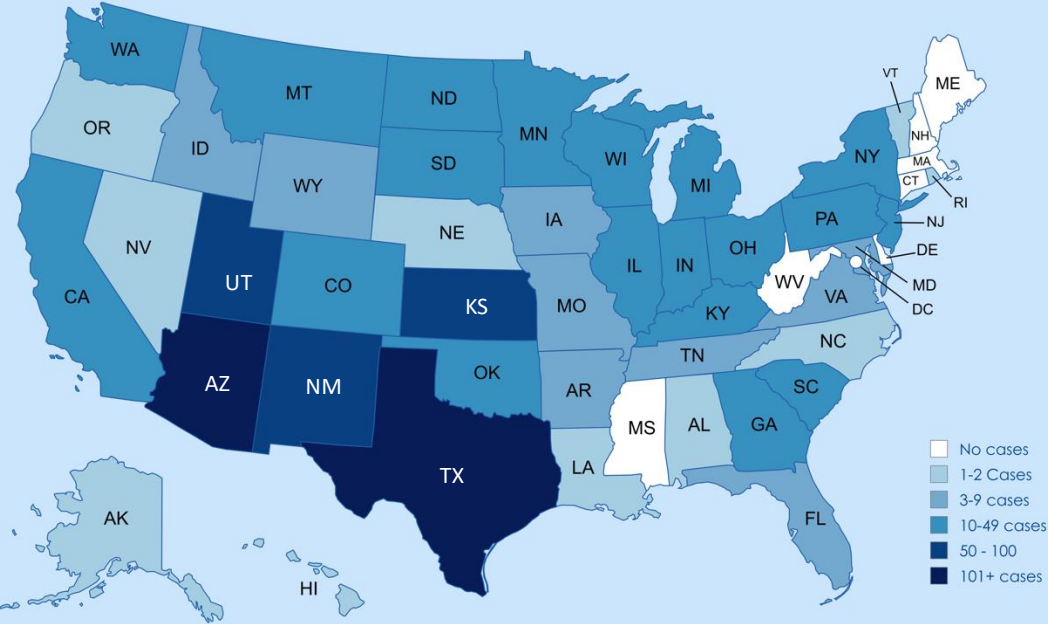


[Amanda Montañez](#); Source: [Centers for Disease Control and Prevention](#) (data)

MEASLES CASES – AS OF 9 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 \(CORI\)](#)*

1687*



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
ARIZONA+	111 (+14)
KANSAS	90
UTAH+	67 (+3)
OHIO+	44
SOUTH CAROLINA	38 (+1)
NORTH DAKOTA	36
WISCONSIN	36
MONTANA	32
COLORADO	31
MICHIGAN	29
NEW YORK	28 (+1)
MINNESOTA+	23
CALIFORNIA	22
OKLAHOMA	20
PENNSYLVANIA	16
ILLINOIS	14
KENTUCKY	14
SOUTH DAKOTA	12
WASHINGTON	12
NEW JERSEY	11
GEORGIA	10
INDIANA	10
IDAHO	9 (+1)
WYOMING	9
ARKANSAS	8
IOWA	8
TENNESSEE	8 (+1)
MISSOURI	7
FLORIDA	6
VIRGINIA	4
ALASKA	3
MARYLAND	3
HAWAII	2
LOUISIANA	2
VERMONT	2
ALABAMA	1
DISTRICT OF COLUMBIA	1
NEBRASKA	1
NEVADA	1 (+1)
NORTH CAROLINA	1
OREGON	1
RHODE ISLAND	1
TOTAL	1,687 (+22)

- 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 9 November 2025, EDT, there are approximately 1,687 measles cases (including confirmed and suspected cases) across 43 states. There have been 44 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.

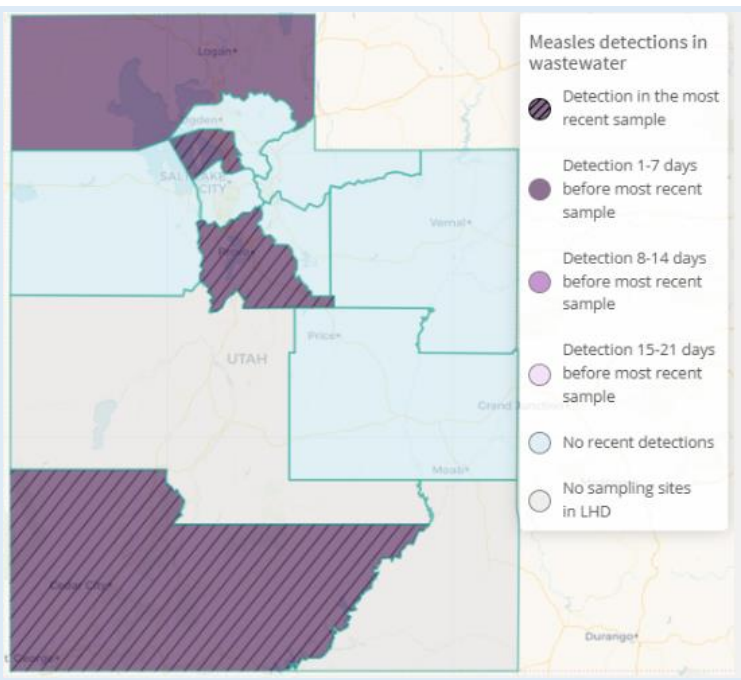
UNITED STATES – ARIZONA AND UTAH OUTBREAK

- 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 11/9/2025, at least **166** 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 **107 confirmed measles cases**, including three requiring hospitalization. This brings the state's total for 2025 to **111 cases**. In Utah, the Utah Department of Public Health has reported **67 confirmed cases**, most occurring among unvaccinated, school-age children. At least **55 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.

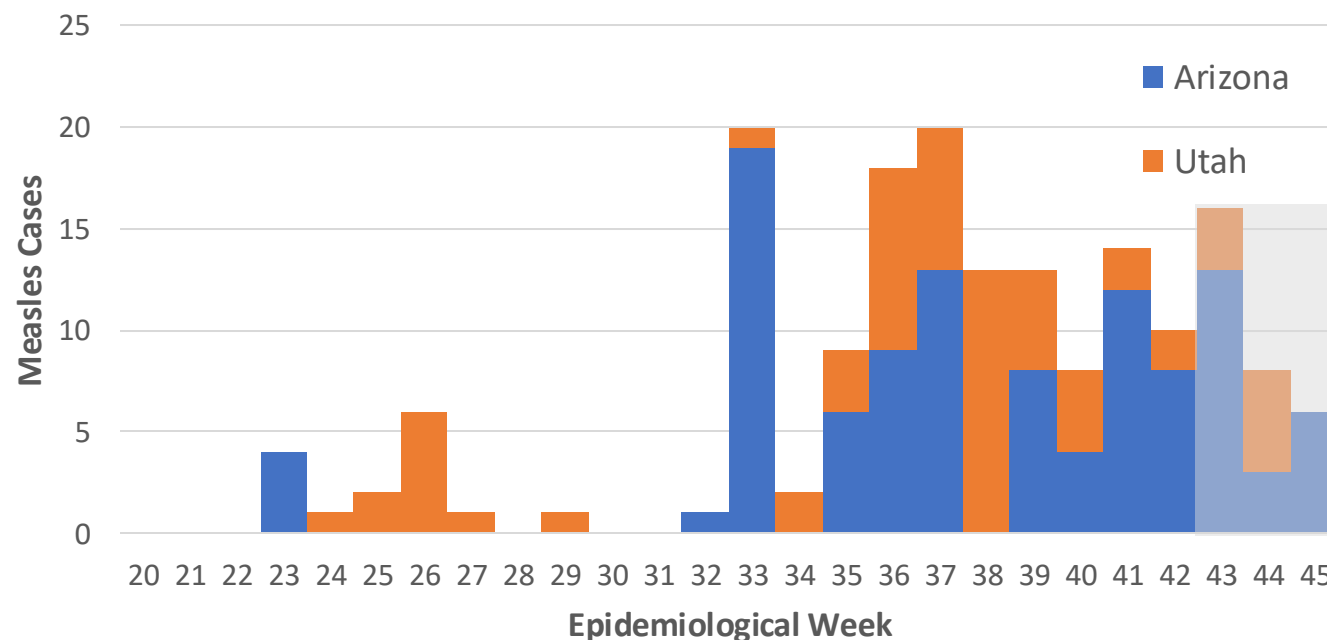
Wastewater dashboard - Utah

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.



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

EPI CURVE FOR MEASLES CASES IN ARIZONA AND UTAH, 2025



UNITED STATES – ARIZONA AND UTAH OUTBREAK

UTAH

CASES: 67 (+3)

HOSPITALIZATIONS: 8 (12%)

DEATHS: 0

AGES:

- <18: 34 (51%)
- 18+: 33 (49%)

VACCINATION STATUS:

- Unvaccinated: 65 (97%)
- Vaccinated: 1 (1.5%)
- Unknown: 1(1.5%)

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. Health officials believe there is a case in Salt Lake County as well, but the infected individual refused testing.

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 is expanding from 2 to 35 sites across the state.

ARIZONA

CASES: 111 (+14)

HOSPITALIZATIONS: 3 (3%)

DEATHS: 0

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

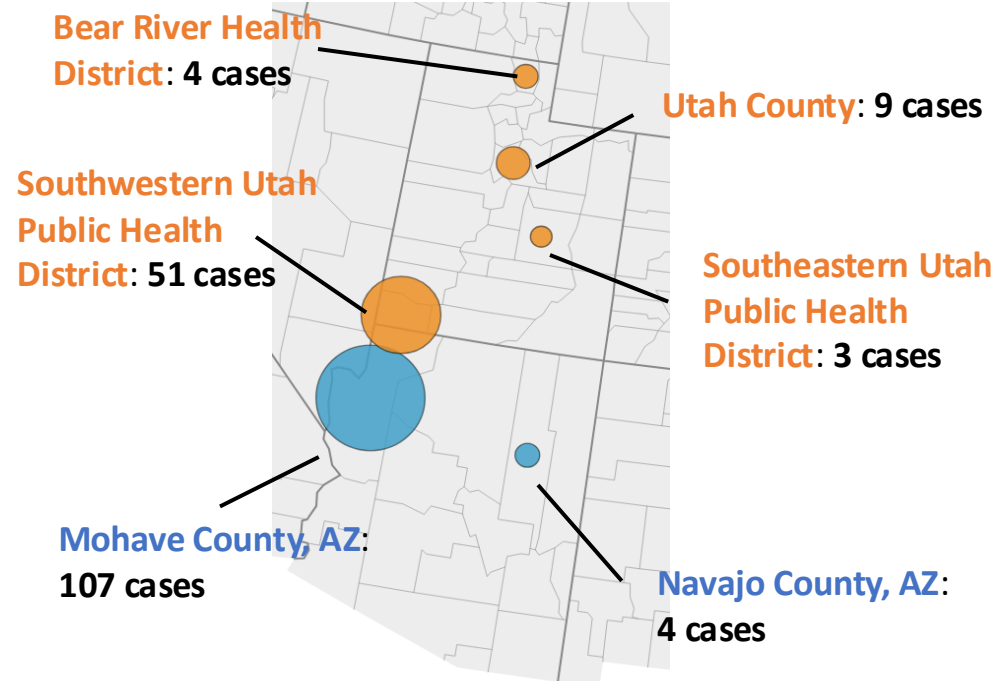
VACCINATION STATUS: Arizona has not reported the vaccination status of cases.

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.

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: 38 (+1)	HOSPITALIZATIONS: 0	DEATHS: 0

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

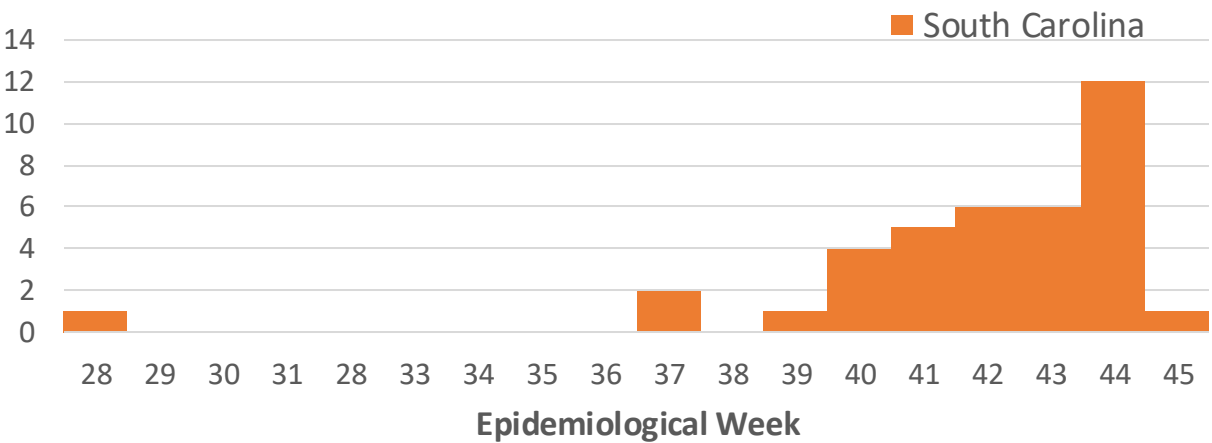
AGES: South Carolina has not reported the age breakdown of cases. Most cases are in school-aged children.

VACCINATION STATUS: Most cases are unvaccinated/unknown immunity; exposures among unvaccinated students.

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



July 9	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 .
October 31	DPH added 12 new cases in Spartanburg County , bringing the total in South Carolina this year to 37 and the current outbreak to 34 .
November 7	DPH added 1 new case in Spartanburg County, bringing the outbreak to 35 cases. There are currently 33 people who are in quarantine.

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.

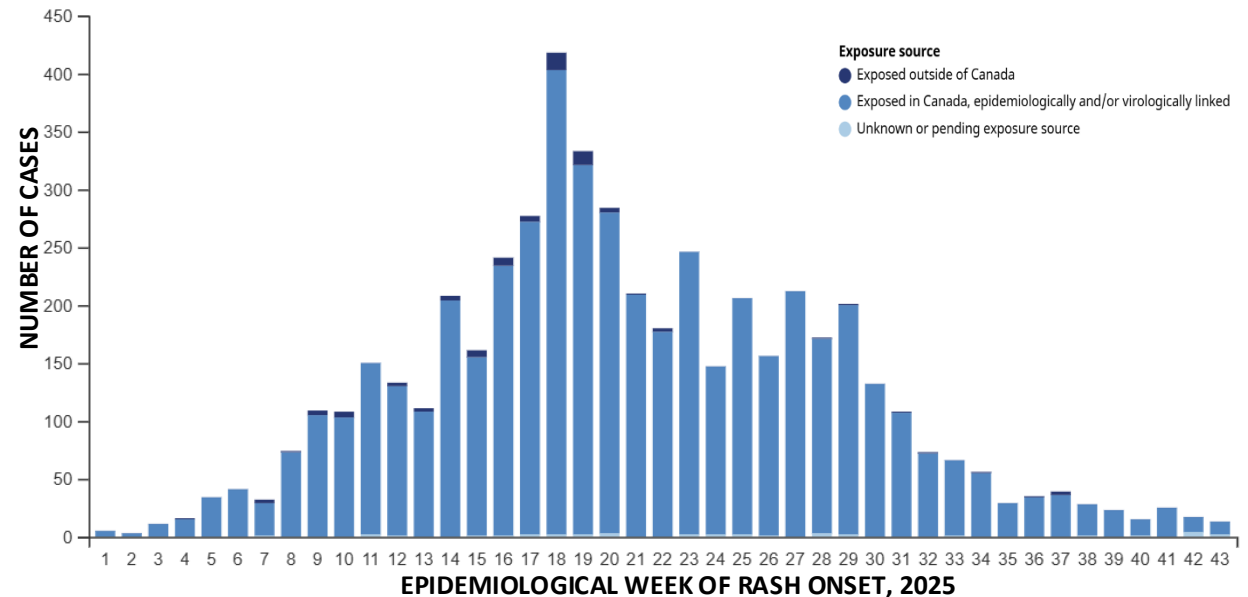
CONTRIBUTING FACTORS

- **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 - 43

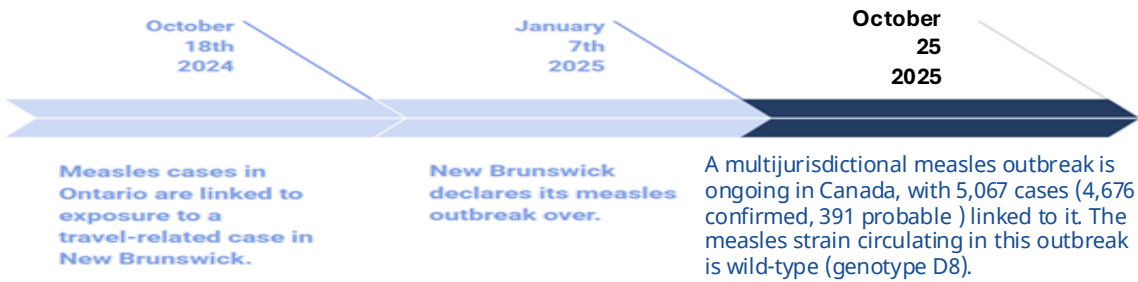


SOURCES:

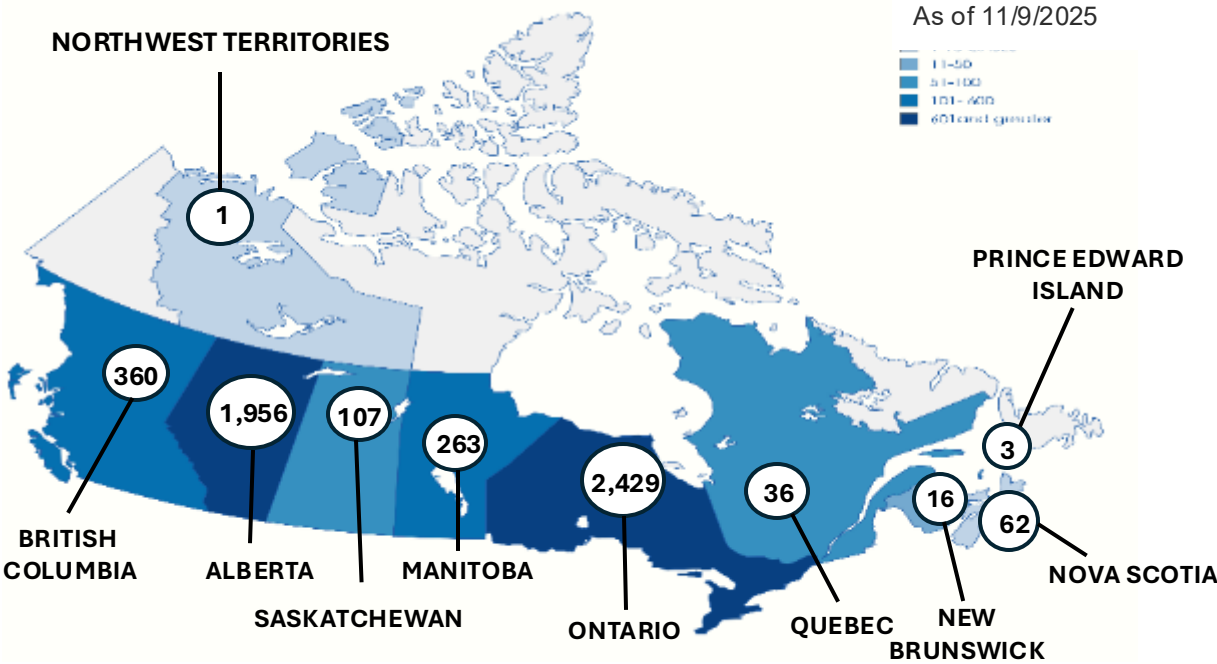
[Measles and rubella weekly monitoring report – Week 42](#)
[PAHO - Measles cases rise in the Americas in 2025](#)

CANADA – CURRENT SITUATION

Brief Timeline of Outbreak



MEASLES 2025			
PROVINCE	CONFIRMED CASES	PROBABLE CASES	TOTALS
ONTARIO	2,114*	315	2,429
ALBERTA	1,956 (+11)	0	1,949 (+4)
MANITOBA	247 (+7)	16 (+1)	263 (+8)
BRITISH COLUMBIA	337 (+23)	23 (+3)	360 (+26)
SASKATCHEWAN	107 (+11)	0	107 (+11)
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	4879	354	5233






5,233 Cases (4,879 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	1,956 (+11)	1535 (15 ICU) (2 Currently Hospitalized)	1

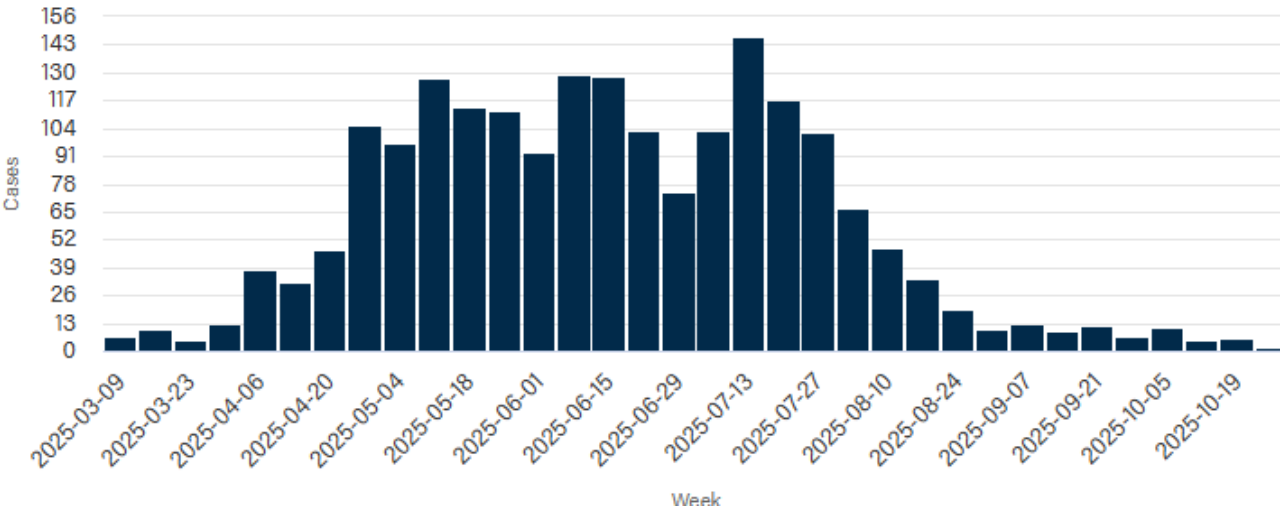
IMMUNIZATION STATUS	COUNT
Unimmunized	1740
1 dose	56
2 or more doses	78
Unknown	82

AGE RANGE	NUMBERS
<5 years	561
5 to 17 years	865
18 to 54 years	521
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 – 10/19/2025



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

- **5,185 confirmed cases nationwide**
 - **4,436 (85.55%) in Chihuahua**
 - **Cases are picking up in other parts of the country, specifically in Guerrero (n=111 cases), Michoacan (n=139 cases), and Jalisco (n=159 cases)**
 - **New states reporting cases- Hidalgo (n=1) and Morelos (n=15)**
- **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:** 12.67
- **25–29 years:** 5.88
- **30–34 years:** 5.04

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](#)

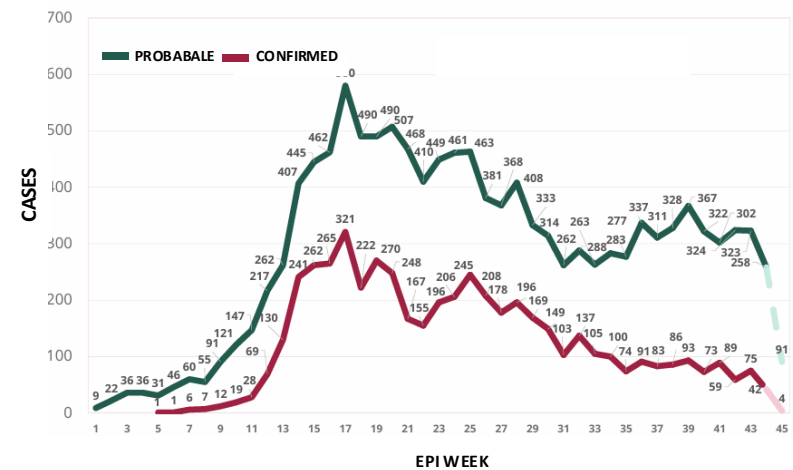
[Epidemiological Situation of Vaccine-Preventable Diseases in Mexico – Report 29 \(Week 42\)](#)

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

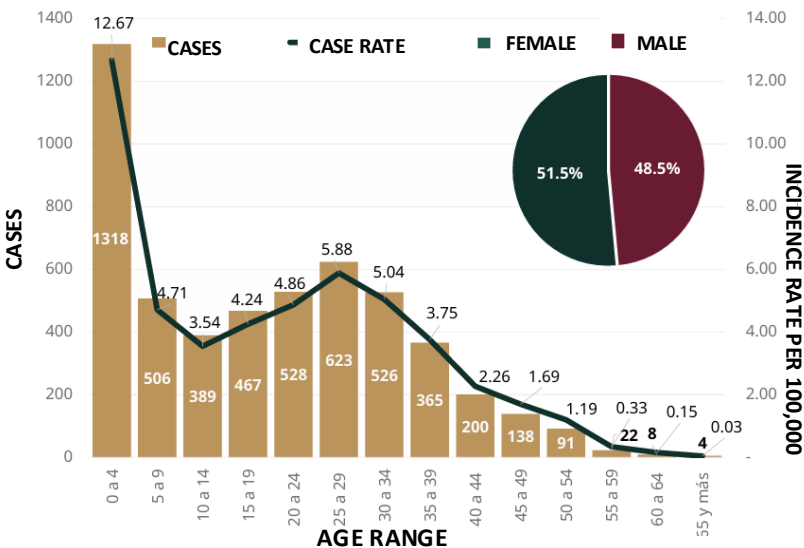
[A Population-based Measles Serosurvey In Mexico: Implications For Re-emergence](#)

MEXICO

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



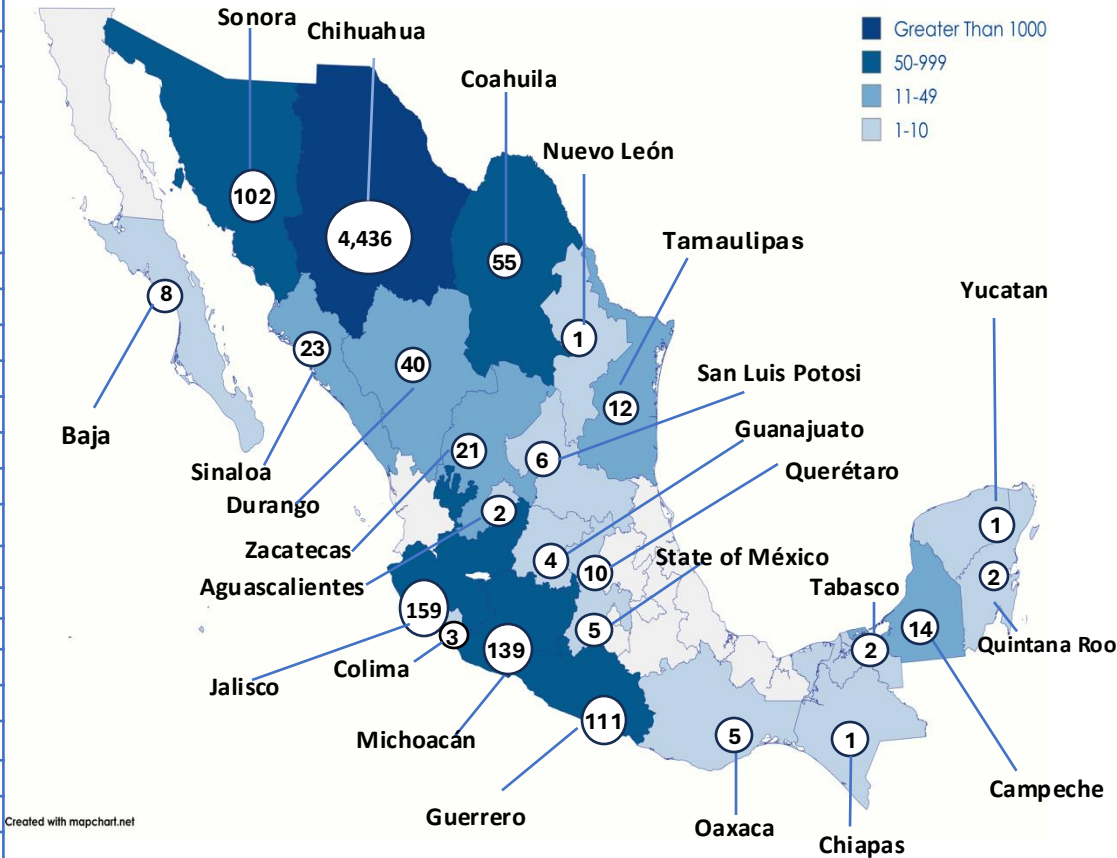
CONFIRMED CASES BY SEX, AGE, AND INCIDENCE RATE



CONFIRMED MEASLES CASES

STATE	CASES	
	CONFIRMED	PROBABLE
AGUASCALIENTES	2	133
BAJA	8	64
CAMPECHE	14	95
CHIAPAS	1	35
CHIHUAHUA	4,436 (+8)	6,126
COAHUILA	55	299
COLIMA	3	38
DURANGO	40	278
GUANAJUATO	4	516
GUERRERO	111 (+6)	248
HIDALGO	1 (NEW)	92
JALISCO	159 (+18)	879
MEXICO	5	533
MÉXICO CITY	7 (+1)	816
MICHOACÁN	139 (+19)	139
MORELOS	15 (NEW)	186
NUEVO LEÓN	1	271
OAXACA	5	82
QUERÉTARO	10 (+1)	133
QUINTANA ROO	2	73
SAN LUIS POTOSI	6	144
SINALOA	23	148
SONORA	102	294
TABASCO	2	80
TAMAULIPAS	12	125
YUCATAN	1	56
ZACATECAS	21	151
TOTAL	5,185 (+69)	12,034

Data as of 11/7/2025



Created with mapchart.net

5,185 CONFIRMED CASES
23 DEATHS

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

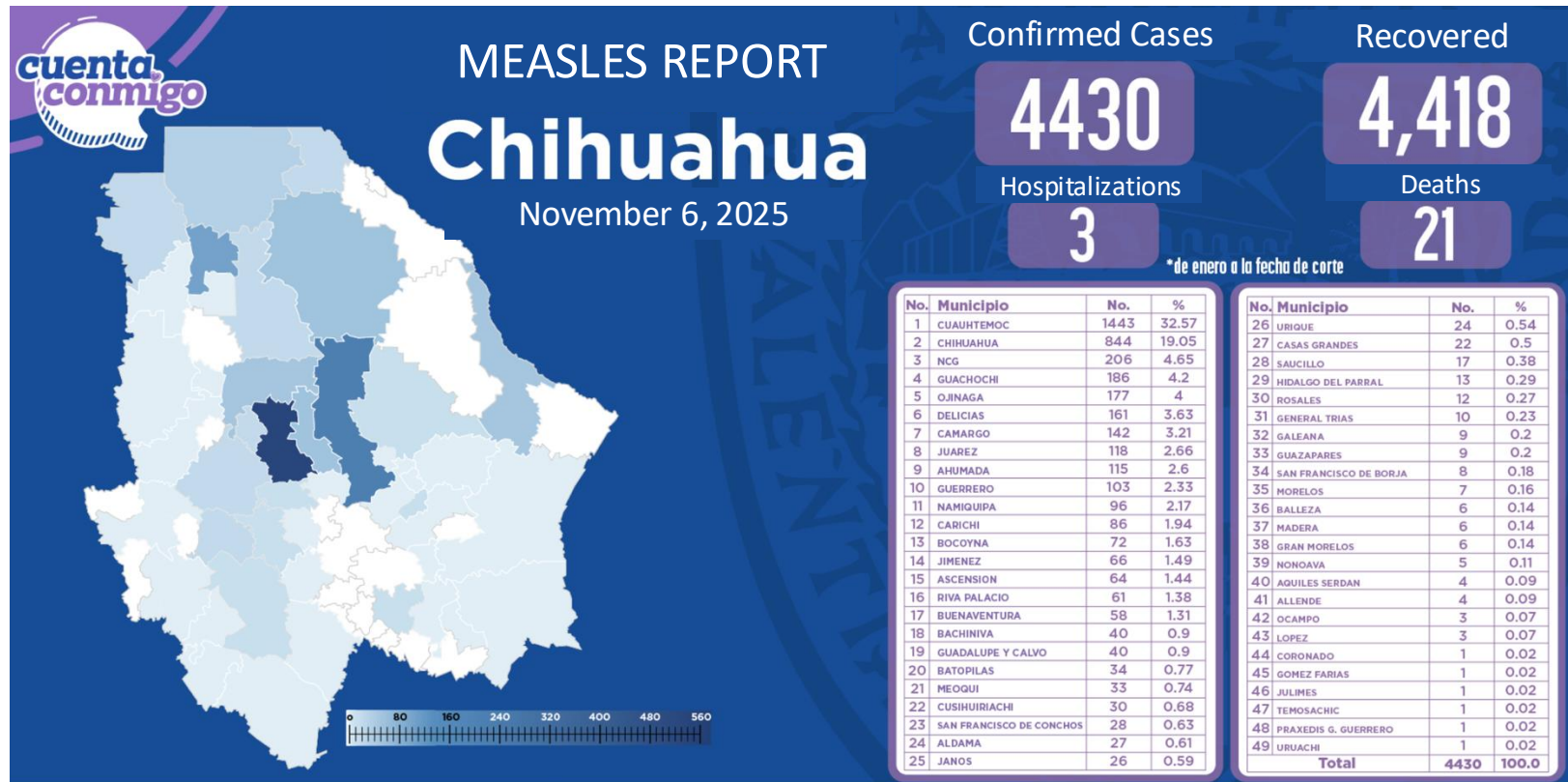
MEXICO – DEATHS FROM MEASLES 2025

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



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.

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