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

MEASLES – THE AMERICAS 2025

MORBIDITY AND MORTALITY		
COUNTRY	CONFIRMED CASES	DEATHS
NORTH AMERICA – 3 ACTIVE OUTBREAKS		
US	1,809 (+37)	3
CANADA	5,238 (+29)	2
* Includes the probable cases reported by Canada under the clinically confirmed column, due to alignment with PAHO's case definition as well as 54 non-outbreak cases. +The Ontario Outbreak has officially been declared over as of 6 October 2025.		
MEXICO	5,389 (+75)	24
CENTRAL AMERICA – NO ACTIVE OUTBREAKS		
BELIZE	41 (+7)	0
COSTA RICA (NO NEW CASES)	1	0
SOUTH AMERICA – 2 ACTIVE OUTBREAKS		
BOLIVIA	479 (+66)	0
ARGENTINA	36 (+1)	0
BRAZIL	37	0
PARAGUAY	49	0
PERU (NO NEW CASES)	4	0
THE CARRIBEAN	41	0
URUGUAY	4 (+1)	0
TOTAL	13,128	29

BACKGROUND

UNITED STATES

ARIZONA AND UTAH

SOUTH CAROLINA

CANADA

ALBERTA

CENTRAL AND SOUTH AMERICA

MEXICO

MEXICO - DEATHS

CHIHUAHUA

Yale SCHOOL OF PUBLIC HEALTH

11/30/2025
2300 HRS EDT

RISK ASSESSMENT IN OUTBREAK AREAS

Risk for Localized Spread	Risk to unvaccinated populations in and around the outbreak areas	Risk to Children	Potential for sustained transmission
HIGH	HIGH	HIGH	MODERATE

LINKS

UNITED STATES
CDC

TEXAS LINKS
- TEXAS DEPARTMENT OF STATE HEALTH SERVICES

NEW MEXICO LINKS
- NEW MEXICO DEPARTMENT OF HEALTH

OKLAHOMA LINKS
- OKLAHOMA STATE DEPARTMENT OF HEALTH

KANSAS
- KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

ARIZONA
ARIZONA DEPARTMENT OF HEALTH SERVICES

UTAH
UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES

WHO
IMMUNIZATION DATA

PAHO
PAHO MEASLES

CANADA
- MEASLES AND RUBELLA WEEKLY MONITORING REPORT
- ALBERTA DASHBOARD
- BRITISH COLOMBIA
- MANITOBA HEALTH
- NEW BRUNSWICK
- NOVA SCOTIA
- PUBLIC HEALTH ONTARIO
- PRINCE EDWARDS ISLAND
- QUEBEC
- SASKATCHEWAN

MEXICO
INFORME DIARIO DEL BROTE DE SARAMPIÓN EN MÉXICO, 2025
MEDICHIHUAHUA

BOLIVIA
ESTAMOS SALUD

PARAGUAY
SALUS PUBLICA

MEASLES TESTING LABORATORIES
- CDC MEASLES VIRUS LABORATORY

RESOURCES FOR THE PUBLIC
- CDC – MEASLES
- MEASLES CASES AND OUTBREAKS
- NYSDOH: YOU CAN PREVENT MEASLES
- CDC VIDEO: GET VACCINATED AND PREVENT MEASLES
- CDC VACCINE SHOT FOR MEASLES
- DIRECTORY FOR LOCAL HEALTH DEPARTMENTS

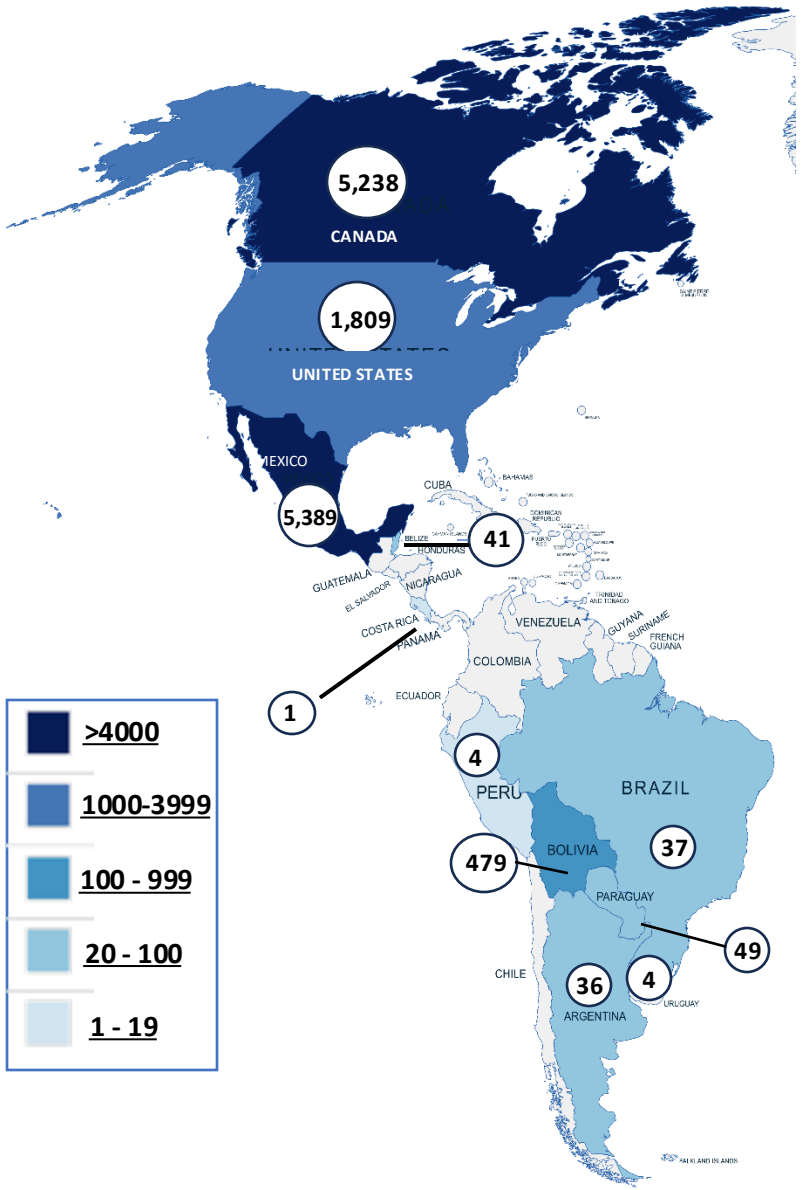
RESOURCES FOR EMS PROVIDERS
- GUIDANCE FOR SUSPECTED MEASLES PATIENT
- NYSDOH POLICY STATEMENT

PORTALS, BLOGS, AND RESOURCES
- CIDRAP
- CORI
- FORCE OF INFECTION
- IVAC
- KAISER HEALTH NEWS
- MEDPAGE TODAY
- NY STATE GLOBAL HEALTH UPDATE
- THE PANDEMIC CENTER TRACKING REPORT
- YOUR LOCAL EPIDEMIOLOGIST

BACKGROUND

TYPE OF PUBLIC HEALTH EMERGENCY: LARGE MULTINATIONAL MEASLES OUTBREAK

In 2025, between epidemiological week (EW) 1 and EW 47, a total of **13,128 measles cases** were confirmed in the **Region of the Americas**, including **29 deaths**. Reported cases were distributed as follows: **Argentina (n = 35), Belize (n = 41), the Plurinational State of Bolivia (n = 479), Brazil (n = 37), Canada (n = 5,238, including 2 deaths), Costa Rica (n = 1), Mexico (n = 5,389, including 24 deaths), Paraguay (n = 49), Peru (n = 4), the United States of America (n = 1,809, including 3 deaths), Uruguay (n=4)** and **the Caribbean**. (**n= 41).**



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 ten 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: The South Carolina Department of Public Health (DPH) is reporting seven new cases of measles in the state since Tuesday, bringing the total number of cases in South Carolina related to the Upstate outbreak to 62 and the total reported to DPH this year to **65**.

Six of the new cases are household members of known cases who were in quarantine. One case involved an individual exposed in a school setting who was quarantined.

There are 144 people in quarantine and six in isolation. Fifty-six of those are individuals from Lyman Elementary, 52 are from Boiling Springs Middle School, and one attends D.R. Hill Middle School. All school faculty, staff, students, and parents have been notified. Students from those schools who quarantine successfully without becoming ill are scheduled to return to classes on Monday, December 1.

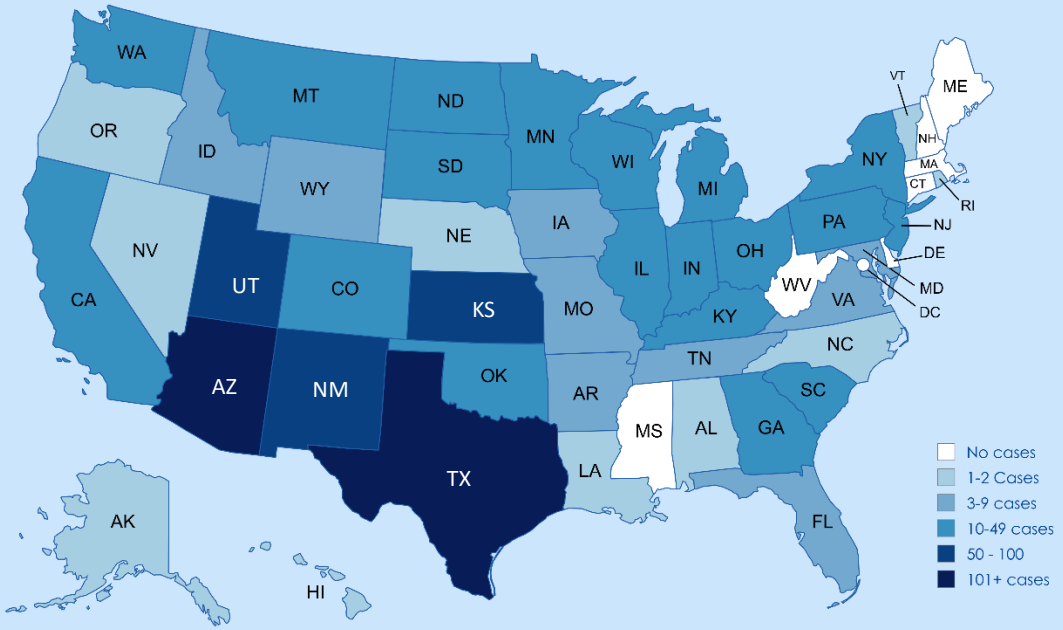
NEW CASES IN WASATCH HIGH SCHOOL (UTAH): A measles outbreak among students at Wasatch High School continues to rise, with the total number of confirmed cases now at 8, according to health officials. The Wasatch County Health Department announced Tuesday that two suspected cases of measles at the Heber City school were confirmed via testing, while an additional case was also identified. These three new measles cases are in addition to five cases that were confirmed last week. 6 of the 8 cases have been unvaccinated.

NEW YORK: Rockland County health officials report nine confirmed measles cases since August, five of which are linked to community transmission. As of November 25, one case remained “active,” meaning the individual was still contagious. Health authorities warn that Rockland’s low immunization coverage– only 62% of children age 2 and under have received the MMR vaccine– puts the community at heightened risk.

MEASLES CASES – AS OF 30 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)*

1,809*



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+	153 (+16)
UTAH+	102 (+10)
NEW MEXICO	100
KANSAS	91
SOUTH CAROLINA+	65 (+7)
OHIO	44
NORTH DAKOTA	36
WISCONSIN	36
NEW YORK	34 (+1)
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
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	1,809 (+37)

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 30 November 2025, EDT, there are approximately 1,809 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.

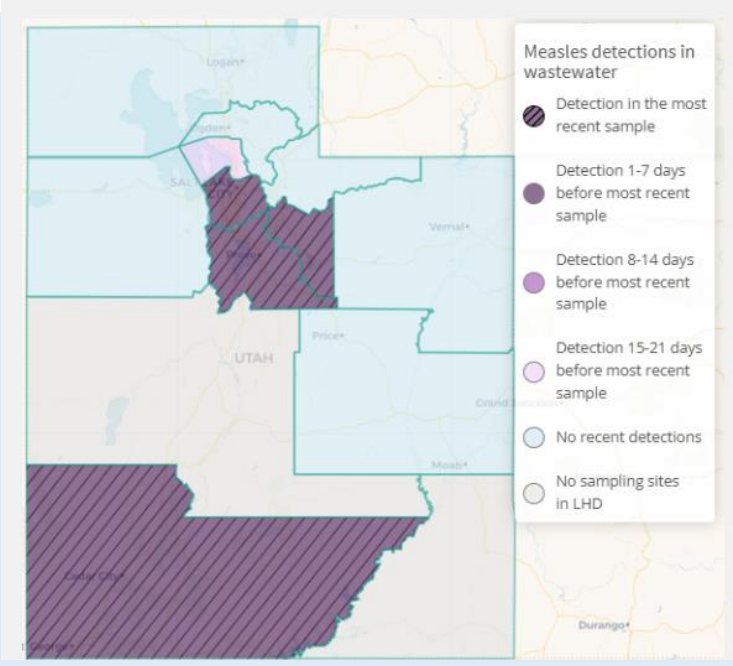
UNITED STATES – ARIZONA AND UTAH OUTBREAK

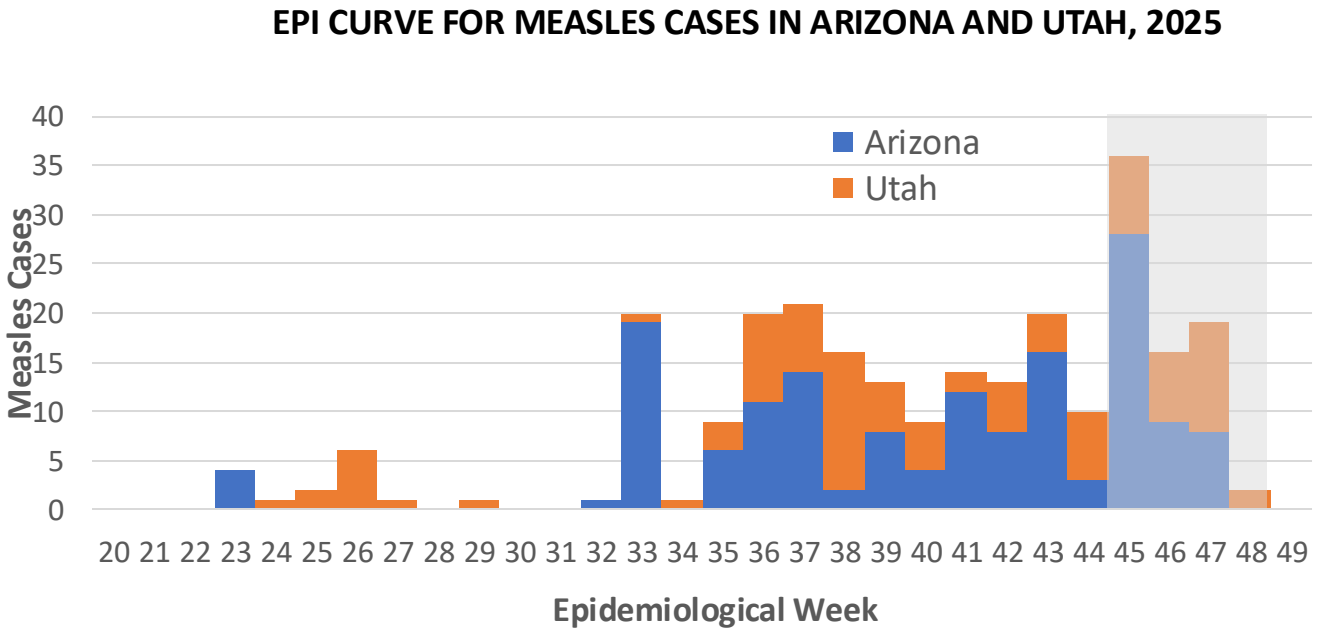
- **A measles outbreak in northern Arizona is connected to cases across the state line in Utah.**
- **The outbreak is centered in communities with low vaccination rates, with most cases occurring in unvaccinated school-age children.**
- **Health officials from both states are working together to contain the outbreak.**
- **This outbreak is currently the most significant active outbreak in the US, and it continues to grow.**

As of 11/28/2025, at least **255 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 **149 confirmed measles cases,** including four requiring hospitalization. This brings the state's total for 2025 to **153 cases**. In Utah, the Utah Department of Public Health reported **102 confirmed cases** on Friday, 28 November, **74 of those cases** border Arizona. Fifteen cases have required hospitalization.

Wastewater dashboard - Utah

The Utah Department of Health and Human Services is now testing wastewater for measles. Recent tests show the virus is present in wastewater in several health districts, which means it's more widespread in the state than previously known.





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

UNITED STATES – ARIZONA AND UTAH OUTBREAK

UTAH

CASES: 102 (+10)	HOSPITALIZATIONS: 11 (11%)	DEATHS: 0

UTAH

AGES:

- <18: 62 (59 %)
- 18+: 40 (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.

ARIZONA

CASES: 153 (+16)	HOSPITALIZATIONS: 4 (3%)	DEATHS: 0

ARIZONA

AGES:

- <18: 100 (65 %)
- 18+: 53 (35%)

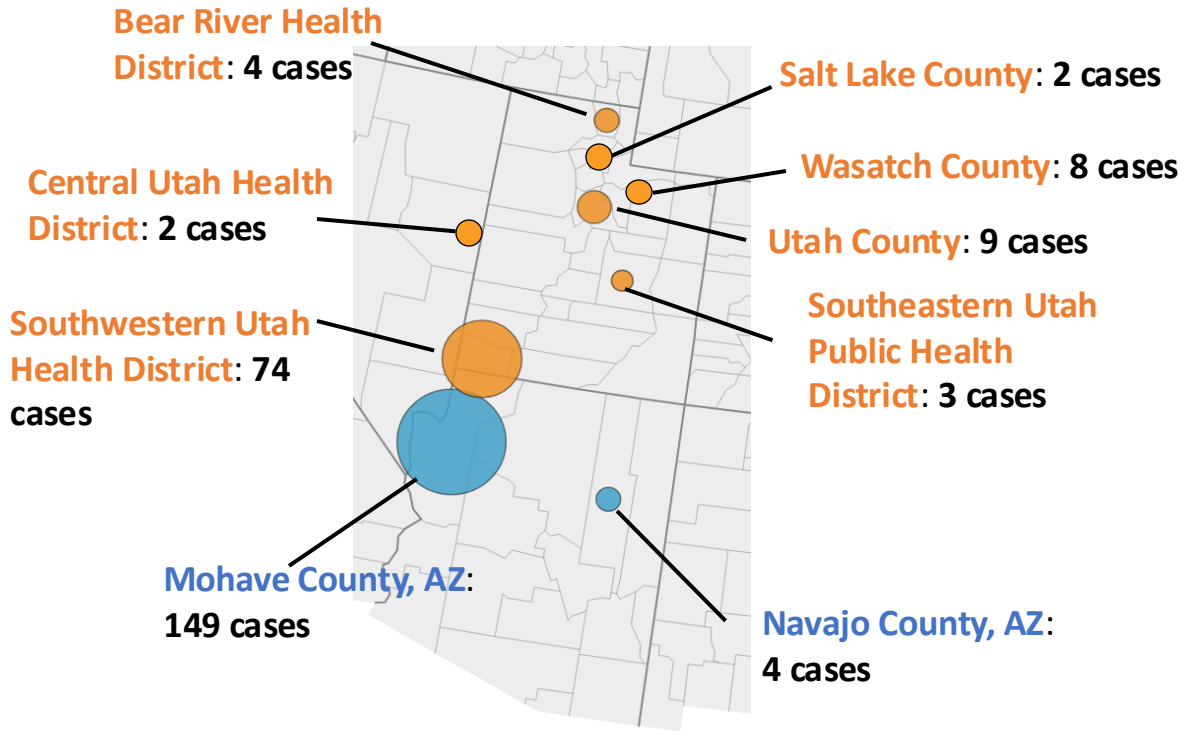
VACCINATION STATUS: 96% of the cases are unvaccinated

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 health departments are working to conduct contact tracing, isolate cases, set up vaccination clinics, and raise awareness among 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

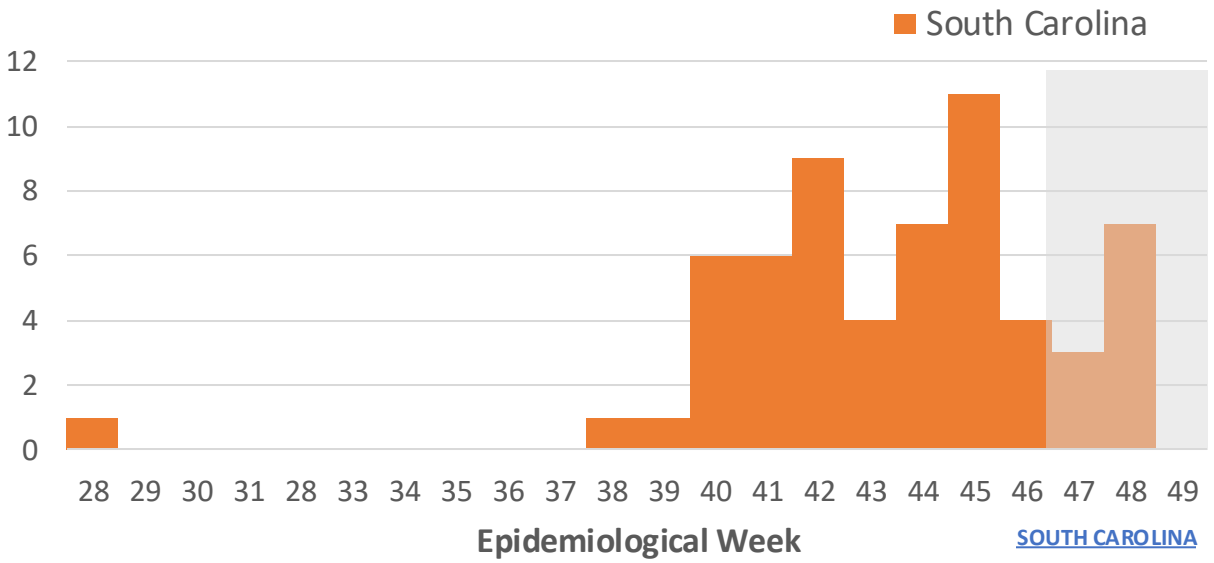
SOUTH CAROLINA		
CASES: 62 (+7)	HOSPITALIZATIONS: 0	DEATHS: 0

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

AGES: < 5: 13
5-17: 37
18+: 7
Minor under age 18 (age undisclosed): 5

VACCINATION STATUS: 58 unvaccinated
3 partially vaccinated
1 unknown

EPI CURVE FOR MEASLES CASES IN SOUTH CAROLINA, 2025



SITUATION: SCDPH is actively responding to a measles outbreak in the Upstate region. As of Nov. 28, 2025, DPH is reporting 62 cases of measles since July 9, centered around Spartanburg County in the current outbreak. This brings the state's total to 65 for 2025.

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.

Six of the new cases are household members of known cases who were in quarantine. One case involved an individual exposed in a school setting who was quarantined. DPH has one public exposure notification to report: if anyone was at Costco at 211 W. Blackstock Rd #1008b, Spartanburg, or its tire center on Tuesday, Nov. 18 between 9:30 a.m. and 1 p.m., and do not have immunity through vaccination or previous disease, they need to be aware of measles symptoms and contact their health care provider if they become ill.

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.**

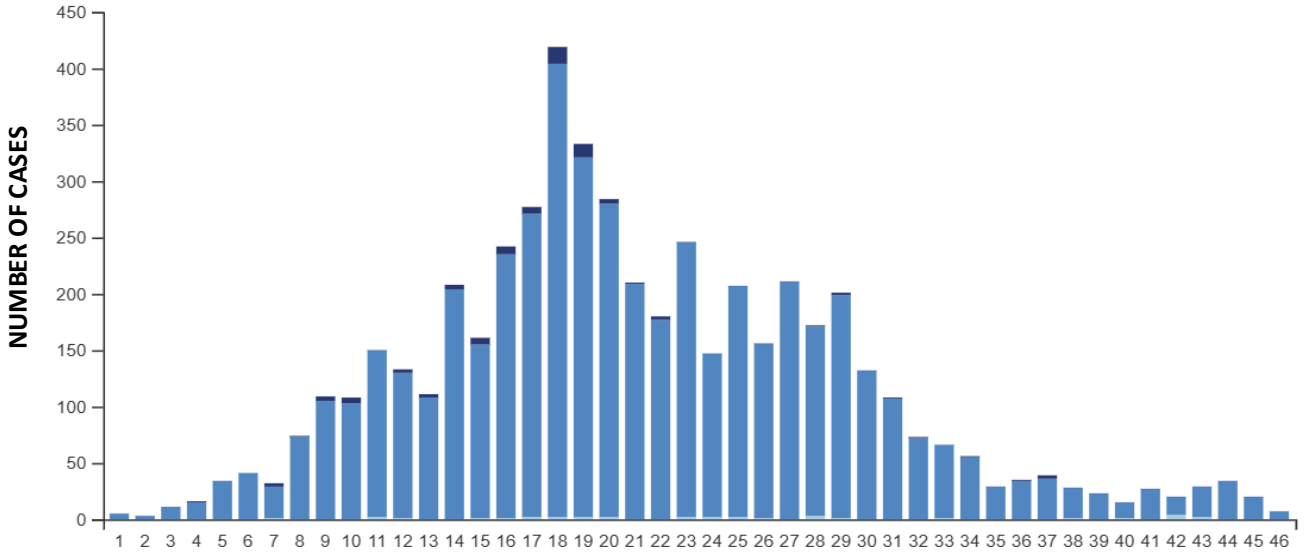
CONTRIBUTING FACTORS

- **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 - 46



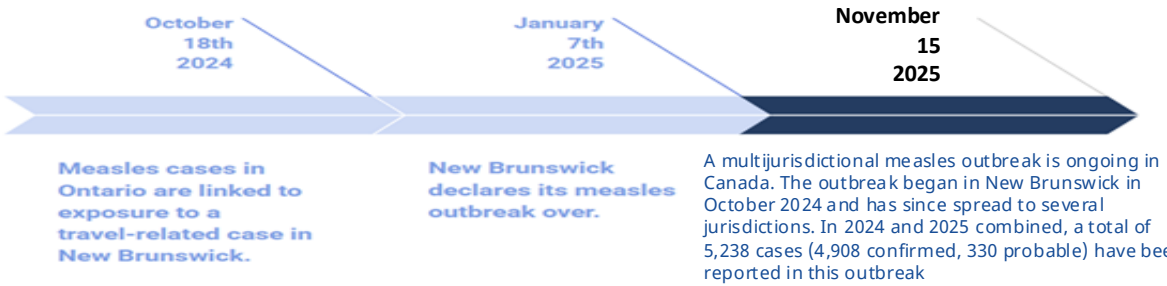
SOURCES:

Measles and rubella weekly monitoring report – Week 46

PAHO - Measles cases rise in the Americas in 2025

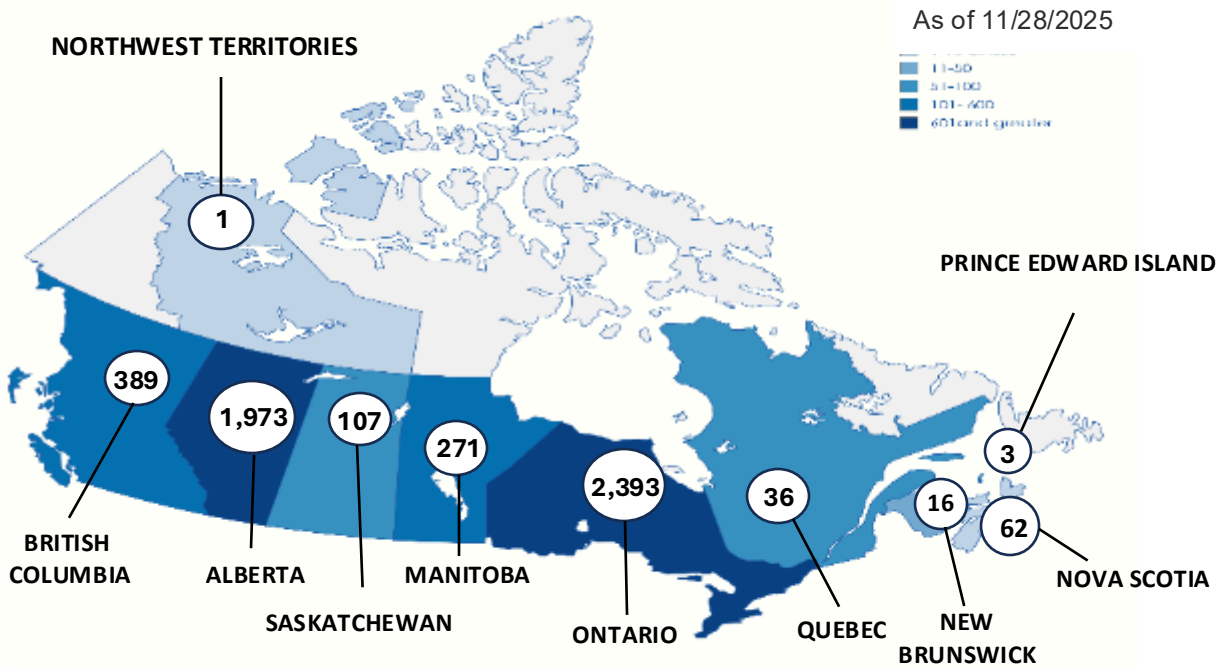
CANADA – CURRENT SITUATION

Brief Timeline of Outbreak



MEASLES 2025			
PROVINCE	CONFIRMED CASES	PROBABLE CASES	TOTALS
ONTARIO	2,104*	289	2,393
ALBERTA	1,973(+7)	0	1,973 (+7)
MANITOBA	262 (+9)	18	280(+9)
BRITISH COLUMBIA	366 (+6)	23	389 (+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	4,908	330	5,238

* Count includes **54** cases **not associated** with the outbreak and is just the number for 2025.



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 1,973 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).

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

OUTBREAK – ALBERTA

MORBIDITY AND MORTALITY			
PROVINCE	CASES	HOSPITALIZATIONS	DEATHS
ALBERTA	1,973 (+7)	157 (15 ICU) (0 Currently Hospitalized)	1

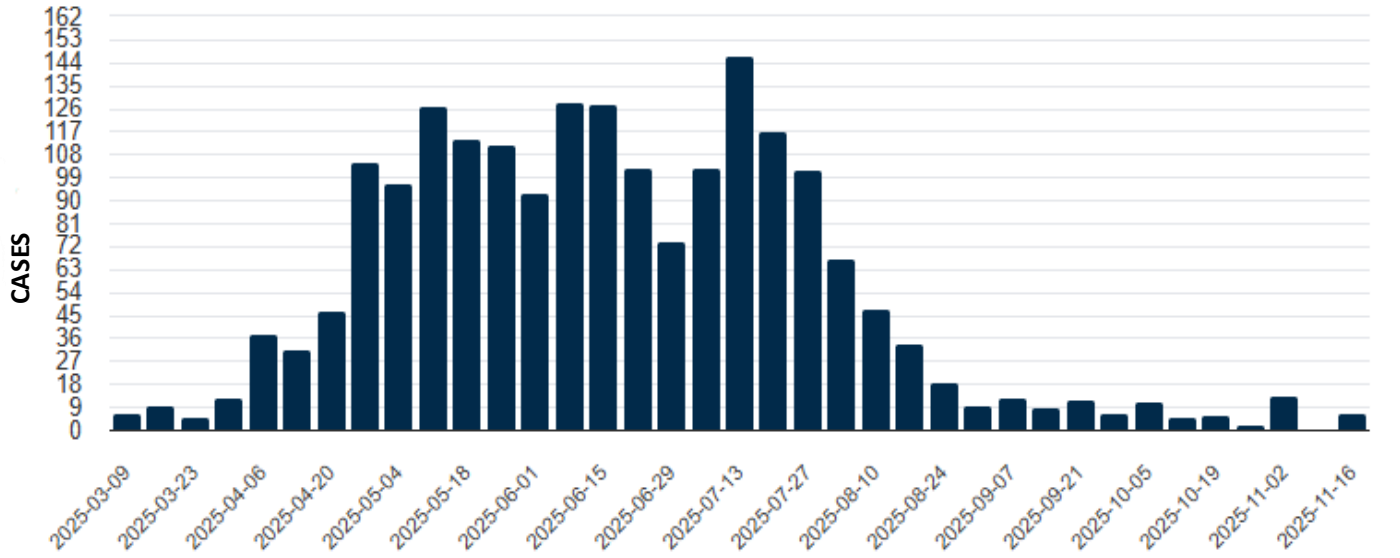
IMMUNIZATION STATUS	COUNT
Unimmunized	1,766
1 dose	52
2 or more doses	78
Unknown	77

AGE RANGE	NUMBERS
<5 years	564
5 to 17 years	876
18 to 54 years	524
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 – 11/15/2025



ALBERTA DASHBOARD
CA MEASLES AND RUBELLA WEEKLY

CENTRAL AND SOUTH AMERICA – CURRENT SITUATION

Per the Pan American Health Organization, there are active outbreaks in Bolivia, Brazil, Paraguay, and Belize.

- Most of these outbreaks arose from imported cases.
- Transmission is mainly occurring in under-vaccinated communities. 89% of cases are unvaccinated.
- The most affected age group is children under 1 year of age, followed by the 1 to 4-year-old age group.

Bolivia: Bolivia has seen a 66-case increase in recent weeks. Of the 479 total cases in Bolivia in 2025, 3 are imported, and the rest have an unknown source of infection. This suggests community transmission is likely. The risk of spread to nearby countries is highlighted by a recent situation in which four members of an Uruguayan family traveling to Bolivia became infected with measles (see right).

Belize: PAHO's most recent report shows 7 new measles cases, bringing the total this year to 41. No additional information was available.

Brazil: Brazil has not reported a confirmed case since mid-October, but there have been dozens of suspected cases over the last month. There have been 37 confirmed cases in 2025.

Paraguay: After declaring a health emergency due to the measles outbreak in August, Paraguay has not reported a confirmed case since last September. Of the 49 total cases this year, 1 was imported, 46 were import-related, and 2 have an unknown source.

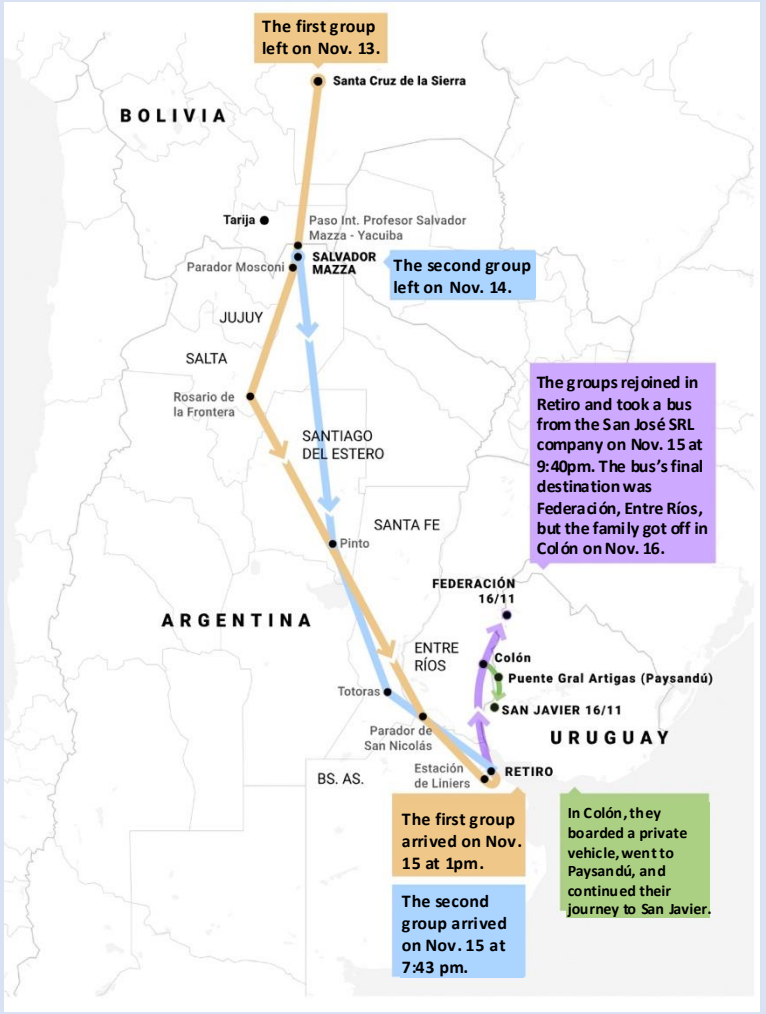
SOURCE: PAHO

ARGENTINA – BOLIVIA – URUGUAY SITUATION

Health officials from Argentina and Uruguay are responding to an outbreak among four family members who are from Uruguay but traveled through Argentina and Bolivia while infected with measles. They include three adults—aged 46, 39, and 21—and an 11-year-old child. None of them has a history of vaccination.

The family traveled by bus in two groups over several days, stopping in towns and rest stops along the way.

Health officials are conducting contact tracing.



SOURCE: Argentina MoH, La Nación

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 **27 states / 159 municipalities**
- **Expansion:** Indigenous and working-class populations, with a higher risk due to malnutrition and chronic illness

CURRENT SITUATION

- **5,389 confirmed cases nationwide**
  - **4,453 (82.7%) in Chihuahua**
  - **Cases are picking up in other parts of the country, specifically in Guerrero (n=157 cases), Michoacan (n=165 cases), and Jalisco (n=253 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:** 13.23
- **25–29 years:** 6.08
- **30–34 years:** 5.16

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

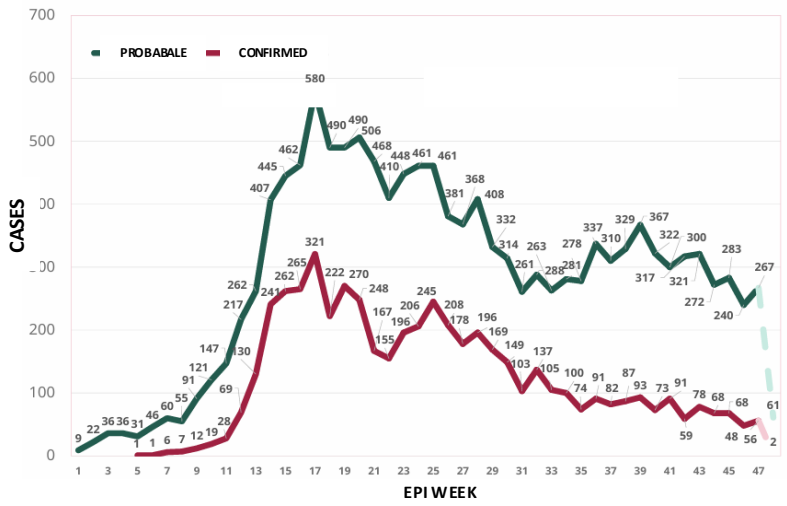
- **"Juarez Shield Strategy"** – Mass vaccination campaign
- **Rapid Response Plan** – Enhanced surveillance, lab confirmation, case isolation
- **Door-to-Door Vaccination** – Community engagement with local and religious leaders
- **Vitamin A Supplementation** – For children under 5 with suspected or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

SOURCES:

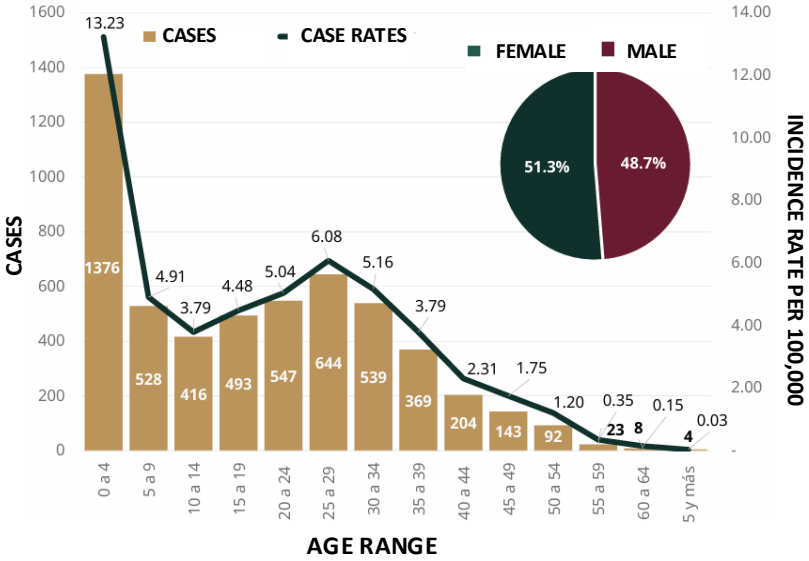
Daily Report – Mexico

MEXICO

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



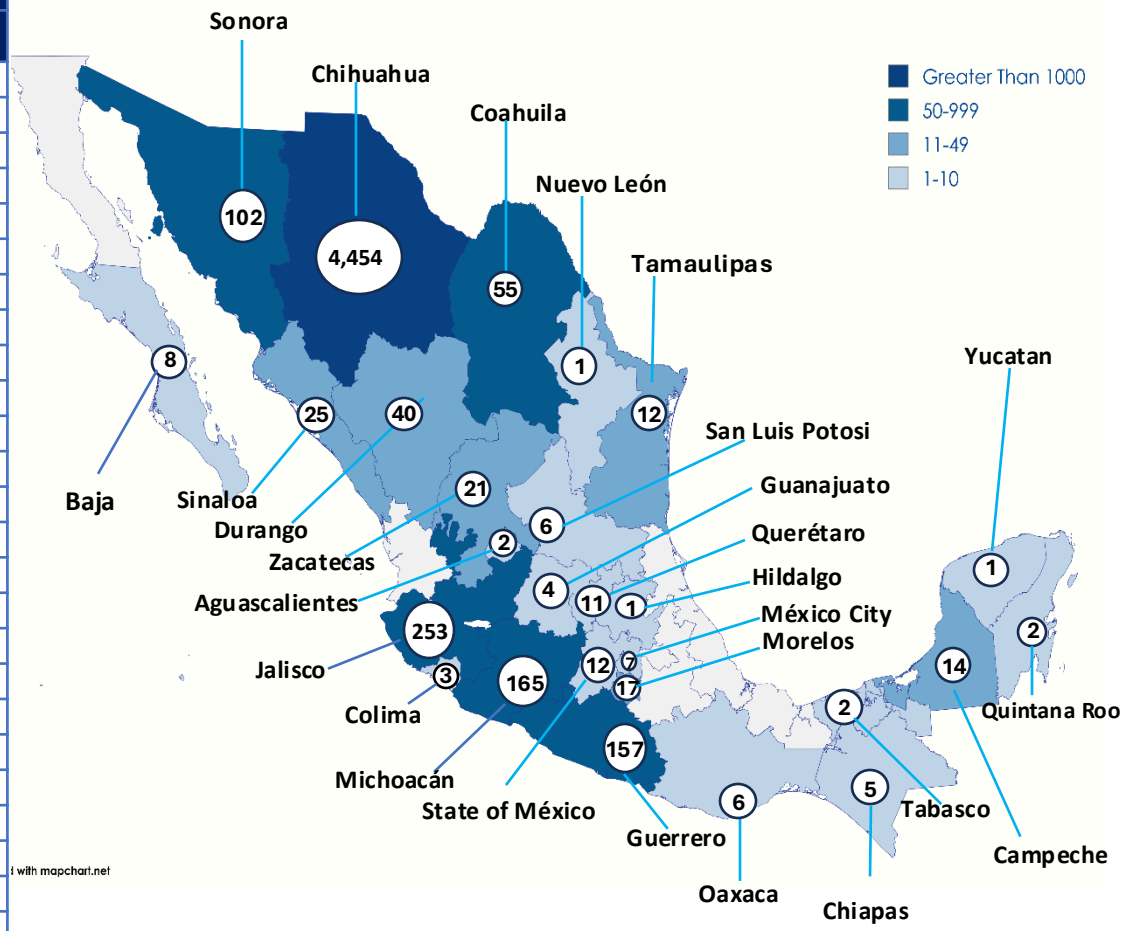
CONFIRMED CASES BY SEX, AGE, AND INCIDENCE RATE



CONFIRMED MEASLES CASES

STATE	CASES	
	CONFIRMED	PROBABLE
AGUASCALIENTES	2	143
BAJA	8	66
CAMPECHE	14	99
CHIAPAS	5 (+4)	42
CHIHUAHUA	4,454 (+4)	6,168
COAHUILA	55	302
COLIMA	3	42
DURANGO	40	284
GUANAJUATO	4	530
GUERRERO	157 (+16)	329
HILDALGO	1	111
JALISCO	253 (+38)	1,117
MEXICO	12 (+1)	579
MÉXICO CITY	7	856
MICHOACÁN	165 (+8)	470
MORELOS	17 (+1)	207
NUEVO LEÓN	1	280
OAXACA	6	85
QUERÉTARO	11 (+1)	145
QUINTANA ROO	2	73
SAN LUIS POTOSI	6	144
SINALOA	25 (+2)	151
SONORA	102	301
TABASCO	2	82
TAMAULIPAS	12	129
YUCATAN	1	61
ZACATECAS	21	154
TOTAL	5,389 (+75)	13,070

Data as of 11/27/2025



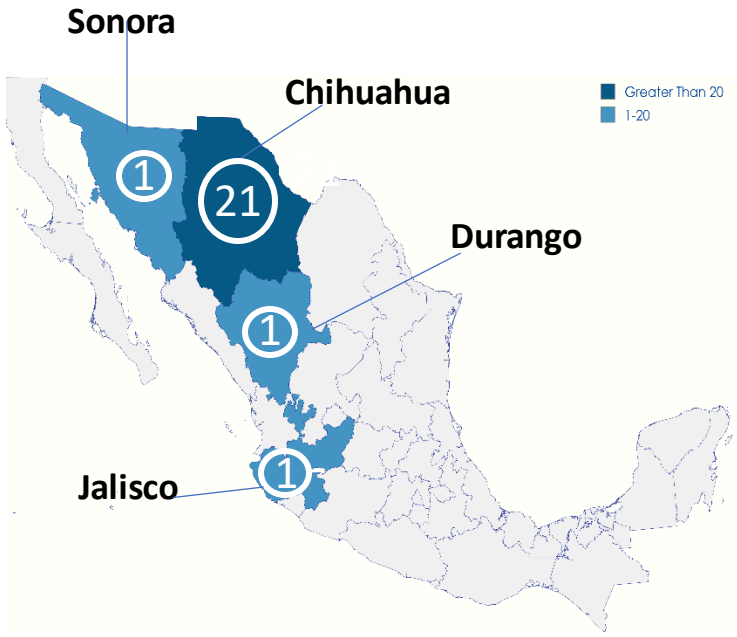
5,389 CONFIRMED CASES
24 DEATHS

SOURCE: DAILY REPORT

MEXICO – DEATHS FROM MEASLES 2025

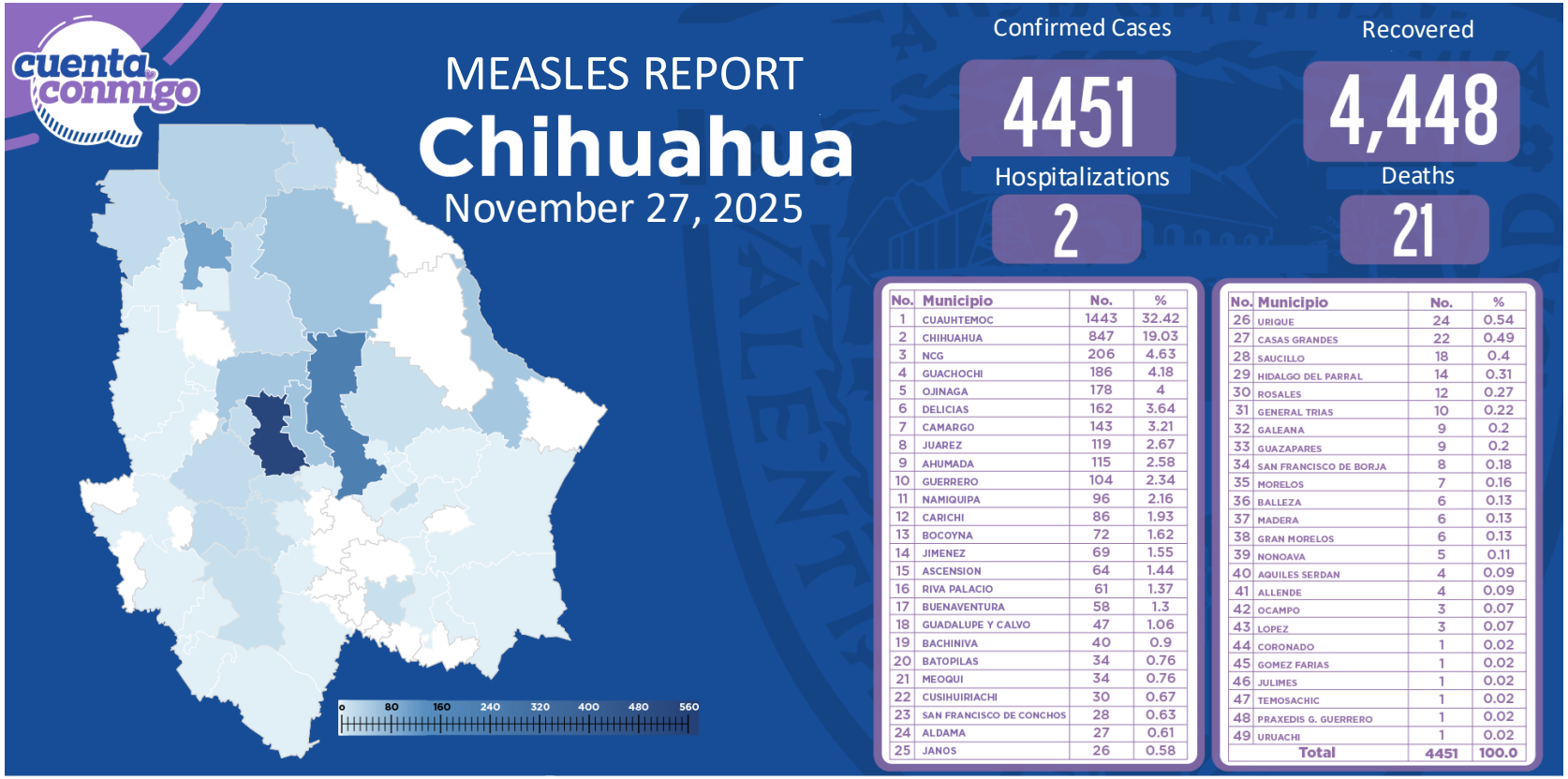
STATE	MUNICIPALITY	AGE	SEX	COMORBIDITIES	DATE OF DEATH
Chihuahua	Ascensión	31 years	Male	Type 2 Diabetes, Hypertension	4/3/2025
	Ojinaga	7 years	Male	Lymphoblastic Leukemia	5/2/2025
	Namiquipa	11 months	Male	Malnutrition	5/6/2025
	Ojinaga	2 years	Female	None	5/17/2025
	Buena Aventura	5 years 5 months	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.



No.	Municipio	No.	%
1	CUAUHTEMOC	1443	32.42
2	CHIHUAHUA	847	19.03
3	NCG	206	4.63
4	GUACHOCHI	186	4.18
5	OJINAGA	178	4
6	DELICIAS	162	3.64
7	CAMARGO	143	3.21
8	JUAREZ	119	2.67
9	AHUMADA	115	2.58
10	GUERRERO	104	2.34
11	NAMIQUIPA	96	2.16
12	CARICHI	86	1.93
13	BOCOYNA	72	1.62
14	JIMENEZ	69	1.55
15	ASCENSION	64	1.44
16	RIVA PALACIO	61	1.37
17	BUENAVENTURA	58	1.3
18	GUADALUPE Y CALVO	47	1.06
19	BACHINIVA	40	0.9
20	BATOPILAS	34	0.76
21	MEOQUI	34	0.76
22	CUSIHUIRIACHI	30	0.67
23	SAN FRANCISCO DE CONCHOS	28	0.63
24	ALDAMA	27	0.61
25	JANOS	26	0.58

No.	Municipio	No.	%
26	URIQUE	24	0.54
27	CASAS GRANDES	22	0.49
28	SAUCILLO	18	0.4
29	HIDALGO DEL PARRAL	14	0.31
30	ROSALES	12	0.27
31	GENERAL TRIAS	10	0.22
32	GALEANA	9	0.2
33	GUAZAPARES	9	0.2
34	SAN FRANCISCO DE BORJA	8	0.18
35	MORELOS	7	0.16
36	BALLEZA	6	0.13
37	MADERA	6	0.13
38	GRAN MORELOS	6	0.13
39	NONOAVA	5	0.11
40	AQUILES SERDAN	4	0.09
41	ALLENDE	4	0.09
42	OCAMPO	3	0.07
43	LOPEZ	3	0.07
44	CORONADO	1	0.02
45	GOMEZ FARIAS	1	0.02
46	JULIMES	1	0.02
47	TEMOSACHIC	1	0.02
48	PRAXEDIS G. GUERRERO	1	0.02
49	URUACHI	1	0.02
	Total	4451	100.0

Fuente: Secretaría de Salud

SOURCE OF GRAPHIC: MediChihuahua

MÁS CHIHUAHUA más de lo bueno GOBIERNO DEL ESTADO | SECRETARÍA DE SALUD | MediChihuahua

* The Mexican Ministry of Health is reporting 4,454 cases in Chihuahua as of 11/27.

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)