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	1,986 (+60)	3
CANADA	5,361 (+21)	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	5,860 (+235)	24
CENTRAL AMERICA – NO ACTIVE OUTBREAKS		
BELIZE	41	0
COSTA RICA (NO NEW CASES)	1	0
SOUTH AMERICA – 2 ACTIVE OUTBREAKS		
BOLIVIA	506	0
ARGENTINA	37	0
BRAZIL	37	0
PARAGUAY	49	0
PERU	5	0
THE CARRIBEAN	44	0
URUGUAY	6	0
TOTAL	13,933	29

Yale SCHOOL OF PUBLIC HEALTH

12/21/2025
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	HIGH

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

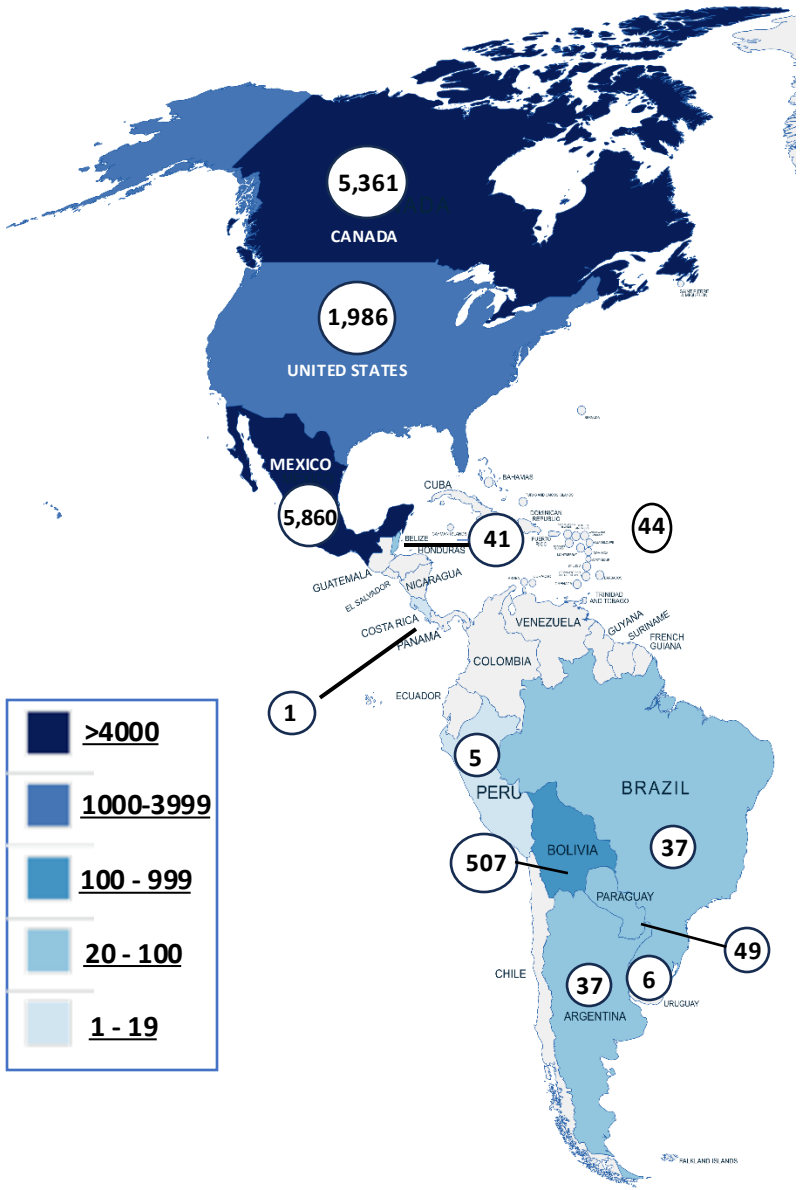
RESOURCES FOR EMS PROVIDERS
- GUIDANCE FOR SUSPECTED MEASLES PATIENT
- NYSDOH POLICY STATEMENT

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 49, a total of **13,933 measles cases** were confirmed in the **Region of the Americas**, including **29 deaths**. Reported cases were distributed as follows: **Argentina (n = 37), Belize (n = 41), the Plurinational State of Bolivia (n = 506), Brazil (n = 37), Canada (n = 5,361, including 2 deaths), Costa Rica (n = 1), Mexico (n = 5,860, including 24 deaths), Paraguay (n = 49), Peru (n = 5), the United States of America (n = 1,986, including 3 deaths), Uruguay (n=6)** and **the Caribbean** (**n= 44).**



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. This trend has been driven primarily by outbreaks in vaccine-resistant and under-immunized communities across multiple countries. **Over the past three epidemiological weeks, case counts have risen again, particularly in the United States and Mexico**, **reflecting ongoing transmission within active outbreak areas.** The onset of the respiratory illness season, coupled with increased travel and social mixing during holiday gatherings, has likely amplified transmission. **If current trends persist, the United States is likely to surpass 2,000 confirmed measles cases before the end of the year, and the total for the Americas will likely exceed 14,000 cases**

REGIONAL ELIMINATION STATUS

On November 10, 2025, the Pan American Health Organization (PAHO) announced that the Region of the Americas had lost its status as free of 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 on November 10 that it had lost its measles elimination status. The US will face a similar fate in January if it is unable to stem the measles outbreak by then.

UNITED STATES

ARIZONA AND UTAH The outbreak continues in these two states, with 31 new cases being reported this week. There is concern that these numbers will continue to grow as holiday events and gatherings increase the risk of exposure and transmission.

CALIFORNIA: A local child recently contracted measles after traveling internationally, according to a Dec. 17 news release from the San Luis Obispo County Public Health Department. It's the first measles case detected in the county since 2018, the department said. "This case is a stark reminder that measles, though declared eliminated in the U.S. in 2000, can still reappear when vaccination rates decline," County Health Officer Dr. Penny Borenstein said in the release.

COLORADO - reported three new measles cases on Monday, 15 December 2025, bringing the year's total to 36, far surpassing previous years' totals. One case was in a Weld County resident, a school-aged child who had not received the measles, mumps, and rubella, or MMR, vaccine, according to the Colorado Department of Public Health and Environment and the Weld County Department of Public Health and Environment. It's the first case reported in that county this year. In a statement, those agencies said the child developed measles symptoms after traveling to a part of another state where there is an ongoing measles outbreak. They report no known public exposure locations associated with the case. Two new cases have also been confirmed in residents of Montezuma County in southwest Colorado. They are unvaccinated household contacts of a previously confirmed case. Both have been in quarantine during their infectious period, so there are no known public exposure locations associated with the cases. That's according to the state health department and Montezuma County Public Health Department.

IOWA: Measles has been confirmed in Polk County for the first time since 1996, according to the Polk County Health Department. One case was confirmed in an unvaccinated infant who was too young to be immunized, the health department announced Thursday, Dec. 16. The infant recently traveled to an area where measles is spreading. County health department officials said they will continue to work with Iowa Health and Human Services to monitor the measles case and provide updates if additional information becomes available.

NEW YORK: There are now 21 cases in Rockland County, an increase of 3 cases from last week. New York health officials are urging families in Rockland County to get vaccinated. County health officials said four children were hospitalized for measles, including one who was critically ill, and that they have since recovered.

SOUTH CAROLINA: As of Dec. 16, 2025, DPH reports 147 measles cases since July 9, 144 of which are concentrated in Spartanburg County during the current outbreak.

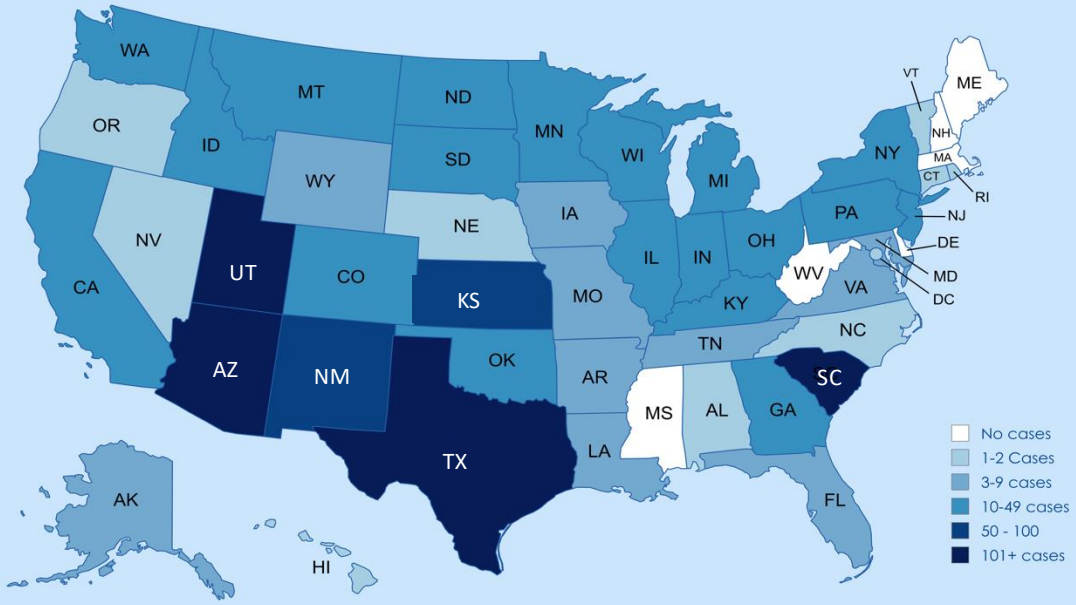
SOUTH DAKOTA: The South Dakota Department of Health is notifying the public of a potential measles exposure at Rapid City Regional Airport in Rapid City. A Butte County resident with a confirmed measles infection was present at the airport while infectious. In late November and December, South Dakota reported 3 cases, all in Butte County. The stat e has seen a total of 15 cases in 2025.

WYOMING: Five cases of measles reported in Fremont County, WY. All five cases are part of the same chain of transmission, with the initial exposures to measles occurring outside the state and potential subsequent spread among close contacts. The five cases include both adults and children. All individuals were unvaccinated at the time of exposure. None were hospitalized.

MEASLES CASES – AS OF 19 December 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)*

1,986



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+	190 (+13)
SOUTH CAROLINA+	147(+18)
UTAH+	125 (+10)
NEW MEXICO	100
KANSAS	91
NEW YORK+	48(+4)
OHIO	44
COLORADO +	36 (+3)
NORTH DAKOTA	36
WISCONSIN	36
MONTANA +	36 (+1)
MICHIGAN	30
MINNESOTA	26
CALIFORNIA	24 (+1)
OKLAHOMA	20
PENNSYLVANIA	16
SOUTH DAKOTA +	15 (+3)
ILLINOIS	14
KENTUCKY	14
WYOMING	14 (+5)
IDAHO	13
WASHINGTON	12
INDIANA	11
NEW JERSEY	11
GEORGIA	10
IOWA	9 (+1)
ARKANSAS	8
TENNESSEE	8
FLORIDA	7
MISSOURI	7
ALASKA	4
VIRGINIA	4
LOUISIANA	3
MARYLAND	3
HAWAII	2
VERMONT	2
ALABAMA	1
CONNECTICUT	1
DISTRICT OF COLUMBIA	1
NEBRASKA	1
NEVADA	1
NORTH CAROLINA	1
OREGON	1
RHODE ISLAND	1
TOTAL	1,986

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 1200 hours on 19 December 2025, EDT, there are approximately 1,980 measles cases (confirmed and suspected) across 44 states. There have been 49 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*
- ***Montana:*** *Gallatin 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, **88%** 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).

93% of all cases occur in unvaccinated individuals. **3%** have received 1 MMR dose, and **4%** have received 2 doses.

11% have required hospitalization.

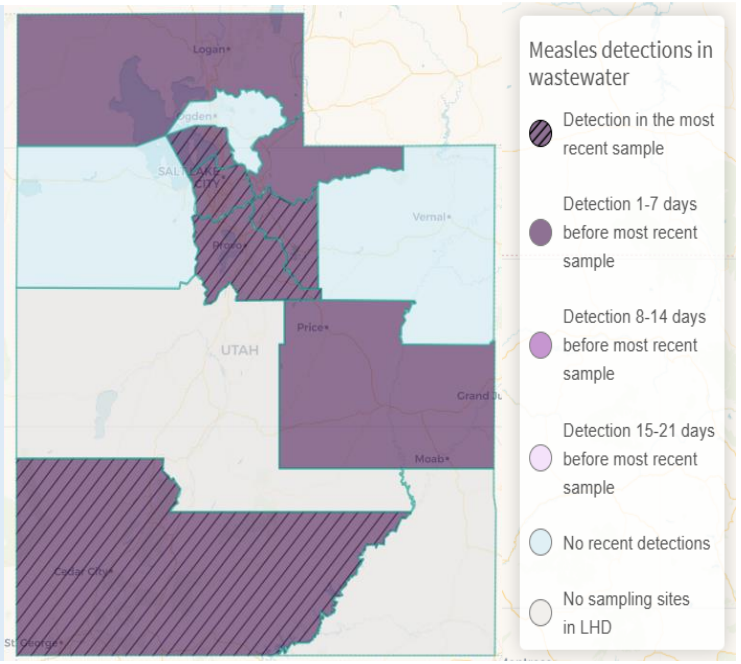
UNITED STATES – ARIZONA AND UTAH OUTBREAK

- **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.**

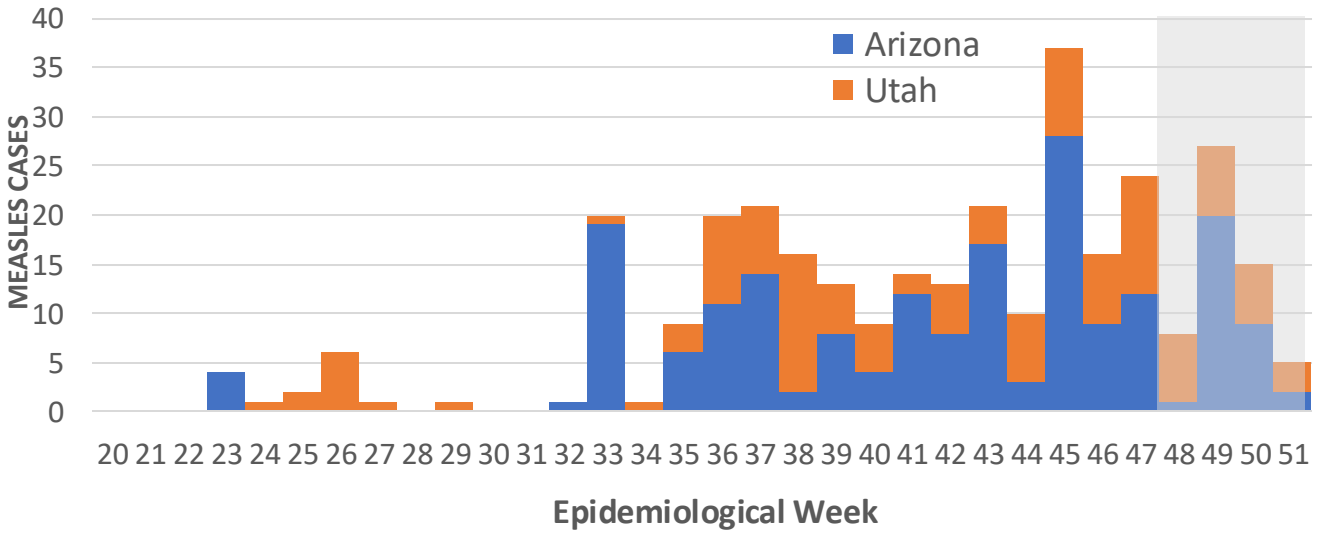
As of 12/16/2025, at least **315 people have been infected, most linked to two small towns -- Colorado City, Arizona, and Hildale, Utah,** where residents often move between the two communities. In **Mohave County, Arizona**, officials have reported **186 confirmed measles cases,** including **six requiring hospitalization**. This brings the state's total for 2025 to **190 cases**. In Utah, the Utah Department of Public Health reported **125 confirmed cases** on Tuesday, December 16; **91 of those cases are along the border with Arizona**. **Twelve cases in Utah 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.



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: 125 (+10)	HOSPITALIZATIONS: 14 (11%)	DEATHS: 0

AGES:

- <18: 72 (57.6%)
- 18+: 53 (43.4%)

VACCINATION STATUS:

- Unvaccinated: 115 (92%)
- Vaccinated: 8 (6.4%)
- Unknown: 2 (1.6%)

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 wastewater samples in Provo (where Brigham Young University is located) tested positive for measles in July, the Utah Department of Health and Human Services expanded testing from 2 to 35 sites statewide.

ARIZONA

CASES: 190 (+14)	HOSPITALIZATIONS: 6 (3.16%)	DEATHS: 0

AGES:

- <18: 125 (66%)
- 18+: 65 (34%)

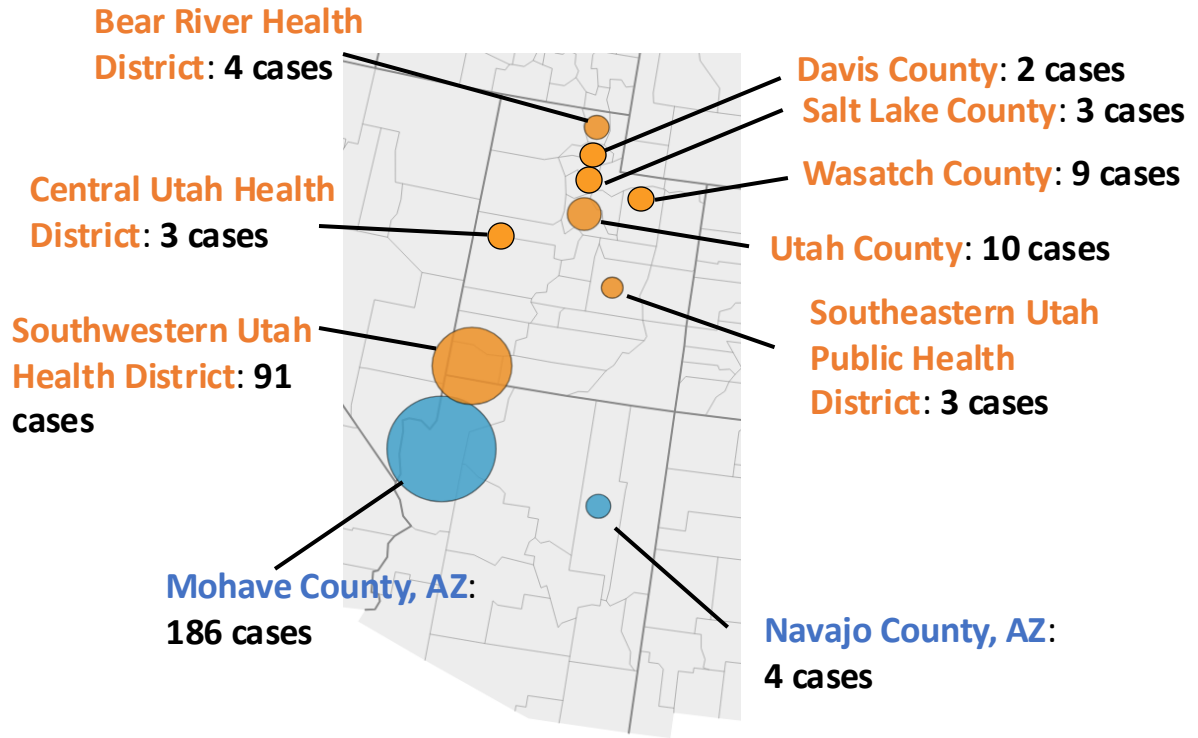
VACCINATION STATUS: 97% of the cases are unvaccinated

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

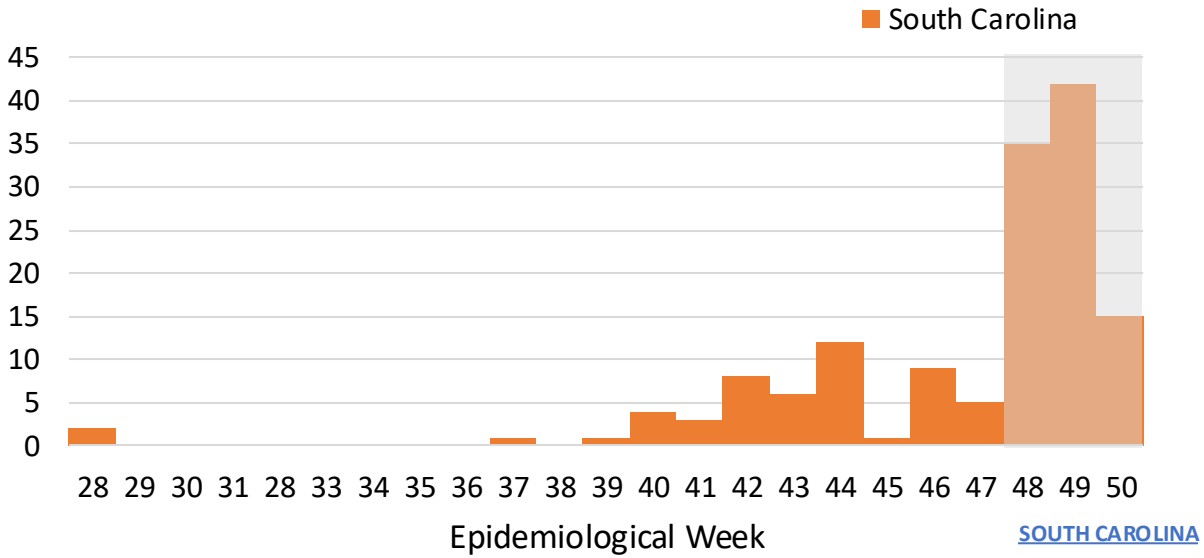
SOUTH CAROLINA		
CASES: 144 (15)	HOSPITALIZATIONS: 0	DEATHS: 0

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

AGES: < 5: 31
5-17: 95
18+: 12
Minor under age 18 (age undisclosed): 6

VACCINATION STATUS: 137 unvaccinated
3 partially vaccinated
1 vaccinate
3 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 December 16, 2025, DPH is reporting **144** cases of measles since July 9, centered around Spartanburg County in the current outbreak. **This brings the state's total to 147 for 2025**.

COMMUNITY TRANSMISSION: Ongoing.

Four of the new cases are household members of known cases, one resulted from the previously reported exposure at the Way of Truth Church in Inman, one resulted from a previously reported school exposure, and the source of exposure is unknown for three of the cases. There are currently 224 people in quarantine and 4 in isolation. Based on the new cases, DPH has identified public exposures at New Prospect Elementary and began notifying potentially exposed students, faculty and staff on Dec. 17. There are currently 56 students in quarantine at New Prospect Elementary, and students who quarantine successfully without becoming ill are scheduled to be able to return to classes Jan. 2. Students remain in quarantine at the following schools: Berry Shoals Elementary (35 students in quarantine), Campobello Gramling School (66 students in quarantine) and Boiling Springs Elementary (17 students 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**. 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.**

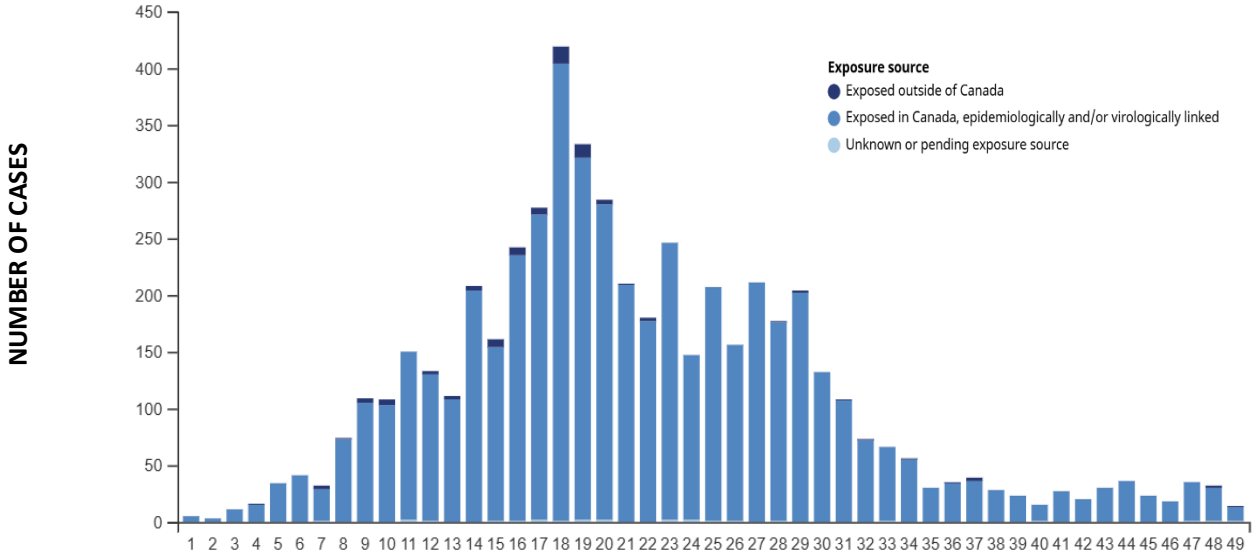
CONTRIBUTING FACTORS

- **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 - 49



SOURCES:

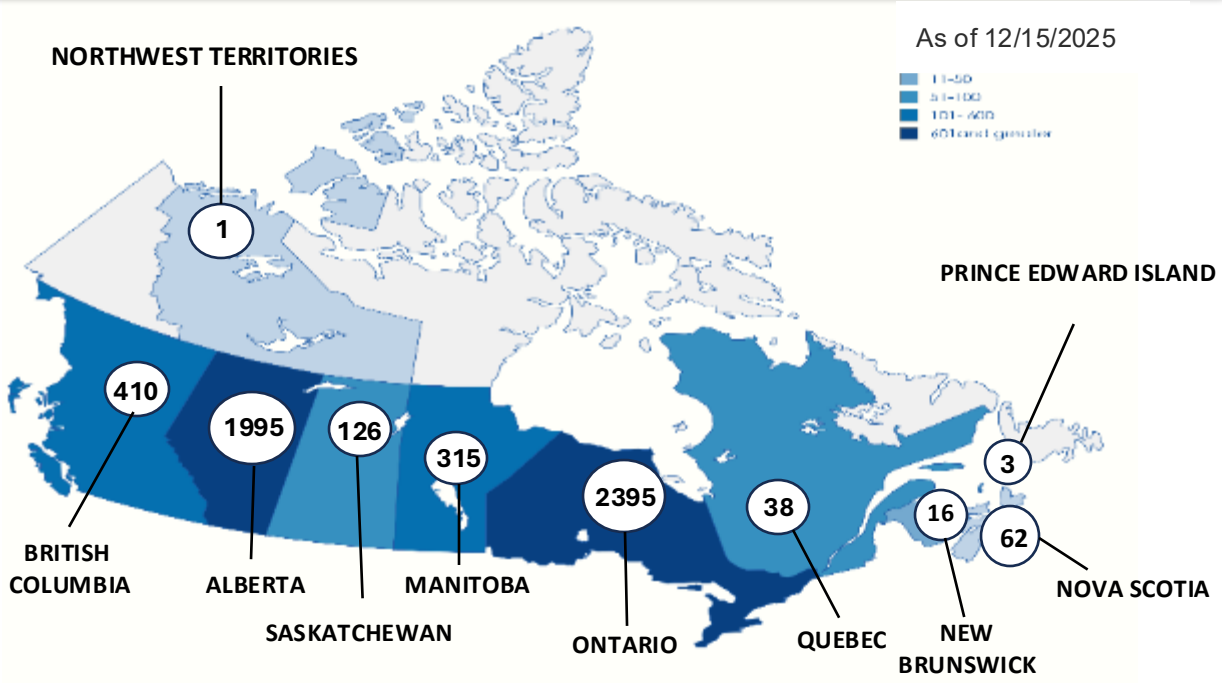
Measles and rubella weekly monitoring report – Week 49

PAHO - Measles cases rise in the Americas in 2025

CANADA – CURRENT SITUATION

MEASLES 2025			
PROVINCE	CONFIRMED CASES	PROBABLE CASES	TOTALS
ONTARIO	2,106*(+1)	289	2,395
ALBERTA	1,995 (+3)	0	1,995 (+3)
MANITOBA	290 (+12)	25 (+2)	315 (+14)
BRITISH COLUMBIA	386 (+4)	24	410
SASKATCHEWAN	126	0	126
QUEBEC	38 (+1)	0	38 (+1)
PRINCE EDWARD ISLAND	3	0	3
NOVA SCOTIA	62	0	62
NORTHWEST TERRITORIES	1	0	1
NEW BRUNSWICK	16	0	16
TOTAL	5,023	338	5,361

* Count includes **56** cases **not associated** with the outbreak and is just the number for 2025.



5,361 Cases (5,023 CONFIRMED AND 338 PROBABLE)
2 Deaths

In 2025, there were 5,361 cases (5,002 confirmed and 338 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 and has since spread to several jurisdictions. In 2024 and 2025 combined, a total of 5,190 cases (4,793 confirmed, 397 probable) have been reported in this outbreak as of November 22, 2025.

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

As of November 10, 2025, Canada no longer holds measles elimination status.

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	1,995 (+3)	161 (+1) (15 ICU) (0 Currently Hospitalized)	1

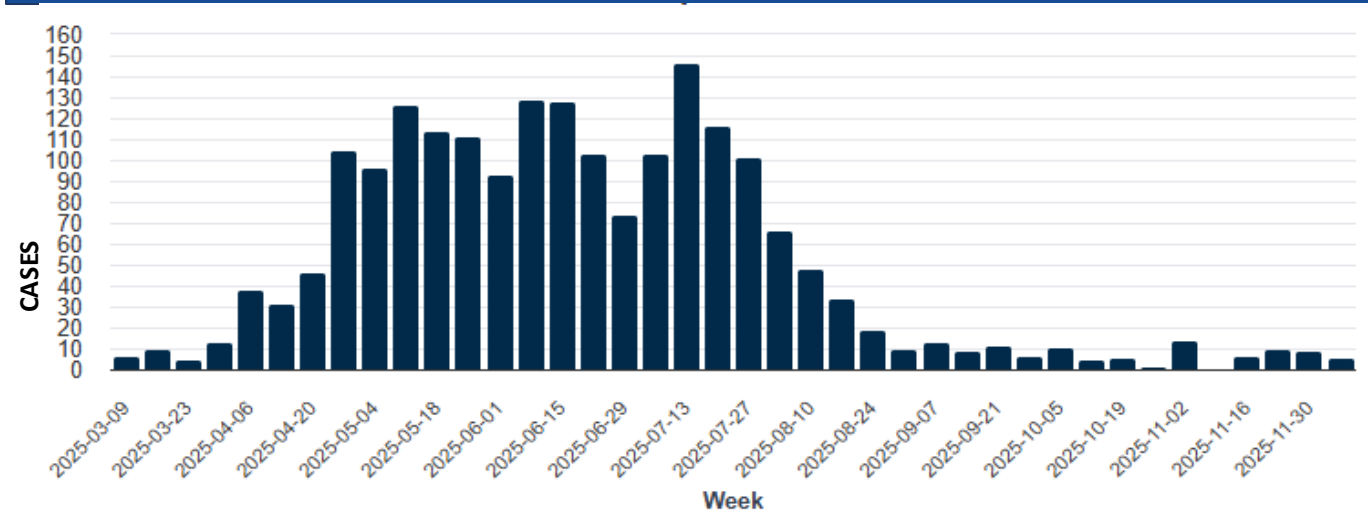
IMMUNIZATION STATUS	COUNT
Unimmunized	1,784
1 dose	53
2 or more doses	78
Unknown	77

AGE RANGE	NUMBERS
<5 years	576
5 to 17 years	882
18 to 54 years	528
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 – 12/13/2025



ALBERTA DASHBOARD
CA MEASLES AND RUBELLA WEEKLY

MEXICO

BACKGROUND

- **Origin**: Mennonite community near Cuauhtémoc (vaccine coverage only 50–70%)
- **Index case**: Unvaccinated 8-year-old infected in Texas, returned to Mexico
- **Spread:** Schools, churches, neighboring communities → now in **29 states / 196 municipalities**
- **Expansion:** Indigenous and working-class populations, with a higher risk due to malnutrition and chronic illness

CURRENT SITUATION

- **5,860 confirmed cases nationwide**
  - **4,474 (82.7%) in Chihuahua**
  - **Cases are picking up in other parts of the country, specifically in Guerrero (n=227 cases), Michoacan (n=210 cases), and Jalisco (n=462 cases)**
- **24 measles-related deaths**
  - **21 in Chihuahua, 1 in Sonora, 1 in Durango, and 1 in Jalisco**
  - 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 – 81% of cases** and **88% of deaths** nationwide

AGE GROUPS (highest incidence per 100k):

- **0–4 years: 14.44**
- **5-9 years: 5.77**
- **20-24 years: 5:34**
- **25–29 years: 6.37**

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

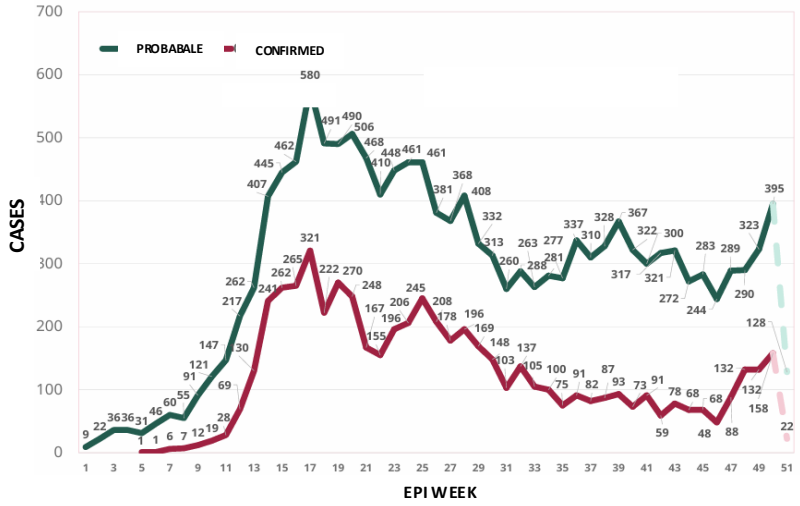
- **"Juarez Shield Strategy"** – Mass vaccination campaign
- **Rapid Response Plan** – Enhanced surveillance, lab confirmation, case isolation
- **Door-to-Door Vaccination** – Community engagement with local and religious leaders
- **Vitamin A Supplementation** – For children under 5 with suspected or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

SOURCES:

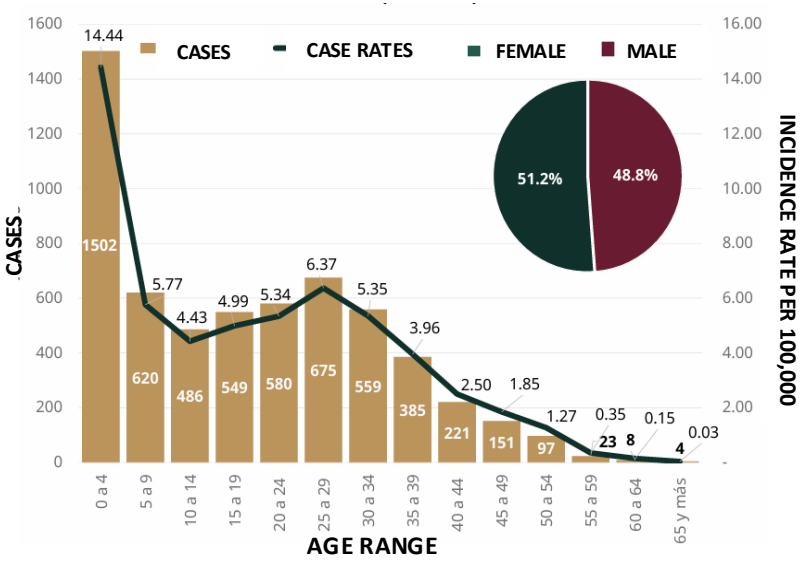
Daily Report – Mexico

MEXICO

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



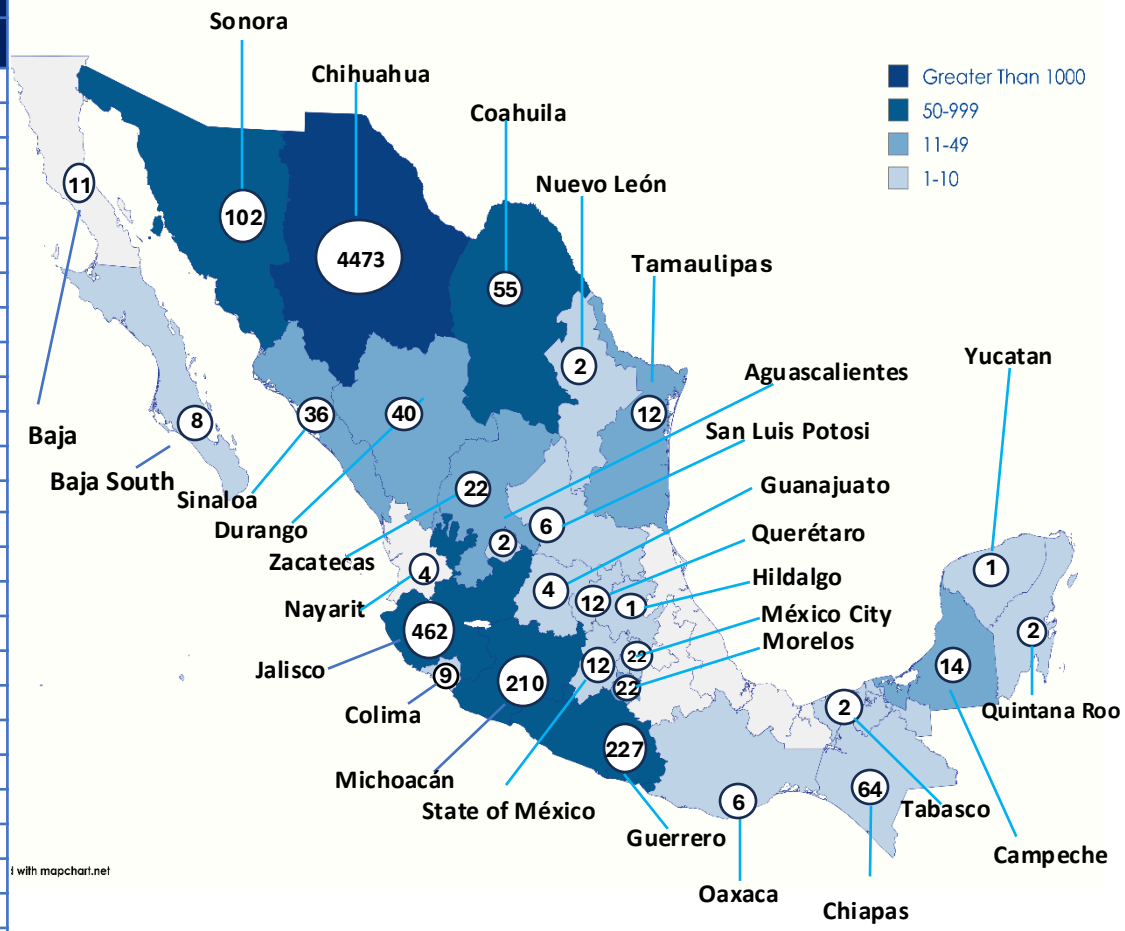
CONFIRMED CASES BY SEX, AGE, AND INCIDENCE RATE



CONFIRMED MEASLES CASES

STATE	CASES	
	CONFIRMED	PROBABLE
AGUASCALIENTES	2	7
BAJA CALIFORNIA	11	196
BAJA CALIFORNIA SUR (NEW)	8	67
CAMPECHE	14	98
CHIAPAS	64	201
CHIHUAHUA	4,473	6,219
COAHUILA	55	303
COLIMA	9	58
DURANGO	40	293
GUANAJUATO	4	540
GUERRERO	227	405
HILDALGO	1	116
JALISCO	462	1,556
MEXICO	12	603
MÉXICO CITY	22	933
MICHOACÁN	210	582
MORELOS	22	236
NARAYIT (NEW)	4	87
NUEVO LEÓN	2	286
OAXACA	6	89
QUERÉTARO	12	162
QUINTANA ROO	2	76
SAN LUIS POTOSI	6	146
SINALOA	53	236
SONORA	102	308
TABASCO	2	86
TAMAULIPAS	12	130
YUCATAN	1	64
ZACATECAS	22	158
TOTALS	5,860	14,336

Data as of12/19/2025



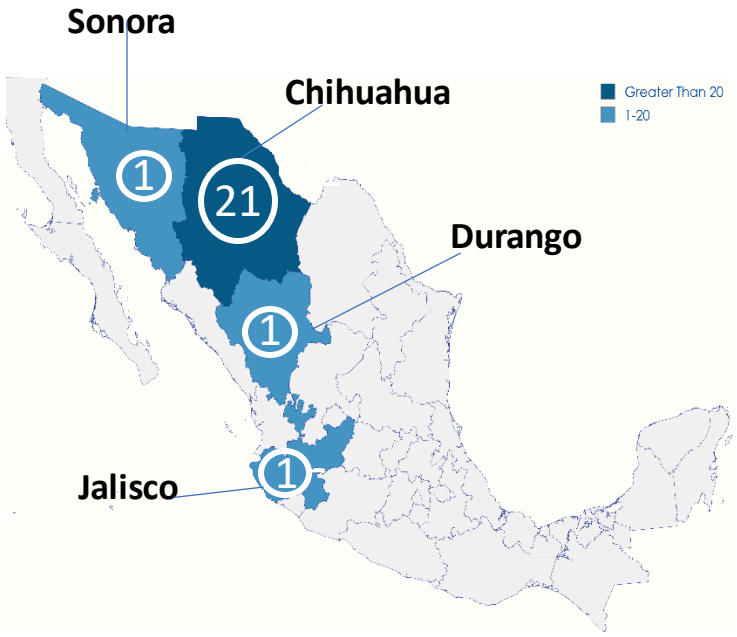
5,860 CONFIRMED CASES
24 DEATHS

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



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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