

# MEASLES – THE AMERICAS 2025

MORBIDITY AND MORTALITY		
COUNTRY	CONFIRMED CASES	DEATHS
NORTH AMERICA – 3 ACTIVE OUTBREAKS		
<u>US</u>	2,024 (+38)	3
<u>CANADA*</u> +	5,376 (+15)	2
<p>* Includes the probable cases reported by Canada under the clinically confirmed column, due to alignment with PAHO's case definition, as well as 55 non-outbreak cases.</p> <p>+The Ontario Outbreak has officially been declared over as of 6 October 2025.</p>		
<u>MEXICO</u>	6,050 (+190)	24
CENTRAL AMERICA – NO ACTIVE OUTBREAKS		
<u>BELIZE</u>	44 (+3)	0
<u>COSTA RICA</u>	1	0
<u>GUATEMALA</u>	1	0
SOUTH AMERICA – 2 ACTIVE OUTBREAKS		
<u>BOLIVIA</u>	541 (+35)	
<u>ARGENTINA</u>	36	0
<u>BRAZIL</u>	37	0
<u>PARAGUAY</u>	49	0
<u>PERU</u>	5	0
THE CARRIBEAN	44	0
<u>URUGUAY</u>	12 (+6)	0
<b>TOTAL</b>	<b>14,220</b>	<b>29</b>

## BACKGROUND

### WHY IS MEASLES SO DANGEROUS?

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

**Yale**  
SCHOOL  
OF PUBLIC  
HEALTH

12/28/2025  
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](#)
  - [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**

*This week, the United States reported more than 2,000 confirmed measles cases, and the total for the Americas exceeded 14,000 cases for 2025.*

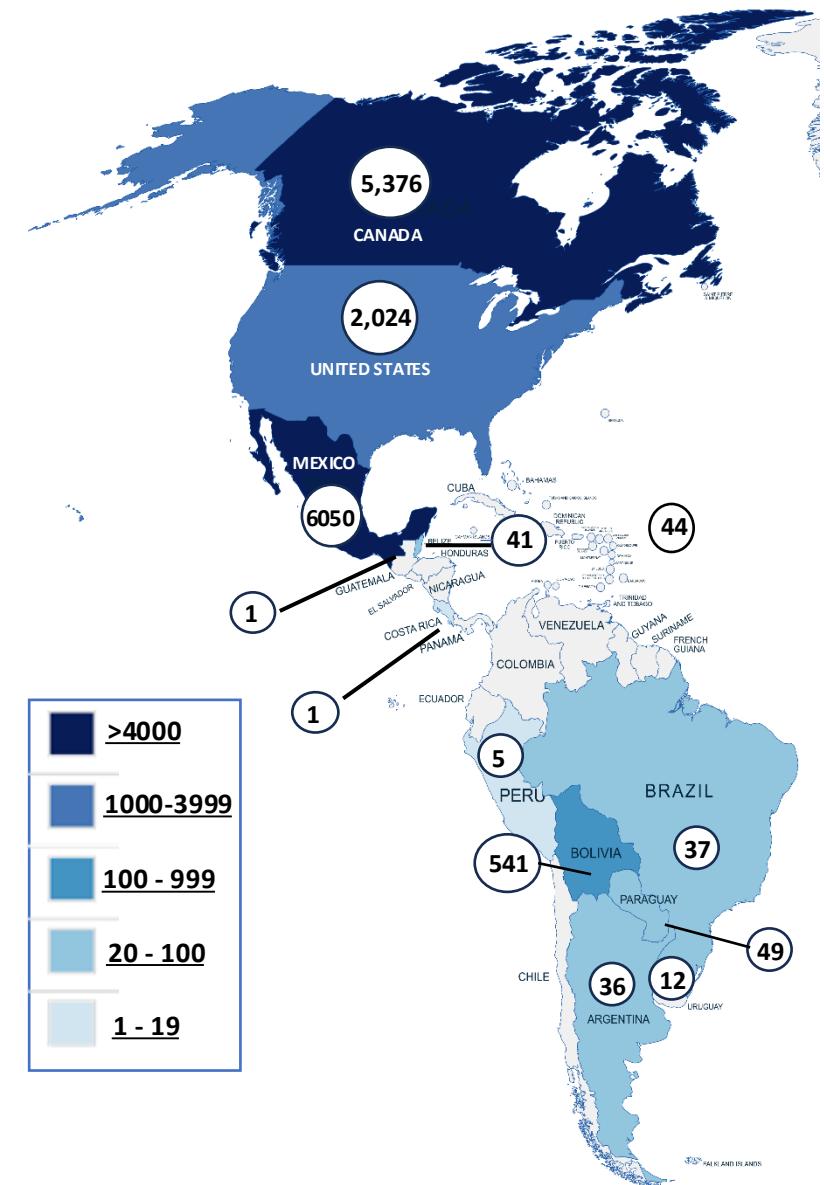
In 2025, between epidemiological week (EW) 1 and EW 52, a total of **14,220 measles cases** were confirmed in the Region of the Americas, including **29 deaths**. Reported cases were distributed as follows: Argentina (n = 36), Belize (n = 41), the Plurinational State of Bolivia (n = 541), Brazil (n = 37), Canada (n = 5,376, including 2 deaths), Costa Rica (n = 1), Guatemala (n=1), Mexico (n = 6,050, including 24 deaths), Paraguay (n = 49), Peru (n = 5), the United States of America (n = 2,024, including 3 deaths), Uruguay (n=12) 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 four 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.



# WHY IS MEASLES SO DANGEROUS?

**OPERATIONAL OVERVIEW:** Measles is one of the most dangerous vaccine-preventable diseases, not a mild childhood illness. It spreads rapidly through airborne transmission, can be acquired after brief exposure in shared airspaces (including schools, clinics, and airports), and can overwhelm communities and health systems within weeks as population immunity declines. Infection can result in severe and sometimes fatal complications, causes prolonged immune suppression that increases susceptibility to other diseases, and disproportionately harms infants and other vulnerable populations. There is no curative treatment; effective control depends on high vaccination coverage, rapid case identification, aggressive contact tracing, and timely outbreak response—particularly in under-immunized communities where transmission accelerates quickly.

WHY MEASLES PRESENTS A HIGH PUBLIC HEALTH THREAT	
<b>1. EXTREME CONTAGIOUSNESS:</b> Measles has one of the highest basic reproduction numbers ( $R_0$ ) of any infectious disease. An infected individual can transmit the virus to 12–18 susceptible people. The virus can remain airborne for up to two hours after an infected person leaves an enclosed space, complicating exposure control and contact tracing.	<b>4. DISPROPORTIONATE RISK TO INFANTS:</b> Infants under 12 months are typically too young to receive routine measles vaccination and may lack sufficient maternal antibody protection. This group experiences the highest rates of hospitalization, complications, and death during outbreaks.
<b>2. SEVERE CLINICAL OUTCOMES:</b> Measles frequently causes serious complications, even in settings with advanced medical care: <ul style="list-style-type: none"><li>• <b>Pneumonia</b> (primary cause of measles-related deaths)</li><li>• <b>Encephalitis</b>, leading to seizures, permanent neurologic injury, or death</li><li>• <b>Severe dehydration</b> from diarrhea</li><li>• <b>Blindness</b>, particularly in vitamin A-deficient populations Hospitalization rates are highest among young children, infants, and immunocompromised individuals.</li></ul>	<b>5. NO CURATIVE TREATMENT</b> There is no antiviral therapy for measles. Clinical management is supportive only. Outbreak control depends on: <ul style="list-style-type: none"><li>• High community vaccination coverage</li><li>• Rapid case identification</li><li>• Aggressive contact tracing</li><li>• Post-exposure prophylaxis</li><li>• Isolation and exclusion measures</li></ul>
<b>3. IMMUNE SUPPRESSION (“IMMUNE AMNESIA”):</b> Measles infection damages immune memory, erasing prior protection against other pathogens. Survivors may remain vulnerable to secondary infections for months to years, leading to increased morbidity and mortality well beyond the acute illness period.	<b>6. DELAYED BUT FATAL SEQUELAE (SSPE):</b> Measles can cause <b>Subacute Sclerosing Panencephalitis (SSPE)</b> , a rare but universally fatal neurodegenerative condition that develops years after infection—most often in individuals infected during early childhood.
IMPLICATIONS FOR EMERGENCY PREPAREDNESS AND RESPONSE	
<ul style="list-style-type: none"><li>• Vaccination gaps = outbreak risk</li><li>• Infants and immunocompromised populations require prioritized protection</li><li>• Healthcare and emergency services must prepare for surge capacity</li><li>• Public risk communication is critical to counter misinformation</li><li>• Cross-jurisdictional coordination is essential due to travel-related spread</li></ul>	Measles is a <b>sentinel indicator</b> of broader system vulnerability. <b>Outbreaks signal declining trust, weakened routine immunization programs, and increased strain on public health infrastructure.</b> Preventing measles is not solely a clinical task—it is a collective preparedness function requiring sustained vaccination coverage, rapid response capability, and clear, credible communication.

# UNITED STATES

**ARIZONA AND UTAH** The outbreak continues in these two states, with 22 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.

**NEVADA:** Northern Nevada Public Health reported Washoe County's first measles case since 2018 involving an unvaccinated man who was hospitalized. The individual tested positive on Friday, Dec. 26. NNPH said it is following up with close contacts and that its investigation is ongoing. Initial information indicated the person remained home while infectious. It remains unclear where the person contracted the virus.

**SOUTH CAROLINA:** As of Dec. 26, 2025, [DPH reports 159 measles cases since July 9, 156 of which are concentrated in](#) Spartanburg County during the current outbreak. The three new cases were linked to a previously reported school exposure. There are currently 252 people in quarantine and three in isolation. The latest end date for those currently in quarantine is January 15.

**VIRGINIA:** A resident of Central Virginia has been infected with measles after being exposed to [a confirmed case](#) last week, per state health officials. The Virginia Department of Health (VDH) confirmed on Wednesday, Dec. 24, a case of measles in an adult resident who they said developed symptoms after exposure to an infectious out-of-state visitor. Last week, a traveler visited multiple locations across Virginia while infected, according to a Dec. 17 release from the VDH. The person created an exposure risk for those who were also at these places around the same time.

**WYOMING:** The Wyoming Department of Health (WDH) has confirmed a new case of measles in a Park County resident. The adult is fully vaccinated but had extensive exposure to measles while abroad and developed a mild illness. The individual was not hospitalized. WDH is notifying all individuals who may have been exposed to measles in Park County.

## ALERTS

**MASSACHUSETTS:** [The Massachusetts Department of Public Health issued a public health advisory on December 24](#) after confirming that a man diagnosed with measles traveled through Boston Logan International Airport earlier this month, potentially exposing others in Boston and Westborough. The individual arrived at Logan at 2:39 p.m. on December 11 on American Airlines Flight 2384 from Dallas–Fort Worth, stayed at the DoubleTree by Hilton Hotel Boston–Westborough, and departed Massachusetts on December 12 at 9:19 p.m. on JetBlue Flight 117 to Las Vegas. DPH said it is working with the Centers for Disease Control and Prevention and local partners to identify and notify individuals who may have been exposed to measles.

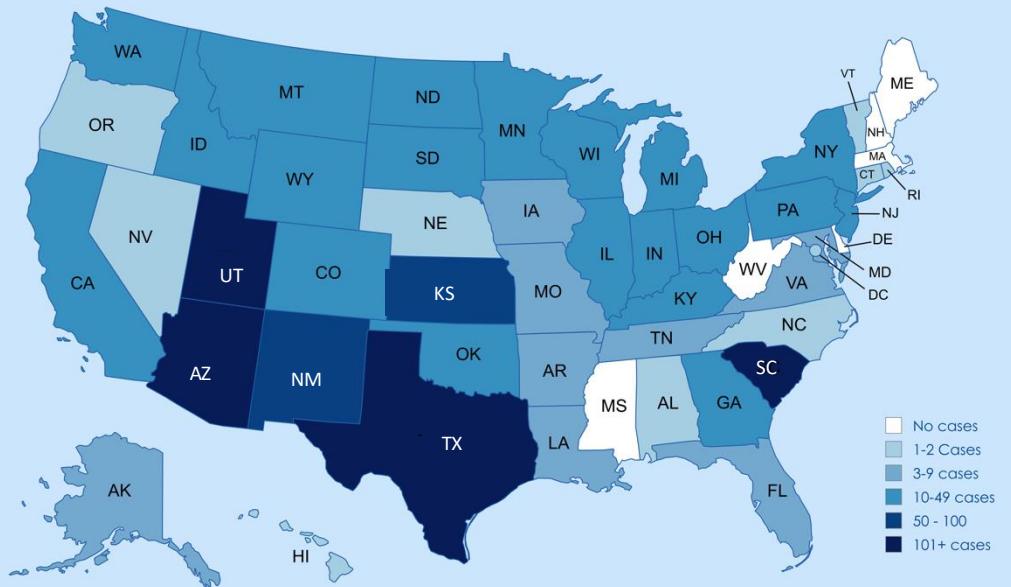
**NEW JERSEY:** The New Jersey Department of Health (NJDOH) is alerting residents to potential exposures associated with a newly identified case of measles in a non-NJ resident who traveled through Newark Liberty International Airport while infectious. Individuals – especially parents, guardians, health care providers, and caregivers – are urged to be aware of the symptoms of this highly contagious virus and to ensure they are up to date with the measles, mumps, and rubella (MMR) shots. A passenger, who is not a New Jersey resident, traveled through at least two of the airport's terminals, state Department of Health officials said Friday. Anyone who was in Terminal B at 7 a.m. or Terminal C at 7 p.m. on Dec. 19 may have been exposed to the highly contagious virus.

**COLORADO:** Colorado health officials put out an alert Tuesday about a potential measles exposure at Denver International Airport earlier this month. That exposure happened on Friday, December 12. An out-of-state traveler with a confirmed measles case was infectious and traveled through the airport, according to the Colorado Department of Public Health and Environment (CDPHE). The infected person arrived at gate B45 in the B Concourse at 7:24 p.m. on Friday, December 12. They departed from Gate B84 on the B Concourse at 9:41 p.m. Passengers who were exposed to the case on either flight will be notified directly by public health agencies.

# MEASLES CASES – AS OF 28 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 \(CORI\)](#)

2,024



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	NEW CASES
TEXAS **	803	
ARIZONA+	195	5
SOUTH CAROLINA	159	12
UTAH	142	17
NEW MEXICO	100	
KANSAS	91	
NEW YORK	48	
OHIO	44	
COLORADO	36	
MONTANA	36	
NORTH DAKOTA	36	
WISCONSIN	36	
MICHIGAN	30	
MINNESOTA	26	
CALIFORNIA	24	
OKLAHOMA	20	
PENNSYLVANIA	16	
SOUTH DAKOTA	16	1
WYOMING	15	1
ILLINOIS	14	
KENTUCKY	13	
IDAHO	13	
WASHINGTON	12	
INDIANA	11	
NEW JERSEY	11	
GEORGIA	10	
IOWA	9	
ARKANSAS	8	
TENNESSEE	8	
FLORIDA	7	
MISSOURI	7	
VIRGINIA	5	1
ALASKA	4	
LOUISIANA	3	
MARYLAND	3	
HAWAII	2	
NEVADA	2	1
VERMONT	2	
ALABAMA	1	
CONNECTICUT	1	
DISTRICT OF COLUMBIA	1	
NEBRASKA	1	
NORTH CAROLINA	1	
OREGON	1	
RHODE ISLAND	1	
<b>TOTAL</b>	<b>2,024</b>	<b>38</b>

## 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 28 December 2025, EDT, there are approximately 2,023 measles cases (confirmed and suspected) across 44 states. There have been 50 outbreaks in the US this year, including the following:

- Arizona - Navajo County, Mohave County
- Arkansas - Faulkner County
- Colorado – 10 cases linked to an infectious traveler
- Georgia - Metro Atlanta
- Illinois - Southern Illinois (Franklin–Williamson region)
- Indiana - Allen County
- Iowa - Johnson County
- Kansas 9 counties
- Kentucky - Woodford, Fayette, and Jefferson Counties
- Montana, Gallatin, Hill, and Yellowstone Counties.
- Michigan - Montcalm County (linked to Ontario Outbreak) and a 2<sup>nd</sup> outbreak in Grand Traverse County, Missouri - Cedar County
- 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, 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).

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

11% have required hospitalization.

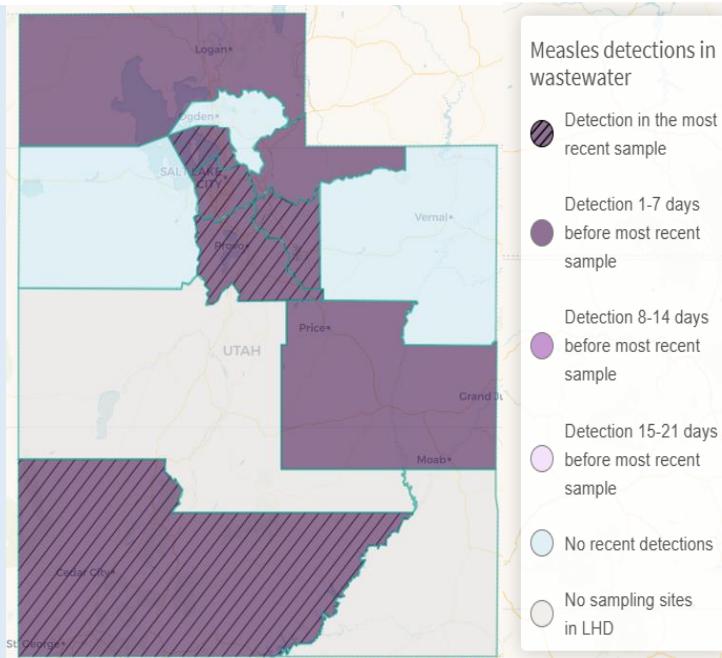
# UNITED STATES – ARIZONA AND UTAH OUTBREAK

- 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.

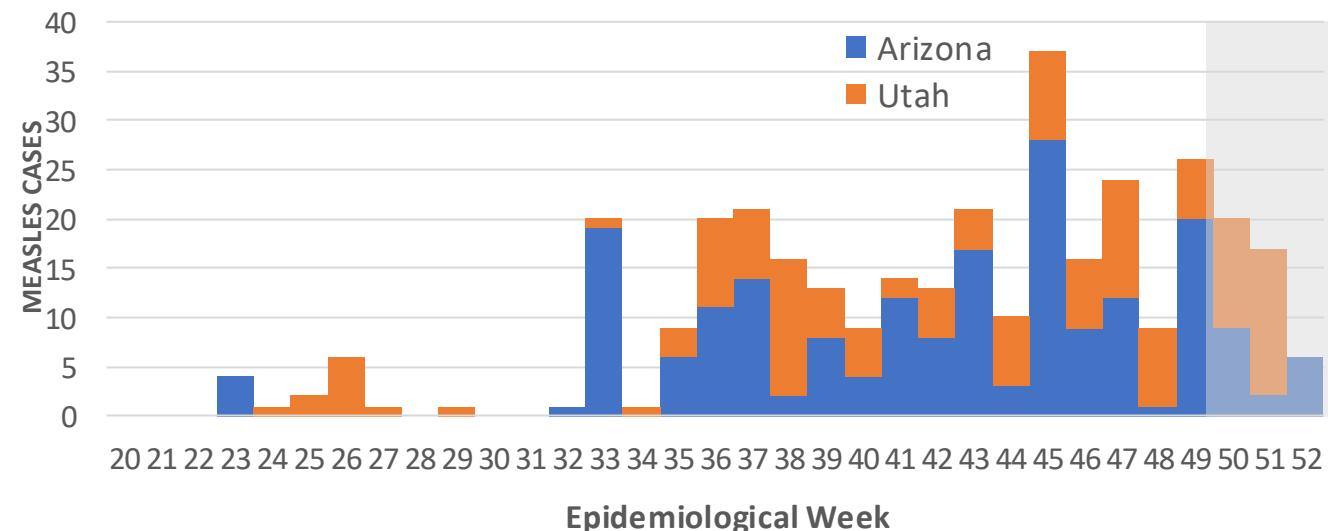
As of 12/28/2025, at least **337** people have been infected, most linked to two small towns -- Colorado City, Arizona, and Hildale, Utah, where residents often move between the two communities. In **Mohave County, Arizona**, officials have reported [191 confirmed measles cases](#), including **seven requiring hospitalization**. This brings the state's total for 2025 to **195 cases**. In Utah, the Utah Department of Public Health reported [142 confirmed cases](#) on Tuesday, December 23; **101 of those cases are along the border with Arizona. Fourteen 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



# UNITED STATES – ARIZONA AND UTAH OUTBREAK

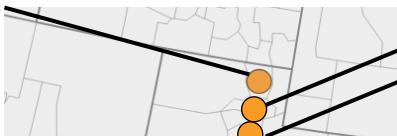
UTAH		
CASES: 142 (+17)	HOSPITALIZATIONS: 14 (11%)	DEATHS: 0
<b>AGES:</b> <ul style="list-style-type: none"><li>&lt;18: 85 (60%)</li><li>18+: 57 (40%)</li></ul> <b>VACCINATION STATUS:</b> <ul style="list-style-type: none"><li>Unvaccinated: 115 (92%)</li><li>Vaccinated: 8 (6.4%)</li><li>Unknown: 2 (1.6%)</li></ul>		
<b>OUTBREAK OVERVIEW:</b> 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.		
<b>RESPONSE:</b> 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: 195 (+5)	HOSPITALIZATIONS: 7 (3.6%)	DEATHS: 0
<b>AGES:</b> <ul style="list-style-type: none"><li>&lt;18: 127 (65%)</li><li>18+: 68 (35%)</li></ul> <b>VACCINATION STATUS:</b> 97% of the cases are unvaccinated		
<b>OUTBREAK TIMELINE:</b> 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.		
<b>RESPONSE:</b> 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 reported a "sharp rise" in vaccinations, following a long history of mistrust and misinformation 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.

## Bear River Health

**District:** 4 cases



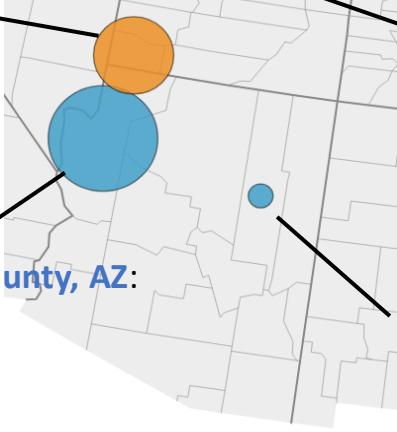
## Central Utah Health

**District:** 3 cases



## Southwestern Utah

**Health District:** 101 cases



## Mohave County, AZ:

**191 cases**

**Davis County:** 2 cases

**Salt Lake County:** 4 cases

**Wasatch County:** 9 cases

**Utah County:** 16 cases

**Southeastern Utah Public Health District:** 3 cases

**Navajo County, AZ:**

**4 cases**

# UNITED STATES – SOUTH CAROLINA OUTBREAK

## SOUTH CAROLINA

CASES: 159 (+12)

HOSPITALIZATIONS: 0

DEATHS: 0

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

**AGES:**  
< 5: 34  
5-17: 104  
18+: 12  
Minor under age 18 (age undisclosed): 6

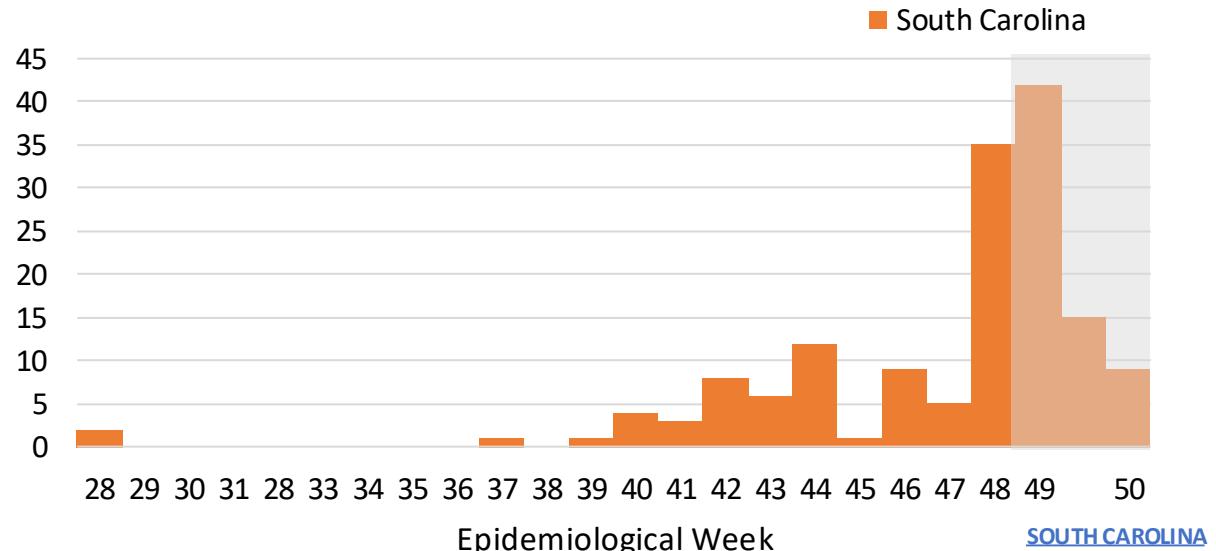
**VACCINATION STATUS:**  
148 unvaccinated  
3 partially vaccinated  
1 vaccinee  
4 unknown

**SITUATION:** SCDPH is actively responding to a measles outbreak in the Upstate region. As of December 26, 2025, [DPH reports 156 measles cases since July 9, centered in and around Spartanburg County](#) during the current outbreak. **This brings the state's total to 159 for 2025.**

**COMMUNITY TRANSMISSION:** Ongoing.

There are currently **252 people in quarantine** and three in isolation. The latest end date for those currently in quarantine is January 15.

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



# CANADA

**BACKGROUND:** The 2025 measles outbreak in Canada is the product of a perfect storm: a sparking importation event, weakening population immunity, rising vaccine hesitancy and misinformation, structural vulnerabilities in public health and healthcare access, and social dynamics that enabled the virus to move through susceptible networks.

**IMPORTATION AND INITIAL SPARK:** The outbreak began in October 2024, when an imported case attending a large gathering in New Brunswick brought the virus into Canada. The event, which brought together attendees from multiple provinces, provided the ideal conditions for rapid transmission and the initial dispersal of measles across provincial boundaries.

**MULTI-JURISDICTIONAL SPREAD:** From late 2024 into 2025, the outbreak expanded beyond its original epicenter. Cases spread through Ontario, Alberta, Manitoba, British Columbia, Saskatchewan, Nova Scotia, New Brunswick, Prince Edward Island, the Northwest Territories, and Quebec. The multi-jurisdictional spread reflects both the contagious nature of measles and the cracks in Canada's protective vaccination shield. **On November 10, 2025, the Pan American Health Organization notified Canada that it had lost its measles elimination status due to its failure to curb a year-long outbreak.**

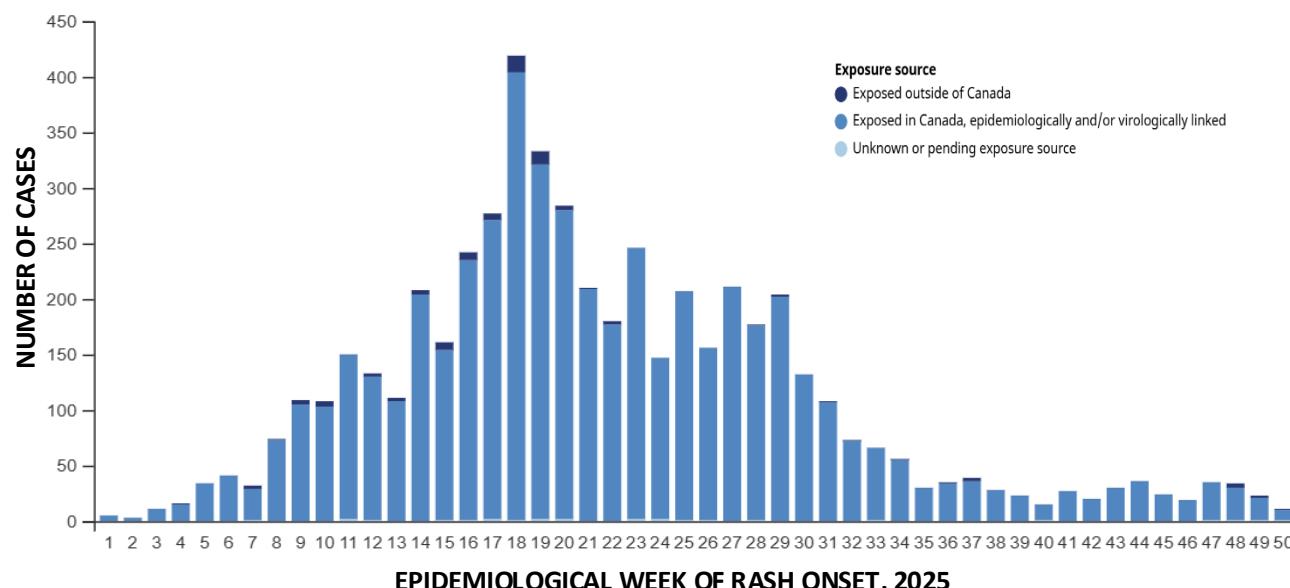
## CONTRIBUTING FACTORS

- **Low Vaccination Coverage**
  - **Erosion of herd immunity:** National first-dose measles vaccination coverage fell from 90% in 2019 to around 83% by 2023—well below the 95% threshold required to prevent sustained transmission.
  - **Clusters of under-vaccination:** Many cases have arisen in under-immunized communities, particularly among close-knit groups with limited engagement with public health authorities.
- **Vaccine Hesitancy & Misinformation**
  - **Lingering distrust:** Public confidence in vaccination weakened during the COVID-19 pandemic, leaving space for anti-vaccine movements to grow louder and more influential.
  - **Changing perceptions:** With declining familiarity of measles as a public health threat, many individuals perceive the disease as distant or low-risk, fueling complacency and skepticism toward the vaccine.

## STRUCTURAL VULNERABILITIES & SOCIAL DYNAMICS

- **Healthcare access gaps:** Remote, rural, and Indigenous communities often face barriers to timely vaccination services, including limited clinic hours, shortages of healthcare staff, and logistical hurdles in vaccine delivery.
- **Cross-provincial mobility:** Travel between provinces and territories, combined with participation in large gatherings and events, accelerated the geographic spread of the virus.
- **Social clustering:** Measles transmission has been amplified within close-knit cultural, religious, or ideological groups where vaccine refusal or delay is more common, creating concentrated pools of susceptibility.
- **Strains on public health infrastructure:** Years of budgetary constraints and competing priorities have left some local public health units less prepared for large-scale outbreak response, slowing containment efforts.

EPIDEMIOLOGICAL CURVE FOR MEASLES CASES, BY EPIDEMIOLOGICAL WEEK - 50



## SOURCES:

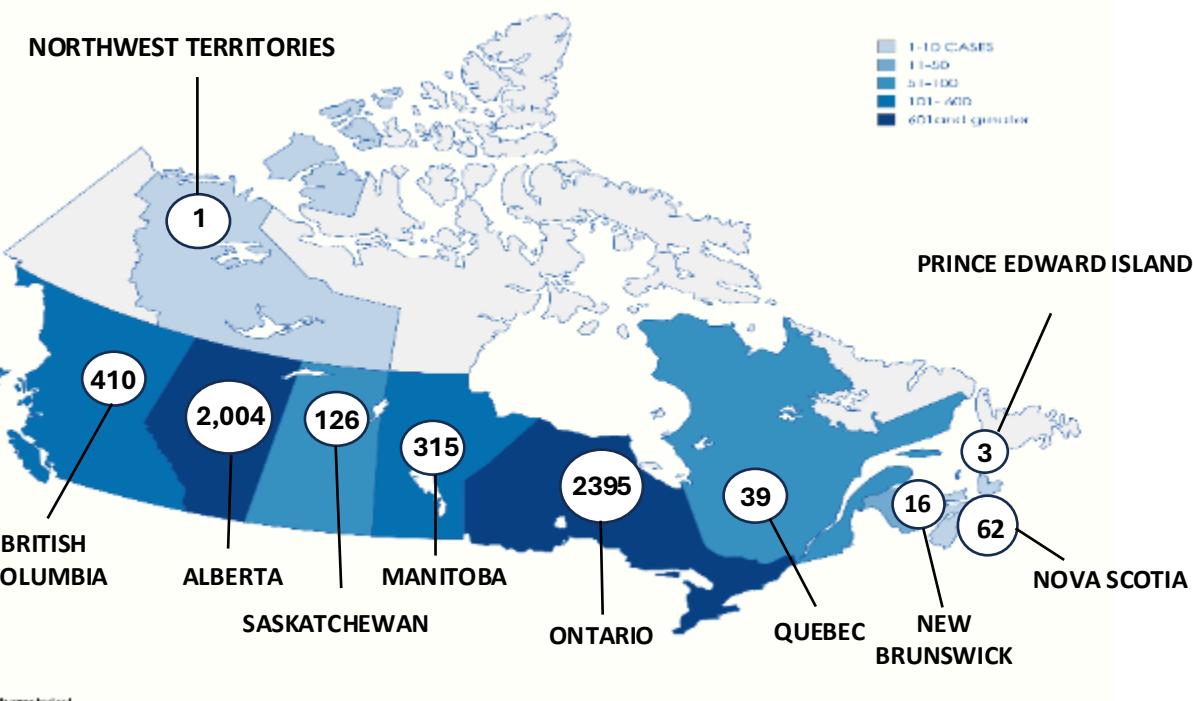
- [Measles and rubella weekly monitoring report – Week 50](#)
- [PAHO - Measles cases rise in the Americas in 2025](#)

# CANADA – CURRENT SITUATION

MEASLES 2025			
PROVINCE	CONFIRMED CASES	PROBABLE CASES	TOTALS
ONTARIO	2,106*	289	2,395
ALBERTA	2,004 (+9)	0	2,004 (+9)
MANITOBA	290	25	315
BRITISH COLUMBIA	386	24	410
SASKATCHEWAN	126	0	126
QUEBEC	44 (+6)	0	39 (+1)
PRINCE EDWARD ISLAND	3	0	3
NOVA SCOTIA	62	0	62
NORTHWEST TERRITORIES	1	0	1
NEW BRUNSWICK	16	0	16
<b>TOTAL</b>	<b>5,038</b>	<b>338</b>	<b>5,376</b>

\* Count includes 55 cases not associated with the outbreak and is just the number for 2025.

1-10 CASES  
 11-50 CASES  
 51-100 CASES  
 101-500 CASES  
 501 and greater



As of 12/27/2025

**5,376 Cases (5,038 CONFIRMED AND 338 PROBABLE)**  
**2 Deaths**

A multijurisdictional measles outbreak is ongoing in Canada.

Recently, Quebec has reported a **new outbreak**. The last outbreak occurred from December 2024 to April 19, 2025. As of December 23, 2025, 4 p.m., **eight confirmed cases of measles have been reported in connection with the current outbreak**. The regions currently affected are: **Lanaudière, Laurentides, Laval and Montréal**.

# OUTBREAK – ALBERTA

## MORBIDITY AND MORTALITY

PROVINCE	CASES	HOSPITALIZATIONS	DEATHS
ALBERTA	2,004 (+9)	161 (+1) (15 ICU) (0 Currently Hospitalized)	1

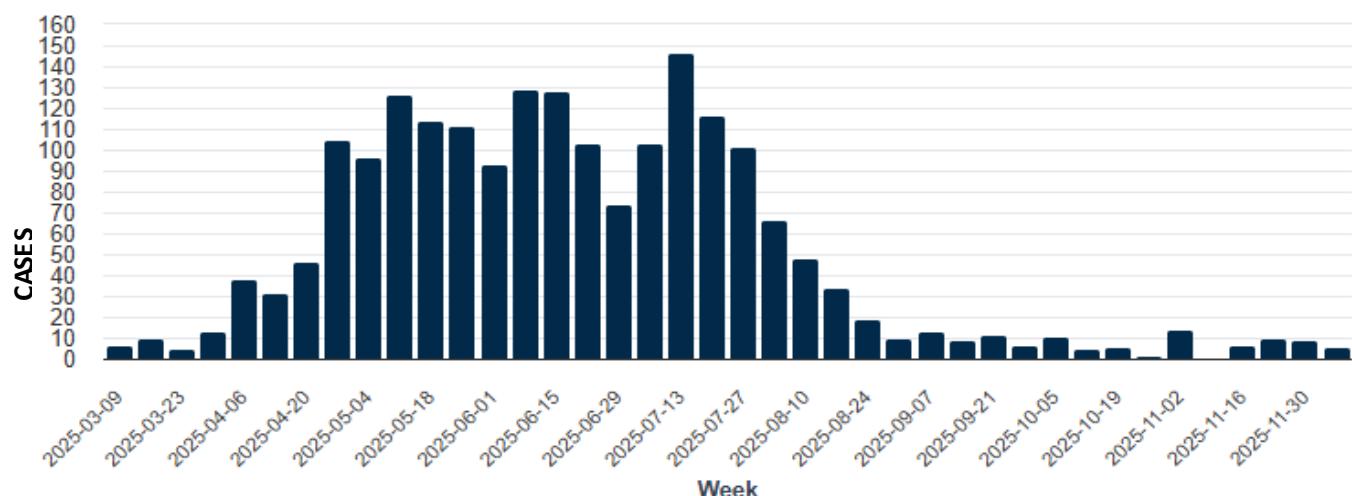
IMMUNIZATION STATUS	COUNT
Unimmunized	1,790
1 dose	53
2 or more doses	78
Unknown	83

AGE RANGE	NUMBERS
<5 years	580
5 to 17 years	886
18 to 54 years	529
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



# 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

- **6,050 confirmed cases nationwide**
  - **4,481 (74.07%) in Chihuahua**
  - Cases are picking up in other parts of the country, specifically in **Guerrero (n=237 cases), Michoacan (n=227 cases), and Jalisco (n=516 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** – 74% of cases and 88% of deaths nationwide

## AGE GROUPS (highest incidence per 100k):

- **0–4 years: 14.99**
- **5–9 years: 6.09**
- **25–29 years: 6.51**

## 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

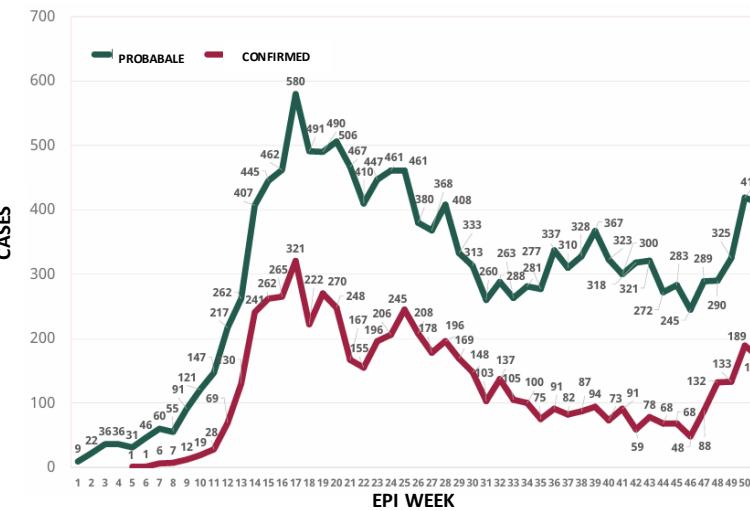
- **“Juarez Shield Strategy”** – Mass vaccination campaign
- **Rapid Response Plan** – Enhanced surveillance, lab confirmation, case isolation
- **Door-to-Door Vaccination** – Community engagement with local and religious leaders
- **Vitamin A Supplementation** – For children under 5 with suspected or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

## SOURCES:

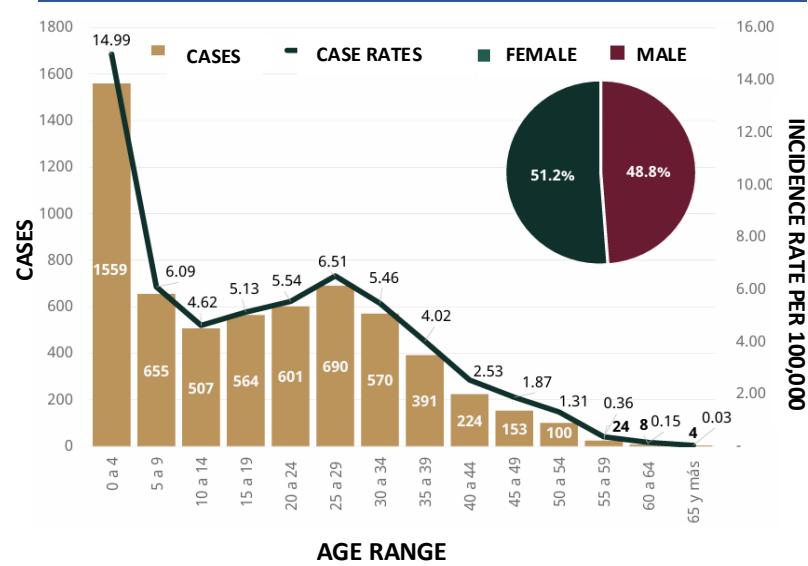
[Daily Report – Mexico](#)

# MEXICO

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



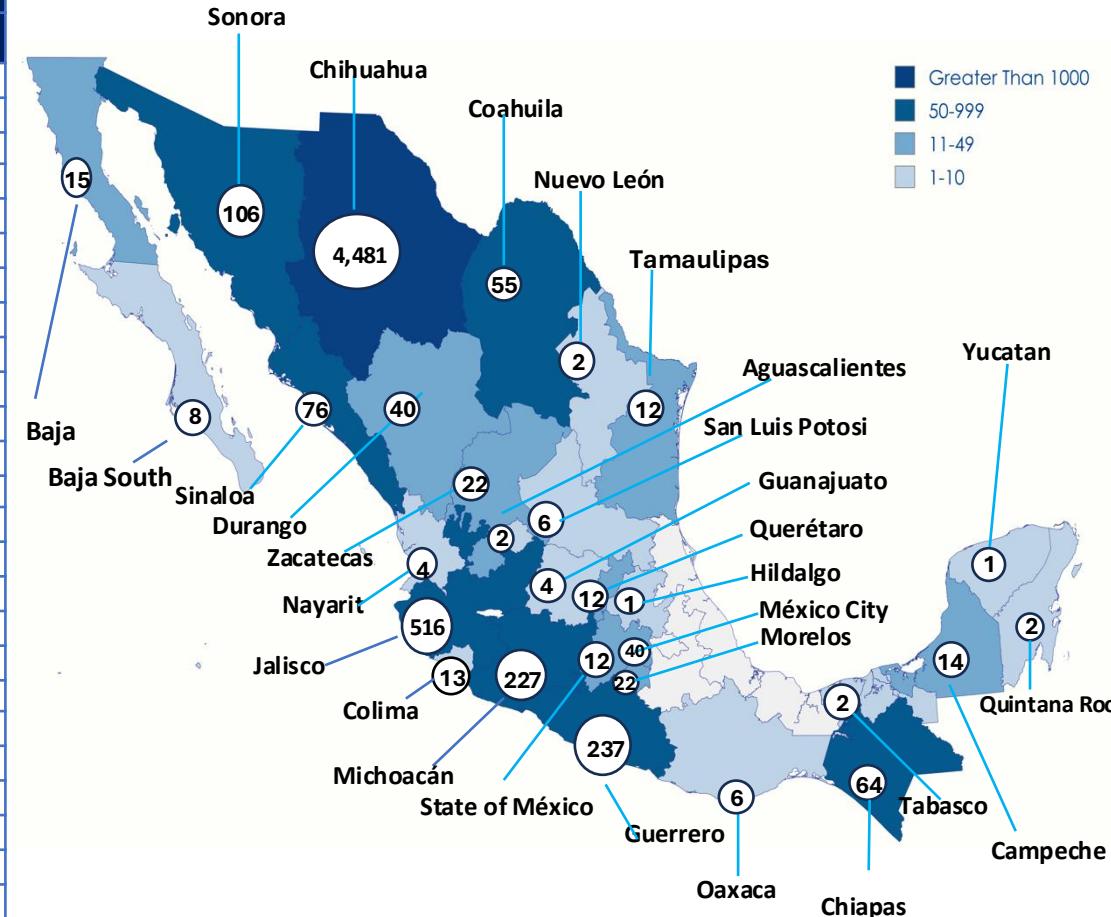
## CONFIRMED CASES BY SEX, AGE, AND INCIDENCE RATE



## CONFIRMED MEASLES CASES

STATE	CASES	
	CONFIRMED	PROBABLE
AGUASCALIENTES	2	147
BAJA CALIFORNIA	15	213
BAJA CALIFORNIA SUR (NEW)	8	68
CAMPECHE	14	98
CHIAPAS	127	346
CHIHUAHUA	4,481	6,226
COAHUILA	55	5
COLIMA	13	70
DURANGO	40	294
GUANAJUATO	4	542
GUERRERO	237	423
HILDALGO	1	116
JALISCO	516	1,649
MEXICO	12	605
MÉXICO CITY	40	952
MICHOACÁN	227	599
MORELOS	22	243
NARAYIT (	4	96
NUEVO LEÓN	2	291
OAXACA	6	89
QUERÉTARO	12	162
QUINTANA ROO	2	76
SAN LUIS POTOSI	6	146
SINALOA	76	211
SONORA	106	324
TABASCO	2	86
TAMAULIPAS	12	130
YUCATAN	1	66
ZACATECAS	22	162
TOTALS	6050	14,735

Data as of 12/26/2025



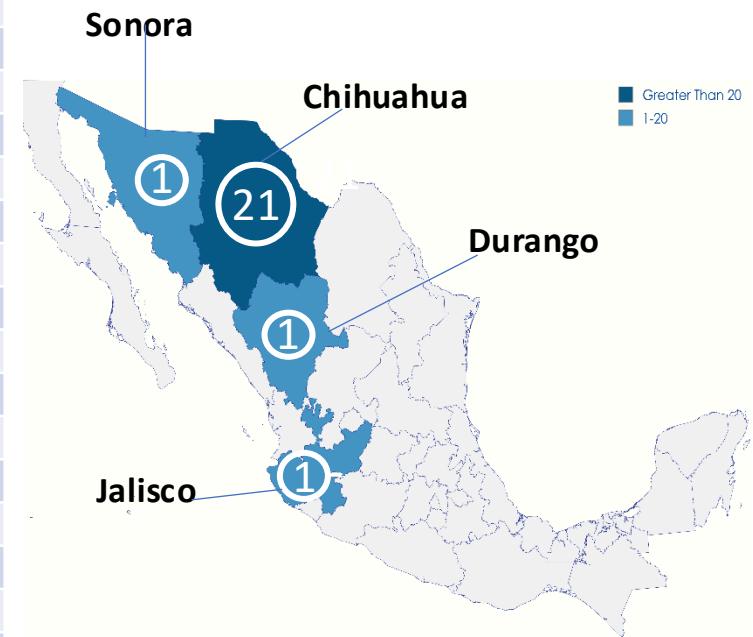
**6,050 CONFIRMED CASES  
24 DEATHS**

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.

**LTC (R) Joanne McGovern – [Joanne.McGovern@yale.edu](mailto:Joanne.McGovern@yale.edu)**

Lecturer, Department of Environmental Health Sciences, Yale School of Public Health

**Shoa Moosavi (Editor)**