

MEASLES – THE AMERICAS 2025 - 2026

MORBIDITY AND MORTALITY		
COUNTRY	CONFIRMED CASES	DEATHS
NORTH AMERICA – 3 ACTIVE OUTBREAKS		
US	2,553 (+308)	3
CANADA ^{1,2,3,4}	5,525 (+50)	2
<p>1. Includes the probable cases reported by Canada under the clinically confirmed column, due to alignment with PAHO's case definition</p> <p>2. Outbreak cases in Ontario are reported for the period October 28, 2024–December 22, 2025, and non-outbreak cases were reported for the period January 1–December 22, 2025, and are included in these numbers.</p> <p>3. The Ontario Outbreak was officially declared over as of 6 October 2025.</p> <p>4. Canada lost its measles elimination status on 10 November 2025 due to the ongoing measles outbreak that began in October 2024</p>		
MEXICO	6,933 (+512)	24
CENTRAL AMERICA – NO ACTIVE OUTBREAKS		
BELIZE	44	0
COSTA RICA	1	0
GUATEMALA	1	0
SOUTH AMERICA – 2 ACTIVE OUTBREAKS		
BOLIVIA	595 (+36)	
ARGENTINA	37 (+1)	0
BRAZIL	38 (+1)	0
PARAGUAY	49	0
PERU	5	0
URUGUAY	12	0
THE CARIBBEAN		
THE CARIBBEAN	44	0
TOTAL	15,838	29

BACKGROUND

UNITED STATES

SOUTH CAROLINA

ARIZONA AND UTAH

CANADA

ALBERTA

MEXICO

SUBACUTE SCLEROSING PANENCEPHALITIS (SSPE)

LONG-TERM EFFECTS

Yale
SCHOOL
OF PUBLIC
HEALTH

1/18/2026
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 COLUMBIA](#)
- [MANITOBA HEALTH](#)
- [NEW BRUNSWICK](#)
- [NOVA SCOTIA](#)
- [PUBLIC HEALTH ONTARIO](#)
- [PRINCE EDWARDS ISLAND](#)
- [QUEBEC](#)
- [SASKATCHEWAN](#)

MEXICO

INFORME DIARIO DEL BROTE DE SARAPIÓN EN MÉXICO, 2025

MEDICIHUAHUA

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](#)
- [CQRI](#)
- [FORCE OF INFECTION](#)
- [IVAC](#)
- [KAISER HEALTH NEWS](#)
- [MEDPAGE TODAY](#)
- [NY STATE GLOBAL HEALTH UPDATE](#)
- [THE PANDEMIC CENTER TRACKING REPORT](#)
- [YOUR LOCAL EPIDEMIOLOGIST](#)

BACKGROUND (2025 – 2026)

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

Between epidemiological weeks (EW) 1 and 53 of 2025, and EW 1 of 2026, a total of **15,838 measles cases** were confirmed in the Region of the Americas, including **29 deaths**. Cases were reported across **12 countries and the Caribbean**: Argentina (n = 37), Belize (n = 44), the Plurinational State of Bolivia (n = 595), Brazil (n = 38), Canada (n = 5,525, including 2 deaths), Costa Rica (n = 1), Guatemala (n = 1), Mexico (n = 6,933, including 24 deaths), Paraguay (n = 49), Peru (n = 5), the United States of America (n = 2,553, including 3 deaths), Uruguay (n = 12), and the Caribbean (n = 44). Final 2025 case totals are expected **no later than January 21, 2026**.

EPIDEMIOLOGICAL CONTEXT

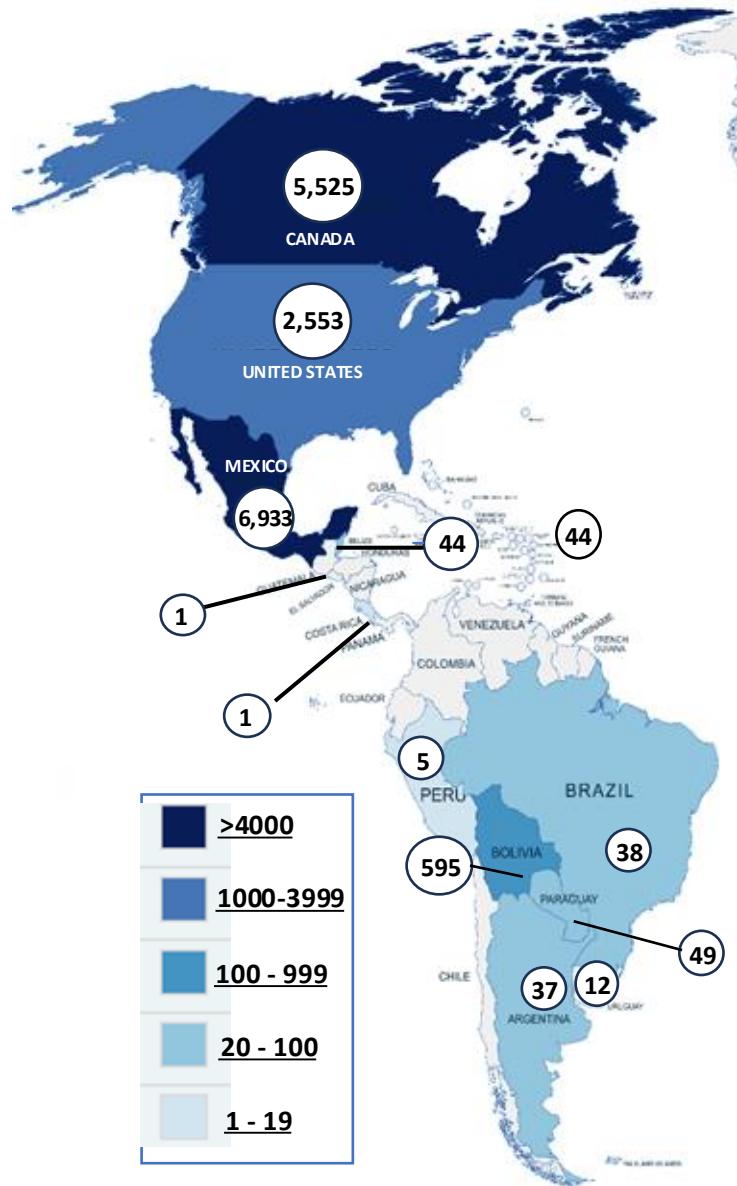
The distribution of confirmed measles cases by epidemiological week shows a gradual increase beginning in EW 3 of 2025, driven primarily by sustained outbreaks in vaccine-resistant and under-immunized communities across multiple countries. After a temporary decline, case counts rose again—most notably in the United States and Mexico—indicating continued transmission within active outbreak settings. The onset of the respiratory virus season, combined with increased travel and social mixing during holiday gatherings, has further amplified measles transmission.

REGIONAL ELIMINATION STATUS: On November 10, 2025, the Pan American Health Organization announced that the Region of the Americas had lost its status as free of endemic measles transmission, following a formal review by the Regional Monitoring and Re-Verification Commission. Canada was formally notified of its loss of elimination status on November 10, 2025. The United States is projected to face a similar designation in January 2026 if uninterrupted transmission for one year and epidemiological linkage between outbreaks are confirmed. Mexico may face the same determination in February 2026.

OPERATIONAL IMPLICATIONS

- High risk of continued regional and cross-border transmission
- Increased exposure risk for infants, immunocompromised individuals, and undervaccinated communities
- Growing strain on surveillance and contact-tracing systems amid concurrent respiratory virus activity
- Potential policy impacts, including travel advisories, school exclusions, and emergency immunization measures

OUTLOOK: Without aggressive containment measures, measles transmission is expected to continue well into 2026, further eroding elimination benchmarks in the Americas. Sustained interruption of transmission will require rapid vaccination scale-up, operational surge capacity, and a renewed commitment to restoring population immunity.



UNITED STATES

ARIZONA: The Maricopa County Department of Public Health (MCDPH) has confirmed a case of measles in an adult resident of Maricopa County. The case involved international travel and required hospitalization. The individual was not infectious at the time of travel. MCDPH is coordinating with partner agencies to notify individuals who may have been exposed.

KENTUCKY: The Kentucky Department for Public Health announced the first confirmed case of measles in a Kentucky resident in 2026. According to KDPH, the case involves an unvaccinated resident of Jessamine County. Officials say this is the first confirmed case of measles in a Kentucky resident since July 2025. Health officials say the person was exposed to measles when an out-of-state traveler who was infectious visited Fayette County between December 31, 2025, and January 2, 2026, resulting in community exposures first announced by the Lexington-Fayette County Health Department on January 9.

GEORGIA: A baby from the Georgia coastal area has been diagnosed with measles, according to the Georgia Department of Public Health, making the infant the state's first measles case of the year. The baby caught the illness while traveling to another country, the agency said in a written statement.

FLORIDA: A Florida resident flew into Springfield-Branson National Airport on January 6 and tested positive for measles. Florida has reported two cases to the CDC in 2026.

NORTH CAROLINA: Measles continues to spread in Western North Carolina, where two new cases in unvaccinated siblings were confirmed this week [in Buncombe County](#), and two new cases were reported in [Cabarrus County](#), bringing the state's total to nine since late December. Buncombe County now accounts for five of those cases, with the other in Polk and Rutherford counties. [Many of the cases are linked to the outbreak in Spartanburg, SC](#). One hundred people in Buncombe County have been placed in quarantine in relation to two new measles cases, according to the Buncombe County Public Health Department. individuals include students and anyone who could not provide proof of measles immunization from the exposure at Asheville-Pisgah Christian School.

OREGON: Oregon health officials confirmed a new measles case in an unvaccinated adult from [Clackamas County](#) on Friday, 16 January 2026. This case was reported one week after the Oregon Health Authority announced the state's first measles cases of 2026, involving two unvaccinated individuals in [Linn County](#) who developed symptoms earlier this month.

SOUTH CAROLINA: Clemson University confirmed a measles case involving an individual affiliated with the university. In a [press release](#) issued Saturday, 17 January 2026, officials said the South Carolina Department of Public Health has isolated the individual in accordance with public health protocols and is conducting contact tracing to identify and notify those who may have been exposed.

WASHINGTON:

- The Snohomish County Health Department confirmed three new measles cases this week among local children exposed to a contagious family visiting from South Carolina, meeting the threshold for a local outbreak. Public health officials were previously notified that three members of the visiting family—one adult and two children—were infectious while traveling in King and Snohomish counties between December 27, 2025, and January 1, 2026. During this period, the family visited multiple locations in Everett, Marysville, and Mukilteo, traveled through Seattle-Tacoma International Airport, and visited a nearby car-rental facility before being diagnosed.
- The Kittitas County Public Health Department is working with Central Washington University and the Washington State Department of Health following confirmation of measles in a CWU student. The student was exposed during domestic travel, remained asymptomatic until January 8, 2026, and sought medical evaluation in Spokane on January 13, when testing was performed.

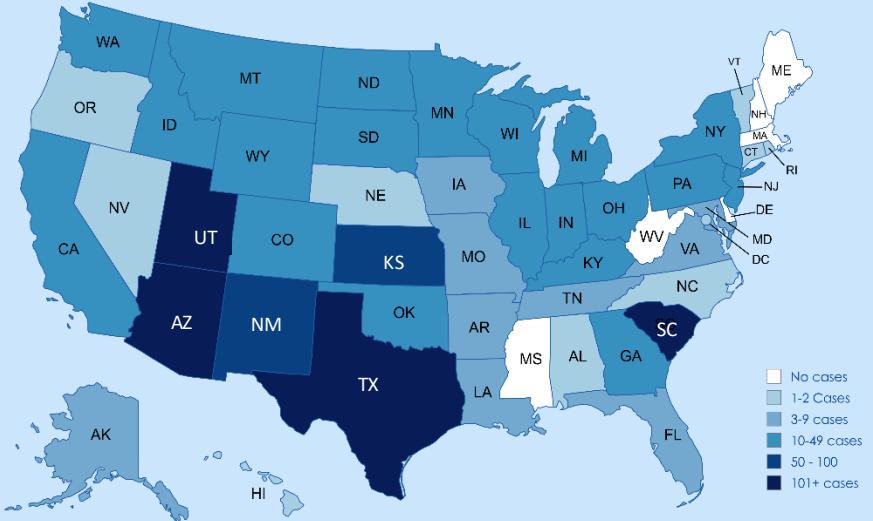
MEASLES CASES – AS OF 18 JANUARY 2026

2026 CASES

188 CONFIRMED CASES

2025 CASES

2365 CONFIRMED + 4 PROBABLE + 3 DEATHS



NOTE: The data presented on this page is preliminary. Information has been compiled from state and local health departments, news media reports, the [CDC](#), and the [Center for Outbreak Response Innovation \(CORI\)](#). The numbers include confirmed and probable cases.

STATE	CASES			DEATHS		
	NEW	2025+2026	CONFIRMED 2026	CONFIRMED 2025	PROBABLE 2025	2025
SOUTH CAROLINA	248	561	145	416		
UTAH	34	210	15	195		
NORTH CAROLINA	5	11	9	2		
OHIO	1	48	3	45		
WASHINGTON	4	16	4	12		
ARIZONA	9	223	3	220		
OREGON	1	4	3	1		
FLORIDA	3	10	2	8		
CALIFORNIA	0	26	1	25		
GEORGIA	1	11	1	10		
KENTUCKY	1	15	1	14		
VIRGINIA	1	7	1	6		
ALABAMA	0	1	0	1		
ALASKA	0	4	0	4		
ARKANSAS	0	8	0	8		
COLORADO	0	35	0	35	1	
CONNECTICUT	0	1	0	1		
HAWAII	0	2	0	2		
IDAHO	0	14	0	14		
ILLINOIS	0	14	0	14		
INDIANA	0	11	0	11		
IOWA	0	9	0	9		
KANSAS	0	91	0	91		
LOUISIANA	0	3	0	3		
MARYLAND	0	3	0	3		
MICHIGAN	0	30	0	30		
MINNESOTA	0	26	0	26		
MISSOURI	0	7	0	7		
MONTANA	0	36	0	36		
NEBRASKA	0	5	0	5		
NEVADA	0	2	0	2		
NEW JERSEY	0	11	0	11		
NEW MEXICO	0	100	0	100	1	
NEW YORK	0	48	0	48		
NORTH DAKOTA	0	36	0	36		
OKLAHOMA	0	17	0	17	3	
PENNSYLVANIA	0	16	0	16		
RHODE ISLAND	0	1	0	1		
SOUTH DAKOTA	0	16	0	16		
TENNESSEE	0	8	0	8		
TEXAS	0	803	0	803	2	
VERMONT	0	2	0	2		
WISCONSIN	0	36	0	36		
WYOMING	0	15	0	15		
TOTALS	308	2553	188	2365	4	3

● SMALL OUTBREAK (3-9)
● MEDIUM OUTBREAK (10 - 49)
● LARGE OUTBREAK (50 OR MORE)

In outbreak of measles is defined as three or more laboratory-confirmed cases that are temporally related and epidemiologically or virologically linked.

2025

AGES

- 26% - Under 5
- 44% - 5-19 years of age
- 30% - 20+ years of age
- 1% - Unknown

93% of all cases were unvaccinated or had unknown vaccination status, 3% had 1 MMR dose, and 4% had 2 MMR doses.

11% of all cases required hospitalization

- 18% - Under 5
- 6% - 5-19 years of age
- 12% - 20+ years of age

NOTE: In 2025, a total of 2,365 confirmed measles cases were reported in the United States. However, it may be another week before we know the final count. There are several reasons for the delay:

- 1.The holidays and delays in reporting
- 2.There were 53 Epi weeks in 2025, ending on 4 January 2026.
- 3.Three active outbreaks during this period.

UNITED STATES – SOUTH CAROLINA OUTBREAK (2025-2026)

SOUTH CAROLINA

CASES: 558 (+248)

HOSPITALIZATIONS: 8

DEATHS: 0

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

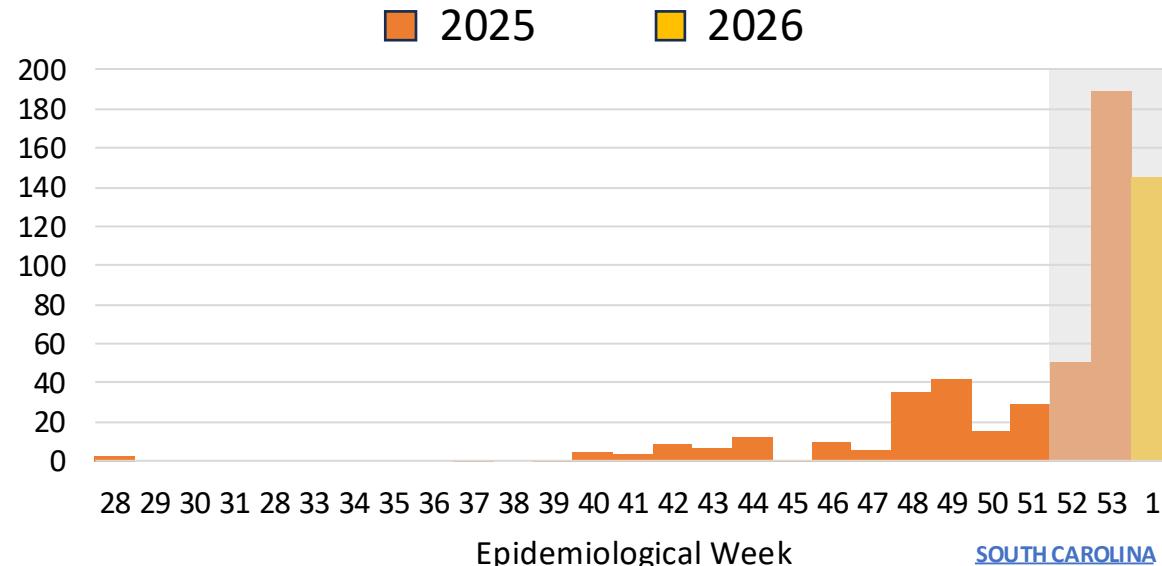
AGES:

- < 5: 134
- 5-17: 372
- 18+: 39
- Unknown: 13

VACCINATION STATUS:

- 483 unvaccinated
- 6 partially vaccinated
- 13 vaccinated
- 56 unknown

EPI CURVE FOR MEASLES CASES IN SOUTH CAROLINA, 2025



SITUATION: The South Carolina Department of Public Health (DPH) reports 248 new measles cases since Friday, 9 January 2026, bringing the total in South Carolina related to the Upstate outbreak to 558. The outbreak remains centered around Spartanburg County, with most cases located there.

COMMUNITY TRANSMISSION:

Ongoing.

- There are currently 531 people in quarantine, and 85 are in isolation. The latest end of quarantine for these is 16 February.
- An increasing number of public exposure sites are being identified, with likely hundreds more people exposed who are not aware they should be in quarantine if they are not immune to measles.

NOTE: Three of the cases in 2025 were not associated with the outbreak, bringing the total number of cases for 2025 to 416 and the total number of outbreak cases to 413.

UNITED STATES – ARIZONA AND UTAH OUTBREAK (2025-2026)

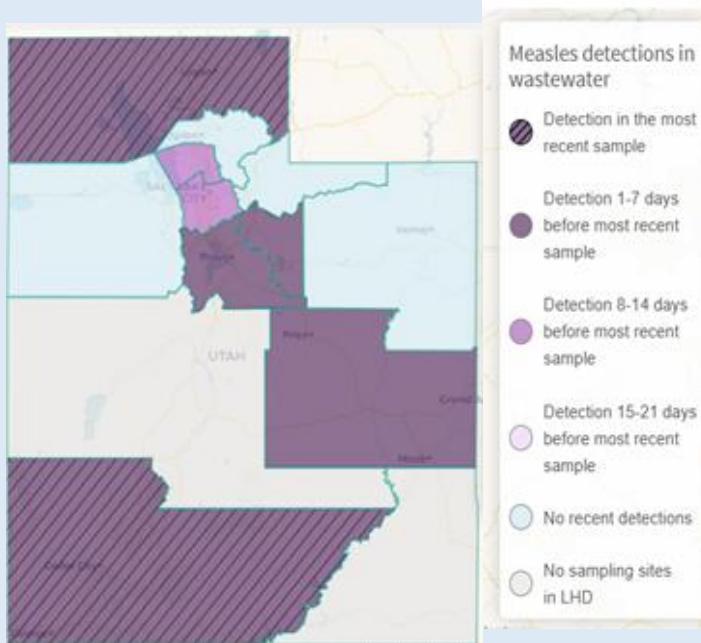
- A measles outbreak in northern Arizona is connected to cases across the state line in Utah.
- The outbreak is centered in communities with low vaccination rates, with most cases occurring in unvaccinated school-age children.
- Health officials from both states are working together to contain the outbreak.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

As of 1/18/2026, at least **433 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 [217 confirmed measles cases](#). **Pima and Coconino County** have each [reported a case](#). **4 earlier cases were reported in Navajo County**. This brings the state's total for 2025 to 220 cases. There have been **9 hospitalizations**. In Utah, the Department of Public Health reported [210 confirmed cases](#); **151 of those cases are along the border with Arizona**. **Summit, Utah, reports its first case**. **Twenty cases in Utah have required hospitalization**.

Wastewater dashboard

- Utah

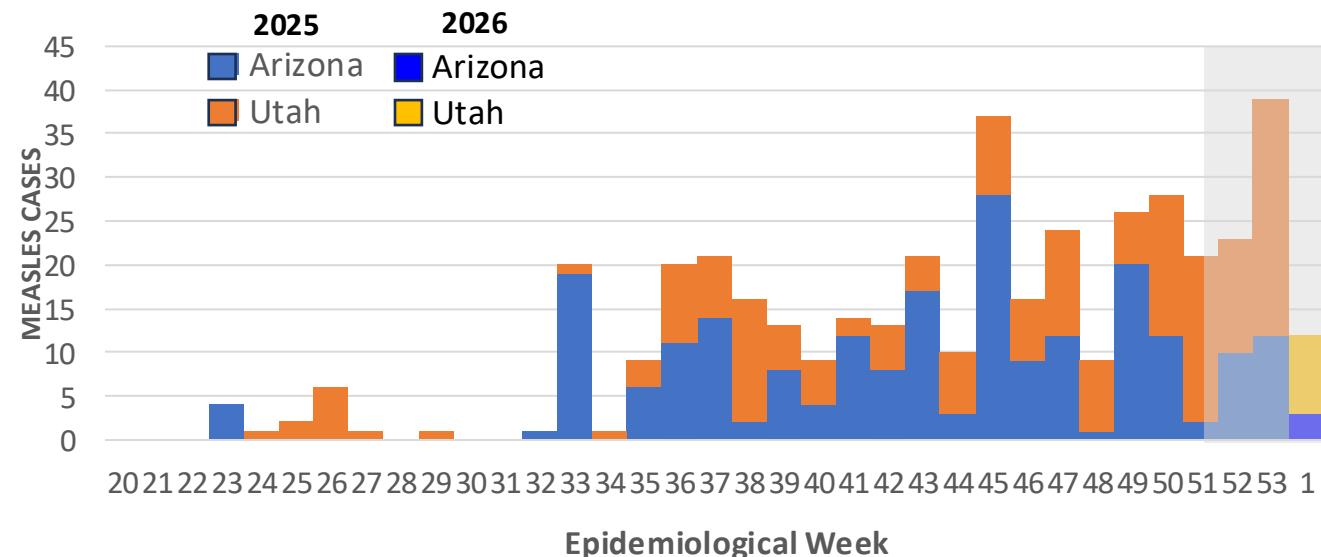
The Utah Department of Health and Human Services is now testing wastewater for measles. Recent tests show the virus is present in wastewater in several health districts, which means it's more widespread in the state than previously known.



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

EPI CURVE FOR MEASLES CASES IN ARIZONA AND UTAH, 2025 -2026

MMWR year 2025, MMWR week 1 started on 12/29/2024. For MMWR year 2026, MMWR week 1 starts on 1/4/2026.



UNITED STATES – ARIZONA AND UTAH OUTBREAK

UTAH OUTBREAK (2025-2026)

CASES: 210 (24)

HOSPITALIZATIONS: 20 (9.5%)

DEATHS: 0

UTAH

AGES:

- <18: 131 (62%)
- 18+: 79 (38%)

VACCINATION STATUS:

- Unvaccinated: 187 (89%)
- Vaccinated: 14 (7%)
- Unknown: 9 (4%)

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. [Exposure locations and symptom watch times](#) are publicly available.

ARIZONA OUTBREAK (2025-2026)

CASES: 223 (+9)

HOSPITALIZATIONS: 9 (4.1%)

DEATHS: 0

ARIZONA

AGES:

- <18: 145 (65%)
- 18+: 72 (33%)
- Unknown: 6 (2%)

VACCINATION STATUS:

- Unvaccinated: 210 (94%)
- Vaccinated: 7 (3%)
- Unknown: 6 (3%)

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 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

Davis County: 2 cases

Central Utah Health District: 5 cases

Southwestern Utah Health District: 151

Mohave County, AZ: 217 cases

Weber-Morgan: 2 cases

Salt Lake County: 7 cases

Summit County: 1 case

Wasatch County: 9 cases

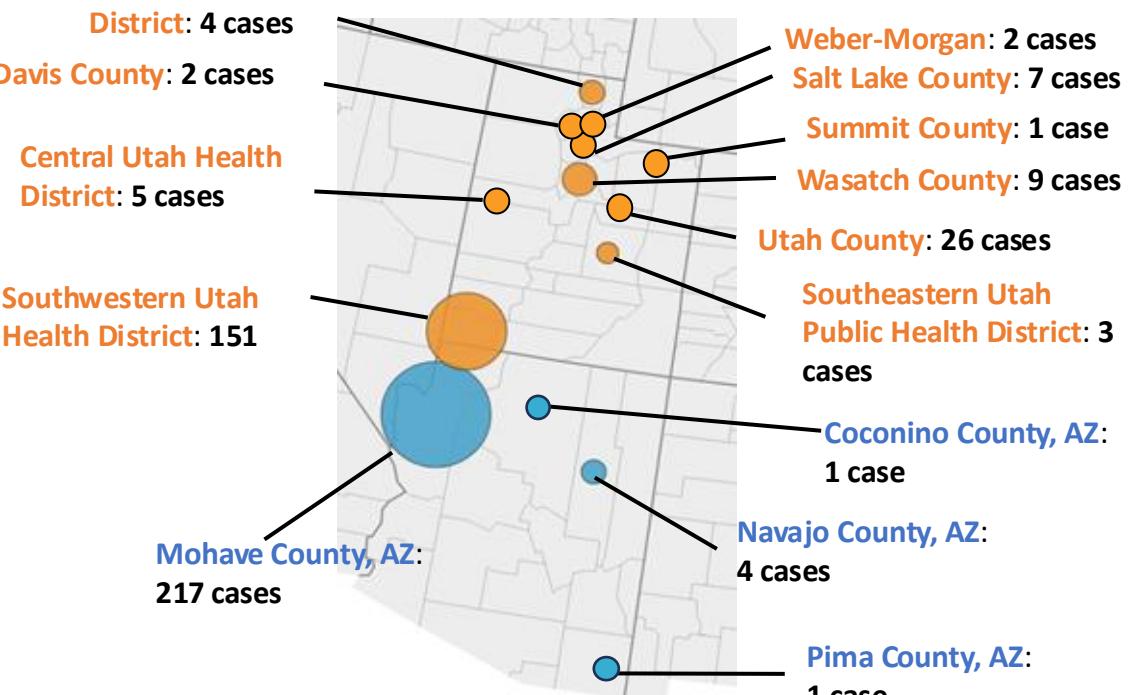
Utah County: 26 cases

Southeastern Utah Public Health District: 3 cases

Coconino County, AZ: 1 case

Navajo County, AZ: 4 cases

Pima County, AZ: 1 case



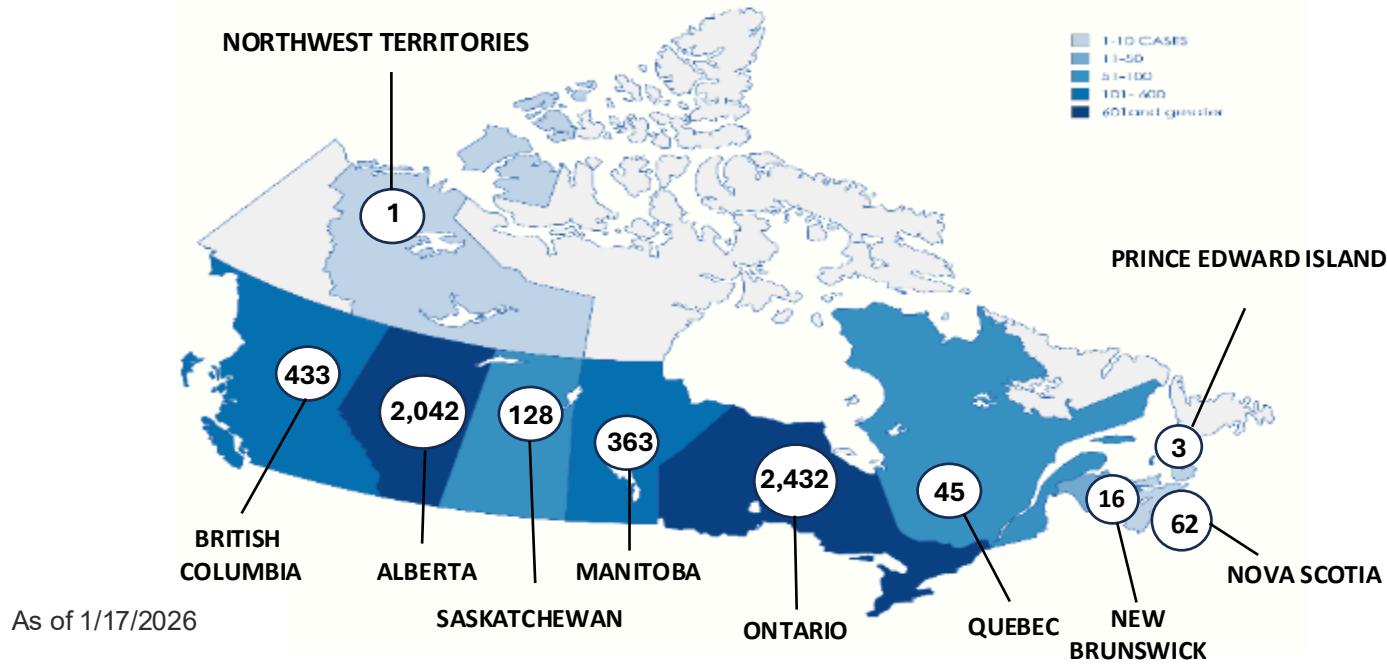
CANADA – CURRENT SITUATION (2025 – 2026)

MEASLES 2025-2026			
PROVINCE	CONFIRMED CASES	PROBABLE CASES	TOTALS
ONTARIO	2,117 ^{1,2,3}	315	2,432
ALBERTA	2,042 (+28)	0	2,042 (+28)
MANITOBA	333 (+11)	30 (+1)	363 (+12)
BRITISH COLUMBIA	406 (+6)	27 (+2)	433 (+8)
SASKATCHEWAN	128 (+2)	0	128 (+2)
QUEBEC	45	0	45
PRINCE EDWARD ISLAND	3	0	3
NOVA SCOTIA	62	0	62
NORTHWEST TERRITORIES	1	0	1
NEW BRUNSWICK	16	0	16
TOTAL	5,153	372	5,525

- Outbreak cases in Ontario are reported for the period October 28, 2024–December 22, 2025, and non-outbreak cases were reported for the period January 1, 2025 – January 6, 2026.
- Outbreak-associated cases = 2,376 (2,061 confirmed, 315 probable)
- Non-outbreak cases for 1/6/2026 are 56 confirmed - travel related (25), non-outbreak epi linked (17), non-outbreak with unknown sources of exposure (13).

A multijurisdictional measles outbreak in Canada continues.

Recently, **Quebec** has reported a **new outbreak**. The last outbreak occurred from December 2024 to April 19, 2025. As of 11 a.m. on January 16, 2026, 9 confirmed measles cases have been **reported in connection with the current outbreak**. The regions currently affected are: **Lanaudière, Laurentides, Laval, and Montréal**. In addition, **one new confirmed case** has been reported. It is not linked to the current outbreak.



5,525 Cases (5,153 confirmed and 372 probable)
2 Deaths

OUTBREAK – ALBERTA

MORBIDITY AND MORTALITY

PROVINCE	CASES	HOSPITALIZATIONS	DEATHS
ALBERTA	2,042 (+35)	164 (16 ICU) (0 Currently Hospitalized)	1

IMMUNIZATION STATUS

IMMUNIZATION STATUS	COUNT
Unimmunized	1,815
1 dose	53
2 or more doses	78
Unknown	101

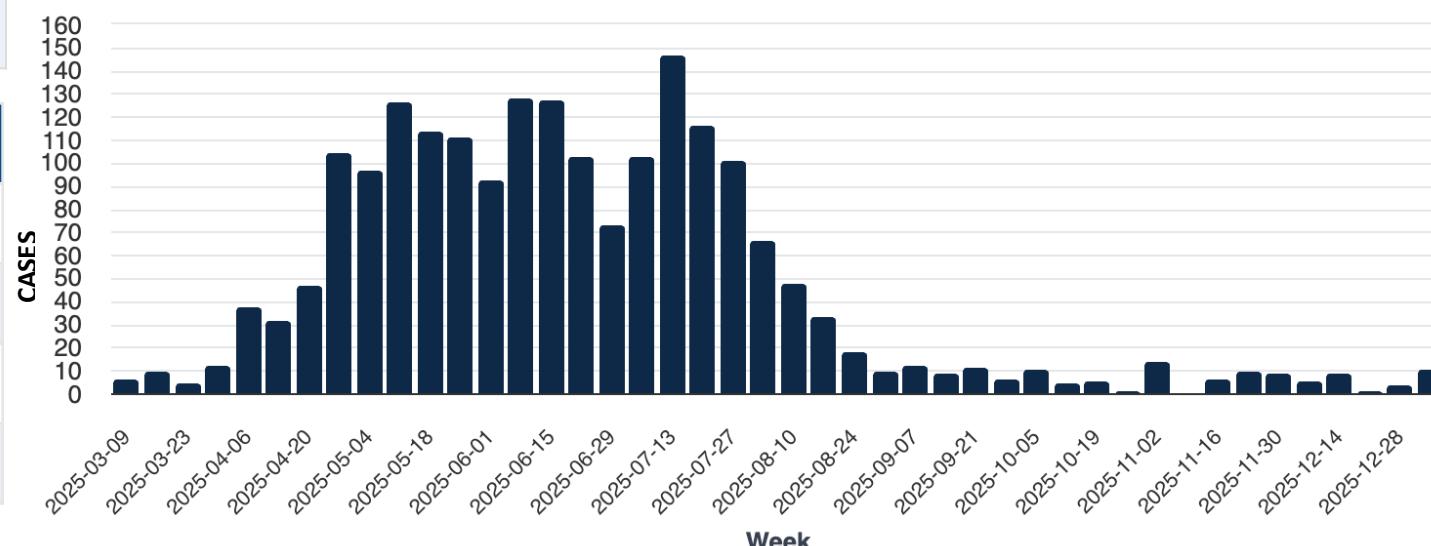
AGE RANGE

AGE RANGE	NUMBERS
<5 years	590
5 to 17 years	906
18 to 54 years	537
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.

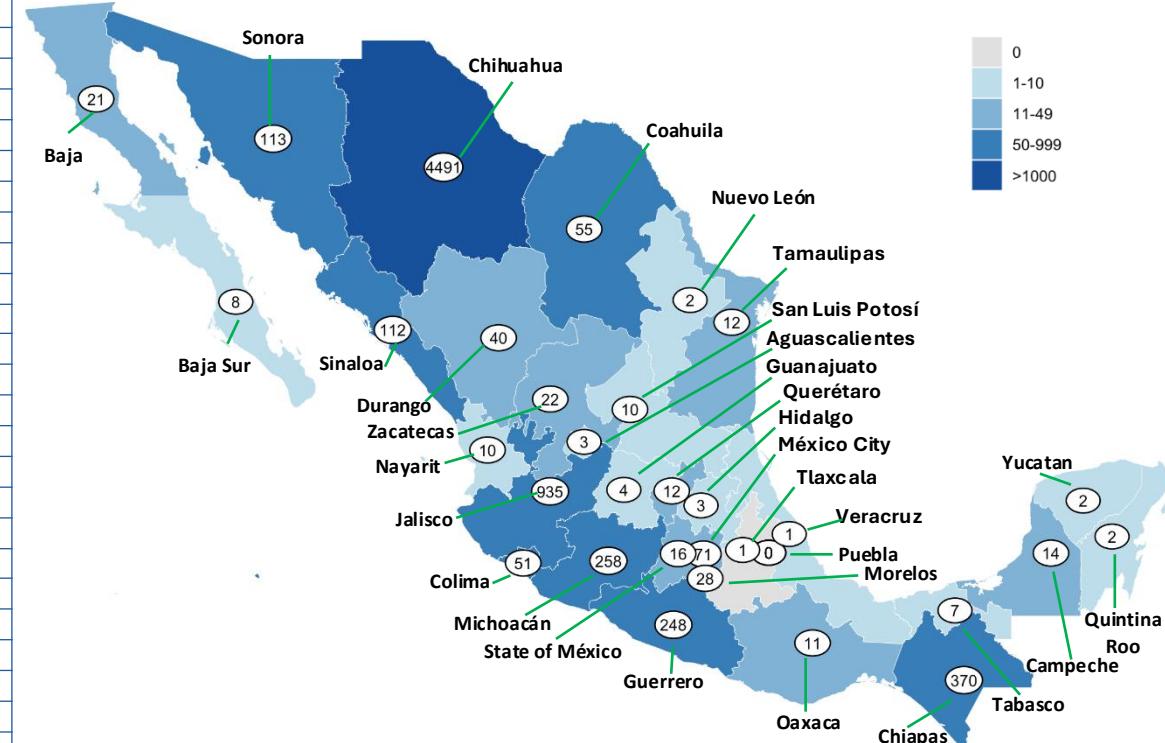
NUMBER OF MEASLES CASES BY WEEK OF RASH ONSET, 1/1/2025 – 1/4/2026



MEXICO - CURRENT SITUATION (2025 – 2026)

STATE	2025		STATE	2026		2025-2026		
	CASES			CASES				
	CONFIRMED	PROBABLE		CONFIRMED	PROBABLE			
CHIHUAHUA	4490	6239	CHIHUAHUA	1	9	4491		
JALISCO	663	1842	JALISCO	272	481	935		
GUERRERO	243	429	GUERRERO	5	16	248		
MICHOACÁN	246	617	MICHOACÁN	12	22	258		
CHIAPAS	247	554	CHIAPAS	123	400	370		
SONORA	113	332	SONORA	0	2	113		
SINALOA	90	226	SINALOA	22	43	112		
COAHUILA	55	305	COAHUILA	0	3	55		
CIUDAD DE MÉXICO	46	980	CIUDAD DE MÉXICO	25	64	71		
DURANGO	40	295	DURANGO	0	1	40		
COLIMA	32	87	COLIMA	19	37	51		
MORELOS	25	253	MORELOS	3	9	28		
ZACATECAS	22	163	ZACATECAS	0	5	22		
BAJA CALIFORNIA	21	255	BAJA CALIFORNIA	0	58	21		
CAMPECHE	14	99	CAMPECHE	0	0	14		
TAMAULIPAS	12	130	TAMAULIPAS	0	4	12		
MÉXICO	12	612	MÉXICO	4	17	16		
QUERÉTARO	12	164	QUERÉTARO	0	9	12		
BAJA CALIFORNIA SUR	8	68	BAJA CALIFORNIA SUR	0	2	8		
SAN LUIS POTOSÍ	7	147	SAN LUIS POTOSÍ	3	9	10		
OAXACA	6	91	OAXACA	5	8	11		
NAYARIT	6	100	NAYARIT	4	6	10		
TABASCO	4	91	TABASCO	3	30	7		
GUANAJUATO	4	543	GUANAJUATO	0	11	4		
QUINTANA ROO	2	76	QUINTANA ROO	0	3	2		
AGUASCALIENTES	2	150	AGUASCALIENTES	1	3	3		
NUEVO LEÓN	2	297	NUEVO LEÓN	0	12	2		
YUCATÁN	2	67	YUCATÁN	0	1	2		
VERACRUZ	0	261	VERACRUZ	1	18	1		
HIDALGO	1	118	HIDALGO	2	6	3		
TLAXCALA	0	43	TLAXCALA	1	1	1		
TOTAL	6427	15634	TOTAL	506	1290	6933		

Data as of 1/16/2026

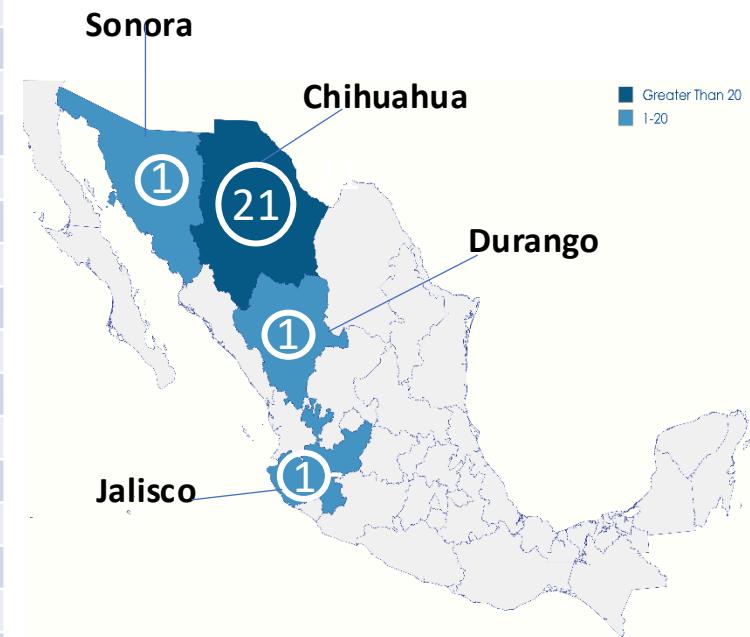


6,933 CONFIRMED CASES, 24 DEATHS

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



LONG TERM EFFECTS OF MEASLES INFECTION

Measles can cause many long-term complications that lead to disability and/or death. These effects are most common among small children, emphasizing the need for vaccination against infection.

IMMUNE AMNESIA

- Happens when the virus attacks memory cells, which are critical to the immune system's ability to remember previous infections
- The body **forgets previously acquired immunity**
- Increases the chances of becoming infected with other diseases, potentially causing severe illness and death
- **Lasts for 2-3 years** following measles infection

HEARING LOSS AND DEAFNESS

- Measles can lead to sensorineural hearing loss
- Usually bilateral (both ears) and can be moderate to profound

BLINDNESS

- Happens when measles scars the cornea of the eye or when the optic nerve becomes inflamed
- Measles is a leading cause of blindness in children in LMICs with high burdens of measles and low vaccination rates

STILLBIRTH OR BIRTH DEFECTS

- If a pregnant mother is infected with measles:
 - The baby can be born prematurely
 - The baby can be stillborn
 - The baby can be born with birth defects

Last year, there were two deaths in Canadian infants. In June 2025, an Ontario infant infected with a congenital case of measles was born prematurely with other underlying health conditions. Another baby died after being born prematurely in Alberta in October.

SUBACUTE SCLEROSING PANENCEPHALITIS (SSPE)

- Rare but deadly complication of measles
- Begins with neurological deterioration, eventually leading to unresponsiveness, vegetative state, and death (typically within 1–3 years, though slower progression can occur)
- Happens in about 1 out of 10,000 cases, but the risk is 1 in 600 for infants under 1 year old who are infected

In September 2025, a school-aged child in Los Angeles County passed away from SSPE after being infected with measles years earlier, during infancy.

Sources: [Griffin 2021](#); [Cohen et al. 2014](#); [American Academy of Ophthalmology 2025](#); [Global News 2025](#); [Gavi 2025](#); [Mubbashir et al. 2025](#);

SUBACUTE SCLEROSING PANENCEPHALITIS (SSPE)

Health officials on Thursday, September 11, 2025, reported the death of a Los Angeles County child from a complication of measles infection acquired during infancy. The child, identified only as school-aged, was originally infected with measles as an infant before they were eligible to receive the measles vaccine which is routinely recommended to be administered between 12 and 15 months, the L.A. County Public Health department said in a statement.

OVERVIEW: Subacute sclerosing panencephalitis (SSPE) is a devastating late complication of measles virus infection. Although rare and preventable through vaccination, healthcare systems may face more cases as measles re-emerges in many countries. SSPE carries a very high mortality rate, and there is currently no known cure.

CAUSE AND PATHOGENESIS

- Caused by a mutated measles virus that persists in the central nervous system (CNS) years after the initial infection.
- The defective virus evades clearance by the immune system, leading to chronic inflammation, demyelination, and neuronal degeneration.

EPIDEMIOLOGY

- Typically develops **7–10 years after acute measles infection**, but latency can be as short as 1 year or as long as decades.
- More common in children infected with measles **before age 2**.
- Incidence is estimated at **4–11 cases per 100,000 measles infections**, but higher in some regions with low vaccination coverage.

CLINICAL FEATURES (PROGRESSIVE STAGES)

- Early stage:** Subtle behavioral changes, poor school performance, irritability, personality shifts.
- Neurological deterioration:** Myoclonus (involuntary jerks), seizures, motor dysfunction, speech impairment.
- Advanced stage:** Progressive cognitive decline, ataxia, spasticity, visual impairment, eventual coma.
- Terminal stage:** Unresponsiveness, vegetative state, and death (typically within 1–3 years, though slower progression can occur).

TREATMENT & PREVENTION

- No cure:** supportive and palliative care remain essential.
- Antivirals and immunotherapy** (e.g., interferon, isoprinosine, ribavirin) may slow disease progression in some cases, though outcomes remain poor.
- Prevention is critical:** measles vaccination is the only effective way to prevent SSPE.

SOURCES:

[Scientific American - Child's Death Shows How Measles in the Brain Can Kill Years after an Infection](#)
[NIH - Subacute Sclerosing Panencephalitis](#)

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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