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

MEASLES – THE AMERICAS 2025 - 2026

MORBIDITY AND MORTALITY`		
COUNTRY	CONFIRMED CASES	DEATHS
NORTH AMERICA – 3 ACTIVE OUTBREAKS		
US	2,729 (+176)	3
CANADA [1,2,3,4]	5,555 (+30)	2
MEXICO	7,417 (+484)	25
CENTRAL AMERICA – NO ACTIVE OUTBREAKS		
BELIZE	44	0
COSTA RICA	1	0
GUATEMALA	1	0
SOUTH AMERICA – 2 ACTIVE OUTBREAKS		
BOLIVIA	595	
ARGENTINA	37	0
BRAZIL	38	0
PARAGUAY	49	0
PERU	5	0
URUGUAY	12	0
THE CARIBBEAN		
THE CARIBBEAN	44	0
TOTAL	16,527	30

1. Includes the probable cases reported by Canada under the clinically confirmed column, due to alignment with PAHO's case definition
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.
3. The Ontario Outbreak was officially declared over as of 6 October 2025.
4. Canada lost its measles elimination status on 10 November 2025 due to the ongoing measles outbreak that began in October 2024

Yale SCHOOL OF PUBLIC HEALTH

1/25/2026
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 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

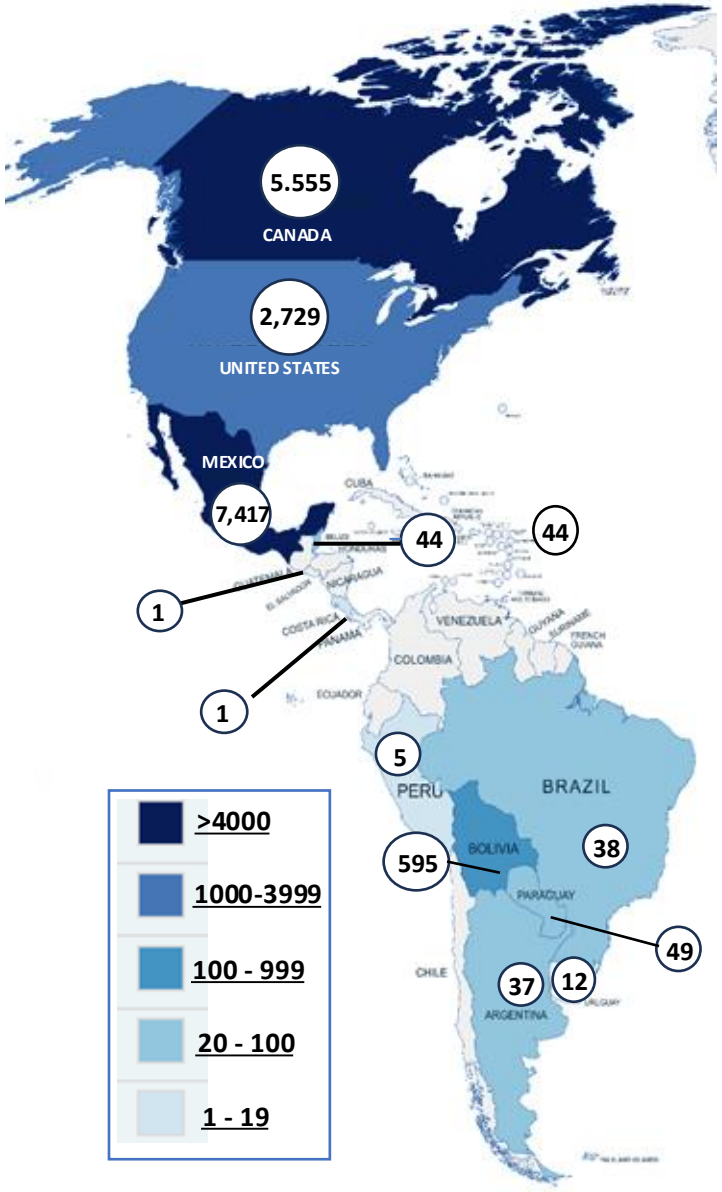
RESOURCES FOR EMS PROVIDERS
- GUIDANCE FOR SUSPECTED MEASLES PATIENT
- NYSDOH POLICY STATEMENT

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 (2025 – 2026)

TYPE OF PUBLIC HEALTH EMERGENCY: LARGE MULTINATIONAL MEASLES OUTBREAK

Between epidemiological weeks (EW) 1 and 53 of 2025, and EW 2 of 2026, a total of **16,527 measles cases** were confirmed in the Region of the Americas, including **30 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 = 5,555, including 2 deaths), Costa Rica (n = 1), Guatemala (n = 1), Mexico (n = 7,417, including 25 deaths), Paraguay (n = 49), Peru (n = 5), the United States of America (n = 2,729, including 3 deaths), Uruguay (n = 12), and the Caribbean (n = 44).



EPIDEMIOLOGICAL AND POLICY CONTEXT

Measles transmission across the Americas has re-accelerated since early 2025, driven by sustained outbreaks in under-immunized communities and compounded by increased travel, seasonal respiratory virus activity, and gaps in routine vaccination coverage. After a brief decline, case counts rose again—particularly in the United States and Mexico—demonstrating persistent transmission within active outbreak settings and ongoing cross-border risk.

REGIONAL ELIMINATION STATUS

On November 10, 2025, the **Pan American Health Organization** determined that the Region of the Americas no longer meets the criteria for elimination of endemic measles transmission, following formal review by the Regional Monitoring and Re-Verification Commission. Canada was formally notified of its loss of measles-elimination status on the same date. **PAHO has scheduled an April 13, 2026, review of both the U.S. and Mexico's outbreak data to determine whether the United States and Mexico will lose their elimination status.** While elimination status carries no direct regulatory or clinical consequences, its loss is a sentinel indicator of declining population immunity, weakened outbreak control capacity, and increased vulnerability to preventable morbidity and mortality.

OPERATIONAL AND POLICY IMPLICATIONS

OPERATIONAL IMPLICATIONS

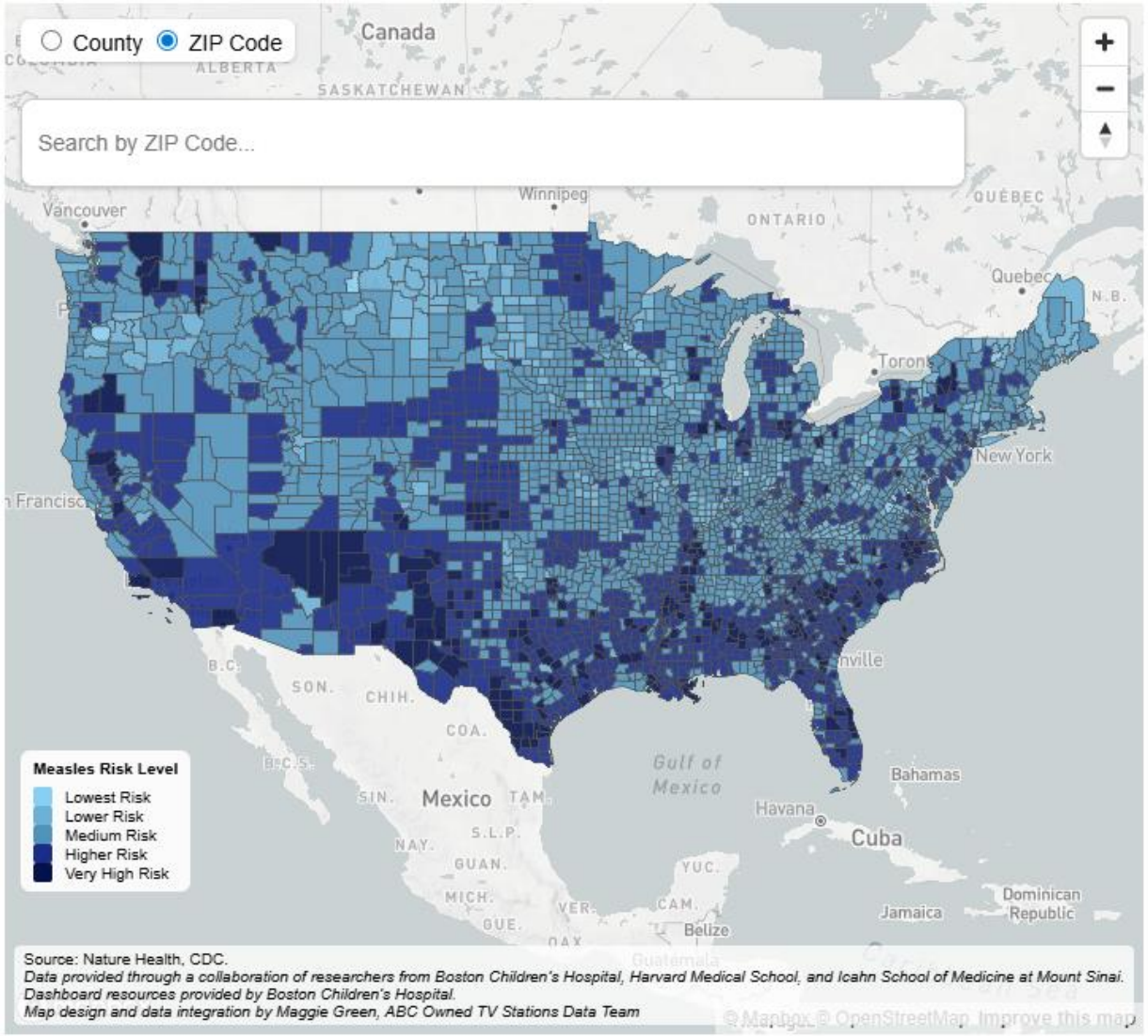
- **Sustained outbreak risk:** Continued domestic and cross-border transmission absent intervention.
- **Equity and vulnerability:** Disproportionate risk to infants, immunocompromised individuals, and undervaccinated populations.
- **System strain:** Increased pressure on surveillance, laboratory testing, contact tracing, and immunization infrastructure amid concurrent respiratory virus activity.
- **Governance and coordination**: Heightened need for interjurisdictional coordination, particularly across borders and travel corridors.
- **Secondary impacts:** Potential activation of school exclusion policies, emergency immunization authorities, and travel-related public health advisories.

PRIORITIES

- Accelerate MMR vaccination coverage in identified immunity gaps.
- Fund surge capacity for outbreak response, including staffing, laboratory support, and rapid contact tracing.
- Strengthen real-time surveillance and data sharing across jurisdictions.
- Reinforce risk communication and counter misinformation to support vaccine uptake.
- Integrate measles response planning with broader respiratory virus preparedness.

Without decisive policy action, measles transmission is likely to persist into 2026, further eroding progress toward eliminating the virus in the Americas. Reestablishing elimination will require sustained investment, coordinated governance, and a renewed commitment to restoring and maintaining population immunity.

MEASLES RISK LEVELS



A collaborative initiative with Boston Children's Hospital, Harvard Medical School, the Icahn School of Medicine at Mount Sinai, and ABC News

RISK CONTEXT: As measles transmission continues across the United States—now at a 33-year high—community-level risk varies substantially based on local vaccination coverage. A newly developed, first-of-its-kind mapping tool allows users to enter a ZIP code and view an estimated percentage of nearby residents vaccinated against measles, serving as a proxy for local susceptibility and outbreak risk.

KEY POINT: Vaccination coverage remains the single most important determinant of measles transmission risk. Communities with lower MMR uptake are more vulnerable to sustained transmission and larger outbreaks.

DATA SOURCE: The estimates were developed through a collaboration among researchers from Boston Children's Hospital, Harvard Medical School, and the Icahn School of Medicine at Mount Sinai, and were published last week in *Nature Health*.

VMOC APPLICATION: The VMOC used this tool to assess community-level measles risk in Arizona, Utah, and South Carolina.

SOURCES: Nature Health, HealthMap.org, ABC News,

UNITED STATES

ARIZONA: The Maricopa County Department of Public Health (MCDPH) has confirmed two cases of measles, one of which has no known source of exposure. This is the third case in Maricopa County. MCDPH has identified potential exposure sites, and it is working with the Arizona Department of Health and local partners to further investigate. This brings Arizona's total to 16 cases for 2026 and 236 for 2025-2026.

CALIFORNIA: Napa County officials have confirmed their first case of measles in an unvaccinated child. The child became ill after travelling to South Carolina, where there is currently a large measles outbreak. This is the Bay Area's first measles case since 2012. In Santa Clara, the Department of Public Health recently announced that wastewater tests from 10 January 2026 detected measles. It is unknown if the detection is related to the other cases in the Bay Area.

FLORIDA: Baptist Health confirmed two cases of measles in children from the same household. They were treated in the ER and sent home without being admitted.

KENTUCKY: The Kentucky Department for Public Health has reported another case of measles in an unvaccinated child in Jessamine County. This is Kentucky's second confirmed case in 2026..

MINNESOTA: The Minnesota Department of Health has reported its first measles case in 2026. The exposure came from within the United States, but no other information has been released.

NORTH CAROLINA: North Carolina has reported three new cases of measles, with two in Mecklenburg County, the county's first two of 2026, and another in Buncombe County, which brings Buncombe's total to 6 measles cases. The first case in Mecklenburg is an adult who encountered a known case while traveling. The second is an unvaccinated child who was in contact with another child from Spartanburg, South Carolina, where there is a current measles outbreak. Both cases are in isolation at home. In Buncombe County, one more case has been identified in a child. They are currently in isolation, and no further identifying information will be released.

SOUTH CAROLINA: The South Carolina Department of Public Health announced that there have been an additional 54 cases of measles since Tuesday, January 21, which brings the total number of cases in South Carolina to 700. These cases are centered around Spartanburg County, where there is a large outbreak. Additionally, 485 people are in quarantine, and 10 are in isolation.

UTAH: The Utah Department of Health and Human Services has reported six new cases of measles. This brings the total number of cases from this outbreak to 216. The increases were reported in three health district areas:

- Salt Lake County is up one case, for a cumulative total of 8
- Utah County is up two cases, for a cumulative total of 28
- Southeast Utah is up three cases, for a cumulative total of 154

VIRGINIA: The Virginia Department of Health (VDH) confirmed another measles case in a preschool-aged child who recently travelled internationally. This case is unrelated to a previous case that was reported on January 11, 2026. VDH is notifying the public of potential measles exposure locations in Northern Virginia following the identification of measles cases on January 11 and January 20. These cases are unrelated.

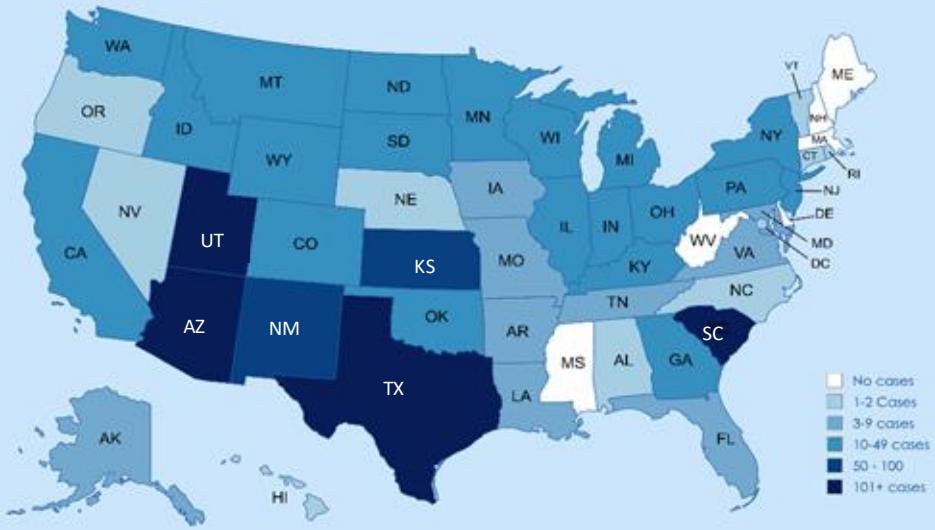
WASHINGTON: An online tool by the Washington State Department of Health (DOH) helps people track measles exposures across the state. This map compiles data from local health departments into a user-friendly platform and allows users to see where someone who tested positive for measles has been. Each location is marked with an orange dot, indicating potential exposure sites. These sites remain active for 21 days after the exposure date, during which people should monitor themselves for symptoms. The Department of Health updates the map regularly with information from local health jurisdiction press releases. As of January 25, 2026, the map shows 10 active locations, including those reported in a Snohomish County outbreak early this month and exposures in Kittitas County. Washington has reported 6 cases in 2026. Most are tied to the South Carolina outbreak.

MEASLES CASES – AS OF 24 JANUARY 2026

2026 CASES
470 CONFIRMED CASES

2025 CASES
2259 CONFIRMED + 4 PROBABLE CASES AND 3 DEATHS

2025 - 2026 CASES
2729 CONFIRMED + 4 PROBABLE CASES and 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	141	702	391	311		
UTAH	9	219	24	195		
ARIZONA	11	234	14	220		
NORTH CAROLINA	3	14	12	2		
WASHINGTON	2	18	6	12		
FLORIDA	4	14	6	8		
OHIO	0	48	3	45		
OREGON	0	4	3	1		
VIRGINIA	2	9	3	6		
CALIFORNIA	1	27	2	25		
KENTUCKY	0	15	2	13		
IDAHO	2	16	2	14		
GEORGIA	0	11	1	10		
MINNESOTA	1	27	1	26		
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		
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		
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	176	2,729	470	2259	4	3

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.

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 2,259 confirmed measles cases were reported in the United States.**
It may be another week before we know the final count. There are several reasons for the elay:

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: 700 (+142)	HOSPITALIZATIONS: 8	DEATHS: 0

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

AGES:
- < 5: 176
- 5-17: 448
- 18+: 61
- Unknown: 15
- 55 unknown

VACCINATION STATUS:
- 614 unvaccinated
- 13 partially vaccinated
- 18 vaccinated
- 55 unknown

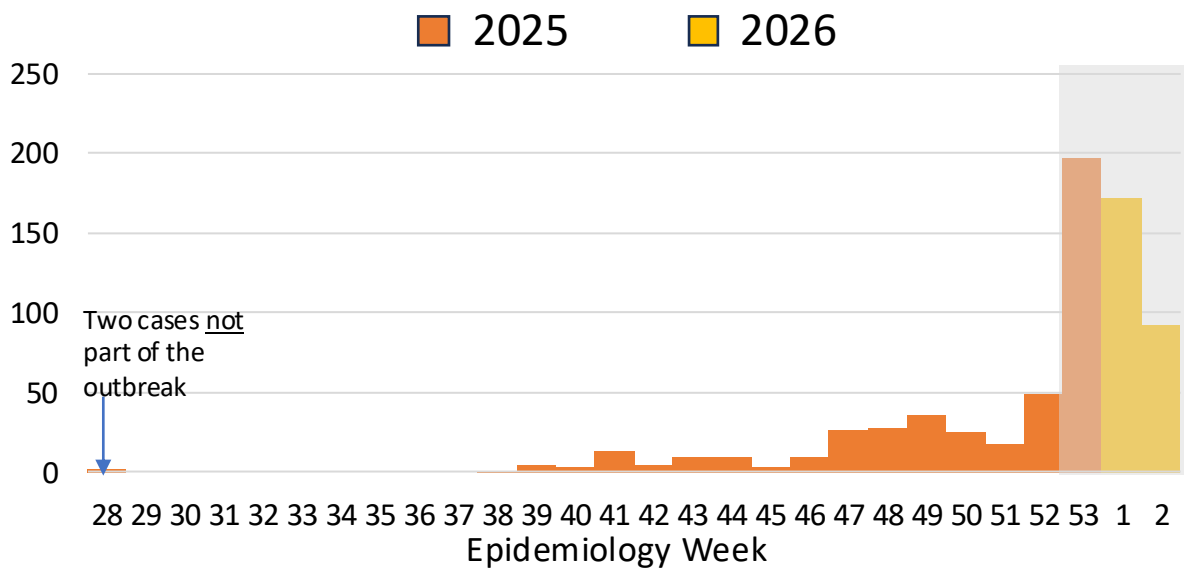
SITUATION. The South Carolina Department of Public Health (DPH) confirmed 54 new measles cases over a three-day period, bringing the outbreak—first reported in October 2025—to 700 cases.

COMMUNITY TRANSMISSION: ONGOING

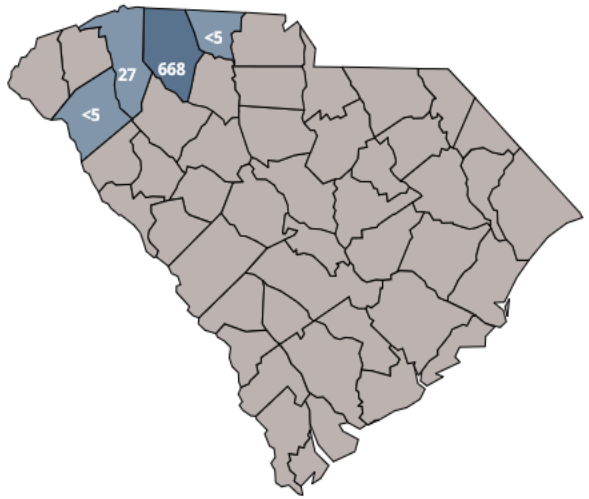
- While most new cases are among close contacts of known infections, the growing number of reported public exposure sites indicates ongoing community transmission. This increases the risk of exposure and infection for individuals who are not immune through vaccination or prior measles infection.
- There are currently 485 people in quarantine, and 10 are in isolation. The latest end of quarantine for these is 23 February.

SOUTH CAROLINA

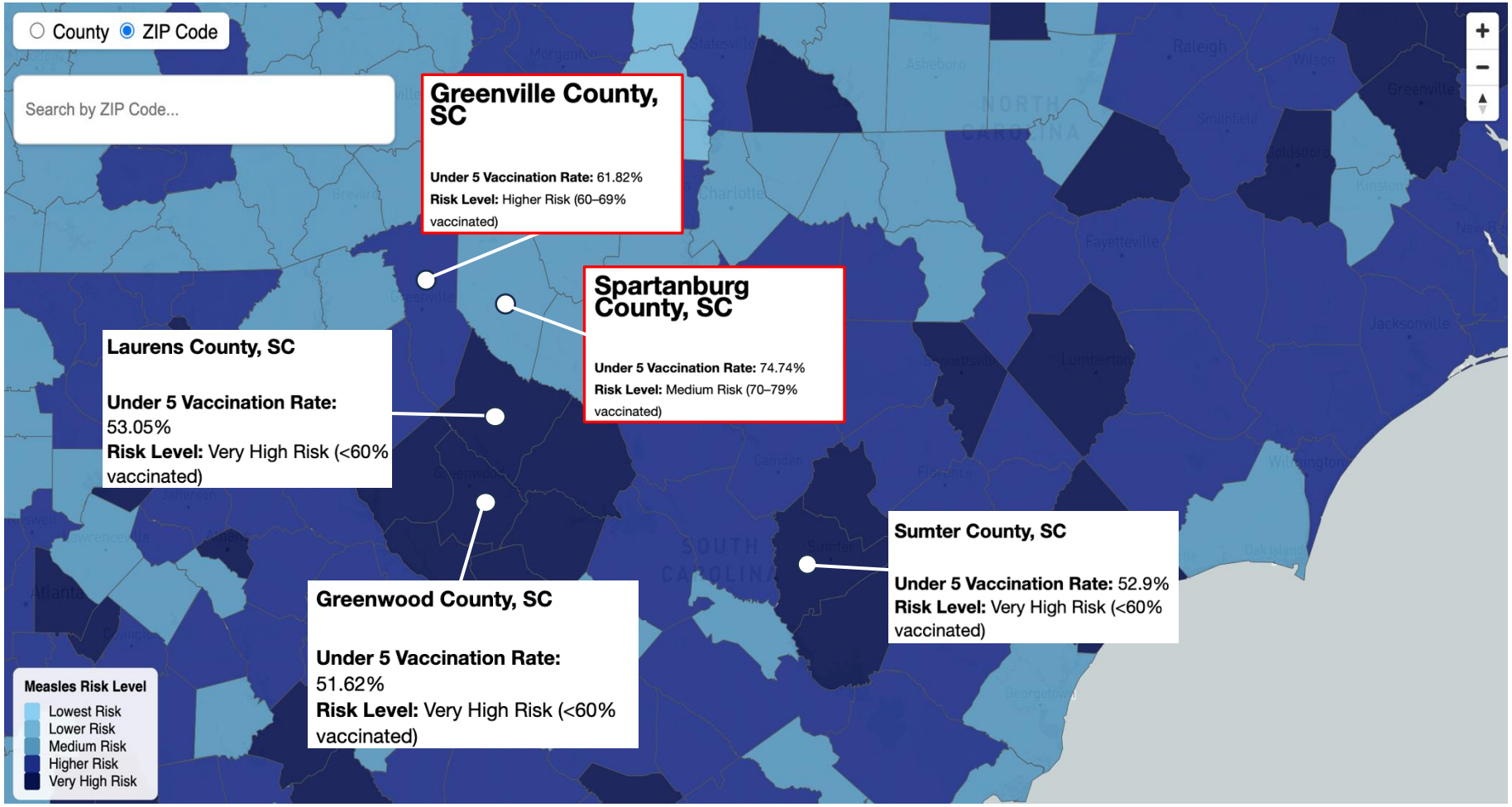
EPI CURVE FOR MEASLES CASES IN SOUTH CAROLINA, 2025 -2026



CASES BY COUNTY



MEASLES RISK LEVELS – SOUTH CAROLINA



RISK LEVELS IN SOUTH CAROLINA

Risk levels represent predicted measles susceptibility due to low MMR uptake among children under 5.

Risk is classified into tiers based on MMR uptake (<60% uptake = very high risk, 60–69% uptake = high risk, 70–79% uptake = medium risk, 80–84% uptake = low risk, ≥85% uptake = lowest).

Of the 46 South Carolina counties, **14 counties** are classified as **very high risk**, **21 counties** are classified as **high risk**, and **11 counties** are classified as **medium risk**.

No county is classified as low risk.

The 3 counties at greatest risk are:
1. Greenwood County (51.62%)
2. Sumter County (52.90%)
3. Laurens County (53.05%)

Spartanburg County has the **highest case count** (n = 668) in 2025-2026 with a **medium risk** (74.74%).

Greenville County, the **second highest case count** (n = 27) in 2025-2026, is in the **high-risk category** (61.82%)

SOURCES: Nature Health, CDC, ABC News; South Carolina Department of Health Measles Dashboard

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

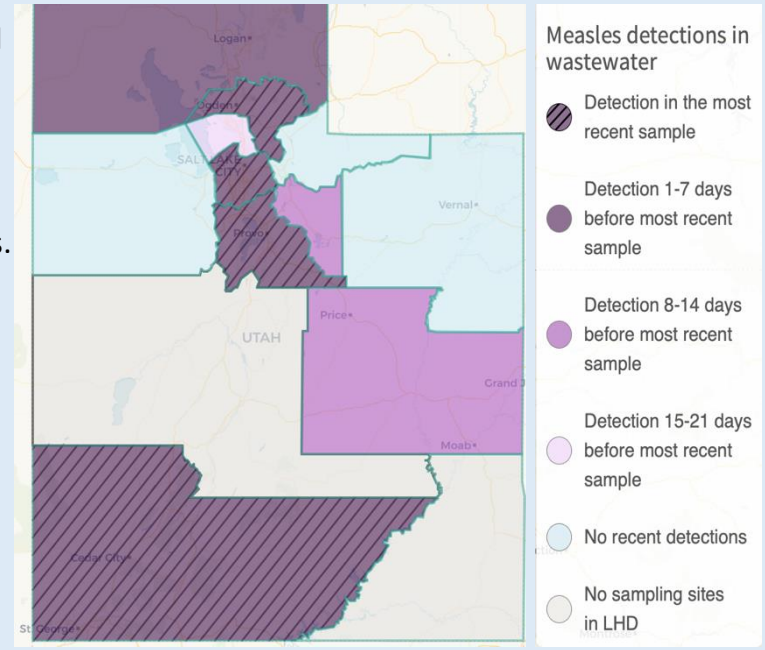
- A measles outbreak in northern Arizona is connected to cases across the state line in Utah since August 2025. The outbreak is centered in communities with low vaccination rates, with most cases occurring in unvaccinated school-age children. As of 1/25/2026, at least **438 people have been infected, most linked to two small towns - Colorado City, Arizona, and Hildale, Utah,** where residents often move between the two communities.

- Arizona has 222 confirmed measles cases **associated with the outbreak, with the majority of the cases located in Mohave County.** Additionally**, Pima County** reported a singular case in 2025; one case has already been identified in 2026. **Coconino County** reported one case in 2025. 4 earlier cases in 2025 were reported in **Navajo County.** Three cases have been identified in **Maricopa County** in 2026**.** In **Pinal County,** there have been two confirmed cases in 2026**,** one of which is associated with an individual in federal custody. 12 individuals have been hospitalized. This brings the state's total confirmed cases for 2025-2026 to **234.**

- In Utah, in 2025-2026, the Department of Public Health reported **216 confirmed cases** and 3 cases not associated with the outbreak. Of those, 154 cases are in the Southwest Utah Health District, which is still battling a cross-border outbreak along with Mohave County, Arizona. Twenty **cases in Utah have** required hospitalization.

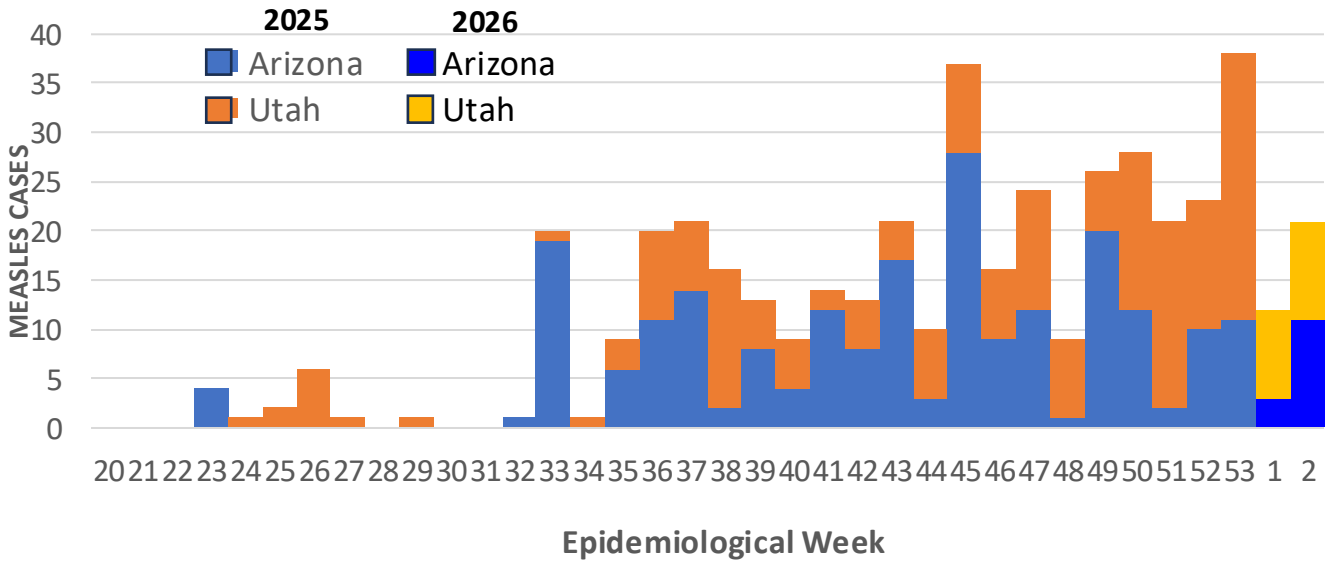
Wastewater dashboard - Utah

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.



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.



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

UNITED STATES – ARIZONA AND UTAH OUTBREAK

UTAH OUTBREAK (2025-2026)

CASES: 216 (+9) + 3 CASES NOT ASSOCIATED WITH THE OUTBREAK	HOSPITALIZATIONS: 20 (10.2%)	DEATHS: 0

AGES:

- <18: 135(62.5%)
- 18+: 81 (37.5%)

VACCINATION STATUS: UTAH

- Unvaccinated: 189 (87.5%)
- Vaccinated: 15 (6.9%)
- Unknown: 12(5.5%)

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: 222(9) +12 CASES NOT ASSOCIATED WITH THE OUTBREAK	HOSPITALIZATIONS: 12 (5.2%)	DEATHS: 0

AGES:

- <18: 156 (67%)
- 18+: 77 (33%)

VACCINATION STATUS: ARIZONA

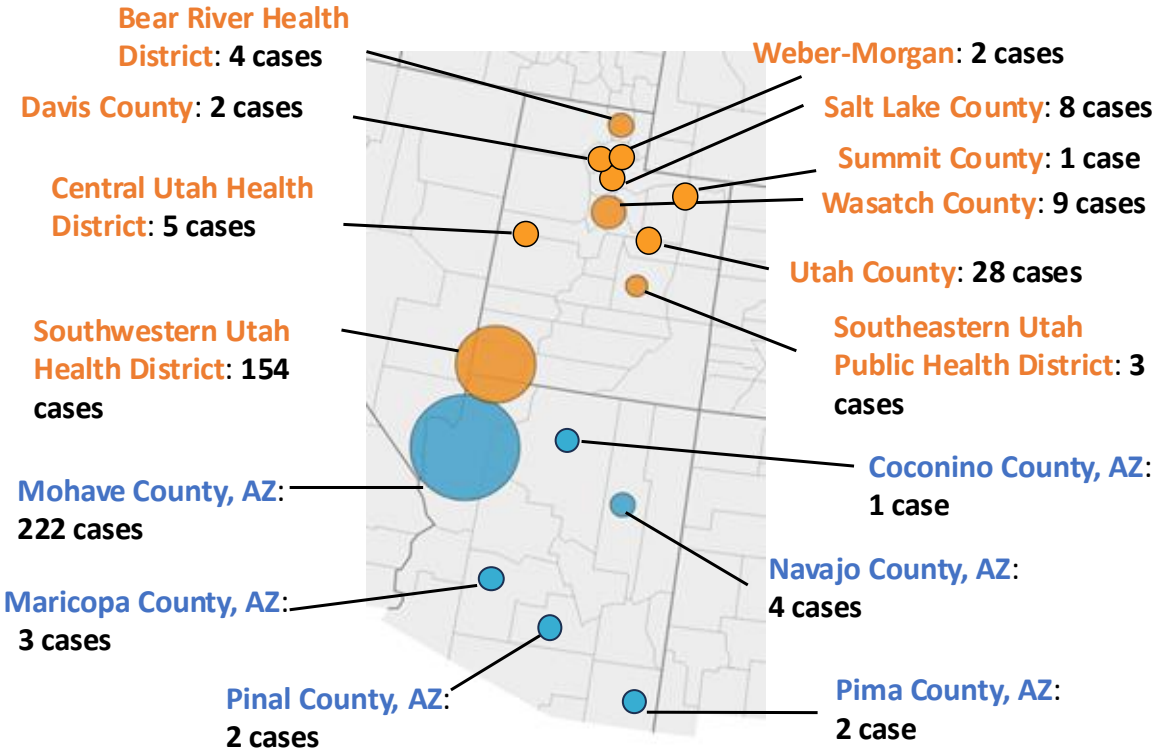
- Unvaccinated: 225 (97%)
- Vaccinated: 7 (3%)

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.

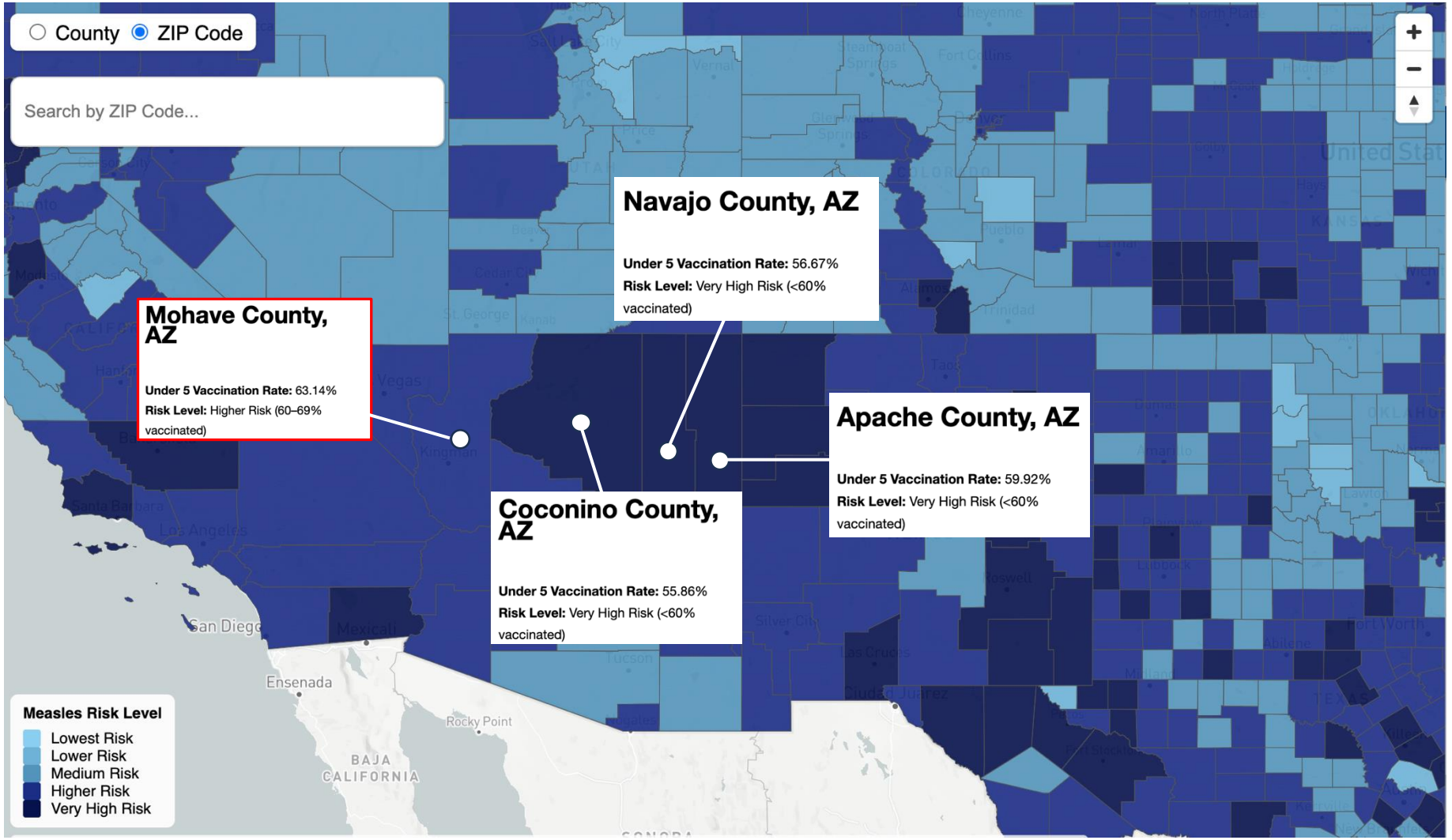
RESPONSE: Local and state health departments are working to conduct contact tracing, isolate cases, set up vaccination clinics, and raise awareness among local schools and businesses.

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.



MEASLES RISK LEVELS – ARIZONA



RISK LEVELS IN ARIZONA

Risk levels represent predicted measles susceptibility due to low MMR uptake among children under 5.

Risk is classified into tiers based on MMR uptake (<60% uptake = very high risk, 60–69% uptake = high risk, 70–79% uptake = medium risk, 80–84% uptake = low risk, ≥85% uptake = lowest).

Of the 15 Arizona counties, **3 counties** are classified as **very high risk**, **8 counties** are classified as **high risk**, **3 counties** are classified as **medium risk**, and **1 county** is classified as **low risk.**

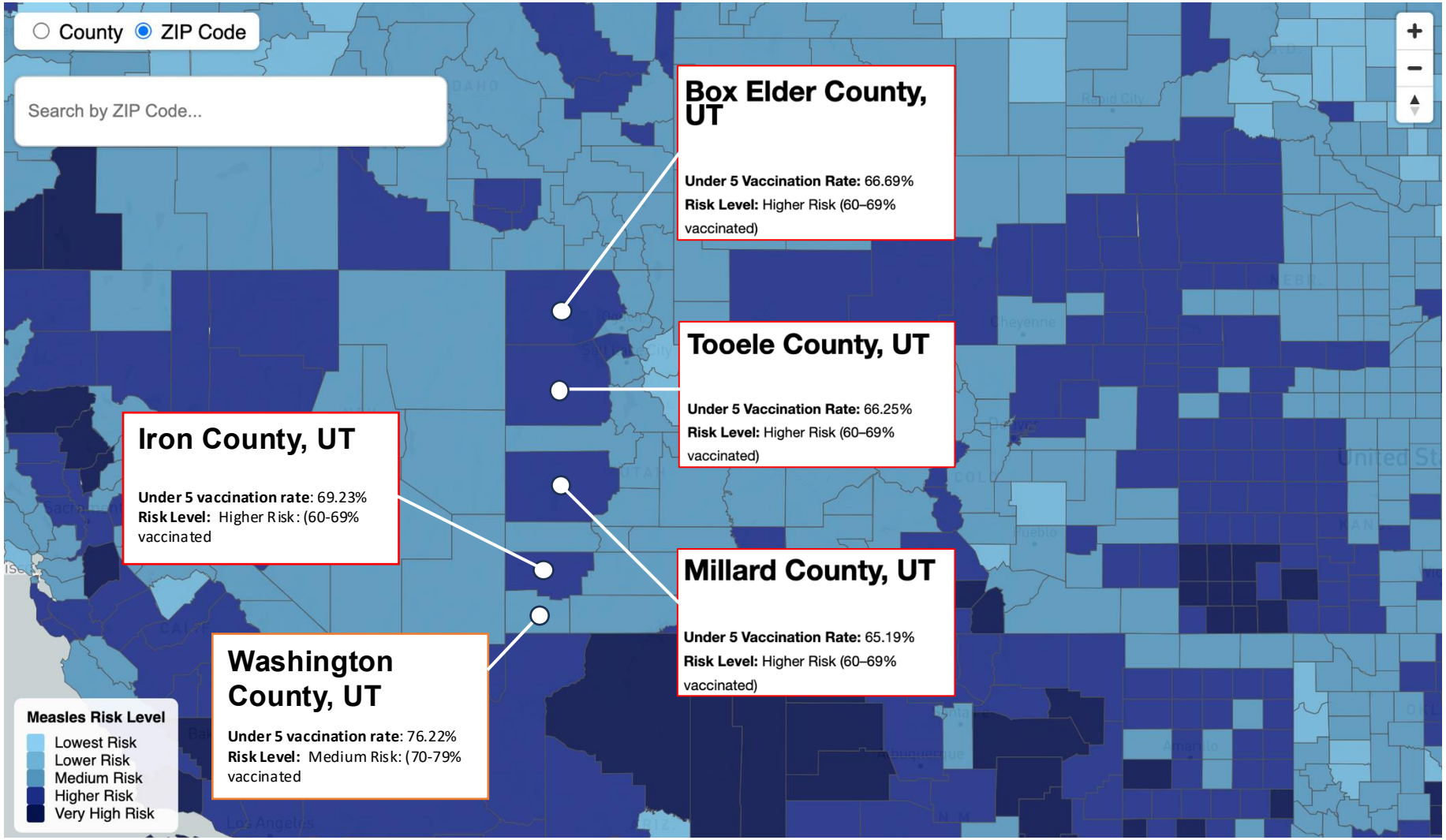
The 3 counties with the lowest uptake, and at greatest risk are:

1. Coconino County (55.86%)
2. Navajo County (56.67%)
3. Apache County (59.92%)

Mohave County, with the **highest case count** in 2025-2026 (n = 2025-2026), is classified as **high risk.**

SOURCES: Nature Health, CDC; Arizona Department of Health Services Measles

MEASLES RISK LEVELS – UTAH



SOURCES: Nature Health, CDC

RISK LEVELS IN UTAH

Risk levels represent predicted measles susceptibility due to low MMR uptake among children under 5.

Risk is classified into tiers based on MMR uptake (<60% uptake = very high risk, 60–69% uptake = high risk, 70–79% uptake = medium risk, 80–84% uptake = low risk, ≥85% uptake = lowest).

Of the 29 Utah counties, **6 counties** are classified as **high risk**, **20 counties** are classified **as medium risk**, and **3 counties** are classified as **low risk**.

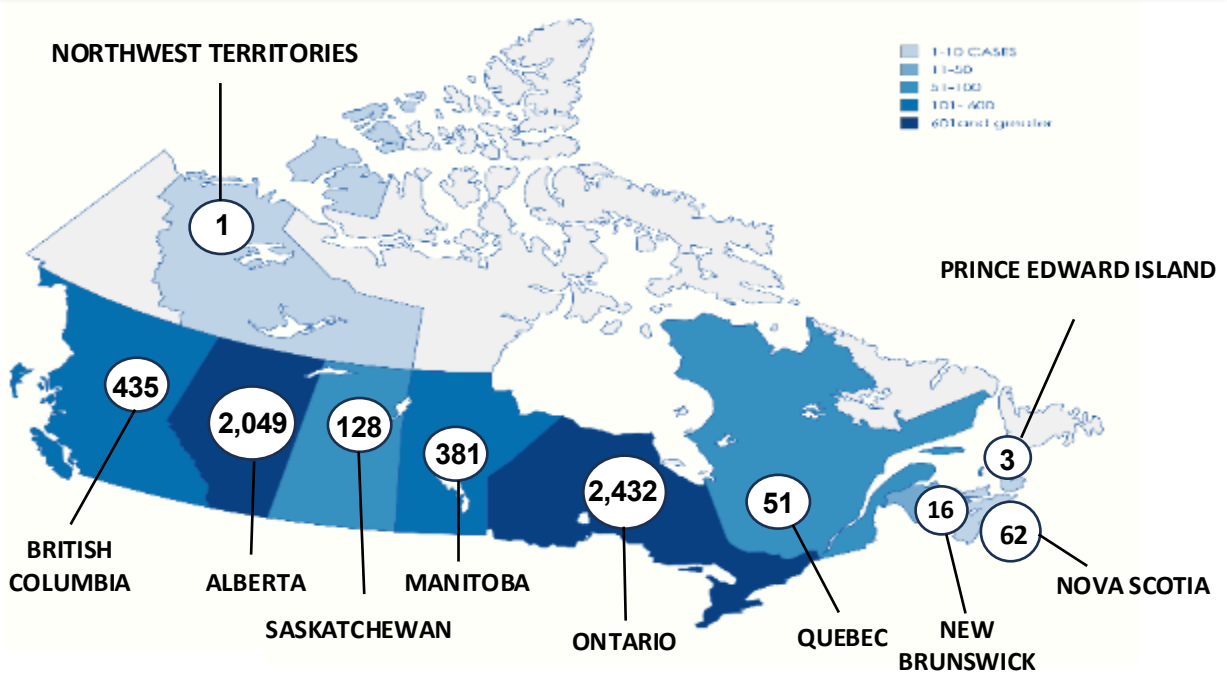
The 4 counties with the lowest uptake, and at greatest risk are:

1. Millard County (65.19%)
2. Tooele County (66.25%)
3. Box Elder (66.69%)
4. Iron County (69.23)

The Southwest Utah Health District (SWUHS) is where the majority of cases have occurred. SWUHS serves **five counties**: Beaver, Garfield, **Iron**, Kane, and **Washington**. Washington and Iron Counties are where the largest concentrations of measles have occurred.

CANADA – CURRENT SITUATION (2025 – 2026)

MEASLES 2025-2026			
PROVINCE	CONFIRMED CASES [1,2,3]	PROBABLE CASES	TOTALS
ONTARIO	2,117 [1,2,3]	315	2,432
ALBERTA	2,049 (+7)	0	2,049 (+7)
MANITOBA	351 (+18)	30	381 (+18)
BRITISH COLUMBIA	408 (+2)	27	435 (+2)
SASKATCHEWAN	128	0	128
QUEBEC	48 (+3)	0	48 (+3)
PRINCE EDWARD ISLAND	3	0	3
NOVA SCOTIA	49 [4]	13	62
NORTHWEST TERRITORIES	1	0	1
NEW BRUNSWICK	16	0	16
TOTAL	5170	385	5,555



As of 1/25/2026

5,555 Cases (5,170 Confirmed and 385 Probable)

1. 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.
2. Outbreak-associated cases = 2,376 (2,061 confirmed, 315 probable)
3. 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).

Measles was first eliminated in Canada in 1998. In 2025, Canada's measles elimination status was lost due to sustained transmission of the measles virus strain associated with the multijurisdictional outbreak for more than 1 year. **In 2025, 5,436 cases were reported.**

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 22, 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**. In addition, 2 confirmed cases had been reported. It is not linked to the current outbreak.**

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	2,049 (+7)	165 (16 ICU) (0 Currently Hospitalized)	1

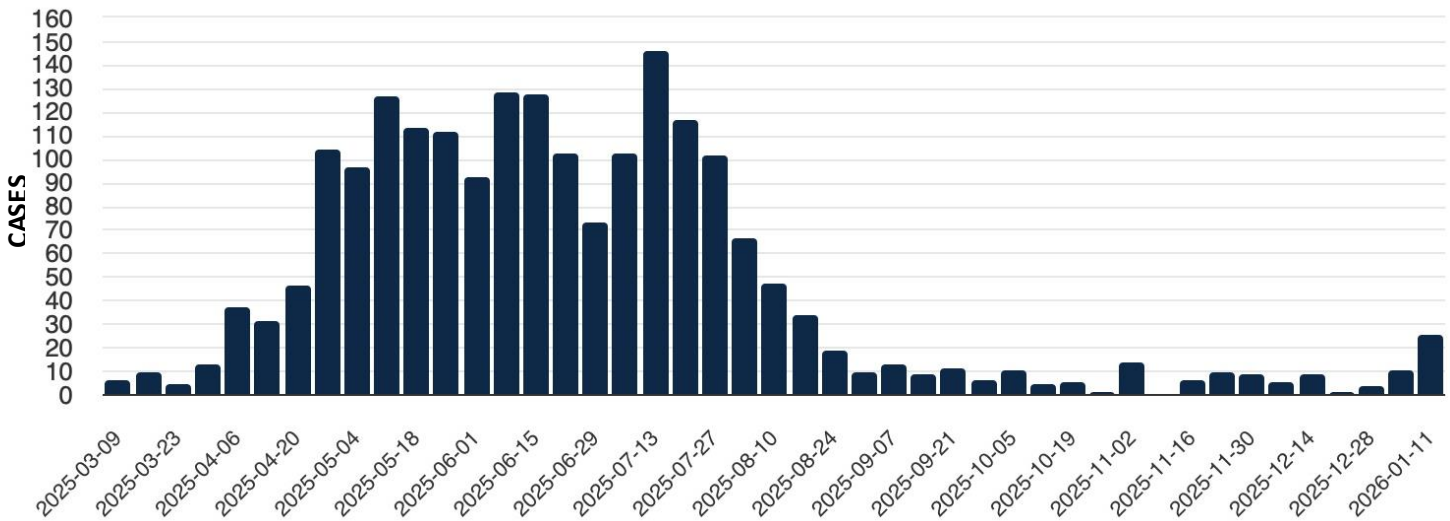
IMMUNIZATION STATUS	COUNT
Unimmunized	1,837
1 dose	53
2 or more doses	78
Unknown	81

AGE RANGE	NUMBERS
<5 years	593
5 to 17 years	908
18 to 54 years	539
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 – 1/17/2026



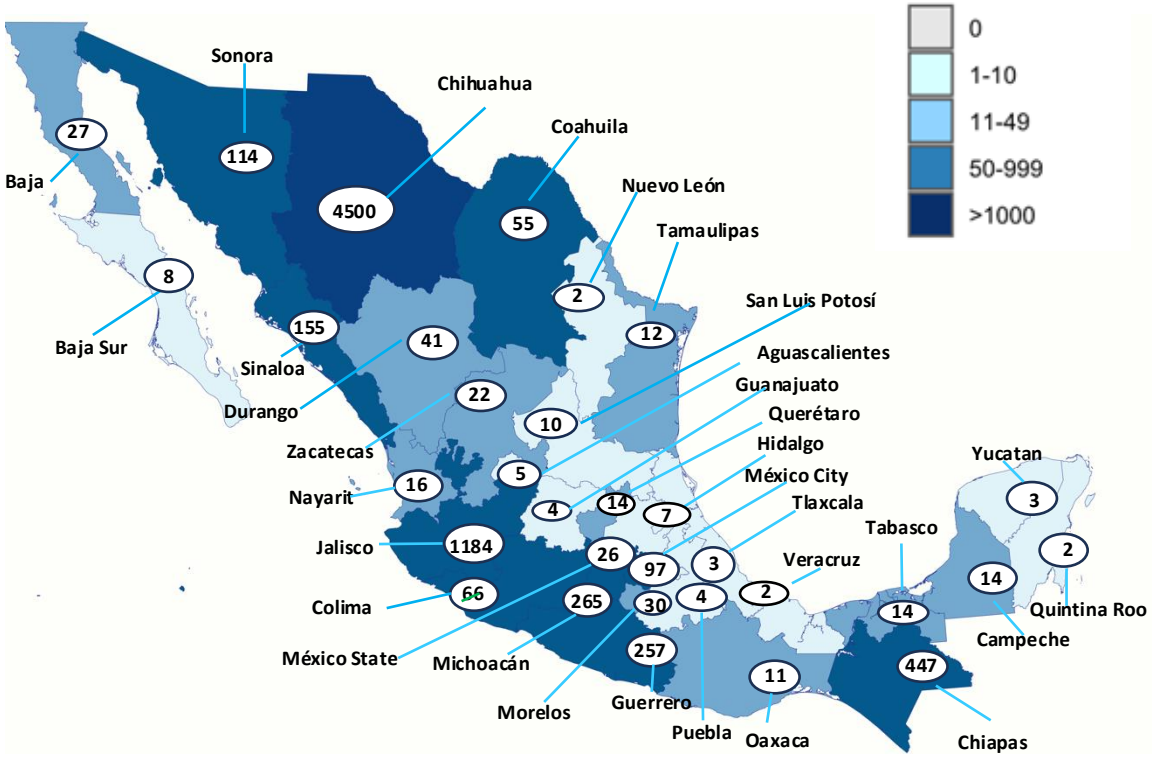
ALBERTA DASHBOARD
CA MEASLES AND RUBELLA WEEKLY

MEXICO - CURRENT SITUATION (2025 – 2026)

2025			2026			2025-2026
STATE	CASES		STATE	CASES		TOTAL CONFIRMED CASES 2025-2026
	CONFIRMED	PROBABLE		CONFIRMED	PROBABLE	
CHIHUAHUA	4493	6239	CHIHUAHUA	7	20	4500
JALISCO	663	1839	JALISCO	521	942	1184
CHIAPAS	247	554	CHIAPAS	200	667	447
MICHOACÁN	246	617	MICHOACÁN	19	41	265
GUERRERO	243	429	GUERRERO	14	28	257
SINALOA	90	226	SINALOA	65	92	155
SONORA	113	332	SONORA	1	5	114
CIUDAD DE MÉXICO	46	980	CIUDAD DE MÉXICO	51	126	97
COLIMA	32	85	COLIMA	34	61	66
COAHUILA	55	305	COAHUILA	0	3	55
DURANGO	40	295	DURANGO	1	6	41
MORELOS	25	252	MORELOS	5	16	30
BAJA CALIFORNIA	21	254	BAJA CALIFORNIA	6	98	27
MÉXICO	12	612	MÉXICO	14	50	26
ZACATECAS	22	163	ZACATECAS	0	8	22
NAYARIT	6	100	NAYARIT	10	14	16
CAMPECHE	14	99	CAMPECHE	0	0	14
QUERÉTARO	12	163	QUERÉTARO	2	15	14
TABASCO	4	91	TABASCO	10	55	14
TAMAULIPAS	12	130	TAMAULIPAS	0	10	12
OAXACA	6	91	OAXACA	5	11	11
SAN LUIS POTOSÍ	7	147	SAN LUIS POTOSÍ	3	12	10
BAJA CALIFORNIA SUR	8	68	BAJA CALIFORNIA SUR	0	2	8
HIDALGO	1	118	HIDALGO	6	22	7
AGUASCALIENTES	2	150	AGUASCALIENTES	3	12	5
GUANAJUATO	4	543	GUANAJUATO	0	14	4
PUEBLA	0	123	PUEBLA (NEW)	4	27	4
TLAXCALA	0	43	TLAXCALA (NEW)	3	11	3
YUCATÁN	2	67	YUCATÁN	1	4	3
QUINTANA ROO	2	76	QUINTANA ROO	0	4	2
NUEVO LEÓN	2	297	NUEVO LEÓN	0	21	2
VERACRUZ	0	261	VERACRUZ	2	41	2
TOTAL	6430	15749	TOTAL	987	2448	7417

Data as of 1/24/2026

All 32 states in Mexico have now recorded at least one case as part of the **national outbreak that began in 2025**.



7,417 CONFIRMED CASES, 25 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 months	Female	Malnutrition	11/10/2025
Michoacán	NO DETAILS ARE AVAILABLE AT THIS TIME				1/?/2026

DEATHS: 25

SOURCE: DAILY REPORT

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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