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

MEASLES – THE AMERICAS 2025

MORBIDITY AND MORTALITY		
COUNTRY	CONFIRMED CASES	DEATHS
NORTH AMERICA – 3 ACTIVE OUTBREAKS		
US	2,076 (+57)	3
CANADA [1,2,3,4]	5,443 (+36)	2
MEXICO	6,266 (+216)	24
CENTRAL AMERICA – NO ACTIVE OUTBREAKS		
BELIZE	44	0
COSTA RICA	1	0
GUATEMALA	1	0
SOUTH AMERICA – 2 ACTIVE OUTBREAKS		
BOLIVIA	541	
ARGENTINA	36	0
BRAZIL	37	0
PARAGUAY	49	0
PERU	5	0
THE CARRIBEAN	44	0
URUGUAY	12	0
TOTAL	14,555	29

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.

Yale SCHOOL OF PUBLIC HEALTH

1/4/2026
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 COLOMBIA
- MANITOBA HEALTH
- NEW BRUNSWICK
- NOVA SCOTIA
- PUBLIC HEALTH ONTARIO
- PRINCE EDWARDS ISLAND
- QUEBEC
- SASKATCHEWAN

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

BOLIVIA
ESTAMOS SALUD

PARAGUAY
SALUS PUBLICA

MEASLES TESTING LABORATORIES
- CDC MEASLES VIRUS LABORATORY

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

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

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

BACKGROUND

TYPE OF PUBLIC HEALTH EMERGENCY: LARGE MULTINATIONAL MEASLES OUTBREAK

In 2025, between epidemiological week (EW) 1 and EW 53, a total of **14,555 measles cases** were confirmed in the Region of the Americas, including **29 deaths**. Reported cases were distributed across 13 countries and territories: Argentina (n = 36), Belize (n = 41), the Plurinational State of Bolivia (n = 541), Brazil (n = 37), Canada (n = 5,443, including 2 deaths), Costa Rica (n = 1), Guatemala (n = 1), Mexico (n = 6,266, including 24 deaths), Paraguay (n = 49), Peru (n = 5), the United States of America (n = 2,076, including 3 deaths), Uruguay (n = 12), and the Caribbean (n = 44).

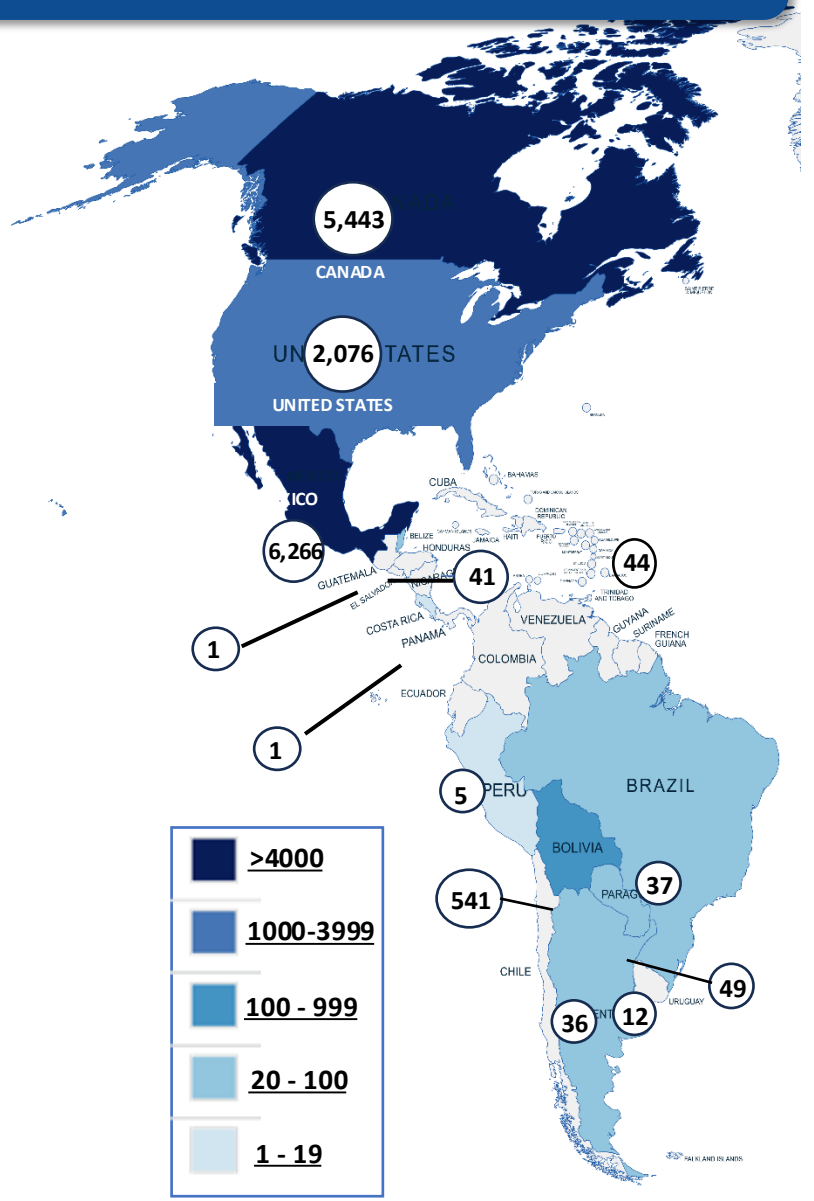
EPIDEMIOLOGICAL CONTEXT: The distribution of confirmed measles cases by epidemiological week shows a gradual increase beginning in EW 3 of 2025, driven primarily by sustained outbreaks in vaccine-resistant and under-immunized communities across multiple countries. Following a temporary decline, case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

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**, following a formal review by the PAHO 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 the same designation in **January 2026** if transmission is not rapidly interrupted, as is **Mexico** in **February 2026.**

OPERATIONAL IMPLICATIONS

- **High risk of continued regional spread**, including cross-border transmission.
- **Increased exposure risk** for infants, immunocompromised individuals, and undervaccinated communities.
- **Strain on surveillance and contact tracing systems** amid concurrent respiratory illness season.
- **Potential policy impacts**, including travel advisories, school exclusions, and emergency immunization measures.

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



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

1. EXTREME CONTAGIOUSNESS: 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.

2. SEVERE CLINICAL OUTCOMES: Measles frequently causes serious complications, even in settings with advanced medical care:

- **Pneumonia** (primary cause of measles-related deaths)
- **Encephalitis**, leading to seizures, permanent neurologic injury, or death
- **Severe dehydration** from diarrhea
- **Blindness**, particularly in vitamin A–deficient populations

Hospitalization rates are highest among young children, infants, and immunocompromised individuals.

3. IMMUNE SUPPRESSION ("IMMUNE AMNESIA"): 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.

4. DISPROPORTIONATE RISK TO INFANTS: 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.

5. NO CURATIVE TREATMENT

There is no antiviral therapy for measles. Clinical management is supportive only. Outbreak control depends on:

- High community vaccination coverage
- Rapid case identification
- Aggressive contact tracing
- Post-exposure prophylaxis
- Isolation and exclusion measures

6. DELAYED BUT FATAL SEQUELAE (SSPE): Measles can cause **Subacute Sclerosing Panencephalitis (SSPE)**, 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

- **Vaccination gaps = outbreak risk**
- **Infants and immunocompromised populations require prioritized protection**
- **Healthcare and emergency services must prepare for surge capacity**
- **Public risk communication is critical to counter misinformation**
- **Cross-jurisdictional coordination is essential due to travel-related spread**

VMOC ASSESSMENT

Measles is a **sentinel indicator** of broader system vulnerability. **Outbreaks signal declining trust, weakened routine immunization programs, and increased strain on public health infrastructure.** 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:

- A **Coconino County** resident has tested positive for measles, marking the first confirmed case involving a resident this year. The Coconino County Health and Human Services Department reported the person sought treatment for symptoms at Kane County Hospital, located just across the Arizona-Utah border in Kanab, Utah. Health officials are warning anyone who was at the hospital on Dec. 22 between 4 p.m. and 9 p.m. to monitor themselves for symptoms through at least Jan. 12.

- The Pima County Health Department has confirmed a measles case involving an individual who recently traveled across the border from Mexico into southern Arizona. The individual was quickly hospitalized and isolated in a medical facility in Tucson. The overall risk to the public is low, and there is no known public exposure at this time.

CALIFORNIA: Contra Costa Health (CCH) notified the public of a confirmed measles case in the county, identified on 24 December 2025. The individual was contagious in public between Dec. 17 and Dec. 24, and people may have been exposed.

KENTUCKY: On 31 December 2025, the Kentucky Department for Public Health identified potential measles exposures in northern Kentucky. The exposure happened when a family visited from out of state. One of the children in the family, who officials said was not vaccinated, went to the doctor and was later diagnosed with measles. The family stayed at the Holiday Inn Express in Dry Ridge Sunday through Tuesday and visited the Ark Encounter in Williamstown Monday, according to officials.

NEBRASKA: Two cases of measles have been reported in Platte County, Nebraska, according to health officials on Wednesday, 30 December 2025. The East Central District Health Department (ECDHD) said the first case was a child with an out-of-state travel history to Arizona. The second case is a family member. Nebraska has now had 3 measles cases this year.

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 at home while infectious. It remains unclear where the person contracted the virus.

NORTH CAROLINA: The North Carolina Department of Health and Human Services on 31 December 2025 announced a case of measles in an unvaccinated child in Polk County. The child had visited locations in Spartanburg County, South Carolina, linked to a large ongoing measles outbreak in Upstate South Carolina. The child developed symptoms of measles before Christmas and has since recovered.

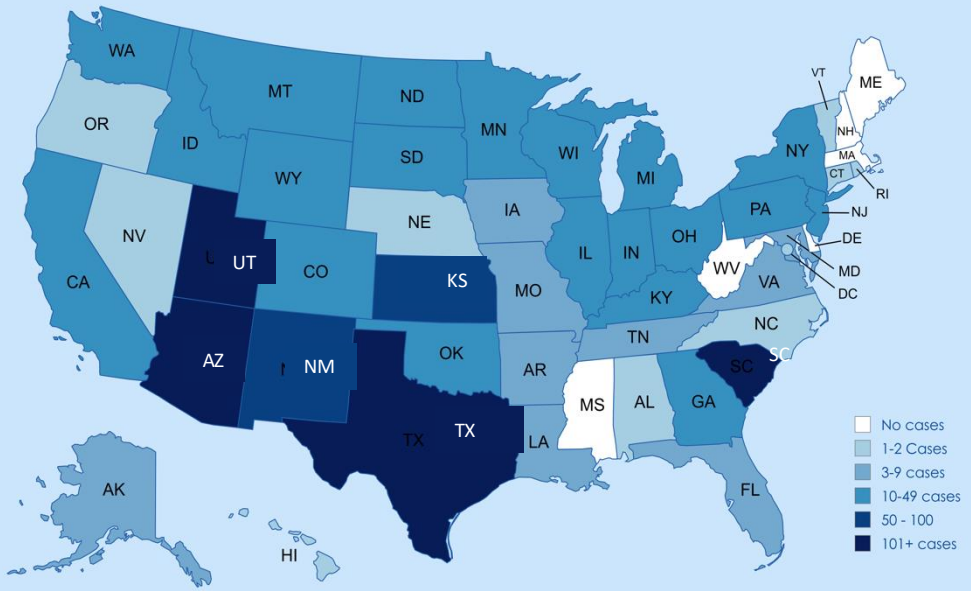
VIRGINIA: The Virginia Department of Health reported a confirmed measles case on 17 December 2025, involving an out-of-state individual who visited Virginia's Central and Southwest Regions while infectious. Public health officials initiated contact tracing to identify potential exposures. **As of** Wednesday, 24 December 2025, an additional measles case was confirmed in an adult resident of the Central Region. Bringing the state's total number of cases in 2025 to 5.

A new study finds parents who delay their baby's first vaccines are also likely to skip measles shots. The study, which was published Friday in JAMA Network Open, analyzed the health records of 321,743 children with regular access to care. Findings suggest that among children with regular access to care, those who are late for 2- and 4-month immunizations are significantly less likely to receive MMR vaccination by 2 years, underscoring the importance of early intervention for children who deviate from the vaccine schedule. Early delays in routine infant immunizations are a strong predictor of later measles susceptibility.

MEASLES CASES – AS OF 2 JANUARY 2026

** NOTE: The information on this page has been gathered by reviewing data from state and local health departments, news media sources, CDC, and the Center for Outbreak Response Innovation (CORI). The numbers include confirmed and probable cases.*

2080
(2076 CONFIRMED + 4 PROBABLE)



The increase in measles cases can be attributed to declining vaccination rates and increased importation of travel-related cases, which occur when unvaccinated people acquire measles while traveling to areas with ongoing outbreaks and then return home.

STATE	CONFIRMED CASES	PROBABLE CASES	NEW CASES
TEXAS **	803		
ARIZONA	206		11
SOUTH CAROLINA	188		29
UTAH	156		14
NEW MEXICO	100		
KANSAS	91		
NEW YORK	48		
OHIO	44		
MONTANA	36		
NORTH DAKOTA	36		
WISCONSIN	36		
COLORADO	35	1	
MICHIGAN	30		
MINNESOTA	26		
CALIFORNIA	25		1
OKLAHOMA	17	3	
PENNSYLVANIA	16		
SOUTH DAKOTA	16		
WYOMING	15		
ILLINOIS	14		
IDAHO	13		
KENTUCKY	13		
WASHINGTON	12		
INDIANA	11		
NEW JERSEY	11		
GEORGIA	10		
IOWA	9		
ARKANSAS	8		
TENNESSEE	8		
FLORIDA	7		
MISSOURI	7		
VIRGINIA	5		
ALASKA	4		
LOUISIANA	3		
MARYLAND	3		
NEBRASKA	3		2
HAWAII	2		
NEVADA	2		
VERMONT	2		
ALABAMA	1		
CONNECTICUT	1		
NORTH CAROLINA	1		
OREGON	1		
RHODE ISLAND	1		
TOTAL	2,076	4	57

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 2 January 2026, EDT, there are approximately 2,080 measles cases (confirmed and suspected) across 44 states. There have been 49 outbreaks in the US this year, including the following:

- ***Arizona*** *- Navajo County, Mohave County*
- ***Arkansas*** *- Faulkner County*
- ***Colorado*** *– 10 cases linked to an infectious traveler*
- ***Georgia*** *- Metro Atlanta*
- ***Illinois*** *- Southern Illinois (Franklin–Williamson region)*
- ***Indiana*** *- Allen County*
- ***Iowa*** *- Johnson County*
- ***Kansas*** *9 counties*
- ***Kentucky*** *- Woodford, Fayette, and Jefferson Counties*
- ***Montana,*** *Gallatin, Hill, and Yellowstone Counties.*
- ***Michigan*** *- Montcalm County (linked to Ontario Outbreak) and a 2nd outbreak in Grand Traverse County,*
- ***Missouri*** *- Cedar County*
- ***Montana:*** *Gallatin County*
- ***Oklahoma*** *and the Cherokee Nation*
- ***Ohio*** *- Ashtabula and Knox Counties*
- **Pennsylvania** *- Erie County*
- ***New Jersey*** *- Bergen County*
- ***New Mexico*** *- 6 counties*
- ***North Dakota*** *- Williams County, Grand Rapids*
- ***South Carolina - Upstate***
- ***Texas*** *- 37 counties*
- ***Tennessee*** *- Upper Cumberland Region*
- ***Utah*** *- Utah County,* Beaver, Garfield, Iron, Kane, and Washington Counties
- ***Wisconsin*** *- Oconto County*
- ***Wyoming*** *- Carbon County*

In 2025, **88%** of all confirmed cases in the US are associated with outbreaks.

11% required hospitalization.

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

11% have required hospitalization.

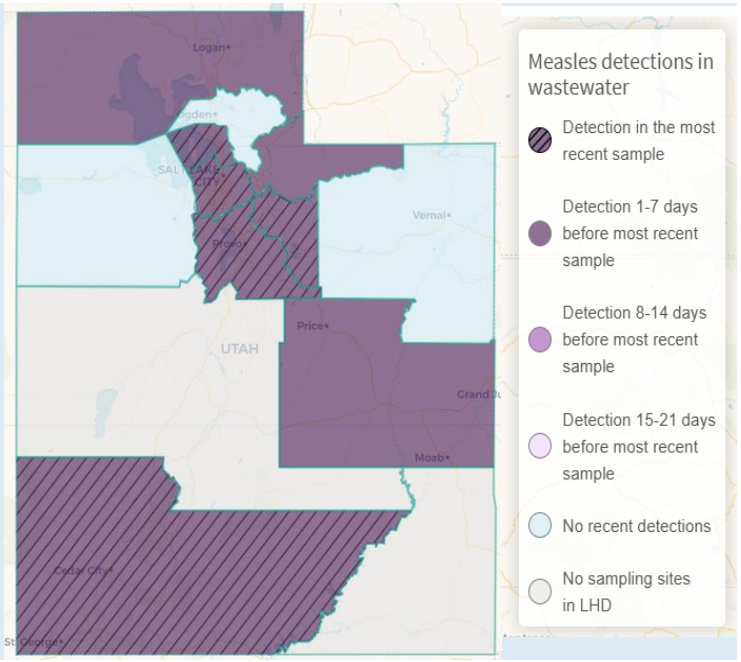
UNITED STATES – ARIZONA AND UTAH OUTBREAK

- **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.**

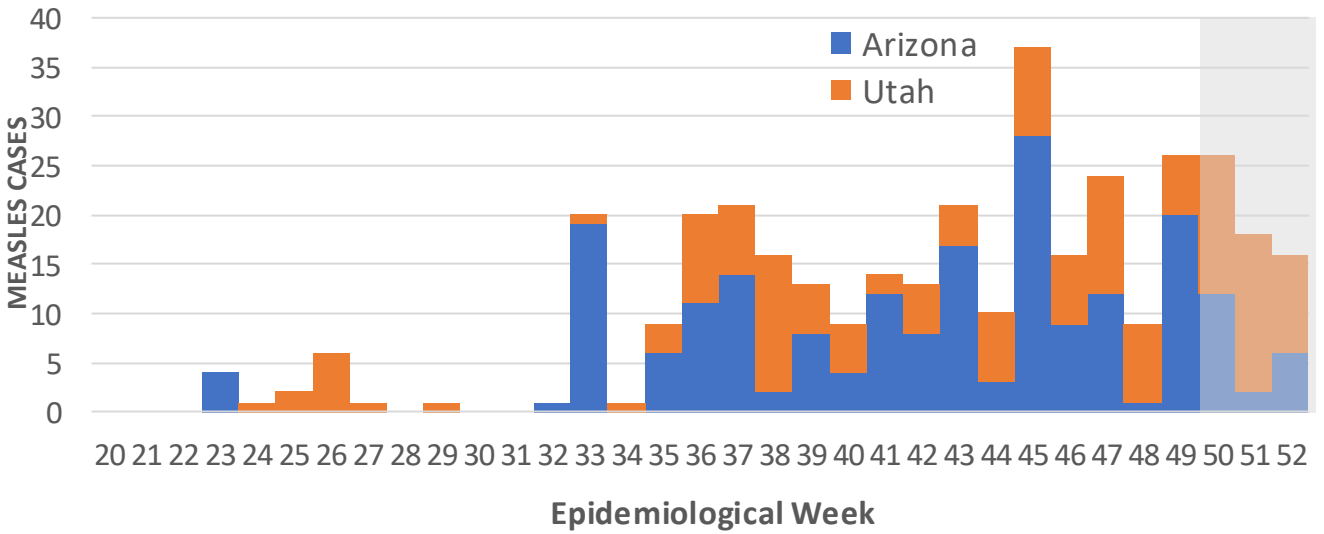
As of 12/31/2025, at least **362 people have been infected, most linked to two small towns - Colorado City, Arizona, and Hildale, Utah,** where residents often move between the two communities. In **Mohave County, Arizona**, officials have reported 200 confirmed measles cases**,** including **eight requiring hospitalization. Coconino County, AZ, and Pima County, AZ, have reported their first cases. There were 4 earlier cases in Navajo County.** This brings the state's total for 2025 to **206 cases**. In Utah, the Utah Department of Public Health reported 156 confirmed cases; **114 of those cases are along the border with Arizona**. **Sixteen cases in Utah have required hospitalization.**

Wastewater dashboard - Utah

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



EPI CURVE FOR MEASLES CASES IN ARIZONA AND UTAH, 2025



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

UNITED STATES – ARIZONA AND UTAH OUTBREAK

UTAH

CASES: 156 (+14)	HOSPITALIZATIONS: 16 (10%)	DEATHS: 0

AGES:

- <18: 93 (60%)
- 18+: 63 (40%)

VACCINATION STATUS:

- Unvaccinated: 140 (90%)
- Vaccinated: 9 (6%)
- Unknown: 7 (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.

ARIZONA

CASES: 206 (+12)	HOSPITALIZATIONS: 8 (3.9)	DEATHS: 0

AGES:

- <18: 133 (65%)
- 18+: 72 (35%)

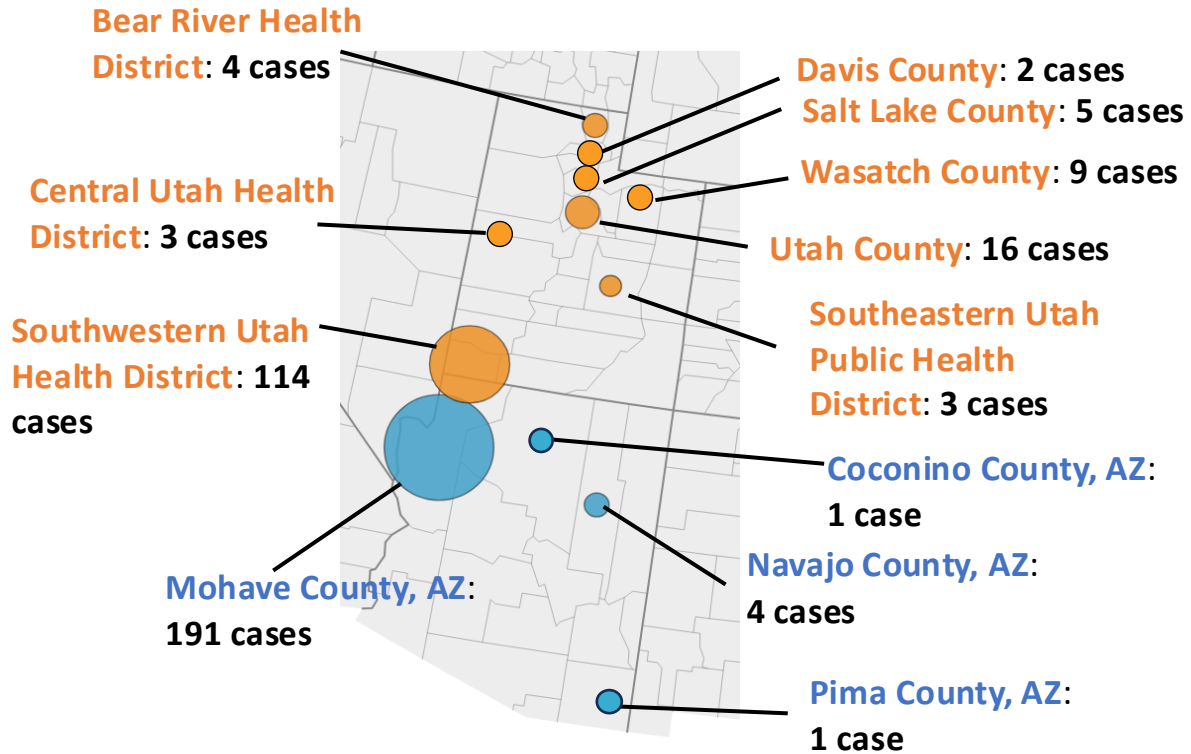
VACCINATION STATUS: 97% of the cases are unvaccinated

OUTBREAK TIMELINE: The current outbreak in Mohave County began in early August in Colorado City. Contact with communities across the border in Utah fueled the spread, as Utah public health officials confirmed the two outbreaks are related. Community transmission is occurring.

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

FACTORS DRIVING THE OUTBREAK:

- **Low vaccination rates**: Kindergarten vaccination rates are low in affected areas. For example, MMR vaccination rates for the two elementary schools in Colorado City were 7% and 40%.
- **Anti-vaccination sentiment**: Rates of vaccine exemptions for schoolchildren rose in recent years, with the majority of exemptions in AZ being personal (85%) and religious (12.5%).
- **Close-knit religious communities**: Colorado City, AZ, and Hildale, UT, are home to a religious sect with historically low vaccination rates. In an encouraging sign, Hildale's mayor has 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.



UNITED STATES – SOUTH CAROLINA OUTBREAK

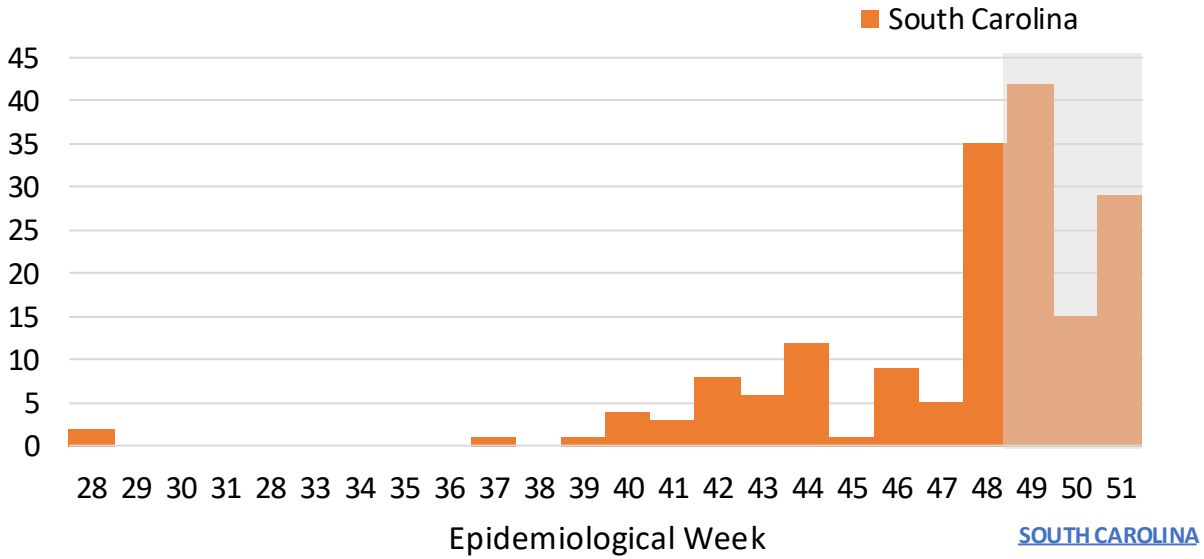
SOUTH CAROLINA		
CASES: 185(+29)	HOSPITALIZATIONS: 3	DEATHS: 0

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

AGES: < 5: 40
5-17: 123
18+: 16
Minor under age 18 (age undisclosed): 6

VACCINATION STATUS: 172 unvaccinated
4 partially vaccinated
1 vaccinate
4 unknown
4 still being investigated

EPI CURVE FOR MEASLES CASES IN SOUTH CAROLINA, 2025



SITUATION: SCDPH is actively responding to a measles outbreak in the Upstate region. As of 2 January 2026, DPH reports 185 measles cases linked to the current outbreak. **This brings the state's total to 188 for 2025**.

COMMUNITY TRANSMISSION: Ongoing.
There are currently 223 people in quarantine and two in isolation. The latest end of quarantine for these is January 24.

CANADA

BACKGROUND: The 2025 measles outbreak in Canada is the product of a perfect storm: a triggering importation event, declining population immunity, rising vaccine hesitancy and misinformation, structural vulnerabilities in public health and healthcare access, and social dynamics that enabled the virus to spread 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, created ideal conditions for rapid transmission and the initial spread of measles across provincial boundaries.

MULTI-JURISDICTIONAL SPREAD: From late 2024 into 2025, the outbreak expanded beyond its original epicenter. Cases have been reported across 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.**

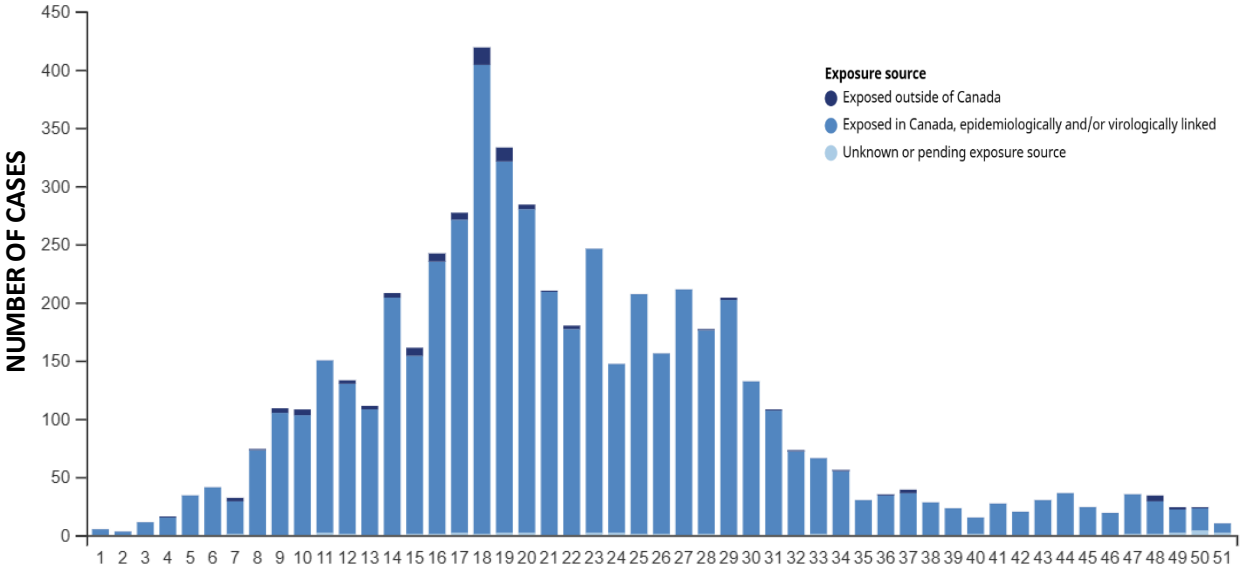
CONTRIBUTING FACTORS

- **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 - 51



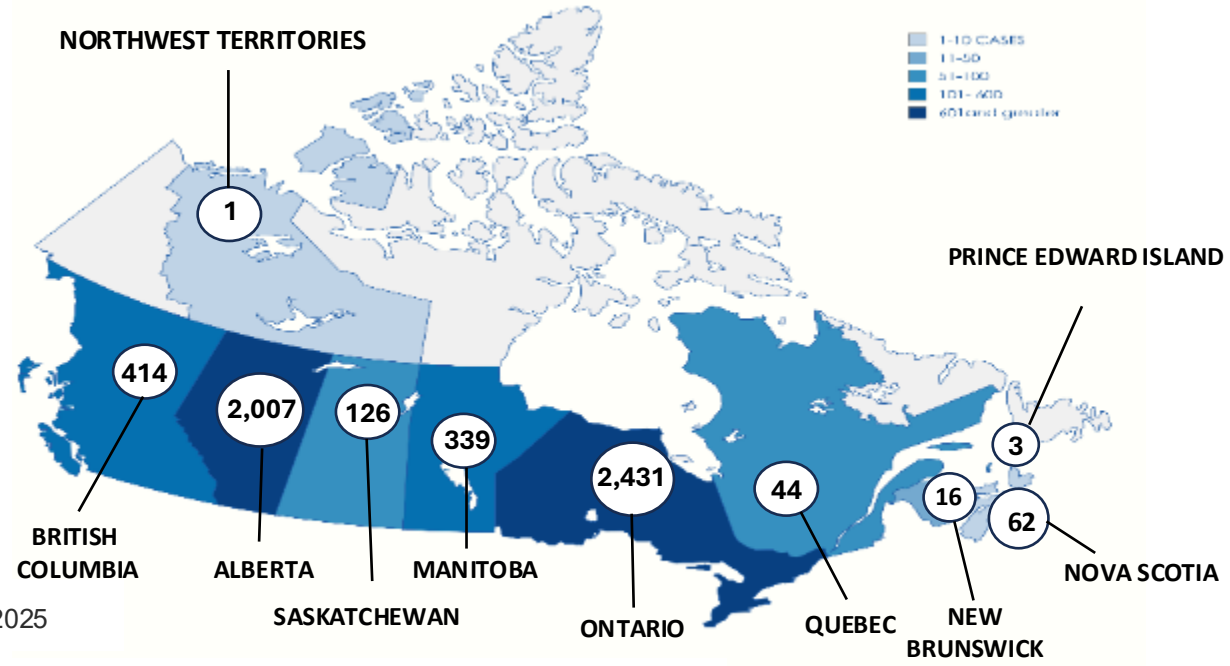
SOURCES:

Measles and rubella weekly monitoring report – Week 51

CANADA – CURRENT SITUATION

MEASLES 2025			
PROVINCE	CONFIRMED CASES	PROBABLE CASES	TOTALS
ONTARIO	2,116[1,2,3]	315	2431
ALBERTA	2,007	0	2,007 (+3)
MANITOBA	310	29	339 (+24)
BRITISH COLUMBIA	389	25	414 (+4)
SASKATCHEWAN	126	0	126
QUEBEC	44	0	44 (+5)
PRINCE EDWARD ISLAND	3	0	3
NOVA SCOTIA	62	0	62
NORTHWEST TERRITORIES	1	0	1
NEW BRUNSWICK	16	0	16
TOTAL	5,074	369	5,443

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–December 22, 2025
2. Outbreak-associated cases = 2, 376 (2,061 confirmed, 315 probable)
3. Non-outbreak cases for 2025: 55 confirmed - travel related (25), non-outbreak epi linked (17), non-outbreak with unknown sources of exposure (13).



As of 12/30/2025

5,443 Cases (5,074 confirmed and 369 probable)
2 Deaths

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 4 p.m. on December 23, 2025, **8 confirmed measles cases have been reported in connection with the current outbreak**. The regions currently affected are: **Lanaudière, Laurentides, Laval,** and **Montréal**.

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	2,007 (+3)	161 (+1) (15 ICU) (0 Currently Hospitalized)	1

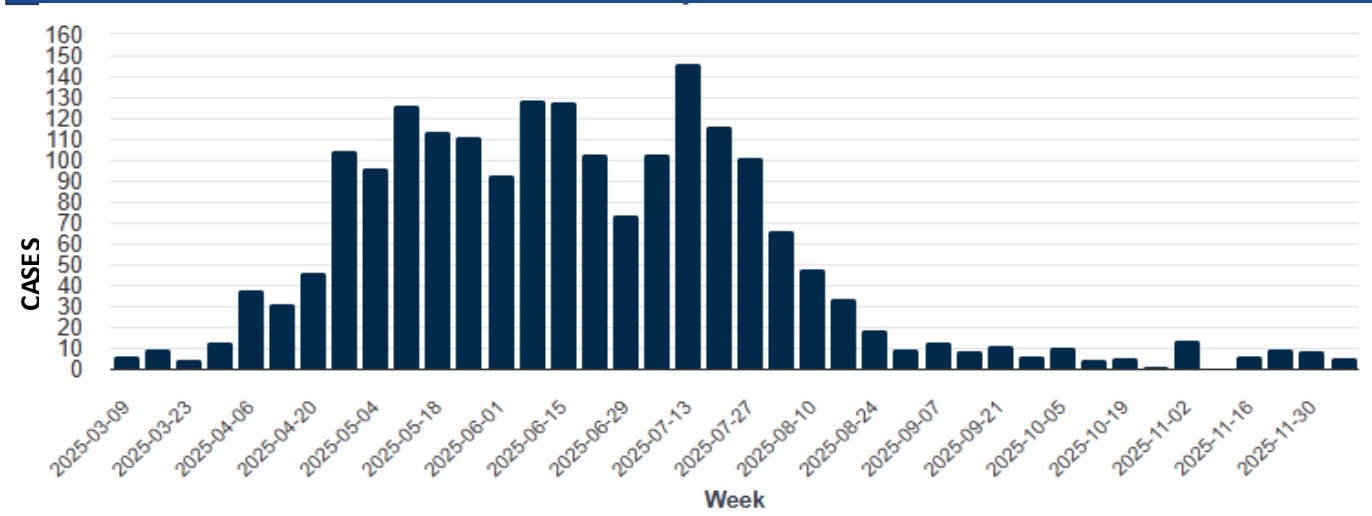
IMMUNIZATION STATUS	COUNT
Unimmunized	1,790
1 dose	53
2 or more doses	78
Unknown	83

AGE RANGE	NUMBERS
<5 years	581
5 to 17 years	887
18 to 54 years	530
55 years and older	9

Multi-Jurisdictional Outbreak

- Measles transmission is currently occurring in Alberta, affecting individuals of all ages – including infants, children, and adults. Most reported cases have been in children under 5 years old and those aged 5 to 17 who are not immunized.
- Cases have been reported in all zones of the province, with the highest numbers in the north, south, and central zones. Due to the number of people in these areas who may not be immune to measles, some cases are likely going undetected or unreported.
- Alberta Health Services shares known public exposure locations for the Edmonton, Calgary, Central, and parts of the North Zone. A standing exposure advisory has been issued for the South Zone and areas of the North Zone. Site-specific exposure advisories will no longer be issued in these locations.
- Alberta reported its first death of an infant from measles in October.

NUMBER OF MEASLES CASES BY WEEK OF RASH ONSET, 1/1/2025 – 12/13/2025



ALBERTA DASHBOARD
CA MEASLES AND RUBELLA WEEKLY

MEXICO

BACKGROUND

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

CURRENT SITUATION

- **6,050 confirmed cases nationwide**
  - **4485 (74.07%) in Chihuahua**
  - **Cases are picking up in other parts of the country, specifically in Guerrero (n=240 cases), Michoacan (n=231 cases), Jalisco (n=593 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: 15.51**
- **5-9 years: 6.49**
- **25–29 years: 6.70**

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

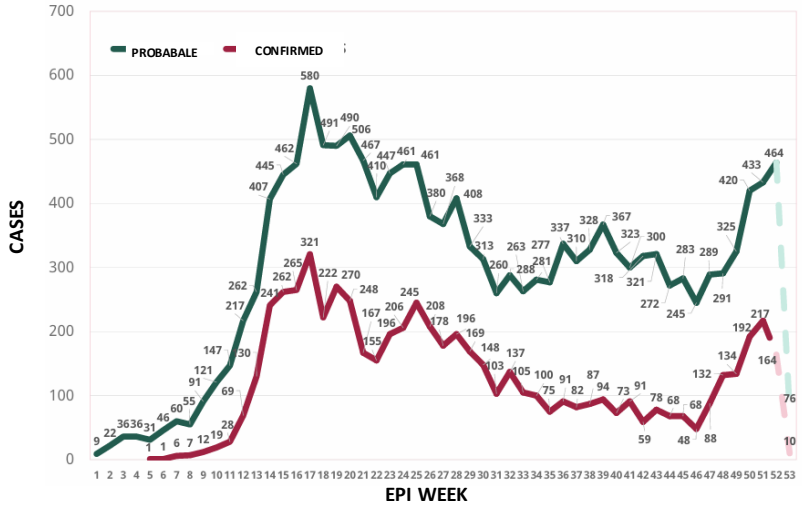
- **"Juarez Shield Strategy"** – Mass vaccination campaign
- **Rapid Response Plan** – Enhanced surveillance, lab confirmation, case isolation
- **Door-to-Door Vaccination** – Community engagement with local and religious leaders
- **Vitamin A Supplementation** – For children under 5 with suspected or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

SOURCES:

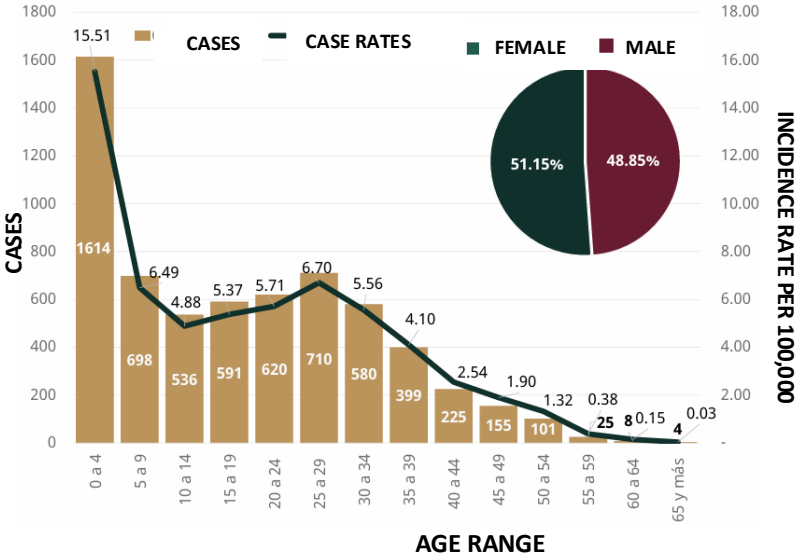
Daily Report – Mexico

MEXICO

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



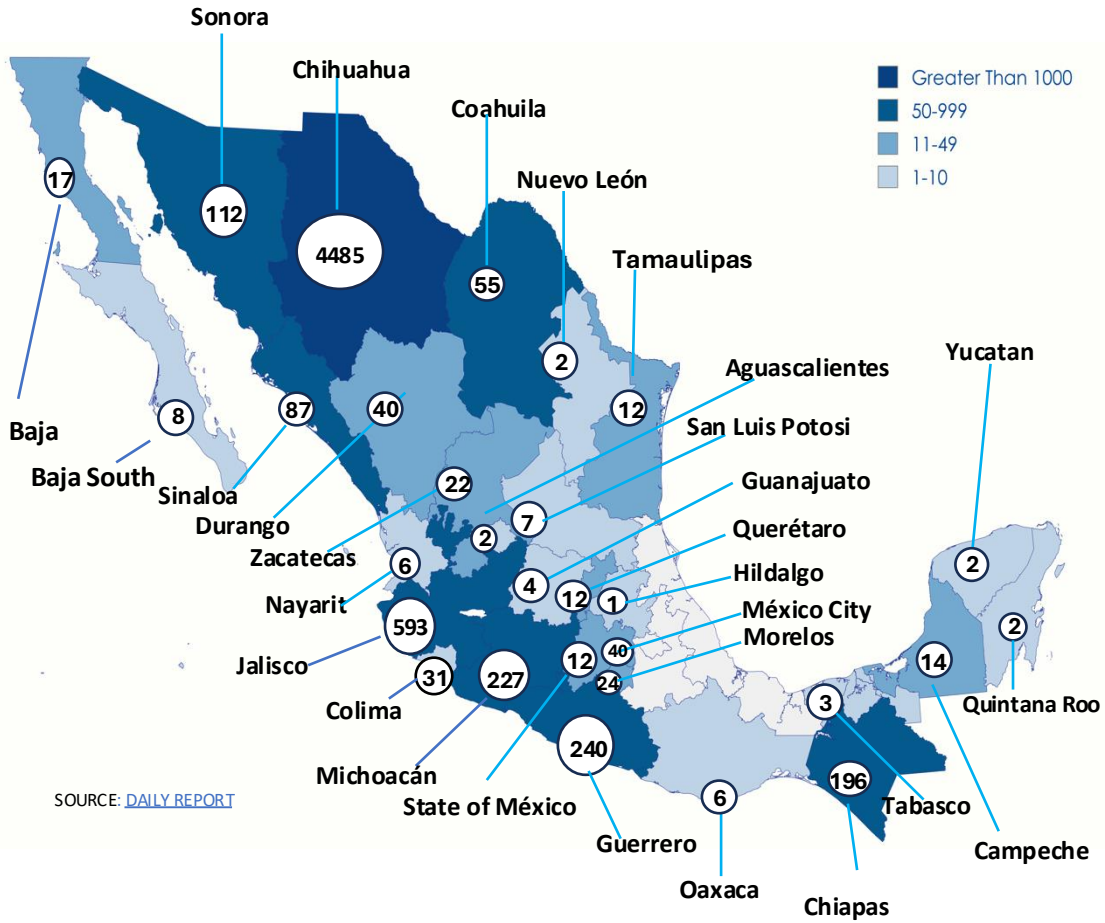
CONFIRMED CASES BY SEX, AGE, AND INCIDENCE RATE



CONFIRMED MEASLES CASES

STATE	CASES	
	CONFIRMED	PROBABLE
AGUASCALIENTES	2	148
BAJA CALIFORNIA	17	249
BAJA CALIFORNIA SUR (NEW)	8	68
CAMPECHE	14	98
CHIAPAS	196	500
CHIHUAHUA	4,485	6,235
COAHUILA	55	305
COLIMA	31	86
DURANGO	40	294
GUANAJUATO	4	543
GUERRERO	240	429
HILDALGO	1	117
JALISCO	593	1,797
MEXICO	12	613
MÉXICO CITY	40	969
MICHOACÁN	231	613
MORELOS	24	253
NARAYIT	6	98
NUEVO LEÓN	2	296
OAXACA	6	90
QUERÉTARO	12	162
QUINTANA ROO	2	76
SAN LUIS POTOSI	7	147
SINALOA	87	224
SONORA	112	332
TABASCO	3	91
TAMAULIPAS	12	130
YUCATAN	2	67
ZACATECAS	22	163
TOTALS	6,266	15,193

Data as of 1/2/2026

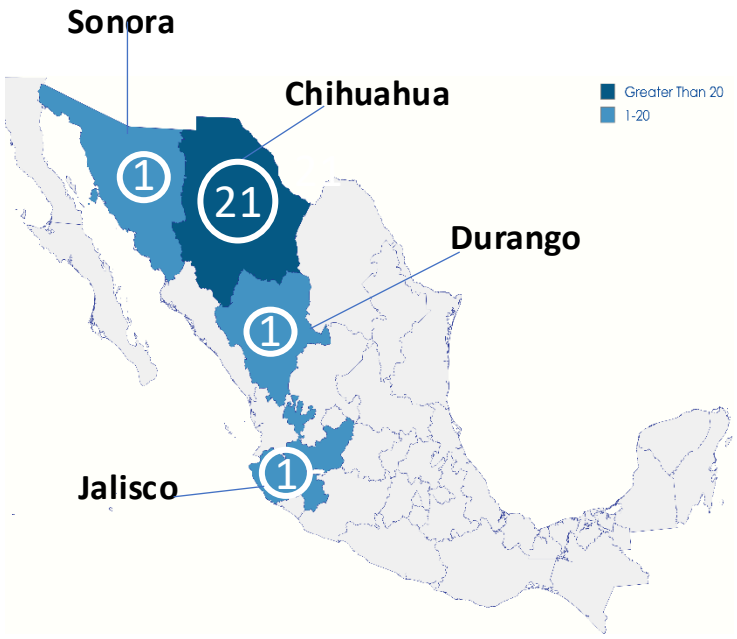


6,266 CONFIRMED CASES, 15,193 PROBABLE CASES
24 DEATHS

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



CONTRIBUTORS

The Virtual Medical Operations Center Briefs (VMOC) were created as a service-learning project by the Yale School of Public Health faculty and graduate students in response to the 2010 Haiti Earthquake. Each year, students enrolled in Environmental Health Science Course 581 —Public Health Emergencies: Disaster Planning and Response produce the VMOC Briefs. These briefs compile diverse information sources —including status reports, maps, curated news articles, and web content— into a single, easily digestible document that can be widely shared and used interactively.

Key features of this report include:

- **Comprehensive Overview:** Provides situation updates, maps, relevant news, and web resources.
- **Accessibility:** Designed for easy reading, wide distribution, and interactive use.
- **Collaboration:** The “unlocked" format enables seamless sharing, copying, and adaptation by other responders.

The students learn by doing, quickly discovering how and where to find critical information and presenting it in an easily understood manner.

LTC (R) Joanne McGovern – Joanne.McGovern@yale.edu
Lecturer, Department of Environmental Health Sciences, Yale School of Public Health

Shoa Moosavi (Editor)