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	2,935 (+206)	3
CANADA [1,2,3,]	5,556	2
MEXICO	7,909 (+492)	26
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	17,226	31

1. Includes the probable cases reported by Canada under the clinically confirmed column, due to alignment with PAHO's case definition
2. Only Ontario's numbers for 2025 are included.
3. 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

2/1/2026
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

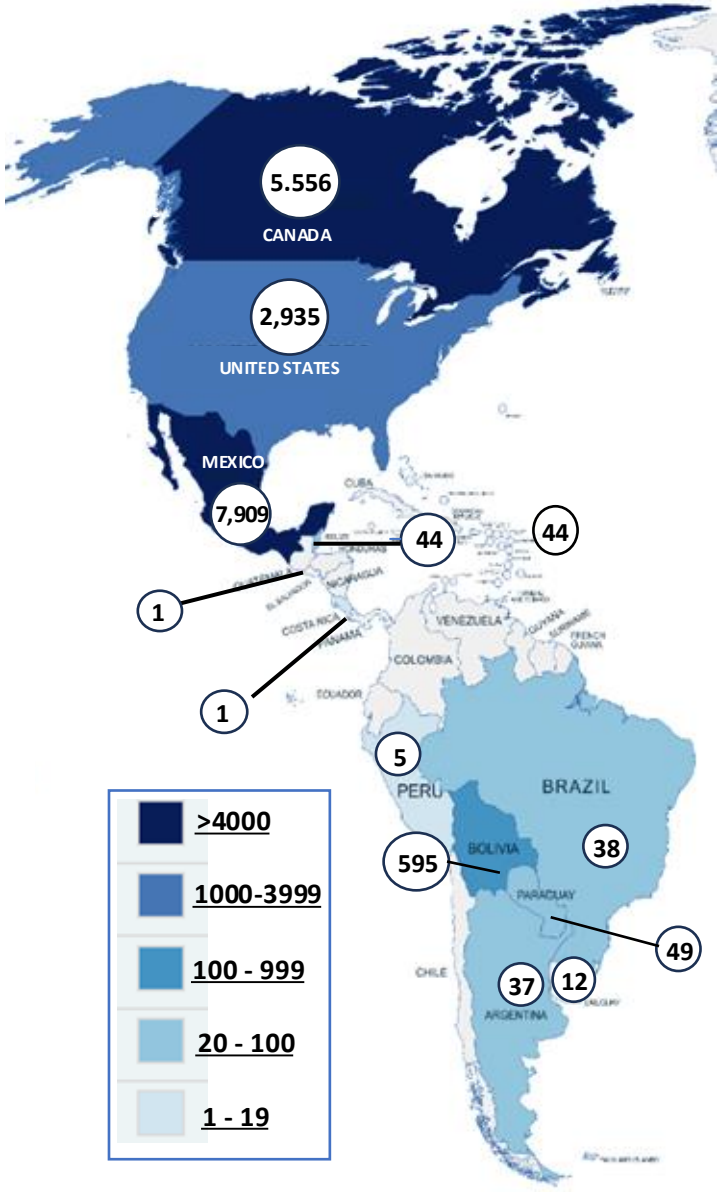
RESOURCES FOR EMS PROVIDERS
- GUIDANCE FOR SUSPECTED MEASLES PATIENT
- NYSDOH POLICY STATEMENT

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 4 of 2026, a total of **17,226 measles cases** were confirmed in the Region of the Americas, including **31 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 = 5,556, including 2 deaths), **Costa Rica** (n = 1), **Guatemala** (n = 1), **Mexico** (n = 7,909, including 26 deaths), **Paraguay** (n = 49), Peru (n = 5), **the United States of America** (n = 2,935, 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.

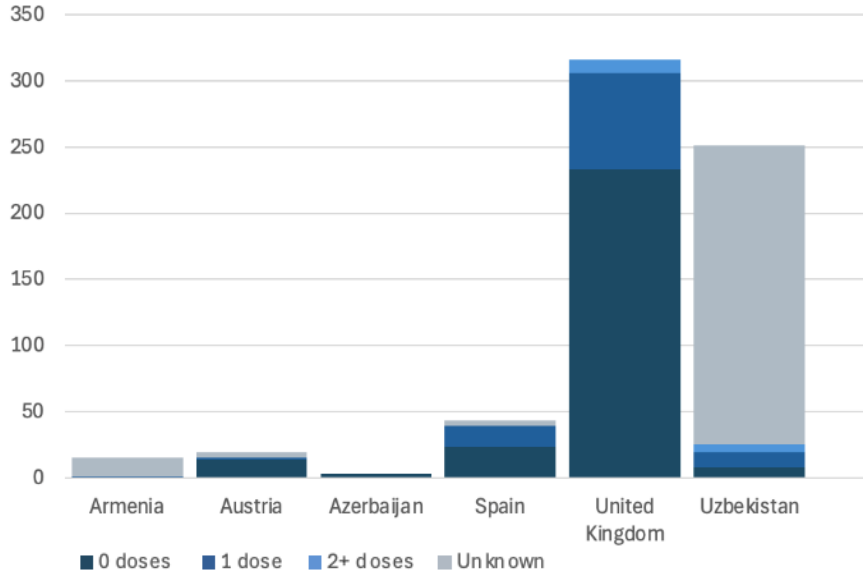
REGIONAL ELIMINATION STATUS

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.

MEASLES – GLOBAL IMPLICATIONS - EUROPE

Member State	CASES 2025	2024	2023
Armenia	44	558	555
Austria	135	557	118
Azerbaijan	10	16690	13728
Spain	418	241	13
United Kingdom	931	2924	231
Uzbekistan	927	1459	1191
Totals	2465	22429	15836

VACCINATION RATES OF CASES UNDER 5 (2025)



ELIMINATION STATUS:

On **Monday, 23 January 2026**, the **World Health Organization (WHO)** announced that **six Member States in the European Region** had **lost their measles elimination status.** The move was based on the spread of cases in 2024, which demonstrated renewed endemic transmission. The affected countries are **Armenia, Austria, Azerbaijan, Spain, the United Kingdom, and Uzbekistan**.

BACKGROUND

According to the European Regional Verification Commission for Measles and Rubella Elimination (RVC), 11% of WHO European Region Member States (6 countries) have now re-established **endemic measles transmission**, resulting in the formal withdrawal of elimination status.

These findings are particularly concerning given that several of the affected countries previously maintained **strong routine immunization programs**. The RVC highlighted **delays in outbreak detection**, **gaps in timely public health responses, and insufficient scale-up of vaccination** as key factors enabling sustained transmission.

VACCINATION STATUS

Across the six countries, the majority of laboratory-confirmed measles cases occurred among individuals **who were unvaccinated** or had **unknown vaccination status**. The proportion of such cases is as follows:

- Armenia – 14/15 (93.33%)
- Austria – 18/19 (94.74%)
- Azerbaijan – 3/3 (100%)
- Spain – 27/43 (62.79%)
- United Kingdom – 233/316 (73%)
- Uzbekistan – 226/234 (93.23%)

SOURCE: MEASLES/RUBELLA (MR) DASHBOARD - WHO EUROPEAN REGION, MEDICAL NEWS TODAY, BBC

UNITED STATES

ARIZONA: Three cases of measles have been confirmed among federal immigration detainees in Arizona, according to health officials. The Pinal County Public Health Services District on Jan. 16 reported its first measles case in a decade and has since confirmed two more. All three cases involve individuals in federal custody.

CALIFORNIA: California has reported isolated cases of measles across multiple counties, including Shasta, Los Angeles, Orange, and San Mateo. in 2026.

- The Orange County Health Care Agency (HCA) received notification from the California Department of Public Health (CDPH) and the Los Angeles Department of Public Health (LADPH) of a confirmed measles case in an international traveler who arrived at Los Angeles International Airport (LAX) and visited Orange County (OC) and visited Disneyland while infected. It also received confirmation of a measles case in a toddler.
- In **Los Angeles**, on 31 January, a person who tested positive for measles had recently traveled outside the country.
- On Saturday, 31 January, the first confirmed measles case in a **Shasta County** resident since April 2019 was reported
- On 21, January, **Napa** County Health officials announced that a child had been diagnosed with measles in the county's first case in nearly 15 years.
- **San Mateo County** confirmed its second 2026 case of measles in a county resident on Wednesday, 21 January, after previously detecting an earlier case — the first measles detection in the state this year— on Jan. 8. Both cases were adults who recently traveled outside the country.

FLORIDA: 9 cases of measles have been confirmed in Florida, including one each in Hillsborough, St Johns, and Manatee counties. The Hillsborough case involved a person aged 20 to 24. The Manatee case was acquired outside the United States. It's not known if they are connected or if any of those infected are higher-education students. In Duval County, 1 pediatric case, 1 case between 5-9, and 1 case between 10-14 have been identified. As of 01/30/26, Ave Maria University officials have confirmed at least 2 cases on the university's campus in Collier County.

KENTUCKY: Four cases of measles have been confirmed in Kentucky, all of which are in Jessamine County. These are two additional cases from the first two reported on January 20, 2026.

MINNESOTA: The first reported case this year in Minnesota came from exposure within the United States, according to the state's Department of Health. The exact location and date where the case was reported is unknown.

SOUTH DAKOTA: South Dakota has reported its first confirmed measles cases following the January 15 incident in Milbank. That child was among a family of 4, bringing the total measles count in 2026 to five. State Epidemiologist Dr. Josh Clayton with the South Dakota Department of Health told Dakota News Now that the child and their family were traveling back from Canada.

TEXAS: Two people detained at the South Texas Family Residential Center in Dilley, TX, have "active measles infections. The Texas Department of State Health Services confirmed the measles cases on Saturday, 31 January 2026.

WASHINGTON: An online tool by the Washington State Department of Health (DOH) helps people track measles exposures across the state. This map aggregates data from local health departments into a user-friendly platform and shows 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.

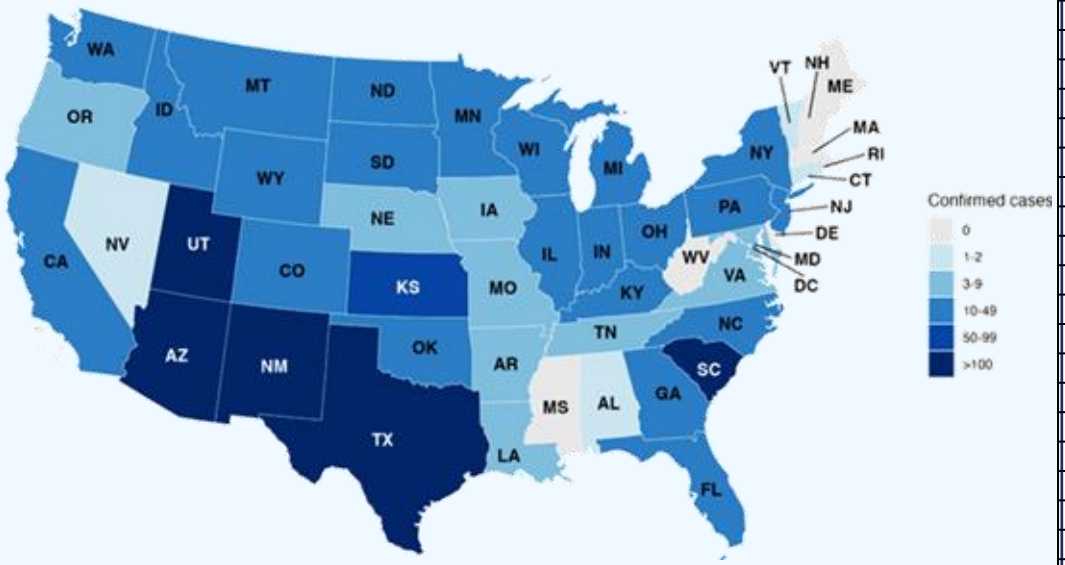
WISCONSIN: Wisconsin's first case was reported last week in Waukesha County in the state's southeast corner, the state's Department of Health Services reports.

MEASLES CASES – AS OF 1 FEBRUARY 2026

2026 CASES
660 CONFIRMED CASES

2025 CASES
2273 CONFIRMED + 4 PROBABLE CASES AND 3 DEATHS

2025 - 2026 CASES
2,933 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	147	849	524	325		
UTAH	21	240	45	195		
ARIZONA	10	244	24	220		
NORTH CAROLINA	1	15	13	2		
FLORIDA	3	17	9	8		
WASHINGTON	2	20	8	12		
IDAHO	5	21	7	14		
CALIFORNIA	4	31	6	25		
OREGON	2	6	5	1		
SOUTH DAKOTA	5	21	5	16		
KENTUCKY	2	17	4	13		
OHIO	0	48	3	45		
VIRGINIA	0	9	3	6		
TEXAS	2	803	2	803		2
GEORGIA	0	11	1	10		
MINNESOTA	0	27	1	26		
NEBRASKA	1	6	1	5		
WISCONSIN	1	37	1	36		
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		
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		
TENNESSEE	0	8	0	8		
VERMONT	0	2	0	2		
WYOMING	0	15	0	15		
TOTALS	206	2,935	662	2273	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

Total: 2,273

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

2026

Total: 662

AGES
27% - Under 5
58% - 5-19 years of age
11% - 20+ years of age
22% - Unknown

94% of all cases were unvaccinated or had unknown vaccination status, **3%** had 1 MMR dose, and **4%** had 2 MMR doses.

3% of all cases required hospitalization
- 5% - Under 5
- 1% - 5-19 years of age
- 6% - 20+ years of age

UNITED STATES – SOUTH CAROLINA OUTBREAK (2025-2026)

BACKGROUND:

BACKGROUND

In July 2025, two measles cases were confirmed in South Carolina, followed by one additional case in September. All three were travel-associated, and no epidemiological link was identified between the July and September cases.

The current outbreak began on **1 October 2025**, with initial cases reported in the Upstate region, particularly **Spartanburg County**. What started as a small cluster of linked cases rapidly evolved into sustained community transmission across northwest South Carolina, including **Spartanburg, Greenville, and—more recently—Anderson and Cherokee counties**.

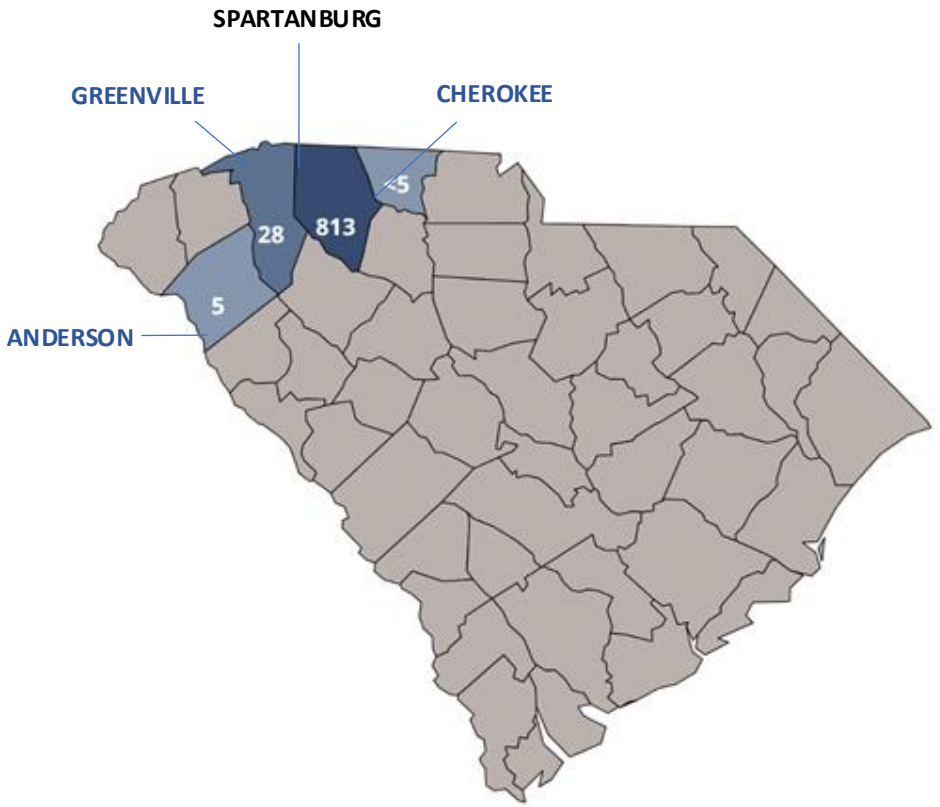
WHY IS IT SPREADING?

- **Low vaccination coverage:** Measles herd immunity requires approximately **95% MMR coverage**. Immunization rates in some school and community settings in Upstate South Carolina fall below this threshold, creating pockets of susceptibility.
- **Highly contagious virus:** Measles is among the most infectious pathogens known. It can remain airborne for up to two hours and is transmissible before symptom onset, accelerating spread in under-immunized communities.
- **Community exposure settings:** Transmission has occurred in public spaces, schools, and shared facilities, allowing the virus to extend beyond initial clusters.

CURRENT SITUATION

During the past week, the South Carolina Department of Public Health (DPH) confirmed **89 new cases on Tuesday, 27 January 2026**, and **58 additional cases on Friday, 31 January 2026**. This brings the total outbreak count—first reported in October 2025—to **847 confirmed cases**.

CASES BY COUNTY



The South Carolina outbreak has now surpassed the Texas outbreak, which began just over a year ago. While measles cases in Texas accumulated over approximately **seven months**, South Carolina exceeded that case count in **just 16 weeks**, reflecting a markedly faster transmission trajectory.

UNITED STATES – SOUTH CAROLINA OUTBREAK (2025-2026)

SOUTH CAROLINA		
CASES: 847 (+147) +2 Cases in 2025 not associated with the outbreak.	HOSPITALIZATIONS: 19	DEATHS: 0

AGES:

- < 5: 219
- 5-11: 381
- 12-17: 159
- 18-29: 39
- 30-49: 27
- 50+: 5
- Unknown: 17

VACCINATION STATUS:

- 760 unvaccinated
- 15 partially vaccinated
- 20 vaccinated
- 52 unknown

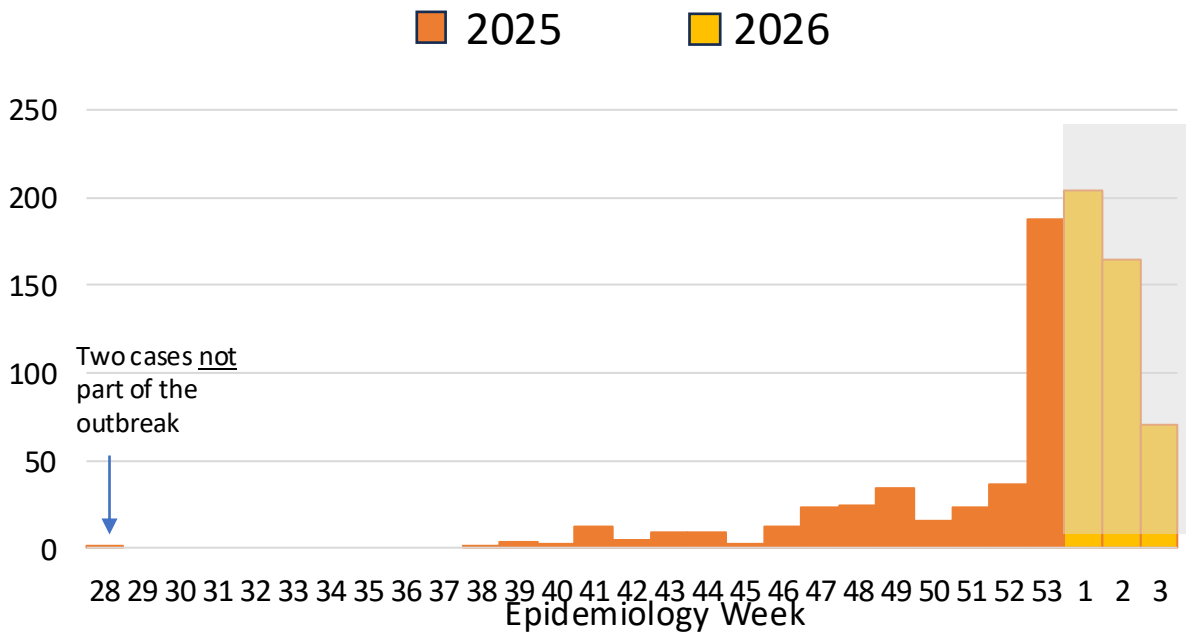
COMMUNITY TRANSMISSION: ONGOING

- 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.

- South Carolina's vaccination rate for kindergarteners has decreased in the past 5 years, with many current cases being children under 5.

- There are currently 443 people in quarantine and 20 in isolation. The latest end of quarantine for these is 24 February 2026..

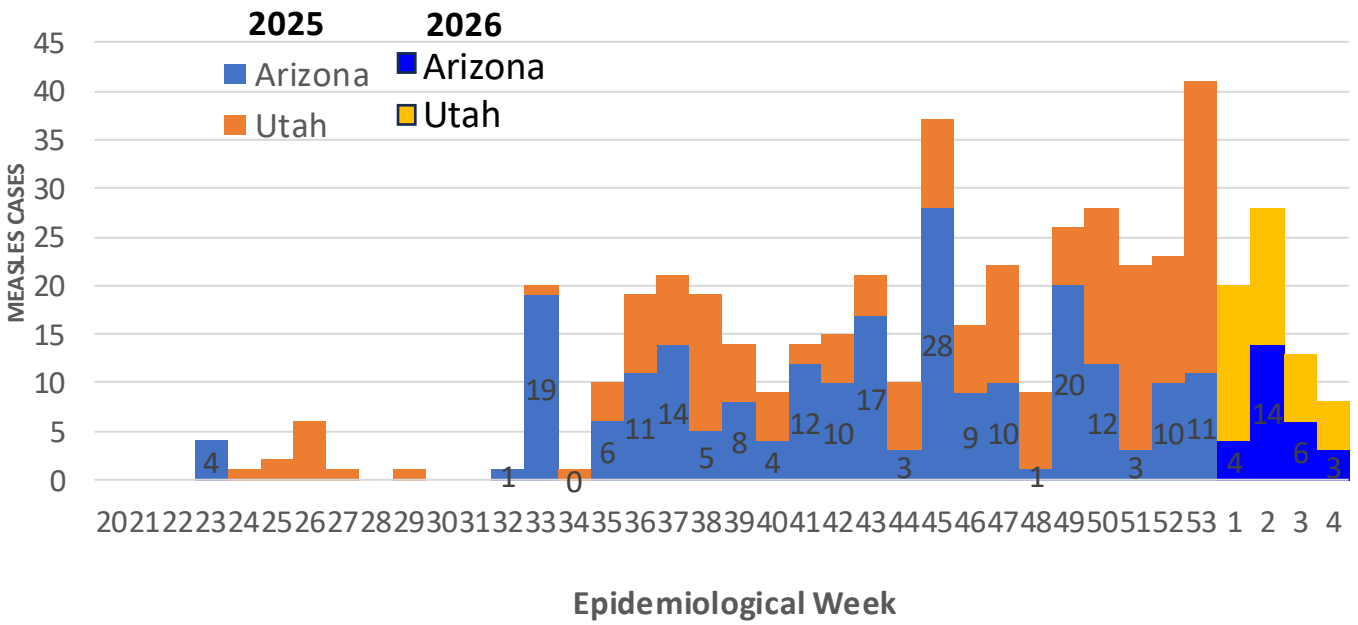
EPI CURVE FOR MEASLES CASES IN SOUTH CAROLINA, 2025 -2026



UNITED STATES – ARIZONA AND UTAH OUTBREAK

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.



The outbreak originated in communities in the "Shore Creek" area on the border of **Hildale, Utah** and **Colorado City, Arizona**, where residents often move between cities and vaccination rates are historically low. These communities prefer home remedies over hospital treatment for measles, likely leading to underreporting and initial movement of the outbreak.

Utah saw cases in May and June of 2025, with a large increase following an outbreak event in August. When schools opened in August and September, school-age children became the primary age group for active measles cases. Measles' jump across state lines became apparent in August 2025 when cases appeared in Colorado City, Arizona.

The Utah Department of Health and Human Services leaned heavily into wastewater surveillance for measles detection across the state.

A measles outbreak in northern **Arizona** is linked to cases in **Utah** since August 2025. The outbreak is concentrated in communities with low vaccination rates, with most cases among unvaccinated school-age children. As of 2/1/2026, at least **481 people have been infected.** In Arizona, 3 cases of measles have been confirmed among immigration detainees, the only cases currently reported in Pinal County.

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 a 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 – ARIZONA (2025-2026)

ARIZONA OUTBREAK (2025-2026)

CASES: 231(+9) +13 CASES NOT ASSOCIATED WITH THE OUTBREAK	HOSPITALIZATIONS: 12 (5.2%)	DEATHS: 0

AGES:

- <18: 155 (67%)
- 18+: 76 (33%)

VACCINATION STATUS:

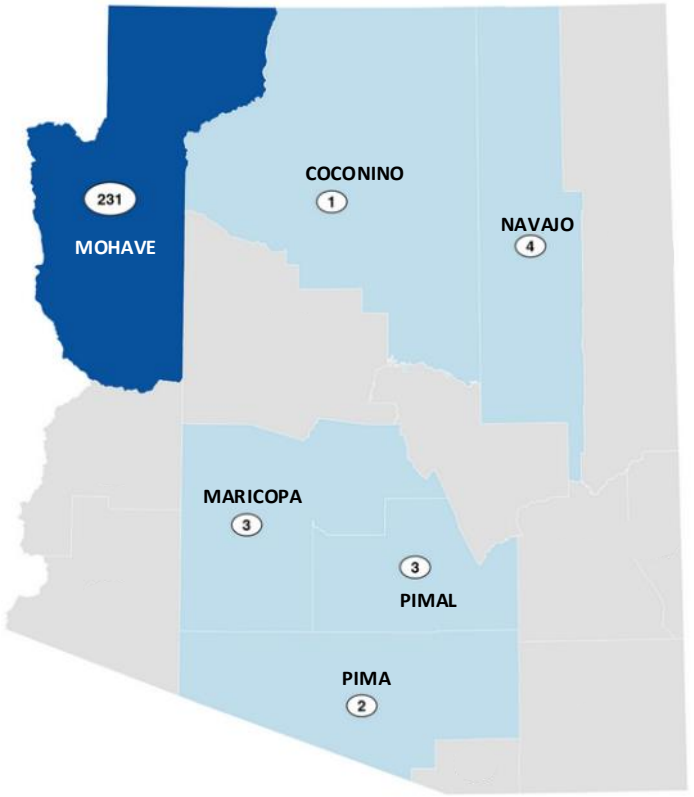
- Unvaccinated: 224 (97%)
- Vaccinated: 7 (3%)

OUTBREAK OVERVIEWS:

- The measles outbreak in Mohave County began in early August 2025 in Colorado City. Ongoing contact between closely connected communities across the Utah–Arizona border facilitated spread; Utah public health officials have confirmed that the Utah and Arizona outbreaks are epidemiologically linked. Sustained community transmission is occurring.

- On 16 January 2026, the Pinal County Public Health Services District reported its first measles case in a decade. Since that time, two additional cases have been confirmed, all involving individuals in federal custody at the Florence Detention Center in Pinal County

- On 23 January 2026, Maricopa County declared a measles outbreak, citing confirmation of community transmission, indicating spread beyond institutional settings.



MEASLES CASES BY COUNTY JURISDICTION

Jurisdiction of Cases	2025	2026
Apache	0	0
Cochise	0	0
Coconino	1	0
Gila	0	0
Graham	0	0
Greenlee	0	0
La Paz	0	0
Maricopa	0	3
Mohave	214	17
Navajo	4	0
Pima	1	1
Pinal	0	3
Santa Cruz	0	0
Yavapai	0	0
Yuma	0	0
Totals	220	24

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.

- Due to the ongoing outbreak and to provide additional surveillance, ADHS is currently testing wastewater for measles at select sites. This data is provided to county health departments who determine if public health action is warranted.

UNITED STATES –UTAH

UTAH OUTBREAK (2025-2026)

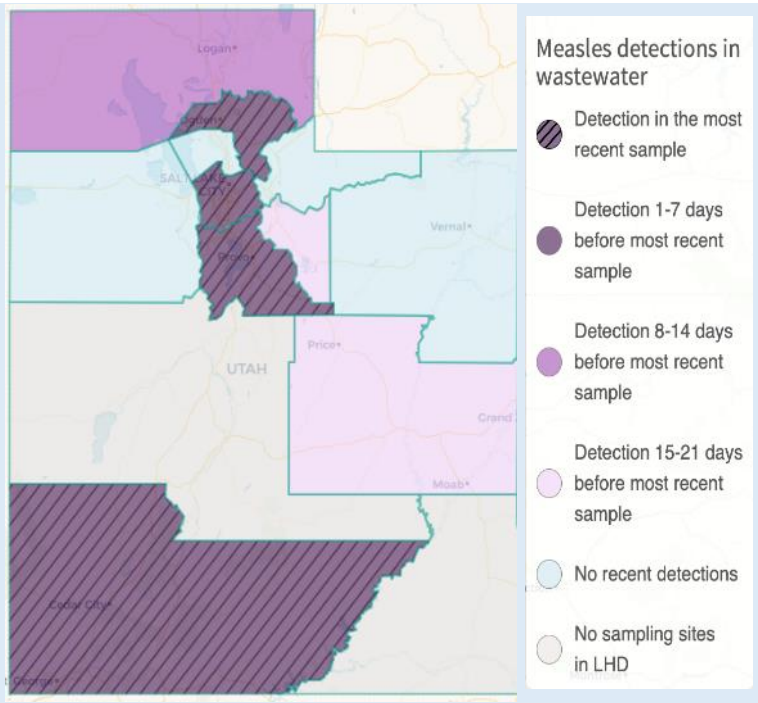
237 CASES: ASSOCIATED WITH THE OUTBREAK	HOSPITALIZATIONS: 21 (8.86%)	DEATHS: 0

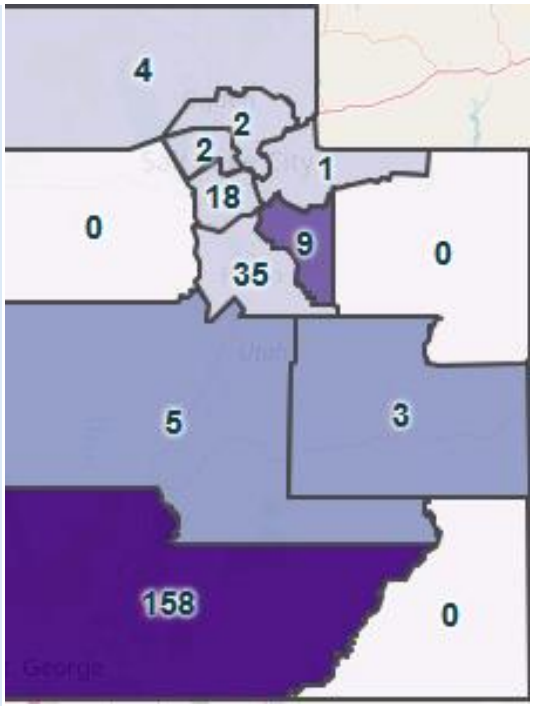
OUTBREAK OVERVIEW: After sporadic cases in late May and June, the outbreak in Utah accelerated following a large gathering in mid-August. In early September, subsequent exposure events included a healthcare facility, a fast-food restaurant, and schools. Most cases are in school-aged children; however, 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.

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.





AGES:

<18 years = 145
18+ years = 92

VACCINATION STATUS:

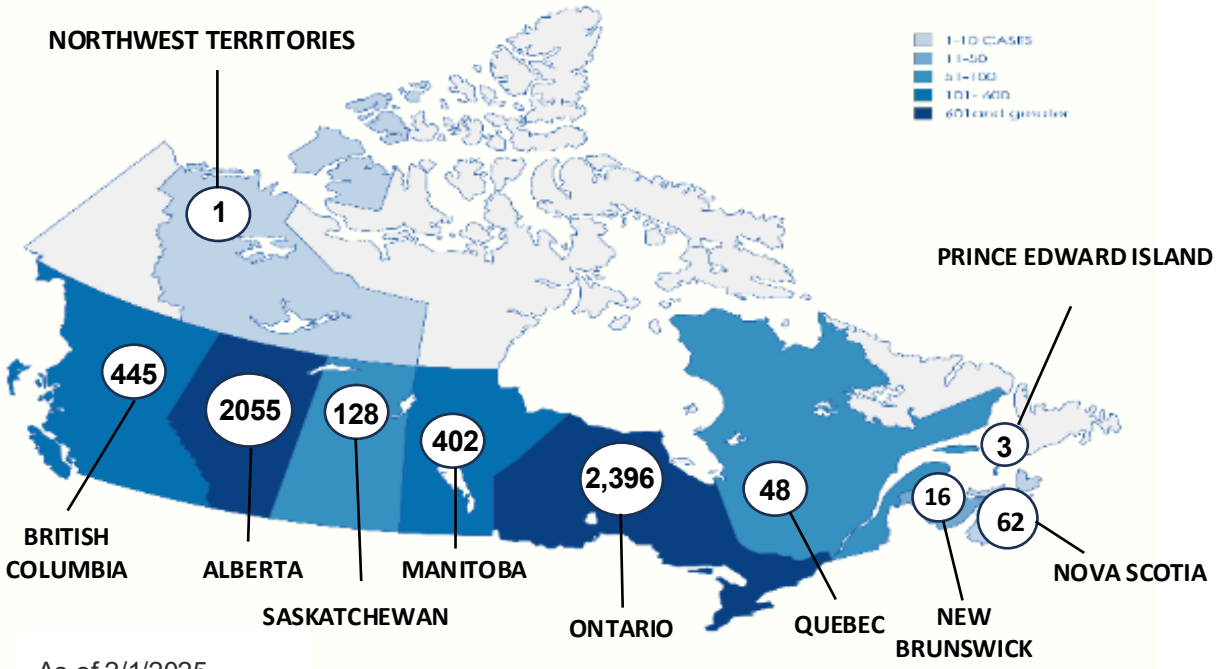
- Unvaccinated: 211 (89%)
- Vaccinated: 18 (7.6%)
- Unknown: 8 (3.4%)

SOURCE: Utah Department of Health and Human

CANADA – CURRENT SITUATION (2025 – 2026)

PROVINCE	2025 CASES CONFIRMED	2025 CASES PROBABLE	2025	2026 CASES CONFIRMED	2026 CASES PROBABLE	2026	2025-2026 TOTAL CASES 2025-2026
ALBERTA	2014	0	2,014	41	0	41	2,055
BRITISH COLUMBIA	400	25	425	18	2	20	445
MANITOBA	327	29	356	43	3	46	402
NEW BRUNSWICK	16	0	16	0	0	0	16
NORTHWEST TERRITORIES	1	0	1	0	0	0	1
NOVA SCOTIA	49	13	62	0	0	0	62
ONTARIO[1]	2,081	315	2,396	0	0	0	2,396
PRINCE EDWARD ISLAND	3	0	3	0	0	0	3
QUEBEC	45	0	45	3	0	3	48
SASKATCHEWAN	126	0	126	2	0	0	128
TOTALS	5062	382	5,444	107	5	9	5,556

1. Ontario numbers now reflect January 1, 2025 – January 8, 2026.



As of 2/1/2025

5,556 Cases (5,169 Confirmed and 387 Probable)

In 2025, 5,444 cases were reported.

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.

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	2,055 (+6)	165 (16 ICU) (0 Currently Hospitalized)	1

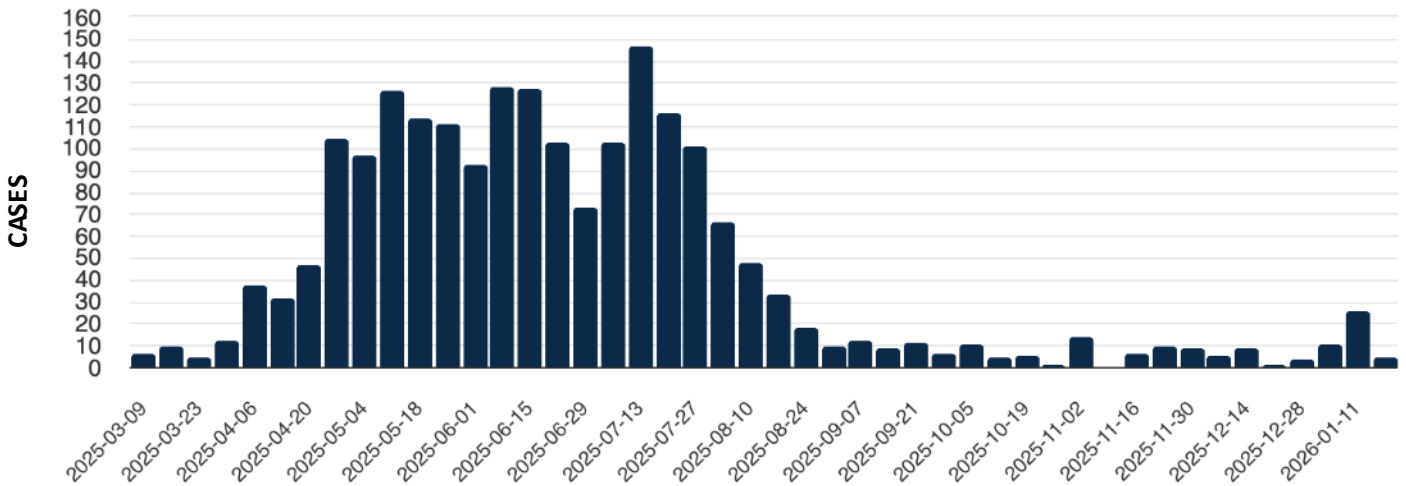
IMMUNIZATION STATUS	COUNT
Unimmunized	1,841
1 dose	54
2 or more doses	78
Unknown	82

AGE RANGE	NUMBERS
<5 years	596
5 to 17 years	910
18 to 54 years	540
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 – 1/24/2026



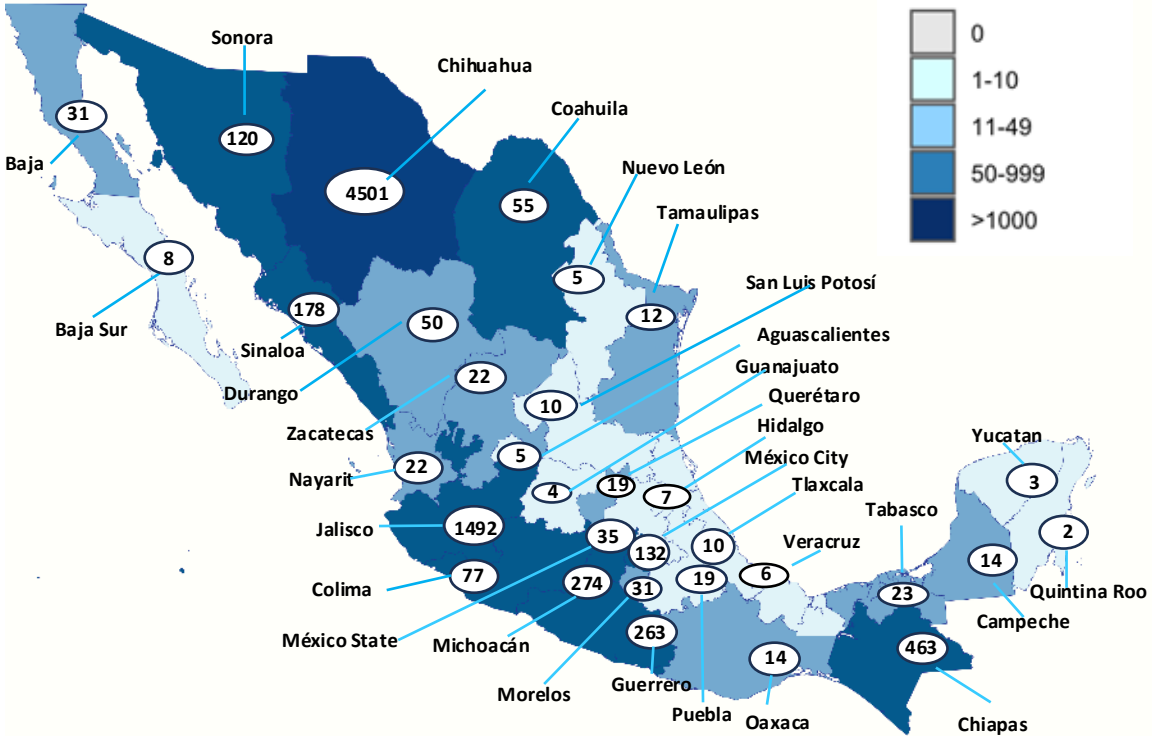
ALBERTA DASHBOARD
CA MEASLES AND RUBELLA WEEKLY

MEXICO - CURRENT SITUATION (2025 – 2026)

Data as of 1/30/2026

2025			2026			2025-2026
STATE	CASES		STATE	CASES		TOTAL CONFIRMED CASES 2025-2026
	CONFIRMED	PROBABLE		CONFIRMED	PROBABLE	
CHIHUAHUA	4493	6239	CHIHUAHUA	8	31	4501
JALISCO	663	1839	JALISCO	829	1,636	1492
CHIAPAS	247	552	CHIAPAS	216	900	463
MICHOACÁN	246	617	MICHOACÁN	28	83	274
GUERRERO	243	429	GUERRERO	20	43	263
SINALOA	90	226	SINALOA	88	139	178
SONORA	113	332	SONORA	7	26	120
CIUDAD DE MÉXICO	46	980	CIUDAD DE MÉXICO	86	265	132
COLIMA	32	85	COLIMA	45	83	77
COAHUILA	55	305	COAHUILA	0	7	55
DURANGO	40	295	DURANGO	10	30	50
MORELOS	25	252	MORELOS	6	29	31
BAJA CALIFORNIA	21	254	BAJA CALIFORNIA	10	136	31
MÉXICO	12	611	MÉXICO	23	117	35
ZACATECAS	22	163	ZACATECAS	0	12	22
NAYARIT	6	100	NAYARIT	16	29	22
CAMPECHE	14	99	CAMPECHE	0	1	14
QUERÉTARO	12	163	QUERÉTARO	7	25	19
TABASCO	4	91	TABASCO	19	103	23
TAMAULIPAS	12	130	TAMAULIPAS	0	15	12
OAXACA	6	91	OAXACA	8	16	14
SAN LUIS POTOSÍ	7	147	SAN LUIS POTOSÍ	3	16	10
BAJA CALIFORNIA SUR	8	68	BAJA CALIFORNIA SUR	0	3	8
HIDALGO	1	118	HIDALGO	6	41	7
AGUASCALIENTES	2	150	AGUASCALIENTES	5	35	7
GUANAJUATO	4	543	GUANAJUATO	0	30	4
PUEBLA	0	123	PUEBLA	19	117	19
TLAXCALA	0	43	TLAXCALA	10	31	10
YUCATÁN	2	67	YUCATÁN	1	13	3
QUINTANA ROO	2	76	QUINTANA ROO	0	16	2
NUEVO LEÓN	2	297	NUEVO LEÓN	3	42	5
VERACRUZ	0	261	VERACRUZ	6	88	6
TOTAL	6430	15743	TOTAL	1479	4158	7909

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



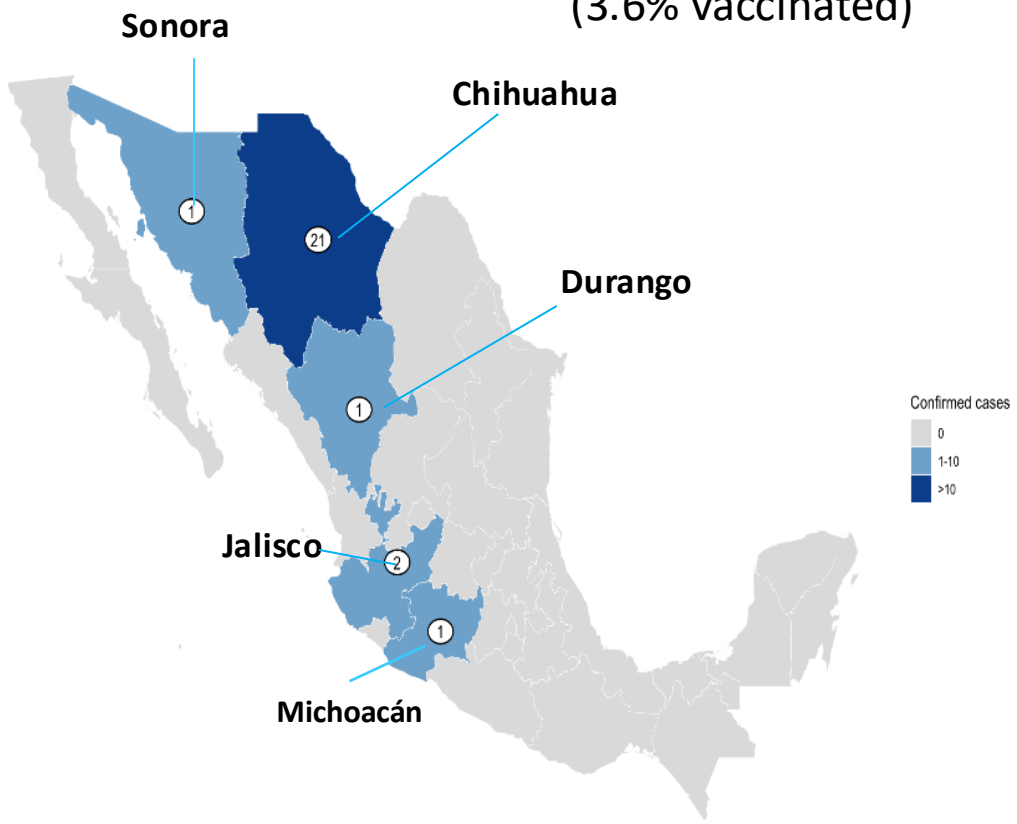
7,909 CONFIRMED CASES, 26 DEATHS

SOURCE: DAILY REPORT

MEXICO - DEATHS (2025-2026)

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	11 months	Female	Malnutrition	11/10/2025
	Valle de Juárez	2 months	Male	None	19/12/2025
Michoacán	Coalcomán de Vázquez Pallares	64 years	Male	None	19/01/2026

DEATHS: 26
(3.6% vaccinated)



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.

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

Emily Locke (TA)

Shoa Moosavi (Advisor)

US DESK
Emma Chapman Banks
Kyle Abraham
Sam Radar (South Carolina)
Allison Traiger (Arizona and Utah)

Lianna Baatz
Amy Guan
Ted Colavecchio
Nicki Bajaj
Aquielle Person
Jane Fotna
Eunice Osei-Mensah
Shivani Saluja
Yiwei Bin

CANADA DESK
Shannon Lee
Sasha Yeskel (Alberta)

Sophia Halepas
Kavya Raju

MEXICO DESK AND MAPS
Liddy Boland

Olivia McCarthy
Tania de Jesus Espinosa

THE AMERICAS AND COPY EDITOR
Kaitlyn Flores

SPOTLIGHT TOPICS
Emma Chapman Banks