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

MEASLES – THE AMERICAS 2025 - 2026

MORBIDITY AND MORTALITY*

COUNTRY	CONFIRMED CASES 2026	DEATHS 2026	CONFIRMED CASES 2025	DEATHS 2025	2025-2026
NORTH AMERICA – 3 ACTIVE OUTBREAKS					
US	952 (+149)	0	2,278	3	3,230
CANADA[1,2,3,]	195 (+23)	0	5,450	2	5,645
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					
MEXICO	3,046 (+1,019)	2	6,432	28	9,478
CENTRAL AMERICA – NO ACTIVE OUTBREAKS					
BELIZE	0	0	44	0	44
COSTA RICA	0	0	1	0	1
EL SALVADOR	0	0	1	0	1
GUATEMALA	41	0	1	0	42
SOUTH AMERICA – 2 ACTIVE OUTBREAKS					
ARGENTINA	0	0	36	0	36
BOLIVIA	10	0	597	0	607
BRAZIL	0	0	38	0	38
CHILE	1	0	0	0	1
PARAGUAY	0	0	49	0	49
PERU	0	0	5	0	5
URUGUAY	1	0	13	0	14
THE CARIBBEAN					
THE CARIBBEAN	0	0	44	0	44
TOTAL	4246	2	14,989	33	19,235

Yale SCHOOL OF PUBLIC HEALTH

2/15/2026
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
ARIZONA
ARIZONA DEPARTMENT OF HEALTH SERVICES
FLORIDA
FLORIDA DEPARTMENT OF HEALTH
SOUTH CAROLINA
SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH
TEXAS
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
SOUTH CENTRAL TEXAS
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

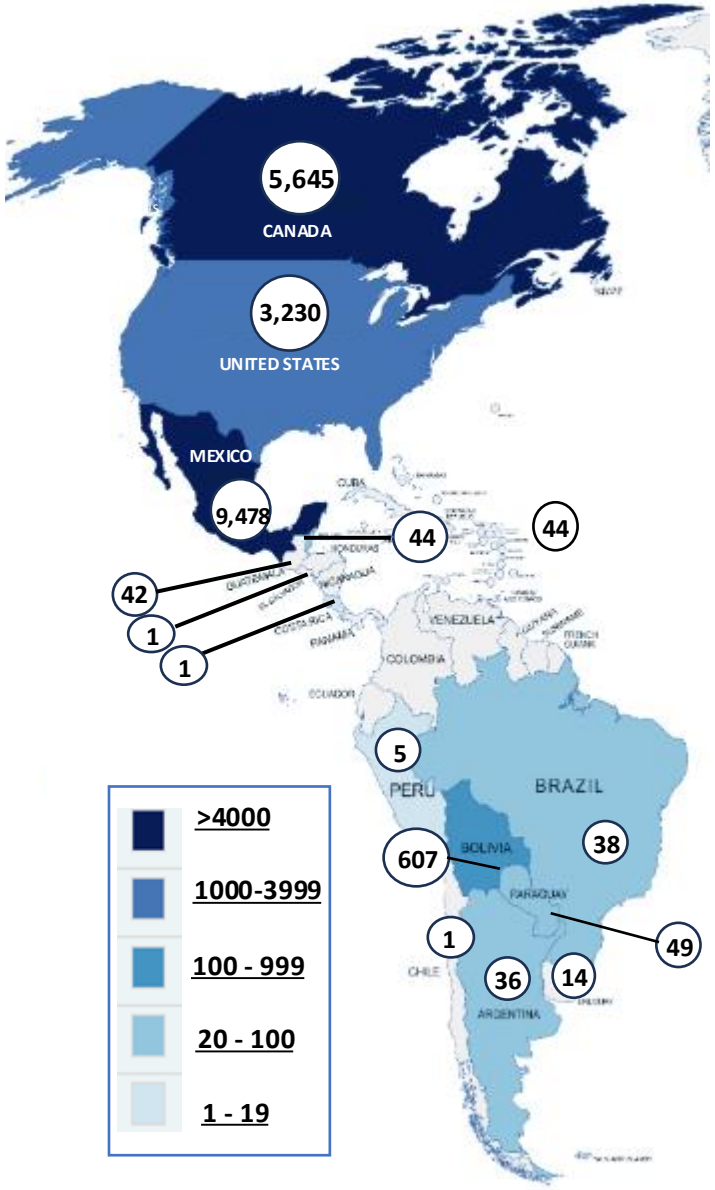
PORTALS, BLOGS, AND RESOURCES
- CIDRAP
- CORI
- FORCE OF INFECTION
- IVAC
- KAISER HEALTH NEWS
- MEDPAGE TODAY
- NY STATE GLOBAL HEALTH UPDATE
- POPHIVE
- THE PANDEMIC CENTER TRACKING REPORT
- YOUR LOCAL EPIDEMIOLOGIST

BACKGROUND (2025 – 2026)

TYPE OF PUBLIC HEALTH EMERGENCY: LARGE MULTINATIONAL MEASLES OUTBREAK

Between epidemiological weeks (EW) 1 and 53 of 2025, and EW 6 of 2026, a total of **19,235 measles cases** were confirmed in the Region of the Americas, including **35 deaths**. Cases were reported across **14** countries and the Caribbean:

Argentina (n = 36), **Belize** (n = 44), the Plurinational State of **Bolivia** (n = 607), **Brazil** (n = 38), **Canada** (n = 5,645, including 2 deaths), **Chile** (1), **Costa Rica** (n = 1), **El Salvador** (n-1)**Guatemala** (n = 42), **Mexico** (n = **9,478**, including 30 deaths), **Paraguay** (n = 49), **Peru** (n = 5), the **United States of America** (n = 3,230, including 3 deaths), **Uruguay** (n = 14), 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.

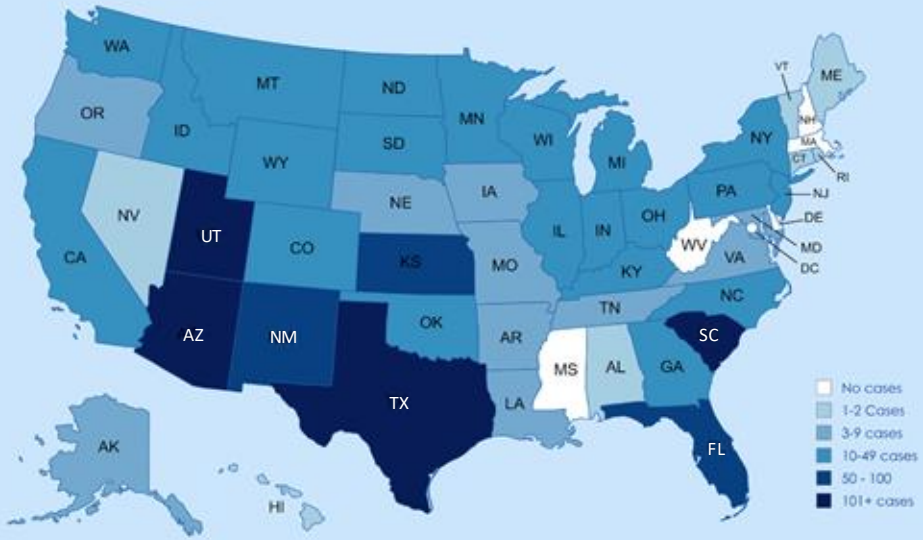
PAHO has scheduled an April 13, 2026, review of both the U.S. and Mexico's outbreak data to determine whether the United States and Mexico will lose their elimination status. While elimination status carries no direct regulatory or clinical consequences, its loss is a sentinel indicator of declining population immunity, weakened outbreak control capacity, and increased vulnerability to preventable morbidity and mortality.

MEASLES CASES – AS OF 15 FEBRUARY 2026

2026 CASES
952 CONFIRMED CASES

2025 CASES
2278 CONFIRMED + 4 PROBABLE CASES AND 3 DEATHS

2025 - 2026 CASES
3,230 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	30	952	622	330		
UTAH	32	283	88	195		
FLORIDA	44	86	78	8		
ARIZONA	9	263	43	220		
WASHINGTON	5	36	24	12		
NORTH CAROLINA	4	21	19	2		
CALIFORNIA	8	42	17	25		
PENNSYLVANIA	2	24	8	16		
IDAHO	0	21	7	14		
VIRGINIA	1	13	7	6		
TEXAS	5	810	7	803		2
SOUTH DAKOTA	0	22	6	16		
OREGON	0	6	5	1		
KENTUCKY	0	17	4	13		
OHIO	0	48	3	45		
NORTH DAKOTA	2	39	3	36		
WISCONSIN	0	38	2	36		
MINNESOTA	1	28	2	26		
COLORADO	1	36	1	35	1	
GEORGIA	0	11	1	10		
MAINE	0	1	1	0		
NEBRASKA	0	6	1	5		
NEW YORK	1	49	1	48		
OKLAHOMA	0	18	1	17	3	
VERMONT	1	3	1	2		
ALABAMA		1	0	1		
ALASKA		4	0	4		
ARKANSAS		8	0	8		
CONNECTICUT		1	0	1		
HAWAII		2	0	2		
ILLINOIS		14	0	14		
INDIANA		11	0	11		
IOWA		9	0	9		
KANSAS		91	0	91		
LOUISIANA		3	0	3		
MARYLAND		3	0	3		
MICHIGAN		30	0	30		
MISSOURI		7	0	7		
MONTANA		36	0	36		
NEVADA		2	0	2		
NEW JERSEY		11	0	11		
NEW MEXICO		100	0	100		1
RHODE ISLAND		1	0	1		
TENNESSEE		8	0	8		
WYOMING		15	0	15		
TOTALS	146	3230	952	2278	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.

2026

Total: 952

AGES
25% - Under 5
58% - 5-19 years of age
15% - 20+ years of age
2% - Unknown

95% of all cases were unvaccinated or had unknown vaccination status, **2%** had 1 MMR dose, and **3%** had 2 MMR doses.

3% of all cases required hospitalization
- 6% - Under 5
- 2% - 5-19 years of age
- 5% - 20+ years of age
- 5% - Unknown

2025

Total: 2,278

AGES
26% - Under 5
44% - 5-19 years of age
29% - 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

UNITED STATES

CALIFORNIA: The California Department of Public Health issued a health alert warning residents of the ongoing transmission as cases emerge across multiple counties. Eight of those cases are part of a related outbreak in Shasta County, according to the department, making it the largest cluster identified so far. All individuals involved were either unvaccinated or had an unknown vaccination history. As of Feb. 9, confirmed cases have also been reported in Los Angeles, Orange, San Bernardino, and Riverside counties. Public health officials are also investigating additional suspected cases.

COLORADO: As of February 9, Colorado has reported its first confirmed measles case. The case was identified in Arapahoe County in an unvaccinated individual. Public health authorities are conducting contact tracing and implementing preventive measures to reduce the risk of further spread.

NEW YORK: On February 12, 2026, a case was reported in New York City, the state's first in 2026. The patient is an infant who recently returned from overseas travel. The city's health commissioner, Dr. Michelle Morse, said the child had not been vaccinated.

NORTH DAKOTA: The North Dakota Department of Health and Human Services (HHS) is reporting one confirmed case of measles in Pembina County. This is the second measles case reported in North Dakota in 2026 and the first from Pembina County. The individual was unvaccinated and likely acquired the infection within the state. HHS is continuing its investigation to determine the source of exposure, as the individual reported no recent out-of-state or international travel. This case is not linked to the previously reported case in Williams County. HHS, in coordination with Pembina County Public Health, is identifying and notifying individuals who may have been exposed.

PENNSYLVANIA: Two new cases of measles have been identified in Montgomery County, and one new case in Lancaster County, the state Department of Health reported. The two individuals in Montgomery County were aware of their exposure and had been quarantining at home prior to receiving their diagnoses. Last week, the state also reported that an out-of-state resident visiting Montgomery County was diagnosed with measles.

TEXAS: On February 13, 2026, the Rockwall County Health Authority alerted residents to 2 newly confirmed measles cases, bringing the county's **total to 5.** The first case was reported on February 5, 2026. The additional cases involve family members of the initial confirmed case who reside in the same household and are all unvaccinated. Texas Department of State Health Services (DSHS) issued a public health update warning of a measles **outbreak in Central Texas** after identifying cases in unvaccinated residents of **Kendall and Bandera counties**. The initial case was linked to out-of-state travel. In January, two measles cases were reported at the South Texas Family Residential Center in Dilley, Texas.

VERMONT: The Vermont Department of Health has confirmed a case of measles in an adult in Washington County who became sick after recent international travel. Investigation and response are ongoing, and the case does not pose a current risk to the public. The measles case is the first confirmed in Vermont in 2026, following two cases in 2025 and two in 2024. Confirmation of the case follows the detection of the measles virus in wastewater last week.

WASHINGTON: Washington State has reported five additional confirmed cases, bringing the total number of confirmed cases to 24. Case distribution by county is as follows: Snohomish County (12 cases), Clark County (8 cases), Stevens County (3 cases), and Kittitas County (1 case). Local and state health departments continue surveillance and response efforts to control transmission.

UNITED STATES – WASTEWATER SURVEILLANCE

According to CDC wastewater surveillance data as of February 7, measles viral material has been detected in wastewater samples in several jurisdictions. Wastewater surveillance serves as an early indicator of potential community transmission and does not necessarily indicate confirmed clinical cases but may precede case identification.

Detected locations include:

CONNECTICUT: Fairfield County

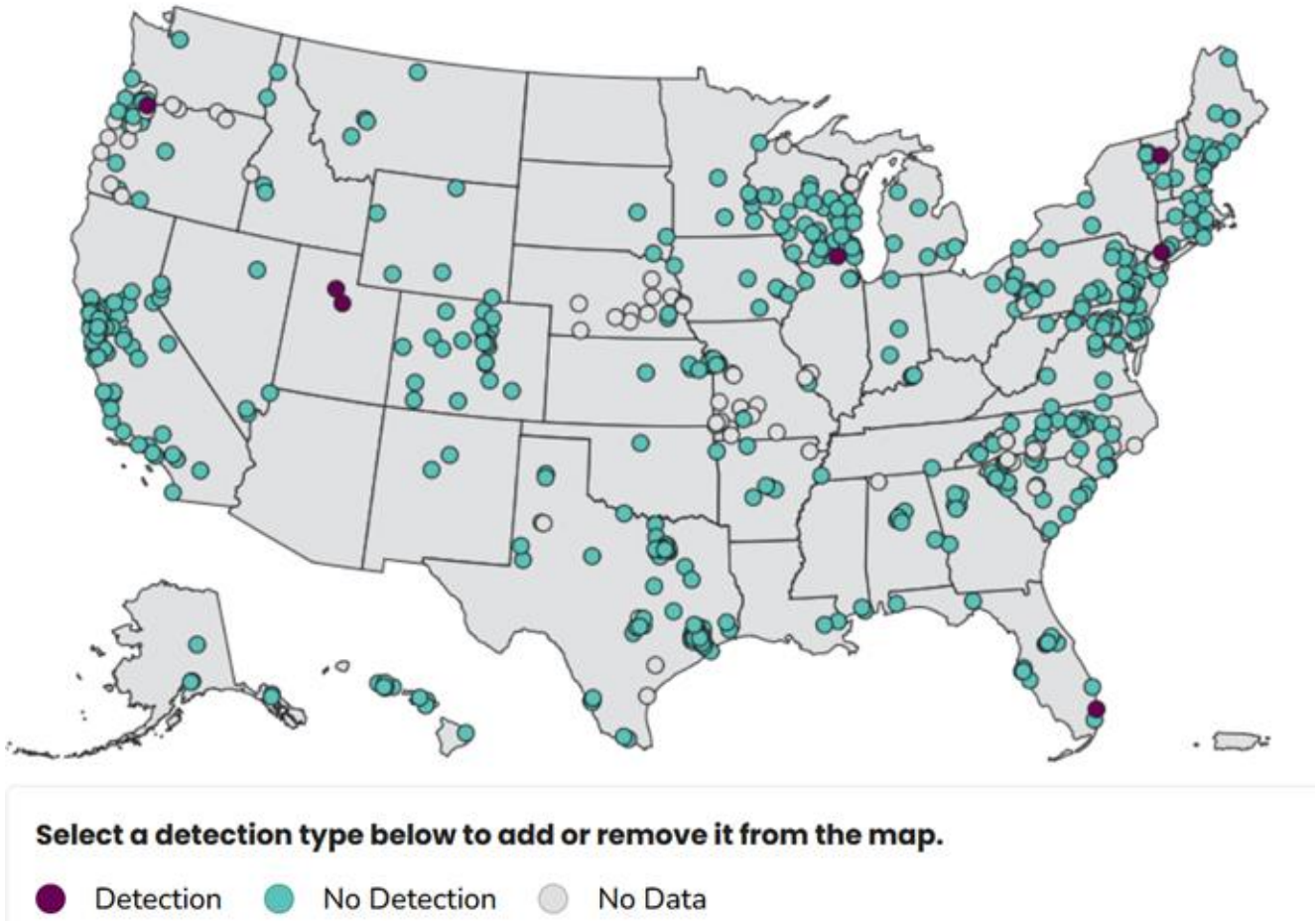
FLORIDA: Miami- Dade

OREGON: Multnomah County, Clackamas County, and Washington County

UTAH: Salt Lake

VERMONT: Washington County

WISCONSIN: Walworth County

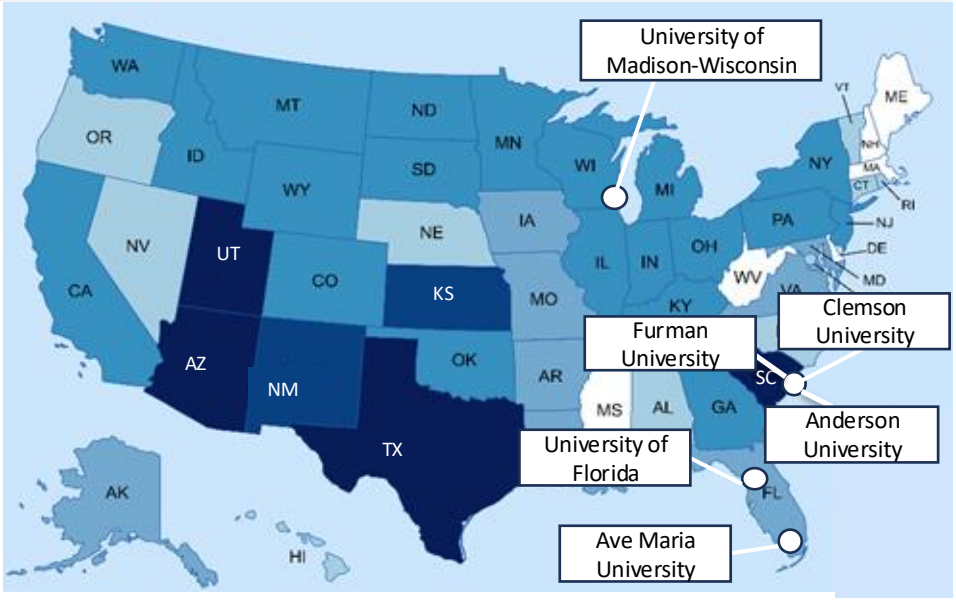


CDC

MEASLES ON COLLEGE CAMPUSES

BACKGROUND: Since the start of 2026, multiple measles cases have been reported on U.S. college campuses, disrupting academic and public health operations:

- **Clemson University** confirmed a measles case on Friday, January 16, followed by a confirmed case at **Anderson University** on Saturday, January 17 (WACH), resulting in 80 students being quarantined.
- The **University of Wisconsin–Madison** confirmed a student case on February 2 (University Health Services). University officials notified roughly 4,000 individuals of potential exposure.
- On February 5, the **University of Florida** initiated contact tracing following potential exposure in two classrooms On February 11, **Furman University** reported that an individual affiliated with the university tested positive and that an additional suspected case was under monitoring (Furman News).
- Ave Maria University reported 57 measles cases as of February 12 (WINK).



IMPLICATIONS

- **High transmissibility:** Measles is extremely contagious, increasing the likelihood of rapid spread and explosive outbreaks.
- **Congregate settings**: Dormitories, classrooms, and other enclosed campus spaces facilitate close contact and sustained transmission**.**
- **Community spillover:** Campus-associated outbreaks may extend into surrounding communities, amplifying public health impact.

RECOMMENDATIONS FOR COLLEGES AND UNIVERSITIES

Per the American College Health Association, Universities should implement the following measures to prepare for and respond to measles cases:

- **Coordinate with public health authorities**: Designate a point of contact and establish communication and response protocols with local or state Departments of Public Health.
- **Verify immunization status:** Maintain up-to-date vaccination records and ensure access to documentation during investigations.
- **Optimize population immunity**: Promote MMR vaccination compliance and facilitate access to vaccination services.
- **Standardized test–trace–isolate protocols:** Establish clear procedures for case identification, contact tracing, and isolation.
- **Designate isolation capacity:** Identify and prepare spaces for isolation of suspected or confirmed measles cases.

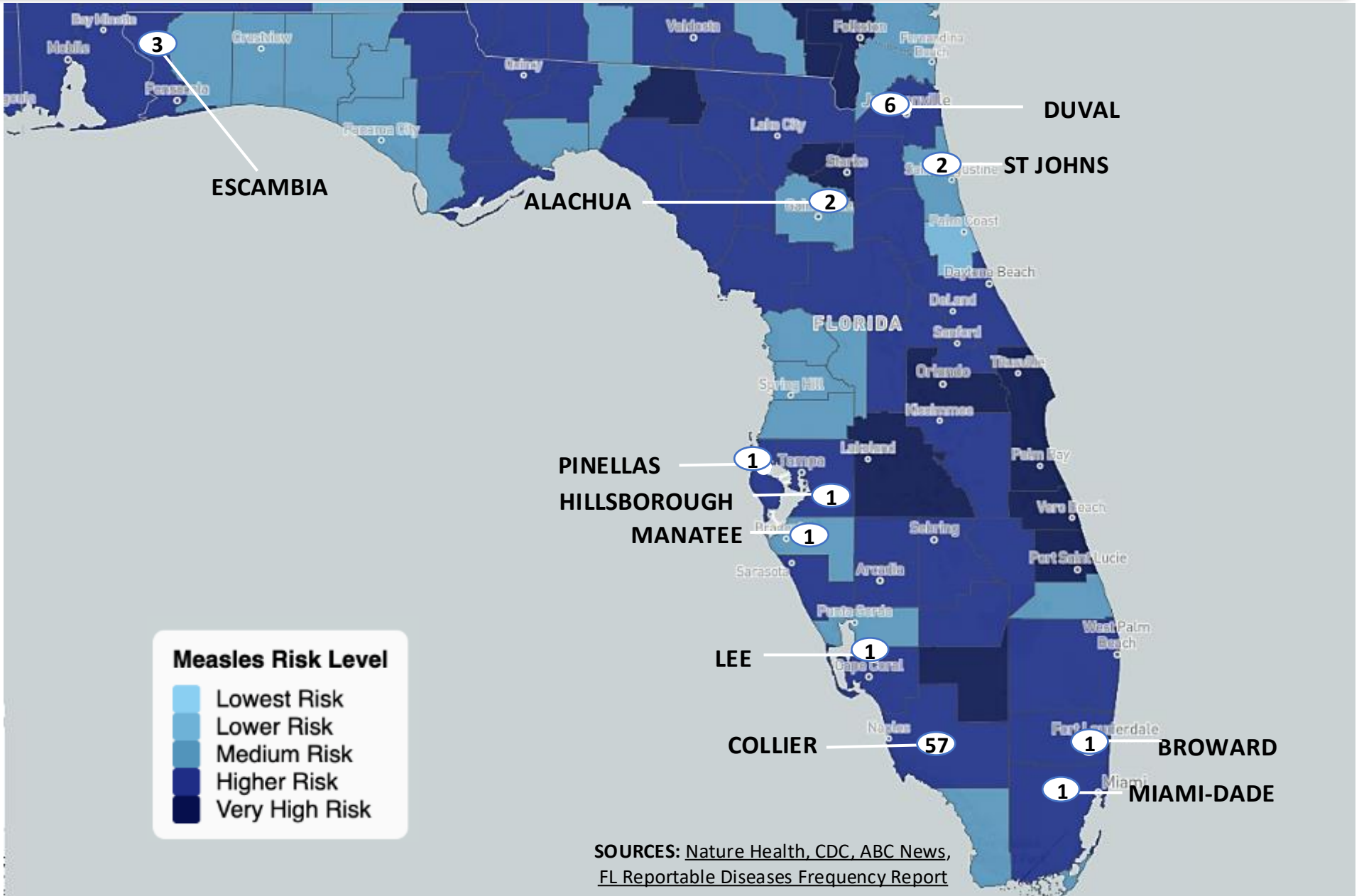
RESOURCES

- Immunization recommendations for college students are available through the American College Health Association
- State Specific Guidance: North Carolina, Virginia, New York

UNITED STATES - FLORIDA 2026

COUNTY	CASES
Alachua	2
Broward	1
Collier	57
Duval	6
Escambia	3
Hillsborough	1
Lee	1
Manatee	3
Miami-Dade	1
Pinellas County	1
St. Johns	2
TOTAL	78

NOTE: The numbers are from news reports (current), the University webpages, and from the Florida Department of Health (data goes only up to 2/7/2026).



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, Cherokee, Sumter, and Lancaster counties**.

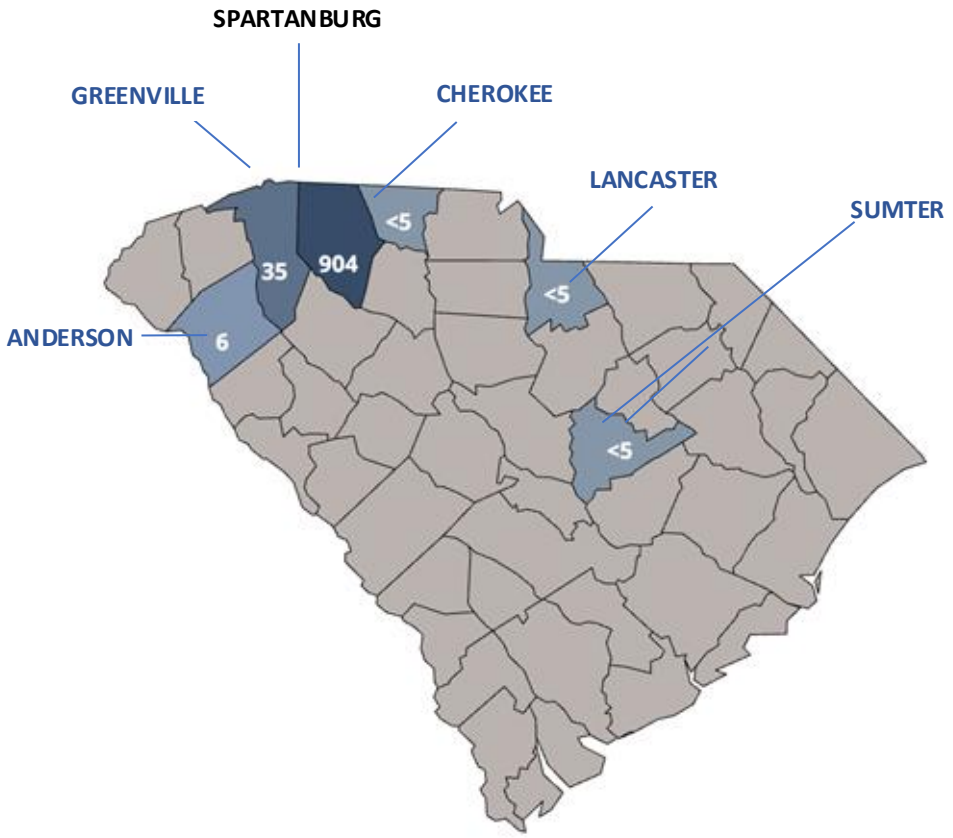
WHY IS IT SPREADING?

- **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 **30 new cases** This brings the total outbreak count—first reported in October 2025—to 950 **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 17 weeks**, reflecting a markedly faster transmission trajectory.

UNITED STATES – SOUTH CAROLINA OUTBREAK (2025-2026)

SOUTH CAROLINA		
CASES: 950 +2 NON-OUTBREAK FROM 2025	HOSPITALIZATIONS: 19	DEATHS: 0

AGES:

- < 5: 243
- 5-11: 433
- 12-17: 179
- 18-29: 48
- 30-49: 31
- 50+ : 5
- Unknown: 11

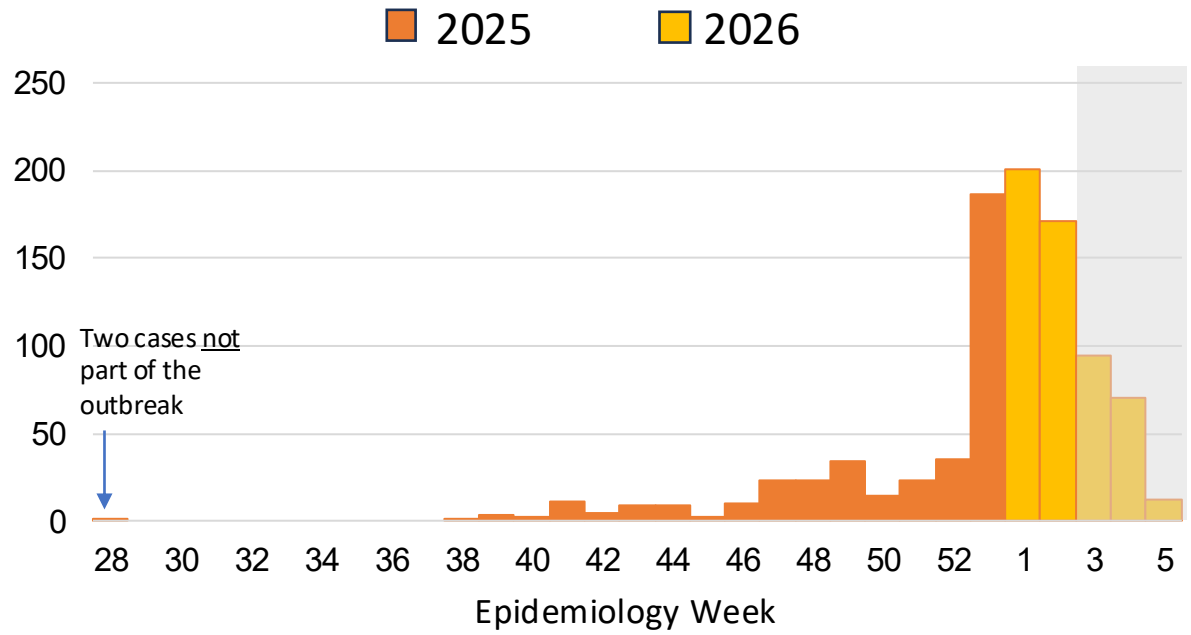
VACCINATION STATUS:

- 883 unvaccinated
- 26 vaccinated
- 19 partially vaccinated
- 22 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 186 people in quarantine and 9 in isolation. The latest end of quarantine for these is 8 March 2026.

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



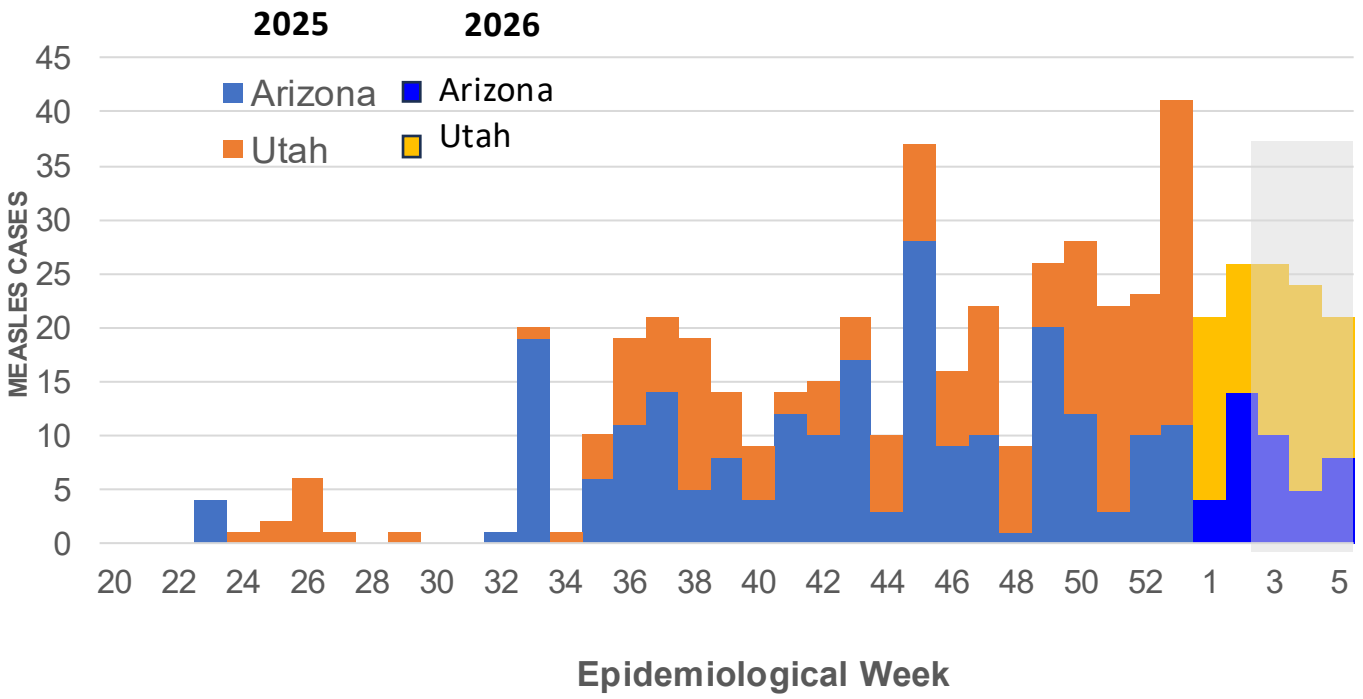
RESPONSE:

- To assist with vaccinations, the South Carolina Department of Public Health (DPH) has activated its Mobile Health Unit to deploy on Tuesday, March 3, 10 a.m. to 2 p.m. - Grace Community Church, 570 Magnolia Street, Spartanburg, to offer measles-mumps-rubella (MMR) vaccine to unvaccinated individuals at no cost.
- DPH provides an online adult vaccine locator to help locate a health care provider or pharmacy that can provide vaccines.

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.



BACKGROUND: The outbreak originated in communities in the **Shore Creek area** along the border of **Hildale, Utah, and Colorado City, Arizona**, where residents frequently move between states and vaccination coverage has historically been low. Utah reported its first cases in May and June 2025, followed by a marked increase after an outbreak in August. With school reopening in August and September, transmission intensified among school-age children, who became the primary affected group.

Cross-border spread became evident in August 2025 when cases emerged in Colorado City, Arizona, confirming sustained transmission across state lines driven by community and household exposure rather than isolated clusters.

By late 2025 and into 2026:

- **Utah reported 272 confirmed cases** associated with this outbreak.
- **Arizona** reported **263** cases, with **249 cases directly tied to the outbreak.**

Low vaccination coverage remains the central driver. Measles herd immunity requires approximately **95% population immunity**; coverage in affected areas has remained below this threshold, enabling sustained transmission. Unvaccinated individuals are at especially high risk, as measles is among the most contagious infectious diseases, with infection occurring in up to **90% of susceptible contacts** following exposure.

FACTORS DRIVING THE OUTBREAK:

- Low vaccination coverage: Several communities along the Utah–Arizona border have MMR rates below the ~95% needed for herd immunity, creating large pools of susceptible individuals.
- Extreme contagiousness of measles: Measles spreads easily through the air, with up to 90% of unvaccinated people becoming infected after exposure.
- Cross-border community movement: Frequent travel and social ties between northern Arizona and southern Utah have allowed the outbreak to move rapidly across state lines.
- Introduction through travel: Imported cases seeded local transmission, which then expanded quickly in under-immunized communities.
- Close-contact settings: Schools, households, religious gatherings, and community events have amplified the spread once measles was introduced
- Delayed interruption of transmission: Sustained spread over multiple months reflects gaps in rapid vaccination uptake and outbreak containment

UNITED STATES – ARIZONA (2025-2026)

ARIZONA OUTBREAK (2025-2026)

249(+9) OUTBREAK CASES | 14 CASES NOT ASSOCIATED WITH THE OUTBREAK = 263	HOSPITALIZATIONS: 14 (5.3%)	DEATHS: 0

AGES:

- <18: 178 (68%)
- 18+: 85 (32%)

VACCINATION STATUS:

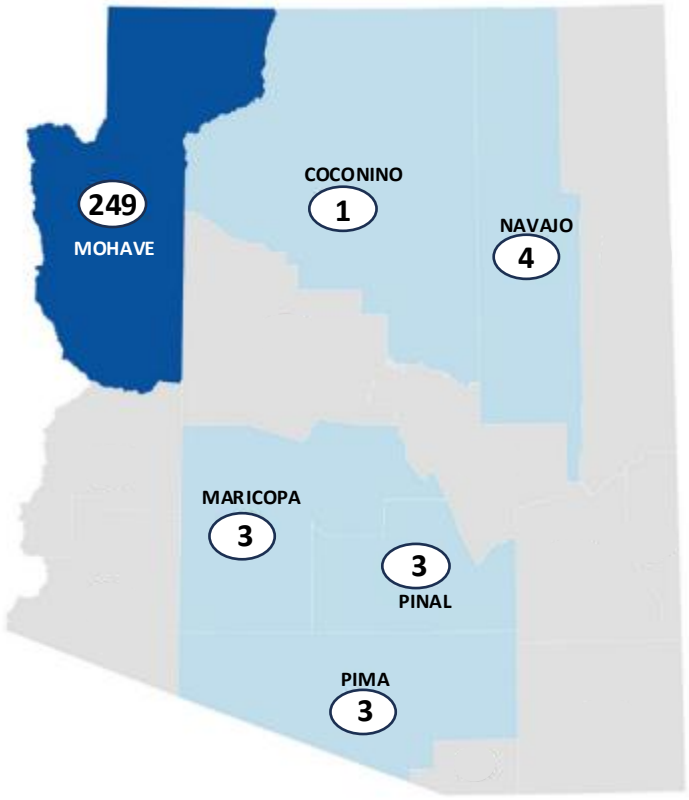
- Unvaccinated: 258 (98%)
- Vaccinated: 5 (2%)

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	35
Navajo	4	0
Pima	1	2
Pinal	0	3
Santa Cruz	0	0
Yavapai	0	0
Yuma	0	0
Totals	220	43

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)			
272 (+16) CASES ASSOCIATED WITH THE OUTBREAK	11 CASES NOT ASSOCIATED WITH THE OUTBREAK = 283	HOSPITALIZATIONS: 24 (8.82%)	DEATHS: 0

AGES:

<18 years = 162
18+ years = 110

VACCINATION STATUS:

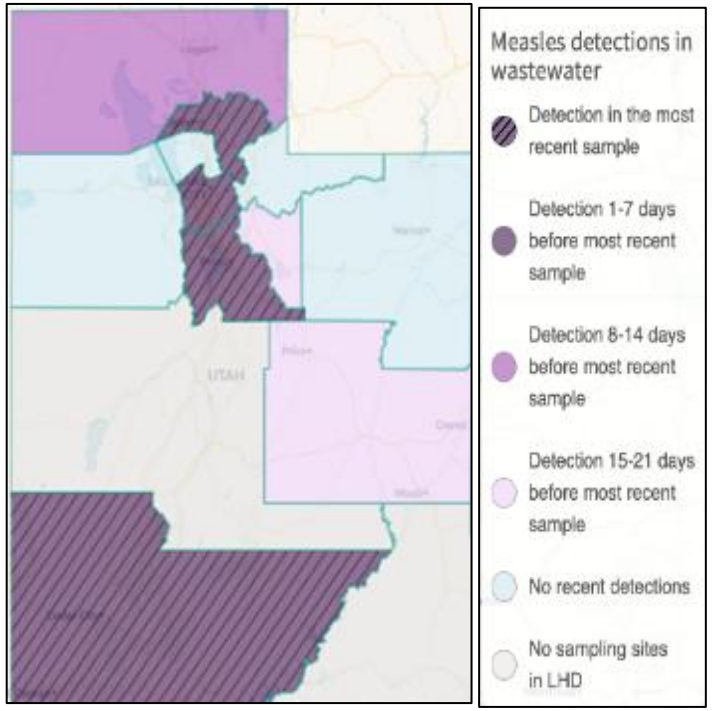
- Unvaccinated: 239 (87.9%)
- Vaccinated: 22 (8.1%)
- Unknown: 11 (4%)

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 a minimal 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.

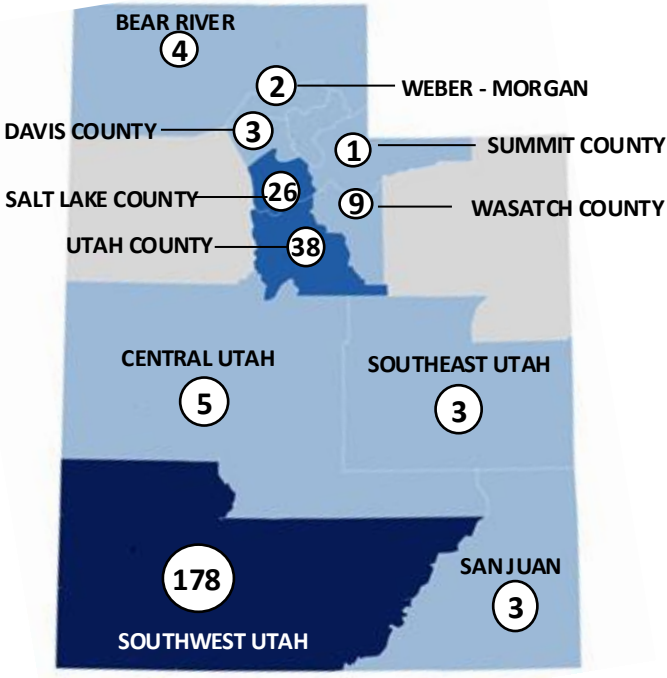
NOTE: CDC reported 187 cases in Utah in 2025 and 96 cases in 2026, leaving a total of 11 cases unaccounted for.

SOURCE: Utah Department of Health and Human



WASTEWATER DASHBOARD - UTAH

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

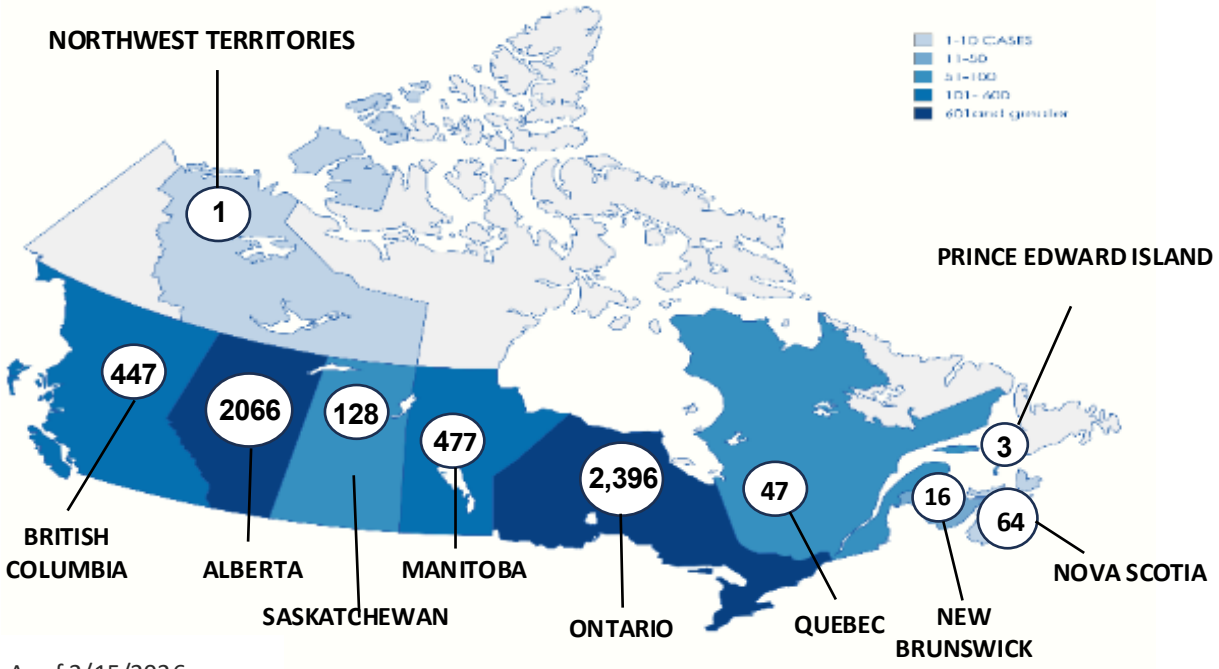


MEASLES BY THE LOCAL HEALTH DEPARTMENT

CANADA – CURRENT SITUATION (2025 – 2026)

PROVINCE	2026 CASES			2025 CASES			2026 +2025 TOTALS
	CONFIRMED	PROBABLE	TOTAL	CONFIRMED	PROBABLE	TOTAL	
ALBERTA	52	0	52	2,014	0	2,014	2,066
BRITISH COLUMBIA	14	2	16	406	25	431	447
MANITOBA	101	10	121	327	29	356	477
NEW BRUNSWICK	0	0	0	16	0	16	16
NORTHWEST TERRITORIES	0	0	0	1	0	1	1
NOVA SCOTIA	2	0	2	62	0	62	64
ONTARIO [1]	0	0	0	2,081	315	2,396	2396
PRINCE EDWARD ISLAND	0	0	0	3	0	3	3
QUEBEC	2	0	2	45	0	45	47
SASKATCHEWAN	2	0	2	126	0	126	128
TOTALS	172	12	195	5,081	469	5,450	5,645

1. Ontario numbers now reflect January 1, 2025 – January 8, 2026. There have been no new cases since December 2025.



As of 2/15/2026

In 2025, 5,450 measles cases (5,069 confirmed, 381 probable) and two deaths were reported by 10 jurisdictions (Alberta, British Columbia, Manitoba, New Brunswick, Northwest Territories, Nova Scotia, Ontario, Prince Edward Island, Quebec, Saskatchewan), as of January 31, 2026

As of February 15, 2026, cases have been reported in six jurisdictions (Alberta, British Columbia, Manitoba, Nova Scotia, Quebec, Saskatchewan).

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	2,066 (+5)	168 (17 ICU) (2 Currently Hospitalized)	1

IMMUNIZATION STATUS	COUNT
Unimmunized	1,856
1 dose	53
2 or more doses	79
Unknown	78

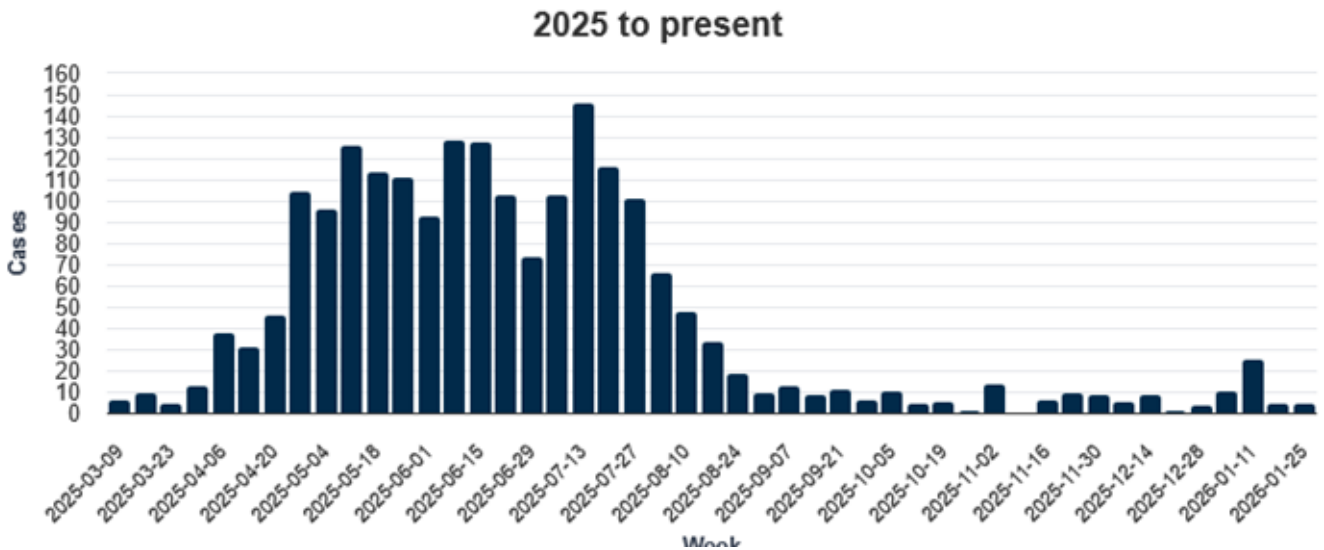
AGE RANGE	NUMBERS
<5 years	599
5 to 17 years	914
18 to 54 years	544
55 years and older	9

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

CASE



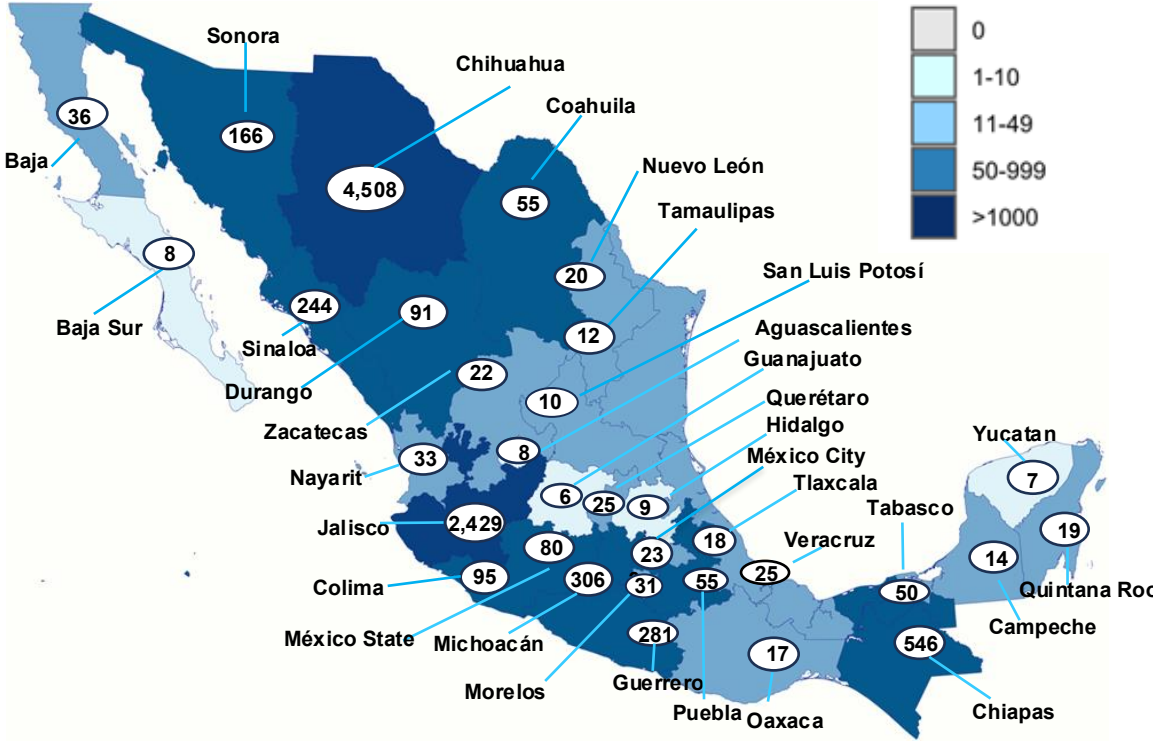
ALBERTA DASHBOARD
CA MEASLES AND RUBELLA WEEKLY

MEXICO - CURRENT SITUATION (2025 – 2026)

STATE	2026		2025		2025-2026
	CASES		CASES		TOTAL CONFIRMED CASES 2025-2026
	CONFIRMED	PROBABLE	CONFIRMED	PROBABLE	
CHIHUAHUA	15	67	4493	6239	4508
JALISCO	1,765	3,741	664	1836	2429
CHIAPAS	299	1236	247	552	546
MICHOACÁN	60	188	246	617	306
GUERRERO	38	74	243	429	281
SINALOA	154	277	90	226	244
CIUDAD DE MEXICO	186	648	47	979	233
SONORA	53	149	113	332	166
COLIMA	63	150	32	85	95
DURANGO	51	127	40	295	91
MÉXICO	68	389	12	611	80
PUEBLA	72	237	0	123	72
COAHUILA	0	28	55	305	55
TABASCO	46	256	4	91	50
BAJA CALIFORNIA	15	253	21	254	36
MORELOS	8	66	25	252	33
NAYARIT	27	108	6	100	33
QUERÉTARO	13	77	12	163	25
VERACRUZ	25	204	0	261	25
ZACATECAS	0	28	22	163	22
NUEVO LEÓN	18	293	2	297	20
QUINTANA ROO	17	90	2	76	19
TLAXCALA	18	72	0	43	18
OAXACA	11	36	6	91	17
CAMPECHE	0	7	14	99	14
TAMAULIPAS	0	36	12	130	12
SAN LUIS POTOSÍ	3	31	7	147	10
HIDALGO	8	77	1	118	9
AGUASCALIENTES	6	94	2	150	8
BAJA CALIFORNIA SUR	0	9	8	68	8
YUCATÁN	5	34	2	67	7
GUANAJUATO	2	89	4	543	6
TOTAL	3046	9171	6,432	15,742	9478

Data as of 2/5/22026

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



9,478 CONFIRMED CASES, 30 DEATHS

INFORME DIARIO DEL BROTE DE SARAMPIÓN EN MÉXICO, 2026

CHIHUAHUA - 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
	Cuauhtémoc	46 years	Male	None	7/21/2025
	Carichí	6 years 1 month	Female	None	7/21/2025
	Bocoyna	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

SOCIAL MEDIA: FACEBOOK
NEWS: DAILY NEWS
REPPORTS: WEEKLY REPORT
DAILY REPORT

MEXICO - DEATHS (2025-2026)

STATE	MUNICIPALITY	AGE	SEX	COMORBIDITIES	DATE OF DEATH
Sonora	Cajeme	1 year 8 months	Female	Malnutrition	05/08/2025
Durango	Guadalupe y Calvo	19 years	Female	Malnutrition	09/24/2025
Jalisco	Arandas	11 months	Female	Malnutrition	11/10/2025
	Valle de Juárez	2 months	Male	None	12/19/2025
Mexico City	Alvaro Obregón	14 months	Female	Severe malnutrition, Anemia	12/25/2025
Michoacán	Coalcomán de Vázquez Pallares	64 years	Male	Chronic Alcoholism	01/19/2026
Tlaxcala	Tenancingo	13 months	Male	None	1/25/2026
Durango*	Mezquital	8 years	Male		2/10/2026
Chiapas**	NO ADDITIONAL INFORMATION PROVIDED AT THIS TIME				

*Identified from state sources, not in official federal report
** Reported in latest federal daily report (Map 2) but not available on current situation table (Table 1)

30 DEATHS

96.43% Unvaccinated

3.57% Vaccinated

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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