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	1,058 (+104)	0	2,280 (+2)	3	3,338
CANADA[1,2]	267 (+85)	0	5,451	2	5718
MEXICO	3,997 (+951)	3	6,432	28	10,429
CENTRAL AMERICA – ONE 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	5,375	3	14,992	33	20,367

1. Includes the probable cases reported by Canada under the clinically confirmed column, due to alignment with PAHO's case definition
2. Canada lost its measles elimination status on 10 November 2025 due to the ongoing measles outbreak that began in October 2024

BACKGROUND

UNITED STATES

WATER SURVEILLANCE

SOUTH CAROLINA

ARIZONA AND UTAH

FLORIDA

CANADA

ALBERTA

MEXICO

MEASLES COMPLICATIONS

Yale SCHOOL OF PUBLIC HEALTH

2/22/2026
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

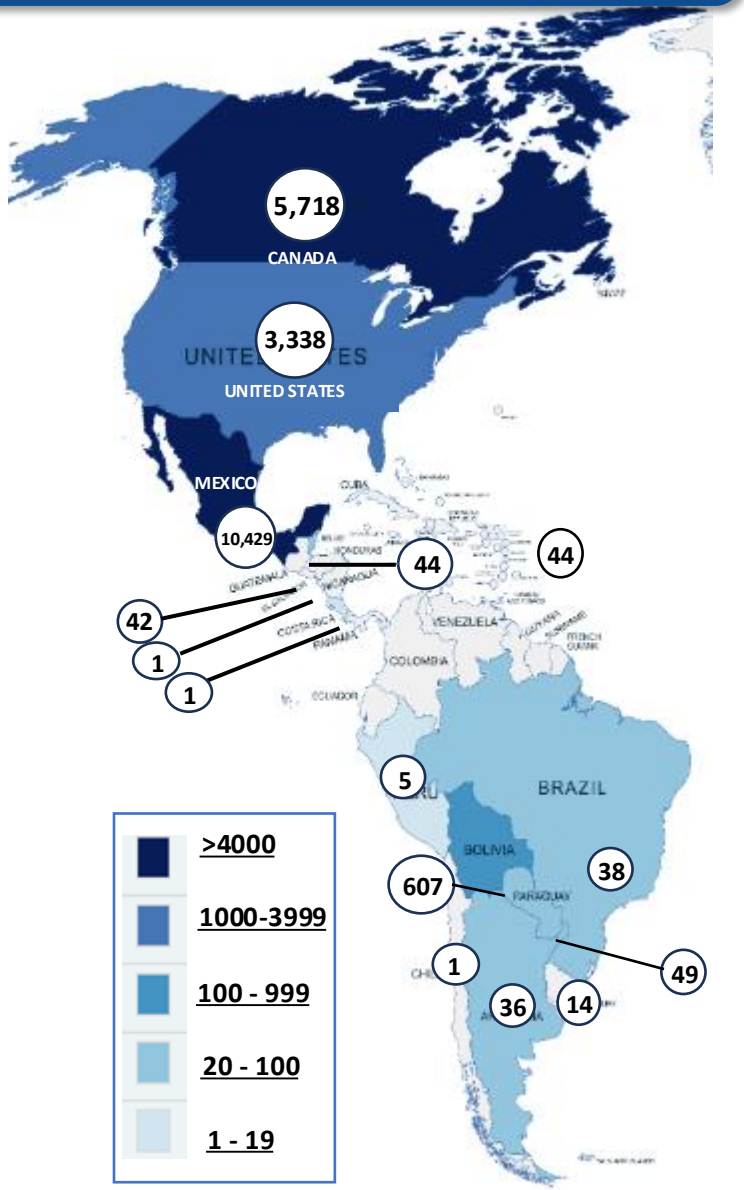
PORTALS, BLOGS, AND RESOURCES
- CIDRAP
- CORI
- FORCE OF INFECTION
- IVAC
- KAISER HEALTH NEWS
- MEDPAGE TODAY
- NY STATE GLOBAL HEALTH UPDATE
- YSPH POPHIVE
- THE PANDEMIC CENTER TRACKING REPORT
- YOUR LOCAL EPIDEMIOLOGIST
- THE MEASLES OUTBREAKS AND EXPOSURES OF 2026 - VAXOPEDIA

BACKGROUND (2025 – 2026)

TYPE OF PUBLIC HEALTH EMERGENCY: LARGE MULTINATIONAL MEASLES OUTBREAK

Between epidemiological weeks (EW) 1 and 53 of 2025, and EW 7 of 2026, a total of **20,367 measles cases** were confirmed in the Region of the Americas, including **36 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 = 5,718, including 2 deaths), **Chile** (n=1), **Costa Rica** (n = 1), **El Salvador** (n=1), **Guatemala** (n = 42), **Mexico** (n = **10,429**, including 31 deaths), **Paraguay** (n = 49), **Peru** (n = 5), the **United States of America** (n = 3,338, 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 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.

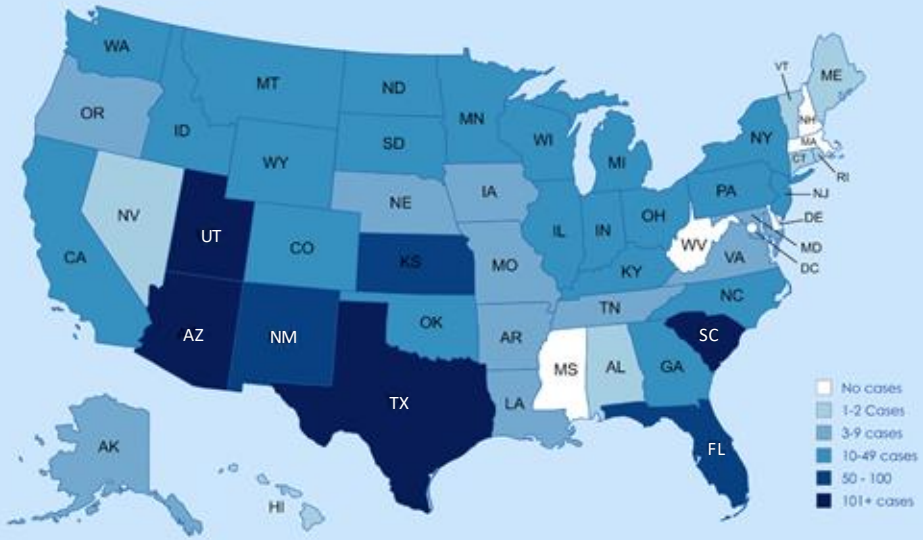
PAHO has scheduled an April 13, 2026, review of both the U.S. and Mexico's outbreak data to determine whether the United States and Mexico will lose their elimination status. While elimination status carries no direct regulatory or clinical consequences, its loss is a sentinel indicator of declining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

MEASLES CASES – AS OF 21 FEBRUARY 2026 DRAFT

2026 CASES
1,058 CONFIRMED CASES

2025 CASES
2,280 CONFIRMED + 4 PROBABLE CASES AND 3 DEATHS

2025 - 2026 CASES
3338 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	23	975	645	330		
UTAH	22	305	110	195		
FLORIDA	14	100	92	8		
ARIZONA	6	269	49	220		
WASHINGTON	2	38	26	12		
CALIFORNIA	6	48	21	27		
NORTH CAROLINA	1	22	20	2		
TEXAS	7	817	14	803		2
NORTH DAKOTA	11	50	14	36		
VIRGINIA	3	16	10	6		
PENNSYLVANIA	0	24	8	16		
IDAHO	0	21	7	14		
SOUTH DAKOTA	0	22	6	16		
OREGON	0	6	5	1		
MINNESOTA	3	31	5	26		
MAINE	4	5	5	0		
OHIO	2	50	5	45		
KENTUCKY	0	17	4	13		
WISCONSIN	0	38	2	36		
ILLINOIS	2	16	2	14		
GEORGIA	1	12	2	10		
COLORADO	0	36	1	35	1	
NEBRASKA	0	6	1	5		
NEW JERSEY	1	12	1	11		
NEW YORK	0	49	1	48		
OKLAHOMA	0	18	1	17	3	
VERMONT	0	3	1	2		
ALABAMA		1	0	1		
ALASKA		4	0	4		
ARKANSAS		8	0	8		
CONNECTICUT		1	0	1		
HAWAII		2	0	2		
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 MEXICO		100	0	100		1
RHODE ISLAND		1	0	1		
TENNESSEE		8	0	8		
WYOMING		15	0	15		
	104	3338	1058	2280	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: 1058

AGES
25% - Under 5
59% - 5-19 years of age
15% - 20+ years of age
1% - 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: 2,280

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

TRISTAN

CALIFORNIA: The California Department of Public Health has issued a health alert warning residents about ongoing measles transmission as cases continue to emerge across multiple counties.

- In Shasta County, **nine cases** have been identified as part of an ongoing outbreak.
- In Los Angeles County, **four measles cases** have been confirmed, all linked to international travel.
- In **San Mateo County**, **one case** has been confirmed Also associated with international travel.
- In January, **Orange County** health officials confirmed their **second measles case** of 2026 in an international traveler who arrived in California at Los Angeles International Airport before visiting Disneyland.
- In **Napa County, one case** has been identified in an unvaccinated child who recently traveled to South Carolina.
- In **Riverside County**, **three confirmed cases** mark a localized outbreak.

GEORGIA: An unvaccinated Bryan County resident has a confirmed case of measles, according to the Georgia Department of Public Health. Health officials said the person had recently traveled out of the state but did not travel internationally. This is Georgia's 2nd case in 2026.

ILLINOIS: The Illinois Department of Public Health (IDPH) has confirmed the first two measles cases of 2026 in the Metro East area (Madison County). One adult recently returned from out-of-state travel. The second case visited numerous locations, resulting in multiple exposure sites.

NORTH CAROLINA: North Carolina health officials have confirmed 22 measles cases in the state since December. The N.C. Department of Health and Human Services' data shows that the surge is currently concentrated among the state's youth and those who are not fully vaccinated against measles.

TEXAS: State health officials say they have confirmed six cases of measles in two Hill Country counties, but say the cases are linked to an outbreak in another state, and none of the people are still infectious. Five of the six Hill Country cases involve a single household in Bandera County, according to the Texas Department of State Health Services. The sixth involved a Boerne resident who was exposed to that household, according to the state agency. Rockwall County Health Authority has reported 6 cases, while two cases were reported at the South Texas Family Residential Center in Dilley, Texas.

UTAH: Utah State High School Wrestling Championship has caused an outbreak of measles cases after participants and attendees were exposed at the event last weekend. The championship took place at Utah Valley University and included athletes from across the state. The Utah High School Activities Association (UHSAA) reportedly sent a letter to event attendees warning of the exposure. The DHHS also said that because of the outbreak, **there may be additional possible exposures at multiple local high schools.**

VIRGINIA: The Virginia Department of Health is investigating two more measles cases in Northern Virginia, with potential exposure sites in Manassas, Haymarket, and Alexandria. In 2026, Virginia has seen 10 cases.

WASHINGTON: As of February 20, Washington State has reported 2 additional confirmed cases, bringing the total number of cases to **26**. These two new cases occurred in Snohomish County. Case distribution by county is as follows: Snohomish County (14 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 14, 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:

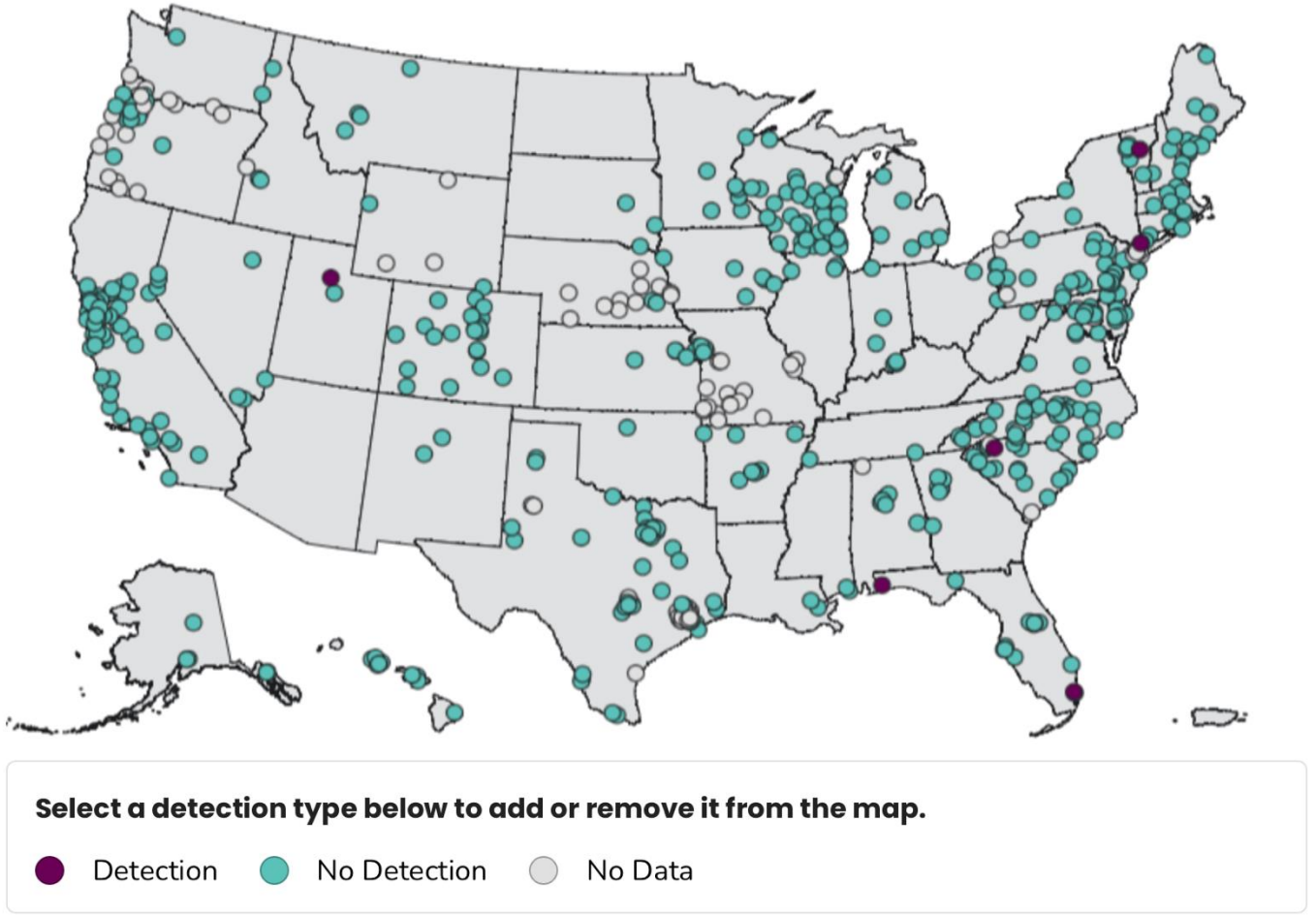
CONNECTICUT: Fairfield County

FLORIDA: Escambia County and Miami-Dade County

SOUTH CAROLINA: Spartanburg County

UTAH: Salt Lake County

VERMONT: Washington County



CDC

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**.

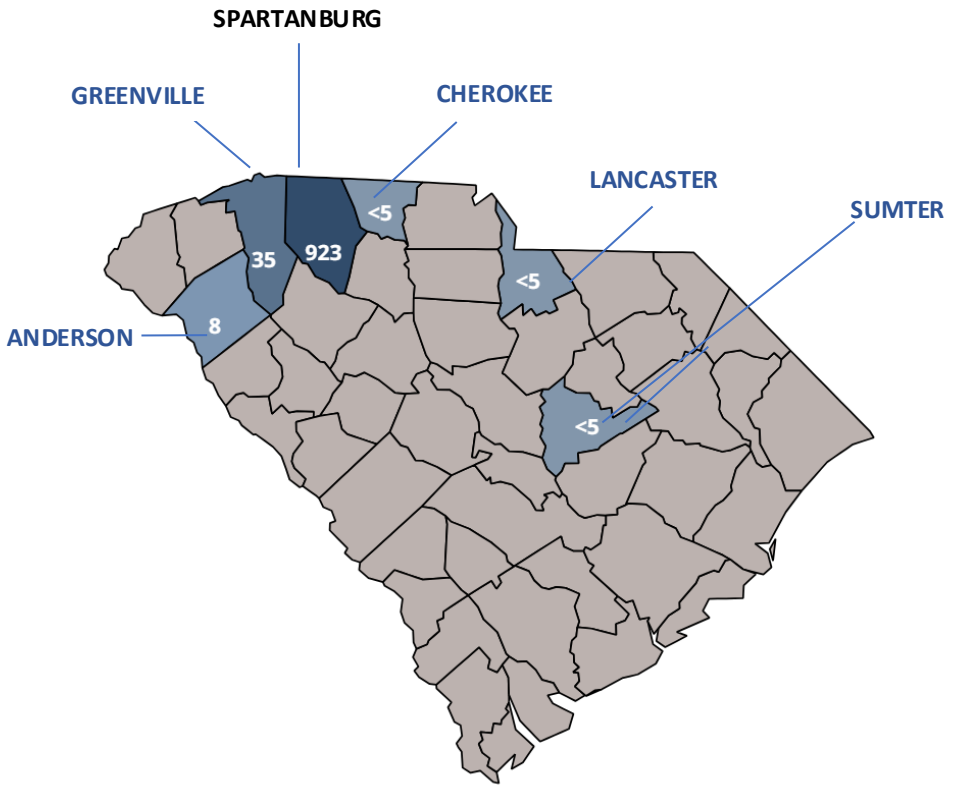
WHY IS IT SPREADING?

- **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 **23 new cases** This brings the total outbreak count—first reported in October 2025—to **973 confirmed cases**.

CASES BY COUNTY



UNITED STATES – SOUTH CAROLINA OUTBREAK (2025-2026)

SOUTH CAROLINA		
CASES: 973 +2 NON-OUTBREAK FROM 2025	HOSPITALIZATIONS: 20	DEATHS: 0

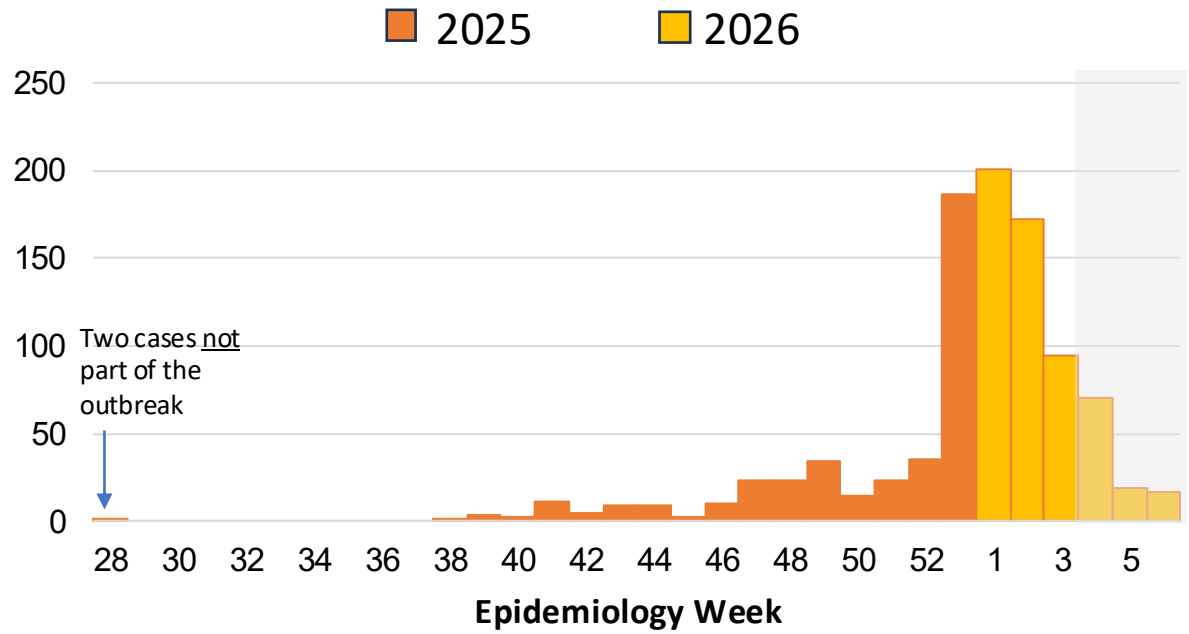
AGES:

- < 5: 254
- 5-11: 442
- 12-17: 183
- 18-29: 49
- 30-49: 31
- 50+ : 5
- Unknown: 11

VACCINATION STATUS:

- 906 unvaccinated
- 26 vaccinated
- 20 partially vaccinated
- 21 unknown

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



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 105 people in quarantine and 7 in isolation. The latest end of quarantine for these is 15 March 2026.

RESPONSE:

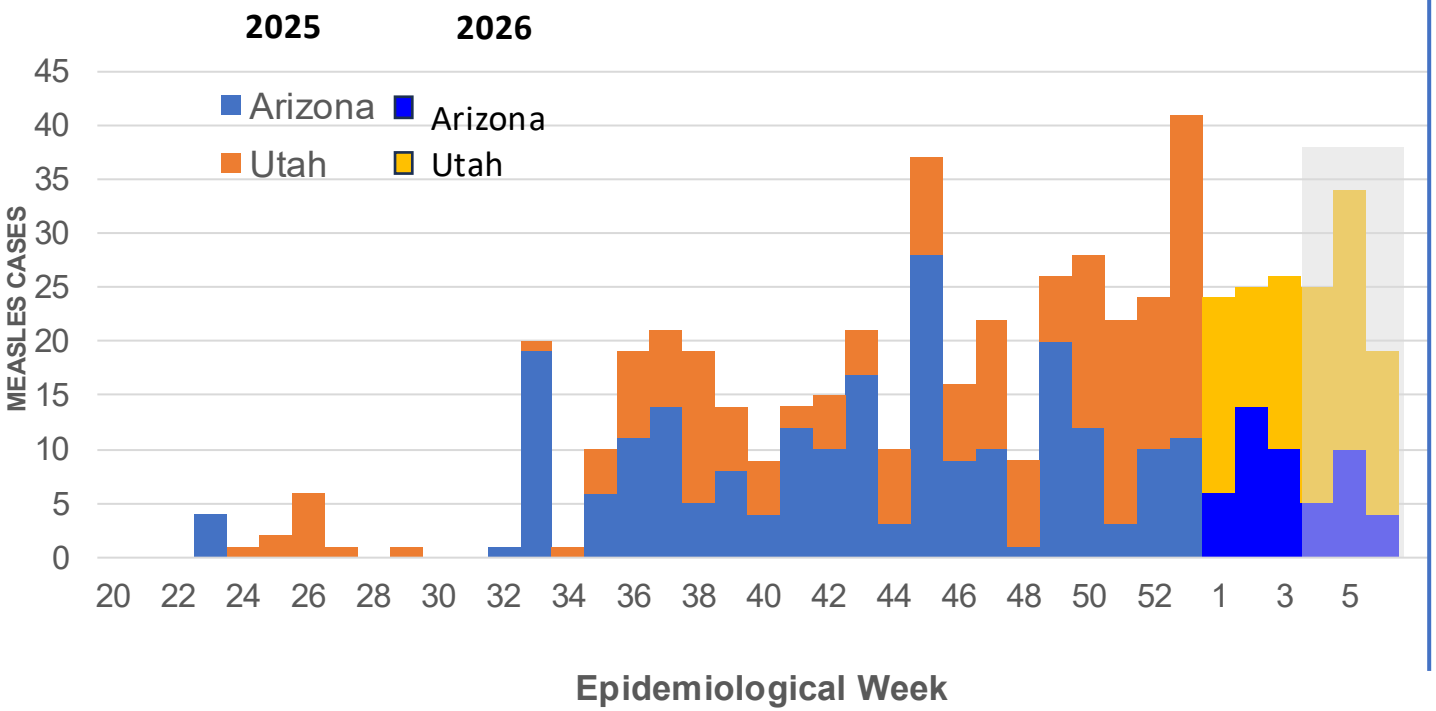
- To assist with vaccinations, the South Carolina Department of Public Health (DPH) has activated its Mobile Health Unit to deploy on Tuesday, March 3, 10 a.m. to 2 p.m. - Grace Community Church, 570 Magnolia Street, Spartanburg, to offer measles-mumps-rubella (MMR) vaccine to unvaccinated individuals 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 between Hildale, Utah, and Colorado City, Arizona, where residents frequently cross state lines 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 305 confirmed cases** associated with this outbreak.
- **Arizona r**eported **269** cases, with **254 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)

254(+5) OUTBREAK CASES | 15 (+1) CASES NOT ASSOCIATED WITH THE OUTBREAK = 269	HOSPITALIZATIONS: 16 (5.9%)	DEATHS: 0

AGES:

- <18: 183 (68%)
- 18+: 86 (32%)

VACCINATION STATUS:

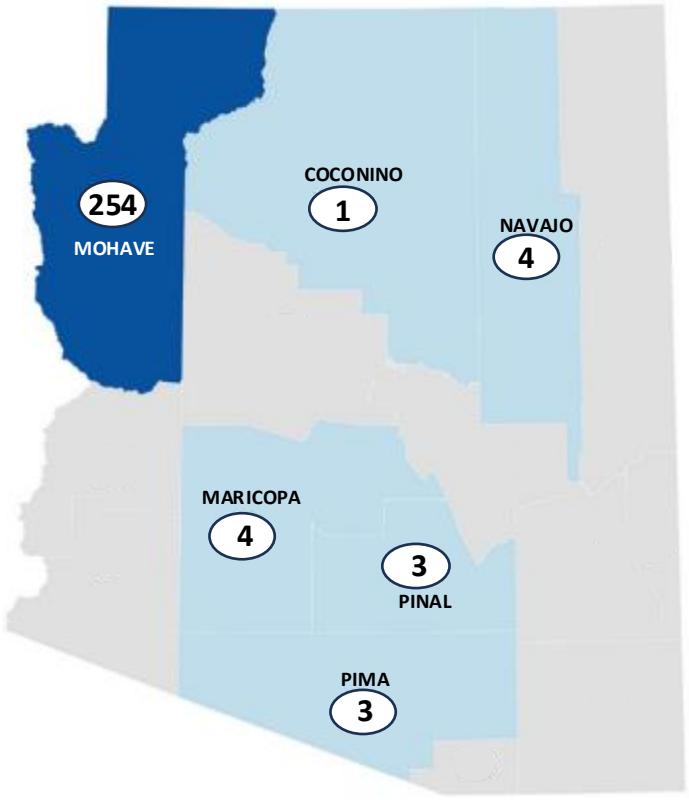
- Unvaccinated: 264 (98%)
- Vaccinated: 5 (2%)

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	4
Mohave	214	40
Navajo	4	0
Pima	1	2
Pinal	0	3
Santa Cruz	0	0
Yavapai	0	0
Yuma	0	0
Totals	220	49

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)			
300 (+22) CASES ASSOCIATED WITH THE OUTBREAK	5 CASES NOT ASSOCIATED WITH THE OUTBREAK = 305	HOSPITALIZATIONS: 25 (8.20%)	DEATHS: 0

AGES:

<18 years = 185 (61.7%)
18+ years = 114 (38%)
Unknown = 1 (0.3%)

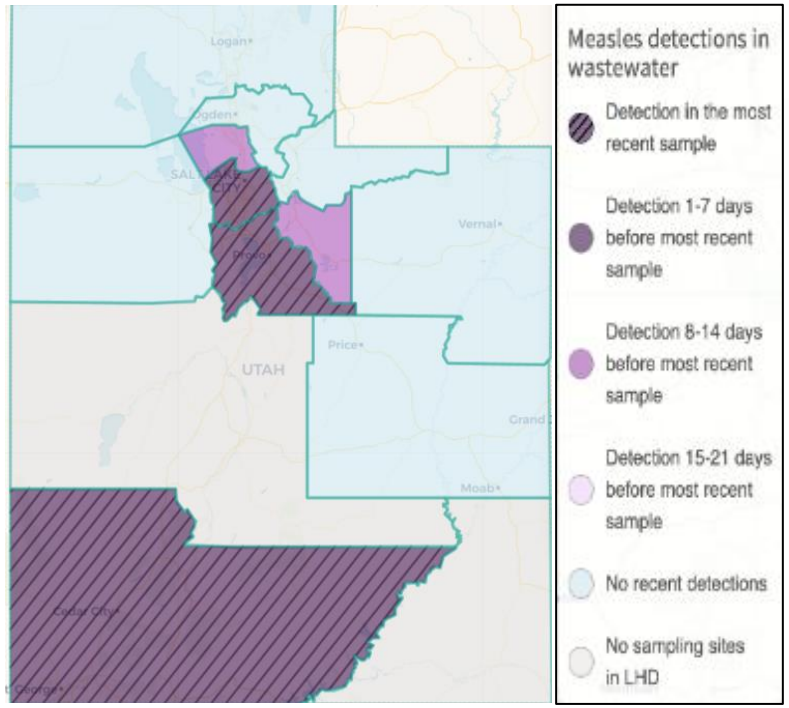
VACCINATION STATUS:

- Unvaccinated: 255 (85%)
- Vaccinated: 23 (7.7%)
- Unknown: 22 (7.3%)

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; and in recent weeks, there was been a notable increase in cases with unknown vaccination status. The outbreak has spread across multiple districts, including Southwest Utah, Salt Lake County, Utah County, Wasatch County, Central Utah, Davis County, Bear River, Weber-Morgan, Southeast Utah, and San Juan.

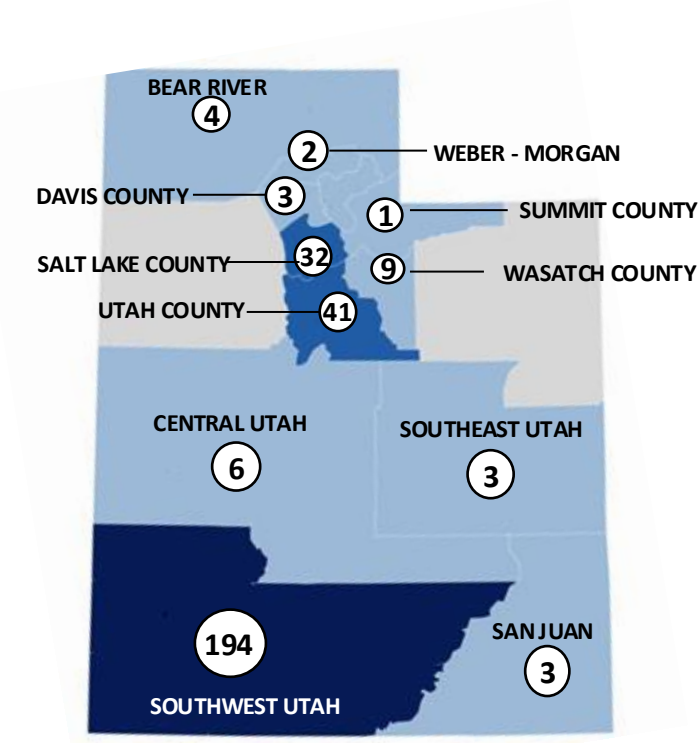
RESPONSE: The outbreak response is ongoing, including contact tracing, risk communication, vaccinations, and wastewater surveillance. After wastewater samples in Provo (where Brigham Young University is located) tested positive for measles in July, the Utah Department of Health and Human Services expanded testing from 2 to 35 sites statewide. Exposure locations and symptom watch times are publicly available.

NOTE: CDC reported 188 cases in Utah in 2025 and 117 in 2026, leaving 5 cases unaccounted for.



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.



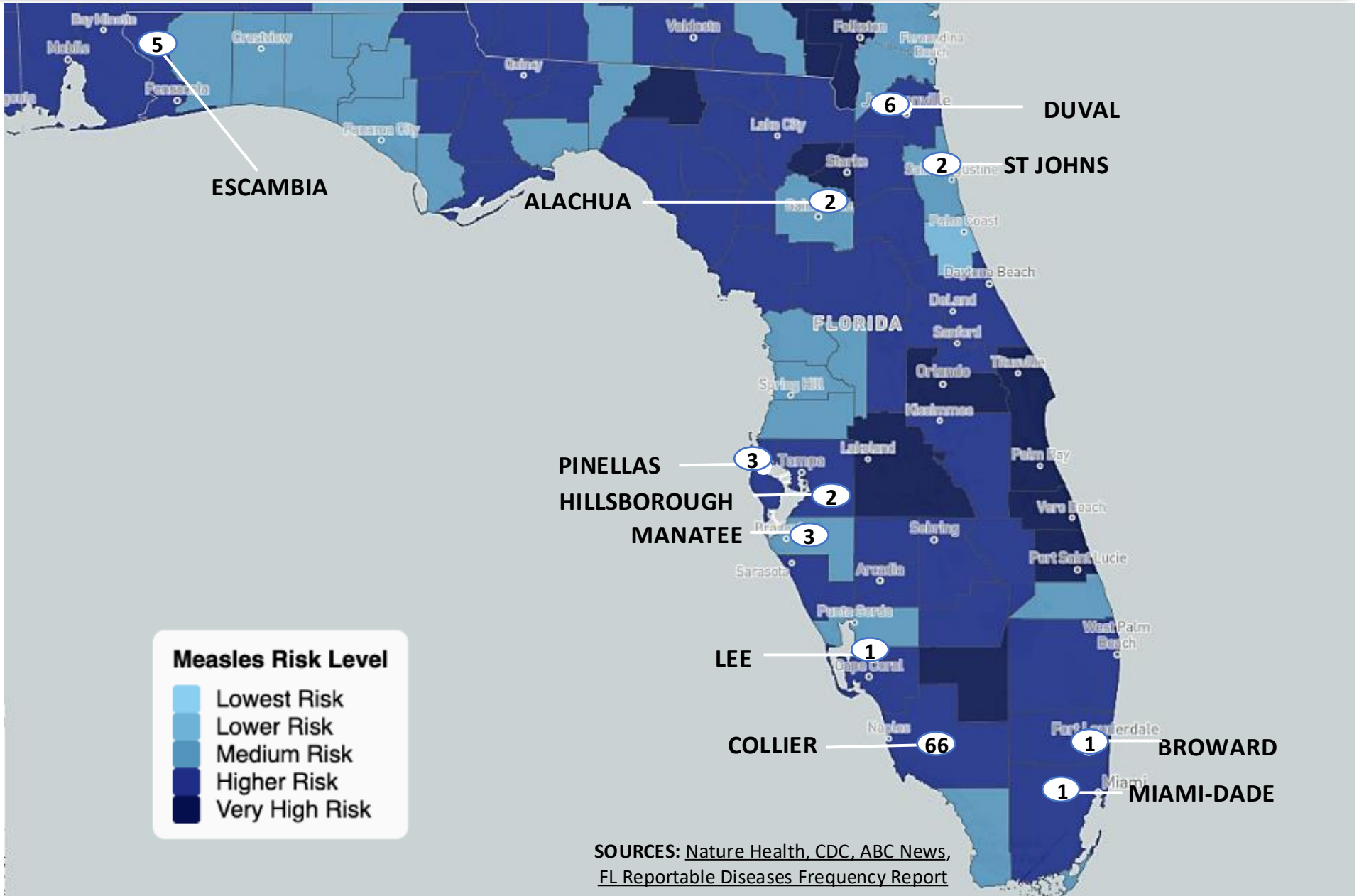
MEASLES BY THE LOCAL HEALTH DEPARTMENT

SOURCE: Utah Department of Health and Human

UNITED STATES - FLORIDA 2026

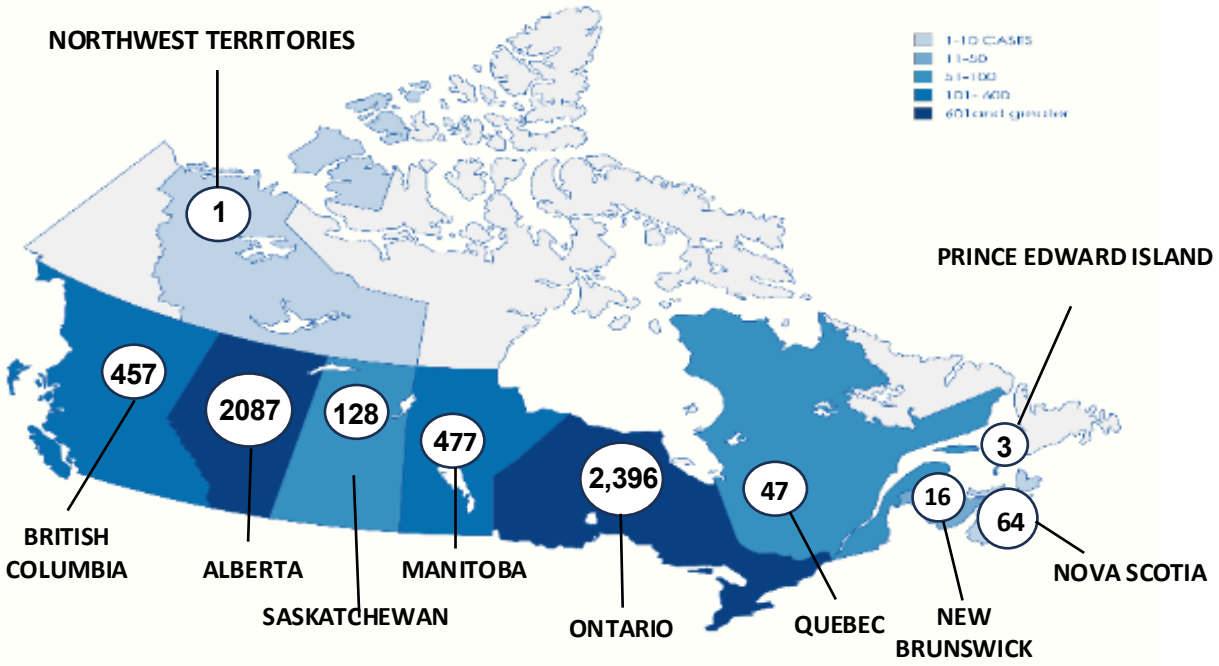
COUNTY	CASES
Alachua	2
Broward	1
Collier	66
Duval	6
Escambia	5
Hillsborough	2
Lee	1
Manatee	3
Miami-Dade	1
Pinellas County	3
St. Johns	2
TOTAL	92

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).



CANADA – CURRENT SITUATION (2025 – 2026)

PROVINCE	2026 TOTAL	2025 CASES	2026 +2025 TOTALS
ALBERTA	67	2014	2,081
BRITISH COLUMBIA	26	431	457
MANITOBA	164	356	520
NEW BRUNSWICK	0	16	16
NORTHWEST TERRITORIES	0	1	1
NOVA SCOTIA	3	62	65
ONTARIO	0	2,397	2397
PRINCE EDWARD ISLAND	0	3	3
QUEBEC	3	45	48
SASKATCHEWAN	4	126	130
TOTALS	267	5,451	5718



2025: A total of **5,451** measles cases (5,072 confirmed, 379 with rash) have been reported by 10 jurisdictions (Alberta, British Columbia, Manitoba, New Brunswick, Northwest Territories, Nova Scotia, Ontario, Prince Edward Island, Quebec, Saskatchewan) as of February 7, 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

GLORIA

MORBIDITY AND MORTALITY			
PROVINCE	CASES	HOSPITALIZATIONS	DEATHS
ALBERTA	2,081	169 (17 ICU) (4 Currently Hospitalized)	1

IMMUNIZATION STATUS	COUNT
Unimmunized	1,863
1 dose	53
2 or more doses	79
Unknown	79

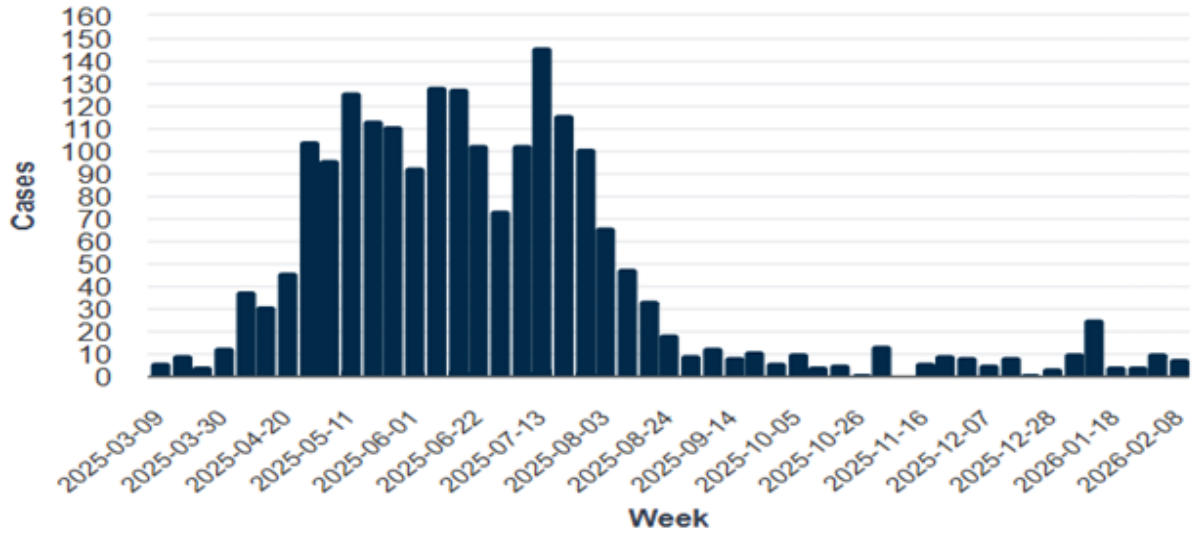
AGE RANGE	NUMBERS
<5 years	600
5 to 17 years	915
18 to 54 years	549
55 years and older	10

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, 3/1/2025 – 2/08/2026

CASES



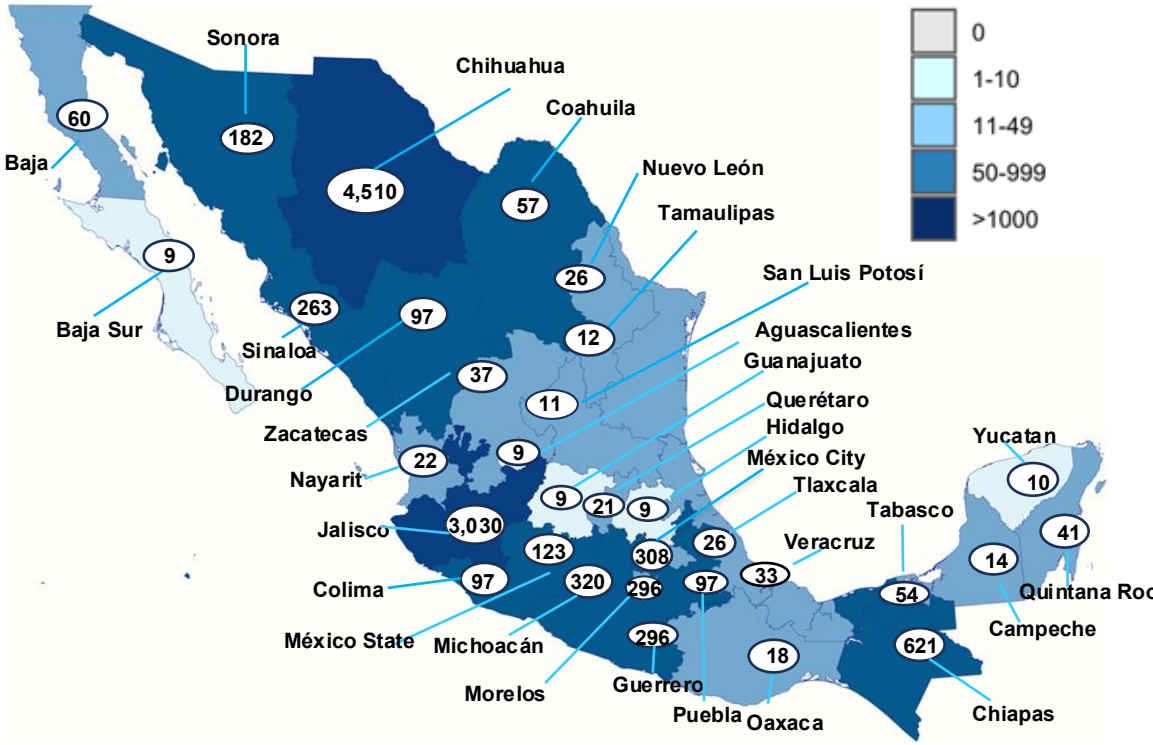
ALBERTA DASHBOARD
CA MEASLES AND RUBELLA WEEKLY

MEXICO - CURRENT SITUATION (2025 – 2026)

STATE	2026 CASES CONFIRMED	2026 CASES PROBABLE	2025 CASES CONFIRMED	2025 CASES PROBABLE	2025-2026 TOTAL CONFIRMED CASES 2025-2026
CHIHUAHUA	17	89	4493	6239	4510
JALISCO	2,366	4,769	664	1836	3030
CHIAPAS	374	1,397	247	552	621
MICHOACÁN	74	287	246	617	320
GUERRERO	43	108	243	429	296
SINALOA	173	311	90	226	263
CIUDAD DE MEXICO	261	911	47	979	308
SONORA	69	191	113	332	182
COLIMA	65	184	32	85	97
DURANGO	57	172	40	295	97
MÉXICO	111	554	12	611	123
PUEBLA	97	294	0	123	97
COAHUILA	2	59	55	305	57
TABASCO	50	310	4	91	54
BAJA CALIFORNIA	16	301	21	254	60
MORELOS	9	94	25	252	56
NAYARIT	31	126	6	100	22
QUERÉTARO	15	115	12	163	21
VERACRUZ	33	271	0	261	33
ZACATECAS	0	46	22	163	37
NUEVO LEÓN	24	457	2	297	26
QUINTANA ROO	39	122	2	76	41
TLAXCALA	26	91	0	43	26
OAXACA	12	50	6	91	18
CAMPECHE	0	14	14	99	14
TAMAULIPAS	0	55	12	130	12
SAN LUIS POTOSÍ	4	50	7	147	11
HIDALGO	8	107	1	118	9
AGUASCALIENTES	7	119	2	150	9
BAJA CALIFORNIA SUR	1	22	8	68	9
YUCATÁN	8	50	2	67	10
GUANAJUATO	5	153	4	543	9
TOTAL	3997	11879	6,432	15,742	10,439

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**.



10,429 CONFIRMED CASES, 31 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

31 DEATHS

96.43% Unvaccinated

3.57% Vaccinated

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
	Mezquital	8 years	Male		2/10/2026
Jalisco	Arandas	11 months	Female	Malnutrition	11/10/2025
	Valle de Juárez	2 months	Male	None	12/19/2025
	Guadalajara*	4 years	Male		
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
Chiapas	Tutxla Gutierrez	55 years	Male	Obesity, hypertension, smoking, chronic alcoholism	12/29/2025
Guerrero*	Cochoapa	2 years	Male		

*Identified from state sources, not in official federal report

31 DEATHS

96.43% Unvaccinated

3.57% Vaccinated

SOCIAL MEDIA: FACEBOOK, FACEBOOK
NEWS: DIARIO DE MEXICO
REPORTS: WEEKLY REPORT
DAILY REPORT

IMMUNE AMNESIA

WHAT IS IMMUNE AMNESIA?

Immune amnesia is a condition in which the immune system 'forgets' previously acquired immunity following a measles infection. This results in significant reduction in the body's ability to protect itself from previously encountered infections, increasing our vulnerability to measles and other viral and bacterial infections.

HOW DOES MEASLES CAUSE IMMUNE AMNESIA?

The measles virus destroys the memory cells in our immune system, leading to loss of 11-73% of antibodies that had been providing protection against previously-encountered diseases. Not all people infected with measles will develop immune amnesia.

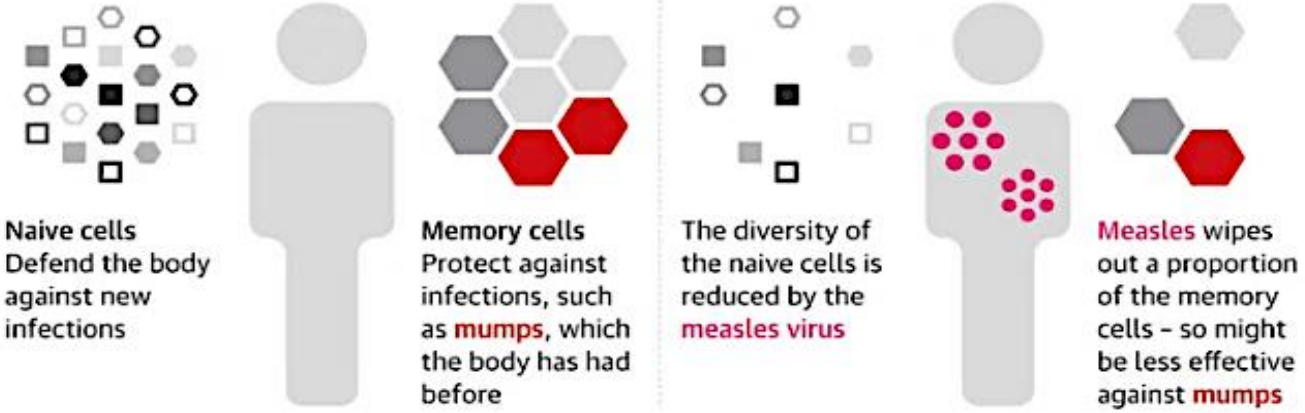
HOW LONG DOES IT LAST?

It takes 2-3 years post-measles infection for protective immune memory to be restored. Some people may need to be re-vaccinated against other diseases because they have lost immunity. This is more likely among children because it takes approximately 5 years for children to develop a full immune system, so a measles infection in children under 5 can reset this progress.

How Measles Leaves the Body Vulnerable to Infection

Measles affects two key lines of immune response within the body.

After measles strikes, the body is left vulnerable long after the initial illness has passed.



Guardian graphic. Source: Science Immunology

HOW CAN IMMUNE AMNESIA BE PREVENTED?

Immune amnesia has not been observed in children who received a measles vaccine. By maintaining high measles vaccination coverage, herd immunity prevents spread of measles infection, thus preventing the long-term immunosuppressive effects associated with measles infection.

SOURCES: Harvard Medical School, The Guardian, American Society for Microbiology,

MEASLES-ASSOCIATED ENCEPHALITIS

WHAT IS ENCEPHALITIS?
Encephalitis is inflammation of the brain. Most people will have flu-like symptoms (headache, fever, aches, and fatigue), but more serious conditions can occur, such as confusion, hallucinations, weakness, seizures, and coma. The likelihood that measles infects the Central Nervous System is higher for children and the immunocompromised.

PRIMARY MEASLES ENCEPHALITIS
Primary measles encephalitis occurs at the same time as an active measles infection. 10-15% of children with primary encephalitis will die. An additional 25% of children with primary encephalitis will have permanent neurological damage.

MEASLES INCLUSION BODY ENCEPHALITIS (MIBE)
Measles inclusion body encephalitis is most often seen among immunocompromised individuals within days to months of measles infection. The incidence is unknown. This condition often manifests in people who did *not* have the signature measles rash, so infection may have gone undetected. Rarely, this condition is associated with immunocompromised patients who receive the live virus vaccine.

The symptoms begin with blindness and/or deafness, followed by seizures and altered mental status. Coma and death occur in 85% of patients within a few months. MIBE is very difficult to detect and can only be reliably confirmed with biopsy of brain and central nervous system tissue.

ACUTE POST-INFECTIOUS MEASLES ENCEPHALOMYELITIS
This condition occurs in approximately 1 in 1,000 measles cases and presents within 2-30 days of infection.

SUBACUTE SCLEROSING PANENCEPHALITIS (SSPE)
Subacute Sclerosing Panencephalitis is a rare but fatal condition that occurs in approximately 1 of 10,000 measles cases. The likelihood increases to 1 in 2,500 for children under 5. Vaccination is only effective against this condition if given before an individual is exposed to measles. SSPE is most likely to develop in children who were infected with measles before age 2.

SSPE is a degenerative condition for which there is no cure. Symptoms begin 6-11 years after a measles infection. After diagnosis, most patients die within 1-3 years. It develops in four stages:

Stage 1: Personality changes, mood swings, depression, fever, & headaches.
Stage 2: Muscle spasms, dementia, seizures, & blindness
Stage 3: Writhing movements and rigidity
Stage 4: Coma and then death induced by the brain's inability to regulate breathing, blood pressure, and heart rate

Alternative names: *Subacute sclerosing leukoencephalitis, Dawson encephalitis.*

VACCINATION-ASSOCIATED ENCEPHALITIS
This incredibly rare condition occurs in 1-2 of 1,000,000 cases.

Sources: Encephalitis International, MedlinePlus, Handbook of Clinical Neurology, Mayo Clinic

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
Tristan Aniano
Aquielle Person
Jane Fotna
Eunice Osei-Mensah
Shivani Saluja
Callie Annas
Riley Timken
Hana Kim
Yiwei Bin
Brian Trefry
Malik Fisseha

CANADA DESK

Shannon Lee
Sasha Yeskel

Gloria McComas
Sophia Halepas
Kavya Raju
Islam Salem
Sinduja Devapal

MEXICO DESK AND MAPS

Liddy Boland
Tania de Jesús Espinosa

Madison McCarthy
Olivia McCarthy

THE AMERICAS AND COPY EDITOR

Tania de Jesús Espinosa

COPY EDITOR

Kaitlyn Flores

SPOTLIGHT TOPICS/ EDITORIALS

Emma Chapman-Banks
Allison Traiger