

# MEASLES – THE AMERICAS 2025 - 2026

## MORBIDITY AND MORTALITY

COUNTRY	CONFIRMED CASES 2026	DEATHS 2026	CONFIRMED CASES 2025	DEATHS 2025	2025-2026 Totals
<b>NORTH AMERICA – 3 ACTIVE OUTBREAKS</b>					
<u>US</u>	1,178 (+117)	0	2,281 (+1)	3	3,459
<u>CANADA</u> <sup>1,2</sup>	360 (+93)	0	5,460 (+9)	2	5820
<sup>1</sup> Includes the probable cases reported by Canada under the clinically confirmed column, due to alignment with PAHO's case definition <sup>2</sup> Canada lost its measles elimination status on 10 November 2025 due to the ongoing measles outbreak that began in October 2024					
<u>MEXICO</u>	4,966 (+969)	5	6,453 (+21)	27	11,419
<b>CENTRAL AMERICA – ONE ACTIVE OUTBREAKS</b>					
<u>BELIZE</u>	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
<b>SOUTH AMERICA – 3 ACTIVE OUTBREAKS</b>					
<u>ARGENTINA</u>	0	0	36	0	36
<u>BOLIVIA</u>	10	0	597	0	607
<u>BRAZIL</u>	0	0	38	0	38
CHILE	1	0	0	0	1
COLOMBIA	3	0	0	0	3
PARAGUAY	0	0	49	0	49
PERU	0	0	5	0	5
URUGUAY	1	0	13	0	14
<b>THE CARIBBEAN</b>					
CARIBBEAN	0	0	44	0	44
TOTAL	6560	5	15023	32	21,583

## BACKGROUND

UNITED STATES

SOUTH CAROLINA

ARIZONA AND UTAH

FLORIDA

CANADA

ALBERTA

MEXICO

Yale  
SCHOOL  
OF PUBLIC  
HEALTH

3/1/2026  
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
<b>HIGH</b>	<b>HIGH</b>	<b>HIGH</b>	<b>HIGH</b>

## 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](#)

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[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](#)
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- [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 **21,585 measles cases** were confirmed in the Region of the Americas, including **37 deaths**. Cases were reported across **15 countries** and the Caribbean:

**Argentina** (n = 36), **Belize** (n = 44), the Plurinational State of **Bolivia** (n = 607), **Brazil** (n = 38), **Canada** (n = 5,820, including 2 deaths), **Chile** (n=1), **Columbia**: (N=1) **Costa Rica** (n = 1), **El Salvador** (n=1), **Guatemala** (n = 42), **Mexico** (n = **11,419**, including 32 deaths), **Paraguay** (n = 49), **Peru** (n = 5), the **United States of America** (n =3,459) including 3 deaths), **Uruguay** (n = 14), and the **Caribbean** (n = 44).

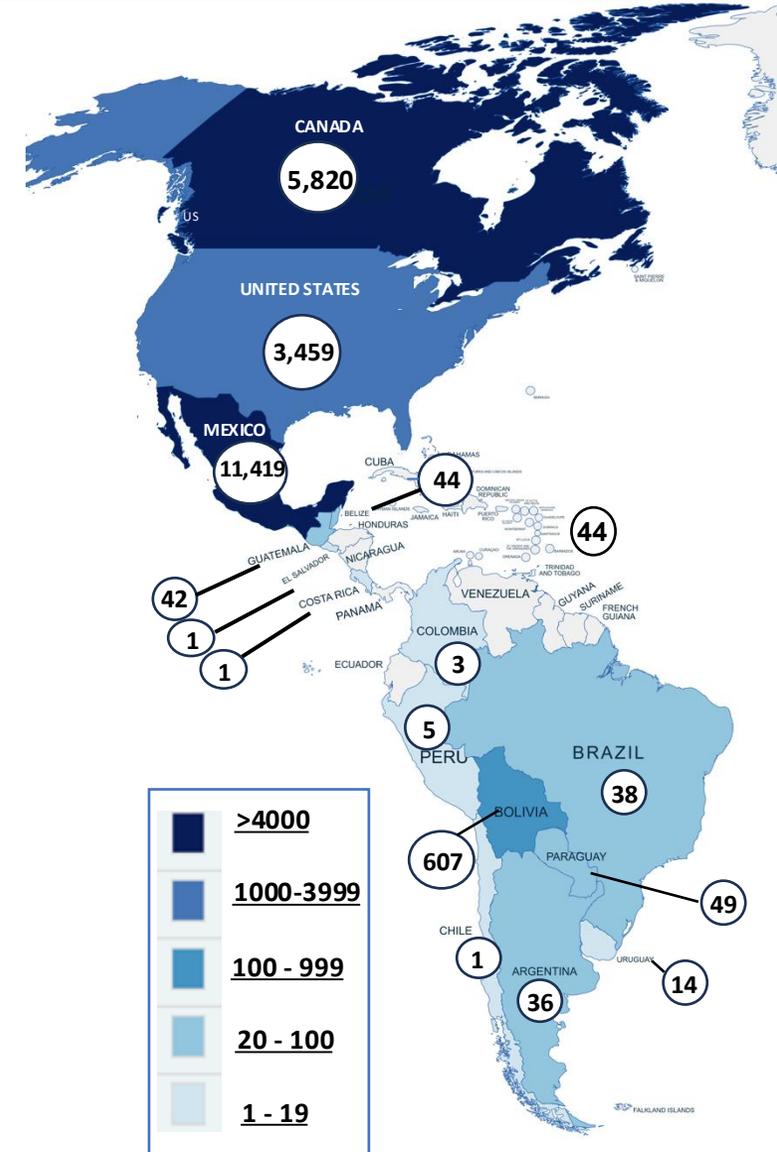
## EPIDEMIOLOGICAL AND POLICY CONTEXT

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 met the criteria for the elimination of endemic measles transmission, following a 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.

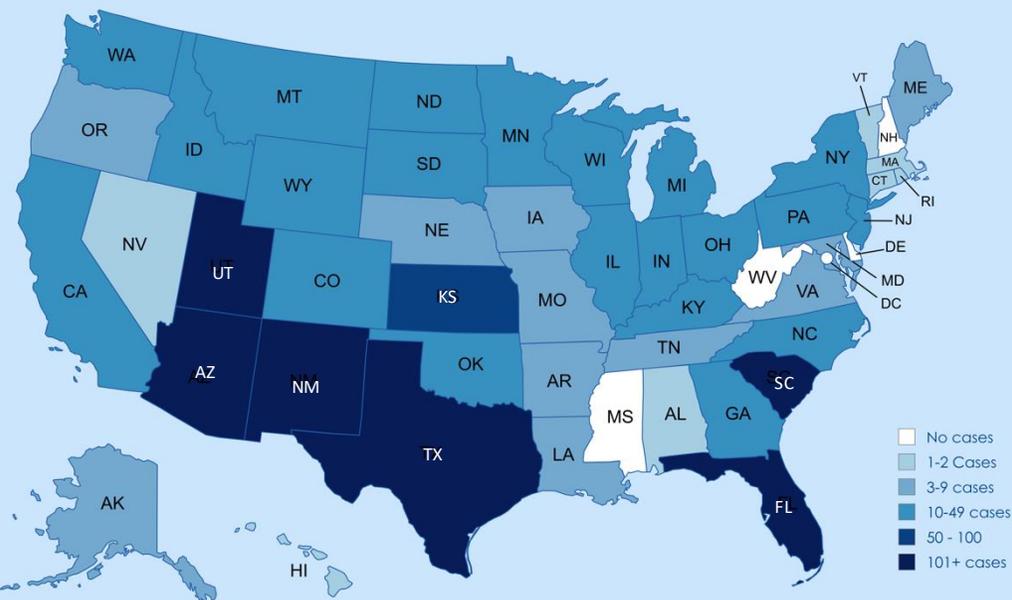


# MEASLES CASES – AS OF 1 MARCH 2026

**2026 CASES**  
1208 CONFIRMED CASES

**2025 CASES**  
2,281 CONFIRMED + 4 PROBABLE CASES  
AND 3 DEATHS

**2025 - 2026 CASES**  
3459 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
<a href="#">SOUTH CAROLINA</a>	12	985	655	330		
<a href="#">UTAH</a>	32	337	141	196		
<a href="#">FLORIDA</a>	22	122	114	8		
<a href="#">ARIZONA</a>	6	275	55	220		
<a href="#">TEXAS</a>	18	835	32	803		2
<a href="#">WASHINGTON</a>	2	38	26	12		
<a href="#">NORTH CAROLINA</a>	2	24	22	2		
<a href="#">CALIFORNIA</a>	0	48	21	27		
<a href="#">NORTH DAKOTA</a>	7	57	21	36		
<a href="#">PENNSYLVANIA</a>	4	28	12	16		
<a href="#">VIRGINIA</a>	0	16	10	6		
<a href="#">MINNESOTA</a>	5	36	10	26		
<a href="#">OHIO</a>	4	54	9	45		
<a href="#">IDAHO</a>	0	21	7	14		
<a href="#">SOUTH DAKOTA</a>	1	23	7	16		
<a href="#">OREGON</a>	1	7	6	1		
<a href="#">MAINE</a>	0	5	5	0		
<a href="#">NEW MEXICO</a>	5	105	5	100		1
<a href="#">KENTUCKY</a>	0	17	4	13		
<a href="#">COLORADO</a>	1	37	2	35	1	
<a href="#">GEORGIA</a>	0	12	2	10		
<a href="#">ILLINOIS</a>	0	16	2	14		
<a href="#">MASSACHUSETTS</a>	2	2	2	0		
<a href="#">WISCONSIN</a>	0	38	2	36		
<a href="#">MARYLAND</a>	1	4	1	3		
<a href="#">NEBRASKA</a>	0	6	1	5		
<a href="#">NEW JERSEY</a>	0	12	1	11		
<a href="#">NEW YORK</a>	0	49	1	48		
<a href="#">OKLAHOMA</a>	0	18	1	17	3	
<a href="#">VERMONT</a>	0	3	1	2		
<a href="#">ALABAMA</a>	1	0	0	1		
<a href="#">ALASKA</a>	4	0	0	4		
<a href="#">ARKANSAS</a>	8	0	0	8		
<a href="#">CONNECTICUT</a>	1	0	0	1		
<a href="#">HAWAII</a>	2	0	0	2		
<a href="#">INDIANA</a>	11	0	0	11		
<a href="#">IOWA</a>	9	0	0	9		
<a href="#">KANSAS</a>	91	0	0	91		
<a href="#">LOUISIANA</a>	3	0	0	3		
<a href="#">MICHIGAN</a>	30	0	0	30		
<a href="#">MISSOURI</a>	7	0	0	7		
<a href="#">MONTANA</a>	36	0	0	36		
<a href="#">NEVADA</a>	2	0	0	2		
<a href="#">RHODE ISLAND</a>	1	0	0	1		
<a href="#">TENNESSEE</a>	8	0	0	8		
<a href="#">WYOMING</a>	15	0	0	15		
<b>TOTALS</b>	<b>117</b>	<b>3,459</b>	<b>1,178</b>	<b>2,281</b>		

## 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: 1208**

## AGES

- 24% - Under 5
- 57% - 5-19 years of age
- 17% - 20+ years of age
- 7% - Unknown

**92%** of all cases were unvaccinated or had unknown vaccination status, **4%** had 1 MMR dose, and **4%** had 2 MMR doses.

## 5% of all cases required hospitalization

- 7% - Under 5
- 3% - 5-19 years of age
- 10% - 20+ years of age
- 14% - Unknown

## 2025

**Total: 2,281**

## AGES

- 26% - Under 5
- 44% - 5-19 years of age
- 29% - 20+ years of age
- 13% - 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

**MASSACHUSETTS:** The Massachusetts Department of Public Health (DPH) confirmed two cases of measles among Massachusetts residents on 27 February 2026. The first case was reported in a school-aged Massachusetts resident who was exposed and diagnosed out of state and remains out of state during the infectious period. There are no known exposures to others in Massachusetts. The second case was diagnosed in an adult who lives in Greater Boston. The individual recently returned from international travel and had an uncertain vaccination history. During their infectious period, the individual visited several locations where exposures to others likely occurred

**MINNESOTA:** Minnesota has reported [10 measles cases so far in 2026](#) amid a declining vaccination rate that's left more people vulnerable to the highly infectious disease and its characteristic head-to-toe rash. The case cluster is raising concerns, given that Minnesota had 26 infections in total last year. All 10 people were diagnosed **after being infected in the United States**, according to Thursday's updated count by the Minnesota Department of Health, showing that the viral disease is gaining a foothold.

**NEW MEXICO:** New Mexico health officials on Tuesday, 2/24/2026, confirmed the [first measles case of the year, a federal inmate held in the Hidalgo County Detention Center](#) with an unknown vaccination status. State health officials said in a news release that they were working with Hidalgo County officials to ensure quarantine and vaccination rules were followed to contain the spread. On 27 February 2026, the state reported that [4 more federal inmates](#) tested positive: 2 inmates at the Luna County Detention Center, 1 at the Doña Ana County Detention Center, and an additional case in Hidalgo. This brings the number of cases to 5.

**OHIO:** Ohio has now had nine measles cases in 2026. The state had 45 cases of measles in 2025. Since the start of February, there have been six cases of measles identified in Franklin County; all in children. Five are associated with an outbreak. Those five are from two households. There has been no specifically identified travel in those five cases, though there is potential that members of the community may have traveled to an area with an active outbreak. The sixth case is the case involved in the potential exposure at John Glenn International Airport. That involves international travel and is not associated with the outbreak. Five of the six children were unvaccinated, and one child had received only one dose of the MMR vaccine. The Franklin County cases are not linked to the outbreak in Cuyahoga County that the [department reported in January 2026](#).

**PENNSYLVANIA:** The count is currently at 12 cases for 2026. [Montgomery County](#) has a total of three cases. Chester County has reported one case, and [Lancaster County](#) has reported 8 cases. The three most recent cases in Lancaster County occurred among individuals who knew they had been exposed and had been quarantined.

**TEXAS:** Lubbock, Texas, confirmed its first case of measles in an unvaccinated resident who likely contracted the virus while traveling. Last week, Texas health officials confirmed [six cases of measles in two Hill Country counties](#). [Rockwall County Health Authority has reported 6 cases](#) this year, while two cases were reported at the South Texas Family Residential Center in Dilley, Texas. [In El Paso, 17 measles cases](#) have been reported, including 13 at the Camp East Montana Immigration and Customs Enforcement Detention Center, health officials said Thursday, 26 February 2026.

# UNITED STATES – MEASLES INSIDE DETENTION FACILITIES:

## BACKGROUND

- **28 January 2028:** A detainee at an Immigration and Customs Enforcement (ICE) facility in Florence, Arizona, is diagnosed with measles. 2 additional cases are identified.
- **2 February 2026 :** 2 people with measles are detected at one of the largest family detention facilities in the country - Dilley Immigration Processing Center, Dilley, Texas.
- **24 February 2026:** A federal inmate is detected with measles at the Hidalgo County Detention Center. **Subsequently, four new cases** include two inmates at the Luna County Detention Center, one at the Doña Ana County Detention Center, and a second at the Hidalgo facility.
- **26 February 2026:** 13 people held at the Camp East Montana Immigration and Customs Enforcement Detention Center outside El Paso, Texas, are diagnosed with measles.

## CAUSES AND CONTRIBUTING FACTORS

- **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.
- **Exposure settings:** Detention centers are a high-density, confined, congregate living space with rapid turnover.

- **Inconsistent vaccine coverage:** Individuals in detention facilities often come from a variety of locations with differing levels of measles vaccine coverage.
- **Population movement:** Frequent transfers between detention facilities and jurisdictions can spread infection, and new detainee intake may introduce infected individuals.
- **Delayed recognition:** Early measles symptoms resemble common viral illnesses. Language barriers or limited access to healthcare may delay symptom

## PREPAREDNESS MEASURES

### *Early detection and rapid containment to prevent facility-wide transmission*

- **Vaccination screening at intake** and MMR vaccination for individuals without evidence of immunity.
- **Staff vaccination verification** to ensure correctional and medical staff are protected.
- **Enhanced syndromic surveillance** to detect fever–rash illness early.
- **Rapid reporting protocols** with local and state public health authorities.
- **Isolation capacity** for suspected or confirmed measles cases using airborne precautions.
- **Prepared contact tracing protocols** to monitor exposed detainees and staff.
- **Review the facility’s Standard Operating Procedures** for an infectious disease outbreak.
- **Have sufficient supplies on hand**, such as masks.
- **Communicate** policies and procedures to individuals, families, and staff.

# UNITED STATES – MEASLES INSIDE DETENTION FACILITIES:

## HEALTH IMPLICATIONS

- **Severe complications may include:**
  - Pneumonia
  - Encephalitis
  - Severe dehydration
  - Death
- **High-risk groups in detention settings**
  - Children in family detention centers
  - Pregnant women
  - Immunocompromised individuals
  - Persons with underlying medical conditions
- People held in immigration detention centers are at high risk of many vaccine-preventable diseases, such as the flu, mumps, and hepatitis A.
- Children in detention facilities often receive inadequate health services and face a high risk of severe complications from measles, such as pneumonia, encephalitis, blindness, increased susceptibility to other infections, and death.
- 1 in 5 people who get measles will be hospitalized

## OPERATIONAL IMPACTS

- **Rapid spread** among detainees.
- **Staff exposure** and workforce shortages.
- **Spillover transmission to surrounding communities**

## PUBLIC HEALTH AND POLICY CONSIDERATIONS

- **Vaccination policy:** Routine MMR vaccination programs for detainees lacking proof of immunity and verification for staff as a cost-effective method to prevent measles reintroduction.
- **Increased monitoring** of adherence to **sanitary and safety requirements** within facilities, such as improved ventilation and appropriate isolation areas.
- **Timely access to healthcare services** to increase the speed of diagnosis, quarantining, and testing to limit disease spread.
- Policies that require **the screening of staff and residents for immunity** as a
- **Duty of care:** Detention authorities must provide adequate healthcare and disease prevention.
- **Interagency coordination:** Collaboration between ICE, local and state health departments, federal public health agencies, and healthcare systems.
- **Transparency and surveillance:** Rapid case reporting and situational awareness.
- **Resource allocation:** Access to vaccines, testing, isolation space, and medical personnel.
- **Human rights considerations:** Infection control measures must ensure humane treatment and protection of vulnerable populations.

[CDC\\_CHECKLIST FOR CORRECTIONAL FACILITIES](#)

[FEDERAL BUREAU OF PRISONS CLINICAL GUIDANCE - MEASLES](#)

[NIH\\_CONTROL OF MEASLES IN A JUVENILE CUSTODIAL SETTING IN THE WAKE OF THE RECENT US OUTBREAK](#)

# 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, Pickens, Sumter, and Lancaster counties**.

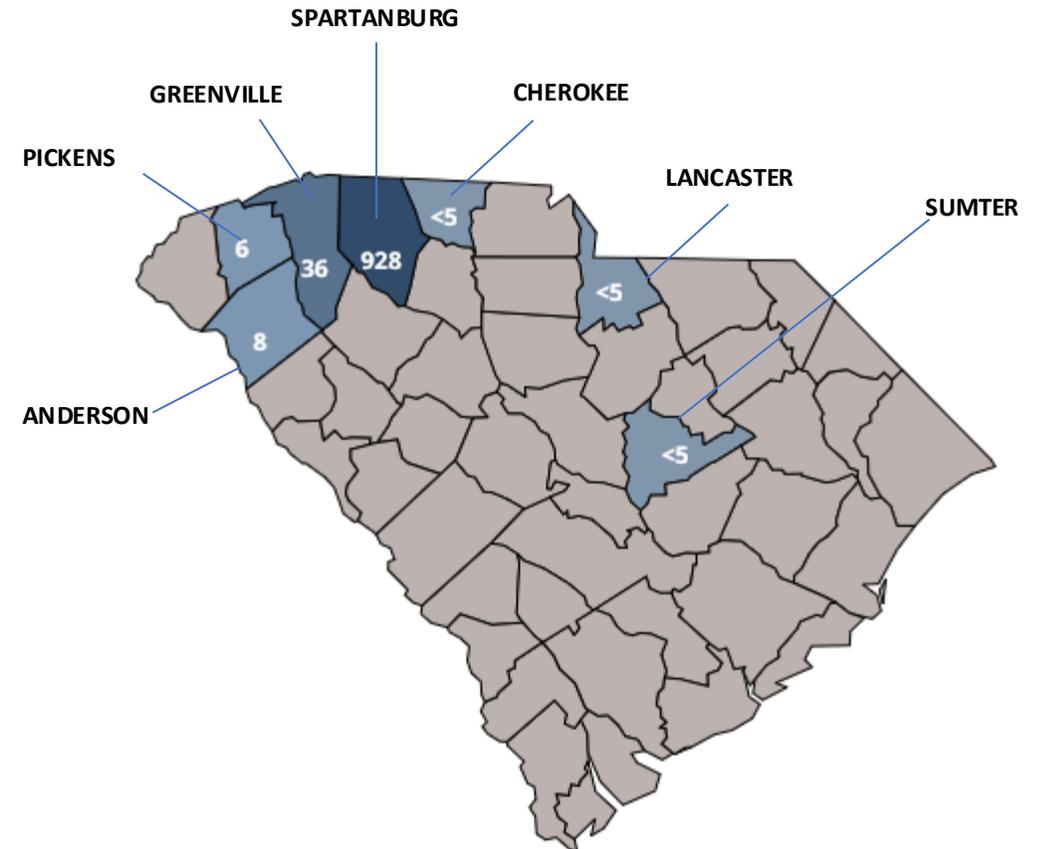
### WHY IS IT SPREADING?

- **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 **985 confirmed cases**.

## CASES BY COUNTY



# UNITED STATES – SOUTH CAROLINA OUTBREAK (2025-2026)

## SOUTH CAROLINA

CASES: 985 +2 NON-OUTBREAK FROM 2025

HOSPITALIZATIONS: 21

DEATHS: 0

### AGES:

- < 5: 258
- 5-11: 448
- 12-17: 185
- 18-29: 50
- 30-49: 30
- 50+ : 5
- Unknown: 11

### VACCINATION STATUS:

- 919 unvaccinated
- 26 vaccinated
- 19 partially vaccinated
- 21 unknown

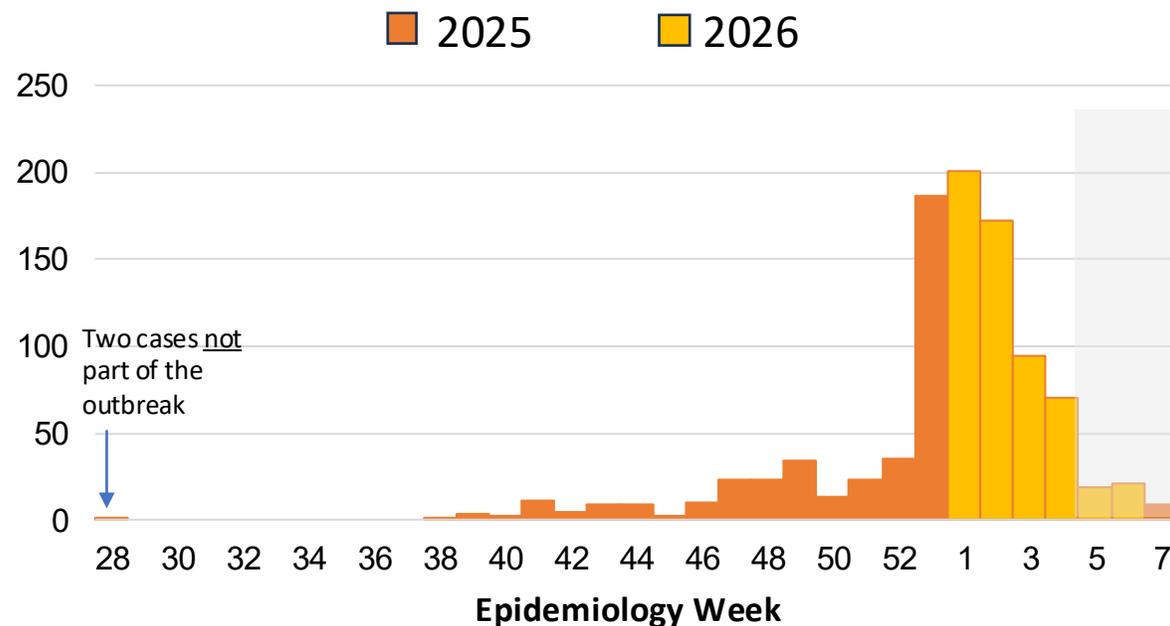
### COMMUNITY TRANSMISSION: ONGOING

- 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 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.

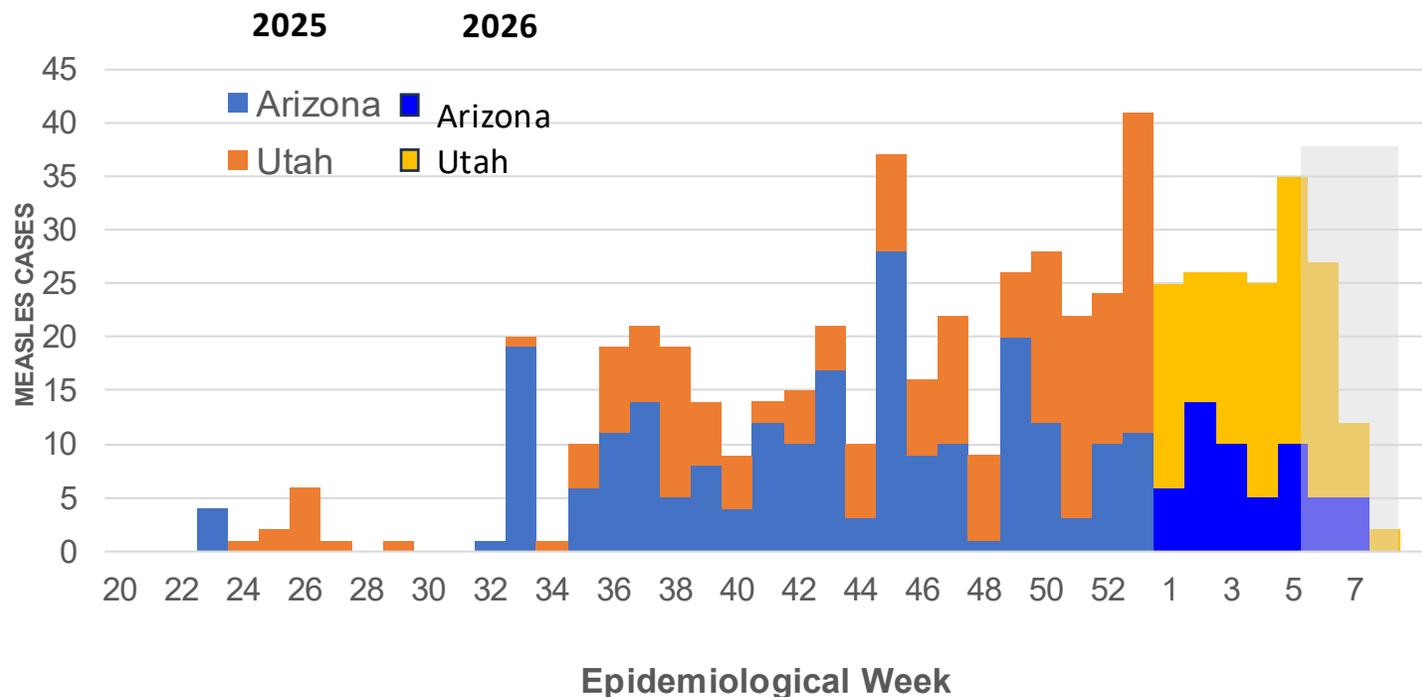
## EPI CURVE FOR MEASLES CASES IN SOUTH CAROLINA, 2025 -2026



# 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.



**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 319 confirmed cases** associated with this outbreak.
- **Arizona reported 275 cases**, with **260 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)

260( +6) OUTBREAK CASES + 15 CASES NOT ASSOCIATED WITH THE OUTBREAK = 275

HOSPITALIZATIONS: 17 (5.9%)

DEATHS: 0

### AGES:

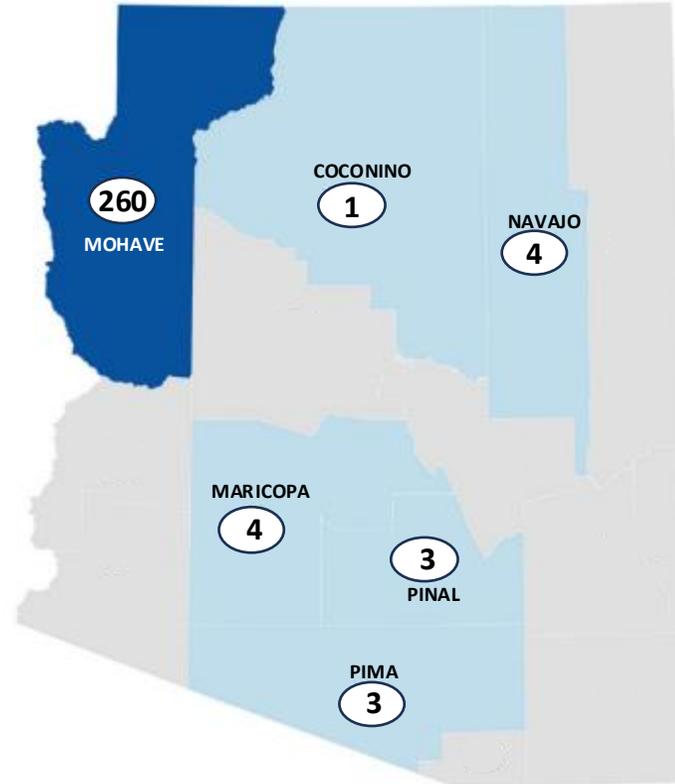
- <18: 183 (68%)
- 18+: 86 (32%)

### 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	46
Navajo	4	0
Pima	1	2
Pinal	0	3
Santa Cruz	0	0
Yavapai	0	0
Yuma	0	0
<b>Totals</b>	<b>220</b>	<b>55</b>

### 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)

319 (14) CASES ASSOCIATED WITH THE OUTBREAK

+18 ADDITIONAL CASE REPORTED BY THE CDC = 337

HOSPITALIZATIONS: 27 (8.20%)

DEATHS: 0

### AGES:

<18 years = 194 (61%)  
18+ years = 124 (39%)

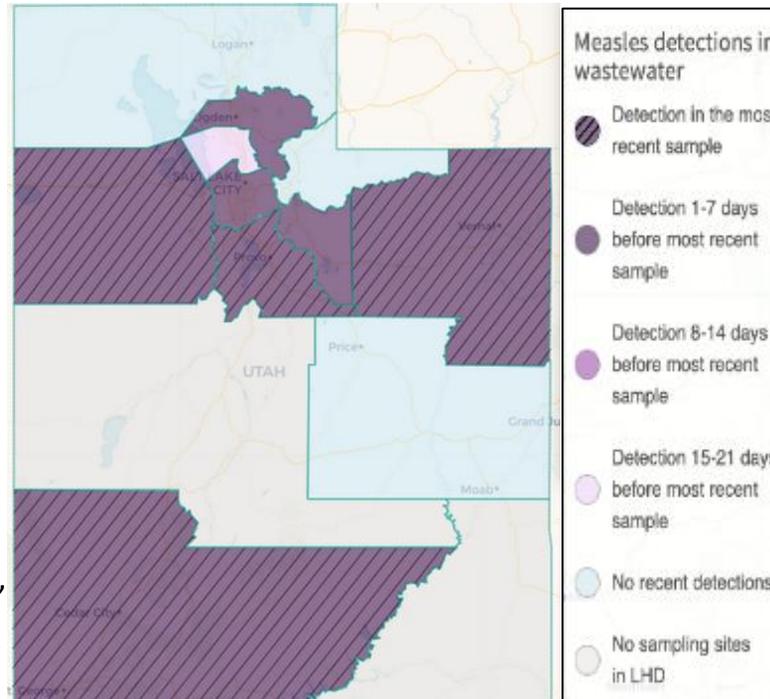
### VACCINATION STATUS:

- Unvaccinated: 279 (87.46%)
- Vaccinated: 26 (8.15%)
- Unknown: 14 (4.30%)

**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.

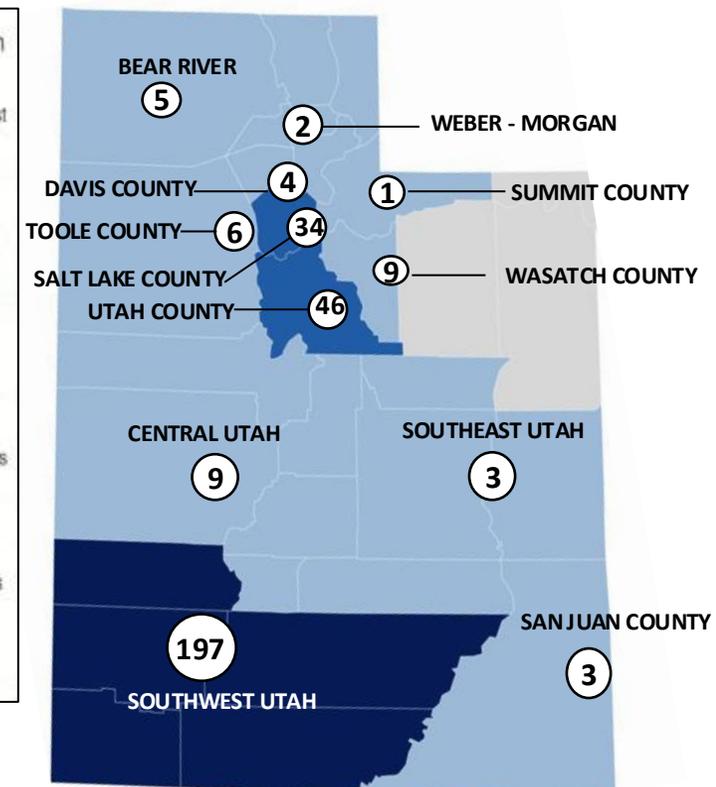
**RESPONSE:** The outbreak response is ongoing, including contact tracing, risk communication, vaccinations, and wastewater surveillance. After wastewater samples in Provo (where Brigham Young University is located) tested positive for measles in July, the Utah Department of Health and Human Services 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 149 in 2026, leaving 18 reported by the feds.



### WASTEWATER DASHBOARD - UTAH

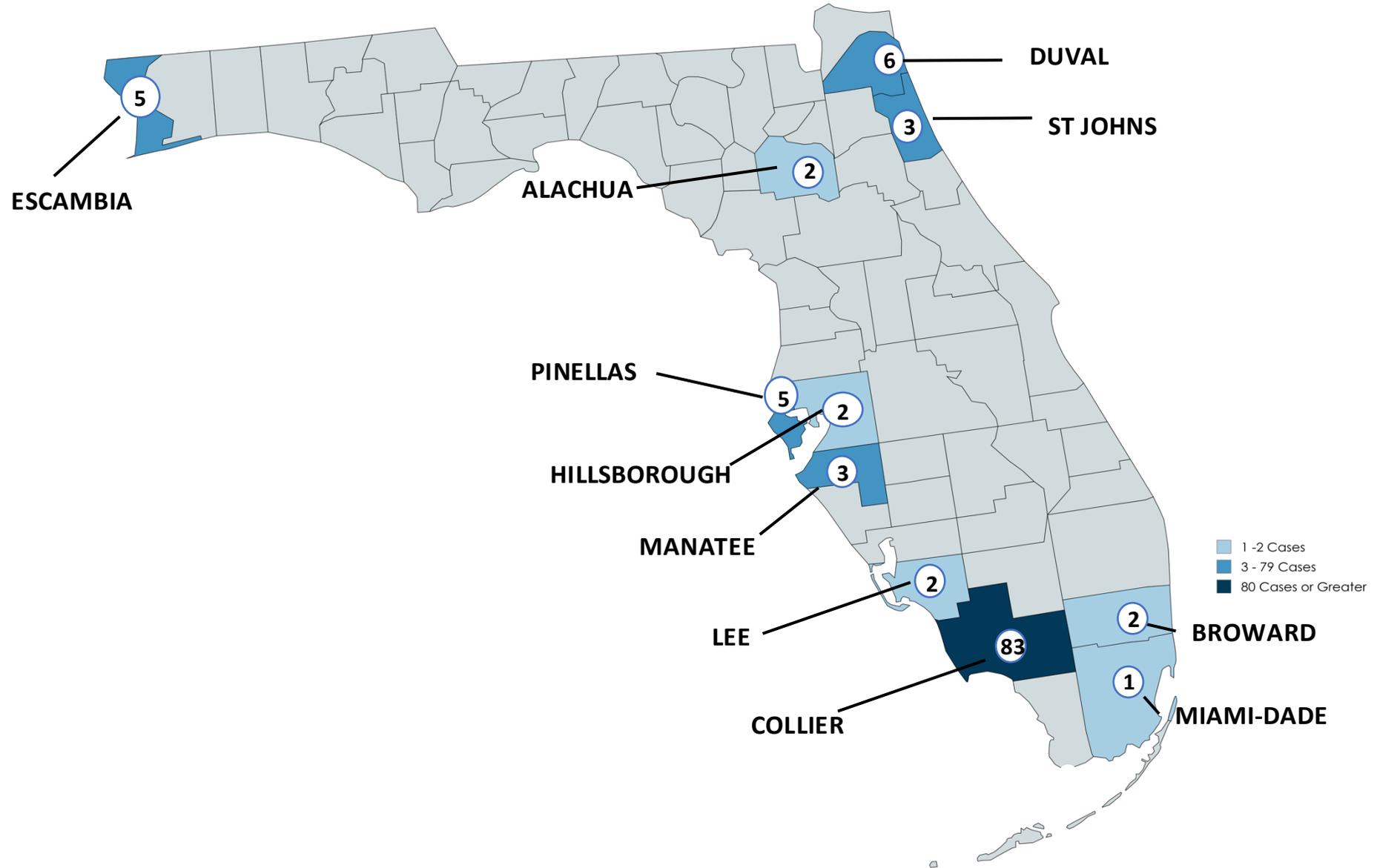
The Utah Department of Health and Human Services is now testing wastewater for measles. Recent tests indicate the virus is present in wastewater across several health districts, indicating it's more widespread in the state than previously known.



### MEASLES BY THE LOCAL HEALTH DEPARTMENT

# UNITED STATES - FLORIDA 2026

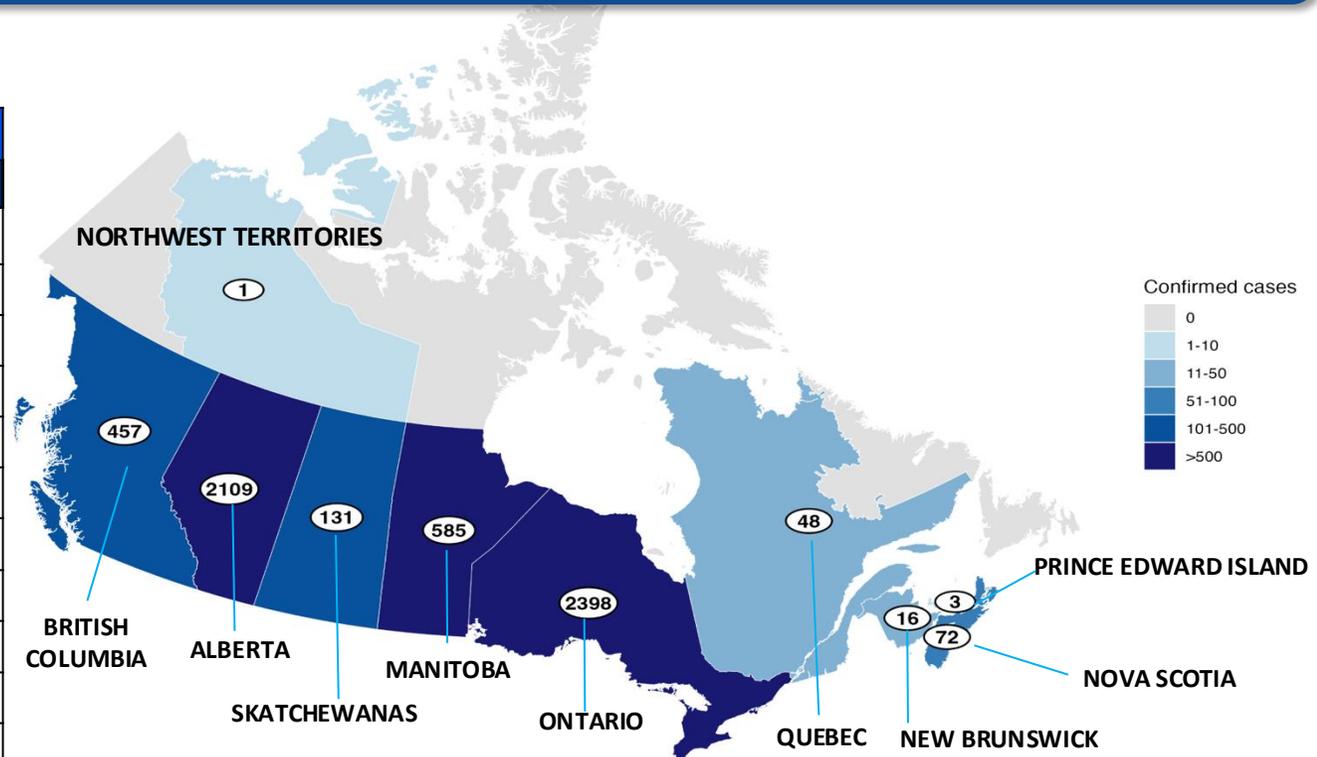
COUNTY	CASES
Alachua	2
Broward	2
<a href="#">Collier</a>	83
<a href="#">Duval</a>	6
<a href="#">Escambia</a>	5
Hillsborough	2
Lee	2
Manatee	3
Miami-Dade	1
<a href="#">Pinellas County</a>	5
St. Johns	3
<b>TOTAL</b>	<b>114</b>



NOTE: The numbers are from [news reports](#) (current), the [University webpages](#), and from the [Florida Department of Health](#) (data goes only up to 2/21/2026).

# CANADA – CURRENT SITUATION (2025 – 2026)

PROVINCE	2026	2025	2026 +2025
	TOTAL	CASES	TOTALS
<a href="#">ALBERTA</a>	95 (+28)	2014	2109
<a href="#">BRITISH COLUMBIA</a>	17 (-9)	440 (+9)	457
<a href="#">MANITOBA</a>	229 (+65)	356	585
<a href="#">NEW BRUNSWICK</a>	0	16	16
<a href="#">NORTHWEST TERRITORIES</a>	0	1	1
<a href="#">NOVA SCOTIA</a>	10 (+7)	62	72
<a href="#">ONTARIO</a>	1 (+1)	2,397	2398
<a href="#">PRINCE EDWARD ISLAND</a>	0	3	3
<a href="#">QUEBEC</a>	3	45	48
<a href="#">SASKATCHEWAN</a>	5 (+1)	126	131
<b>TOTALS</b>	<b>360</b>	<b>5,460</b>	<b>5820</b>



**2025:** A total of **5,460** measles cases (5,078 confirmed, 382 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 23, 2026.

As of February 26, 2026, cases have been reported in seven jurisdictions (Alberta, British Columbia, Manitoba, Nova Scotia, Ontario, 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.

# OUTBREAK – ALBERTA

## MORBIDITY AND MORTALITY

PROVINCE	CASES 	HOSPITALIZATIONS 	DEATHS 
ALBERTA	2,115	171 (18 ICU) (3 Currently Hospitalized/1 is in the ICU)	1

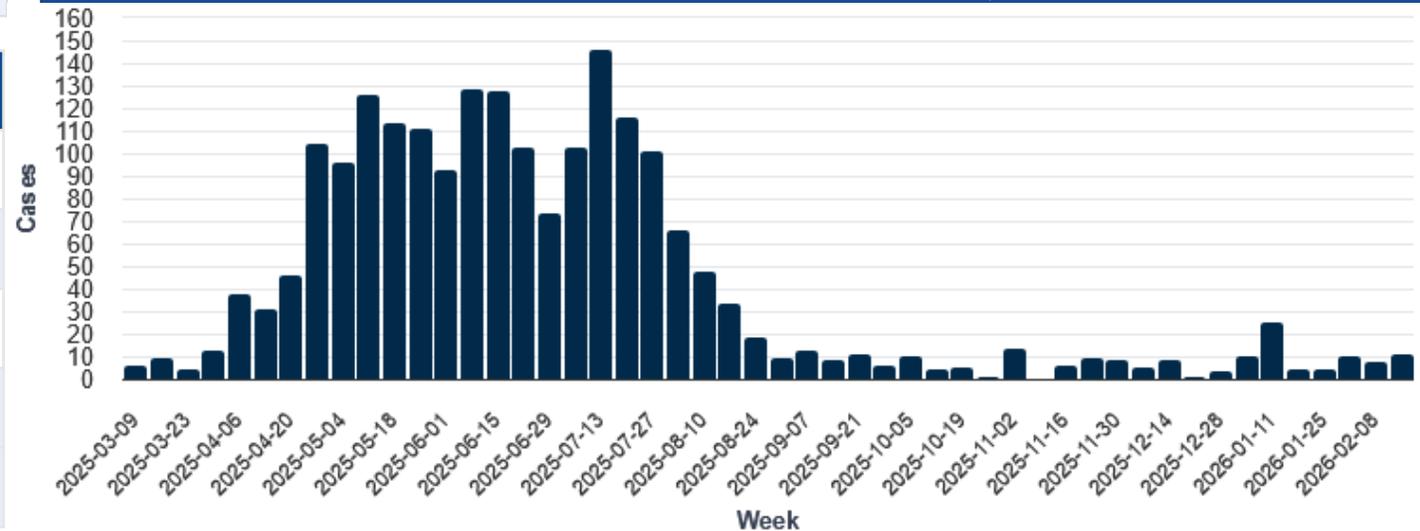
IMMUNIZATION STATUS	COUNT
Unimmunized	1875
1 dose	53
2 or more doses	79
Unknown	108

AGE RANGE	NUMBERS
<5 years	603
5 to 17 years	919
18 to 54 years	554
55 years and older	10
Unknown	29

## 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.
- Parkland County has joined a shortlist of northern Alberta communities under a ‘standing’ measles exposure advisory until further notice. La Crete, Fort Vermilion health center, and High-Level health center, as well as all of Alberta’s south zone, are under standing alerts for measles.
- “All individuals living, working or attending school in, or travelling to, Parkland County are advised to be aware of the current risk for measles disease,” said a late Friday public health alert from the Alberta government.
- Alberta reported its first death of an infant from measles in October 2025.

## NUMBER OF MEASLES CASES BY WEEK OF RASH ONSET, 3/1/2025 – 2/15/2026

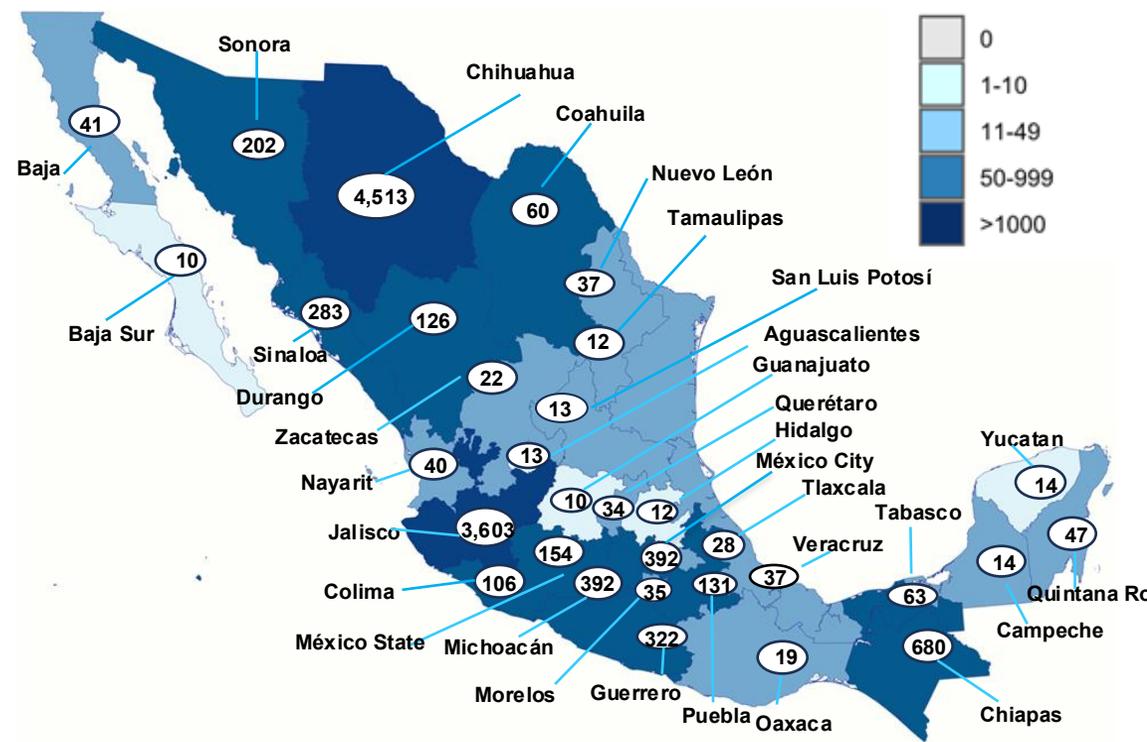


# MEXICO - CURRENT SITUATION (2025 – 2026)

Data as of 2/26/2026

STATE	2026		2025		TOTAL CONFIRMED CASES 2025-2026
	CONFIRMED	PROBABLE	CONFIRMED	PROBABLE	
CHIHUAHUA	18	117	4,495	6,239	4,513
JALISCO	2,938	5,551	665	1,836	3,603
CHIAPAS	433	1,572	247	540	680
MICHOACÁN	100	349	246	617	392
GUERRERO	61	147	261	429	322
SINALOA	193	360	90	226	283
CIUDAD DE MEXICO	345	1,188	47	979	392
SONORA	89	245	113	332	202
COLIMA	74	209	32	85	106
DURANGO	86	277	40	295	126
MÉXICO	142	708	12	611	154
PUEBLA	131	350	0	123	131
COAHUILA	5	89	55	305	60
TABASCO	59	355	4	91	63
BAJA CALIFORNIA	20	336	21	254	41
MORELOS	10	124	25	252	35
NAYARIT	34	146	6	100	40
QUERÉTARO	22	152	12	163	34
VERACRUZ	37	338	0	261	37
ZACATECAS	0	59	22	163	22
NUEVO LEÓN	35	599	2	297	37
QUINTANA ROO	45	177	2	76	47
TLAXCALA	28	108	0	43	28
OAXACA	13	70	6	91	19
CAMPECHE	0	23	14	99	14
TAMAULIPAS	0	72	12	130	12
SAN LUIS POTOSÍ	6	61	7	147	13
HIDALGO	11	130	1	118	12
AGUASCALIENTES	11	161	2	150	13
BAJA CALIFORNIA SUR	2	35	8	68	10
YUCATÁN	12	82	2	67	14
GUANAJUATO	6	207	4	543	10
<b>TOTAL</b>	<b>4,966</b>	<b>14,397</b>	<b>6,453</b>	<b>15,730</b>	<b>11,419</b>

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



**11,419 CONFIRMED CASES, 32 DEATHS**

# 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	



**32 DEATHS**

# 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	Tuxtla Gutierrez	55 years	Male	Obesity, hypertension, smoking, chronic alcoholism	12/29/2025
Guerrero	Cochoapa	2 years	Male		



**32 DEATHS**

# 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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