

MEASLES – THE AMERICAS 2025 - 2026

MORBIDITY AND MORTALITY					
COUNTRY	CONFIRMED CASES 2026	DEATHS 2026	CONFIRMED CASES 2025	DEATHS 2025	2025-2026 Totals
NORTH AMERICA – 3 ACTIVE OUTBREAKS					
<u>US</u>	1524 (+85)	0	2,285 (+1)	3	3,809
<u>CANADA</u> ^{1,2}	599 (+63)	0	5,463 (+3)	2	6062
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					
<u>MEXICO</u>	7,584 (+628)	8	6,452	27	14,036
CENTRAL AMERICA – ONE ACTIVE OUTBREAKS					
<u>BELIZE</u>	0	0	44	0	44
<u>COSTA RICA</u>	2	0	1	0	3
<u>EL SALVADOR</u>	0	0	1	0	1
<u>GUATEMALA</u>	1,718 (+276)	0	7	0	1725
SOUTH AMERICA – 3 ACTIVE OUTBREAKS					
<u>ARGENTINA</u>	1	0	36	0	37
<u>BOLIVIA</u>	38	0	597	0	635
<u>BRAZIL</u>	1	0	38	0	39
<u>CHILE</u>	1	0	0	0	1
<u>COLOMBIA</u>	4	0	0	0	4
<u>PARAGUAY</u>	0	0	49	0	49
<u>PERU</u>	2	0	5	0	7
<u>URUGUAY</u>	2	0	12	0	14
THE CARIBBEAN					
<u>CARIBBEAN</u>	0	0	44	0	44
TOTAL	11,476	8	15,034	32	26,510

BACKGROUND

UNITED STATES

SOUTH CAROLINA

ARIZONA AND UTAH

FLORIDA

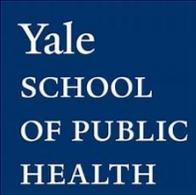
TEXAS

CANADA

ALBERTA

MEXICO

GUATEMALA



3/22/2026
1900 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](#)
- [CORJ](#)
- [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 11 of 2026, a total of **26,510 measles cases** were confirmed in the Region of the Americas, including **40 deaths**. Cases were reported across **15 countries** and the Caribbean:

Argentina (n = 37), **Belize** (n = 44), the Plurinational State of **Bolivia** (n = 635), **Brazil** (n = 39), **Canada** (n = 6,062, including 2 deaths), **Chile** (n=1), **Colombia**: (N=4) **Costa Rica** (n = 3), **El Salvador** (n=1), **Guatemala** (n = 1,725), **Mexico** (n = 14,036, including 35 deaths), **Paraguay** (n = 49), **Peru** (n = 7), the **United States of America** (n =3,809) including 3 deaths), **Uruguay** (n = 14), and **the Caribbean** (n = 44).

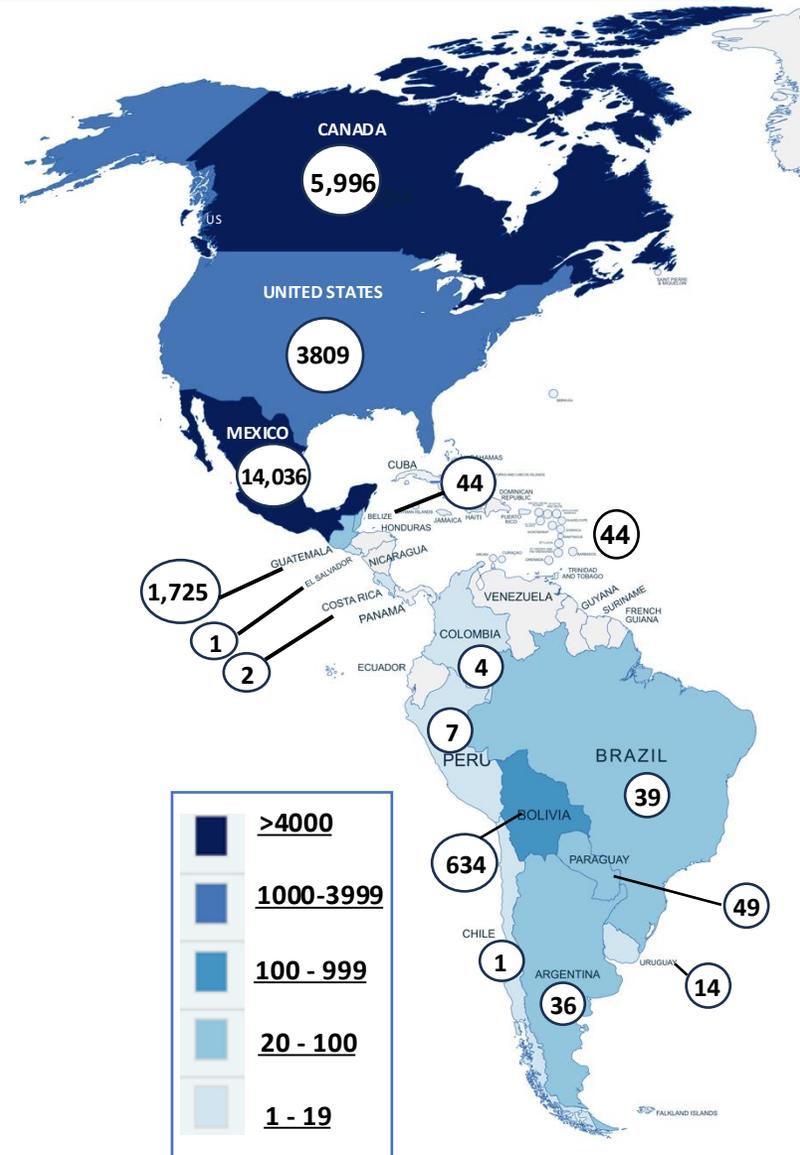
EPIDEMIOLOGICAL AND POLICY CONTEXT

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 rescheduled its international meeting to determine the status of measles elimination in the United States and Mexico. It is delayed by 7 months, from its original mid-April date to sometime in November. This adjustment reflects the scope of analysis currently being undertaken by U.S. authorities, including complete virus genome sequencing and the development of a bioinformatics pipeline, alongside ongoing outbreak response efforts. **Despite the delay, the timeline for analyzing measles cases will remain the same: one year from the start of the major US outbreak on January 20, 2025, and on February 1, 2025, for Mexico.**

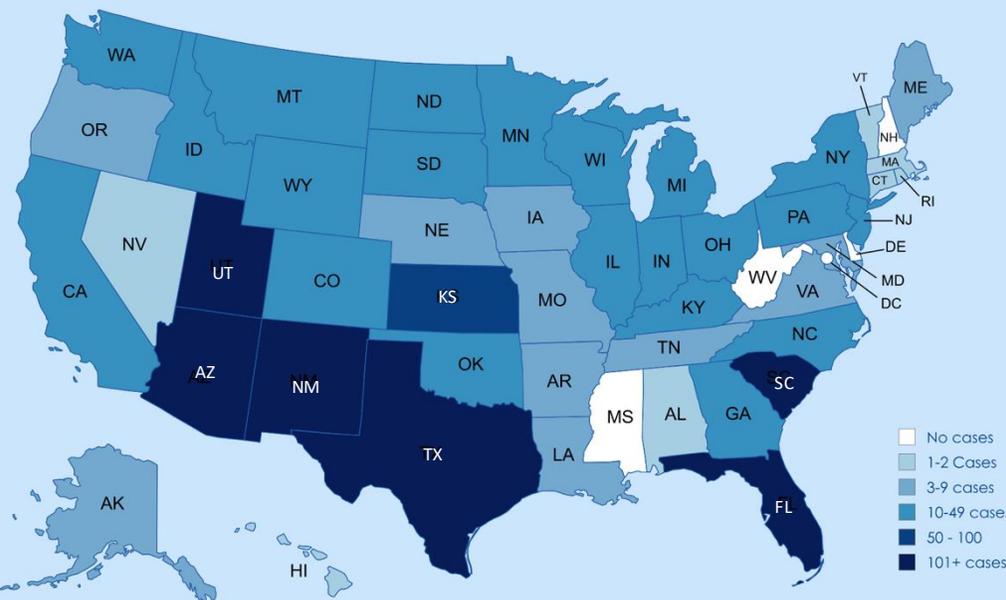


MEASLES CASES – AS OF 22 MARCH 2026

2026 CASES
1524 CONFIRMED CASES

2025 CASES
2285 CONFIRMED + 4 PROBABLE CASES
AND 3 DEATHS

2025 - 2026 CASES
3810 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](#), the [Center for Outbreak Response Innovation \(CORI\)](#), and the [International Vaccine Access Center – US Measles Tracker](#). The numbers include confirmed and probable cases.

STATE	CASES					DEATHS
	NEW	2025+2026	CONFIRMED 2026	CONFIRMED 2025	PROBABLE 2025	
SOUTH CAROLINA	3	1000	668	332		
UTAH	45	464	267	197		
TEXAS	10	953	148	805		2
FLORIDA	8	148	140	8		
ARIZONA	2	278	58	220		
CALIFORNIA	0	56	29	27		
WASHINGTON	2	40	28	12		
NORTH DAKOTA	2	62	26	36		
NORTH CAROLINA	0	24	22	2		
MINNESOTA	0	40	14	26		
VIRGINIA	1	20	14	6		
NEW MEXICO	4	113	13	100		
PENNSYLVANIA	0	28	12	16		
COLORADO	2	47	12	35		
OHIO	2	56	11	45		
OREGON	1	11	10	1		1
IDAHO	0	22	8	14		
NEW YORK	2	55	7	48		
SOUTH DAKOTA	0	23	7	16		
MAINE	0	5	5	0		
KENTUCKY	0	18	4	14	1	
ILLINOIS	0	17	3	14		
MICHIGAN	1	33	3	30		
NEBRASKA	0	6	3	3		
GEORGIA	0	12	2	10		
MASSACHUSETTS	0	2	2	0		
WISCONSIN	0	38	2	36		
ALASKA	0	5	1	4		
MARYLAND	0	4	1	3		
MISSOURI	0	8	1	7		
MONTANA	0	37	1	36		
OKLAHOMA	0	18	1	17	3	
VERMONT	0	3	1	2		
ALABAMA	0	1	0	1		
ARKANSAS	0	8	0	8		
CONNECTICUT	0	1	0	1		
HAWAII	0	2	0	2		
INDIANA	0	11	0	11		
IOWA	0	9	0	9		
KANSAS	0	91	0	91		
LOUISIANA	0	3	0	3		
NEVADA	0	2	0	2		
NEW JERSEY	0	11	0	11		
RHODE ISLAND	0	1	0	1		
TENNESSEE	0	8	0	8		
WYOMING	0	15	0	15		
TOTAL	85	3809	1524	2285	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: 1524

AGES

- 21% - Under 5
- 51.5% - 5-19 years of age
- 25% - 20+ years of age
- 2.5%- 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
- 2% - 5-19 years of age
- 8% - 20+ years of age
- 13% - Unknown

2025
Total: 2285

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

MICHIGAN: Michigan's Department of Health and Human Services (MDHHS) has confirmed a measles outbreak in Washtenaw County. There are three linked cases of measles and a potential fourth case. The original case was in an unvaccinated person who had traveled to Florida. Susan Ringler-Cerniglia is the public information officer for the Washtenaw County Health Department. She said the county's seeing the effects of declining vaccination rates firsthand, [reporting the state's first measles cases](#) in 2026. Now, it's evolved into an outbreak. Ringler-Cerniglia said measles is more difficult to manage if the person is unvaccinated, but if they have enough notice, they can get vaccinated within 72 hours [of exposure](#).

NEW MEXICO: [Measles cases rise to 13 in Southern New Mexico jails](#). Thirteen people incarcerated in Southern New Mexico jails have tested positive for measles, the state Department of Health announced Thursday. That's seven more cases since the agency's last announcement about a week and a half ago. Eight cases are at the Luna County Detention Center, three at the Doña Ana County jail, and two at the Hidalgo County jail. While jail and federal officials have provided few answers on the source of the infections, the state Health Department has deployed vaccination crews to all three facilities to reduce the risk of further spread.

OHIO: [Otterbein University confirmed that a student returning from spring break](#) has the measles. Franklin County Public Health said the student did not return to the University upon their return but did go to a CVS on Cleveland Avenue, prompting a public health alert.

TEXAS: At least 147 cases of measles have been [reported in Texas this year](#). The vast majority of them are in federal detention facilities, according to the Texas Department of State Health Services. The largest outbreak — 99 cases — is in a single contracted federal detention facility in Hudspeth County, as of March 11, said DSHS spokesperson Lara Anton. Hudspeth County Judge Joanna MacKenzie told The Texas Tribune that all of these cases are at the West Texas Detention Facility, which is managed by LaSalle Corrections, a private company. The facility has [previously housed](#) immigrant detainees, though it's not clear if it still does. It [does not appear](#) on U.S. Immigration and Customs Enforcement's list of detention facilities.

UTAH: Utah has now had almost 50 more measles cases in 2026 than in 2025, as the disease has spread to every health department in the state. In Tuesday's update of measles statistics, the Utah Department of Health and Human Services said the current outbreak is at 443 cases, with 246 of those occurring since the start of the year. Of those cases, 98 were reported in the last three weeks. Multiple other locations can be found on the Utah Department of Health and Human Services [website](#).

UNITED STATES – SOUTH CAROLINA OUTBREAK (2025-2026)

CASES BY COUNTY

BACKGROUND

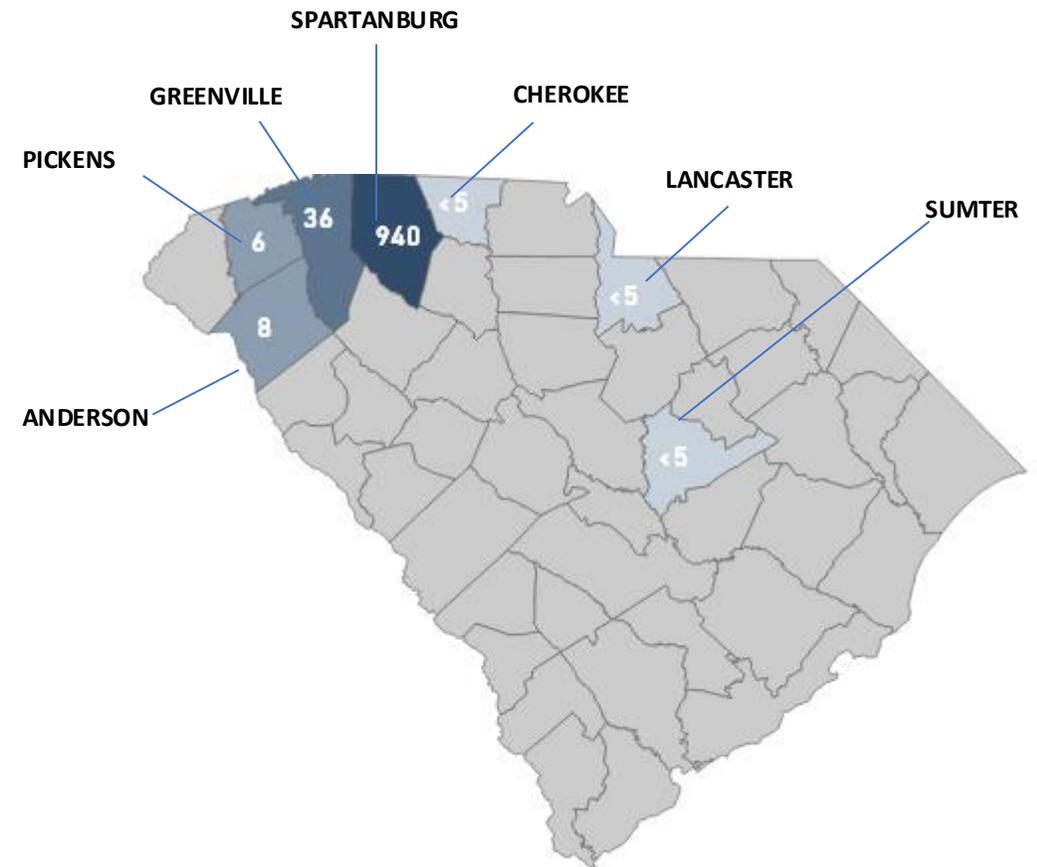
The current outbreak began on **1 October 2025**, with initial cases reported in the Upstate region, particularly **Spartanburg County**. What started as a small cluster of linked cases rapidly evolved into sustained community transmission across northwest South Carolina, including **Spartanburg, Greenville, 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 **1 new case**. This brings the total outbreak count—first reported in October 2025—to **997 confirmed**.



UNITED STATES – SOUTH CAROLINA OUTBREAK (2025-2026)

SOUTH CAROLINA

CASES: 997 +3 NON-OUTBREAK FROM 2025 = 1000

HOSPITALIZATIONS: 21

DEATHS: 0

AGES:

- < 5: 256
- 5-11: 455
- 12-17: 186
- 18-29: 53
- 30-49: 32
- 50+ : 6
- Unknown: 9

VACCINATION STATUS:

- 929 unvaccinated
- 25 vaccinated
- 20 partially vaccinated
- 23 unknown

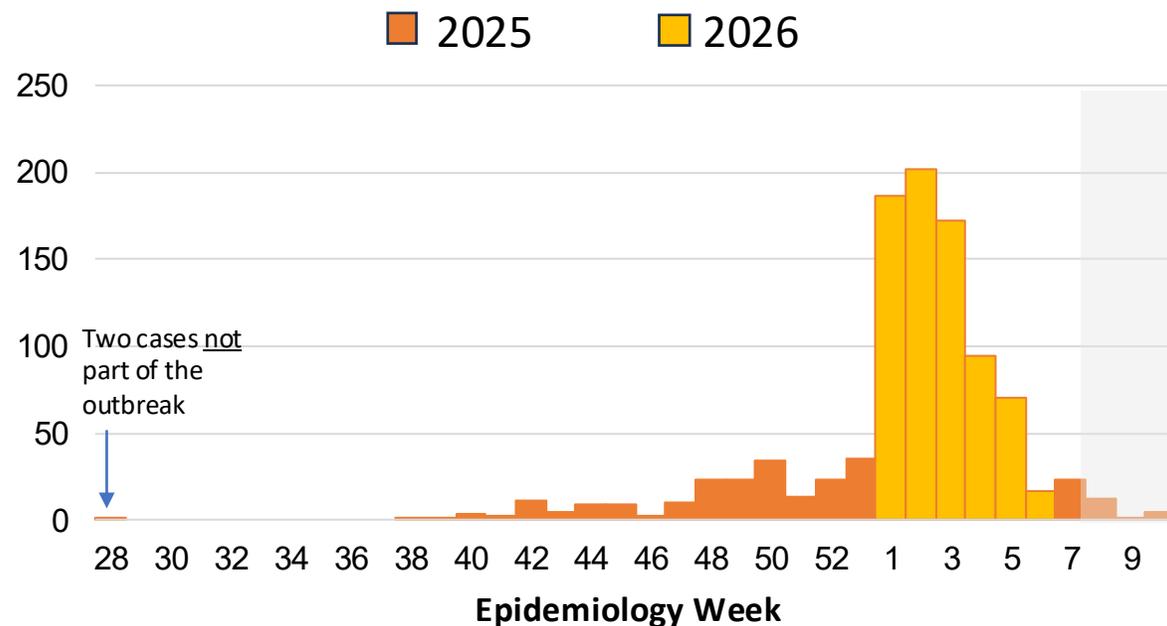
COMMUNITY TRANSMISSION: ONGOING

- 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.
- There are currently 52 people in quarantine and three in isolation. The latest end of quarantine for these is March 27

RESPONSE:

- In February 2026, there was a strong increase in measles vaccinations across the state and in Spartanburg, where the outbreak is centered. More than 17,300 doses of the measles vaccine were administered statewide, an increase of more than 7,100 doses compared to February 2025, a 70% increase. In Spartanburg County, there was a 139% increase in doses administered in February 2026 as compared to February 2025.
- Additionally, 1,380 doses of MMR were administered statewide to infants aged 6-11 months in February. These doses given earlier than the routine schedule that begins at 12 months are recommended for infants in an outbreak setting and are essential to protecting the most vulnerable children.

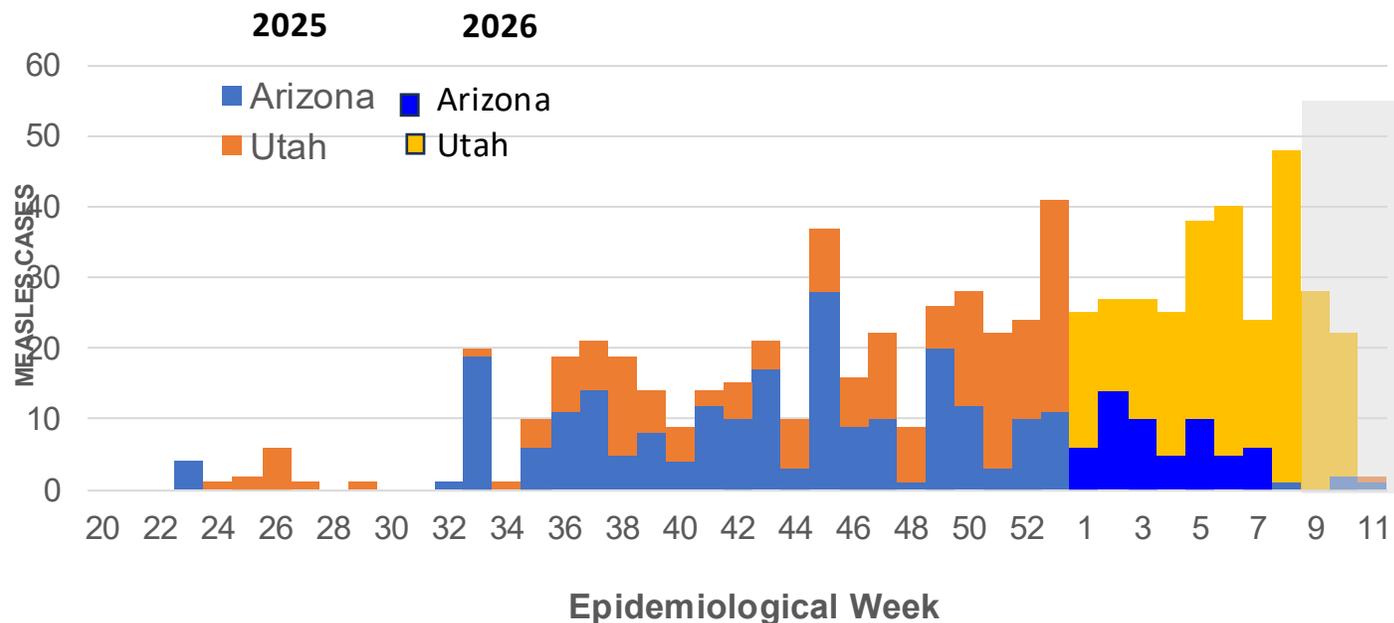
EPI CURVE FOR MEASLES CASES IN SOUTH CAROLINA, 2025 -2026



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. Between these two border locations, there have been **482 cases since the outbreak began**.

In recent weeks, cases in Utah have escalated. This, in part, is due to a large sporting event held in February 2026. The expectation is that the numbers will continue to climb.

DRIVERS OF TRANSMISSION

- **Low vaccination rates** in several counties.
- **Tight-knit communities with limited trust of outside institutions**, including areas linked to **FLDS populations**.
- **Limited public health communication early in the outbreak**.
- **Decentralized state public health response**, leaving local jurisdictions to lead containment efforts.
- **Super spreader events**

UNITED STATES – ARIZONA (2025-2026)

ARIZONA OUTBREAK (2025-2026)

279 CASES

HOSPITALIZATIONS: 20 (7.19%)

DEATHS: 0

AGES:

- <18 = 181 (65%)
- 18+ = 97 (35%)
- Unknown = 1

VACCINATION STATUS:

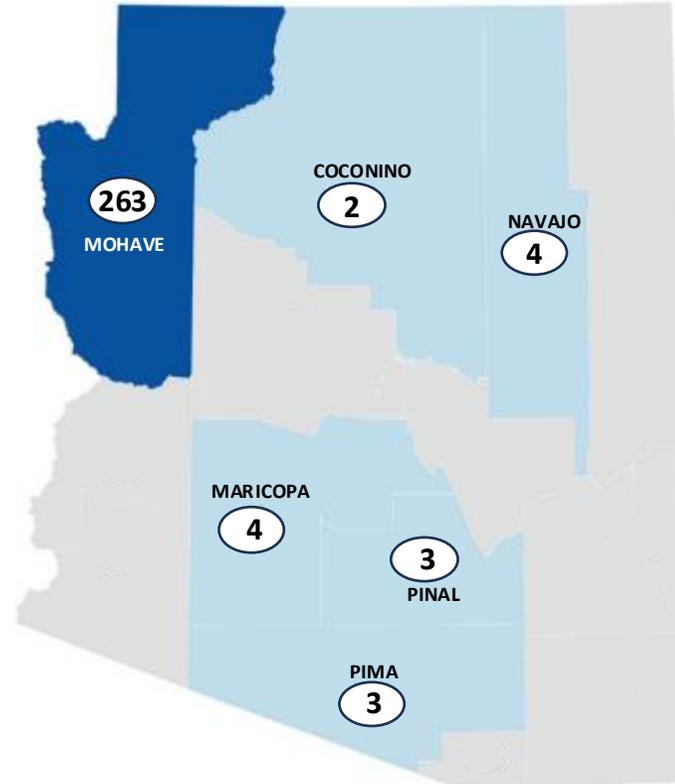
- Unvaccinated = 270(97%)
- Vaccinated = :8 (3%)
- Unknown = 1

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.

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.



MEASLES CASES BY COUNTY JURISDICTION		
Jurisdiction of Cases	2025	2026
Apache	0	0
Cochise	0	0
Coconino	1	1
Gila	0	0
Graham	0	0
Greenlee	0	0
La Paz	0	0
Maricopa	0	4
Mohave	214	49
Navajo	4	0
Pima	1	2
Pinal	0	3
Santa Cruz	0	0
Yavapai	0	0
Yuma	0	0
Totals	220	59

UNITED STATES – UTAH

UTAH OUTBREAK (2025-2026)

464 Cases = 443 REPORTED BY THE STATE AND 21 ADDITIONAL CASES REPORTED BY THE CDC

HOSPITALIZATIONS: 35 (7.5%)

DEATHS: 0

AGES:

<18 years = 282 (61%)
18+ years = 161 (34.5%)
Unknown = 21 (4.5%)

VACCINATION STATUS:

- Unvaccinated = 367 (79%)
- Vaccinated = 42 (9%)
- Unknown = 55 (12%)

SITUATION OVERVIEW

- Utah's measles outbreak has entered its **8th month**, with **accelerating transmission**.
- **98 confirmed cases reported in the past 3 weeks**, with additional cases likely undetected.
- **Transmission concentrated in southwestern Utah, but cases are now appearing closer to Salt Lake City.**

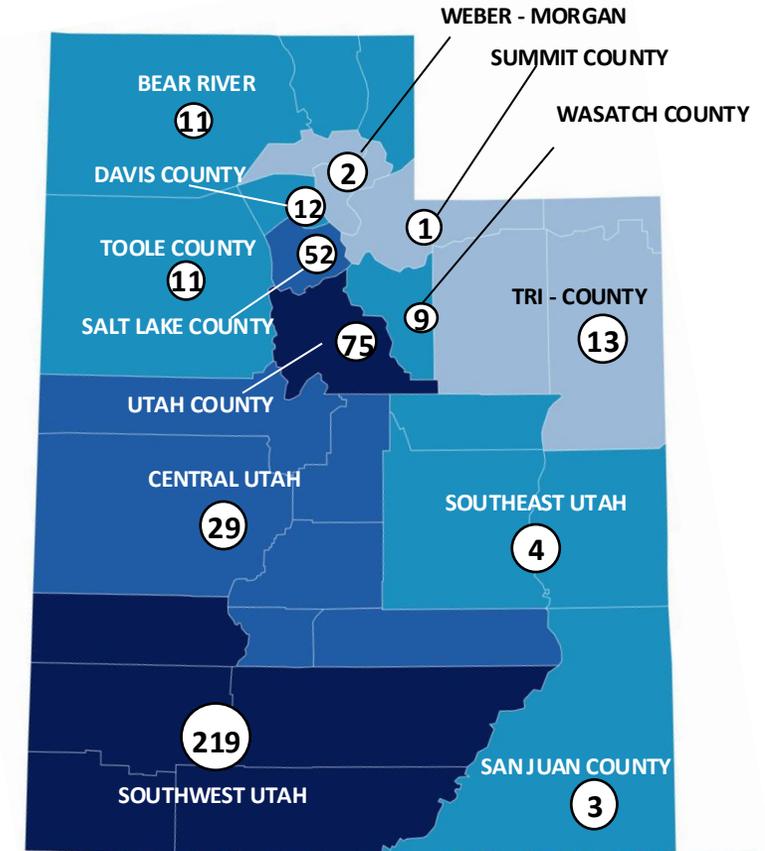
KEY EPIDEMIOLOGIC INDICATORS

- **Washington County MMR coverage: 79.2%** (well below herd immunity threshold).
- **Salt Lake County MMR coverage: 92.6%** (near but still below the **95% herd immunity target**).
- **Transmission risk: Measles infects up to 90% of susceptible contacts.**
- **Exposure sites reported:** hospital emergency departments, restaurant, gas station, aquarium.
- **Primary affected population: unvaccinated children** in tight-knit communities.

RESPONSE ACTIONS

- Local officials are using **talk radio and social media outreach** to promote vaccination.
- Messaging now emphasizes **protecting young children and vulnerable family members**.
- Some counties have conducted **targeted vaccine clinics**, though demand remains limited.

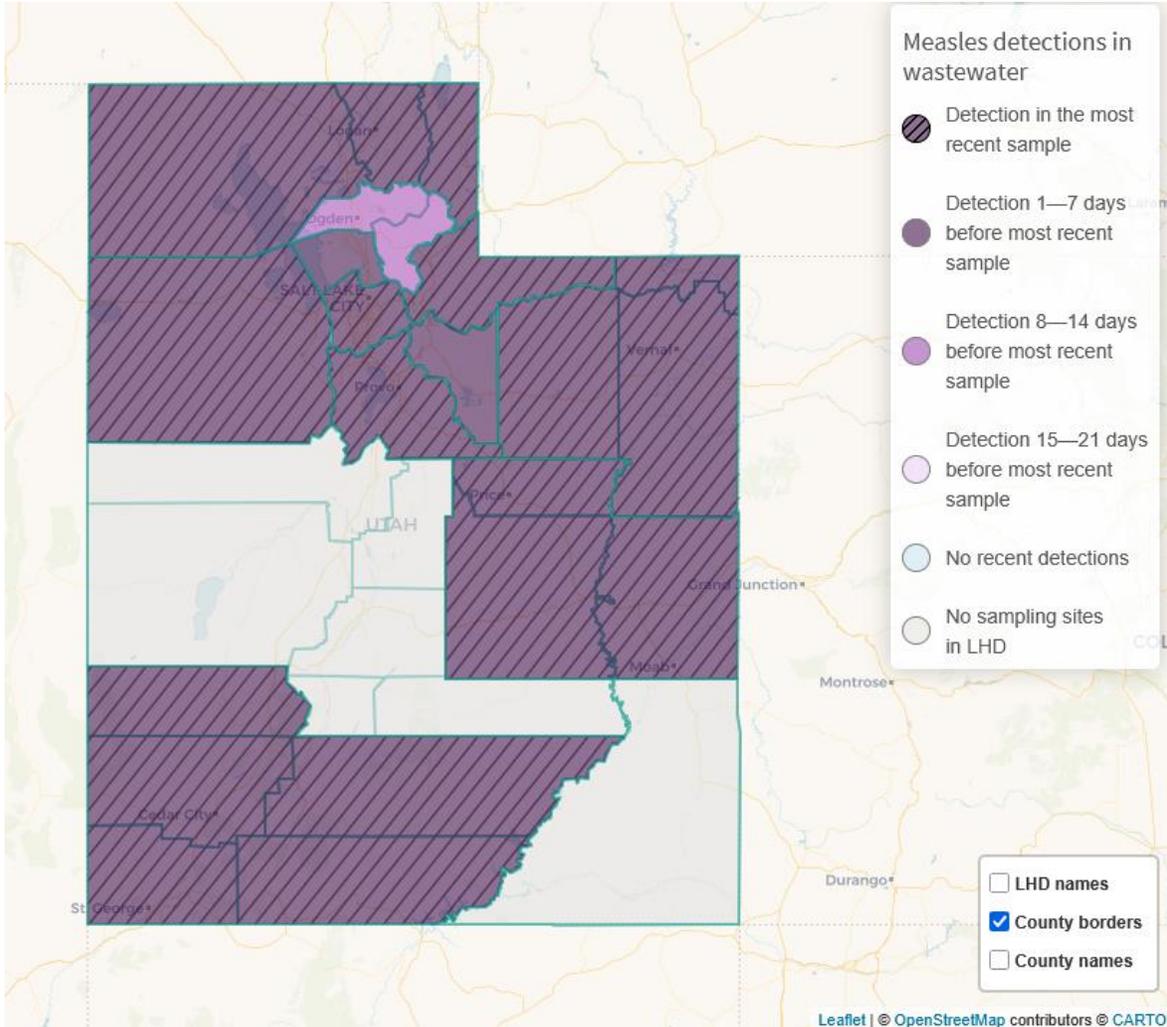
MEASLES BY THE LOCAL HEALTH DEPARTMENT



UTAH

VMOC ASSESSMENT: Ongoing community transmission with expansion risk. Priority actions include targeted risk communication, culturally appropriate outreach, and rapid vaccination campaigns to raise coverage toward the 95% herd immunity threshold.

UNITED STATES – UTAH



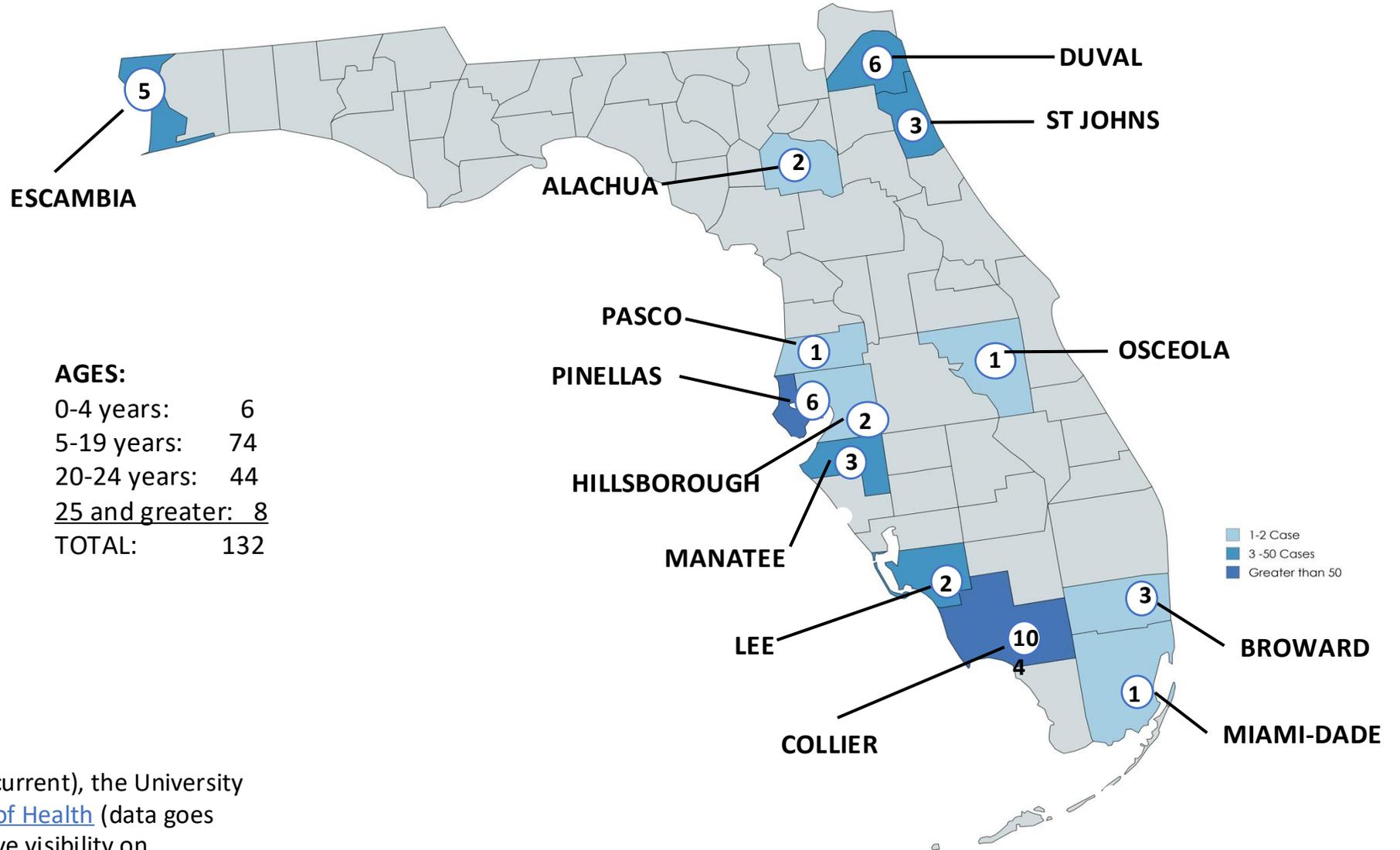
MEASLES DETECTION DATA

Measles detection table

Local Health Department	Most recent sample date	Measles detection
Bear River Health Dept.	2026-03-10	Detection in most recent sample
Central Utah Public Health Dept.		No sampling sites in this LHD
Davis County Health Dept.	2026-03-10	Detection 1-7 days before most recent sample
Salt Lake County Health Dept.	2026-03-10	Detection in most recent sample
San Juan County Public Health Dept.		No sampling sites in this LHD
Southeast Utah Health Dept.	2026-03-10	Detection in most recent sample
Southwest Utah Public Health Dept.	2026-03-10	Detection in most recent sample
Summit County Health Dept.	2026-03-10	Detection in most recent sample
Tooele County Health Dept.	2026-03-10	Detection in most recent sample
TriCounty Health Dept.	2026-03-10	Detection in most recent sample
Utah County Health Dept.	2026-03-10	Detection in most recent sample
Wasatch County Health Dept.	2026-03-10	Detection 1-7 days before most recent sample
Weber-Morgan Health Dept.	2026-03-10	Detection 8-14 days before most recent sample

UNITED STATES - FLORIDA 2026

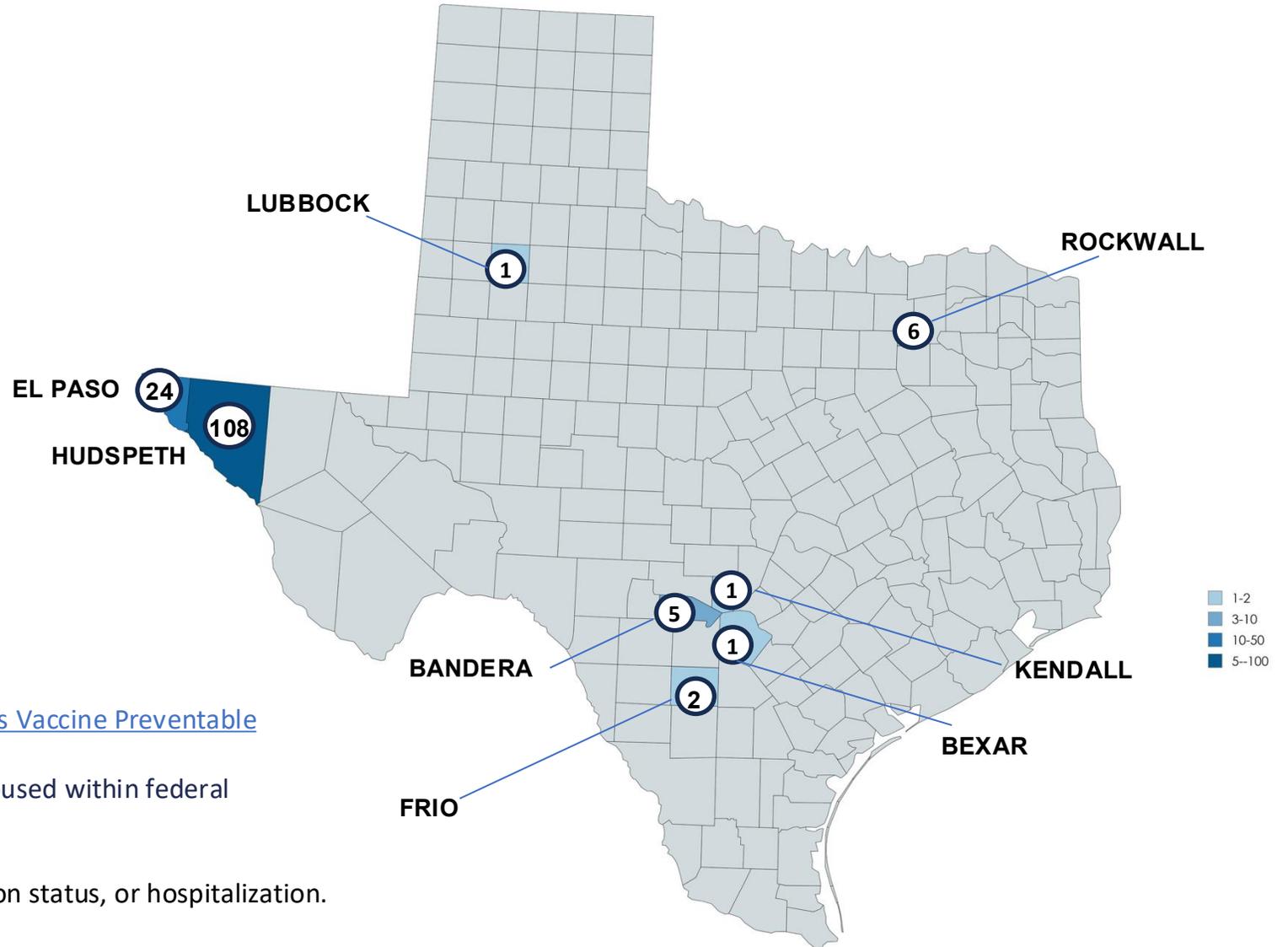
COUNTY	CASES
Alachua	2
Broward	3
<u>Collier</u>	104
<u>Duval</u>	6
<u>Escambia</u>	5
Hillsborough	2
Lee	2
Manatee	3
Miami-Dade	1
Osceola	1
Pasco	1
<u>Pinellas County</u>	6
St. Johns	3
TOTAL	140



NOTE: The numbers are from [news reports](#) (current), the University webpages, and from the [Florida Department of Health](#) (data goes only up to 3/6/2026). We currently do not have visibility on vaccination status, or hospitalization

TEXAS - 2026

COUNTY	CASES
Bandera	5
Bexar	1
El Paso	24
Frio	2
Hudspeth	108
Kendall	1
Lubbock	1
Rockwall	6
TOTAL	148

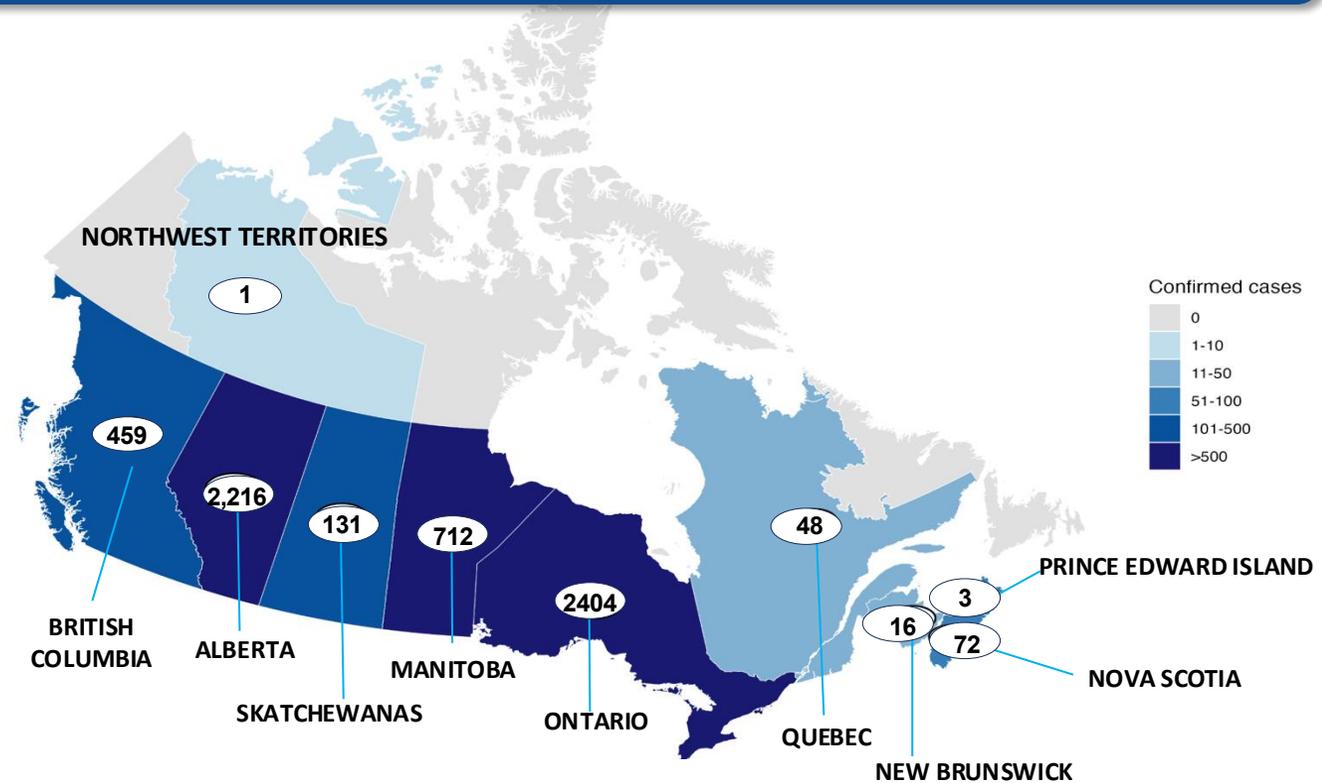


NOTES:

- The numbers are from news reports, CDC, and [Texas Vaccine Preventable Diseases -Measles](#), which is updated each Thursday.
- A subset of confirmed cases is among individuals housed within federal detention facilities.
- Data is provisional and subject to change.
- We currently **do not** have visibility on age, vaccination status, or hospitalization.

CANADA – CURRENT SITUATION (2025 – 2026)

PROVINCE	2026	2025	2026 +2025
	TOTAL	CASES	TOTALS
ALBERTA	201	2015	2,216
BRITISH COLUMBIA	19	440	459
MANITOBA	354	358	712
NEW BRUNSWICK	0	16	16
NORTHWEST TERRITORIES	0	1	1
NOVA SCOTIA	10	62	72
ONTARIO	7	2,397	2404
PRINCE EDWARD ISLAND	0	3	3
QUEBEC	3	45	48
SASKATCHEWAN	5	126	131
TOTALS	599 (+63)	5,463 (+3)	6062



2025: A total of **5,463 (+3)** measles cases (5,081 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 7 March 2026.

As of 22 March 2026, cases have been reported in seven jurisdictions (Alberta, British Columbia, Manitoba, Nova Scotia, Ontario, Quebec, Saskatchewan). So far in 2026, there have been **599** cases,

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	2,216 (+34)	186 (20 ICU) (3 Currently Hospitalized)	1

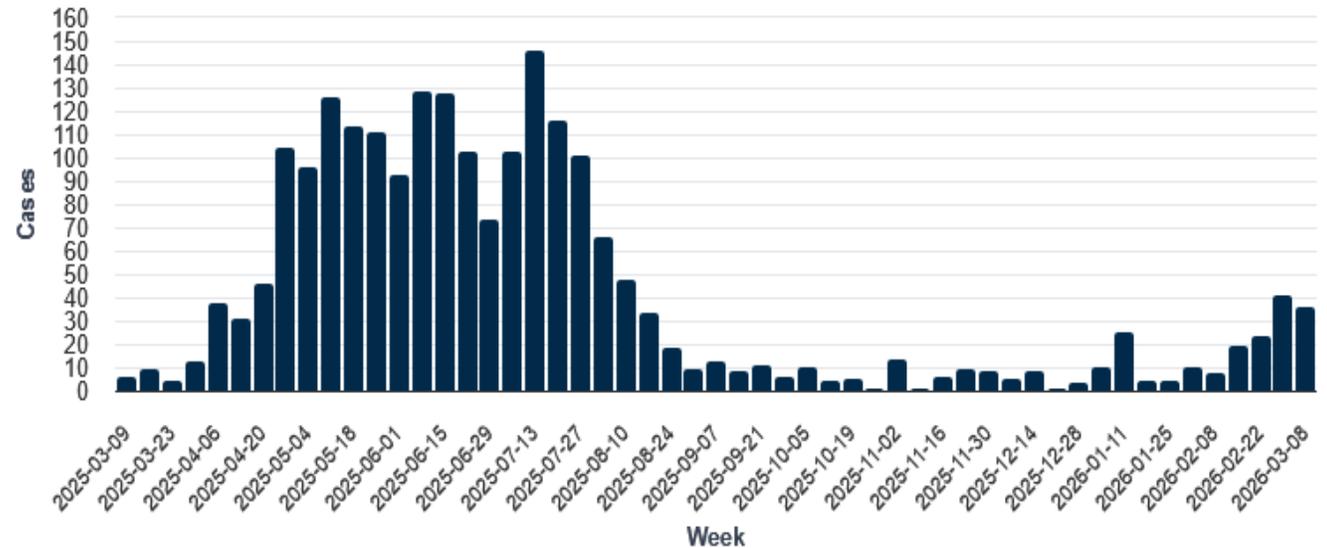
IMMUNIZATION STATUS	COUNT
Unimmunized	1,981
1 dose	57
2 or more doses	81
Unknown	97

AGE RANGE	NUMBERS
<5 years	623
5 to 17 years	988
18 to 54 years	573
55 years and older	14
Unknown	18

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.
- The hardest hit area are Alberta's Southern Zone and its Northern Zone.
- While weekly case counts are still far below last year's peak, they are firmly trending up.
- As of 19 March 2026, 2 are currently hospitalized.

NUMBER OF MEASLES CASES BY WEEK OF RASH ONSET, 3/1/2025 – 3/8/2026

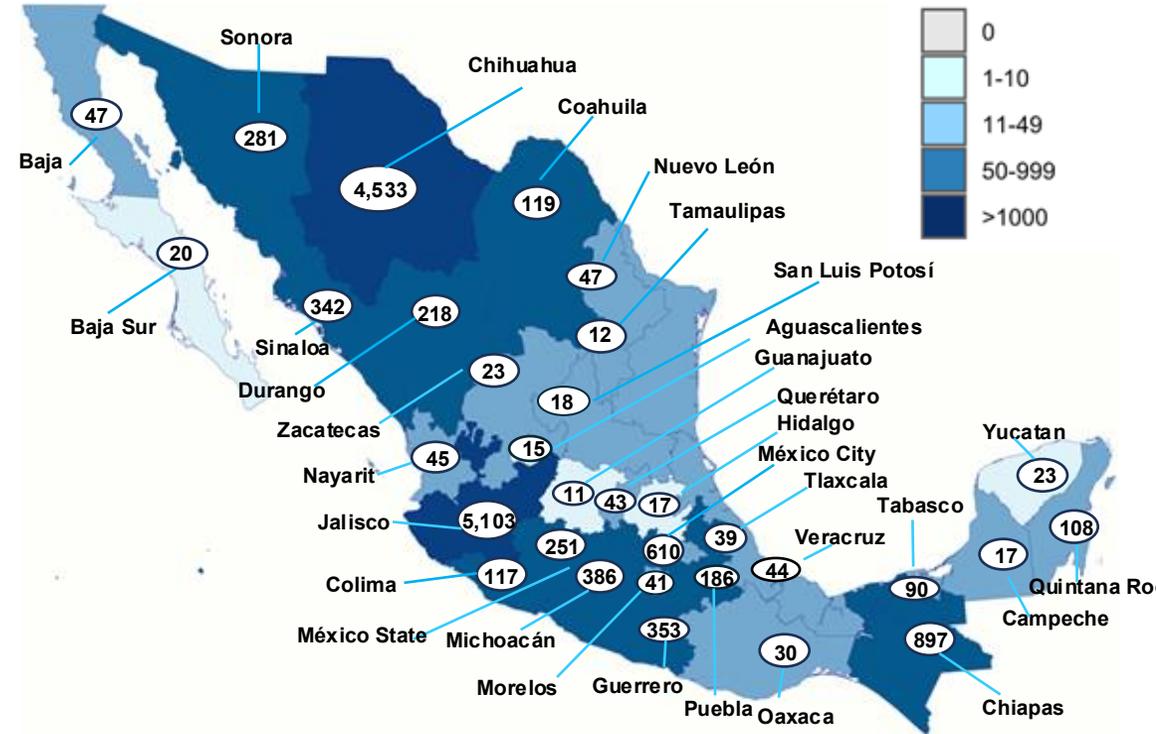


MEXICO - CURRENT SITUATION (2025 – 2026)

Data as of 3/13/2026

STATE	2026		2025		TOTAL CONFIRMED CASES 2025-2026
	CONFIRMED	PROBABLE	CONFIRMED	PROBABLE	
JALISCO	4,439	7,040	664	1,836	5103
CHIHUAHUA	38	178	4,495	6,239	4,533
CHIAPAS	650	1,836	247	540	897
CIUDAD DE MEXICO	563	1,566	47	979	610
MICHOACÁN	140	444	246	617	386
GUERRERO	92	197	261	429	353
SINALOA	252	453	90	226	342
SONORA	168	401	113	332	281
MÉXICO	239	849	12	611	251
DURANGO	178	402	40	295	218
PUEBLA	186	411	0	123	186
COLIMA	87	246	32	85	119
QUINTANA ROO	106	254	2	76	108
TABASCO	86	413	4	91	90
COAHUILA	8	129	55	305	63
BAJA CALIFORNIA	26	397	21	254	47
NAYARIT	39	165	6	100	45
NUEVO LEÓN	45	752	2	297	47
VERACRUZ	44	408	0	261	44
QUERÉTARO	35	211	12	163	47
MORELOS	16	168	25	252	41
TLAXCALA	39	133	0	43	39
OAXACA	24	100	6	91	30
ZACATECAS	1	71	22	163	23
YUCATÁN	21	137	2	67	23
CAMPECHE	3	32	14	99	17
SAN LUIS POTOSÍ	11	87	7	147	18
HIDALGO	16	160	1	118	17
BAJA CALIFORNIA SUR	12	64	8	68	20
AGUASCALIENTES	13	204	2	150	15
TAMAULIPAS	0	88	12	130	12
GUANAJUATO	7	257	4	543	11
TOTAL	7,584	18,253	6,452	15,729	14,036

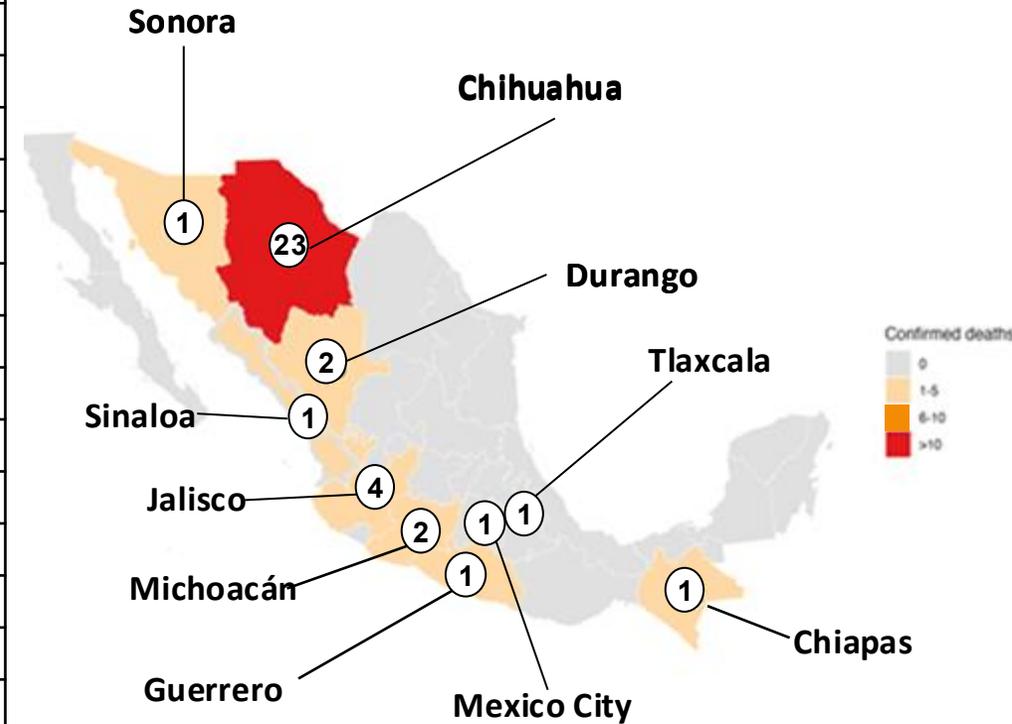
All 32 states in Mexico have now recorded at least one case as part of the national outbreak that began in February 2025.



14,036 CONFIRMED CASES, 35 DEATHS

MEXICO - DEATHS (2025-2026)

STATE	MUNICIPALITY	AGE	SEX	COMORBIDITIES	DATE OF DEATH
Chihuahua	Ascensión	31 years	Male	Type 2 Diabetes, Hypertension	4/3/2025
	Ojinaga	7 years	Male	Lymphoblastic Leukemia	5/2/2025
	Namiquipa	11 months	Male	Malnutrition	5/6/2025
	Ojinaga	2 years	Female	None	5/17/2025
	Buena Aventura	5 years 5 months	Male	Severe Malnutrition, Anemia	6/15/2025
	Meoqui	27 years	Female	None	6/16/2025
	Cuauhtémoc	27 years	Male	None	5/29/2025
	Cuauhtémoc	4 years 4 months	Female	Moderate Malnutrition	6/6/2025
	Ojinaga	2 years	Male	Intestinal Parasitic Infection	6/27/2025
	Chihuahua	48 years	Female	None	7/13/2025
	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	

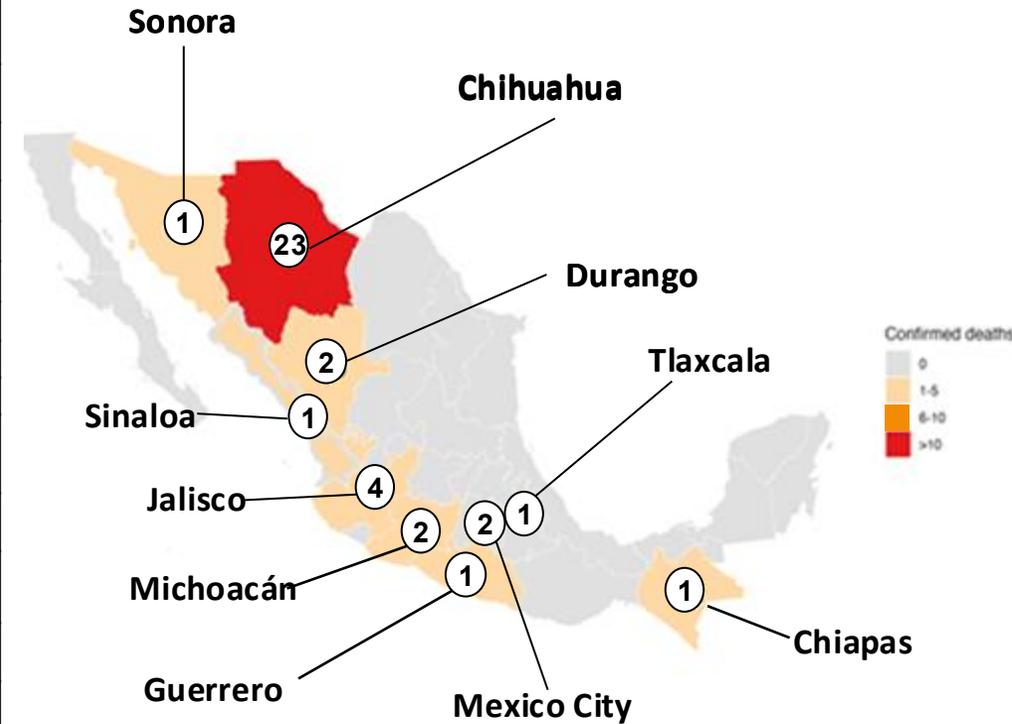


35 DEATHS

[INFORME DIARIO DEL BROTE DE SARAMPIÓN EN MÉXICO, 2026](#)

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	Malnutrition	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		2/11/2026
	San Pedro Tlaquepaque	8 months			
Mexico City	Alvaro Obregón	14 months	Female	Severe malnutrition, Anemia	12/25/2025
		7 Months Old	Female	sepsis and pneumonia	3/9/2026
Michoacán	Coalcomán de Vázquez Pallares	64 years	Male	Chronic Alcoholism	01/19/2026
Tlaxcala	Tenancingo	13 months	Male	None	1/30/2026
Chiapas	Tuxtla Gutierrez	55 years	Male	Obesity, hypertension, smoking, chronic alcoholism	12/29/2025
Guerrero	Cochoapa	2 years	Male		2/13/2026
Sinaloa	Escuinapa	34 years	Women	Diabetes	3/5/2026



35 DEATHS

GUATEMALA (2025-2026)

1,718 CASES ASSOCIATED WITH THE OUTBREAK

HOSPITALIZATIONS: Unknown

DEATHS: 0

SITUATION OVERVIEW

- **Index case** reported: 2 Jan 2026
- Case: 24-year-old Salvadoran national (resident of El Salvador)
- **Rash onset:** 24 Dec 2025
- **Lab confirmation:** 30 Dec 2025
- **Exposure source:** A large multi-day religious mass gathering (~2,000 attendees) in Santiago Atitlán, in Sololá Department, with participants from the U.S., Mexico, Central America, and all 22 Guatemalan departments.

CURRENT SITUATION:

- **Total Cases: 1,718 confirmed (as of March 18, 2026)**
- Virus detected in nearly all departments
- **Trajectory:** Exponential growth → widespread community transmission

PRIMARY TRANSMISSION AREAS

- **Guatemala Department** – ~ 500 cases (largest concentration)
- **Sololá** – 158 cases (initial outbreak location)
- **Huehuetenango** – 61 cases
- **Chimaltenango** – 43 cases
- **Escuintla** – 41 cases

EPIDEMIOLOGICAL CHARACTERISTICS

- Most infections occur in **unvaccinated or under-vaccinated individuals**.
- Children and young adults appear to represent a large proportion of cases in many clusters.
- Transmission is occurring in **urban centers, rural communities, and indigenous regions**, where vaccination coverage varies.

RISK ASSESSMENT: HIGH

DOMAIN	RISK LEVEL	KEY DRIVERS
Transmission	● High	Low vaccination coverage, mass gatherings
Education Sector	● High	Dense contact networks, student clustering
Healthcare System	● Moderate–High	Increased hospitalizations, surge demand
Cross-Border Spread	● Moderate	Regional mobility, imported/exported risk

Guatemala is experiencing a fast-moving, nationwide measles outbreak that began with a mass gathering importation event and has rapidly escalated due to immunity gaps, with thousands of suspected/confirmed cases and ongoing transmission.

SOURCES [GUATEMALA: MEASLES OUTBREAK - DREF OPERATION \(MDRGT027\) BI-WEEKLY BULLETIN VOL 32. NO 7-8, 28 FEBRUARY 2026](#); [SUMAN 1,718 CASOS DE SARAMPIÓN 18 MAR 2026 PENSA LIBRE](#)

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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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