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 Totals
NORTH AMERICA – 3 ACTIVE OUTBREAKS					
US	1,321 (+143)	0	2,282 (+1)	3	3,603
CANADA [1,2,]	435 (+86)	0	5,460	2	5,895
MEXICO	6,104 (+1,138)	7	6,452 (-1)	27	12,556
CENTRAL AMERICA – ONE ACTIVE OUTBREAKS					
BELIZE	0	0	44	0	44
COSTA RICA	1	0	1	0	2
EL SALVADOR	0	0	1	0	1
GUATEMALA	1,009 (+967)	0	7	0	1,016
SOUTH AMERICA – 3 ACTIVE OUTBREAKS					
ARGENTINA	0	0	36	0	36
BOLIVIA	34 (+24)	0	597	0	631
BRAZIL	0	0	38	0	38
CHILE	1	0	0	0	1
COLOMBIA	3	0	0	0	3
PARAGUAY	0	0	49	0	49
PERU	1 (+1)	0	5	0	5
URUGUAY	3 (+2)	0	14(+1)	0	14
THE CARIBBEAN					
CARIBBEAN	0	0	44	0	44
TOTAL	8,909	7	15,032	32	23,943

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

Yale SCHOOL OF PUBLIC HEALTH

3/8/2026
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

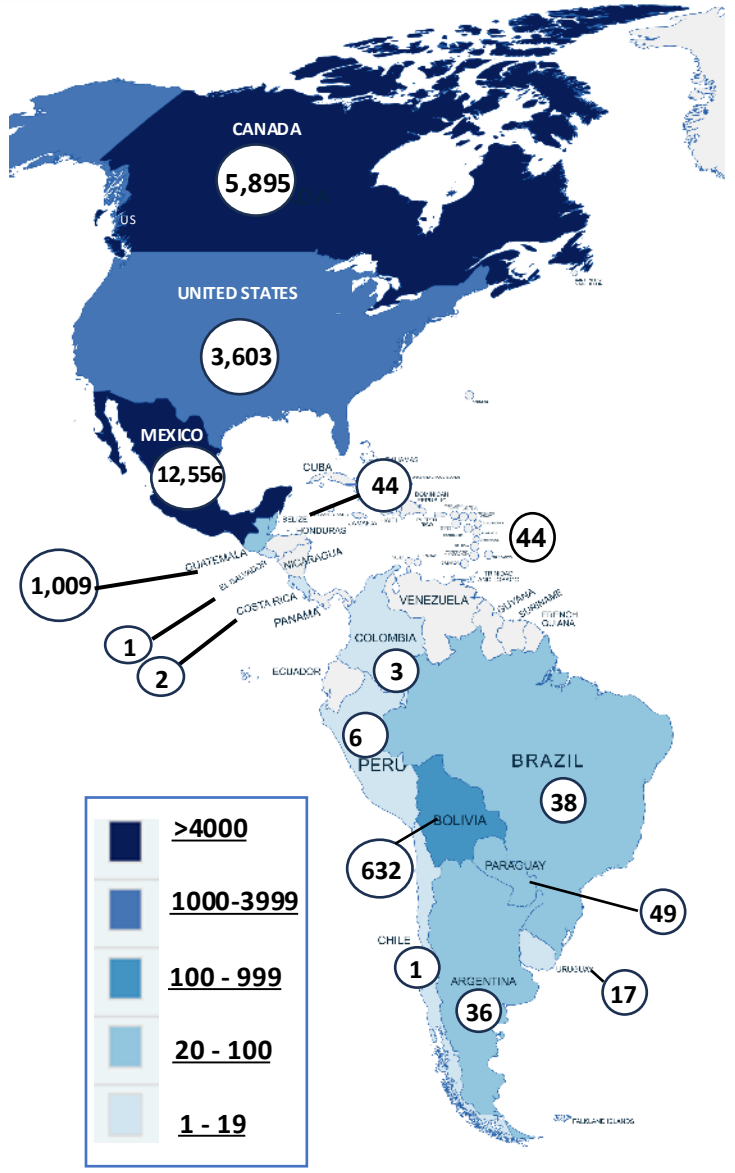
- CIDRAP
- CORI
- FORCE OF INFECTION
- IVAC
- KAISER HEALTH NEWS
- MEDPAGE TODAY
- NY STATE GLOBAL HEALTH UPDATE
- YSPH POPHIVE
- THE PANDEMIC CENTER TRACKING REPORT
- YOUR LOCAL EPIDEMIOLOGIST
- THE MEASLES OUTBREAKS AND EXPOSURES OF 2026 - VAXOPEDIA

BACKGROUND (2025 – 2026)

TYPE OF PUBLIC HEALTH EMERGENCY: LARGE MULTINATIONAL MEASLES OUTBREAK

Between epidemiological weeks (EW) 1 and 53 of 2025, and EW 8 of 2026, a total of **23,943 cases and 39 deaths occurred.** **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 = 632), **Brazil** (n = 38), **Canada** (n = 5,895, including **2 deaths**), **Chile** (n=1), **Columbia**: (N-=3) **Costa Rica** (n = 2), **El Salvador** (n=1), **Guatemala** (n = 1,016), **Mexico** (n = **12,556**, including **34 deaths**), **Paraguay** (n = 49), **Peru** (n = 6), the **United States of America** (n =3,603) including **3 deaths**), **Uruguay** (n = 17), 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 (PAHO) determined that the Region of the Americas l longer met the criteria for the elimination of endemic measles transmission, following a formal review by the Region Monitoring and Re-Verification Commission. Canada was formally notified of its loss of measles-elimination status or same date.

PAHO announced that, instead of mid-April, the review of measles elimination status in the United States and Mexico will take place in **November 2026** during the annual meeting of the Regional Monitoring and Re-verification Commission for the Elimination of Measles, Rubella, and Congenital Rubella Syndrome (RVC). The review will assess whether **endemic transmission has been re-established**, defined as uninterrupted circulation of the same virus lineage for **12 months or more**, based on outbreaks that began **20 January 2025 in the United States** and **1 February 2025 in Mexico**.

THE COST OF MEASLES: THE ECONOMIC IMPACT OF DECLINING MEASLES VACCINATION

A sustained 1% annual decline in measles, mumps, and rubella (MMR) vaccination coverage could result in >17,000 measles cases annually by 2030, increasing U.S. health system and societal costs to ~ $1.5 billion per year.

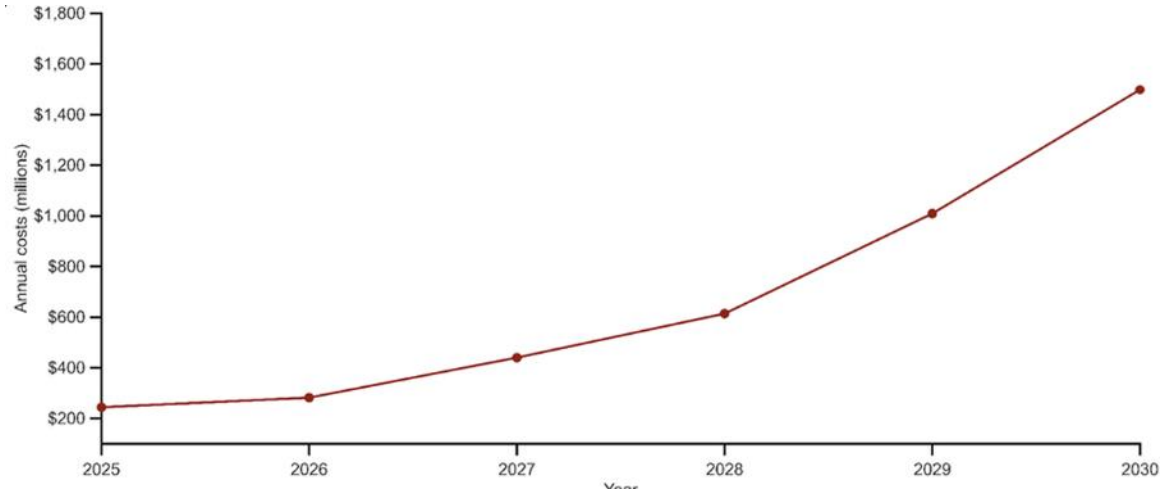
PROJECTED HEALTH IMPACTS BY 2030

Modeling projects substantial increases in measles burden:

- **17,232 measles cases annually**
- **4,085 hospitalizations**
- **36 deaths per year**
- **7× increase in cases compared with the current baseline**

Declining coverage could lower national immunity to ~87.5%, below the ~95% herd immunity threshold required to prevent outbreaks.

ANNUAL COST ASSOCIATED WITH MEASLES CASE ACROSS THE US



Annual measles – attributable cost (in millions USD in the US under declining MMR vaccination coverage, estimated annual cost associated with measles, assuming 2025 importation patterns,[1] under an absolute reduction by 1% in MMR Vaccination Coverage among children 0-6 years. (Common Health Coalition)

[1] Importation events refer to the introduction of measles cases into a community from areas outside that population, where measles transmission is ongoing

ECONOMIC COSTS (ANNUAL ESTIMATES BY 2030)

Total National Costs: $1.5 billion annually

CATEGORY	EST ANNUAL COST
Public health outbreak response	$947 million
Direct medical costs	$41.1 million
Productivity loss & missed costs	$510.4 million

TOTAL PROJECTED 2026-2030 CUMULATIVE COSTS: ~$7.8 BILLION

WHO BEARS THE COST

Direct medical costs are distributed across multiple payers:

- **Private insurers:** ~$26.5 million annually
- **Public insurance programs:** ~$5.4 million annually
- **Uninsured individuals:** ~$9.2 million annually

Additional financial burdens on healthcare systems are not fully captured in projections, including:

- Isolation protocols and infection control
- Exposure investigations
- Staff testing and exclusions
- Dedicated hospital beds during outbreaks

SOURCES YALE SCHOOL OF PUBLIC HEALTH MODELING ANALYSIS;
COMMON HEALTH COALITION: MORE ILLNESS, GREATER COST SPOTLIGHT BRIEF

THE COST OF MEASLES: THE ECONOMIC IMPACT OF DECLINING MEASLES VACCINATION

DRIVERS OF DECLINING VACCINATION COVERAGE

Several policy and infrastructure changes may contribute to reduced vaccine uptake:

- Growing **vaccine hesitancy and declining confidence**
- Changes to national vaccine recommendations create uncertainty
- Reduced funding for public health vaccination programs
- Potential cuts to **Medicaid**, which covers nearly half of U.S. children
- Decreased provider participation due to reimbursement and operational costs

OPERATIONAL IMPLICATIONS FOR HEALTH SYSTEMS

Rising measles cases could create cascading strain across healthcare and workforce systems:

Healthcare system impacts

- Increased pediatric hospitalizations and ICU utilization
- Greater demand for isolation and infection control resources
- Disruptions to outpatient clinics and emergency departments

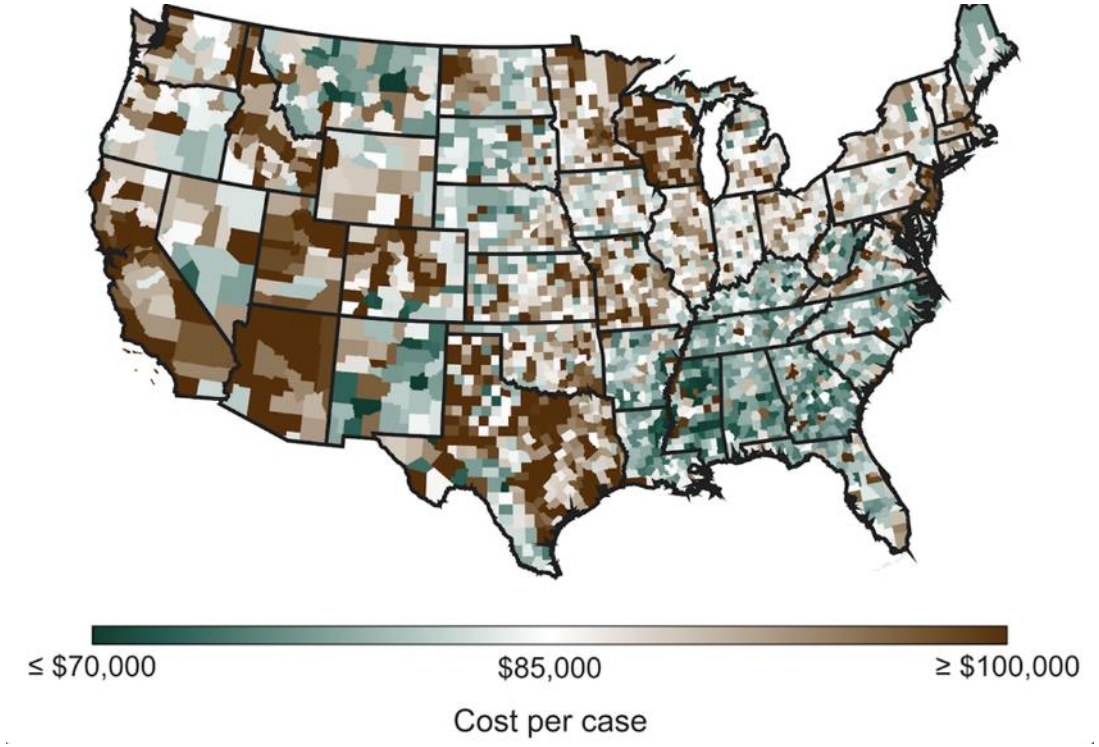
Public health response demands

- Contact tracing and case investigation
- Community vaccination campaigns
- Surveillance and laboratory testing

Workforce and economic impacts

- Parents missing work to care for sick children
- Quarantine-related school and daycare disruptions
- Increased employer healthcare spending

COST PER MEASLES CASE BY US COUNTY



County-level estimates of cost per measles case. Median estimated cost per case by US county, assuming a fixed outbreak size of 50 cases in the county. Cost per case, which varies by county due to differences in hospitalization costs and local wages, was elevated in regions with lower immunity levels.

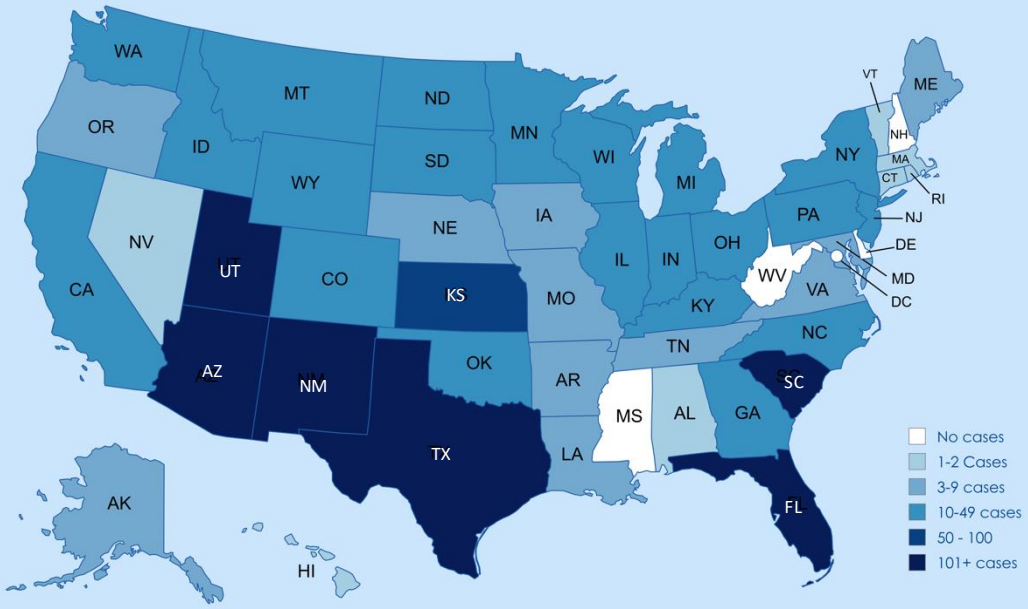
SOURCES YALE SCHOOL OF PUBLIC HEALTH MODELING ANALYSIS; COMMON HEALTH COALITION: MORE ILLNESS, GREATER COST SPOTLIGHT BRIEF

MEASLES CASES – AS OF 8 MARCH 2026

2026 CASES
1319 CONFIRMED CASES

2025 CASES
2,282 CONFIRMED + 4 PROBABLE CASES AND 3 DEATHS

2025 - 2026 CASES
3601 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	8	993	662	331		
UTAH	35	372	176	196		
FLORIDA	10	132	124	8		
TEXAS	61	896	93	803		2
ARIZONA	1	276	56	220		
CALIFORNIA	7	55	28	27		
WASHINGTON	0	38	26	12		
NORTH DAKOTA	2	59	23	36		
NORTH CAROLINA	0	24	22	2		
VIRGINIA	3	19	13	6		
PENNSYLVANIA	0	28	12	16		
MINNESOTA	2	38	12	26		
OHIO	0	54	9	45		
IDAHO	1	22	8	14		
COLORADO	6	43	8	35		
SOUTH DAKOTA	0	23	7	16		
OREGON	0	7	6	1		1
NEW MEXICO	1	106	6	100		
MAINE	0	5	5	0		
KENTUCKY	0	17	4	13	1	
NEW YORK	3	52	4	48		
GEORGIA	0	12	2	10		
ILLINOIS	0	16	2	14		
MASSACHUSETTS	0	2	2	0		
WISCONSIN	0	38	2	36		
ALASKA	1	5	1	4		
HAWAII	1	3	1	2		
MARYLAND	0	4	1	3		
MISSOURI	1	8	1	7		
MONTANA	1	37	1	36		
NEBRASKA	0	6	1	5		
NEW JERSEY	0	12	1	11		
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		
INDIANA	0	11	0	11		
IOWA	0	9	0	9		
KANSAS	0	91	0	91		
LOUISIANA	0	3	0	3		
MICHIGAN	0	30	0	30		
NEVADA	0	2	0	2		
RHODE ISLAND	0	1	0	1		
TENNESSEE	0	8	0	8		
WYOMING	0	15	0	15		
TOTALS	144	3603	1321	2282	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: 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

CALIFORNIA: Two unvaccinated Sacramento County children have tested positive for measles, and public health officials say one case appears tied to the large outbreak in South Carolina, while the other may have exposed patients and staff at a Kaiser Permanente facility in Roseville. Both kids are recovering at home as county teams start the painstaking work of contact tracing and notifying anyone who might have been exposed. Sacramento County Public Health confirmed the cases in a statement reported by CBS Sacramento on 4 March 2026. Placer County Public Health is reporting three measles cases, all teenagers in a single family linked through household exposure. An additional fourth case is suspected, also a family member. They are believed to have been exposed initially through an extended family member, not a Placer County resident, who had traveled to South Carolina, where a large measles outbreak is ongoing.

HAWAII: On 7 March 2026, the Hawaii Department of Health confirmed a case of measles in a vaccinated adult visitor to Oahu. Officials say the visitor had recently arrived in Hawaii from a region of the continental United States with known measles transmission. After arriving in the islands, the person became ill, sought medical care, and is now recovering at a private residence on Oahu.

MONTANA: On 8 March 2026, the first measles case in Montana was reported in Blaine County, according to the Fort Belknap Tribal Health Department. The individual was exposed while traveling out of state and is currently isolating at home. The individual is not a resident of Montana.

NEW YORK: Three confirmed measles cases in Rockland have been linked to travel outside the U.S, according to the Rockland County Department of Health. The Rockland County Department of Health (RCDOH) has confirmed three cases of measles in Rockland County so far this year — all linked to international tourists visiting the county, according to the agency. Residents who were exposed to these measles cases have been identified, notified, and are being closely monitored.

TEXAS: The City of El Paso Department of Public Health (DPH) has confirmed two additional measles cases on Thursday, March 5, bringing the total number of cases reported in the city limits to six. The two new cases involved two men in their 30s with unknown vaccination status. DPH previously reported in February that there were four cases involving a man in his 20s, a man in his 30s, and two women in their 30s, with unknown vaccination status. 15 Cases have been reported in local detention centers. **NOTE**: Cases in Texas have quietly reached 93, according to the CDC's measles map. After the largest outbreak in the country last year, the Texas Department of State Health Services doesn't appear to be recording numbers this year, only mentioning on its website an outbreak in its South Plains region. Media reports have focused on a 21-case outbreak in El Paso, 15 of those cases are in the immigrant detention center in El Paso, which was recently confirmed by Immigration and Customs Enforcement (ICE), with 112 people quarantined.

UTAH: In southern Utah, a measles outbreak that's been simmering since last summer is showing signs of wider spread. Now, state health officials are pleading with residents to take the virus seriously."It is not a mild infection. It is not a mild virus. It is a severe illness," Utah's state epidemiologist, Dr. Leisha Nolen, said at a news briefing Thursday. As of Friday, Utah had 358 cases in the outbreak, which began last June. It wasn't until August, however, that the outbreak took off. Most cases have been concentrated in the southwestern part of the state, linked specifically to a tight-knit community that borders Arizona. It's largely composed of mostly former members of the Fundamentalist Church of Jesus Christ of Latter-day Saints, a sect of the Mormon church. The outbreak has since expanded north to areas in and around Salt Lake City, particularly following large school athletic events.

UNITED STATES – SOUTH CAROLINA OUTBREAK (2025-2026)

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**.

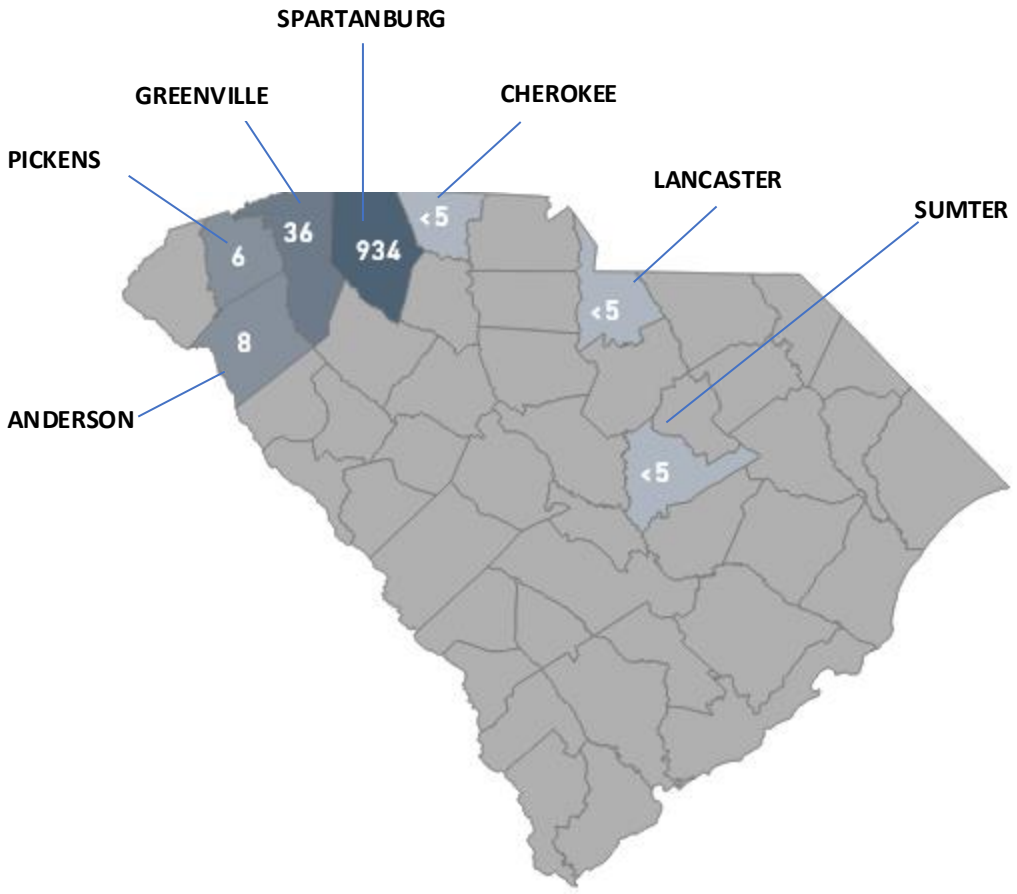
WHY IS IT SPREADING?

- **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 **6 new cases.** This brings the total outbreak count—first reported in October 2025—to **991 confirmed cases**.

CASES BY COUNTY



UNITED STATES – SOUTH CAROLINA OUTBREAK (2025-2026)

SOUTH CAROLINA		
CASES: 991 +2 NON-OUTBREAK FROM 2025	HOSPITALIZATIONS: 21	DEATHS: 0

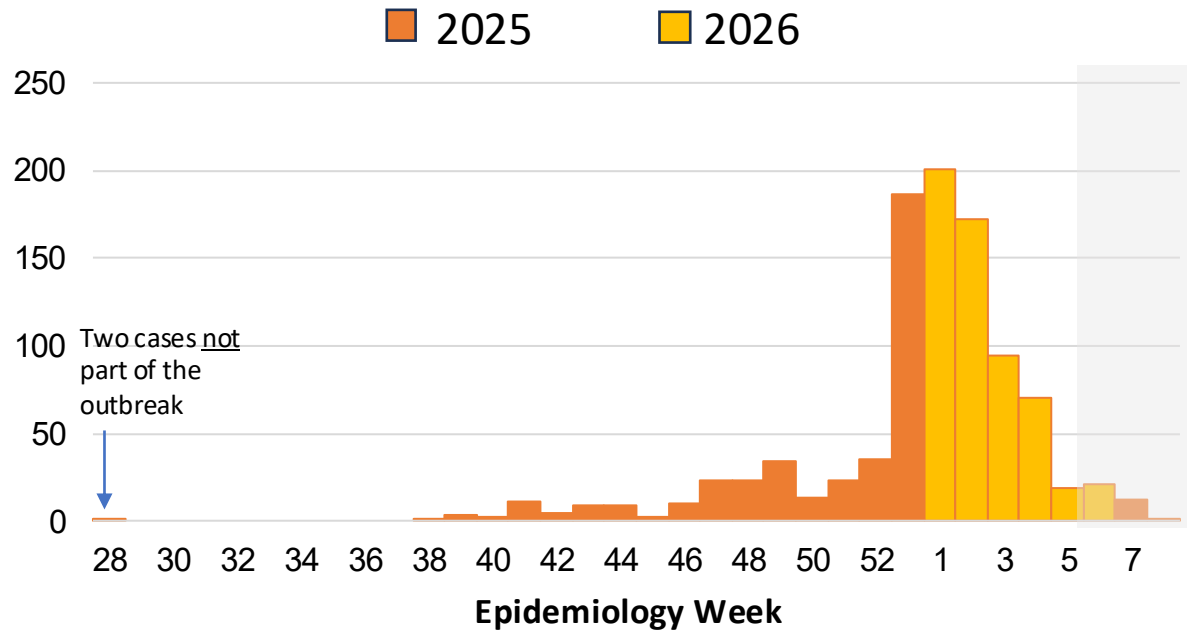
AGES:

- < 5: 256
- 5-11: 452
- 12-17: 187
- 18-29: 51
- 30-49: 32
- 50+ : 5
- Unknown: 8

VACCINATION STATUS:

- 925 unvaccinated
- 26 vaccinated
- 19 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.
- There are currently 52 people in quarantine and three in isolation. The latest end of quarantine for these is March 27

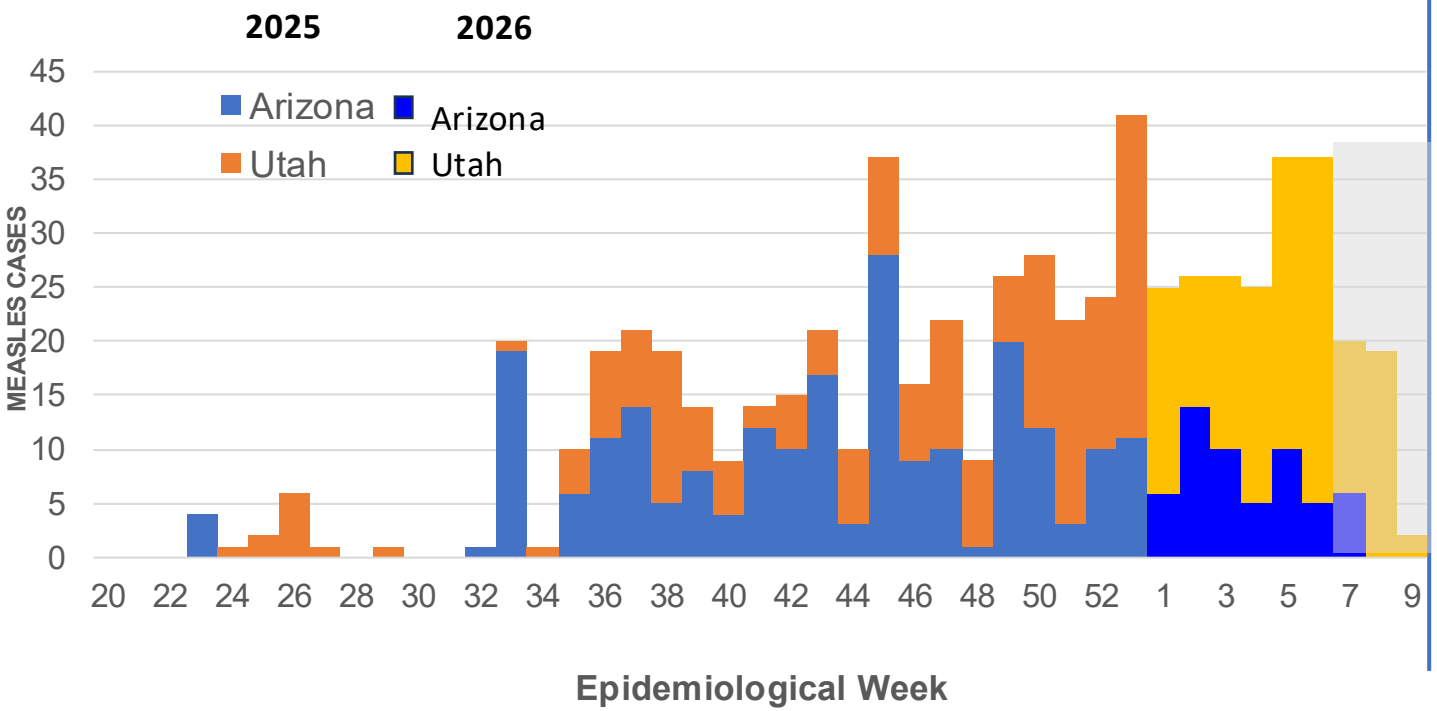
RESPONSE:

- 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.

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 358 confirmed cases**, with CDC reporting an additional 14 cases bring the total to **372.**
- **Arizona r**eported **276** cases, with **261 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)

261 OUTBREAK CASES +15 CASES NOT ASSOCIATED WITH THE OUTBREAK = 276	HOSPITALIZATIONS: 17 (5.9%)	DEATHS: 0

AGES:

- <18: 188 (68%)
- 18+: 88 (32%)

VACCINATION STATUS:

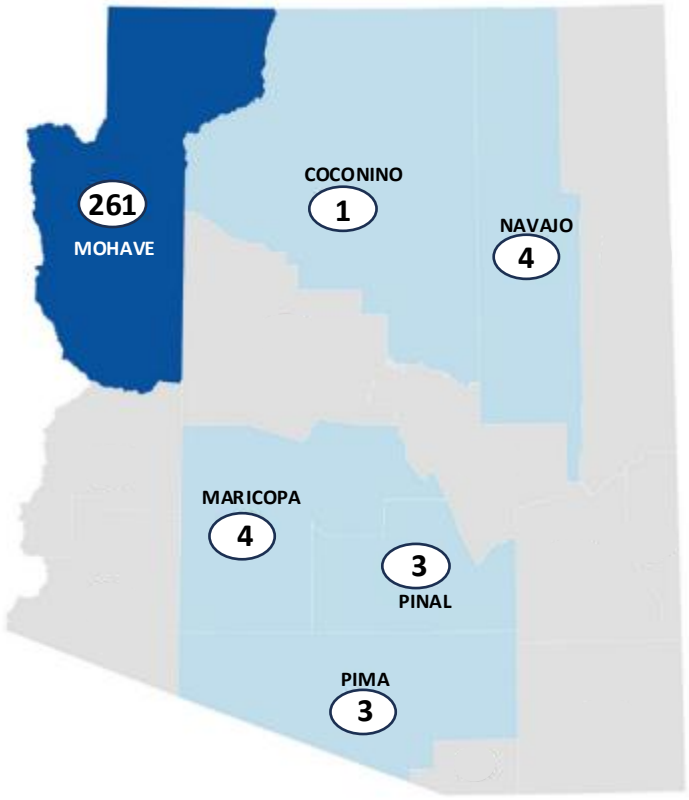
- Unvaccinated: 270 (98%)
- Vaccinated: 6 (2%)

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	47
Navajo	4	0
Pima	1	2
Pinal	0	3
Santa Cruz	0	0
Yavapai	0	0
Yuma	0	0
Totals	220	56

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)			
358 (21) CASES ASSOCIATED WITH THE OUTBREAK	+14 ADDITIONAL CASE REPORTED BY THE CDC = 372	HOSPITALIZATIONS: 31 (8.20%)	DEATHS: 0

AGES:

<18 years = 222 (61%)
18+ years = 136 (39%)
Unknown = 14

VACCINATION STATUS:

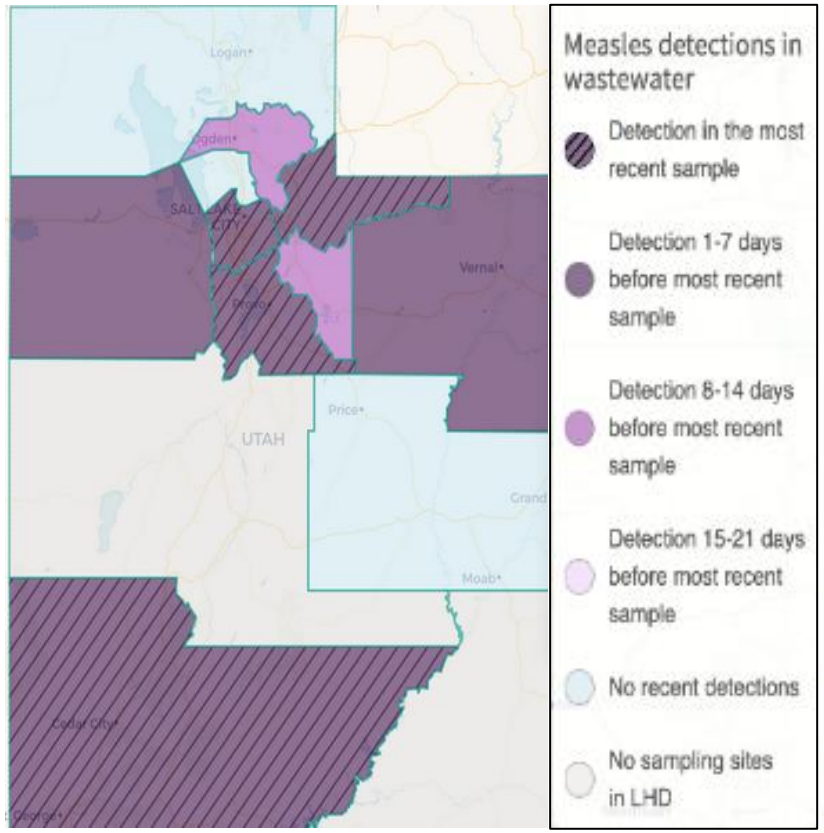
- Unvaccinated: 309 (83%)
- Vaccinated: 27 (7%)
- Unknown: 36 (10%)

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 2025, subsequent exposure events included a healthcare facility, a fast-food restaurant, and schools. Most cases are in school-aged children.

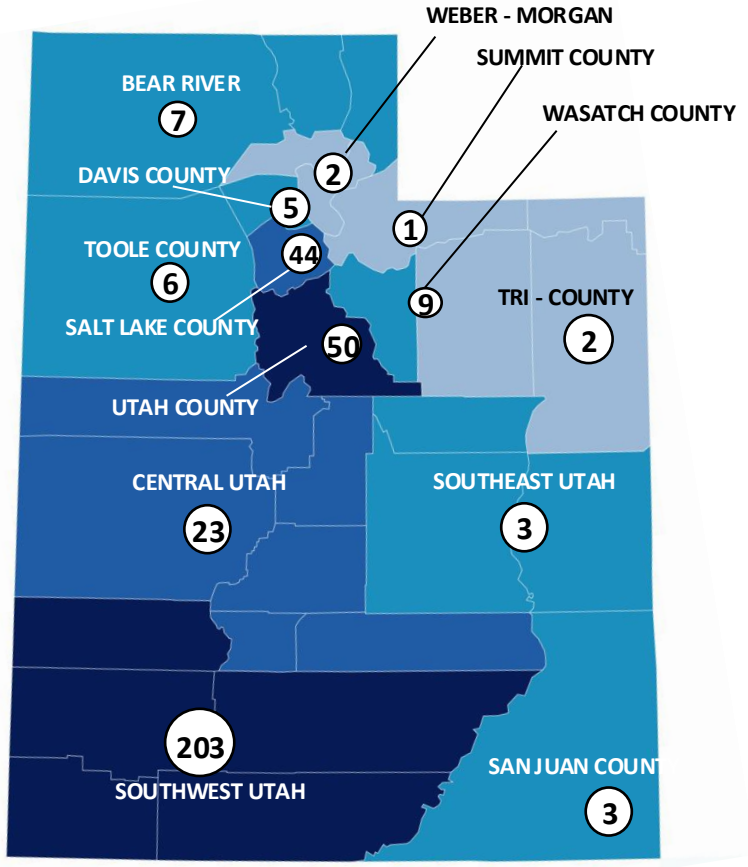
- Following a state high school wrestling championship in 2026, there has been a notable increase in cases. The outbreak, which was primarily in the southwest portion of the state, has now expanded significantly. It has now spread across multiple districts, including Southwest Utah, Salt Lake County, 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.



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.



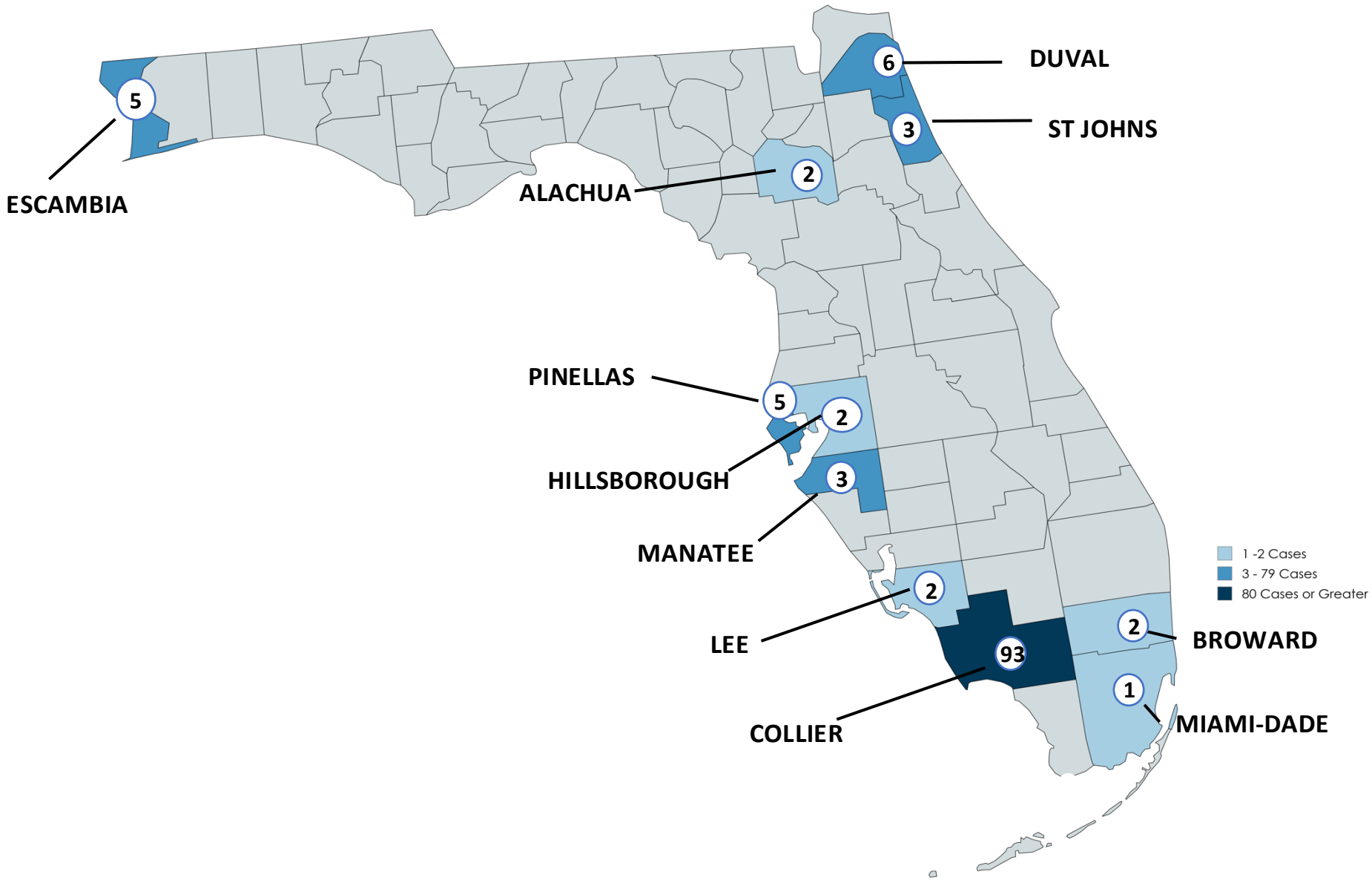
MEASLES BY THE LOCAL HEALTH DEPARTMENT

SOURCE: Utah Department of Health and Human Services

UNITED STATES - FLORIDA 2026

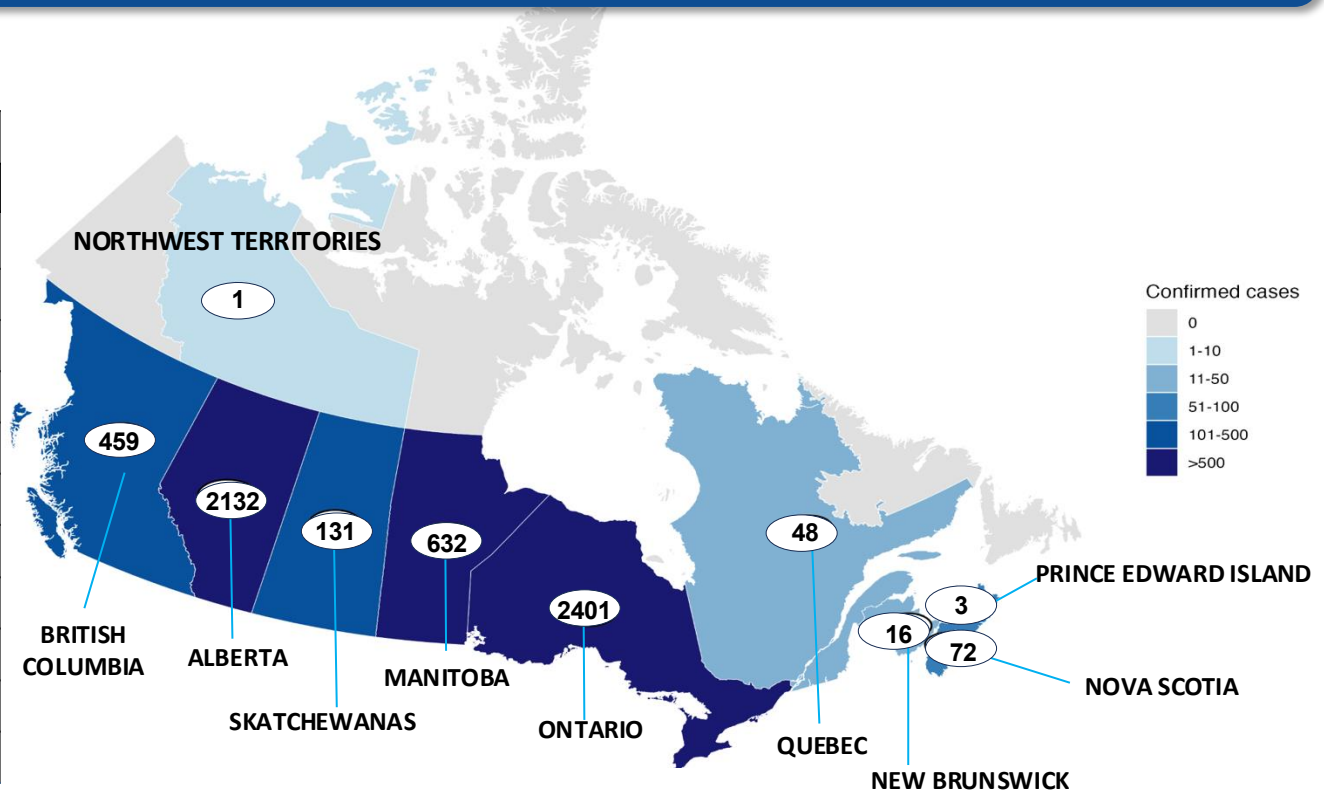
COUNTY	CASES
Alachua	2
Broward	2
Collier	93
Duval	6
Escambia	5
Hillsborough	2
Lee	2
Manatee	3
Miami-Dade	1
Pinellas County	5
St. Johns	3
TOTAL	124

NOTE: The numbers are from news reports (current), the University webpages, and from the Florida Department of Health (data goes only up to 2/28/2026).



CANADA – CURRENT SITUATION (2025 – 2026)

PROVINCE	2026 TOTAL	2025 CASES	2026 +2025 TOTALS
ALBERTA	118 (+23)	2014	2132
BRITISH COLUMBIA	19 (+2)	440	459
MANITOBA	276 (+47)	356	632
NEW BRUNSWICK	0	16	16
NORTHWEST TERRITORIES	0	1	1
NOVA SCOTIA	10	62	72
ONTARIO	4 (+3)	2,397	2401
PRINCE EDWARD ISLAND	0	3	3
QUEBEC	3	45	48
SASKATCHEWAN	5	126	131
TOTALS	435	5,460	5895



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 March 8, 2026, cases have been reported in seven jurisdictions (Alberta, British Columbia, Manitoba, Nova Scotia, Ontario, Quebec, Saskatchewan). So far in 2026 there have been 435 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.

SOURCES: MANITOBA HEALTH, ALBERTA DASHBOARD, QUEBEC, PUBLIC HEALTH ONTARIO, SASKATCHEWAN, CA MEASLES AND RUBELLA WEEKLY MONITORING REPORT, BC, NEW BRUNSWICK, NOVA SCOTIA

OUTBREAK – ALBERTA

MORBIDITY AND MORTALITY			
PROVINCE	CASES	HOSPITALIZATIONS	DEATHS
ALBERTA	2,132 (+23)	172 (18 ICU) (2 Currently Hospitalized)	1

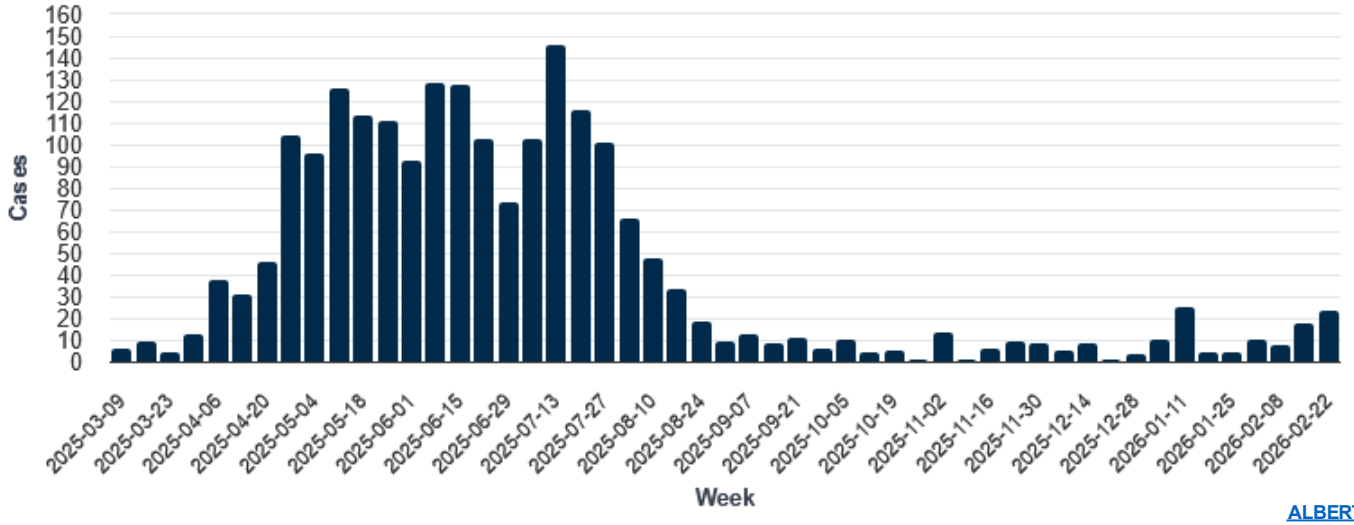
IMMUNIZATION STATUS	COUNT
Unimmunized	1905
1 dose	54
2 or more doses	79
Unknown	94

AGE RANGE	NUMBERS
<5 years	611
5 to 17 years	939
18 to 54 years	557
55 years and older	10
Unknown	15

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 – 3/1/2026



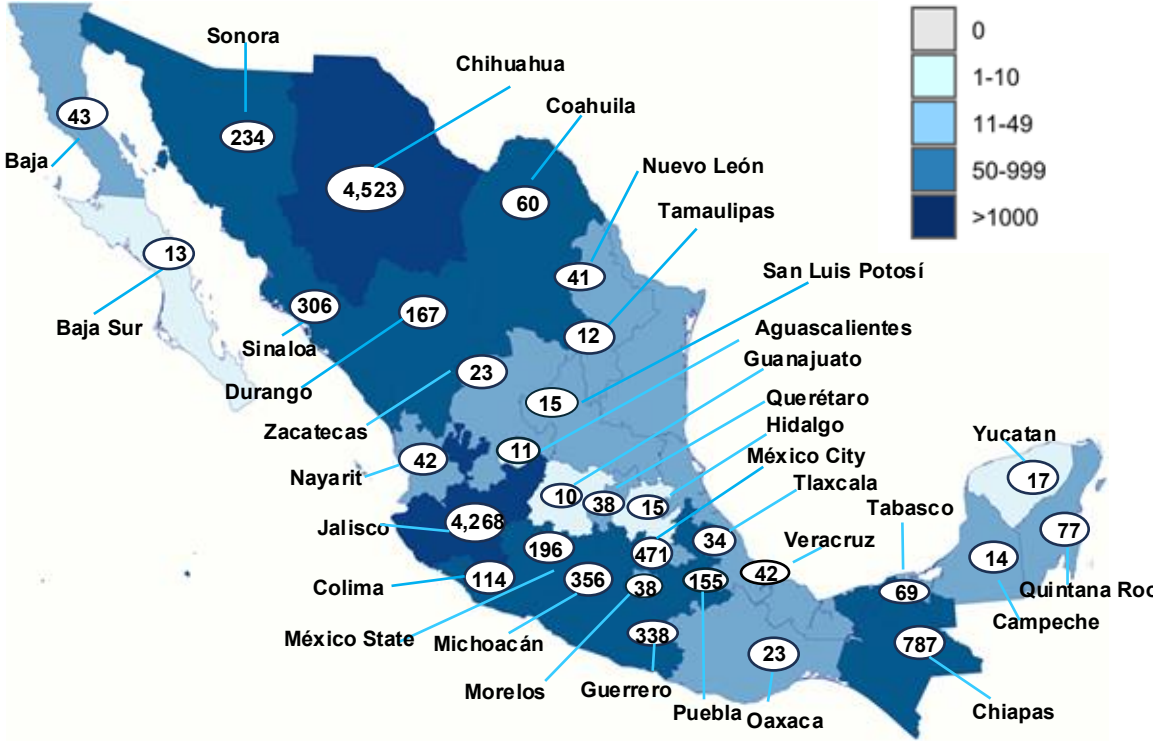
ALBERTA

MEXICO - CURRENT SITUATION (2025 – 2026)

Data as of 3/6/2026

STATE	2026 CASES CONFIRMED	2026 CASES PROBABLE	2025 CASES CONFIRMED	2025 CASES PROBABLE	2025-2026 TOTAL CONFIRMED CASES 2025-2026
CHIHUAHUA	28	166	4,495	6,239	4,523
JALISCO	3604	6400	664	1,836	4,268
CHIAPAS	540	1,717	247	540	787
MICHOACÁN	110	393	246	617	356
GUERRERO	77	184	261	429	338
SINALOA	216	411	90	226	306
CIUDAD DE MEXICO	424	1,406	47	979	471
SONORA	121	343	113	332	234
COLIMA	82	233	32	85	114
DURANGO	127	375	40	295	167
MÉXICO	184	766	12	611	196
PUEBLA	155	387	0	123	155
COAHUILA	5	107	55	305	60
TABASCO	65	387	4	91	69
BAJA CALIFORNIA	22	375	21	254	43
MORELOS	13	149	25	252	38
NAYARIT	36	155	6	100	42
QUERÉTARO	26	180	12	163	38
VERACRUZ	42	386	0	261	42
ZACATECAS	1	64	22	163	23
NUEVO LEÓN	39	696	2	297	41
QUINTANA ROO	75	231	2	76	77
TLAXCALA	34	119	0	43	34
OAXACA	17	86	6	91	23
CAMPECHE	0	30	14	99	14
TAMAULIPAS	0	81	12	130	12
SAN LUIS POTOSÍ	8	73	7	147	15
HIDALGO	14	149	1	118	15
AGUASCALIENTES	12	189	2	150	14
BAJA CALIFORNIA SUR	5	50	8	68	13
YUCATÁN	15	116	2	67	17
GUANAJUATO	7	239	4	543	11
TOTAL	6,104	16,643	6,452	15,729	12,556

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

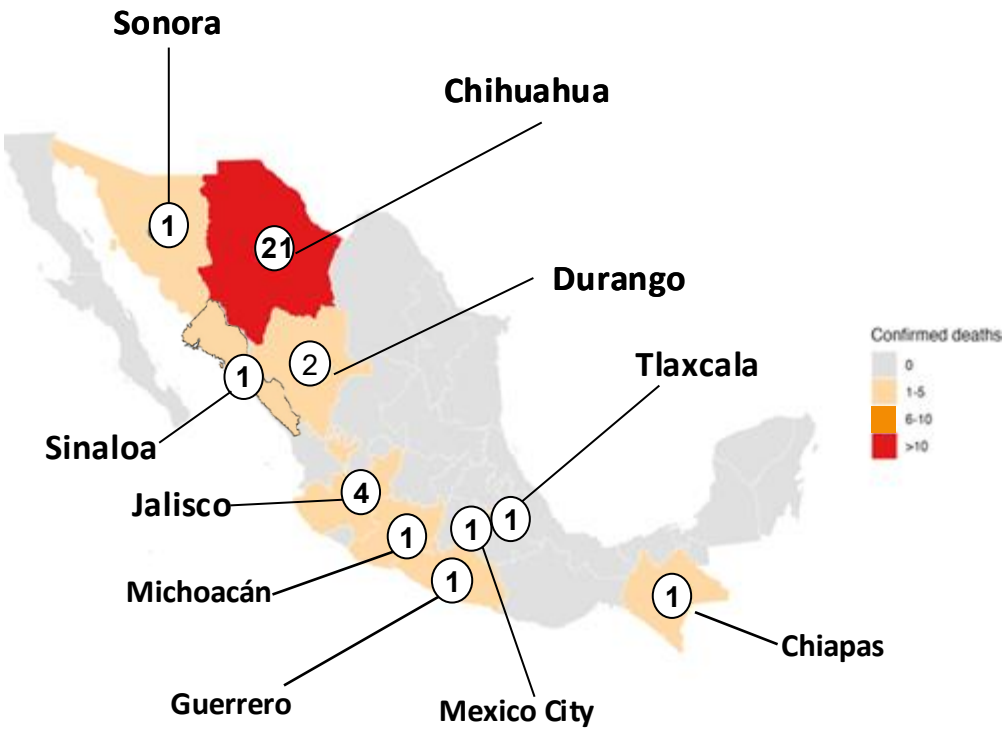


12,556 CONFIRMED CASES, 34 DEATHS

INFORME DIARIO DEL BROTE DE SARAMPIÓN EN MÉXICO, 2026

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
	Carichi	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

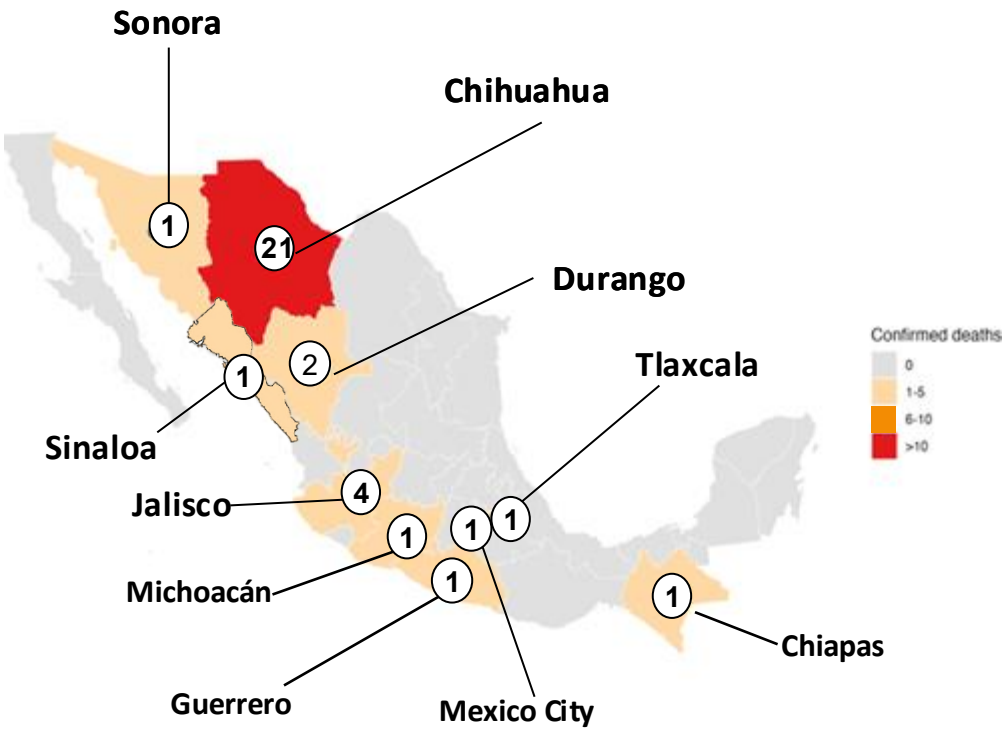


34 DEATHS
97% Unvaccinated*

*As of latest weekly report
REPORTS: 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	Malnutrition	02/10/2026
Jalisco	Arandas	11 months	Female	None	11/10/2025
	Valle de Juárez	2 months	Male	None	12/19/2025
	Guadalajara	4 years	Male	None	02/11/2026
	San Pedro Tlapquepaque	8 months	Male		2026
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	01/25/2026
Chiapas	San Cristobal de las Casas	55 years	Male	Hypertension	12/29/2025
Guerrero	Cochoapa	2 years	Male		2026
Sinaloa	Escuinapa	34 years	Female	Diabetes	2026



34 DEATHS
97% Unvaccinated*

*As of latest weekly report
REPORTS: WEEKLY REPORT
DAILY REPORT

GUATEMALA (2025-2026)

1016 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:

- **1,016 confirmed cases** as of **4 March 2026**
- Virus detected in nearly all departments
- **Only Suchitepéquez** has not reported cases

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 are occurring 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.

SOURCES: GUATEMALA SUPERA LOS 1,000 CASOS DE SARAMPIÓN, SEGÚN DATOS DEL MSPAS– EMISORAS UNIDAS; CASOS DE SARAMPIÓN SE DISPARAN: AUMENTAN 62% EN SOLO UNA SEMANA - PENSA LIBRE; GUATEMALA: MEASLES OUTBREAK - DREF OPERATION (MDRGT027)

\DRIVERS OF TRANSMISSION

- **Mass gathering exposure** with multinational participants
- **Population mobility** across departments and borders
- **Vaccination coverage gaps**
- **Unvaccinated populations**
- **Vaccine hesitancy in some communities**
- **Rural access barriers to health service**

OPERATIONAL CONTEXT

- First confirmed measles case after nearly 30 years without sustained transmission (since 1997)
- National Institutional Red Alert declared
- IHR notification and national response activated

RESPONSE ACTIONS

- Activation of **Immediate Response Teams**
- Implementation of **national measles response protocol**
- **Mobile vaccination brigades** deployed nationwide
- Expanded **MMR vaccination campaigns**
- **Enhanced surveillance and case investigation**
- Public messaging encouraging vaccination

OPERATIONAL IMPLICATIONS FOR PUBLIC HEALTH

- **Outbreak status:** Active and expanding
- **Scale:** >1,000 confirmed cases nationwide (reported in the media)
- **Transmission:** Widespread community transmission across most departments
- Key drivers: mass gathering exposure, immunity gaps, population mobility
- **Operational risk:** Continued national spread with potential cross-border implications in Central America

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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