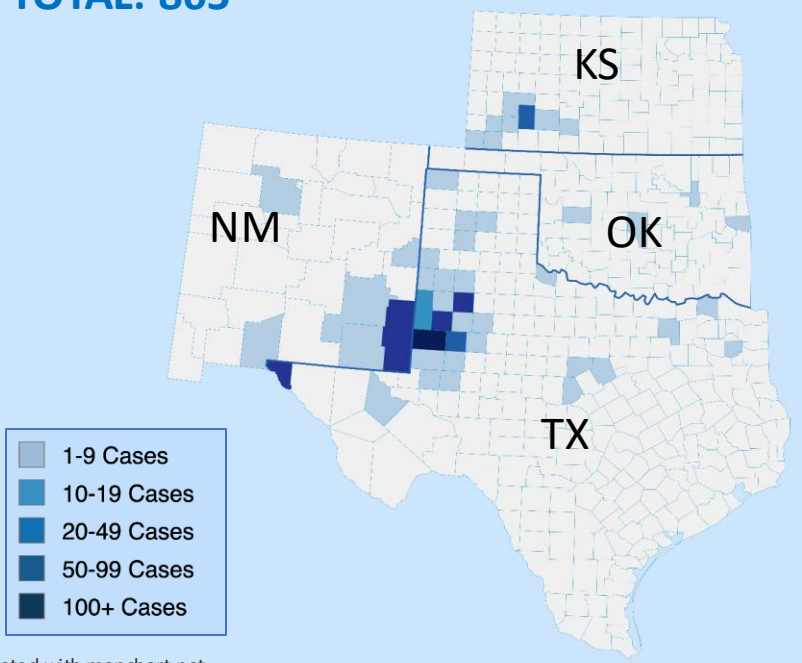
YALE SCHOOL OF PUBLIC HEALTH - ESF-8 VIRTUAL MEDICAL OPERATION CENTER SPECIAL REPORT

MEASLES OUTBREAK - SOUTHWEST U.S. - 2025

TOTAL: 865



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MORBIDITY AND MORTALITY

STATE	CASES	HOSPITALIZATIONS	DEATHS
TX	720 (+2)*	93	2
NM	74 (+3)	7	1
OK	17	0	0
KS	54	2	0
TOTAL	865 (+5)	102	3

*This includes El Paso's numbers that were posted after TX posted on Friday

5/18/2025
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	HGH	HIGH

LINKS

TEXAS LINKS
- TEXAS DEPARTMENT OF STATE HEALTH SERVICES

FACEBOOK | X
- HEALTH ALERTS
- THE SOUTH PLAINS PUBLIC HEALTH DISTRICT

NEW MEXICO LINKS
- NEW MEXICO DEPARTMENT OF HEALTH

OKLAHOMA LINKS
OKLAHOMA STATE DEPARTMENT OF HEALTH

KANSAS
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

RESOURCES FOR HEALTHCARE PROVIDERS
- CDC – MEASLES FOR THE HEALTHCARE PROFESSIONALS
- CDC VIDEO: MEASLES CLINICAL FEATURES AND DIAGNOSIS
- CDC CLINICAL IMAGES OF MEASLES
- CDC LABORATORY TESTING FOR MEASLES
- CDC ROUTINE VACCINATION RECOMMENDATIONS
- CDC ISOLATION RECOMMENDATIONS
- CDC: MEASLES CONTROL IN HEALTHCARE SETTINGS
- CDC ALERT SIGN INFOGRAPHIC
- CDC POSTER FOR OFFICE DISPLAY
- NY HEALTH; RECOGNIZING MEASLES FACT SHEET
- NY HEALTH: DEALING WITH VACCINE HESITANCY
- MEASLES POST-EXPOSURE PROPHYLAXIS
- MEASLES REVIEW FOR PROVIDERS

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
- KAISER HEALTH NEWS
- MEDPAGE TODAY
- NY STATE GLOBAL HEALTH UPDATE
- THE PANDEMIC CENTER TRACKING REPORT
- YOUR LOCAL EPIDEMIOLOGIST

Yale SCHOOL OF PUBLIC HEALTH

BACKGROUND

TYPE OF PUBLIC HEALTH EMERGENCY: LARGE REGIONAL MEASLES OUTBREAK

OVERVIEW:
A measles outbreak originating in **West Texas** has spread in the US to **New Mexico, Oklahoma, and Kansas**, resulting in **102 hospitalizations** and **3 confirmed deaths** — including **two previously healthy children** in Texas and **one adult** in New Mexico. These are the **first U.S. measles deaths since 2015**, and the **first pediatric deaths since 2003**. Genetic and epidemiological evidence suggest that this outbreak has also contributed to the current outbreak in Chihuahua, Mexico, indicating clear cross-border transmission.

THE VIRUS:
Measles is a highly contagious viral disease transmitted primarily through **respiratory droplets** from coughing or sneezing. Symptoms include **high fever, cough, runny nose, conjunctivitis**, and a distinctive **red, blotchy rash**. The virus can remain **airborne or infectious on surfaces for up to two hours**, contributing to its rapid spread.

VACCINATION & GLOBAL TRENDS
Despite being preventable through the MMR (measles, mumps, and rubella) vaccine, outbreaks continue to occur in under-vaccinated communities, leading to severe health outcomes and increased transmission risk (CDC). Over the past 20 years, vaccination rates have been declining globally, leading to a rise in certain regions, including the United States, Canada, Mexico, South America, and parts of Europe. In 2025, North and South America reported 11 times more cases than during the same period in 2024. In Europe, measles rates are at their highest point in 25 years.

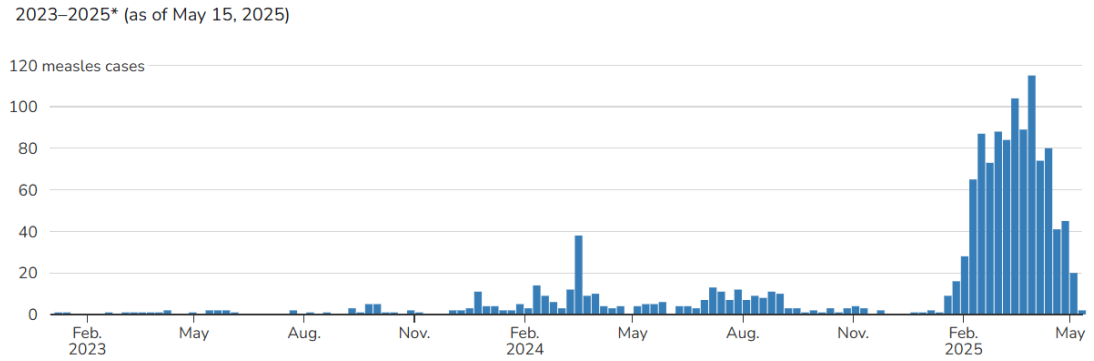
If current vaccination trends persist, the risk of measles becoming endemic once more, with recurrent outbreaks, is inevitable.

CONCERNS: With spring and summer travel kicking off—peaking between Memorial Day and Labor Day—we can expect both domestic and international movement to fuel additional measles importations and spread in the United States. Measles is not inherently seasonal, but transmission often surges during periods of high travel, such as summer vacations, when unvaccinated or under-immunized individuals mix in crowded settings

SOURCES: CENTER FOR OUTBREAK RESPONSE (CORI), CDC, TX MEASLES OUTBREAK, NM MEASLES OUTBREAK, OSDH, KDHE, MEASLES COULD BECOME ENDEMIC IN US IF SURGE CONTINUES, EXPERT WARNS

MEASLES CASES IN 2025 - CDC

1024 (+23) CONFIRMED MEASLES CASES (AS OF 5/16/25)



As of May 16, 2025, a total of 1,024 confirmed* measles cases were reported by 31 jurisdictions: Alaska, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, New Jersey, New Mexico, New York City, New York State, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Texas, Vermont, Virginia, and Washington.

Age
Under 5 years: 303 (30%)
5-19 years: 388 (38%)
20+ years: 325 (32%)
Age unknown: 8 (1%)

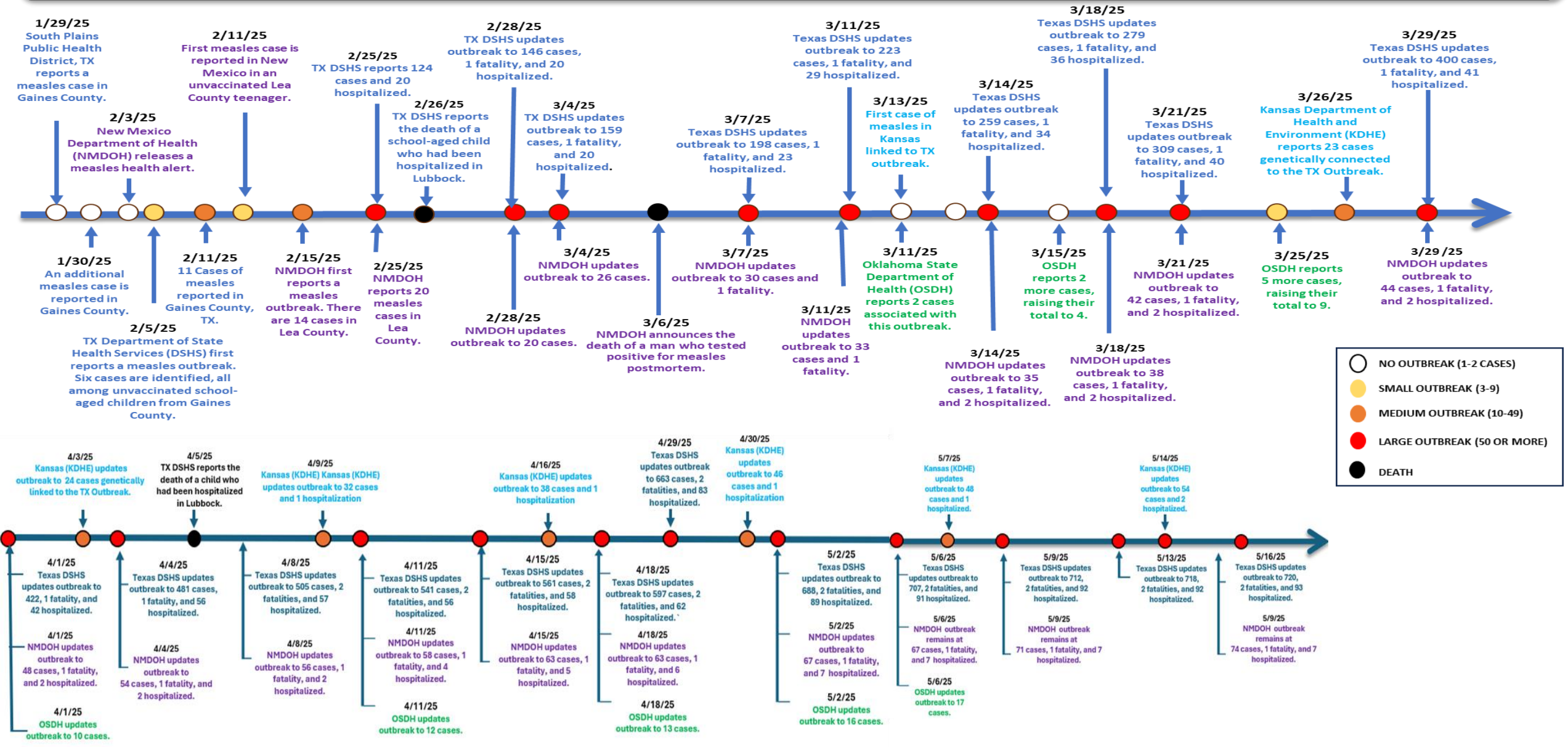
Vaccination Status
Unvaccinated or Unknown: 96%
One MMR dose: 1%
Two MMR doses: 2%

Percent Hospitalized: 13%
Percent by Age Group:
Under 5 years: 23% (69 of 303)
5-19 years: 9% (33 of 388)
20+ years: 8% (25 of 325)
Age unknown: 13% (1 of 8)

Deaths: 3

There have been 3 confirmed deaths from measles.

TIMELINE (JANUARY – MAY 2025)



SOURCES: TEXAS DSHS, NMDOH, OSDH, KDHE

CURRENT SITUATION

As of 5/17/25, the Southwestern outbreak has **865 cases,** including confirmed and pending cases across **Texas, New Mexico, Oklahoma**, and **Kansas**. Experts warn this is likely a **severe undercount**. The situation remains fluid, though we are starting to see a **significant reduction in new cases in Texas**. Experts project the outbreak could last up to a year.

CURRENT CASE COUNT: 865 (As of 5/17/2025)

- **Texas: 720 (+2)** (62% of cases are in Gaines County)
- **New Mexico: 74 (+3)** (92.4% of cases are from Lea County)
- **Oklahoma: 17**
- **Kansas**: **54** (38.89% of the cases are from Gray County)

HOSPITALIZATIONS: 102

- **Texas: 93** - This accounts for 13% of all cases in Texas.
- **New Mexico: 7 –** This accounts for 9.47% of all cases in New Mexico.
- **Kansas: 2** - This accounts for 3.7% of all cases in Kansas.

DEATHS: 3

- **Texas: 2** – This is 0.28% of all cases
- **New Mexico: 1** – This is 1.35% of all cases

US NATIONAL CASE COUNT: 1,038 (Confirmed and suspected)

INTERNATIONAL SPREAD (As of 5/17/2025)

- **Mexico: 1,412 (+192)**
  - **Chihuahua, Mexico: 1,363 (+171)** cases, 1 fatality, 3 hospitalizations
- **Canada: 2,191 (+231)** (Includes Ontario's outbreak, which began November 2024)
  - **Ontario, Canada – 1,622 (+182)**, **101** (+18) hospitalizations

SOURCES: TEXAS DSHS, NMDOH, OSDH, KDHE, MEDICHIHUAHUA

TEXAS:

- The outbreak appears to be slowing down in most areas. As of May 16, 2025, DSHA estimates that fewer than 10 confirmed cases—approximately 1.0%—remain actively infectious, based on rash onset dates within the past week. However, this figure may underestimate the actual number due to delays in reporting.
- Trajectory: A classic epidemic curve with an early, sharp rise, indicating a large susceptible population (Gaines County) and intense transmission in urban areas (Lubbock and El Paso).
- Since April 4, 2025, El Paso has reported 54 confirmed cases, with **five hospitalizations**. The majority of these involve unvaccinated individuals or those with unknown vaccination status.
- The outbreak has been exacerbated by declining vaccination rates, particularly in communities with high nonmedical exemption rates. Gaines County, for instance, has one of the highest exemption rates in the state, with nearly 1 in 5 incoming kindergartners in the 2023–2024 class not receiving the MMR vaccine.
- DSHS has identified "designated outbreak counties" with ongoing measles transmission: Cochran, Dawson, Gaines, Lamar, Lubbock, Terry and Yoakum

NEW MEXICO: After an initial spike, New Mexico maintained moderate transmission for six weeks before interventions, or the natural depletion of susceptible contacts, drove case counts steadily downward. The small late March and mid-May bumps underscore the importance of sustained control measures until transmission is fully interrupted. Measles is now present in six counties in New Mexico.

OKLAHOMA: Oklahoma experienced a brief, small-scale outbreak, peaking in late March, followed by a rapid decline to sporadic, isolated cases by early May.

KANSAS:

- Since the solitary index case was detected in Stevens County, the outbreak in southwestern Kansas has maintained a steady upward climb. By April 23, KDHE had logged 37 cases; over the next two weeks, that tally rose by 11 more (a 24% increase) to 54 confirmed cases as of May 14. This translates to an average of roughly 0.8 new cases per day over the most recent fortnight, with no apparent plateau emerging.
- Transmission remains firmly entrenched across the eight affected counties—Finney, Ford, Grant, Gray, Haskell, Kiowa, Morton, and Stevens—and continues to affect those under 18 years of age disproportionately.
- "Kansas' measles outbreak is serious," Gov. Laura Kelly said in a May 12 social media post. "This disease is not new, but neither is the solution. Parents, talk to your doctor and vaccinate your children to prevent the spread of this dangerous disease. The health of our communities depends on shared responsibility."

CURRENT SITUATION

AGES OF CASES:

WEST TEXAS OUTBREAK				
0-4 Years	**5-17 Years**	**18+ Years**	**Pending**	**Total**
212 (+1) (29.4%)	273 (38.0%)	230 (+1) (31.9%)	5 (0.7%)	720
NEW MEXICO OUTBREAK				
0-4 Years	**5-17 Years**	**18+ Years**	**Pending**	**Total**
21 (+2)(26.8%)	20 (28.2%)	33 (+1) (45.1%)	0	74
KANSAS OUTBREAK				
0-4 Years	**5-17 Years**	**18+ Years**	**Pending**	**Total**
18 (+3) (33.3%)	25 (+1) (46.3%)	11 (+2) (20.4%)	0	54
OKLAHOMA OUTBREAK				
0-4 Years	**5-17 Years**	**18+ Years**	**Pending**	**Total**
14 Cases Confirmed, 3 Probable – no ages provided			3	17

Genotype D8 Lineage: MVs/Ontario.CAN/47.24 — Cross-Border Circulation Summary (2024–2025)

The detection of measles virus lineage MVs/Ontario.CAN/47.24 across Canada, the United States, and Mexico supports the hypothesis of a travel-associated importation event—likely originating in Canada or involving individuals with recent international travel—in late 2024 or early 2025.

Initially identified in Ontario, this lineage has since been documented in multiple provinces on Canada; US states, including Texas, New Mexico, Oklahoma, and Kansas; and northern Mexico, particularly Chihuahua and Durango.

Its wide geographic spread and consistent genetic profile highlight the persistence of cross-border transmission, especially in regions with low vaccination coverage. Many of the reported cases have **occurred in communities with high rates of nonmedical exemptions or limited access to immunization, where population immunity is insufficient to prevent sustained outbreaks.**

The emergence of MVs/Ontario.CAN/47.24 in both rural and urban settings underscores **gaps in regional surveillance systems** and the urgent need for **improved coordination across borders in outbreak investigation, case detection, and immunization efforts**. Its continued spread serves as a critical reminder of measles' high transmissibility and the threat posed by even a single imported case in under-immunized populations.

CANADA: Genotype D8, specifically lineage **MVs/Ontario.CAN/47.24**, was first detected in **Ontario** in late 2024. By early 2025, the lineage had been identified in **57 confirmed cases**, primarily in Ontario, with additional cases reported in **Quebec, Manitoba, and British Columbia**. Most cases occurred among **unvaccinated individuals**. (Source: PAHO)

UNITED STATES: Although specific lineages are not always reported, **genotype D8** has been the predominant strain in recent outbreaks across **Texas, New Mexico, Oklahoma, and Kansas**. Genetic sequencing has linked the virus circulating in the U.S. to the same D8 lineage found in Canada and Mexico, suggesting **cross-border transmission**. However, the precise source of initial introduction remains undetermined. (Source: WHO)

MEXICO: In February 2025, a case of measles in **Chihuahua** was confirmed to be of **genotype D8, lineage MVs/Ontario.CAN/47.24**. Contact tracing and enhanced surveillance efforts identified **17 additional related cases**, confirming **local transmission** of this lineage. (Source: El Diario de Chihuahua, PAHO)

SOURCES: TX MEASLES OUTBREAK, NM MEASLES OUTBREAK, OSDH, KDHE, WHO, MMWR 4/24/205, WHO - MEASLES – REGION OF THE AMERICAS 4/28/2025, MEASLES IN ONTARIO 4/24/2025

CURRENT SITUATION: EL PASO

CONFIRMED CASES BY AGE

AGE	CASES	HOSPITALIZATIONS	DEATHS
0-4	15	2	0
5-17	4	0	0
18+	35	3	0
TOTAL	54	5	0

VACCINATION STATUS

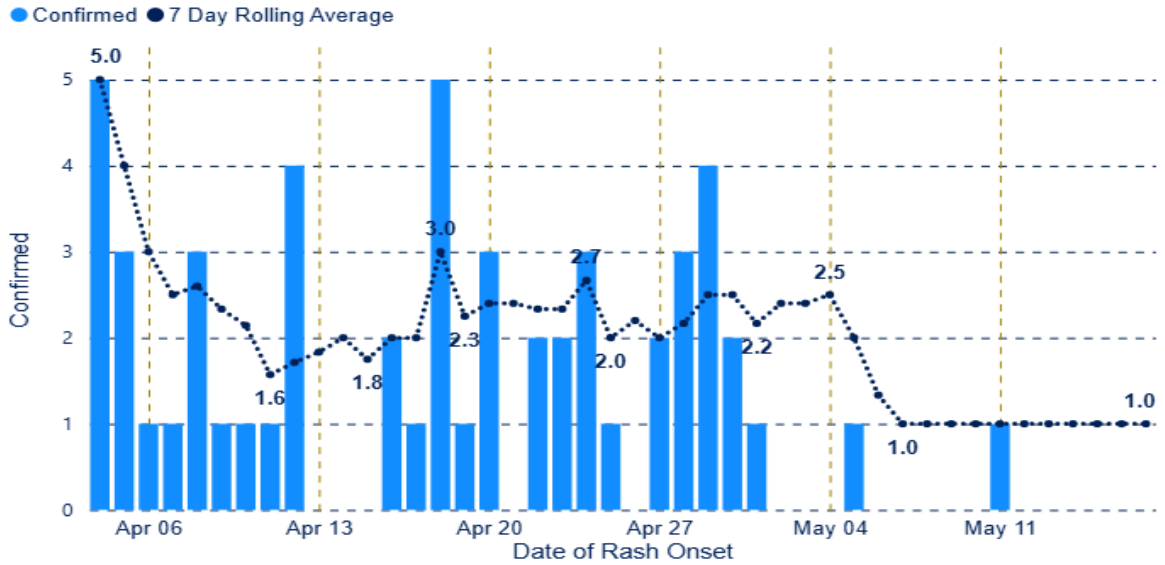
STATUS	NUMBER
UNVACCIANTED	22
UNKNOWN	20
1 DOSE	6
2 DOSES	6
TOTAL	54

HOSPITALIZATIONS

HOSPITALIZATION STATUS	NUMBER
CURRENT	0
PREVIOUSLY	5
TOTAL	5

CASES BY GENDER

GENDER	CASES
MALE	26
FEMALE	28
TOTAL	54



SOURCES: DSHS, KVIA, KTSM, KFOX, KISS.FM, YISD, PBS, EL PASO MEASLES OUTBREAK DASHBOARD, KTSM

- With a population of approximately 679,000, El Paso recorded its first five confirmed measles cases on April 4, 2025. By May 9, 2025, the City of El Paso Department of Public Health had reported 53 confirmed cases in the region: 35 among adults (≥ 18 years) and 14 among young children (< 4 years).

- As of May 2025, El Paso County's two-dose measles vaccination coverage stands at 96%. However, this figure masks under-immunized pockets—roughly 4% of the population, or about 27,000 individuals, remain unvaccinated and at risk.

- High-volume daily travel across the Paso del Norte border with Ciudad Juárez and along Interstates 10 and 20—which link El Paso and Gaines County to major urban centers like San Antonio, Houston, and Dallas—has facilitated transmission, with contact tracing and genomic sequencing linking the Chihuahua outbreak (first detected late February 2025) to Gaines County and confirming genotype D8 on both sides of the U.S.–Mexico border.

- Language barriers, pervasive misinformation, and fears of deportation among undocumented residents hamper public health outreach efforts. At the same time, early transmission events traced to malls, retail stores, and restaurants underscore the vulnerability of crowded urban venues.

KEY CONCERNS

1. **POCKETS OF SUSCEPTIBILITY IN SCHOOLS AND DAYCARES:** Even with high overall coverage, small clusters of unvaccinated or under-vaccinated children, particularly in certain schools and childcare settings, can sustain transmission.

2. **PUBLIC HEALTH RESOURCE STRAIN:** To keep pace with demand, the El Paso Department of Public Health has expanded clinic hours—including Saturday pop-ups—and is maintaining an online dashboard of exposure sites, rather than issuing frequent news releases. Continued vaccination drives and contact-tracing efforts are taxing staffing and logistics.

3. **BINATIONAL COORDINATION CHALLENGES:** High daily movement across the U.S.–Mexico border complicates contact tracing and synchronized vaccination campaigns. Aligning outreach, culturally-appropriate messaging, and immunization activities on both sides remains critical to preventing further spread

CURRENT SITUATION: VACCINATION STATUS

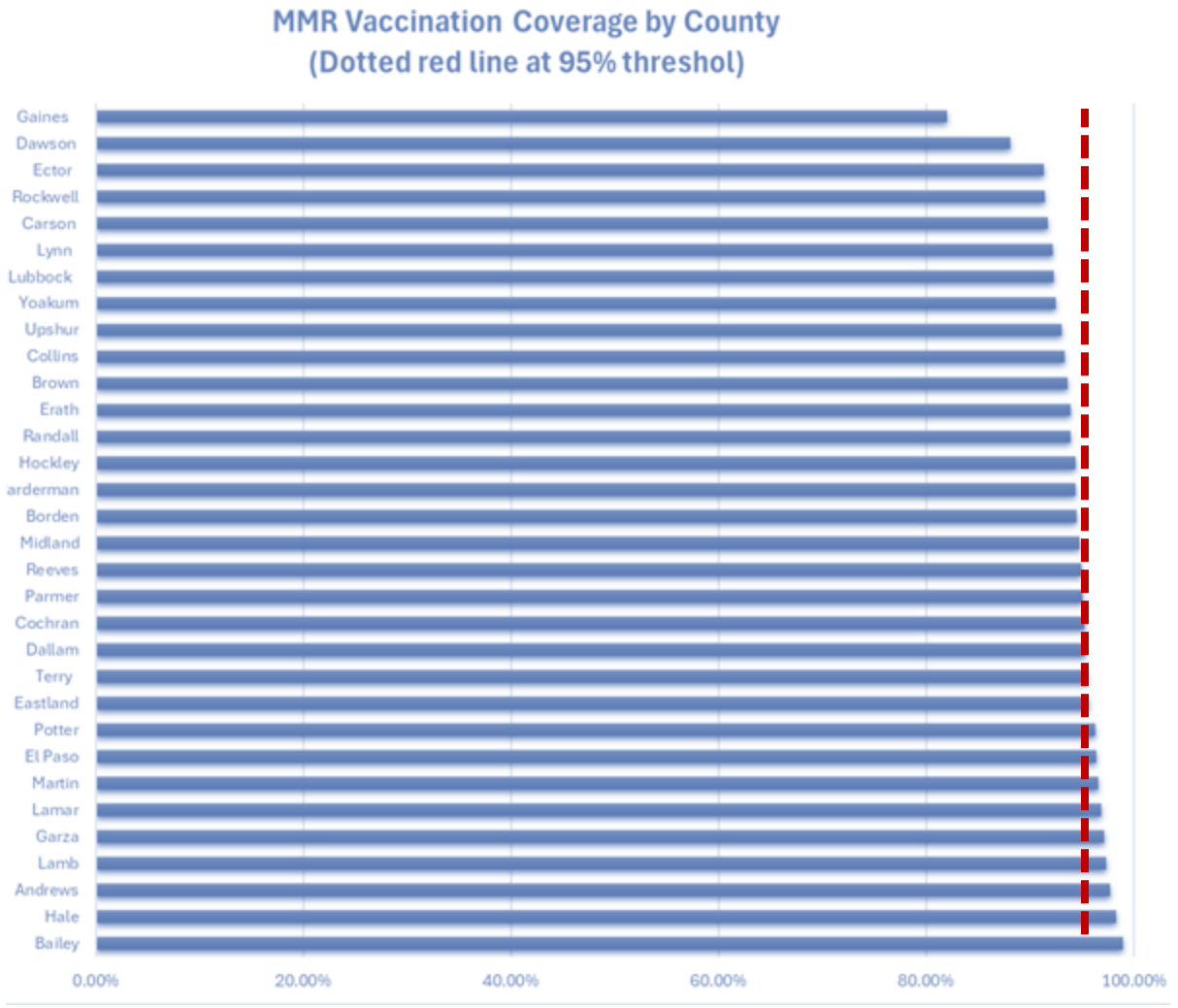
STATE	VACCINATED WITH 1 DOSE	VACCINATED WITH 2 DOSES	UNVACCINATED/ UNKNOWN	TOTAL CASES
TX	13	17	690*	720*

NOTE: The TX unvaccinated/unknown category includes people with no documented doses of measles vaccine more than 14 days before symptom onset.
Numbers adjusted based on additional information from El Paso after TX DSHS update.

STATE	VACCINATED WITH AT LEAST ONE DOSE	NOT VACCINATED	UNKNOWN	TOTAL CASES
NM	9	50	15	74

STATE	VACCINATED WITH ONE DOSE	VACCINATED WITH TWO DOSES	UNVACCINATED/ UNKNOWN	TOTAL CASES
OK	0	1	16	17

STATE	AGE APPROPRIATELY VACCINATED	NOT AGE APPROPRIATELY VACCINED	NOT VACCINATED	PENDING VERIFICATION/ UNABLE TO VERIFY	TOTAL CASES
KS	5	1	45	3	54

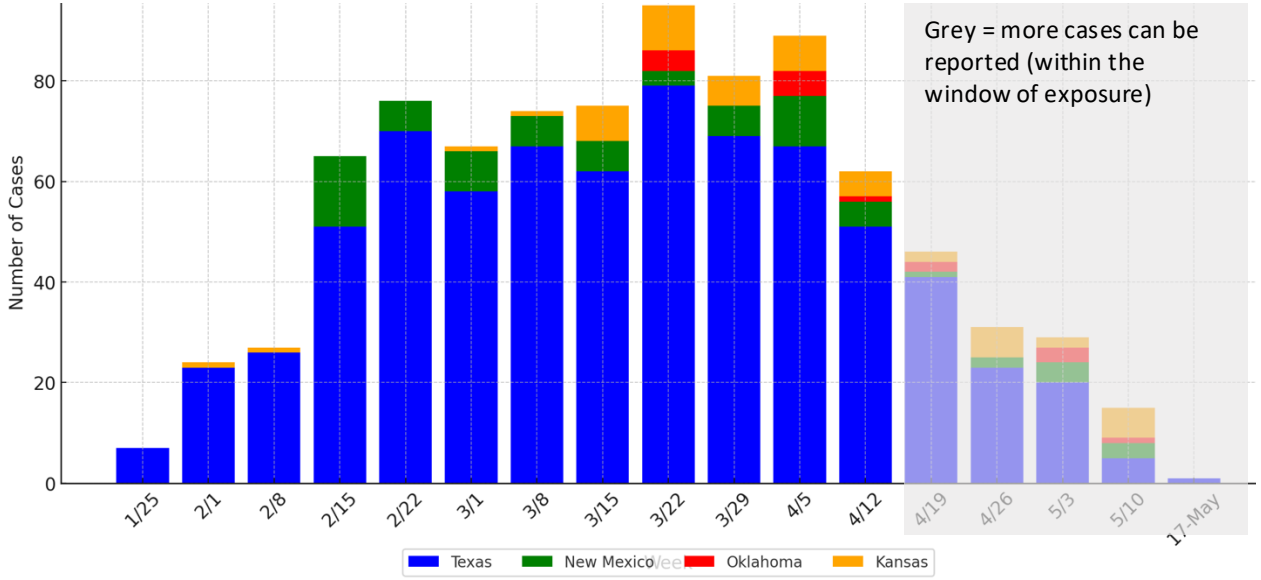


Among the affected counties in Texas, 18 out of 32 have a vaccination rate below 95%, the recommended rate for herd immunity (SOURCE: Annual Report on Immunization Status and CORI).

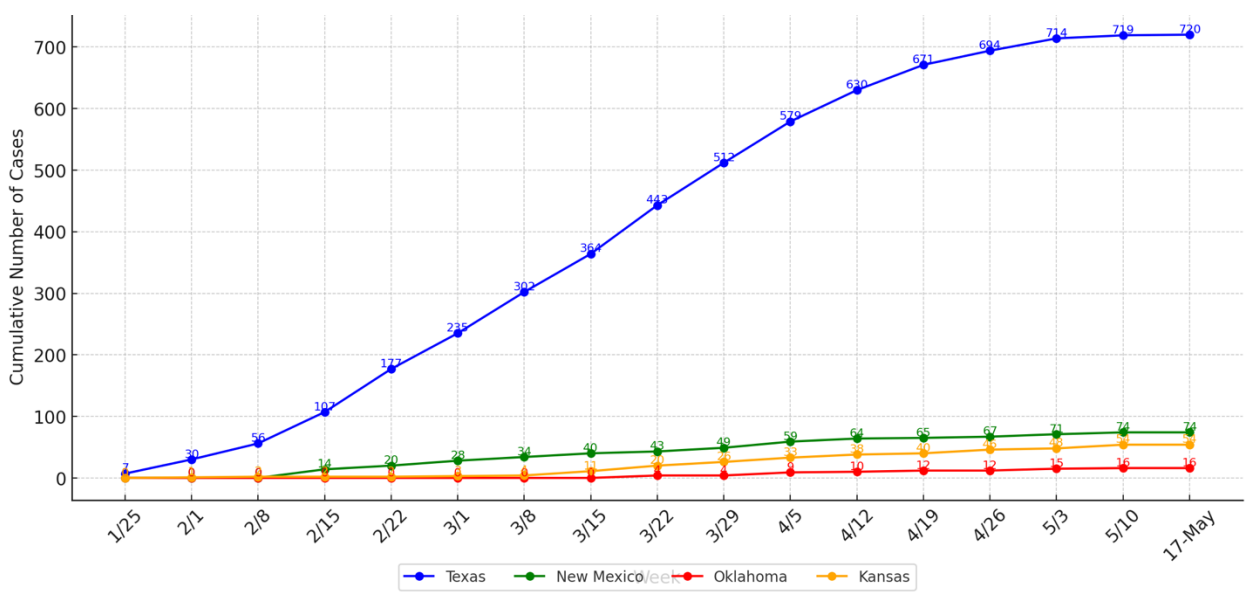
SOURCES: TX MEASLES OUTBREAK, NM MEASLES OUTBREAK, OSDH, AP -3/21/2025, NYT

EPI CURVE AND CASES OVER TIME

SOUTHWEST MEASLES OUTBREAK – EPI CURVE (AS OF 5/17/2025)



SOUTHWEST MEASLES OUTBREAK – CUMULATIVE CASES OVER TIME (AS OF 5/17/2025)



The number of new cases per week is declining in Texas and Oklahoma, while cases in New Mexico remain sporadic, and Kansas is experiencing a rise.

- **TX:** Reported first case the week of 1/25/25.
- **NM:** Reported first cases the week of 2/8/25.
- **OK:** Reported first cases the week of 3/15/25.
- **KS:** Reported first cases the week of 3/15/25.

Cases are stable or slowly rising.

- **TX:** A total of 720 cases across 32 counties.
- **NM:** A total of 74 cases across 6 counties.
- **OK:** A total of 17 cases have been reported.
- **KS**: A total of 54 cases across 8 counties.

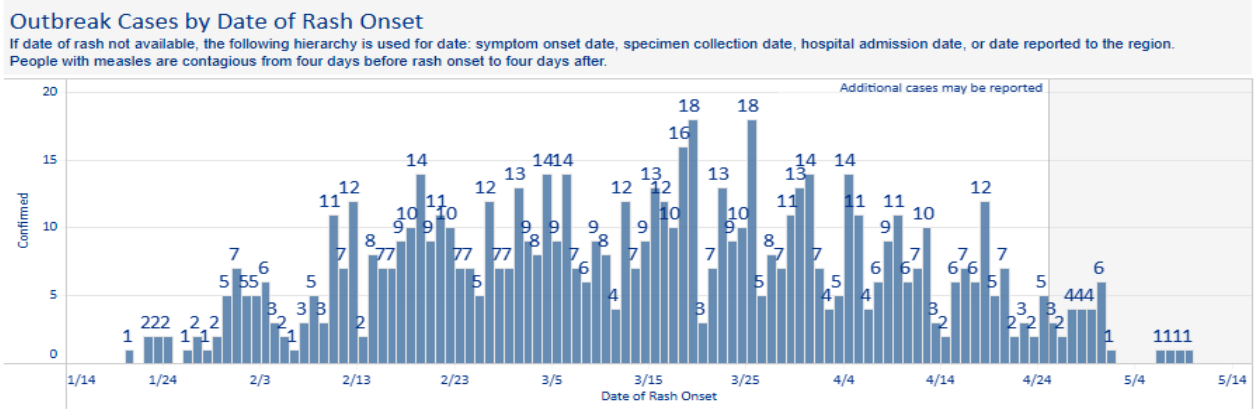
SOURCES: TX DSHS, NMDOH, OSDH, KDHE, CENTER FOR OUTBREAK RESPONSE (CORI)

EPI SUMMARY - TEXAS

(n=712) AS OF 5/9)

COUNTY	MEASLES CASES (NUMBER OF NEW CASES)	% of TOTAL CASES	% KINDERGARTENERS VACCINATED (2023-2024)	# OF SCHOOL DISTRICTS IN EACH COUNTY WITH MMR BELOW 95%
Andrews	**3**	**0.42%**	97.70%	0
Bailey	2	**0.28%**	98.94%	0
Borden	1	**0.14%**	94.44%	1
Brown	1	**0.14%**	93.64%	5
Carson	1	**0.14%**	91.67%	3
Cochran	14	**1.97%**	95.20%	1
Collins	1	**0.14%**	93.31%	16
Dallam	7	**0.98%**	95.30%	2
Dawson	26	**3.65%**	88.10%	4
Eastland	**2**	**0.28%**	95.63	2
Ector	11	**1.54%**	91.30%	5
El Paso	54 (+1)	**7.44%**	96.37%	8
Erath	1	**0.14%**	93.94%	5
Gaines	406 (+1)	**56.49%**	82.00%	3
Garza	2	**0.28%**	97.10%	0
Hale	6	**0.84%**	98.30%	2
Harderman	1	**0.14%**	94.40%	3

COUNTY	MEASLES CASES (NUMBER OF NEW CASES)	% of TOTAL CASES	% KINDERGARTENERS VACCINATED (2023-2024)	# OF SCHOOL DISTRICTS IN EACH COUNTY WITH MMR RATES BELOW 95%
Hockley	**6**	**0.84%**	94.40%	3
Lamar	19	**2.67%**	96.84%	0
Lamb	1	**0.14%**	97.37%	1
Lubbock	52	**7.16%**	92.25%	8
Lynn	2	**0.28%**	92.16%	2
Martin	3	**0.42%**	96.59%	1
Midland	3	**0.42%**	94.77%	4
Parmer	5	**0.70%**	95.04%	1
Potter	2	**0.28%**	96.32%	3
Randall	1	**0.14%**	93.95%	1
Reeves	1	**0.14%**	94.92%	1
Rockwell	1	**0.14%**	91.47	2
Terry	60	**8.43%**	95.52%	2
Upshur	**5**	**0.70%**	93.3	2
Yoakum	20	**2.81%**	92.50%	1



SOURCES: Measles Outbreak – May 16, 2025 | Texas DSHS

EPI SUMMARY (KS, NM, OK)

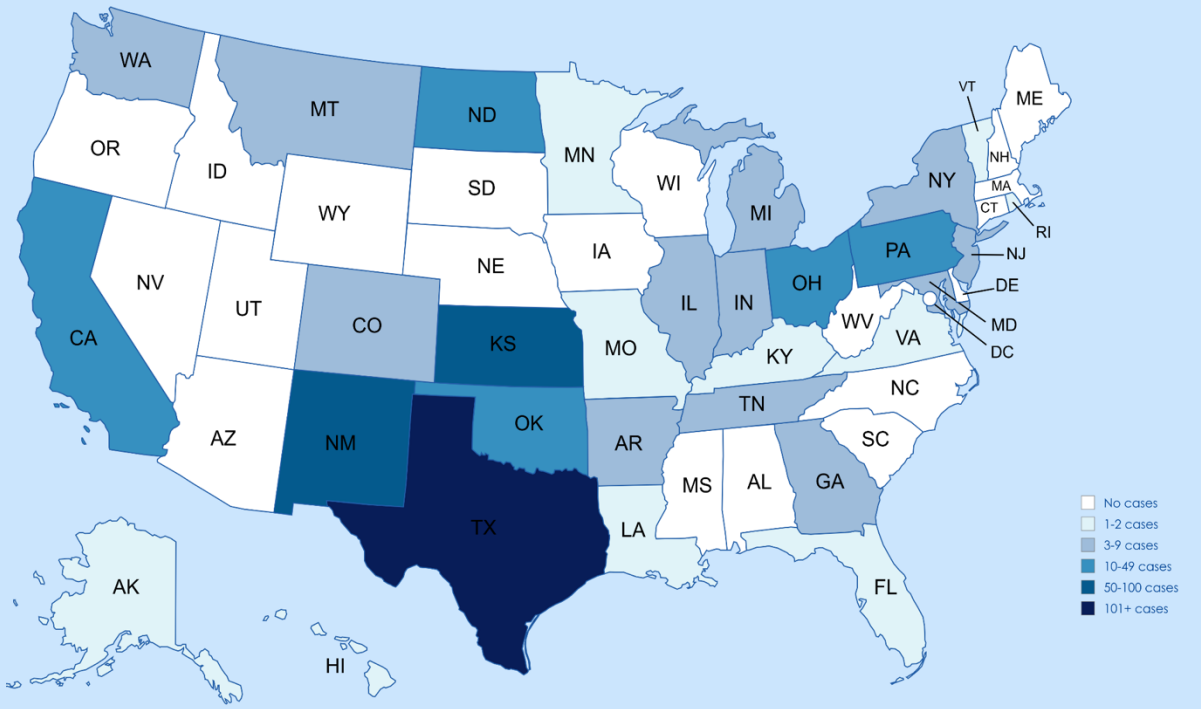
COUNTY	MEASLES CASES (NUMBER OF NEW CASES)	% of TOTAL CASES	% KINDERGARTENERS VACCINATED (2023-2024)
KANSAS (n=54) AS OF 5/16/2025			
Finney	Between 1- 5		98%
Ford	Between 1- 5		87%
Grant	Between 1- 5		99%
Gray	21 (+6)	38.89%	66%
Haskell	8	14.81%	58%
Kiowa	6	11.11%	92%
Morton	Between 1- 5		82%
Stevens	7	12.96%	83%
Kansas has reported 2 additional cases NOT associated with the outbreak, in Reno and Sedgwick Counties.			
NEW MEXICO (n=74) AS OF 5/16/2025			
Chaves	1	1.35%	98%
Curry	1	1.35%	95%
Doña Ana	2 (+1)	2.7%	95%
Eddy	3	4.05%	93%
Lea	65 (+1)	88%	94%
Sandoval	2 (New)	2.7%	94
Note: Those 18 years or younger have a 95% vaccination rate. 63% of adults have received one shot of MMR, and only 55% have received both shots, according to local health officials, though they noted that there may be vaccinated adults whose records have not been added to the system. Adults make up more than half of reported cases in New Mexico.			
OKLAHOMA (n=17) AS OF 5/16/2025			
Tulsa and Cherokee Nation	16	Insufficient Information	89.5%

SOURCES: NM MEASLES OUTBREAK,, OSDH, KDHE

US OUTLOOK

** NOTE: The information on this page has been gathered by reviewing data from state and local health departments, news media sources, and the Center for Outbreak Response Innovation (CORI)*

1,038*



The increase in measles cases can be attributed to falling vaccination rates and increased importation of travel-related cases, which occur when unvaccinated people acquire measles abroad and bring it back to the U.S.

STATE	CASES
TEXAS **	735
NEW MEXICO	74
KANSAS	56
OHIO	34
OKLAHOMA	17
PENNSYLVANIA	13
NORTH DAKOTA	12
CALIFORNIA	11
MICHIGAN	9
ILLINOIS	8
INDIANA	8
MONTANA	7
NEW YORK	7
ARKANSAS	6
TENNESSEE	6
COLORADO	5
WASHINGTON	5
GEORGIA	3
MARYLAND	3
NEW JERSEY	3
ALASKA	2
FLORIDA	2
HAWAII	2
LOUISIANA	2
MINNESOTA	2
MISSOURI	2
KENTUCKY	1
RHODE ISLAND	1
VERMONT	1
VIRGINIA	1
TOTAL	1,038

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.

As of 1600 hours on May 17, 2025, EDT, there are approximately 1,038 measles cases (including confirmed and suspected cases) across 30 states.

*This year, there have been **13 measles outbreaks**:*

1. ***West Texas**, involving 31 counties in **Texas**, 4 counties*
2. ***New Mexico**, 2 counties I*
3. ***Oklahoma**, and the Cherokee Nation in Oklahoma*
4. *8 counties in **Kansas***
5. *Ashtabula and Knox Counties, **Ohio***
6. *Erie County**, Pennsylvania***
7. *Allen County, **Indiana***
8. *Bergen County, **New Jersey***
9. *metro Atlanta, **Georgia***
10. *Gallatin County, **Montana***
11. *Montcalm County, **Michigan** (linked to Ontario Outbreak)*
12. *Upper Cumberland region – **Tennessee***
13. *Williams County – **North Dakota***

**** TEXAS CASES NOT ASSOCIATED WITH OUTBREAK: 15**

- 1 case – Atascosa County
- 1 case – Brazoria County
- 1 case – Collin County
- 1 case - Denton
- 1 case – Adult, Fort Bend (travel-related)
- 4 cases – Harris County
- 1 case – Adults, Rockwall County (travel-related)
- 1 case – Shackelford
- 2 cases - Tarrant
- 2 case – Travis County

TEXAS CASES ASSOCIATED WITH THE OUTBREAK: 720

MEXICO OUTLOOK

THE MEASLES OUTBREAK IN MEXICO: OVERVIEW

Mexico is currently facing its largest measles outbreak in decades, centered in the Mennonite community of Cuauhtémoc, Chihuahua. Genetic and epidemiological investigations have linked the outbreak to an unvaccinated child who traveled from Seminole, Texas, to visit relatives in late January 2025, seeding sustained local transmission.

Cuauhtémoc municipality remains the epicenter, with 494 confirmed cases. Additional cases have been reported in the municipalities of Chihuahua, Riva Palacio, Nuevo Casas Grandes, Ahumada and Namiquipa. Although 35 of the state's 67 municipalities are still case-free, the State Health Department has intensified surveillance and deployed targeted containment measures in the hardest-hit areas.

Drivers of the Outbreak

- **Cross-border importation**: Increased anti-vaccine sentiment in parts of Texas contributed to a rise in infections, one of which crossed into Mexico in January 2025.
- **Low local immunization:** Nationwide childhood vaccination coverage has declined, with some age cohorts in Chihuahua reporting rates as low as 21.2%.

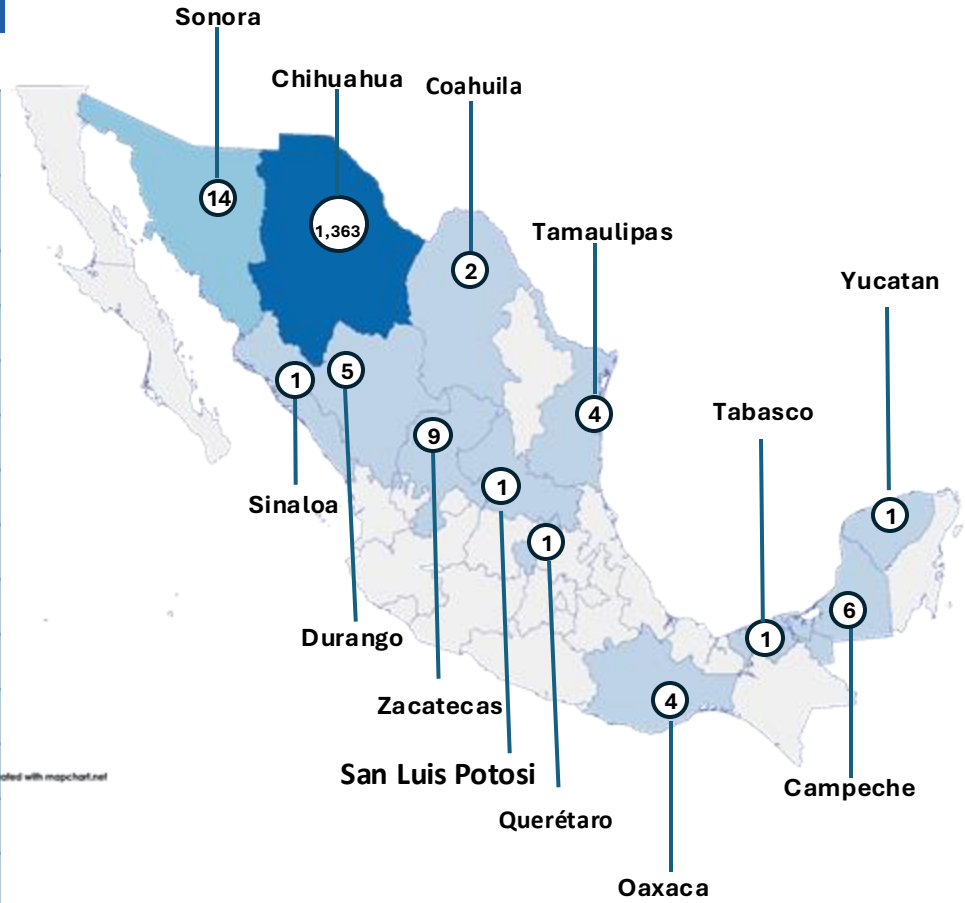
Vaccination status among cases

- 94.4% (947) had no documented MMR vaccination
- 3.8% (38) had received one dose
- 1.8% (18) had received two doses

Urgent efforts to raise vaccination coverage and reinforce preventive measures are underway to halt further spread.

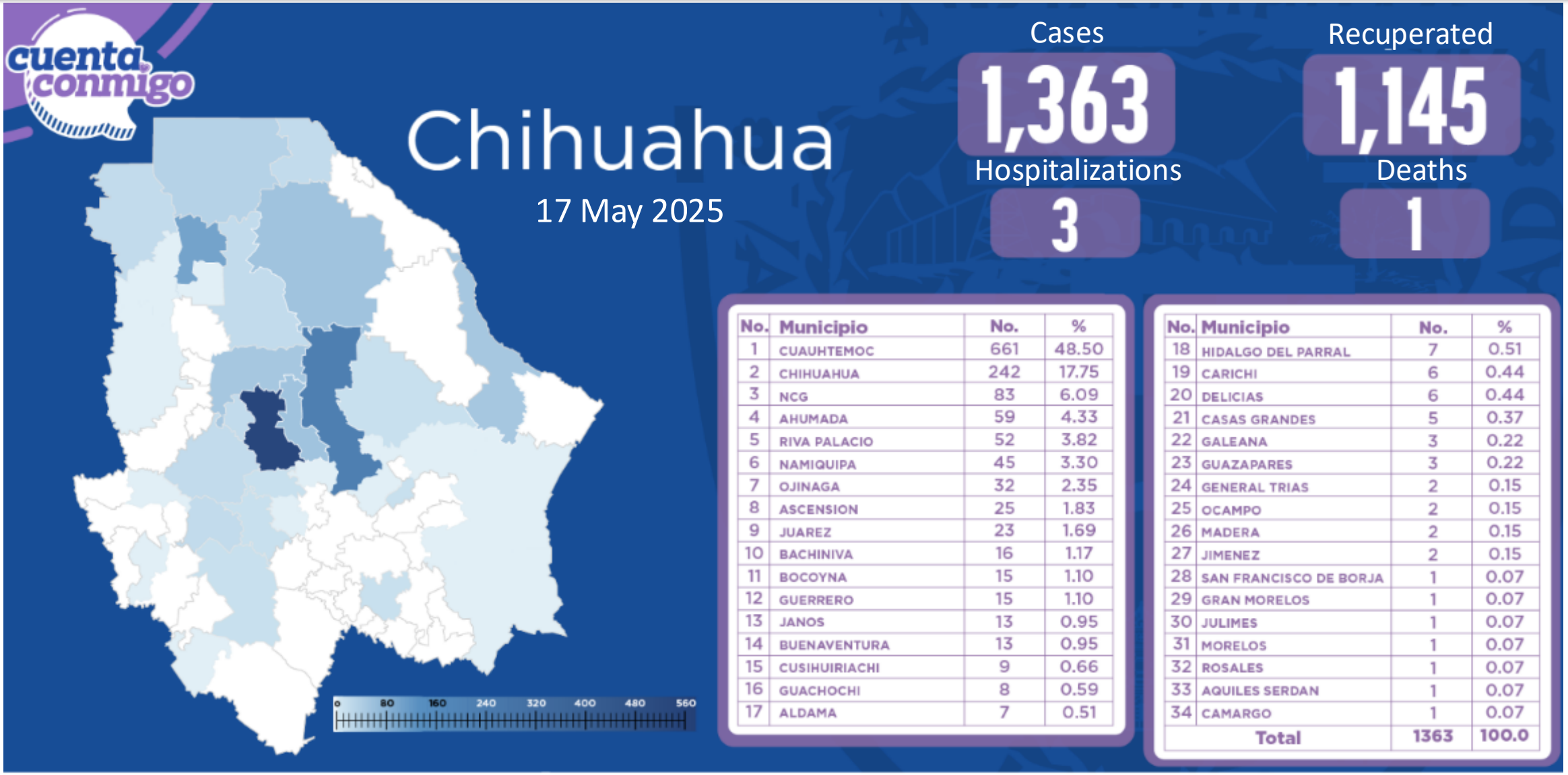
CONFIRMED MEASLES	
STATE	CASES
CAMPECHE	6
CHIHUAHUA	1,363
COAHUILA	2
DURANGO	5
OAXACA	4
QUERÉTARO	1
SAN LUIS POTOSI	1
SINALOA	1
SONORA	14
TABASCO	1
TAMAULIPAS	4
YUCATAN	1
ZACATECAS	9
TOTAL	1,412

*Data as of 5/17//2025



SOURCE: MEDICHIHUAHUA, EPI REPORT GOV MEXICO, BULLETIN NO. 4 - EPIDEMIOLOGICAL SITUATION OF VACCINE-PREVENTABLE DISEASES IN MEXICO, BULLETIN NO. 5 - EPIDEMIOLOGICAL SITUATION OF VACCINE-PREVENTABLE DISEASES IN MEXICO,

MEXICO OUTLOOK: CHIHUAHUA



No.	Municipio	No.	%
1	CUAUHTEMOC	661	48.50
2	CHIHUAHUA	242	17.75
3	NCG	83	6.09
4	AHUMADA	59	4.33
5	RIVA PALACIO	52	3.82
6	NAMIQUIPA	45	3.30
7	OJINAGA	32	2.35
8	ASCENSION	25	1.83
9	JUAREZ	23	1.69
10	BACHINIVA	16	1.17
11	BOCOYNA	15	1.10
12	GUERRERO	15	1.10
13	JANOS	13	0.95
14	BUENAVENTURA	13	0.95
15	CUSIHUIRIACHI	9	0.66
16	GUACHOCHI	8	0.59
17	ALDAMA	7	0.51

No.	Municipio	No.	%
18	HIDALGO DEL PARRAL	7	0.51
19	CARICHI	6	0.44
20	DELICIAS	6	0.44
21	CASAS GRANDES	5	0.37
22	GALEANA	3	0.22
23	GUAZAPARES	3	0.22
24	GENERAL TRIAS	2	0.15
25	OCAMPO	2	0.15
26	MADERA	2	0.15
27	JIMENEZ	2	0.15
28	SAN FRANCISCO DE BORJA	1	0.07
29	GRAN MORELOS	1	0.07
30	JULIMES	1	0.07
31	MORELOS	1	0.07
32	ROSALES	1	0.07
33	AQUILES SERDAN	1	0.07
34	CAMARGO	1	0.07
	Total	1363	100.0

Fuente: Secretaría de Salud

GOBIERNO DEL ESTADO DE CHIHUAHUA | SECRETARÍA DE SALUD MediChihuahua

SOURCE OF GRAPHIC: MediChihuahua

CANADA OUTLOOK

Brief Timeline of Outbreak

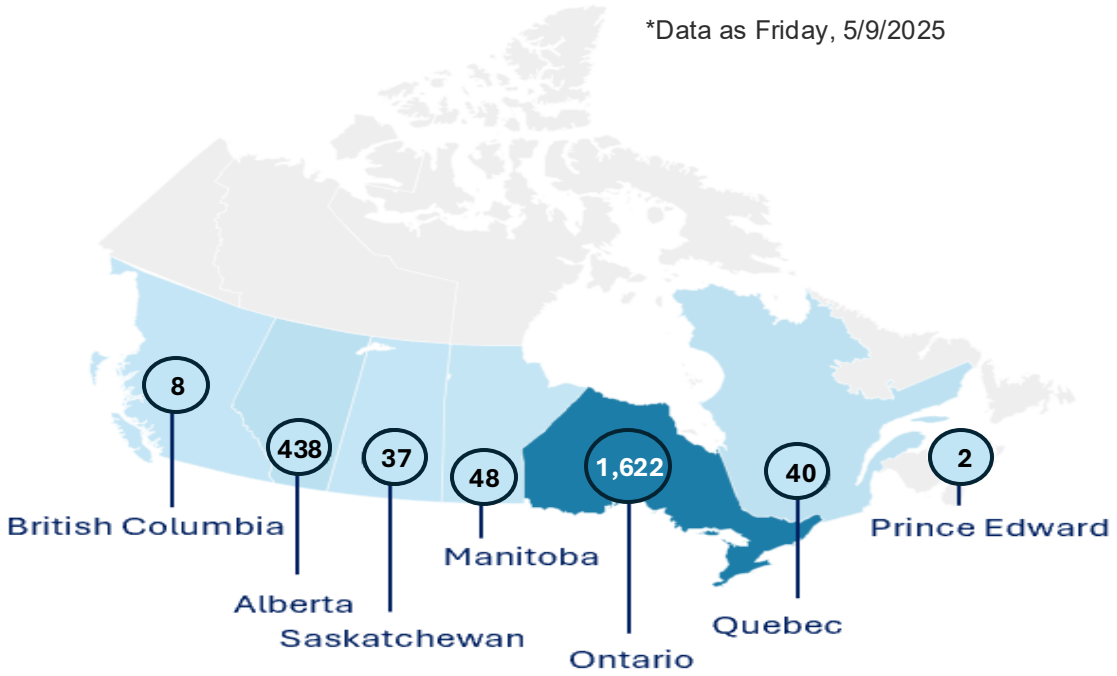
CANADA OUTBREAK:

- An ongoing outbreak of measles in Ontario has been traced back to a large gathering in New Brunswick last fall that was attended by guests from Mennonite communities. On October 18, 2024, exposure to a travel-related case in New Brunswick led to measles cases in Ontario. **The Ontario outbreak continues to escalate, with the highest reported numbers in North America.**
- **Alberta** has seen a very large number of cases since Easter.
- **Manitoba** numbers have doubled in a week.
- **We are starting to see numbers increase in Saskatchewan.**
- Quebec declared its outbreak on 4/22/2025 after no new cases in 32 days.

MEASLES 2025	
PROVINCE	CASES
ONTARIO	1,622 (+182)
ALBERTA	438 (+43)
MANITOBA	44 (+20)
BRITISH COLUMBIA	8
SASKATCHEWAN	37 (+10)
QUEBEC	40
PRINCE EDWARD ISLAND	2
TOTAL	2,191 (+231)

* From October 18, 2024 to April 23, 2025, Ontario has reported a total of 1,020 measles cases (884 confirmed, 136 probable) associated with this outbreak occurring in 15 public health units

*Data as Friday, 5/9/2025



SOURCES: MANITOBA HEALTH, ALBERTA DASHBOARD, QUEBEC, PUBLIC HEALTH ONTARIO SASKATCHEWAN, CA **MEASLES AND RUBELLA WEEKLY MONITORING REPORT, BC**

CANADA OUTLOOK: ONTARIO

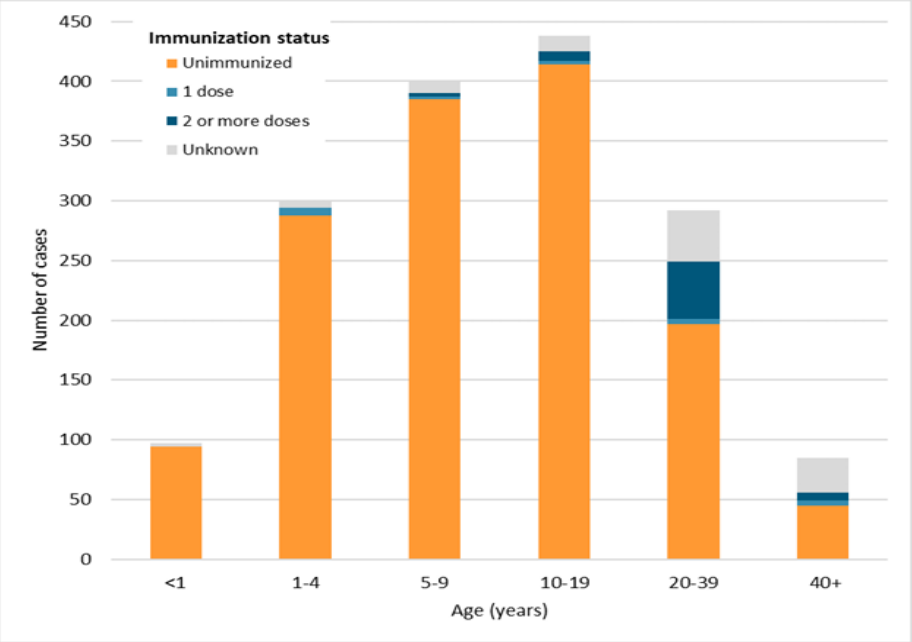
MORBIDITY AND MORTALITY

PROVINCE	CASES	HOSPITALIZATIONS	DEATHS
ONTARIO	1,622 (+182)	119 (+18)	0

ONTARIO:

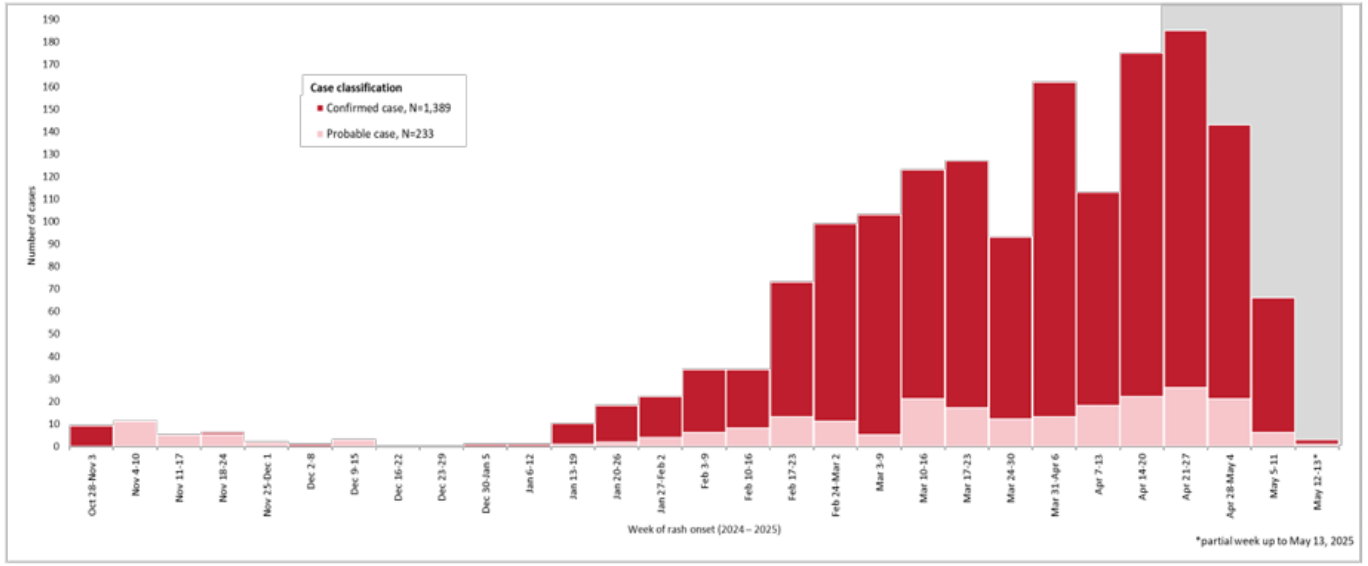
- Among all outbreak cases, the majority were in infants, children, and adolescents (76.3%, n=1,237), while 23.2% (n=377) were in adults, and 0.5% (n=8) had unknown age.
- 2.1% (n=34) of outbreak cases were pregnant.
- 98.3% (n=1,594) of outbreak cases were born in or after 1970.
- Among infant, child and adolescent outbreak cases, 95.5% (n=1,181) were unimmunized, while among adults, 64.2% (n=242) were unimmunized
- Overall, 7.3% (n=119) of outbreak cases have required hospitalization, and 0.6% (n=9) were admitted to the ICU, Of those hospitalized, 95.0% (n=113) were unimmunized, including 89 children.

IMMUNIZATION STATUS OF MEASLES OUTBREAK CASES BY AGE GROUP: OCTOBER 28, 2024 – MAY 13, 2025



Age group	<1	1-4	5-9	10-19	20-39	40+
Unimmunized	96.9%	95.7%	96.0%	94.5%	67.5%	52.9%
1 dose	0.0%	2.0%	0.5%	0.7%	1.4%	4.7%
2 or more doses	0.0%	0.0%	0.7%	1.8%	16.4%	8.2%
Unknown	3.1%	2.3%	2.7%	3.0%	14.7%	34.1%

NUMBER OF MEASLES CASES BY WEEK OF RASH ONSET, 10/28/2024 – 05/13/25



Week of rash onset	Oct 28-Nov 3	Nov 4-10	Nov 11-17	Nov 18-24	Nov 25-Dec 1	Dec 2-8	Dec 9-15	Dec 16-22	Dec 23-29	Dec 30-Jan 5	Jan 6-12	Jan 13-19	Jan 20-26	Jan 27-Feb 2	Feb 3-9	Feb 10-16	Feb 17-23	Feb 24-Mar 2	Mar 3-9	Mar 10-16	Mar 17-23	Mar 24-30	Mar 31-Apr 6	Apr 7-13	Apr 14-20	Apr 21-27	Apr 28-May 4	May 5-11	May 12-13*
Confirmed case	9	0	0	1	0	1	0	0	0	1	1	9	16	18	28	26	60	88	98	102	110	81	149	95	153	159	122	60	2
Probable case	0	11	5	5	2	0	3	0	0	0	0	1	2	4	6	8	13	11	5	21	17	12	13	18	22	26	21	6	1
Total	**9**	**11**	**5**	**6**	**2**	**1**	**3**	**0**	**0**	**1**	**1**	**10**	**18**	**22**	**34**	**34**	**73**	**99**	**103**	**123**	**127**	**93**	**162**	**113**	**175**	**185**	**143**	**66**	**3**

SOURCES: PUBLIC HEALTH ONTARIO

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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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