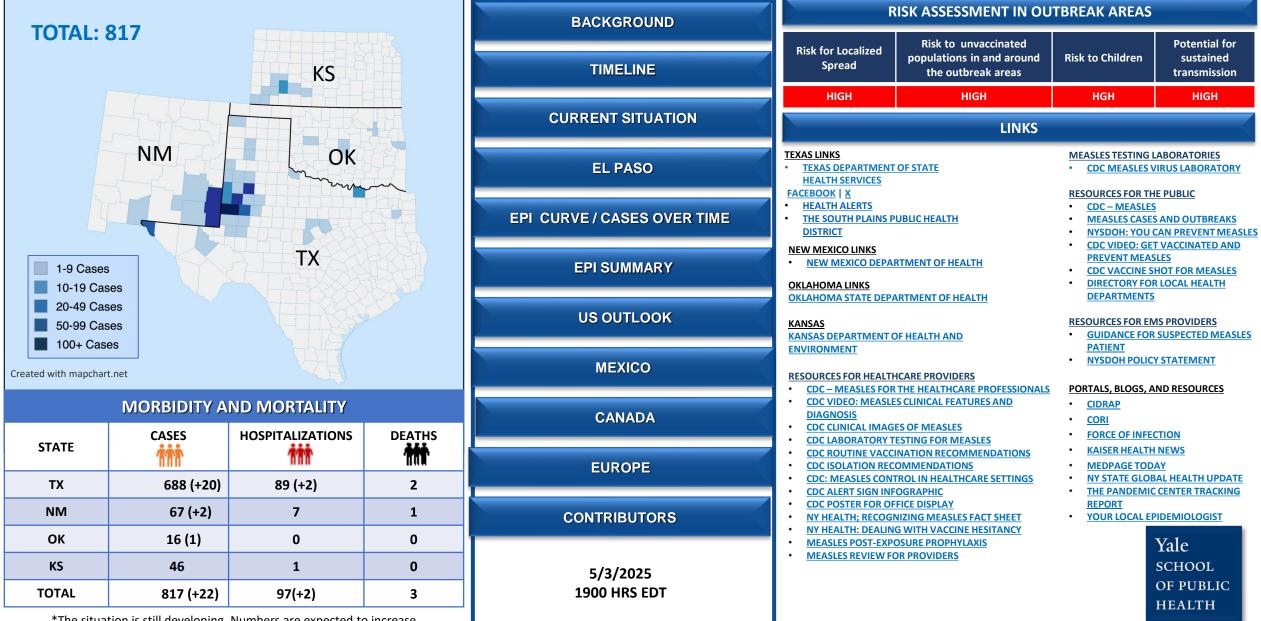
YALE SCHOOL OF PUBLIC HEALTH - ESF-8 VIRTUAL MEDICAL OPERATION CENTER SPECIAL REPORT

## **MEASLES OUTBREAK - SOUTHWEST U.S. - 2025**



\*The situation is still developing. Numbers are expected to increase.

## 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 **97 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 suggests this outbreak has also seeded the current outbreak in Chihuahua, Mexico, indicating clear cross-border transmission.

### THE VIRUS:

<u>Measles</u> 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.

Despite being preventable through the <u>MMR</u> (measles, mumps, and rubella) vaccine, outbreaks continue to occur in under-vaccinated communities, leading to severe health outcomes and increased transmission risk (<u>CDC</u>).

### FACTORS DRIVING THIS OUTBREAK:

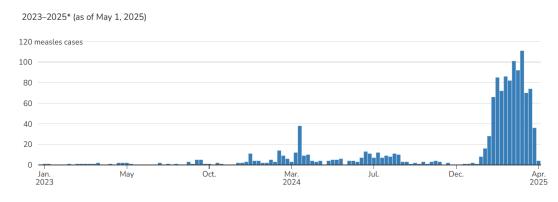
- Low vaccination rates
- High levels of vaccine hesitancy and misinformation
- Community mistrust in public health authorities, heightened by post-pandemic attitudes

### **PUBLIC HEALTH RESPONSE:**

- Emergency vaccination campaigns and targeted outreach.
- Focused messaging to combat misinformation and rebuild community trust.
- Multi-sector coordination involving schools, healthcare providers, and local organizations.

### **MEASLES CASES IN 2025 - CDC**

### 935 (+51)CONFIRMED MEASLES CASES (AS OF 5/1/25)



As of May 1, 2025, a total of 935 confirmed\* measles cases were reported by 30 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, Ohio, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Texas, Vermont, Virginia, and Washington.

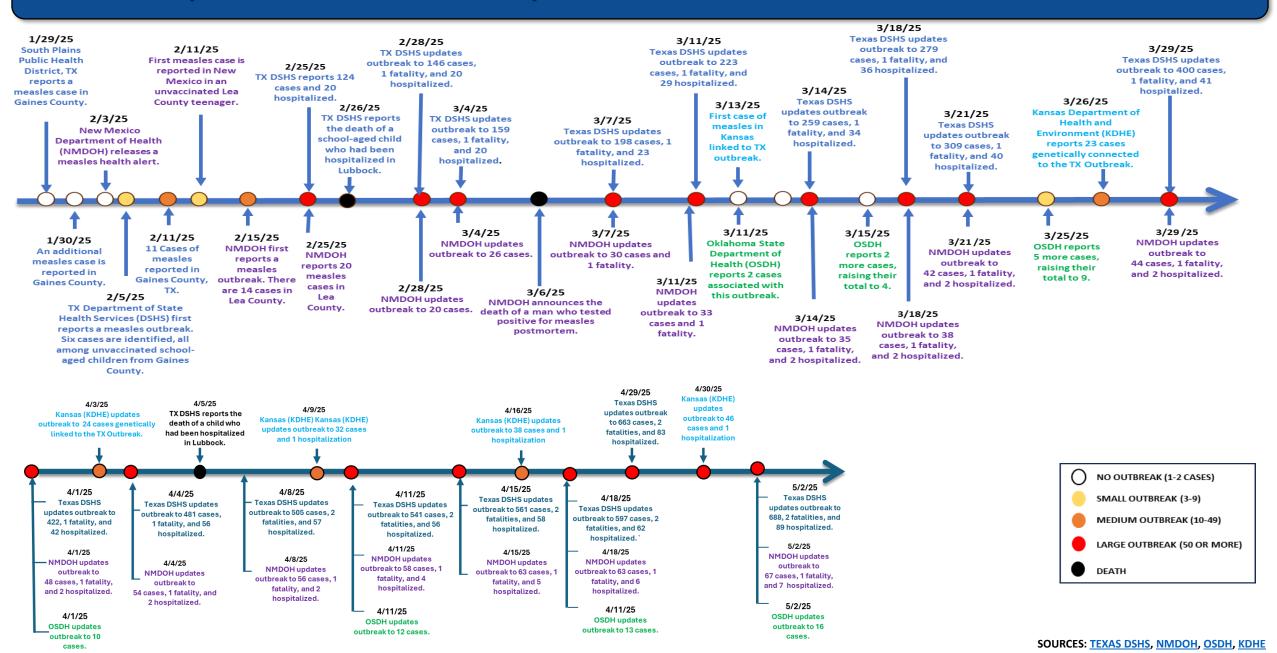
Age Under 5 years: <b>285 (30%)</b> 5-19 years: <b>353 (38%)</b> 20+ years: <b>284 (30%)</b> Age unknown: <b>13 (2%)</b>	Vaccination Status Unvaccinated or Unknown: 96% One MMR dose: 2% Two MMR doses: 2%
Dercent Hernitelized by Age Group	Deather 2

Percent Hospitalized, by Age Group Under 5 years: 23% (66 of 285) 5-19 years: 8% (30 of 353) 20+ years: 8% (34 of 284) Age unknown: 15% (2 of 13)

### Deaths: 3

There have been 3 confirmed deaths from measles.

## TIMELINE (JANUARY – MAY 2025)



## **CURRENT SITUATION**

As of 5/3/25, the Southwestern outbreak has 817 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, with case numbers expected to rise. Experts project the outbreak could last up to a year.

### CURRENT CASE COUNT: 817 (As of 05/3/2025)

- Texas: 688 (+20)(62% of these cases are in Gaines County).
- New Mexico: 67 (+1)(92.4% of the cases are from Eddy County)
- Oklahoma: 16 (+1)
- Kansas: 46 32% of the cases are from Gray County)

### HOSPITALIZATIONS: 97 (+2)

- Texas: 89 (+2) This is 13.02% of all TX cases.
- New Mexico: 7 This is 10.6% of all NM cases.
- Kansas: 1 This is 2.7% of all KS cases.

### DEATHS: 3

- Texas: 2 This is 0.31% of all cases
- New Mexico: 1 This is 1.54% of all cases

US NATIONAL CASE COUNT: 967 (Confirmed and suspected):

### **INTERNATIONAL SPREAD** (As of 4/2/2025)

- Mexico 865 (+58)
  - Chihuahua, Mexico: 844 (+58) cases, 3 hospitalizations, 1 fatality
- Canada: 1,531 (+270) (This reflects Ontario's Outbreak, which began 11/24)
   Ontario, Canada 1243 (+223) cases, 84 hospitalizations.
- Europe: 6,814

NOTE: Measles has been confirmed in 6 countries in the WHO Region of the Americas, an 11-fold increase compared to the same period in 2024. The majority of cases have occurred among people between 1 to 29 years, who are either unvaccinated or have an unknown vaccination status. (<u>WHO</u>)

### **TEXAS**:

- The outbreak continues, though it appears to be slowing in some areas. As of 5/2/2025, 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 true number due to reporting delays.
- El Paso County is experiencing a significant uptick in measles. Since 4/4/2025, the county has reported 43 confirmed cases with four hospitalizations. The majority of these involve unvaccinated individuals or those with unknown vaccination histories For the first time Gaines County did not report any new cases and currently stands 396 cases, which account for 60% of the outbreak.
- 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**, **Dallam**, **Dawson**, **Gaines**, **Garza**, **Lynn**, **Lamar**, **Lubbock**, **Terry**, **and Yoakum**.

### NEW MEXICO: Cases appear to be stable.

### OKLAHOMA: Cases appear to be stable.

### KANSAS:

- As of 4/30/2025, Kansas is experiencing a growing measles outbreak, with 46 confirmed cases reported by the Kansas Department of Health and Environment (KDHE)—a 24% increase from the 37 cases reported two weeks earlier. It is highly likely that the number of cases is being under-reported.
- The outbreak remains localized to eight counties in the southwestern part of the state: Finney, Ford, Grant, Gray, Haskell, Kiowa, Morton, and Stevens.
- Most cases (38) involve individuals under the age of 18, including 28 children under 10. Of the 46 confirmed cases, 39 were unvaccinated, three were fully vaccinated, one had an incomplete vaccination series, and vaccination status is unknown for the remaining three.
- The first case was reported on 3/14/2025 in Stevens County. Genetic sequencing links the outbreak to the larger Texas cluster, particularly in Gaines County, though the precise exposure source remains unclear.

## **CURRENT SITUATION**

### AGES OF CASES:

WEST TEXAS OUTBR	EAK			
0-4 Years	5-17 Years	18+ Years	Pending	Total
202 <b>(2)</b> (30%)	<b>249 (3)</b> (37%)	212 <b>(14)</b> (29%)	25(+1) (4%)	688 <b>(+20)</b>
NEW MEXICO OUTB	REAK			
0-4 Years	5-17 Years	18+ Years	Pending	Total
18 (27%)	19 (28.3%)	30 (+2) (44.7%)	0	67 (+2)
KANSAS OUTBREAK				
0-4 Years	5-17 Years	18+ Years	Pending	Total
14 (30%)	24 (51%)	8 (19%)	0	46 (+9)
OKLAHOMA OUTBREAK				
0-4 Years	5-17 Years	18+ Years	Pending	Total
12 Cases C	onfirmed, 3 Probable – no	ages provided	3	15

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, 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 detection, case investigation, 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)

## **CURRENT SITUATION: EL PASO**

CONFIRMED CASES BY AGE				
AGE	CASES	CASES HOSPITALIZATIONS DEATH		
0-4	12 (+1)	2	0	
5-17	4 (+2)	0	0	
18+	27 (+2)	2	0	
TOTAL	43 (+5)	4	0	

HOSPITALIZATION STATUS	NUMBER	GENDER	CASES
CURRENT	0	MALE	18
PREVIOUSLY	4	FEMALE	25
TOTAL	4	TOTAL	43
5.0 5 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1.8	3 2.5 2.0 1 1 Apr 20 Apr 27	1.0

**VACCINATION STATUS** 

NUMBER

19 (+3)

15 (+2)

6

3

43

**STATUS** 

UNVACCIANTED

UNKNOWN

1 DOSE

2 DOSES

TOTAL

- With a population of 679,000, El Paso's first 5 confirmed cases were reported on 4/4/2025. As of 5/2/2025, the <u>City of El Paso Department of Public Health</u> reports 43 confirmed measles cases in the region, with 27 of those cases involving people 18 years old and older and 12 cases under the age of 4.
- As of May 2025, the vaccination rate in El Paso County stands at 96%. However, there is reason for concern about unvaccinated pockets within the community. Based on population, this would put 27,000 individuals at risk.
- In El Paso, cross-border dynamics with Juárez, Mexico, add unique challenges. High levels of daily binational travel have contributed to the spread of measles. Through contact tracing and sequencing data, a large outbreak in the Mexican state of Chihuahua has been directly linked to the ongoing outbreak in Gaines, Texas. The genotype D8 is now confirmed on both sides of the U.S.-Mexico border.
- Public health outreach faces obstacles such as language barriers, pervasive misinformation, and concerns among undocumented populations who may avoid seeking care for fear of deportation.
- Earlier cases in El Paso involved exposures at **high-traffic locations** such as malls, retail stores, and restaurants, underscoring the risk of transmission in urban public spaces.
- Measles cases have been reported in three Ysleta Independent School District (YISD) high schools (Eastwood, Bel Air, and Hanks), <u>triggering schoolwide alerts</u> and reinforcing the need for improved vaccination record reviews and contact tracing in school settings.

### THE BOTTOM LINE:

Due to their unique community vulnerabilities, the rates of measles transmission have been steadily increasing in urban areas such as Lubbock, TX, and El Paso, TX. Cases linked to public venues like schools, retail settings, and other public spaces, or congregate settings such as the county jail, reveal how urban density accelerates the risk of measles exposure. Trusted community messengers who can spread awareness about the safety and necessity of the MMR vaccine are critical at this time.

## **CURRENT SITUATION: VACCINATION STATUS**

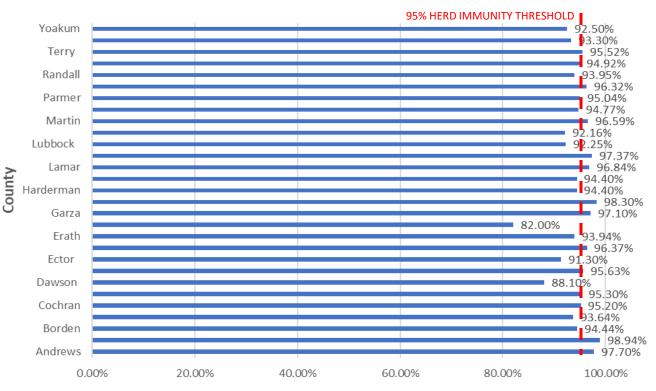
STATE	VACCINATED	VACCINATED	UNVACCINATED/	TOTAL
	WITH 1 DOSE	WITH 2 DOSES	UNKNOWN	CASES
тх	13	17	658*	688*

NOTE: The TX unvaccinated/unknown category includes people with no documented doses of measles vaccine more than 14 days before symptom onset.

STATE	VACCINATED WITH AT LEAST ONE DOSE	NOT VACCINATED	UNKNOWN	TOTAL CASES	
NM	7	47	12	66	

STATE	VACCINATED WITH ONE DOSE	VACCINATED WITH TWO DOSES	UNVACCINATED	TOTAL CASES
ОК	0	1	15	16

STATE	AGE APPROPRIATELY VACCINATED	NOT AGE APPROPRIATELY VACCINED	NOT VACCINATED	Pending Verification /Unable to Verify	TOTAL CASES
KS	3	1	39	3	46



### MMR Vaccination Rate

Among the affected counties in TX, 15 out of 29 are below a 95% vaccination rate, the recommended rate for herd immunity (SOURCE: <u>Annual Report on Immunization Status</u> and <u>CORI</u>).

## **EPI CURVE AND CASES OVER TIME**

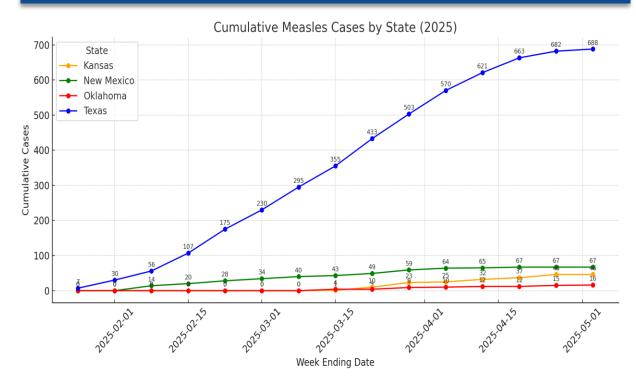
SOUTHWEST MEASLES OUTBREAK - EPI CURVE (AS OF 5/3/2025)

### Weekly Reported Measles Cases by State (2025) 100 80 Reported Measles Cases 60 40 20 318 225 212 218 3/25 3/22 3129 129 25 222 312 als 2122 220 53 Date (Week Ending) New Mexico Oklahoma

### The number of new cases per week remains high.

- **TX:** Reported first case the week of 1/25/25.
- **NM:** Reported first cases the week of 2/10/25.
- **OK:** Reported first cases the week of 3/10/25.
- KS: Reported first case on 3/13/25.

### SOUTHWEST MEASLES OUTBREAK – CUMULATIVE CASES OVER TIME (AS OF 4/3/2025)



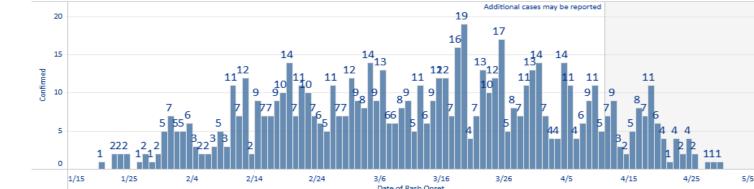
### Cases are rising, but at a slower pace in some areas.

- TX: A total of 688\* cases across 29 counties.
- NM: A total of 67 cases across 4 counties.
- OK: A total of 16 cases have been.
- KS: A total of 46 cases across 8 counties.

\*This includes an additional 5 cases from El Paso that were reported after TX had published its numbers on Friday 5/2/2025.

# EPI SUMMARY - TEXAS (n=653) AS OF 4/26

COUNTY	MEASLES CASES (NUMBER OF NEW CASES)	% of TOTAL CASES	% KINDERGARTENERS VACCINATED (2023-2024)	# OF SCHOOL DISTRICTS IN EACH COUNTY WITH MMR BELOW 95%	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%
Andrews	3	0.32 %	97.70%	0	Hockley	6 (+1)	0.8%	94.40%	3
Bailey	2	0.32 %	98.94%	0	Lamar	17	1.8%	96.84%	0
Borden	1	0.2%	94.44%	1	Lamb	1	0.2%	97.37%	1
Brown	1	0.2%	93.64%	5	Lubbock	50(+2)	7.5%	92.25%	8
Cochran	14	1.9%	95.20%	1	Lynn	2	0.3%	92.16%	2
Dallam	7	1.1%	95.30%	2	Martin	3	0.5%	96.59%	1
Dawson	26 (+1)	3.7%	88.10%	4	Midland		0.5%		
Eastland	2 (NEW)		95.63	2		3		94.77%	4
Ector	11 (+1)	1.6%	91.30%	5	Parmer	4	0.6%	95.04%	1
El Paso	43 (+5)	3.2%	96.37%	8	Potter	2 (+1)	0.2%	96.32%	3
Erath	1	0.2%	93.94%	5	Randall	1	0.2%	93.95%	1
Gaines	396	61.9%	82.00%	3	Reeves	1	0.2%	94.92%	1
Garza	2	0.3%	97.10%	0	Terry	59	8.7%	95.52%	2
Hale	5	0.8%	98.30%	2	Upshur	5 NEW		93.30	2
Harderman	1 (NEW)	0.8%	94.40%	3	Yoakum	19	3.0%	92.50%	1



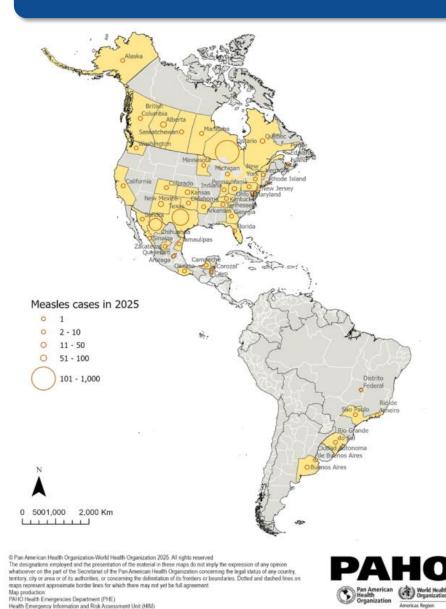
**OUTBREAK CASES BY DATE OF RASH ONSET** 

# EPI SUMMARY (KS, NM, OK)

COUNTY	MEASLES CASES (NUMBER OF NEW CASES)	% of TOTAL CASES	% KINDERGARTENERS VACCINATED (2023-2024)
KANSAS (n=46 ) AS OF 5/2/2025			
<u>Finney</u>	Between 1-5		98%
Ford	Between 1-5		87%
Grant	Between 1-5		99%
Gray	15	32.61%	66%
<u>Haskell</u>	8	21.6%	58%
<u>Kiowa</u>	6	16.2%	92%
Morton	Between 1-5		82%
<u>Stevens</u>	7	18.9%	83%
NEW MEXICO (n=67) AS OF 5/2/2025			
Chaves	1	1.5%	98%
Doña Ana	1 (+1)	1.5%	
Eddy	3	3.%	93%
Lea	61	94%	94%
		e shot of MMR, and only 55% have received both shots, according to ded to the system. Adults make up more than half of reported cases i	

OKLAHOMA (n=16) AS OF 5/2/2025			
Tulsa and Cherokee Nation	16	Insufficient Information	89.5%

## THE AMERICAS



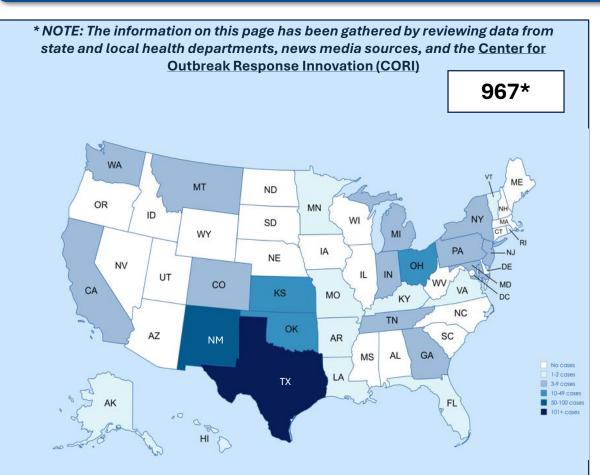
### On 4/28/2025, WHO published the Measles - Region of the Americas Report.

- As of 18 April 2025, the WHO Region of the Americas had reported 2,318 confirmed measles cases and three deaths across six countries—<u>an 11-fold increase from the same period in 2024.</u>
- Most cases involve unvaccinated individuals aged 1–29 or with unknown vaccination status, with many linked to international travel.
- Global under-vaccination, including 22 million children missing their first measles dose in 2023, has fueled the resurgence.
- The cases have been reported from six countries:
  - Argentina (n= 21 cases)
  - Belize (n= 2 cases)
  - Brazil (n= 5 cases)
  - Canada <sup>[1]</sup> (n=1069 cases)
  - Mexico <sup>[2]</sup> (n= 421 cases including one death
  - United States of America <sup>[3]</sup> (n=800 cases, including two deaths).

### The overall risk of measles in the Americas Region is considered high due to several factors:

- Ongoing virus circulation from imported cases has led to outbreaks with extended transmission chains, secondary cases, and virus spread to new areas and countries in 2025.
- Suboptimal vaccination coverage persists across the region. In 2023, only 28.6% of countries achieved over 95% coverage for the first MMR dose (MMR1), and just 16.7% for the second dose (MMR2). Regional coverage was 87% for MMR1 and 76% for MMR2. Data for 2024 is still being consolidated.
- An increasing number of susceptible individuals due to continued low coverage, driven by factors like the COVID-19 pandemic, vaccine hesitancy, and limited access to healthcare, especially among vulnerable groups such as migrants, displaced persons, and Indigenous populations.

## **US OUTLOOK**



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 **	702
NEW MEXICO	67
KANSAS	46
<u>OHIO</u>	38
<u>OKLAHOMA</u>	16
<b>PENNSYLVANIA</b>	13
<u>CALIFORNIA</u>	10
<u>MICHIGAN</u>	9
INDIANA	8
MONTANA	7
<u>TENNESSEE</u>	6
COLORADO	5
<u>WASHINGTON</u>	5
ARKANSAS	4
NEW YORK	4
<u>GEORGIA</u>	3
<b>ILLINOIS</b>	3
MARYLAND	3
NEW JERSEY	3
<u>ALASKA</u>	2
<u>FLORIDA</u>	2
HAWAII	2
LOUISIANA	2
<b>MINNESOTA</b>	2
<b>KENTUCKY</b>	1
MISSOURI	1
RHODE ISLAND	1
VERMONT	1
VIRGINIA	1
TOTAL	967

### OUTBREAKS

SMALL OUTBREAK (3-9)

MEDIUM OUTBREAK (10 - 49)



An outbreak of measles is defined as three or more laboratoryconfirmed cases that are temporally related and epidemiologically or virologically linked.

As of 4/30/2025, 2300 hrs. EDT, there are approximately 977 measles cases (including confirmed and suspected cases) across 29 states. Currently, there are *eight measles outbreaks*: West Texas, involving <u>29 counties</u> in **Texas**, <u>4 counties</u> in **New** 1. Mexico, 2 counties in Oklahoma, and the Cherokee Nation in Oklahoma 2. 8 counties in Kansas З. Ashtabula and Knox Counties, Ohio Erie County, Pennsylvania 4. Allen County, Indiana 5. 6. Bergen County, New Jersey 7. metro Atlanta, Georgia Gallatin County, Montana 8. 9. Montcalm County, Michigan (linked to Ontario Outbreak) 10. Upper Cumberland region - Tennessee

### \*\* TEXAS CASES NOT ASSOCIATED WITH OUTBREAK: 14

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

TEXAS CASES ASSOCIATED WITH THE OUTBREAK: 688

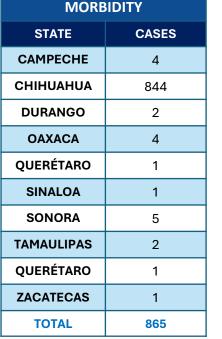
## **MEXICO OUTLOOK**

### THE MEASLES OUTBREAK IN MEXICO: OVERVIEW

- Measles Outbreak in Mexico: 865 Cases First Death Reported: Mexico is grappling with a measles outbreak. The state of Chihuahua has been hit hardest, reporting 844 cases and the country's first measles-related death a 31-year-old unvaccinated man with diabetes and kidney complications.
- Low Immunization & Cross-Border Spread: The outbreak traces back to Texas, where
  rising anti-vaccine sentiment has contributed to increased infections. In Mexico, declining
  childhood vaccination rates particularly in Chihuahua, where coverage in some age
  groups is as low as 21.2% have heightened vulnerability. In terms of vaccination
  history, 92.4% had no vaccination history, while 3.8% had received one dose of the MMR
  vaccine, and another 3.8% had received two doses.
- The Most Affected Age Group: 25 to 44-year-olds are the most affected age group, with 34.4% of cases, followed by 5 to 9-year-olds, with 13.5% of cases.
- On 4/25/2025, the Mexican Health Ministry issued a medium-level travel alert for the United States and Canada due to a significant increase in measles cases in both countries.

VACCINES ADMINISTERED (JAN-MAR 2025)		
TYPE OF VACCINES	VACCINATIONS GIVEN	
Measles, Mumps and Rubella (MMR)	669,209	
Measles and Rubella	46,068	
Total	715,277	

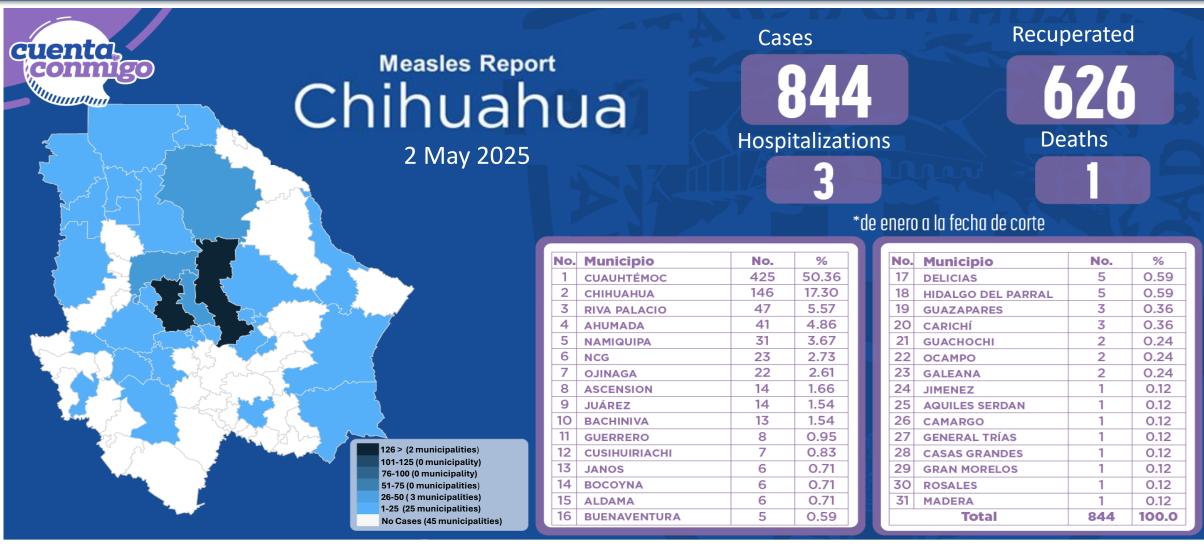
Vaccination Campaign Underway: Between January and March, over 715,000 people were vaccinated as part of the national response. Authorities have implemented "vaccine cordons," targeting healthcare workers and close contacts of confirmed cases to curb the spread. On April 15, the Secretary of Health urged the need for measles vaccination, and the triple viral vaccine against measles, mumps, and rubella will be administered during the First National Vaccination Week of 2025 from April 26<sup>th</sup> 2025 to May 3<sup>rd</sup> 2025.



### \*Data as of Friday, 5/2/2025



## **MEXICO OUTLOOK: CHIHUAHUA**



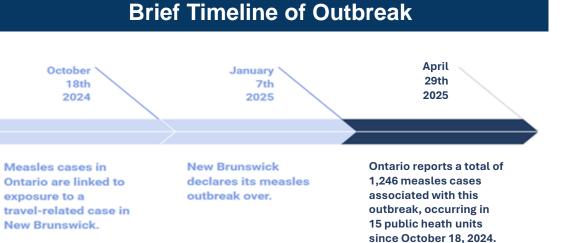
Fuente: Secretaría de Salud

SOURCE OF GRAPHIC: MediChihuahua



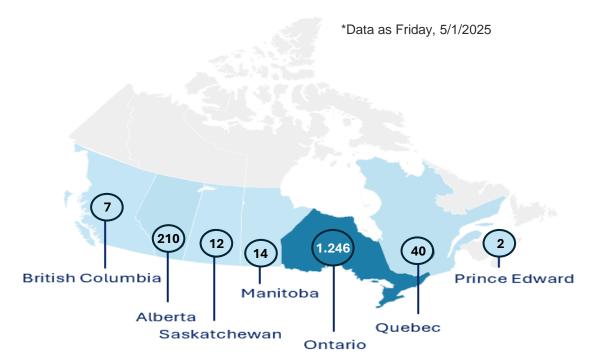
MediChihuahua 🔨

## **CANADA OUTLOOK**



### 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.
- Alberta is seeing a large number of cases since Easter.
- Manitoba has also reported measles cases related to this outbreak.
- New Brunswick declared their outbreak over on 1/7/2025.
- Quebec declared its outbreak on 4/22/2025 after no new cases in 32 days.



PROVINCECASESONTARIO1,246* (+223)ALBERTA210 (+40)MANITOBA14 (+1)BRITISH COLUMBIA7 (+1)SASKATCHEWAN12QUEBEC40PRINCE EDWARD ISLAND2TOTAL1,531 (+270)			
ALBERTA210 (+20)MANITOBA14 (+1)BRITISH COLUMBIA7 (+1)SASKATCHEWAN12QUEBEC40PRINCE EDWARD ISLAND2	PROVINCE	CASES	
MANITOBA14 (+1)BRITISH COLUMBIA7 (+1)SASKATCHEWAN12QUEBEC40PRINCE EDWARD ISLAND2	ONTARIO	1,246* (+223)	
BRITISH COLUMBIA     7 (+1)       SASKATCHEWAN     12       QUEBEC     40       PRINCE EDWARD ISLAND     2	ALBERTA	210 (+40)	
SASKATCHEWAN     12       QUEBEC     40       PRINCE EDWARD ISLAND     2	ΜΑΝΙΤΟΒΑ	14 (+1)	
QUEBEC     40       PRINCE EDWARD ISLAND     2	BRITISH COLUMBIA	7 (+1)	
PRINCE EDWARD ISLAND 2	SASKATCHEWAN	12	
	QUEBEC	40	
TOTAL 1,531 (+270)	PRINCE EDWARD ISLAND	2	
	TOTAL	1,531 (+270)	

MODRIDITY IN 2025

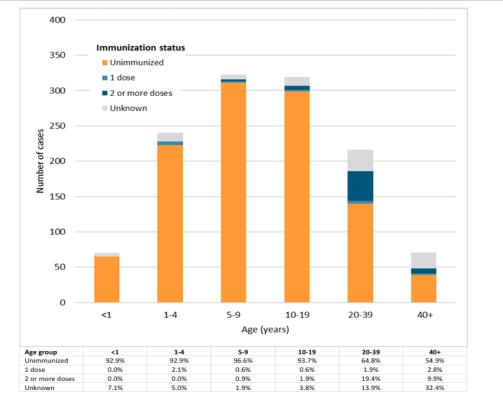
\* From October 18, 2024 to April 23, 2025, Ontario has reported a total of 1,020 measles cases (884 confirmed, 136 probable) associated with this outbreak occurring in 15 public health units

SOURCES: MANITOBA HEALTH , ALBERTA DASHBOARD, CBC, QUEBEC, PUBLIC HEALTH ONTARIO, CBC NEWS, THE GLOBE AND MAIL, SASKATCHEWAN, CBC CA MEASLES AND RUBELLA WEEKLY MONITORING REPORT BC

## **CANADA OUTLOOK: ONTARIO**

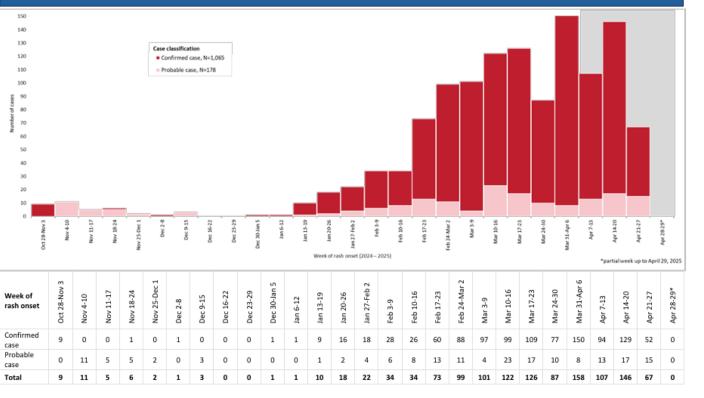
MORBIDITY AND MORTALITY			
PROVINCE	CASES	HOSPITALIZATIONS	DEATHS
ONTARIO	1,243 (+223)	84 (+8)	0

### IMMUNIZATION STATUS OF MEASLES OUTBREAK CASES BY AGE GROUP: OCTOBER 28, 2024 – APRIL 29, 2025



### **ONTARIO:**

- 76.5% (n=951) were in infants, children and adolescents, while 23.1%
- (n=287) were in adults, and 0.4% (n=5) had unknown age
- 2.0% (n=25) of outbreak cases were pregnant.
- (n=1,222) of outbreak cases were born in or after 1970.
- Among infants, children, and adolescents, 94.4% (n=898) were unimmunized, while among adults, 62.4% (n=179) were unimmunized.
- 84 outbreak cases have required hospitalization, and eight were admitted to the ICU. Among all hospitalizations, 80 were unimmunized, including 63 children.



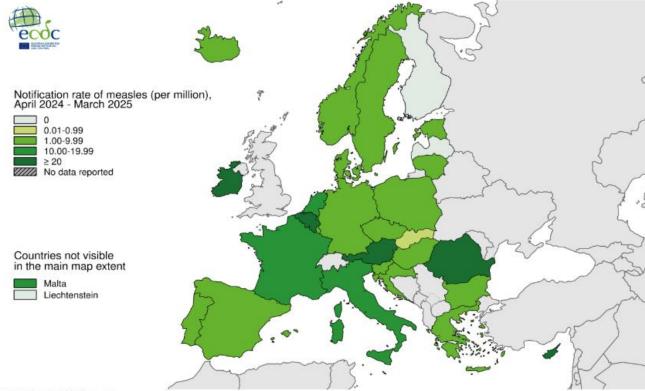
### NUMBER OF MEASLES CASES BY WEEK OF RASH ONSET, 10/28/2024 - 04/29//25

#### SOURCES: PUBLIC HEALTH ONTARIO

## EUROPE - 4/1/2024 - 3/31/2025

EUROPEAN MEASLES VACCINATION RATES (MARCH 1, 2024 TO FEBRUARY 28, 2025)				
VACCINATED WITH 1 DOSE	VACCINATED WITH 2 DOSES	VACCINATED WITH UNKNOWN # OF DOSES	UNVACCINATED	TOTAL CASES (WITH KNOWN AGE AND VACCINE STATUS)
2,378 (8.9%)	1,213 (4.5%)	50 (0.2%)	22,992 (86.2%)	26,669 (100%)

### NUMBER OF MEASLES CASES PER 1,000,000 POPULATION BY COUNTRY, EU/EEA, 2024



2025)		
(<1 Years)	1-4 Years	
928.4 cases per million	542.6 cases per million	

- From 4/1/2024 and 3/31/2025. 30 EU/EEA Member States reported a total of 26,222 cases of measles.
- Between 4/1/2024 and 3/31/2025, of the 26,222 cases with known age, 11,654 (44.4%) were in children under five, and 7,255 (27.7%) cases were aged 15 years or older. The highest notification rates were observed in infants under one year (849.7 cases per million) and children aged 1-4 years (491.7 cases per million).
- Of 24,337 cases (100.0% of all cases) with a known age and vaccination status, 20 893 (85.8%) were unvaccinated, 2, 185 (9.0%) were vaccinated with one dose of a measles-containing vaccine, 1 180 (4.8%) were vaccinated with two or more doses, and 48 (0.2%) were vaccinated with an unknown number of doses.
- Romania (13) and France reported to ECDC that during the 12 months, 14 deaths (case fatality rate (CFR): 0.1) were attributable to measles.
- The highest number of cases were reported by Romania (21 620), Italy (1 026), France (695), Germany (560) and Belgium (540)

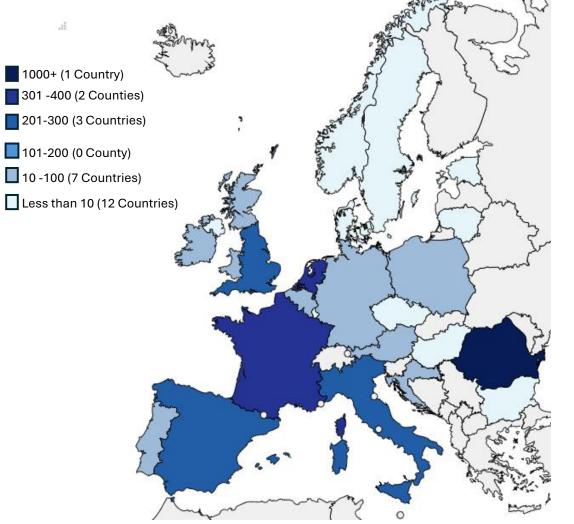
EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL. MEASLES AND RUBELLA MONTHLY REPORT, 29 APRIL 2025.

Administration boundaries: © EuroGeographics

## **EUROPE - 2025**

EUROPEAN MEASLES CASES AND DEATHS BY COUNTRY		
COUNTRY	CASES	DEATHS
AUSTRIA	78	0
BELGIUM	73	0
BULGARIA	1	0
CYPRUS	9	0
CZECHIA	9	0
DENMARK	1	0
ENGLAND	213	0
ESTONIA	3	0
FRANCE	345	0
GERMANY	85	0
HUNGARY	2	0
IRELAND	43	0
ITALY	227	0
LITHUANIA	2	0
LUXENBOURG	1	0
NETHERLANDS	347	0
NORTHERN IRELAND	3	0
NORWAY	2	0
POLAND	34	0
PORTUGAL	2?	0
ROMANIA	5,104	4
SCOTLAND	25	0
SPAIN	202	0
SWEDEN	3	0
WALES	2	0
TOTAL	6814	4

## **TOTAL: 6,814**



### **KEY CAUSES OF THE 2025 MEASLES OUTBREAK IN EUROPE:**

- 1. Low Vaccination Rates: Several countries fell below the 95% coverage for herd immunity (e.g., Romania at 62%).
- 2. COVID-19 Disruptions: Millions missed routine MMR vaccinations between 2020 and 2022.Vaccine
- **3. Misinformation:** Hesitancy driven by safety fears reduced uptake.
- 4. High Case Burden in Key Countries: Romania, Italy, France, Spain, England, and the Netherlands report large outbreaks.
- 5. Seasonal Surges & Travel: Infections peaked early in the year and spread across borders via travel.

SOURCES: COMMUNICABLE DISEASE THREAT REPORT - WEEK 16, 12-18 APRIL 2025, MONTHLY MEASLES AND RUBELLA MONITORING REPORT – MARCH 2025. EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL. MEASLES AND RUBELLA MONTHLY REPORT - 29 APRIL 2025, EURO NEWS, PUBLIC HEALTH WALES, PH SCOTLAND, UK HEALTH SECURITY AGENCY

## **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.

### Yale MPH Student Contributors: Members of EHS 581 - Public Health Emergencies: Disaster Planning and Response (Spring 2025)

Pargoal Arab Alyssa Chetrick Dr. Vanessa Evardone, MD Dr. Jay Cliffe, MD Liv Delgado Lucy Gilchrist Monica Gomes Anne Habeck Nayeli Gonzalez-Vazquez Tianmei Han Nathan Lai Rachel Kane Kei Kohmoto Elly Maldur Phoebe Merrick Shoa Moosavi (Editor) Alexandra Nechaev Dr. Barbara Odac, MD Megan Pillar Kiswa Rahman

**Emily Locke** (Teaching Fellow EHS 581)

Bryn Redal Sara Rodrigue Katelyn Rudisill Christina Tong Sebastian Salzar

Ling Xiao Eliot Zhang

LTC (R) Joanne McGovern – <u>Joanne.McGovern@yale.edu</u> Lecturer, Department of Environmental Health Sciences, Yale School of Public Health

This is an educational product.