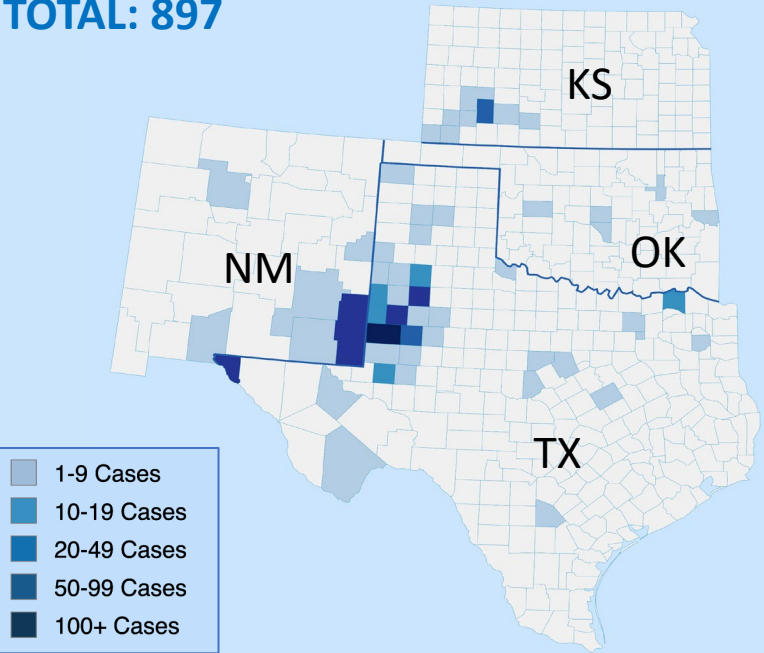


YALE SCHOOL OF PUBLIC HEALTH - ESF-8 VIRTUAL MEDICAL OPERATION CENTER SPECIAL REPORT




MEASLES OUTBREAK - SOUTHWEST U.S. - 2025

TOTAL: 897



Created with mapchart.net

MORBIDITY AND MORTALITY

STATE	CASES 	HOSPITALIZATIONS 	DEATHS 
TX	742 (+14)*	94	2
NM	79 (+1)	7	1
OK	17	0	0
KS	59 (+3)	3	0
TOTAL	897 (+18)	104	3

BACKGROUND

TIMELINE

CURRENT SITUATION

EL PASO

EPI CURVE / CASES OVER TIME

EPI SUMMARY

US OUTLOOK

MEXICO

CANADA

CONTRIBUTORS

5/30/2025
2200 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

* This includes El Paso's numbers that were posted after TX posted on Friday, and 1 case posted on 27 May

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 **104 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.

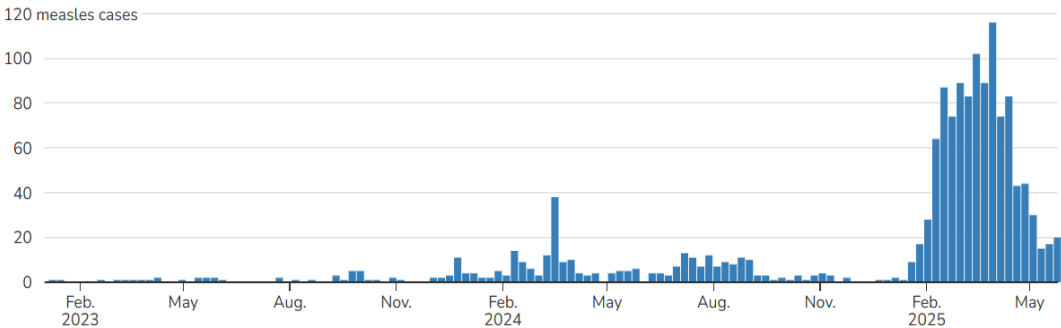
If current vaccination trends persist, the risk of measles becoming endemic once more, with recurrent outbreaks, is inevitable.

CONCERNS: With the summer travel kicking off—peaking between now and Labor Day—we can expect 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.

MEASLES CASES IN 2025 - CDC

1088(+42) CONFIRMED MEASLES CASES (AS OF 5/29/25)

2023–2025* (as of May 29, 2025)



As of May 29, 2025, a total of 1,088 confirmed* measles cases were reported by 33 jurisdictions: Alaska, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, 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: 322 (30%)
5-19 years: 407 (37%)
20+ years: 349 (32%)
Age unknown: 10 (1%)

Vaccination Status

Unvaccinated or Unknown: 96%
One MMR dose: 2%
Two MMR doses: 3%

Percent Hospitalized: 12%

Percent of Age Group Hospitalized

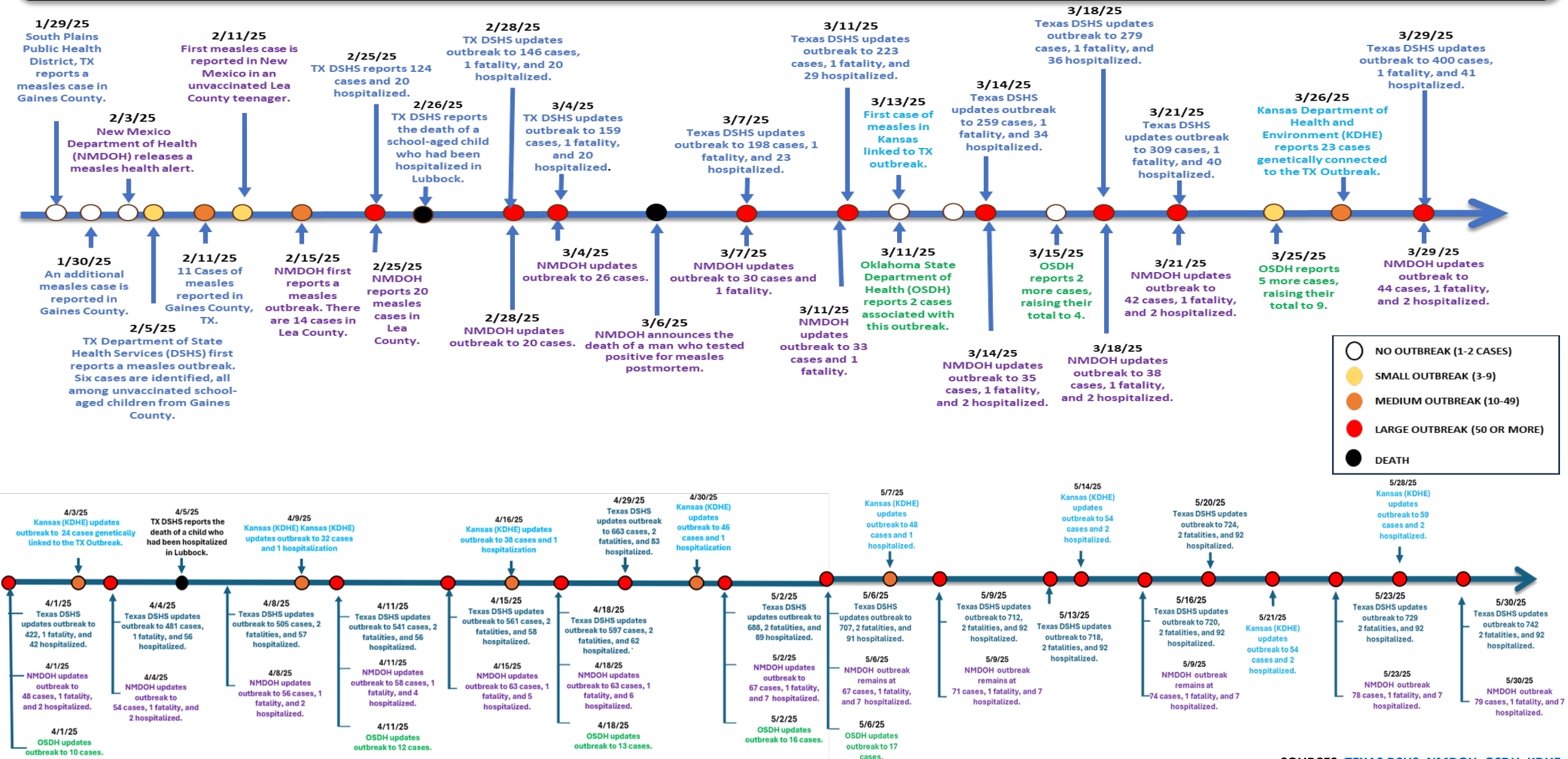
Under 5 years: 22% (71 of 322)
5-19 years: 8% (33 of 407)
20+ years: 8% (28 of 349)
Age unknown: 10% (1 of 10)

Deaths: 3

There have been 3 confirmed deaths from measles.

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](#)

TIMELINE (JANUARY – MAY 2025)



CURRENT SITUATION

As of May 30, 2025, the Southwestern outbreak has **897 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: 897

- **Texas: 742 (+14)** (55% of cases are in Gaines County)
- **New Mexico: 79 (+1)** (83% of cases are from Lea County)
- **Oklahoma: 17**
- **Kansas: 59 (+3)** (38.89% of the cases are from Gray County)

HOSPITALIZATIONS: 103

- **Texas: 94** – This accounts for 13% of all cases in Texas.
- **New Mexico: 7** – This accounts for 9.47% of all cases in New Mexico.
- **Kansas: 3** – This accounts for 5.08% of all cases in Kansas.

DEATHS: 3

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

US NATIONAL CASE COUNT: 1,132 (confirmed and suspected)

INTERNATIONAL SPREAD

- **Mexico: 1,856(+103), 4 fatalities**
 - **Chihuahua, Mexico: 1,740 (+83)** cases, **3** fatalities, **4** currently hospitalized.
- **Canada: 2,791 (+273)**
 - **Ontario, Canada: 1,938 (+143)** cases. **158 (+29)** hospitalizations
 - **Alberta, Canada: 679 (+119)** cases. **4** currently hospitalized

TEXAS:

The outbreak appears to be slowing in most areas. As of May 30, 2025, DSHS estimates that fewer than ten confirmed cases—approximately 1 percent—remain actively infectious, based on rash-onset dates within the past week; however, reporting delays may result in this being an underestimate.

- **Trajectory:** The epidemic curve exhibits a classic propagated pattern: an early, sharp rise reflecting a large susceptible population in Gaines County and intense transmission in urban centers such as El Paso and Lubbock. Transmission peaked the week of March 22; shortly thereafter, intensified public health measures (mobile vaccination clinics, quarantine of contacts) produced a consistent week-to-week decline. Even after the primary downward trend, small case counts (e.g., 10 cases the week of May 24) persisted into late May, indicating the presence of lingering susceptible clusters.
- **El Paso:** Since April 4, 2025, El Paso has reported 61 confirmed cases and five hospitalizations. Two-thirds of cases occur among adults (over the age of 18), posing a challenge because many providers who primarily serve adults do not routinely stock the measles–mumps–rubella (MMR) vaccine, unlike pediatric clinics.

NEW MEXICO: After an initial spike, New Mexico sustained moderate transmission for six weeks before interventions, or the natural depletion of susceptible contacts, drove case counts steadily downward. Small bumps in late March and mid-May underscore the importance of maintaining control measures until all chains of transmission are fully interrupted. Measles is now present in six counties; this week, Sandoval County has seen a notable rise in cases.

OKLAHOMA: Oklahoma experienced a brief, small-scale outbreak that peaked in late March. By early May, case counts had declined rapidly to sporadic, isolated instances, indicating that transmission was effectively contained.

KANSAS: In early 2025, Kansas experienced a measles resurgence localized to the southwest, driven by declining vaccination rates and increased travel-related exposures. Initially marked by isolated importations, the outbreak transitioned to sustained person-to-person transmission by mid-March, peaked in late March, and then gradually subsided as public health interventions were implemented. However, pockets of low immunity have allowed low-level transmission to persist as of this update.

CURRENT SITUATION

AGES OF CASES:

WEST TEXAS OUTBREAK				
0-4 Years	5-17 Years	18+ Years	Pending	Total
217 (+3) (29%)	280 (+7) (38%)	241 (+3) (32%)	4 (0.5%)	742 (+14)
NEW MEXICO OUTBREAK				
0-4 Years	5-17 Years	18+ Years	Pending	Total
23 (+1) (29%)	20 (25%)	36 (+3) (46%)	0	79
KANSAS OUTBREAK				
0-4 Years	5-17 Years	18+ Years	Pending	Total
18 (32%)	26 (+1) (46%)	12 (+1) (21%)	0	56
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](#))

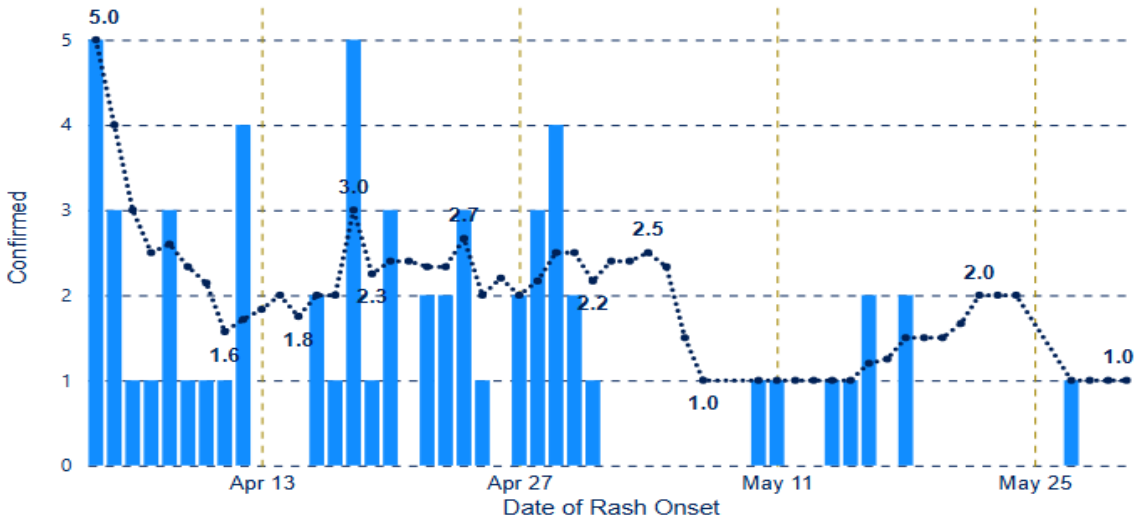
CURRENT SITUATION: EL PASO

CONFIRMED CASES BY AGE			
AGE	CASES	HOSPITALIZATIONS	DEATHS
0-4	17 (+2)	2	0
5-17	4	0	0
18+	40 (+2)	3	0
TOTAL	61	5	0

VACCINATION STATUS	
STATUS	NUMBER
UNVACCINATED	22
UNKNOWN	24 (+2)
1 DOSE	7 (+1)
2 DOSES	8 (+1)
TOTAL	61 (+4)

CASES BY GENDER	
GENDER	CASES
MALE	28
FEMALE	33
TOTAL	61

Confirmed 7 Day Rolling Average



SOURCES: [DSHS](#), [KVIA](#), [KTSM](#), [KFOX](#), [KISS.FM](#), [YISD](#), [PBS](#), [EL PASO MEASLES OUTBREAK DASHBOARD](#)

- With a population of approximately 679,000, El Paso recorded its first five confirmed measles cases on April 4, 2025. By May 30, 2025, the City of El Paso Department of Public Health had reported 61 confirmed cases in the region: 40 among adults (≥ 18 years) and 17 among young children (< 4 years).
- Initial Importations and Spread:** The outbreak's early cases were linked to importations from Gaines County, Texas, and to cross-border travel to Chihuahua, Mexico. El Paso's position as a border city, with heavy binational traffic, facilitated multiple introductions of the measles virus into urban public spaces (e.g., malls, restaurants, schools). Genetic sequencing confirmed the D8 genotype circulating among cases on both sides of the border.
- Adult-Predominant Pattern:** Unlike most U.S. outbreaks, where young children typically comprise the majority of cases, El Paso saw a disproportionate burden among adults. Two factors likely contributed:
 - High Pediatric Coverage:** Kindergarten- and seventh-grade vaccination rates in El Paso County exceeded 96%, helping to shield children and delay widespread pediatric transmission.
 - Uncertainty Among Adults:** Many adults either never received two documented MMR doses or lacked any vaccination record, leading to clusters of susceptible adults in workplaces and community venues.

Risk Factors and Challenges

- Urban Density and Public Venues:** High-traffic locations served as focal points for exposure events, underscoring how urban environments accelerate transmission if pockets of susceptibility exist.
- Misinformation and Access Barriers:** Language barriers, concerns among undocumented residents about seeking care, and lingering vaccine hesitancy— sometimes fueled by unproven alternative “remedies”— hampered early containment efforts. Public health messaging now stresses that the MMR vaccine is free, safe, and available regardless.

CURRENT SITUATION: VACCINATION STATUS

STATE	VACCINATED WITH 1 DOSE	VACCINATED WITH 2 DOSES	UNVACCINATED/ UNKNOWN	TOTAL CASES
TX	19	20	703*	742*

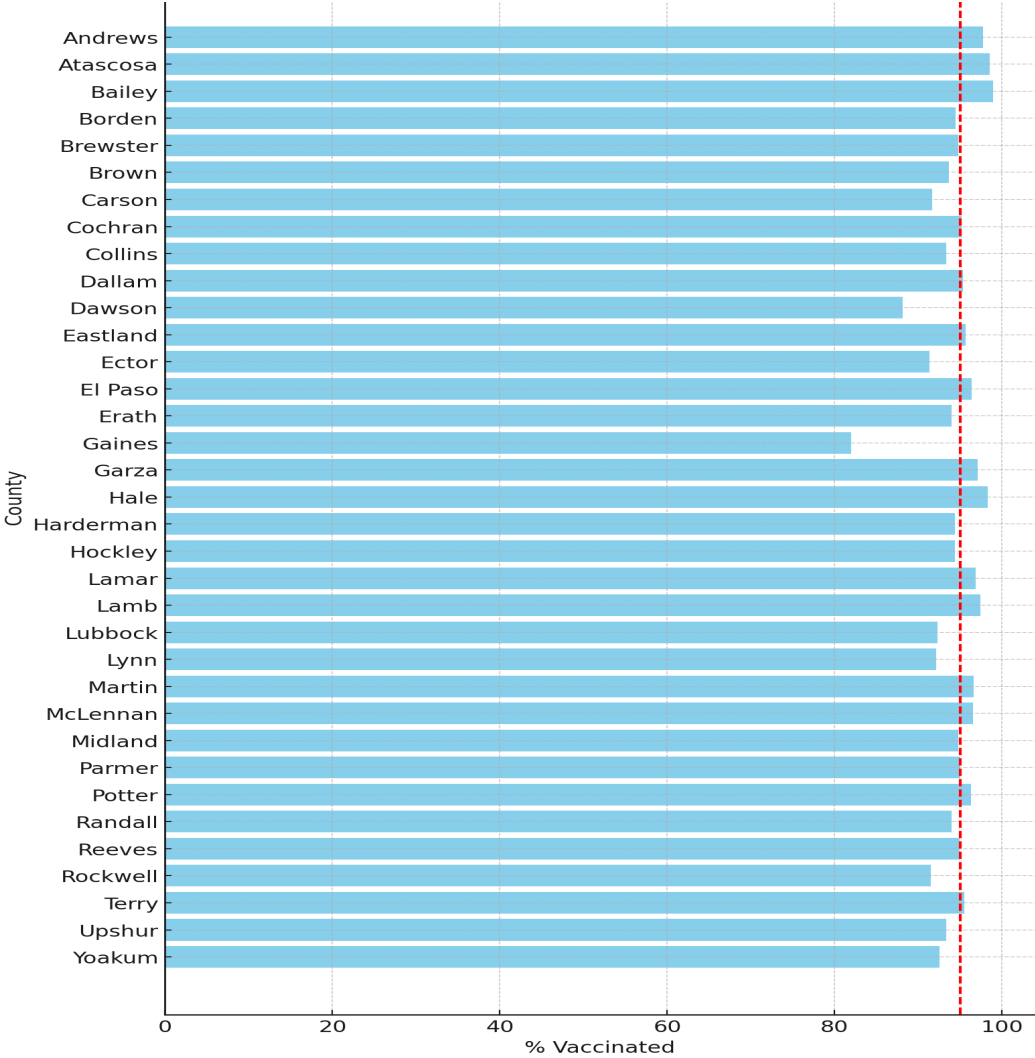
NOTE: The TX unvaccinated/unknown category includes individuals with no documented doses of measles vaccine administered more than 14 days prior to symptom onset.
Numbers adjusted based on additional information from El Paso after TX DSHS update.

STATE	VACCINATED WITH AT LEAST ONE DOSE	NOT VACCINATED	UNKNOWN	TOTAL CASES
NM	12	52	15	79

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 VACCINATED	NOT VACCINATED	PENDING VERIFICATION/ UNABLE TO VERIFY	TOTAL CASES
KS	5	1	50	3	59

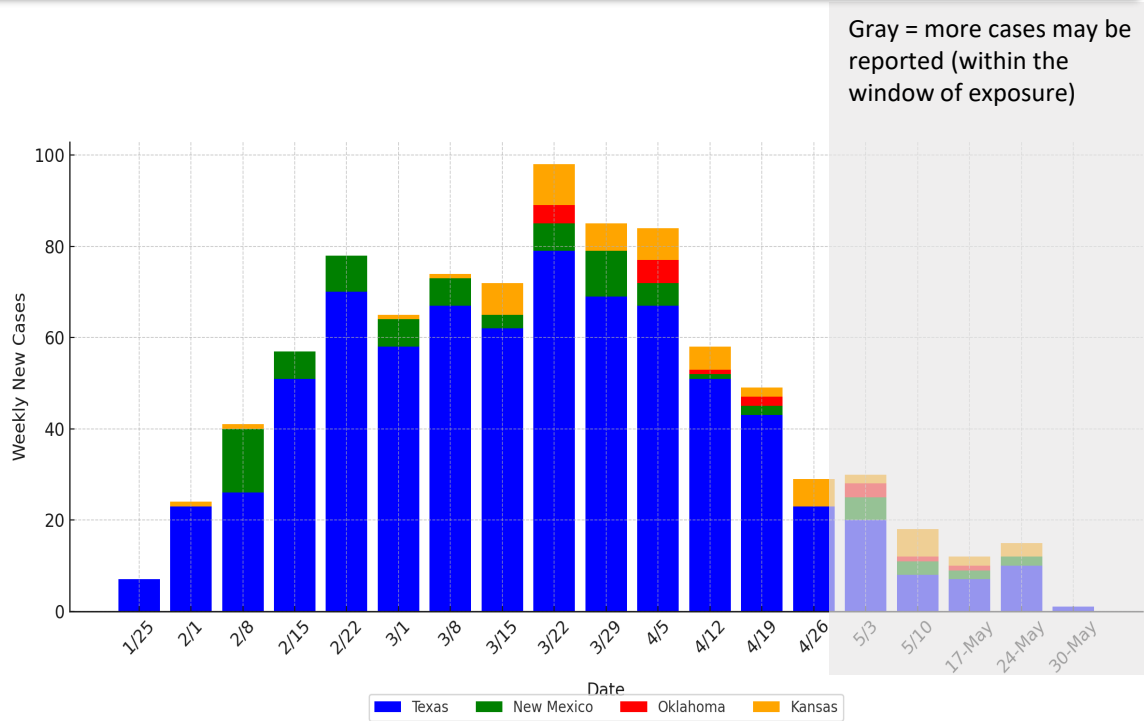
MMR Vaccination Coverage by County
(Dotted Red Line at 95% Threshold)



Among the affected counties in Texas, 19 out of 35 have a vaccination rate below 95%, the recommended rate for herd immunity (SOURCE: [Annual Report on Immunization Status](#)).

EPI CURVE AND CASES OVER TIME

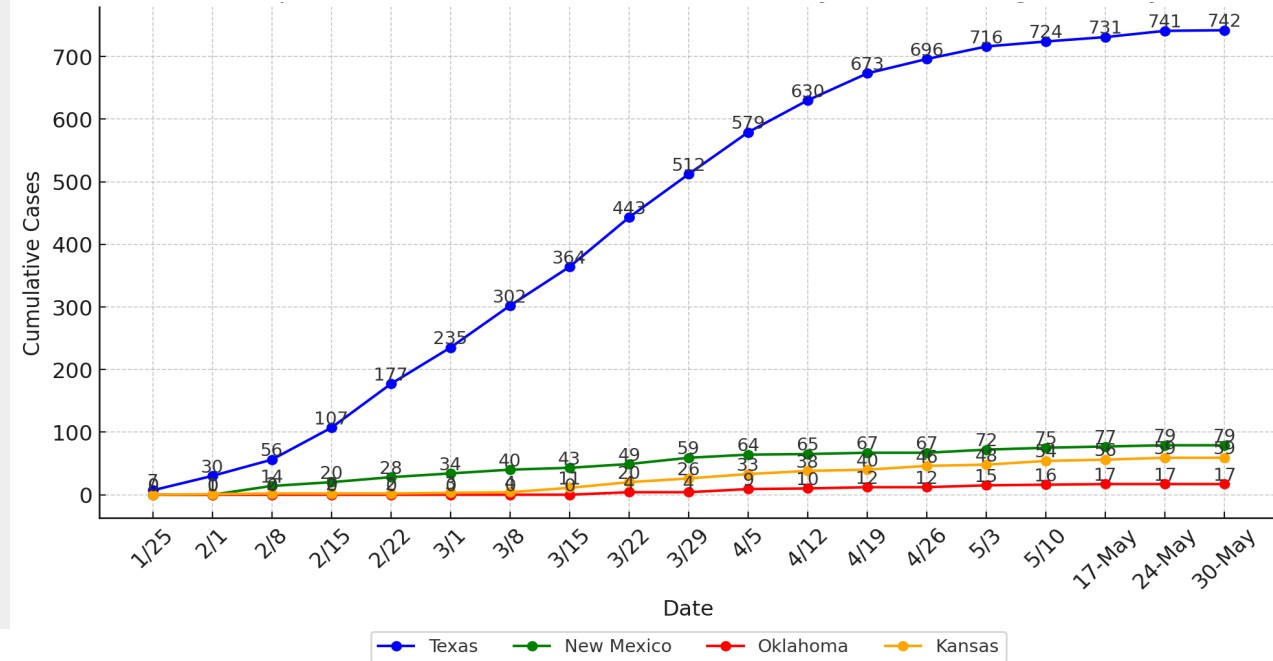
SOUTHWEST MEASLES OUTBREAK – EPI CURVE (WEEK ENDING 05/30/2025)



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.

CUMULATIVE CASES OVER TIME (WEEK ENDING 5/30/2025)



Cases are stable or slowly rising.

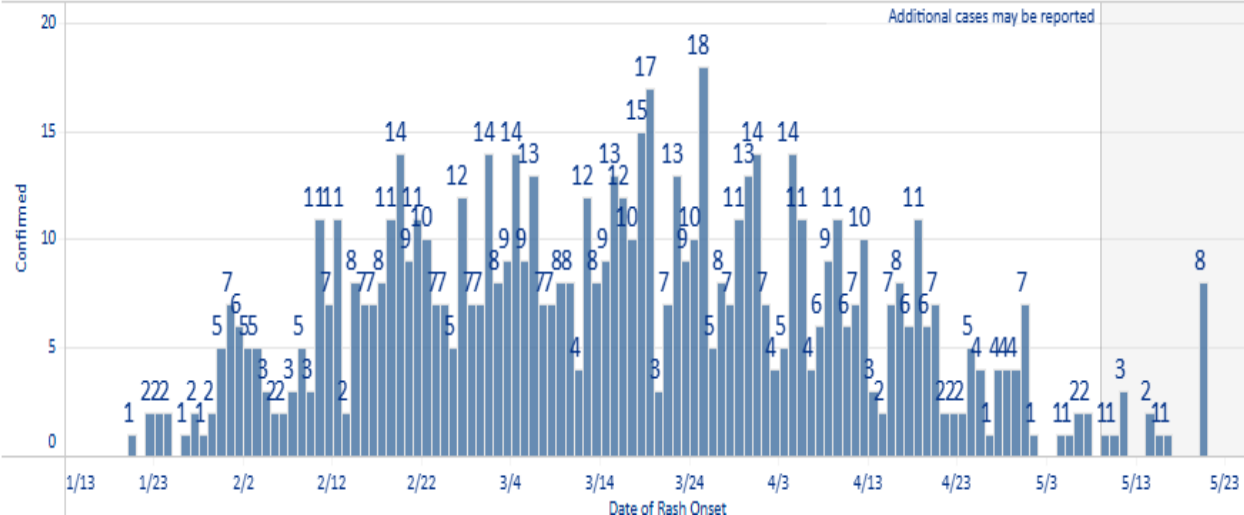
- **TX:** A total of 742 cases across 34 counties.
- **NM:** A total of 79 cases across 6 counties.
- **OK:** A total of 17 cases have been reported.
- **KS:** A total of 59 cases across 8 counties.

EPI SUMMARY - TEXAS

(n= 742) AS OF 5/30/2025

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
Atascosa	1	0.14	98.51	0
Bailey	2	0.28%	98.94%	0
Borden	1	0.14%	94.44%	1
Brewster	1	0.14	94.74%	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	61 (+4)	7.44%	96.37%	8
Erath	1	0.14%	93.94%	5
Gaines	409 (+2)	56.49%	82.00%	3
Garza	2	0.28%	97.10%	0
Hale	5	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	20	2.67%	96.84%	0
Lamb	1	0.14%	97.37%	1
Lubbock	53	7.16%	92.25%	8
Lynn	2	0.28%	92.16%	2
Martin	3	0.42%	96.59%	1
McLennan	8 (NEW)		96.53	6
Midland	5	0.42%	94.77%	4
Parmer	5	0.70%	95.04%	1
Potter	1	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 30, 2025 | Texas DSHS](#)
- [Measles Outbreak El Paso 30 May 2025](#)
- [2023-2024 School Vaccination Coverage Levels by District/Private School and County - Kindergarten \(XLS\)](#)

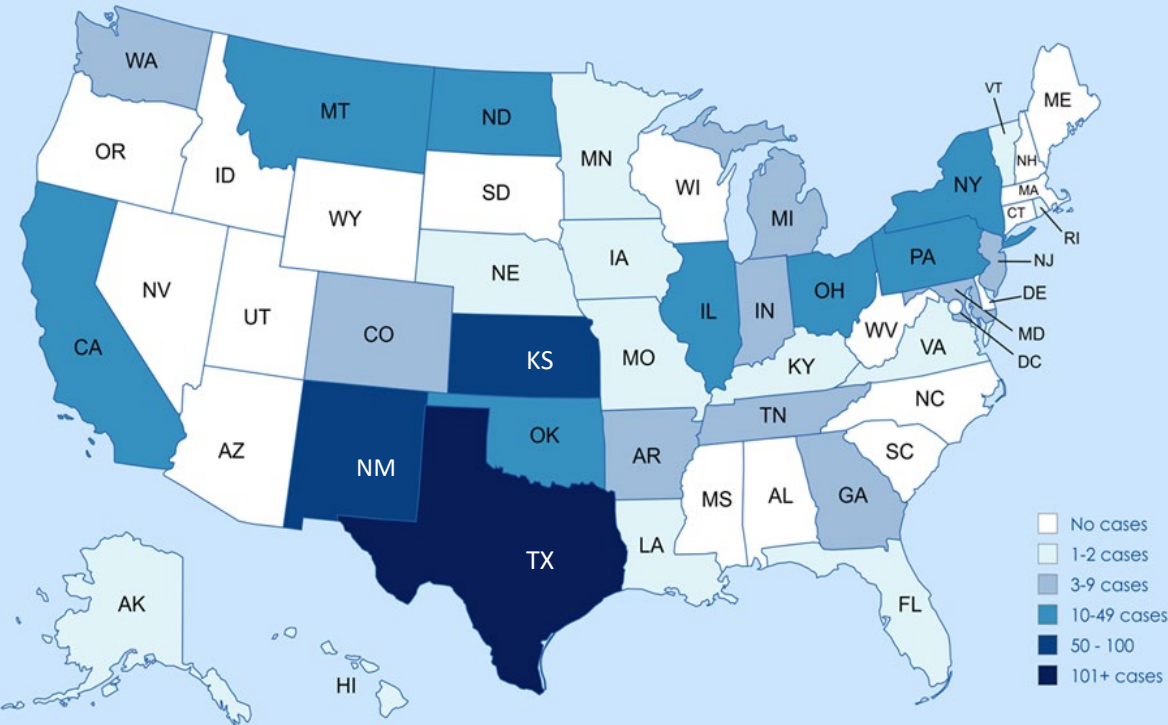
EPI SUMMARY (KS, NM, OK)

COUNTY	MEASLES CASES (NUMBER OF NEW CASES)	% of TOTAL CASES	% KINDERGARTENERS VACCINATED (2023-2024)
KANSAS (n=59) AS OF 5/30/2025			
Finney	Between 1- 5		98%
Ford	Between 1- 5		87%
Grant	Between 1- 5		99%
Gray	24 (+3)	40..68%	66%
Haskell	10 (+2)	16.95%	58%
Kiowa	6	10.17%	92%
Morton	Between 1- 5		82%
Stevens	7	11.86%	83%
Kansas has reported 2 additional cases NOT associated with the outbreak, in Reno and Sedgwick Counties.			
NEW MEXICO (n=79) AS OF 5/30/2025			
Chaves	1	1.27%	98%
Curry	1	1.27%	95%
Doña Ana	2	2.53%	95%
Eddy	3	3.8%	93%
Lea	66	83.54%	94%
Sandoval	6	7.59	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 5/30/2025			
Tulsa and Cherokee Nation	17	Insufficient Information	89.5%

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)*

1,132*



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 **	774
NEW MEXICO	79
KANSAS	64
OHIO	34
NORTH DAKOTA	29
OKLAHOMA	17
PENNSYLVANIA	15
MONTANA	13
NEW YORK	12
CALIFORNIA	12
ILLINOIS	10
MICHIGAN	9
INDIANA	8
ARKANSAW	7
COLORADO	7
TENNESSEE	6
WASHINGTON	6
GEORGIA	4
MARYLAND	3
NEW JERSEY	3
ALASKA	2
FLORIDA	2
HAWAII	2
LOUISIANA	2
MINNESOTA	2
MISSOURI	2
VIRGINIA	2
IOWA	1
KENTUCKY	1
NEBRASKA	1
RHODE ISLAND	1
VERMONT	1
TOTAL	1132

- 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 31, 2025, EDT, there are approximately 1,131 measles cases (including confirmed and suspected cases) across 32 states.

This year, there have been 13 measles outbreaks:

1. [Texas](#), involving [35 counties](#)
2. [New Mexico](#), [6 counties](#)
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](#)
14. [Faulkner County](#), [Arkansas](#)

**** TEXAS CASES NOT ASSOCIATED WITH OUTBREAK: 32**

- 1 case – Brazoria County
- 2 case – Collin County
- 2 case – Denton
- 1 case – Adult, Fort Bend (travel-related)
- 4 cases – Harris County
- 1 case – Harrison County.
- 1 case – Hays County
- 1 case – McLennan County
- 2 case – Randall County
- 1 case – Adults, Rockwall County (travel-related)
- 1 Case – Scurry County
- 1 case – Shackelford
- 2 cases – Tarrant
- 2 case – Travis County

TEXAS CASES ASSOCIATED WITH THE OUTBREAK: 742

US OUTLOOK

THINGS TO KEEP AN EYE ON:

The CDC updated its warning about the risk of contracting measles while traveling, after tallying dozens of cases so far this year in travelers who were infectious while flying on airplanes within the U.S. "Travelers can catch measles in many travel settings, including travel hubs like airports and train stations, on public transportation like airplanes and trains, at tourist attractions, and at large, crowded events," the agency now says, in an update [published Wednesday](#), 5/28/2025.

[ARKANSAS](#): The Arkansas Department of Health is reporting a seventh case of measles in the state. The Wednesday report indicates that the new case [is in Faulkner County](#), marking the sixth case for that county. A single case was reported in Saline County as well.

[CALIFORNIA](#): A new case has been identified in a [Santa Clara County resident](#) who reported recent travel.

[COLORADO](#): Colorado has confirmed its first measles outbreak of the year after a vaccinated Arapahoe County adult on the same flight (Turkish Airlines Flight 201) as two other confirmed cases in the state tested positive for the virus, state health officials said Thursday (5/29/2025).

[IDAHO](#): An international traveler with measles visited multiple locations in Idaho during the infectious period. During their infectious period, the out-of-state visitor spent time at three Burley, Idaho, establishments: Edgewater Dining and Spirits on Monday evening, an urgent care clinic on Tuesday morning, and Intermountain Health Cassia Regional Hospital on Tuesday morning and afternoon.

[IOWA](#) - The Iowa Department of Health and Human Services (HHS) is reporting a confirmed case of measles in central Iowa in an unvaccinated adult. The case tested positive through the State Hygienic Laboratory and is the first confirmed case of measles in Iowa this year, marking the first case in the state since 2019 (5/23/2025).

[MICHIGAN](#): Marquette County Health Department (MCHD) has confirmed a measles case in a Marquette County resident. MCHD is working closely with the Michigan Department of Health and Human Services (MDHHS) to investigate the situation to prevent additional cases. This is the first case for this county and the 9th case this year for Michigan.

[MONTANA](#): There are 13 cases of measles among Montana residents. Newly identified cases are isolating. Cases have been reported from three counties in Montana: [Flathead](#) (2), [Hill](#) (1), and [Gallatin](#) (5/29/2025).

[NEBRASKA](#): A vaccinated child in Sheridan County has tested positive for measles, according to the Nebraska Department of Health and Human Services (DHHS) on Tuesday, May 27, 2025. This is the first confirmed case of measles in Nebraska from the recent outbreak in the U.S.

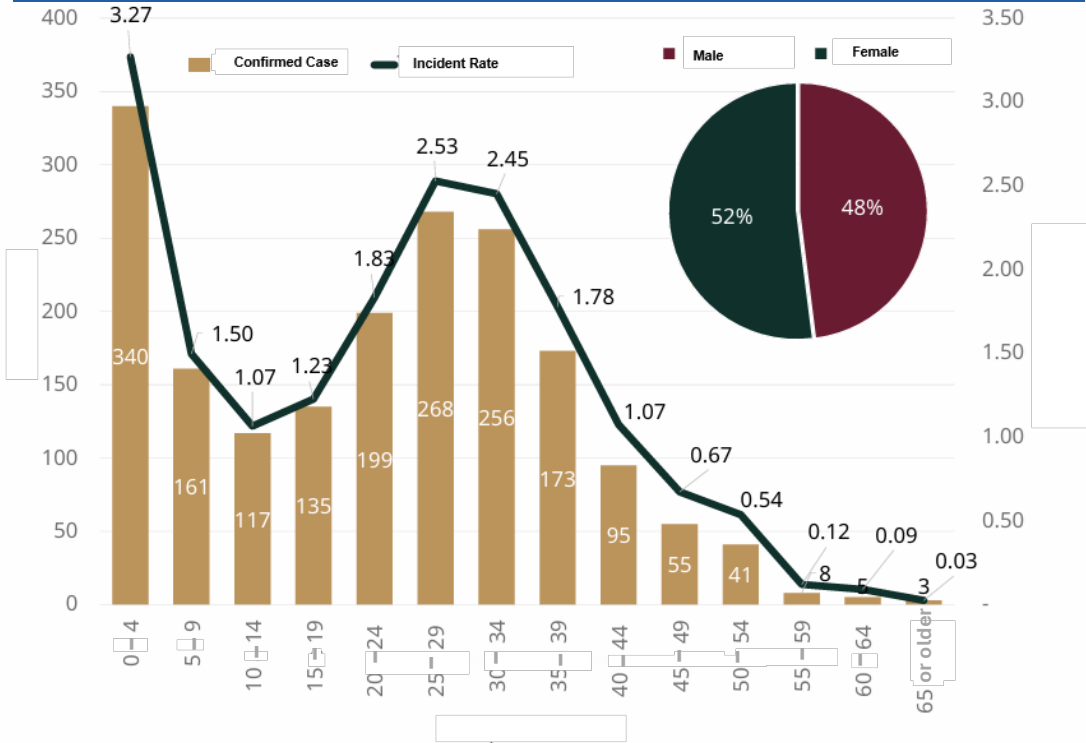
[NORTH DAKOTA](#): The North Dakota Department of Health and Human Services (HHS) has identified another case of measles in Grand Forks County, bringing the state's total to 29. So far, there have been 13 cases in Williams, 8 in Grand Forks, 7 in Cass, and 1 in Burke County. This week's total is 8 new cases.

MEXICO OUTLOOK

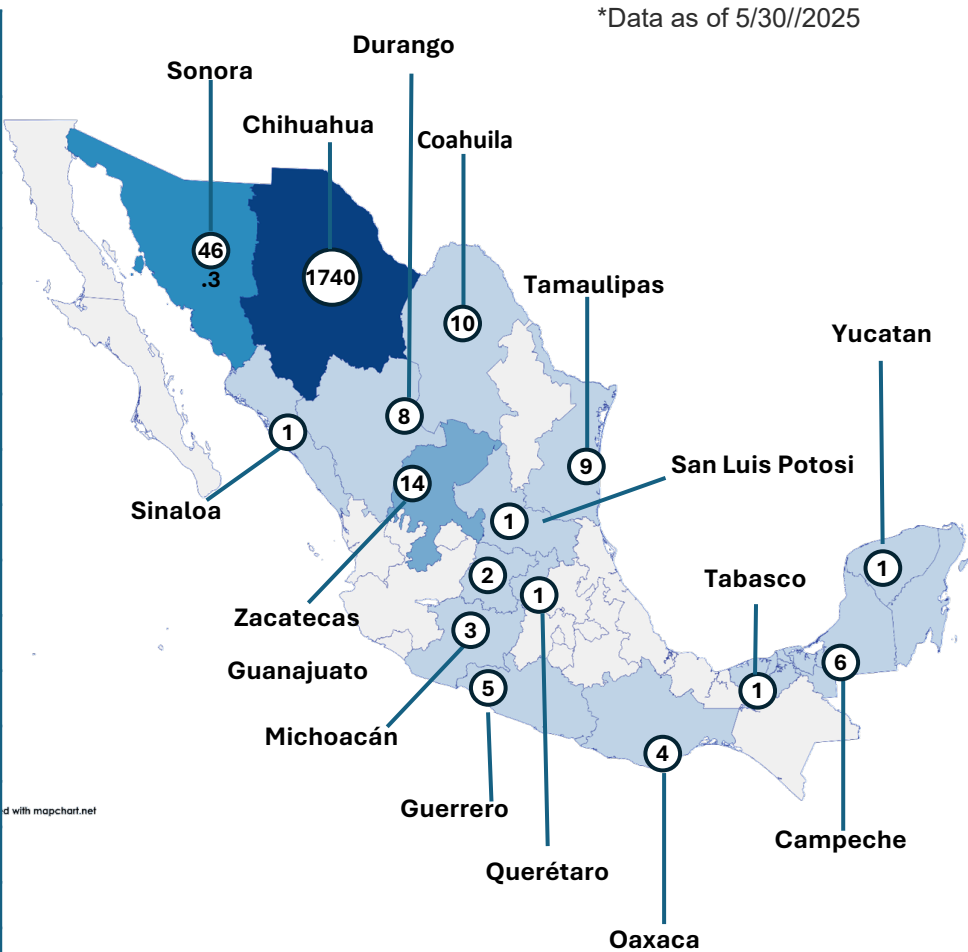
OVERVIEW

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. To date, there have been four deaths associated with this outbreak– 1 case in Sonora and 3 cases in Chihuahua. Mexico’s health authorities estimate that the probable number of cases is greater than 4,000.

CONFIRMED MEASLES CASES BY SEX, AGE GROUP, AND INCIDENCE RATE



Confirmed Measles	
State	Cases
Campeche	6
Chihuahua	1740 (+47)
Coahuila	10
Durango	8 (+1)
Guanajuato	2
Guerrero	5
Michoacán	3
Oaxaca	4
Querétaro	1
Quintana Roo	1
San Luis Potosi	1
Sinaloa	1
Sonora	46 (+3)
Tabasco	1
Tamaulipas	9
Yucatan	1
Zacatecas	17
TOTAL	1,856(+51)



MEXICO OUTLOOK: CHIHUAHUA

Health officials in Chihuahua have confirmed that two children—an 11-month-old infant and a seven-year-old—from a vaccine-hesitant Christian community died this month from measles complications.

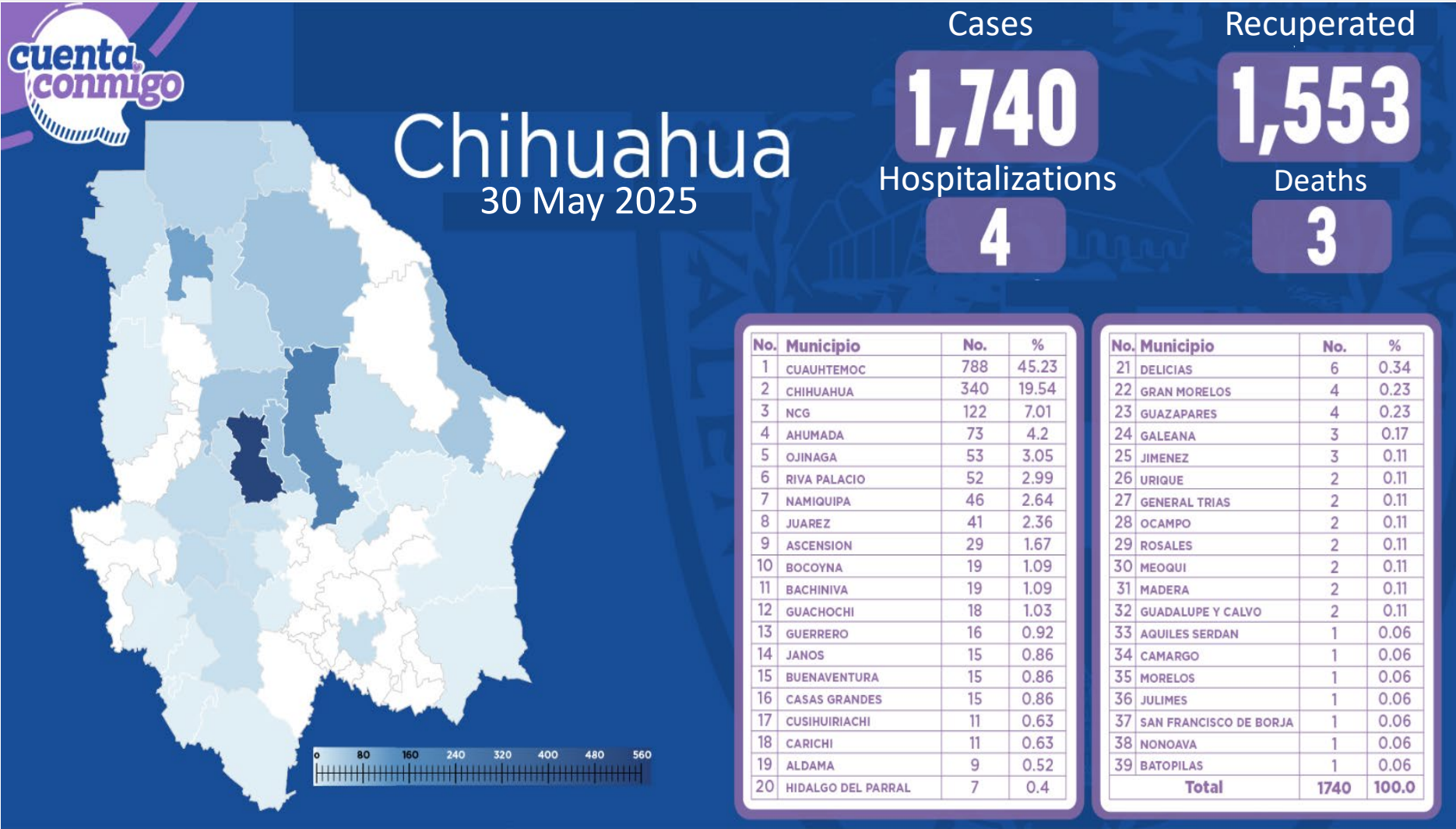
The infant had leukemia, and the older child suffered from a kidney condition. Neither had been vaccinated.

In April, a 31-year-old unvaccinated man in Chihuahua also died from measles.

In neighboring Sonora, a one-year-old unvaccinated girl with severe malnutrition died from the disease.

.Authorities warn that medically vulnerable individuals are at heightened risk in communities with low vaccination coverage and continue to urge the public to get immunized.

SOURCE OF GRAPHIC: [MediChihuahua](#)



Fuente: Secretaría de Salud



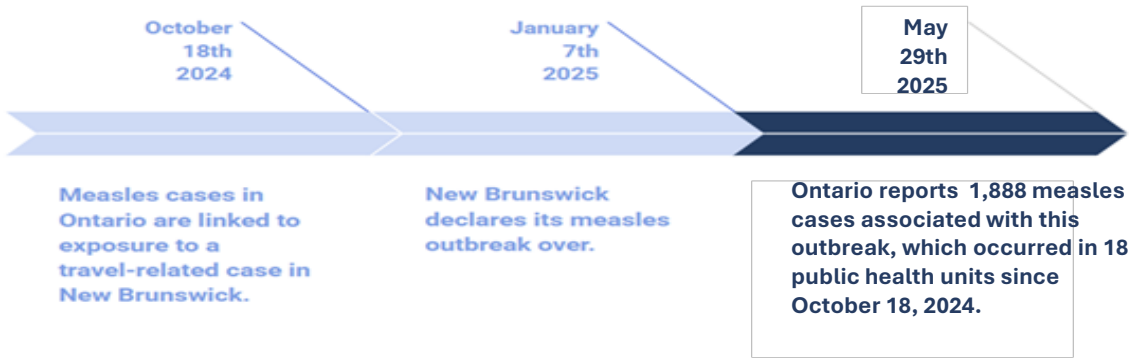
GOBIERNO
DEL ESTADO
DE CHIHUAHUA

SECRETARÍA
DE SALUD

MediChihuahua

CANADA OUTLOOK

Brief Timeline of Outbreak

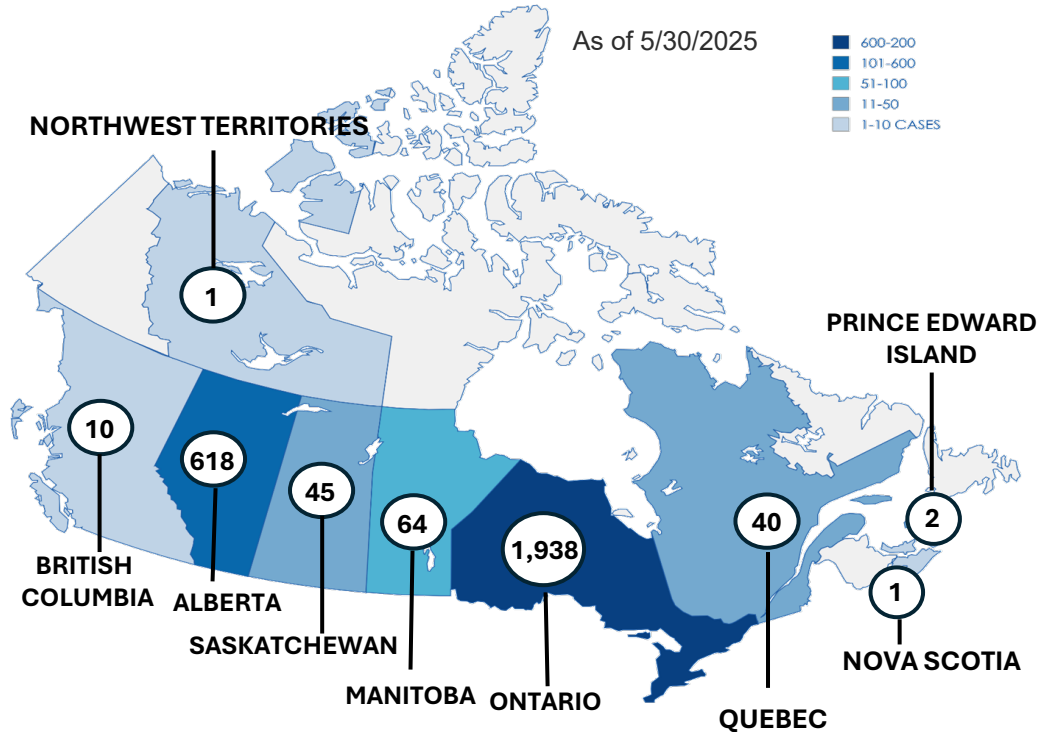


MEASLES 2025




PROVINCE	CASES
ONTARIO	1,938 (+143)
ALBERTA	679 (+119)
MANITOBA	72 (+8)
BRITISH COLUMBIA	12 (+2)
SASKATCHEWAN	46 (+1)
QUEBEC	40
PRINCE EDWARD ISLAND	2
NOVA SCOTIA	1
NORTHWEST TERRITORIES	1
TOTAL	2,791 (+215)

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.
- Quebec declared its outbreak on 4/22/2025 after no new cases in 32 days.

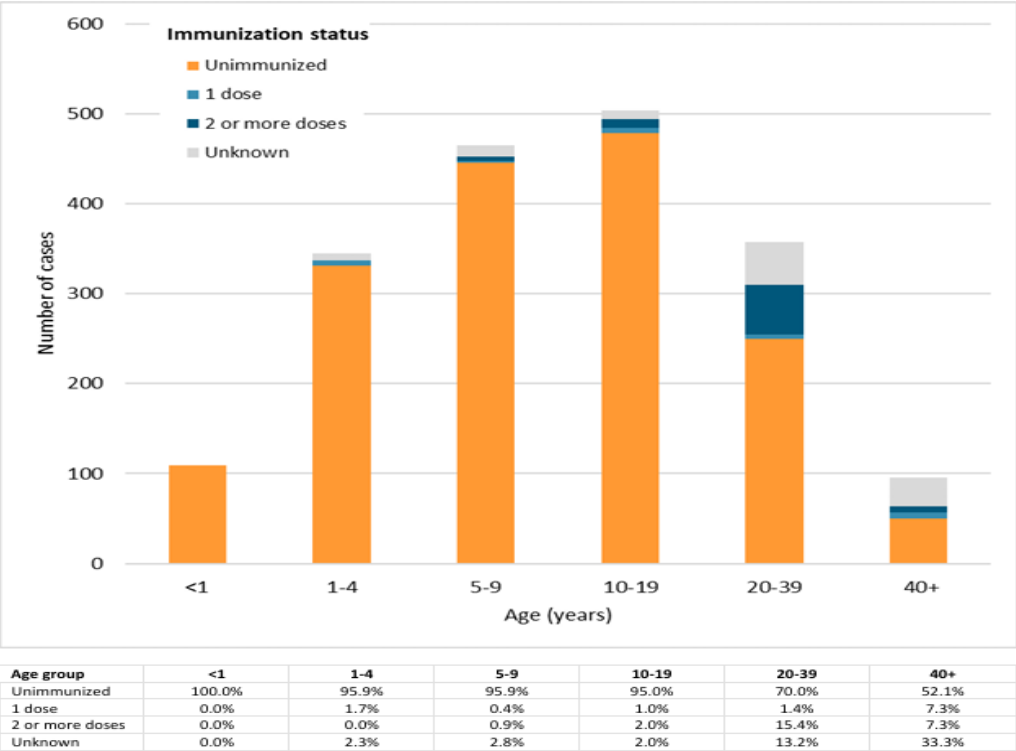


CANADA OUTLOOK: ONTARIO

MORBIDITY AND MORTALITY			
PROVINCE	CASES 	HOSPITALIZATIONS 	DEATHS 
ONTARIO*	1,938 (+143)	158 (+12)	0

Since January 1, 2025, 1,938 measles cases have been reported in the province of Ontario. All but 87 cases are linked with the multi-jurisdictional outbreak described on this page.

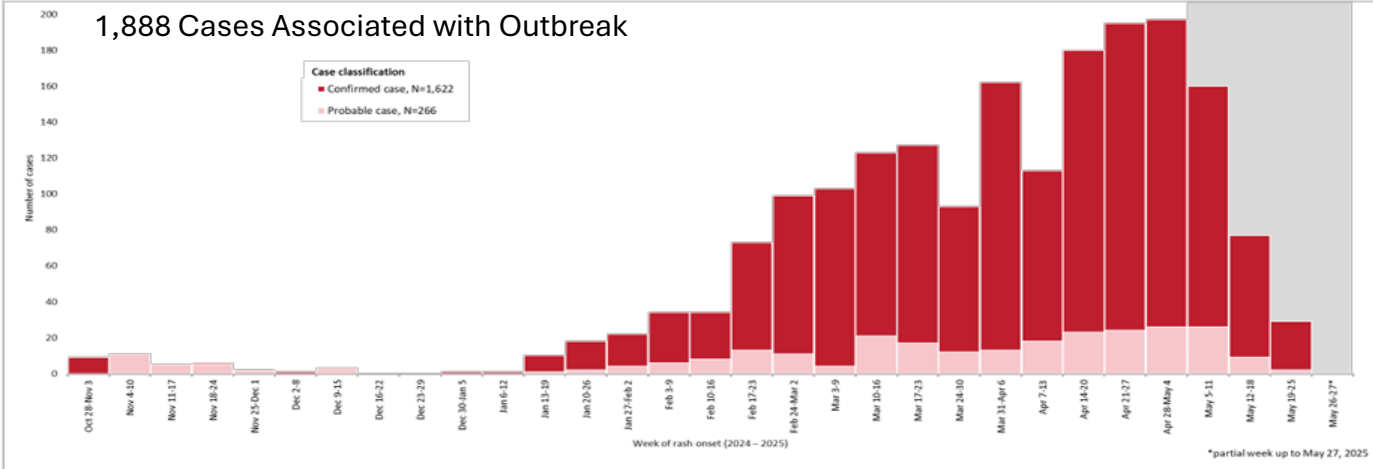
IMMUNIZATION STATUS OF MEASLES OUTBREAK CASES BY AGE GROUP: OCTOBER 28, 2024 – MAY 27, 2025



Multi-Jurisdictional Outbreak

- Among all outbreak cases, the majority were in infants, children, and adolescents (75.4%, n=1,423), while 24.0% (n=453) were in adults, and 0.6% (n=12) had unknown age.
- 2.0% (n=38) of outbreak cases were pregnant.
- 98.3% (n=1,856) of outbreak cases were born in or after 1970.
- Among infant, child, and adolescent outbreak cases, 95.9% (n=1,365) were unimmunized, while among adults, 66.2% (n=300) were unimmunized.
- Overall, 7.5% (n=141) of outbreak cases have required hospitalization, and 0.5% (n=10) were admitted to the ICU. Of those hospitalized, 94.3% (n = 133) were unimmunized, including 101 infants, children, and adolescents.

NUMBER OF MEASLES CASES BY WEEK OF RASH ONSET, 10/28/2024 – 05/27/25



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 12-18	May 19-25	May 26-27*
Confirmed case	9	0	0	1	0	1	0	0	0	1	1	9	16	18	28	26	60	88	99	102	110	81	149	95	157	171	171	134	68	27	0
Probable case	0	11	5	5	2	0	3	0	0	0	0	1	2	4	6	8	13	11	4	21	17	12	13	18	23	24	26	26	9	2	0
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	180	195	197	160	77	29	0

- The grey shaded area in the figure represents a case reporting lag; case counts during these weeks should be considered tentative.
- Rash onset date was not yet available for 31 cases at the time of analysis; as a result, episode date was used as a proxy instead.
- The incubation period for measles (i.e., period from exposure to prodromal symptoms) averages 10 to 12 days; the time from exposure to rash onset ranges from 7 to 21 days (average 14 days). Cases are considered to be infectious from four days before rash onset to four days after rash onset.

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

Alexandra Nechaev
Dr. Barbara Odac, MD
Megan Pillar
Kiswa Rahman
Bryn Redal

Sara Rodrigue
Katelyn Rudisill
Christina Tong
Sebastian Salzar
Ling Xiao
Eliot Zhang

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

Emily Locke (Teaching Fellow EHS 581)

Shoa Moosavi (Editor)