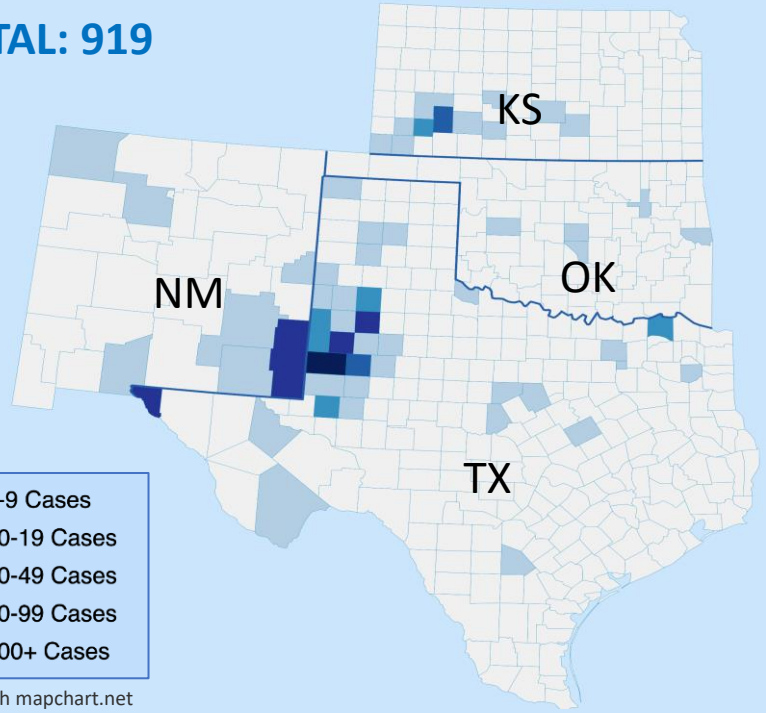
YALE SCHOOL OF PUBLIC HEALTH - ESF-8 VIRTUAL MEDICAL OPERATION CENTER SPECIAL REPORT

MEASLES OUTBREAK - SOUTHWEST U.S. - 2025

TOTAL: 919



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MORBIDITY AND MORTALITY

STATE	CASES	HOSPITALIZATIONS	DEATHS
TX	744 (+2)	96 (2)	2
NM	81	7	1
OK	20 (+2)	0	0
KS	74 (+5)	3	0
TOTAL	919 (+9)	106 (+2)	3

6/14/2025
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

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 **106 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.

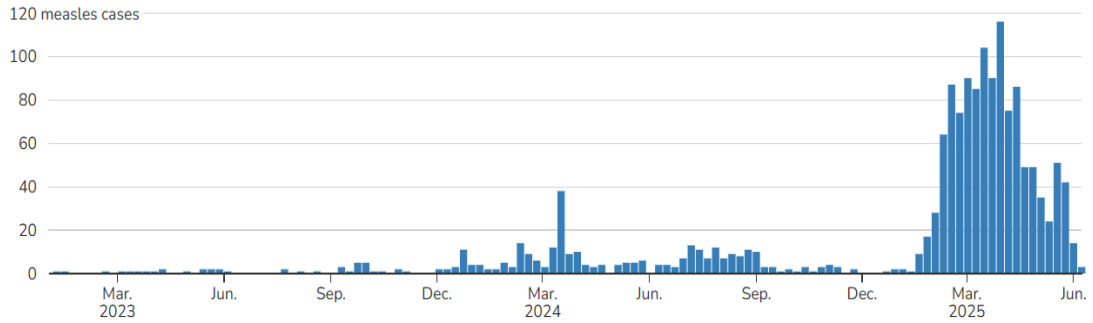
If current vaccination trends persist, the risk of measles becoming endemic once more, with recurrent outbreaks, is inevitable.

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.

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

1197 (+29) CONFIRMED MEASLES CASES (AS OF 6/13/25)



As of June 13, 2025, a total of 1197 confirmed* measles cases were reported by 35 jurisdictions: jurisdictions: Alaska, Arkansas, Arizona, 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, South Dakota, Tennessee, Texas, Vermont, Virginia, and Washington.

Age
Under 5 years: 347 (29%)
5-19 years: 446 (37%)
20+ years: 393 (33%)
Age unknown: 11 (1%)

Vaccination Status
Unvaccinated or Unknown: 95%
One MMR dose: 2%
Two MMR doses: 3%

Percent Hospitalized: 12%
Percent of Age Group Hospitalized:
Under 5 years: 21% (72 of 347)
5-19 years: 8% (35 of 446)
20+ years: 9% (36 of 393)
Age unknown: 9% (1 of 11)

Deaths: 3

There have been 3 confirmed deaths from measles.

TIMELINE (JANUARY – JUNE 2025)

JANUARY 2025
INDEX CASES IDENTIFIED

1/29
South Plains Public Health District, TX reports a measles case in Gaines County.

FEBRUARY 2025
OUTBREAK DECLARED & SPREADS

2/5/25
The Texas Department of State Health Services (DSHS) declares an outbreak. 6 cases are identified, all among unvaccinated school-aged children from Gaines County.

2/15
The New Mexico Department of Health(NMDOH) confirms an **outbreak** with 14 cases in Lea County.

2/26/25 (TX):
DSHS reports the death of a school-aged child who had been hospitalized in Lubbock.

2/28
DSHS reports 146 cases, 1 fatality, and 20 hospitalized.

NMDOH reports 20 cases.

MARCH 2025
RAPID REGIONAL EXPANSION

3/1–3/15
DSHS reports 259 cases, 1 fatality, and 34 hospitalizations..

3/6 - NMDOH reports the death of a male adult

3/11- Oklahoma (OSDH) reports **two linked cases** to the Texas outbreak.

3/13 - First Kansas case genetically linked to TX.

3/16 - 5/31
DSHS reports 400 cases, 1 fatality, and 41 hospitalized individuals.

NMDOH reports 44 cases, 1 fatality, and 2 hospitalized

OSDH reports 9 cases.

KDHE reports 23 cases.

APRIL 2025
PEAK OF TRANSMISSION

4/1 - 4/15
4/5 - DSHA reports the death of a second child.

DSHS reports 561 cases, 2 fatalities, and 58 hospitalizations..

NMDOH reports 63 cases, 1 fatality, and 5 hospitalizations.

OSDH reports 12 cases

KDHE reports 38 cases and 1 hospitalization

4/16 - 4/31
DSHS updates the outbreak to 663 cases, 2 fatalities, and 83 hospitalized individuals.

NMDOH reports 6 cases, 1 fatality, and 2 hospitalized

OSDH reports 16 cases.

KDHE reports 46 cases and 1 hospitalization.

MAY 2025
SLOWING BUT PERSISTENT

5/1- 5/15
DSHS reports 718, 2 fatalities, and 92 hospitalizations.

NMDOH reports 71 cases, 1 fatality, and 7 hospitalizations..

OSDH reports 17 cases.

KDHE reports 54 cases and 2 hospitalizations.

5/16 – 6/13
DSHS reports 744 cases, 2 fatalities, and 96 hospitalizations.

NMDOH reports 81 cases, 1 fatality, and 7 hospitalizations.

OSDH reports 20 cases.

KDHE reports 74 cases and 3 hospitalizations.

SOURCES: TEXAS DSHS, NMDOH, OSDH, KDHE

CURRENT SITUATION

As of June 14, 2025, the Southwestern outbreak has **919 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**.

CURRENT CASE COUNT: 919

- **Texas: 744 (+2)** (55% of cases are in Gaines County).
- **New Mexico: 81** (83% of cases are from Lea County).
- **Oklahoma: 20 (+2)**
- **Kansas**: **74 (+5)** (38.89% of the cases are from Gray County).

HOSPITALIZATIONS: 104

- **Texas: 96 (+2) –** 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 the state of Kansas.

DEATHS: 3

- **Texas: 2** – This is 0.27% of all cases in Texas.
- **New Mexico: 1** – This is 1.23% of all cases in New Mexico.

US NATIONAL CASE COUNT: 1,197

INTERNATIONAL SPREAD

- **Mexico: 2337 (+257), 5 fatalities**
  - **Chihuahua, Mexico: 2,179 (+239)** cases, **4** fatalities, **7** currently hospitalized.
- **Canada: 3,207 (+208), 1 fatality**
  - **Ontario Outbreak, Canada: 2,115 (+74) cases, 158** hospitalizations, **1** fatality.
  - **Alberta, Canada: 879(+118) cases, 5** currently hospitalized.

TEXAS: The 2025 measles outbreak in Texas exhibited a steep and sustained rise in cases beginning in late January, peaking the week of March 22 with 78 new infections. The curve reflects rapid early transmission, likely fueled by significant immunity gaps within communities. Even after the peak, the state experienced a prolonged plateau with 60–70 weekly cases through early April, suggesting continued spread across multiple population clusters. A gradual decline followed, with weekly cases dropping to the single digits by mid-May, marking a slow path to containment. However, sporadic cases persisted through the end of the month, indicating lingering transmission. The shape of the epidemic curve suggests that while public health interventions eventually curbed the outbreak, earlier action and targeted vaccination efforts might have shortened its duration and reduced its magnitude.

NEW MEXICO: The 2025 measles outbreak in New Mexico began with a sharp rise in early February, recording 14 cases in the first week. Weekly case counts remained elevated through March, peaking at 10 cases during the week of March 22. The outbreak showed a slow decline, with intermittent spikes in April, suggesting continued transmission in vulnerable communities. By mid-May, cases had fallen to two or fewer per week. The prolonged plateau highlights challenges in early containment and the need for targeted vaccination and outreach in under-immunized areas.

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: The 2025 measles outbreak in Kansas began with isolated cases in mid-February and rapidly escalated by early March, peaking with nine confirmed cases during the week of March 8. The epidemic curve suggests a pattern of sustained community transmission, with a first wave from late February to late March followed by a secondary rise in April and early May. This bimodal curve points to at least two clusters of transmission, potentially fueled by delays in diagnosis, gaps in vaccination coverage, or spread into new susceptible populations.

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

CURRENT SITUATION

AGES OF CASES:

WEST TEXAS OUTBREAK				
0-4 Years	**5-17 Years**	**18+ Years**	**Pending**	**Total**
218 (29%)	281 (38%)	241 (32%)	4 (0.5%)	744
NEW MEXICO OUTBREAK				
0-4 Years	**5-17 Years**	**18+ Years**	**Pending**	**Total**
24 (30%)	20 (25%)	37 (46%)	0	81
KANSAS OUTBREAK				
0-4 Years	**5-17 Years**	**18+ Years**	**Pending**	**Total**
28 (38%)	33 (44.5%)	13(17.5%)	0	74
OKLAHOMA OUTBREAK				
0-4 Years	**5-17 Years**	**18+ Years**	**Pending**	**Total**
17 Cases Confirmed, 3 Probable – no ages provided			3	20

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

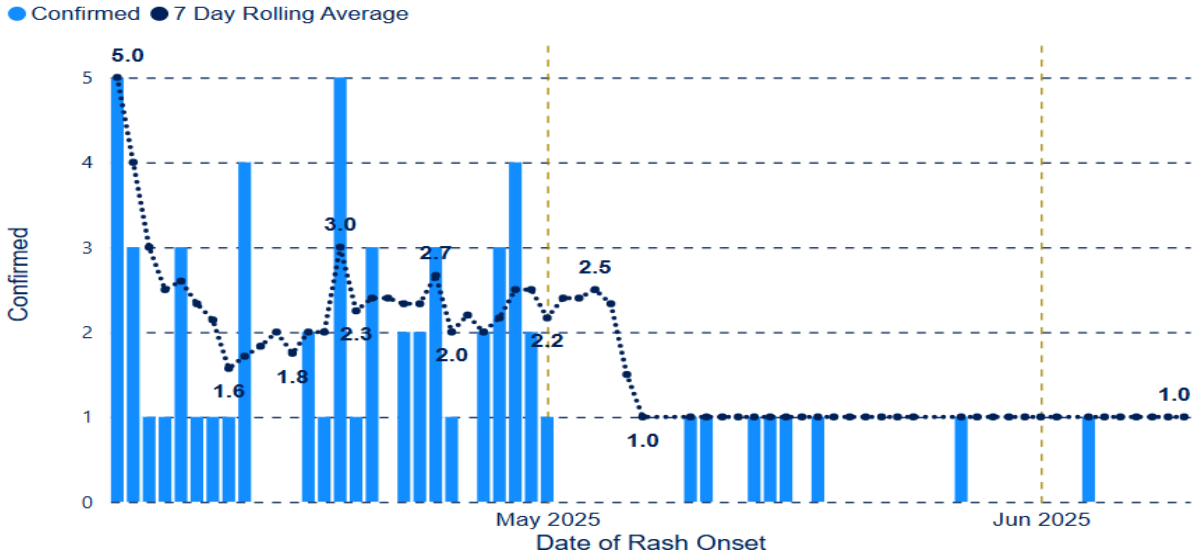
AGE	CASES	HOSPITALIZATIONS	DEATHS
0-4	15	2	0
5-17	4	0	0
18+	41	3	0
TOTAL	60	5	0

VACCINATION STATUS

STATUS	NUMBER
UNVACCINATED	22
UNKNOWN	25
1 DOSE	6
2 DOSES	7
TOTAL	60

CASES BY GENDER

GENDER	CASES
MALE	29
FEMALE	31
TOTAL	60



SOURCES: DSHS,, 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 June 5, 2025, the City of El Paso Department of Public Health had reported 62 confirmed cases in the region: 40 among adults (≥ 18 years) and 22 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:
    1. **High Pediatric Coverage**: Kindergarten- and seventh-grade vaccination rates in El Paso County exceeded 96%, helping to shield children and delay widespread pediatric transmission.
    2. **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	23	20	701*	744*

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.

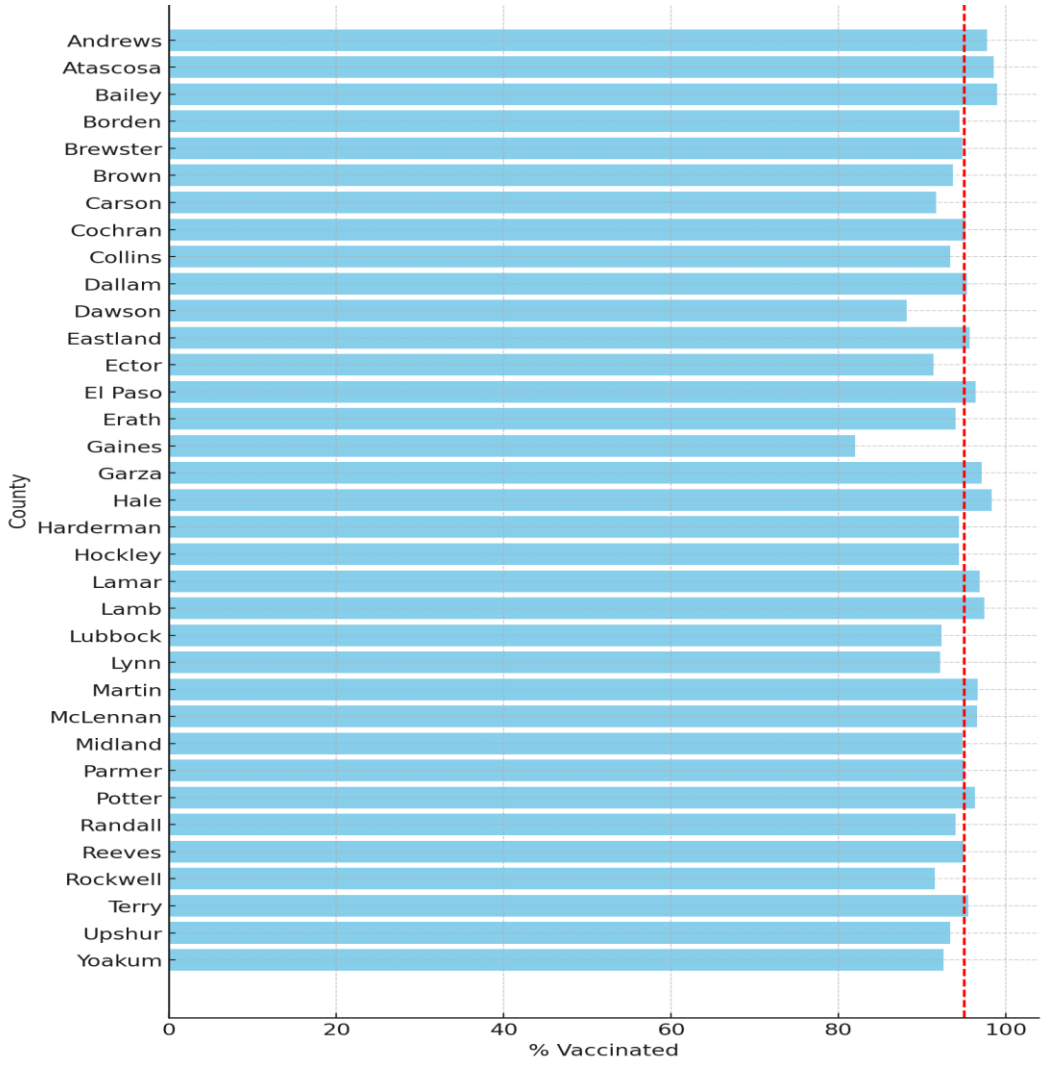
STATE	VACCINATED WITH AT LEAST ONE DOSE	NOT VACCINATED	UNKNOWN	TOTAL CASES
NM	13	52	16	81

STATE	VACCINATED WITH ONE DOSE	VACCINATED WITH TWO DOSES	UNVACCINATED/ UNKNOWN	TOTAL CASES
OK	0	1	19	20

STATE	AGE APPROPRIATELY VACCINATED	NOT AGE APPROPRIATELY VACCINED	NOT VACCINATED	PENDING VERIFICATION/ UNABLE TO VERIFY	TOTAL CASES
KS	5	1	64	4	74

SOURCES: TEXAS DSHS, NMDOH, OSDH, KDHE

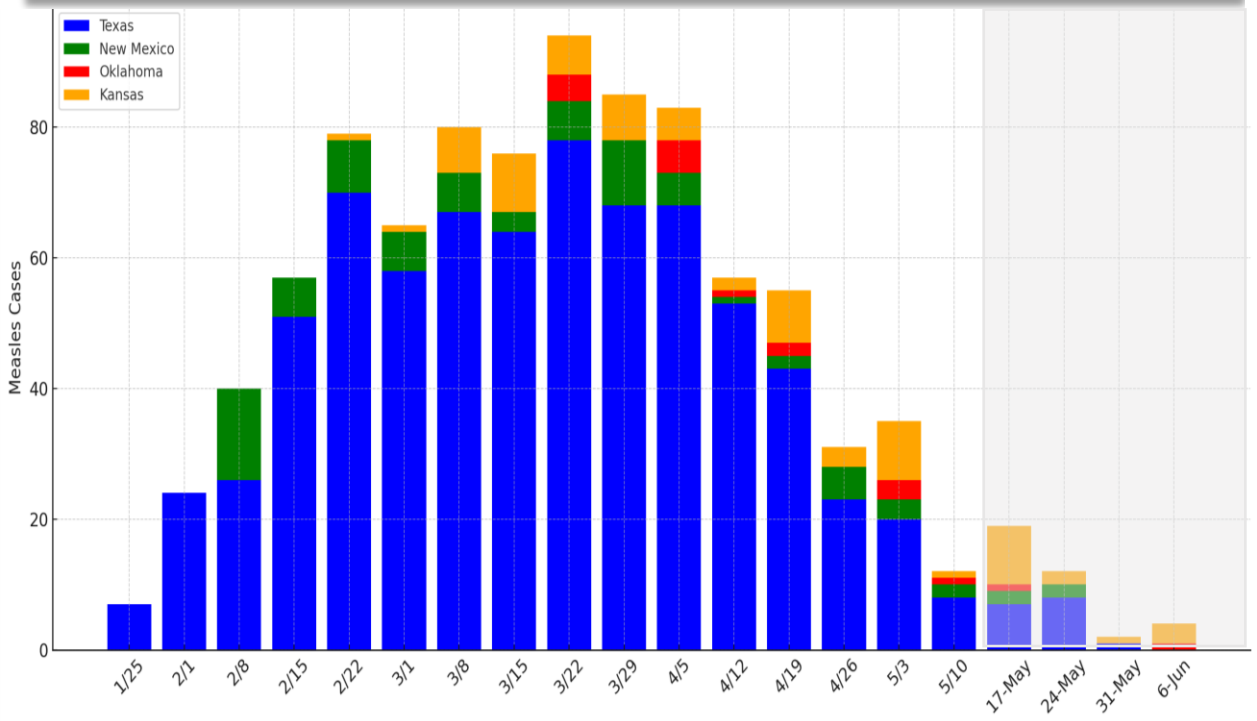
MMR Vaccination Coverage by County
(Dotted Red Line at 95% Threshold)



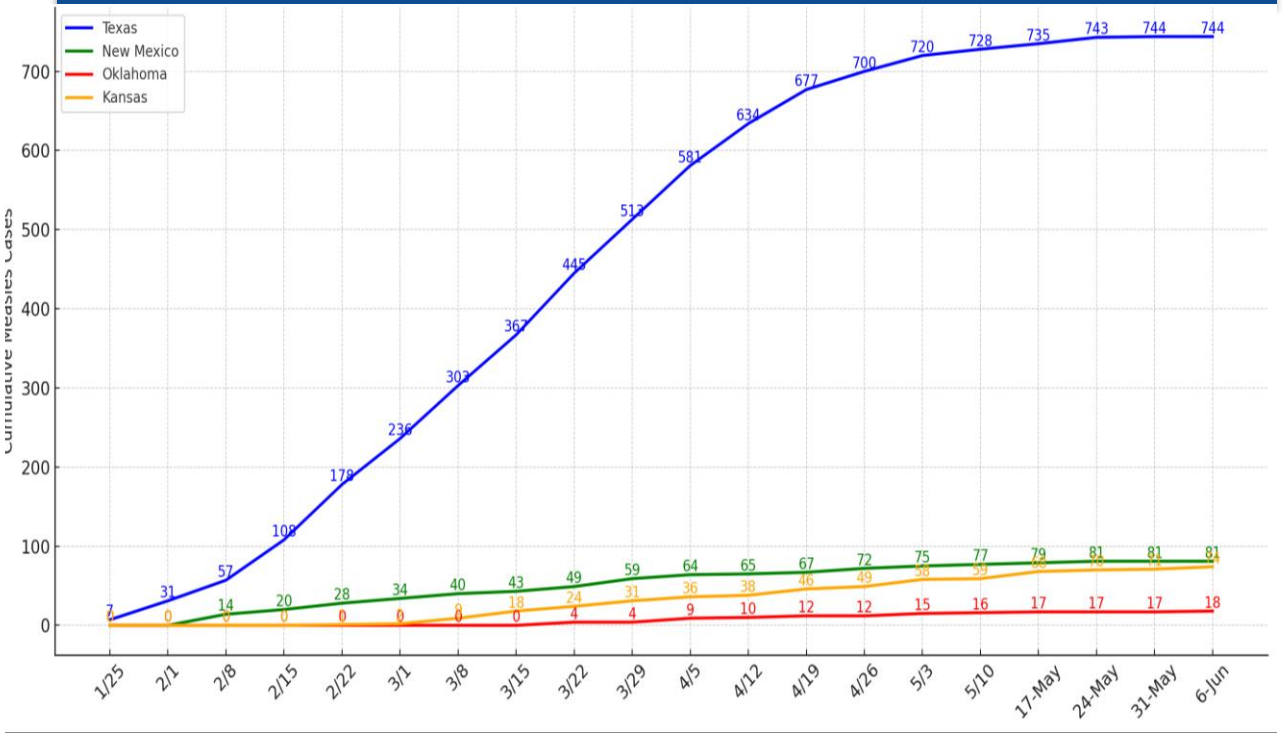
Among the affected counties in Texas, 19 out of 35 have a vaccination rate below 95%, the recommended rate for herd immunity (SOURCE: Annual Report on Immunization Status).

EPI CURVE AND CASES OVER TIME

SOUTHWEST MEASLES OUTBREAK – EPI CURVE (WEEK ENDING 06/14/2025)



CUMULATIVE CASES OVER TIME (WEEK ENDING 6/14/2025)



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 744 cases across 35 counties.
- **NM:** A total of 81 cases across 6 counties.
- **OK:** A total of 20 cases have been reported.
- **KS**: A total of 74 cases across 9 counties.

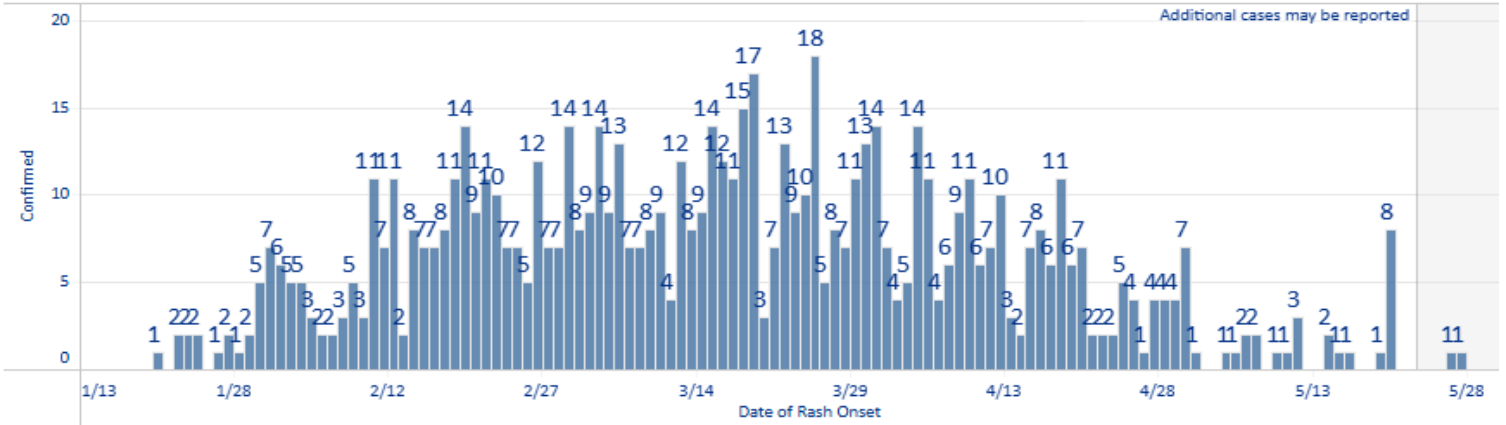
SOURCES: TX DSHS, NMDOH, OSDH, KDHE

EPI SUMMARY - TEXAS

(n= 745) AS OF 6/6/2025

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	27	**3.65%**	88.10%	4
Eastland	**2**	**0.28%**	95.63	2
Ector	11	**1.48%**	91.30%	5
El Paso	58	**8.05%**	96.37%	8
Erath	1	**0.14%**	93.94%	5
Gaines	411	**56.49%**	82.00%	3
Garza	2	**0.28%**	97.10%	0

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%
Hale	5	**0.84%**	98.30%	2
Harderman	1	**0.14%**	94.40%	3
Hockley	**6**	**0.84%**	94.40%	3
Lamar	21 (+1)	**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		96.53	6
Midland	6 (+1)	**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 – 13 June 2025 | Texas DSHS
- Measles Outbreak El Paso 6 June 2025
- 2023-2024 School Vaccination Coverage Levels by District/Private School and County - Kindergarten (XLS)

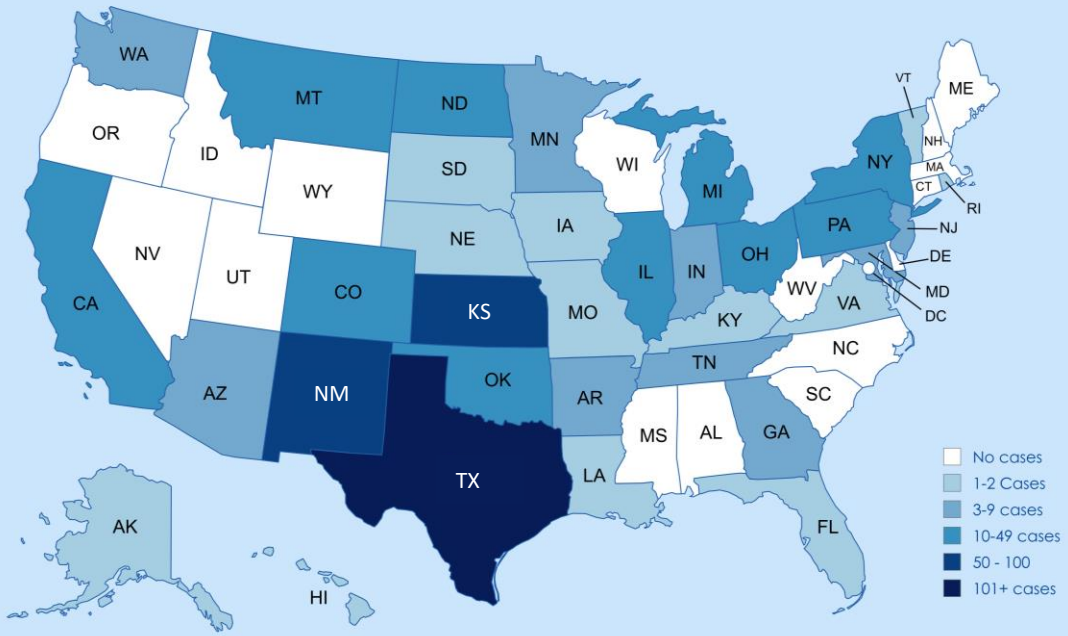
EPI SUMMARY (KS, NM, OK)

COUNTY	MEASLES CASES (NUMBER OF NEW CASES)	% of TOTAL CASES	% KINDERGARTENERS VACCINATED (2023-2024)
KANSAS (n=69) AS OF 6/13/2025			
Finney	Between 1- 5		98%
Ford	Between 1- 5		87%
Grant	Between 1- 5		99%
Gray	26 (+1)	40..68%	66%
Haskell	15(+4)	16.95%	58%
Kiowa	6	10.17%	92%
Morton	Between 1- 5		82%
Pawnee	7	1.01%	
Stevens	7	11.86%	83%
Kansas has reported 2 additional cases NOT associated with the outbreak in Reno and Sedgwick Counties.			
NEW MEXICO (n=81) AS OF 6/13/2025			
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. According to local health officials, 63% of adults have received one shot of MMR, and only 55% have received both shots. However, they noted that there may be vaccinated adults whose records have not been added to the system. Adults make up more than half of the reported cases in New Mexico.			
OKLAHOMA (n=18) AS OF 6/132025			
Tulsa and Cherokee Nation	18	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)*

1,196*



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 **	778
NEW MEXICO	81
KANSAS	76
OHIO	35
NORTH DAKOTA	34
MONTANA	20
OKLAHOMA	20
CALIFORNIA	15
COLORADO	15
PENNSYLVANIA	15
NEW YORK	13
MICHIGAN	12
ILLINOIS	10
ARKANSAS	8
INDIANA	8
TENNESSEE	6
WASHINGTON	6
GEORGIA	5
MINNESOTA	5
ARIZONA	4
FLORIDA	3
IOWA	3
MARYLAND	3
NEW JERSEY	3
VIRGINIA	3
ALASKA	2
HAWAII	2
KENTUCKY	2
LOUISIANA	2
MISSOURI	2
SOUTH SAKOTA	2
NEBRASKA	1
RHODE ISLAND	1
VERMONT	1
TOTAL	1196

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 1800 hours on June 14, 2025, EDT, there are approximately 1,196 measles cases (including confirmed and suspected cases) across 34 states.

*This year, there have been at least **14 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, Grand Rapids, **North Dakota***
14. *Faulkner County, **Arkansas***

**** TEXAS CASES NOT ASSOCIATED WITH OUTBREAK: 34**

- 1 case – Brazoria County
- 2 cases– Collin County
- 1 case – Dallas County
- 2 case – Denton County
- 2 cases – El Paso County
- 1 case – Adult, Fort Bend (travel-related)
- 3 cases – Harris County
- 2 case – Harrison County.
- 1 case – Hays County
- 2 case – Randall County
- 1 case - Reeves County
- 1 case – Adults, Rockwall County (travel-related)
- 1 Case – Scurry County
- 1 case – Shackelford
- 4 cases – Tarrant
- 2 case – Travis County
- 6 cases - Williamson

TEXAS CASES ASSOCIATED WITH THE OUTBREAK: 744

US OUTLOOK: THINGS TO KEEP AN EYE ON

SUMMER CAMP GUIDANCE: The U.S. Centers for Disease Control and Prevention is now urging summer camp operators to verify documentation of immunity from measles through vaccination or prior infection for all children, staff, and volunteers, amid a deadly year of outbreaks that is now approaching record levels. "Measles can spread quickly in summer camps because campers and staff spend a lot of time together in close contact with each other. Measles is more than just a rash — it can cause serious complications or even death," the CDC warned in a "checklist" for operators of summer camps published this week.

BE READY FOR MEASLES TOOLKIT: The Centers for Disease Control and Prevention has added new resources for healthcare providers to its "*Be Ready for Measles* ." They include a decision tree to help providers determine when to administer measles, mumps, and rubella vaccinations to adults; checklists for summer camps; and templates for immunity records.

ARIZONA: Has four cases in Navajo County. They are linked to a single source, the county health department said Monday. All four were unvaccinated and had a history of recent international travel.

CALIFORNIA: Yolo County Health and Human Services Agency's Public Health Branch has confirmed that a resident of West Sacramento has been diagnosed with measles. Additionally, the Long Beach Health Department confirmed an infant who had recently traveled overseas has measles. These two cases represent the 14th and 15th cases of measles in California this year.

COLORADO: The Colorado Health Department reported seven measles cases linked to Turkish Airlines Flight 201, which arrived at Denver International Airport on May 13. On 6/13/2025, the Colorado Department of Public Health and Environment confirmed a new case separate from the outbreak. A fully vaccinated Boulder County resident recently traveled to Europe, where a large number of cases have been confirmed as positive. This individual traveled between Boulder and Denver while potentially infectious.

IOWA: An unvaccinated child from Eastern Iowa is now the third reported measles case in that state. The child had recently traveled internationally. The case isn't linked to the earlier two cases.

MONTANA: This outbreak has been growing since April 17, 2025. Twenty cases and two hospitalizations have been reported. All 20 cases of measles are Montana residents. Newly identified cases are isolating. The 20 cases have been reported from the following jurisdictions:
Flathead (2), Yellowstone (2), Hill (4), and Gallatin (12).

NEW MEXICO: The New Mexico Department of Health reports finding a positive measles sample via wastewater testing in Roswell. The sample, taken on June 3, is part of a wastewater testing initiative the New Mexico Department of Health (NMDOH) is conducting in 11 treatment facilities around the state since mid-March.

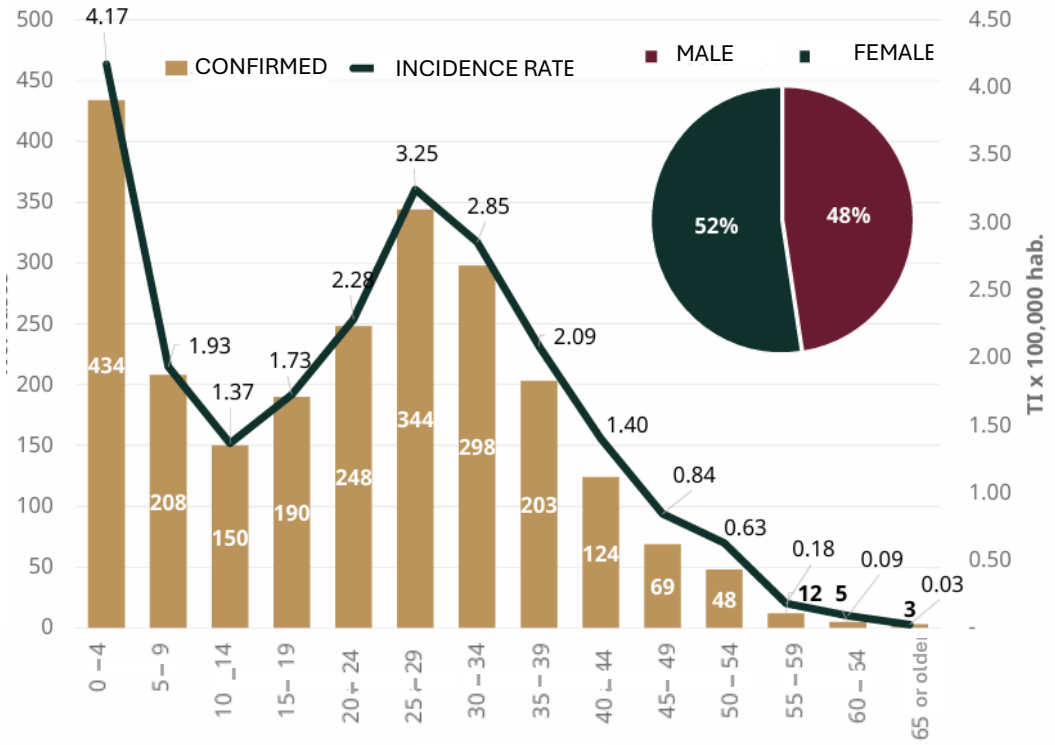
TEXAS: First measles case confirmed in Dallas County, officials say. The patient, a woman in her mid-20s, was contagious from May 30 through June 7 and visited two public locations in Plano during that time.

MEXICO OUTLOOK

OVERVIEW

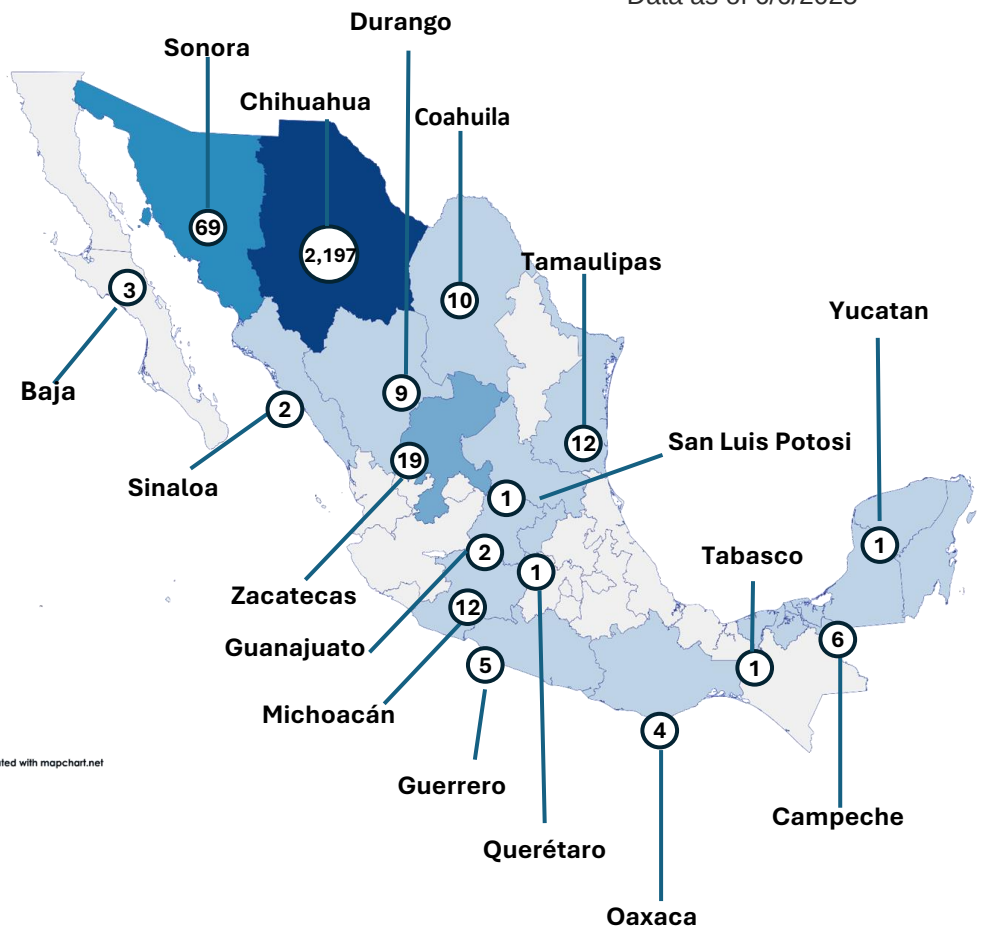
Mexico is currently facing its largest measles outbreak in decades, centered in the Mennonite community of Cuauhtémoc, Chihuahua. Genetic and epidemiological investigations have linked the outbreak to an unvaccinated child who traveled from Seminole, Texas, to visit relatives in late January 2025, seeding sustained local transmission. To date, there have been five deaths associated with this outbreak– 1 case in Sonora and 4 cases in Chihuahua. Mexico's health authorities estimate that the probable number of cases exceeds 5,000

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



CONFIRMED MEASLES	
STATE	CASES
BAJA CALIFORNIA SUR	3
CAMPECHE	6
CHIHUAHUA	2,179 (+239)
COAHUILA	10
DURANGO	9 (+1)
GUANAJUATO	2
GUERRERO	5
MICHOACÁN	12 (+8)
OAXACA	4
QUERÉTARO	1
QUINTANA ROO	1
SAN LUIS POTOSI	1
SINALOA	2
SONORA	69 (+4)
TABASCO	1
TAMAULIPAS	12
YUCATAN	1
ZACATECAS	19 (+2)
TOTAL	2337 (+257)

*Data as of 6/6/2025



CASES: 2,337
DEATHS: 5

MEXICO OUTLOOK: CHIHUAHUA

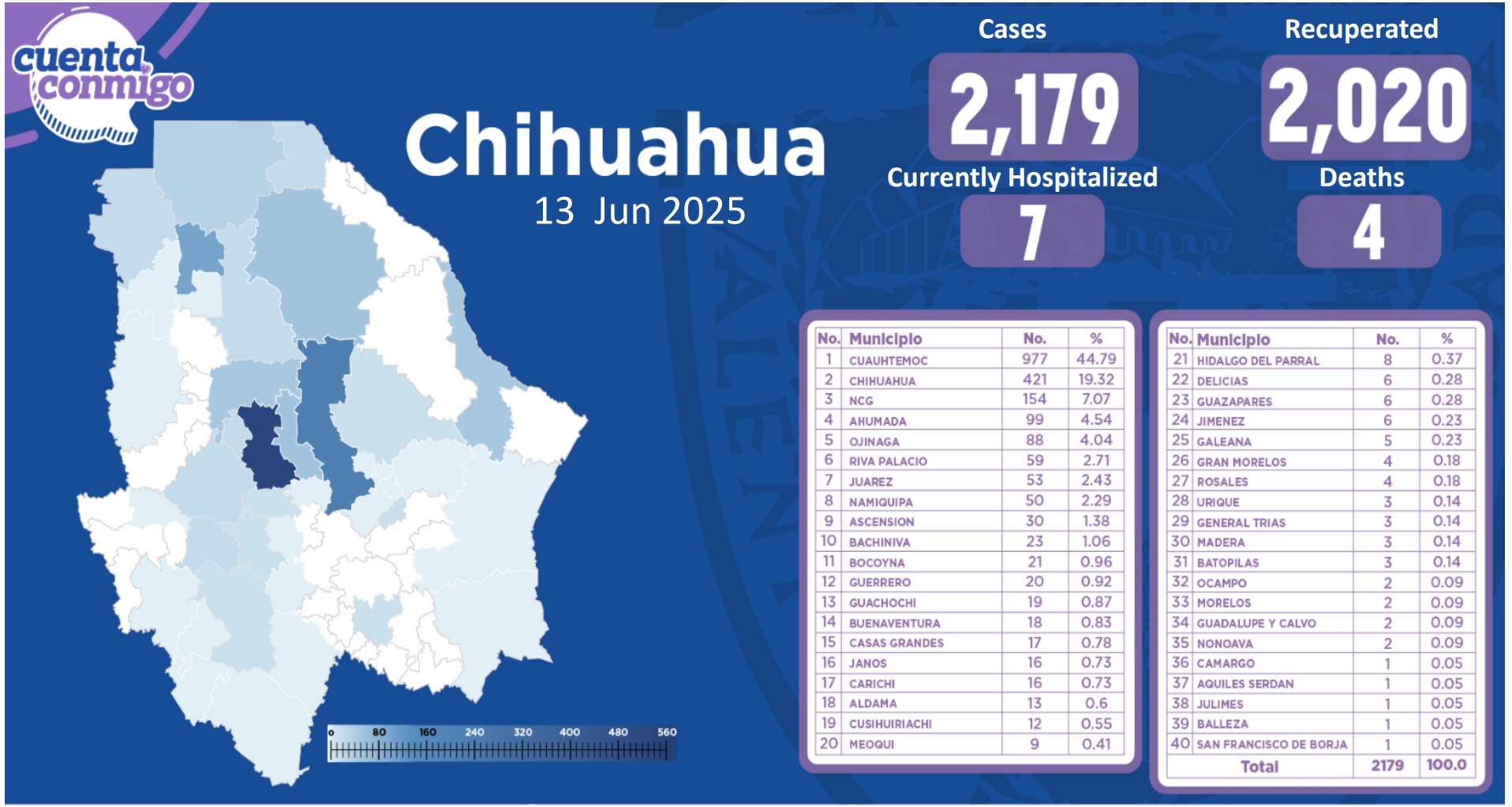
Health officials in Chihuahua have confirmed the death of a 2-year-old girl from the measles. The child had not completed the full vaccination schedule. This marks the fourth measles-related death in Chihuahua.

Two other children, an 11-month-old infant and a seven-year-old—from a vaccine-hesitant Christian community died in May. 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.



No.	Municipio	No.	%
1	CUAUHTEMOC	977	44.79
2	CHIHUAHUA	421	19.32
3	NCG	154	7.07
4	AHUMADA	99	4.54
5	OJINAGA	88	4.04
6	RIVA PALACIO	59	2.71
7	JUAREZ	53	2.43
8	NAMIQUIPA	50	2.29
9	ASCENSION	30	1.38
10	BACHINIVA	23	1.06
11	BOCOYNA	21	0.96
12	GUERRERO	20	0.92
13	GUACHOCHI	19	0.87
14	BUENAVENTURA	18	0.83
15	CASAS GRANDES	17	0.78
16	JANOS	16	0.73
17	CARICHI	16	0.73
18	ALDAMA	13	0.6
19	CUSIHUIRIACHI	12	0.55
20	MEOQUI	9	0.41

No.	Municipio	No.	%
21	HIDALGO DEL PARRAL	8	0.37
22	DELICIAS	6	0.28
23	GUAZAPARES	6	0.28
24	JIMENEZ	6	0.23
25	GALEANA	5	0.23
26	GRAN MORELOS	4	0.18
27	ROSALES	4	0.18
28	URIQUE	3	0.14
29	GENERAL TRIAS	3	0.14
30	MADERA	3	0.14
31	BATOPILAS	3	0.14
32	OCAMPO	2	0.09
33	MORELOS	2	0.09
34	GUADALUPE Y CALVO	2	0.09
35	NONOAVA	2	0.09
36	CAMARGO	1	0.05
37	AQUILES SERDAN	1	0.05
38	JULIMES	1	0.05
39	BALLEZA	1	0.05
40	SAN FRANCISCO DE BORJA	1	0.05
	Total	2179	100.0

Fuente: Secretaría de Salud

GOBIERNO DEL ESTADO DE CHIHUAHUA | SECRETARÍA DE SALUD

MediChihuahua

SOURCE OF GRAPHIC: MediChihuahua

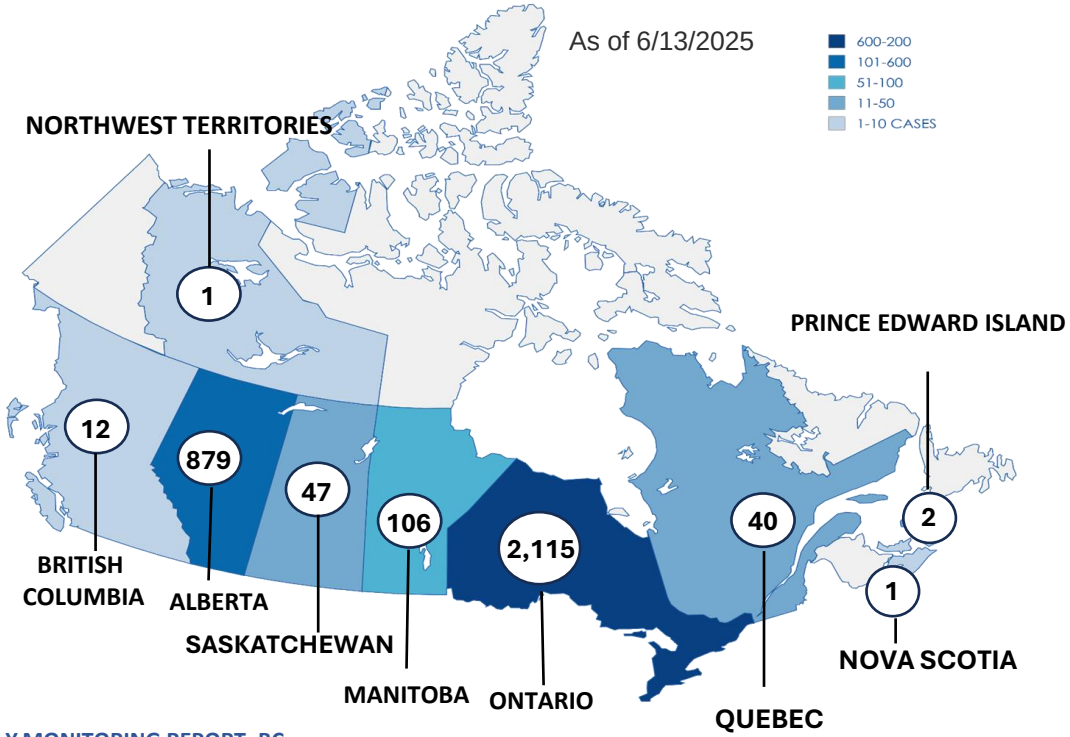
CANADA OUTLOOK

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 guests from Mennonite communities attended. On October 18, 2024, exposure to a travel-related case in New Brunswick led to measles cases in Ontario.
- Quebec declared its outbreak on 4/22/2025 after no new cases in 32 days.
- Currently, four provinces are experiencing active outbreaks: **Ontario, Alberta, Manitoba, and Saskatchewan.**
- **An infant infected with measles has died** in southwestern Ontario, Canada, the province's chief medical officer of health said in a statement on Thursday**, 6/5/2025.**

MEASLES 2025	
PROVINCE	**CASES**
ONTARIO	2,115 (+74)
ALBERTA	879(+118)
MANITOBA	106 (+12)
BRITISH COLUMBIA	12
SASKATCHEWAN	51 (+4)
QUEBEC	40 3203
PRINCE EDWARD ISLAND	2
NOVA SCOTIA	1
NORTHWEST TERRITORIES	1
TOTAL	3,207 (+208)

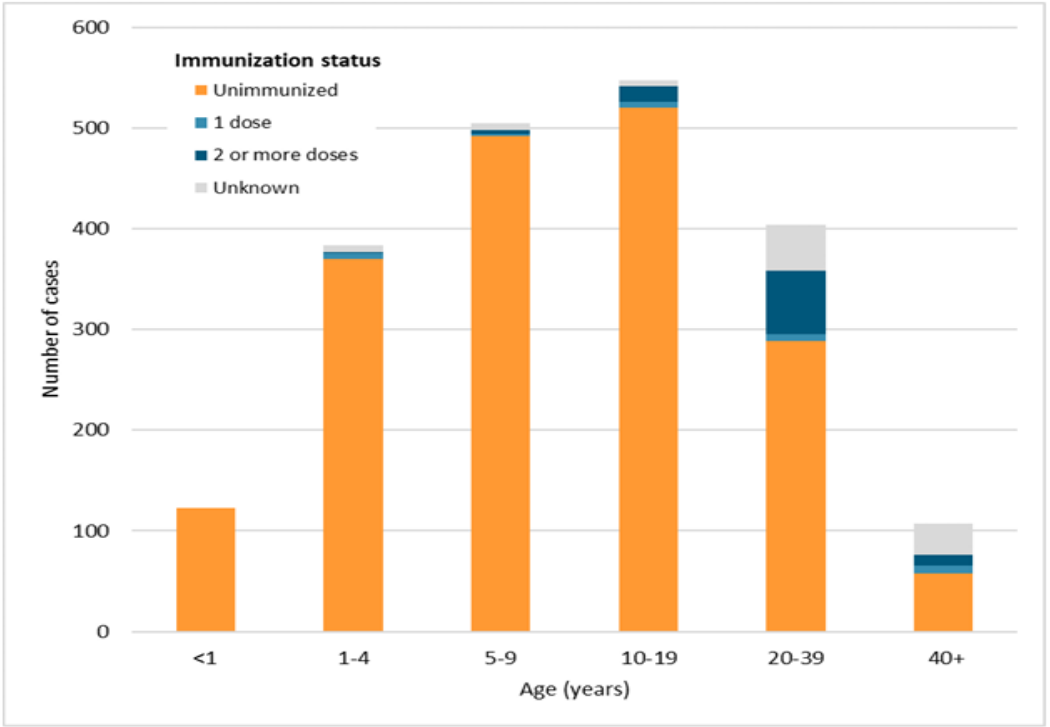


SOURCES: MANITOBA HEALTH, ALBERTA DASHBOARD, QUEBEC, PUBLIC HEALTH ONTARIO, SASKATCHEWAN, CA MEASLES AND RUBELLA WEEKLY MONITORING REPORT, BC

CANADA OUTLOOK: ONTARIO's OUTBREAK

MORBIDITY AND MORTALITY			
PROVINCE	CASES	HOSPITALIZATIONS	DEATHS
ONTARIO*	2,083 (+74)	144	1

IMMUNIZATION STATUS OF MEASLES OUTBREAK CASES BY AGE GROUP: OCTOBER 28, 2024 – JUNE 10, 2025



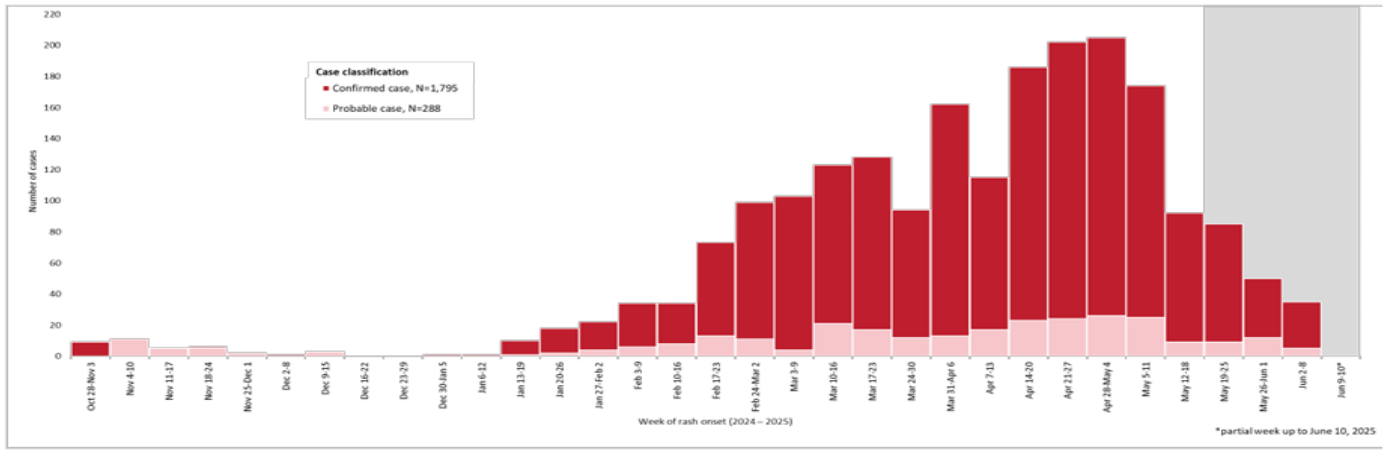
Age group	<1	1-4	5-9	10-19	20-39	40+
Unimmunized	100.0%	96.4%	97.4%	95.1%	71.5%	54.2%
1 dose	0.0%	1.6%	0.4%	1.1%	1.5%	7.5%
2 or more doses	0.0%	0.3%	0.8%	2.9%	15.6%	9.3%
Unknown	0.0%	1.8%	1.4%	0.9%	11.4%	29.0%

SOURCES: PUBLIC HEALTH ONTARIO

Multi-Jurisdictional Outbreak

- Among all outbreak cases, the majority (74.8%, n=1,559) were infants, children, and adolescents (19 years old or younger), while 24.5% (n=511) were adults, and 0.6% (n=13) had unknown age
- A total of 1.9% (n=40) of outbreak cases were pregnant at the time of their measles infection
- 98.3% (n=2,047) of outbreak cases were born in or after 1970
- Almost all infant, child, and adolescent outbreak cases (96.5%, n=1,505) were unimmunized, while 67.9% (n=347) of adults were unimmunized
- Overall, 6.9% (n=144) of outbreak cases were hospitalized and 0.4% (n=9) were admitted to the intensive care unit (ICU). 94.4% (n=136) of hospitalized cases were unimmunized, of whom 104 were infants, children, and adolescents.
- The median length of stay among discharged hospitalized cases was three days (range: 1–54 days), and the median length of stay among ICU admissions was two days (range: 1–54 days).
- There have been seven cases of congenital measles (i.e., measles diagnosed in the first 10 days of life)
- **There was one death that occurred in a congenital case of measles, who was born pre-term and had other underlying medical conditions**

NUMBER OF MEASLES CASES BY WEEK OF RASH ONSET, 10/28/2024 – 06/10/20/25



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-Jun 1	Jun 2-8	June 9-10*
Confirmed case	9	0	0	1	0	1	0	0	0	1	1	9	16	18	28	26	60	88	99	102	111	82	149	98	163	178	179	149	83	76	38	30	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	17	23	24	26	25	9	9	12	5	0
Total cases	**9**	**11**	**5**	**6**	**2**	**1**	**3**	**0**	**0**	**1**	**1**	**10**	**18**	**22**	**34**	**34**	**73**	**99**	**103**	**123**	**128**	**94**	**162**	**115**	**186**	**202**	**205**	**174**	**92**	**85**	**50**	**35**	**0**

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: Our semester has come to a close. Congratulations to all our graduates who worked tirelessly on this report throughout the semester. Over the summer months, volunteers will step in to continue the reports.

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