

ENHANCED EPIDEMIOLOGICAL SUMMARY

Measles in Ontario

Updated: September 25, 2025

Introduction

Measles is a highly contagious respiratory virus. Symptoms of measles include fever, a red blotchy rash, red watery eyes and cough. Immunization is the best protection against measles. For children and most adults born in or after 1970, this means receiving two doses of measles containing-vaccine (e.g., MMR vaccine).

In Ontario, measles has historically been a rare disease, owing to the successful elimination of measles in Canada and high immunization coverage. Cases in the province have typically been predominantly associated with travel (often referred to as “measles importations”). However, due to an increase in measles activity globally in 2024, Ontario began to see more cases.

On October 18, 2024, exposure to a travel-related case in New Brunswick led to measles cases in Ontario. While New Brunswick declared their initial outbreak in Zone 3 over on January 7, 2025¹, Ontario and additional provinces² have reported measles cases related to this outbreak, with Ontario’s first outbreak cases occurring the week of October 28, 2024. Visit our [measles exposures webpage](#) for more information on places and dates of exposure to a case of measles in Ontario.

This report describes the epidemiology of measles in Ontario between January 1, 2013 and September 23, 2025, with a focus on the current multi-jurisdictional measles outbreak. This report will be updated weekly until otherwise noted.

This report includes the most current information available from Ontario’s integrated Public Health Information System (iPHIS) as of September 23, 2025 at 7:00 am.

Highlights

Multi-Jurisdictional Measles Outbreak

October 28, 2024 to September 23, 2025

Overview

- As of September 23, Ontario has reported a total of 2,375 measles cases (2,058 confirmed, 317 probable) associated with the multi-jurisdictional outbreak ([Figure 1](#)) occurring in 26 public health units ([Table 1](#)).

- No additional outbreak cases have been reported since the previous data extraction on September 16 ([Figure 1](#)). The last rash onset date among outbreak cases was August 21, 2025 ([Table 1](#)).
- While the downward trend in weekly case counts suggests that transmission has slowed considerably, continued vigilance is needed.
- There were no reported cases that could be determined to be within their period of communicability (i.e., when a case is able to transmit virus to others) as of September 23 ([Table 2](#)). The number of measles cases currently infectious is difficult to estimate as most measles cases are no longer within their period of communicability at the time they are included in the report, as well as the potential for there to be measles cases not yet diagnosed or reported to public health.

Geography

- The geographic distribution of measles outbreak cases per 100,000 population by forward sortation area (FSA) is shown in [Figure 2A](#) (cumulative cases since the start of the outbreak) and [Figure 2B](#) (recent cases with rash onset in the last 21 days).
- There were no FSAs with recent outbreak cases ([Figure 2B](#)).

Demographics and Risk Factors

- Among all outbreak cases, the majority (73.0%, n=1,734) were infants, children and adolescents (19 years old or younger), while 26.4% (n=628) were adults, and 0.5% (n=13) had unknown age ([Table 3](#)).
- 98.1% (n=2,331) of outbreak cases were born in or after 1970 ([Table 3](#)).
- Almost all infant, child and adolescent outbreak cases (96.4%, n=1,671) were unimmunized, while 69.7% (n=438) of adults were unimmunized ([Figure 3](#)).
- A total of 2.1% (n=51) of outbreak cases were pregnant at the time of their measles infection ([Table 3](#)).
- Of these, 84.3% (n=43) were unimmunized, 2.0% (n=1) received one dose of measles-containing vaccine, 9.8% (n=5) received two or more doses, and 3.9% (n=2) had unknown immunization status.
- There have been nine cases of congenital measles (i.e., measles diagnosed in the first 10 days of life) ([Table 3](#)).

Severity

- Overall, 6.9% (n=165) of outbreak cases were hospitalized and 0.5% (n=12) were admitted to the intensive care unit (ICU) ([Table 3](#)).
- 95.2% (n=157) of hospitalized cases were unimmunized, of whom 122 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 three and a half days (range: 1–54 days).
- There was one death that occurred in a congenital case of measles who was born pre-term and had other underlying medical conditions ([Table 3](#)).

Non-Outbreak Measles Cases

January 1 to September 23, 2025

Overview

- As of September 23, there have been 43 cases reported in 2025 that were not linked to the multi-jurisdictional outbreak described above. Of these, 21 cases had a history of travel (i.e., measles acquired outside of Canada), one case was epidemiologically linked to a case who was a visitor to Ontario, and 21 cases do not yet have a source of exposure reported ([Figure 1](#)).
- Non-outbreak cases may be subsequently linked to the outbreak based on genomic sequencing results.

Geography

- Non-outbreak cases were reported across 14 public health units ([Table 1](#)).

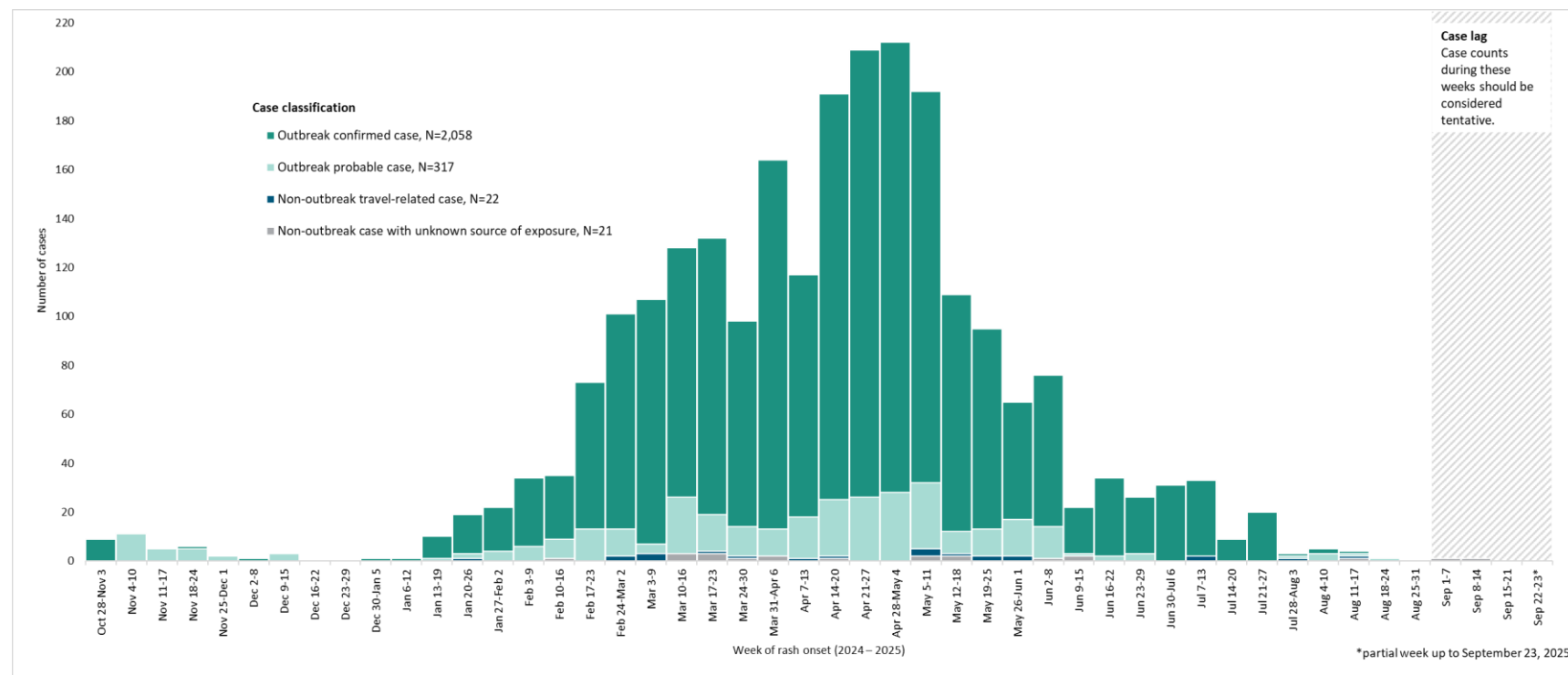
Demographics and Risk Factors

- Infants, children and adolescents made up 55.8% (n=24) of non-outbreak cases, while adults accounted for 44.2% (n=19) ([Table 3](#)).
- 97.7% (n=42) of non-outbreak cases were born in or after 1970 ([Table 3](#)).
- Overall, 48.8% (n=21) of non-outbreak cases were unimmunized ([Table 3](#)).

Severity

- Hospitalization was required for 20.9% (n=9) of non-outbreak cases, with no ICU admissions reported ([Table 3](#)).
- 88.9% (n=8) of hospitalized cases were unimmunized, all of whom were infants, children and adolescents.

Figure 1: Measles Cases by Week of Rash Onset and Case Classification



Notes:

- Outbreak cases are reported for the period October 28, 2024–September 23, 2025 and non-outbreak cases are reported for the period January 1–September 23, 2025.
- Cases are infectious from four days before rash onset to four days after rash onset.³ The incubation period for measles (i.e., period from exposure to prodromal symptoms) averages 10 to 12 days and the time from exposure to rash onset ranges from 7 to 21 days (average 14 days).^{3,4} Based on the incubation and the infectious period, epidemiologically-linked cases may appear up to 25 days after the rash onset date of the most recently reported case of measles.
- Provincial surveillance definitions for confirmed and probable cases of measles are available in Appendix 1⁵ and have been adapted to reflect the specific circumstances of the outbreak under investigation.
- Rash onset date was not available for 32 cases at the time of analysis, either because the rash was not observed or the rash onset date was unknown. For these cases, the earliest available date from the following was used: symptom onset (other than rash), laboratory specimen collection, laboratory test, or date reported to public health.
- One non-outbreak travel-related case was epidemiologically linked to a case who was a visitor to Ontario.
- Non-outbreak cases may be subsequently linked to the outbreak based on genomic sequencing results.
- A data table corresponding to this figure can be found in Appendix [Table A1](#).

Table 1: Measles Cases by Public Health Unit

Public Health Unit	Outbreak Case Count	Outbreak Case Rate per 100,000 Population	Change in Outbreak Case Count Since Previous Data Extraction	Last Rash Onset Date Among Outbreak Cases	Non-Outbreak Case Count
Algoma Public Health	151 (6.4%)	127.8	0	July 15, 2025	0 (0.0%)
Chatham-Kent Public Health	179 (7.5%)	164.3	0	July 24, 2025	0 (0.0%)
City of Hamilton Public Health Services	1 (0.04%)	0.2	0	March 22, 2025	3 (7.1%)
Durham Region Health Department	0 (0.0%)	0.0	0	N/A	0 (0.0%)
Eastern Ontario Health Unit	6 (0.3%)	2.7	0	May 16, 2025	0 (0.0%)
Grand Erie Public Health	299 (12.6%)	101.4	0	July 3, 2025	0 (0.0%)
Grey Bruce Health Unit	54 (2.3%)	28.7	0	July 8, 2025	0 (0.0%)
Haliburton Kawartha Northumberland Peterborough Health Unit	2 (0.1%)	0.6	0	June 5, 2025	2 (4.8%)
Halton Region Public Health	2 (0.1%)	0.3	0	May 7, 2025	4 (9.5%)
Huron Perth Public Health	297 (12.5%)	190.2	0	July 25, 2025	0 (0.0%)
Lambton Public Health	20 (0.8%)	14.8	0	May 19, 2025	0 (0.0%)
Middlesex-London Health Unit	55 (2.3%)	9.9	0	July 17, 2025	2 (4.8%)
Niagara Region Public Health	13 (0.5%)	2.5	0	May 24, 2025	0 (0.0%)
North Bay Parry Sound District Health Unit	38 (1.6%)	28.5	0	June 8, 2025	0 (0.0%)
Northeastern Public Health	20 (0.8%)	17.0	0	May 13, 2025	0 (0.0%)
Northwestern Health Unit	0 (0.0%)	0.0	0	N/A	0 (0.0%)
Ottawa Public Health	3 (0.1%)	0.3	0	August 9, 2025	2 (4.8%)
Peel Public Health	1 (0.04%)	0.1	0	May 4, 2025	8 (19.0%)

Public Health Unit	Outbreak Case Count	Outbreak Case Rate per 100,000 Population	Change in Outbreak Case Count Since Previous Data Extraction	Last Rash Onset Date Among Outbreak Cases	Non-Outbreak Case Count
Public Health Sudbury & Districts	44 (1.9%)	20.9	0	August 21, 2025	0 (0.0%)
Region of Waterloo Public Health and Emergency Services	111 (4.7%)	16.4	0	June 2, 2025	2 (4.8%)
Renfrew County and District Health Unit	3 (0.1%)	2.7	0	July 6, 2025	0 (0.0%)
Simcoe Muskoka District Health Unit	1 (0.04%)	0.2	0	March 30, 2025	3 (7.1%)
South East Health Unit	80 (3.4%)	13.6	0	April 14, 2025	1 (2.4%)
Southwestern Public Health	771 (32.5%)	325.3	0	August 12, 2025	0 (0.0%)
Thunder Bay District Health Unit	0 (0.0%)	0.0	0	N/A	1 (2.4%)
Toronto Public Health	2 (0.1%)	0.1	0	May 17, 2025	6 (14.3%)
Wellington-Dufferin-Guelph Public Health	71 (3.0%)	20.8	0	June 8, 2025	1 (2.4%)
Windsor-Essex County Health Unit	149 (6.3%)	33.3	0	July 27, 2025	1 (2.4%)
York Region Public Health	2 (0.1%)	0.2	0	July 29, 2025	7 (16.3%)
Ontario	2,375 (100.0%)	15.0	0	August 21, 2025	43 (100.0%)

Notes:

- Outbreak cases are reported for the period October 28, 2024–September 23, 2025 and non-outbreak cases are reported for the period January 1–September 23, 2025.
- This table is based on the public health unit corresponding to where a case was residing most of the time at the time of illness onset or report to public health, and not necessarily the location of exposure or diagnosis.
- As of January 1, 2025, Brant County Health Unit and Haldimand-Norfolk Health Unit have merged into Grand Erie Public Health; Hastings and Prince Edward Counties Health Unit, Kingston, Frontenac and Lennox and Addington Health Unit and Leeds, Grenville and Lanark District Health Unit have merged into South East Health Unit; Porcupine Health Unit and Timiskaming Health Unit have merged into Northeastern Public Health; and Haliburton, Kawartha, Pine Ridge District Health Unit and Peterborough County-City Health Unit have merged into Haliburton Kawartha Northumberland Peterborough Health Unit.
- Non-outbreak case counts include two Ontario residents who were known to be out of province during their infectious period.
- Changes in case counts at the PHU level (either increases or decreases) may result from ongoing data cleaning efforts and/or case updates, including re-classification of previously reported cases.

Table 2: Measles Outbreak Cases by Period of Communicability

Period of Communicability	Outbreak Case Count
Cases past period of communicability	2,344
Cases within period of communicability	0
Cases without rash onset date (required to calculate the period of communicability)	31
Total cases	2,375

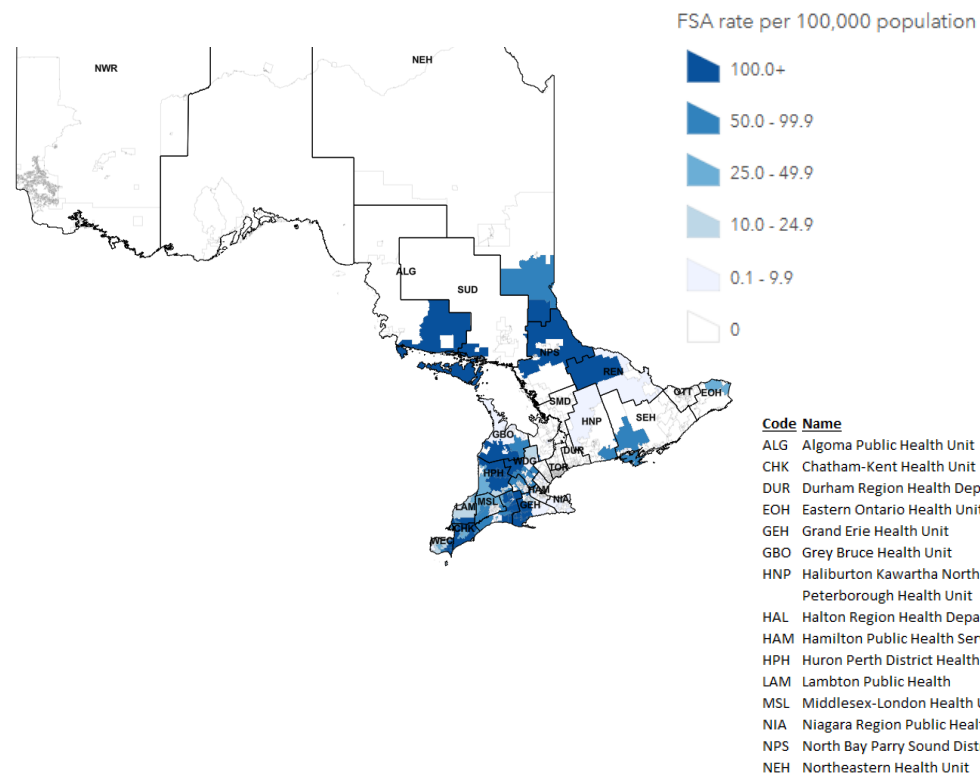
Notes:

- Outbreak cases are reported for the period October 28, 2024–September 23, 2025.
- The period of communicability is defined as the period when a measles case is able to transmit the virus to others (i.e., is infectious). It spans the interval from four days prior to four days following the onset of rash, including the date of rash onset.
- The reported number of cases within their period of communicability does not reflect the risk in the community due to the potential for undiagnosed cases of measles or delays in reporting.

Figure 2: Geographic Distribution of the Rate of Measles Outbreak Cases Per 100,000 Population by Forward Sortation Area (FSA) Among Regions in Ontario with Cases

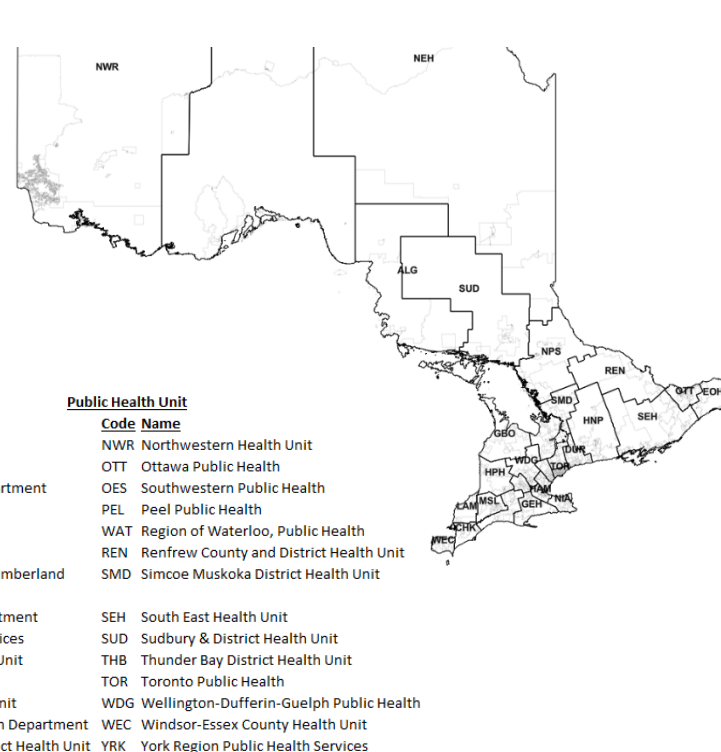
A. Cumulative Outbreak Cases:

October 28, 2024–September 23, 2025



B. Recent Outbreak Cases (Rash Onset in the Last 21 Days):

September 2–23, 2025



Notes:

- FSA boundaries do not align with public health unit boundaries, and some FSAs span multiple public health units. Therefore, the number and rate of cases by public health unit in [Table 1](#) do not correspond to the FSA-level rates shown in these maps.
- As of January 1, 2025, Brant County Health Unit and Haldimand-Norfolk Health Unit have merged into Grand Erie Public Health; Hastings and Prince Edward Counties Health Unit, Kingston, Frontenac and Lennox and Addington Health Unit and Leeds, Grenville and Lanark District Health Unit have merged into South East Health Unit; and Porcupine Health Unit and Timiskaming Health Unit have merged into Northeastern Public Health.

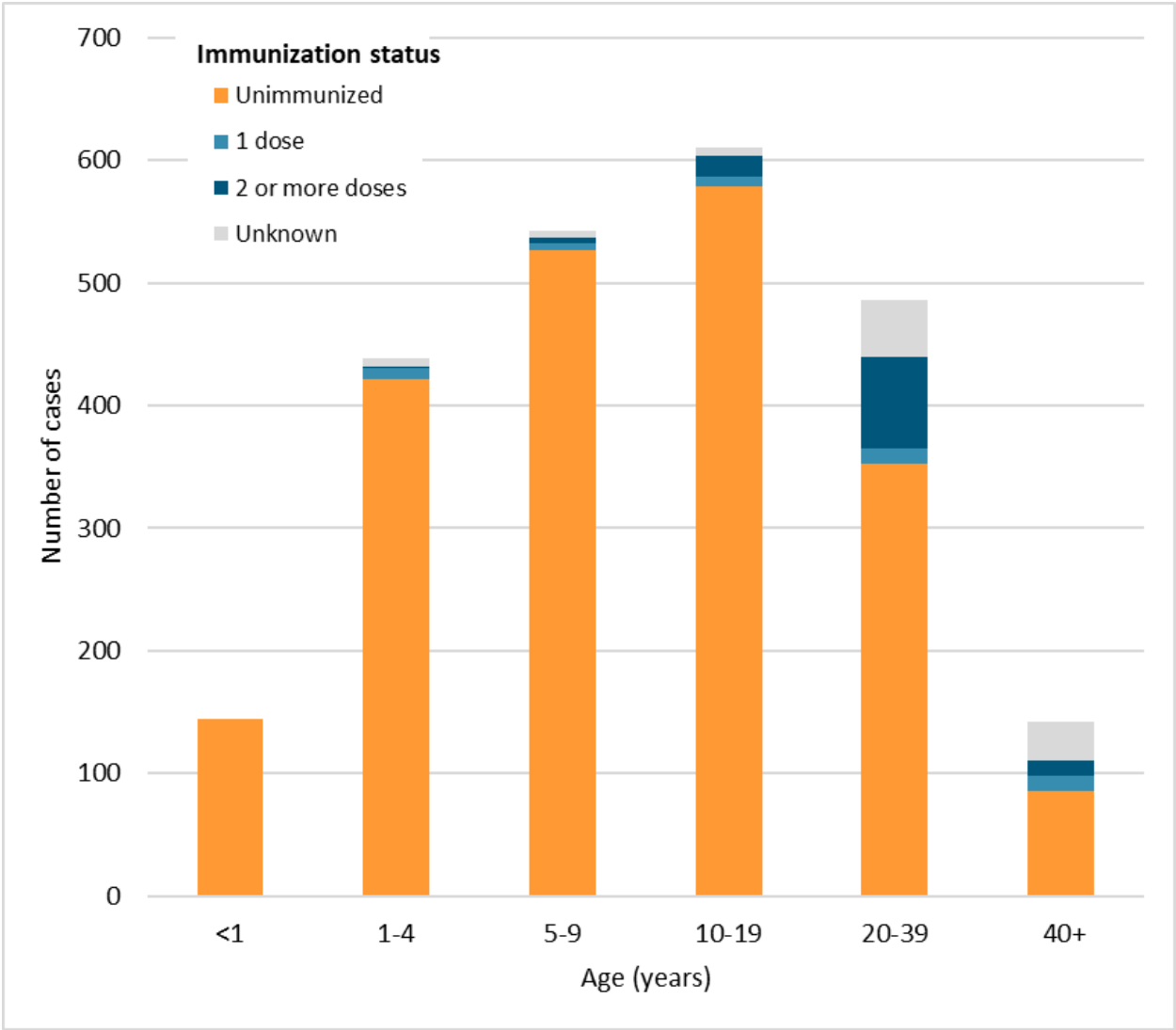
Table 3: Characteristics of Measles Cases

Case Characteristics	Outbreak Case Count	Non-Outbreak Case Count
Total cases	2,375 (100.0%)	43 (100.0%)
Case classification		
Confirmed	2,058 (86.7%)	43 (100.0%)
Probable	317 (13.3%)	0 (0.0%)
Gender		
Female	1,138 (47.9%)	15 (34.9%)
Male	1,236 (52.0%)	28 (65.1%)
Unknown	1 (0.04%)	0 (0.0%)
Age (years)		
<1	144 (6.1%)	10 (23.3%)
1–4	438 (18.4%)	8 (18.6%)
5–9	542 (22.8%)	1 (2.3%)
10–19	610 (25.7%)	5 (11.6%)
20–39	486 (20.5%)	15 (34.9%)
40+	142 (6.0%)	4 (9.3%)
Unknown	13 (0.5%)	0 (0.0%)
Cases born in or after 1970	2,331 (98.1%)	42 (97.7%)
Pregnant cases	51 (2.1%)	0 (0.0%)
Congenital cases	9 (0.4%)	0 (0.0%)
Hospitalized cases	165 (6.9%)	9 (20.9%)
ICU admissions	12 (0.5%)	0 (0.0%)
Deaths	1 (0.04%)	0 (0.0%)
Immunization status		
Unimmunized	2,118 (89.2%)	21 (48.8%)
1 dose	47 (2.0%)	7 (16.3%)
2 or more doses	110 (4.6%)	10 (23.3%)
Unknown/no proof of immunization	100 (4.2%)	5 (11.6%)

Notes:

- Outbreak cases are reported for the period October 28, 2024–September 23, 2025 and non-outbreak cases are reported for the period January 1–September 23, 2025.

Figure 3: Measles Outbreak Cases by Age Group and Immunization Status



- Notes:
- Outbreak cases are reported for the period October 28, 2024 – September 23, 2025.
 - A data table corresponding to this figure can be found in Appendix [Table A2](#).

Trends Over Time

2013–2023

- Between 2013 and 2023, Ontario reported a total of 101 measles cases, where 93.1% (n=94) occurred in individuals born in or after 1970. Most cases were unimmunized (62.4%) or had unknown immunization status (24.8%). Twenty-eight cases (27.7%) were hospitalized, and there were no deaths ([Table 4](#)).
- Prior to the COVID-19 pandemic (2013–2019), the annual number of measles cases in Ontario ranged between seven and 22. In comparison, one case was reported during the pandemic (2020–2022) while seven cases were reported in 2023 ([Figure 4](#)).
- Similar trends were seen in [Canada](#) overall, where the number of measles cases decreased dramatically during the COVID 19 pandemic.

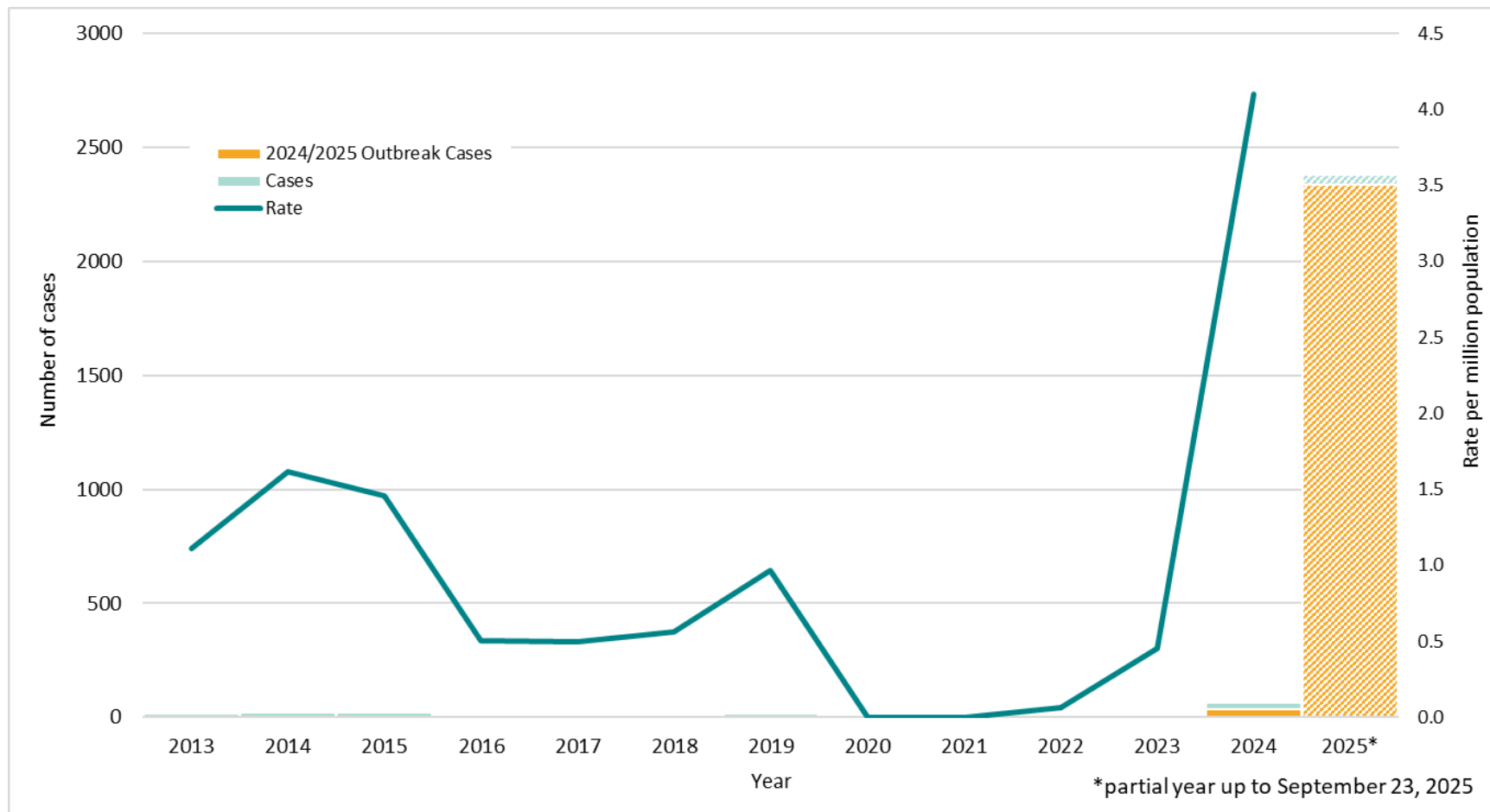
2024

- In 2024, consistent with the global increase in measles activity, Ontario reported a total of 64 measles cases ([Figure 4](#)). Of these cases:
 - Thirty-seven were associated with the multi-jurisdictional measles outbreak described above.
 - Eighteen cases were associated with travel, two of whom resulted in six epidemiologically-linked cases in April and May.
 - Three cases occurred in individuals with unknown sources of exposure (i.e., no history of travel and not epidemiologically linked to another case).
- All 64 cases (100.0%) occurred in individuals born in or after 1970 and most cases were unimmunized (79.7%). Eight (12.5%) cases were hospitalized and there was one death in a child less than 5 years old ([Table 4](#)).

2025

- In 2025, Ontario has reported a total of 2,381 measles cases as of September 23, including 2,338 cases associated with the multi-jurisdictional measles outbreak described above ([Figure 4](#)).
- As of September 22, laboratory data shows that 2.1% of individuals (n=2) tested in September and 20.6% of individuals (n=1,079) tested in all of 2025 for acute measles infection using molecular PCR at Public Health Ontario's Laboratory have received positive test results (Appendix [Table A3](#)).
- Note: As of June 15, 2025, Hamilton Health Science Laboratory began performing measles PCR testing. As a result, these numbers do not capture all measles PCR testing in Ontario.

Figure 4: Number of Measles Cases and Incidence Rate per Million Population by Year



Notes:

- A data table corresponding to this figure can be found in Appendix [Table A4](#).

Table 4: Characteristics of Historical Measles Cases by Year

Case Characteristics	2013–2023	2024
Total cases	101	64
Gender		
Female	49 (48.5%)	30 (46.9%)
Male	52 (51.5%)	34 (53.1%)
Age (years)		
<1	13 (12.9%)	3 (4.7%)
1–4	22 (21.8%)	14 (21.9%)
5–9	6 (5.9%)	12 (18.8%)
10–19	8 (7.9%)	15 (23.4%)
20–39	36 (35.6%)	18 (28.1%)
40+	16 (15.8%)	2 (3.1%)
Cases born in or after 1970	94 (93.1%)	64 (100.0%)
Hospitalizations	28 (27.7%)	8 (12.5%)
Deaths	0 (0.0%)	1 (1.6%)
Immunization Status		
Unimmunized	63 (62.4%)	51 (79.7%)
1 dose	6 (5.9%)	2 (3.1%)
2 or more doses	7 (6.9%)	5 (7.8%)
Unknown/no proof of immunization	25 (24.8%)	6 (9.4%)

Technical Notes

Data Sources

Case Data

- The case data for this report were based on information entered in the Ontario Ministry of Health (MOH) integrated Public Health Information System (iPHIS) database as of September 23, 2025 at 7:00 am.
- Cases associated with the multi-jurisdictional measles outbreak were identified as cases linked to the provincial outbreak number (0000-2024-00016) in iPHIS.
- iPHIS is a dynamic disease reporting system that allows ongoing updates to previously entered data. As a result, data extracted from iPHIS represent a snapshot at the time of extraction and may differ from previous or subsequent reports.

Laboratory Data

- The most recent monthly summary of laboratory data was extracted from the Public Health Ontario Laboratory Information Management System on September 22, 2025 and reflect finalized molecular PCR results indicating acute measles infection for samples received between January 1 and September 22, 2025. Specimen collection date was used where available, otherwise login date was used. Counts represent unique individuals and may change in future reports as results are finalized.
- Due to differences in the dates of extraction for case and laboratory data, and Public Health Ontario's Laboratory no longer performing all measles PCR testing in Ontario (as of June 15, 2025, Hamilton Health Science Laboratory began performing measles PCR testing), the number of cases and individuals testing positive by PCR will differ.

Ontario Population Data

Ontario population data were sourced from Statistics Canada and the Ministry of Finance:

- Statistics Canada. Table 17-10-0134-01: Population estimates (2016 census and administrative data), by age group and sex for July 1st, Canada, provinces, territories, health regions (2018 boundaries) and peer groups [Internet]. Ottawa, ON: Government of Canada; 2023 Mar 2 [extracted 2023 Mar 13]. Available from: <https://doi.org/10.25318/1710013401-eng>
- Statistics Canada. Table 98-10-0027-01: Population estimates (2021 census and administrative data), by age (in single years), average age and median age, gender, Canada and forward sortation areas [Internet]. Ottawa, ON: Government of Canada; 2022 Sept 9 [extracted 2024 June 7]. Available from: <https://doi.org/10.25318/9810002701-eng>
- Population projections 2023-2025: Population reporting. Population Projections Public Health Unit, 2022–2046 [data file]. Toronto ON: Ministry of Finance [producer]; Toronto, ON: Ontario. Ministry of Health, IntelliHealth Ontario [distributor]; [data extracted 2023 May 10].

Data Caveats

- Data reported for 2020–2022 should be interpreted with caution. Both testing and iPHIS data entry practices were likely impacted by the COVID-19 pandemic response.
- Only measles cases meeting the confirmed and probable case classification as listed in the Ontario MOH surveillance⁵ or outbreak case definitions are included in the reported case counts.
 - Changes to provincial surveillance case definitions and disease classifications have occurred over the years and thus may impact the analysis of trends over time. Cases are classified in iPHIS based on the Ontario MOH surveillance case definitions in use at the time the case was identified.
 - PHO's technical report "Factors Affecting Reporting Diseases in Ontario: Case Definition Changes and Associated Trends 1991-2016" and its associated appendix provide more detailed information on this topic.⁶
- In [Figure 1](#), episode date was used as a proxy when rash onset date was unavailable. Episode date is an estimate of the onset date of disease for a case that is determined using the following hierarchy in iPHIS: Onset Date > Specimen Collection Date > Lab Test Date > Reported Date.
 - For example: If an Onset Date exists, it will be used as the Episode Date. If Onset Date is not available, then the next available date in the hierarchy (i.e., Specimen Collection Date) will be used, and so on.
- Case counts and rates by geography in [Table 1](#) are based on the diagnosing health unit (DHU). DHU refers to the public health unit corresponding to where a case was residing most of the time at the time of illness onset or report to public health, and does not necessarily indicate the location of exposure or diagnosis. Cases that were not residents of Ontario at the time of illness onset were excluded from the analysis.
 - In [Figure 2A](#) and [Figure 2B](#), the maps show the rates of measles cases by residential forward sortation area (FSA). FSA boundaries do not align with public health unit boundaries, and some FSAs span multiple health units.
- Cases for which the Disposition Status was reported as ENTERED IN ERROR, DOES NOT MEET DEFINITION, DUPLICATE-DO NOT USE, or any variation on these values, were excluded from this analysis.
- To determine immunization status of cases, only documented doses of a measles-containing vaccine administered on or after the 1st birthday and at least 14 days prior to disease onset were included; a minimum interval of 28 days between doses was also applied to count valid doses.
- A case of measles is considered imported if the person travelled outside Canada 7 to 21 days prior to rash onset.
- The median length of stay for hospitalized cases and ICU admissions was only derived for those cases where both the admission and discharge dates were entered in iPHIS. Cases who were still hospitalized or admitted to ICU, or whose dates of admission/discharge were unknown at the time of data extraction, were excluded from the calculation. For cases with multiple records of hospitalization, the cumulative length of stay (i.e., sum of length of stay associated with each hospitalization) was used to calculate the median length of stay.
- To be considered as a fatal case outcome, a case must not have REPORTABLE DISEASE WAS UNRELATED TO CAUSE OF DEATH selected as the Death Type Description at the time of data extraction.

References

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6. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Factors affecting reportable diseases in Ontario: case definition changes and associated trends in Ontario: 1991-2016 [Internet]. Toronto, ON: Queen's Printer for Ontario; 2018 [cited 2024 Mar 05]. Appendix, Measles. Available from: <https://www.publichealthontario.ca/-/media/documents/F/2018/factors-reportable-diseases-ontario-1991-2016.pdf?la=en>

Appendix A

Table A1: Measles Cases by Week of Rash Onset and Case Classification

Week of Rash Onset	Outbreak Confirmed Cases	Outbreak Probable Cases	Outbreak Week Total	Non-Outbreak Travel-related Cases	Non-Outbreak Cases With Unknown Source of Exposure	Non-Outbreak Week Total
October 28–November 3	9	0	9	N/A	N/A	N/A
November 4–10	0	11	11	N/A	N/A	N/A
November 11–17	0	5	5	N/A	N/A	N/A
November 18–24	1	5	6	N/A	N/A	N/A
November 25–December 1	0	2	2	N/A	N/A	N/A
December 2–8	1	0	1	N/A	N/A	N/A
December 9–15	0	3	3	N/A	N/A	N/A
December 16–22	0	0	0	N/A	N/A	N/A
December 23–29	0	0	0	N/A	N/A	N/A
December 30–January 5	1	0	1	0	0	0
January 6–12	1	0	1	0	0	0
January 13–19	9	1	10	0	0	0
January 20–26	16	2	18	1	0	1
January 27–February 2	18	4	22	0	0	0
February 3–9	28	6	34	0	0	0
February 10–16	26	8	34	0	1	1
February 17–23	60	13	73	0	0	0

Week of Rash Onset	Outbreak Confirmed Cases	Outbreak Probable Cases	Outbreak Week Total	Non-Outbreak Travel-related Cases	Non-Outbreak Cases With Unknown Source of Exposure	Non-Outbreak Week Total
February 24–March 2	88	11	99	2	0	2
March 3–9	100	4	104	3	0	3
March 10–16	102	23	125	0	3	3
March 17–23	113	15	128	1	3	4
March 24–30	84	12	96	1	1	2
March 31–April 6	151	11	162	0	2	2
April 7–13	99	17	116	1	0	1
April 14–20	166	23	189	1	1	2
April 21–27	183	26	209	0	0	0
April 28–May 4	184	28	212	0	0	0
May 5–11	160	27	187	3	2	5
May 12–18	97	9	106	1	2	3
May 19–25	82	11	93	2	0	2
May 26–June 1	48	15	63	2	0	2
June 2–8	62	13	75	0	1	1
June 9–15	19	1	20	0	2	2
June 16–22	32	2	34	0	0	0
June 23–29	23	3	26	0	0	0
June 30–July 6	31	0	31	0	0	0

Week of Rash Onset	Outbreak Confirmed Cases	Outbreak Probable Cases	Outbreak Week Total	Non-Outbreak Travel-related Cases	Non-Outbreak Cases With Unknown Source of Exposure	Non-Outbreak Week Total
July 7–13	31	0	31	2	0	2
July 14–20	9	0	9	0	0	0
July 21–27	20	0	20	0	0	0
July 28–August 3	1	1	2	1	0	1
August 4–10	2	3	5	0	0	0
August 11–17	1	1	2	1	1	2
August 18–24	0	1	1	0	0	0
August 25–31	0	0	0	0	0	0
September 1–7	0	0	0	0	1	1
September 8–14	0	0	0	0	1	1
September 15–21	0	0	0	0	0	0
September 22–23 (partial week)	0	0	0	0	0	0
Total cases	2,058	317	2,375	22	21	43

Notes:

- Data table corresponds to [Figure 1](#).
- Outbreak cases are reported for the period October 28, 2024–September 23, 2025 and non-outbreak cases are reported for the period January 1–September 23, 2025.
- Rash onset date was not available for 32 cases at the time of analysis, either because the rash was not observed or the rash onset date was unknown. For these cases, the earliest available date from the following was used: symptom onset (other than rash), laboratory specimen collection, laboratory test, or date reported to public health.
- One non-outbreak travel-related case was epidemiologically linked to a case who was a visitor to Ontario.
- Changes in case counts (either increases or decreases) may result from ongoing data cleaning efforts and/or case updates, including re-classification of previously reported cases.

Table A2: Measles Outbreak Cases by Age Group and Immunization Status

Age (years)	Unimmunized	1 Dose	2 or More Doses	Unknown
<1	100.0%	0.0%	0.0%	0.0%
1-4	96.1%	2.1%	0.5%	1.4%
5-9	97.2%	0.9%	0.9%	0.9%
10-19	94.9%	1.3%	2.6%	1.1%
20-39	72.4%	2.7%	15.4%	9.5%
40+	60.6%	8.5%	8.5%	22.5%

Notes:

- Data table corresponds to [Figure 3](#).
- Outbreak cases are reported for the period October 28, 2024–September 23, 2025.

Table A3: Number of Individuals Positive, Tested, and Percent Positivity for Measles PCR by Month

Month	Positive	Tested	Percent Positivity
January	24	96	25.0
February	91	335	27.2
March	280	1,121	25.0
April	314	1,317	23.8
May	280	1,096	25.5
June	53	624	8.5
July	29	348	8.3
August	6	204	2.9
September	2	94	2.1
Total	1,079	5,235	20.6

Notes:

- Public Health Ontario Laboratory data is reported for the period January 1–September 22, 2025.
- As of June 15, 2025, Hamilton Health Science Laboratory began performing measles PCR testing. As a result, these numbers do not capture all measles PCR testing in Ontario.

Table A4: Number of Measles Cases and Incidence Rate per Million Population by Year

Year	Cases	2024/2025 Outbreak Cases	Total Cases	Case Rate per 100,000 Population
2013	15	N/A	15	1.11
2014	22	N/A	22	1.62
2015	20	N/A	20	1.46
2016	7	N/A	7	0.50
2017	7	N/A	7	0.50
2018	8	N/A	8	0.56
2019	14	N/A	14	0.96
2020	0	N/A	0	0.00
2021	0	N/A	0	0.00
2022	1	N/A	1	0.07
2023	7	N/A	7	0.46
2024	27	37	64	4.10
2025	43	2,338	2,381	TBD

Notes:

- Data table corresponds to [Figure 4](#).
- 2025 cases are reported for the period January 1–September 23, 2025.

Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Measles in Ontario. Toronto, ON: King's Printer for Ontario; 2025.

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