

Weekly Measles Case Update, British Columbia - September 18, 2025

Immunization Programs and Vaccine Preventable Diseases Service, BCCDC

The [BCCDC measles webpage](#) is updated twice-weekly (Mon/Thurs) with information on measles cases reported in BC.

For updates on known measles exposure locations in BC and an exposure risk assessment tool, please visit the [Measles Exposures and Self-Assessment Tool](#).

Data may change as case information is reported to and updated in Panorama. The information included in this report is as of Panorama at 7:00AM on September 18, 2025.

Note: These case counts only capture a subset of actual cases as some people may not be presenting for diagnosis and health care support.

Table 1. Number of measles cases reported in BC in 2025, by regional health authority (RHA) and active status

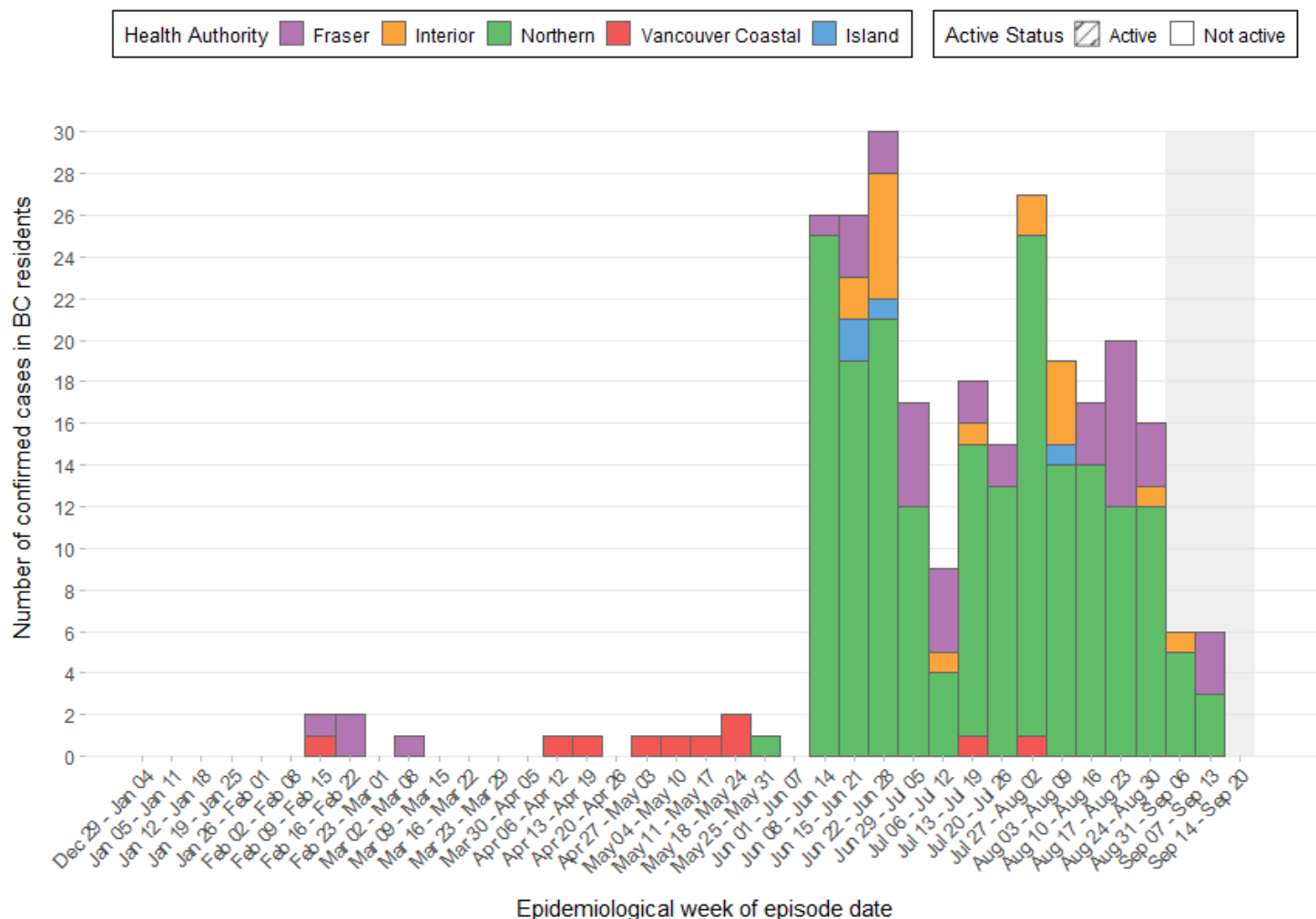
Health Authority	Currently active* cases (% of Total cases)	Confirmed	Probable	Total cases
Fraser	0 (0%)	40	0	40
Interior	0 (0%)	18	1	19
Northern	0 (0%)	193	16	209
Vancouver Coastal	0 (0%)	10	0	10
Island	0 (0%)	4	0	4
Total	0 (0%)	265	17	282

Data were extracted on September 18, 2025, and include all confirmed measles cases (both lab-confirmed cases and cases epidemiologically linked to a lab-confirmed case) and probable measles cases (clinical illness without lab confirmation or epidemiological link to a lab-confirmed case, but with recent travel to an area of known measles activity) reported to Panorama on or before September 17, 2025. Full measles case definitions can be found on the [BCCDC website](#).

*For reporting purposes, measles cases are considered to be active/communicable for 4 days after rash onset, or 10 days after symptom onset (if no rash present), or 10 days after case report if no information on symptoms is available at the time of reporting.

- To date, no measles-associated deaths have been reported in BC in 2025.

Figure 1. Epidemiological curve of confirmed measles cases reported in BC in 2025, by RHA and active status

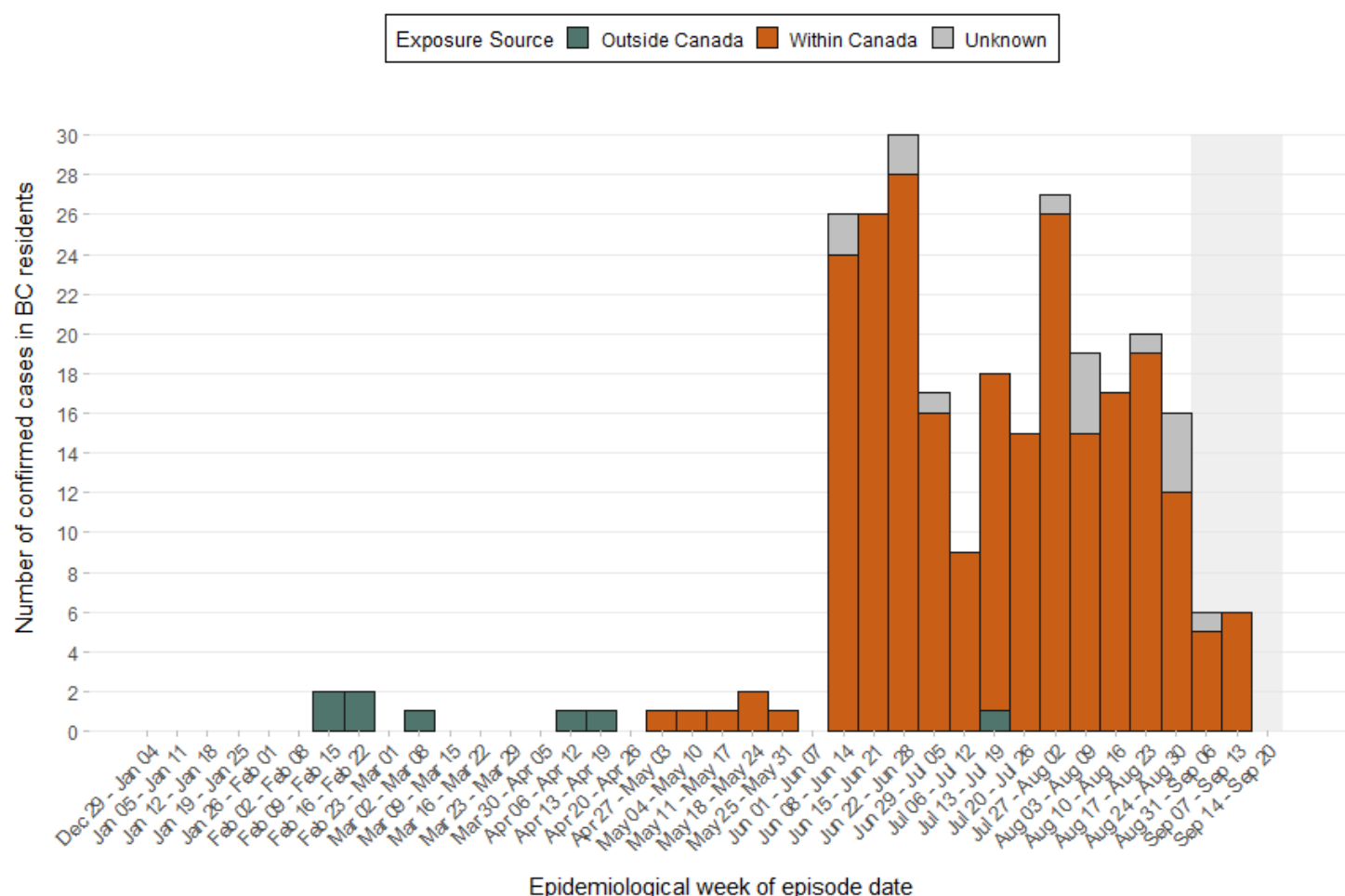


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Data were extracted from Panorama on September 18, 2025, and include all confirmed measles cases (both lab-confirmed cases and cases epidemiologically linked to a lab-confirmed case) with an episode date from January 01, 2025, to September 17, 2025 (inclusive). Case numbers may change as cases are reported into Panorama and information is updated. Data for the most recent weeks (shaded grey area) are incomplete due to reporting delays. Interpret data and trends for the most recent weeks with caution. An episode date is the earliest of symptom onset date, laboratory specimen collection or test result date, or date of death.

Figure 2. Epidemiological curve of confirmed measles cases reported in BC in 2025, by exposure source



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Exposure source:

Outside Canada = International travel reported during exposure period and/or source of infection reported as 'Outside Canada'.

Within Canada = Travel during exposure period reported as 'No' and/or source of infection reported as 'In Canada'.

Unknown = No reported information on travel during exposure period or on source of infection.

Table 2. Confirmed measles cases reported in BC in 2025, by age group, exposure source, immunization status, and hospitalization status

	Category	Number (%) of confirmed measles cases
Age group (Years)	<1	10 (4%)
	1 to 4	43 (16%)
	5 to 17	131 (49%)
	18 to 24	40 (15%)
	25 to 34	29 (11%)
	35 to 44	8 (3%)
	45 to 54	3 (1%)
	55+	1 (0%)
Exposure source²	Outside Canada	8 (3%)
	Within Canada	241 (91%)
	Unknown	16 (6%)
Immunization status prior to case onset	Received 2 or more valid doses	8 (3%)
	Received 1 valid dose	7 (3%)
	Assumed immune because of age	1 (0%)
	Unimmunized	234 (88%)
	Unknown	15 (6%)
Hospitalization at time of case report	Hospitalized	15 (6%)
	Not Hospitalized	245 (92%)
	Unknown	5 (2%)
Total		265

Data were extracted on September 18, 2025, and include all confirmed measles cases (lab-confirmed cases and cases epidemiologically linked to a lab-confirmed case) reported to Panorama on or before September 17, 2025.

¹ Exposure source definitions:

Outside Canada = International travel reported during exposure period and/or source of infection reported as 'Outside Canada'.

Within Canada = Travel during exposure period reported as 'No' and/or source of infection reported as 'In Canada'.

Unknown = No reported information on travel during exposure period or on source of infection.

² Immunization status prior to case onset includes valid measles-containing vaccine doses (i.e., administered on or after 12 months of age and with a minimum interval of 28 days between subsequent doses) administered at least two weeks prior to symptom onset. At the reporting clinician's discretion, the reporting of measles immunization status prior to onset may include undocumented doses (e.g., verbal report). 'Assumed immune because of age' includes individuals born before 1970.

The vast majority of people with measles are unimmunized or have unknown immunization status. For people who are considered immunized and do acquire measles, their disease is usually significantly milder than in people who are unimmunized. For BC's routine immunization schedule, please see [here](#).

Multijurisdictional measles outbreak

- There is an ongoing multijurisdictional measles outbreak in Canada. The multijurisdictional outbreak began in New Brunswick in October 2024 with a case that was exposed to measles outside of Canada and has continued to spread in several jurisdictions. To date, the majority (>95%) of measles cases reported in Canada in 2025 have been linked¹ to this outbreak. The measles strain circulating in this outbreak is wild-type (genotype D8).
- In BC, 248 confirmed and probable cases (88% of confirmed and probable measles cases reported in 2025) are currently thought to be linked¹ to this outbreak.
- Numbers and proportions may change as case investigations are completed and information is updated.
- National updates on measles cases in Canada can be found in the [measles and rubella weekly monitoring report](#).

¹ Cases with an episode date on or after October 24, 2024, are considered part of this outbreak based on laboratory evidence (e.g., measles virus sequence is associated with the outbreak) or epidemiologic evidence. Epidemiologic evidence includes direct contact with an outbreak case or exposure at a common exposure setting. Cases may also be attributed to the outbreak if there is no evidence to suggest another source and either (1) the case is a member of one of the impacted communities as specified in the national outbreak case definition or (2) the case reports travel to, or resides in, a geographic area with recent measles cases associated with this outbreak.