

**Measles and Rubella  
Global Update  
August 2025**



**World Health  
Organization**



## Distribution list

This report is posted on the WHO Immunization data portal (<https://immunizationdata.who.int/global?topic=Provisional-measles-and-rubella-data&location=>) and distributed by email on a monthly basis.

To join the distribution list, please send an email to Sebastien Antoni ([antonis@who.int](mailto:antonis@who.int))

## Disclaimer

Please note that all data contained within is provisional. The number of cases of measles and rubella officially reported by a member state is only available by July of each year (through the joint WHO UNICEF annual data collection exercise). If any numbers from this provisional data are quoted, they should be properly sourced with a date (i.e. "provisional data based on monthly data reported to WHO (Geneva) as of August 2025"). For official data from 1980–2024, please visit our website.

# Data sources and limitations

The Global Measles and Rubella Report is based on surveillance data reported by Member States to the regional offices weekly or monthly. The regional compilation is reported to HQ monthly. Data are to be reported from the regions on the 1<sup>st</sup> Friday of the month, and HQ attempts to release the monthly report by the 3<sup>rd</sup> Monday of the month.

**Please note:**

- Numbers of cases might differ from the official numbers reported annually as part of the WHO/UNICEF Joint reporting process (JRF). The difference can be due to the time lag as the annual data might not be complete at the time of reporting.
- In addition, the difference can be due to multiple surveillance systems at country level. In these cases, the monthly data are extracted from the case based surveillance system while the annual data can be from the aggregated system.

**Epidemiologic Data: Case-based and/or Aggregate Reporting to WHO**

- Epidemiologic data comes from Member States in one of two forms
  - Case-based data, which is our recommendation, is provided by most member states. At WHO HQ, we collect a limited set of variables, including, age, date of onset, country reporting, 1<sup>st</sup>/2<sup>nd</sup> administrative unit of residence, vaccination status (by recall), date related to specimen collection/testing, and final classification. Regions might or might not collect more data than this. Often suspected cases with recent date of onset are not classified; however, at HQ we classify pending cases as clinically compatible and update the data if/when new data are provided to HQ. For AFR, we classify all cases that are rubella IgM+ as rubella laboratory-confirmed cases.
  - Aggregated data on number of suspected, lab-confirmed, epi-linked, and clinically compatible cases of measles/rubella, by month/year of onset, and by subnational area (though some member states do not provide this level of disaggregation).
    - Source for zero-reporting from some member-states though this is not a consistent process.
- A few member states send us both case-based and aggregated data as they have two different surveillance systems in the country.
  - If both aggregate and case-based data are sent to HQ, numbers from aggregate surveillance are considered case counts for the country, while case-based data are used for the national slides to show age distribution, proportion vaccinated, and age-specific incidence.

**Limitations**

- Reporting delays: It can take 2–3 months from the time a case is reported to public health in a member state to the time the data are provided to WHO HQ.
  - Some of this is due to normal reporting delays that are expected as it takes time to get information from a health center to Geneva based on reporting frequencies set by various levels
  - We are working to decrease the delays in reporting.
- Underreporting/lack of reporting
- Case definitions for suspect, epidemiologically linked and clinically compatible cases may vary between countries.
- Completeness of the data reported to WHO is unknown
- For this monthly update, pending cases are considered measles clinically compatible.
  - These cases may later be discarded or confirmed based on laboratory testing in which case historical case counts may vary from one report to another.
  - This could lead to differences between the Global monthly report and Regional or National surveillance bulletins published by WHO Offices and National authorities.

**ELISA Laboratory Data from the Global Measles and Rubella Laboratory Network (GMRLN)**

- The Global Measles Rubella Laboratory Network laboratories report the number of samples received as well as the number of samples tested for IgM serology, as well as the number positive, negative and equivocal.
  - These aggregated data are collected to account for the inadequate linking between laboratory and epidemiological data in some countries.
  - Numbers of cases reported may differ from the number of samples tested positive for various reasons
    - Samples tested positive in a laboratory may not reported to the surveillance system
    - IgG screening results are inappropriately included in the surveillance database
    - Inconsistent reporting from laboratories.
    - This is based on the number of SAMPLES tested, not the number of CASES tested. One case can have multiple samples being tested (e.g. different specimen types, repeat specimen collection based on timing of collection).

**Limitations**

- Data are only from network laboratories
- Non-network laboratories are not included
- Some laboratories don't report
- IgG results are sometimes inappropriately reported

**Genotyping Data**

Genotyping data are obtained from the MeaNS2 (<https://who-gmrln.org/means2>) and RubeNS2 (<https://who-gmrln.org/rubens2>).

**Limitations**

- Inadequate sample collection for genotyping challenges interpretation of the data
- Underreporting
  - WHO recommends that Member States submit genotyping data to these databases, but it is not currently a requirement so there is underreporting
- Genotype data can't be linked to epidemiologic data at the global level

# Measles



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# Number of reported measles cases by WHO Region

## 2025

Region	Member States*	Suspected MR cases	Measles cases	Clin	Epi	Lab	Date Received
AFR	42/47	58,173	28,434	6,924	10,335	11,175	2025-08
AMR	31/35	19,541	9,045	5	2,192	6,848	2025-08
EMR	20/21	80,311	49,605	24,693	4,751	20,161	2025-08
EUR	47/53	37,197	27,266	4,719	5,182	17,365	2025-08
SEAR	10/10	62,298	12,857	5,442	2,211	5,204	2025-08
WPR	23/28	42,566	9,892	2,782	497	6,613	2025-08
Total	173/194	300,086	137,099	44,565	25,168	67,366	

Region	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
AFR	4,851	5,633	6,381	4,743	3,564	2,506	756	0	0	0	0	0
AMR	211	434	1,221	2,502	2,150	1,621	906	0	0	0	0	0
EMR	6,704	7,334	9,260	9,090	8,698	5,527	2,992	0	0	0	0	0
EUR	4,893	4,439	4,596	5,160	4,926	3,094	158	0	0	0	0	0
SEAR	1,431	1,703	2,330	2,468	1,975	1,575	1,375	0	0	0	0	0
WPR	2,425	2,255	1,848	1,389	1,521	454	0	0	0	0	0	0
Total	20,515	21,798	25,636	25,352	22,834	14,777	6,187	0	0	0	0	0

## 2024

Region	Member States*	Suspected MR cases	Measles cases	Clin	Epi	Lab	Date Received
AFR	43/47	153,308	86,127	15,884	51,811	18,432	2025-08
AMR	33/35	17,240	463	0	53	410	2025-08
EMR	21/21	164,426	96,713	52,179	6,207	38,327	2025-08
EUR	52/53	149,120	127,325	21,812	20,130	85,383	2025-08
SEAR	10/10	133,186	29,662	8,150	6,639	14,873	2025-08
WPR	26/28	91,820	19,202	7,893	986	10,323	2025-08
Total	185/194	709,100	359,492	105,918	85,826	167,748	

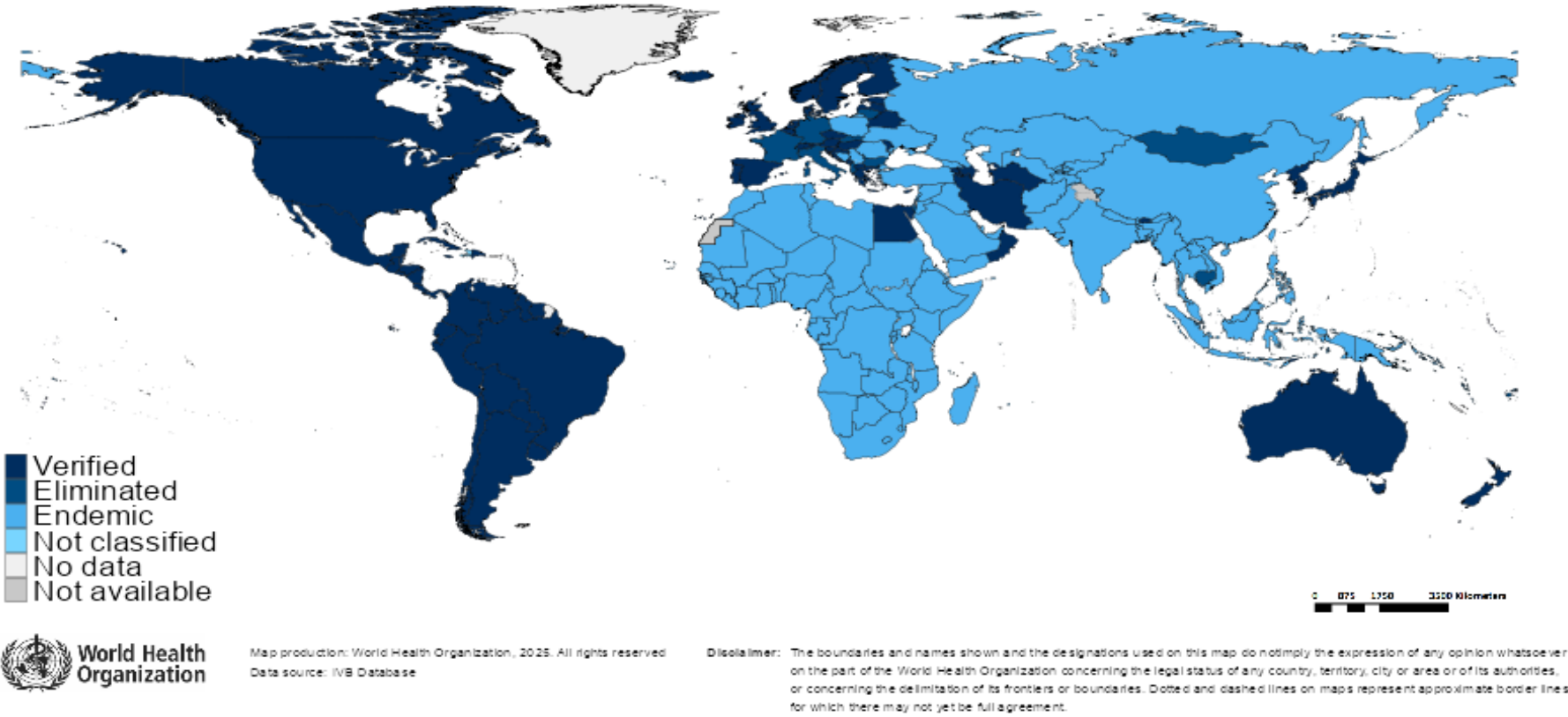
Region	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
AFR	13,630	15,801	19,233	11,624	7,782	4,419	2,969	2,331	2,501	2,270	2,207	1,360
AMR	24	49	103	47	18	19	41	38	37	33	44	10
EMR	13,513	15,485	15,739	10,912	10,914	7,073	5,088	3,559	3,838	3,695	3,272	3,625
EUR	29,073	24,115	20,549	15,701	12,921	9,448	5,177	2,411	1,501	1,392	2,018	3,019
SEAR	2,769	3,052	4,039	2,942	2,194	1,345	1,845	2,209	2,574	2,917	2,237	1,539
WPR	2,142	1,791	1,927	1,677	1,661	1,211	924	1,355	1,360	1,712	1,816	1,626
Total	61,151	60,293	61,590	42,903	35,490	23,515	16,044	11,903	11,811	12,019	11,594	11,179

Notes: Based on data received 2025-08 – This is surveillance data, hence for the last month, the data may be incomplete. \* Member States Reporting / Total Member States in Region

# Measles/rubella verification of elimination

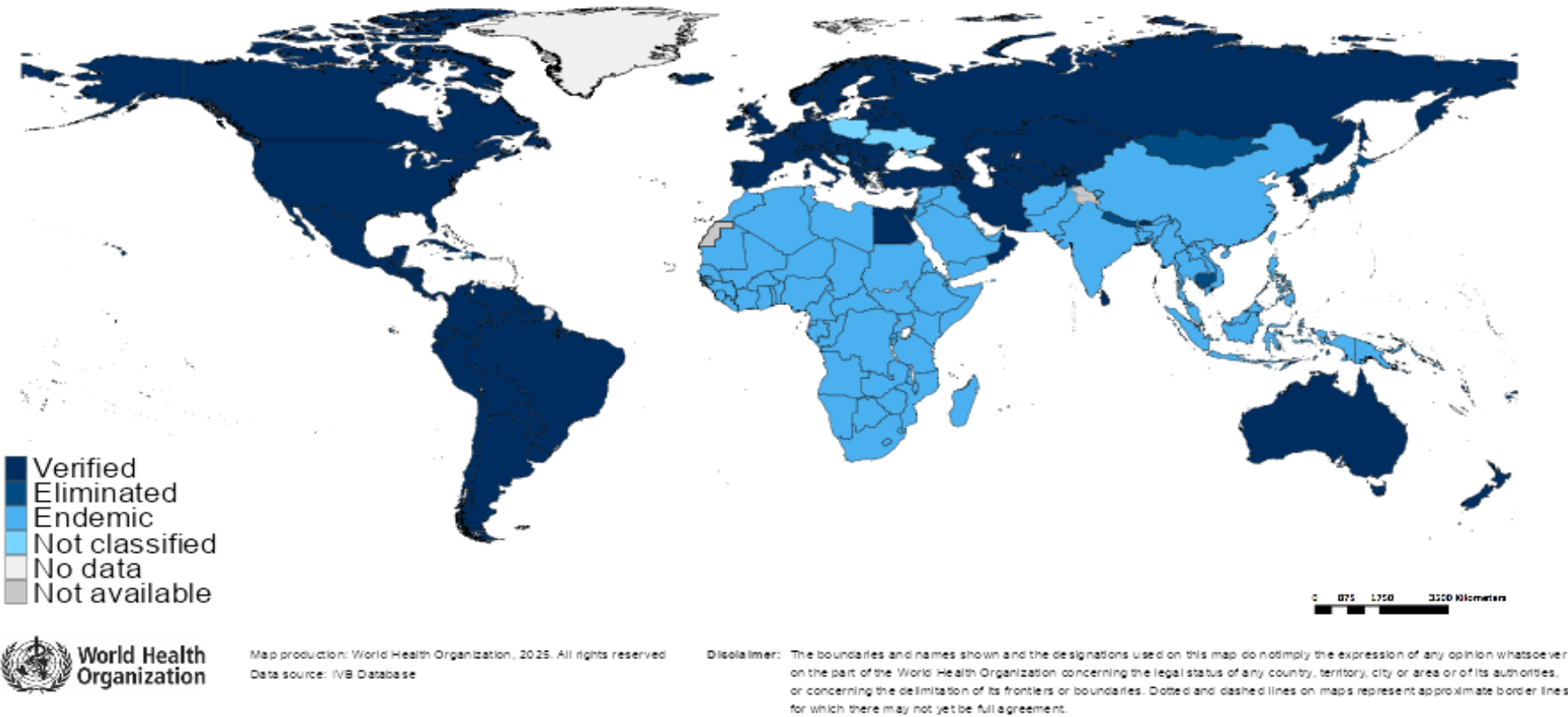
## Measles

Region	Member States	Verified	% Verified	Eliminated	Endemic	Not classified
AFR	47	0	0	0	47	0
AMR	35	34	97	0	0	1
EMR	21	4	19	0	17	0
EUR	53	33	62	8	12	0
SEAR	10	4	40	0	6	0
WPR	28	6	21	15	7	0
GLOBAL	194	81	42	23	89	1



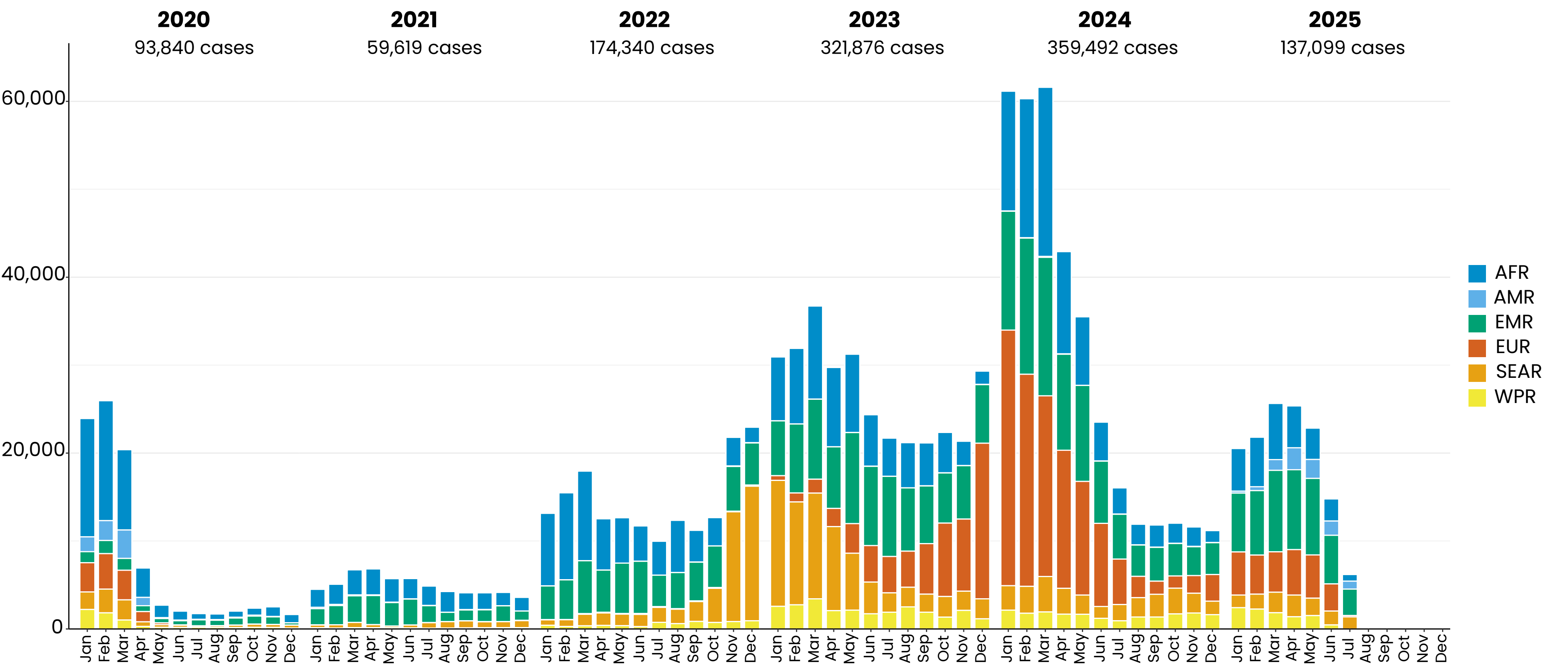
## Rubella

Region	Member States	Verified	% Verified	Eliminated	Endemic	Not classified
AFR	47	0	0	0	47	0
AMR	35	34	97	0	0	1
EMR	21	4	19	0	17	0
EUR	53	50	94	0	0	3
SEAR	10	5	50	1	4	0
WPR	28	5	18	16	7	0
GLOBAL	194	98	51	17	75	4



Notes: Based on data available at WHO HQ as of 2025-08-18 . Terms used on this slide refer to the global framework for the verification of measles and rubella elimination. These terms might differ from those used by WHO Regional Offices. Verified = Elimination verified by Regional Verification Committee (RVC); Eliminated = Eliminated transmission but no RVC verification yet.

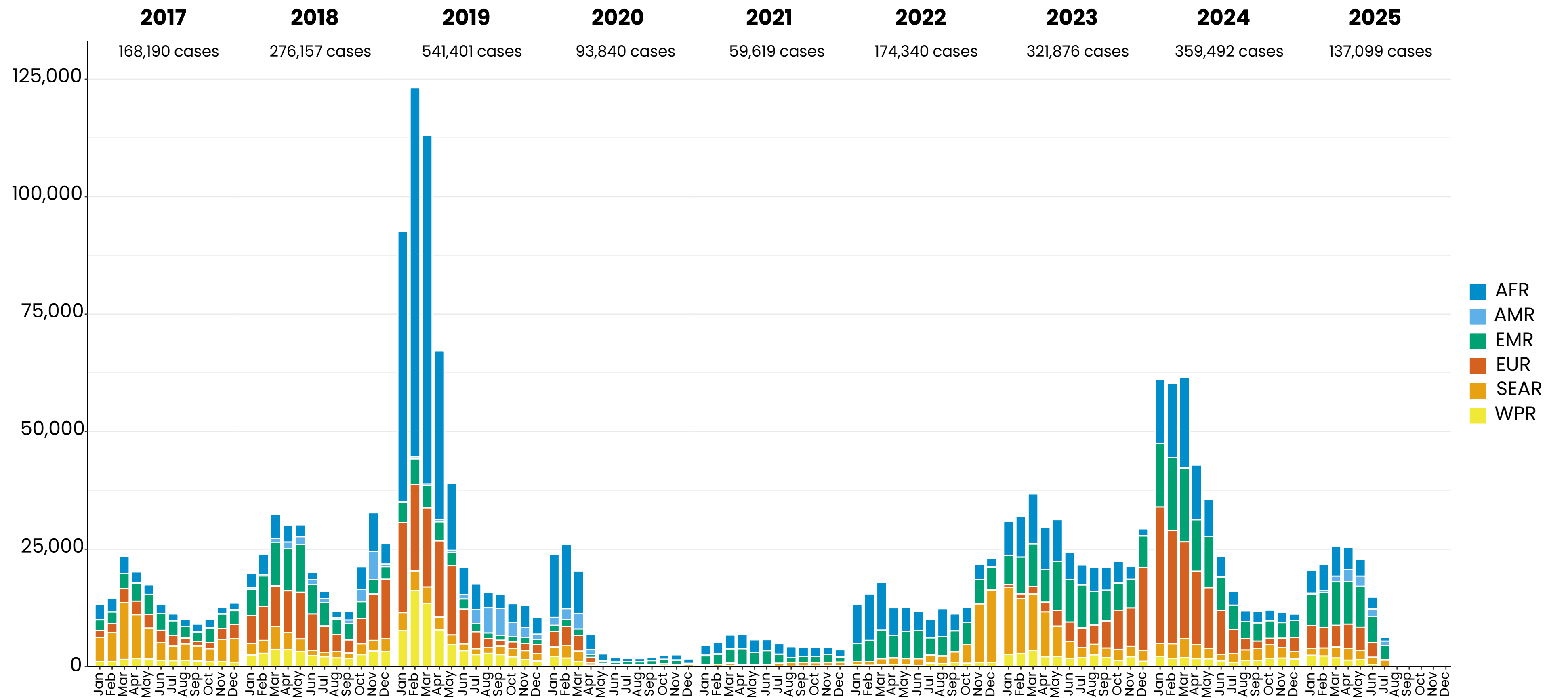
# Measles case distribution by month and WHO Region (2020-2025)



Based on data received 2025-08 - Data Source: IVB Database - This is surveillance data, hence for the last month(s), the data may be incomplete.

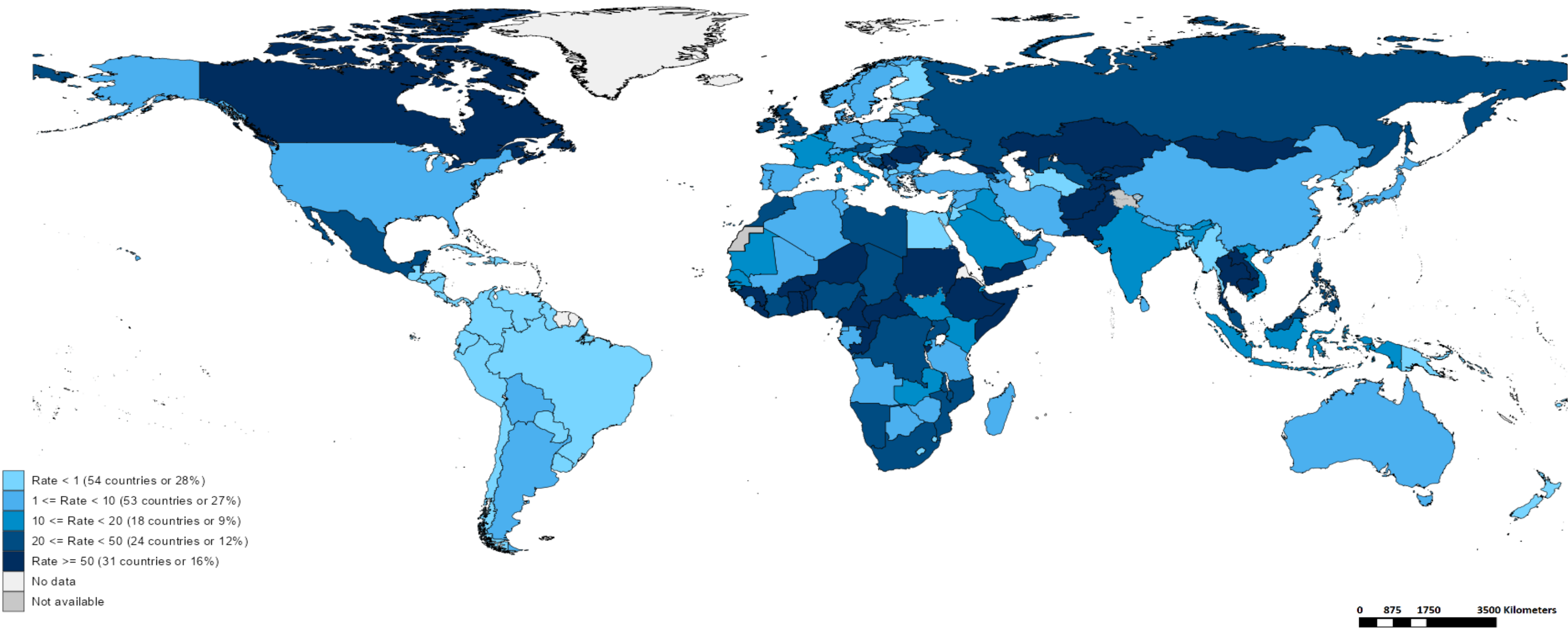


# Measles case distribution by month and WHO Region (2017–2025)



Based on data received 2025-08 - Data Source: IVB Database - This is surveillance data, hence for the last month(s), the data may be incomplete.

# Measles Incidence Rate per Million (12M period)



## Highest incidence rates

Country	Cases	Rate
Kyrgyzstan	10462	1,455.88
Yemen	30568	753.22
Romania	9875	519.32
Mongolia	1199	344.98
Afghanistan	11142	261.26
Tajikistan	2177	205.55
Georgia	712	186.99
Kazakhstan	3112	151.12
Serbia	900	133.61
Thailand	7526	105.01



Map production: World Health Organization, 2025. All rights reserved  
Data source: IVB Database

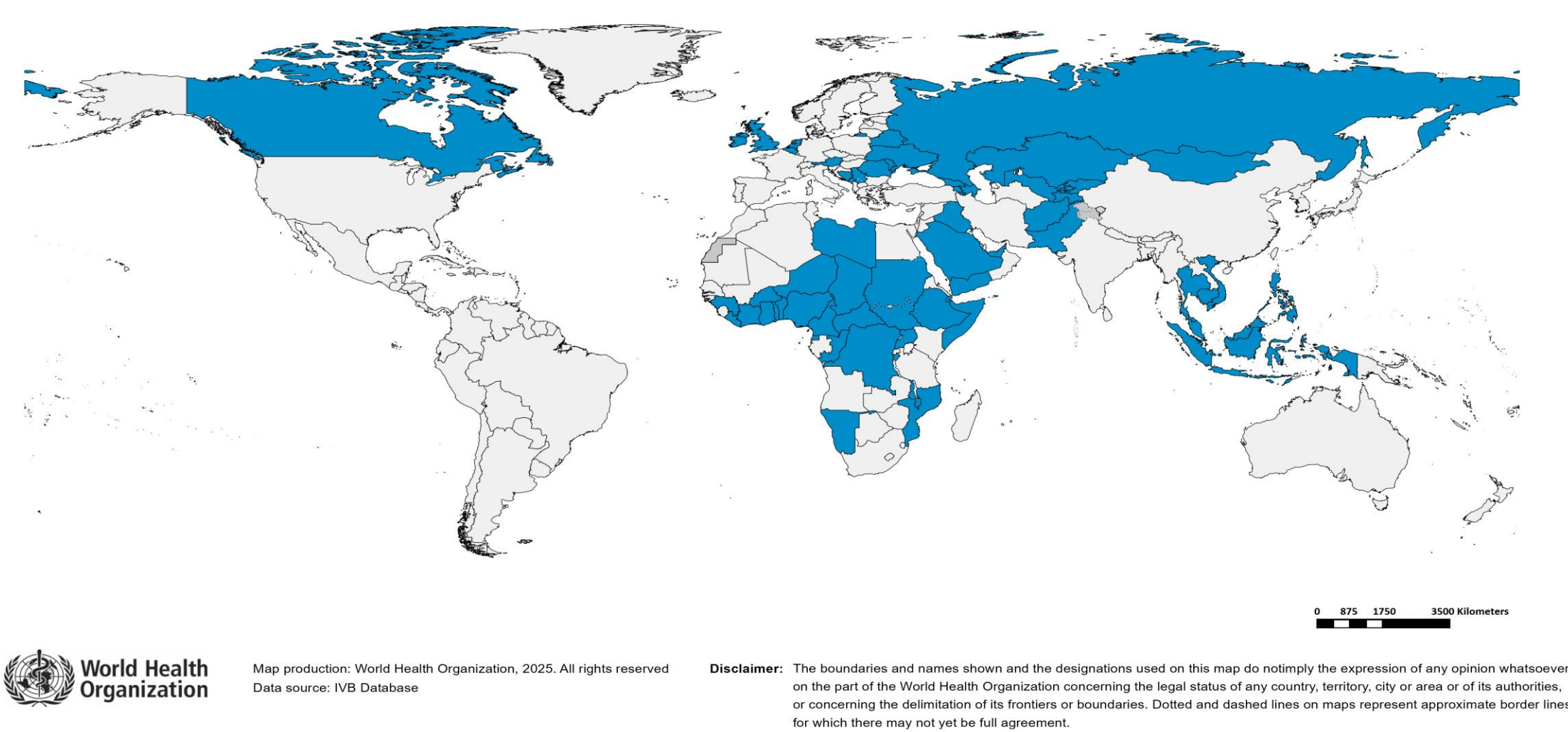
**Disclaimer:** The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

# Immunization Agenda 2030 – Impact Goal 1.3

Countries provisionally meeting the large or disruptive outbreaks definition – Data from 2024-04 to 2025-03 included

Country	Cases	Rate/M	Clinical*
Kyrgyzstan	11,494	1,575.59	44%
Romania	21,197	1,121.02	3%
Yemen	26,065	623.95	93%
Kazakhstan	7,654	367.21	3%
Afghanistan	11,186	255.13	0%
Bosnia and Herzegovina	674	214.64	67%
Liberia	1,149	200.48	10%
Iraq	9,170	195.02	87%
Azerbaijan	1,526	146.76	92%
Serbia	978	146.21	40%
Burkina Faso	3,317	137.78	67%
Thailand	8,190	114.35	36%
Ethiopia	15,489	114.33	0%
Côte d'Ivoire	3,616	110.54	0%
Georgia	410	107.71	6%
Cambodia	1,761	98.67	0%
Armenia	290	98.23	0%
Niger	2,370	84.89	45%
Burundi	1,218	84.64	2%
Pakistan	21,264	83.32	12%
Russian Federation	11,894	82.60	0%
Tajikistan	890	82.51	0%
Mongolia	289	82.17	0%
Republic of Moldova	224	74.76	2%
Somalia	1,434	72.96	1%
Montenegro	46	72.70	0%
Ghana	2,480	70.73	1%
Equatorial Guinea	136	70.16	59%
Benin	1,007	67.97	33%
Central African Republic	337	61.13	1%
Guinea	918	60.80	12%

Country	Cases	Rate/M	Clinical*
Malaysia	2,180	60.59	7%
Congo	350	53.98	4%
Sudan	2,784	53.89	3%
Djibouti	63	53.21	0%
Togo	497	51.12	9%
Ireland	234	44.08	1%
Belgium	504	42.86	7%
Cameroon	1,192	39.89	11%
South Sudan	460	37.74	83%
Nigeria	8,462	35.63	60%
Philippines	4,102	35.12	80%
DR Congo	3,881	34.40	2%
Saudi Arabia	1,176	34.02	0%
United Kingdom of Great Britain and Northern Ireland	2,271	32.65	0%
Malawi	724	32.59	4%
Belarus	291	32.34	0%
Chad	660	31.42	5%
United Arab Emirates	345	30.41	14%
Uzbekistan	1,126	30.39	1%
San Marino	1	29.79	0%
Austria	245	26.88	0%
Monaco	1	26.08	0%
Namibia	79	25.54	72%
Indonesia	6,966	24.38	51%
Canada	976	24.32	0%
Ukraine	915	23.47	9%
Libya	172	23.06	0%
Netherlands (Kingdom of the)	414	22.57	0%
Viet Nam	2,220	21.85	8%
Uganda	1,046	20.36	5%
Mozambique	715	20.07	32%



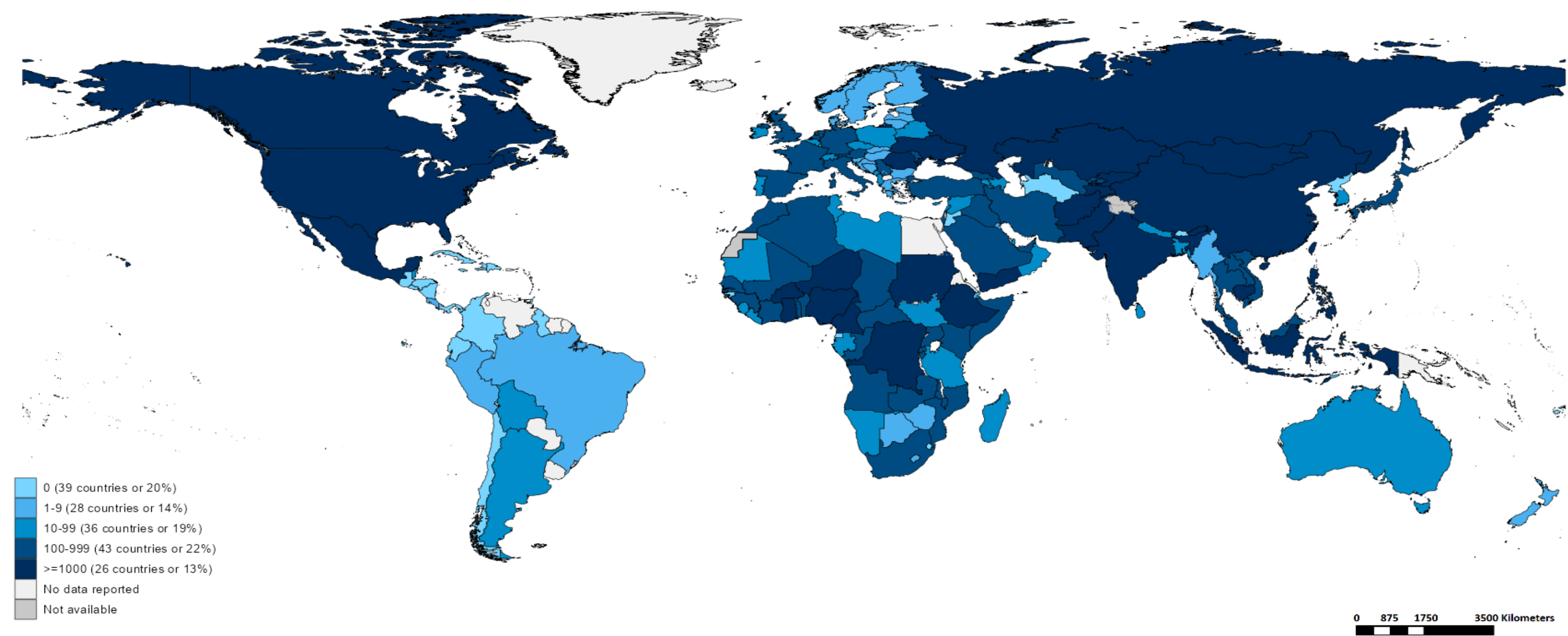
Total: 62 countries

In the frame of tracking progress towards the goals of Immunization Agenda 2030 (IA2030), an indicator has been developed by a working group in order to represent large or disruptive measles outbreaks. This indicator is defined as an incidence equal or greater than 20 reported measles cases per million population over a period of 12 months. It is important to note that measles outbreak definitions vary between countries and regions according to local context and level of progress towards regional elimination goals. This definition of large or disruptive outbreaks aims to complement and not replace the national and regional definitions, while also providing a degree of global standardization and permitting tracking of progress against a common metric.

Notes: Based on data received 2025-08 and covering the period between 2024-04 and 2025-03 – Incidence: Number of cases / 1M population – Population Data: World population prospects, 2019 revision – A high proportion of clinical cases indicates a high level of uncertainty associated with the incidence rates and the inclusion of countries in this list.



# Number of Reported Measles Cases (Last 6 months)



Country	Cases*
Yemen	20,622
Pakistan	13,582
India**	10,688
Kyrgyzstan	8,125
Afghanistan	7,143
Nigeria	5,870
Ethiopia	4,974
Russian Federation	4,195
Romania	4,058
Canada	3,621

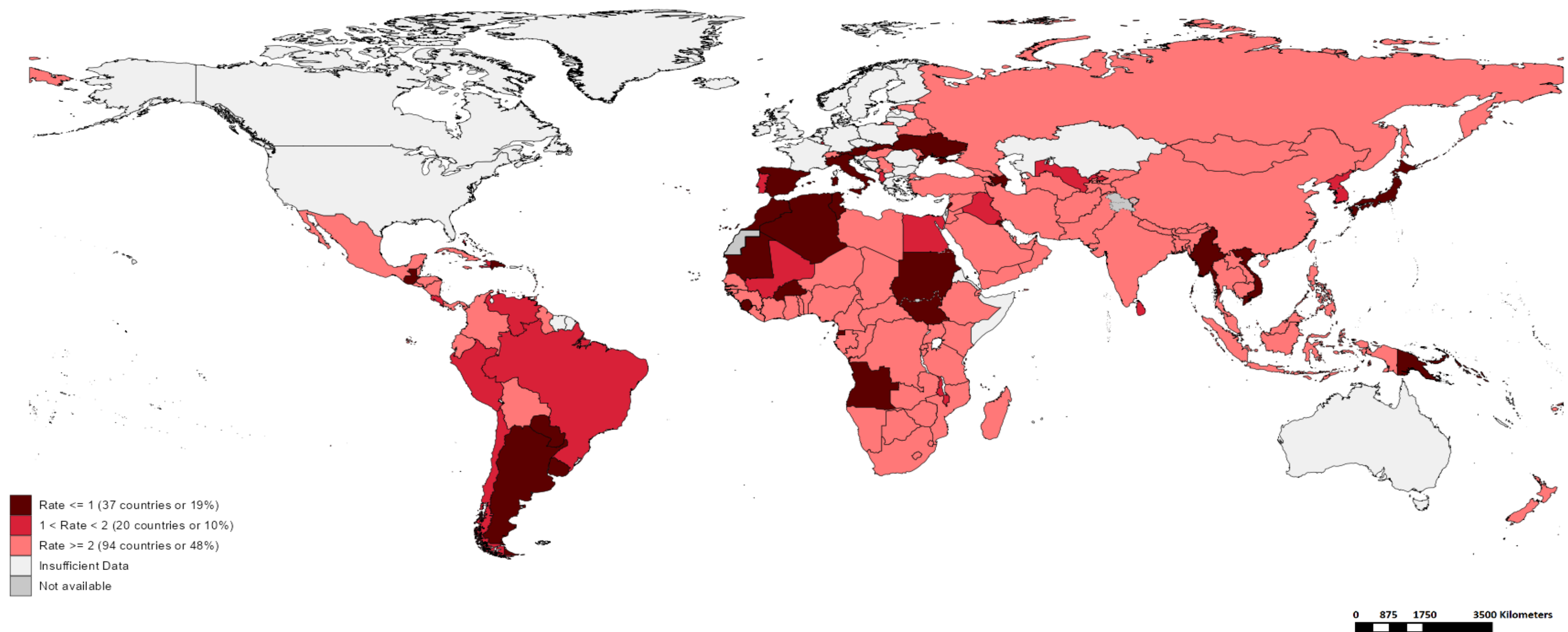


Map production: World Health Organization, 2025. All rights reserved  
Data source: IVB Database

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Notes: Based on data received 2025-08 – Surveillance data from 2025-01 to 2025-06 – \* Countries with highest number of cases for the period – \*\*WHO classifies all suspected measles cases reported from India as measles clinically compatible if a specimen was not collected as per the algorithm for classification of suspected measles in the WHO VPD Surveillance Standards. Thus numbers might be different between what WHO reports and what India reports.

# Surveillance sensitivity reporting rate of measles and rubella (12 months, discarded cases\* per 100,000 population)



Map production: World Health Organization, 2025. All rights reserved  
Data source: IVB Database

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Notes: Based on data received 2025-08 – Surveillance data from 2024-07 to 2025-06 – Target:  $\geq 2$  discarded cases\* / 100,000 population\*\* – \* Suspected cases investigated and discarded as non-measles non-rubella using laboratory testing and/or epidemiological linkage to another etiology \*\* World population prospects, 2019 revision

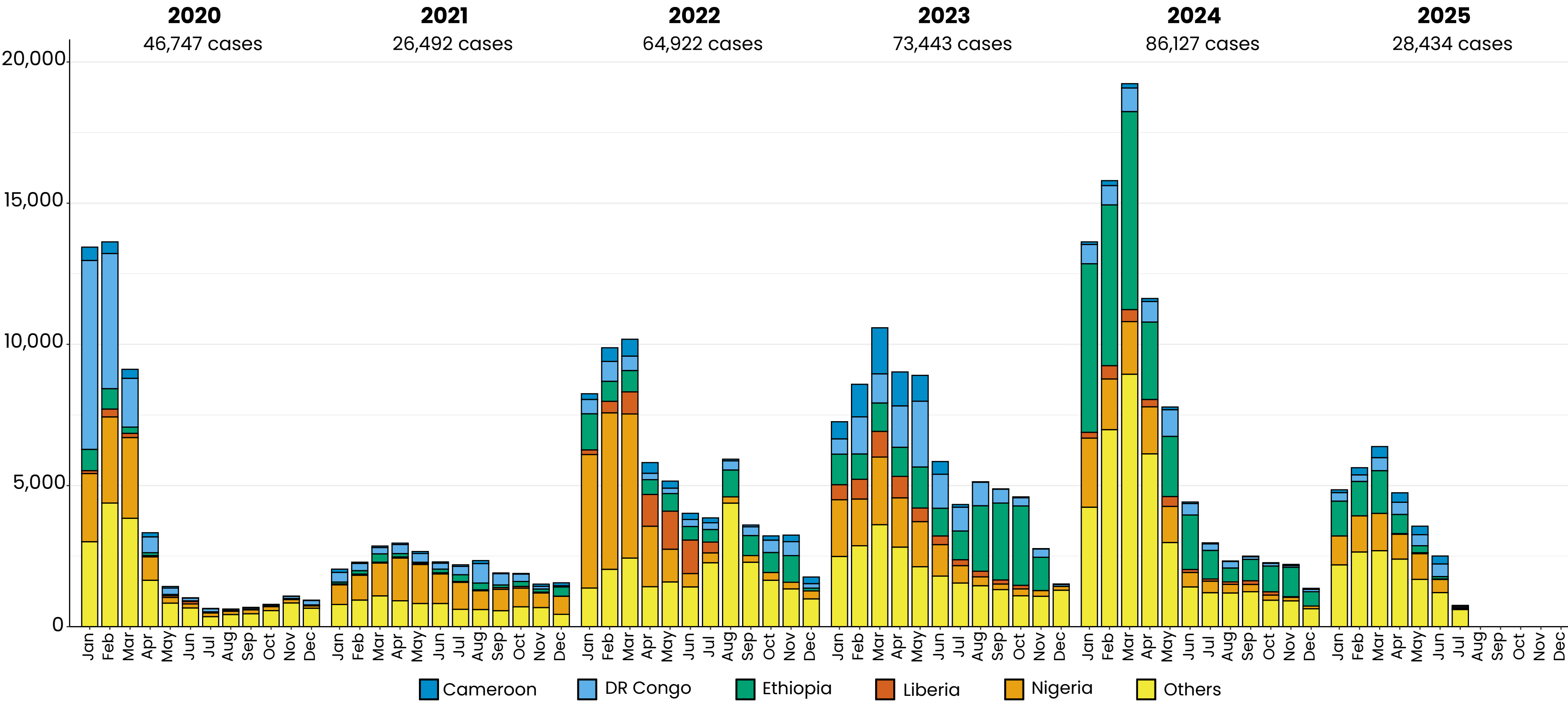
# Disclaimer

This document contains data provided to WHO by member states. Note that some member states only provide aggregate data to WHO, and for these, we are unable to generate a country profile. Some member states report all cases at one time point for the entire year, and thus epidemiologic curves generated are not accurate and a reporting artifact. For some countries, cases are reported by age category, not by exact age in months and/or years. Thus, age distribution/incidence is approximate. Cases classified as pending by countries are classified at WHO as clinically compatible at this time, and thus numbers might differ between data shown here and provided by the member state or WHO country/regional offices.

\*UN population data is used as the denominator for calculating incidence.

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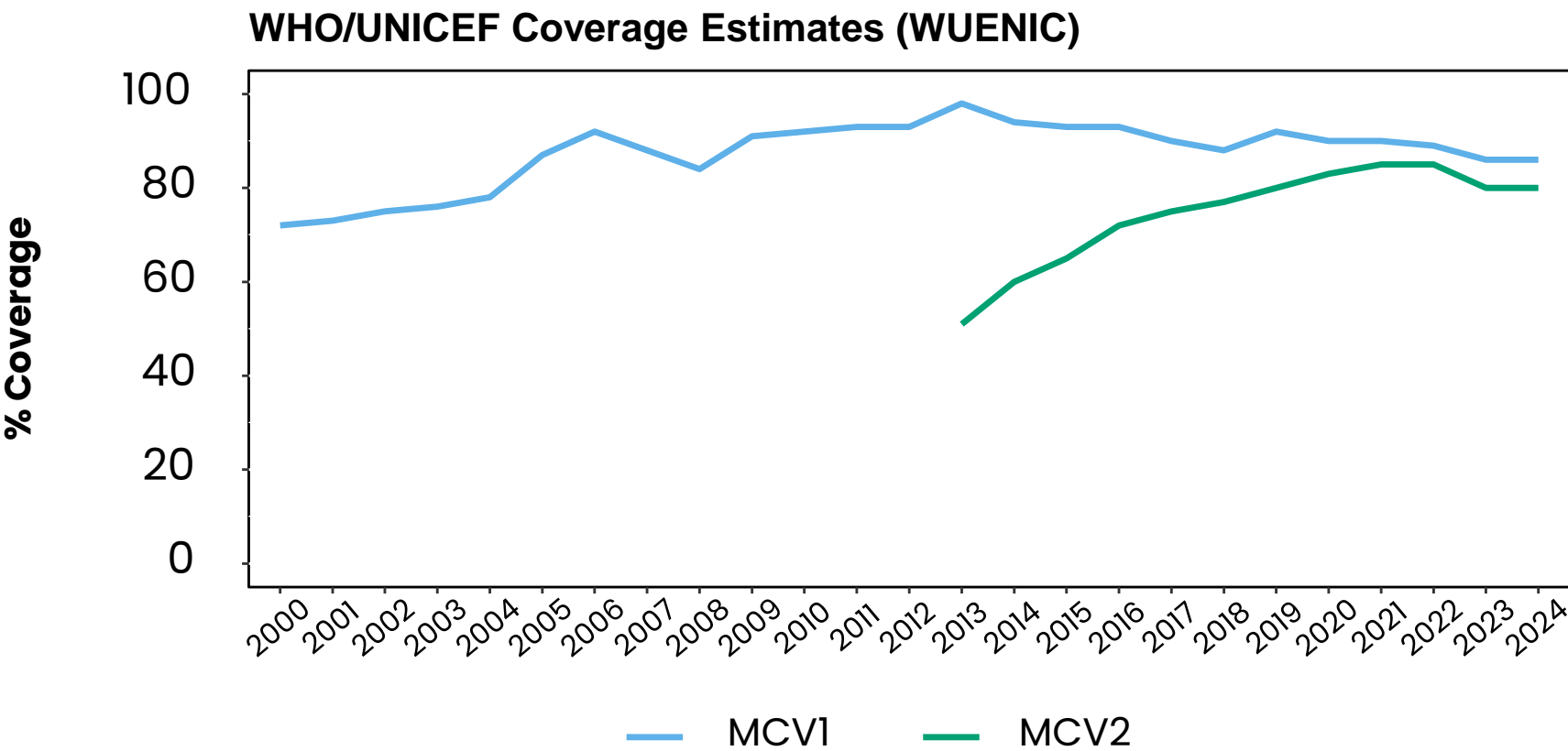
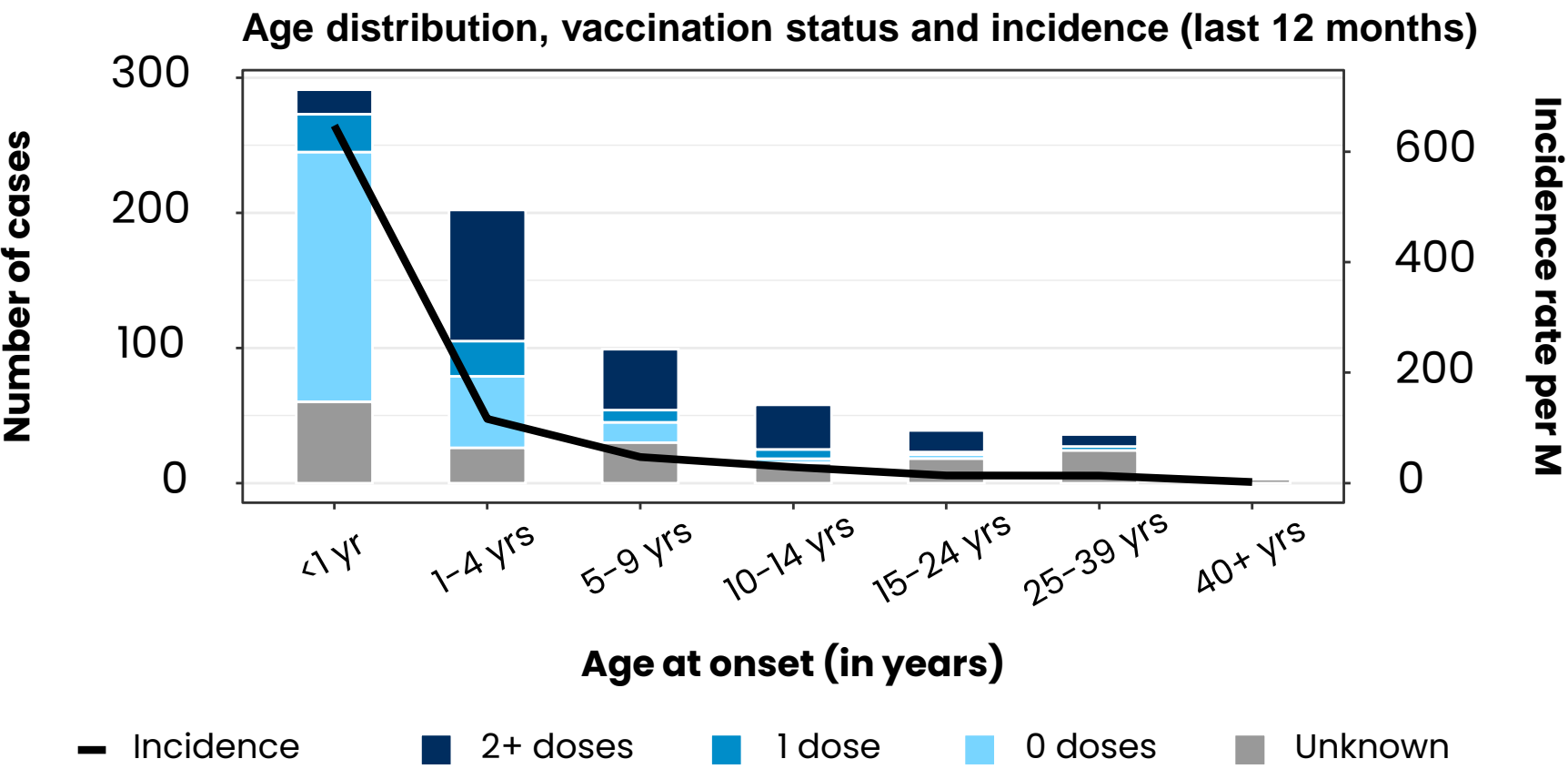
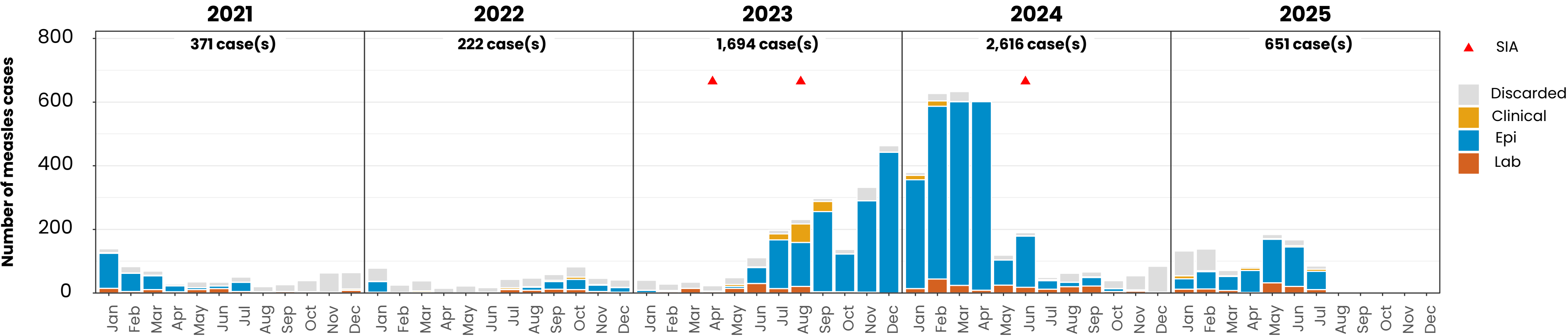
# Measles case distribution (AFR), 2020-2025



Based on data received 2025-08 - Data Source: IVB Database

Measles cases: Burundi

ELIMINATION STATUS: **ENDEMIC**

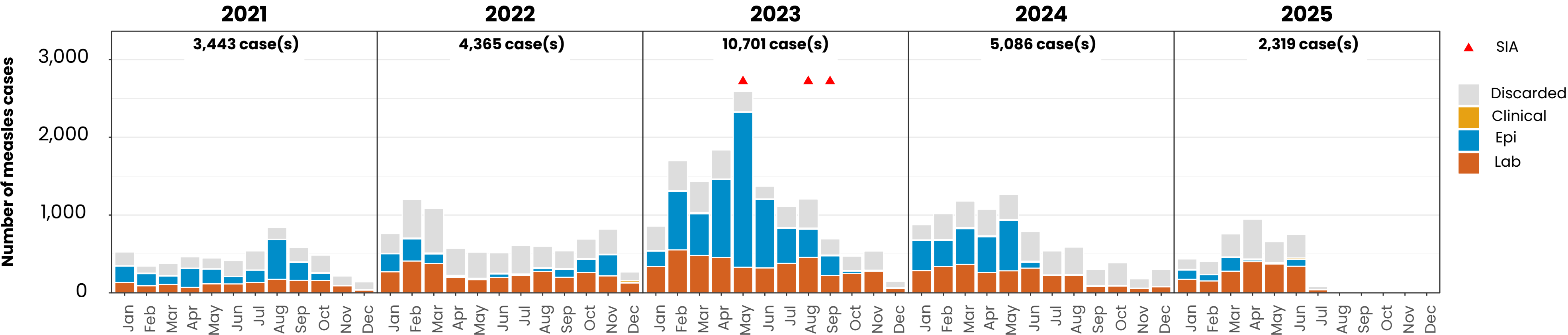


Based on data received 2025-08 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

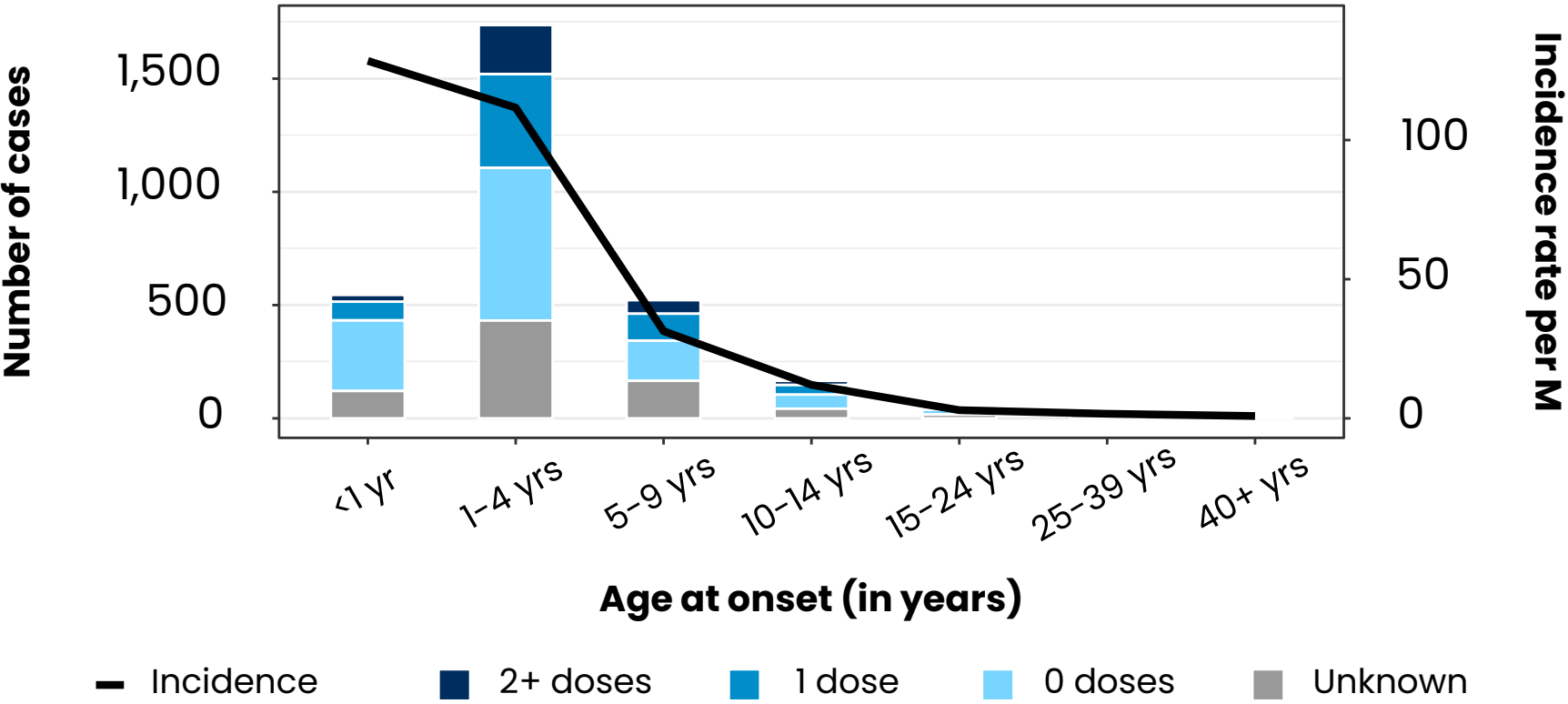


# Measles cases: Democratic Republic of the Congo

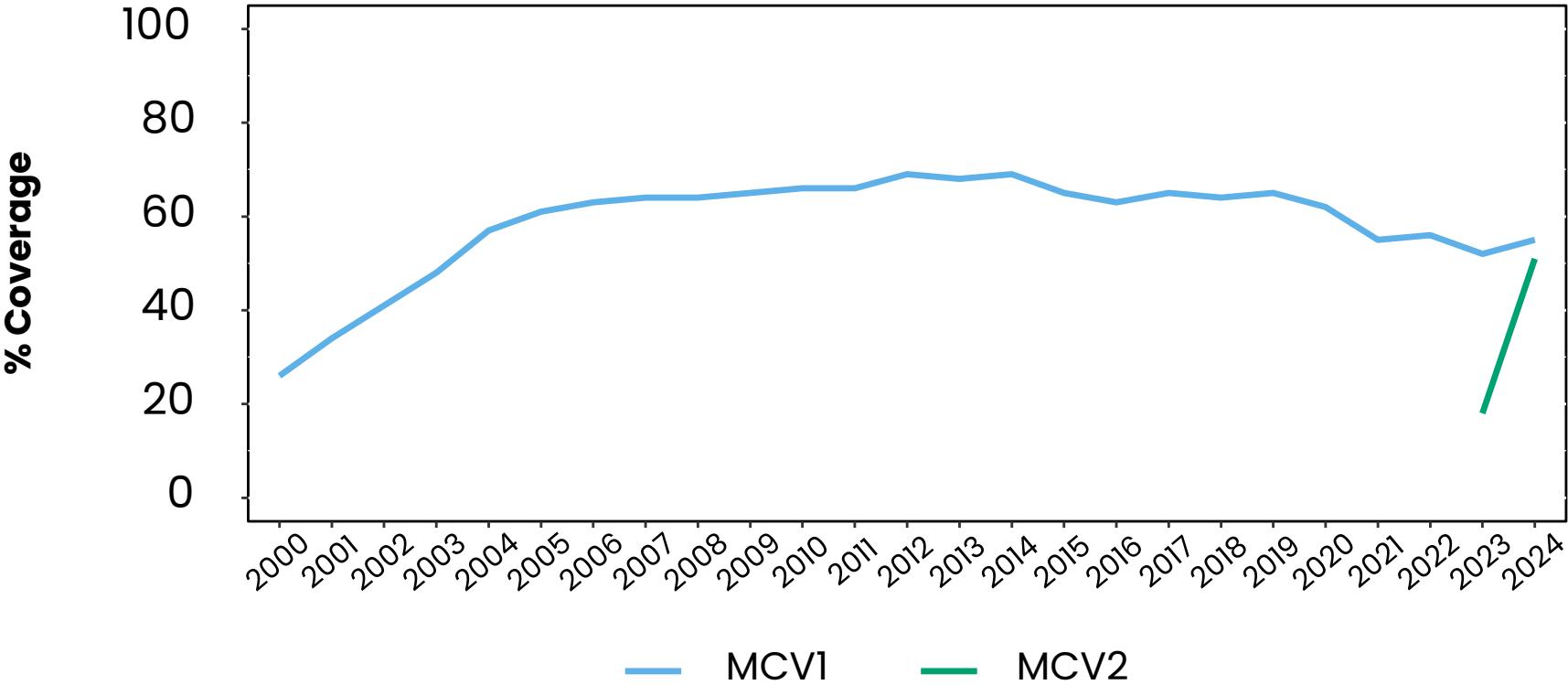
ELIMINATION STATUS: **ENDEMIC**



Age distribution, vaccination status and incidence (last 12 months)



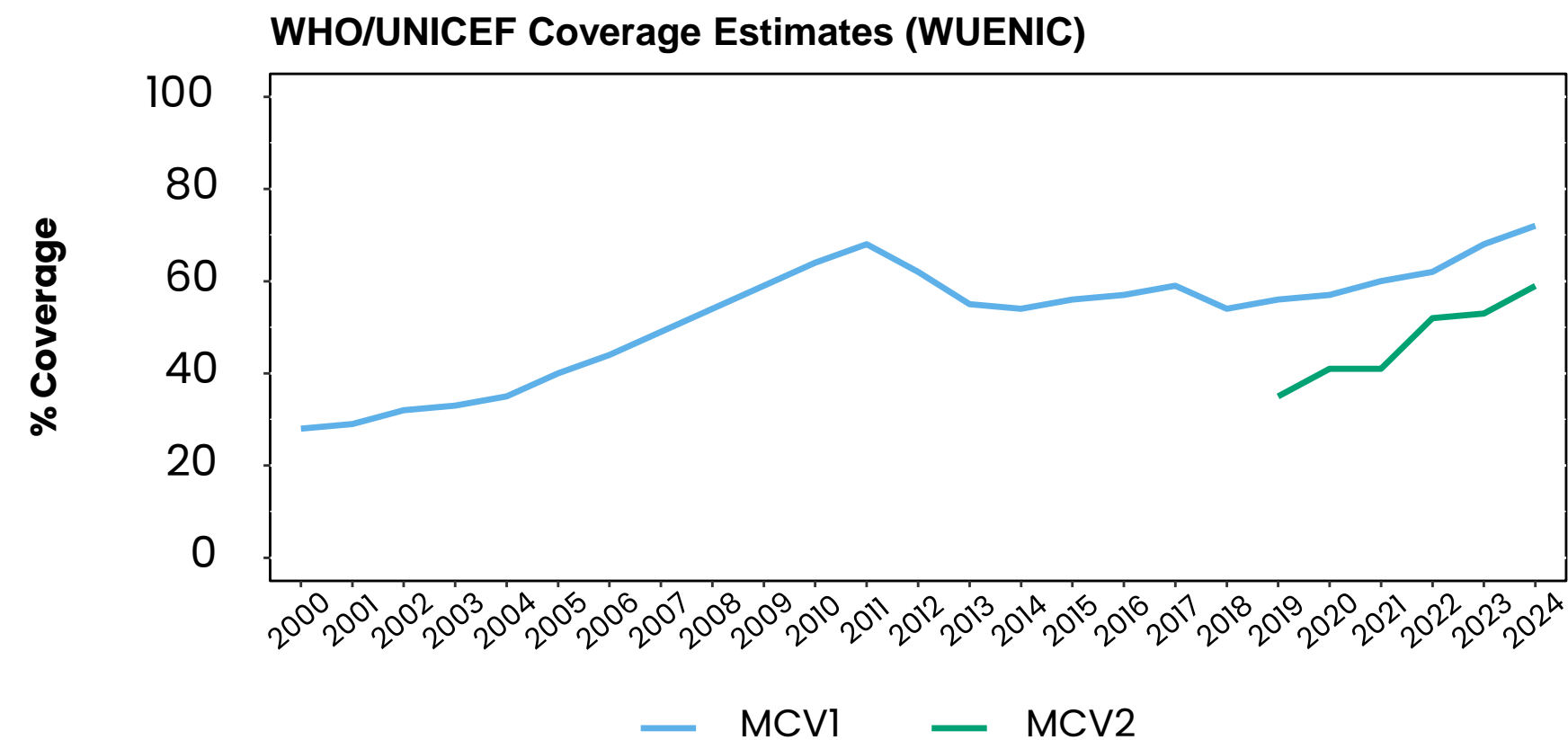
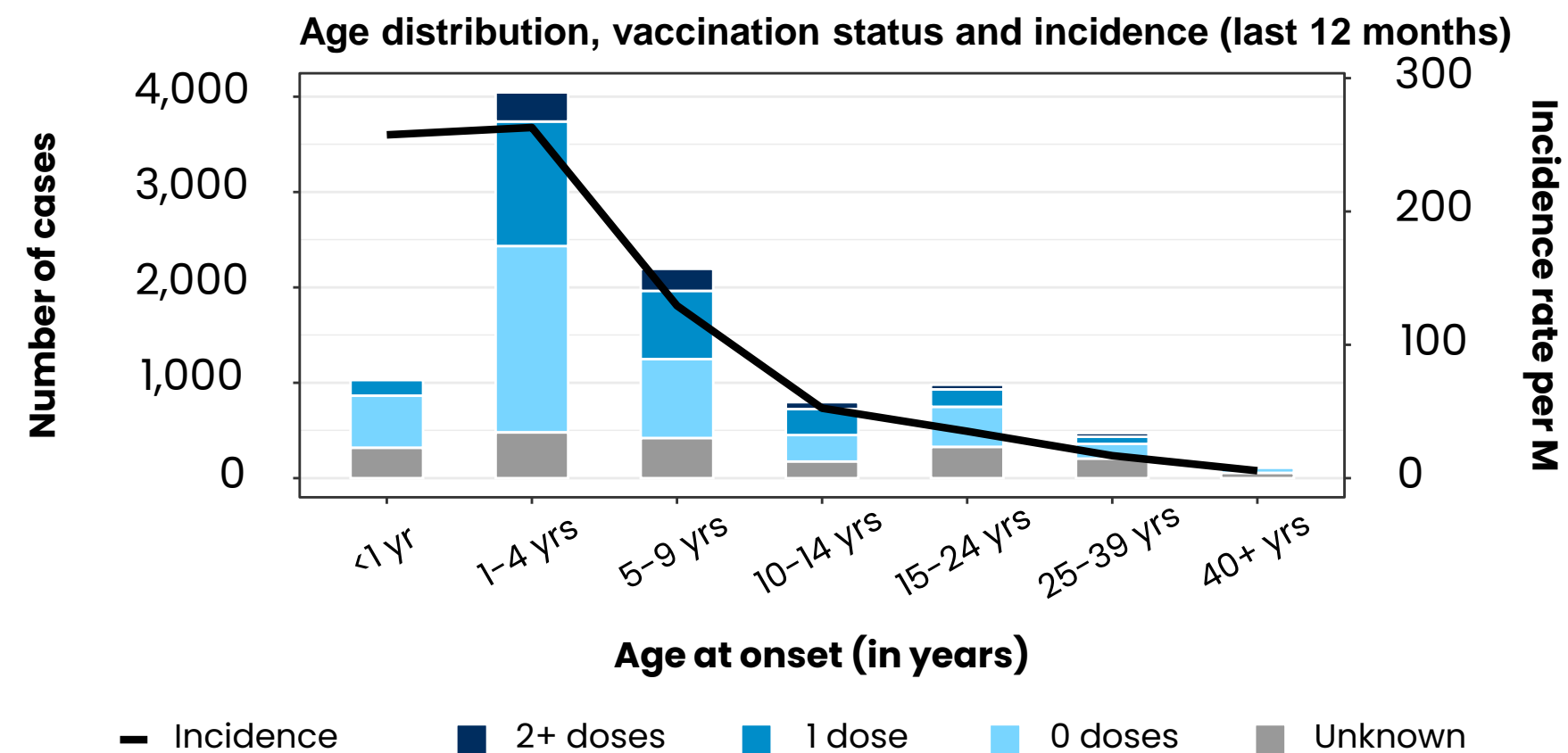
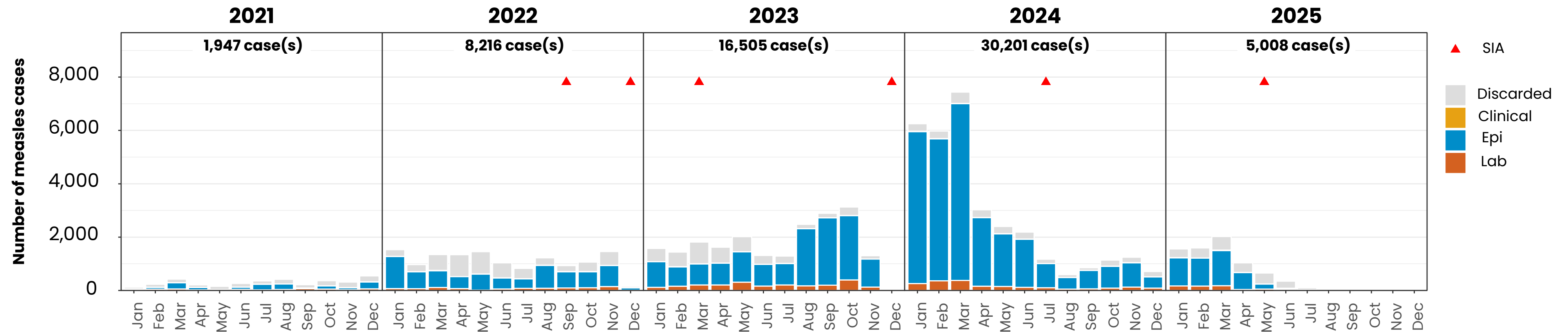
WHO/UNICEF Coverage Estimates (WUENIC)



Based on data received 2025-08 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

## Measles cases: Ethiopia

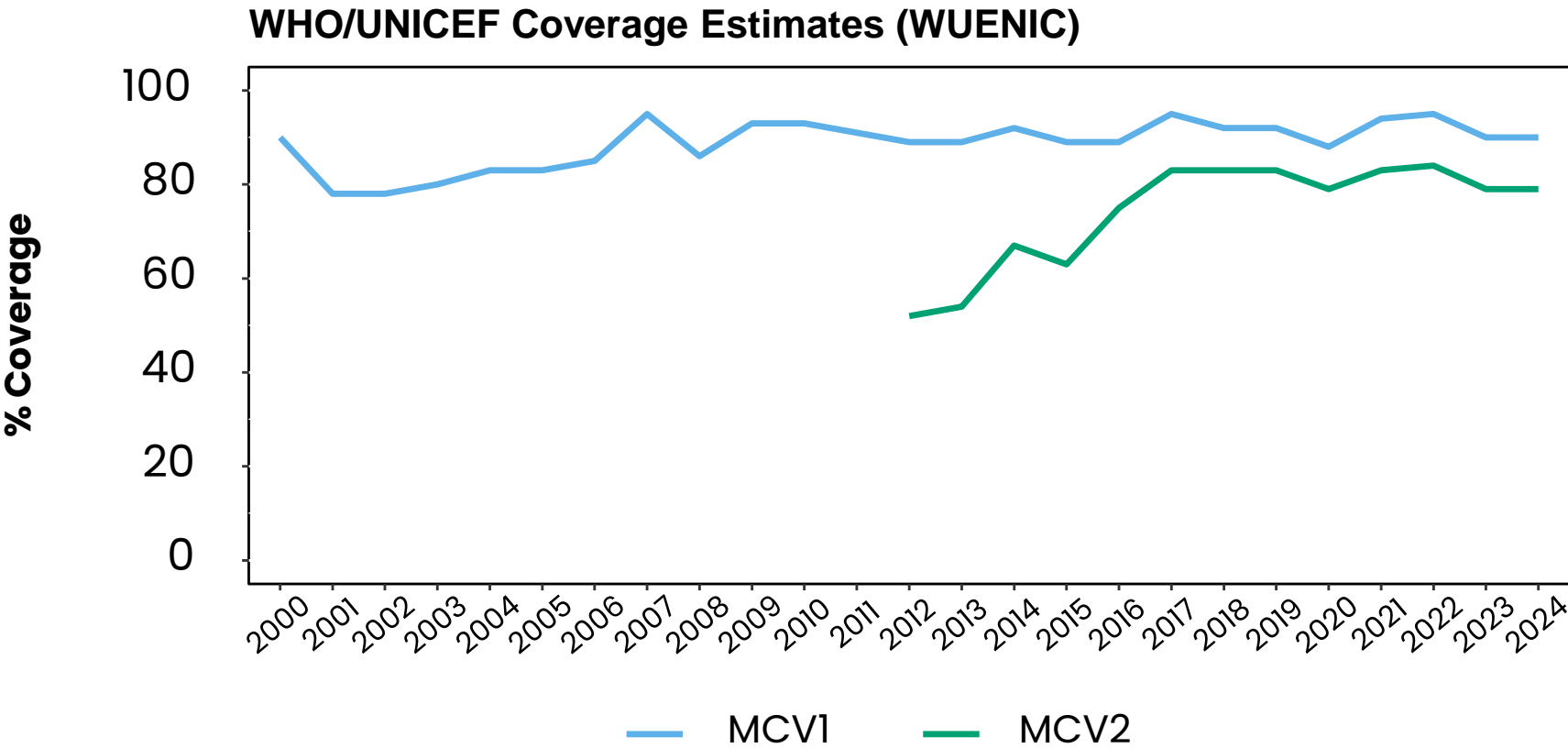
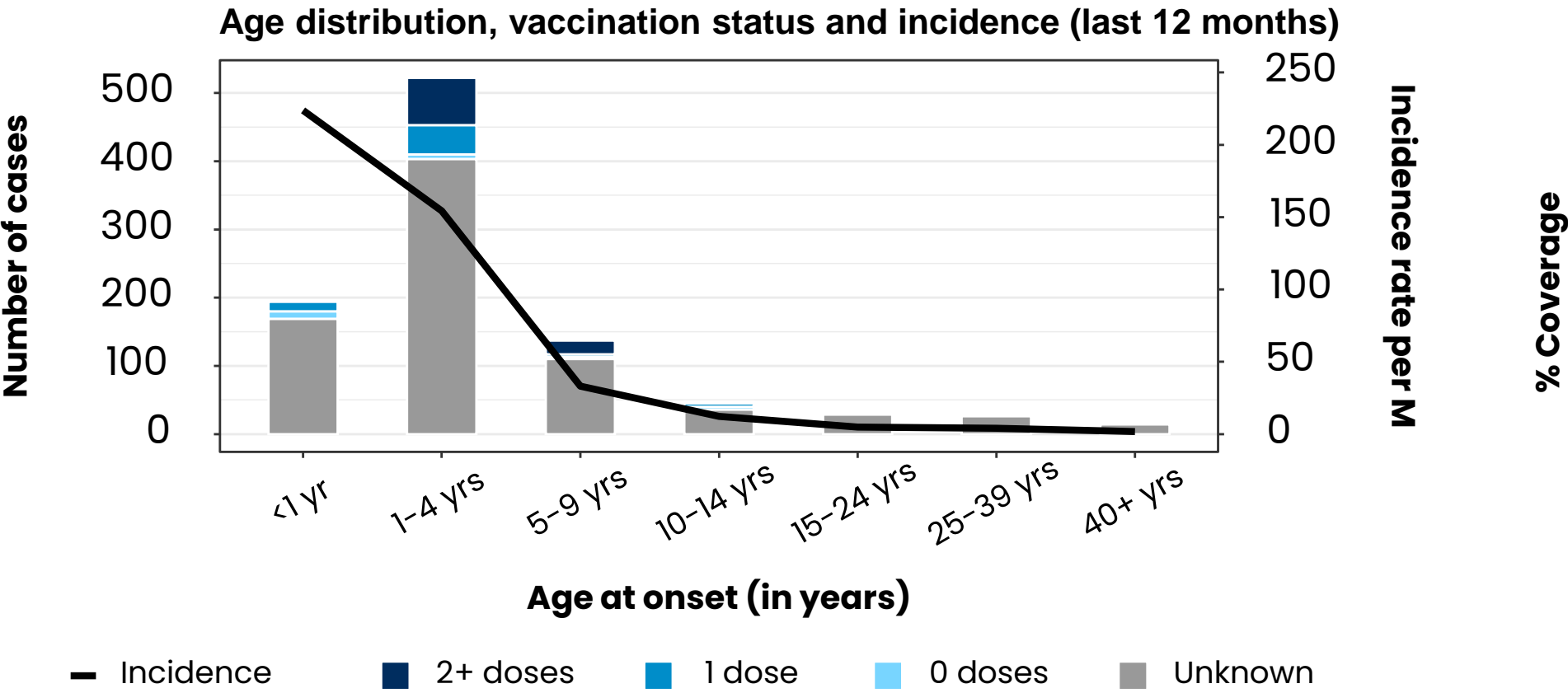
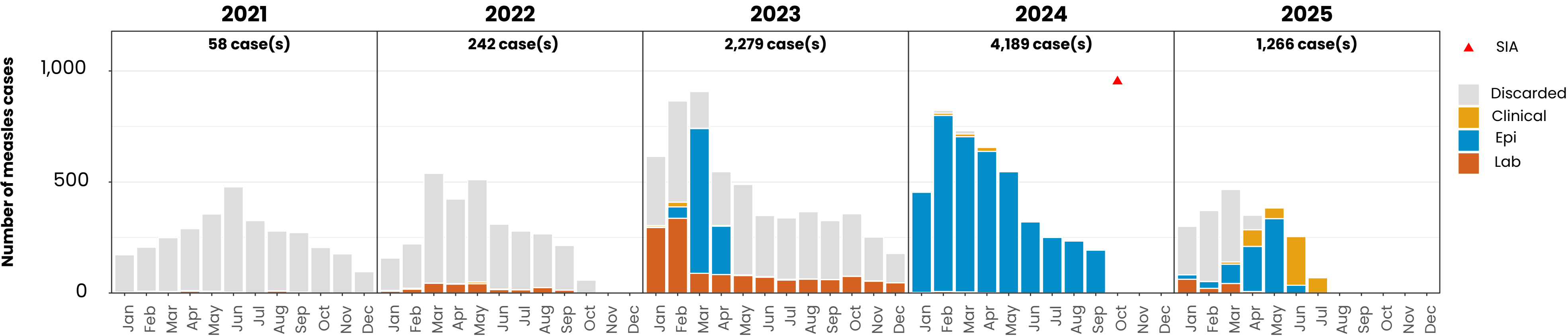
ELIMINATION STATUS: **ENDEMIC**



Based on data received 2025-08 – Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Measles cases: Ghana

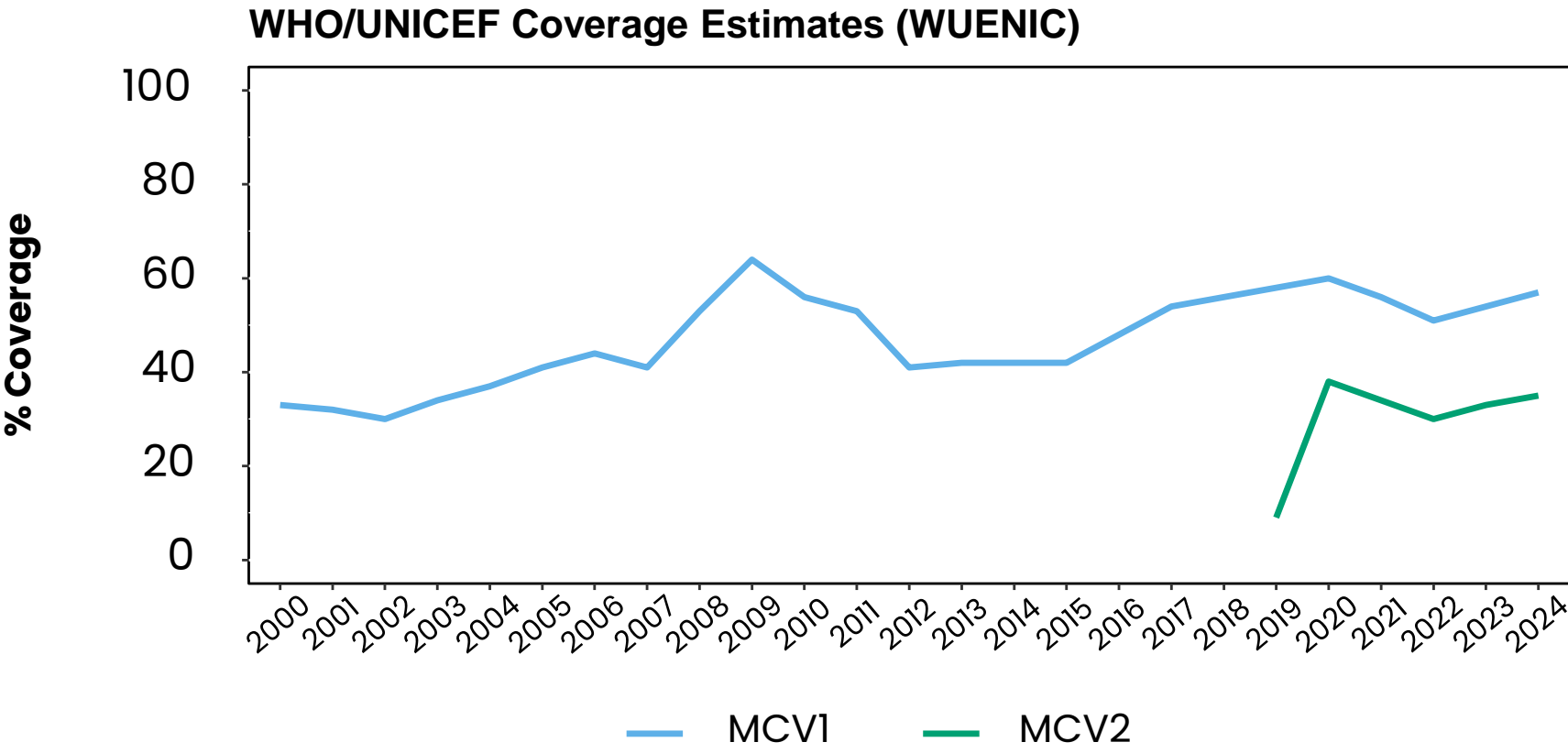
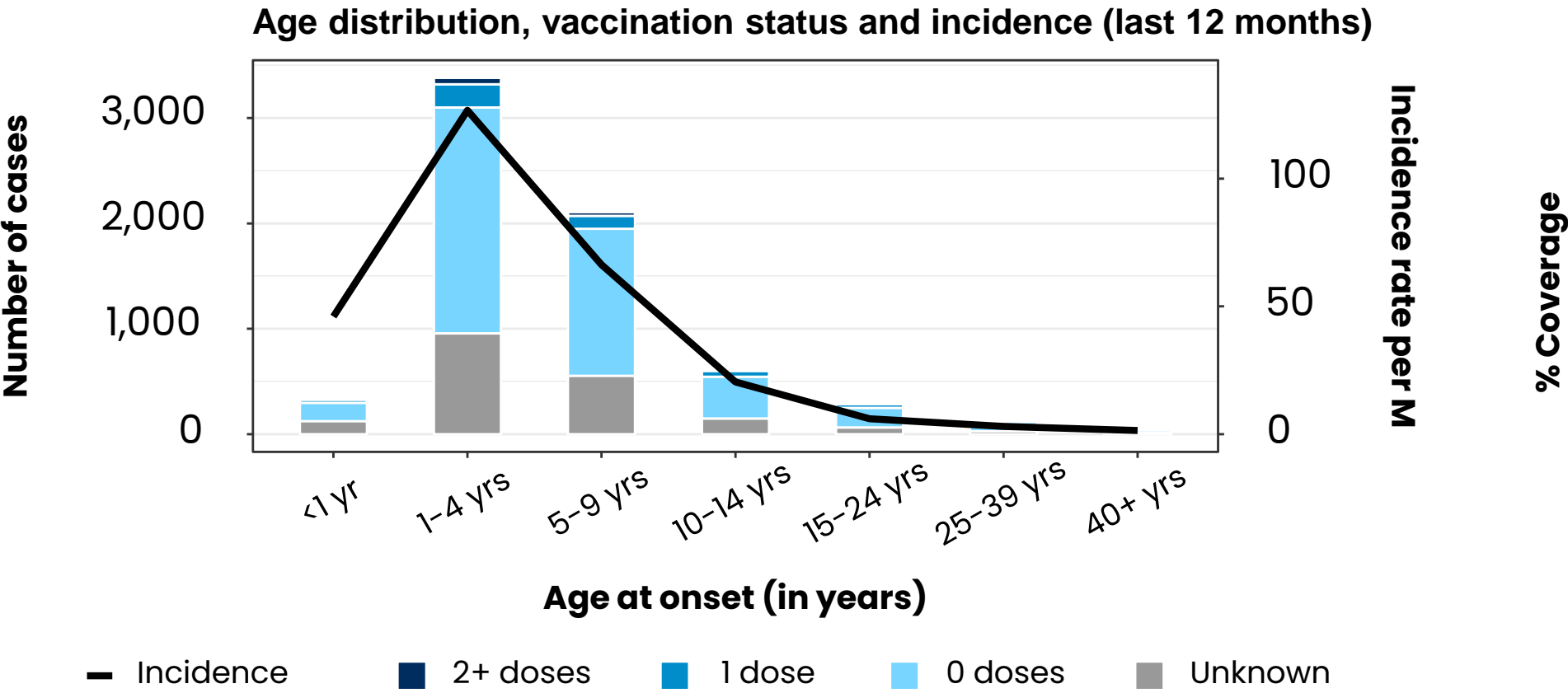
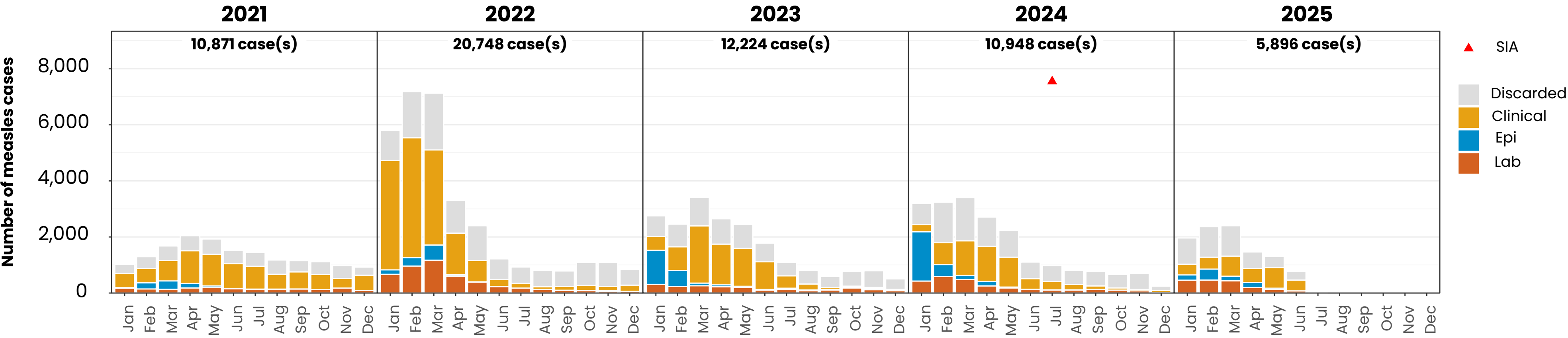
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# Measles cases: Nigeria

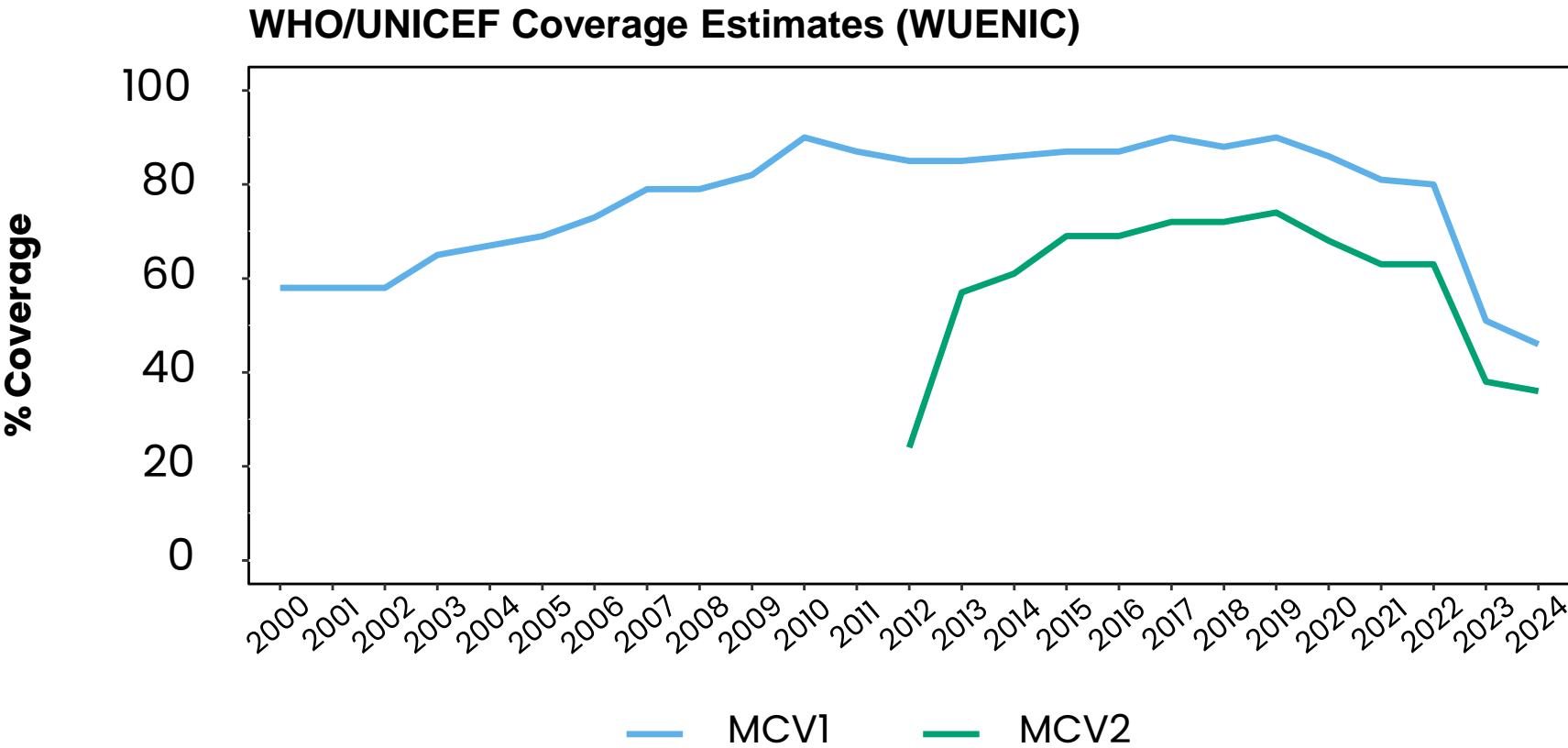
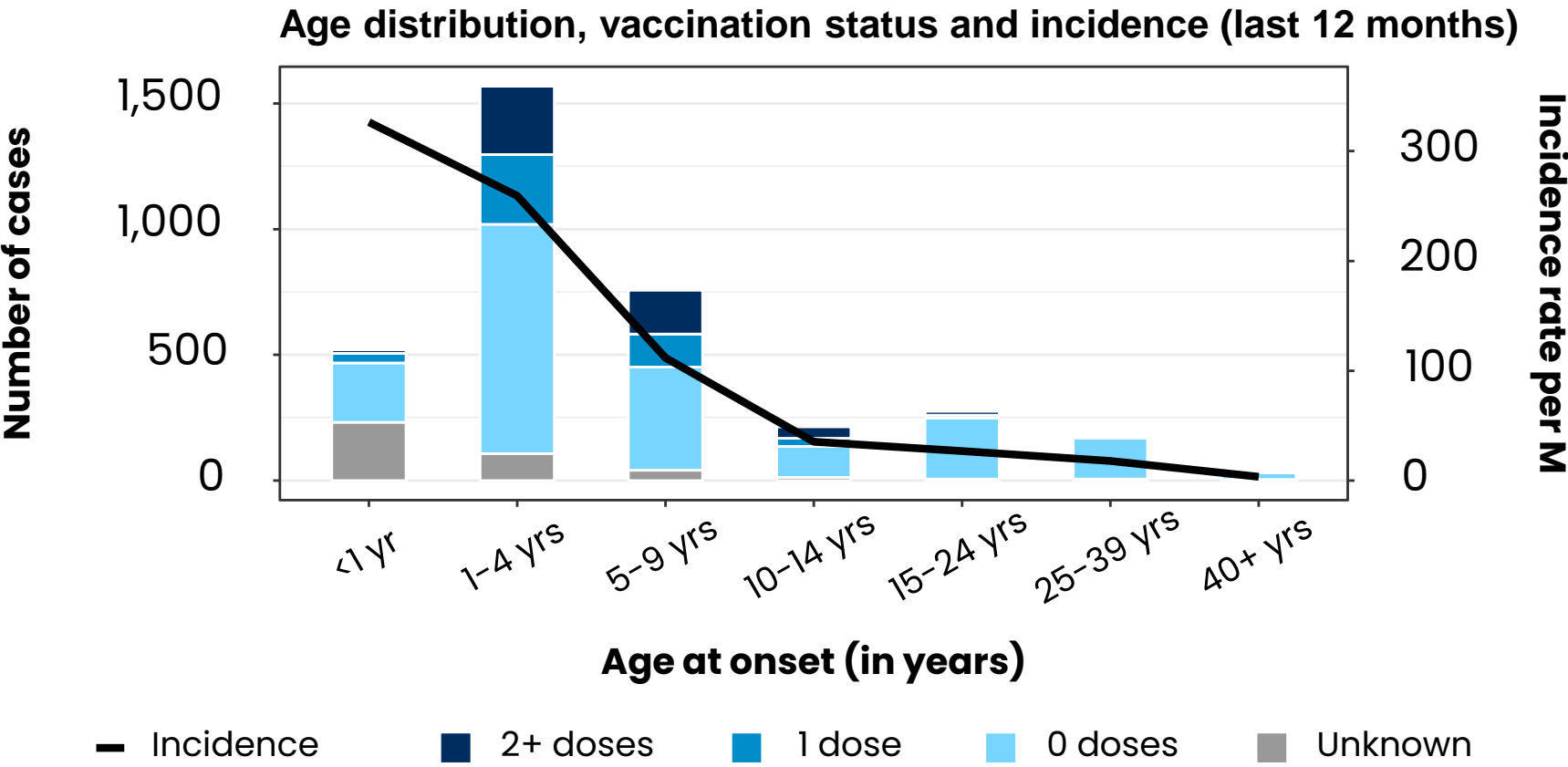
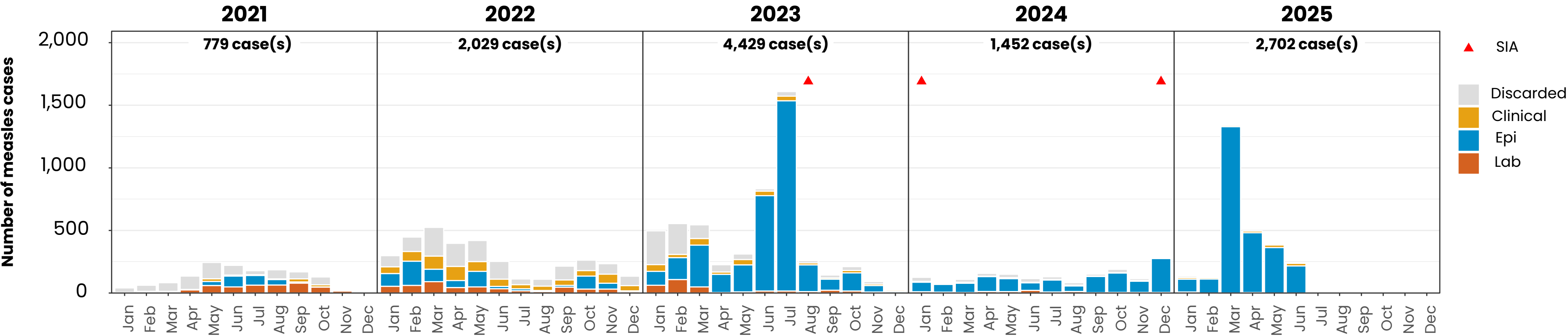
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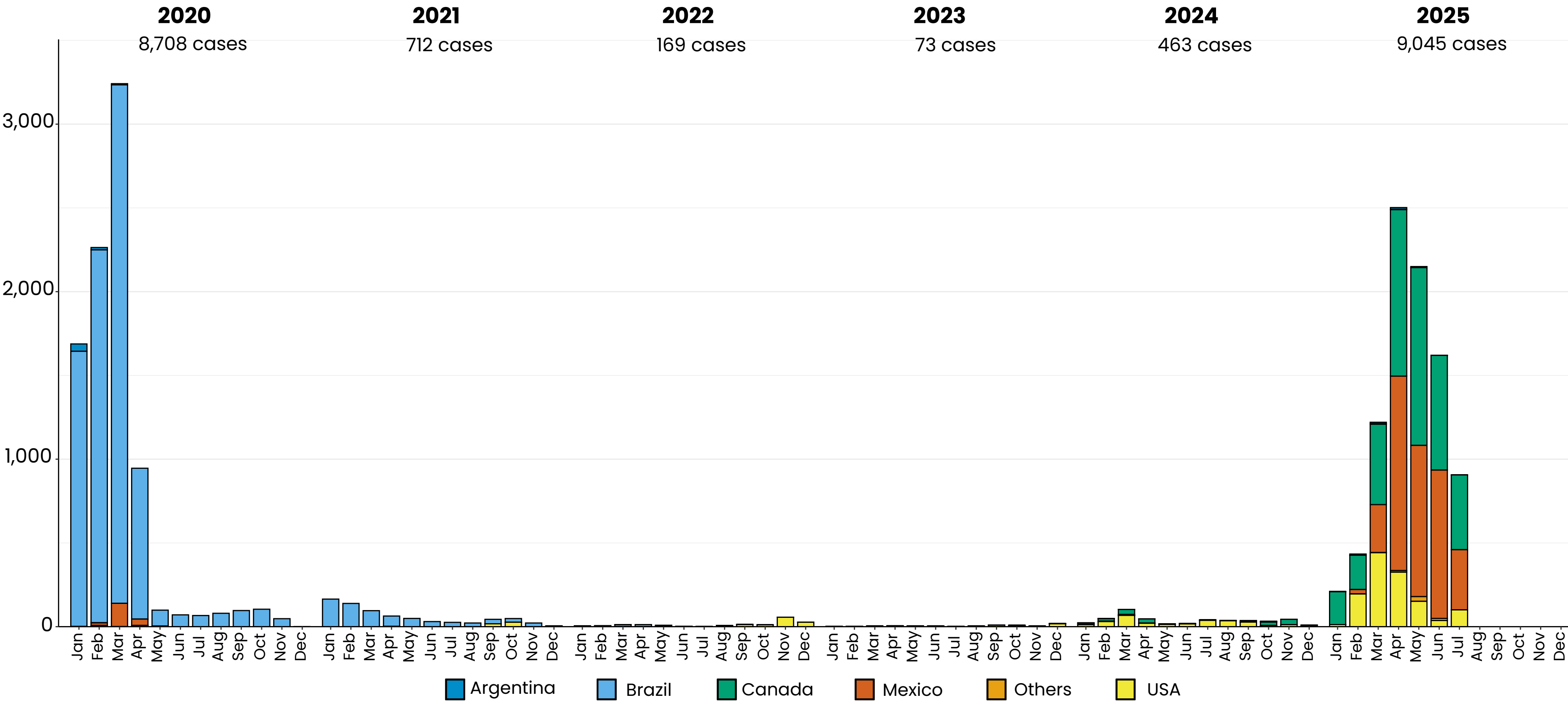
Measles cases: Sudan

ELIMINATION STATUS: **ENDEMIC**



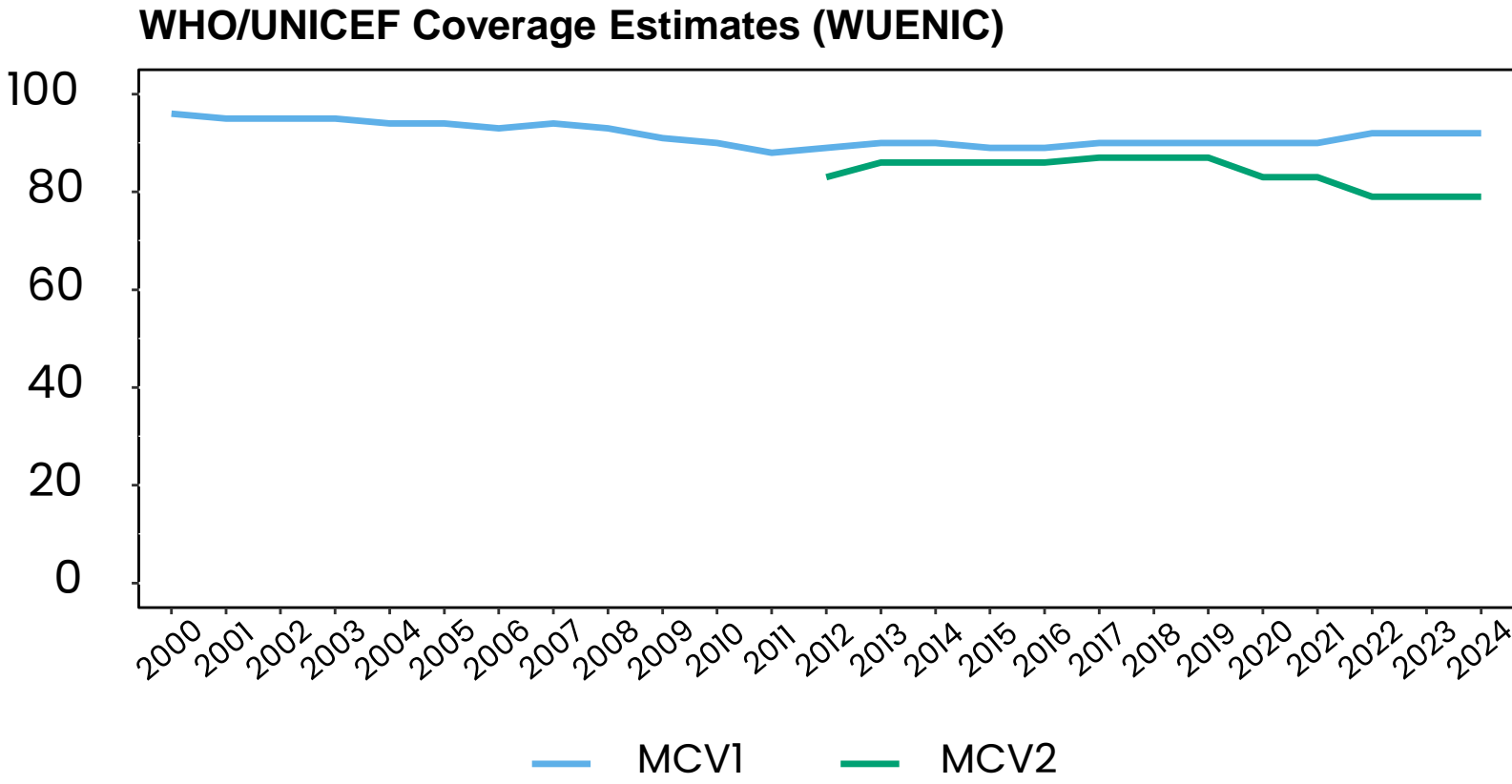
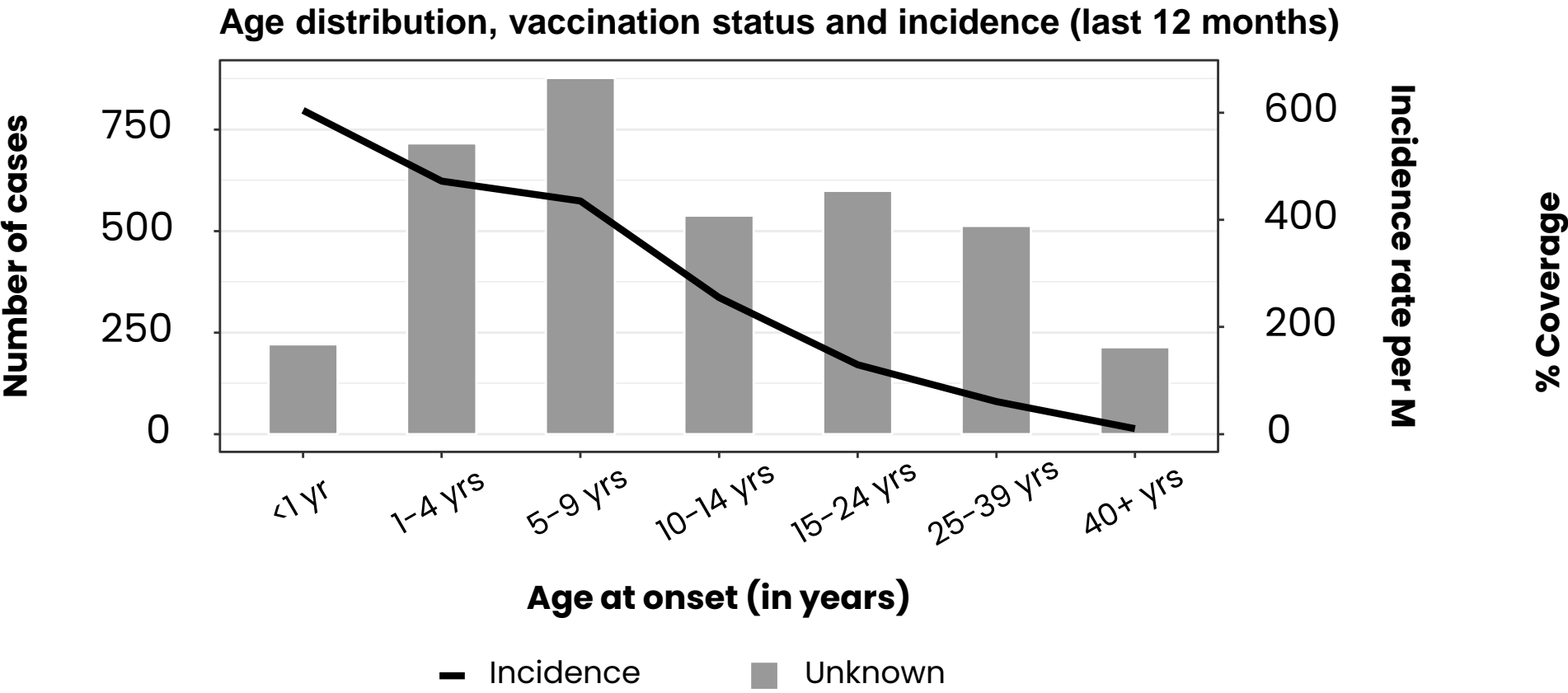
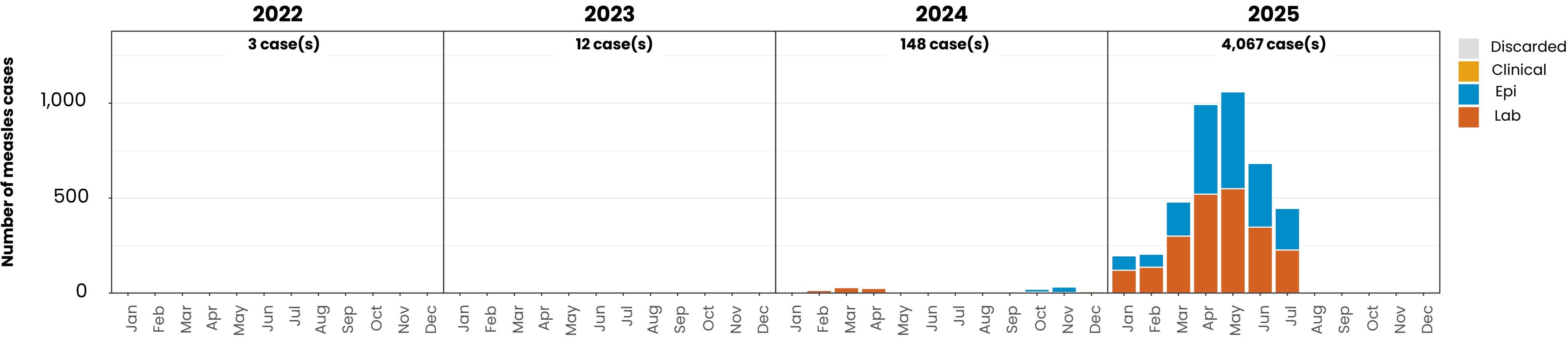
Based on data received 2025-08 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

# Measles case distribution (AMR), 2020-2025



# Measles cases: Canada

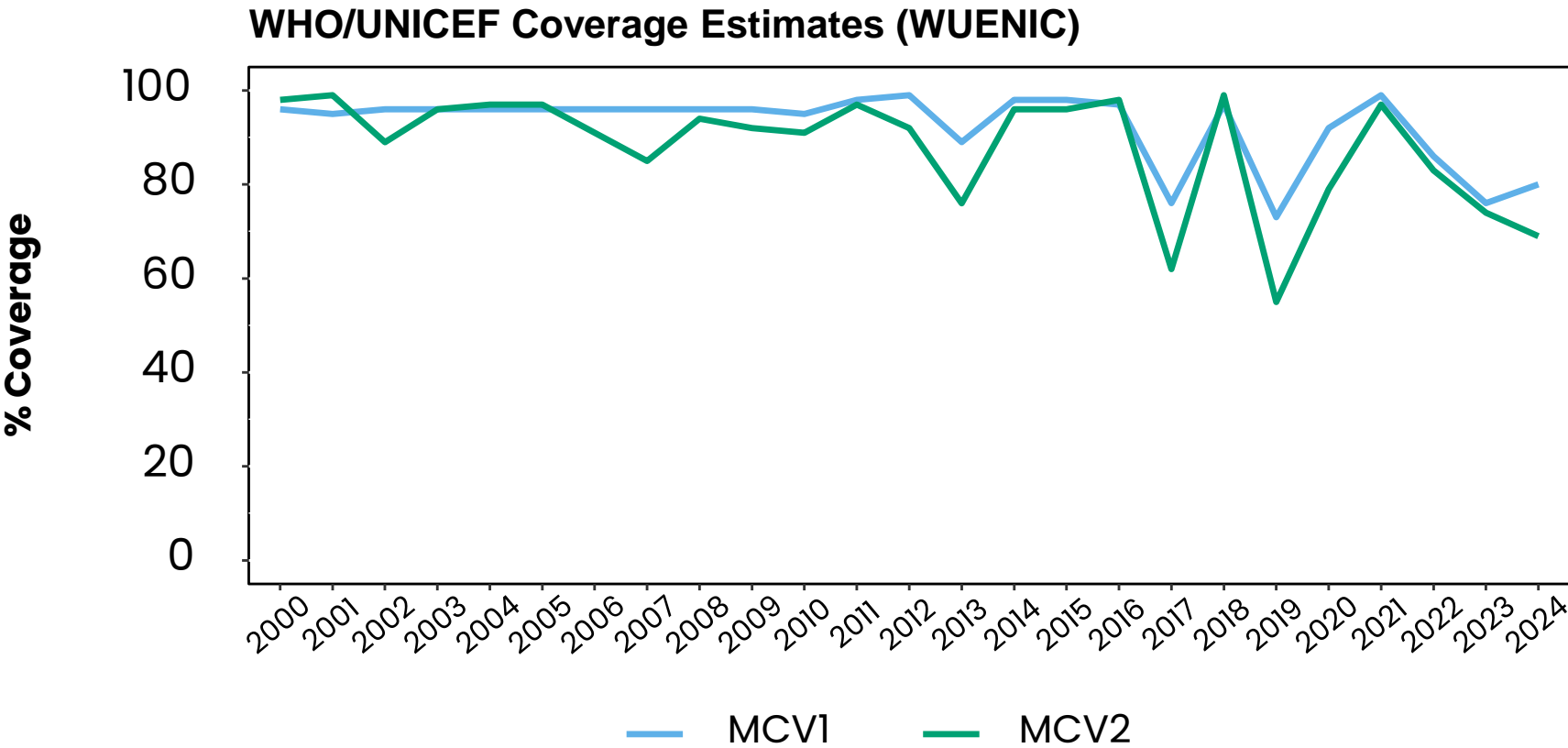
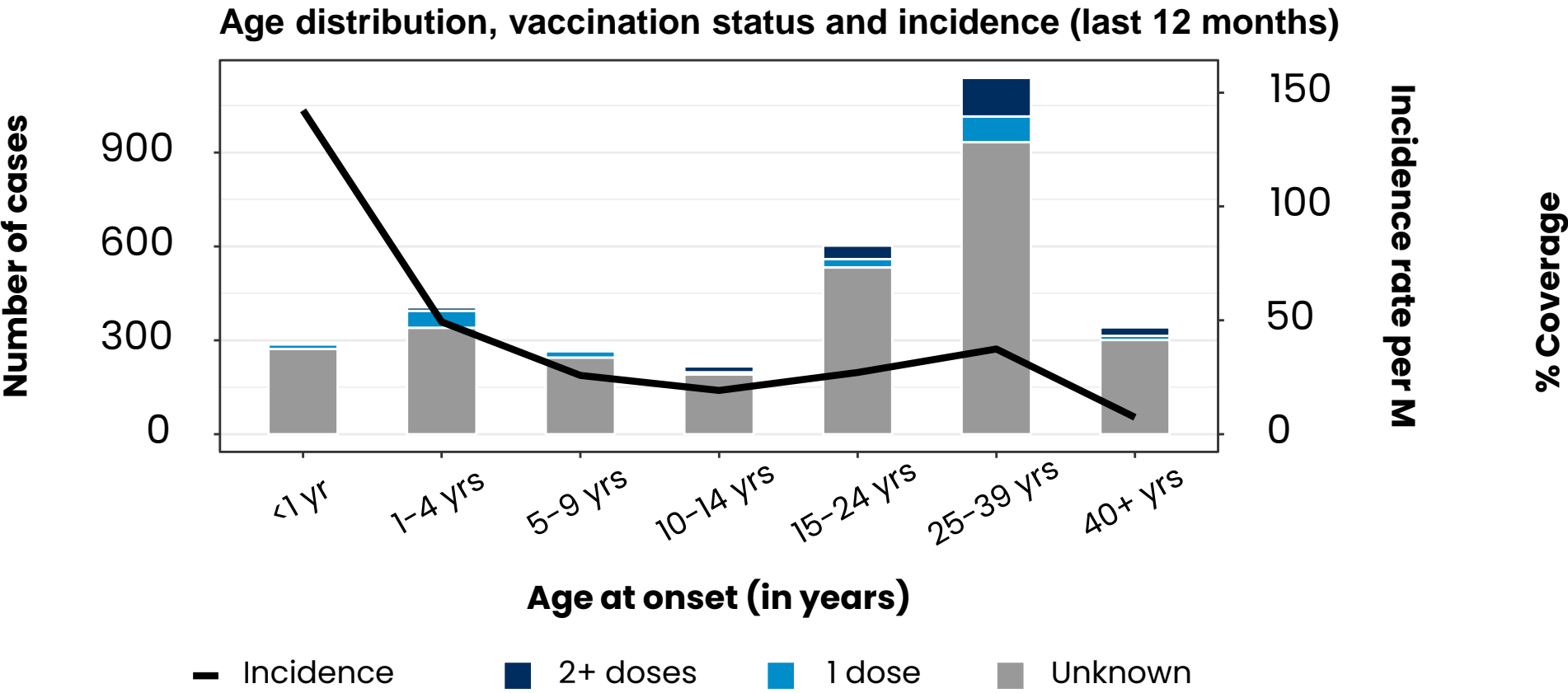
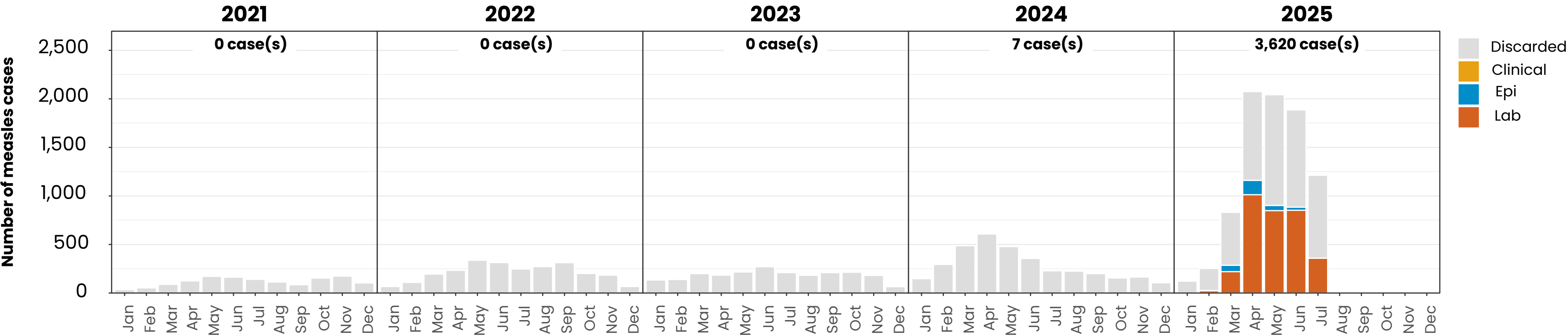
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Based on data received 2025-08 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Measles cases: Mexico

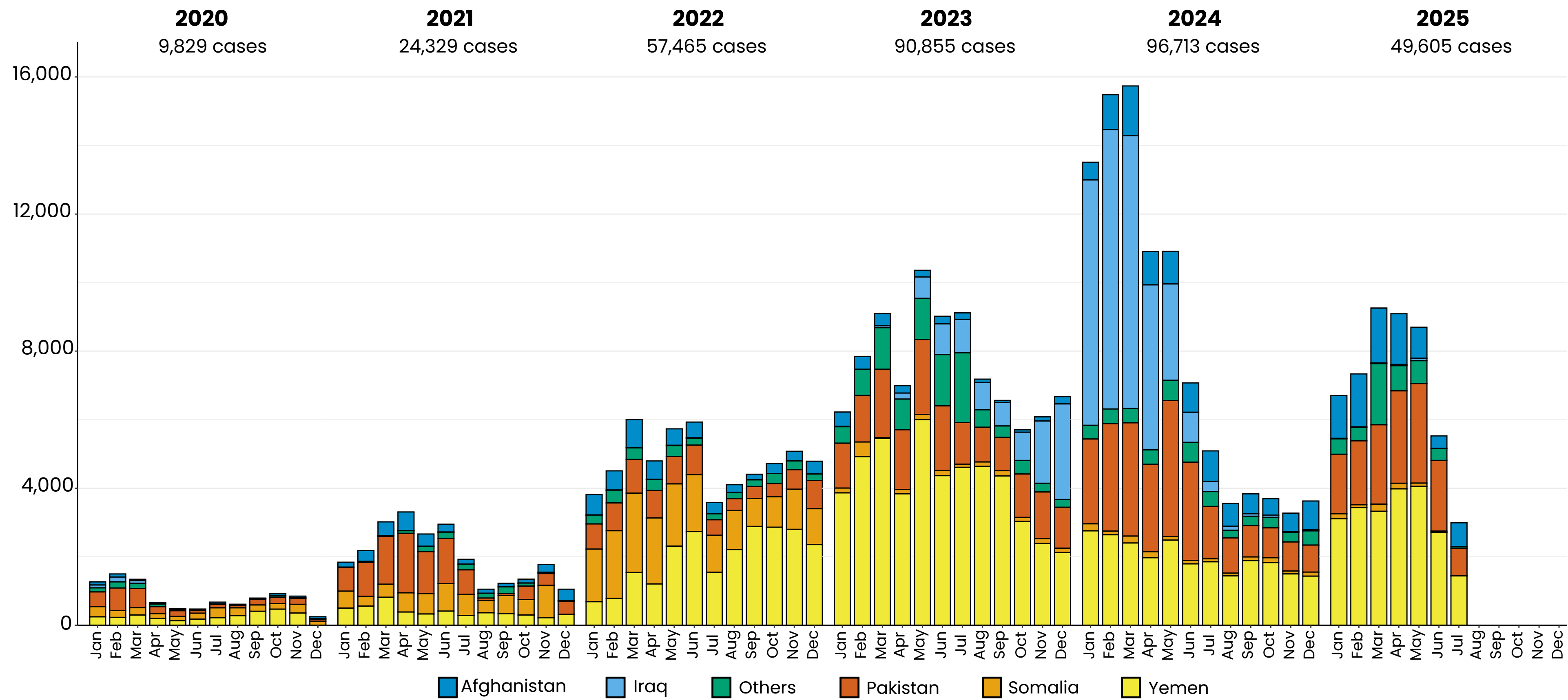
ELIMINATION STATUS: **VERIFIED**



Based on data received 2025-08 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

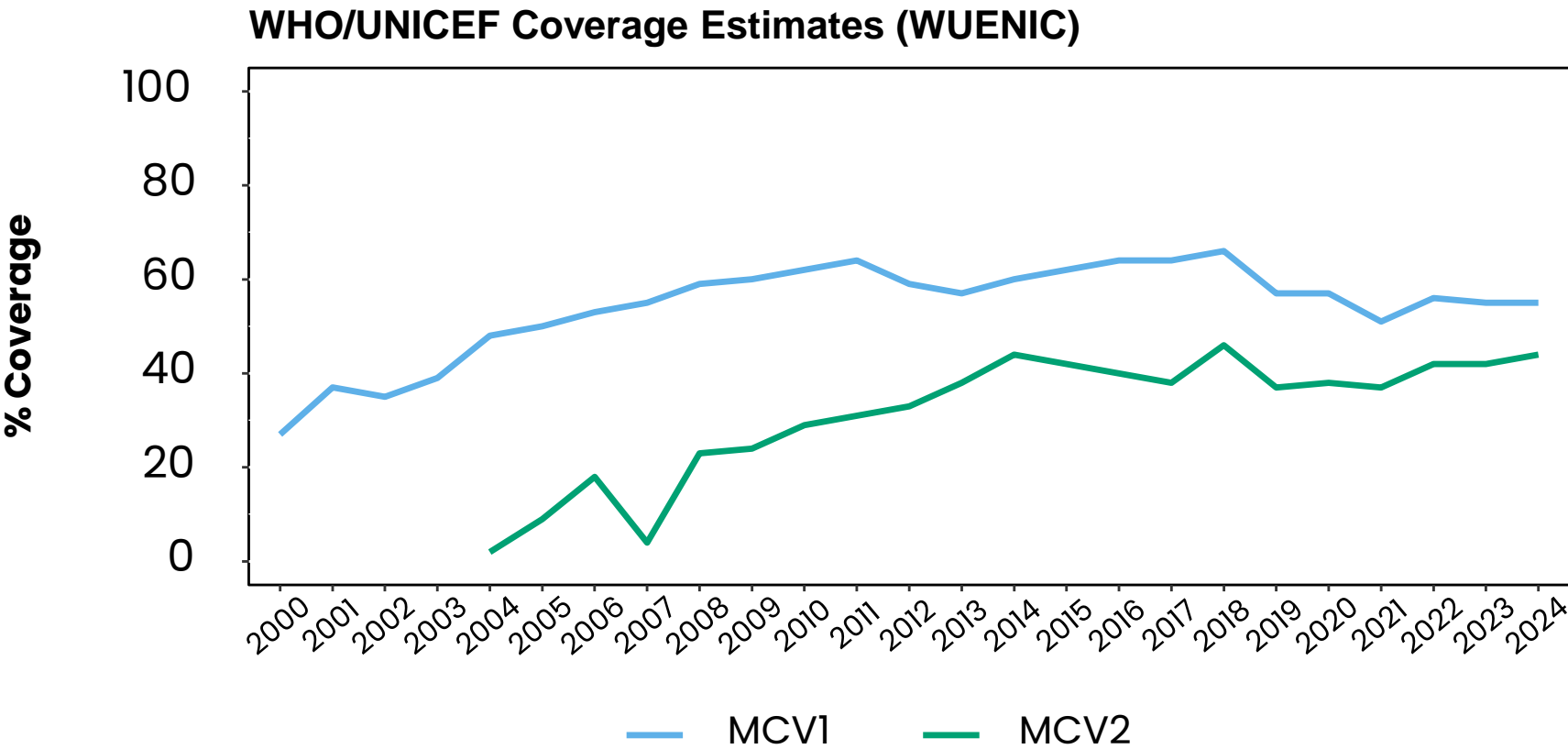
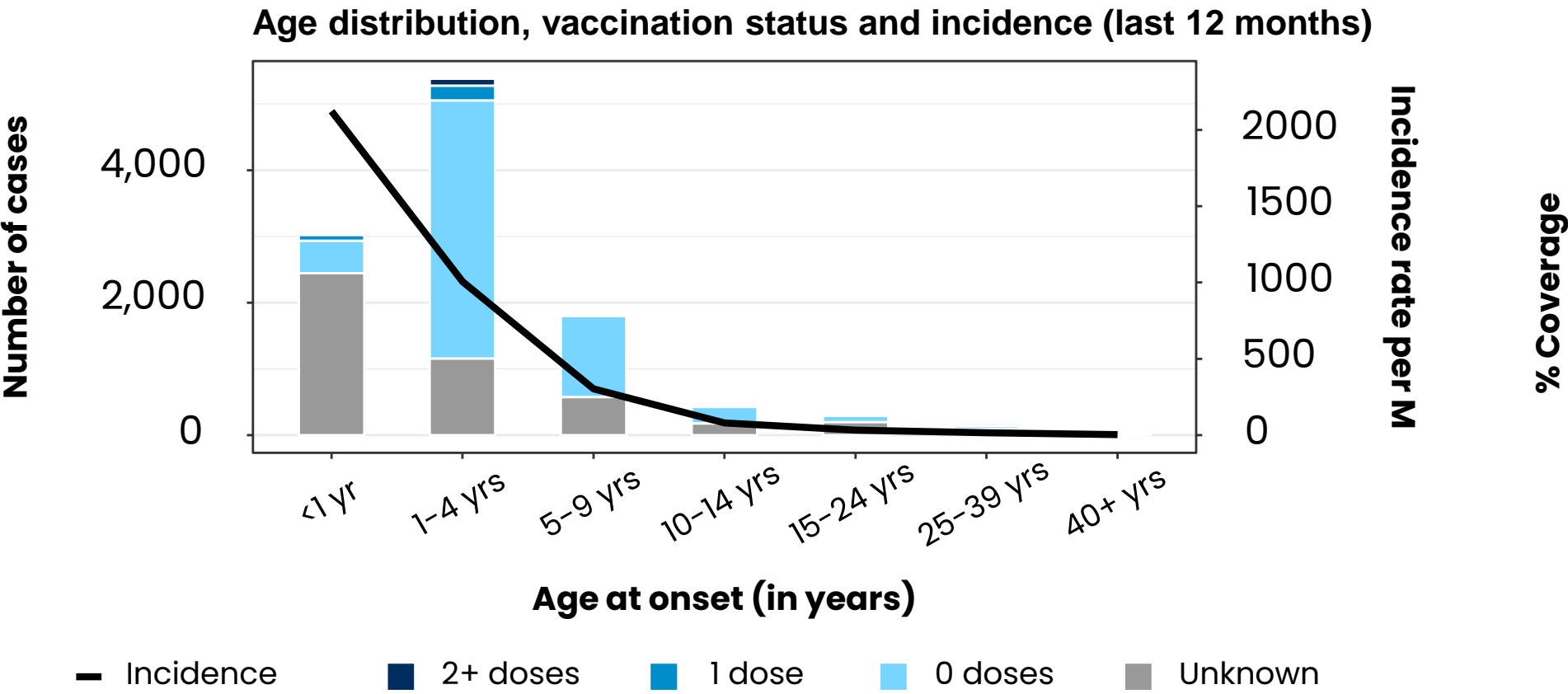
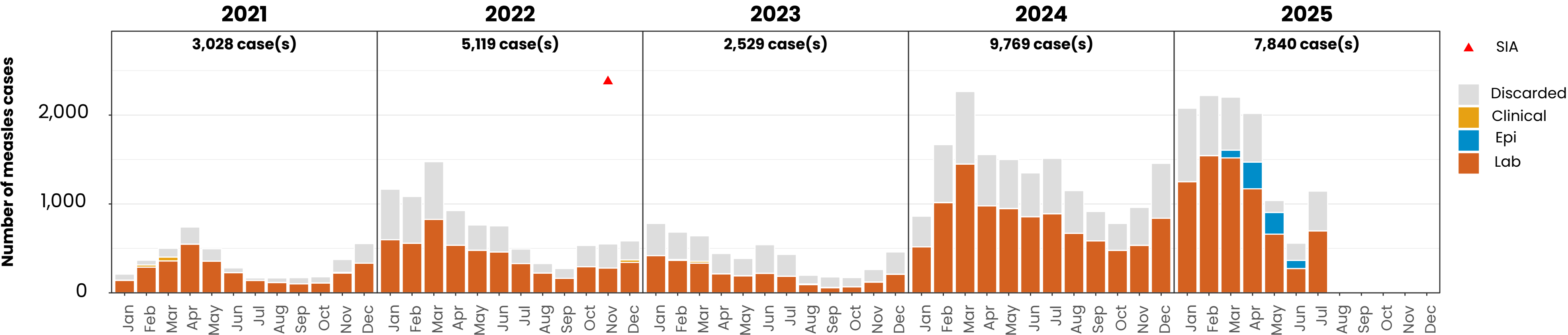


# Measles case distribution (EMR), 2020-2025



Measles cases: Afghanistan

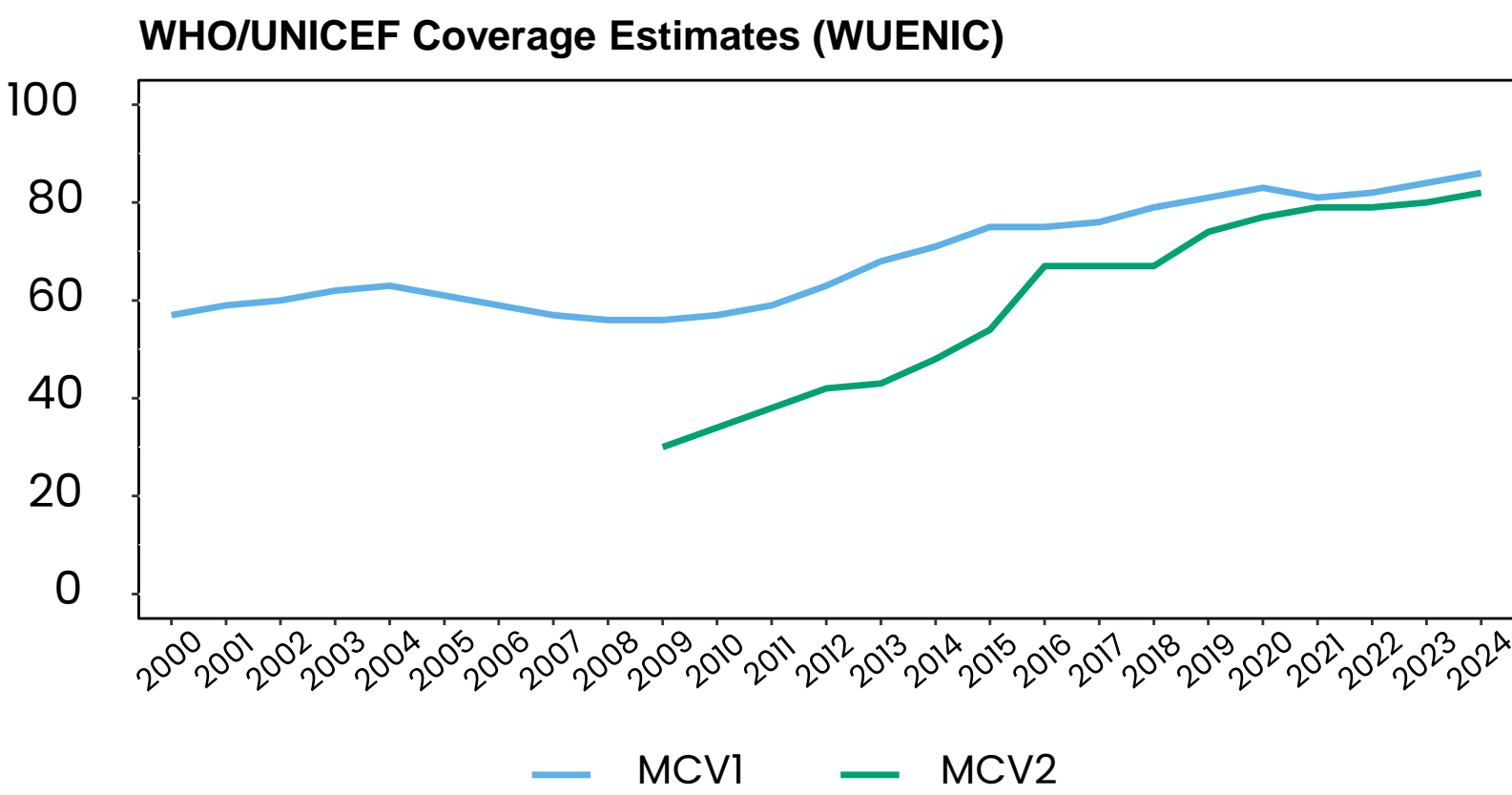
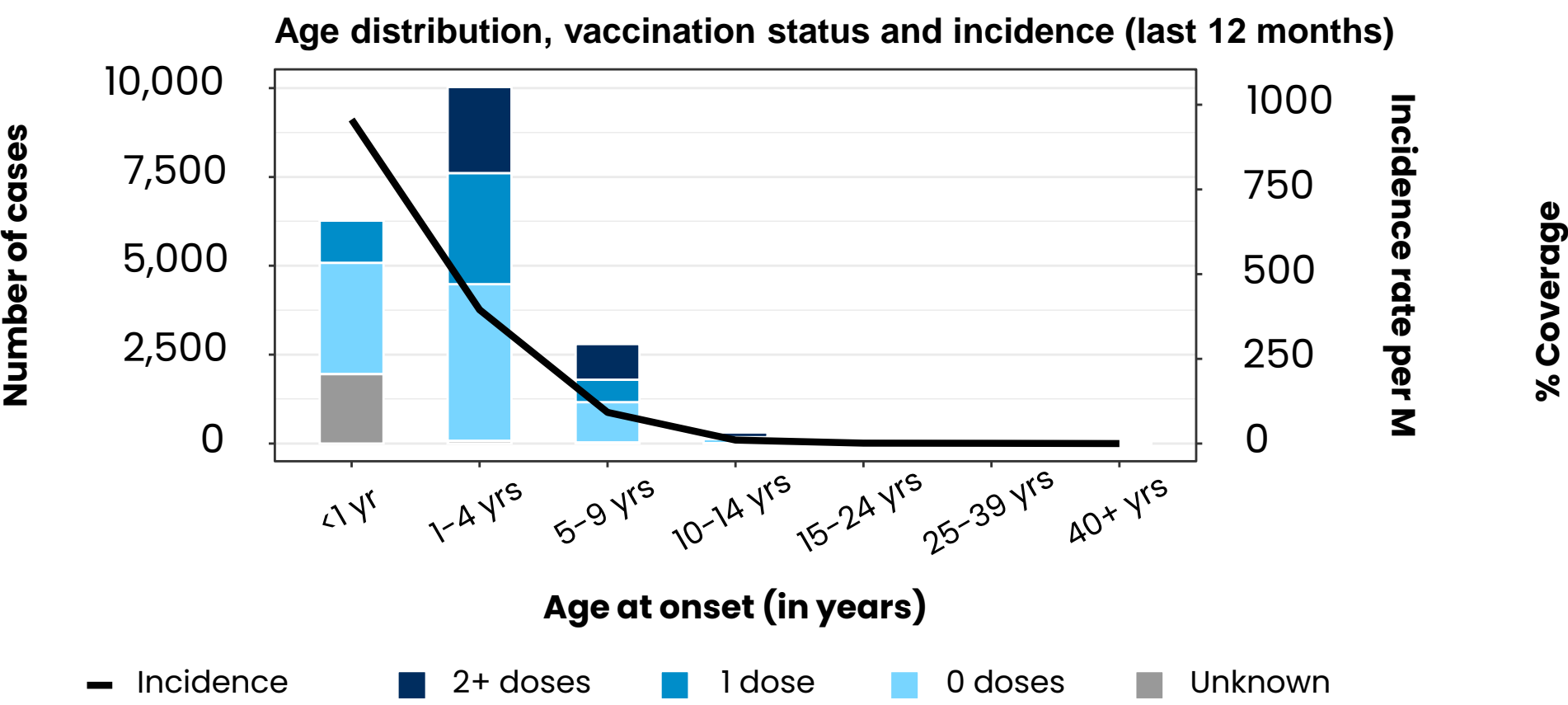
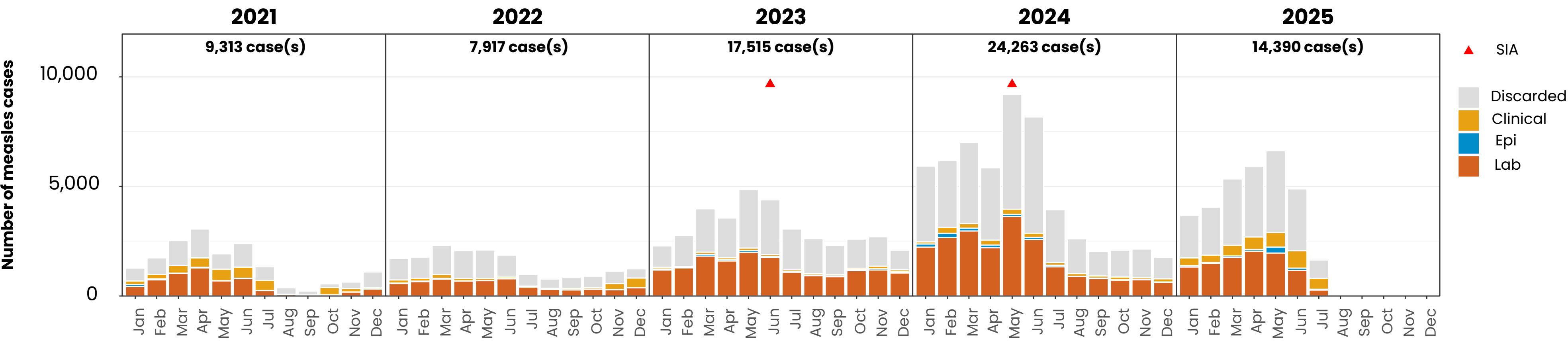
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Based on data received 2025-08 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Measles cases: Pakistan

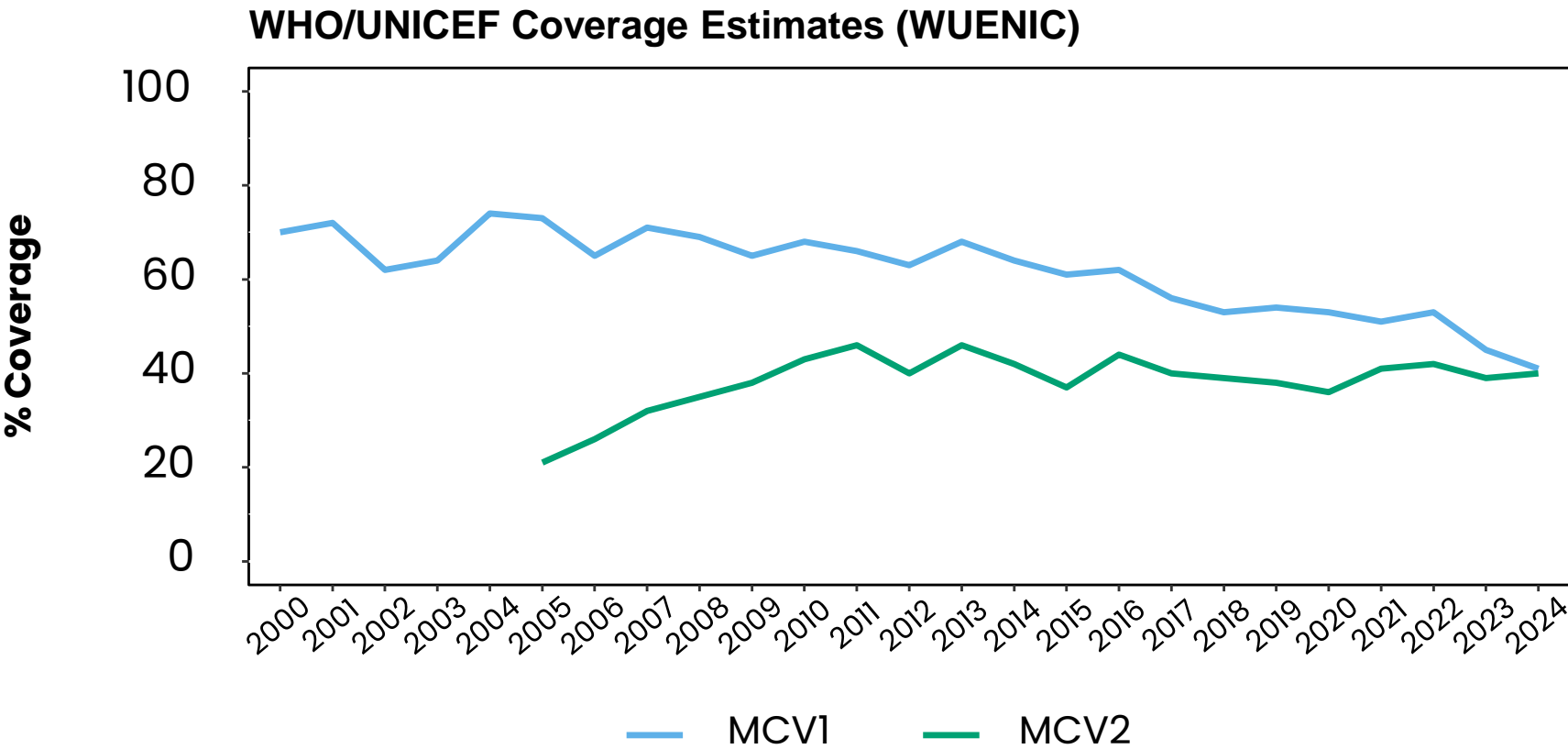
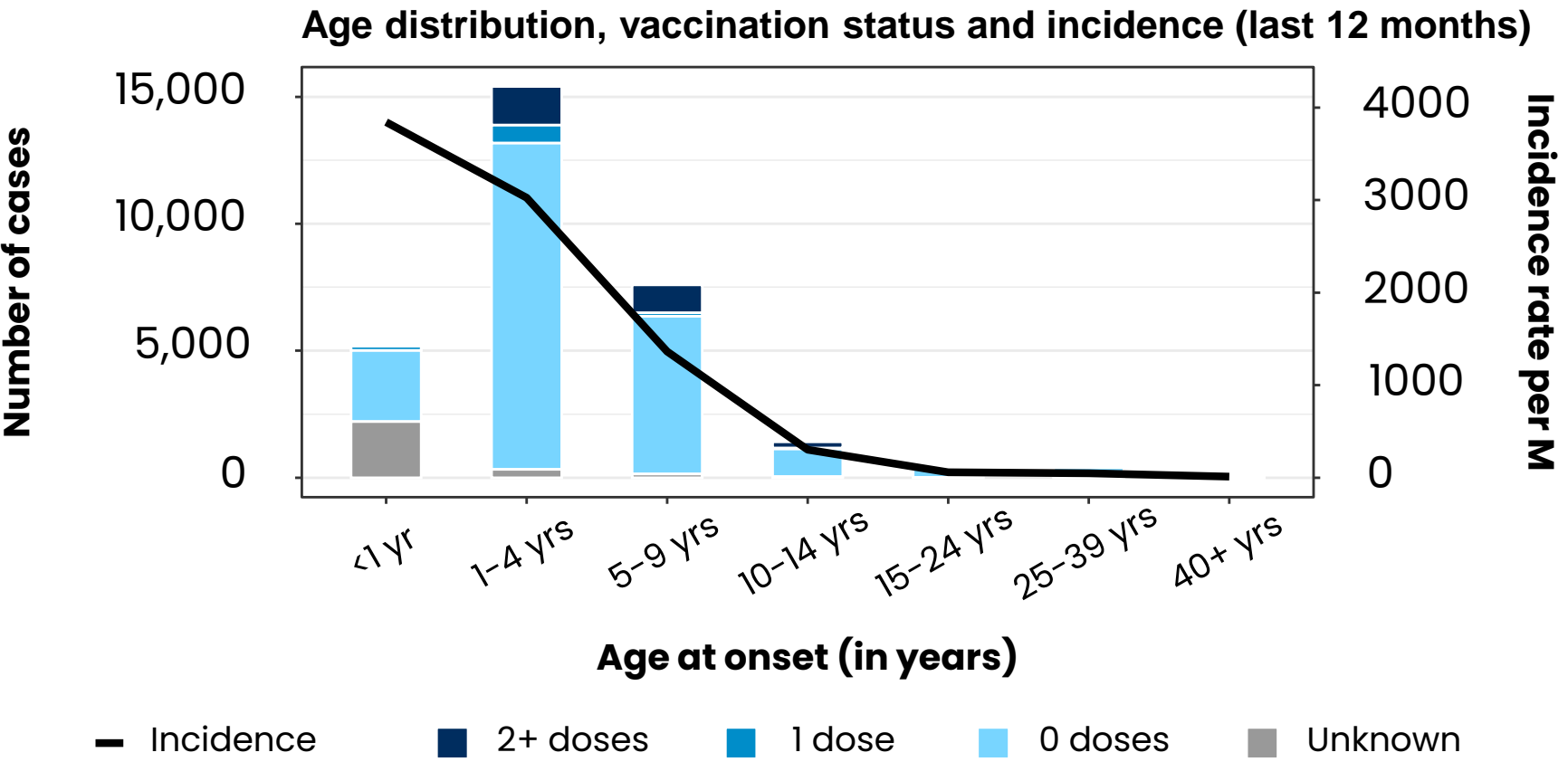
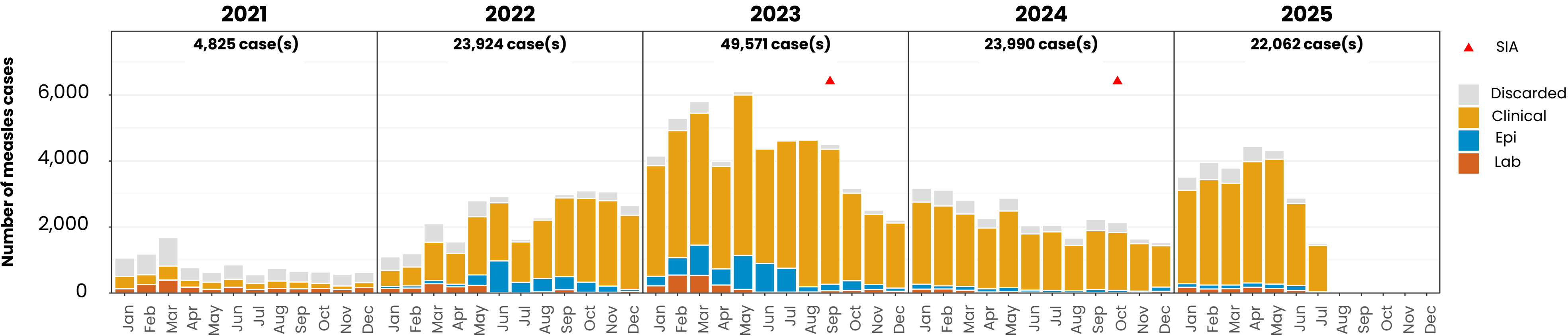
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Based on data received 2025-08 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

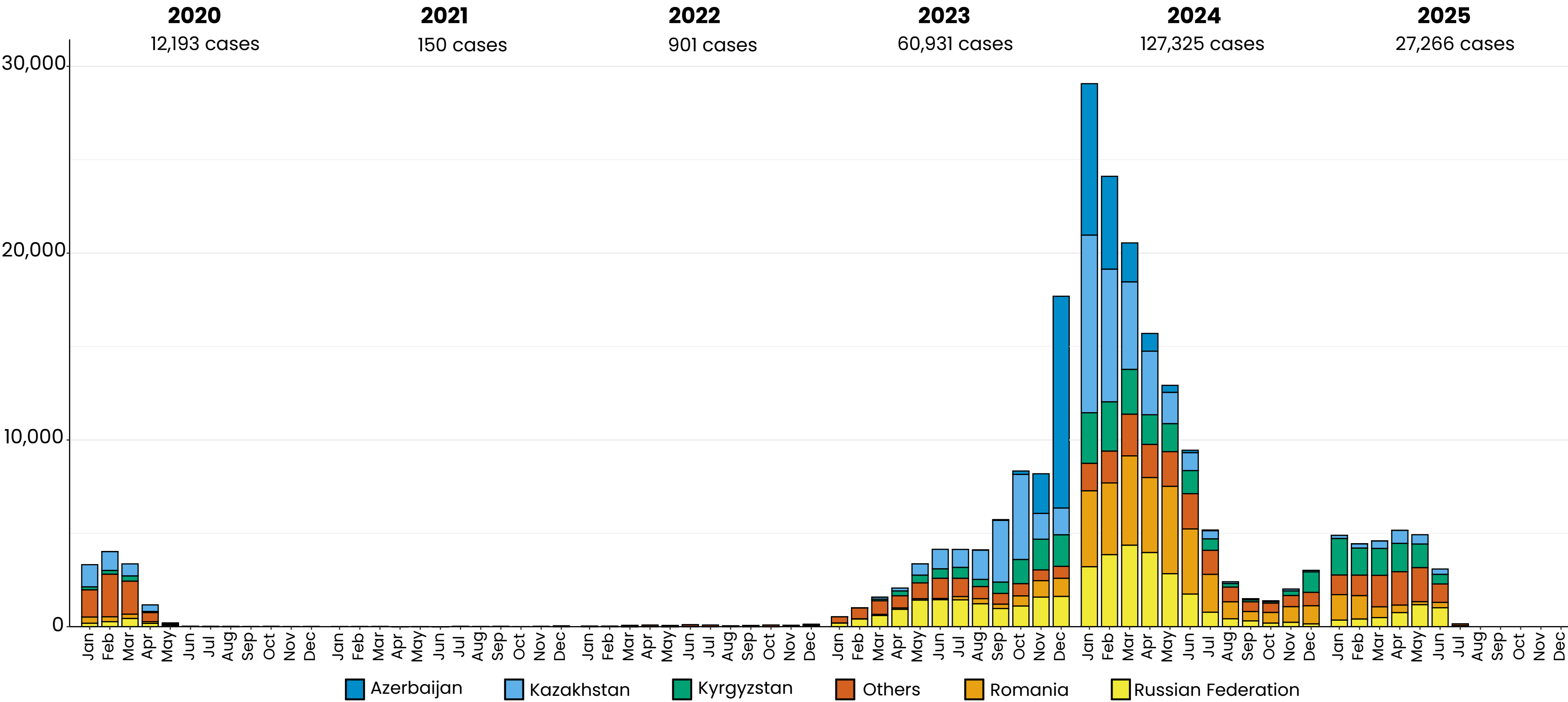
Measles cases: Yemen

ELIMINATION STATUS: **ENDEMIC**



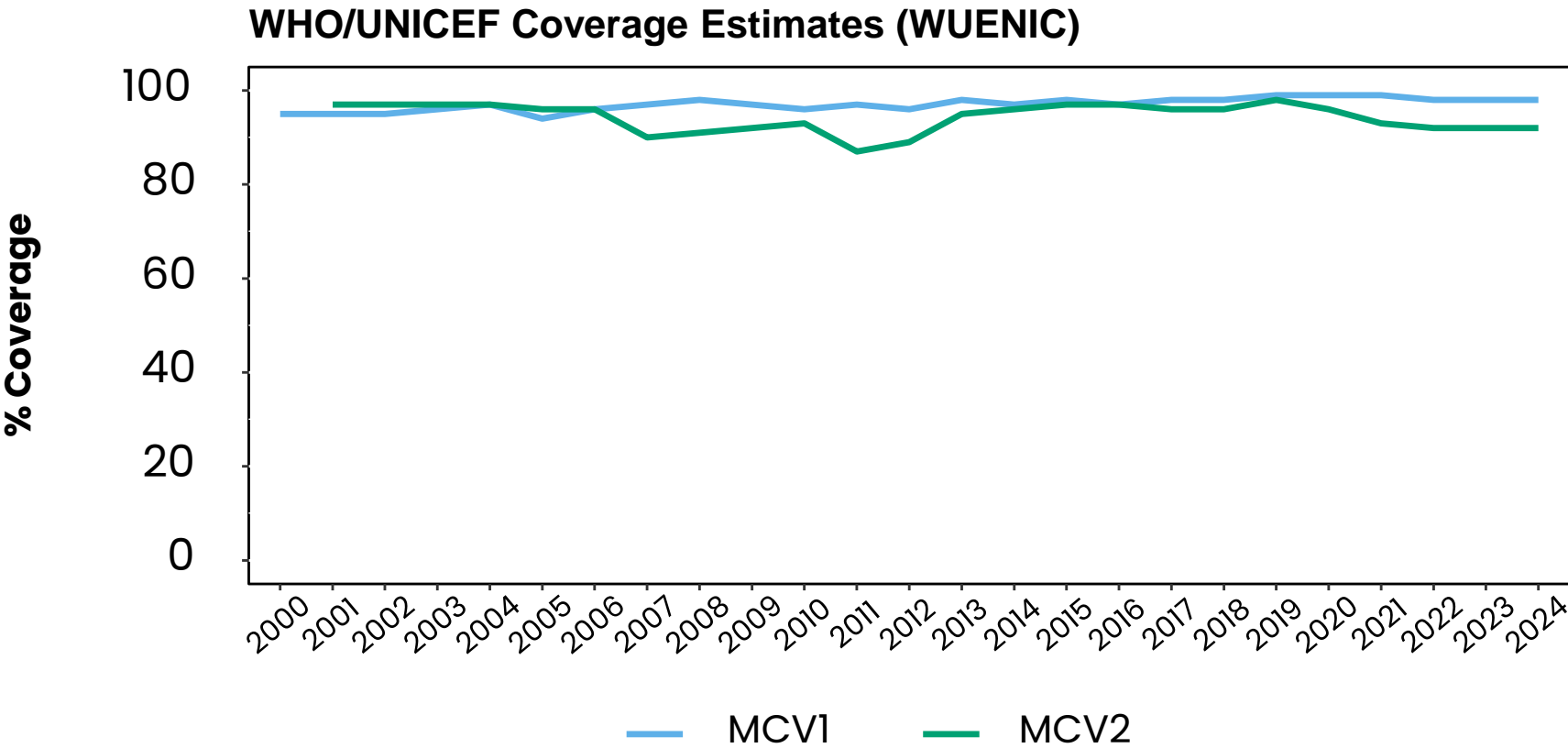
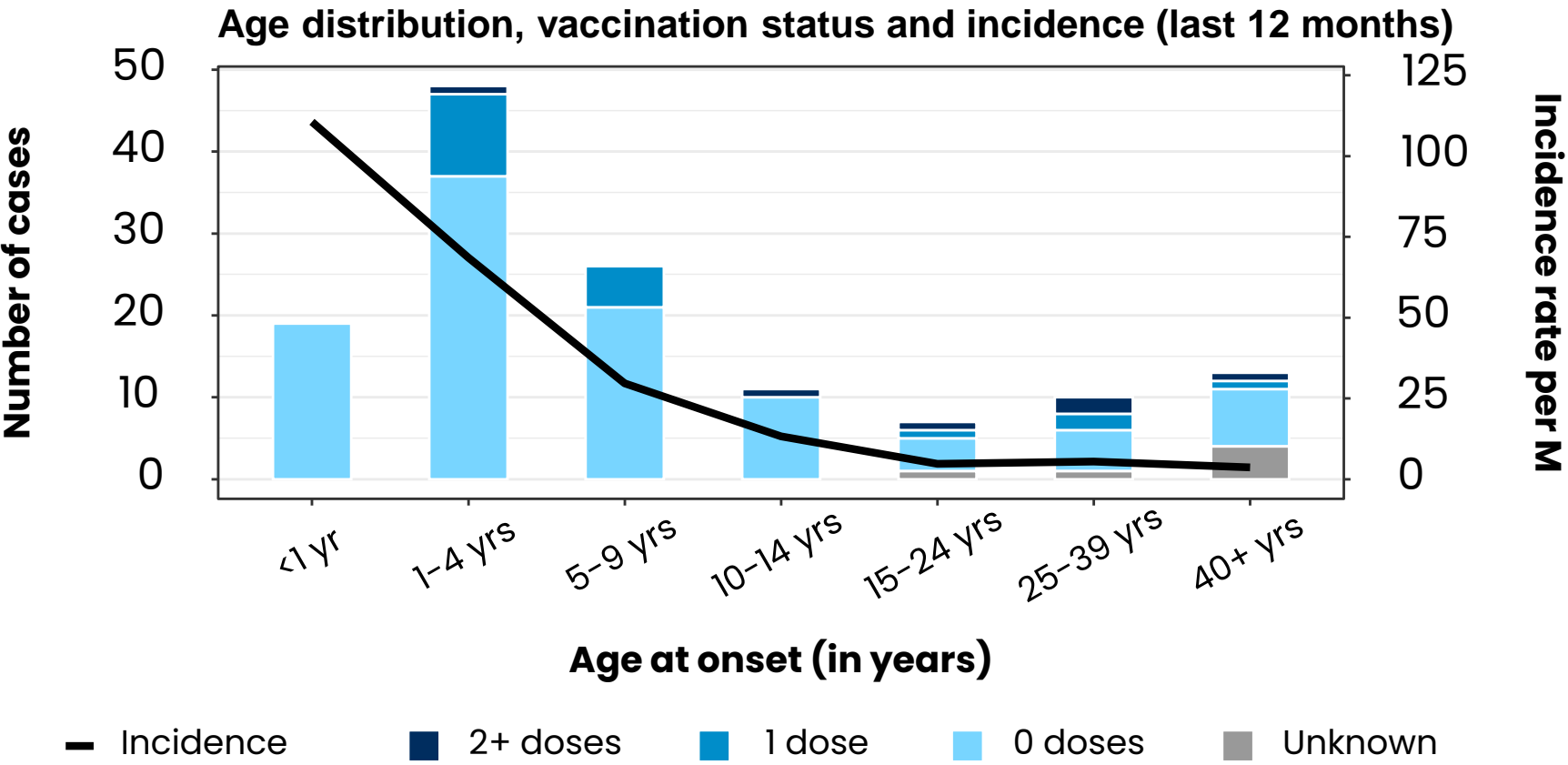
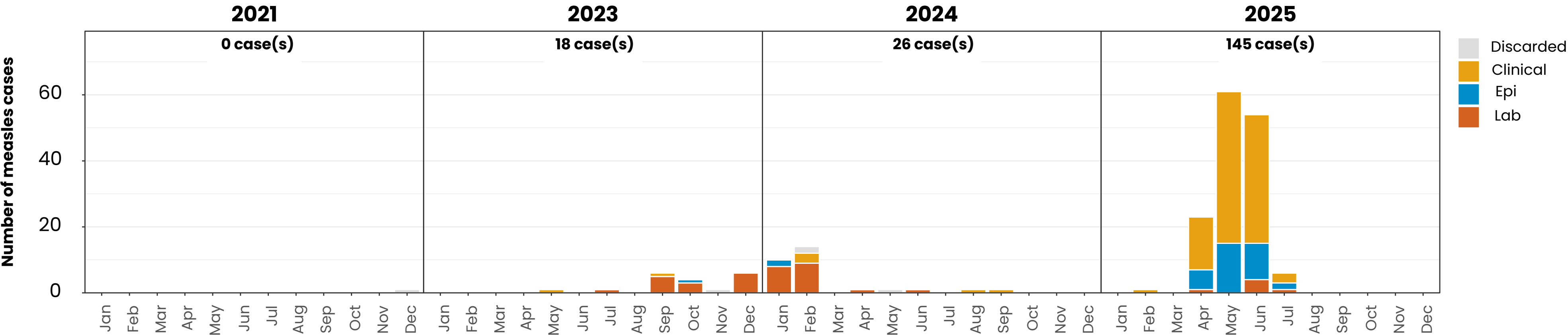
Based on data received 2025-08 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

# Measles case distribution (EUR), 2020-2025



Measles cases: Israel

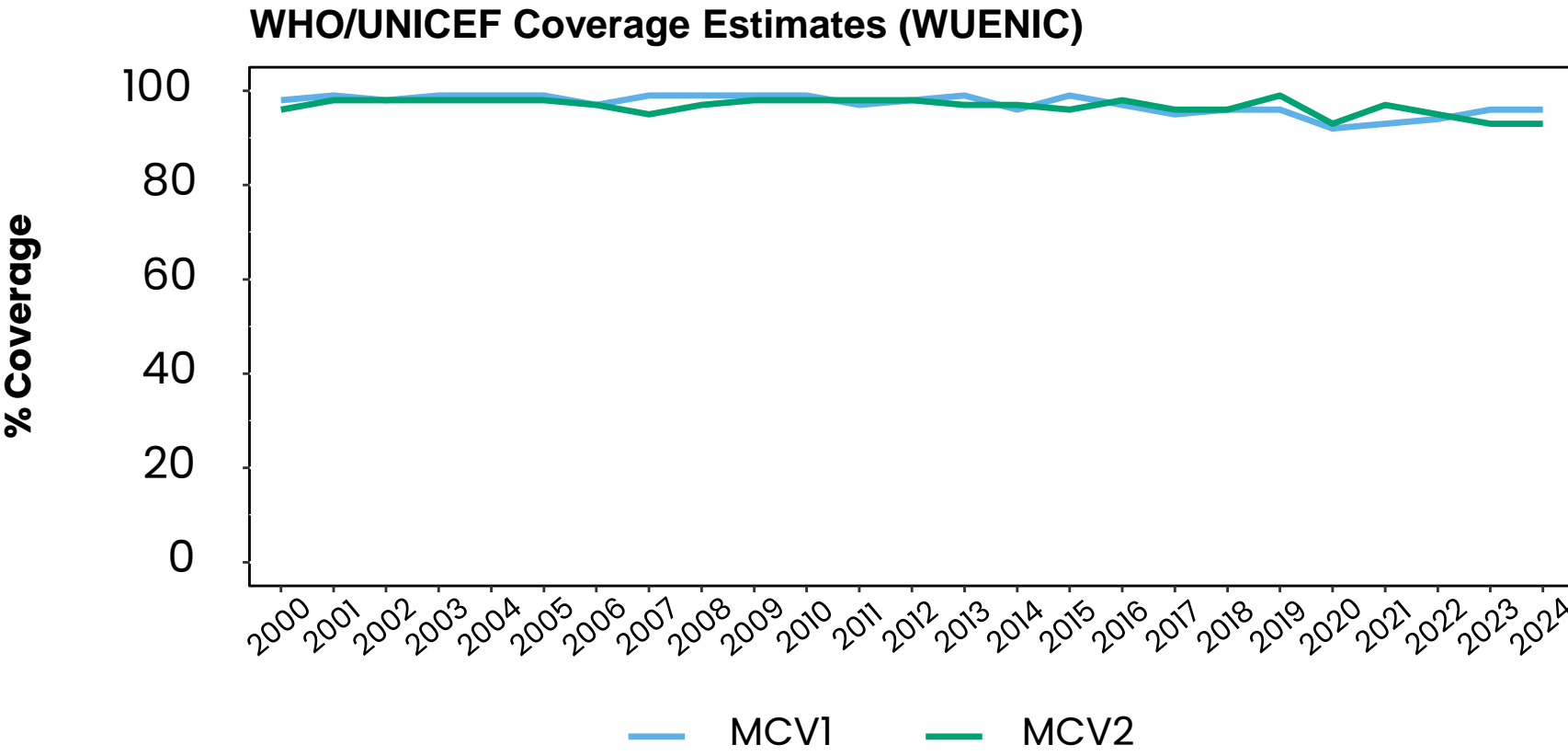
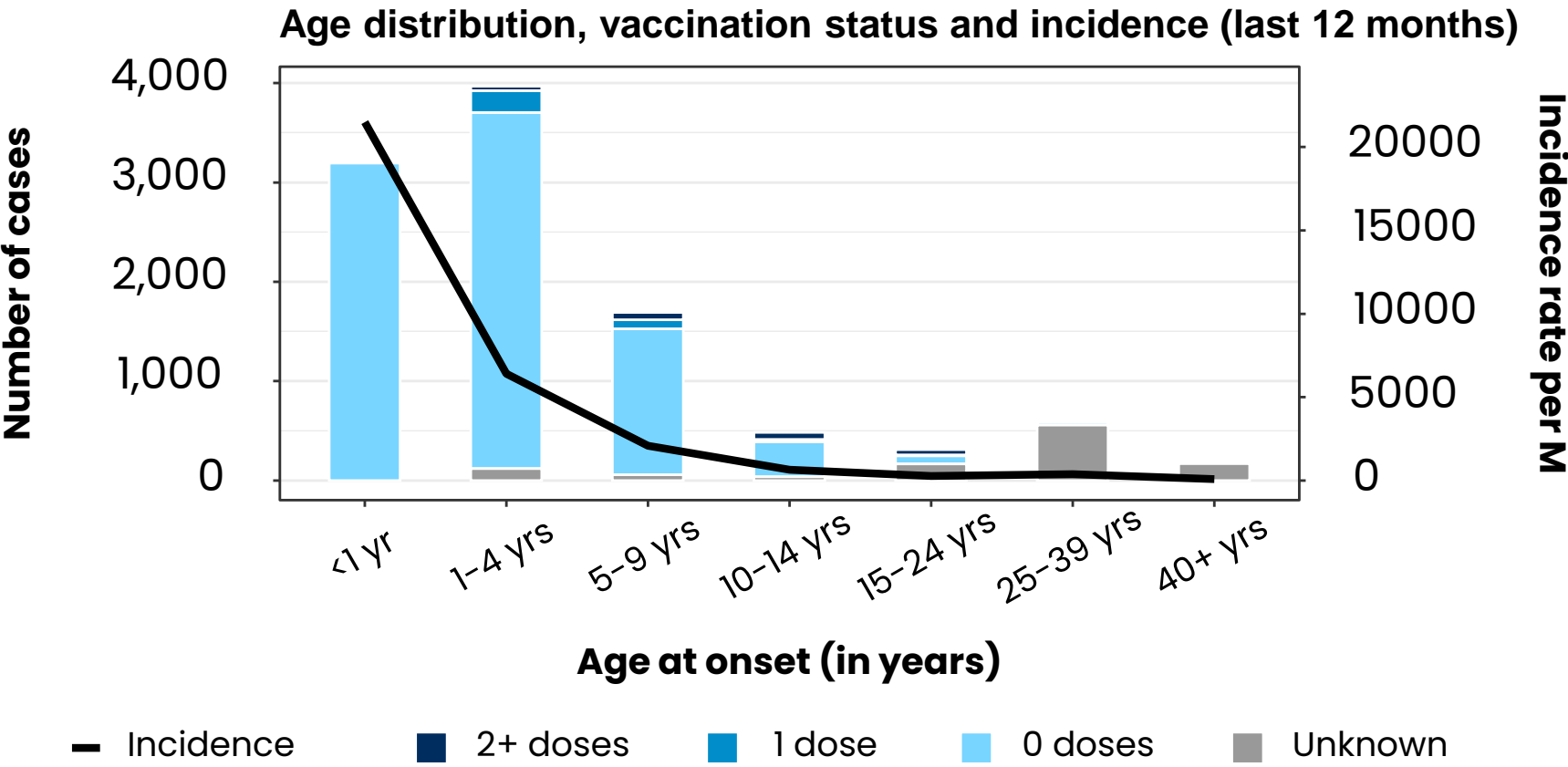
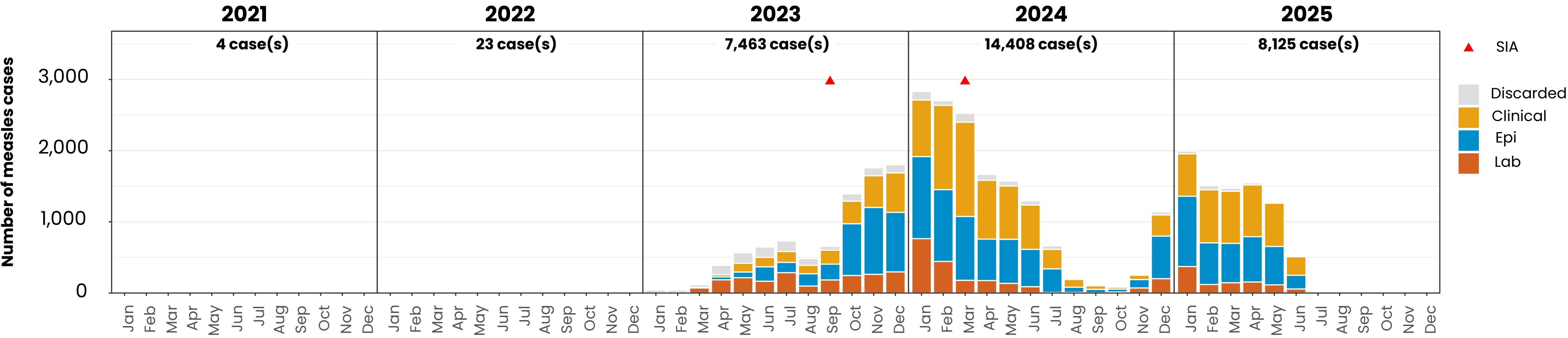
ELIMINATION STATUS: **ELIMINATED**



Based on data received 2025-08 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

Measles cases: Kyrgyzstan

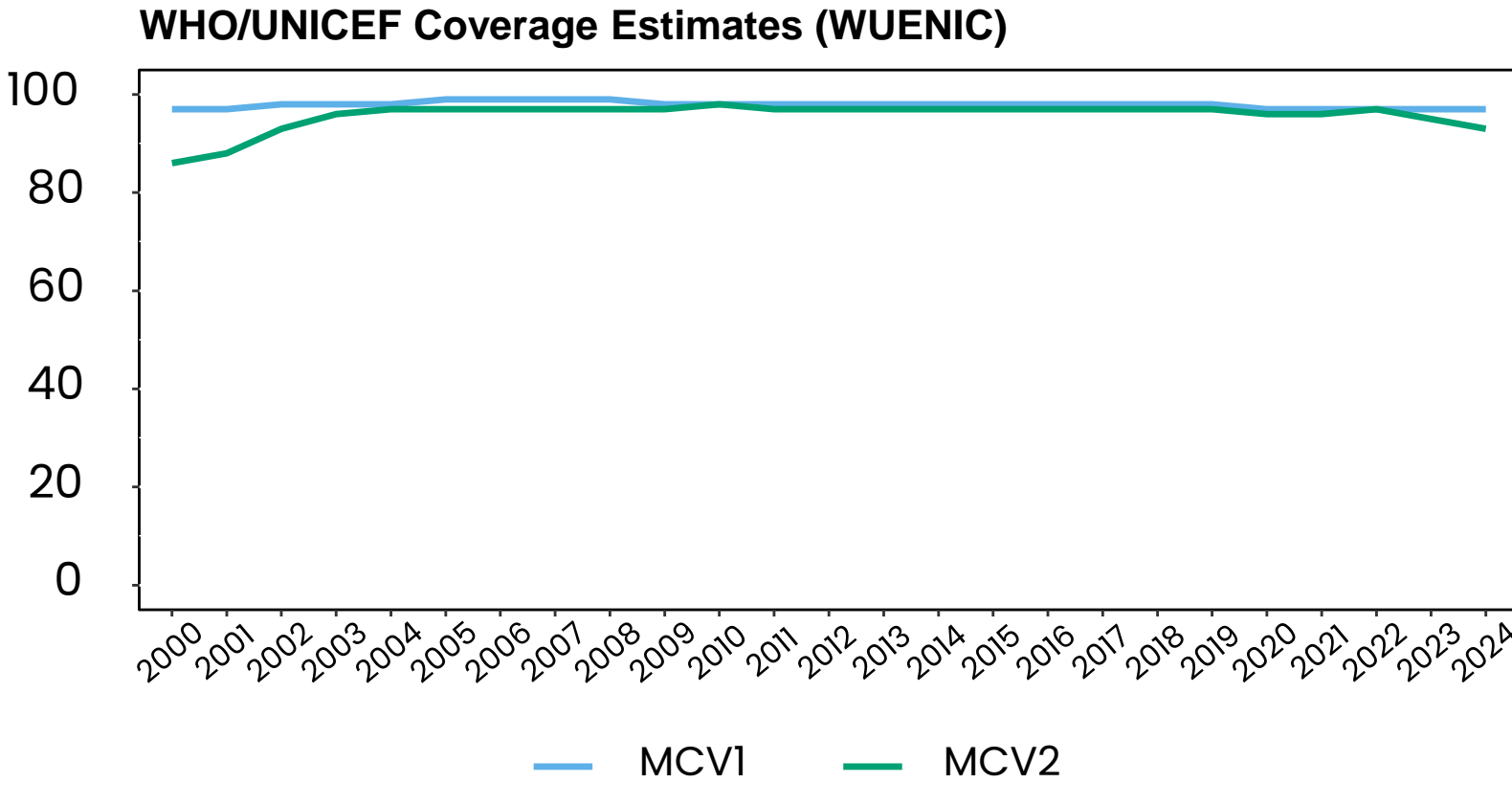
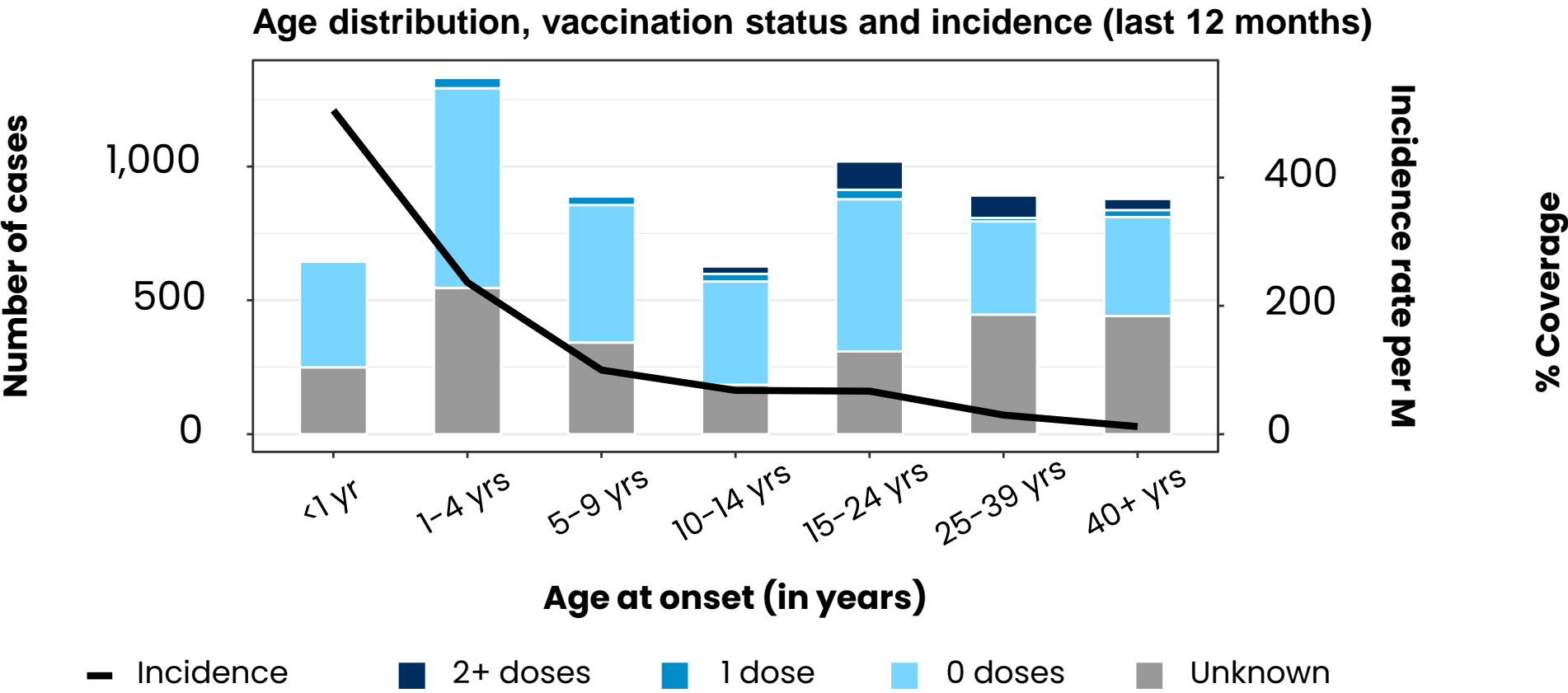
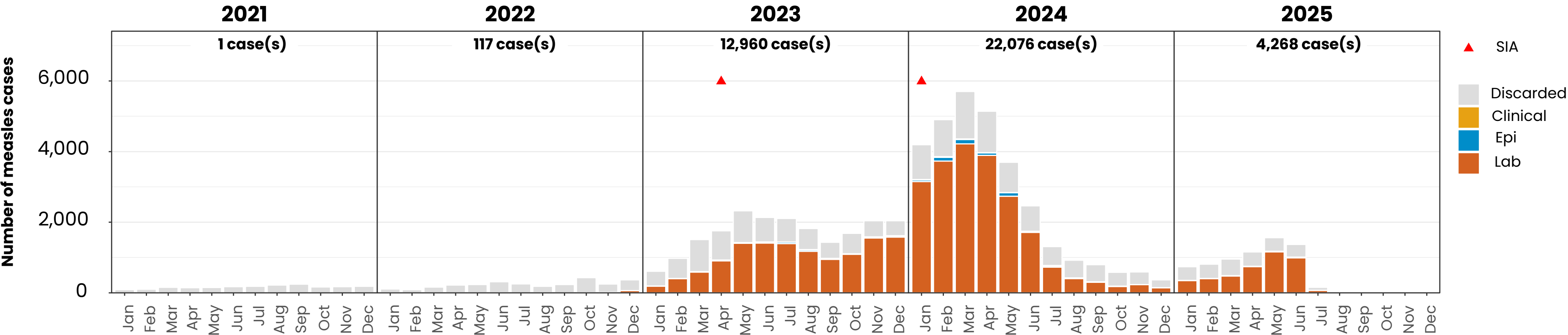
ELIMINATION STATUS: **ENDEMIC**



Based on data received 2025-08 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

# Measles cases: Russian Federation

ELIMINATION STATUS: **RE-ESTABLISHED**

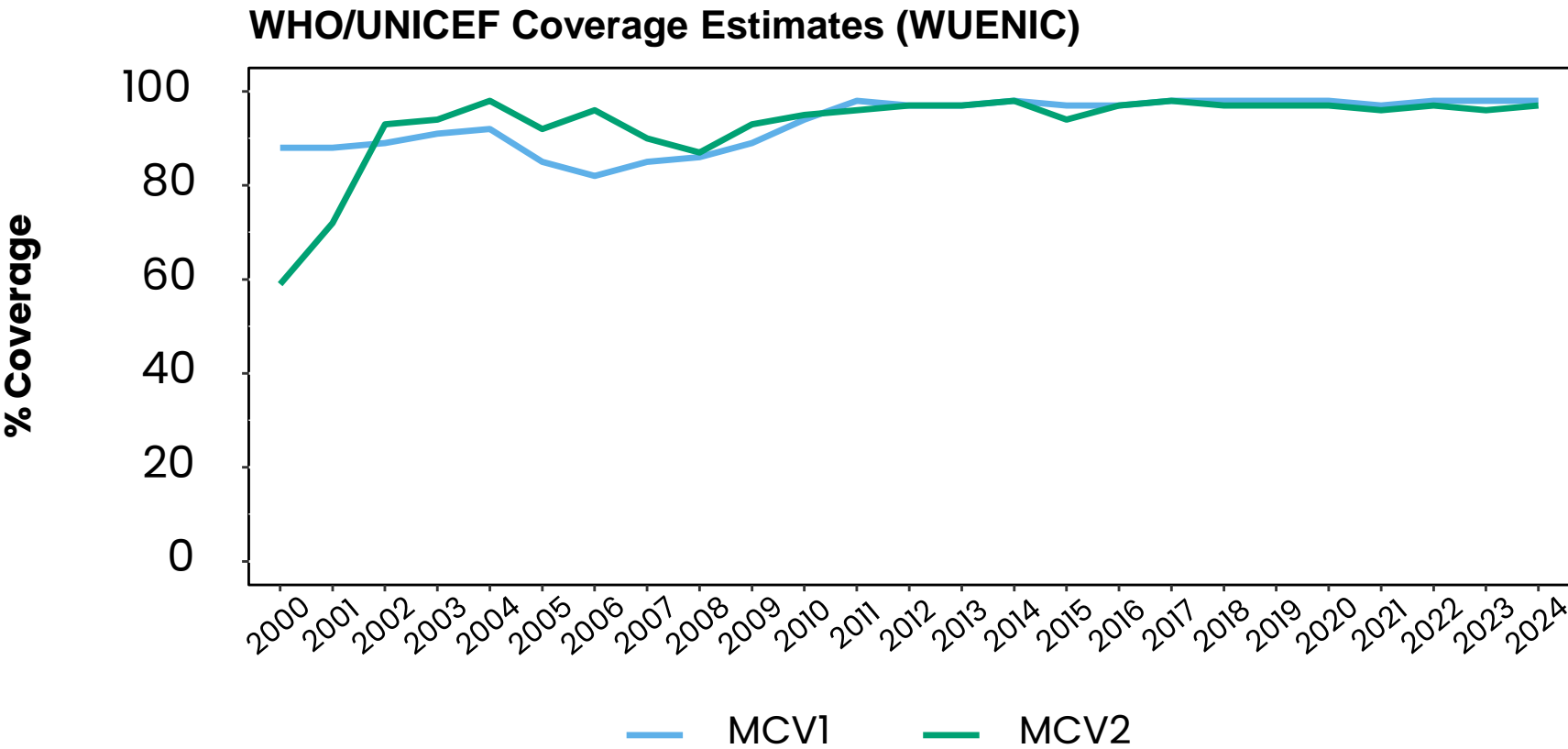
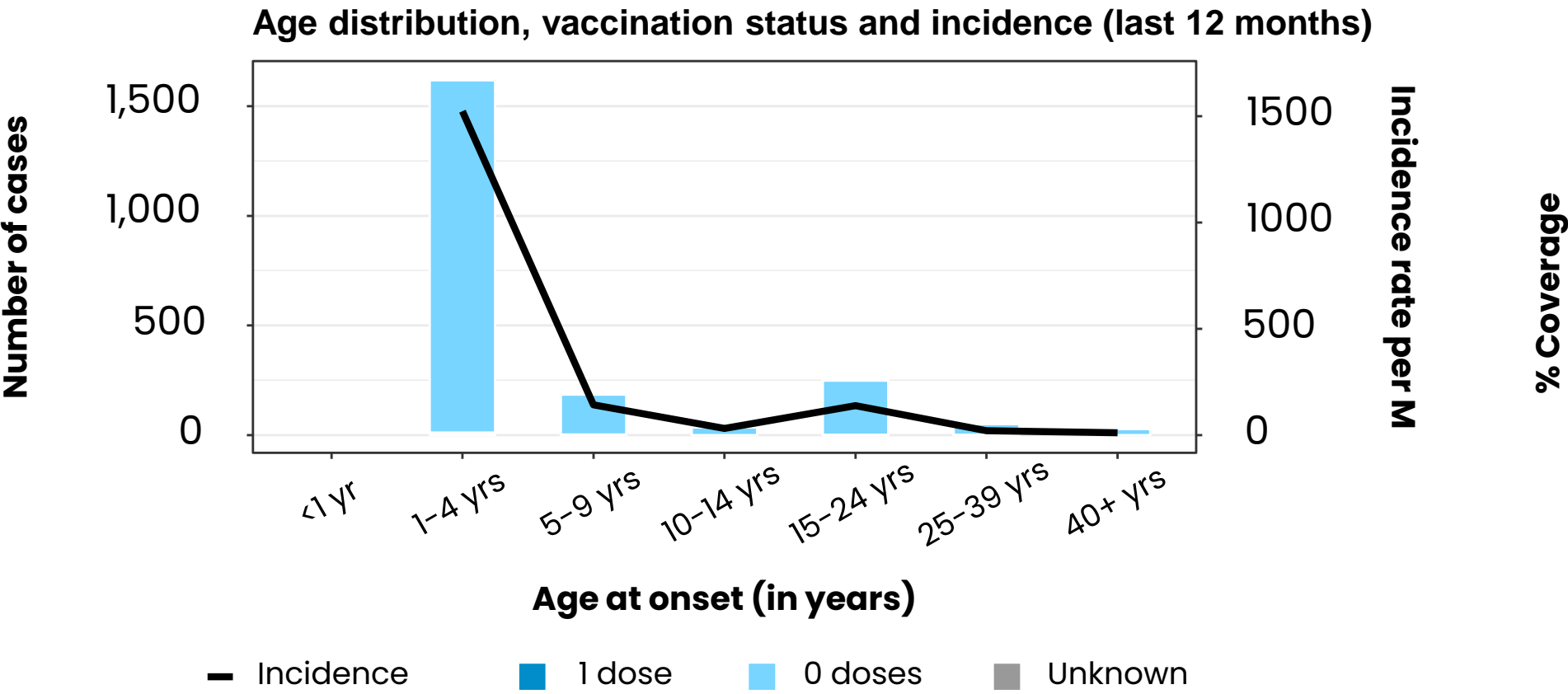
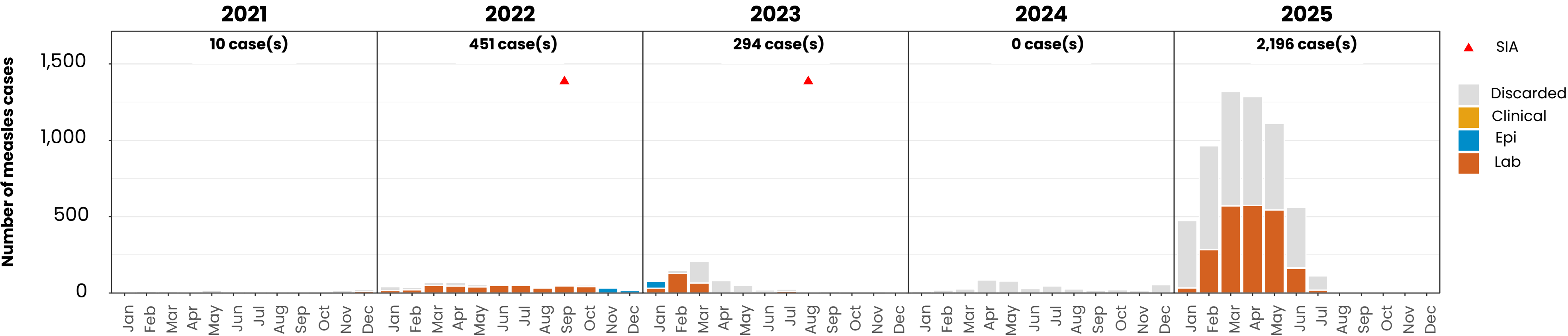


Based on data received 2025-08 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)



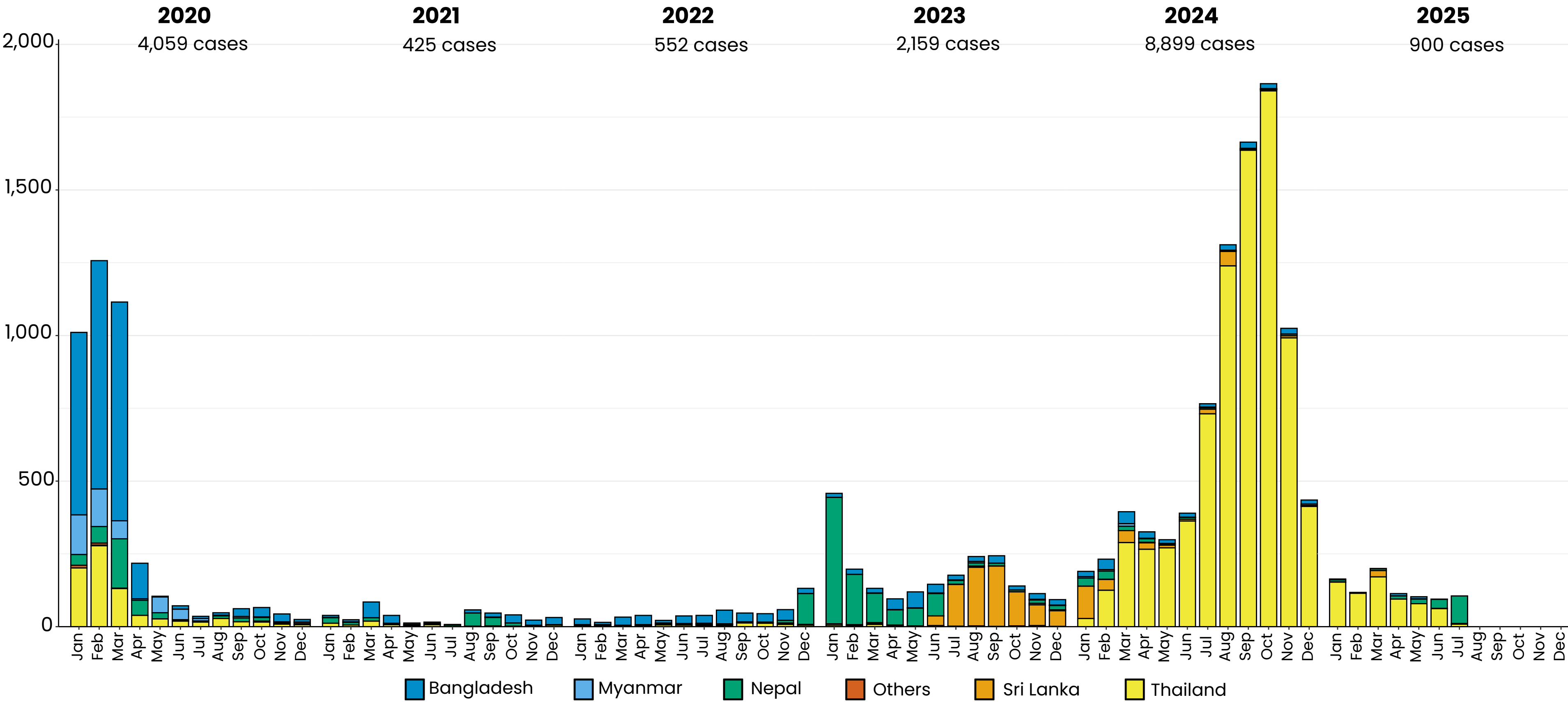
# Measles cases: Tajikistan

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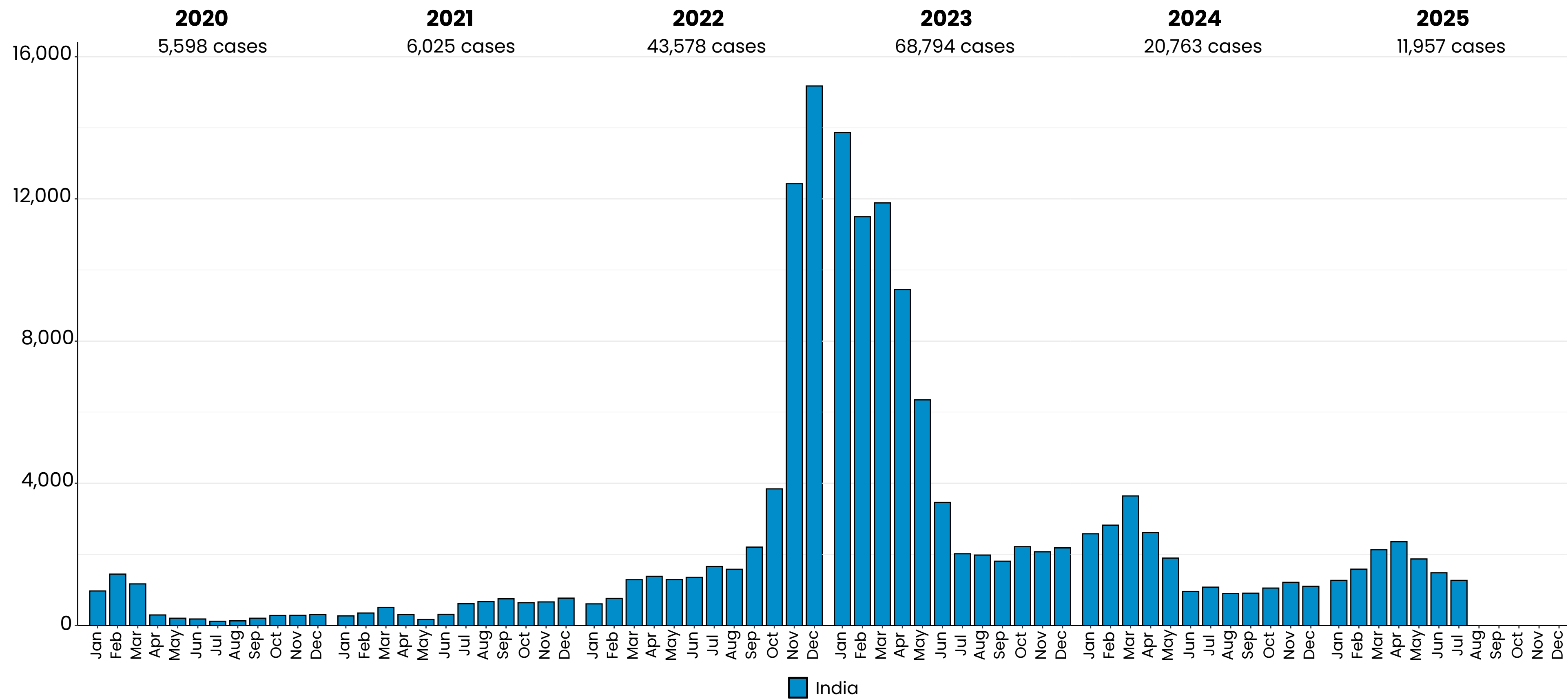


Based on data received 2025-08 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

# Measles case distribution (SEAR (excl. India)), 2020-2025

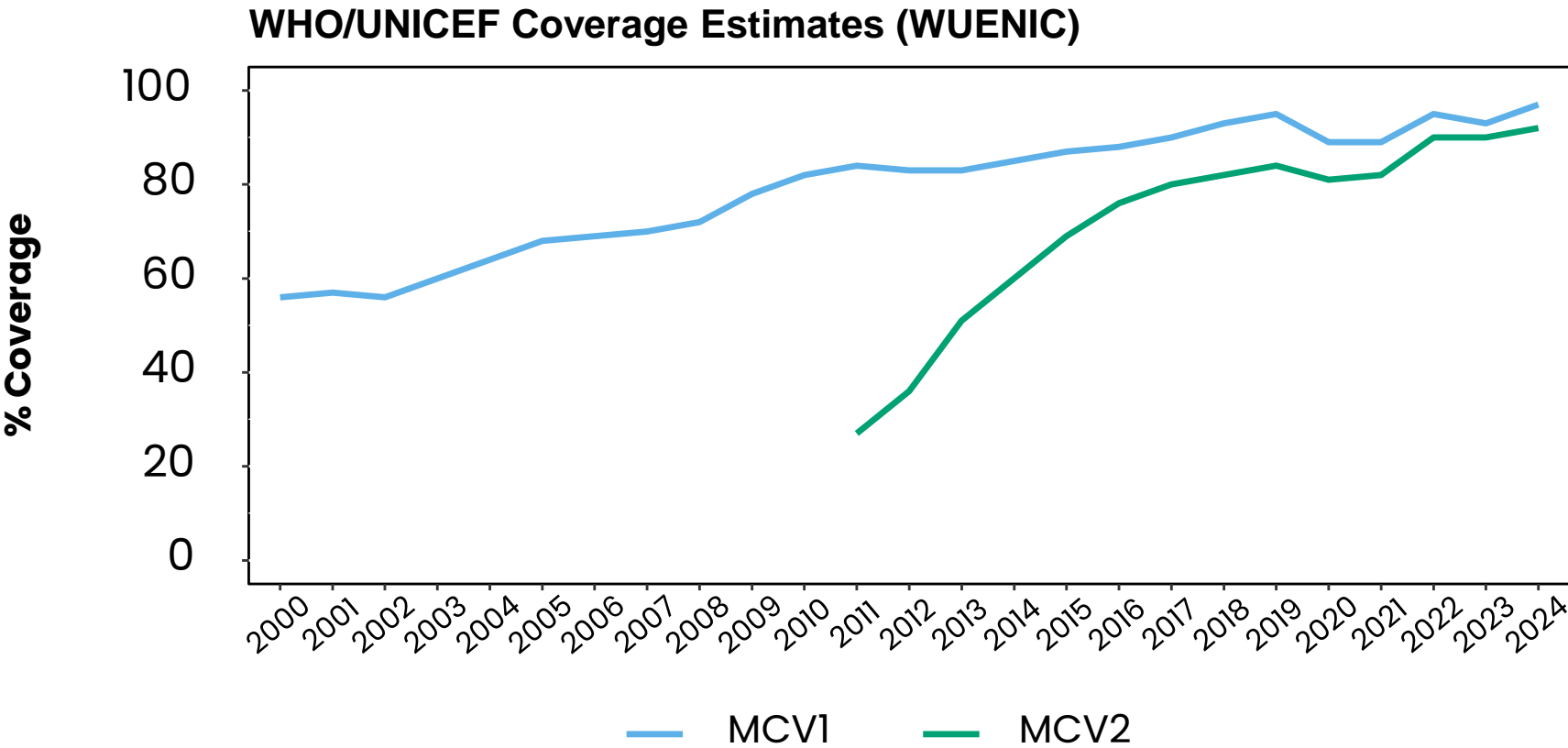
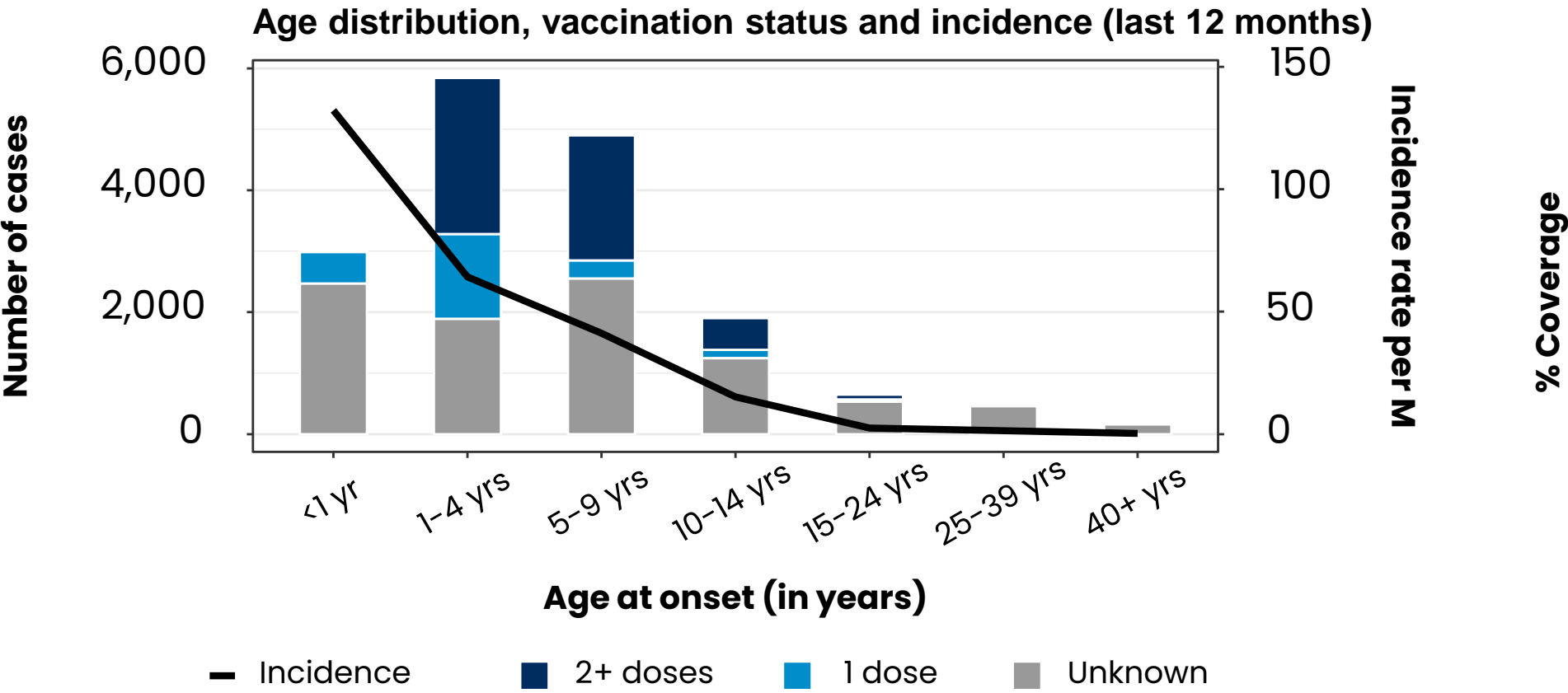
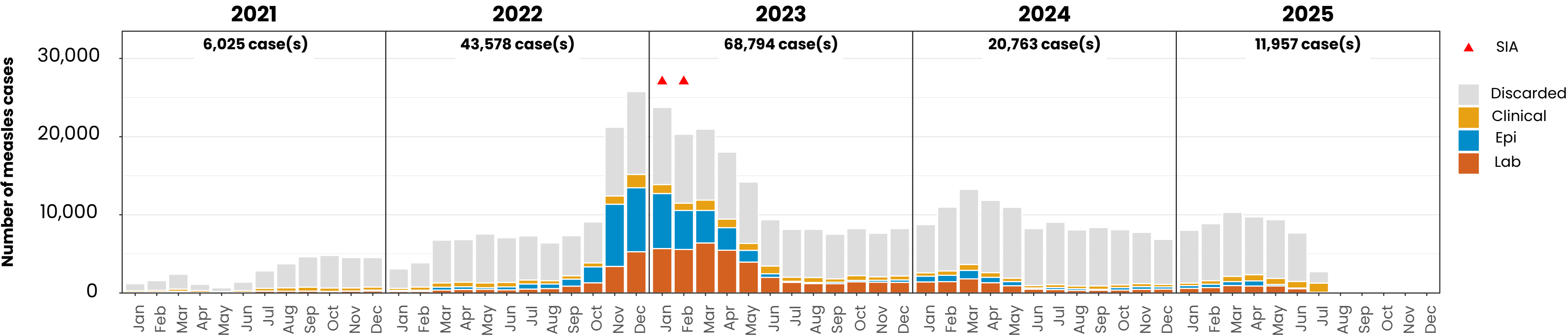


# Measles case distribution (SEAR, India), 2020–2025



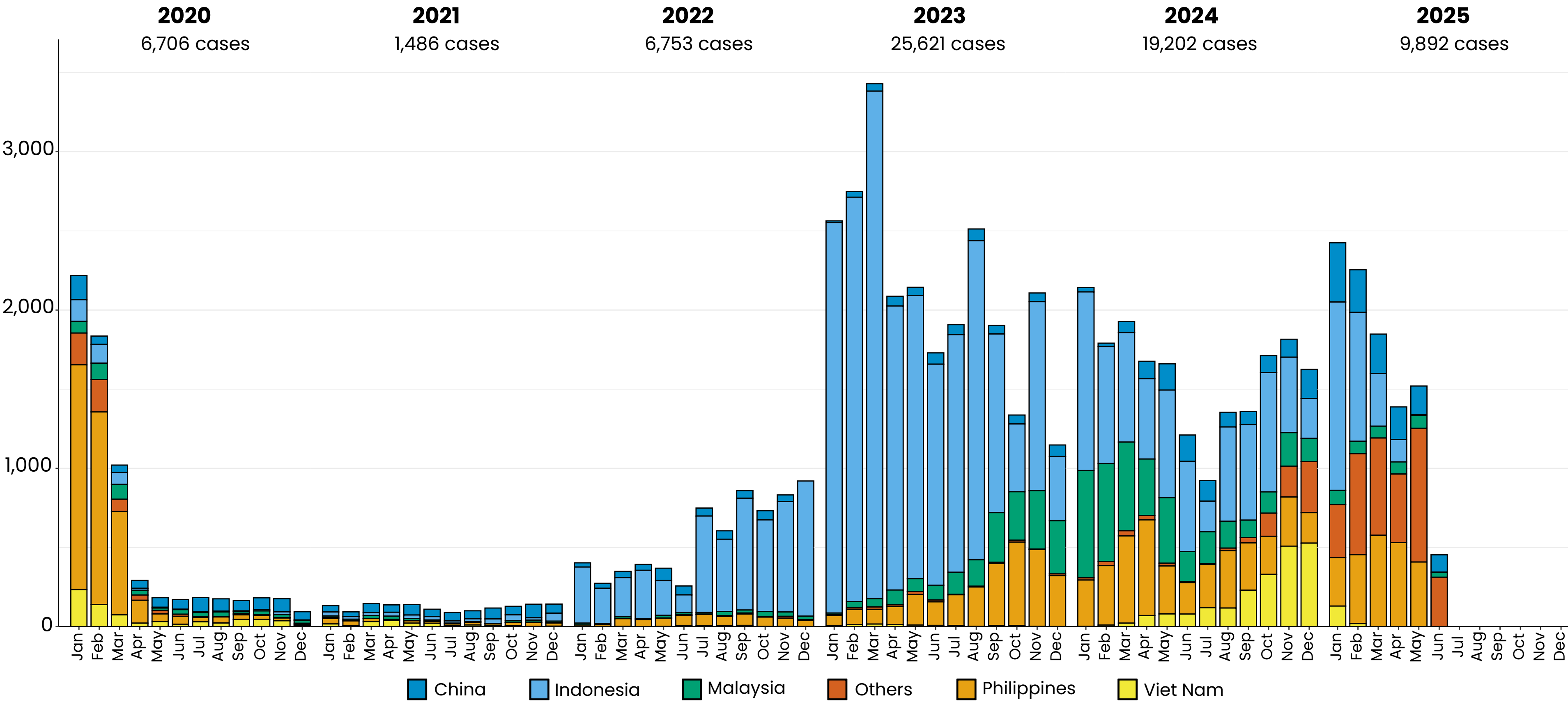
Measles cases: India

ELIMINATION STATUS: **ENDEMIC**



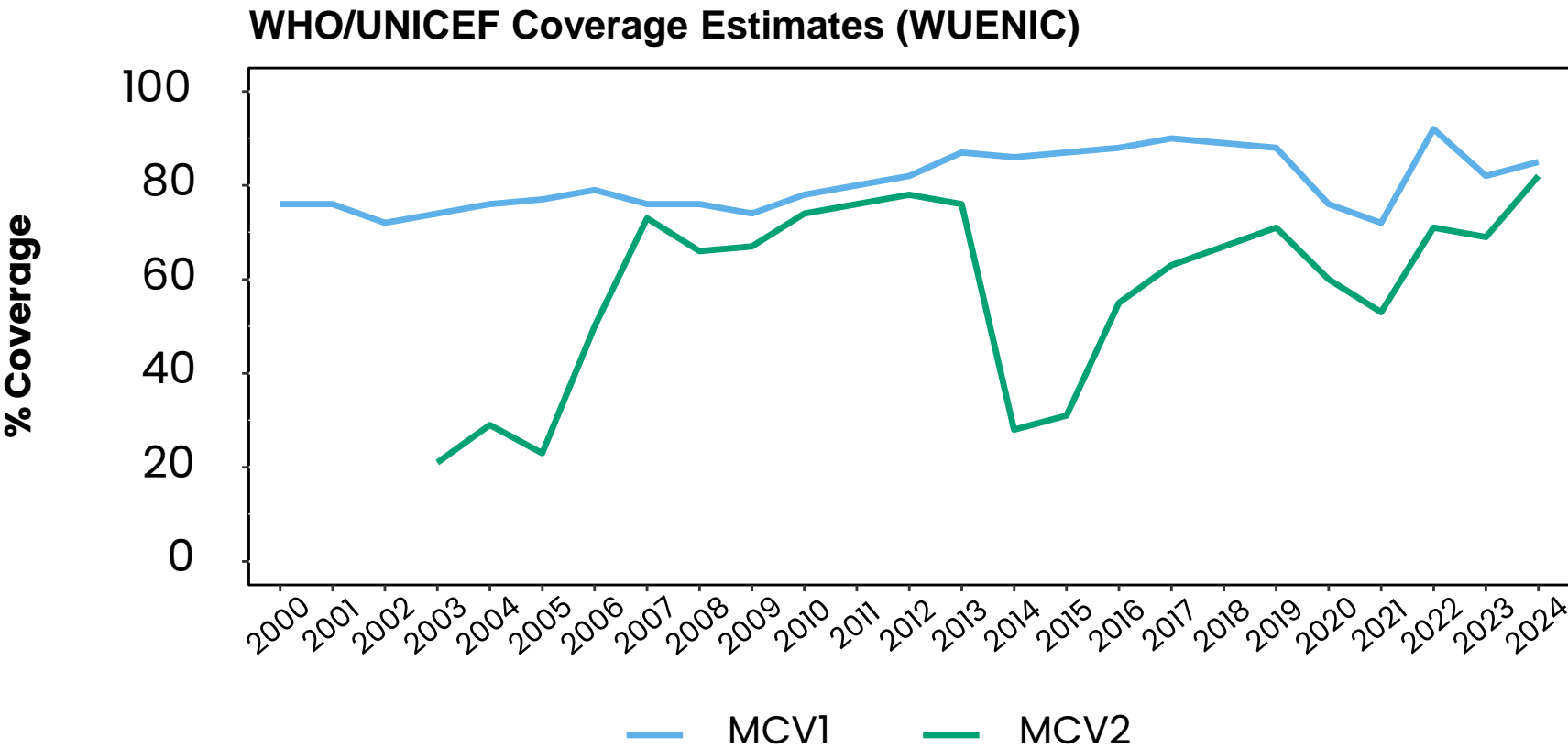
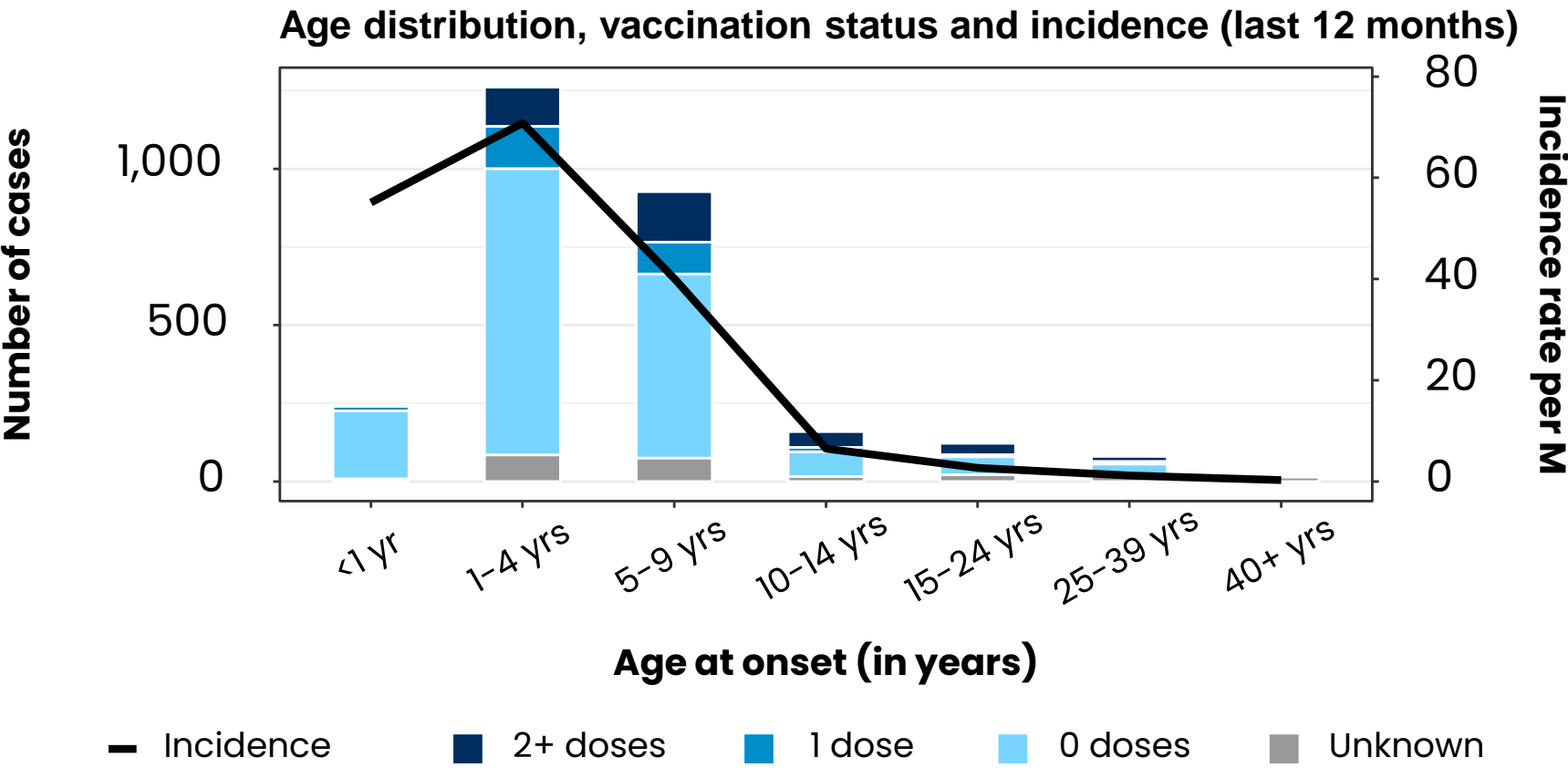
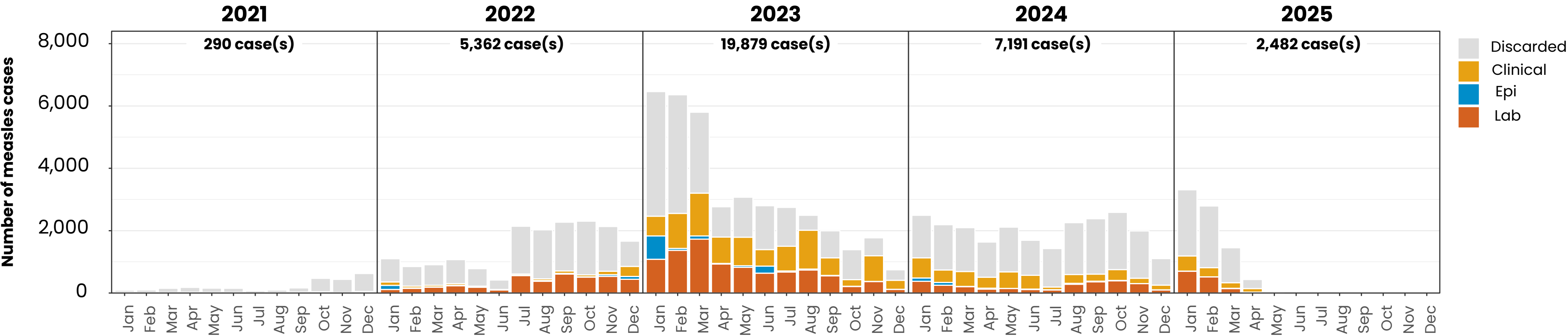
Based on data received 2025-08 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

# Measles case distribution (WPR), 2020-2025



# Measles cases: Indonesia

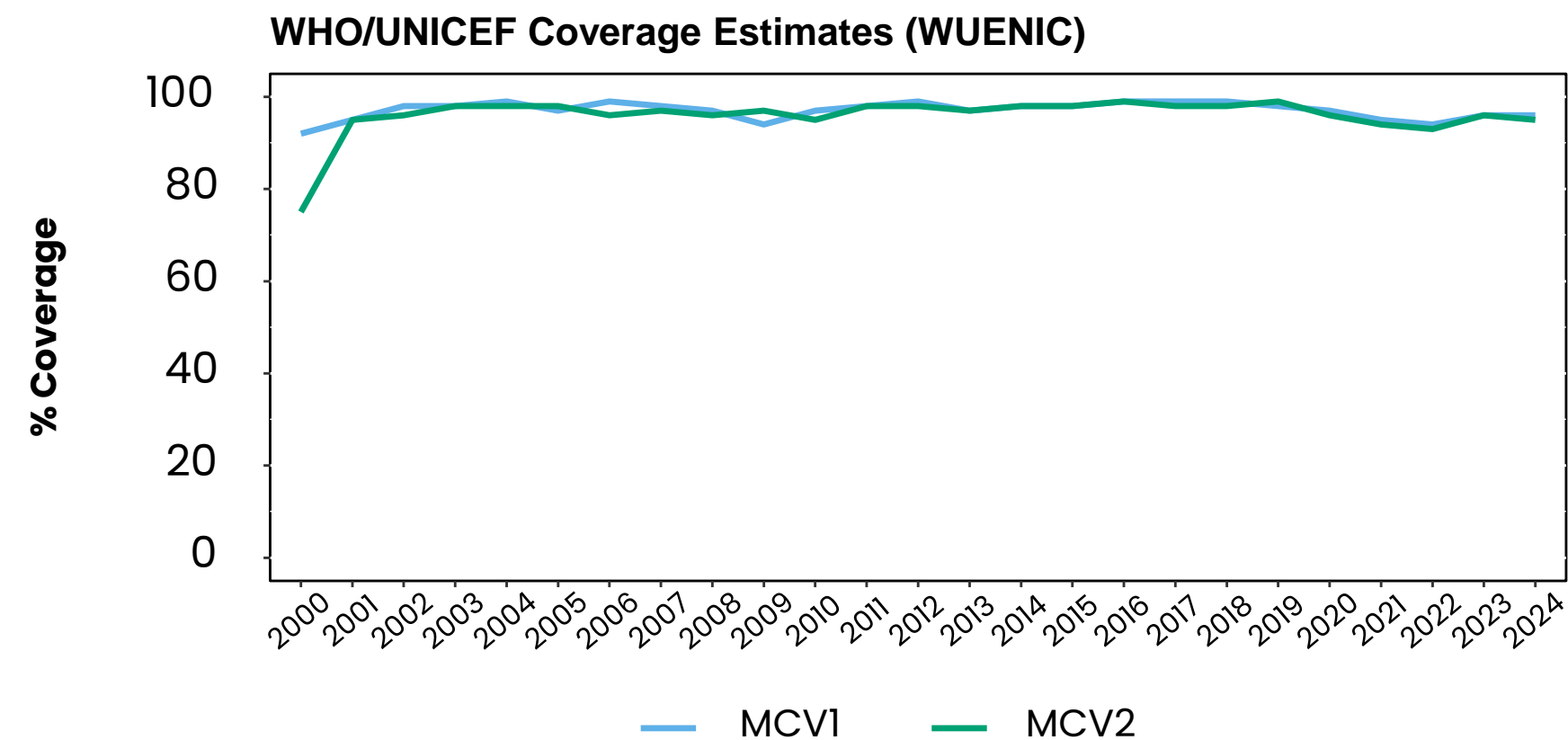
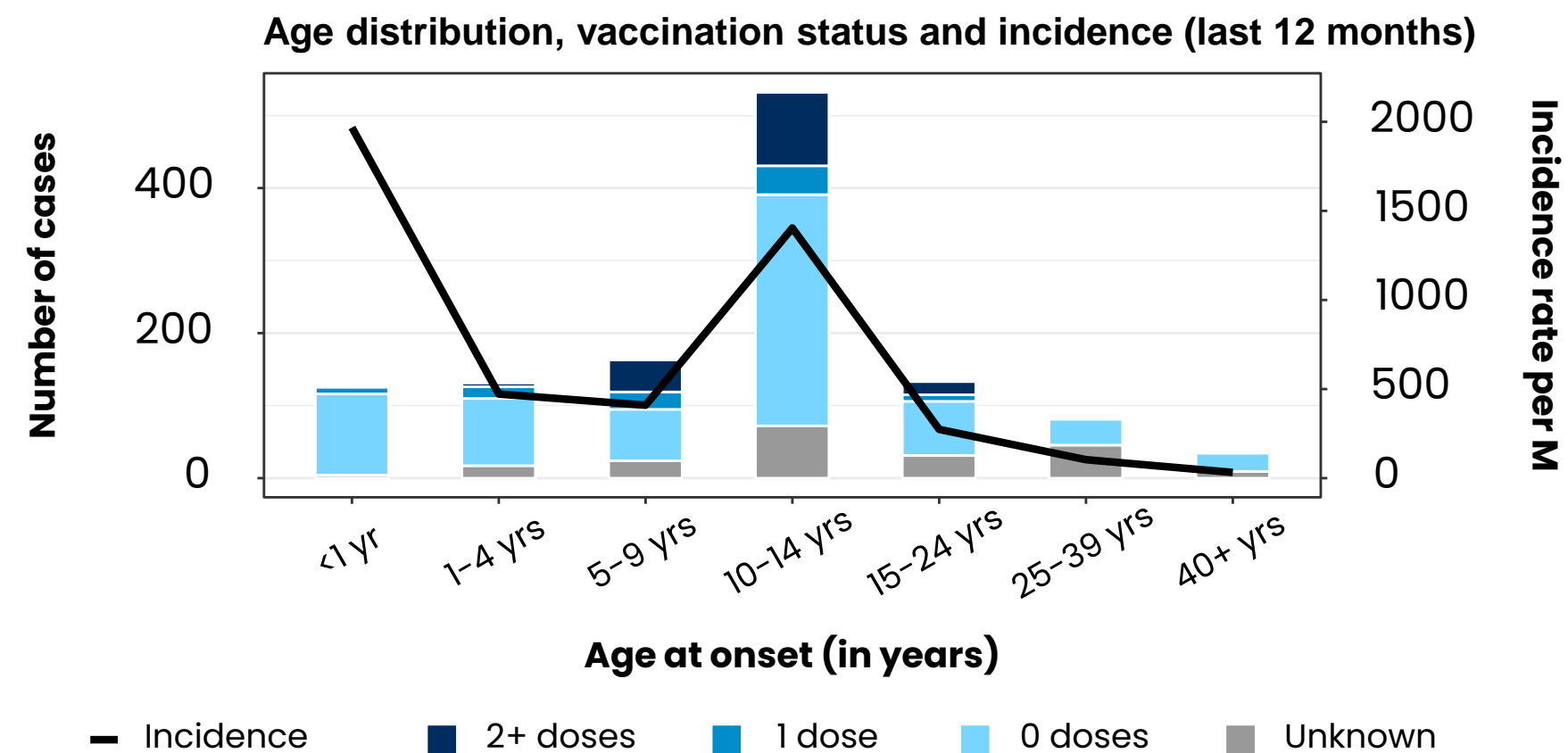
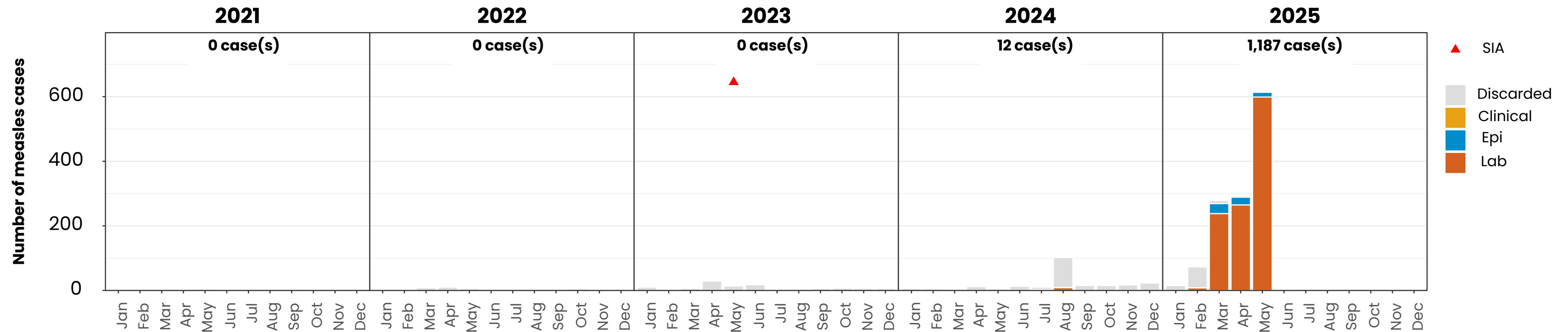
ELIMINATION STATUS: **ENDEMIC**



Based on data received 2025-08 - Data Source: IVB Database. Main epi curve was built using a combination of case-based and aggregate surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

## Measles cases: Mongolia

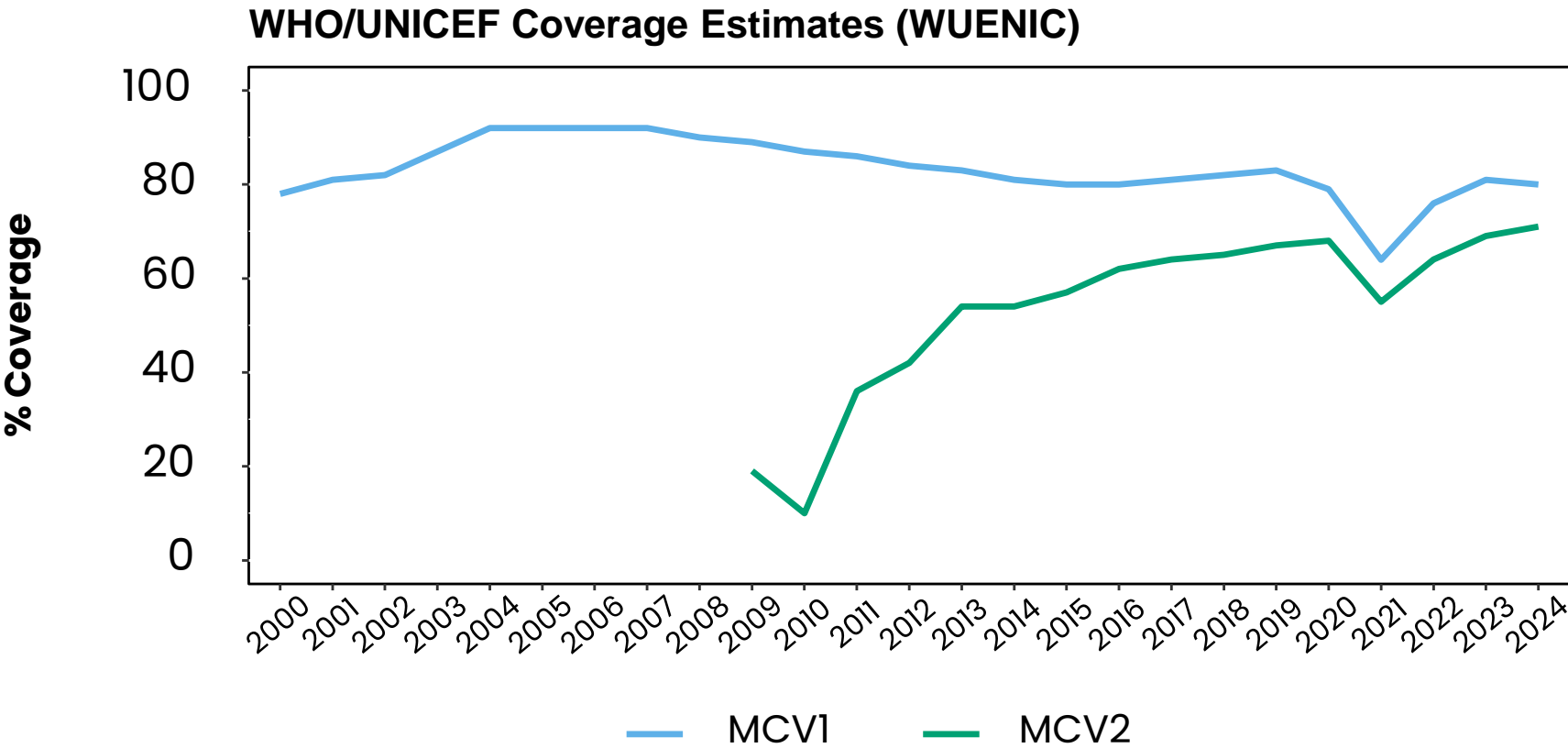
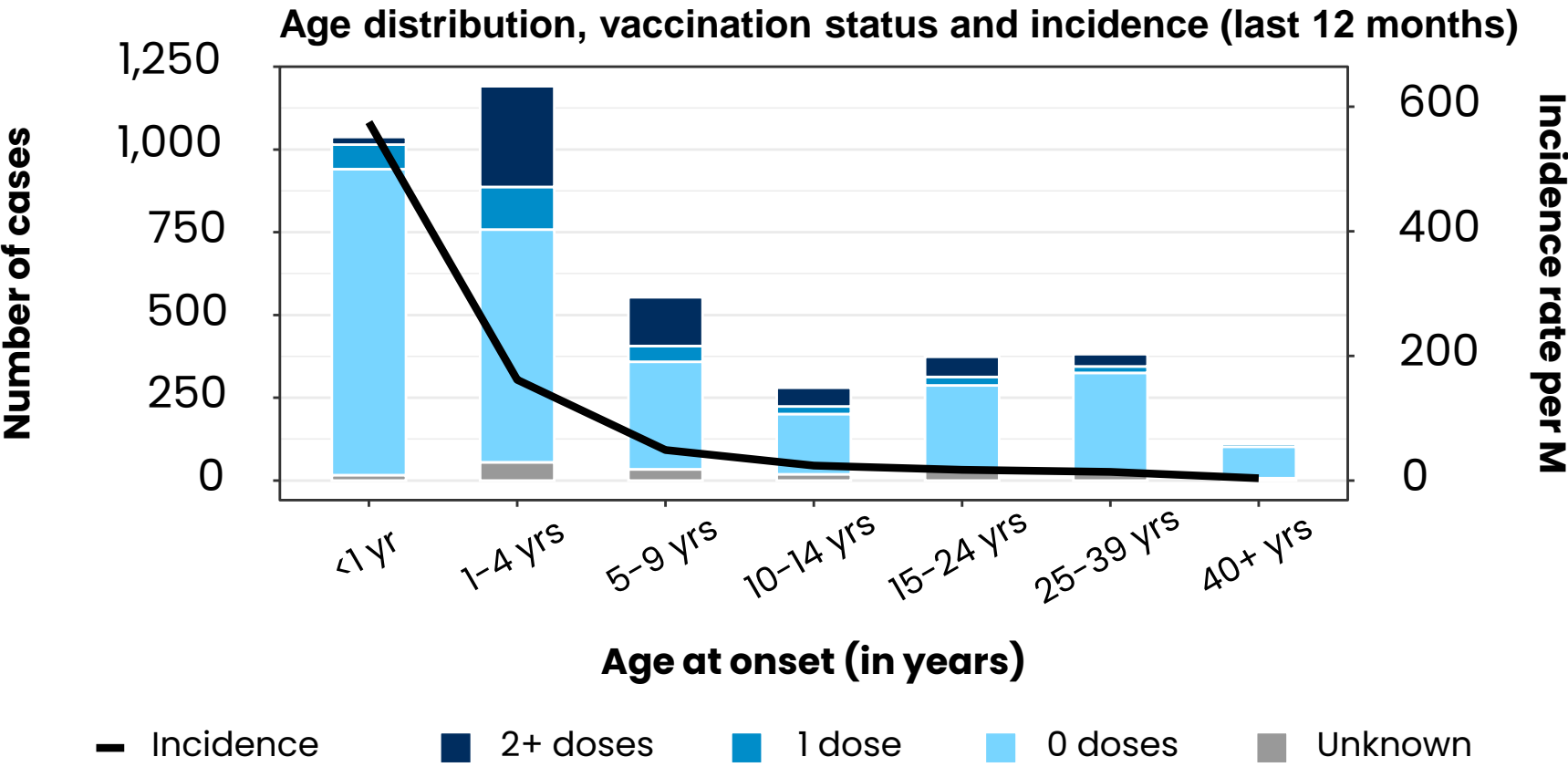
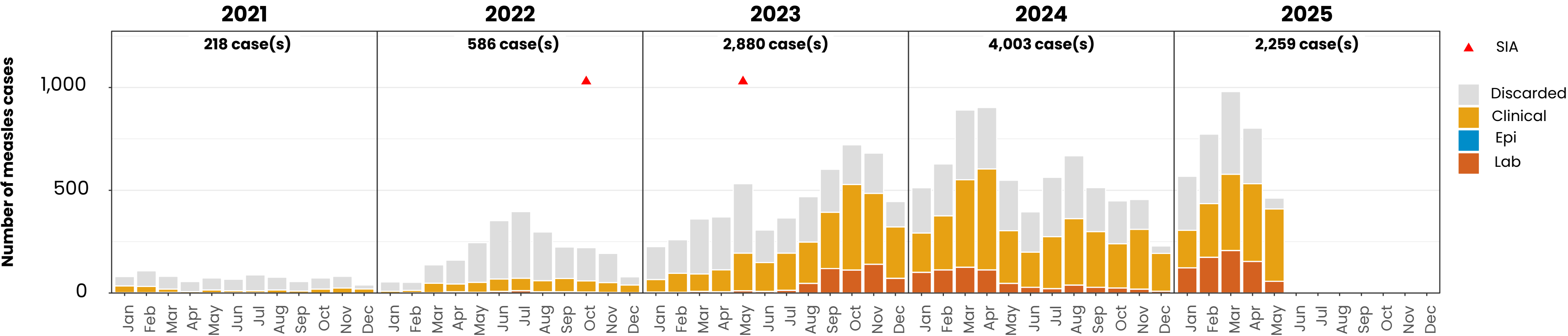
ELIMINATION STATUS: **ELIMINATED**



Based on data received 2025-08 – Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

# Measles cases: Philippines

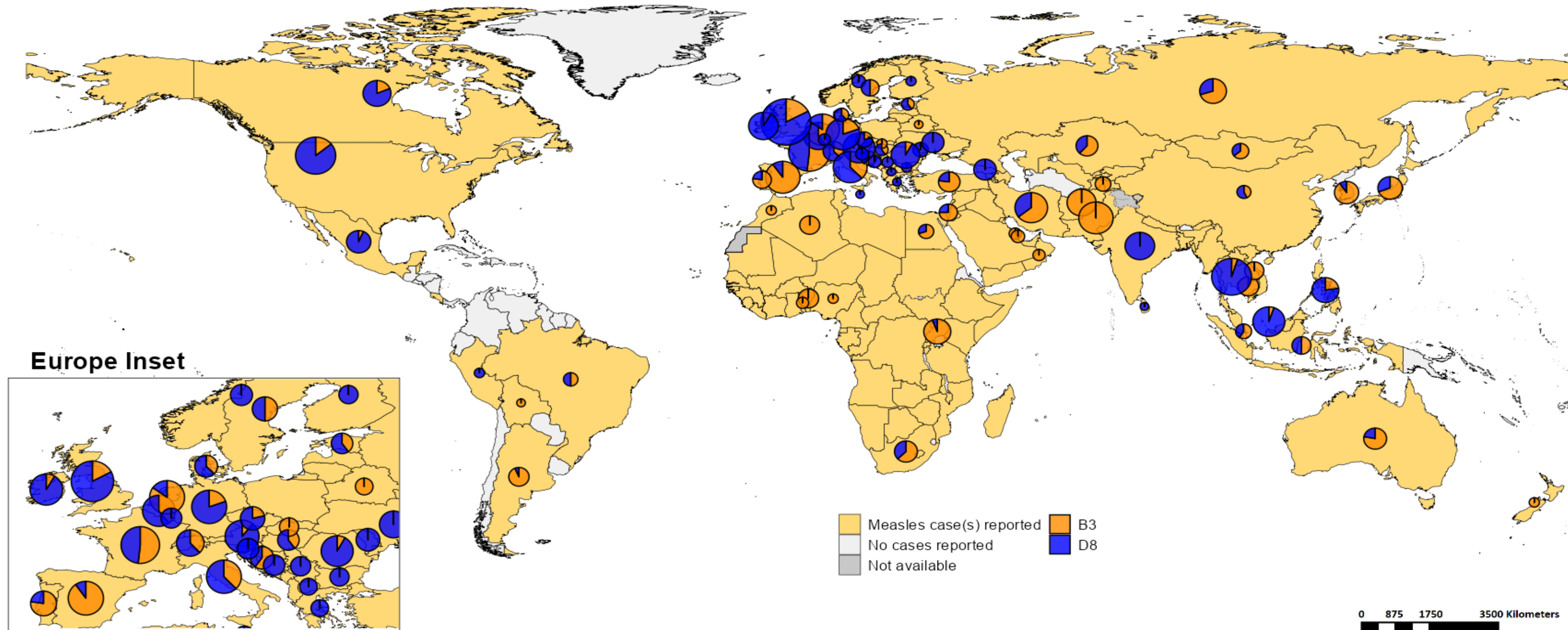
ELIMINATION STATUS: **ENDEMIC**



Based on data received 2025-08 - Data Source: IVB Database. Main epi curve was built using case-based surveillance data. Age distribution curve was built using case-based surveillance data. Coverage data from WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)



# Distribution of measles genotypes (last 12 months)



Map production: World Health Organization, 2025. All rights reserved  
Data source: IVB Database

**Disclaimer:** The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

# Rubella



World Health  
Organization



# Number of reported rubella cases by WHO Region

## 2025

Region	Member States*	Rubella cases	Clin	Epi	Lab	Date Received
AFR	41/47	2,076	0	0	2,076	2025-08
AMR	25/35	0	0	0	0	2025-08
EMR	20/21	1,366	1,029	4	333	2025-08
EUR	28/53	374	16	8	350	2025-08
SEAR	10/10	1,555	0	43	1,512	2025-08
WPR	14/28	512	37	0	475	2025-08
Total	138/194	5,883	1,082	55	4,746	

Region	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
AFR	374	387	416	357	255	189	98	0	0	0	0	0
AMR	0	0	0	0	0	0	0	0	0	0	0	0
EMR	236	384	309	283	76	55	23	0	0	0	0	0
EUR	111	79	72	61	32	19	0	0	0	0	0	0
SEAR	255	263	244	265	253	222	53	0	0	0	0	0
WPR	126	123	106	81	44	32	0	0	0	0	0	0
Total	1,102	1,236	1,147	1,047	660	517	174	0	0	0	0	0

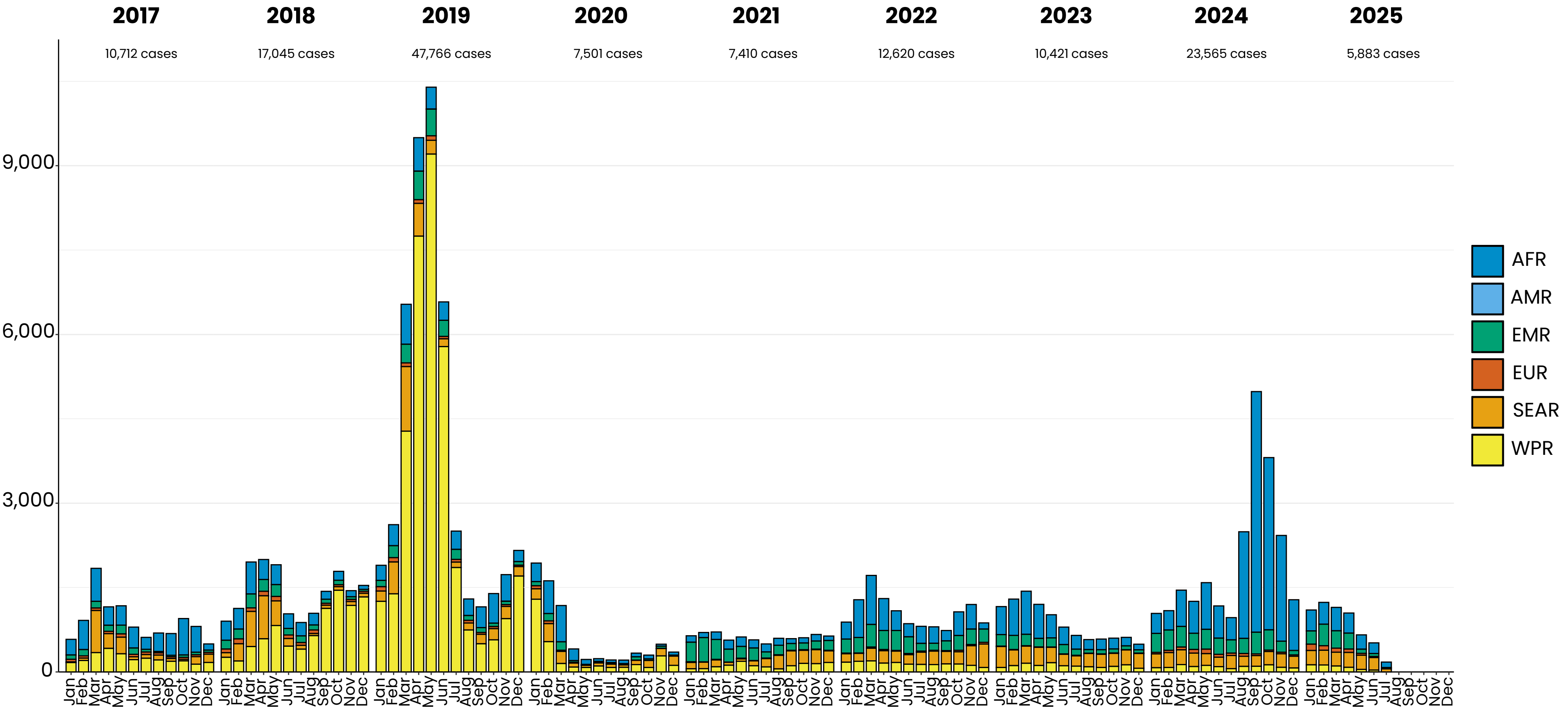
## 2024

Region	Member States*	Rubella cases	Clin	Epi	Lab	Date Received
AFR	43/47	15,738	0	0	15,738	2025-08
AMR	28/35	0	0	0	0	2025-08
EMR	21/21	3,521	2,516	188	817	2025-08
EUR	33/53	511	213	2	296	2025-08
SEAR	10/10	2,677	0	106	2,571	2025-08
WPR	17/28	1,118	81	0	1,037	2025-08
Total	152/194	23,565	2,810	296	20,459	

Region	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
AFR	357	345	645	567	832	574	396	1,897	4,278	3,063	1,880	904
AMR	0	0	0	0	0	0	0	0	0	0	0	0
EMR	339	363	367	288	353	287	235	268	385	361	196	79
EUR	25	39	50	67	78	52	43	50	31	25	28	23
SEAR	245	265	262	238	209	168	232	181	191	237	240	209
WPR	75	78	130	95	116	93	59	97	99	125	82	69
Total	1,041	1,090	1,454	1,255	1,588	1,174	965	2,493	4,984	3,811	2,426	1,284

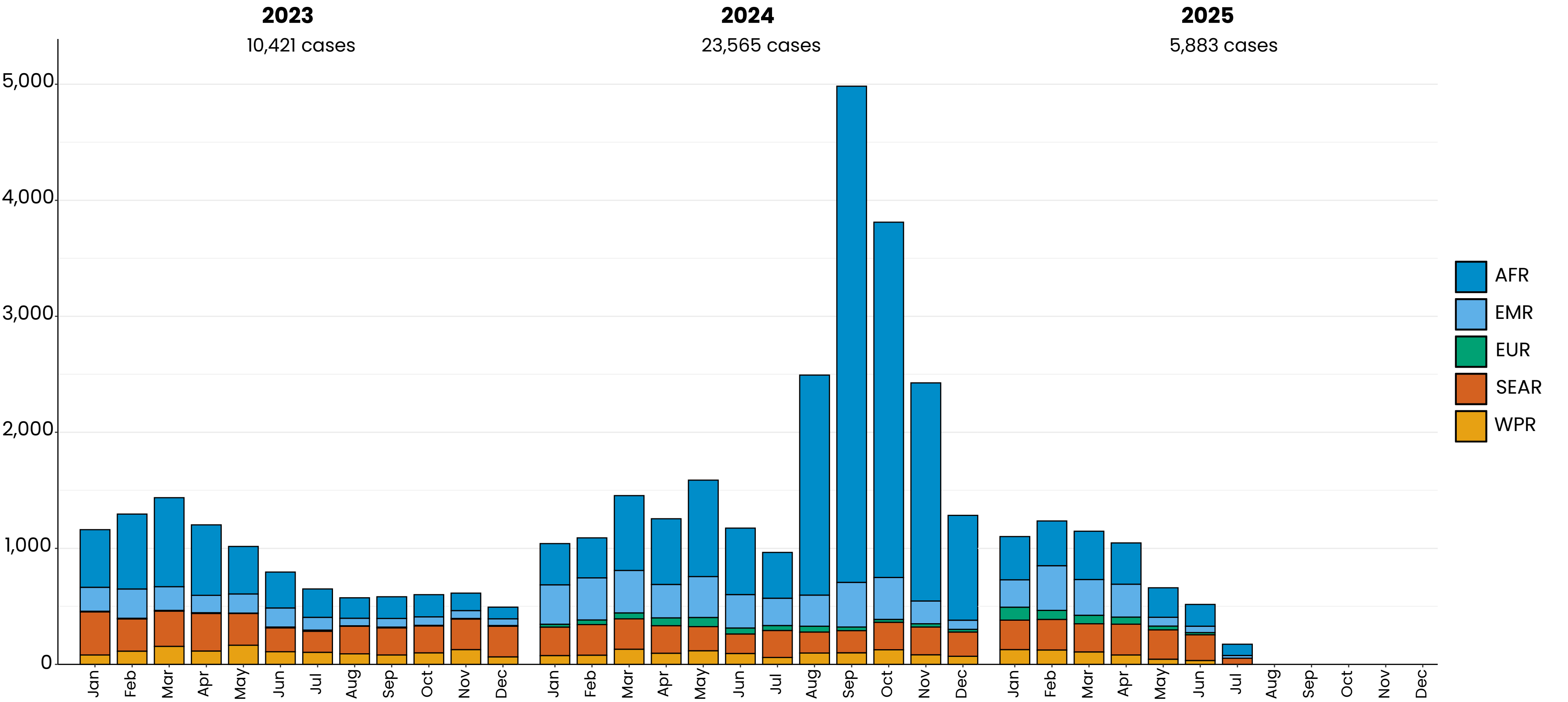
Notes: Based on data received 2025-08 – This is surveillance data, hence for the last month, the data may be incomplete. \* Member States Reporting / Total Member States in Region

# Rubella case distribution by month and WHO Region (2017–2025)



Based on data received 2025-08 - Data Source: IVB Database - This is surveillance data, hence for the last month(s), the data may be incomplete.

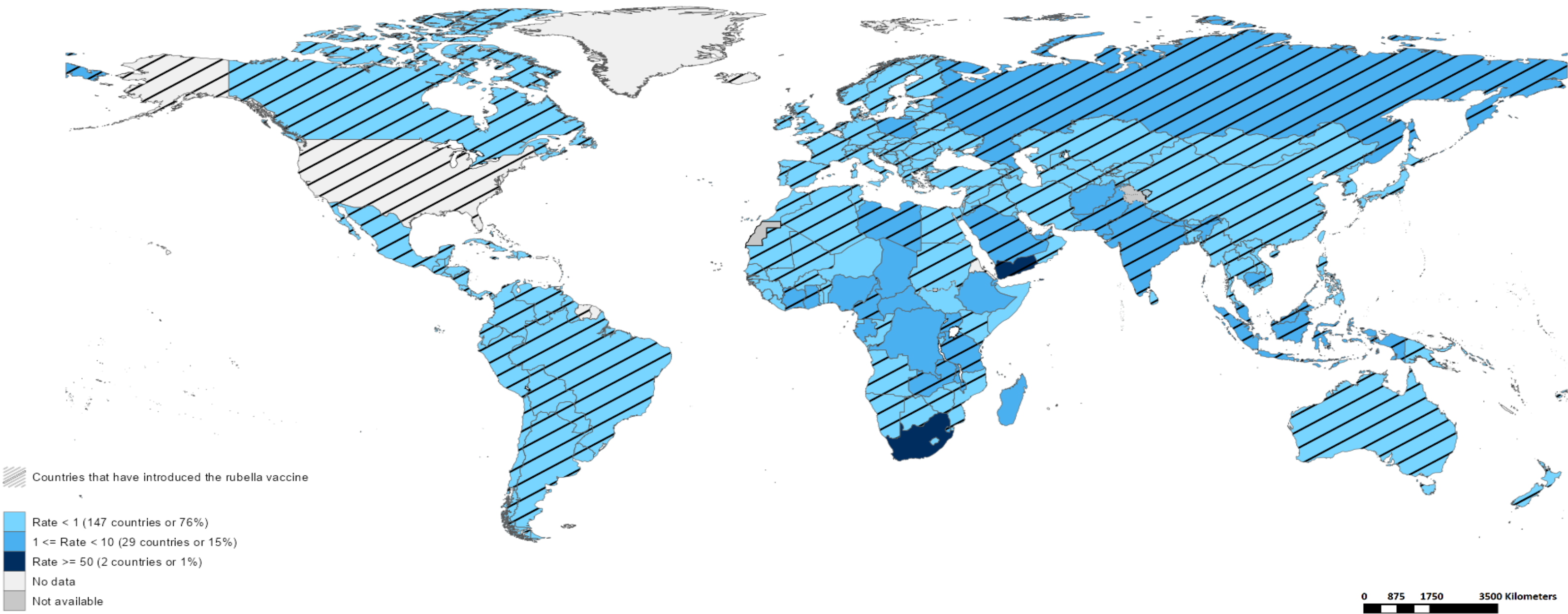
# Rubella case distribution by month and WHO Region (2023–2025)



Based on data received 2025-08 - Data Source: IVB Database - This is surveillance data, hence for the last month(s), the data may be incomplete.



# Rubella Incidence Rate per Million (12M period)



## Highest incidence rates

Country	Cases	Rate
South Africa	12067	188.53
Yemen	2299	56.65
Chad	150	7.39
Central African Republic	24	4.50
Gabon	11	4.33
DR Congo	383	3.50
Libya	25	3.39
United Republic of Tanzania	222	3.24
Russian Federation	458	3.16
Madagascar	94	2.94



Map production: World Health Organization, 2025. All rights reserved  
Data source: IVB Database

**Disclaimer:** The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

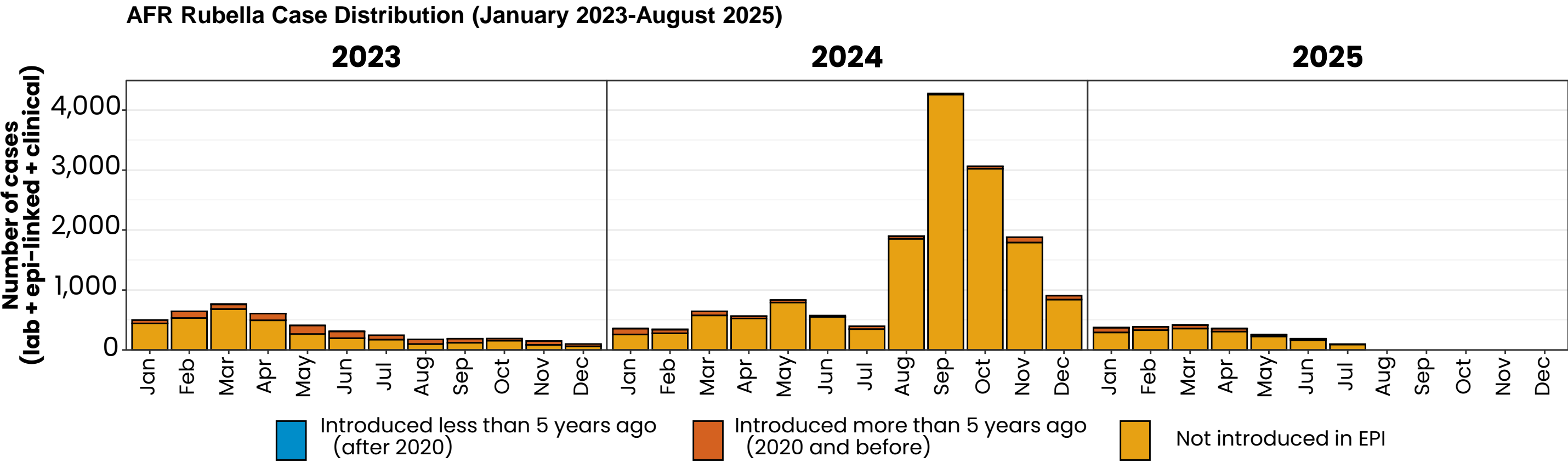
# Disclaimer

This document contains data provided to WHO by member states. Note that some member states only provide aggregate data to WHO, and for these, we are unable to generate a country profile. Some member states report all cases at one time point for the entire year, and thus epidemiologic curves generated are not accurate and a reporting artifact. For some countries, cases are reported by age category, not by exact age in months and/or years. Thus, age distribution/incidence is approximate. Cases classified as pending by countries are classified at WHO as clinically compatible at this time, and thus numbers might differ between data shown here and provided by the member state or WHO country/regional offices.

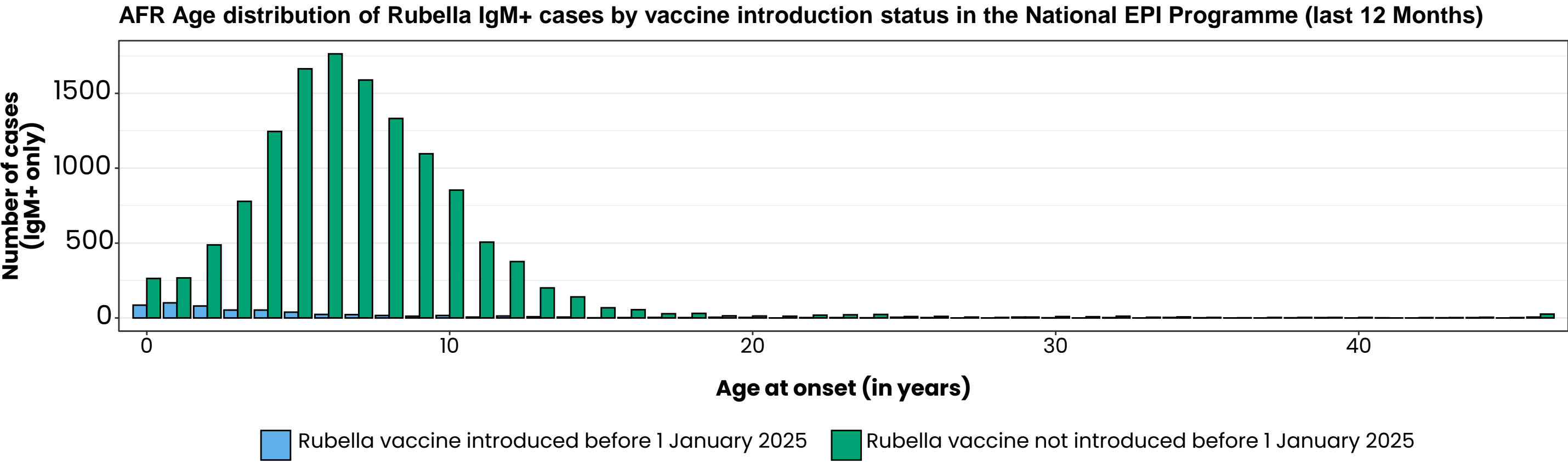
\*UN population data is used as the denominator for calculating incidence.

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# Rubella cases (AFR)

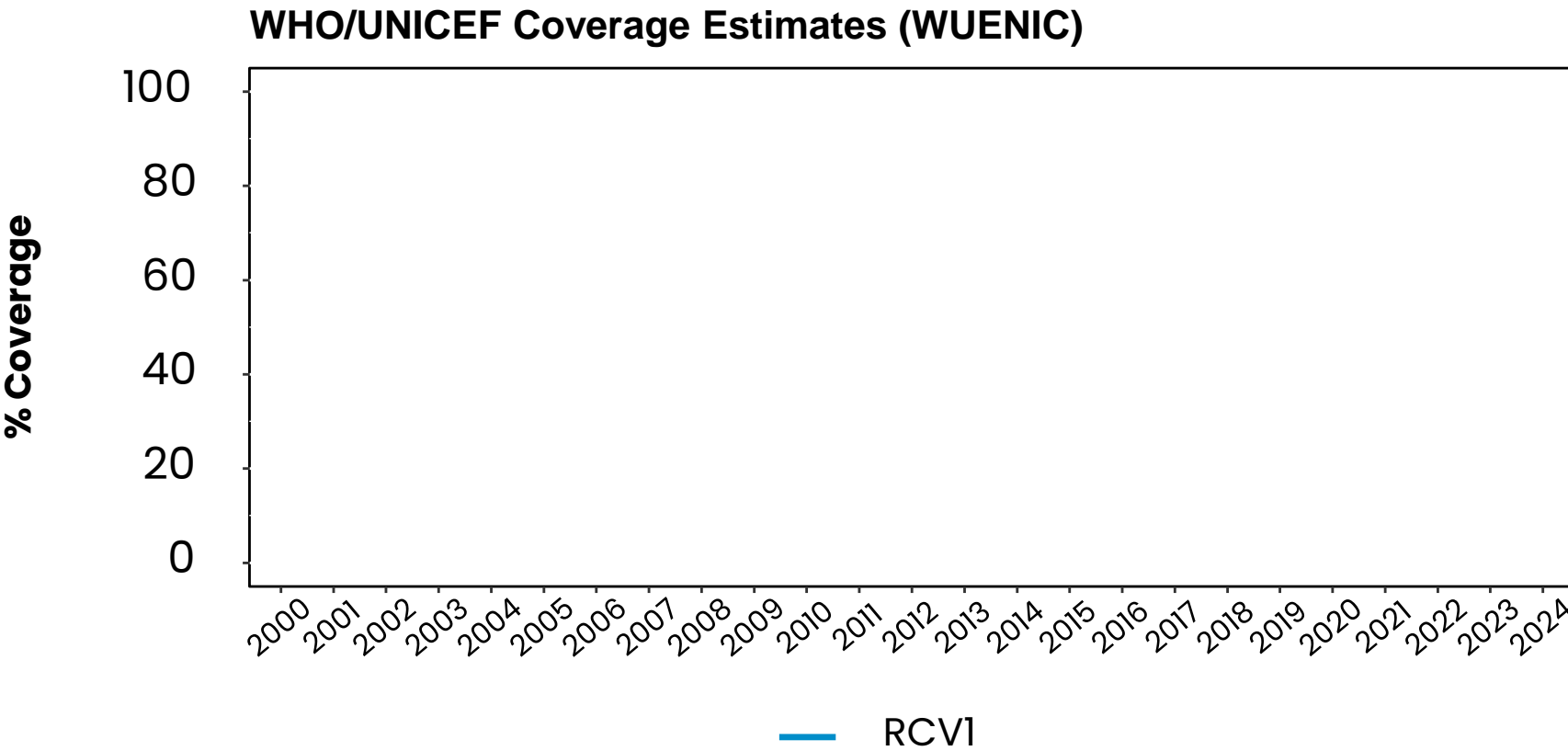
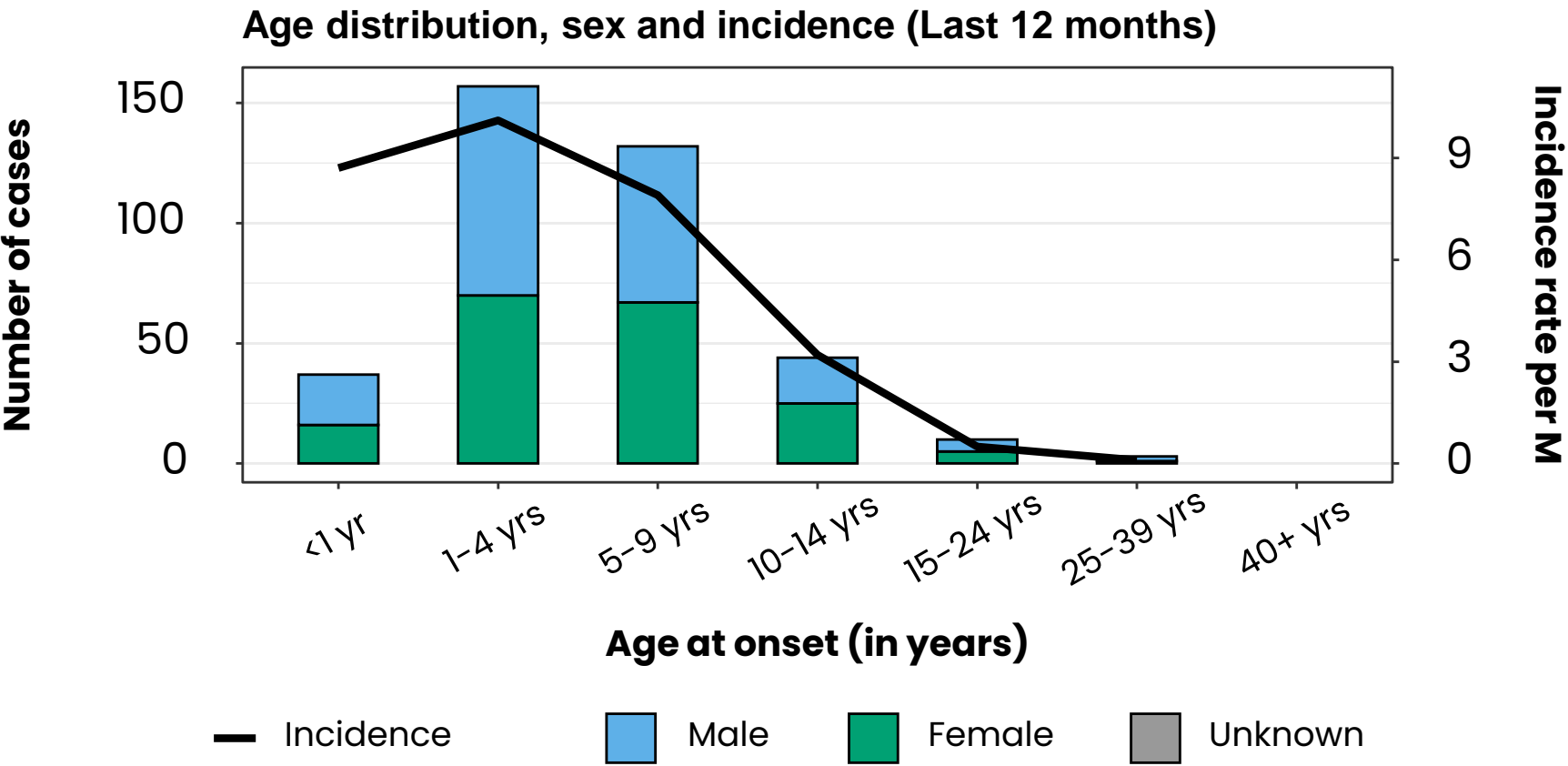
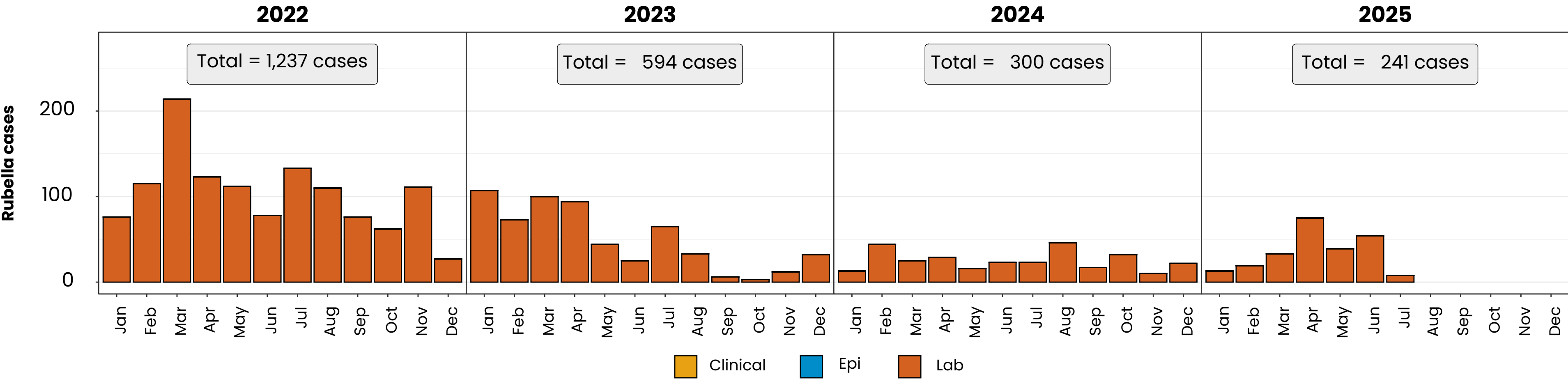


Top 10 countries (last 12 M)			
Country	RCV in RI	Cases	% of Total
South Africa	No	11871	84
Nigeria	No	638	5
Ethiopia	No	385	3
DR Congo	No	368	3
Others	-	278	2
United Republic of Tanzania	2014	188	1
Chad	No	150	1
Madagascar	No	83	1
Uganda	2019	52	0
Malawi	2017	46	0
Ghana	2013	39	0



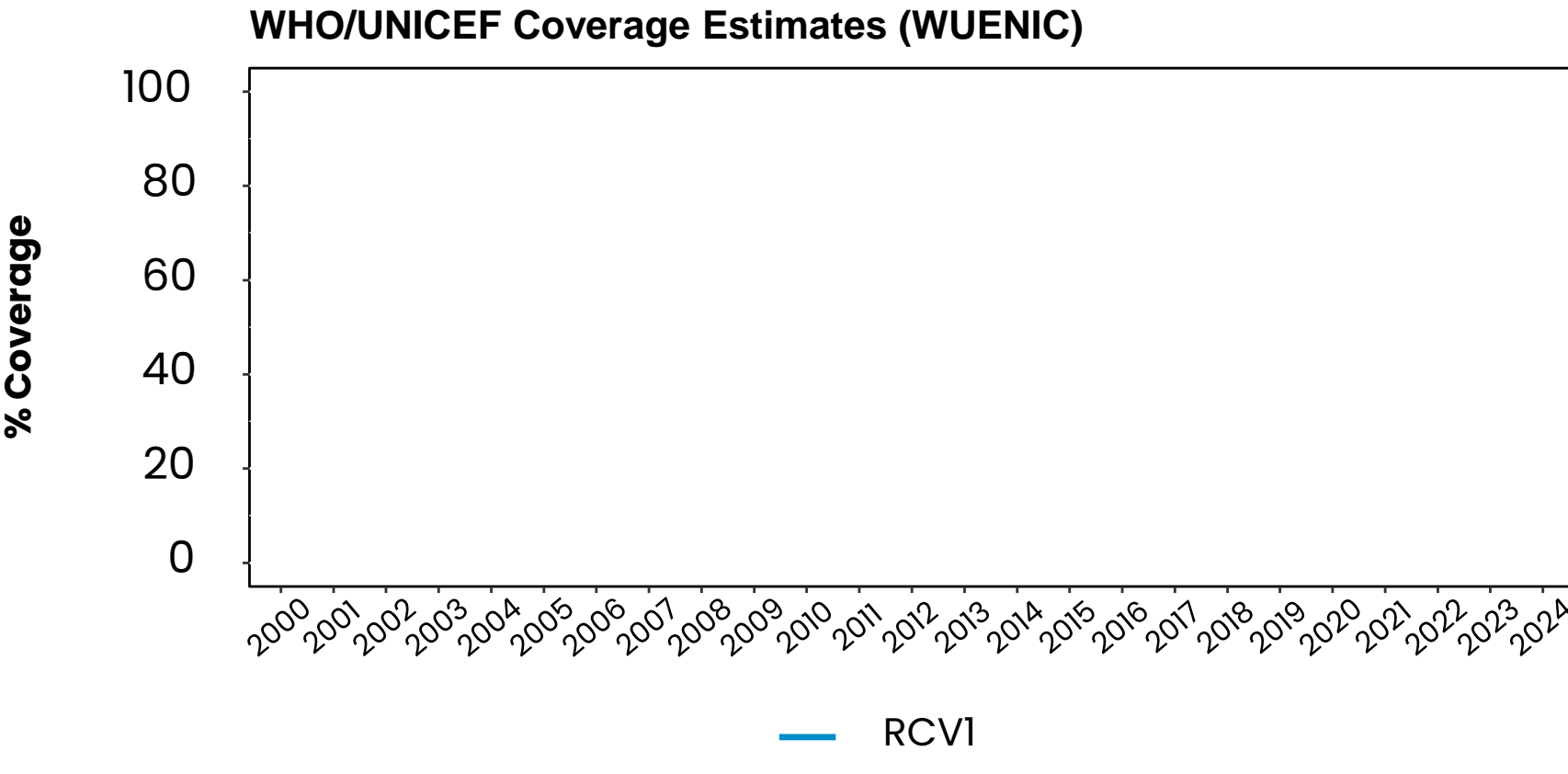
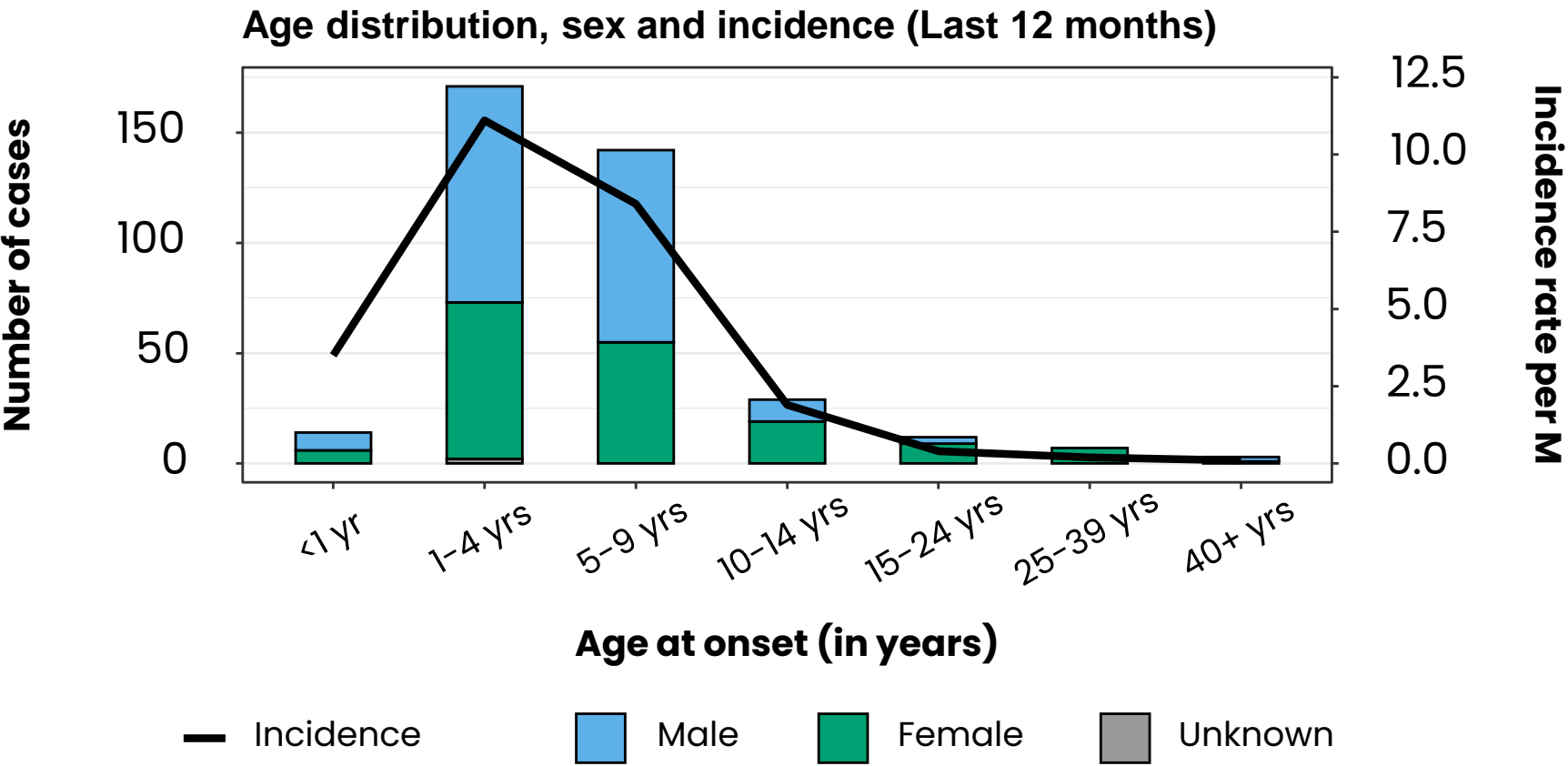
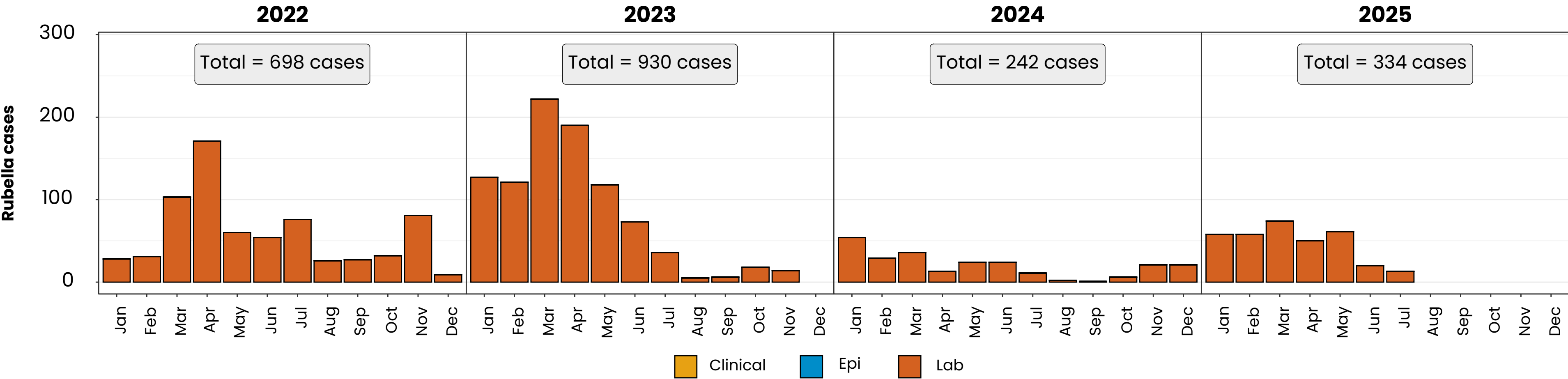
Rubella cases: Democratic Republic of the Congo

ELIMINATION STATUS: ENDEMIC



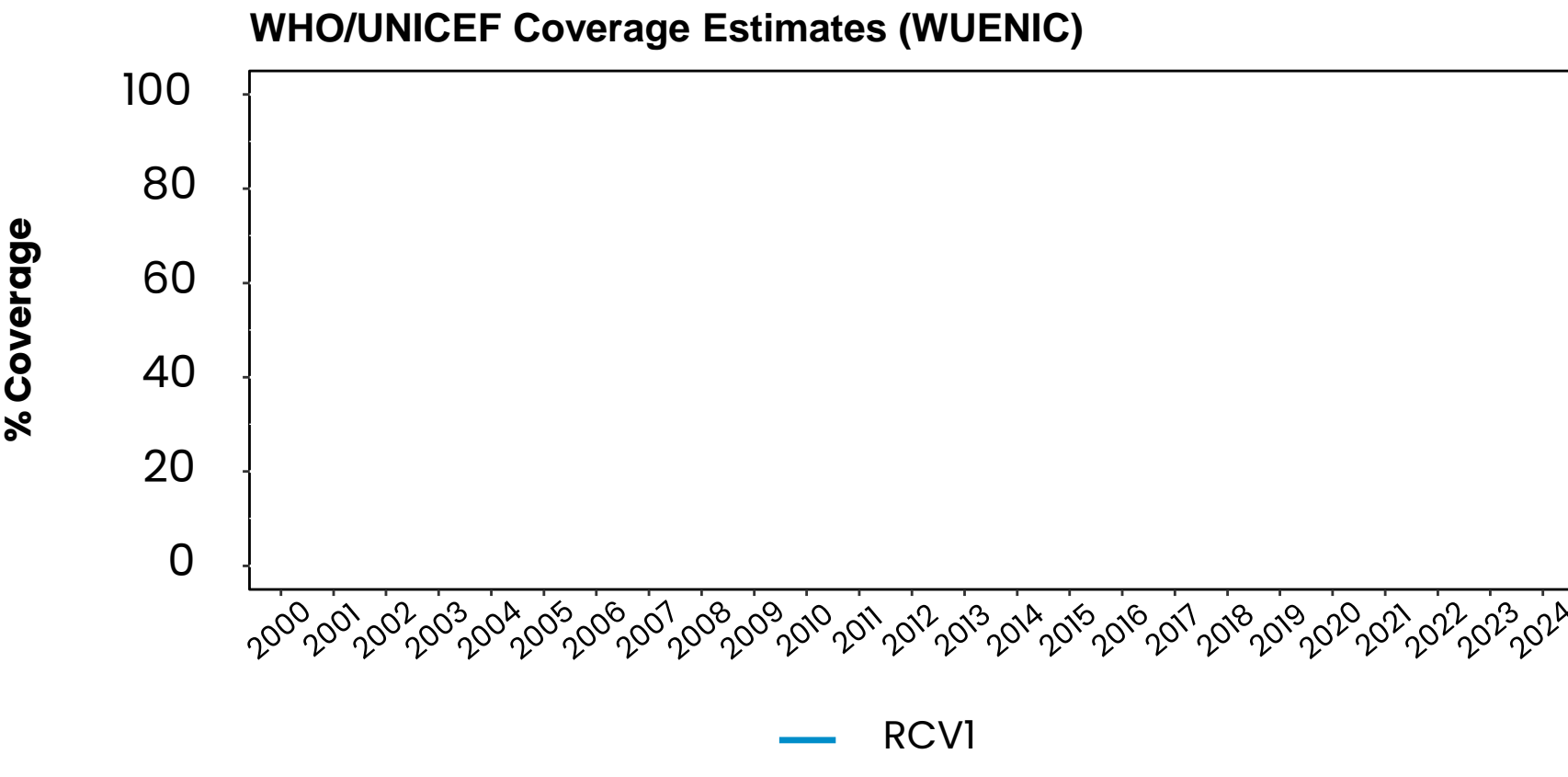
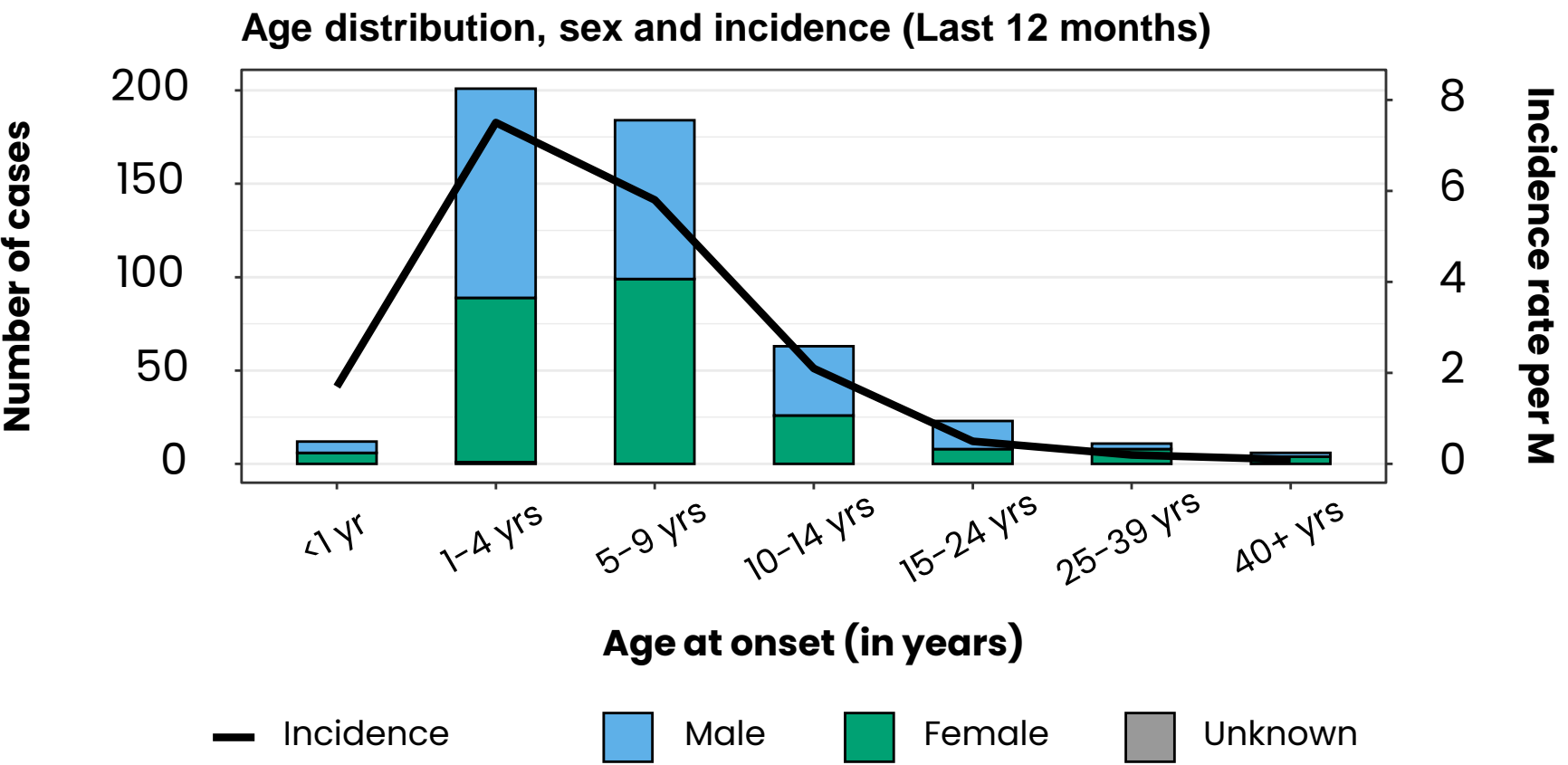
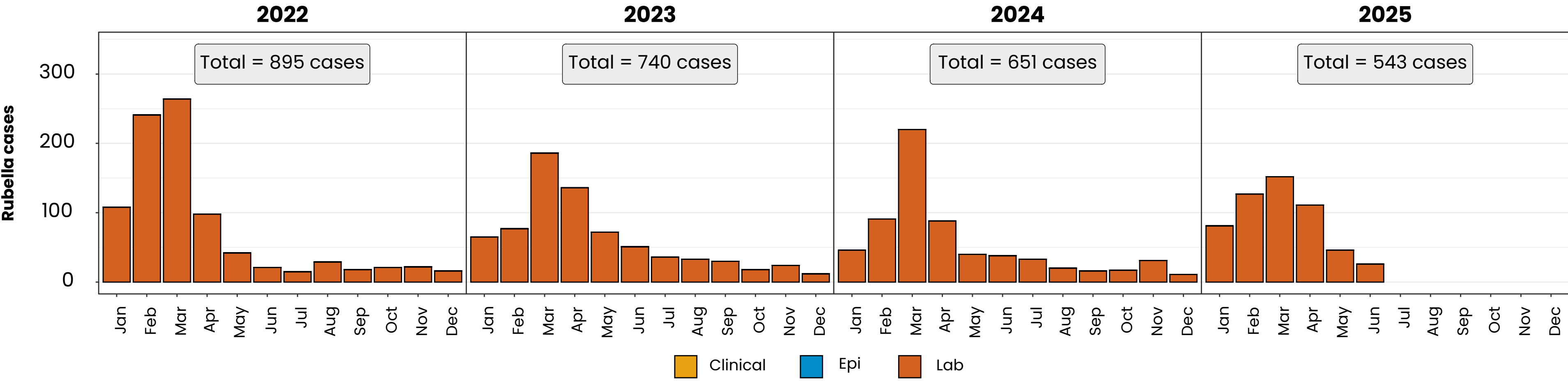
Rubella cases: Ethiopia

ELIMINATION STATUS: ENDEMIC



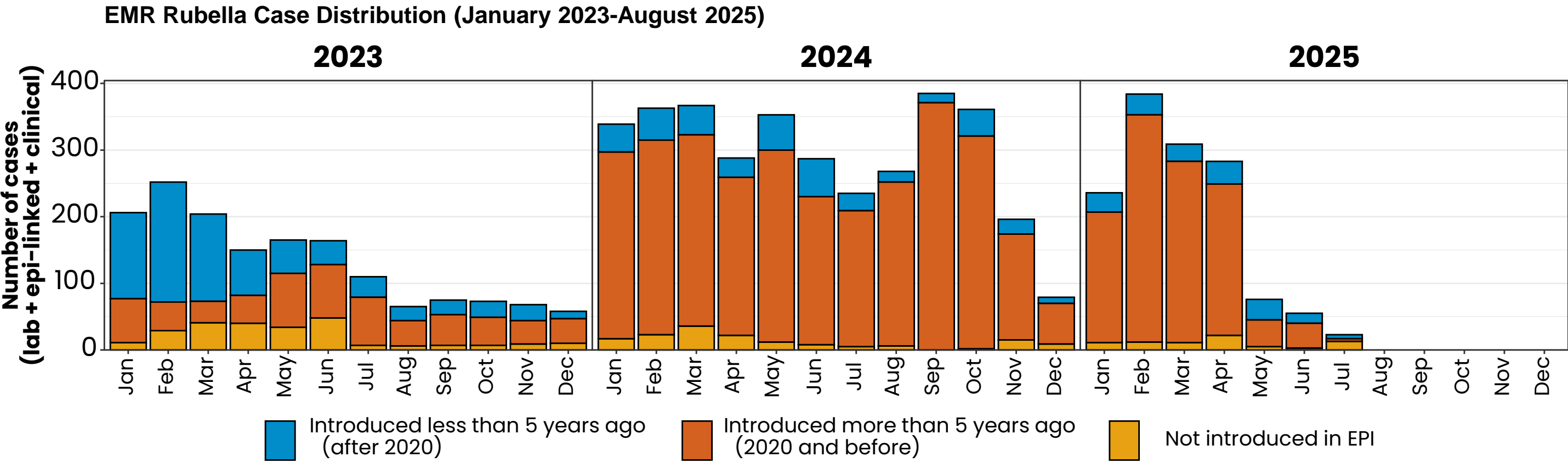
Rubella cases: Nigeria

ELIMINATION STATUS: ENDEMIC

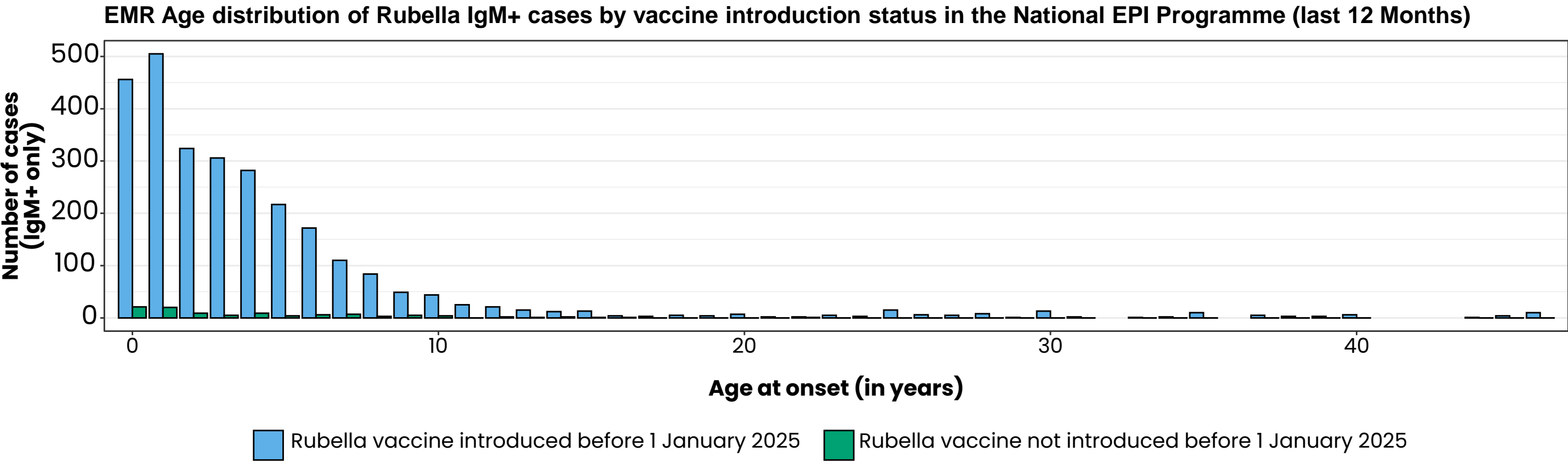




# Rubella cases (EMR)



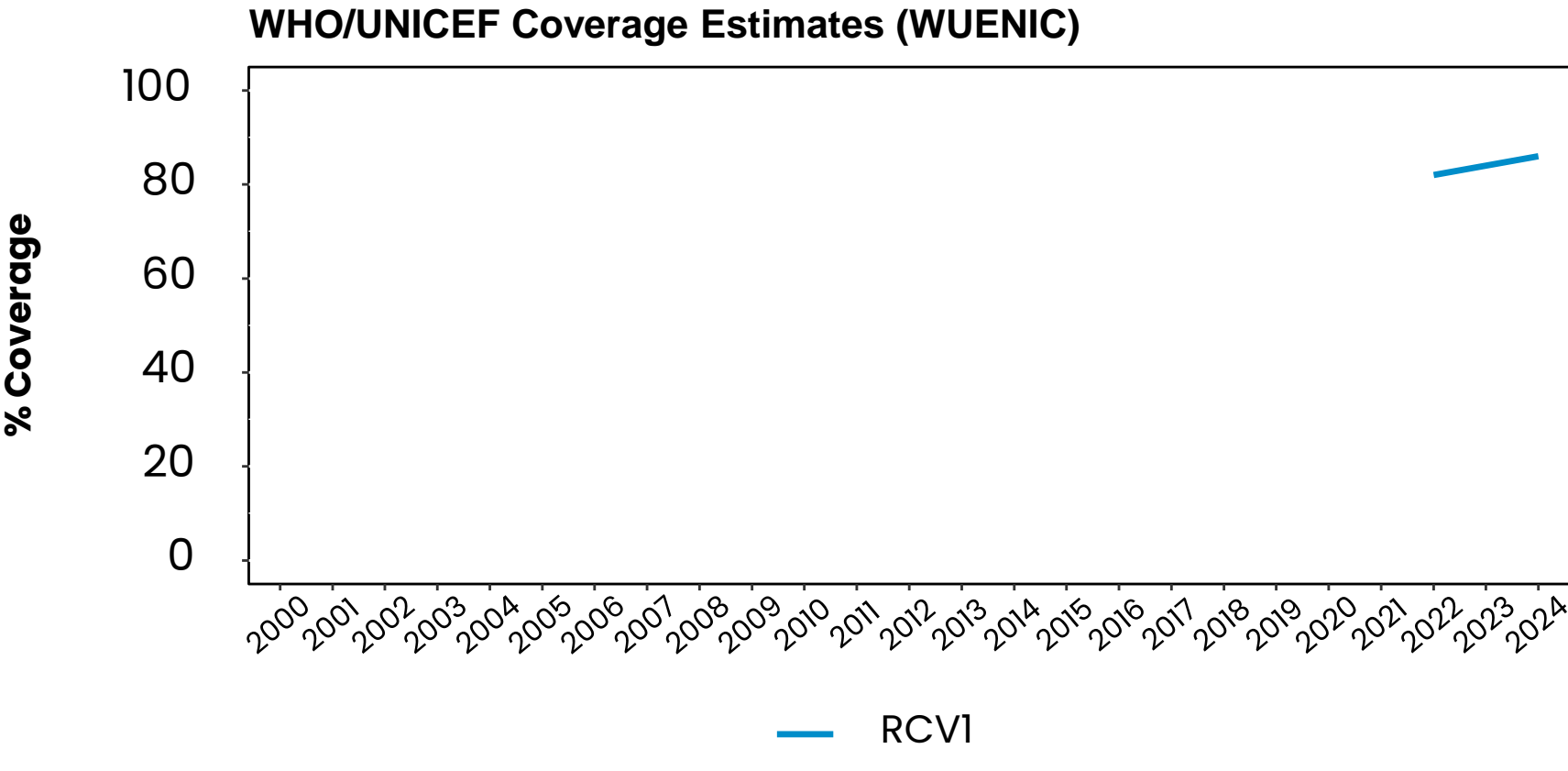
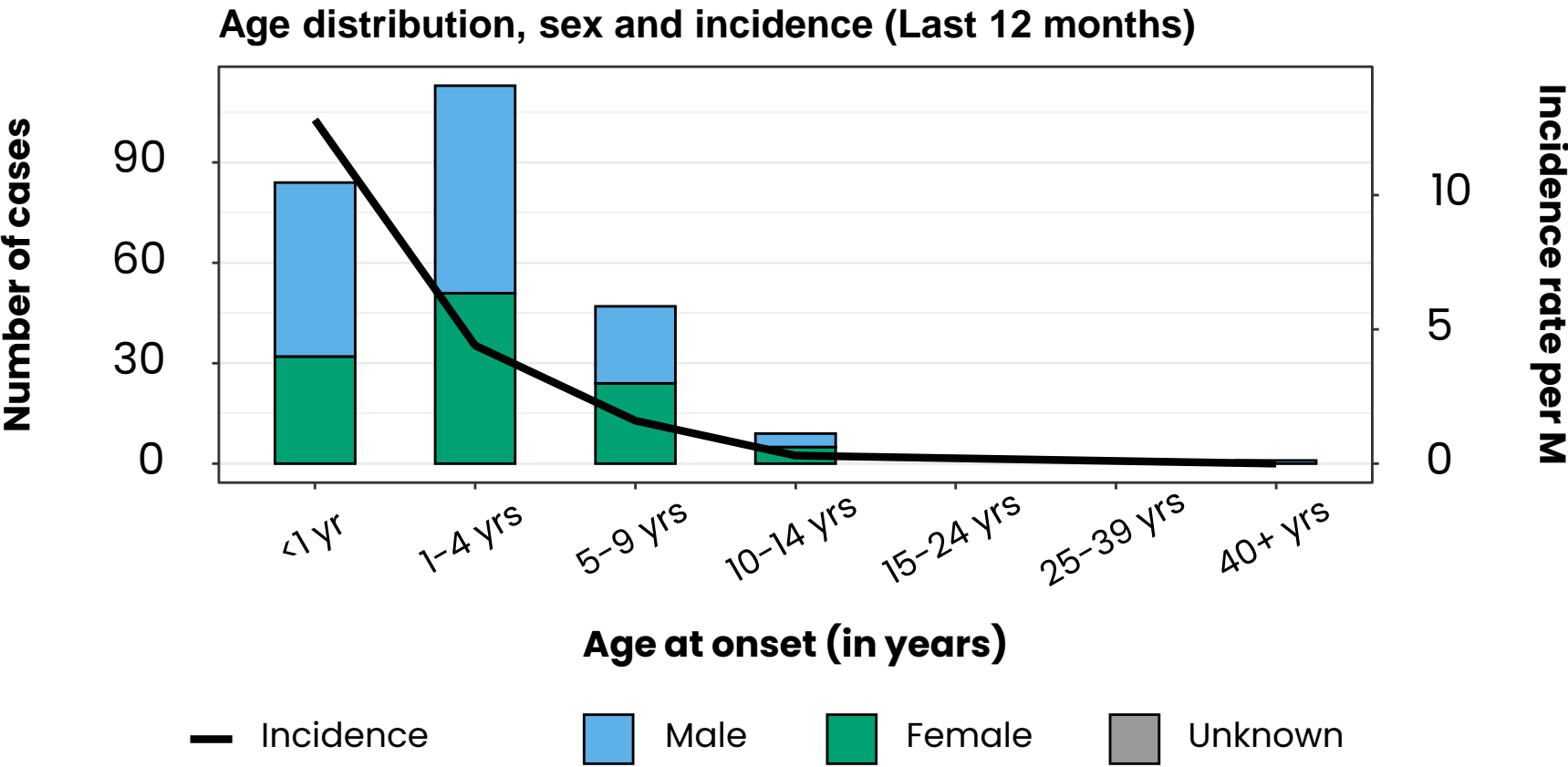
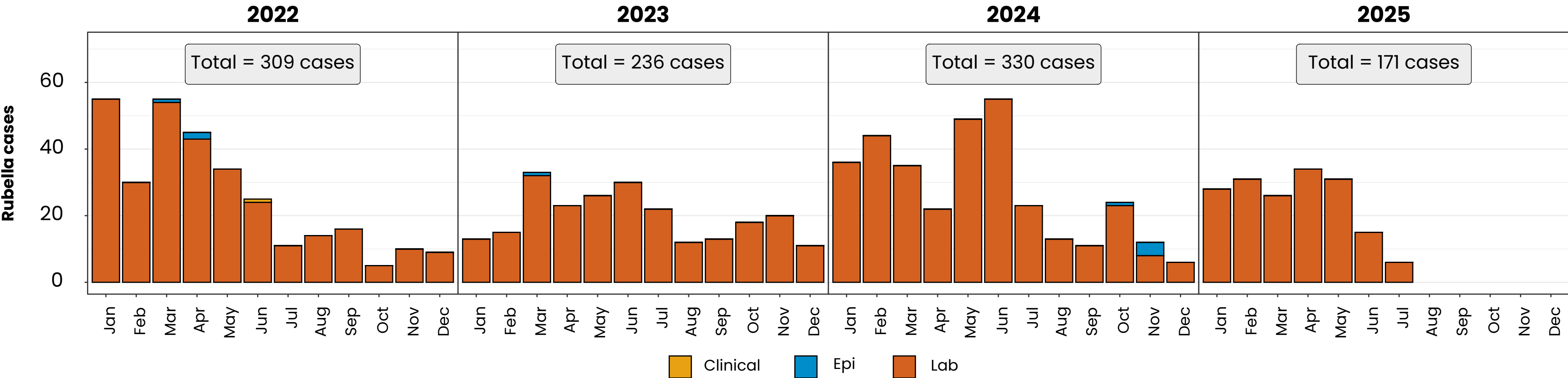
Top 10 countries (last 12 M)			
Country	RCV in RI	Cases	% of Total
Yemen	2015	2114	80
Pakistan	2022	237	9
Afghanistan	No	107	4
Saudi Arabia	1982	38	1
Others	-	36	1
Sudan	2024	36	1
Egypt	1999	25	1
Libya	1993	23	1
Syrian Arab Republic	1999	17	1
Iran (Islamic Republic of)	2004	11	0
United Arab Emirates	1985	11	0



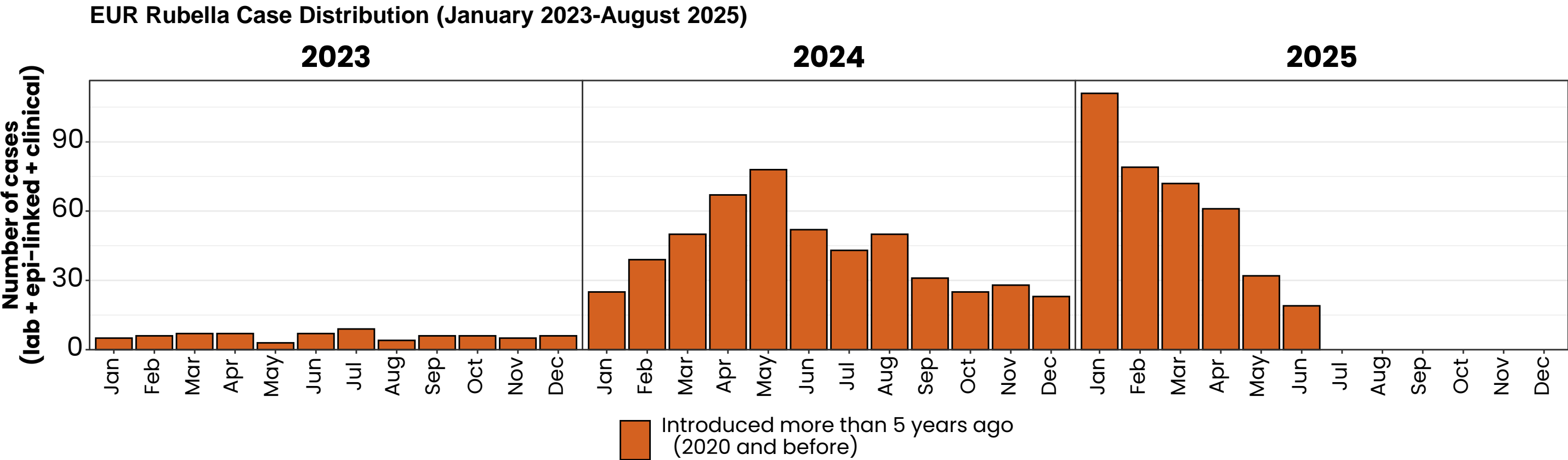


# Rubella cases: Pakistan

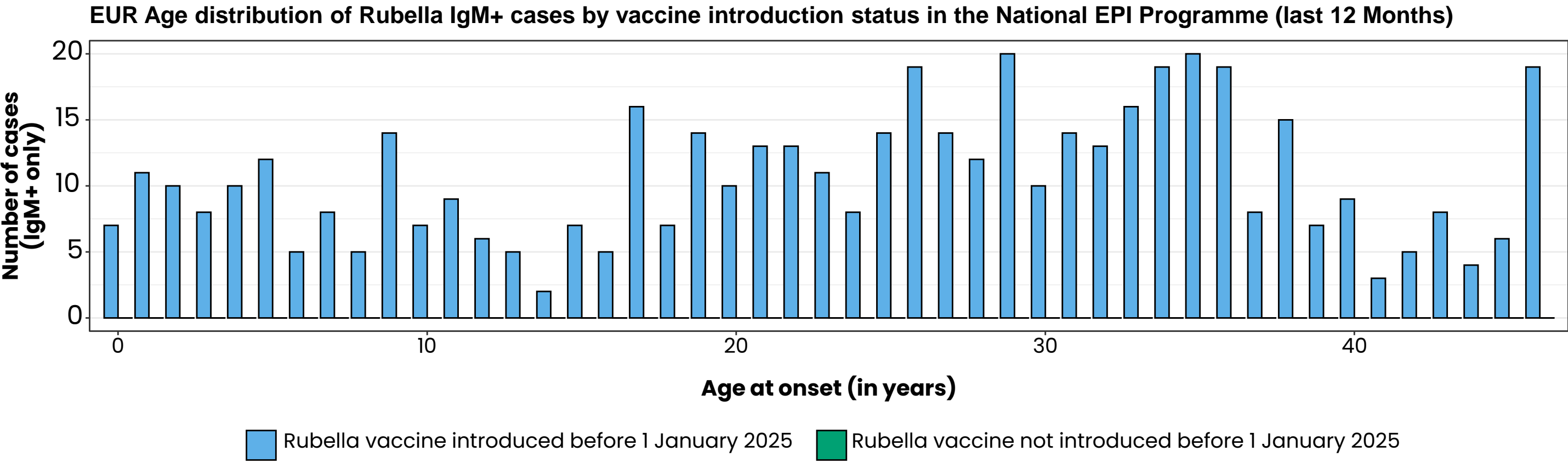
ELIMINATION STATUS: **ENDEMIC**



# Rubella cases (EUR)

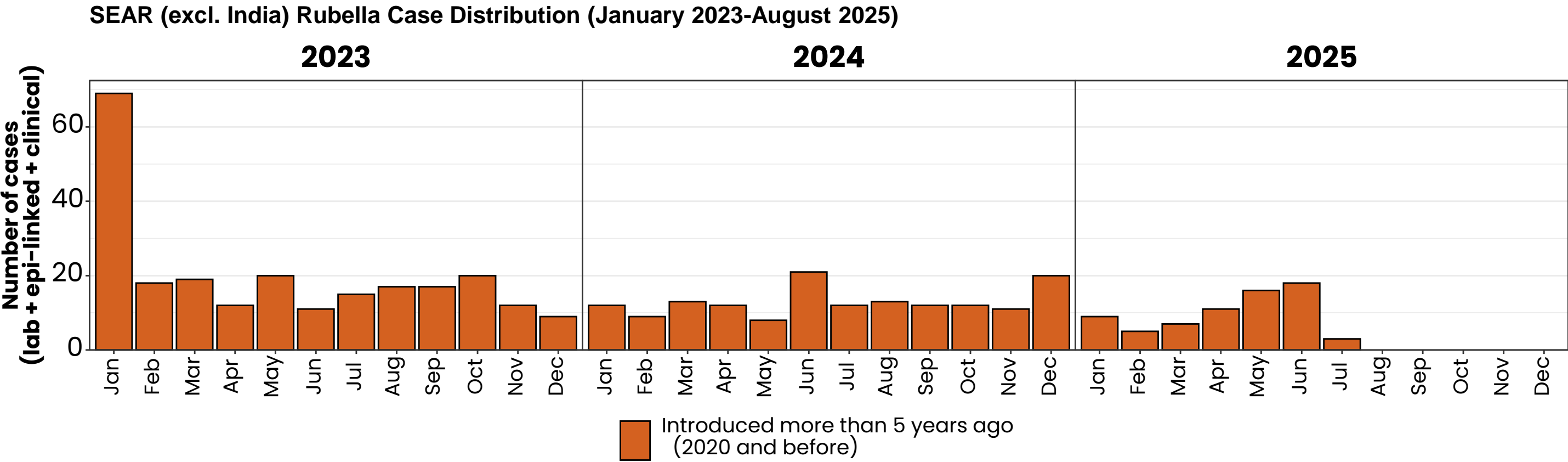


Top 10 countries (last 12 M)			
Country	RCV in RI	Cases	% of Total
Russian Federation	2000	429	81
Poland	1988	45	8
Türkiye	2006	19	4
Ukraine	2003	10	2
Germany	1991	9	2
Kyrgyzstan	2001	4	1
Sweden	1982	4	1
Kazakhstan	2004	3	1
Others	-	3	1
Uzbekistan	2006	3	1
Italy	1972	2	0

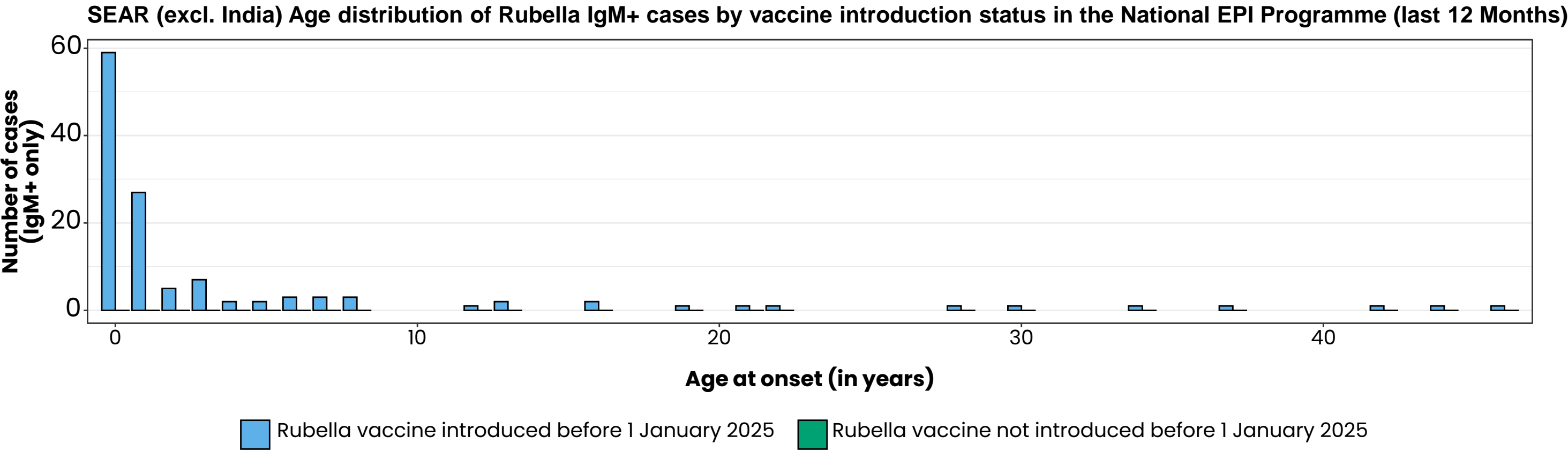


Notes: Based on data received 2025-08 Data Source: IVB Database. Spikes in age-distribution curve are an artifact of reporting by age bands ( 0=<1 yrs, 2=1-4 yrs, 7=5-9 yrs, 12=10-14 yrs, 17=15-19 yrs, 25=20-29 yrs, 45=30+yrs) instead of by age from some member states.

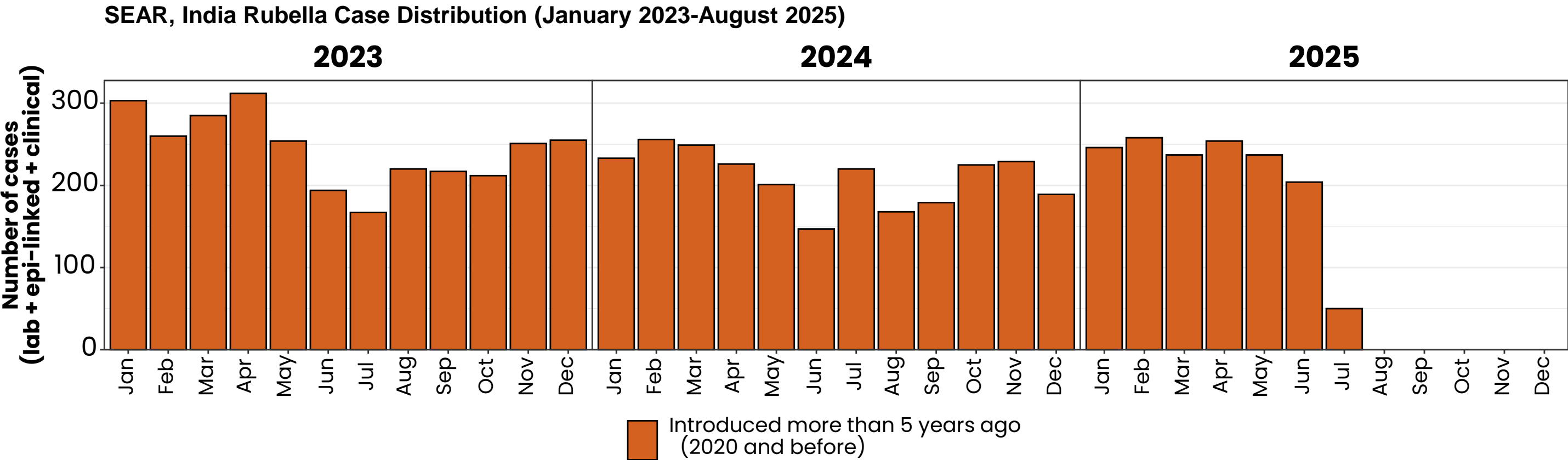
# Rubella cases (SEAR (excl. India))



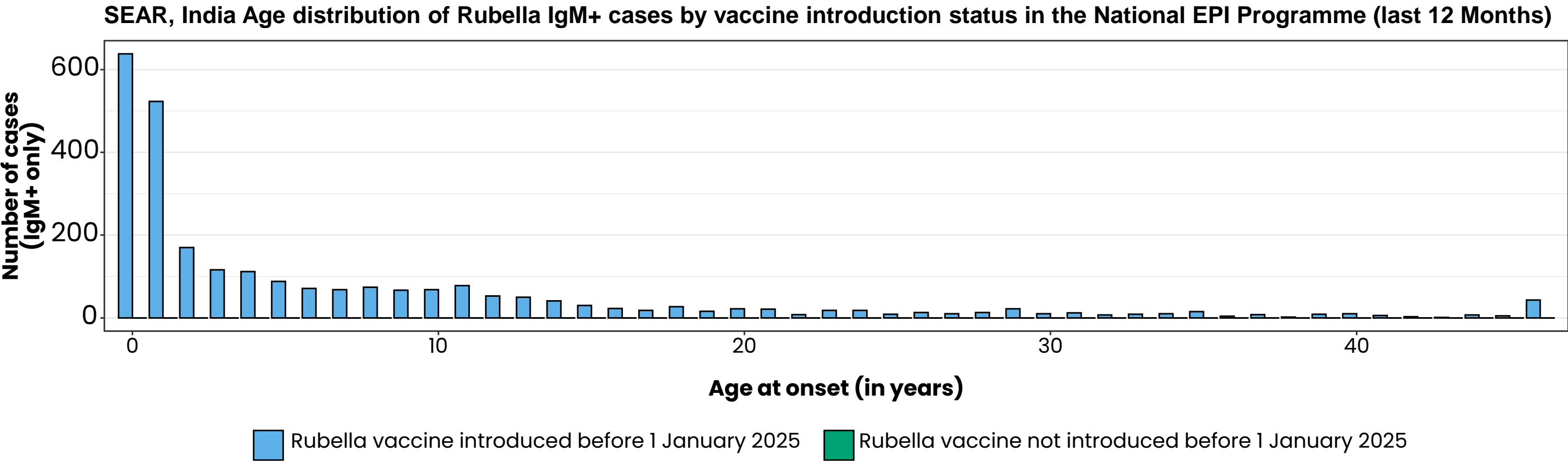
Top 10 countries (last 12 M)			
Country	RCV in RI	Cases	% of Total
Bangladesh	2012	68	50
Nepal	2013	40	29
Thailand	1997	24	18
Myanmar	2015	5	4



# Rubella cases (SEAR, India)



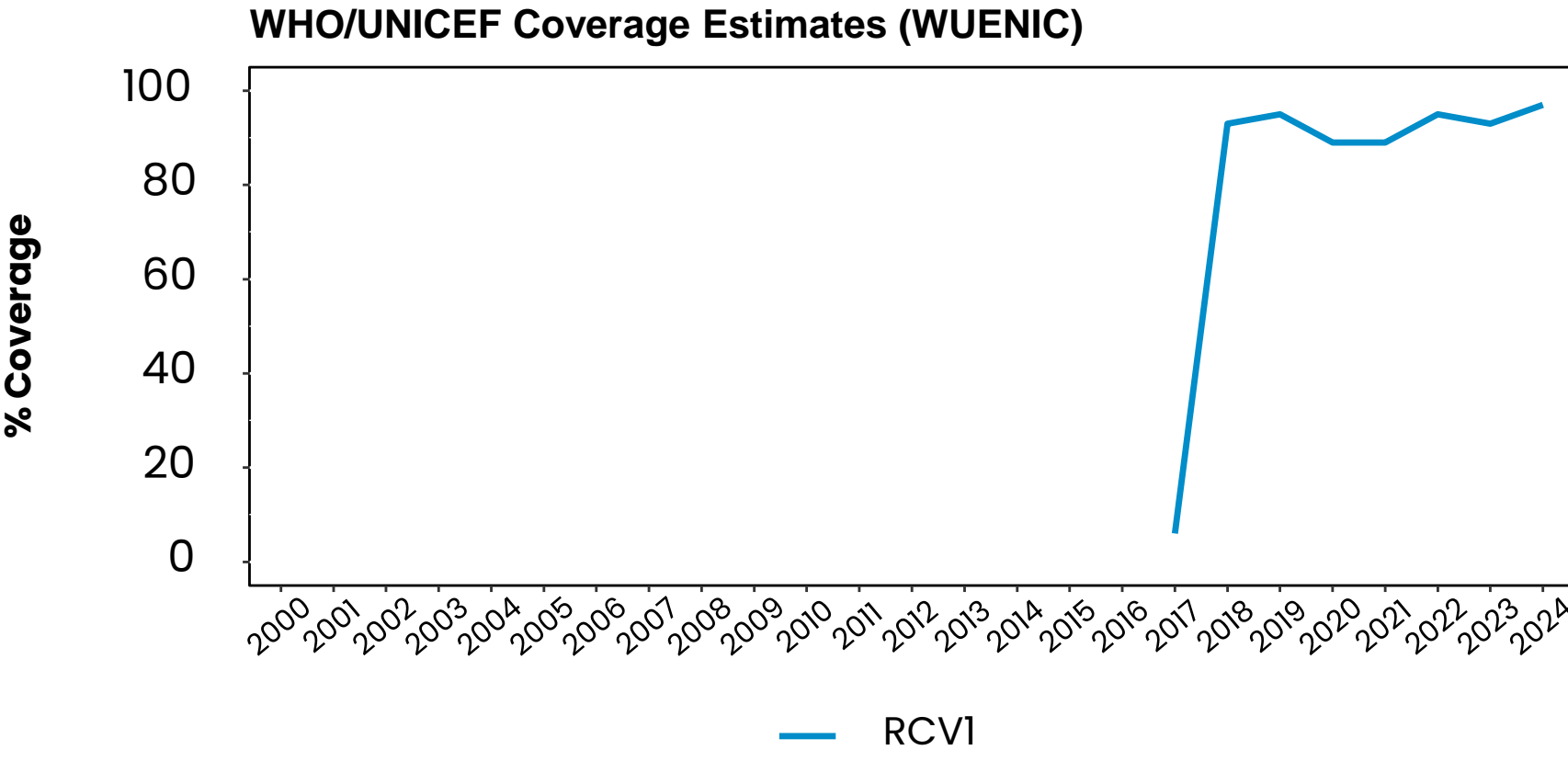
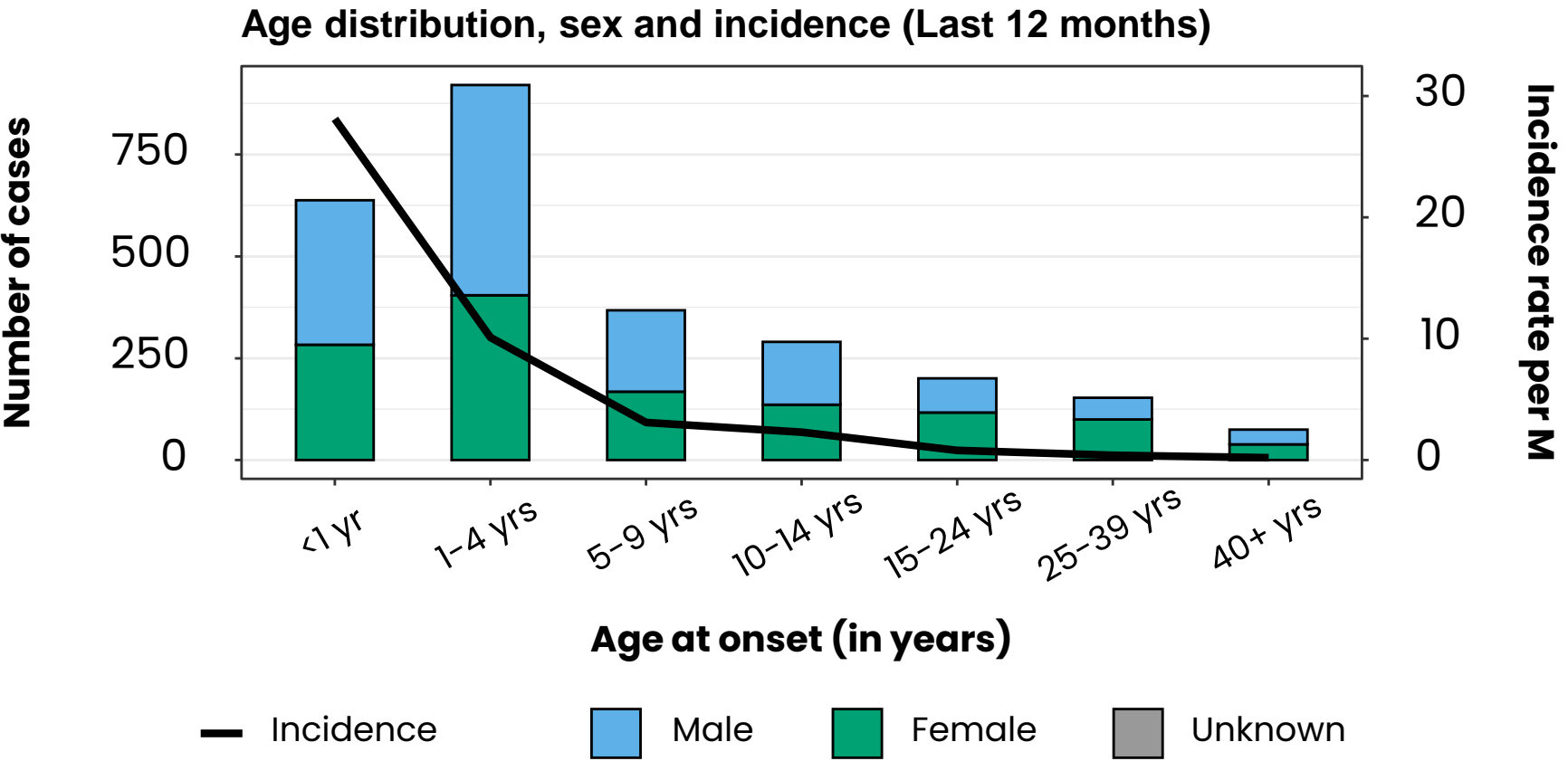
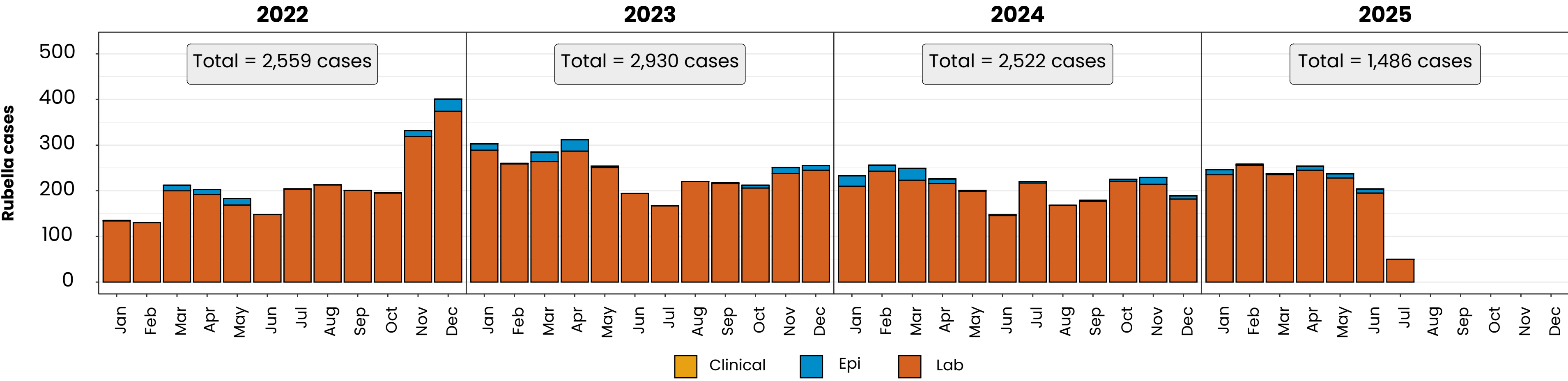
Top 10 countries (last 12 M)			
Country	RCV in RI	Cases	% of Total
India	2018	2476	100



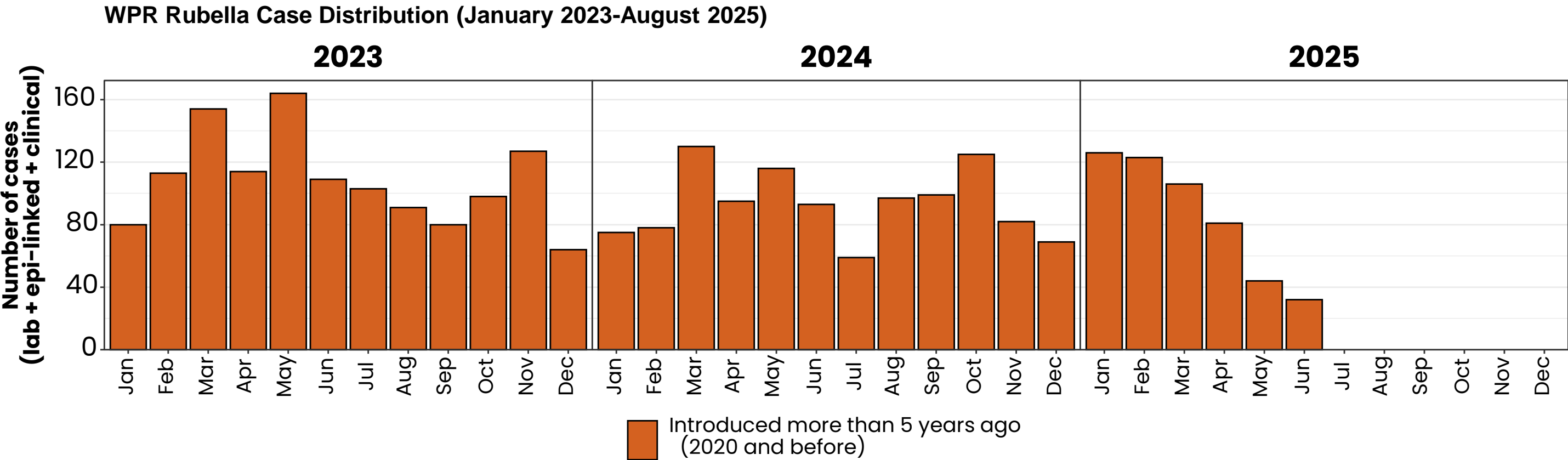
Notes: Based on data received 2025-08 Data Source: IVB Database.

# Rubella cases: India

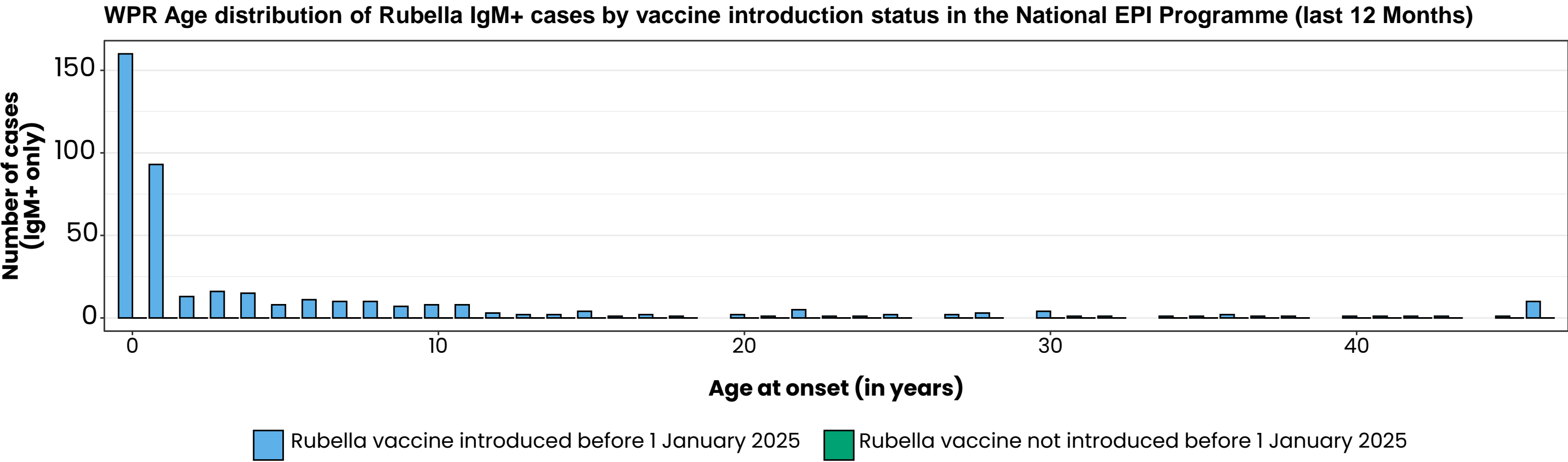
ELIMINATION STATUS: **ENDEMIC**



# Rubella cases (WPR)

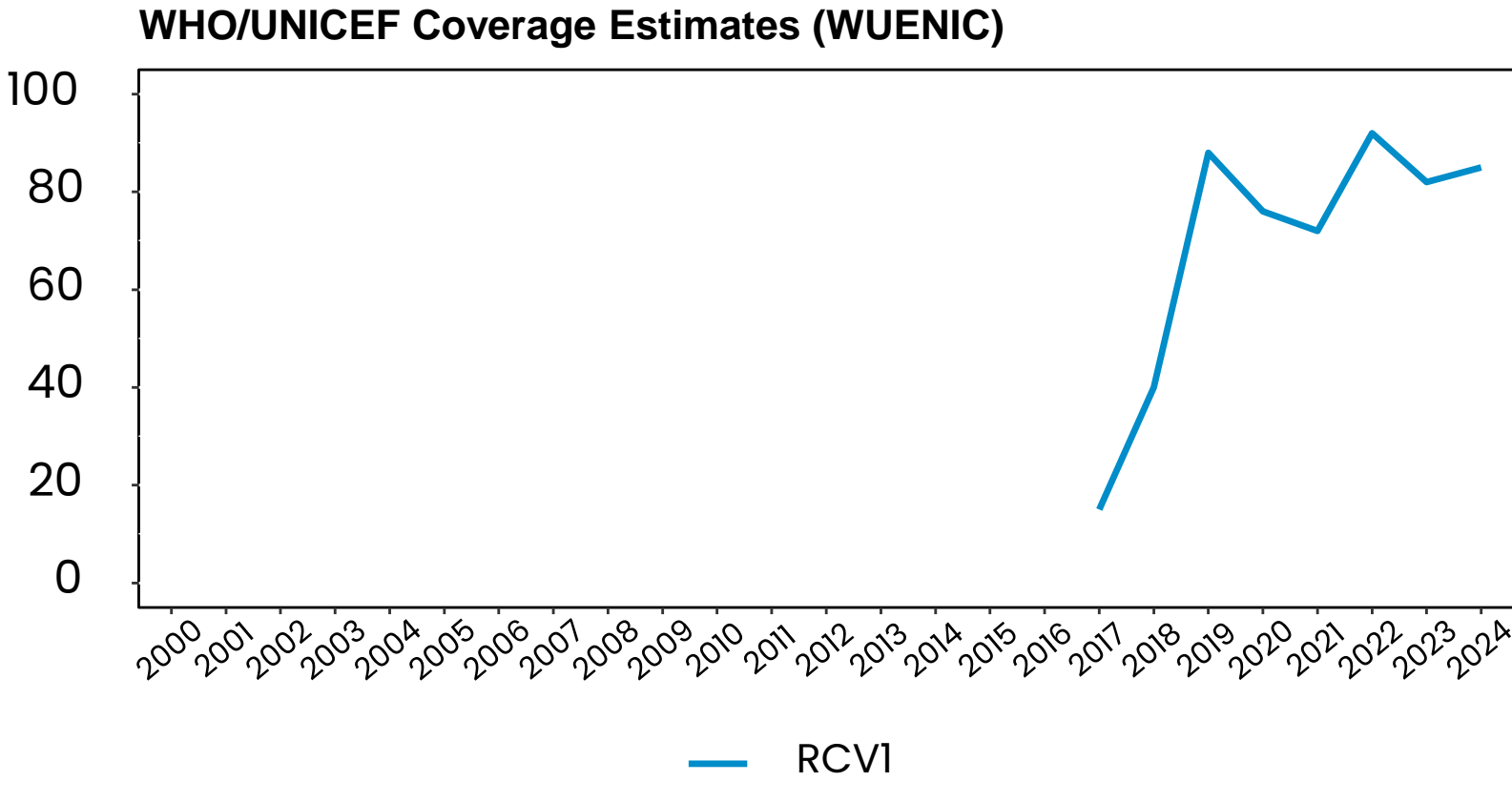
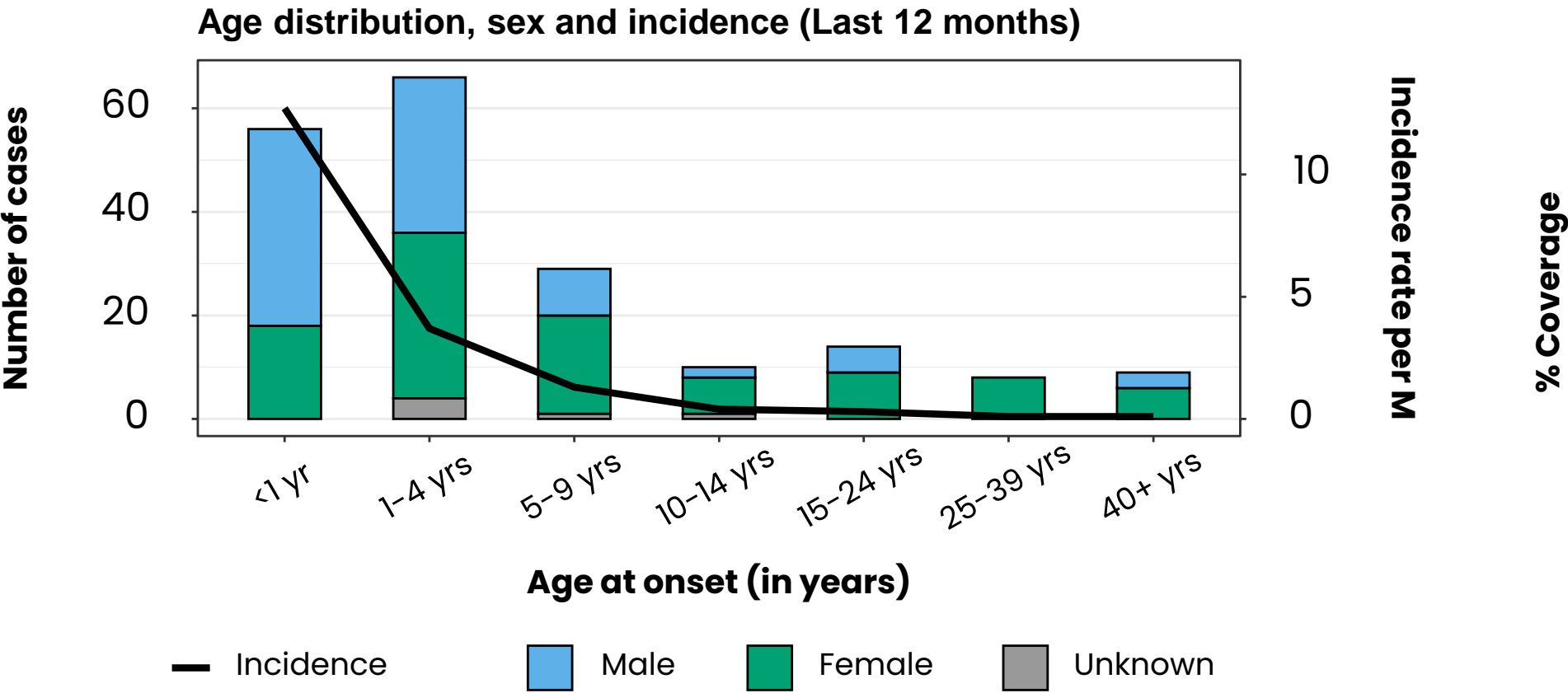
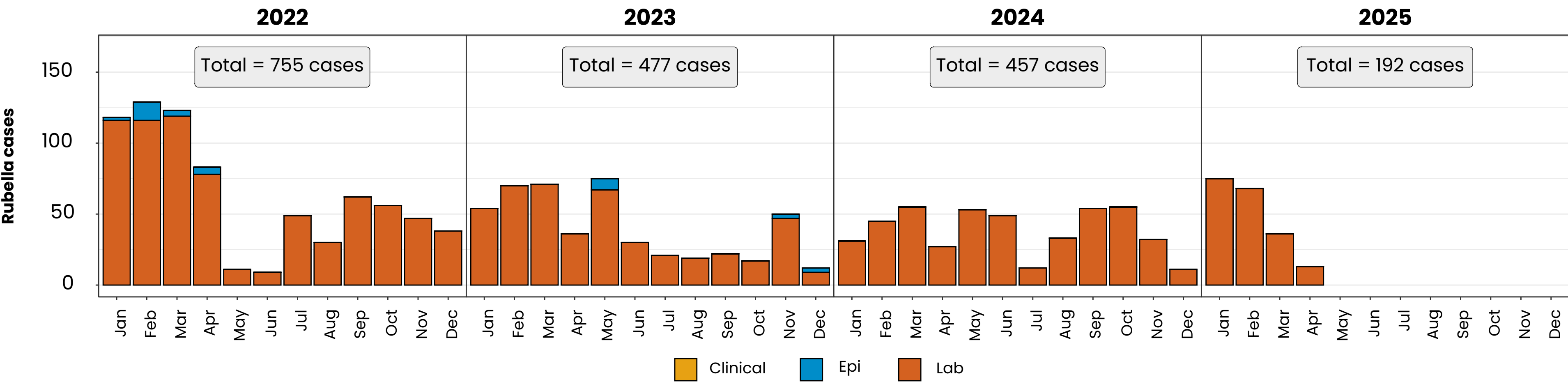


Top 10 countries (last 12 M)			
Country	RCV in RI	Cases	% of Total
China	2008	389	40
Indonesia	2018	377	38
Malaysia	2004	80	8
Philippines	2010	70	7
Cambodia	2013	40	4
Japan	1995	14	1
Viet Nam	2015	13	1
Singapore	1982	1	0



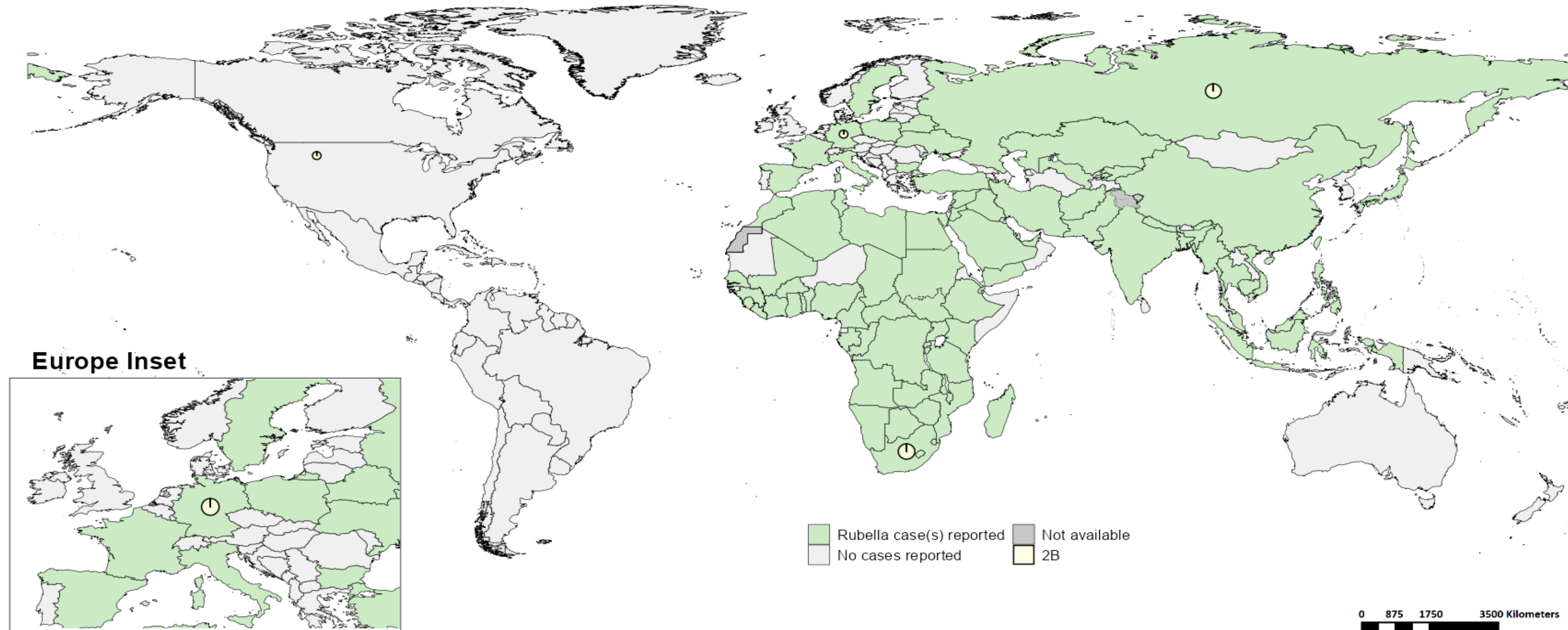
# Rubella cases: Indonesia

ELIMINATION STATUS: **ENDEMIC**





# Distribution of rubella genotypes (last 12 months)



Map production: World Health Organization, 2025. All rights reserved  
Data source: IVB Database

**Disclaimer:** The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

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# Measles and Rubella IgM Data Summary

## 2025

Region	Member States*	Specimens received	Measles tested	Measles positive n(%)	Measles equivocal n(%)	Measles negative n(%)	Rubella tested	Rubella positive n(%)	Rubella equivocal n(%)	Rubella negative n(%)
AFR	44/47	57,461	50,275	16,253 (32)	1,035 (2)	28,737 (57)	32,521	2,210 (7)	400 (1)	25,619 (79)
AMR	26/35	8,232	8,111	1,746 (22)	219 (3)	6,146 (76)	7,921	191 (2)	82 (1)	7,648 (97)
EMR	20/21	74,307	48,762	20,606 (42)	24 (0)	28,132 (58)	41,983	676 (2)	21 (0)	41,286 (98)
EUR	42/53	25,884	23,249	10,824 (47)	117 (1)	14,317 (62)	10,370	673 (6)	81 (1)	9,630 (93)
SEAR	10/10	48,625	46,078	4,645 (10)	532 (1)	40,875 (89)	45,815	1,391 (3)	379 (1)	44,040 (96)
WPR	26/28	23,272	22,369	6,292 (28)	531 (2)	15,523 (69)	18,707	552 (3)	100 (1)	18,051 (96)
Total	168/194	237,781	198,844	60,366 (30)	2,458 (1)	133,730 (67)	157,317	5,693 (4)	1,063 (1)	146,274 (93)

## 2024

Region	Member States*	Specimens received	Measles tested	Measles positive n(%)	Measles equivocal n(%)	Measles negative n(%)	Rubella tested	Rubella positive n(%)	Rubella equivocal n(%)	Rubella negative n(%)
AFR	43/47	120,445	109,377	19,102 (17)	1,068 (1)	61,018 (56)	95,315	14,882 (16)	465 (0)	51,744 (54)
AMR	29/35	7,968	8,286	353 (4)	203 (2)	7,730 (93)	7,359	170 (2)	98 (1)	7,091 (96)
EMR	21/21	116,666	98,271	38,273 (39)	129 (0)	59,869 (61)	90,051	1,468 (2)	77 (0)	88,506 (98)
EUR	44/53	159,496	137,242	78,299 (57)	404 (0)	53,578 (39)	56,088	1,305 (2)	363 (1)	54,154 (97)
SEAR	10/10	107,502	105,552	13,353 (13)	1,097 (1)	90,993 (86)	101,445	2,551 (3)	691 (1)	98,203 (97)
WPR	26/28	46,024	44,029	11,240 (26)	3,086 (7)	33,538 (76)	33,773	1,137 (3)	2,437 (7)	32,463 (96)
Total	173/194	558,101	502,757	160,620 (32)	5,987 (1)	306,726 (61)	384,031	21,513 (6)	4,131 (1)	332,161 (86)

Notes: Based on data received 2025-08 – \* Member States Reporting / Total Member States in Region

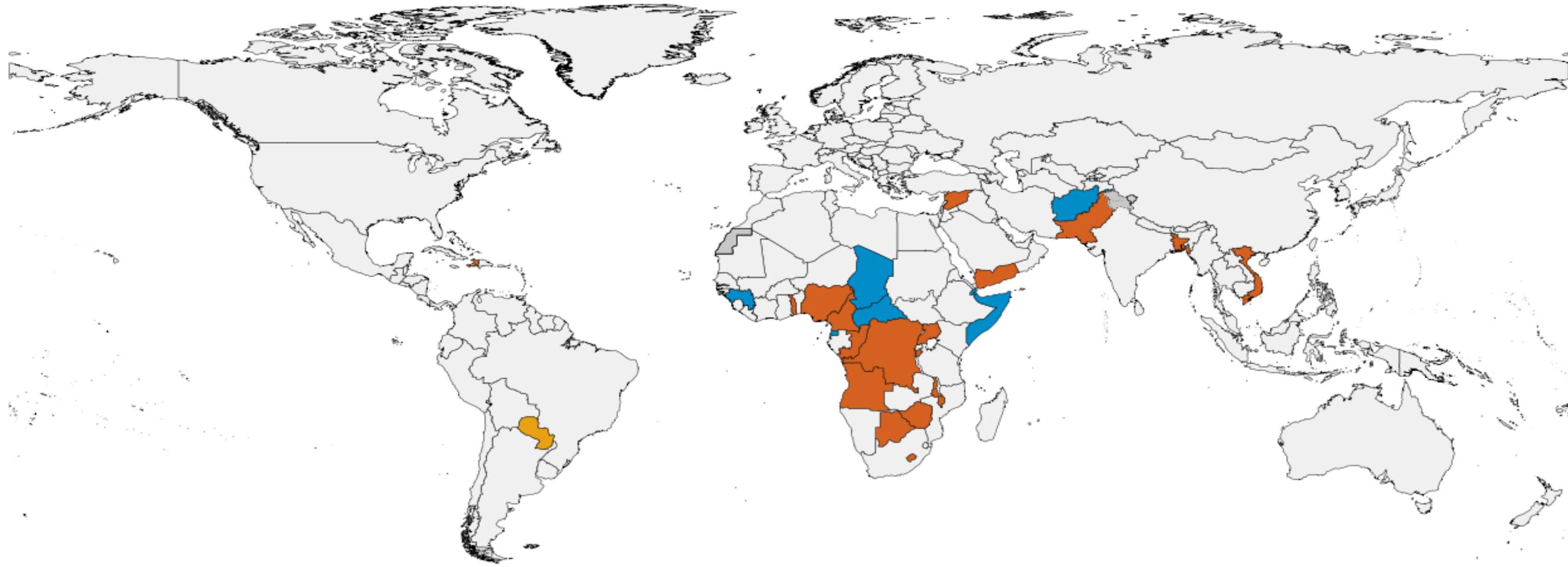
# **Supplementary Immunization Activities**



**World Health  
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# Upcoming MMR, MR and Measles campaigns (2025–2026)



0 875 1750 3500 Kilometers



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Data source: IVB Database

**Disclaimer:** The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

■ Measles ■ MR ■ MMR ■ No campaign planned ■ Not applicable

# Upcoming MMR, MR and Measles campaigns (2025–2026)

Year	Region	Name	Type	Intervention	StartDate	Status	Age Group(s)	Extent	Target
2025	AFR	Guinea	SNID	MEASLES	2025-02-??	Planned	0-59 M	SUBNATIONAL	996214
2025	AFR	Central African Republic	FollowUp	MEASLES	2025-10-??	Planned	6-59 M	NATIONAL	1335862
2025	AFR	Congo	FollowUp	MR	2025-10-??	Planned	9-59 M	NATIONAL	927595
2025	AFR	Gambia	FollowUp	MR	2025-10-??	Planned	9-59 M	NATIONAL	385713
2025	AFR	Nigeria	CatchUp-SIA	MR	2025-10-??	Planned	9 M-14 Y	NATIONAL	102539762
2025	AFR	Zimbabwe	FollowUp	MR	2025-10-06	Planned	9-59 M	NATIONAL	2518935
2025	AFR	Lesotho	CatchUp-SIA	MR	2025-10-22	Planned	9-59 M	NATIONAL	188518
2025	AFR	Botswana	FollowUp	MR	2025-11-??	Planned	9-59 M	NATIONAL	223959
2025	AFR	Chad	FollowUp	MEASLES	2025-11-??	Planned	9-59 M	NATIONAL	3772072
2025	AFR	Comoros	FollowUp	MR	2025-11-??	Planned	9-59 M	NATIONAL	113688
2025	AFR	Togo	FollowUp	MR	2025-11-??	Planned	9 M-9 Y	NATIONAL	2201427
2025	AFR	Uganda	FollowUp	MR	2025-11-??	Planned	9-59 M	NATIONAL	7685529
2025	AFR	Democratic Republic of the Congo	CatchUp	MR	2025-11-26	Planned	9 M-14 Y	NATIONAL	61697195
2025	AMR	Turks and Caicos Islands	VaccinationWeek	MMR	2025-04-??	Planned	5-14 Y	NATIONAL	100
2025	EMR	Syrian Arab Republic	FollowUp	MR	2025-10-??	Planned	9-59 M	NATIONAL	1892447
2025	EMR	Afghanistan	FollowUp	MEASLES	2025-11-??	Planned	9-59 M	NATIONAL	16047992
2025	EMR	Pakistan	FollowUp	MR	2025-11-??	Planned	6-59 M	NATIONAL	35402182
2025	EMR	Somalia	FollowUp	MEASLES	2025-NA-??	Planned	9-59 M	NATIONAL	3200130
2025	WPR	Viet Nam	OR	MR	2025-01-??	Planned	6 M-15 Y	NATIONAL	2170542
2026	AFR	Malawi	FollowUp	MR	2026-04-??	Planned	9-59 M	NATIONAL	5850406
2026	AFR	Burundi	FollowUp	MR	2026-10-??	Planned	9-59 M	NATIONAL	2446535
2026	AFR	Angola	FollowUp	MR	2026-NA-??	Planned	9-59 M	NATIONAL	5983408
2026	AFR	Cameroon	FollowUp	MR	2026-NA-??	Planned	9-59 M	NATIONAL	4345819
2026	AFR	Equatorial Guinea	FollowUp	MEASLES	2026-NA-??	Planned	9-59 M	NATIONAL	229691
2026	AMR	Paraguay	Campaign	MMR	2026-10-??	Planned	12-59 M	NATIONAL	509698
2026	AMR	Haiti	Campaign	MR	2026-NA-??	Planned	9-59 M	NATIONAL	1236480
2026	EMR	Djibouti	CatchUp	MEASLES	2026-NA-??	Planned	9-59 M	NATIONAL	340185
2026	EMR	Yemen	FollowUp	MR	2026-NA-??	Planned	9-59 M	NATIONAL	4714060
2026	SEAR	Bangladesh	FollowUp	MR	2026-01-??	Planned	9 M-14 Y	NATIONAL	19808176



# WHO Bulletins and Newsletters

- AFR (webpages under migration)
- AMR: [PAHO measles and rubella weekly bulletin](#) (published every Friday)
- EMR: [EMRO measles home page](#)
- EUR : [EURO EpiData update](#)
- SEAR: (webpages under migration)
- WPR: [WPRO measles-rubella monthly bulletin](#)