



**NATIONAL INSTITUTE FOR
COMMUNICABLE DISEASES**

Division of the National Health Laboratory Service

**The National Institute for Communicable Diseases
Division of Public Health, Surveillance and Response
NOTIFIABLE MEDICAL CONDITIONS SURVEILLANCE SYSTEM
March 2025**

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Introduction

Data used in this report were drawn from the Notifiable Medical Conditions Surveillance System (NMC-SS) on **10 April 2025**. The most recent report should always be viewed and can be found at [the NMCSS surveillance reports](#)

The purpose of this report is to describe the number of notifications received by the NMC-SS. The report is publicly available and can be used by health professionals, researchers, the general public, or any other stakeholder. The purpose of disseminating this information is to inform any public health action - NMCSS data has limitations (see [NMCSS interpretation](#)), but serves as a public health signal that may warrant further investigation.

This report also monitors some surveillance system attributes, including average facility notifications, data quality and timeliness of clinical diagnosis and notifications over time. **(See Appendix Nos. 1 and 3).**

While this information is publicly available, we aim this section of the report at those involved in notifying. These include Infection Prevention and Control practitioners at facilities, Nurses, Doctors, pathologists and laboratory staff.

Category 4 NMCS, COVID-19, and multi-system inflammatory syndrome (MIS-C) have been excluded from this report. Where weeks are presented, the Centers for Disease Control epidemiological week (epi-week) format is used.

Highlights

- A total of 10,940 cases were notified in March 2025, and most were category 2 conditions.
- Category 1 cases were reported in a median (IQR) of 0 (0, 0) days.

NMC Reporting application

- [NMC Reporting App](#) is available on both web and mobile platforms.
- We recommend Google Chrome in order to access the NMC Reporting App for notifications, searching for cases and reports.
- Register if you have no NMC account, and you can reset the password if you have not used the application for over 12 months.

NOTES: For any additional information contact the NMC national technical team: NMCAppSupport@nicd.ac.za or NMC hotline [072 621 3805](tel:0726213805). Please refer to Appendices for NMC data flow, definitions and interpretation of epidemiology data in this report.

DATA IS CONTINUOUSLY CLEANED, DE-DUPLICATED, AND UPDATED, HENCE IS SUBJECT TO CHANGE. ALL NUMBERS REPORTED ARE PRELIMINARY UNLESS OTHERWISE STATED. DATE OF DIAGNOSIS IS USED FOR REPORTING.

Current notification trends

Trends of notifications of selected conditions are presented below. Notifications that are confirmed are shown first. Confirmed notifications are verified and confirmed by the relevant centre at the NICD and can be considered confirmed cases. All notifications are shown after and include notifications that can be considered as suspected cases. These are presented to show the sensitivity of the surveillance system in recognising disease signals.

Confirmed notifications

Epi-table

Table 1: Number of notifications on NMCSS per epi-week in 2024. The Average notifications are calculated based on notifications received in 2022 and 2023 with a confidence interval.

		Average Notifications	Epi-weeks																				
Characteristic		95% CI	46	47	48	49	50	51	52	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Acute flaccid paralysis	0.11	1.0, 2.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Acute rheumatic fever	0.0207	1.0, 1.0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Botulism	0.0062	NA, NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cholera	0.54	1.5, 2.0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Congenital rubella syndrome	0.0103	NA, NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Covid-19	196	14, 162	1	4	4	2	6	5	1	5	5	5	8	2	5	1	4	5	2	1	3	0	0
Crimean-Congo viral haemorrhagic fever (human)	0.0310	1.0, 1.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Diphtheria	0.14	1.0, 1.5	1	0	1	1	2	12	1	2	1	1	1	1	0	1	3	1	0	1	0	0	0
Enteric fever (typhoid or paratyphoid fever)	1.02	1.5, 2.0	6	3	0	3	4	1	1	2	3	1	5	3	5	2	2	1	1	3	1	1	0
Foodborne illness outbreak	0.0682	1.0, 2.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Listeriosis	1.18	1.5, 2.0	0	0	1	0	2	1	1	2	2	3	1	1	0	2	0	2	2	3	0	0	0
Malaria	150	99, 120	62	71	68	76	113	89	58	42	61	77	148	115	101	107	113	105	125	165	112	151	9
Measles	1.43	2.5, 3.5	7	6	4	1	2	3	5	5	3	2	2	3	3	1	3	1	4	4	4	7	0
Meningococcal disease	0.88	2.0, 2.0	2	3	0	0	0	0	0	0	0	1	5	2	0	1	3	2	3	3	1	2	0
Mpox	0.0620	1.5, 3.0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0	0	3	0	0	0
Pertussis	7	9.0, 12	7	10	5	9	4	3	3	3	8	4	2	9	4	3	5	5	2	5	4	0	0
Rabies	0.09	1.0, 1.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Respiratory disease caused by a novel respiratory pathogen	0.0041	NA, NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rift Valley fever (human)	0.0124	1.0, 1.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rubella	1.20	2.5, 4.0	8	4	4	3	4	6	1	1	0	1	2	1	0	3	0	2	3	4	0	2	0

Abbreviation: CI = Confidence Interval

Trends Plot

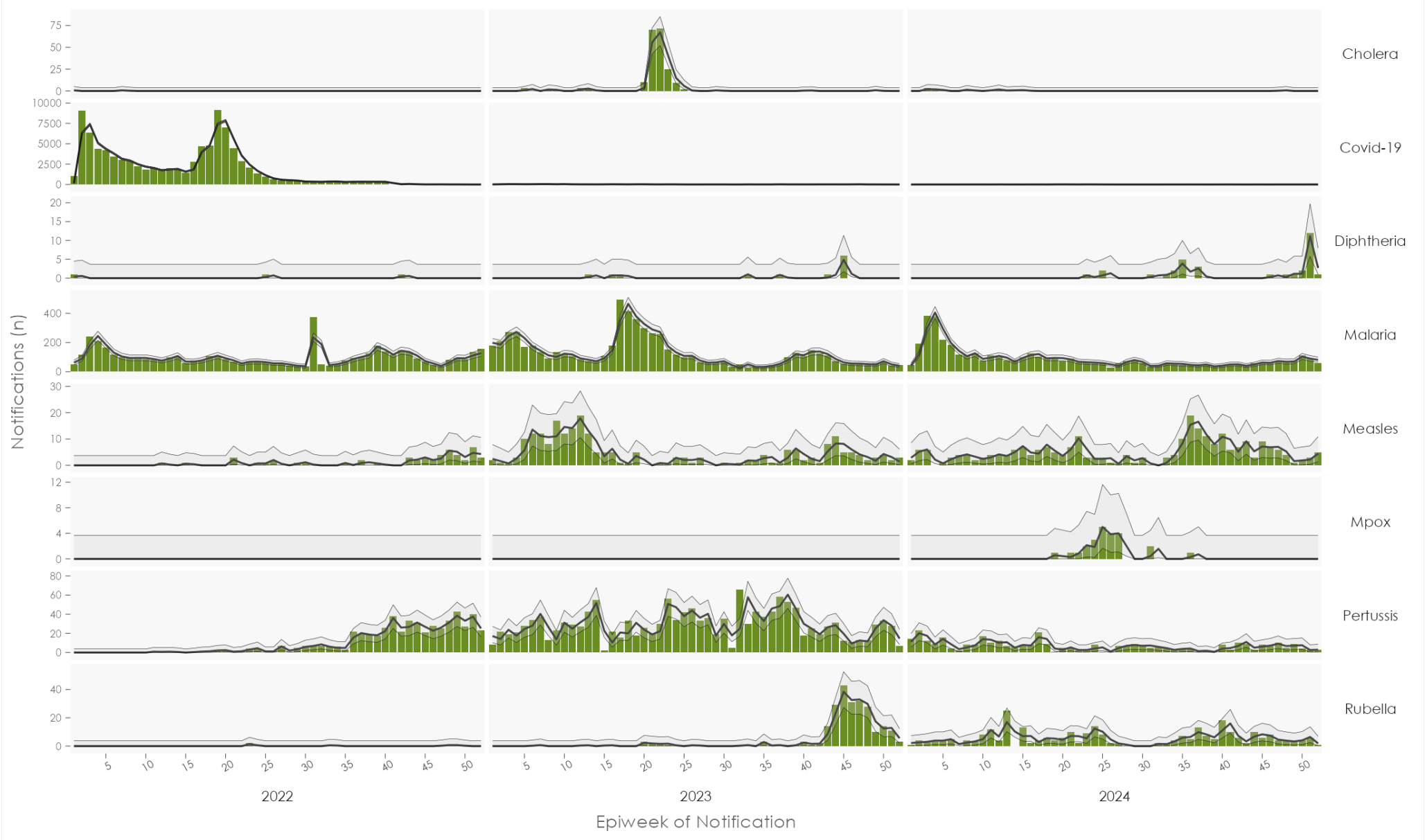


Figure 1: Trend of weekly number of confirmed notifications for selected category 1 conditions reported to the NMC, in South Africa; January 2022-March 2025

All Category 1 Conditions at a glance

Table 2: The number of confirmed notifications that are suspected and confirmed for category 1 conditions notified during March 2025

Condition	Overall, N = 1 098 ¹	Suspected, N = 476 ¹	Confirmed, N = 622 ¹
Acute flaccid paralysis	17	17	0
Acute rheumatic fever	0	0	0
Anthrax	0	0	0
Botulism	0	0	0
Cholera	2	1	1
Congenital rubella syndrome	14	14	0
Covid-19	0	0	0
Crimean-Congo viral haemorrhagic fever (human)	2	2	0
Diphtheria	23	22	1
Ebola virus (VHF)	1	1	0
Enteric fever (typhoid or paratyphoid fever)	16	11	5
Foodborne illness outbreak	151	151	0
Haemolytic uraemic syndrome (HUS)	0	0	0
Listeriosis	6	1	5
Malaria	560	0	560
Marburg virus (VHF)	0	0	0
Measles	151	132	19
Meningococcal disease	13	5	8
Mpox	12	9	3
Pertussis	41	30	11
Plague	0	0	0
Poliomyelitis	0	0	0
Rabies	4	4	0
Respiratory disease caused by a novel respiratory pathogen	0	0	0
Rift Valley fever (human)	0	0	0
Rubella	85	76	9
Smallpox	0	0	0
Yellow fever	0	0	0

¹Suspected and confirmed cases are independent and are not totalled - suspected and confirmed cases are distinct.

NMC data summary, March 2025

A total of 10,940 current and delayed cases were notified to the NMCSS during March 2025 (**See table 9 for further breakdowns and Appendix no.3 for definitions**). There were 10,897 current notifications; the majority (9,676, 89%) were category 2 conditions. The provinces with the highest number of notifications were KZN (2,661, 24%), GP (2,464, 23%), and WC (1,743, 16%). The provinces with the least number of notifications were NW (523, 4.8%) and NC (538, 4.9%). There were 43 back-captured clinical notifications diagnosed between January 2025 and March 2025, and only notified during March 2025. The majority (32, 74%) of those notifications were Measles. (**See Appendix no.1**).

Most of the notified cases were males (6,281, 58%). Individuals in the 35–39-year age group represented the majority (1 166, 12%) of notified cases. At the time of notification, 2,493 (23%) of the notified cases were hospitalised, while 79 (0.7%) were transferred to another healthcare facility. There were 104 deaths notified during the reporting period.

Category 1 notifications

Malaria was the most common (560 (51%)) category 1 notification (**suspected and confirmed**). The province with the highest number of notifications for Malaria was GP (165 (29%)). **Malaria** was the most common (560 (90%)) category 1 notification **confirmed**. The province with the highest number of confirmed notifications for Malaria was MP 165 (29%)

Table

Table 3: The number of notifications by province and the number of notifications that are suspected and confirmed by vital status, March 2025

Condition	Provinces										Case		Deaths	
	EC ¹	FS ¹	GP ¹	KZN ¹	LP ¹	MP ¹	NC ¹	NW ¹	WC ¹	Confirmed ¹	Suspected ¹	Confirmed ¹	Suspected ¹	
Acute flaccid paralysis	0	0	6	3	2	3	1	0	2	0	17	0	1	
Acute rheumatic fever	0	0	0	0	0	0	0	0	0	0	0	0	0	
Anthrax	0	0	0	0	0	0	0	0	0	0	0	0	0	
Botulism	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cholera §	1	0	1	0	0	0	0	0	0	1	1	0	0	
Covid-19	0	0	0	0	0	0	0	0	0	0	0	0	0	
Congenital rubella syndrome	3	1	2	6	1	0	0	0	1	0	14	0	0	
Diphtheria *	1	0	1	0	3	9	0	0	9	1	22	1	0	
Enteric fever (typhoid or paratyphoid fever)	1	0	7	1	3	0	0	1	3	5	11	0	0	
Foodborne illness outbreak	41	4	24	7	8	5	0	61	1	0	151	0	4	
Haemolytic uraemic syndrome (HUS)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Listeriosis	0	0	3	0	0	0	0	0	3	5	1	1	0	
Malaria	6	7	105	121	109	165	1	34	12	560	0	3	0	
Ebola virus (VHF)	0	0	1	0	0	0	0	0	0	0	1	0	0	
Marburg virus (VHF)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Measles	3	22	69	8	1	11	17	9	11	19	132	0	0	
Meningococcal disease	1	0	4	0	0	0	0	0	8	8	5	1	0	
Mpox	0	0	12	0	0	0	0	0	0	3	9	0	0	
Pertussis	2	1	13	1	1	3	0	1	19	11	30	0	0	
Plague	0	0	0	0	0	0	0	0	0	0	0	0	0	
Poliomyelitis	0	0	0	0	0	0	0	0	0	0	0	0	0	
Rabies	1	0	0	3	0	0	0	0	0	0	4	0	0	
Respiratory disease caused by a novel respiratory pathogen	0	0	0	0	0	0	0	0	0	0	0	0	0	
Rift Valley fever (human)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Rubella	4	14	7	13	0	12	11	16	8	9	76	0	0	
Smallpox	0	0	0	0	0	0	0	0	0	0	0	0	0	
Crimean-Congo viral haemorrhagic fever (human)	0	1	0	0	0	0	1	0	0	0	2	0	0	
Yellow fever	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total	64	50	255	163	128	208	31	122	77	622	476	6	5	

¹n;

* Toxin-producing results not available on NMC;

§ Serotype information not available on NMC;

** Merged case represents a clinical and laboratory notification of the same person and was successfully linked and made into a single notification

Plot

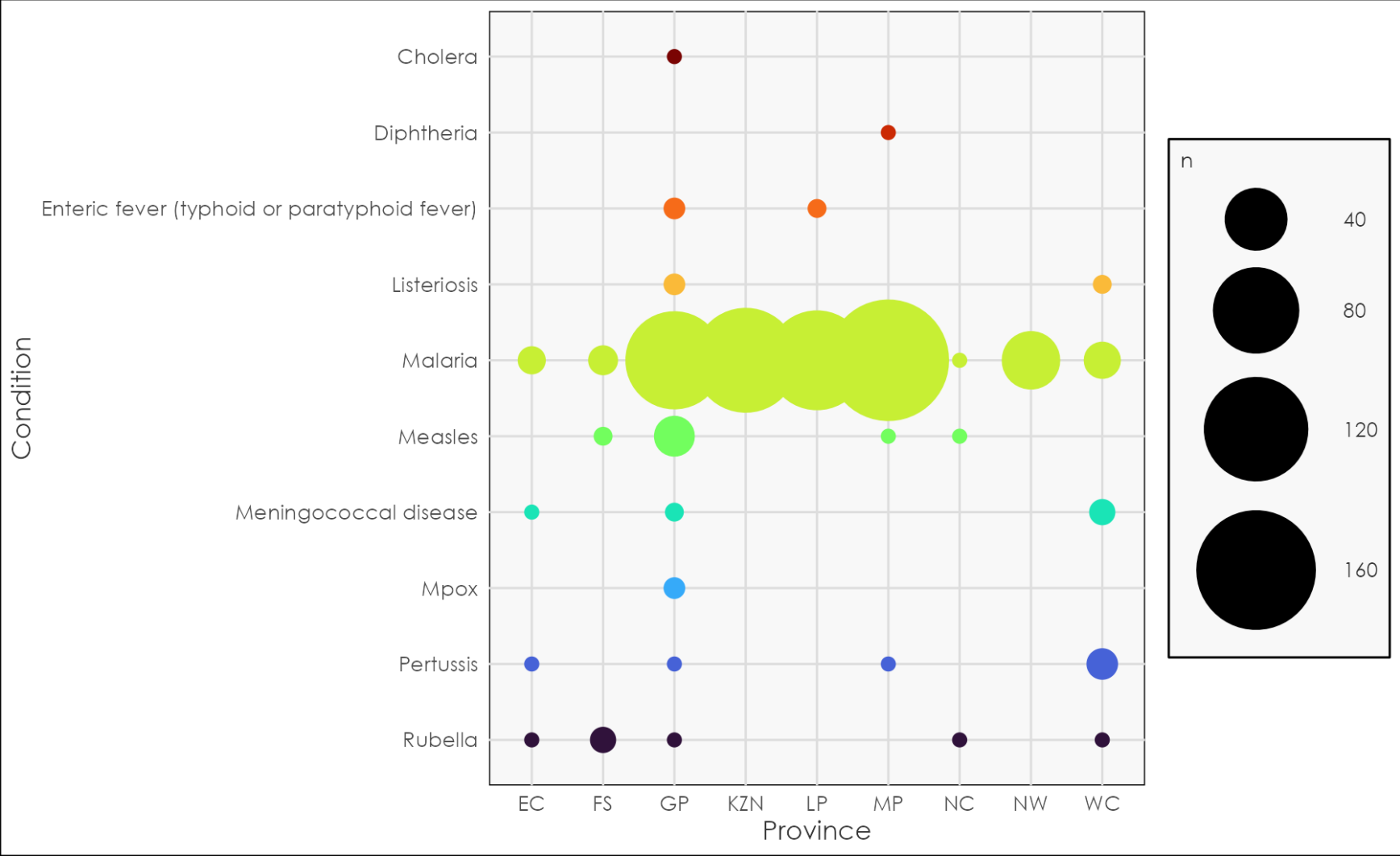


Figure 2: Distribution of all Category 1 NMCS notifications by province notified during March 2025. *All notifications include both suspected and confirmed cases

Category 2 notifications

Category 2 conditions must be notified within 7 days of diagnosis. They are important to monitor disease burden trends.

Table

Pulmonary TB was the most common (5,659,58%) category 2 notification **confirmed**. The province with the highest number of confirmed notifications for **Pulmonary TB** was GP 1 320 (60%)

Table 4: The number of notifications by province and the number of notifications that are suspected and confirmed by vital status.

Condition	Provinces									Case		Deaths	
	EC ¹	FS ¹	GP ¹	KZN ¹	LP ¹	MP ¹	NC ¹	NW ¹	WC ¹	Confirmed ¹	Suspected ¹	Confirmed ¹	Suspected ¹
Agricultural or stock remedy poisoning	6	11	28	3	10	5	0	2	6	0	71	0	8
Bilharzia (schistosomiasis)	40	4	29	234	230	74	2	1	24	29	609	1	0
Brucellosis	0	0	0	0	0	0	0	0	1	0	1	0	0
Congenital syphilis	71	14	42	221	8	25	22	10	92	65	440	2	4
Haemophilus influenzae type B	0	0	1	0	0	0	0	0	0	0	1	0	0
Hepatitis A	27	10	114	117	26	51	25	16	57	78	365	1	2
Hepatitis B	126	21	100	544	4	14	24	23	22	28	850	0	2
Hepatitis C	0	1	17	1	2	2	1	0	1	0	25	0	0
Hepatitis E	0	0	0	0	0	0	0	0	0	0	0	0	0
Lead poisoning	0	0	1	0	0	0	0	0	0	0	1	0	0
Legionellosis	0	0	5	2	0	0	0	0	1	7	1	0	1
Leprosy	0	0	0	0	0	0	0	0	0	0	0	0	0
Maternal death (pregnancy, childbirth and puerperium)	2	0	6	0	2	0	0	0	0	0	10	0	10
Mercury poisoning	0	0	0	0	0	0	0	0	0	0	0	0	0
Soil-transmitted helminths	5	0	2	2	0	0	0	0	1	0	10	0	0
Tetanus	0	0	1	1	0	0	0	1	2	0	5	0	1
Tuberculosis: extensively drug-resistant (XDR-TB) *	0	1	3	1	0	0	0	0	1	0		0	
Tuberculosis: multidrug- resistant (MDR -TB) *	8	12	24	56	3	3	3	4	34	0		0	
Tuberculosis: extra-pulmonary*	102	105	499	210	61	32	56	48	155	0		0	
Tuberculosis: pulmonary*	591	328	1 320	1 096	268	190	372	296	1 198	0		0	
Total	978	507	2 192	2 488	614	396	505	401	1 595	207	9 469	4	88

¹n;

* The TB module is under development to align with laboratory-confirmed TB cases. Only TB cases that are manually notified (no laboratory surveillance) are reported.

Plot

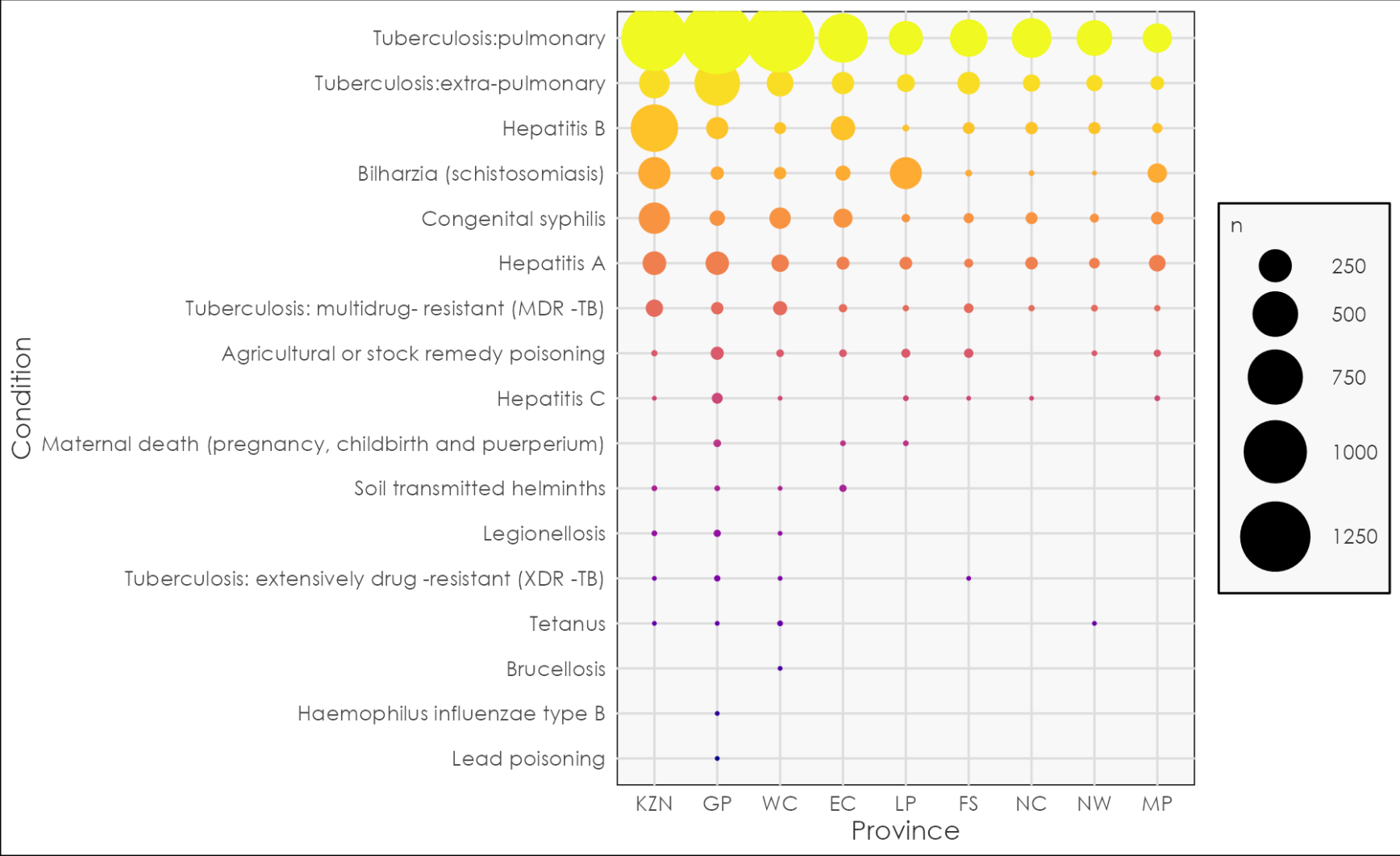


Figure 3: Distribution of all Category 2 NMCS notifications by province notified during March 2025. *All notifications include both suspected and confirmed cases

NMC app use statistics

Table 5: Description of NMC notifications by case source

NMC Category	Overall N = 10 897	Clinical notifications, n = 8 287	Laboratory notifications, n = 2 267	Merged Cases, n = 343
Category 1	1 098 (10%)	707 (8.5%)	264 (12%)	127 (37%)
Category 2	9 676 (89%)	7 580 (91%)	1 895 (84%)	201 (59%)
Category 3	123 (1.1%)	0 (0%)	108 (4.8%)	15 (4.4%)

Notification types and merging

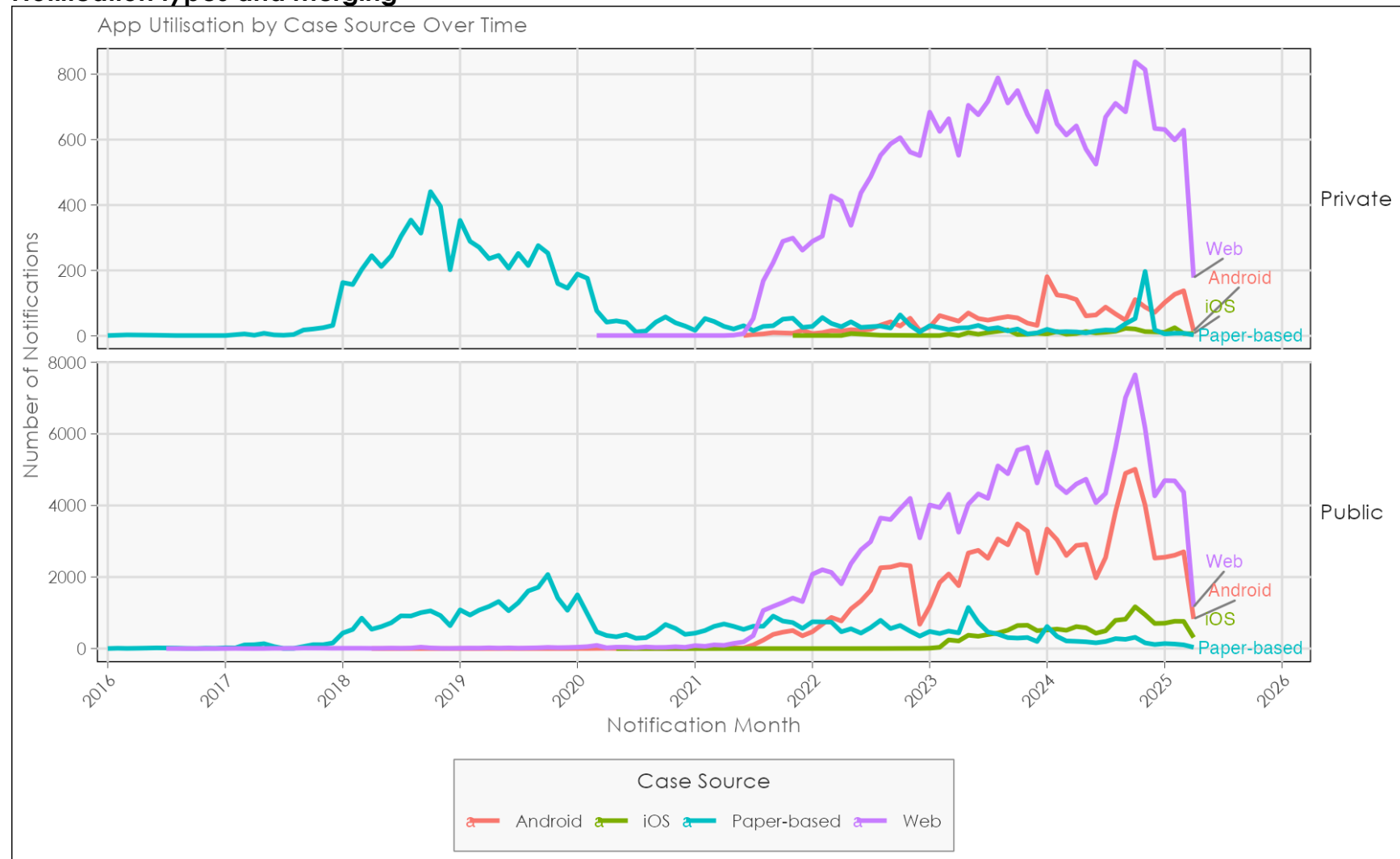


Figure 4: Case source of clinical notifications from the public and private sector notifying on NMC from 2016 to 2025

There were 747 (8.7%) clinical notifications from the private sector (i.e. private hospitals, private practice and mining industry) compared to 7,874 (91%) in the public sector.

Table 6: Clinical notifications notified by provinces, reporting platform, and sector

Province	Overall N = 8 621	App - Private, n = 739	App - Public, n = 7 778	Paper-based - Private, n = 8	Paper-based - Public, n = 96
GP	2 264	191 (8.4%)	2 067 (91%)	2 (<0.1%)	4 (0.2%)
KZN	1 653	175 (11%)	1 476 (89%)	0 (0%)	2 (0.1%)
WC	1 549	84 (5.4%)	1 416 (91%)	2 (0.1%)	47 (3.0%)
EC	822	108 (13%)	694 (84%)	0 (0%)	20 (2.4%)
FS	503	40 (8.0%)	463 (92%)	0 (0%)	0 (0%)
LP	483	49 (10%)	431 (89%)	1 (0.2%)	2 (0.4%)
NC	483	14 (2.9%)	469 (97%)	0 (0%)	0 (0%)
NW	437	46 (11%)	369 (84%)	2 (0.5%)	20 (4.6%)
MP	427	32 (7.5%)	393 (92%)	1 (0.2%)	1 (0.2%)

The average active users on the NMC App

There were 412 average active users of the NMC App in March 2025

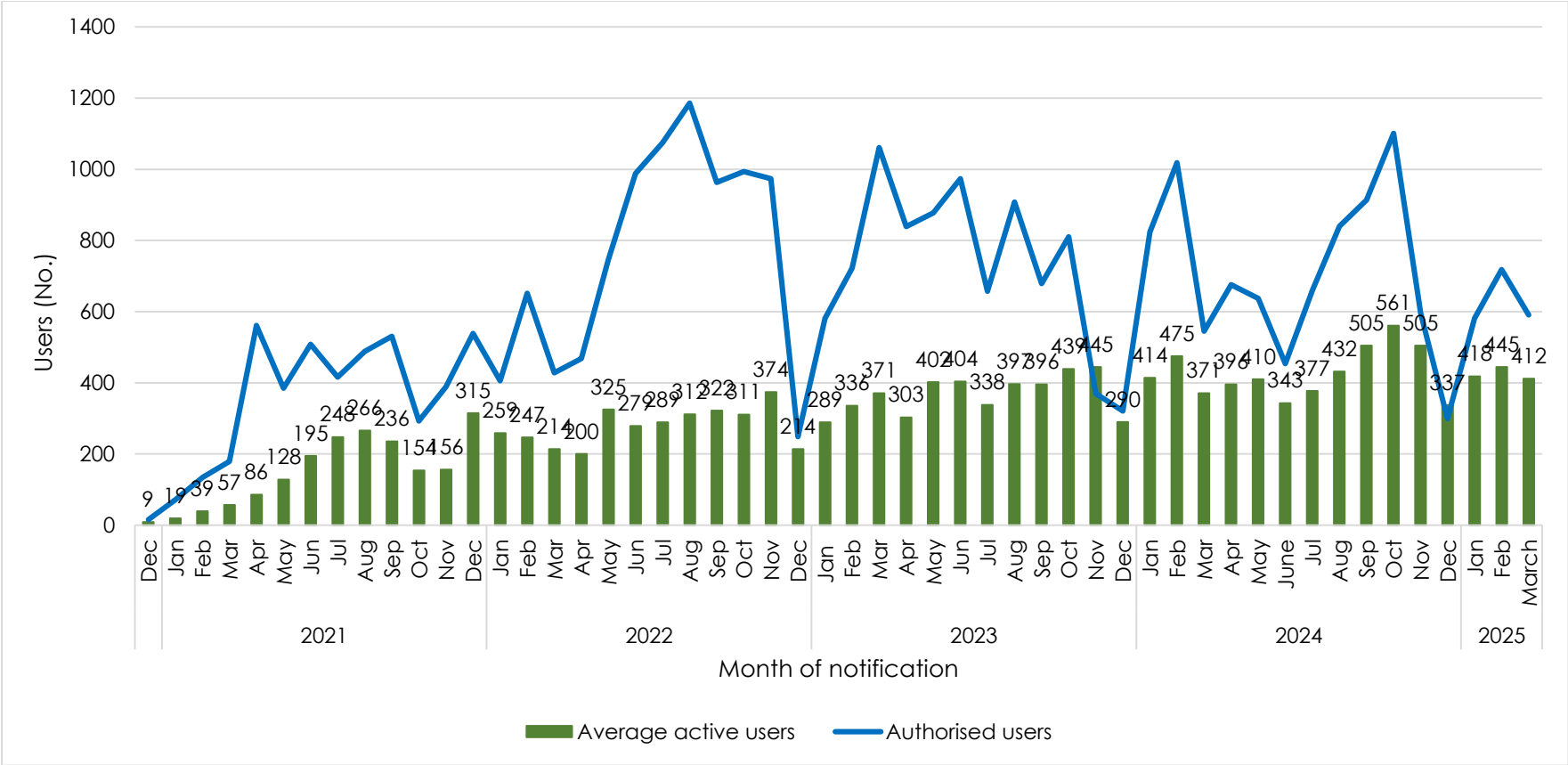


Figure 5: Authorised users and average active users of the NMC Reporting App by month of notification, December 2020-March 2025

Newly registered users

Figure 6 shows the trends of newly registered users and their occupations.

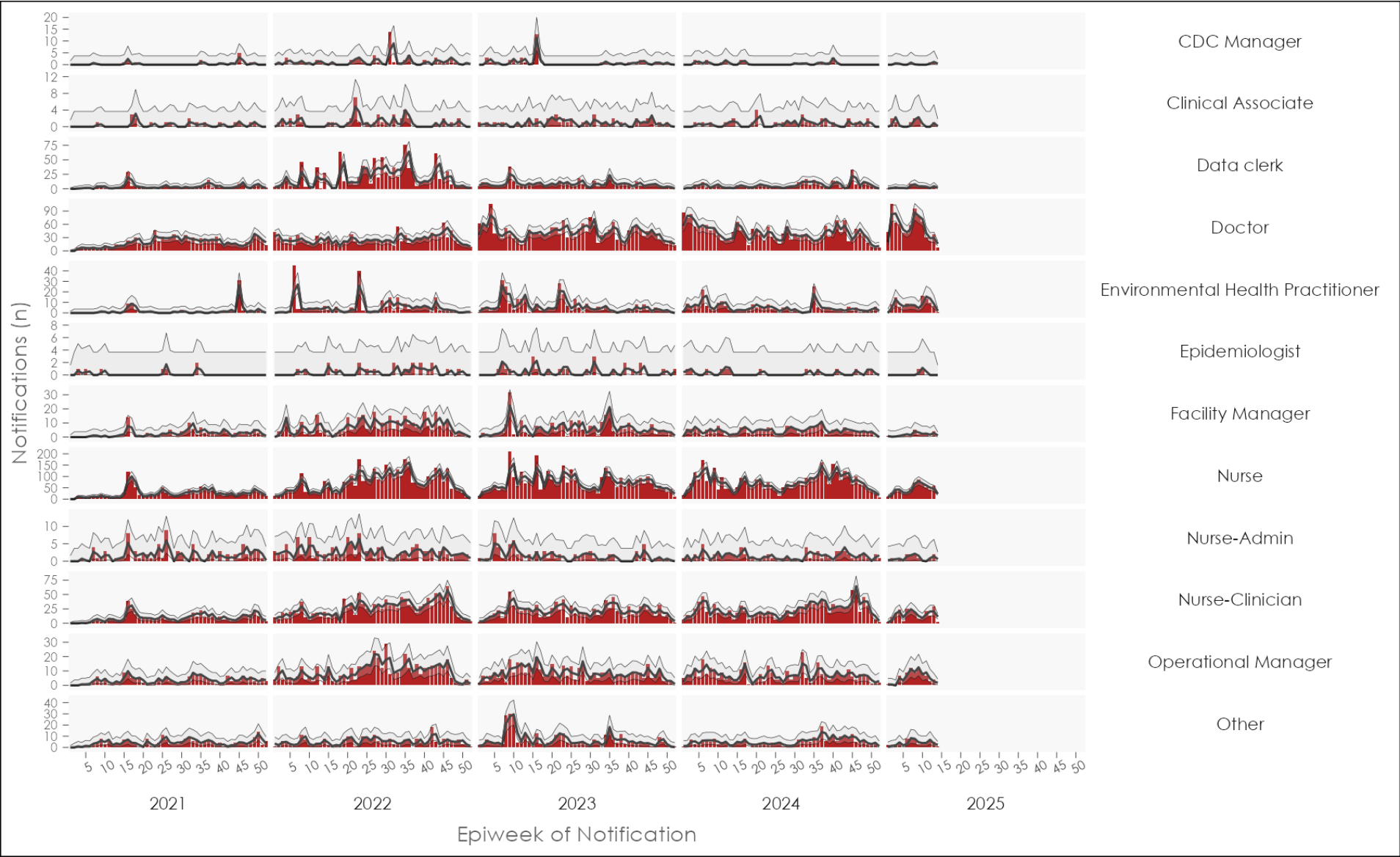


Figure 6: Trends of new users by occupation who registered on NMC, in South Africa, January 2022-March 2022

Data quality

Completeness

ID number completeness

Table 7: Length of ID numbers inputted on NMC system during March 2025

Length of ID number	Android N = 2 760 ¹	iOS N = 732 ¹	MicroStrategy/SDW N = 2 555 ¹	Paper-based N = 105 ¹	Web N = 4 745 ¹
Not complete	1 196 (43%)	273 (37%)	2 511 (98%)	73 (70%)	1 347 (28%)
1	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (<0.1%)
3	0 (0%)	1 (0.1%)	0 (0%)	0 (0%)	0 (0%)
4	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (<0.1%)
6	0 (0%)	64 (8.7%)	5 (0.2%)	0 (0%)	505 (11%)
7	0 (0%)	1 (0.1%)	0 (0%)	0 (0%)	1 (<0.1%)
8	0 (0%)	3 (0.4%)	0 (0%)	0 (0%)	44 (0.9%)
9	0 (0%)	1 (0.1%)	0 (0%)	0 (0%)	4 (<0.1%)
10	1 (<0.1%)	11 (1.5%)	0 (0%)	0 (0%)	62 (1.3%)
11	0 (0%)	0 (0%)	0 (0%)	0 (0%)	4 (<0.1%)
12	0 (0%)	0 (0%)	0 (0%)	0 (0%)	28 (0.6%)
13	1 563 (57%)	378 (52%)	39 (1.5%)	32 (30%)	2 748 (58%)

¹n (%)

Hospital Form Completeness

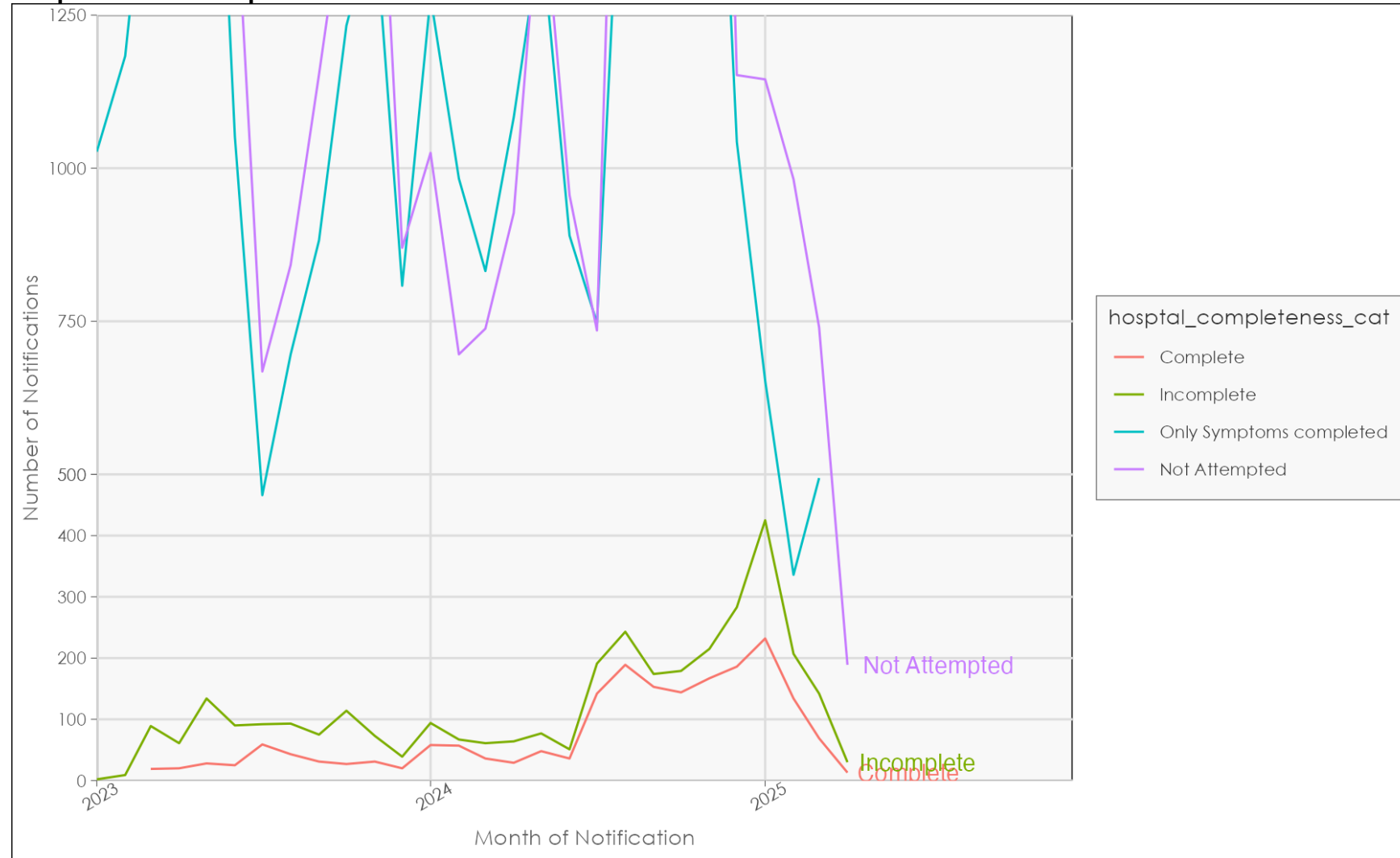


Figure 7: The number of completed hospital forms among category 1 conditions on NMC, in South Africa, January 2023- February 2025. The hospital form was implemented at the beginning of 2023 but has been hindered by budget constraints

Table 8: Completion of hospitalisation form for notifications reported as inpatients with category 1 conditions. March, 2025

Hospital Form Completed	Complete, n = 25 (8.9%)	Incomplete, n = 49 (18%)	Not Attempted, n = 122 (44%)	Only Symptoms completed, n = 84 (30%)
Acute flaccid paralysis	1 (4.3%)	2 (4.2%)	3 (2.6%)	10 (12%)
Acute rheumatic fever	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Anthrax	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Botulism	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Cholera §	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Covid-19	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Congenital rubella syndrome	0 (0%)	2 (4.2%)	1 (0.9%)	0 (0%)
Diphtheria *	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Enteric fever (typhoid or paratyphoid fever)	2 (8.7%)	0 (0%)	6 (5.2%)	1 (1.2%)
Foodborne illness outbreak	2 (8.7%)	8 (17%)	44 (38%)	13 (16%)
Haemolytic uraemic syndrome (HUS)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Listeriosis	0 (0%)	0 (0%)	3 (2.6%)	2 (2.5%)
Malaria	10 (43%)	22 (46%)	36 (31%)	37 (46%)
Ebola virus (VHF)	0 (0%)	1 (2.1%)	0 (0%)	0 (0%)
Marburg virus (VHF)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Measles	2 (8.7%)	3 (6.3%)	8 (6.9%)	6 (7.4%)
Meningococcal disease	1 (4.3%)	4 (8.3%)	3 (2.6%)	1 (1.2%)
Mpox	0 (0%)	0 (0%)	2 (1.7%)	1 (1.2%)
Pertussis	4 (17%)	4 (8.3%)	7 (6.0%)	7 (8.6%)
Plague	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Poliomyelitis	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Rabies	0 (0%)	0 (0%)	1 (0.9%)	1 (1.2%)
Respiratory disease caused by a novel respiratory pathogen	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Rift Valley fever (human)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Rubella	0 (0%)	1 (2.1%)	2 (1.7%)	2 (2.5%)
Smallpox	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Crimean-Congo viral haemorrhagic fever (human)	1 (4.3%)	1 (2.1%)	0 (0%)	0 (0%)
Yellow fever	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Unknown	2	1	6	3

Complete refers to >80% of variables completed.

Timeliness

Time to notification is measured by the number of days from the time of diagnosis of the NMC to the time of notification. Overall, it took a median (IQR) of 0 (0, 0) days to report category 1 NMCs.

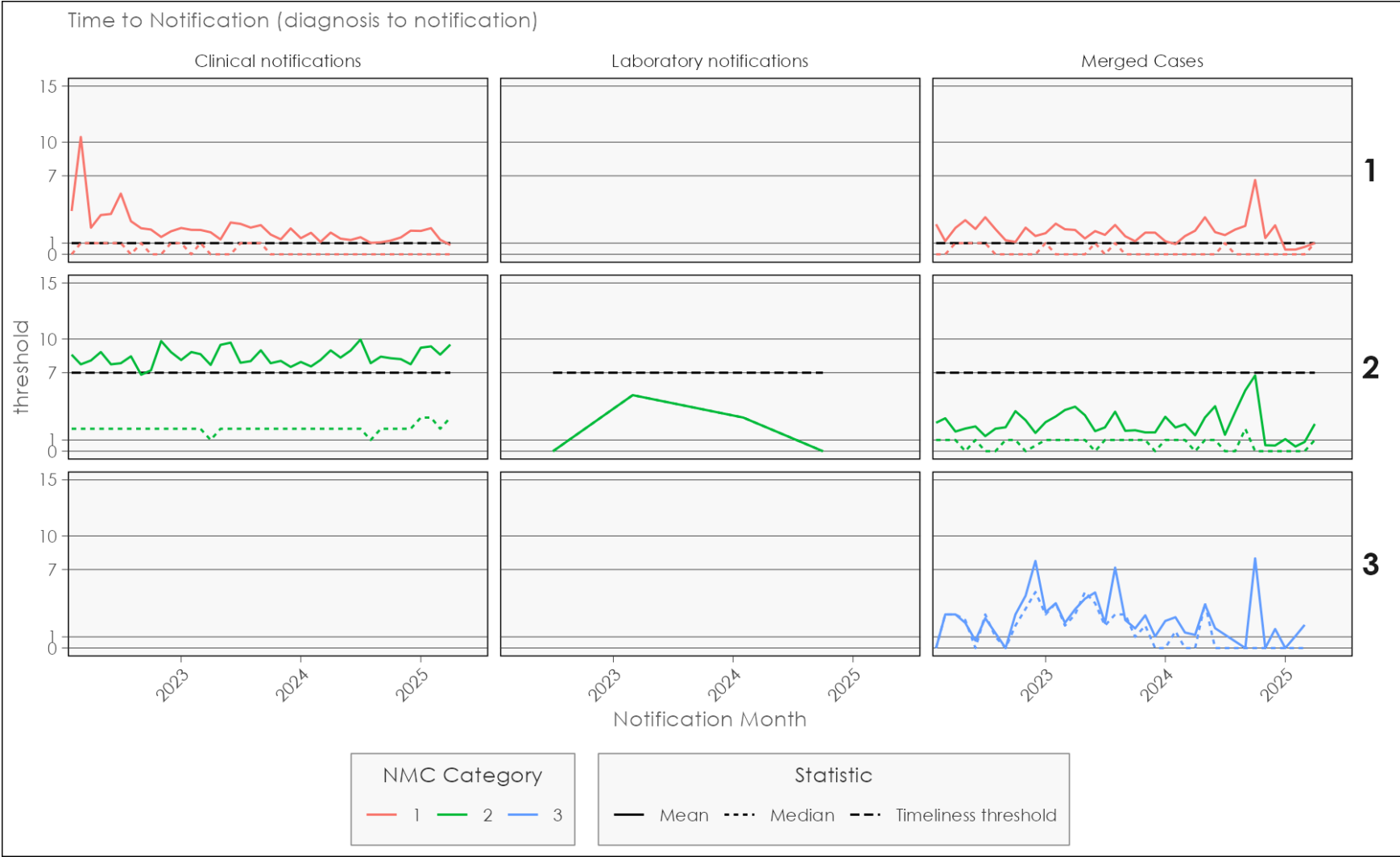


Figure 8: The mean and median number of days from diagnosis to notification date of NMC clinically notified conditions, in South Africa, January 2022-March. The hospital form was implemented at the beginning of 2023 but has been hindered by budget constraints

Table 9: Symptoms of patients clinically notified and merged with lab notifications to the NMC, notified during March 2025

Characteristic	Category 1, n = 1 141 ¹	Category 2, n = 9 676 ¹	Category 3, n = 123 ¹
Time to Notification	0 (0, 0)	1 (0, 7)	0 (0, 0)
Unknown	21	0	0
Back Capture Classification			
Back capture	22 (2%)	0 (0%)	0 (0%)
Current	1 021 (91%)	7 421 (77%)	122 (99%)
Delayed	77 (7%)	2 255 (23%)	1 (1%)
Unknown	21	0	0

¹Median (Q1, Q3); n (%)

Conclusion

The majority of notifications were clinical notifications. Patients who are hospitalized with a category 1 condition and notified still have poor completeness of the hospital form with the majority of notifications only having symptom completed. ID numbers are poorly completed in notifications from SDW.

Recommendations

- We recommend that clinicians should complete all patient clinical and demographic details to improve hospital form completeness.
- We strongly recommend complete ID number capture in the SDW system to improve data quality and the ability for the NMCSS to merge clinical and laboratory notifications.
- We welcome stakeholders to send feedback and suggestions for the report. We also encourage reaching out for ingestion of data from data from data sources that existed prior to the launch of the NMCSS. Feel free to reach out to brianb@nicd.ac.za and matimbam@nicd.ac.za

Appendices

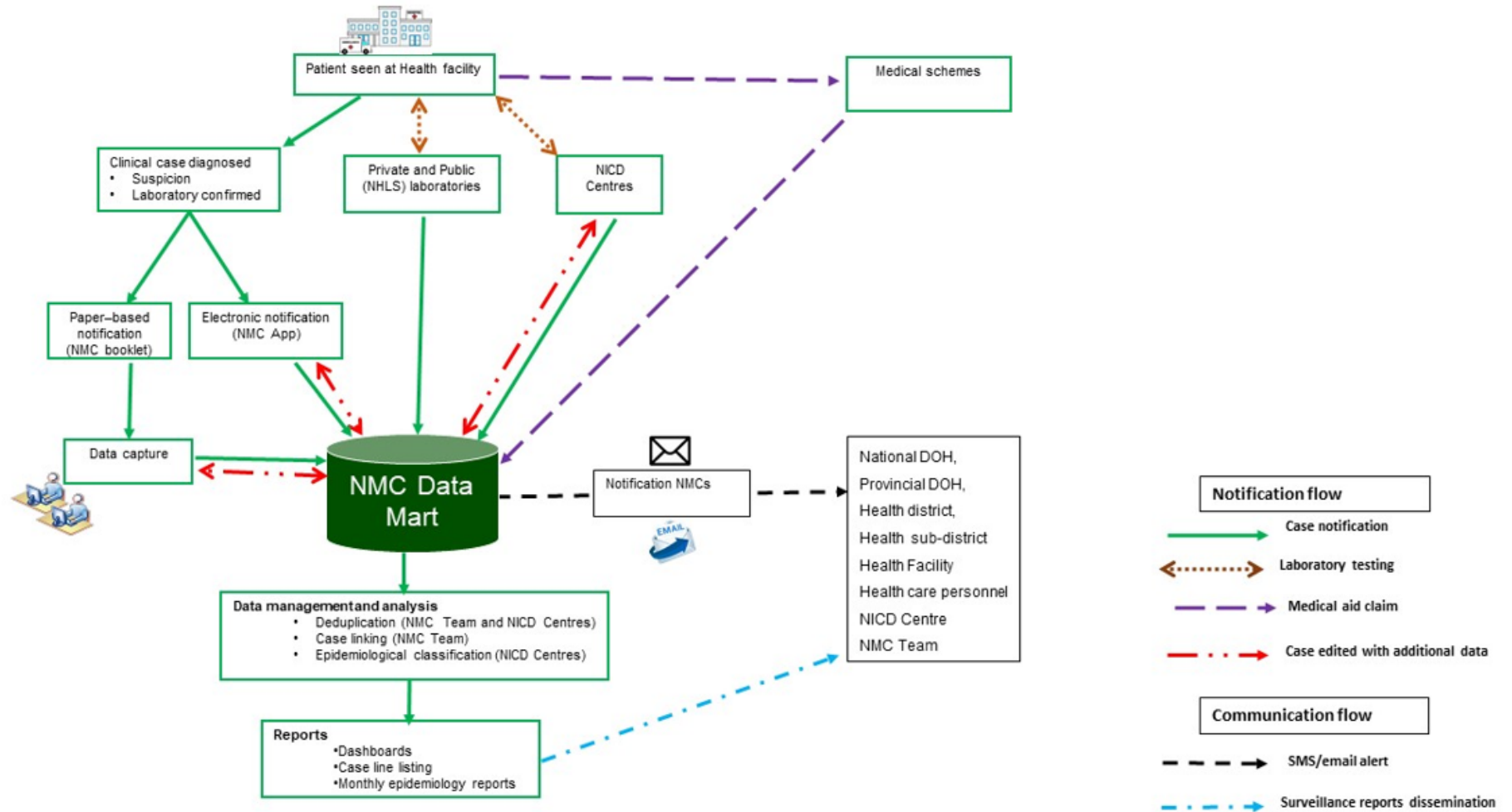
Appendix no.1: Back captured clinical notifications

Table 10: Back captured notifications by reporting province notified during March \ *Back captured notifications use the diagnosis date, and the recommended time to notification depending on the NMC category. See Appendix no.3 for details

Condition	Overall	Province							Case Source			
	Overall, (43)	FS, (3)	GP, (10)	KZN, (6)	MP, (1)	NC, (14)	NW, (1)	WC, (8)	Android, (9) ¹	iOS, (2) ¹	Paper-based, (2) ¹	Web, (30) ¹
Measles	32 (74%)	3	3	6	1	14	1	4	5	2	2	23
Malaria	4 (9.3%)	0	3	0	0	0	0	1	1	0	0	3
Acute flaccid paralysis	1 (2.3%)	0	1	0	0	0	0	0	0	0	0	1
Cholera	1 (2.3%)	0	1	0	0	0	0	0	1	0	0	0
Congenital rubella syndrome	1 (2.3%)	0	0	0	0	0	0	1	1	0	0	0
Diphtheria	1 (2.3%)	0	1	0	0	0	0	0	1	0	0	0
Enteric fever (typhoid or paratyphoid fever)	1 (2.3%)	0	0	0	0	0	0	1	0	0	0	1
Meningococcal disease	1 (2.3%)	0	1	0	0	0	0	0	0	0	0	1
Rubella	1 (2.3%)	0	0	0	0	0	0	1	0	0	0	1

¹SDW – Surveillance data warehouse/ MicroStrategy

Appendix No. 2: Summary of NMCSS Data Flow



Appendix No.3: NMC Categories, and Case Classification definitions

NMC categories

Category 1: NMCS notified by the most rapid means available upon diagnosis, followed by a written or electronic notification to the Department of Health within 24 hours of diagnosis by healthcare providers, private health laboratories or public health laboratories. These conditions must be notified based on clinical suspicion, irrespective of laboratory confirmation.

Category 2: NMCS notified through a written or an electronic notification to the Department of Health of clinical or laboratory diagnosis within 7 days by healthcare providers, private health laboratories or public health laboratories.

Category 3: NMCS notified through a written or electronic notification to the Department of Health within 7 days of diagnosis by public and private health laboratories.

Category 4: NMCS notified through a written or electronic notification to the Department of Health within 1 month of diagnosis by public and private health laboratories.

Case Classification Definitions

Clinical case: are cases reported to the NMC by health care providers at facilities, either through completion of a paper form that is faxed, emailed to the National Institute of Communicable Diseases (NICD), or by direct data entry into the NMC application on a PC, laptop or mobile device. The diagnosis is made by the clinician on the basis of case definitions published on the NICD website.

Laboratory case: are cases that are downloaded into the NMC database directly from the National Health Laboratory Services (NHLS) laboratory information system. The NMC application applies the case definitions that are published on the NICD website. Private sector data is being sourced.

Merged cases are cases where a case was notified by a health care provider at the facility (a 'clinical case') AND the laboratory issued a report with a positive result for the same case (a 'laboratory case'). The NMC App is set up to automatically detect and link clinical and laboratory case notifications. The NICD specialist Centres and NMC data team review all cases and manually link any remaining clinical and laboratory cases

Notification capture times definitions

Current notification: Category 1 conditions notified within 2 days of the diagnosis date. Category 2 and 3 conditions are notified within 7 days of diagnosis. All lab notifications without a diagnosis date are classified as current.

Delayed notification: Category 1 conditions notified between 3 and 7 days of the diagnosis date. Category 2 and 3 conditions are notified between 8 and 30 days of diagnosis.

Back capture notification: Category 1 conditions notified more than 7 days before the diagnosis date. Categories 2 and 3 conditions were notified more than 30 days after the diagnosis date.

Epi-weeks: Epi-weeks used the CDC definition of a week starting on a Sunday and ending on a Saturday. The first epi-week of the year is the week that contains the first Saturday of January. Epi-week 1 of 2024 started on 31 December 2023 and ended on 6 January 2024.

Appendix no.4: IDSR reporting template for IDSR conditions existing on NMC by under-5 and 5-and-over years and vital status.

Table 11: The number of IDSR conditions laboratory notified to the NMC using the IDSR reporting template of under and 5-and-above years by vital status.

Condition	Notified/Suspected				Confirmed
	Under 5 A, N = 323 ¹	5 & over A, N = 128 ¹	5 & over D, N = 1 ¹	Under 5 D, N = 4 ¹	N = 622 ¹
Acute flaccid paralysis	12	4	1	0	0
Acute rheumatic fever	0	0	0	0	0
Anthrax	0	0	0	0	0
Botulism	0	0	0	0	0
Cholera	1	0	0	0	1
Covid-19	0	0	0	0	0
Congenital rubella syndrome	11	0	0	0	0
Diphtheria	18	1	0	0	1
Enteric fever (typhoid or paratyphoid fever)	9	1	0	0	5
Foodborne illness outbreak	128	19	0	4	0
Haemolytic uraemic syndrome (HUS)	0	0	0	0	0
Listeriosis	1	0	0	0	5
Malaria	0	0	0	0	560
Ebola virus (VHF)	1	0	0	0	0
Marburg virus (VHF)	0	0	0	0	0
Measles	70	56	0	0	19
Meningococcal disease	4	1	0	0	8
Mpox	8	0	0	0	3
Pertussis	20	7	0	0	11
Plague	0	0	0	0	0
Poliomyelitis	0	0	0	0	0
Rabies	3	0	0	0	0
Respiratory disease caused by a novel respiratory pathogen	0	0	0	0	0
Rift Valley fever (human)	0	0	0	0	0
Rubella	36	38	0	0	9
Smallpox	0	0	0	0	0
Crimean-Congo viral haemorrhagic fever (human)	1	1	0	0	0
Yellow fever	0	0	0	0	0

¹A = Cases who are alive.

D = Cases who are deceased.

Appendix no.5: Trends and epi-table of all Category 1 notifications 2022 to March 2025.

All Notifications

Epi-table

Table 12: Number of notifications on NMCSS per epi-week in 2024. The Average notifications are calculated based on notifications received in 2022 and 2023 with a confidence interval.

	Average Notifications								Epi-weeks														
Characteristic		95% CI	46	47	48	49	50	51	52	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Acute flaccid paralysis	3.7	4.0, 5.0	2	9	11	7	9	6	4	5	3	9	5	10	6	6	5	9	3	6	5	4	0
Acute rheumatic fever	0.22	1.0, 1.0	0	2	0	2	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Anthrax	0.0062	NA, NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Botulism	0.0475	1.0, 1.0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cholera	3.24	2.0, 3.0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0
Congenital rubella syndrome	2.30	2.5, 3.0	9	16	10	5	7	6	4	0	6	3	4	3	8	6	3	7	1	8	4	2	0
Covid-19	588	388, 562	180	163	168	203	276	187	210	248	419	366	355	351	282	228	146	115	82	61	61	47	0
Crimean-Congo viral haemorrhagic fever (human)	0.24	1.0, 1.5	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0
Diphtheria	1.04	2.0, 2.5	1	1	3	1	2	16	3	5	11	8	5	8	4	22	10	8	5	9	2	8	0
Ebola virus (VHF)	0.0351	1.0, 1.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Enteric fever (typhoid or paratyphoid fever)	2.68	3.0, 3.5	6	3	1	3	4	1	1	3	4	3	6	3	5	2	3	2	5	7	3	2	0
Fever-Rash	75	23, 32	926	837	565	402	304	124	113	73	63	33	59	41	61	33	46	62	77	79	45	66	0
Foodborne illness outbreak	10	8.5, 11	90	95	36	42	45	33	12	19	23	11	19	13	16	4	36	22	94	36	5	16	0
Haemolytic uraemic syndrome (HUS)	0.0393	1.0, 1.0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Listeriosis	3.6	2.5, 3.0	0	2	2	1	3	3	2	4	3	4	1	1	1	3	0	5	2	4	0	0	0
Malaria	150	99, 120	62	71	68	76	113	89	58	42	61	77	148	115	101	107	113	105	125	165	112	151	9
Marburg virus (VHF)	0.0331	1.0, 1.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Meningococcal disease	2.59	3.0, 3.5	5	6	4	4	3	2	2	1	0	1	5	2	0	3	3	3	7	3	1	3	0
Mpox	0.78	4.0, 9.5	3	3	4	2	1	4	1	0	4	0	2	0	0	1	4	0	1	4	4	3	0
Pertussis	14	11, 15	8	14	12	10	8	9	6	6	12	6	3	12	8	6	7	7	7	11	10	13	0
Plague	0.0021	NA, NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Polio	0.0227	NA, NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rabies	0.61	1.5, 1.5	1	0	3	0	1	2	1	0	0	3	0	1	0	0	1	0	1	0	3	0	0
Respiratory disease caused by a novel respiratory pathogen	4.2	3.0, 8.5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rift Valley fever (human)	0.07	1.0, 1.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Smallpox	0.0434	1.0, 2.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Waterborne illness outbreak - undefined	0.09	1.0, 1.5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Yellow fever	0.0269	1.0, 1.5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Abbreviation: CI = Confidence Interval

Trends Plot Category 1

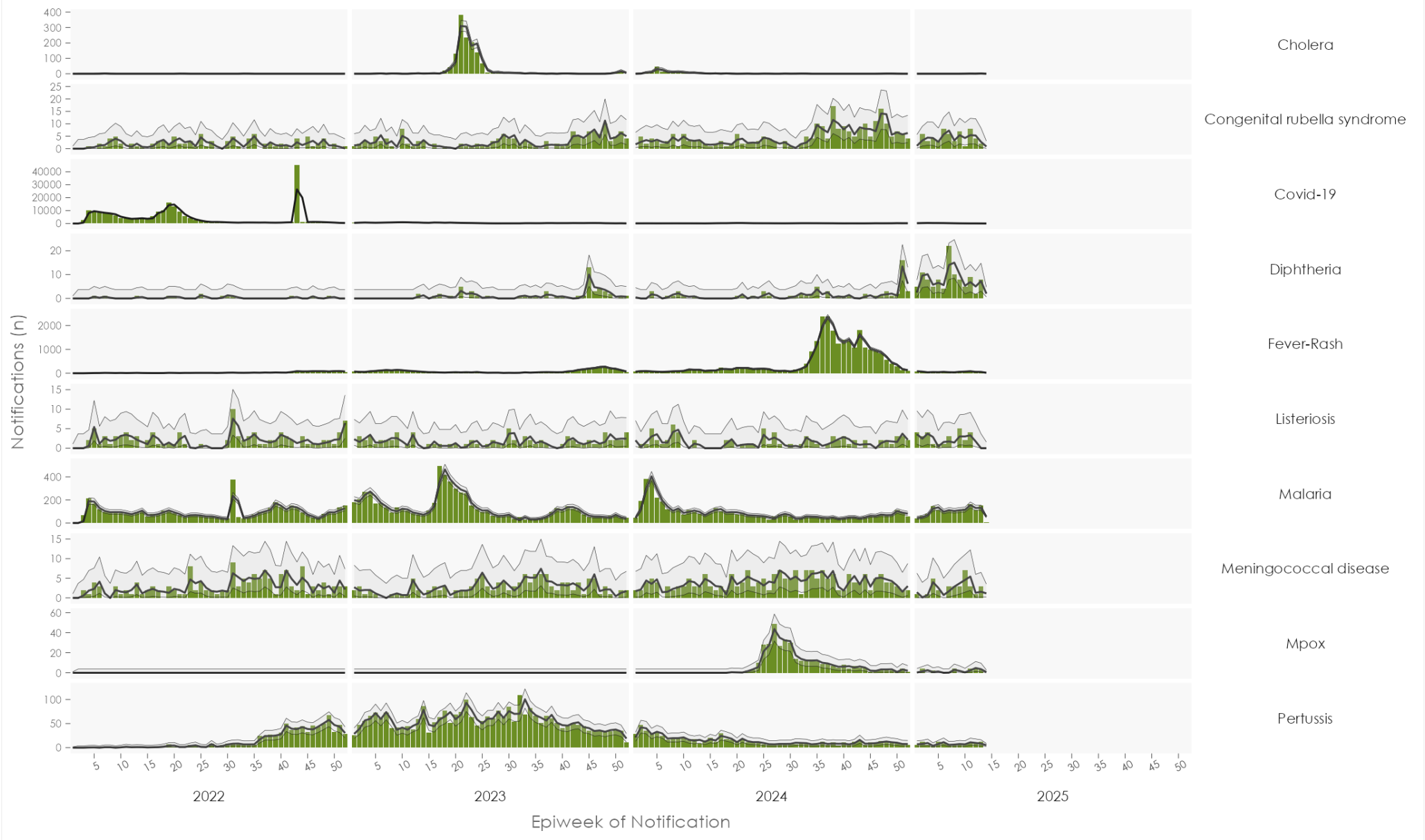


Figure 9: Trend of weekly number of all notifications for selected conditions reported to the NMC, in South Africa, January- 2022-March

Trends Plot Category 2

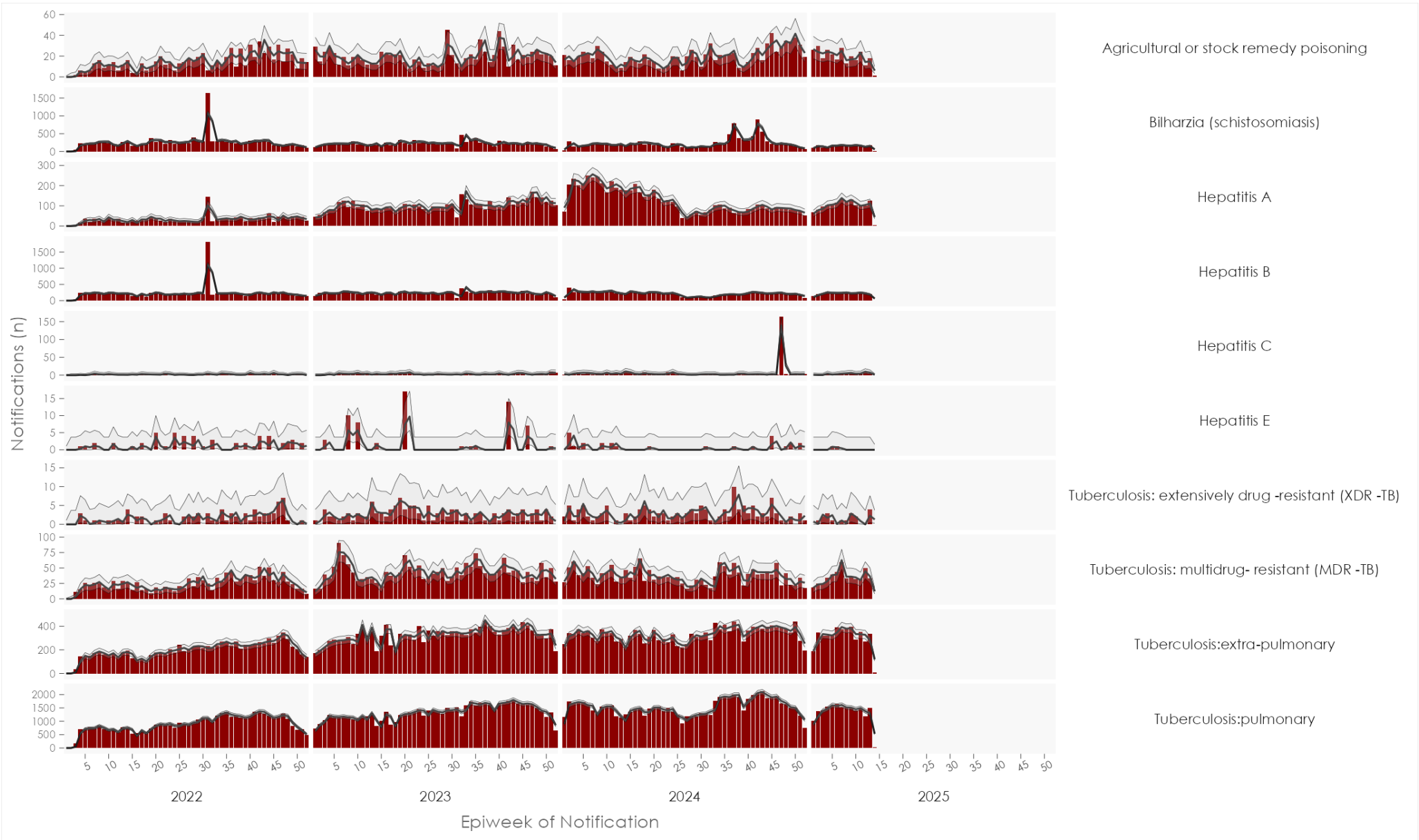


Figure 10: Trend of weekly number of all notifications for selected conditions reported to the NMC, in South Africa, January, 2022-March

END