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MEASLES WEEKLY SITUATION REPORT FOR SOUTH AFRICA
Report for week ending 29 August 2025, epidemiological week 35
Compiled by the Centre for Vaccines and Immunology,
National Institute for Communicable Diseases

Background and Methods

The NICD is a member of the WHO Global Measles Reference Laboratory Network and provides quality-assured measles serology and PCR testing on samples submitted from public and private sector hospitals. Clinicians are requested to submit a blood sample together with a throat swab or urine sample, together with a completed case investigation form, to the NICD from all patients presenting with fever, maculopapular rash and one of the three 'c's (cough, coryza and conjunctivitis). Measles can cause severe complications, including pneumonia, ear infections, diarrhoea, encephalitis (swelling of the brain), and even death.

The case definition and case investigation form may be found on the NICD website at https://www.nicd.ac.za/diseases-a-z-index/measles/. Clinical and wastewater surveillance results for measles may be found on the measles-rubella dashboard at https://www.nicd.ac.za/measles-rubella-dashboard/

Summarised surveillance findings

From week 1 to week 35 of 2025, the national measles surveillance has detected an increase in measles cases (Figure 1). As of 29 August 2025, a total of 837 laboratory-confirmed measles cases have been reported, with 529 cases in Gauteng province, 120 in the Free State province, 79 in Limpopo, and 47 in Mpumalanga. Since the last update in epidemiological week 34, 15 new measles cases were reported in Gauteng, 11 in Limpopo, 7 in Mpumalanga, and one each in Free State, North West, Northern Cape and Western Cape provinces. The reported measles infections were mainly in children aged 1-14 years, with an increase in laboratory-confirmed cases seen in people aged 15 years and above in Gauteng province and Limpopo. Any person who has never been infected with measles or has not received the measles vaccine is at risk of infection (Table 1).

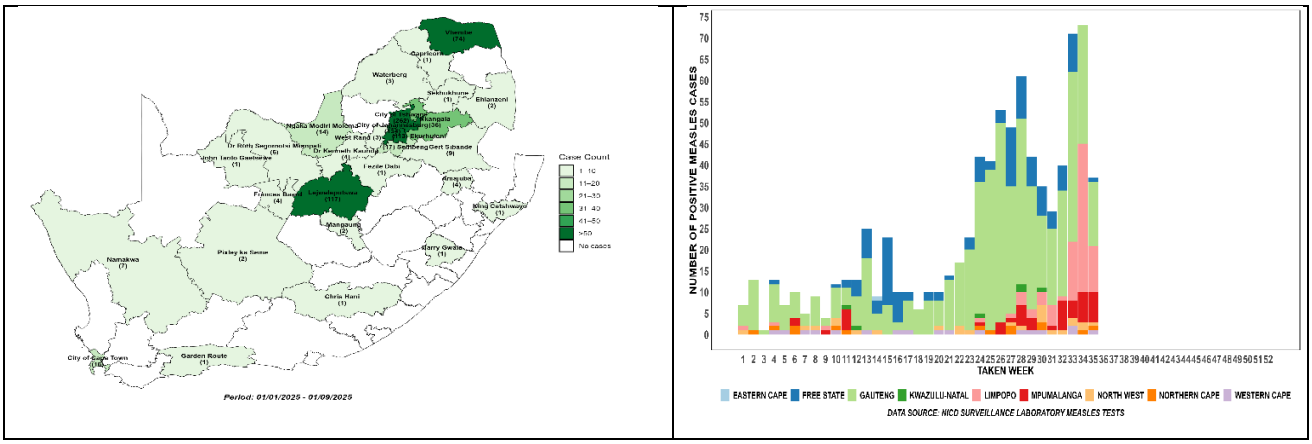

Figure 1: Laboratory-confirmed measles cases from epidemiological week 1 to 35 of 2025 in South Africa.

Update on the measles outbreak in South Africa

Gauteng province measles outbreak updates

Gauteng province continues to report a high number of cases, with 529 laboratory-confirmed cases reported from epi-week 1 to 35 of 2025 (Figure 2). The majority of the laboratory-confirmed cases were reported in the metropolitan areas,

with the distribution of cases as follows: City of Johannesburg (134), City of Tshwane (262), Ekurhuleni (113), Sedibeng (17), and West Rand (3). The highest number of measles cases were reported from epi-week 28 to epi-week 35 from the City of Johannesburg, City of Tshwane, Ekurhuleni metro and Sedibeng district. Gauteng province is continuing with supplementary measles immunisation activities to reduce the transmission of the infection. Measles IgM-positive cases should be monitored for complications, and be referred to healthcare facilities for further clinical management if any complications occur. Contacts of laboratory-confirmed cases should be vaccinated to protect them against measles infection, and to prevent the spread of the disease.

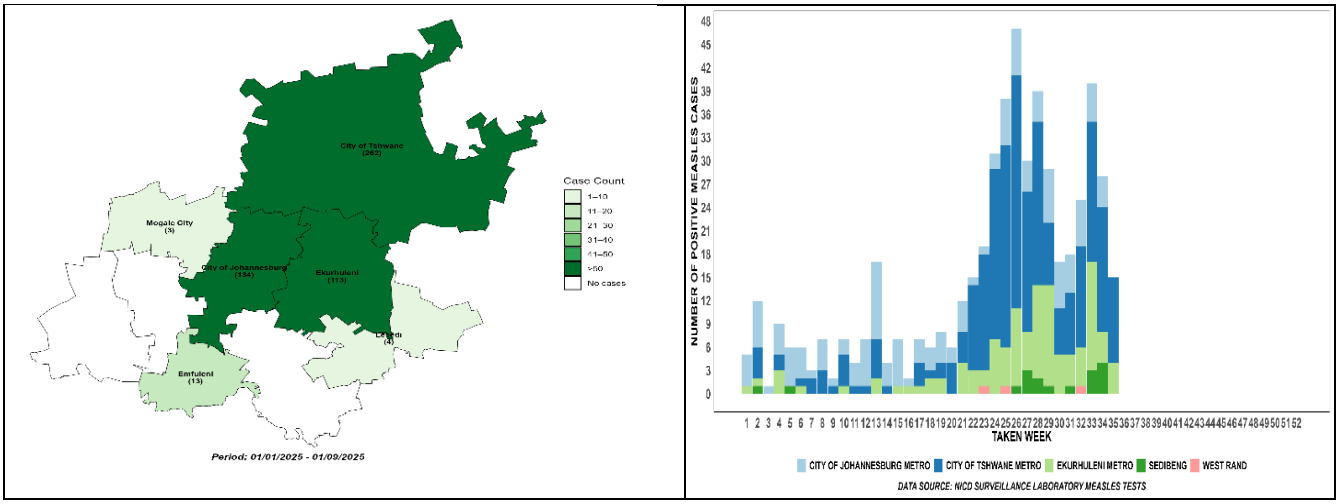

Figure 2: Laboratory-confirmed measles cases from epidemiological week 1 to 35 of 2025 in Gauteng province.

Free State province measles outbreak update

Free State province continues to report laboratory-confirmed measles cases, with 120 cases from epi-week 1 to 35 of 2025 (Figure 3). The majority of laboratory-confirmed cases were reported in the Lejweleputswa district, which reported 106 cases, with 16 cases reported between epi-weeks 32 and 35. The measles cases in Lejweleputswa district have been decreasing after public health interventions were implemented. The measles outbreak started in the Matjhabeng Local Municipality and subsequently spread to other parts of the district, including the Nala Local Municipality which is currently the most affected in the district. Measles surveillance should be strengthened and supplementary immunisation activities for measles immunisation should be extended to areas previously not included in the measles vaccination campaign to prevent transmission of the infection to new areas. Measles contact tracing should be conducted, and the measles vaccine administered to those who are susceptible to the infection.

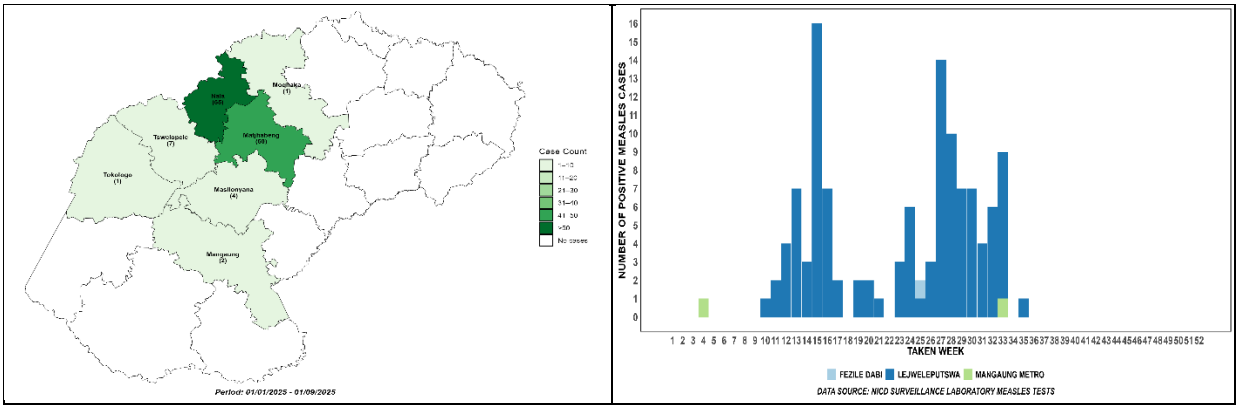

Figure 3: Laboratory-confirmed measles cases from epidemiological week 1 to 35 of 2025, Free State province.

Measles outbreak in Limpopo and Mpumalanga

From week 27, Limpopo reported an increase in the number of laboratory-confirmed cases in the Vhembe district, with 73 cases reported as of the end of week 35 (Figure 4). The measles outbreak is currently affecting the Musina Local Municipality in the northern part of Limpopo. The outbreak has mostly affected people aged 1-14 years (16 cases) and 15-19 years (11 cases).

In Mpumalanga province, 47 laboratory-confirmed measles cases have been reported from epi-week 1 to week 35. From epi-week 24 to week 35, there was an increase in laboratory-confirmed cases in Gert Sibande and Nkangala districts, with 7 and 31 laboratory-confirmed cases reported respectively (Figure 4). Most of the affected persons were aged between 1 and 14 years in both districts. Both Gert Sibande and Nkangala districts, where the measles outbreak is currently ongoing, share a border with Gauteng province, with the latter reporting the highest number of measles cases in the country.

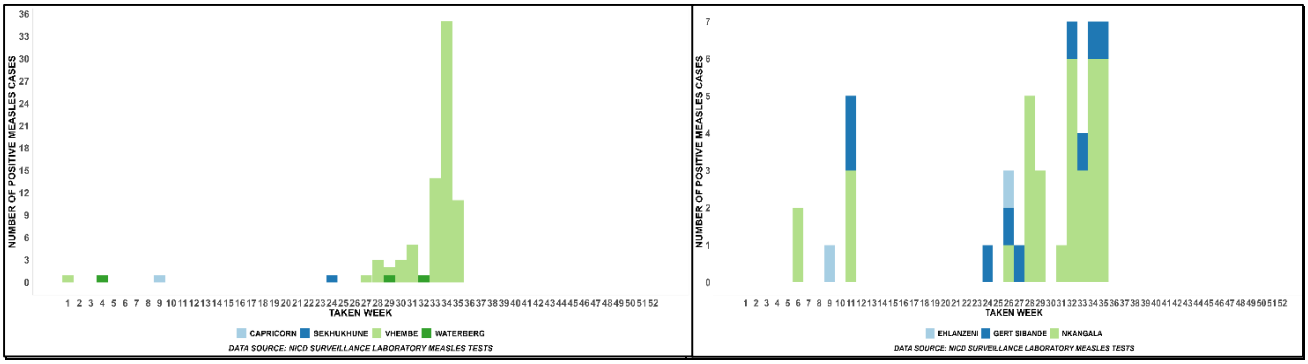

Figure 4: Laboratory-confirmed measles cases from epidemiological week 1 to 35 of 2025, Limpopo(left) and Mpumalanga (right).

Measles surveillance

Measles outbreaks are ongoing in different parts of South Africa, with Gauteng province being the most affected. Outbreaks have also been reported in Lejweleputswa district in the Free State province, Vhembe district in the Limpopo, as well as in the Gert Sibande and Nkangala districts in Mpumalanga.

Measles remains endemic in South Africa, with cases typically increasing during autumn and spring.

Although sporadic cases are reported in areas with high measles vaccination coverage throughout the year in South Africa, outbreaks usually occur in areas with low vaccination coverage, where many children are either unvaccinated or under-vaccinated (having received only one instead of the recommended two doses). Therefore, maintaining high vaccine coverage is important for preventing widespread outbreaks.

This report further indicated that 153/837 (18%) of cases are persons older than 15 years of age, indicative of spread in families and communities and possibly an immunity gap in the older age groups.

Table 1: Laboratory-confirmed measles cases detected from epi-week 1 to epi-week 35 of 2025, 01 January to 29 August 2025 in South Africa.

PROVINCE	0-6 months	7-11 months	1-4 yrs	5-9 yrs	10-14yrs	15-19 yrs	20-24 yrs	25-29 yrs	>= 30 yrs	Total
Eastern Cape	0	0	0	1	0	0	0	0	0	1
Free State	6	4	17	57	18	7	1	1	9	120
Gauteng	65	23	92	175	65	35	12	8	54	529
KwaZulu-Natal	0	0	1	4	1	0	0	0	0	6
Limpopo	1	2	17	33	14	4	1	2	5	79
Mpumalanga	0	0	12	17	11	2	1	1	3	47
North West	0	0	3	15	6	0	0	0	0	24
Northern Cape	1	0	2	5	5	0	1	0	0	14
Western Cape	3	2	2	3	1	1	1	1	3	17
Total	76	31	146	310	121	49	17	13	74	837

Recommendations for public health interventions

- Measles awareness should be intensified in areas with localised outbreaks in order to alert the communities about the outbreaks and the prevention of the disease.
- Parents should be encouraged to vaccinate their children to protect them against measles infections.
- Parents whose children have missed their scheduled routine measles immunisation vaccine doses are encouraged to take their children for a measles vaccine catch-up dose.
- Measles surveillance should be strengthened nationally to improve case reporting and contact tracing.
- Provinces are urged to conduct measles risk assessment and continue with targeted or supplementary measles immunisation activities or campaigns in areas with low measles coverage and high numbers of children who have either never received vaccines (zero dose areas) or are under vaccinated (children who received one instead of the recommended two measles vaccine doses)
- Public awareness efforts must be intensified to address vaccine hesitancy by engaging with all relevant stakeholders in the affected communities
- Clinicians should investigate suspected measles cases and collect blood specimens for laboratory confirmation, and also report patients who develop measles signs and symptoms using the NMC Surveillance System https://www.nicd.ac.za/nmc-overview/overview/.
- Strengthening routine immunisation services and launching a mass vaccination campaign targeting children up to 15 years of age in affected areas is also recommended.