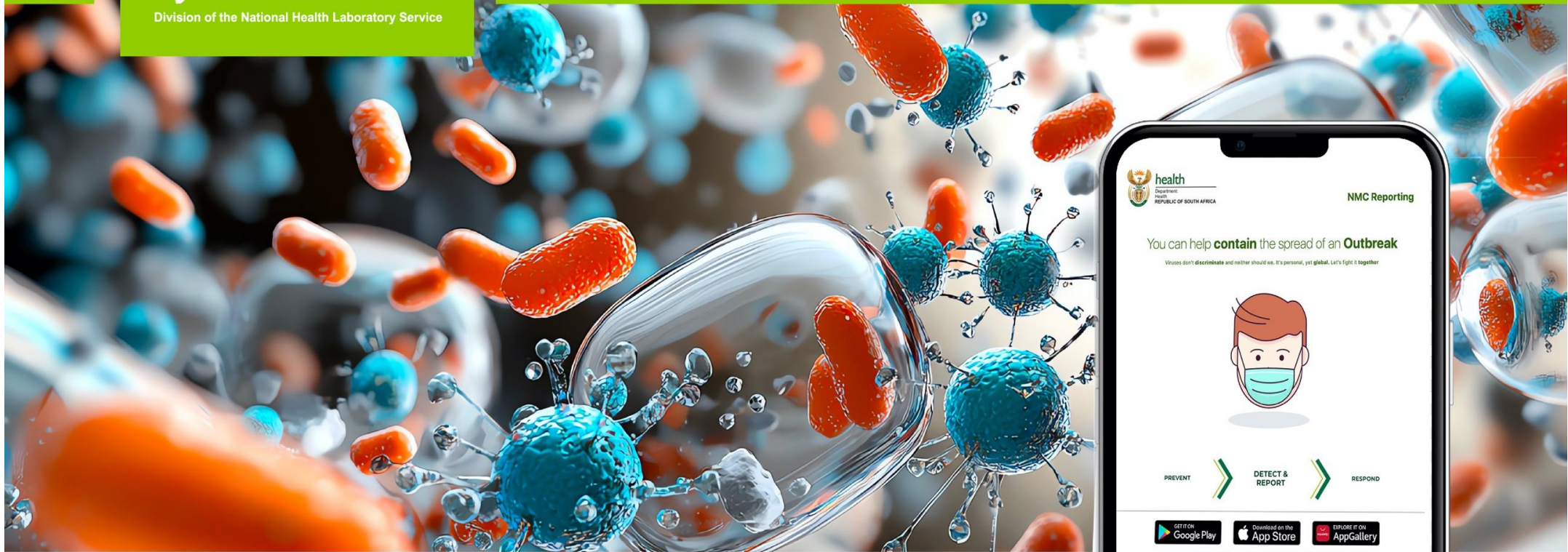




NATIONAL INSTITUTE FOR
COMMUNICABLE DISEASES

Division of the National Health Laboratory Service



Notifiable Medical Conditions Surveillance System Report for July 2025

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Introduction

This report summarises data from the National Notifiable Medical Conditions Surveillance System (NMCSS) on cases notified from 1-31 July 2025. The primary objective of the report is to provide an overview of the notifications by describing the notifications received. The report includes both Category 1 and Category 2 Notifiable Medical Conditions (NMC), the epidemiological classification of cases by province, and the number of reported deaths.

NMC Reporting Application

The NMC Reporting App is available on both the National Institute for Communicable Diseases (NICD) website and mobile platforms. For more information and to register, please contact the respective NMC surveillance Officer in your province. A list of NMC Surveillance Officers and their contact details are attached as Appendix 3.

NMC highlights

- A total of 87 330 cases were reported to the NMCSS for category 1 and 2 in July 2025.
- Category 1 (7 656/87 330) 8.7% and Category 2 (79 674/ 87 330) 91.2% of the cases notified.
- One hundred and eighty-nine (189) deaths were reported under Category 1 notifications.

Table 1: Cumulative number of NMC notifications for Categories 1 and 2: 01-31 July 2025

NMC Category	Clinical	Lab	Merged	Total
Category 1	4 766(62%)	2 526 (33%)	364 (5%)	7 656 (100%)
Category 2	62 841 (79%)	16661(21%)	172 (0.2%)	79 674(100%)
Total	67 607 (77)	19 187 (22)	536 (0.5%)	87 330 (100%)

Category 1 Conditions

Category 1 conditions must be notified within 24 hours of diagnosis by healthcare providers and private or public health laboratories. These conditions must be notified based on clinical suspicion, before there is a laboratory confirmation. A total of n= 7 656 (8.7%) cases were reported for Category 1. The most frequently notified condition was Malaria 36% (2 775/7 656). A total 189 (2.4%) deaths were reported under Category 1 notifications, with the most 52 % (98/189), being for agricultural stock remedy poisoning notifications.

Table 2: Cumulative number of Category 1 notifications by province and epidemiological classification: July 2025

Conditions	EC	FS	GP	KZN	LP	MP	NC	NW	WC	Total	Clinical	Laboratory	Confirmed	Death
Acute Flaccid Paralysis	12	8	58	29	11	22	8	2	30	180	180	0	0	1
Acute Rheumatic Fever	0	0	2	0	0	2	0	0	2	6	5	0	1	0
Agricultural or stock remedy poisoning	30	96	354	21	56	27	4	25	82	695	695	0	0	98
Anthrax	0	0	1	0	0	0	0	0	0	1	1	0	0	0
Botulism	0	0	1	0	0	0	0	0	0	1	1	0	0	0
Cholera	1	3	7	2	3	2	0	1	3	24	13	6	5	0
Congenital rubella syndrome	14	13	28	64	7	7	2	10	15	160	12	142	6	6
Diphtheria	2	0	25	19	27	35	0	1	122	231	125	43	63	4
Enteric fever (typhoid/paratyphoid fever)	8	3	71	18	13	8	0	3	20	144	34	45	65	3
Food borne illness outbreak	73	12	143	58	41	49	0	71	17	464	464	0	0	17
Listeriosis	6	0	23	9	1	2	0	0	18	59	8	31	20	8
Malaria	60	47	603	615	451	751	23	100	125	2775	1709	959	107	19
Marburg Virus (VHF)	1	0	0	0	0	0	0	0	0	1	1	0	0	0
Measles	35	196	833	86	32	87	142	54	105	1570	949	470	151	2
Meningococcal Disease	13	2	42	10	14	2	4	3	45	135	64	18	53	15
Mercury poisoning	0	0	3	2	1	1	0	0	0	7	7	0	0	0
Mpox	1	0	42	8	0	2	0	3	5	61	40	10	11	1
Pertussis	36	8	91	35	4	9	5	8	142	339	160	4	175	3
Poliomyelitis	0	1	0	0	0	0	0	0	0	1	1	0	0	0
Rabies	9	2	16	12	5	4	0	0	2	50	41	7	2	6
Respiratory disease caused by a novel respiratory	2	0	6	1	0	0	0	0	0	9	8	0	1	0
Rubella	24	109	86	61	36	78	98	213	38	743	94	641	8	3
Total	330	502	2443	1051	704	1089	288	497	783	7690	4631	2378	681	189

* Suspected, confirmed and deaths are for the overall notification per condition for May, i.e. not by province

Admission Status of the notified NMCs for Category 1 notification

Table 3 measures the severity of the notified cases. Among the notified Category 1 Notifiable Medical Conditions, 30% (2 329 / 7 656) of the notifications were admitted to health facilities, while 3% (189 / 7 690) resulted in death.

Table 3: Age distribution by gender, admission status, and patient outcome for category 1 NMCs: July 2025

Age group	Gender		Admission Status						Vital signs			
	Female	Male	Inpatient	Outpatient	Transferred	Discharged	Unknown	Missing	Alive	Deceased	Unknown	Missing
0-4 YRS	571	757	511	323	34	115	14	332	943	33	5	348
5-9 YRS	664	764	314	458	22	94	7	535	864	21	4	541
10-14 YRS	349	388	160	218	23	54	5	277	446	11	2	278
15-19 YRS	229	295	171	231	19	23	7	73	423	21	5	75
20-24 YRS	240	393	175	298	26	33	4	97	517	12	4	100
25-29 YRS	211	398	176	278	18	29	8	101	487	15	6	102
30-34 YRS	202	319	175	198	22	23	7	96	408	13	3	97
35-39 YRS	181	326	185	182	19	22	7	92	389	17	4	97
40-44 YRS	123	224	132	103	11	27	6	69	268	6	5	69
45-49 YRS	75	162	90	84	2	18	1	42	187	8	0	42
50-54 YRS	56	103	55	48	11	7	1	37	115	7	0	37
55-59 YRS	47	78	57	29	5	9	4	21	97	5	2	21
60-64 YRS	30	53	38	15	2	8	2	18	58	7	0	18
65+	72	74	90	21	2	11	3	19	114	13	0	19
Unknown	115	164	0	0	0	0	0	301	0	0	0	301
Grand Total	3165	4498	2329	2486	216	473	76	2110	5316	189	40	2145

Timeliness and Data Quality in Reporting Category 1 Notifiable Medical Conditions

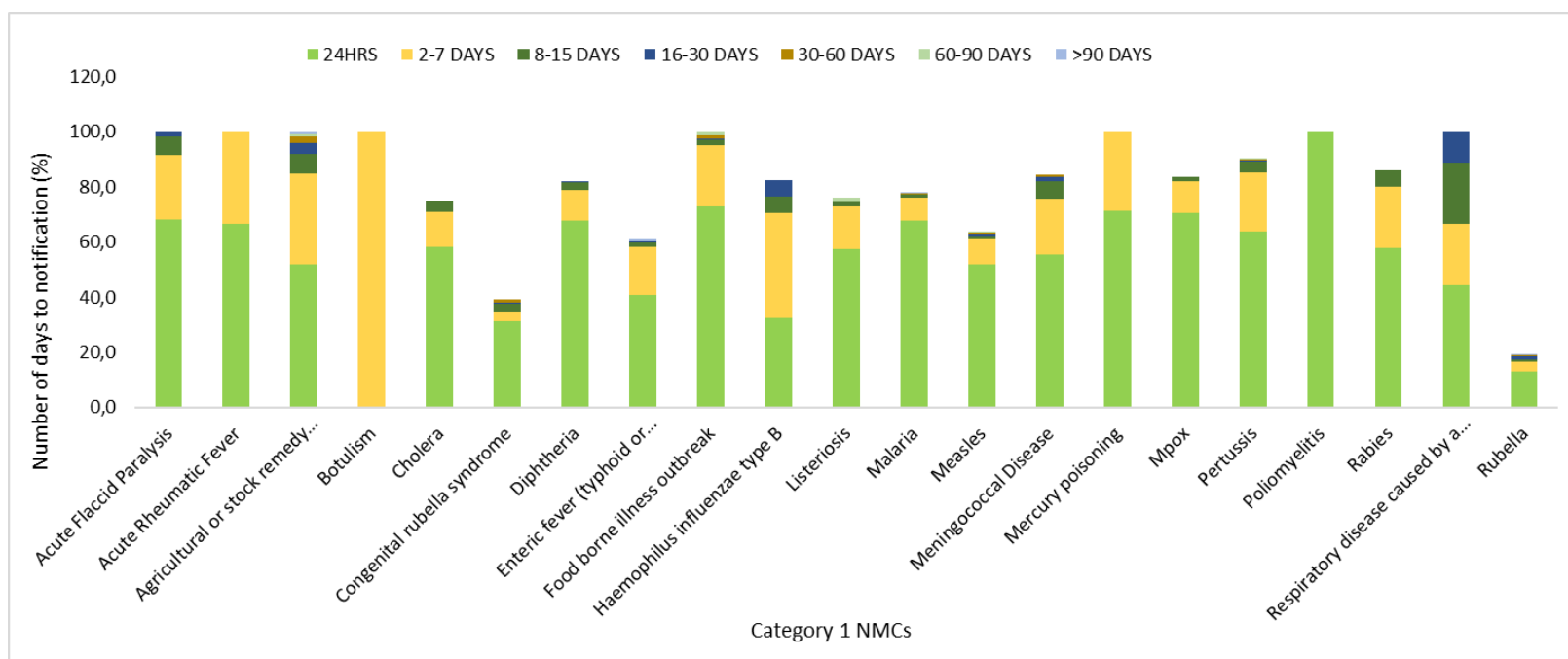


Figure 1: Summary Category 1 timelines of the reported cases on the NMC system.

Overall, 56.2% of clinically notifiable medical conditions were reported within 24 hours, while 12.7% were reported within 2–7 days, indicating moderate timeliness with notable delays beyond a week. The most promptly reported conditions included poliomyelitis, foodborne illness outbreaks, mercury poisoning, and mpox ($\geq 70\%$ within 24 hours), suggesting strong active surveillance for these diseases. Moderate reporting timeliness (50–69%) was observed for conditions such as acute flaccid paralysis, diphtheria, malaria, and cholera, while slower reporting ($< 50\%$) was noted for enteric fever, Haemophilus influenza type B, congenital rubella syndrome, and rubella, likely reflecting diagnostic or awareness delays. Overall, reporting performance is fair but highlights a need for improved notification efficiency and strengthened surveillance systems.

Category 2 Notifications

Category 2 conditions must be notified within seven days of diagnosis. A total of 79 674 Category 2 conditions were notified. Tuberculosis (TB) remains the most notified 73,8 %. Hepatitis B 8.2% (6 570) Bilharzia (schistosomiasis) 6.5% 5 225 and Congenital syphilis 6% (4 774) also had most of the notifications for the category. Less than one per cent, 0.3% (687) Category 2 notifications resulted in death, most were of notified pulmonary TB 59.2% (407/687), noticeably for Congenital syphilis 5.6 % (39/687) as well.

Table 4: Cumulative number of Category 2 notifications by province, overall suspected, confirmed and death for July 2025

Conditions	EC	FS	GP	KZN	LP	MP	NW	NC	WC	Total	Suspected	Confirmed	Death
Bilharzia (schistosomiasis)	274	8	215	2103	1790	660	5	21	160	5239	5225	14	3
Brucellosis	2	0	1	0	2	1	0	1	6	13	13	0	0
Congenital syphilis	725	279	599	1883	94	236	171	143	686	4821	4774	47	39
Haemophilus influenzae type B	3	2	8	1	2	1	2	3	12	34	21	13	3
Hepatitis A	158	117	669	634	204	247	104	116	394	2645	2561	84	3
Hepatitis B	978	196	495	4283	61	76	125	211	164	6589	6570	19	24
Hepatitis C	9	6	48	11	8	4	1	2	5	94	94	0	3
Hepatitis E	1	2	2	1	0	1	1	2	2	12	11	1	0
Lead poisoning	0	0	1	1	0	2	0	0	0	4	4	0	0
Legionellosis	5	1	28	7	0	6	1	3	18	69	17	52	7
Leprosy	4	0	17	1	0	1	0	0	0	23	23	0	0
Maternal death (pregnancy, childbirth and puerperium)	0	0	0	0	0	0	0	0	0	0	0	0	0
Soil-transmitted helminths	6	1	6	5	0	1	0	0	2	21	21	0	0
Tetanus	0	0	1	4	1	3	0	1	4	14	14	0	2
Tuberculosis: pulmonary	5536	2830	10903	9916	2537	1626	2847	2112	9978	48286	48286	0	407
Tuberculosis: extra-pulmonary	940	696	4133	1871	495	212	381	388	1415	10531	10531	0	160
Tuberculosis: extensively drug-resistant (XDR -TB)	3	6	15	8	5	4	3	0	11	55	55	0	1
Tuberculosis: multidrug- resistant (MDR-TB)	128	84	309	345	19	28	13	32	266	1224	1224	0	35
Grand Total	8772	4228	17450	21074	5218	3109	3654	3035	13123	79674	79444	230	687

* Suspected, confirmed and deaths are for the overall notification per condition for July, i.e. not by province

Recommendations

- We recommend that clinicians should complete all patient clinical and demographic details to improve NMC data quality.
- Completion of ID number capturing is highly recommended in the SDW system to improve data quality and for merging purposes.
- We welcome stakeholders' feedback and suggestions for the report.
- For more information on NMC and trainings, kindly contact our surveillance officers of your respective provinces.: Their contact number are attached on appendix 3.
- Feel free to reach out to matimbam@nicd.ac.za, brianb@nicd.ac.za and Tlamelom@nicd.ac.za

Appendix No.1: Data flow chart

Link to the website: <https://www.nicd.ac.za/nmc-overview/nmc-resources/>

Appendix No.2: NMC Categories, and Case Classification Definitions

Link to the website: <https://www.nicd.ac.za/nmc-overview/nmc-resources/>

Appendix No.3: NMC Surveillance Officers List and contacts

Province	Name & Surname	Email address	Cell Numbers
Eastern Cape	Nkosimpendulo Mngceke	nkosimpendulom@nicd.ac.za	082 888 6194/083 519 5969
Free State	Moeketse Pheko	moeketsep@nicd.ac.za	060 978 3042/076 889 7319
Gauteng & Northwest	Bokelani Nyaose	bukelanin@nicd.ac.za	071 670 8741
Gauteng & Northwest	Lorato Mthombeni	loratom@nicd.ac.za	0721341818
KwaZulu-Natal	Shakira Naido	shakiran@nicd.ac.za	0713037392
Limpopo	Vuyolwethu Mashamaite	vuyolwethum@nicd.ac.za	0609634834
Mpumalanga	Lesley Ingle	lesleyl@nicd.ac.za	066 308 7539
Northern Cape	Matsheko Thekiso	matshekot@nicd.ac.za	060 984 0980
Western Cape	Washiefa Isaacs	washiefal@nicd.ac.za	064 742 4005