

## **MEASLES AND RUBELLA WEEKLY SITUATION REPORT FOR SOUTH AFRICA**

Report for week ending 24 October 2025, epidemiological week 43

Compiled by the Centre for Vaccines and Immunology,  
National Institute for Communicable Diseases

### **1. Background and Methods**

Measles and rubella surveillance data and analyses are updated daily and reported weekly. The reported figures may be influenced by the number of specimens from suspected cases that the laboratory receives at the time of testing. Case counts for a given epidemiological week are continuously updated as new information becomes available, and may differ from previous reports due to updated epidemiological data provided by the provinces. The case definitions, case investigation forms, and other relevant resources are available on the National Institute for Communicable Diseases (NICD) website at <https://www.nicd.ac.za/diseases-a-z-index/measles/> and <https://www.nicd.ac.za/diseases-a-z-index/rubella/>. Clinical and wastewater surveillance results for measles may be available on the measles-rubella dashboard at <https://www.nicd.ac.za/measles-rubella-dashboard>.

### **2. Measles surveillance**

The NICD is a member of the WHO Global Measles Reference Laboratory Network and provides quality-assured measles serology and polymerase chain reaction (PCR) testing on samples submitted from public and private sector hospitals. Clinicians are requested to submit a blood sample together with a throat swab, as well as 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.

Measles outbreaks are ongoing in different parts of South Africa, with Gauteng being the most affected. Additional outbreaks have been reported in the Vhembe District Municipality in Limpopo, the Gert Sibande and Nkangala District Municipalities in Mpumalanga, the Cape Town Metropolitan Municipality in the Western Cape, and the Ngaka Modiri Molema District Municipality in North West.

From week 1 to week 43 of 2025, the national measles surveillance has detected an increase in measles cases (Figure 1). As of 24 October 2025, 1588 laboratory-confirmed measles cases have been reported nationally, with an increase of 120 cases since the previous report in epidemiological (epi) week 42. Gauteng reported 11 additional cases in epi week 43, bringing the total to 708. The number of laboratory-confirmed cases have decreased in the Ekurhuleni Metropolitan Municipality. More than 42 days have passed without a laboratory-confirmed measles case being reported in the Sedibeng District Municipality, signifying the end of the measles outbreak in that area (Figure 2). In week 43, new cases were reported in the following provinces: Limpopo (22 cases), the Free State (20 cases), Mpumalanga (13 cases), the Western Cape (35 new cases) and North West (14 cases). Most of the reported measles cases were children aged 1-14 years (1100/1588, 69.3%), with an increase in laboratory-confirmed cases being seen in people aged  $\geq 15$  years (316/1588 (19.9%). This is indicative of continuing transmission within communities and possibly an immunity gap in older age groups. This shift in the epidemiology of measles among adults warrants further investigation to inform and improve public health interventions.

Measles is 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 two recommended doses). Therefore, maintaining high vaccine coverage is important for preventing measles transmission. Measles cases should be monitored for complications and referred to healthcare facilities for further clinical management. Contacts of laboratory-confirmed cases should be vaccinated to protect them against measles infection and to prevent the spread of the disease.

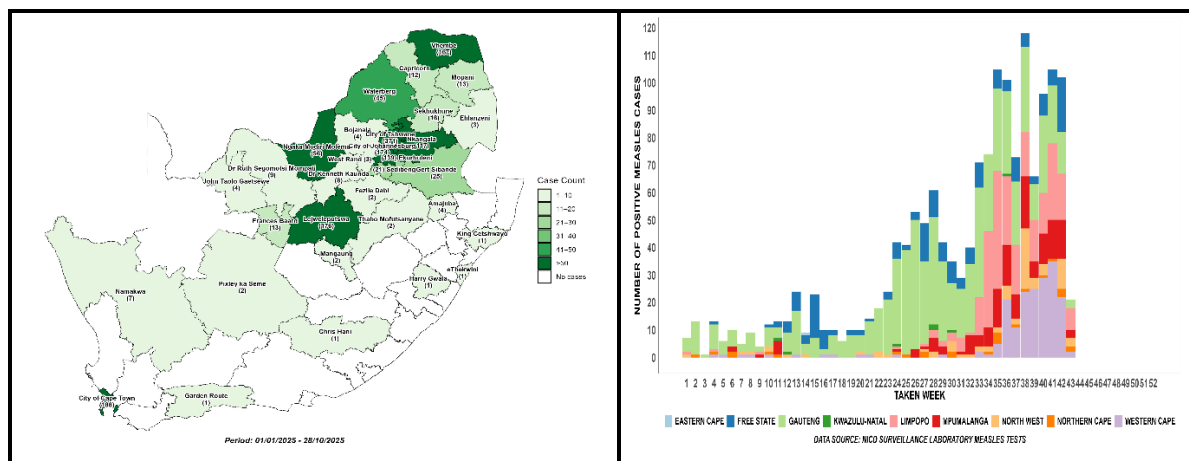


Figure 1: Laboratory-confirmed measles cases from epidemiological week 1 to 43 of 2025 in South Africa.

Table 1: Laboratory-confirmed measles cases detected from epi week 1 to epi week 43 of 2025, 01 January to 24 October 2025, in South Africa.

| PROVINCE      | 0-6 months | 7-11 months | 1-4 yrs    | 5-9 yrs    | 10-14 yrs  | 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    | 7          | 4           | 22         | 92         | 28         | 10        | 3         | 4         | 12         | 182         |
| Gauteng       | 83         | 26          | 121        | 225        | 78         | 50        | 23        | 14        | 88         | 708         |
| KwaZulu-Natal | 0          | 0           | 2          | 4          | 1          | 0         | 0         | 0         | 0          | 7           |
| Limpopo       | 12         | 9           | 43         | 94         | 46         | 15        | 6         | 4         | 24         | 253         |
| Mpumalanga    | 5          | 0           | 23         | 55         | 28         | 15        | 7         | 4         | 8          | 145         |
| North West    | 1          | 1           | 11         | 48         | 15         | 1         | 0         | 0         | 0          | 77          |
| Northern Cape | 1          | 0           | 2          | 11         | 10         | 1         | 1         | 0         | 0          | 26          |
| Western Cape  | 18         | 5           | 34         | 94         | 12         | 7         | 5         | 4         | 10         | 189         |
| <b>Total</b>  | <b>127</b> | <b>45</b>   | <b>258</b> | <b>624</b> | <b>218</b> | <b>99</b> | <b>45</b> | <b>30</b> | <b>142</b> | <b>1588</b> |

### Gauteng province measles outbreak update

Gauteng province shows an overall decrease in the number of cases, with 708 laboratory-confirmed cases reported from epi week 1-43 of 2025 (Figure 2). The majority of laboratory-confirmed cases were reported in metropolitan areas, with the distribution of cases as follows: City of Johannesburg (174), City of Tshwane (371), Ekurhuleni (139), Sedibeng (21), and West Rand (3). The most affected age group was children below 15 years (533/708; 75.3%) (Table 1). The highest number of measles cases was reported from epi week 29-43 from the City of Johannesburg, City of Tshwane, Ekurhuleni and Sedibeng.

Wastewater detection continues to provide evidence of ongoing excretion and, therefore, transmission in these same districts (Figure 3). Gauteng province continues supplementary measles immunisation activities to reduce the transmission of the infection.

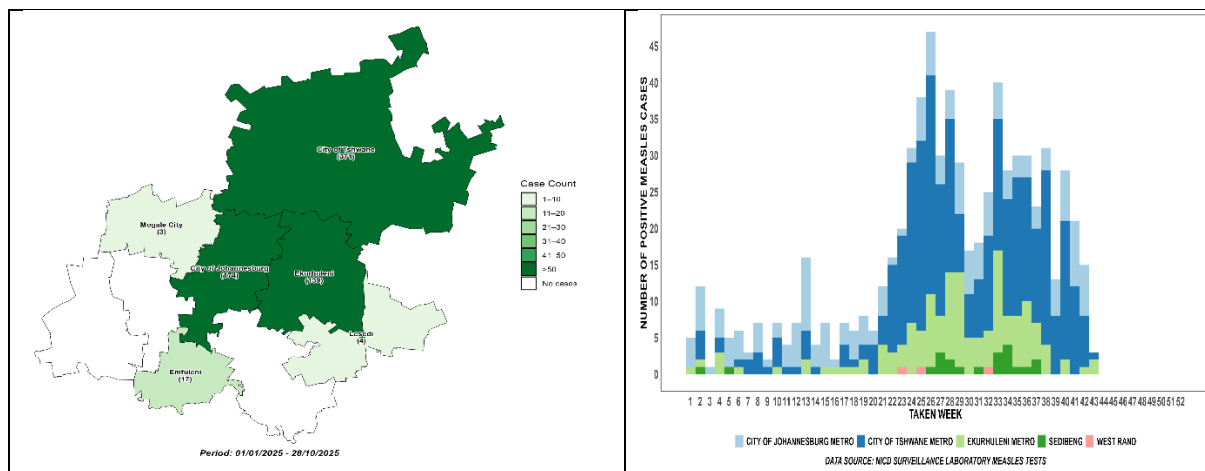


Figure 2: Laboratory-confirmed measles cases from epidemiological week 1 to 43 of 2025 in Gauteng province.

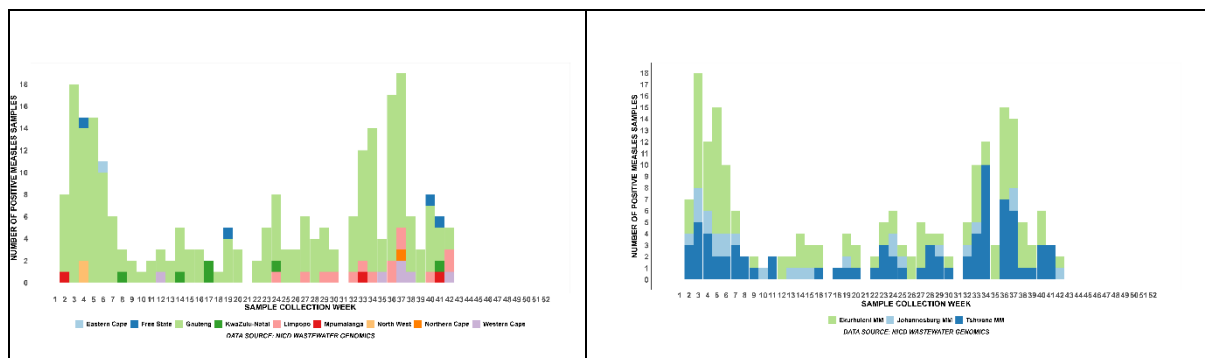


Figure 3: Number of wastewater samples positive for measles from epidemiological week 1 to 43 of 2025 in South Africa (left) and Gauteng province (right).

### Free State province measles outbreak update

There were 182 cases reported from epi week 1 to 43 of 2025 in the Free State province (Figure 4), with 142/182 (78%) cases being children aged 1-14 years (Table 1). 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 the 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 disease.

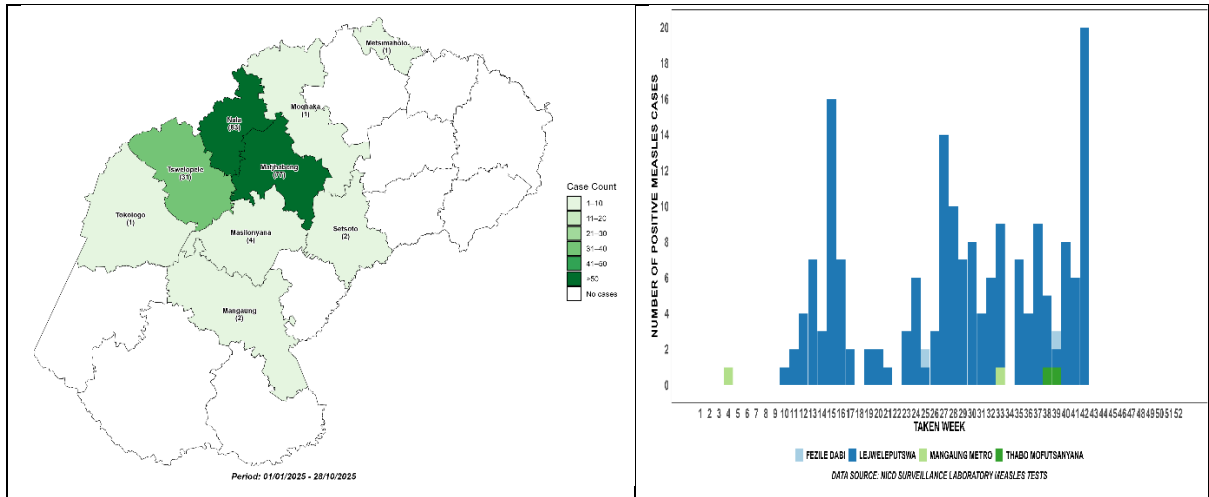


Figure 4: Laboratory-confirmed measles cases from epidemiological week 1 to 43 of 2025, Free State province.

### Limpopo province measles outbreak update

In Limpopo province, 253 laboratory-confirmed measles cases have been reported from epi week 1-43, with children aged 1-14 years being the most affected (183/253; 72.3%). From epi week 27, Limpopo province reported an increase in the number of laboratory-confirmed cases in the Vhembe District Municipality, with 146 cases reported as of the end of epi week 43 (Figure 5). The measles outbreak in this area is currently affecting the Musina Local Municipality in the northern part of Limpopo. In the Waterberg District Municipality, an increase of laboratory-confirmed measles cases was noted from week 35, meeting the definition of a measles outbreak. Laboratory-confirmed measles cases were also detected in the Capricorn and Sekhukhune District Municipalities. Measles cases amongst older age groups are increasing in the province, highlighting a lack of immunity among the older age groups.

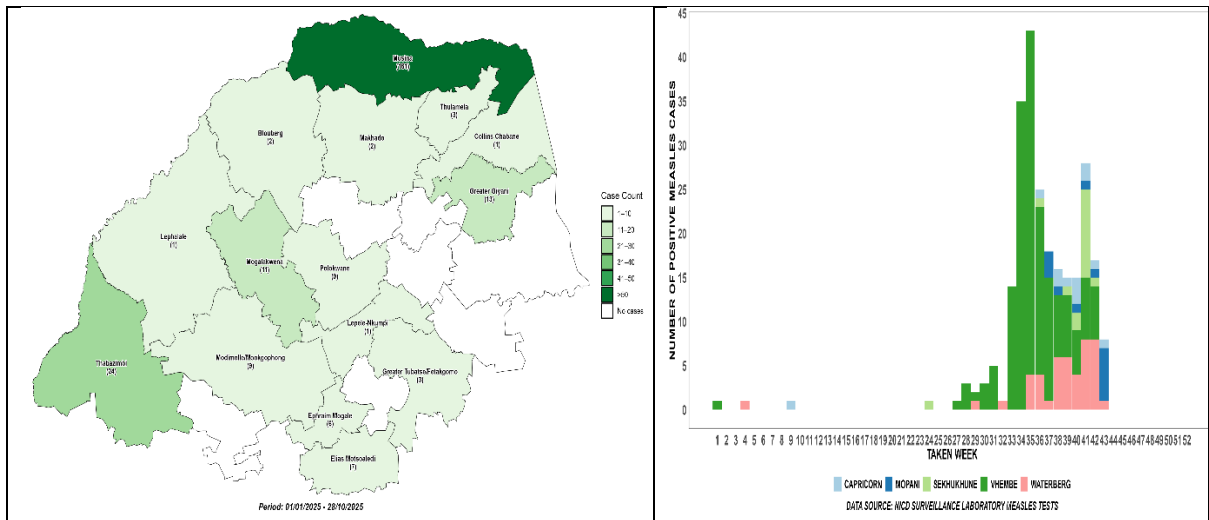


Figure 5: Laboratory-confirmed measles cases from epidemiological week 1 to 43 of 2025, Limpopo province.



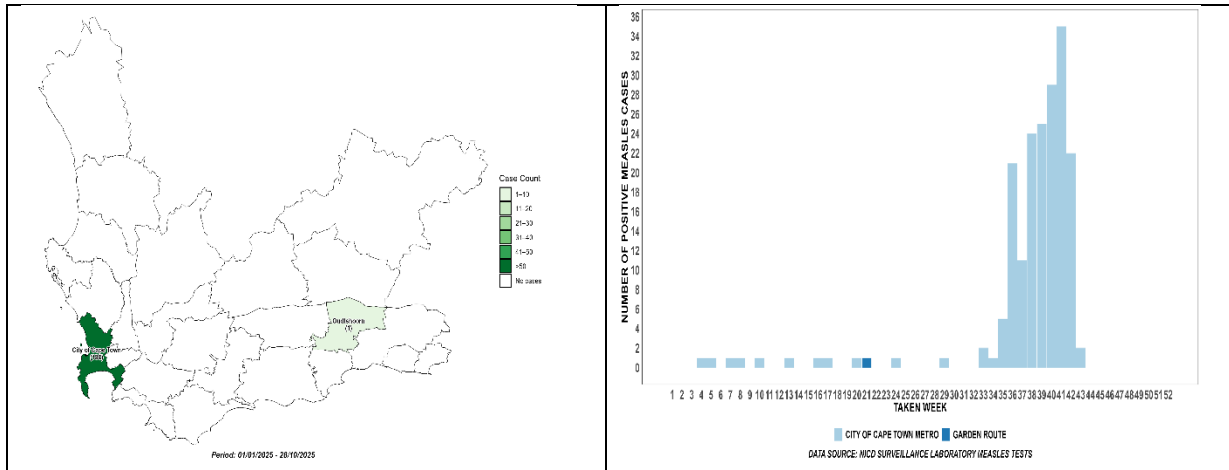


Figure 7: Laboratory-confirmed measles cases from epidemiological week 1 to 43 of 2025, Western Cape province.

### North West province measles outbreak update

A total of 77 cases have been reported in North West from epi week 1–43, with 76/77 cases being children  $\leq 14$  years of age. Additional cases reported are from previous weeks that were pending testing. The majority of laboratory-confirmed cases (56/77; 72.7%) were reported in the Ngaka Modiri Molema District Municipality, with most cases detected in the Mafikeng, followed by the Ditsobotla sub-districts (Figure 8).

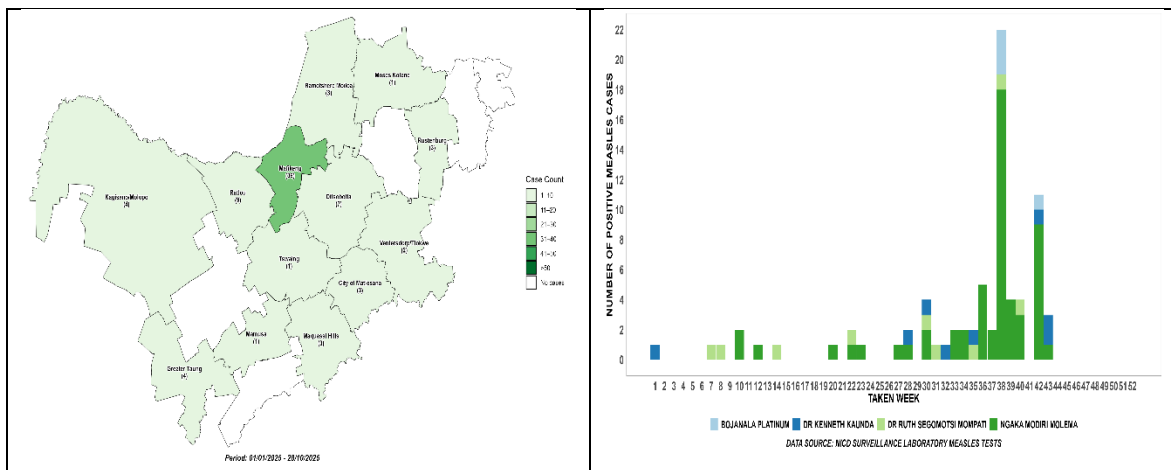


Figure 8: Laboratory-confirmed measles cases from epidemiological week 1 to 43 of 2025, North West province.

### Public health interventions

#### For Health Professionals

Clinicians and public health officials are urged to strengthen measles surveillance nationally to improve case reporting, laboratory confirmation, and contact tracing. All suspected measles cases should be investigated promptly, with blood specimens collected for laboratory confirmation and notification should be completed through the Notifiable Medical Conditions Surveillance System (NMCSS). Provinces should conduct measles risk assessments and continue implementing targeted or supplementary immunisation activities in areas with low vaccination coverage, particularly in “zero-dose” and under-vaccinated communities. Strengthening routine immunisation services and implementing mass vaccination campaigns targeting children up to 15 years of age are essential to prevent further outbreaks and move toward elimination.

## For the Public

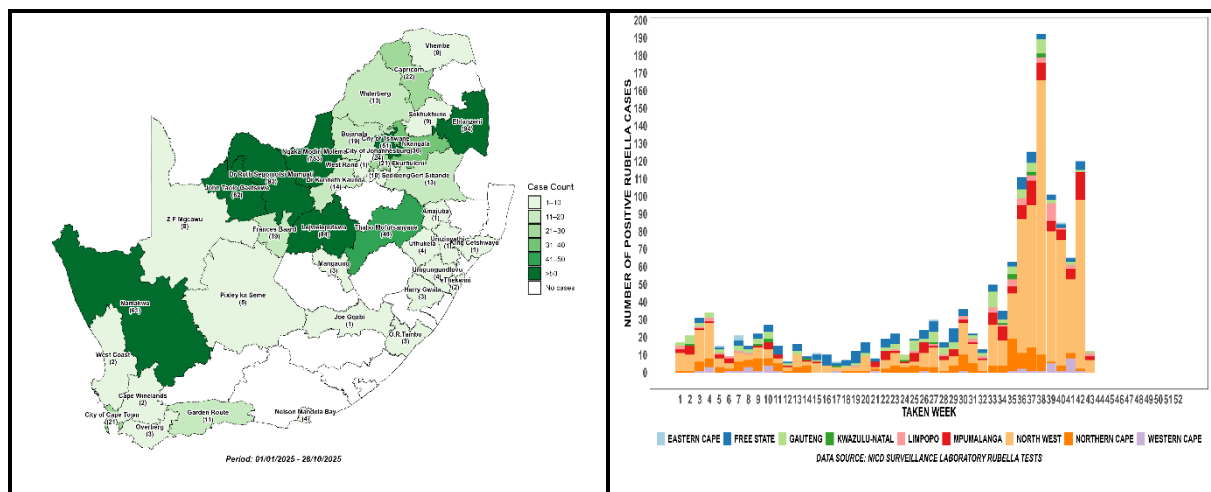
Public awareness campaigns should be intensified to build trust in vaccines and address hesitancy by engaging with community leaders, healthcare workers, and other stakeholders to promote vaccine acceptance and participation in immunisation activities. Communities in areas experiencing localised measles or rubella outbreaks should be informed about the measles outbreak and the importance of prevention. Parents and caregivers are strongly encouraged to check the vaccination booklets/cards to ensure that children have been vaccinated. Those with children under 5 years who missed a scheduled routine measles immunisation dose should be taken to a healthcare facility/clinic for a catch-up dose as soon as possible.

### 3. Rubella surveillance update

Rubella serology testing is conducted at several National Health Laboratory Service (NHLS) laboratories as well as at the NICD. Data reported in this situation report are for samples collected for the measles and rubella rash surveillance and tested at the NICD. Rubella testing in NHLS laboratories is primarily conducted to determine rubella susceptibility amongst pregnant women at antenatal clinics. As the group of patients undergoing testing is different, these results are not analysed together with fever-rash surveillance data.

#### Update on the rubella outbreak in South Africa

From epi week 1 to epi-week 43, 1525 laboratory-confirmed rubella cases were reported in South Africa through measles and rubella surveillance (Table 2 and Figure 9). Rubella cases continue to be detected throughout the country. Rubella is endemic in South Africa, with an increase in circulation seen in autumn and spring. Rubella primarily affects children under 15 years of age and typically results in a self-limiting acute infection.

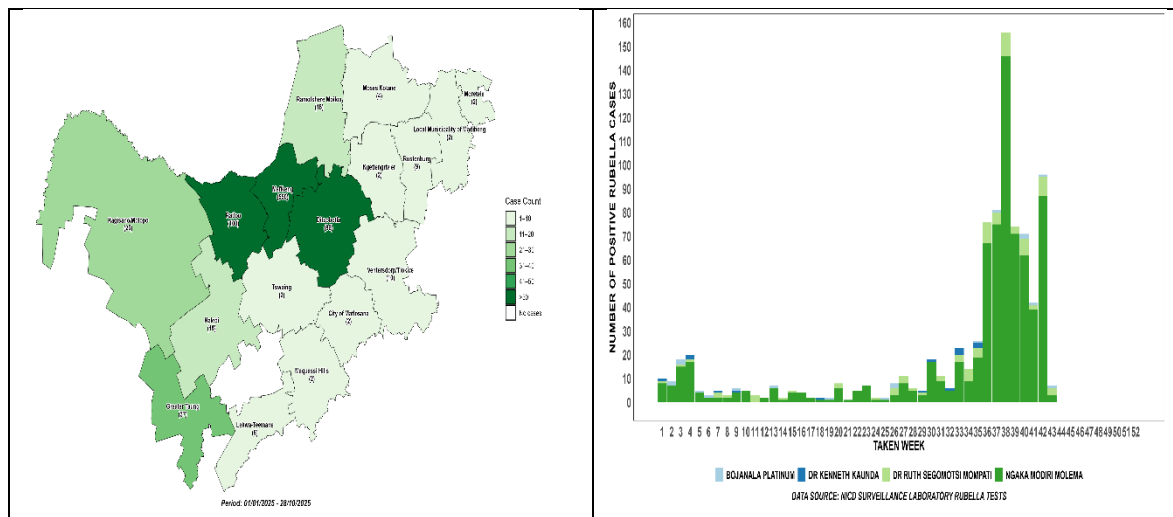


**Table 2: Laboratory-confirmed rubella cases detected from epi week 1 to epi week 43 of 2025, 01 January to 24 October 2025, in South Africa.**

| 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           | 2          | 2          | 3          | 0         | 0         | 0         | 1         | 8           |
| Free State    | 6          | 0           | 21         | 80         | 26         | 0         | 2         | 0         | 1         | 136         |
| Gauteng       | 8          | 8           | 31         | 36         | 7          | 5         | 2         | 2         | 8         | 107         |
| KwaZulu-Natal | 1          | 0           | 6          | 8          | 0          | 1         | 0         | 0         | 0         | 16          |
| Limpopo       | 4          | 2           | 11         | 18         | 11         | 1         | 0         | 0         | 5         | 52          |
| Mpumalanga    | 0          | 1           | 35         | 77         | 21         | 4         | 2         | 1         | 2         | 143         |
| North West    | 1          | 1           | 109        | 528        | 208        | 5         | 4         | 6         | 7         | 869         |
| Northern Cape | 0          | 0           | 17         | 83         | 40         | 7         | 5         | 0         | 3         | 155         |
| Western Cape  | 4          | 2           | 11         | 9          | 12         | 0         | 0         | 0         | 1         | 39          |
| <b>Total</b>  | <b>24</b>  | <b>14</b>   | <b>243</b> | <b>841</b> | <b>328</b> | <b>23</b> | <b>15</b> | <b>9</b>  | <b>28</b> | <b>1525</b> |

### North West province rubella outbreak update

The North West province continues to report a high number of cases, with 869 laboratory-confirmed cases reported from epi week 1-43 of 2025 (Figure 10). The majority of laboratory-confirmed cases were reported in the Ngaka Modiri Molema District Municipality (753/869, 86.7%). The most affected age group were children 1-14 years (845/869; 97.2%) (Table 2).



*Figure 10: Laboratory-confirmed rubella cases from epidemiological week 1 to 43 of 2025, North West province.*

### Public health interventions

#### For Health Professionals

Rubella is a contagious viral infection that is usually mild but can cause serious complications in pregnancy, resulting in Congenital Rubella Syndrome (CRS) in infants. Health professionals should strengthen surveillance and laboratory confirmation of suspected cases to support national elimination goals. Ensuring high coverage of

the measles-rubella (MR) vaccine, conducting catch-up immunisation activities, and monitoring immunity among women of child-bearing age are critical strategies. Clinicians should also counsel patients on the benefits of vaccination, identify individuals at risk, and promptly report confirmed or suspected cases through national surveillance systems.

#### **For the Community**

Rubella, also known as German measles, spreads easily through coughs and sneezes and can be dangerous for unborn babies if a pregnant woman becomes infected. The best way to prevent rubella is through vaccination with the MR vaccine. This vaccine is given as part of the routine childhood immunisation schedule. Parents should ensure that their children receive all recommended vaccine doses and that catch-up vaccinations are completed if any vaccinations were missed. Women planning pregnancy should confirm their rubella immunity status with a healthcare provider. Community awareness and participation in vaccination campaigns are key to protecting everyone, especially pregnant women and their unborn children, from rubella and its serious complications.