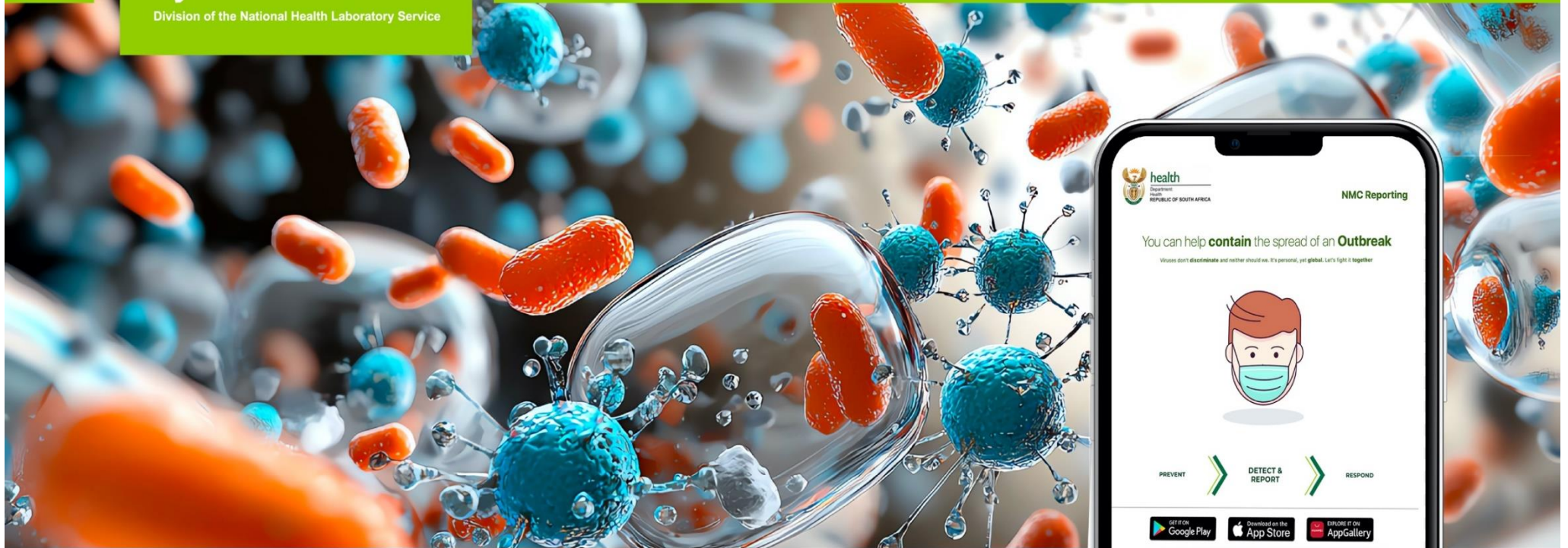




NATIONAL INSTITUTE FOR
COMMUNICABLE DISEASES

Division of the National Health Laboratory Service



Notifiable Medical Conditions Surveillance System Report for September 2025

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Introduction

This report summarises data from the National Notifiable Medical Conditions Surveillance System (NMCSS) on cases notified in September 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 is attached as Appendix 3.

NMC highlights

- A total of 14 010 cases were reported to the NMCSS for categories 1 and 2 in September 2025.
- Category 1 (2 269/14 010) 16% and Category 2 (11 742/ 14 010) 84% of the cases were notified.
- Twenty-nine (29) deaths were reported under Category 1 notifications.

Table 1: Cumulative number of NMC notifications for Categories 1 and 2: September 2025

NMC Category	Clinical	Lab	Merged	Total
Category 1	1 135 (50%)	1 001 (44%)	133 (6%)	2 269 (100%)
Category 2	9 488 (81%)	2 241 (19%)	12 (0.1%)	11 741 (100%)
Total	10 623 (76%)	3 242 (23%)	145 (1%)	14 010 (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= 2 269 (16%) cases were reported for Category 1. The most frequently notified condition was Measles, 43% (985/2 269). A total of 29 (1.2%) deaths were reported under Category 1 notifications, with the most 41% (12/29), being for agricultural stock remedy poisoning notifications.

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

Conditions	EC	FS	GP	KZN	LP	MP	NC	NW	WC	Total	Clinical	Laboratory	Confirmed	Death
Acute Flaccid Paralysis	2	0	13	6	11	2	0	1	3	38	38	0	0	0
Agricultural or stock remedy poisoning	3	12	45	9	12	12	0	5	5	103	103	0	0	12
Cholera	0	0	1	0	0	0	0	0	0	1	1	0	0	0
Congenital rubella syndrome	2	2	5	5	2	2	1	1	2	22	1	0	21	2
Diphtheria	0	0	4	0	0	0	0	0	15	19	13	5	1	0
Enteric fever (typhoid or paratyphoid fever)	0	0	12	0	1	0	0	1	10	24	6	2	16	0
Foodborne illness outbreak	18	2	7	12	2	3	0	5	3	52	52	0	0	2
Haemolytic uraemic syndrome (HUS)	0	0	3	0	0	0	0	0	0	3	3	0	0	0
Listeriosis	0	0	1	4	0	2	0	0	2	9	3	2	4	1
Malaria	4	6	38	26	133	52	3	4	13	280	160	15	105	2
Measles	4	42	250	11	141	144	38	75	279	985	604	97	284	2
Meningococcal Disease	3	2	3	2	0	1	2	0	12	25	10	12	0	2
Mpox	0	0	2	0	0	0	0	0	0	2	2	0	0	0
Pertussis	8	6	25	10	2	4	3	6	39	103	29	69	0	1
Rabies	0	0	6	3	1	0	0	0	0	10	3	0	7	1
Respiratory disease caused by a novel respiratory	2	0	13	0	1	0	0	0	2	18	18	0	0	3
Rubella	0	21	22	12	19	42	35	411	13	575	27	5	543	1

Total	46	93	450	100	325	264	82	509	398	2269	1073	207	981	29
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* Suspected, confirmed, and deaths are for the overall notification per condition for September, 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, 20% (454/ 2 269) of the notifications were admitted to health facilities, while 29 (1.2%) resulted in death.

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

Age group	Gender		Admission Status						Vital signs			
	Female	Male	Inpatient	Outpatient	Transferred	Discharged	Unknown	Missing	Alive	Deceased	Unknown	Missing
0-4 YRS	181	225	113	112	10	20	11	140	249	7	7	143
5-9 YRS	176	170	38	79	2	12	2	213	130	0	3	213
10-14 YRS	55	65	28	43	1	6	1	41	77	2	0	41
15-19 YRS	49	56	34	34	4	3	1	29	74	2	0	29
20-24 YRS	26	30	19	17	0	1	2	17	37	1	1	17
25-29 YRS	47	42	29	32	4	3	0	21	62	5	0	22
30-34 YRS	21	22	18	13	1	2	0	9	32	2	0	9
35-39 YRS	19	26	15	16	3	1	1	9	34	1	1	9
40-44 YRS	20	21	18	6	4	2	1	10	28	2	1	10
45-49 YRS	11	16	13	6	0	1	0	7	19	1	0	7
50-54 YRS	10	14	12	2	1	1	0	8	16	0	0	8
55-59 YRS	422	425	80	212	9	19	4	523	317	4	2	524
60-64 YRS	7	10	8	3	2	1	1	2	14	1	0	2
65+	24	25	29	7	2	2	0	9	38	1	1	9
Unknown	17	28	0	0	0	0	0	54		0	0	54
Grand Total	1085	1175	454	582	43	74	24	1092	1127	29	16	1097

Timeliness and Data Quality in Reporting Category 1 Notifiable Medical Conditions

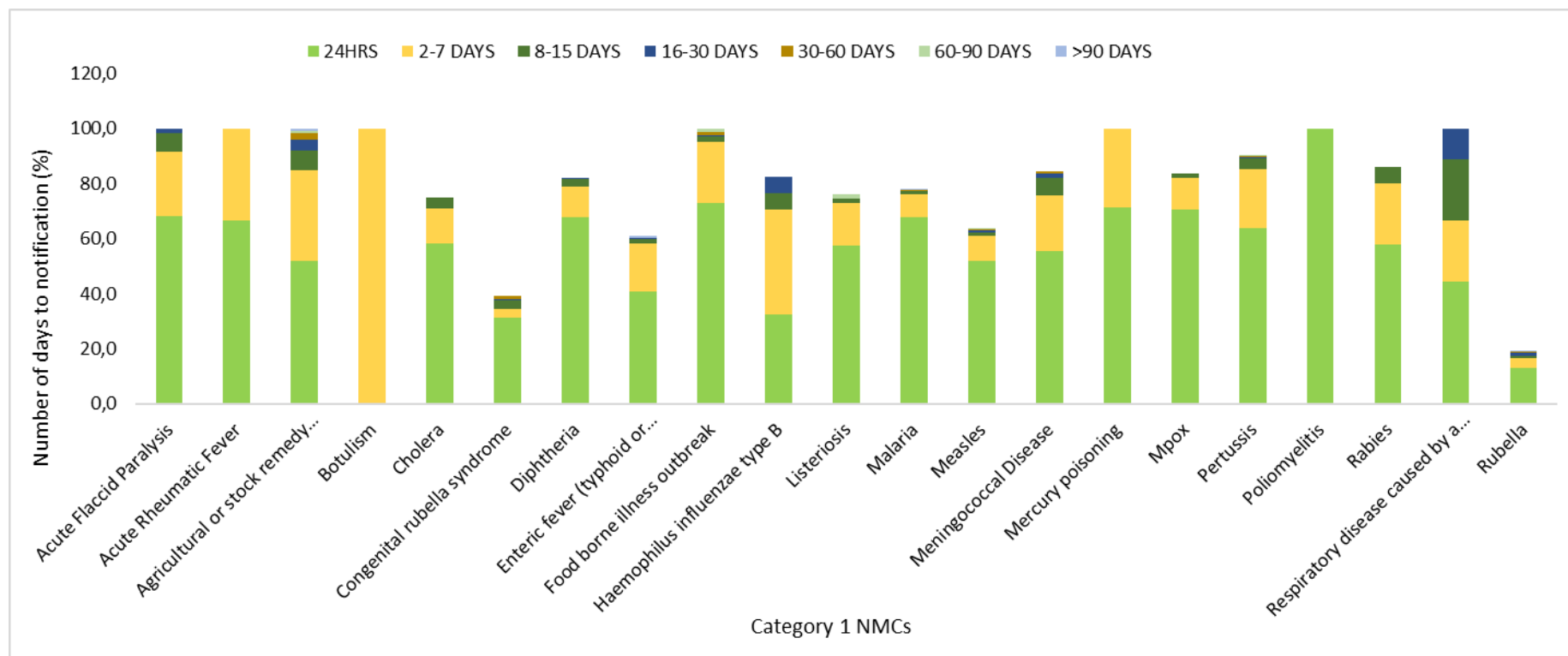


Figure 1: Summary Category 1 timelines of the reported cases on the NMC system.

About 56% of notifiable medical conditions were reported within 24 hours, while 13% were reported within 2–7 days, showing some delays. The fastest reporting ($\geq 70\%$) was for diseases such as polio, foodborne outbreaks, mercury poisoning, and Mpox. Moderate reporting (between 50–69%) was seen for malaria, cholera, diphtheria, and acute flaccid paralysis. Slow reporting (below 50%) was noted for rubella, congenital rubella syndrome, enteric fever, and *Haemophilus influenzae* type B. Overall, reporting performance is fair but highlights a need for improved notification efficiency and strengthened surveillance systems.

***Healthcare workers are reminded to notify ALL category 1 conditions on clinical suspicion.**

Category 2 Notifications

Category 2 conditions must be notified within seven days of diagnosis. A total of 11 741 (84%) Category 2 conditions were notified. Tuberculosis (TB) remains the most notified 78% (9 138), Hepatitis B 8.7% (1 031), Bilharzia (schistosomiasis) 7% 828 and Congenital syphilis 4.4%% (512) also had the most of the notifications for the category. Less than one per cent, 0.8% (98) Category 2 notifications resulted in death, most were of notified pulmonary TB 50% (58/98).

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

Conditions	EC	FS	GP	KZN	LP	MP	NW	NC	WC	Total	Clinical	Lab	Confirmed	Death
Bilharzia (schistosomiasis)	58	2	24	318	300	106	0	3	17	828	80	746	2	1
Brucellosis	0	0	0	0	0	0	0	0	1	1	1	0	0	0
Congenital syphilis	67	30	71	207	6	26	14	15	76	512	63	441	8	5
Haemophilus influenzae type B	1		1						5	7	1	0	6	0
Hepatitis A	11	6	46	47	12	19	10	16	31	198	43	155	0	1
Hepatitis B	169	25	78	676	9	9	22	31	12	1031	132	897	2	2
Hepatitis C	1	0	8	4	2	0	0	0	3	18	17	1	0	0
Lead poisoning	0	0	0	1	0	0	0	0	0	1	1	0	0	0
Legionellosis	0	0	0	2	0	0	0	0	2	4	0	0	4	0
Maternal death (pregnancy)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tetanus	0	0	1	1	0	0	0	1	0	3	3	0	0	1
Tuberculosis: extensively drug-resistant (XDR -TB)	3	0	2	1	0	1	0	1	0	8	8	0	0	0
Tuberculosis: multidrug-resistant (MDR -TB)	15	4	58	43	6	3	5	13	39	186	186	0	0	3
Tuberculosis: extra-pulmonary	96	81	644	322	61	30	38	77	187	1536	1536	0	0	29
Tuberculosis: pulmonary	803	480	1674	1433	372	234	336	387	1689	7408	7408	0	0	56
Grand Total	1224	628	2607	3055	768	428	425	544	2062	11741	9479	2240	22	98

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

Recommendations

- Notify all Category 1 conditions on clinical suspicion
- We recommend that clinicians 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 the NMC and trainings, kindly contact our surveillance officers of your respective provinces. Their contact number are attached to Appendix 3.
- Feel free to reach out to 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/>

AppendixNo.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 & North West	Bokelani Nyaose	bukelanin@nicd.ac.za	071 670 8741
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