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MEASLES AND RUBELLA WEEKLY SITUATION REPORT FOR SOUTH AFRICA
Report for week ending 14 November 2025, Epidemiological week 46
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 figures reported 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 Lejweleputswa in Free State, Capricorn, Mopani, Sekhukhune, Vhembe and Waterberg District Municipalities in Limpopo, the Gert Sibande and Nkangala District Municipalities in Mpumalanga, the Ngaka Modiri Molema District Municipality in North West, Frances Baard District Municipality in the Northern Cape Town and the Cape Town Metropolitan Municipality in the Western Cape.

From week 1 to week 46 of 2025, the national measles surveillance has detected an increase in measles cases countrywide (Figure 1). As of 14 November 2025, 1897 laboratory-confirmed measles cases have been reported nationally, with an increase of 102 cases since the previous report in epidemiological (epi) week 45. Gauteng reported 14 additional cases in epi week 46, bringing the total to 759. In week 46, new cases were reported in the following provinces: Free State (4 cases), Limpopo (10 cases), Mpumalanga (6 cases), North West (3 cases), Northern Cape (2) and the Western Cape (63 new cases).

Most of the reported measles cases were children aged 1-14 years (1306/1897; 68.8%), with an increase in laboratory-confirmed cases being seen in people aged ≥15 years (388/1897; 20.5%). 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. The measles surveillance in 2025 showed that measles circulation increased in the winter and spring seasons. 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.

A national measles vaccine campaign is currently underway in South Africa and is envisaged to run from 03-28 November 2025.

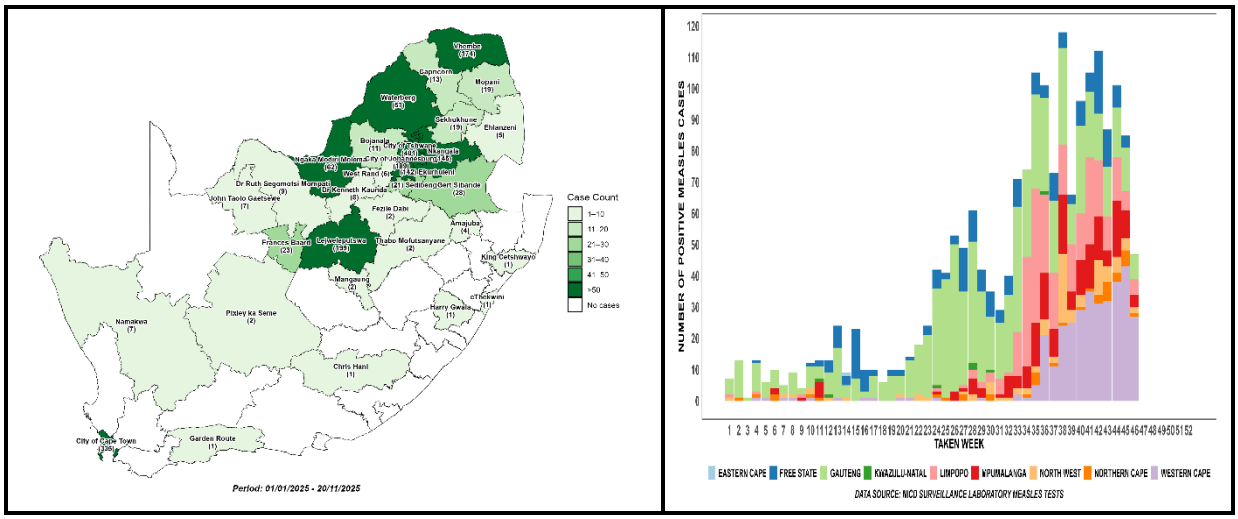

Figure 1: Laboratory-confirmed measles cases from epidemiological week 1 to 46 of 2025 in South Africa.

Table 1: Laboratory-confirmed measles cases detected from epi week 1 to epi week 46 of 2025, 01 January to 14 November 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	8	6	28	98	31	12	6	4	12	205
Gauteng	88	26	128	233	81	55	29	15	104	759
KwaZulu-Natal	0	0	2	4	1	0	0	0	0	7
Limpopo	15	9	55	103	48	15	6	5	26	282
Mpumalanga	5	0	28	64	35	23	8	4	11	178
North West	2	4	11	54	17	2	0	0	0	90
Northern Cape	1	0	3	18	13	2	1	0	1	39
Western Cape	27	12	52	181	17	15	6	7	19	336
Total	**146**	**57**	**307**	**756**	**243**	**124**	**56**	**35**	**173**	**1897**

District and metropolitan municipalities that meet the case definition for a laboratory-confirmed measles outbreak (three or more cases in a health district within four weeks) are shown in Table 2.

Table 2: Laboratory-confirmed measles outbreaks detected in the last four weeks, 01 January to 14 November 2025, in South Africa.

Province	District	New cases in the last 4 weeks	Total cases from 01 Jan - 14 Nov 2025
Free Sate	**Lejweleputswa**	23	199
Gauteng	**City of Johannesburg**	15	189
	City of Tshwane	31	401
	Ekurhuleni	5	142
Limpopo	**Capricorn**	2	13
	Mopani	12	19
	Sekhukhune	3	19
	Vhembe district	7	174
	Waterberg	12	74
Mpumalanga	**Gert Sibande**	3	28
	Nkangala	31	145
Northern Cape	**Frances Baard**	12	23
North West	**Ngaka Modiri Molema**	7	62
Western Cape	**City of Cape Town**	140	335

Measles-positive wastewater samples were detected in Gauteng, specifically in the Ekurhuleni district. Measles-positive samples were also detected in Gauteng, KwaZulu-Natal, North West, and the Western Cape in epi week 45. Wastewater detection continues to provide evidence of ongoing excretion and, therefore, transmission in these same districts (Figure 2).

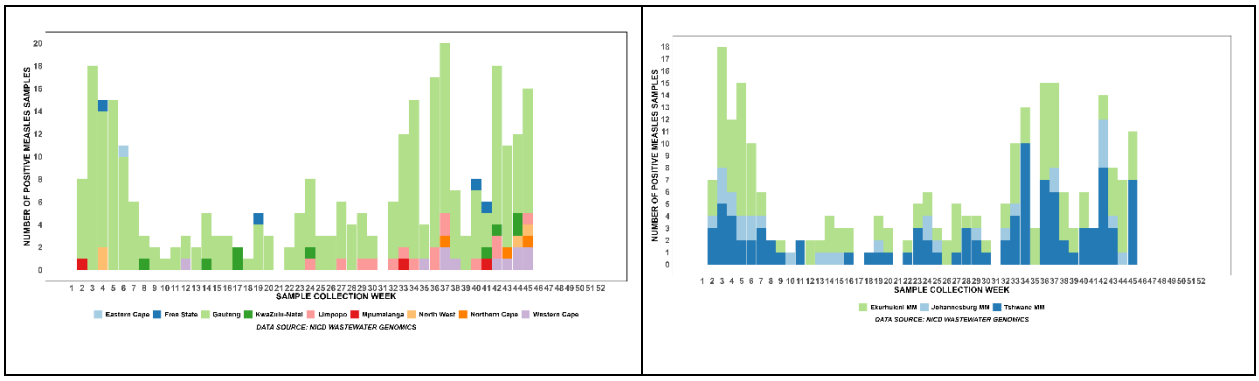

Figure 2: Number of wastewater samples positive for measles from epidemiological week 1 to week 46 of 2025 in South Africa (left) and Gauteng province (right).

Public health interventions

For Health Professionals

Clinicians and public health officials are urged to strengthen measles and rubella surveillance nationally to improve case reporting, laboratory confirmation, and contact tracing, to support national measles elimination goals. All suspected measles and rubella 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). Ensuring high coverage of the measles-rubella (MR) vaccine and conducting

catch-up immunisation activities. 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.

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 support the current vaccine campaign, and 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 46, 1776 laboratory-confirmed rubella cases were reported in South Africa through measles and rubella surveillance (Table 2 and Figure 3). Rubella cases continue to be detected throughout the country, with an increase of 78 cases since epi week 45. 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 3).

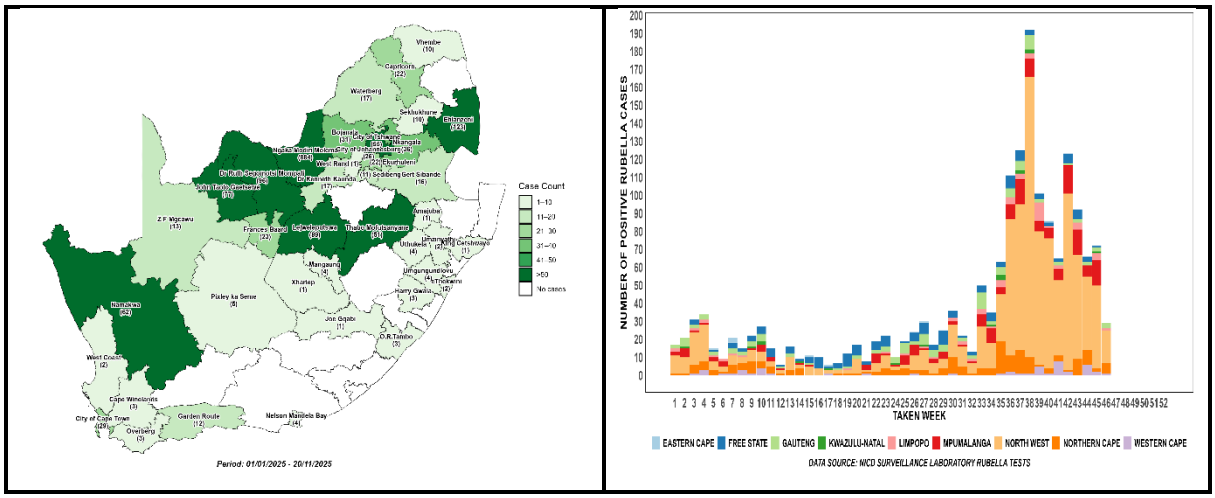

Figure 3: Laboratory-confirmed rubella cases from epidemiological week 1 to 46 of 2025 in South Africa.

Table 3: Laboratory-confirmed rubella cases detected from epi week 1 to epi-week 46 of 2025, 01 January to 14 November 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	22	85	27	0	2	0	3	145
Gauteng	8	8	34	39	8	6	2	2	8	115
KwaZulu-Natal	1	0	6	9	0	1	0	0	0	17
Limpopo	5	2	14	20	12	1	0	0	5	59
Mpumalanga	0	1	41	94	30	4	2	1	2	175
North West	2	1	131	603	265	7	6	6	7	1028
Northern Cape	0	0	20	96	49	7	5	0	3	180
Western Cape	4	2	17	12	12	0	0	0	2	49
Total	**26**	**14**	**287**	**960**	**406**	**26**	**17**	**9**	**31**	**1776**

North West province rubella outbreak update

The North West province continues to report a high number of cases, with 1028 laboratory-confirmed cases reported from epi week 1 to week 46 of 2025, with an increase of 51 new cases from week 45 (Figure 4). The majority of laboratory-confirmed cases were reported in the Ngaka Modiri Molema District Municipality (884/1028, 86.0%). Nationally, the most affected age group was children 1-14 years (1653/1776; 93.1%) (Table 3).

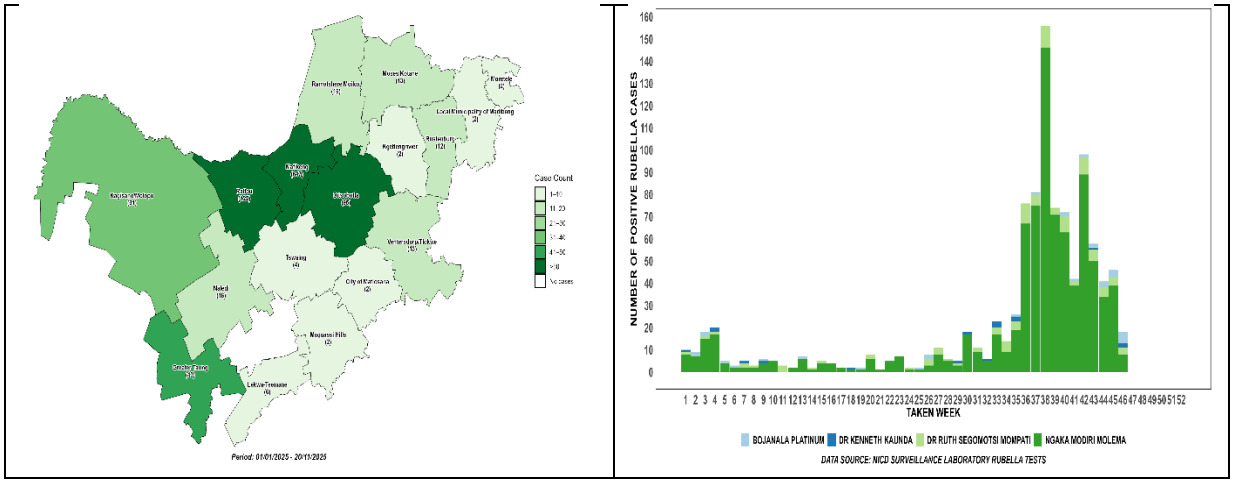

Figure 4: Laboratory-confirmed rubella cases from epidemiological week 1 to week 46 of 2025, North West province.

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 childbearing 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. 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.