

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

**Report for week ending 12 December 2025, Epidemiological week 50**

**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, particularly in the City of Johannesburg, City of Tshwane and Ekurhuleni. Additional outbreaks have been reported in the Lejweleputswa District Municipality in Free State, Capricorn, Mopani, Sekhukhune, Vhembe and Waterberg District Municipalities in Limpopo, the Gert Sibande and Nkangala District Municipalities in Mpumalanga, the Bojanala Platinum, Dr Kenneth Kaunda, and Ngaka Modiri Molema District Municipalities in North West, Frances Baard District Municipality in the Northern Cape and the Cape Town Metropolitan Municipality in the Western Cape.

From week 1 to week 50 of 2025, the national measles surveillance has detected an increase in measles cases countrywide (Figure 1). As of 12 December 2025, 2448 laboratory-confirmed measles cases have been reported nationally, with an increase of 159 cases since the previous report in epidemiological (epi) week 49. Gauteng reported 7 additional cases in epi-week 50, bringing the total to 818. In epi-week 50, new cases were reported in the following provinces: Free State (4 cases), Limpopo (18 cases), Mpumalanga (29 cases), North West (9 cases), Northern Cape Province (6 cases) and the Western Cape (87 new cases).

Most of the reported measles cases were children aged 1-14 years (1723/2448; 70.4%), with an increase in laboratory-confirmed cases seen in people aged  $\geq 15$  years (475/2448; 19.4%). 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.

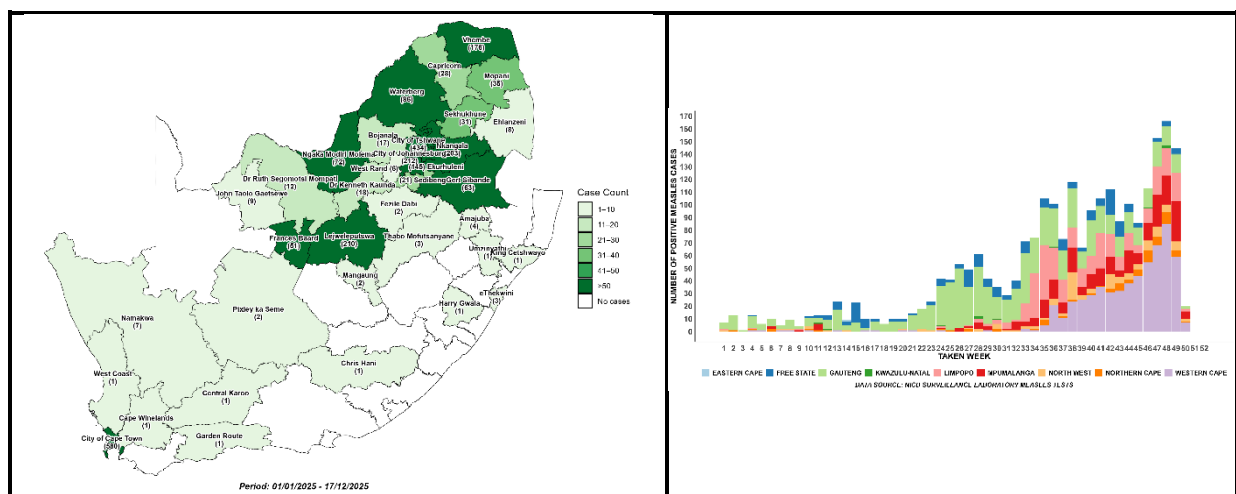


Figure 1: Laboratory-confirmed measles cases from epidemiological week 1 to 50 of 2025 in South Africa.

Table 1: Laboratory-confirmed measles cases detected from epi-week 1 to epi-week 50 of 2025, 01 January to 1205 December 2025, in South Africa.

PROVINCE	0-6 months	7-11 months	1-4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	>=30 years	Total
Eastern Cape	0	0	0	1	0	0	0	0	0	1
Free State	8	6	29	107	31	13	6	4	13	217
Gauteng	89	27	143	251	85	58	31	19	115	818
KwaZulu-Natal	0	0	3	5	2	0	0	0	0	10
Limpopo	21	10	69	142	57	16	7	5	29	356
Mpumalanga	12	2	34	100	58	42	8	4	14	274
North West	4	4	19	65	23	2	1	0	1	119
Northern Cape	2	0	8	32	20	3	1	1	2	69
Western Cape	49	16	81	310	48	22	11	8	39	584
<b>Total</b>	<b>185</b>	<b>65</b>	<b>386</b>	<b>1013</b>	<b>324</b>	<b>156</b>	<b>65</b>	<b>41</b>	<b>213</b>	<b>2448</b>

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. New districts that meet the measles outbreak case definition are Bojanala Platinum and Dr Kenneth Kaunda districts in the North West.

**Table 2: Laboratory-confirmed measles outbreaks detected in the last four weeks, 01 January to 12 December 2025, in South Africa.**

Province	Municipality	New cases in the last 4 weeks	Total cases from 01 Jan – 12 December 2025
Free State	Lejweleputswa	11	210
Gauteng	City of Johannesburg	20	212
	City of Tshwane	29	434
	Ekurhuleni	3	145
Limpopo	Capricorn	12	28
	Mopani	14	35
	Sekhukhune	11	31
	Vhembe district	2	176
	Waterberg	29	86
Mpumalanga	Gert Sibande	33	63
	Nkangala	51	203
Northern Cape	Frances Baard	22	51
North West	Bojanala Platinum	4	17
	Dr Kenneth Kaunda	7	18
	Ngaka Modiri Molema	9	72
Western Cape	City of Cape Town	225	580

There are no updates regarding measles surveillance in wastewater, and reporting will resume when test results become available.

### 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 in order 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 is equally important. Clinicians should also counsel patients on the benefits of vaccination, identify individuals at risk, and promptly report confirmed or suspected cases through the national surveillance system.

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 for preventing further outbreaks and achieving the goal of measles 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, 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 50, 2037 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 41 cases since epi-week 49. 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). Nationally, the most affected age group was children 1-14 years (1899/2037; 93.2%) (Table 3).

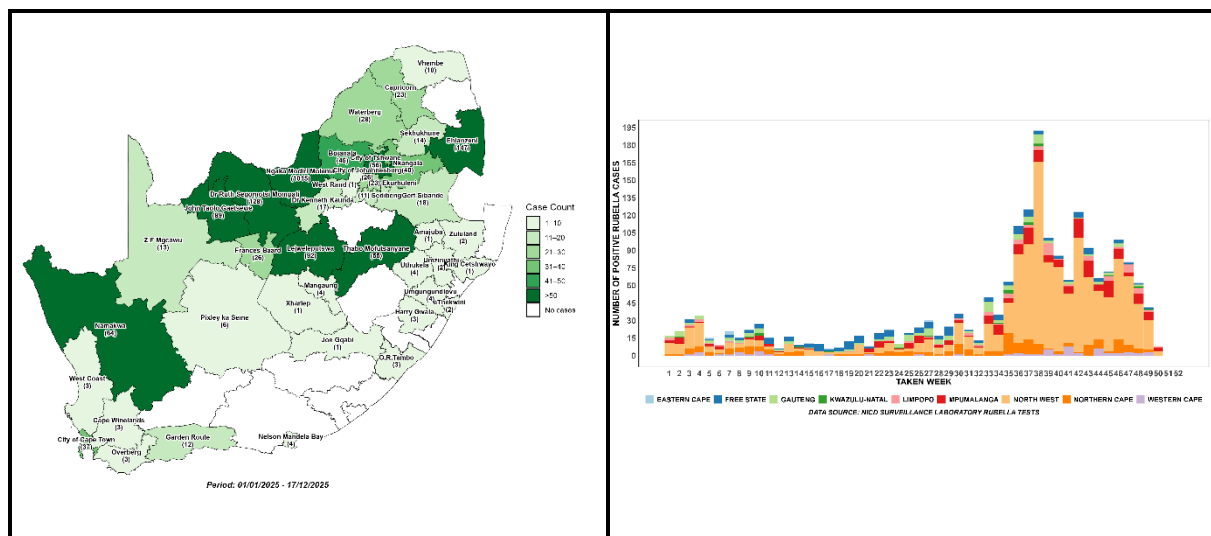


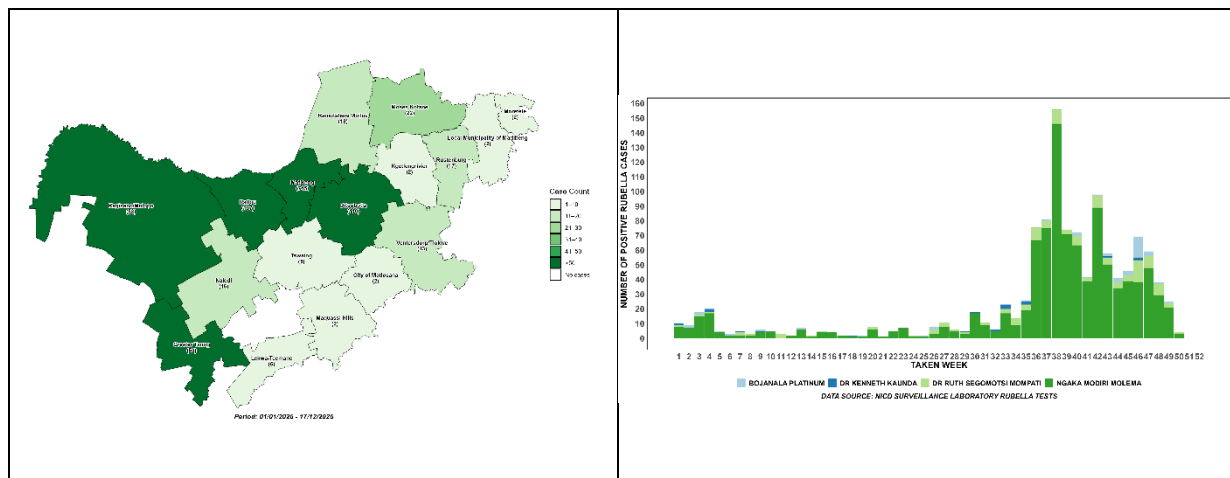
Figure 3: Laboratory-confirmed rubella cases from epidemiological week 1 to 50 of 2025 in South Africa.

**Table 3: Laboratory-confirmed rubella cases detected from epi-week 1 to epi-week 50 of 2025, 01 January to 12 December 2025, in South Africa.**

PROVINCE	0-6 months	7-11 months	1-4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	>=30 years	Total
Eastern Cape	0	0	2	2	3	0	0	0	1	8
Free State	7	0	22	88	27	0	4	0	4	152
Gauteng	8	8	34	40	8	6	3	2	8	117
KwaZulu-Natal	1	0	6	11	0	1	0	0	0	19
Limpopo	5	2	17	31	14	1	0	0	5	75
Mpumalanga	0	1	45	111	39	4	2	1	2	205
North West	3	1	171	689	309	11	8	6	7	1205
Northern Cape	0	0	21	106	56	7	5	0	3	198
Western Cape	5	2	20	14	13	0	0	1	3	58
<b>Total</b>	<b>29</b>	<b>14</b>	<b>338</b>	<b>1092</b>	<b>469</b>	<b>30</b>	<b>22</b>	<b>10</b>	<b>33</b>	<b>2037</b>

**North West province rubella outbreak update**

The North West province continues to report a high number of cases, with 1205 laboratory-confirmed cases reported from epi-week 1 to week 50 of 2025, with an increase of 4 new cases from week 49 (Figure 4). The majority of laboratory-confirmed cases were reported in the Ngaka Modiri Molema District Municipality (1015/1205, 84.2%).



*Figure 4: Laboratory-confirmed rubella cases from epidemiological week 1 to week 50 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.