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MEASLES AND RUBELLA WEEKLY SITUATION REPORT FOR SOUTH AFRICA
Reporting period 29 December 2025 to 08 February 2026, ISO* Weeks 1-6
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.

The national measles surveillance has detected an increase in measles cases countrywide (Figure 1). Data available (accessed 12 February 2026) from 29 December 2025 to 08 February 2026 (ISO Weeks 1-6) indicated that 307 laboratory-confirmed measles cases were reported nationally. The Western Cape reported the highest number of new cases (56), followed by KwaZulu-Natal (13), Mpumalanga (10), Free State (5), Gauteng (4), Northern Cape (2), Limpopo (2), and North West (2) (Table 1).

Most of the reported measles cases were children aged 1-14 years (168/307; 54.7%), with an increase in laboratory-confirmed cases among people aged ≥15 years (89/307; 29.0%). 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.

The measles surveillance in 2025 showed that measles circulation increased in the winter, spring and summer 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).

*ISO weeks follow the ISO 8601 standard, in which weeks run from Monday to Sunday, and the first week of the year is the one containing the first Thursday of January.

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.

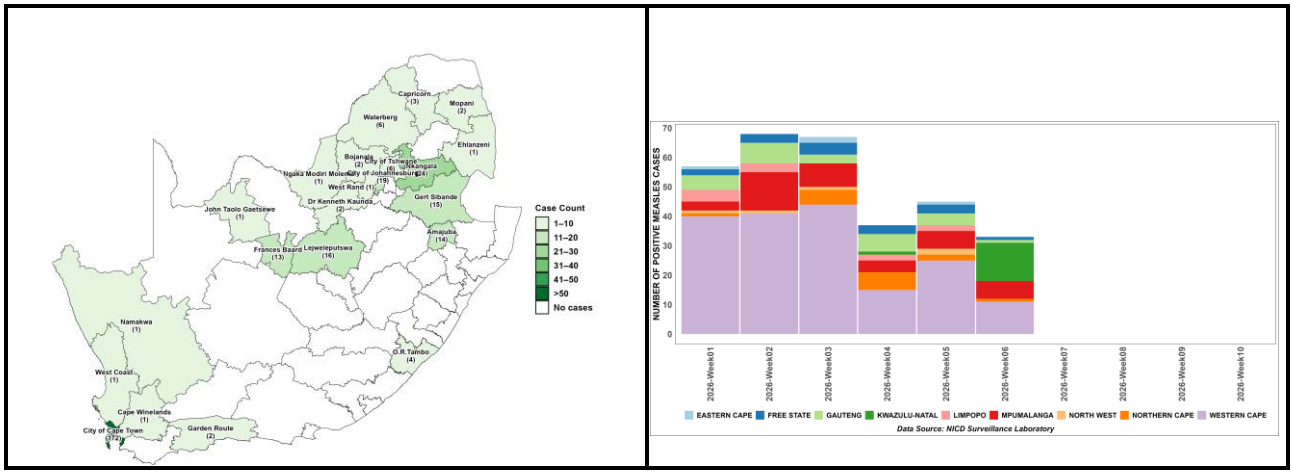

Figure 1: Laboratory-confirmed measles cases from ISO Weeks 1-6 of 2026 in South Africa.

Table 1: Laboratory-confirmed measles cases detected for ISO Weeks 1-6 of 2026, 29 December 2025 to 08 February 2026, 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	1	0	0	2	1	0	0	0	4
Free State	2	0	3	4	2	4	0	0	1	16
Gauteng	2	3	6	5	2	3	0	1	4	26
KwaZulu-Natal	1	0	0	12	1	0	0	0	0	14
Limpopo	0	0	4	4	1	1	0	0	1	11
Mpumalanga	2	2	5	11	5	6	3	1	5	40
North West	0	0	2	1	2	0	0	0	0	5
Northern Cape	1	1	3	5	2	0	1	0	2	15
Western Cape	32	3	23	49	14	6	11	7	31	176
Total	**40**	**10**	**46**	**91**	**31**	**21**	**15**	**9**	**44**	**307**

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. Measles outbreaks are ongoing in different parts of South Africa, with Western Cape being the most affected, particularly in the City of Cape Town. Additional outbreaks have been reported in the City of Johannesburg and City of Tshwane Municipalities in Gauteng, Lejweleputswa District in Free State, Waterberg and Capricorn District in Limpopo, the Gert Sibande and Nkangala Districts in Mpumalanga, Frances Baard District in the Northern Cape and OR Tambo in the Eastern Cape. Since the last week, a new outbreak was reported in Amajuba district in KwaZulu-Natal, and Mopani, Capricorn and Waterberg districts (Limpopo) no longer meet the case definition for an outbreak.

Table 2: Laboratory-confirmed measles outbreaks detected in the last four weeks (11 January to 08 February 2026) versus total cases from 29 December 2025 to 08 February 2026, in South Africa.

Province	Municipality	New cases in the last 4 weeks (12 January to 08 February 2026)	Total cases from 29 December 2025 to 08 February 2026
Free Sate	**Lejweleputswa**	11	16
Gauteng	**City of Johannesburg**	10	19
	City of Tshwane	4	6
KwaZulu-Natal	**Amajuba**	14	14
Mpumalanga	**Gert Sibande**	11	15
	Nkangala	12	24
Northern Cape	**Frances Baard**	13	13
Western Cape	**City of Cape Town**	93	172
Eastern Cape	**OR Tambo**	3	4

Measles surveillance in wastewater from 29 December 2025 to 08 February 2026

Measles-positive wastewater samples were detected in Gauteng, KwaZulu-Natal and Mpumalanga in ISO week 5. The highest number of measles positive samples for 2026 were in Gauteng, specifically in the Ekurhuleni Municipality (Figure 2). Wastewater detection continues to provide evidence of ongoing excretion and, therefore, transmission in these same municipalities.

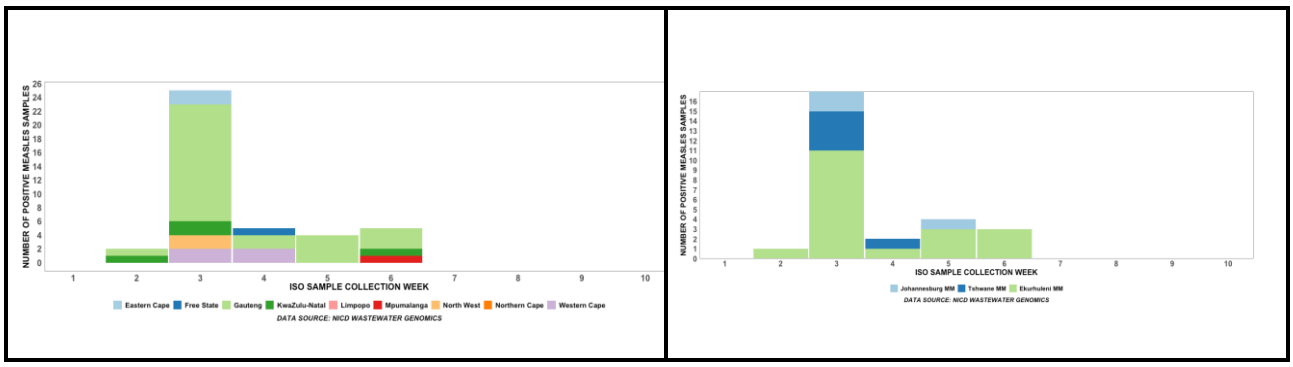

Figure 2: Laboratory-confirmed measles cases from wastewater sampling for ISO Weeks 1-6 of 2026 in South Africa.

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 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 by checking their children's vaccination booklets/cards to ensure that vaccinations are up to date. 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

A total of 32 laboratory-confirmed rubella cases were reported in South Africa from data available (accessed 12 February 2026) from 29 December 2025 to 08 February 2026 (ISO Weeks 1–6) through fever-rash surveillance (Table 3 and Figure 3). Rubella cases have decreased nationally in comparison to the same period in 2025. Rubella is endemic in South Africa, with an increase in circulation 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 (22/32; 68.8%) (Table 3).

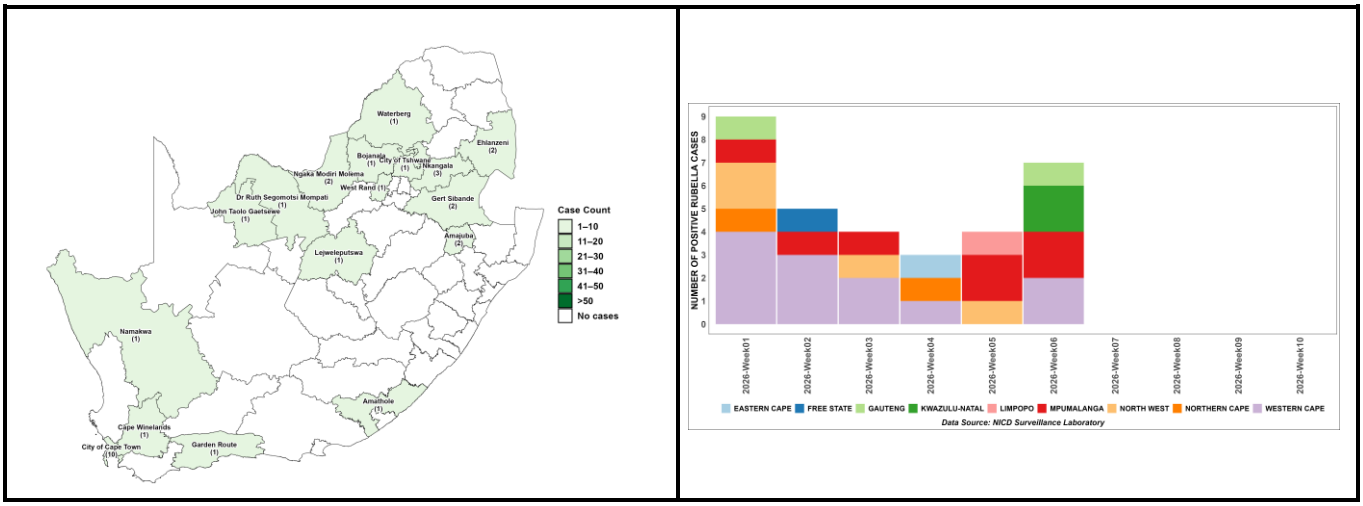

Figure 3: Laboratory-confirmed rubella cases from ISO Weeks 1-6 of 2026 in South Africa.

Table 3: Laboratory-confirmed rubella cases detected for ISO Weeks 1-6 of 2026, 29 December 2025 to 08 February 2026, 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	0	1	0	0	0	0	1
Free state	0	0	0	0	0	1	0	0	0	1
Gauteng	0	0	1	1	0	0	0	0	0	2
KwaZulu-Natal	0	0	0	2	0	0	0	0	0	2
Limpopo	0	0	1	0	0	0	0	0	0	1
Mpumalanga	0	0	0	2	3	1	0	1	0	7
North West	0	0	0	3	1	0	0	0	0	4
Northern cape	0	0	0	0	2	0	0	0	0	2
Western cape	1	1	1	1	3	0	1	0	4	12
Total	**1**	**1**	**3**	**9**	**10**	**2**	**1**	**1**	**4**	**32**

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.