

MEASLES AND RUBELLA WEEKLY SITUATION REPORT FOR SOUTH AFRICA

Reporting period 29 December 2025 to 14 June 2026, ISO* Weeks 1-24

**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 provincial epidemiological data. 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 is also 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 for samples submitted by public- and private-sector healthcare facilities. 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.

National measles surveillance has detected an increase in measles cases nationwide (Figure 1). Data available (accessed 17 June 2026) from 29 December 2025 to 14 June 2026 (ISO Weeks 1-24) indicated that 2102 laboratory-confirmed measles cases were reported nationally (Table 1). Since the previous report several additional cases were identified. The Western Cape reported the highest number of new cases (17) followed by Free State (14), Mpumalanga (11), Gauteng (9), Limpopo (8), Northern Cape (3), Eastern Cape (3), KwaZulu-Natal (3), and North West (3).

Most of the reported measles cases were children aged 1-14 years (1466/2102; 69.7%), with an increase in laboratory-confirmed cases among people aged ≥ 15 years (377/2102; 17.9%). This is indicative of continuing measles 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 remains endemic in South Africa, with seasonal increases in reported cases typically observed during autumn (March–May) and spring (September–November). Compared to previous years, a slight shift in seasonality has been observed with measles cases peaking in winter (June). Although sporadic cases are reported in areas with high measles vaccination coverage throughout the year in South Africa, outbreaks usually

*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.

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.

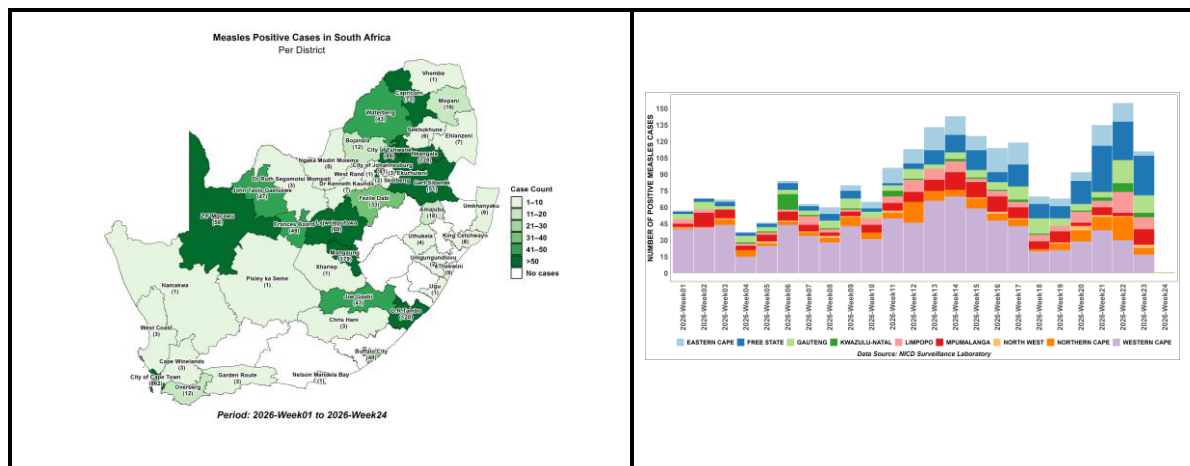


Figure 1: Laboratory-confirmed measles cases from ISO Weeks 1-24 of 2026 in South Africa.

Table 1: Laboratory-confirmed measles cases and age adjusted attack rate detected for ISO Weeks 1-24 of 2026, 29 December 2025 to 14 June 2026, by province 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	17	13	51	80	23	12	3	1	7	207
Free State	21	7	40	137	54	10	3	2	8	282
Gauteng	9	5	21	59	16	18	4	8	35	175
KwaZulu-Natal	6	0	10	26	4	0	1	0	1	48
Limpopo	7	2	38	60	14	14	1	1	2	139
Mpumalanga	14	8	23	81	24	16	7	2	11	186
North West	1	1	11	11	3	0	0	0	0	27
Northern Cape	12	2	17	56	38	9	5	2	14	155
Western Cape	103	31	108	353	108	32	24	16	108	883
Total	190	69	319	863	284	111	48	32	186	2102

Measles outbreaks are ongoing across South Africa, with the Western Cape being the most affected province, particularly in the City of Cape Town. 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 outbreaks have been reported in Buffalo City district in the Eastern Cape; and Mopani, Sekhukhune and Waterberg districts in Limpopo.

Table 2: Laboratory-confirmed measles outbreaks reported in the last four weeks (10 May 2026 – 14 June 2026) versus total cases from 29 December 2025 to 14 June 2026, in South Africa.

Province	Municipality	New cases in the last 4 weeks (17 May – 14 June 2026)	Total cases from 29 December 2025 to 14 June 2026

Eastern Cape	Joe Gqabi	8	43
	OR Tambo	27	120
	Buffalo City	4	40
Free State	Lejweleputswa	6	69
	Mangaung	104	179
Gauteng	City of Johannesburg	22	81
	City of Tshwane	20	88
Limpopo	Capricorn	22	74
	Mopani	4	16
	Sekhukhune	3	6
	Waterberg	7	42
Mpumalanga	Gert Sibande	4	51
	Nkangala	18	128
North West	Bojanala	4	12
Northern Cape	Frances Baard	4	48
	John Taolo Gaetsewe	35	47
Western Cape	City of Cape Town	85	862

3. Measles surveillance in wastewater from 29 December to 31 May 2026 (epidemiological week 22)

No new wastewater surveillance data are available on account of institutional power and internet challenges. Results from the previous report are reproduced here for longitudinal monitoring. In week 22, measles was detected in wastewater in 5 of nine provinces (Free State, Northern Cape, North West, Gauteng and Western Cape).

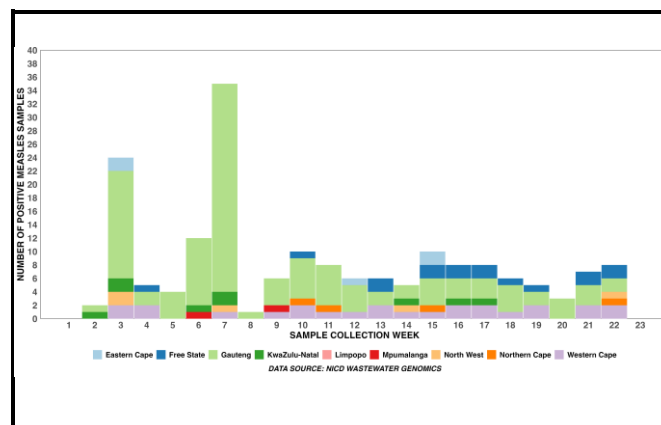


Figure 2: Laboratory-confirmed measles cases from wastewater sampling for epidemiological week 1 to 22 of 2026 in South Africa.

4. Combined measles wastewater and clinical surveillance data

Combined clinical and wastewater surveillance data may be seen on the NICD dashboards webpage, specifically on the measles wastewater surveillance dashboard <https://www.nicd.ac.za/measles-wastewater-surveillance-dashboard/>. At a district level, for week 22, measles was detected in wastewater but not in clinical cases, in Ekurhuleni and Bojanala district, indicating the presence of transmission in these districts

Combined clinical and wastewater surveillance by health district, and epidemiological week

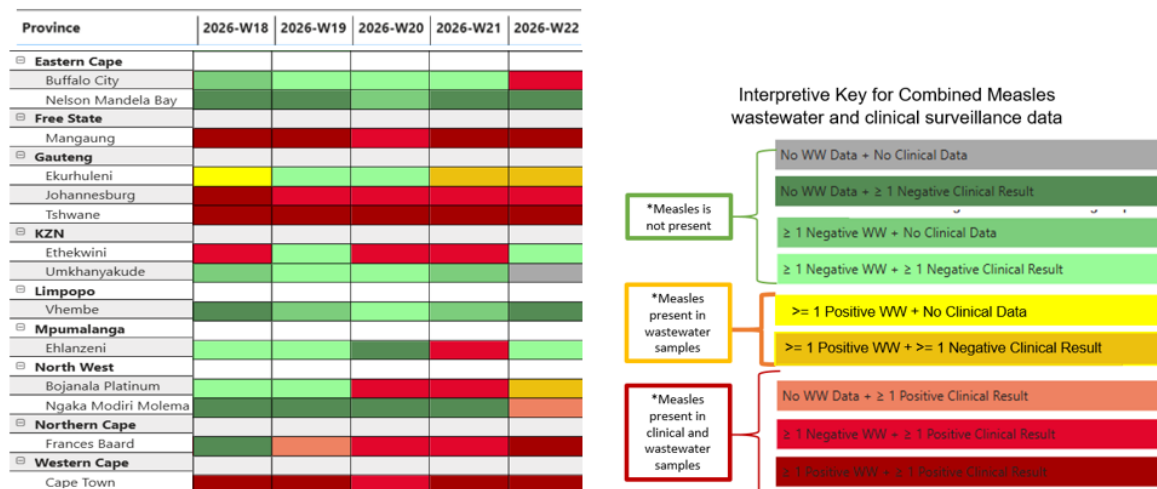


Figure 3: Combined clinical and wastewater surveillance by health district and epidemiological week (left), together with interpretive key (right).

5. Rubella surveillance update

Rubella serology testing is conducted at several National Health Laboratory Service (NHLS) laboratories and at the NICD. Data reported in this situation report are for samples collected for the measles and rubella fever-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 groups of patients undergoing testing differ, these results are not analysed together with fever-rash surveillance data.

Update on the rubella outbreak in South Africa

Between 29 December 2025 and 14 June 2026 (ISO Weeks 1–24), a total of 312 laboratory-confirmed rubella cases were reported in South Africa through the national fever-rash surveillance system (Table 3, Figure 4; data accessed 17 June 2026). In the previous week, 5 new rubella cases were reported. During the reporting period, the majority of cases occurred among children aged 1–14 years (252/312; 80.8%) (Table 3).

Rubella remains endemic in South Africa, with seasonal increases in transmission typically observed during autumn (March–May) and spring (September–November). The infection primarily affects children under 15 years of age and is generally self-limiting.

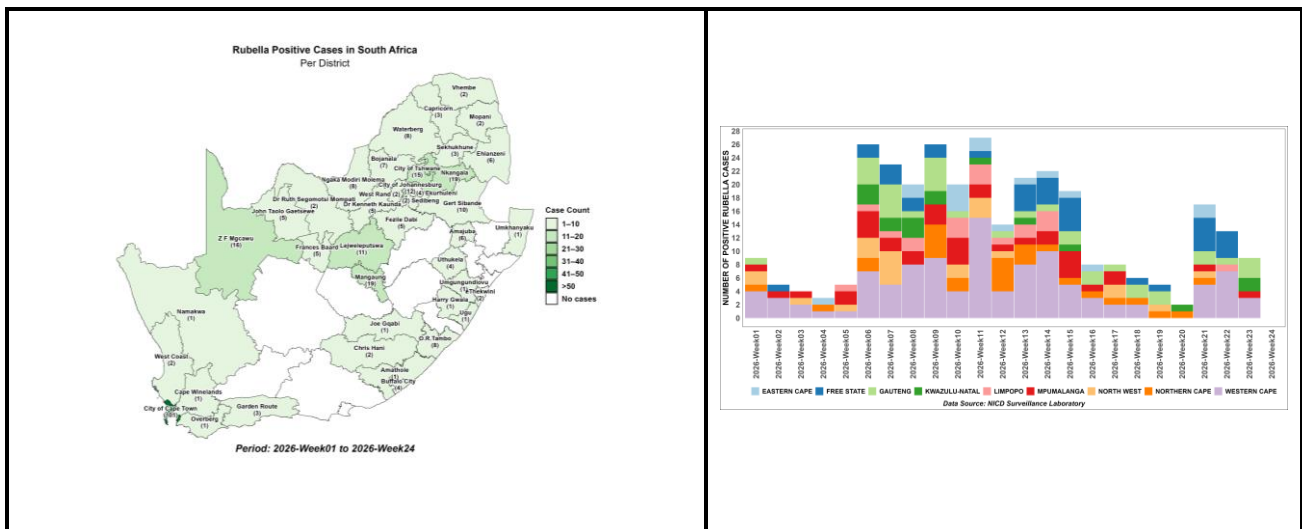


Figure 4: Laboratory-confirmed rubella cases from ISO Weeks 1-24 of 2026 in South Africa.

Table 3: Laboratory-confirmed rubella cases detected for ISO Weeks 1-24 of 2026, 29 December 2025 to 14 June 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	3	0	1	10	2	0	0	0	0	16
Free State	0	0	5	19	8	2	0	0	1	35
Gauteng	2	1	10	11	7	1	0	0	3	35
KwaZulu-Natal	0	0	8	5	2	0	0	1	0	16
Limpopo	0	2	6	9	1	0	0	0	0	18
Mpumalanga	0	0	2	21	9	1	0	1	1	35
North West	0	0	6	11	4	0	0	0	1	22
Northern cape	1	0	2	14	8	1	1	0	0	27
Western cape	5	12	10	47	14	5	3	3	9	108
Total	11	15	50	147	55	10	4	5	15	312

Public health interventions

For Health Professionals

Health professionals should strengthen surveillance and laboratory confirmation of suspected cases to support national 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, 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 suspected or confirmed 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 for preventing further outbreaks and achieving the goal of measles elimination. Ensuring high coverage of the measles-rubella (MR) vaccine and conducting catch-up immunisation activities are equally important.

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 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.

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 to become pregnant 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.