



29 July 2026

Enteric Fever Surveillance Update

National overview:

Between 1 January and 29 July 2026, a total of 125 laboratory-confirmed cases of enteric fever were reported from eight provinces in South Africa. No cases were reported from the Northern Cape Province. Most cases were reported from Gauteng (56%; 70/125), followed by Mpumalanga (20%; 25/125) and the Western Cape (14%; 17/125). No cases of enteric fever caused by *Salmonella* Paratyphi were reported during this period; all reported cases were caused by *Salmonella* Typhi. The ages of affected individuals ranged from 0 to 78 years, with a median age of 16 years. Males accounted for 53% (65/123) of cases with known sex. Children aged <15 years and individuals aged 15–49 years each accounted for 40% (50/125) of reported cases.

Gauteng Province

Gauteng reported the highest number of cases, with the majority (86%; 60/70) occurring in the City of Tshwane. The remaining cases were reported from the City of Johannesburg (7%; 5/70) and the City of Ekurhuleni (7%; 5/70) (Table 1).

Table 1: Number of enteric fever cases by district and *Salmonella* serovar, Gauteng Province, 1 January – 29 July 2026 (N = 70).

District	Paratyphoid fever	Typhoid fever	Total
City of Tshwane	0	60	60
City of Johannesburg		5	5
Ekurhuleni		5	5
West Rand		0	0
Sedibeng		0	0
Gauteng Province	0	70	70

City of Tshwane

The majority of cases reported from the City of Tshwane presented at Bronkhorstspuit Hospital (52%; 31/60), serving the Bronkhorstspuit area. Additional cases residing in the Bronkhorstspuit area sought care at other healthcare facilities in Pretoria (Figure 1). An increase in enteric fever cases was observed in the Bronkhorstspuit area, with an initial peak occurring in March 2026, followed by a second peak in June 2026. A similar increase in cases was observed in the same area between July and September 2025, suggesting a recurring pattern that warrants continued investigations and enhanced surveillance.

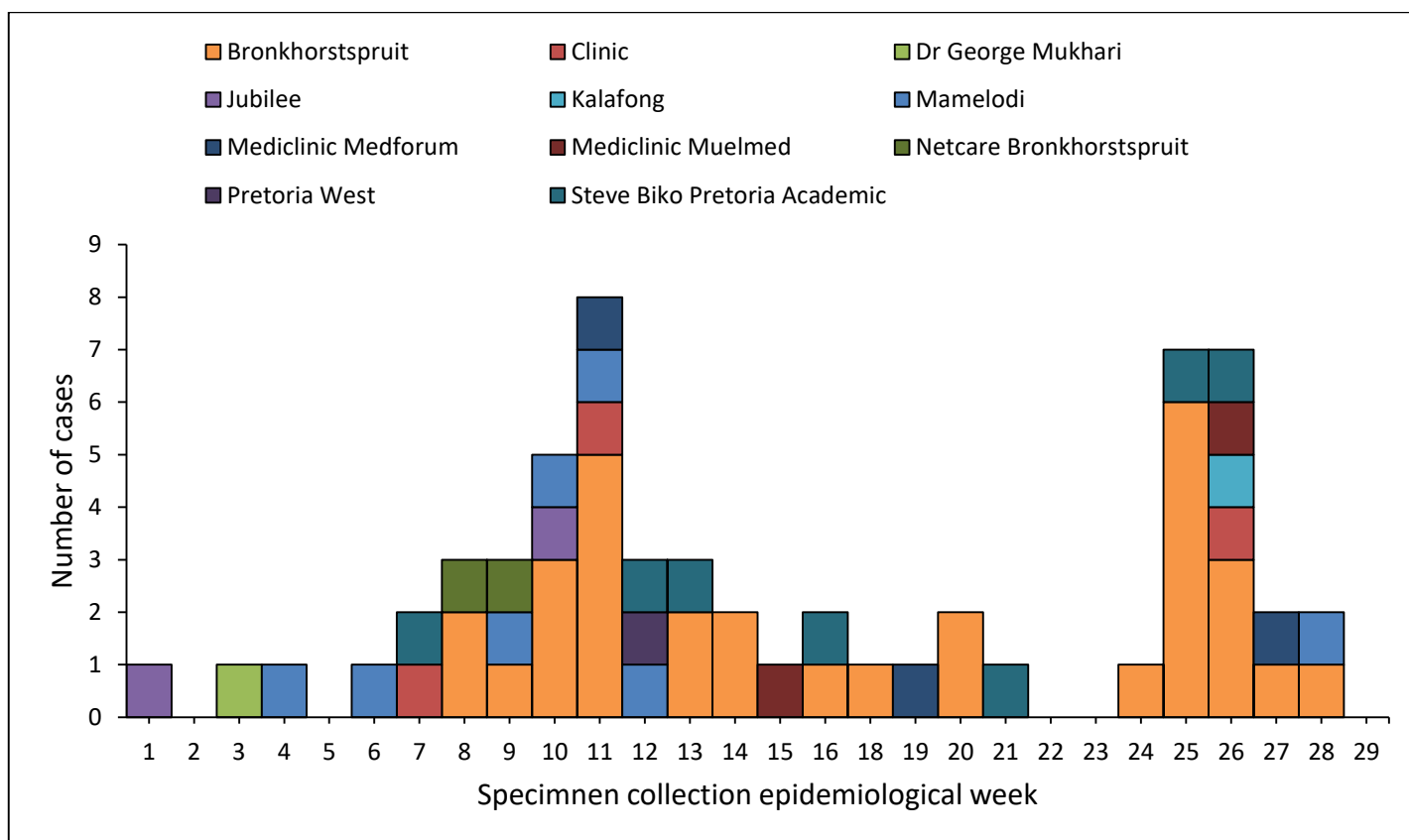


Figure 1. Epidemic curve of laboratory-confirmed enteric fever cases by hospital of presentation and week of specimen collection, Gauteng Province, 1 January–29 July 2026.

Whole genome sequencing (WGS) identified two distinct *Salmonella* Typhi strains as the drivers of the sustained increase in enteric fever cases observed in the Bronkhorstspuit area during both 2025 and 2026. The two strains responsible for the clusters identified in 2025 continue to account for the increase in cases observed in 2026.

The first cluster, caused by *Salmonella* Typhi sequence type (ST) 1, comprised 23 cases reported between July 2025 and May 2026. Of these, 15 cases were reported in 2025 and eight in 2026. Among the 2026 cases, six were residents of Ekangala and two were from the Rethabiseng community in the Bronkhorstspuit area.

The second cluster, caused by *Salmonella* Typhi ST2, comprised 35 cases reported between April 2025 and May 2026. Of these, 11 cases were reported in 2025 and 24 in 2026. Among the 2026 cases, most resided in Zithobeni (n = 15), followed by Ekangala (n = 9) and Rethabiseng (n = 6). Additional cases are from Mamelodi, Bronkhorstspuit, Dark City, Arcadia, and Daveyton.

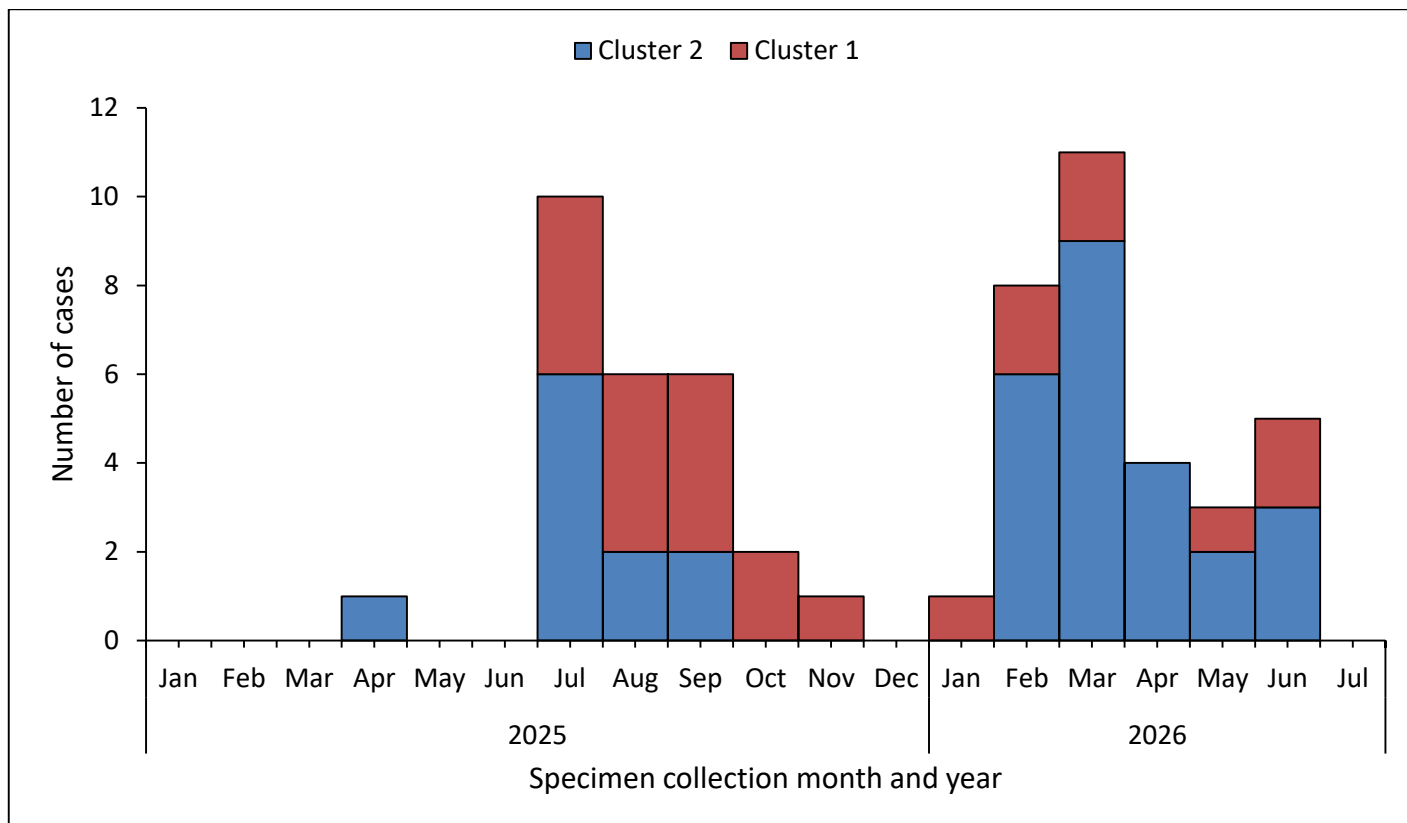


Figure 2. Epidemic curve of laboratory-confirmed enteric fever cases belonging to identified genomic clusters, by month and year of specimen collection, Bronkhorstspuit, 1 January–29 July 2026.

All cases of enteric fever pose a public health risk due to their potential to spread infection and cause outbreaks. Enteric fever is a Category 1 Notifiable Medical Condition (NMC); therefore, healthcare workers who diagnose a case are legally required to notify it through the NMC surveillance system without delay. A case investigation form (CIF) should be completed for every confirmed case to facilitate timely public health investigation and to identify potential sources of infection and opportunities for preventing further transmission.

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Report compiled by the NICD-CED team