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MEASLES AND RUBELLA WEEKLY SITUATION REPORT FOR SOUTH AFRICA
Reporting period 29 December 2025 to 28 June 2026, ISO* Weeks 1-26
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 are 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 24 June 2026) from 29 December 2025 to 28 June 2026 (ISO Weeks 1-26) indicated that 2619 laboratory-confirmed measles cases were reported nationally (Table 1). Since the previous report, 143 additional cases were identified. The Free State reported the highest number of new cases (32), followed by Western Cape (30), Gauteng (20), Northern Cape (18), Limpopo (14), Mpumalanga (12), Eastern Cape (8), North West (7) and KwaZulu-Natal (2).

Most of the reported measles cases were children aged 1-14 years (1856/2619; 70.9%), with an increase in laboratory-confirmed cases among people aged ≥15 years (460/2619; 17.6%). 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 and prevent its spread.

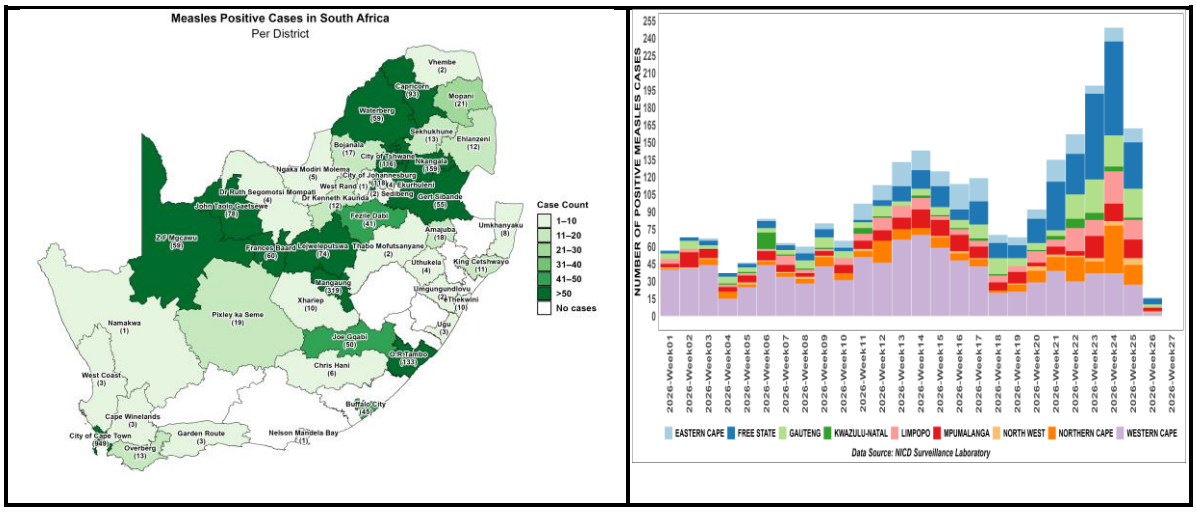

Figure 1: Laboratory-confirmed measles cases from ISO Weeks 1-26 of 2026 in South Africa.

Table 1: Laboratory-confirmed measles detected for ISO Weeks 1-26 of 2026, 29 December 2025 to 28 June 2026, by province 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	19	13	59	89	25	17	3	1	9	235
Free State	38	7	59	209	90	21	6	3	12	446
Gauteng	10	8	31	81	20	28	5	9	49	241
KwaZulu-Natal	7	0	10	32	4	1	1	0	1	56
Limpopo	11	2	47	89	19	16	2	1	2	189
Mpumalanga	19	8	27	99	29	19	9	2	14	226
North West	1	1	13	18	5	0	0	0	0	38
Northern Cape	15	2	25	85	49	13	5	3	20	217
Western Cape	107	34	114	406	122	33	24	17	114	971
Total	**227**	**75**	**385**	**1108**	**363**	**148**	**55**	**36**	**221**	**2619**

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 outbreak has been reported in Mangaung Metro in Free State Province.

Table 2: Laboratory-confirmed measles outbreaks reported in the last four weeks (24 May 2026 – 28 June 2026) versus total cases from 29 December 2025 to 28 June 2026, in South Africa.

Province	Municipality	New cases in the last 4 weeks (31 May – 28 June 2026)	Total cases from 29 December 2025 to 28 June 2026
Eastern Cape	**Joe Gqabi**	7	50
	OR Tambo	14	133
	Buffalo City	7	45
Free State	**Fezile Dabi**	8	41
	Lejweleputswa	5	74
	Mangaung	175	319
	Xhariep	10	10
Gauteng	**City of Johannesburg**	48	118
	City of Tshwane	34	116
KwaZulu-Natal	**eThekwini**	3	10
	King Cetshwayo	5	13
	uMkhanyakude	3	8
Limpopo	**Capricorn**	24	94
	Mopani	6	21
	Sekhukhune	9	14
	Waterberg	20	58
Mpumalanga	**Gert Sibande**	6	55
	Nkangala	41	159
	Ehlanzeni	6	12
North West	**Bojanala**	7	17
	Kenneth Kaunda	6	12
Northern Cape	**Frances Baard**	13	60
	John Taolo Gaetsewe	36	78
	Pixley Ka Seme	18	19
Western Cape	**City of Cape Town**	102	949

3. Measles surveillance in wastewater from 29 December to 21 June 2026 (epidemiological week 25)

No new wastewater surveillance data are available for week 26 on account of grid power and internet challenges. Results from the previous report are reproduced here for longitudinal monitoring. In week 25, measles was detected in wastewater in three of nine provinces (Free State, Gauteng and Western Cape).

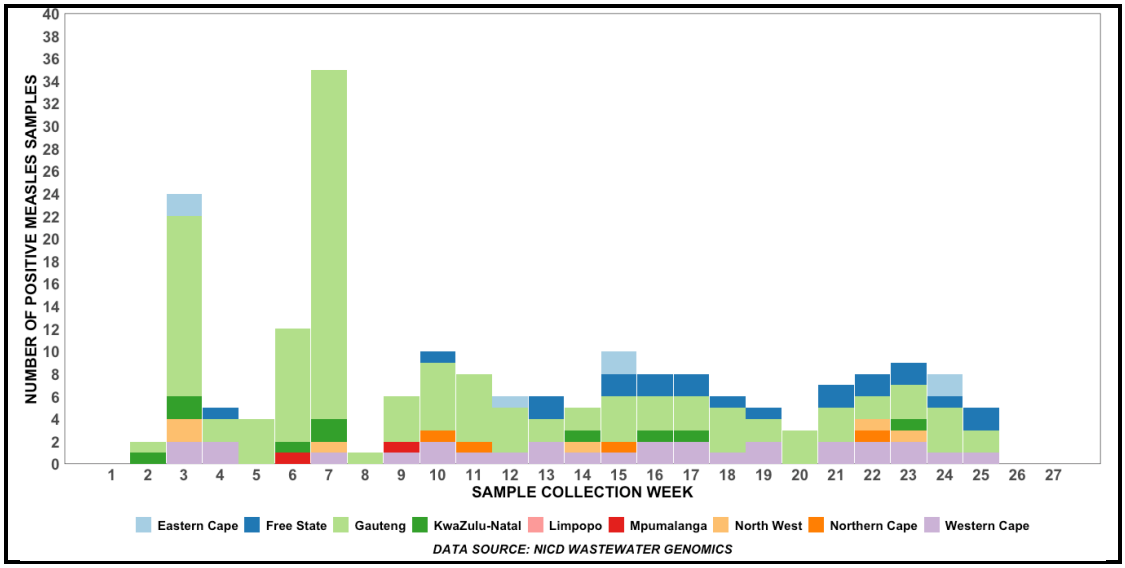

Figure 2: Laboratory-confirmed measles cases from wastewater sampling for epidemiological week 1 to 25 of 2026 in South Africa.

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 25, measles was detected in wastewater and in clinical surveillance, in Mangaung, Johannesburg, and the Cape Town, indicating the presence of transmission in these districts.

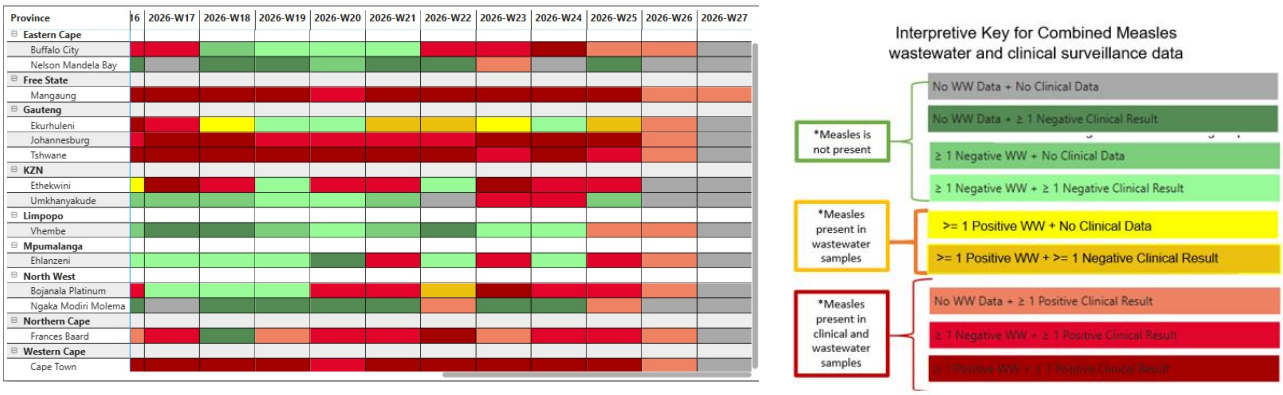

Figure 3: Combined clinical and wastewater surveillance by health district and epidemiological week (left), together with interpretive key (right).

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 28 June 2026 (ISO Weeks 1–26), a total of 374 laboratory-confirmed rubella cases were reported in South Africa through the national fever-rash surveillance system (Table 3, Figure 4; data accessed 30 June 2026). In the previous week, 36 new rubella cases were reported. During the reporting period, most cases occurred among children aged 1–14 years (298/374; 79.7%) (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.

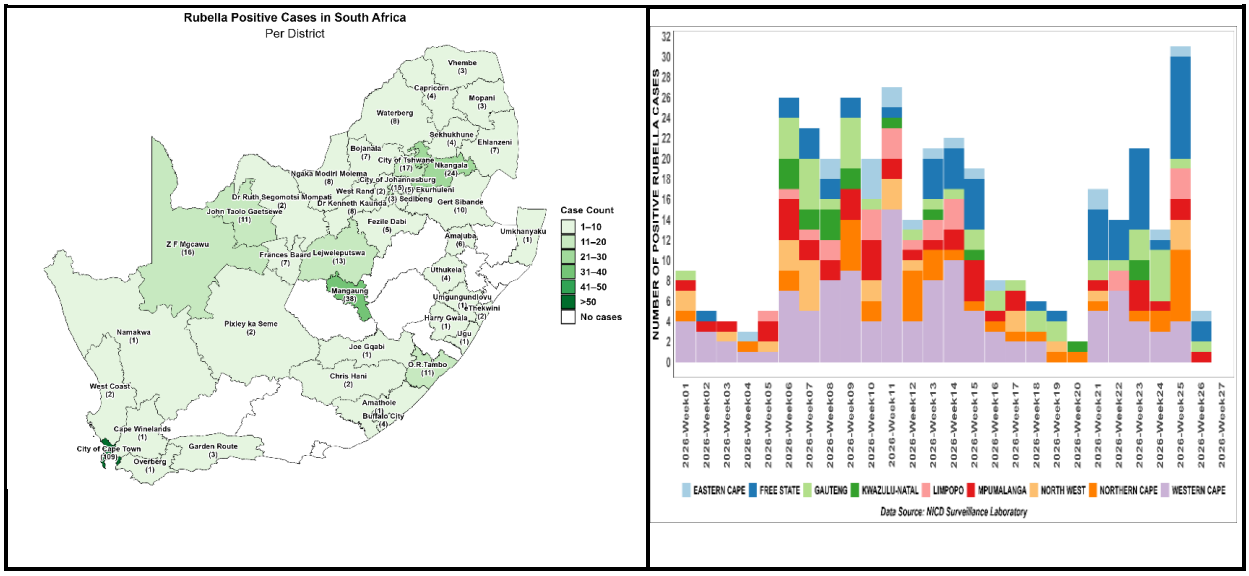

Figure 4: Laboratory-confirmed rubella cases from ISO Weeks 1-26 of 2026 in South Africa.

Table 3: Laboratory-confirmed rubella cases detected for ISO Weeks 1-26 of 2026, 29 December 2025 to 28 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	4	0	2	11	2	0	0	0	0	19
Free State	1	0	9	28	12	4	0	1	1	56
Gauteng	3	1	11	14	7	2	0	1	3	42
KwaZulu-Natal	0	0	8	5	2	0	0	1	0	16
Limpopo	2	2	7	10	1	0	0	0	0	22
Mpumalanga	0	0	2	27	9	1	0	1	1	41
North West	0	0	8	12	4	0	0	0	1	25
Northern cape	1	0	4	18	8	2	1	1	2	37
Western cape	5	13	11	50	16	6	3	3	9	116
Total	**16**	**16**	**62**	**175**	**61**	**15**	**4**	**8**	**17**	**374**

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.