

MEASLES AND RUBELLA WEEKLY SITUATION REPORT FOR SOUTH AFRICA

Reporting period 29 December 2025 to 16 August 2026, ISO* Weeks 1-33

Compiled by the Centre for Vaccines and Immunology

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 20 August 2026) from 29 December 2025 to 16 August 2026 (ISO Weeks 1-33) indicated that 3,891 laboratory-confirmed measles cases were reported nationally (Table 1). Since the previous report (ISO week 32), 144 additional cases were detected. The Western Cape reported the highest number of new cases (38), followed by Limpopo (30), Northern Cape (20), Gauteng (16), Free State (14), Mpumalanga (12), North West (7), KwaZulu-Natal (5), and Eastern Cape (2). Most of the reported measles cases were children aged 1–14 years (2,619/3,891; 67.3%). Children under 1 year accounted for 477 cases, representing 12.3% of the total. Adults aged >15 years accounted for 794 cases (20.4%), reflecting a rise in infections among older groups.

The national and provincial attack rates (AR) (Table 1) provide insight into the size of the ‘immunity gap’ in each age group. This is useful information as it guides public health authorities regarding the required age-range of any supplementary immunisation activity. Attack rates are calculated by dividing the number of laboratory-confirmed cases in that age group by the StatsSA midyear population estimated population for that same age group. As expected the AR in the under 1-year-olds is highest in every province (national AR = 43.3 cases per 100 000 population), with the exception of Limpopo, as these infants are less likely to have received measles vaccination, or have received only a single dose of measles vaccine; and 2) the AR in adults >25 years is lowest (1.1 and 1.2/100 000 population), as most persons have acquired immunity to measles by adulthood, either through infection or vaccination. Across the provinces, the highest attack rates after the under-1-year age

*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.

category is the 5-9 category, followed in most cases by the 1–4-year age category. Two provinces reported their third-highest attack rates in the 10- 14-year age category, namely Northern Cape and Free State. The attack rates vary considerably by province and age category, with Western Cape dominating, followed by the Free State. This is consistent with the observation that these two provinces are presently experiencing large measles outbreaks.

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–July). 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 and prevent its spread.

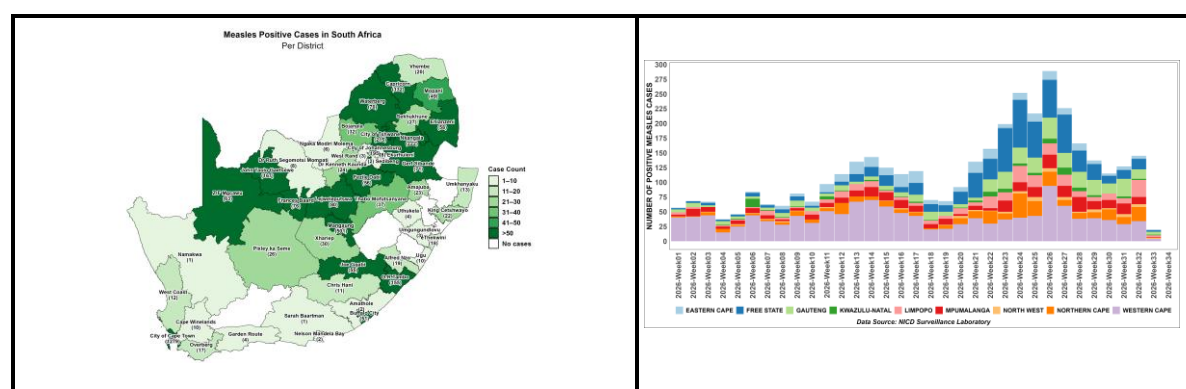


Figure 1: Laboratory-confirmed measles cases from ISO Weeks 1-33 of 2026 in South Africa.

Table 1: Laboratory-confirmed measles cases detected and attack rates per age for ISO Weeks 1-33 of 2026, 29 December 2025 to 16 August 2026, by province in South Africa. Attack rates are graded by province, with the highest AR = red, second highest = orange, third highest = dark yellow, fourth highest = light yellow, all the rest = grey.

Province	<1 year		1-4 years		5-9 years		10-14 years		15-19 years		20-24 years		25-29 years		>=30 years		Total	
	# cases	AR*	# cases	AR*	# cases	AR*	# cases	AR*	# cases	AR*	# cases	AR*	# cases	AR*	# cases	AR*	# cases	AR*
Eastern Cape	44	31.7	66	11.9	103	14.5	32	4.4	28	4.0	5	0.9	2	0.4	16	0.5	296	4.2
Free State	82	154.0	99	46.5	297	112.2	130	48.6	44	15.5	15	6.0	6	2.6	30	2.0	704	23.0
Gauteng	33	14.4	65	6.9	110	9.2	34	2.9	48	3.9	14	1.1	16	1.2	103	1.1	423	2.6
KwaZulu-Natal	11	4.6	15	1.6	49	4.2	8	0.7	5	0.4	2	0.2	0	0.0	3	0.1	93	0.8
Limpopo	18	13.4	73	13.5	132	19.5	31	4.6	27	4.3	6	1.2	3	0.7	9	0.3	299	4.6
Mpumalanga	54	58.7	49	13.5	133	29.8	48	10.8	28	6.1	16	4.0	3	0.7	20	0.8	351	6.8
North West	7	8.9	21	7.0	30	8.2	8	2.2	1	0.3	0	0.0	0	0.0	3	0.1	70	1.6
Northern Cape	29	108.5	36	34.1	119	92.1	75	59.5	26	21.3	7	6.4	4	3.8	37	5.5	333	23.9
Western Cape	199	184.0	156	36.6	534	98.8	166	29.1	49	8.1	38	6.5	21	3.5	159	3.7	1322	17.1
Total	477	43.3	580	13.2	1507	27.5	532	9.6	256	4.6	103	2.1	55	1.1	380	1.2	3891	6.1

*AR: Attack rate calculated as cases per 100 000 population

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. A new outbreak was reported in Amajuba District Municipality (KwaZulu-Natal). Outbreaks are declared over when no new cases have been reported in the last 42 days (6 weeks), which spans two full 21-day incubation periods of the measles virus—following the rash onset date of the last recorded case. Buffalo City in the Eastern Cape no longer meets the requirement for an outbreak.

Table 2: Laboratory-confirmed measles outbreaks reported in the last four weeks (19 July 2026 – 16 August 2026) versus total cases from 29 December 2025 to 16 August 2026, in South Africa.

Province	Municipality	New cases in the last 4 weeks (19 July – 16 August 2026)	Total cases from 29 December 2025 to 16 August 2026
Eastern Cape	Alfred Nzo	5	19
	Buffalo City	1	51
	Chris Hani	3	11
	OR Tambo	0	155
	Joe Gqabi	0	55
Free State	Fezile Dabi	3	56
	Lejweleputswa	2	80
	Mangaung	32	501
	Thabo Mofutsanyana	11	37
	Xhariep	1	30
Gauteng	City of Johannesburg	35	195
	City of Tshwane	32	215
	City of Ekurhuleni	1	8
	West Rand	0	3
KwaZulu-Natal	Amajuba	3	23
	eThekweni	0	18
	King Cetshwayo	0	18
	uMkhanyakude	0	13
Limpopo	Capricorn	15	133
	Mopani	15	49
	Sekhukhune	7	28
	Vhembe	5	20
	Waterberg	10	69
Mpumalanga	Gert Sibande	4	71
	Nkangala	28	222
	Ehlanzeni	13	58
North West	Bojanala Platinum	5	32
	Dr Kenneth Kaunda	9	24
	Dr Ruth Segomotsi Mompati	0	8
Northern Cape	Frances Baard	6	76
	John Taolo Gaetsewe	43	167
	Pixley Ka Seme	3	26
	ZF Mgcawu	2	63
Western Cape	City of Cape Town	94	1279

	Cape Winelands	5	10
	West Coast	2	12

3. Measles surveillance in wastewater from 29 December to 16 August 2026 (epidemiological week 33)

Measles-positive wastewater samples were detected in Gauteng Province, Western Cape Province and Free State Province in epi-week 33 (Fig 2).

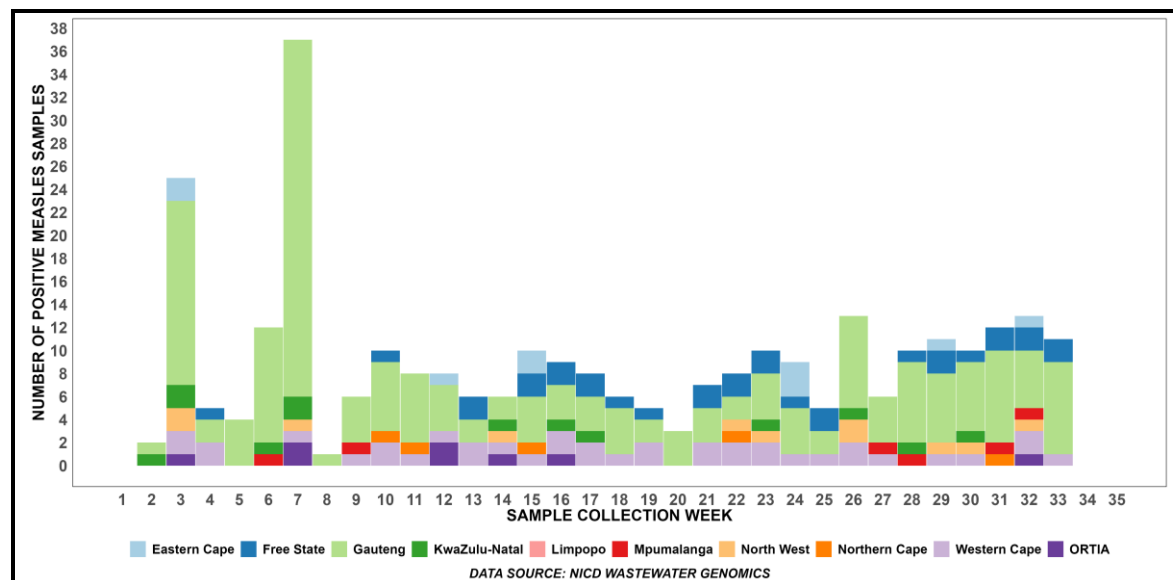


Figure 2: Laboratory-confirmed measles cases from wastewater sampling for epidemiological week 1 to 33 of 2026 in South Africa. ORTIA: OR Tambo International Airport.

4. Combined measles wastewater and clinical surveillance data

Combined clinical and wastewater surveillance data can be found on the NICD dashboards webpage, specifically the measles wastewater surveillance dashboard: <https://www.nicd.ac.za/measles-wastewater-surveillance-dashboard/>. At the district level, for week 33, measles was detected in wastewater and in clinical surveillance in Mangaung, Tshwane and Western Cape Provinces. Districts measles was detected in wastewater, but no clinical cases are Johannesburg and Ekurhuleni, indicating the presence of transmission in these districts (Fig 3).

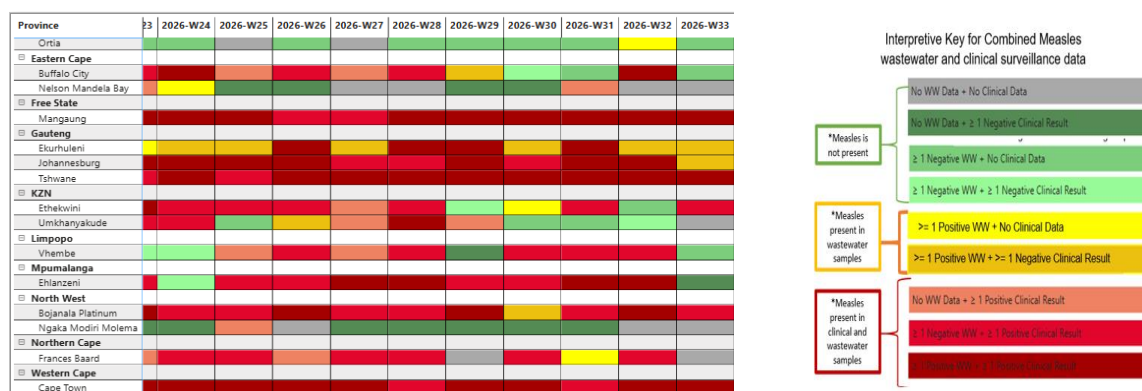


Figure 3: Combined clinical and wastewater surveillance by health district and epidemiological week (left), together with interpretive key (right).

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 16 August 2026 (ISO Weeks 1–33), a total of 480 laboratory-confirmed rubella cases were reported in South Africa through the national fever-rash surveillance system (Table 3, Figure 4; data accessed 20 August 2026). Since the previous report, 37 new rubella cases have been reported. During the reporting period, most cases occurred among children aged 1–14 years (384/480; 79.0%) (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.

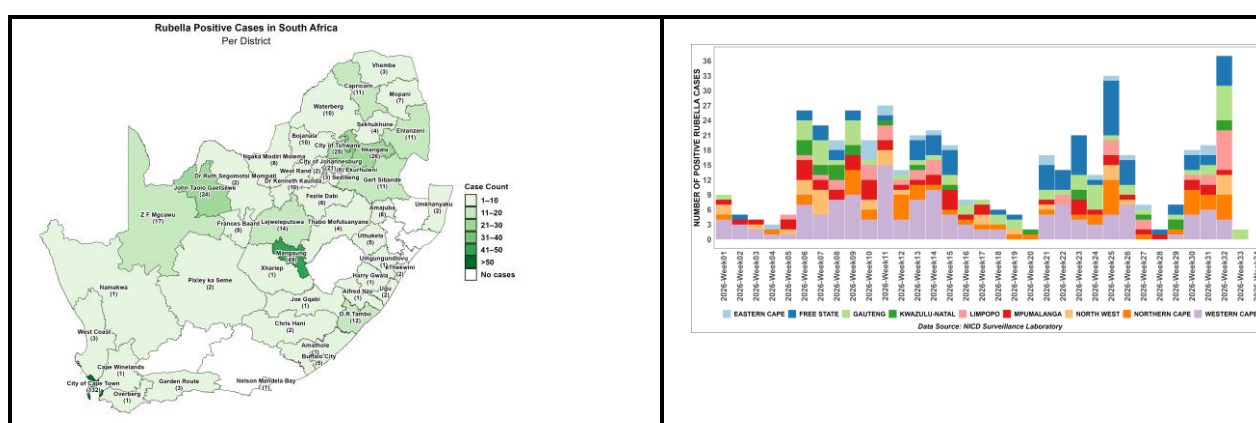


Figure 4: Number of laboratory-confirmed rubella cases by epidemiological week (ISO Weeks 1–33), South Africa, 2026.

Table 3: Laboratory-confirmed rubella cases detected for ISO Weeks 1-33 of 2026, 29 December 2025 to 16 August 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	4	12	2	0	0	0	1	23
Free State	2	0	11	35	16	6	0	1	3	74
Gauteng	5	1	13	18	8	2	1	1	8	57
KwaZulu-Natal	2	0	9	6	2	1	0	1	0	21
Limpopo	2	3	7	16	4	2	0	0	1	35
Mpumalanga	1	0	4	28	10	2	1	1	1	48
North West	0	0	10	15	4	0	0	0	1	30

Northern cape	3	1	6	21	10	2	1	1	7	52
Western cape	9	15	14	60	17	7	3	4	11	140
Total	28	20	78	211	73	22	6	9	33	480

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 five 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.