

MEASLES AND RUBELLA WEEKLY SITUATION REPORT FOR SOUTH AFRICA

Reporting period 29 December 2025 to 04 October 2026, ISO* Weeks 1-40

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 received 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, a throat swab, and 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 08 October 2026) from 29 December 2025 to 04 October 2026 (ISO Weeks 1-40) indicated that 6186 laboratory-confirmed measles cases were reported nationally (Table 1). Since the previous report (ISO week 39), 553 additional cases were detected. Northern Cape reported the highest number of new cases (124), followed by Free State (87), North West (79), Gauteng (60), Western Cape (57), Limpopo (54), KwaZulu-Natal (45), Mpumalanga (40), and Eastern Cape (7). During the reporting period, the majority of measles cases occurred among children aged 1–14 years, accounting for 69.4% (4295/6186) of cases. Children under 1 year accounted for 658 cases, representing 10.6% of the total. Further details can be viewed on the measles dashboard ([Measles/Rubella Dashboard - NICD](#)).

The national and provincial attack rates (AR) (Table 1) provide insight into the size of the ‘immunity gap’ in each age group. This information guides public health authorities regarding the required age range of any supplementary immunisation activity. When comparing the AR for age groups across each province, (1) AR for under-1-year age group is highest in every province (national AR = 59.7 per 100 000 population), (except for Gauteng, Limpopo, KwaZulu Natal and North West provinces), 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 ≥20 years is low in most provinces with the nation AR at 2.0 per 100 000 population, and high in three provinces with more than 4/100 000 population which are Free State, Northern Cape and Western Cape. Most people aged 20 and

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older have acquired immunity to measles by adulthood, either through infection or vaccination. Overall, the attack rates vary considerably by province and age category, with the Northern Cape dominating, followed by the Free State and the Western Cape. This is consistent with the observation that these 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.

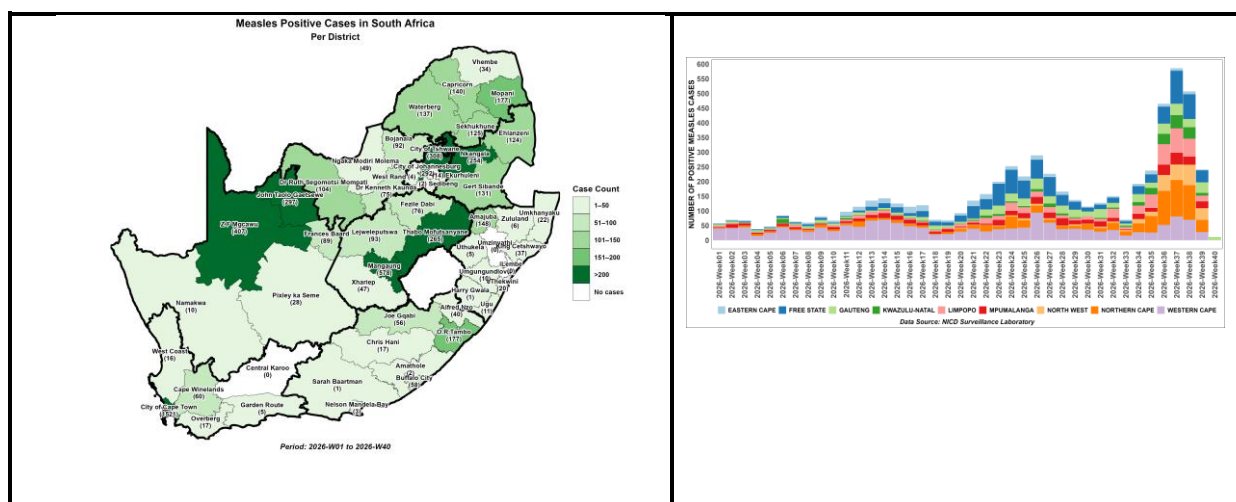


Figure 1: Laboratory-confirmed measles cases from ISO Weeks 1-40 of 2026 in South Africa.

Table 1: Laboratory-confirmed measles cases detected and attack rates per age for ISO Weeks 1- 40 of 2026, 29 December 2025 to 04 October 2026, by province in South Africa.

Province	<1 year			1-4 years			5-9 years			10-14 years			15-19 years			>=20 years			Total		
	# cases	AR*	Total tested	# cases	AR*	Total tested	# cases	AR*	Total tested	# cases	AR*	Total tested	# cases	AR*	Total tested	# cases	AR*	Total tested	# cases	AR*	Total tested
Eastern Cape	51	36.8	91	71	8.0	168	132	18.6	245	38	5.2	68	32	4.6	52	30	0.7	87	354	5.0	711
Free State	98	184.0	159	121	56.8	293	488	184.4	853	184	68.8	294	65	22.8	117	103	5.2	274	1059	34.6	1990
Gauteng	58	25.3	133	87	9.2	312	170	14.3	352	47	4.0	129	59	4.8	123	199	1.7	392	620	3.8	1441
KwaZulu-Natal	25	10.4	58	43	4.5	197	136	11.7	346	39	3.4	141	10	0.9	23	7	0.1	32	260	2.1	797
Limpopo	38	28.2	68	124	22.9	240	299	44.1	503	76	11.4	137	39	6.2	59	38	1.0	86	614	9.5	1093
Mpumalanga	65	70.6	112	65	17.9	230	193	43.3	415	83	18.7	150	54	11.7	76	49	1.5	138	509	9.9	1121
North West	13	16.6	54	44	14.7	190	163	44.7	430	53	14.3	140	24	6.3	44	23	0.8	76	320	7.5	934
Northern Cape	75	280.7	118	77	72.9	164	329	254.6	521	153	121.4	225	43	35.1	74	154	17.4	311	831	59.6	1413
Western Cape	235	217.2	453	182	42.6	469	686	126.9	1143	212	37.2	326	52	8.6	96	252	4.6	543	1619	20.9	3030
Total	658	59.7	1246	814	18.5	2263	2596	47.3	4808	885	16.1	1610	378	6.8	664	855	2.0	1939	6186	9.7	12530

Note:

cases: the number of measles IgM-positive laboratory-confirmed cases detected

AR: Attack rates calculated by dividing the number of laboratory-confirmed cases in that age group by the Stats SA midyear population estimate for that same age group.

Total tested: includes all measles IgM positive, negative and equivocal tests from laboratory confirmation.

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3. Measles surveillance in wastewater from 29 December to 04 October 2026 (epidemiological week 40)

Measles-positive wastewater samples were detected in the Free State Province, Gauteng, KwaZulu-Natal, Mpumalanga, North West, and Western Cape Province in epi-week 39 (Fig. 2). Week 40 results are not available due to technical issues in the lab.

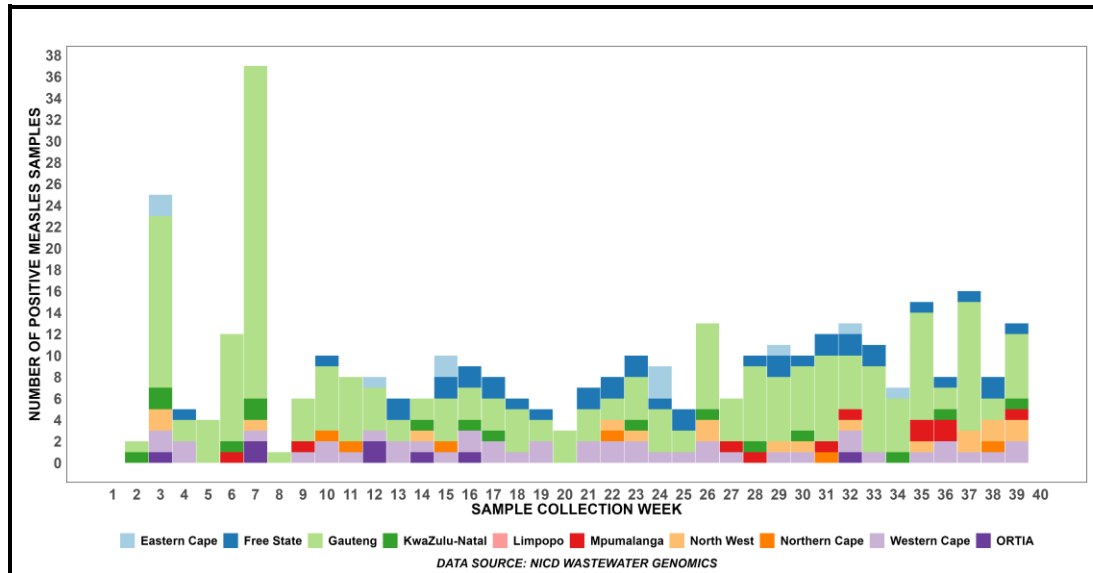


Figure 2: Laboratory-confirmed measles cases from wastewater sampling for epidemiological week 1 to 39 of 2026 in South Africa. ORTIA: OR Tambo International Airport.

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 39, measles was detected in wastewater and in clinical surveillance in Mangaung (Free State), Johannesburg (Gauteng), Tshwane (Gauteng), Ehlanzeni (Mpumalanga), Bojanala Platinum (North West) and Cape Town (Western Cape) (Fig. 3), whereas measles virus was detected in the wastewater samples and not the clinical samples from eThekweni (KwaZulu-Natal).

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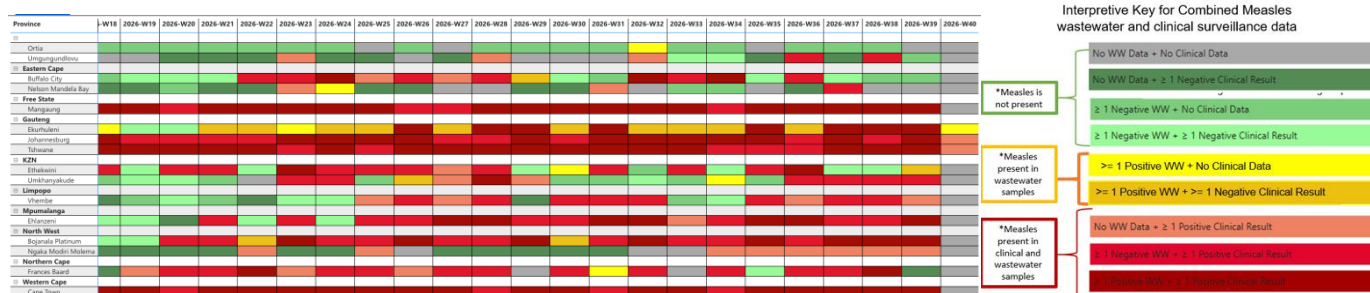


Figure 3: Combined clinical and wastewater surveillance by health district and epidemiological week (left), together with interpretive key (right). Week 40 results are not available due to technical issues in the lab.

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 04 October 2026 (ISO Weeks 1–40), a total of 845 laboratory-confirmed rubella cases were reported in South Africa through the national fever-rash surveillance system (Table 3, Figure 4; data accessed 08 October 2026). Since the previous report, 250 rubella cases have been reported. During the reporting period, most cases occurred among children aged 1–14 years (651/845; 77.0%) (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.

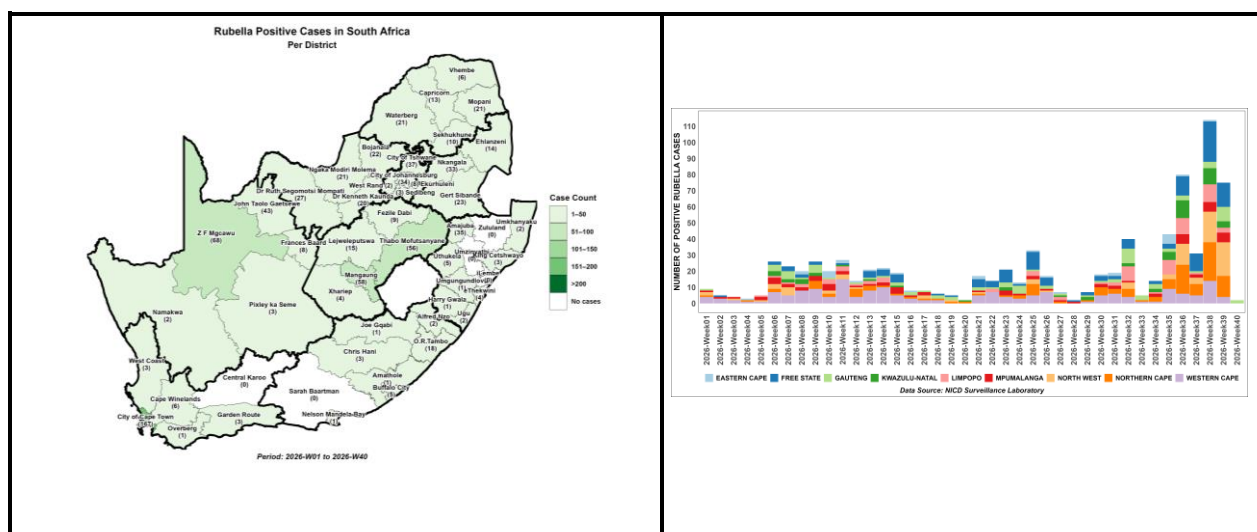


Figure 4: Number of laboratory-confirmed rubella cases by epidemiological week (ISO Weeks 1–40), South Africa, 2026.

Table 3: Laboratory-confirmed rubella cases detected for ISO Weeks 1-40 of 2026, 29 December 2025 to 04 October 2026, in South Africa.

PROVINCE	<1 year	1-4 years	5-9 years	10-14 years	15-19 years	>= 20 years	Total
Eastern Cape	4	4	19	3	0	1	31
Free State	3	18	75	29	6	11	142
Gauteng	7	17	28	11	4	17	84
KwaZulu-Natal	5	13	20	9	1	5	53
Limpopo	6	12	35	6	7	5	71
Mpumalanga	1	9	34	17	4	5	70
North West	4	12	49	17	3	5	90
Northern cape	5	12	52	27	8	20	124
Western cape	26	19	82	22	8	23	180
Total	61	116	394	141	41	92	845

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.