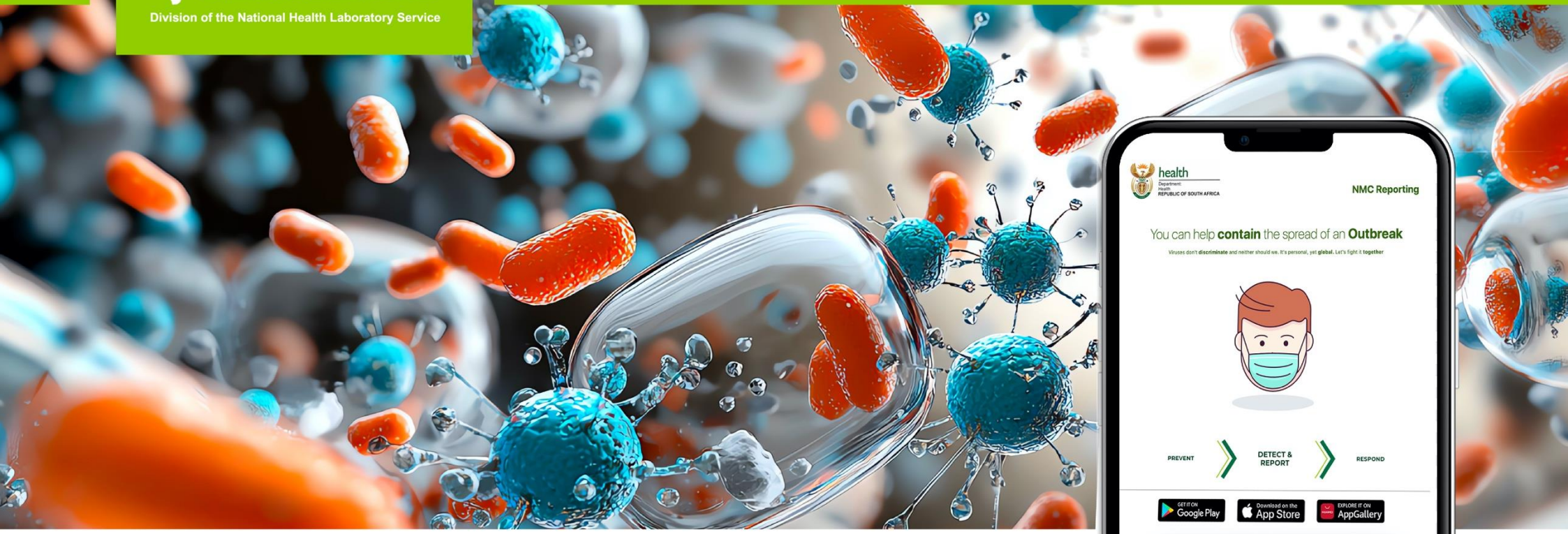
NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES

Division of the National Health Laboratory Service



Notifiable Medical Conditions Surveillance System Report

August 2026

Division of Public Health, Surveillance and Response

Introduction

This report summarises data from the Notifiable Medical Conditions Surveillance System (NMCSS) for cases notified during August (**ISO Weeks 32-36**). It includes Category 1, 2, and 3 notifiable medical conditions (NMCs). The report presents the distribution of case notifications by source (clinical, laboratory, and merged; **Table 1**), epidemiological classification, demographics, and reported deaths. it also assesses key NMCSS data quality indicators, including the completeness and timeliness of notifications following a diagnosis, as well as delayed (back-captured) cases.

NMC highlights

- A total of 15 228 cases were notified to the NMCSS in August, of which 1 196 were back-captured (**Appendix A**).
- At least 13.3% (351/2 647) of category 1 notifications were successfully linked by matching clinical notifications to their corresponding laboratory results (**Appendix B** for full case type definitions).
- There were six cases of Mpox notified in August. All are still alive.
- Overall, Category 1 NMCs were reported within a median of less than a day (IQR: 0-1 days).
- The completeness rate for patient address was 97.5% and 57.6% for patient national identification number.
- The hospitalisation form was incomplete for the majority of eligible cases (n=646; 81.8%).

Table 1. NMC notifications by category and case type, August 2026

Categories	Clinical	Laboratory	Merged	Total, n (%)
1	1 540 (14.2%)	756 (29.6%)	351 (52.5%)	2 647 (18.9%)
2	9 270 (85.8%)	1 692 (66.2%)	310 (46.4%)	11 272 (80.3%)
3	0 (0.0%)	106 (4.2%)	7 (1.0%)	113 (0.8%)
Total, n(%)	**10 810 (77.0%)**	**2 554 (18.2%)**	**668 (4.8%)**	**14 032**

NMC Category 1 conditions

A total of 2 647 Category 1 cases were reported, accounting for 18.9% of all notifications (**Tables 1 and 2**). The majority were measles (n=1 847, 69.8%). The weekly measles and rubella situational reports and measles/rubella dashboards provide detailed epidemiological analysis. Six Mpox cases were notified in August 2026, and all the patients are still alive (**Table 3**). Further epidemiological classification of diphtheria is underway, and the weekly situational report provides detailed epidemiological analysis. The majority of the agricultural or stock remedy poisoning (ASRP) cases were reported in Gauteng (n=61; 50.8%), followed by the Free State (n=19; 15.8%) (**Table 2**). Furthermore, 20.8 % (n=25/120) of ASRP cases were reported as deceased (**Table 3**).

Table 2. Category 1 NMC notifications by province, August 2026

Condition	EC	FS	GP	KZN	LP	MP	NC	NW	WC	Total, n(%)
Acute Flaccid Paralysis	4 (18.2%)	0 (0.0%)	4 (18.2%)	5 (22.7%)	1 (4.5%)	3 (13.6%)	0 (0.0%)	0 (0.0%)	5 (22.7%)	**22 (0.8%)**
Acute Rheumatic Fever	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (50.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (50.0%)	**2 (0.1%)**
Agricultural or stock remedy poisoning	4 (3.3%)	19 (15.8%)	61 (50.8%)	6 (5.0%)	6 (5.0%)	11 (9.2%)	1 (0.8%)	4 (3.3%)	8 (6.7%)	**120 (4.5%)**
Botulism	0 (0.0%)	0 (0.0%)	1 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	**1 (0.0%)**
Congenital rubella syndrome*	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (50.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (50.0%)	**4 (0.2%)**
Diphtheria	1 (10.0%)	0 (0.0%)	1 (10.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	8 (80.0%)	**10 (0.4%)**
Enteric fever (typhoid or paratyphoid fever)	0 (0.0%)	0 (0.0%)	3 (23.1%)	2 (15.4%)	0 (0.0%)	5 (38.5%)	1 (7.7%)	0 (0.0%)	2 (15.4%)	**13 (0.5%)**
Foodborne illness outbreak	3 (11.5%)	1 (3.8%)	8 (30.8%)	6 (23.1%)	4 (15.4%)	3 (11.5%)	0 (0.0%)	0 (0.0%)	1 (3.8%)	**26 (1.0%)**
Haemolytic uraemic syndrome (HUS)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (100.0%)	0 (0.0%)	**1 (0.0%)**
Listeriosis	0 (0.0%)	0 (0.0%)	1 (11.1%)	1 (11.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (22.2%)	5 (55.6%)	**9 (0.3%)**
Malaria**	3 (1.3%)	2 (0.9%)	44 (18.7%)	82 (34.9%)	33 (14.0%)	54 (23.0%)	3 (1.3%)	3 (1.3%)	11 (4.7%)	**235 (8.9%)**
Measles	62 (3.4%)	269 (14.6%)	124 (6.7%)	171 (9.3%)	263 (14.2%)	183 (9.9%)	273 (14.8%)	133 (7.2%)	369 (20.0%)	**1 847 (69.8%)**
Meningococcal Disease	1 (3.3%)	2 (6.7%)	9 (30.0%)	0 (0.0%)	2 (6.7%)	0 (0.0%)	1 (3.3%)	0 (0.0%)	15 (50.0%)	**30 (1.1%)**
Mpox	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (16.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	5 (83.3%)	**6 (0.2%)**
Pertussis	6 (3.7%)	18 (11.0%)	61 (37.2%)	26 (15.9%)	8 (4.9%)	12 (7.3%)	5 (3.0%)	8 (4.9%)	20 (12.2%)	**164 (6.2%)**
Rabies	2 (50.0%)	0 (0.0%)	0 (0.0%)	2 (50.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	**4 (0.2%)**
Rubella	7 (4.6%)	18 (11.8%)	23 (15.0%)	17 (11.1%)	29 (19.0%)	6 (3.9%)	22 (14.4%)	16 (10.5%)	15 (9.8%)	**153 (5.8%)**
Total, n(%)	**93 (3.5%)**	**329 (12.4%)**	**340 (12.8%)**	**322 (12.2%)**	**346 (13.1%)**	**277 (10.5%)**	**306 (11.6%)**	**167 (6.3%)**	**467 (17.6%)**	**2 647**

*The 4 cases of congenital rubella syndrome were linked to matching clinical notifications (merged cases). **Malaria diagnosis method: Rapid test (n = 139), Laboratory confirmed (n = 96).

Table 3. Category 1 NMC notifications by epidemiological classification and patient vital status, August 2026.

Condition	Epidemiologically unclassified		Epidemiological classification			Patient vital status			Total, n(%)
	Clinical notifications	Laboratory notifications	Confirmed cases	Probable cases	Suspected cases	Alive	Deceased *CFR	Unknown	
Acute Flaccid Paralysis	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	22 (100.0%)	22 (100.0%)	0 (0.0%)	0 (0.0%)	22 (0.8%)
Acute Rheumatic Fever	0 (0.0%)	0 (0.0%)	1 (50.0%)	0 (0.0%)	1 (50.0%)	2 (100.0%)	0 (0.0%)	0 (0.0%)	2 (0.1%)
Agricultural or stock remedy poisoning	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	120 (100.0%)	92 (76.7%)	25 (20.8%)	3 (2.5%)	120 (4.5%)
Botulism	1 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (100.0%)	0 (0.0%)	0 (0.0%)	1 (0.0%)
Congenital rubella syndrome	0 (0.0%)	4 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	4 (100.0%)	0 (0.0%)	0 (0.0%)	4 (0.2%)
Diphtheria	0 (0.0%)	0 (0.0%)	1 (10.0%)	0 (0.0%)	9 (90.0%)	9 (90.0%)	1 (10.0%)	0 (0.0%)	10 (0.4%)
Enteric fever (typhoid or paratyphoid fever)	0 (0.0%)	0 (0.0%)	5 (38.5%)	0 (0.0%)	8 (61.5%)	12 (92.3%)	0 (0.0%)	1 (7.7%)	13 (0.5%)
Foodborne illness outbreak	26 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	22 (84.6%)	2 (7.7%)	2 (7.7%)	26 (1.0%)
Haemolytic uraemic syndrome (HUS)	1 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (100.0%)	0 (0.0%)	0 (0.0%)	1 (0.0%)
Listeriosis	0 (0.0%)	0 (0.0%)	7 (77.8%)	0 (0.0%)	2 (22.2%)	4 (44.4%)	2 (22.2%)	3 (33.3%)	9 (0.3%)
Malaria	0 (0.0%)	0 (0.0%)	235 (100.0%)	0 (0.0%)	0 (0.0%)	209 (88.9%)	0 (0.0%)	26 (11.1%)	235 (8.9%)
Measles	1 035 (56.0%)	600 (32.5%)	212 (11.5%)	0 (0.0%)	0 (0.0%)	1 114 (60.3%)	0 (0.0%)	733 (39.7%)	1 847 (69.8%)
Meningococcal Disease	0 (0.0%)	0 (0.0%)	23 (76.7%)	0 (0.0%)	7 (23.3%)	26 (86.7%)	0 (0.0%)	4 (13.3%)	30 (1.1%)
Mpox	1 (16.7%)	0 (0.0%)	5 (83.3%)	0 (0.0%)	0 (0.0%)	6 (100.0%)	0 (0.0%)	0 (0.0%)	6 (0.2%)
Pertussis	0 (0.0%)	0 (0.0%)	128 (78.0%)	8 (4.9%)	28 (17.1%)	138 (84.1%)	1 (0.6%)	25 (15.2%)	164 (6.2%)
Rabies	1 (25.0%)	0 (0.0%)	3 (75.0%)	0 (0.0%)	0 (0.0%)	1 (25.0%)	2 (50.0%)	1 (25.0%)	4 (0.2%)
Rubella	10 (6.5%)	143 (93.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	18 (11.8%)	2 (1.3%)	133 (86.9%)	153 (5.8%)
Total, n(%)	**1 075 (40.6%)**	**747 (28.2%)**	**620 (23.4%)**	**8 (0.3%)**	**197 (7.4%)**	**1 681 (63.5%)**	**35 (1.3%)**	**931 (35.2%)**	**2 647**

*CFR: Case Fatality Rate

Distribution of Category 1 NMC notifications by age and sex

The proportions of males (n=1 322, 49.9%) and females (n=1 325, 50.1%) reported for Category 1 NMCs were equal. However, were in the 5–9 age group (n=826, 31.2%; **Figures 1 and 2**). Females were mostly affected by measles (n=937/1 847, 50.7%) with a median age of seven years. The male individuals were mostly affected by malaria (n=155/235, 66.0%) with a median age of 27 years. Of the 120 ASRP notifications, the majority were males (n=70/120, 60.0%).

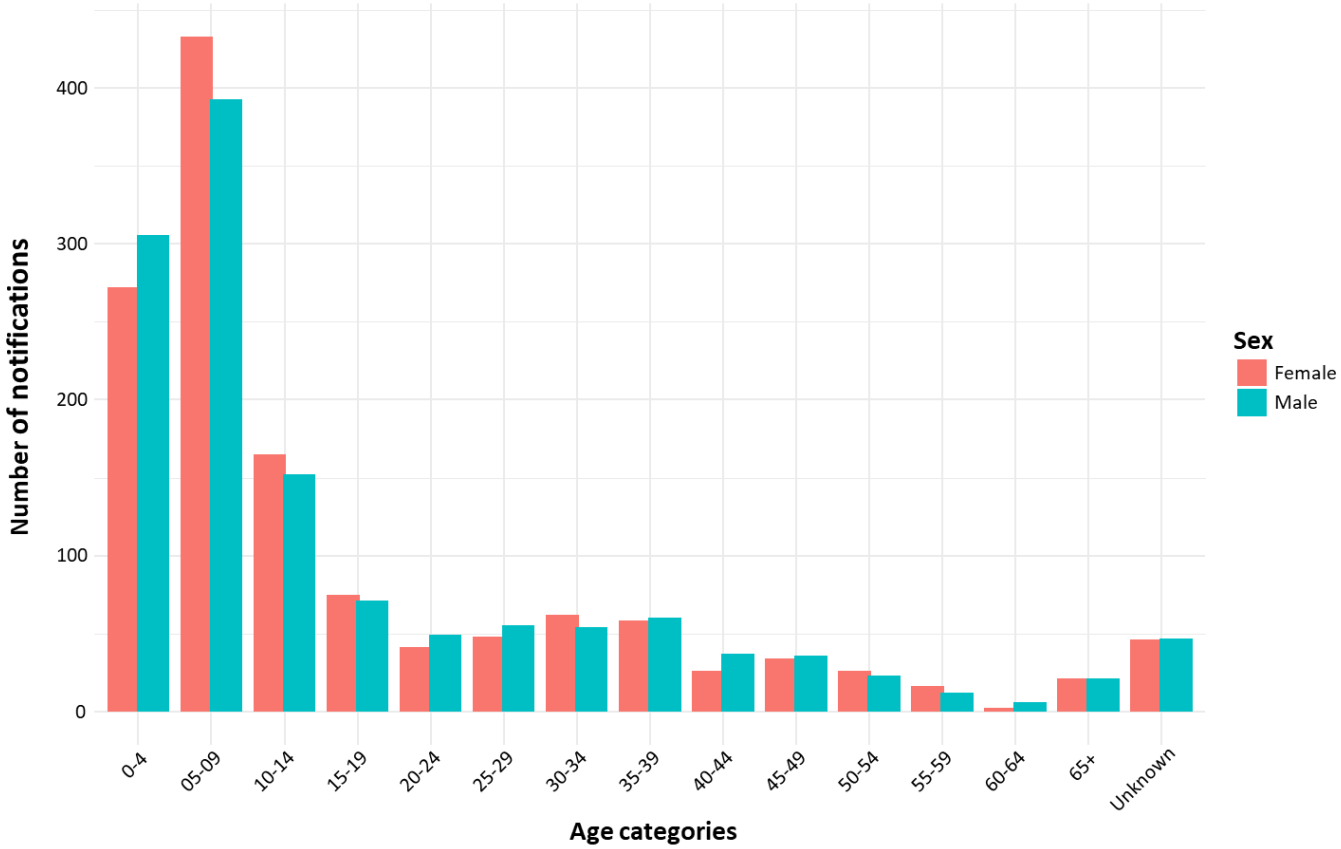


Figure 1. Distribution of Category 1 NMC notifications by age categories and sex, August 2026.

Category 1 NMC notifications in August 2026 showed clear age-specific patterns (**Figure 3**). Childhood conditions such as pertussis, congenital rubella

syndrome and acute flaccid paralysis show a strong concentration among children, while conditions such as agricultural or stock remedy poisoning, measles, malaria, meningococcal disease, and enteric fevers have a broader age distribution.

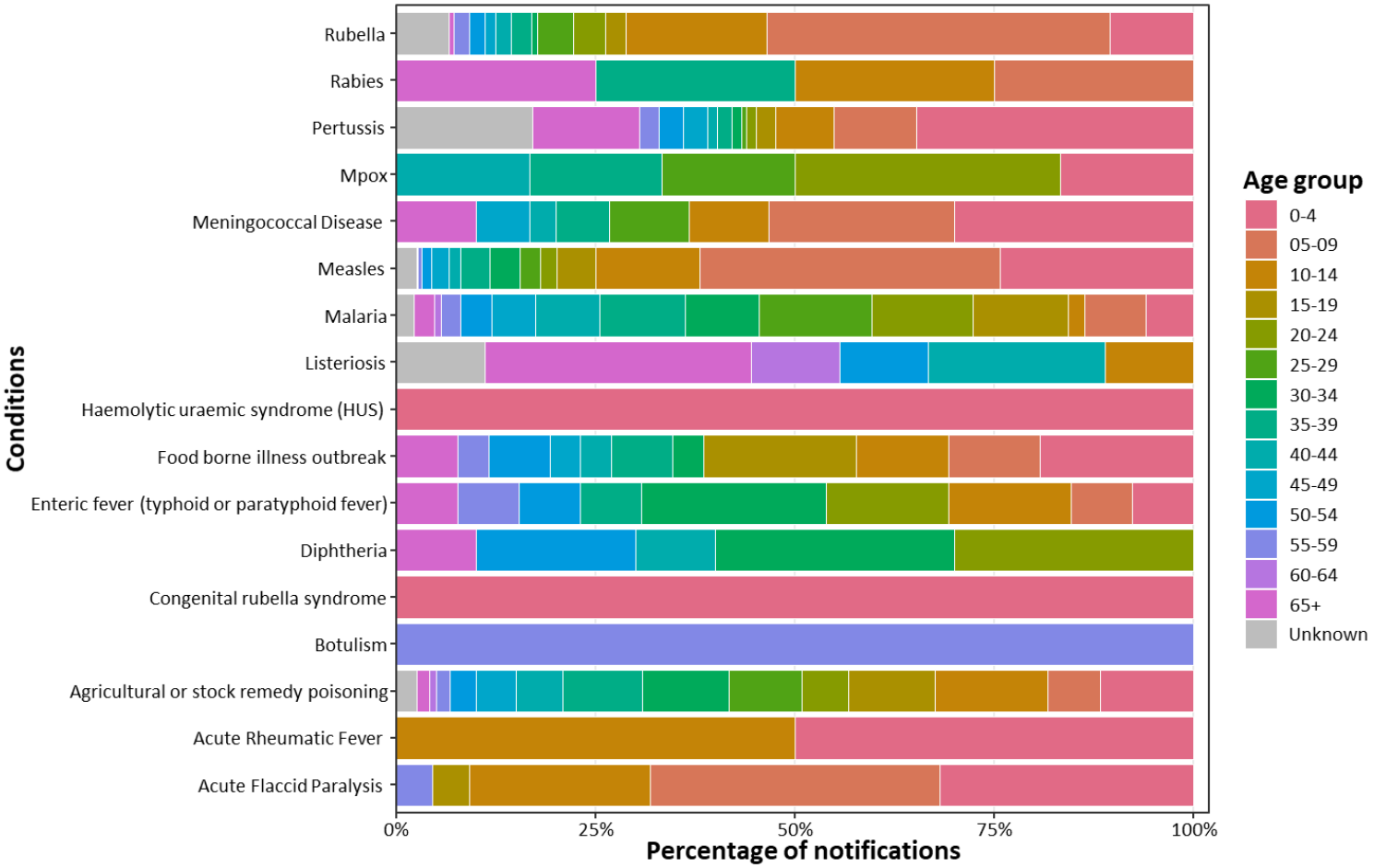


Figure 3. Category 1 NMC notifications by condition and age groups, August 2026

NMC Category 1 hospital form completion

At least 790 (29.8%) category 1 NMC cases had reported admission status of inpatients (n=616, 78.0%), discharged (n=140, 17.7%), or transferred out (n=34, 4.3%), making these cases eligible for completion of the hospitalisation form. Of these eligible cases (**Figure 3**), the hospitalisation form was incomplete in most cases (n=646, 81.8%) .

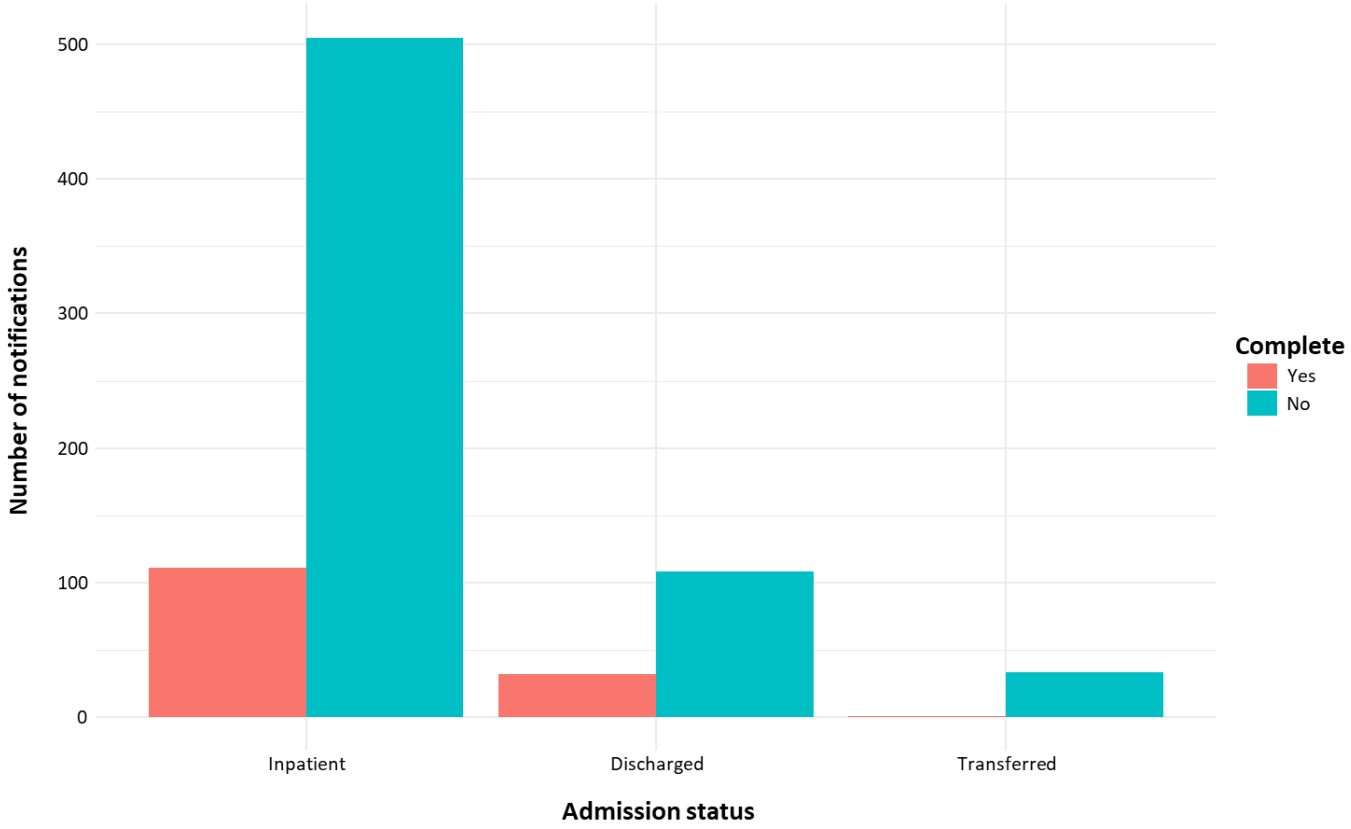


Figure 3. Completion of the hospitalisation form for Category 1 NMC notifications, August 2026

NMC Category 2 Notifications

The commonly notified category 2 conditions in August 2026 were pulmonary TB (n=7 242, 64.2%) and extra-pulmonary TB (n=1 461, 13.0%), followed by bilharzia (n=1 143, 10.1%; **Table 4**). The End TB dashboard provides detailed TB epidemiologyin South Africa.

Table 4: Category 2 notifications by province, August 2026

Condition	EC	FS	GP	KZN	LP	MP	NC	NW	WC	Total, n(%)
Bilharzia (schistosomiasis)	66 (4.8%)	2 (0.4%)	33 (1.5%)	627 (18.6%)	262 (32.9%)	130 (31.7%)	3 (0.7%)	2 (0.4%)	18 (1.1%)	**1 143 (10.1%)**
Congenital syphilis	10 (0.7%)	4 (0.8%)	25 (1.1%)	120 (3.6%)	2 (0.3%)	2 (0.5%)	4 (0.9%)	1 (0.2%)	46 (2.7%)	**214 (1.9%)**
Haemophilus influenzae type B	1 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	**1 (0.0%)**
Hepatitis A	7 (0.5%)	6 (1.2%)	23 (1.1%)	26 (0.8%)	17 (2.1%)	12 (2.9%)	7 (1.6%)	17 (3.3%)	38 (2.3%)	**153 (1.4%)**
Hepatitis B	194 (14.0%)	7 (1.4%)	47 (2.2%)	469 (13.9%)	9 (1.1%)	1 (0.2%)	39 (9.1%)	27 (5.2%)	21 (1.3%)	**814 (7.2%)**
Hepatitis C	1 (0.1%)	1 (0.2%)	7 (0.3%)	1 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (0.2%)	**13 (0.1%)**
Hepatitis E	0 (0.0%)	0 (0.0%)	2 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (0.1%)	**4 (0.0%)**
Lead poisoning	0 (0.0%)	0 (0.0%)	1 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	**1 (0.0%)**
Legionellosis	1 (0.1%)	0 (0.0%)	4 (0.2%)	3 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.2%)	2 (0.1%)	**11 (0.1%)**
Maternal death (pregnancy, childbirth and puerperium)	1 (0.1%)	0 (0.0%)	1 (0.0%)	0 (0.0%)	1 (0.1%)	0 (0.0%)	0 (0.0%)	1 (0.2%)	0 (0.0%)	**4 (0.0%)**
Soil-transmitted helminths	2 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	**2 (0.0%)**
Tetanus	0 (0.0%)	0 (0.0%)	1 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	**1 (0.0%)**
Tuberculosis: extensively drug -resistant (XDR -TB)	1 (0.1%)	0 (0.0%)	0 (0.0%)	3 (0.1%)	2 (0.3%)	0 (0.0%)	1 (0.2%)	0 (0.0%)	1 (0.1%)	**8 (0.1%)**
Tuberculosis: multidrug-resistant (MDR -TB)	23 (1.7%)	9 (1.8%)	50 (2.3%)	57 (1.7%)	6 (0.8%)	1 (0.2%)	1 (0.2%)	9 (1.7%)	44 (2.6%)	**200 (1.8%)**
Tuberculosis: extra-pulmonary	127 (9.2%)	60 (12.0%)	543 (24.9%)	363 (10.8%)	71 (8.9%)	25 (6.1%)	32 (7.4%)	85 (16.3%)	155 (9.2%)	**1 461 (13.0%)**
Tuberculosis: pulmonary	953 (68.7%)	409 (82.1%)	1 448 (66.3%)	1 694 (50.4%)	427 (53.6%)	239 (58.3%)	343 (79.8%)	380 (72.7%)	1 349 (80.3%)	**7 242 (64.2%)**
Total, n (%)	**1 387 (12.3%)**	**498 (4.4%)**	**2 185 (19.4%)**	**3 363 (29.8%)**	**797 (7.1%)**	**410 (3.6%)**	**430 (3.8%)**	**523 (4.6%)**	**1 679 (14.9%)**	**11 272**

Distribution of Category 2 NMC notifications by age and sex

:The majority of category 2 NMC notifications were male (n=6 681, 59.3; **Figure 4**), and individuals in the 30 to 49 age group (n= 4 789, 42.5%; **Figure 4**). Males were mostly affected by pulmonary tuberculosis.

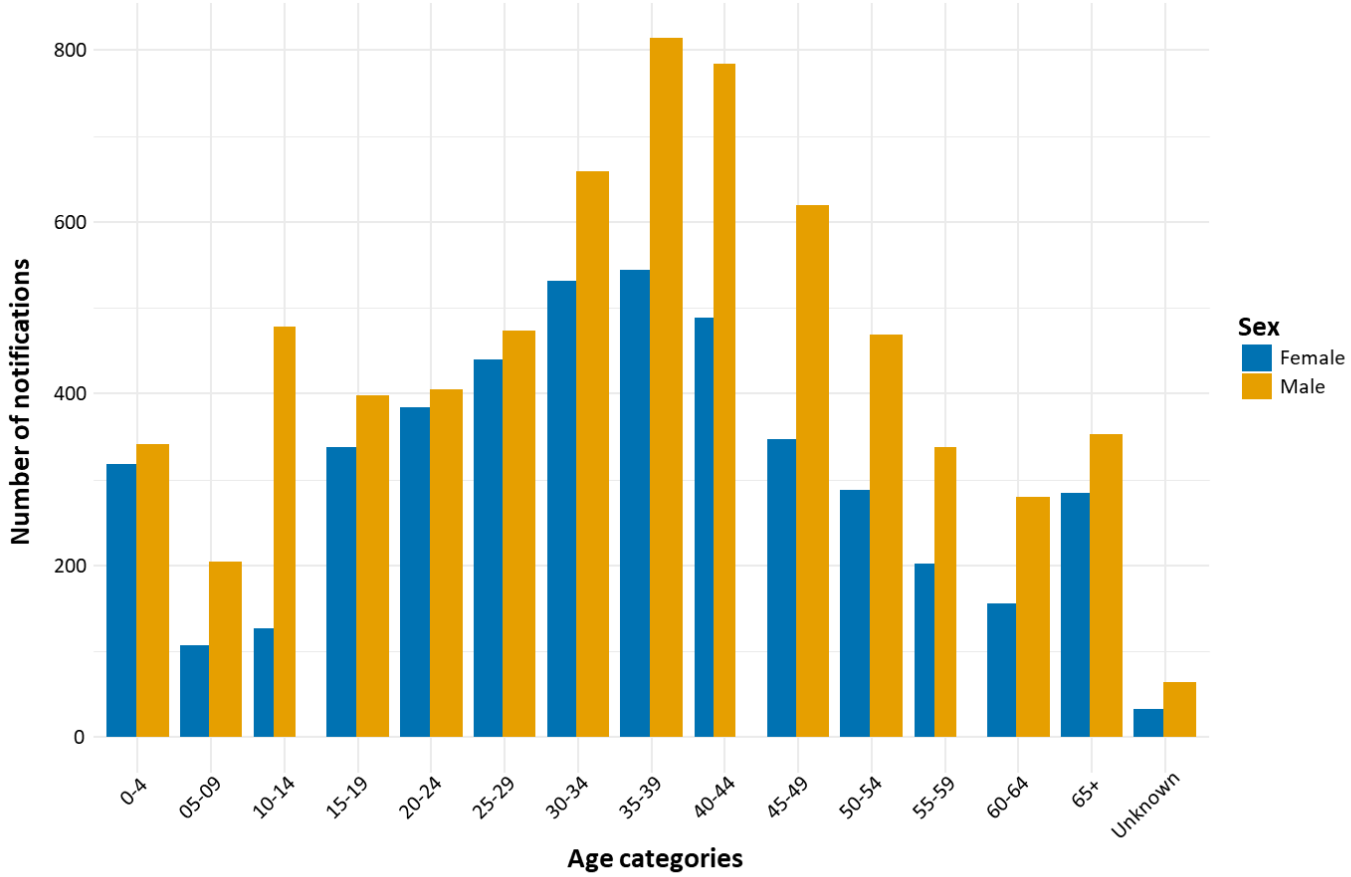


Figure 4. Distribution of Category 2 NMC notifications by age category and sex, August 2026.

Tuberculosis has a broader age distribution, affecting both the younger and older age groups (**Figure 5**). The hepatitis B, C and E conditions affect mostly adult age groups, while bilharzia is concentrated among children and adolescents (0-4 =15 (1.3%), 5-9=137 (12%), 10-14=447 (39.1%))

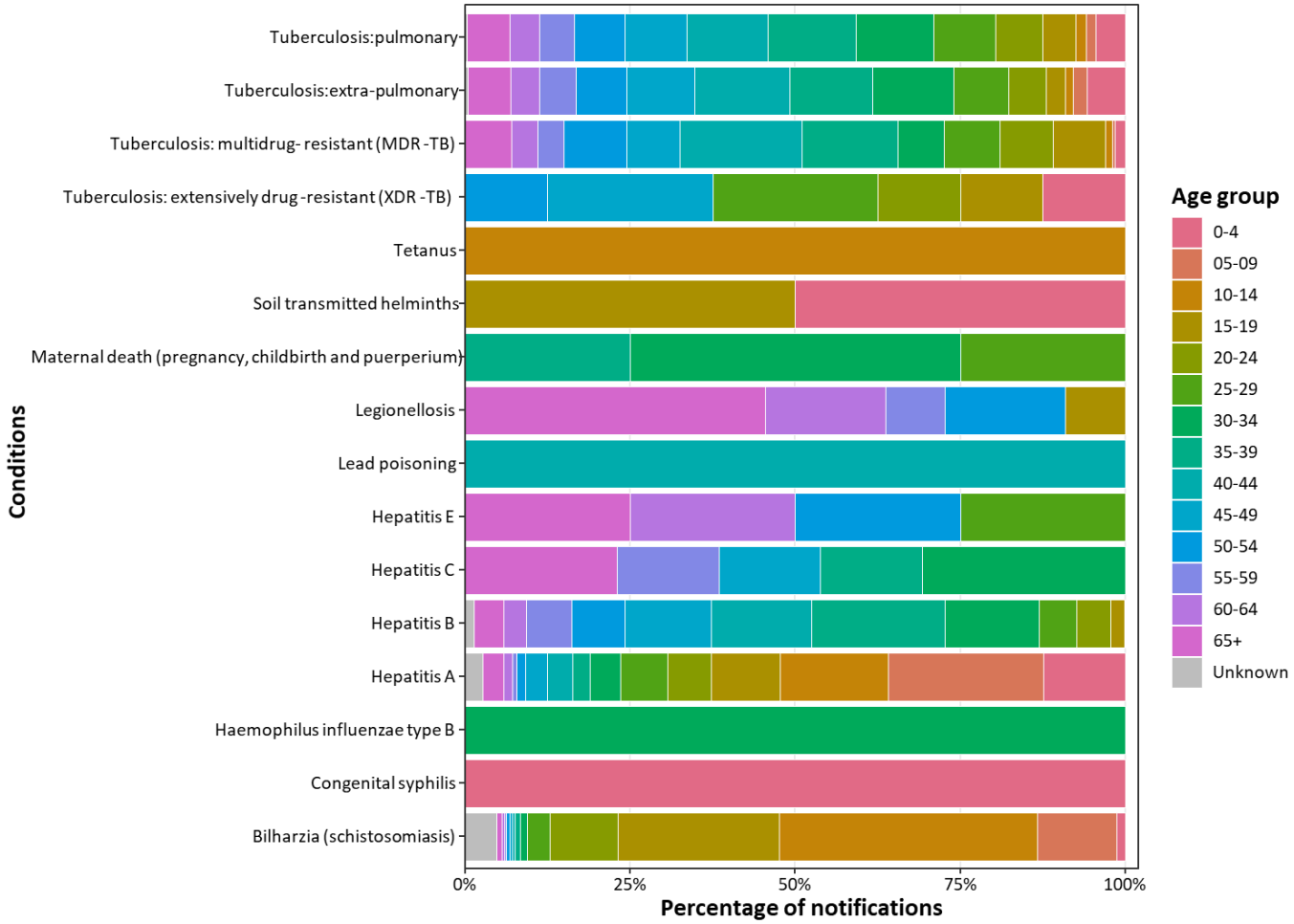


Figure 5. Category 2 NMC notifications by condition and age group, August 2026.

NMC Category 3 conditions

All three Dengue fever virus-confirmed cases were reported in the Western Cape (**Table 5**).

Table 5: Distribution of category 3 NMC notifications by province, August 2026

Condition	EC	FS	GP	KZN	LP	MP	NC	NW	WC	Total, n(%)
Dengue Fever Virus	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (4.3%)	**3 (2.7%)**
Non-typhoidal Salmonellosis	8 (36.4%)	1 (100.0%)	8 (72.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	44 (63.8%)	**61 (54.0%)**
Shigellosis	14 (63.6%)	0 (0.0%)	3 (27.3%)	7 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	22 (31.9%)	**49 (43.4%)**
Total, n (%)	**22 (19.5%)**	**1 (0.9%)**	**11 (9.7%)**	**7 (6.2%)**	**0 (0.0%)**	**0 (0.0%)**	**0 (0.0%)**	**0 (0.0%)**	**69 (61.1%)**	**113**

Timeliness and completeness of NMC data

Timeliness is measured as the number of days from the time of diagnosis of the NMC to the time of notification. This analysis excludes cases where the date of diagnosis was missing. Overall, it took a median of less than a day (IQR: 0- 1 days) to report category 1 NMCs in August 2026 across all provinces (**Table 6**).

Table 6: Time to notification of category 1 and 2 NMCs, August 2026

		EC	FS	GP	KZN	LP	MP	NC	NW	WC	Overall
Category 1	n	93	329	340	322	346	277	306	167	467	**2 647**
	Median (IQR*)	0 (0–1)	0 (0–1)	0 (0–1)	0 (0–1)	0 (0–0)	0 (0–0)	0 (0–1)	0 (0–0)	0 (0–0.5)	**0 (0–1)**
Category 2	n	1387	498	2185	3363	797	410	430	523	1679	**11 272**
	Median (IQR*)	0 (0–5)	1 (0–5)	2 (0–7)	0 (0–3)	0 (0–2)	0 (0–3)	2 (0–8)	1 (0–6)	1 (0–6)	**1 (0–5)**

***IQR:** Interquartile range

Completeness refers to the proportion of complete data entries per variable in the dataset among clinical and merged notifications. Data completeness rates were 97.5% for patient address, 80.6% for patient folder number (No), 76.2% for patient contact number, and 57.6% for patient national identification number (**Figure 6**).

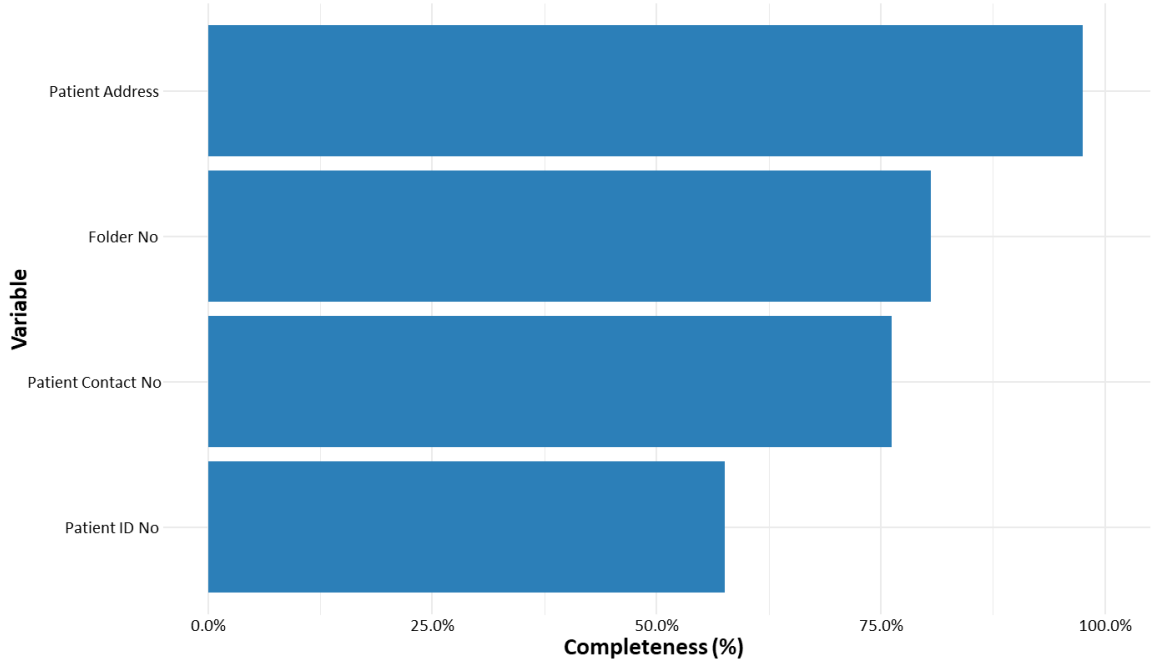


Figure 6. Data completeness of key patient identification variables, August 2026.

Recommendations

- We recommend that clinicians provide comprehensive patient clinical and demographic details for category 1 and 2 conditions to improve NMC data quality and inform epidemiological classification of notifications. The relatively low completeness of patient ID numbers may affect patient identification, record linkage and deduplication.
- We recommend completion of the hospitalisation form for all patients admitted to the hospital with category 1 NMCs.
- Feel free to reach out to NMCsurveillanceReport@nicd.ac.za

Appendix A: Back-captured notifications: all cases diagnosed in previous months and notified during August 2026.

Condition	EC	FS	GP	KZN	LP	MP	NC	NW	WC	Total, n(%)
Bilharzia (schistosomiasis)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (66.7%)	0 (0.0%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	**3 (0.3%)**
Congenital syphilis	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (100.0%)	**3 (0.3%)**
Enteric fever (typhoid or paratyphoid fever)	0 (0.0%)	0 (0.0%)	1 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	**1 (0.1%)**
Hepatitis B	7 (35.0%)	1 (5.0%)	8 (40.0%)	3 (15.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (5.0%)	0 (0.0%)	**20 (1.7%)**
Hepatitis C	0 (0.0%)	0 (0.0%)	1 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	**1 (0.1%)**
Pertussis	0 (0.0%)	1 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	**1 (0.1%)**
Tuberculosis: extensively drug -resistant (XDR -TB)	1 (33.3%)	0 (0.0%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (33.3%)	**3 (0.3%)**
Tuberculosis: multidrug-resistant (MDR -TB)	3 (10.0%)	0 (0.0%)	1 (3.3%)	16 (53.3%)	1 (3.3%)	1 (3.3%)	0 (0.0%)	0 (0.0%)	8 (26.7%)	**30 (2.5%)**
Tuberculosis: extra-pulmonary	14 (7.5%)	14 (7.5%)	52 (28.0%)	65 (34.9%)	0 (0.0%)	2 (1.1%)	7 (3.8%)	11 (5.9%)	21 (11.3%)	**186 (15.6%)**
Tuberculosis: pulmonary	149 (15.7%)	126 (13.3%)	213 (22.5%)	159 (16.8%)	12 (1.3%)	20 (2.1%)	83 (8.8%)	45 (4.7%)	141 (14.9%)	**948 (79.3%)**
Total, n(%)	**174 (14.5%)**	**142 (11.9%)**	**277 (23.2%)**	**245 (20.5%)**	**13 (1.1%)**	**24 (2.0%)**	**90 (7.5%)**	**57 (4.8%)**	**174 (14.5%)**	**1 196**

Appendix B: NMC Categories and Case Classification definitions

NMC categories

Category 1: NMCs are notified by the most rapid means available upon diagnosis, followed by a written or electronic notification to the Department of Health within 24 hours of diagnosis by healthcare providers, private health laboratories or public health laboratories. These conditions must be notified based on clinical suspicion irrespective of laboratory confirmation.

Category 2: NMCs are notified through a written or electronic notification to the Department of Health of clinical or laboratory diagnosis within seven days by healthcare providers, private health laboratories or public health laboratories.

Category 3: NMCs are notified through a written or electronic notification to the National Department of Health within seven days of diagnosis by public and private health laboratories.

Category 4: NMCs are notified through a written or electronic notification to the National Department of Health within one month of diagnosis by public and private health laboratories.

Case Classification definitions

Clinical cases: are cases reported to the NMC by health care providers at facilities, either through the completion of a paper form that is faxed or emailed to the National Institute of Communicable Diseases (NICD), or by direct data entry into the NMC application on a PC, laptop or mobile device. The diagnosis is made by the clinician on the basis of case definitions published on the NICD website.

Laboratory cases are cases that are downloaded into the NMC database directly from the National Health Laboratory Services (NHLS) laboratory information system. The NMC application applies the case definitions that are published on the NICD website. Private sector data is being sourced.

Merged cases: cases where a case was notified by a health care provider at the facility (a 'clinical case') AND the laboratory issued a report with a positive result.

Additional resources

NMC reporting tutorials video: https://www.nicd.ac.za/nmc-overview/tutorial-videos/

NMC Surveillance Officers List and contacts

Province	Name & Surname	Email address	Cell Numbers
Eastern Cape	Sinesipho Makaluza	SinesiphoM@nicd.ac.za	082 888 6194
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KwaZulu-Natal	Sharika Naidoo	sharikan@nicd.ac.za	071 303 7392
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The End!