NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

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MEASLES AND RUBELLA WEEKLY SITUATION REPORT FOR SOUTH AFRICA
Reporting period 29 December 2025 to 1 November 2026, ISO* Weeks 1-44
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.

Between 29 December 2025 and 1 November 2026 (ISO Weeks 1-44, data accessed 8 November 2026), 7,962 laboratory-confirmed measles cases were reported nationally (Table 1). Cases were reported from all nine provinces, with an increase in the number of cases across all provinces. The highest numbers were reported from the Northern Cape (328 cases), followed by the Free State (291 cases), Western Cape (255 cases), North West (205 cases), Mpumalanga (155 cases), Limpopo (133 cases), and KwaZulu-Natal (120 cases). Less than 100 new cases were reported in Gauteng and Eastern Cape. During the reporting period, most measles cases occurred among children aged 1-14 years, accounting for 68.1% (5,421/7,962) of all reported cases. Children aged 5-9 years accounted for the largest proportion of cases (3,252; 40.8%), followed by those aged 10-14 years (1,144; 14.4%) and 1-4 years (1,025; 12.9%). Infants aged <1 year accounted for 841 cases (10.6%), while adults aged ≥20 years accounted for 1,179 cases (14.8%). The distribution of cases indicates ongoing widespread transmission across all provinces, with the highest burden occurring in provinces currently experiencing large outbreaks and among school-aged children. Further details are available on the NICD Measles-Rubella Dashboard.

*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.

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 = 76.3 per 100 000 population), (except for Free State, Limpopo and the 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 2.8 per 100 000 population, and high in three provinces with more than 4/100 000 population which are the Free State, Northern Cape and Western Cape. Most people aged 20 and 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 Free State dominating, followed by the Western Cape, Mpumalanga, Limpopo and the North West. This is consistent with the observation that these provinces are presently experiencing large measles outbreaks (Table 1). Investigative and surveillance efforts need to be heightened in provinces with continuously increased AR, especially Northern Cape

Measles remains endemic in South Africa, with cases reported throughout the year and seasonal increases typically observed during autumn (March-May) and spring (September-November). During the current reporting period, measles transmission increased progressively from early 2026 and peaked during the winter months (June-July), indicating a shift from the usual seasonal pattern. Although weekly case numbers declined after the winter peak, transmission remained elevated during spring (September-November), with cases reported across consecutive epidemiological weeks. Sporadic cases continue to occur in areas with high measles vaccination coverage; however, outbreaks are more likely to occur in communities with low vaccination coverage, where children are unvaccinated or under-vaccinated. Maintaining high coverage with two doses of measles-rubella vaccine remains critical to preventing transmission and reducing the risk of outbreaks. Measles cases should be monitored for complications and referred to healthcare facilities for appropriate clinical management. Contacts of laboratory-confirmed cases should be vaccinated, where eligible, to reduce the risk of infection and limit further spread of the virus.

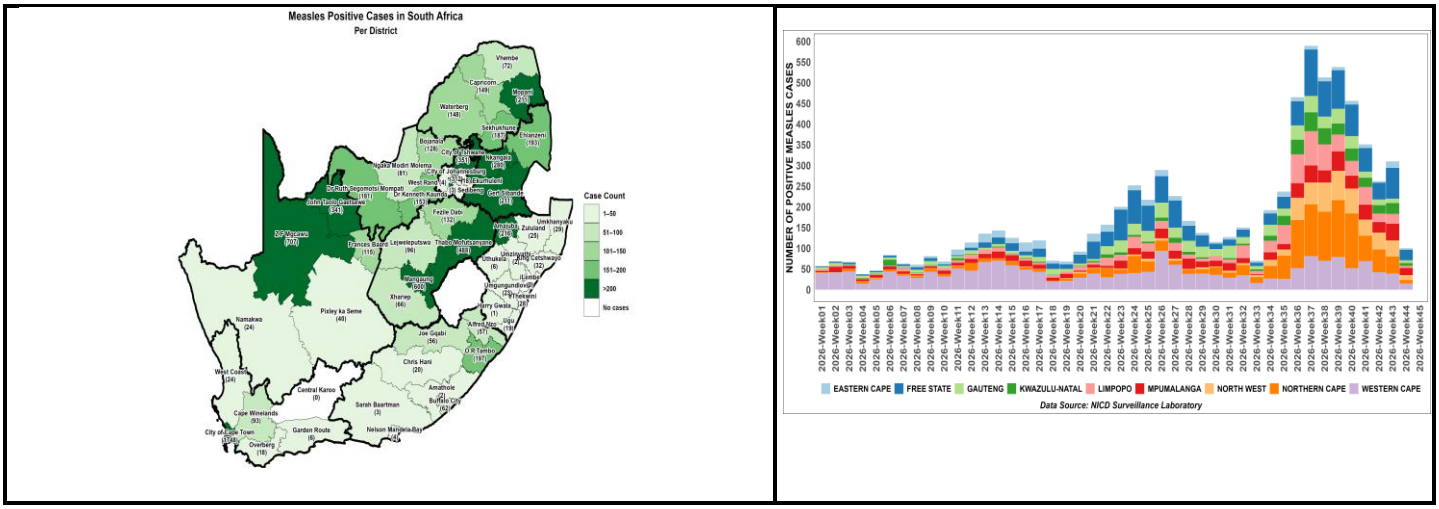


Figure 1: Laboratory-confirmed measles cases from ISO Weeks 1-44 of 2026 in South Africa.

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Reference: Measles Situation report

Table 1: Laboratory-confirmed measles cases detected and attack rates per age for ISO Weeks 1- 44 of 2026, 29 December 2025 to 1 November 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	66	47,6	111	79	8,0	190	144	20,3	263	47	6,5	84	33	4,7	53	32	0,7	90	401	5,6	791
Free State	111	208,5	183	146	68,5	377	636	240,3	1137	235	87,9	424	99	34,8	177	154	7,8	394	1382	45,2	2692
Gauteng	63	27,5	146	95	10,1	365	182	15,3	397	53	4,5	145	61	5,0	126	234	2,0	449	688	4,2	1628
KwaZulu-Natal	45	18,7	87	68	7,2	252	186	16,0	464	54	4,6	185	16	1,4	30	12	0,2	39	381	3,1	1057
Limpopo	59	43,8	102	157	29,0	298	347	51,1	600	81	12,1	156	49	7,8	72	74	2,0	162	767	11,9	1390
Mpumalanga	85	92,3	149	79	21,7	286	253	56,8	535	109	24,6	202	78	16,9	109	80	2,4	196	684	13,3	1477
North West	26	33,2	79	65	21,7	295	259	71,0	675	98	26,4	248	48	12,6	78	47	1,7	125	543	12,8	1500
Northern Cape	109	**407,9**	197	122	**115,6**	259	467	**361,4**	764	209	**165,8**	340	70	**57,2**	128	250	**28,2**	592	1227	**88,0**	2280
Western Cape	277	256,1	542	214	50,1	547	778	143,9	1305	258	45,3	398	66	10,9	116	296	5,4	648	1889	24,4	3556
Total	**841**	76,3	1596	**1025**	23,3	2869	**3252**	59,3	6140	**1144**	20,8	2182	**520**	9,3	889	**1179**	2,8	2695	**7962**	12,5	16371

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.

*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.

3. Measles surveillance in wastewater from 29 December to 01 November 2026 (epidemiological week 44)

Measles-positive wastewater samples were detected in the Free State Province, Gauteng, Mpumalanga, North West, and Western Cape Province in epi-week 44 (Fig. 2).

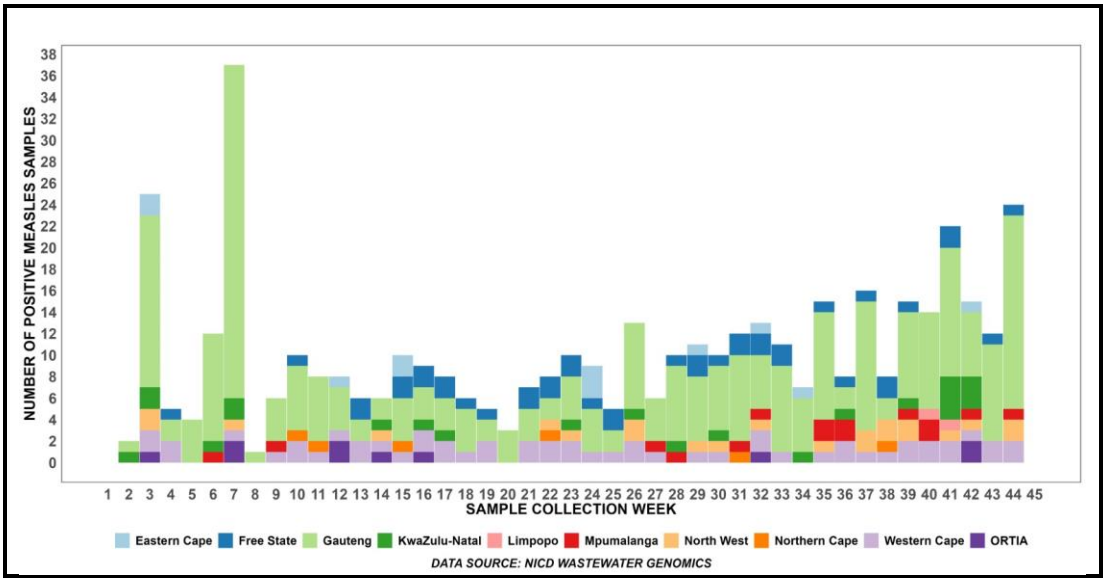


Figure 2: Laboratory-confirmed measles cases from wastewater sampling for epidemiological week 1 to 44 of 2026 in South Africa. ORTIA: OR Tambo International Airport.

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 44, measles was detected in wastewater and in clinical surveillance in Johannesburg (Gauteng), Tshwane (Gauteng), Ekurhuleni (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 eThekwini (KwaZulu-Natal) and Buffalo City (Eastern Cape).

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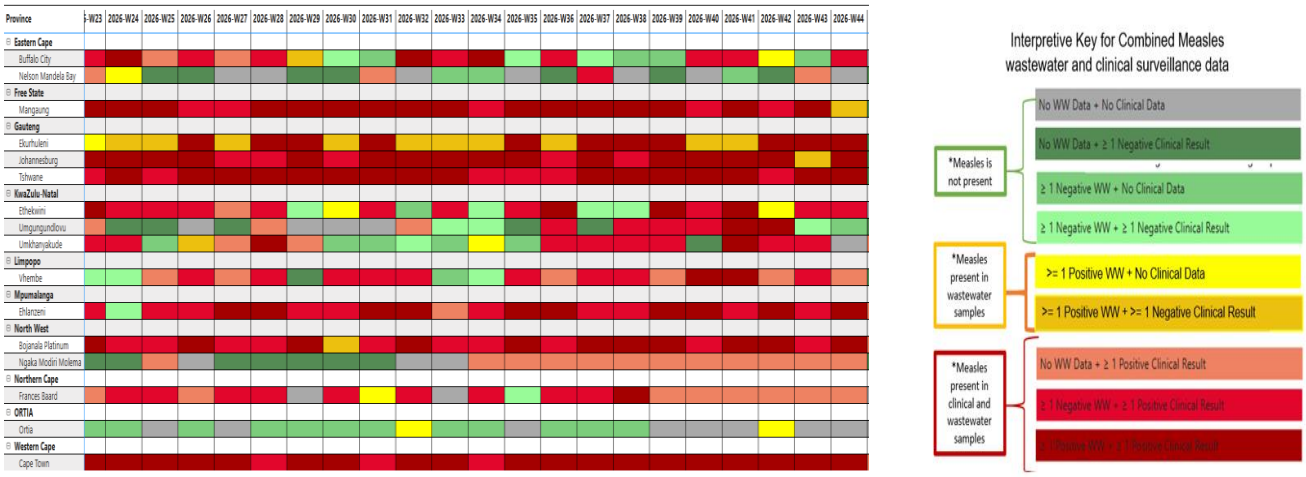


Figure 3: Combined clinical and wastewater surveillance by health district and epidemiological week (left), together with interpretive key (right).

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 1 November 2026 (ISO Weeks 1-44, data accessed 8 November 2026), a total of 1,265 laboratory-confirmed rubella cases were reported nationally (Table 3). The highest numbers of new cases were reported from the Free State (98 cases), Northern Cape (67 cases), and North West (63 cases). Children aged 1-14 years accounted for 76.7% (970/1,265) of all reported cases, with the highest burden occurring among children aged 5-9 years (577 cases; 45.6%), followed by those aged 10-14 years (233 cases; 18.4%) and 1-4 years (160 cases; 12.6%). The age distribution of cases is consistent with endemic rubella transmission, with school-aged children remaining the most affected population group and contributing substantially to ongoing transmission. Rubella remains endemic in South Africa and, although generally a mild self-limiting illness, infection during pregnancy may result in congenital rubella syndrome and other adverse pregnancy outcomes. Maintaining high coverage with the measles-rubella vaccine remains essential to reduce transmission and prevent rubella-associated morbidity.

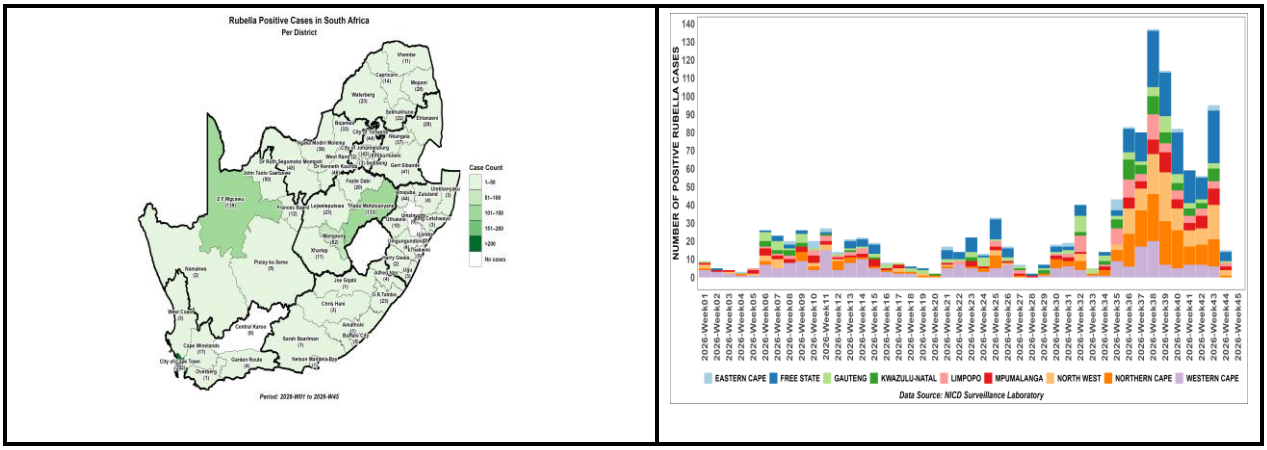


Figure 4: Number of laboratory-confirmed rubella cases by epidemiological week (ISO Weeks 1–44), South Africa, 2026.

Figure 4 shows that rubella transmission occurred throughout the reporting period (ISO Weeks 1-44), with relatively low levels of activity during the first half of 2026. From August (ISO Week 34), weekly case numbers increased steadily and peaked during September (ISO Week 38), after which transmission declined but remained elevated through October, indicating sustained transmission during the South African spring season. The increase in cases was driven primarily by reports from the Free State, Western Cape, Northern Cape and North West provinces, suggesting widespread community transmission across multiple geographic areas.

Table 3: Laboratory-confirmed rubella cases detected for ISO Weeks 1-44 of 2026, 29 December 2025 to 01 November 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	7	20	5	1	2	39
Free State	4	29	122	52	12	30	249
Gauteng	7	20	37	13	4	19	100
KwaZulu-Natal	6	17	31	16	3	5	78
Limpopo	7	14	47	11	8	11	98
Mpumalanga	3	11	46	28	6	12	106
North West	4	20	88	31	6	11	160
Northern cape	9	17	83	45	17	37	208
Western cape	30	25	103	32	9	28	227
Total	**74**	**160**	**577**	**233**	**66**	**155**	**1265**

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.