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

The National Institute for Communicable Diseases

Division of Public Health, Surveillance and Response

NOTIFIABLE MEDICAL CONDITIONS SURVEILLANCE SYSTEM

November 2024

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The National Institute for Communicable Diseases

Table of Contents

Introduction

Data used in this report were drawn from the NMC-SS on **31 March 2025**. The most recent report should always be viewed and can be found at the NMCSS surveillance reports

The purpose of this report is to describe the number of notifications received by the Notifiable Medical Conditions Surveillance System (NMCSS). The report is publicly available and can be used by health professionals, researchers, the general public, or any other stakeholder. The purpose of disseminating this information is to inform any public health action - NMCSS data has limitations (see NMCSS interpretation), but it serves as a public health signal that may warrant further investigation.

This report also monitors some surveillance system attributes, including average notifications by facilities, data quality and timeliness of clinical diagnosis, and notifications over time (**see Appendix Nos. 1 and 3**).

While this information is also publicly available, this section of the report targets those involved in notifying. These include Infection Prevention and Control practitioners at facilities, Nurses, Doctors, pathologists, and laboratory staff.

Category 4 NMCs, COVID-19, and multi-system inflammatory syndrome (MIS-C) have been excluded from this report. Where weeks are presented, the epi-week according to the CDC epi-weeks is used.

Highlights

- A total of 16,741 cases were notified in November 2024 and most were category 2 conditions.
- Category 1 cases were reported in a median (IQR) of 0 (0, 0) days.
- There were 505 average active users of the NMC App in November 2024

NMC Reporting application

- NMC Reporting App. is available on both web and mobile platforms
- Use recommended browsers to access the NMC reporting App for notifications, searching of cases and reports.
- Register if you have no NMC account, and you can reset the password if you have not used the application for over 12 months.

NOTES: For any additional information contact the NMC national technical team: NMCAppSupport@nicd.ac.za or NMC hotline 072 621 3805. Please refer to Appendices for NMC data flow, definitions and interpretation of epidemiology data in this report.

DATA IS CONTINUOUSLY CLEANED, DE-DUPLICATED, AND UPDATED, HENCE IS SUBJECT TO CHANGE. ALL NUMBERS REPORTED ARE PRELIMINARY UNLESS OTHERWISE STATED. DATE OF DIAGNOSIS IS USED FOR REPORTING.

Current notification trends

Trends of notifications of selected conditions are presented below. Notifications that are confirmed are shown first. Confirmed notification are verified and confirmed by the relevant centre at the NICD and can be considered confirmed cases. All notifications are shown after and include notifications that can be considered as suspected cases. These are presented to show the sensitivity of the surveillance system in recognising disease signals.

Confirmed Notifications

Epi-table

Table 1: Number of notifications on NMCSS per epi-week in 2024. The Average notifications are calculated based on notifications received in 2022 and 2023 with a confidence interval.

	Average Notifications		Epi-weeks																				
Characteristic		**95% CI**	**28**	**29**	**30**	**31**	**32**	**33**	**34**	**35**	**36**	**37**	**38**	**39**	**40**	**41**	**42**	**43**	**44**	**45**	**46**	**47**	**48**
Acute flaccid paralysis	0.12	1.0, 2.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Acute rheumatic fever	0.0214	1.0, 1.0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	1	0
Botulism	0.0064	NA, NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cholera	0.56	1.5, 2.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Congenital rubella syndrome	0.0107	NA, NA	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Covid-19	204	19, 181	0	0	0	0	2	2	2	3	3	2	2	1	9	1	1	1	1	2	1	4	4
Crimean-Congo viral haemorrhagic fever (human)	0.0321	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
Diphtheria	0.08	1.0, 1.5	0	0	0	1	0	1	2	5	0	3	0	0	0	0	0	0	0	0	1	0	1
Enteric fever (typhoid or paratyphoid fever)	0.98	1.5, 2.0	0	1	2	1	1	2	1	2	4	2	5	2	2	1	4	2	1	7	7	3	0
Foodborne illness outbreak	0.0707	1.0, 2.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Listeriosis	1.18	1.5, 2.0	0	0	0	0	0	2	1	1	0	0	2	0	2	1	1	0	1	0	0	0	1
Malaria	151	99, 123	5	77	58	31	47	60	58	48	48	45	45	33	47	49	51	39	59	61	66	71	60
Measles	1.36	2.5, 3.5	0	1	3	0	0	3	4	10	19	14	11	8	12	6	7	9	3	9	7	6	4
Meningococcal disease	0.86	1.5, 2.0	1	4	2	4	0	5	4	3	5	4	4	1	1	6	3	3	2	0	2	3	0
Mpox	0.0514	1.0, 3.5	0	0	0	2	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Pertussis	7	10, 13	0	9	7	5	6	4	3	3	4	1	2	0	8	3	10	9	3	8	7	10	5
Rabies	0.09	1.0, 1.0	0	2	1	0	0	0	0	2	0	0	0	0	0	0	0	0	1	1	0	0	0
Respiratory disease caused by a novel respiratory pathogen	0.0043	NA, NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rift Valley fever (human)	0.0128	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
Rubella	1.17	2.5, 4.5	0	0	0	0	2	2	4	7	5	13	7	5	18	10	6	2	10	6	8	4	3

Abbreviation: CI = Confidence Interval

Trends Plot

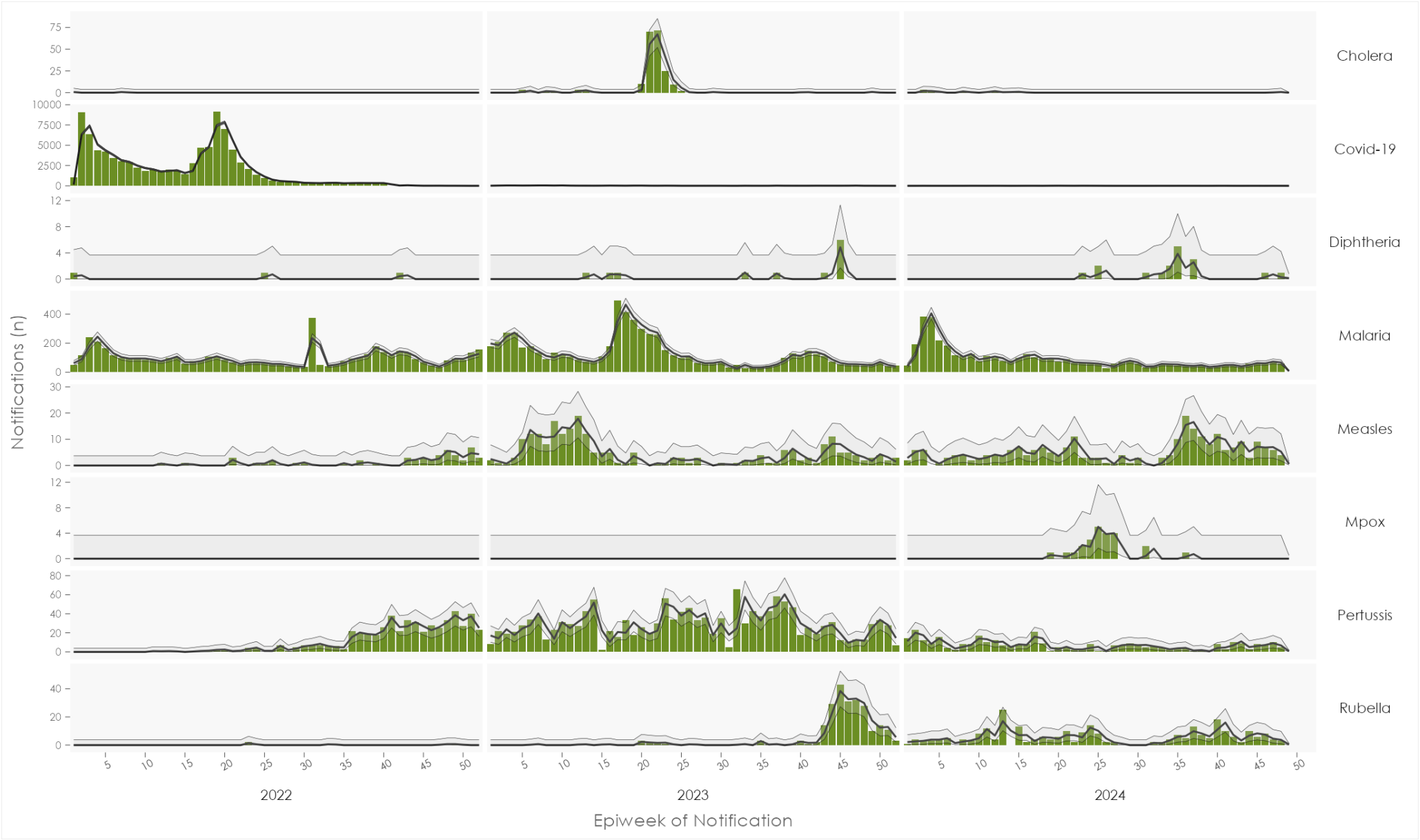


Figure 1: Trend of weekly number of confirmed notifications for selected category 1 conditions reported to the NMC, in South Africa; January 2022-November, 2024

All Category 1 Conditions at a glance

Table 2: The number of confirmed notifications that are suspected and confirmed for category 1 conditions notified during November, 2024

Condition	**Overall**, N = 3 986[1]	**Suspected**, N = 3 611[1]	**Confirmed**, N = 375[1]
Acute flaccid paralysis	33	33	0
Acute rheumatic fever	2	1	**1**
Anthrax	0	0	0
Botulism	0	0	0
Cholera	1	0	**1**
Congenital rubella syndrome	44	44	0
Covid-19	0	0	0
Crimean-Congo viral haemorrhagic fever (human)	0	0	0
Diphtheria	6	4	**2**
Ebola virus (VHF)	0	0	0
Enteric fever (typhoid or paratyphoid fever)	13	2	**11**
Foodborne illness outbreak	307	307	0
Haemolytic uraemic syndrome (HUS)	0	0	0
Listeriosis	5	4	**1**
Malaria	274	0	**274**
Marburg virus (VHF)	0	0	0
Measles	1 411	1 385	**26**
Meningococcal disease	18	12	**6**
Mpox	11	11	0
Pertussis	46	15	**31**
Plague	0	0	0
Poliomyelitis	0	0	0
Rabies	6	4	**2**
Respiratory disease caused by a novel respiratory pathogen	0	0	0
Rift Valley fever (human)	0	0	0
Rubella	1 809	1 789	**20**
Smallpox	0	0	0
Yellow fever	0	0	0

[1]Suspected and confirmed cases are independent and are not totalled - suspected and confirmed cases are distinct.

NMC data summary, November 2024

A total of 16,741 current and delayed cases were reported to the NMCSS during November 2024 **(See table 9 for further breakdowns and Appendix no.3 for definitions)**. There were 16,382 current notifications; the majority (12,268, 75%) were category 2 conditions. The provinces with the highest number of notifications were GP (3,860, 24%), KZN (3,567, 22%), and WC (2,291, 14%). The provinces with the least number of notifications were MP (839, 5.1%) and FS (934, 5.7%). There were 359 back-captured clinical notifications diagnosed between April 2024 and November 2024 and only notified during November, 2024. The majority (283, 79%) of those notifications were Measles. (**See Appendix no.1**).

Most of the notified cases were males (9,256, 57%). Individuals in the 5–9-year age group represented the majority (2,163, 14%) of notified cases. At the time of notification, 3,124 (19%) of the notified cases were hospitalised, while 120 (0.7%) were transferred to another healthcare facility. There were 131 deaths notified during the reporting period.

Category 1 notifications

Foodborne illness outbreak was the most common (307 (7.7%)) category 1 notification **(suspected and confirmed).** The province with the highest number of notifications for foodborne illness outbreaks was GP (236,2.7%). **Malaria** was the most common (274 (73%)) category 1 notification **confirmed.** The province with the highest number of confirmed notifications for Malaria was LP 86 (31%)

Table

Table 3: The number of notifications by province and the number of notifications that are suspected and confirmed by vital status, November 2024

	Provinces									Case		Deaths	
Condition	EC[1]	FS[1]	GP[1]	KZN[1]	LP[1]	MP[1]	NC[1]	NW[1]	WC[1]	Confirmed[1]	Suspected[1]	Confirmed[1]	Suspected[1]
Acute flaccid paralysis	2	0	7	7	6	5	0	3	3	0	33	0	0
Acute rheumatic fever	0	0	2	0	0	0	0	0	0	1	1	0	0
Anthrax	0	0	0	0	0	0	0	0	0	0	0	0	0
Botulism	0	0	0	0	0	0	0	0	0	0	0	0	0
Cholera §	0	0	0	0	0	1	0	0	0	1	0	0	0
Covid-19	0	0	0	0	0	0	0	0	0	0	0	0	0
Congenital rubella syndrome	3	8	8	17	0	2	1	0	5	0	44	0	1
Diphtheria *	0	0	1	1	0	0	0	0	4	2	4	0	0
Enteric fever (typhoid or paratyphoid fever)	0	0	9	1	0	0	0	0	3	11	2	0	0
Foodborne illness outbreak	26	10	107	49	20	13	0	52	30	0	307	0	9
Haemolytic uraemic syndrome (HUS)	0	0	0	0	0	0	0	0	0	0	0	0	0
Listeriosis	0	0	2	0	0	0	0	0	3	1	4	0	0
Malaria	10	13	55	38	86	48	0	6	18	274	0	0	0
Ebola virus (VHF)	0	0	0	0	0	0	0	0	0	0	0	0	0
Marburg virus (VHF)	0	0	0	0	0	0	0	0	0	0	0	0	0
Measles	35	53	470	159	77	155	190	192	80	26	1 385	0	0
Meningococcal disease	2	1	6	1	1	1	0	2	4	6	12	2	0
Mpox	2	0	3	4	0	0	0	0	2	0	11	0	0
Pertussis	4	0	9	5	2	7	0	0	19	31	15	0	0
Plague	0	0	0	0	0	0	0	0	0	0	0	0	0
Poliomyelitis	0	0	0	0	0	0	0	0	0	0	0	0	0
Rabies	0	0	0	1	0	3	0	2	0	2	4	0	0
Respiratory disease caused by a novel respiratory pathogen	0	0	0	0	0	0	0	0	0	0	0	0	0
Rift Valley fever (human)	0	0	0	0	0	0	0	0	0	0	0	0	0
Rubella	64	150	258	232	121	208	195	500	81	20	1 789	0	0
Smallpox	0	0	0	0	0	0	0	0	0	0	0	0	0
Crimean-Congo viral haemorrhagic fever (human)	0	0	0	0	0	0	0	0	0	0	0	0	0
Yellow fever	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	148	235	937	515	313	443	386	757	252	375	3 611	2	10

[1]n (%);

* Toxin-producing results not available on NMC;

§ Serotype information not available on NMC;

** Merged case represents a clinical and laboratory notification of the same person and was successfully linked and made into a single notification

Plot

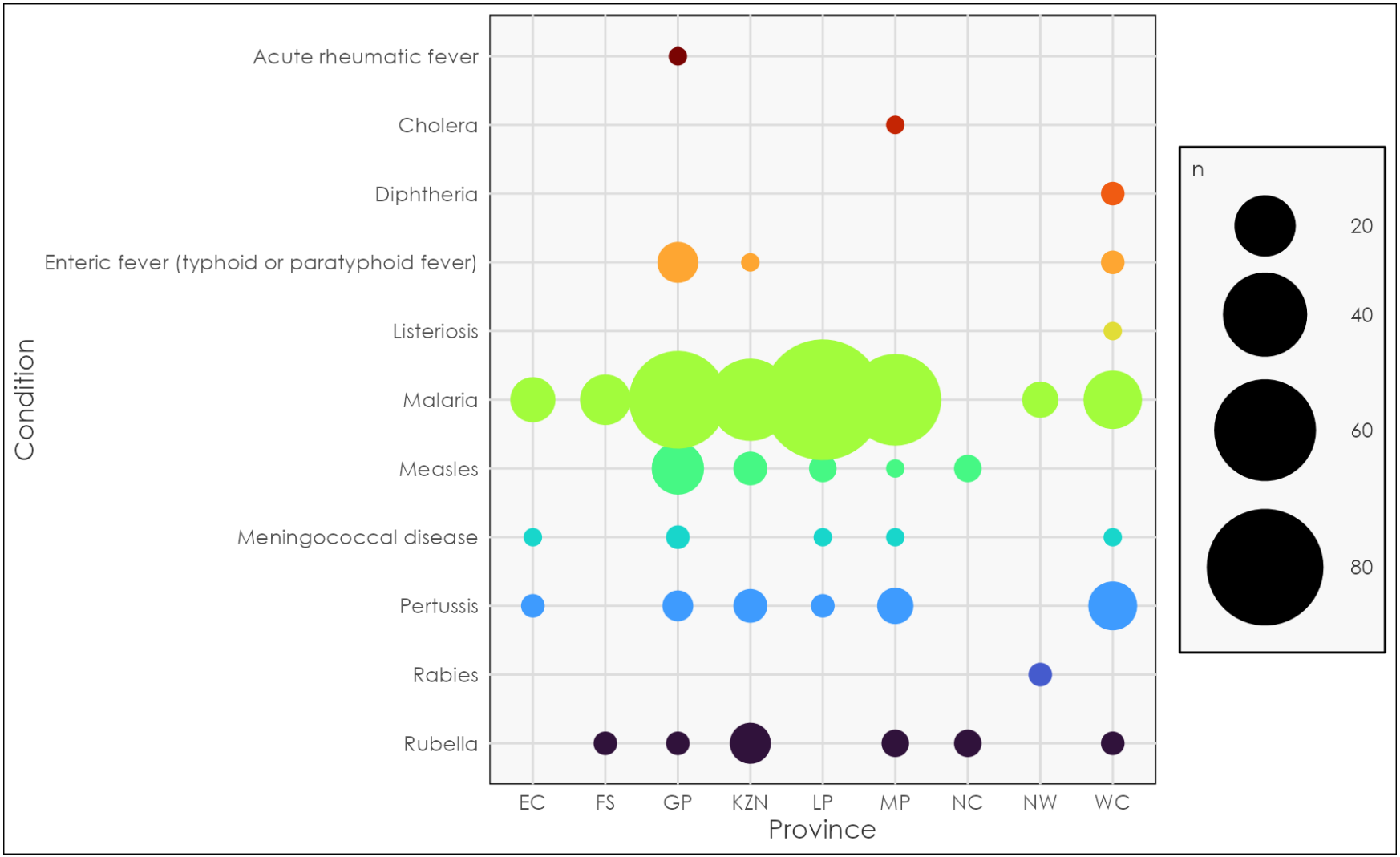


Figure 2: Distribution of all Category 1 NMCs notifications by province notified during November, 2024. *All notifications include both suspected and confirmed cases

Category 2 notifications

Category 2 conditions must be notified within 7 days of diagnosis. They are important to monitor disease burden trends.

Table

Pulmonary TB was the most common (7,441 (61%)) category 2 notification **confirmed**. The province with the highest number of confirmed notifications for **Pulmonary TB** was GP 1 791 (62%)

Table 4: The number of notifications by province and the number of notifications that are suspected and confirmed by vital status.

	Provinces									Case		Deaths	
Condition	**EC**[1]	**FS**[1]	**GP**[1]	**KZN**[1]	**LP**[1]	**MP**[1]	**NC**[1]	**NW**[1]	**WC**[1]	**Confirmed**[1]	**Suspected**[1]	**Confirmed**[1]	**Suspected**[1]
Agricultural or stock remedy poisoning	10	16	49	10	6	8	2	1	32	0	134	0	11
Bilharzia (schistosomiasis)	51	1	44	290	388	98	0	0	15	20	867	0	0
Brucellosis	1	0	0	0	0	0	0	0	0	0	1	0	0
Congenital syphilis	64	30	54	183	7	31	25	16	90	49	451	1	6
Haemophilus influenzae type B	2	0	1	0	1	2	0	0	3	6	3	0	0
Hepatitis A	23	17	79	107	42	30	8	9	47	48	314	0	0
Hepatitis B	110	30	97	609	7	8	22	30	17	29	901	1	6
Hepatitis C	0	1	166	2	2	0	0	0	1	2	170	1	0
Hepatitis E	0	0	5	0	0	0	0	0	0	3	2	0	0
Lead poisoning	0	0	0	1	0	1	0	0	1	0	3	0	0
Legionellosis	1	0	2	1	0	0	0	0	2	5	1	0	0
Leprosy	0	0	0	0	0	0	0	0	0	0	0	0	0
Maternal death (pregnancy, childbirth and puerperium)	0	0	7	0	0	0	0	0	0	0	7	0	6
Mercury poisoning	0	0	0	0	0	0	0	0	0	0	0	0	0
Soil-transmitted helminths	0	0	2	0	0	0	0	1	0	0	3	0	0
Tetanus	1	0	1	0	0	1	0	0	0	0	3	0	0
Tuberculosis: extensively drug-resistant (XDR-TB) *	1	0	3	0	3	2	0	0	2		0		0
Tuberculosis: multidrug- resistant (MDR -TB) *	26	7	39	52	5	1	3	6	30		0		0
Tuberculosis: extra-pulmonary*	152	95	567	354	68	32	54	70	233		0		0
Tuberculosis: pulmonary*	750	499	1 791	1 431	375	181	592	323	1 499		0		0
Total	1 192	696	2 907	3 040	904	395	706	456	1 972	162	12 106	3	116

[1]n;

* The TB module is under development to align with laboratory-confirmed TB cases. Only TB cases that are manually notified (no laboratory surveillance) are reported.

Plot

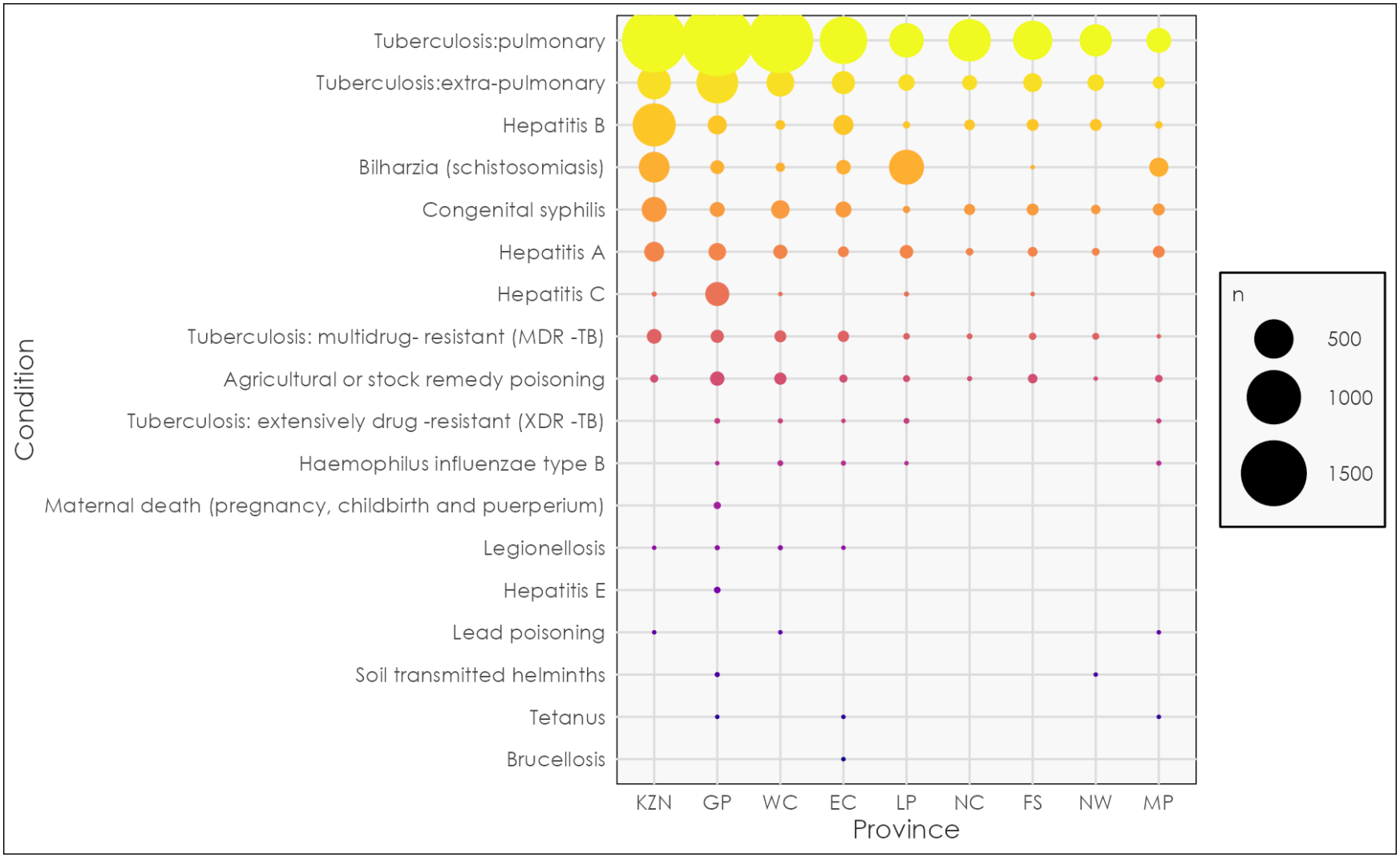


Figure 3: Distribution of all Category 2 NMCs notifications by province notified during November 2024. *All notifications include both suspected and confirmed cases

NMC app use statistics

Table 5: Description of NMC notifications by case source

NMC Category	**Overall** N = 16,382	**Clinical notifications**, n = 11,956	**Laboratory notifications**, n = 4 161	**Merged Cases**, n = 265
Category 1	3 986 (24%)	1969 (16%)	1 909 (46%)	108 (41%)
Category 2	12 268 (75%)	9 987 (84%)	2 129 (51%)	152 (57%)
Category 3	128 (0.8%)	0 (0%)	123 (3.0%)	5 (1.9%)

Notification types and merging

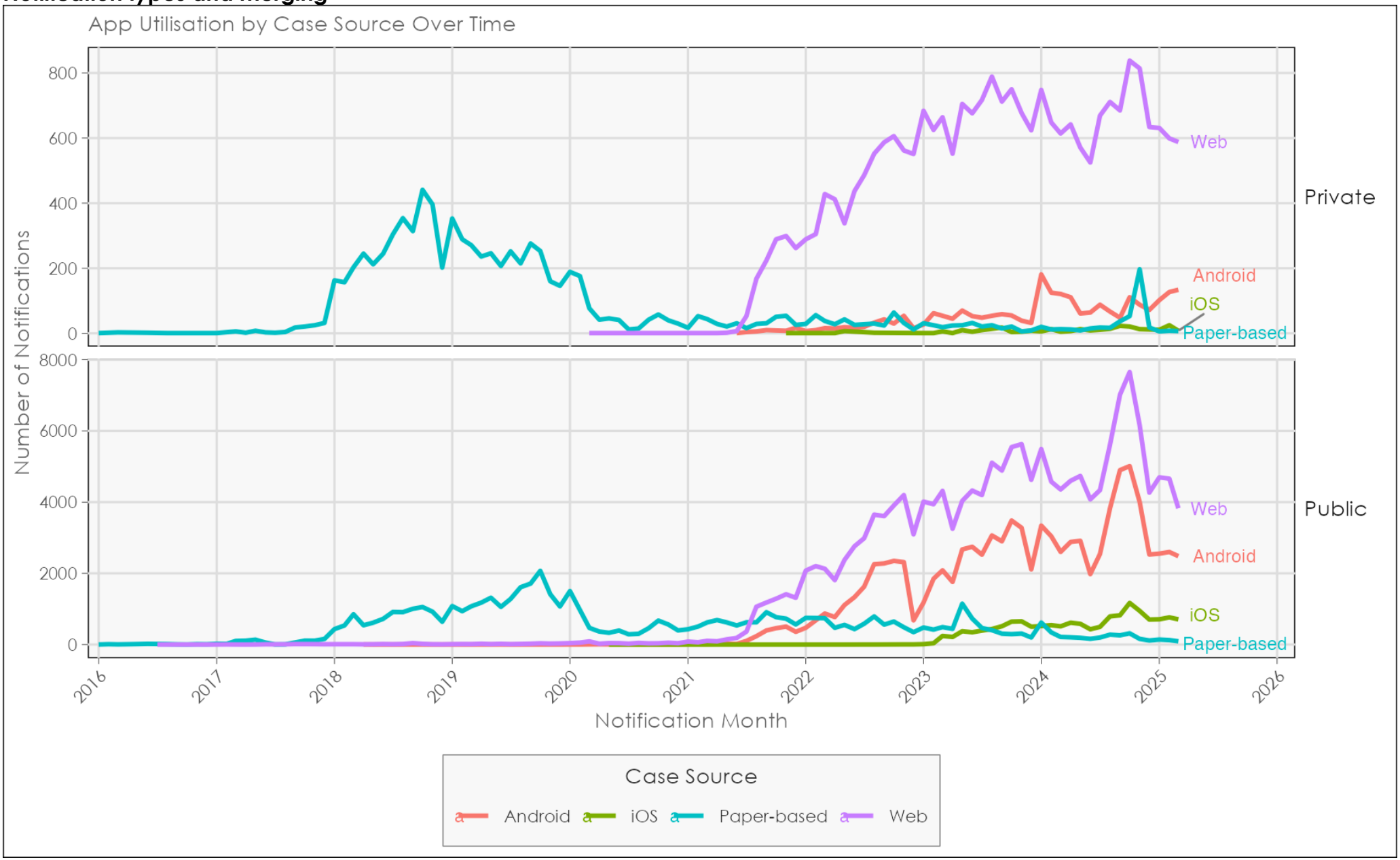


Figure 4: Case source of clinical notifications, November 2024

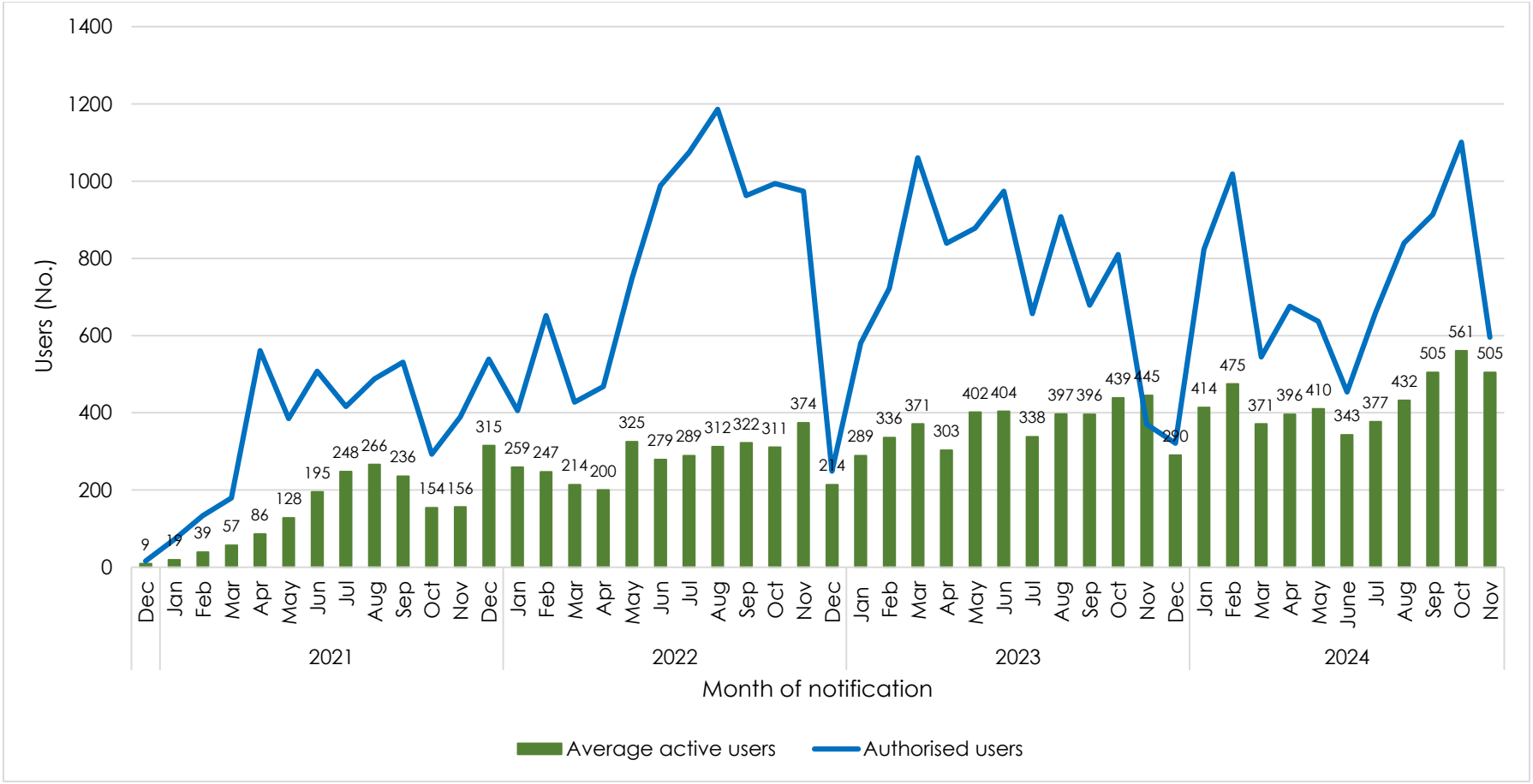
There were 1,096 (9.0%) clinical notifications from the private sector (i.e. private hospitals, private practice and mining industry) compared to 11,125 (91%) in the public sector. Clinical notifications using the NMC Reporting Application made up 0 (0%) (more details in Table 6).

Table 6: Clinical notifications notified by provinces, reporting platform, and sector

Province	**Overall** N = 12 220	**App - Private**, n = 899	**App - Public**, n = 10,972	**Paper-based - Private**, n = 196	**Paper-based - Public**, n = 153
GP	3 418	303 (8.9%)	2 930 (86%)	181 (5.3%)	4 (0.1%)
KZN	2 277	146 (6.4%)	2 106 (92%)	1 (<0.1%)	24 (1.1%)
WC	2 047	112 (5.5%)	1 858 (91%)	4 (0.2%)	73 (3.6%)
EC	1 046	85 (8.1%)	939 (90%)	1 (<0.1%)	21 (2.0%)
NC	857	28 (3.3%)	822 (96%)	1 (0.1%)	6 (0.7%)
FS	715	57 (8.0%)	649 (91%)	4 (0.6%)	5 (0.7%)
LP	713	53 (7.4%)	655 (92%)	1 (0.1%)	4 (0.6%)
NW	667	62 (9.3%)	591 (89%)	3 (0.4%)	11 (1.6%)
MP	480	53 (11%)	422 (88%)	0 (0%)	5 (1.0%)

The average active users on the NMC App

There were 505 average active users of the NMC App in November 2024



Newly registered users

Figure 5 shows the trends of newly registered users and their occupations.

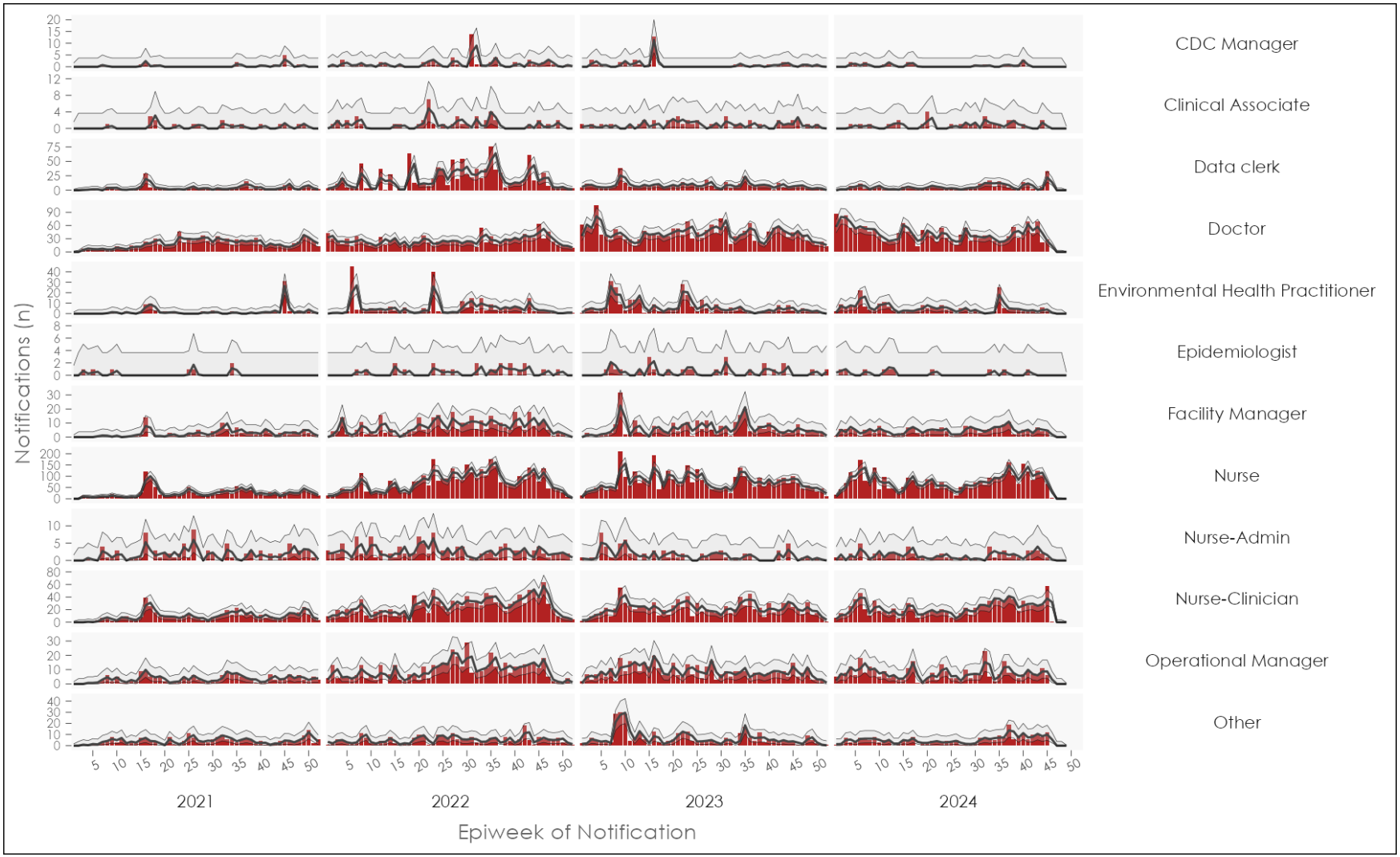


Figure 5: Trends of new users by occupation who registered on NMC, in South Africa, January 2022-November

Data quality

Completeness ID number completeness

Table 7: Length of ID numbers inputted on the NMC system during November 2024

Length of ID number	Android N = 4 045[1]	iOS N = 962[1]	MicroStrategy/SDW N = 4 361[1]	Paper-based N = 349[1]	SHMC Excel N = 1[1]	Web N = 6 664[1]
Not complete	1 843 (46%)	447 (46%)	4 305 (99%)	296 (85%)	1 (100%)	1 981 (30%)
4	0 (0%)	1 (0.1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
5	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (<0.1%)
6	1 (<0.1%)	90 (9.4%)	5 (0.1%)	0 (0%)	0 (0%)	814 (12%)
7	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	4 (<0.1%)
8	1 (<0.1%)	7 (0.7%)	0 (0%)	0 (0%)	0 (0%)	61 (0.9%)
9	0 (0%)	0 (0%)	0 (0%)	1 (0.3%)	0 (0%)	11 (0.2%)
10	1 (<0.1%)	5 (0.5%)	0 (0%)	0 (0%)	0 (0%)	165 (2.5%)
11	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	4 (<0.1%)
12	0 (0%)	1 (0.1%)	0 (0%)	0 (0%)	0 (0%)	37 (0.6%)
13	2 199 (54%)	411 (43%)	51 (1.2%)	52 (15%)	0 (0%)	3 586 (54%)

[1]n (%)

Hospital Form Completeness

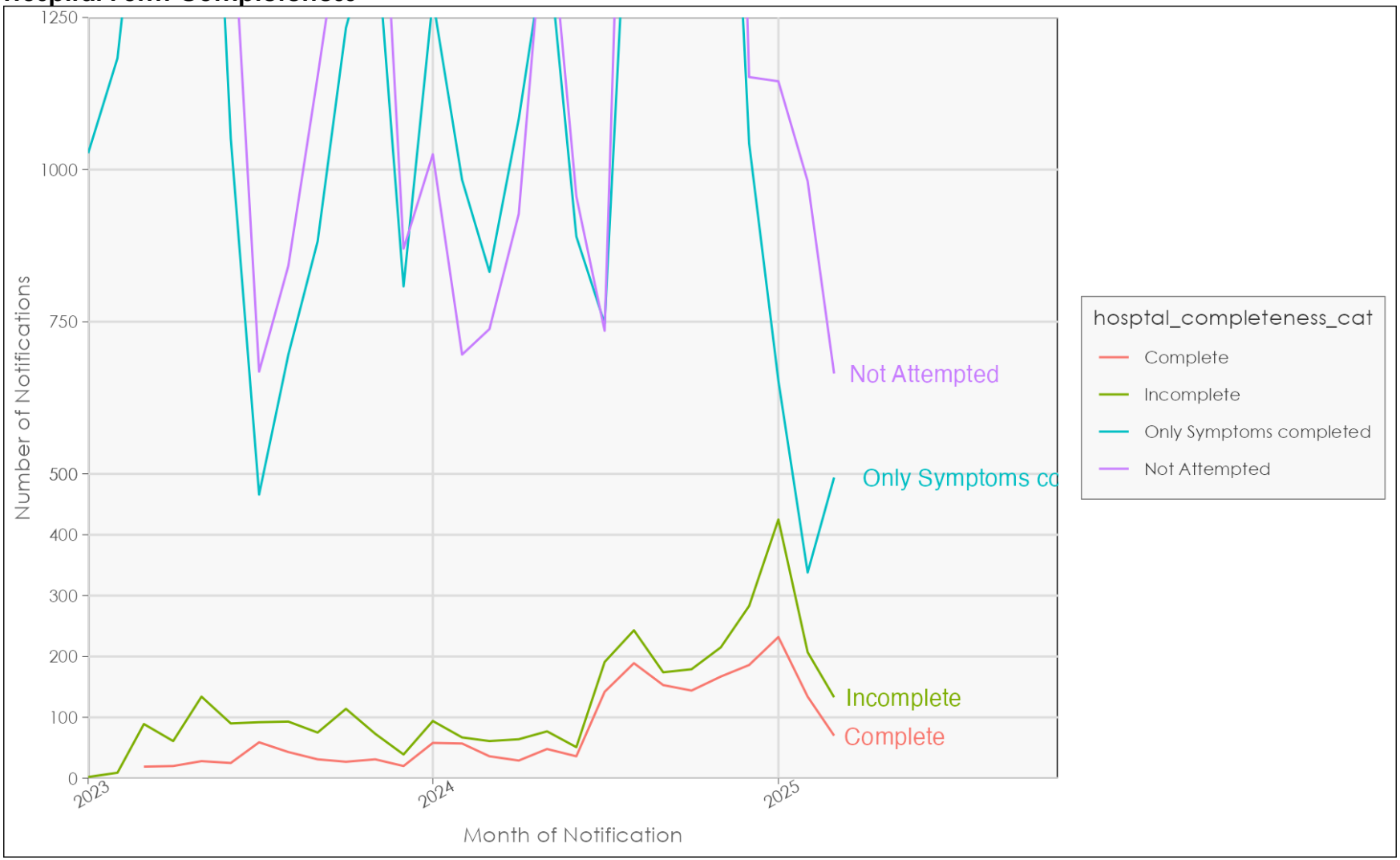


Figure 6: The mean and median number of days from time of diagnosis to notification date of NMC clinically notified conditions, in South Africa, January 2022 in South Africa, January 2022-November 2024

Table 8: Completion of hospitalisation form for notifications reported as inpatients with category 1 conditions. November, 2024
Complete refers to >80% of variables completed.

Hospital Form Completed	**Complete**, n = 43 (11%)	**Incomplete**, n = 72 (19%)	**Not Attempted**, n = 68 (18%)	**Only Symptoms completed**, n = 202 (52%)
Acute flaccid paralysis	0 (0%)	4 (5.7%)	6 (8.8%)	21 (10%)
Acute rheumatic fever	0 (0%)	1 (1.4%)	0 (0%)	1 (0.5%)
Anthrax	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Botulism	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Cholera §	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Covid-19	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Congenital rubella syndrome	0 (0%)	1 (1.4%)	1 (1.5%)	1 (0.5%)
Diphtheria *	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Enteric fever (typhoid or paratyphoid fever)	3 (7.3%)	1 (1.4%)	1 (1.5%)	2 (1.0%)
Foodborne illness outbreak	11 (27%)	26 (37%)	20 (29%)	69 (34%)
Haemolytic uraemic syndrome (HUS)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Listeriosis	0 (0%)	1 (1.4%)	1 (1.5%)	0 (0%)
Malaria	9 (22%)	8 (11%)	10 (15%)	40 (20%)
Ebola virus (VHF)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Marburg virus (VHF)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Measles	2 (4.9%)	10 (14%)	12 (18%)	48 (24%)
Meningococcal disease	2 (4.9%)	6 (8.6%)	2 (2.9%)	3 (1.5%)
Mpox	1 (2.4%)	1 (1.4%)	3 (4.4%)	0 (0%)
Pertussis	7 (17%)	8 (11%)	3 (4.4%)	9 (4.5%)
Plague	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Poliomyelitis	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Rabies	0 (0%)	0 (0%)	1 (1.5%)	1 (0.5%)
Respiratory disease caused by a novel respiratory pathogen	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Rift Valley fever (human)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Rubella	6 (15%)	3 (4.3%)	8 (12%)	6 (3.0%)
Smallpox	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Crimean-Congo viral haemorrhagic fever (human)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Yellow fever	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Unknown	2	2	0	1

Timeliness

Time to notification is measured by the number of days from the time of diagnosis of the NMC to the time of notification. Overall, it took a median (IQR) of 0 (0, 0) days to report category 1 NMCs.

Figure 1

Table 9: Symptoms of patients clinically notified and merged with lab notifications to the NMC, notified during November 2024

Characteristic	**Category 1**, n = 4 345[1]	**Category 2**, n = 12 268[1]	**Category 3**, n = 128[1]
Time to Notification	0 (0, 0)	1 (0, 7)	0 (0, 0)
Unknown	279	0	0
Back Capture Classification			
Back capture	80 (2%)	0 (0%)	0 (0%)
Current	3 783 (93%)	9 224 (75%)	128 (100%)
Delayed	203 (5%)	3 044 (25%)	0 (0%)
Unknown	279	0	0

[1]Median (Q1, Q3); n (%)

Conclusion

The majority of notifications were clinical notifications. Patients who are hospitalized with a category 1 condition and notified still have poor completeness of the hospital form with the majority of notifications only having symptom completed. ID numbers are poorly completed in notifications from SDW.

Recommendations

- We recommend that clinicians should complete all patient clinical and demographic details to improve hospital form completeness.
- We strongly recommend complete ID number capture in the SDW system to improve data quality and the ability for the NMCSS to merge clinical and laboratory notifications.
- We welcome stakeholders to send feedback and suggestions for the report. We also encourage reaching out for ingestion of data from data sources that existed before the launch of the NMCSS. Feel free to reach out to **brianb@nicd.ac.za**.

Appendices

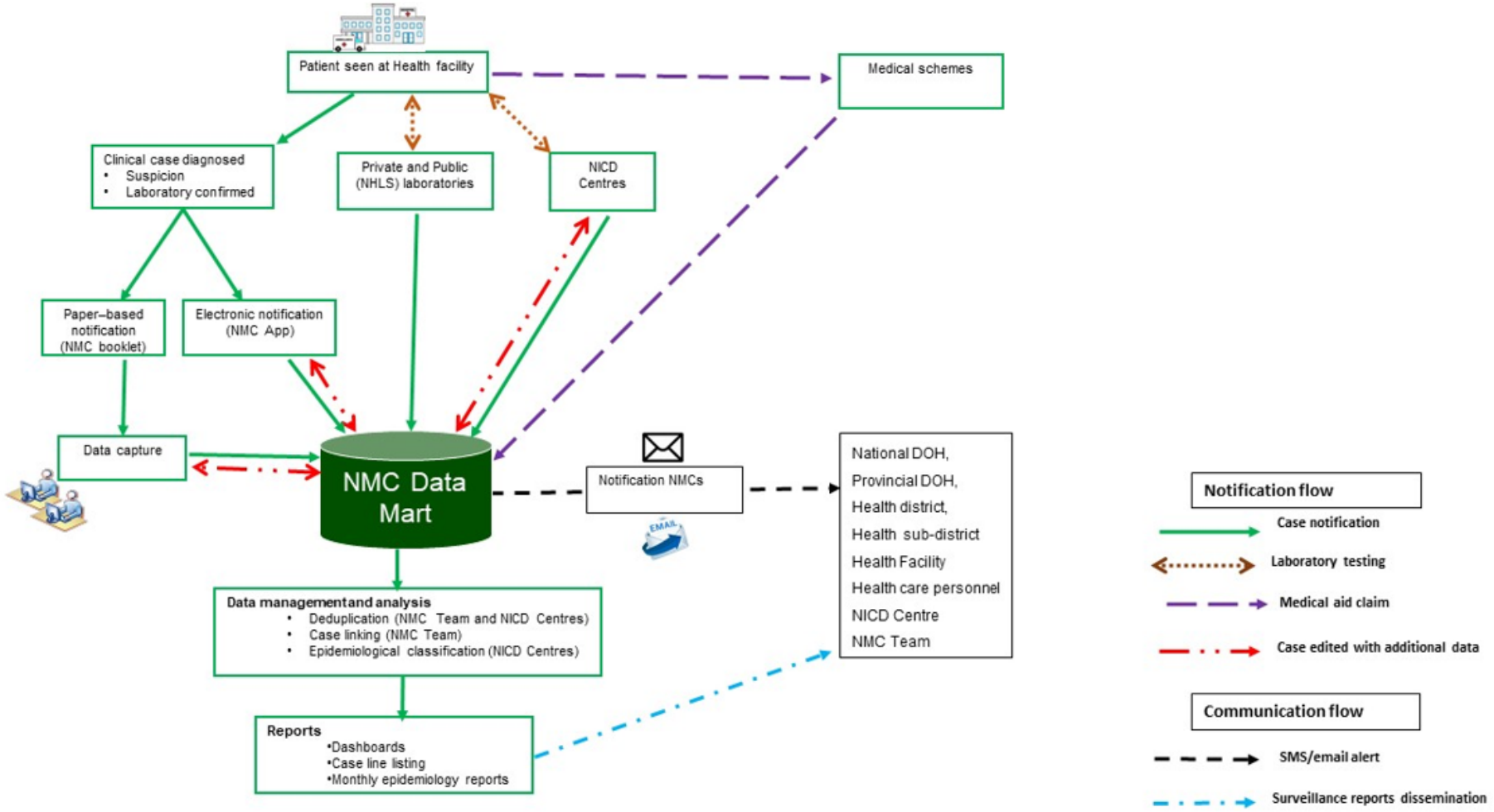
Appendix no.1: Back-captured clinical notifications

*Table 10: Back captured notifications by reporting province notified during November \ *Back captured notifications use the diagnosis date, and the recommended time to notification depending on the NMC category. See Appendix no.3 for details*

	Overall	Province									Case Source				
Condition	**Overall**, (359)	**EC**, (11)	**FS**, (16)	**GP**, (99)	**KZN**, (35)	**LP**, (11)	**MP**, (31)	**NC**, (95)	**NW**, (27)	**WC**, (34)	**Android**, (43)[1]	**iOS**, (2)[1]	**Paper-based**, (5)[1]	**SDW**, (1)[1]	**Web**, (308)[1]
Measles	283 (79%)	11	8	82	26	10	17	91	17	21	19	0	4	0	260
Rubella	51 (14%)	0	8	9	8	1	12	4	3	6	14	0	0	0	37
Foodborne illness outbreak	10 (2.8%)	0	0	1	0	0	0	0	6	3	7	0	0	0	3
Enteric fever (typhoid or paratyphoid fever)	6 (1.7%)	0	0	3	0	0	2	0	1	0	2	0	0	0	4
Malaria	4 (1.1%)	0	0	3	0	0	0	0	0	1	0	0	0	1	3
Acute flaccid paralysis	3 (0.8%)	0	0	1	1	0	0	0	0	1	0	1	1	0	1
Haemolytic uraemic syndrome (HUS)	1 (0.3%)	0	0	0	0	0	0	0	0	1	0	1	0	0	0
Rabies	1 (0.3%)	0	0	0	0	0	0	0	0	1	1	0	0	0	0

[1]SDW – Surveillance data warehouse/ MicroStrategy

Appendix No. 2: Summary of NMCSS Data Flow



Appendix No. 3: NMC Categories and Case Classification Definitions

NMC categories

Category 1: NMCs 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 notified through a written or an electronic notification to the Department of Health of clinical or laboratory diagnosis within 7 days by healthcare providers, private health laboratories or public health laboratories.

Category 3: NMCs notified through a written or electronic notification to the Department of Health within 7 days of diagnosis by public and private health laboratories.

Category 4: NMCs notified through a written or electronic notification to the Department of Health within 1 month of diagnosis by public and private health laboratories.

Case Classification definitions

Clinical case: are cases reported to the NMC by health care providers at facilities, either through completion of a paper form that is faxed, 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 case: 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 are 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 for the same case (a 'laboratory case). The NMC App is set up to automatically detect and link clinical and laboratory case notifications. The NICD specialist Centres and NMC data team review all cases and manually link any remaining clinical and laboratory cases.

Notification capture times definitions

Current notification: Category 1 conditions notified within 2 days of the diagnosis date. Category 2 and 3 conditions are notified within 7 days of diagnosis. All lab notifications without a diagnosis date are classified as current.

Delayed notification: Category 1 conditions notified between 3 and 7 days of the diagnosis date. Category 2 and 3 conditions are notified between 8 and 30 days of diagnosis.

Back capture notification: Category 1 conditions notified more than 7 days before the diagnosis date. Category 2 and 3 conditions were notified more than 30 days after the diagnosis date.

Epi-weeks: Epi-weeks used the CDC definition of a week starting on a Sunday and ending on a Saturday. The first epi-week of the year is the week that contains the first Saturday of January. Epi-week 1 of 2024 started on 31 December 2023 and ended on 6 January 2024.

Appendix no.4: IDSR reporting template for IDSR conditions existing on NMC by under-5 and 5-and-over years and vital status.

Table 11: The number of IDSR conditions laboratory notified to the NMC using the IDSR reporting template of under and 5-and-above years by vital status.

Condition	Notified/Suspected				Confirmed
	Under 5 A, N = 1 603[1]	**5 & over A**, N = 1 943[1]	**5 & over D**, N = 2[1]	**Under 5 D**, N = 8[1]	**N = 375**[1]
Acute flaccid paralysis	20	13	0	0	0
Acute rheumatic fever	0	1	0	0	1
Anthrax	0	0	0	0	0
Botulism	0	0	0	0	0
Cholera	0	0	0	0	1
Covid-19	0	0	0	0	0
Congenital rubella syndrome	34	0	0	1	0
Diphtheria	4	0	0	0	2
Enteric fever (typhoid or paratyphoid fever)	2	0	0	0	11
Foodborne illness outbreak	209	88	2	7	0
Haemolytic uraemic syndrome (HUS)	0	0	0	0	0
Listeriosis	1	2	0	0	1
Malaria	0	0	0	0	274
Ebola virus (VHF)	0	0	0	0	0
Marburg virus (VHF)	0	0	0	0	0
Measles	593	773	0	0	26
Meningococcal disease	8	3	0	0	6
Mpox	11	0	0	0	0
Pertussis	13	2	0	0	31
Plague	0	0	0	0	0
Poliomyelitis	0	0	0	0	0
Rabies	2	2	0	0	2
Respiratory disease caused by a novel respiratory pathogen	0	0	0	0	0
Rift Valley fever (human)	0	0	0	0	0
Rubella	706	1 059	0	0	20
Smallpox	0	0	0	0	0
Crimean-Congo viral haemorrhagic fever (human)	0	0	0	0	0
Yellow fever	0	0	0	0	0

[1]A = Cases who are alive.
D = Cases who are deceased.

Appendix no.5: Trends and epi-table of all Category 1 notifications 2022 to November 2024.

All Notifications

Epi-table

Table 12: Number of notifications on NMCSS per epi-week in 2024. The Average notifications are calculated based on notifications received in 2022 and 2023 with a confidence interval.

	Average Notifications		Epi-weeks																				
Characteristic		**95% CI**	**28**	**29**	**30**	**31**	**32**	**33**	**34**	**35**	**36**	**37**	**38**	**39**	**40**	**41**	**42**	**43**	**44**	**45**	**46**	**47**	**48**
Acute flaccid paralysis	3.6	4.0, 5.0	0	5	5	6	7	7	2	9	5	7	0	4	6	5	7	6	2	12	4	9	10
Acute rheumatic fever	0.22	1.0, 1.0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	1	1	0	0	0	2	0
Anthrax	0.0064	NA, NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Botulism	0.0471	1.0, 1.0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Cholera	3.35	2.0, 3.5	0	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Congenital rubella syndrome	2.21	2.5, 3.0	0	3	1	0	2	5	4	10	9	4	17	8	9	7	5	8	10	5	11	16	9
Covid-19	602	428, 633	4	136	174	207	233	253	213	208	190	172	149	116	103	112	111	118	95	169	183	163	163
Crimean-Congo viral haemorrhagic fever (human)	0.24	1.0, 1.5	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Diphtheria	0.81	1.5, 2.0	0	0	1	1	2	1	2	5	0	3	0	1	1	1	0	0	2	0	1	1	3
Ebola virus (VHF)	0.0343	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
Enteric fever (typhoid or paratyphoid fever)	2.65	3.0, 3.5	1	4	6	4	3	3	3	4	6	4	9	4	3	2	6	4	3	8	7	3	1
Fever-Rash	75	21, 29	7	89	69	158	176	408	923	1 348	2 380	2 381	1 785	1 245	1 391	1 339	1 091	1 824	1 071	990	964	837	549
Foodborne illness outbreak	9	8.0, 10	0	15	7	41	14	18	19	9	21	7	8	26	2	18	54	91	71	82	91	95	35
Haemolytic uraemic syndrome (HUS)	0.0407	1.0, 1.0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Listeriosis	4	2.5, 3.0	0	0	1	0	1	3	2	1	0	1	3	2	3	1	2	0	2	0	0	2	2
Malaria	151	99, 123	5	77	58	31	47	60	58	48	48	45	45	33	47	49	51	39	59	61	66	71	60
Marburg virus (VHF)	0.0343	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
Meningococcal disease	2.59	3.0, 3.5	1	5	5	7	1	7	7	5	7	5	6	2	2	6	4	4	6	2	5	6	4
Mpox	0.74	6.0, 16	1	33	30	14	12	13	13	11	9	9	7	5	8	4	7	5	5	1	3	3	4
Pertussis	14	12, 16	0	9	10	7	10	10	7	6	12	6	11	4	11	6	12	15	5	11	8	14	12
Plague	0.0021	NA, NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Poliomyelitis	0.0236	NA, NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rabies	0.60	1.5, 1.5	0	3	2	2	0	0	2	3	4	2	1	1	0	0	1	0	3	2	1	0	2
Respiratory disease caused by a novel respiratory pathogen	4.3	3.0, 8.5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rift Valley fever (human)	0.08	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
Smallpox	0.0450	1.0, 2.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Waterborne illness outbreak - undefined	0.09	1.0, 1.5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Yellow fever	0.0278	1.0, 1.5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Abbreviation: CI = Confidence Interval

Trends Plot Category 1

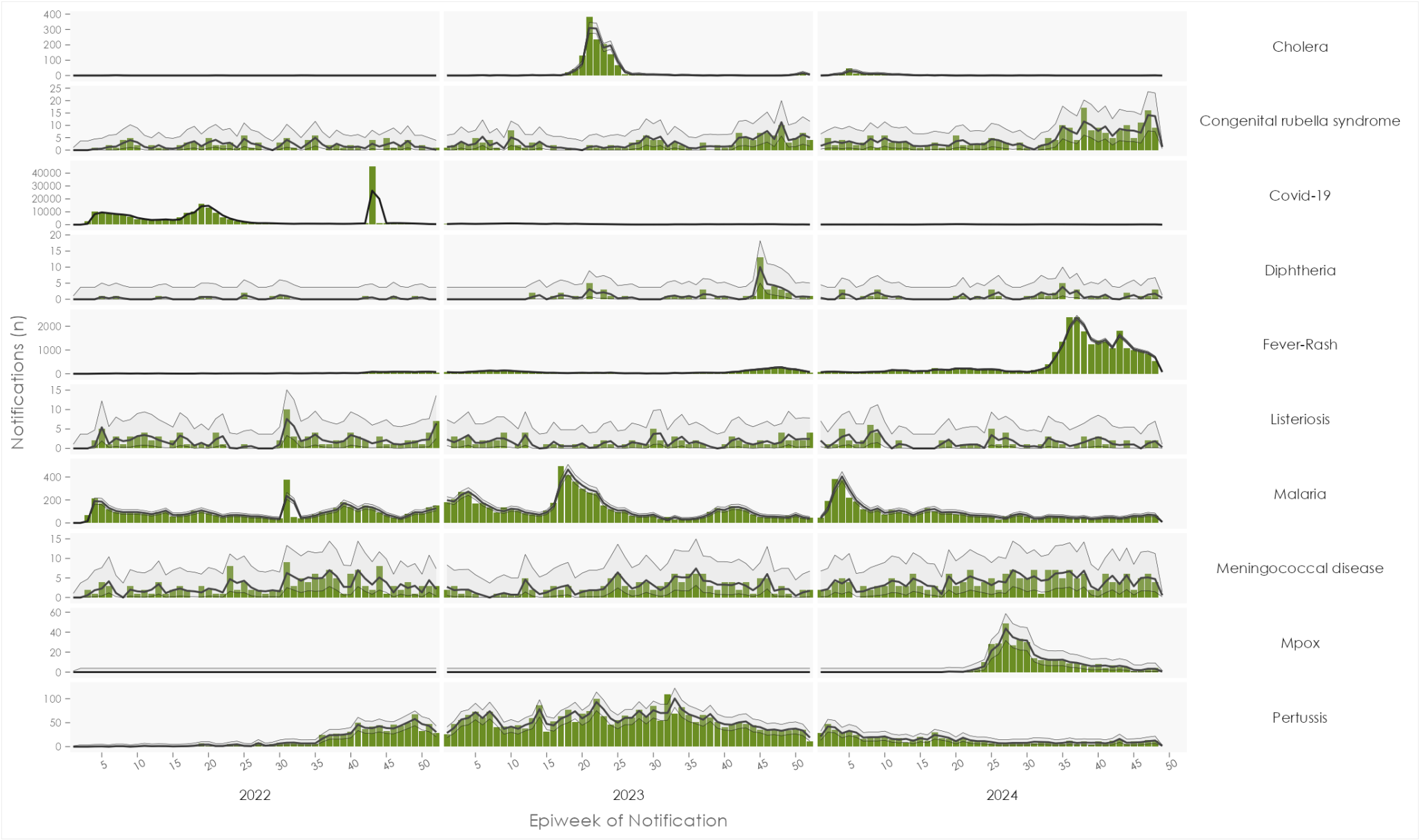


Figure 9: Trend of weekly number of all notifications for selected conditions reported to the NMC, in South Africa, January 2022-November

Trends Plot Category 2

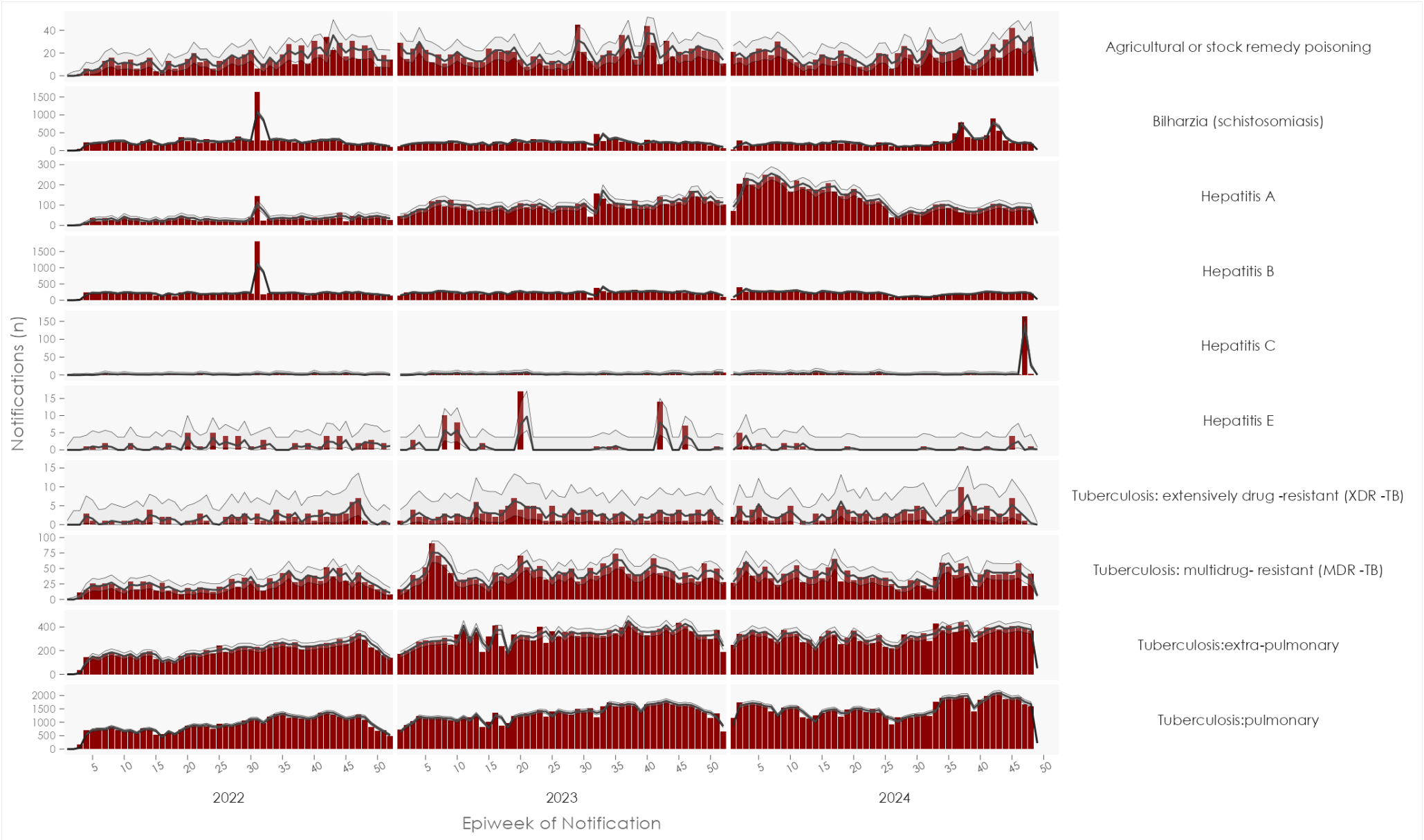


Figure 10: Trend of weekly number of all notifications for selected conditions reported to the NMC, in South Africa, January 2022-November

END