

HEALTH EMERGENCY BULLETIN



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WEEK 31 (28 July – 03 August 2025)

This bulletin provides an update on activities supported under the Pandemic Fund, highlighting outbreak responses, preparedness initiatives, and progress towards strengthening South Africa's health security.

EDITORIAL



Dear Colleagues and partners,

This edition of the Health Emergency Bulletin comes at a time when South Africa is contending with several vaccine-preventable disease outbreaks. From mpox with 11 confirmed cases this year, and new signs of local transmission; the measles outbreak in Gauteng, which has already affected nearly 700 people nationally, the challenges we face underscore the urgent need to restore and sustain high immunisation coverage.

The resurgence of diphtheria, with 73 cases and a concerning 21% case fatality rate, is another stark reminder of the risks posed when immunity gaps widen. We also report on the cholera cluster in Limpopo, the first for 2025.

While limited to two cases, this event highlights South Africa's continued vulnerability to imported cholera and the importance of vigilance in surveillance, rapid response, and cross-border coordination.

At the regional level, the burden of cholera, mpox, measles, and other outbreaks continues to test the resilience of our health systems.

The African Region has reported more than 435,000 cholera cases already this year, with deaths rising by over 50% compared to 2024. These statistics are not just numbers, they represent families, communities, and health workers under immense pressure.

Yet, there is reason for optimism. The rapid activation of national and provincial teams, the roll-out of vaccination campaigns, and the adoption of innovative surveillance tools show what is possible when we act together with urgency and purpose.

The lessons we draw today must drive stronger routine immunisation, robust preparedness, and targeted catch-up campaigns to close immunity gaps.

As we move forward, let us remain committed to building resilient systems, empowering our health workers, and ensuring that no community is left behind. Preparedness is not an event—it is a continuous effort, and together we can make it stronger.

Ms Shenaaz El-Halabi
Country Representative
WHO South Africa



MPOX SITUATION UPDATE

South Africa continues to respond to the evolving threat of mpox.

New case: 1 (KwaZulu-Natal, 29-year-old male, no travel history)

The patient, a 29-year-old male with no travel history, developed symptoms on 21 July 2025 and was admitted for care on 28 July. The case was confirmed by laboratory testing on 30 July. He received treatment with Tecovirimat and public health measures including case investigation, contact tracing, and risk communication were initiated the same day.

2025 totals: 11 cases | 0 deaths | CFR: 0%

Cumulative (2022–2025): 41 cases | 3 deaths

Transmission & clades

Clade IIb dominated 2022 & 2024.

Clade Ib emerged in 2025, first detected in Gauteng from a traveller returning from Uganda.

Clusters in Gauteng and the most recent case in KwaZulu-Natal confirm **local transmission**.

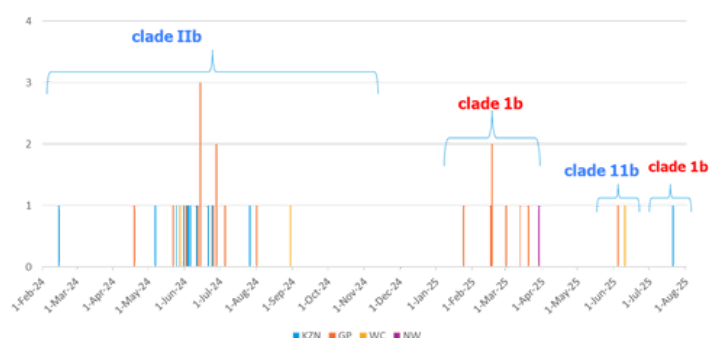


Figure 1. Epidemiological curve of laboratory confirmed mpox cases by date of symptom onset, South Africa: 01 February 2024 – 01 August 2025

Demographics (2025 cases)

Age range: 14 to 45 years

Median age: 32 years (IQR: 30–35);

Gender distribution: six (6; 55%) females and five (5; 45%) males

Vaccination

South Africa received **10,700 MVA-BN doses**.

So far, 1,111 doses have been administered, but uptake remains low.

Strategy under development for high-risk populations.

Response

Provincial and national teams activated.

Enhanced surveillance, contact tracing, and genomic sequencing supported by NICD.

Wastewater surveillance picked up mpox signals in Sol Plaatje, Vhembe, and Buffalo City (no clinical cases yet).

National mpox clinical management guidelines finalized.

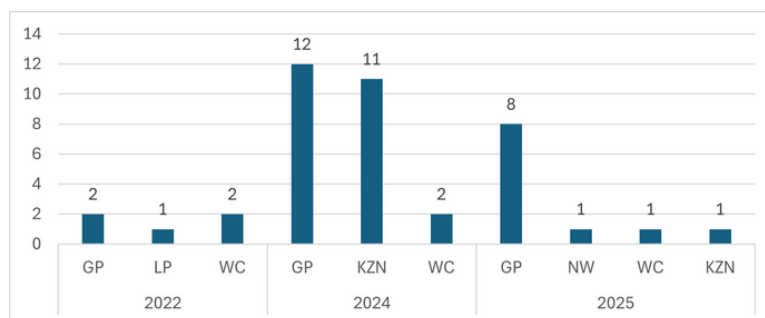


Figure 2. South African mpox cumulative cases, June 2022–July 2025

Province	No. of doses allocated	No. of doses administered	No. of doses remaining (exp 2027)	AEFI
Gauteng				
Westrand RP	4540	1041		0
Hillbrow RP	1200	0	1200	0
KwaZulu-Natal	3460	65	3395	0
Western Cape	1490	5	1485	0
Total	10690	1111	6090	0

Table 1. MVA-BN vaccine uptake by province (Last updated 06 August 2025).

Conclusion: Mpox remains a cross-border threat. Strong lab and clinical capacity is in place, but challenges include delayed diagnosis, low clinical suspicion, and slow vaccine uptake.

MEASLES SITUATION UPDATE

Measles, a highly contagious but preventable disease, continues to spread amid declining routine immunisation coverage.



Measles campaign field support

Response

A province-wide measles/rubella vaccination campaign (4 Aug–12 Sept) targeted **~4 million children (6 months–15 years)**.

Early monitoring showed coverage below the **≥95% target**.

WHO supported an **Intra-Action Review (IAR)** to assess campaign gaps and strengthen efforts.

Key gaps identified:

Weak data reporting and verification.
Limited engagement of primary health care facilities.
Need for stronger school-based vaccination strategies.

Cases (as of Week 34 of 2025)

National: 698 cases

Gauteng: 474 cases (68% of total)

Tshwane: 233 (49.2%)

Johannesburg: 124 (26.2%)

Ekurhuleni: 99 (20.9%)

Most affected: children under 15 years (479 cases; 68.6%). No difference by sex.

A WHO risk assessment (June 2025) classified **3 of 5 Gauteng districts as very high risk**

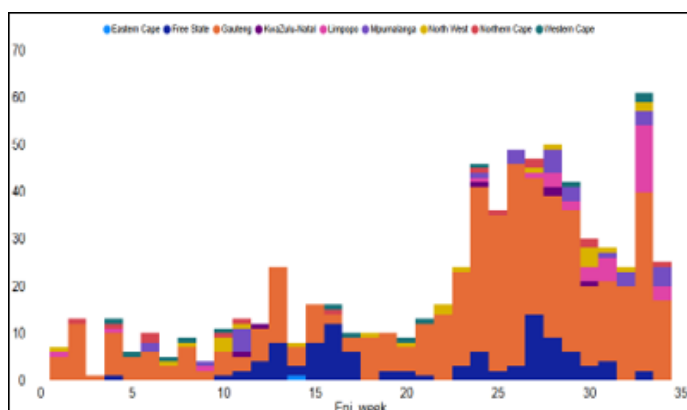


Figure 3: Epidemiological Curve of Lab confirmed Measles Cases (Week 1-34). Data source: National Measles Case based database

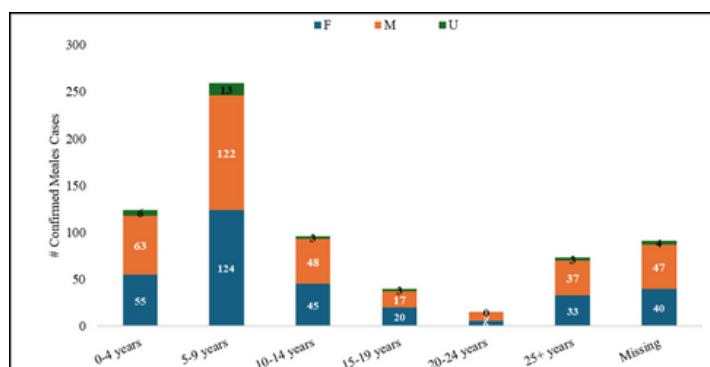
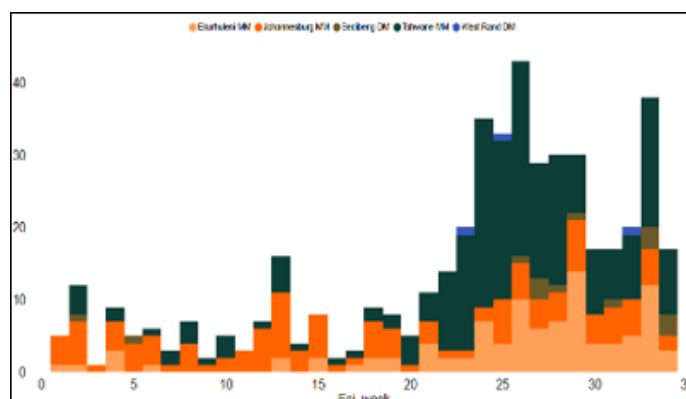


Figure 4: Distribution of Lab confirmed Measles Cases by age and sex (Week 1-34). Data source: National Measles Case based database



DIPHTHERIA OUTBREAK

Diphtheria, caused by toxin-producing *Corynebacterium diphtheriae*, is resurging amid falling vaccine coverage..

Hexavalent vaccine (DTP1) coverage: dropped nationally from 87.0% (2022) → 81.1% (2023) → 75.9% (2024).

Further decline in Jan–Jun 2025: 72.4%, down from 77.2% in the same period of 2024

Provincial Coverage Drops (2024 → 2025, DTP1):

Eastern Cape: 69.9% → 63.2% (–9.6%)

Northern Cape: 85.1% → 76.0% (–10.7%)

Limpopo: 87.8% → 80.9% (–7.9%)

Other provinces also declined 2–7%

Cases

Total 73 cases: 71 confirmed and 2 probable.

CFR: 21% (15 deaths).

Carriers: 52 asymptomatic individuals (77% from the Western Cape).

Median age: 25 years; 69% were adults ≥18 years.

Children: ≤ 12 years accounted for 17 respiratory cases. Among 5 with vaccination data: 2 unvaccinated, 1 partially vaccinated, only 2 fully vaccinated.

By province:

Western Cape: 47 cases (66%)

Limpopo: 9 (13%)

Mpumalanga: 8 (11%)

Gauteng: 4 (6%)

KwaZulu-Natal: 3 (4%)

Response

Prompt treatment with **antitoxin and antibiotics**, and case isolation.

Comprehensive **contact tracing, prophylaxis, and vaccination** of contacts.

Targeted **school and community campaigns** to close immunity gaps.

Conclusion: Both measles and diphtheria outbreaks are driven by declining routine immunisation coverage. Herd immunity is weakening, leaving children and unvaccinated adults at risk.

Urgent action is needed to:

Strengthen routine immunisation,

Intensify catch-up campaigns,

Improve data systems,

Engage health workers and communities.

Every child vaccinated = stronger public health security for South Africa.



Immunisation exercise in Gauteng

CHOLERA SITUATION UPDATE

A cluster of two cholera cases was confirmed in Vhembe District, Limpopo Province — the first for 2025.

Index case: 58-year-old woman from Western Cape, tested positive on 4 July after traveling through Free State, Mpumalanga, and Limpopo.

Secondary case: Her 23-year-old daughter-in-law, confirmed positive while returning to Western Cape. Both cases were mild.

2025 totals: 2 cases | 0 deaths | CFR: 0%

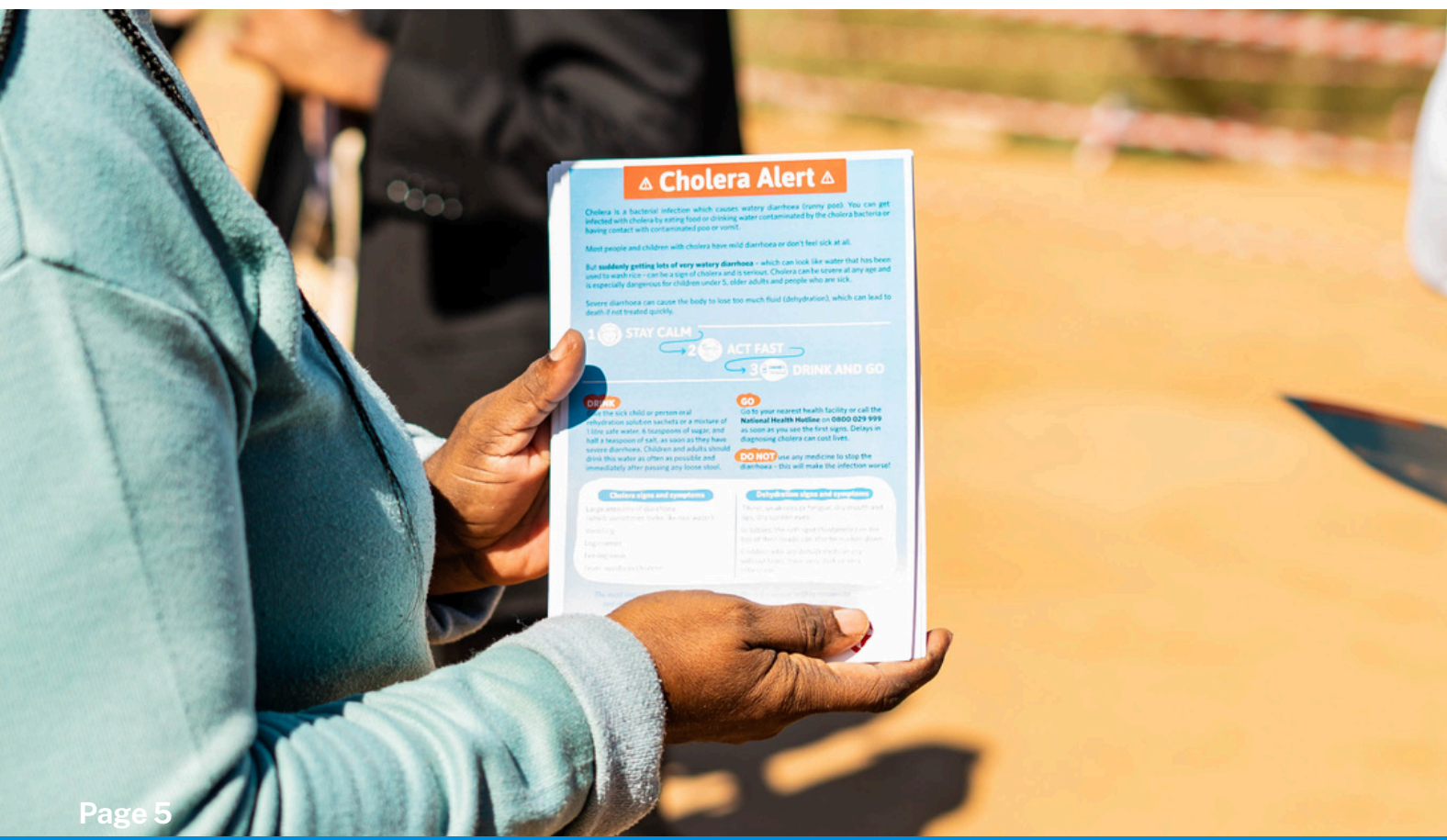
Conclusion: South Africa is not cholera-endemic, but remains vulnerable to imported cases. A national multisectoral cholera elimination plan is being developed with WHO and Global Task Force on Cholera Control (GTFCC) support.

Public Health Response

Contact tracing identified one symptomatic contact (tested negative).

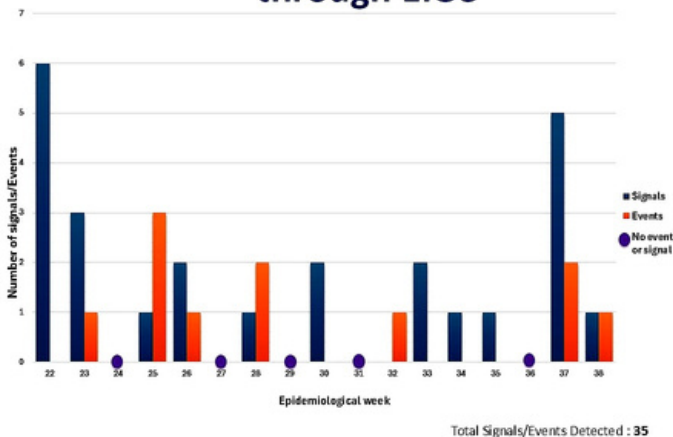
Environmental assessments in Limpopo found no immediate risks; water samples were collected.

NDoH, NICD, and WHO continue **isolation, tracing, environmental monitoring, and technical guidance.**



SOUTH AFRICA EIOS UPDATE

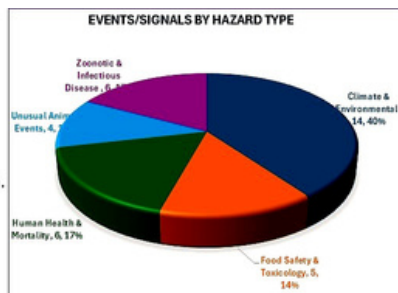
Signals and Events detected daily through EIOS



What it means?

Multiple hazards detected across 5 main categories:

- Climate & Environmental (40%) – **most dominant**.
- Zoonotic & Infectious Disease (17%).
- Human Health & Mortality (17%).
- Food Safety & Toxicology (14%).
- Unusual Animal Events (12%).



Leading Threat

- Account for the majority (40%) of detected signals.
- Recurrent extreme weather: snow, veld fires, thunderstorms, heavy rainfall, and fire warnings – all picked up during STAR workshops!
- Highlight **increasing climate-driven risks** affecting communities and infrastructure.
- To note: the **convergence of multiple hazards** in Week 37–38

Key Recommendations Based on Signals Detected

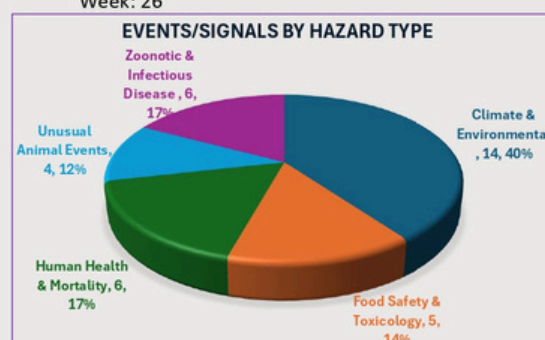
- ✓ Strengthen climate-sensitive early warning systems by mapping data, setting clear alert triggers, and ensuring fast communication to PHEOCs and communities.
- ✓ Boost surveillance and rapid response capacity to manage concurrent multi-hazard events.
- ✓ Reinforce cross-border coordination for threats such as malaria surges.
- ✓ Improve food safety and water sanitation monitoring to curb outbreaks and contamination.
- ✓ Promote One Health coordination by integrating human, animal, and environmental health to better manage overlapping hazards.

Signals Detected: Aug – Sept 2025

Epi Week	Description	Hazard Type
Week 33	Meningitis death	Human Health & Mortality
	Extreme weather conditions : snow	Climate & Environmental
Week 34	Food poisoning	Food Safety & Toxicology
	Malaria surge in Zimbabwe	Human Health & Mortality
Week 35	Fire Warning	Climate & Environmental
	Veld fires	Climate & Environmental
Week 36	0	
Week 37	Public Safety/ Violence-related Event	Human Health & Mortality
	Foodborne	Food Safety & Toxicology
	Food Poisoning	Food Safety & Toxicology
	Viral hemorrhagic fever	Zoonotic & Infectious Disease
	Sewage contaminated river	Food Safety & Toxicology
	Housefire deaths	Climate & Environmental
Week 38	KZN Weather Warning: Heavy down pours and severe thunderstorms	Climate & Environmental
	Weather Warning: Heavy rainfall and thunderstorms	Climate & Environmental
	Structural fire deaths	Climate & Environmental

Signals Detected: May – Sept 2025

- **Zoonotic & Infectious Disease Signals**
Weeks: 22, 23, 26, 28, 30, 37
- **Climate & Environmental Events**
Weeks: 22, 23, 25, 33, 35, 37, 38
- **Food Safety & Toxicology**
Weeks: 22, 23, 34, 37
- **Human Health & Mortality Events**
Weeks: 28, 30, 33, 34, 37
- **Unusual Animal Events**
Week: 26



REGIONAL HIGHLIGHTS

Global Cholera and AWD Situation

Between 1 January and 24 August 2025, WHO received reports of 435,006 cholera cases — a 17.9% decrease compared to the same period in 2024.

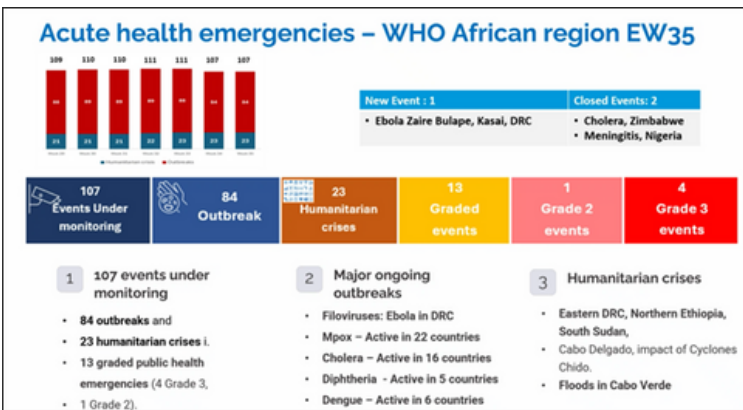
However, reported deaths rose by 51.1%, totaling 5,007. Thirty-one countries have reported cholera outbreaks in 2025. Chad, the Democratic Republic of Congo, South Sudan, and Sudan are currently experiencing acute crisis-level outbreaks.

In Southern Africa, Angola, Mozambique, and Zambia continue to report active transmission.

The following tables summarize the current status of key public health emergencies across the African Region as of September 2025.

They present updated case counts, geographic distribution, and response measures for priority outbreaks including Ebola, cholera, mpox, measles, and others.

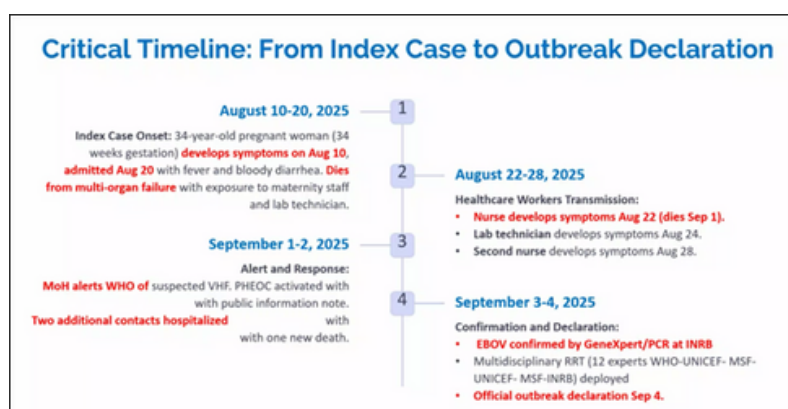
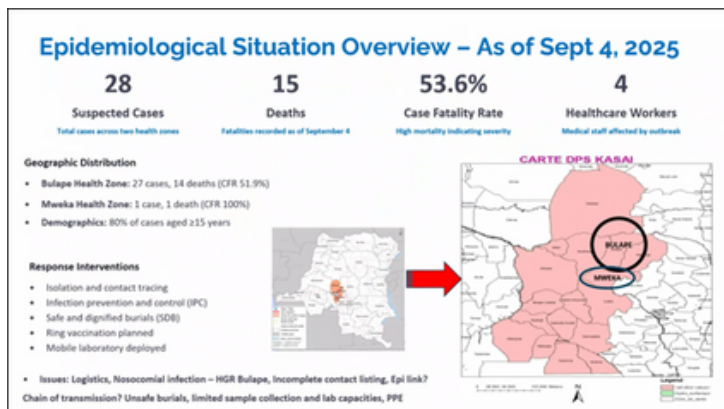
This snapshot provides a consolidated view of the evolving epidemiological landscape to guide monitoring and response.



Rapid Risk Assessment and Grading : Grade 3



Ebola, Zaire, Bulape, Kasai, Democratic Republic of Congo



World Health Organization

QUOTES

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SCholera remains a significant global public health concern, with the number of affected countries doubling from 9 in 2022 to 18 in 2024. Although South Africa is not cholera-endemic, it remains vulnerable to imported cases and is among the 31 countries that reported cases in 2025. In response, South Africa is developing a multisectoral cholera elimination plan with support from WHO, partners, and the GTFCC.

*Dr Joseph Wamala
EPR Team Lead
WHO South Africa*



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The recent resurgence of vaccine-preventable diseases such as measles, diphtheria, and mpox in South Africa is an important reminder that preparedness is not a one-time event — it is a continuous, strategic investment in our health systems. As we face evolving threats, from localized outbreaks to cross-border transmission, our ability to respond swiftly and effectively depends on the strength of our surveillance, immunisation coverage, and community engagement.

Preparedness and readiness is key to health security. They enable us to detect early signals, mobilize resources, and protect vulnerable populations before crises escalate. The lessons from recent outbreaks must drive us to build resilient systems that leave no community behind.

In the face of acute health events, our collective readiness is not just a technical imperative — it is a moral one. Every life protected through timely action is a testament to the power of preparedness.

*Dr Patrick Moonasar
EPR Officer
WHO South Africa*



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South Africa is strengthening infectious hazard preparedness through risk-based planning, integrated surveillance, PHEOC development, and IHR (2005) alignment supported by national frameworks and multisectoral coordination to ensure timely, effective, and resilient emergency response.

*Dr Takalani Nemungadi
Infectious Hazards Management Officer
WHO South Africa*



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The Gauteng Department of Health is committed to protecting every child and community through life-saving vaccines. With the invaluable technical support of the World Health Organization, we are rolling out the measles/rubella vaccination campaign and looking to strengthen immunisation services to ensure no one is left behind and that every dose counts towards a healthier, safer future of our children.

*Dr Simangele Mthethwa
VPD Surveillance Officer
WHO South Africa*



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