



**NATIONAL INSTITUTE FOR
COMMUNICABLE DISEASES**

Division of the National Health Laboratory Service

Notifiable Medical Conditions Surveillance System: Ebola notification process

1

**Presenter: Lehlohonolo Kumalo: Head of Section
Division of Public Health Surveillance and Response
National Institute of Communicable Diseases (NICD)**

18 June 2026

NICD's Core Business



Disease Surveillance

To detect communicable disease outbreaks and epidemics through surveillance and research.



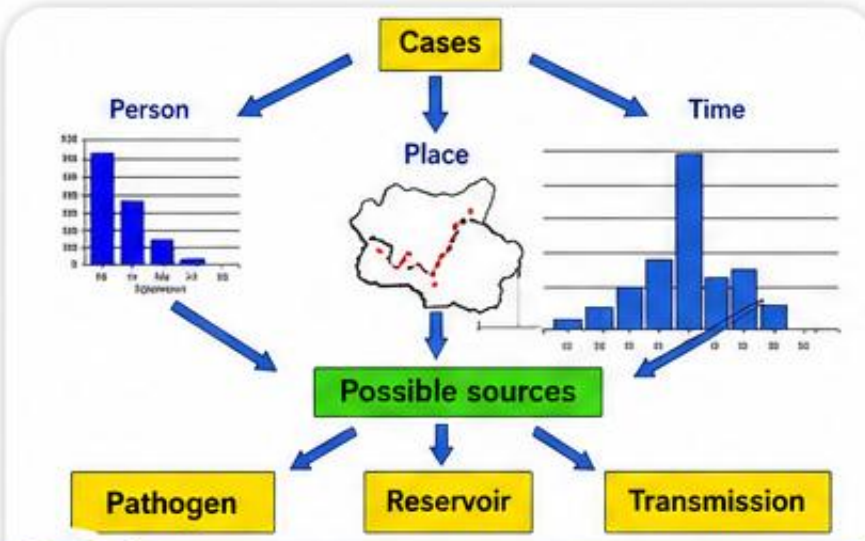
Reference Laboratory

To provide a reference function for communicable diseases laboratories in the public and private sectors, nationally, regionally and internationally.



Capacity Building

To build and strengthen capacity for communicable diseases response, nationally and regionally.



Outbreak Investigation

To effectively respond and anticipate imminent communicable disease outbreaks and epidemics.



NICD



Research

To engage in directed and relevant research in order to answer questions related to national and regional public health communicable disease problems, their surveillance and management.

NICD Centres



**CENTRE FOR EMERGING
ZOO NOTIC AND PARASITIC
DISEASES**

Includes VHF (e.g., Ebola virus)



**CENTRE FOR
ENTERIC DISEASES**



**CENTRE FOR HEALTHCARE
ASSOCIATED INFECTIONS,
ANTIMICROBIAL RESISTANCE &
MYCOSES**



CENTRE FOR HIV & STIs



**CENTRE FOR RESPIRATORY
DISEASES AND MENINGITIS**



CENTRE FOR TUBERCULOSIS



**CENTRE FOR VACCINES
AND IMMUNOLOGY**



**DIVISION OF PUBLIC HEALTH
SURVEILLANCE AND RESPONSE**



NATIONAL CANCER REGISTRY



TRANSVERSAL FUNCTIONS

NOTIFIABLE MEDICAL CONDITIONS (NMCs)

WHAT ARE NMCs

- Notifiable Medical Conditions are diseases that are:



- ✓ of public health importance,
- ✓ may cause outbreaks or epidemics,
- ✓ Require timeous detection and rapid public health action.

4

WHY DO SURVEILLANCE?

- Surveillance of NMCs is essential to:



- ✓ **Detect:** Identify cases early
- ✓ **Monitor:** Track trends and detect outbreaks
- ✓ **Respond:** Initiate timely public health action
- ✓ **Prevent:** Reduce morbidity, mortality and spread of disease



Surveillance of NMCs enables **early detection, rapid response**, and **effective control** of disease, protecting the health of our population

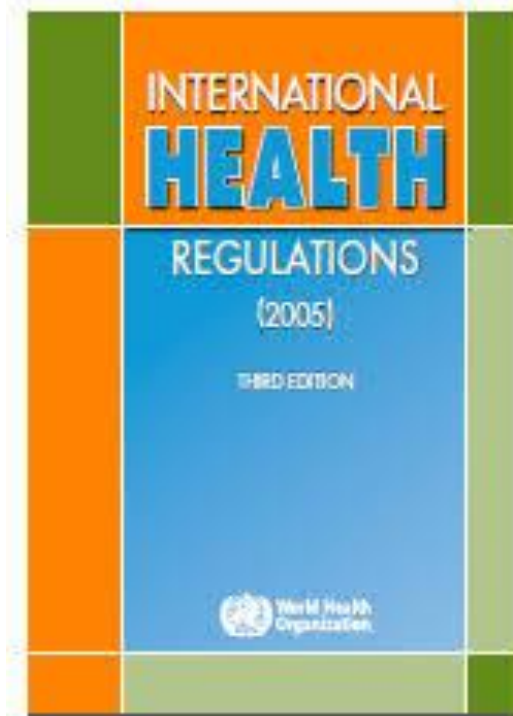
LEGISLATIVE FRAMEWORK FOR NMCs

WHY REPORT?

- ✓ Legally enforced surveillance

INTERNATIONAL HEALTH REGULATIONS (IHR 2005)

Aim of IHR reporting



Prevent avoidable outbreaks and international diseases spread

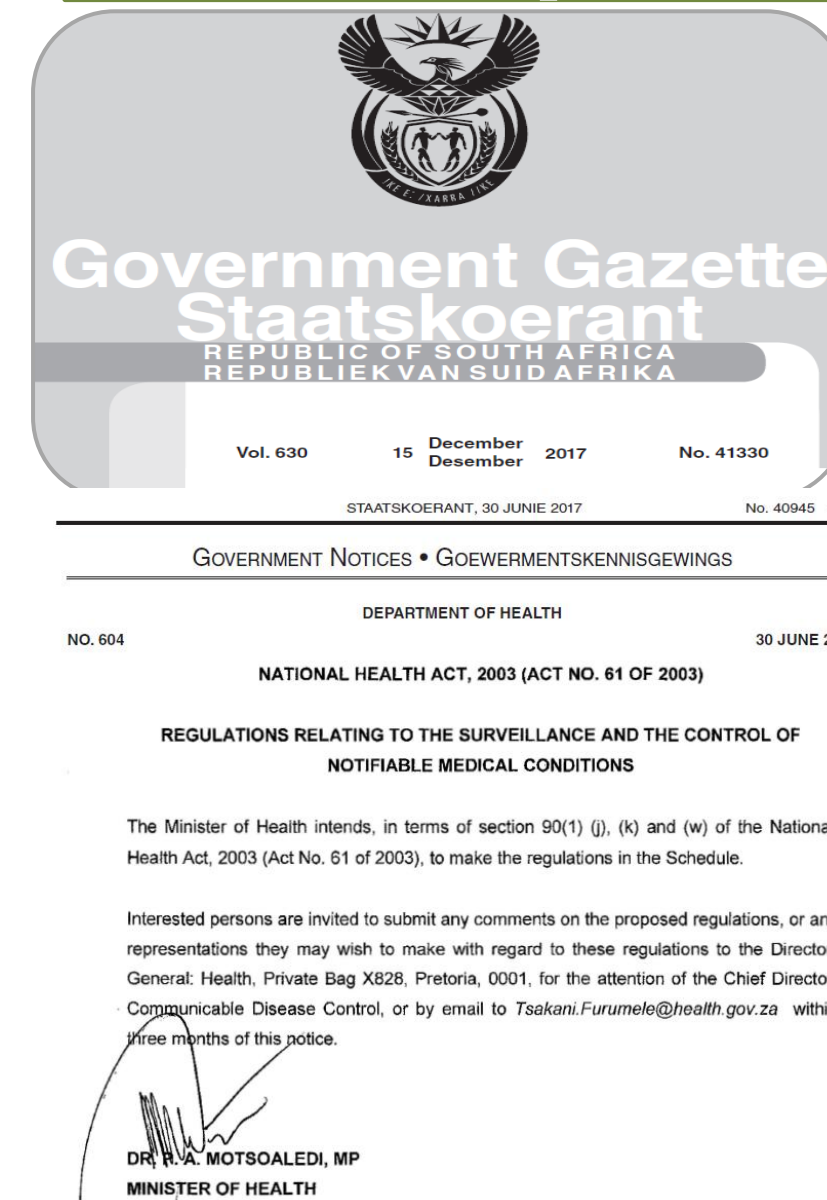


Detect threats early



Respond rapidly and effectively

SOUTH AFRICA: NATIONAL HEALTH ACT, [61 of 2003] NMC REGULATIONS, 2017



Enable early detection of outbreaks



Facilitate rapid response



Ensure timely reporting of NMCs by healthcare workers and laboratories



These legal instruments form the foundation of NMC surveillance and response in South Africa, aligned with international obligations and national public health priorities.

NMC Categories

CATEGORY 1

Immediate
Notification
(24 hours)



Category 1 [notifiable medical conditions](#) that require **immediate reporting** 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** as well as **private and public health laboratories**.

CATEGORY 2

Within 7 days



Category 2 [notifiable medical conditions](#) to be notified through a written or electronic notification to the Department of Health **within seven (7) days** of diagnosis **by healthcare providers** as well as **private and public health laboratories**

CATEGORY 3

Within 7 days



Category 3 notifiable medical conditions must be notified through a written or electronic notification to the Department of Health **within 7 days** of diagnosis by **private and public health laboratories**

CATEGORY 4

Within 1 month



Category 4 [notifiable medical conditions](#) must be notified through a written or electronic notification to the Department of Health **within 1 month** of diagnosis by **private and public health laboratories**

Category 1

- Acute flaccid paralysis
- Acute rheumatic fever
- Agricultural or stock remedy poisoning
- Anthrax
- Botulism
- Cholera
- Congenital rubella syndrome
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Foodborne disease outbreak
- Haemolytic uraemic syndrome (HUS)
- Listeriosis
- Malaria
- Measles
- Mercury poisoning
- Meningococcal disease
- Mpox
- Pertussis
- Plague
- Poliomyelitis
- Rabies (human)
- Respiratory disease caused by a novel respiratory pathogen*
- Rift Valley fever (human)
- Rubella
- Smallpox
- **Viral haemorrhagic fever diseases****
- Yellow fever



Category 1 NMCs require **IMMEDIATE NOTIFICATION** using the fastest available means, followed by written or electronic notification to the Department of Health **within 24 hours** of diagnosis.

Viral hemorrhagic fever diseases include **Ebola or Marburg viruses, Lassa virus, Lujo virus, new world arena viruses, Crimean-Congo hemorrhagic fever, Hemorrhagic Fever with Renal Syndrome, and other newly identified viruses causing hemorrhagic fever

Why should we notify Ebola?



It is easily transmissible from person to person and has outbreak potential



Early notification enables rapid public health action to stop transmission and save lives.

8



Ebola virus



After notification of a case, public health officials will request all contacts of the case to monitor themselves for fever and compatible symptoms for a **21-day period** following exposure.

Who should notify?

Healthcare providers, laboratories, and medical schemes in the public and private sector must notify NMCs.



Healthcare Providers

Doctors, nurses and other healthcare workers in hospitals, clinics, and other healthcare settings.



Laboratories

Public and private health laboratories must notify confirmed cases of NMCs.



Medical Schemes

Medical schemes must notify relevant notifiable medical conditions in accordance with regulations.

- The health care practitioner who **suspects** EVD, BVD, or SVD and requests laboratory testing should notify the case.
- The laboratory that diagnoses the condition should also notify the case.

What to notify? – Case Definition

SUSPECTED CASE



with sudden onset of fever $> 38.5^{\circ}\text{C}$ with at least three of the following signs and symptoms:

- headaches, lethargy, myalgia, or
- abdominal pain, vomiting, anorexia, loss of appetite, diarrhoea, difficulty in swallowing, hiccups, bloody diarrhoea, or
- bleeding from gums, bleeding into skin (purpura), bleeding into eyes and urine, or any sudden inexplicable death **AND** a likely epidemiological exposure including any of
 - contact with a suspected, probable or confirmed Ebola case, or
 - residence in—or travel to—an outbreak area (as reported on www.nicd.ac.za) within 21 days of illness onset, or
 - contact with dead or sick animal (bats, rodents, or primates) or
 - laboratory exposure, or
 - exposure to semen from a confirmed acute or convalescent case of EVD within the 10 weeks of that person's onset of symptoms)

PROBABLE CASE



Any deceased suspected case (where it has not been possible to collect specimens for laboratory confirmation having an epidemiological link)

CONFIRMED CASE



any evidence of Ebola virus infection as evidenced by any of the following

- PCR positive and virus isolation from the patient's first (single) specimen
- PCR positive and IgM positive result on patient's first (single) specimen; or
 - PCR positive on two separate specimens from the same patient collected at least one day apart, or
 - PCR positive but IgM/IgG negative result in patient's first specimen and PCR negative but IgM/IgG positive result in patient's second specimen was collected at least one day apart, or
 - Increase in IgM/IgG titres between acute and convalescent specimens, or
 - is a suspected case with laboratory suggestive evidence of Ebola virus infection by (IgM positive result on patient's first specimen)

Where to notify?- Notification Platforms

Notifiable Medical Conditions (NMC) Case Notification Form
 (Section 50 (1) (g), (h) and (w) of National Health Act, 2003 (Act no. 61 of 2003))
 This form must be completed immediately by the health care provider who diagnosed the condition. Please mark applicable areas with an X

Health facility name (with provincial prefix) CHRIS HANI BARA HOSP	Health facility contact number 0119809000	Health sub-district COJ
Patient file/folder number 003	Patient HPRS-PRN N/A	Date of notification 2 0 1 8 - 0 4 - 1 0
Patient demographics		
First name OLIVE	Patient residential address 10 VILAKAZI STREET	
Surname MINT	Orlando East	
S.A ID number 2 0 0 5 1 8 0 2 3 8 0 8 9	Soweto	
Passport/other ID number	Gauteng	
Citizenship SOUTH AFRICAN	Post code 1980	
Date of birth 2 0 0 0 - 0 5 - 1 8	Employer/educational institution address	
Age 18	UNEMPLOYED	
Gender Female	Street name, building, location description	
Is patient pregnant? No	Sub-place, suburb, village, postal area	
Contact number 0 7 8 1 7 5 1 1 1 1	Township	
	Post code	
	Contact number	
Medical conditions details		
NMC diagnosed MALARIA	History of possible exposure to NMC in the last 60dys	
Method of diagnosis	<input checked="" type="checkbox"/> Rapid test <input type="checkbox"/> X-ray <input checked="" type="checkbox"/> Laboratory confirmed <input type="checkbox"/> Other	
Clinical symptoms relating to the NMC LETHARGY, FEVER, CONFUSION		
Treatment given for the NMC COARTEM		
Date of diagnosis 2 0 1 8 - 0 4 - 0 9	Date of symptom onset 2 0 1 8 - 0 4 - 0 2	Ward name 20
Patient admission status Outpatient	<input checked="" type="checkbox"/> Inpatient	Date of death
Patient vital status Alive	<input type="checkbox"/> Deceased	
Travel history in the last 60 days		
Did patient travel outside of usual place of residence? Yes	<input checked="" type="checkbox"/> No	
Place travelled to or place travelled from	If yes, complete the travel details below	
Province or Country	Locality/village/town	Date of exit from South Africa
		Date of entry into South Africa
Vaccination history for the NMC diagnosed above (complete only for vaccine preventable NMC)		
Vaccination status	Date of last vaccination	
Specimen details		
Was a specimen collected? <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Date of specimen 2 0 1 8 - 0 4 - 0 9	Notifying health care provider's details	
Specimen barcode ACDB425PZ1	First name	
	Surname	
	Mobile number	
	SANC/HPCSA number	
	Notifier's signature	

The top copy (white) must be sent to the sub-district/district office. The middle copy (blue) must be attached to the patient referral letter or patient file. The bottom copy (pink) must remain in the booklet

9:44 95%

health
Department: Health
REPUBLIC OF SOUTH AFRICA

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

NMC Reporting
Please login to proceed

Username

Password

Forgot Password?

LOG IN

Don't have an account yet?

REGISTER

Login

Enter username

Enter password

Reset password?

Login

Don't have an account yet?

Register

DOWNLOAD OUR ELECTRONIC APP

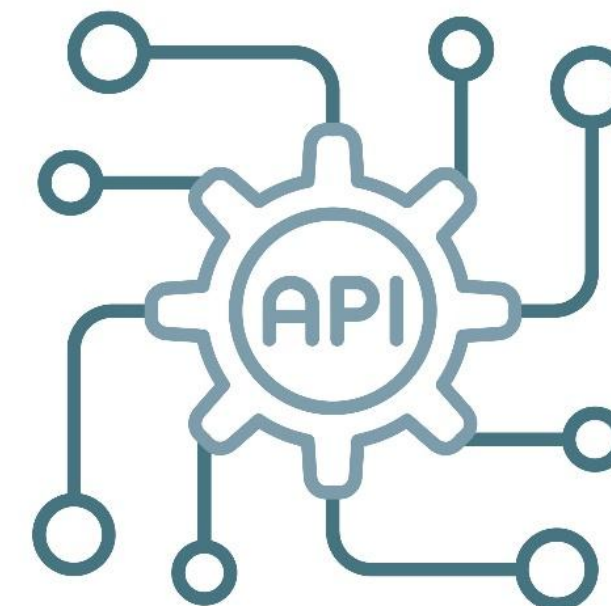
WEB PORTAL

ANDROID APP

HUAWEI APP

APPLE APP

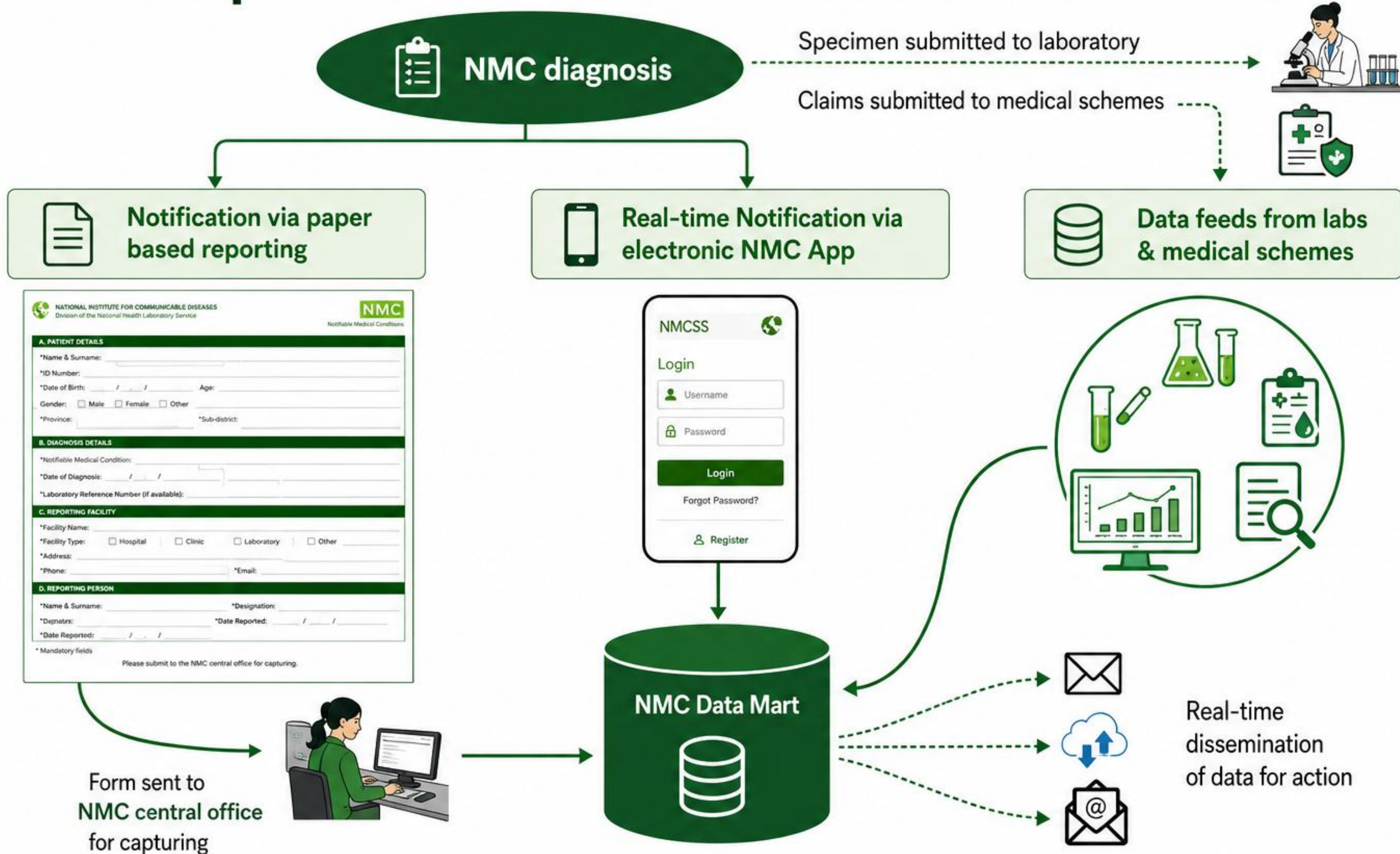
<https://nmc.nicd.ac.za/>



Application Programming Interface-API

Chat with us

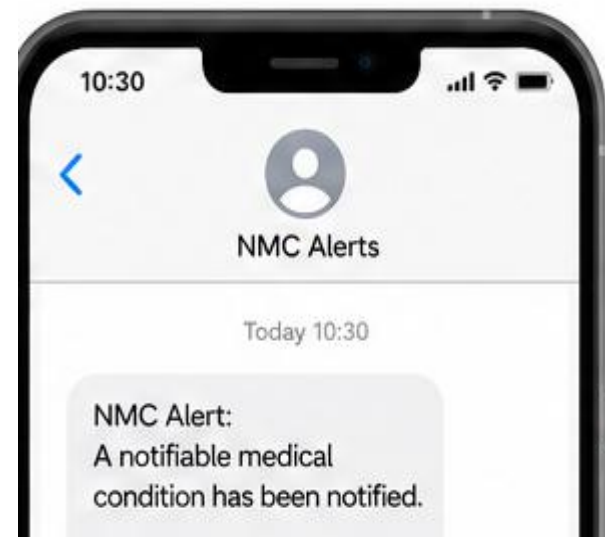
Simplified Flow of Information in the NMCSS



After notification



An alert is triggered once the notification is received for Category 1 NMC



Verification and Risk Assessment



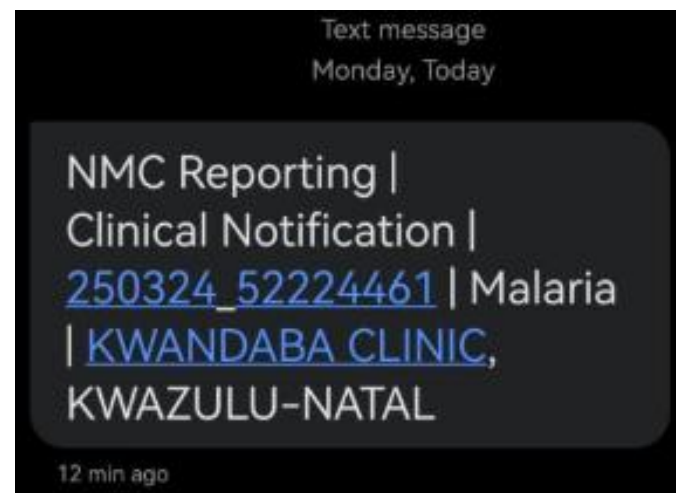
Case Investigation and Classification



Contact tracing and case management



Public Health Action and Interventions



Editing laboratory notification

Sunday, 14 June

NMC Reporting | Laboratory
Notification | [260612_6386760](#)
| Malaria | [STEVE BIKO](#)
[ACADEMIC HOSPITAL,](#)
GAUTENG

09:19



Patient Details



NMC details / Travel History



Vaccination History / Specimen



Back

Edit case

Resources- NICD Website



Centre for Emerging Zoonotic and Parasitic Diseases,
Outbreak Response Team, and Division of Public Health
Surveillance and Response
(NICD) 24-hour hotline number: 0800 212 552

CASE INVESTIGATION FORM: EBOLA VIRUS DISEASE/SUDAN VIRUS DISEASE/BUNDIBUGYO VIRUS DISEASE (EVD, SVD, BVD)							
Caused by:	<input type="checkbox"/> Zaire Ebola Virus (ZEBOV)	<input type="checkbox"/> Sudan Virus (SUDV)	<input type="checkbox"/> Bundibugyo ebolavirus (BDBV)				
I. PATIENT DETAILS							
Surname:	Name/s:						
Date of birth:	DD / MM / YYYY	Age:	Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>			
Contact Tel./Cell:	(000) 0000000	(000) 0000000	Occupation:				
Physical home address:							
II. ATTENDING HEALTHCARE WORKER AND HEALTHCARE FACILITY DETAILS							
Name of clinician:	Contact Tel./Cell clinician:		(000) 0000000				
Healthcare facility name:		Location of healthcare facility:					
Hospital case nr.:	Date of admission:	DD / MM / YYYY	Ward:				
III. CLINICAL INFORMATION							
A. Date of onset of illness:		DD / MM / YYYY					
B. Clinical features (Tick appropriate box: yes, no, unknown)							
Fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Rash	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
If yes, specify temperature	°C			If yes, date of onset?	DD / MM / YYYY		
Headache	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Trunk <input type="checkbox"/>	If yes, rash distribution?			
Muscle pain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Thorax <input type="checkbox"/>	Face <input type="checkbox"/>	Oral <input type="checkbox"/>	Arms <input type="checkbox"/>	All over body <input type="checkbox"/>
Joint pain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Genitals <input type="checkbox"/>	Legs <input type="checkbox"/>	Soles of hands <input type="checkbox"/>	Soles of feet <input type="checkbox"/>
Abdominal pain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	If yes, type of rash?			
Sore throat	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Macular	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Nausea/vomiting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Maculopapular	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Diarrhoea	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Vesicular	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Eschar	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Petechial	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Jaundice	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Vasculitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Bleeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	If yes, type of bleeding/bruising?			
If yes, date of onset?	DD / MM / YYYY			Epistaxis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Bruising	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Haematuria	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
				Ecchymoses	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
				Haematemesis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
				Melaena	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other, specify:							
If female, pregnant: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> n/a (male) <input type="checkbox"/>							
C. Antimicrobial therapy received by patient during this illness? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>							
(If yes, complete the tables below)							
Antibiotic	Route (po/IV/IM)	Date started	Date stopped	Duration of treatment (days)			
		DD / MM / YYYY	DD / MM / YYYY				
		DD / MM / YYYY	DD / MM / YYYY				
		DD / MM / YYYY	DD / MM / YYYY				

For related information, see [Bundibugyo virus disease \(BVD\)](#).

EBOLA VIRUS DISEASE FAQ DOCUMENT (2022)

EBOLA VIRUS CASE DEFINITION FORM (2022)

EBOLA VIRUS DISEASE CASE INVESTIGATION FORM (2026)

EBOLA VIRUS DISEASE PREPAREDNESS (2024)

GUIDELINES FOR THE SPECIALISED LABORATORY INVESTIGATION OF SUSPECTED EBOLA VIRUS DISEASE IN SOUTH AFRICA (2024)

NATIONAL GUIDELINES FOR RECOGNITION AND MANAGEMENT OF VIRAL HAEMORRHAGIC FEVERS (2015)

GUIDANCE ON REGULATIONS FOR THE TRANSPORT OF INFECTIOUS SUBSTANCES (2020-2021) - WHO



HOTLINE

**NICD hotline number:
0800 212 552**
**NMC's hotline number:
072 621 3805**

Resources- NICD Website

PREVENT



DETECT &
REPORT



RESPOND

OVERVIEW

NOTIFICATION PROCESS

NMC RESOURCES

NMC COVID-19 DOCUMENTS

NMCSS DATA INTERPRETATION

MONTHLY SURVEILLANCE REPORT

TUTORIAL VIDEOS

CONTACTS

PRIVACY POLICY

NMC CASE DEFINITIONS & BROCHURE

Comprehensive definitions of notifiable medical conditions across various categories, along with an informative brochure for user reference.

NMC Case Definitions- Category 1



NMC Case Definitions- Category 2



NMC Case Definitions- Category 3



NMC Case Definitions- Category 4



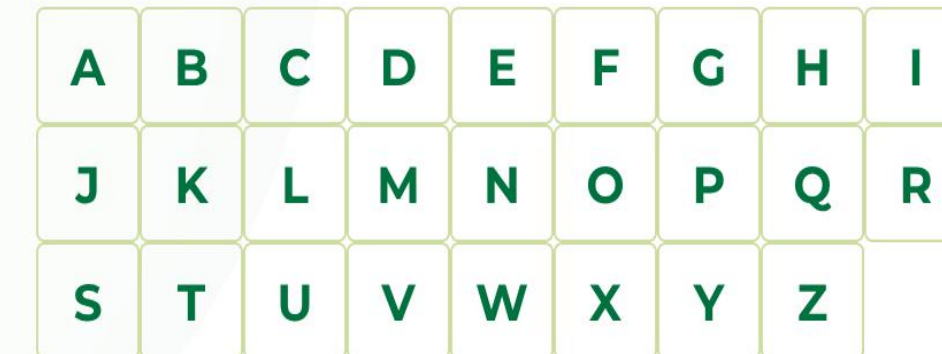
NMC Brochure



Disease Index

View All

A comprehensive directory of infectious diseases offering key information on symptoms, transmission, prevention, FAQs, clinical guidelines, and specimen submission forms.



[NMC Resources - NICD](#)

[Diseases A-Z Index - NICD](#)



Thank You

FOR YOUR TIME