Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 51

15th to 21st December 2025

This weekly bulletin presents the epidemiological status of priority diseases, events, and conditions under surveillance in South Sudan. The data comes from various actors involved in preparedness and response to public health events in the country. Special thanks to all the health implementing partners and health cluster humanitarian agencies supporting integrated disease surveillance and response.

Key highlights

- In week 51 of 2025, IDSR reporting timeliness was at 77%, which was slightly lower than 79% in week 50. The completeness of IDSR reporting was 82%, slightly lower than the previous week's performance. Only five states achieved completeness of reporting above 80%. Two States (Lakes and Unity) and one Administrative Area (Ruweng Administrative Area) achieved 100% completeness of reporting. Meanwhile, at the EWARN mobile sites, reporting timeliness and completeness were both at 92% during the current reporting week.
- **EWARS Alerts Management:** A total of 67 EWARS alerts were triggered in week 51, with 28 (42%) verified, indicating a decrease in alerts triggered and, in their verification, rates compared to week 50 of 2025. The most alerts were for Guinea Worm Disease (49%), ARI (28%), Cholera (9%), and EBS (7%). Credit to the teams in Northern Bah el Ghazal and Unity States for verifying all the alerts generated in EWARS.
- **Top 4 Morbidity:** In week 51 of 2025, a total of 137,892 consultations for morbidities were reported from across South Sudan, spanning 1,299 health facilities. Malaria remained the top cause of morbidity, causing 37% (51,546) of all cases, lower with almost 50% of OPD consultations reported in the previous 4 weeks, followed by Acute respiratory illnesses 15% (20543) and acute watery diarrhea 8% (10,707).
- **Marburg Readiness**: South Sudan is actively maintaining its state of readiness in response to the outbreak of Marburg virus that was confirmed in neighboring Ethiopia in November 2025. No new MVD alerts have been reported since 23 Dec 2025; 23 days elapsed since initial deaths in Lotimor Payam, Kapoeta East County. And none of the contacts of the 2 probable cases detected in Lotimor developed symptoms
- **Mpox Outbreak:** In the week ending 15th January 2026, there 5 new suspected Mpox case reported ([1]), and therefore the cumulative total of suspected Mpox cases in 2025 increased to 505. Similarly, there was no new confirmed Mpox case and the cumulative total number of confirmed cases remained 38 cases, with 34 in Juba, 2 in Rumbek Centre, 1 in Rumbek East, and 1 in Malakal counties.
- **Cholera outbreak:** As of 15th January 2026 ([2]), the cholera outbreak had cumulatively affected a total of 97,516 cases and 1,600 deaths (CFR: 1.6%, target < 1%), reported by 55 counties across 9 states and all 3 administrative areas (i.e., Ruweng, Greater Pibor, and Abyei)
- **Other active Outbreaks and events:** Anthrax, cVDPV2/Polio, measles and Hepatitis E outbreaks in various counties, and the Sudan Crisis humanitarian Response.

[1] *Data reported is aligned with published outbreak Situation reports and not the epidemiological week 51*

[2] *Data published and shared on the National Cholera Outbreak dashboard as of* 8th January 2026

Surveillance System Performance

The epidemic alert and response system in South Sudan mainly utilizes immediate alert notifications and weekly aggregate case count reports through the Integrated Disease Surveillance and Response (IDSR) system, supplemented by the Early Warning Alert and Response System (EWARS). For week 51, the timeliness of IDSR reporting was 77%, and the completeness was 84%, displaying a decrease in timeliness and Completeness of reporting when compared to the previous week.

Table 1: *Timeliness and completeness of IDSR reporting by State for week 51 compared to week 50 of 2025*

State	Total facilities	Number of facilities reported (Completeness Wk51)	Comparison of the reporting period				Cumulative since year start	
			Timeliness		Completeness			
			week 51	Week 50	week 51	week 50	Week 51	Completeness
Lakes	112	112	100%	100%	100%	100%	96%	100%
NBGZ	92	77	75%	91%	84%	99%	82%	92%
Unity	102	102	100%	99%	100%	100%	82%	95%
WBGZ	112	66	58%	86%	59%	92%	63%	86%
WES	191	160	69%	62%	84%	97%	77%	97%
Jonglei	120	114	95%	93%	95%	93%	86%	92%
Warrap	114	110	92%	75%	96%	96%	63%	90%
EES	112	99	59%	60%	88%	80%	**57%**	87%
RAA	16	16	31%	38%	100%	100%	**48%**	99%
CES	152	105	68%	69%	69%	69%	91%	93%
AAA	17	8	47%	100%	47%	100%	79%	90%
Upper Nile	143	108	69%	75%	76%	80%	67%	83%
PAA	16	14	88%	88%	88%	94%	92%	97%
Total	**1299**	**1091**	**77%**	**79%**	**84%**	**90%**	**77%**	**92%**

Key to Epidemiological Reporting Performance

≥80%	Good
60-79%	Fair
<60%	Poor

Figure 1: Maps showing Timeliness and Completeness of IDSR reporting in South Sudan by County in Week 51, 2025.

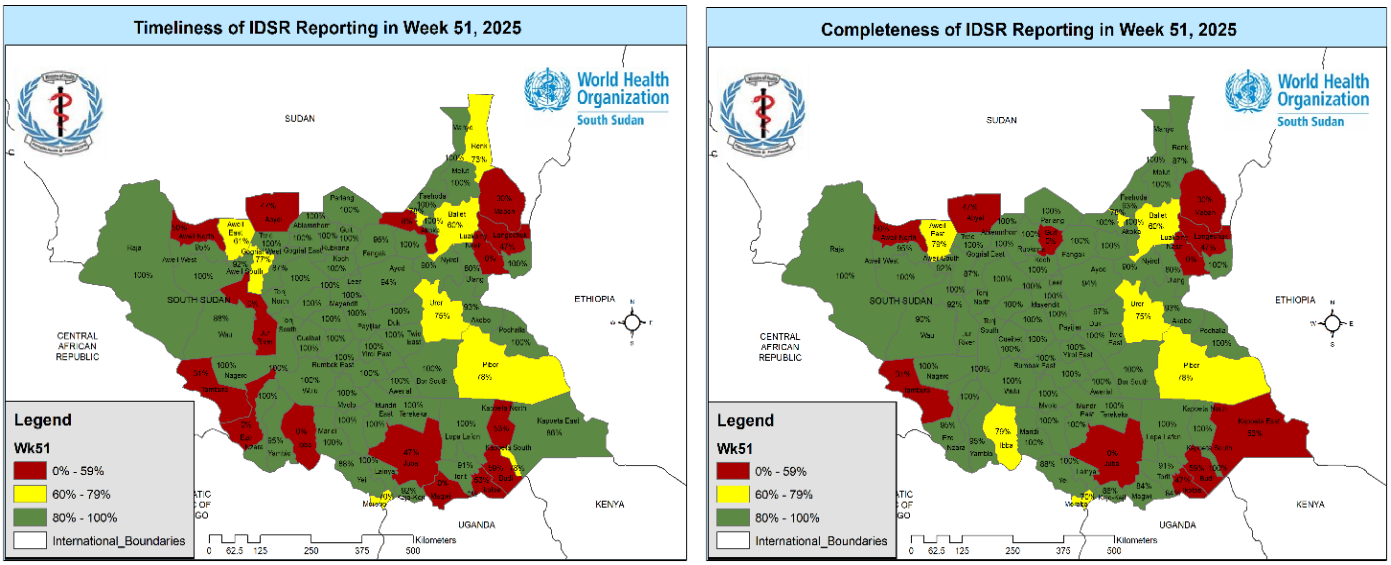


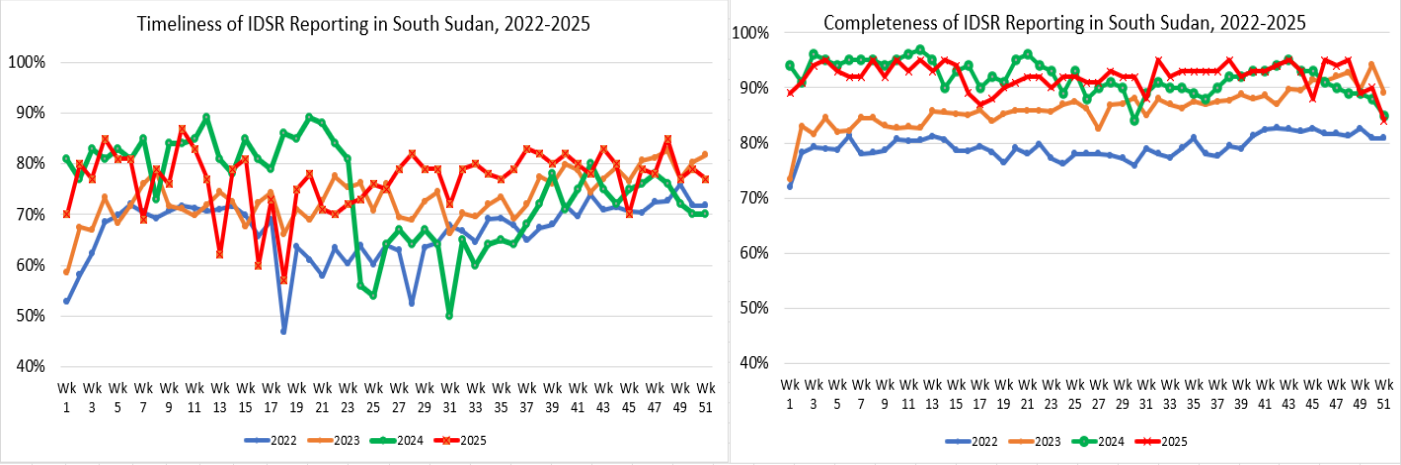
Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 51 of 2025.

IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for week 51, 2025							
Partners	# of Reporting Mobile Sites	% of Timeliness in week 51	% of Completeness in week 51	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 51	% of Completeness in week 51
IMC	1	100%	100%	Kator	3	0%	0%
SSHCO	1	0%	0%	Marial Baai	1	100%	100%
SMC	1	100%	100%	Northern Bari	1	0%	0%
SCI	2	100%	100%	Rajaf	3	0%	0%
HFO	2	100%	100%	Munuki	12	25%	25%
WVI	2	100%	100%	Wau South	20	95%	95%
CIDO	1	100%	100%	Wau North	12	83%	83%
HFD	1	100%	100%	Juba	10	100%	100%
RI	1	100%	100%	Mangala	1	100%	100%
TOTAL	**12**	**92%**	**92%**	**TOTAL**	**63**	**70%**	**70%**

Note: Congratulations to all partners for maintaining strong performance in EWARN reporting. Over the past several weeks, timeliness and completeness have consistently remained above 80% for 18 consecutive weeks (Weeks 32–50), representing a significant improvement from Week 31, when timeliness stood at 78%.

The analysis of IDSR performance over the past four years indicates that the significant declines observed in 2024 (Wk. 21-31) have recovered in the current year. Secondly, the shock under reporting observed in Week 45 of 2025 has also been corrected. Interactions with the county surveillance officers and their M&E officers suggest that the under-reporting was due to a) engagement of county medical teams in nOPV2 SNIDS, Stockouts of Medicines, and inertia of health workers in HSTP-funded facilities due to delayed payment of incentives.

Figure 2: Tracking of Timeliness and Completeness of IDSR reporting in South Sudan; 2022-2025.



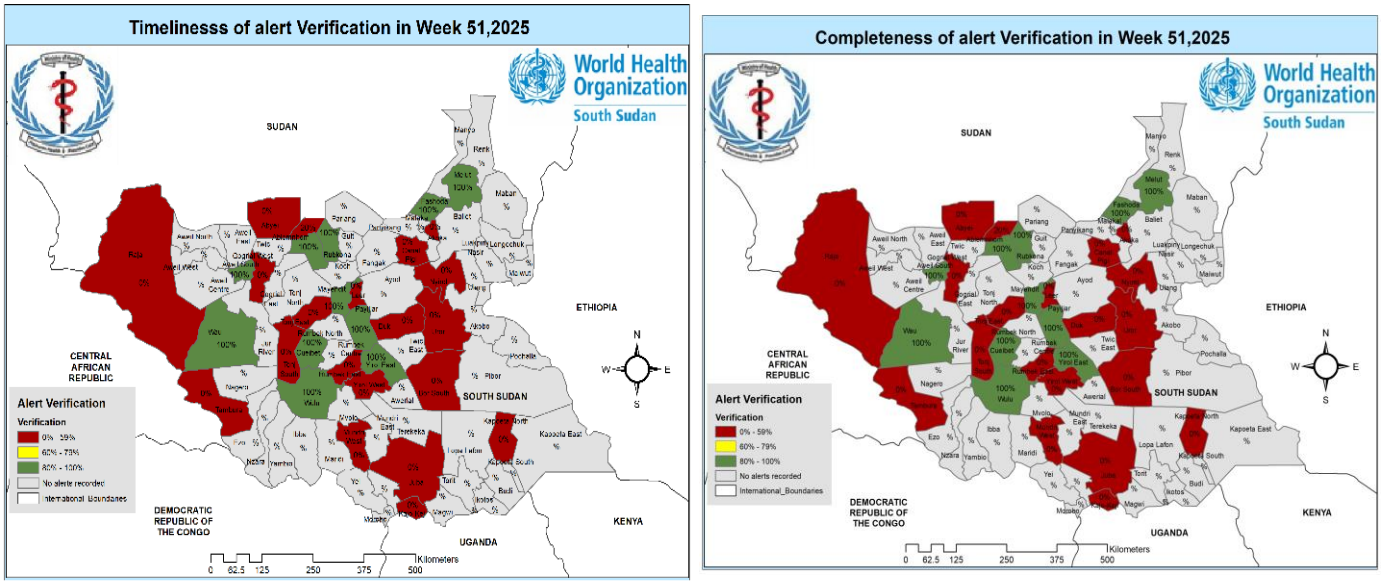
Epidemic alerts

In epidemiological reporting week 51, a total of 67 alerts were triggered in the EWARS system, with 43% (28) verified, indicating a decrease in alerts triggered and in their verification rates from week 50. One administrative area did not have a single notifiable disease alert. Special recognition goes to the states teams in Northern Bah el Ghazal and Unity that verified all EWARS alerts triggered in the week. Notably, most alerts were for Guinea Worm Disease (49%), ARI (28%), cholera (9%), EBS (7%).

Table 3: *Summary of EWARS alerts triggered and verified in Epidemiological Week 51, 2025.*

	ARI		AFP		Cholera		EBS		Guinea Worm		Measles		VHF		Total	
State/Admin	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V
AAA	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
CES	3	0	0	0	0	0	0	0	0	0	0	0	1	0	4	0
EES	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Jonglei	2	0	0	0	1	0	3	0	7	0	0	0	0	0	13	0
Lakes	3	1	0	0	0	0	0	0	19	15	0	0	0	0	22	16
NBGZ	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1
RAA	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
Unity	4	3	0	0	3	3	0	0	0	0	0	0	0	0	7	6
Upper Nile	1	1	0	0	1	1	1	0	1	0	0	0	0	0	4	2
Warrap	0	0	1	0	0	0	0	0	5	0	1	0	0	0	7	0
WBGZ	2	2	0	0	0	0	0	0	1	1	1	0	0	0	4	3
WES	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
GPAA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	19	7	1	0	6	5	5	0	33	16	2	0	1	0	67	28

Figure *3: Timeliness and Completeness of Alerts Verification rates by county of South Sudan for week 51, 2025*



Weekly Update on Indicator-Based Surveillance (Week 51 of 2025)

Indicator-based surveillance is implemented in South Sudan through the EWARS platform according to the IDSR 3rd edition guidelines, where approximately 59 priority diseases and public health events are regularly monitored and reported from health facilities across the country.

In week 51 of 2025, a total of 137,892 consultations for morbidities were reported from 1,299 reporting health facilities across South Sudan. Malaria remained the top cause of morbidity, causing 37% (51,546) of all cases, followed by Acute respiratory illnesses 15% (20543) and acute watery diarrhea 8% (10,707). Analysis of proportional morbidity rates for the three major causes of illness in South Sudan, indicates no significant changes in the distribution patterns over the last four years, illustrated in figure 4 below.

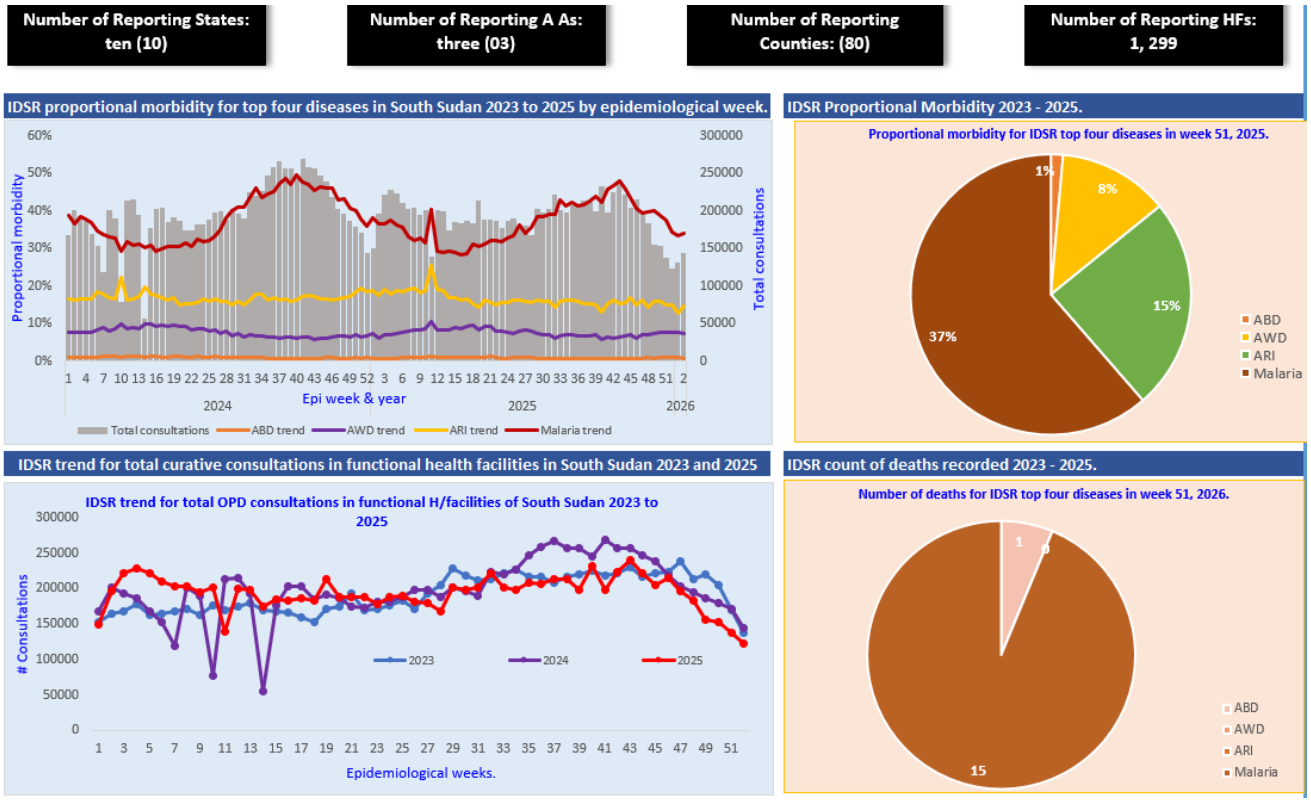
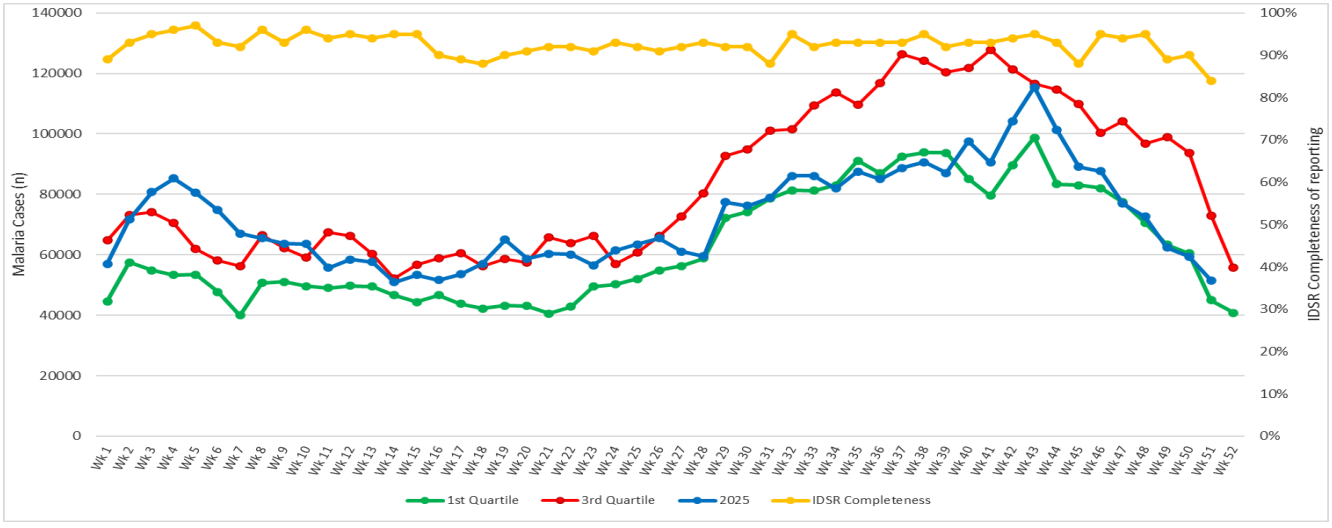


Figure 4: **Proportional Morbidity of top 4 IDSR priority diseases reported as of week 51 of 2025.**

1. Malaria Updates

In week 51 of 2025, malaria remained the leading cause of illness, with 51 546 reported cases and causing 15 deaths amongst the suspected cases. The weekly analysis reveals that these numbers are slightly lower than what was expected for the transmission period; Notably, the last two weeks have indicated a lower than normal number of malaria cases with a downward trend as expected in the transmission annually. This has been attributed to the nationwide shortage of supplies, including antimalarials, which urgently need the attention of all health players in the country since August 2025.

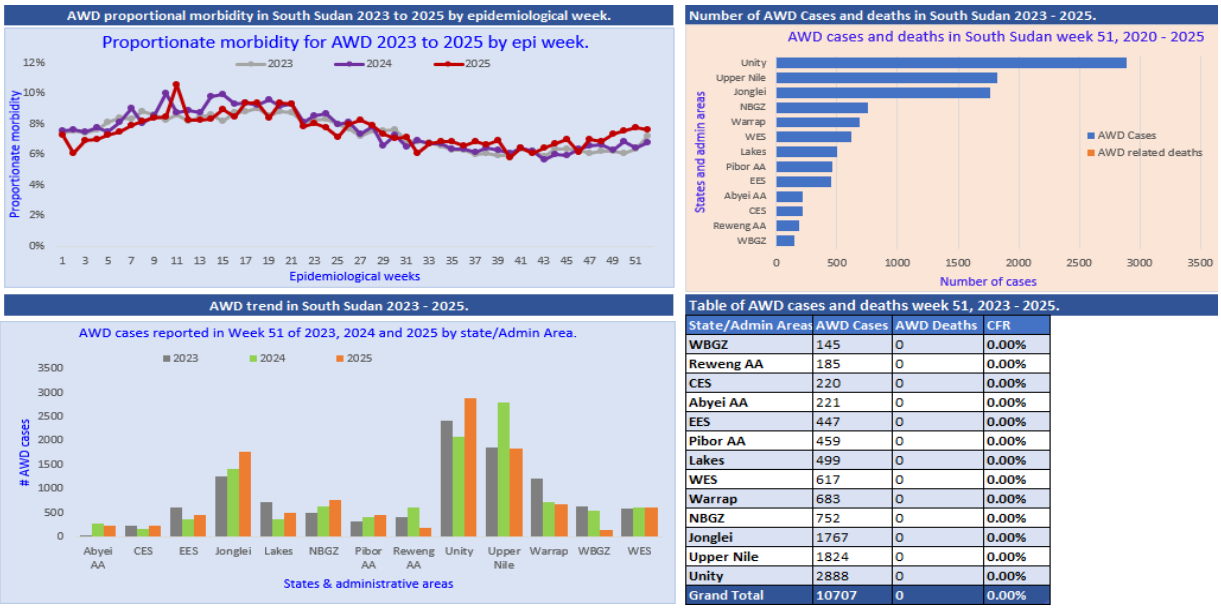
Figure 5: Normal Malaria Transmission Channel for South Sudan; Updated at Week 51 of 2025



2. Acute Watery Diarrhoea

During the epidemiological week 51, Acute Watery Diarrhoea (AWD) was the third leading cause of morbidity, causing 10,707 OPD consultations and four (4) deaths. After one year of the cholera outbreak, AWD cases remained within normal ranges. The AWD dashboard remains our analytic tool for visualizing trends and weekly data by geography, which aids in targeted investigations, for early outbreak detections. Morbidity patters due to acute watery diarrhoea (AWD) remain consistent was reported in two previous reporting periods of 2024 and 2023.

Figure 6: Dashboard of IDSR reported AWD cases by Week in South Sudan; 2023-2025

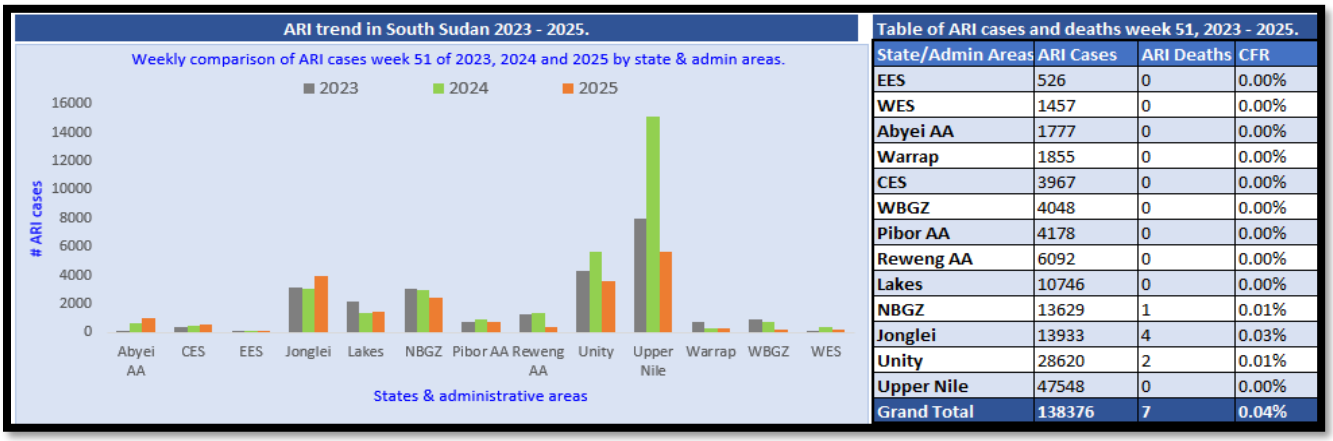


State/Admin Areas	AWD Cases	AWD Deaths	CFR
WBGZ	145	0	0.00%
Reweng AA	185	0	0.00%
CES	220	0	0.00%
Abyei AA	221	0	0.00%
EES	447	0	0.00%
Pibor AA	459	0	0.00%
Lakes	499	0	0.00%
WES	617	0	0.00%
Warrap	683	0	0.00%
NBGZ	752	0	0.00%
Jonglei	1767	0	0.00%
Upper Nile	1824	0	0.00%
Unity	2888	0	0.00%
Grand Total	10707	0	0.00%

3. Respiratory Pathogens Surveillance weekly updates.

Acute respiratory illnesses are the second leading cause of outpatients' consultations in the country constituting 15% of all the consultations. In epidemiological week 51, most IDSR-reported ARI cases were from Upper Nile, Unity and Jonglei State, which host a large portion of the nation's refugees and displaced populations. Notably, the top two ARI high-burden states (Upper Nile and Unity) do not have an influenza sentinel surveillance site, to determine the aetiological causes of these reported infections. The larger than normal number of ARI cases reported in Jonglei state are being investigated by the Sentinel influenza surveillance site in Bor state hospital to determine the causative agents. This week there are no reported deaths of ARI

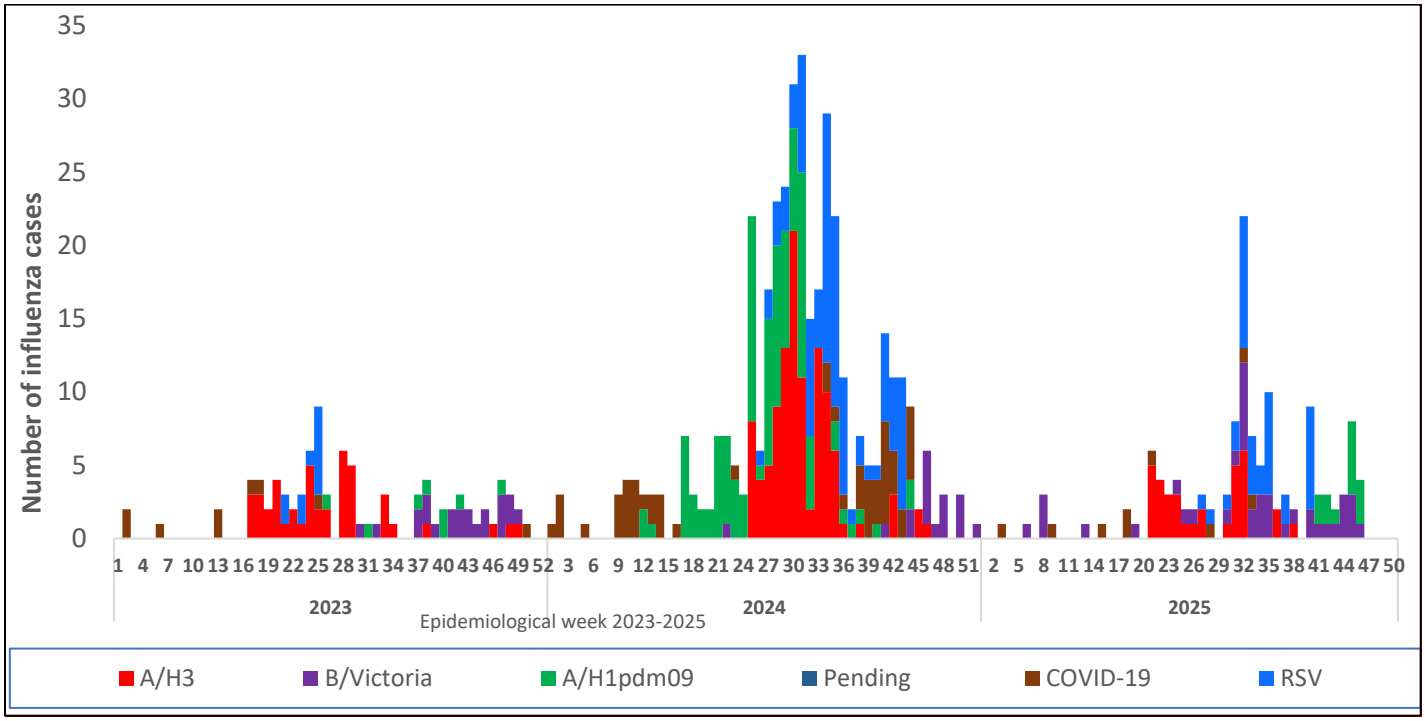
Figure 7: Comparative analysis of reported ARI case counts by State of South Sudan in epidemiological week 51 of 2025.



State/Admin Areas	ARI Cases	ARI Deaths	CFR
EES	526	0	0.00%
WES	1457	0	0.00%
Abyei AA	1777	0	0.00%
Warrap	1855	0	0.00%
CES	3967	0	0.00%
WBGZ	4048	0	0.00%
Pibor AA	4178	0	0.00%
Reweng AA	6092	0	0.00%
Lakes	10746	0	0.00%
NBGZ	13629	1	0.01%
Jonglei	13933	4	0.03%
Unity	28620	2	0.01%
Upper Nile	47548	0	0.00%
Grand Total	138376	7	0.04%

To monitor and track causation of Severe Acute Respiratory tract infections, South Sudan designated six sentinel surveillance sites in the country. These sites are located at Juba Teaching Hospital, Al Sabbah Children's Hospital, Juba Military Hospital, Rumbek State Hospital, Bor State Hospital, and Nimule Hospital. These sentinel sites actively collect epidemiological data and nasopharyngeal swabs from Influenza-Like Illnesses (ILI) and/or Severe Acute Respiratory Infections (SARI) cases, for laboratory testing and confirmation of the causative agents.

Figure 8: SARI/ILI etiologic agents from sentinel surveillance sites of South Sudan, Epidemiological Week 1 of 2023 to Week 51 of 2025.



During Epidemiological Week 51, no new updates were received from the influenza surveillance network. The cumulative number ILI/SARI samples collected/received remained 1641. Of the collected samples 1516 tested negative for all pathogens, (8) were positive for COVID-19, (35) for Influenza Type A (H3), (39) for Influenza Type B (Victoria), (13) for Influenza A/(H1N1)pdm09 and (36) for RSV.

Marburg Readiness:

- An IHR notification of a Viral Hemorrhagic Fever outbreak in Yinka town, South Ethiopia, was received on 12th November 2025. The notification reports a hemorrhagic fever (Hemorrhagic Fever) disease, the identity of which was confirmed to be Marburg Virus Disease. Updates from the National public Health Institute of Ethiopia indicate that the Woreda/District of Dasenech, which borders Kapoeta East was the latest infected district, although counting down to 25th January as the official date for declaration of the outbreak end. The cumulative number of MVD cases in Ethiopia remained 18 (14 confirmed and 4 probable). Ari zone (Jinka and Malie) reported 78% of the case load. Contacts tracing has cumulatively been conducted on 857 people and all completed the mandatory 21 days follow-up with none developing symptoms of MVD
- In South Sudan, heightened Preparedness has included the following:
    - The Ministry of Health, in collaboration with WHO and other health partners, activated the public health emergency operations Centre (PHEOC) to intensify national preparedness and response mechanisms.

- Intensified surveillance activities at national and sub-national high-risk locations by deployment of National teams in 5 locations to conduct risk assessment and assess local capacity to detect and manage suspected Viral Hemorrhagic Fever.
- Training of frontline health workers, in high-risk counties of Kapoeta East, Pibor and Pochalla, to identify, investigate, and report suspected VHF cases promptly.
- Reinforced screening and monitoring at ground crossing points of entry from Ethiopia in order to quickly detect cross-border transmission of MVD.
- Risk Communication and Community Engagement (RCCE): Delivery of timely and accurate information to communities on Marburg virus transmission, prevention, and early care-seeking.
- Efforts to counter misinformation and promote public awareness.
- Engagement of community leaders and influencers to enhance acceptance of public health measures for Viral Hemorrhagic Fever.
- Multi-sectoral Approach: Through coordinated actions among MoH, partners, and communities, South Sudan aims to sustain readiness and effectively mitigate potential health risks associated with this highly fatal disease.

South Sudan Confirmed and ongoing epidemics in 2025

Every year, South Sudan experiences multiple emergencies. Based on data from the states and the EWARS system, most counties have reported at least one of the ongoing disease outbreaks. As at week 47 of 2025, the active outbreaks in South Sudan were Anthrax, cholera, cVDPV2/Polio, hepatitis E, and Mpox. Notably, the measles outbreaks earlier reported in 8 counties have been controlled.

South Sudan has a multi-disease National Steering Committee that coordinates response interventions to mitigate transmission and spread of the several outbreaks. The National Steering committee operates an IMS structure with all pillars also activated for readiness operations. Below is a summary table and a map of the confirmed emergencies generated from the IMS/Pillar updates received at the meeting on 15th January 2026.

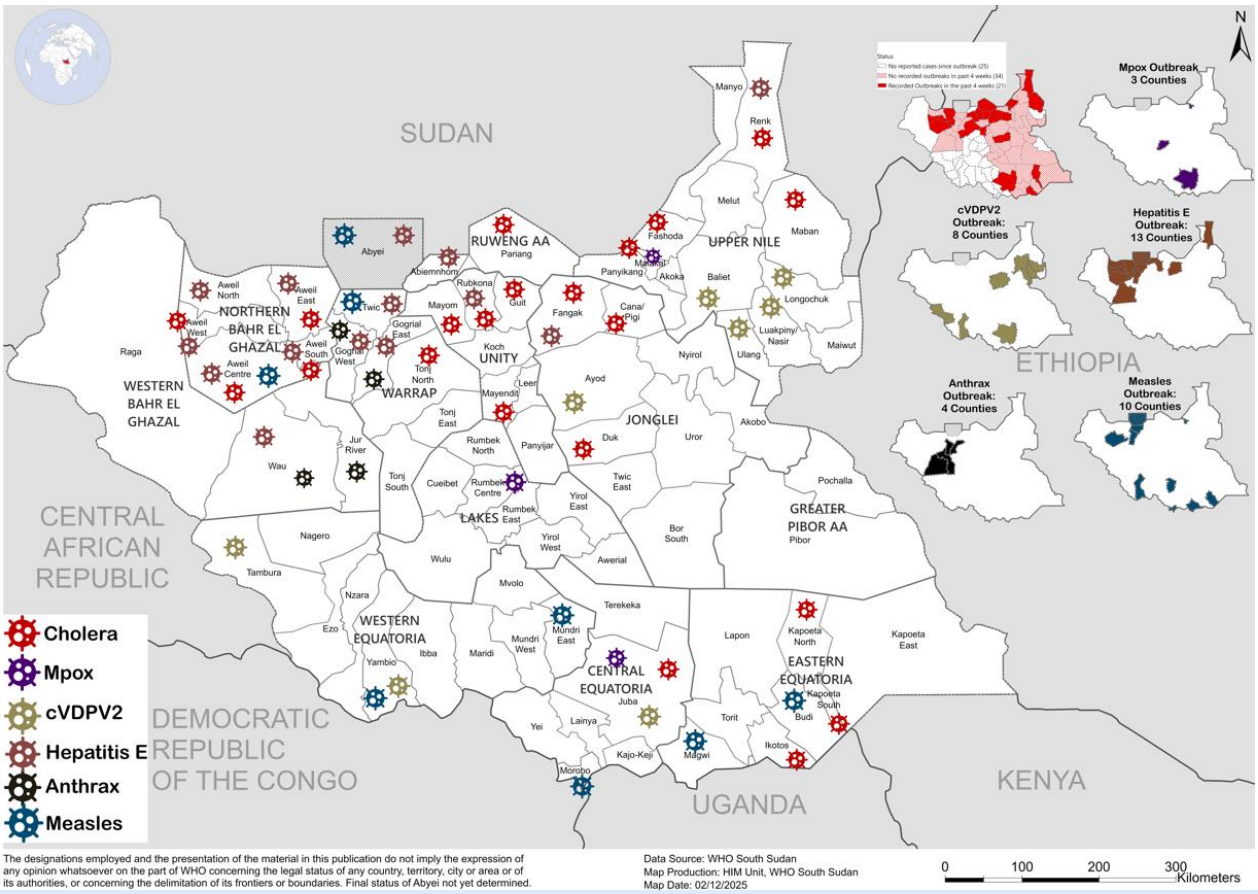
Table 4*: Summary of ongoing and confirmed epidemics as of 15th January 2026*[3]

Aetiologic agent	Location (county)	Date first reported	New Suspected cases	Cumulative suspected	Response Activities				
					Surveillance/ Lab confirmed	Active Cases under management	Vaccination	Health promotion	IPC/WASH
Mpox	Juba Malakal, Rumbek	Feb 2025	5	505	38	0	Planned	Yes	Yes
Cholera	In 55 counties of 9 states and 3 AAs	Sept 2024	113	97,516	12,593	104	Completed in 46 counties	Yes	Yes
Hepatitis E	In 11 counties of Abyei (1), NBeG (5), Warrap (1),	Dec/2018	0	1,454	2, 745	25	Ongoing in Renk County	Yes	Yes

[3] Although it is week 47, the data on the ongoing outbreaks is from the latest Situation reports.

	Upper Nile (1), Jonglei (2) and Unity (1)								
cVDPV2	Yambio, Juba, Ulang, Nasir, Baliet, Ayod, Old Fangak	19/Dec 2023	0	26	26	0	Sub-national nOPV2 SIAs completed	Yes	Yes
Anthrax	Gogrial West (WRP) and Jur River (NBG)	2022	0	365	4	0	Not explored	Yes	Yes

Figure 9: *Map showing confirmed and active outbreaks by county of South Sudan, as of 8th January 2026.*



Response activities for ongoing/suspected outbreaks

1. Mpox outbreak[4]

- In the week ending 15th January 2026, there were 5 new suspected Mpox cases reported in Juba, with non (0) testing positive for Mpox using the rt-PCR. The cumulative total number of suspected Mpox cases increased to 505 since the outbreak confirmation in February 2025. The cumulative total number of confirmed Mpox cases remained 38, with no recorded deaths. The geographical distribution of confirmed cases also remained 34 in Juba, 2 in Rumbek Center, 1 in Rumbek East, and 1 in Malakal County. All newly confirmed nine (9) Mpox cases remain active and are being managed in voluntary home confinement.
- The Juba County RRT conducting the active surveillance and field tracing of the identified contacts completed the follow up of all their contacts.

[4] Updated based on the latest reports shared by the field teams during the development of the bulletin

- Active surveillance for suspected Mpox cases continues nationwide.
- Sequencing was completed for the first fourteen laboratory-confirmed cases, and the results classified them as Mpox Clade 1b. The phylogenetic tree showed linkages with transmission chains occurring in Uganda.
- Among the confirmed Mpox cases 66% are females and 34% are males. Similarly, the female-to-male ratio of suspected Mpox cases is 72% to 28%. The high-female predilection speaks to the poor health care-seeking behaviours of males compared to their female counterparts.
- Risk analysis of Mpox cases suggests the following key factors: a) Travel to affected countries; b) Exposure through Bar, restaurant, hotel, c) Professions like bar/restaurant attendants, and d) traders.
- **In Case-management:** Voluntary home confinement remains the mainstay of case management in South Sudan because a) cases have largely been mild-moderate and b) there is no fully functional infectious Diseases facility. Notably, this isolation method without adequate livelihood support is documented to be high-risk, as adherence is difficult to enforce and in turn comes with increased community exposures.
- Stigma associated with the generalized pox like rashes is increasingly a barrier to seeking care at health facilities, with preference given to use of local remedies (clay-based herbs, smeared on the rashes). This is a significant surveillance risk to understanding the scope and transmission dynamics, although it is considered complimentary to voluntary home confinement.

Figure 10: EPI-Curve of suspected/confirmed Mpox cases by Date of onset in South Sudan; Jan-Dec. 2025

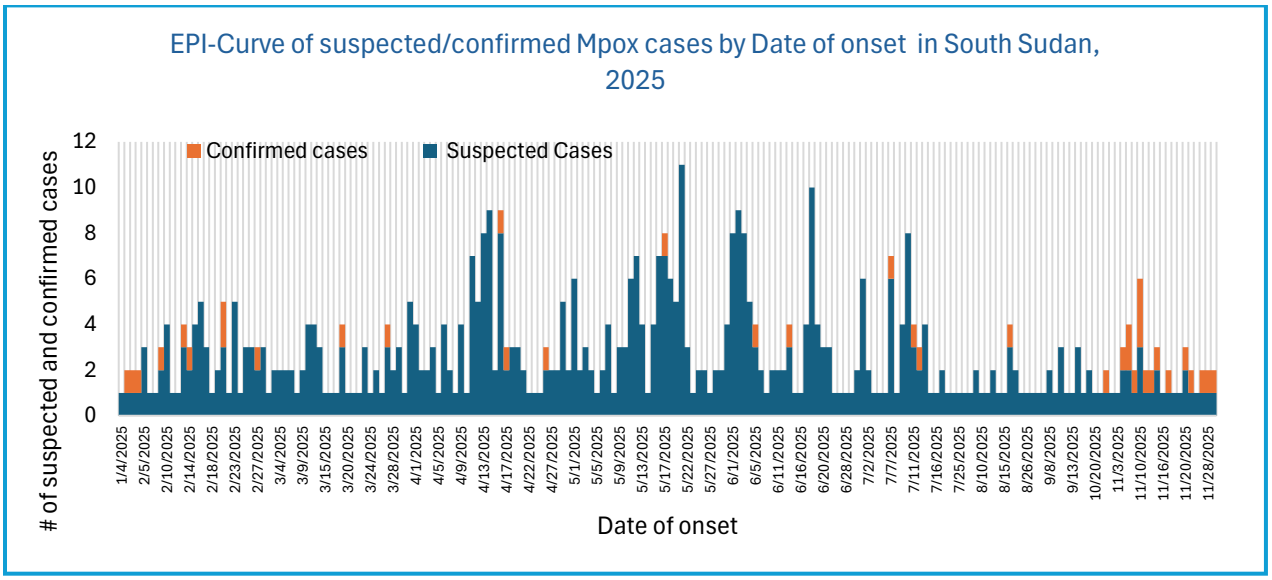
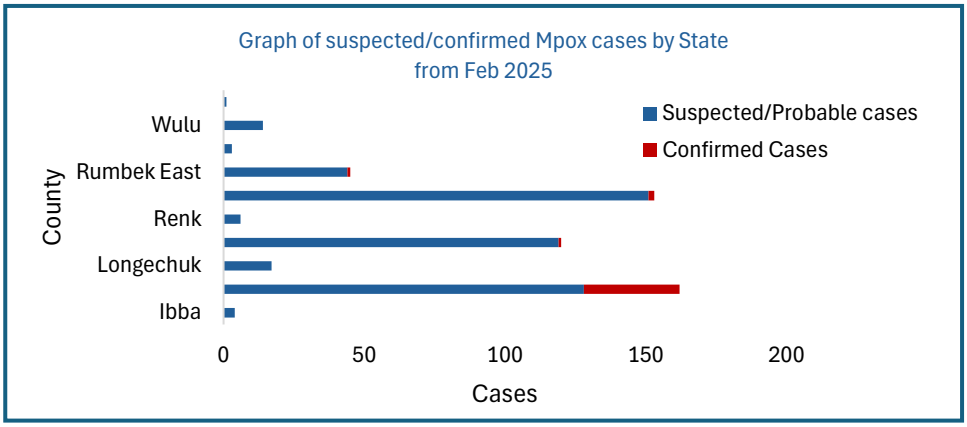
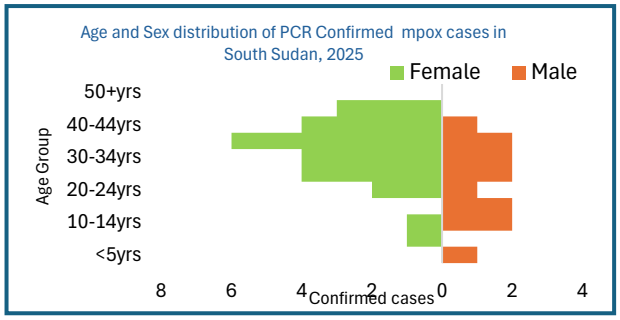
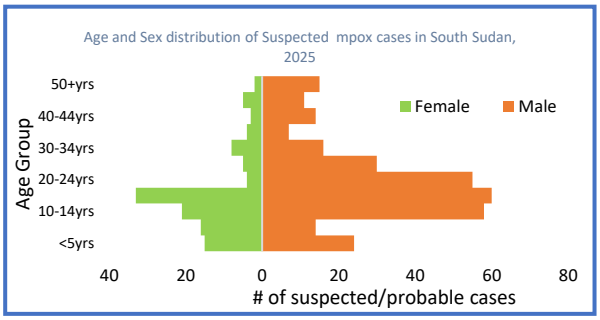


Figure 11: Mpox cases by county, age, and sex in South Sudan, Jan-Dec 2025







Selected Response Pillar updates

- **Coordination:** The Public Health Emergency Operations Centre (PHEOC), which was in Alert Mode in August 2024, was transitioned into Response Mode to support the ongoing Mpox outbreak in South Sudan in February 2025. Weekly coordination meetings have been institutionalized and are held every Thursday at 09:00. The National Mpox Preparedness and Response Plan (2024–2025) was validated in November 2024 and remains the strategic framework for guiding the national response. Engagement with partners have been maintained BUT only WHO has mobilized USD 99,000 to support Mpox interventions. The US government also provided 200 GeneXpert cartridges that have been used in the devolution of Mpox testing to Rumbek.
- **Case management, Home Care, and Nutrition:** Temporary Mpox treatment guidelines and hospital case management forms were updated and disseminated to support standardized clinical care. Guidelines for voluntary home isolation were also finalized, acknowledging the associated risks; this approach was adopted because this far, 37 of the 38 confirmed cases were mild and did not require hospitalization, allowing them to be managed safely at home in line with national guidance. Mpox case management trainings were completed in Juba and Nimule, where 46 and 40 healthcare workers, respectively, were trained; however, scaling up similar training to hospitals across the country remains a critical but currently unfunded priority. The EU/IGAD-funded Infectious Diseases Unit in Nimule was officially opened and is operational, although it has not yet been fully functionalized as a supported health facility. Similarly, the Ministry of Health designated a specific wing at Juba Teaching Hospital for Mpox isolation and care, but renovation and setup also not completed due to funding shortfalls.
- **Risk communication and community engagement:** Risk communication and community engagement activities focused on strengthening communication with affected populations and frontline workers to support outbreak prevention, while promoting and implementing infection prevention and control measures including essential water, sanitation, and waste management practices in households, group settings such as prisons, refugee and IDP camps, schools, points of entry, and transit areas. Social listening was conducted with the Africa Infodemic Response Alliance (AIRA) to monitor media narratives and address misinformation, alongside continuous rumor monitoring and dissemination of accurate, verified information through the WHO South Sudan platforms. Information, education, and communication (IEC) materials were developed and shared, supported by mass media outreach such as radio talk shows to raise awareness among high-risk groups and communities. Key stakeholders, including healthcare workers and call center operators, were identified for training on managing misinformation and contributing to the national response.

2. South Sudan Cholera Outbreak Updates as of 15th January 2026

- As of 15th January 2026([5]), the cholera outbreak had cumulatively reported 97,516 cases and 1,600 deaths (CFR: 1.6%, target < 1%), in 55 counties across 9 states and all 3 administrative areas (i.e., Ruweng, Greater Pibor, and Abyei)
- There were 95,812 cholera cases that fully recovered and were discharged, representing 98.3% of the total case burden. Only 104 active cases were reported admitted at various CTCs/CTUs in the country.
- No new county has reported cases since June 6, 2025; however, transmission of cholera remains in Duk (1), Juba (2), Mayendit (40), and Mayom (70) counties in the last seven days (7th to 13th January).
- 49 counties (of the 55) did not report any new cases in the last 4 weeks. Only 4 counties (Duk, Juba Mayendit, and Renk) reported new cases in the last 7 days.
- The age group with the highest number of cases is 0-4 years, representing 24% of cases, followed by the 5-14 years age group at 22%.

Figure 11: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, Wk39 of 2024 to Wk51 of 2025

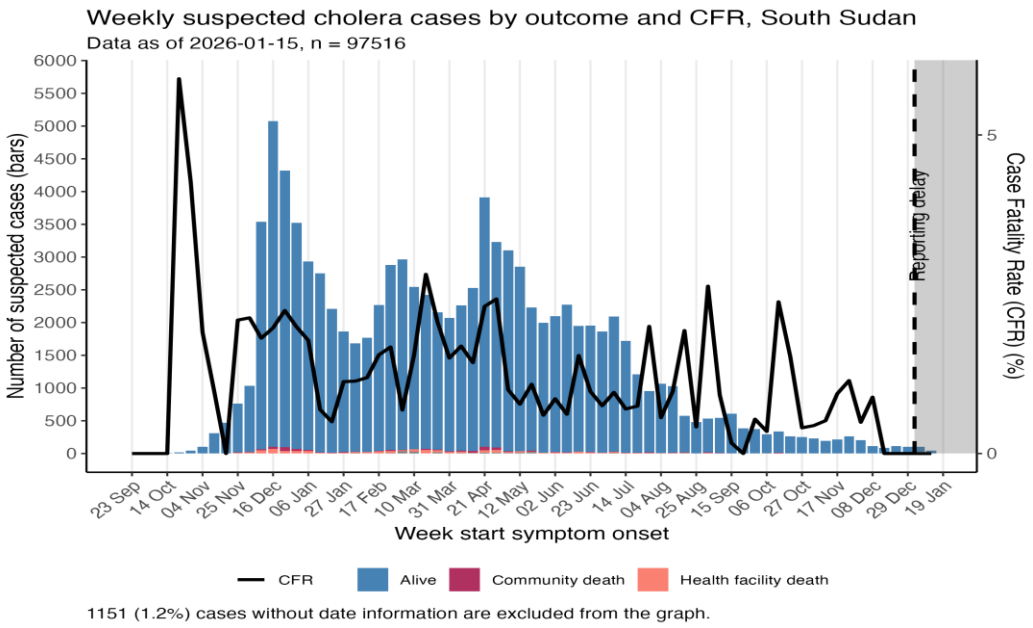
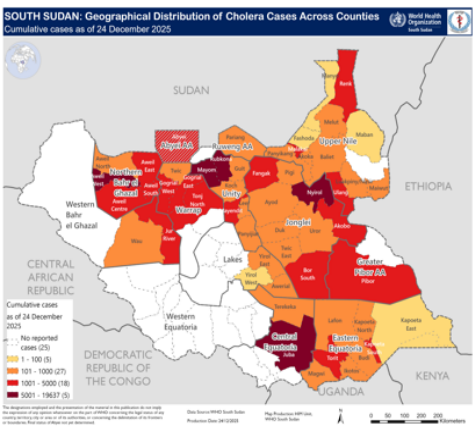
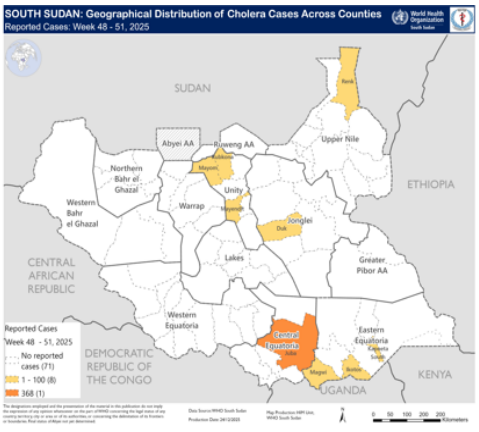


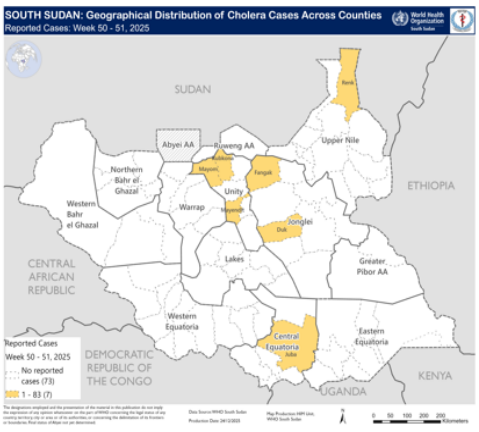
Figure 12: Map showing Cholera Case counts by Counties of South Sudan over time



Cumulative cholera cases



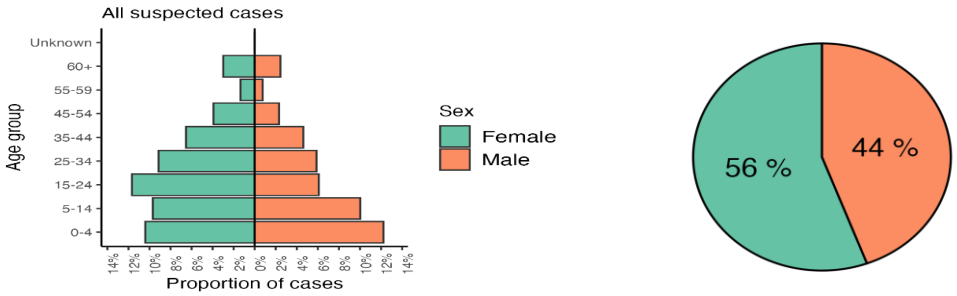
Cholera cases from Weeks 49-52



Cholera cases from Weeks 51-52

[5] *Data published and shared on the National Cholera Outbreak dashboard as of 15th January 2026*

Figure 13: Age and sex distribution of cholera cases and deaths reported as at 15th January 2026.



30-day Cholera Knockout Plan Updates

- The 30-Day Cholera Knockout Plan was developed to accelerate a high-impact intervention launched as part of South Sudan's national cholera response to rapidly reduce transmission during the ongoing outbreak. The plan aims to **rapidly interrupt cholera transmission within 30 days** through intensified, multi-sectoral actions including vaccination, surveillance, WASH activities, and case management focusing in 10 counties; Juba, Kapoeta South, Kapoeta North, Ikwotos, Nasir, Aweil Centre, Aweil South, Torit, Tonj North and Gogrial East.
- Key activities implemented: Reactivate the cholera treatment units (CTUs) and oral rehydration points (ORPs) in the 13 priority counties, Deploy county-level Rapid Response Teams (RRTs) to conduct daily active case searches and facilitate community referrals, intensify the chlorination of water sources in Ikwotos, Mayendit, and Aweil South, and ensure a continuous supply of chlorine to community water points and water tankers.- Conducted oral cholera vaccine (OCV) mop-up campaigns in counties with coverage below 50% (e.g., Aweil Centre, Duk, Tonj North) and in areas experiencing active transmission.- Implement targeted risk communication and community engagement (RCCE) activities.

Before the 30-Day Cholera Knockout Plan (October 15-28, 2025):
- 14 counties
- 29 payams
- 601 cases
- 14 deaths (CFR: 2.3%)

After completion of implementation of the 30-Day Cholera Knockout Plan (Jan 0 1 - Jan 14, 2025):
- 5 counties
- 12 payams
- 213 cases
- 0 deaths (CFR: 0%)

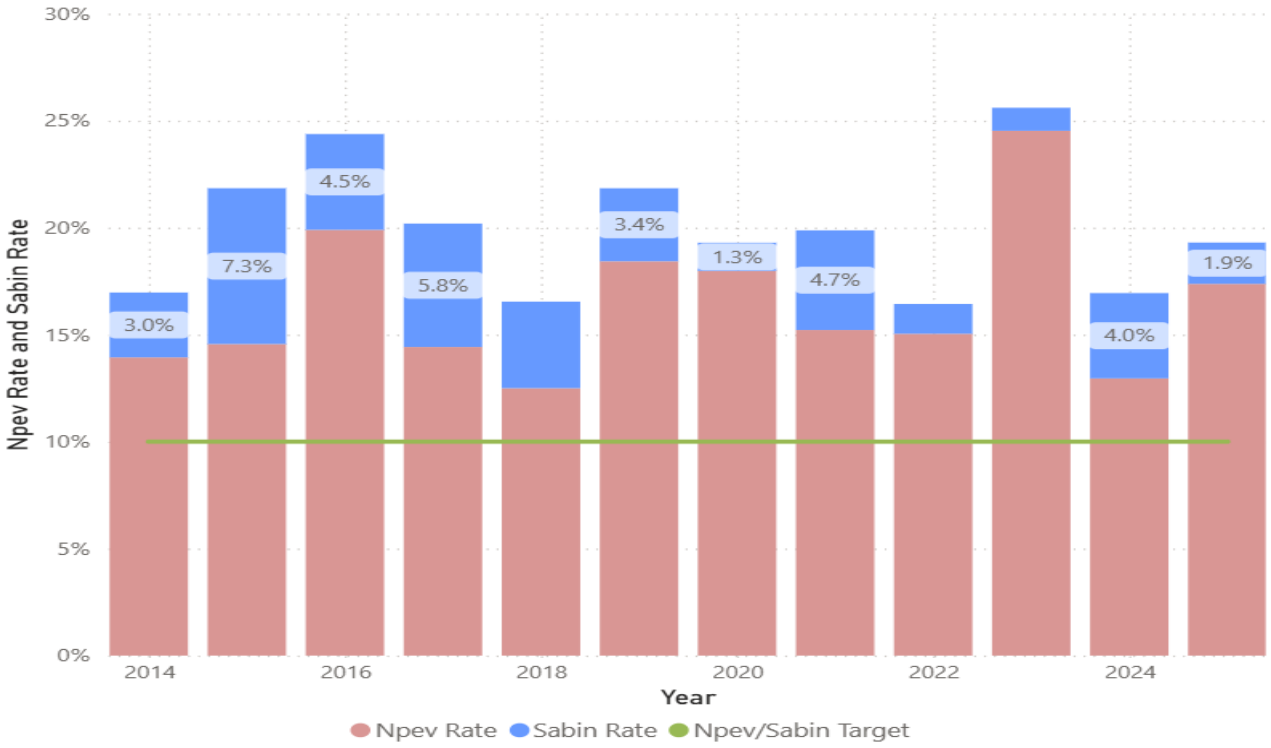
3. Circulating Vaccine Derived Polio Virus Type 2 (cVDPV2) outbreak

- In the week ending 17th January 2026, there was no new isolate of Vaccine Derived Polio Virus of Type 2 (VDPV2). The cumulative total number of laboratory-confirmed cVDPV2 isolates from AFP cases remained 13 in several regions, including Yambio, Juba, and Ayod. Similarly, there were no new isolates from healthy children and environmental supplemental surveillance systems. Therefore, the cumulative number of cVDPV2 isolates remained four viruses from healthy children and nine from environmental wastewater. The latest cVDPV2 isolate was from an environmental sample collected on 17th December 2024.
- Since the country completed the 4 outbreak response rounds of nOPV2 SIAs in December 2024, no new cVDPV2 isolate was reported. However, two VDPV2 isolates (one from an AFP case reported Wau, Western Bahl El Ghazal State on 9th July 2025 and another from waste-water sample collected in Juba on 16th September) have been reported this year. The two isolates have all been investigated with additional samples collected but none was documented to be circulating. In turn, the two VDPV2 isolates are considered independent new emergencies with an ambiguous classification. The good news is that both VDPV2 isolates are covered by the two Sub-national rounds of nOPV2 vaccination conducted in September and November.
- The cumulative number of AFP cases reported in 2025 has been given as 455 in 80 counties, which is similar to what was reported in the same period in 2024. No County has not reported at least 1 AFP case in 2025. Notably, the number of AFP cases detected in the previous 2023 and 2022 was above 500, suggesting a decline in

detection rates, before the current outbreak is closed.

- The non-Polio AFP Rate now stands at 6.11 per 100,000 population under 15yrs, compared to 6.01 in the same period in 2024, while the stool adequacy was calculated as 96%, compared to 94% in the same period in 2024.
- Sub-national analysis of AFP surveillance performance shows that of the 80 counties of South Sudan, 73 (91.25%) have met both the NP-AFP Rate and Stool Adequacy indicators, 7 (8.75%) have met at least one of the indicators, and 0 (0 %) has met none of the indicators.
- There were 255 Active Case Search Visits conducted in week #51 compared with 385 visits in the same period last year. The declining active surveillance visits explains the declining AFP surveillance performance indicators.
- The two sub-national immunization days approved by GPEI have all been implemented. The 1st sub-national round conducted from 23rd to 26th September 2025 was completed, reaching 2,067,681 (96%) of the targeted 2,162,947 children with nOPV2. The Lot Quality Assurance surveys (LQAs) conducted in 20 counties (lots) showed that 8 (40%) passed and 12 (60% failed). The 2nd sub sub-national round conducted in a staggered manner from 4th to 14th November 2025 was also completed, and the SNIDs dashboard indicates that 2,322,536 (107%) of the targeted 2,162,947 children had been vaccinated with nOPV2. LQAs conducted in 20 counties (lots) showed that 12 counties passed, and 8 counties failed the SIA quality test.

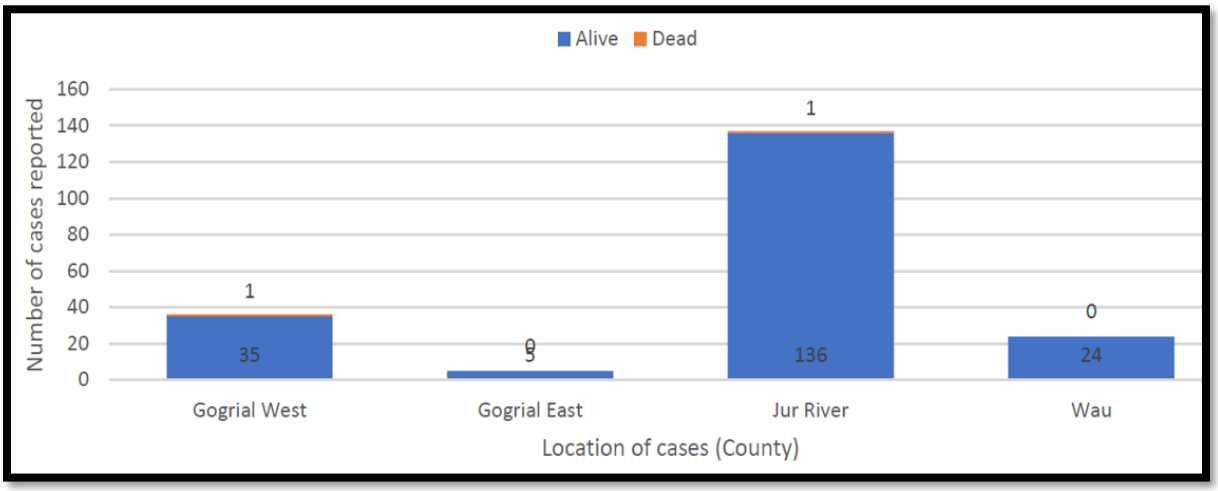
Figure 14: Non-Polio AFP Detection and Non-Polio Enterovirus Isolation rates for South Sudan; 2014-2025



4. Anthrax

- No new Anthrax cases were reported in epidemiological week 51. The cumulative total number of human anthrax cases reported in 2025 remained 216, with 177 reported in Western Bahr El Ghazal and 39 from Warrap. Two deaths resulted in a case fatality rate (CFR) of 0.9%. Since the outbreak was first detected in 2024, there have been 377 cases since the outbreak was detected in April 2023, 5 deaths, leading to a CFR of 1.3%.
- This data should be interpreted with consideration for the likely under-reporting, usually more severe in the reporting period of week 48 and week 52. The Jur River in Western Bahr El Ghazal recorded the highest number of cases this year, at 137 (55.8 per 100,000 population), followed by Wau (14.9 per 100,000), Gogrial West (6.2 per 100,000), and Gogrial East (1.8 per 100,000).

Figure 15: Cumulative Anthrax case count by affected counties of South Sudan; week 1 to 51, 2025.



Ongoing Intervention

- Coordination of Weekly meetings for outbreak containment; "one-health" Rapid Response Teams aid decision-making.
- Surveillance: Anthrax definitions shared with all facilities in the epidemic zone; health workers report cases weekly and monthly; and community searches ongoing.
- Case Management: Treating the human cases; WHO provided medical kits and guidelines to all the health facilities in the anthrax epidemic zone.
- Community Engagement: Educational materials developed; radio messages broadcast; need for more health promoter involvement.
- Vaccination: No human vaccinations BUT there have been 1,741 animals vaccinated.
- Partnerships: WHO and FAO collaborating very well and One Health Day is planned in Wau in December 2025.
- Logistics: WHO supports outbreak investigation and logistics.

5. Measles Outbreak Updates[6]

- As at 31st December 2025, the cumulative number of suspected measles cases since the beginning of the year (Epidemiological Week 01 to Week 52), were given as 364 reported across 17 counties in 8 states. This number does not include the suspected cases in Abyei and Twic Mayardit counties.
- Of the 364 suspected measles cases, only 124 were investigated with a serum sample collected. All 124 serum samples received at the serology department of the national public health laboratory (NPHL) indicates that 58 of these tested positive for measles IgM.
- Out of 364 suspected measles cases, 331 individuals (91%) were either unvaccinated or had an unknown vaccination status. Among the unvaccinated individuals, children under the age of five years account for 91%. These children should be given additional opportunities for vaccination during routine health services (OPD consultations) as a Routine Immunization (RI) service or a 2nd opportunity in campaigns (SIAs).
- There is a documented high risk of measles infections in displaced populations. This new risk is being monitored in south Sudan, given the historical importance of the Sudan crisis in sustaining measles transmission in 2024. Notably, transmission is high in population concentration points as happens in the camps (Refugee or internally displaced). In turn, the dashboard data shows disaggregation of coverage amongst suspected cases indicating that 29% and 19% of suspected measles cases were vaccinated in returnees and refugee populations.

[6] Refer to the Measles Dashboard for South Sudan, 2025

Figure 16: Epidemic curve of measles cases in South Sudan; Week 01 to week 52 of 2025

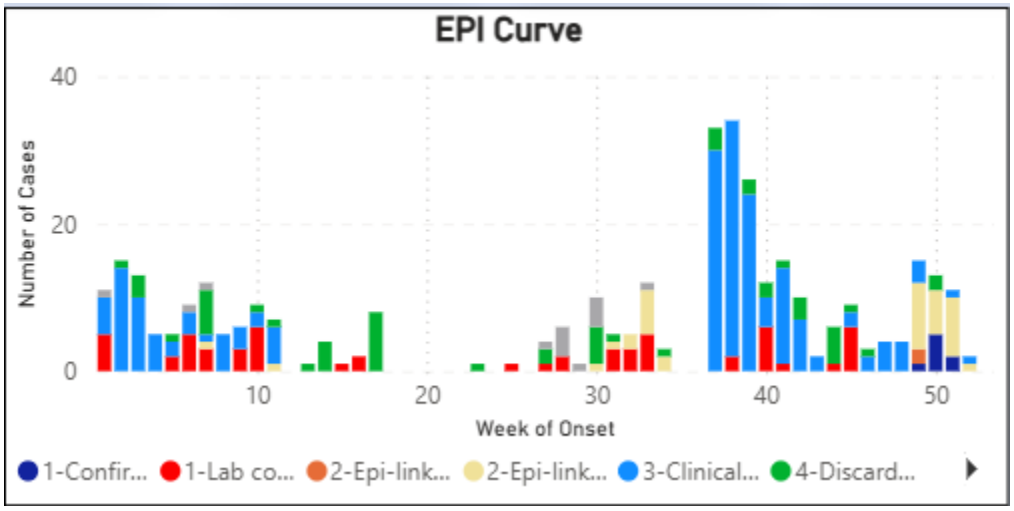
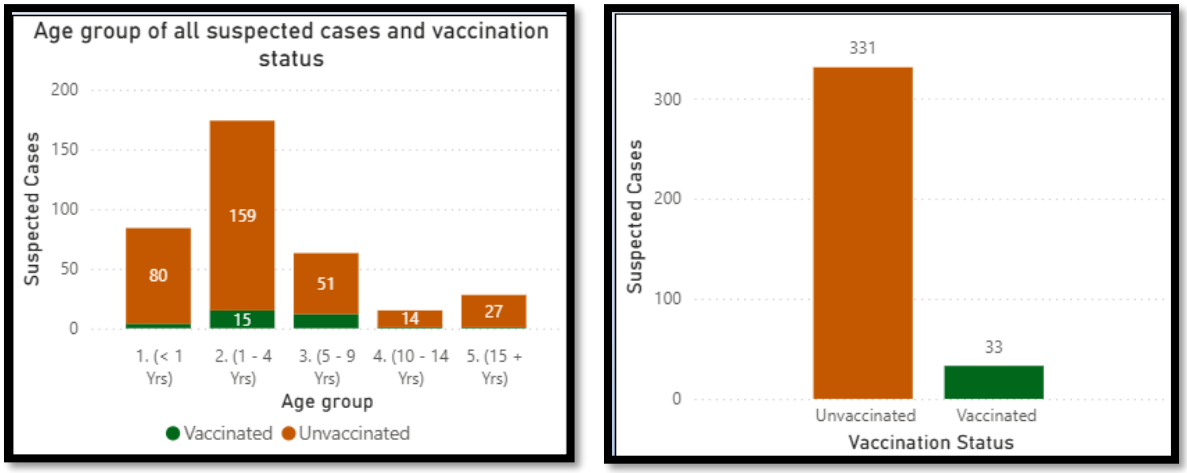


Figure 17: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-52 of 2025



6. Hepatitis E outbreak

- In Week 1 of 2026, no new cases of Hepatitis E was reported and the cumulative total number of suspected cases and deaths in 2025 remained 1482 and 15 respectively (CFR 1%). No new HEV cases were confirmed by rapid diagnostic test (RDT) in that week.
- Since the outbreak started, there have been a cumulative total of 9,159 reported cases and 121 deaths, resulting in a case fatality rate (CFR) of 1.3%. Since 2018, the cumulative total number of RDT positive cases stands at 2,761.
- The cumulative number of Hepatitis E affected counties is 16 counties across the country. However, only 11 counties reported HEV cases in 2025. The highest number of Hepatitis E cases has been reported in Rubkona, Renk, and Fangak counties. The outbreak has been confirmed in six counties through RT-PCR testing, with the majority of suspected HEV cases recorded in Rubkona (6,506 cases), Renk (1,118 cases), and Fangak (722 cases).
- In terms of demographics, 51% of the reported cases were male, while 49% were female. The age group most affected nationwide is individuals aged 15 to 44 years.
- The National Epidemic Preparedness and Response Department continues to monitor the Hepatitis E outbreak as it develops and has recently endorsed the use of Hecolin® for vaccination efforts in the newly identified epidemic center in Renk County.
- Environmental surveillance, using the wastewater samples collected at Polio Sites identified non-polio

enteroviruses in 36% before confirming the Hepatitis E virus genotype 1e. Phylogenetic analysis of the 6 positive Hepatitis E virus sequences also confirmed that they were linked to the earlier 10 plasma sequence reports generate in 2023

- Ongoing surveillance and case management in high-risk areas are being supported by the WHO, which provides rapid diagnostic tests and specimen referral for molecular testing using rt-PCR at the national Public Health Laboratory. Public health messaging regarding acute jaundice syndrome is being disseminated in the most affected communities. Water testing and monitoring are conducted with the assistance of WASH partners, including IOM, SI, MSF-B, and Oxfam. MSF-B, in collaboration with the Community Health Department and WHO, plans to launch a hepatitis E vaccination campaign in November 2025, targeting high-risk populations, specifically focusing on 5,000 households per dose, particularly women aged 16 to 49.
- The National Outbreak Response Steering Committee is coordinating the response to the hepatitis E outbreak by utilizing existing cholera response structures. Updates on Water, Sanitation, and Hygiene (WASH), along with Risk Communication and Community Engagement (RCCE), have been intensified to strengthen the response efforts in the affected counties.
- The national Hepatitis E Outbreak Response Steering Committee also published the first draft guidance to responding in newly infected geographies. This all-inclusive guideline is meant to offer a one-Stop Centre for all information resources needed to mount an effective response to Hepatitis E outbreak in a newly infected county.

Figure 18*: Epicure showing HEV RDT positive cases in South Sudan; Epi Week 52 of 2018 to Week 50 of 2025*

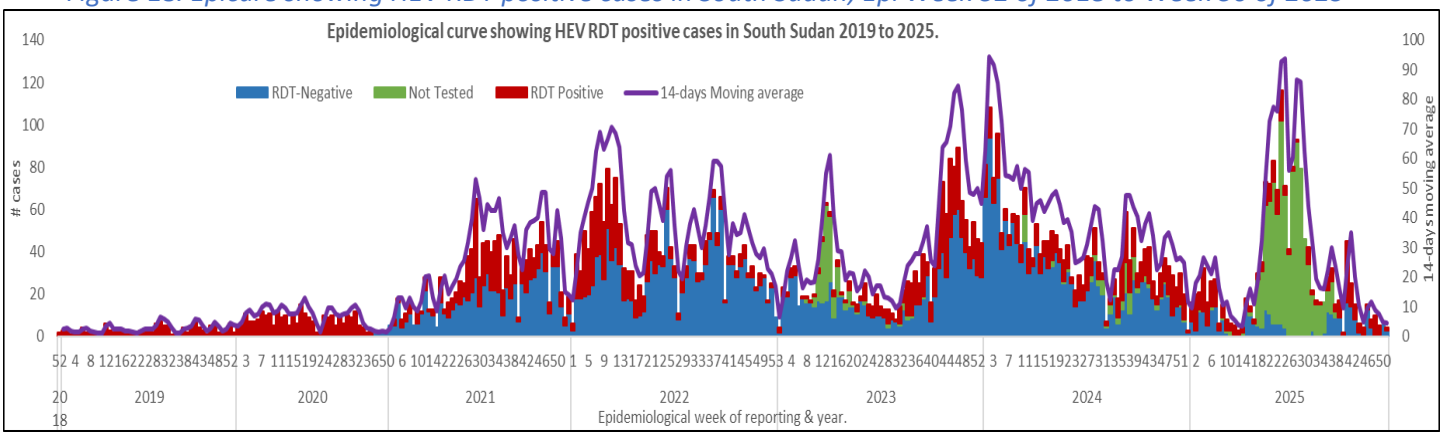
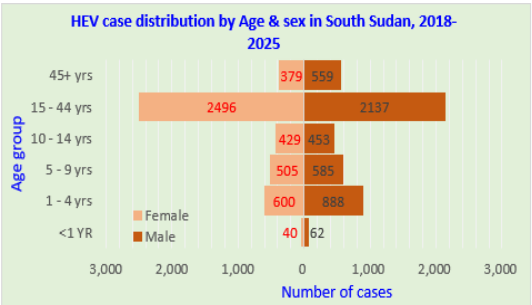
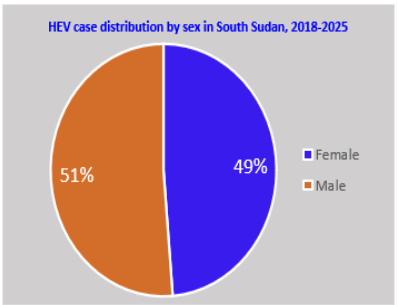


Figure 19: Distribution of suspected Hepatitis E Virus Cases by age and gender in South Sudan; 2018-2025





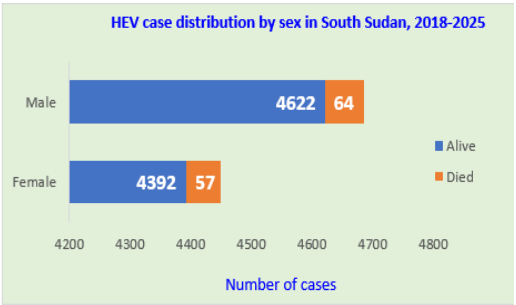


Figure 20: Distribution of Hepatitis E cases and deaths by county of South Sudan; Week 1-52 of 2025

County	Alive	Died	Total Cases	CFR
Aweil Center	1	0	1	0.0%
Gogrial West	2	0	2	0.0%
Aweil North	3	0	3	0.0%
Nyirol	4	0	4	0.0%
Aweil South	6	1	7	14.3%
Aweil East	13	4	17	23.5%
Fangak	14	0	14	0.0%
Aweil West	15	2	17	11.8%
Abyei	24	7	31	22.6%
Rubkona	239	1	240	0.4%
Renk	1146	0	1146	0.0%
Grand Total	1467	15	1482	1.0%

Other Event

Sudan crisis: As of 31 December 2025, a cumulative total of 325,009 households, containing 1,310,799 individuals (687100) Females and (623,699 Males) from 18 different nationalities, had crossed the border. Of this number, 67.35% (882,860) are South Sudanese returnees, while 32.1% (421,376) are Sudanese refugees. Currently, 21 PoEs are being monitored, with Joda-Renk accounting for 89.0% of the reported influx figures. There are currently 54,464 individuals (16,942 in transit centers and 37,717 in host communities) in Renk. Due to the evolving security situation in Joda, the data collection may be incomplete.

In Renk

- Acute Respiratory Infection (ARI) is the top cause of morbidity, with a proportion of 27.6%, followed by Malaria, 23.1%, both indicating relatively high frequencies of these conditions.
- Moderate Morbidity conditions such as Acute Watery Diarrhea (AWD) and Urinary Tract Infection (UTI) show more moderate contributions, with rates of 6.6% and 7.4%, respectively.
- Ongoing outbreaks as of 31 December 2025:
    - Cholera: Three new suspected cases have been reported, bringing the cumulative total to 1,567.
    - Measles (Suspected): No new suspected cases of measles have been reported, maintaining the cumulative total at 74 cases. Currently, there are no active cases in isolation at Renk County Hospital.
    - Hepatitis E Virus: Four new cases of Hepatitis E Virus (HEV) were reported in week 52, raising the cumulative total of suspected cases to 1,148.

Acknowledgments

Thanks to the State Surveillance Officers, Health Cluster partners for sharing the weekly IDSR data. To access the IDSR bulletins for 2025 use the link below: https://www.afro.who.int/countries/south-sudan/publication/south-sudan-weekly-integrated-disease-surveillance-and-response-bulletin-2025

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Notes

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The data has been collected with support from the EWARS project. This is aninitiative to strengthen early warning, alert, and response in emergencies. It includes an online, desktop and mobile application that can be rapidly configured and deployed in the field. It is designed with frontline users in mind and built to work in difficult and remote operating environments. This bulletin has been automatically published from the EWARS application.
More information can be found at: http://ewars-project.org

Data source: DHIS-2 and EWARS