Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 52

22nd to 28th 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 health implementing partners and humanitarian health cluster agencies supporting integrated disease surveillance and response.

Key highlights

- In week 52 of 2025, IDSR reporting timeliness was at 74%, which was lower than 77% observed in week 51. The completeness of IDSR reporting was 87%, higher than the previous week's performance. Eight states achieved reporting completeness above 80%, while five (Western Bah el Ghazal, Eastern Equatoria, Northern Bah el Ghazal, Abyei Administrative area, and Upper Nile States) did not. Two States (Lakes and Unity) and one Administrative Area (Ruweng) achieving 100% completeness. 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 62 EWARS alerts were triggered in week 52, with 46 (74%) verified, indicating a decrease in alerts triggered and a marked improvement in verification rates compared to week 51 of 2025. The most alerts were for Guinea Worm Disease (45%), ARI (35%), Cholera (11%) and others (9%). Credit to the teams in Northern Bah el Ghazal, Western Bah el Ghazal, Lakes, Western Equatoria and Upper Nile States for verifying all the alerts generated in EWARS. Notably, two states (Central and Eastern Equatoria) and one Administrative Area (Abyei) triggered no single EWARS alert in week 52
- In week 52 of 2025, a total of 122,439 morbidity-related consultations were reported across South Sudan from 1,299 health facilities, representing less than 50% of all facilities in the country. Malaria remained the leading cause of morbidity, accounting for 37% (42,101) of all reported cases, which is lower than the nearly 50% reported in previous weeks.
- **Mpox Outbreak:** In the week ending January 23, 2026, two new confirmed cases of mpox were reported, increasing the total to 40 cases. The current distribution includes 35 cases in Juba, 1 in Ezo, 2 in Rumbek Centre, 1 in Rumbek East, and 1 in Malakal. The new case in Ezo County involved a 32-year-old male who developed symptoms on January 18, 2026, after returning from the Democratic Republic of the Congo on January 17, 2026.
- **Cholera outbreak:** As of January 26, 2026, there have been a total of 97,719 cholera cases and 1,606 deaths, resulting in a case fatality rate of 1.6%. A significant majority, 96,032 individuals, have fully recovered. Currently, 81 cases are under treatment, primarily in Duk county in Jonglei state due to current displacements, and Mayom, Panyijar counties in Unity state.
- **Other active Outbreaks and events:** Anthrax, cVDPV2/Polio, measles and Hepatitis E outbreaks in

various counties, and the Sudan Crisis humanitarian Response.

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 52, the timeliness of IDSR reporting was 74%, and the completeness was 87%, displaying a decrease in timeliness and an increase in Completeness of reporting when compared to the previous week.

Table 1: *Timeliness and completeness of IDSR reporting by State for week 52 compared to week 51 of 2025*

State	Total facilities	Number of facilities reported (Completeness Wk52)	Comparison of the reporting period				Cumulative since year start of the year	
			Timeliness		Completeness			
			week 52	Week 51	week 52	Week 51	Timeliness	Completeness
Lakes	112	112	94%	100%	100%	100%	96%	100%
NBGZ	92	65	63%	75%	71%	84%	82%	92%
Unity	102	102	100%	100%	100%	100%	83%	95%
WBGZ	112	86	59%	58%	77%	59%	63%	86%
WES	191	178	81%	69%	93%	84%	77%	97%
Jonglei	120	107	82%	95%	89%	95%	86%	92%
Warrap	114	102	60%	92%	89%	96%	63%	90%
EES	112	84	29%	59%	75%	88%	**56%**	87%
RAA	16	16	88%	31%	100%	100%	**49%**	99%
CES	152	147	97%	68%	97%	69%	91%	93%
AAA	17	1	6%	47%	6%	47%	77%	89%
Upper Nile	143	113	72%	69%	79%	77%	67%	83%
PAA	16	15	94%	88%	94%	88%	92%	97%
Total	**1299**	**1128**	**74%**	**77%**	**87%**	**84%**	**77%**	**92%**

Key to Epidemiological Reporting Performance

≥80%	Good
60-79%	Fair
<60%	Poor

Figure 1: Maps showing Timeliness and Completeness of IDSR reporting by County of South Sudan in Week 52, 2025.

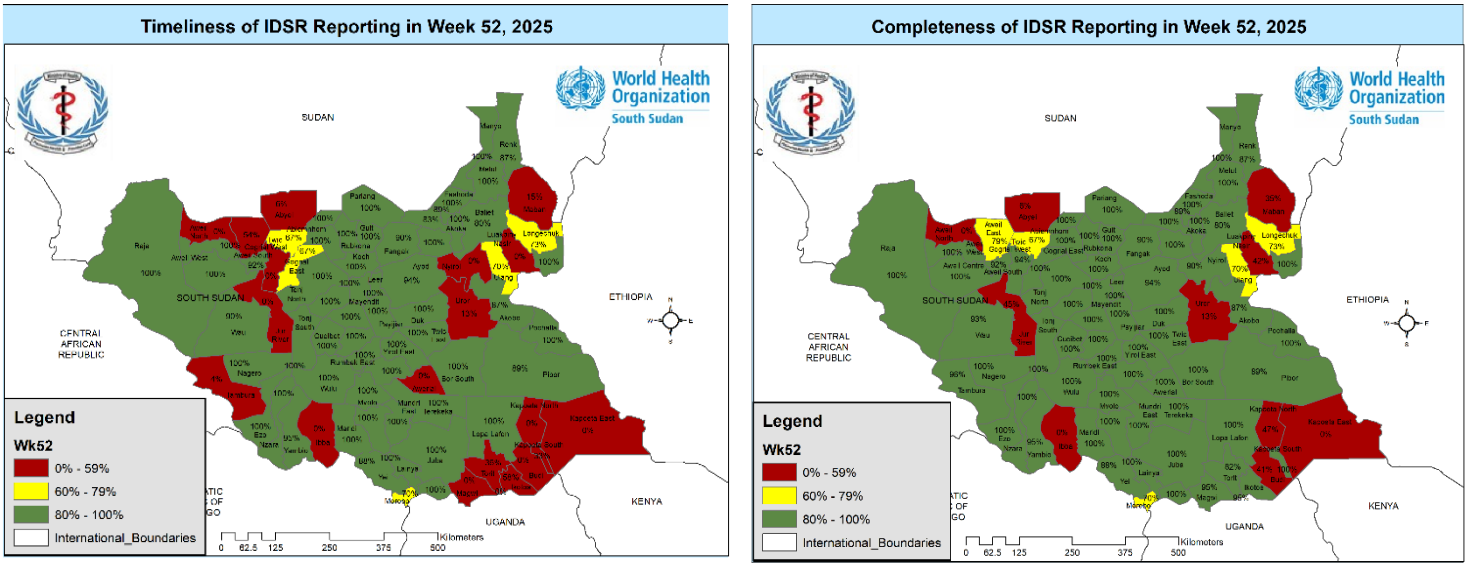


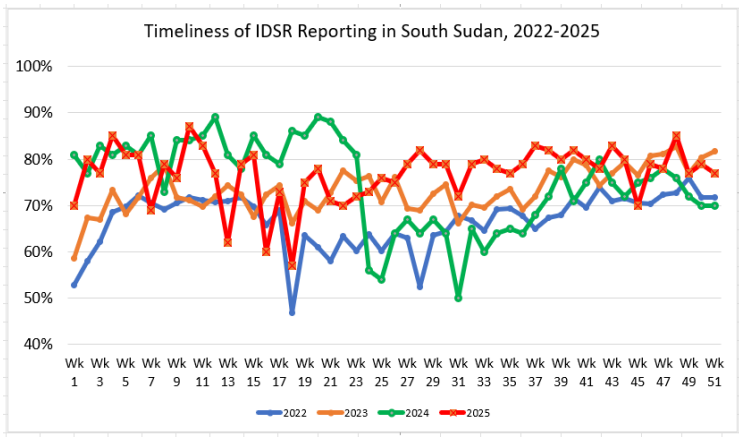
Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 52 of 2025.

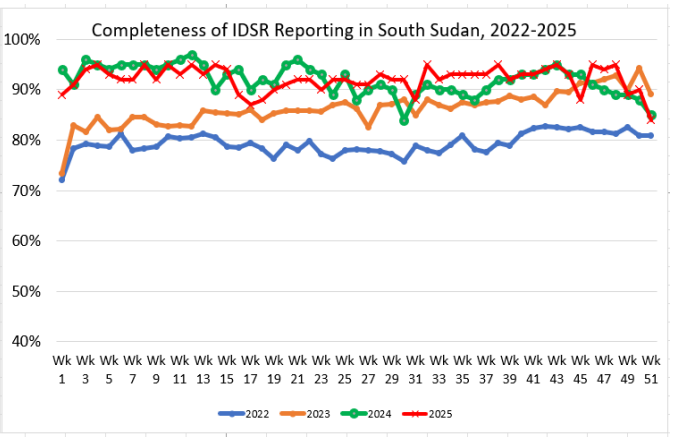
IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for week 52, 2025							
Partners	# of Reporting Mobile Sites	% of Timeliness in week 52	% of Completeness in week 52	Payam	# of Reporting Private Health Facilities	Timeliness in week 52	Completeness in week 52
IMC	1	100%	100%	Kator	3	100%	100%
SSHCO	1	100%	100%	Marial Baai	1	100%	100%
SMC	1	100%	100%	Northern Bari	1	100%	100%
SCI	2	100%	100%	Rajaf	3	100%	100%
HFO	2	50%	50%	Munuki	12	83%	100%
WVI	2	100%	100%	Wau South	20	55%	95%
CIDO	1	100%	100%	Wau North	12	75%	83%
HFD	1	100%	100%	Juba	10	100%	100%
RI	1	100%	100%	Mangala	1	100%	100%
TOTAL	**12**	**92%**	**92%**	**TOTAL**	**63**	**78%**	**95%**

Note: Thank you to all partners for maintaining strong performance in EWARN reporting. Over the past several weeks, timeliness and completeness have consistently remained above 80% for more than 15 consecutive weeks (Weeks 32–52), representing a significant improvement from Week 31, when timeliness stood at 78% mobile sites.

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 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.





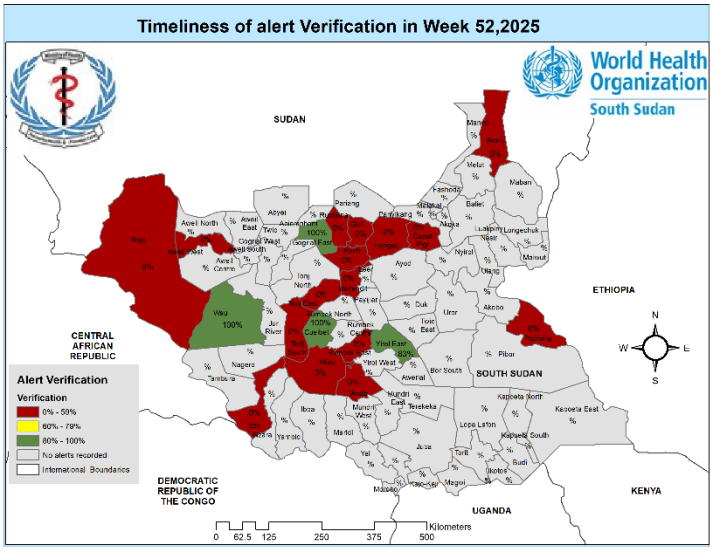
Epidemic alerts

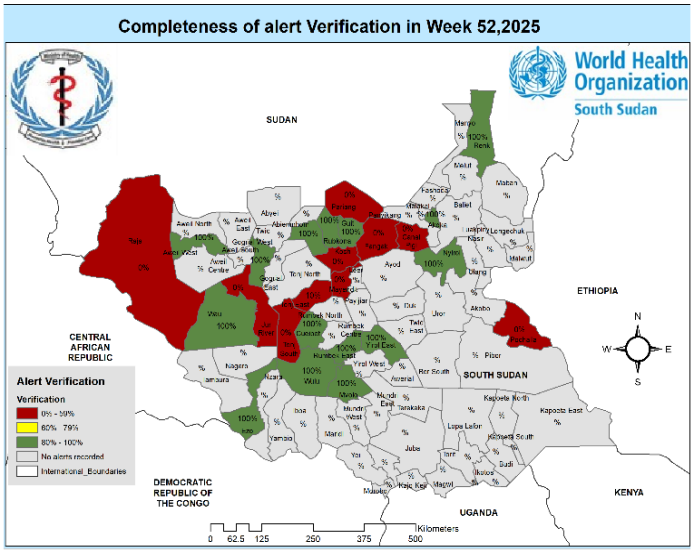
In epidemiological reporting week 52, the total number of alerts continued to decline, with 62 alerts triggered in the EWARS system. Of these, 74% (46 alerts) were verified, reflecting an improvement in verification rates. One administrative area (Abyei) and two States (Central and Eastern Equatoria) had no notifiable disease alerts. Special recognition goes to the Northern Bah el Ghazal, Western Bah el Ghazal, Lakes, Western Equatoria and Upper Nile States teams that verified all EWARS alerts triggered in week 52. Notably, most alerts were for Guinea Worm Disease (45%), ARI (35%), cholera (11%) and all others (9%).

Table 3: *Summary of EWARS alerts triggered and verified in Epidemiological Week 52, 2025.*

State/Admin	AJS		ARI		AFP		Cholera		Guinea Worm		Measles		Total	
	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V
GPAA	1	0	0	0	0	0	0	0	0	0	0	0	1	0
Jonglei	0	0	2	0	0	0	0	0	3	3	1	0	6	3
Lakes	0	0	1	1	0	0	1	1	16	16	0	0	18	18
NBGZ	0	0	1	1	0	0	0	0	0	0	0	0	1	1
RAA	0	0	2	0	0	0	0	0	0	0	0	0	2	0
Unity	0	0	6	4	1	1	5	4	0	0	0	0	12	9
Upper Nile	0	0	0	0	0	0	1	1	1	1	0	0	2	2
Warrap	0	0	0	0	0	0	0	0	6	2	1	0	7	2
WBGZ	0	0	9	8	0	0	0	0	2	1	0	0	11	9
WES	1	1	1	1	0	0	0	0	0	0	0	0	2	2
AAA	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	2	1	22	15	1	1	7	6	28	23	2	0	62	46

Figure *3: Timeliness and Completeness of Alerts Verification rates by county of South Sudan for week 52, 2025*





Weekly Update on Indicator-Based Surveillance (Week 52 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 52 of 2025, a total of 122,439 morbidity-related consultations were reported across South Sudan from 1,299 health facilities, representing less than 50% of all facilities in the country. Malaria remained the leading cause of morbidity, accounting for 37% (42,101) of all reported cases, which is lower than the nearly 50% contribution observed in previous weeks. This was followed by acute respiratory infections, which contributed 15% (18,101), and acute watery diarrhea, which accounted for 8% (9351) of the total consultations. An analysis of proportional morbidity trends for these three major conditions shows no significant shifts in the pattern of disease distribution over the past four years, as illustrated in **Figure 4** below.

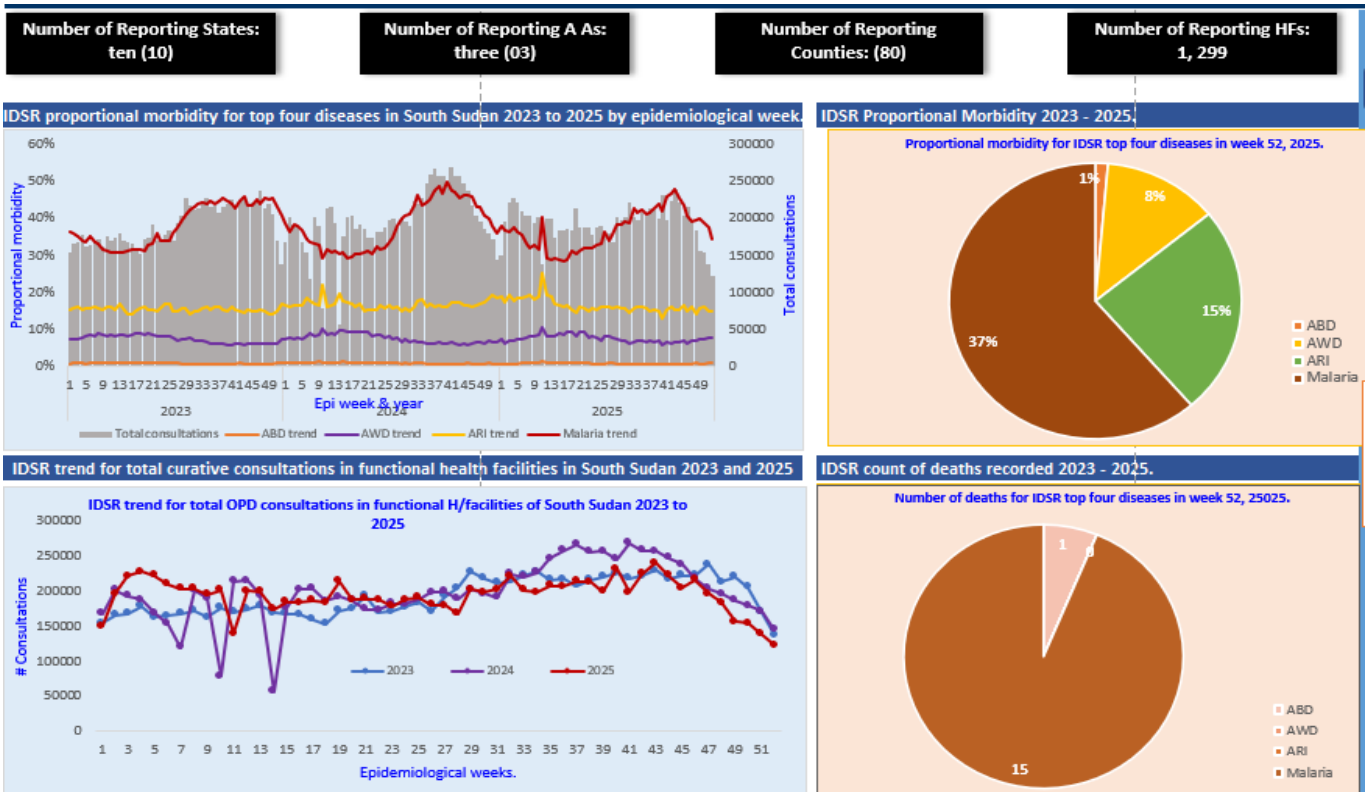
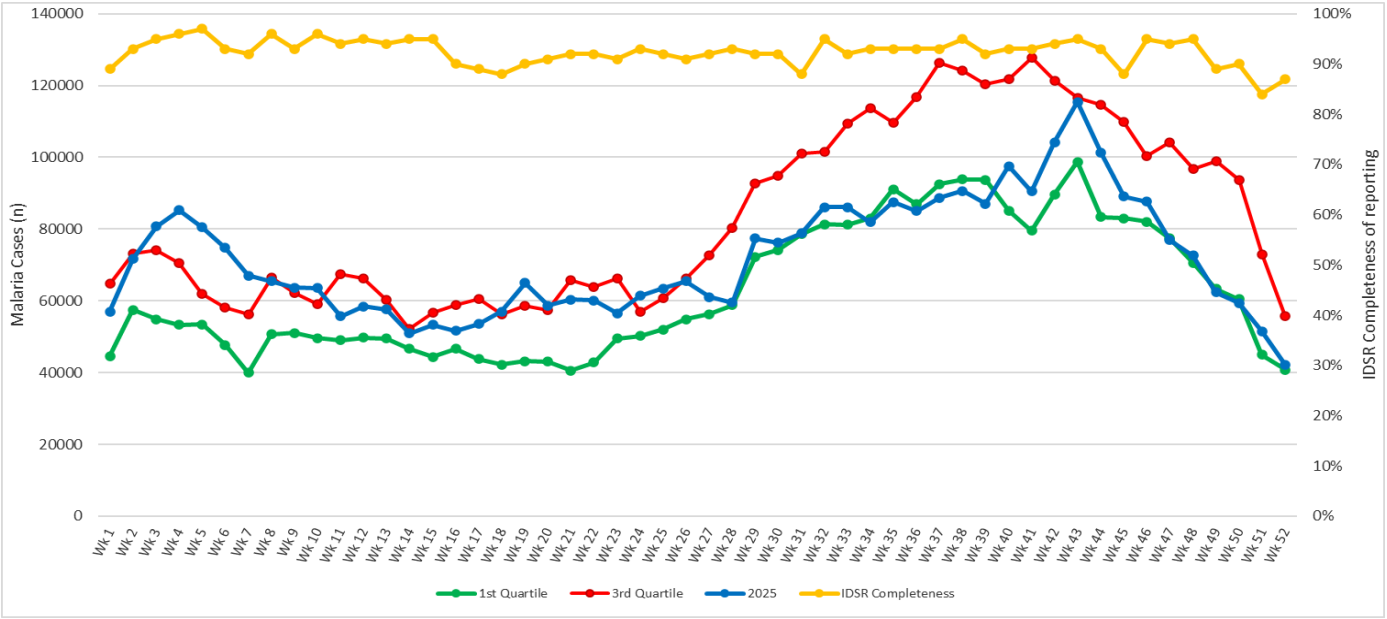


Figure 4: **Proportional Morbidity of top 4 IDSR priority diseases reported as of week 52 of 2025.**

1. Malaria Updates

In week 51 of 2025, malaria remained the leading cause of illness, with 42,101 reported cases and causing 15 deaths amongst the suspected cases. The weekly analysis shows that these numbers are slightly lower than expected for the transmission period. Notably, in the previous weeks, there have been fewer malaria cases than usual, with a downward trend as expected in annual transmission. 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.

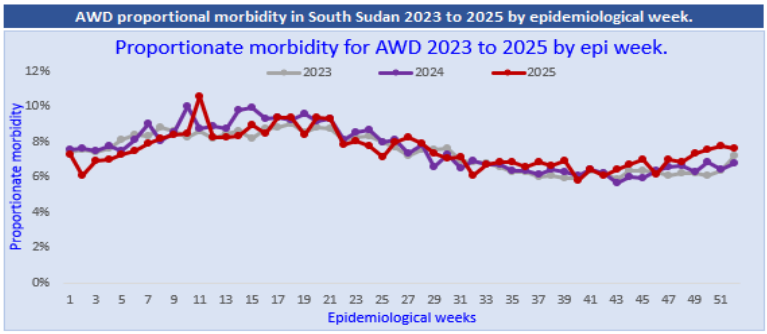
Figure 5: Normal Malaria Transmission Channel for South Sudan; Updated at Week 52 of 2025

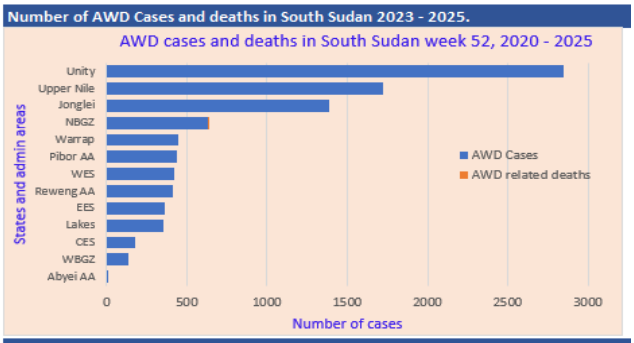


2. Acute Watery Diarrhoea

During the epidemiological week 52, Acute Watery Diarrhoea (AWD) was the third leading cause of morbidity, causing 9,351 OPD consultations and one (1) death reported in Northern Bahr el Ghazal state. 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 patterns due to acute watery diarrhoea (AWD) remain consistent and were 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





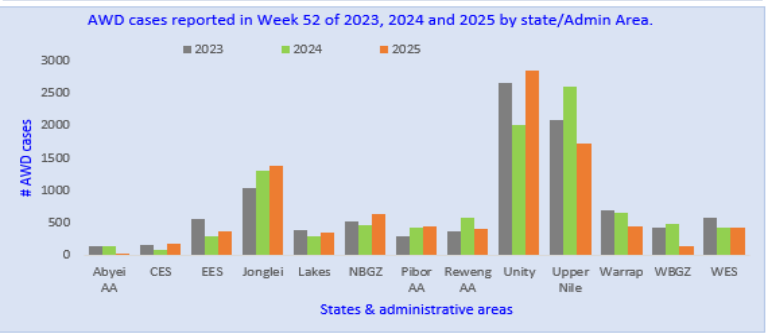


Table of AWD cases and deaths week 52, 2023 - 2025.

State/Admin Areas	AWD Cases	AWD Deaths	CFR
Abyei AA	11	0	0.00%
WBGZ	139	0	0.00%
CES	181	0	0.00%
Lakes	356	0	0.00%
EES	359	0	0.00%
Reweng AA	413	0	0.00%
WES	419	0	0.00%
Pibor AA	435	0	0.00%
Warrap	450	0	0.00%
NBGZ	634	1	0.16%
Jonglei	1386	0	0.00%
Upper Nile	1722	0	0.00%
Unity	2846	0	0.00%
Grand Total	9351	1	0.16%

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 52, most IDSR-reported ARI cases were from Upper Nile, Unity and Northern Bahr el Ghazal States, which host a large portion of the nation's refugees and displaced populations. Notably, the top three ARI high-burden states 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 was one (1) reported death related to ARI

Figure 7: Comparative analysis of reported ARI case counts by State of South Sudan in epidemiological week 52 of 2025.

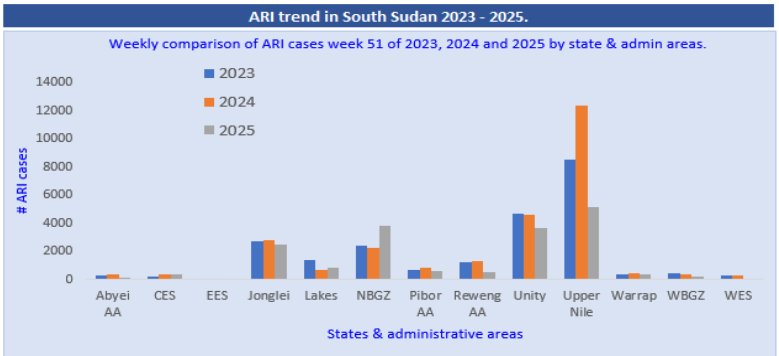
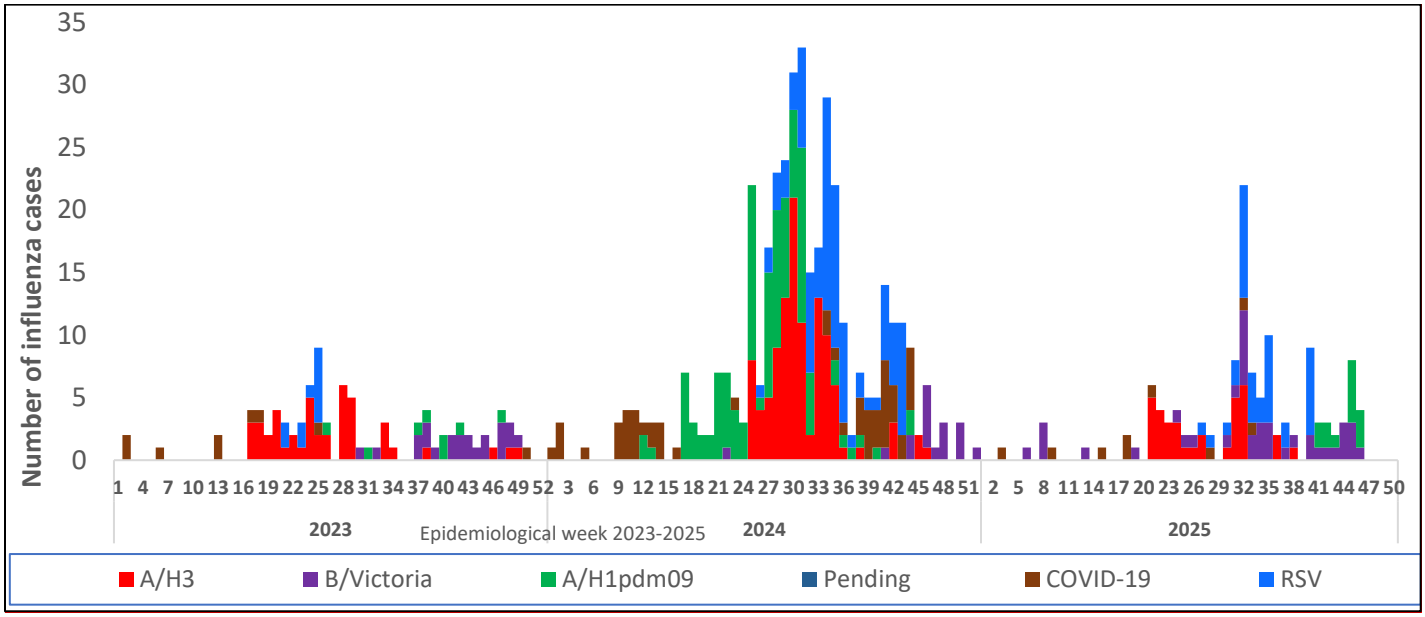


Table of ARI cases and deaths week 52, 2023 - 2025.

State/Admin Areas	ARI Cases	ARI Deaths	CFR	Column1
EES	0	0	#DIV/0!	
WES	3	0	0.00%	
Abyei AA	124	0	0.00%	
WBGZ	228	0	0.00%	
Warrap	333	0	0.00%	
CES	339	0	0.00%	
Reweng AA	498	0	0.00%	
Pibor AA	578	0	0.00%	
Lakes	867	0	0.00%	
Jonglei	2467	0	0.00%	
Unity	3669	0	0.00%	
NBGZ	3821	1	0.03%	
Upper Nile	5174	0	0.00%	
Grand Total	18101	1	#DIV/0!	0.00%

To monitor and track the 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 Weeks 1-51 in 2025, a total of 1641 ILI/SARI samples have been collected; 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.

South Sudan Confirmed and ongoing epidemics in 2025

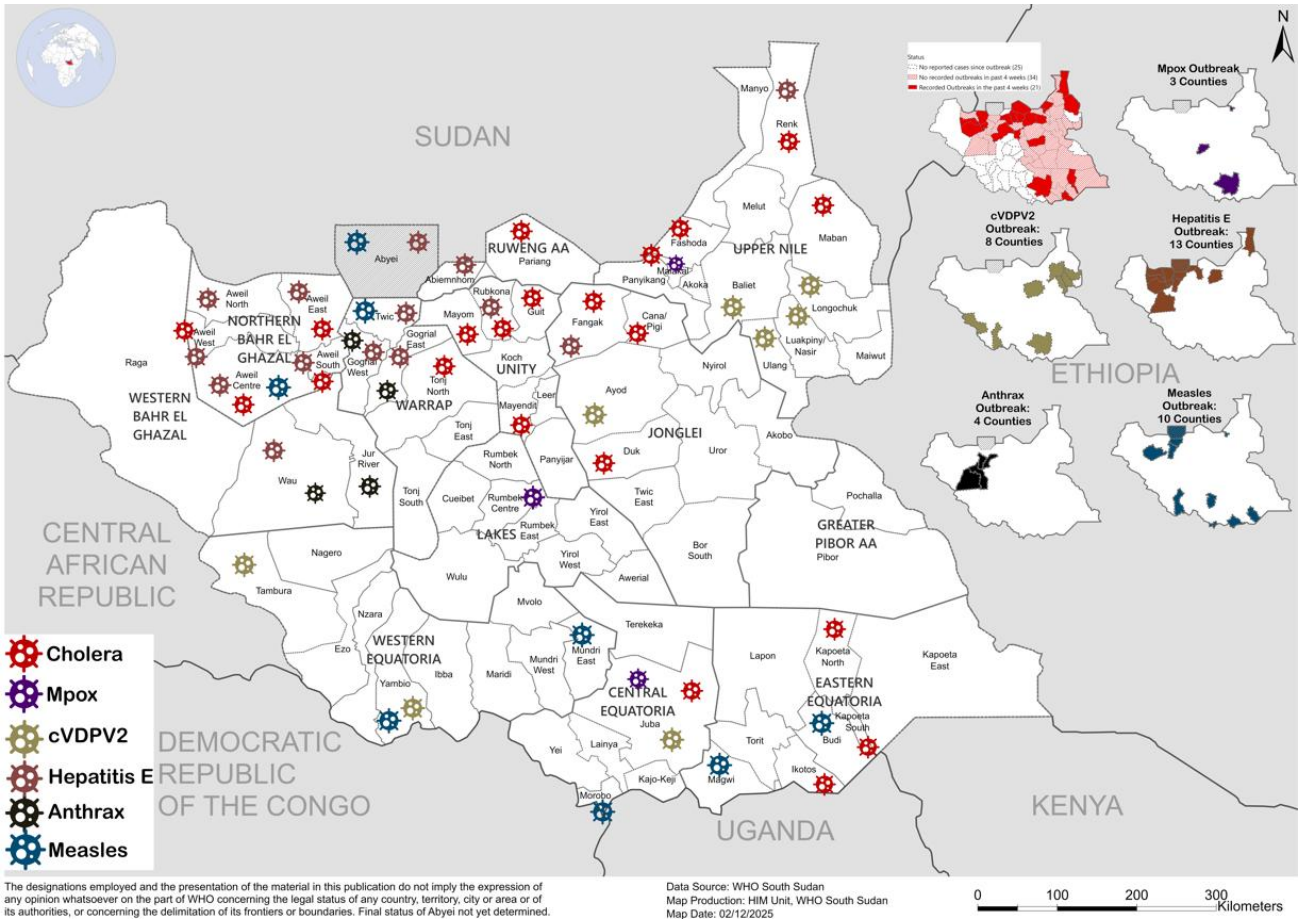
Every year, South Sudan experiences multiple emergencies. Based on data from the states and the EWARS system, most counties have reported at least one of the ongoing disease outbreaks. As at week 52 of 2025, the active outbreaks in South Sudan were Anthrax, cholera, cVDPV2/Polio, hepatitis E, and Mpox. Notably, the measles outbreaks earlier reported and controlled in 8 counties erupted in four newly affected counties of Tonj East, Twic, Aweil West and Abyei.

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 29th January 2025.

Table 4: *Summary of ongoing and confirmed epidemics as of 29th January 2026*

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	2	507	40	9	Planned	Yes	Yes
Cholera	In 55 counties of 9 states and 3 AAs	Sept 2024	146	97,752	12,601	152	Completed in 46 counties	Yes	Yes
Hepatitis E	In 11 counties of Abyei (1), NBeG (5), Warrap (1), Upper Nile (1), Jonglei (2) and Unity (1)	Dec/2018	4	9,165	2, 762	25	Ongoing in Renk County	Yes	Yes
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 December 2025.*



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Final status of Abyei not yet determined.

Response activities for ongoing/suspected outbreaks

1. Mpox outbreak[1]

- In the week ending January 23, 2026, two new confirmed cases of mpox were reported: one in Juba County (Jebel Lemon area) and one in Ezo County western Equatoria state, bringing the cumulative total to 40 confirmed cases since the outbreak was confirmed in February 2025.
- The distribution of cases is as follows: 1 in Ezo, 35 in Juba, 2 in Rumbek Centre, 1 in Rumbek East, and 1 in Malakal. Ezo is the latest county to be affected by the Mpox outbreak.
- The newly reported case from Ezo County is a 32-year-old male who presented to the health facility alongside his wife after developing symptoms on 18 January 2026. Both he and his wife's Symptoms had onset one day after his return from travel to the Democratic Republic of the Congo on 17 January 2026.
- There are currently 12 active cases under home-based care, 86 contacts being monitored, and a total of 507 suspected cases nationwide with no deaths.
- The Juba County RRT, conducting the active surveillance and field tracing of the identified contacts, contacts.
- A team of four members was deployed from Yambio to Ezo to conduct a detailed investigation in the newly affected Ezo county.
- Active surveillance for suspected Mpox cases continues nationwide.
- Among the confirmed Mpox cases, 66% are females and 34% are males. Similarly, the ratio of female to male in suspected Mpox cases is 72% to 28%. This highlights the significant number of suspected cases reported during the outbreak in the Rumbek Center and Rumbek East Male Prisons.
- Risk analysis of Mpox cases suggests the following key factors: a) Travel to affected countries (Uganda and DRC); b) Exposure through Bar, restaurant, hotel, c) Professions like bar/restaurant attendants, and d) cross-border 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.

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

Figure 10: EPI-Curve of suspected/confirmed Mpox cases by Date of onset in South Sudan; 2025 to January 2026

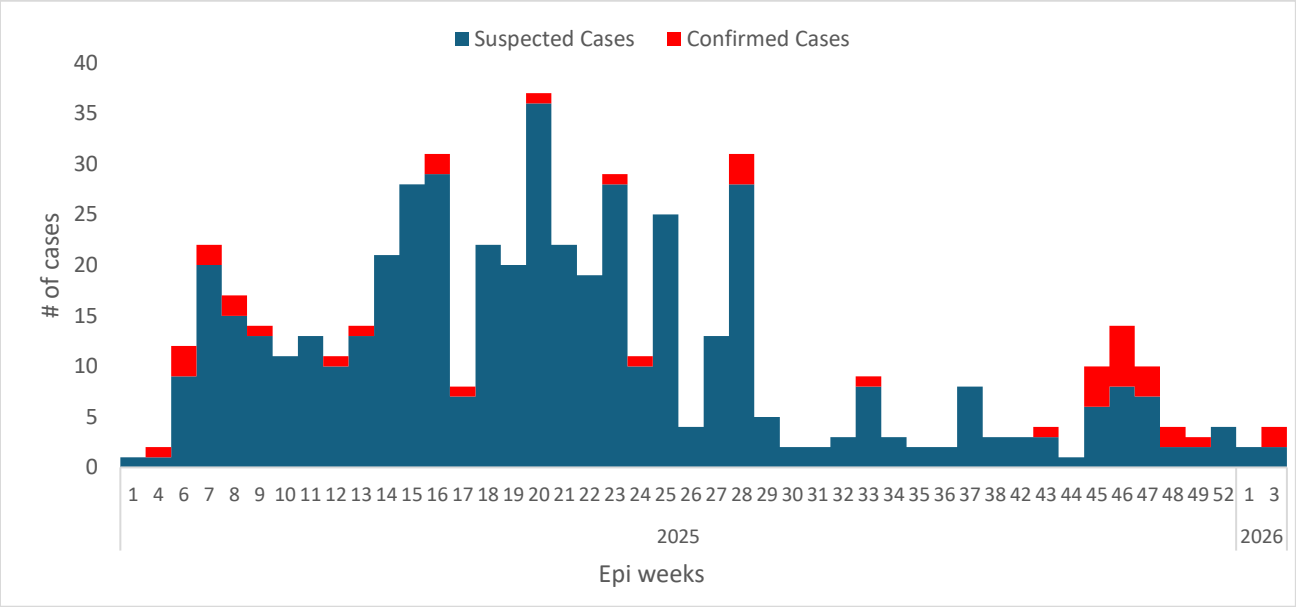
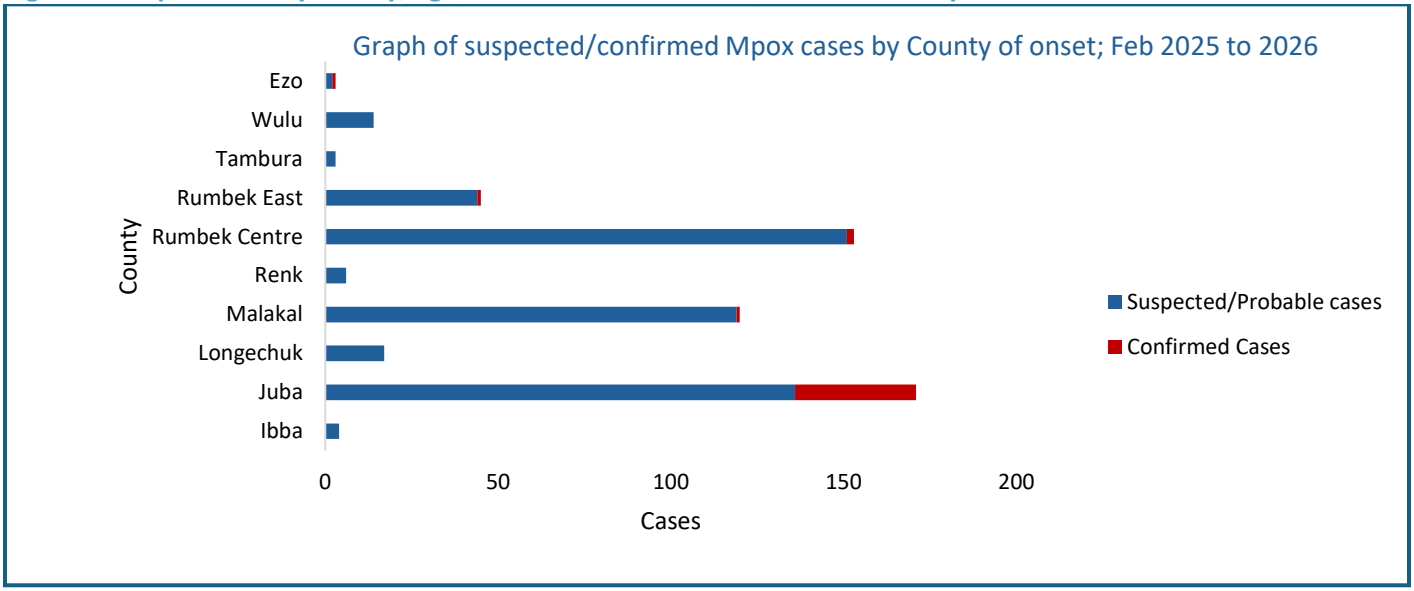
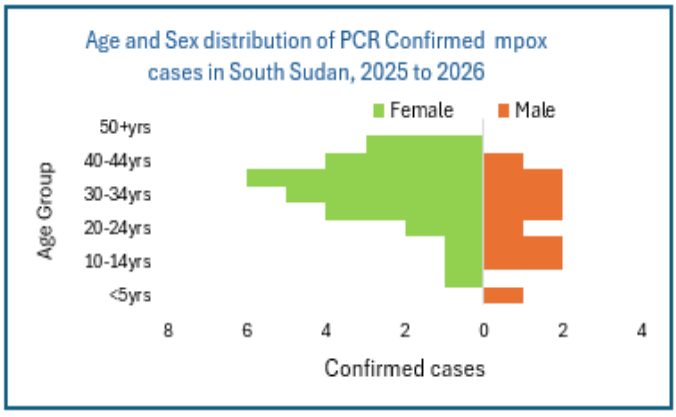
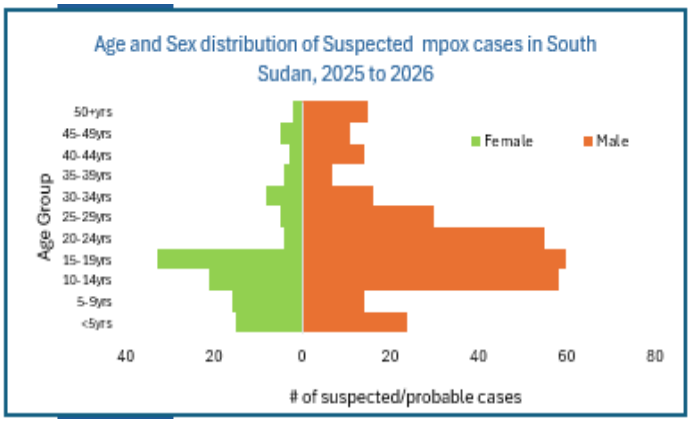


Figure 11: Mpox cases by county, age, and sex in South Sudan, 2025 to January 2026







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 2027. Weekly coordination meetings have been institutionalized and are held every Thursday at 11:00 hours to ensure smooth communication and operational planning. The National Mpox Preparedness and Response Plan (2024–2025) was validated in November 2024 and remains the strategic framework for guiding the national response, providing clear directives for surveillance, case management, and Infection prevention activities. Engagement with partners has been maintained, but only WHO has mobilized USD 79,000 to support Mpox interventions. The US government also provided 200 GeneXpert cartridges that have been used in the development of Mpox testing in Rumbek.

- **Mpox surveillance:** Surveillance tools such as case definitions, investigation forms, lab request forms, and contact tracing formats have been updated and shared with all counties and health facilities across the country. Rapid Response Teams (RRTs) have been activated to carry out active surveillance and contacts tracing in the affected counties: Ezo, Juba, Malakal, Rumbek Centre and Rumbek East. Health workers nationwide, including those in private facilities and those enrolled in the national Integrated Disease Surveillance and Response/Early Warning Alert and Response System (IDSR/EWARS), have been trained to recognize the symptoms and signs of Mpox. A laboratory network has been set up to support testing, including safe specimen collection, packaging, transport and diagnosis using real-time PCR (rt-PCR). Currently, the laboratory has one Orthopox PCR screening kit, and two Mpox PCR confirmation kits that are in use at both NPHL – Juba and the Mobile lab which is stationed in Nimule. External quality control for Mpox testing in South Sudan has been established. Over the past 12 months, **63 samples** were sent in four batches to the Uganda Virus Research Institute (UVRI), a WHO reference lab, and results showed **100% accuracy** when compared to tests done in South Sudan. The National Public Health Lab also received proficiency testing panels from a global WHO lab and achieved a **100% score**.

- **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 26 January 2026[2]

- As of January 26, 2026, there were a cumulative total of 97,719 cholera cases and 1,606 deaths, resulting in a case fatality rate of 1.6%. A significant majority, 96,032 individuals, have fully recovered. Currently, 81 cases are under treatment, primarily in Mayom, Duk, and Panyijiar.
- Since June 6, 2025, there has been no newly infected counties, but sporadic new cases continue in

[2] This is data reflecting the recent updates from the Sitrep

hotspots like Mayom and Duk mainly escalated by population displacements caused by insecurity.

- In the last four weeks, 50 out of 55 counties reported no new cases, with only five counties reporting new cholera cases in the period 14th to 27th January 2026.
- From 21st to 27 January 2026, there were 146 new cases and related 7 deaths reported by 4 counties (up from 73 new cases reported in the previous week).
- Fluctuations in new cases are expected due to various factors, including population movement and poor sanitation conditions.

Figure 11: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, Wk39 of 2024 to Wk4 of 2026

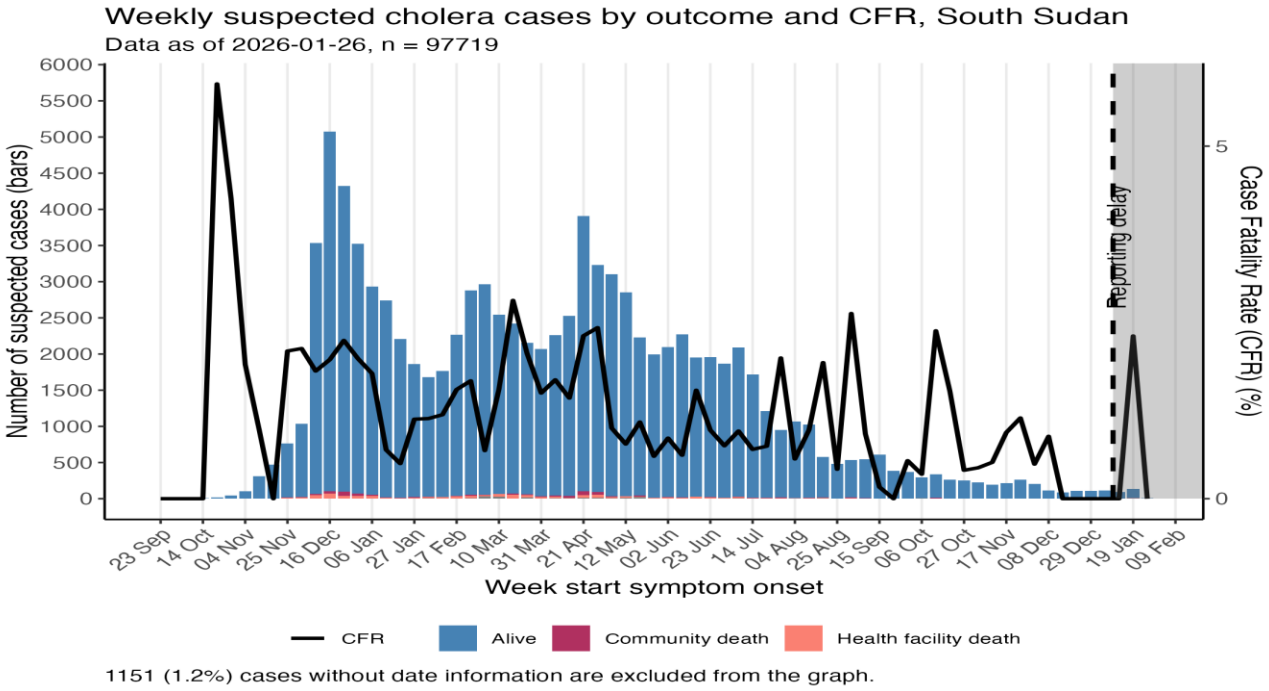
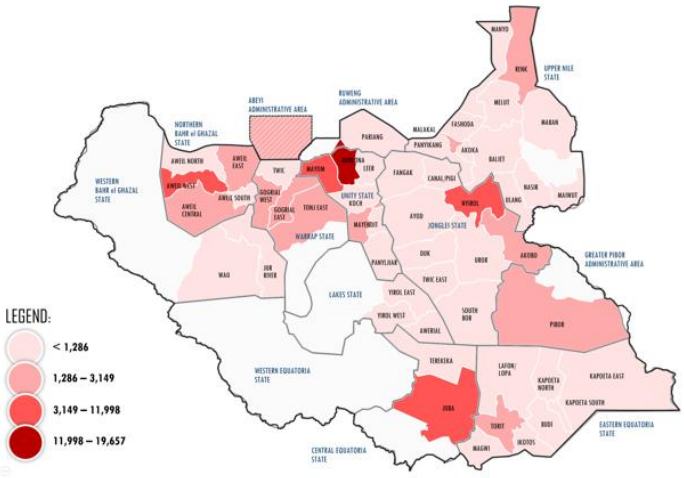
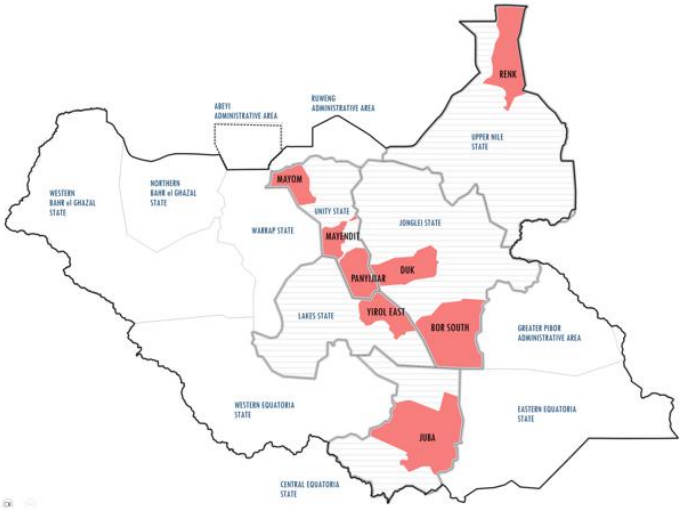


Figure 12: Map showing Cholera Case counts by Counties of South Sudan with progress from the last 14 days

Progression of the Current Outbreak



Cumulative cholera cases



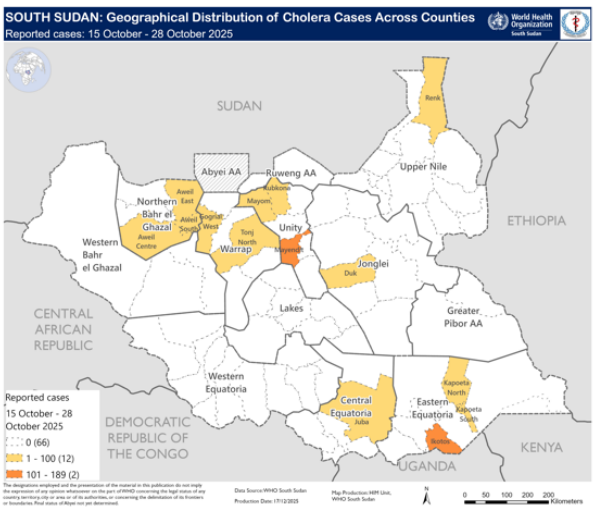
Cholera cases from last 14 days

30-day Cholera Knockout Plan Updates

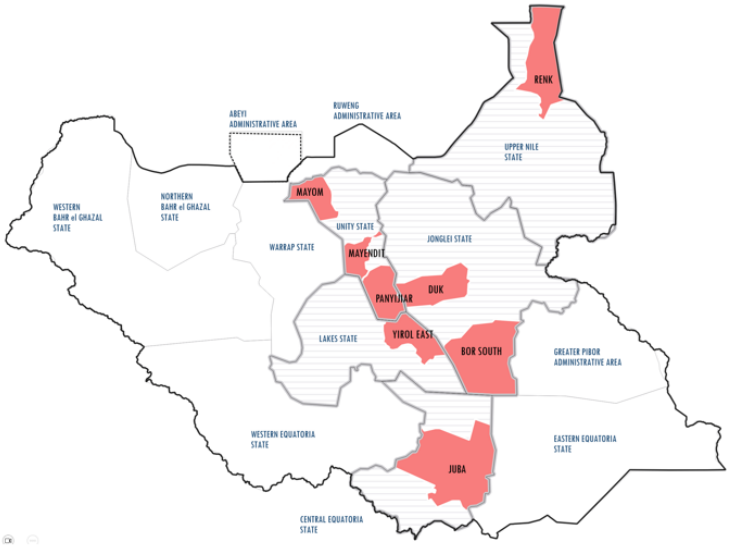
- The 30-Day Cholera Knockout Plan was developed to accelerate a high-impact intervention launched as part of South Sudan's national cholera response to rapidly reduce transmission during the ongoing outbreak. The plan aimed at **rapid interruption of cholera transmission within 30 days** through intensified, 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 include: Reactivation of the cholera treatment units (CTUs) and oral rehydration points (ORPs) in the 13 priority counties, Deployment of 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.
- A review of the 30-Day Knockout Plan was conducted by MoH and partners, highlighting its effectiveness and areas for improvement. Considering this assessment, we are actively developing additional strategies to be implemented in the current dry season to take advantage of the access. These new plans will incorporate the contextual challenges and recommendations outlined by the identification of PAMIs for South Sudan.

Before the 30-Day Cholera Knockout Plan (October 15-28, 2025):	**After completion of implementation of the 30-Day Cholera Knockout Plan (Jan 14 - Jan 27, 2026):**
• 14 counties	• 5 counties
• 29 payams	• 13 payams
• 601 cases	• 224 cases
• 14 deaths (CFR: 2.3%)	• 7 deaths (CFR: 3.1%)

Figure 13: Map of and POST THE 30-DAY CHOLERA KNOCK-OUT PLAN



Cholera-affected counties (Oct 15-Oct 28, 2025)



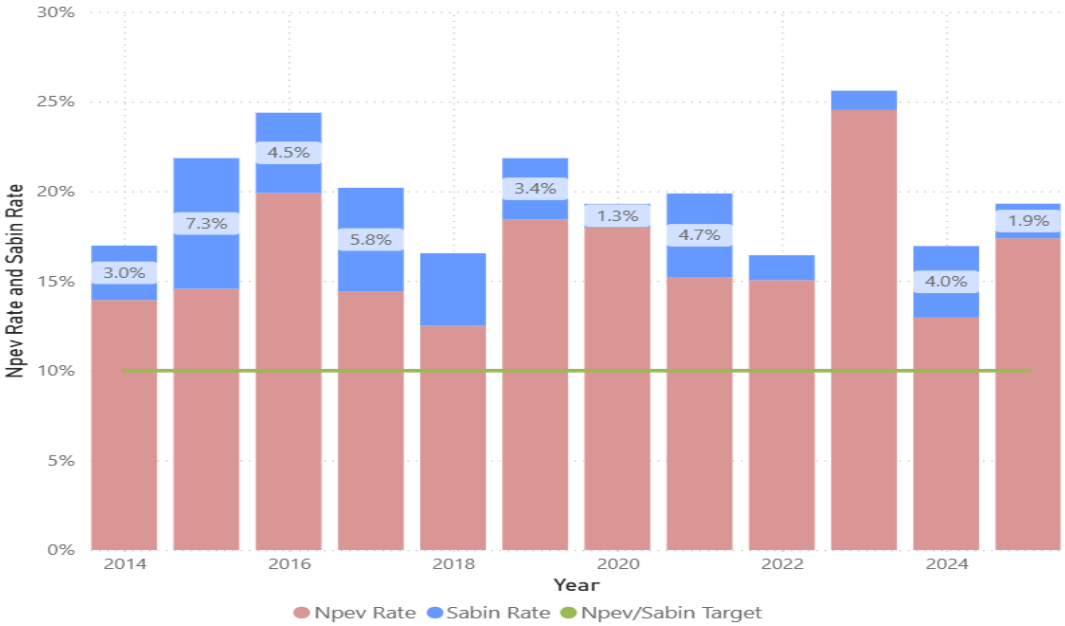
Cholera-affected counties (Jan 12 -Jan 25, 2026)

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

- In the week ending 29th 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 from an AFP case was on 16 November 2024, while that from the environment was from a 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.
- As of 29th January 2026, the cumulative number of AFP cases reported in 2025 had been 459, detected in 80 counties. By week 3 of 2026, seven (7) AFP cases had been detected and reported compared to 14 AFP cases in the same time period of 2025. No County has not reported at least 1 AFP case in 2025.
- The non-Polio AFP Rate for 2025 was calculated as 6.16 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, 75 (94%) have met both the NP-AFP Rate and Stool Adequacy indicators, 5 (6%) have met at least one of the indicators, and 0 (0 %) has met none of the indicators.
- There were 290 Active Case Search Visits conducted in week #3 of 2026 compared with 430 visits in the same period last year. The declining active surveillance visits partly explains the declining AFP detection rates.
- 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 data coming into the dashboard indicates that 2,241,084 (104%) of the targeted 2,162,947 children had been vaccinated with nOPV2. LQAs conducted in 19 counties (lots) showed 11 counties passed and 8 counties failed the SIA quality test. Special thanks to the UNKEA team, a local CSO that conducted nOPV2 SNIDs in the 4 inaccessible counties of Upper Nile in December and vaccinated 102,302 out of the targeted 122,561 (83%) children. The same CSO is planning to conduct the second round in February 2026. The MOH/GPEI team, UNKEA and the Upper Nile State EPI team convened on 29th January to review progress, lessons learnt and preparations for the second nOPV2 SIA. This special intervention in the 4 inaccessible counties should be emulated for routine immunization services, if feasible.

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



4. Anthrax

- From Epi week 1 to 4 of 2026. The cumulative total number of human anthrax cases reported in 2025 remained 216, with 195 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 395 cases overall, 5 of which resulted in death, leading to a CFR of 1.3%.

Ongoing Anthrax outbreak response Interventions

- Coordination of Weekly meetings for outbreak containment;
- Periodic multi-sectoral Rapid Response Team investigations to review changes in epidemiology and aid decision-making.
- Surveillance: Anthrax definitions shared; health workers trained and reporting cases; community searches ongoing.
- Case Management: Currently treating three human cases using the WHO provided medical kits and guidelines.
- Community Engagement: Educational materials developed; radio messages initially broadcasted have since stopped due to limited funding; 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 event in December 2025 was used to advocate for more interventions to interrupt the current Anthrax outbreak.
- Logistics: WHO supports outbreak investigation and logistics.

5. Measles Outbreak Updates[3]

- From week 1 to 52 of 2025; a cumulative total of the 530 suspected measles cases of measles were reported with 12 deaths from 30 counties giving an overall CFR of 2.26%, only 138 were investigated with a serum sample collected. All 138 serum samples received at the serology department of the national public health laboratory (NPHL) indicates that 69 of these tested positive for measles IgM.
- Out of 530 suspected measles cases, 480 (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 second opportunity in Supplementary Immunization Activities (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. It is needless to add that 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.
- In the last one month, the county with a confirmed measles outbreak was Tonj North. Notably, measles outbreaks response investigations did not confirm the outbreak in Northern Bahr el Ghazal (Aweil West) and Upper Nile state (Mellut and Maban counties). Notably, there is an ongoing investigation of a suspected measles outbreak in Terekeka (Central Equatoria) and Rumbek (Lakes).

Figure 15: Epidemic curve of measles cases in South Sudan; Week 01 to week 52 of 2025

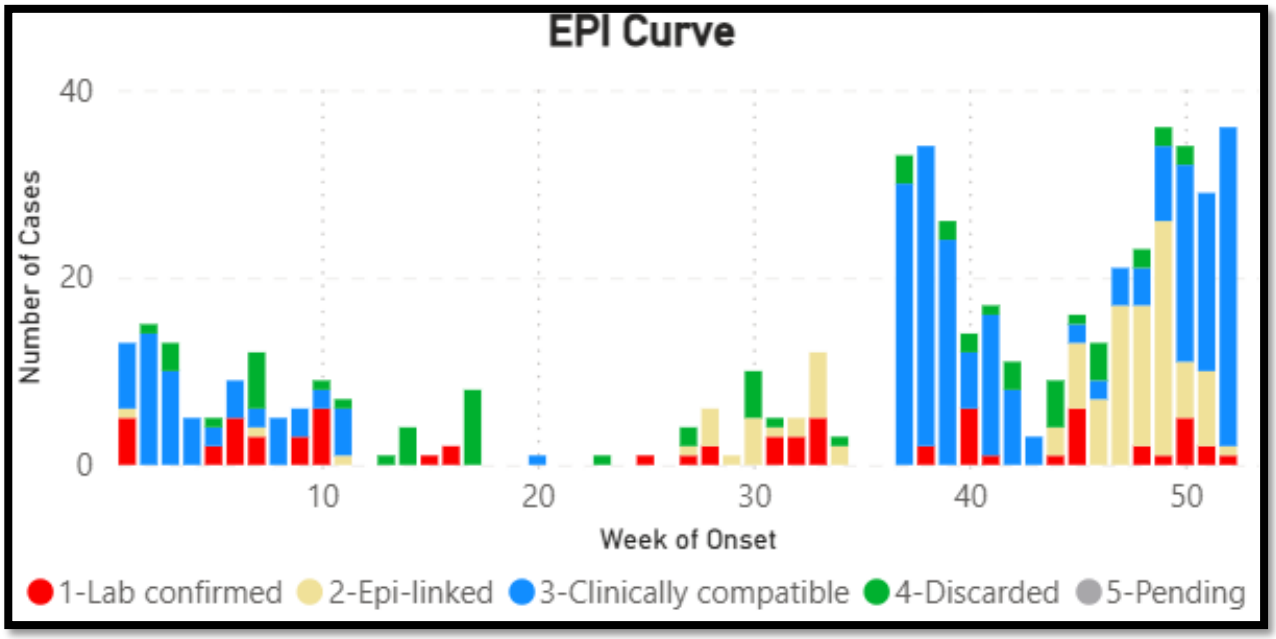
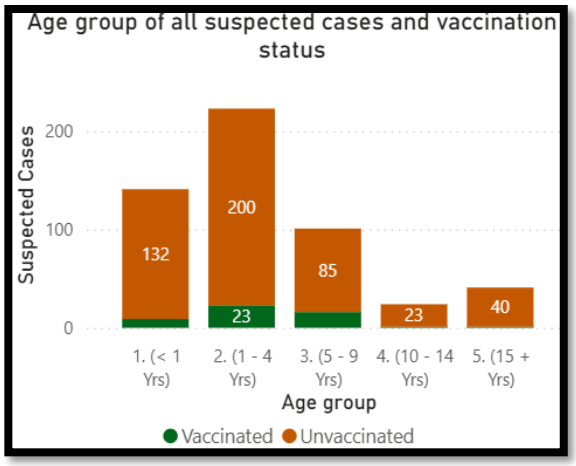
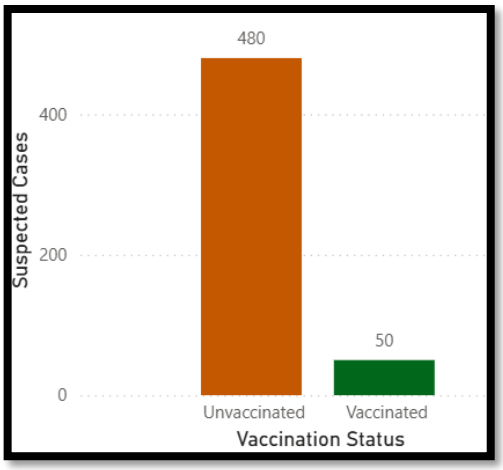


Figure 16: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-52 of 2025

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





6. Hepatitis E outbreak

- During week 52, Renk reported four (4) new cases of Hepatitis E bringing the cumulative suspected cases and deaths in 2025 to 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 are 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 17: *Epicure showing HEV RDT positive cases in South Sudan; Epi Week 52 of 2018 to Week 50 of 2025*

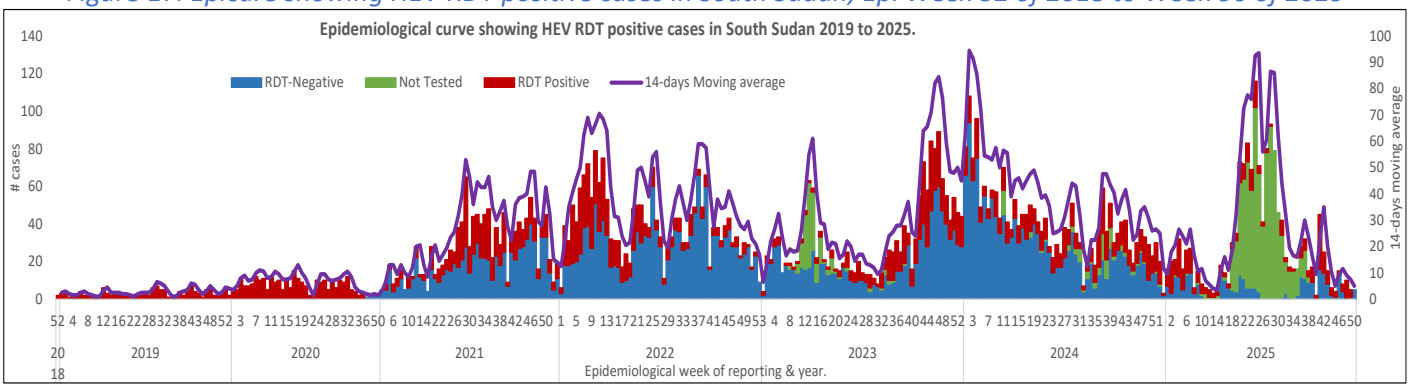


Figure 18: Distribution of suspected Hepatitis E Virus Cases by age and gender in South Sudan; 2018-2025

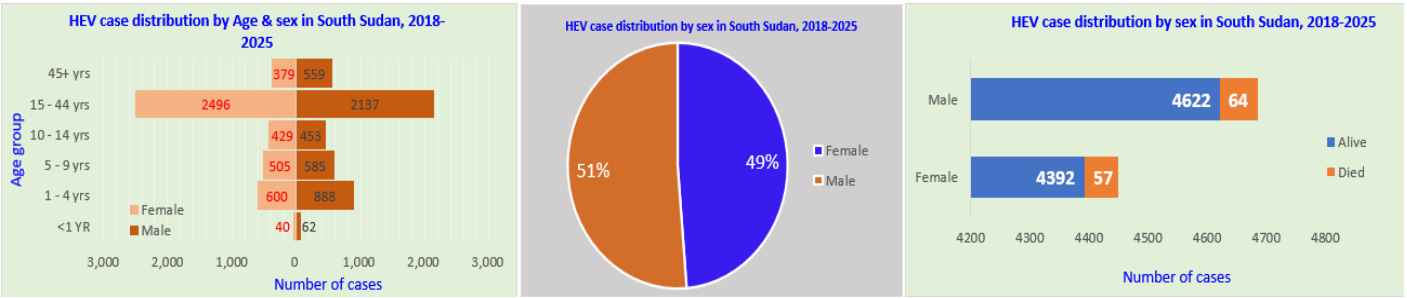


Figure 19: Distribution of Hepatitis E cases and deaths by county of South Sudan; Week 1-52 of 2025

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[4]: As of 29 January 2026, a cumulative total of 332,587 households, containing 1,322,903 individuals (694,150) Females and (628,753 Males) from 18 different nationalities, had crossed the border. Of this number, 67.35% (889, 718) are South Sudanese returnees, while 32.25% (426,610) 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

- Total consultations from 6 IPs (WVI, IOM, IMC, MSF, RI and TRI-SS) is 10103 with 5 deaths.
- Highest Morbidity: ARI (Acute Respiratory Infection) became first as the highest number of cases, showing a high peak with 27.1% followed by Malaria with 24.4%, which is relatively high.
- Moderate Morbidity: AWD, UTI, and with 7.7% and 7.4%, respectively
- Lowest Morbidity Eye infection and Dysentery (ABD) show the lowest figure with only 4.6% and 1.6% respectively
    - Note: IOM recorded the highest consultation, presenting over 30.5% of the total consultations, followed by TRI-SS with 20.0%.
- Ongoing outbreaks as of week 4 of 2026:
    - **Cholera Updates**: No new cholera cases in week 4; total cumulative cases remain at 1,567.
    - Current Status: No active cases under treatment.
    - Measles Cases: No new suspected cases reported, keeping the total at 74. No samples collected this week, and no active cases in isolation at Renk County Hospital.
    - Hepatitis E Virus (HEV) Cases: No new cases reported, total remains at 1,148. Ongoing surveillance supported by WHO, including rapid diagnostic tests and community engagement on jaundice.
    - **War Wounded**: Renk County Hospital received 14 war-wounded patients from Blue Nile State on Monday and 9 more the same night, making it 23 patients. The hospital team and MSF are providing care.
    - Recommendations:
        - Enhance surveillance and data sharing among partners.
        - Prioritize sample transport and lab confirmation for measles, cholera, and HEV.
        - Provide trauma kits or dressing materials for emergency response.

[4] Up To Date figures from the Sudan Crisis Dashboard managed by UNHCR and IOM

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