Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 01

29th December to 4th January 2026

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. In 2026, the data presented is obtained from 1,162 functional health facilities. The reporting facilities include public (1132) and Private (30) health facilities. Particularly, there are an additional 534 non-functional health facilities that are not included in the IDSR/EWARS reporting system. Special thanks to the surveillance society that includes local and international NGOs, Humanitarian Responders, Private not-for-Profit and Private for-profit organizations, which complement the public health reporting network for epidemiological purposes.

Key highlights

- In week 01 of 2026, IDSR reporting timeliness was at 69%, which was slightly lower than 74% attained in the previous week 52. The completeness of IDSR reporting was 88%, which is an improvement from the 80% achieved in the previous week. Nine of the thirteen states/administrative areas achieved reporting completeness of above the targeted 80%, while four (Abyei Administrative Area, Jonglei, Upper Nile and Western Bahar el Ghazal State) did not. Only Unity State maintained their 100% completeness of IDSR reporting. Subsequently, at the EWARN mobile sites, reporting timeliness and completeness were both at 67%.
- **EWARS Alerts Management:** A total of 66 EWARS alerts were triggered in week 01, with 48 (73%) verified. Most of the alerts generated were for Guinea worm (44%), ARI (29%), cholera (11%) and EBS (6%). 4 alerts were risk assessed and 4 required a response. Congratulations to the surveillance teams in Abyei Administrative Area, Lakes, Eastern Equatoria, Jonglei, Northern Bahr el Ghazal and Western Equatoria states who verified all their triggered alerts.
- **Mpox Outbreak:** In the week ending January 29, 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. Of the 40 confirmed Mpox cases, 35 are reported in Juba, 2 in Rumbek Centre, and 1 case each in Rumbek East, Malakal, and Ezo County.
- **Cholera outbreak:** As of January 29, 2026, a cumulative total of 97,752 cases and 1,607 deaths (CFR: 1.6%, target < 1%). Of which 96,072 of the cases have fully recovered and discharged, representing 98.3% of the total case burden. In the last 7 days (onset from 21 to 27 January 2026), 146 new cases and 7 deaths were reported by 4 counties (up from 73 new cases reported from last week). The new cases came from Duk (83), Panyijiar (30) Mayendit (26), and Mayom (7). The new deaths came from Duk (4) and Panyijiar (3)
- **Other active Outbreaks and events:** Currently, there are Anthrax, cVDPV2/Polio, measles, and Hepatitis E outbreaks in various counties. This is in addition to the protracted South Sudan and Sudan Crisis humanitarian Response.

Surveillance System Performance

The epidemic alert and response system in South Sudan mainly utilize 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 01 of 2026, the timeliness of IDSR reporting was 69%, and the completeness was 88%, displaying a decrease in both timeliness and Completeness of IDSR reporting when compared to the previous week 52.

Table 1: *Timeliness and completeness of IDSR reporting by State for week 52 compared to week 01 of 2026*

State	Total facilities	Number of facilities reported (Completeness Week 01)	Comparison of the reporting period				Cumulative since year start of 2026	
			Timeliness		Completeness			
			Wk 01 of 2026	Wk 52 of 2025	Wk 01 of 2026	Wk 52 of 2025	Timeliness	Completeness
Lakes	114	114	96%	91%	100%	97%	96%	100%
NBGZ	81	71	68%	49%	88%	57%	68%	88%
Unity	105	105	84%	97%	100%	99%	84%	100%
WBGZ	90	65	63%	40%	72%	61%	63%	72%
WES	159	158	58%	78%	99%	91%	58%	99%
Jonglei	115	84	73%	66%	73%	74%	73%	73%
Warrap	86	86	76%	64%	100%	83%	76%	100%
EES	104	98	41%	30%	94%	72%	41%	94%
RAA	16	16	100%	88%	100%	100%	100%	100%
CES	119	106	86%	91%	89%	91%	86%	89%
AAA	21	3	5%	5%	14%	5%	5%	14%
Upper Nile	137	98	61%	65%	72%	70%	61%	72%
GPAA	15	14	100%	93%	93%	93%	100%	93%
Total	**1162**	**1018**	**69%**	**68%**	**88%**	**80%**	**69%**	**88%**

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 1, 2026.

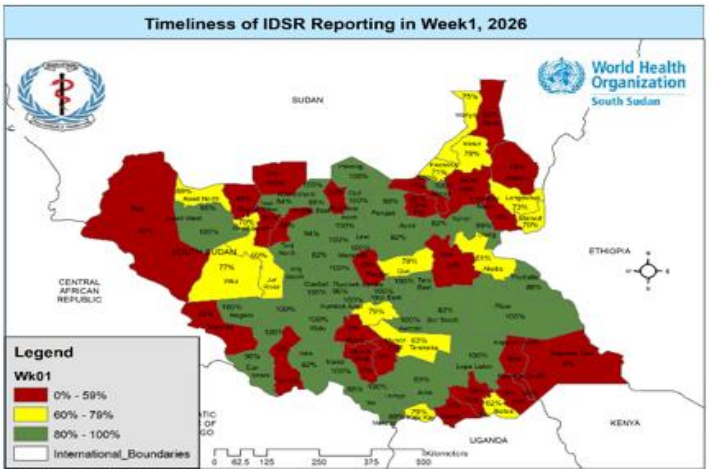


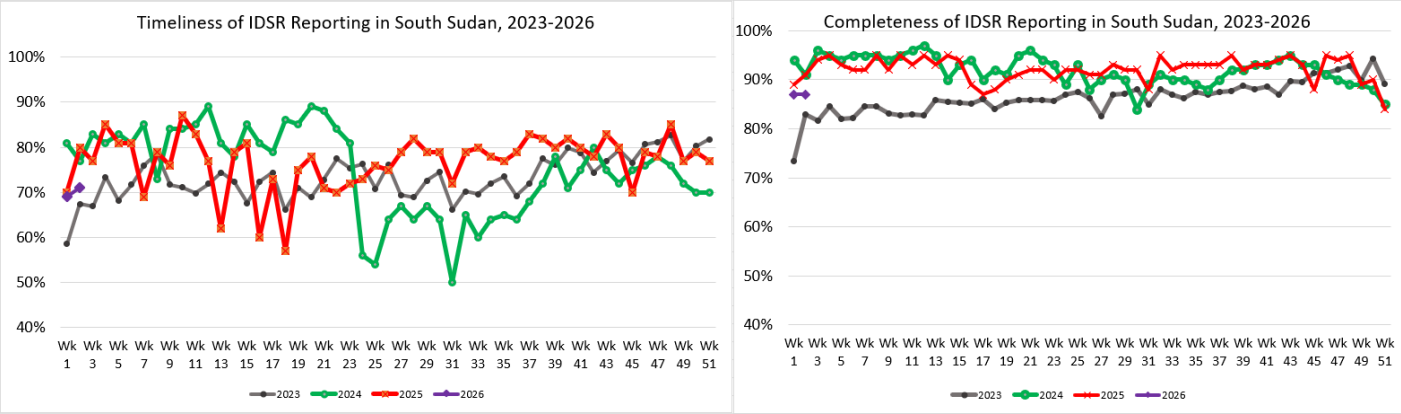
Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 01 of 2026.

IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for week 01, 2026							
Partners	# of Reporting Mobile Sites	% of Timeliness in week 01	% of Completeness in week 01	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 01	% of Completeness in week 01
IMC	3	33%	33%	Kator	3	100%	100%
SCI	2	50%	50%	Juba Bloc	1	100%	100%
HFO	1	100%	100%	Wau South	4	100%	100%
WVI	1	100%	100%	Wau North	3	100%	100%
CIDO	1	100%	100%	Juba	6	100%	100%
RI	1	100%	100%	Mangala	1	100%	100%
TOTAL	9	67%	67%	Munuki	9	100%	100%
				Rejaf	3	100%	100%
				TOTAL	30	100%	100%

Note: The timeliness and completeness of performance in EWARN reporting is both at 67% and basically been affected by two partners (IMC&SCI) which are send reports from all their reporting sites.

The analysis of IDSR performance over the past four years indicates that the significant declines observed in 2024 (Weeks 21-31) recovered in the year 2025. We hope and pray that this complete recovery is maintained through 2026. Secondly, the shock under reporting observed in Week 45 of 2025 has also been corrected. The shock poor IDSR reporting was due to multiple factors including a) engagement of county medical teams in nOPV2 SNIDS, b) Stockouts of Medicines, and c) inertia of health workers in HSTP-funded facilities due to delayed payment of incentives. Notably, the 2026 performance levels in the beginning of the year is lower than two previous tears and will require targeted support to get it back to optimal levels.

Figure 2: Tracking of Timeliness and Completeness of IDSR reporting in South Sudan; 2023-2026.



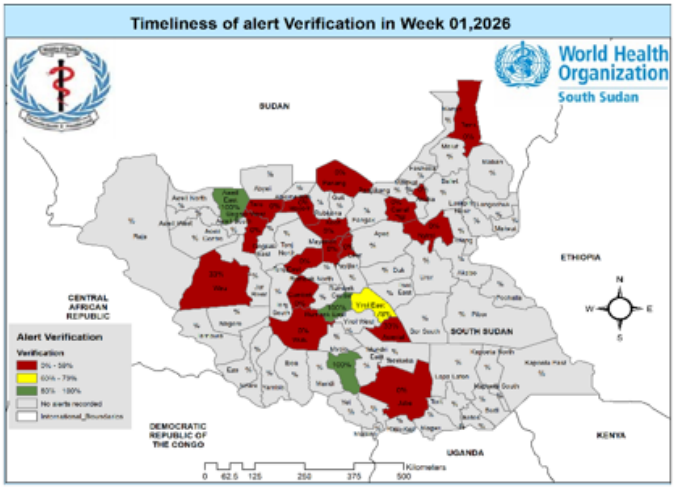
Epidemic alerts

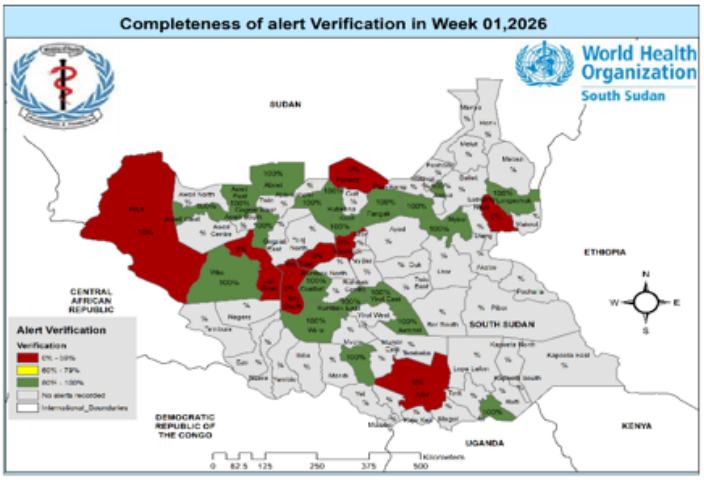
In epidemiological reporting week 01 of 2026, the total number of alerts triggered in the EWARS system were 66. Of these, 73% (48 alerts) were verified, reflecting an improvement in verification rates. Four (4) alerts were risk assessed and all four required a response. Special gratitude goes to the surveillance teams in Abyei Administrative Area, Central Equatoria, Eastern Equatoria, Jonglei, Lakes, Northern Bah el Ghazal, and Western Equatoria that verified all EWARS alerts triggered in week 01. Notably, most alerts were for Guinea Worm Disease (44%), ARI (29%), cholera (11%), and EBS (6%).

Table 3: *Summary of EWARS alerts triggered and verified in Epidemiological Week 01, 2026.*

Summary of EWARS alerts triggered and verified in Epidemiological Week 1, 2026.																				
	AJS		ARI		AFP		Cholera		EBS		Guinea Worm		Measles		VHF		Yellow Fever		Total	
State/Admin	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V
AAA	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1
CES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0
EES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1
Jonglei	1	1	1	1	0	0	0	0	3	3	4	4	0	0	0	0	0	0	12	12
Lakes	0	0	4	4	0	0	1	1	0	0	15	15	0	0	0	0	0	0	20	20
NBGZ	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
RAA	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Unity	0	0	4	4	1	1	5	1	0	0	0	0	0	0	0	0	0	0	10	6
Upper Nile	0	0	2	1	0	0	0	0	1	1	1	1	0	0	0	0	0	0	3	2
Warrap	0	0	0	0	0	0	0	0	0	0	6	1	0	0	0	0	0	0	7	1
WBGZ	0	0	3	0	0	0	1	1	0	0	2	0	0	0	0	0	0	0	6	2
WES	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1
Grand Total	1	1	18	12	1	1	7	3	4	4	28	21	2	2	1	0	1	1	66	48

Figure *3: Timeliness and Completeness of Alerts Verification rates by county of South Sudan for week 01, 2026*



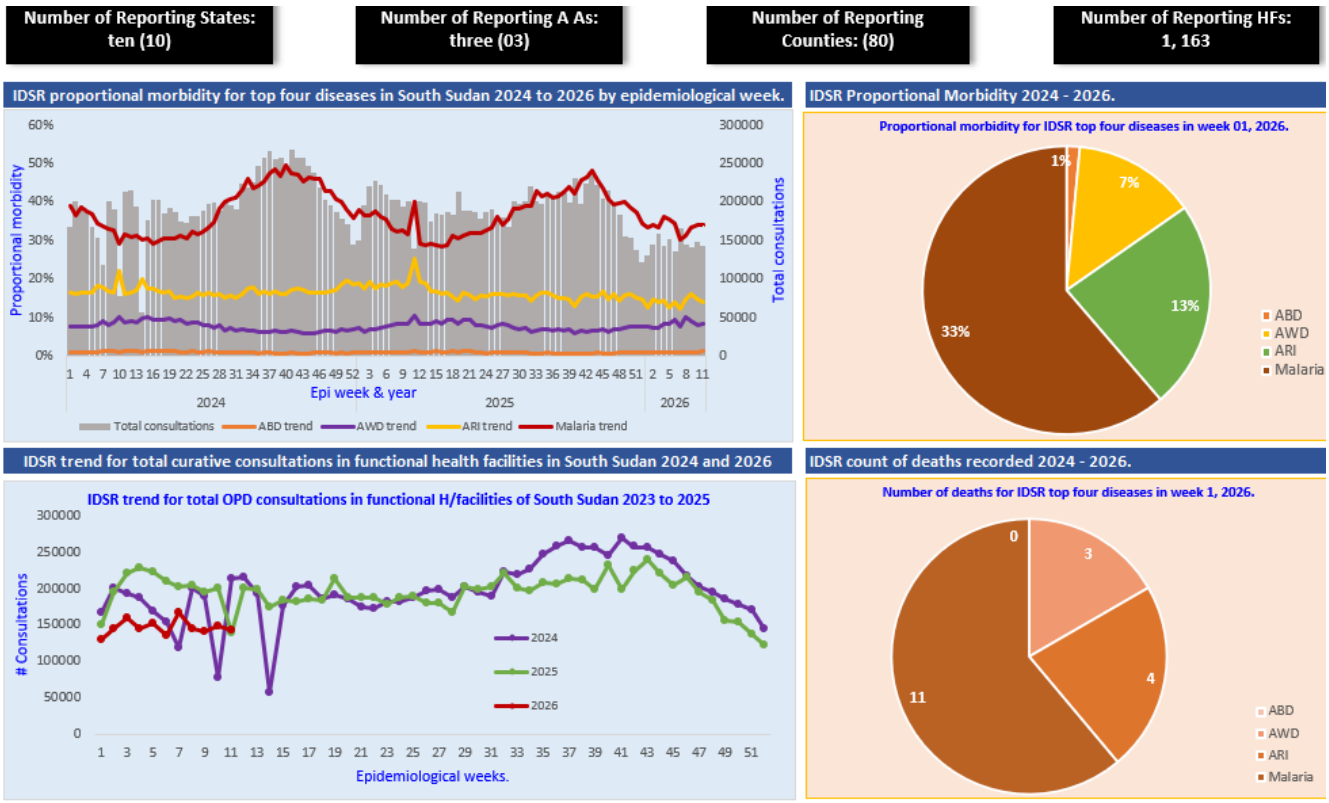


Weekly Update on Indicator-Based Surveillance (Week 01 of 2026)

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 01 of 2026, a total of 130,572 morbidity-related consultations were reported across South Sudan from 1,139 functional health facilities, private and public, in the country. Malaria remained the leading cause of morbidity, accounting for 33% (43,434) of all reported cases, which is lower than 37% (42,101) reported in the previous week 52 of 2025. This was followed by acute respiratory infections, which contributed 13% (16,577), and acute watery diarrhea, which accounted for 7% (9,792) of the total consultations. An analysis of proportional morbidity trends for these three major conditions shows no significant shifts in the pattern of disease distributions over the past four years, as illustrated in **Figure 4** below.

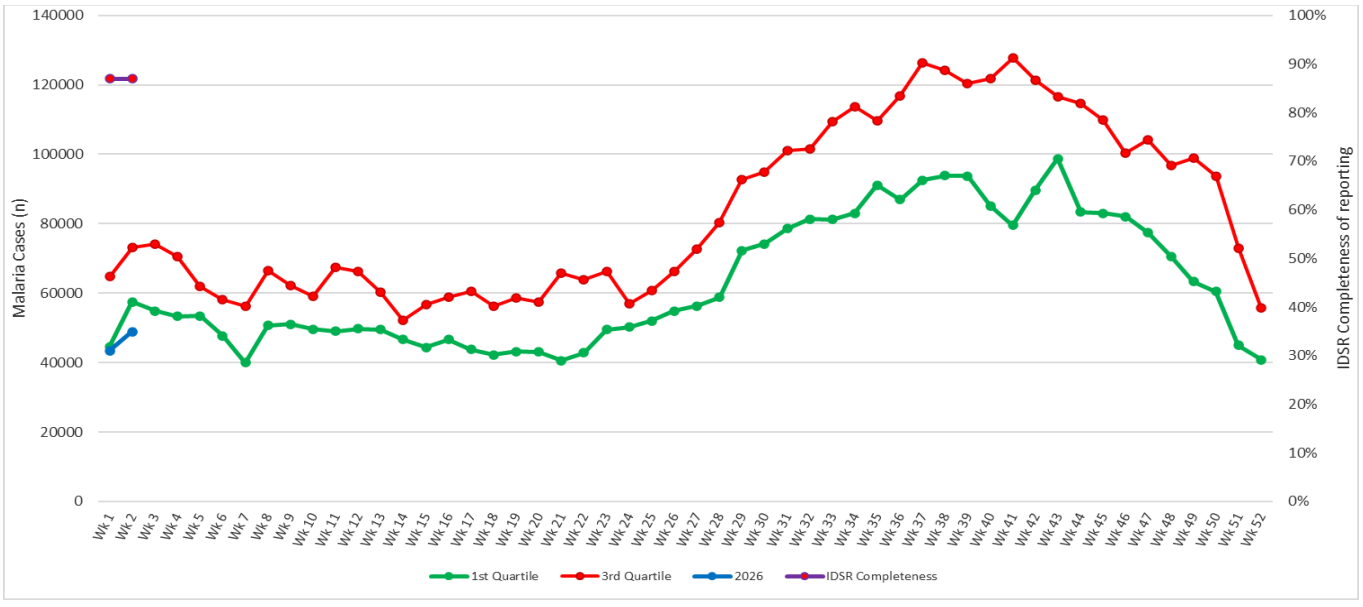
Figure 4: **Proportional Morbidity of top 4 IDSR priority diseases reported as of week 01 of 2026.**



1. Malaria Updates

In week 01 of 2026, malaria remained the leading cause of illness, with 43,434 reported cases and causing 11 deaths amongst the suspected cases. The weekly analysis indicates that these numbers are slightly lower than expected for the transmission period. Remarkably, 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 a) declining completeness of reporting, b) the nationwide shortage of supplies, including antimalarials, which urgently need the attention of all health players, and c) reduced staff presence in the functional health facilities due to delayed payment of their monthly incentives.

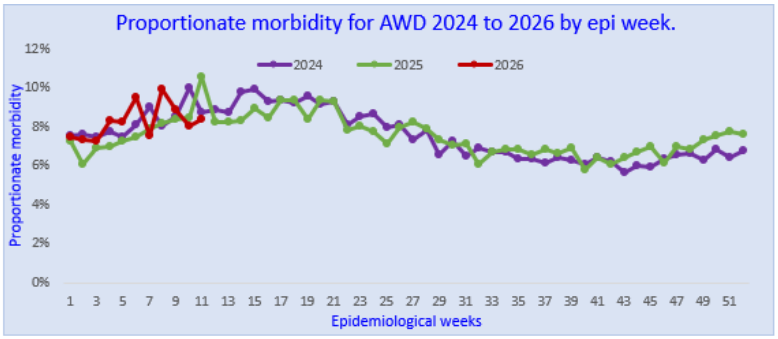
Figure 5: Normal Malaria Transmission Channel for South Sudan; Updated at Week 01 and 02 of 2026

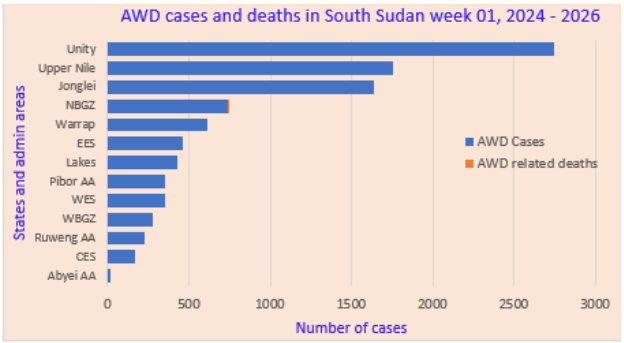


2. Acute Watery Diarrhoea

During the epidemiological week 01, Acute Watery Diarrhoea (AWD) was the third leading cause of morbidity, causing 9,792 OPD consultations and three (3) related deaths reported in Northern Bahar el Ghazal state. After one year of the cholera outbreak, AWD cases remained within normal ranges. The AWD dashboard developed in 2025, has been carried through to 2026, as 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 with what was reported in similar previous reporting periods of 2025 and 2025.

Figure 6: Dashboard of IDSR reported AWD cases by Week in South Sudan; 2024-2026





AWD trend in South Sudan 2024 - 2026.

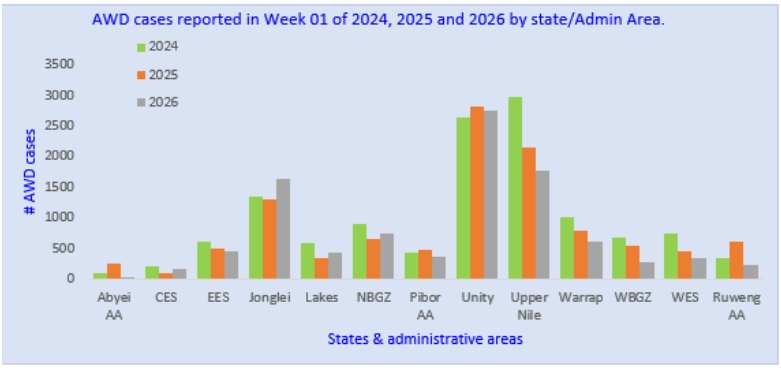


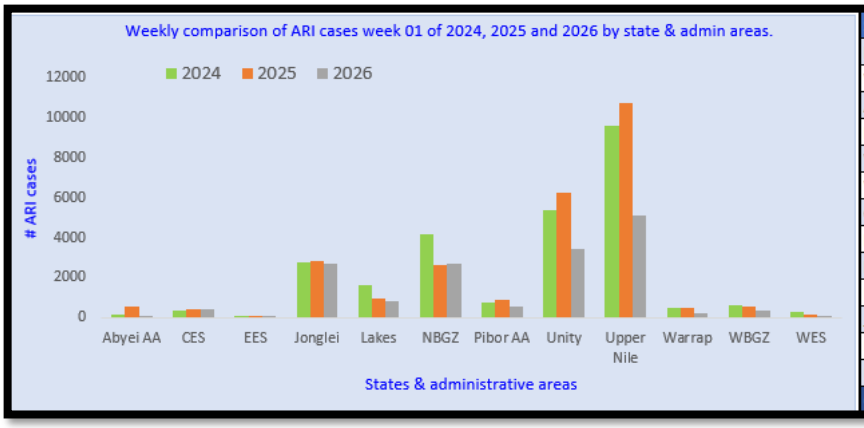
Table of AWD cases and deaths week 01, 2024 - 2026.

State/Admin Areas	AWD Cases	AWD Deaths	CFR
Abyei AA	19	0	0.00%
CES	170	0	0.00%
Ruweng AA	230	0	0.00%
WBGZ	279	0	0.00%
WES	350	0	0.00%
Pibor AA	352	0	0.00%
Lakes	430	0	0.00%
EES	460	0	0.00%
Warrap	616	0	0.00%
NBGZ	742	3	0.40%
Jonglei	1637	0	0.00%
Upper Nile	1757	0	0.00%
Unity	2750	0	0.00%
Grand Total	9792	3	0.40%

3. Respiratory Pathogens Surveillance weekly updates.

Acute respiratory illnesses remained the second leading cause of outpatients' consultations in the country constituting 13% (16,577) of all the OPD consultations. As in all previous epidemiological periods, Week 01 of 2026, continue to show that Upper Nile, Unity and Jonglei States, which host a large portion of the nation's refugees and displaced populations, have the highest burden of ARI infections.

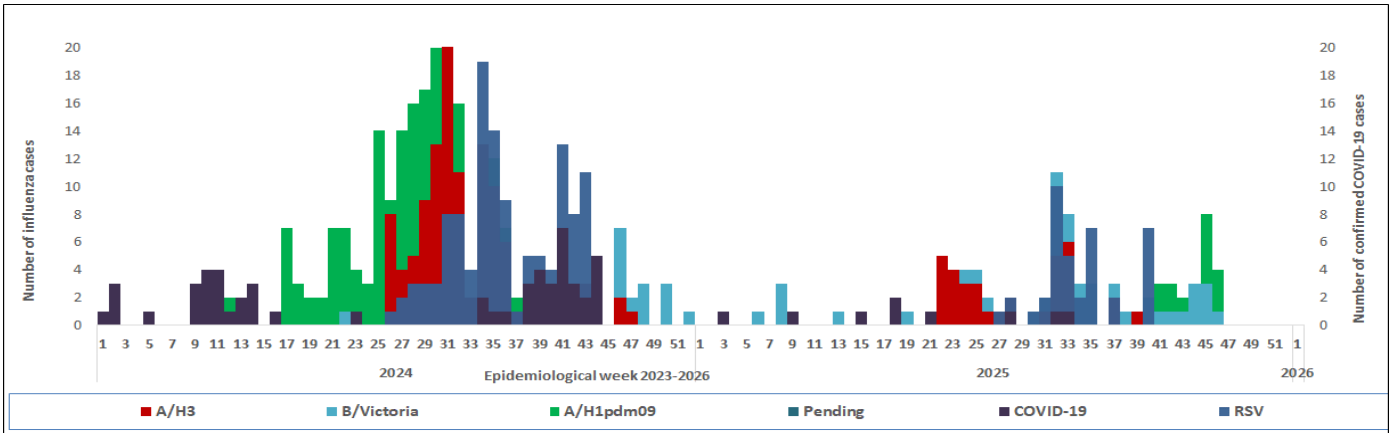
Figure 7: Comparative analysis of reported ARI case counts by State of South Sudan in epidemiological week 01 of 2026.



State/Admin Areas	ARI Cases	ARI Deaths	CFR
EES	1	0	0.00%
WES	38	0	0.00%
Abyei AA	104	0	0.00%
Ruweng AA	136	0	0.00%
Warrap	221	0	0.00%
WBGZ	364	0	0.00%
CES	399	0	0.00%
Pibor AA	555	0	0.00%
Lakes	821	0	0.00%
NBGZ	2677	4	0.15%
Jonglei	2719	0	0.00%
Unity	3425	0	0.00%
Upper Nile	5117	0	0.00%
Grand Total	16577	4	0.15%

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 2024 to Week 01 of 2026.



During Epidemiological Weeks 01 of 2026, a total of 6 ILI/SARI samples have been collected; 6 tested negative for all pathogens, (0) were positive for COVID-19, (0) for Influenza Type A (H3), (0) for Influenza Type B (Victoria), (0) for Influenza A/(H1N1)pdm09 and (0) for RSV.

South Sudan Confirmed and ongoing epidemics in 2026

Every year, South Sudan experiences multiple emergencies. However, no new outbreak has been detected and confirmed in 2026. A suspected outbreak of Meningitis was investigated in Northern Bahr el Ghazal, in which 13 CSF samples were collected. The CSF sample was processed at the national Public Health Laboratory and using molecular testing techniques (PCR), 11 samples were found positive for *Haemophillus Influenzae* Type b, while the remaining two were negative. An attempt to culture the CSF only yielded one isolate, re-confirming the *Haemophillus Influenzae* Type b when serotyping. Secondly, there were two suspected measles outbreaks in Abyei and Tonj East. Both outbreaks were investigated with serum samples collected for the national serology laboratory to conduct measles and rubella IgM ELISA assays. Confirmation of the measles outbreaks is still pending due to stockout of ELISA test kits.

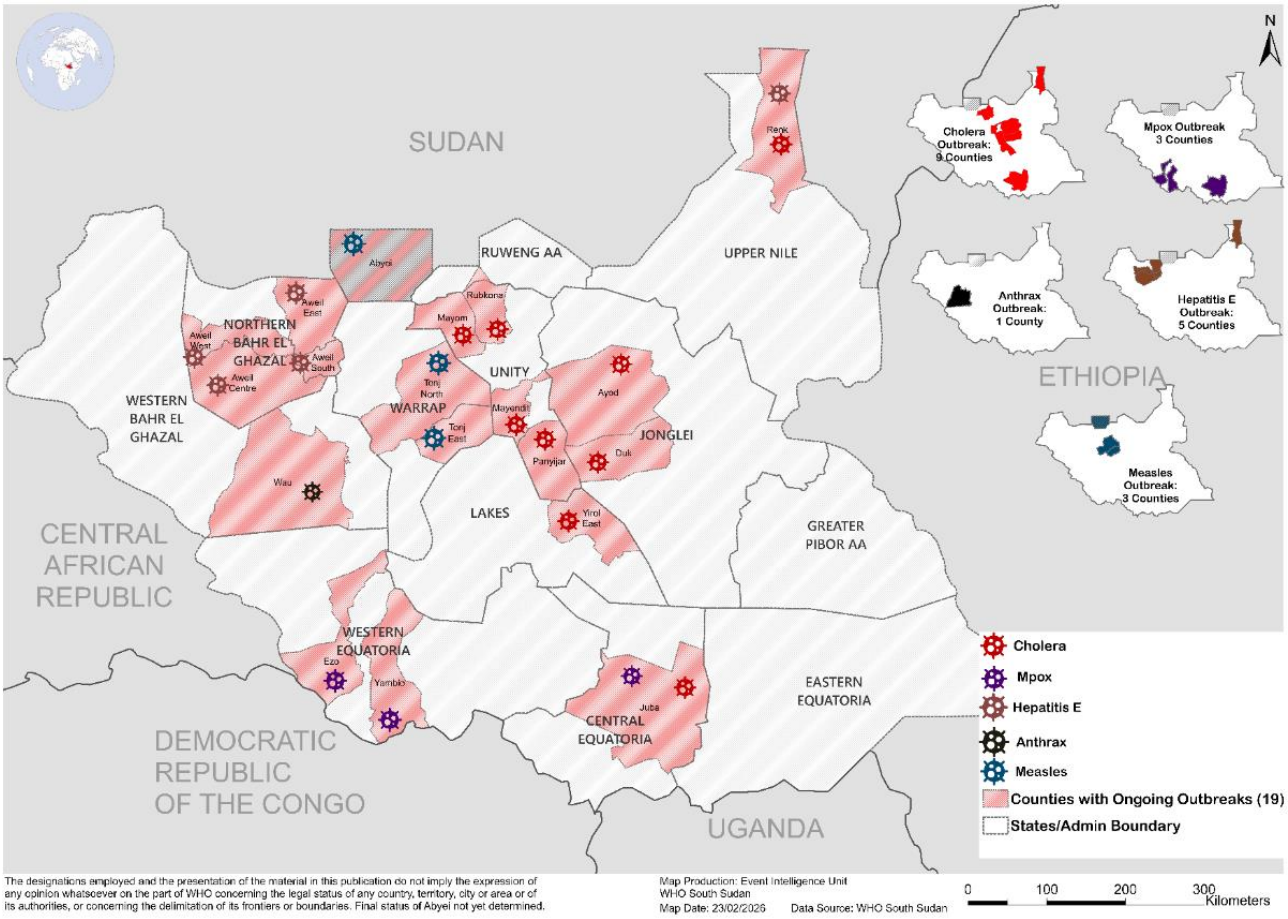
Its important to note that there are 5 active outbreaks, carried over from the previous year's namely Anthrax, cholera, cVDPV2/Polio, hepatitis E, and Mpox.

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 13th February 2026.

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 2026	7	514	46	8	Planned	Yes	Yes
Cholera	In 55 counties of 9 states and 3 AAs	Sept 2024	146	97,752	12,601	140	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	0	9,394	2, 762	32	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 29th January 2026.*



Response activities for ongoing/suspected outbreaks

1. Mpox outbreak[1]

- In the week ending January 29th, 2026, there were seven new suspected cases of mpox reported. Of the 7 suspected cases, 2 were confirmed as Mpox positive on PCR testing: 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, conducted active surveillance and field tracing of the identified 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.
- 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; 2026 to January 2026

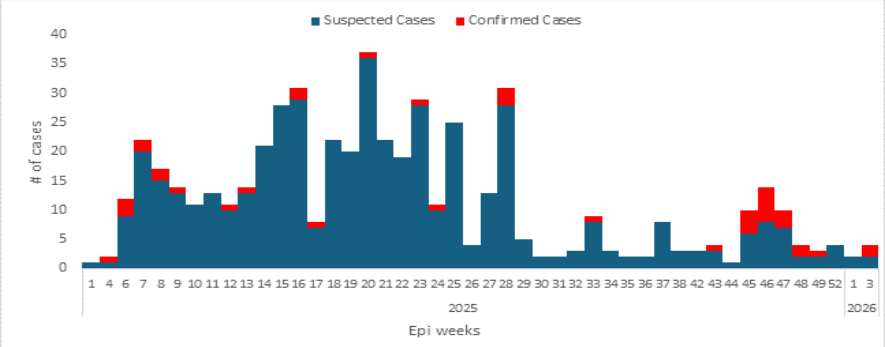
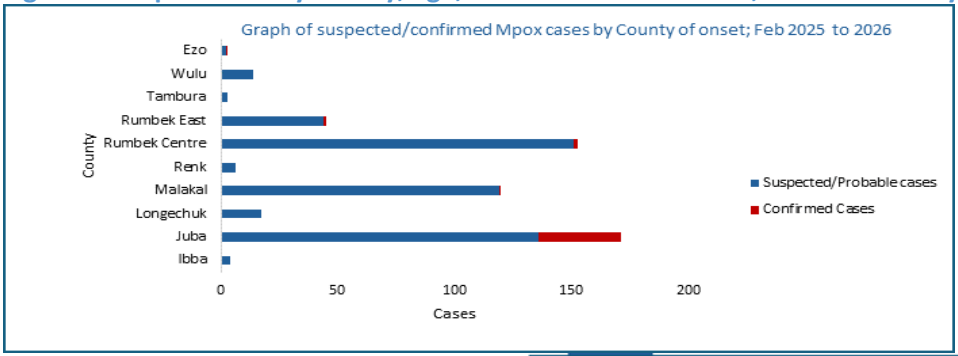
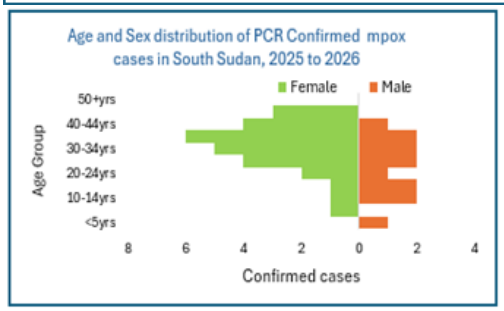
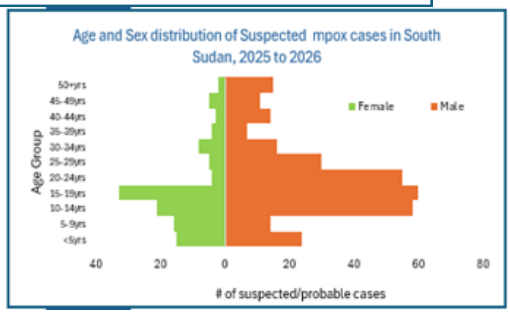


Figure 11: Mpox cases by county, age, and sex in South Sudan, 2026 to January 2026







Selected Response Pillar updates

- **Mpox surveillance:** Surveillance tools such as case definitions, investigation forms, laboratory 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 all the affected counties. Currently, active contacts tracing is only ongoing in Ezo, Juba, and Yambio. 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. External quality control for Mpox testing in South Sudan has been established. Over the past 13 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 NPHL also conducted proficiency testing panels from a global WHO collaborating laboratory and achieved a **100% score**.

- **Case Management:** Case management continues to focus on voluntary home confinement, despite the incessant high risks. Following the first death, WHO has worked with the Western Equatoria state Mpox taskforce to identify spaces or facilities that can be used for isolation and treatment of the severely ill patients. WHO provided a tent to both MedAir and CMMB for the establishment of temporary isolation facilities in Ezo and Yambio, respectively.

- **Risk communication and community engagement:** There was an official MOH press statement providing the news of the first Mpox-related death, confirmation of the expanded scope of the Mpox outbreak, and renewed requests for behavior changes needed to mitigate the established local transmission. Through week 06 of 2026, we continue to focus on strengthening communication with affected populations and frontline workers to support outbreak prevention, while promoting and implementing infection prevention and control measures using the WHO provided guidelines on prevention of community transmission. 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. Priority in the coming week will be a) community dialogue and behaviour surveillance to determine practices to promote or avoid in the new epidemic centres of Ezo and Yambio.
- **Mpox Vaccination:** The Mpox Vaccination stream was re-activated, and a dossier for the new LC16M8 vaccine, in addition to the already approved MVA-BN, was finalized and shared with the South Sudan Immunization Technical Advisory Group (SSITAG). As in other Mpox outbreaks, the most at risk populations have been identified as a) Sex workers, b) Hotel and restaurant workers, c) truck drivers and more recently d) miners. However, we have established that the drivers of local transmission are mainly through the sexual networks, although close household contact is documented to have caused a case in a 2-year old. In turn, the vaccination strategy will focus on a) Sexually active age-groups (15-45 years), b) Restaurant and Hotel workers, c) Contact persons of confirmed cases. The prioritized age groups are aimed at protecting the socio-cultural construct of sexuality in South Sudan.

2. South Sudan Cholera Outbreak Updates as of 14 February 2026[2]

- As of January 29, 2026, a cumulative total of 97,752 cases and 1,607 deaths (CFR: 1.6%, target < 1%). Of which 96,072 of the cases have fully recovered and discharged, representing 98.3% of the total case burden. Whereas 73 cases are reported as still admitted at various CTCs/CTUs in the country, mostly in Duk, Mayom and Panyijiar.
- In the last 7 days (onset from 21st January 2026 to 27th January 2026), 146 new cases and 7 deaths were reported by 4 counties (up from 73 cases reported from last week). Many of the new cases were reported from Duk (83), Panyijiar (30), Mayendit (26) and Mayom (7). During the reporting week, 7 new deaths were reported from Duk (4) and Panyijiar (3).
- Since the outbreak began, 25 counties including all 10 counties in Western Equatoria remain unaffected by the current cholera outbreak
- Fluxes in new cases are expected to occur due to numerous factors, including population movement and poor sanitation conditions.
- In the vaccination Pillar:
    a) Seventeen (17) ICG requests submitted and approved between November 2024 to July 2025.
    b) This constituted request for 54 counties and 48 approvals (88.9%).
    c) Total of 10,184,408 OCV doses approved by ICG and arrived in country. This is inclusive of the 400,000 doses prepositioned in country upon recommendation by the ICG. the targeted 379,701 (87.6%), as a strategy for accelerating interruption of cholera transmission.
    d) OCV campaign completed in 46 out of the 48 counties with a total of 8,688,484 vaccinated, representing 86.8% of the targeted 10,184,408 population.
    e) OCV Mop-up campaigns conducted in Eleven (11) Counties, Renk PoE and 3 Payams in Nasir County. A total of 322,726 (86.4%) were vaccinated out of the targeted 373,579 individuals.
    f) Mop-up campaign ongoing in three payams in Rubkona County.

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

Figure 11: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, Wk39 of 2024 to Wk01 of 2026

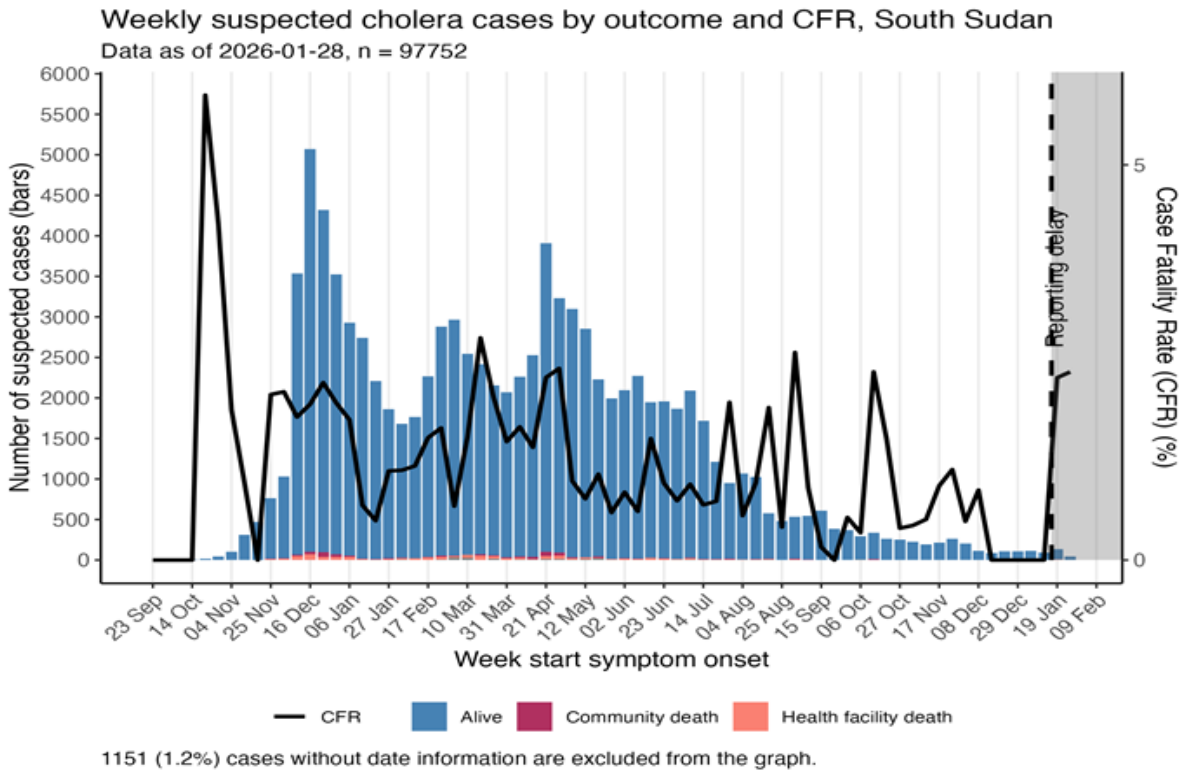
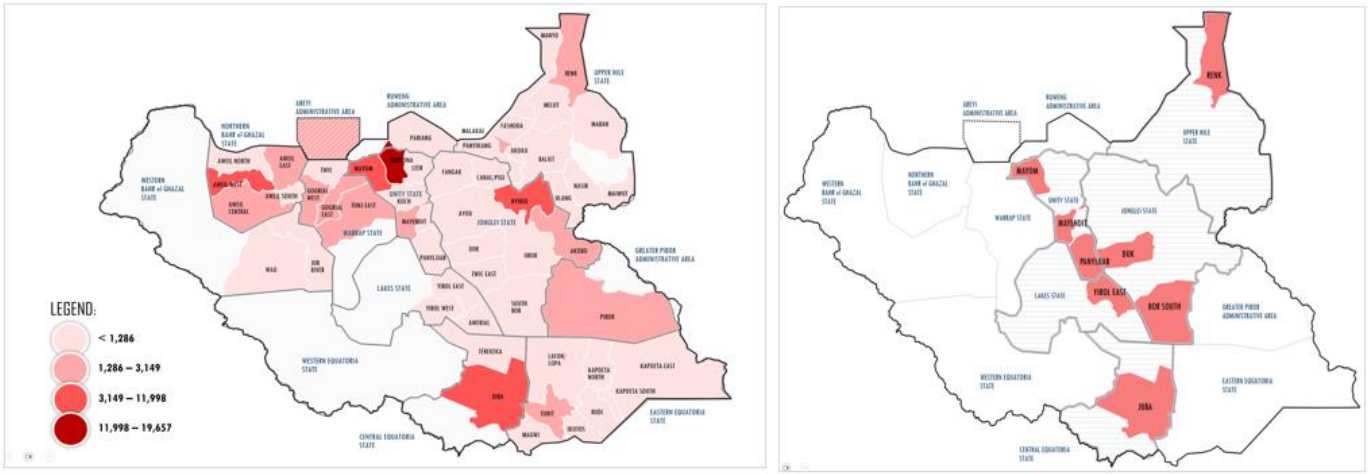


Figure 12: Map showing Cholera Case counts by Counties of South Sudan with progress from the last 14 days



cumulative 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 in the active transmission counties.
- Key activities implemented include: Reactivation of the cholera treatment units (CTUs) and oral rehydration points

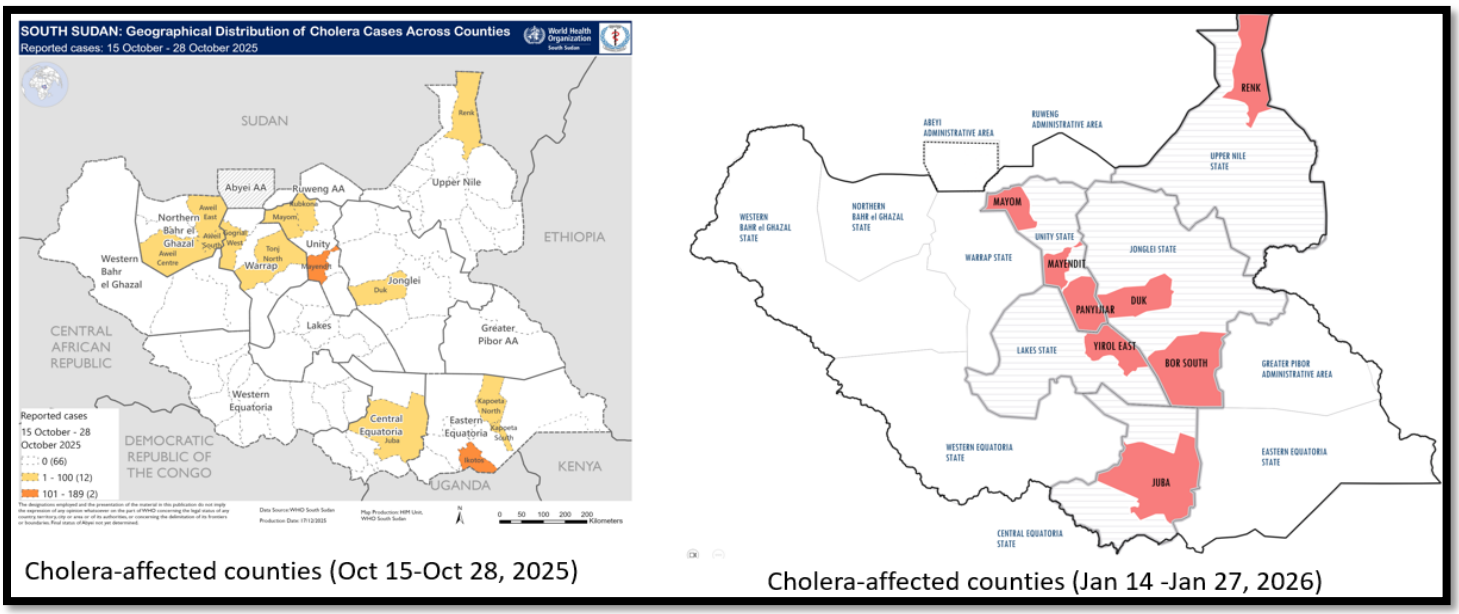
(ORPs) in the 13 priority counties, Deployment of county-level Rapid Response Teams (RRTs) to conduct daily active case searches and facilitate community referrals, intensify the chlorination of water sources in Ikwotos, Mayendit, and Aweil South, and ensure a continuous supply of chlorine to community 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):
- 14 counties
- 29 payams
- 601 cases
- 14 deaths (CFR: 2.3%)

After completion of implementation of the 30-Day Cholera Knockout Plan (Jan 14 - Jan 27, 2026):
- 5 counties
- 13 payams
- 224 cases
- 7 deaths (CFR: 3.1%)

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



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

- In the week ending 4th 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.

[3] GPEI Coordination Updates provided on 4th January 2026

- Polio Program Updates
    a. Conducted 10 integrated EPI/polio program performance review at sub-national with technical feedback in areas where gaps identified.

    b. Round two SNIDs in the 4 inaccessible counties of the Upper Nile State will be conducted from 18-21 Feb 2026 while Round one SNIDs in Nagero county, Western Equatoria State which is now accessible will be implemented from 24-27 Feb 2026

    c. National and State supervisors were deployed to support SNIDs campaign in the implementing counties in Upper Nile and Western Equatoria states

    d. Conducted a virtual weekly surveillance meeting with State and County field officers to review the progress of surveillance and provide feedback.

- AFP Surveillance performance as at Week 01
    a. During week ending as of 4 January 2026, there was no AFP cases reported, however there was 01 AFP case reported in the same period in 2025.

    b. The non-Polio AFP rate is calculated as -1.00 per 100,000 population under 15 years in week 01 of 2026. The Stool adequacy rate was 0% in week #1 2026 compared with 100% in the same period in 2025.

- Priority Interventions for the coming week.
    a. SIA Core team to monitor the progress of the ongoing Round Two SNIDs in the Sobat Corridor, Upper Nile State.

    b. SIA Core team to monitor the readiness for Round One SNIDs in Nagero, WES

    c. Virtual weekly surveillance performance review meetings with field officers to continue.

    d. Advocacy with the partners (HSTP implementing partners or local NGOs) to support active surveillance for acute flaccid paralysis (AFP)

4. Anthrax

- During epidemiological week 1 of 2026, there was no new human anthrax case reported and no deaths reported. The cumulative total number of human anthrax cases reported in 2026 persisted at 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%.
- Overall, a cumulative total 395 cases have been reported with 5 fatality, resulting to a CFR of 1.3% since the onset of the outbreak.

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 2026 was used to advocate for more interventions to interrupt the current Anthrax outbreak.
- Logistics: WHO supports outbreak investigation and logistics.

5. Measles Outbreak Updates[4]

- During epidemiological week 1 of 2026; a cumulative total of the 24 suspected measles cases were reported from 3 counties. No investigation conducted and no samples collected for confirmation in the Public Health reference laboratory.
-
- All 24 suspected measles cases reported, had not been vaccinated against infectious measles disease, indication of challenges associated with access to routine Immunization (RI) and supplementary immunization activities (SIA) to children under the age of five years across the Country.
- 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 14% and 0% of suspected measles cases were vaccinated in returnees and refugee populations.
- In the last one month, the county with a confirmed measles outbreak was Aweil West County in Northern Bahr el Ghazal state. Notably, measles outbreaks response investigations did not confirm the outbreak in Abyei Administrative Area and Tonj East of Warrap state. Notably, there is an ongoing investigation of a suspected measles outbreaks in Juba and Terekeka (in Central Equatoria); Rumbek centre and Cuiebet (in Lakes); and Yambio in Western Equatoria state.

Figure 14: Epidemic curve of measles cases in South Sudan; Week 01 of 2026

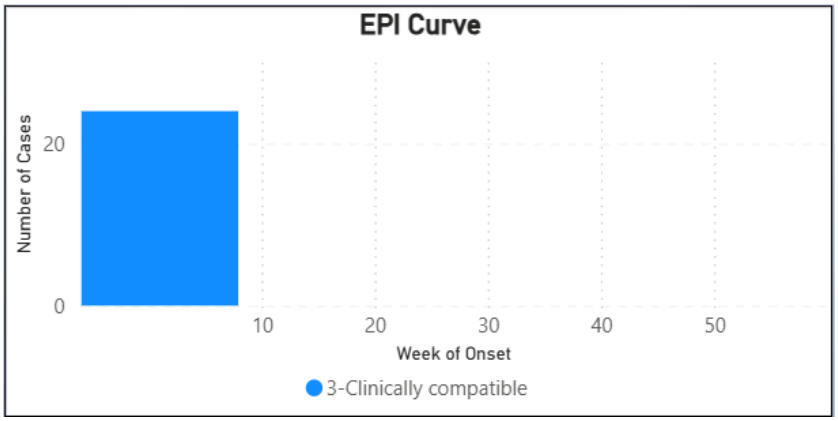
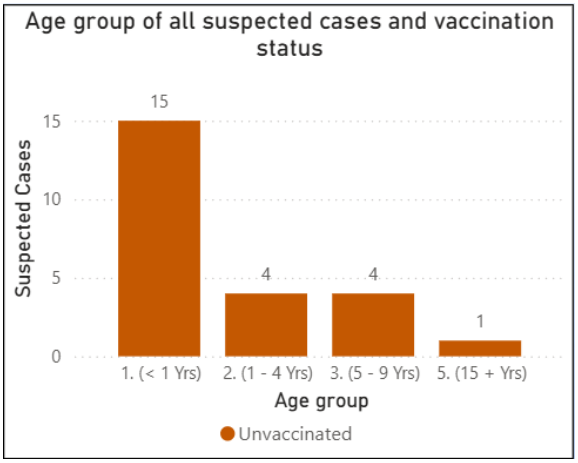


Figure 15: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 01 of 2026



[4] Refer to the Measles Dashboard for South Sudan, 2026

6. Hepatitis E outbreak

- During week 01 of 2026, there were six new suspected case of Hepatitis E disease and zero death was reported, and no related death. None of the suspected Hepatitis E Virus cases were tested using RDT
- Cumulatively, a total of 9,394 Hepatitis E cases and 146 related deaths have been reported, translating into a case fatality rate (CFR) of 1.6%. Since 2018, the cumulative total number of RDT positive cases stands at 2,762.
- The cumulative number of Hepatitis E affected counties is 16 counties across the country. However, only 2 counties reported HEV cases as of wk 01 in 2026. The highest number of Hepatitis E cases were reported in Aweil West (5 cases), Aweil East (1 cases).
- In 2026 demographic profile, 83% of the reported Hepatitis E cases were male, while 17% were female. However, when the analysis is made for all cases since the outbreak begun in 2018, the male: female ration is 51%: 49%.
- Individuals aged 15 to 44 years were the most the most affected age group nationwide.
- The National Epidemic Preparedness and Response Department continues to monitor the Hepatitis E outbreak as it develops and endorsed the use of Hecolin® for vaccination response in Renk County. MSF-B, in collaboration with the Community Health Department and WHO, launched a hepatitis E vaccination campaign in November 2025, targeting women aged 16 to 49yrs, specifically focusing on 5,000 households, and will provide the outcomes of this vaccination response in future bulletins
- 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 generated from serum samples from Wau county of Western Bahr el Ghazal 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.
- In risk communication and community engagement, Public health messaging regarding acute jaundice syndrome is disseminated in the most affected communities, using local radios, facility and Boma health workers.
- Water quality testing and monitoring are conducted with the assistance of WASH partners, including IOM, SI, MSF-B, and Oxfam.

Figure 16*: Epicure showing HEV RDT positive cases in South Sudan; 2024 - 2026*

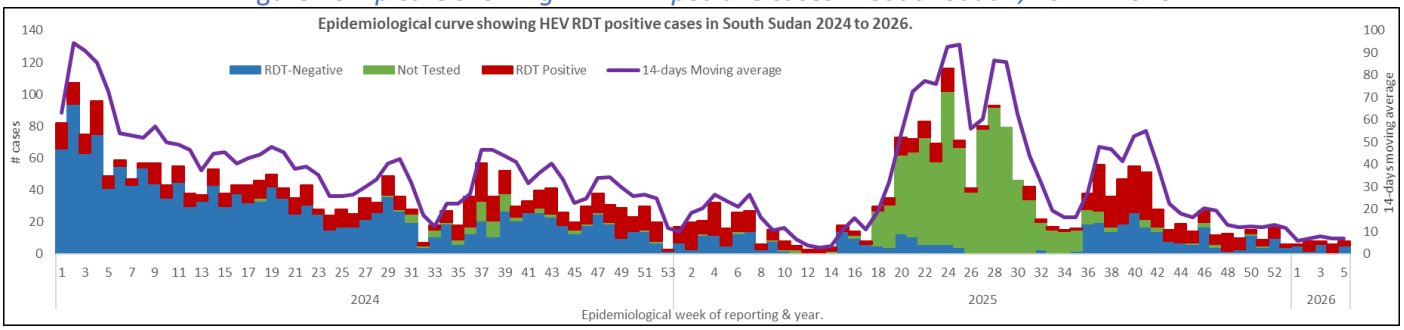


Figure 17: Distribution of suspected Hepatitis E Virus Cases by age and gender in South Sudan; 2026

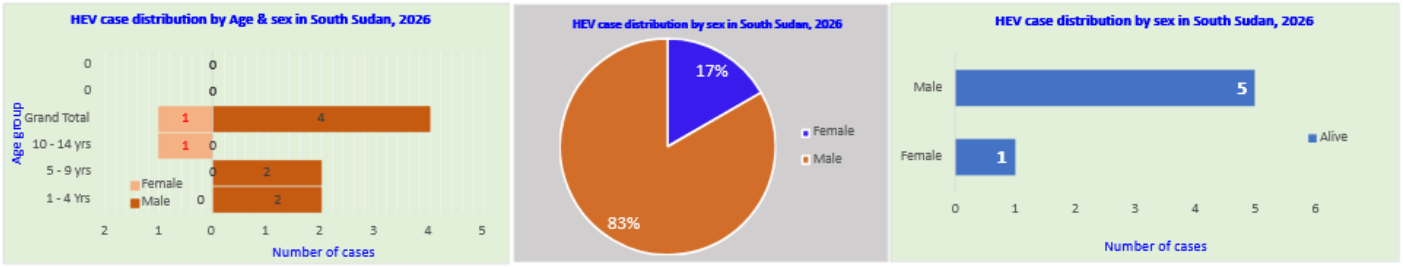
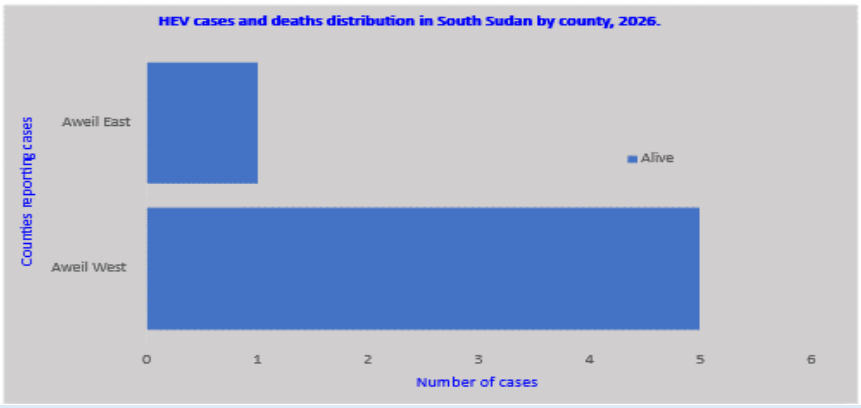


Figure 18: Distribution of Hepatitis E cases and deaths by county of South Sudan; Week 01 of 2026



Other Events

Sudan crisis[5]: As of 29th January 2025, a cumulative total of 333,196 households, containing 1,325,258 individuals (695,498) Females and (629,760 Males) from 18 different nationalities, had crossed the border. Of this number, 67.3% (890, 573) are South Sudanese returnees, while 32.3% (439,986) are Sudanese refugees. These cross-border population movements are recorded from 33 PoEs being monitored, with Wunthou-Joda in Renk County accounting for 89.5% of the reported influx figures. Other major POEs include Majokyinthou in Aweil, Atam, Gongbar and Babnis in Renk. There are currently 54,464 individuals (16,747 in transit centers and 37,717 in host communities) in Renk.

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Acknowledgments

Thanks to the State Surveillance Officers, Health Cluster partners for sharing the weekly IDSR data. To access the IDSR bulletins for 2026 use the link below: https://www.afro.who.int/countries/south-sudan/publication/south-sudan-weekly-integrated-disease-surveillance-and-response-bulletin-2026

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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

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