Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 10

2nd to 8th March 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. Notably, there are an additional 534 non-functional health facilities that are not included in the IDSR/EWARS reporting system. Special thanks to the surveillance fraternity 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 10 of 2026, IDSR reporting timeliness was at 79%, which was better than 72% attained in the previous week 9. The completeness of IDSR reporting was 86%, an attainment that was slightly higher than 85% attained in the previous week. Analysis of completeness of IDSR reporting for Week 10 shows that 76% attainment is record lowest since 2022. Eleven of the thirteen states/administrative areas achieved reporting completeness above the targeted 80%, while two (Jonglei and Upper Nile States) did not. Only Unity State maintained their 100% completeness of IDSR reporting since the year 2026 begun. Meanwhile, at the EWARN mobile sites, reporting timeliness and completeness were both at 78%, only due to non-reporting from the two facilities supported by Save the Children International (SCI).
- **EWARS Alerts Management:** A total of 88 EWARS alerts were triggered in week 6, with 43 (49%) verified. Two (2) of the 43 verified alerts were risk assessed, and only one (1) required a response. In 2026 alone, the cumulative total of alerts triggered in the EWARS system became 931, with 73% verified. Of the verified alerts only 4% requiring risk assessment and 2% require response. Congratulations to the surveillance teams in Lakes, Northern Bahr el Ghazal, and Upper Nile states who verified all their triggered alerts.
- **Mpox Outbreak:** In the week ending March 14, 2026, two new confirmed cases of mpox were reported, increasing the cumulative total to 50 cases, since the outbreak was confirmed in February 2025. The current distribution includes 6 cases in Ezo, 33 in Juba, 2 in Rumbek Centre, 1 in Rumbek East, 1 in Malakal, 1 in Tambura and 6 in Yambio. The latest confirmed Mpox cases are from Juba and Tambura counties.
- **Cholera outbreak:** As of March 14, 2026, there were a cumulative total of 98,455 cholera cases and 1,625 deaths, resulting in a case fatality rate of 1.7%. A significant majority, 96,718 individuals, have fully recovered. Currently, there are 101 cases under treatment, primarily Ayod (42), Duk (28), Yirol East (17), Bor South (6), Uror (5), Awerial (2), and Juba (1).
- **Other active Outbreaks and events:** Currently, there are Anthrax, cVDPV2/Polio, measles and Hepatitis E outbreaks in various counties. A new VDPV1 emergence (unclassified) was newly detected in Week 10 of 2026. 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 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 10 of 2026, the timeliness of IDSR reporting was 79%, and the completeness was 86%, reflecting an increase in both timeliness and Completeness of IDSR reporting when compared to the previous week 9.

Table 1: *Timeliness and completeness of IDSR reporting by State for week 10 compared to week 9 of 2026*

State	Total facilities	Number of facilities reported (Completeness Week 10)	Comparison of the reporting period				Cumulative since year start of 2026	
			Timeliness		Completeness			
			Week 10	Week 9	Week 10	Week 9	Timeliness	Completeness
Lakes	114	114	98%	91%	100%	97%	94%	100%
NBGZ	81	76	94%	49%	99%	57%	79%	90%
Unity	105	105	91%	97%	100%	99%	95%	100%
WBGZ	90	79	43%	40%	88%	61%	56%	81%
WES	159	146	92%	78%	92%	91%	79%	93%
Jonglei	115	83	67%	66%	72%	74%	67%	73%
Warrap	86	70	59%	64%	92%	83%	72%	95%
EES	104	96	88%	30%	97%	72%	63%	95%
RAA	16	16	0%	88%	100%	100%	43%	62%
CES	119	109	92%	91%	94%	59%	77%	79%
AAA	21	18	81%	5%	86%	71%	33%	56%
Upper Nile	137	85	62%	65%	69%	64%	57%	64%
GPAA	15	15	100%	93%	100%	100%	93%	93%
Total	**1162**	**996**	**79%**	**68%**	**90%**	**87%**	**73%**	**86%**

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 10, 2026.

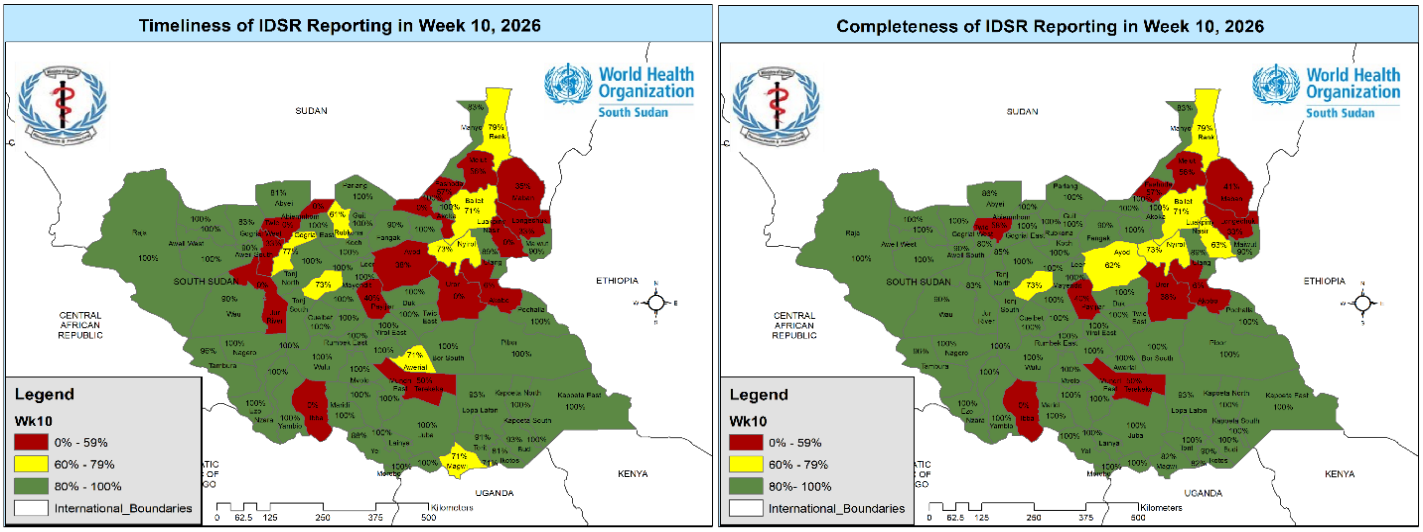


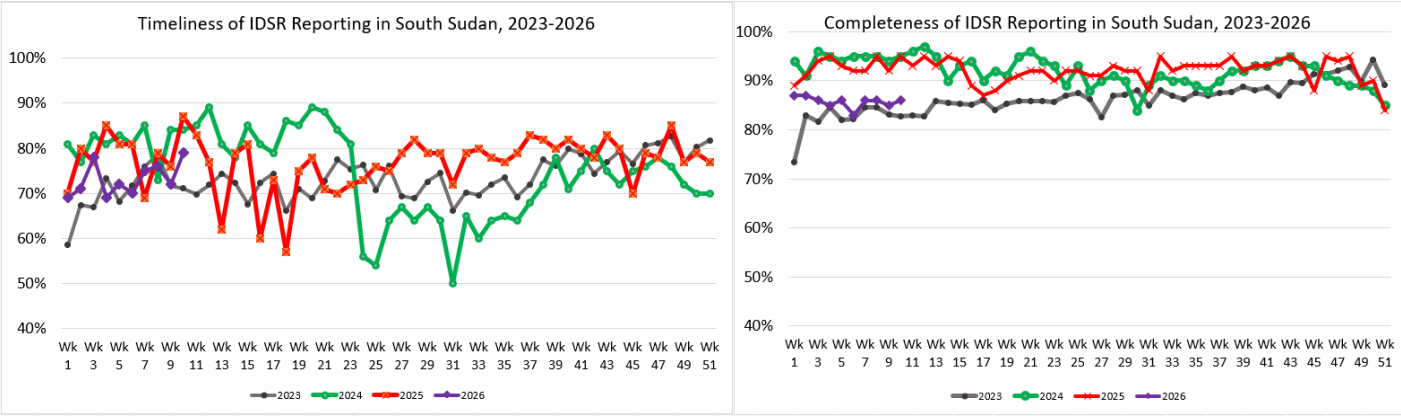
Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 10 of 2026.

IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for week 06, 2026							
Partners	# of Reporting Mobile Sites	% of Timeliness in week 10	% of Completeness in week 10	Payam	# of Reporting Private Health Facilities	Timeliness in week 10	Completeness in week 10
IMC	3	100%	100%	Kator	3	100%	100%
SCI	2	0%	0%	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**	**78%**	**78%**	Munuki	9	100%	100%
				Rejaf	3	100%	100%
				TOTAL	**56**	**100%**	**100%**

Note: Thank you to all partners maintaining strong performance in EWARN reporting. Over the previous reporting periods of Week 8 and 9 of 2026, timeliness and completeness consistently remained at 100% and the reported decline in week 10 is due to no reports received from one participating Partner of Save the Children International (2 health facilities).

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 that the 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.

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



Epidemic alerts

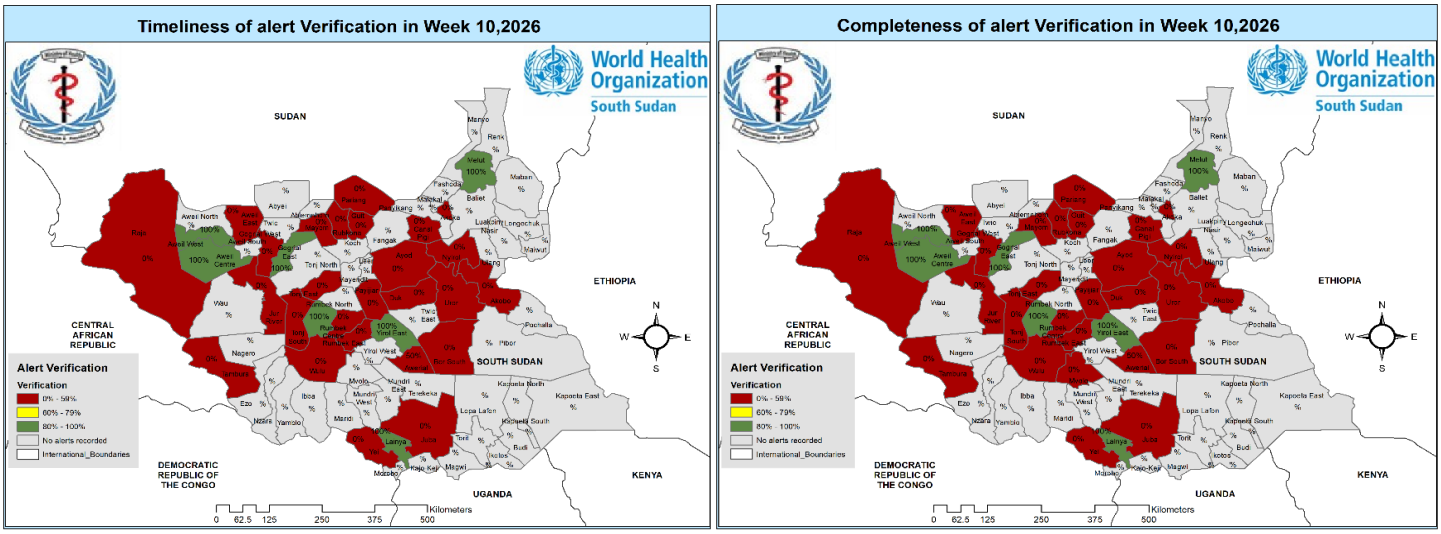
In epidemiological reporting week 10 of 2026, the total number of alerts triggered in the EWARS system were 88. Of these, 49% (43 alerts) were verified, reflecting an improvement in verification rates. The cumulative number of alerts triggered in the EWARS system in 2026 becomes 931, with a cumulative verification rate of 73%. All three administrative areas (Abyei, Greater Pibor and Ruweng) and three States (Eastern Equatoria, Jonglei, Western Equatoria and Western Bahr el Ghazaal) had no single notifiable disease alert in the reporting week. Special

recognition goes to the surveillance teams in Lakes, Northern Bahr el Ghazal and Upper Nile that verified all EWARS alerts triggered in week 10. Notably, most alerts were for Guinea Worm Disease (35%), cholera (25%), ARI (25%), NNT (5%), AFP (3%) and all others (7%).

Table 3: *Summary of EWARS alerts triggered and verified in Epidemiological Week 10, 2026.*

State/Admin	AJS		ARI		AFP		Cholera		EBS		Guinea Worm		Measles		NNT		VHF		Total	
	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V
CES	0	0	1	1	1	1	0	0	1	1	0	0	0	0	0	0	0	0	3	3
Jonglei	0	0	4	0	0	0	14	0	0	0	3	0	0	0	0	0	0	0	21	0
Lakes	0	0	5	5	0	0	2	2	0	0	21	21	0	0	0	0	1	1	29	29
NBGZ	0	0	3	0	0	0	1	1	0	0	0	0	0	0	1	1	0	0	5	2
RAA	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0
Unity	0	0	4	0	0	0	4	1	0	0	0	0	0	0	0	0	0	0	8	1
Upper Nile	2	2	0	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	4	3
Warrap	0	0	2	1	1	0	0	0	0	0	3	0	1	0	1	0	0	0	8	1
WBGZ	0	0	0	0	0	0	0	0	0	0	3	0	1	0	1	0	0	0	5	0
WES	0	0	3	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0
Grand Total	2	2	22	7	3	1	22	4	1	1	31	21	2	0	4	2	1	1	88	39

Figure *3: Timeliness and Completeness of Alerts Verification rates by county of South Sudan for week 10, 2026*

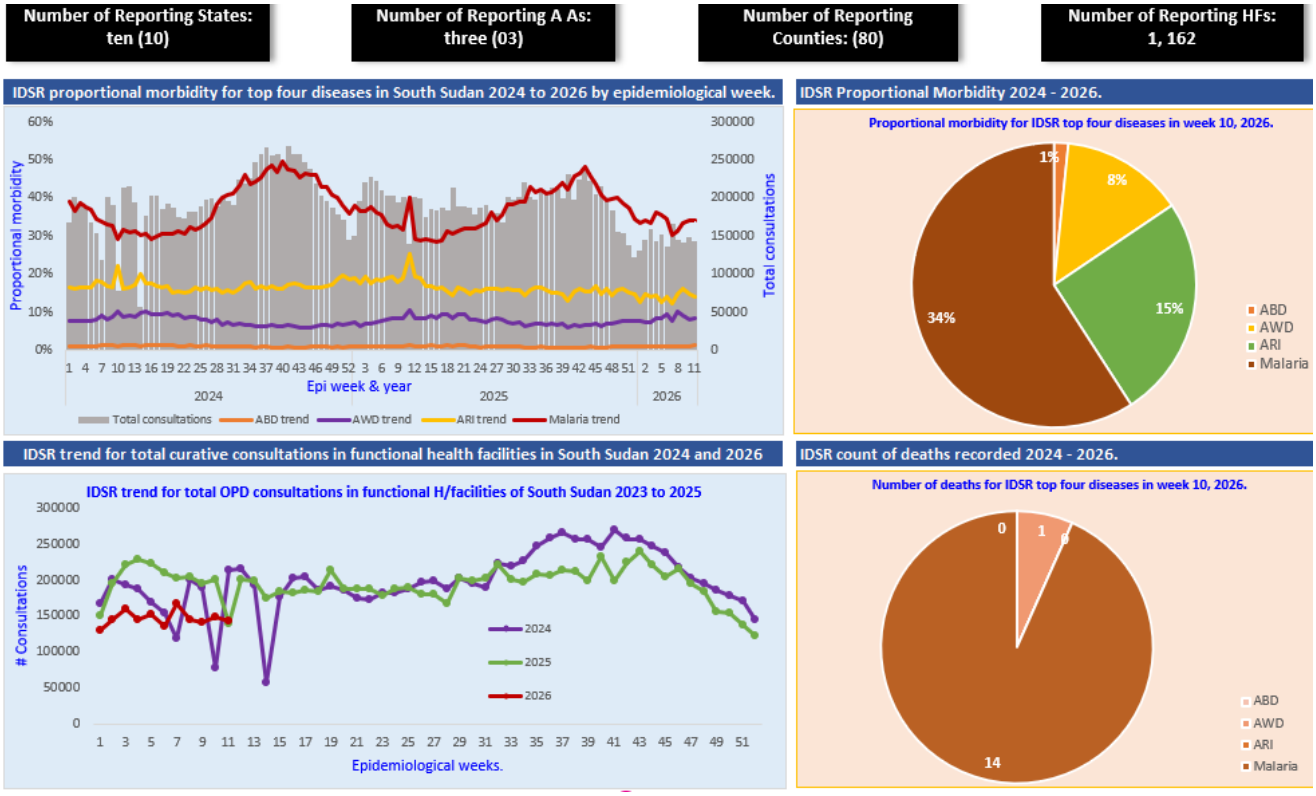


Weekly Update on Indicator-Based Surveillance (Week 10 of 2026)

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 10 of 2026, a total of 147,507 morbidity-related consultations were reported across South Sudan from 1,162 functional health facilities, private and public, in the country. Malaria remained the leading cause of morbidity, accounting for 34% (50,422) of all reported cases, which is higher than 33% (46,916) reported in the previous week 09. This was followed by acute respiratory infections, which contributed 16% (22,798), and acute watery diarrhea, which accounted for 9% (12,544) 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.

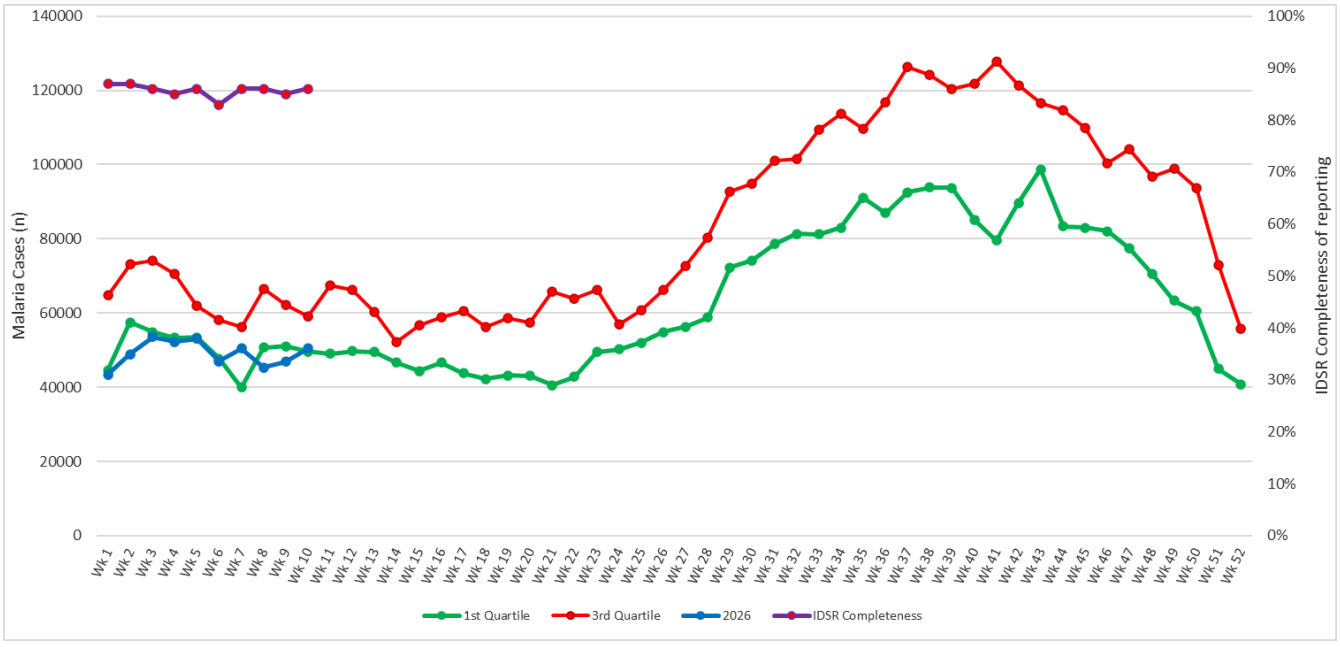
Figure 4: **Proportional Morbidity of top 4 IDSR priority diseases reported as of week 10 of 2026.**



1. Malaria Updates

In week 10 of 2026, malaria remained the leading cause of illness, with 50,422 reported cases causing 12 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 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.

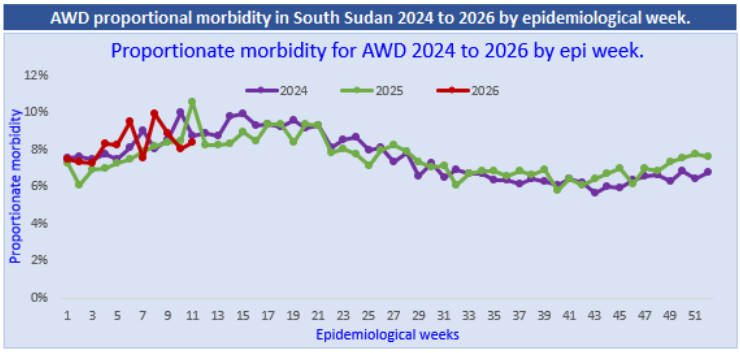
Figure 5: Normal Malaria Transmission Channel for South Sudan; Updated at Week 10 of 2026

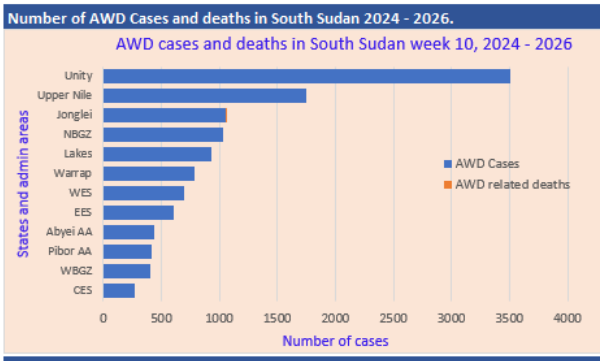


2. Acute Watery Diarrhoea

During the epidemiological week 10, Acute Watery Diarrhoea (AWD) was the third leading cause of morbidity, causing 11,878 OPD consultations and one (1) death reported in Upper Nile 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





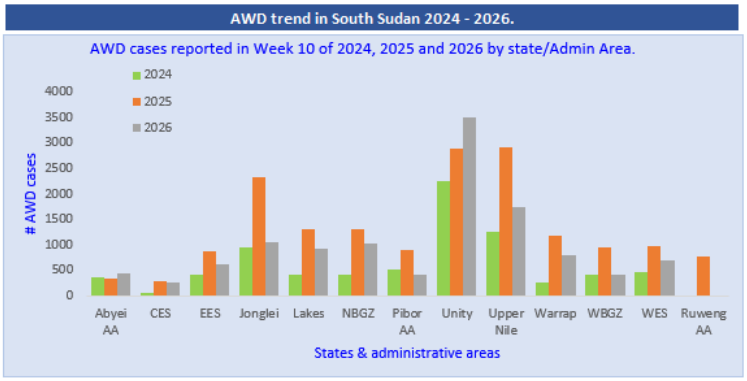


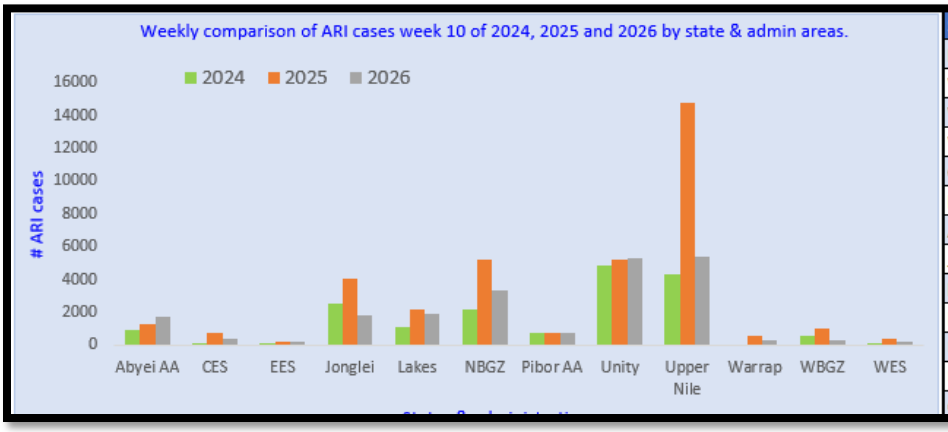
Table of AWD cases and deaths week 10, 2024 - 2026.

State/Admin Areas	AWD Cases	AWD Deaths	CFR
CES	268	0	0.00%
WBGZ	409	0	0.00%
Pibor AA	416	0	0.00%
Abyei AA	433	0	0.00%
EES	608	0	0.00%
WES	692	0	0.00%
Warrap	784	0	0.00%
Lakes	931	0	0.00%
NBGZ	1031	0	0.00%
Jonglei	1054	1	0.09%
Upper Nile	1743	0	0.00%
Unity	3509	0	0.00%
Grand Total	11878	1	0.01%
0	0	0	0.10%

3. Respiratory Pathogens Surveillance weekly updates.

Acute respiratory illnesses remained the second leading cause of outpatients' consultations in the country constituting 14% of all the OPD consultations. As in all previous epidemiological periods, Week 06 of 2026, continue to show that Upper Nile, Unity and Northern Bahr el Ghazal States, which host a large portion of the nation's refugees and displaced populations, have the highest burden of ARI infections.

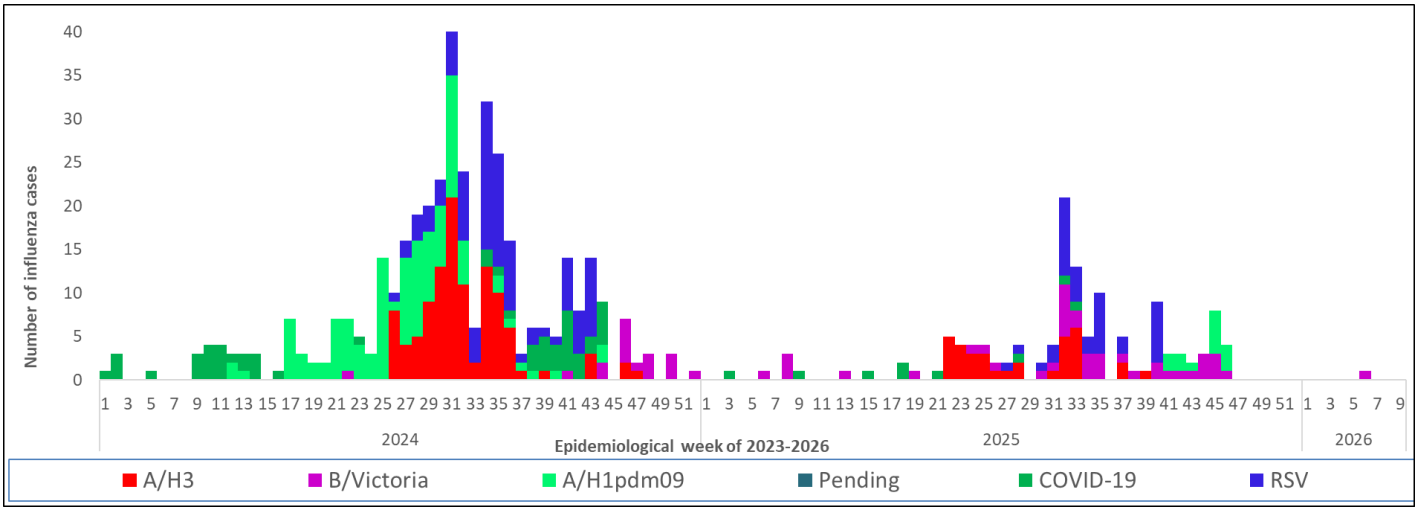
Figure 7: Comparative analysis of reported ARI case counts by State of South Sudan in epidemiological week 52 of 2026.



State/Admin Areas	ARI Cases	ARI Deaths	CFR
EES	197	0	0.00%
WES	221	0	0.00%
Warrap	316	0	0.00%
WBGZ	322	0	0.00%
CES	415	0	0.00%
Pibor AA	728	0	0.00%
Abyei AA	1707	0	0.00%
Jonglei	1800	0	0.00%
Lakes	1888	0	0.00%
NBGZ	3327	0	0.00%
Unity	5302	0	0.00%
Upper Nile	5373	0	0.00%
Grand Total	21596	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 2024 to Week 10 of 2026.



During Epidemiological Weeks 1-10 of 2026, a cumulative total of 220 ILI/SARI samples have been collected. Most ILI/SARI samples were from Juba (47 samples), Nimule Hospital in Magwi county (26), and the remainder were from Bor Hospital in Jonglei state. No samples have been collected from Rumbek Hospital. All the samples collected tested negative at the national influenzae centre. In 2026, the following pathogens remain zero (COVID-19, Influenza Type A (H3), Influenza A/(H1N1)pdm09 and Respiratory Syncytial Virus (RSV). Only One Influenza Type B (Victoria) has been detected.

South Sudan Confirmed and ongoing epidemics in 2026

Every year, South Sudan experiences multiple emergencies. However, Only two measles outbreaks have been confirmed in 2026, in two counties of Aweil West and Abyei. Secondly, 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 sero-typing was done. Lastly, there were three suspected measles outbreaks in Tonj East, Cuiebet and Juba Counties. All these suspected measles outbreaks were investigated with serum samples collected for the national serology laboratory to conduct measles and rubella IgM ELISA assays but none reached the outbreak threshold of 3 confirmed cases per month per district/county.

Notably there were 5 active outbreaks, carried over from previous years namely Anthrax, cholera, cVDPV2/Polio, hepatitis E, and Mpox. This means that as at week 10 of 2026, South Sudan was responding to 6 active outbreaks.

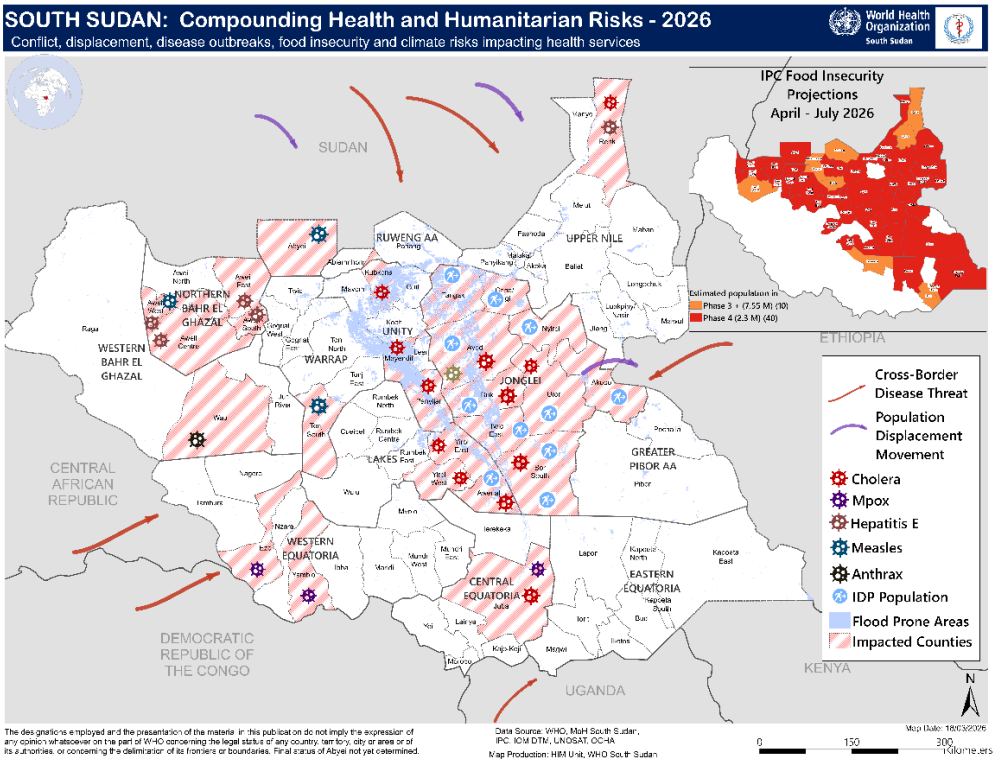
South Sudan has a multi-disease National Steering Committee that coordinates response interventions to mitigate transmission and spread of the multiple outbreaks. The National Steering committee operates an IMS structure with all pillars also activated for readiness/response operations. Below is a summary table and

a map of the confirmed emergencies generated from the IMS/Pillar updates received at the meeting on 12th March 2026.

Table 4: *Summary of ongoing and confirmed epidemics as of 12th March 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	Ezo, Juba Malakal, Rumbek Centre, Rumbek East, Tambura and Yambio	Feb 2026	14	548	50	9	Planned	Yes	Yes
Cholera	In 55 counties of 9 states and 3 AAs	Sept 2024	101	100,646	13,312	101	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	Completed in Bentiu and Renk counties	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 14th March 2026.*



Response activities for ongoing/suspected outbreaks

1. Mpox outbreak[1]

- In the week ending March 14, 2026, there were 15 new suspected Mpox cases detected and investigated in Ezo (3), Juba (3), and Yambio (9). All the 15 suspected Mpox cases were investigated, and two (2) new positive cases (all from Juba County) were identified.
- As at 14th March 2026, there were a cumulative total of 548 suspected Mpox cases since January 2025. There are a total of three (3) deaths amongst all the suspected Mpox cases, bringing the crude CFR to 0.5%. The majority of suspected Mpox cases are males due to the clusters of cases investigated in 2 male prisons (Rumbek Centre and Juba), while confirmed cases are near evenly distributed by gender
- Cumulatively, the confirmed Mpox cases are now 50 (6 in Ezo, 33 in Juba, 2 in Rumbek Centre, 1 in Rumbek East, 1 in Malakal, 1 in Tambura and 6 in Yambio. There are two (2) death amongst Mpox confirmed cases in Ezo and Juba respectively, bringing the CFR to 4%.The majority of confirmed Mpox cases were females (54%) compared to males (46%).
- A cumulative total of 18 new Mpox cases were confirmed in the last 10 epidemiological weeks of 2026 compared to 9 cases confirmed in the same period of 2025, suggesting an acceleration of mpox transmission in South Sudan.
- There are currently 9 active cases under home-based care, 118 contacts being monitored, and a cumulative total of 514 suspected cases nationwide, since the outbreak was confirmed on 7th February 2025.
- The County RRTs, are conducting the active surveillance and field tracing of the identified contacts, in addition to their routine active search for suspected cases in the community and health service delivery points.
- MedAir and CMMB are the two NGOs that have deployed in Ezo and Yambio respectively to support the Mpox response in the two counties. WHO will provide the two NGOs all the technical, managerial and supplies needed to manage local response activities.
- 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. Household close contact transmission was also confirmed in a 2-year old whose mother was previously infected.
- **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. However, Ezo and Yambio counties have been provided with tents to set up temporary isolation facilities in the two new epidemic centres.
- 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 at the National Steering committee Meeting

Figure 10: EPI-Curve of suspected/confirmed Mpox cases by Date of onset in South Sudan; 2025 to 14th March 2026

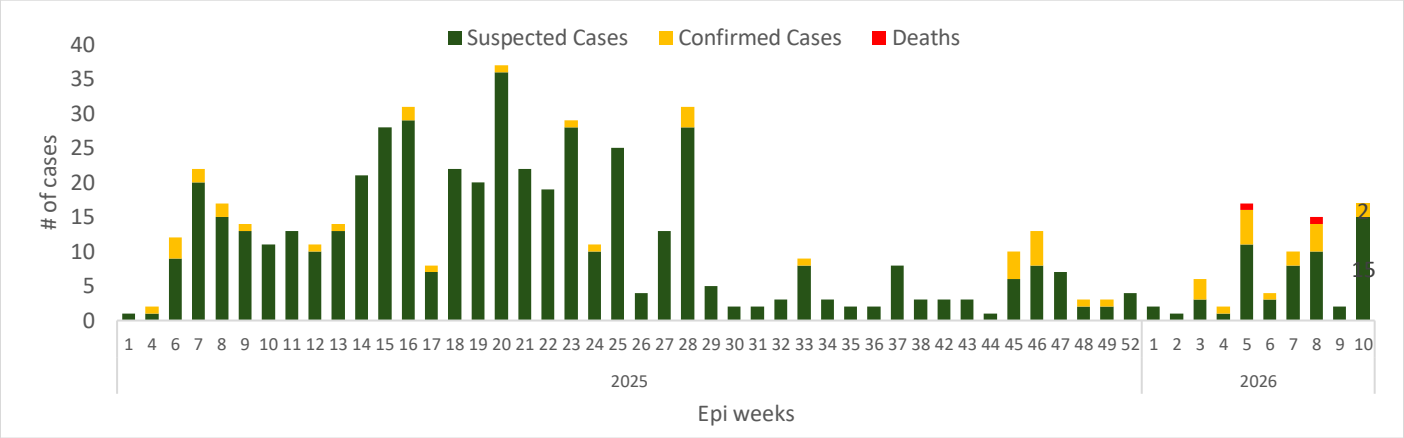
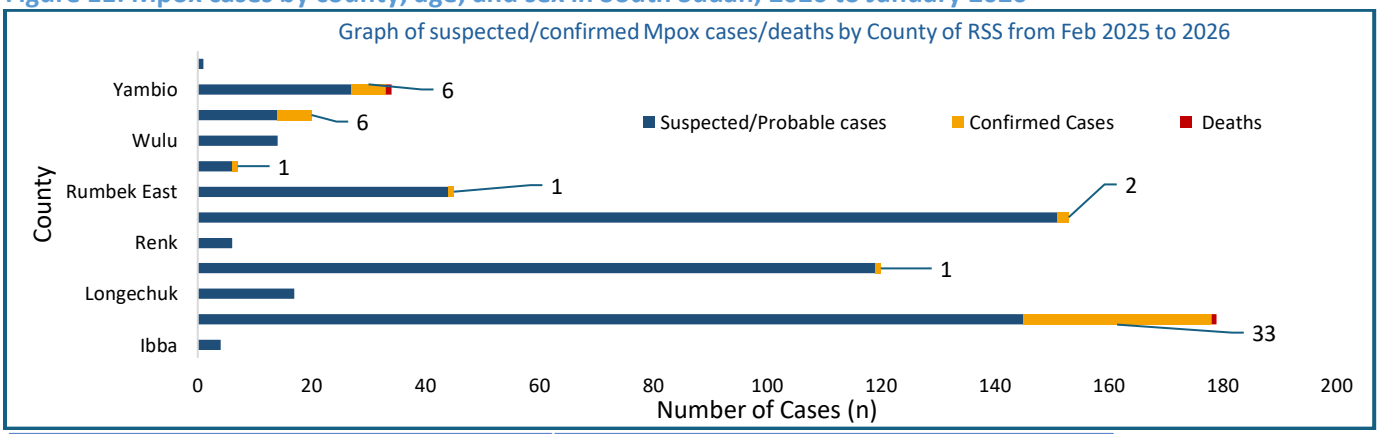
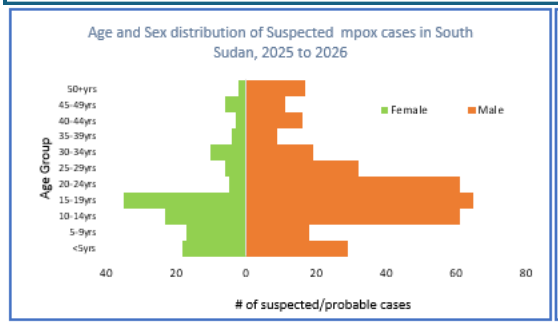
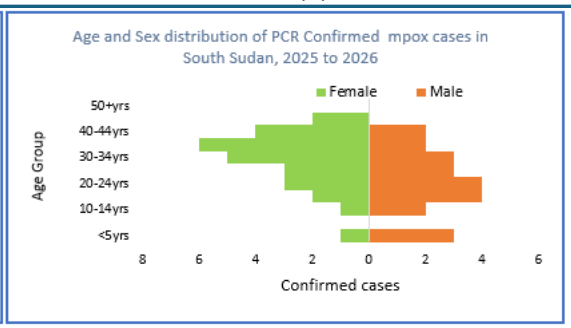


Figure 11: Mpox cases by county, age, and sex in South Sudan, 2026 to January 2026







Proposed Priority Interventions for the Mpox Response

1. **Coordination of Mpox response**
   - Activation of State task-forces for Mpox response management (preferably leveraging the state "one health" MCMs)
   - Transitioning Mpox response into routine PHC and IDSR in line with the regional orientations following the grading of Mpox as a protracted Grade 2
2. **Mpox Surveillance Intensification**
   - Active search for Mpox rashes at facilities and communities with active transmission
   - Incentives for Mpox case search (in active transmission counties of Ezo, Juba, Tambura and Yambio)
3. **Targeted Promotion of Mpox Integration with HIV/AIDS/STI** programming
   - Sensitization of HIV/AIDS/STI workers on Mpox case definitions, case finding and preventive messages of the disease
   - Training all ART clinic staffs on Mpox case definitions, investigation needs, appropriate samples to collect and Tx of patients
   - Re-orientation of State and County surveillance officers in case detection, laboratory investigation and appropriate specimen packaging/referral

4. **Case Management**
   - Disseminate the Mpox case management protocols (facility based and Home-based management)
   - IPC/WASH protocols for prevention of nosocomial transmission of cases
5. **Risk Communication and Community Engagement (RCCE)**
   - Communicate the risks, dangers and what to do to avoid Mpox in your home, social networks and catchment areas
   - Dissemination of the guidelines for prevention of community transmission of Mpox
6. **Mpox Vaccination**
   - Drafting the Mpox Vaccination plan.
   - Process an official MOH request and confirmation of approvals to use Mpox vaccines in response to the current outbreak.

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

- As of March 14, 2026, there were a cumulative total of 100,646 cases and 1,652 deaths (CFR: 1.6%), reported by 55 counties of South Sudan. A significant majority, 98,930 individuals, have fully recovered. The persistence of cholera cases in Mayom, Mayendit, and Rubkona has ended with no new cases reported in the last 7 days.
- In the last 7 days (onset from 04 to 10 March 2026), 101 new cases and 6 deaths were reported by 7 counties . The new cases came from Ayod (42), Duk (28), Yirol East (17), Bor South (6), Uror (5), Awerial (2), and Juba (1). And the new deaths came from the counties of Ayod (5) and Uror (1), in Jonglei state
- Since the onset of the outbreak, all the infected counties interrupted Cholera transmission. All currently affected counties have been recently re-infected mainly due to population displacements caused by insecurity.
- Fluctuations in new cases are expected due to various factors, including population movement and persistent poor sanitation conditions.
- In the vaccination Pillar:
  a) A total of 18 ICG applications had been completed, with the latest approvals coming in on 14th February 2026 for the planned response in targeted sub-county geographies of Duk, Panyinjiar and Yirol East
  b) OCV deployment has been completed in 46 counties in which a cumulative total of **8,738,328** vaccinated (**87.5%** coverage) vaccinated against cholera. Of the 8,738,328 vaccinated individuals, 47% are males and 53% are females.
  c) OCV mop up campaigns have been completed in 14 counties reaching an additional **329,701** of the targeted 379,701 (87.6%), as a strategy for accelerating interruption of cholera transmission.
  d) Priority areas for multi-sectoral Interventions (PAMIs) have been identified and validated. Identified using the Global Task Force for Cholera Control guidelines, the PAMIs report has been submitted for approval and hopefully will be evidence to support application of OCV for preventive vaccination.

[2] This is data reflecting the recent updates from the Sitrep and Cholera outbreak dashboards

Figure 11: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, Wk 39 of 2024 to Wk 10 of 2026

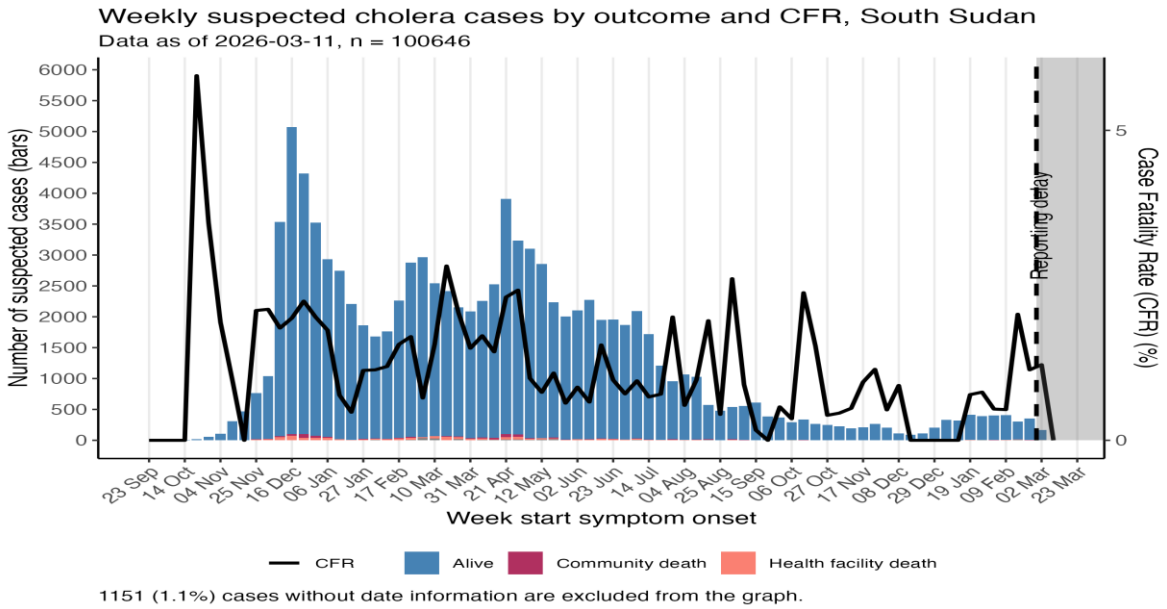
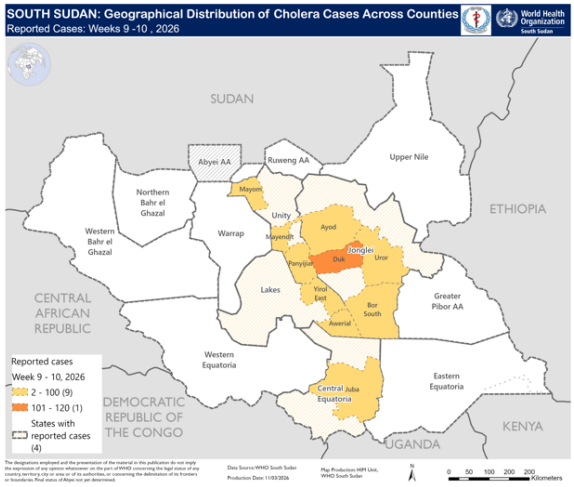
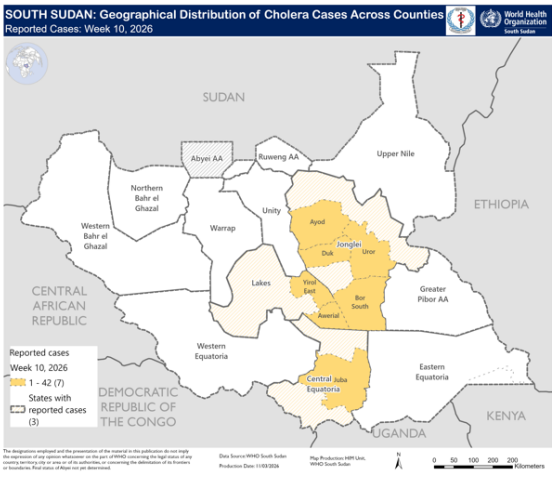


Figure 12: Map showing Cholera Case counts by Counties of South Sudan with progress from the last 14 days



Cholera cases in the last 14 Days



Cholera cases in the last 7 Days

Cholera Updates for this year (Jan-Mar 2026)

- Only 13 counties reported cases in the last 9 weeks.
- A cumulative total of 3,254 cholera cases and 50 related deaths (CFR: 1.5%) were reported from 5 states and 13 counties
- Majority of the deaths occurred in the community (64%), with 94% of the patients who died in the community reported as severely dehydrated. The community deaths occurred in Ayod (24), Panyijiar (6), Uror (1), and Yirol East (1)
- Of the 18 deaths that occurred in a treatment facility (11 in Duk and 7 in Uror), 94% presented with severe dehydration and 82% were treated with IV fluids and 18% with ORS and antibiotics
- Since the beginning of the year (2026), the highest number of cases were reported from Mayendit (1,758 cases), followed by Duk (644 cases), Mayom (316 cases), and Ayod (206 cases)

- Uror (25%) and Ayod (11.7%) reported the highest CFR, likely reflecting the disruption of health services in these conflict affected areas with looting of health facilities and displacement of healthcare workers
- The key drivers for persistent and/or resurgence of Cholera morbidity and mortality were listed as: a) Population displacement and movement due to conflict; b) Inadequate WASH conditions and practices especially in the IDP camps; c) High susceptibility to cholera especially among unvaccinated populations; d) Waning immunity from the one-dose of oral cholera vaccine provided more than 6 months ago for majority of the counties and e) Sub-optimal health seeking behaviors increasing the risk of community transmission of cholera.

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

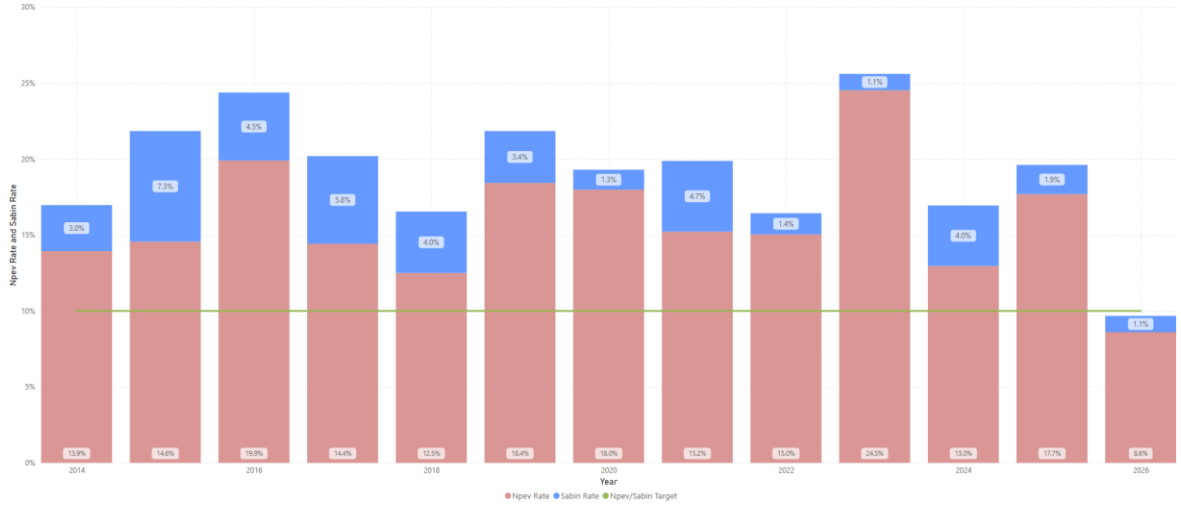
- In the week ending 14th March 2026, there was no new isolate of Vaccine Derived Polio Virus of Type 2 (VDPV2) detected in South Sudan. The cumulative total number of laboratory-confirmed cVDPV2 isolates from AFP cases remained 13 in several regions, including Yambio, Juba, and Ayod. Similarly, there 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.
- There was one (1) VDPV1 isolate from an AFP case on 6 March, with date of onset of paralysis given as 6 Feb 2026
- Polio Program Updates
    a. The VDPV1 detailed case investigation and zero response with bOPV are going on in Maiwut county, in Upper Nile State.
    b. The National Polio Expert Committee (NPEC) meeting took place on Friday 13 March 2026 to classify all the inadequate AFP cases.
    c. The second round of nOPV2 campaign in Longechuk county was implemented from 13-16 March 2026.
- AFP Surveillance performance as at Week 10
    a. A cumulative total of 93 AFP cases were reported by week 10, of 2026, compared to 62 cases reported during a similar period in 2025. In turn, the non-polio AFP (NPAFP) rate and stool adequacy were calculated as 1.20 and 98% in week 10 of 2026 respectively, compared to 0.82 and 95%, respectively, in the same period in 2025
    b. Analysis of surveillance performance by county showed that 29 counties are silent as at week 10, compared to 44 counties in the same period last year, 2025
    c. Of the 80 counties of South Sudan, 22 (27.5%) met both the NPAFP rate and Stool Adequacy indicators, 27 (33.75%) met at least one of the indicators, and 31 (38.75%) did not meet any of the indicators
    d. The cumulative total number of Integrated Supportive Supervision (ISS) Visits conducted were 4,008 in 2026. Notably, there were 432 ISS visits in Week 10 of 2026, compared to 450 for the previous week 9.
- Priority Interventions for the coming week 11 of 2026.
    a. Follow up with a third-party partner UNKEA, to complete R2 nOPV2 campaign in Longechuk county, Upper Nile State
    b. Finalize VDPV1 detailed case investigation and zero response with bOPV in Maiwut county and use the report to a) complete the risk assessment; b) generate the scope of the suspected VDPV1

[3] GPEI Coordination Updates provided on 16th March 2026

outbreak and c) define the response plan for the newly detected emergence.

c. Follow up with ORPG to approve round one and two for VDPV1 outbreak response vaccination using the bOPV.

Figure 13: Non-Polio AFP Detection and Non-Polio Enterovirus Isolation rates for South Sudan; 2014-2026



4. Anthrax

The latest Anthrax update available is dated 21st February 2026 and includes the following key features:

- There were 4 anthrax cases reported from Western Bahr El Ghazal in epi-week 7 and none from Warrap state.
- In 2026 alone, a cumulative total of 25 human Anthrax cases has been reported from two states (WBeG – 25 and Warrap 00). Of the 25 human cases, there was no related death.
- Since the anthrax outbreak was detected in 2024, the cumulative total number of human anthrax cases reported was 402, with 5 related deaths bringing the case fatality rate (CFR) to 1.2%.

Figure 14: Cumulative Anthrax attack rate per 100,000 population in the outbreak counties, as at 21st February 2026

County	Frequency	Population	Attack Rate/100000
Jur River	210	245725	85.5
Gogrial West	84	582379	14.4
Gogrial East	53	273977	19.4
Wau	54	208486	25.9
Grand Total	**401**	**1310567**	**30.6**

Ongoing Anthrax outbreak response Interventions

a) Cross sectoral collaborations

- ❖ National Government with support from WHO continues to provide technical and operational support to the multi-hazard coordination mechanism at the state level to improve preparedness and response efforts to the ongoing Anthrax.
- ❖ State and county surveillance officers including partners at state and county levels are attending the weekly coordination meetings to learn and provide strategic direction to the containment of the outbreaks in the two states.
- ❖ The multi-sectoral and multidisciplinary Rapid Response Teams (RRT) continues to conduct an in-depth epidemiological investigation to inform scientific decision making.

b) Surveillance and reporting

- ❖ Suspected Anthrax cases are being investigated at the sub-national level by implementing partners.

- ❖ Cumulatively, since 2024, a total of 402 human anthrax cases has been reported from two states: Of these, one sample tested positive for anthrax at UVRI in Uganda. Among the 402 human cases, 5 have died, resulting in a case fatality rate (CFR) of 1.2%.
- ❖ Since 2024, a total of 36,964 animals has contracted the disease, of which 36,778 have died representing case fatality rate of 99.5%. No report received for epi weeks 6 and 7 from animal health sector.
- ❖ Surveillance and reporting from facilities are supported and strengthened with case definition and case investigation forms.

c) Laboratory and testing

- ❖ Six samples were collected, of which three (3) samples were tested and one tested positive for Anthrax in UVRI in Uganda. The remaining three samples are still pending as the country plans to establish an Anthrax testing laboratory in Wau Teaching Hospital
- ❖ Lack of willingness to test for Anthrax at the National Public Health laboratory

d) Case Management

- ❖ No cases in admission during the reporting week
- ❖ Since 2024, a cumulative total of 402 Anthrax cases have been managed. Only 148 anthrax cases were severe and required admission to state referral hospitals. Majority of cases were managed as outpatients.

e) Waste Management

- ❖ The State Health teams are making efforts to ensure proper disposal of animal carcasses and other contaminated materials to prevent environmental contamination with Anthrax spores
- ❖ One Health stakeholders at state level were formed but lacking financial resources to address community-based waste management initiatives to minimize the risk of Anthrax transmission

7. Measles Outbreak Updates[4]

- From week 1 to 10 of 2026; a cumulative total of the 367 suspected measles cases were reported from 14 counties. Only 76 were investigated with a serum sample collected. All 76 serum samples received at the serology department of the national public health laboratory (NPHL) indicates that 32 of these tested positive for measles IgM.
- Out of 367 suspected measles cases, 356 (97%) were either unvaccinated or had unknown vaccination status. When compared to 2025 analysis of unvaccinated children amongst suspected cases (92%), this statistic represents deterioration of measles vaccination status.
- Among the unvaccinated individuals, children under the age of five years account for 73%, an increase from 67% reported in 2025. 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 risk is being monitored in South Sudan, given the historical importance of the Sudan crisis in sustaining measles transmission in 2024. Measles 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 19% and 0% of suspected measles cases were vaccinated in returnees and refugee populations.
- In the last one month, the counties with a confirmed measles outbreak was Aweil West in Northern Bahr el Ghazal state and Abyei in Abyei Special Administrative area. Notably, measles outbreaks response investigations did not confirm the outbreaks in Cueibet (Lakes), Juba (Central Equatoria) and Magwi (Eastern Equatoria). Notably, there is an ongoing measles outbreaks response vaccinations in Abyei and Aweil West counties.

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

Figure 15: Epidemic curve of measles cases in South Sudan; Week 01 to week 10 of 2026

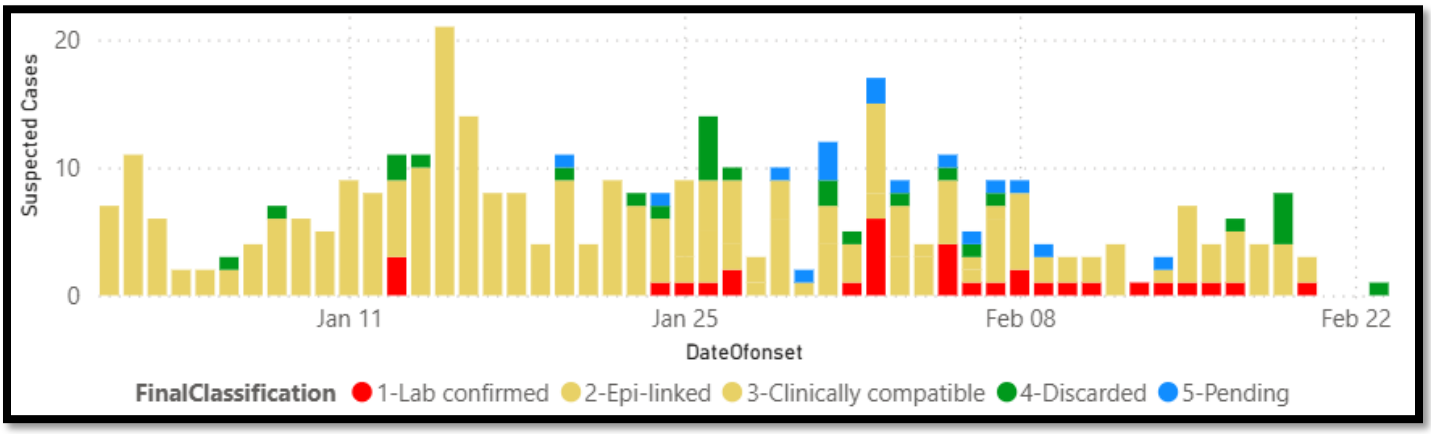
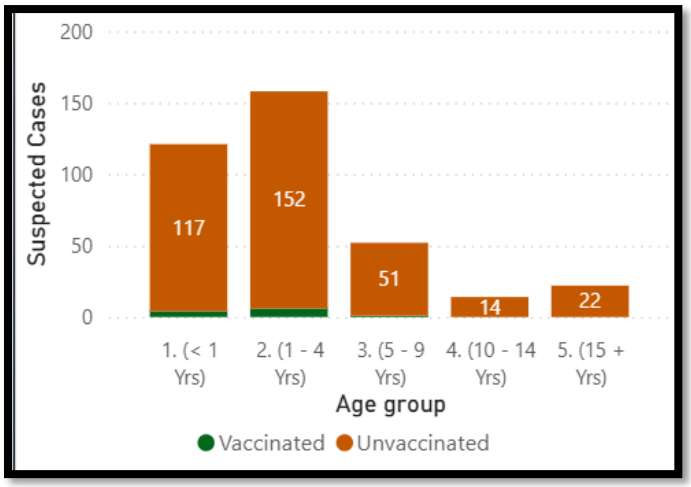


Figure 16: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-10 of 2026



8. Hepatitis E outbreak

- During week 10 of 2026, one new suspected case of Hepatitis E and related deaths were reported, and therefore the cumulative number increased to 37 and 1 death respectively (CFR 2.8%). No new HEV cases were confirmed by rapid diagnostic test (RDT) in the same week.
- Since the outbreak started, there have been a cumulative total of 9,395 reported cases and 146 deaths, resulting in a case fatality rate (CFR) of 1.6%. The highest cumulative Hepatitis E virus related CFR was in Aweil South (29%), Aweil East (18.1%), Abye Administrative area (13.7%) and Aweil North (13.3%)
- Since 2018, the cumulative total number of RDT positive (confirmed HEV) cases stands at 2,762.
- The cumulative number of Hepatitis E affected counties remained 16 across the country. However, only 5 counties reported HEV cases in 2026. The highest number of Hepatitis E cases were reported in Aweil West (18 cases), Aweil East (8 cases) and Aweil Centre (6 cases).
- In 2026 demographic profile, 44% of the reported Hepatitis E cases were male, while 56% were female. However, when the analysis is made for all cases since the outbreak begun in 2018, the male:female ration is 51%: 49%.
- The most affected age group 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 endorsed the use of Hecolin® for vaccination response in Renk County. MSF-B, in collaboration with

the Community Health Department and WHO, completed a hepatitis E vaccination campaign in Renk county, targeting women aged 16 to 49yrs, specifically focusing on 5,000 households. The outcomes of this response vaccination campaign are yet to be shared

- 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.

Figure 17: *Epicure showing HEV RDT positive cases in South Sudan; 2024 - 2026*

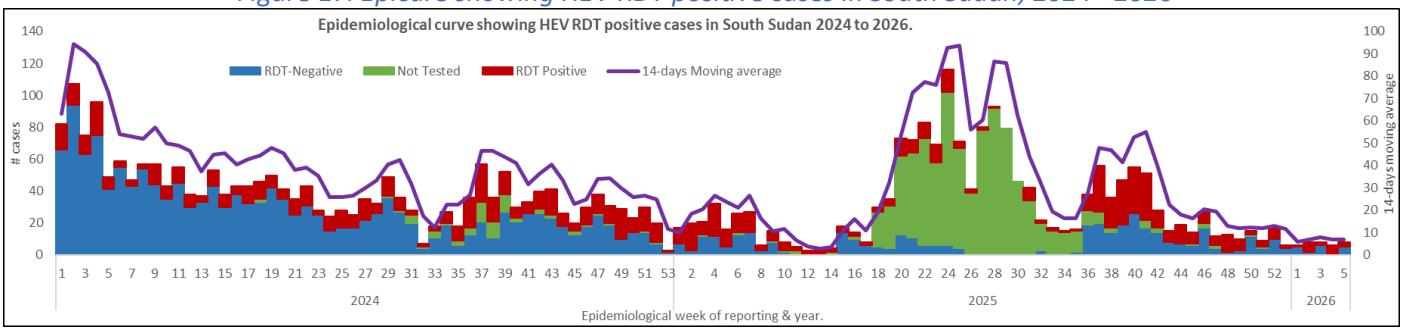


Figure 18: Distribution of suspected Hepatitis E Virus Cases by age and gender in South Sudan; 2026

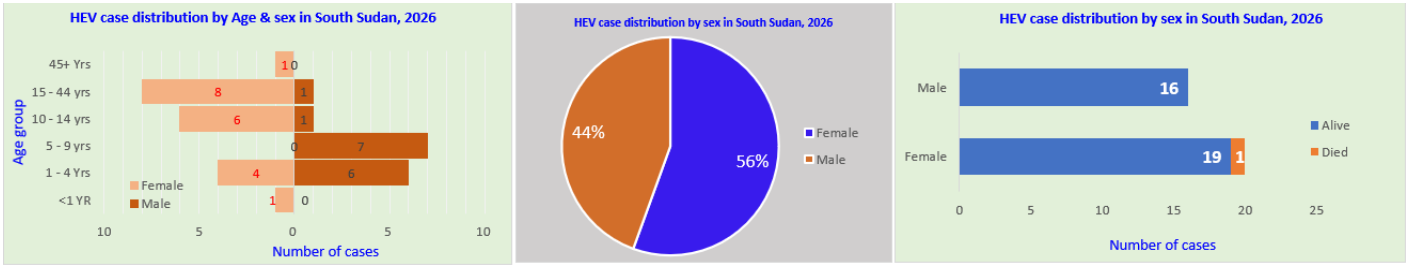
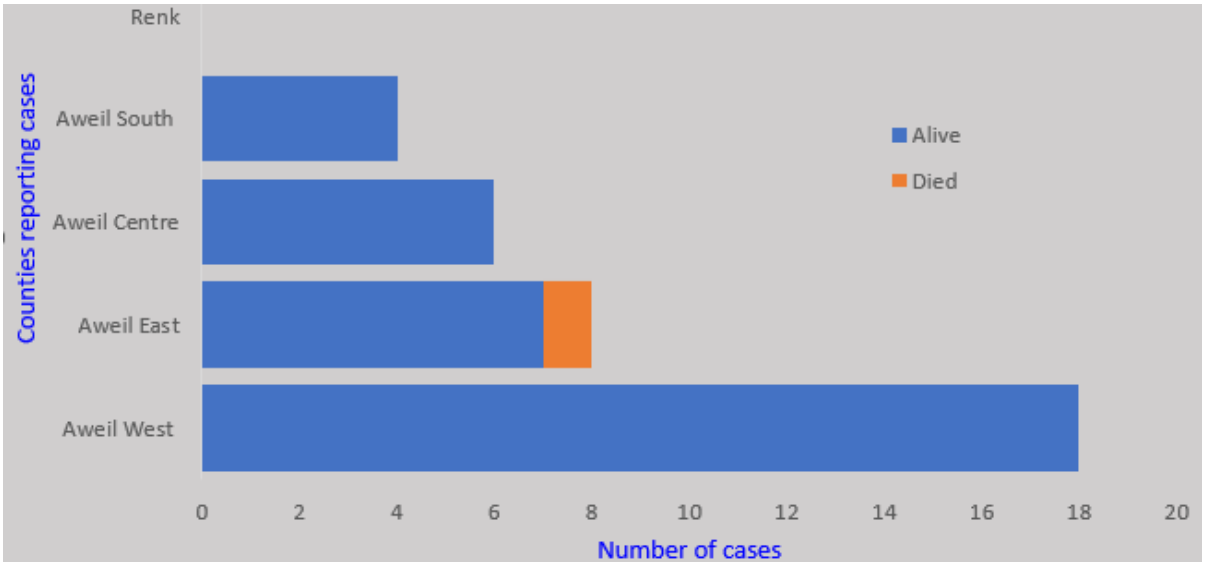


Figure 19: Distribution of Hepatitis E cases and deaths by county of South Sudan; Week 1-10 of 2026



Other Events

Sudan crisis[5]: As of 14th March 2026, a cumulative total of 339,999 households, containing 1,348,862 individuals (709,288) Females and (639,574 Males) from 18 different nationalities, had crossed the border. Of this number, 67.3% (907, 784) are South Sudanese returnees, while 32.2% (434,334) 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 (1,207,231 of 1,348,862 individuals). Other major POEs include Panakuach reporting 9.7% (130,839 of 1,348,862 individuals) And Jau reporting 0.5% (6,744 of 1,348,862 individuals). There are currently 54,464 individuals (16,942 in transit centers and 37,717 in host communities) in Renk town.

In Renk

- Total consultations from 7 IPs (GOAL, WVI, IOM, IMC, MSF-B, RI and TRI-SS) is 8,743 with zero deaths.
- Highest Morbidity: ARI (Acute Respiratory Infection) became first as the highest number of cases, showing a high peak with 29.1% followed by Malaria with 18.6%, which is relatively high.
- Moderate Morbidity: UTI, AWD and eye infections account for 7.9%, 7.0% and 5.9% of OPD consultations, respectively
- Lowest Morbidity: Dysentery (ABD) were the least causes of OPD consultations accounting for 2.2%
- Notably, GOAL recorded the highest OPD consultation, accounting for 24.2% of the total consultations, followed by TRI-SS with 18.2%.
- Ongoing outbreaks as of week 10 of 2026:
    - **Cholera Updates**: No new cholera cases in week 10; total cumulative cases remained at 1,567. There were no active Cholera cases under treatment. And OCV vaccination at the Point of Entry is still ongoing to make sure that there are no susceptible arrivals into the transit centres.
    - **Measles Cases:** No new suspected Measles cases reported, keeping the cumulative total at 75. In turn, no serum samples were collected this week, and there are no active cases in isolation at Renk County Hospital.
    - **Hepatitis E Virus (HEV) Cases:** One new HEV cases were reported in the week, and therefore the cumulative total of suspected cases became 1,152. Ongoing surveillance supported by WHO, including rapid diagnostic tests and community engagement on acute jaundice syndrome cases.
    - **War Wounded**: Renk County Hospital received no new war-wounded patients in the ending week 10. This maintains the cumulative total number of wars wounded individuals crossing into Renk to 124. Notably, 93 of the war-wounded have been discharged, 2 died, 10 referrals and in turn, 12 are still on admission.
    - Recommendations for improving response to the Sudan Crisis:
        - Enhance surveillance and data sharing among partners.
        - Prioritize samples collection from infectious diseases patients for laboratory confirmation of possible outbreaks.
        - Support the implementing partners to adhere to the SPHERE standards of vaccinating all children under 5 years against measles and Polio
        - Request for additional OCV to maintain the POE vaccination against cholera
        - Provide trauma kits or dressing materials for emergency response.

[5] 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 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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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