



Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 02

5th-11th 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. Markedly, 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 2 of 2026, IDSR reporting timeliness was at 71%, which was slightly higher than 68% attained in the previous week 01. The completeness of IDSR reporting was 87%, maintaining performance for the previous week, an attainment that slightly higher than the targeted 80% for the first time in 2026. Eight of the thirteen states/administrative areas attained reporting completeness of above the targeted 80%, while Four (Abyei Administrative Area, Jonglei, Upper Nile and Western Bahar el Ghazal State) did not. Only Lakes Unity State maintained their 100% completeness of IDSR reporting for two consecutive weeks. Nevertheless, at the EWARN mobile sites, reporting timeliness and completeness were both at 67%.
- **EWARS Alerts Management:** A total of 107 EWARS alerts were triggered in week 2, with 90 (84%) verified. In 2026 alone, the cumulative total of alerts triggered in the EWARS system became 170, with 79% verified. Of the verified alerts only 3 required risk assessment and 1 required response. Cheers to the surveillance teams in Eastern Equatoria, Greater Pibor, Jonglei, Lakes, Northern Bahr el Ghazal, Unity and Western Equatoria states who verified all their triggered alerts.
- **Mpox Outbreak:** In the week ending January 23, 2026, two new confirmed cases of Mpox were reported, increasing the cumulative total to 40 cases. The distribution is as; 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.
- **Cholera outbreak:** As of January 29, 2026, a cumulative total of 97,752 cases and 1,607 deaths (CFR: 1.6%, target < 1%), reported by 55 counties. 96,072 of the cases are fully recovered and discharged, representing 98.3% of the total case burden. In the last 7 days (onset from 21 January 2026 to 27 January 2026), there were 146 new cases and 7 deaths reported by 4 counties (up from 73 new cases reported in the previous week)
- **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 02 of 2026, the timeliness of IDSR reporting was 71%, and the completeness was 87%, presenting an increase in timeliness, while maintaining Completeness of IDSR reporting for the previous week 01.

Table 1: Timeliness and completeness of IDSR reporting by State for week 02 compared to week 01 of 2026

State	Total facilities	Number of facilities reported (Completeness Week 02)	Comparison of the reporting period				Cumulative since year start of 2026	
			Timeliness		Completeness		Timeliness	Completeness
			Wk2, 2026	Wk1,2026	Wk02, 2026	Wk01, 2026		
Lakes	114	114	95%	96%	100%	100%	96%	100%
NBGZ	81	68	57%	68%	84%	88%	62%	86%
Unity	105	105	97%	84%	100%	100%	90%	100%
WBGZ	90	70	36%	63%	78%	72%	49%	75%
WES	159	158	75%	58%	99%	99%	67%	99%
Jonglei	115	85	74%	73%	74%	73%	73%	73%
Warrap	86	85	62%	76%	99%	100%	69%	98%
EES	104	99	57%	41%	95%	94%	49%	93%
RAA	16	16	44%	38%	100%	100%	90%	90%
CES	119	103	85%	86%	87%	89%	85%	88%
AAA	21	14	52%	5%	67%	14%	29%	40%
Upper Nile	137	93	64%	61%	68%	72%	62%	68%
GPAA	15	13	80%	93%	87%	93%	90%	90%
Total	1162	1023	71%	69%	86%	88%	70%	87%

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 02, 2026.

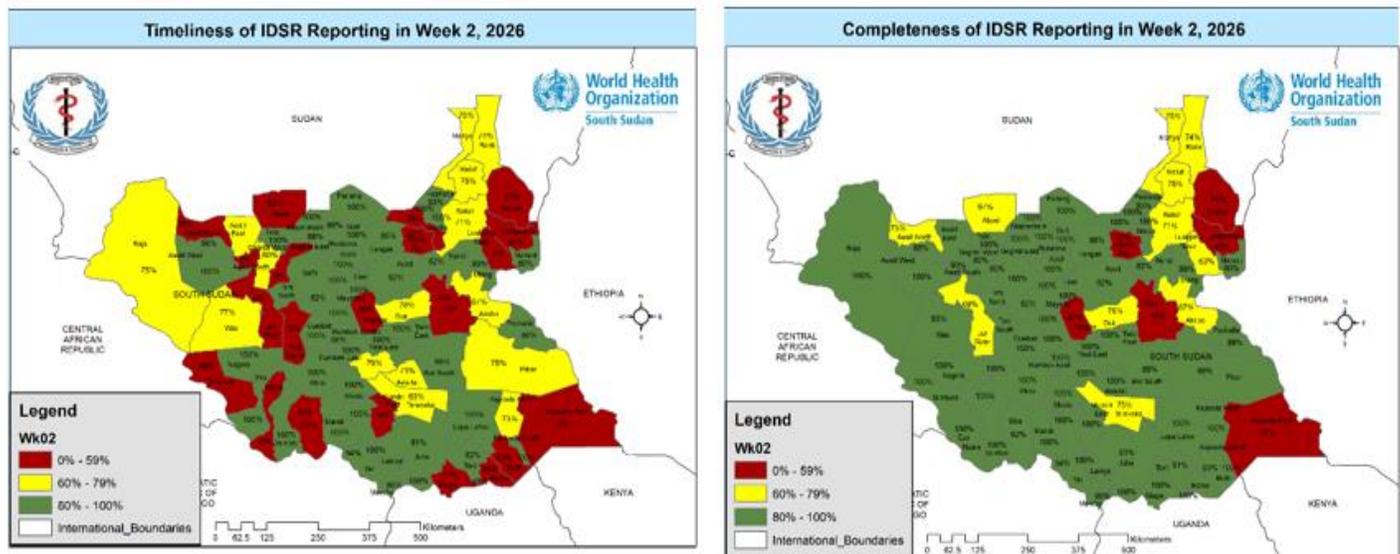


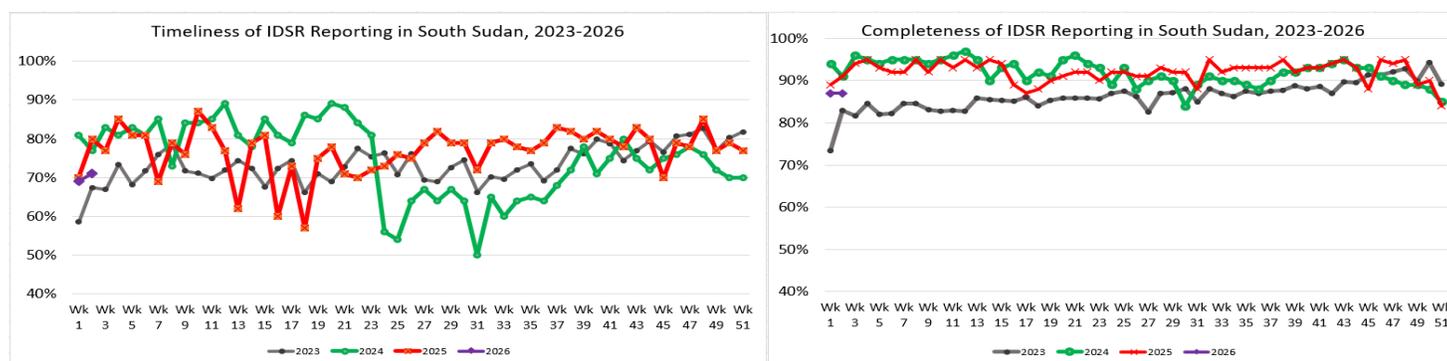
Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 02 of 2026.

IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for week 02, 2026							
Partners	# of Reporting Mobile Sites	% of Timeliness in week 02	% of Completeness in week 02	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 02	% of Completeness in week 02
IMC	3	33%	33%	Kator	3	0%	0%
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	90%	90%

Note: The performance in EWARN reporting has been on decline since week01 of 2026 mostly affected two partners IMC and SCI. Nonetheless over the past several weeks, timeliness and completeness have consistently continued above 80% from (Weeks 32-52 of 2025).

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.

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



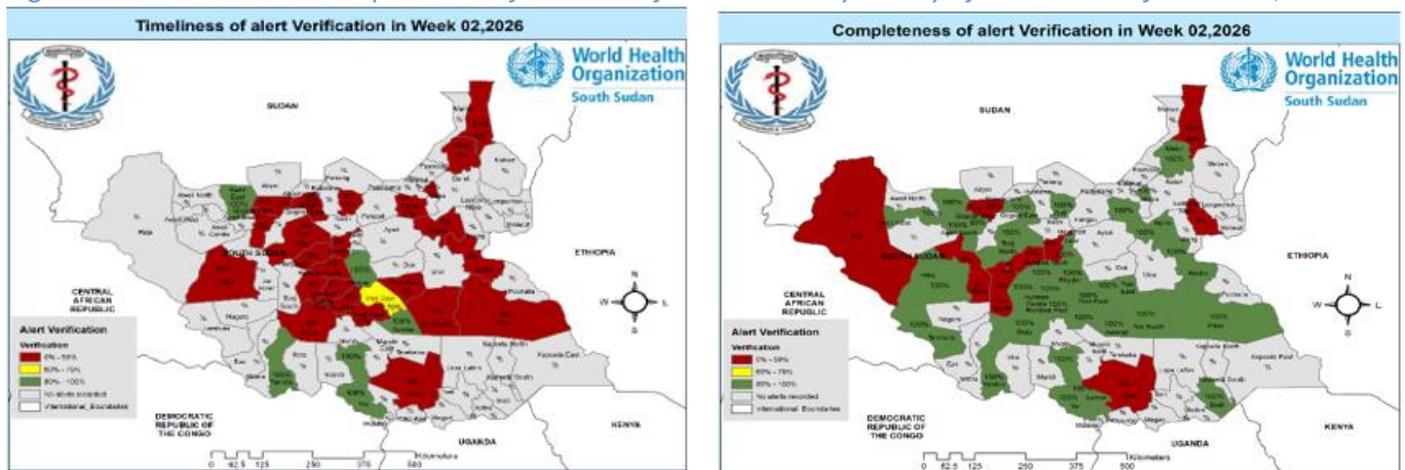
Epidemic alerts

In epidemiological reporting week 2 of 2026, the total number of alerts triggered in the EWARS system were 107. Of these, 85% (92 alerts) were verified, reflecting an improvement in verification rates. The cumulative number of alerts triggered in the EWARS system in 2026 becomes 169, with a cumulative verification rate of 80%. Two administrative areas (Abyei, and Ruweng) had no single notifiable disease alert in the reporting week. Sincere thanks go to the surveillance teams in Central Equatoria, Eastern Equatoria, Greater Pibor, Jonglei, Lakes, Northern Bah el Ghazal, Unity and Western Equatoria that verified all EWARS alerts triggered in week 2. Remarkably, greatest number of alerts were for ARI (54%), cholera (7%) and Guinea worm disease (30%).

Table 3: Summary of EWARS alerts triggered and verified in Epidemiological Week 02, 2026.

Summary of EWARS alerts triggered and verified in Epidemiological Week 2, 2026.																				
State/Admin	ARI		AFP		Cholera		Covid-19		EBS		Guinea Worm		Measles		NNT		VHF		Total	Total
	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#
	R	V	R	V	R	V	R	V	R	V	#	#	R	V	R	V	R	V	#	#
CES	4	2	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	5	5
EES	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
GPAA	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Jonglei	8	8	0	0	1	1	0	0	0	0	3	3	0	0	0	0	0	0	12	12
Lakes	16	16	0	0	4	4	1	1	0	0	19	19	0	0	0	0	1	1	41	41
NBGZ	5	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	5
Unity	3	3	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	5	4
Upper Nile	6	4	0	0	0	0	0	0	0	0	1	1	1	1	0	0	1	0	9	6
Warrap	4	3	1	0	0	0	1	1	0	0	7	2	1	1	1	0	0	0	15	7
WBGZ	7	6	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	9	6
WES	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	4
AAA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RAA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	58	52	1	0	8	7	2	2	1	1	32	25	2	2	1	0	2	1	107	92

Figure 3: Timeliness and Completeness of Alerts Verification rates by county of South Sudan for week 2, 2026

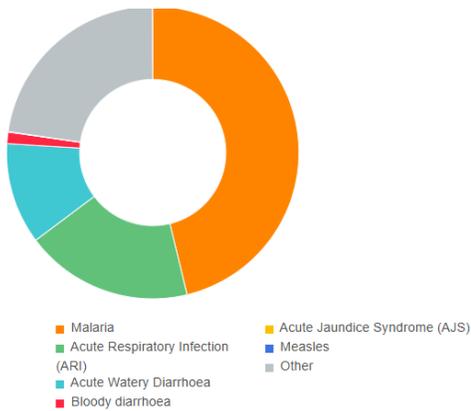


Weekly Update on Indicator-Based Surveillance (Week 02 of 2026)

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 02 of 2026, a total of 143,989 morbidity-related consultations were reported across South Sudan from 1,200 functional health facilities, private and public, in the country. Malaria remained the leading cause of morbidity, accounting for 37% (48,927) of all reported cases, slightly higher than 33% (43,434) reported in the previous week 01 of 2025. This was followed by acute respiratory infections, which contributed 17% (20,951), and acute watery diarrhea, which accounted for 6% (10,545) 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 IDSR priority diseases reported as of week 02 of 2026.

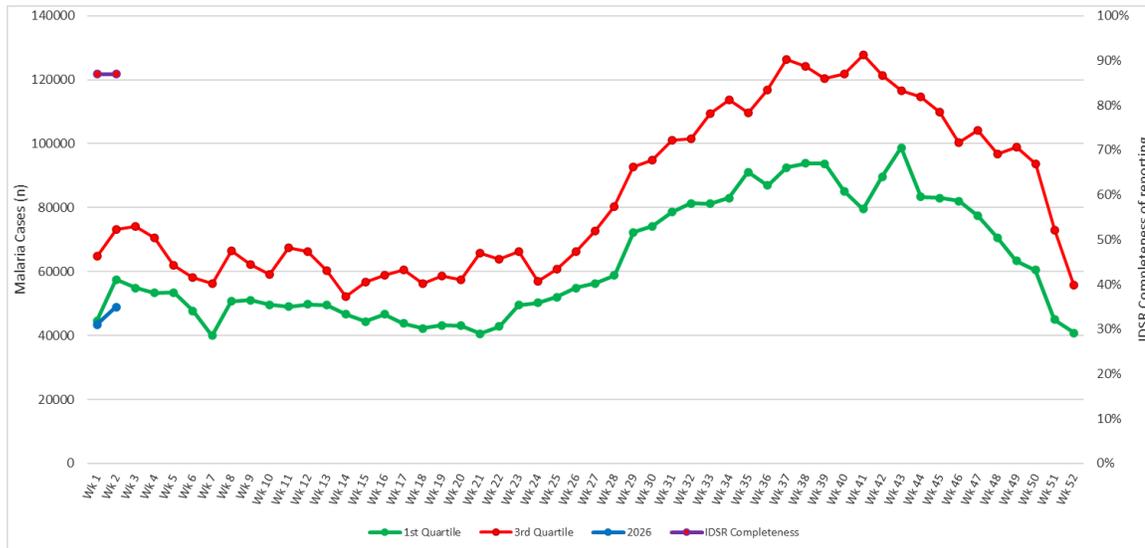


Syndrome	W2		2026	
	# cases	% morbidity	# cases	% morbidity
Malaria	52,777	52.8%	562,531	46.2%
ARI	20,381	20.4%	225,575	18.5%
AWD	11,267	11.3%	136,304	11.2%
Bloody diarrhoea	1,166	1.2%	15,489	1.3%
AJS	4	0.0%	219	0.0%
Measles	5	0.0%	335	0.0%
Other	14,446	14.4%	276,198	22.7%

1. Malaria Updates

In week 02 of 2026, malaria continued to be the leading cause of morbidity, with 48,927 reported cases and causing 19 deaths amongst the suspected cases. The weekly analysis indicates 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.

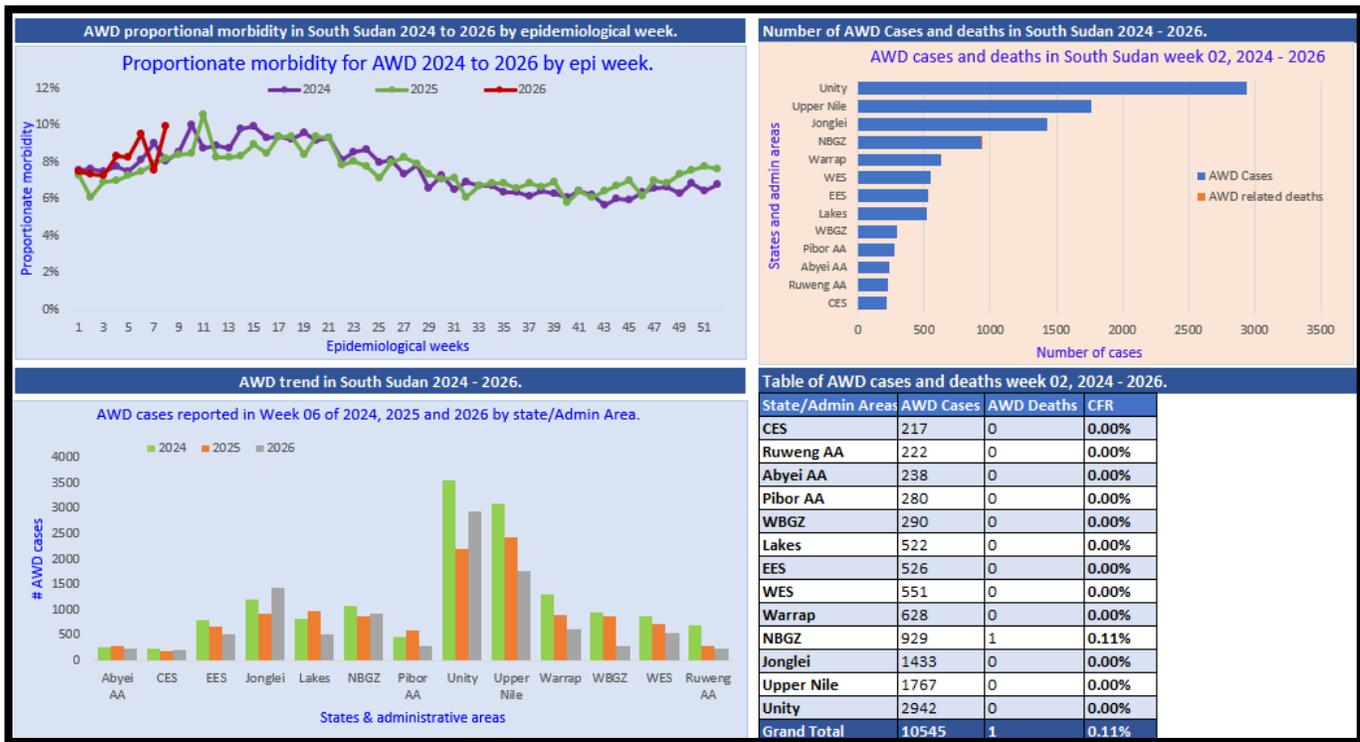
Figure 5: Normal Malaria Transmission Channel for South Sudan; Updated at Week 02 of 2026



2. Acute Watery Diarrhoea

During the epidemiological week 02, Acute Watery Diarrhoea (AWD) was the third foremost cause of illness, affecting 10,545 OPD consultations and one (1) death reported in Northern Bahar el Ghazal. 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.

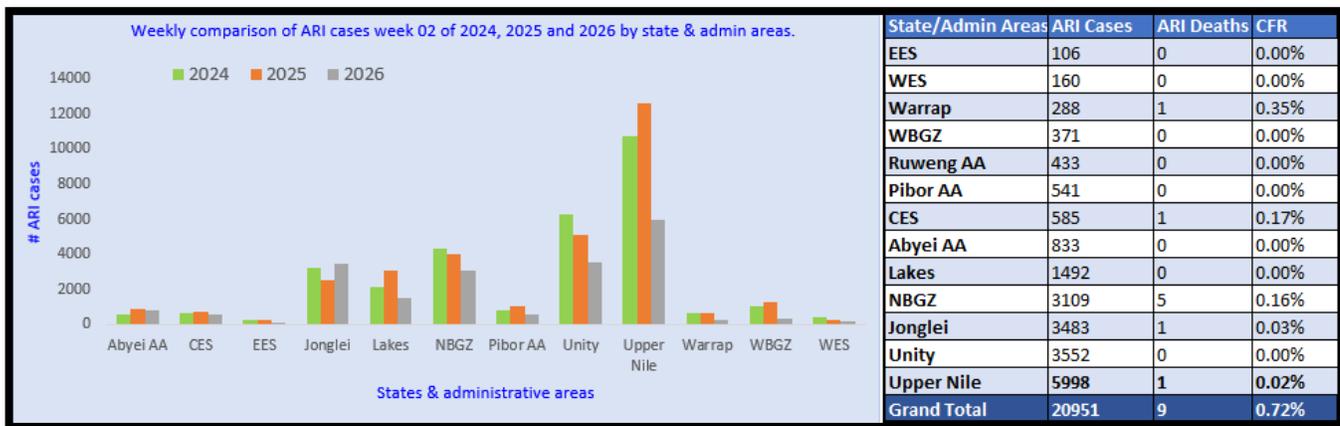
Figure 6: Dashboard of IDSR reported AWD cases by Week in South Sudan; 2024-2026



3. Respiratory Pathogens Surveillance weekly updates.

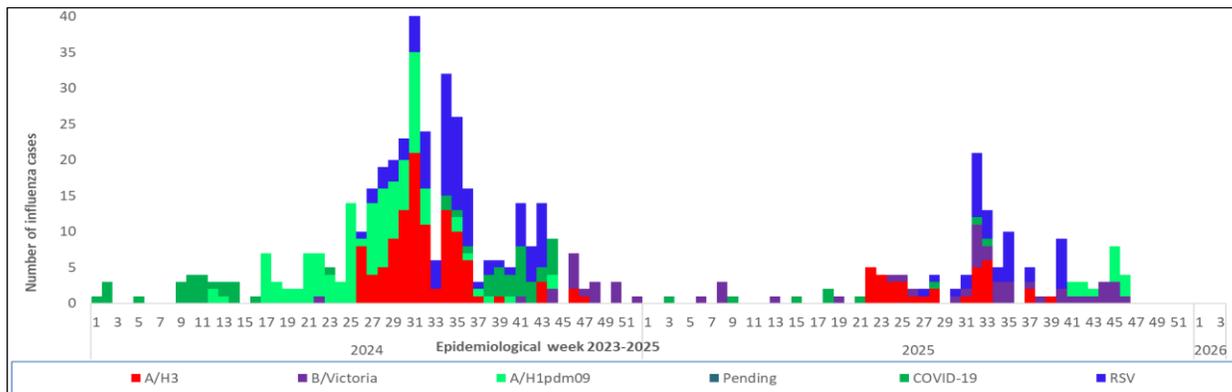
Acute respiratory disease endured the second principal cause of outpatients' consultations in the country establishing 17% of all the OPD consultations. As in all previous epidemiological periods, Week 02 of 2026, continue to show that Upper Nile, Unity, Jonglei and Northern Bahar el Ghazal S, which 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 02 of 2026.



To monitor and track the causation of Severe Acute Respiratory tract infections, South Sudan designated six sentinel surveillance sites in the country. 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 02 of 2026.



During Epidemiological Weeks 01 to 02 of 2026, a cumulative total of 20 ILI/SARI samples have been collected; 20 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 *Haemophilus Influenzae* Type b, while the remaining two were negative. An attempt to culture the CSF only yielded one isolate, re-confirming the *Haemophilus 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.

It's 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.

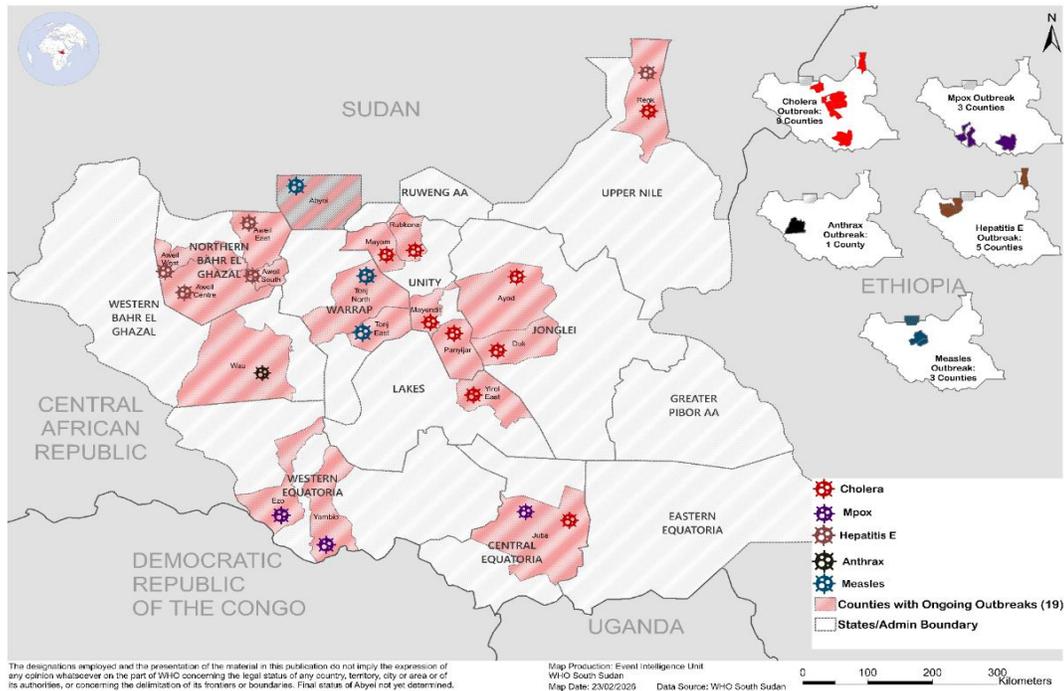
South Sudan has a multi-disease National Steering Committee that coordinates response interventions to mitigate transmission and spread of the several outbreaks. The National Steering committee operates an IMS structure with all pillars also activated for readiness operations. Below is a summary table 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	40	6	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),	Dec/2018	0	9,394	2,762	32	Ongoing in Renk County	Yes	Yes

	Upper Nile (1), Jonglei (2) and Unity (1)								
cVDPV2	Yambio, Juba, Ulang, Nasir, Baliaet, 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 outbreak¹

- 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

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

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.

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

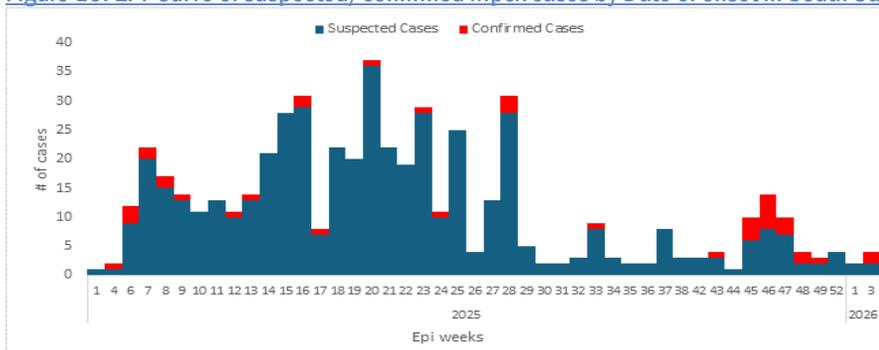
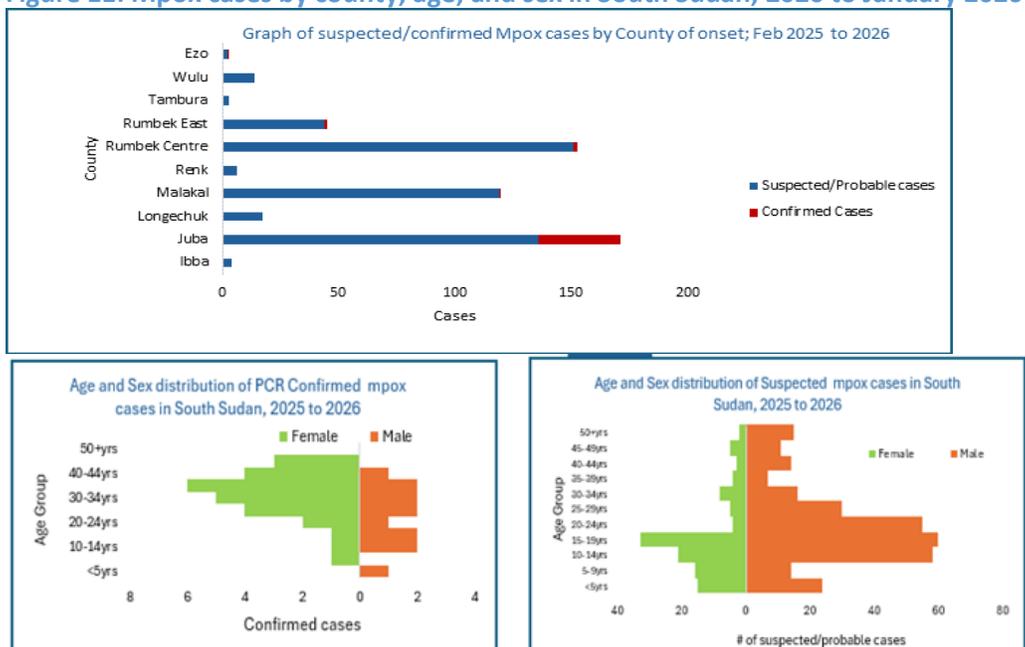


Figure 11: Mpox cases by county, age, and sex in South Sudan, 2026 to January 2026



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 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 29th January 2026²

- As of January 29, 2026, a cumulative total of 97,752 cases and 1,607 deaths (CFR: 1.6%, target < 1%), reported by 55 counties. Health facility deaths have been counted as 825 translating into case fatality rate (CFR) of 0.8%.
- In the last 7 days of reporting (onset from 21 January 2026 to 27 January 2026), 146 new cases and 7 deaths were reported by 4 counties (up from 73 new cases reported in the previous week)
- The new cases came from Duk (83), Panyijiar (30) Mayendit (26), and Mayom (7). The new deaths were also reported from Duk (4) and Panyijiar (3)
- Unity State continue to account for the highest burden of cholera cases at 32% (31,174) followed by Jonglei State at 14% (13,437) and Central Equatorial State at 13% (12,771) of the cumulative cases.

² This is data reflecting the recent updates from the NSC held on 29th January 2026

- Twenty-five (25) counties including all 10 counties in Western Equatoria remain unaffected by the current cholera outbreak.
- Since the outbreak began, 25 counties including all 10 counties in Western Equatoria remain unaffected by the current cholera outbreak.
- The age group with highest case count is 0-4 years (24%) followed by those aged 5-14 years (22%).
- A total A total of 235,171 individuals in 11 Counties were vaccinated through the mop-up vaccination as part of the 30-Day Cholera Knockout Plan.
- Changes in new cases are expected to occur due to numerous factors, including security driven population movements and persistent poor sanitation conditions.
- In the vaccination Pillar:
 - a) A total of a total of 8,688,484 vaccinated (86.8% coverage) vaccinated against cholera in 46 counties across 9 states and two administrative areas (Greater Pibor and Abyei).
 - b) As part of the 30-Day Cholera Knockout Plan, OCV mop-up campaigns were conducted in 10 counties as well as Renk PoE and three payams in Nasir County reaching 235,171 (63%) out of a target of 373,579 individuals.
 - c) Validation of the list of national cholera Priority Areas for Multisectoral Interventions (PAMIs) was completed in Juba, with a final list of 51 PAMIs approved for future preventive OCV campaigns.
 - d) A Post-Campaign Coverage Survey (PCCS) is planned for 11 purposively selected counties that have completed their OCV campaigns.

Figure 11: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, Wk39 of 2024 to Wk02 of 2026

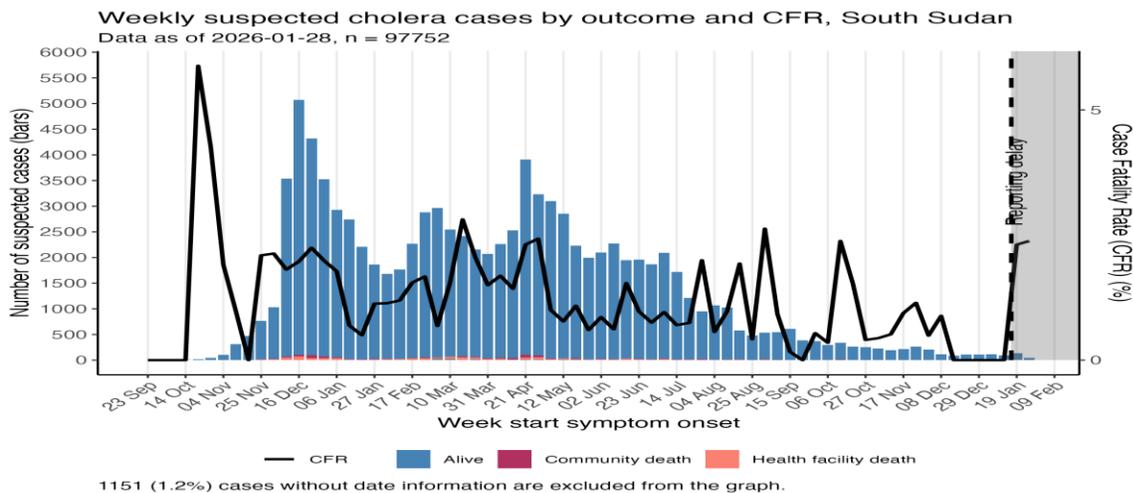
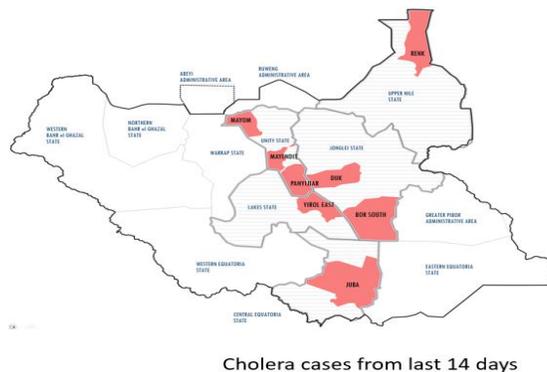


Figure 12: Map showing Cholera Case counts by Counties of South Sudan with progress from the last 14 days



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 access. These new plans will incorporate the contextual challenges and recommendations outlined by the identification of PAMIs for South Sudan.

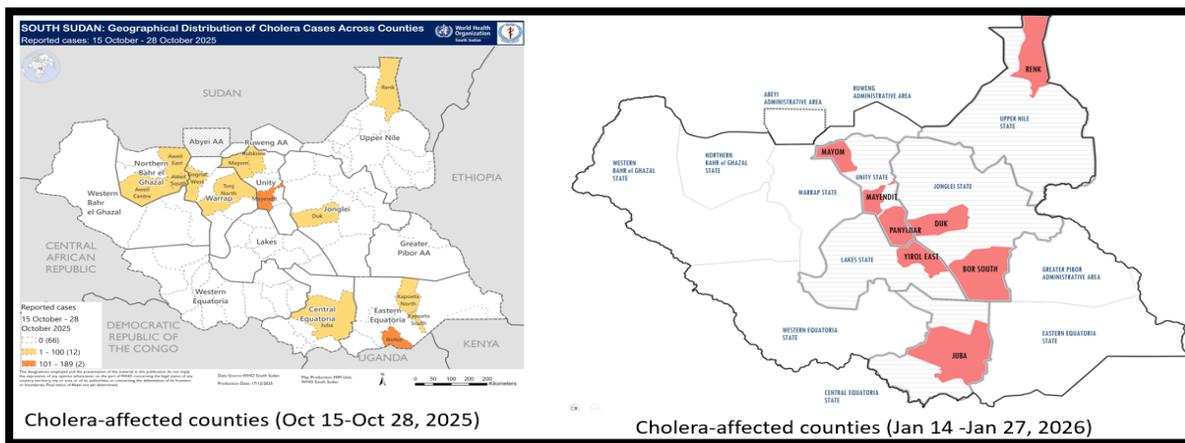
Before the 30-Day Cholera Knockout Plan (October 15-28, 2025):

- 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) outbreak³

- 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.

³ GPEI Coordination Updates provided on 4th January 2026

- Polio Program Updates
 - a. UNKEA, a local CSO conducted R1 SNIDs in December 2025, and vaccinated 102,302 out of the target population of 122,561 (83%) in four counties of the Upper Nile State with limited access.
 - b. UNKEA is planning to conduct R2 SNIDs in February 2026 to the same 122,561 target population in four counties of the Upper Nile States with limited access.
 - c. Preparations are ongoing for the State based Integrated VPDs review meeting 5-13 February 2026.
- AFP Surveillance performance as at Week 02
 - a. A total of 458 AFP cases, 6.15% NPAFP, 96% Stool Adequacy were reported in 2025.
 - b. Seven (7) AFP cases reported in week #03 of 2026 compared with 14 AFP cases in the same period 2025
 - c. A total of 290 ISS Visits were conducted in week #03 compared with 430 ISS visits conducted in the same period last year
 - d. Cumulative ISS visits conducted in 2026 are 692 compared with 22,131 conducted in 2025.
- Priority Interventions for the coming week.
 - a. MoH, GPEI team, UNKEA and Upper Nile state to review the progress of R1 SNIDs in the four counties of Upper Nile State with limited access on 29 January before the commencement of R2 SNIDs.
 - b. Finalize preparations and conduct state based integrated VPDs review meetings.
 - c. Continue weekly meetings with field officers to review and intensify AFP surveillance
 - d. SIA Core Team Meeting to commence on Friday 30 January to monitor the progress of polio eradication activities.

4. Anthrax

- During epidemiological week 2 of 2026, there was no new human anthrax case reported, and no deaths reported. The cumulative total number of human anthrax cases reported in 2025 remained 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 of 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 Updates⁴

- During epidemiological week 2 of 2026; a cumulative total of the 53 suspected measles cases were reported from 4 counties (Abyei, Juba, Tonj North and Tonj South). Investigation was conducted and two samples were collected for confirmation in the Public Health reference laboratory but tested negative for measles IgM.
- Of all 53 suspected measles cases reported, only one of them had 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 4.76% and 4% 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 02 of 2026

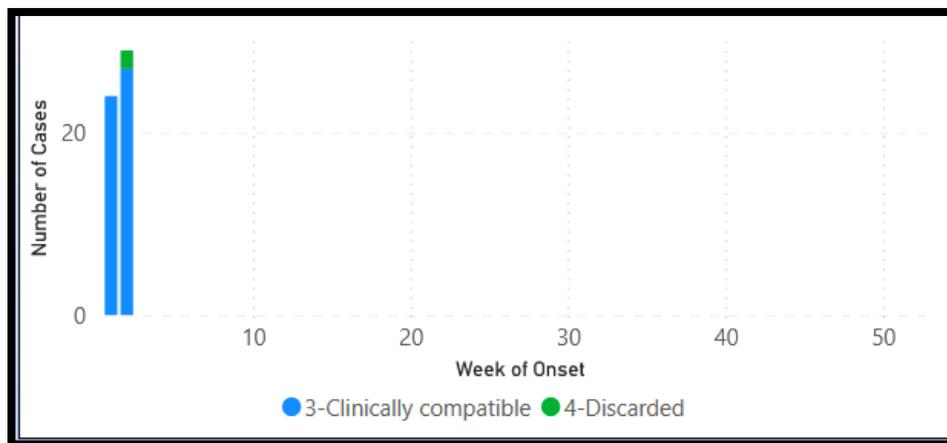
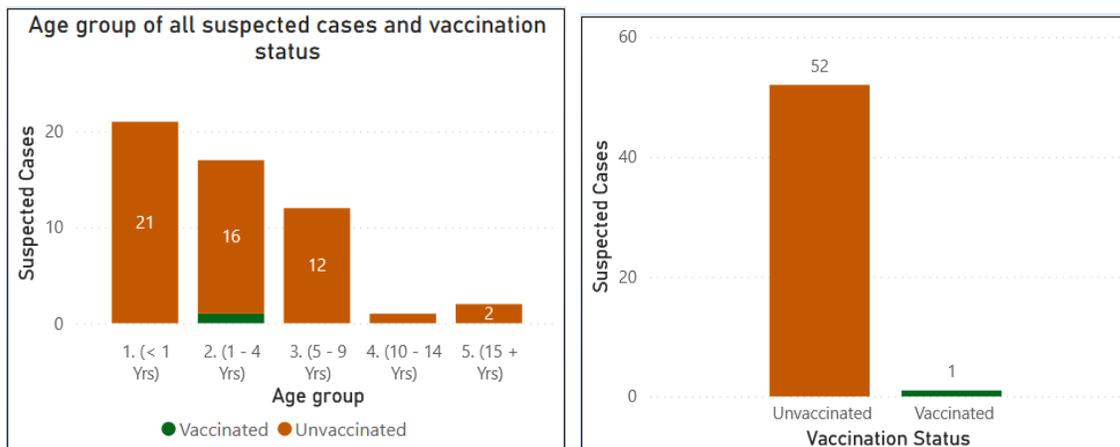


Figure 15: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 02 of 2026



⁴ Refer to the Measles Dashboard for South Sudan, 2026

6. Hepatitis E outbreak

- During week 02 of 2026, there were 8 new suspected cases of Hepatitis E disease, and zero deaths were reported, and therefore no cases tested positive by RDT in week 02, the cumulative number of RDT positive cases are 2762 since the outbreak began in 2018.
- Cumulatively, a total of 9,395 Hepatitis E cases and 146 deaths have been reported, stanching the case fatality rate (CFR) at 1.6%. Since the onset of the Hepatitis E virus disease in 2018.
- The cumulative number of Hepatitis E affected counties is 16 counties across the country. However, only 2 counties reported HEV cases as of wkk01 in 2026. The highest number of Hepatitis E cases were reported in Aweil West (5 cases), Aweil East (1 case).
- Segregation by gender indicated that majority of the individuals affected by the diseases are males, accounting for 51% of the total cases, whereas females account for 49% of the whole cases since the outbreaks were reported in 2018.
- People from age groups ranging from 15 to 44 years were the most affected age group throughout the country.
- 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 49 years, 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, facilities 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

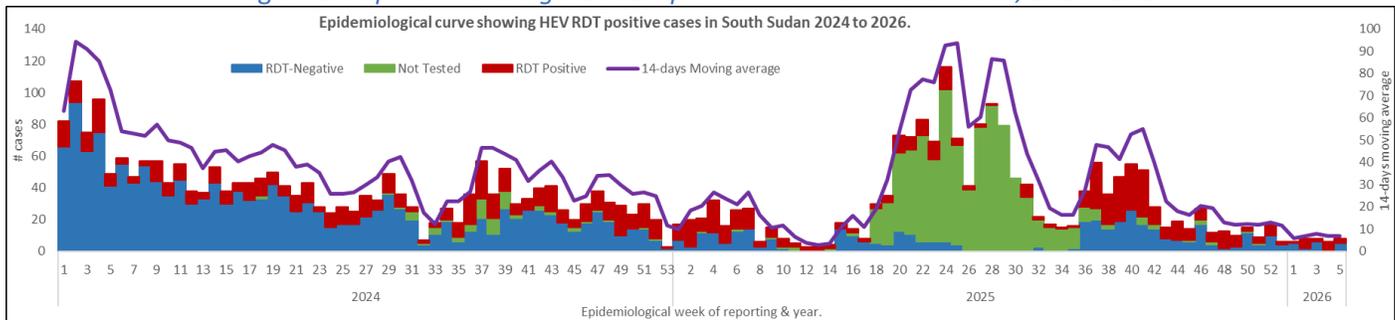


Figure 17: Distribution of suspected Hepatitis E Virus Cases by age and gender in South Sudan; 2026

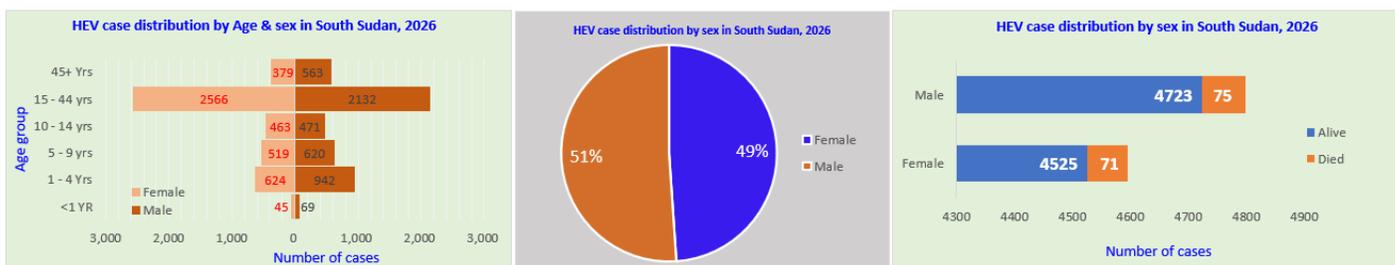
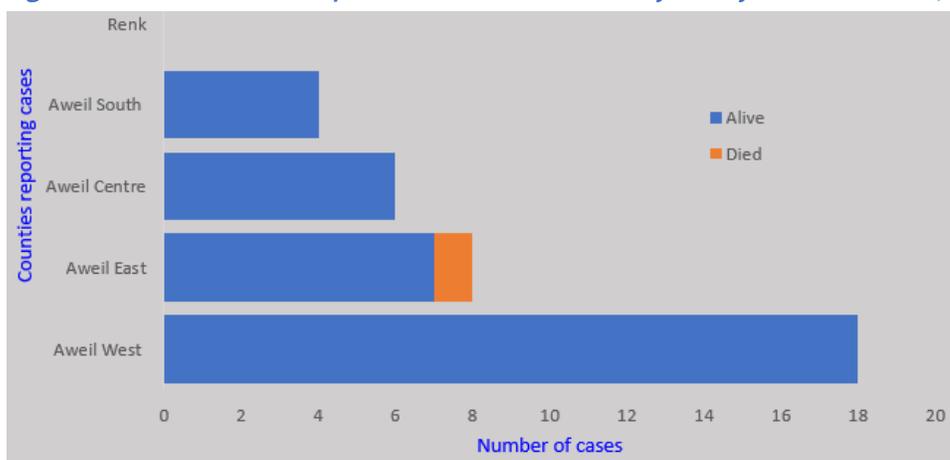


Figure 18: Distribution of Hepatitis E cases and deaths by county of South Sudan; Week 02 of 2026



Other Events

Sudan crisis⁵: 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 Majokynthou 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.

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>

This bulletin is produced by the Ministry of Health with Technical support from WHO
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Notes

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The data has been collected with support from the EWARS project. This is an initiative 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