



Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 03

12th-18th 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 1,139 functional health facilities. The reporting facilities include public (1165) and Private (35) 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 epidemiological week 03 of 2026, IDSR reporting timeliness was 78%, reflecting an improvement from 71% recorded in week 02. Reporting completeness reached 86%, indicating a decline from 88% attained in the preceding week (week 02). Ten of the thirteen states/administrative areas achieved reporting completeness above the national target of 80%. However, four states-Eastern Equatoria, Jonglei, Upper Nile, and Western Bahr el Ghazal-did not meet the national target. Ruweng administrative area, Lakes and Unity states sustained 100% reporting completeness for three consecutive weeks.
- At EWARN mobile sites, both reporting timeliness and completeness were 78%, representing a notable improvement from 68% recorded in week 02.
- **EWARS Alerts Management:** In epidemiological week 03 of 2026, a total of 88 EWARS alerts were triggered, of which 73 (83%) were verified. Three (03) of the 73 verified alerts required risk assessment and response. Cumulatively in 2026, 257 alerts have been triggered in the EWARS system, with 81% verified. Notably, surveillance teams in Abyei, Central Equatoria, Jonglei, Lakes, Northern Bahr el Ghazal, Unity, Upper Nile, and Western Equatoria states successfully verified all alerts generated in their respective areas.
- **Mpox Outbreak:** In the week ending January 24, 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 4 February 2026, a cumulative total of 97,929 cases and 1,611 deaths have been reported, corresponding to a case fatality rate (CFR) of 1.6%, which exceeds the target threshold of <1%. In the last 7 days (onset from 28 January 2026 to 03 February 2026), 150 new cases and 3 deaths were reported by 6 counties (up from 94 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 03 of 2026, the timeliness of IDSR reporting was 78%, and the completeness was 86%, showing an increase in both timeliness and Completeness of IDSR reporting compared to the previous week 02.

Table 1: *Timeliness and completeness of IDSR reporting by State for week 03 compared to week 02 of 2026*

State	Total facilities	Number of facilities reported (Completeness Wk 3)	Comparison of the reporting period				Cumulative since year start of 2026	
			Timeliness		Completeness		Timeliness	Completeness
			Week 3	Week 2	Week 3	Week 2		
Lakes	114	114	96%	95%	100%	100%	96%	100%
NBGZ	81	69	80%	57%	85%	84%	68%	86%
Unity	105	105	92%	97%	100%	100%	91%	100%
WBGZ	90	72	78%	36%	80%	78%	59%	77%
WES	159	143	83%	75%	90%	99%	72%	96%
Jonglei	115	83	71%	74%	72%	74%	73%	73%
Warrap	86	86	73%	62%	100%	99%	70%	98%
EES	104	99	58%	57%	95%	95%	52%	93%
RAA	16	16	88%	44%	100%	100%	89%	89%
CES	119	95	78%	85%	80%	87%	83%	85%
AAA	21	16	76%	52%	76%	67%	44%	52%
Upper Nile	137	94	63%	64%	69%	68%	63%	68%
GPAА	15	13	87%	80%	87%	87%	89%	89%
Total	1162	1005	78%	71%	86%	88%	72%	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 03, 2026.

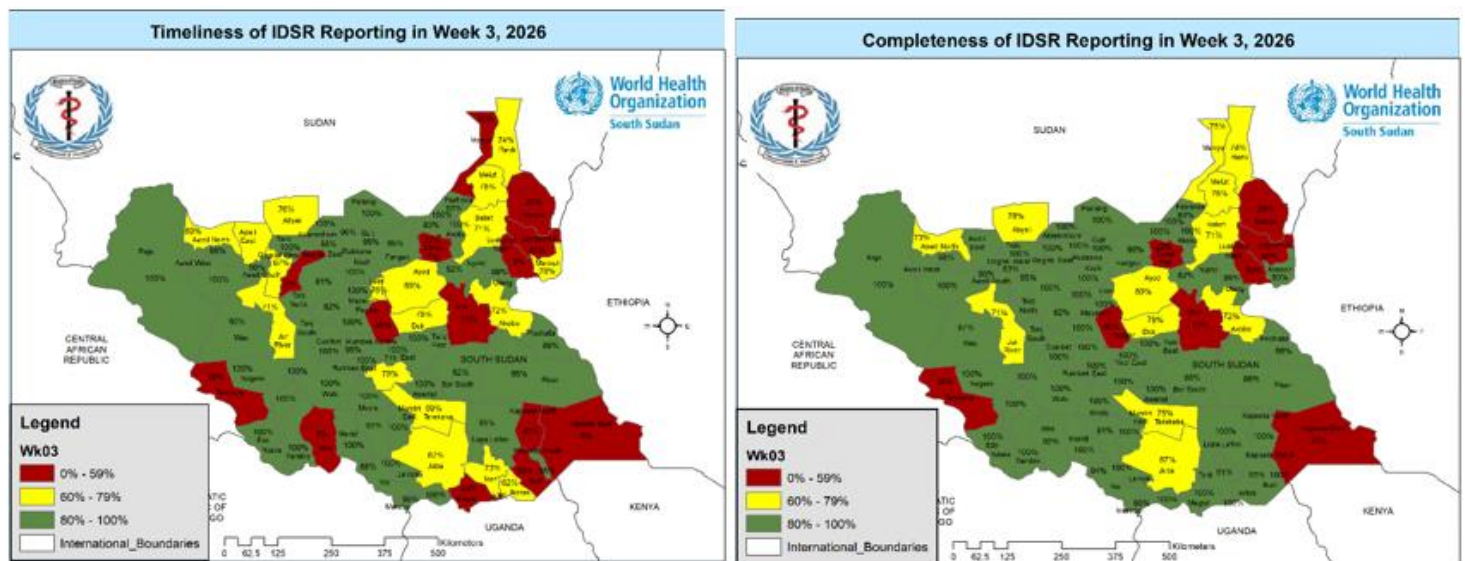


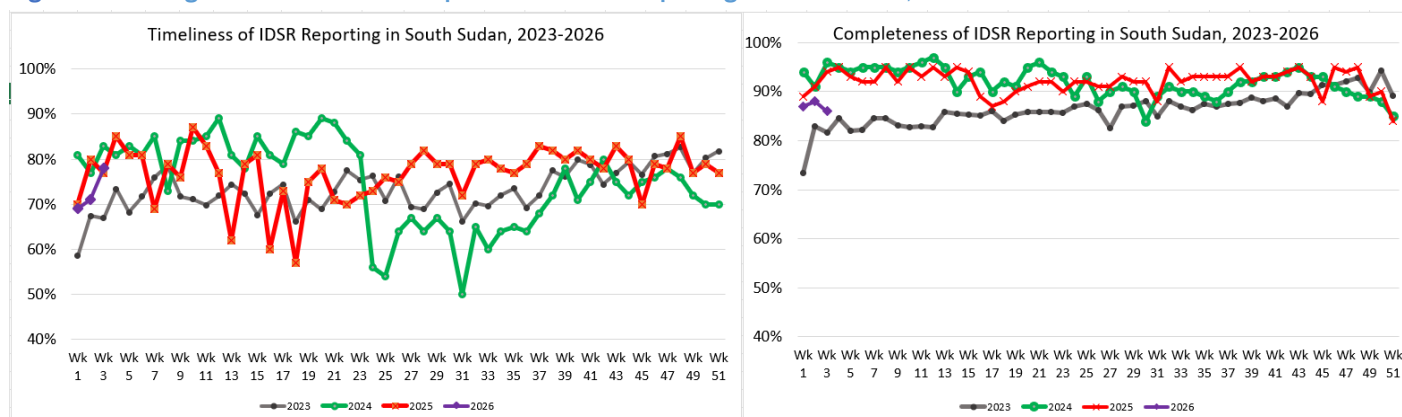
Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 03 of 2026.

Partners	# of Reporting Mobile Sites	% of Timeliness in week 03	% of Completeness in week 03	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 03	% of Completeness in week 03
IMC	3	33%	33%	Kator	3	0%	0%
SCI	2	100%	100%	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	17%	17%
RI	1	100%	100%	Mangala	1	100%	100%
TOTAL	9	78%	78%	Munuki	9	100%	100%
				Rejaf	3	100%	100%
				TOTAL	30	73%	73%

Note: There is slight improvement in EWARN reporting this week 03 of 2026 compared to previous two weeks 1&2, however the reporting for this week has been affected by IMC facilities where out of three reporting sites, only one site managed to report this week. Nevertheless, in the past weeks timeliness and completeness have steadily persisted 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.



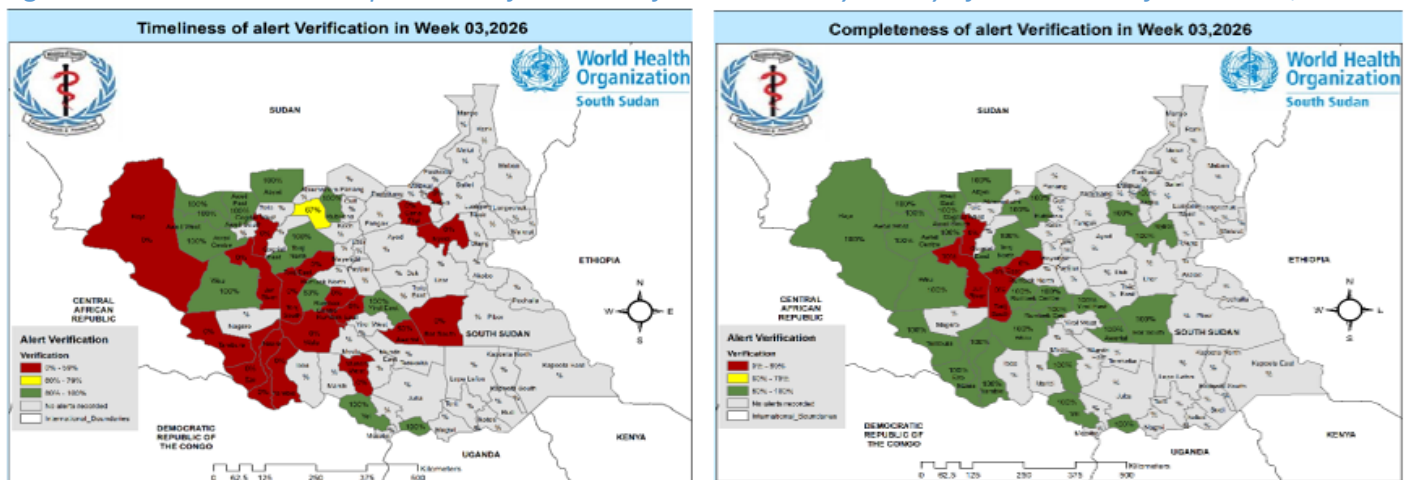
Epidemic alerts

In epidemiological reporting week 03 of 2026, the total number of alerts triggered in the EWARS system were 88. Of these, 84% (73 alerts) were verified, which was an improvement in verification rates compared to previous week. The cumulative number of alerts triggered in the EWARS system in 2026 becomes 256, with a cumulative verification rate of 81.3%. There were no single alerts of notifiable diseases reported from the two administrative areas in this week (Greater Pibor and Ruweng). Many thanks to the surveillance teams in Abyei, Jonglei, Lakes, Northern Bah el Ghazal, Unity and Western Equatoria that verified all EWARS alerts triggered in week 03. The highest number of the alerts were for Guinea Worm Disease (49%), Acute Respiratory Infections (33%) and Measles (9%).

Table 3: Summary of EWARS alerts triggered and verified in Epidemiological Week 03, 2026.

State/Admin	AJS		ARI		AFP		Cholera		Guinea Worm		Measles		Total	
	# 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	1	1	1	1
CES	0	0	2	2	0	0	0	0	0	0	0	0	2	2
Jonglei	0	0	1	1	0	0	1	1	3	3	0	0	6	6
Lakes	0	0	7	7	0	0	2	2	27	27	1	1	38	38
NBGZ	0	0	5	5	1	1	0	0	1	1	1	1	7	7
Unity	0	0	2	2	0	0	1	1	0	0	1	1	4	4
Upper Nile	0	0	0	0	0	0	0	0	1	1	0	0	1	1
Warrap	0	0	5	1	0	0	0	0	6	0	3	2	15	3
WBGZ	1	1	1	1	0	0	0	0	5	2	1	1	8	5
WES	0	0	6	6	1	1	0	0	0	0	0	0	7	7
EES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GPAA	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
Grand Total	1	1	29	25	2	2	4	4	43	34	8	7	88	73

Figure 3: Timeliness and Completeness of Alerts Verification rates by county of South Sudan for week 03, 2026

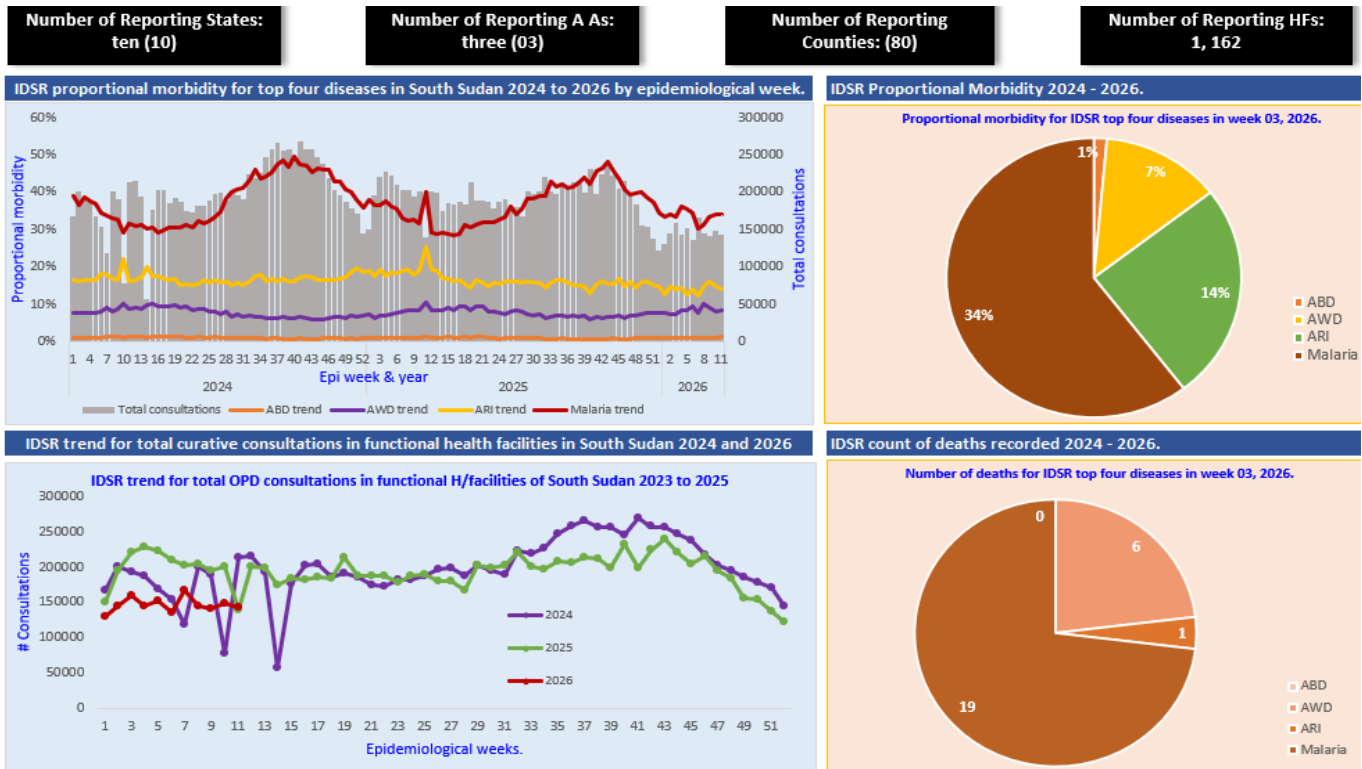


Weekly Update on Indicator-Based Surveillance (Week 03 of 2026)

Indicator-based surveillance is implemented in South Sudan through the EWARS platform in line with 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 03 of 2026, a total of 159,746 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, reporting 34% (53,573) of all reported cases, slightly higher than 34% (48,927) reported in the previous week 02 of 2025. This was followed by acute respiratory infections, which contributed 14% (22,190), and acute watery diarrhea, which accounted for 7% (11,624) 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.

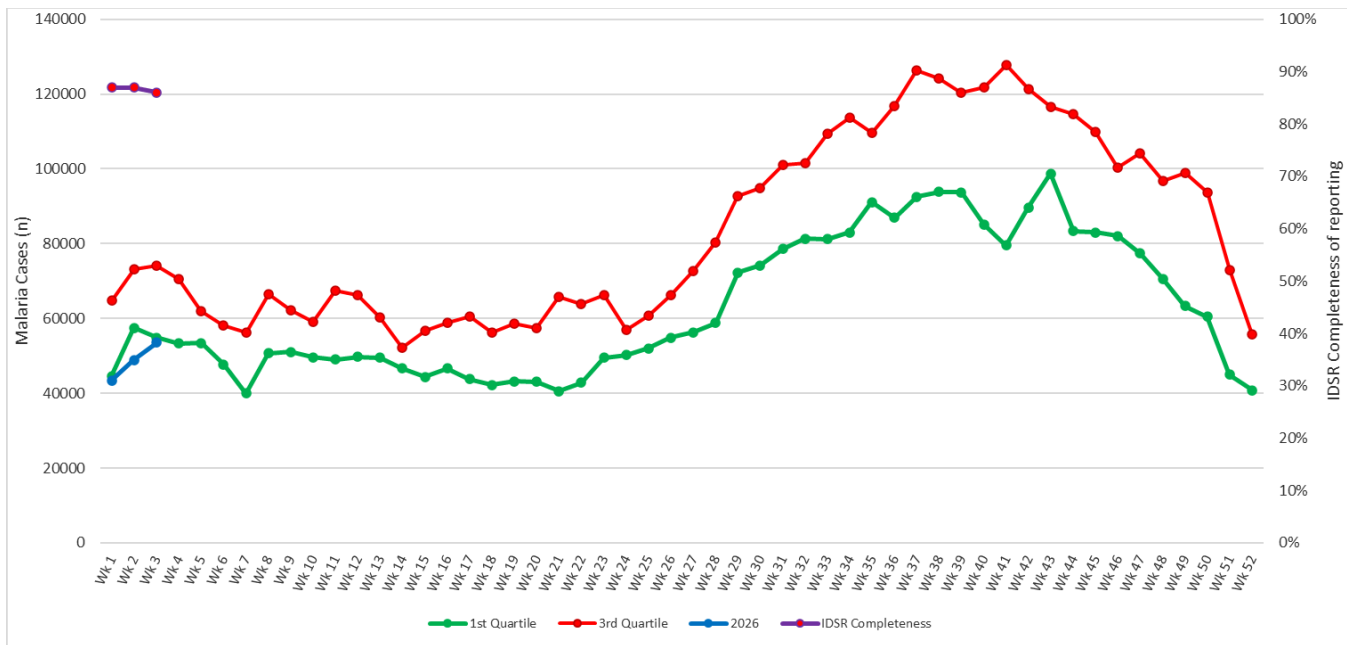
Figure 4: Proportional Morbidity of top 4 IDSR priority diseases reported as of week 03 of 2026.



1. Malaria Updates

In week 03 of 2026, malaria continued to be the leading cause of morbidity, with 53,573 reported cases and causing 19 related 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.

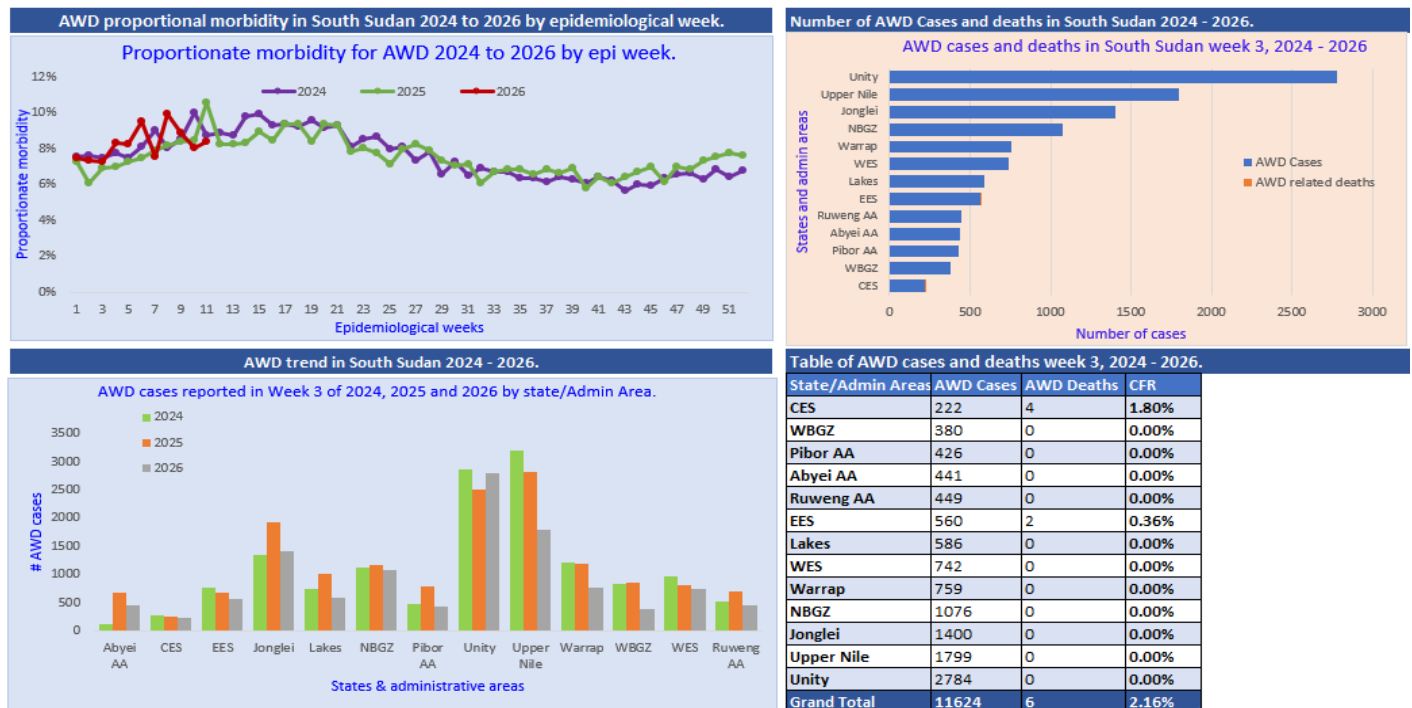
Figure 5: Normal Malaria Transmission Channel for South Sudan; Updated at Week 03 of 2026



2. Acute Watery Diarrhoea

During the epidemiological week 03, Acute Watery Diarrhoea (AWD) was the third leading cause of illness, affecting 11,624 OPD consultations and six (6) related deaths reported in Central Equatoria and Eastern Equatoria. 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 2026.

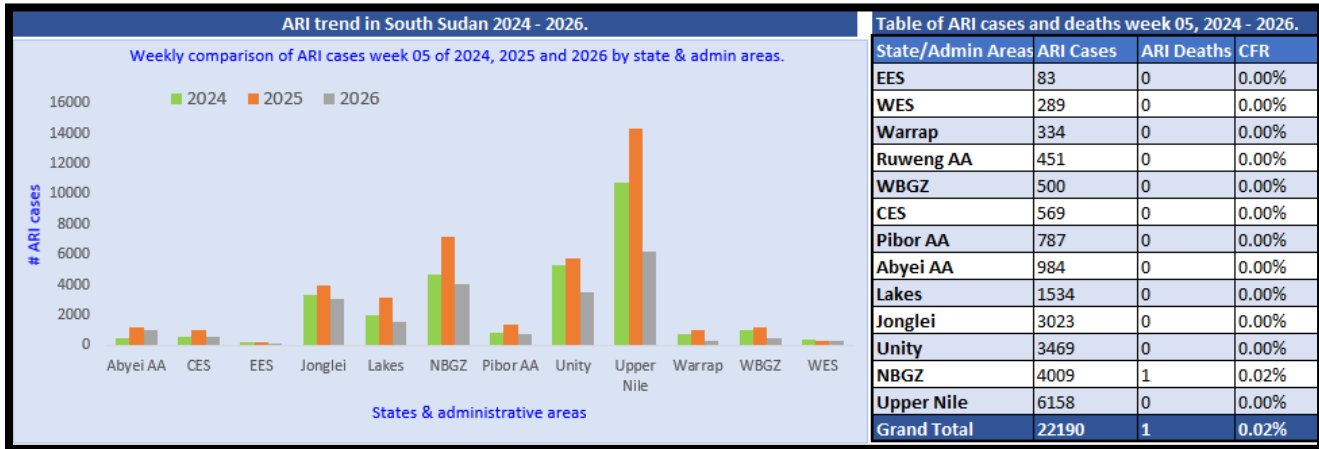
Figure 6: Dashboard of IDSR reported AWD cases by Week in South Sudan; 2024-2026



3. Respiratory Pathogens Surveillance weekly updates.

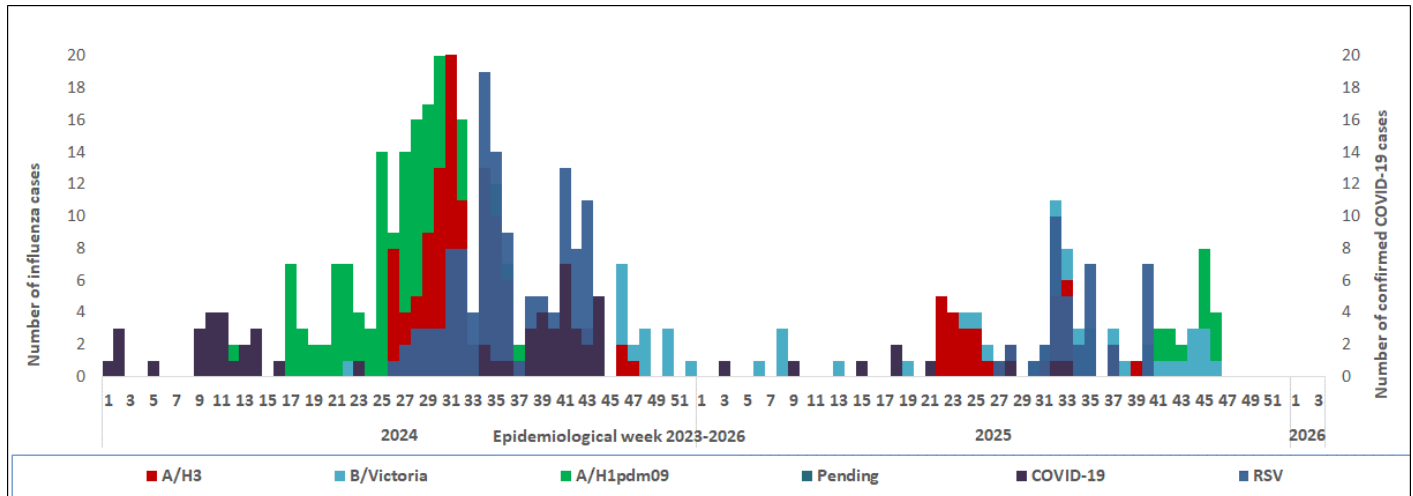
Acute respiratory disease endured the second principal cause of outpatients' consultations in the country establishing 14% of all the OPD consultations. As in all previous epidemiological periods, Week 03 of 2026, continue to show that Upper Nile, Unity, Jonglei and Northern Bahar el Ghazal S, which 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 03 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 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 03 of 2026.



During Epidemiological Weeks 03 of 2026, a total of 36 ILI/SARI samples have been collected; 36 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

Each 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 was completed. 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.

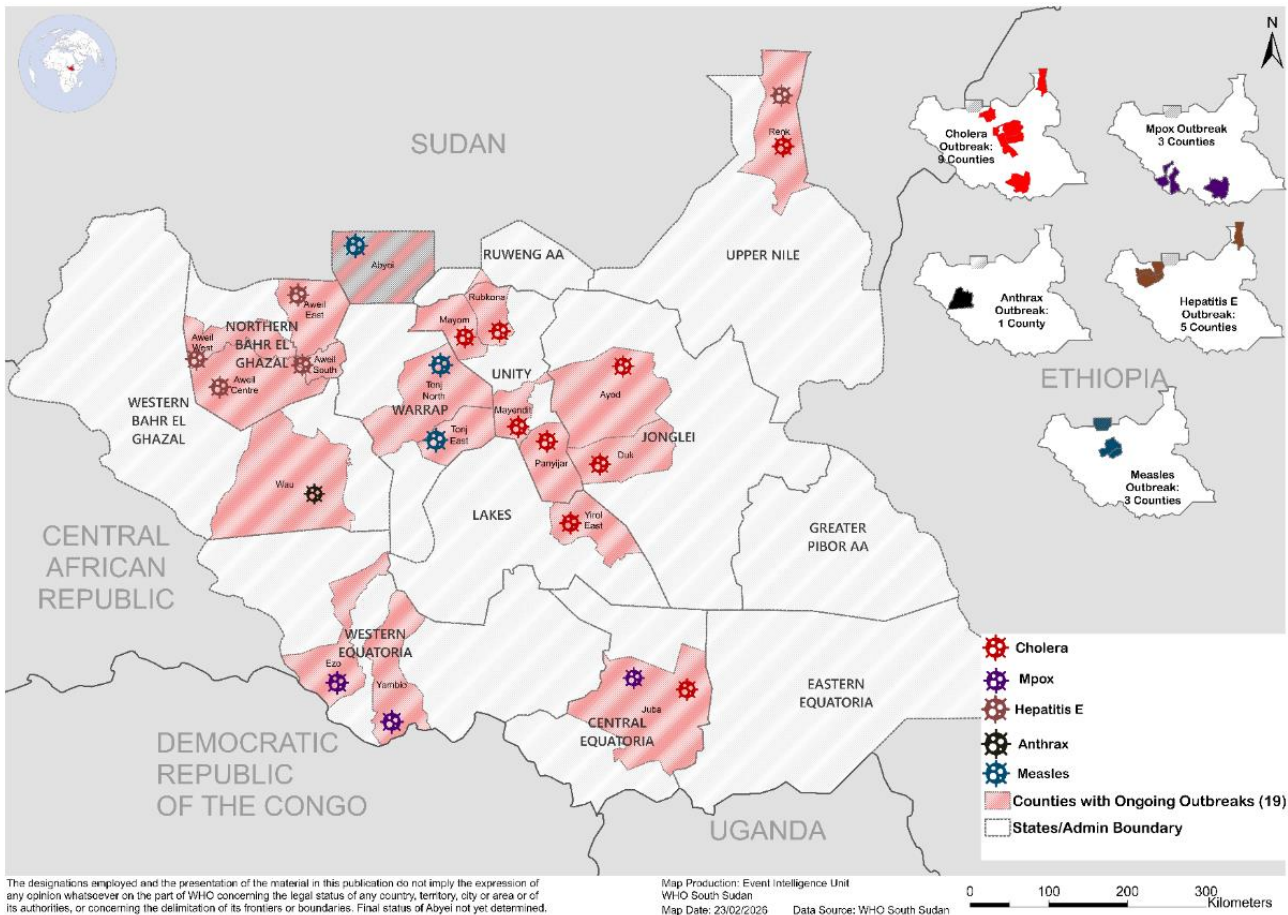
It's important to note that there are 5 active outbreaks, carried over from the previous year's namely Anthrax, Cholera, cVDPV2/Polio, Hepatitis E, and Mpox.

South Sudan has a multi-disease National Steering Committee (NSC) that coordinates response interventions to mitigate transmission and spread of the several outbreaks. The National Steering committee operates an incident management system (IMS) structure with all pillars activated for readiness and 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 13th February 2026.

Table 4: Summary of ongoing and confirmed epidemics as of 5th February 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	6	507	40	12	Planned	Yes	Yes
Cholera	In 55 counties of 9 states and 3 AAs	Sept 2024	150	97,929	12,601	72	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	8	9,380	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 5th February 2026.



Response activities for ongoing/suspected outbreaks

1. Mpox outbreak¹

- In the week ending 5th February, 2026, there were 5 new confirmed cases of mpox reported: three in Ezo County, one in Juba County, and one in Yambio County, bringing the cumulative total to 40 confirmed cases since the outbreak was confirmed in February 2025.
- The cumulative distribution of confirmed Mpox cases since the outbreak was confirmed in February 2025 was as follows: 1 in Ezo, 35 in Juba, 2 in Rumbek Centre, 1 in Rumbek East, and 1 in Malakal. Ezo is the latest state to be affected by the Mpox outbreak.
- The newly reported case from Ezo County was reported as a 32-year-old male who presented to the health facility alongside his wife after developing symptoms on 18 January 2026. Both he and his wife's Symptoms had onset one day after his return from travel to the Democratic Republic of the Congo on 17 January 2026.
- There are currently 12 active cases under home-based care, 86 contacts being monitored, and a total of 507 suspected cases nationwide with no deaths.
- The Juba County RRT, conducting the active surveillance and field tracing of the identified contacts and daily follow up of confirmed cases in voluntary home confinement.
- 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.

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

- 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, and residential hotels, c) Professions like bar/restaurant attendants, and d) cross-border traders.
- Case-management: Voluntary home confinement, regardless of its high-risk, remains the mainstay of case management in South Sudan because a) majority of confirmed Mpox 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 been challenging, 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 February 2026

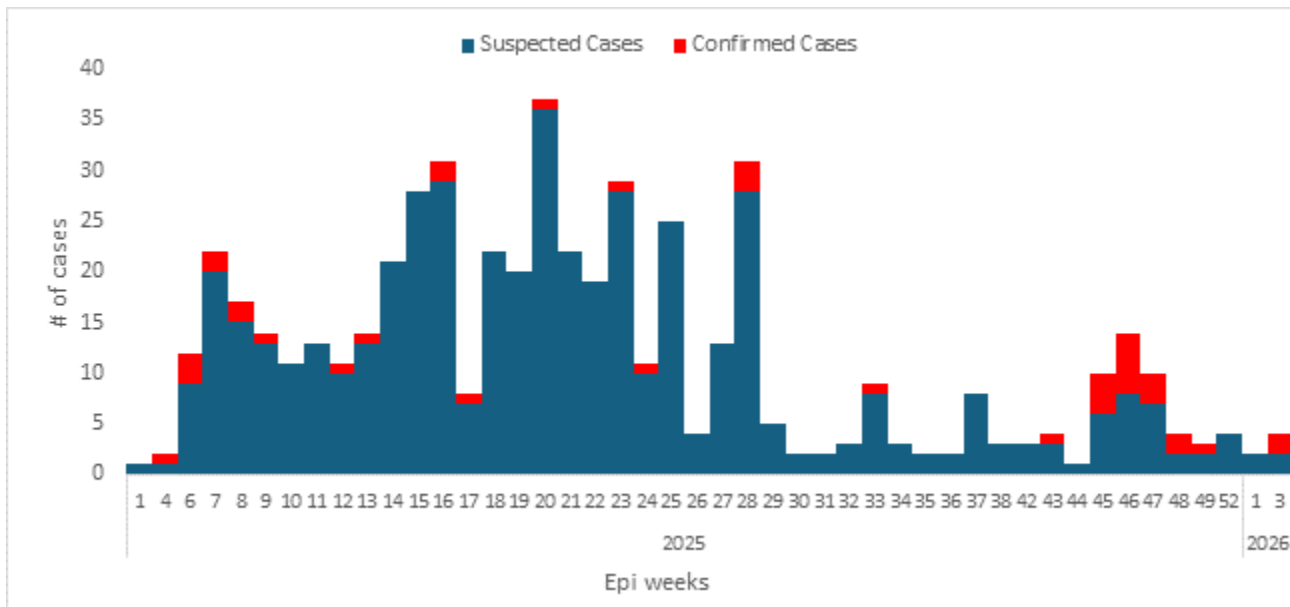
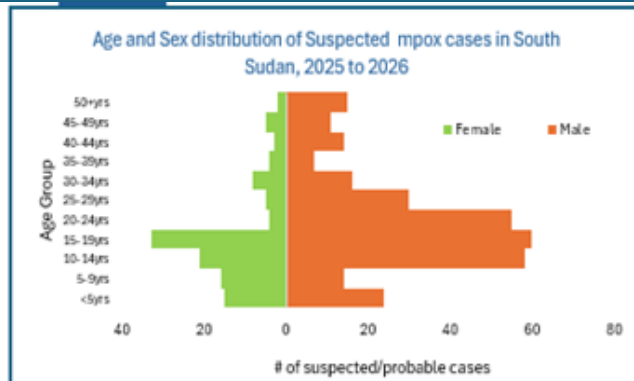
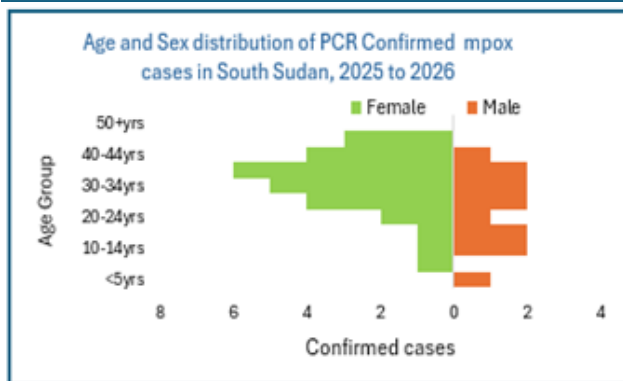
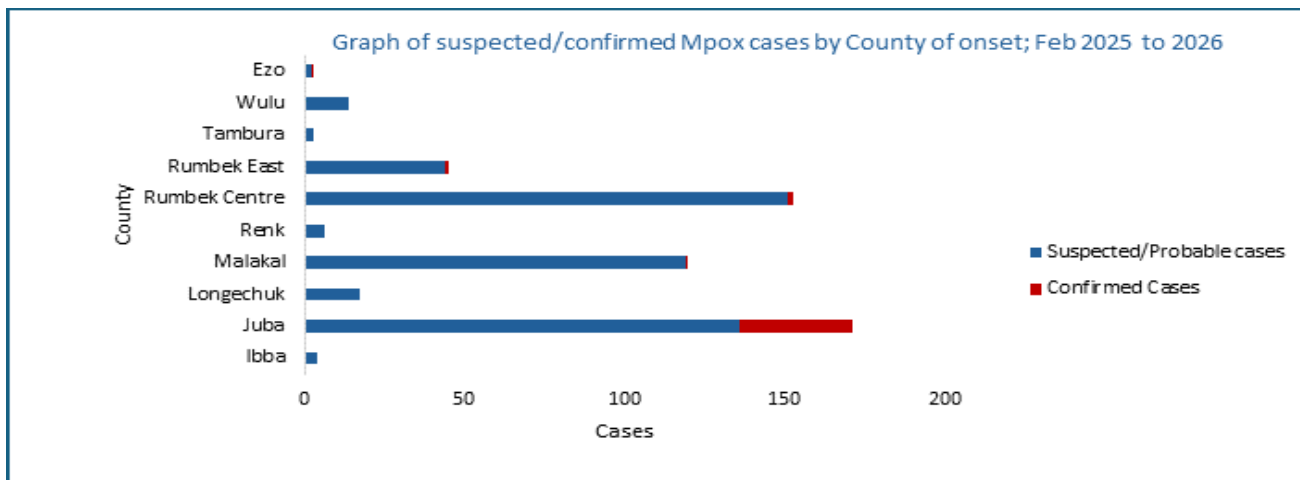


Figure 11: Mpox cases by county, age, and sex in South Sudan, 2026 to January 2026



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) to review. 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 04 February 2026²

- As of February 4, 2026, a cumulative total of 97,929 cases and 1,611 deaths (CFR: 1.6%, target < 1%), reported by 55 counties across 9 states and all 3 administrative areas (i.e., Ruweng, Greater Pibor, and Abyei)
- Of the total reported cases, a cumulative total of 96,246 (98.3%) are reported to have recovered and discharged, indicating a high recovery proportion. A total of 72 cases remain hospitalized across Cholera Treatment Centers (CTCs) and Cholera Treatment Units (CTUs) nationwide, with the highest concentrations in Duk (n=30), Mayom (n=22), and Panyijiar (n=10).
- During the last 7 days (epidemiological week with onset dates from 28 January to 03 February 2026), a total of 150 new cases and 3 deaths were reported across 6 counties, representing an increase compared to the 94 cases reported in the preceding week. Majority of the new cases came from Duk (78), Mayendit (31), and Panyijiar (29).
- Conduct OCV mop-up campaigns in counties with coverage <50% (e.g., Aweil Centre, Duk, Tonj North) and those with active transmission
- Since the outbreak began in September 2024, only 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%).
- Changes in new cases are expected to occur due to numerous factors, including population movement and poor sanitation conditions.
- In the vaccination Pillar:
 - ❖ 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)
 - ❖ As part of 30-Day Cholera Knockout Plan, OCV mop-up campaigns conducted in 12 counties as well as Renk PoE and three payams in Nasir County reaching 322,726 (86.4%) out of a target of 373,579 individuals
 - ❖ Reactivate cholera treatment units (CTUs) and ORPs in the 13 priority counties
 - ❖ Conduct OCV mop-up campaigns in counties with coverage <50% (e.g., Aweil Centre, Duk, Tonj North) and those with active transmission
 - ❖ For more information on the ongoing Oral Cholera Vaccination campaigns herein is the link for the dashboard.

² This report Updates generated for NSC meeting on 5 February 2025

Figure 11: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, Wk39 of 2024 to Wk03 of 2026

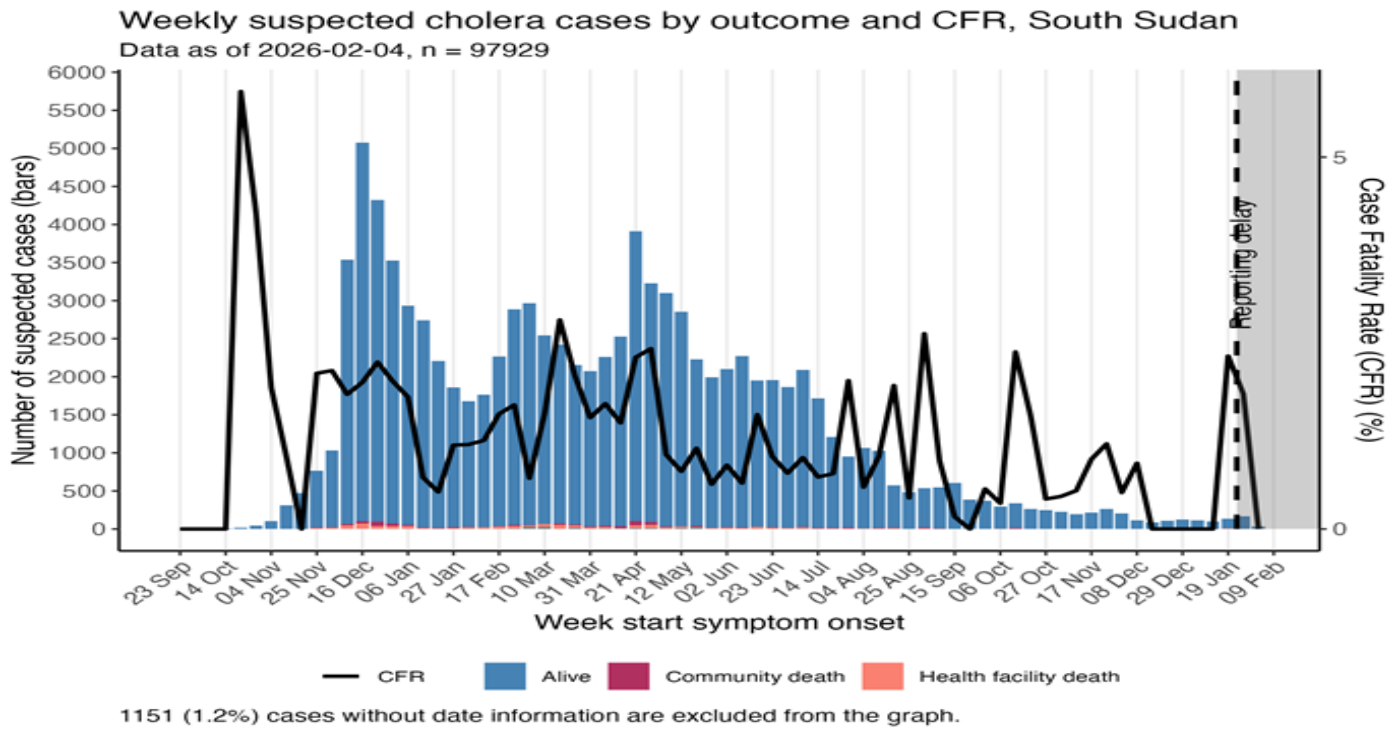
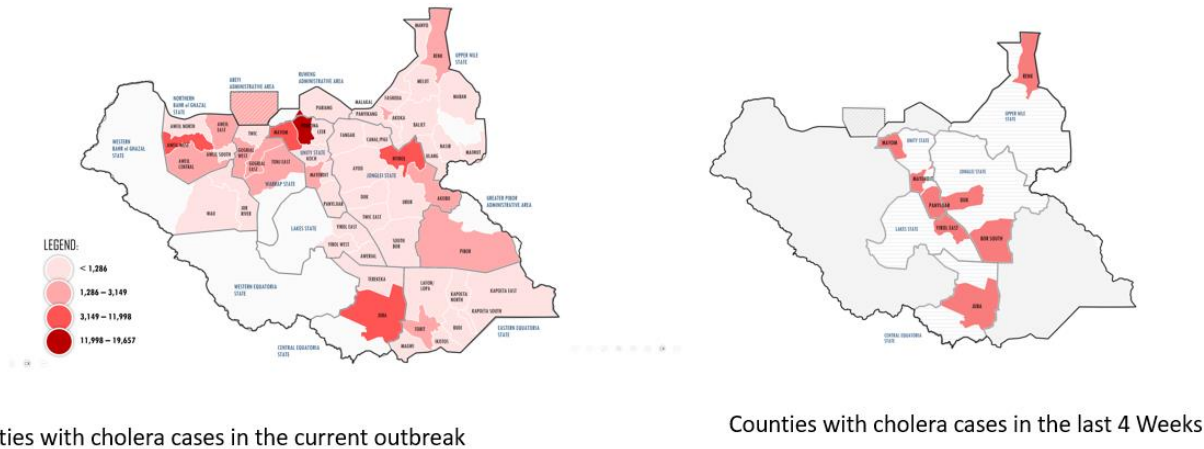


Figure 12: Map showing Cholera Case counts by Counties of South Sudan with progress from the last 4 weeks



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.

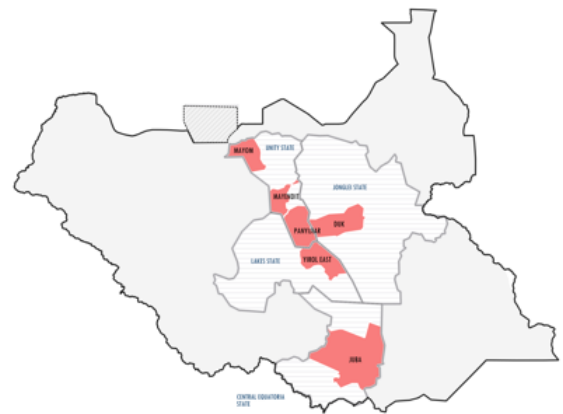
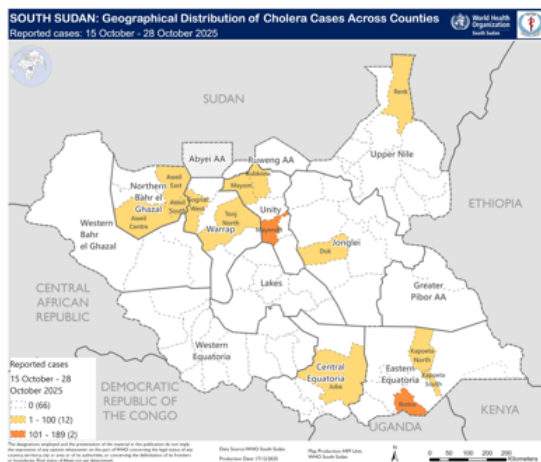
Before the 30-Day Cholera Knockout Plan (October 15-28, 2025):

- 14 counties
- 29 payams
- 601 cases
- 14 deaths (CFR: 2.3%)

After completion of implementation of the 30-Day Cholera Knockout Plan (Jan 25 - Feb 02, 2026):

- 7 counties
- 14 payams
- 301 cases
- 11 deaths (CFR: 3.7%)

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



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

Cholera-affected counties (Jan 25-Feb 02, 2026)

3. Circulating Vaccine Derived Polio Virus Type 2 (cVDPV2) outbreak³

- In the week ending 5th February 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

³ GPEI Coordination Updates provided on 4th January 2026

sample collected on 17th December 2024.

- Polio Program Updates
 - a. State based Integrated VPDs review meeting has commenced until 20 February 2026
 - b. Stockout of bOPV2 and other traditional vaccines in the country was reported during EPI TWG meeting on 29 January.
 - c. SIA Core Team Meeting had a meeting from 29-30 January to review R1 SNIDs campaign by UNKEA and the status of the upcoming R2 SNIDs from 10-13 February 2026.
 - d. With improved access R1 and R2 SNIDs campaign with nOPV-2 will be implemented in Nagero County, Western Equatoria State from 24-27 February 2026..
- AFP Surveillance performance as at Week 03
 - a. During the week ending 5th February 2026, a total of 24 Acute Flaccid Paralysis (AFP) cases were reported, compared to 14 cases reported during the corresponding period in 2025.
 - b. The cumulative number of AFP cases detected for the ending year (2025) was 459 cases translating into the NP-AFP rate of 6.16 per 100,000 population
 - c. Out of the cumulative visits of 1,169 ISS visits for 2026, Week 4 has 358 ISS visits compared to 379 ISS Visits for the previous week.
 - d. Collection of environmental wastewater samples commenced on 26 Jan 2026.
- Priority Interventions for the coming week.
 - a. GPEI partners to support and monitor the ongoing state based Integrated VPDs review meeting.
 - b. SIA Core Team to continue to monitor the progress of vaccination in the 4 inaccessible counties of the Upper Nile State
 - c. MOH and GPEI partners to address stockout of bOPV2 and other traditional vaccines in the country.
 - d. SIA Core team to follow up on the planned R1 and R2 SNIDs campaign in Nagero county of Western Equatoria state from 24-27 February 2026.
 - e. Advocacy with the partners (HSTP implementing partners or local NGOs) to support active surveillance for acute flaccid paralysis (AFP)

4. Anthrax

- During epidemiological week 03 of 2026, there was two new human anthrax case reported and no deaths reported from Gogrial West County of Warrap State. This brings the cumulative total number of human anthrax cases reported in 2026 to 216 cases, with 195 reported in Western Bahr El Ghazal and 39 from Warrap. Two deaths resulted in a case fatality rate (CFR) of 0.9%.
- Since the outbreak was first detected in 2024, the cumulative total number of human Anthrax cases reported was 395 and 5 related deaths, causing a CFR of 1.3%.

Ongoing Anthrax outbreak response Interventions

- Coordination of Weekly meetings for outbreak containment.
- Periodic multi-sectoral Rapid Response Team investigations to review changes in epidemiology and aid decision-making.
- Surveillance: Anthrax definitions shared; health workers trained and reporting cases; community searches ongoing.
- Case Management: Currently treating three human cases using the WHO provided medical kits and guidelines.
- Community Engagement: Educational materials developed; radio messages initially broadcasted have

since stopped due to limited funding; need for more health promoter involvement.

- Vaccination: No human vaccinations BUT there have been 1,741 animals vaccinated.
- Partnerships: WHO and FAO collaborating very well and One Health Day event in December 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

- As at epidemiological week 03 of 2026; the cumulative number of suspected measles cases were reported as 135 from 6 counties. Investigation was conducted and eight samples were collected for confirmation in the Public Health reference laboratory in which 3 samples out of the eight samples tested Measles IgM positive.
- Out of 135 suspected measles cases reported, only three of all 135 measles suspected cases were reported as vaccinated against measles. Secondly, 80% of the unvaccinated suspected measles cases are aged less than 5 years, demonstrating that selective routine Immunization (RI) and/or supplementary immunization activities (SIA) to children under the age of five years is adequate to control outbreaks.
- 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% 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 yet confirm the suspected measles outbreaks in Abyei Administrative Area, Tonj East and Tonj South of Warrap state. Notably, there is an ongoing investigation of a suspected measles outbreaks in Juba and Terekeka (in Central Equatoria).

Figure 14: Epidemic curve of measles cases in South Sudan; Week 03 of 2026

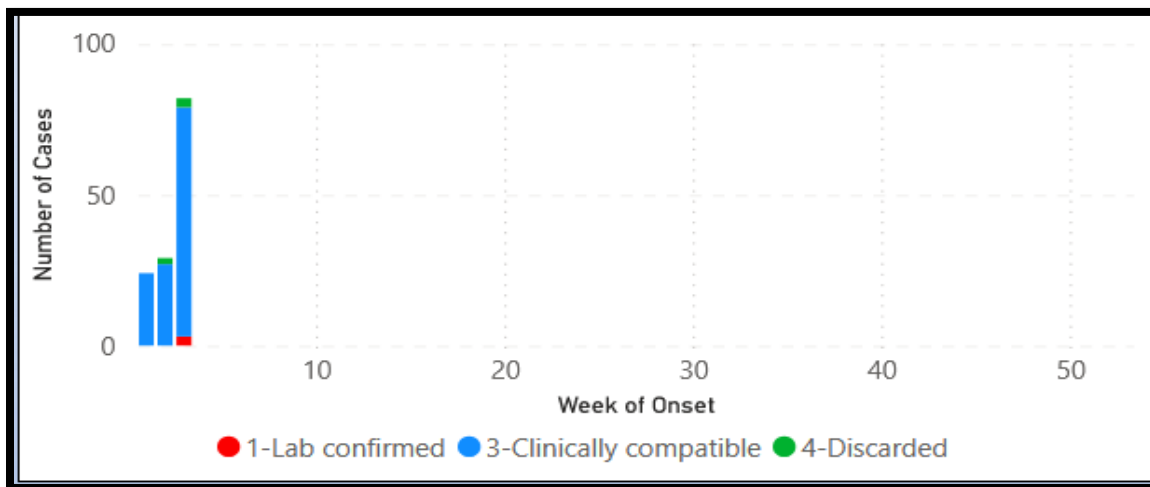
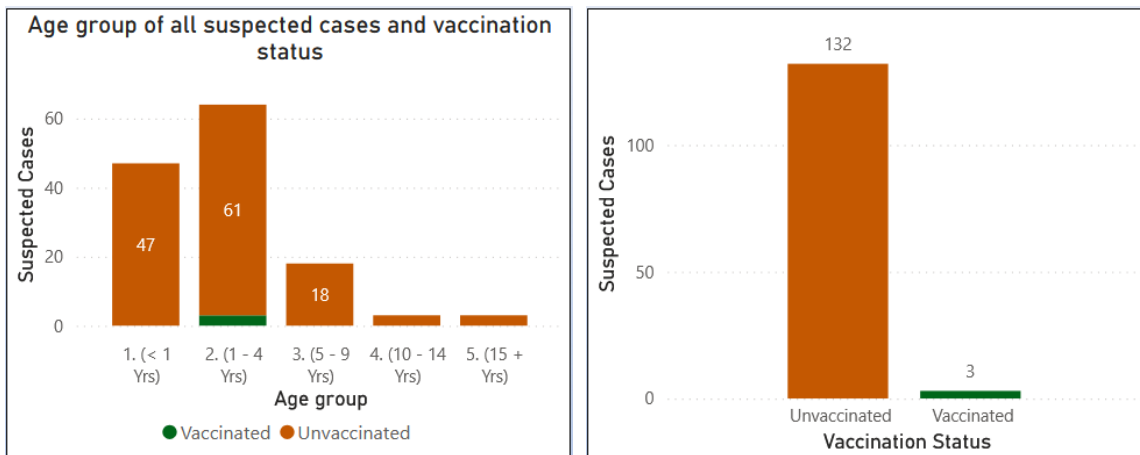


Figure 15: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 03 of 2026

⁴ Refer to the Measles Dashboard for South Sudan, 2026



6. Hepatitis E outbreak

- During week 03 of 2026, there were eight new suspected cases of Hepatitis E virus disease and zero death reported, with 2 tested positive by RDT bringing the total RDT positive cases 2762 since the onset of the outbreak in 2028.
- Cumulatively, a total of 9,395 Hepatitis E cases and 146 deaths have been reported, resulting in a 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 in wk 03 of 2026. The highest number of Hepatitis E cases were reported in Aweil West (5 cases), but Aweil East also reported 3 cases.
- Sex-disaggregated analysis indicates that the outbreak has affected males and females equally, with each sex accounting for 50% of the total reported cases since the onset of the outbreak in 2018.
- Age-stratified analysis indicates that individuals aged 15–44 years represent the most affected age group across 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 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

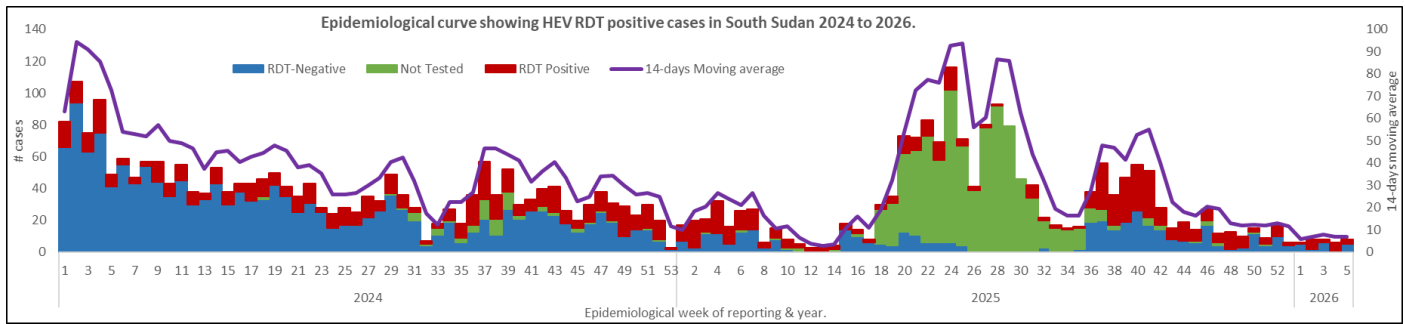


Figure 17: Distribution of suspected Hepatitis E Virus Cases by age and gender in South Sudan; 2026

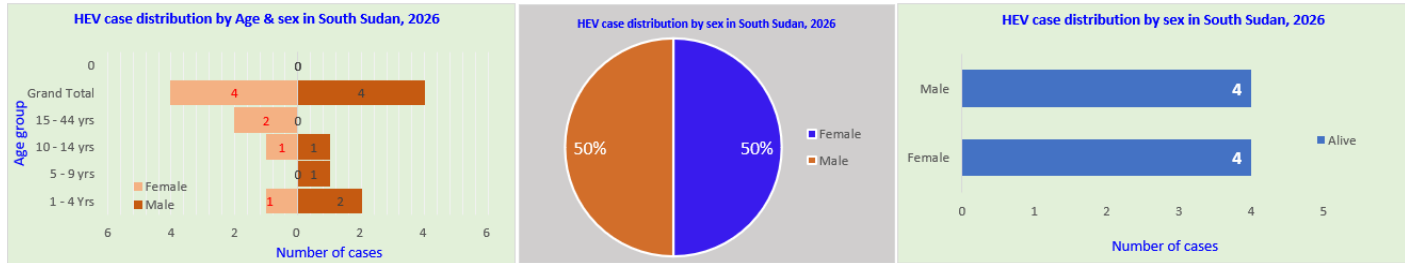
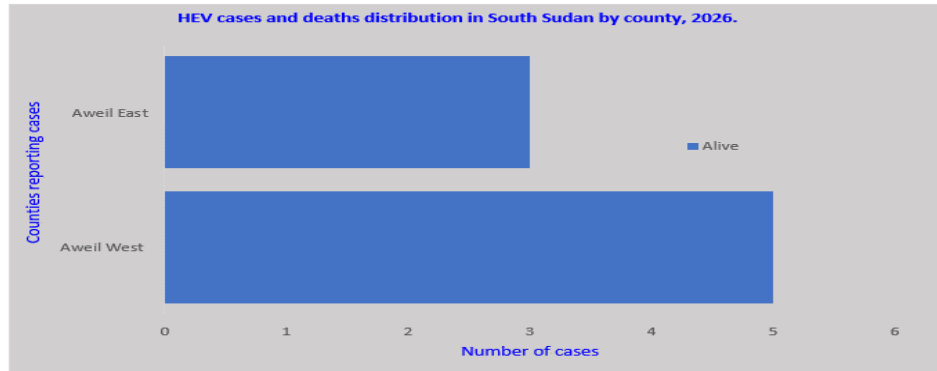


Figure 18: Distribution of Hepatitis E cases and deaths by county of South Sudan; Week 03 of 2026



Other Events

Sudan crisis⁵: As of 5th February 2025, a cumulative total of 334,359 households, containing 1,329,415 individuals (698,006) Females and (631,409) Males) from 18 different nationalities, had crossed the border. Of this number, 67.2% (893, 367) are South Sudanese returnees, while 32.2% (428,072) 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.

Renk County Health Cluster Updates:

- The head count conducted in the Renk County Transit Center between 23-26 January 2026 showed that the total population in transit camps was **8,374 individuals**
- There are three outbreaks affecting Renk County namely Cholera, Measles and Hepatitis E virus disease. In the week ending 4th February 2026 there were:
 - No new suspected Cholera cases reported from Renk County Hospital CTU keeping the total cumulative number of cases to 1,567

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

- One (01) new suspected measles case was reported, bringing the cumulative total of measles-like illness to 75.
- One (01) new suspected case of Hepatitis E virus disease reported during week, increasing the cumulative caseload for HEV disease to 1,149 suspected cases.

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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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