Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 04
19 January *to 25* 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 1200 functional health facilities. The reporting facilities include public (1162) including 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 4 of 2026, IDSR reporting timeliness declined to 69%**,** down from **7**8% in Week 3**.** Reporting **completeness reached 87%**, an improvement from 86% attained in the previous reporting, week 3. Of the thirteen states and administrative areas, seven achieved the required ≥80% reporting completeness, while Abyei Administrative Area, Jonglei, Upper Nile, and Western Bahr el Ghazal fell short of the target. Lakes state, Unity state and Ruweng Administrative Area remain the only sub-national units maintaining 100% completeness for IDSR reporting in 2026. At the EWARN mobile sites, both reporting timeliness and completeness were 78% respectively**.**
- **EWARS Alerts Management:** In week 4 of 2026, a total of 98 alerts were generated through EWARS, with an improved 79% verification rate. Cumulatively, 740 alerts have been reported from weeks 1–4, with an overall 66% verification rate. Among the administrative areas, only Abyei reported a notifiable disease alert this week. Most alerts were due to ARI (39%), Guinea Worm (32%), Cholera (8%), and Measles (7%), with 100% verifications rates reported in 10 states except for Warrap, Upper Nile and Western Bahr el Ghazal.
- **Mpox Outbreak:** By the week ending 29 January, a new Mpox case was confirmed in Ezo county. A cumulative 507 suspected Mpox cases were reported across five states, with 236 samples tested and 40 confirmed cases, predominantly from Juba County (35 cases), and in Rumbek Center (2), Malakal (1), Rumbek East (1), and Ezo County (1).
- **Cholera outbreak:** In the week (21-27 January 2026), 146 new cases and 7 deaths were reported across 4 counties, up from 73 cases the previous week. New cases: Duk (83), Panyijiar (30), Mayendit (26), Mayom (7). Deaths: Duk (4), Panyijiar (3). Comulatively, 97,752 cases and 1,607 deaths (CFR: 1.6%), with 96,072 recoveries have been reported since September 2024.
- **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 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 6 of 2026, the timeliness of IDSR reporting was 69%, and the completeness was 85%, displaying a decrease in both timeliness and Completeness of IDSR reporting when compared to the previous week 3.

Table 1: *Timeliness and completeness of IDSR reporting by State for week 04 compared to week 03 of 2026*

State	Total facilities	Number of facilities reported (Completeness Wk 4)	Comparison of the reporting period				Cumulative since year start of 2026	
			Timeliness		Completeness			
			Week 4	Week 3	Week 4	Week 3	Timeliness	Completeness
Lakes	114	114	75%	96%	100%	100%	91%	100%
NBGZ	81	67	75%	80%	83%	85%	70%	85%
Unity	105	105	95%	92%	100%	100%	92%	100%
WBGZ	90	71	29%	78%	79%	80%	51%	77%
WES	159	153	84%	83%	96%	90%	75%	96%
Jonglei	115	73	56%	71%	63%	72%	68%	71%
Warrap	86	84	72%	73%	98%	100%	71%	98%
EES	104	101	66%	58%	97%	95%	56%	94%
RAA	16	16	94%	88%	100%	100%	88%	90%
CES	119	96	79%	78%	81%	80%	82%	84%
AAA	21	16	33%	76%	76%	76%	42%	58%
Upper Nile	137	85	52%	63%	67%	69%	60%	66%
GPAA	15	14	87%	87%	93%	87%	88%	90%
Total	**1162**	**995**	**69%**	**78%**	**87%**	**86%**	**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 6, 2026.

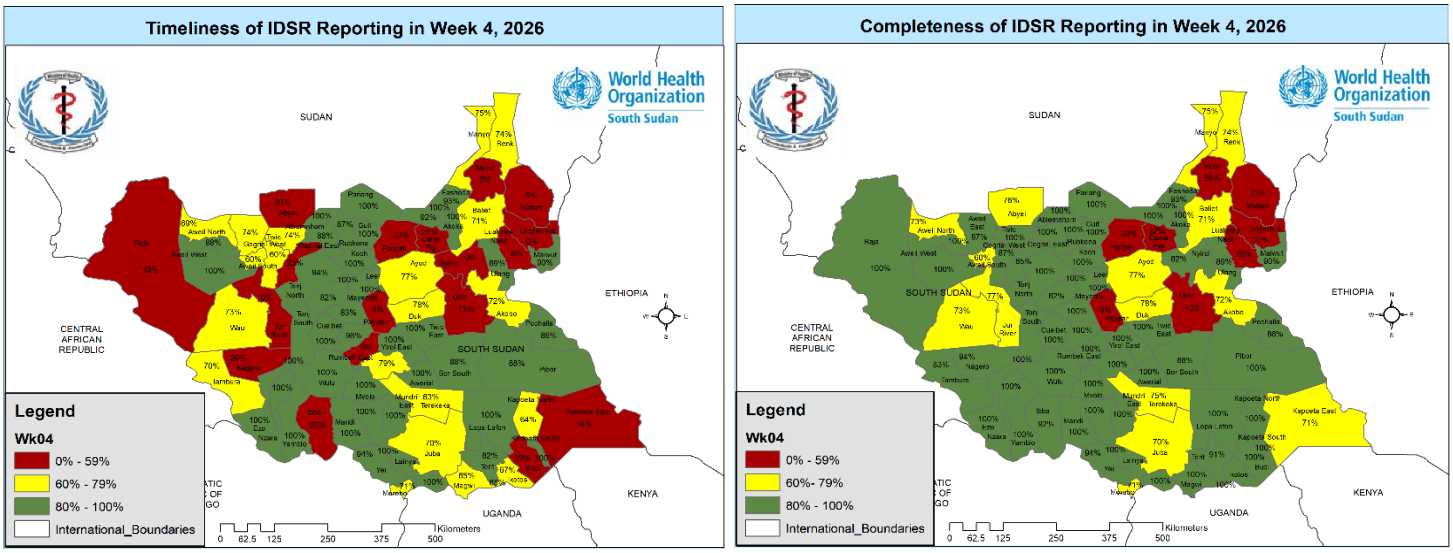
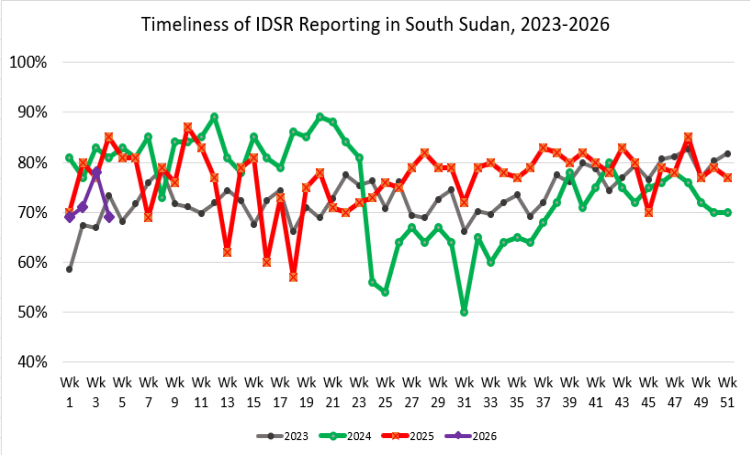


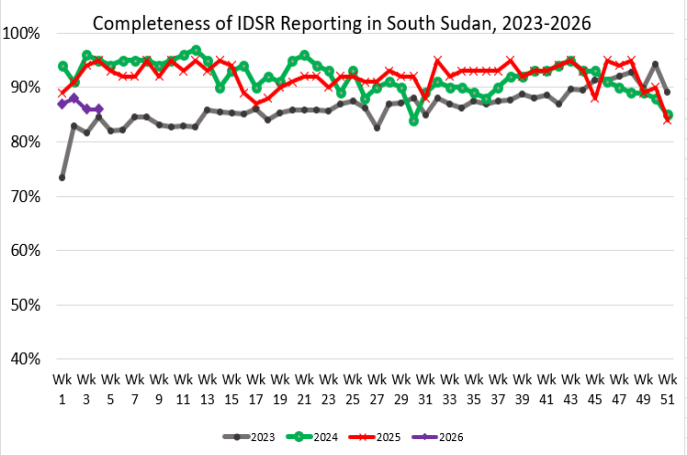
Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 4 of 2026.

IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for week 04, 2026							
Partners	# of Reporting Mobile Sites	% of Timeliness in week 04	% of Completeness in week 04	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 04	% of Completeness in week 04
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	67%	67%
CIDO	1	100%	100%	Juba	6	0%	0%
RI	1	100%	100%	Mangala	1	100%	100%
TOTAL	9	78%	78%	Munuki	9	100%	100%
				Rejaf	3	100%	100%
				TOTAL	30	67%	67%

Note: We would like to extend our heartfelt gratitude to all our partners for their unwavering dedication and exceptional performance in maintaining the standards of EWARN (Early Warning Alert and Response Network) reporting. The shock underreporting 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; 2024-2026.





Epidemic alerts

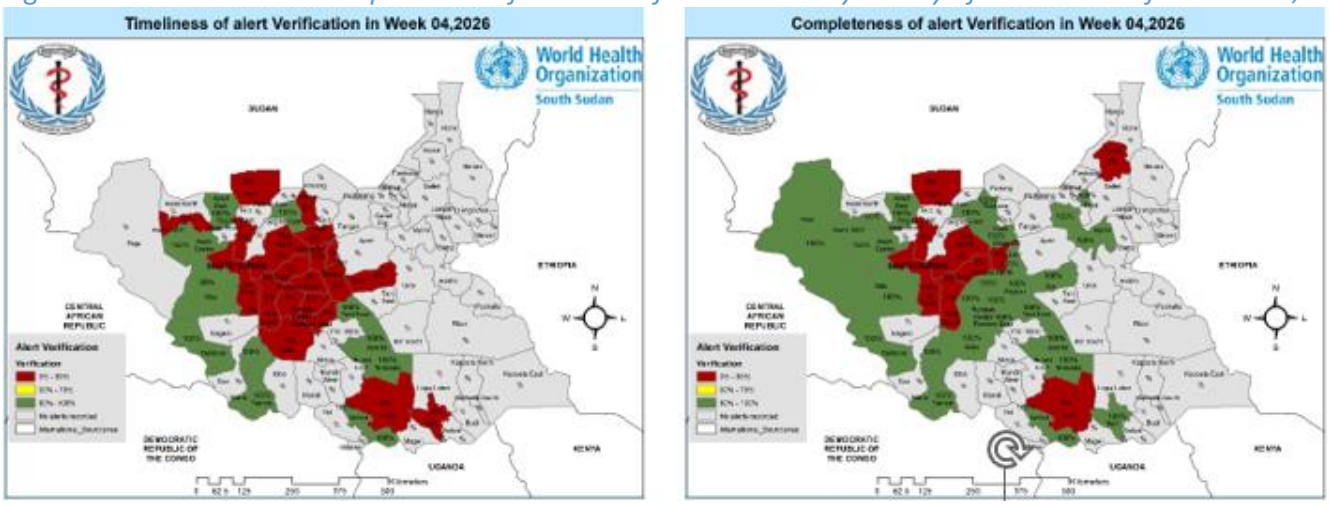
In epidemiological week 4 of 2026, a total of 98 alerts were triggered in the EWARS system. Of these, 79% (78 alerts) were verified, marking a continued improvement in verification performance. Cumulatively, from week 1 to week 4, EWARS recorded 936 alerts, with an overall verification rate of 79%. Of the verified alerts, 5 alerts were risk assessed and 2 required a response.

Among the three administrative areas, Abyei was the only one that reported a notifiable disease alert during the week. Special recognition is extended to surveillance teams in the green-performing states for their improved alert verification efforts. The majority of alerts this week were for; Acute Respiratory Infections (39%), Guinea Worm (32%), Cholera (8%) and Measles (7%).

Table 3: *Summary of EWARS alerts triggered and verified in Epidemiological Week 4, 2026.*

Summary of EWARS alerts triggered and verified in Epidemiological Week 4, 2026.																						
	AJS		ARI		AFP		Cholera		Covid-19		Guinea Worm		Measles		NNT		VHF		Yellow Fever		Total	
Row Labels	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V
AAA	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
CES	0	0	3	3	1	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	5	4
EES	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Jonglei	0	0	7	7	0	0	2	2	0	0	2	2	0	0	0	0	0	0	0	0	11	11
Lakes	1	1	8	8	0	0	0	0	0	0	15	15	0	0	0	0	1	1	0	0	25	25
NBGZ	0	0	3	3	0	0	0	0	0	0	1	1	1	1	0	0	0	0	0	0	5	5
Unity	0	0	8	8	0	0	5	3	0	0	0	0	0	0	0	0	0	0	0	0	13	11
Upper Nile	1	0	1	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	3	1
Warrap	0	0	0	0	0	0	0	0	0	0	6	0	3	0	0	0	0	0	0	0	9	0
WBGZ	0	0	4	4	0	0	0	0	0	0	6	1	1	1	0	0	0	0	0	0	11	6
WES	1	1	3	3	2	2	1	1	1	1	1	1	2	2	1	1	1	1	1	1	14	14
GPAA	0	0	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	0	0
Grand Total	**4**	**3**	**38**	**37**	**3**	**3**	**8**	**6**	**1**	**1**	**31**	**20**	**7**	**4**	**2**	**1**	**3**	**2**	**1**	**1**	**98**	**78**

Figure *3: Timeliness and Completeness of Alerts Verification rates by county of South Sudan for week 04, 2026*



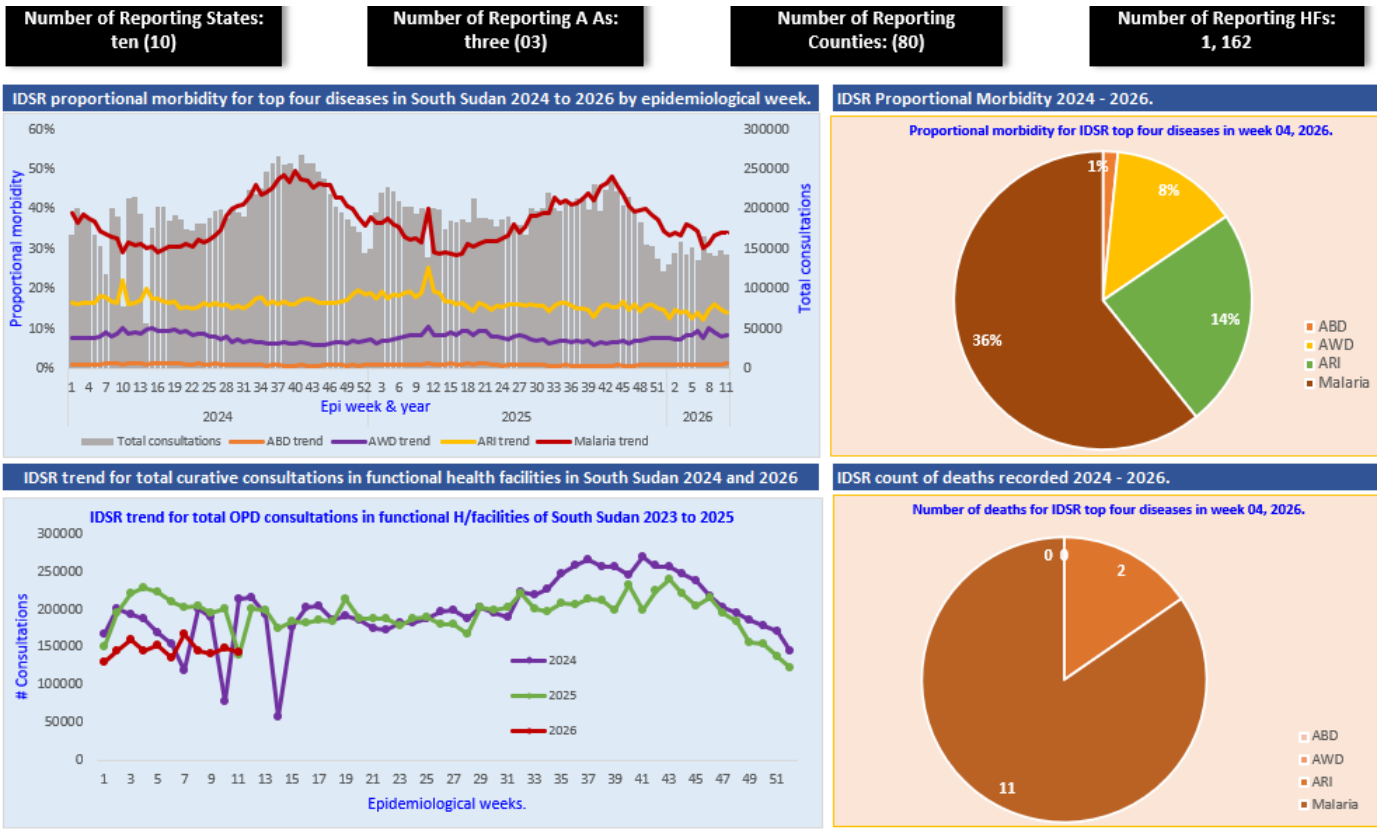
Weekly Update on Indicator-Based Surveillance (Week 04 of 2026)

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 04 of 2026, a total of 143,728 morbidity-related consultations were reported across South Sudan from 1,162 functional health facilities, both public and private. Malaria remained the leading cause of morbidity, accounting for 36% (52,227) of all reported cases and 11 related deaths. This was followed by acute respiratory infections, which contributed 14% (20,415), and acute watery diarrhea, which accounted for 8% (11,928) 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.

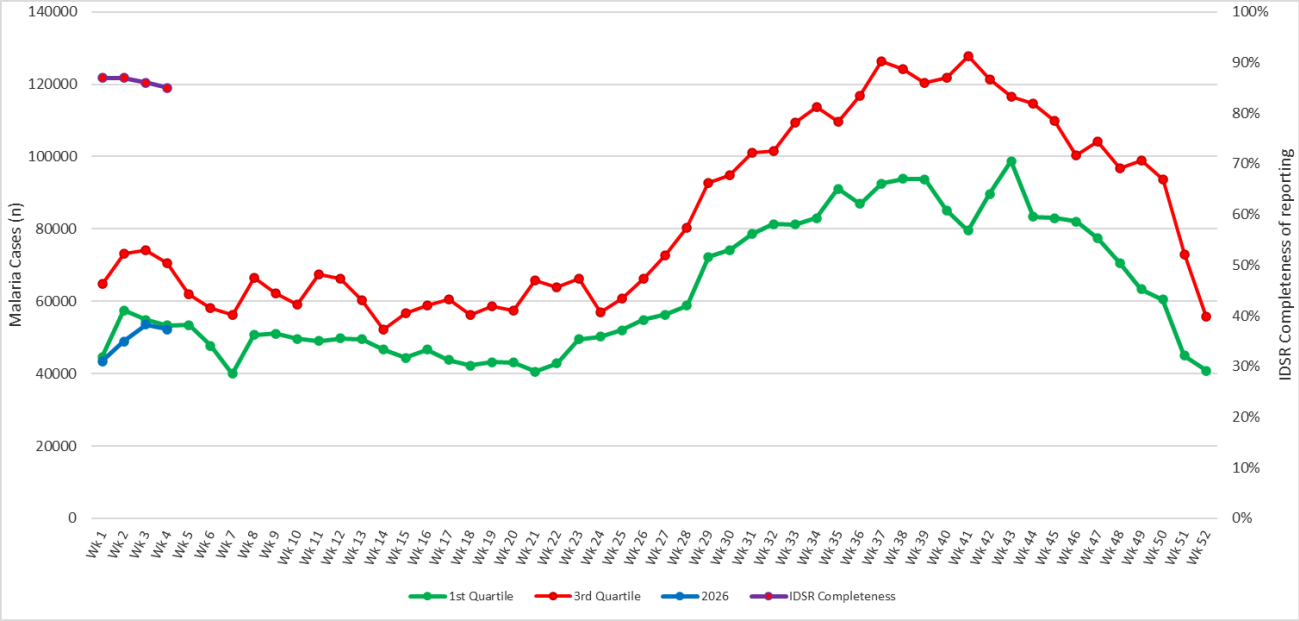
Figure 4: **Proportional Morbidity of top 4 IDSR priority diseases reported as of week 04 of 2026.**



1. Malaria Updates

In week 04 of 2026, malaria remained the leading cause of illness, with 52 227 reported cases and related 11 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.

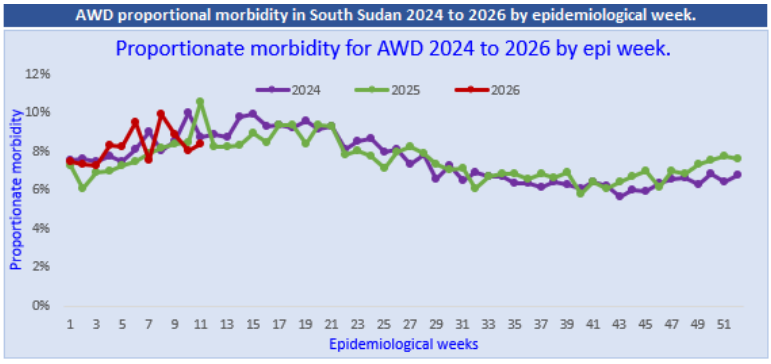
Figure 5: Normal Malaria Transmission Channel for South Sudan; Updated at Week 04 of 2026

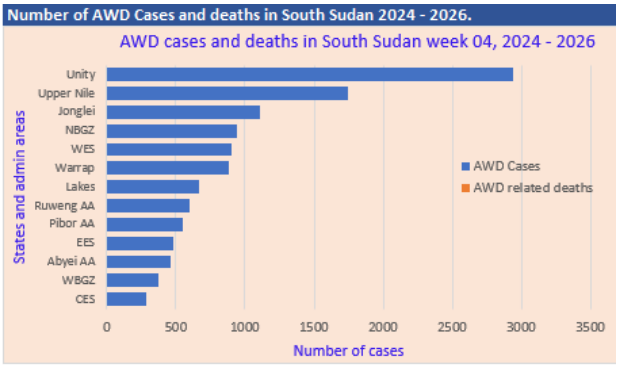


2. Acute Watery Diarrhoea

During the epidemiological week 4, Acute Watery Diarrhoea (AWD) was the third leading cause of morbidity, causing 11,928 OPD consultations and zero (0) related deaths. After one year of the cholera outbreak, AWD cases remained within normal ranges. The AWD dashboard, developed in 2025, has been carried forward into 2026 as our analytic tool for visualizing trends and weekly data by geography, which aids targeted investigations for early outbreak detection. Morbidity patterns for acute watery diarrhoea (AWD) remain consistent with those reported during similar periods in 2025.

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





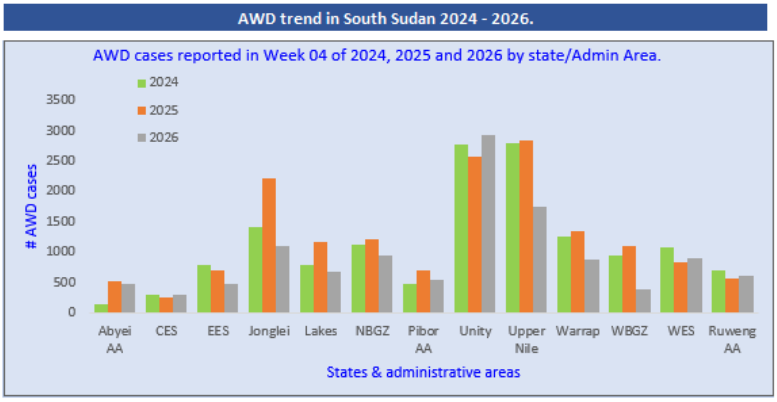


Table of AWD cases and deaths week 04, 2024 - 2026.

State/Admin Areas	AWD Cases	AWD Deaths	CFR
CES	284	0	0.00%
WBGZ	377	0	0.00%
Abyei AA	464	0	0.00%
EES	484	0	0.00%
Pibor AA	545	0	0.00%
Ruweng AA	603	0	0.00%
Lakes	668	0	0.00%
Warrap	879	0	0.00%
WES	899	0	0.00%
NBGZ	942	0	0.00%
Jonglei	1103	0	0.00%
Upper Nile	1743	0	0.00%
Unity	2937	0	0.00%
Grand Total	11928	0	0.00%

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 04 of 2026 continues 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 4 of 2026.

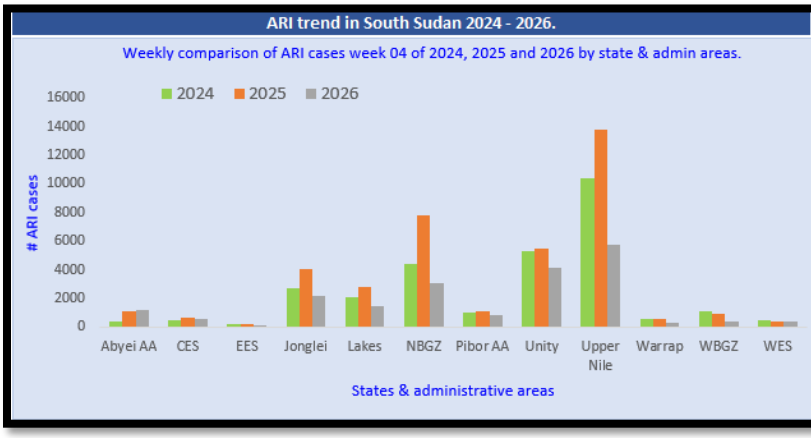
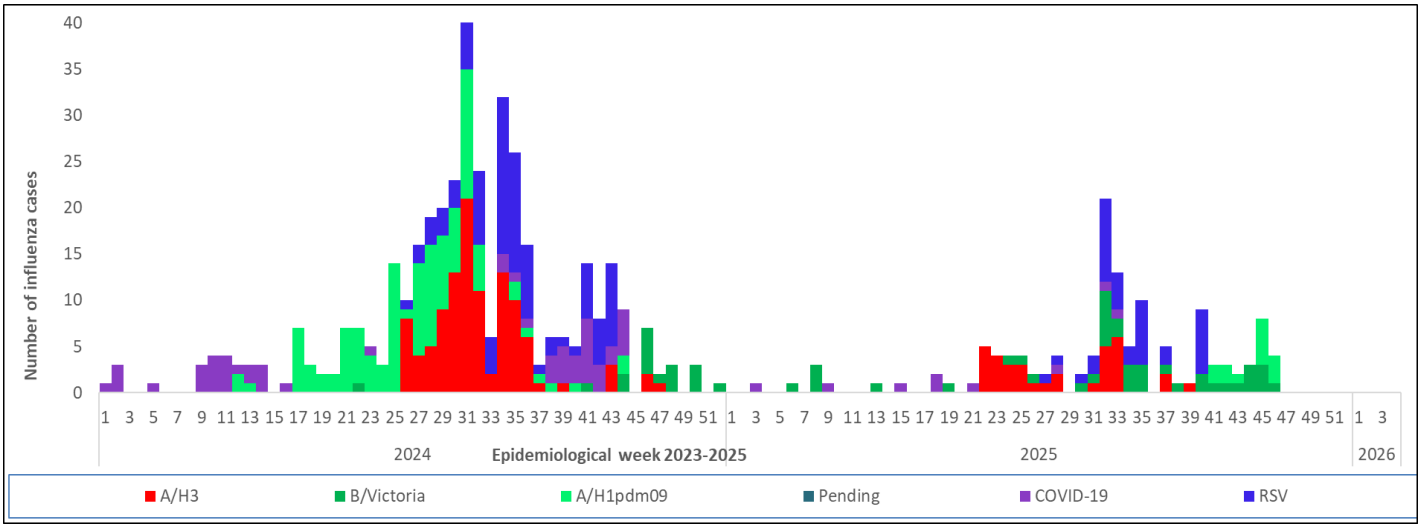


Table of ARI cases and deaths week 04, 2024 - 2026.

State/Admin Areas	ARI Cases	ARI Deaths	CFR
EES	71	0	0.00%
Ruweng AA	136	0	0.00%
Warrap	269	1	0.37%
WES	388	0	0.00%
WBGZ	424	0	0.00%
CES	538	0	0.00%
Pibor AA	855	0	0.00%
Abyei AA	1161	0	0.00%
Lakes	1418	1	0.07%
Jonglei	2183	0	0.00%
NBGZ	3056	0	0.00%
Unity	4143	0	0.00%
Upper Nile	5773	0	0.00%
Grand Total	20415	2	0.44%

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 04 of 2026.



During Epidemiological Weeks 4 in 2026, a total of 45 ILI/SARI samples have been collected; 45 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. After 9 weeks of no single sample testing positive, the laboratory has embarked on testing kits validation and re-testing of their negative samples as an internal quality control strategy to confirm the prolonged drought.

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 samples were processed at the national Public Health Laboratory, and using molecular testing techniques (PCR), 11 samples were positive for Haemophilus influenzae type b, while the remaining two were negative. An attempt to culture the CSF yielded only one isolate, reconfirming Haemophilus influenzae type b on 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 a stockout of ELISA test kits.

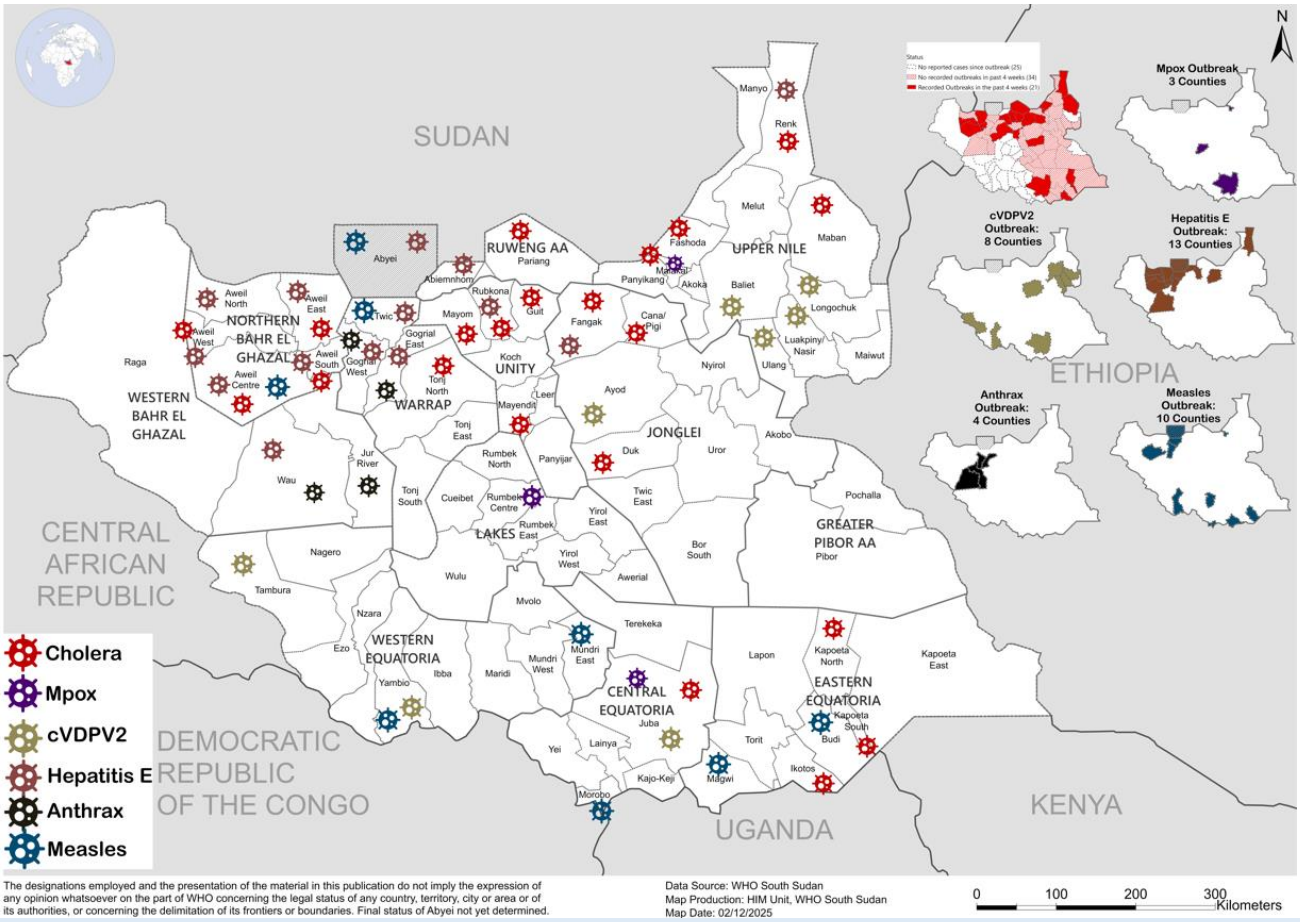
It's important to note that there are 5 active outbreaks carried over from previous years: Anthrax, cholera, cVDPV2/Polio, hepatitis E, mealses and Mpox.

South Sudan has a multi-disease National Steering Committee that coordinates response interventions to mitigate transmission and spread of several outbreaks. The National Steering Committee operates an IMS structure with all pillars also activated for readiness operations. The multi-disease national steering committee meets every Thursday at 9:00am. Below is a summary table and a map of the confirmed emergencies generated from the IMS/Pillar updates received at the meeting on 12th February 2026.

Table 4: *Summary of ongoing and confirmed epidemics as of 12th 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	7	514	46	8	Planned	Yes	Yes
Cholera	In 55 counties of 9 states and 3 AAs	Sept 2024	100	98,195	12,601	100	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	6	9,394	2, 762	32	Ongoing in Renk County	Yes	Yes
cVDPV2	Yambio, Juba, Ulang, Nasir, Baliet, Ayod, Old Fangak	19/Dec 2023	0	26	26	0	Sub-national nOPV2 SIAs completed	Yes	Yes
Anthrax	Gogrial West (WRP) and Jur River (NBG)	2022	0	365	4	0	Not explored	Yes	Yes

Figure 9: *Map showing confirmed and active outbreaks by county of South Sudan, as of 12th February 2026.*



Response activities for ongoing/suspected outbreaks

1. Mpox outbreak[1]

- As of the week ending 12th February 2026**,** 7 new suspected Mpox cases (2 from Ezo, 1from Juba, 1 from Nzara and 3 from Yambio) were reported. All 7 suspected cases were investigated with a lesion swab. Laboratory report was completed on 4 samples, 1 sample was rejected, and 2 samples are pending.
- Two new Mpox positive cases were reported in this week (1 from Yambio and 1 from Ezo counties). The cumulative total number of confirmed Mpox cases, since the outbreak was first declared on 7th February 2025, became 46 (36 in Juba, 4 in Ezo, 2 in Rumbek Centre, 2 in Yambio and one each in Rumbek East and Malakal).
- There are three counties (Ezo, Juba and Yambio) that have active transmission of Mpox, having reported at least one case in the last 21 days. In all, the three counties have 8 active cases, with an additional 38 cases having recovered and discharged from voluntary home confinement.
- The age range of confirmed Mpox cases is from 1 to 46 years, indicating transmission across multiple age groups. However, the most affected age group is 20-44 years.
- Genomic sequencing of the first 11 confirmed specimens, conducted at the Uganda Virus Research Institute, identified Mpox Clade 1b. Subsequent phylogenetic analysis demonstrated close genetic relatedness to Mpox strains currently circulating in Uganda, corroborating epidemiological linkages and suggesting possible cross-border transmission dynamics.
- An Mpox response acceleration plan has been developed and formally endorsed by the state task forces

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

in Central and Western Equatoria states. These response acceleration plans will serve as a blue print for coordination and response mobilization.

- The County RRTs, are conducting the active surveillance and field tracing of the identified contacts, contacts.
- Active surveillance for suspected Mpox cases continues nationwide, with a focus on a) health facilities in the border counties, b)STI/HIV clinics as the genital lesions have been associated with stigma.
- Among the confirmed Mpox cases, 65% are females and 35% are males. Contrary, the ratio of female to male amongst suspected Mpox cases is 30% to 70%. This highlights the significant number of suspected cases reported during the outbreak in the male prisons of Rumbek Center and Juba .
- 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-years 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 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.

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

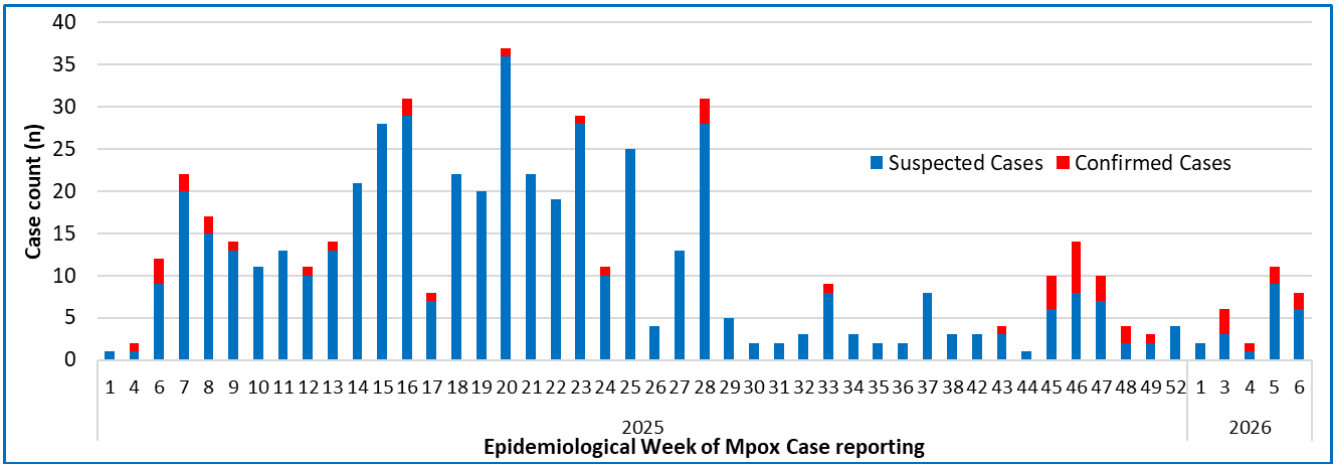
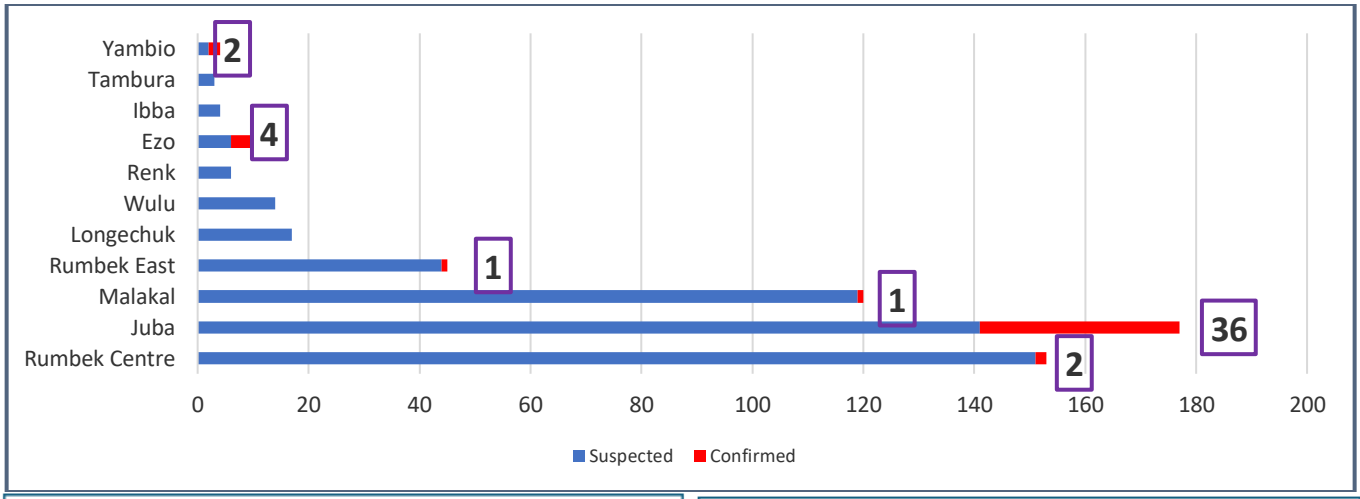
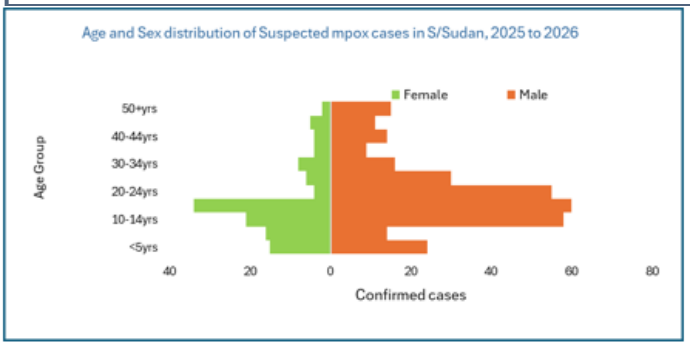
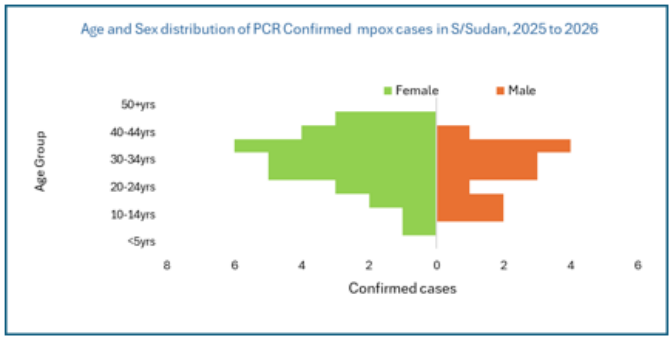


Figure 11: Mpox cases by county, age, and sex in South Sudan, 2026 to 12th February 2026







Priority interventions for Mpox Response as at 13th February 2026

1. **Coordination of Mpox response**
   - ❖ Activation of State task-forces for Mpox response management (preferably leveraging the state "one health" MCMs)
   - ❖ State or county specific Mpox response plans (outlining what can be done locally and what needs support from NSC)
2. **Mpox Surveillance Intensification**
   - ❖ Active search for Mpox rashes at Facility and community levels
   - ❖ Incentives for Mpox case search (in health facilities and communities)
3. **Targeted Promotion of Mpox Integration with HIV/AIDS/STI** programming
   - ❖ Sensitize all 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
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
   - ❖ Supply of anti-viral and anti-pyretic medicines
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
   - ❖ Disseminate the guidelines for prevention of community transmission of Mpox
6. **Mpox Vaccination**
   - ❖ Emergency SSITAG scheduled for Friday 20th to consider the new ICG product of LC16M8 in addition to the approved MVA-BN

- ❖ Process an official MOH donation request, to overcome the co-financing barriers that failed MVA-BN application

2. South Sudan Cholera Outbreak Updates as of 13th February 2026[2]

- As of 12th February 2026, the cholera outbreak has reached a total of 98,195 cases and 1,619 deaths (CFR: 1.6%, target < 1%). The outbreak spans 55 counties in 9 states, including all three administrative areas: Ruweng, Greater Pibor, and Abyei.
- A cumulative total 96,525 individuals have fully recovered, making up 98.3% of total cases, while 100 patients remain in various cholera treatment centers (CTCs), mainly in Duk (29 cases), Mayendit (24 cases), Mayom (22 cases), Ayod (13 cases) and Yirol East (11 cases).
- Although there was no newly infected counties since June 6, 2025, some hotspots, including Duk, Mayom, and Juba, continue to experience low but persistent new infections.
- In the past week (onset from 04 February 2026 to 10 February 2026), 100 new cases and 2 deaths were reported by 6 counties (down from the 150 new cases reported from the previous week)
- Despite ongoing challenges, 25 counties, including all 10 counties of Western Equatoria, have remained unaffected by the outbreak, showcasing some resilience during this crisis.
- In the vaccination Pillar:
    a) A total of 18 ICG applications had been completed, with the latest approvals coming in on 13th February 2026 for the planned response in targeted sub-county geographies of Duk, Panyijar and Yirol East
    b) OCV deployment has been completed in 46 counties in which a cumulative total of **8,688,484** vaccinated (**86.8%** coverage) vaccinated against cholera
    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.

Figure 11: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, Wk39 of 2024 to Wk6 of 2026

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

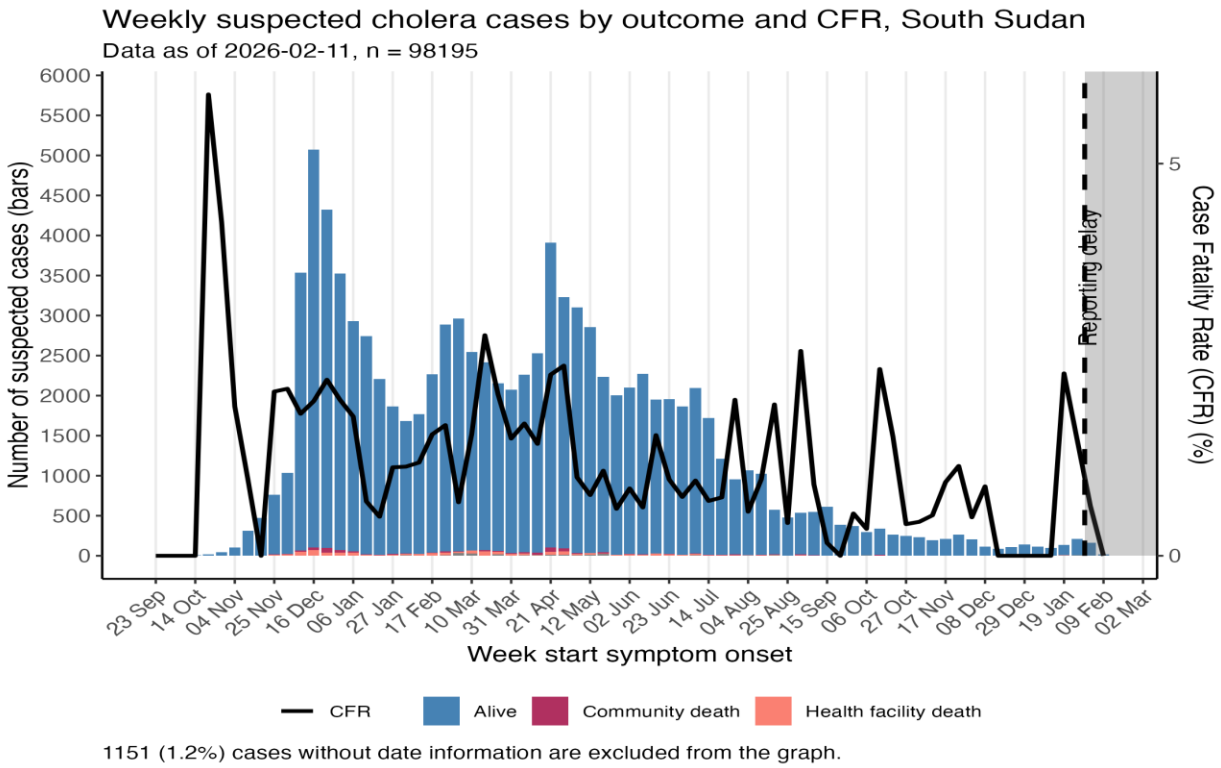
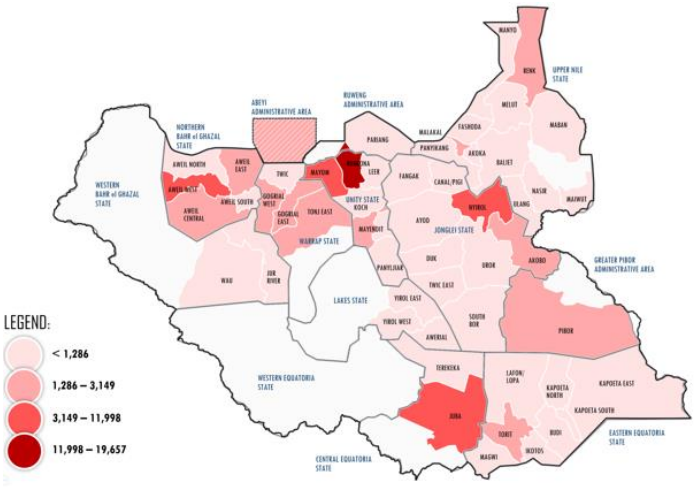
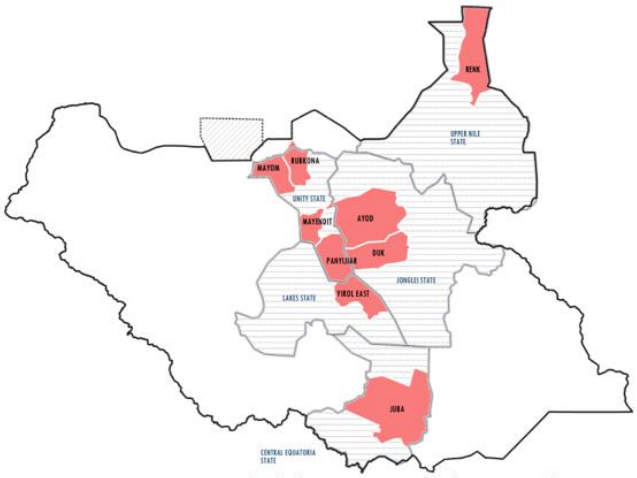


Figure 12: Map showing Cholera Case counts by County of South Sudan with progress from the last 14 days



Counties with cholera cases in the current outbreak



Counties with cholera cases in 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,

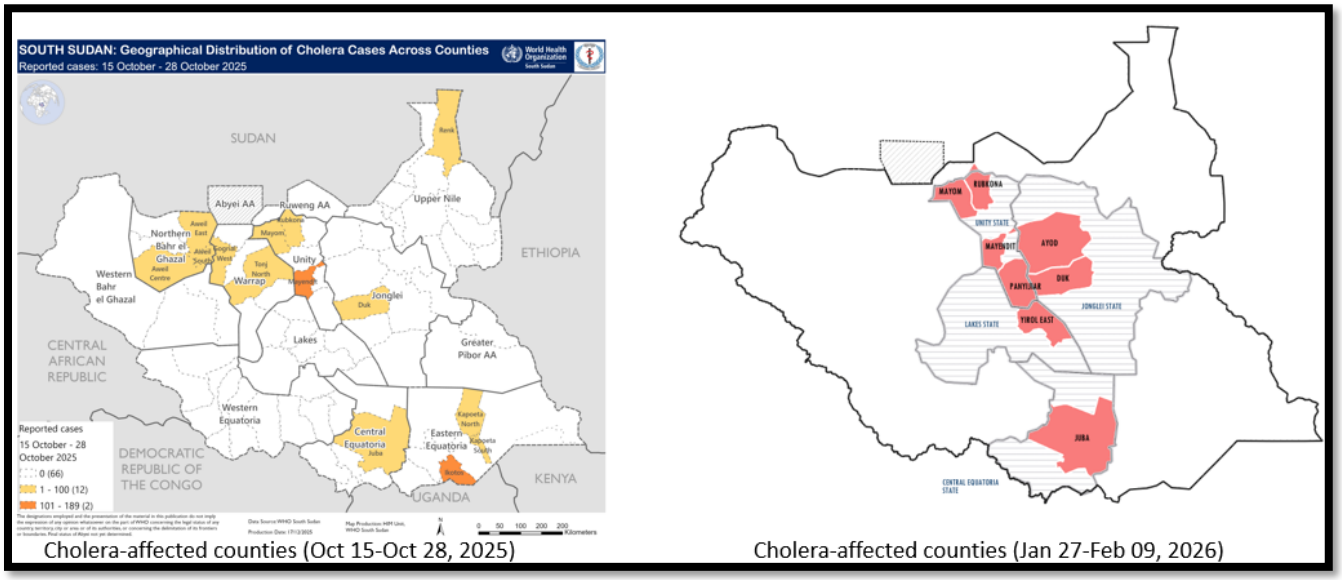
and Aweil South, and ensure a continuous supply of chlorine to community water points and water tankers. Conducted oral cholera vaccine (OCV) mop-up campaigns in counties with coverage below 50% (e.g., Aweil Centre, Duk, Tonj North) and in areas experiencing active transmission. Implement targeted risk 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 (January 26 - February 08) 2026):
- 8 counties
- 25 payams
- 295 cases
- 12 deaths (CFR: 4.1%)

Figure 13: Map of Pre and Post 30-day cholera knock-out plan



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

Cholera-affected counties (Jan 27-Feb 09, 2026)

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

- In the week ending 10th 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 sample collected on 17th December 2024.
- Polio Program Updates
    a. State integrated Polio/EPI review meetings are being finalized in the remaining 6 States
    b. SIA Core team, UNKEA and Upper Nile had a meeting on Mon 9 February to review the status of R2

[3] GPEI Coordination Updates provided on 18th February 2026

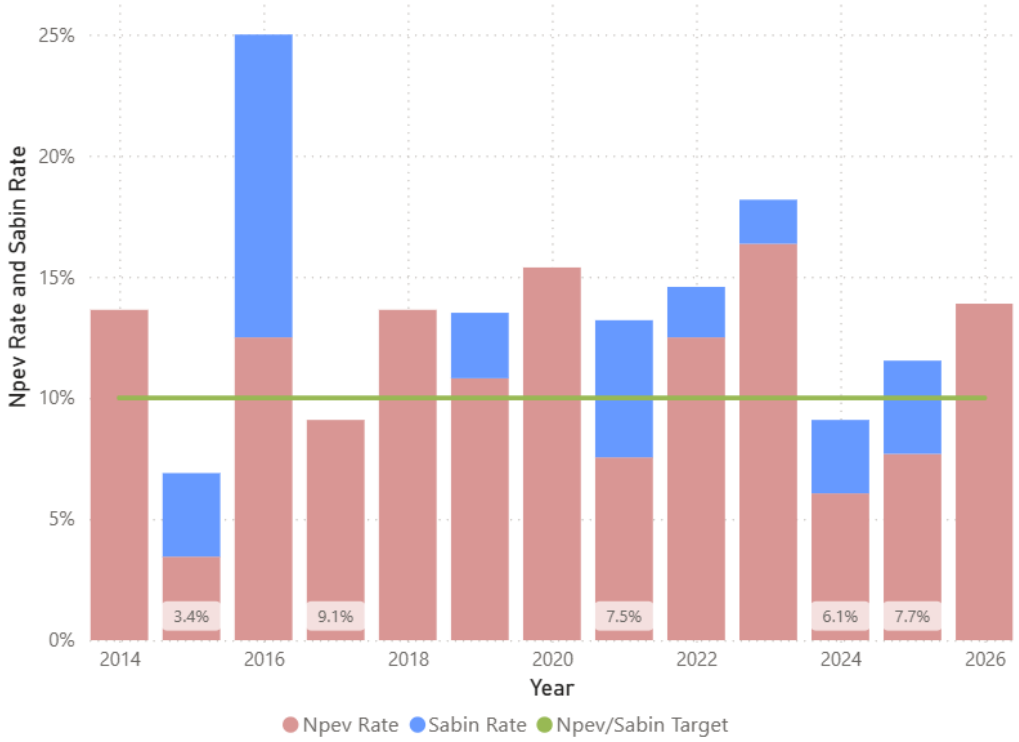
SNIDs scheduled for implementation from 17-20 February 2026 in the four inaccessible counties of the Upper Nile State.

c. Nagero County, Western Equatoria State will implement R1 SNIDs campaign from 24-27 February 2026 due to improved access from insecurity.

d. Both State and National supervisors deployed to travel along with vaccines and supplies on from 14-15th February 2026 for supportive supervision, nOPV-2 used vials inactivation and to support the ongoing integrated Polio/EPI program review meetings in states.

- AFP Surveillance performance as at 10th February 2026
  a. A cumulative total of 459 AFP cases, (calculated as 6.16 NPAFP) were reported in 2025.
  b. In 2026 alone, a cumulative total of 27 AFP cases were reported, compared to 26 cases reported during a similar period in 2025. 63 counties are silent, compared to 61 silent counties in the same period last year.
  c. A cumulative total of 1,192 ISS visits were conducted and documented on ODK for 2026. However, only 368 ISS visits were conducted in week 5 of 2026, compared to 386 conducted in the same period, last year.
- Priority Interventions for the coming week.
  a. SIA Core team to follow up with the States to ensure that the ongoing Polio/EPI performance review meetings are completed and report submitted.
  b. SIA Core team to monitor the readiness and implementation of R1 SNIDs campaign in Nagero, WES and R2 for sobat Corridor, Upper Nie State.
  c. Continue virtual weekly surveillance performance review meeting with MoH field officers and SIA CORE Team.

Figure 14: Non-Polio AFP Detection and Non-Polio Enterovirus Isolation rates for South Sudan; 2014-2026



4. Anthrax

- No new reported Anthrax death in the reporting week ending 13th February 2026
- The cumulative total number of human anthrax cases reported in 2025 remained 216, with 195 reported in

Western Bahr El Ghazal and 39 from Warrap. Two deaths resulted in a case fatality rate (CFR) of 0.9%.

- Since the outbreak was first detected in 2024, the cumulative number of Anthrax cases is now 395 cases overall, 5 of which resulted in death, leading to a CFR of 1.3%.

Ongoing Anthrax outbreak response Interventions

- Coordination of Weekly meetings for outbreak containment.
- Periodic multi-sectoral Rapid Response Team investigations to review changes in epidemiology and aid decision-making.
- Surveillance: Anthrax definitions shared; health workers trained and reporting cases; community searches ongoing.
- Case Management: Currently treating three human cases using the WHO provided medical kits and guidelines.
- Community Engagement: Educational materials developed; radio messages initially broadcasted have since stopped due to limited funding; need for more health promoter involvement.
- Vaccination: No human vaccinations BUT there have been 1,741 animals vaccinated.
- Partnerships: WHO and FAO collaborating very well and One Health Day event in December 2026 was used to advocate for more interventions to interrupt the current Anthrax outbreak.
- Logistics: WHO supports outbreak investigation and logistics.

5. Measles Outbreak Updates[4]

- From week 1 to 04 of 2026; a cumulative total of the 187 suspected measles cases were reported from 8 counties. Only 14 were investigated with a serum sample collected. All 13 serum samples received at the serology department of the national public health laboratory (NPHL) indicates that 4 of these tested positive for measles IgM.
- Out of 187 suspected measles cases, only 4(2%) had a record of MCV vaccination. The 4 vaccinated children were aged 1-4 years.
- Among the unvaccinated individuals, children under the age of five years account for 79%, a reduction from 91% 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 new risk is being monitored in South Sudan, given the historical importance of the Sudan crisis in sustaining measles transmission in 2024. It is needless to add that transmission is high in population concentration points as happens in the camps (Refugee or internally displaced). In turn, the dashboard data shows disaggregation of coverage amongst suspected cases indicating that 14% and 0% of suspected measles cases were vaccinated in returnees and refugee populations.
- By the end of week 4 of 2026, 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 15: Epidemic curve of measles cases in South Sudan; Week 01 to week 04 of 2026

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

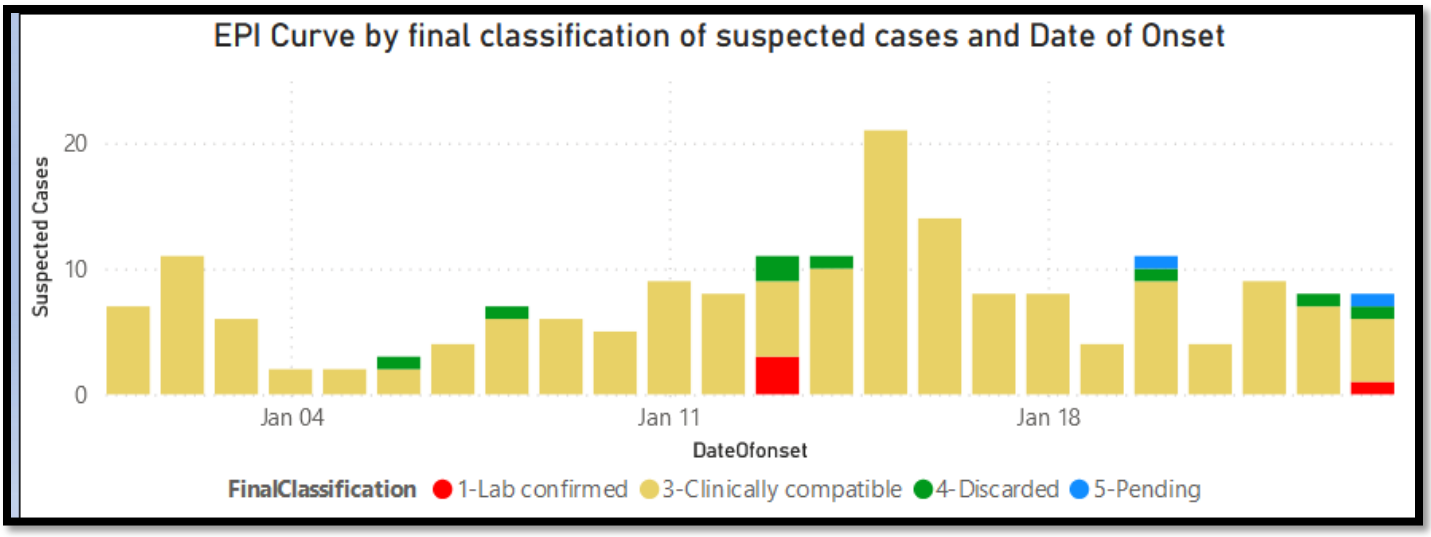
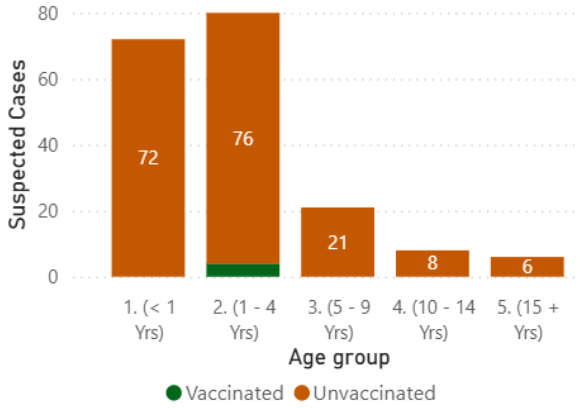


Figure 16: Age-group and vaccination Status of Suspected Measles Cases in South Sudan; Week 1-4 of 2026



6. Hepatitis E outbreak

- During week 04 of 2026, six (6) new suspected cases of Hepatitis E virus disease and zero (0) related deaths were reported, and therefore the cumulative became 35 and 1 death respectively (CFR 2.8%). No new HEV cases were confirmed by rapid diagnostic test (RDT) in this reporting week.
- Since the outbreak started, there have been a cumulative total of 9,394 reported cases and 146 deaths, resulting in a case fatality rate (CFR) of 1.6%. Since 2018, the cumulative total number of RDT positive cases stands at 2,762.
- The cumulative number of Hepatitis E affected counties is 16 counties across the country. However, only 4 counties reported HEV cases in 2026. The highest number of Hepatitis E cases were reported in Aweil West (18 cases), Aweil East (7 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, 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 17: *Epicure showing HEV RDT positive cases in South Sudan; 2024 - 2026*

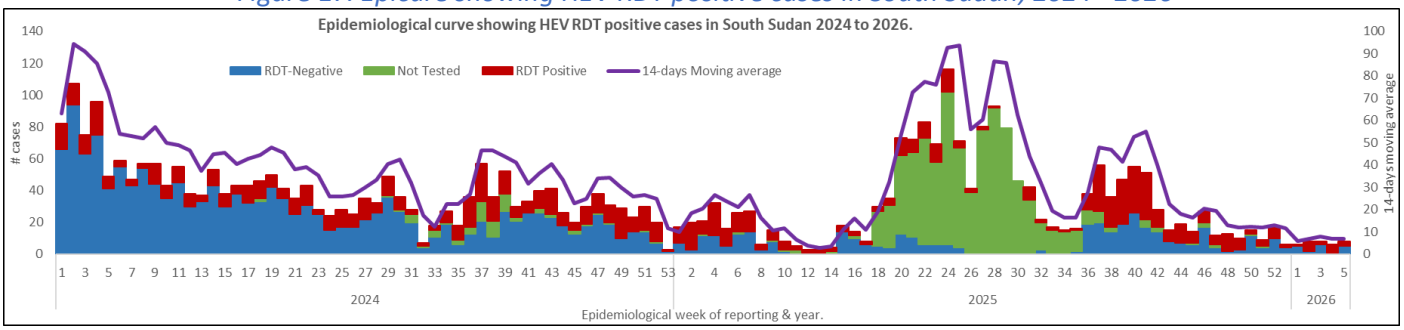


Figure 18: Distribution of suspected Hepatitis E Virus Cases by age and gender in South Sudan; 2026

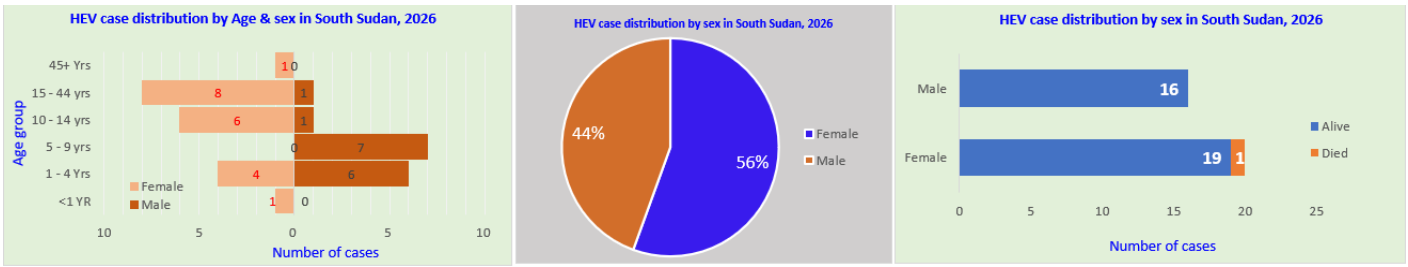
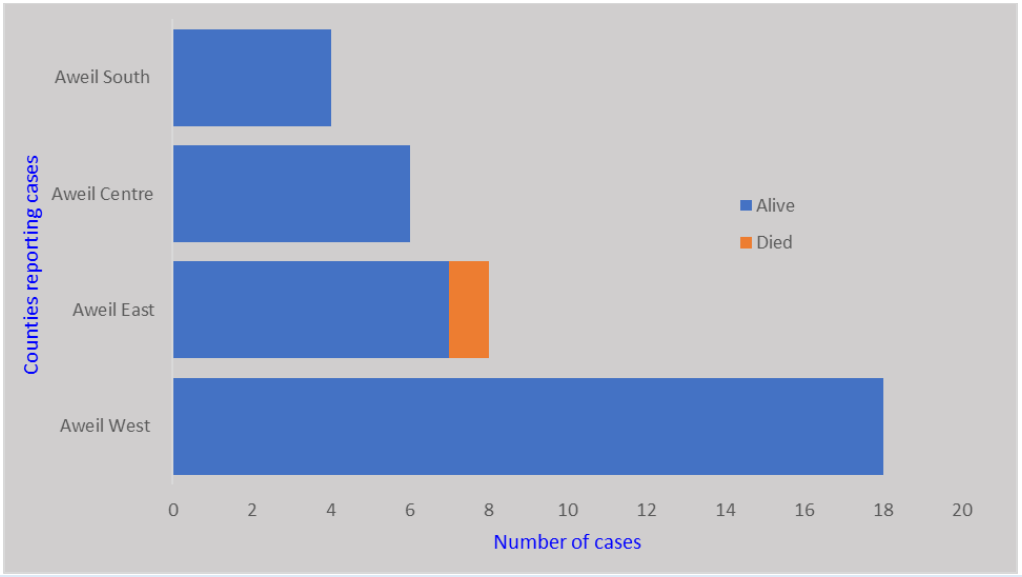


Figure 19: Distribution of Hepatitis E cases and deaths by county of South Sudan; Week 1-6 of 2026



Other Events

Sudan crisis[5]: As of 14th February 2026, a cumulative total of 335,881 households, containing 1,334,663 individuals (701,136) Females and (633,527) Males from 18 different nationalities, had crossed the border. Of this number, 67.2% (896,894) are South Sudanese returnees, while 32.3% (431,096) are Sudanese refugees. These cross-border population movements are recorded from 33 PoEs being monitored, with Wunthou-Joda in Renk County accounting for 68% of the reported influx figures (907,571 of 1,334,663 individuals). Other major POEs include Majokyinthou in Aweil (64,997 individuals), Atam, Gongbar and Babnis in Renk (43,891; 35,070 and 32,238 individuals respectively). There are currently 54,464 individuals (16,942 in transit centers and 37,717 in host communities) in Renk.

In Renk

Observations trend on Common Morbidities in the week ending 13th February, 2026:
Total consultations from 6 IPs (WVI, IOM, IMC, MSF, RI and TRI-SS) is **10103** with **5 deaths.**

- **Highest Morbidity**:
    - ARI (Acute Respiratory Infection) became first as the highest number of cases, showing a high peak with 27.1% followed by Malaria with 24.4%, which is relatively high.
- **Moderate Morbidity:**
    - AWD, UTI, and with 7.7%, and 7.4% respectively
- **Lowest Morbidity**
    - Eye infection and Dysentery (ABD) show the lowest figure with only 4.6% and 1.6% respectively
- **Note:** IOM recorded the highest consultation presenting over 30.5% of the total consultations, followed by TRI-SS with 20.0%.
- **War wounded:**
- Renk County Hospital received a total of **23 war-wounded patients** from Sudan's Blue Nile State.in one day. The hospital team, supported by MSF-B, is providing ongoing care and management.
  Recommendations for improving response to the Sudan Crisis:
    - Enhance surveillance and data sharing among partners.
    - Prioritize sample collection from patients with infectious diseases 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.

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
For more help and support, please contact:

Dr LASU Joseph Hickson
Emergency Preparedness and Response

Notes
WHO and the Ministry of Health gratefully acknowledge the surveillance officers [at state, county, and health facility levels], health cluster and HealthSystem Transformation Project (HSTP)

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

Ministry of Health, Republic of South Sudan
Email: josh2013.lasu@gmail.com
Phone number +211921395440

Dr BATEGEREZA, Aggrey Kaijuka
WHO-EPR Team Lead
Email: bategerezaa@who.int
Phone number: +211 924222030

partners who have reported the data used in this bulletin.We would also like to thank ECHO and the World Bank for providing financial support.

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