Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 05
26th January *to 1st February 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 (1165) and Private (35) 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 epidemiological week 5 of 2026, IDSR reporting timeliness was **72%**, showing a improvement from **69%** attained in week 4. Reporting completeness was **87%**, also showing a modest improvement from 86% attained in Week 4. Of the thirteen states/administrative areas, ten met the ≥80% completeness target, while six—including Abyei Administrative Area, Central Jonglei, and Upper Nile—did not achieve the threshold. Lakes State, Unity State and Ruweng administrative Area sustained 100% IDSR reporting completeness for all 5 weeks of 2026. At EWARN mobile sites, both timeliness and completeness of reporting was 67%.
- **EWARS Alerts Management:** A total of 86 EWARS alerts were triggered in week 6, with 61 (71%) verified. Four (4) of the 61 verified alerts were risk assessed, and two (02) required a response. In 2026 alone, the cumulative total of alerts triggered in the EWARS system became 936, with 79% verified and only 4% requiring risk assessment. Congratulations to the surveillance teams in Eastern Equatoria, Jonglei, Lakes, Northern Bah el Ghazal, Unity, RAA, and Western Equatoria, who verified at least 90% of their triggered alerts.
- **Mpox Outbreak:** In the week ending February 14, 2026, two new confirmed cases of mpox were reported, increasing the cumulative total to 46 cases. The current distribution includes 4 cases in Ezo, 36 in Juba, 2 in Rumbek Centre, 1 in Rumbek East, 1 in Malakal, and 2 in Yambio. Ezo and Yambio are the latest counties to confirm active local transmission.
- **Cholera outbreak:** As of February 14, 2026, there had been a cumulative total of 98,195 cholera cases and 1,619 deaths, resulting in a case fatality rate of 1.6%, reported from 55 counties. A significant majority, 96,525 individuals, have fully recovered. Currently, there are 100 cases under treatment, primarily in Duk county (29 cases), Mayendit (24 cases), Mayom (22 cases), Ayod (13 cases), and Yirol East in Lakes (11 cases).
- **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 5 of 2026, the timeliness of IDSR reporting was 72%, and the completeness was 87%, displaying a decrease in both timeliness and Completeness of IDSR reporting when compared to the previous week 4.

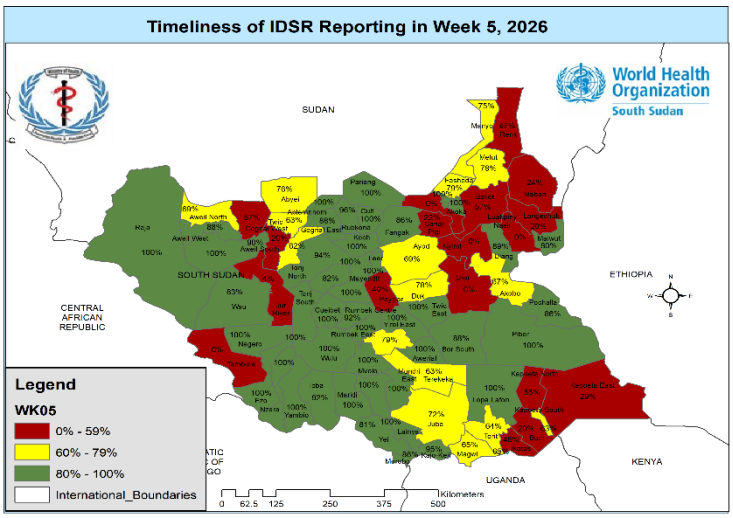
Table 1: *Timeliness and completeness of IDSR reporting by State for week 5 compared to week 4 of 2026*

State	Total facilities	Number of facilities reported (Completeness Week 5)	Comparison of the reporting period				Cumulative since year start of 2026	
			Timeliness		Completeness			
			Week 5	Week 4	Week 5	Week 4	Timeliness	Completeness
Lakes	114	114	96%	75%	100%	100%	97%	100%
NBGZ	81	79	74%	75%	98%	83%	98%	98%
Unity	105	105	97%	95%	100%	100%	97%	100%
WBGZ	90	74	43%	29%	82%	79%	76%	82%
WES	159	135	85%	84%	85%	96%	100%	85%
Jonglei	115	81	63%	56%	70%	63%	75%	70%
Warrap	86	85	69%	72%	99%	98%	84%	99%
EES	104	102	56%	66%	98%	97%	61%	98%
RAA	16	16	25%	94%	100%	100%	25%	100%
CES	119	96	78%	79%	81%	81%	97%	81%
AAA	21	16	76%	33%	76%	76%	76%	76%
Upper Nile	137	92	57%	52%	67%	62%	67%	67%
GPAA	15	14	93%	87%	93%	93%	100%	100%
Total	**1,162**	**1009**	**72%**	**69%**	**87%**	**86%**	**71%**	**86%**

Key to Epidemiological Reporting Performance

≥80%	Good
60-79%	Fair
<60%	Poor

Figure 1: Maps showing Timeliness and Completeness of IDSR reporting by County of South Sudan in Week 6, 2026.



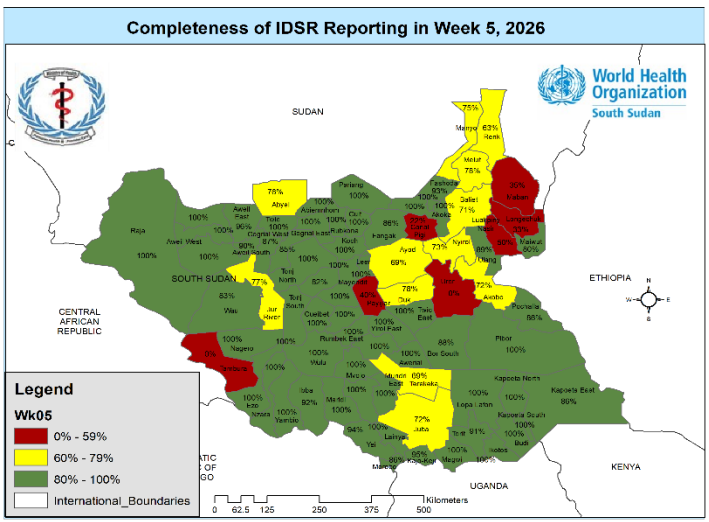


Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 5 of 2026.

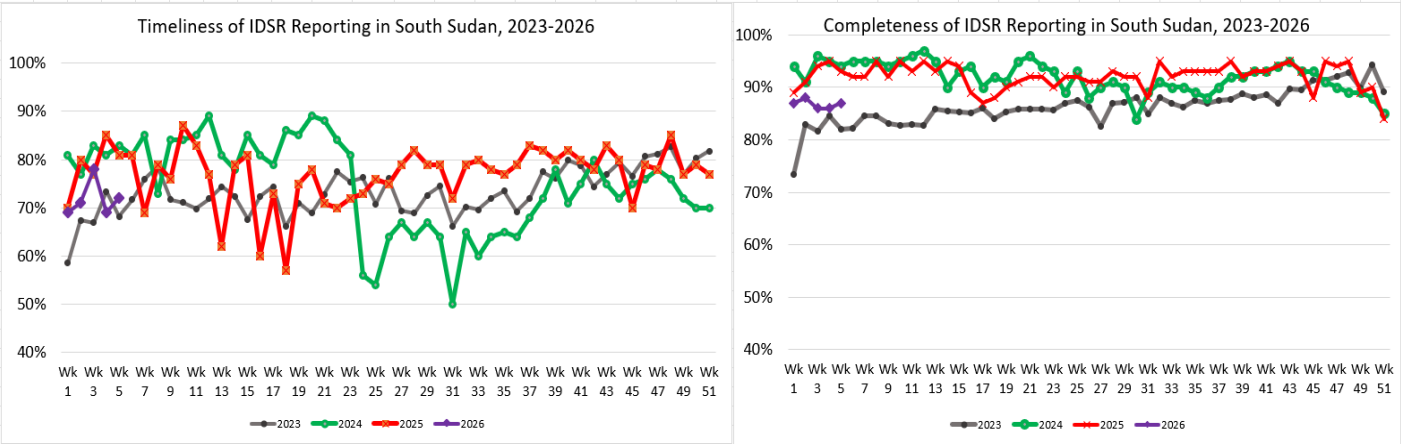
Partners	# of Reporting Mobile Sites	% of Timeliness in week 05	% of Completeness in week 05
IMC	3	33%	33%
SCI	2	100%	100%
HFO	1	100%	100%
WVI	1	100%	100%
CIDO	1	0%	0%
RI	1	100%	100%
TOTAL	**9**	**67%**	**67%**

Payam	# of Reporting Private Health Facilities	% of Timeliness in week 05	% of Completeness in week 05
Kator	3	100%	100%
Juba Bloc	1	100%	100%
Wau South	4	100%	100%
Wau North	3	100%	100%
Juba	6	100%	100%
Mangala	1	100%	100%
Munuki	9	100%	100%
Rejaf	3	0%	0%
TOTAL	**30**	**90%**	**90%**

Note: Thank you to all partners maintaining strong performance in EWARN reporting. Notably, timeliness and completeness of IDSR reporting in the partner and private health facilities has tumbled but the surveillance team provides all technical and operations support to complete the recovery. The health cluster mechanism will be our primary source of intervention in promoting IDSR performance improvements.

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) apathy 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.



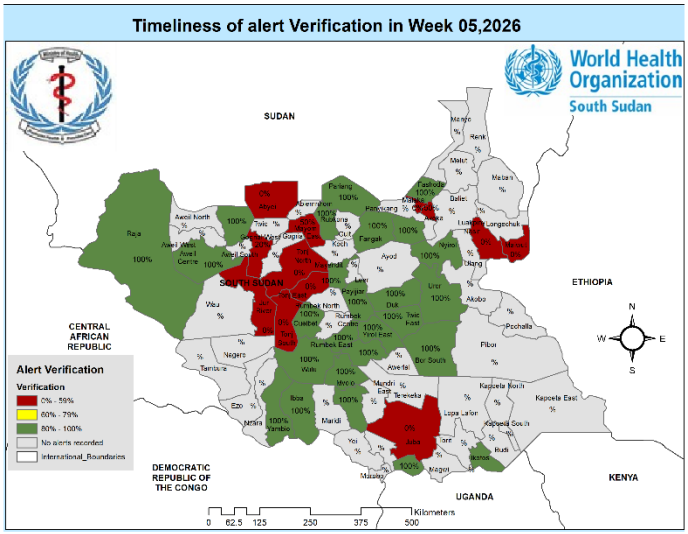
Epidemic alerts

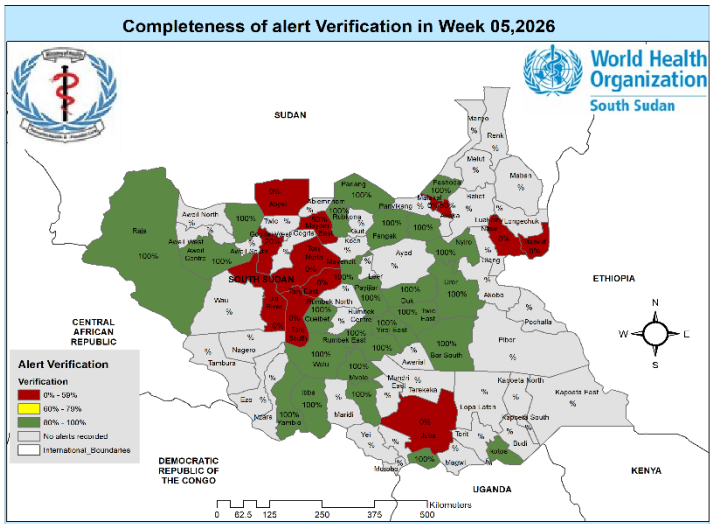
In epidemiological reporting week 5 of 2026, the total number of alerts triggered in the EWARS system was 86. Of these, 70% (61 alerts) were verified, reflecting an improvement in verification rates. The cumulative number of alerts triggered in the EWARS system in 2026 becomes 936, with a cumulative verification rate of 73%. Greater Pibor had no notifiable disease alerts during the reporting week. Special recognition goes to the surveillance teams in in 7 states below for verifying all their alerts (100%) in week 5. Notably, most alerts were for Guinea Worm Disease (33%), ARI (24%), cholera (20%), measles 17% and all others (6%).

Table 3: *Summary of EWARS alerts triggered and verified in Epidemiological Week 5, 2026.*

Row Labels	ARI		Cholera		Covid-19		EBS		Guinea Worm		Measles		NNT		VHF		Yellow Fever		Total	
	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V
AAA	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2	0
CES	4	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	4
EES	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	1
Jonglei	7	7	6	6	1	1	0	0	3	3	1	1	0	0	1	1	1	1	22	22
Lakes	1	1	1	1	0	0	0	0	14	14	0	0	0	0	0	0	0	0	16	16
NBGZ	2	2	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	4	4
Unity	4	3	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	7
Upper Nile	1	0	2	1	0	0	0	0	1	1	1	0	0	0	0	0	0	0	5	2
Warrap	3	1	0	0	0	0	3	0	5	0	3	0	0	0	0	0	0	0	14	0
WBGZ	1	1	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	4	1
WES	3	3	0	0	0	0	0	0	1	1	2	2	0	0	0	0	0	0	6	6
RAA	0	0	0	0	0	0	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	0	0	0	0	0	0
Grand Total	**29**	**21**	**14**	**13**	**1**	**1**	**4**	**1**	**27**	**19**	**8**	**3**	**1**	**1**	**1**	**1**	**1**	**1**	**86**	**61**

Figure *3: Timeliness and Completeness of Alerts Verification rates by county of South Sudan for week 52, 2026*



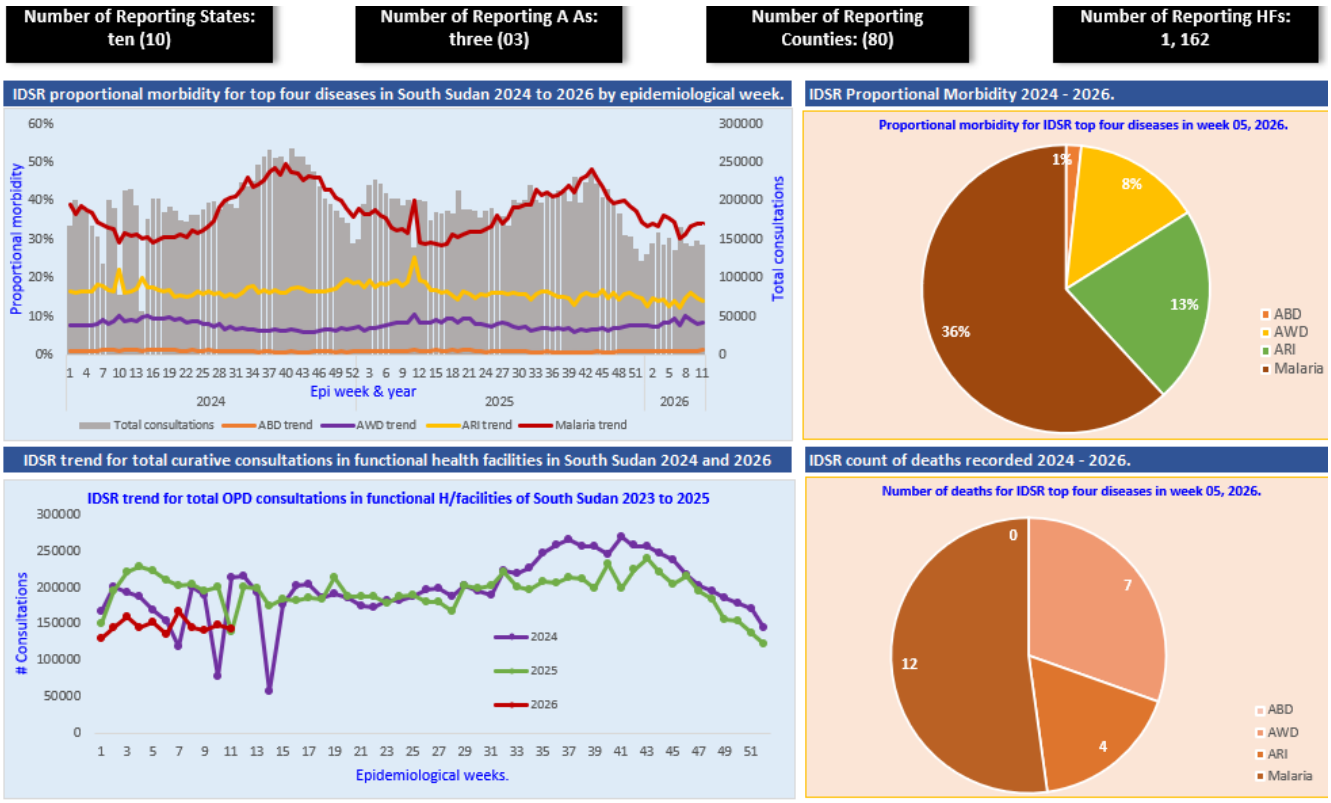


Weekly Update on Indicator-Based Surveillance (Week 05 of 2026)

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 05 of 2026, a total of 152,046 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% (53,990) of all reported cases, which is similar to 36% (52,227) reported in the previous week 04. This was followed by acute respiratory infections, which contributed 13% (19247), and acute watery diarrhea, which accounted for 8% (12,537) 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.

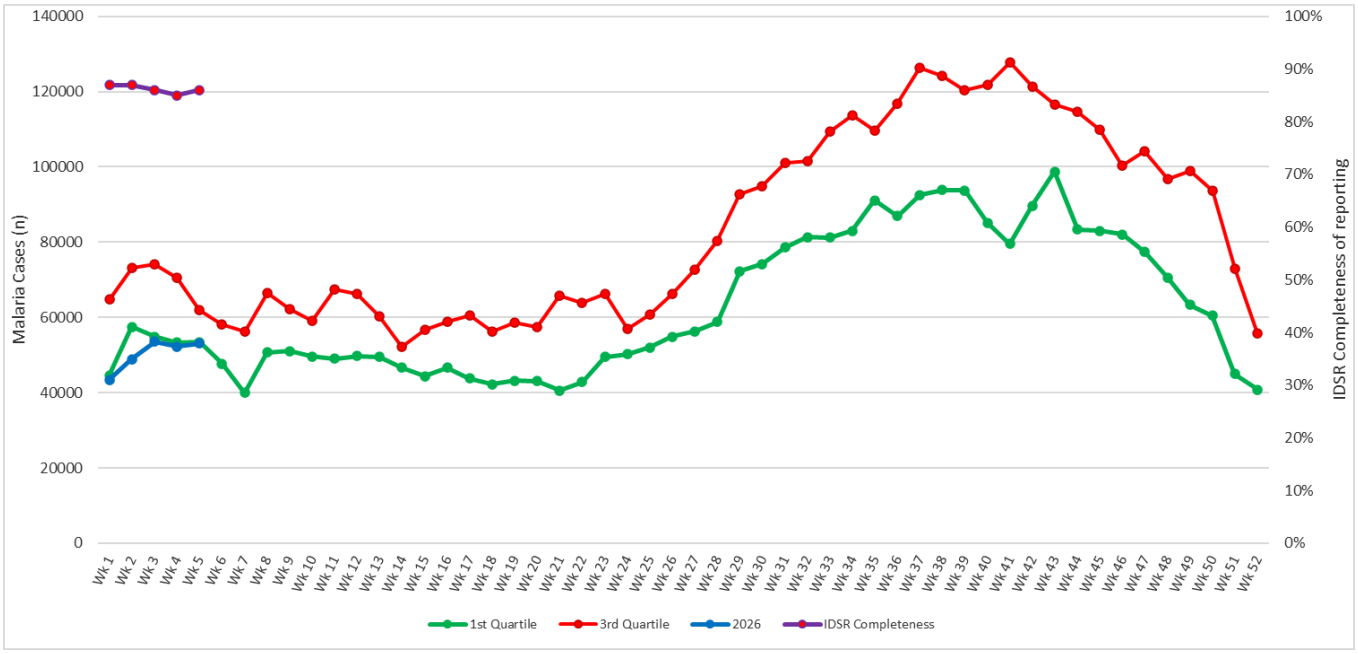
Figure 4: **Proportional Morbidity of top 4 IDSR priority diseases reported as of week 06 of 2026.**



1. Malaria Updates

In week 5 of 2026, malaria remained the leading cause of illness, with 53,990 reported cases and causing 12 deaths amongst the suspected cases. The weekly analysis shows that these numbers are slightly lower than expected for the transmission period. Notably, in the previous weeks, there have been fewer malaria cases than usual, with a downward trend as expected in annual transmission. This has been attributed to a) declining completeness of reporting, b) the nationwide shortage of supplies, including antimalarials, which urgently need the attention of all health players, and c) reduced staff presence in the functional health facilities due to delayed payment of their monthly incentives.

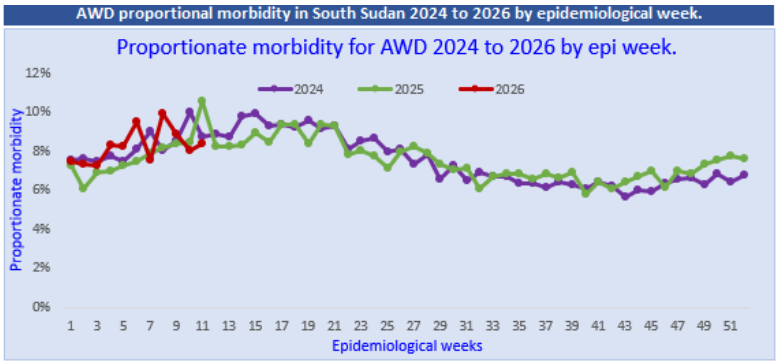
Figure 5: Normal Malaria Transmission Channel for South Sudan; Updated at Week 05 of 2026

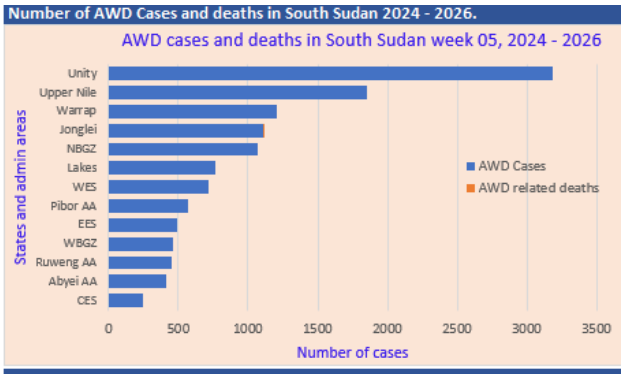


2. Acute Watery Diarrhoea

During the epidemiological week 5, Acute Watery Diarrhoea (AWD) was the third leading cause of morbidity, causing 12,537 OPD consultations and seven (7) deaths reported in Jonglei state. 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 due to acute watery diarrhoea (AWD) remain consistent with those reported in similar periods in 2025.

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





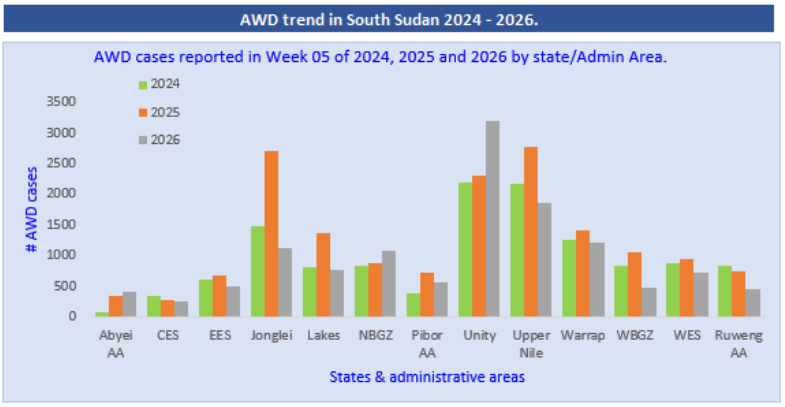


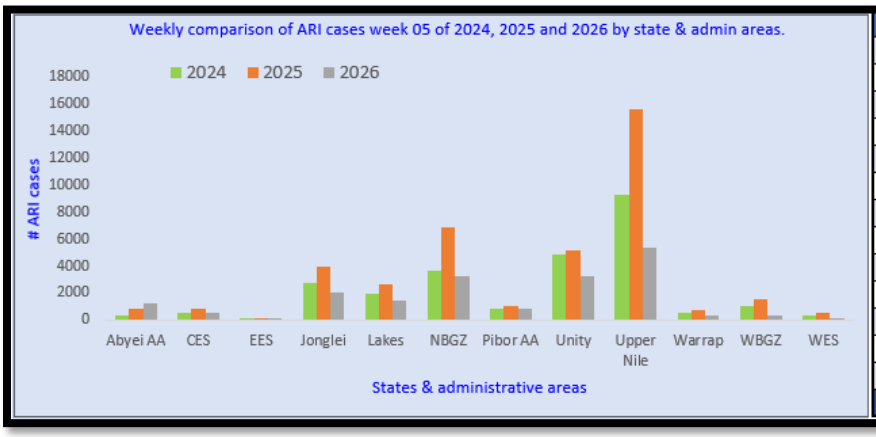
Table of AWD cases and deaths week 05, 2024 - 2026.

State/Admin Areas	AWD Cases	AWD Deaths	CFR
CES	242	0	0.00%
Abyei AA	409	0	0.00%
Ruweng AA	456	0	0.00%
WBGZ	464	0	0.00%
EES	495	0	0.00%
Pibor AA	567	0	0.00%
WES	717	0	0.00%
Lakes	767	0	0.00%
NBGZ	1069	0	0.00%
Jonglei	1111	7	0.63%
Warrap	1205	0	0.00%
Upper Nile	1848	0	0.00%
Unity	3187	0	0.00%
Grand Total	12537	7	0.63%

3. Respiratory Pathogens Surveillance weekly updates.

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

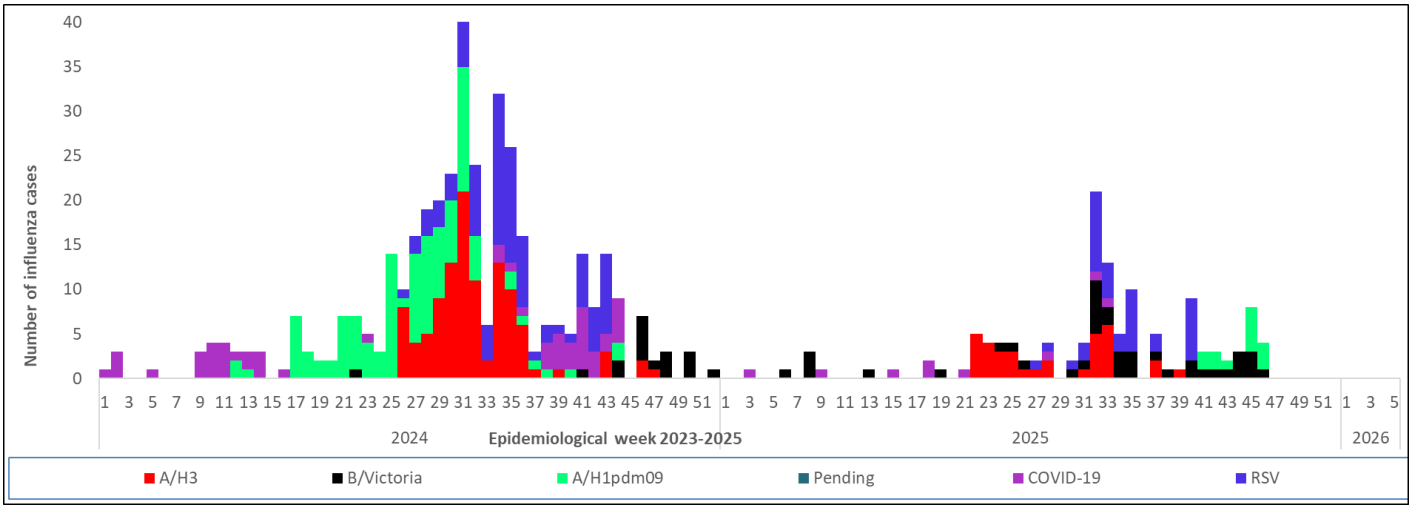
Figure 7: Reported ARI case counts by State/Admin Area of South Sudan in epidemiological week 05 of 2026.



State/Admin Areas	ARI Cases	ARI Deaths	CFR
EES	70	0	0.00%
WES	93	0	0.00%
Warrap	288	1	0.35%
WBGZ	375	0	0.00%
Ruweng AA	415	0	0.00%
CES	494	0	0.00%
Pibor AA	844	0	0.00%
Abyei AA	1249	0	0.00%
Lakes	1423	0	0.00%
Jonglei	2039	0	0.00%
NBGZ	3270	3	0.09%
Unity	3277	0	0.00%
Upper Nile	5410	0	0.00%
Grand Total	19247	4	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 05 of 2026.



During Epidemiological Weeks 1-5 in 2026, a total of 85 ILI/SARI samples have been collected; 85 tested negative for all pathogens. All the samples collected tested negative at the national influenzae centre. In 2026, the following pathogens remain zero (COVID-19, Influenza Type A (H3), Influenza Type B (Victoria), Influenza A/(H1N1)pdm09 and Respiratory Syncytial Virus (RSV). The persistent non-detection of respiratory pathogens in the national sentinel surveillance system continued into the 10th week.

South Sudan: Confirmed and ongoing epidemics in 2026

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

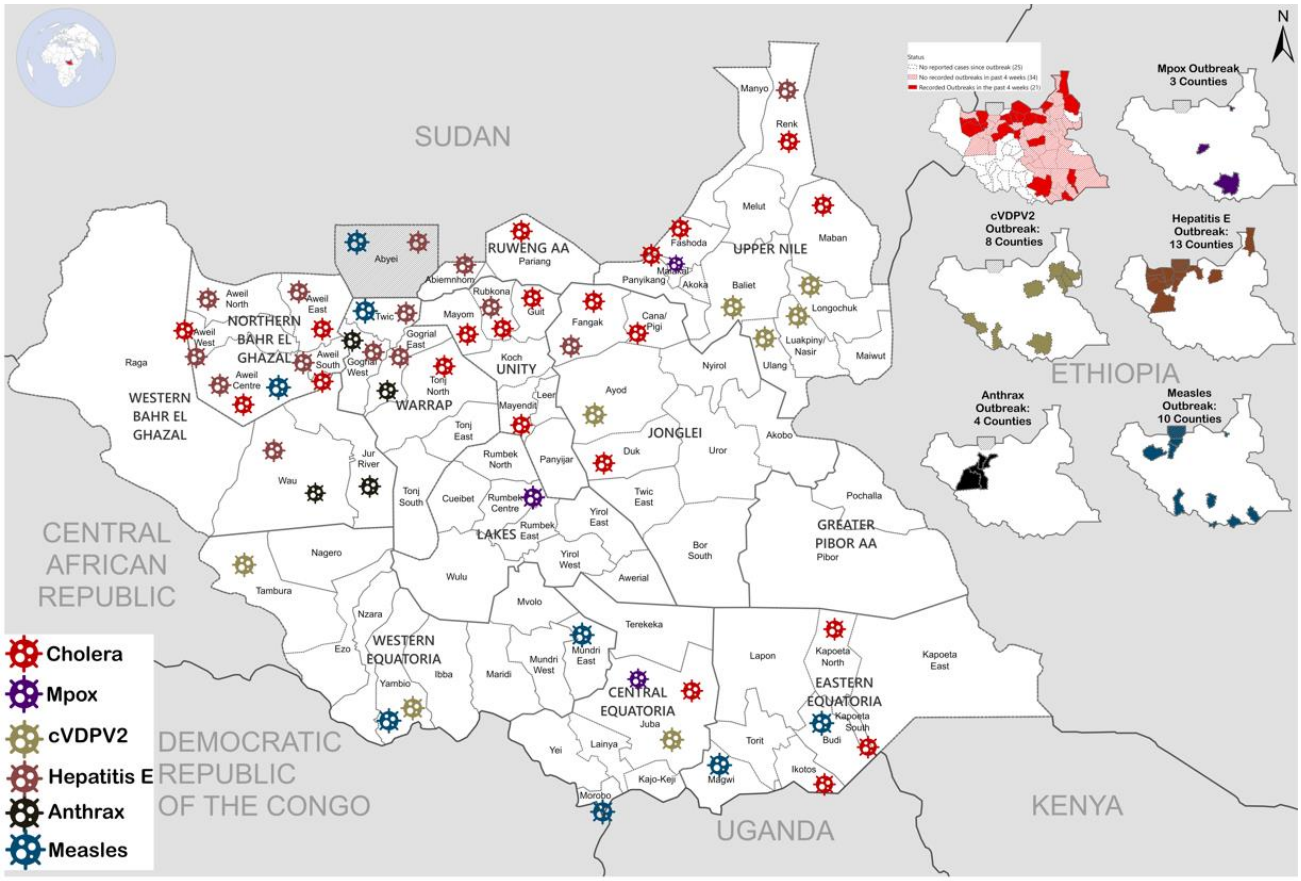
Its important to note that there are 5 active outbreaks, carried over from the previous years namely Anthrax, cholera, cVDPV2/Polio, hepatitis E, and Mpox.

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 13th 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	0	9,394	2, 762	32	Ongoing in Renk County	Yes	Yes
cVDPV2	Yambio, Juba, Ulang, Nasir, Baliet, Ayod, Old Fangak	19/Dec 2023	0	26	26	0	Sub-national nOPV2 SIAs completed	Yes	Yes
Anthrax	Gogrial West (WRP) and Jur River (NBG)	2022	0	365	4	0	Not explored	Yes	Yes

Figure 9: *Map showing confirmed and active outbreaks by county of South Sudan, as of 13th February 2026.*



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Final status of Abyei not yet determined.

Data Source: WHO South Sudan
Map Production: HIM Unit, WHO South Sudan
Map Date: 02/12/2025

Response activities for ongoing/suspected outbreaks

1. Mpox outbreak[1]

- In the week ending February 14, 2026, there were 7 new suspected Mpox cases detected and investigated in Ezo (2), Juba (1), Nzara (1), and Yambio (3). All the 7 suspected Mpox cases were investigated, and two (2) new positive cases (1 in Ezo and 1 in Yambio) were identified. These new positives confirm active local transmission of the Mpox virus in three counties of Ezo, Juba, and Yambio.
- Cumulatively, the confirmed Mpox cases are now 46 (4 in Ezo, 36 in Juba, 2 in Rumbek Centre, 1 in Rumbek East, 1 in Malakal, and 2 in Yambio. There is one death amongst Mpox confirmed cases in Ezo and the CFR is now 2.2%.
- A cumulative total of 25 new Mpox cases were confirmed in the last 12 epidemiological weeks compared to 21 cases confirmed in the first 42 weeks of 2025, suggesting an acceleration of mpox transmission in South Sudan
- There are currently 12 active cases under home-based care, 118 contacts being monitored, and a cumulative total of 514 suspected cases nationwide, since the outbreak was confirmed on 7th February 2025.
- A response plan has been developed and formally endorsed by the state task force for Mpox control before it was formally shared with Country teams. This response plan 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.
- MedAir and CMMB are the two NGOs that have deployed in Ezo and Yambio respectively to support the Mpox response in the two counties. WHO will provide the two NGOs all the technical, managerial and supplies needed to manage a local response.
- Active surveillance for suspected Mpox cases continues nationwide.
- 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, known to be high risk, 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.

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

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

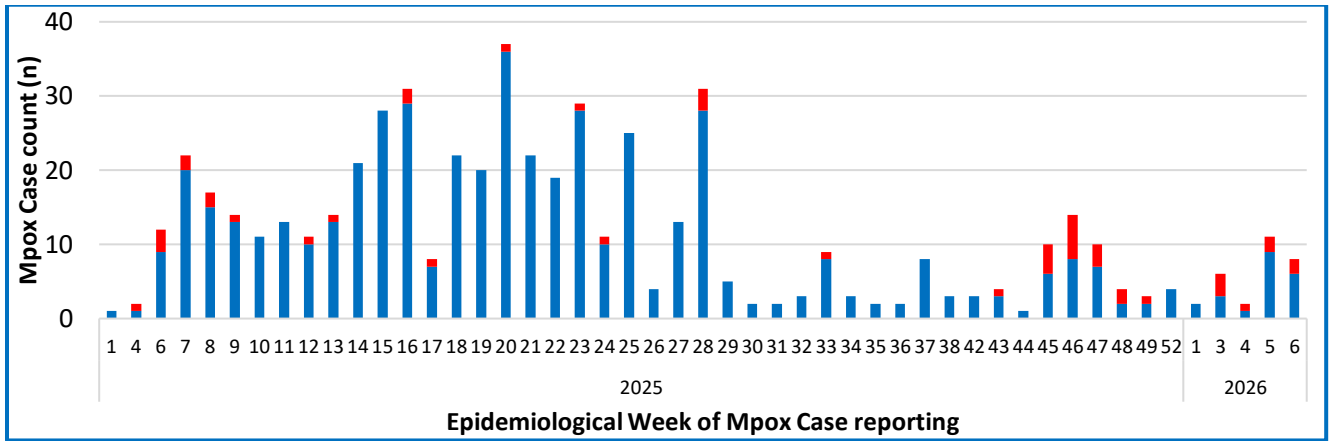
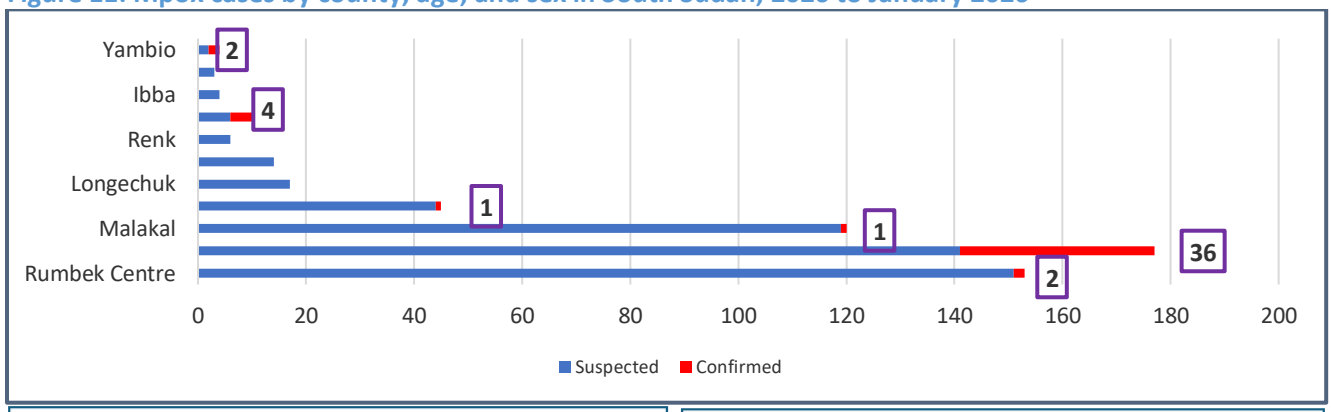
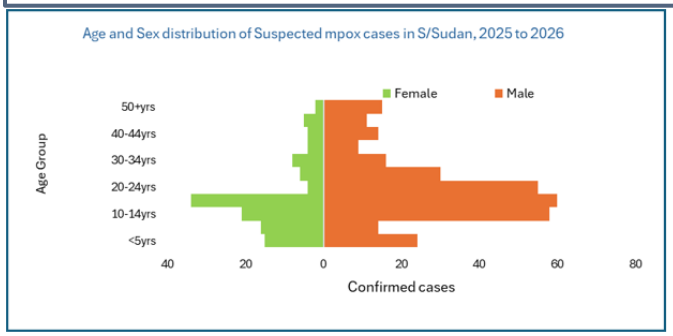
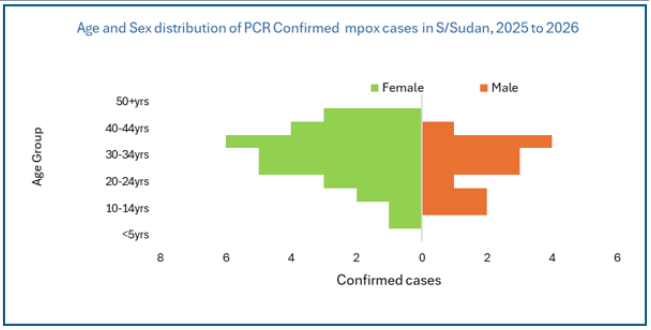


Figure 11: Mpox cases by county, age, and sex in South Sudan, 2026 to January 2026







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 ahead of the scheduled decision meeting on 20th February 2026. 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 is mainly through the sexual networks, although close household contact is documented to have caused a case in a 2-year old. In turn, the vaccination strategy will focus on a) Sexually active age-groups (15-45 years), b) Restaurant and Hotel workers, c) Contact persons of confirmed cases. The prioritized age groups are aimed at protecting the socio-cultural construct of sexuality in South Sudan.

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

- As of February 14, 2026, there were a cumulative total of 98,195 cases and 1,619 deaths (CFR: 1.6%). A significant majority, 96,525 individuals, have fully recovered. Currently, 100 cases are under treatment, primarily in Ayod, Duk, Mayom, and Panyijiar.
- In the last 7 days (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 last week). Majority of the new cases came from Duk (29), Mayendit (24), Mayom (22), Ayod (13), and Yirol East (11). And the new deaths all came from Ayod county (2)
- Since the onset of the outbreak, 49 of the infected counties interrupted Cholera transmission. However, 5 of these counties have been recently re-infected mainly due to population displacements caused by insecurity. Therefore only three counties have maintained local transmission of Cholera since the outbreak begun namely: Mayom, Mayendit and Rubkoana.
- Fluctuations in new cases are expected due to various factors, including population movement and poor sanitation conditions.
- In the vaccination Pillar:
    a) A total of 18 ICG applications had been completed, with the latest approvals coming in on 14th February 2026 for the planned response in targeted sub-county geographies of Duk, 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

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

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

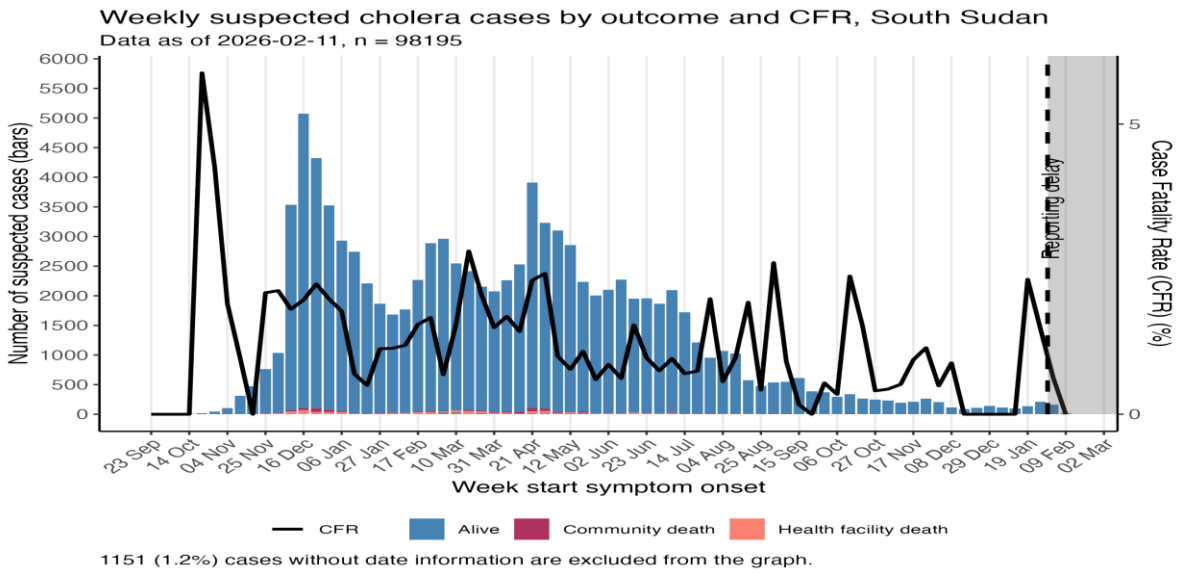
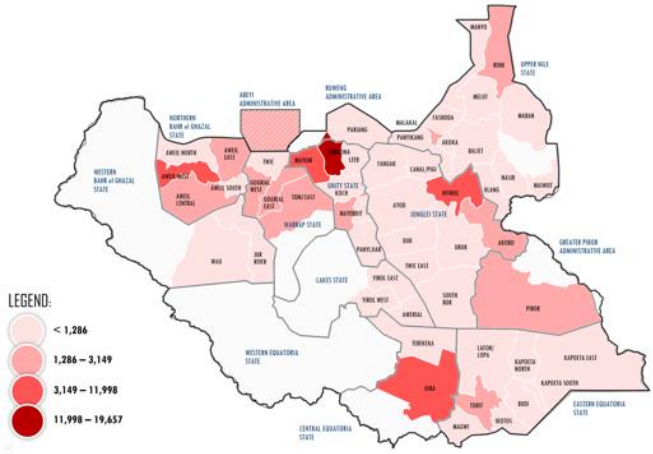
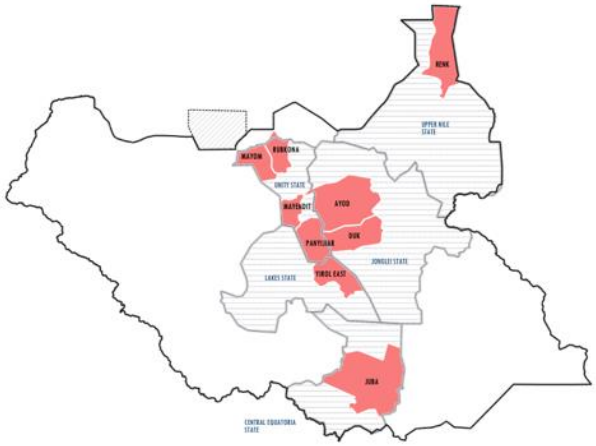


Figure 12: Map showing Cholera Case counts by Counties of South Sudan with progress from the last 14 days



Counties with cholera cases in the current outbreak



Counties with cholera cases in the last 4 Weeks

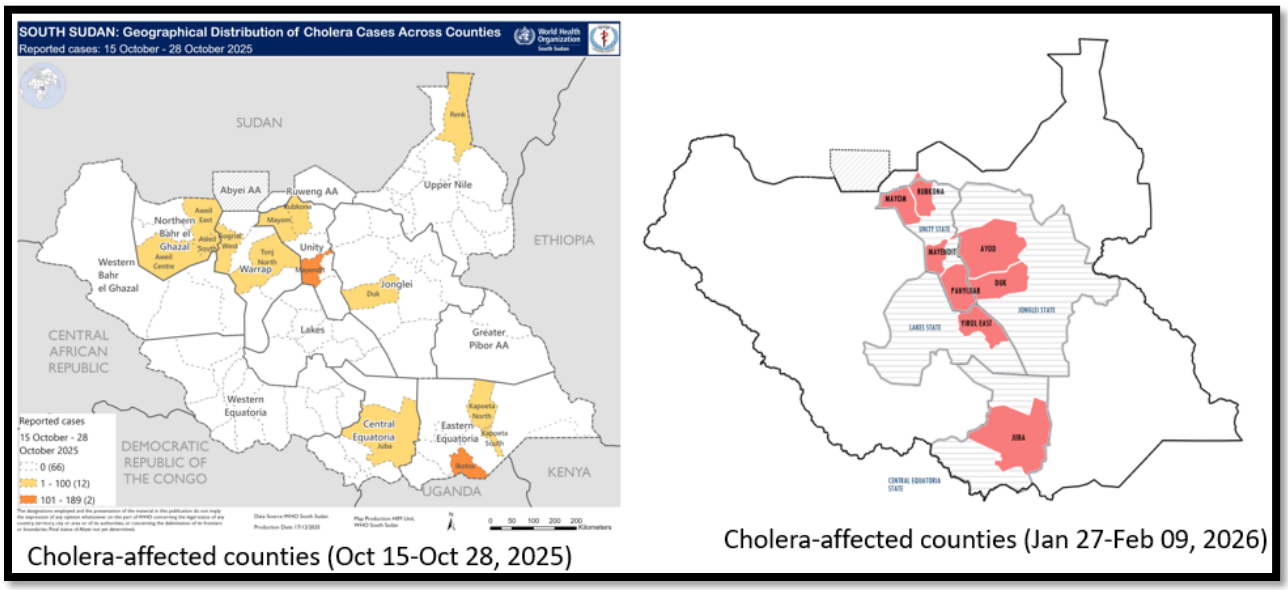
30-day Cholera Knockout Plan Updates

- 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):	After completion of implementation of the 30-Day Cholera Knockout Plan (January 26 - February 08) 2026):
• 14 counties • 29 payams • 601 cases • 14 deaths (CFR: 2.3%)	• 8 counties • 25 payams • 295 cases • 12 deaths (CFR: 4.1%)

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



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

- In the week ending 18th 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.

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

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

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

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

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

- AFP Surveillance performance
    a. Cumulatively, the number of AFP cases reported in 2026 are 32 which is similar to 32 cases reported in the same period in 2025.

    b. The non-Polio AFP rate is calculated as 0.42 per 100,000 population under 15 years in week #6 2026. The Stool adequacy rate was 100% in week #6 2026 compared with 94% in the same period in 2025.

    c. Out of the 80 reporting counties, 10 (13%) have met both the NP-AFP Rate and Stool Adequacy indicators, 09(11%) have met at least one of the indicators, and 61 (76 %) have not met any two of the indicators

    d. Out of the cumulative 1,840 ISS visits for 2026, Week #6 had 253 ISS visits conducted compared to 506 ISS visits conducted in week #6 2025.

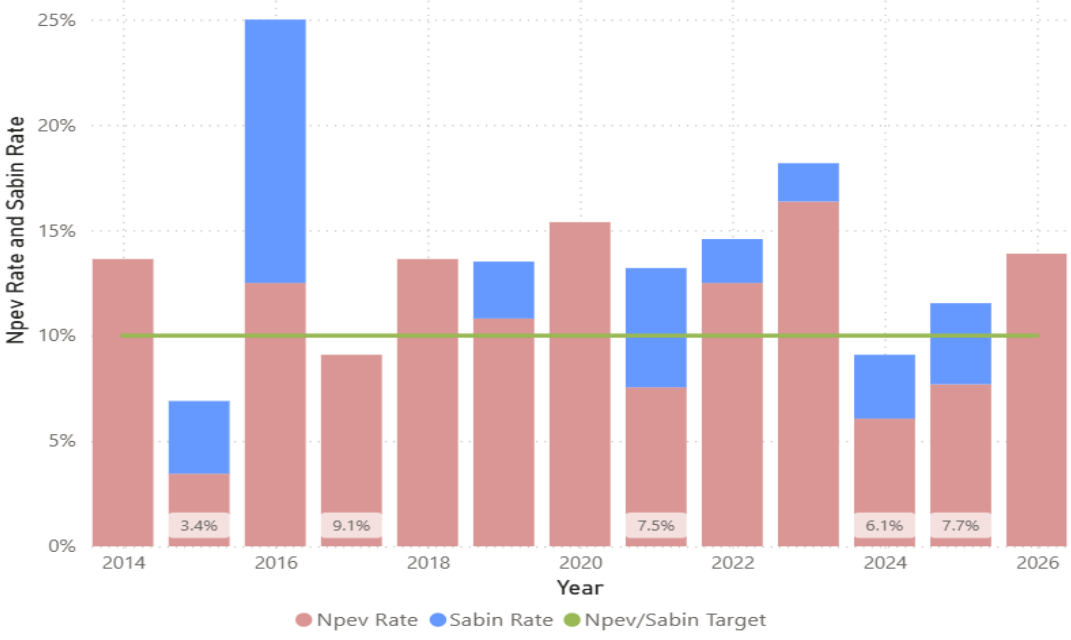
- Priority Interventions for the coming week.
    a. SIA Core team to monitor the progress of the ongoing Round Two SNIDs in the Sobat Corridor, Upper Nile State.

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

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

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

Figure 14: Non-Polio AFP Detection and Non-Polio Enterovirus Isolation rates for South Sudan; Week 5 of 2014-2026



4. **Anthrax**

- From Epi week 1 to 5 of 2026, no new case of human Anthrax was reported. 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, there have been 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 05 of 2026; a cumulative total of the 247 suspected measles cases were reported from 10 counties. Only 31 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 8 of these tested positive for measles IgM.
- Out of 247 suspected measles cases, only 6 (2.5%) were vaccinated. All others (97.5%) were either unvaccinated or had an unknown vaccination status.
- Among the unvaccinated individuals, children under the age of 5-years account for 80%. This statistic indicates that measles outbreaks could be effectively responded to with 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) targeting this age cohort, if funding and vaccine supply allow.
- There is a documented high risk of measles infections in displaced populations. This new risk is being monitored in South Sudan, given the lessons learnt from the Sudan crisis in sustaining measles transmission in 2024. Secondly, transmission is high in population concentration points as happens in the camps (Refugee or internally displaced). In turn, the dashboard data shows disaggregation of coverage amongst suspected cases indicating that 14% and 0% of suspected measles cases were vaccinated in returnees and refugee populations.
- In the last one month, the county with a confirmed measles outbreak was Aweil West in Northern Bahr el Ghazal state. Notably, measles outbreaks response investigations did not yet confirm the outbreak in Abyei, Juba in Central Equatoria, Magwi in Eastern Equatoria, Tonj East of Warrap state and Yambio in Western Equatoria state.

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

Figure 15: Epidemic curve of measles cases in South Sudan; Week 01 to week 5 of 2026

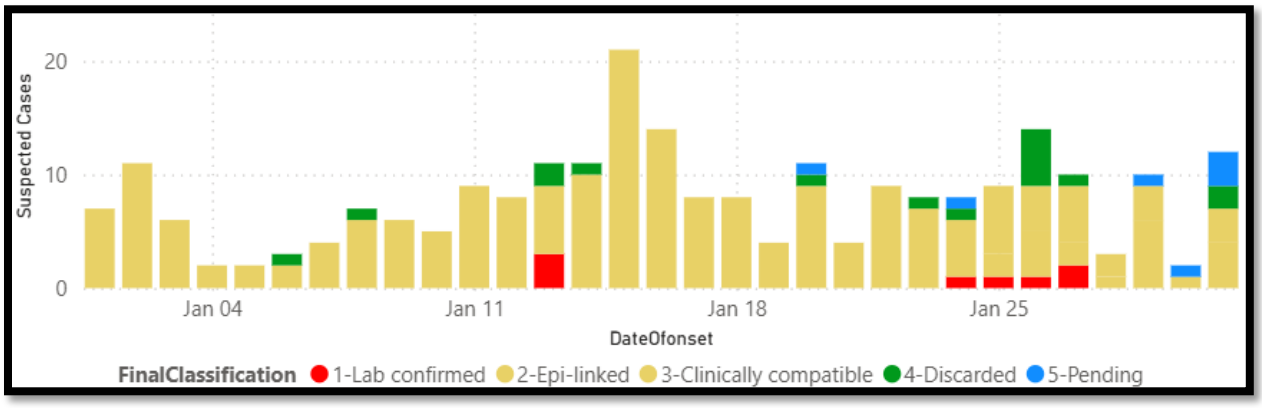
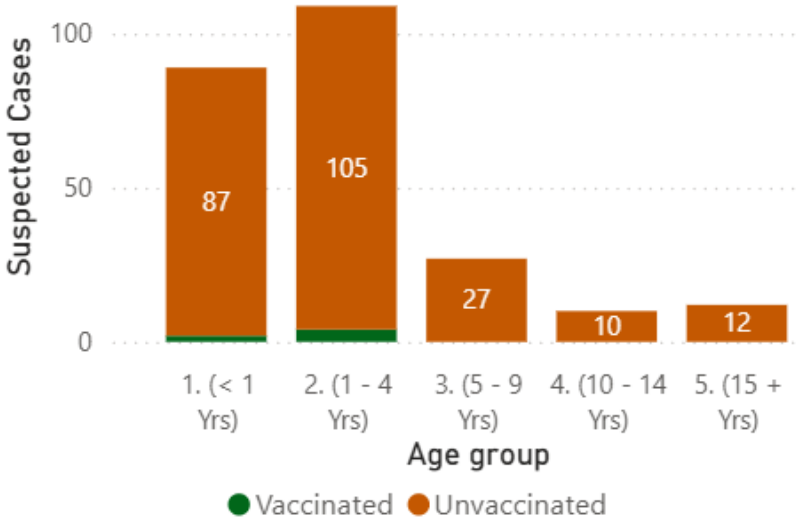


Figure 16: Age-group and vaccination Status of Suspected Measles Cases in South Sudan; Week 1-5 of 2026



6. Hepatitis E outbreak

- During week 05 of 2026, eight (08) new cases of Hepatitis E virus (HEV) suspected cases and one (01) related death were reported. Therefore, the cumulative number of suspected HEV cases increased to 36 and 1 death respectively (CFR 2.8%). No new HEV cases were confirmed by rapid diagnostic test (RDT) in that 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 (6 cases) and Aweil Centre (6 cases).
- In 2026 demographic profile of the reported Hepatitis E cases, 44% were male, while 56% were female. However, when the analysis is made for all cases since the outbreak begun in 2018, the male: female ratio 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, which has caused an interruption of transmission. 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.

- 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*

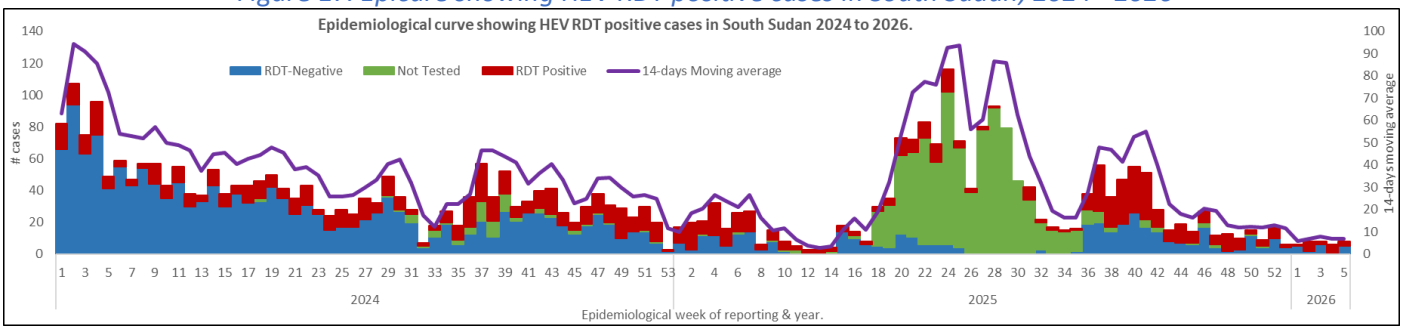


Figure 18: Distribution of suspected Hepatitis E Virus Cases by age and gender in South Sudan; 2026

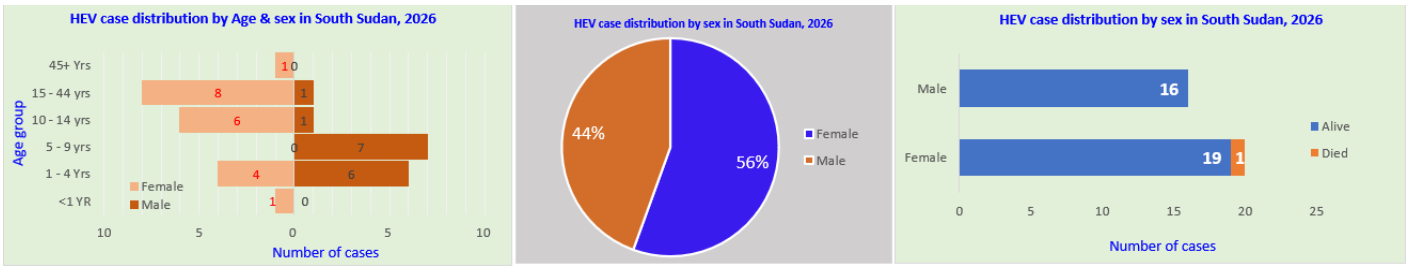
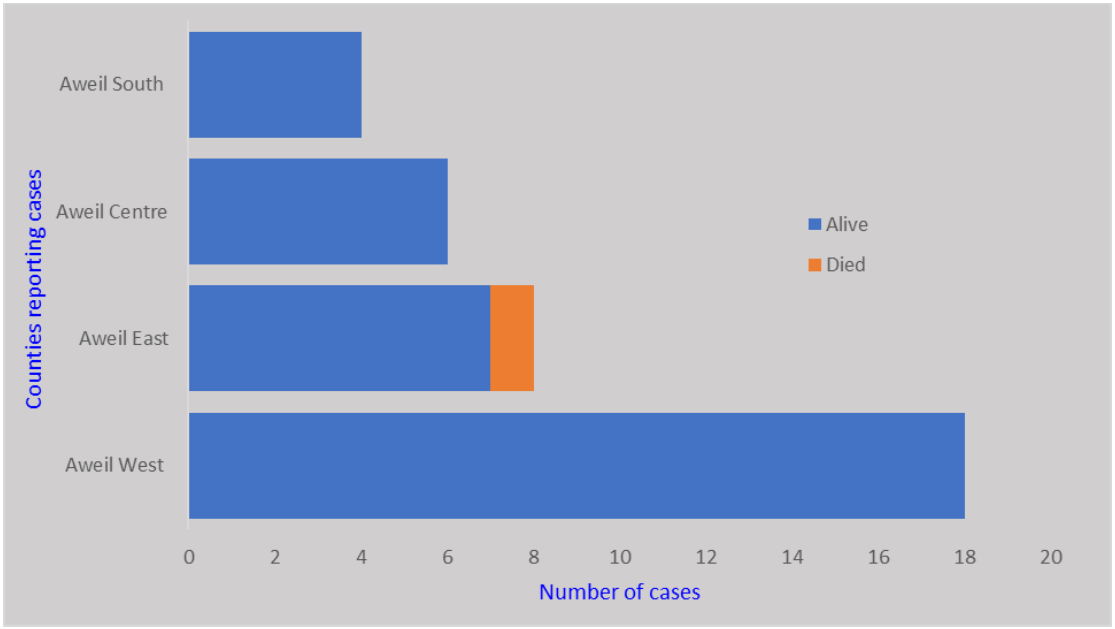


Figure 19: Distribution of Hepatitis E cases and deaths by county of South Sudan; Week 1-5 of 2026



Other Events

Sudan crisis[5]: As of 18th February 2026, a cumulative total of 336,691 households, containing 1,337,436 individuals (702,758) Females and (634,678) Males from 18 different nationalities, had crossed the border. Of this number, 67.2% (898,757) are South Sudanese returnees, while 32.3% (431,992) 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 (909,457 of 1,337,436 individuals). Other major POEs include Majokyinthou in Aweil (66,797 individuals), Atam, Gongbar and Babnis in Renk (44,291; 35,871 and 31, 823 individuals respectively). There are currently 54,464 individuals (16,942 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

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For more help and support, please contact:

Dr LASU Joseph Hickson
Emergency Preparedness and Response
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

Notes
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The data has been collected with support from the EWARS project. This is aninitiative to strengthen early warning, alert, and response in emergencies. It includes an online, desktop and mobile application that can be rapidly configured and deployed in the field. It is designed with frontline users in mind and built to work in difficult and remote operating environments. This bulletin has been automatically published from the EWARS application.
More information can be found at: http://ewars-project.org

Data source: DHIS-2 and EWARS

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