Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 8

16th to 22nd 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 1,162 functional health facilities. The reporting facilities include public (1132) and Private (30) health facilities. Particularly, there are an additional 534 non-functional health facilities that are not included in the IDSR/EWARS reporting system. Special thanks to the surveillance society 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 8 of 2026, IDSR reporting timeliness was at 76%, which was slightly better than 75% attained in the previous week 7. The completeness of IDSR reporting was 88%, an attainment that was slightly lower than the 89% in the previous week7. Ten of the thirteen states/administrative areas achieved reporting completeness above the targeted 80%, while three (Abyei Administrative Area, Central Equatoria, and Upper Nile State) did not. Lakes, Ruweng administrative area and Unity States maintained 100% completeness of IDSR reporting for eight consecutive weeks of 2026. At the EWARN mobile sites, both timeliness and completeness of reporting were, for the first time in 2026, at 100%.
- **EWARS Alerts Management:** A total of 74 EWARS alerts were triggered in week 8, with 63 (85%) verified. Only two of the 63 verified alerts were risk assessed, and none (0) required response. In 2026 alone, the cumulative total of alerts triggered in the EWARS system became 1,041 of which 80% (833) have been verified. Only 4% of the verified alerts in 2026 required risk assessment and 2% required response. Acknowledgements to the surveillance groups in Central Equatoria, Jonglei, Lakes, Northern Bahr el Ghazal, Upper Nile and Western Equatoria for verifying all alerts triggered in their respective States.
- **Mpox Outbreak:** In the week ending 17th March 2026, there were 4 suspected Mpox cases detected and investigated. The new suspected cases were in Ezo (2), Juba (1), and Yambio (1). The cumulative number of suspected Mpox cases detected in 2026 is now 59. The cumulative confirmed Mpox cases remained 50 and 2 related deaths (CFR 4%).
- **Cholera outbreak:** As of March 16, 2026, there were a cumulative total of 100,790 cases and 1,653 deaths (CFR: 1.6%). A considerable number of, 99,049 individuals, have fully improved and discharged. Presently, 82 cases are under treatment, mainly in Duk (47), Yirol East (30), Awerial (4) and Bor South (1) counties
- **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 humanitarian Crises.

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 8 of 2026, the timeliness of IDSR reporting was 76%, while the completeness was 88%, demonstrating a slight increase in timeliness while remaining stagnant in Completeness of IDSR reporting when compared to the previous week 7.

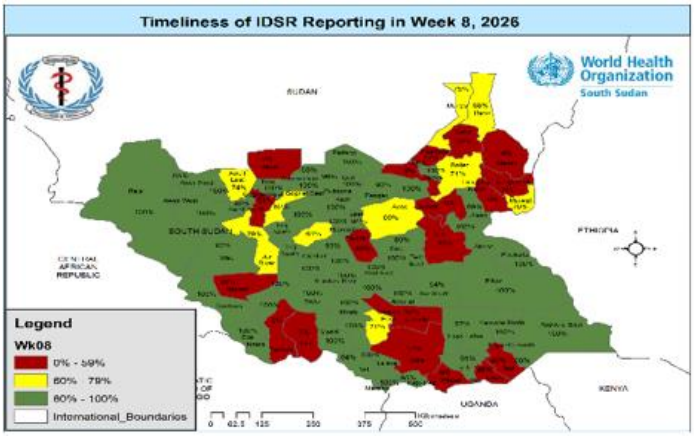
Table 1: *Timeliness and completeness of IDSR reporting by State for week 7 compared to week 8 of 2026*

State	Total facilities	Number of facilities reported (Completeness Week 8)	Comparison of the reporting period				Cumulative since year start of 2026	
			Timeliness		Completeness			
			Week 8	Week 7	Week 8	Week 7	Timeliness	Completeness
Lakes	114	115	100%	97%	100%	100%	94%	100%
NBGZ	81	76	86%	85%	94%	96%	75%	90%
Unity	105	105	98%	99%	100%	100%	95%	100%
WBGZ	90	77	86%	76%	86%	84%	**58%**	80%
WES	159	156	73%	74%	98%	91%	76%	94%
Jonglei	115	98	78%	**59%**	85%	71%	66%	71%
Warrap	86	83	84%	84%	97%	97%	74%	98%
EES	104	102	63%	68%	98%	99%	**60%**	97%
RAA	16	16	**25%**	**25%**	100%	100%	**53%**	100%
CES	119	89	70%	92%	75%	92%	77%	80%
AAA	21	3	**0%**	**5%**	**14%**	76%	**31%**	**50%**
Upper Nile	137	82	**50%**	**47%**	60%	67%	**57%**	67%
GPAA	15	15	100%	93%	100%	93%	91%	92%
Total	**1,162**	**1,017**	**76%**	**75%**	**88%**	**89%**	**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 8, 2026.



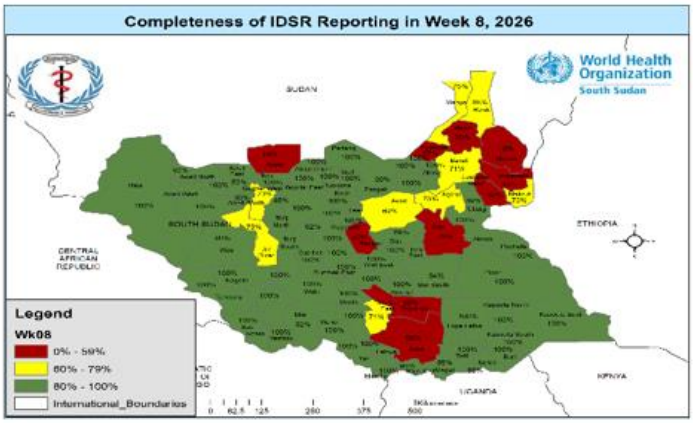


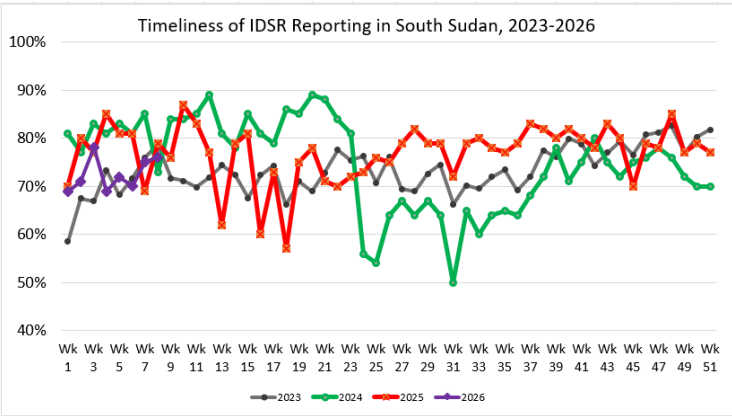
Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 8 of 2026.

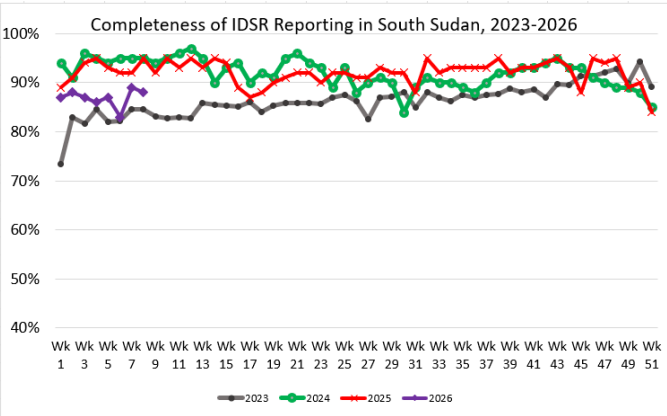
IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for week 08, 2025							
Partners	# of Reporting Mobile Sites	% of Timeliness in week 08	% of Completeness in week 08	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 08	% of Completeness in week 08
IMC	3	100%	100%	Kator	3	100%	100%
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	100%	100%
RI	1	100%	100%	Mangala	1	100%	100%
TOTAL	**9**	**100%**	**100%**	Munuki	9	**0%**	**11%**
				Rejaf	3	**0%**	**0%**
				TOTAL	**30**	**60%**	**63%**

Note: Thank you to all partners intensified efforts to yield strong performance levels in EWARN reporting sites. The timeliness and completeness reporting rates for week 8 indicates a significant improvement from the dismal performance rates attained in the previous week 7.

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 had also been corrected. The two poor IDSR reporting events were due to multiple factors including a) engagement of county medical teams in nOPV2 SIAs, b) Stockouts of essential Medicines, and more lately 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

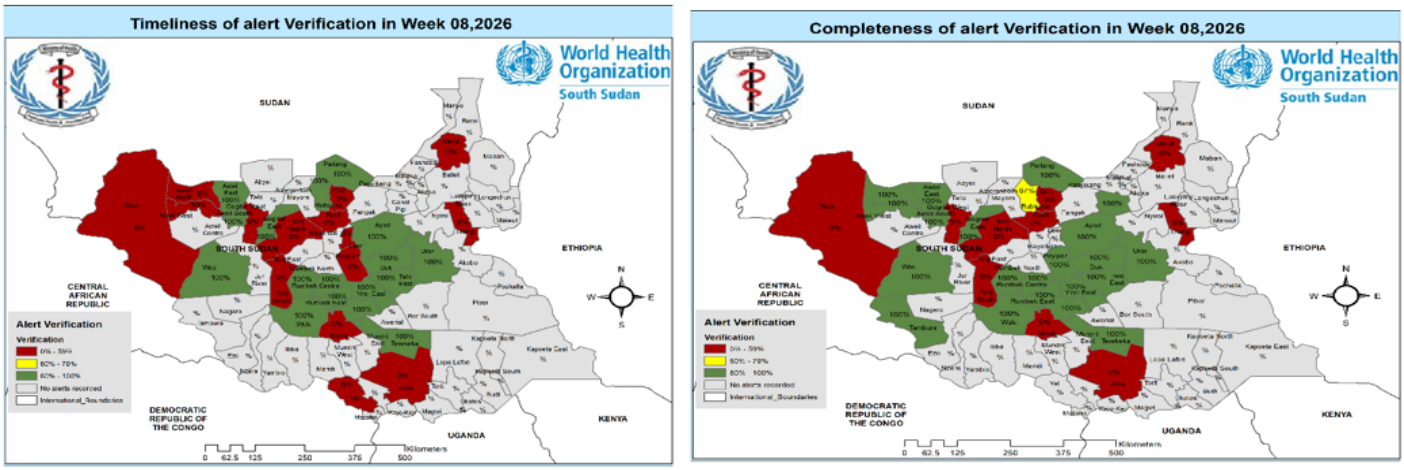
In epidemiological reporting week 8 of 2026, the total number of alerts triggered in the EWARS system were 74. Of these, 85% (63 alerts) were verified, reflecting an improvement in verification rates. Only two of the 63 verified alerts were risk assessed, and none (0) required response. Special recognition to the surveillance teams in Central Equatoria, Jonglei, Lakes, Northern Bahr el Ghazal, Upper Nile and Western Equatoria for verifying all alerts triggered in reporting week 8 of 2026. Notably, most alerts were for Guinea Worm Disease (32%), ARI (28%), cholera (23%), measles (4%), EBS (4%) and all others (8%).

In 2026 alone, the cumulative total of alerts triggered in the EWARS system became 1,041 with 80% verified. Only 4% of the verified alerts in 2026 required risk assessment and 2% required response.

Table 3: *Summary of EWARS alerts triggered and verified in Epidemiological Week 8, 2026.*

Summary of EWARS alerts triggered and verified in Epidemiological Week 8, 2026.																		
	AJS		ARI		AFP		Cholera		Covid-19		EBS		Guinea Worm		Measles		Total	
State/Admin	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V
CES	1	0	2	2	0	0	0	0	0	0	1	0	0	0	0	0	3	3
Jonglei	0	0	0	0	1	1	10	10	0	0	0	0	0	0	0	0	18	18
Lakes	0	0	4	4	0	0	1	1	0	0	0	0	21	21	0	0	26	26
NBGZ	0	0	4	4	0	0	0	0	0	0	0	0	0	0	2	2	5	5
RAA	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1
Unity	0	0	5	2	0	0	3	2	0	0	0	0	0	0	0	0	8	4
Upper Nile	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	2	2
Warrap	0	0	1	0	0	0	0	0	1	1	2	0	3	0	0	0	5	1
WBGZ	0	0	3	1	0	0	0	0	0	0	0	0	0	0	1	0	4	1
WES	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	2	2
EES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AAA	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
Grand Total	**1**	**0**	**21**	**14**	**1**	**1**	**17**	**14**	**1**	**1**	**3**	**0**	**24**	**21**	**3**	**2**	**74**	**63**

Figure *3: Timeliness and Completeness of Alerts Verification rates by county of South Sudan for week 8, 2026*

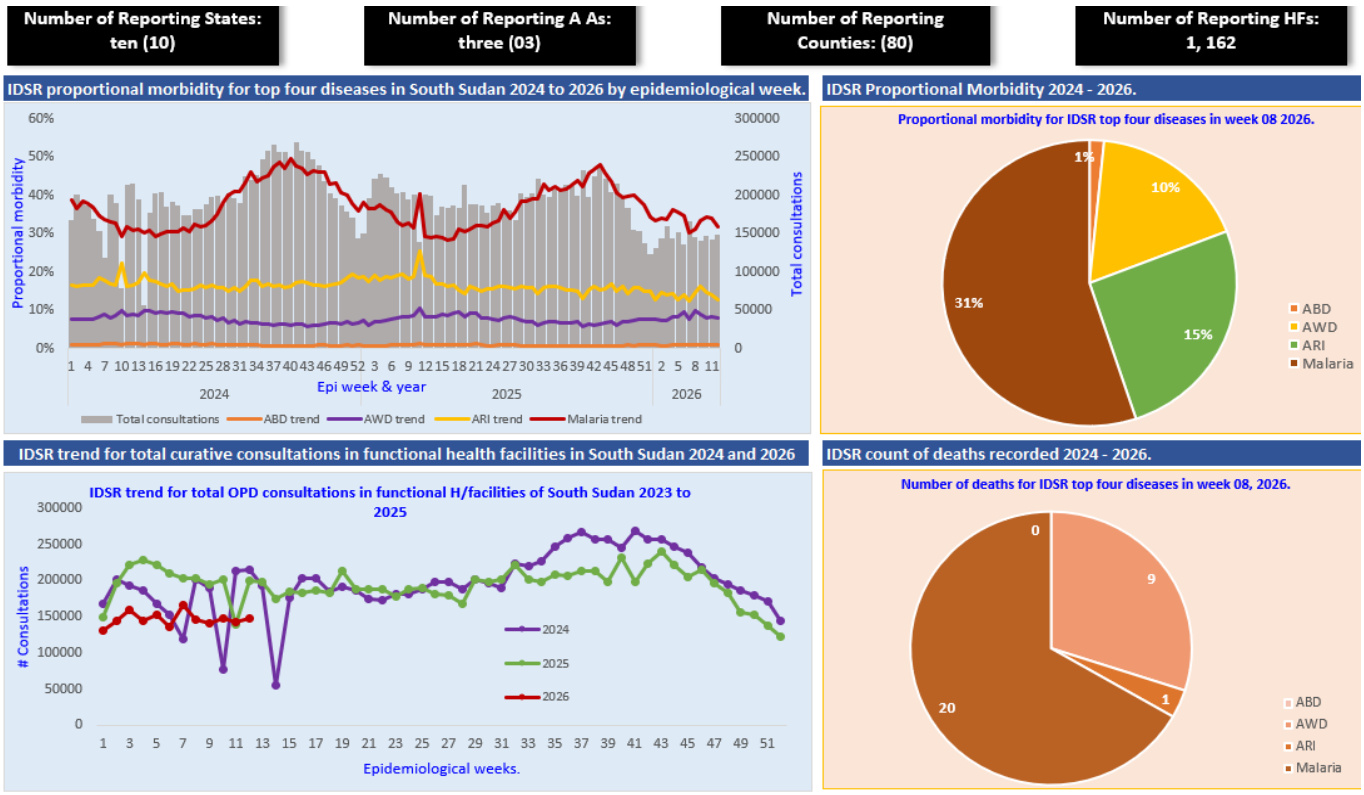


Weekly Update on Indicator-Based Surveillance (Week 08 of 2026)

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 08 of 2026, a total of 145,272 morbidity-related consultations were reported across South Sudan from 1,162 functional health facilities, private and public, in the country. Malaria remained the principal cause of morbidity, accounting for 31% (45,319) of all reported cases, which is higher than 30% (50,435) reported in the previous week 7. This was followed by acute respiratory infections, which provided 15% (21,196), and acute watery diarrhea, which accounted for 10% (14,398) 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.

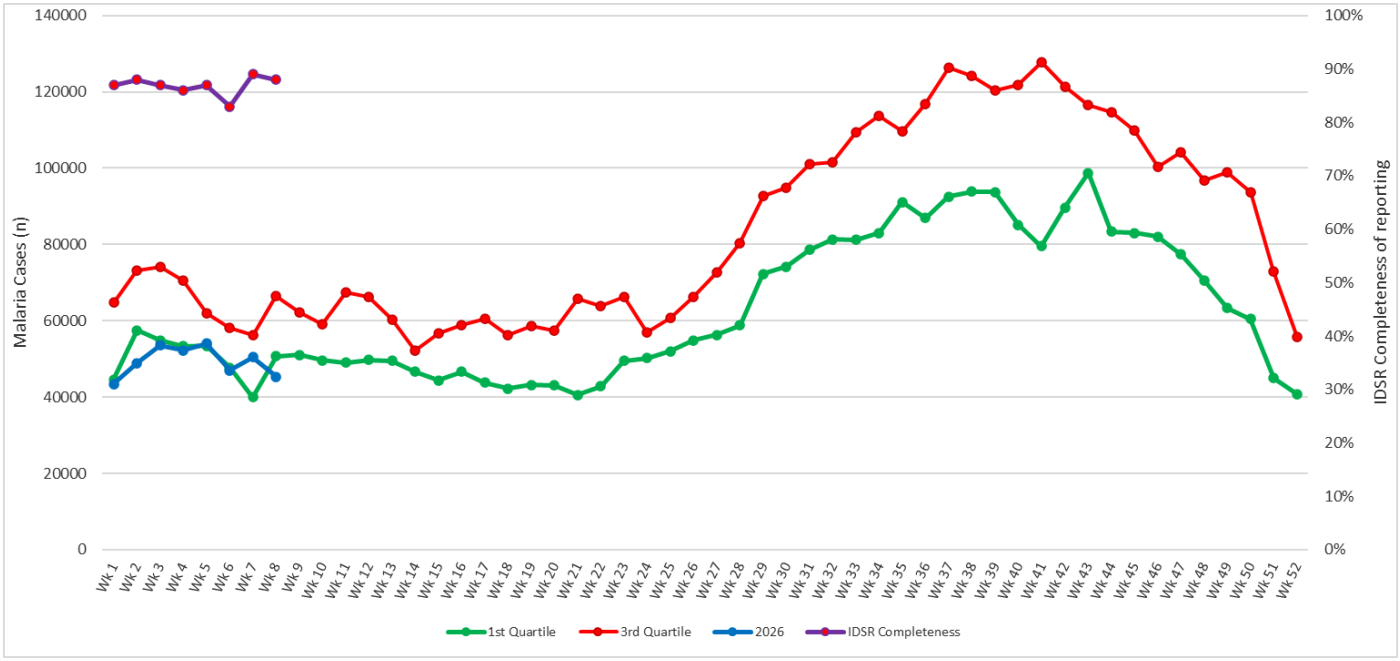
Figure 4: **Proportional Morbidity of top 4 IDSR priority diseases reported as of week 08 of 2026.**



1. Malaria Updates

In week 08 of 2026, malaria persisted as the top cause of disease, contributing 45,319 reported cases and 20 deaths amongst the suspected cases. The weekly analysis shows that these numbers are in the range of expected counts for the transmission period. Remarkably, there have been fewer than expected malaria cases reported since the year begin, with a downward trend in the last 5 weeks. This had 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.

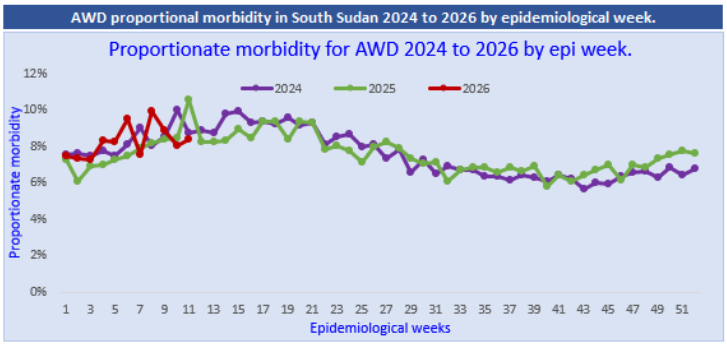
Figure 5: Normal Malaria Transmission Channel for South Sudan; Updated at Week 08 of 2026

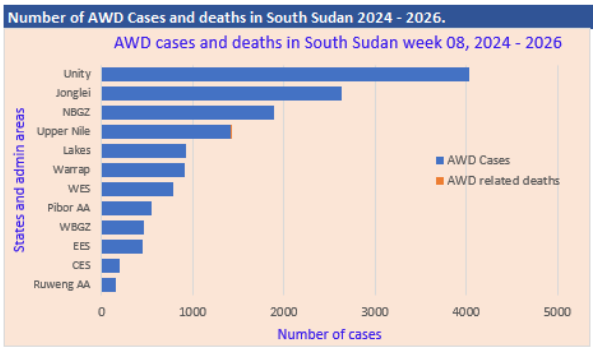


2. Acute Watery Diarrhoea

During the epidemiological week 08, Acute Watery Diarrhoea (AWD) was the third leading cause of morbidity, triggering 14,398 OPD consultations with nine (9) death reported in Upper Nile State. After one year of the cholera outbreak, AWD cases remained within normal ranges. The AWD dashboard developed in 2025, has been carried through to 2026, as our analytic tool for visualizing trends and weekly data by geography, which aids in targeted investigations for early outbreak detections. Morbidity patterns due to AWD remain consistent with what was reported in similar previous reporting periods of 2024 and 2025.

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





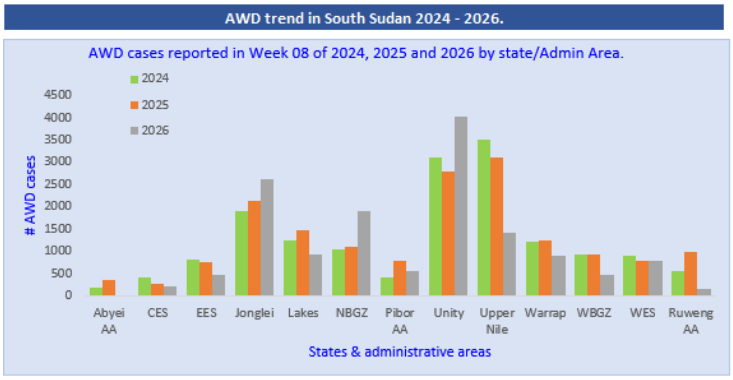


Table of AWD cases and deaths week 08, 2024 - 2026.

State/Admin Areas	AWD Cases	AWD Deaths	CFR
Ruweng AA	154	0	0.00%
CES	201	0	0.00%
EES	456	0	0.00%
WBGZ	459	0	0.00%
Pibor AA	546	0	0.00%
WES	785	0	0.00%
Warrap	908	0	0.00%
Lakes	921	0	0.00%
Upper Nile	1414	9	0.64%
NBGZ	1893	0	0.00%
Jonglei	2627	0	0.00%
Unity	4034	0	0.00%
Grand Total	14398	9	0.06%
0	0	0	0.70%

3. Respiratory Pathogens Surveillance weekly updates.

Acute respiratory illnesses continued the second leading cause of outpatient consultations in the country, contributing 15% of all the OPD consultations. During epidemiological Week 08 of 2026, continue to show that Unity, Upper Nile, and Northern Bahr el Ghazal States, which hold a great share of the Country's refugees and displaced populations, take the highest burden of ARI infections. These high-burden ARI states will be priority in any future expansion planning of respiratory pathogens surveillance.

Figure 7: Comparative analysis of reported ARI case counts by State of South Sudan in epidemiological week 8 of 2026.

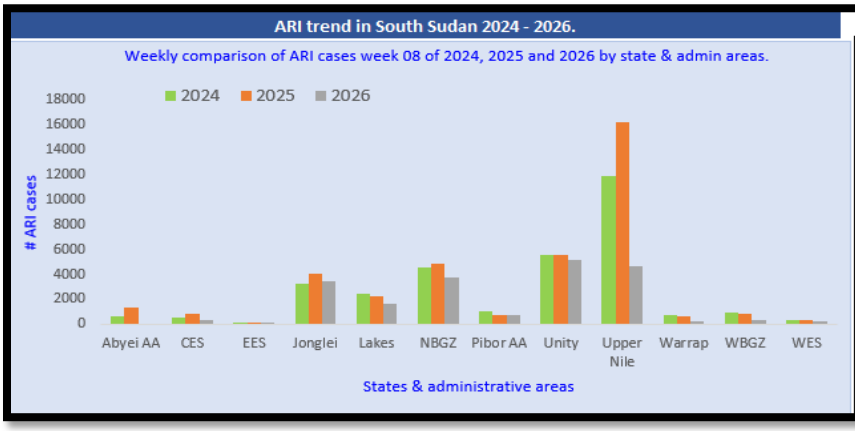
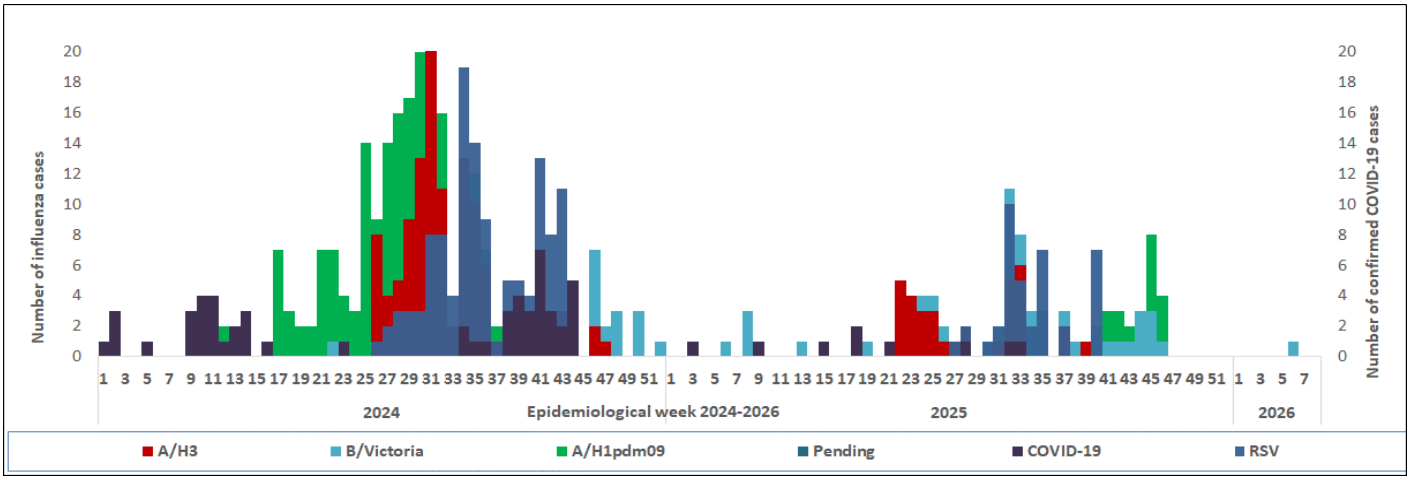


Table of ARI cases and deaths week 08, 2024 - 2026.

State/Admin Areas	ARI Cases	ARI Deaths	CFR
EES	164	0	0.00%
Warrap	220	1	0.45%
WES	244	0	0.00%
WBGZ	315	0	0.00%
CES	339	0	0.00%
Ruweng AA	435	0	0.00%
Pibor AA	727	0	0.00%
Lakes	1604	0	0.00%
Jonglei	3478	0	0.00%
NBGZ	3795	0	0.00%
Upper Nile	4680	0	0.00%
Unity	5195	0	0.00%
Grand Total	21196	1	0.00%
0	0	0	0.46%

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 08 of 2026.



During Epidemiological Weeks 1-8 of 2026, a cumulative total of 195 ILI/SARI samples have been collected. Most ILI/SARI samples were from Juba (47 samples), Nimule Hopsital in Magwi county (26), and the remainder were from Bor Hospital in Jonglei state. No samples have been collected from Rumbek Hospital. All the samples collected tested negative at the national influenzae centre. In 2026, the following pathogens remain zero (COVID-19, Influenza Type A (H3), Influenza Type B (Victoria), Influenza A/(H1N1) pdm09 and Respiratory Syncytial Virus (RSV). The persistent non-detection of respiratory pathogens continued into the 11th 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.

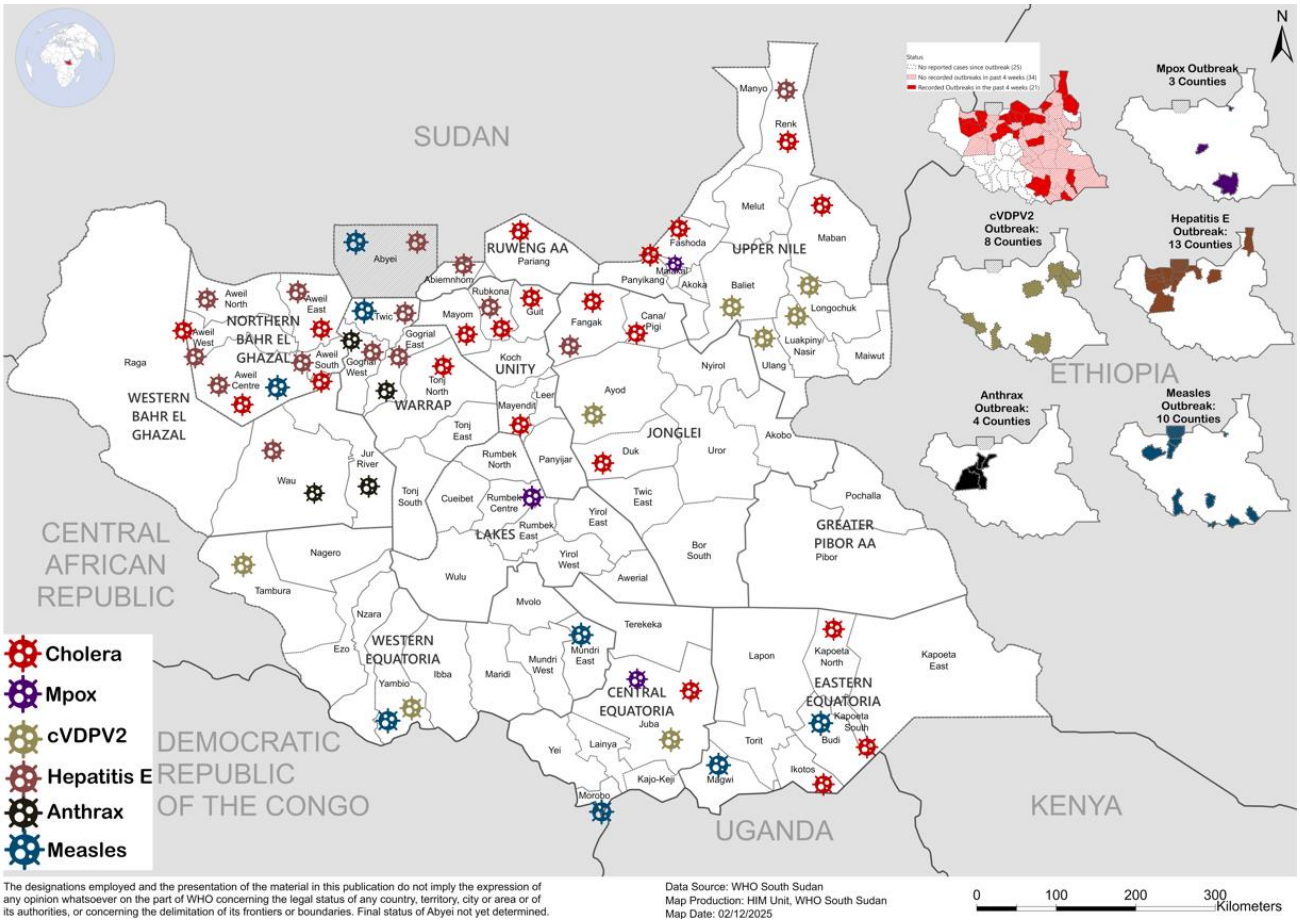
It's important to note that there are 5 active outbreaks, carried over from the previous year's namely Anthrax, cholera, cVDPV2/Polio, hepatitis E, and Mpox.

South Sudan has a multi-disease National Steering Committee that coordinates response interventions to mitigate transmission and spread of the several outbreaks. The National Steering committee operates an IMS structure with all pillars also activated for readiness operations. Below is a summary table and a map of the confirmed emergencies generated from the IMS/Pillar updates received at the meeting on 13th February 2026.

Table 4: *Summary of ongoing and confirmed epidemics as of 25th March 2026*

Aetiologic agent	Location (county)	Date first reported	New Suspected cases	Cumulative suspected	Response Activities				
					Surveillance/ Lab confirmed	Active Cases under management	Vaccination	Health promotion	IPC/WASH
Mpox	Juba Malakal, Rumbek	Feb 2026	0	559	53	6	Planned	Yes	Yes
Cholera	In 55 counties of 9 states and 3 AAs	Sept 2024	136	101,484	13,329	21	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	2	9,394	2, 765	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 25th March 2026.*



Response activities for ongoing/suspected outbreaks

1. Mpox outbreak[1]

- In the week ending 25th March 2026, no new suspected Mpox cases were detected. All previously suspected cases were promptly investigated, and lesion swab samples were collected for laboratory confirmation. The World Health Organization (WHO) supported the State Rapid Response Teams (SRRTs) in conducting these investigations. Laboratory testing using Polymerase Chain Reaction (PCR) confirmed two positive Mpox cases from Juba County. Evidence of local transmission has been identified in Juba, Ezo, Tambura, and Yambio, indicating sustained transmission in these areas. This highlights the need for continued surveillance, active case finding, and strengthened response interventions to interrupt transmission.
- Cumulatively, a total of 559 suspected Mpox cases have been reported to date, of which 53 have been laboratory confirmed. The confirmed Mpox cases are distributed as follows: Ezo (n=4), Juba (n=36), Rumbek Centre (n=2), Rumbek East (n=1), Malakal (n=1), and Yambio (n=2). Two (2) deaths have been recorded among confirmed cases in Ezo and Juba, resulting in an overall fatality rate (CFR) of 3.8%
- A total of 25 Mpox cases have been confirmed over the past 12 epidemiological weeks, compared to 21 cases reported during the first 42 weeks of 2025, indicating an acceleration in Mpox transmission in South Sudan.
- As of the current reporting period, there are 12 active Mpox cases receiving home-based care and 118 contacts under active monitoring.
- The County RRTs, are conducting the active surveillance and field tracing of the identified contacts, contacts.
- Active surveillance for suspected Mpox cases continues nationwide.
- Among the confirmed Mpox cases, 55% are females and 45% are males. On the contrary, the ratio of female to male amongst suspected Mpox cases is 28% to 72%. This skewed proportion of Mpox cases amongst men is due to the suspected Mpox outbreak investigation and line listing from 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, with its incessant risks, 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; 2025 to 25th March 2026

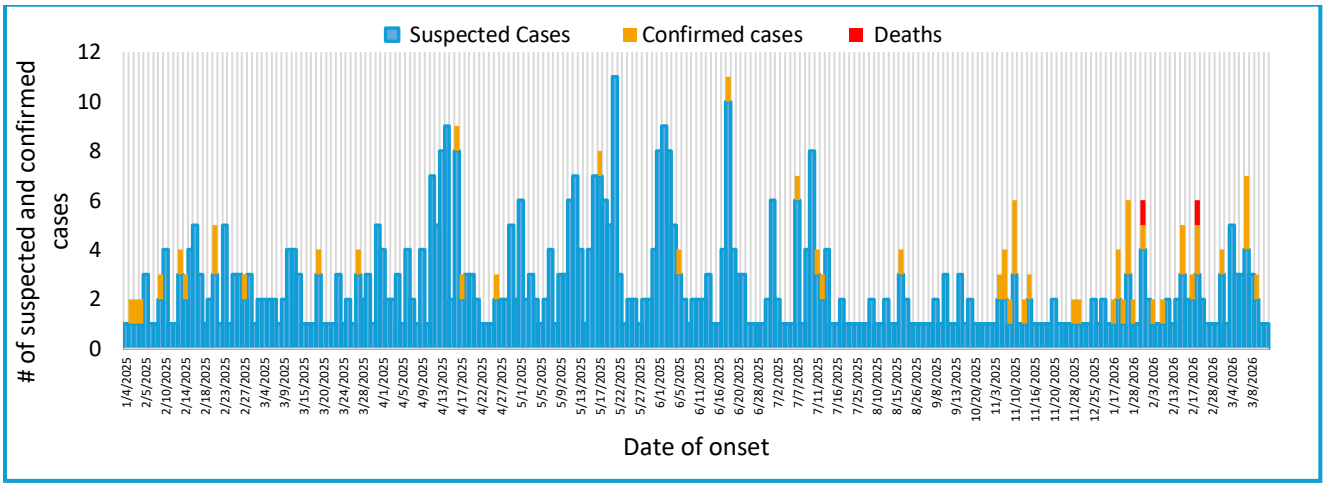
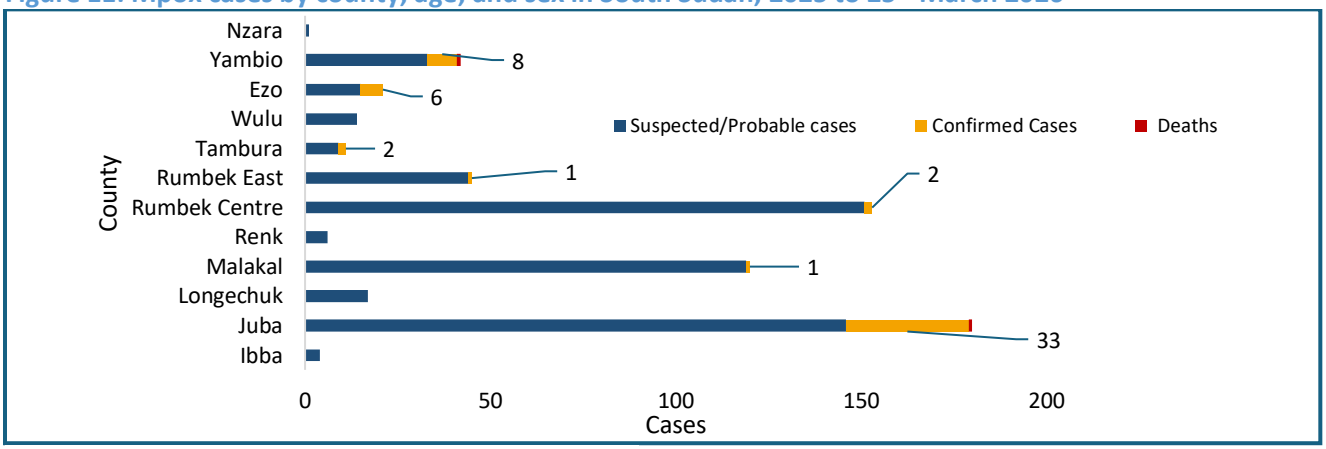
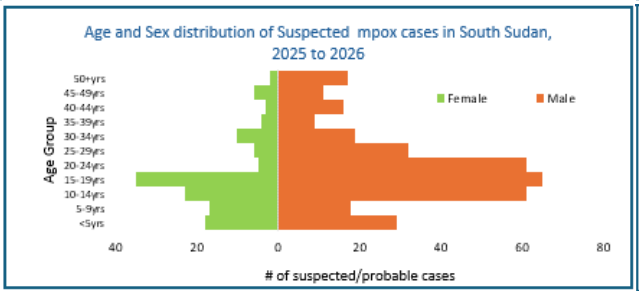
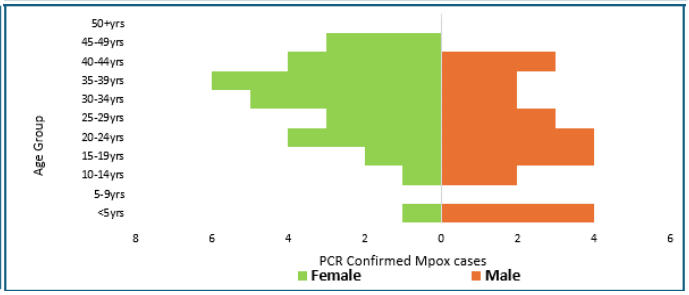


Figure 11: Mpox cases by county, age, and sex in South Sudan, 2025 to 25th March 2026







Proposed Priority Interventions for the Mpox Response

1. **Coordination of Mpox response**
   - Activation of State task-forces for Mpox response management (preferably leveraging the state "one health" MCMs)
   - Transitioning Mpox response into routine PHC and IDSR in line with the regional orientations following the grading of Mpox as a protracted Grade 2
2. **Mpox Surveillance Intensification**
   - Active search for Mpox rashes at facilities and communities with active transmission
   - Incentives for Mpox case search (in active transmission counties of Ezo, Juba, Tambura and Yambio)

3. **Targeted Promotion of Mpox Integration with HIV/AIDS/STI** programming
   - Sensitization of HIV/AIDS/STI workers on Mpox case definitions, case finding and preventive messages of the disease
   - Training all ART clinic staff on Mpox case definitions, investigation needs, appropriate samples to collect and Tx of patients
   - Re-orientation of State and County surveillance officers in case detection, laboratory investigation and appropriate specimen packaging/referral
4. **Case Management**
   - Disseminate the Mpox case management protocols (facility based and Home-based management)
   - IPC/WASH protocols for prevention of nosocomial transmission of cases
5. **Risk Communication and Community Engagement (RCCE)**
   - Communicate the risks, dangers and what to do to avoid Mpox in your home, social networks and catchment areas
   - Dissemination of the guidelines for prevention of community transmission of Mpox
6. **Mpox Vaccination**
   - Drafting the Mpox Vaccination plan.
   - Process an official MOH request and confirmation of approvals to use Mpox vaccines in response to the current outbreak.

2. South Sudan Cholera Outbreak Updates as of 18 March 2026[2]

- As of 18 March 2026, a cumulative total of 100,857 cases and 1,652 deaths have been reported, corresponding to a case fatality rate (CFR) of 1.6%. A total of 99,116 individuals have recovered and been discharged. Currently, 87 active cases are under treatment, primarily in Awerial, Bor South, Duk, Panyijiar, and Yirol East counties.
- In the last 7 days (onset from 11 March 2026 to 17 March 2026), 83 new cases and 1 death (CFR: 1.2%) were reported by 6 counties (down from 101 new cases reported the previous week). Majrity of the new cases were from Duk (31), Yirol East (27), Panyijiar (11), Mayom (9), Awerial (4), and Bor South (1).
- Since the onset of the outbreak, 49 affected counties have effectively interrupted cholera transmission. However, Panyijar and Mayom County remains the only two counties in Unity State that continues to report active cases.
- The epidemiological focus of the outbreak has changed to Jonglei State and Lakes State, largely driven by population displacement and suboptimal water, sanitation, and hygiene (WASH) conditions in internally displaced persons (IDP) settings. These conditions are primarily associated with ongoing insecurity and resultant population movements.
- Fluctuations in new cases are expected due to various factors, including population movement and poor sanitation conditions.
- In the vaccination Pillar:
  a) OCV deployment has been completed in 46 counties in which a cumulative total of **8,688,484** vaccinated (**86.8%** coverage) vaccinated against cholera
  b) 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.

[2] This is data reflecting the recent updates to the NSC meeting on 19 March 2026

c) 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-sounty geographies of Duk, Panyinjiar and Yirol East

d) The campaign has been successfully completed in three payams—Ageer, Padiet, and Dongchak—as well as in several surrounding islands, with support from MSF-France.

e) According to the data received for Duk County, a total of 24,169 individuals were vaccinated during the mop-up campaign. The distribution is as follows:

- Ageer Payam: 10,482 individuals
- Padiet Payam: 6,418 individuals
- Dongchak Payam: 2,382 individuals
- Islands: 4,887 individuals

f) In Yirol East, the campaign is ongoing with support from MedAir. So far, data indicates that a total of 7,576 individuals have been vaccinated.

The distribution is as follows:

- Adior Payam: 5,270 individuals
- Malek Payam: 2,306 individuals

g) Pre-campaign activities ongoing for the campaign in Panyijiar County (Pachienjok and Ganyliel)

h) 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 Wk08 of 2026

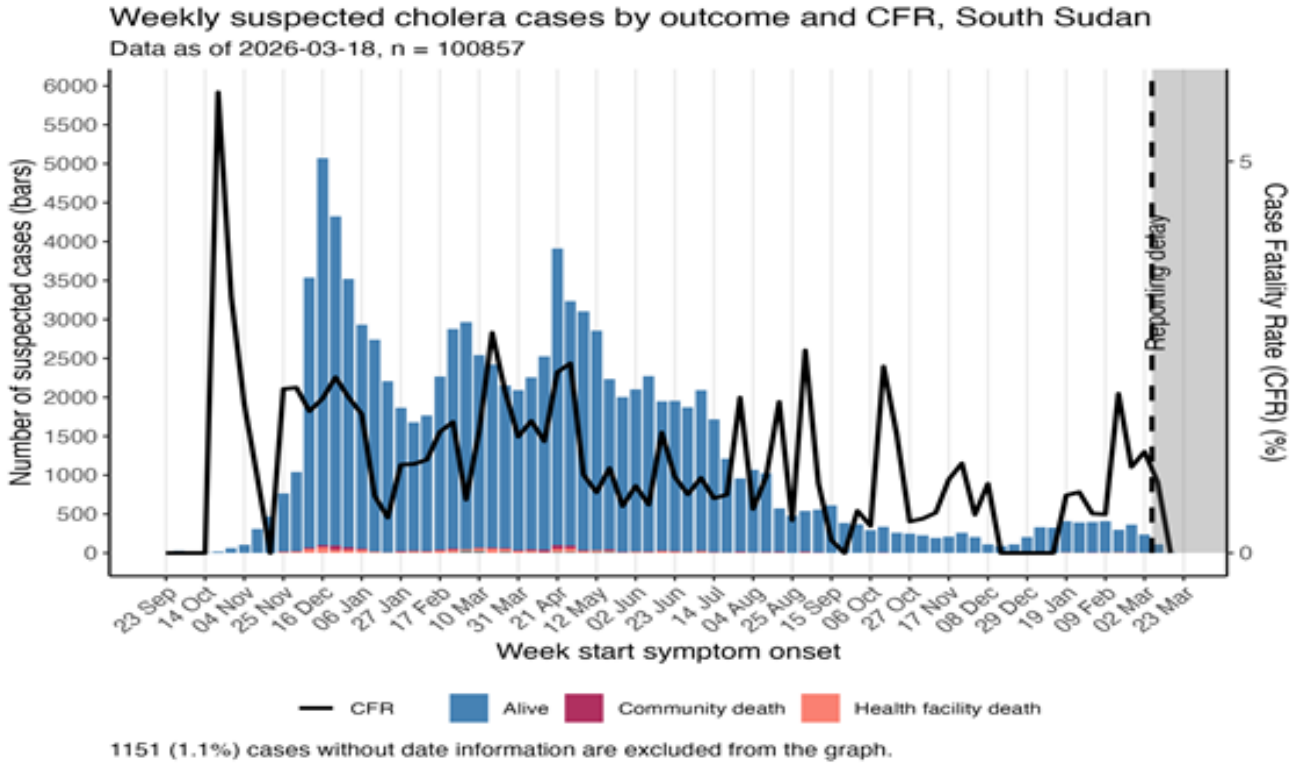
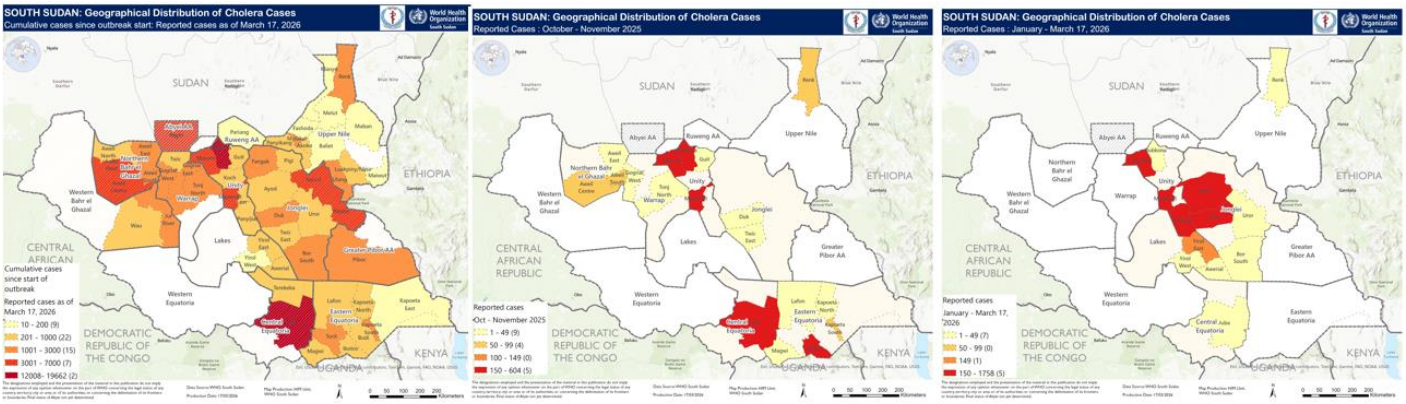


Figure 12: Map showing Cholera Case counts by Counties of South Sudan with progress from the last 7 Days



Cumulative reported cases since the start of the outbreak, highlighting the overall burden and most affected counties

Lowest levels of reported cases observed during **October–November 2025**, reflecting the period of relative decline

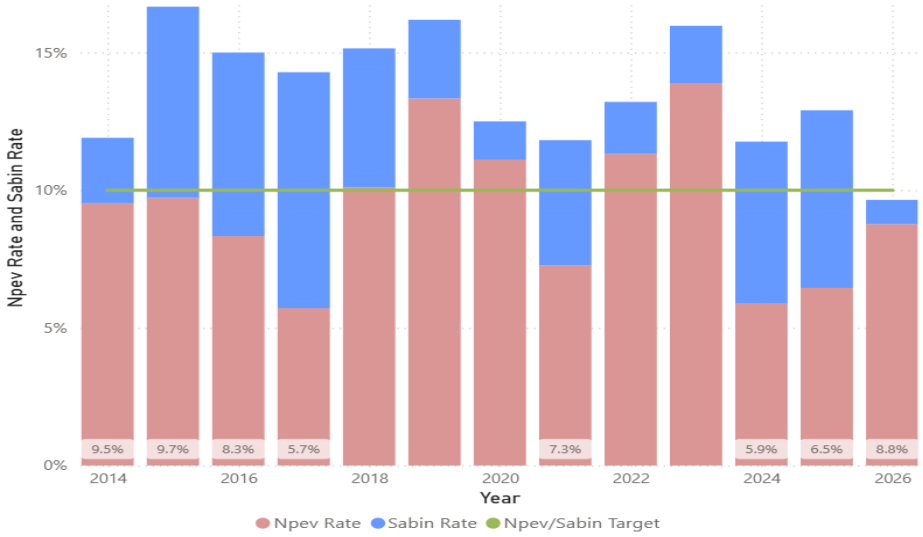
Recent trends showing the **reversal of this decline (Jan-Mar 2026)**, with increasing cases especially in Jonglei following the deterioration in security in the state since the end of 2025

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

- In the week ending 16th March 2026. One VDPV1 was reported form AFP case on 6 Mar with date of onset on 6 Feb 2026. This new polio emergence group was detected in a 14 months old baby and yet the isolate was 32 nucleotide changes from sabin, suggesting nearly 3 years of transmission. A detailed investigation, that among others shall include collection of samples samples from close household and community contacts.
- Polio Program Updates
    a. VDPV1 detailed case investigation and zero response with bOPV are going on in Maiwut county, Upper Nile State.
    b. NPEC meeting took place on Friday 13 March 2026 to classify inadequate AFP cases.
    c. R2 nOPV2 campaign in Longuchuk county was implemented from 13-16 March 2026..
- AFP Surveillance performance as at Week 10 of 2026
    a. Cumulatively, 93 cases of AFP were reported in 2026, compared to 62 cases reported during the same period in 2025
    b. The non-Polio AFP rate is calculated as 1.20 per 100,000 population under 15 years in week 10 of 2026. The Stool adequacy rate was 98% in week 10 of 2026 compared to 95% in the same period in 2025.
    c. Out of the 80 reporting counties, 22 (27.5%) met both the NPAFP rate and Stool Adequacy indicators, 27 (33.75%) met at least one of the indicators, and 31 (38.75%) did not meet any of the indicators. Notably, only 29 counties were silent at week 10 of 2026 compared to 44 counties in the same time period last year.
    d. Out of the cumulative 4,008 ISS visits conducted in 2026, Week #10 had 432 ISS visits conducted compared to 450 ISS visits conducted in the same time period of 2025.
- Priority Interventions for the coming week.
    a. Follow up with a third-party partner UNKEA, to complete R2 nOPV2 campaign in Longuchuk county, Upper Nile State
    b. Finalize VDPV1 detailed case investigation and zero response with bOPV in Maiwut county and share a report.

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

Figure 13: Non-Polio AFP Detection and Non-Polio Enterovirus Isolation rates for South Sudan; Week 10 of 2014-2026



4. **Anthrax**

- From Epi week 1 to 8 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]

- During epidemiological weeks 1–8 of 2026, a cumulative total of 412 suspected measles cases were reported across 15 counties. Of these, 76 cases (18.4%) were investigated with serum samples collected and submitted to the serology department of the National Public Health Laboratory (NPHL). Laboratory analysis revealed that 32 out of the 76 samples (42.1%) tested positive for measles-specific IgM antibodies, confirming recent infection
- Out of 412 suspected measles cases, only 11 (3%) were vaccinated. All others (97%) were either unvaccinated or had an unknown vaccination status.
- Among the unvaccinated individuals, children under the age of five years account for 44%. This statistic indicates

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

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.

- 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 counties with a confirmed measles outbreak were Aweil West in Northern Bahr el Ghazal state and Abyei Special Administrative Area. Notably, measles outbreaks response investigations did not yet confirm the outbreak Juba and Terekeka of Central Equatoria, Magwi and Ikotos of Eastern Equatoria, Tonj South and Tonj East of Warrap state and Rumbek centre and Cuiebet (in Lakes). Notably, there are ongoing investigations of a suspected measles outbreaks Renk and Melut in Upper Nile and Yambio in Western Equatoria state.

Figure 14: Epidemic curve of measles cases in South Sudan; Week 01 to week 08 of 2026

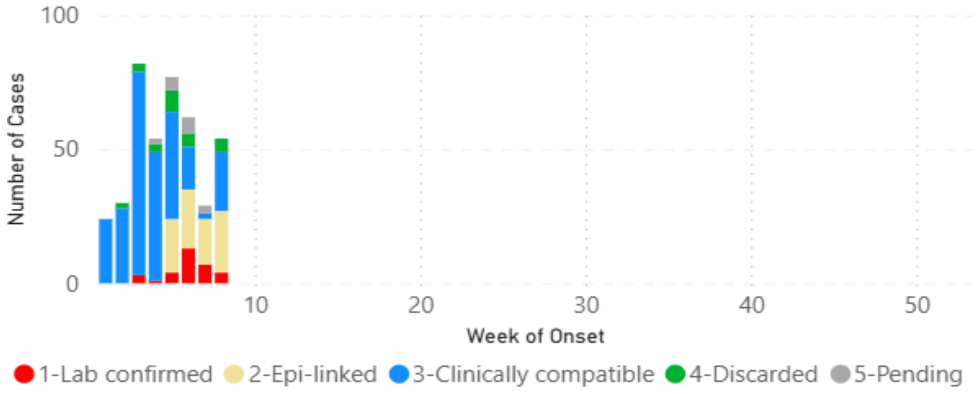
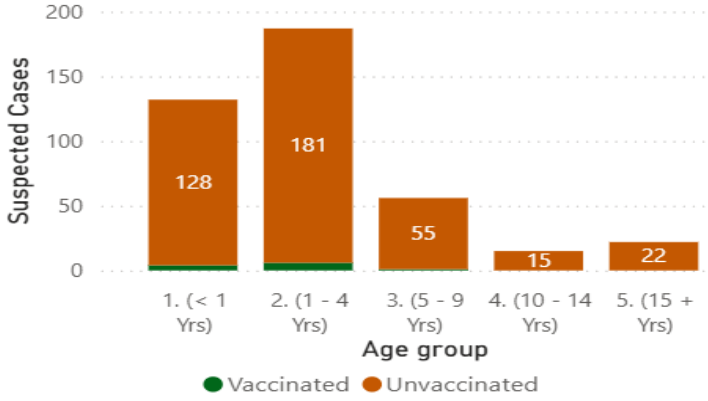


Figure 15: Age-group and vaccination status of suspected Measles Cases in South Sudan; Week 1-8 of 2026



6. Hepatitis E outbreak

- During week 08 of 2026, there were no new cases of Hepatitis E suspected cases and deaths were reported, and therefore the cumulative cases endured at 36 and 1 death respectively (CFR 2.8%). However no new HEV cases were confirmed by rapid diagnostic test (RDT) in this week.
- Since the onset of the outbreak, a cumulative total of 9,394 cases has been reported, including 146 deaths, yielding a case fatality rate (CFR) of 1.6%. In addition, surveillance data indicate that since 2018, a total of 2,762 cases have tested positive by rapid diagnostic tests (RDTs), reflecting the burden of confirmed infections over time.
- Hepatitis E has been reported in a cumulative total of 16 counties nationwide. However, in 2026, active transmission was limited to four counties, with the highest case burden observed in Aweil West (18 cases), followed by Aweil East (8 cases), Aweil Centre (6 cases) and Aweil South (4 cases).

- In 2026, females accounted for 56% of reported Hepatitis E cases, while males comprised 44%. Cumulatively, since the outbreak began in 2018, the sex distribution is nearly equal, with a male-to-female ratio of 51% to 49%
- The most affected age group nationwide is individuals aged 15–44 years, accounting for the highest proportion of reported cases.
- The National Epidemic Preparedness and Response Department continues to monitor the Hepatitis E outbreak and has endorsed the use of Hecolin® for vaccination in Renk County. A vaccination campaign targeting women aged 16–49 years was launched in November 2025, with outcomes to be reported in subsequent updates.
- Environmental surveillance of wastewater samples from polio sites detected non-polio enteroviruses in 36% of samples and subsequently confirmed Hepatitis E virus genotype 1e. Phylogenetic analysis showed that the detected sequences are linked to strains previously identified in Wau County in 2023.
- Ongoing surveillance and case management in high-risk areas are being supported by the WHO, which provides rapid diagnostic tests and specimen referral for molecular testing using rt-PCR at the national Public Health Laboratory.
- In risk communication and community engagement, Public health messaging regarding acute jaundice syndrome is disseminated in the most affected communities, using local radios, facility and Boma health workers.

Figure 16*: Epicure showing HEV RDT positive cases in South Sudan; 2024 - 2026*

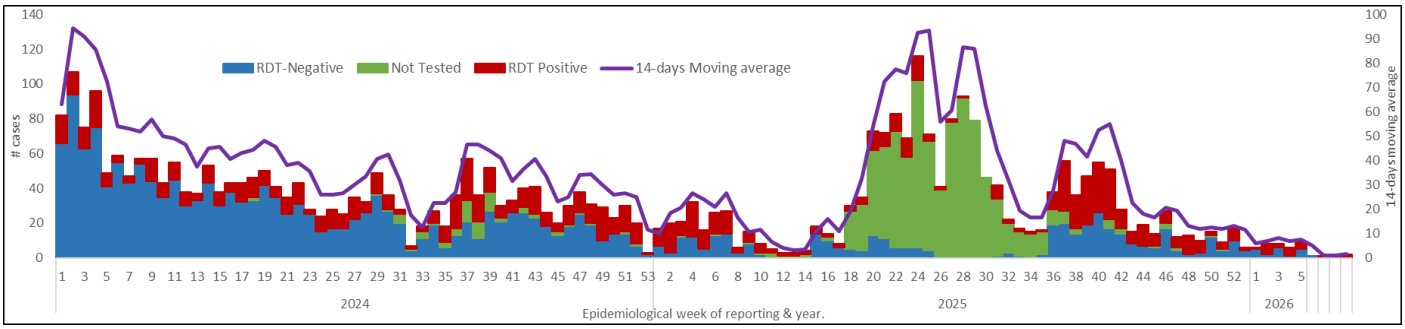


Figure 17: Distribution of suspected Hepatitis E Virus Cases by age and gender in South Sudan; 2026

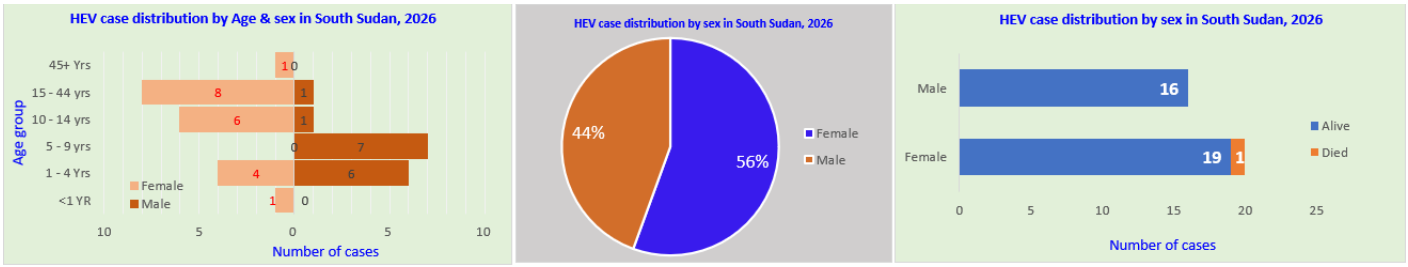
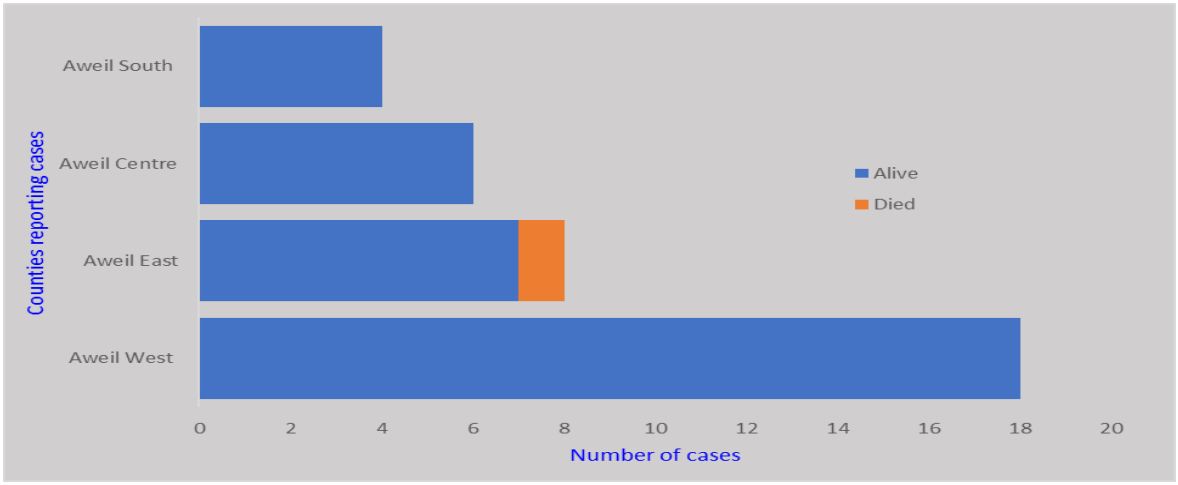


Figure 18: Distribution of Hepatitis E cases and deaths by county of South Sudan; Week 1-8 of 2026



Other Events

Sudan crisis[5]: As of 17th March 2026, a cumulative total of 340,821 households, containing 1,351,685 individuals (710,931) Females and (640,754 Males) from 18 different nationalities, had crossed the border. Of this number, 67.2% (908,332) are South Sudanese returnees, while 32.3% (436,594) are Sudanese refugees. These cross-border population movements are recorded from 33 PoEs being monitored, with Wunthou-Joda in Renk County accounting for 89.5% of the reported influx figures (1,209,758 of 1, 351,685 individuals). Other major POEs include Majokyinthou in Aweil (65,165 individuals), Atam, Gongbar and Babnis in Renk (43,820; 35,105 and 32,026 individuals respectively). There are currently 54,464 individuals (16,747 in transit centers and 37,717 in host communities) in Renk.

In Renk

In the week ending 17th March, the crisis response coordination team in Renk reported:

- A total of 8,716 outpatients consultations from 7 reporting Implementing Partners (GOAL, WVI, IOM, IMC, MSF, RI and TRI-SS) with 3 deaths.
- Highest Morbidity: ARI Acute Respiratory Infection (ARI) remained the leading cause of morbidity (28.7%), followed by Malaria (18.7%). with 2 deaths were reported during the reporting period.
- During week under review, high number of new influx of refugees and returnees arrived at the point of entry with an average of 400 daily
- No new war-wounded cases were reported this week. The active war wounded cases in the county was reported as 3 cases. MSF-B plans to close the war-wounded center next week and will transfer the active cases to the general wards of Renk county.
- Ongoing outbreaks as of week 6 of 2026:
    - **Cholera Updates**: No new cholera cases in week ending 17th March. The cumulative total number of suspected cholera cases remained at 1,567. There were no active Cholera cases under treatment. And OCV vaccination at the Point of Entry is still ongoing to make sure that there are no susceptible arrivals into the transit centres.
    - **Measles Cases:** There were two (02) new suspected Measles cases reported, raising the cumulative total reported in the county to 77. The two new suspected measles cases were unvaccinated new arrivals (returnees/refugees), and are being managed in the transit centre for purposes of containment.
    - **Hepatitis E Virus (HEV) Cases:** One (01) new suspected HEV case was reported in the week, and therefore the cumulative total of suspected cases increased to 1,152. Ongoing surveillance supported by WHO, including rapid diagnostic tests and community engagement on acute jaundice syndrome cases.
    - Recommendations for improving response to the Sudan Crisis:
        - Enhance surveillance and data sharing among partners.
        - Prioritize samples collection from infectious diseases patients for laboratory confirmation of possible outbreaks.
        - Support the implementing partners to adhere to the SPHERE standards of vaccinating all children under 5 years against measles and Polio
        - Request for additional OCV to maintain the POE vaccination against cholera
        - Provide trauma kits or dressing materials for emergency response.

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

Acknowledgments

Thanks to the State Surveillance Officers, Health Cluster partners for sharing the weekly IDSR data. To access the IDSR bulletins for 2026 use the link below: https://www.afro.who.int/countries/south-sudan/publication/south-sudan-weekly-integrated-disease-surveillance-and-response-bulletin-2026

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Notes

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

Data source: DHIS-2 and EWARS