



South Sudan: Cholera Outbreak Situation Report

Situation report: No. 024

Date of onset of outbreak: 28 September 2024

Reporting date: 12 April 2025

Data Source: State Ministry of Health and National Public Health Laboratory



Cholera response | Cumulative figures from 28 September to 11 April 2025

48,726

Cases

919

Death

1.9%

CFR

Key Weekly Highlights as of 11 April 2025

- In the past week, 806 new suspected cases, including 10 deaths, were reported from 24 counties.
- In the last 14 days of reporting (onset from 29 March 2025 to 12 April 2025), 2,235 cases and 47 deaths were reported in 30 counties. Most of these cases came from Gogrial West (430, 19.2%), Pibor (351, 15.7%), Rubkona (298, 13.3%) and Aweil North (195, 8.7%).
- From 28 September 2024 to 11 April 2025, 48,726 cases, including 919 deaths have been reported.
- Gogrial East is the latest county to report cholera cases, bringing the total to 44 affected counties across 9 states and 2 administrative areas—Ruweng and Greater Pibor.
- Of the 919 deaths, 487 (53%) occurred in health facilities, while the rest were community deaths. The overall case fatality rate (CFR) is 1.9%, while the health facility CFR is 1.0%.
- Unity State accounts for the highest burden of cholera cases at 37.8% (18,459) followed by Jonglei State at 16.1% (7,833) of the cumulative cases across 9 States and 2 administrative areas.
- The age group with highest case count is 0-4 years (28%), followed by those aged 5-14 years (22%).
- 436,915 people received the OCV vaccine across 5 counties in the past 7 days. The total number of people vaccinated so far is 5,235,496, translating to 88.1% of the target population (5,945,488).

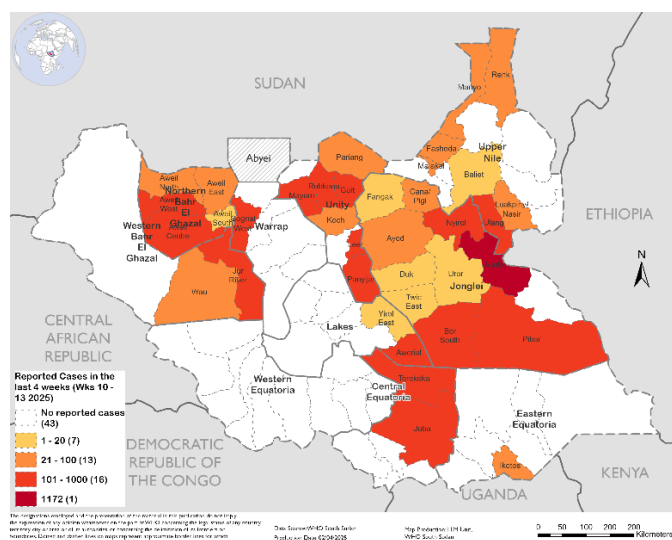


Figure 1: Map showing Cholera affected counties across the country

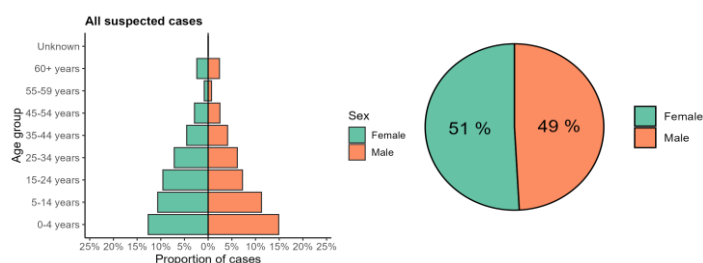


Figure 2: Age-Sex distribution of all suspected and confirmed cholera cases in eight affected counties, 11 April 2025



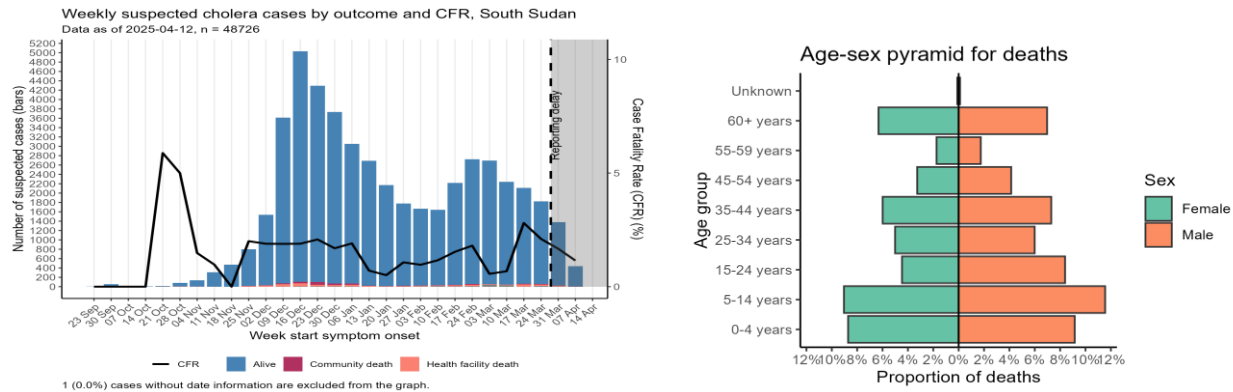


Figure 3: Epi Curve showing Cholera cases and demographics of deaths in the affected counties by week as of 11 April 2025

- A total of 919 deaths have been recorded
- Most deaths were among people aged 5-14 years (21%), followed by the age group 0-4 years (18%)
- Men constitute 55% of the total deaths

Luakpiny/Nasir

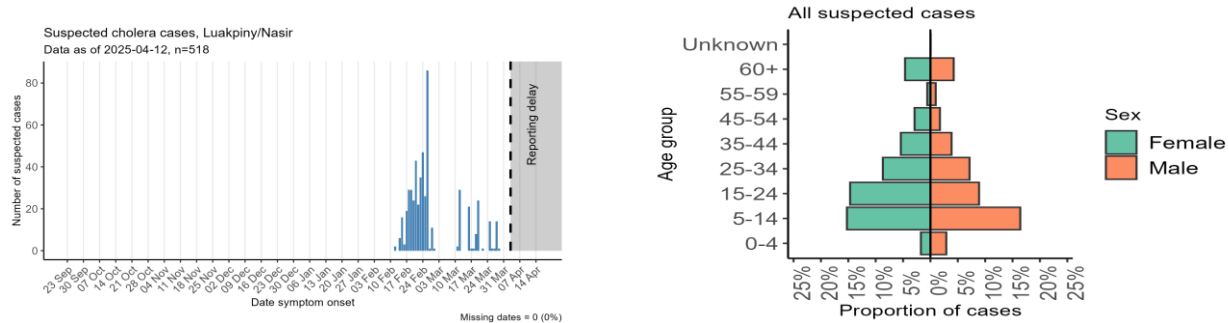


Figure 4: Epi Curves and age and sex distribution in Luakpiny/Nasir, as of 11 April 2025

- Overall, 518 cases and 21 deaths have been reported (1% and 2% of nationwide total, respectively)
- 31% of cases are reported as severe dehydration, compared to the national average of 62%
- The most affected age group is 5-14 years (32%)
- The most affected payams are Jikmir (33%), and Kuerenge-ke (25%)
- The health facility reporting most cases is Jikmir PHCC (35%)

Baliet

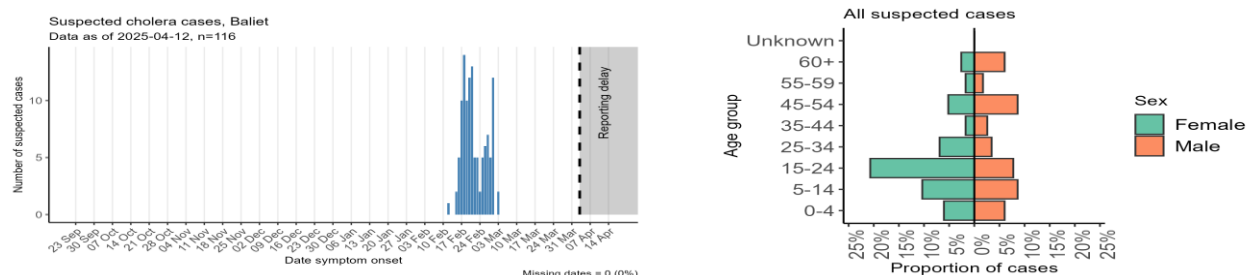


Figure 5: Epi Curve and age and sex distribution in Baliet County, as of 11 April 2025

- Overall, 116 cases and 4 deaths have been reported (0% and 0% of nationwide total, respectively)
- 45% of cases are reported as severe dehydration, compared to the national average of 62%
- The most affected age group is 15-24 years (28%)
- The most affected payams are Adong (87%), and Nyongkuach (13%)
- The health facility reporting most cases is Adong (87%)

Gogrial West

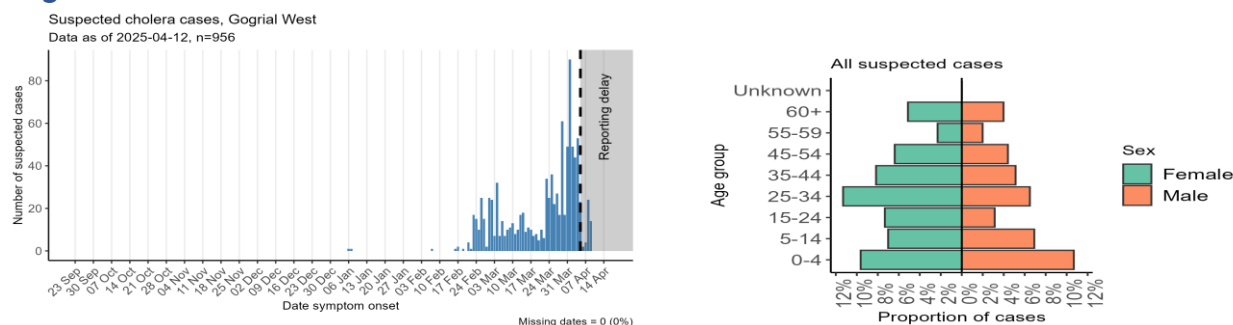


Figure 6: Epi Curve and age and sex distribution in Gogrial West County, as of 11 April 2025

- Overall, 956 cases and 27 deaths have been reported (2% and 3% of nationwide total, respectively)
- 63% of cases are reported as severe dehydration, compared to the national average of 62%
- The most affected age group is 0-4 years (20%)
- The most affected payams are Kuac south (49%), and Alek south (21%)

Akobo

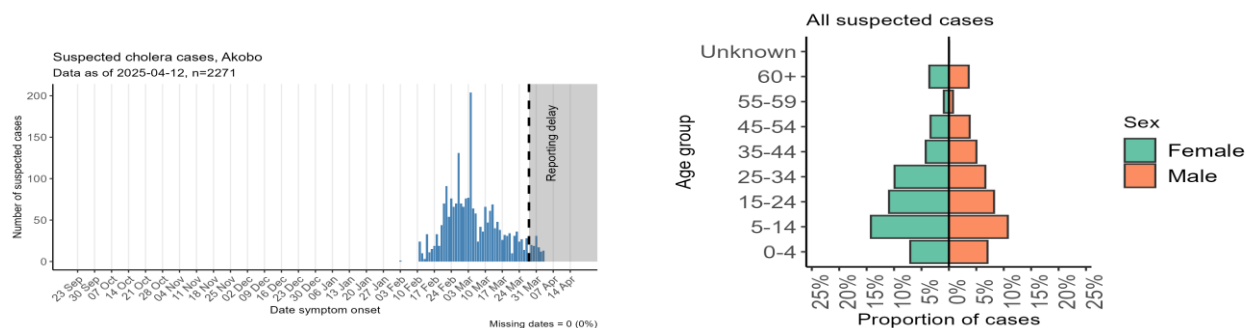


Figure 7: Epi Curve and age and sex distribution in Akobo County, as of 11 April 2025

- Overall, 2271 cases and 31 deaths have been reported (5% and 3% of nationwide total, respectively)
- 88% of cases are reported as severe dehydration, compared to the national average of 62%
- The most affected age group is 5-14 years (25%)
- The most affected payams are Bilkey (59%), and Alali (16%)
- The health facility reporting most cases is Akobo CTC (55%)

Rubkona

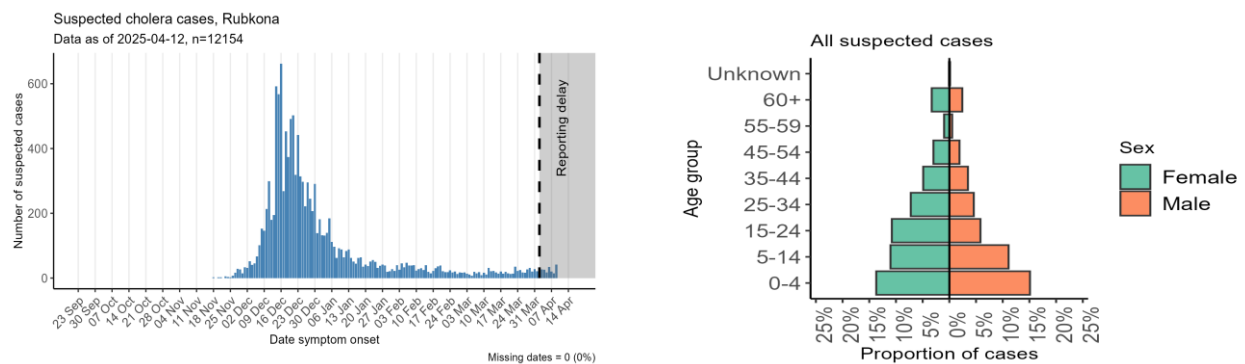


Figure 8: Epi Curve and age and sex distribution in Rubkona County, as of 11 April 2025

- Overall, 12,154 cases and 190 deaths have been reported (25% and 21% of nationwide total, respectively)
- 67% of cases are reported as severe dehydration, compared to the national average of 62%
- The most affected age group is 0-4 years (29%)
- The most affected payams are Rubkotne (59%), and Bentiu town (21%)
- The health facility reporting most cases is Bentiu PoC Hospital (29%)

Ulang

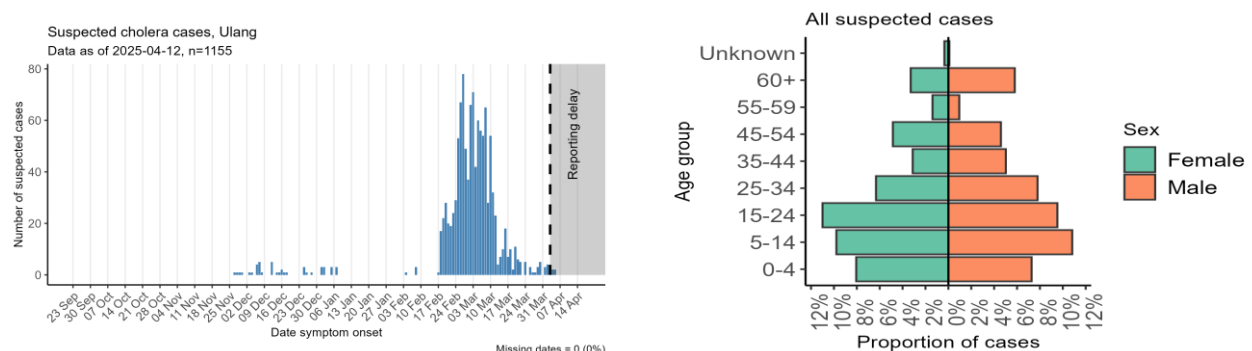


Figure 9: Epi Curve and age and sex distribution in Ulang County, as of 11 April 2025

- Overall, 1155 cases and 30 deaths have been reported (2% and 3% of nationwide total, respectively)
- 58% of cases are reported as severe dehydration, compared to the national average of 62%
- The most affected age group is 5-14 years (21%)
- The most affected payams are Ulang (53%), and Yomding (17%)
- The health facility reporting most cases is Ulang CTC/CTU (41%)

Background

Due to the ongoing cholera outbreak in Sudan, north of South Sudan, and widespread flooding affecting large parts of the South Sudan, the Ministry of Health with support from WHO has been actively preparing for potential cholera outbreak in South Sudan, particularly in Upper Nile State that is witnessing a significant influx of returnees and refugees because of the protracted conflict in Sudan.

On 28 September 2024, the Ministry of Health received a report of two suspected cases of cholera from Wunthou Primary Health Care Center. Samples from the two suspected cholera cases were collected and immediately shipped to the National Public Health Laboratory (NPHL) in Juba on 30th September 2024. The two samples were tested using culture and one of the samples tested positive confirming *Vibrio cholerae* O1.

The Ministry of Health immediately planned to establish evidence of local transmission including deployment of a team to Renk to conduct an initial outbreak investigation, active case search, collect additional samples and ship to the NPHL for further confirmatory testing. As a result, additional 19 and 5 samples were received by the NPHL on 17th October 2024 and 18th October 2024 (total of 24 samples) respectively. Out of the total of 24 samples tested at the NPHL, 5 similarly tested positive for *Vibrio cholerae* O1 using culture.

Based on the confirmed cholera cases and sufficient evidence of local transmission, the Ministry of Health declared an outbreak of cholera in Renk County, Upper Nile State, South Sudan and immediately activated the public health emergency operations center to response mode with establishment of an incident management system to coordinate multi-sectoral response and ensure effective response interventions are put in place to control and prevent further spread of cholera.

Key Interventions

Coordination

- The Ministry of Health activated multisectoral coordination platforms at national and state levels, supported by WHO. In Upper Nile, SMOH, WHO, and UNICEF held regular taskforce meetings despite insecurity.
- Cross-Border Coordination: Ongoing coordination between South Sudan, Ethiopia and Sudan, and between WHO country offices.
- State Taskforces: Regular coordination meetings are held in cholera-affected states, including weekly multisectoral meetings in Rubkona, Malakal, Warrap, Jonglei, NBeG, Lakes, WBeG. Facility transition and funding advocacy are ongoing in Unity and Jonglei.

Surveillance

- Case-based health facility surveillance of suspected cholera cases are being conducted with daily reporting frequency at health facility level. This is shared from the facilities via counties and states to the national MoH for daily analysis with technical support from WHO.
- Cholera testing supplies, including RDTs and sample collection kits for laboratory testing supported by WHO have been provided to all states and administrative areas in South Sudan for monitoring of the outbreak and as a preparedness effort for early detection.



- Screening of incoming travelers at both official and unofficial points of entry, along with active case searches in health facilities and communities, are ongoing.
- Boma Health workers (BHW) are urged to be reporting suspected cases of Cholera in their respective locations

Laboratory

- In Northern Bahr el Ghazal, samples were collected from all 15 cases that tested positive using rapid diagnostic tests (RDTs) and have been sent to the National Public Health Laboratory for further confirmation and analysis.
- NBeG State: Six new positive cases were detected in Week 7. Partners are urged to conduct at least three tests per site due to limited testing.

Case management

- Humanitarian and development partners including MSF, KASS, Medair, ICRC, IOM, IMC, WVI, ARDF and IRC have established oral rehydration points (ORPs), cholera treatment units (CTUs) and cholera treatment centers (CTCs) across the counties reporting cholera cases.
- These have been supported with cholera treatment supplies and trainings/capacity building for case management.

Infection Prevention & Control/WASH

- Ongoing case-area targeted interventions are being supported by implementing partners. WASH partners are providing safe water to affected populations in Malakal and Bentiu IDP camp in Rubkona, as well as in transit centers receiving refugees and returnees fleeing the Sudan crisis through Renk.
- Furthermore, WHO is also supporting the water quality testing in health facilities and some communities reporting cholera cases across the country.

Risk Communication & Community Engagement (RCCE)

- Community engagement and sensitization are being conducted through public announcements, the distribution of Information, Education, and Communication (IEC) materials, and the engagement of social mobilizers. IEC materials, such as posters, flyers, and radio broadcasts, are being disseminated to educate communities about cholera prevention and hygiene promotion.
- In Northern Bahr el Ghazal, the Risk Communication and Community Engagement (RCCE) activities, led by the Women Empowerment Centre South Sudan (WECSS), are ongoing across five counties, focusing on community dialogue, engagement, and awareness sessions.

Oral Cholera Vaccination (OCV)

- The Oral Cholera Vaccine (OCV) campaign in Panyijiar and Koch completed on 10th and 11th April, 2025 respectively. The OCV campaign in Leer has ended last week but more additional 3 days mop-up campaign will continue from 14th to 16th April, 2025 in areas not reached during the campaign and with unvaccinated population
- Furthermore, 436,915 people received the OCV vaccine across 5 counties in the past 7 days. The total number of people vaccinated so far is 4,901,157, translating to 82.9% of the targeted population
- For more information on the ongoing Oral Cholera Vaccination campaigns herein is the link for the [dashboard](#).

Logistics and supplies



- WHO supported the reopening of the Cholera treatment Unit in Nasir Hospital that was previously vandalized to continue providing case management. In addition, 18 metric tons of Emergency Health Kits including cholera supplies has been prepositioned in Malakal hub-enough to support to 100,000 individuals.

Challenges

- Shortages of cholera kits, PPE, IV fluids, fuel for ambulances, and RDTs (especially in WBeG and NBeG).
- Inadequate WASH infrastructure, especially in areas with internally displaced persons such as Renk, Nasir and Unlag.
- Huge funding gaps limiting partner operations and staff incentives.
- Open defecation continues in some counties, hindering full impact of interventions and contributing to sustained cholera transmission risks.

Recommendations

- Expedite the delivery and deployment of cholera supplies and vaccines, with a focus on underserved and hard-to-reach areas.
- Strengthen WASH infrastructure, particularly the construction and rehabilitation of boreholes, latrines, and handwashing stations.
- Scale up community sensitization campaigns and ensure appropriate incentives for frontline staff.
- Mobilize additional funding and advocate for robust community engagement to sustain and enhance response efforts.

For more information, please contact:

Dr. Kediende Chong
Director General Preventive
Health Services
E: mkediende@gmail.com
P: +211 928884621

Dr. Humphrey KARAMAGI
WHO Country Representative
Email: karamagih@who.int
Mobile: +211 920 547 017

Dr. Joseph Lasu
Emergency Preparedness &
Response Director
E: josh2013.lasu@gmail.com
P: +211 921 395 440

Dr BATEGEREZA, Aggrey Kaijuka
WHO-EPR Team Lead
E: bategerezaa@who.int
P: +211 924222030

Editorial team:

MOH: Dr Kediende Chong & Dr Joseph Lasu

WHO: Dr. Bategereza Aggrey, Dr. Regmi Jetri, Dr. Mukesh Prajapati, Dr Eric Rurangwa, Dr Tony Wurda, Malick Gai, Bernard Oduor

