



Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 6

3rd to 9th February 2025

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. Special thanks to all the health implementing partners and health cluster humanitarian agencies supporting integrated disease surveillance and response.

Key highlights

- In week 6 of 2025, the IDSR reporting timeliness was 81%, and completeness was 90%. There was improvement in timeliness and a slight decline in completeness of IDSR/EWARS reporting in week 6 2025. IDSR timeliness and completeness of reporting for week 6 remains in the range of what it was in the last two previous years (2024 and 2023). 9 states and all three (3) administrative areas attained completeness of reporting above 80%. Lakes state and all three administrative areas of Abyei, Greater Pibor and Ruweng achieved 100% completeness of reporting. However, only 8 of the 13 states/administrative areas attained timeliness of reporting above 80%.
- At the EWARN mobile sites, the Timeliness and Completeness of IDSR performance were both at 76% respectively. This was an improvement in performance at these sites compared to attainments in the previous week 5, where it was 67%. The improvements in SMC run sites was responsible for this improvement.
- In week 6, 235 EWARS alerts were triggered and only 152 were verified. This was an improvement in number of alerts triggered and their verification rates compared to week 5. Most of the alerts were for Cholera (22%), Guinea Worm (18%), AWD (16%), ABD (14%), ARI (12%) and Malaria (8%). Special thanks to the surveillance team in Lakes, Central Equatoria State, Eastern Equatoria State, GPAA, Jonglei, NBGZ and Western Equatoria states, for verifying most of the reported alerts in their respective states
- On February 6, 2025, an index case of Mpox was confirmed by the National Public Health Laboratory in Juba. The National Ministry of Health, Republic of South Sudan, declared an outbreak of Mpox immediately in line with International Health Regulations (IHR 2005). As of 24 February 2025, a total confirmed Mpox case had increased to six.
- As at February 23rd, 2025, cholera outbreak was confirmed in 39 counties, across 8 states and Ruweng Administrative Area. A cumulative total of **32 682** cases and **554** deaths were reported giving a case Fatality Ratio (CFR) of 1.7 percent.

Surveillance System Performance

The epidemic alert and response system in South Sudan currently relies mainly on immediate alert notifications and weekly aggregate reporting of cases through the Integrated Disease Surveillance and Response (IDSR) system. This system is complemented by a weekly Early Warning Alert and Response System (EWARS).

Completeness (proportion of all reports received regardless of time) and timeliness (proportion of reports received by the Wednesday following the end of the reporting period) of IDSR and EWARS are shown in Table 1 below. Timeliness and completeness for **week 6 were at 81% and 90%**, respectively, which was a slight decline from the attainments of the previous week 5.

Table 1: Timeliness and completeness of IDSR reporting by State for week 5 compared to 6 of 2025

State	Total facilities	Number of facilities reported (Completeness Wk06)	Comparison of the reporting period				Cumulative since year start (2025 level)	
			Timeliness		Completeness		Timeliness	Completeness
			Week 06	Week 05	Week 06	Week 05		
Lakes	112	112	89%	100%	100%	100%	95%	100%
NBGZ	92	77	77%	67%	84%	87%	67%	75%
Unity	84	82	94%	93%	98%	98%	96%	99%
WBGZ	112	110	77%	77%	98%	97%	71%	94%
WES	191	156	82%	100%	82%	100%	86%	97%
Jonglei	120	116	89%	96%	97%	97%	78%	84%
Warrap	114	102	89%	39%	89%	89%	68%	89%
EES	112	88	55%	50%	79%	87%	63%	90%
RAA	16	16	38%	50%	100%	100%	40%	100%
CES	152	148	93%	91%	97%	94%	87%	89%
AAA	17	17	88%	76%	100%	100%	86%	98%
Upper Nile	143	116	71%	78%	81%	88%	76%	89%
GPAA	16	16	100%	100%	100%	100%	93%	100%
Total	1281	1156	81%	80%	90%	95%	79%	91%

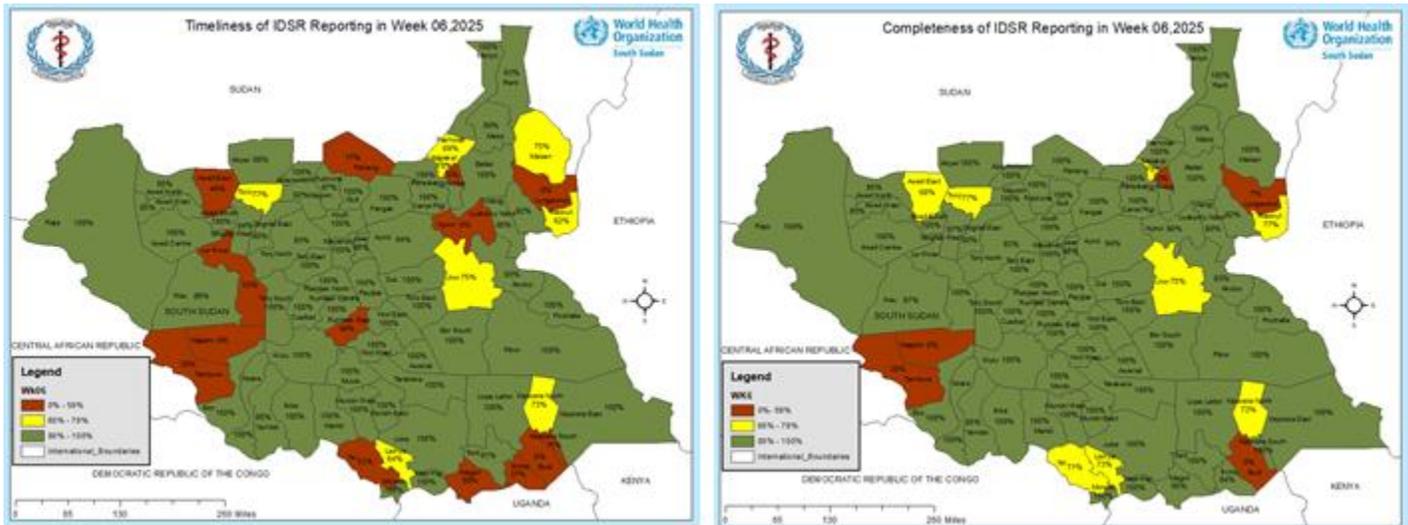
NOTE: The total number of facilities reporting in EWARS nationwide is under review and will end by February 2025. In turn, the weekly target reporting health facilities may vary between weeks.

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 6 of 2025.

Partners	# of Reporting Mobile Sites	% of Timeliness in week 06	% of Completeness in week 06	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 06	% of Completeness in week 06
IMC	4	25%	25%	Kator	3	100%	100%
SSHCO	1	100%	100%	Marial Baai	1	100%	100%
SMC	1	100%	100%	Northern Bari	1	100%	100%
SCI	2	100%	100%	Rajaf	3	100%	100%
HFO	4	50%	50%	Muniki	12	100%	100%
WVI	2	100%	100%	Wau South	20	100%	100%
CIDO	1	100%	100%	Wau North	12	83%	92%
SP	4	100%	100%	Juba	10	100%	100%
HFD	1	100%	100%	Managala	1	100%	100%
RI	1	100%	100%	TOTAL	63	97%	98%
TOTAL	21	76%	76%				

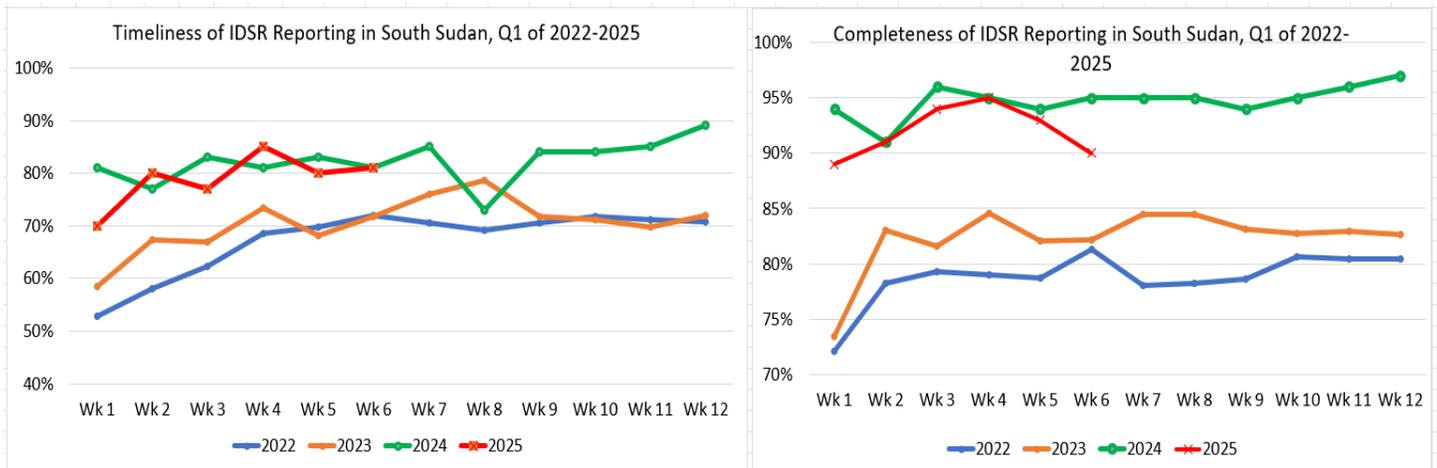
An important point to note: Three of the 4 health facility supported by IMC (1) remained silent in the reporting period. The IDSR team will explore the reasons for non-reporting with the aim of re-establishing weekly IDSR reporting.

Figure 1: Maps showing Timeliness and Completeness of IDSR reporting in South Sudan by County in Week 6, 2025.



Given the turbulent declines in timeliness and completeness of IDSR reporting, observed in June/July 2024, we continued to analyze the performance over the past four years. We documented that the declines in 2024 (Wk. 21-31) were more pronounced than they were in previous years of 2023 and 2022. In this HSTP transition period, we continue to provide targeted support to the newly contracted health implementing partners and IDSR performance recovery is imminent. Notably, the IDSR timeliness of reporting continued to improve reaching and remaining at optimal reporting ratios above 80% in the previous two weeks.

Figure 2: Timeliness and Completeness of IDSR reporting in South Sudan; 2022-2025.



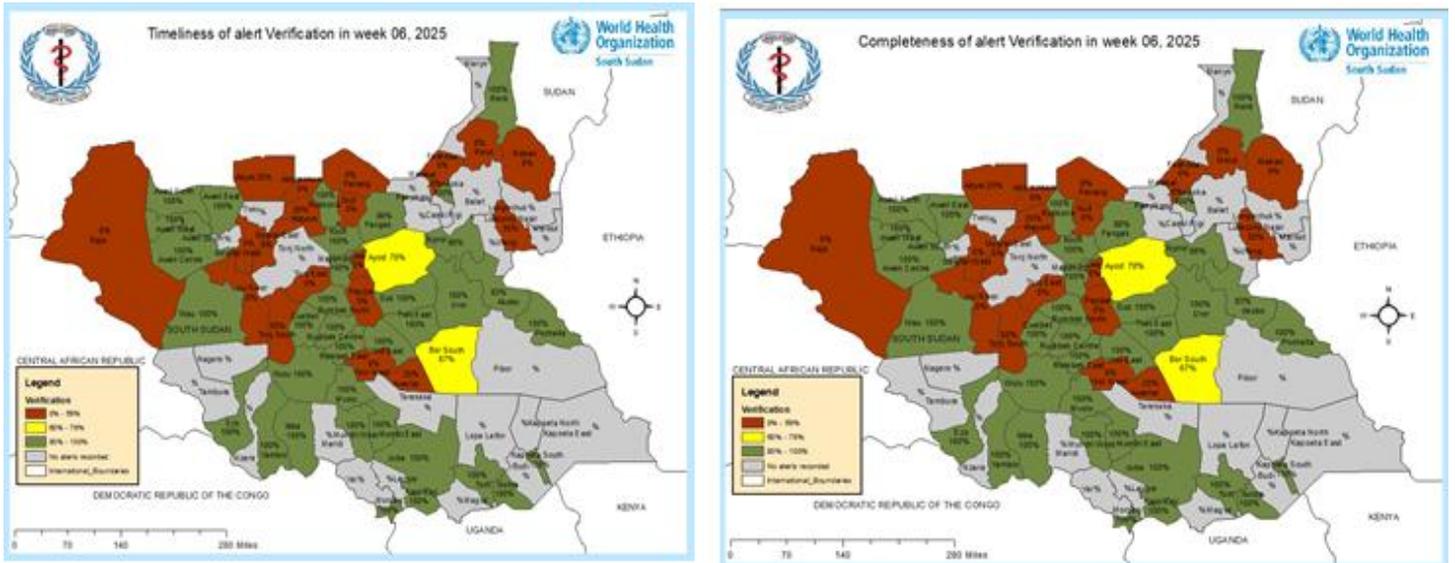
Epidemic alerts

In epidemiological reporting week 6, 235 alerts were triggered in the EWARS system, with 65% (152 of 235) verified, which was higher than the previous week 5. In Week 6, ten states and three administrative areas recorded at least one notifiable disease alert. Special thanks to Lakes, Central Equatoria State, Eastern Equatoria State, GPAA, Jonglei, NBGZ and Western Equatoria states for verifying most of their EWARS alerts. Most of the alerts were for Cholera (22%), Guinea Worm (18%), AWD (16%), ABD (14%), ARI (12%) and Malaria (8%). See Table 3 below.

Table 3: Summary of EWARS alerts triggered in Epidemiological Week 6, 2025.

State/ Admin	AJS		ARI		AWD		AFP		ABD		Cholera		EBS		Guinea Worm		Malaria		Measles		Meningitis		NNT		YF		Total	
	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V
AAA	0	0	2	1	0	0	0	0	2	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	5	1
CES	0	0	1	1	1	1	0	0	0	0	1	1	1	1	0	0	0	0	2	2	0	0	0	0	0	0	6	6
EES	0	0	0	0	3	3	0	0	3	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	6
GPAA	0	0	0	0	1	1	0	0	1	1	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	3	3
Jonglei	1	1	6	4	5	3	0	0	7	6	21	19	2	2	6	6	2	1	0	0	0	0	0	0	0	0	50	42
Lakes	0	0	1	1	4	3	1	1	5	5	7	4	0	0	27	27	1	1	1	1	0	0	0	0	0	0	47	43
NBGZ	0	0	1	1	4	4	0	0	2	2	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11	11
RAA	0	0	3	0	1	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	6	0	
Unity	1	1	4	1	3	1	0	0	2	0	18	9	1	0	0	0	2	2	0	0	1	1	0	0	0	0	32	15
Upper Nile	0	0	3	1	2	2	0	0	1	0	0	0	0	0	2	1	5	0	0	0	1	1	2	1	1	1	18	8
Warrap	0	0	1	0	2	0	0	0	0	0	0	0	0	0	7	1	0	0	2	0	0	0	0	0	0	0	12	1
WBGZ	0	0	6	1	7	1	1	0	8	2	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0	27	4
WES	0	0	0	0	4	4	0	0	3	3	0	0	0	0	0	0	2	2	3	3	0	0	0	0	0	0	12	12
Grand Total	2	2	28	11	37	23	2	1	34	22	51	37	5	3	42	35	20	7	8	6	2	2	2	1	1	1	235	152

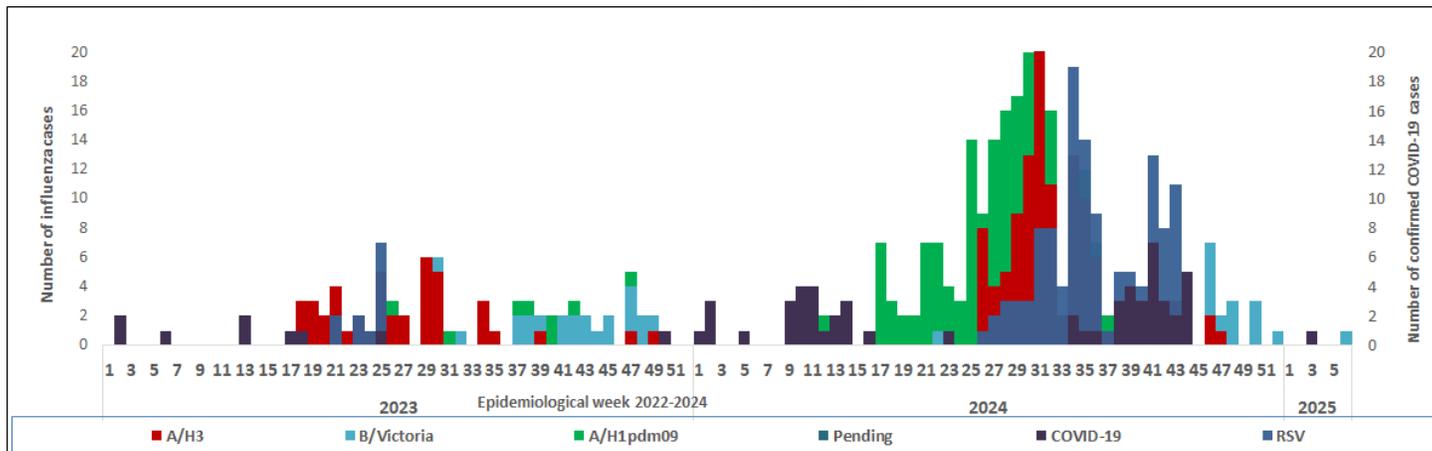
Figure 3: Completeness of Alerts Verification rates by county of South Sudan for week 6, 2025.



Influenza Sentinel surveillance weekly updates.

Currently, there are six designated Influenza sentinel surveillance sites in the country: Juba Teaching Hospital, Al Sabbah Children’s Hospital, Juba Military Hospital, Rumbek State Hospital, Bor State Hospital, and Nimule Hospital. They are actively collecting epidemiological data and samples from ILI/SARI cases.

Figure 4: Confirmed Influenza, COVID-19, and RSV cases from sentinel sites Epidemiological Week 1 of 2022 to Week 6 of 2025.



During Epidemiological Weeks 1 to 6 of 2025, a cumulative total of 229 ILI/SARI samples have been collected; 227 tested negative for all pathogens, (0) were positive for COVID-19, (1) for Influenza Type A (H3), (1) for Influenza Type B (Victoria), (0) for Influenza A/(H1N1)pdm09 and (0) for RSV.

South Sudan Confirmed and ongoing epidemics in 2025

Table 4: Summary of ongoing and confirmed epidemics

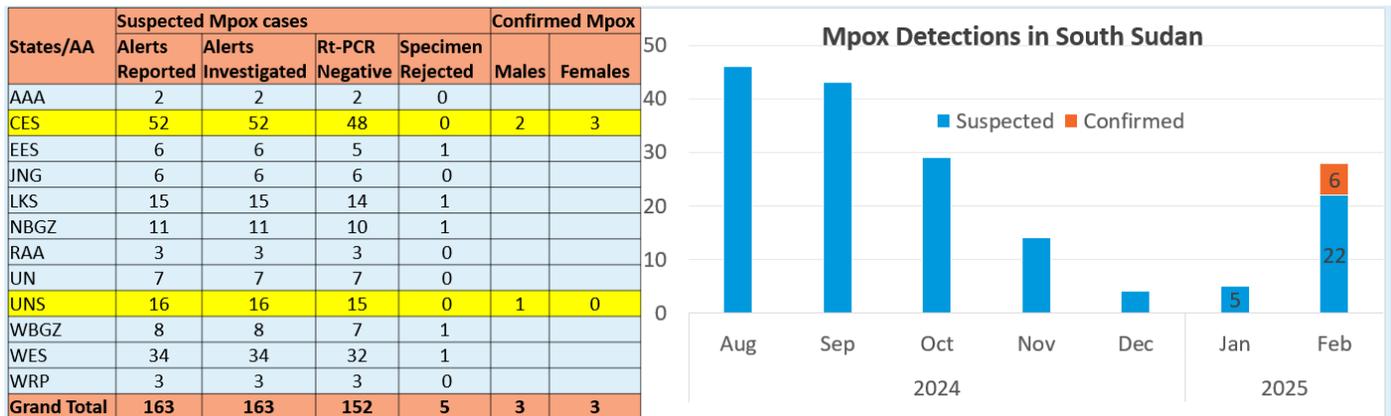
Aetiologic agent	Location (county)	Date first reported	New cases since Epi-Week 5	Cumulative suspected cases	Response activities				
					Surveillance/Lab confirmed	Case management	Vaccination	Health promotion	IPC/WASH
Mpox	Juba	Feb 2025	3	27	6	ongoing	Ongoing	yes	yes
Cholera	In 39 counties across seven states	Sept 2025	More than 4,000	32 682	7,568	ongoing	Ongoing	yes	yes
Hepatitis E	Rubkona Fangak Wau Abyei Twic	Dec/2018	13	6,930	10	ongoing	Not done	ongoing	ongoing
cVDPV2	Yambio, Juba, Ulang, Nasir, Baliet, Ayod, Old Fangak	19/Dec 2023	-	21	21	Not applicable	Completed 3 nOPV2 SIAs and 4 th round is ongoing	ongoing	ongoing
Anthrax	Gogrial West (WRP) and Jur River (NBG)	2022	1	169	4	ongoing	Ongoing in the animal sector	ongoing	ongoing

Since 2022, South Sudan has experienced several emergencies throughout the country. Based on data from the states and the EWARS system, most counties have reported ongoing disease outbreaks. Currently active outbreaks in South Sudan include Anthrax, cholera, cVDPV2, hepatitis E and Mpox. Response interventions to mitigate further transmission and spread are ongoing. Below is a map of the confirmed emergencies as at 6th February 2025

detected in Juba county (4) and Malakal POC (1). The cases are equally distributed by gender (3 males and 3 females) and are all aged 30-40 years. Four of the cases are of Ugandan nationality and recently returned to South Sudan after the Christmas break. One of the two South Sudan nationals also has history of travel to Kampala where he stayed from 29th January to 7th February, while he was taking his children back to school in Kampala.

- From August 2024 when case based Mpox surveillance was established in South Sudan, the cumulative number of reported/tested Mpox suspected cases was 163 detected by 10 states and 2 administrative areas. Only Greater Pibor never detected a suspected Mpox case since August 2024. Many Suspected cases were reported by Central Equatoria state (52), Western Equatoria (34) Upper Nile State (16) and Lakes state (15).

Figure 6: Trend of Suspected Mpox cases Tested in South Sudan by state/Administrative Area, August 2024-February 2025



- Since the confirmation of the index case, the Republic of South Sudan has taken inventory of the current response capacities for Mpox and confirms:
 - That there is an updated and validated National Mpox Preparedness and Response plan 2024 to 2025. The plan articulated capacity developments needed before and during Mpox outbreak. Upon confirmation of Mpox, the response plan is immediately triggered away from the readiness phase.
 - An activated Public Health Emergency Operations Centre that has been in Alert Mode since August 2024 was hence-forth switched to response mode.
 - An established Mpox outbreak readiness and response coordination mechanisms in line with the WHO emergency response Framework. An incident Manager with established MOH/WHO led pillar leaders is in place.
 - Completed the risk assessments at the 5 priority Points of Entry (POEs) in the greater Equatoria, with advanced plans to activate screening and immediate reporting of suspected Mpox/EVD cases crossing into South Sudan from the infected neighbouring DRC (epicentre of Clade 1b Mpox), Uganda (Mpox and EVD), Kenya (Mpox) and other East African community member states with confirmed high-threat pathogenic diseases.
 - Sensitized all health workers in the country, including private health workers enrolled into the National Integrated Disease Surveillance and Response/Early Warning Alert and Response System (IDSR/EWARS) on symptoms and signs of Mpox, VHF and Cholera.
 - Established a laboratory network with specimen collection, safe packaging in transportation and testing capacity. This laboratory network had tested samples collected from 141 suspected cases using real time Polymerized Chain Reaction (rt-PCR) techniques. Additional testing technique of using GeneXpert was introduced at the National Public health laboratory, thanks to the support of USAID who provided the testing

cartridges. As at confirmation of the Mpox outbreak, there were 3 PCR test kits that can run an additional 288 samples. This is in addition to the 50 GeneXpert cartridges that can complement the 288 PCR tests at hand in re-confirmation or as an alternate testing tool. The WHO procurement pipeline has an additional 2 kits expected in Juba by 28th February.

- Established External Quality Control for the National Public Health Laboratory testing of samples from South Sudan. In the last 6 months, re-testing of 60 samples shipped in 3 batches to UVRI as the reference WHO collaborating centre, had generated 100% concordance in results generated by NPHL. In addition, the NPHL had also been provided with proficiency testing panels from a global WHO reference laboratory, in which the national laboratory also scored 100% in test result concordance.
- Trained 40 clinicians in Mpox/MVD/Cholera case management as surge capacity. These clinicians will be used in surge support to the current Cholera and Mpox outbreak response using the standard WHO protocols.
- Conducted an Mpox/VHF readiness assessment using the WHO global tool in which overall readiness score was given as 80%. In both readiness assessments, the highest scores were given to Laboratory readiness (100%), coordination (100%), RCCE (83%) and Surveillance (81%). Notably the lowest scores were given to vaccination readiness (50%), POEs (57%) and Logistics (60%).
- There is adequate Infection Prevention and Control Equipment (PPE) that are enough to manage the first 20 cases. The WHO Regional Emergencies program has also pledged to increase the PPE capacity up to 50 cases, upon request from the Ministry of Health.

In the last week alone, a risk assessment of the two ground crossing points at Nimule and Kako-keji was completed. During the mission, the IDU facility built by IGAD with support from European Union was also inaugurated and made ready for use. A capacity development plan for Nimule ground crossing point was developed and will be funded by the no-regrets funding from WHO/AFRO. A follow up mission to train all health workers newly deployed at the IDU and selected workers in the four nearby health facilities will be conducted in the week starting 2nd March 2025.

2. South Sudan Cholera Outbreak Epidemic description as at 23rd February 2025

- From September 28, 2025, to February 23, 2025, the cumulative number of reported cholera cases was 32,682, including 554 deaths reported from 39 counties across 8 states and the Ruweng Administrative Area. Notably, the number of weekly reported Cholera cases reduced from 1963 to 1819 in week 7 (10th to 16th Feb) and week 8 (17th to 23rd Feb) respectively. In the same period, only 5 of the 20 counties reporting Cholera in the two weeks had a reduction in the number of reported cases.
- The age group with the highest cholera case count remained 0-4 years (28%), followed by 5-14 years (22%). Cases among individuals 35 years and older account for 20% of the case burden.
- Females currently represent 51% of cases, while 71% of cases are from the host community.

Table 5: Summary of line list, as of 23 February 2025

State	County	Total cumulative	Percent	Laboratory confirmed case(s)	RDT positive	RDT positivity	Recoveries	Still admitted	Deaths	Overall CFR
CES	JUBA	3,862	11.8%	Yes	1,120	92.5%	3,737	61	64	1.7%
CES	TEREKEKA	402	1.2%	Yes	71	70.3%	240	158	4	1.0%
EES	IKOTOS	62	0.2%	Yes	2	16.7%	9	50	3	4.8%
EES	MAGWI	12	0.0%	Yes	9	75.0%	11	0	1	8.3%

JNG	AKOBO	325	1.0%		6	100.0%	66	254	5	1.5%
JNG	AYOD	153	0.5%	-	11	84.6%	135	4	14	9.2%
JNG	BOR SOUTH	786	2.4%	Yes	68	73.1%	771	4	11	1.4%
JNG	DUK	665	2.0%	-	32	74.4%	649	2	14	2.1%
JNG	FANGAK	793	2.4%	Yes	190	94.1%	744	22	27	3.4%
JNG	PIGI	193	0.6%	Yes	23	100.0%	183	0	10	5.2%
JNG	TWIC EAST	699	2.1%	Yes	9	50.0%	680	0	19	2.7%
LAK	AWERIAL	284	0.9%	Yes	118	91.5%	263	10	11	3.9%
LAK	TONJ	1	0.0%		1	100.0%	0	1	0	0.0%
LAK	YIROL EAST	100	0.3%	Yes	13	86.7%	81	13	6	6.0%
LAK	YIROL WEST	37	0.1%	Yes	7	43.8%	33	3	1	2.7%
NBGZ	AWEL CENTRE	988	3.0%	Yes	7	14.0%	945	42	1	0.1%
NBGZ	AWEIL EAST	303	0.9%		2	6.1%	277	23	3	1.0%
NBGZ	AWEIL NORTH	154	0.5%		6	54.5%	103	41	10	6.5%
NBGZ	AWEIL SOUTH	286	0.9%		6	35.3%	281	4	1	0.3%
NBGZ	AWEIL WEST	3,498	10.7%	-	72	37.9%	3,456	40	2	0.1%
RAA	PARIANG	111	0.3%	-	43	39.8%	105	4	2	1.8%
UNI	GUIT	561	1.7%	Yes	106	80.9%	544	3	14	2.5%
UNI	KOCH	100	0.3%	Yes	25	83.3%	67	8	25	25.0%
UNI	LEER	55	0.2%	Yes	10	100.0%	36	17	2	3.6%
UNI	MAYENDIT	2	0.0%	Yes	2	100.0%	2	0	0	0.0%
UNI	MAYOM	4,016	12.3%	Yes	25	96.2%	3,870	55	91	2.3%
UNI	PANYIJAR	124	0.4%	Yes	117	100.0%	103	16	5	4.0%
UNI	RUBKONA	11,202	34.3%	Yes	5,498	97.0%	10,913	103	186	1.7%
UPPER	BALIET	55	0.2%		0	0.0%	26	27	2	3.6%
UPPER	FASHODA	6	0.0%	Yes	0	0.0%	6	0	0	0.0%
UPPER	MABAN	10	0.0%		9	100.0%	10	0	0	0.0%
UPPER	MAIWUT	2	0.0%		1	100.0%	2	0	0	0.0%
UPPER	MALAKAL	1,627	5.0%	Yes	84	17.7%	1,498	122	7	0.4%

UPPER	MANYO	6	0.0%	-	5	100.0%	6	0	0	0.0%
UPPER	NASIR	60	0.2%		0	0.0%	56	0	4	6.7%
UPPER	PANYIKANG	367	1.1%	Yes	46	100.0%	302	62	3	0.8%
UPPER	RENK	709	2.2%	Yes	194	54.6%	703	3	3	0.4%
UPPER	ULANG	38	0.1%		7	24.1%	21	17	0	0.0%
WBGZ	JUR RIVER	28	0.1%		1	20.0%	25	0	3	10.7%
Total	-	32,682	100.0%	-	7,946	86.2%	30,959	1,169	554	1.7%

- Majority of the cases 34.3% (n = 11 202 cases) are reported from Rubkona County followed by Mayom County 12.3% (4,016 cases) and Juba County 11.8% (n=3 862). The newly infected counties in the reporting week were Jur river, Nasir and Tonj
- Out of 554 cumulative deaths, a total of 266 deaths were community deaths, while 288 deaths were. Health facility deaths. The health facility overall case fatality rate (CFR) is 1.7%. Most deaths occurred amongst males (55%).
- The sustained response by the Ministry of Health and its partners in Malakal has led to a reduction in reported cases.

Figure 7: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, wk39, 2024 to Wk6, 2025

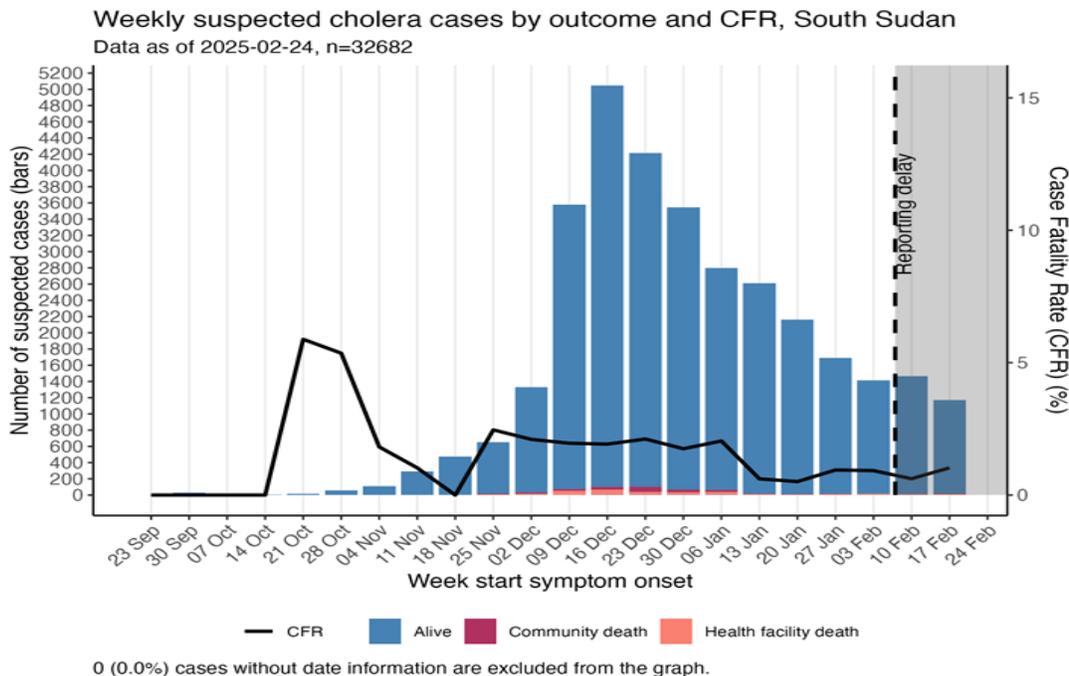


Figure 8: Map showing cholera cases and deaths distribution by Counties of South Sudan updated on 25th February 2025

02/09/2024. The third response round was conducted in the 4th week of October reaching 3,405,150 children. All States attained 90% and higher administrative coverage. In the 3rd round of nOPV2 outbreak response SIAs, 292 610 children received their first dose, justifying an additional 4th response vaccination round for these children to get a second opportunity to receive OPV2 and in turn reduce the risk of virus seeding for future outbreaks.

During the 3rd nOPV2 response vaccination, 1 610 support supervisions were documented on ODK in 77 of the 80 counties. This was an improvement from 1456 supervisions in 70 counties documented in the second nOPV2 outbreak response SIAs conducted in April 2024. The nOPV2 SIAs campaign was monitored for quality, using LQA surveys. The 3rd round had 46% (18 of 39 counties surveyed passing the LQAs test. This was a decline from 58% (23 of 40 counties surveyed) that was achieved in the second response round. Similarly, the proportion of counties surveyed in which the LQAs test failed increased from 23% (9 of 40 counties) to 26% (10 of the 39 counties). Data from the LQAs survey shows that the majority of missed children were due to poor vaccination team performance (houses not visited, vaccinated but not finger marked, and child was asleep). All the under-performance was predictable 1 week prior to the campaign, only 80% of the counties were ready.

The fourth nOPV2 vaccination campaign is completed in 12 of the 13 states/administrative areas. As at 25th February, administrative data available shows that:

- The campaign was delayed in Northern Bahr Ghazaal, in favour of Oral Cholera Vaccination response to cholera
- Two (2) of the 74 counties where the campaign is said to have started, had not reported into the national immunization monitoring dashboard.
- Cumulative 3,302,382 (1,601,806 males and 1,700,577 females) of the 3,467,414 children targeted (95%) had been reached, with 161,969 documented to have received their maiden nOPV2 dose in this campaign round.
- Supportive supervision had recorded 2,101 hits in 72 counties. Notably Upper Nile (502) and Western Equatoria (332) states had the highest supervision hits in the ODK platform being used to monitor the quality of the campaign.
- The post campaign Lot Quality Assurance Surveys (LQAS conducted in 35 counties indicate that 24 (69%) had passed the quality test. Only 6 counties were considered to have had a poor quality 4th round of nOPV2 SIAs to require an additional mop-up activities. This campaign was overtly better quality compared to the 3rd response SIA round where only 19 of the 40 lots surveyed had passed the test and 12 of the lots were considered worthy of a mop up response vaccination.

In terms of Acute Flaccid Paralysis (AFP) surveillance response, there were a cumulative 33 cases detected in 24 counties. Thanks to the effect of nOPV2 campaign vaccinators who contributed to the increased number of AFP detections. Notably, the completed year (2024) had detected 453 AFP cases (5.96 Non-Polio AFP rate) with 94% stool adequacy meeting all two core Polio surveillance indicators nationwide. The country had 8 polio compatible cases after completing the classification of all pending AFP cases detected in 2024. The ardent task at the hands of the Polio Eradication team in the country is to maintain such high-levels of AFP surveillance in the face of financing constraints brought about by US government freeze on global health security in Development.

4. Anthrax

- Cumulatively, since 2024, a total of 173 human anthrax cases (causing 3 deaths) had been reported from two states: Western Bar El Ghazal (90 cases) and Warrap (84 cases). Of these, one sample tested positive for anthrax at UVRI in Uganda. Among the 173 human cases, three have died, resulting in a case fatality rate (CFR) of 1.7%. However, the data provided here should be interpreted with caution due to under-reporting of anthrax cases.
- Since 2024 up to date: Most of the cases (66.7%) were males while females accounted for 33.3%. Overall, the reported cases range in age from 1 to 57 years. The majority (45.8%) of Anthrax cases were in the 15-57 age group, followed by the 10 -14 age group with 21.4%, the 5-9 age group with 18.4%, and the 0-4 age group with 14.8%.
- None of the human cases have a history of previous vaccination, indicating lack of herd immunity. All 173 cases had a history of consuming dead beef. Regarding occupation, the distribution is as follows: farmers

accounted for 27.4%, Children 29.0%, students accounted for 8.9%, housewives for 7.7% cases, soldiers for 2.4% cases, a herdsman for 2.4%, and a policeman for 0.6%.

- All 173 cases presented with fever, itching, swelling, and skin ulcers as the commonest occurring signs and symptoms.
- Majority, (39.6%) of the cases are reported from Kuach North Payam in Warrap State, where there are multiple cattle camps with minimum IPC/WASH services, 16.7% cases were reported from Wau Bai, 10.1% were reported from Kuach South, 8.9% cases were reported from Rocrocdong, 8.3% cases were reported from Kangi, and 8.3% were reported from Marial Bai. The remaining cases were detected from from three payams (Udici, Alek South, Wau North, Bui Yar, War Ayat, Ameth, Haijihidi, and Ayaga).
- The above data should be interpreted with caution since there is under-reporting of cases of anthrax.

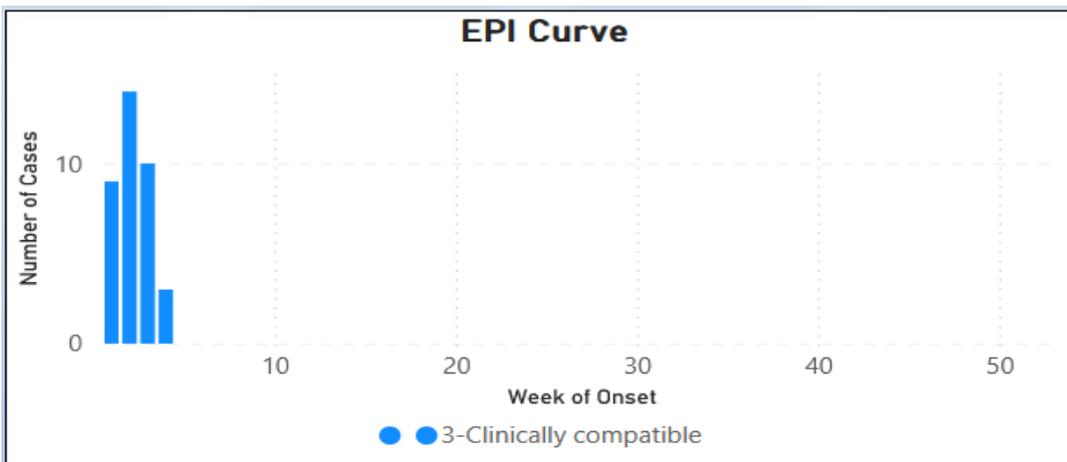
Table 5: Cumulative Anthrax attack rate in Warrap and Western Bahr EL-Ghazal States by county of S/Sudan; 26th Feb 2025.

County	Frequency	Population	Attack Rate/100000
Jur River	90	245725	36.6
Gogrial West	82	582379	14.1
Gogrial East	1	273977	0.4
Wau	1	208486	0.5
Grand Total	174	1036590	16.8

5. Measles Update

- Since the beginning of the year 2025 from week 01 to week 06, the cumulative total of suspected measles cases remained 36 reported from Gogrial west, Tonj East, Aweil north, Aweil West and Aweil East county but were discarded after testing negative on measles IgM at the virology laboratory of NPHL
- 64% of measles cases occur in children under the age of 5, highlighting a critical failure in routine immunization programs.
- Furthermore, 80% of these cases are found among children aged between 6 months and 9 years, making this age group the optimal focus for measles outbreaks response Supplementary Immunization Activities (SIAS).

Figure 10: measles cases in South Sudan; Week 01 to week 06 of 2025



6. Hepatitis E outbreak in Bentiu IDP Camp in Unity State.

- In Week 07 of 2025, there were 25 new suspected cases of hepatitis E virus infections reported with zero deaths.

- Cumulatively, a total of 6,386 hepatitis E virus cases with 36 deaths CFR of 0.7% have been reported since the inception of the outbreak in 2018
- Out of the 25 new cases reported this week 07 of 2025, 11 of them were tested positive by RDT bringing the total RDT positive cases to 1880 since the beginning of the outbreak in 2018
- Persons aged 15 to 44 years account for 43% of the reported cases (see in Figure 12).
- Males constituted 53% (3,361 cases) of the general cases, while females made up to 47% (2,025 cases).
- The chart displayed in figure 12 indicated the distribution of HEV cases by the patients' places of residence, both within and outside the Bentiu PoC.
- Most of the cases were identified among individuals living outside Bentiu PoC who sought treatment at healthcare centers within the PoC.

Figure 11: Epicure of HEV in Bentiu IDP camp, Unity State; Epi Week 52 of 2018 to Week 07 of 2025

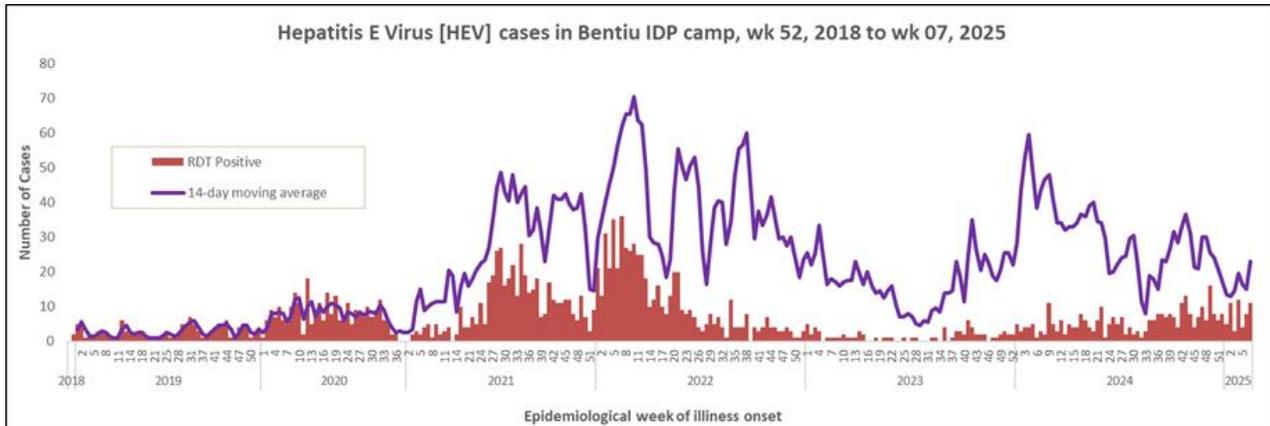
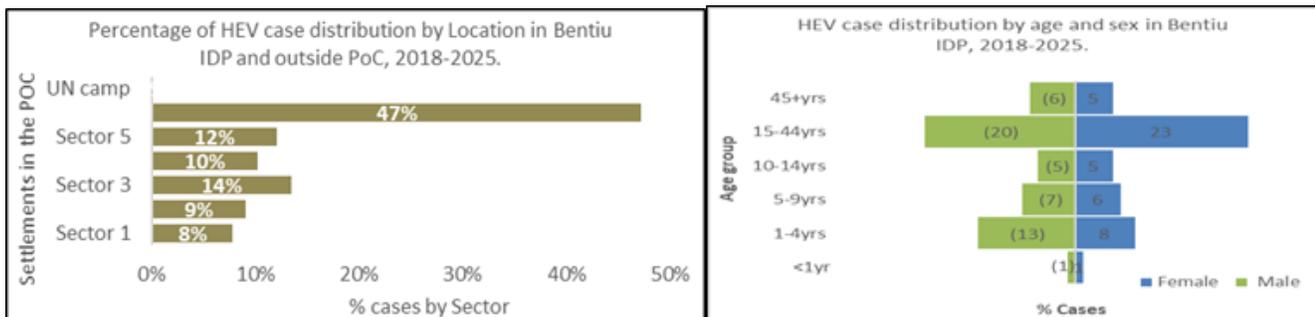


Figure 12: Location and age distribution of Hepatitis E cases in Bentiu, Unity state of South Sudan



Other Events

Sudan crisis: As of the end of the year 23rd February 2025, a cumulative total of **1 070 117** individuals (550 298 females and 519 819 males) had crossed from 18 different nationalities. Of this number, **68.71% are** South Sudanese returnees and 30.76% are Sudanese refugees. Only 0.28% are from other nationalities, largely Eritrean population. Currently, 21 PoEs are being monitored, with Joda-Renk accounting for 71% of the reported influx figures. There are currently 58 898 individuals (13 784 in transit centre and 45 114 in host communities) in Renk. Due to the evolving security situation in Joda, the data collection may be incomplete.

Host communities and healthcare systems are struggling to cope with the increased demand for health and other Services, morbidity, and mortality among returnees and refugees. Currently most of the counties receiving returnees including Juba have confirmed cholera outbreaks and interventions have been put in place to mitigate adverse effect including use of Oral cholera Vaccines (OCV) aimed at mitigating the risks

of sustained transmission.

Acknowledgments

Thanks to the State Surveillance Officers, Health Cluster partners for sharing the weekly IDSR data. To access the IDSR bulletins for 2025 use the link below: <https://www.afro.who.int/countries/south-sudan/publication/south-sudan-weekly-integrated-disease-surveillance-and-response-bulletin-2025>

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Notes

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

More information can be found at: <http://ewars-project.org>

Data source: DHIS-2 and EWARS

