



Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 7

10th to 16th 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 7 of 2025, the IDSR reporting timeliness was 69%, and completeness was 91%. There was a decrease in timeliness and no change in completeness of IDSR/EWARS reporting in week 7 2025 compared to week 6. IDSR timeliness and completeness of reporting for week 7 remains in the range of what it was in the last two previous years (2024 and 2023). 9 states and all three administrative areas attained completeness of reporting above 80%. Lakes, Unity states, and Ruweng, Abyei administrative areas achieved 100% completeness of reporting. However, only 5 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 at 81% and 86% respectively. This was an improvement in performance at these sites compared to attainments in the previous week 6, where it was 65%.
- In week 7, a total of 194 EWARS alerts were triggered and only 56% (109) were verified. This was a decline in the number of alerts triggered and their verification rates as compared to week 6. **Most of the alerts were for Guinea Worm (18%), AWD (18%), Malaria (15%), Cholera (14%), ABD (13%), ARI (11%), and Measles (8%).** Special thanks to the surveillance team in Eastern Equatoria, Jonglei, and NGBZ States for verifying most of the reported alerts in their respective states.
- On February 6, 2025, the National Public Health Laboratory in Juba confirmed the first case of Mpox. In accordance with (IHR 2005), the Ministry of Health declared an outbreak of Mpox immediately. As of February 24, 2025, the total number of confirmed Mpox cases had risen to six and sequencing report confirms Clade 1b, all linked genetically to the transmission in Uganda.
- Between September 28, 2023, and February 27, 2025, there have been a total of 34,170 reported cases of cholera (including 576 deaths). These cases are reported from across 40 counties in nine different states and one administrative area.

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 7 were at 69% 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 7 compared to 6 of 2025

State	Total facilities	Number of facilities reported (Completeness Wk07)	Comparison of the reporting period				Cumulative since year start (2025 level)	
			Timeliness		Completeness		Timeliness	Completeness
			Week 07	Week 06	Week 07	Week 06		
Lakes	112	112	57%	89%	100%	100%	90%	100%
NBGZ	92	68	63%	77%	74%	85%	66%	74%
Unity	84	84	87%	94%	100%	98%	95%	99%
WBGZ	112	102	77%	77%	91%	98%	72%	94%
WES	191	172	42%	82%	90%	82%	80%	96%
Jonglei	120	113	85%	89%	94%	97%	79%	86%
Warrap	114	103	77%	89%	90%	91%	70%	89%
EES	112	97	50%	55%	87%	82%	61%	89%
RAA	16	16	38%	38%	100%	100%	39%	93%
CES	152	145	89%	93%	95%	97%	87%	90%
AAA	17	17	94%	88%	100%	100%	87%	98%
Upper Nile	143	127	74%	71%	89%	87%	76%	89%
GPAA	16	15	94%	100%	94%	100%	93%	99%
Total	1281	1171	69%	81%	91%	91%	77%	91%

Key:

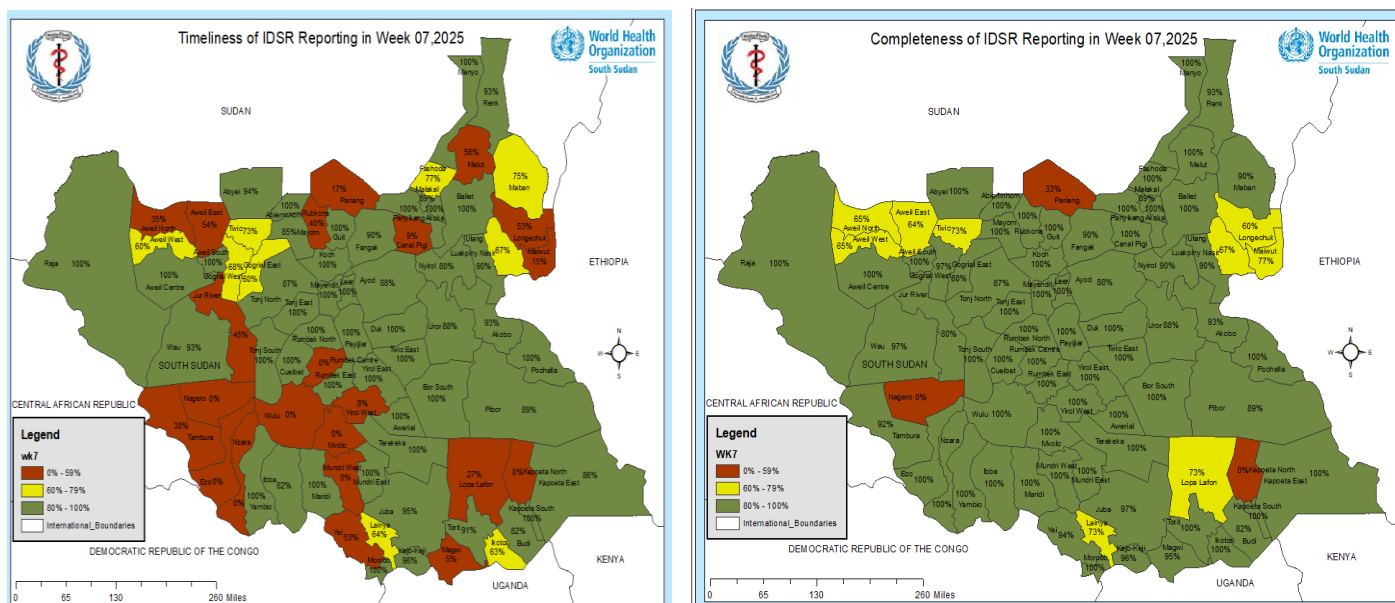
	Good Performance Indicator
	Fair Performance indicator
	Bad performance indicator

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 7 of 2025.

Partners	# of Reporting Mobile Sites	% of Timeliness in week 07	% of Completeness in week 07	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 07	% of Completeness in week 07
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	75%	100%	Munuki	12	100%	100%
WVI	2	100%	100%	Wau South	20	100%	100%
CIDO	1	100%	100%	Wau North	12	92%	92%
SP	4	100%	100%	Juba	10	100%	100%
HFD	1	100%	100%	Mangala	1	100%	100%
RI	1	100%	100%	TOTAL	63	98%	98%
TOTAL	21	81%	86%				

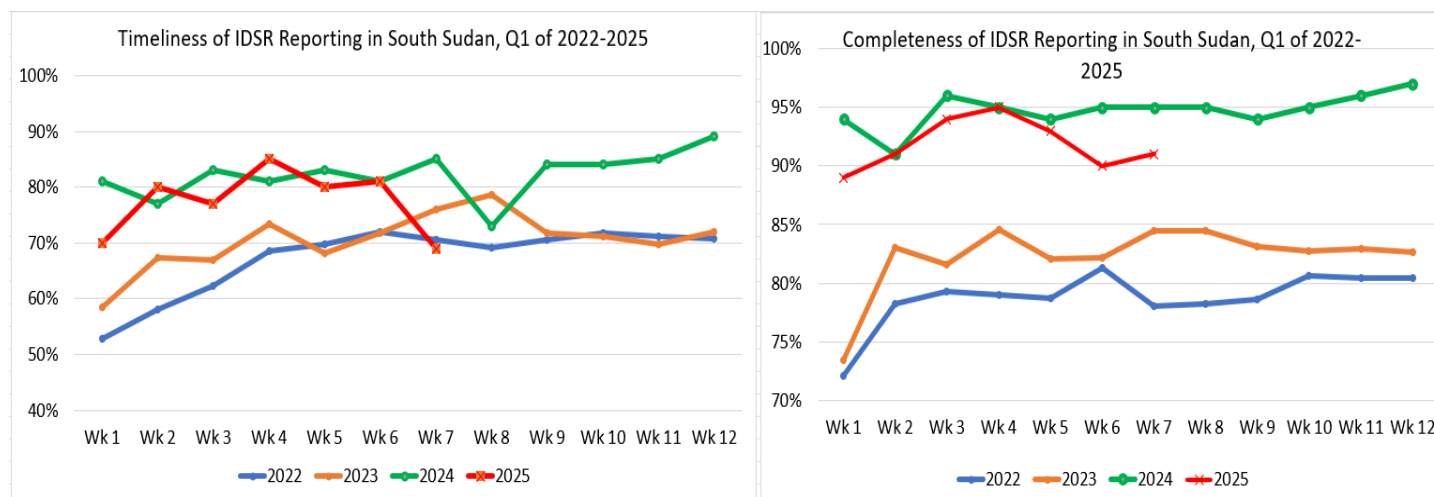
An important point to note: Three of the 4 health facilities supported by IMC (1) remained silent in the reporting period. The IDSR team will explore the reasons for non-reporting with the aim of re-establishing weekly IDSR reporting.

Figure 1: Maps showing Timeliness and Completeness of IDSR reporting in South Sudan by County in Week 7, 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: Comparative analysis of IDSR timeliness and completeness in South Sudan, over the past 4 years (Week 1-12)



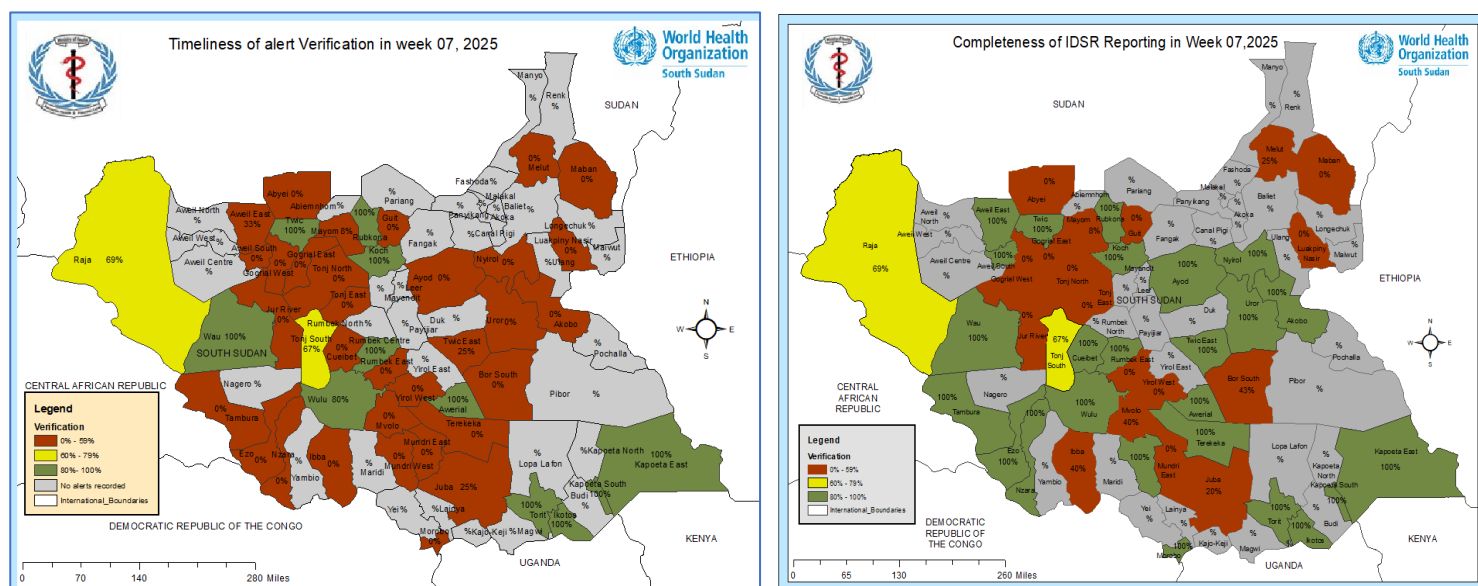
Epidemic alerts

In epidemiological reporting week 7, 194 alerts were triggered in the EWARS system, with 59% (109 of 194) verified, which was lower than the previous week 6. In Week 7, ten states and one administrative area recorded at least one notifiable disease alert. Special thanks to Eastern Equatoria, Jonglei, and NGBZ States for verifying most of their EWARS alerts. Most of the alerts were for Guinea Worm (18%), AWD (18%), Malaria (15%) Cholera (14%), ABD (13%), ARI (11%), and Measles (8%). See Table 3 below.

Table 3: Summary of EWARS alerts triggered in Epidemiological Week 7, 2025.

State/Admin	AIS		ARI		AWD		ABD		Cholera		EBS		Guinea		Malaria		Measles		Total # R	
	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V
AAA	1	0	2	0	1	0	0	0	0	0	0	0	0	0	2	0	0	0	6	0
CES	0	0	0	0	1	1	1	0	3	0	1	1	0	0	0	0	1	1	7	3
EES	0	0	1	1	2	2	1	1	1	1	0	0	0	0	1	1	0	0	6	6
Jonglei	0	0	3	1	1	1	2	2	9	8	1	1	7	7	2	1	0	0	25	21
Lakes	0	0	4	3	3	2	3	0	2	1	0	0	16	11	0	0	0	0	28	17
NBGZ	0	0	0	0	2	2	2	2	0	0	0	0	0	0	0	0	1	1	5	5
Unity	1	1	6	2	1	1	1	0	11	5	0	0	0	0	2	1	0	0	22	10
Upper Nile	1	0	2	1	0	0	2	0	0	0	0	0	0	0	0	0	1	0	6	1
Warrap	0	0	0	0	4	2	4	1	0	0	0	0	7	1	0	0	9	1	24	5
WBGZ	1	1	4	2	7	3	4	3	0	0	0	0	5	2	11	6	1	1	33	18
WES	0	0	0	0	12	10	6	1	1	0	0	0	0	0	11	10	2	2	32	23
GPAA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RAA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	4	2	22	10	34	24	26	10	27	15	2	2	35	21	29	19	15	6	194	109

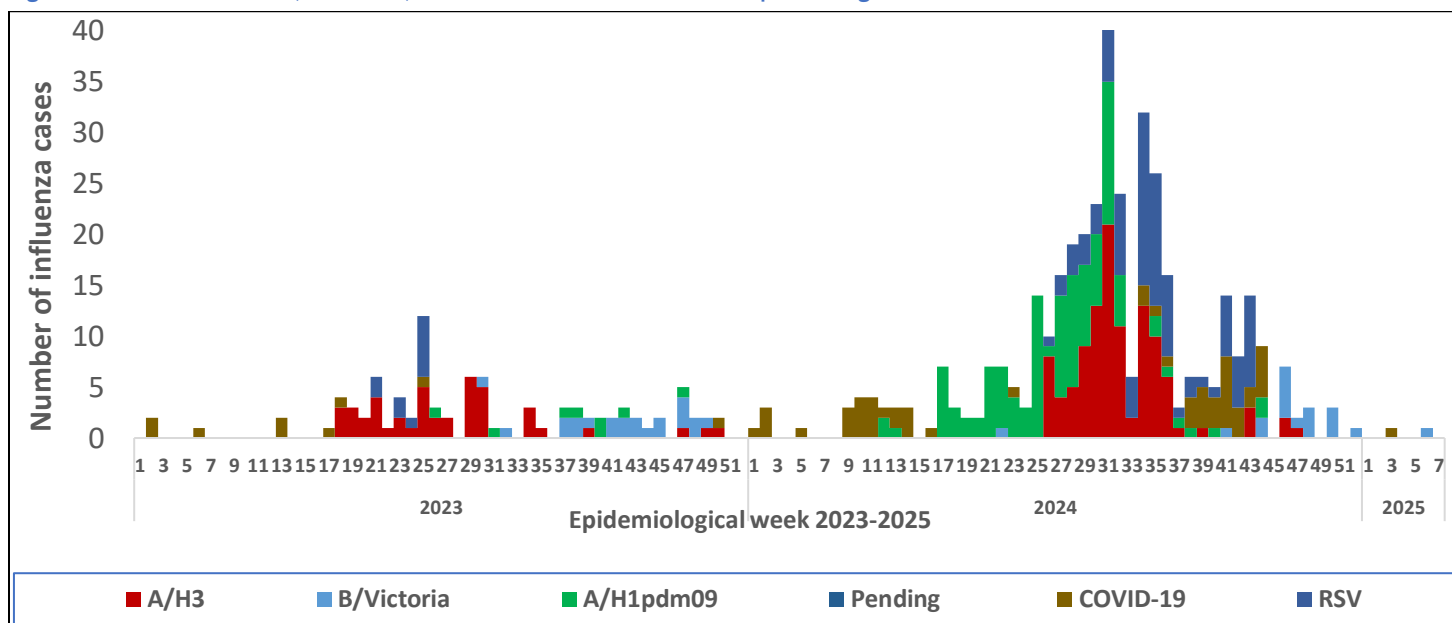
Figure 3: Completeness of Alerts Verification rates by county of South Sudan for week 7, 2025.



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 2023 to Week 6 of 2025.



- During Epidemiological Weeks 1 to 7 in 2025, a total of 235 ILI/SARI samples have been collected; 233 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.

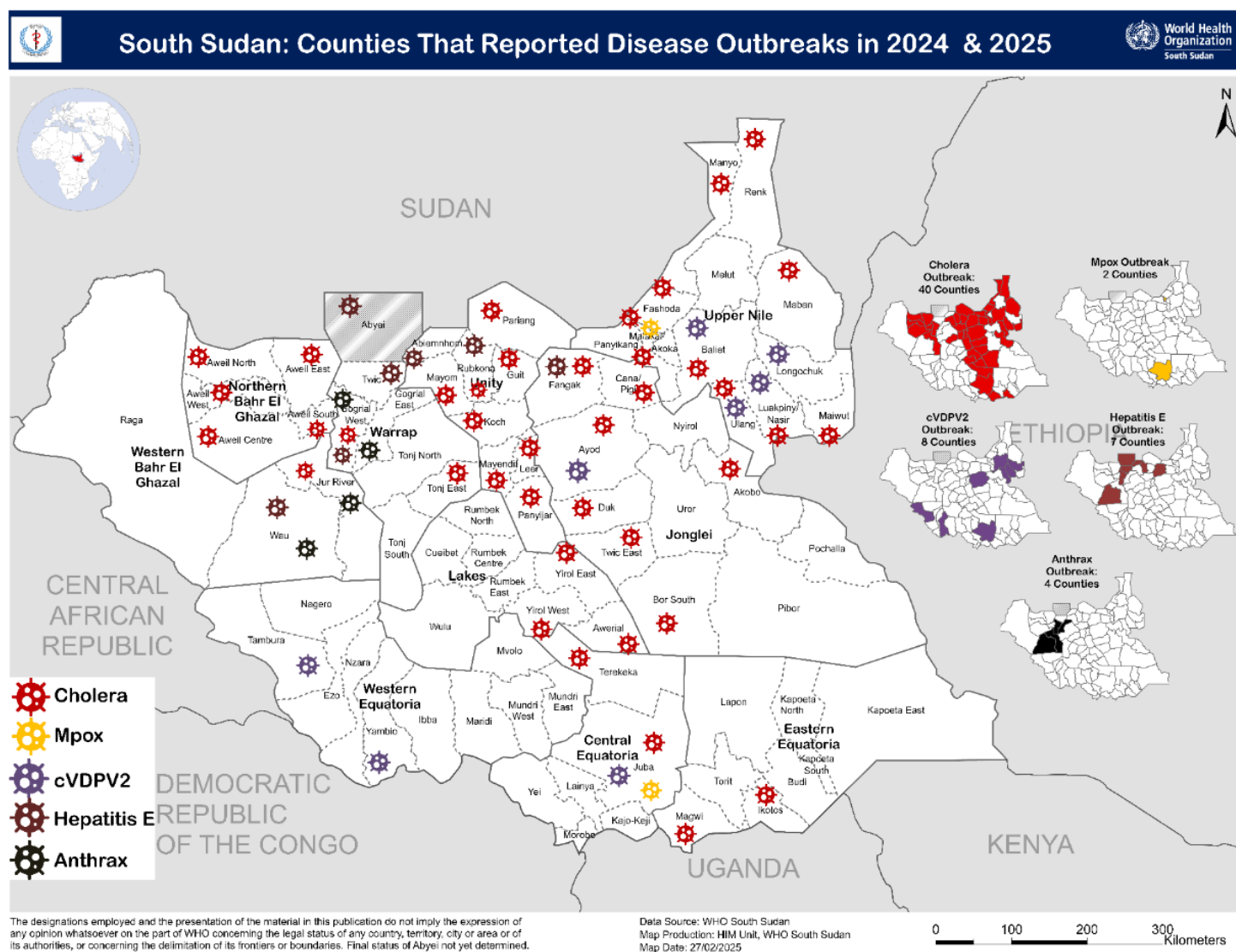
South Sudan Confirmed and ongoing epidemics in 2025

Table 4: Summary of ongoing and confirmed epidemics

Aetiologic agent	Location (county)	Date first reported	New cases since Epi-Week 6	Cumulative suspected cases	Response activities				
					Surveillance/Lab confirmed	Case management	Vaccination	Health promotion	IPC/WASH
Mpox	Juba Malakal	Feb 2025	0	36	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, Baliat, 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	103	271	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 26th February 2025

Figure 5: Map showing confirmed and active outbreaks by county of South Sudan; as at 26th February 2025.



Response activities for ongoing/suspected outbreaks

1. Mpox case Outbreak Update.

The index Mpox case was a 31-year-old Ugandan male who arrived in Juba on January 29, 2025. He reported high-grade fever, skin rash, perineal itching, and penile swelling since January 25. After 7 days at Kapuri camp in Luri Payam, he went to Gudele Hospital in Juba on February 5, 2025. Clinicians completed a case investigation form and collected a scab sample on February 6, which was sent to the National Public Health Laboratory (NPHHL). The PCR positive test was re-confirmed by senior laboratory scientists using the GeneXpert testing algorithm, confirming Clade 1 Mpox.

Since the Mpox outbreak declaration on February 7, five additional cases were confirmed by rt-PCR, bringing the total to 6 in South Sudan. The new cases were in Juba County (4) and Malakal POC (1), equally distributed by gender (3 males and 3 females), all aged 30-40 years. Four cases were Ugandan nationals who recently

returned to South Sudan after the Christmas break. One South Sudan national had traveled to Kampala from January 29 to February 7. Only one case of South Sudanese nationality has not had history of contact with the epidemic in Uganda. Genetic sequencing from the first 3 positive cases confirmed that the outbreak is of Clade 1b and all viruses were linked to the transmission chains in Uganda.

Since the confirmation of Mpox outbreak, the Republic of South Sudan has taken on response and confirms:

- 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 63 samples shipped in 4 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. All rt-PCR positives have been shipped to UVRI for genetic sequencing, and results for the initial 3 samples has confirmed Clade 1b with linkages to ongoing transmission in Uganda. These phylogenetic linkages confirm the earlier epidemiological linkages reported in the case descriptions.

- Trained 75 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. The additional 35 clinicians have been trained in Nimule to boost surge capacity for the border health services in this strategic ground crossing area, that links the country with neighbouring Uganda.
- 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.

2. South Sudan Cholera Outbreak Epidemic description as at 27th February 2025

- Between September 28, 2023, and February 27, 2025, there have been a total of 34,170 reported cases of cholera. These cases were reported from across 40 counties in nine different states and one administrative area.
- The cumulative death stands at 576 individuals (CFR of 1.7%), which is still higher than the WHO targeted case-fatality ratio for Cholera. Currently, there are 905 patients who remain hospitalized and are receiving treatment for their conditions.
- Majority of the cases 33.10% (n = 11 313 cases) are reported from Rubkona County followed by Mayom County 12% (4,103 cases) and Juba County 12.60% (n=4,297). The newly infected counties in the reporting week were Jur river, Nasir, and Tonj
- Out of cumulative deaths, a total of 275 deaths were community deaths, while 301 deaths were health facility deaths. The overall case fatality rate (CFR) is 1.7% but health facility fatality ratio is 0.8% which is well within the acceptable target provided by WHO. 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 6: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, wk39, 2024 to Wk6, 2025

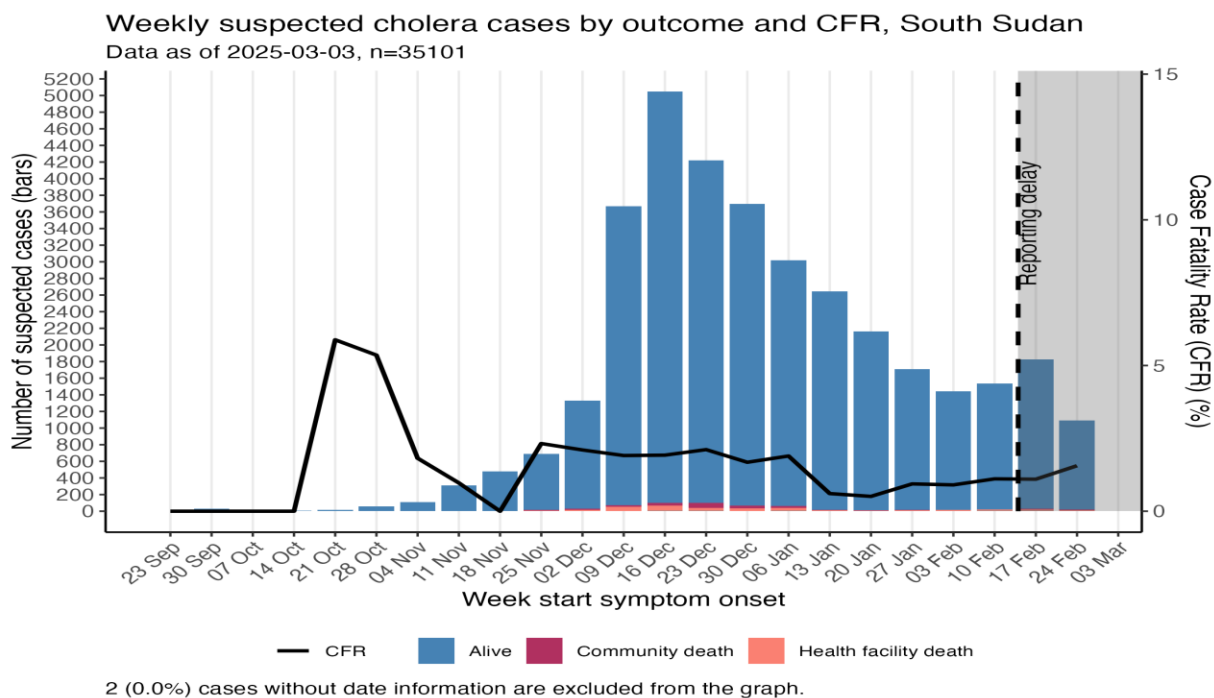


Figure 7: Graph showing cholera cases distribution by age group, sex and residential status as of 2 March 2025

- 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.

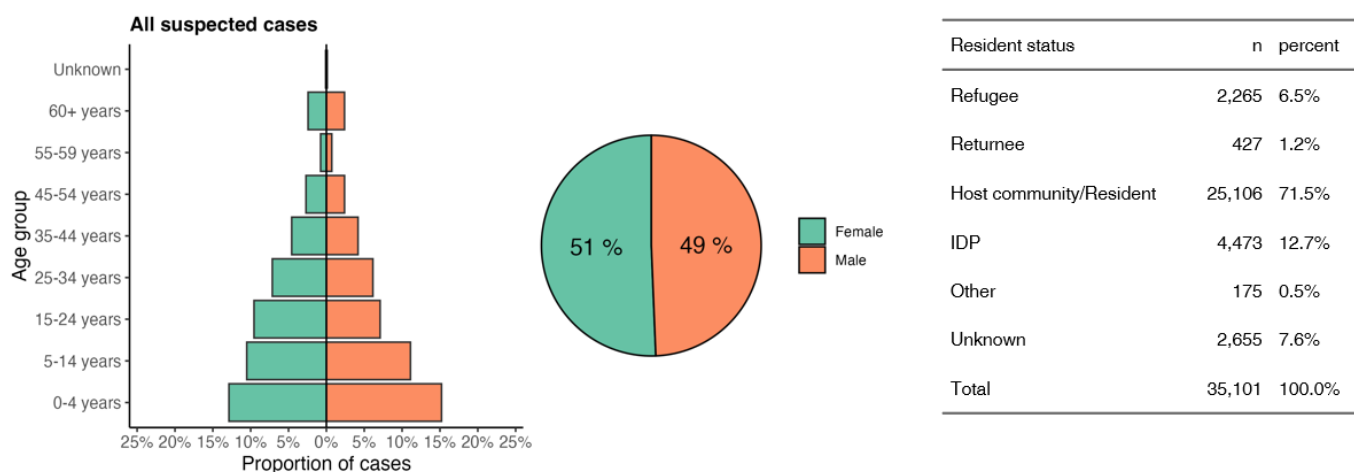


Table 5: Geographical distribution of Cholera Cases in South Sudan; Sept 2024 to 27th February 2025.

State	Infected Counties	Total cumulative	Percent	Laboratory confirmed case(s)	RDT positive	Recoveries	Still admitted	Deaths	Overall CFR
CES	2	4,737	13.9%	Yes	1,199	4,394	351	71	1.50%
EES	2	174	0.5%	Yes	17	125	0	17	9.77%
JNG	7	3,767	11.0%	Yes	339	3,432	234	101	2.68%
LAK	4	440	1.3%	Yes	139	394	28	18	4.09%
NBGZ	5	5,478	16.0%	Yes	98	5,451	10	17	0.31%
RAA	1	123	0.4%	Yes	48	116	5	2	1.63%
UNI	7	16,329	47.8%	Yes	5,827	15,964	42	323	1.98%
UPPER	10	3,046	8.9%	Yes	347	2,781	244	21	0.69%
WBGZ	1	29	0.1%	Yes	1	26	0	3	10.34%
WRP	1	47	0.1%	Yes	14	6	38	3	6.38%
S/Sudan	40	34,170	100%	Yes	8,029	32,689	952	576	1.69%

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

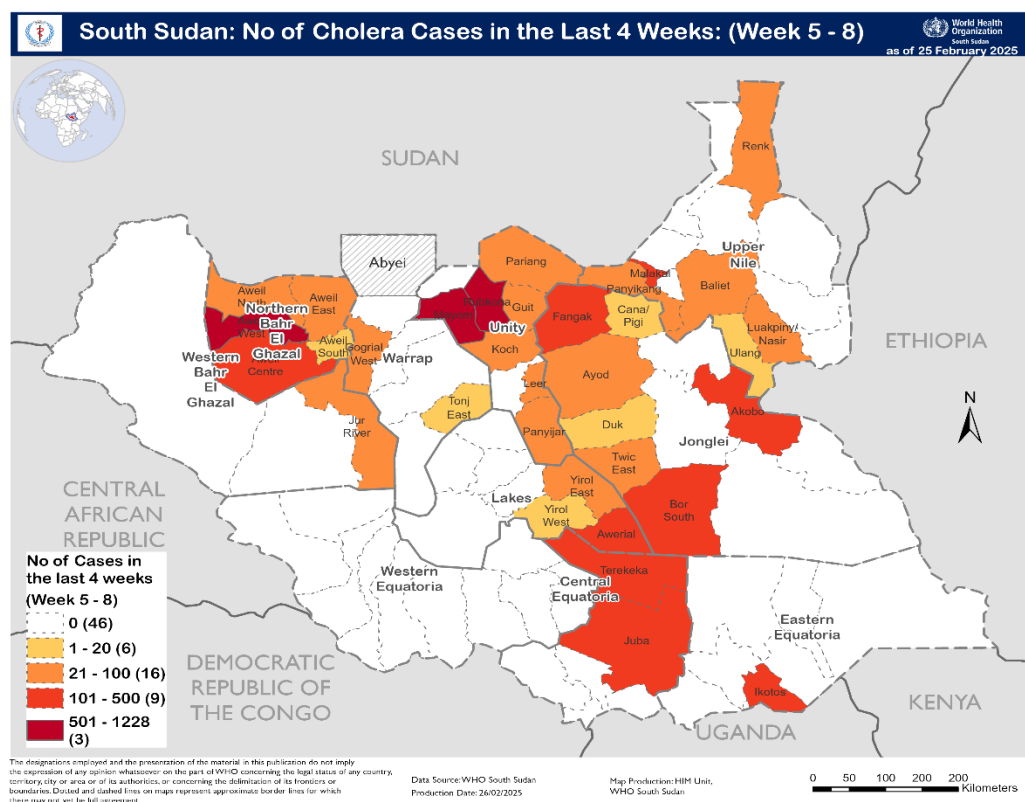
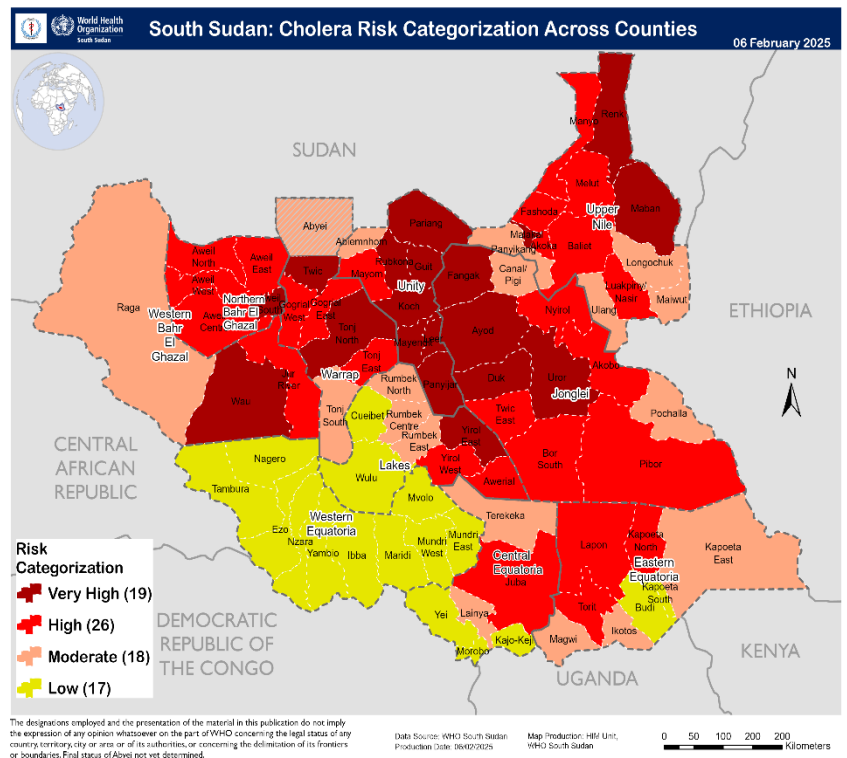


Figure 9: South Sudan cholera risk mapping

- **Geographical Spread:** Out of 80 counties, 19 (24%) are classified as Very High risk and 26 (33%) as High risk, mainly concentrated around the River Nile across seven states and one administrative area.
- **OCV Campaign Gaps:** Some Very High-risk counties have laboratory-confirmed cases but low case numbers due to limited OCV campaign progress, while others show proactive monitoring despite no reported cases.
- **Ongoing Risks and Interventions:** Persistent risks from flooding, poor WASH conditions, and population displacement require continuous WASH efforts, vaccination of new arrivals, and potentially a 2-dose OCV regimen to prevent further outbreaks.



Next Steps

- Continue rolling out Oral Cholera Vaccination (OCV) campaigns. Targeted vaccination of cross-border populations between Sudan and South Sudan is critical given the sustained influx of susceptible populations forced by the Sudan crisis.
- Step up Infection Prevention and Control as well as Water/Sanitation Hygiene (IPC/WASH) interventions.
- Plan and conduct post-campaign coverage verification surveys for counties that completed OCV SIAs before recall biases escalate.
- Develop and implement accelerated response plans for cholera control before the rainy seasons set in, in May 2025.

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

On December 22, 2023, the Ministry of Health declared a cVDPV2 public health emergency after confirming PV2 in Yambio. Laboratory-confirmed cVDPV2 isolates from AFP cases total 12, with cases from Yambio, Juba, Ayod, Baliyet, Luakpiny/Nasir, Longechuk, and Tambura.

Additional viruses were isolated from healthy children and contacts of AFP cases. In the past six months, nine cVDPV2 viruses came from environmental samples in Juba, with the latest isolate from November 5, 2024. A third response round in October reached 3,405,150 children, achieving over 90% administrative coverage. In the 3rd round of nOPV2 response, 292,610 children received their first dose, warranting a 4th round for a second OPV2 opportunity to reduce future outbreaks.

During the 4th and latest nOPV2 vaccination response, 2 146 supervisions were documented in 76 of 80 counties, improving from 1,646 in 78 counties during the third response in December 2024. Quality monitoring used LQA surveys, with 67% (26 of 39 counties) passing, improving from 48% (19 of 40 counties) in the third round. The failure rate of the LQA tests also decreased from 25% (10 of 40 counties) to 5% (2 of 39 counties). Data indicated that most missed children resulted from poor Vaccination performance shows that 80% of counties were ready a week before the nOPV2 campaign. The campaign was completed in 12 of 13 states by February 27. Key points include:

- Northern Bahr Ghazal delayed the campaign for Oral Cholera Vaccination.
- Two of 74 starting counties had not reported to the national immunization monitoring dashboard.
- Cumulatively, 3,549,266 children (102% of 3,467,414 targeted) were reached, with 179,467 receiving their first nOPV2 dose.
- Supervision recorded 2,146 hits across 76 counties, with Upper Nile (509) and Western Equatoria (333) having the highest counts.
- Post-campaign surveys in 39 counties showed 26 (67%) passed quality tests, with only 8 requiring additional mop-up efforts, whereas 3rd response SIAs saw only 19 of 40 lots passing.

Cumulatively, 33 Acute Flaccid Paralysis (AFP) cases were detected in 24 counties due to nOPV2 campaign vaccinators. In 2024, a total of 453 AFP cases were recorded, yielding a 5.96 Non-Polio AFP rate, with 94% stool adequacy. The country had 8 polio-compatible cases after classifying pending AFP cases. Maintaining high AFP surveillance is crucial despite financing constraints from the US government freeze on global health security in Development.

4. Anthrax

Since 2024, there have been 271 reported human anthrax cases (4 deaths) from Western Bar El Ghazal (150 cases) and Warrap (121 cases), resulting in a case fatality rate (CFR) of 1.7%. Since the outbreak started, only one case was confirmed at UVRI as a case of Anthrax. Notably, the reported number of human Anthrax cases rose sharply due to updated line-listing of historical cases (103 cases and 1 death) from Warrap and Western Bahr-el Ghazal states

Most cases (66.7%) are male, and ages range from 1 to 57. The majority (45.8%) are aged 15-57, followed by 10-14 (21.4%), 5-9 (18.4%), and 0-4 (14.8%).

None had previous vaccinations, indicating low immunity. All cases reported consuming dead beef. Occupations include farmers (27.4%), children (29%), students (8.9%), housewives (7.7%), soldiers (2.4%), a herdsman (2.4%), and a policeman (0.6%).

Common symptoms included fever, itching, swelling, and skin ulcers. Most cases (39.6%) come from Kuach North Payam in Warrap State, followed by Wau Bai (16.7%), Kuach South (10.1%), Rocrocdong (8.9%), and others (8.3%). from Kangi, and 8.3% were reported from Marial Bai.

The remaining cases were detected from three payams (Udici, Alek South, Wau North, Buoi Yar, War Ayat, Ameth, Haijihidi, and Ayaga).

The above data should be interpreted with caution since there is under-reporting of cases of anthrax.

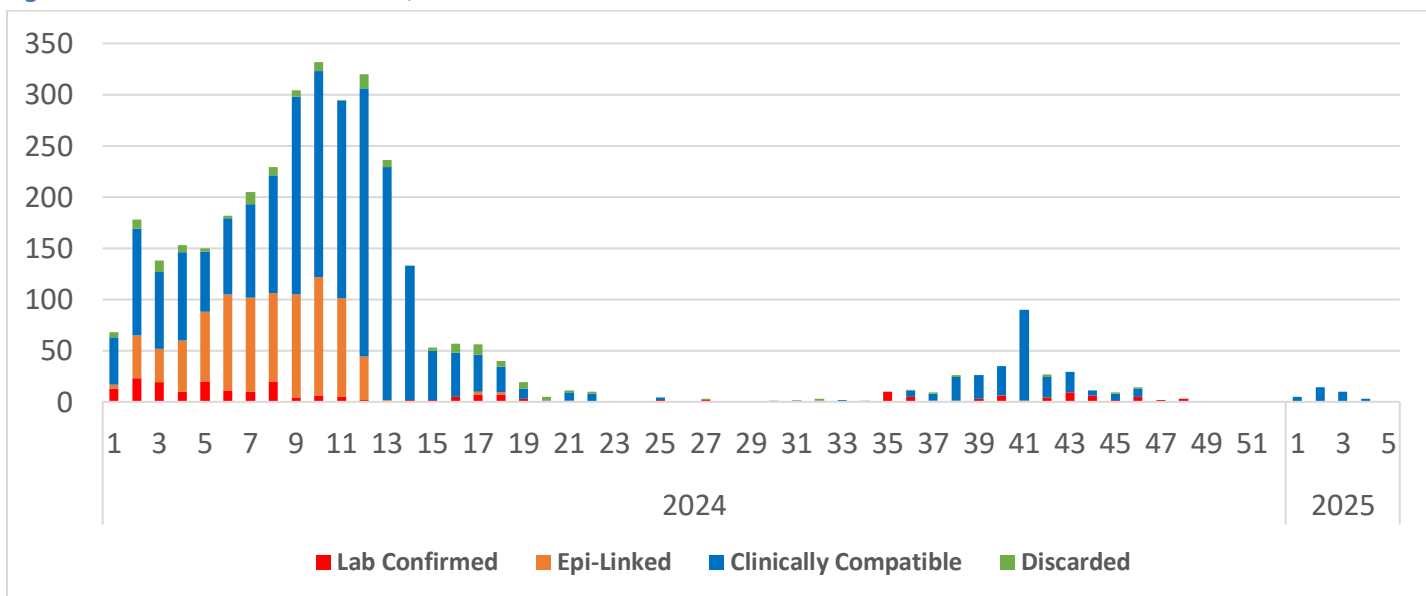
Table 6: Cumulative Anthrax attack rate in Warrap and Western Bahr EL-Ghazal States by county of S/Sudan; 27th Feb 2025.

County	Frequency	Population	Attack Rate/100000
Jur River	131	245725	53.3
Gogrial West	120	582379	20.6
Gogrial East	1	273977	0.4
Wau	19	208486	9.1
Grand Total	271	1036590	26.1

5. Measles Update

- Since the beginning of the year 2025 from week 01 to week 07, the cumulative total of suspected measles cases were 40 reported from Aweil East, Aweil Centre, Aweil West, Gogrial west, Jur river, Tonj East and Wau county but were all 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 07 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 2028
- 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

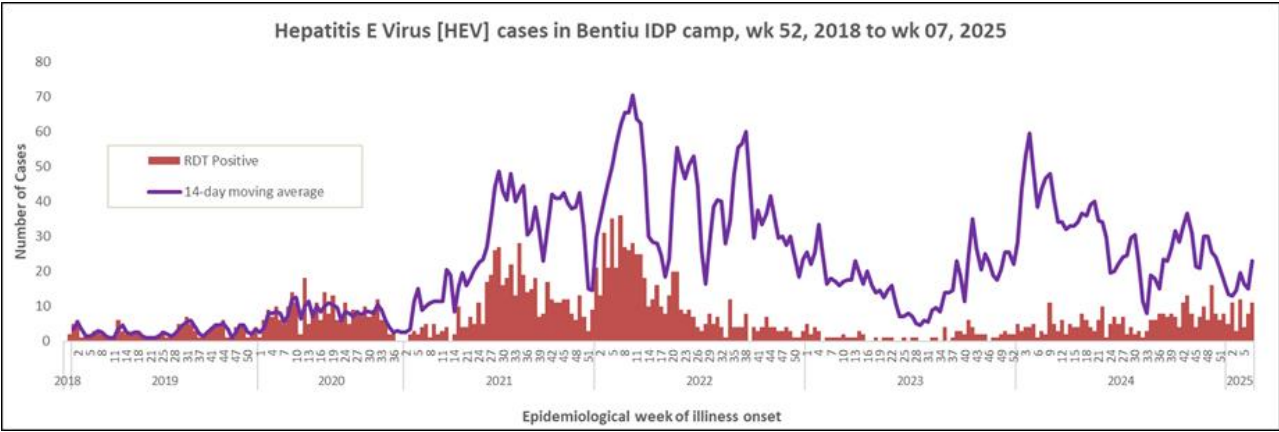
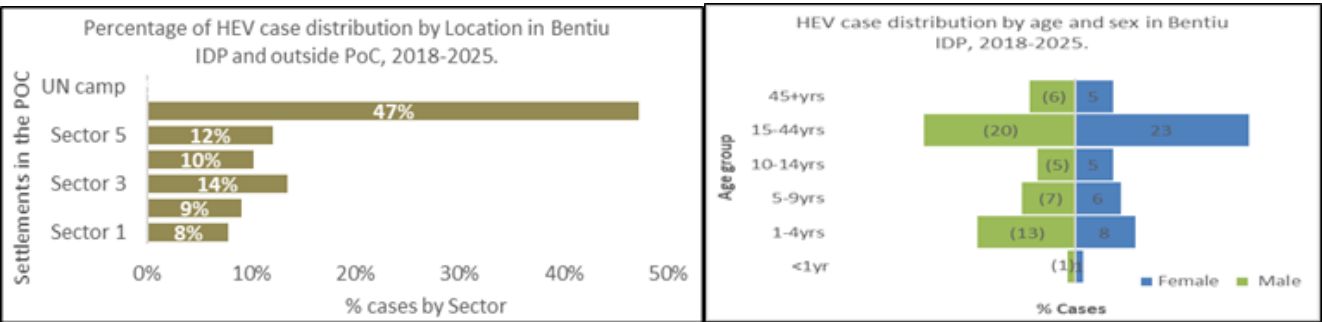


Figure 12: Location and age distribution of Hepatitis E cases in Bentiu, Unity state of South Sudan



Other Events

Sudan crisis: As of the end of the year 227th February 2025, a cumulative total of **1 080 515** individuals (555 919 females and 524 596 males) had crossed from 18 different nationalities. Of this number, **68. 71% are** South Sudanese returnees and 30.976% 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 center and 45 114 in host communities) in Renk. Due to the evolving security situation in Joda, the data collection remains largely incomplete.

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

Data source: DHIS-2 and EWARS

