



## Republic of South Sudan

### Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 8

17<sup>th</sup> to 23<sup>rd</sup> 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 8 of 2025, the IDSR reporting timeliness was 79%, and completeness was 95%. This was an improvement in timeliness and completeness of IDSR/EWARS reporting in week 7 2025 that was 69% and 92% respectively. IDSR timeliness and completeness of reporting for week 8 remains in the range of what it was in the last two previous years (2024 and 2023). 10 states and three administrative areas attained completeness of reporting above 80%. Lakes, Unity states, and Ruweng administrative area achieved 100% completeness of reporting. However, only 6 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 76% respectively. This was a decrease in performance at these sites compared to attainments in the previous week 7, where it was 81% and 86% respectively. The decrease in HFO and SCI-run sites was responsible for this decrease.
- In week 8, 246 EWARS alerts were triggered and only 38% (94 of 246) were verified. This was an increase in the number of alerts triggered and a decline in their verification rates as compared to week 7 (109 of 194 alerts were verified). Most of the EWARS alerts in week 8 were for Cholera (20%), Guinea Worm (20%), AWD (14%), Malaria (13%) ABD (11%), ARI (11%), and Measles (6%). Special thanks to the surveillance team in Western Equatoria, Greater Pibor Administrative Area, Abyei Administrative Area, and NBGZ 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 March 16<sup>th</sup>, 2025, the cumulative total number of confirmed Mpox cases had risen to Seven and sequencing report confirms Clade 1b, all linked genetically to the transmission in Uganda.
- Between September 28, 2023, and March 16, 2025, a Cumulative total of 40 231 cholera cases have been reported (including 600 deaths) CFR of 1.7%. These cases were reported from across 41 counties in nine states and Two 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 8** were at **79%** and **92%**, 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 8 compared to 7 of 2025**

State	Total facilities	Number of facilities reported (Completeness Wk08)	Comparison of the reporting period				Cumulative since year start (2025 level)	
			Timeliness		Completeness		Timeliness	Completeness
			Week 08	Week 07	Week 08	Week 07		
Lakes	112	112	88%	57%	100%	100%	90%	100%
NBGZ	92	78	62%	63%	85%	85%	64%	74%
Unity	84	84	99%	87%	100%	100%	95%	99%
WBGZ	112	103	58%	77%	92%	91%	70%	93%
WES	191	188	71%	42%	98%	92%	79%	96%
Jonglei	120	116	88%	85%	97%	94%	81%	87%
Warrap	114	103	70%	77%	90%	91%	70%	88%
EES	112	109	73%	50%	97%	87%	63%	89%
RAA	16	16	31%	38%	100%	100%	38%	94%
CES	152	149	98%	89%	98%	95%	88%	91%
AAA	17	16	88%	94%	94%	100%	88%	98%
Upper Nile	143	126	82%	74%	88%	89%	76%	88%
GPAA	16	14	75%	94%	88%	94%	91%	98%
<b>Total</b>	<b>1281</b>	<b>1215</b>	<b>79%</b>	<b>69%</b>	<b>95%</b>	<b>92%</b>	<b>77%</b>	<b>91%</b>

Key:

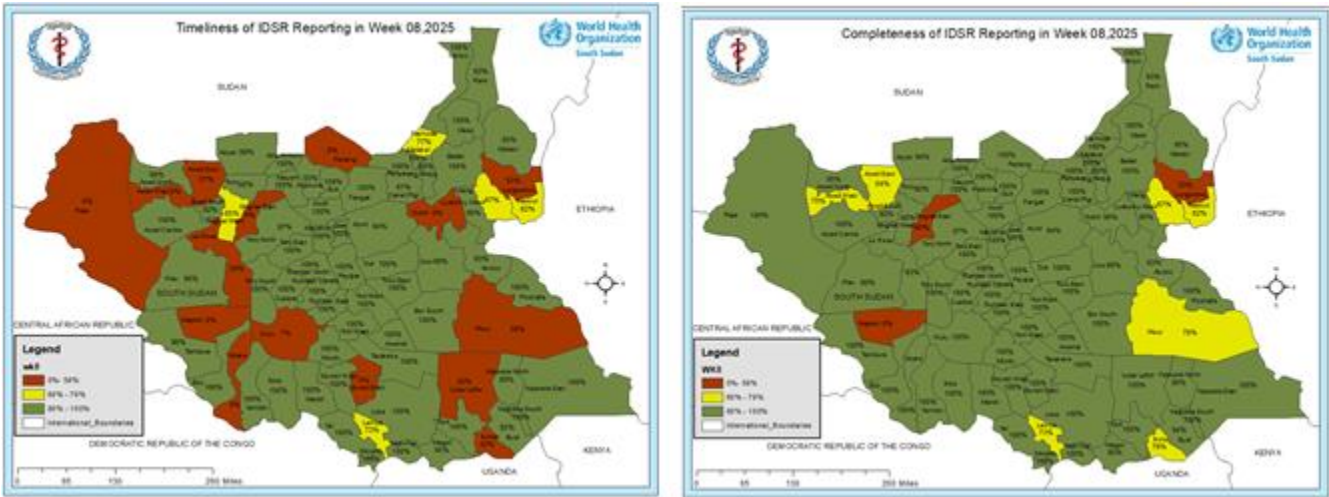
	Good Performance Indicator
	Fair Performance indicator
	Bad performance indicator

**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 8 of 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	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	50%	50%	Rajaf	3	100%	100%
HFO	4	75%	75%	Muniki	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%	Managala	1	100%	100%
RI	1	100%	100%	TOTAL	63	98%	98%
<b>TOTAL</b>	<b>21</b>	<b>76%</b>	<b>76%</b>				

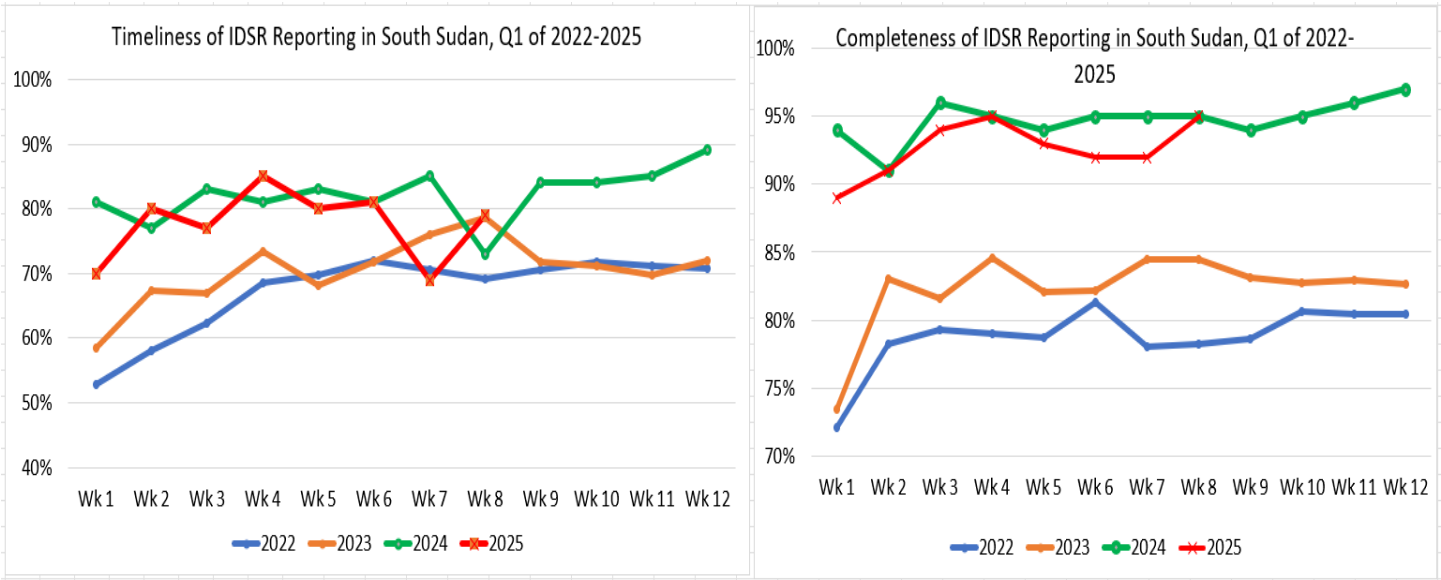
**An important point to note:** Three of the 4 health facilities supported by IMC (1) remained silent in the reporting period. The IDSR team will explore the reasons for non-reporting with the aim of re-establishing weekly IDSR reporting.

Figure 1: Maps showing Timeliness and Completeness of IDSR reporting in South Sudan by County in Week 8, 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

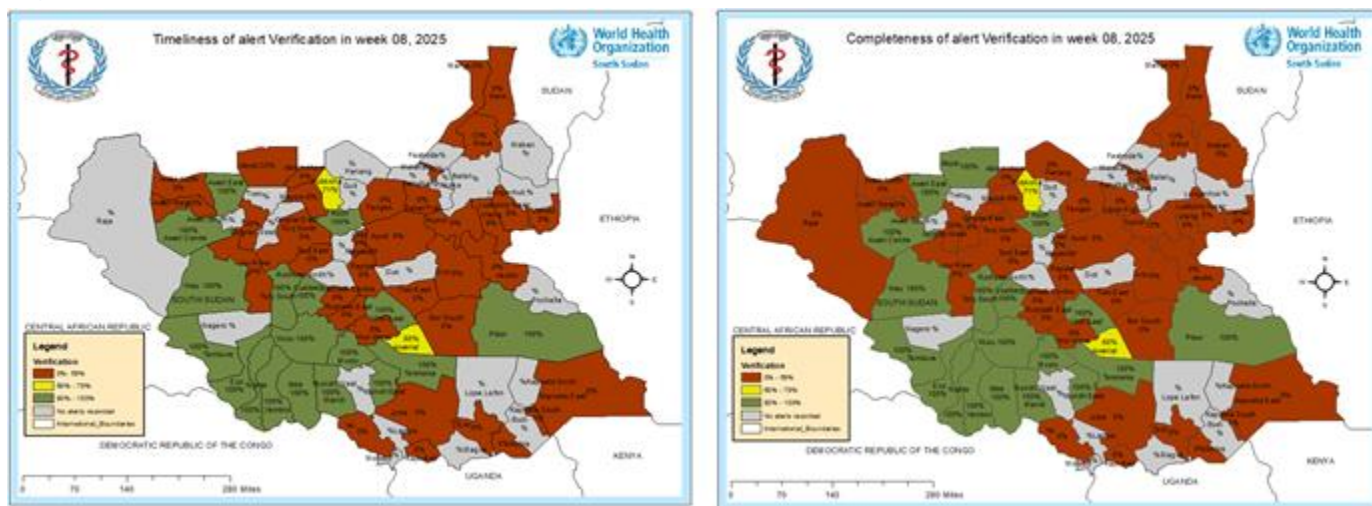
In epidemiological reporting week 8, 246 alerts were triggered in the EWARS system, with 39% (95 of 246) verified, which was lower than the previous week 7. In Week 8, ten states and three administrative areas recorded at least one notifiable disease alert. Special thanks to Western Equatoria, Greater Pibor Administrative Area, Abyei Administrative Area, and NBGZ States for verifying most of their EWARS alerts. Most of the alerts were for Cholera (20%), Guinea Worm (20%), AWD (14%), Malaria (13%) ABD (11%), ARI (11%), and Measles (6%). See Table 3 below.

Table 3:

Summary of EWARS alerts triggered in Epidemiological Week 8, 2025.

State/Admin	AJS		ARI		AWD		AFP		ABD		Cholera		EBS		Guinea		Malaria		Measles		RF		VHF		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
AAA	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3
CES	0	0	5	1	1	1	0	0	0	0	1	0	0	0	0	0	3	0	0	0	0	0	0	0	10	2
EES	0	0	2	0	1	0	1	0	2	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	7	0
GPAA	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Jonglei	0	0	0	0	1	0	0	0	5	1	15	0	1	0	9	0	3	0	0	0	1	1	0	0	35	2
Lakes	0	0	5	2	6	2	1	0	6	2	7	4	0	0	29	15	4	1	1	1	0	0	0	0	59	27
NBGZ	0	0	1	0	4	4	0	0	0	0	2	1	0	0	0	0	0	0	3	3	0	0	1	1	11	9
RAA	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Unity	1	0	2	1	2	0	0	0	3	1	17	7	1	0	0	0	1	0	0	0	0	0	0	0	27	9
Upper Nile	2	0	8	1	1	0	0	0	4	1	1	0	0	0	2	0	2	0	0	0	0	0	0	0	20	2
Warrap	0	0	1	0	4	1	0	0	0	0	2	1	4	0	8	2	1	0	8	0	0	0	0	0	28	4
WBGZ	0	0	1	1	1	1	0	0	2	1	2	0	0	0	2	0	2	0	0	0	0	0	0	0	10	3
WES	0	0	2	2	11	11	0	0	3	3	0	0	0	0	0	0	14	14	3	3	0	0	0	0	33	33
Grand Total	4	1	28	9	34	21	2	0	26	10	48	13	6	0	50	17	31	15	15	7	1	1	1	1	246	95

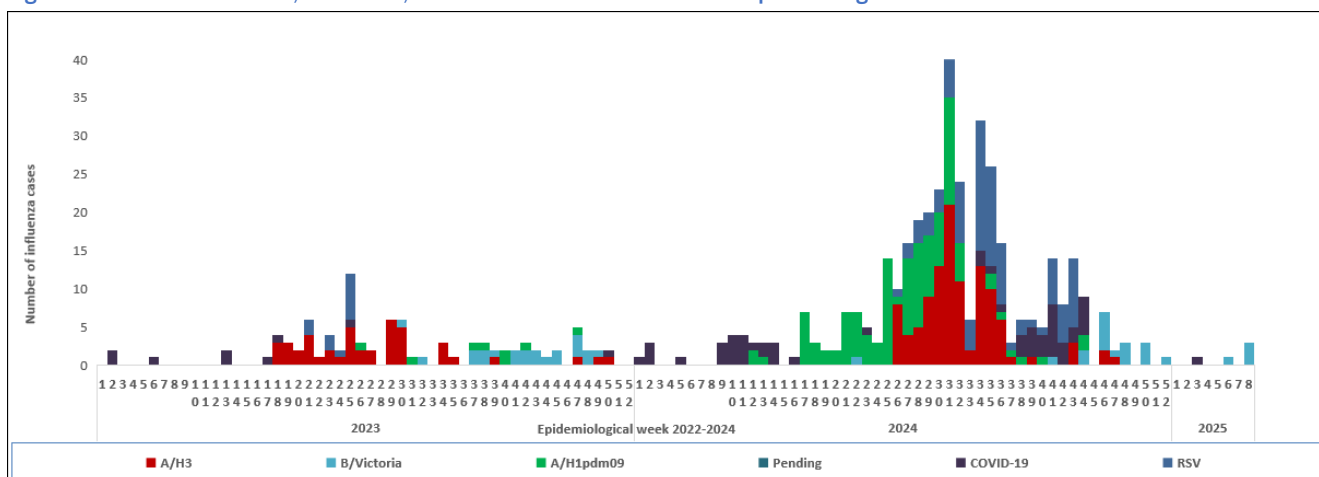
Figure 3: Completeness of Alerts Verification rates by county of South Sudan for week 8, 2025.



### 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 8 of 2025.



During Epidemiological Weeks 1 to 8 in 2025, a total of 283 ILI/SARI samples have been collected; 278



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.

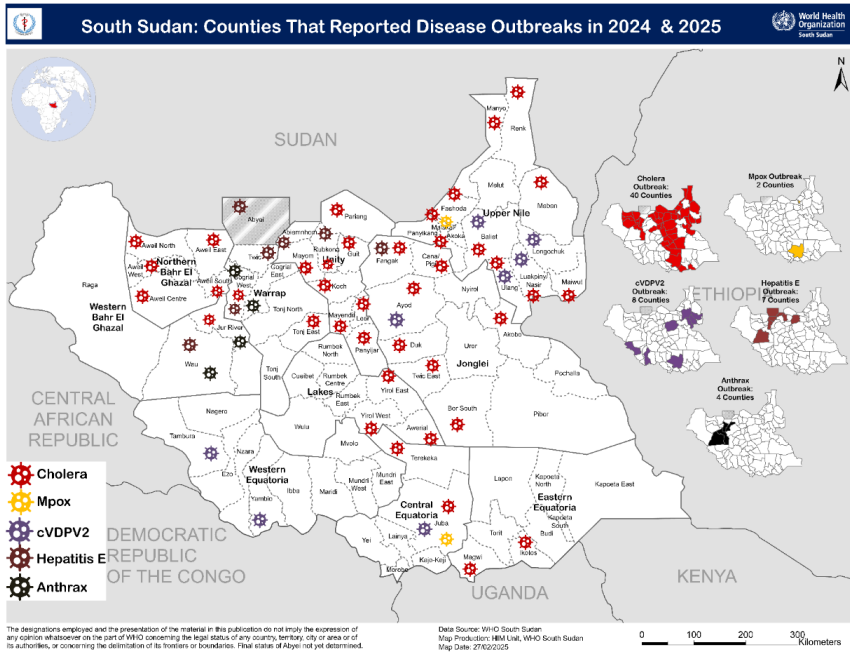
South Sudan Confirmed and ongoing epidemics in 2025

Table 4: Summary of ongoing and confirmed epidemics

Aetiologic agent	Location (county)	Date first reported	New cases since Epi-Week 7	Cumulative suspected cases	Response activities				
					Surveillance/Lab confirmed	Case management	Vaccination	Health promotion	IPC/WASH
Mpox	Juba Malakal	Feb 2025	0	53	7	ongoing	Ongoing	yes	yes
Cholera	In 39 counties across seven states	Sept 2025	More than 4,000	40,231	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 <sup>th</sup> round is ongoing	ongoing	ongoing
Anthrax	Gogrial West (WRP) and Jur River (NBG)	2022	105	274	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 16<sup>th</sup> March 2025

Figure 5: Map showing confirmed and active outbreaks by county of South Sudan; as at 16<sup>th</sup> March 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. Since the Mpox outbreak declaration on February 7, six additional cases were confirmed by rt-PCR, bringing the cumulative total of Mpox cases to 7 in South Sudan. The confirmed Mpox cases were in Juba County (6) and Malakal POC (1), fairly distributed by gender (3 males and 4 females), all aged 24-40 years. Four cases are 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 two cases of South Sudanese nationality have no 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, during and after the 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 henceforth 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 firm 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 182 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.
- 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 4 recently confirmed rt-PCR positive samples have been shipped to UVRI for genetic sequencing. The 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 4 weeks 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 is being funded by the no-regrets funding from WHO/AFRO.

## 2. South Sudan Cholera Outbreak Epidemic description as at 16<sup>th</sup> March 2025

- Between September 28, 2023, and March 16<sup>th</sup>, 2025, there have been a total of 40,231 reported cases of cholera. These cases were reported from across 41 counties in nine different states and Two administrative area.
- The cumulative death stands at 694 with (CFR of 1.7%), which is quite higher than the WHO targeted case-fatality ratio for Cholera. However, when community cases and deaths are removed from the analysis, then we document that facility-based CFR for Cholera is 0.8% (which is within the recommended (10 days)
- There were 3,059 new cases and 53 new deaths reported in the last 14 days
- Majority of the cases in the last 14 day came from Akobo (398), Aweil West (342), Nyirol (317), and Mayom (225)
- The age group with highest case count is 0-4 years (28%), followed by those aged 5-14 years (22%)
- Cases 35 years and older account for 20% of the case burden
- Females currently represent 51% of cases, 69% of cases are from the host community

Figure 6: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, wk39, 2024 to Wk9, 2025

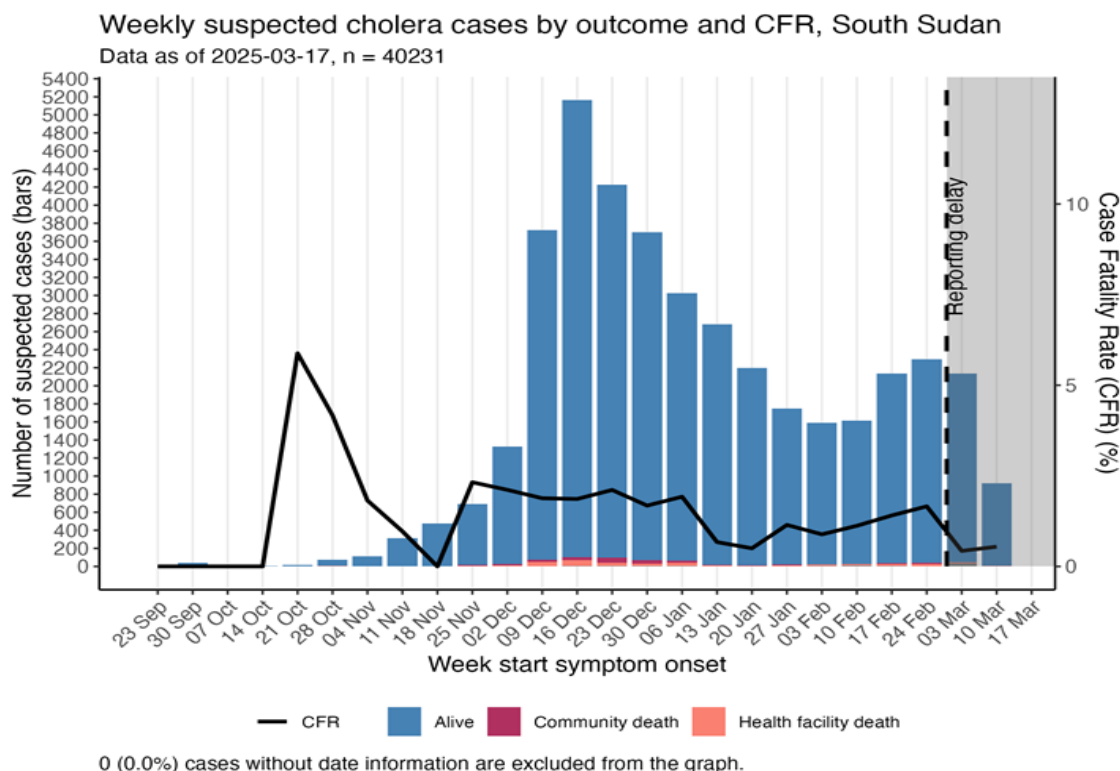


Figure 7: Graph showing cholera cases distribution by age group, sex and residential status as of 16<sup>th</sup> March 2025

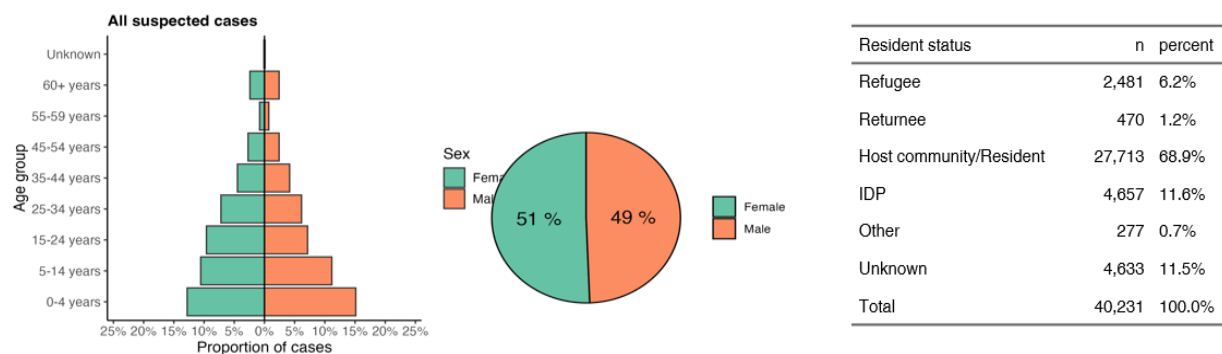


Table 01:Cholera cases, deaths, and recoveries in the last 14 days by County.



County	Cases	Deaths	Recoveries
AKOBO	398	2	117
AWEIL CENTRE	161	0	135
AWEIL EAST	45	0	34
AWEIL NORTH	17	0	17
AWEIL SOUTH	12	0	7
AWEIL WEST	342	0	328
AWERIAL	56	2	51
AYOD	31	0	19
BALIET	2	0	0
BOR SOUTH	47	1	32
FANGAK	8	0	7
GOGRIAL EAST	1	0	1
GOGRIAL WEST	164	3	136
GUIT	57	0	56
IKOTOS	53	3	47
JUBA	60	0	18
JUR RIVER	83	0	0
KOCH	21	0	16
LEER	58	1	53
LUAKP INY/NASIR	31	0	0
MANYO	37	0	21
MAYOM	225	0	211
NYIROL	317	28	66
PANYIJAR	177	8	140
PARIANG	25	1	23
PIBOR	65	0	0
PIGI	26	1	24
RENK	44	0	40
RUBKONA	198	0	187
TEREKEKA	116	1	15
TWIC EAST	11	0	11
ULANG	164	2	125
YIROL EAST	7	0	3
<b>Total</b>	<b>3059</b>	<b>53</b>	<b>1940</b>

Table 2 South Sudan cholera Cumulative cases by State and Counties; August 2024 to data

State	County	Total cumulative	Percent	Laboratory confirmed case(s)	RDT positive	RDT positivity	Deaths	Overall CFR
CES	<b>JUBA</b>	4,391	<b>10.9%</b>	Yes	1,159	92.5%	66	1.5%
CES	TEREKEKA	618	1.5%	Yes	71	70.3%	9	1.5%
EES	<b>IKOTOS</b>	311	0.8%	Yes	9	47.4%	22	<b>7.1%</b>
EES	MAGWI	12	0.0%	Yes	9	75.0%	1	8.3%
GPAA	PIBOR	65	0.2%		8	100.0%	0	0.0%
JNG	AKOBO	1,357	3.4%	Yes	19	100.0%	15	1.1%
JNG	<b>AYOD</b>	232	0.6%	-	20	52.6%	19	<b>8.2%</b>
JNG	BOR SOUTH	1,039	2.6%	Yes	68	73.1%	16	1.5%
JNG	DUK	665	1.7%	-	32	74.4%	14	2.1%
JNG	<b>FANGAK</b>	891	2.2%	Yes	212	94.6%	28	<b>3.1%</b>
JNG	<b>NYIROL</b>	341	0.8%	Yes	1	100.0%	29	<b>8.6%</b>
JNG	<b>PIGI</b>	232	0.6%	Yes	62	100.0%	14	<b>6.0%</b>
JNG	TWIC EAST	718	1.8%	Yes	12	57.1%	19	2.6%
LAK	<b>AWERIAL</b>	401	1.0%	Yes	166	93.8%	16	<b>4.0%</b>
LAK	TONJ	1	0.0%		1	100.0%	0	0.0%
LAK	<b>YIROL EAST</b>	112	0.3%	Yes	14	87.5%	6	<b>5.4%</b>
LAK	YIROL WEST	37	0.1%	Yes	7	43.8%	1	2.7%
NBGZ	AWEIL CENTRE	1,540	3.8%	Yes	8	13.6%	1	0.1%
NBGZ	AWEIL EAST	456	1.1%		7	15.6%	3	0.7%
NBGZ	<b>AWEIL NORTH</b>	229	0.6%	Yes	10	66.7%	14	<b>6.1%</b>
NBGZ	AWEIL SOUTH	326	0.8%		10	47.6%	1	0.3%
NBGZ	<b>AWEIL WEST</b>	4,200	<b>10.4%</b>	Yes	79	38.2%	2	0.0%
RAA	PARIANG	155	0.4%	-	63	41.4%	3	1.9%

UNI	GUIT	631	1.6%	Yes	106	80.9%	14	2.2%
UNI	KOCH	169	0.4%	Yes	67	89.3%	25	14.8%
UNI	LEER	170	0.4%	Yes	22	75.9%	3	1.8%
UNI	MAYENDIT	2	0.0%	Yes	2	100.0%	0	0.0%
UNI	MAYOM	4,408	11.0%	Yes	36	75.0%	92	2.1%
UNI	PANYIJAR	406	1.0%	Yes	393	100.0%	24	5.9%
UNI	RUBKONA	11,586	28.8%	Yes	5,537	97.0%	186	1.6%
UPPER	BALIET	116	0.3%	Yes	2	100.0%	4	3.4%
UPPER	FASHODA	6	0.0%	Yes	0	0.0%	0	0.0%
UPPER	LUAKPINY/NASIR	431	1.1%		10	100.0%	20	4.6%
UPPER	MABAN	10	0.0%		9	100.0%	0	0.0%
UPPER	MAIWUT	2	0.0%		1	100.0%	0	0.0%
UPPER	MALAKAL	1,801	4.5%	Yes	85	17.9%	9	0.5%
UPPER	MANYO	45	0.1%	-	35	89.7%	0	0.0%
UPPER	NYIROL	4	0.0%	Yes	0	0.0%	0	0.0%
UPPER	PANYIKANG	375	0.9%	Yes	46	100.0%	3	0.8%
UPPER	RENK	772	1.9%	Yes	206	53.8%	3	0.4%
UPPER	ULANG	387	1.0%	Yes	7	24.1%	3	0.8%
WBGZ	JUR RIVER	271	0.7%	Yes	7	53.8%	0	0.0%
WRP	GOGRIAL EAST	1	0.0%		0	0.0%	0	0.0%
WRP	GOGRIAL WEST	309	0.8%	-	104	52.5%	9	2.9%
Total	-	40,231	100.0%	-	8,722	85.5%	694	1.7%

Figure 8: Map showing cholera cases and deaths distribution by Counties of South Sudan updated on 16<sup>th</sup> March 2025

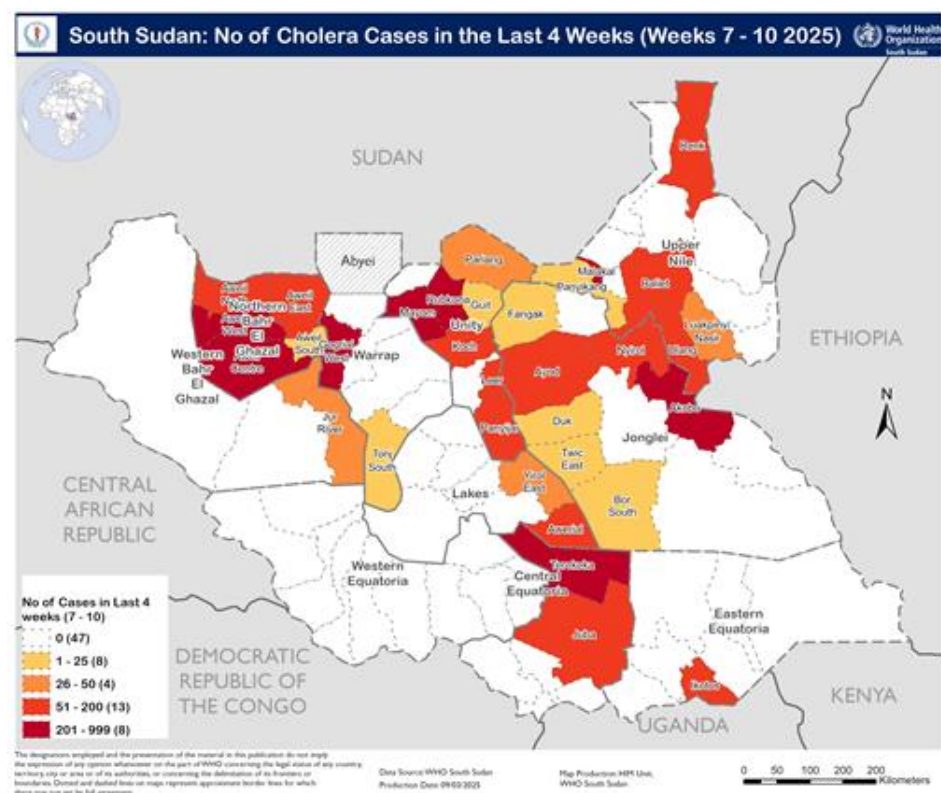
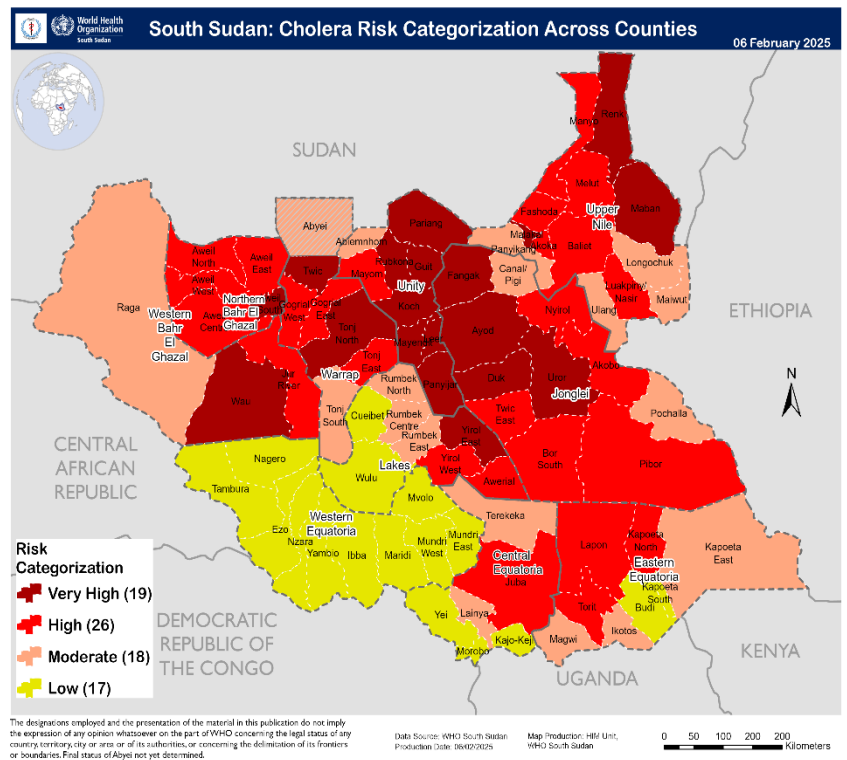


Figure 9: South Sudan cholera risk mapping

- **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

- The Ministry of Health declared the outbreak of cVDPV2 as a Public Health Emergency in December 2023 after confirming PV2 in Yambio.
- Currently the total number of Laboratory confirmed cVDPV2 isolates from AFP cases are now 13 from: Yambio and Tombura-Western Equatoria, Juba-Central Equatoria, Ayod and Fangak in Jonglei, Baliet, Luakpiny/Nasir, Longechuk in Upper Nile State.
- No additional isolates were isolated from samples collected from contacts
- 04 isolates were isolated from samples collected community healthy children from Yambio

- 09 new isolates were isolated from environmental samples (2 from Roton treatment plant, 1 from Lobulet, 1 from Bentiu and 4 from Amart)
- Since January 2025, a total of 48 AFP suspect cases have been documented and samples have been collected, however 38 of the samples tested negative for AFP and were discarded while 16 samples are pending laboratory results (5 Central Equatoria, 2 Eastern Equatoria, 3 for Lakes, 1 Upper Nile, 1 Warrap and 3 Western Equatoria State)

#### 4. Anthrax

- In week 10 of 2025, there were Two new human Anthrax cases reported from Warrap State and no report received from Wau. There was also one case reported during week9 from Warrap, while no report received from WBeG State
- In 2025 alone, a total of 105 human Anthrax cases have been reported from two states (WBeG – 78 and Warrap 27). Of the 105 human cases, one case had died giving a case fatality rate (CFR) of 1.0%.
- Cumulatively, since 2024, a total of 274 human anthrax cases have been reported from two states (WBeG 150 and Warrap 124): Of these, one sample tested positive for anthrax at UVRI in Uganda. Among the 274 human cases, 4 have died, resulting in a case fatality rate (CFR) of 1.5%.
- However, the data provided here should be interpreted with caution due to under-reporting of anthrax cases.
- This year, Jur River in Western Bar-El Gazal State has the highest recorded 54 cases representing attack rate of 22.0 per 100,000 population, followed by Wau in Western Bar-El Gazal has an attack rate of 11.5 per 100,000 population, Gogrial West County in Warrap State with an attack rate of 3.6 per 100,000 population, and Gogrial East in Warrap State has an attack rate of 1.8 per 100,000 population.
- Since 2024, a total of 36,964 animals have contracted the disease, of which 36,778 have died representing case fatality rate of 99.5%.
- A total of 1,741 animals have been vaccinated across three Boma (Majok-Yienhliet, Maluallukluk and Waar-Alel/Kuajok) in 2024
- Surveillance and reporting from facilities are being supported and strengthened with case definition and case investigation forms. County Frequency Population Attack Rate/100000 Jur River 54 245725 22.0 Gogrial West 21 582379 3.6 Gogrial East 5 273977 1.8 Wau 24 208486 11.5 Grand Total 105 1036590 10.1
- WHO is supporting implementing partners (WVI-CGPP, CDTY, CMMB, Red Cross South Sudan, AMREF, JRS, IMA and TRI-SS) supporting health facilities screened all cases meeting Anthrax outbreak case definitions.

Figure 10: South Sudan Epidemiological Curve for Anthrax Cases from Wk1 to wk10 2025

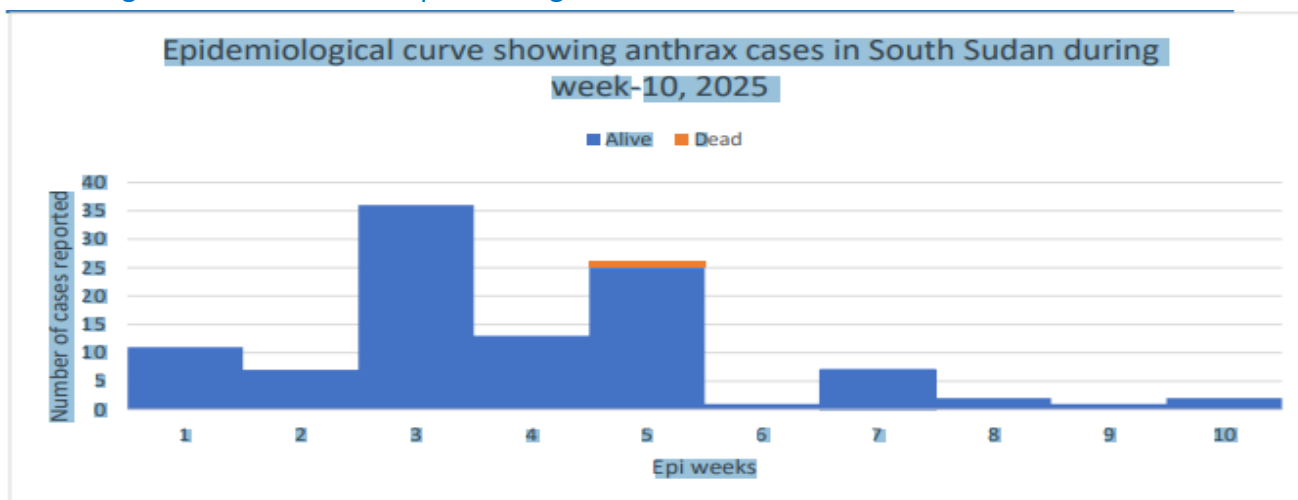


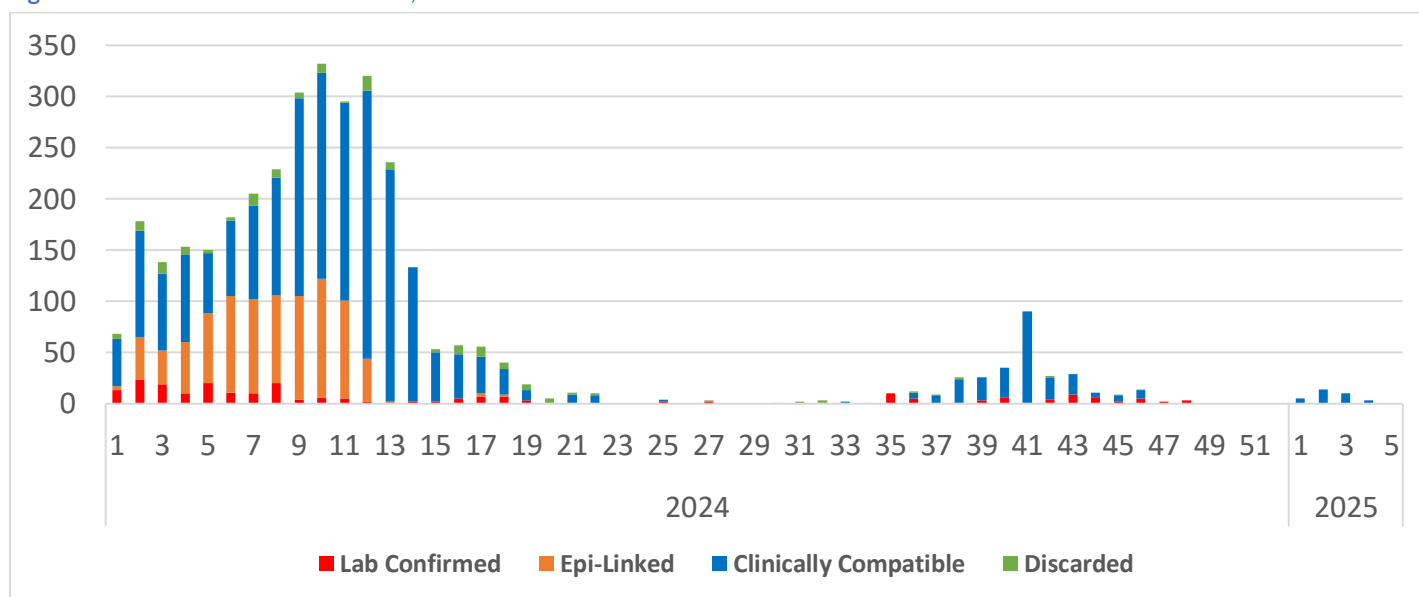
Table 3: Cumulative Anthrax attack rate in Warrap and Western Bahr EL-Ghazal States by county of S/Sudan; 8<sup>th</sup> March 2025.

County	Frequency	Population	Attack Rate/100000
Jur River	54	245725	22.0
Gogrial West	21	582379	3.6
Gogrial East	5	273977	1.8
Wau	24	208486	11.5
<b>Grand Total</b>	<b>105</b>	<b>1036590</b>	<b>10.1</b>

## 5. Measles Update

- Since the start of year 2025 from week 01 to week 08, a cumulative total of 40 measles suspects cases have been 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 08 of 2025



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

- In Week 08 of 2025, there were no new suspected cases of hepatitis E virus disease reported and 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
- Individuals aged 15 to 44 years account for 43% of the reported cases (see in Figure 12).
- Males constituted 53% (3,361 cases) of the overall cases, while females made up to 47% (2,025 cases).
- Figure 12 indicate the dispersal 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 08 of 2025

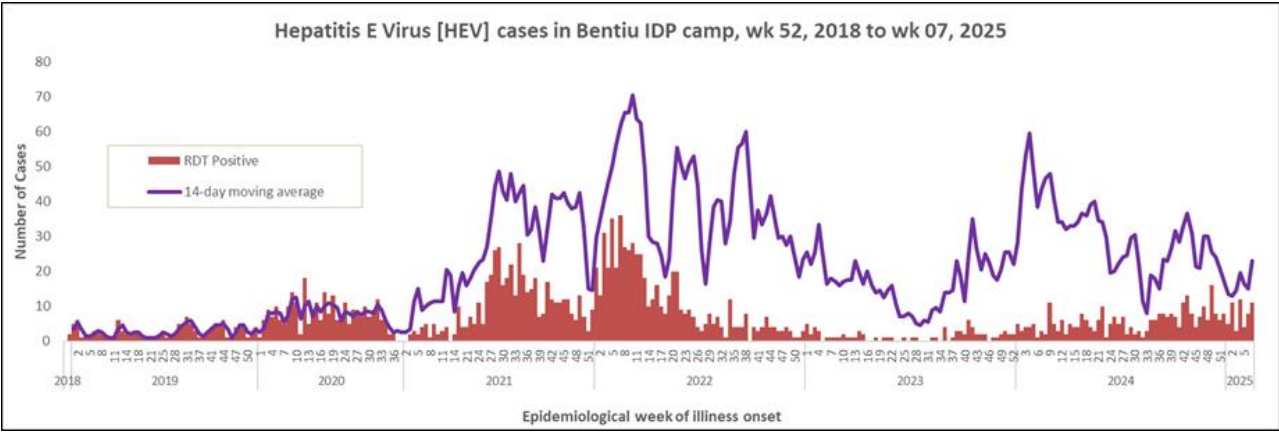
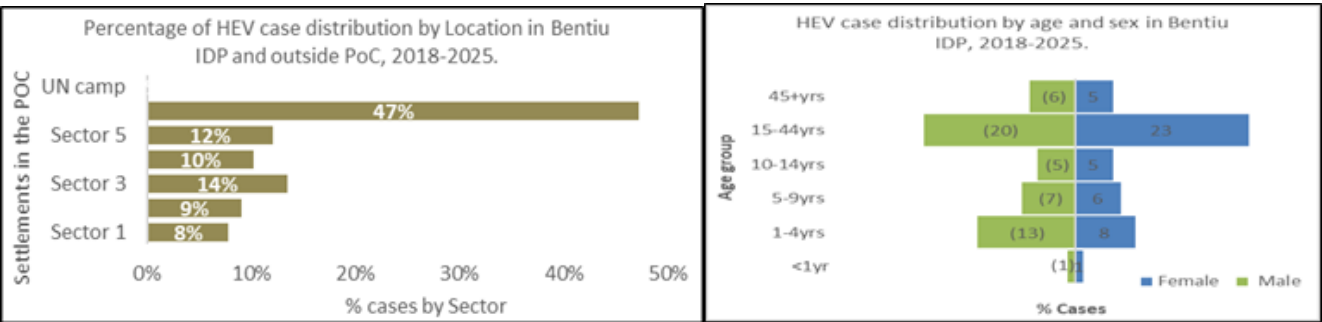


Figure 12: Location and age distribution of Hepatitis E cases in Bentiu, Unity state of South Sudan



Other Events

**Sudan crisis:** As of 17<sup>th</sup> March 2025, a cumulative total of **1 098 047** individuals (565 690 females and 532 357 males) had crossed from 18 different nationalities. Of this number, **68. 43%** are South Sudanese returnees and 31.04% are Sudanese refugees. Only 0.27% 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 62 071 individuals (16 718 in transit center and 45 353 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>

This bulletin is produced by the Ministry of Health with Technical support from WHO

For more help and support, please contact:

Dr Joseph Lasu Hickson

Emergency Preparedness and Response

Ministry of Health Republic of South Sudan

Notes

WHO and the Ministry of Health gratefully acknowledge the surveillance officers [at state, county, and health facility levels], health cluster and healthpooled fund (HPF) partners who have reported the data used in

Email: [josh2013.lasu@gmail.com](mailto:josh2013.lasu@gmail.com)  
Phone number +211921395440

Dr. Kediende Chong  
Director General Preventive Health Services  
Ministry of Health  
Republic of South Sudan  
Email: [mkediende@gmail.com](mailto:mkediende@gmail.com)  
Phone number: +21192888461

Dr BATEGEREZA, Aggrey Kaijuka  
WHO-EPR Team Lead  
Email: [bategerezaa@who.int](mailto:bategerezaa@who.int)  
Phone number : +211 924222030

this bulletin. We would also like to thank ECHO, USAID and the World Bank for providing financial support.

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

