



Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 10

03rd to 09th March 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 10 of 2025, the IDSR reporting timeliness was 87%, and completeness was 95%. In Week 10 of 2025, there was an increase in the timeliness and Completeness of IDSR/EWARS reporting. IDSR timeliness and completeness of reporting for week 10 remains in the range of what it was reported in the last two previous years (2024 and 2023). 10 states and three administrative areas attained completeness of reporting above 80%. Lakes, Unity states, Ruweng, Abyei, and Greater Pibor Administrative areas, achieved 100% completeness of reporting. However, only 10 of the 13 states/administrative areas attained timeliness of reporting above 80%.
- At the EWARN mobile sites, the Timeliness and Completeness of IDSR performance are at 86% respectively. This was an increase in Timeliness performance at these sites compared to attainments in the previous week 9 while Completeness remained unchanged; the decrease in IMC-run sites was responsible for this decrease in Timeliness.
- In week 10, 125 EWARS alerts were triggered, and only 75 were verified. This was a decrease in the number of alerts triggered and a slight decrease in their verification rates as compared to week 9. Most of the alerts were for Guinea Worm (20%), ARI (16%), Malaria (15%), AWD (14%), and Cholera (14%). Congratulations to the surveillance team in Western Equatoria, Abyei Administrative Area, Lakes, Jonglei, Unity, and NBGZ States for verifying all their EWARS alerts reported in their respective states.
- As of week 10, the total number of confirmed mpox cases remained at seven (six in Juba and one in Malakal). The mpox outbreak was declared in South Sudan following the confirmation of the index case in Juba on February 6, 2025, by the National Public Health Lab.
- As of 20 March, the cholera outbreak had affected 40,802 people and resulted in 708 deaths, with a case fatality rate of 1.7%. Cases were reported in 42 counties across 9 states and 2 Administrative Areas, including Ruweng and Pibor.

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 10 were at 87% and 95%**, respectively, which was a slight improvements from the attainments of the previous week 9.

Table 1: Timeliness and completeness of IDSR reporting by State for week 10 compared to 09 of 2025

State	Total facilities	Number of facilities reported (Completeness Wk10)	Comparison of the reporting period				Cumulative since year start (2025 level)	
			Timeliness		Completeness		Timeliness	Completeness
			Epid week 10	Epid Week 09	Epid week 10	Epid Week 09		
Lakes	112	112	100%	79%	100%	100%	90%	100%
NBGZ	92	85	86%	84%	92%	87%	75%	84%
Unity	84	84	100%	92%	100%	100%	95%	99%
WBGZ	112	103	91%	67%	92%	92%	72%	93%
WES	191	188	75%	76%	98%	94%	78%	96%
Jonglei	120	113	94%	78%	94%	93%	82%	89%
Warrap	114	105	82%	62%	92%	93%	70%	89%
EES	112	109	74%	72%	97%	91%	65%	89%
RAA	16	16	100%	44%	100%	100%	45%	95%
CES	152	143	93%	97%	94%	97%	90%	92%
AAA	17	17	88%	94%	100%	100%	88%	98%
Upper Nile	143	131	78%	52%	92%	74%	74%	87%
GPAA	16	16	100%	100%	100%	100%	93%	98%
Total	1281	1222	87%	76%	95%	92%	79%	92%

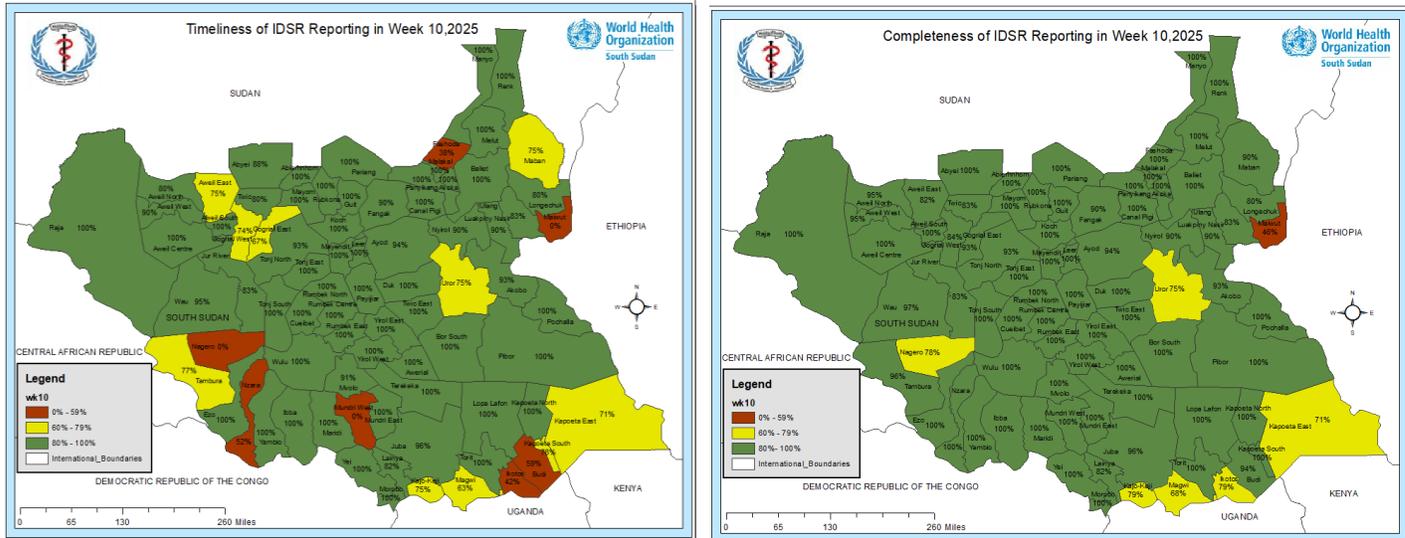
NOTE: The total number of facilities reporting in EWARS nationwide is under review and will end by February 2025. In turn, the weekly target reporting health facilities may vary between weeks.

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 10 of 2025.

Partners	# of Reporting Mobile Sites	% of Timeliness in week 10	% of Completeness in Week 10	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 10	% of Completeness in Week 10
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	100%	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	86%	86%				

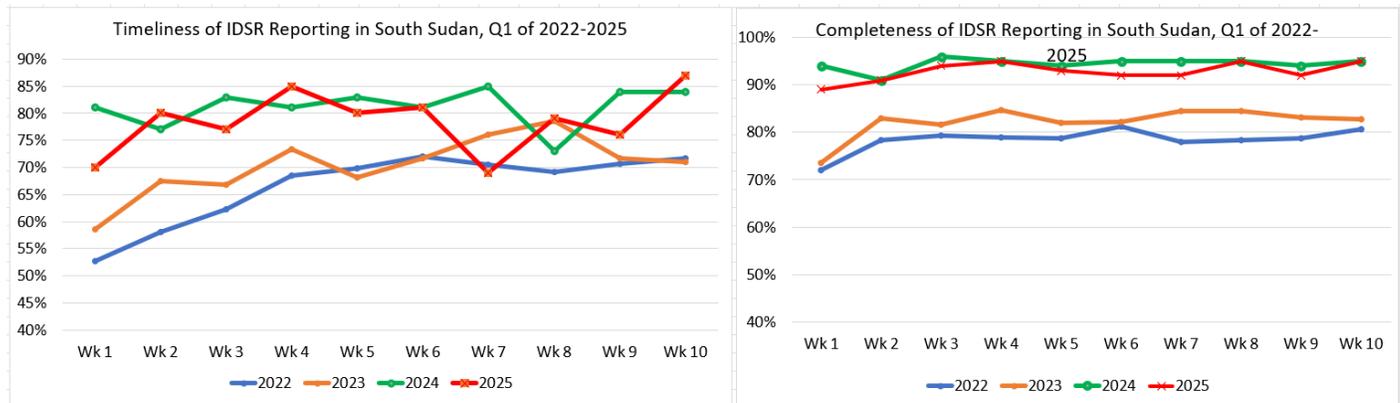
An important point to note: Three of the 4 health facilities supported by IMC (1) remained silent in the reporting period. The IDSR team will explore the reasons for non-reporting with the aim of re-establishing weekly IDSR reporting.

Figure 1: Maps showing Timeliness and Completeness of IDSR reporting in South Sudan by County in Week 10, 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: Tracking of Timeliness and Completeness of IDSR reporting in South Sudan; 2022-2025.



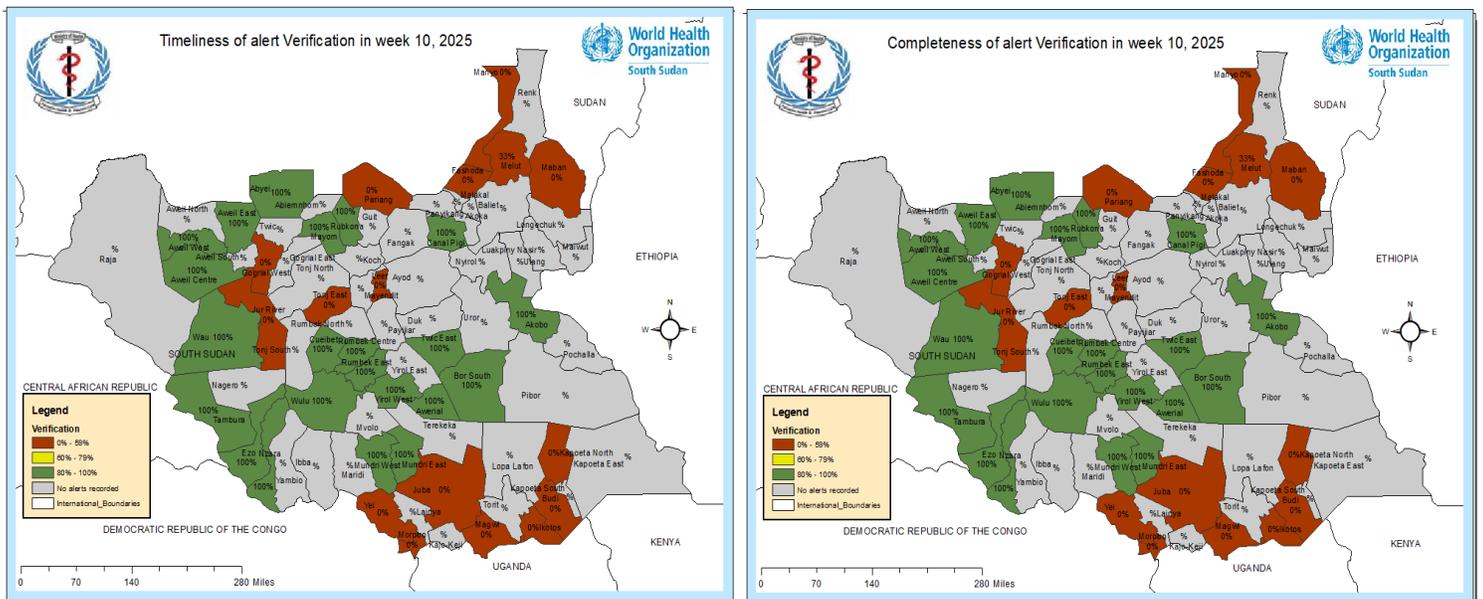
Epidemic alerts

In the epidemiological reporting week 10, a total of 125 alerts were triggered in the EWARS system, with 60% (75 of 125) verified, which was slightly lower than the previous week 9. In Week 10, ten states and two administrative areas recorded at least one notifiable disease alert. Special thanks to Western Equatoria, Jonglei, Lakes, NBGZ, and Abyei Administrative Area for verifying all their EWARS alerts. Majority of the alerts were for Guinea Worm (20%), ARI (16%), Malaria (15%) AWD (14%), and Cholera (14%).

Table 3: Summary of EWARS alerts triggered in Epidemiological Week 10, 2025.

State/ Admin	AJS		ARI		AWD		ABD		Cholera		Covid-19		EBS		Guinea Worm		Malaria		Measles		RVF		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	
AAA	0	0	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
CES	0	0	0	0	0	0	2	0	1	0	0	0	0	0	0	0	2	0	0	0	0	0	0	5	0
EES	0	0	0	0	1	0	3	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	6	0
Jonglei	0	0	0	0	0	0	0	0	5	5	0	0	0	0	0	0	0	0	0	0	0	0	0	5	5
Lakes	0	0	3	3	2	2	1	1	2	2	2	2	0	0	16	16	3	3	1	1	1	1	31	31	
NBGZ	0	0	2	2	1	1	1	1	1	1	0	0	0	0	0	0	0	0	1	1	0	0	6	6	
RAA	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	1	0	0	0	0	0	0	3	3	0	0	1	0	0	0	0	0	0	0	0	0	0	5	4
Upper Nile	0	0	4	0	2	0	3	0	2	0	1	1	0	0	1	0	3	0	0	0	0	0	0	16	1
Warrap	0	0	0	0	2	0	3	0	2	0	0	0	0	0	4	0	1	0	3	0	0	0	0	15	0
WBGZ	0	0	2	2	0	0	1	1	0	0	0	0	0	0	4	0	3	1	0	0	0	0	0	10	4
WES	0	0	7	7	9	9	0	0	0	0	0	0	0	0	0	0	6	6	0	0	0	0	0	22	22
GPAA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	1	1	2	1	18	3	14	3	8	11	3	3	1	0	25	16	19	10	5	2	1	1	125	75	

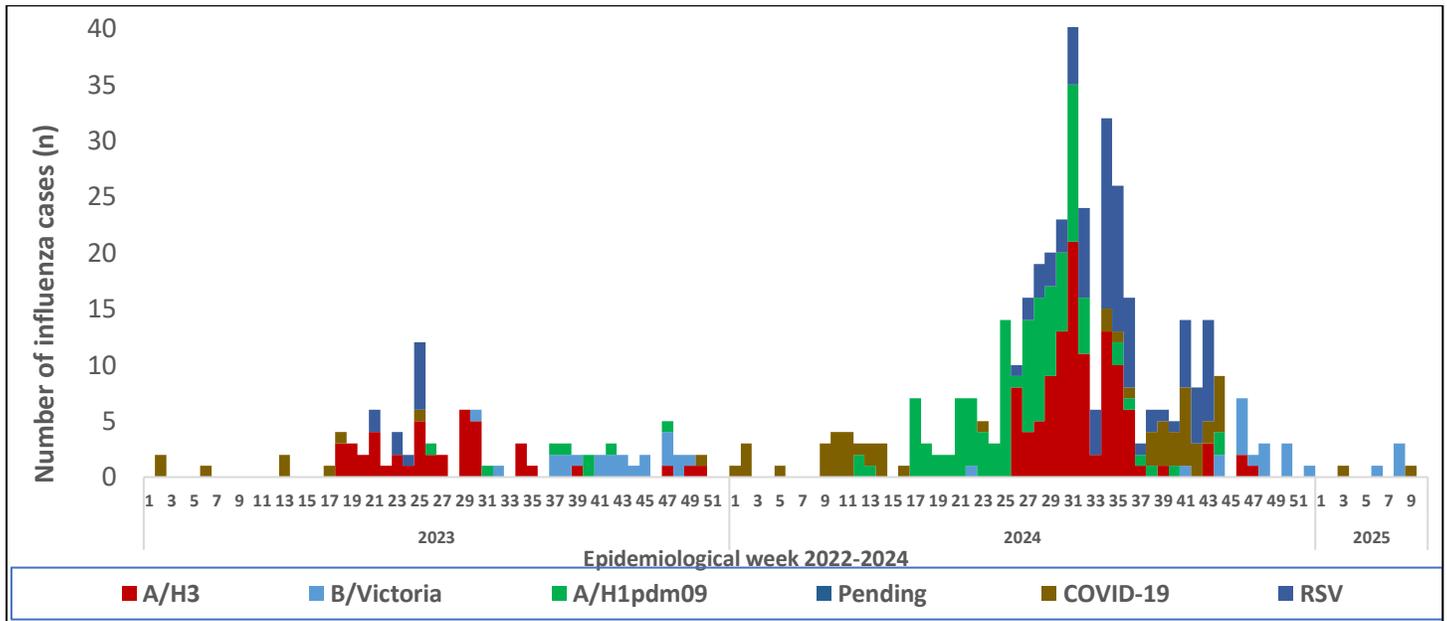
Figure 3: Timeliness and Completeness of Alerts Verification rates by county of South Sudan for week 10, 2025.



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 10 of 2025.



- During Epidemiological Weeks 1-10 in 2025, a total of 379 ILI/SARI samples have been collected; 373 tested negative for all pathogens, (1) were positive for COVID-19, (1) for Influenza Type A (H3), (4) for Influenza Type B (Victoria), (0) for Influenza A/(H1N1)pdm09 and (0) for RSV.

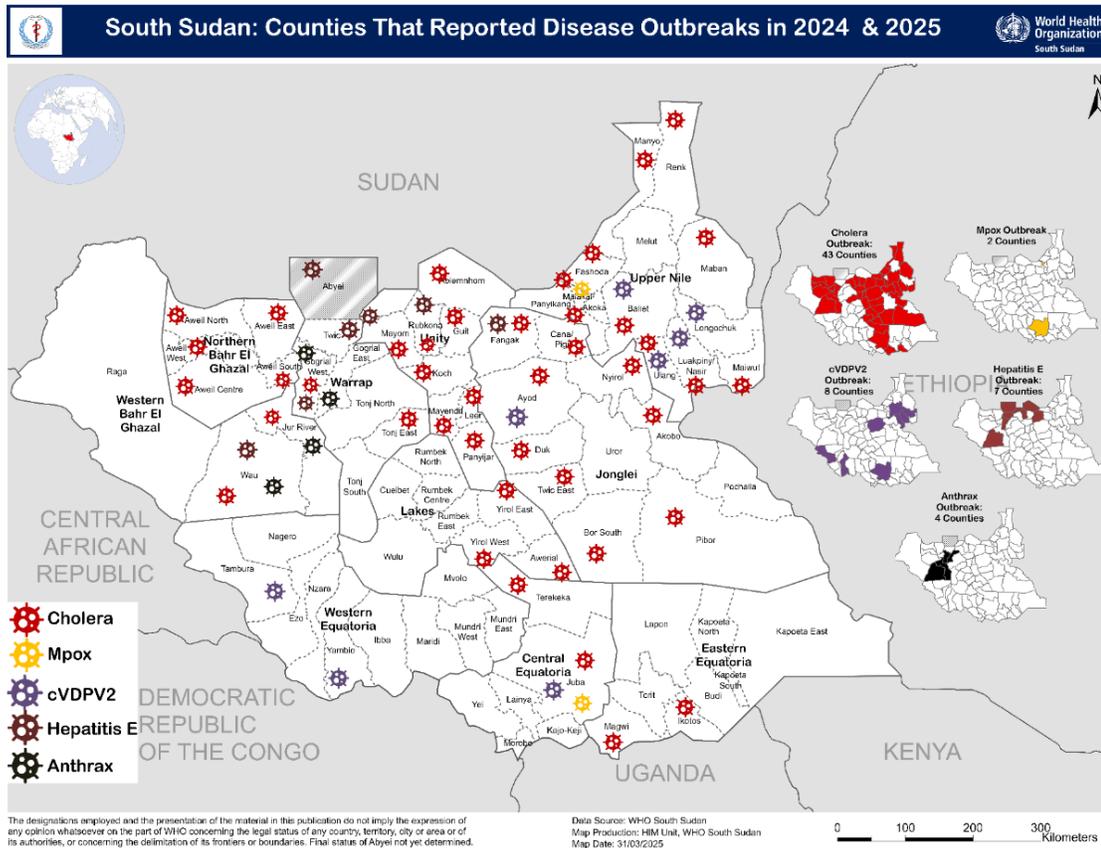
South Sudan Confirmed and ongoing epidemics in 2025

Table 4: Summary of ongoing and confirmed epidemics

Aetiologic agent	Location (county)	Date first reported	New cases since Epi-Week 9	Cumulative confirmed	Response activities				
					Surveillance/Lab confirmed	Case management	Vaccination	Health promotion	IPC/WASH
Mpox	Juba	Feb 2025	1	27	7	ongoing	Ongoing	yes	yes
Cholera	In 39 counties across seven states	Sept 2025	More than 1000	40802	7,568	ongoing	Ongoing	yes	yes
Hepatitis E	Rubkona Fangak Wau Abyei Twic	Dec/2018	04	6,930	10	ongoing	Not done	ongoing	ongoing
cVDPV2	Yambio, Juba, Ulang, Nasir, Baltet, Ayod, Old Fangak	19/Dec 2023	-	26	26	Not applicable	Completed 3 nOPV2 SIAs and 4 th round is ongoing	ongoing	ongoing
Anthrax	Gogrial West (WRP) and Jur River (NBG)	2022	3	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 1st April 2025.

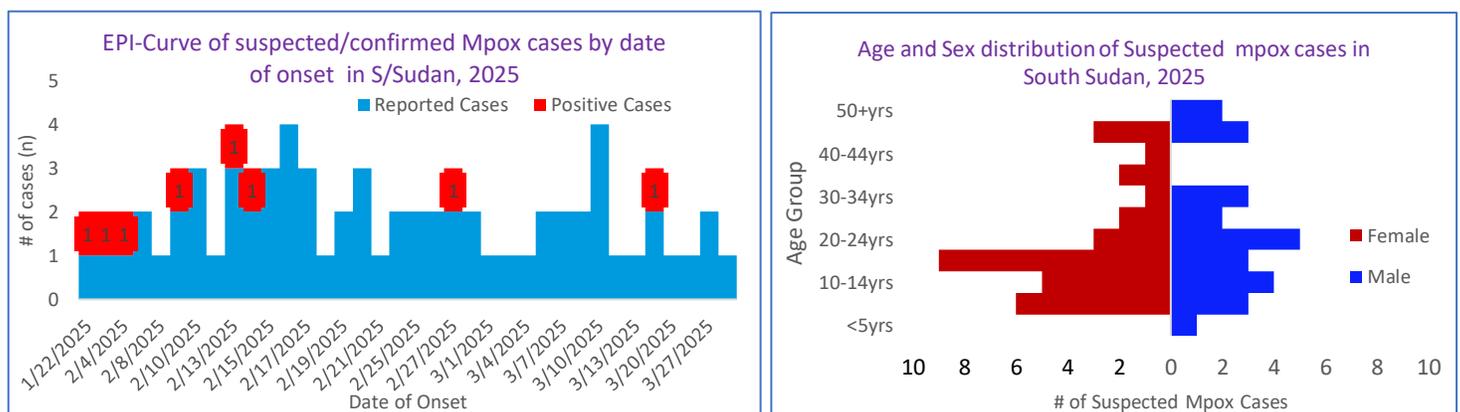
Figure 5: Map showing confirmed and active outbreaks by county of South Sudan; as at 26th February 2025.



Response activities for ongoing/suspected outbreaks

1. Index Mpox case confirmed in South Sudan, 6 February 2025

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



- As of week 10, the total number of confirmed mpox cases remained at seven (six in Juba and one in Malakal). The mpox outbreak was declared in South Sudan following the confirmation of the index case in Juba on February 6, 2025, by the National Public Health Lab.
- The index case was a 32-year-old male Ugandan road construction worker who travelled to Juba with symptoms (fever, rash, and body itch). He was a resident of the Kapuri Road works camp. A total of 21 contacts were identified, comprising 16 healthcare workers and 5 colleagues. None developed symptoms until the 21-day contact follow-up was completed.
- Contact tracing and active case searches in Juba continue for the eighth consecutive week. Active case searches have started in Malakal, but contact tracing is in its early stages.
- Since the confirmation of the index case, active surveillance for suspected cases has detected and reported a cumulative total of 48 cases across three states. Of these cases, 36 were tested, and an additional 6 cases were confirmed positive, bringing the cumulative total of confirmed cases to 7 (six in Juba and one in Malakal counties).
- All confirmed cases are aged 24 to 40 years, and the latest positive case was reported in Juba County (Kassava/Kator Payam) with the onset of symptoms noted as March 8, 2025.²⁵
- The first 3 positive cases have been sequenced by the laboratory at Uganda Virus Research Institute and confirmed Mpox Clade 1b. All three sequenced positive cases had their closest phylogenetic matching viruses to viruses detected in Uganda, confirming the epidemiological linkages established in detailed case investigations.

2. South Sudan Cholera Outbreak Epidemic description as of 20 March 2025

- As of 20 March, the cholera outbreak has affected 40,802 people and resulted in 708 deaths, with a case fatality rate of 1.7%.
- Cases reported in 42 counties across 9 states and 2 areas (Ruweng, Pibor).
 - 33 counties had cases in the last 14 days.
 - Greater Pibor and Uror are new cholera areas.
 - Suspected cholera outbreak in Longechuk, Upper Nile (no lab confirmation).
- 3,251 new cases and 61 deaths in the last 14 days.
- Rubkona and Mayom reported fewer cases and no deaths recently.
- The most recent cases originated from Akobo (410), Aweil West (369), Pibor (263), Nyirol (244), and Mayom (219).
- Concerns persist in Aweil West despite the completion of the OCV campaign; further analysis may be needed 10-14 days post-campaign to document the impact or lack of it.
- No clear trend in cholera cases this week due to backlog reporting from areas like Juba, Nasir, Ulang, and Awerial counties.

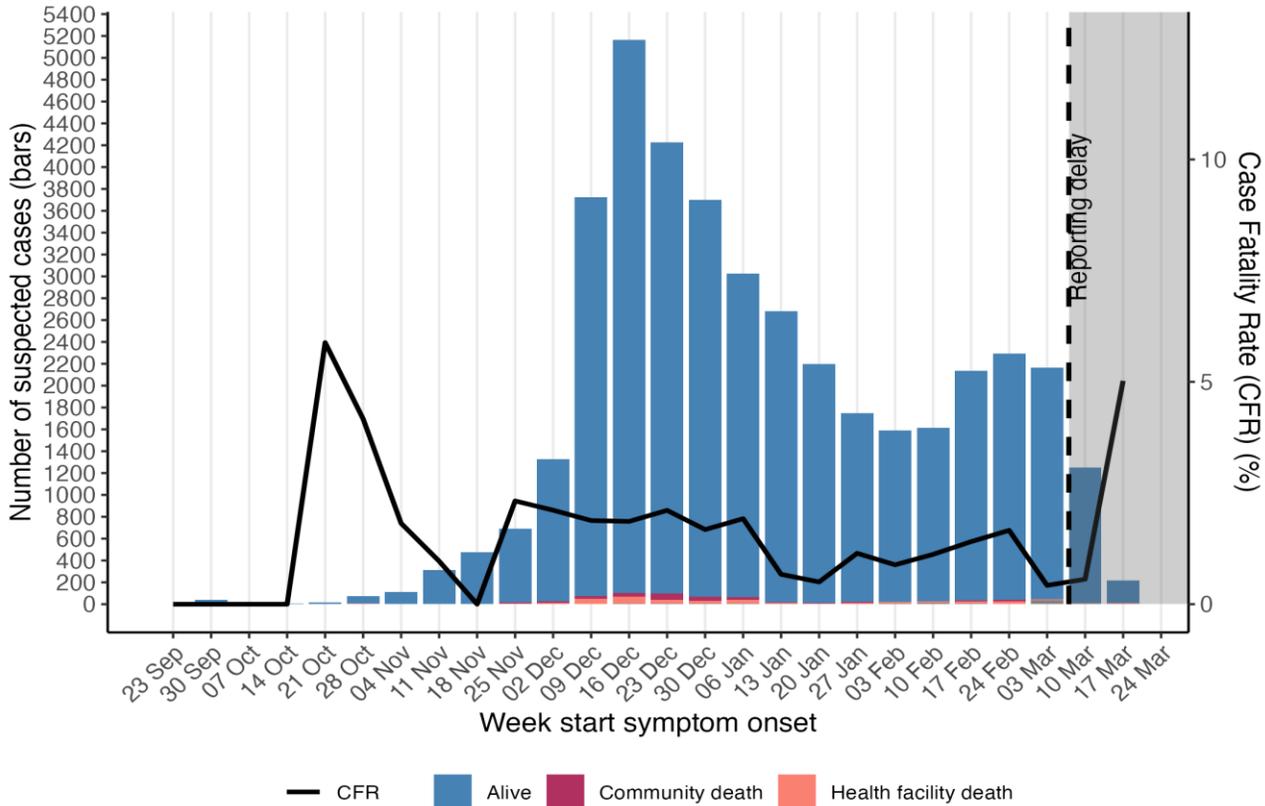
Table 5: Summary of Cholera cases by state and CFR as of 20 March 2025

State	Infected Counties	Total cumulative	Laboratory confirmed case(s)	Deaths	Overall CFR (%) By state
CES	2	5,028	Yes	75	1.5
EES	2	332	Yes	23	6.9
GPAA	1	263	Yes	9	3.4
JNG	9	5,559	Yes	154	2.8
LAK	3	567	Yes	24	4.23
NBGZ	5	6,853	Yes	21	0.3
RAA	1	158	Yes	3	1.9
UNI	7	17462	Yes	345	2.0
UPPER	10	3951	Yes	42	1.06
WBGZ	1	299	Yes	2	0.7
WRP	1	330	Yes	10	3.03
Total	42	40,802		708	1.7

Figure 7: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, wk39, 2024 to Wk11, 2025

Weekly suspected cholera cases by outcome and CFR, South Sudan

Data as of 2025-03-19, n = 40802



0 (0.0%) cases without date information are excluded from the graph.

Figure 8: Map showing cholera cases and deaths distribution by Counties of South Sudan updated on as of week 11

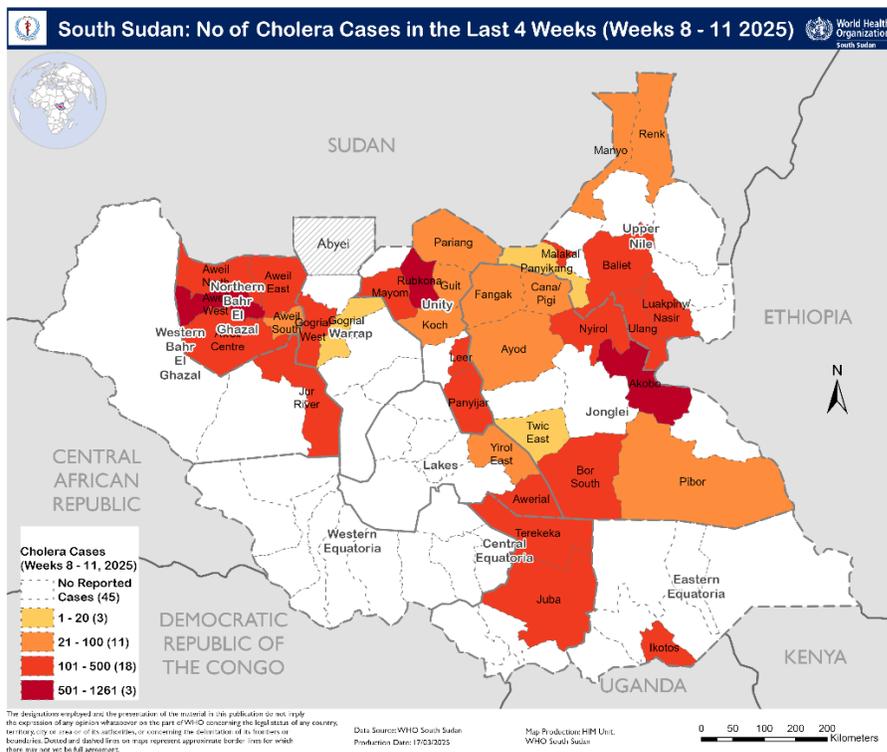
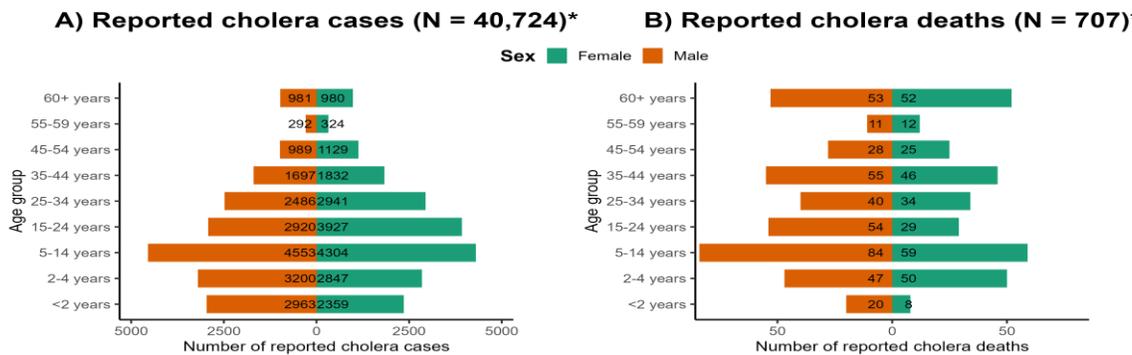


Figure 9: Graph showing cholera cases distribution by age group, sex and residential status as of 20 March 2025

Age pyramids of reported cholera cases (A) and deaths (B)
South Sudan, 27 September 2024 - 20 March 2025



Source: national cholera line list, MoH South Sudan and WHO South Sudan CO. Exclusions: 78 total cases excluded (75 missing age, 5 missing sex); 1 deaths excluded.
* Visualizations exclude cases with unknown age or sex.

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/infected 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 season sets in in May 2025.

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

- On December 22, 2023, the Ministry of Health declared a public health emergency due to cVDPV2 following confirmed cases in Yambio. A total of 13 laboratory-confirmed cVDPV2 isolates have been reported from AFP cases in several regions, including Yambio, Juba, and Ayod. Additionally, four viruses were isolated from healthy children and nine from environmental waste water samples. The latest cVDPV2 isolate was from an environmental sample collected on 17th December 2024.
- In the recent nOPV2 vaccination response, 3,636,747 children were reached with at least 99% administrative coverage across all states. The third response round had seen 292,096 children receiving their first dose of nOPV2 and therefore the fourth round would be an opportunity for this population to receive their second dose. Support supervision increased from 1,456 to 2,151, and LQA survey results showed an increase in quality, from 46% of counties passing the test in round 3 compared to 65% in the 4th/latest round.
- Cumulatively, 57 AFP cases were detected in 24 counties. Although these numbers are still small, the annualised non-Polio AFP rates is promising. Notably in 2024, the non-polio AFP rate at 5.96 and a 94% stool adequacy rate. The country reported eight polio-compatible cases. Maintaining high AFP surveillance remains a challenge due to funding constraints.

4. Anthrax

- During epidemiological week 10, two cases of anthrax were reported from Warrap, but no reports were received from Wau.
- Cumulatively, since 2024, there have been a total of 274 reported human anthrax cases from the two states. Of these, one sample tested positive for anthrax at the Uganda Virus Research Institute (UVRI). Among the 274 cases, four resulted in death, giving a CFR of 1.5%.
- In 2025, a cumulative total of 105 human anthrax cases have been reported from two states: 78 cases from WB eG and 27 cases from Warrap. Among these 105 cases, there was one death, resulting in a case fatality rate (CFR) of 1.0%. It is important to interpret this data with caution due to the potential under-reporting of anthrax cases.
- This year, Jur River county in Western Bahr el Ghazal State has recorded the highest incidence, with 54 cases, which corresponds to an attack rate of 22.0 per 100,000 population. Wau County in Western Bahr el Ghazal follows with an attack rate of 11.5 per 100,000 population.
- Gogrial West County in Warrap State has an attack rate of 3.6 per 100,000 population, while Gogrial East in Warrap State has an attack rate of 1.8 per 100,000 population.

Epidemiological curve showing anthrax cases in South Sudan during week-10, 2025



Table 5: Cumulative Anthrax attack rate in Warrap and Western Bahr EL-Ghazal States by county; 26th Feb 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
Grand Total	105	1036590	10.1

Ongoing Intervention

- Multisectoral Sectoral Collaborations
 - Weekly meetings strategize outbreak containment with state and county officers.
 - Rapid Response Teams facilitate informed decision-making.
- Community Engagement and Risk Communication
 - RCCE activities in Warrap and WBeG need improvement for case detection.
 - Health promoters should spread Anthrax prevention messages in cattle camps.
- Vaccination
 - No human vaccination campaigns in affected areas.
 - 1,741 animals vaccinated in three Bomas in 2024.
 - One Health stakeholders lack funds for community waste management.
- Partnership with FAO and Other Partners
 - WHO and FAO collaborate in supporting government response and vaccination efforts.
- Logistics and Supplies
 - WHO provides logistical support to the multisectoral team investigating outbreaks.

5. Measles Update

- Since the beginning of the year 2025, (Epidemiological week 01 to week 011), the cumulative total of 58 suspected measles cases were reported from 11 counties of 7 states
- 85% of measles cases occur in children under the age of 5, highlighting a critical failure in routine immunization and supplemental immunization activities.
- Furthermore, 94% of these cases occur in children who have no record/history of measles immunization, making sustainable measles control dependent on elimination of the zero-dose populations.

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

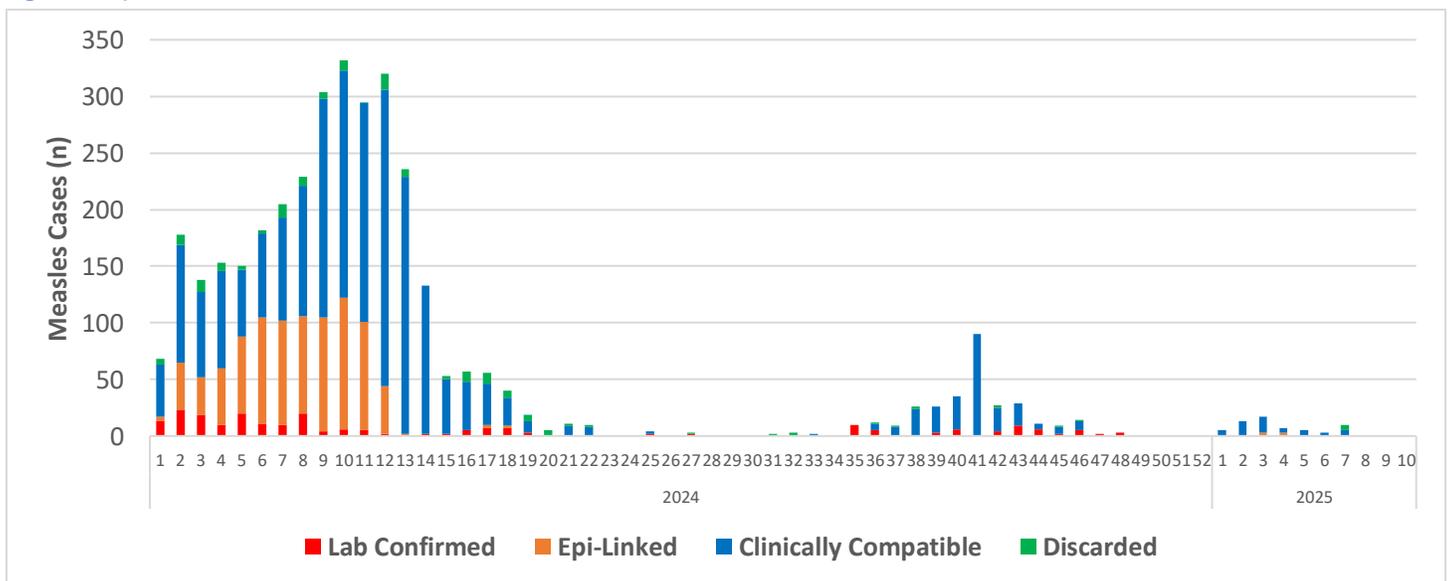
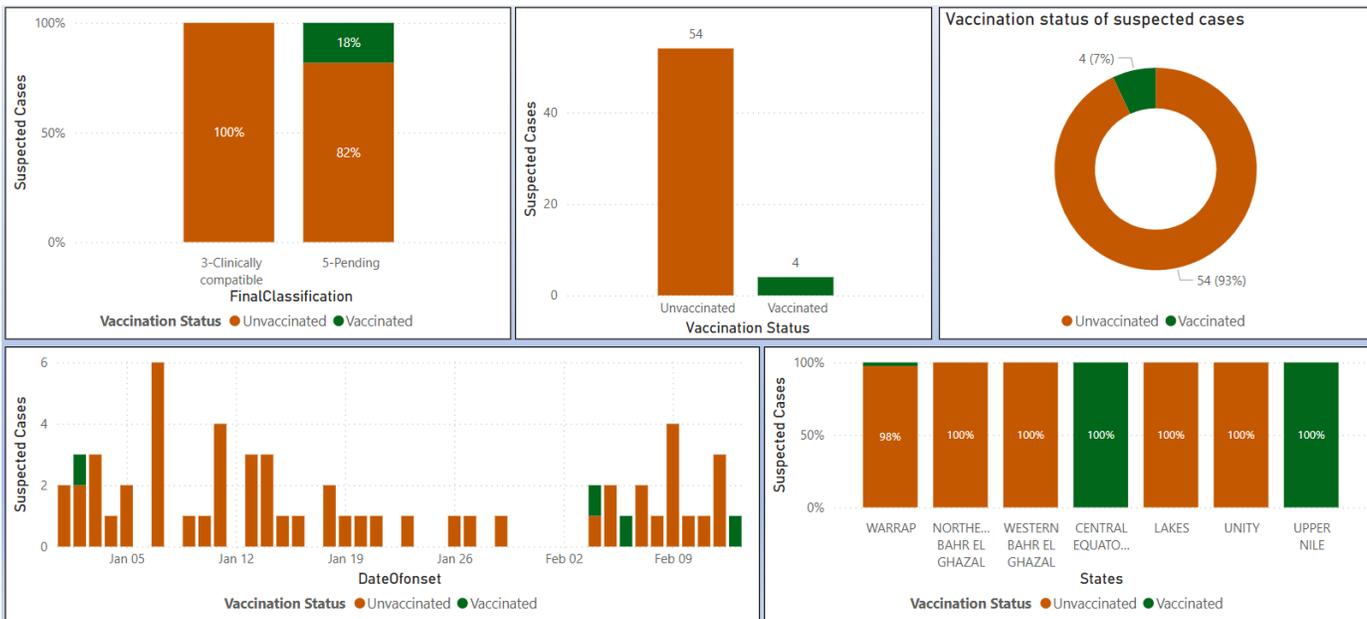


Figure 11: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-10 of 2025



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

- In week 10 of 2025, there were 04 newly reported cases and zero (0) fatality.
- 02 new RDT positive cases were reported in week 10, 2025, bringing the total RDT positive to 1888 cases since 2018.
- Since the commencement of the outbreak in 2018, a total of 6, 407 cases have been documented, with 36 resulting in deaths.
- Among individuals aged 15 to 44 years, 43% of the reported cases were recorded,
- Males represented 53% (3, 3374 cases) of the total cases, while females accounted for 47% (3, 033 cases).
- The data illustrated in the provided chart displays the distribution of HEV cases based on the patients' place of residence, both within and outside Bentiu PoC.
- Predominantly, the cases were identified in individuals living outside the confines of Bentiu PoC, who subsequently visited the healthcare centres situated within the PoC for medical assistance.

Figure 12: Epicure of HEV in Bentiu IDP camp, Unity State; Epi Week 52 of 2018 to Week 10 of 2025

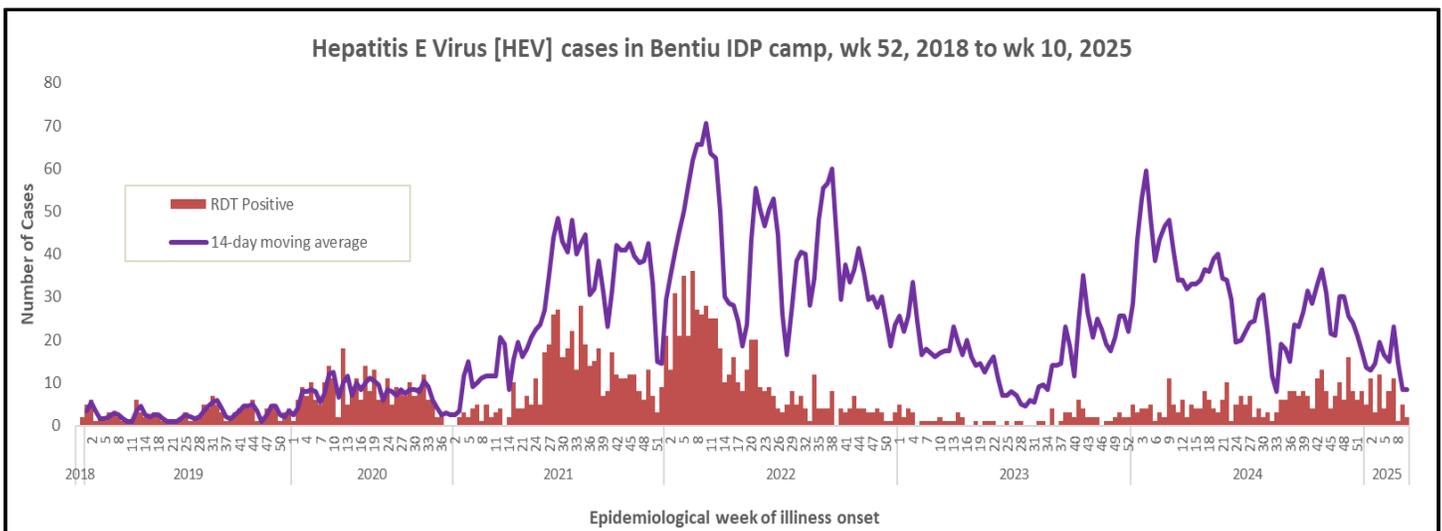
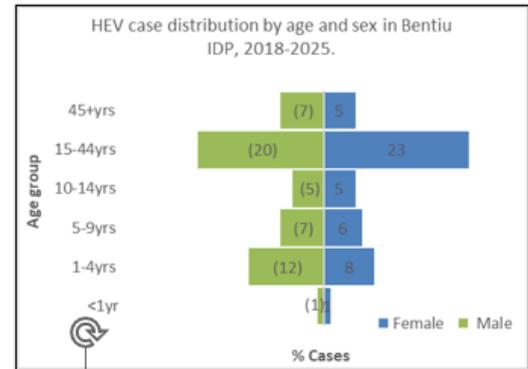
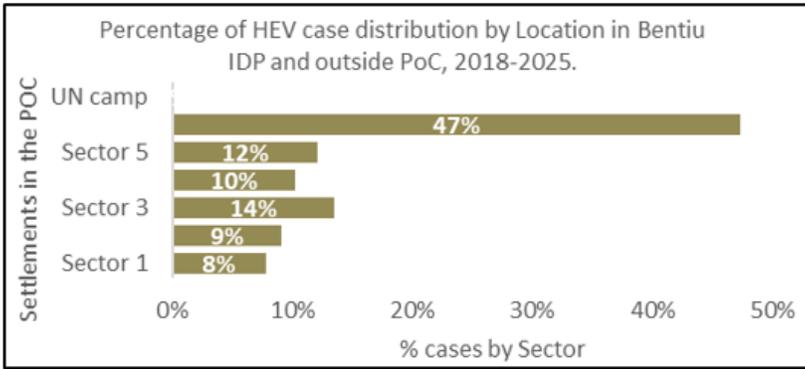


Figure 13: Location and age distribution of Hepatitis E cases in Bentiu, Unity state of South Sudan



Other Events

Sudan crisis: As of 10 March 2025, a cumulative total of 267,589 households containing **1,095,296 individuals (563,987 Females and 531,309 Males) from 18 different nationalities had crossed the border**. Of this number, **68.4% (749,183)** are South Sudanese returnees, and 31.07% (340,309) are Sudanese refugees. 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 centers and 45,353 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, as well as with morbidity and mortality among returnees and refugees. Renk has just concluded an OCV mop-up campaign targeting new arrivals, achieving a total coverage of 60% (75 986). Vaccination will continue at targeted points of entry

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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For more help and support, please contact:

Dr Joseph Lasu Hickson
Emergency Preparedness and Response
Ministry of Health Republic of South Sudan
Email: 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
Phone number: +21192888461

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

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

