



## Republic of South Sudan

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

Reporting period: Epidemiological Week 11

*10th to 16<sup>th</sup> 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 11 of 2025, the IDSR reporting timeliness was 83%, and completeness was 91%. In Week 11 of 2025, there was a slight decrease in the timeliness and Completeness of IDSR/EWARS reporting as compared to the previous week 10. IDSR timeliness and completeness of reporting for week 11 remains in the range of what it was reported in the last two previous years (2024 and 2023). Eight states and three administrative areas achieved a reporting completeness rate above 80%. Unity states, Western Equatoria State, Ruweng, Abyei, and Greater Pibor Administrative areas, achieved 100% completeness of reporting. However, only 9 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 76% and 86%, respectively. This was a decrease in Timeliness performance at these sites compared to attainments in the previous week 10 while Completeness remained unchanged, the decrease in IMC-run sites (likely closure of two previously supported health facilities) was responsible for this decrease in Timeliness.
- In week 11, 215 EWARS alerts were triggered and only 134 were verified. This was an increase in the number of alerts triggered and a slight improvement in their verification rates as compared to week 10. Most of the alerts were for Cholera (20%), Guinea Worm (19%), AWD (16%), Malaria (13%), ABD (11%), and ARI (10%) and Special thanks to the surveillance team in Western Equatoria, Abyei Administrative Area, Jonglei, Unity, and NBGZ States for verifying most of the reported alerts in their respective states.
- On March 27, 2025, a new confirmed case of mpox was reported in Juba, bringing the cumulative total number of cases to 8 (7 in Juba and 1 in Malakal) with no recorded deaths. 97 contacts have been listed and traced with 65 completing their mandatory 21 days of observation.
- As of March 31, 2025, the cholera outbreak has been reported in 43 counties across 9 states and 2 Administrative Areas in South Sudan. Cumulatively, there were 44,328 cases reported and 801 deaths, resulting in a CFR of 1.7%.

## 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).

The 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 11 were at 83% and 91%**, respectively, which represented a slight decline from the previous week's attainments in week 10.

**Table 1: Timeliness and completeness of IDSR reporting by State for week 11 compared to 10 of 2025**

State	Total facilities	Number of facilities reported (Completeness Wk11)	Comparison of the reporting period				Cumulative since year start (2025 level)	
			Timeliness		Completeness		Timeliness	Completeness
			Epid Week 11	Epid Week 10	Epid Week 11	Epid Week 10		
Lakes	112	112	99%	100%	100%	100%	91%	100%
NBGZ	92	86	88%	86%	93%	92%	76%	85%
Unity	84	84	100%	100%	100%	100%	96%	99%
WBGZ	112	100	71%	91%	89%	92%	72%	93%
WES	191	191	88%	75%	100%	98%	79%	96%
Jonglei	120	111	87%	94%	93%	94%	82%	89%
Warrap	114	103	78%	82%	90%	92%	71%	88%
EES	112	101	59%	74%	90%	97%	64%	88%
RAA	16	16	100%	100%	100%	100%	50%	95%
CES	152	141	91%	93%	93%	94%	90%	92%
AAA	17	17	100%	88%	100%	100%	89%	98%
Upper Nile	143	117	62%	78%	82%	92%	73%	86%
GPAA	16	16	100%	100%	100%	100%	93%	98%
<b>Total</b>	<b>1281</b>	<b>1195</b>	<b>83%</b>	<b>87%</b>	<b>93%</b>	<b>95%</b>	<b>79%</b>	<b>92%</b>

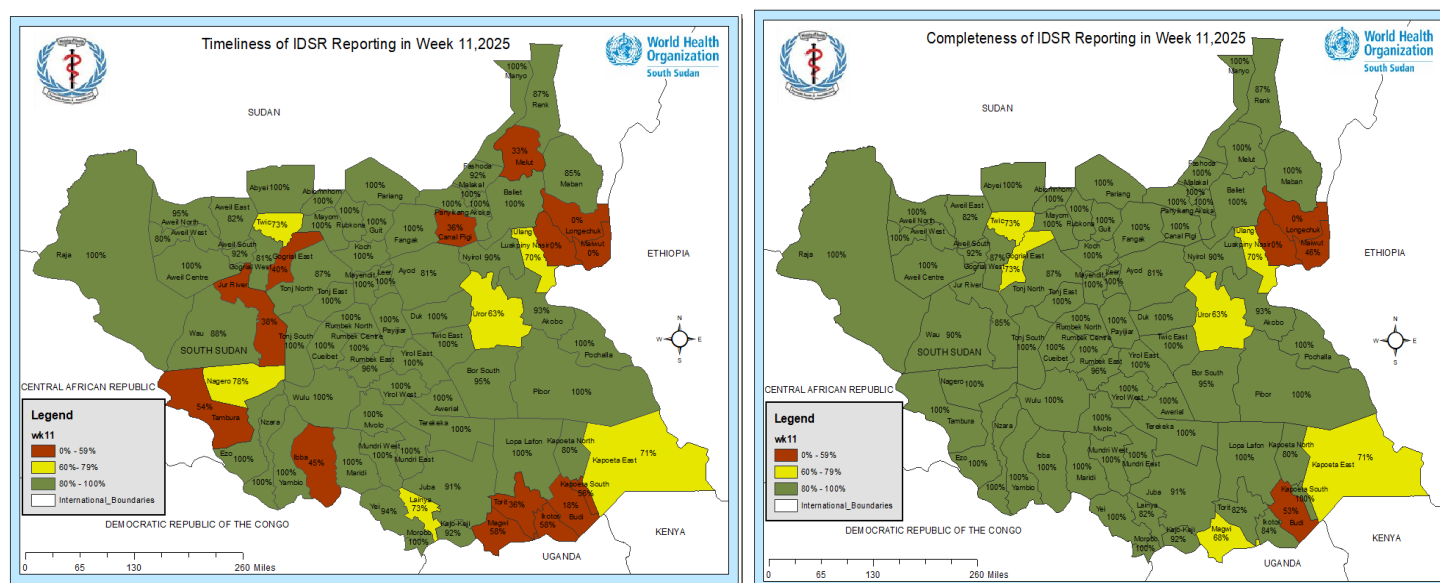
NOTE: The total number of facilities reporting in EWARS nationwide is under review and will end by February 2025. In turn, the weekly target reporting health facilities may vary between weeks.

**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 11 of 2025.**

Partners	# of Reporting Mobile Sites	% of Timeliness in week 11	% of Completeness in Week 11	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 11	% of Completeness in Week 11
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	50%	100%	Wau South	20	100%	100%
CIDO	1	100%	100%	Wau North	12	92%	92%
SP	4	100%	100%	Juba	10	40%	50%
HFD	1	100%	100%	Mangala	1	100%	100%
RI	1	100%	100%	<b>TOTAL</b>	<b>63</b>	<b>89%</b>	<b>90%</b>
<b>TOTAL</b>	<b>21</b>	<b>76%</b>	<b>86%</b>				

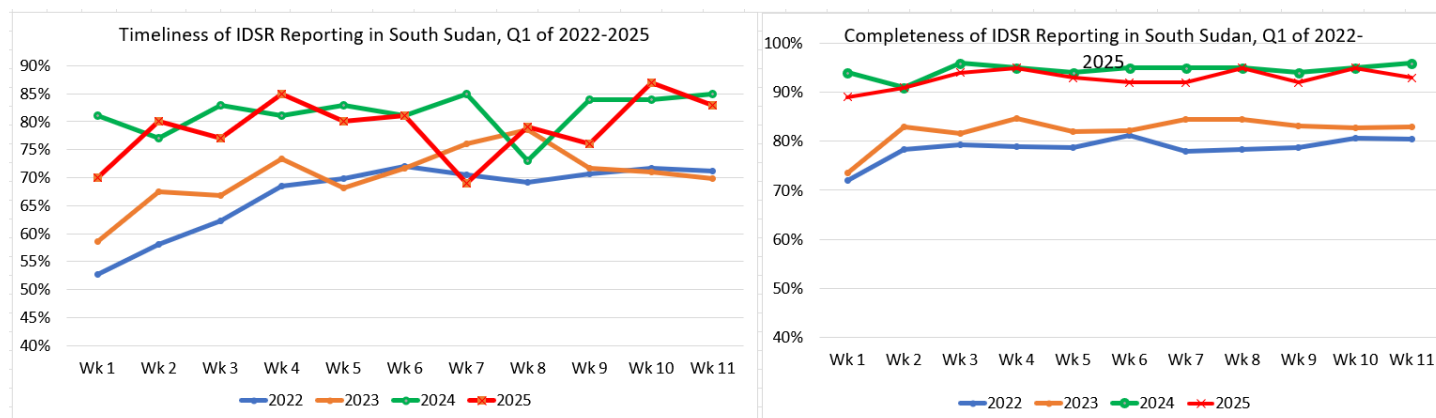
**An important point to note:** Three of the 4 health facilities supported by IMC (1) remained silent in the reporting period. The IDSR team will explore the reasons for non-reporting with the aim of re-establishing weekly IDSR reporting.

Figure 1: Maps showing Timeliness and Completeness of IDSR reporting in South Sudan by County in Week 11, 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.



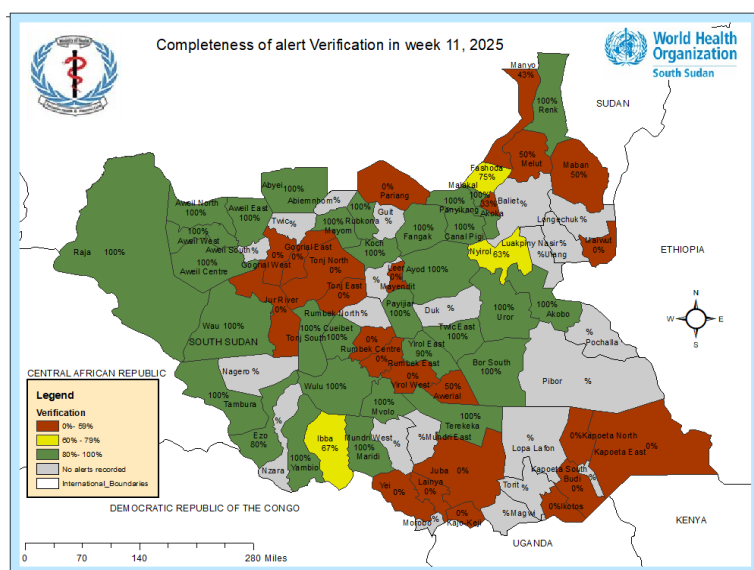
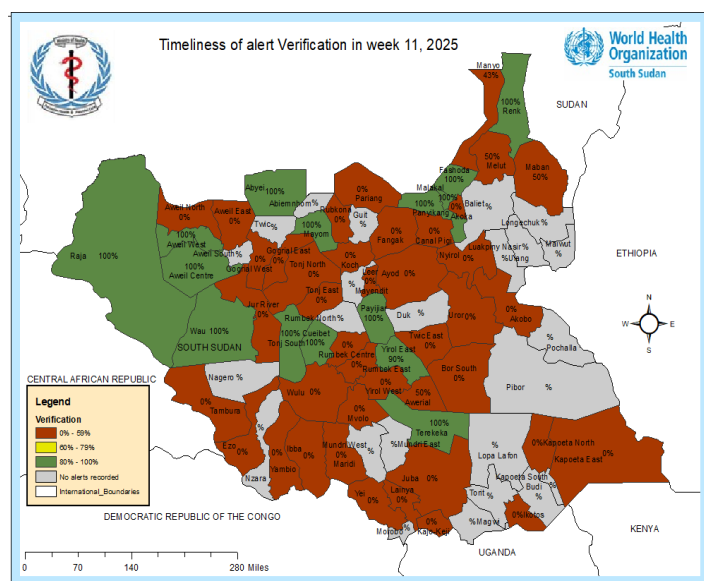
## Epidemic alerts

In epidemiological reporting week 11, 215 alerts were triggered in the EWARS system, with 62% (134 of 215) verified, which was slightly higher than the previous week 10. In Week 11, ten states and two administrative areas recorded at least one notifiable disease alert. Special thanks to Western Equatoria, Abyei Administrative Area, Jonglei, Unity, and NGBZ States for verifying most of their EWARS alerts. Most of the alerts were for Cholera (20%), Guinea Worm (19%), AWD (16%), Malaria (13%), ABD (11%), and ARI (10%). See Table 3 below.

Table 3: Summary of EWARS alerts triggered in Epidemiological Week 11, 2025.

State/ Admin	AJS		ARI		AWD		AFP		ABD		Cholera		Cov-19		EBS		Guinea Worm		Malaria		Measles		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	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	4	4
CES	0	0	4	0	1	0	0	0	2	0	2	0	0	0	0	0	0	0	4	1	0	0	13	1
EES	0	0	0	0	3	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	5	0
Jonglei	1	1	3	3	2	2	0	0	2	2	20	20	0	0	3	0	5	5	1	1	0	0	37	34
Lakes	0	0	2	2	4	2	1	0	5	3	4	2	1	0	0	0	26	11	4	2	0	0	47	22
NBGZ	0	0	3	3	3	3	0	0	2	2	1	1	0	0	0	0	0	0	3	3	4	4	16	16
RAA	0	0	2	0	1	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	5	0
Unity	0	0	1	1	0	0	0	0	2	2	8	7	0	0	1	0	0	0	0	0	0	0	13	11
Up/Nile	0	0	1	1	7	3	0	0	3	2	6	4	0	0	2	0	1	1	2	1	0	0	22	12
Warrap	0	0	1	0	2	0	0	0	1	0	1	0	0	0	0	0	7	2	0	0	4	0	16	2
WBGZ	0	0	2	2	5	4	0	0	1	1	0	0	0	0	1	1	2	0	2	2	0	0	13	10
WES	0	0	2	2	6	5	0	0	3	3	0	0	0	0	0	0	0	0	11	10	2	2	24	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
<b>Total</b>	<b>2</b>	<b>2</b>	<b>22</b>	<b>15</b>	<b>35</b>	<b>20</b>	<b>1</b>	<b>0</b>	<b>23</b>	<b>15</b>	<b>44</b>	<b>34</b>	<b>1</b>	<b>0</b>	<b>7</b>	<b>1</b>	<b>41</b>	<b>19</b>	<b>28</b>	<b>21</b>	<b>10</b>	<b>6</b>	<b>215</b>	<b>134</b>

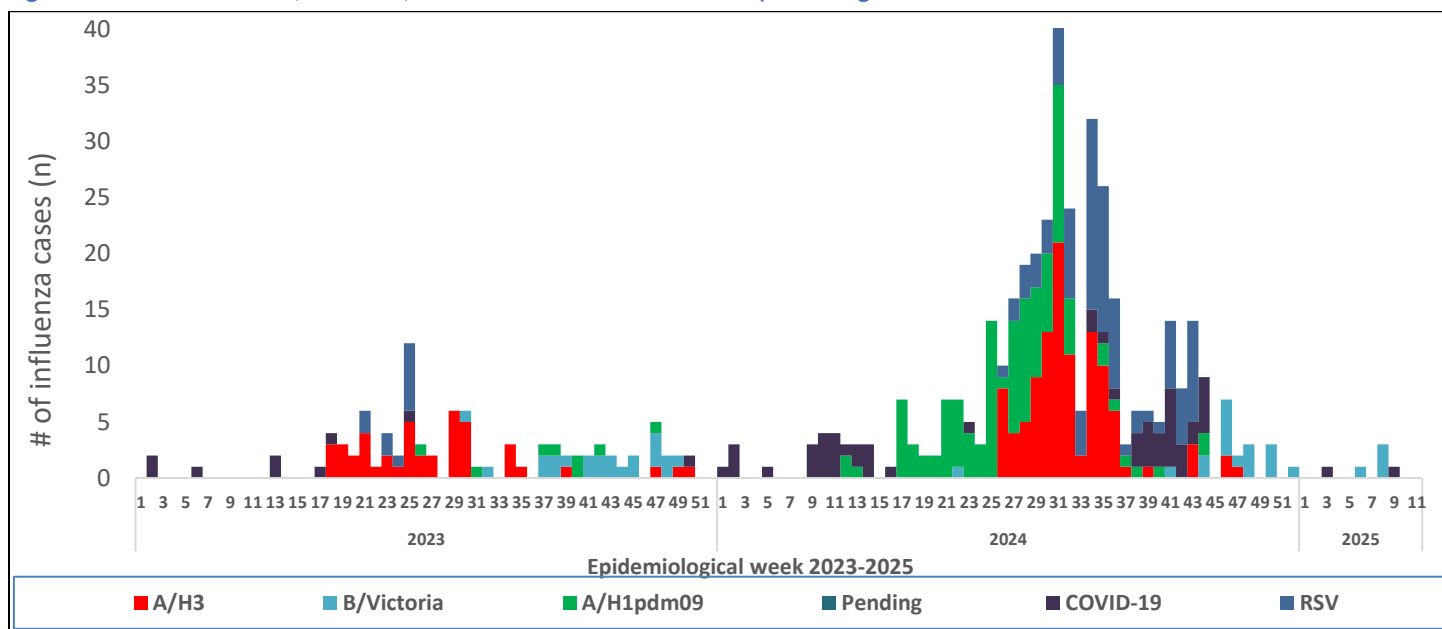
Figure 3: Timeliness & Completeness of Alerts Verification rates by county of South Sudan for week 11, 2025.



## 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 11 of 2025.



- During Epidemiological Weeks 1-11 in 2025, a total of 430 ILI/SARI samples have been collected; 424 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.

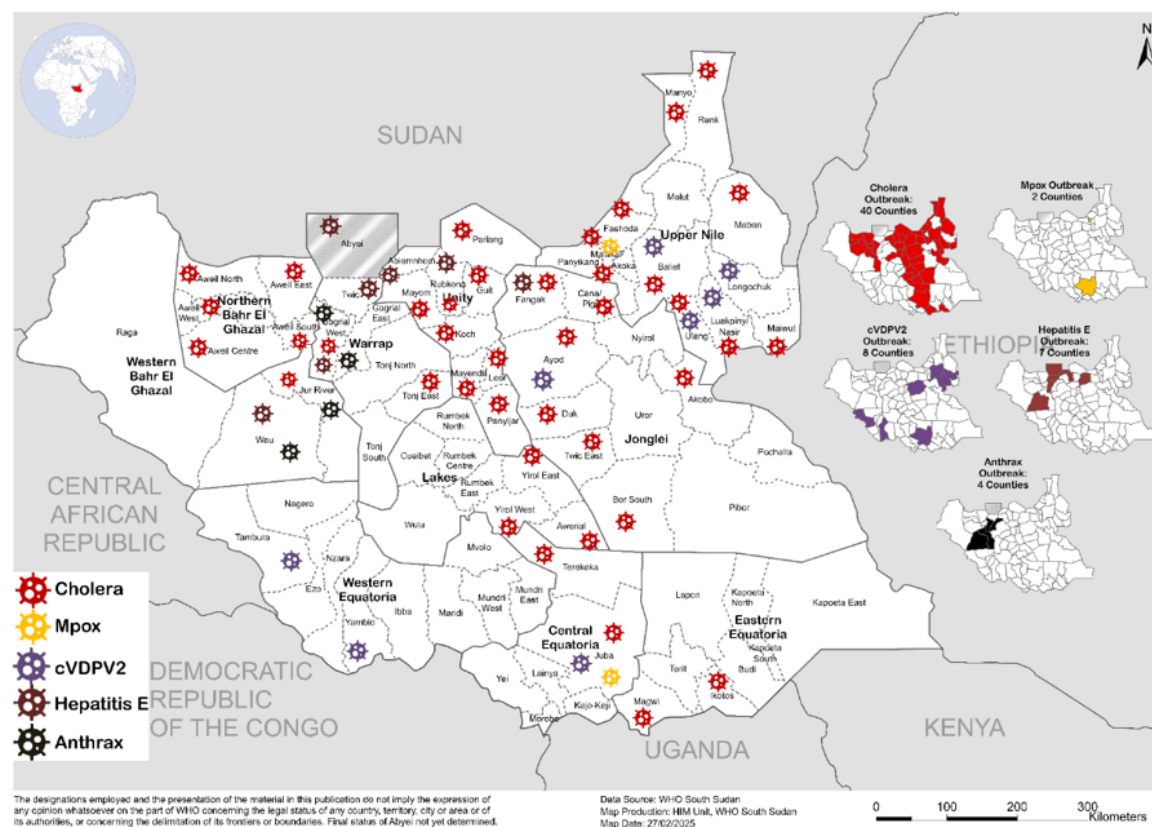
### South Sudan Confirmed and ongoing epidemics in 2025

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 30<sup>th</sup> April 2025

Table 4: Summary of ongoing and confirmed epidemics

Aetiologic agent	Location (county)	Date first reported	New cases since Epi-Week 11	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 3,000	<b>44,328</b>	8,981	ongoing	Ongoing	yes	yes
Hepatitis E	Rubkona Fangak Wau Abyei Twic	Dec/2018	13	6,930	1,888	ongoing	Not done	ongoing	ongoing
cVDPV2	Yambio, Juba, Ulang, Nasir, Baliat, Ayod, Old Fangak	19/Dec 2023	-	36	26	Not applicable	Completed 4 nOPV2 SIAs	ongoing	ongoing
Anthrax	Gogrial West (WRP) and Jur River (NBG)	2022	-	277	4	ongoing	Ongoing in the animal sector	ongoing	ongoing

Figure 5: Map showing confirmed and active outbreaks by county of South Sudan; as at 30<sup>th</sup> April 2025.



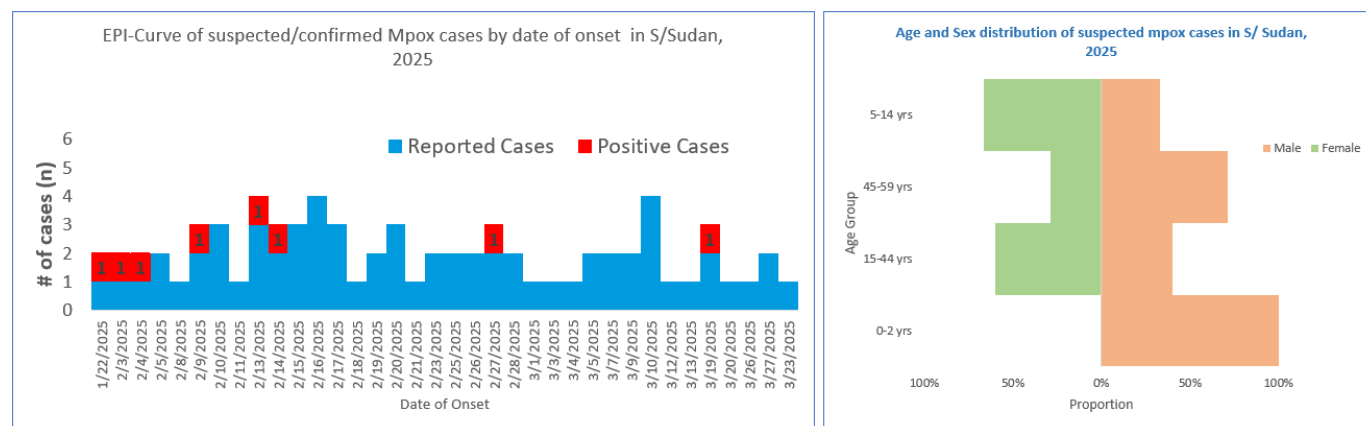
## Response activities for ongoing/suspected outbreaks

### 1. Mpox Outbreak in South Sudan

- On March 27, 2025, a new confirmed case of Mpox was reported in Juba, bringing the total number of cases to 8 (Seven in Juba and one in Malakal). A total of 22 contacts have been line listed from the 8<sup>th</sup> Mpox case
- In South Sudan, the mpox outbreak was declared on February 7, 2025, following the confirmation of the index case on February 6.
- As of April 1<sup>st</sup> 2025, the confirmed Mpox cases were 8 (7 in Juba and 1 in Malakal counties) with 0 deaths. Currently, there are 3 active cases of Mpox and all are in Juba. Five confirmed Mpox cases have since been discharged after they met the criteria of no fever for 7 days and had healed skin lesions. Laboratory sequencing report of the first 3 positive cases confirmed that the Mpox outbreak was Clade 1b and is genetically linked to the ongoing transmission in Uganda
- Cumulatively 97 contacts of confirmed cases have been listed and traced. Currently 32 contacts are still on the active tracing list after 65 contacts completed their mandatory 21 days of follow up with none developing symptoms.
- Active surveillance for Mpox remains nationwide. Notably, Mpox surveillance started in August 2024 and has since cumulatively detected 199 suspected cases. All the 199 suspected Mpox cases were investigated with lesion swabs collected for laboratory testing. Eight (8) have so far tested positive, 182 samples tested negative, six (6) were rejected as inadequately collected/stored/transportation and 3 samples are pending testing in the laboratory.
- Mpox surveillance is therefore nationwide with only Greater Pibor Administrative Area having no reported suspected case.



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



## Response Activities

- Mpox surveillance tools, including case definitions and contact tracing formats, have been distributed to all counties and health facilities.
- An RRT was activated for active surveillance and contact tracing in Mpox-affected counties of Juba and Malakal. A readiness assessment using the WHO tool yielded an overall score of 80%, with high scores in laboratory readiness (100%) and coordination (100%). Vaccination readiness (50%) and logistics (60%) scored the lowest.
- A risk assessment was conducted at 5 priority Points of Entry (POEs) to activate screening for Mpox cases from DRC, Uganda, and Kenya. Health workers, including those in the private sector, were trained on Mpox symptoms.
- A laboratory network for specimen collection and testing has been established, utilizing rt-PCR techniques and GeneXpert at the National Public Health Laboratory, supported by USAID. External quality control showed 100% concordance with results from a WHO reference centre.
- In Juba, 56 health workers were trained in case detection, investigation, management, Infection prevention and control and the basics of risk communications/community engagement.
- In Malakal, ICRC trained 20 community volunteers in Mpox case detection and management, as well as 40 volunteers in Malakal Town.

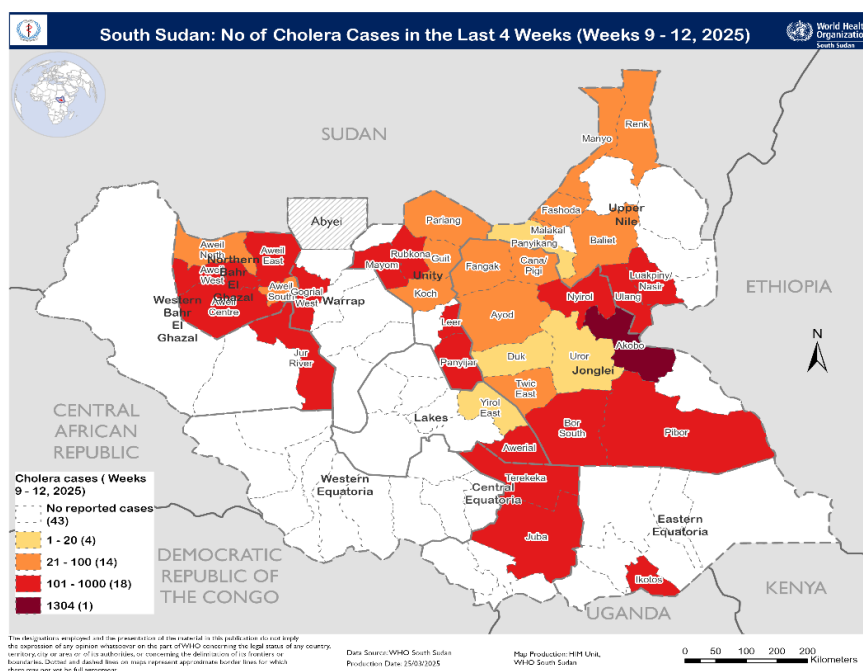
## 2. South Sudan Cholera Outbreak Epidemic description as at 31<sup>st</sup> March 2025

- The cholera outbreak has reached a total of 44,328 cases and 801 deaths (CFR: 1.8%, target < 1%), as reported by 43 counties and 9 states and 2 administrative areas.
- In the past two weeks, 2,604 cases and 69 deaths have been reported by 34 counties, primarily in Akobo, Pibor and Nyirol counties.
- Among the 2,604 cases reporting in the last 2 weeks, 1857 (71.3%) cases presented with severe dehydration.
- No new counties have been infected with cholera in the previous week.
- Reactive OCV vaccination activities have been completed in 21 out of the 44 approved counties. So far, 4,408,645 people (98.8%) have received OCV. In the first week of April, OCV campaigns are planned in Unity (Koch, Leer and Panyinjia), Upper Nile (Baliyet), Eastern Equatoria (Ikwotos), Warrap (Gogri West), Western Bahr El Ghazal (Jur River), Jonglei (Akobo and Nyirol) and Greater Pibor Administrative area (Pibor). The OCV campaigns in Upper Nile state (Panyikang, Nasir, and Ulang) have been delayed due to ongoing conflict.

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

State	Infected Counties	Total cumulative	Percent	Laboratory confirmed case(s)	RDT positive	RDT Positivity	Deaths	Overall CFR
CES	2	5,205	11.7%	Yes	1,231	24%	77	1.48%
EES	2	344	0.8%	Yes	18	5%	26	7.56%
GPAA	1	921	2.1%	Yes	8	1%	44	4.78%
JNG	9	6,957	15.7%	Yes	461	7%	189	2.72%
LAK	3	647	1.5%	Yes	226	35%	25	3.86%
NBGZ	5	7,155	16.1%	Yes	119	2%	22	0.31%
RAA	1	159	0.4%	Yes	67	42%	3	1.89%
UNI	7	18020	40.7%	Yes	6300	35%	351	1.95%
UPPER	10	4167	9.4%	Yes	417	10%	44	1.06%
WBGZ	2	379	0.9%	Yes	10	3%	9	2.37%
WRP	1	374	0.8%	Yes	124	33%	11	2.94%
	<b>43</b>	<b>44,328</b>	<b>100%</b>		<b>8,981</b>	<b>20%</b>	<b>801</b>	<b>1.81%</b>

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



## 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.
- 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.



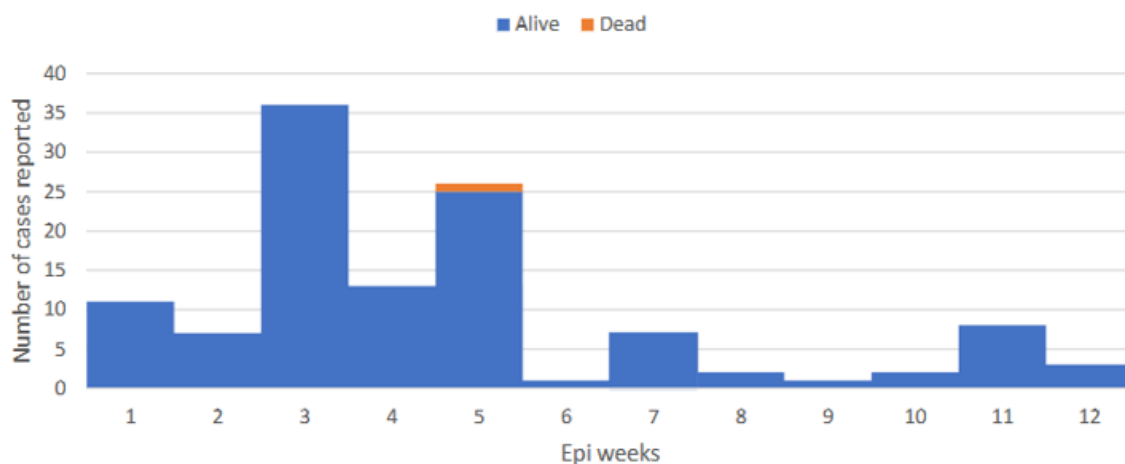
### 3. Circulating Vaccine Derived Polio Virus Type 2 (cVDPV2) outbreak

- On December 22, 2023, the Ministry of Health declared a public health emergency due to cVDPV2 following confirmed cases in Yambio. A total of 12 laboratory-confirmed cVDPV2 isolates have been reported from several regions, including Yambio, Juba, and Ayod. Additionally, four viruses were isolated from healthy children and three from contacts of AFP cases. Over the past six months, nine cVDPV2 viruses have been detected in environmental samples from Juba.
- In the recent nOPV2 vaccination response, 3,650,187 children were reached with at least 99% administrative coverage across all states. The third response round saw 292,096 children receive their first dose of nOPV2. Support supervision increased from 1,456 to 1,610, though LQA survey results showed a decline in quality, with 46% of counties passing the test compared to 58% in the previous round.
- As of March 30<sup>th</sup>, 2025, the fourth nOPV2 campaign has reached 33,650,187 children of the 3,467,414 targeted children. The campaign faced delays in Northern Bahr Ghazal due to a cholera response, but supportive supervision recorded 2,151 hits in 76 counties. Post-campaign LQAS in 40 counties indicated that 65% of the lots passed the quality test, an improvement compared to the previous round.
- Cumulatively, 57 AFP cases were detected in 24 counties. 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

- Zero human death has been reported week 12 (ending 22nd March 2025) in Warrap and WBeG states.
- A total of 3 cases were reported during the Epi week 12; two cases reported during epi-week 12 from Warrap and one case from Wau.
- In 2025 alone, a total of 116 human Anthrax cases have been reported from two states (WBeG – 85 and Warrap 31). Of the 116 human cases, one case had died giving a case fatality rate (CFR) of 1.0%.
- Cumulatively, since 2024, a total of 277 human anthrax cases have been reported from two states: Of these, one sample tested positive for anthrax at UVRI in Uganda. Among the 277 human cases, 4 have died, resulting in a case fatality rate (CFR) of 1.4%.

Figure 9: Epidemic curve for reported Human Anthrax cases in South Sudan, as at Week 12 of 2025



- However, the data provided here should be interpreted with caution due to the under-reporting of anthrax cases.

- This year, Jur River in Western Bar-El Gazal State has the highest recorded anthrax cases (59) translating into an attack rate of 24.0 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 4.8 per 100,000 population and Gogrial East in Warrap State has an attack rate of 1.8 per 100,000 population.

Table 5: Cumulative Anthrax attack rates by affected counties of South Sudan; week 12, 2025.

County	Frequency	Population	Attack Rate/100000
Jur River	59	245725	24.0
Gogrial West	28	582379	4.8
Gogrial East	5	273977	1.8
Wau	24	208486	11.5
<b>Grand Total</b>	<b>116</b>	<b>1036590</b>	<b>10.2</b>

### 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 11 of 2025

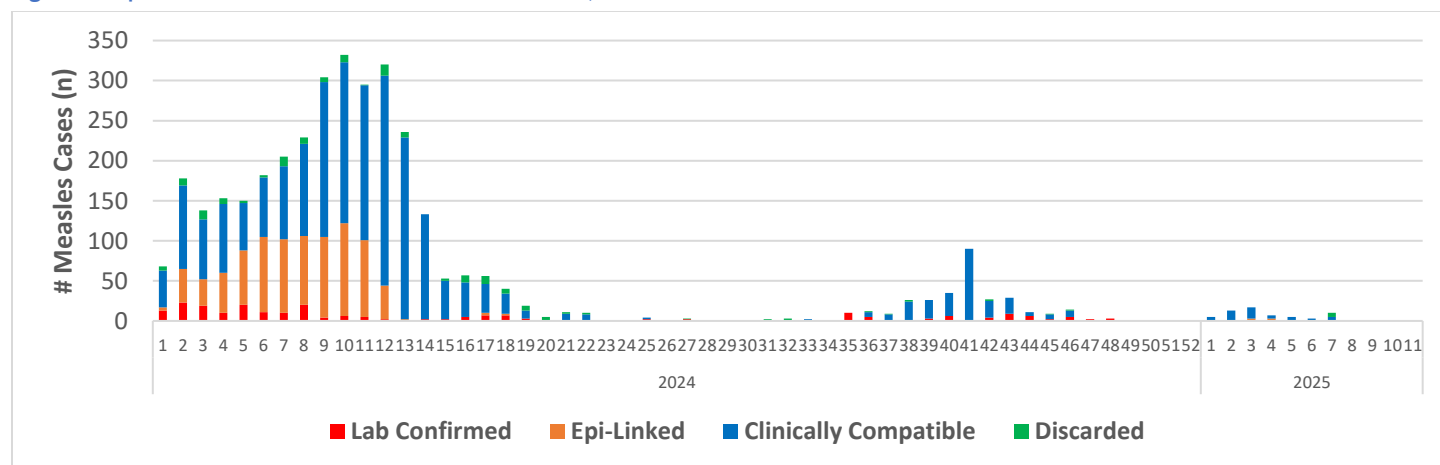
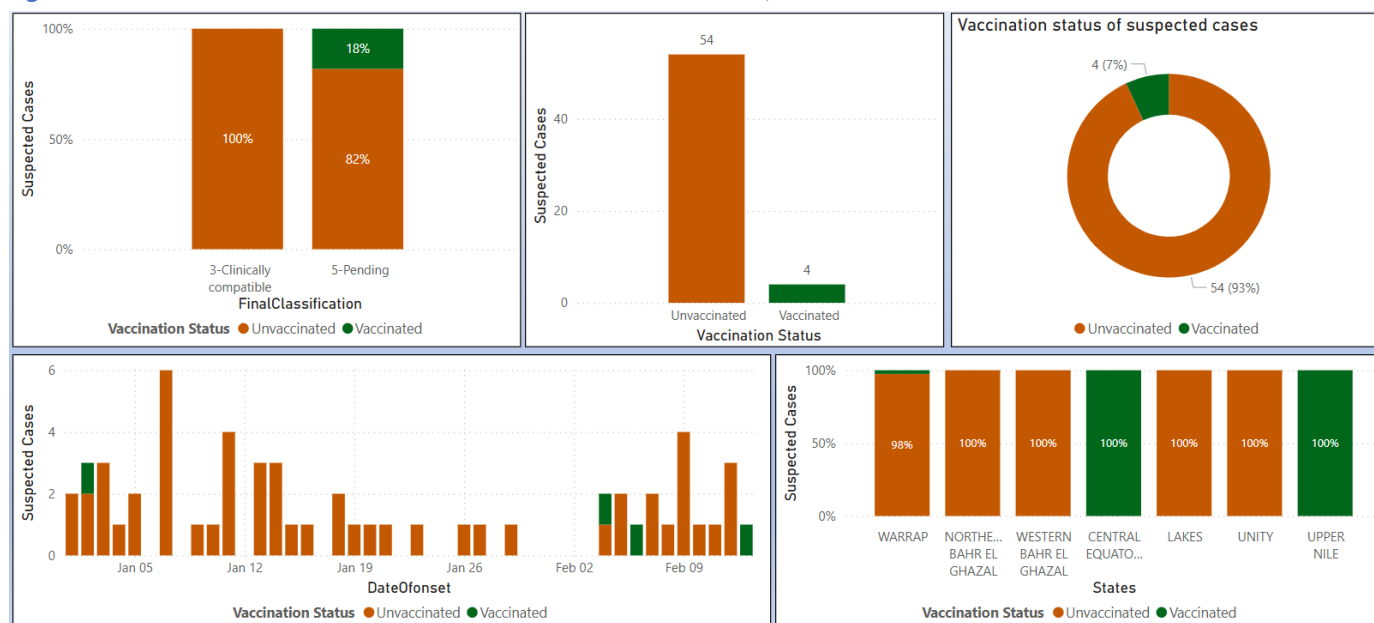


Figure 11: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-12 of 2025



## 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

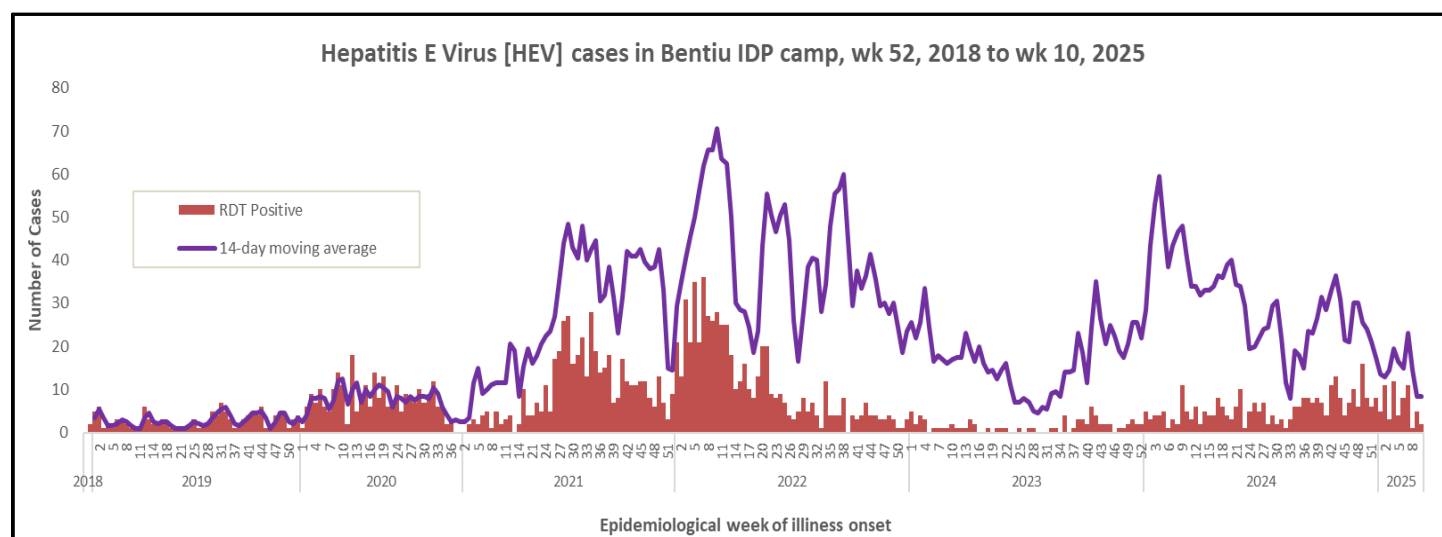
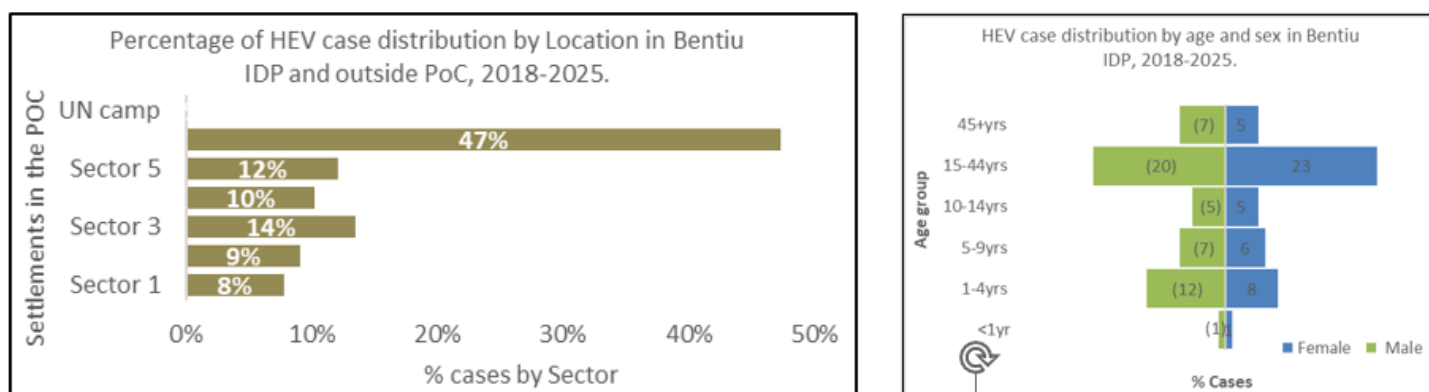


Figure 13: Location and age distribution of Hepatitis E cases in Bentiu, Unity state of South Sudan



## Other Events

**Sudan crisis:** As of 31<sup>st</sup> March 2025, a cumulative total of **1,110,211 individuals (572,331 Females and 537,880 Males) from 18 different nationalities had crossed the border**. Of this number, **68. 47% (760,207)** are South Sudanese returnees, and 31.01% (344,276) 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](mailto:josh2013.lasu@gmail.com)

Phone number +211921395440

Dr. Kediende Chong

Director General Preventive Health Services

Ministry of Health

The 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

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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

