Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 12

17th to 23rd 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 12 of 2025, the IDSR reporting timeliness was 77%, and completeness was 95%. There was a noticeable decrease in timeliness of reporting from 83% in week11 to 77% in wee12. While completeness of reporting improved from 91% to 95% In Week 11 & 12 of 2025, respectively. IDSR timeliness and completeness of reporting for week 12 rests in the scope of what was reported in the last two preceding years (2024 and 2023). 10 states and three administrative areas attained completeness of reporting above 80%. Lakes, Unity, Western Equatoria states, Ruweng, and the Greater Pibor Administrative areas achieved 100% completeness of reporting. However, only 8 of the 13 states/administrative areas attained timeliness of reporting above 80%.
- At the EWARN mobile sites, the Timeliness and Completeness of IDSR performance were at 81% and 86%, respectively. There was a slight improvement in Timeliness reporting in the EWARN mobile sites compared to what was recorded in the earlier week 11 while Completeness remained unmoved
- In week 12, only 74 EWARS alerts were triggered and only 46 were verified. There was a decline in the number of alerts triggered, as well as their verification rates compared to week 11. Most of the alerts were for ARI (22%), Malaria (19%), AWD (15%), Cholera (12%), ABD (12%), Guinea Worm (7%), and Measles (7%). Congratulations to the surveillance team in Western Equatoria, Eastern Equatoria, Lakes, Jonglei, Unity, and NBGZ States for verifying all their EWARS alerts reported in their respective states.
- As of 9 April 2025, a total of 8 mpox cases (7 in Juba and 1 in Malakal) have been recorded with zero deaths. 127 contacts have been listed and traced with 107 completing their mandatory 21 days of observation.
- As of 9 April 2025, A cumulative total of 47 996 cholera cases including 908 deaths with CFR of 1.9% have been recorded since the onset of the outbreak. A total of 44 counties across 9 States and 2 Administrative areas in South Sudan are currently reporting cholera cases.

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 12 were at 77% and 95%,** 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 12 compared to 11 of 2025*

State	Total facilities	Number of facilities reported (Completeness Wk12)	Comparison of the reporting period				Cumulative since year start (2025 level)	
			Timeliness		Completeness			
			Week 12	Week 11	Week 12	Week 11	Timeliness	Completeness
Lakes	112	112	100%	99%	100%	100%	91%	100%
NBGZ	92	84	82%	88%	91%	93%	76%	85%
Unity	84	84	100%	100%	100%	100%	96%	99%
WBGZ	112	99	62%	71%	88%	89%	71%	92%
WES	191	193	48%	88%	100%	100%	76%	97%
Jonglei	120	114	95%	87%	95%	93%	83%	89%
Warrap	114	106	86%	78%	93%	90%	72%	89%
EES	112	99	56%	59%	88%	90%	64%	88%
RAA	16	16	69%	100%	100%	100%	52%	96%
CES	152	150	98%	91%	99%	93%	90%	92%
AAA	17	15	88%	100%	88%	100%	89%	98%
Upper Nile	143	127	62%	62%	89%	83%	72%	86%
GPAA	16	16	100%	100%	100%	100%	94%	98%
Total	**1281**	**1215**	**77%**	**83%**	**95%**	**93%**	**79%**	**92%**

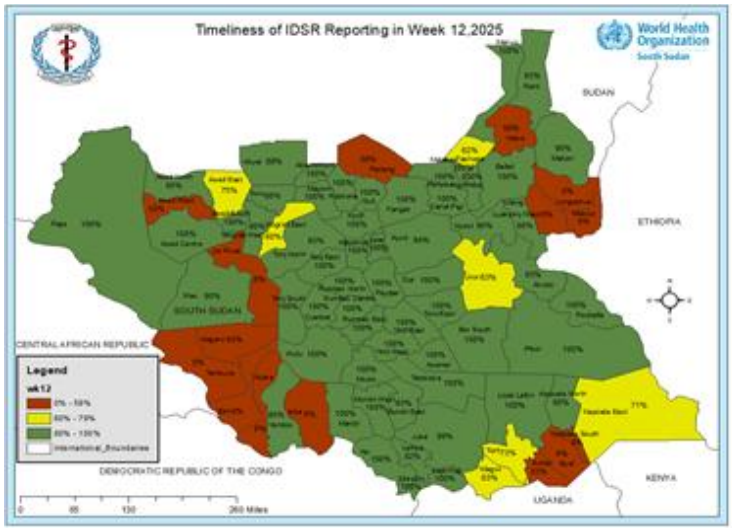
NOTE: The total number of facilities reporting in EWARS nationwide is under review and will end by February 2025. In turn, the weekly target reporting health facilities may vary between weeks.

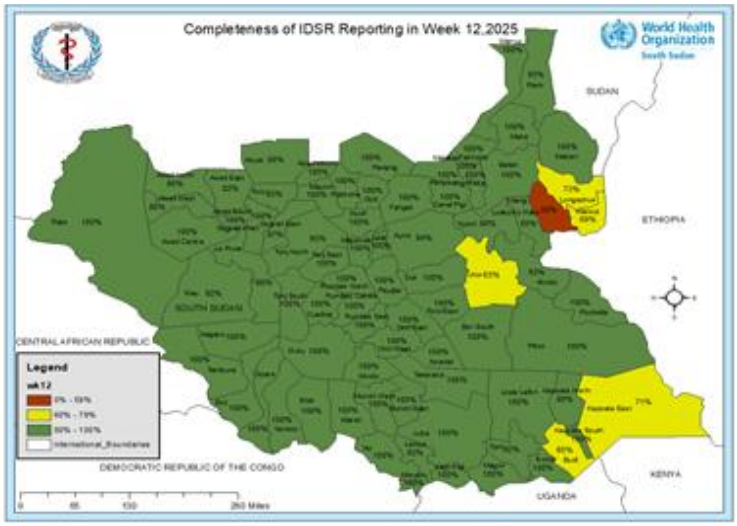
Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 12 of 2025.

Partners	# of Reporting Mobile Sites	% of Timeliness in week 12	% of Completeness in week 12	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 12	% of Completeness in week 12
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	50%	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.

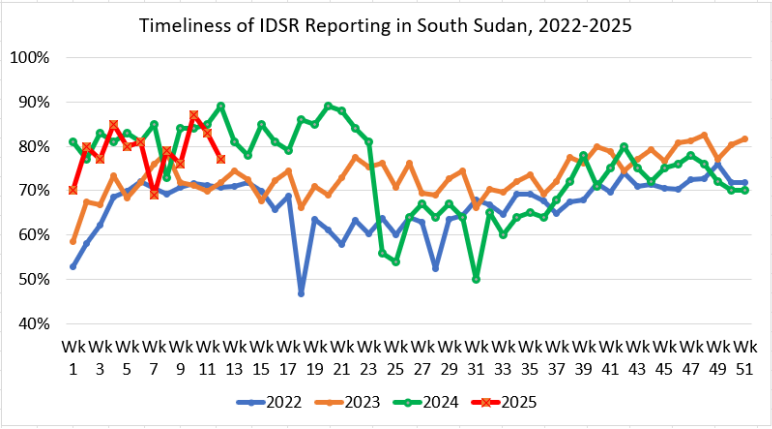
Figure 1: Maps showing Timeliness and Completeness of IDSR reporting in South Sudan by County in Week 12, 2025

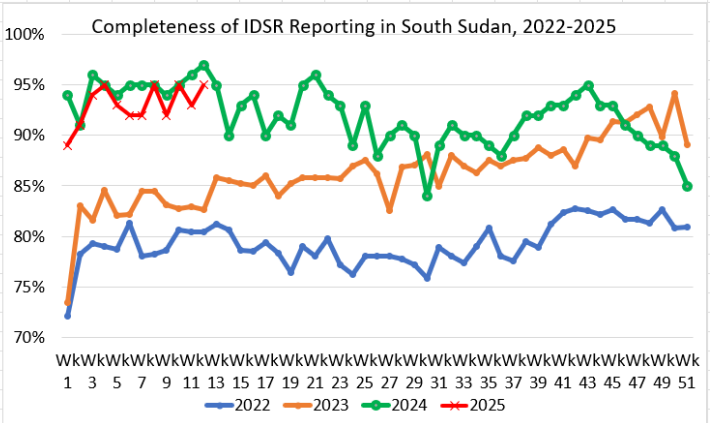




In order to put current IDSR performance into perspective, we continued comparative analysis of the reporting trends over the past four years. We document that the declines in 2024 (Wk. 21-31) were more pronounced than they were in previous years of 2023 and 2022. In this HSTP transition period, we continue 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.





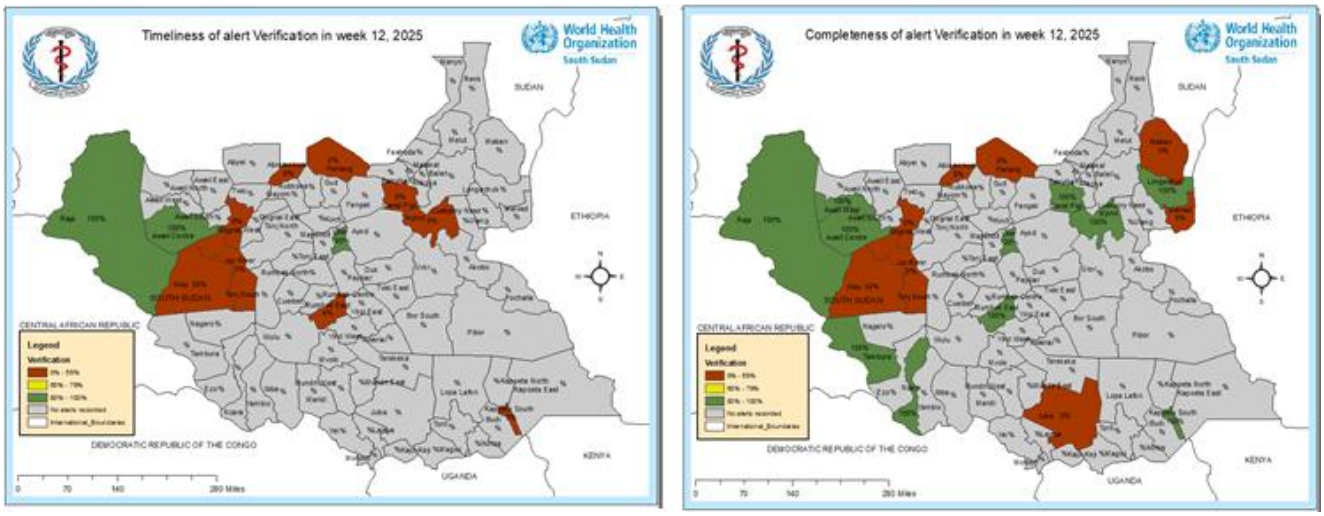
Epidemic alerts

In epidemiological reporting week 12, a total of 74 alerts were triggered in the EWARS system, with 62% (46 of 74) verified, which was slightly higher than the previous week 11. In Week 12, ten states and one administrative area recorded at least one notifiable disease alert. Special thanks to Western Equatoria, Eastern Equatoria, Lakes, Jonglei, Unity, and NBGZ States for verifying all their EWARS alerts. Most of the alerts were for ARI (22%), Malaria (19%), AWD (15%), Cholera (12%), ABD (12%), Guinea Worm (7%), and Measles (7%).

Table 3: *Summary of EWARS alerts triggered in Epidemiological Week 12, 2025*

State/Admin	AJS		ARI		AWD		ABD		Cholera		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
CES	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0
EES	0	0	0	0	2	2	1	1	0	0	0	0	0	0	0	0	0	0	3	3
Jonglei	0	0	2	2	2	2	0	0	3	3	1	1	0	0	3	3	0	0	11	11
Lakes	0	0	1	1	1	1	0	0	0	0	0	0	2	2	1	1	1	1	6	6
NBGZ	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	1	2	2
RAA	0	0	3	0	0	0	1	0	1	0	1	0	0	0	0	0	0	0	6	0
Unity	0	0	0	0	0	0	0	0	0	0	2	2	0	0	0	0	0	0	2	2
Upper Nile	0	0	2	0	2	0	4	0	1	0	0	0	0	0	3	1	0	0	12	1
Warrap	0	0	1	0	0	0	0	0	2	0	0	0	1	0	0	0	1	0	5	0
WBGZ	1	1	1	0	1	0	1	0	0	0	0	0	2	1	1	0	1	1	8	3
WES	0	0	6	6	3	3	2	2	0	0	0	0	0	0	6	6	1	1	18	18
AAA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GPAA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	1	1	16	9	11	8	9	3	9	4	4	3	5	3	14	11	5	4	74	46

Figure 3: Timeliness & Completeness of Alerts Verification rates by county of South Sudan for week 12, 2025.

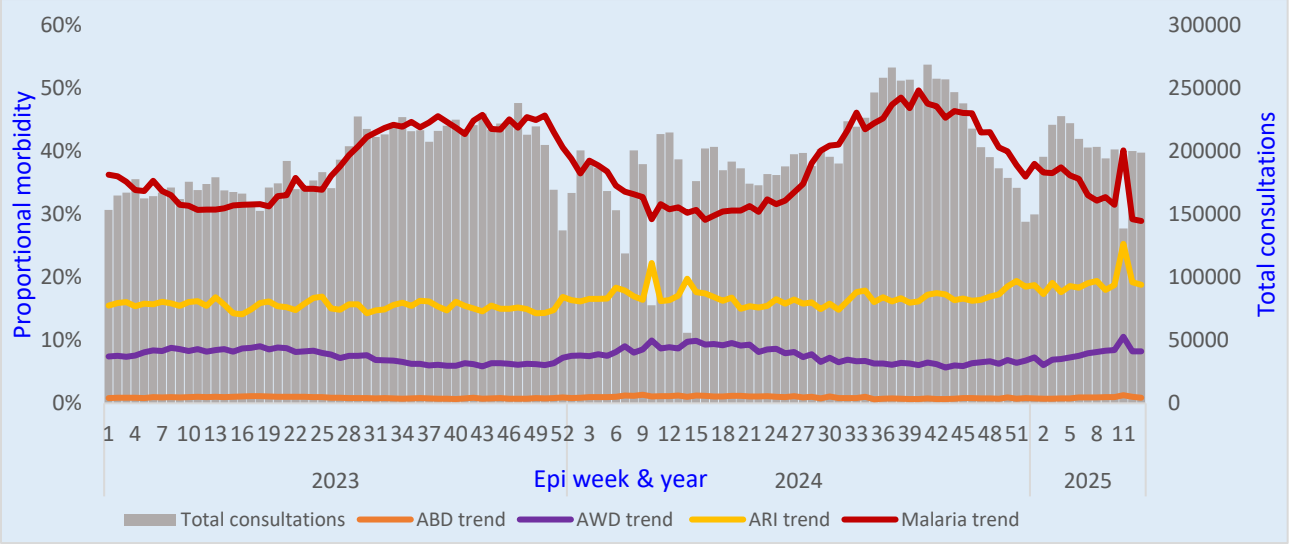


Weekly Update on Indicator-Based Surveillance (Week 12 of 2024)

Indicator-based surveillance is implemented in South Sudan through the EWARS platform according to the IDSR 3rd guidelines, where approximately 59 priority diseases and public health events are regularly monitored and reported from health facilities across the country.

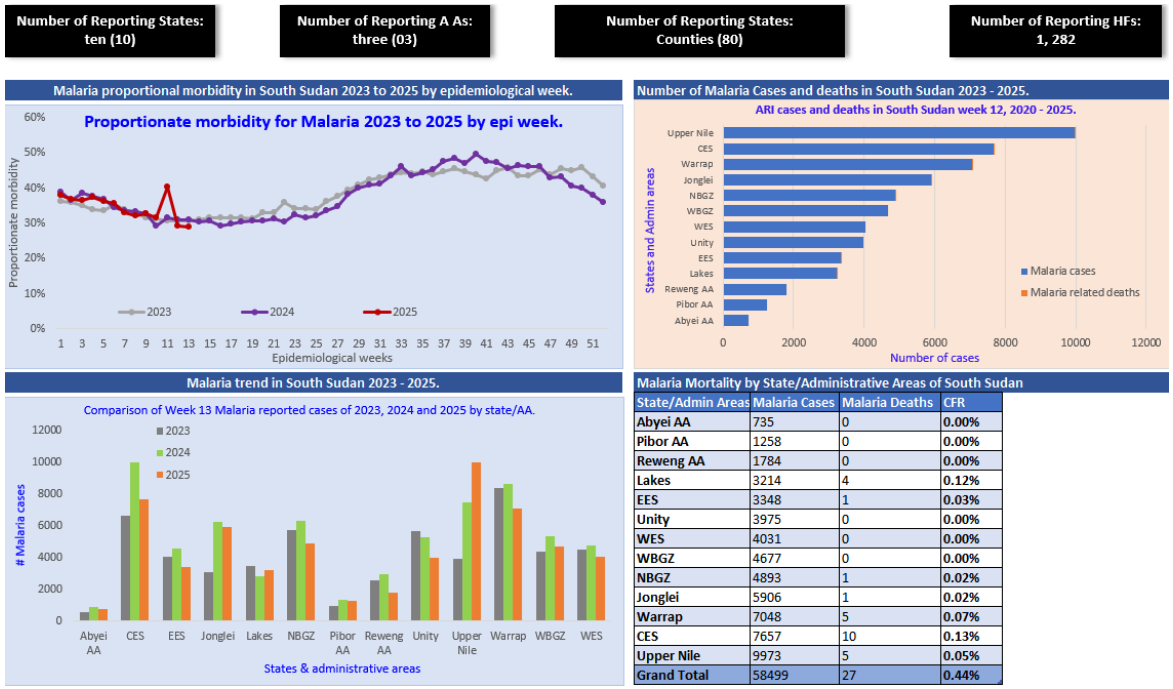
In week 12 of 2025, a total of **174 033** morbidities were reported from all over South Sudan from across 1282 health facilities. Malaria was the top cause of morbidity accounting for 31% of all cases, followed by Acute respiratory illnesses (15%) and acute watery diarrhea (8%). Analysis of proportional morbidity rates of the three primary illnesses in South Sudan, indicates no significant changes in the distribution patters over the last four years, illustrated in figure 4 below

*Figure 4: **IDSR Proportional Morbidity in week 12 of 2025.***



- In week 12 of 2025, Malaria remained the leading cause of morbidity, recording **58 499** cases and 27 suspected deaths. Analysis of reported malaria cases indicates that the numbers recorded in the week were in normal and expected range; however, continuous monitoring is still important across all levels. In turn, we have created a dashboard of Malaria trends analysis for the country, to enable quick detection of states/administrative areas that surpass their previously known detection levels, as shown in a snippet in Figure 5 below.

Figure 5: Malaria Data Analysis Dashboard for IDSR indicator-based surveillance monitoring in South Sudan



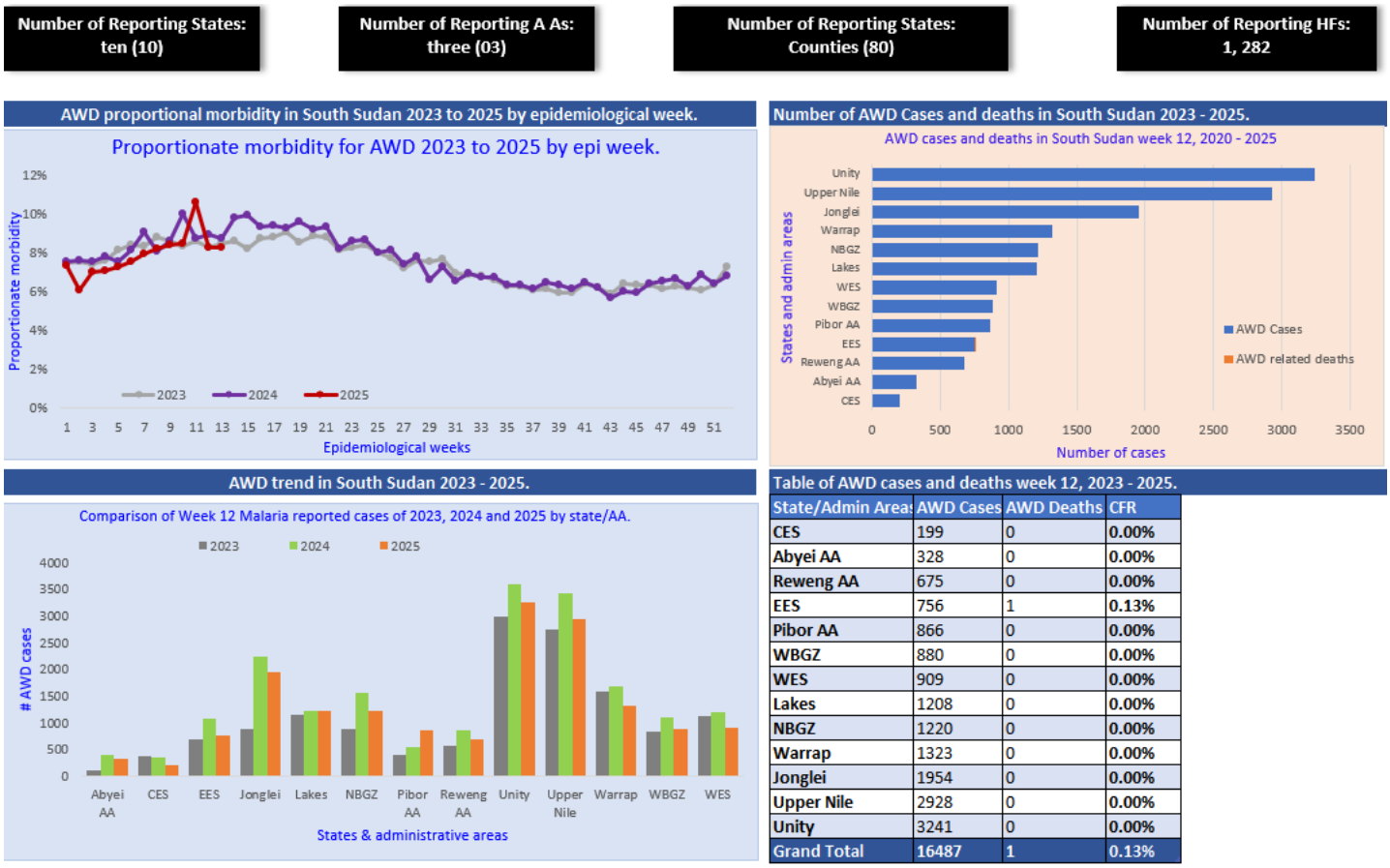
Malaria Mortality by State/Administrative Areas of South Sudan

State/Admin Areas	Malaria Cases	Malaria Deaths	CFR
Abyei AA	735	0	0.00%
Pibor AA	1258	0	0.00%
Reweng AA	1784	0	0.00%
Lakes	3214	4	0.12%
EES	3348	1	0.03%
Unity	3975	0	0.00%
WES	4031	0	0.00%
WBGZ	4677	0	0.00%
NBGZ	4893	1	0.02%
Jonglei	5906	1	0.02%
Warrap	7048	5	0.07%
CES	7657	10	0.13%
Upper Nile	9973	5	0.05%
Grand Total	58499	27	0.44%

- Similarly, Week 12 of 2025, recorded **16 487** cases of acute watery diarrhea (1 suspected death in Eastern Equatoria State). Comparative analysis of reported Acute Watery Diarrhea (AWD) cases indicates that the numbers recorded in the week were in normal and expected ranges; however, in the context of a nationwide Cholera outbreak, it was deemed important to keep this output tracked. In turn, we have created a dashboard of AWD trends and

comparative analyses for the country, to enable quick detection of states/administrative may inadvertently miss the outbreak, as shown in a snippet in Figure 6 below.

Figure 6: AWD Data Analysis Dashboard for IDSR indicator-based surveillance monitoring in South Sudan

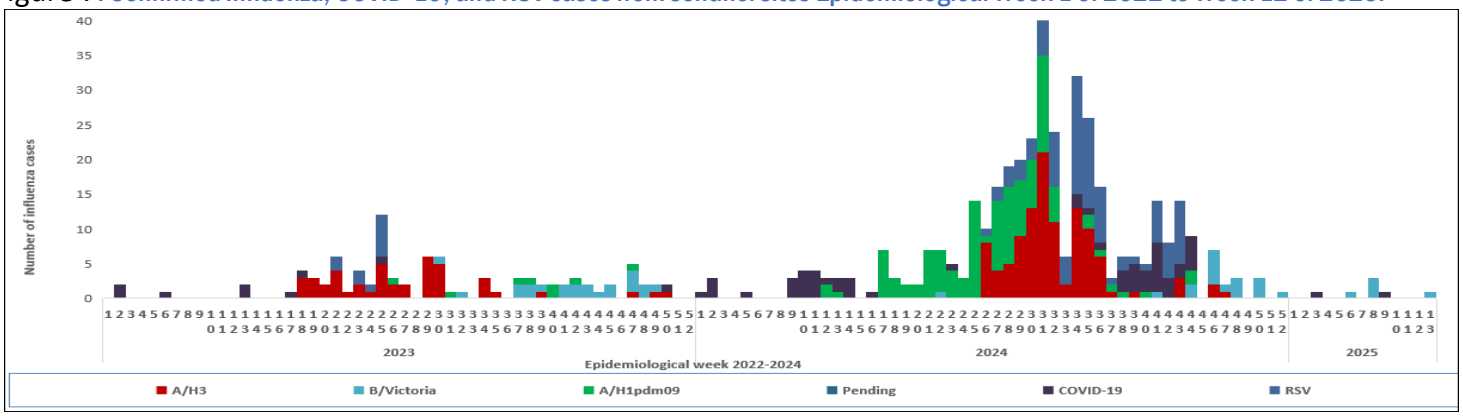


State/Admin Area	AWD Cases	AWD Deaths	CFR
CES	199	0	0.00%
Abyei AA	328	0	0.00%
Reweng AA	675	0	0.00%
EES	756	1	0.13%
Pibor AA	866	0	0.00%
WBGZ	880	0	0.00%
WES	909	0	0.00%
Lakes	1208	0	0.00%
NBGZ	1220	0	0.00%
Warrap	1323	0	0.00%
Jonglei	1954	0	0.00%
Upper Nile	2928	0	0.00%
Unity	3241	0	0.00%
Grand Total	16487	1	0.13%

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.
- During Epidemiological Weeks 1-12 in 2025, a total of 454 ILI/SARI samples have been collected; 448 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.

Figure 7: Confirmed Influenza, COVID-19, and RSV cases from sentinel sites Epidemiological Week 1 of 2022 to Week 12 of 2025.



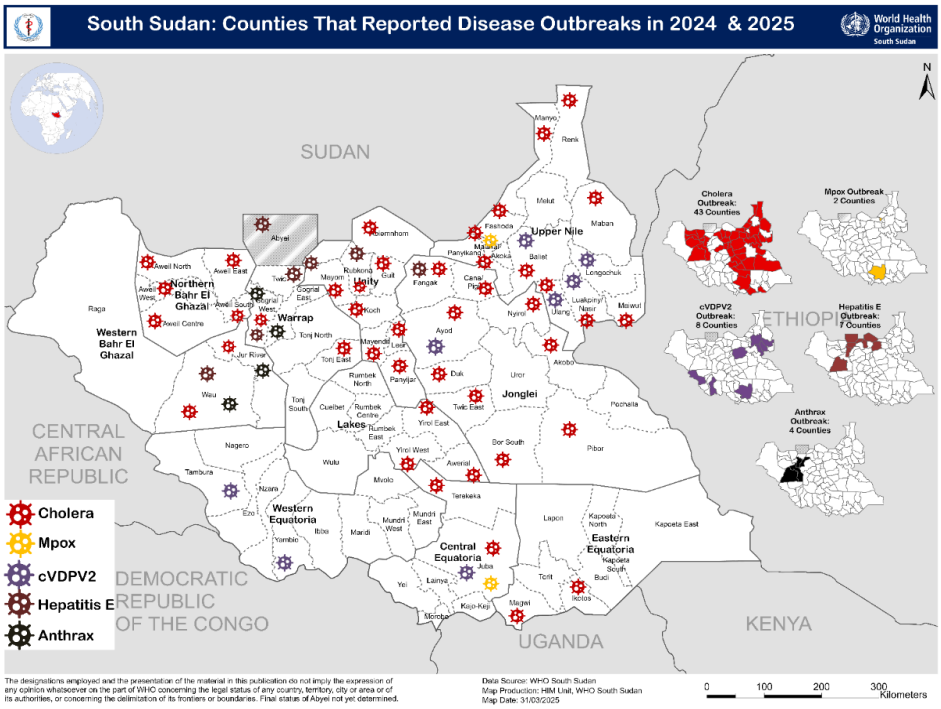
South Sudan Confirmed and ongoing epidemics in 2025

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/Polio, hepatitis E and Mpox. Response interventions to mitigate further transmission and spread are ongoing. Below is a summary table (Table 4) and a map (Figure 5) of the confirmed emergencies as at 9th April 2025

Table 4: *Summary of ongoing and confirmed epidemics*

Aetiologic agent	Location (county)	Date first reported	New cases in Epi-wk 12	Cumulative suspected cases	Response activities				
					Surveillance/ Lab confirmed	Case management	Vaccination	Health promotion	IPC/WASH
Mpox	Juba Malakal	Feb 2025	0	71	8	ongoing	Ongoing	yes	yes
Cholera	In 44 counties across seven states	Sept 2025	More than 4,000	**47,996**	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, Baliet, 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	-	279	4	ongoing	Ongoing in the animal sector	ongoing	ongoing

Figure 8: Map showing confirmed and active outbreaks by county of South Sudan; as at 9 April 2025.



Response activities for ongoing/suspected outbreaks

1. Mpox Outbreak in South Sudan

- South Sudan declared mpox outbreak on February 7, 2025, following the laboratory confirmation of the index case on 6 February 2025.
- As of 8th April 2025, a cumulative total of 71 suspected Mpox cases have been detected across three states.
- Of the 71 samples collected, 69 of the samples collected from the suspected mpox cases were tested, with only eight (8) cases tested positive brings the total number of confirmed Mpox cases in South Sudan to eight (8) seven (7) from Juba and one (1) from Malakal County.
- Genetic sequencing of the first three confirmed samples conducted at the Uganda Virus Research Institute isolated Mpox Clade 1b.
- Phylogenetic analysis was also conducted and established genetics link to Mpox strains circulating in Uganda, supporting epidemiological conclusions from case investigations.
- Since confirmation of the Mpox outbreak in South Sudan, a cumulative total of 129 contacts have been listed
- Of the 129 contacts, 107 have completed the mandatory 21 days of daily follow up. Currently, there are only 22 contacts, listed off the latest confirmed case that are under daily follow up and tracing
- No new case has been detected among the contacts so far however, active surveillance for Mpox continues throughout the country.

Figure 9: Trend of Suspected Mpox cases Tested in South Sudan by state/Administrative Area, August 2024-March 2025

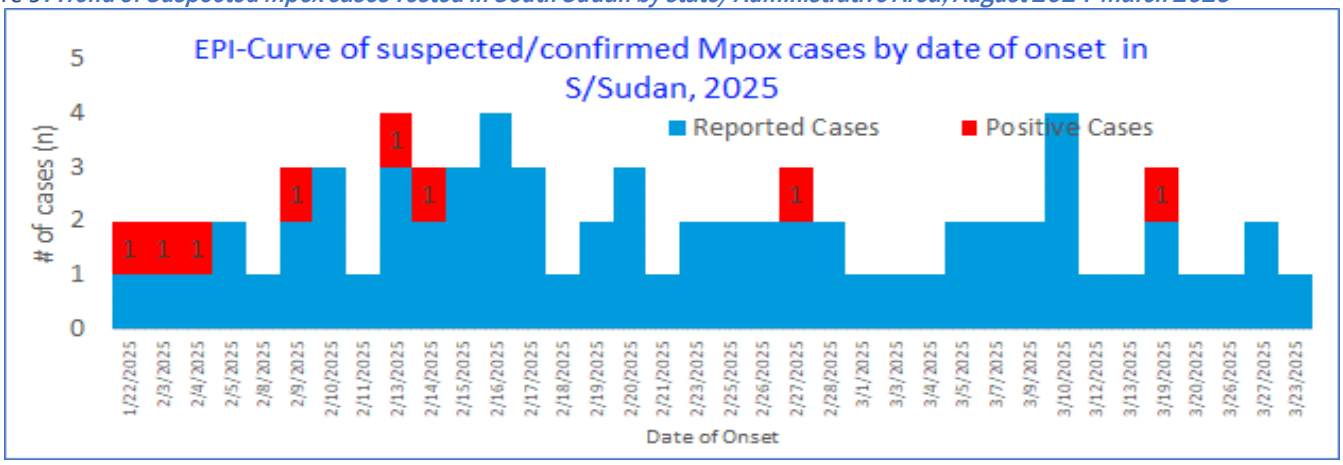
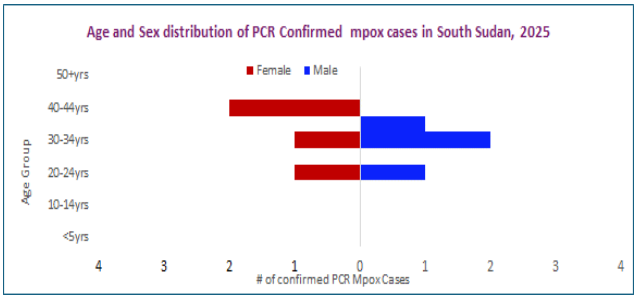
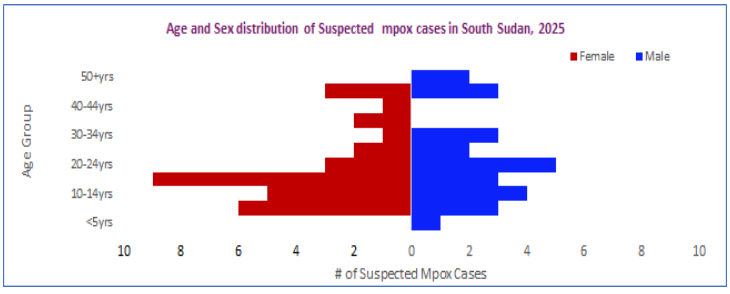


Figure 10: Trend of Suspected and Confirmed Mpox cases in South Sudan by Age and Sex distribution in the state/AAs, August 2024-March 2025





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 9th April 2025

- The cholera outbreak has reached a total of 47,996 cases and 908 deaths (CFR: 1.9%, target < 1%), as reported by 44 counties and 9 states and 2 administrative areas.
- In the past two weeks, 2,545 cases and 64 deaths have been reported by 32 counties, majority of these cases came from Pibor (480, 18.9%), Gogrial West (473, 18.6%), Rubkona (358, 14.1%) and Akobo (164, 6.4%).
- Gogrial East is the latest county to report cholera cases.
- 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 Panyijiar), Upper Nile (Baliet), Eastern Equatoria (Ikwotos), Warrap (Gogriel 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

Table 5: Summary of Cholera cases by state and CFR as of 9 April 2025

State	Infected Counties	Total cumulative	Laboratory confirmed case(s)	Deaths	Overall CFR (%) By state
CES	2	5,476	38	83	1.5
EES	2	344	7	26	7.6
GPAA	1	1 397	7	66	4.7
JNG	9	7 775	83	209	2.7
LAK	3	659	31	26	3.9
NBGZ	5	7 301	15	27	0.4
RAA	1	159	0	3	1.9
UNI	7	18 459	53	354	1.9
UPPER	10	4 986	47	72	1.4
WBGZ	2	464	3	11	2.4
WRP	2	976	30	31	3.2
Total	**44**	**47 996**	**314**	**908**	**1.9**

Figure 8: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, wk39, 2024 to Wk13, 2025

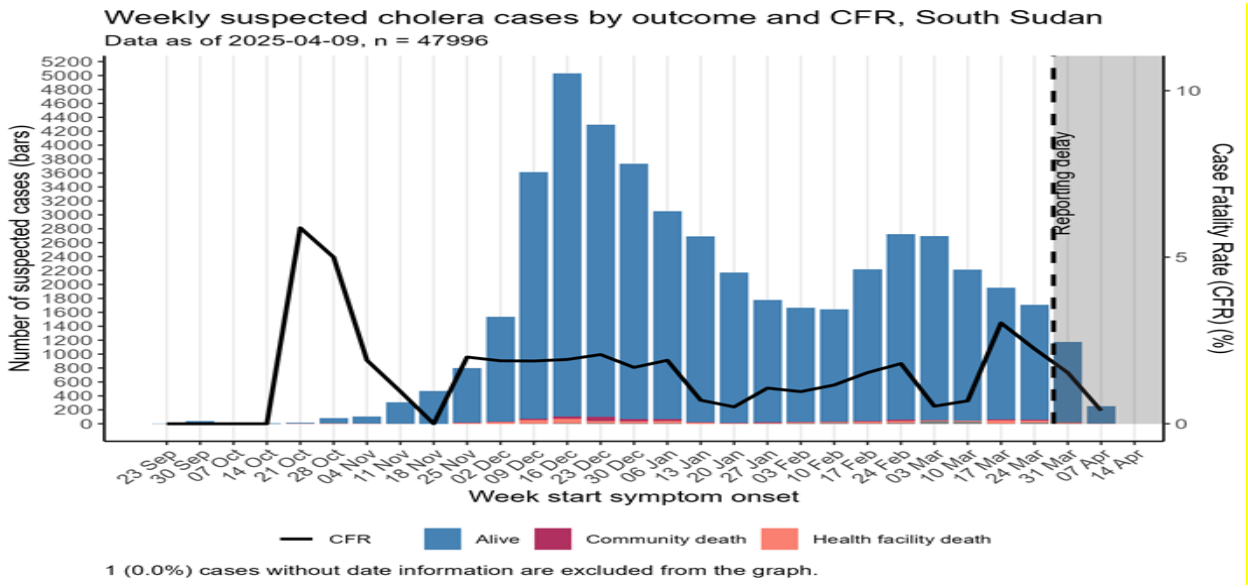
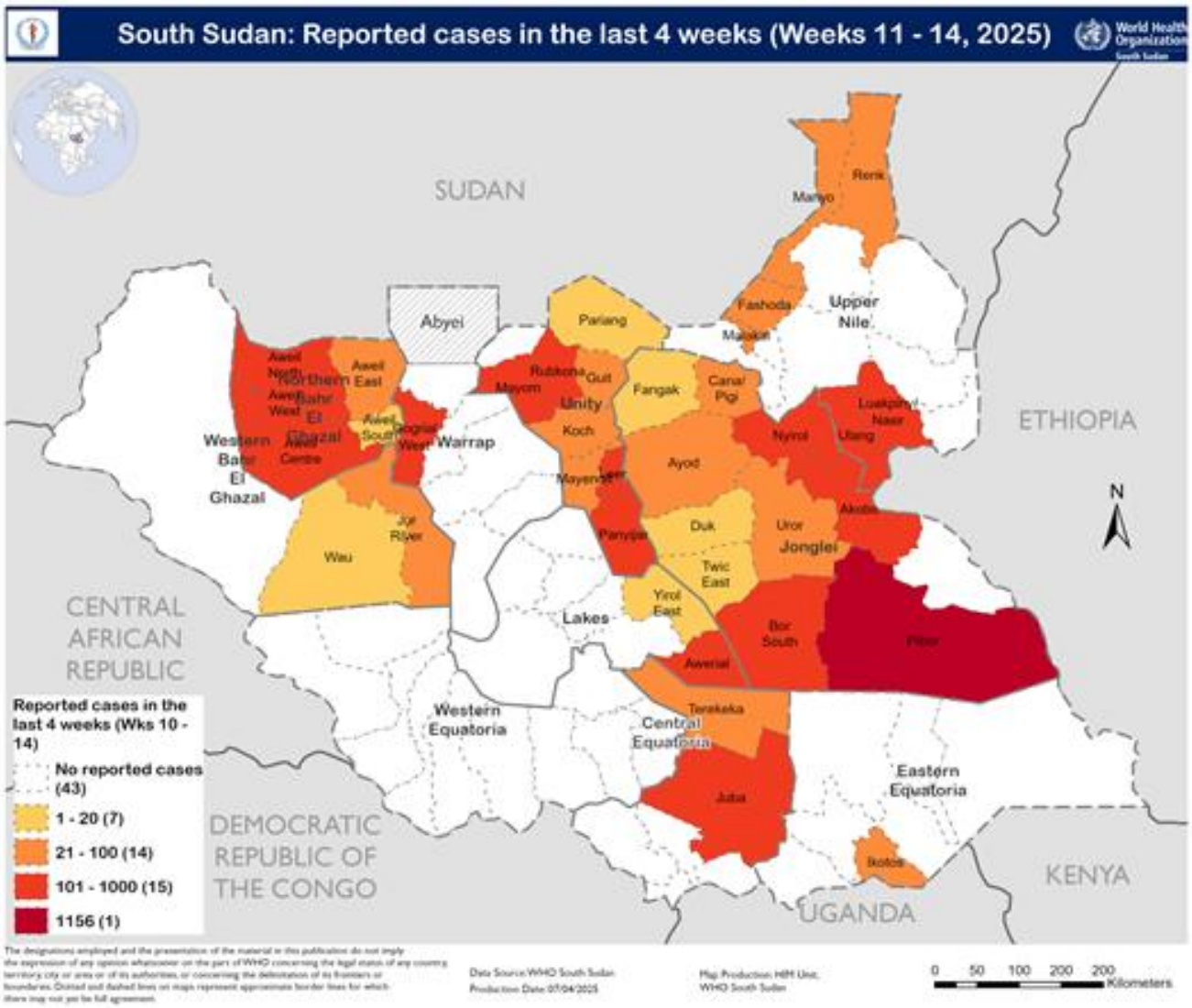


Figure 9: Map showing cholera cases and deaths distribution by Counties of South Sudan updated on 25th February 2025



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.

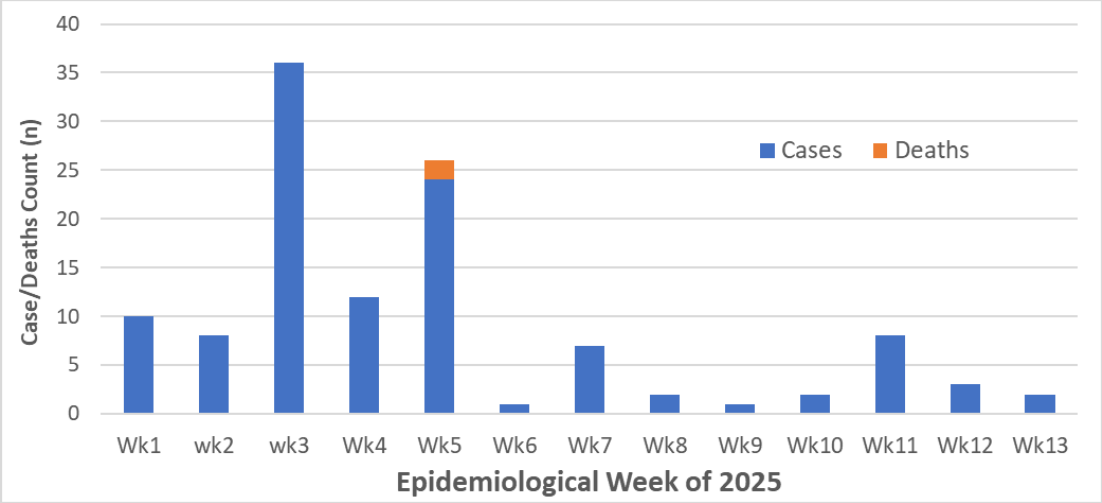
3. Circulating Vaccine Derived Polio Virus Type 2 (cVDPV2) outbreak

- On December 22, 2023, the Ministry of Health declared a public health emergency due to cVDPV2 following confirmed cases in Yambio. There was no new cVDPV2/VDPV2 isolate detected/reported in the week. Cumulatively, laboratory-confirmed cVDPV2 and VDPV2 isolates remained 27 and 9 respectively. The latest and last cVDPV2 was from an environmental isolate whose sample collection date was 3rd December 2024 from Amarat collection site in Juba, Central Equatoria state. However, the latest PV2 isolate (pending sequencing for genetic characterization) was from a sample collected at Roton on 25 Feb 2025
- In the latest and last nOPV2 vaccination response (4th response round), 3,663,497 children were reached with at least 99% administrative coverage attained in all states. This fourth response round saw 181,595 children receive their first dose of nOPV2 (not fully protected against type 2 Polio). Support supervision increased from 1,648 in the 3rd round to 2,151 in the fourth round. In turn, the LQA survey results showed an increase in quality, with 65% (26 of 40 counties) passing the test compared to 48% (19 of the 40 counties sampled) in the previous 3rd round. Tambura and Nagero counties which were the last to start their fourth round nOPV2 SIAs on 29th March successfully completed on the 1st April 2025.
- nOPV2 Vaccine monitoring and Accountability wastage monitoring indicates that the fourth round had a rate of 5.22% compared to 8.9% in R3. Note that this was the lowest rate even when compared to Round 2 and 1 where it was 8.90% and 5.93% respectively.
- In 2025, a cumulative total of 75 AFP cases were detected in 42 counties. This brings the non-polio AFP rate to 0.98 per 100,000 children under 15 years and a stool adequacy rate of 96%. Thanks to the nOPV2 campaign associated active search for AFP cases which saw Epidemiological weeks 7-9 report the most number since the year begun. Notably in 2024, the non-polio AFP rate at 5.96 and a 94% stool adequacy rate. Maintaining high AFP detection rates remains a challenge due to funding constraints and the evolving security situation in the country.

4. Anthrax

- A total of 2 cases were reporting during the Epi week 13; two cases reported during epi week 13 from Warrap and no report received from Wau.
- In 2025 alone, a total of 118 human Anthrax cases have been reported from two states (WBeG – 85 and Warrap 33). Of the 118 human cases, one case had died giving a case fatality rate (CFR) of 0.85%.
- Cumulatively, since 2024, a total of 279 human anthrax cases have been reported from two states: Of these, one sample tested positive for anthrax at UVRI in Uganda. Among the 279 human cases, 4 have died, resulting in a case fatality rate (CFR) of 1.4%.

Figure 11: Epidemic curve for reported Human Anthrax cases in South Sudan, as at Week 13 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 59 cases representing 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 5.2 per 100,000 population and Gogrial East in Warrap State has an attack rate of 1.8 per 100,000 population.

Ongoing Intervention

- Multisectoral Collaborations
  - Weekly meetings simplify outbreak suppression by state and county officers.
  - Rapid Response Teams enable cognized 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 13), the cumulative total of 78 suspected measles cases were reported from 13 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 12: Epidemic curve of measles cases in South Sudan; Week 01 to week 13 of 2025

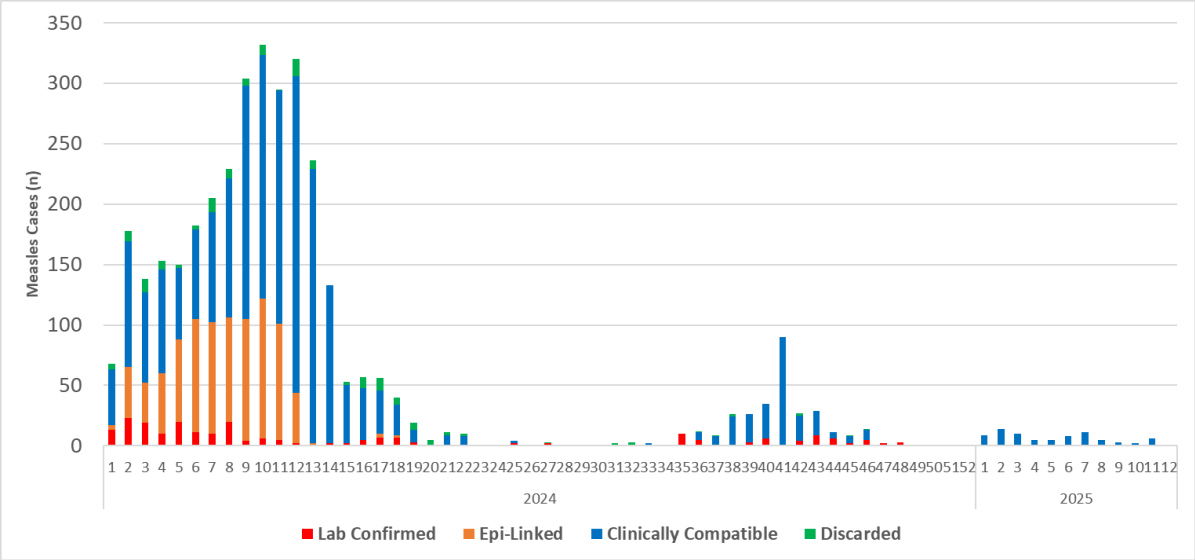
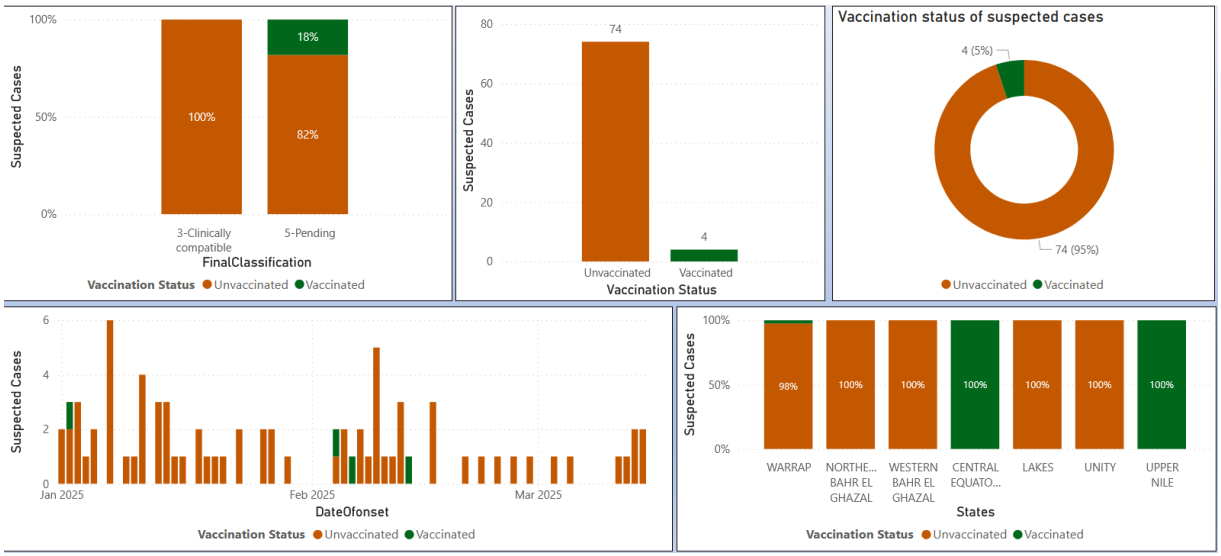


Figure 13: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-13 of 2025



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

7. In week 13 of 2025, there were no new reported hepatitis E virus cases and no deaths reported.
   - 02 new RDT positive cases were reported in week 10, 2025, bringing the total RDT positive to 1888 cases since 2018.
   - Cumulatively, a total of 6, 407 hepatitis E virus cases have been recorded, including 36 deaths since the commencement of the outbreak in 2018.
   - The cumulative cases with RDT positive results are 1888 since the start of the outbreak in 2018
   - Individuals aged 15 to 44 years account 43 cases out of the total cases reported.
   - Males gender is the most affected accounting for 53% (3 3374 cases) of the total cases reported, while females descripted for 47% (3 033 cases).
   - The chart in figure13 displayed the distribution of HEV cases built on the patients' place of residence, both within

and outside Bentiu PoC.

- Many of the cases were detected in individuals living outside the boundaries of Bentiu PoC, who were believed to seek healthcare services in the PoC.

Figure 14*: Epicure of HEV in Bentiu IDP camp, Unity State; Epi Week 52 of 2018 to Week 13 of 2025*

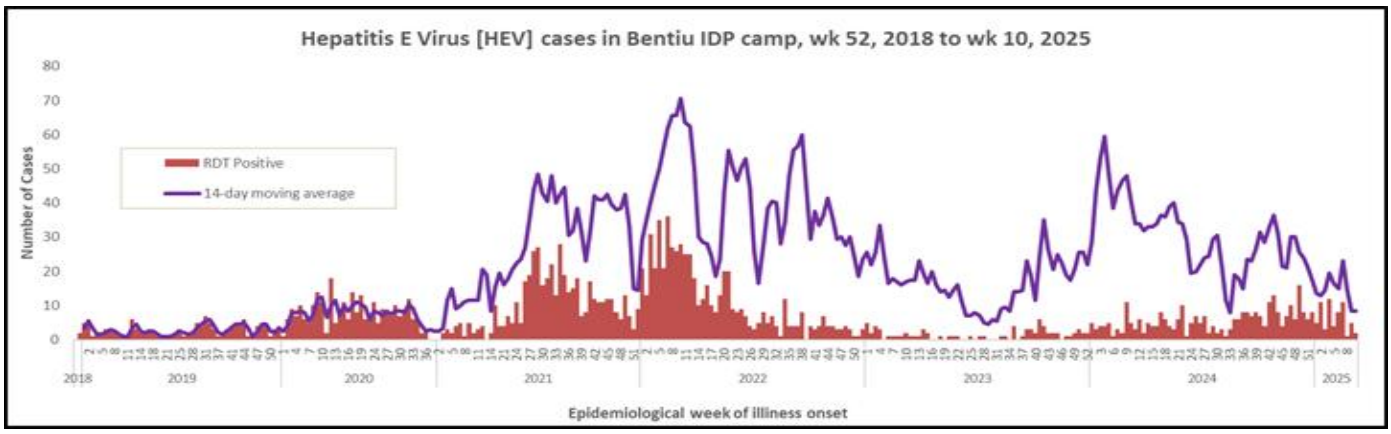
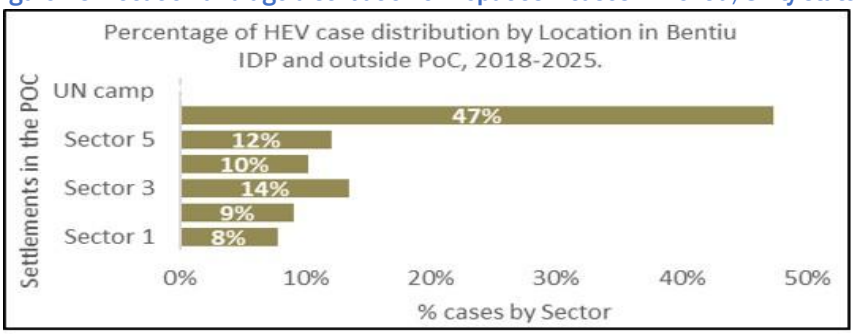
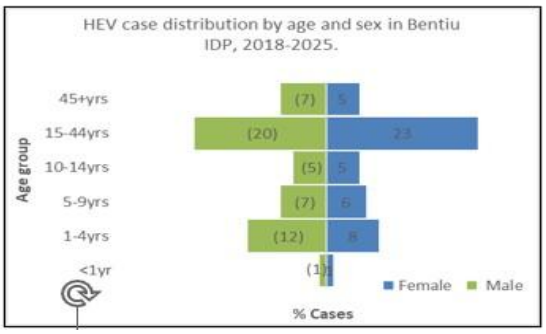


Figure 15: Location and age distribution of Hepatitis E cases in Bentiu, Unity state of South Sudan





Other Events

Sudan crisis: As of 10 April 2025, a cumulative total of ***1,115,777 individuals (575,535 Females and 540,242 Males) from 18 different nationalities had crossed the border***. Of this number, ***68. 51% (764,436)*** are South Sudanese returnees, and 30.96% (345,470) are Sudanese refugees. Currently, 21 PoEs are being monitored, with Joda-Renk accounting for 71% of the reported influx figures. There are currently 66,259 individuals (20,683 in transit centers and 45,576 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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Notes

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The data has been collected with support from the EWARS project. This is aninitiative 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