Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 16

14th to 20th April 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 16 of 2025, the IDSR reporting timeliness was 60%, and completeness was 89%. In Week 16, there was a decline in both timeliness and Completeness of IDSR/EWARS reporting from 81% to 60% and 94% to 89% in week15 and week16, respectively. Only 8 states and two administrative areas attained completeness of reporting above 80%. Greater Pibor Administrative area, Lakes, Unity, and Western Equatoria states achieved 100% completeness of reporting. However, only 4 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 62% and 76%, respectively. The Timeliness and completeness performance at these sites dropped compared to attainments in the previous week 15. The decrease in IMC, SCI, and HFO-run sites was responsible for this decrease in Timeliness and Completeness
- In week 16, 232 EWARS alerts were triggered, and 139 were verified. There was a decrease in the number of alerts triggered and an increase in their verification rates as compared to week 15. Most of the alerts were for Cholera (18%), AWD (16%), ABD (16%), ARI (16%), Malaria (14%), and Guinea Worm (12%). Many thanks to the surveillance team in Western Equatoria, Jonglei, Lakes, and Greater Pibor Administrative Area for verifying most of their EWARS alerts reported in their respective states.
- In week16 of 2025, Two new Mpox cases were identified, thus bringing the cumulative total figure of confirmed cases to fourteen (14), eleven (11) in Juba, Two (2) in Rumbek, and one (1) in Malakal.
- As of 14th May 2025, a cumulative total of 59,503 cases and 1187 deaths (CFR: 2.0%), of which 603 are health facility deaths (HF CFR: 1.0%).Cases have been reported in **48 counties, across 9 states and 2 administrative areas** (Ruweng and Greater 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 15 were at 60% and 89%,** respectively, which was an increase in Timeliness and Completeness from the attainments of the previous week 16.

Table 1: *Timeliness and completeness of IDSR reporting by State for week 16 compared to 15 of 2025*

State	Total facilities	Number of facilities reported (Completeness Wk16)	Comparison of the reporting period				Cumulative since year start (2025 level)	
			Timeliness		Completeness			
			week 16	Week 15	Week 16	Week 15	Timeliness	Completeness
Lakes	112	112	100%	81%	100%	100%	90%	100%
NBGZ	92	82	77%	72%	89%	90%	75%	85%
Unity	85	86	85%	96%	100%	100%	95%	100%
WBGZ	112	58	**12%**	84%	**52%**	88%	65%	89%
WES	191	191	**39%**	84%	100%	100%	76%	97%
Jonglei	120	94	70%	90%	78%	90%	84%	89%
Warrap	114	98	**33%**	**54%**	86%	85%	62%	83%
EES	112	100	**46%**	63%	89%	93%	61%	88%
RAA	16	12	**6%**	69%	75%	75%	**46%**	92%
CES	152	147	88%	99%	97%	99%	90%	93%
AAA	17	15	**29%**	82%	88%	82%	78%	93%
Upper Nile	143	130	69%	81%	91%	92%	72%	86%
GPAA	16	16	81%	100%	100%	100%	93%	98%
Total	1282	1142	60%	81%	89%	94%	77%	91%

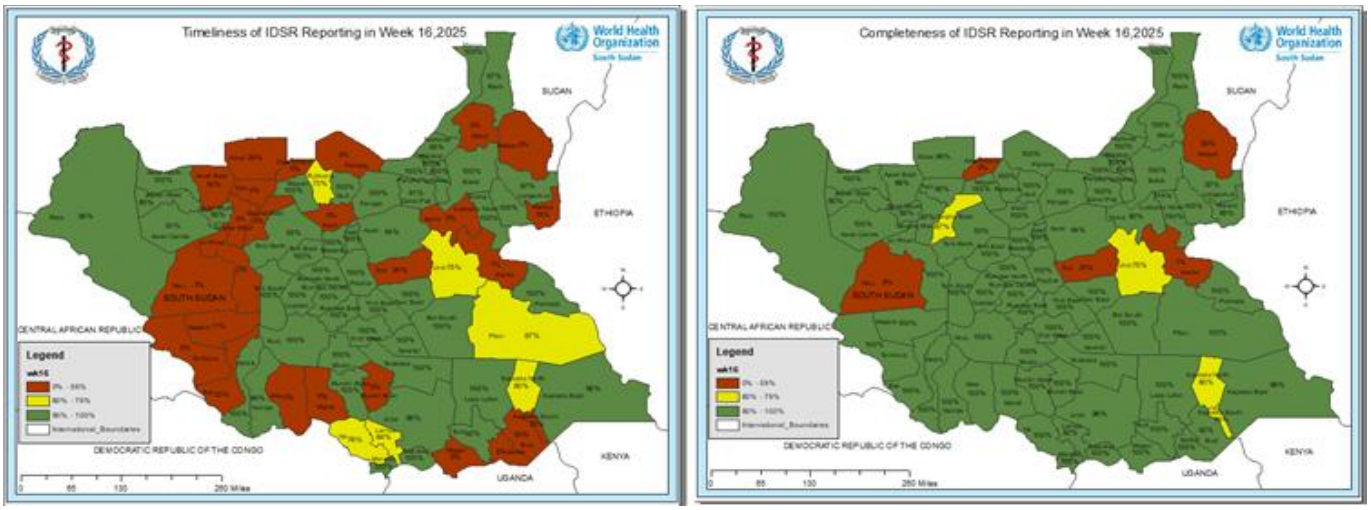
NOTE: The total number of facilities reporting in EWARS nationwide is under review and will end by April 2025. In turn, the weekly target reporting health facilities may vary between weeks.

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 16 of 2025.

IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for week 16, 2025							
Partners	# of Reporting Mobile Sites	% of Timeliness in week 16	% of Completeness in week 16	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 16	% of Completeness in week 16
IMC	4	**0%**	**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	**0%**	**0%**	Rajaf	3	**100%**	**100%**
HFO	4	**75%**	**100%**	Munuki	12	**100%**	**100%**
WVI	2	**50%**	**100%**	Wau South	20	**5%**	**5%**
CIDO	1	**100%**	**100%**	Wau North	12	**0%**	**0%**
SP	4	**100%**	**100%**	Juba	10	**100%**	**100%**
HFD	1	**100%**	**100%**	Mangala	1	**100%**	**100%**
RI	1	**100%**	**100%**	TOTAL	63	**51%**	**51%**
TOTAL	21	**62%**	**76%**				

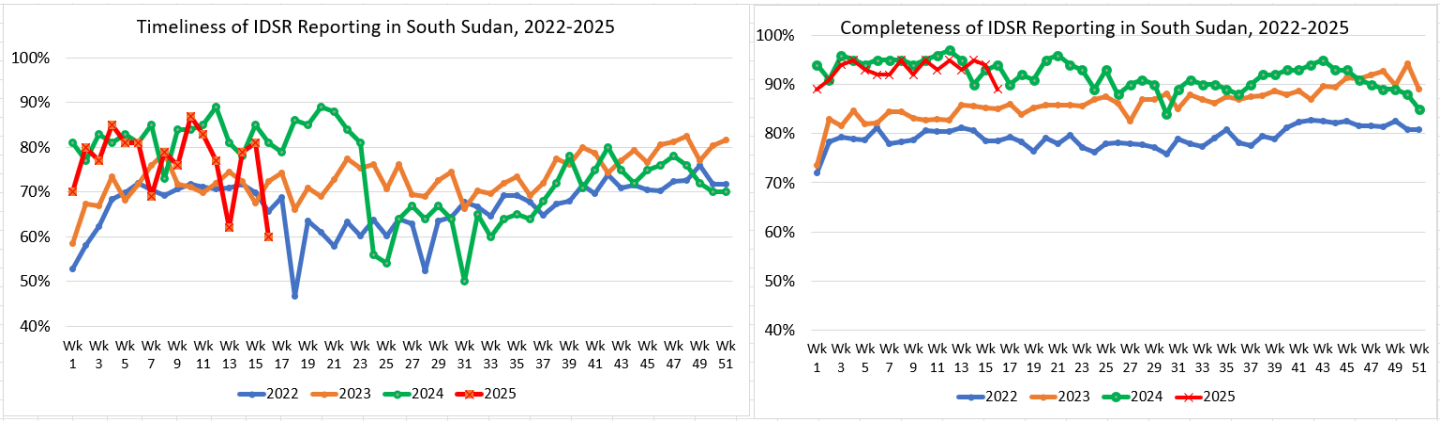
An important point to note: Three of the 4 health facilities supported by IMC (1) remained silent in the reporting period. The reason for non-reporting has been given as closure of project facilities but is yet verified.

Figure 1: Maps showing Timeliness and Completeness of IDSR reporting in South Sudan by County in Week 16, 2025



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 slow but near complete. 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.



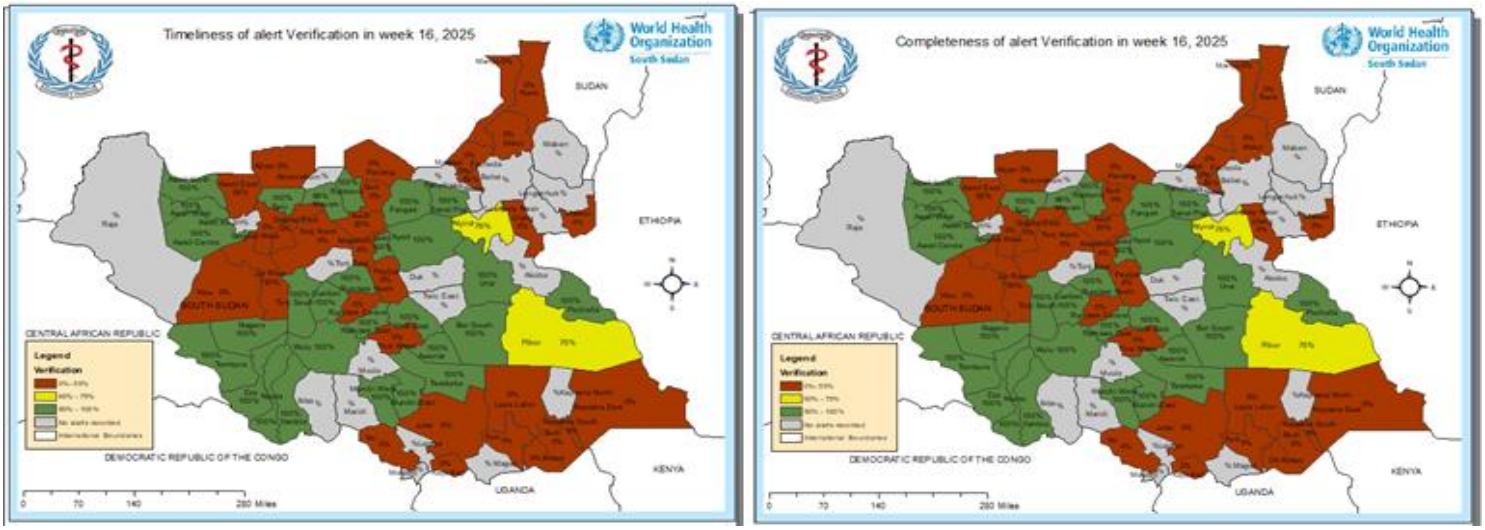
Epidemic alerts

In the epidemiological reporting week 16, a total of 232 alerts were triggered in the EWARS system, with 60% (139 of 232) verified, which was higher than the previous week 15. In Week 16, ten states and three administrative areas recorded at least one notifiable disease alert. Special thanks to Western Equatoria, Jonglei, Lakes, and Greater Pibor Administrative Area for verifying most of their EWARS alerts. Most of the alerts were for Cholera (18%), AWD (16%), ABD (16%), ARI (16%), Malaria (14%), and Guinea Worm (12%).

Table 3: *Summary of EWARS alerts triggered in Epidemiological Week 16, 2025.*

State/Admin	Acute		Acute		Acute		Bloody		Cholera		Covid-19		EBS		Guinea		Malaria		Measles		Meningit		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	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0
CES	0	0	1	1	3	1	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	7	2
EES	0	0	2	0	3	0	2	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	9	0
GPAA	0	0	0	0	1	1	2	1	3	3	0	0	0	0	0	0	0	0	0	0	0	0	6	5
Jonglei	1	1	2	2	2	2	4	4	13	11	0	0	0	0	7	7	3	3	0	0	0	0	32	30
Lakes	0	0	11	5	5	5	1	1	1	1	1	1	1	1	16	16	5	3	0	0	0	0	41	33
NBGZ	0	0	0	0	3	2	6	5	1	1	0	0	0	0	0	0	3	0	4	4	1	1	18	13
RAA	0	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	3	0
Unity	1	1	4	2	6	1	3	1	16	10	0	0	0	0	0	0	4	2	0	0	0	0	34	17
Upper Nile	5	0	5	1	1	0	6	0	1	0	0	0	0	0	1	1	3	0	0	0	0	0	22	2
Warrap	0	0	1	0	3	2	6	1	5	0	0	0	0	0	3	2	0	0	1	0	0	0	19	5
WBGZ	0	0	1	1	3	1	1	1	1	0	0	0	0	0	0	0	3	0	0	0	0	0	9	3
WES	0	0	9	9	6	6	2	2	0	0	0	0	0	0	0	0	9	9	3	3	0	0	29	29
Grand Total	8	2	37	21	37	21	36	16	42	26	1	1	2	1	27	26	33	17	8	7	1	1	232	139

Figure 3*: Timeliness and Completeness of Alerts: Verification rates by county of South Sudan for week 16, 2025*

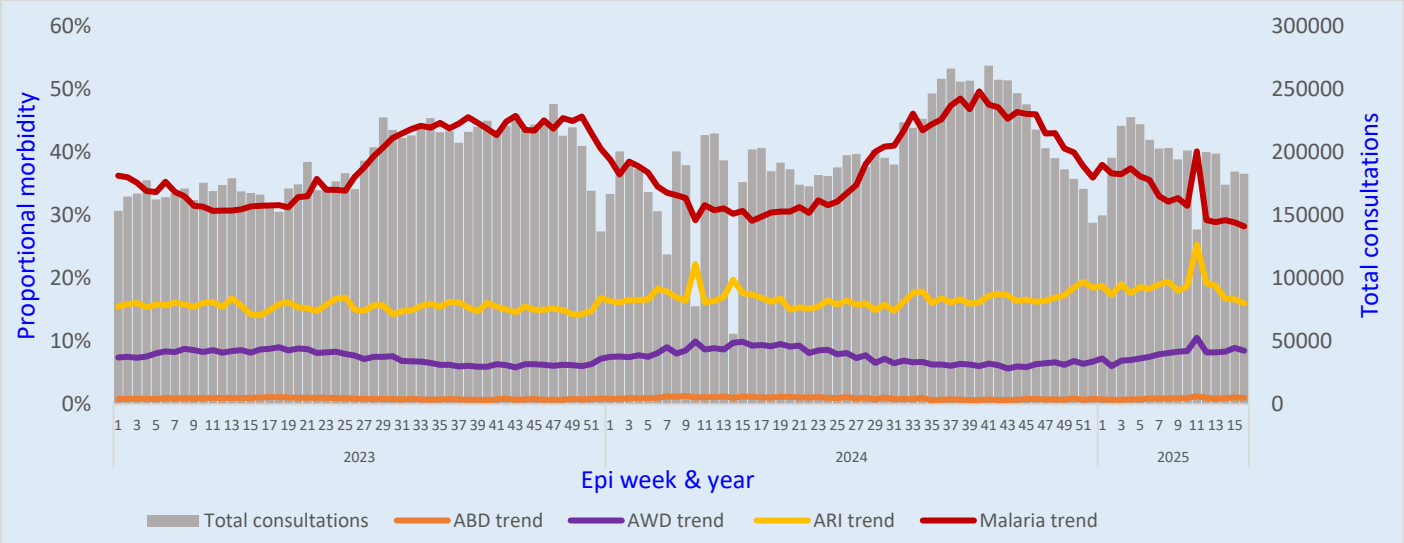


Weekly Update on Indicator-Based Surveillance (Week 15 of 2024)

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.

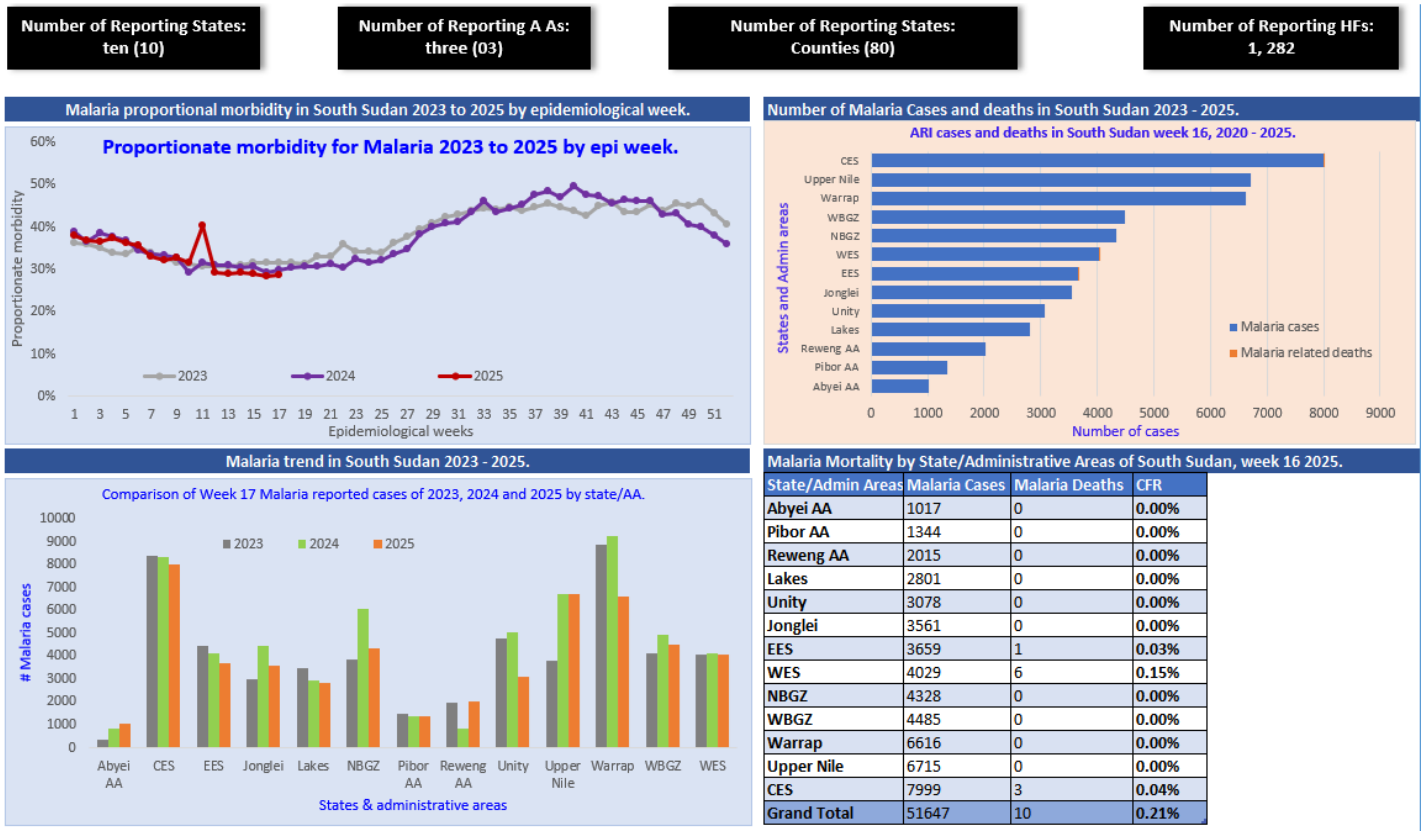
In week 15 of 2025, a total of **183 733** morbidities were reported from all over South Sudan from across 1282 health facilities. Malaria was the top cause of morbidity accounting for 29% of all cases, followed by Acute respiratory illnesses (17%) and acute watery diarrhea (9%). Analysis of proportional 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 as at week 16 of 2025.



- In week 16 of 2025, Malaria remained the leading cause of morbidity, recording **51,647** cases and 10 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 maintained 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, week 16 2025.

State/Admin Areas	Malaria Cases	Malaria Deaths	CFR
Abyei AA	1017	0	0.00%
Pibor AA	1344	0	0.00%
Reweng AA	2015	0	0.00%
Lakes	2801	0	0.00%
Unity	3078	0	0.00%
Jonglei	3561	0	0.00%
EES	3659	1	0.03%
WES	4029	6	0.15%
NBGZ	4328	0	0.00%
WBGZ	4485	0	0.00%
Warrap	6616	0	0.00%
Upper Nile	6715	0	0.00%
CES	7999	3	0.04%
Grand Total	51647	10	0.21%

- Similarly, Week 16 of 2025, recorded **15 518** cases of acute watery diarrhea with 6 suspected deaths (4 in GPAA, 1 in EES and 1 in NBG). 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. The reported number of suspected AWD deaths increased from 1 in week 15 to 6 in week 16. This dashboard therefore, provides us with an opportunity to conduct a detailed investigation in GPAA to determine the reasons for the high fatality. Secondly we shall keep this dashboard of AWD trends and comparative analyses for the country, to enable quick detection of states/administrative that may inadvertently miss the Cholera 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

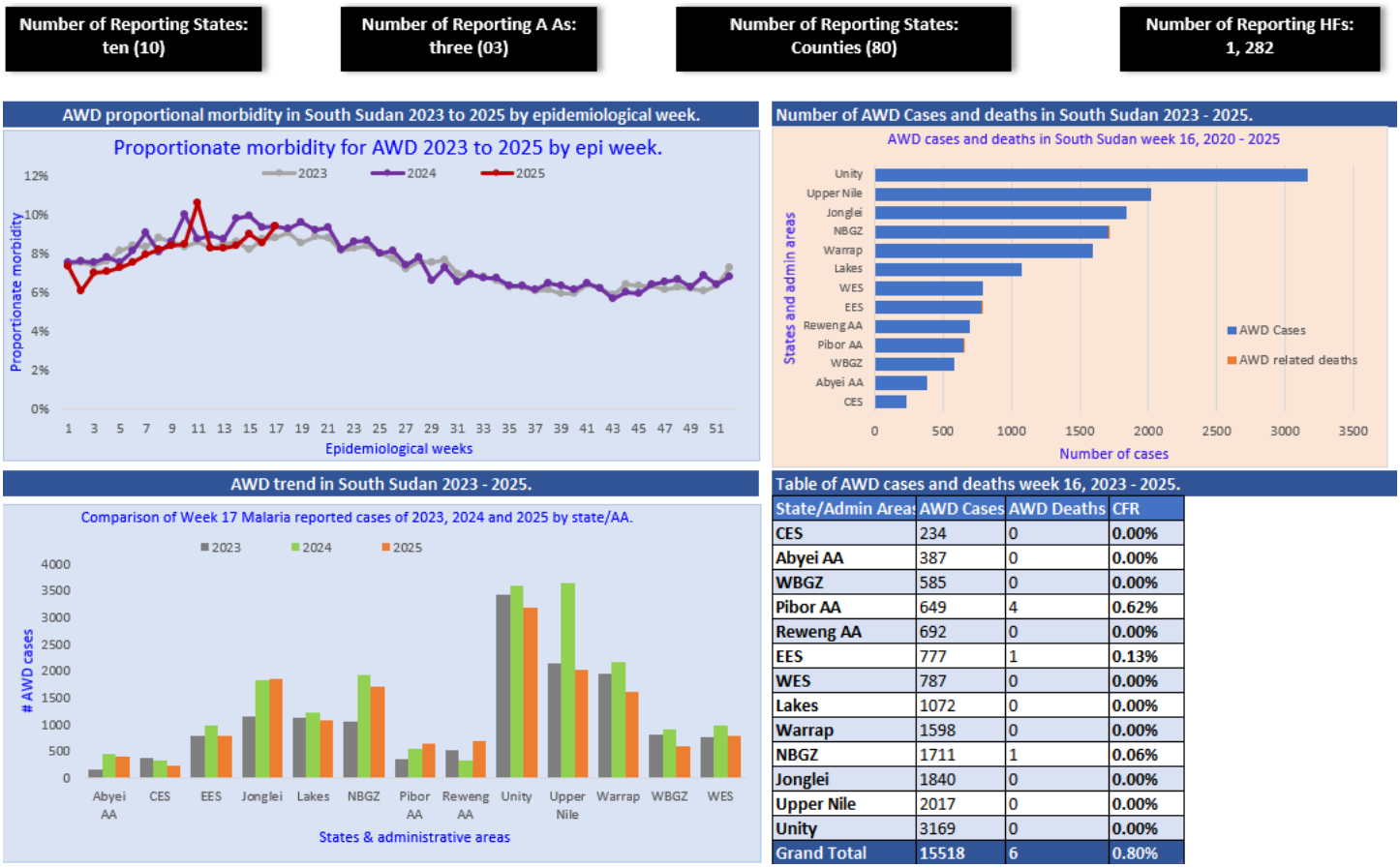


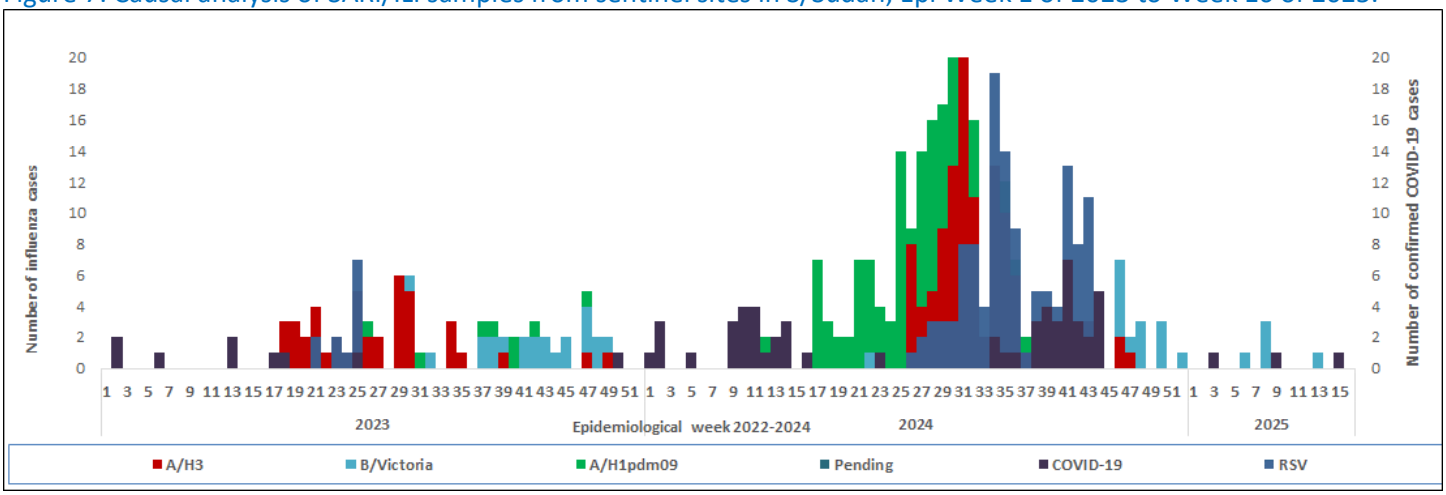
Table of AWD cases and deaths week 16, 2023 - 2025.

State/Admin Area	AWD Cases	AWD Deaths	CFR
CES	234	0	0.00%
Abyei AA	387	0	0.00%
WBGZ	585	0	0.00%
Pibor AA	649	4	0.62%
Reweng AA	692	0	0.00%
EES	777	1	0.13%
WES	787	0	0.00%
Lakes	1072	0	0.00%
Warrap	1598	0	0.00%
NBGZ	1711	1	0.06%
Jonglei	1840	0	0.00%
Upper Nile	2017	0	0.00%
Unity	3169	0	0.00%
Grand Total	15518	6	0.80%

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 1-16 in 2025, a cumulative total of 567 ILI/SARI samples have been collected; 559 tested negative for all pathogens, (2) were positive for COVID-19, (1) for Influenza Type A (H3), (5) for Influenza Type B (Victoria), (0) for Influenza A/(H1N1)pdm09 and (0) for RSV.

Figure 7: Causal analysis of SARI/ILI samples from sentinel sites in S/Sudan; Epi Week 1 of 2023 to Week 16 of 2025.



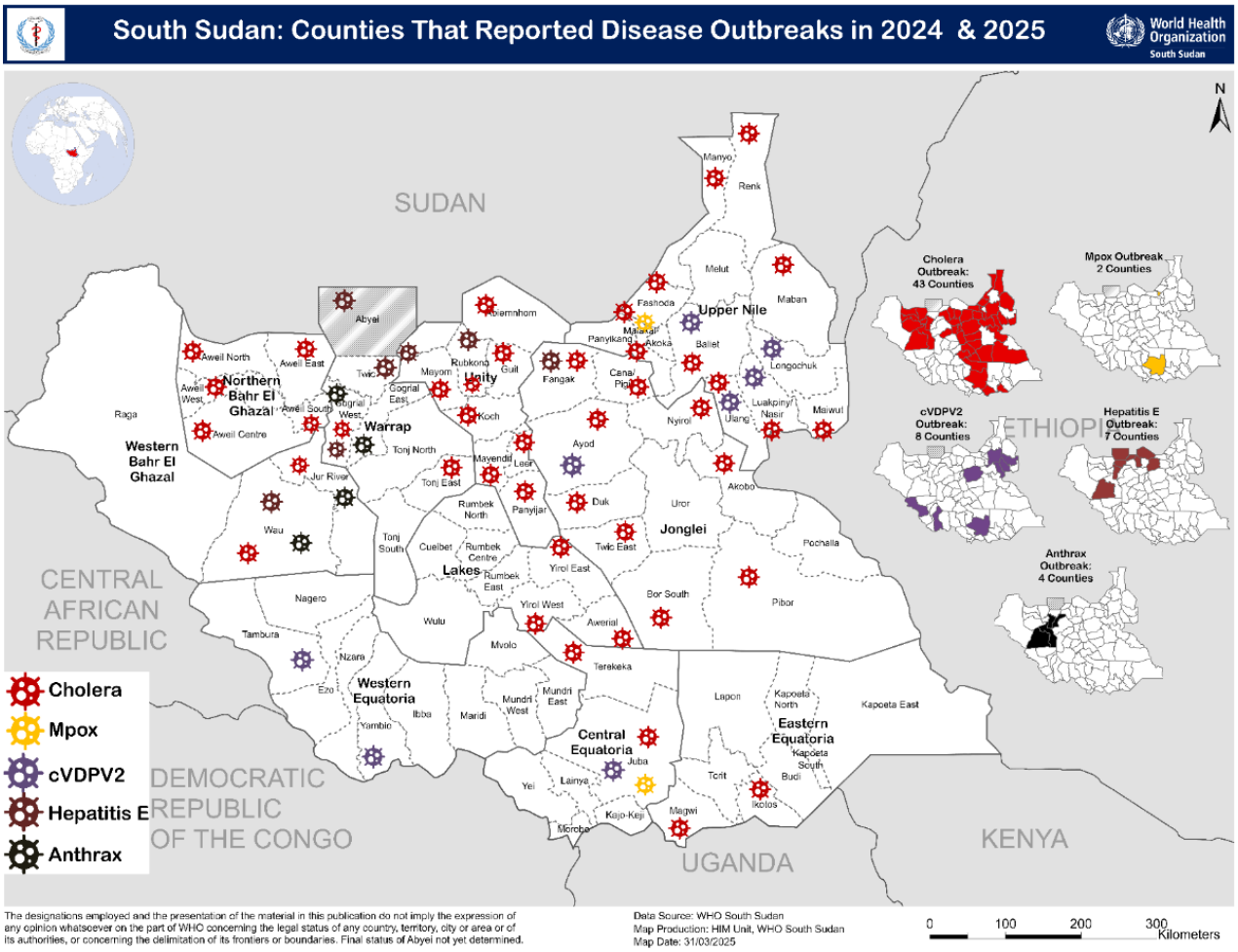
South Sudan Confirmed and ongoing epidemics in 2025

Table 4: *Summary of ongoing and confirmed epidemics*

Aetiologic agent	Location (county)	Date first reported	New cases since Epi-Week 16	Cumulative suspected	Response activities				
					Surveillance/Lab confirmed	Case management	Vaccination	Health promotion	IPC/WASH
Mpox	Juba Malakal	Feb 2025	2	85	14	ongoing	Ongoing	yes	yes
Cholera	In 46 counties across 11 states/AAs	Sept 2024	> 4000	59, 503	309	ongoing	Ongoing	yes	yes
Hepatitis E	Rubkona Fangak Wau Abyei Twic	Dec/2018	-	8,981	1,888	ongoing	Not done	ongoing	ongoing
cVDPV2	Yambio, Juba, Ulang, Nasir, Baliet, Ayod, Old Fangak	19/Dec 2023	-	26	26	Not applicable	Completed 4 nOPV2 SIAs	ongoing	ongoing
Anthrax	Gogrial West (WRP) and Jur River (NBG)	2022	1	281	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 Week 15 of 2025.

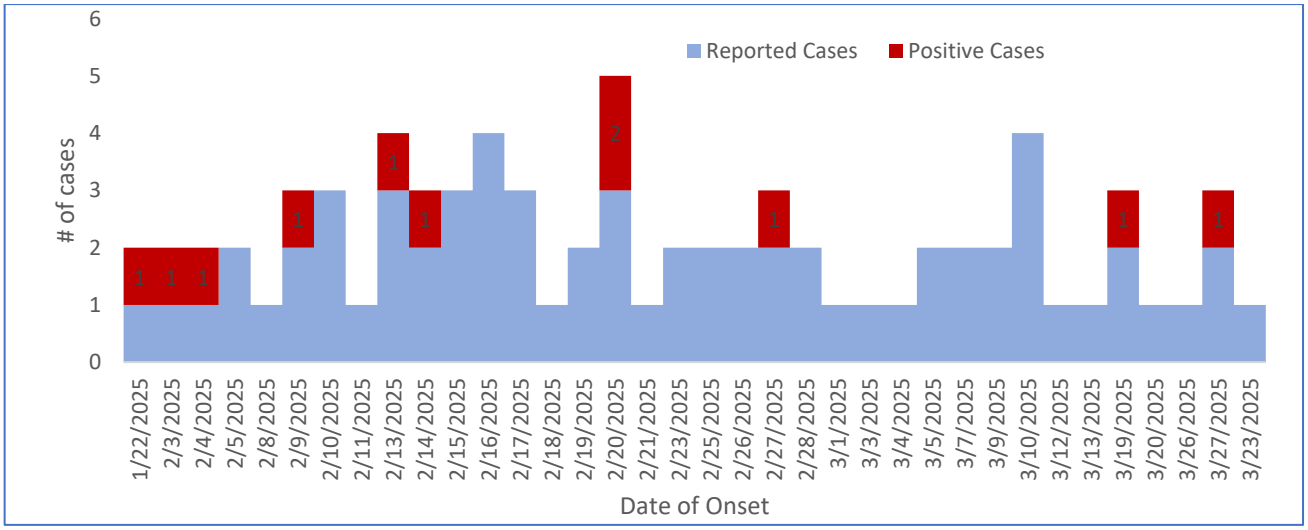
Figure 8: *Map showing confirmed and active outbreaks by county of South Sudan; as at 18th April 2025.*



Response activities for ongoing/suspected outbreaks

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

Figure 9: Epidemic Curve of Mpox cases Tested in South Sudan by state/Administrative Area, August 2024-April 2025



- The ministry of Health of the Republic of South Sudan announced the mpox outbreak on February 7, 2025, pursual to the laboratory validation of the index case on 6 February 2025.

- As of 16th May 2025, a cumulative total of 126 suspected Mpox cases have been detected across three states of South Sudan.
- Of the 126 suspected cases, 93 were investigated with a lesion swab collected. Out of the 93 Mpox lesion swabs collected from the suspected mpox cases, 89 were tested, with only fourteen (14) cases testing positive. The remaining 4 samples were still pending in the laboratory by the time of drafting this bulletin. The two new confirmed cases were from Rumbek prison where 12 samples were collected and sent to the National Public health laboratory on 5 May 2025. The 14 Mpox positive cases are 11 from Juba, 2 from Rumbek and one (1) from Malakal Counties.
- Genetic sequencing of the first eight confirmed samples conducted at the Uganda Virus Research Institute isolated Mpox Clade 1b. The remaining 6 positive samples are yet to be referred for genetic sequencing. Notably, EQA re-testing has been done showing non-significant values in the Ct outcomes in the PCR test results from UVRI compared to those generated at NPHL
- Phylogenetic analysis of the initial eight positive cases established genetic linkage to Mpox strains circulating in Uganda, supporting epidemiological findings from case investigations.
- Case Demographics and Virology: Confirmed cases are individuals aged 12- 46. There is equal distribution of Mpox cases by gender. The latest Mpox positive case was reported in Rumbek Prison on 30th April, 2025 with onset of symptoms given as 17th April 2025. Index case investigation in Rumbek is still ongoing.
- Since the declaration of the Mpox outbreak in South Sudan, the aggregated total of 129 contacts have been recorded. However, in Rumbek Prison, the State task force has established a daily temperature check of all nearly 500 inmates. All the listed contacts previously listed for cases in Juba and Malakal have concluded the required period of 21 days of daily follow up. The number of active contacts that are still undergoing daily tracing are prisoners in Rumbek Prison only.
- No new case has been identified in the contacts follow up this far. However, active surveillance for Mpox continues throughout the country.

2. South Sudan Cholera Outbreak Epidemic description as of 14th May 2025

- The outbreak now totals 59,503 cases and 1187 deaths (CFR: 2.0%), of which 603 are health facility deaths (HF CFR: 1.0%)
- Cases have been reported in 48 counties, across 9 states and 2 administrative areas (Ruweng and Greater Pibor).
- In the last 14 days of reporting (onset from 29 April 2025 to 13 May 2025), 3,903 cases and 104 deaths (55 in health facilities) were reported in 23 counties. Most of these cases came from Tonj North (707, 18.3%), Juba (639, 16.5%), Kapoeta South (604, 15.6%) and Gogrial East (494, 12.8%).
- Akoka County in Upper Nile is the newest county to report cholera cases (73 RDT positive and 3 confirmed samples by culture).
- Western Equatoria remain the only state with no reported cases of cholera

Table 5: Summary of Cholera cases by state and CFR as of 14th May 2025

State	Infected Counties	Total cumulative	RDT positive	Laboratory culture positive case(s)	Deaths	Overall CFR (%) By state
CES	2	7,388	1,493	41	108	1.46
EES	3	1334	80	7	85	6.37
GPAA	1	1,710	8	8	66	3.86
JNG	10	9,160	524	80	242	2.64
LAK	3	692	256	31	26	3.76
NBGZ	5	7999	137	12	36	0.45
RAA	1	159	67	0	3	1.89
UNI	7	20070	6826	51	369	1.84
UPPER	11	5203	607	46	84	1.61
WBGZ	2	1181	93	3	32	2.71
WRP	3	4607	178	30	136	2.95
Total	**48**	59,503	10,269	309	1187	**1.994857**

Figure 10: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, wk39, 2024 to Wk16, 2025

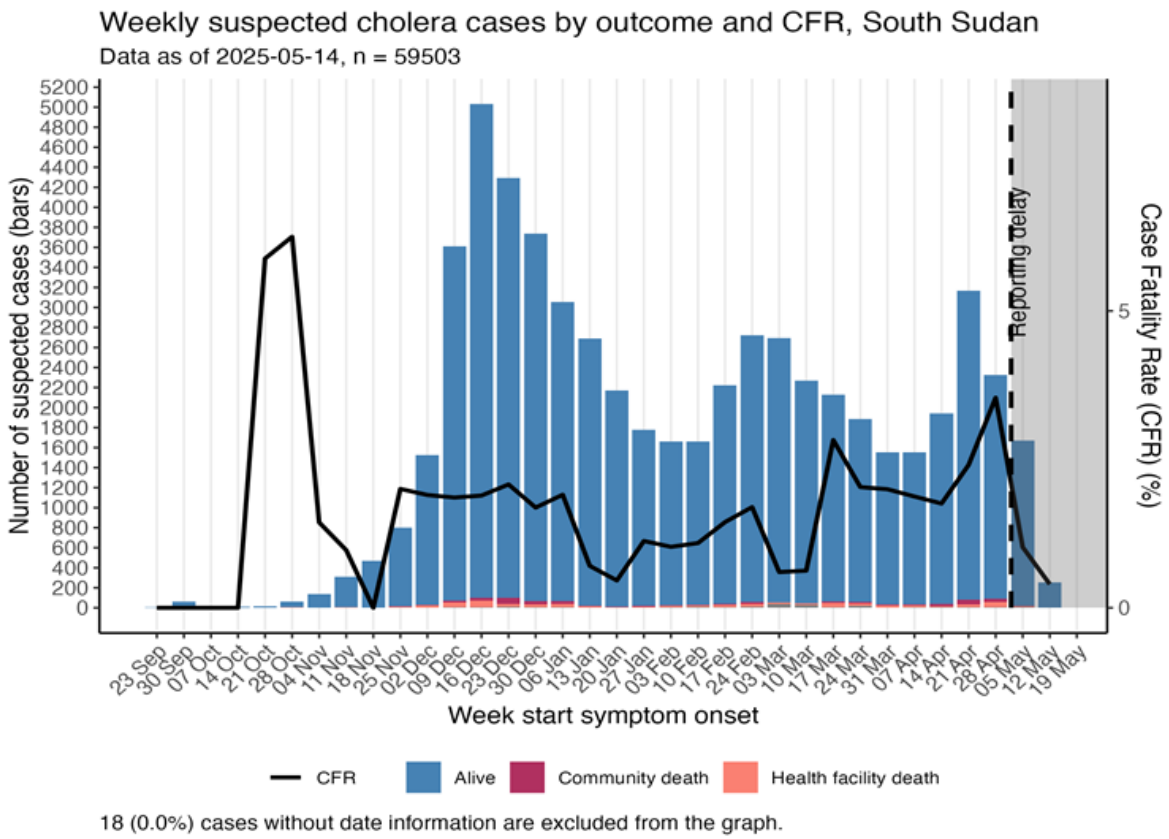


Figure 11: Map showing cholera cases and deaths distribution by Counties of South Sudan updated on as of week 16

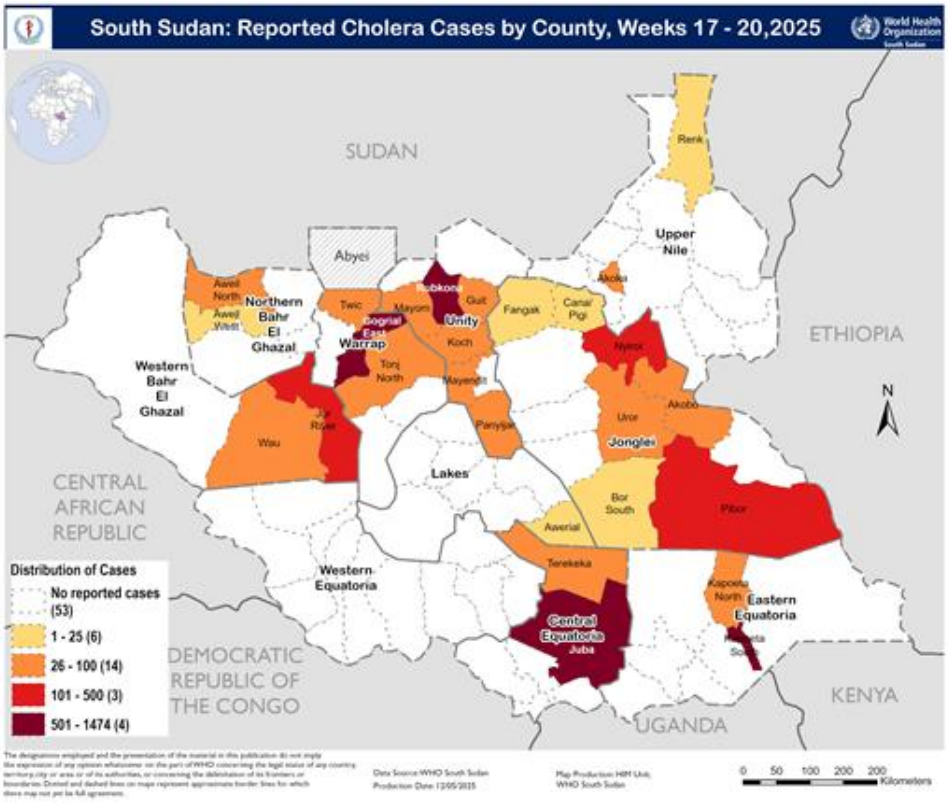
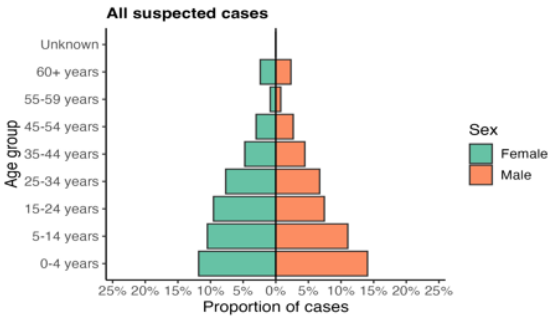
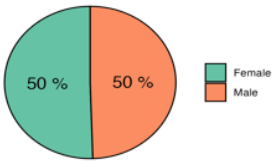


Figure 12: Graph showing age Pyramid of cholera cases and deaths distribution by age group, sex as of 14th May 2025





Resident status	n	percent
Refugee	2,674	4.5%
Returnee	540	0.9%
Host community/Resident	43,330	72.8%
IDP	6,269	10.5%
Other	431	0.7%
Unknown	6,259	10.5%
Total	59,503	100.0%

Oral Cholera Vaccination Updates

- The ICG has approved 7.4 million doses, and additional requests have been submitted for Gogrial East and Tonj North in Warrap State.
- Currently a total of 5.4 million doses of OCV have been administered out of a target of 5.9 million doses received, resulting in 91% overall coverage.
- 32 counties have completed vaccination, with 19 achieving over 80% coverage. Data entry is ongoing in many locations.

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.
- Continue testing in counties according to the surveillance guidelines (3 to 5 samples for RDT per week) for monitoring the outbreak

- 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.
- Plan and Post Campaign Coverage Surveys in all counties which implemented OCV campaigns
- Plan, update and validate a list of national cholera **Priority Areas for Multisectoral Intervention (PAMIs)** in preparation to apply for Gavi for preventive OCV doses in the future

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 110 AFP cases were detected in 59 counties. This brings the non-polio AFP rate to 1.43 per 100,000 children under 15 years and a stool adequacy rate remained 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 was 5.96 per 100,000 and the stool adequacy rate was 94%. Maintaining high AFP detection rates remains a challenge due to funding constraints and the evolving security situation in the country.

4. Anthrax

- In week 16 one human Anthrax death has been reported during week 19 (ending 10th May 2025) in Warrap and no report received from WBeG state. This reported death is a residence of Athor of Jur-River County who went to seek health service in Kuajok Town.
- In 2025 alone, a total of 120 human Anthrax cases have been reported from two states (WBeG – 86 and Warrap 34). Of the 120 human cases, two cases had died giving a case fatality rate (CFR) of 1.7%.

- Cumulatively, since 2024, a total of 281 human anthrax cases have been reported from two states: Of these, one sample tested positive for anthrax at UVRI in Uganda. Among the 281 human cases, 5 have died, resulting in overall case fatality rate (CFR) of 1.8%.
- 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 60 cases representing attack rate of 24.4 per 100,000 population, followed by Wau in Western Bar-El Gazal with an attack rate of 11.5 per 100,000 population, Gogrial West County in Warrap State with an attack rate of 5.3 per 100,000 population and Gogrial East in Warrap State has an attack rate of 1.8 per 100,000 population.

Figure 13: Epidemiological Curve for Anthrax cases in South Sudan week1 to week16 of 2025

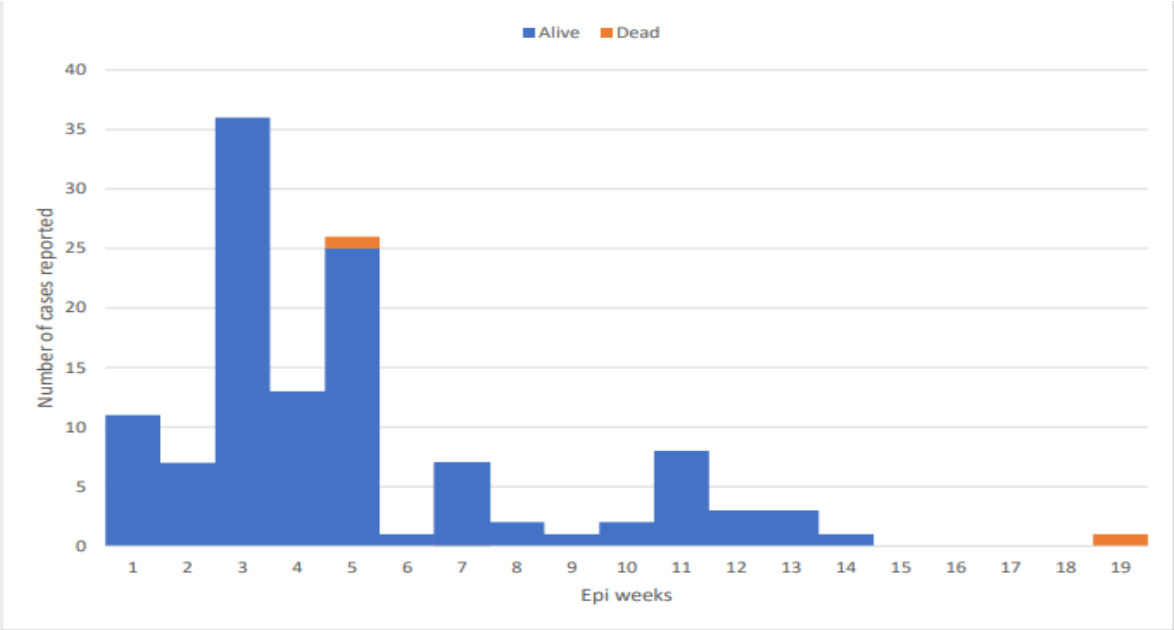


Figure 14: Geographical distribution of Suspected Anthrax Cases by affected counties of South Sudan; Week 1-16 of 2025

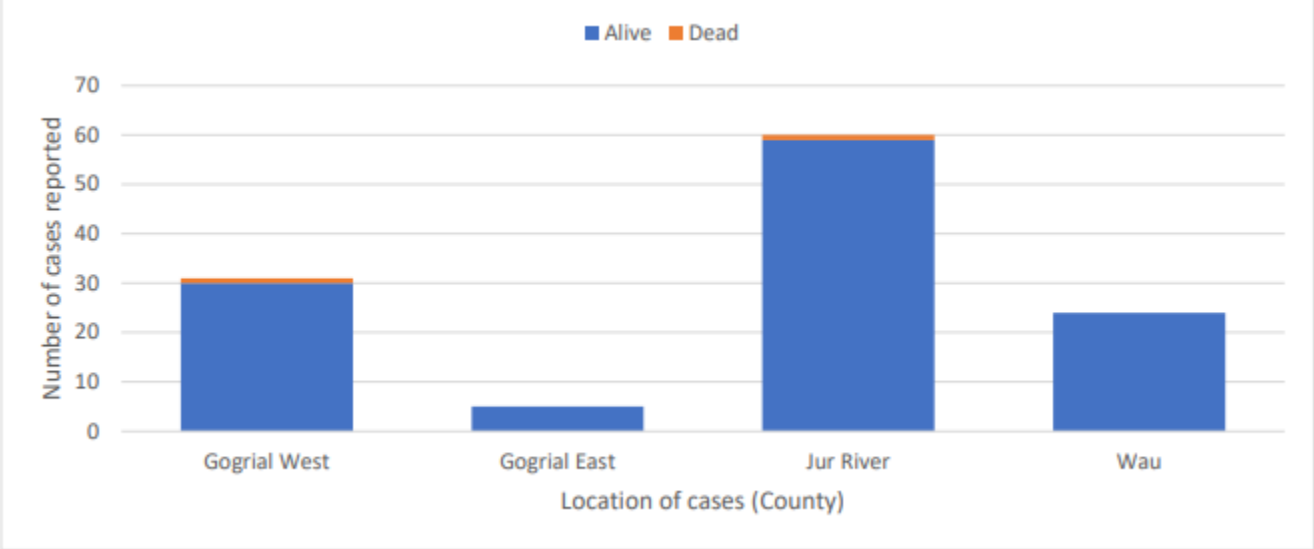


Figure 15: Age distribution of Suspected Anthrax Cases in Western Bahr El Ghazaal and Warrap States; Week 1-16 of 2025

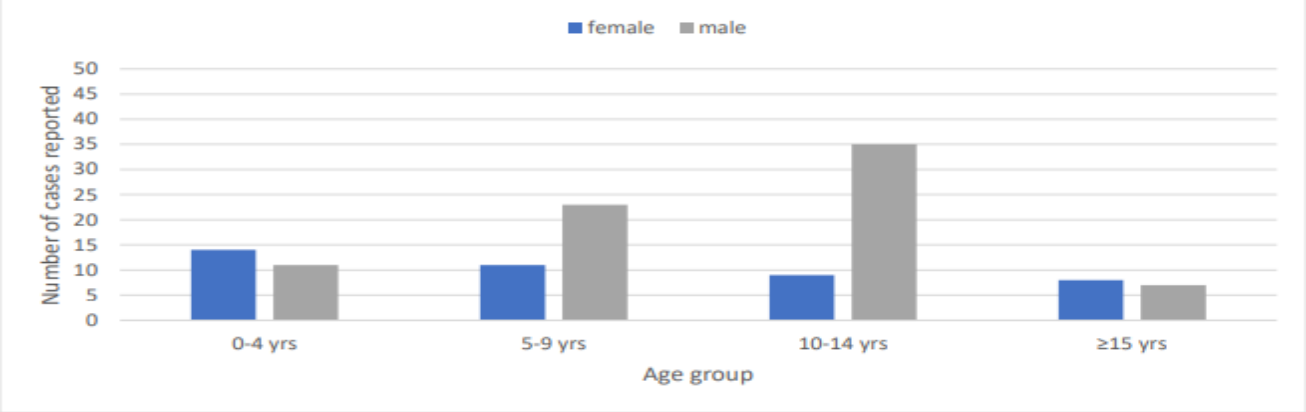


Table 6: Cumulative attack rate per 100,000 for the ongoing Anthrax outbreak in Warrap and Western Bahr EL-Ghazal States by county as of 14th May 2025

County	Frequency	Population	Attack Rate/100000
Jur River	60	245725	24.4
Gogrial West	31	582379	5.3
Gogrial East	5	273977	1.8
Wau	24	208486	11.5
Grand Total	**120**	**1036590**	**11.6**

Ongoing Intervention

- Multisectoral Sectoral Collaborations
  - Conduct management meetings with stakeholders to direct on outbreak mitigation with state and county officers
  - Sustained case search with Rapid Response Teams to attain updated outbreak information needed facilitate informed decision-making.
- Community Engagement and Risk Communication
  - Continuous Improvement of RCCE activities in Warrap and WBeG State to raise awareness about the disease and reporting of suspected cases.
  - To conduct essential mapping of health and hygiene promoters in the cattle Camps and disseminate anthrax prevention messages.
- Vaccination
  - No human vaccination campaign has been conducted in the affected areas.
  - Total of 1,741 animals have been vaccinated across three Boma (Majok-Yienhliet, Maluallukluk and Waar-Alel/Kuajok) in 2024.
- Partnership with FAO and Other Partners
  - WHO and FAO continue to collaborate at the highest level of leadership and technical levels in providing support to the government
  - Deployment of Rapid response teams for investigation and treatment of cases and provision of vaccination for animals.
- Logistics and Supplies
  - WHO provided logistical and operational support to One Health multisectoral team deployed to investigate the ongoing outbreaks in the two states

5. Measles Update

- Since the beginning of the year 2025 (Epidemiological week 01 to week 16), a cumulative total of 93 suspected measles

cases have been reported from 17 counties in 8 states, 34 samples were collected with 22 turned out to be laboratories confirmed cases giving a positivity rate of 65%. Three counties have confirmed at least three cases (Aweil Center, Gogrial West and Kapoeta South), while Magwi, Morobo and Yambio had confirmed at least 1 to 2 cases

- 85% of measles cases occur in children under 5 years of age, highlighting a critical failure in routine immunization and supplemental immunization activities.
- Additionally, 94% of these cases occur in children who have no record/history of measles vaccination, creating justifiable measles control reliance on the exclusion of the zero-dose populations.

Figure 16: Epidemic curve of measles cases in South Sudan; Week 01 to week 16 of 2025

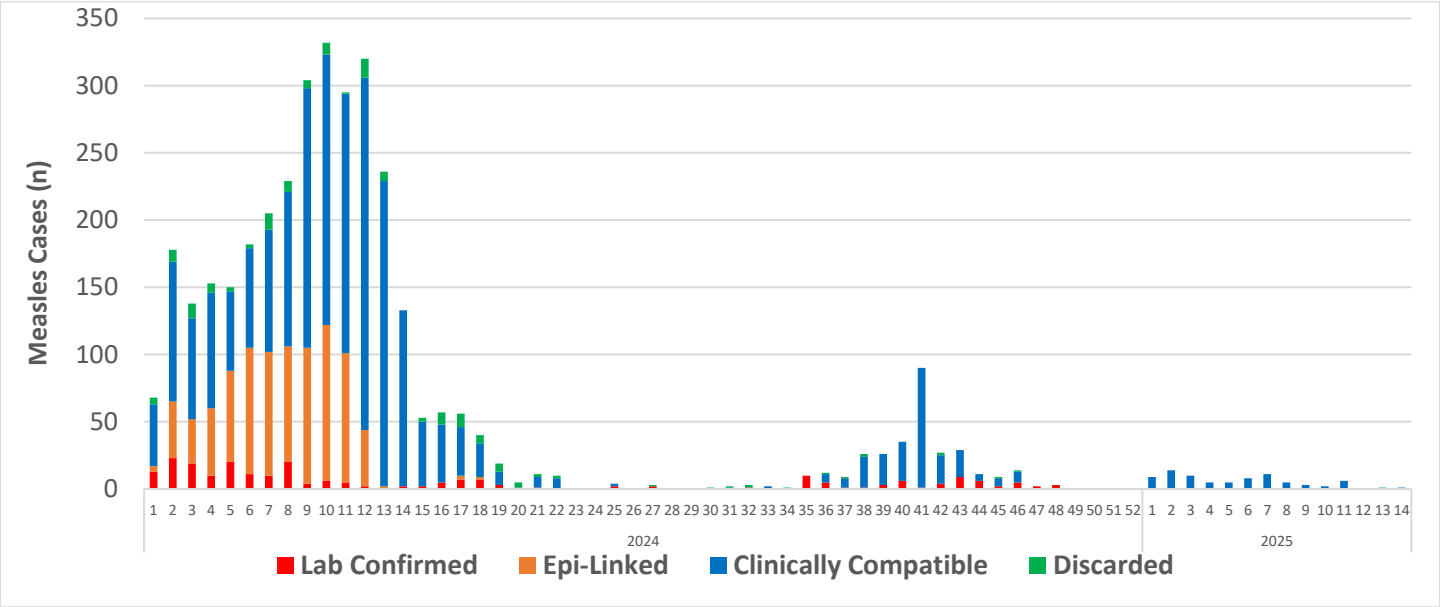
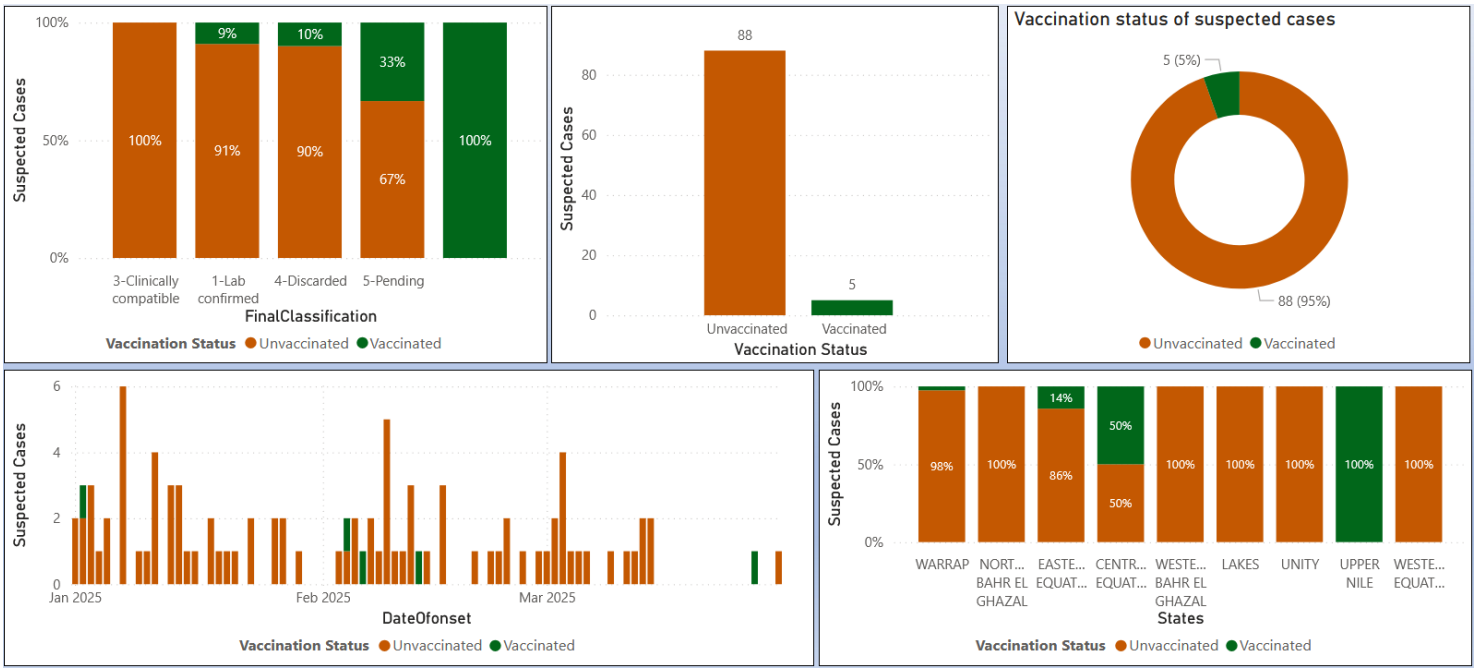


Figure 17: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-16 of 2025



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

- In week 16 of 2025, there were no reported cases of hepatitis E virus disease and zero (0) death.
- Cumulatively, a total of 6,407 cases have been documented with 36 deaths since the start of the outbreak in

January 2018

- Of the 6,407 hepatitis E virus cases recorded, 1,888 cases had tested positive by rapid diagnostic test (RDT) since the onset of the outbreak in 2028.
- 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.
- Mainly, cases were detected in people living outside the boundaries of Bentiu PoC, who then go the healthcare centres positioned inside the PoC for medical support.

Figure 18*: Epicure of HEV in Bentiu IDP camp, Unity State; Epi Week 52 of 2018 to Week 16 of 2025*

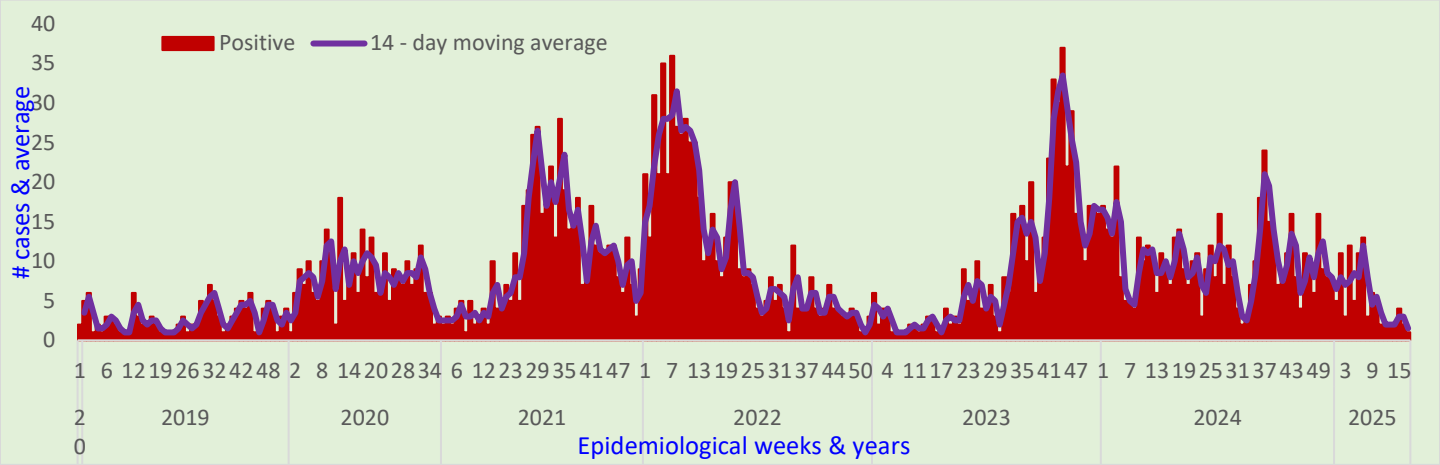
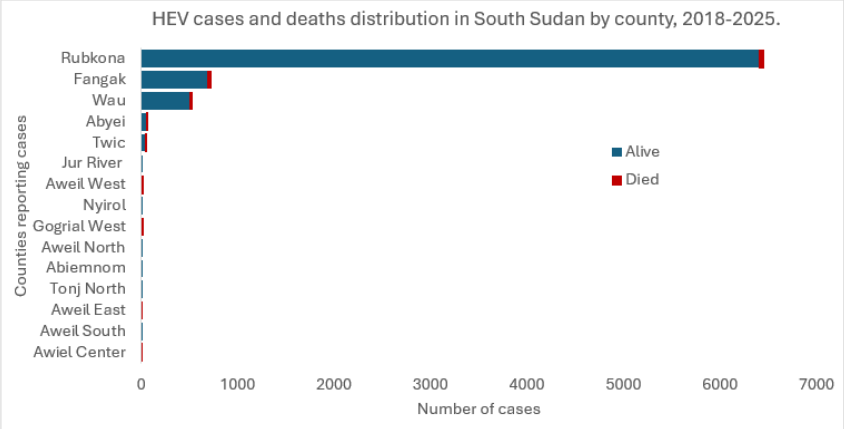
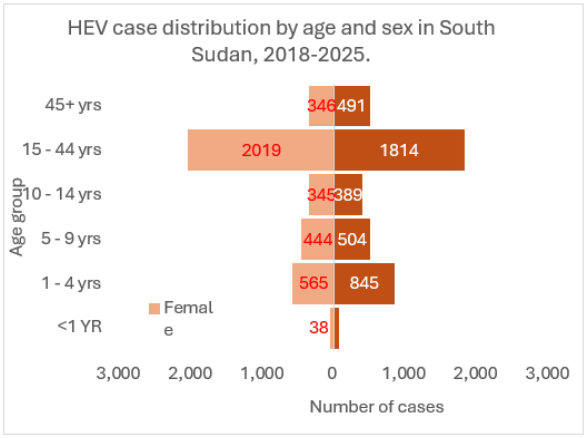


Figure 19*: Location and age distribution of Hepatitis E cases in Bentiu, Unity state of South Sudan*





Other Events

Sudan crisis: As of 14 May 2025, a cumulative total of 1, 149, 300 individuals (595,475 Females and 553,825 Males) from 18 different nationalities had crossed the border. South Sudanese returnees account for 68.4% (786,121) while Sudanese refugees contributed for 31.1% (357,433). Currently, 21 PoEs are being monitored, with Joda-Renk accounting for 89.0% of the reported influx figures. There are currently 66259 individuals (20683 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