



Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 18

28th April to 04th May 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 18 of 2025, the IDSR reporting timeliness was 57%, and completeness was 87%. In Week 18 of 2025, there was a decrease in the timeliness, while completeness remained the same as in the previous week 17 of IDSR/EWARS reporting. IDSR timeliness and completeness of reporting for week 18 remain in the range of what was reported in the last two previous years (2024 and 2023). 9 states and three administrative areas attained completeness of reporting above 80%. Lakes, Unity, Western Equatoria state, and Ruweng administrative area 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 81%, respectively. The Timeliness decreased while the completeness compared to attainments in the previous week 17. The decrease in IMC, HFD, CIDO, RI, and HFO-run sites was responsible for this decrease in Timeliness and Completeness.
- In week 18, 243 EWARS alerts were triggered, and 127 were verified. There was an increase in the number of alerts triggered and in their verification rates as compared to week 17. Most of the alerts were for Cholera (18%), AWD (16%), ABD (16%), Malaria (15%), ARI (13%), Guinea Worm (13%), and Measles (5%). Congratulations to the surveillance team in Lakes, NGBZ, and the Greater Pibor Administrative Area for verifying most of their EWARS alerts reported in their respective states.
- As of week 18, the total number of confirmed mpox cases has remained at fourteen (14) (Eleven in Juba, one in Malakal, and two in Rumbek Center). The mpox outbreak was declared in South Sudan following the confirmation of the index case in Juba on February 6, 2025, by the National Public Health Lab.
- As of May 21, the cholera outbreak had affected 65181 people and resulted in 1245 deaths, with an overall case fatality rate of 1.9%. Cases were reported in 51 counties across 9 states and 2 Administrative Areas, including Ruweng and Pibor.

Surveillance System Performance

The epidemic alert and response system in South Sudan currently relies mainly on immediate alert notifications and weekly aggregate reporting of cases through the Integrated Disease Surveillance and Response (IDSR) system. This system is complemented by a weekly Early Warning Alert and Response System (EWARS).

Completeness (proportion of all reports received regardless of time) and timeliness (proportion of reports received by the Wednesday following the end of the reporting period) of IDSR and EWARS are shown in Table 1 below. Timeliness and completeness for week 18 were at 57% and 87%, respectively, which represented a decrease in Timeliness and the same percentage in completeness compared to the previous week's attainments.

Table 1: Timeliness and completeness of IDSR reporting by State for week 18 compared to week 17 of 2025

State	Total facilities	Number of facilities reported (Completeness Wk18)	Comparison of the reporting period				Cumulative since year start (2025 level)	
			Timeliness		Completeness		Timeliness	Completeness
			week 18	Week 17	Week 18	Week 17		
Lakes	112	112	100%	100%	100%	100%	91%	100%
NBGZ	92	78	51%	70%	85%	84%	73%	85%
Unity	85	85	92%	99%	100%	100%	95%	100%
WBGZ	112	54	11%	13%	48%	46%	59%	84%
WES	191	191	59%	83%	100%	100%	76%	98%
Jonglei	120	98	57%	81%	82%	94%	82%	89%
Warrap	114	104	74%	54%	91%	78%	62%	83%
EES	112	77	27%	54%	69%	82%	59%	86%
RAA	16	16	31%	6%	100%	75%	43%	92%
CES	152	143	93%	95%	94%	95%	91%	93%
AAA	17	14	71%	82%	82%	88%	78%	92%
Upper Nile	143	127	13%	75%	89%	85%	69%	86%
GPAA	16	15	88%	94%	94%	94%	93%	98%
Total	1282	1114	57%	73%	87%	87%	76%	91%

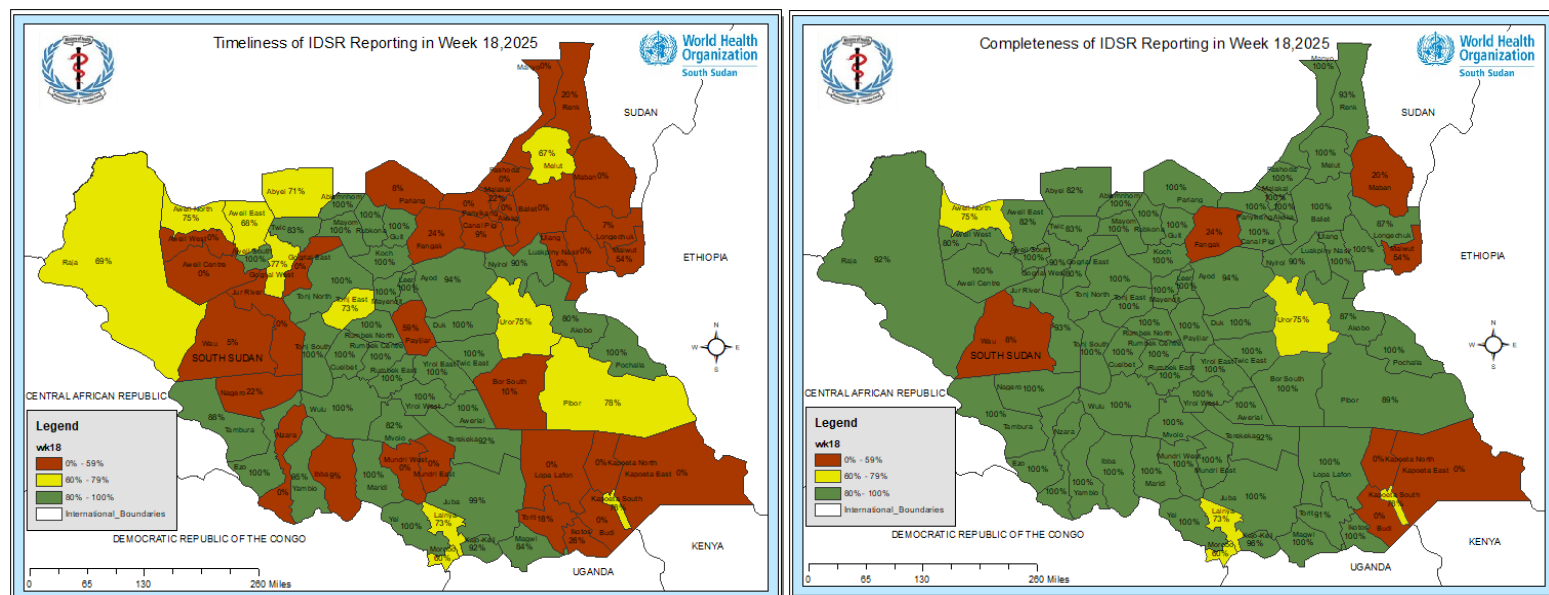
NOTE: The total number of facilities reporting in EWARS nationwide is under review and will end by February 2025. In turn, the weekly target reporting from health facilities may vary from week to week.

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 18 of 2025.

IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for week 18, 2025							
Partners	# of Reporting Mobile Sites	% of Timeliness in week 18	% of Completeness in week 18	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 18	% of Completeness in week 18
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	50%	75%	Muniki	12	100%	100%
WVI	2	100%	100%	Wau South	20	5%	5%
CIDO	1	0%	100%	Wau North	12	0%	0%
SP	4	100%	100%	Juba	10	100%	100%
HFD	1	0%	100%	Managala	1	100%	100%
RI	1	0%	100%	TOTAL	63	51%	51%
TOTAL	21	62%	81%				

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 18, 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.

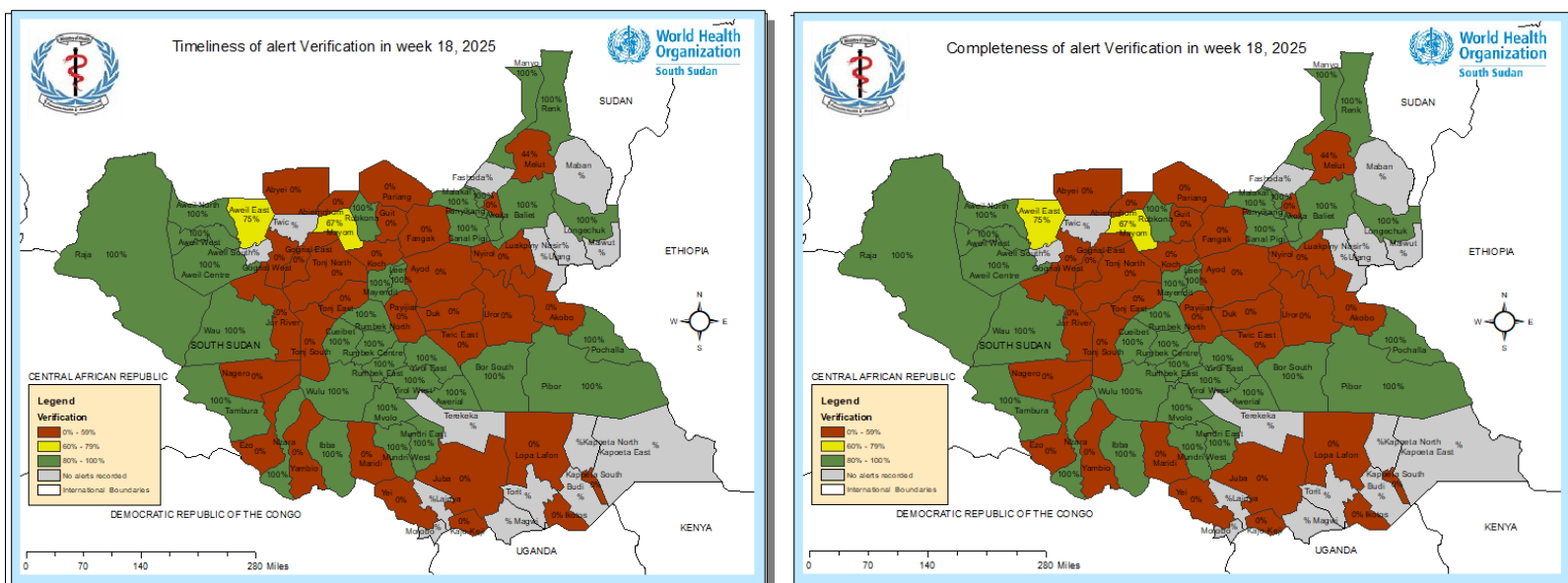
Epidemic alerts

In the epidemiological reporting week 18, a total of 243 alerts were triggered in the EWARS system, with 52% (127 of 243) verified, which was lower than the previous week 17. In Week 18, ten states and three administrative areas recorded at least one notifiable disease alert. Special thanks to Lakes, NGBZ, and the Greater Pibor Administrative Area for verifying most of their EWARS alerts. Most of the alerts were for Cholera(18%), AWD (16%), ABD (16%), Malaria (15%), ARI (13%), Guinea Worm (13%), and Measles (5%)

Table 3: Summary of EWARS alerts triggered in Epidemiological Week 18, 2025.

	AJS		ARI		AWD		AFP		ABD		Cholera		Covid-19		EBS		uinea Wor		Malaria		Measles		NNT		Total	
State/Admin	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V
AAA	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
CES	0	0	7	0	1	0	0	0	1	0	1	0	0	0	0	0	0	0	2	0	2	0	0	0	14	0
EES	0	0	0	0	1	0	0	0	3	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	7	0
GPAA	0	0	0	0	2	2	0	0	3	3	1	1	0	0	0	0	0	0	1	1	0	0	1	1	8	8
Jonglei	0	0	4	2	5	2	0	0	6	1	9	1	0	0	0	0	3	0	4	3	0	0	0	0	31	9
Lakes	0	0	5	5	1	1	0	0	0	0	1	1	0	0	0	0	21	21	3	3	2	2	0	0	33	33
NBGZ	0	0	0	0	2	2	0	0	6	5	1	1	0	0	0	0	0	0	0	0	1	1	0	0	10	9
RAA	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	2	0
Unity	1	1	1	0	3	1	0	0	5	2	18	8	0	0	0	0	0	0	5	4	1	0	0	0	34	16
Upper Nile	3	0	7	5	4	4	1	1	5	5	1	1	1	1	0	0	2	1	5	4	0	0	0	0	29	22
Warrap	1	0	2	0	2	1	0	0	6	1	10	0	0	0	0	0	4	0	0	0	3	0	0	0	28	2
WBGZ	0	0	1	1	5	3	0	0	0	0	1	1	0	0	0	0	1	0	2	0	0	0	0	0	10	5
WES	0	0	5	4	12	8	0	0	3	1	0	0	0	0	0	0	0	0	12	10	4	0	0	0	36	23
Grand Total	5	1	32	17	39	24	1	1	39	18	43	14	1	1	1	0	31	22	37	25	13	3	1	1	243	127

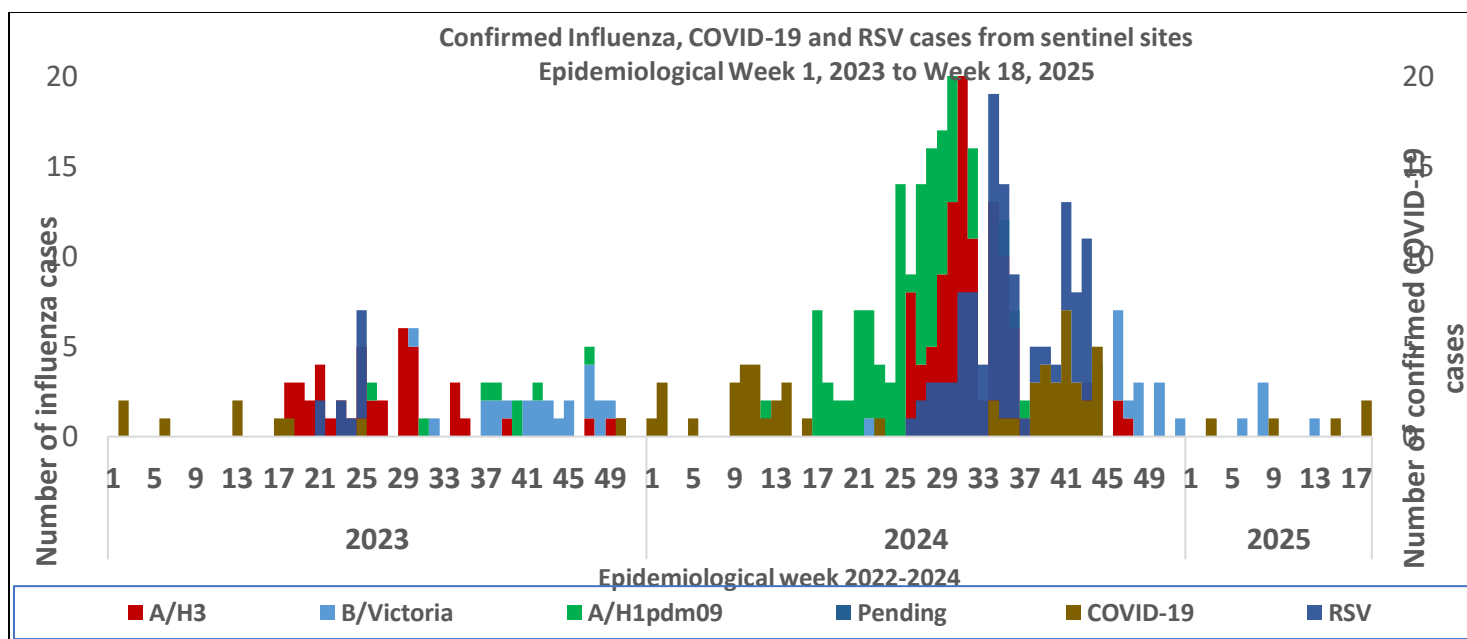
Figure 2: Timeliness and Completeness of Alerts: Verification rates by county of South Sudan for week 18, 2025



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 3: Confirmed Influenza, COVID-19, and RSV cases from sentinel sites, Epidemiological Week 1 of 2022 to Week 10 of 2025.



- During Epidemiological Weeks 1-18 in 2025, a total of 638 ILI/SARI samples have been collected; 628 tested negative for all pathogens, (4) 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.

South Sudan Confirmed and ongoing epidemics in 2025

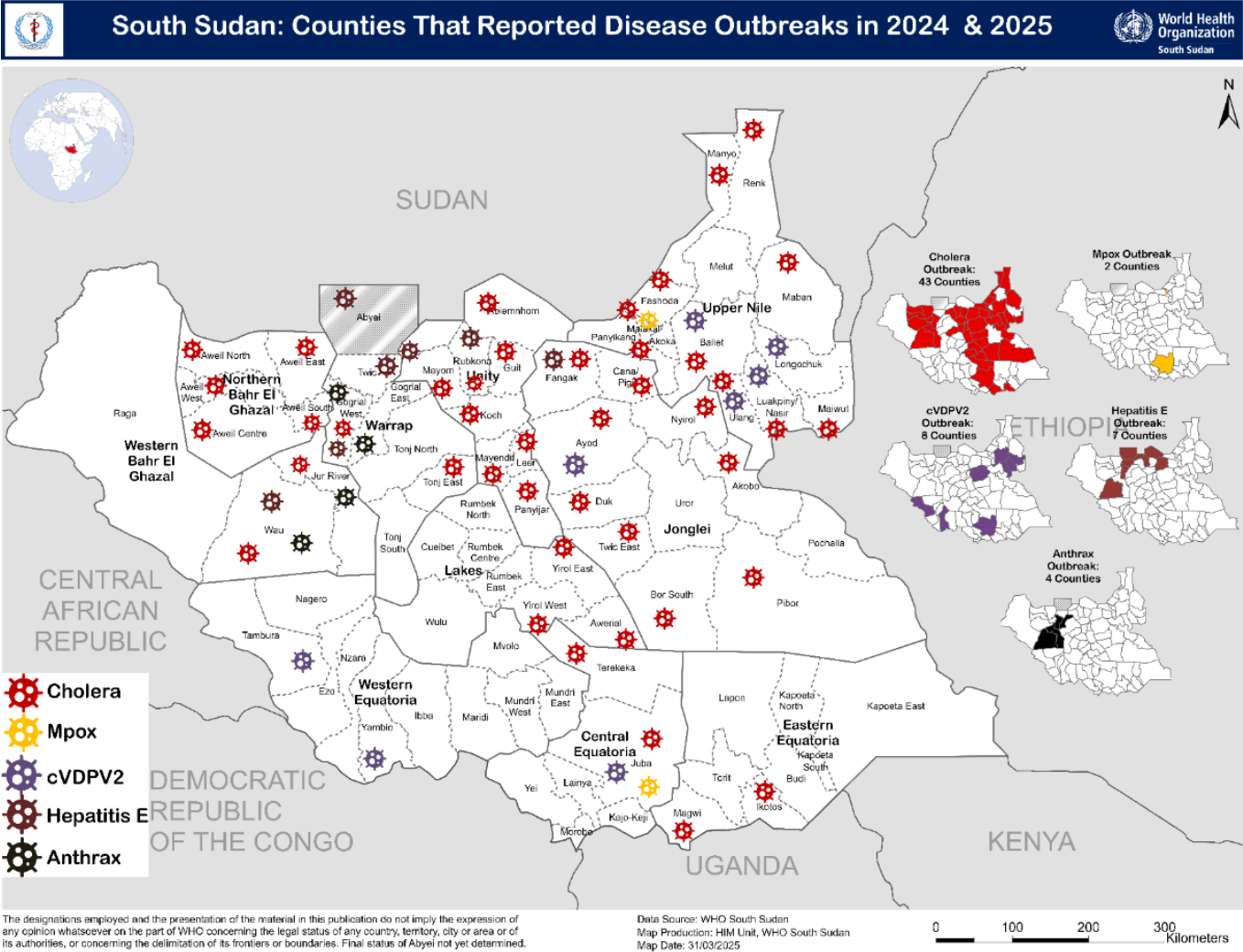
Table 4: Summary of ongoing and confirmed epidemics

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	-	252	14	Mpox	Juba Malakal	yes	yes
Cholera	In 46 counties across 11 states/AAs	Sept 2024	> 500	65,181	309	Cholera	In 46 counties across 11 states/AAs	yes	yes
Hepatitis E	Rubkona Fangak Wau Abyei Twic	Dec/2018	-	8,981	1,888	Hepatitis E	Rubkona Fangak Wau Abyei Twic	yes	yes
cVDPV2	Yambio, Juba, Ulang, Nasir, Baliyet, Ayod, Old Fangak	19/Dec 2023	-	26	26	cVDPV2	Yambio, Juba, Ulang, Nasir, Baliyet, Ayod, Old Fangak	yes	yes
Anthrax	Gogrial West (WRP) and	2022	-	281	4	Anthrax	Gogrial West	yes	yes

	Jur River (NBG)						(WRP) and Jur River (NBG)		
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Since 2022, South Sudan has experienced several emergencies throughout the country. Based on data from the states and the EWARS system, most counties have reported ongoing disease outbreaks. Currently active outbreaks in South Sudan include Anthrax, cholera, cVDPV2, hepatitis E and Mpox. Response interventions to mitigate further transmission and spread are ongoing. Below is a map of the confirmed emergencies as at 1st April 2025.

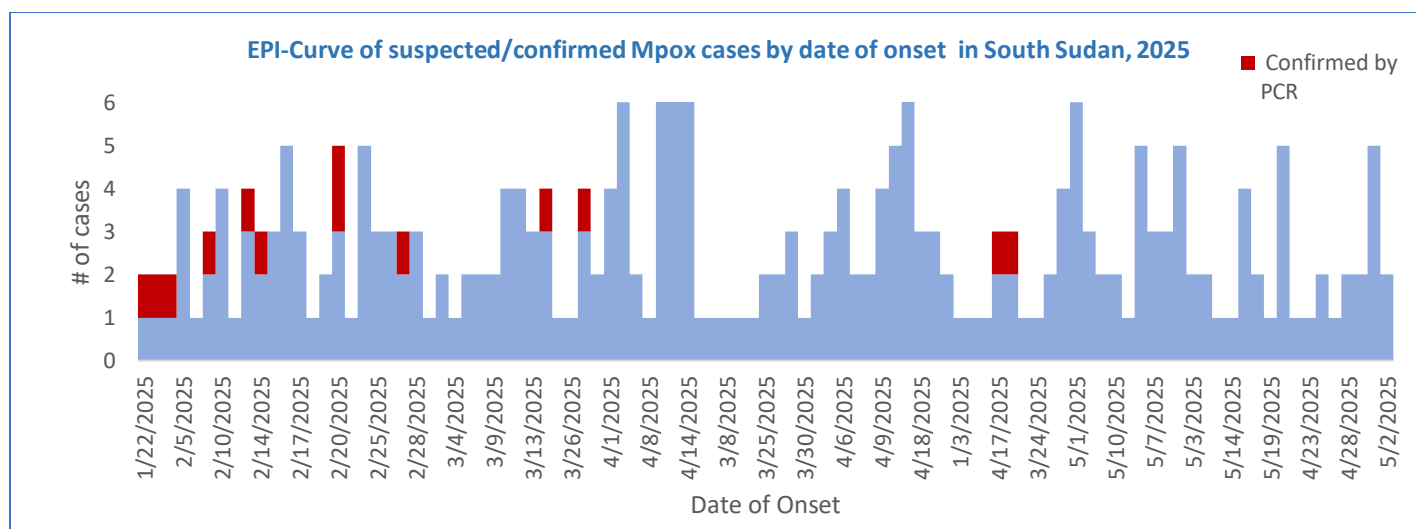
Figure 4: Map showing confirmed and active outbreaks by county of South Sudan; as at 26th February 2025.



Response activities for ongoing/suspected outbreaks

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

Figure 5: 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, pursuant to the laboratory validation of the index case on 6 February 2025.
- As of 16th May 2025, a cumulative total of 252 suspected Mpox cases have been detected across three states of South Sudan since the confirmation of the outbreak.
- Of the 252 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.
- 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 21st May 2025

- Cumulatively: 65,181 cases and 1,245 deaths (CFR: 1.9%) 648 health facility deaths (HF CFR: 1.0%) and 597 community deaths (CFR:0.9%) have been reported from Cases reported in 51 counties across 9 states and 2 administrative areas.
- In the last 14 days, 3,957 cases and 45 deaths reported in 31 counties.
- Major case contributions from Rubkona (689), Tonj North (663), Juba (525), and Nyirol (402).
- Budi, in Eastern Equatoria, is the newest county with reported cholera cases.
- Underreporting noted, especially in insecure areas of Upper Nile; efforts to update data ongoing.
- Significant backlog of cases from several locations including Nyirol (2,800), Akobo (190), Gogrial East (150), and Rubkona (700).
- Suspected cases in Agok, Abyei Administrative Area, with no lab confirmation yet.

- Western Equatoria is the only state without reported cases.

Table 5: Summary of Cholera cases by state and CFR as of 21 May 2025

State	Infected Counties	Total Cumulative	Laboratory Confirmed Case(s)	RDT Pos	Deaths	Overall CFR (%)
CES	2	7846	41	1496	108	1.38
EES	6	1644	7	115	92	5.6
GPAA	1	1712	8	8	66	3.86
JNG	10	12298	80	539	239	1.94
LAK	3	692	31	256	26	3.76
NBGZ	5	8089	12	140	39	0.48
RAA	1	159	0	67	3	1.89
UNI	7	20925	51	6921	373	1.78
UPPER	11	5456	46	631	118	2.16
WBGZ	2	1181	3	93	32	2.71
WRP	3	5179	30	178	149	2.88
Total	51	65181	309	10444	1245	1.9

Figure 6: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, wk39, 2024 to Wk19, 2025

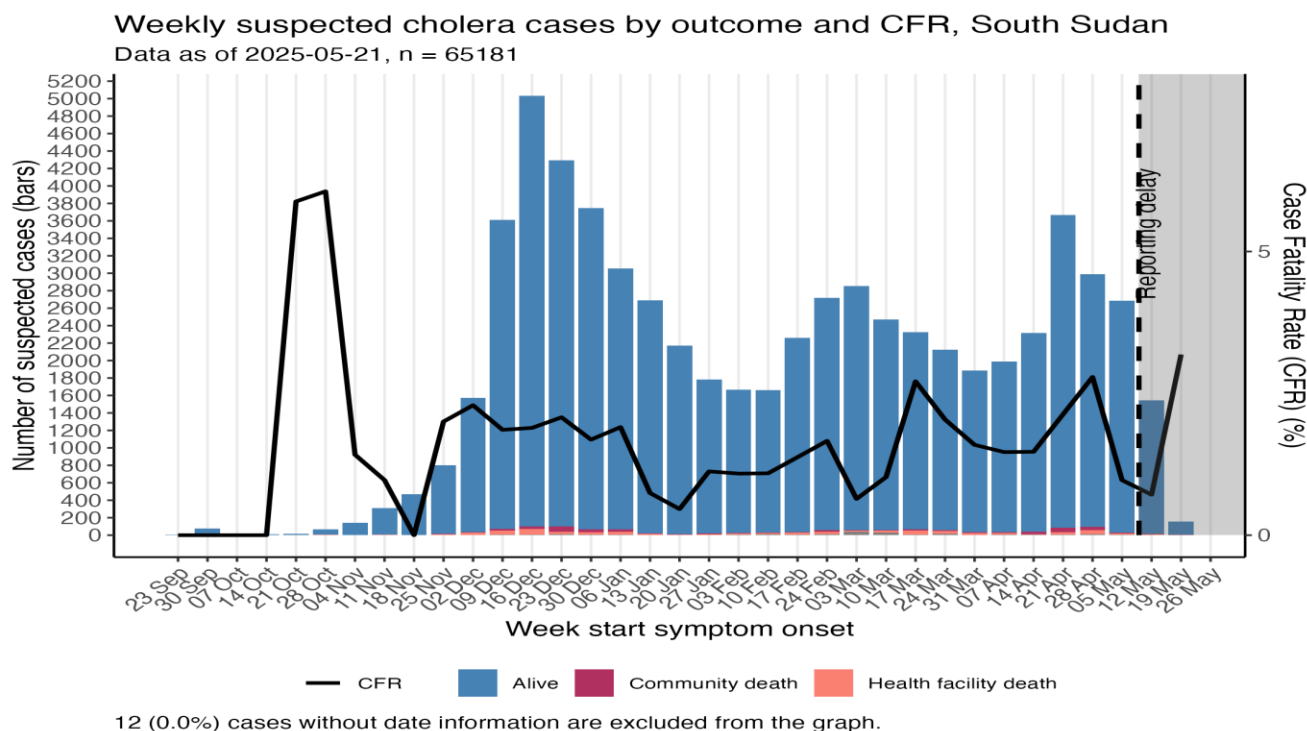


Figure 7: Map showing cholera cases and deaths distribution by Counties of South Sudan updated on as of week 19

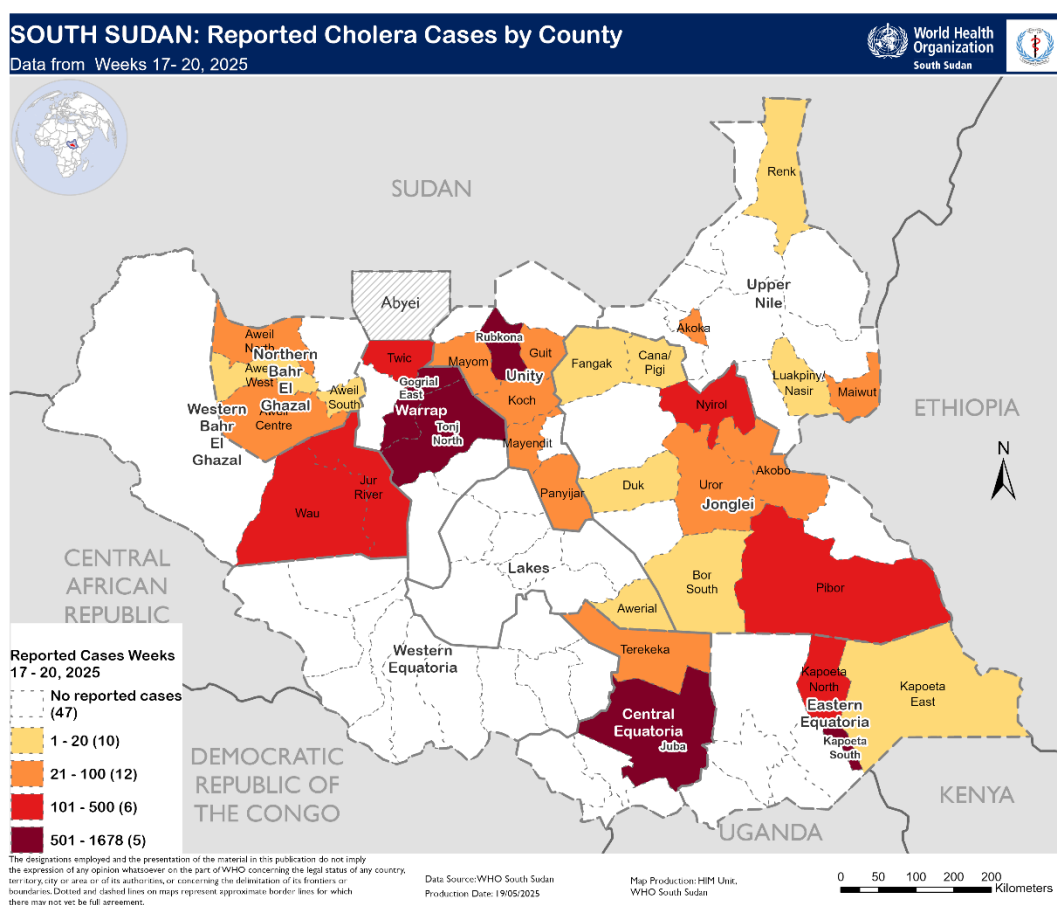
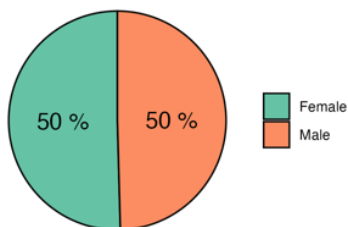
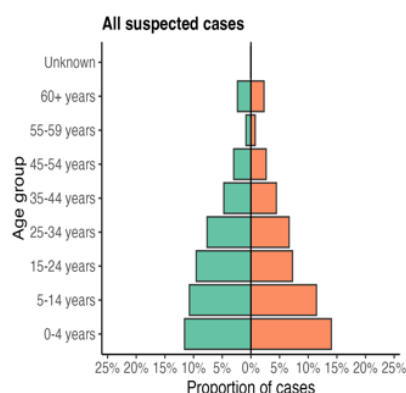


Figure 8: Graph showing age Pyramid of cholera cases and deaths distribution by age group, sex and resident status as of 21 May 2025



Resident status	n	percent
Refugee	2,679	4.1%
Returnee	624	1.0%
Host community/Resident	48,446	74.3%
IDP	7,174	11.0%
Other	434	0.7%
Unknown	5,824	8.9%
Total	65,181	100.0%

Oral Cholera Vaccination Updates

- **Thirteen (13) ICG requests submitted** and approved between November 2024 to May 2025 and **twelve (12) Gavi operational budgets** approved
- A total of **7,7101,225 OCV doses** approved by ICG for vaccination response in **9 states and 1 administrative area**
- Planning in progress for **Post Campaign Coverage Surveys** in all counties which implemented OCV campaigns
- A total of 278,339 additional doses to be shipped in-country to add up to the balance of 361,338 doses already in-country
- New request submitted to ICG for three Counties (Twic- Warrap, Budi – EES and Uror – Jonglei) pending approval

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

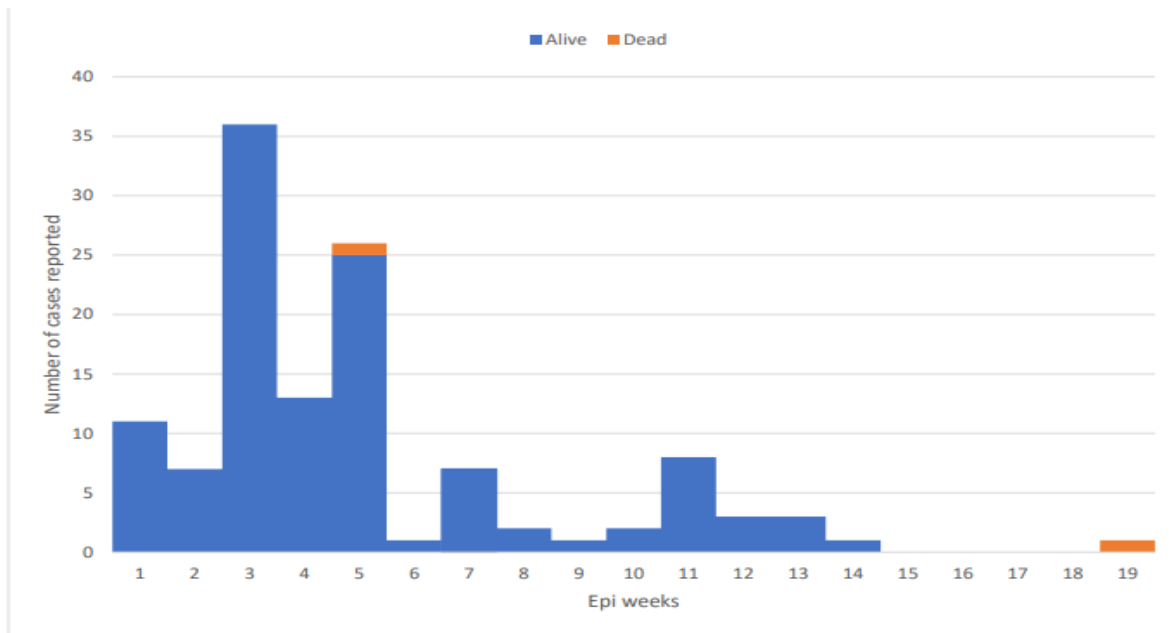


Figure 10: Geographical distribution of Suspected Anthrax Cases by affected counties of South Sudan; Week 1-16 of 2025

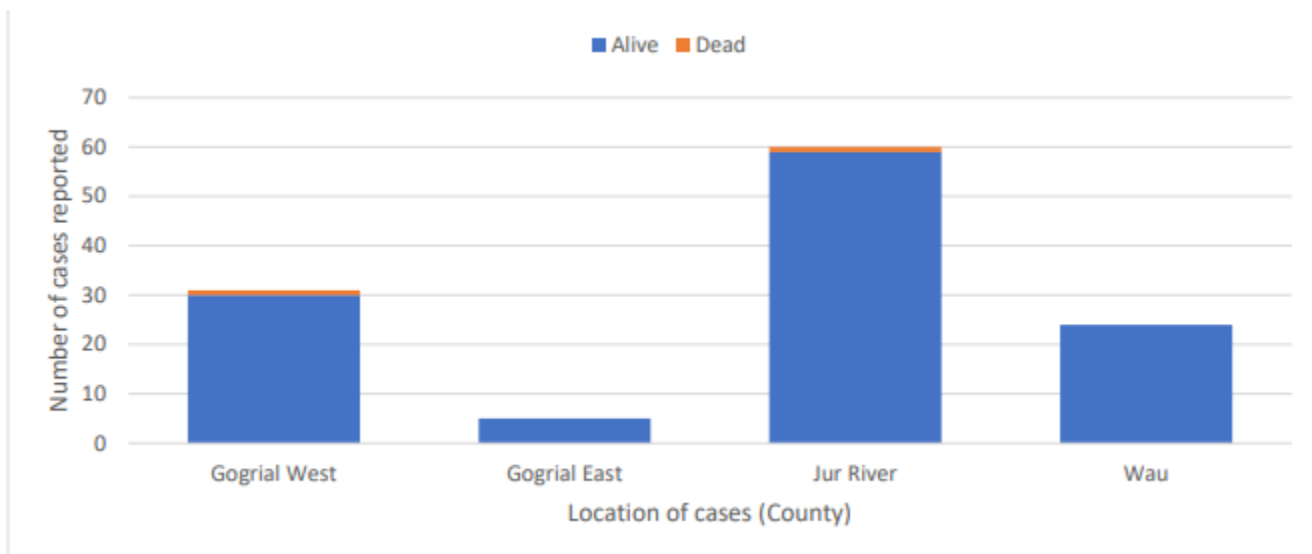


Figure 11: Age distribution of Suspected Anthrax Cases in Western Bahr El Ghazaal and Warrap States; Week 1-16 of 2025

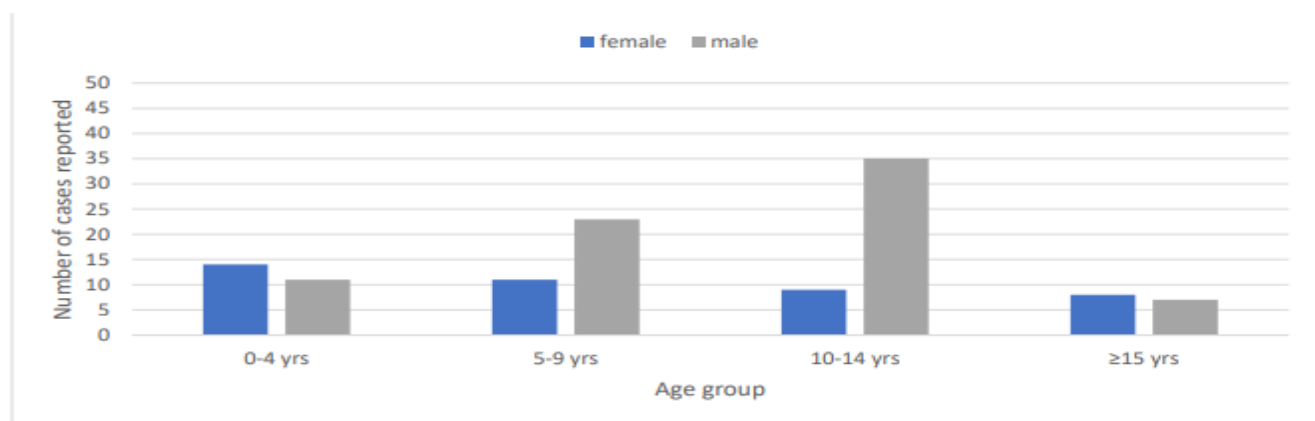


Table 6: Cumulative attack rate per 100,000 for the ongoing Anthrax outbreak in Warrap and Western Bahr EL-Ghazal States by county as of 14th May 2025

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 19), a cumulative total of 113 suspected measles cases have been reported from 17 counties in 8 states, 53 samples were collected with 26 turned out to be laboratory confirmed cases giving a positivity rate of 49%. 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 12: Epidemic curve of measles cases in South Sudan; Week 01 to week 16 of 2025

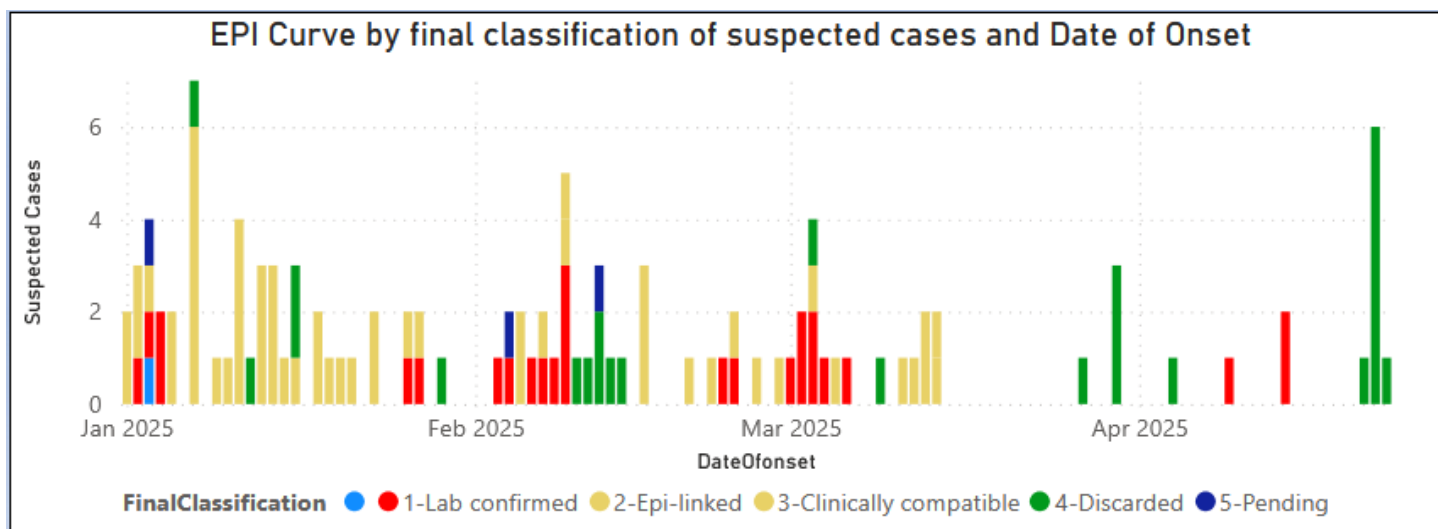
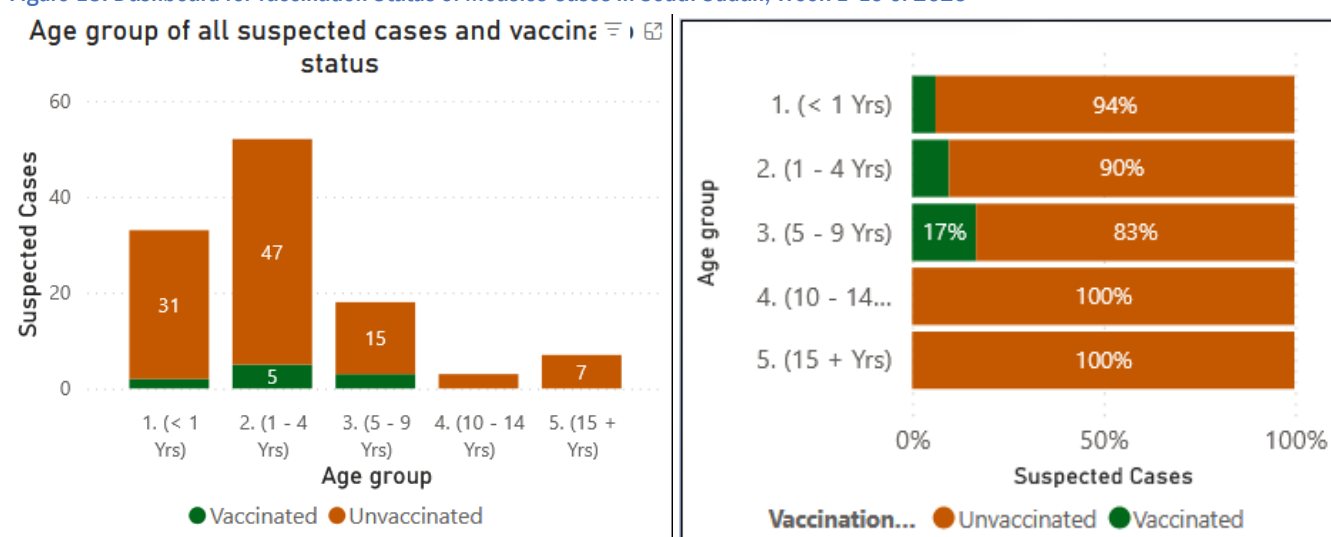


Figure 13: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-19 of 2025



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 2018.
- 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 14: Epicure of HEV in Bentiu IDP camp, Unity State; Epi Week 52 of 2018 to Week 16 of 2025

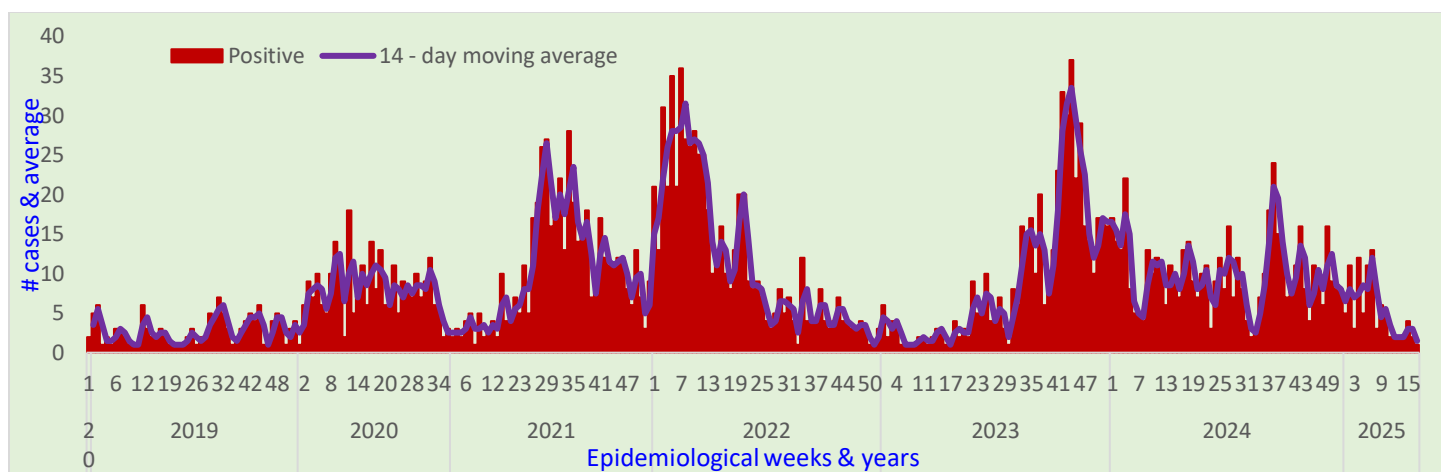
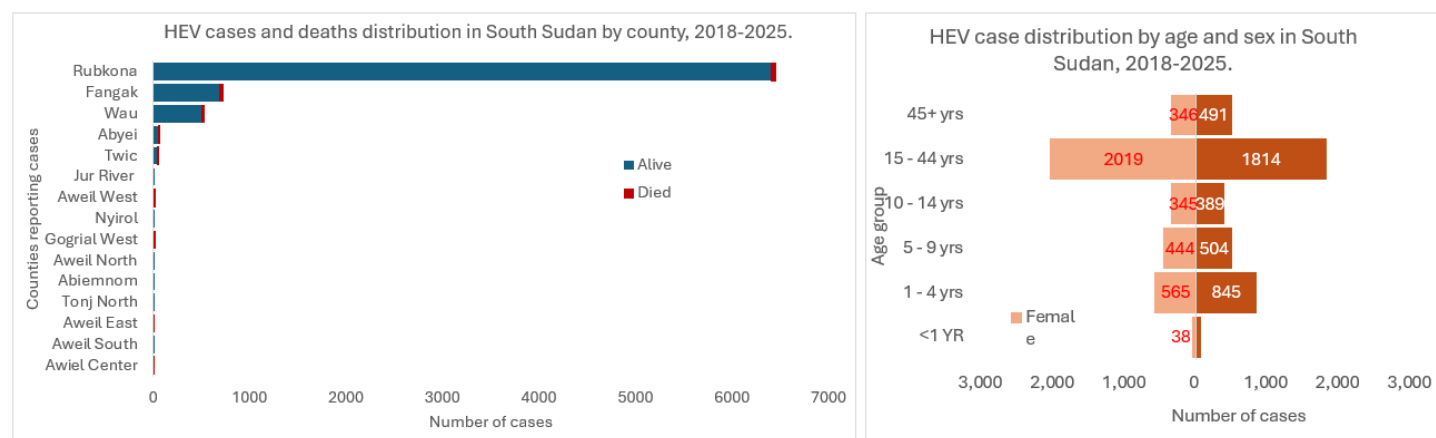


Figure 15: Location and age distribution of Hepatitis E cases in Bentiu, Unity state of South Sudan



Other Events

Sudan crisis: As of 25 May 2025, a cumulative total of 286,350 households containing **1,153,337 individuals (609,510 Females and 558,178 Males) from 18 different nationalities had crossed the border**. Of this number, **68.4% (792,436)** are South Sudanese returnees, and 31.1% (361,277) 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. OCV mop-up campaign targeting new arrivals, was conducted in Renk in response to the ongoing influx achieving a total coverage of 60% (75 986). Ongoing vaccination at targeted points of entry

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Notes

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More information can be found at: <http://ewars-project.org>

Data source: DHIS-2 and EWARS