



Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 21

19th to 25th 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 21 of 2025, IDSR reporting timeliness was 71% (a decrease from week 20), while completeness remained at 89%. Both timeliness and completeness for week 20 were consistent with the previous two years. Seven states and three administrative areas reported over 80% completeness, with Unity, Western Equatoria, Greater Pibor, and Reweng achieving 100%. However, only 6 out of 13 states/administrative areas had timeliness above 80%.
- At the EWARN mobile sites, the Timeliness and Completeness of IDSR performance are at 81% respectively. Timeliness remained as in week 20, while completeness reduced compared to attainments in the previous week 20. The decrease in IMC and HFO-run sites was responsible for the decrease in Timeliness and Completeness.
- In week 21, there were 262 EWARS alerts triggered, with 82 verified, showing an increase in alerts but a decrease in verification rates compared to week 20. The main alerts were for Cholera (22%), Malaria (16%), AWD (15%), Guinea Worm (14%), ARI (13%), and ABD (12%). Notably, the surveillance teams in Western Equatoria State and the Greater Pibor Administrative Area successfully verified most of their reported alerts.
- In week 21 of 2025, South Sudan reported 188,052 consultations for morbidities from 1,282 health facilities. Malaria was the leading cause, making up 32% of cases, followed by acute respiratory illnesses at 14% and acute watery diarrhea at 9%.
- In week 21, Médecins Sans Frontières (MSF-B) reported eight cases of Hepatitis E Virus (HEV) from Rapid Diagnostic Tests in Gosfami Boma, Renk. A total of 18 cases have been identified since May 13, 2025, with the first eight testing positive for both RDT and PCR tests.
- One new confirmed case of Mpox has been reported in Juba, bringing the total number of cases to fifteen (15) with no deaths recorded. The cases: twelve cases in Juba, one in Malakal, and two in Rumbek Center counties. This week, suspected cases have been reported from Juba, Renk, and Rumbek counties.
- As of week 22, The cholera outbreak has reached a total of 69,268 cases and 1,335 deaths, resulting in a Case Fatality Rate (CFR) of 1.9%. Cases are reported in 52 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 21 were at 71% and 89%**, respectively, which represented an increase in both Timeliness as compared to the previous week's attainments.

Table 1: Timeliness and completeness of IDSR reporting by State for week 21 compared to week 20 of 2025

State	Total facilities	Number of facilities reported (Completeness Wk21)	Comparison of the reporting period				Cumulative since year start (2025 level)	
			Timeliness		Completeness		Timeliness	Completeness
			week 21	Week 20	Week 21	Week 20		
Lakes	112	110	98%	100%	98%	100%	92%	100%
NBGZ	92	73	79%	71%	79%	85%	74%	85%
Unity	85	85	96%	99%	100%	99%	95%	100%
WBGZ	112	101	20%	61%	90%	91%	58%	85%
WES	191	191	70%	87%	100%	100%	76%	98%
Jonglei	120	109	85%	91%	91%	91%	82%	89%
Warrap	114	98	54%	60%	86%	82%	62%	84%
EES	112	76	51%	52%	68%	76%	58%	85%
RAA	16	16	100%	100%	100%	100%	48%	94%
CES	152	144	94%	93%	95%	93%	91%	93%
AAA	17	16	53%	76%	94%	76%	76%	91%
Upper Nile	143	100	60%	61%	70%	75%	68%	85%
GPAA	16	16	100%	100%	100%	100%	94%	98%
Total	1282	1135	71%	78%	89%	89%	75%	91%

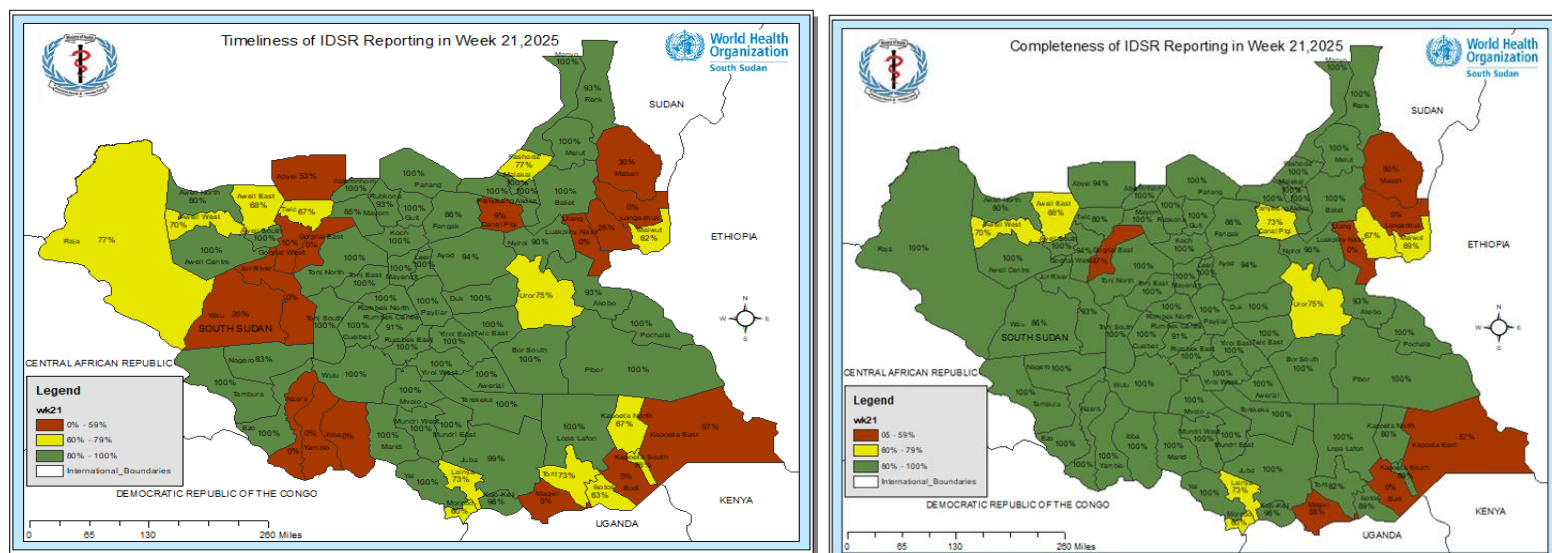
NOTE: The total number of facilities reporting in EWARS nationwide is under review and will end by February 2025. In turn, the weekly target reporting from health facilities may vary from week to week.

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 21 of 2025.

IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for week 21, 2025							
Partners	# of Reporting Mobile Sites	% of Timeliness in week 21	% of Completeness in week 21	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 21	% of Completeness in week 21
IMC	4	25%	25%	Kator	3	100%	100%
SSHCO	1	100%	100%	Marial Baai	1	100%	100%
SMC	1	100%	100%	Northern Bari	1	100%	100%
SCI	2	100%	100%	Rajaf	3	100%	100%
HFO	4	75%	75%	Muniki	12	100%	100%
WVI	2	100%	100%	Wau South	20	5%	75%
CIDO	1	100%	100%	Wau North	12	0%	92%
SP	4	100%	100%	Juba	10	100%	100%
HFD	1	100%	100%	Managala	1	100%	100%
RI	1	100%	100%	TOTAL	63	51%	90%
TOTAL	21	81%	81%				

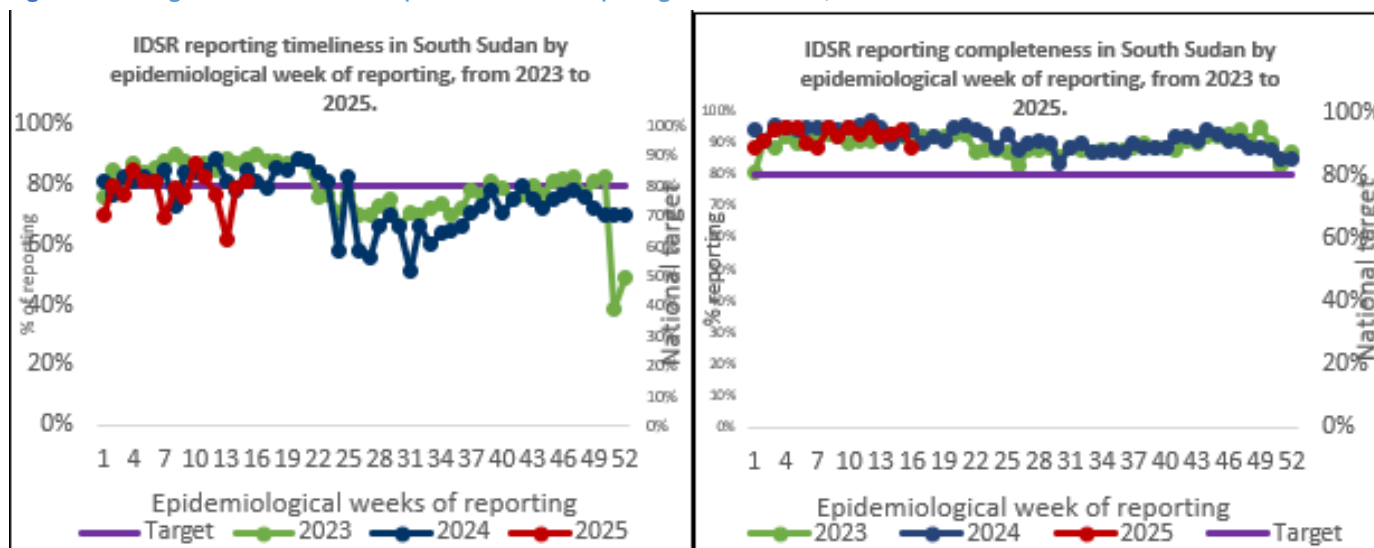
An important point to note: Three of the 4 health facilities supported by IMC (1) remained silent in the reporting period. The IDSR team will explore the reasons for non-reporting with the aim of re-establishing weekly IDSR reporting.

Figure 1: Maps showing Timeliness and Completeness of IDSR reporting in South Sudan by County in Week 21, 2025



Given the turbulent declines in timeliness and completeness of IDSR reporting, observed in June/July 2024, we continued to analyze the performance over the past four years. We documented that the declines in 2024 (Wk. 21-31) were more pronounced than they were in previous years of 2023 and 2022. In this HSTP transition period, we continue to provide targeted support to the newly contracted health implementing partners, and IDSR performance recovery is imminent. Notably, the IDSR timeliness of reporting continued to improve, reaching and remaining at optimal reporting ratios above 80% in the previous two weeks.

Figure 2: Tracking of Timeliness and Completeness of IDSR reporting in South Sudan; 2022-2025.



Epidemic alerts

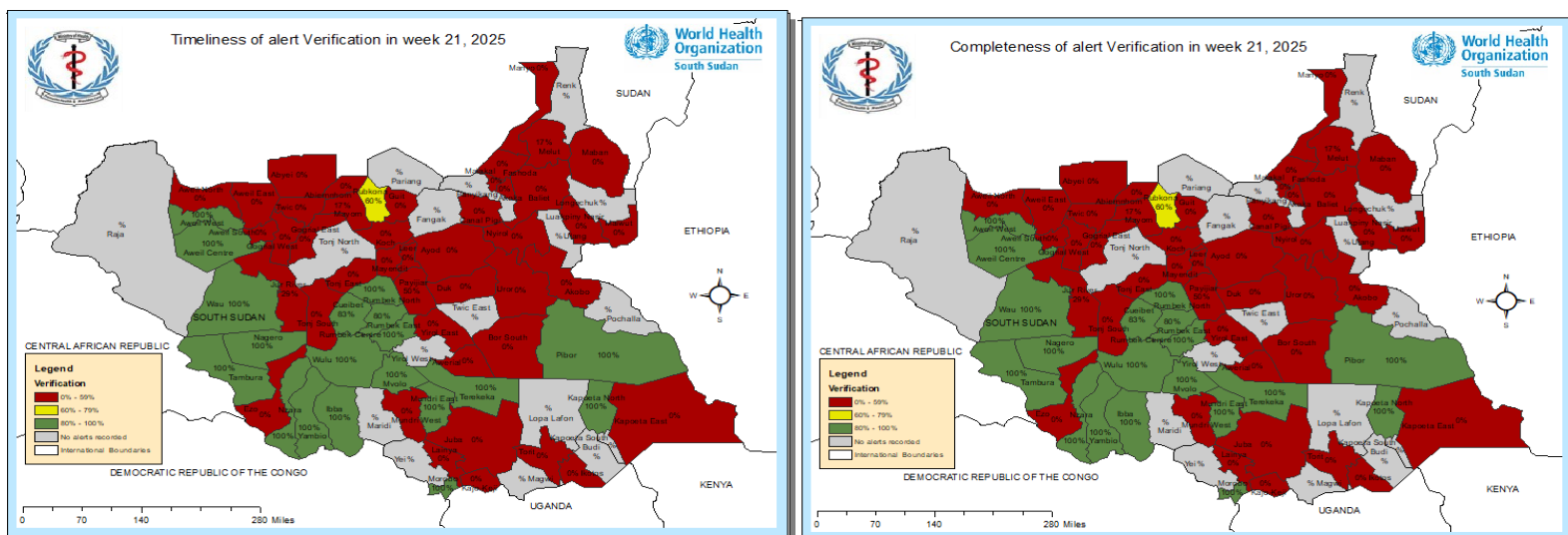
In the epidemiological reporting week 201, a total of 262 alerts were triggered in the EWARS system, with 31% (82 of 262) verified, which was lower than the previous week 20. In Week 21, ten states and three administrative areas recorded at least one notifiable disease alert. Special thanks to Western Equatoria and the Greater Pibor Administrative Area for verifying most of their EWARS alerts. Most of the alerts were for

Cholera(22%), Malaria (16%), AWD (15%), Guinea Worm (14%), ARI (13%), and ABD(12%).

Table 3: *Summary of EWARS alerts triggered in Epidemiological Week 21, 2025.*

State/Admin	AJS		ARI		AWD		AFP		ABD		Cholera		EBS		Guinea Wor		Malaria		Measles		NNT		RF		Total #R	
	#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	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
CES	1	1	4	1	4	2	0	0	1	1	1	0	0	0	0	0	4	0	0	0	0	0	0	0	15	5
EES	0	0	0	0	1	0	0	0	4	0	5	4	0	0	0	0	1	1	0	0	0	0	0	0	11	5
GPAA	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Jonglei	0	0	3	0	0	0	0	0	1	0	17	0	0	0	7	0	2	0	0	0	0	0	0	0	30	0
Lakes	0	0	4	4	3	2	1	0	2	2	1	0	0	0	22	13	4	3	1	0	0	0	0	0	38	24
NBGZ	0	0	3	1	3	2	0	0	3	1	3	0	0	0	0	0	5	2	2	0	0	0	0	0	19	6
RAA	0	0	0	0	0	0	0	0	0	0	0	0	6	0	0	0	1	0	0	0	0	0	0	0	7	0
Unity	1	0	6	2	8	1	0	0	5	1	14	5	0	0	0	0	5	2	0	0	2	0	0	0	41	11
Upper Nile	4	0	6	0	8	0	0	0	8	0	5	1	0	0	3	0	4	0	1	0	0	0	1	0	40	1
Warrap	0	0	1	0	3	0	0	0	2	0	8	0	0	0	4	0	0	0	2	0	0	0	0	0	20	0
WBGZ	0	0	1	1	2	0	0	0	0	0	2	2	0	0	1	0	3	1	0	0	0	0	0	0	9	4
WES	0	0	5	3	7	7	0	0	4	2	0	0	0	0	0	0	14	13	0	0	0	0	0	0	30	25
Grand Total	6	1	33	12	39	14	1	0	31	8	57	12	6	0	37	13	43	22	6	0	2	0	1	0	262	82

Figure 3: *Timeliness and Completeness of Alerts: Verification rates by county of South Sudan for week 21, 2025*

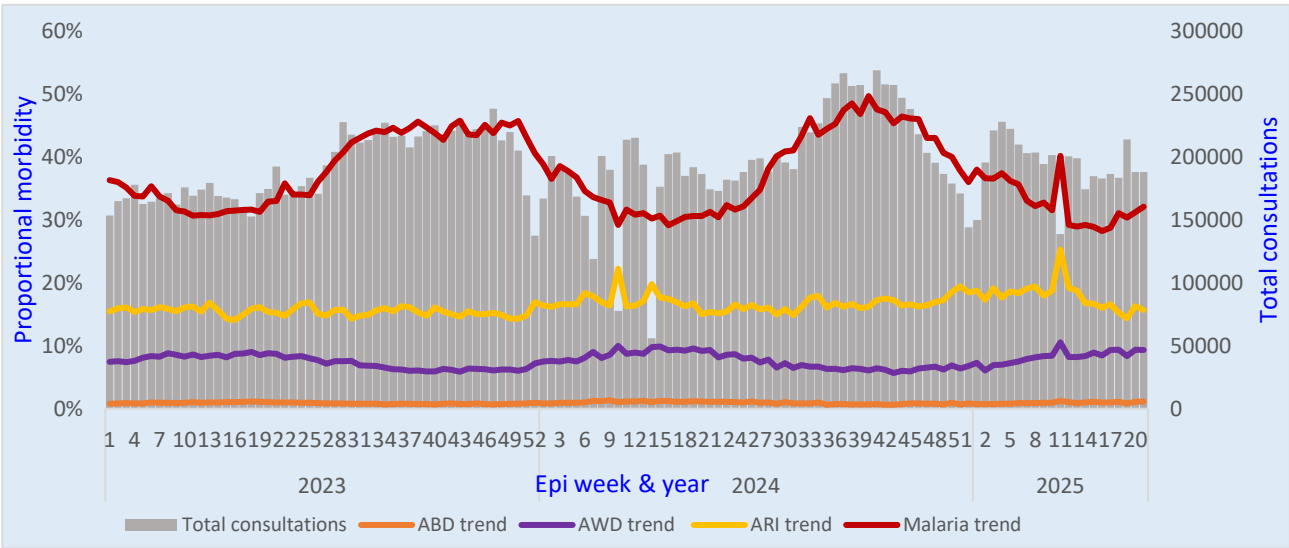


Weekly Update on Indicator-Based Surveillance (Week 21 of 2025)

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.

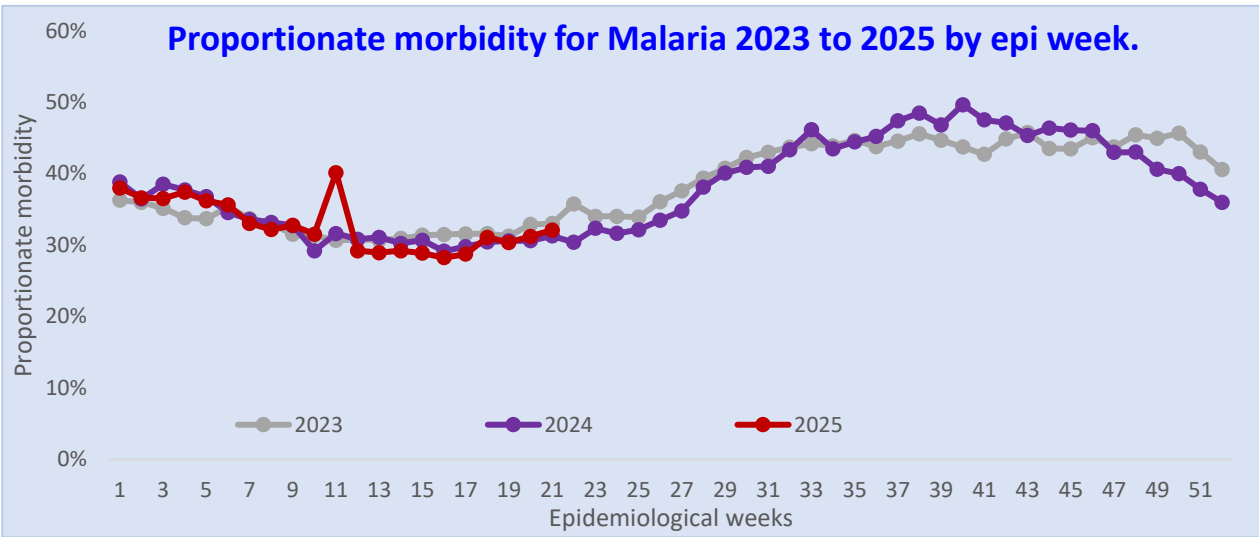
In week 21 of 2025, a total of **188,052 consultations** morbidities were reported from all over South Sudan from across 1282 health facilities. Malaria remains the top cause of morbidity accounting for 32% of all cases, followed by Acute respiratory illnesses (14%) and acute watery diarrhea (9%). Analysis 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.



1. Malaria

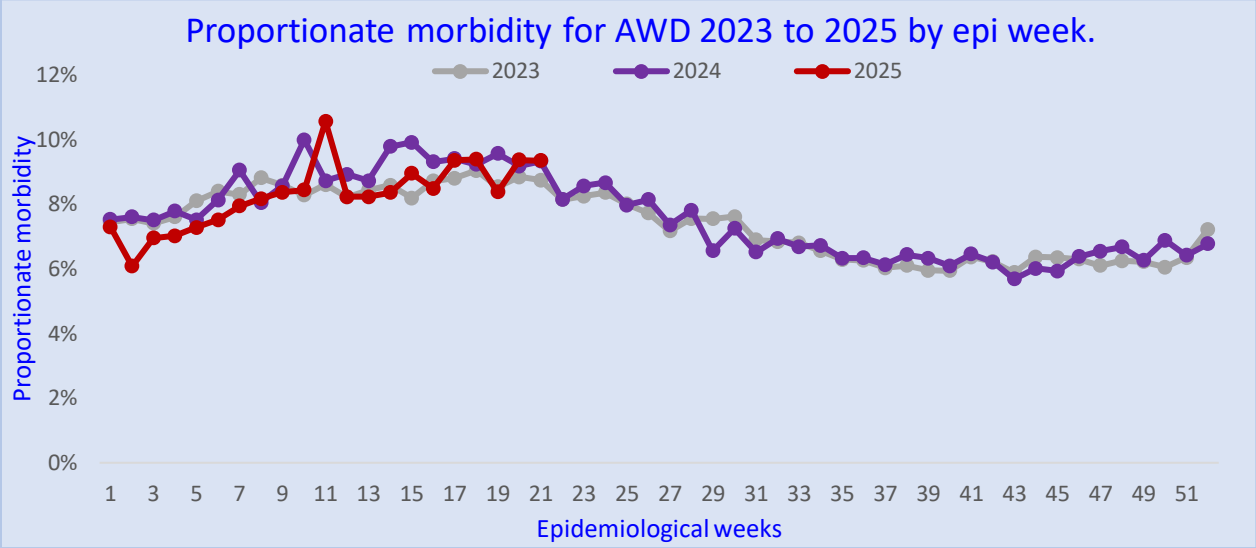
In week 21 of 2025, malaria remained the leading cause of illness, with 60,392 reported cases and 24 suspected deaths. The weekly analysis reveals that these numbers are within the expected range; however, ongoing monitoring is essential. To support this, a weekly dashboard has been established to track malaria trends nationwide, allowing for the quick identification of states or regions that exceed their historical detection levels, as shown in Figure 5 below.



2. Acute Watery Diarrhea

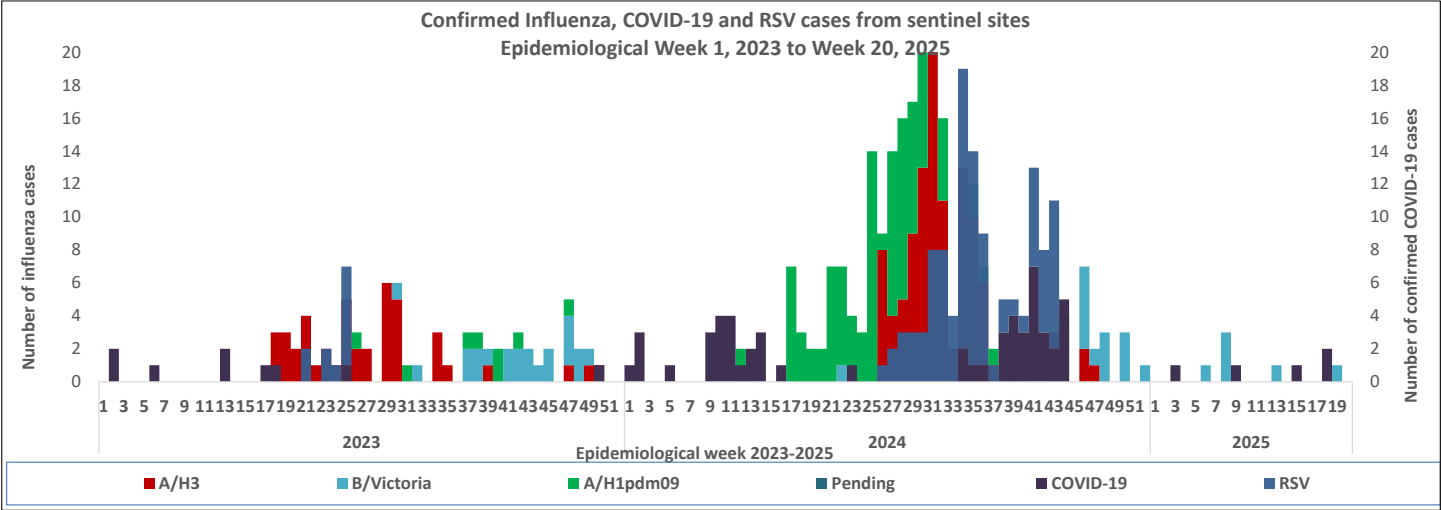
During the week, 21 AWD continued to rank as the third leading cause of morbidity. The nation is in the seventh month

since the initial confirmation of the first cholera case. Notably, the trend of acute watery diarrhea (AWD) appears to show a consistent pattern when compared to the same timeframe from previous periods, suggesting an ongoing public health challenge that requires close monitoring and response.



- 3. Influenza Sentinel surveillance weekly updates.**
- Acute respiratory illnesses are the second leading cause of morbidity in the country. A significant number of these cases are reported from the Upper Nile, Unity, and Northern Bahr el Ghazal states, which host a large portion of the nation's refugees and displaced populations.
 - 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 5: Confirmed Influenza, COVID-19, and RSV cases from sentinel sites, Epidemiological Week 1 of 2022 to Week 20 of 2025.



During Epidemiological Weeks 1 to 20 in 2025, a total of 674 ILI SARI samples were collected. Of these, 663 tested negative for all pathogens. Specifically, there were 4 positive tests for COVID-19, 1 for Influenza Type A (H3), and 6 for Influenza Type B (Victoria). There were no positive tests for Influenza A/(H1N1)pdm09 or RSV.

South Sudan Confirmed and ongoing epidemics in 2025

Table 4: Summary of ongoing and confirmed epidemics

Aetiologic agent	Location (county)	Date first reported	New cases since Epi-Week 9	Cumulative confirmed	Response activities				
					Surveillance/Lab confirmed	Case management	Vaccination	Health promotion	IPC/WASH
Mpox	Juba	Feb 2025	1	27	7	ongoing	Ongoing	yes	yes
Cholera	In 52 counties across nine states and 2 AAs	Sept 2025	More than 1000	67295	10618	ongoing	Ongoing	yes	yes
Hepatitis E	Rubkona Fangak Wau Abyei Twic and Renk	Dec/2018	04	6,930	10	ongoing	Not done	ongoing	ongoing
cVDPV2	Yambio, Juba, Ulang, Nasir, Baliet, Ayod, Old Fangak	19/Dec 2023	-	26	26	Not applicable	Completed 3 nOPV2 SIAs and 4 th round is ongoing	ongoing	ongoing
Anthrax	Gogrial West (WRP) and Jur River (NBG)	2022	3	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 1st April 2025.

Figure 6: Map showing confirmed and active outbreaks by county of South Sudan; as at 26th February 2025.

Response activities for ongoing/suspected outbreaks

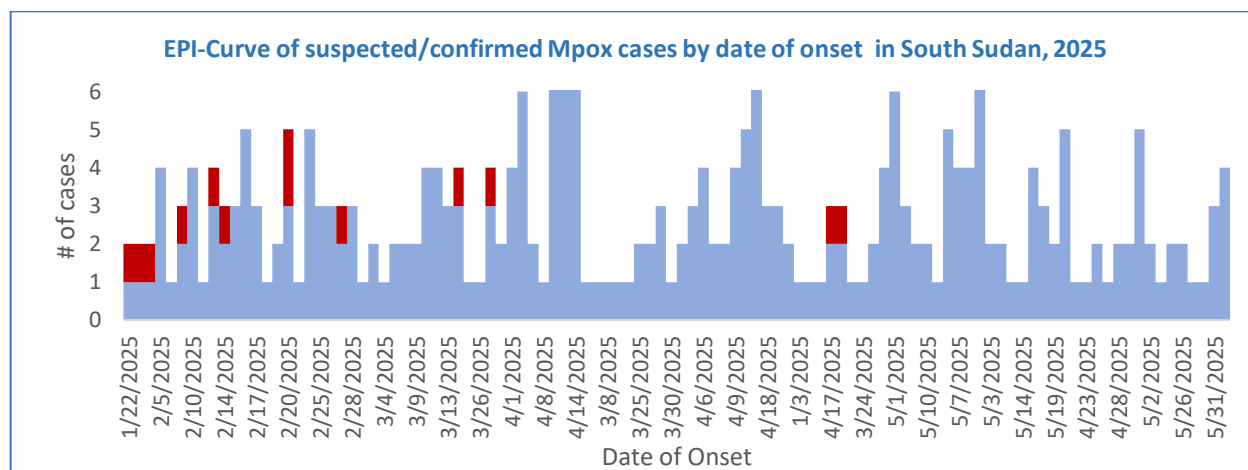
1. Hepatitis E Virus Outbreak in Renk County

- In week 21, Médecins Sans Frontières (MSF-B) reported eight cases of Hepatitis E Virus (HEV) with positive results from Rapid Diagnostic Tests (RDTs) in Gosfami Boma, Renk, during their mobile clinic. In total, 18 cases have been identified, with onset dates starting from May 13, 2025. The first eight cases tested positive for both the RDT and PCR tests.
- Among the affected individuals, there were six males and eight females, including one pregnant female aged 17. The ages of the patients ranged from 13 to 45 years old.
- The County Health Department, along with its partners, has initiated response activities, which include WASH (Water, Sanitation, and Hygiene) interventions, Risk Communication and Community Engagement

(RCCE), and active case searches. The cases are being supported by Renk Hospital and Wunthou through collaborative efforts from various partners.

Index Mpox case confirmed in South Sudan, 6 February 2025

Figure 7: Trend of Suspected Mpox cases Tested in South Sudan by state/Administrative Area, August 2024-February 2025



- As of week 21, one new Mpox case was confirmed in Juba. Cumulatively, there are 15 confirmed cases (12 in Juba, two in Rumbek, and one in Malakal). The mpox outbreak was declared in South Sudan following the confirmation of the index case in Juba on February 6, 2025, by the National Public Health Lab.
- Since the confirmation of the index case, active surveillance for suspected cases has detected and reported a cumulative total of 272 cases across four states.
- All confirmed cases are aged 24 to 40 years, and the latest positive case is a 24-year-old resident of Lemon gaba with no history of travel and date of onset on 17 May 2025, Contact tracing is ongoing
- In Rumbek, the first cases were detected in Rumbek Prison. So far there have been a total of 86 cumulative cases and 30 samples collected, with only two testing positive. There are currently 71 recovered cases and 24 individuals in admission.
- Ongoing Interventions in Rumbek: Ongoing coordination, designated isolation units with case management support at both the State and County Prisons. Active case search continues in both health facilities and communities. On-the-job orientation provided to healthcare workers on Mpox case definitions and supportive care. Case definition guidelines are being distributed to health facilities in Rumbek.
- A total of 11 positive cases have been sequenced by the Uganda Virus Research Institute and confirmed Mpox Clade 1b. Eight out of the eleven sequenced positive cases had their closest phylogenetic matching viruses to viruses detected in Uganda, confirming the epidemiological linkages established in detailed case investigations.

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

- The current outbreak has reached a total of 69,268 cases and 1,335 deaths, resulting in a Case Fatality Rate (CFR) of 1.9%. Among these, there have been 699 deaths reported in health facilities, with a health facility CFR of 1.0%.
- Cases have been documented in 52 counties across 9 states and 2 administrative areas, specifically Ruweng and Greater Pibor.
- In the last 14 days of reporting, from May 20, 2025, to June 3, 2025, there have been 3,115 new cases and 40 additional deaths, including 15 occurring in health facilities. Most of these cases originated from Juba (734 cases, 23.9%), Rubkona (734 cases, 23.9%), Twic (257 cases, 8.4%), and Aweil South (229 cases, 7.5%).
- There are concerns about underreporting in some areas, particularly in counties affected by ongoing insecurity in Upper Nile and Jonglei.
- Additionally, there are suspected cholera cases reported in Agok (Abyei Administrative Area), Torit, and Abiemnhom; however, laboratory confirmation by culture has not yet been achieved.
- Notably, Western Equatoria is the only state that has not reported any cases.

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

State	Infected Counties	Total Cumulative	Laboratory Confirmed Case(s)	RDT Pos	Deaths
CES	2	8932	42	1505	110
EES	6	1947	33	153	118
GPAA	1	1712	11	8	66
JNG	10	12749	86	542	248
LAK	3	692	31	256	26
NBGZ	5	8409	19	141	55
RAA	1	159	0	67	3
UNI	7	21855	78	7071	374
UPPER	12	5763	55	706	132
WBGZ	2	1394	9	93	51
WRP	3	5656	55	178	152
Total	52	69268	419	10720	1335

Figure 8: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, wk39, 2024 to Wk22, 2025

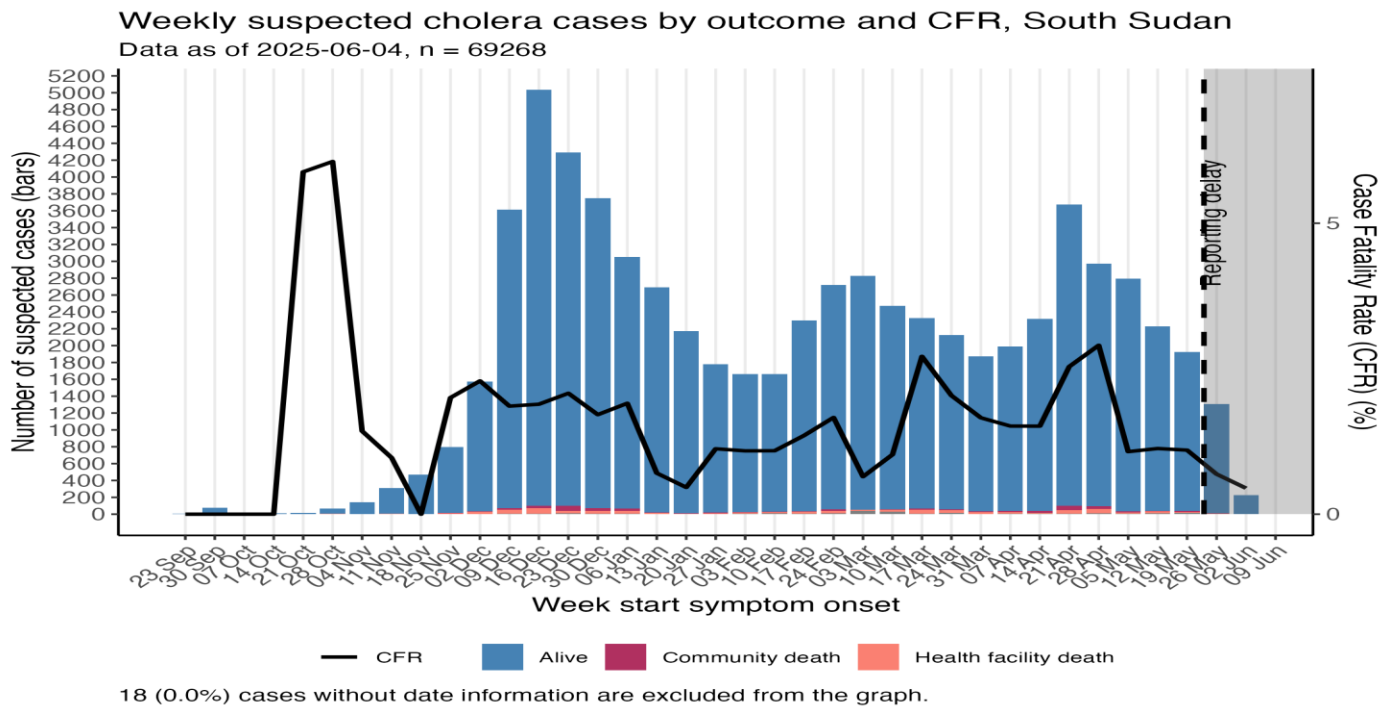


Figure 9: Map showing cholera cases and deaths distribution by Counties of South Sudan updated on as of week 11

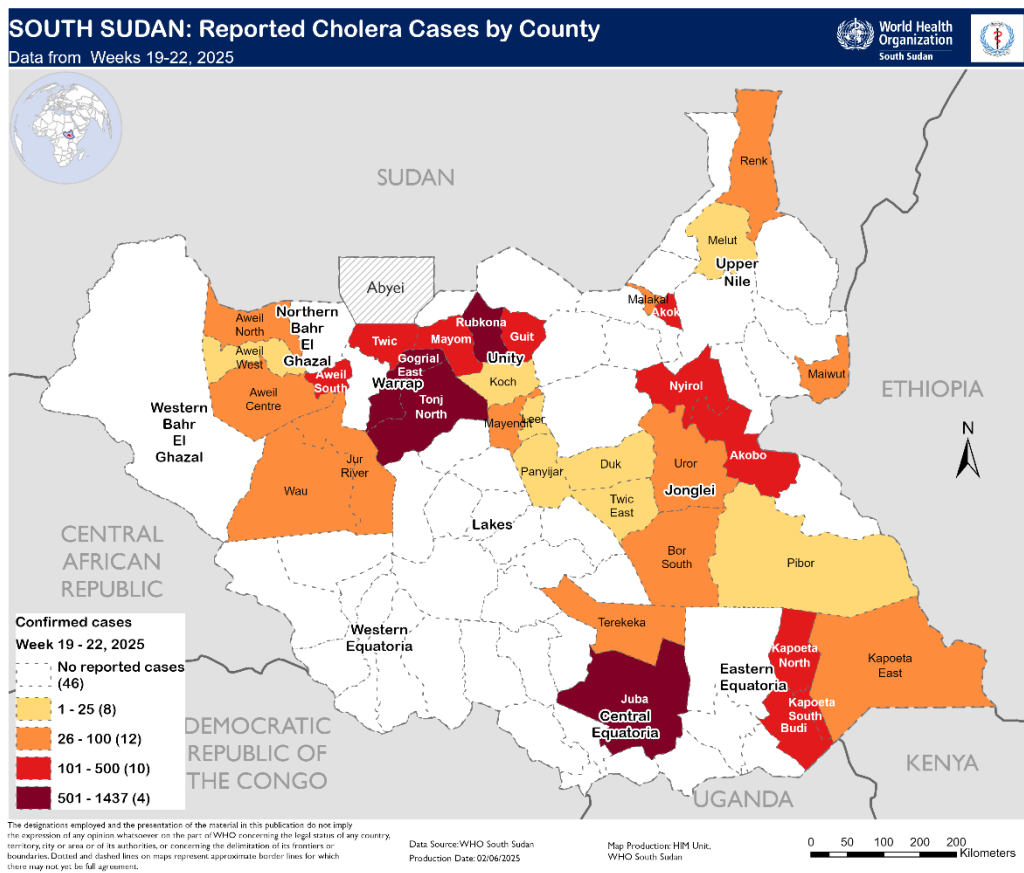
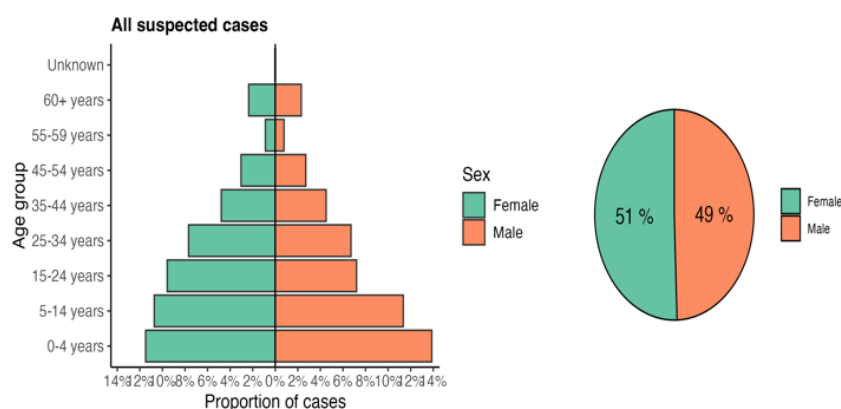


Figure 10: Graph showing cholera cases distribution by age group, sex and residential status as of 4 June 2025



Resident status	n	percent
Refugee	2,710	3.9%
Returnee	645	0.9%
Host community/Resident	51,263	74.0%
IDP	8,274	11.9%
Other	494	0.7%
Unknown	5,882	8.5%
Total	69,268	100.0%

Next Steps

- Continue rolling out Oral Cholera Vaccination (OCV) campaigns. Targeted vaccination of cross-border populations between Sudan and South Sudan is critical given the sustained influx of susceptible/infected populations forced by the Sudan crisis.
- Step up Infection Prevention and Control as well as Water/Sanitation Hygiene (IPC/WASH) interventions.
- Plan and conduct post-campaign coverage verification surveys for counties that completed OCV SIAs before recall biases escalate.
- Develop and implement accelerated response plans for cholera control before the rainy season sets in in May 2025.

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

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

3. Anthrax

- No cases were reported during week 21 (ending 24th May 2025) in Warrap and WBeG states. Additionally, there were no reported cases in week 20 from either Warrap or WBeG states.
- Cumulatively, since 2024, there have been a total of 274 reported human anthrax cases from the two states. Of these, one sample tested positive for anthrax at the Uganda Virus Research Institute (UVRI). Among the 274 cases, four resulted in death, giving a CFR of 1.5%.

- In 2025, a total of 120 human anthrax cases were reported from two states: WBeG, with 86 cases, and Warrap, with 34 cases. Of the 120 human cases, two resulted in death, leading to a case fatality rate (CFR) of 1.7%. It is important to interpret this data with caution due to the possibility of underreported anthrax cases.
- Most cases peaked during week-3 with 36 cases giving 30% of the total cases reported and second peak was observed during week-5 25 cases (21%) including one death (CFR 0.8%). Another increase in cases was also observed during week 11 with 8 cases (6.7%). No report received for weeks 16-21 from WBeGs while Warrap reported zero case during weeks 20 and 21

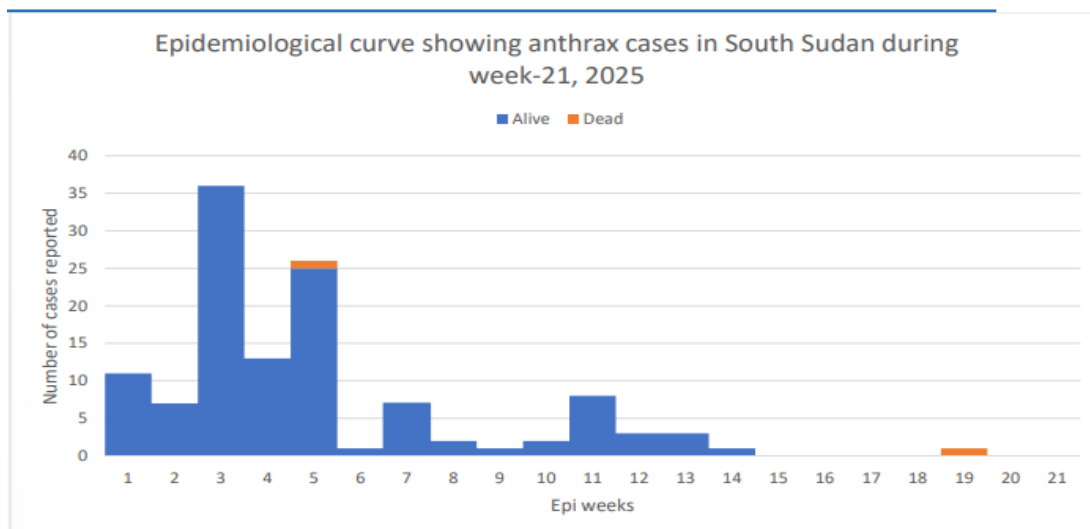


Table 5: Cumulative Anthrax attack rate in Warrap and Western Bahr EL-Ghazal States by county; 26th Feb 2025.

County	Frequency	Population	Attack Rate/100000
Jur River	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
 - Weekly meetings strategize outbreak containment with state and county officers.
 - Rapid Response Teams facilitate informed decision-making.
- Community Engagement and Risk Communication
 - RCCE activities in Warrap and WBeG need improvement for case detection.
 - Health promoters should spread Anthrax prevention messages in cattle camps.
- Vaccination
 - No human vaccination campaigns in affected areas.
 - 1,741 animals vaccinated in three Bomas in 2024.
 - One Health stakeholders lack funds for community waste management.
- Partnership with FAO and Other Partners
 - WHO and FAO collaborate in supporting government response and vaccination efforts.
- Logistics and Supplies
 - WHO provides logistical support to the multisectoral team investigating outbreaks.

4. Measles Update

- Since the beginning of the year 2025 (Epidemiological week 01 to week 21), a cumulative total of 113 suspected measles cases have been reported from 17 counties in 8 states, 53 samples were collected among them 26 emanated

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

EPI Curve by final classification of suspected cases and Date of Onset

The chart displays the number of suspected cases (Y-axis, 0 to 6) against the Date of Onset (X-axis, Jan 2025 to Apr 2025). The bars are color-coded by final classification: 1-Lab confirmed (red), 2-Epi-linked (yellow), 3-Clinically compatible (light yellow), 4-Discarded (green), and 5-Pending (blue).

Date of Onset	1-Lab confirmed	2-Epi-linked	3-Clinically compatible	4-Discarded	5-Pending
Jan 2025	1	2	3	0	1
Jan 2025	2	2	0	0	2
Jan 2025	0	6	0	1	0
Jan 2025	0	1	1	1	0
Jan 2025	0	3	0	3	0
Jan 2025	0	1	1	1	0
Jan 2025	0	2	0	0	0
Jan 2025	0	1	1	0	0
Jan 2025	0	2	0	0	0
Feb 2025	1	1	0	0	0
Feb 2025	2	0	0	0	0
Feb 2025	1	1	0	0	0
Feb 2025	1	2	0	0	0
Feb 2025	3	2	0	0	0
Feb 2025	1	1	0	1	1
Feb 2025	0	1	0	1	0
Feb 2025	0	3	0	0	0
Mar 2025	0	1	0	0	0
Mar 2025	1	1	0	0	0
Mar 2025	0	2	0	0	0
Mar 2025	1	1	0	0	0
Mar 2025	2	1	0	1	0
Mar 2025	1	1	0	0	0
Mar 2025	0	0	0	1	0
Mar 2025	0	1	1	0	0
Mar 2025	0	2	0	0	0
Apr 2025	0	0	0	1	0
Apr 2025	0	0	0	3	0
Apr 2025	0	0	0	1	0
Apr 2025	1	0	0	0	0
Apr 2025	0	0	0	0	0
Apr 2025	0	0	0	6	0
Apr 2025	0	0	0	1	0

Age group of all suspected cases and vaccination status

Left Chart: Suspected Cases by Age Group and Vaccination Status

Age group	Vaccinated	Unvaccinated	Total
1. (< 1 Yrs)	2	31	33
2. (1 - 4 Yrs)	5	47	52
3. (5 - 9 Yrs)	3	15	18
4. (10 - 14 Yrs)	0	3	3
5. (15 + Yrs)	0	7	7

Right Chart: Percentage of Suspected Cases by Age Group and Vaccination Status

Age group	Vaccinated (%)	Unvaccinated (%)
1. (< 1 Yrs)	6%	94%
2. (1 - 4 Yrs)	10%	90%
3. (5 - 9 Yrs)	17%	83%
4. (10 - 14 Yrs)	0%	100%
5. (15 + Yrs)	0%	100%

- Rubkona County reported 11 new cases of the virus with no deaths in the past week.
- Out of the new cases, 2 were confirmed through Rapid Diagnostic Testing (RDT), bringing the total number of positive cases in Rubkona to 1,899 and the overall number of RDT-confirmed cases to 2,545.
- 53% of the reported cases in Rubkona were male, while 47% were female.
- Most cases, both in Rubkona and nationwide, were among individuals aged 15 to 44 years.
- Geographically, the highest number of Hepatitis E Virus (HEV) cases were reported in Rubkona and Fangak counties.
- Predominantly, the cases were identified in individuals living outside the confines of Bentiu PoC, who subsequently visited the healthcare centres situated within the PoC for medical assistance.

Figure 13: Epicure of HEV in Bentiu IDP camp, Unity State; Epi Week 52 of 2018 to Week 21 of 2025

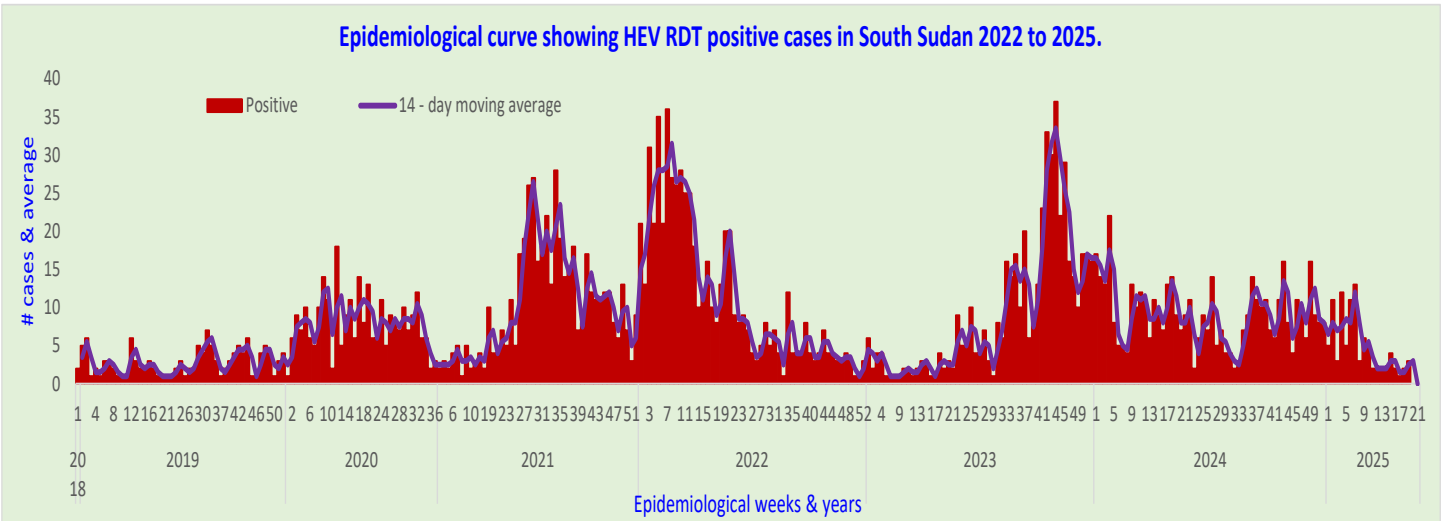
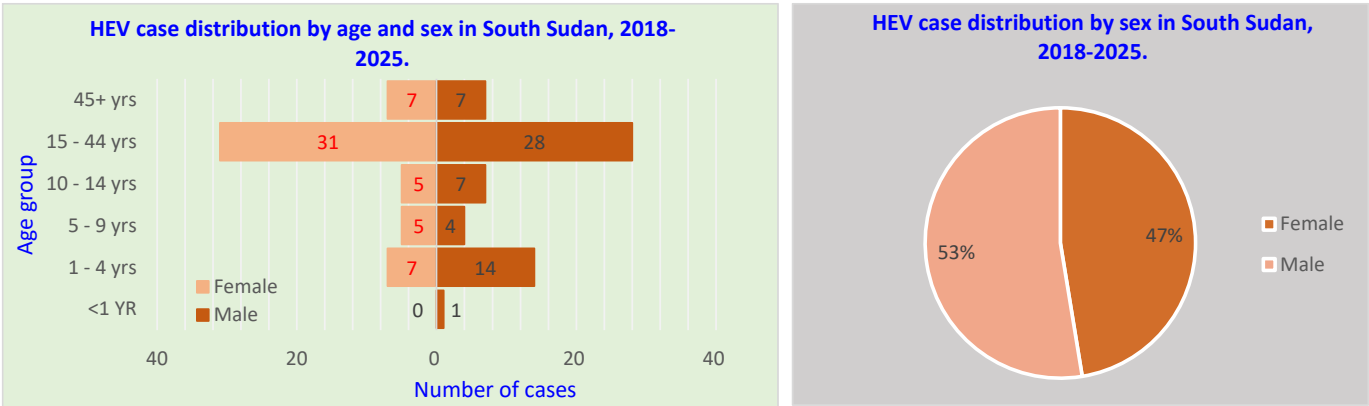


Figure 14: Location and age distribution of Hepatitis E cases in Bentiu, Unity state of South Sudan



Other Events

Sudan crisis: As of 2 June 2025, a cumulative total of 288,076 households containing **1,165, 757 individuals (605,296 Females and 560,461 Males)** from **18 different nationalities had crossed the border**. Of this number, **68. 3% (796,703)** are South Sudanese returnees, beside 31.1% (363,078) are Sudanese refugees. Currently, 21 PoEs are being monitored, with Joda-Renk accounting for 89% 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

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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The data has been collected with support from the EWARS project. This is an initiative to strengthen early warning, alert, and response in emergencies. It includes an online, desktop and mobile application that can be rapidly configured and deployed in the field. It is designed with frontline users in mind and built to work in difficult and remote operating environments. This bulletin has been automatically published from the EWARS application.

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

Data source: DHIS-2 and EWARS