Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 22

26th to 1st June 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 22 of 2025, the IDSR reporting timeliness was at 70% while completeness was at 91%. In week22, there was decline in timeliness of IDSR/EWARS from71% to 70%, while completeness remained the same (91%) in both weeks 21 and 22, respectively. The IDSR timeliness and completeness of reporting for week 22 continues to be in range of what was reported in the earlier two years. Nine states and three administrative areas reported over 80% completeness, with three of the nine (Lakes, Unity and Western Equatoria) States achieving 100% completeness. Conversely, only 6 out of 13 states/administrative areas had timeliness of IDSR reporting, above 80%.
- At the EWARN mobile sites, the timeliness of IDSR reporting was at 61% and Completeness was at 89%. There was a significant decline in timeliness of reporting in the EWARN mobile Sites, while completeness improved from 81% to 89% in epidemiological weeks 21 and 22, respectively. The decline in timeliness and completeness of reporting in partners site was due some two (2) SCI, one (1) HFO, and four (4) SP sites that had not reported either in time.
- In week 22, there were 224 EWARS alerts triggered, with 164 verified, presenting a decrease in alerts triggered nonetheless an increase in verification rates compared to week 21. The main alerts were for Malaria (21%), Cholera (19%), Guinea Worm (15%), ARI (15%), AWD (11%), and ABD (10%). Cheers to the surveillance teams in Central Equatoria, Jonglei, Lake, Northern Bar el Ghazal, and Western Equatoria States for verifying most of their reported alerts.
- In week 22 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 23, there was one new confirmed case of Mpox., detected and reported from Juba County. Therefore, the cumulative number of confirmed Mpox cases increased to 16 (13 in Juba, 2 in Rumbek, and 1 in Malakal).
- As at 10th June 2025, the cholera outbreak had cumulatively affected 72,492 cases and caused 1362 deaths (CFR: 1.9%, target < 1%). The affected counties had also cumulatively increased to 54 across 9 States and 3 Administrative areas. Western Equatoria remains the only State without a single confirmed case of Cholera since the outbreak was confirmed in October 2024.

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 of IDSR reporting for **week 22 were at 70% and 91%,** respectively, which represented a slight decrease in Timeliness as compared to the previous week's attainments.

Table 1: *Timeliness and completeness of IDSR reporting by State for week 22 compared to week 21 of 2025*

State	Total facilities	Number of facilities reported (Completeness Week 22)	Comparison of the reporting period				Cumulative since year start (2025 level)	
			Timeliness		Completeness			
			week 22	Week 21	Week 22	Week 21	Timeliness	Completeness
Lakes	112	112	99%	98%	100%	100%	93%	100%
NBGZ	92	84	84%	79%	91%	88%	74%	85%
Unity	85	85	91%	96%	100%	100%	95%	100%
WBGZ	112	101	57%	20%	90%	91%	**58%**	85%
WES	191	191	45%	70%	100%	100%	75%	98%
Jonglei	120	105	78%	85%	88%	92%	82%	89%
Warrap	114	102	59%	54%	89%	89%	62%	84%
EES	112	90	47%	51%	80%	77%	**57%**	84%
RAA	16	14	31%	100%	88%	100%	**47%**	94%
CES	152	138	91%	94%	91%	95%	91%	93%
AAA	17	16	94%	53%	94%	94%	77%	91%
Upper Nile	143	113	65%	60%	79%	76%	67%	84%
GPAA	16	15	88%	100%	94%	100%	93%	98%
Total	**1282**	**1166**	**70%**	**71%**	**91%**	**91%**	**75%**	**91%**

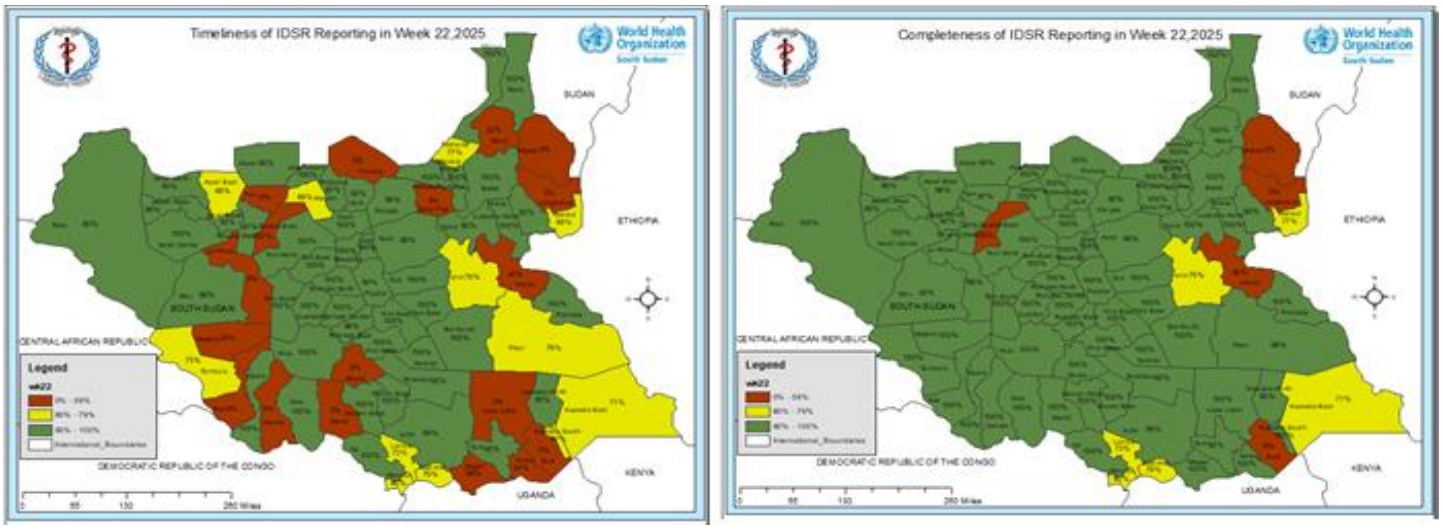
NOTE: The total number of facilities reporting in EWARS nationwide is under review and will end by February 2025. In turn, the weekly target reporting from health facilities may vary from week to week.

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 22 of 2025.

IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for week 22, 2025							
Partners	# of Reporting Mobile Sites	% of Timeliness in week 22	% of Completeness in week 22	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 22	% of Completeness in week 22
IMC	1	**100%**	**100%**	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%**	Muniki	12	**100%**	**100%**
WVI	2	**100%**	**100%**	Wau South	20	**90%**	**90%**
CIDO	1	**100%**	**100%**	Wau North	12	**92%**	**92%**
SP	4	**0%**	**100%**	Juba	10	**100%**	**100%**
HFD	1	**100%**	**100%**	Managala	1	**100%**	**100%**
RI	1	**100%**	**100%**	TOTAL	63	**95%**	**95%**
TOTAL	18	**61%**	**89%**				

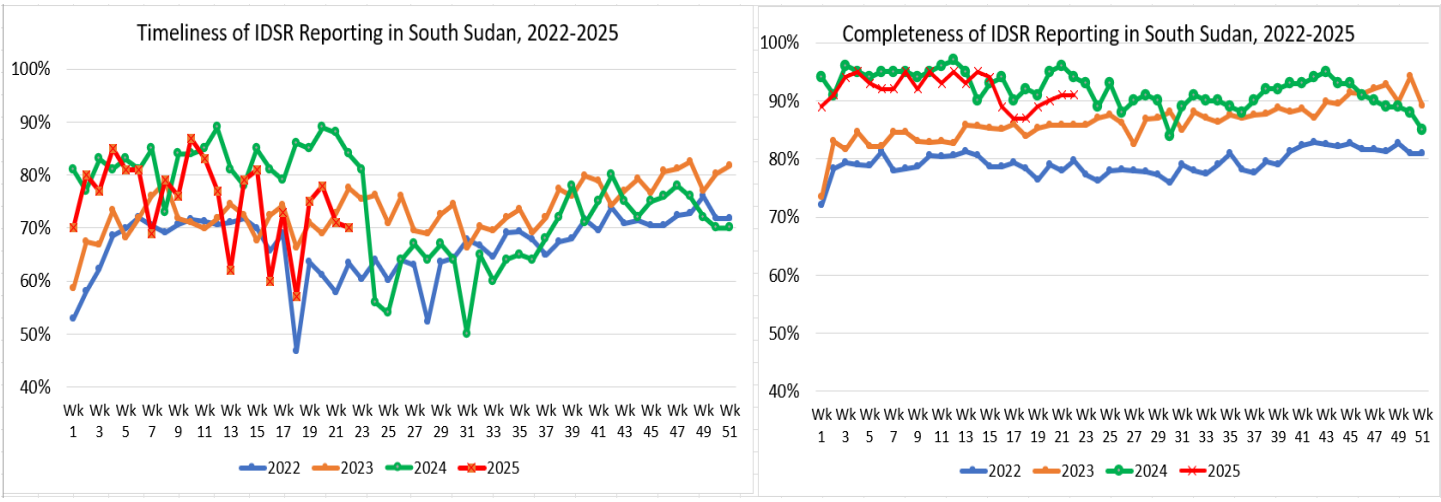
An important point to note: Two health facilities supported by SCI (2) remained silent in the reporting period. The IDSR team will explore the reasons for non-reporting with the aim of re-establishing weekly IDSR reporting.

Figure 1: Maps showing Timeliness and Completeness of IDSR reporting in South Sudan by County in Week 22, 2025



To put current IDSR performance into perspective, we continued comparative analysis of the reporting trends 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.



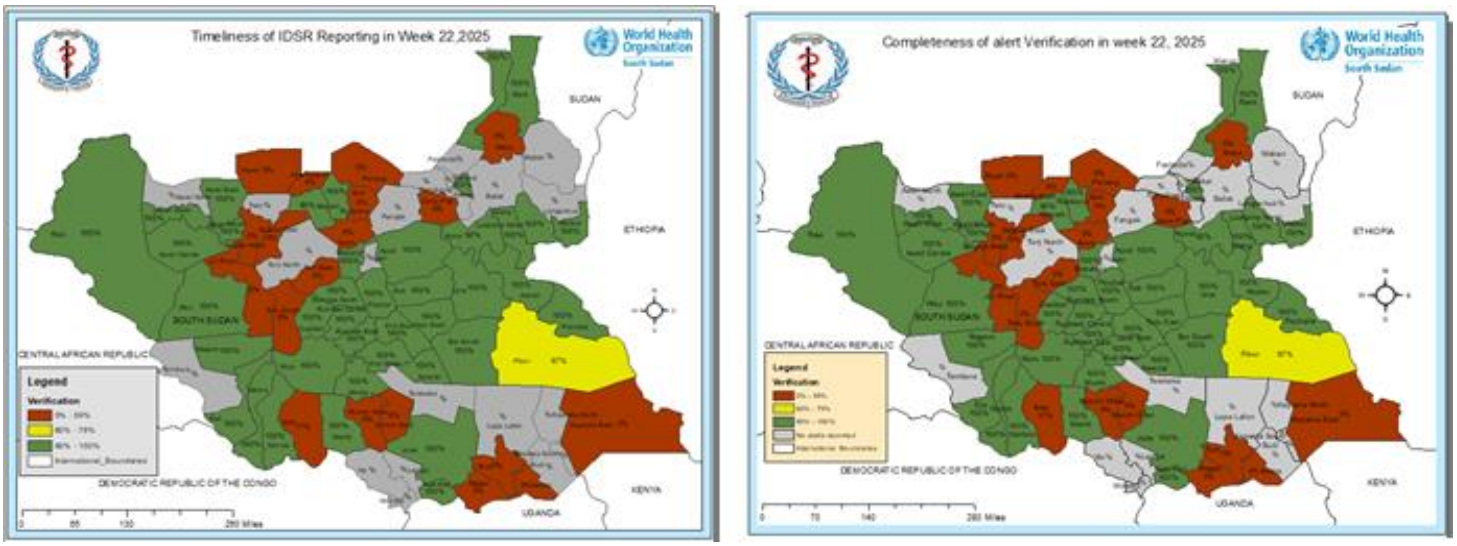
Epidemic alerts

In the epidemiological reporting week 22, a total of 224 alerts were triggered in the EWARS system, with 73% (164 of 224) verified, which was higher than the previous week 21. In Week 22, ten states and three administrative areas recorded at least one notifiable disease alert. Special thanks to Central Equatoria, Jonglei, Lake, Northern Bar el Hazal, and Western Equatoria States for verifying most of their EWARS alerts. Most of the alerts were for Malaria (21%), Cholera (19%), Guinea Worm (15%), ARI (15%), AWD (11%), and ABD (10%).

Table 3: *Summary of EWARS alerts triggered in Epidemiological Week 22, 2025.*

	AJS		AR		AWD		AFP		ABD		Cholera		Covid-19		EBS		Guinea Wor		Malaria		Measles		NNT		RF		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	#R	#V
AAA	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
CES	0	0	1	1	1	1	0	0	1	1	0	0	1	1	1	1	0	0	3	3	0	0	0	0	1	1	9	9
EES	1	0	1	0	3	0	0	0	0	0	2	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	9	0
GPAA	0	0	0	0	1	0	0	0	3	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	3
Jonglei	1	1	5	5	4	3	0	0	4	4	13	12	0	0	0	0	6	6	1	1	0	0	0	0	0	0	34	32
Lakes	1	1	3	3	6	6	0	0	1	1	1	1	0	0	0	0	19	19	4	4	1	1	0	0	0	0	36	36
NBGZ	0	0	0	0	2	2	1	1	0	0	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	7
RAA	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2	0
Unity	1	1	0	0	0	0	0	0	4	3	11	8	0	0	0	0	1	0	5	3	0	0	0	0	0	0	22	15
Upper Nile	5	0	5	2	4	2	0	0	4	4	6	3	0	0	0	0	2	2	3	3	1	0	1	1	0	0	31	17
Warrap	0	0	0	0	1	0	0	0	1	0	4	0	0	0	0	0	4	0	2	0	2	0	0	0	0	0	14	0
WBGZ	0	0	1	1	0	0	0	0	2	2	2	1	0	0	0	0	1	0	2	1	0	0	0	0	0	0	8	5
WES	0	0	16	11	2	2	0	0	2	2	0	0	0	0	0	0	0	0	27	25	0	0	0	0	0	0	47	40
Grand Total	9	3	33	23	24	16	1	1	23	20	43	29	1	1	2	1	34	27	47	40	4	1	2	1	1	1	224	164

Figure 3*: Timeliness and Completeness of Alerts: Verification rates by county of South Sudan for week 22, 2025*

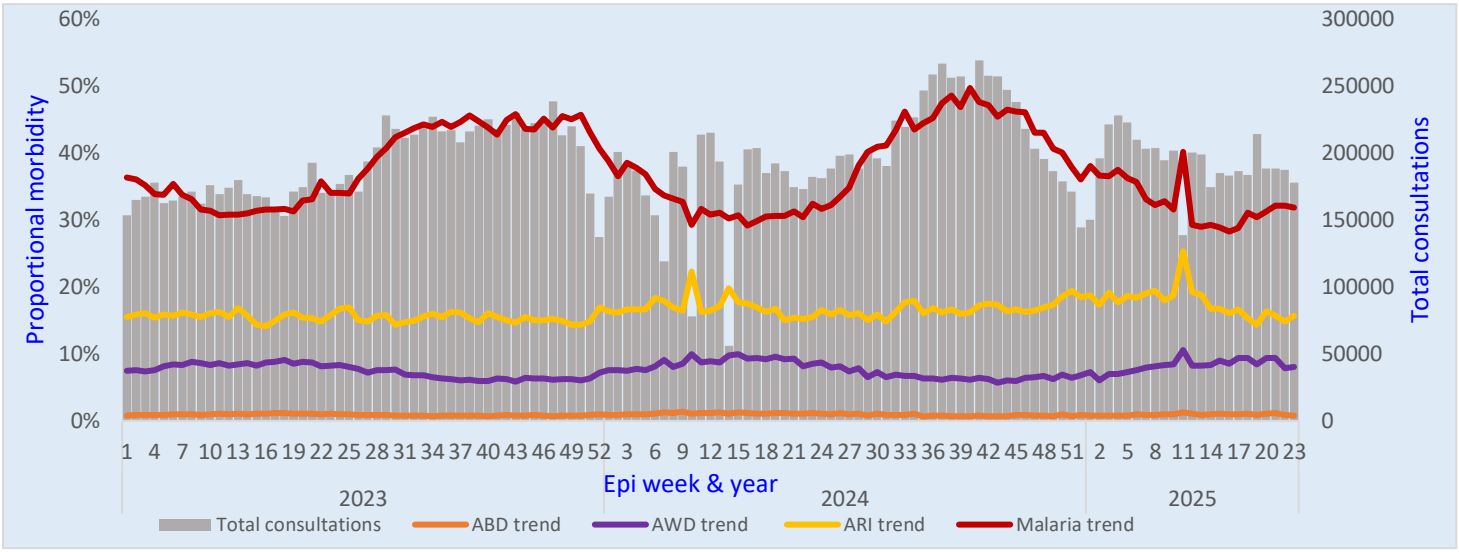


Weekly Update on Indicator-Based Surveillance (Week 22 of 2025)

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 22 of 2025, a total of **187,317 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 (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

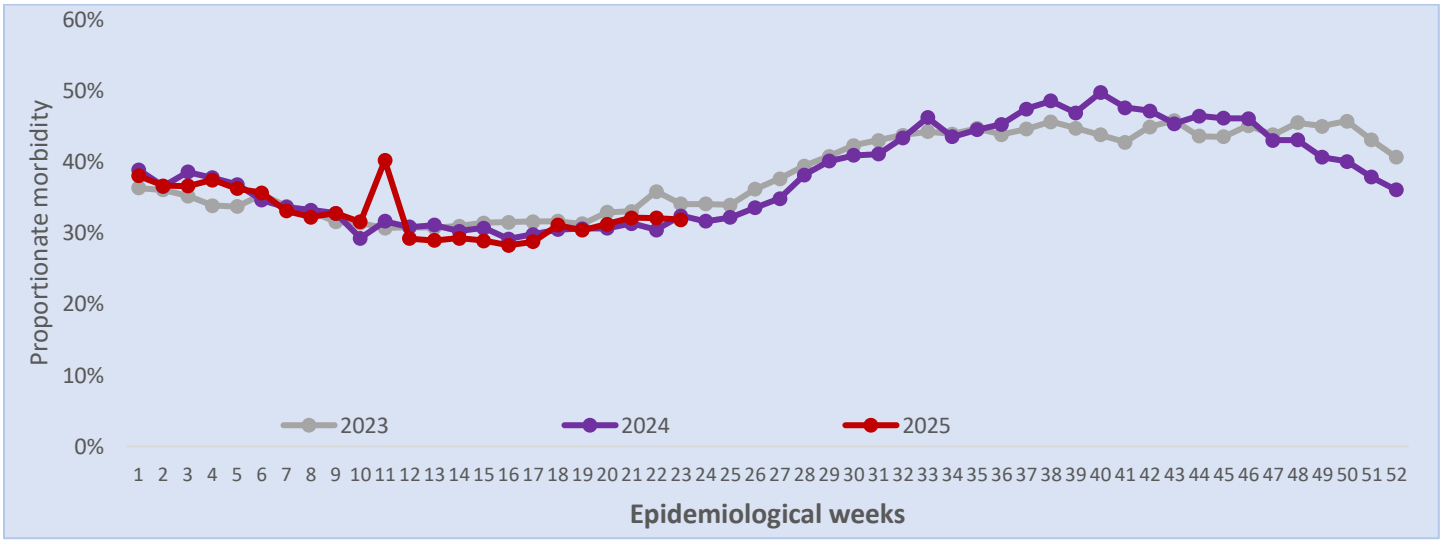
Figure 4: **IDSR Proportional Morbidity as at week 16 of 2025.**



1. Malaria

In week 22 of 2025, malaria remained the leading cause of illness, with 56,585 reported cases and 11 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 have 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.

Figure 5: Proportional Morbidity of Malaria Cases in South Sudan; 2023-2025

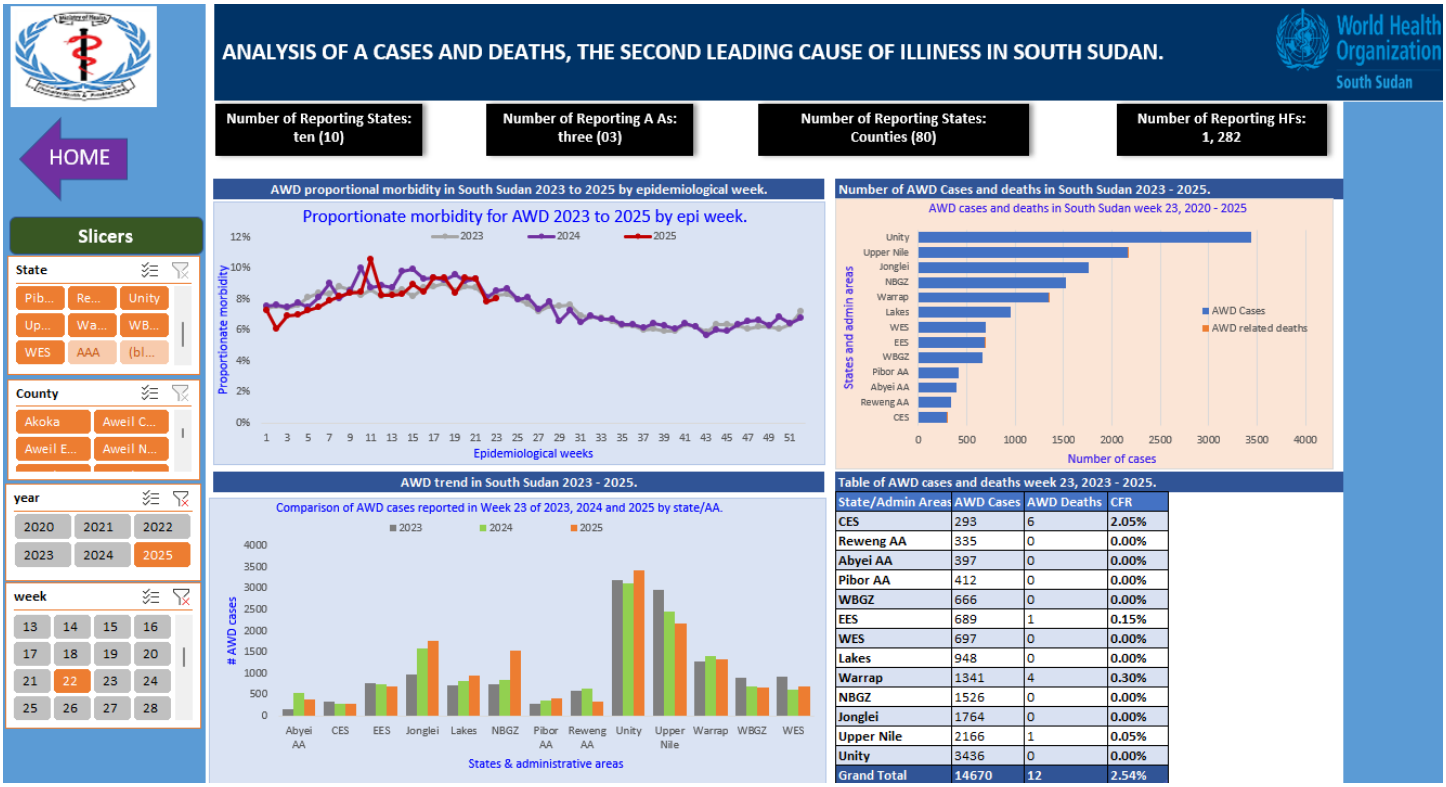


2. Acute Watery Diarrhoea

During the week, 22 AWD continued to rank as the third leading cause of morbidity, causing 43,938 cases (11 deaths). The nation is in the eighth month since the initial confirmation of the first cholera case. 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 13 in week 21 to 16 in week 22. The increase in deaths is

against a decrease in suspected AWD cases from 50,647 to 42,615 in week 21 and 22, respectively. The AWD dashboard remains our surveillance tool to visualize any changes in trends and weekly reported numbers by geography to inform targeted investigation as was done in Abyei in the ending week. 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. Notably, the trend of proportional morbidity due to acute watery diarrhoea (AWD) appears to show a consistent pattern when compared to the same timeframe from previous periods.

Figure 6: Dashboard of IDSR reported AWD cases in South Sudan; 2023-2025

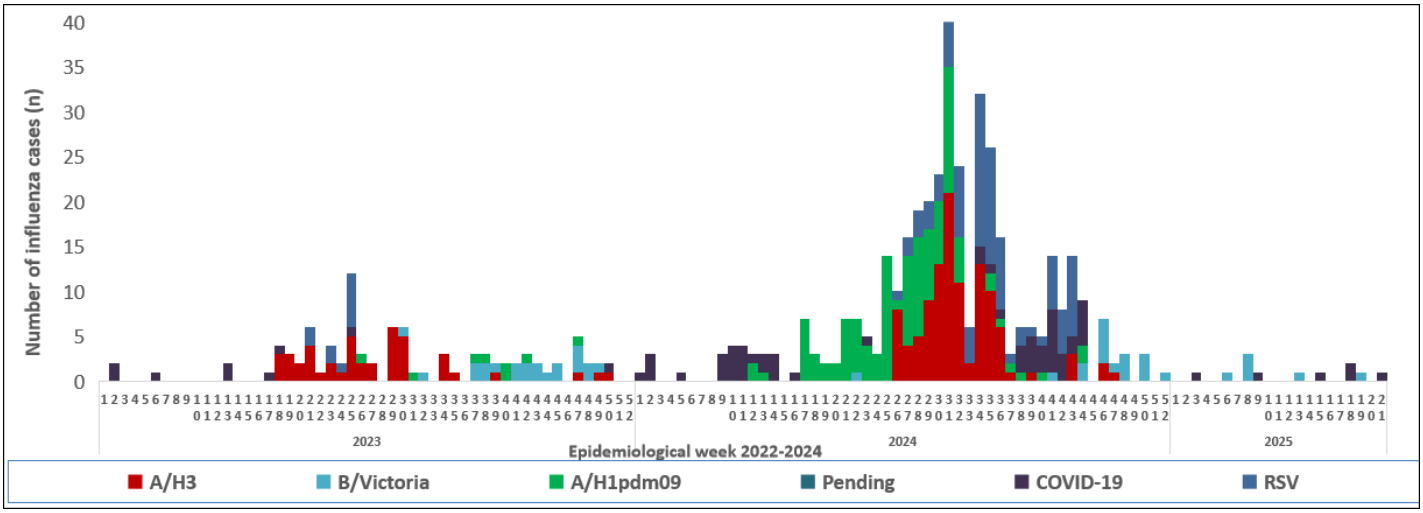


State/Admin Areas	AWD Cases	AWD Deaths	CFR
CES	293	6	2.05%
Reweng AA	335	0	0.00%
Abyei AA	397	0	0.00%
Pibor AA	412	0	0.00%
WBGZ	666	0	0.00%
EES	689	1	0.15%
WES	697	0	0.00%
Lakes	948	0	0.00%
Warrap	1341	4	0.30%
NBGZ	1526	0	0.00%
Jonglei	1764	0	0.00%
Upper Nile	2166	1	0.05%
Unity	3436	0	0.00%
Grand Total	14670	12	2.54%

3. Respiratory Pathogens Surveillance weekly updates.

- Acute respiratory illnesses are the second leading cause of morbidity in the country. A significant number of IDSR reported ARI cases are from Upper Nile, Unity, and Northern Bahr el Ghazal states, which host a large portion of the nation's refugees and displaced populations. Unfortunately, the three ARI high-burden states do not have an influenza sentinel surveillance site, a consideration that will be made in all future expansion planning.
- Currently, there are six designated Influenza sentinel surveillance sites in the country: 3 in central Equatoria state (Juba Teaching Hospital, Al Sabbah Children's Hospital, Juba Military Hospital), one in Lakes state (Rumbek State Hospital), one in Jonglei (Bor State Hospital), and one in Eastern Equatoria State (Nimule Hospital). These influenzas sentinel surveillance sites actively collect epidemiological data and samples from ILI/SARI cases and Figure 7 shows the aetiological causes from the specimen processed at the National Influenza laboratory.

Figure 7: Confirmed Influenza, COVID-19, and RSV cases from sentinel sites, Epidemiological Week 1 of 2022 to Week 21 of 2025.



During Epidemiological Weeks 1 to 21 of 2025, a total of 713 ILI/SARI samples were collected. Of these, 701 tested negatives for all pathogens. Specifically, there were 5 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.

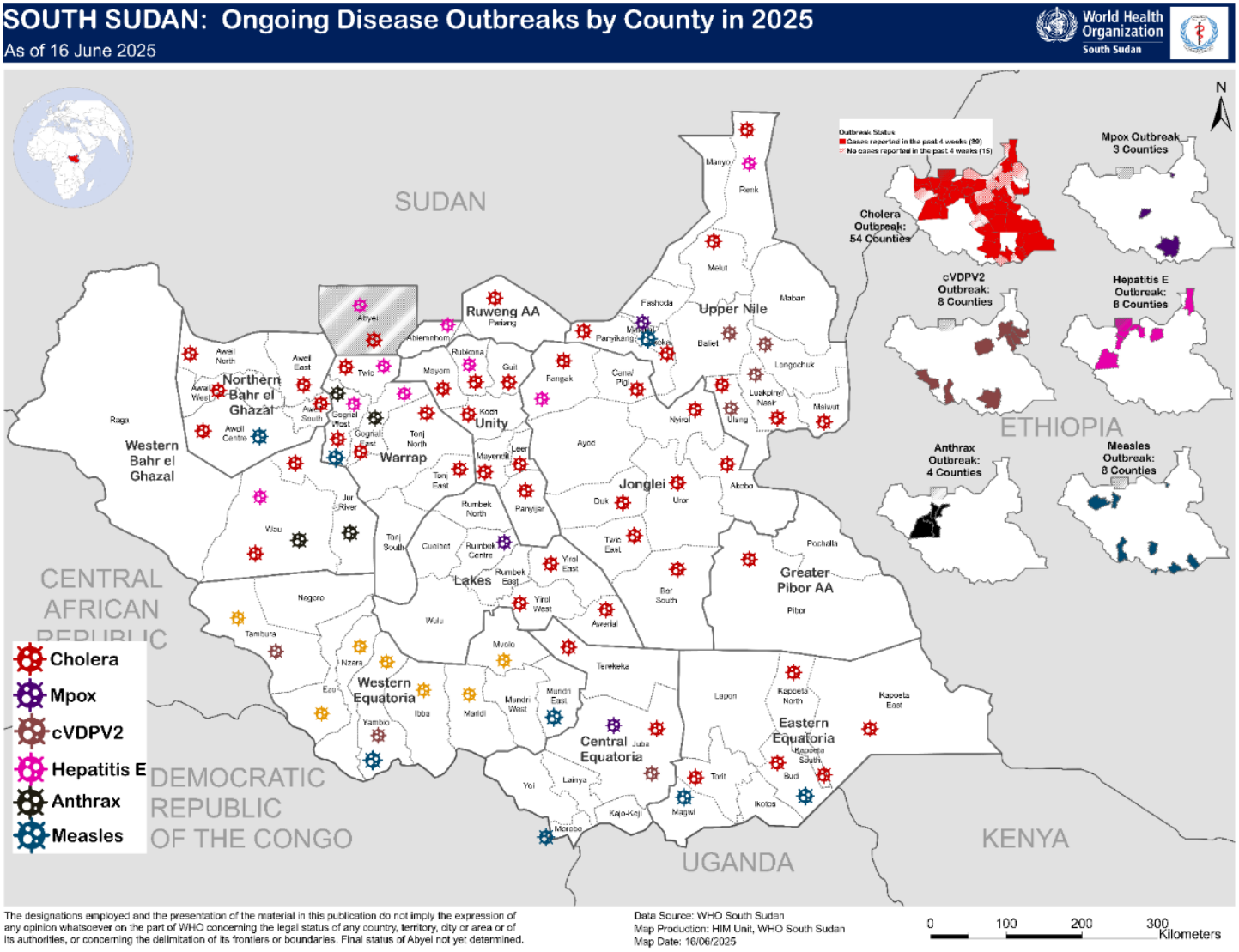
South Sudan Confirmed and ongoing epidemics in 2025

Table 4: *Summary of ongoing and confirmed epidemics*

Aetiologic agent	Location (county)	Date first reported	New cases since Epi-Week 22	Cumulative suspected	Response activities				
					Surveillance/Lab confirmed	Case management	Vaccination	Health promotion	IPC/WASH
Mpox	Juba Malakal, Rumbek	Feb 2025	1	326	16	Mpox	Juba Malakal	yes	yes
Cholera	In 54 counties across 9 states & 3 AAs	Sept 2024	> 3000	72, 492	419	Cholera	In 54 counties across 9 states/2 AAs	yes	yes
Hepatitis E	Rubkona Fangak Wau Abyei Twic	Dec/2018	0	8,984	1,888	Hepatitis E	Rubkona Fangak Wau Abyei Twic	yes	yes
cVDPV2	Yambio, Juba, Ulang, Nasir, Baliet, Ayod, Old Fangak	19/Dec 2023	0	26	26	cVDPV2	Yambio, Juba, Ulang, Nasir, Baliet, Ayod, Old Fangak	yes	yes
Anthrax	Gogrial West (WRP) and Jur River (NBG)	2022	0	281	4	Anthrax	Gogrial West (WRP) and Jur River (NBG)	yes	yes

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 Junel 2025.

Figure 8: *Map showing confirmed and active outbreaks by county of South Sudan; as at 26th February 2025.*



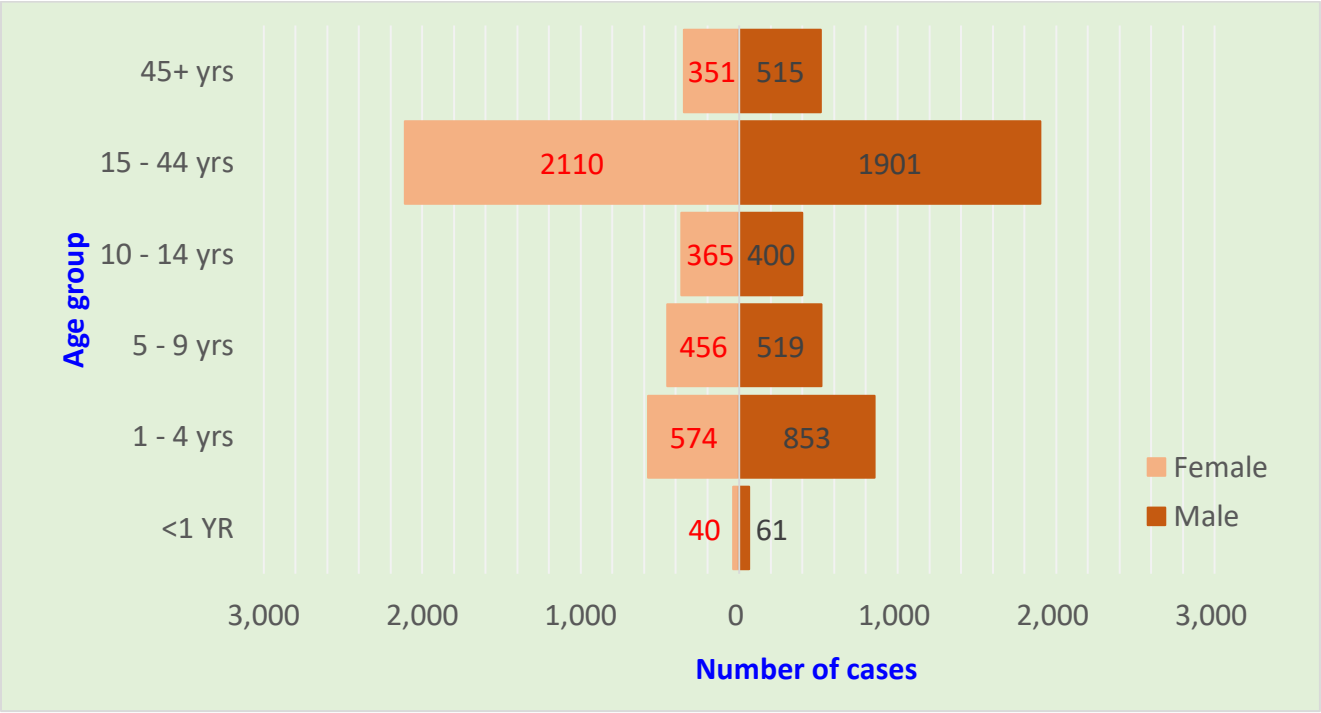
Response activities for ongoing/suspected outbreaks

1. Hepatitis E Virus Outbreak

- In week 23, there were 14 new cases and zero deaths reported. Five (5) of the newly reported 14 cases were confirmed by RDT, raising the cumulative total number of positive cases to 2,550 since 2018, when the outbreak started. The cumulative number of suspected Hepatitis E virus infections now stands at 8,145 cases and 114 deaths (CFR of 1.4%).
- In the reporting week 23, 52% of the cases were male. However, the overall ratio of males to females for the HEV outbreak remained 1:1.

- Analysis of the Hepatitis E virus cases by age shows that individuals aged 15–44 years made up many cases across the country. Figure 9 shows the age and sex distribution of Hepatitis E virus cases reported and line-listed since the outbreak started in 2018.
- Response to Hepatitis E virus outbreak has targeted mainly WASH (Water, Sanitation, and Hygiene) interventions, Risk Communication and Community Engagement (RCCE), and active case searches. Case management has been mainly through supportive care provided at the major hospitals in the affected counties.

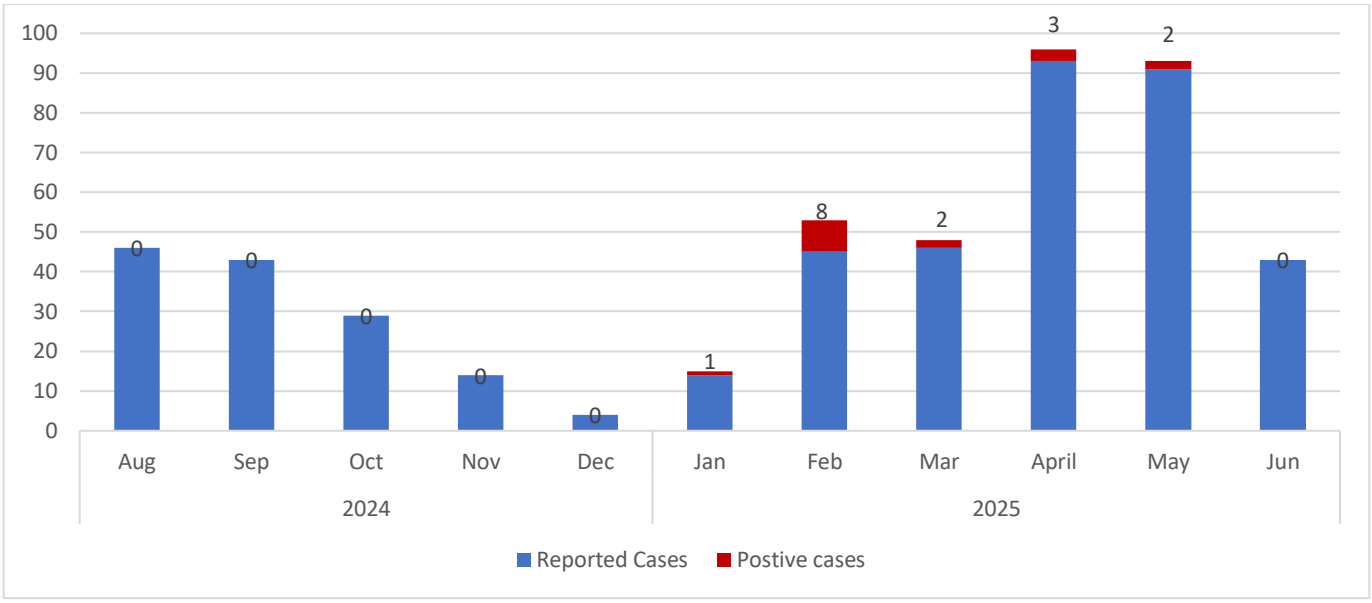
Figure 9: Age and sex distribution of Hepatitis E Virus cases in South Sudan, 2018-2025.



2. Mpox outbreak

- The National ministry of health in Juba declared the outbreak of Mpox disease in South Sudan after the National Public Health Laboratory confirmed the index case in Juba on February 6, 2025.
- In the reporting week 22, one new Mpox case was detected and confirmed in Juba county. The cumulative number of confirmed Mpox cases then became 16 (13 in Juba, 2 in Rumbek and 1 in Malakal counties).
- Since the identification of the first case, active surveillance has been intensified to detect more suspect cases, nevertheless, a cumulative total of 326 Mpox suspect cases have been reported around the four states since the start of the outbreak.

Figure 10: Trend of Mpox cases in South Sudan by state/Administrative Area, August 2024-June 2025



- 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. Consequently, a total of 117 suspect cases have been recorded of which 38 were investigated with lesion samples collected, however, only two of the samples tested positive for Mpox using PCR techniques. In the same state, there are currently 86 recoveries, and 31 individuals were reported to be on admission in the newly established isolation facility.
- 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.
- Out of the 16 positive cases, 11 were sequenced by the Uganda Virus Research Institute and confirmed Mpox Clade 1b. All the eleven sequenced Mpox positive cases had their closest phylogenetic match with viruses previously detected and reported in Uganda, confirming the epidemiological linkages established in detailed case investigations.

3. South Sudan Cholera Outbreak Epidemic description as of 10 June 2025

- As of 10 June 2025, the cholera outbreak had affected a cumulative total of 72,492 cases and 1,362 deaths (CFR: 1.9%, target < 1%), reported by 54 counties across 9 States and all 3 Administrative areas.
- In the last 7 days (onset from 04 June 2025 to 10 June 2025), 1 177 cases and 6 deaths had been reported by 20 counties. Rubkona and Torit accounted for 44% and 20% of these cases, respectively.
- Abyei is the newest affected county to report cholera cases ((37 suspected cases and 2 deaths, with 17 RDT positive and 2 culture positive) but the line list had not yet been shared with the national data management team at the time of writing this bulletin.
- Continued underreporting of cholera cases from some locations, especially in counties affected by the current insecurity in Upper Nile and Jonglei, remains an enigma.
- Suspected cholera cases from **Lafon, Nimule**, and **Abiemnhom** have not yet been confirmed by culture

- Western Equatoria remain the only state with no reported cases.

Table 5 : ***Summary of Cholera cases by state and CFR as of 10 June 2025***

State	Infected Counties	Total Cumulative	Laboratory Confirmed Case(s)	RDT Pos	Deaths	**Overall CFR (%)**
CES	2	9 218	42	1 518	113	1.23
EES	7	2 306	33	180	120	5.2
GPAA	1	1 712	11	8	66	3.86
JNG	9	11 632	77	514	222	1.91
LAK	3	737	31	256	27	3.66
NBGZ	5	8 570	24	144	56	0.65
RAA	1	159	0	67	3	1.89
UNI	7	22 616	78	7 158	375	1.66
UPPER	12	5 840	55	723	133	2.28
WBGZ	2	1 631	9	219	51	3.13
WRP	4	8 071	64	224	196	2.43
Total	**53**	**72 492**	**424**	**11 011**	**1 362**	**1.9%**

Figure 11: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, wk39, 2024 to Wk23, 2025

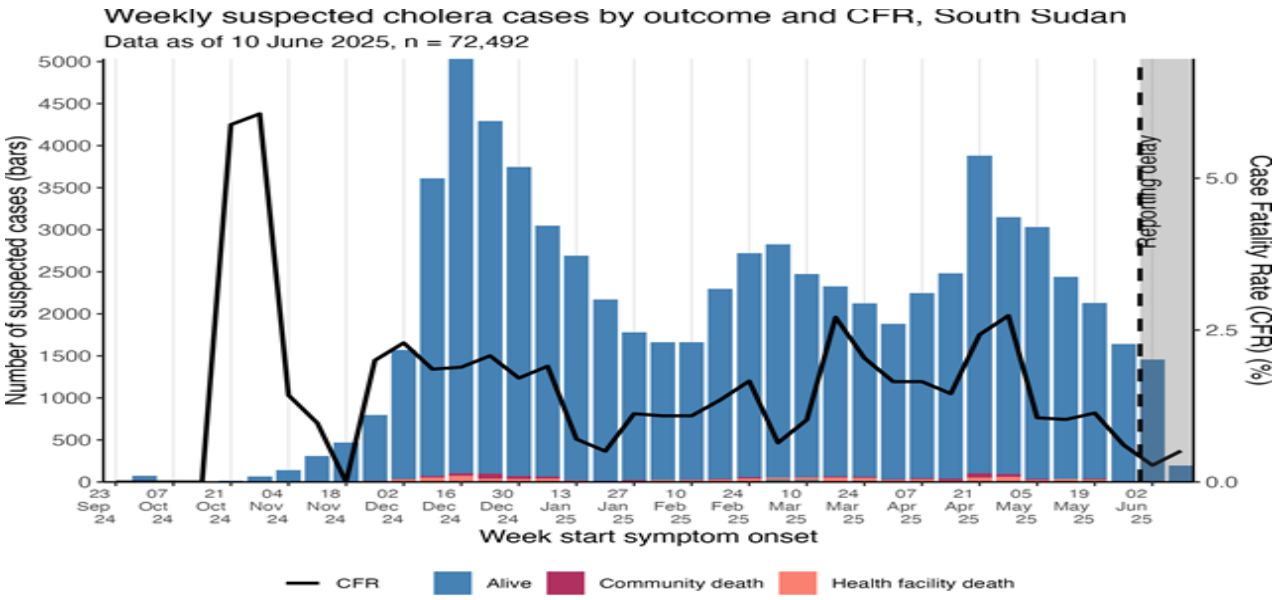


Figure 12: Map showing cholera cases and deaths distribution by Counties of South Sudan updated on as of week 19

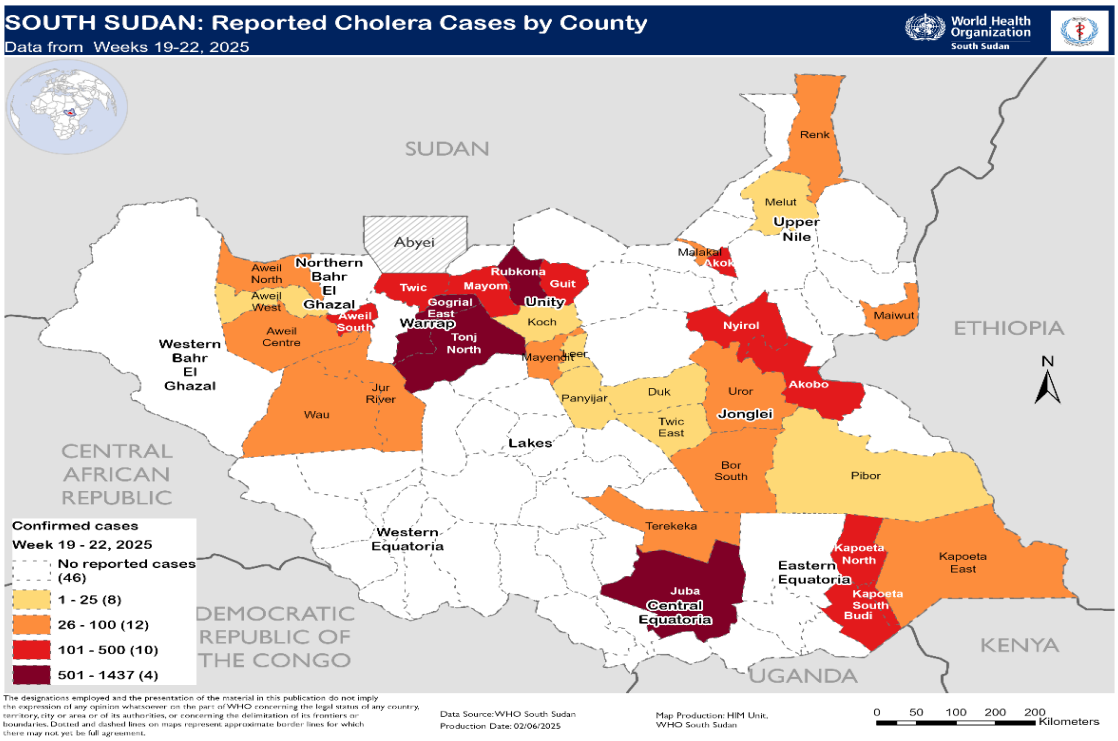
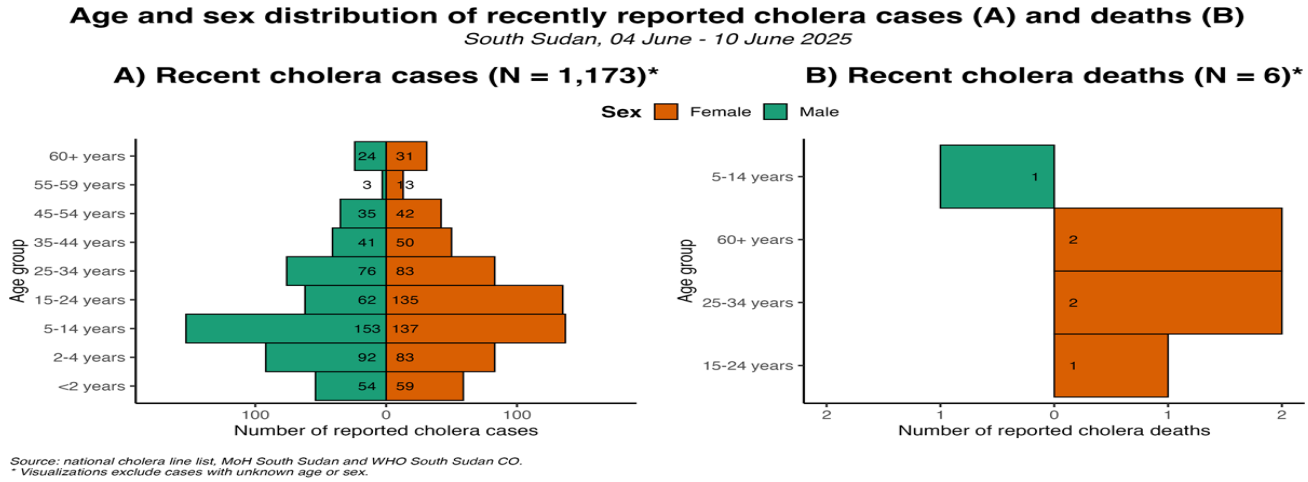


Figure 13: Graph showing cholera cases distribution by age group, sex and residential status as of 10 June 2025



Oral Cholera Vaccination Updates

- **Fourteen (14) ICG requests submitted** and approved between November 2024 to May 2025
- A total of **8,553,071 OCV doses** approved by ICG for vaccination response in **9 states and 1 administrative area** of South Sudan
- A total of **278,339** shipped in-country to add up to the balance of **361,338** doses already in-country making a balance total of **639,677** OCV doses in-country.
- A total of **842,846 doses** for three Counties (**Twic- Warrap State, Uror – Jonglei State and Budi – Eastern Equatoria State**) pending delivery in-country
- Planning in progress for **Post Campaign Coverage Surveys** in all counties which implemented OCV campaigns

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.
- Targeted surge support to the counties with high CFR and newly infected geographies.

4. 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 wastewater 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.
- By week 22, the cumulative number of detected AFP cases were 143 in 66 of the 80 counties. Although these numbers are still small, the annualised non-Polio AFP rates (1.87 per 100,000 population under 15yrs) are promising. The national stool adequacy rate is also good at 97%. Notably in 2024, the non-polio AFP rate at 5.96 and a 94% stool adequacy rate. The country reported eight polio-compatible cases in 2024 and only one has been reported in 2025. Maintaining high AFP surveillance remains a challenge due to funding constraints.

5. Anthrax

- 3 cases reported in week 22 and 1 during week 23 (ending 7th June 2025) in WBeG state. No report received from Warrap state and no reported death case in weeks 22 and 23 from both Warrap and WBeG states.
- There were unreported cases recorded during week22 when register books were reviewed in WBeG state (Epi-week 10 (3 cases); week 12 (5 cases); week 13 (4 cases); week 14 (2cases); week 15 (3cases); week 16 (3cases); week 17 (1 case); week 18 (3 cases); week 19 (4 cases); and week 20 (3 cases) in WBeG state.
- Cumulatively, since 2024, a total of 316 human anthrax cases have been reported from two states: Of these, one sample tested positive for anthrax at UVRI in Uganda. Among the 316 human cases, 5 have died, resulting in overall case fatality rate (CFR) of 1.6%
- In 2025 alone, a total of 155 human Anthrax cases have been reported from two states (WBeG – 121 and Warrap 34). Of the 155 human cases, two cases had died giving a case fatality rate (CFR) of 1.3%.
- 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 88 cases representing attack rate of 35.8 per 100,000 population, followed by Wau in Western Bar-El Gazal with an attack rate of 14.9 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.

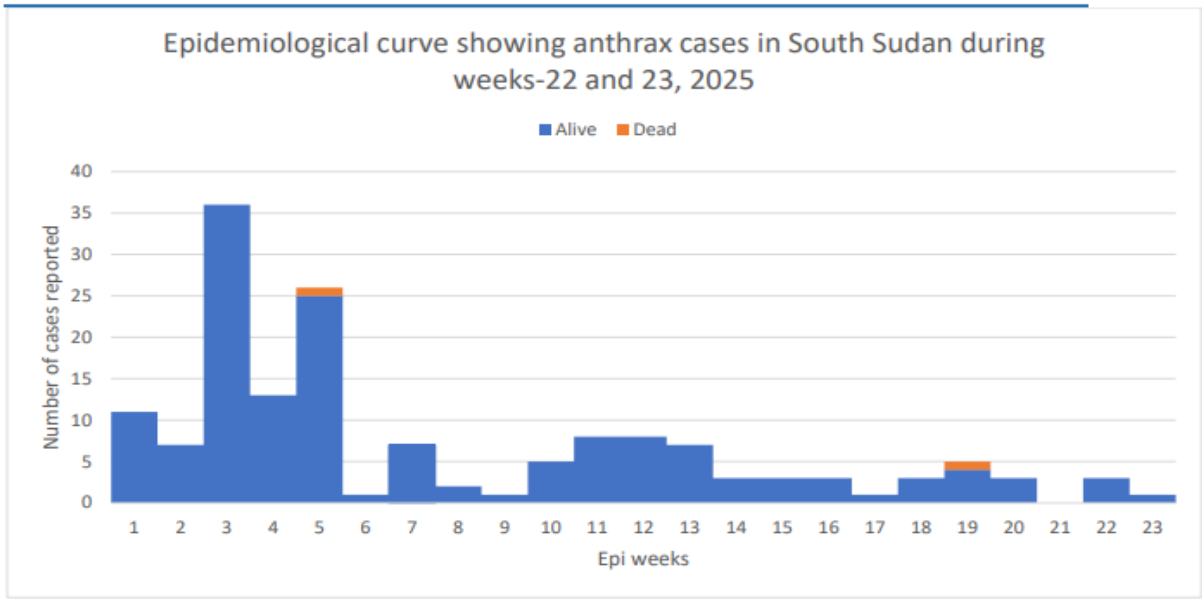


Table 6: Cumulative Anthrax attack rate in Warrap and Western Bahr EL-Ghazal States by county; 10th June 2025.

County	Frequency	Population	Attack Rate/100000
Jur River	88	245725	35.8
Gogrial West	31	582379	5.3
Gogrial East	5	273977	1.8
Wau	31	208486	14.9
Grand Total	**155**	**1036590**	**15.0**

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.

6. Measles Update

- Since the beginning of the year 2025 (Epidemiological week 01 to week 22), 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 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.
- 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.

Figure 14: Epidemic curve of measles cases in South Sudan; Week 01 to week 22 of 2025

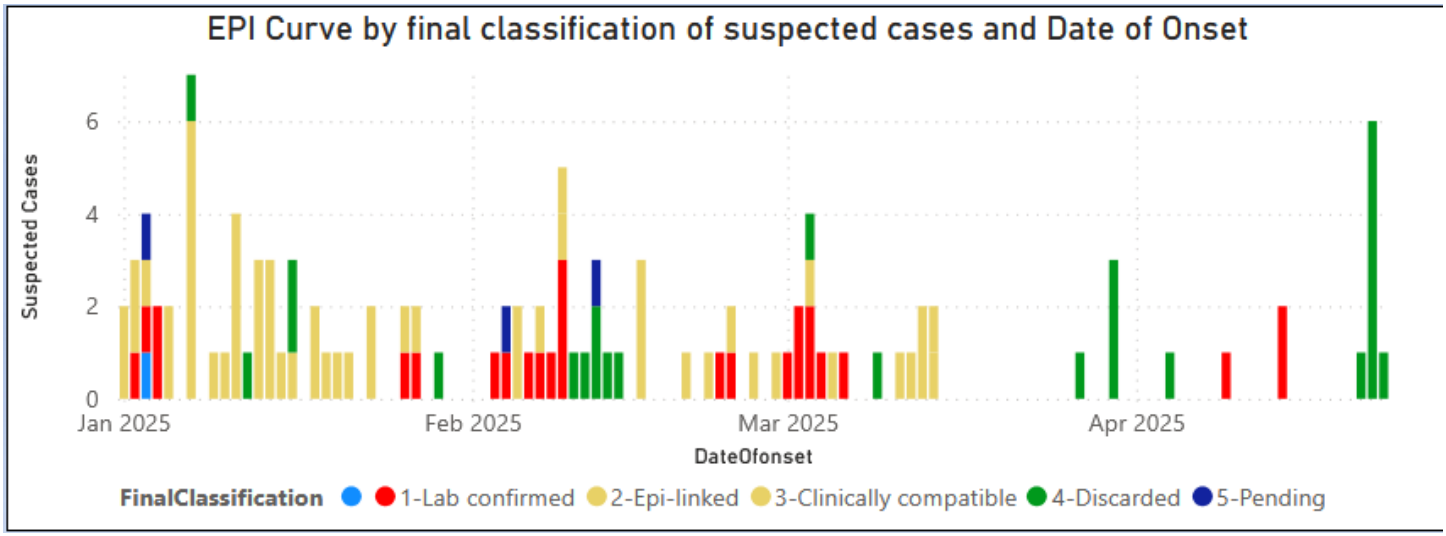
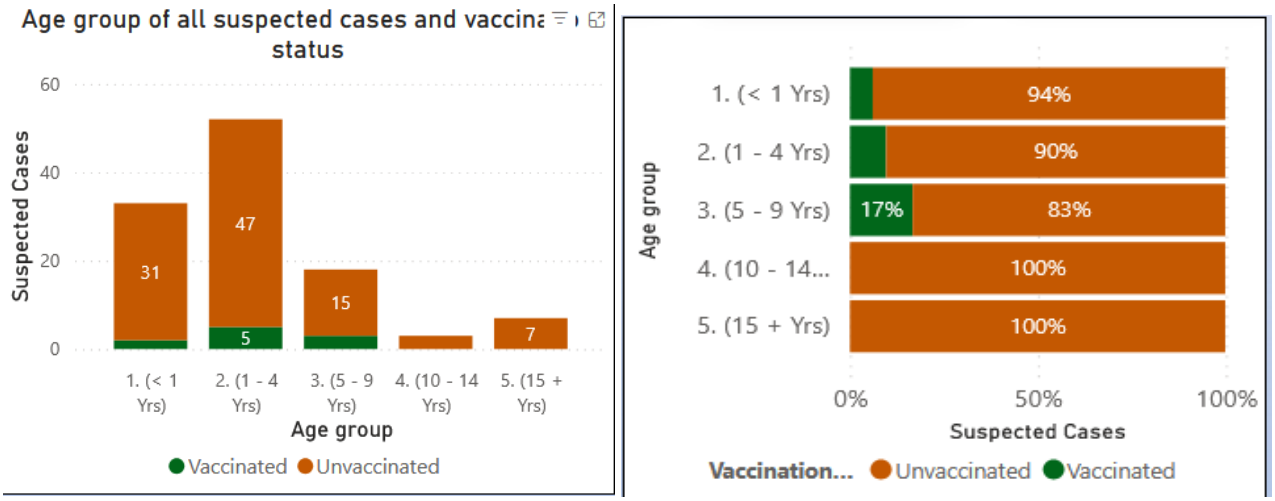


Figure 15: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-21 of 2025



7. Hepatitis E outbreak in Bentiu PoC, Rubkona County and other locations

- In week 22 of 2025, there were no hepatitis E virus cases reported and zero (0) death.
- Since the onset of the outbreak in January 2028, a total cumulative number of 6,410 cases have been documented with 36 deaths since the start of the outbreak in January 2018
- Of the 6,410 hepatitis E virus cases recorded, 1,888 cases had tested positive by rapid diagnostic test (RDT) since the onset of the outbreak in 2028.
- Individuals aged 15 to 44 years documented 43% of the reported hepatitis E virus cases,
- Males sex accounted for 53% (3, 3374 cases) of the total cases, nevertheless females reported 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 identified in people living outside the boundary of Bentiu PoC, who also go to the healthcare centres located in the inside of the PoC for medical assistance.

Figure 16*: Epicure of HEV in Bentiu IDP camp, Unity State; Epi Week 52 of 2018 to Week 21 of 2025*

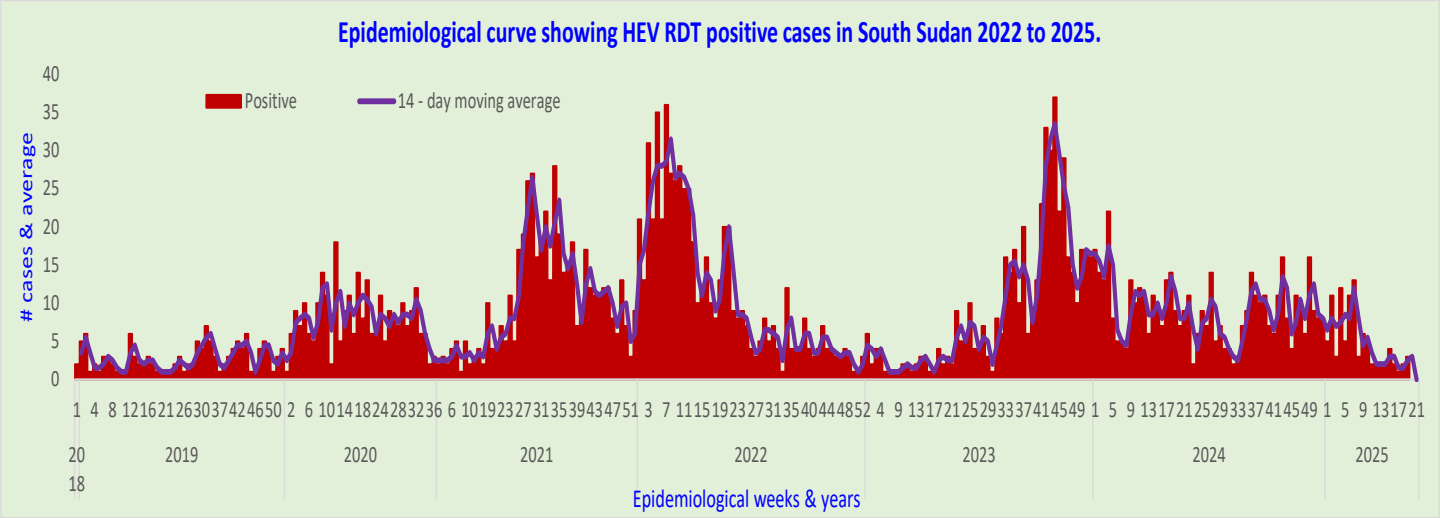
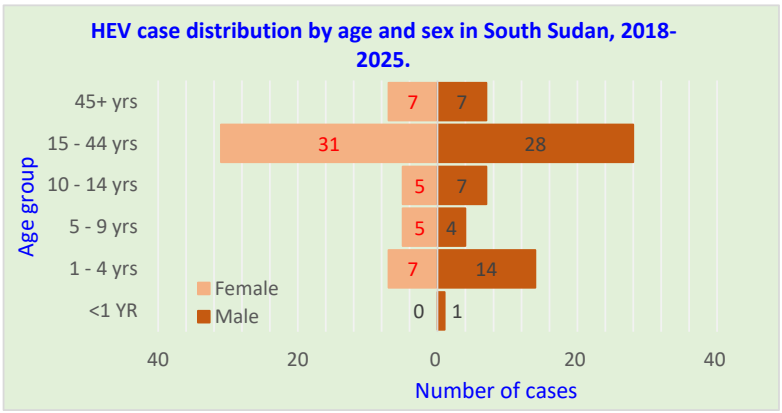
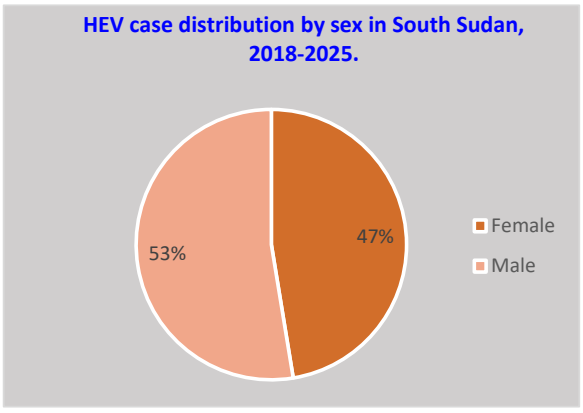


Figure 17:Location and age distribution of Hepatitis E cases in Bentiu, Unity state of South Sudan





Other Events

Sudan crisis: As of 11 June 2025, a cumulative total of 290,193 households containing ***1,173,741 individuals (609,972 Females and 563,769 Males) from 18 different nationalities had crossed the border***. Of this number, ***68. 3% (801,665)*** are South Sudanese returnees, alongside 31.2% (366,207) are Sudanese refugees. Currently, 21 PoEs are being monitored, with Joda-Renk accounting for 89.0% 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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Ministry of Health Republic of South Sudan

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