



# Republic of South Sudan

## Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 24

*9<sup>th</sup> to 15<sup>th</sup> 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 24 of 2025, IDSR reporting timeliness improved slightly to 73%, with completeness at 92%. Nine states and three administrative areas reported over 80% completeness, with Lakes, Unity, Western Equatoria, Pibor Administrative Area, and Ruweng Administrative Area achieving 100%. However, only 7 out of 13 states/administrative areas had IDSR reporting timeliness above 80%.
- At the EWARN mobile sites, the timeliness of IDSR reporting was at 100%. There was an immense improvement in the timeliness of reporting in the EWARN mobile sites from 89% to 100% in epidemiological weeks 23 and 24, respectively.
- In week 24, 140 of the 235 (60%) EWARS alerts triggered were verified, displaying an increase in alerts triggered but a decrease in verification rates compared to week 23. The main alerts were for Malaria (23%), AWD (20%), Cholera (17%), Guinea Worm (13%), ARI (11%), and ABD (10%). remarkably, the surveillance teams in Pibor Administrative Area, Jonglei, Lake, Northern Bahr el Ghazal, and Upper Nile States successfully verified most of their reported alerts. Western Equatoria state that has not reported any single case of Cholera only verified 7 of the 21 AWD alerts.
- In week 24, there was one new confirmed case of Mpox, detected and reported from Juba County. Therefore, the cumulative number of confirmed Mpox cases increased to 17 (14 in Juba, 2 in Rumbek, and 1 in Malakal).
- As at 25<sup>th</sup> June, the cumulative suspected cholera cases had reached a total of 76920 cases and 1386 deaths bringing the outbreak case fatality ratio (CFR) to 1.8%, although the target remains a CFR less than 1%. Cases are reported across 54 counties in 9 states and all three administrative areas of Ruweng, Greater Pibor, and Abyei. There remains 1,986 hospitalized cholera cases with a 95.6% recovery rate. From June 19 to June 25, 2025, there were 892 new cases and 6 deaths, primarily reported in Rubkona (46%) and Abyei (17%).

## 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 24** were at **73%** and **92%**, respectively, which represented a slight increase in Timeliness and Completeness as compared to the previous week's attainments.

**Table 1: Timeliness and completeness of IDSR reporting by State for week 24 compared to week 23 of 2025**

State	Total facilities	Number of facilities reported (Completeness Wk24)	Comparison of the reporting period				Cumulative since year start	
			Timeliness		Completeness		(2025 level)	
			week 24	Week 23	Week 24	Week 23	Timeliness	Completeness
Lakes	112	112	88%	100%	100%	100%	93%	100%
NBGZ	92	92	84%	83%	92%	91%	75%	86%
Unity	85	85	92%	98%	100%	100%	95%	99%
WBGZ	112	99	58%	58%	88%	79%	58%	85%
WES	191	191	62%	68%	100%	100%	74%	98%
Jonglei	120	115	87%	78%	96%	95%	82%	90%
Warrap	114	87	64%	54%	76%	76%	61%	83%
EES	112	88	42%	41%	79%	78%	56%	84%
RAA	16	16	31%	88%	100%	100%	48%	94%
CES	152	145	89%	96%	95%	97%	91%	94%
AAA	17	16	88%	71%	94%	82%	77%	91%
Upper Nile	143	122	75%	50%	85%	80%	67%	84%
GPAA	16	16	94%	100%	100%	100%	94%	98%
<b>Total</b>	<b>1282</b>	<b>1177</b>	<b>73%</b>	<b>72%</b>	<b>92%</b>	<b>90%</b>	<b>75%</b>	<b>91%</b>

### Key to Epidemiological Reporting

>80%	Good performance
60-79%	Fair performance
<60%	Poor performance

**Figure 1: Maps showing Timeliness and Completeness of IDSR reporting in South Sudan by County in Week 24, 2025**

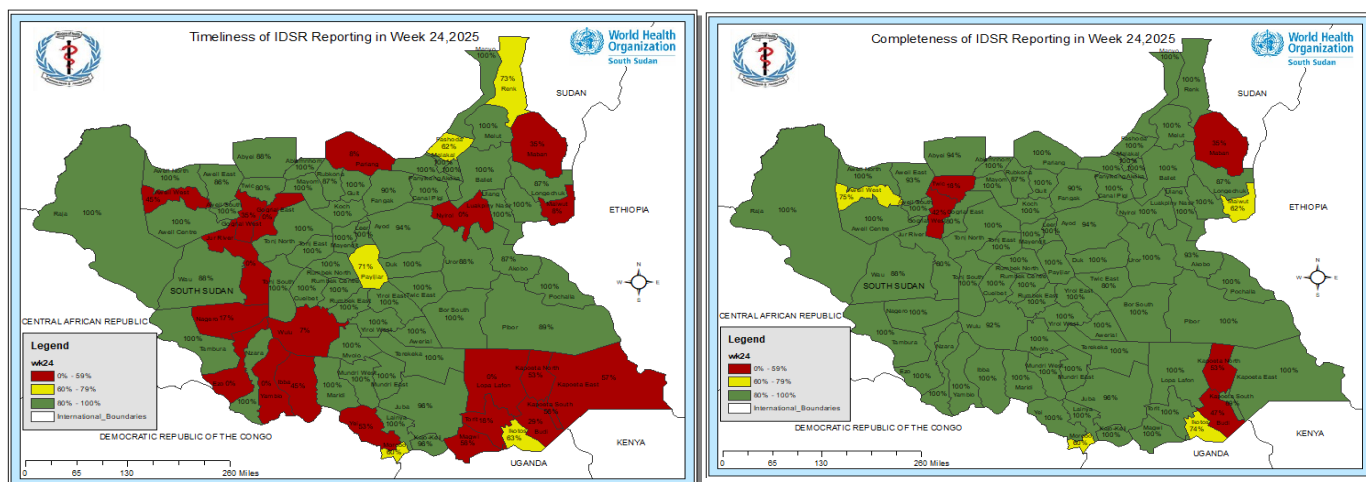


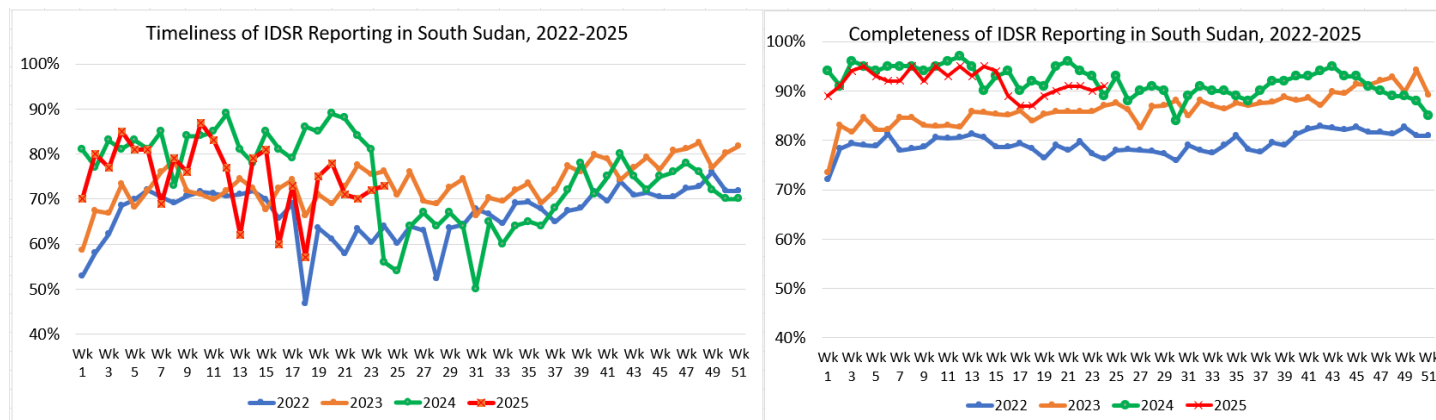
Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 24 of 2025.

IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for week 23, 2025							
Partners	# of Reporting Mobile Sites	% of Timeliness in week 23	% of Completeness in week 23	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 23	% of Completeness in week 23
IMC	1	100%	100%	Kator	3	100%	100%
SSHCO	1	100%	100%	Marial Baai	1	100%	100%
SMC	1	100%	100%	North/Bari	1	100%	100%
SCI	2	100%	100%	Rajaf	3	100%	100%
HFO	4	100%	100%	Munuki	12	100%	100%
WVI	2	100%	100%	Wau South	20	90%	90%
CIDO	1	100%	100%	Wau North	12	92%	92%
SP	4	100%	100%	Juba	10	100%	100%
HFD	1	100%	100%	Mangala	1	100%	100%
RI	1	100%	100%	<b>TOTAL</b>	<b>63</b>	<b>95%</b>	<b>95%</b>
<b>TOTAL</b>	<b>18</b>	<b>100%</b>	<b>100%</b>				

**Note:** Congratulations and sincere appreciation to all partners for achieving 100% timely submission of EWARN reports. The IDSR team encourages everyone to maintain this excellent momentum in the weeks ahead. Your dedication plays a vital role in ensuring timely detection and response to public health threats.

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.



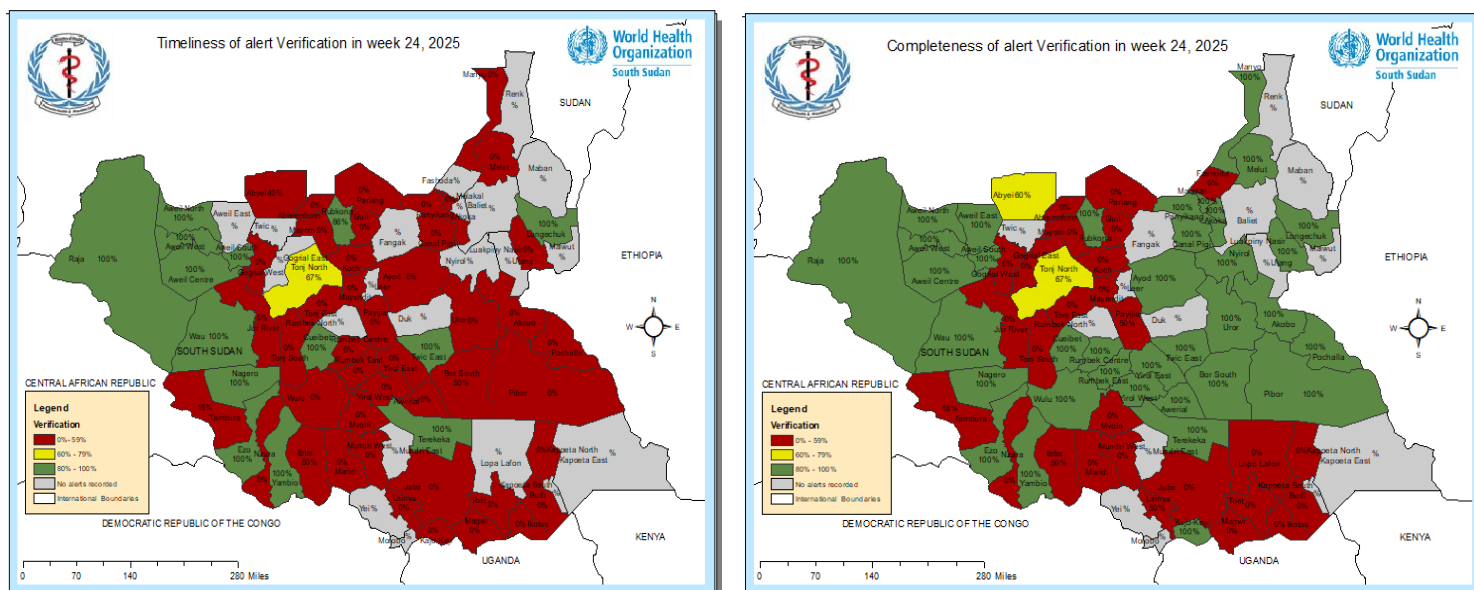
## Epidemic alerts

In the epidemiological reporting week 24, a total of 235 alerts were triggered in the EWARS system, with 60% (140 of 235) verified. Although the total alerts increased, there was a decline in the verification rate compared to the previous week 23. In Week 24, ten states and three administrative areas recorded at least one notifiable disease alert. Special thanks to Pibor Administrative Area, Jonglei, Lake, Northern Bahr el Ghazal, and Upper Nile States for verifying most of their EWARS alerts. Most of the alerts were for Malaria (23%), AWD (20%), Cholera (17%), Guinea Worm (13%), ARI (11%), and ABD (10%). In a cholera outbreak context and the fact that Western Equatoria did not report any single case, we note with concern the poor verification ratios of the AWD alerts in the state. A targeted and in-depth conversation will be convened with the state team to correct this anomaly.

Table 3: Summary of EWARS alerts triggered in Epidemiological Week 24, 2025.

State/Admin	AJS		ARI		AWD		AFP		ABD		Cholera		Covid-19		EBS		Guinea Wor		Malaria		Measles		NNT		Total	
	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V
AAA	0	0	0	0	1	0	0	0	2	1	0	0	0	0	0	0	1	1	1	1	0	0	0	0	5	3
OES	1	0	3	2	2	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	1	1	0	0	9	3
EES	0	0	0	0	3	0	0	0	2	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	9	0
GPAA	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	2	2
Jonglei	0	0	3	3	1	1	0	0	2	2	8	8	0	0	0	0	5	5	1	1	0	0	0	0	20	20
Lakes	0	0	3	3	3	3	0	0	1	1	0	0	0	0	0	0	20	20	4	4	0	0	0	0	31	31
NBGZ	0	0	1	1	2	2	0	0	0	0	3	3	0	0	0	0	1	1	0	0	1	1	0	0	8	8
RAA	0	0	0	0	1	0	0	0	3	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	5	0
Unity	1	1	3	2	3	1	0	0	5	4	15	6	0	0	0	0	0	0	4	1	0	0	0	0	31	15
Upper Nile	1	1	2	2	7	6	0	0	5	5	3	3	0	0	0	0	1	1	3	2	0	0	0	0	22	20
Warrap	0	0	2	0	0	0	0	0	2	0	4	0	0	0	4	4	2	0	1	0	0	0	0	0	15	4
WBGZ	0	0	2	2	2	1	0	0	0	0	1	1	0	0	0	0	0	0	4	3	0	0	0	0	9	7
WES	0	0	7	4	21	7	2	1	1	0	0	0	1	1	0	0	1	1	35	12	0	0	1	1	69	27
Grand Total	3	2	27	20	46	21	3	1	23	13	39	21	1	1	5	4	31	29	54	25	2	2	1	1	235	140

Figure 3: Timeliness and Completeness of Alerts: Verification rates by county of South Sudan for week 24, 2025

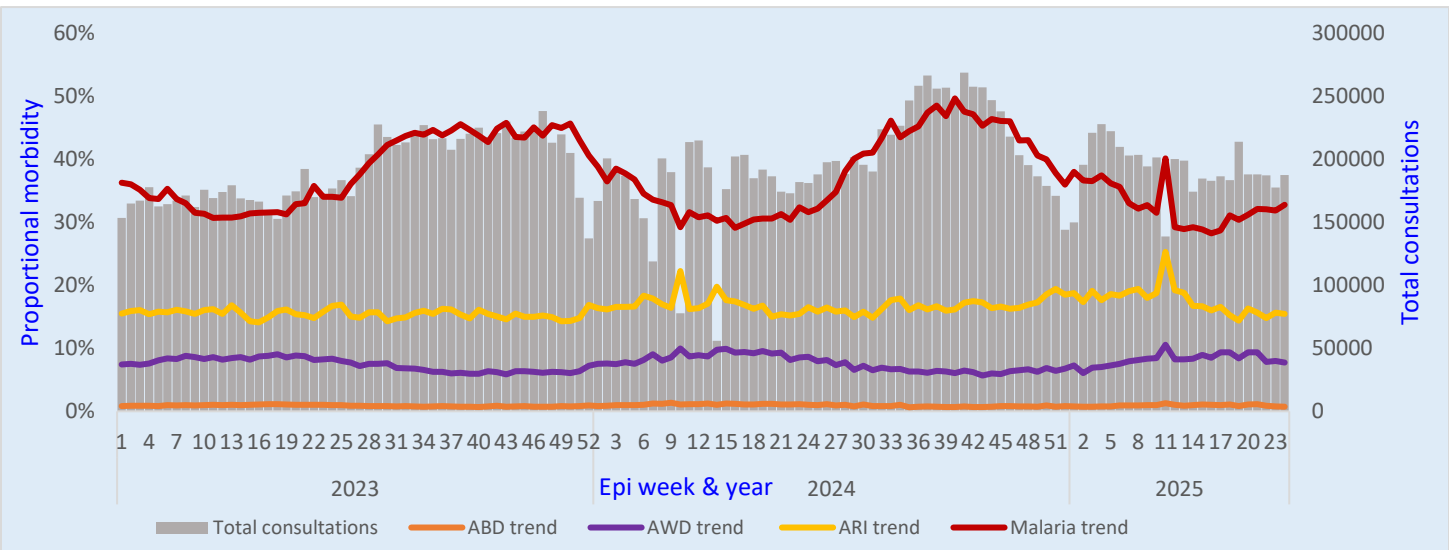


## Weekly Update on Indicator-Based Surveillance (Week 24 of 2025)

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

In week 24 of 2025, a total of **187,568 consultations** morbidities were reported from all over South Sudan from across 1282 health facilities. Malaria remains the top cause of morbidity, accounting for 33% of all cases, followed by Acute respiratory illnesses (15%) and acute watery diarrhea (8%). Analysis of proportional morbidity rates of the three primary illnesses in South Sudan, indicates no significant changes in the distribution patterns over the last four years, illustrated in figure 4 below

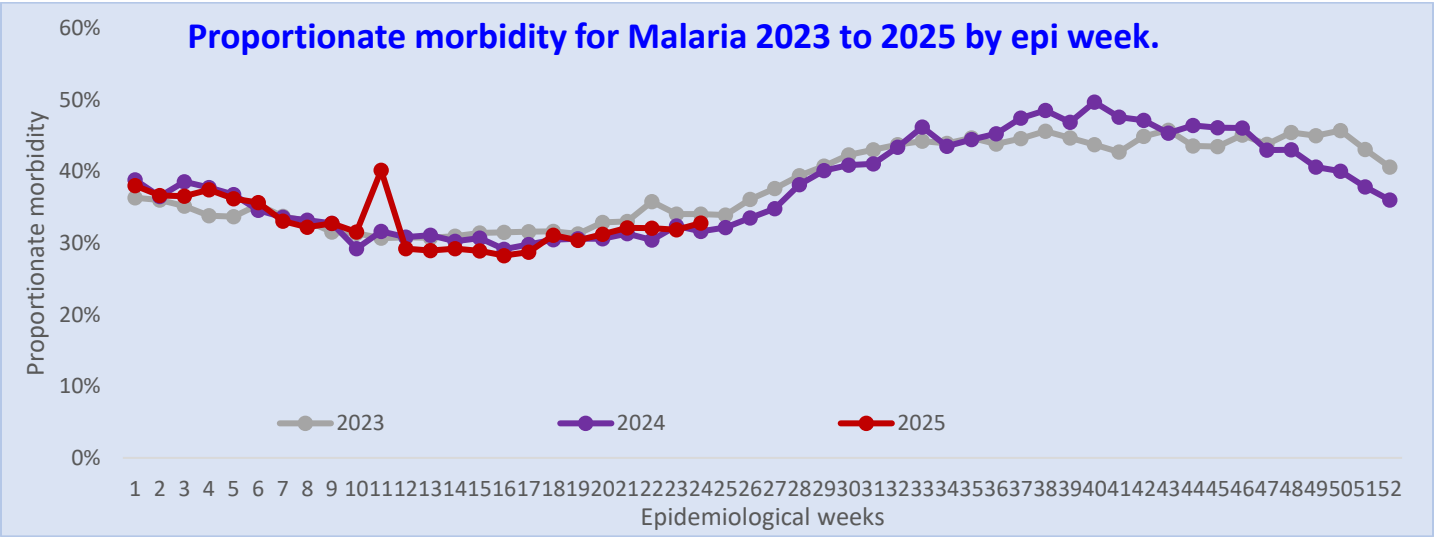
Figure 4: IDSR Proportional Morbidity as of week 24 of 2025.



### 1. Malaria

In week 24 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 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.

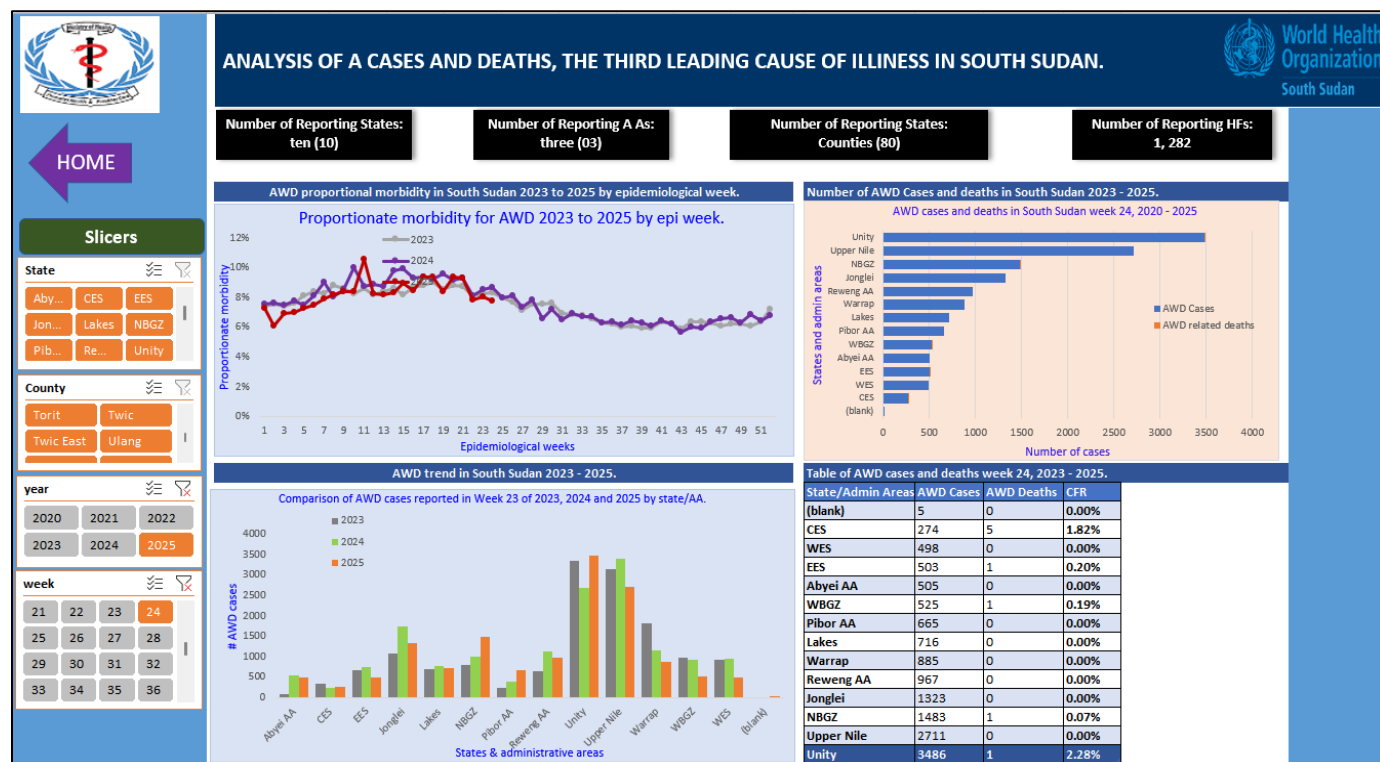
Figure 5: Proportional Morbidity of Malaria Cases in South Sudan; 2023-2025



### 2. Acute Watery Diarrhoea

During the week, 24 AWD was the third leading cause of morbidity, resulting in 43,938 cases and 11 deaths. We are now in the eighth month since the first cholera case was confirmed. While reported Acute Watery Diarrhea (AWD) cases fell within normal ranges, tracking remains crucial due to the nationwide cholera outbreak. Suspected AWD deaths rose from 13 in week 21 to 16 in week 22, despite a decline in cases from 50,647 to 42,615. The AWD dashboard is our surveillance tool for visualizing trends and weekly data by geography, which aids in targeted investigations, like in Abyei. This dashboard will help quickly identify areas that may overlook the outbreak.morbidity due to acute watery diarrhoea (AWD) appears to show a consistent pattern when compared to the same timeframe from previous periods.

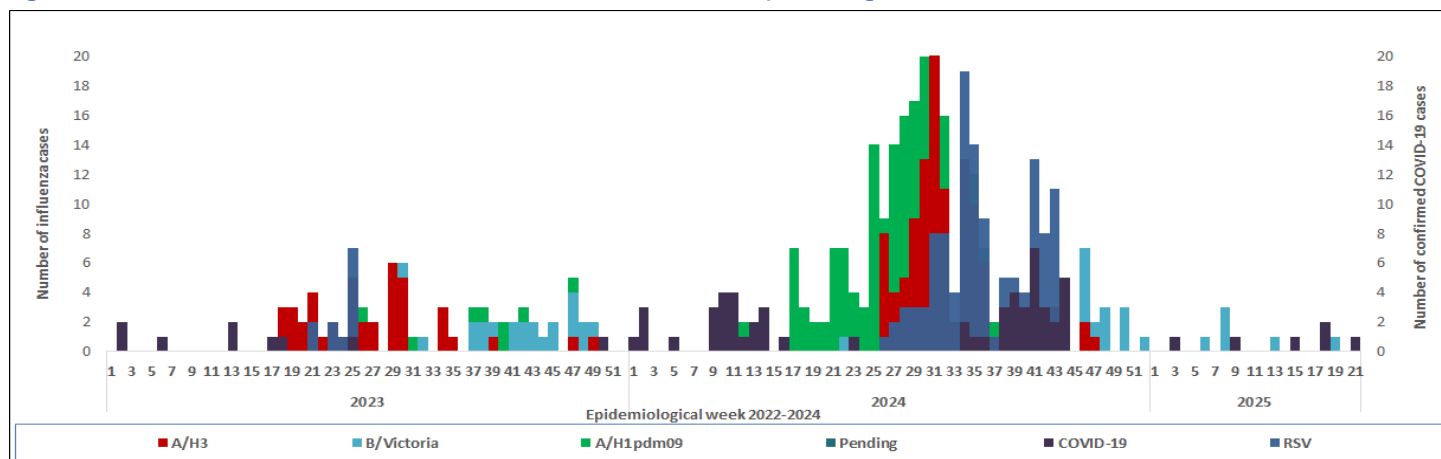
Figure 6: Dashboard of IDSR reported AWD cases by Week in South Sudan; 2023-2025



### 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 influenza 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.

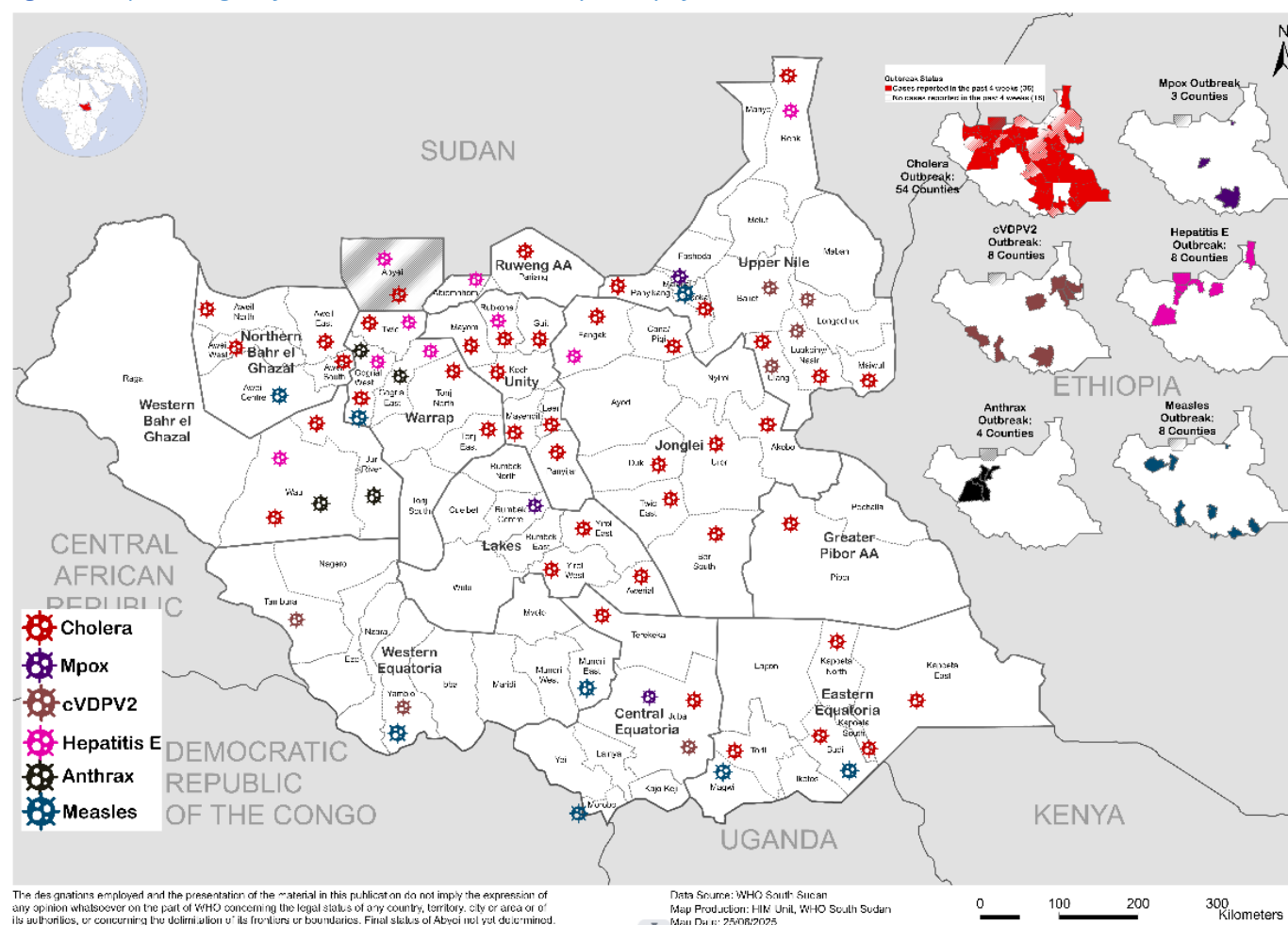
## South Sudan Confirmed and ongoing epidemics in 2025

Table 4: Summary of ongoing and confirmed epidemics

Aetiologic agent	Location (county)	Date first reported	New cases since Epi-Week 23	Cumulative suspected	Response activities				
					Surveillance/Lab confirmed	Case management	Vaccination	Health promotion	IPC/WASH
Mpox	Juba Malakal, Rumbek	Feb 2025	26	346	17	Mpox	Planned	yes	yes
Cholera	In 54 counties across 9 states & 3 AAs	Sept 2024	> 1800	76,920	464	Cholera	Completed in 36 counties	yes	yes
Hepatitis E	Rubkona Fangak Wau Abyei Twic	Dec/2018	0	8,984	1,888	Hepatitis E	Last done in 2020 in Bentiu	yes	yes
cVDPV2	Yambio, Juba, Ulang, Nasir, Baliet, Ayod, Old Fangak	19/Dec 2023	0	26	26	cVDPV2	4 nationwide nOPV2 SIAs completed	yes	yes
Anthrax	Gogrial West (WRP) and Jur River (NBG)	2022	34	316	4	Anthrax	Not explored	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 1<sup>st</sup> Junel 2025.

Figure 8: Map showing confirmed and active outbreaks by county of South Sudan; as at 20<sup>th</sup> June 2025.



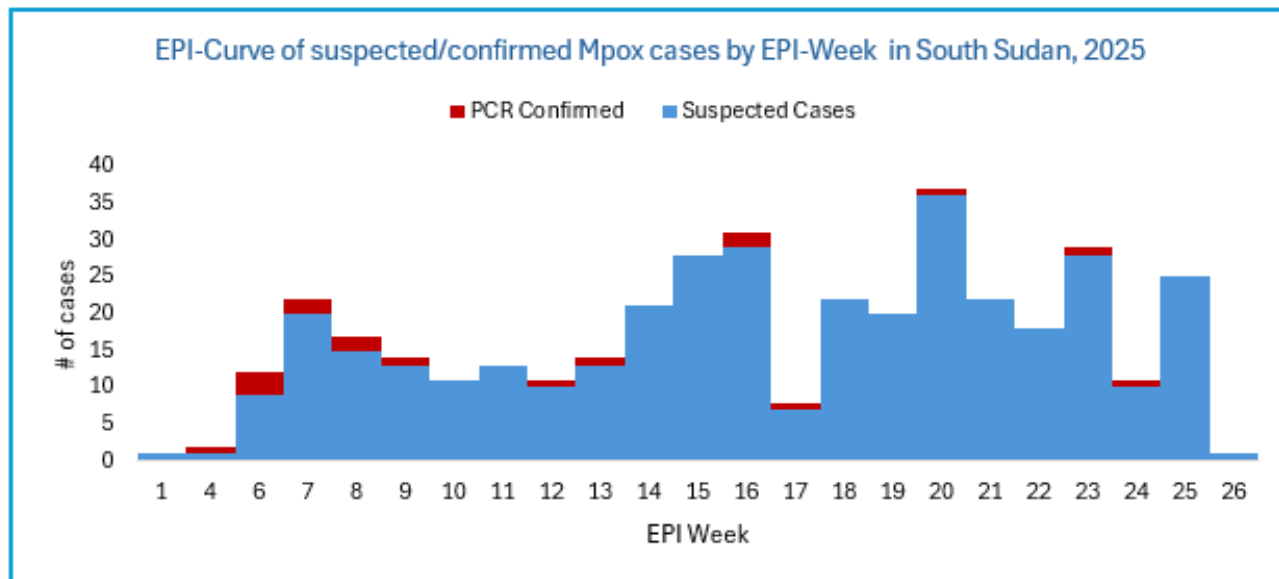
## Response activities for ongoing/suspected outbreaks

### 1. 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.
- Currently, there are 17 confirmed cases of Mpox, with no fatalities reported. The cases are distributed as follows: 14 in Juba, 2 from Rumbek Prison, and 1 at the Malakal POC site.
- There are 3 active cases in Juba, while the remaining 14 individuals have recovered and been discharged. Genomic analysis has confirmed Clade Ib in 11 positive cases, with results from 4 samples pending genetic sequencing at the Uganda Virus Research Institute.
- The latest case detected in Juba County had a date of onset of June 13, 2025, resulting in 16 identified contacts who are being monitored. Active contacts line-listing and tracking is ongoing.

Figure 9: Trend of Mpox cases and distribution by state of South Sudan, August 2024-June 2025





- Entirely, all confirmed cases are from aged group 12 to 40 years, and the sex distribution is given as 9 females against 8 males
- The latest positive case was a 24-year-old occupant of Lemon Gaba with no record of travel to an infected country and his date of onset is given as 17 May 2025. This particular case is documented to have consulted several clinics and health service points before he was reported for investigation. Contacts listing and tracing is still ongoing
- In Rumbek, the first cases were detected in Rumbek Prison. Subsequently, a cumulative total of 158 suspect cases (including 5 suspected cases reported in week24), with 44 suspects investigated with lesion swabs collected. Only two of the 44 lesion swabs tested positive for Mpox using PCR techniques. There are 129 recoveries recorded since the start of the outbreaks, however, 29 patients are still in admission in the newly and 31 individuals were reported to be on admission in the newly created isolation facility.
- Ongoing Interventions in Rumbek: Coordination using the weekly State Task Force, 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 40 healthcare workers on Mpox case definitions, supportive care, investigations (including lesion swabs collection) and reporting. Case definition guidelines are being distributed to health facilities in Rumbek.
- Of the 17 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.

## 2. South Sudan Cholera Outbreak Epidemic description as of 25 June 2025

- The cholera outbreak has reached a total of 76920 cases and 1,386 deaths, with a case fatality rate (CFR) of 1.8%, aiming for less than 1%. Cases are reported across 54 counties in 9 states, including Ruweng, Greater Pibor, and Abyei.
- Currently, there are 1,986 hospitalized cases and 73548 recoveries, resulting in a 95.6% recovery rate. From June 19 to June 25, 2025, there were 892 new cases and 6 deaths, with Rubkona and Abyei contributing 46% and 17% of the new cases, respectively.
- Rubkona reported 391 cases since the last update. Underreporting of cholera cases is ongoing, especially in Ulang and Nasir due to insecurity.
- Sample collection and testing are urgently needed in Abiemnhom and Lafon, with Abiemnhom testing negative so far.
- Western Equatoria is currently the only state without reported cases.

**Table 5 : Summary of Cholera cases by state and CFR as of 24 June 2025**

State	Affected Counties	Total Cumulative	Laboratory Confirmed Case(s)	RDT Positive	Deaths	Overall CFR (%)
AAA	1	298	7	24	7	2.4
CES	2	9789	42	1522	115	1.2
EES	7	2892	55	227	124	4.3
GPAA	1	1712	11	8	66	3.9
JNG	9	12894	81	649	243	1.9
LAK	3	737	31	256	27	3.7
NBGZ	5	8807	26	146	56	0.6
RAA	1	159	0	67	3	1.9
UNI	7	24583	78	7331	380	1.6
UPPER	12	5922	64	789	136	2.3
WBGZ	2	1631	9	219	51	3.1
WRP	4	7496	60	213	178	2.4
<b>Total</b>	<b>54</b>	<b>76920</b>	<b>464</b>	<b>11451</b>	<b>1386</b>	<b>1.8%</b>

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

Weekly suspected cholera cases by outcome and CFR, South Sudan

Data as of 25 June 2025, n = 76,920

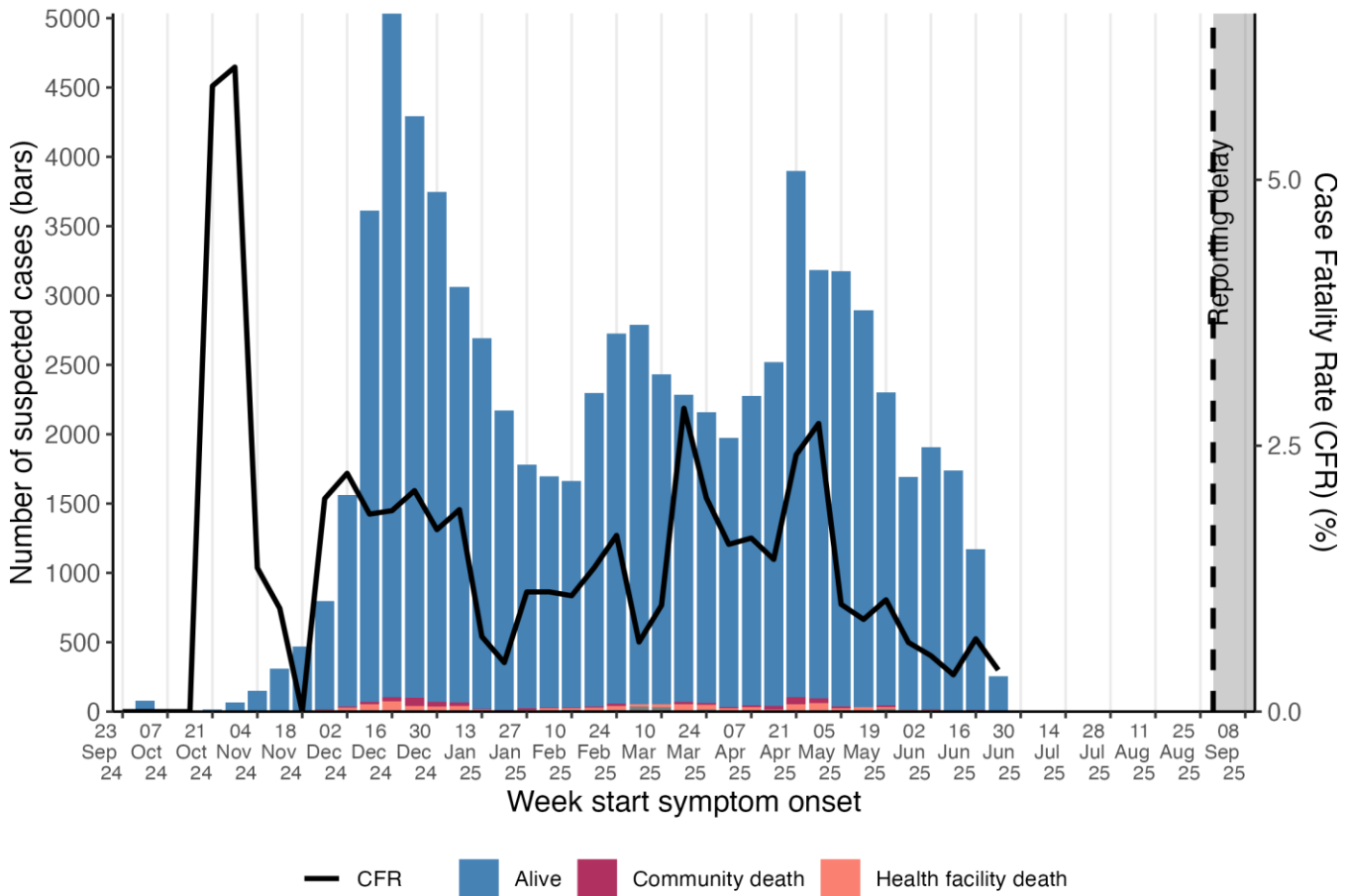


Figure 10: Map showing cholera cases and deaths distribution by Counties of South Sudan updated on as of week 25

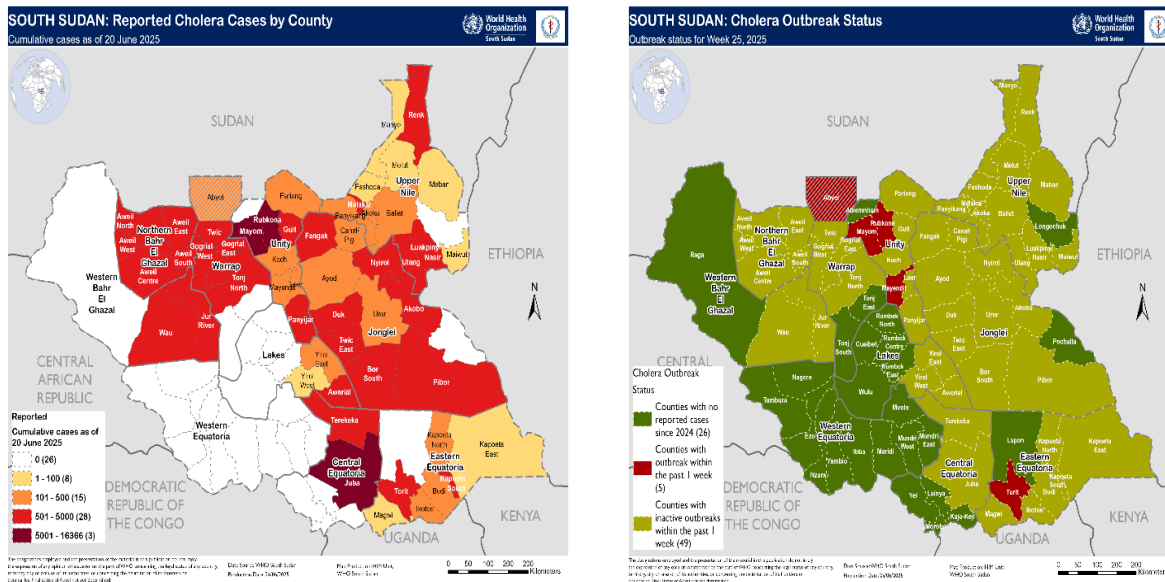
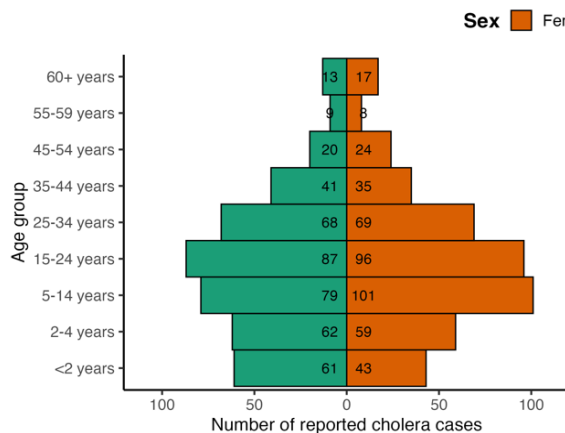


Figure 12: Graph showing cholera cases distribution by age group, sex and residential status as of 17 June 2025

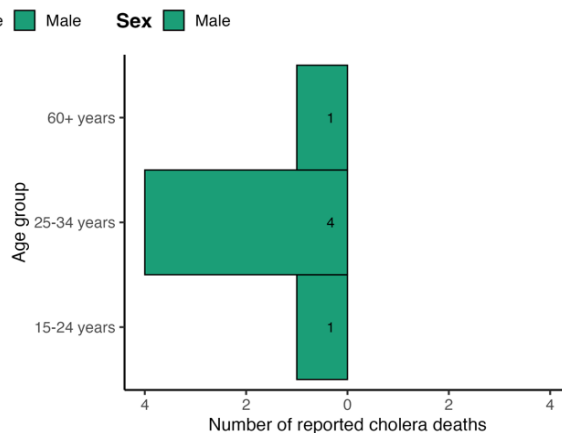
## Age and sex distribution of recently reported cholera cases (A) and deaths (B)

South Sudan, 19 June - 25 June 2025

### A) Recent cholera cases (N = 892)\*



### B) Recent cholera deaths (N = 6)\*



Source: national cholera line list, MoH South Sudan and WHO South Sudan CO.

\* Visualizations exclude cases with unknown age or sex.

## Oral Cholera Vaccination Updates

- Fifteen (15) ICG requests submitted and approved between November 2024 to June 2025
- A total of 9,364,592 OCV doses approved by ICG for vaccination response in 45 Counties of 9 states and 1 administrative area of South Sudan
- Approval received for two counties (Kapoeta East (EES) and Melut (UNS). Plan to submit new request for Torit and Abyei
- Plan to update and validate a list of national cholera Priority Areas for Multisectoral Intervention (PAMIs) to apply to Gavi for preventive OCV doses in the future
- 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 through Risk communication and community Engagement.
- 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.

## 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. 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 17<sup>th</sup> 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 4<sup>th</sup>/latest round.

- By week 25, the cumulative number of detected AFP cases were 156 in 67 of the 80 counties. Although these numbers are still small, the annualised non-Polio AFP rates (2.04 per 100,000 population under 15yrs) are promising. The national stool adequacy rate is also good at 96%. 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.

#### 4. Anthrax

- During weeks 24 and 25, there was no reported Human Anthrax case. No report received from Warrap state, and no reported death.
- Cumulatively, since 2024, a total of 316 human anthrax cases have been reported from two states. Out of these, one sample tested positive for anthrax at UVRI in Uganda. Among the 316 human cases, 5 have died, resulting in an 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 an 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.

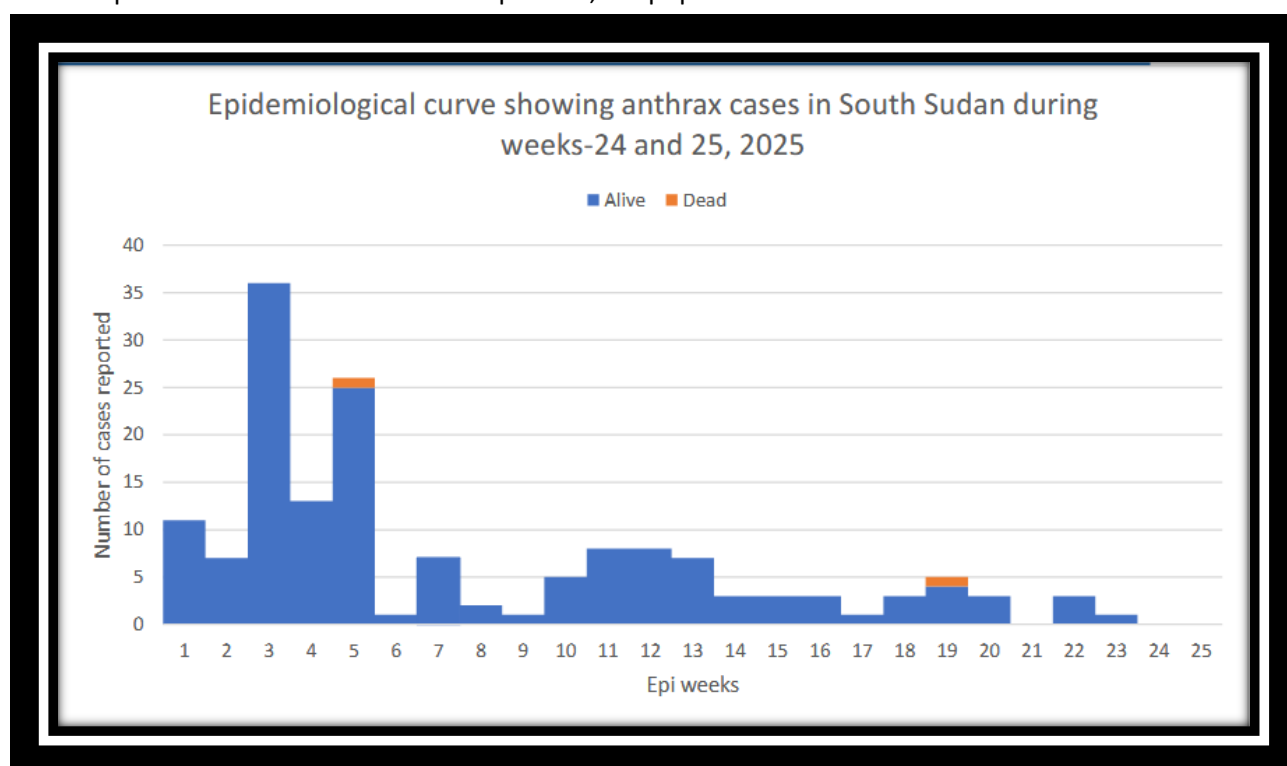


Table 6: Cumulative Anthrax attack rate in Warrap and Western Bahr EL-Ghazal States by county; 10<sup>th</sup> June 2025.

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
<b>Grand Total</b>	<b>155</b>	<b>1036590</b>	<b>15.0</b>

## 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.

## 5. Measles Update

- Since the beginning of the year 2025 (Epidemiological week 01 to week 24), a cumulative total of 113 suspected measles cases have been reported from 17 counties in 8 states, 53 samples were collected among them 26 had a positive IgM test result at the national serology laboratory, giving a positivity ratio of 49%. Three counties have confirmed three or more cases (Aweil Center, Gogrial West and Kapoeta South), and therefore classified as measles putbreaks. Magwi, Morobo and Yambio had confirmed at least 1 to 2 cases in the last month and are therefore being monitored as potential geographies with active transmission of measles.
- 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 13: Epidemic curve of measles cases in South Sudan; Week 01 to week 24 of 2025

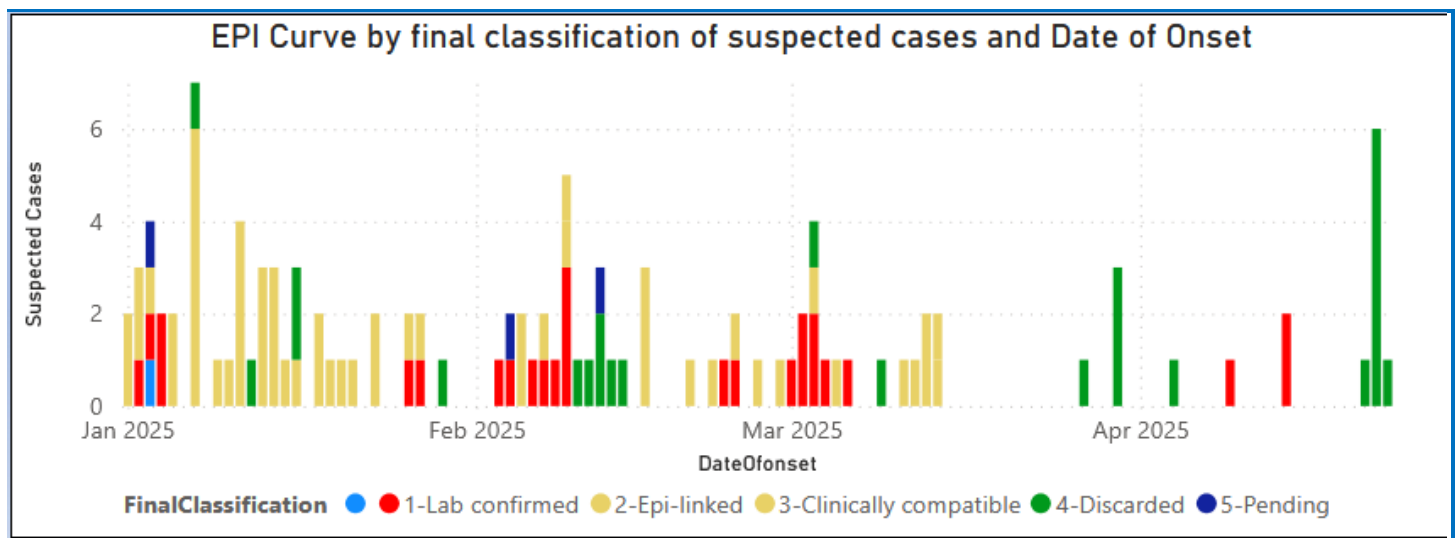
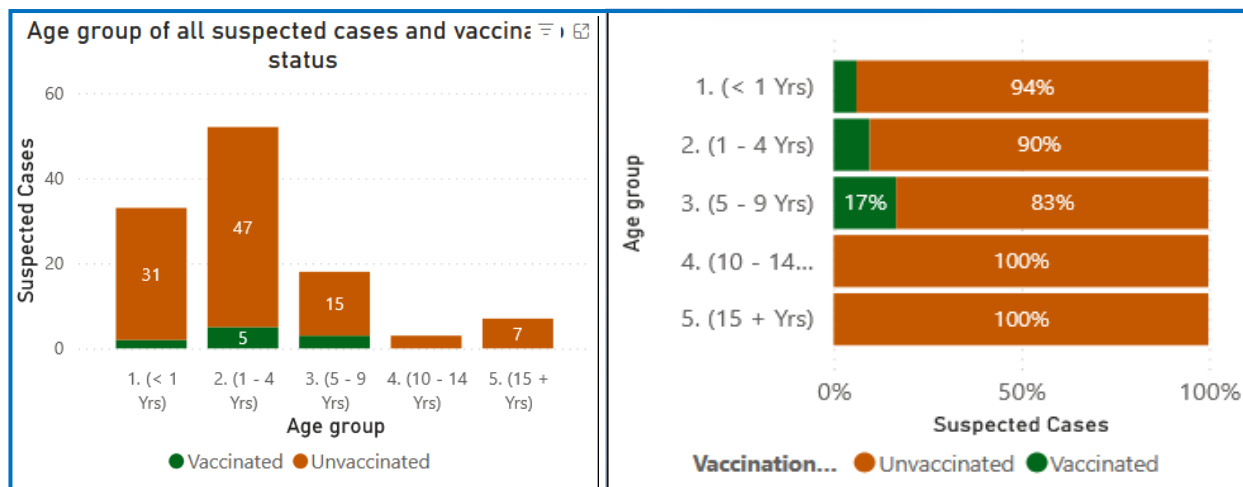




Figure 14: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-21 of 2025



## 6. Hepatitis E outbreak in Renk Bentiu PoC, Rubkona County, and other locations

- Cumulatively, a total of 8173 cases have been reported with 114 deaths since the onset of the outbreak in January 2018 from 16 counties.
- Majority of the cases 80% have been reported from Rubkona county of which 1,888 cases had tested positive by rapid diagnostic test (RDT) since the beginning of the outbreak in 2018.
- In week 21 of 2025, Renk has reported an outbreak of Hepatitis E in the Gosfami refugee camp, with 205 cases and no reported fatalities. Partners are currently implementing ongoing interventions, which include coordination efforts, water, sanitation, and hygiene (WASH) measures, active case searches, case management, and community engagement to address the situation in the affected camp.
- Overall, individuals aged 15 to 44 years recorded 43% of the registered hepatitis E virus cases, Majority of cases are Males reported 52% and females recorded 47%.
- 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.
- Principally, cases were found 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 15: Epicure of HEV in South Sudan; Epi Week 52 of 2018 to Week 25 of 2025

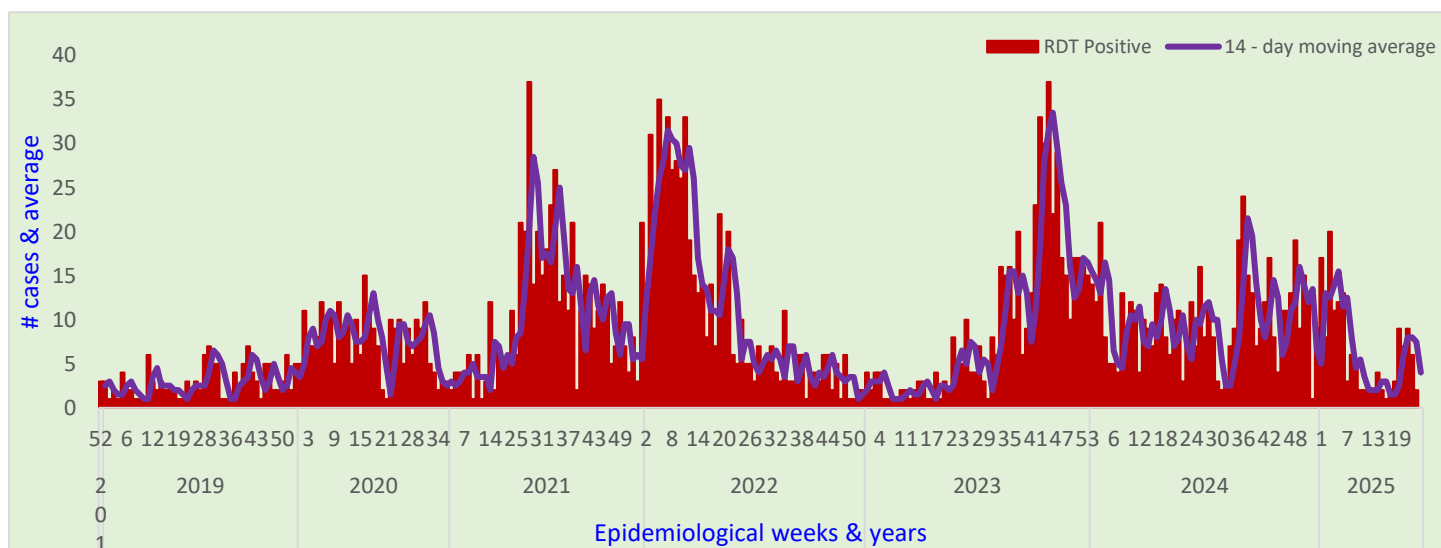
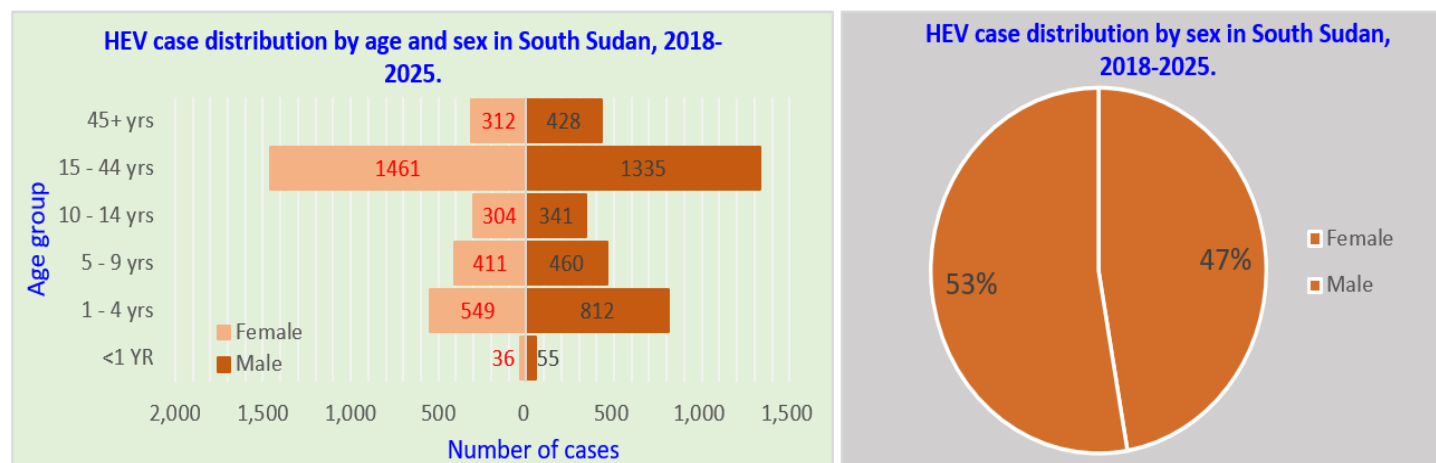


Figure 16: Location distribution of Hepatitis E cases and deaths in South Sudan

County	Alive	Died	Total Cases	CFR
Awiel Center	0	1	1	100.0%
Abiemnom	1	0	1	0.0%
Aweil East	1	1	2	50.0%
Tonj North	1	0	1	0.0%
Aweil South	1	0	1	0.0%
Aweil North	2	0	2	0.0%
Gogrial West	3	2	5	40.0%
Nyirrol	4	0	4	0.0%
Aweil West	9	5	14	35.7%
Jur River	19	0	19	0.0%
Twic	42	3	45	6.7%
Abyei	101	16	117	13.7%
Renk	205	0	205	0.0%
Wau	508	22	530	4.2%
Fangak	694	28	722	3.9%
Rubkona	6468	36	6504	0.6%
<b>Grand Total</b>	<b>8059</b>	<b>114</b>	<b>8173</b>	<b>1.4%</b>

Figure 17: Distribution of suspected Hepatitis E Virus Cases by age and gender in South Sudan; 2018-2025



## Other Events

**Sudan crisis:** As of 17 June 2025, a cumulative total of 291,496 households containing **1,178,022 individuals (612,449 Females and 565,573 Males)** from **18 different nationalities had crossed the border**. Of this number, **68.2% (803,411)** are South Sudanese returnees, alongside 31.3% (368,721) 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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For more help and support, please contact:

Dr Joseph Lasu Hickson  
Emergency Preparedness and Response  
Ministry of Health Republic of South Sudan  
Email: [josh2013.lasu@gmail.com](mailto:josh2013.lasu@gmail.com)  
Phone number +211921395440

Dr. Kediende Chong  
Director General Preventive Health Services  
Ministry of Health  
Republic of South Sudan  
Email: [mkediende@gmail.com](mailto:mkediende@gmail.com)  
Phone number: +21192888461

Dr BATEGEREZA, Aggrey Kaijuka  
WHO-EPR Team Lead  
Email: [bategerezaa@who.int](mailto:bategerezaa@who.int)  
Phone number: +211 924222030

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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