



Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 25

16th to 22nd 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 25 of 2025, IDSR reporting timeliness improved considerably to 76%, up from 73 reported in the previous week. Completeness of reporting was 91, remaining above 90% for the 7th consecutive week. Ten states and two administrative areas had completeness of reporting above 80%, with Lakes, Unity, Western Equatoria, Pibor Administrative Area, and Ruweng Administrative Area achieving 100%. However, only 7 out of 13 states and administrative areas had timeliness of IDSR reporting above 80%.
- At the EWARN mobile sites, the timeliness of IDSR reporting was at 89%, with a completeness at 94%. There was a reduction in both timeliness and completeness of reporting in the EWARN mobile sites from 100% to 89% and 100% to 94% in epidemiological weeks 24 and 25, respectively.
- In week 25, 129 of the 239 (54%) EWARS alerts triggered were verified, exhibiting an increase in alerts triggered, nonetheless a decrease in verification rates compared to week 24. The main alerts were for AWD (22%), Malaria (19%), Cholera (14%), Guinea Worm (13%), ARI (13%), and ABD (12%). remarkably, the surveillance teams in Pibor Administrative Area, Jonglei, Lake, and Northern Bahr el Ghazal States successfully verified most of their reported alerts.
- A cumulative total of 17 confirmed Mpox cases have been reported since the onset of the outbreak, (14 in Juba County, 2 in Rimbek, and 1 in Malakal). The latest Mpox case detected in Juba had onset of illness reported as 13th July 2025.
- As of 7 July, Cholera outbreak had affected a cumulative total of 79,019 cases, causing 1421 deaths (CFR: 1.8%). Of the 1421 deaths, 759 were reported as health facility deaths (HF CFR: 1.0%). Cholera cases have been reported in 55 of the 80 counties, across 9 states and all 3 administrative areas (Ruweng, Greater Pibor, and Abyei). In the last 14 days of reporting (onset from 22 June 2025 to 06 July 2025), 2,009 cases and 21 deaths (14 in health facilities) were reported in 24 counties. Most of these cases came from Abyei (589, 29.3%), Rubkona (527, 26.2%), Juba (146, 7.3%) and Mayendit (143, 7.1%)

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 25** were at **76% and 91%**, 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 25 compared to week 24 of 2025

State	Total facilities	# of facilities reported (Completeness Wk25)	Comparison of the reporting period				Cumulative since year start (2025 level)	
			Timeliness		Completeness		Timeliness	Completeness
			week 25	Week 24	Week 25	Week 24		
Lakes	112	112	100%	88%	100%	100%	93%	100%
NBGZ	92	86	82%	84%	93%	92%	75%	86%
Unity	85	85	95%	92%	100%	100%	95%	99%
WBGZ	112	91	8%	58%	81%	88%	56%	85%
WES	191	191	100%	62%	100%	100%	75%	98%
Jonglei	120	110	83%	87%	92%	96%	82%	90%
Warrap	114	92	59%	64%	81%	77%	61%	83%
EES	112	91	48%	42%	81%	81%	56%	83%
RAA	16	16	25%	31%	100%	100%	47%	94%
CES	152	147	96%	89%	97%	95%	91%	94%
AAA	17	13	71%	88%	76%	100%	77%	90%
Upper Nile	143	122	71%	75%	85%	87%	67%	84%
GPAA	16	16	100%	94%	100%	100%	94%	98%
Total	1282	1172	76%	73%	91%	92%	75%	91%

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 25, 2025

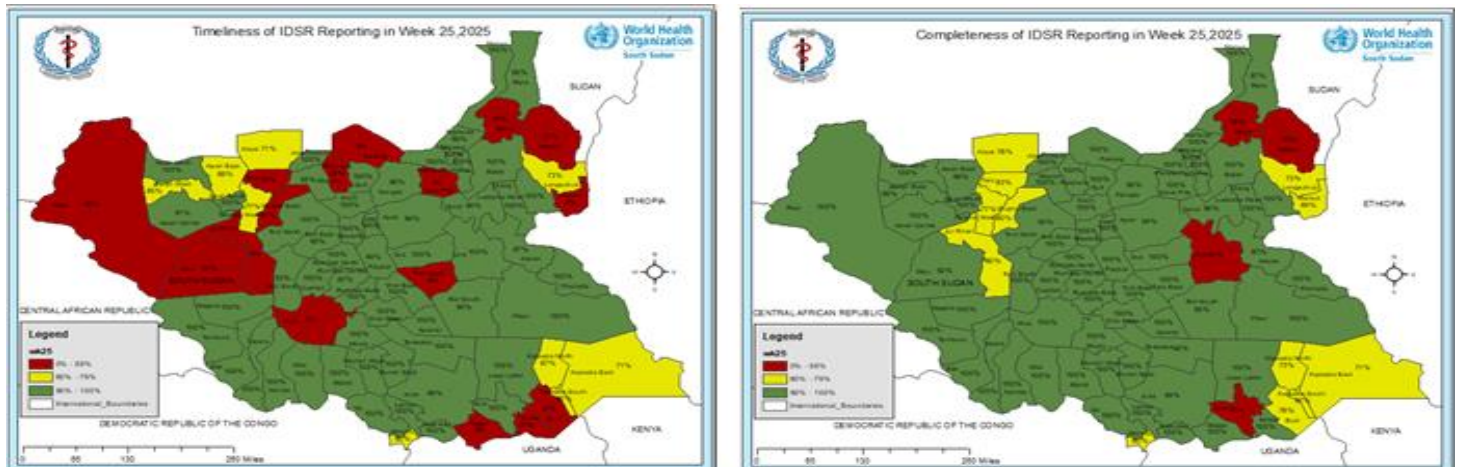


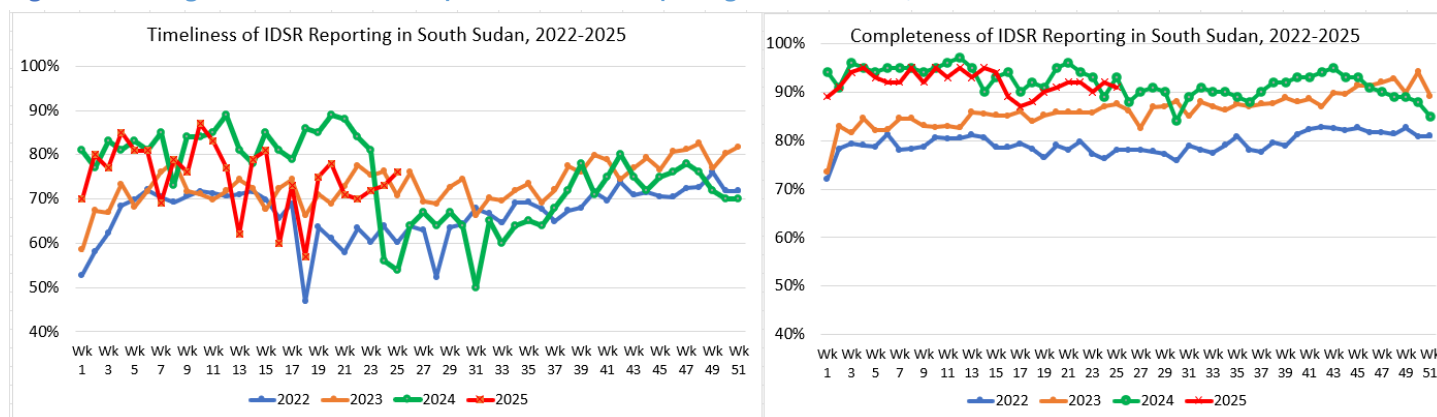
Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 25 of 2025.

IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for week 25, 2025							
Partners	# of Reporting Mobile Sites	% of Timeliness in week 25	% of Completeness in week 25	Payam	# of Reporting Private H/Facilities	% of Timeliness in week 25	% of Completeness in week 25
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	100%	100%	Rajaf	3	100%	100%
HFO	4	75%	100%	Munuki	12	100%	100%
WVI	2	50%	50%	Wau South	20	0%	90%
CIDO	1	100%	100%	Wau North	12	0%	92%
SP	4	100%	100%	Juba	10	100%	100%
HFD	1	100%	100%	Mangala	1	100%	100%
RI	1	100%	100%	TOTAL	63	49%	95%
TOTAL	18	89%	94%				

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.



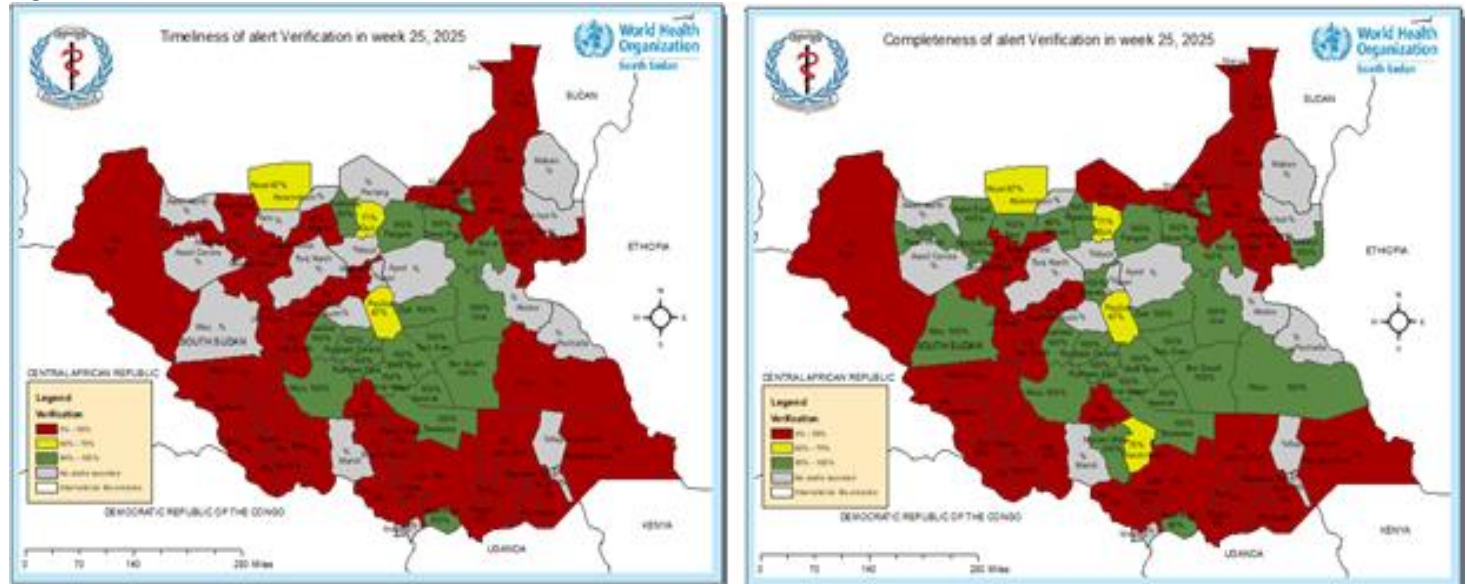
Epidemic alerts

In the epidemiological reporting week 25, a total of 239 alerts were triggered in the EWARS system, with 54% (129 of 239) verified. Although the total alerts increased, there was a decline in the verification rate compared to the previous week, 25. In Week 25, ten states and three administrative areas recorded at least one notifiable disease alert. Special thanks to Pibor Administrative Area, Jonglei, Lake, and Northern Bahr el Ghazal States for verifying most of their EWARS alerts. Most of the alerts were for AWD (22%), Malaria (19%), Cholera (14%), Guinea Worm (13%), ARI (13%), and ABD (12%).

Table 3: Summary of EWARS alerts triggered in Epidemiological Week 25, 2025.

State/Admin	AIS		ARI		AWD		AED		Cholera		Covid-19		Guinea		Malaria		Measles		NNT		RF		VHF		YF		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	#R	#V
AAA	0	0	1	0	0	0	1	1	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	3	2
CES	1	0	2	1	3	2	2	0	1	0	0	0	0	0	4	2	1	0	1	0	0	0	1	1	0	0	16	6
EES	0	0	0	0	5	0	4	0	7	0	0	0	0	0	3	0	0	0	1	0	1	0	0	0	0	0	21	0
GPAA	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Jonglei	2	2	3	3	4	4	2	2	5	5	0	0	7	7	5	5	0	0	0	0	1	1	0	0	0	0	29	29
Lakes	0	0	4	4	3	3	3	3	0	0	1	1	19	19	3	3	0	0	1	1	0	0	0	0	0	0	34	34
NBGZ	0	0	0	0	2	2	0	0	2	2	0	0	0	0	1	1	1	1	0	0	0	0	0	0	0	0	6	6
RAA	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0
Unity	1	1	4	4	2	1	3	2	10	9	0	0	0	0	4	4	0	0	0	0	0	0	0	0	1	1	25	22
Upper Nile	0	0	3	0	10	1	2	0	5	3	0	0	1	1	3	1	1	0	0	0	0	0	0	0	0	0	25	6
Warrap	1	1	1	0	1	0	2	0	3	0	0	0	4	0	0	0	1	0	0	0	0	0	0	0	0	0	13	1
WBGZ	0	0	2	0	4	2	1	1	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0	0	9	5
WES	0	0	7	1	18	7	7	4	0	0	0	0	0	0	20	5	2	0	0	0	0	0	0	0	0	0	54	17
Grand Total	5	4	30	14	52	22	28	13	33	19	1	1	31	27	46	24	6	1	3	1	2	1	1	1	1	1	239	129

Figure 3: Timeliness and Completeness of Alerts: Verification rates by county of South Sudan for week 25, 2025

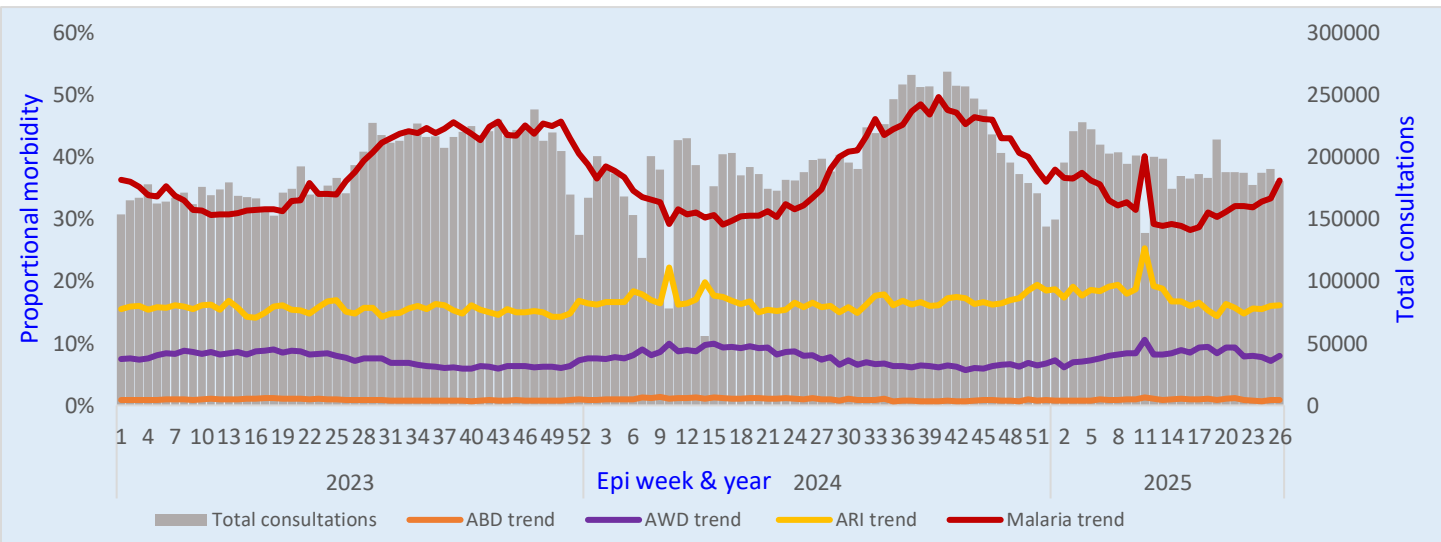


Weekly Update on Indicator-Based Surveillance (Week 25 of 2025)

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 25 of 2025, a total of **190,163 consultations** morbidities were reported from all over South Sudan from across 1282 health facilities. Malaria remained 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

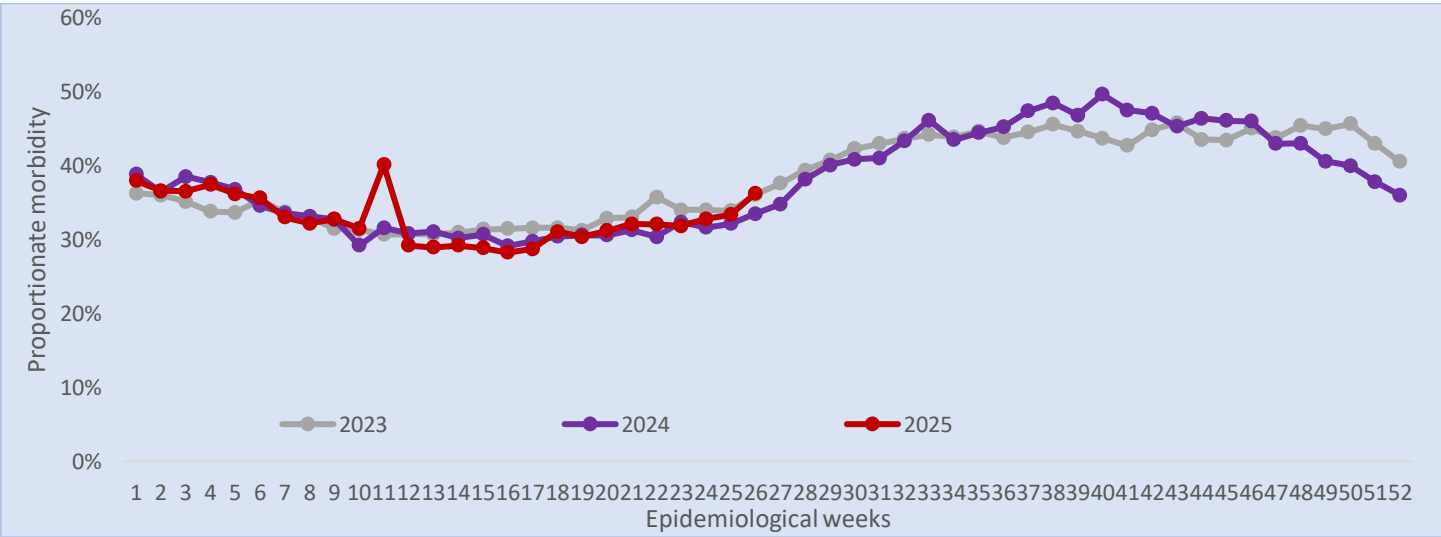
Figure 4: IDSR Proportional Morbidity as of week 25 of 2025.



1. Malaria

In week 25 of 2025, malaria remained the leading cause of illness, with 63,475 reported cases and 6 suspected deaths. The weekly analysis reveals that these numbers are within the expected ranges for the transmission period; 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.

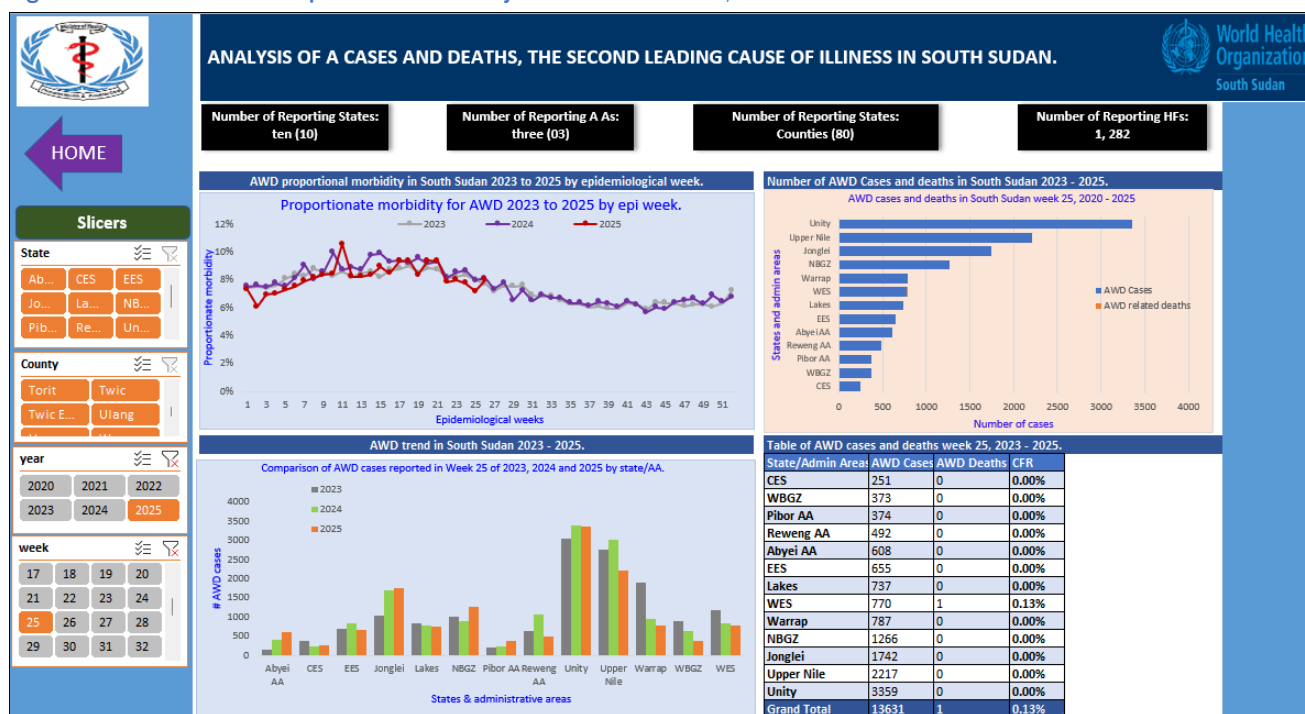
Figure 5: Proportional Morbidity of Malaria Cases in South Sudan; 2023-2025



2. Acute Watery Diarrhoea

During the week, 25 AWD was the third leading cause of morbidity, resulting in 13,631 cases and 1 death. We are now in the ninth 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 declined from 9 in week 24 to 1 in week 25. 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.

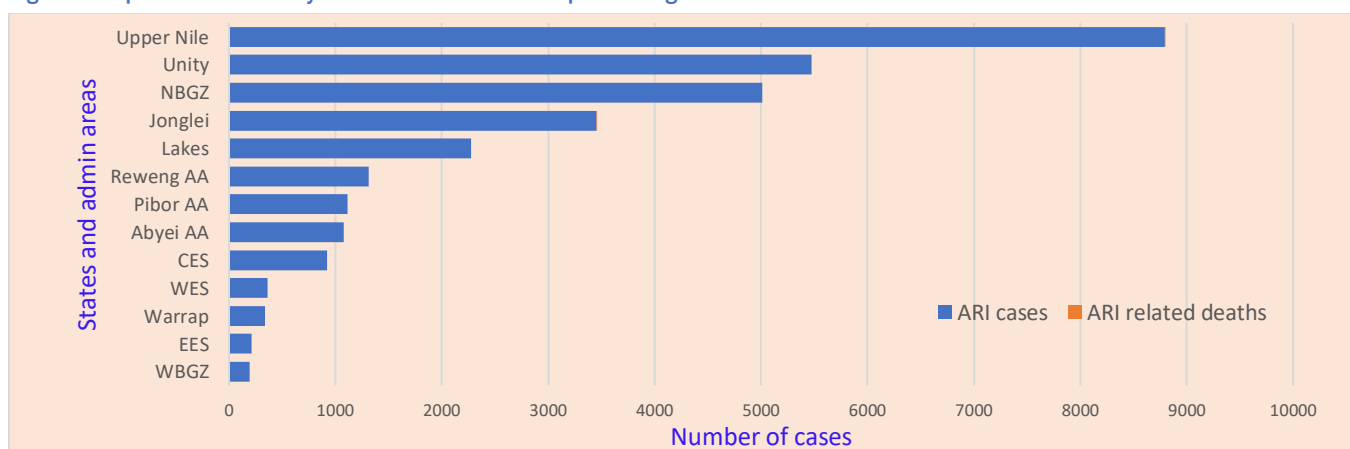
Figure 6: Dashboard of IDSR reported AWD cases by Week in South Sudan; 2023-2025



3. Respiratory Pathogens Surveillance weekly updates.

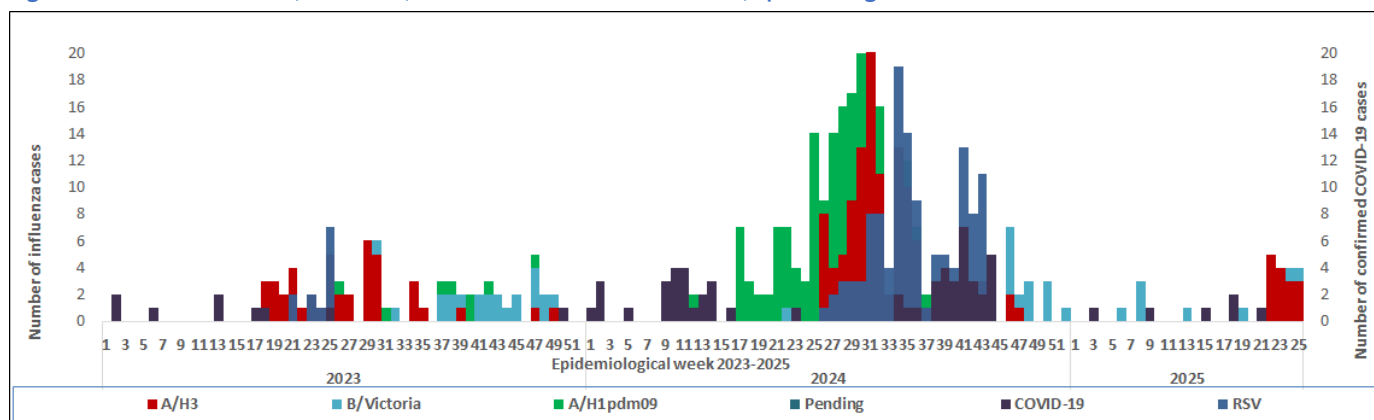
Acute respiratory illnesses are the second leading cause of morbidity in the country. A significant number of IDSR reported ARI cases are from Upper Nile, Unity, and Northern Bahr el Ghazal states, which host a large portion of the nation's refugees and displaced populations. Unfortunately, the top three ARI high-burden states (Upper Nile, Unity and Northern Bar El Ghazaal) do not have an influenza sentinel surveillance site, a consideration that will be made in all future expansion planning.

Figure 7: Reported ARI cases by State of South Sudan in epidemiological week 25 of 2025.



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 8: Confirmed Influenza, COVID-19, and RSV cases from sentinel sites, Epidemiological Week 1 of 2022 to Week 25 of 2025.



During Epidemiological Weeks 1-25 in 2025, a total of 843 ILI/SARI samples have been collected; 815 tested negative for all pathogens, (5) were positive for COVID-19, (16) for Influenza Type A (H3), (8) for Influenza Type B (Victoria), (0) for Influenza A/(H1N1)pdm09 and (0) for RSV.

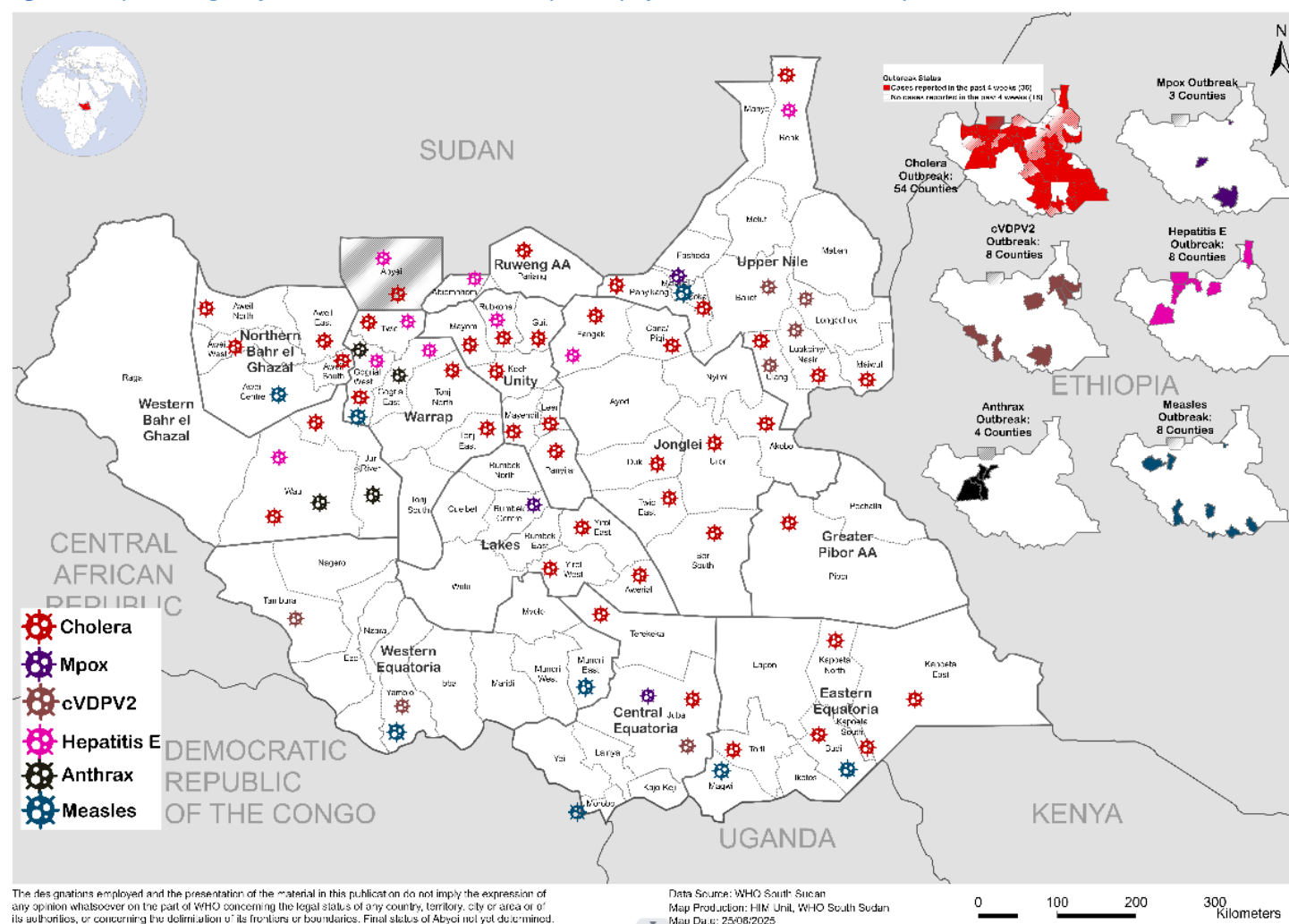
South Sudan Confirmed and ongoing epidemics in 2025

Table 4: Summary of ongoing and confirmed epidemics

Aetiologic agent	Location (county)	Date first reported	New cases since Epi-Week 25	Cumulative suspected	Response activities				
					Surveillance/Lab confirmed	Case management	Vaccination	Health promotion	IPC/WASH
Mpox	Juba Malakal, Rumbek	Feb 2025	0	381	17	Mpox	Planned	yes	yes
Cholera	In 55 counties across 9 states & 3 AAs	Sept 2024	> 2000	79,019	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	0	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 1st June 2025.

Figure 9: Map showing confirmed and active outbreaks by county of South Sudan; as at 8th July 2025.

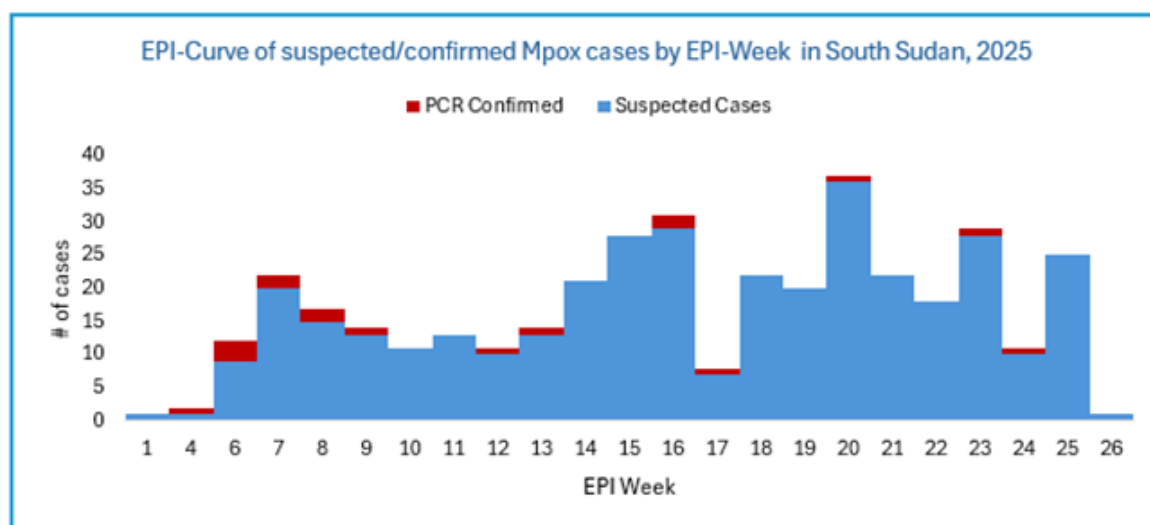


Response activities for ongoing/suspected outbreaks

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.
- In 2025, a cumulative total of 381 suspected Mpox cases have been identified across four states.
- Of the 134 samples collected, 126 had been tested, with only seventeen (17) cases confirmed positive and pending (0) suspected mpox samples at the laboratory
- This brings the cumulative total number of confirmed Mpox cases in South Sudan to seventeen (17); fourteen (14) are from Juba County, one (1) from Malakal County in POC side, and two (2) from Rumbek Center
- 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 rt-PCR positive 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 10: Trend of Mpox cases and distribution by state of South Sudan, August 2024-June 2025



- In general, all confirmed cases are from aged group 12 to 40 years, and by sex males accounted for 9 cases while females are 8 in numbers
- The newest 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 as of 17 May 2025. This case is recorded to have checked several clinics and health service points early before he was conveyed for exploration. Contacts listing and tracing is still ongoing
- In Rumbek, the initial cases were identified in Rumbek Prison. Afterward, an increasing number 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 outbreak now totals 79,019 cases and 1421 deaths (CFR: 1.8%), of which 759 are health facility deaths (HF CFR: 1.0%). Cases have been reported in 55 counties, across 9 states and all 3 administrative areas (Ruweng, Greater Pibor, and Abyei).
- In the last 14 days of reporting (onset from 22 June 2025 to 06 July 2025), 2,009 cases and 21 deaths (14 in health facilities) were reported in 24 counties. Most of these cases came from Abyei (589, 29.3%), Rubkona (527, 26.2%), Juba (146, 7.3%) and Mayendit (143, 7.1%)
- Cases in Mayendit have increased by 832% in the last 4 weeks, a worrying trend that may require attention.
- Continued underreporting of cholera cases from some locations, especially in counties affected by the recent insecurity in Upper Nile (e.g., Ulang and Nasir) and in affected counties in Warrap
- Sample collection and testing are urgently needed in Abiemnhom and Lafon, with Abiemnhom testing negative so far, while samples for Lofa are awaiting laboratory result.
- Western Equatoria is currently the only state without reported cases.

Table 5 : Summary of Cholera cases by state and CFR as of 6 July 2025

State	Affected Counties	Total Cumulative	Laboratory Confirmed Case(s)	RDT Positive	Deaths	Overall CFR (%)
AAA	1	844	9	42	14	1.7
CES	2	9898	42	1530	115	1.2
EES	8	3234	58	259	136	4.2
GPAA	1	1712	11	8	66	3.9
JNG	9	12949	81	649	243	1.9
LAK	3	737	31	256	27	3.7
NBGZ	5	9046	14	150	59	0.7
RAA	1	159	0	67	3	1.9
UNI	7	25071	78	7397	383	1.5
UPPER	12	6242	67	986	146	2.3
WBGZ	2	1631	9	219	51	3.1
WRP	4	7496	60	213	178	2.4
Total	55	79019	460	11776	1421	1.8%

Figure 11: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, wk39, 2024 to Wk25, 2025

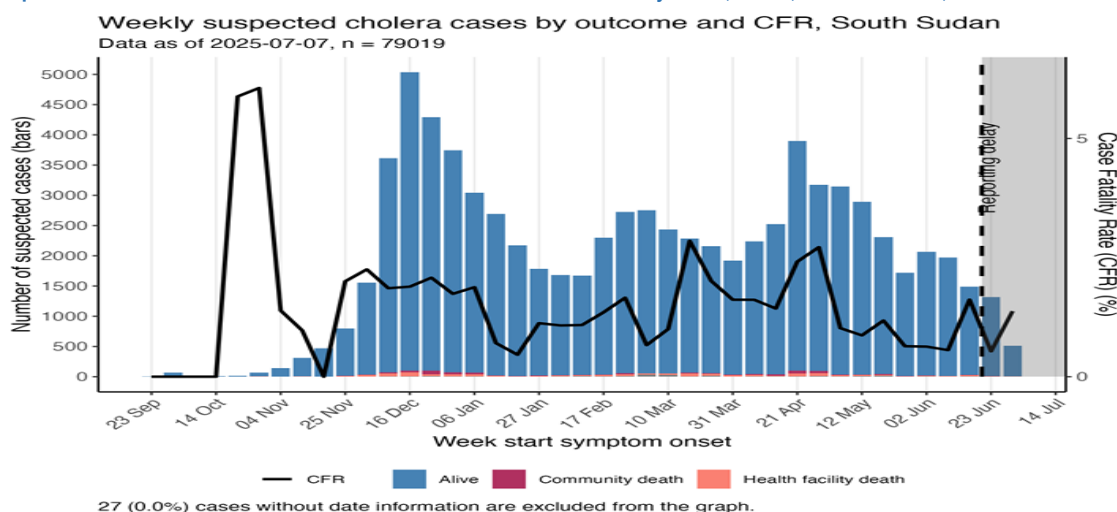


Figure 12: Map showing cholera cases and deaths distribution by Counties of South Sudan updated on as of week 25

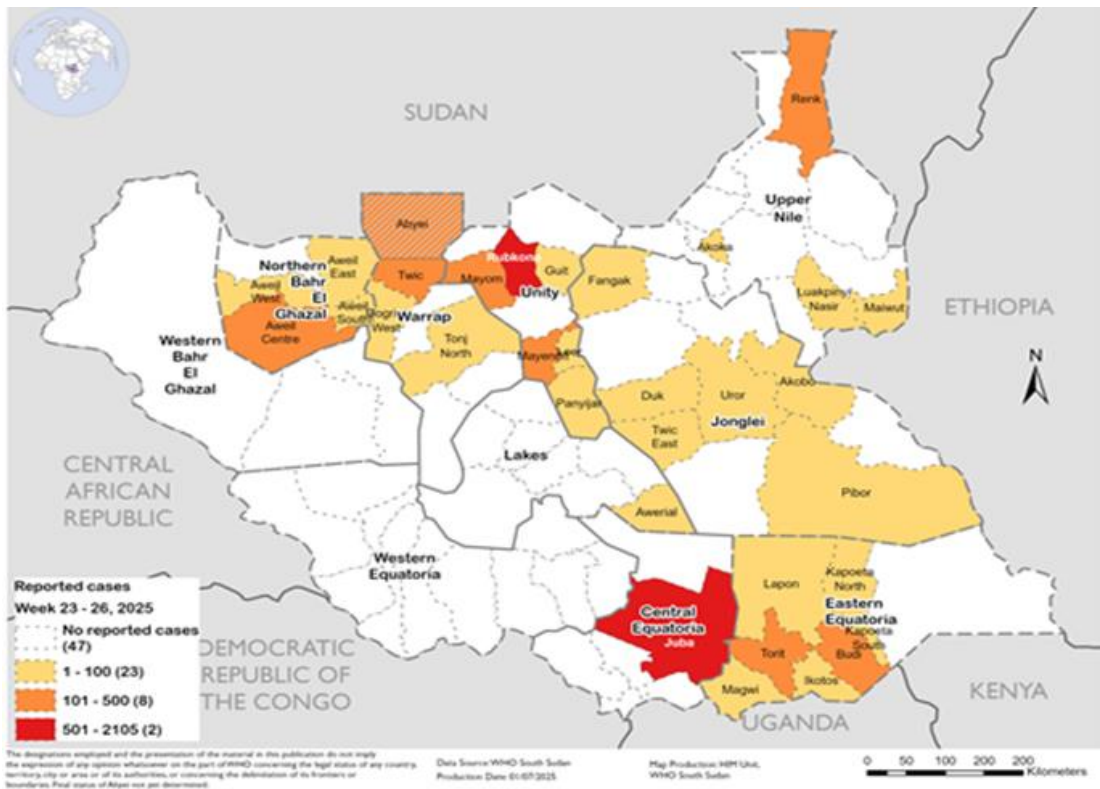
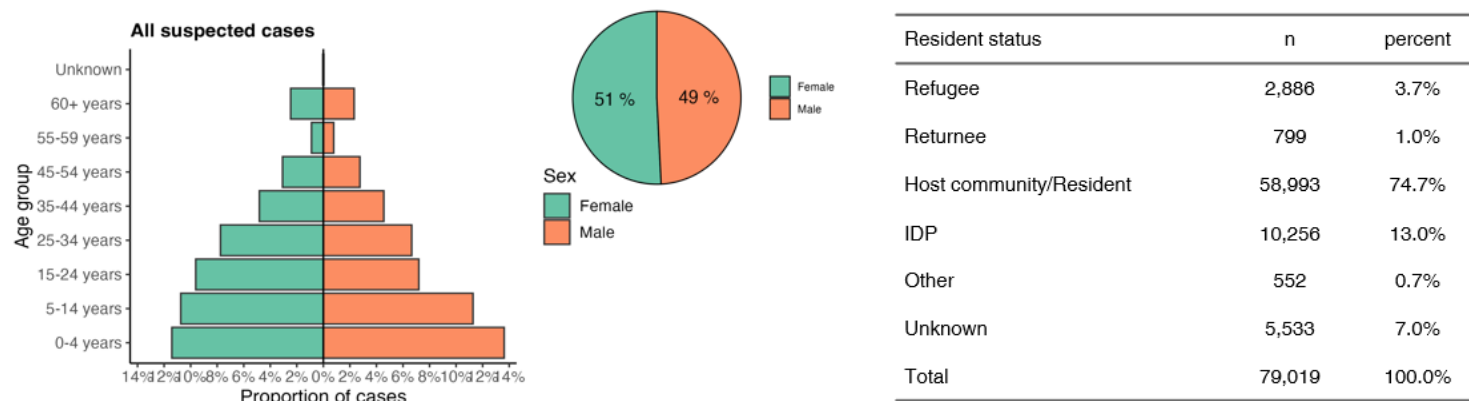


Figure 13: Graph showing cholera cases distribution by age group, sex, and residential status as of 6 July 2025



Oral Cholera Vaccination Updates

- Sixteen (16) ICG requests submitted and approved between November 2024 to 1st July 2025.
- This constituted request for 51 counties and 48 approvals (94.1%).
- Total of 9,774,500 OCV doses approved by ICG and OCV arrived in country
- New Approvals totaling 499,730 OCV doses for Torit, Magwi and Abeyi Administrative Area- Pending shipment in-country.
- OCV National Target (Current): 9,774,500
- Total Individuals Vaccinated (Dashboard + offline data): 6,876,194 (70.3%).
- 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 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.
- As at week 25, the cumulative number of spotted AFP cases stood at 189 in 72 of the 80 counties. Although these numbers are still small, the annualised non-Polio AFP rates (2.45 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 was 5.96 and stool adequacy rate was 94%. 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 and no deaths. No report received from Warrap state, and no reported death.
- A cumulatively total of 316 human anthrax cases have been reported from two states since 2024. 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.

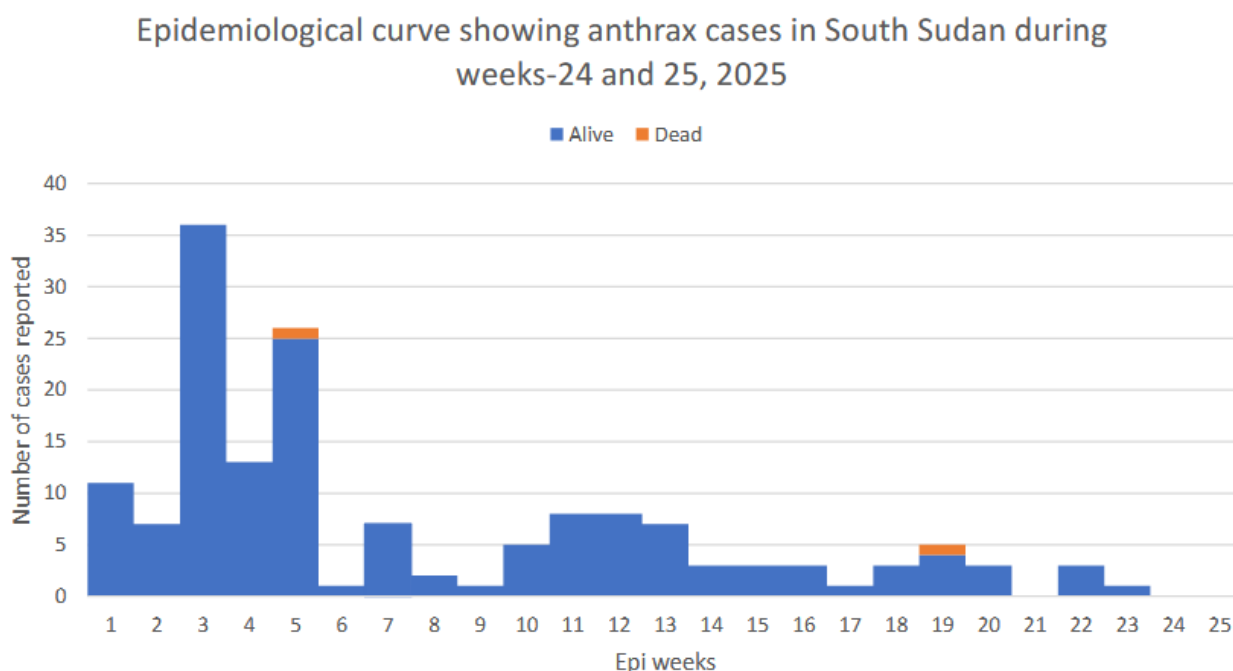


Table 6: Cumulative Anthrax attack rate in Warrap and Western Bahr EL-Ghazal States by county; 10th June 2025.

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.

5. Measles Update

- Since the beginning of the year 2025 (Epidemiological week 01 to week 25), 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 outbreaks. 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 14: Epidemic curve of measles cases in South Sudan; Week 01 to week 25 of 2025

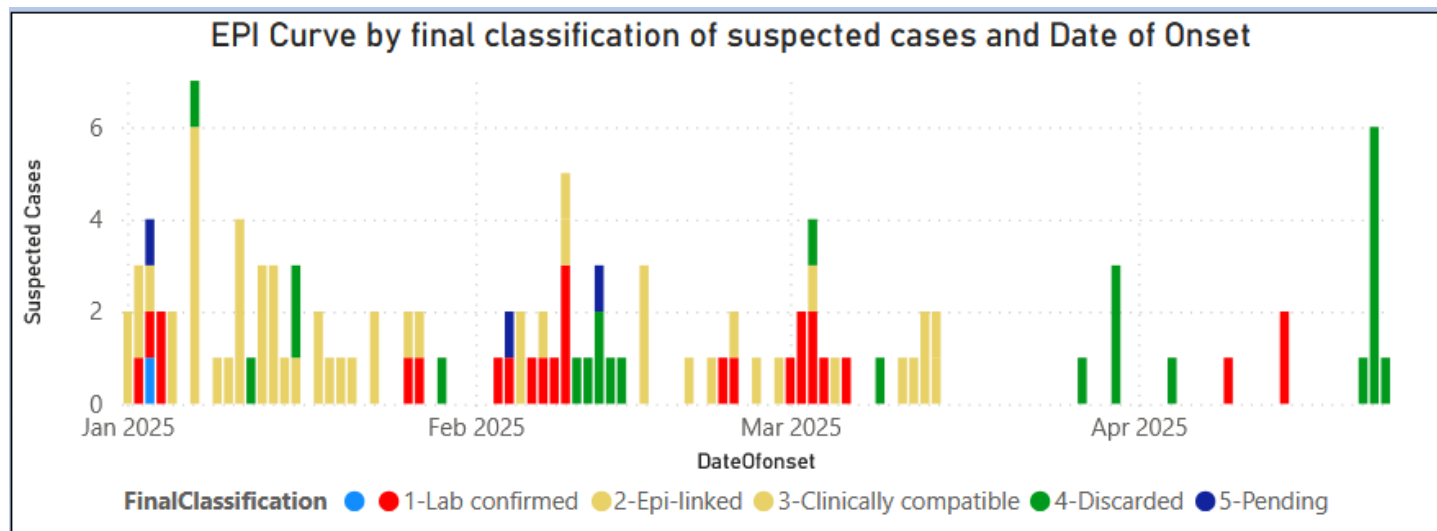
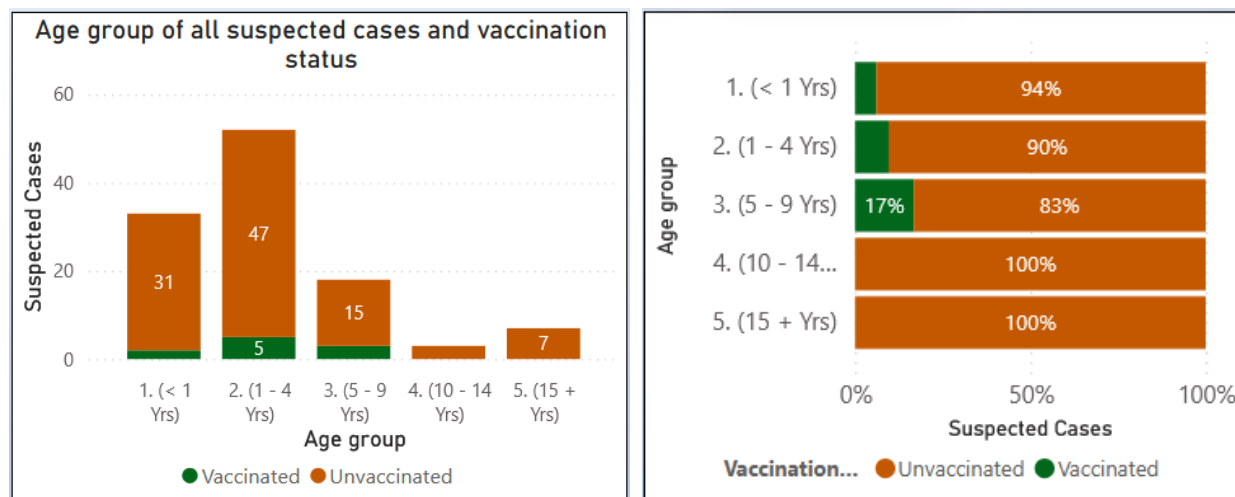


Figure 15: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-25 of 2025



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

- Cumulatively, a total of 8186 cases have been reported with 114 deaths (CFR of 1.4%) since the onset of the outbreak in January 2018 from 16 counties.
- Majority of the cases 6506 of 8186 (80%) were reported from Rubkona county. Notably, 2631 of 8186 cases had tested positive by rapid diagnostic test (RDT) since the beginning of the outbreak in 2018.
- In week 25 of 2025, Renk county was the latest county affected by the Hepatitis E outbreak, mainly 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 16: Epicure of HEV in South Sudan; Epi Week 52 of 2018 to Week 25 of 2025

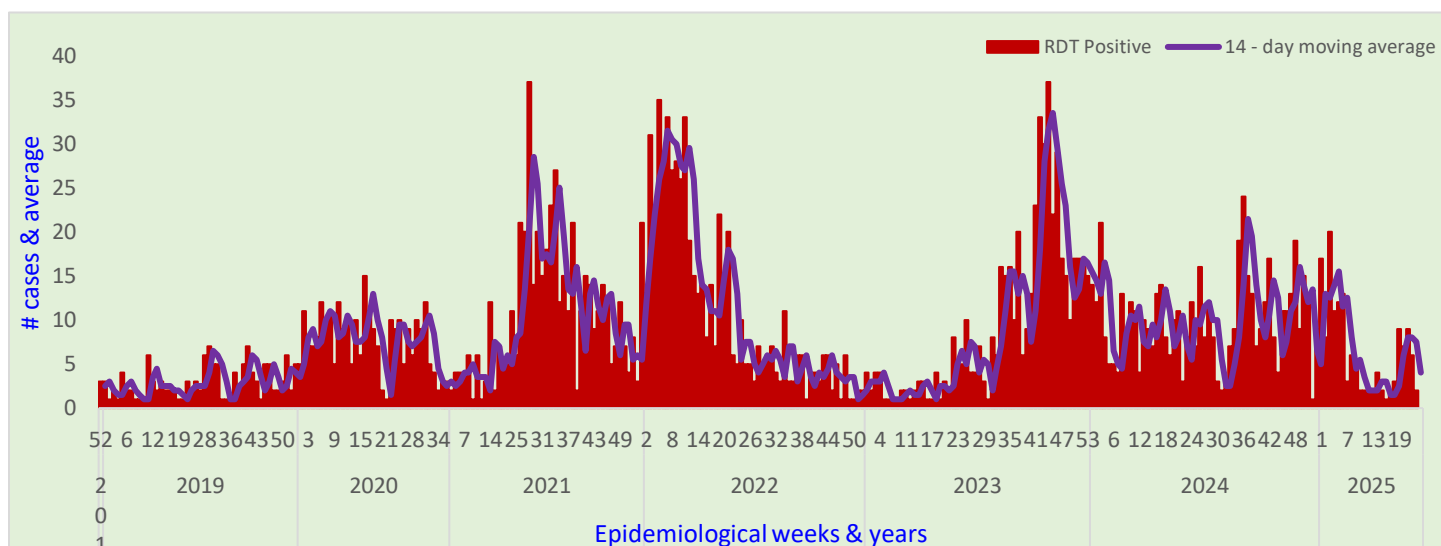
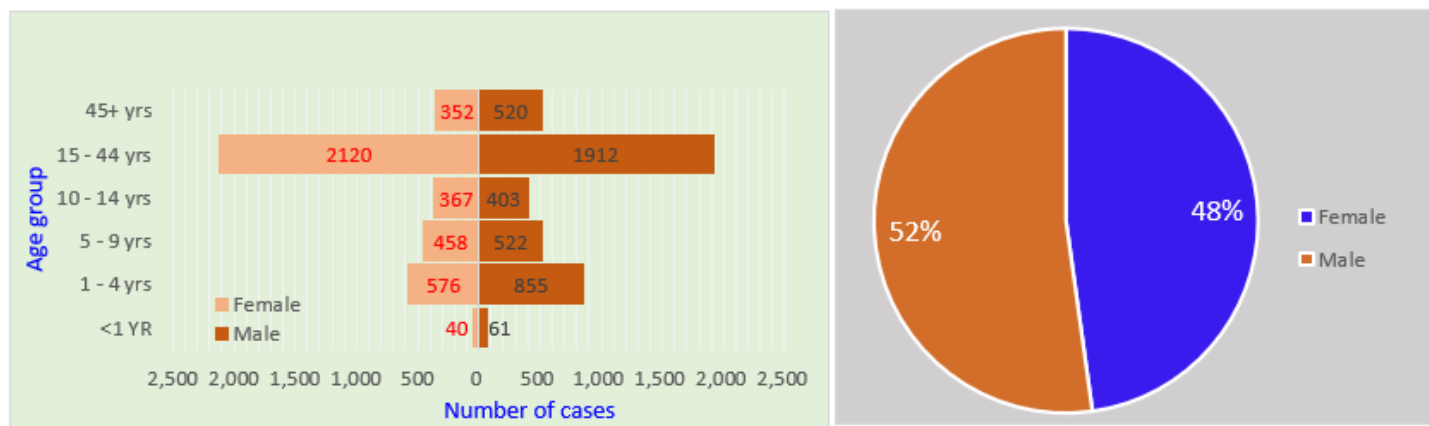


Figure 17: Location distribution of Hepatitis E cases and deaths in South Sudan

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%
Nyirol	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	216	0	216	0.0%

Wau	508	22	530	4.2%
Fangak	694	28	722	3.9%
Rubkona	6470	36	6506	0.6%
Grand Total	8072	114	8186	1.4%

Figure 18: Distribution of suspected Hepatitis E Virus Cases by age and gender in South Sudan; 2018-2025



Other Events

Sudan crisis: As of 6 July 2025, a cumulative total of 295,417 households containing **1,191,767 individuals (620,384 Females and 571,382 Males) from 18 different nationalities had crossed the border**. Of this number, **68. 2% (812,785)** are South Sudanese returnees, together with 31.3% (372,023) 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

Phone number +211921395440

Dr. Kediende Chong

Director General Preventive Health Services

Ministry of Health

Republic of South Sudan

Email: mkediende@gmail.com

Phone number: +21192888461

Dr BATEGEREZA, Aggrey Kaijuka

WHO-EPR Team Lead

Notes

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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>

