



Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 27

30th June to 06th July 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 27 of 2025, the timeliness of IDSR reporting increased to 79%, up from 75% the previous week. Completeness remained high at 91%, above 90% for the eighth consecutive week. Nine states and three administrative areas had completeness above 80%, with Unity and Ruweng achieving 100%. However, only 8 of the 13 states and administrative areas attained a timeliness of IDSR reporting above 80%.
- At the EWARN mobile sites, the timeliness of IDSR reporting was 78%, with a completeness of 100%. There was a consistency in timeliness and completeness of reporting in the EWARN mobile sites in epidemiological weeks 26 and 27, respectively.
- In week 27 of 2025, a total of 179,583 consultations for morbidities were reported from across South Sudan, spanning 1282 health facilities. Malaria remained the top cause of morbidity, accounting for 34% (61,052) of all cases, followed by Acute respiratory illnesses 16% (28,621) and acute watery diarrhea 8% (14,783).
- A total of 201 EWARS alerts were triggered, with only 110 (55%) verified, displaying a decrease in alerts triggered and their verification rates compared to week 26 of 2025. The main alerts were for AWD (21%), ABD (18%), ARI (15%), Cholera (14%), Malaria (14%), and Guinea Worm (13). Amazingly, the surveillance teams in Pibor Administrative Area, Jonglei, Northern Bahr el Ghazal, Unity, and Upper Nile States successfully verified most of their reported alerts.
- No new Mpox case was confirmed during the week. The cumulative total of confirmed Mpox cases remained 17 since the onset of the outbreak (14 in Juba County, 2 in Rumbek, and 1 in Malakal). The latest Mpox case detected in Juba had an onset of illness reported as 13th July 2025.
- As at 22nd July 2025, a cumulative total of 84,284 suspected Cholera cases including 1,476 death (CFR: 1.8%, target < 1%) have been reported. 788 of the 1,476 deaths due to Cholera were detected and reported to have occurred at the health facility and thus the HF CFR became 0.9%
- The Cholera outbreak has been reported in 55 counties, across nine states, and all three administrative areas.

Surveillance System Performance

The epidemic alert and response system in South Sudan mainly utilizes immediate alerts and weekly aggregate case reports through the Integrated Disease Surveillance and Response (IDSR) system, supplemented by the Early Warning Alert and Response System (EWARS). For week 27, the timeliness of IDSR reporting was 79%, and the completeness was 91%, showing slight improvements compared to the previous week.

Table 1: Timeliness and completeness of IDSR reporting by State for week 27 compared to week 26 of 2025

State	Total facilities	Number of facilities reported (Completeness Wk27)	Comparison of the reporting period				Cumulative since year start	
			Timeliness		Completeness		(2025 level)	
			week 27	Week 26	Week 27	Week 26	Timeliness	Completeness
Lakes	112	110	94%	99%	98%	100%	93%	100%
NBGZ	92	86	93%	85%	93%	96%	76%	86%
Unity	85	85	98%	99%	100%	100%	95%	99%
WBGZ	112	91	54%	57%	81%	80%	56%	85%
WES	191	190	93%	79%	99%	94%	76%	98%
Jonglei	120	114	86%	81%	95%	95%	82%	90%
Warrap	114	94	52%	65%	82%	89%	61%	83%
EES	112	90	51%	42%	80%	83%	55%	83%
RAA	16	16	25%	25%	100%	100%	46%	94%
CES	152	147	96%	91%	97%	93%	92%	94%
AAA	17	15	82%	76%	88%	94%	77%	90%
Upper Nile	143	113	69%	61%	79%	79%	67%	83%
PAA	16	14	88%	100%	88%	100%	94%	98%
Total	1282	1165	79%	75%	91%	91%	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 27, 2025

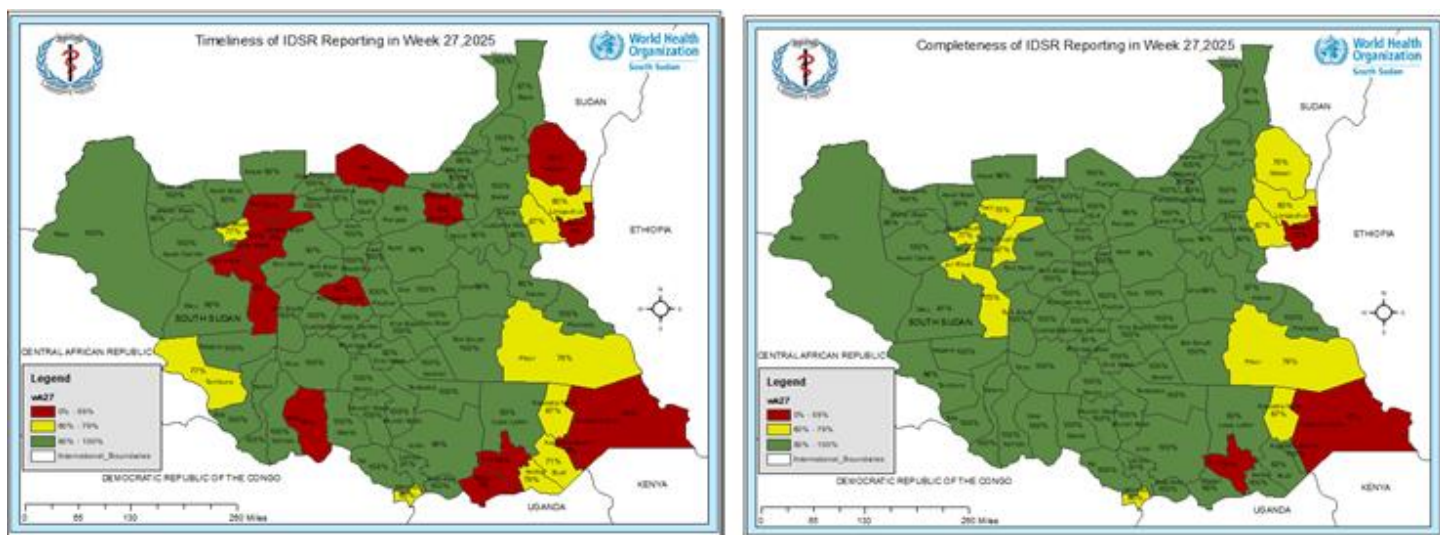


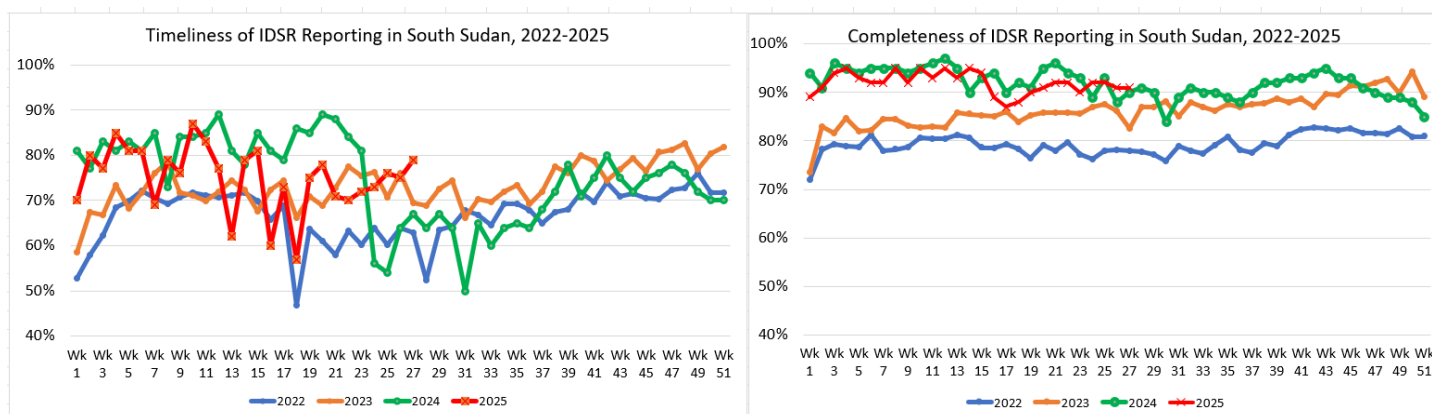
Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 27 of 2025.

IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for week 27, 2025							
Partners	# of Reporting Mobile Sites	% of Timeliness in week 27	% of Completeness in week 27	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 27	% of Completeness in week 27
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%	100%	Rajaf	3	100%	100%
HFO	4	75%	100%	Muniki	12	100%	100%
WVI	2	50%	100%	Wau South	20	80%	80%
CIDO	1	100%	100%	Wau North	12	83%	83%
SP	4	100%	100%	Juba	10	100%	100%
HFD	1	100%	100%	Managala	1	100%	100%
RI	1	100%	100%	TOTAL	63	90%	90%
TOTAL	18	78%	100%				

Note: Congratulations to all partners for completing 100% of EWARN reports and submitting them on time 78% of the time. The IDSR team appreciates your hard work and encourages everyone to improve submission times in the coming weeks. Your efforts are essential for detecting public health threats early and responding effectively.

The analysis of IDSR performance over the past four years indicated more significant declines in 2024 (Wk. 21-31) compared to 2023 and 2022. During this HSTP transition period, targeted support was provided to newly contracted health implementing partners, and IDSR performance levels in the last 4 weeks suggest that recovery is completed. Additionally, IDSR reporting timeliness has improved, consistently staying above 80% in the past two weeks.

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



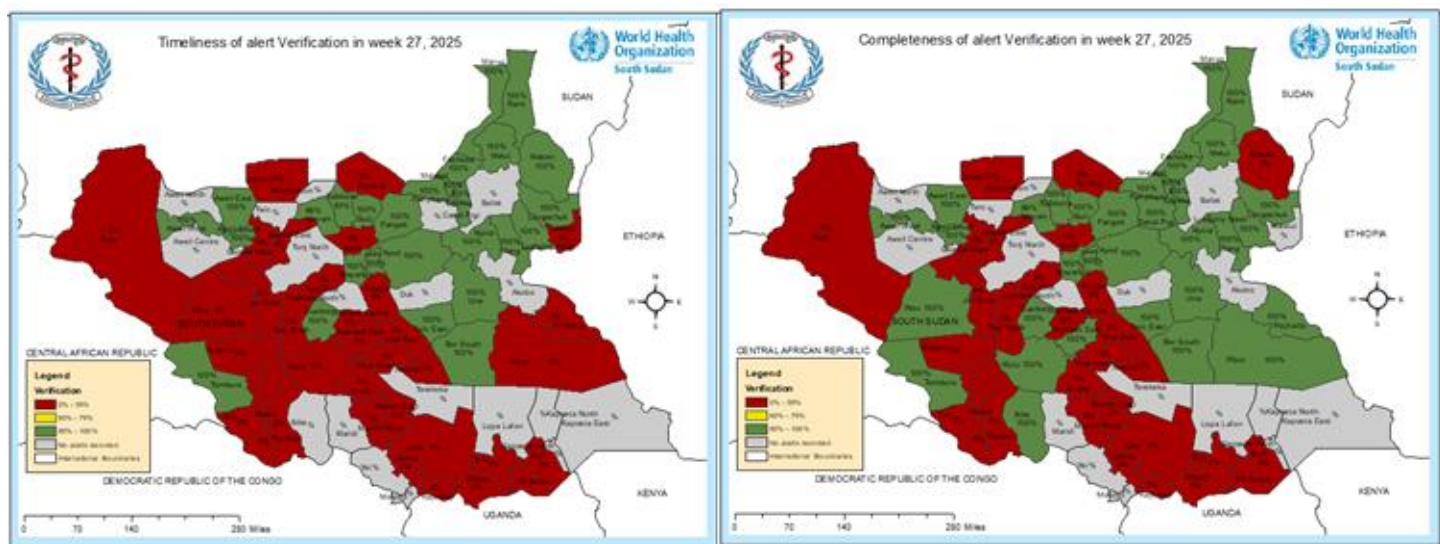
Epidemic alerts

In epidemiological reporting week 27, 201 alerts were triggered in the EWARS system, with 55% (110) verified, showing a reduction verification rates compared to week 26. Ten states and three administrative areas reported at least one notifiable disease alert. Special acknowledgment was given to Pibor Administrative Area, Jonglei, Northern Bahr el Ghazal, Unity, and Upper Nile States for high verification rates. The most common alerts were for AWD (21%), ABD (18%), ARI (15%), Cholera (14%), Malaria (14%), and Guinea Worm (13%).

Table 3: Summary of EWARS alerts triggered in Epidemiological Week 27, 2025.

State/Admin	AJS		ARI		AWD		ABD		Cholera		Covid-19		Guinea Worm		Malaria		Measles		Total # R	
	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V
AAA	1	0	0	0	0	0	2	0	3	1	0	0	0	0	0	0	0	0	6	1
CES	0	0	4	0	2	0	1	0	1	0	0	0	0	0	5	0	0	0	13	0
EES	0	0	0	0	2	0	3	0	5	0	0	0	0	0	0	0	0	0	10	0
GPAA	0	0	1	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2	2
Jonglei	0	0	2	2	2	2	1	1	4	4	0	0	4	4	2	2	0	0	15	15
Lakes	0	0	4	2	4	1	3	2	0	0	0	0	18	12	1	0	2	1	32	18
NBGZ	0	0	1	1	1	1	0	0	4	4	0	0	0	0	0	0	1	1	7	7
RAA	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Unity	0	0	7	5	8	8	8	5	10	10	0	0	0	0	7	5	0	0	40	33
Upper Nile	0	0	1	1	9	9	9	8	1	1	0	0	1	1	3	3	1	1	25	24
Warrap	0	0	0	0	1	0	2	0	1	0	0	0	2	0	1	0	0	0	7	0
WBGZ	0	0	3	2	0	0	1	1	0	0	1	0	1	1	1	1	0	0	7	5
WES	0	0	6	1	14	3	5	1	0	0	0	0	0	0	9	0	1	0	35	5
Grand Total	1	0	31	15	43	24	36	19	29	20	1	0	26	18	29	11	5	3	201	110

Figure 3: Timeliness and Completeness of Alerts: Verification rates by county of South Sudan for week 27, 2025

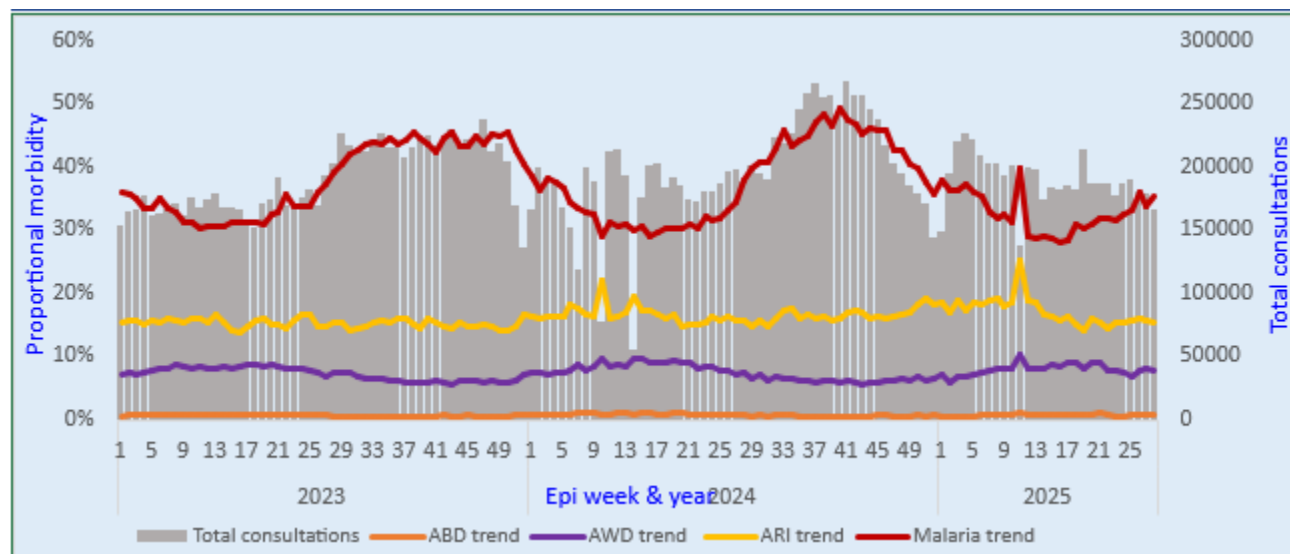


Weekly Update on Indicator-Based Surveillance (Week 27 of 2025)

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 27 of 2025, a total of **179,583 consultations** for morbidities were reported from across South Sudan, spanning 1282 health facilities. Malaria remained the top cause of morbidity, accounting for 34% (61,052) of all cases, followed by Acute respiratory illnesses 16% (28,621) and acute watery diarrhea 8% (14,783). 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 27 of 2025.

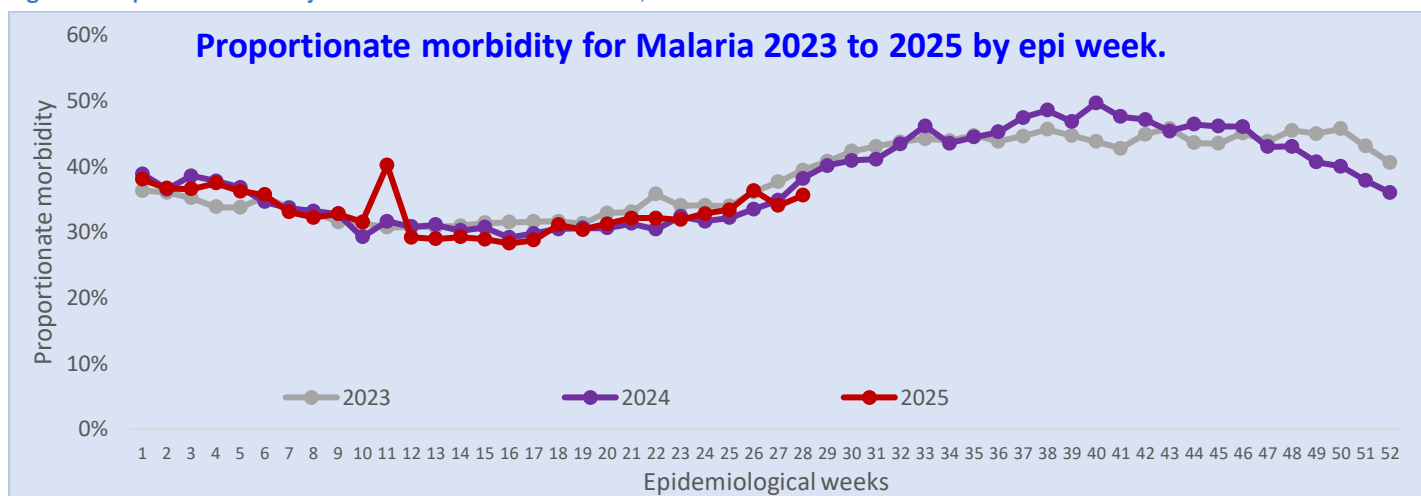


1. Malaria Updates

In week 27 of 2025, malaria remained the leading cause of illness, with 61,052 reported cases and 13 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.

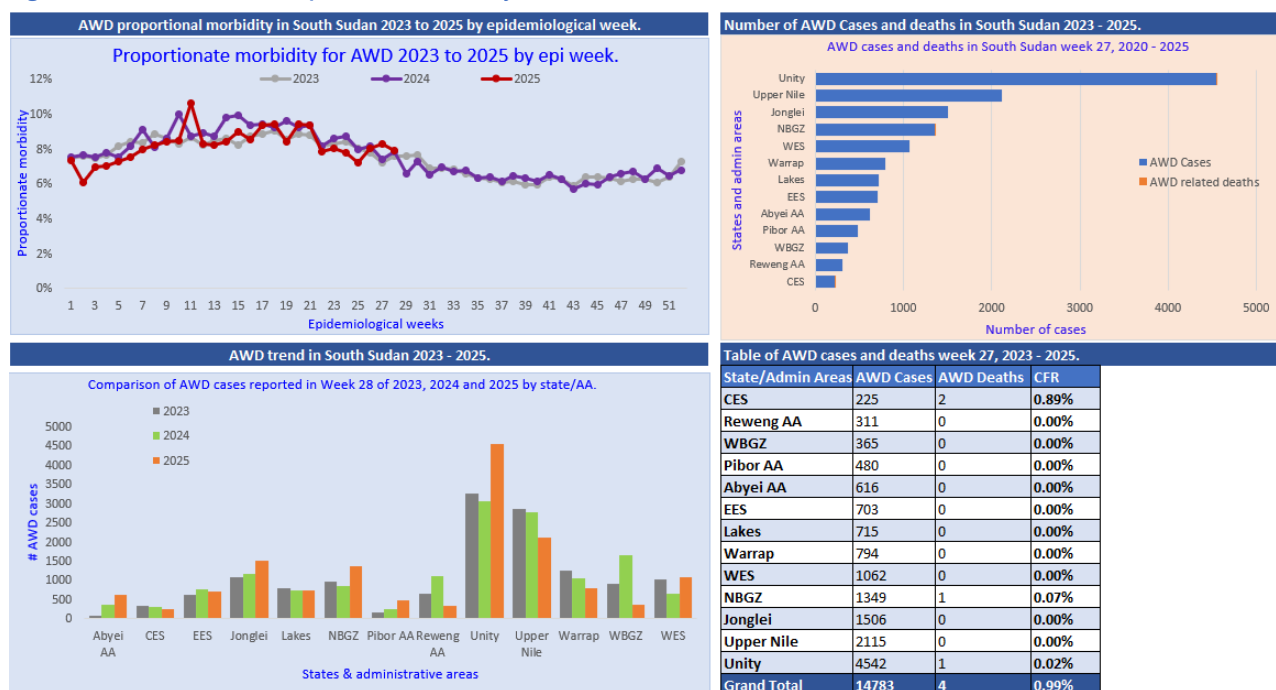
Figure 5: Proportional Morbidity of Malaria Cases in South Sudan; 2023-2025



2. Acute Watery Diarrhoea

During the week, 27 AWD was the third leading cause of morbidity, resulting in 14,783 cases and 4 deaths. We are now in the ninth month since the first cholera case was confirmed. Acute Watery Diarrhea (AWD) cases fell within normal ranges, but case counts increased from 14,430 in week 26 to 14,783 in week 25. Suspected AWD deaths increased from 1 in week 26 to 4 in week 27. 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.

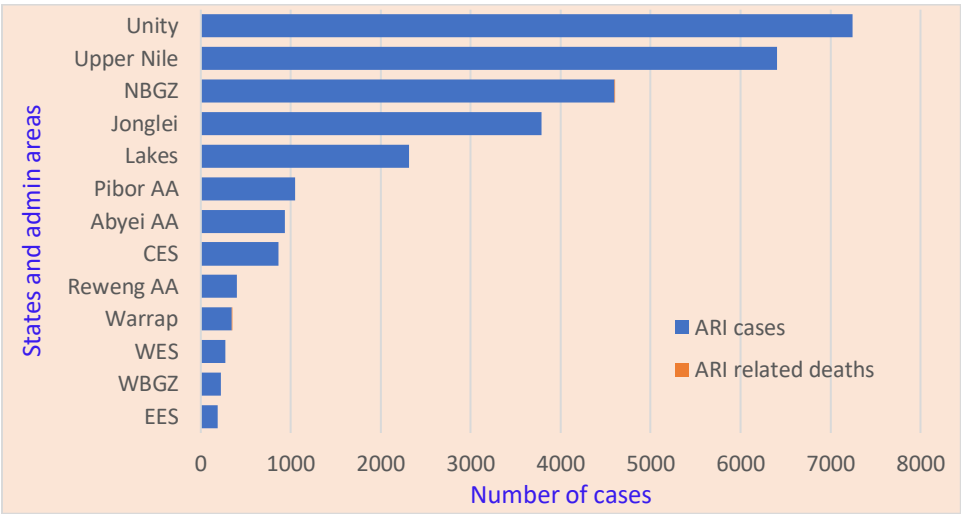
Figure 6: Dashboard of IDSR reported AWD cases by Week in South Sudan; 2023-2025



3. Respiratory Pathogens Surveillance weekly updates.

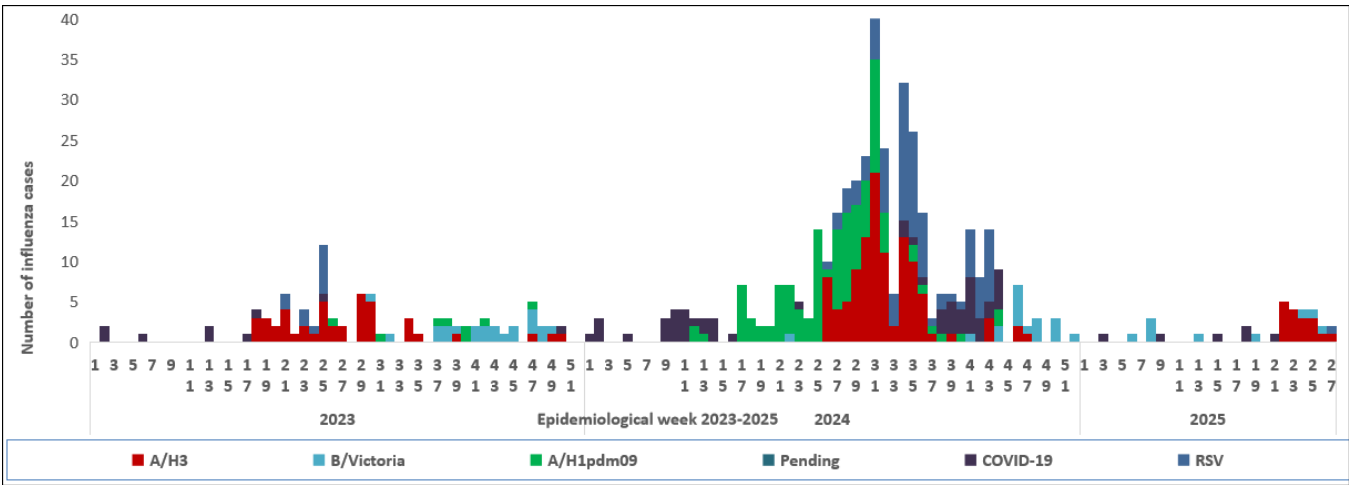
Acute respiratory illnesses are the second leading cause of morbidity in the country. A significant number of IDSR reported ARI cases are from Upper Nile, Unity, and Northern Bahr el Ghazal states, which host a large portion of the nation's refugees and displaced populations. Unfortunately, the top three ARI high-burden states (Upper Nile, Unity and Northern Bar El Ghazal) 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 27 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 27 of 2025.



- During Epidemiological Weeks 1-27 in 2025, a total of 880 ILI/SARI samples have been collected; 846 tested negative for all pathogens, (5) were positive for COVID-19, (18) for Influenza Type A (H3), (9) for Influenza Type B (Victoria), (0) for Influenza A/(H1N1)pdm09 and (1) for RSV.

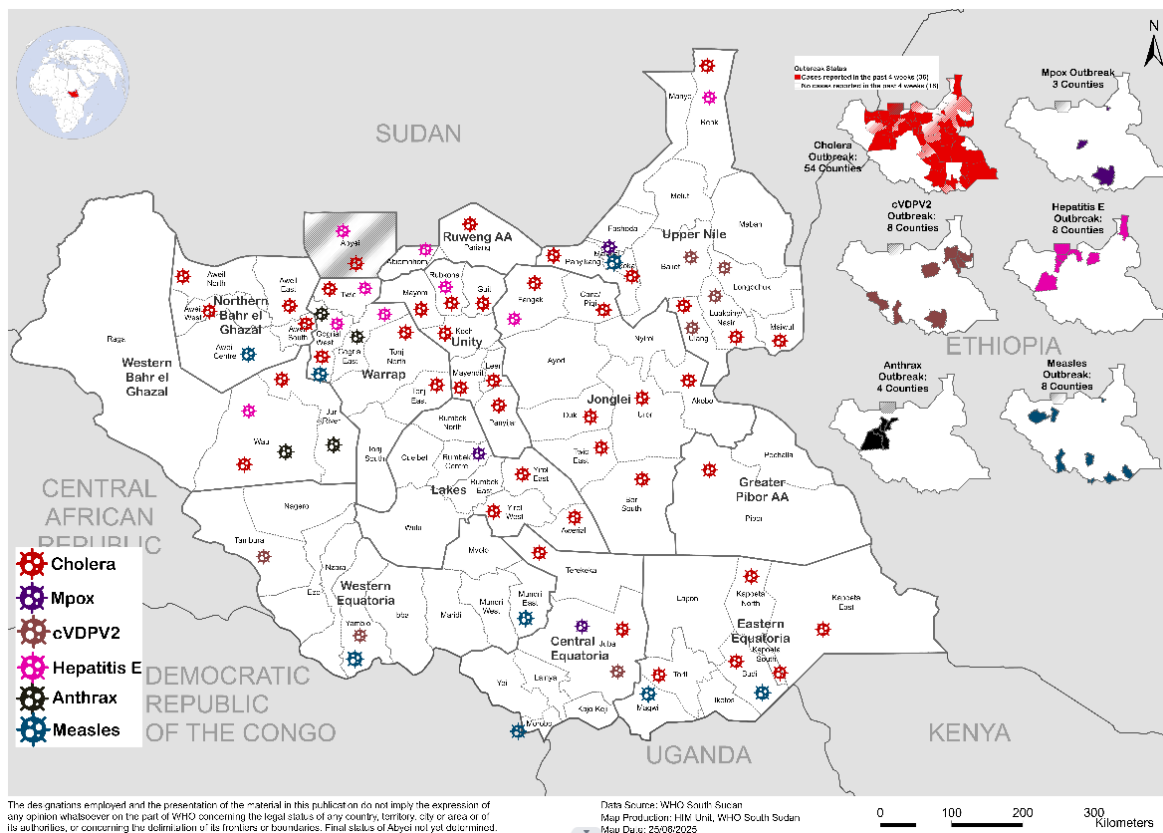
South Sudan Confirmed and ongoing epidemics in 2025

Table 4: Summary of ongoing and confirmed epidemics as at 22nd July 2025

Aetiologic agent	Location (county)	Date first reported	New Suspected cases Previous Epi-Week	Cumulative suspected	Response Activities				
					Surveillance/Lab confirmed	Active Cases under management	Vaccination	Health promotion	IPC/WASH
Mpox	Juba Malakal, Rumbek	Feb 2025	0	388	17	4	Planned	yes	yes
Cholera	In 55 counties across 9 states & 3 AAs	Sept 2024	905	84,284	464	1,703	Completed in 40 counties	yes	yes
Hepatitis E	Rubkona Fangak Wau Abyei Twic, Renk	Dec/2018	3	8,456	2, 634	83	Last done in 2020 in Bentiu	yes	yes
cVDPV2	Yambio, Juba, Ulang, Nasir, Baliet, Ayod, Old Fangak	19/Dec 2023	0	26	26	0	4 nationwide nOPV2 SIAs completed	yes	yes
Anthrax	Gogrial West (WRP) and Jur River (NBG)	2022	0	321	4	12	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 22nd July 2025.

Figure 9: Map showing confirmed and active outbreaks by county of South Sudan; as at 15th July 2025.

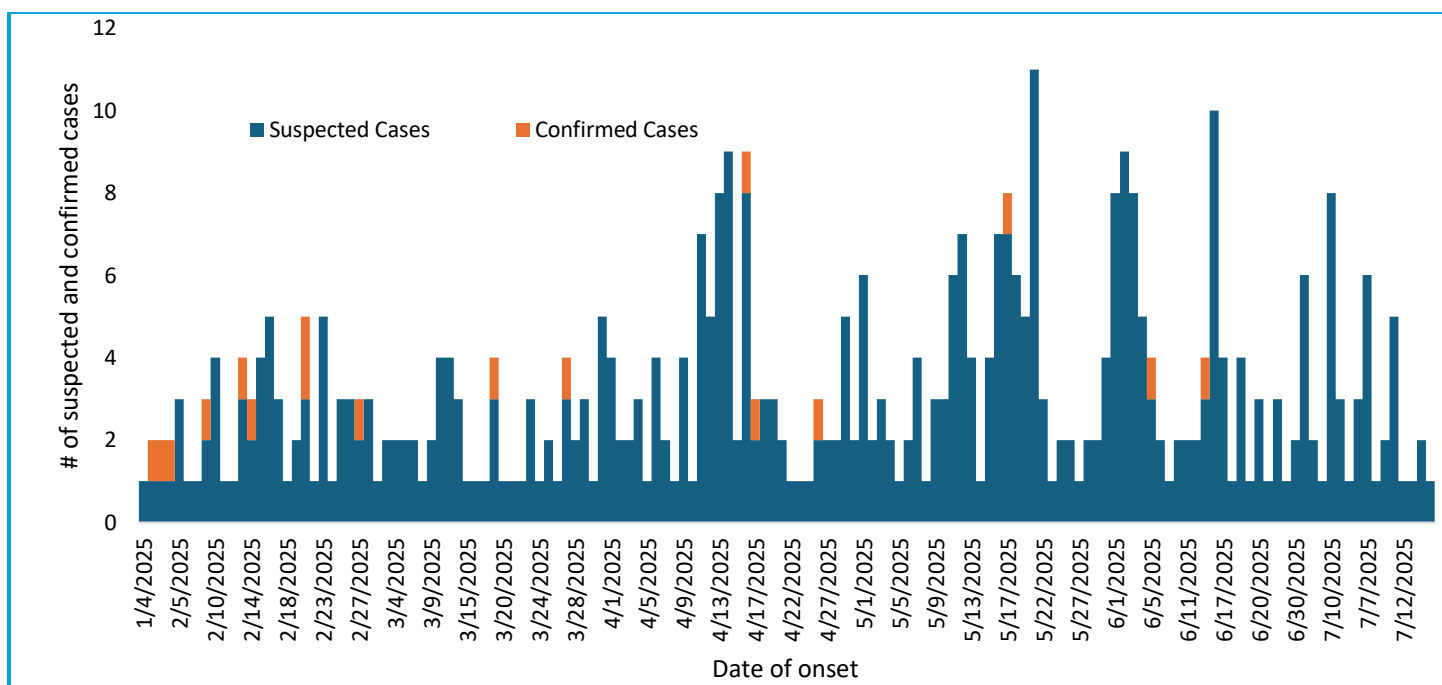


Response activities for ongoing/suspected outbreaks

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.
- As at 15th July, seven (7) suspected Mpox cases were reported in the previous week bringing the cumulative total to 388 suspected Mpox cases in the year 2025 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
- The cumulative total number of confirmed Mpox cases in South Sudan remains seventeen (17); fourteen (14) from Juba County, one (1) from Malakal County in POC, and two (2) from Rumbek Center
- There are 2 active cases in Juba, while the remaining 15 individuals have recovered and were discharged from voluntary home confinement. 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 22 identified contacts who are being monitored. Active contacts line-listing and tracking is ongoing.

Figure 10: Trend of Mpox cases by date of onset in South Sudan, Jan-Jul 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 given as of 13 July 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. As at 22nd July, the cumulative number of suspected Mpox cases was 64 of the 199 suspected Mpox cases listed in Rumbek prison had been investigated with lesion swabs collected. Only two of the 64 lesion swabs tested positive for Mpox using PCR techniques. There are 144 recoveries recorded since the start of the outbreaks, however, 55 patients 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 22nd July 2025

- As at 22nd July 2025, a cumulative total of 84,284 suspected Cholera cases including 1,476 death (CFR: 1.8%, target < 1%) have been reported. 788 of the 1,476 deaths due to Cholera were detected and reported to have occurred at the health facility and thus the HF CFR became 0.9%
- The Cholera outbreak has been reported in 55 counties, across nine states, and all three administrative areas.
- In the last 14 days of reporting (onset from 08 July 2025 to 22 July 2025), 2,792 cases of which 607 were tested with RDTs. Of the 607 RDT tested suspected cholera cases, 303 were positive on RDT. Most of the reported Cholera cases were reported by Abyei (918) , Rubkona (772), Mayendit (270) and Mayom (184)
- Continued underreporting of cholera cases remains a challenge as there was no reporting from 4 counties of Aweil East, Duk, Guit and Maiwut, in the week ending 22nd July, 2025
- Need for more sample collection and testing from Abiemnhom and Lafon (all samples from Abiemnhom so far have tested negative for V. cholerae at the NPHL while one sample from Lafon tested positive by culture) as well as from AWD alerts from counties with no confirmed cholera outbreak
- Western Equatoria state remains the only state with no single county reporting suspected Cholera cases

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

State	Affected Counties	Total Cumulative	Laboratory Confirmed Case(s)	RDT Positive	Deaths	Overall CFR (%)
AAA	1	1671	15	49	21	1.3
CES	2	10659	42	1535	123	1.2
EES	8	3844	63	323	155	4.0
GPAA	1	1712	11	8	66	3.9
JNG	9	13023	81	649	244	1.9
LAK	3	737	31	256	27	3.7
NBGZ	5	9259	26	158	60	0.7
RAA	1	159	0	67	3	1.9
UNI	7	26720	78	7642	388	1.5
UPPER	12	6303	67	1002	148	2.4
WBGZ	2	1631	9	219	51	3.1
WRP	4	7722	60	213	182	2.4
Total	55	83 440	483	12 121	1 468	1.8%

Figure 11: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, wk39, 2024 to Wk27, 2025

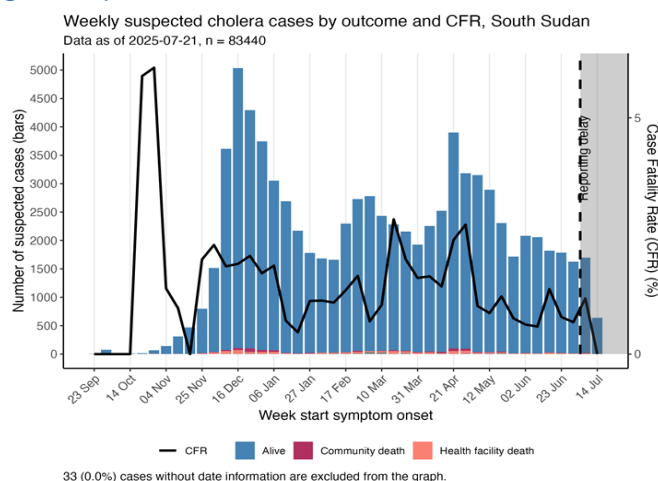


Figure 12: Map showing cholera cases distribution by Counties of South Sudan updated on as of week 27

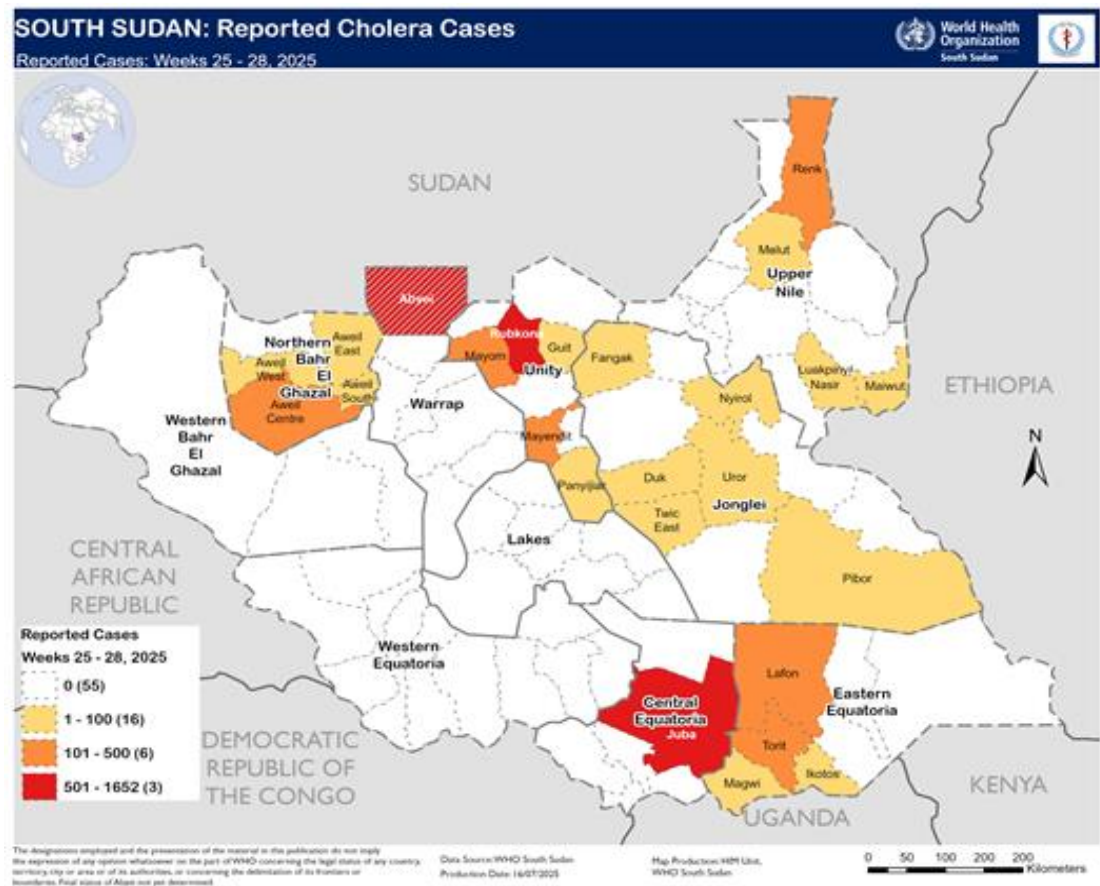
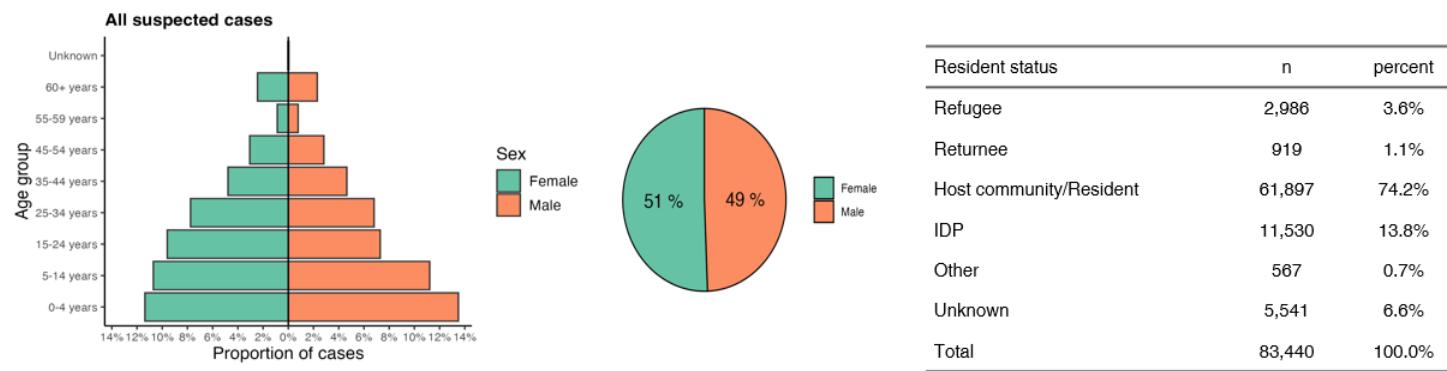


Figure 13: Age and sex distribution of cholera cases and deaths reported in the week as of 6th to 20th July 2025.



Oral Cholera Vaccination Updates

- Seventeen (17) ICG requests submitted and approved between November 2024 to June 2025
- A total of 10,184,408 OCV doses approved by ICG for vaccination response in 46 Counties of 9 states and 2 administrative areas of South Sudan
- Plan to oriented State surveillance officers on data collection for Priority Areas for Multisectoral Intervention (PAMIs) to apply to Gavi for preventive OCV doses in the future
- Post Campaign Coverage Surveys planning ongoing for randomly selected counties in each state where OCV campaign have been implemented

Progress

- PCCS protocol revised and shared with WHO Internal GLOA Committee (June 2025)
- Survey tools revised and finalized (June 2025)
- Meeting held with GLOA and finalize EOI for potential partner (June 2025)
- Developed scoring criteria for selection of partner to conduct survey (June 2025)
- PCCS project timelines developed and shared (June 2025)
- Received quotation from only one partner (Bridge Network) on EOI sent out (July 2025)

Next Steps

- Vetting of applications by WHO technical team (Jul 2025)
- Award and signing of contract and inception report
- Partner conduct PCCS per the TOR and deliverables provided in the protocol
- Provide regular updates on PCCS progress to HQ and ICG

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.
- Since the country completed the 4 outbreak response rounds of nOPV2 SIAs in December 2024, no new isolate of cVDPV2 was reported. The last environmental cVDPV2 isolate had a date of sample collection given as 17 Dec 2024 from Lobulate environment sample collection site in Juba. Similarly, the last cVDPV2 isolate from an AFP case was reported from Rubkona, Unity State with date of onset of paralysis given as 16 November 2024
- However, one VDPV2 isolate from an AFP case (9nt changes from sabin) was reported in 2025 from Wau, Western Bahl El Ghazal State. The isolate was from an AFP case with Date of onset of paralysis dated 9 July 2025. A comprehensive epidemiological and clinical investigation was conducted last week for this VDPV2 case by a team from National MoH, WHO, UNICEF, Core Group Polio Project and the State MOH.
- In week ending 22nd July, a total of 373 active case search visits were conducted, compared to 403 visits in the same period 2024. This decline in the number of active case search visits conducted was attributed to insecurity in some counties, delays in data reporting and end of mission for STOP Consultants
- As of 25th July 2025, a cumulative number of 209 AFP cases have been reported in 74 of 80 counties, compared with 288 cases reported in the same period in 2024.
- Only Six (6) Counties have not reported any AFP cases however, all the 74 counties had reported at least one AFP case compared to the same period in 2024 where not a single county was silent.
- The NPAFP Rate now stood at 2.72 per 100,000 population under 15yrs, compared to 3.77 in the same period in 2024, While the stool adequacy was calculated as 96%, compared to 94% in the same period in 2024

4. Anthrax

- There was no new suspected Anthrax case reported in week 27. However 5 suspected Anthrax cases were reported in week 28 (ending 12 July 2025) with 3 cases from WBeG state and 2 cases from Warrap state.
- No reported death due to Anthrax was reported in weeks 26, 27 and 28 from both Warrap and WBeG states.
- In 2025 alone, a total of 160 human Anthrax cases has been reported from two states (WBeG – 124 and Warrap 36). Of the 160 human cases, two cases had died giving a case fatality rate (CFR) of 1.3%.
- Cumulatively, since the outbreak started in 2024, a total of 321 human anthrax cases has been reported from two states: Of these, one sample tested positive for anthrax at UVRI in Uganda. Among the 321 human cases, 5 have died, resulting in overall case fatality rate (CFR) of 1.6%.
- 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 91 cases representing attack rate of 37.0 per 100,000 population, followed by Wau in Western Bar-El Gazal has an attack rate of 14.9 per 100,000 population, Gogrial West County in Warrap State with an attack rate of 5.7 per 100,000 population and Gogrial East in Warrap State has an attack rate of 1.8 per 100,000 population.

Figure 14: Epidemiological Curve Showing Anthrax Cases in South Sudan, as at 22nd July 2025

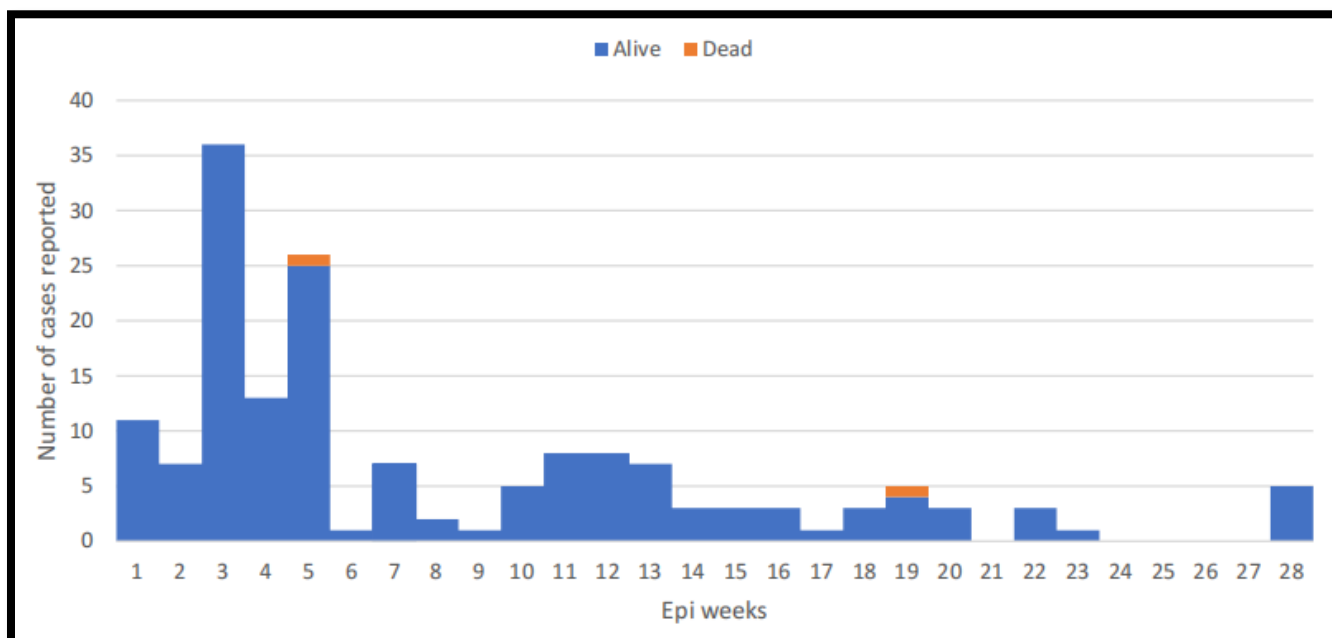
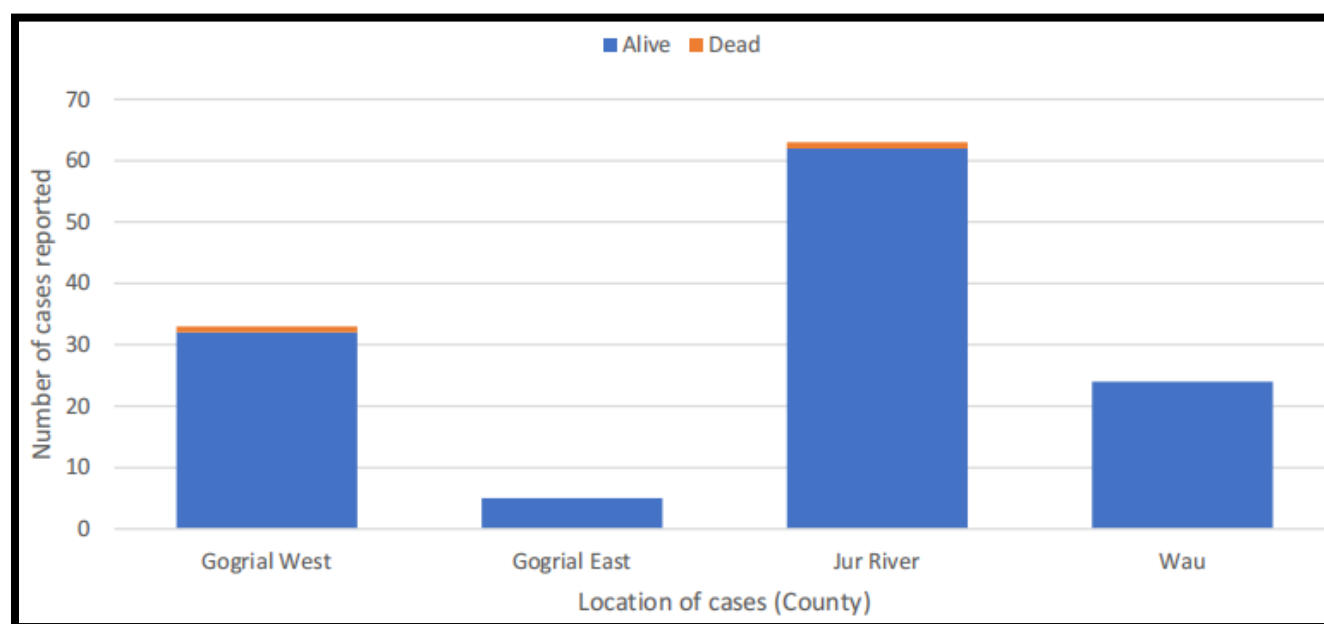


Figure 15: Cumulative Anthrax by affected counties of South Sudan; 22nd July 2025.



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

- Over the past eight weeks, there were 4 measles cases, and all these new suspected cases were line listed and documented through the case-based surveillance.
- The cumulative total of 117 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%.
- 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 had no record/description of measles vaccination, creating justifiable measles control dependence on the omission of the zero-dose populations.

Figure 16: Epidemic curve of measles cases in South Sudan; Week 01 to week 27 of 2025

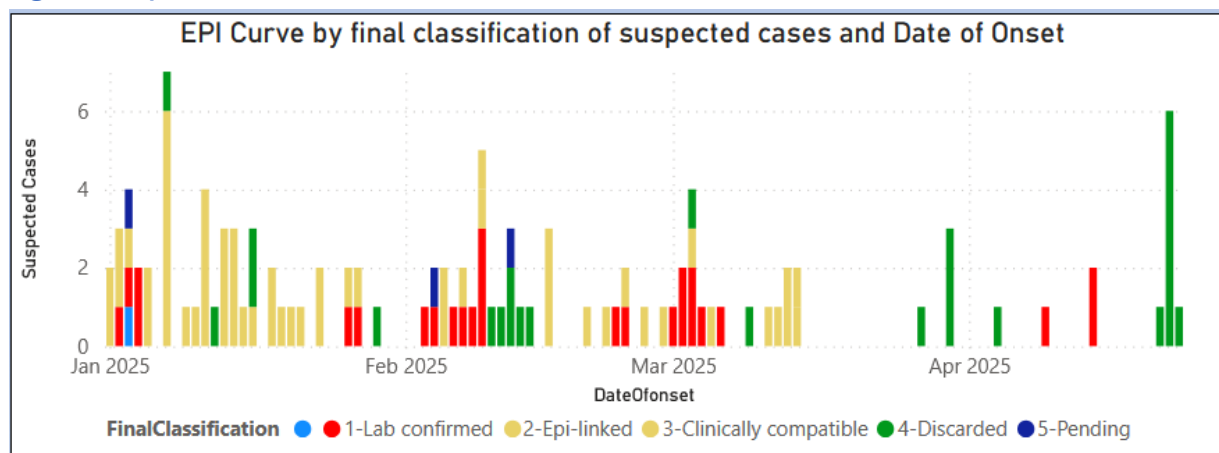
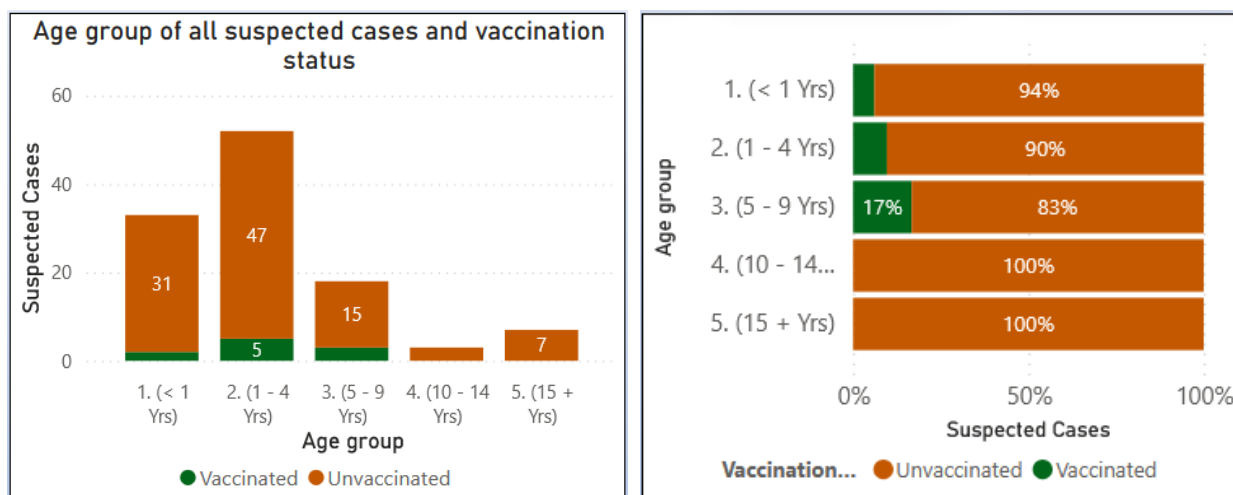


Figure 17: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-27 of 2025



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

- In week 27 of 2025, there were 5 new cases of Hepatitis E virus disease have been reported with 2 of the cases testing positive by RDT bringing the total number of RDT positive cases to 2634 cases.
- Since the onset of the outbreak in January 2018, a cumulative total of 8456 cases of hepatitis E Virus disease have been reported with 114 deaths (CFR1.3%) across 16 out of the 80 counties in the Country.
- Majority of the cases are males accounting for 4338 (52%) while female accounted for 4004 (48%) of the total cases recorded.
- Furthermore, Rubkona, Fangak and Wau are the counties recording the highest number of cases (6506, 722 and 530 cases) respectively.
- Renk is the newest County reporting Hepatitis E virus outbreak in 2025, largely in the Gosfami refugee camp, with cases now totalling to 486 cases with zero reported mortalities. 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.
- Generally, individuals aged 15 to 44 years recorded 43% of the registered hepatitis E virus cases across the country
- 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.
- Predominantly, cases were discovered in people living outside the periphery of Bentiu PoC, who always go to the healthcare centres located in the inside of the PoC for medical help.

Figure 18: Epicure showing HEV RDT positive cases in South Sudan; Epi Week 52 of 2018 to Week 26 of 2025

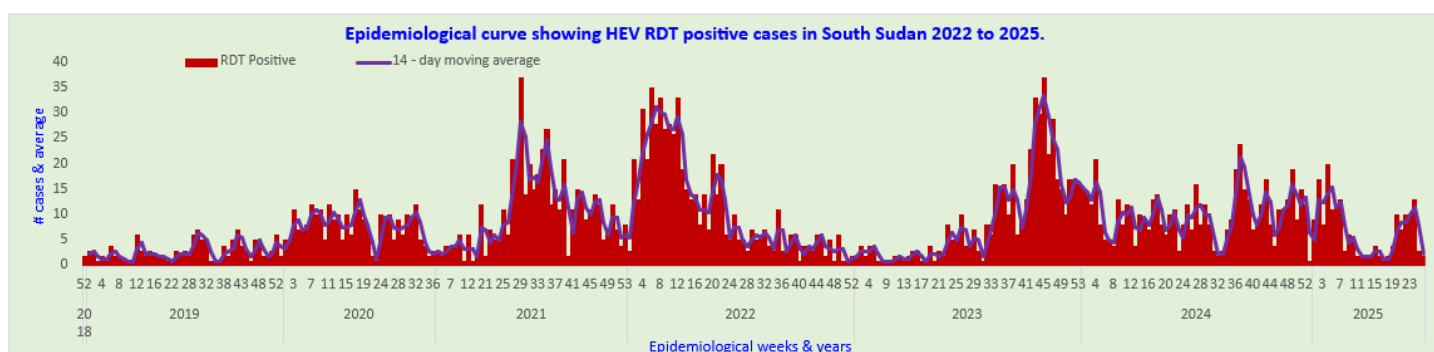
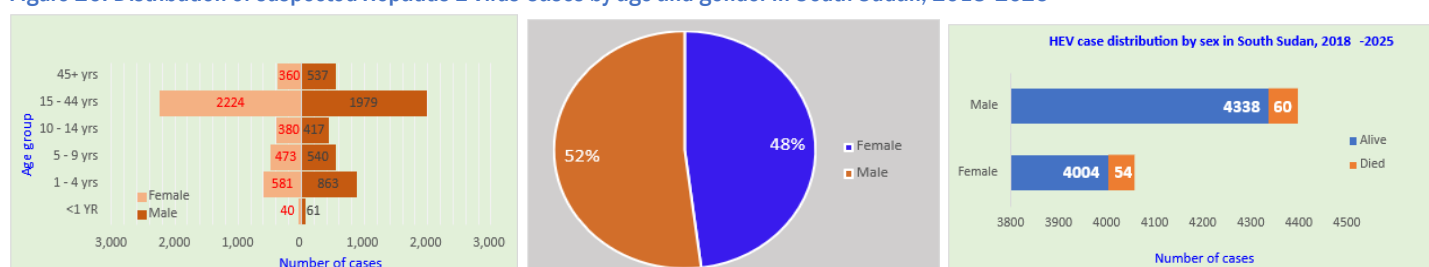


Figure 19: Location distribution of Hepatitis E cases and deaths in South Sudan

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	486	0	486	0.0%
Wau	508	22	530	4.2%
Fangak	694	28	722	3.9%
Rubkona	6470	36	6506	0.6%
Grand Total	8342	114	8456	1.3%

Figure 20: Distribution of suspected Hepatitis E Virus Cases by age and gender in South Sudan; 2018-2025



Other Events

Sudan crisis: As of 22nd July 2025, a cumulative total of 298,399 households containing **1,202,019 individuals (626,204 Females and 575,815 Males) from 18 different nationalities had crossed the border**. Of this number, **68. 2% (819,777)** are South Sudanese returnees, while 31.3% (376,232) 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.

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>

This bulletin is produced by the Ministry of Health with Technical support from WHO

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

Notes

WHO and the Ministry of Health gratefully acknowledge the surveillance officers [at state, county, and health facility levels], health cluster and HealthSystem Transformation Project (HSTP) partners who have reported the data used in this bulletin. We would also like to thank ECHO and the World Bank for providing financial support.

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

Email: mkediende@gmail.com
Phone number: +21192888461

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

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