



Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 28

7th to 13th 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 28 of 2025, the timeliness of IDSR reporting increased to 82%, demonstrating an increase from 79% reported in the previous week whereas Completeness of reporting was at 90%, compared to 91% attainment of week 27. All states and two administrative areas had completeness of IDSR reporting above 80%, with Ruweng Administrative Area, Unity state and Western Equatoria State achieving 100%. However, only 7 states and one administrative area attained a timeliness of IDSR reporting above 80%.
- At the EWARN mobile sites, the timeliness and Completeness of IDSR reporting were both at 100%. There was an improvement in Timeliness and consistency in completeness of reporting in the EWARN mobile sites in epidemiological weeks 27 and 28, respectively.
- In week 28 of 2025, a total of 167,492 consultations for morbidities were reported from across South Sudan, lower than 179,583 reported in week 27. Malaria remained the top cause of morbidity, accounting for 36% (59,556) of all cases, followed by Acute respiratory illnesses 16% (26,242) and acute watery diarrhea 6% (10,050).
- A total of 176 EWARS alerts were triggered, with only 116 (66%) verified, exhibiting a decrease in alerts triggered and an increase in their verification rates compared to week 27 of 2025. The main alerts were for Guinea Worm (19%), ARI (17%), AWD (16%), Malaria (16%), Cholera (14%), and ABD (11%). Remarkably, the surveillance teams in Pibor Administrative Area, Jonglei, Northern Bahr el Ghazal, Unity, and Upper Nile States successfully verified most of their reported alerts.
- Three (3) new Mpox case was confirmed during the week. The cumulative total of confirmed Mpox cases became 20 since the onset of the outbreak (16 in Juba County, 3 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 29th July 2025, a cumulative total of 85,532 suspected Cholera cases and associated 1,484 deaths (CFR: 1.7%, target < 1%). 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 notification and weekly aggregate case count reports through the Integrated Disease Surveillance and Response (IDSR) system, supplemented by the Early Warning Alert and Response System (EWARS). For week 28, the timeliness of IDSR reporting was 82%, and the completeness was 93%, showing slight improvements compared to the previous week.

Table 1: Timeliness and completeness of IDSR reporting by State for week 28 compared to week 27 of 2025

State	Total facilities	Number of facilities reported (Completeness Wk28)	Comparison of the reporting period				Cumulative since year start	
			Timeliness		Completeness		(2025 level)	
			week 28	Week 27	Week 28	Week 27	Timeliness	Completeness
Lakes	112	111	98%	94%	99%	98%	94%	100%
NBGZ	92	85	89%	93%	92%	93%	77%	87%
Unity	85	85	100%	98%	100%	100%	95%	99%
WBGZ	112	95	58%	54%	85%	81%	56%	85%
WES	191	191	97%	93%	100%	99%	76%	98%
Jonglei	120	112	93%	86%	93%	95%	83%	90%
Warrap	114	101	46%	52%	89%	85%	60%	83%
EES	112	95	58%	51%	85%	81%	55%	83%
RAA	16	16	25%	25%	100%	100%	45%	92%
CES	152	146	96%	96%	96%	97%	92%	94%
AAA	17	12	71%	82%	71%	88%	77%	90%
Upper Nile	143	126	80%	69%	88%	79%	67%	83%
PAA	16	14	88%	88%	88%	88%	94%	97%
Total	1282	1189	82%	79%	93%	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 28, 2025

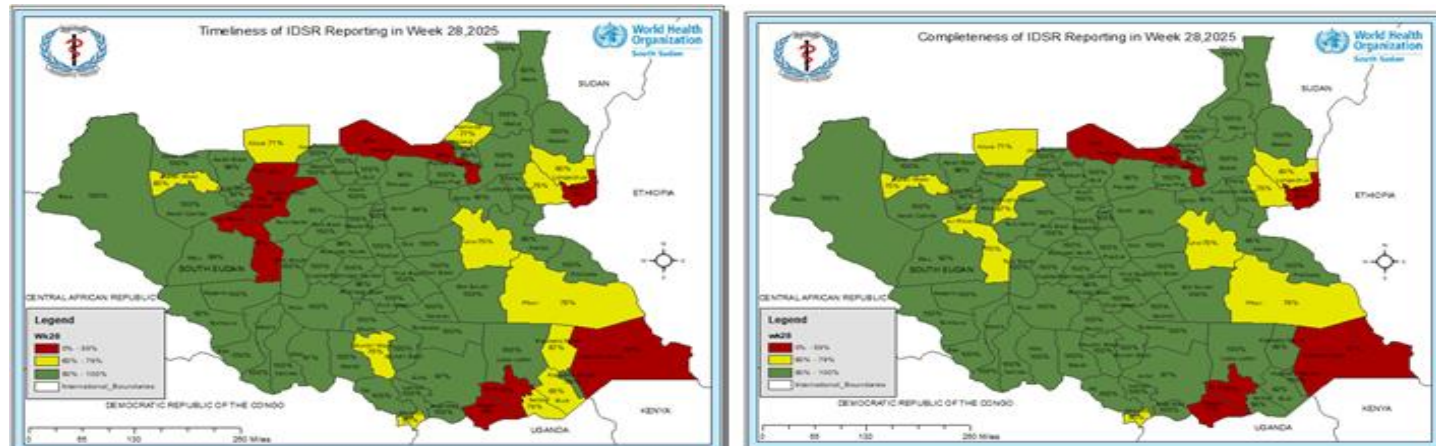


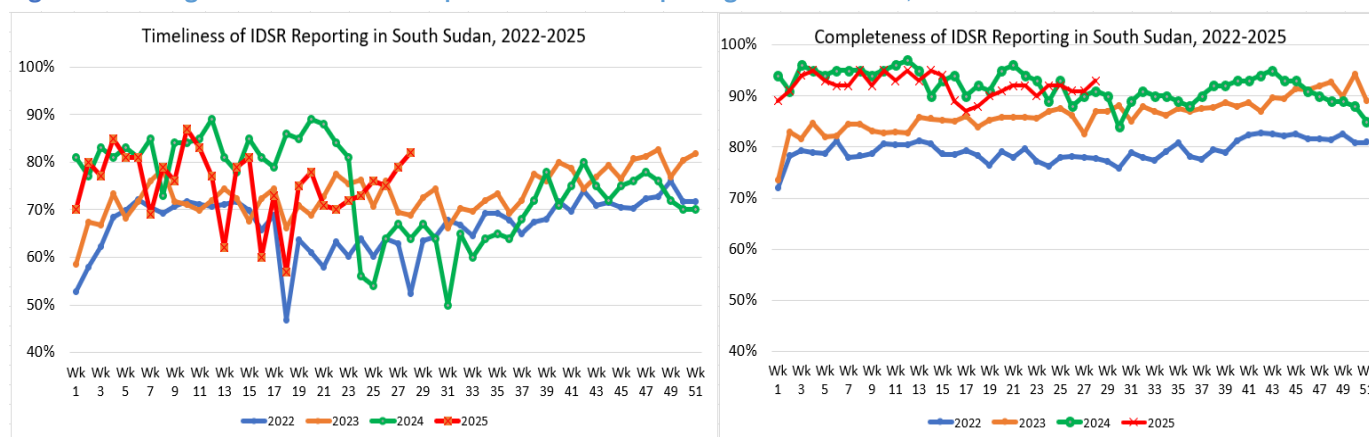
Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 28 of 2025.

IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for week 28, 2025							
Partners	# of Reporting Mobile Sites	% of Timeliness in week 28	% of Completeness in week 28	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 28	% of Completeness in week 28
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	80%	80%
CIDO	1	100%	100%	Wau North	12	83%	83%
SP	4	100%	100%	Juba	10	100%	100%
HFD	1	100%	100%	Mangala	1	100%	100%
RI	1	100%	100%	TOTAL	63	90%	90%
TOTAL	18	100%	100%				

Note: Congratulations to all partners for completing 100% of EWARN reports and submitting them on time 100% 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.



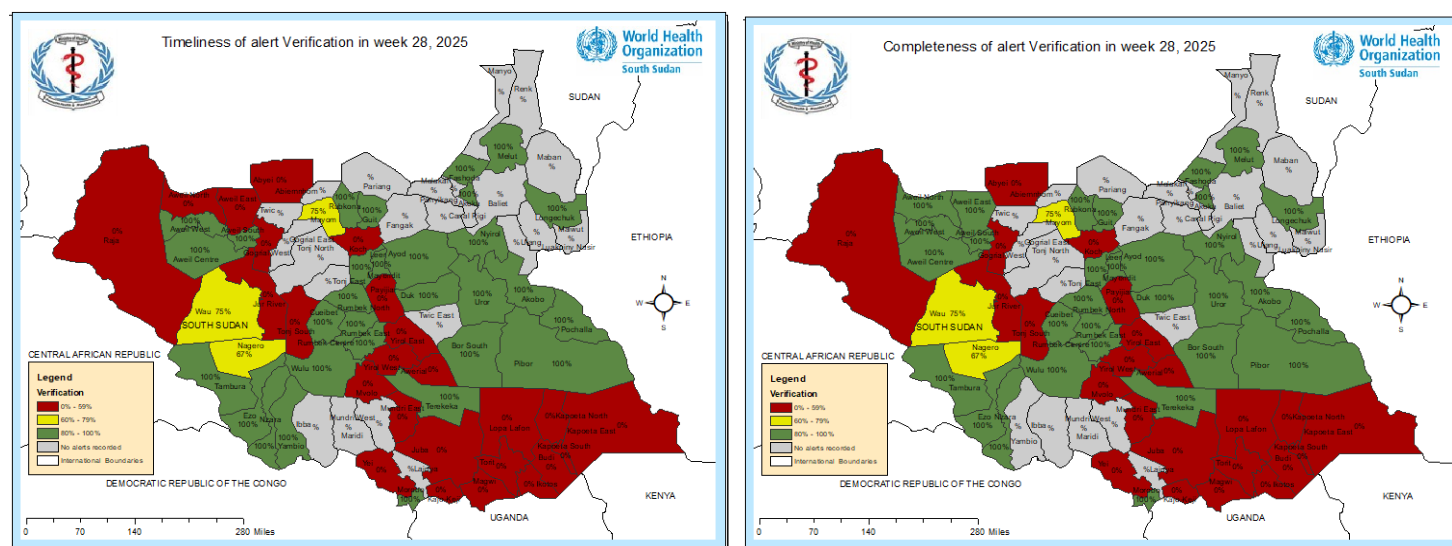
Epidemic alerts

In epidemiological reporting week 28, 176 alerts were triggered in the EWARS system, with 66% (116) verified, showing a reduction from week 27. Ten states and two 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 Guinea Worm (19%), ARI (17%), AWD (16%), Malaria (16%), Cholera (14%), and ABD (11%).

Table 3: Summary of EWARS alerts triggered in Epidemiological Week 28, 2025.

State/Admin	AJS		ARI		AWD		AFP		ABD		Cholera		Guinea Worm		Malaria		Measles		NNT		Total # R	
	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#
	R	V	R	V	R	V	R	V	R	V	R	V	# R	# V	R	V	R	# V	R	V	# R	# V
AAA	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	2	0
CES	0	0	5	1	3	1	0	0	0	0	1	0	0	0	7	0	2	0	0	0	18	2
EES	1	0	0	0	5	0	0	0	3	0	3	0	0	0	0	0	1	0	0	0	13	0
GPAA	1	1	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2	2
Jonglei	0	0	3	3	3	3	0	0	4	4	2	2	6	6	5	5	0	0	0	0	23	23
Lakes	0	0	3	3	3	2	0	0	1	1	0	0	19	14	5	4	1	0	1	1	33	25
NBGZ	0	0	1	1	1	1	0	0	0	0	3	3	1	1	1	1	0	0	0	0	7	7
Unity	0	0	3	1	1	1	0	0	8	6	12	12	0	0	2	2	0	0	0	0	26	22
Upper Nile	0	0	0	0	2	2	1	1	2	2	1	1	1	1	2	2	1	1	0	0	10	10
Warrap	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	3	0
WBGZ	0	0	2	1	1	0	0	0	0	0	0	0	4	0	2	2	0	0	0	0	9	3
WES	0	0	13	8	10	8	0	0	1	1	0	0	0	0	4	3	2	2	0	0	30	22
RAA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	2	1	30	18	29	18	1	1	20	15	24	18	34	22	28	19	7	3	1	1	176	116

Figure 3: Timeliness and Completeness of Alerts: Verification rates by county of South Sudan for week 28, 2025

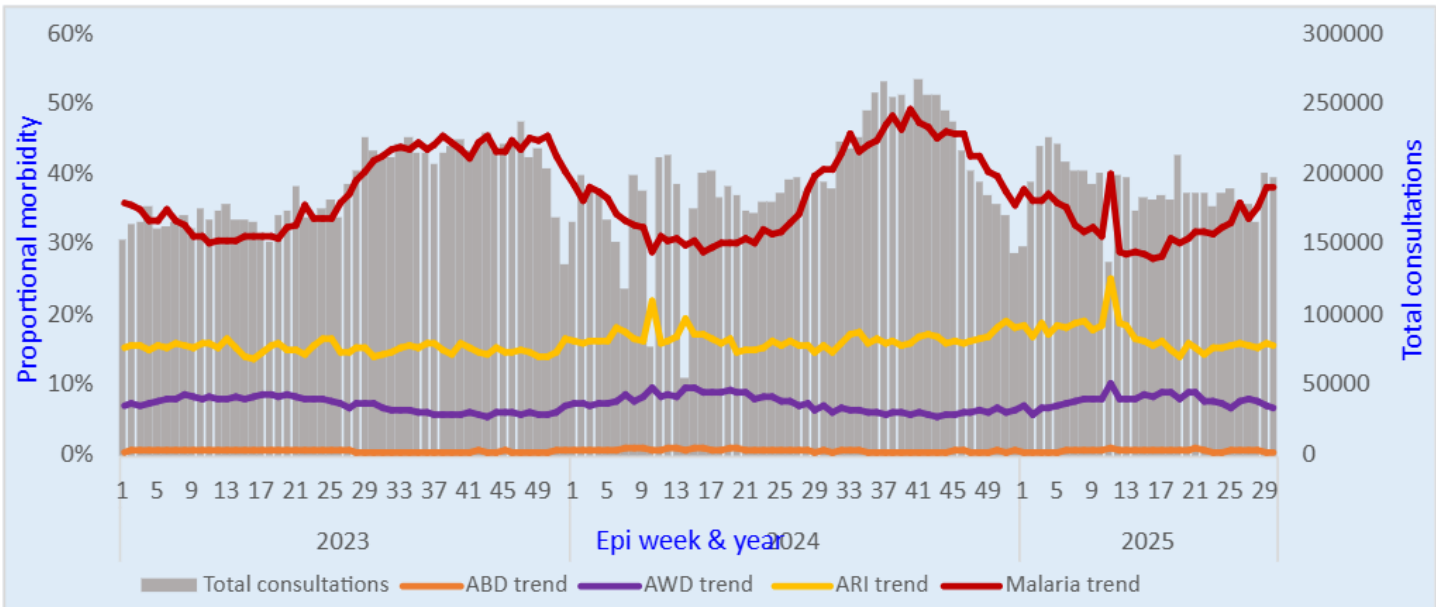


Weekly Update on Indicator-Based Surveillance (Week 28 of 2025)

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 28 of 2025, a total of **167,492 consultations for morbidities** were reported from across South Sudan, spanning 1 282 health facilities. Malaria remained the top cause of morbidity, accounting for 36% (59,556) of all cases, followed by Acute respiratory illnesses 16% (26,242) and acute watery diarrhea 6% (10,050). 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

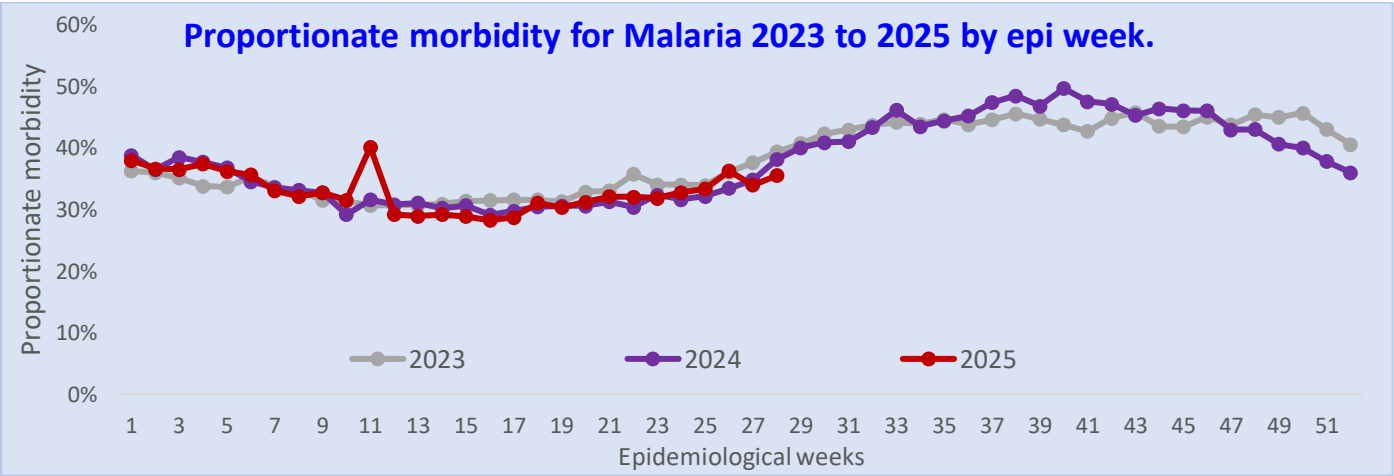
Figure 4: IDSR Proportional Morbidity as of week 28 of 2025.



1. Malaria Updates

In week 28 of 2025, malaria remained the leading cause of illness, with 59, 556 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.

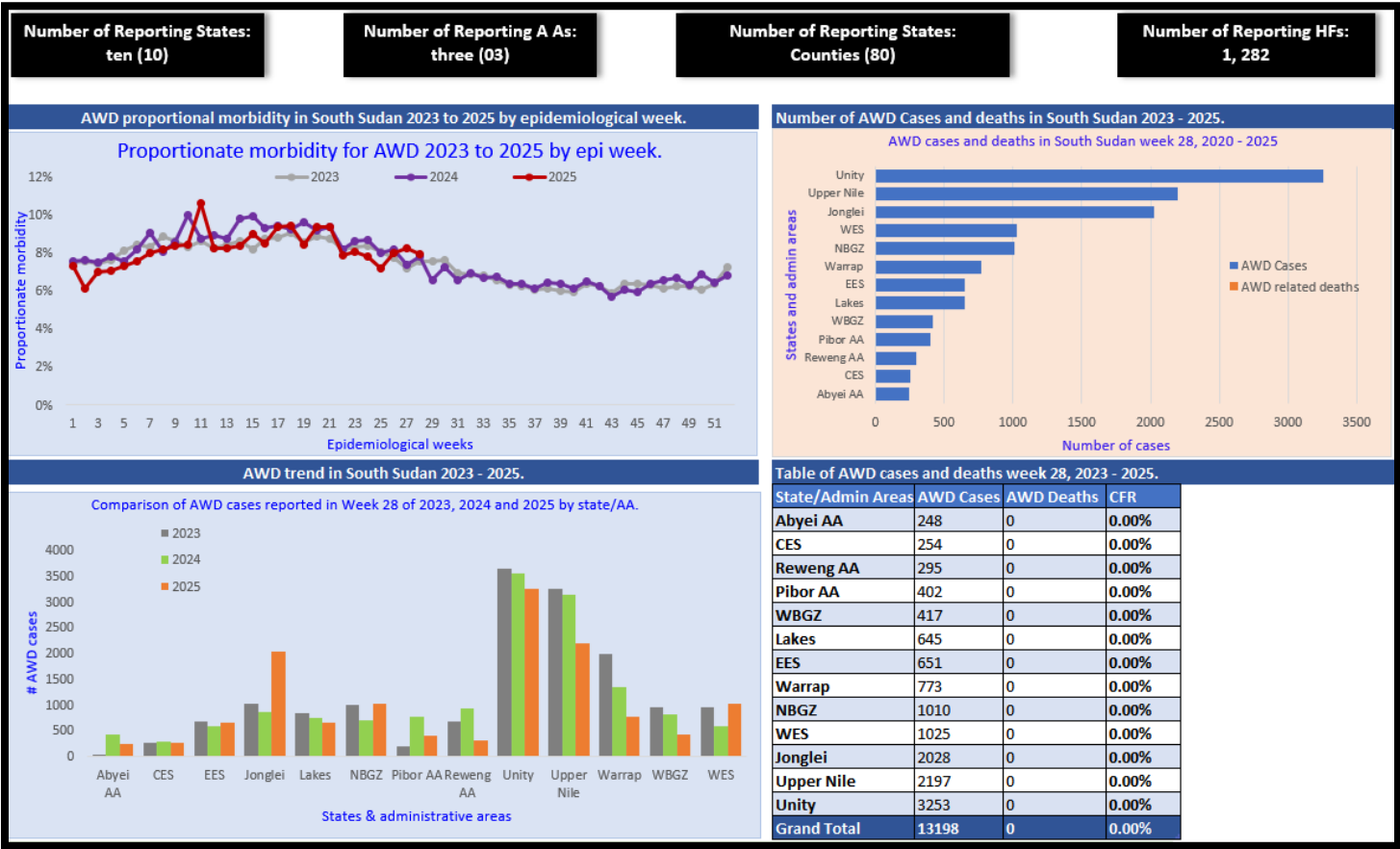
Figure 5: Proportional Morbidity of Malaria Cases in South Sudan; 2023-2025



2. Acute Watery Diarrhoea

During the epidemiological week 28, AWD was the third leading cause of morbidity, resulting in 13,198 cases and no deaths. We are now in the ninth month since the first cholera case was confirmed. Acute Watery Diarrhea (AWD) cases remained within normal ranges, but case counts indicate that AWD cases decreased from 14,430 in week 27 to 13,198 in week 28. Suspected AWD deaths decreased from 4 in week 27 to 0 in week 28. The AWD dashboard is our surveillance tool for visualizing trends and weekly data by geography, which aids in targeted investigations, for early outbreak detections, as was done 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.

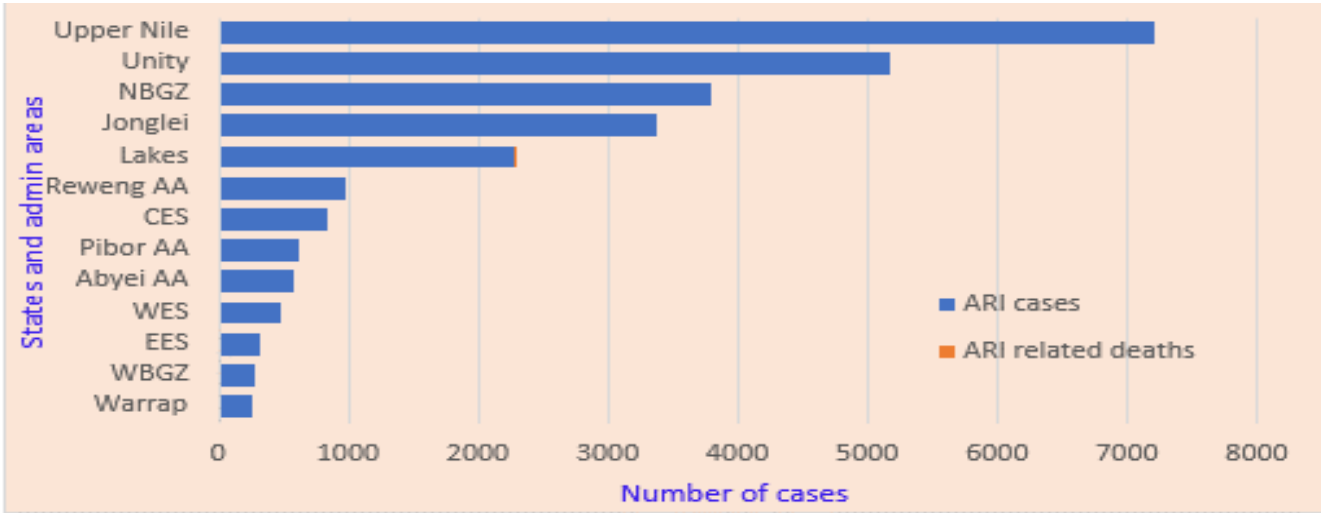
Figure 6: Dashboard of IDSR reported AWD cases by Week in South Sudan; 2023-2025



3. Respiratory Pathogens Surveillance weekly updates.

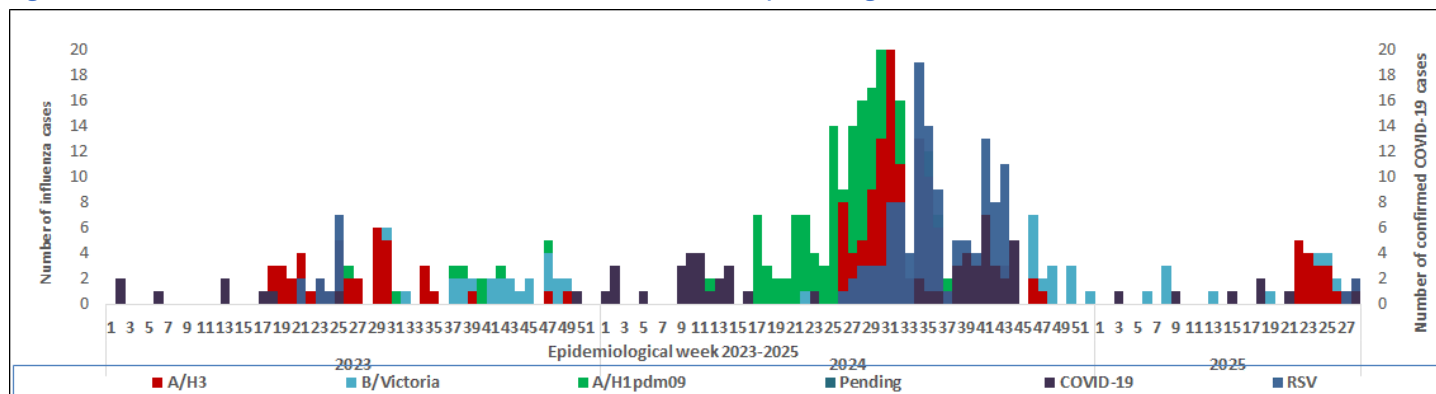
Acute respiratory illnesses are the second leading cause of morbidity in the country. A significant number of IDSR reported ARI cases are from Upper Nile, Unity, and Northern Bahr el Ghazal states, which host a large portion of the nation's refugees and displaced populations. Unfortunately, the top three ARI high-burden states do not have an influenza sentinel surveillance site, a consideration that will be made in all future expansion planning. Only one ARI related death was reported in Lakes State in the week ending 13th July 2025 (Epidemiological week 28).

Figure 7: Reported ARI cases by State of South Sudan in epidemiological week 28 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 28 of 2025.



During Epidemiological Weeks 1-28 in 2025, a total of 905 ILI/SARI samples have been collected; 867 tested negative for all pathogens, (6) were positive for COVID-19, (20) for Influenza Type A (H3), (9) for Influenza Type B (Victoria), (0) for Influenza A/(H1N1)pdm09 and (2) for RSV.

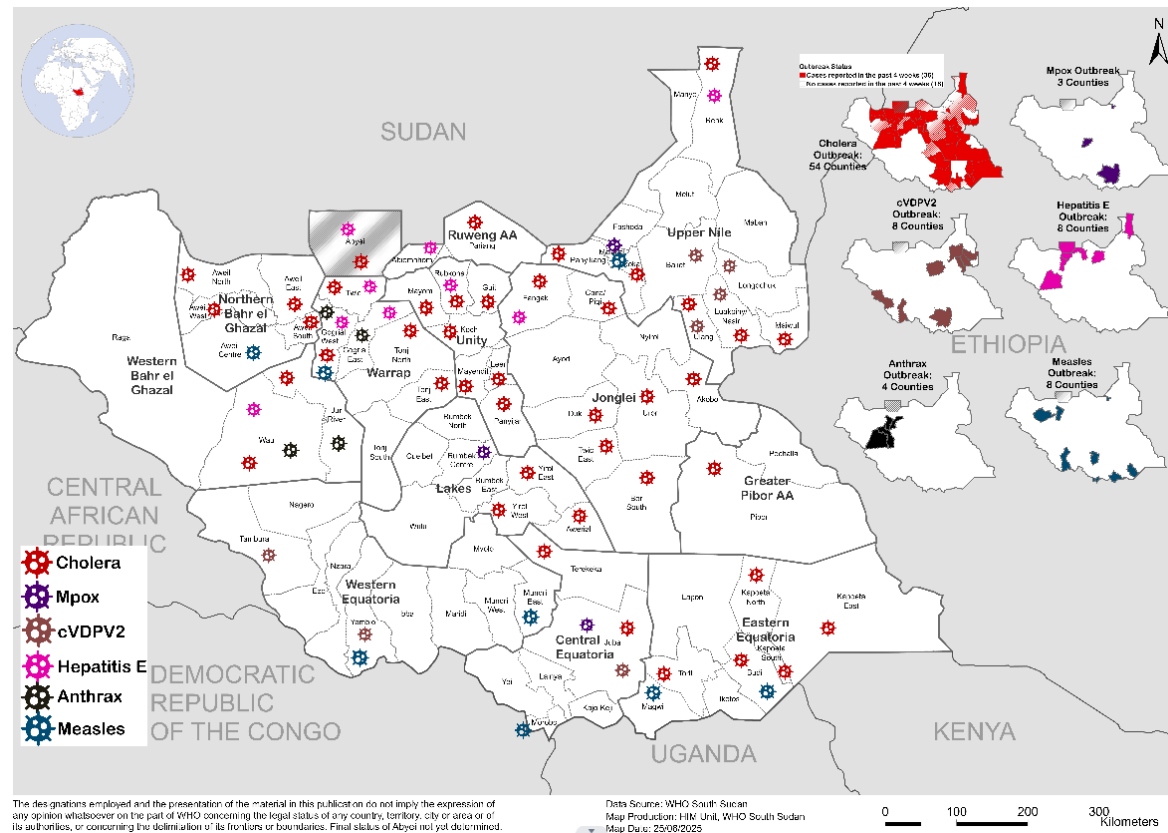
South Sudan Confirmed and ongoing epidemics in 2025

Table 4: Summary of ongoing and confirmed epidemics as at 29th 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	38	415	20	4	Planned	yes	yes
Cholera	In 55 counties of 9 states and 3 AAs	Sept 2024	1,248	85,532	489	1,663	Completed in 41 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, Baliat, Ayod, Old Fangak	19/Dec 2023	0	26	26	0	4 nationwide nOPV2 SIAs completed	yes	yes
Anthrax	Gogrial West (WRP) and Jur River (NBB)	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 at least one of the 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

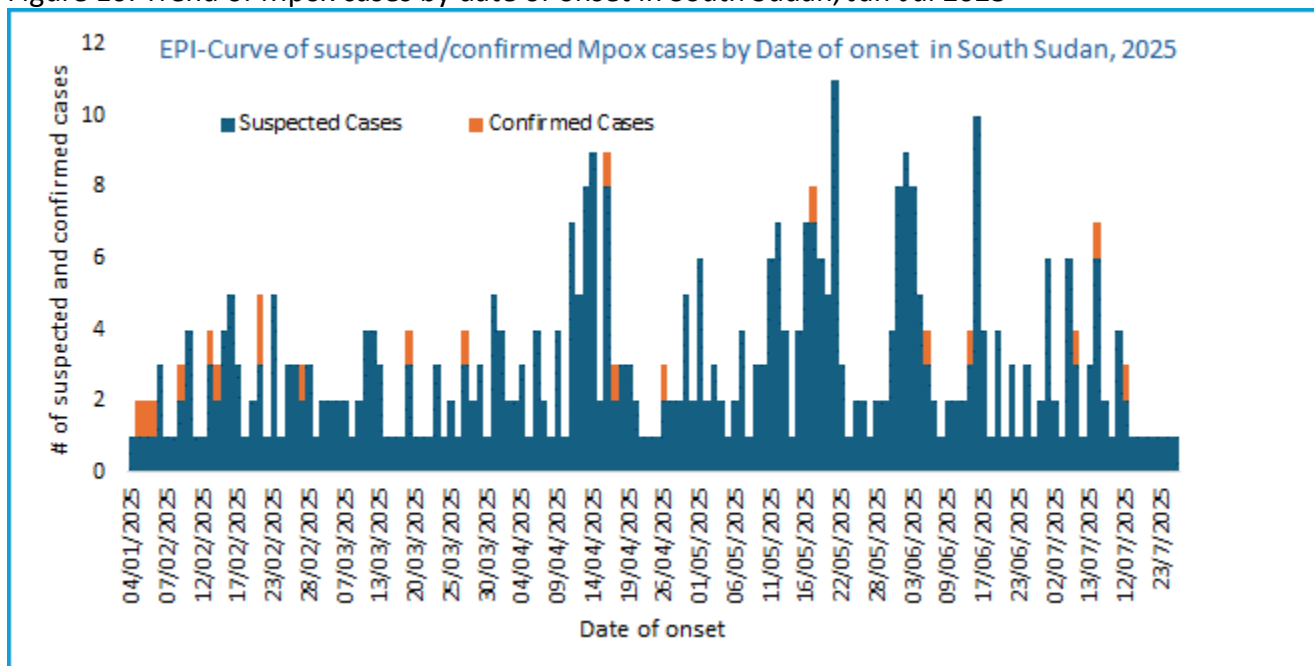
1. Mpox outbreak

- The ministry of Health declared the Mpox outbreak on February 7th, 2025 after the first case was confirmed from the National Public Health Reference laboratory.
- During week28 of 2025 that (start on14 and ends on 20 July) there were 38 new suspected Mpox cases reported (including a new cluster of 12 suspected cases from Wulu County in Lakes state), bringing the total cumulative number of suspected cases to (415). In addition, there are three new confirmed case of Mpox increasing the cumulative total of confirmed Mpox cases to 20 (16 in Juba, 3 in Rumbek, and 1 in Malakal), with no reported fatalities.
- Rumbek isolation facility is currently holding 50 suspected Mpox patients admitted in the newly created isolation center at the Central Prison.
- Of the 155 suspected Mpox cases investigated with lesion swab samples collected, all had been tested, with only twenty (20) cases confirmed positive and pending (0) suspected mpox samples at the laboratory
- There are 2 active cases in Juba, while the remaining 18 individuals have recovered and were discharged from voluntary home confinement. Genomic analysis has confirmed Clade Ib in 13 positive cases.
- The latest case detected in Juba County had a date of onset of July 13, 2025, resulting in 22 identified

contacts who are being monitored. Active contacts line-listing and tracking is ongoing.

- All confirmed cases are aged 12 to 40 years, with the latest case from Pacong PHCC in Rumbek East county, whose date of symptoms onset was 11th July 2025. Contact line listing and contact tracing is on going
- In the week ending 29th July, 3 rt-PCR positive samples shipped to UVRI for genomic sequencing, the results were received confirming that all were linked to ongoing transmission in the Kampala to Gulu transportation corridor. All fourteen Mpox positive cases are confirmed as Mpox Clade 1b, with phylogenetic linkages to viruses detected in Uganda.
- Lakes State has reported a cumulative total of 198 suspected Mpox cases. However only 69 suspected cases were investigated with lesion swabs (3 positives at NPHL). There are 150 suspected Mpox cases that recovered and were discharged back into the community with relevant psychosocial support mechanisms.

Figure 10: Trend of Mpox cases by date of onset in South Sudan, Jan-Jul 2025



- 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.

2. South Sudan Cholera Outbreak Epidemic description as of 22nd July 2025

- As at 29th July 2025, there was a cumulative total of 85,532 suspected Cholera cases and 1,484 deaths (CFR: 1.7%, target < 1%), reported by 55 counties across 9 states and all 3 administrative areas (Ruweng, Greater Pibor, and Abyei)
- In the last 7 days (onset from 23 July 2025 to 29 July 2025), 765 cases and 2 deaths were reported by 12 counties. Abyei and Rubkona accounted for 32% and 25% of these cases, respectively.
- Continued underreporting of cholera cases from some locations, especially in Upper Nile, three of the four affected counties in Warrap and all affected counties in Western el Bahr Ghazal
- Need for more sample collection and testing of 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 29th July 2025

State	Affected Counties	Total Cumulative	Laboratory Confirmed Case(s)	RDT Positive	Deaths	Overall CFR (%)
AAA	1	2031	17	49	22	1.1
CES	2	10659	42	1535	123	1.2
EES	8	4229	63	361	167	4.0
GPAA	1	1712	11	8	66	3.9
JNG	9	13056	81	649	244	1.9
LAK	3	737	31	256	27	3.7
NBGZ	5	9315	26	158	60	0.6
RAA	1	159	0	67	3	1.9
UNI	7	27405	78	7745	390	1.4
UPPER	12	6329	71	1011	148	2.3
WBGZ	2	1631	9	219	51	3.1
WRP	4	7722	60	213	182	2.4
Total	55	84985	489	12271	1483	1.7

Figure 11: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, wk39, 2024 to Wk28, 2025

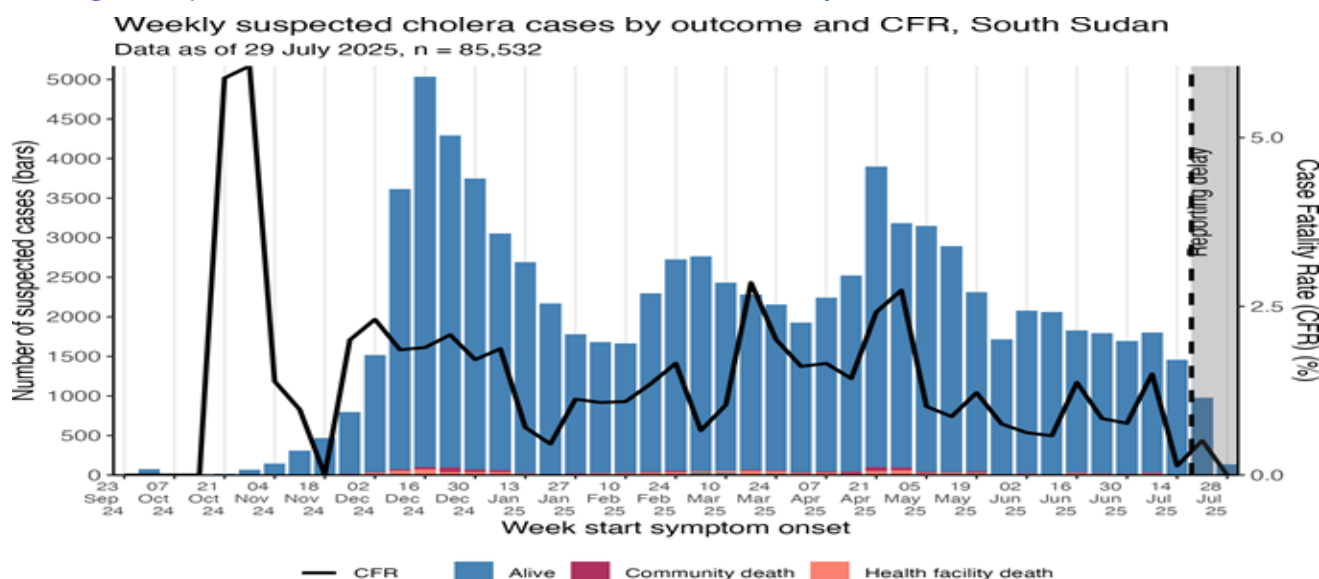


Figure 12: Map showing cholera cases distribution by Counties of South Sudan updated on as of week 28

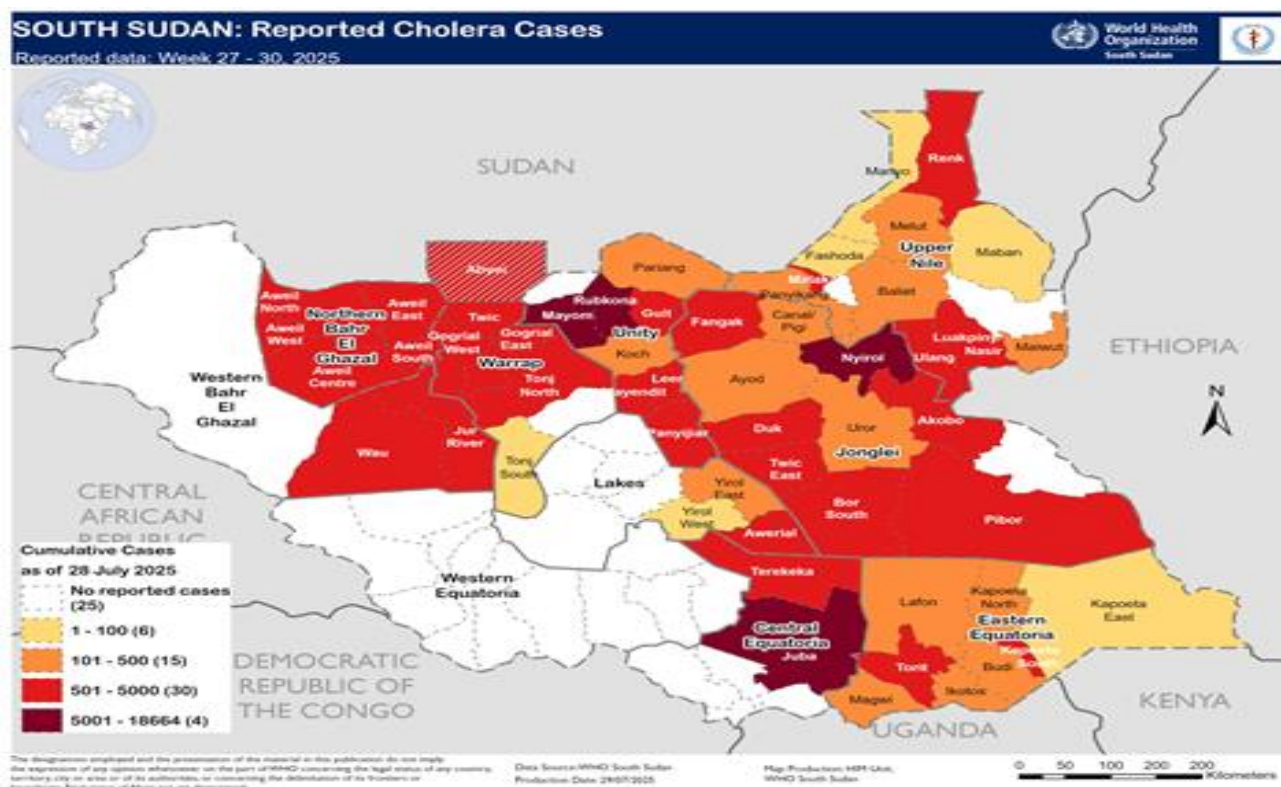
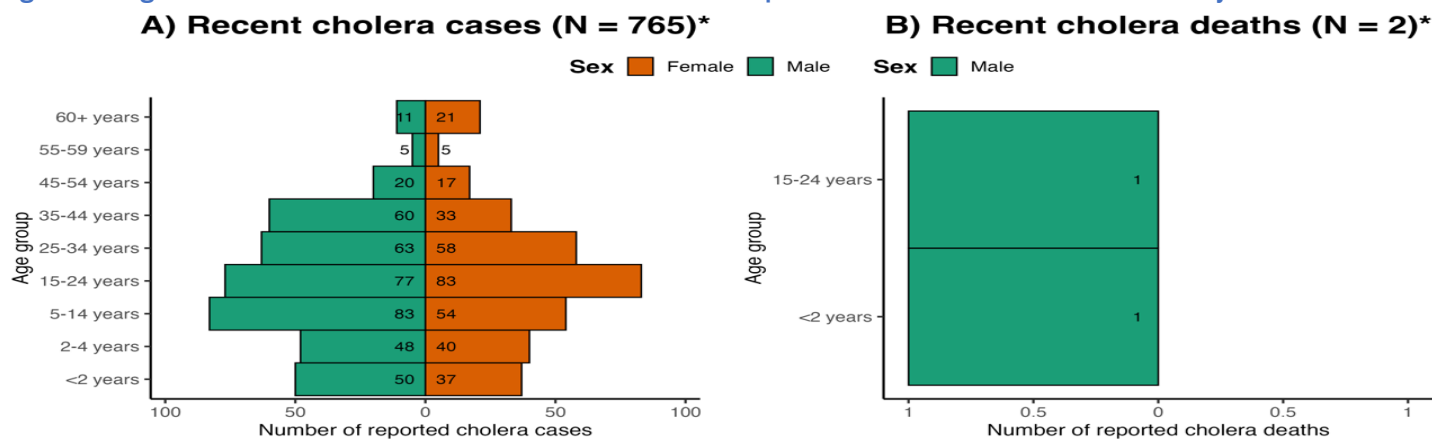


Figure 13: Age and sex distribution of cholera cases and deaths reported in the week as of 23rd to 29th July 2025.



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

- Seventeen (17) ICG requests submitted and approved between November 2024 to July 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 29th July, a total of 219 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 29th July 2025, a cumulative number of 219 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 were 5 new suspected Anthrax case reported in week 28 (ending 12 July 2025) with three (3) cases reported from WBeG state and 2 cases from Warrap state.
- No reported death due to Anthrax was reported in week 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 29th July 2025

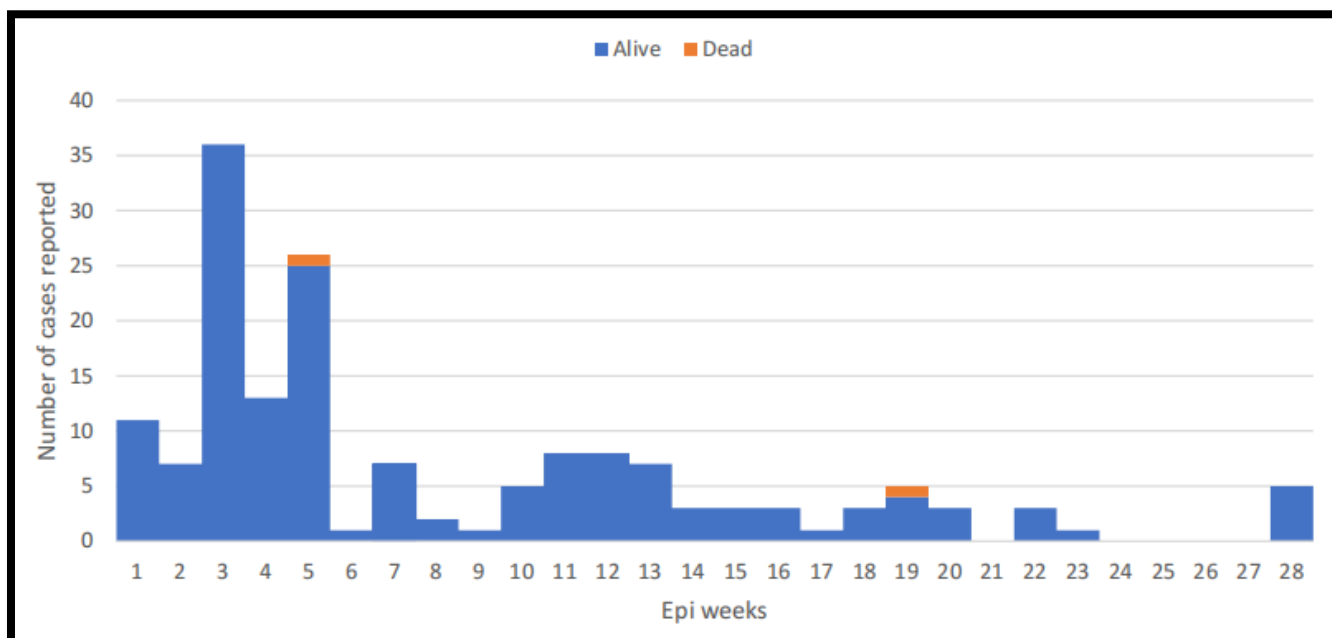
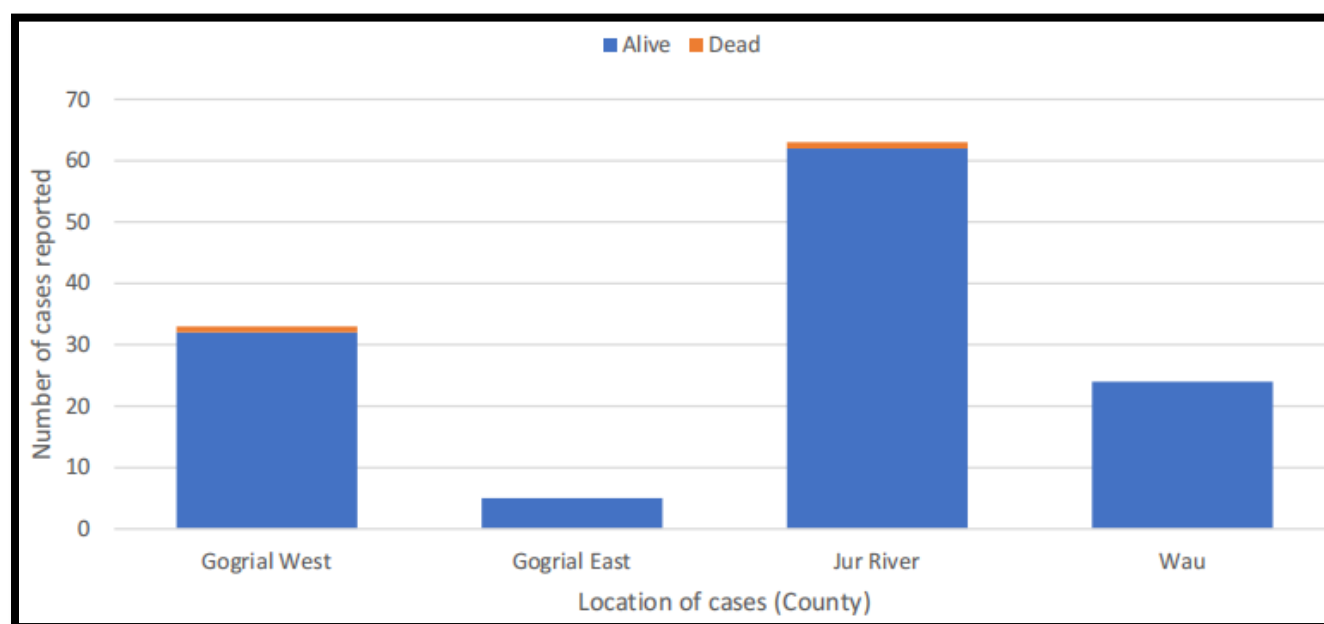


Figure 15: Cumulative Anthrax by affected counties of South Sudan; 29th July 2025.



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

- As of week28, there were no new suspects measles cases been reported, however all the measles suspects cases were line listed and documented through the case-based surveillance over the nine weeks.
- Currently, the cumulative number of measles cases stands at 117 cases been reported from 17 counties in 8 states, 57 samples were collected among them 27 had a positive IgM test result at the national serology laboratory, giving a positivity ratio of 47%.
- Majority of the suspects measles cases (85%) occur in children under 5 years of age, highlighting a critical failure in routine immunization and supplemental immunization activities.
- Additionally, 94% of these cases emerged in children who had no record/description of measles vaccination, creating reasonable measles control dependence on the exclusion of the zero-dose populations.

Figure 16: Epidemic curve of measles cases in South Sudan; Week 01 to week 28 of 2025

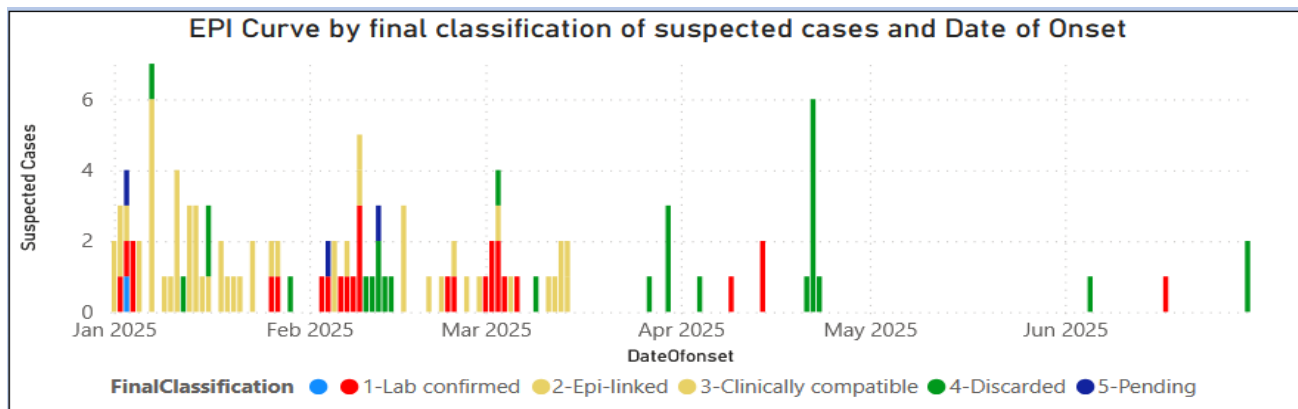
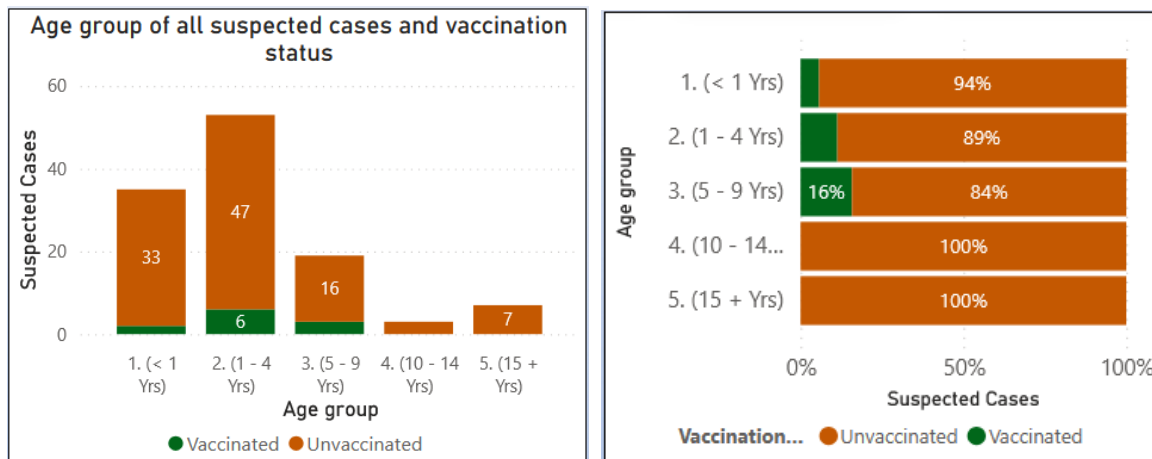


Figure 17: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-28 of 2025



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

- In week 28 of 2025, there was no new cases of Hepatitis E virus disease reported and zero death reported.
- The total number of Hepatitis E virus RDT positive cases remains 2634 cases
- Since the start 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%) through 16 out of the 80 counties in the Country.
- Bulk of the cases are males accounting for 4338 (52%) while female accounted for 4004 (48%) of the total cases recorded.
- In addition, Rubkona, Fangak and Wau are the counties recording the highest number of cases (6506, 722 and 530 cases) respectively.
- Renk is the latest 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.
- Largely, individuals aged 15 to 44 years documented 43% of the registered hepatitis E virus cases across the country
- The data demonstrated in the provided chart exhibit the distribution of HEV cases based on the patients' place of residence, both within and outside Bentiu PoC.
- Primarily, 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

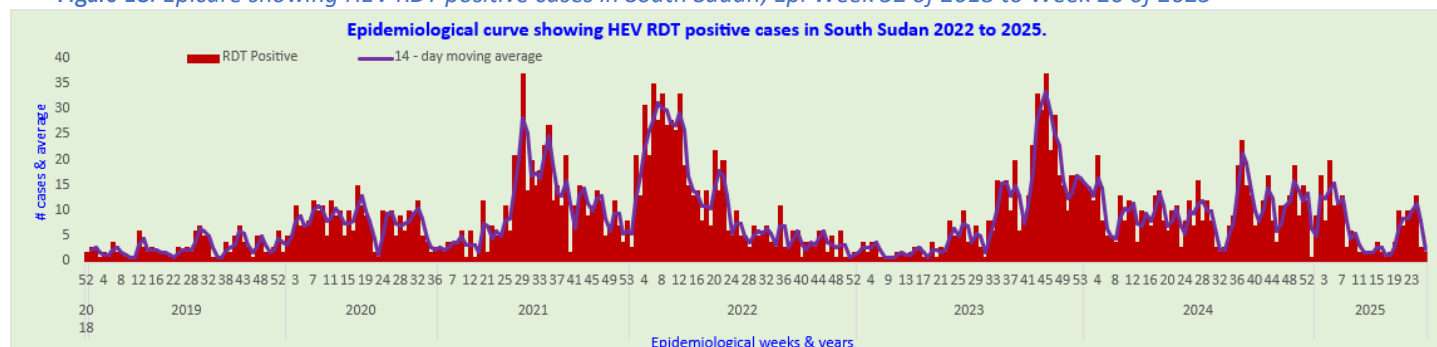
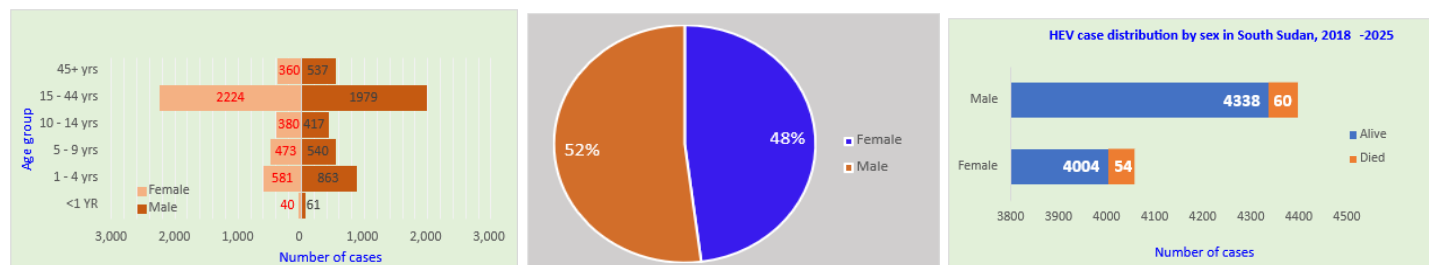


Figure 19: Location distribution of Hepatitis E cases and deaths in South Sudan

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 29th July 2025, a cumulative total of 300,682 households containing **1,210,166 individuals (630,710 Females and 597,456 Males) from 18 different nationalities had crossed the border**. Of this number, **68.1% (823,665)** are South Sudanese returnees, while 31.4% (380,263) 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>

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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>

Data source: DHIS-2 and EWARS