Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 36

1st to 7th September 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 36 of 2025, IDSR reporting timeliness improved slightly to 80%, up from 79% in week 35, while completeness remained stable at 93%. Only Upper Nile state failed to attain 80% completeness of reporting, with Abyei Administrative area, Greater Pibor Administrative area, Lakes, Ruweng administrative area, Unity, and Western Equatoria States achieving 100%. However, only six states and one administrative area had timeliness above 80%.
- At the EWARN mobile sites, both the timeliness and completeness of IDSR reporting have remained at 100% for five consecutive weeks (Epidemiological Weeks 32 to 36). This demonstrates a sustained improvement in both timeliness and completeness of reporting since Week 31.
- In week 36 of 2025, a total of **206,728 OPD consultations** for morbidities were reported from across South Sudan, spanning 1,282 health facilities. Malaria remained the top cause of morbidity, displaying 41% (85,012) of all cases, followed by Acute respiratory illnesses 16% (32,869) and acute watery diarrhea 7% (13,610).
- A total of 199 EWARS alerts were triggered, with 146 (73%) verified, indicating a decrease in alerts triggered and an increase in their verification rates compared to week 35 of 2025. The most alerts were for Malaria (22%), G/Worm (21%), AWD (16%), ARI (13%), ABD (13%), and Cholera (9%). Credits to Surveillance teams in the state/Administrative areas of Abyei Administrative area, Central Equatoria, Eastern Equatoria, Greater Pibor Administrative area, Jonglei, Lakes, and Unity State for successfully verifying most of their alerts.
- No new confirmed Mpox case in the reporting week 36. The cumulative total of 21 confirmed Mpox cases have been reported since the onset of the outbreak on 7 February 2025, (17 in Juba County, 2 in Rumbek Centre, 1 in Rumbek East and 1 in Malakal). The latest Mpox case was detected in Juba, with a date of onset reported as 16th August 2025. The cumulative total of 450 suspected Mpox cases have been detected, investigated, tested and reported in 2025.
- As of 19th September 2025, the cumulative total number of cholera cases reported was 91,563 cases and 1,562 deaths (CFR: 1.7%, target < 1%), 55 counties across 9 states and all 3 administrative areas. Only Western Equatoria State has not detected/reported Cholera since the outbreak was declared.
- There was a cumulative total of 184 flood impact reports of flooding, indicating that a cumulative total of 46 health facilities were partially submerged, and another 62 were fully submerged.

Surveillance System Performance

The epidemic alert and response system in South Sudan mainly utilizes immediate alert notifications 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 36, the timeliness of IDSR reporting was 80%, and the completeness was 92%, displaying an increase in timeliness and the same percentage reporting in Completeness compared to the previous week.

Table 1: *Timeliness and completeness of IDSR reporting by State for week 36 compared to week 35 of 2025*

State	Total facilities	Number of facilities reported (Completeness Wk36)	Comparison of the reporting period				Cumulative since year start	
			Timeliness		Completeness		(2025 level)	
			Week 36	Week 35	Week 36	Week 35	Timeliness	Completeness
Lakes	112	112	100%	100%	100%	100%	95%	100%
NBGZ	92	90	90%	87%	98%	92%	80%	89%
Unity	85	85	99%	98%	100%	100%	95%	99%
WBGZ	112	98	83%	87%	88%	92%	60%	85%
WES	191	191	87%	88%	100%	100%	77%	98%
Jonglei	120	110	78%	94%	92%	95%	84%	90%
Warrap	114	103	47%	43%	90%	89%	60%	84%
EES	112	106	77%	49%	95%	92%	55%	82%
RAA	16	16	38%	38%	100%	100%	45%	91%
CES	152	147	95%	96%	97%	97%	92%	94%
AAA	17	17	47%	100%	100%	100%	75%	88%
Upper Nile	143	95	59%	46%	66%	68%	66%	81%
PAA	16	16	100%	100%	100%	100%	94%	97%
Total	**1282**	**1182**	**80%**	**79%**	**93%**	**93%**	**76%**	**91%**

Key to Epidemiological Reporting Performance

≥80%	Good
60-79%	Fair
<60%	Poor

Figure 1: Maps showing Timeliness and Completeness of IDSR reporting in South Sudan by County in Week 36, 2025

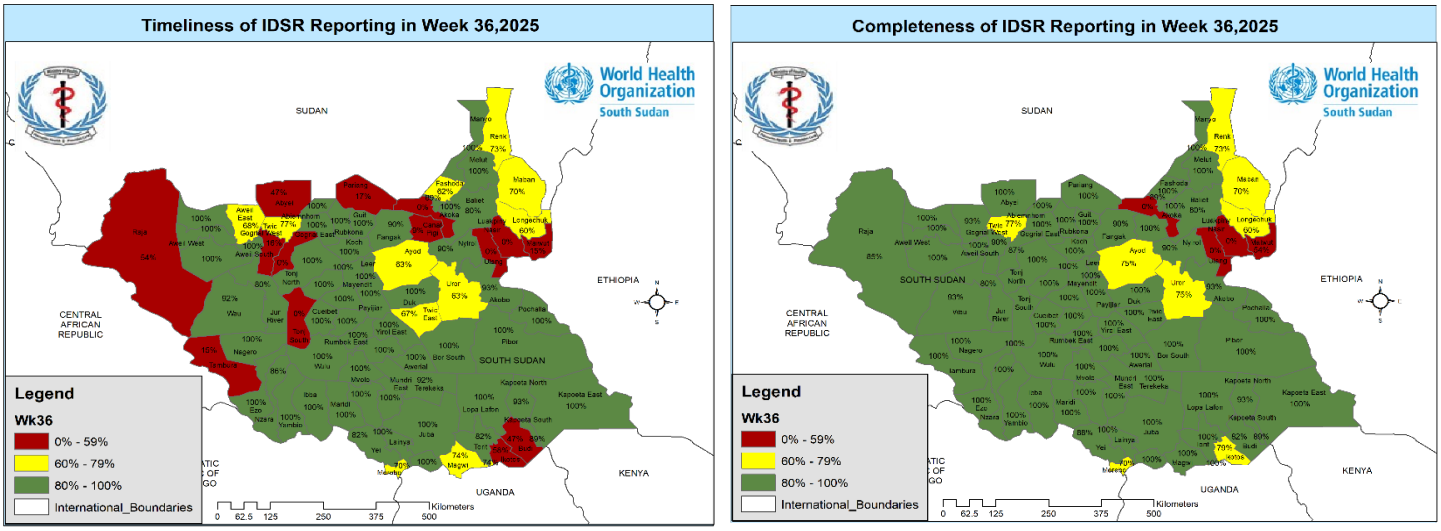


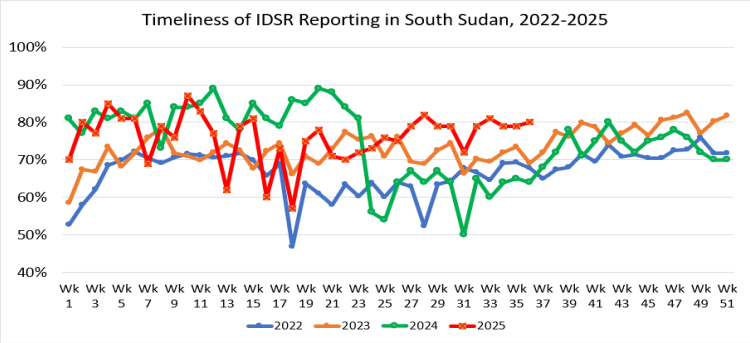
Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 36 of 2025.

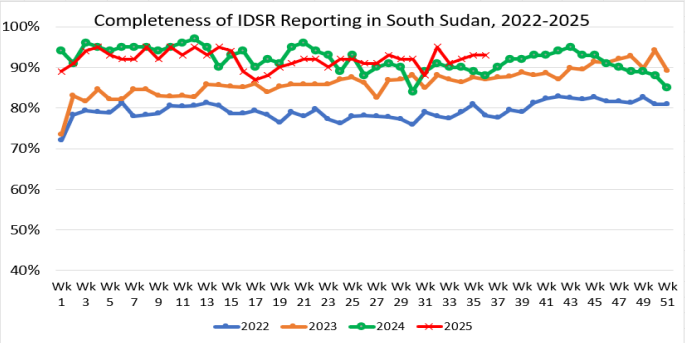
IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for week 36, 2025							
Partners	# of Reporting Mobile Sites	% of Timeliness in week 36	% of Completeness in week 36	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 36	% of Completeness in week 36
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	95%	100%
CIDO	1	100%	100%	Wau North	12	92%	92%
SP	4	100%	100%	Juba	10	100%	100%
HFD	1	100%	100%	Mangala	1	100%	100%
RI	1	100%	100%	**TOTAL**	**63**	**97%**	**98%**
TOTAL	**18**	**100%**	**100%**				

Note: Congratulations to all partners for sustaining 100% timeliness and 100% completeness in EWARN reporting for five consecutive weeks (Weeks 32 to 36). This achievement marks a significant improvement since Week 31, when timeliness was 78%. Your collective efforts demonstrate a strong commitment to strengthening early warning systems and ensuring that potential public health threats are detected early and addressed swiftly. The IDSR team sincerely appreciates your dedication and encourages you to maintain this excellent performance in the weeks ahead.

The analysis of IDSR performance over the past four years indicates that the significant declines observed in 2024 (Wk. 21-31) have recovered in the current year. During the HSTP transition period, targeted support was provided to newly contracted health implementing partners, and IDSR performance levels in the last 12 weeks suggest that recovery is complete.

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





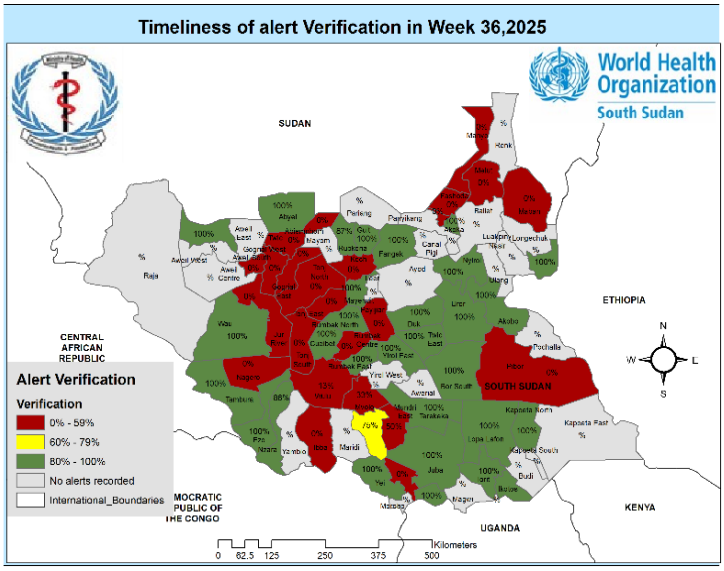
Epidemic alerts

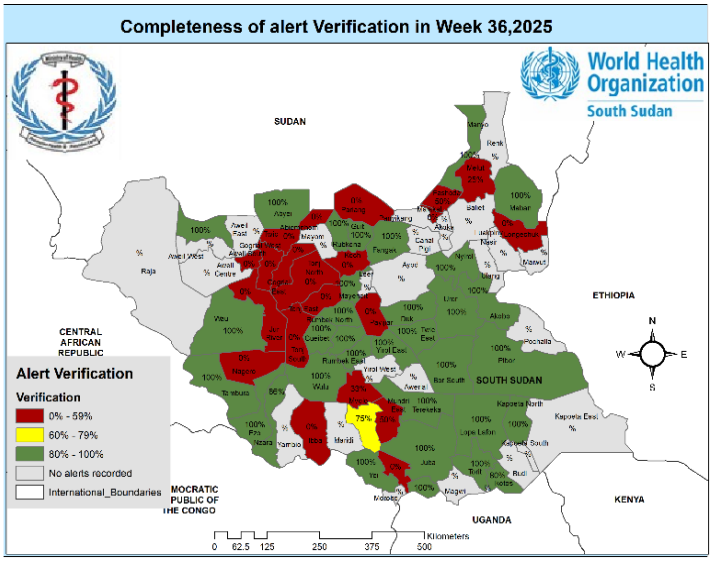
In epidemiological reporting week 36, a total of 199 alerts were triggered in the EWARS system, with 73% (146) verified, indicating a decrease in alerts triggered and an increase in their verification rates from week 35. Ten states and three administrative areas reported at least one notifiable disease alert. Special recognition goes to Central Equatoria, Eastern Equatoria, Jonglei, Lakes, Unity, Abyei Administrative area, and Greater Pibor Administrative area for high verification rates. The most alerts were for Malaria (22%), G/Worm (21%), AWD (16%), ARI (13%), ABD (13%), and Cholera (9%).

Table 3: *Summary of EWARS alerts triggered in Epidemiological Week 36, 2025.*

	AJS		ARI		AWD		AFP		ABD		Cholera		EBS		uinea Wor		Malaria		Measles		NNT		VHF		Total	
State/Admin	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V
AAA	0	0	2	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3
CES	0	0	2	2	1	1	0	0	0	0	0	0	0	0	0	0	8	8	1	0	0	0	0	0	12	11
EES	1	1	0	0	0	0	0	0	1	1	5	4	1	1	1	1	2	2	0	0	0	0	0	0	11	10
GPAA	0	0	0	0	1	1	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3
Jonglei	0	0	3	3	3	3	0	0	5	5	3	3	4	3	7	7	2	2	0	0	0	0	1	1	27	27
Lakes	1	1	3	3	2	2	0	0	3	3	0	0	0	0	21	21	3	3	0	0	0	0	0	0	33	33
NBGZ	0	0	0	0	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1
RAA	0	0	0	0	3	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0
Unity	0	0	3	3	4	3	0	0	5	3	6	6	0	0	0	0	4	3	0	0	0	0	0	0	22	18
Upper Nile	0	0	4	2	3	3	0	0	5	2	1	1	1	1	1	1	2	1	1	0	0	0	0	0	18	11
Warrap	0	0	2	0	4	0	0	0	1	0	2	0	0	0	7	0	1	0	0	0	0	0	0	0	17	0
WBGZ	0	0	1	1	2	1	0	0	0	0	0	0	0	0	5	1	2	1	0	0	1	1	0	0	11	5
WES	0	0	6	5	6	3	0	0	3	3	1	0	0	0	0	0	19	13	0	0	0	0	0	0	35	24
Grand Total	2	2	26	21	31	18	1	1	26	19	18	14	6	5	42	31	43	33	2	0	1	1	1	1	199	146

Figure *3: Timeliness and Completeness of Alerts: Verification rates by county of South Sudan for week 36, 2025*



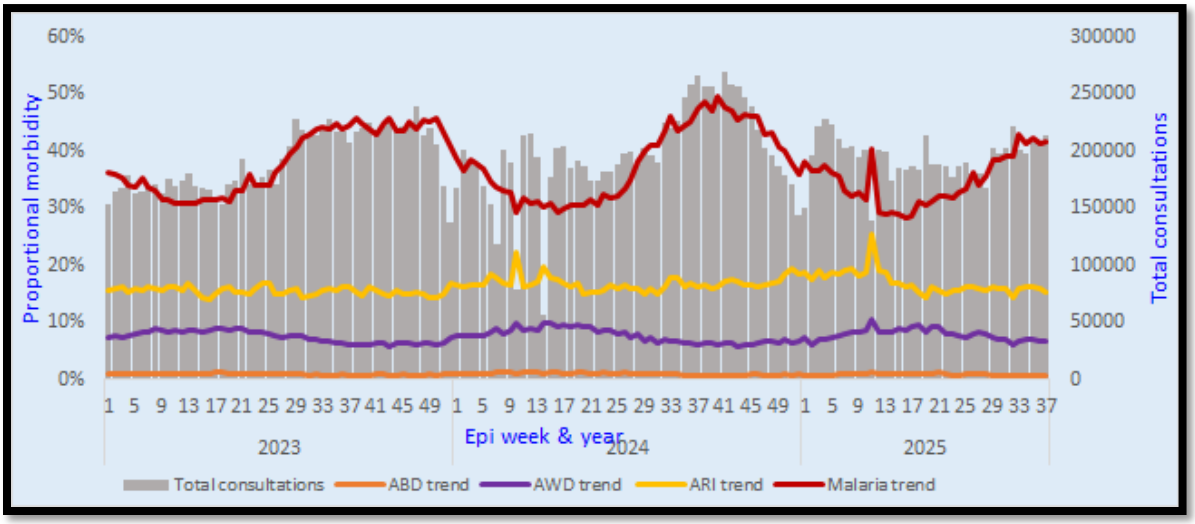


Weekly Update on Indicator-Based Surveillance (Week 35 of 2025)

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 36 of 2025, a total of **206 728outpatient consultations** for morbidities were reported from across South Sudan, spanning 1 282 health facilities. Malaria remained the top cause of morbidity, accounting for 42% (87,586) of all cases, followed by Acute respiratory illnesses 16% (33,850) and acute watery diarrhea 7% (14,322). Analysis of proportional morbidity rates of the three major causes of illness in South Sudan, indicates no significant changes in the distribution patterns over the last four years, illustrated in figure 4 below.

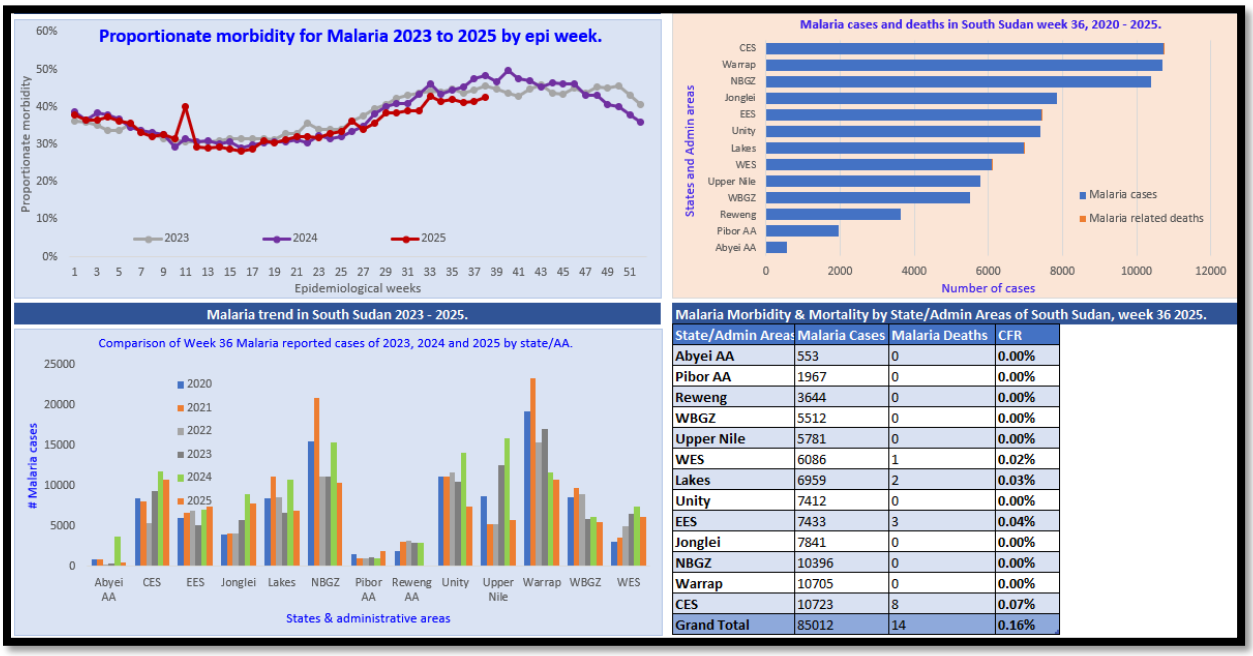
Figure 4: **Proportional Morbidity of top 4 IDSR priority diseases reported as of week 36 of 2025.**



1. Malaria Updates

In week 36 of 2025, malaria remained the leading cause of illness, with 85,012 reported cases and 14 deaths amongst the suspected cases. 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 and case count by state of South Sudan; 2023-2025



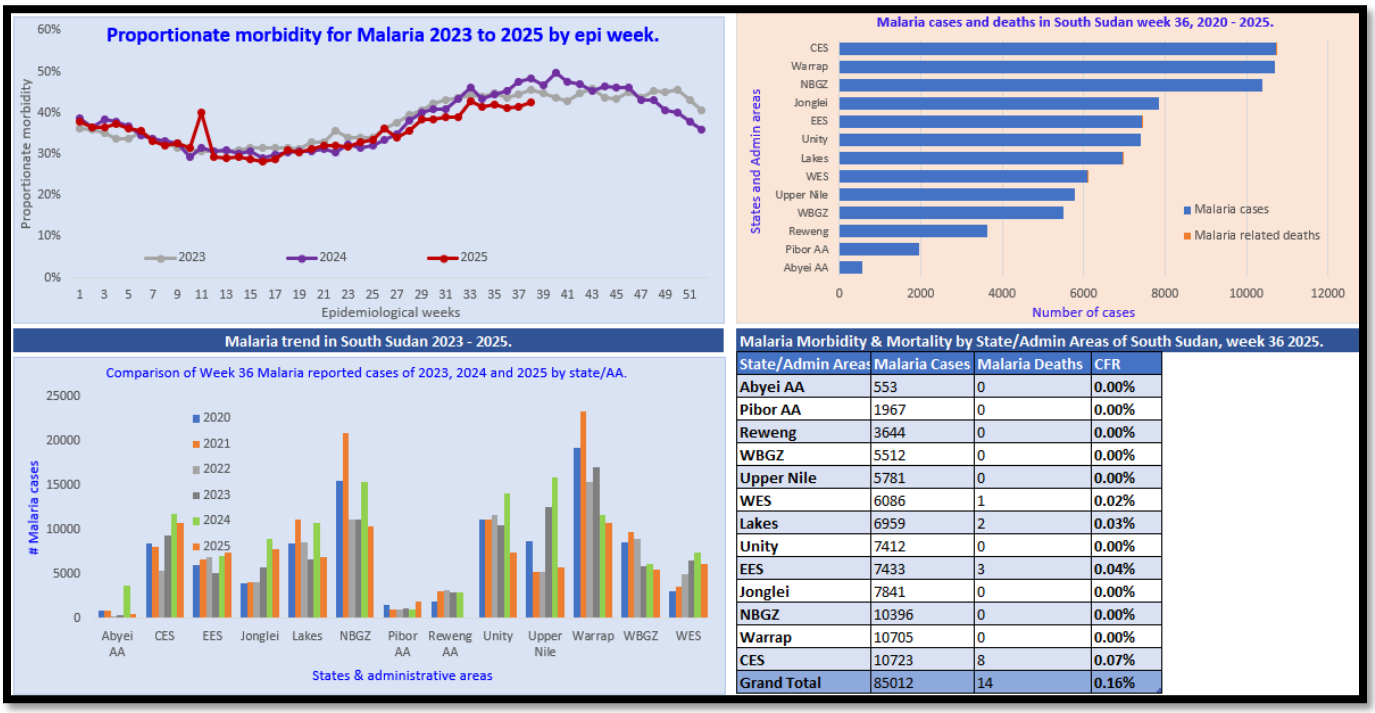
Malaria Morbidity & Mortality by State/Admin Areas of South Sudan, week 36 2025.

State/Admin Areas	Malaria Cases	Malaria Deaths	CFR
Abyei AA	553	0	0.00%
Pibor AA	1967	0	0.00%
Reweng	3644	0	0.00%
WBGZ	5512	0	0.00%
Upper Nile	5781	0	0.00%
WES	6086	1	0.02%
Lakes	6959	2	0.03%
Unity	7412	0	0.00%
EES	7433	3	0.04%
Jonglei	7841	0	0.00%
NBGZ	10396	0	0.00%
Warrap	10705	0	0.00%
CES	10723	8	0.07%
Grand Total	85012	14	0.16%

2. Acute Watery Diarrhoea

During the epidemiological week 36, AWD was the third leading cause of morbidity, causing 13610 14 322 OPD consultations and two deaths. We are now in the eleven months since the first cholera case was confirmed. Acute Watery Diarrhea (AWD) cases remained within normal ranges, but case counts indicate that AWD cases decreases and deaths deaths decreased from 14,322 cases and 6 deaths reported in week 35 to 13,610 cases and 4 deaths in week 36. 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. Morbidity patters due to acute watery diarrhoea (AWD) remain consistent when compared to two previous reporting periods of 2024 and 2023.

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



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WES	6086	1	0.02%
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Unity	7412	0	0.00%
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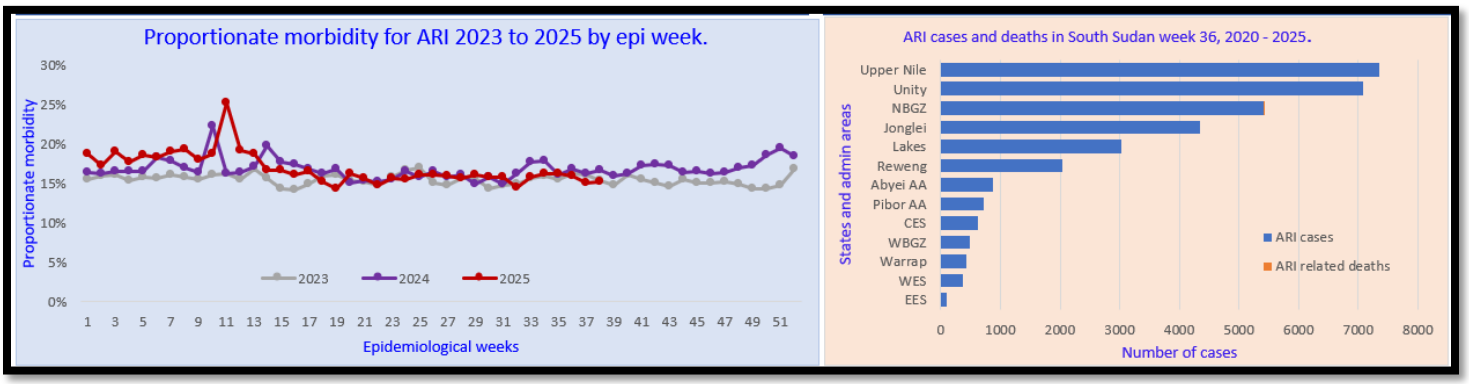
NBGZ	10396	0	0.00%
Warrap	10705	0	0.00%
CES	10723	8	0.07%
Grand Total	85012	14	0.16%

3. Respiratory Pathogens Surveillance weekly updates.

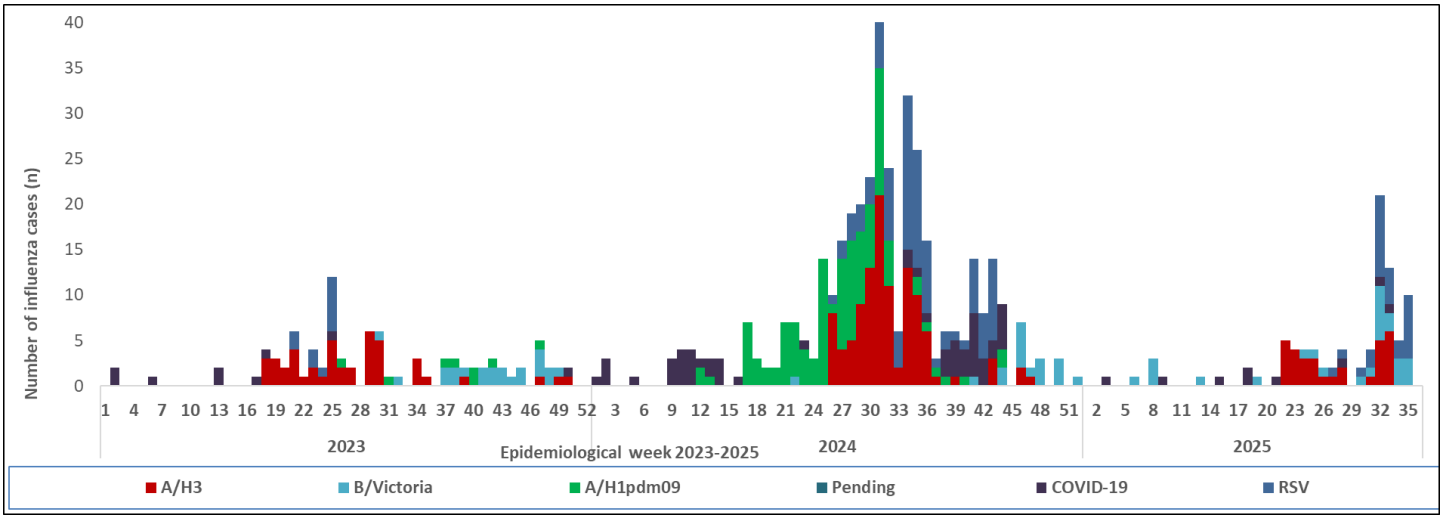
Acute respiratory illnesses are the second leading cause of outpatients' consultations in the country. The majority of IDSR reported ARI cases are from Upper Nile, Unity, and Northern Bahr el Ghazal states, which host a large portion of the nation's refugees and displaced populations. Unfortunately, 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. There were 3 ARI related deaths reported in the epidemiological week36

Figure 7: Proportional Morbidity and ARI case counts by State of South Sudan in epidemiological week 36 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 36 of 2025.



During Epidemiological Weeks 1-36 of 2025, a cumulative total of 1,241 ILI/SARI samples have been collected; 1,149 tested negative for all pathogens, (8) were positive for COVID-19, (32) for Influenza Type A (H3), (25) for Influenza Type B (Victoria), (0) for Influenza A/(H1N1)pdm09 and (27) for RSV.

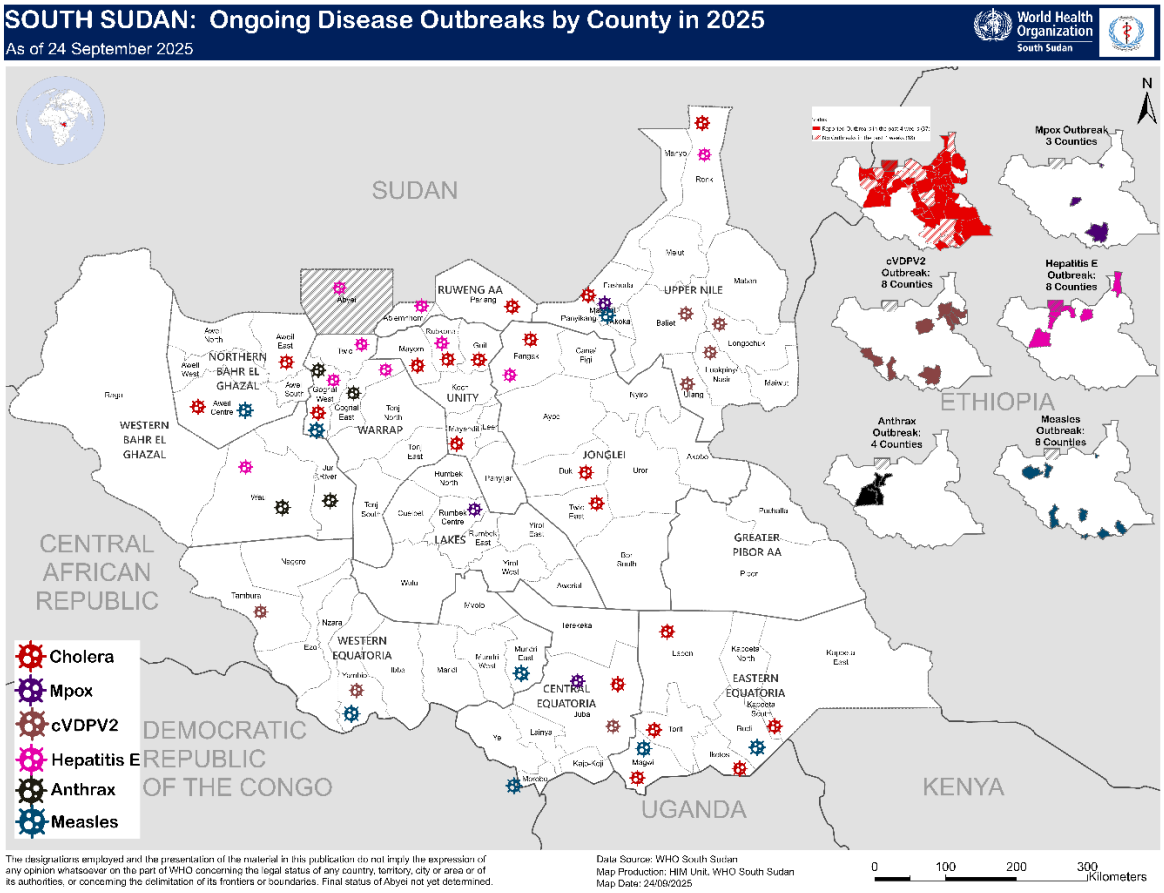
South Sudan Confirmed and ongoing epidemics in 2025

Table 4: *Summary of ongoing and confirmed epidemics as of 19 September 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	8	450	21	1	Planned	yes	yes
Cholera	In 55 counties of 9 states and 3 AAs	Sept 2024	799	91,563	520	1,663	Completed in 46 counties	yes	yes
Hepatitis E	Rubkona Fangak Wau, Abyei Twic, Renk	Dec/2018	64	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	Sub-national nOPV2 SIAs planned	yes	yes
Anthrax	Gogrial West (WRP) and Jur River (NBG)	2022	2	334	4	12	Not explored	yes	yes

Every year, South Sudan experiences multiple emergencies. Based on data from the states and the EWARS system, most counties have reported at least one of the ongoing disease outbreaks. In week 36 of 2025, the active outbreaks in South Sudan were Anthrax, cholera, cVDPV2, hepatitis E, and Mpox. Notably, the measles outbreaks earlier reported have been controlled. Response interventions to mitigate transmission and spread are ongoing. Below is a map of the confirmed emergencies as of 24th September 2025.

Figure 9: *Map showing confirmed and active outbreaks by county of South Sudan; as of 24th September 2025.*



Response activities for ongoing/suspected outbreaks

1. Mpox outbreak

- The Ministry of Health declared an Mpox outbreak on February 7th, 2025, after the first case was confirmed at the National Public Health Reference Laboratory.
- During epidemiological week 38, eight new suspected Mpox cases were reported, raising the total for 2025 to 450 cases. All suspected Mpox cases were detected as a cluster in Juba Central Prison area, and all samples are being tested in the lab by RT-PCR. No new confirmed Mpox cases reported during the week; therefore, the cumulative total of confirmed cases remains at 21, and no deaths. The physical dispersal of confirmed cases remained 17 in Juba, 2 in Rumbek Center, 1 in Rumbek East, and 1 in Malakal County. There is one active Mpox case (in Juba County), after the remaining 20 cases were discharged from voluntary home confinement without any secondary cases.
- Active surveillance for suspected Mpox cases is ongoing, complemented by daily contact tracing for the most recent confirmed Mpox cases in Rumbek East and Juba.
- Fourteen confirmed cases, for whom sequencing reports are available, have been classified as Mpox Clade 1b, linked to transmission chains in Uganda.
- Majority of the suspected cases are Females (52%), and males were 48% which could be attributed to most male cases reported from Rumbek prison. Although confirmed cases are Female: Male = 11: 10.
- Lakes State has reported a cumulative total of 209 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 epi week of reporting in South Sudan, Jan-Sept. 2025

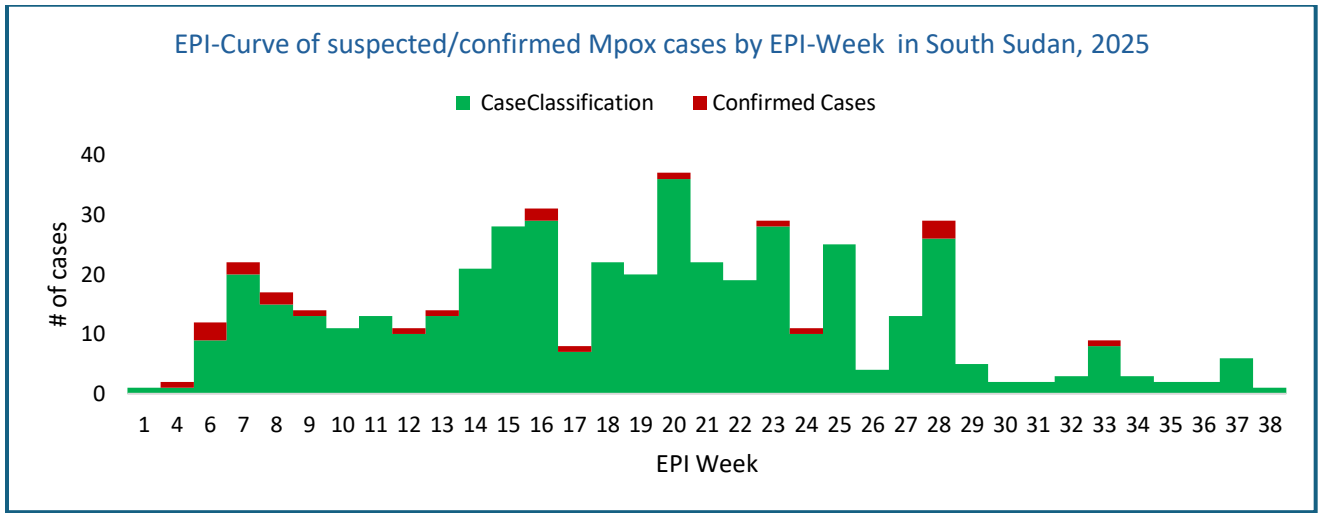
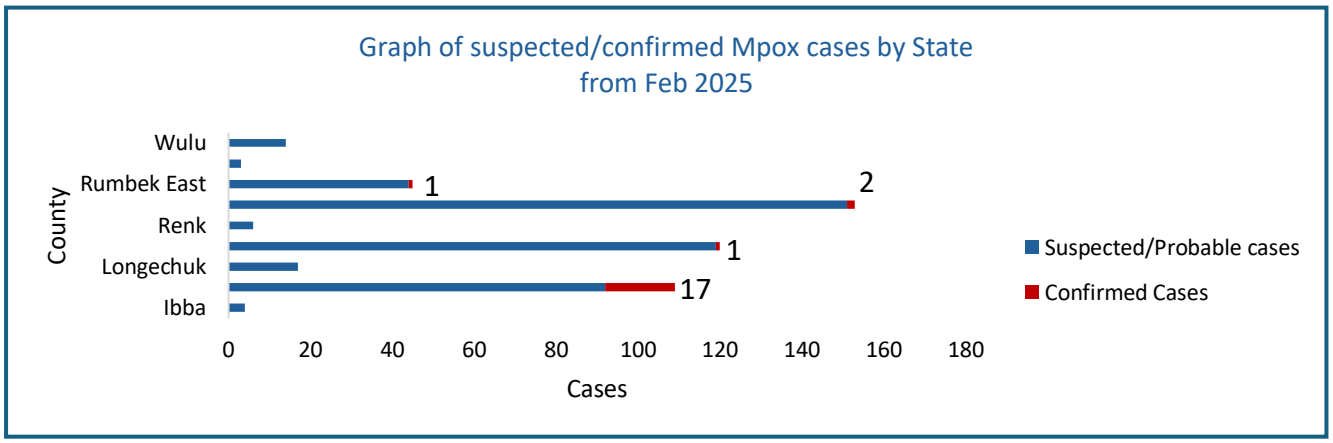
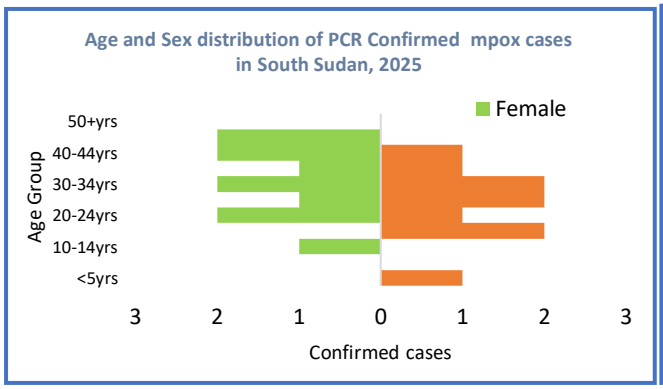
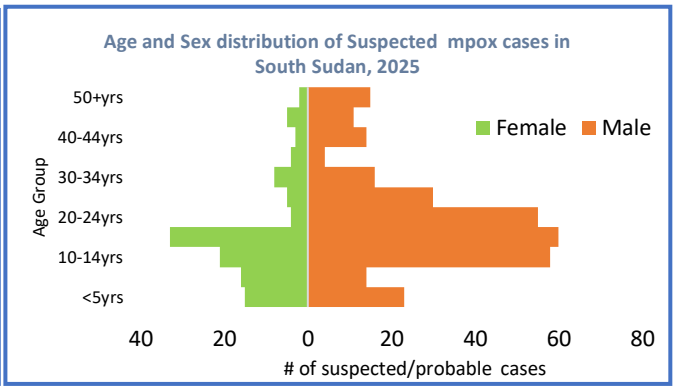


Figure 11: Mpox cases by county age sex distribution in South Sudan, Jan-Sept 2025







Ongoing Response activities

- Support for Mpox-infected counties includes transport and duty facilitating allowances for rapid response teams, as well as incentives for case management at isolation facilities.
- Provision of medicines and food relief for Mpox cases in home-based voluntary self-confinement.
- Community engagement and risk communication on Mpox prevention.
- Learning from HIV/AIDS/STI programs to address stigma and enhance surveillance.
- Support for vaccine introduction with necessary clearances obtained from the EPI Technical

Working and the South Sudan Immunization Technical Advisory Groups.

- Draft Mpox vaccination plan to use the vaccine for targeted populations at high risk of infection is under development.
- Publication of the Mpox Sit-rep number 8; and
- Weekly IMST meeting combining Mpox with Cholera response coordination.

2. South Sudan Cholera Outbreak Epidemic description as of 19th September 2025

- As of 19th September 2025, a cumulative number of cholera cases totals 91,563 cases and 1,562 deaths (CFR: 1.7%, target < 1%), reported by 55 counties across 9 states and all 3 administrative areas.
- In the last 7 days (onset from 11 September 2025 to 17 September 2025), 196 cases (**6.7%** have been reported, indicating a decrease from the last report) and 3 deaths (Deaths declined by one compared to last week) have been reported from 8 counties
- Most of these cases came from Mayendit and Rubkona, which accounted for 53% and 19% of these cases, respectively.
- No newly infected county since June 6, 2025; however, new cases are being reported from previously infected counties of Mayendit 103 (52.6%), Rubkona 38 (19.4%), Malakal 13 (6.6%), Gogrial West 12 (6.1%), Juba 10 (5.1%), Fangak 10 (5.1%), Mayom 9 (4.6%), Guit 1 (0.5%).
- At least 26 counties, including Kapoeta East, Kapoeta North, Pariang, Akobo, Bor South, Pigi, Twic East, Koch, Leer, Panyijiar, Aweil North, Aweil West, Jur River, Wau, Awerial, Yirol East, Yirol West, Pibor, Twic, Gogrial East, Tonj North, Baliet, Akoka, Maban, Fashoda, and Terekeka, did not report any cholera cases in the past 14 days (i.e., zero reporting), suggesting that they interrupted cholera outbreak transmission.
- Western Equatoria remained the only State that has no confirmed cholera case.

Table 5 *: Summary of Cholera cases by state and CFR as of 19th September 2025*

State/Admin Area	Affected Counties	Cumulative Total Cases	Laboratory Confirmed Case(s)	RDT Positive	Deaths	Overall CFR (%)
Abyei AA	1	3041	22	49	23	0.8
C/Equatoria	2	11571	44	1562	125	1.1
E/Equatoria	8	4802	64	355	180	3.7
Greater Pibor	1	13986	11	689	263	1.9
Jonglei	9	737	81	256	27	3.7
Lakes	3	9760	31	160	75	0.8
N/Bah El Ghazal	5	1712	26	8	66	3.9
Ruweng	1	159	0	67	3	1.9
Unity	7	29305	90	7868	401	1.4
Upper Nile	12	6745	74	1059	149	2.2
W/Bahr El Ghazal	2	7886	9	236	193	2.4
Warrap	4	1859	68	233	57	3.1
Total	**55**	**91563**	**520**	**12542**	**1562**	**1.7**

Figure 11: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, wk39, 2024 to Wk36, 2025

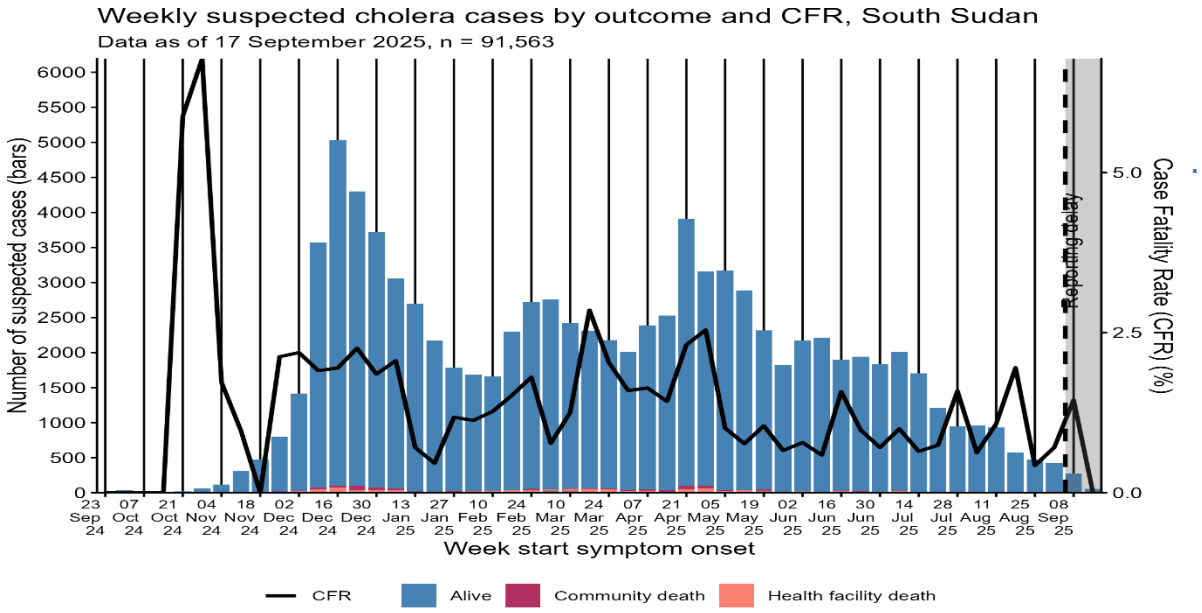


Figure 12: Map showing Case counts of cholera by Counties of South Sudan as at week 36

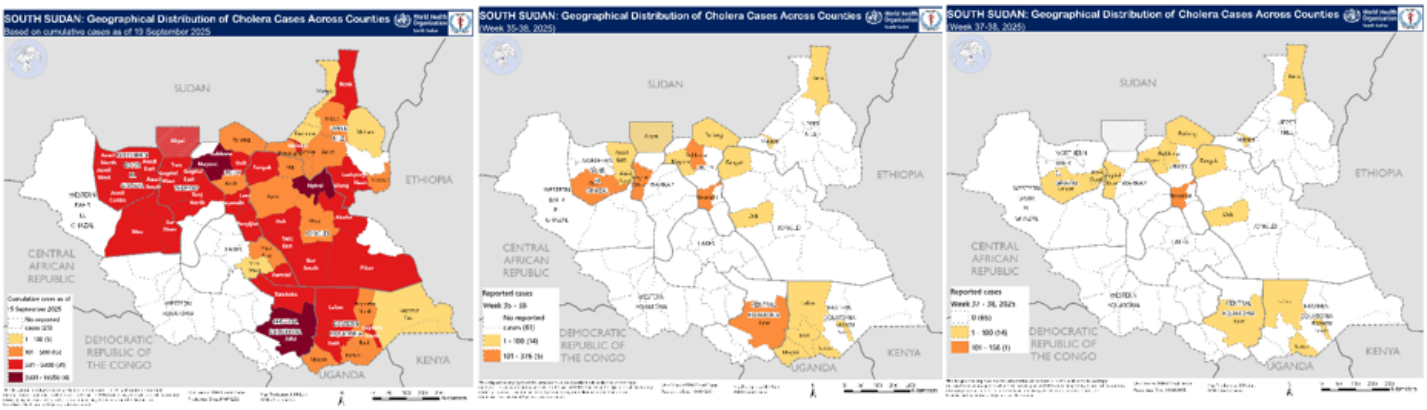
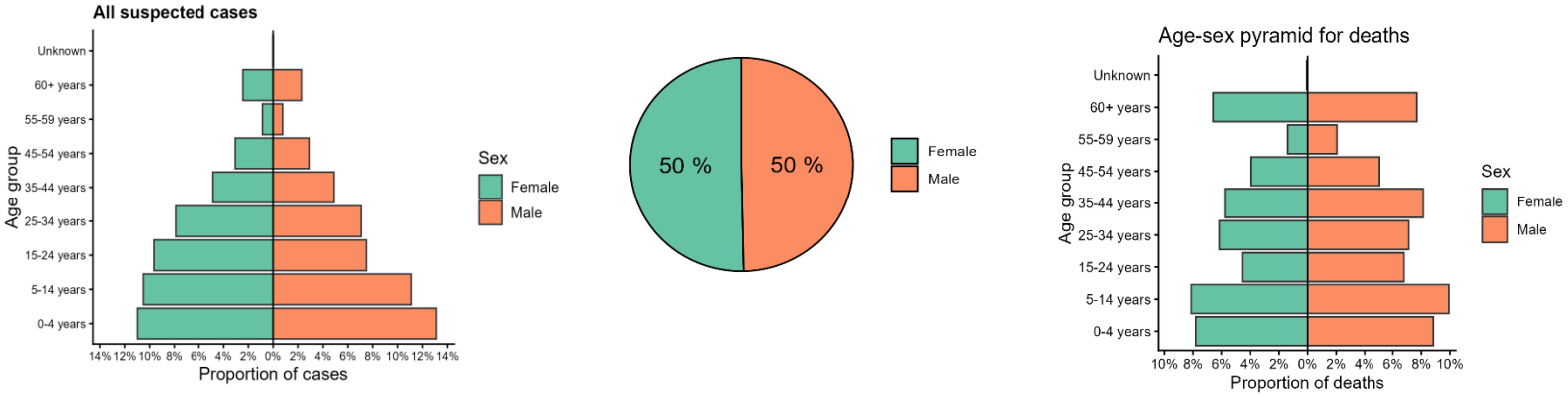


Figure 13: Age and sex distribution of cholera cases and deaths reported in the week as of 19th September 2025.



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 and arrived in the country for vaccination response. The recently approved buffer stock of 400,000 OCV doses has also arrived in the country.
- OCV national target (current): 10,184,408, total individuals vaccinated (Dashboard + offline data): 8.628,298 (87.0%)
- The coverage on the dashboard is only based on target population of counties that completed implementation of the OCV campaigns and changes as it is updated.
- OCV Campaigns have now been completed in 46 counties across 9 states and 2 administrative areas (Greater Pibor and Abyei). Luakpiny/Nasir and Ulang OCV SIAs are still on hold.
- Plan to orient State surveillance officers on data collection for **Priority Areas for Multisectoral Intervention (PAMIs)** on-going
- Post Campaign Coverage Surveys planning ongoing for randomly selected counties in each state where OCV campaign have been implemented

Next Steps focused on Post Campaign Coverage Surveys

- Commissioning of the OCV post campaign coverage Survey
- Partners 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 cVDPV2 isolate 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 July 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, and samples collected from this investigation are still under processing to feed into the isolate classification.
- As 23rd September 2025, a cumulative number of 313 AFP cases have been reported in 79 of 80 counties, compared with 373 cases reported in the same period in 2024. Only one (1) County has not reported any AFP cases in 2025. However, all the 79 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 stands at 4.10 per 100,000 population under 15yrs, compared to 4.9 in the same period in 2024, while the stool adequacy was calculated as 96%, compared to 94% in the same period in 2024. Sub-national analysis of AFP surveillance performance shows that 20 (40%) counties met two, 31

(39%) counties met one, and 17 (21%) met none of the core surveillance indicators in week number 35.

- Of the 80 counties, 53 (66.2%) achieved both the NP-AFP Rate and Stool Adequacy indicators, 22 (27.5%) achieved at least one of the indicators, and 5 (6.25%) did not meet any of the two core indicators.
- 299 Active Case Search Visits were conducted in week #38 compared with #617 visits in the same period last year. The declining active surveillance visits explains the declining AFP surveillance performance indicators.
- Preparations for the sub-national response vaccination round with nOPV2 are ongoing. 1-day to the sub-national vaccination date, national level readiness has was given as 100%, state level at 94.75% and county level at 92.1%. Remarkably, the SIAs preparedness dashboard shows that county level scored 96% in Planning/coordination, 95% in Training for SIAs, 93% for Monitoring/supervision, while vaccines and cold chain scored 93%. In turn, 14 out of 40 counties commenced nOPV2 SIAs implementation on Tuesday 23 September, another 20 counties started on Thursday 25 September due to delay in the delivery of Social Mobilization funds, while the remaining 6 counties were put on hold due to insecurity.

4. Anthrax

- In epi-weeks 37, ending September 13, 2025, 2 cases reported from Western Bahr El Ghazal and zero case and no case reported in week 36 from both Western Bahr El Ghazal and Warrap states
- There were no deaths reported during the week in the two states.
- Cumulatively, 173 human anthrax cases were recorded in 2025 alone, including 135 in WBeG and 38 in Warrap, resulting in 2 deaths and a case fatality rate (CFR) of 1.2%. Meanwhile in 2024 to date, there were a cumulative total number of 334 human Anthrax cases been reported across the two States of WBeGz and Warrap, amongst them was one sample confirmed positive from the Uganda Virus Research Institute (UVRI) and 5 associated deaths resulting to a CFR of 1.5%.
- Nonetheless the data provided here should be interpreted with caution due to possible under-reporting. This year, Jur River in Western Bar-El Gazal State has the highest recorded 102 cases representing attack rate of 41.5 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 6.0 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 18th September 2025

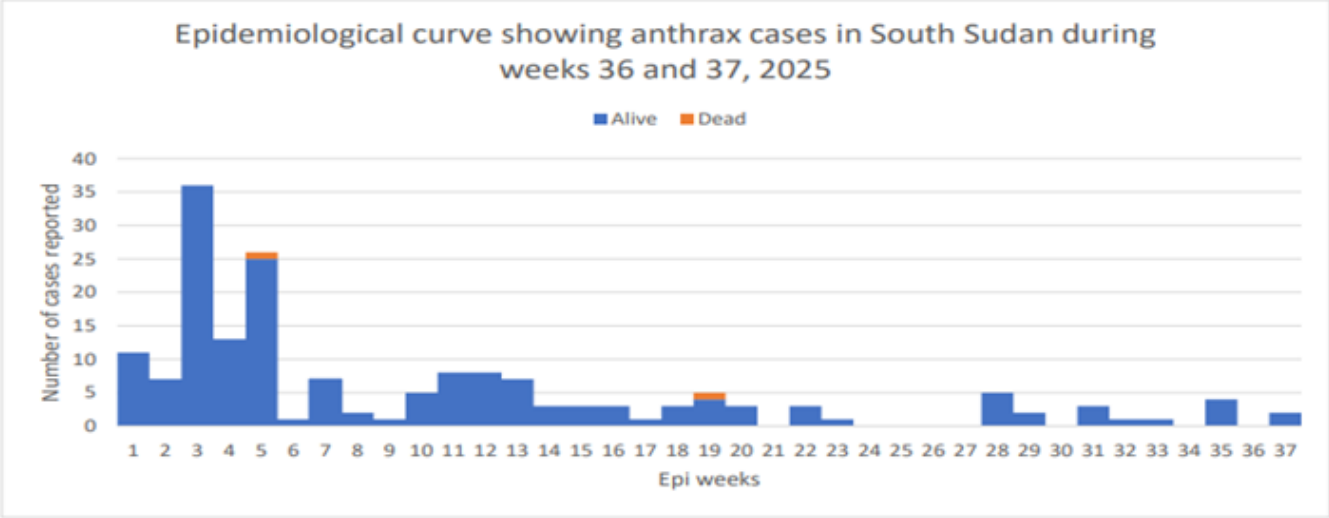
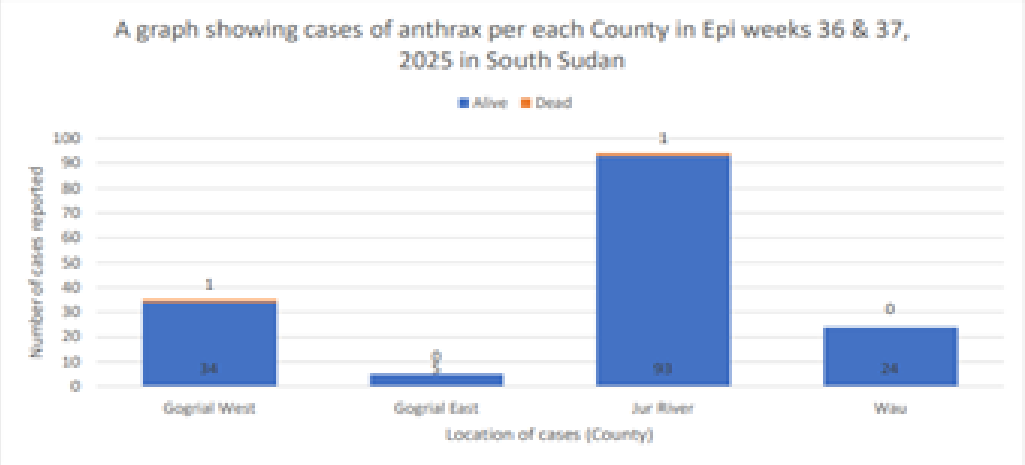


Figure 15: Cumulative Anthrax by affected counties of South Sudan; 18th September 2025.



Ongoing Intervention

- Multisectoral Sectoral Collaborations
  - Weekly meetings strategize outbreak containment with state and county officers.
  - multi-sectoral and multidisciplinary Rapid Response Teams facilitate informed decision-making.
- Surveillance and laboratory confirmation
  - Standard case definitions for Anthrax disseminated to all health facilities in the affected states
  - Detection and reporting of cases at the sub-national level is being done by the trained health workers running routine PHC services
  - EWARS alerts reporting and verification conducted by the county and state surveillance officers
  - Active community search for suspected Anthrax cases conducted by the BHWs and the polio surveillance network
  - WHO is supporting implementing partners (WVI-CGPP, CDTY, CMMB, Red Cross South Sudan, AMREF, JRS, IMA and TRI-SS) supporting health facilities screened all cases meeting Anthrax outbreak case definitions.
  - Only six samples have been collected since the outbreak was detected. Only 3 of the six samples were tested and confirmed the causative agent as Bacillus anthracis bacteria
- Case Management and Infection Prevention and Control (IPC)
  - Three active human cases under treatment in the reporting week, after successful discharge of 325 cases
  - WHO provided two Inter-Agency Medical Kits to complement the HSTP supported medicines and supplies for the Anthrax case management in the two states
  - The standard treatment guidelines for human Anthrax cases has been provided to all the health facilities in the affected counties
- Community Engagement and Risk Communication
  - Anthrax information, education and communication materials developed at the national level but printing pending funding
  - Sensitization of all BHWs and the hygiene promoters in cattle camps, are ongoing
  - Radio messages and jingles dissemination on local radios.
  - Lack of sustained engagement of home health promoters to 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.
    - One-health day commemoration planned in Wau county
- Logistics and Supplies
    - WHO provides logistical support to the multisectoral team investigating outbreaks.

5. Measles Update

- Since the start of 2025 (Epidemiological Week 01 to Week 36), a cumulative total of 159 measles suspected cases have been registered across 17 counties in 8 states.
- A cumulative total of 72 samples were collected, of which 36 tested positive for measles in laboratory results.
- Out of 159 measles suspects cases, 137 (86%) comprise persons who were unvaccinated (zero or unknown vaccination status).
- Children over the age of five represent 9% of the unvaccinated individuals and had no opportunities for vaccination during both Routine Immunization (RI) and Supplementary Immunization Activities (SIAs).
- There is a high risk of breakthrough measles infections due to antigen exposure in internally displaced persons (IDP) camps.

Figure 16: Epidemic curve of measles cases in South Sudan; Week 01 to week 36 of 2025

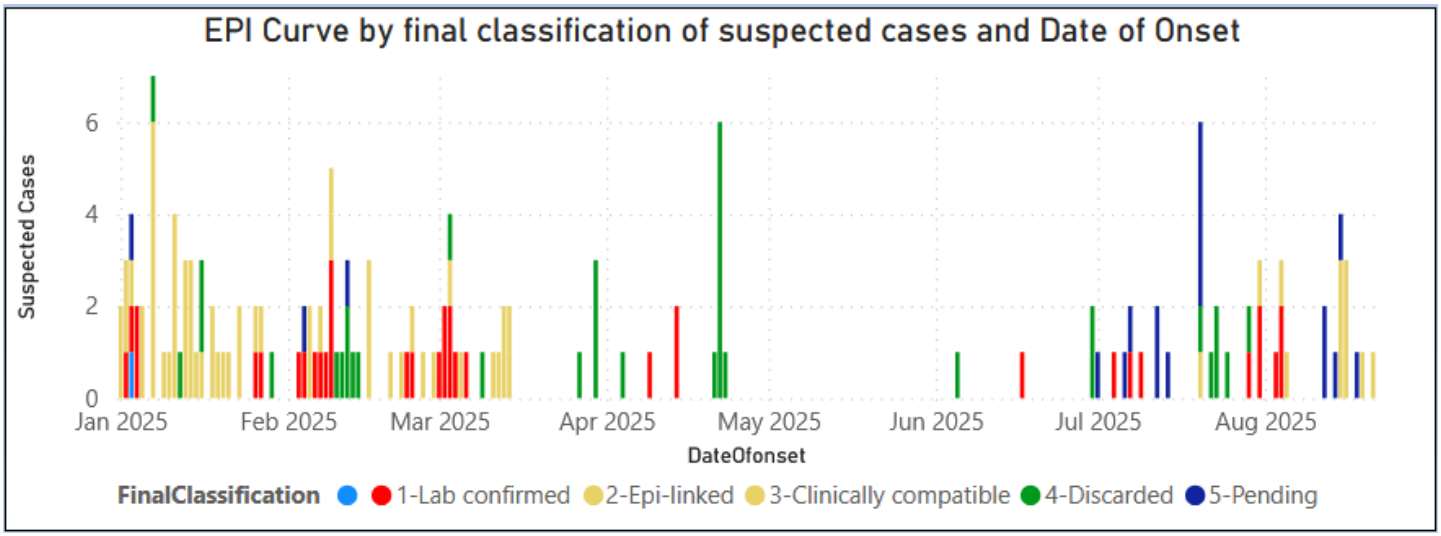
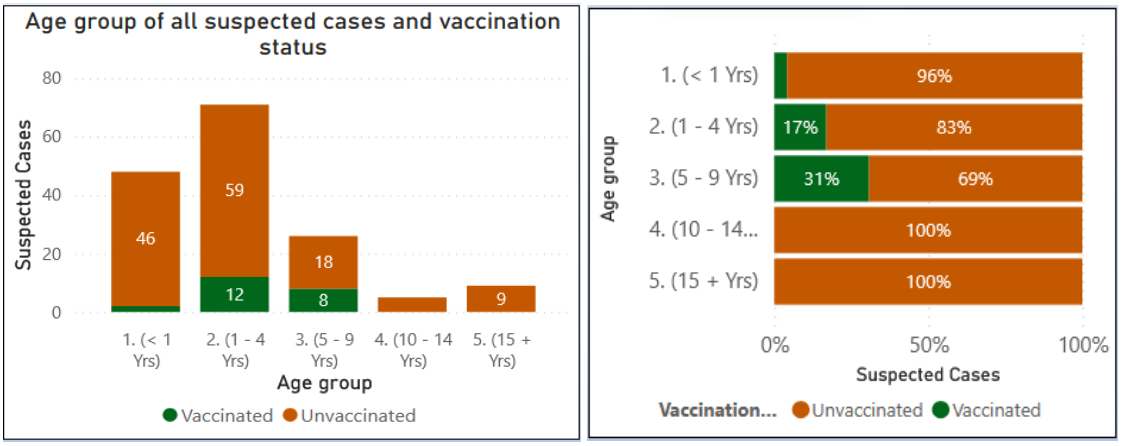


Figure 17: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-35 of 2025



6. Hepatitis E outbreak

- In week 36 of 2025, there were 24 new suspected cases of Hepatitis E virus disease, causing 1 death reported. The most new HEV cases were reported in Renk county (18 cases). The only reported death was from Aweil East county in Northern Bahr el Ghazal state. In revolving, the cumulative total number of HEV cases to 8 887 suspected cases and 114 deaths with (CFR of 1.3%) have been reported since the start of the outbreak in January 2018, across 16 of the 80 counties in the Country.
- There were six new RDT positive Hepatitis E virus case reported in week 36. The cumulative total number of Hepatitis E virus RDT positive cases is now 2 640 cases
- By gender distribution, 51% (4507 cases) of the cases were Males and females accounted for 49% (4260) of the total case count.
- Cumulatively, Rubkona is the most affected County accounting for 6506 of the cases, followed by Renk County that presented with 911cases compared to the rest of the Counties.
- Renk remains its position as the newest County recording Hepatitis E virus outbreak in 2025, largely in the Gosfami refugee camp, with cases now totalling to 770 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.
- The majority of the cases were reported in individual aged 15 to 44 years reporting 43% of the recorded hepatitis E virus cases throughout the country.
- The data provided in the stipulated table display the distribution of HEV cases based on the patients' place of residence, both within and outside Bentiu PoC.
- Predominantly, cases were recorded in individuals 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 of HEV cases in South Sudan; Epi Week 52 of 2018 to Week 36 of 2025*

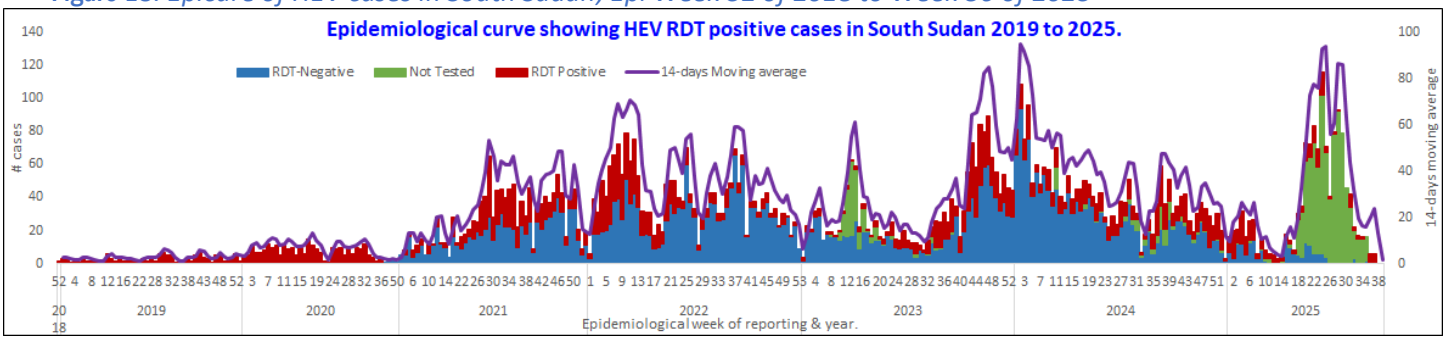
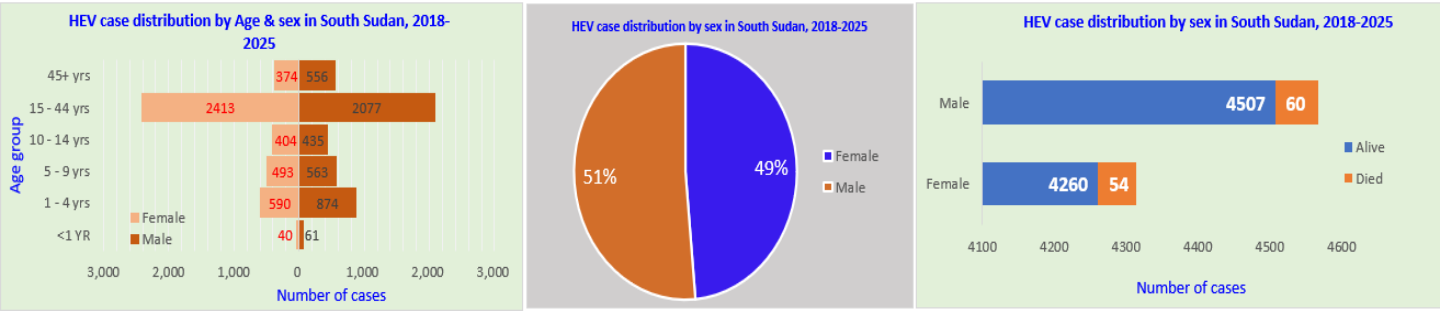


Figure 19:Location distribution of Hepatitis E cases and deaths in South Sudan; Jan 1st to September 23rd of 2025

County	Alive	Died	Total Cases	CFR
Aweil Center	1	0	1	0.0%
Gogrial West	2	0	2	0.0%
Aweil North	3	0	3	0.0%
Nyirol	4	0	4	0.0%
Aweil South	6	1	7	14.3%
Aweil East	13	4	17	23.5%
Fangak	14	0	14	0.0%
Aweil West	15	2	17	11.8%
Abyei	24	7	31	22.6%
Rubkona	239	1	240	0.4%
Renk	961	0	961	0.0%
Grand Total	1282	15	1297	1.2%

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



Other Events

Sudan crisis: As of 26th September 2025, a cumulative total of 310, 979 households containing ***1,245,716 individuals (650,718 Females and 594,998 Males) from 18 different nationalities had crossed the border***. Of this number, ***67.8% (844,387)*** are South Sudanese returnees, while **31.7% (395,049)** are Sudanese refugees. Currently, 21 PoEs are being monitored, with Joda-Renk accounting for 89.0% of the reported influx figures. There are currently 53,864 individuals (16,696 in transit centers and 37,168 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 aninitiative to strengthen early warning, alert, and response in emergencies. It includes an online, desktop and mobile application that can be rapidly configured and deployed in the field. It is designed with frontline users in mind and built to work in difficult and remote operating environments. This bulletin has been automatically published from the EWARS application.
More information can be found at: http://ewars-project.org

Data source: DHIS-2 and EWARS