Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 37

8th to 14th 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 37 of 2025, IDSR reporting timeliness improved to 85%, up from 80% in week 36, while completeness remained stable at 92%. Only Upper Nile and Warrap states achieved less than 80% completeness of reporting. Congratulations to Abyei Administrative Area, Ruweng Administrative Area, Lakes, and Unity State teams which achieved 100% completeness of IDSR reporting.
- At the EWARN mobile sites, both the timeliness and completeness of IDSR reporting have remained above the targeted 80% for six consecutive weeks (Epidemiological Weeks 32,to 37). This demonstrates a sustained good reporting rates in both timeliness and completeness since Week 31.
- In week 37 of 2025, a total of **213,936 OPD consultations** for morbidities were reported from across South Sudan, spanning 1,282 health facilities. Malaria remained the top cause of morbidity, displaying 41% (88,781) of all cases, followed by Acute respiratory illnesses 15% (32,361) and acute watery diarrhea 7% (14,590).
- A total of 228 EWARS alerts were triggered, with 184 (81%) verified, indicating an increase in both alerts triggered and their verification rates compared to week 36 of 2025. The most alerts were for Malaria (19%), Guinea Worm Disease (19%), Malaria (18%), AWD (18%), ABD (10%) and Cholera (9%). Credits to Surveillance teams in Abyei Administrative area, Central Equatoria, Eastern Equatoria, Greater Pibor Administrative area, Jonglei, Lakes, Northern Bahr el Ghazal, Unity and Upper Nile for successfully verifying most of their alerts.
- The cumulative total of confirmed Mpox cases reported since February 7, 2025, remained 21 (17 in Juba, 2 in Rumbek Centre, 1 in Rumbek East and 1 in Malakal counties). The most recent confirmed case had an onset date of August 16, 2025. There were 10 new suspected Mpox cases reported in week 37 bringing the cumulative total to 450. No suspected or confirmed Mpox associated death.
- As of 27th September 2025, the cumulative total number of cholera reported was 93,200 cases and 1,565 deaths (CFR: 1.7%, target < 1%). While the outbreak was detected in 55 counties, only 10 counties reported cases in the ending week. Only Western Equatoria State has not detected/reported Cholera since the outbreak was declared.
- As of September 25, approximately 592,686 people have been affected by floods across 25 counties. Since the flooding began, 121 health facilities have been impacted, resulting in 19 flood-related deaths, 55 drowning reports, 144 snakebite cases, and 3,391 cases of malnutrition across 11 counties.

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 37, the timeliness of IDSR reporting was 85%, and the completeness was 92%, displaying an increase in timeliness and the same percentage reporting in Completeness compared to the previous week.

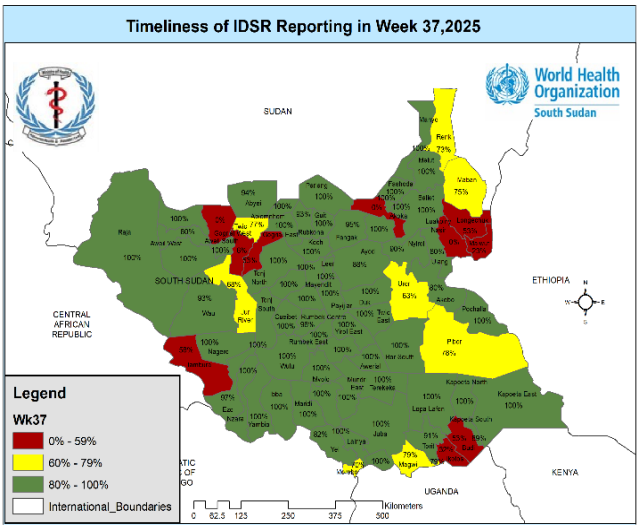
Table 1: *Timeliness and completeness of IDSR reporting by State for week 37 compared to week 36 of 2025*

State	Total facilities	Number of facilities reported (Completeness Wk35)	Comparison of the reporting period				Cumulative since year start	
			Timeliness		Completeness		(2025 level)	
			week 37	Week 36	week 37	Week 36	Timeliness	Completeness
Lakes	112	112	99%	100%	100%	100%	95%	100%
NBGZ	92	91	65%	90%	99%	98%	80%	89%
Unity	85	85	99%	99%	100%	100%	95%	99%
WBGZ	112	96	85%	83%	86%	88%	60%	85%
WES	191	186	94%	87%	97%	100%	78%	98%
Jonglei	120	111	92%	78%	93%	92%	84%	90%
Warrap	114	82	62%	47%	72%	90%	60%	84%
EES	112	109	76%	77%	97%	95%	55%	83%
RAA	16	16	100%	38%	100%	100%	46%	91%
CES	152	147	96%	95%	97%	97%	92%	94%
AAA	17	17	94%	47%	100%	100%	76%	88%
Upper Nile	143	108	71%	59%	76%	66%	66%	81%
PAA	16	15	88%	100%	94%	100%	94%	97%
Total	1282	1175	85%	80%	92%	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 37, 2025



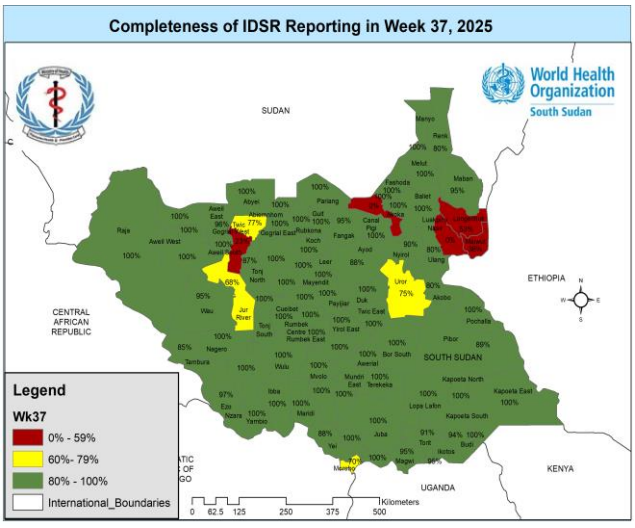


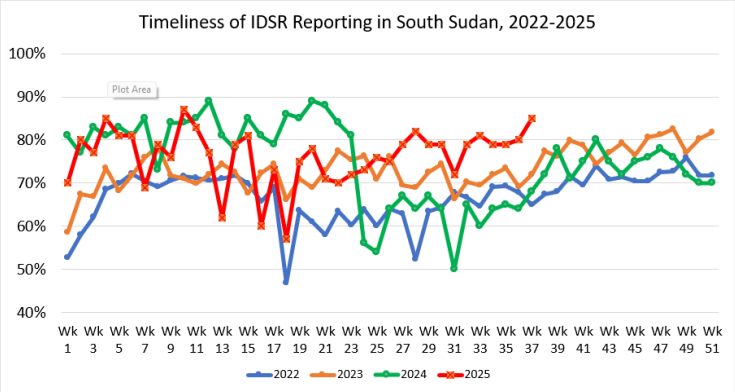
Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 37 of 2025.

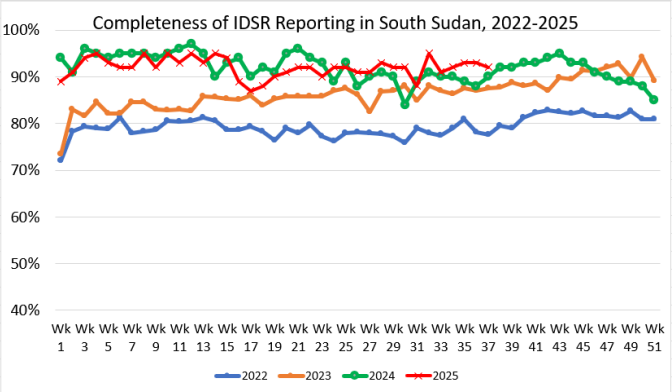
IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for week 37, 2025							
Partners	# of Reporting Mobile Sites	% of Timeliness in week 37	% of Completeness in week 37	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 37	% of Completeness in week 37
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	50%	50%	Rajaf	3	100%	100%
HFO	4	100%	100%	Munuki	12	100%	100%
WVI	2	100%	100%	Wau South	20	100%	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	0%	0%	**TOTAL**	**63**	**98%**	**98%**
TOTAL	**18**	**89%**	**89%**				

Note: Congratulations to all partners for achieving >80% timeliness and completeness in EWARN reporting for six consecutive weeks (Weeks 32–37), a significant improvement from 78% timeliness of IDSR reporting in Week 31. Although performance in Week 37 showed a slight decline to 89% for both timeliness and completeness, this does not overshadow the remarkable progress and commitment demonstrated over the past weeks. The IDSR team greatly appreciates your dedication and encourages everyone to sustain the momentum and aim to return to 100% 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.





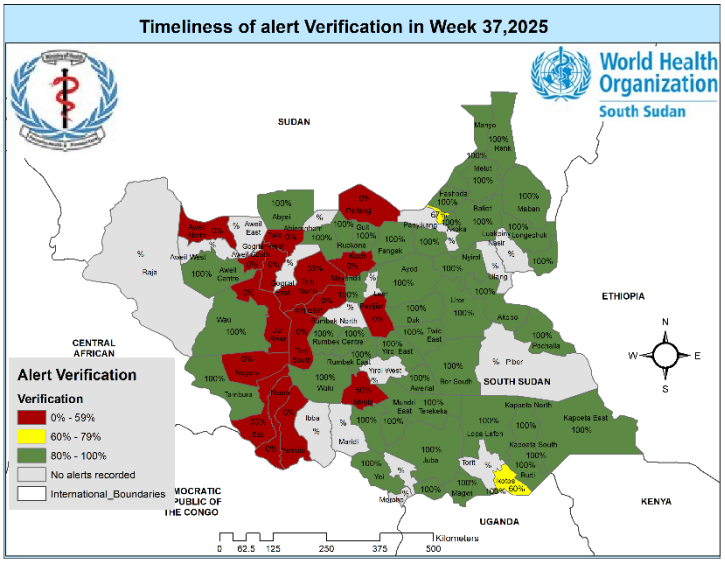
Epidemic alerts

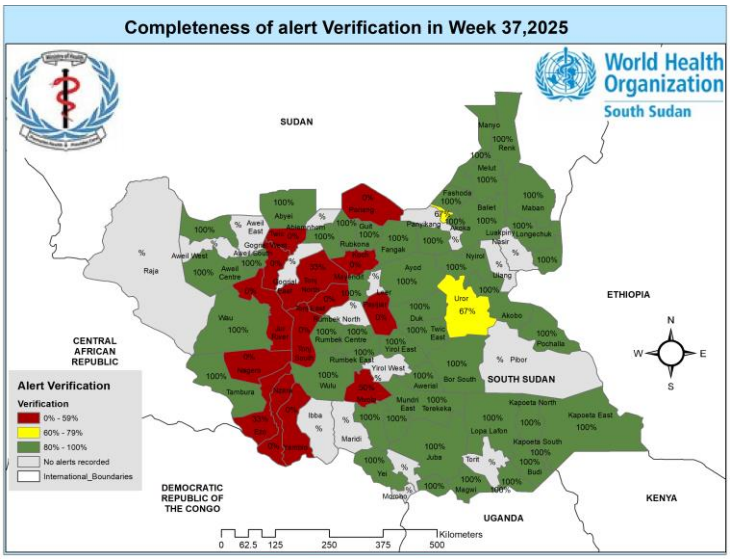
In epidemiological reporting week 37, 228 alerts were triggered in the EWARS system, with 80% (184) verified, indicating an increase in alerts triggered and their verification rates in week 36. Ten states and three administrative areas reported at least one notifiable disease alert. Special recognition goes to Central Equatoria, Eastern Equatoria, Jonglei, Lakes, Northern Ba el Ghazal, Unity, Upper Nile, Abyei Administrative area, Ruweng Administrative area, and Greater Pibor Administrative area for high verification rates. The most alerts were for Malaria (19%), AWD (18%), G/Worm (17%), ARI (16%), ABD (10%), Cholera (9%), and Relapsing Fever (4%).

Table 3: *Summary of EWARS alerts triggered in Epidemiological Week 37, 2025.*

State/ Admin	ARI		AWD		AFP		ABD		Cholera		Covid-19		EBS		Guinea Worm		Malaria		Measles		RF		Total	
	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V
AAA	2	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2	2	0	0	0	0	5	5
CES	3	3	3	3	1	1	1	1	0	0	0	0	0	0	0	0	8	8	1	1	0	0	17	17
EES	2	2	4	4	0	0	3	3	4	4	1	1	0	0	0	0	1	1	0	0	0	0	15	15
GPAA	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Jonglei	4	4	5	5	0	0	5	5	5	5	0	0	3	3	5	5	3	3	1	0	9	9	40	39
Lakes	3	3	3	3	0	0	4	4	0	0	0	0	0	0	24	24	1	1	0	0	0	0	35	35
NBGZ	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	1	1	0	0	0	0	5	5
RAA	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0
Unity	0	0	4	3	0	0	2	1	9	9	0	0	0	0	0	0	3	3	0	0	0	0	18	16
Upper Nile	5	5	5	4	0	0	5	5	0	0	1	1	1	1	1	1	9	9	2	2	1	1	30	29
Warrap	2	0	2	1	0	0	0	0	3	0	0	0	2	0	6	0	0	0	0	0	0	0	15	1
WBGZ	2	2	2	0	0	0	0	0	0	0	0	0	0	0	3	1	3	0	0	0	0	0	10	3
WES	9	6	11	7	0	0	1	0	0	0	0	0	0	0	0	0	12	5	0	0	0	0	33	18
Total	**37**	**28**	**41**	**32**	**2**	**2**	**23**	**21**	**21**	**18**	**2**	**2**	**6**	**4**	**39**	**31**	**43**	**33**	**4**	**3**	**10**	**10**	**228**	**184**

Figure *3: Timeliness and Completeness of Alerts: Verification rates by county of South Sudan for week 37, 2025*



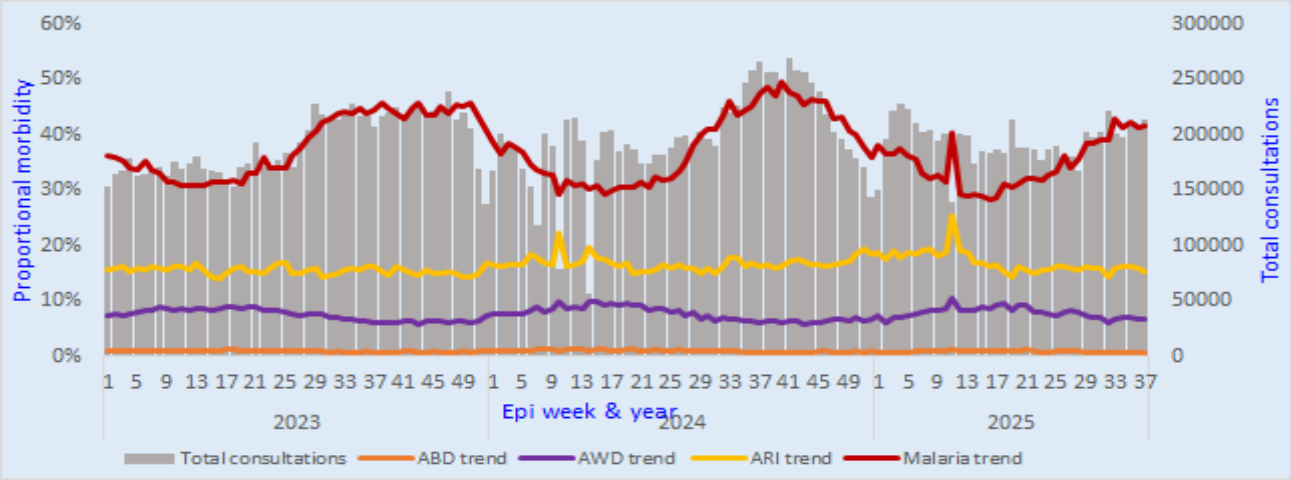


Weekly Update on Indicator-Based Surveillance (Week 35 of 2025)

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 37 of 2025, a total of **213,936 outpatient consultations** for morbidities were reported from across South Sudan, spanning 1,282 health facilities. Malaria remained the top cause of morbidity, accounting for 41% (88,781) of all cases, followed by Acute respiratory illnesses 15% (32,361) and acute watery diarrhea 7% (14,590). 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.

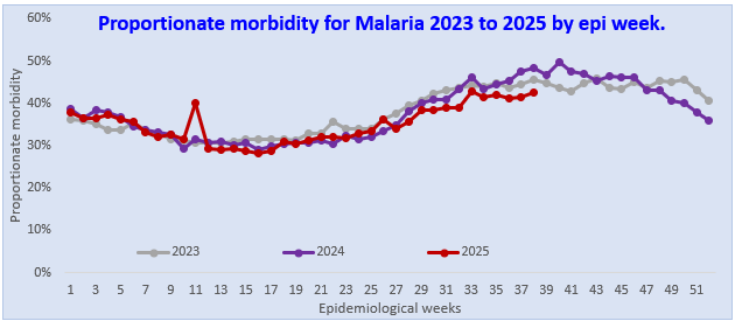
Figure 4: **Proportional Morbidity of top 4 IDSR priority diseases reported as of week 37 of 2025.**

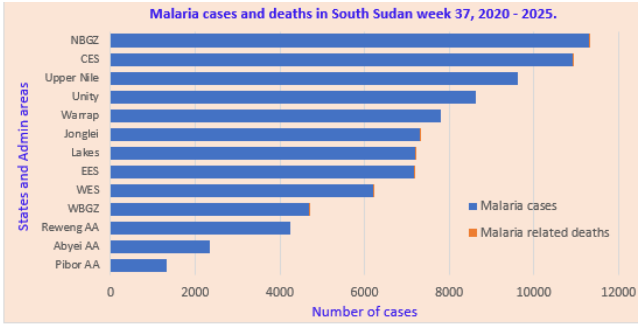


1. Malaria Updates

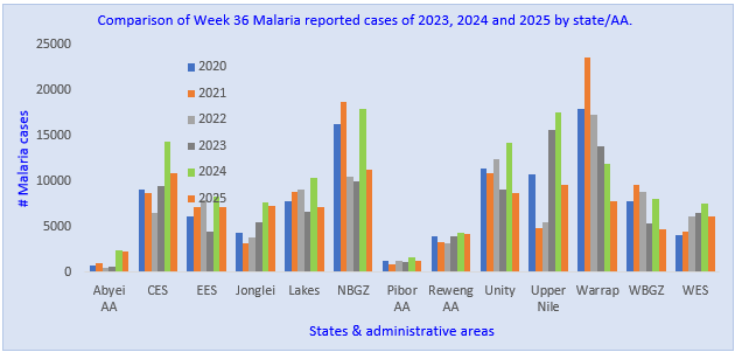
In week 37 of 2025, malaria remained the leading cause of illness, with 88 781 reported cases and 22 deaths amongst the suspected cases. The weekly analysis reveals that these numbers are slightly lower than what was expected for the transmission period; however, ongoing monitoring is essential. To support 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 trend in South Sudan 2023 - 2025.



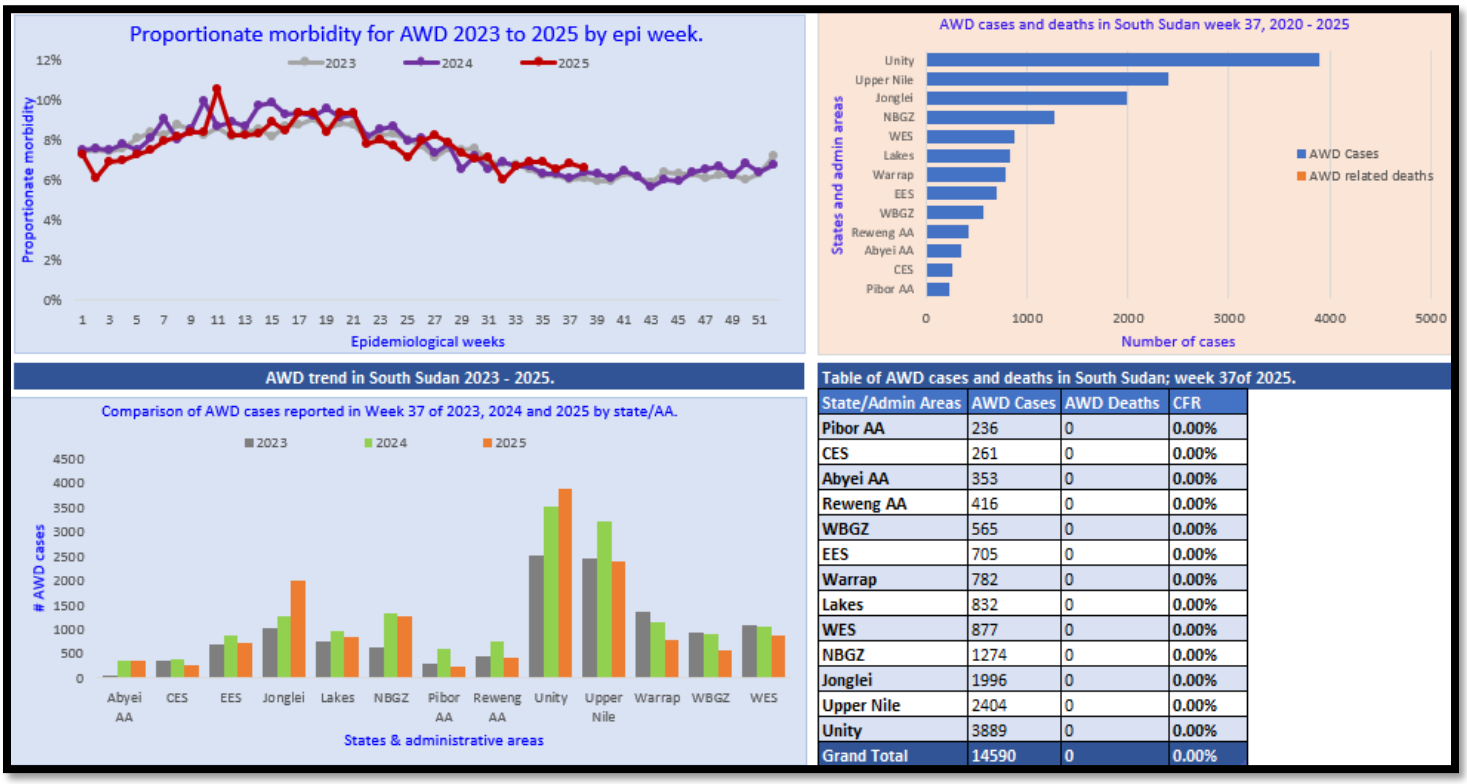
Malaria Morbidity & Mortality by State/Admin Areas of S/Sudan, week 37 2025.

State/Admin Areas	Malaria Cases	Malaria Deaths	CFR
Pibor AA	1333	0	0.00%
Abyei AA	2356	0	0.00%
Reweng AA	4240	0	0.00%
WBGZ	4699	5	0.11%
WES	6190	1	0.02%
EES	7176	4	0.06%
Lakes	7188	3	0.04%
Jonglei	7303	3	0.04%
Warrap	7811	0	0.00%
Unity	8640	0	0.00%
Upper Nile	9617	0	0.00%
CES	10918	5	0.05%
NBGZ	11310	1	0.01%
Grand Total	88781	22	0.32%

2. Acute Watery Diarrhoea

During the epidemiological week 37, AWD was the third leading cause of morbidity, causing 14,590 OPD consultations and one death. It is now one year since the first cholera case was confirmed. Acute Watery Diarrhea (AWD) cases remained within normal ranges. Still, case counts indicate that AWD cases decreased, and deaths decreased from 14,322 cases and six deaths reported in week 35 to 13,610 cases and four 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

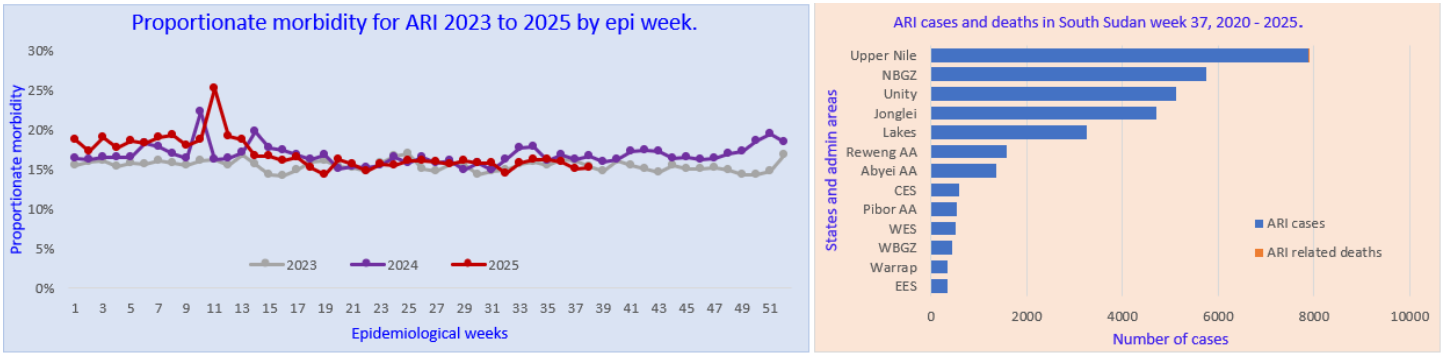


State/Admin Areas	AWD Cases	AWD Deaths	CFR
Pibor AA	236	0	0.00%
CES	261	0	0.00%
Abyei AA	353	0	0.00%
Reweng AA	416	0	0.00%
WBGZ	565	0	0.00%
EES	705	0	0.00%
Warrap	782	0	0.00%
Lakes	832	0	0.00%
WES	877	0	0.00%
NBGZ	1274	0	0.00%
Jonglei	1996	0	0.00%
Upper Nile	2404	0	0.00%
Unity	3889	0	0.00%
Grand Total	14590	0	0.00%

3. Respiratory Pathogens Surveillance weekly updates.

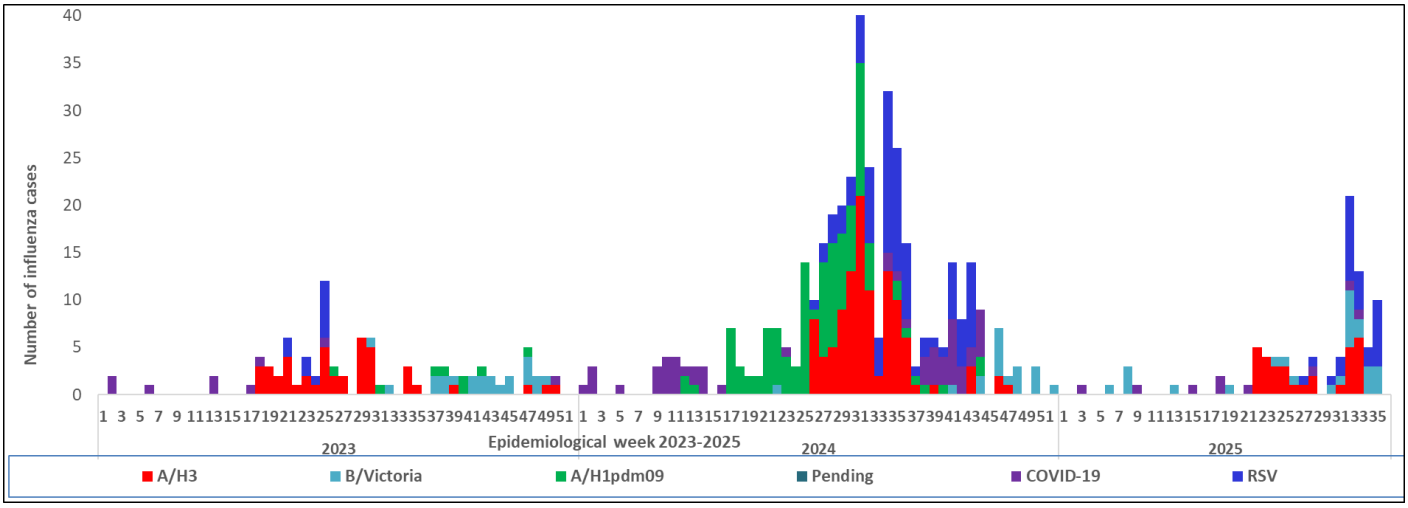
Acute respiratory illnesses are the second leading cause of outpatient' consultations in the country. Most IDSR-reported ARI cases are from Upper Nile, Northern Bahr el Ghazal, and Unity State, which host a large portion of the nation's refugees and displaced populations. Unfortunately, the top three ARI high-burden states do not have an influenza sentinel surveillance site, a consideration that will be taken into account in all future expansion planning. There is one ARI-related death reported in the epidemiological week 37 of 2025

Figure 7: Proportional Morbidity and ARI case counts by State of South Sudan in epidemiological week 37 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 1241 ILI/SARI samples have been collected; 1149 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.

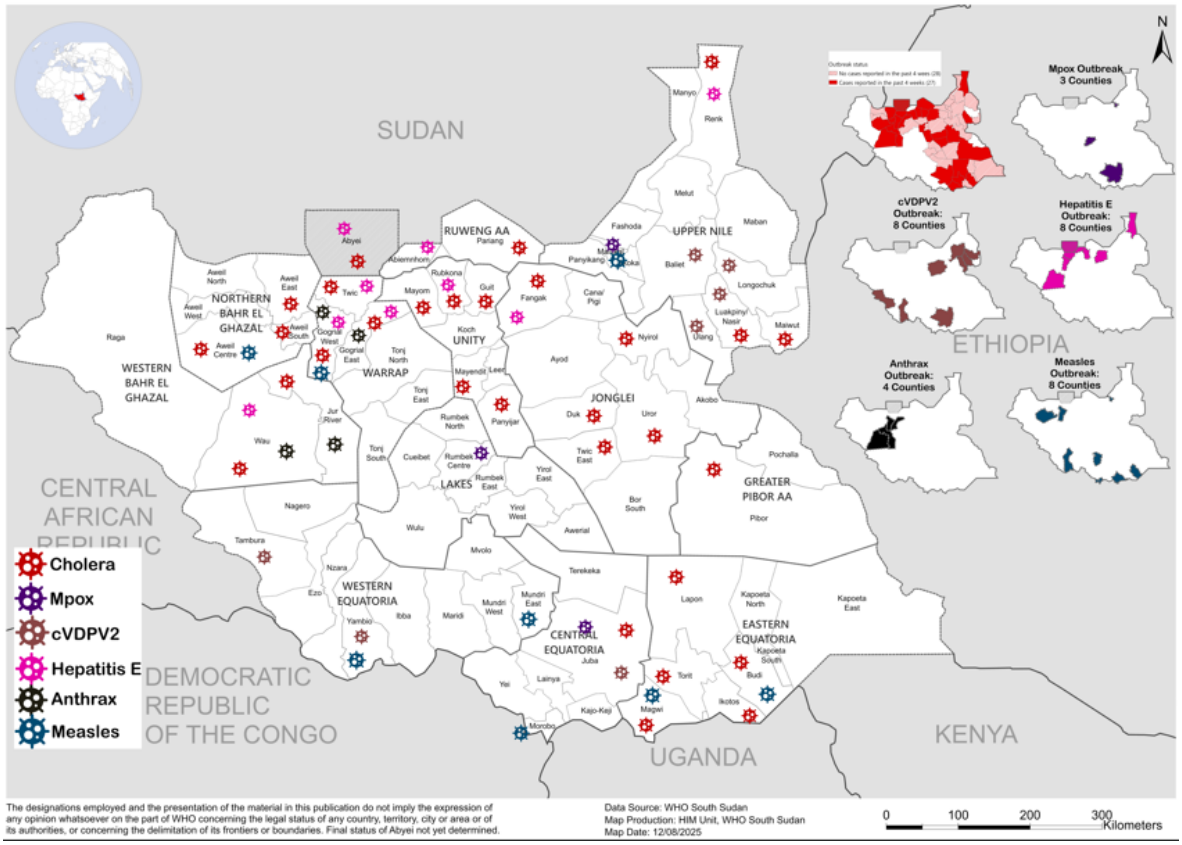
South Sudan Confirmed and ongoing epidemics in 2025

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	57	93,200	520	1,663	Completed in 46 counties	yes	yes
Hepatitis E	Rubkona Fangak Wau, Abyei Twic, Renk	Dec/2018	2	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	02	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 37 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 at 19th September 2025.

Figure 9: *Map showing confirmed and active outbreaks by county of South Sudan; as at 19th 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, bringing the total for 2025 to 450 cases, all located in the Juba Central Prison area. No new confirmed Mpox cases were reported, leaving the cumulative total at 21 confirmed cases and no deaths. The distribution of confirmed cases includes 17 in Juba, 2 in Rumbek Center, 1 in Rumbek East, and 1 in Malakal County. Currently, there is one active case in Juba County, with the remaining 20 cases discharged from voluntary home confinement without any secondary infections.
- 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

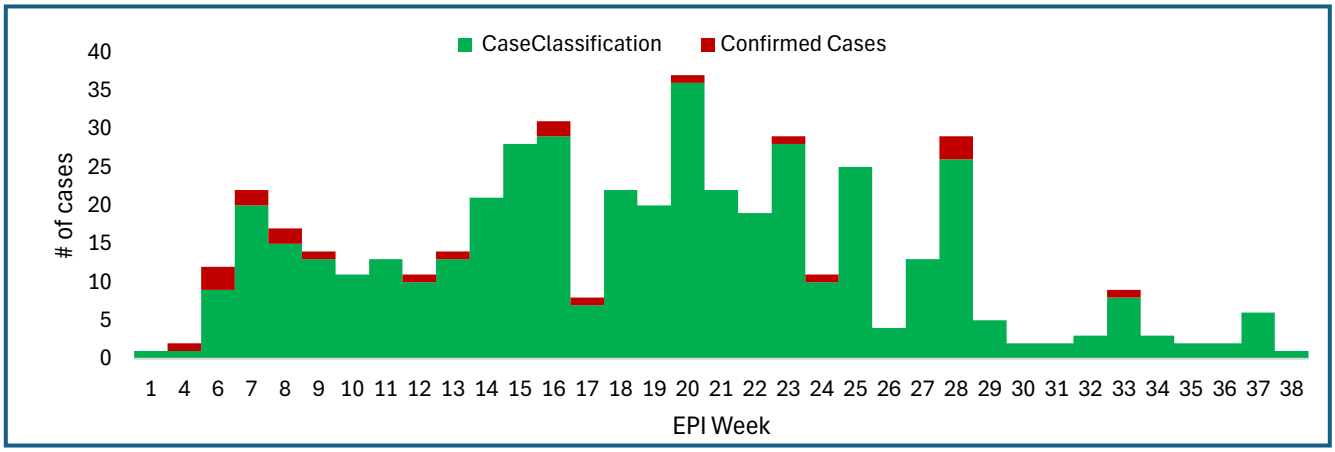
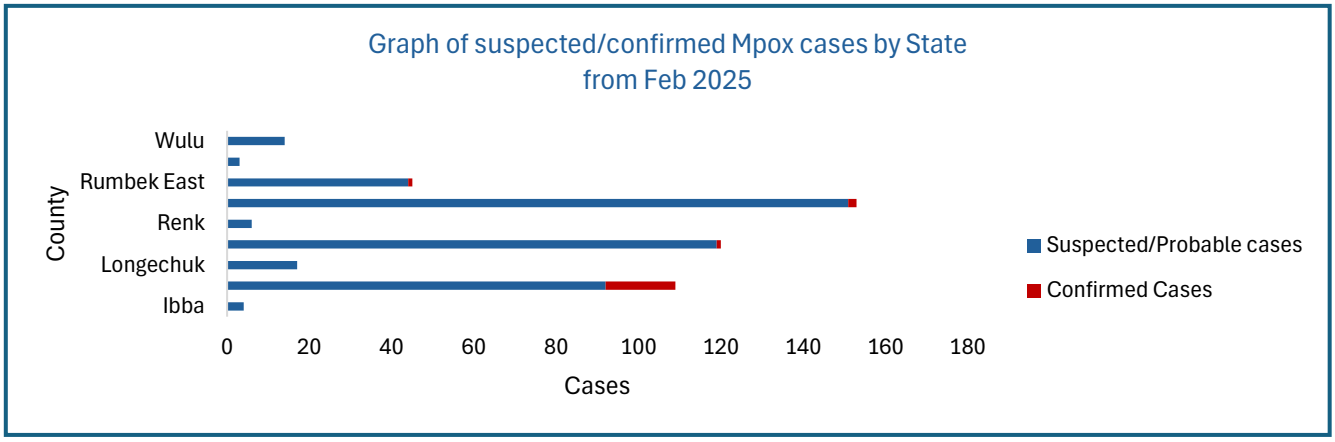
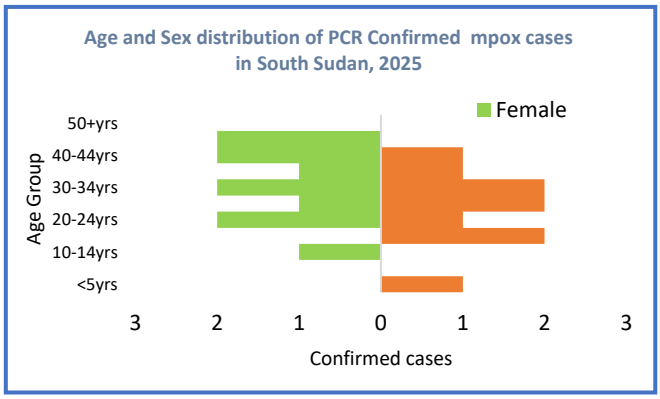
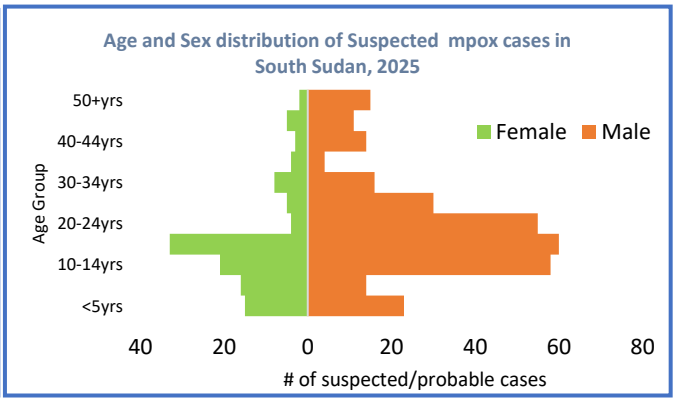


Figure 11: Mpox cases by county age and sex distribution in South Sudan, Jan-Sept 2025







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 27th September 2025, a cumulative number of cholera cases totals 93,200 cases and 1,5625 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 21 September 2025 to 27 September 2025), 57 cases (**71%** have been reported, indicating a decrease from the last report) and zero deaths (representing a 100% decrease from the 3 deaths recorded last week) have been reported from 5 counties
- Most of these cases came from Mayendit and Gogrial West, which accounted for 70% and 16% of these cases, respectively
- No new county has reported cases since June 6, 2025; however, new cases are being reported from Juba (273, 50.2%), Mayendit (152, 27.9%), Aweil Centre (37, 6.8%), and Gogrial West (27, 5.0%).
- In the past 14 days, at least 28 counties reported zero cholera cases. These include Kapoeta East, Kapoeta North, Kapoeta South, Budi, Ikotos, and Magwi (where insecurity has affected access), as well as Pariang, Akobo, Bor South, Pigi, Koch, Leer, Panyijiar, Guit, Aweil North, Aweil West, Jur River, Wau, Awerial, Yirol East, Yirol West, Pibor, Twic, Gogrial East, Tonj North, Baliet, Akoka, and Maban. While this reflects no newly reported infections, factors such as insecurity, limited access, or reporting challenges may have also contributed to the observed zero reporting
- Western Equatoria is the only State that has no confirmed cholera cases.

Table 5 *: Summary of Cholera cases by state and CFR as of 27th September 2025*

State/Admin Area	Affected Counties	Cumulative Total Cases	Laboratory Confirmed Case(s)	RDT Positive	Deaths	Overall CFR (%)
Abyei Administrative Area	1	3041	22	49	23	0.8
Central Equatoria	2	11838	44	1563	125	1.1
Eastern Equatoria	8	4844	64	355	180	3.7
Jonglei	1	14003	11	689	263	1.9
Lakes	9	737	81	256	27	3.7
Northern Bahr el Ghazal	3	10616	31	173	77	0.7
Pibor Administrative Area	5	1712	26	8	66	3.9
Ruweng	1	159	0	67	3	1.9
Unity	7	29514	90	7877	402	1.4
Upper Nile	12	6963	74	1059	149	2.1
Warrap	2	7914	68	236	193	2.4
Western Bahr el Ghazal	4	1859	9	233	57	3.1
Total	**55**	**93200**	**520**	**12565**	**1565**	**1.7**

Figure 11: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, wk39, 2024 to Wk38, 2025

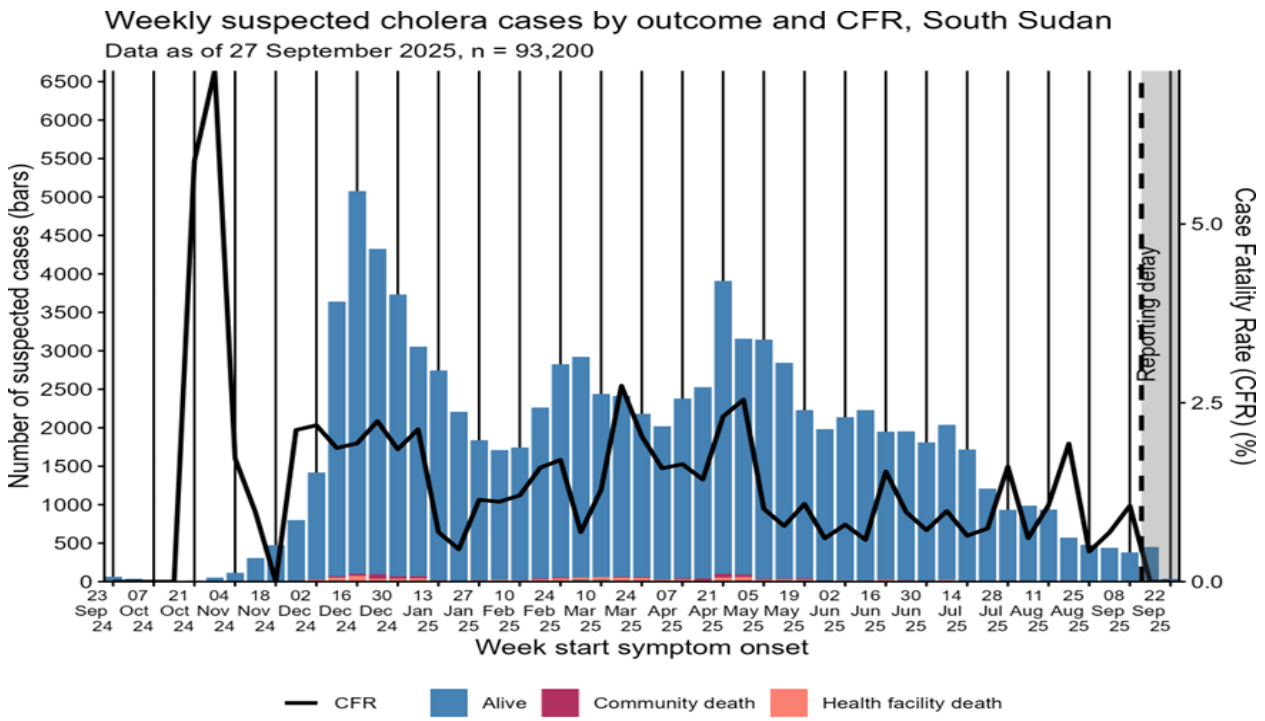
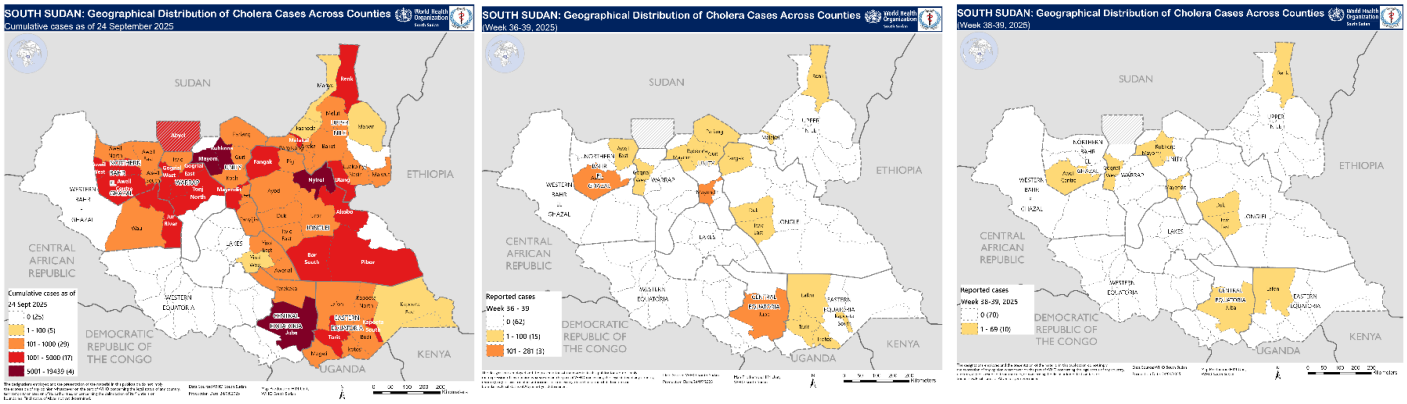


Figure 12: Map showing Case counts of cholera by Counties of South Sudan as at week 37

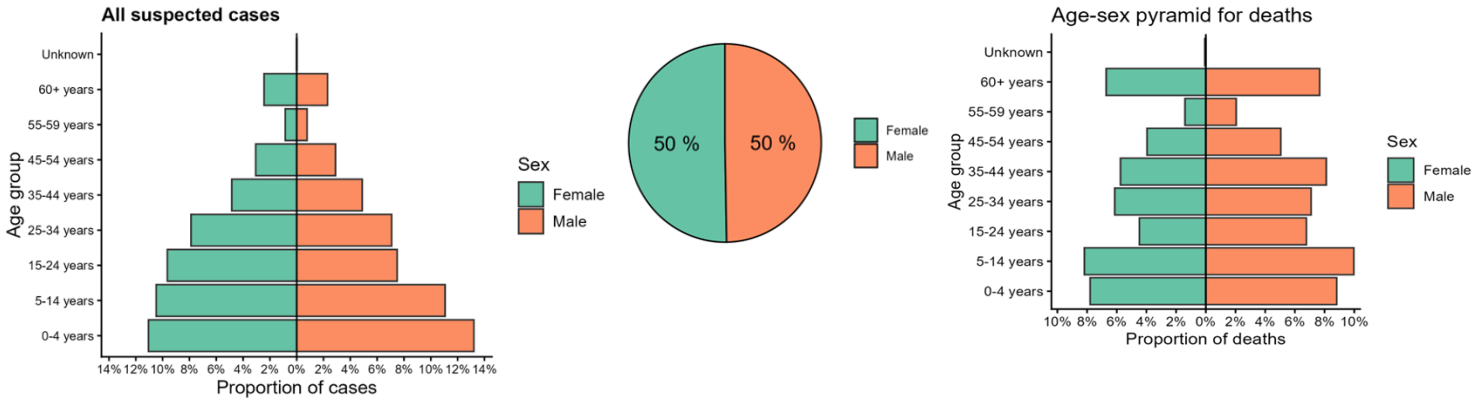


Cumulative cholera cases

Cholera cases from 36-39.

Cholera cases from 38-39

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 the 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)** is plan for 7 October
- Post Campaign Coverage Surveys planning is ongoing for randomly selected counties in each state where the OCV campaign has 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 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 29th September 2025, a cumulative number of 321 AFP cases have been reported in 79 of 80 counties, compared with 381 cases reported in the same period in 2024. Only one (1) County has not reported any AFP cases in 2025. However, all the 80 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 4.20 per 100,000 population under 15yrs, compared to 5.04 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, 56 (70%) achieved both the NP-AFP Rate and Stool Adequacy indicators, 21 (26%) achieved at least one of the indicators, and 3 (4%) did not meet any of the indicators.

256 Active Case Search Visits were conducted in week #37 compared with #564 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 ended and the SIAs were launched in the reporting week. The SIAs monitoring dashboard indicates that 1,109,761 (51%) of the targeted 2,162,947 children had been vaccinated with nOPV2. Of the vaccinated 1,109,761 children, 531,477 (48%) were males and 578,284 (52%) were females. The best administrative coverage were reported in Pibor Administrative Area (94%), Northern Bahr El Ghazal (78%) and Jonglei state (71%). Notably, there were 69,968 children who received nOPV2 for the first time in life (Zero dose nOPV2), which will require active surveillance across the country to document outcomes of this new risk to type 2 polio virus seeding.

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 populationand 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

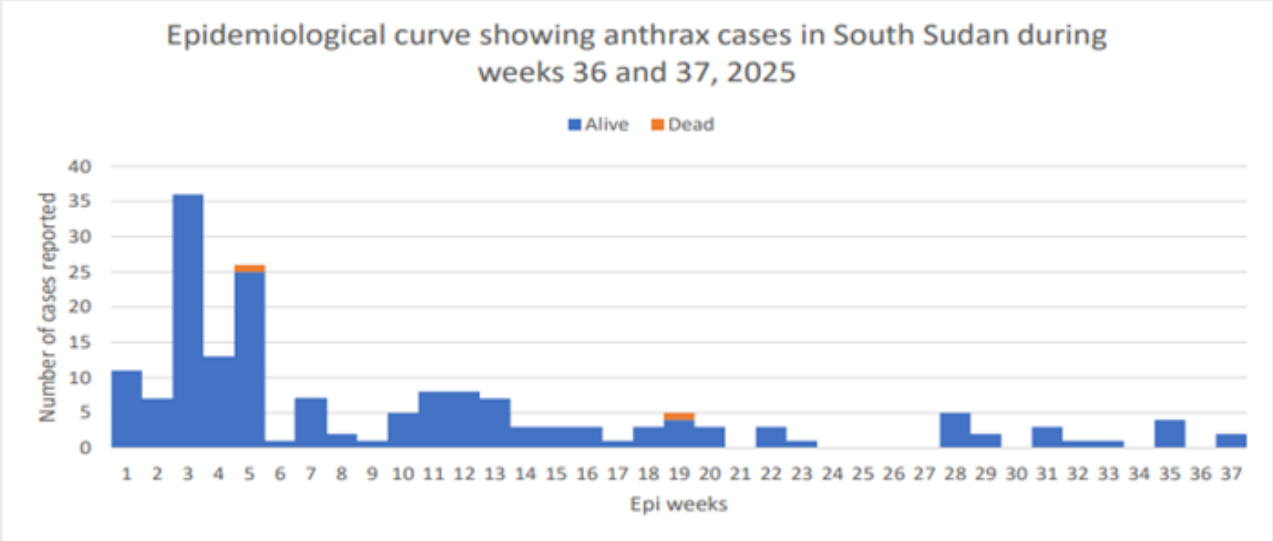
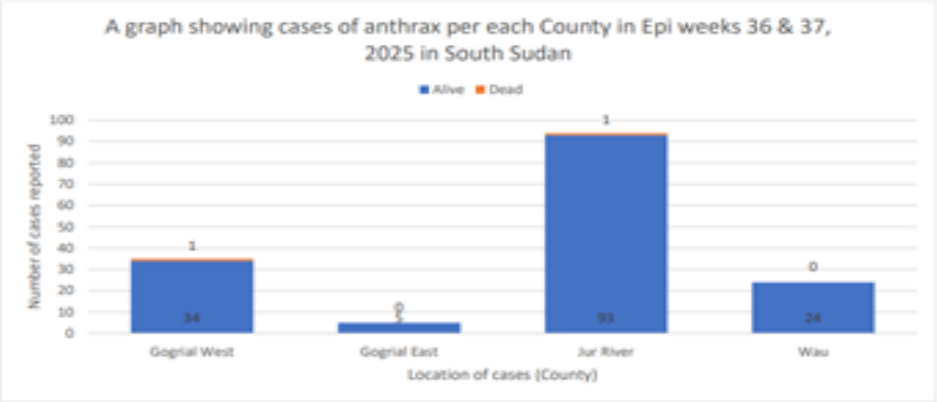


Figure 15: Cumulative Anthrax by affected counties of South Sudan; 18th September 2025.



Ongoing Intervention

- Coordination Weekly meetings for outbreak containment; Rapid Response Teams aid decision-making.
- Surveillance: Anthrax definitions shared; health workers report cases; community searches ongoing.
- Case Management: Treating three human cases; WHO provided medical kits and guidelines.
- Community Engagement: Educational materials developed; radio messages broadcast; need for more health promoter involvement.
- Vaccination: No human vaccinations; 1,741 animals vaccinated; funding required for waste management.
- Partnerships: WHO and FAO collaborate; One Health Day planned in Wau.
- Logistics: WHO supports outbreak investigation and logistics.

5. Measles Update

- Since the start of 2025 (Epidemiological Week 01 to Week 37), 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 IgM at the serology laboratory of the National Public Health Laboratory.
- Out of 159 measles suspect 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 37 of 2025

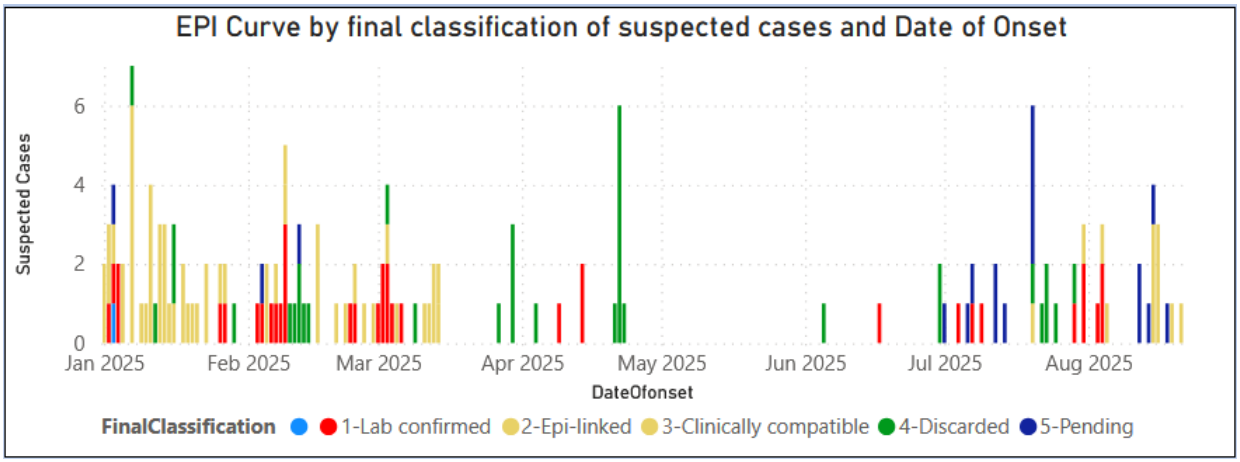
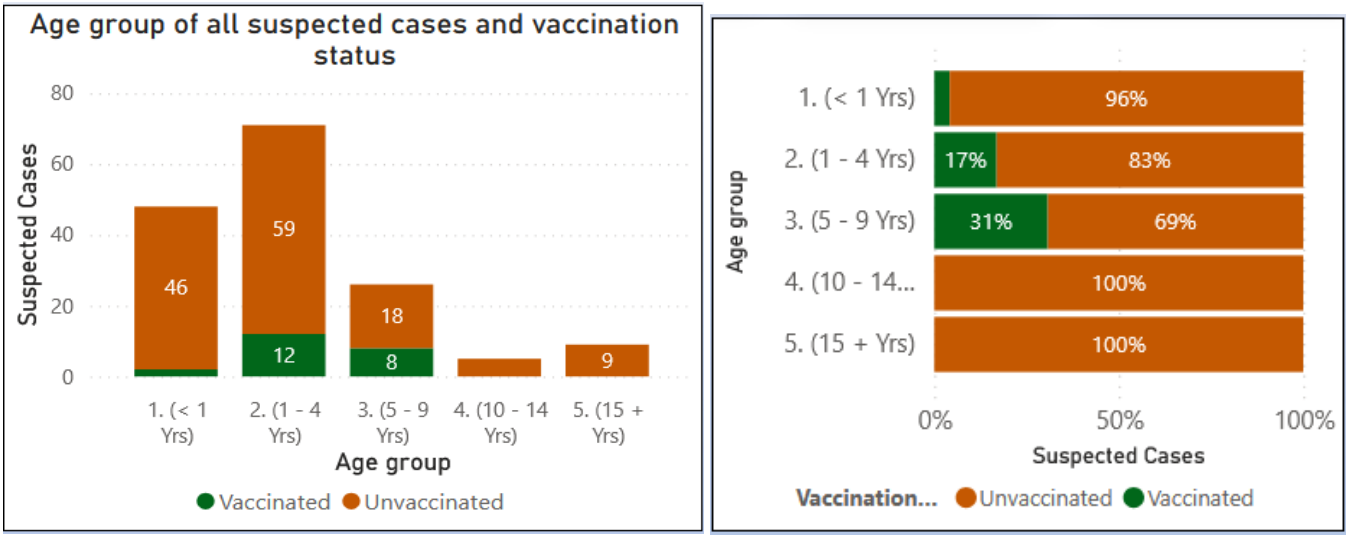


Figure 17: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-35 of 2025



6. Hepatitis E outbreak

- Since the beginning of the outbreak in 2018 in Bentiu, there have been a total of 8,978 reported cases with 2,635 cases tested positive using (RDT) and 121 related deaths, giving an overall CFR of 1.3%
- Cases are reported from 16 counties in 6 states and 2 administrative areas, and the outbreak was confirmed in 6 counties using the RT PCR test
- The majority of Hepatitis E virus (HEV) cases have been reported in Rubkona, Renk, and Fangak counties, indicating areas that are particularly affected by the outbreak. Continuous monitoring and assessment of the situation remain imperative as it develops.
- A review of the sex distribution shows that males make up 51% of the reported cases, while females account for 49%. In terms of age groups, individuals aged 15 to 44 years make up the majority of cases nationwide, highlighting a significant impact on this age group.
- Renk is the latest county to confirm an outbreak in week 26 in the Gosfami refugee camp
- As of week 38, Renk has recorded 2 additional cases, with no new deaths reported from any other location.

Figure 18: *Epicure showing HEV RDT positive cases in South Sudan; Epi Week 52 of 2018 to Week 37 of 2025*

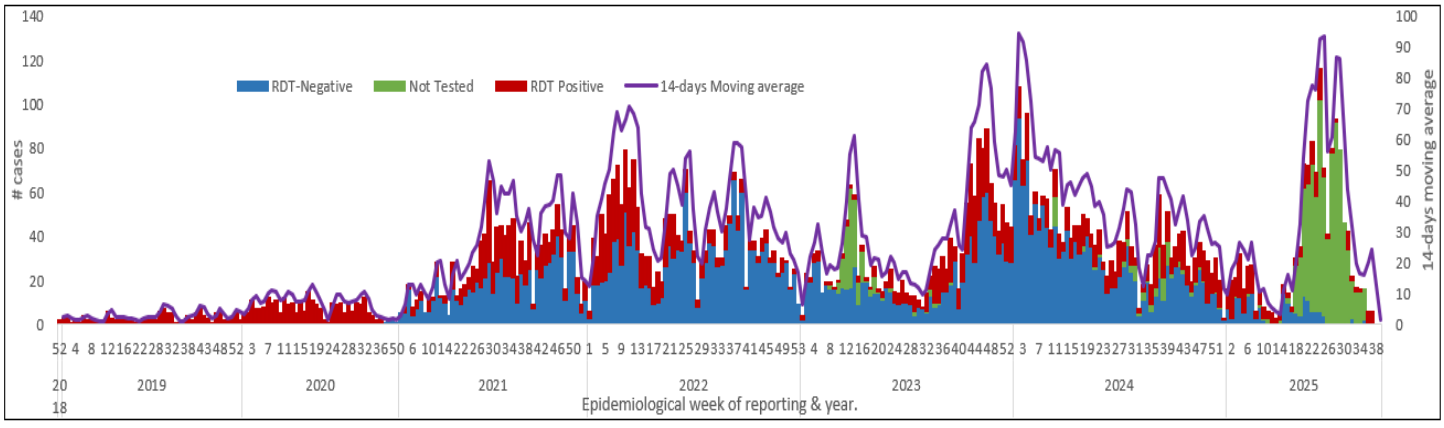
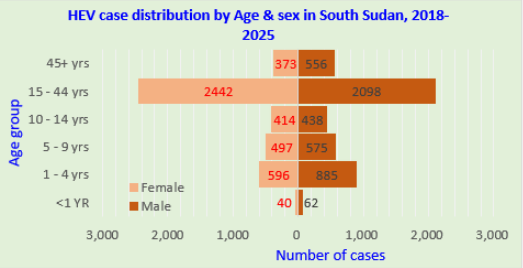
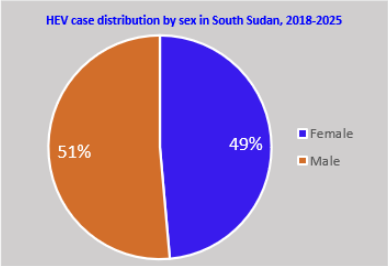


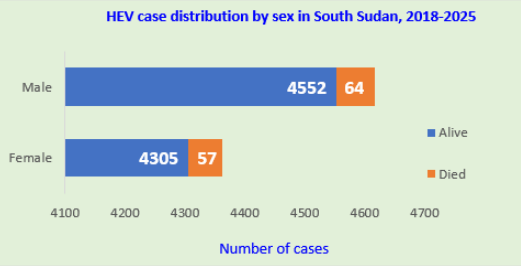
Figure 19:Location distribution of Hepatitis E cases and deaths in South Sudan; January to September 2025

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

- **Flooding:** Flooding in South Sudan continues to impact communities, particularly affecting children severely. As of September 25, there were 184 flood related events reported which indicated that 62 health facilities with physical damage and 46 health facilities with services disrupted. Jonglei, Northern Bahr Ghazal and Unity states were the most severely impacted. At least 222,703 people are displaced, many seeking safety on higher ground. Flood waters have damaged homes, farmland, and infrastructure, disrupting livelihoods and access to basic services. Health risks are rising, with increased cases of malaria, acute respiratory infections, and diarrhea reported. Humanitarian efforts are ongoing, including the delivery of supplies to support flood mitigation. Key health effects of flooding were reported as 19 flood-related deaths, 144 snake bites, and 3,391 documented malnutrition cases across 11 counties. Enhanced surveillance, routine reporting, and monitoring of weekly trends of priority diseases in emergency locations, e.g., Malaria, ARIs, and AWD **Logistics and Supplies;** 2.7 MT medical supplies await shipment to Twic East. Supplies for Panyijar to be shipped by Friday (26/09/2025) through UNMISS, accompanied by WHO field staff. Preparations are ongoing to preposition supplies to Duk, Pibor, Fangak, Bor, Akobo, Pigi, Pochalla, Renk, Abyei, Kuajok, Torit, and Juba.

Sudan crisis: As of September 26, 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

This bulletin is produced by the Ministry of Health with Technical support from WHO
For more help and support, please contact:

Dr LASU Joseph Hickson
Emergency Preparedness and Response
Ministry of Health, Republic of South Sudan
Email: josh2013.lasu@gmail.com
Phone number +211921395440

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

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