



Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 38

15th to 21st 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 38 of 2025, IDSR reporting timeliness remained 85% as was in week 37, and completeness also remained stable at 92%. Only Upper Nile State achieved less than 80% completeness of reporting; however, two states (Ika and Unity) and two Administrative Areas (Abyei and Ruweng), achieved 100%.
- At the EWARN mobile sites, reporting timeliness was 83% and completeness 94% during the current week. From Epidemiological Weeks 32 to 36, both timeliness and completeness had consistently reached 100%, marking a sustained improvement since Week 31. However, starting from Week 37 through Week 38, performance has declined below 100%, indicating a need for renewed attention to maintain previous gains.
- **EWARS Alerts Management:** A total of 206 EWARS alerts were triggered, with 147 (71%) verified, indicating a decrease in both alerts triggered and their verification rates compared to week 37 of 2025. The most alerts were for AWD (22%), Guinea Worm Disease (21%), Malaria (17%), ABD (11%) and Cholera (6%). Credits to Surveillance teams in Abyei Administrative area, Eastern Equatoria, Greater Pibor Administrative area, Jonglei, Ika, Northern Bahr el Ghazal, Upper Nile and Western Bahr el Ghazal for successfully verifying more than 80% of the alerts generated in EWARS.
- In week 38 of 2025, a total of **212,369 OPD consultations** for morbidities were reported from across South Sudan, spanning 1,282 health facilities. Malaria remained the top cause of morbidity, displaying 43% (90,600) of all cases, followed by Acute respiratory illnesses 15% (32,234) and acute watery diarrhea 7% (14,057).
- **Mpox Outbreak:** Three new suspected Mpox cases were detected and reported in Week 38, bringing the cumulative total of suspected Mpox cases to 453 in 2025. No new confirmed Mpox case and therefore the cumulative total remained 21 cases since February 7, 2025, with 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. Additionally, 453 suspected Mpox cases have been reported in 2025.
- **Cholera outbreak:** From 23 to 29 September, 2025, health authorities reported 18 new cases of suspected Cholera, with no deaths, indicating a significant decline of 82.9% from the previous report. Most cases were reported in Mayendit (13), Gogrial West (4), and Rubkona (1), underscoring the need for continued monitoring transmission in these counties. Cumulatively, there are currently 93,150 cholera cases and 1,564 deaths, with a case fatality rate of 1.7%, above the target of less than 1%.
- **Flood Response:** As of September 25, approximately 592,686 people have been affected across 25 counties, with Jonglei and Unity states experiencing the worst impacts. Since the flooding began, 121 health facilities have been impacted, resulting in 19 flood-related deaths, 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 38, the timeliness of IDSR reporting was 84%, and the completeness was 93%, displaying a decrease 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 38 compared to week 37 of 2025

State	Total facilities	Number of facilities reported (Completeness Wk38)	Comparison of the reporting period				Cumulative since year start	
			Timeliness		Completeness		(2025 level)	
			Week 38	Week 37	Week 38	Week 37	Timeliness	Completeness
Lakes	112	112	100%	99%	100%	100%	98%	100%
NBGZ	92	91	92%	65%	99%	100%	82%	90%
Unity	85	85	99%	99%	100%	100%	98%	99%
WBGZ	112	103	88%	85%	92%	86%	63%	85%
WES	191	186	81%	94%	97%	97%	80%	98%
Jonglei	120	112	92%	92%	93%	93%	86%	91%
Warrap	114	96	69%	62%	84%	72%	62%	84%
EES	112	106	63%	76%	95%	98%	57%	83%
RAA	16	16	94%	100%	100%	100%	50%	91%
CES	152	147	97%	96%	97%	97%	95%	94%
AAA	17	17	100%	94%	100%	100%	79%	89%
Upper Nile	143	111	61%	71%	78%	76%	68%	81%
PAA	16	15	94%	88%	94%	94%	96%	97%
Total	1282	1197	84%	85%	93%	92%	79%	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 38, 2025

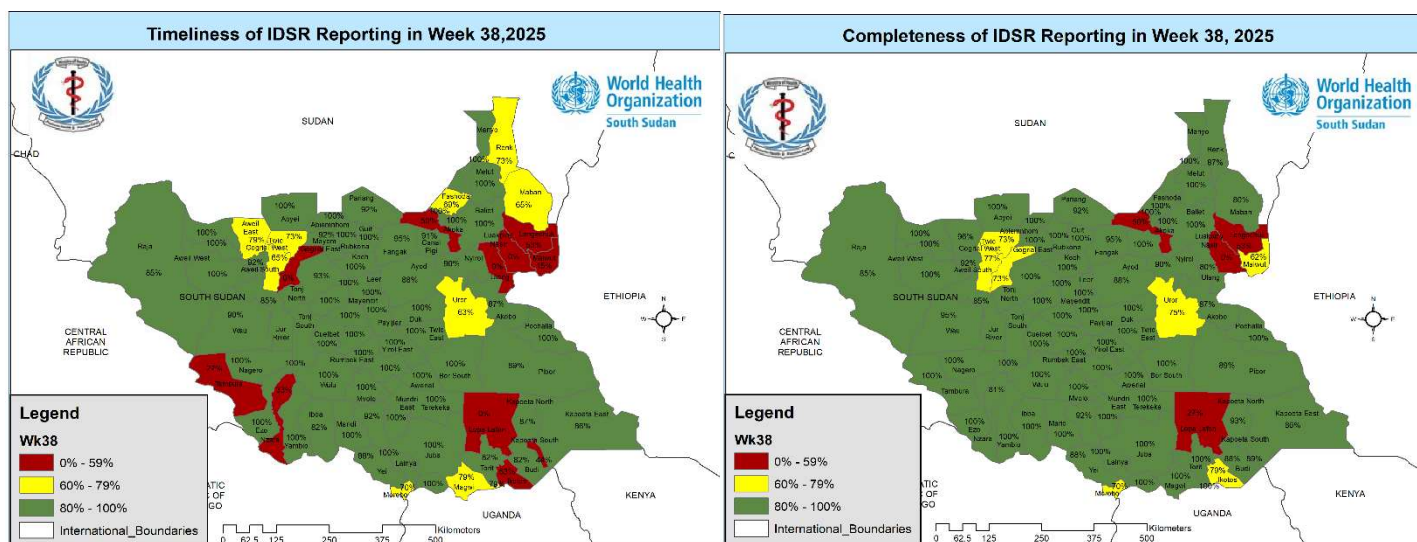


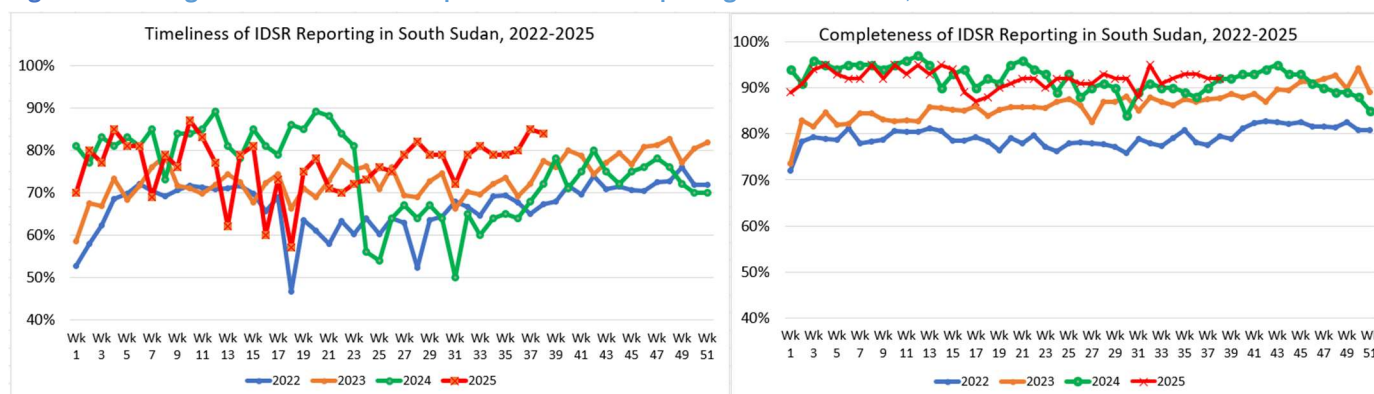
Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 38 of 2025.

IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for week 38, 2025							
Partners	# of Reporting Mobile Sites	% of Timeliness in week 38	% of Completeness in week 38	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 38	% of Completeness in week 38
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	95%	100%
CIDO	1	100%	100%	Wau North	12	92%	92%
SP	4	75%	100%	Juba	10	100%	100%
HFD	1	100%	100%	Mangala	1	100%	100%
RI	1	0%	100%	TOTAL	63	97%	98%
TOTAL	18	83%	94%				

Note: Congratulations to all partners for achieving >80% timeliness and completeness in EWARN reporting for seven consecutive weeks (Week 32–38), a significant improvement from 78% timeliness of IDSR reporting in Week 31, when timeliness was at 78%. While performance in Week 38 declined slightly to 89% for both timeliness and completeness, and further to 83% timeliness and 94% completeness in Week 38, this does not diminish the remarkable progress achieved. The IDSR team sincerely appreciates your dedication and encourages everyone to sustain the momentum and strive to restore performance to 100% in the coming weeks.

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. Since the HSTP transition period, targeted support was provided to newly contracted health implementing partners, and IDSR performance levels in the last 14 weeks suggest that recovery is now complete.

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



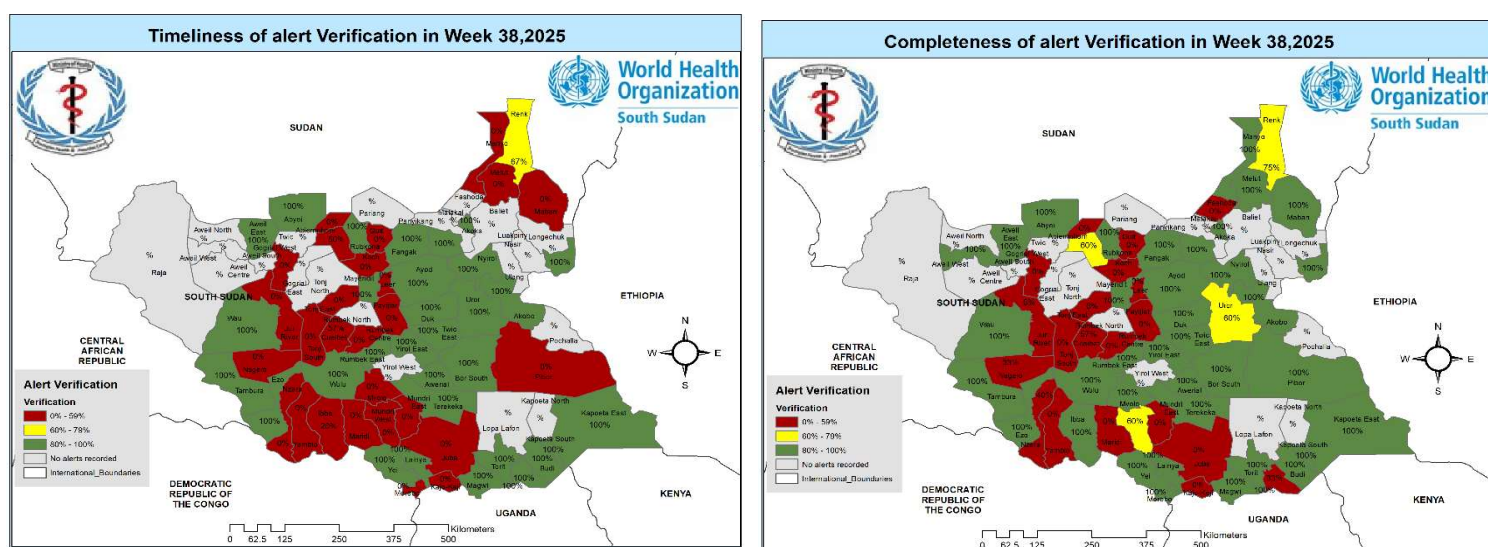
Epidemic alerts

In epidemiological reporting week 38, 206 alerts were triggered in the EWARS system, with 71% (147) verified, indicating a decrease in alerts triggered and in their verification rates from week 37. Ten states and three administrative areas reported at least one notifiable disease alert. Special recognition goes to Eastern Equatoria, Jonglei, Lakes, Northern Bahr el Ghazal, Upper Nile, Abyei Administrative area, Western Bahr el Ghazal, and Greater Pibor Administrative area for high verification rates. The most alerts were for AWD (22%), Guinea Worm Disease (21%), Malaria (17%), ABD (11%) and Cholera (6%).

Table 3: Summary of EWARS alerts triggered in Epidemiological Week 38, 2025.

State/ Admin	AJS		ARI		AWD		ABD		Cholera		EBS		Guinea Worm		Malaria		Measles		NNT		RF		VHF		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	# R	# V
AAA	1	1	2	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	4
CES	2	1	3	1	1	0	0	0	0	0	0	0	1	1	7	2	1	1	0	0	0	0	1	1	17	8
EES	0	0	1	1	5	4	2	2	2	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	11	9
GPAA	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Jonglei	0	0	1	1	4	3	3	3	4	4	3	3	7	7	2	2	1	0	1	1	1	1	1	0	27	25
Lakes	0	0	0	0	1	1	5	4	0	0	0	0	22	20	2	1	0	0	0	0	0	0	0	0	30	26
NBGZ	0	0	0	0	3	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3
RAA	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Unity	0	0	5	2	3	2	6	3	3	2	0	0	0	0	5	3	0	0	0	0	0	0	0	0	22	12
Upper Nile	1	1	5	5	4	3	3	3	2	2	1	1	1	1	5	4	3	3	1	0	0	0	0	0	26	23
Warrap	0	0	0	0	1	0	0	0	2	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	10	0
WBGZ	1	1	5	5	3	3	1	1	0	0	0	0	4	1	1	1	0	0	0	0	0	0	0	0	15	12
WES	0	0	5	4	19	11	2	2	0	0	0	0	0	0	13	7	0	0	0	0	0	0	0	0	39	24
Grand Total	5	4	28	22	45	31	23	18	13	9	4	4	43	31	35	20	5	4	2	1	1	1	1	1	206	147

Figure 3: Timeliness and Completeness of Alerts: Verification rates by county of South Sudan for week 38,



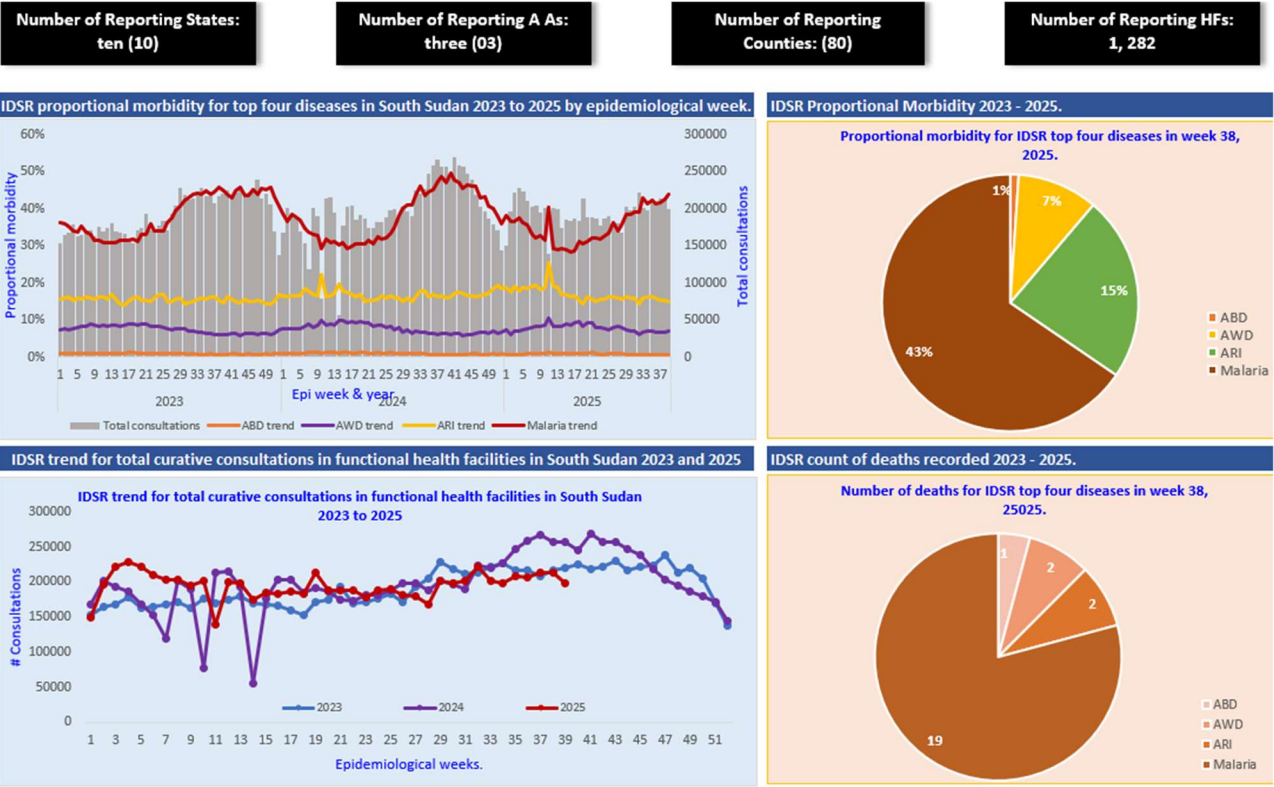
2025

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 38 of 2025, a total of **212369 outpatient consultations** for morbidities were reported from across South Sudan, spanning 1,282 health facilities. Malaria remained the top cause of morbidity, accounting for 43% (8) 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.

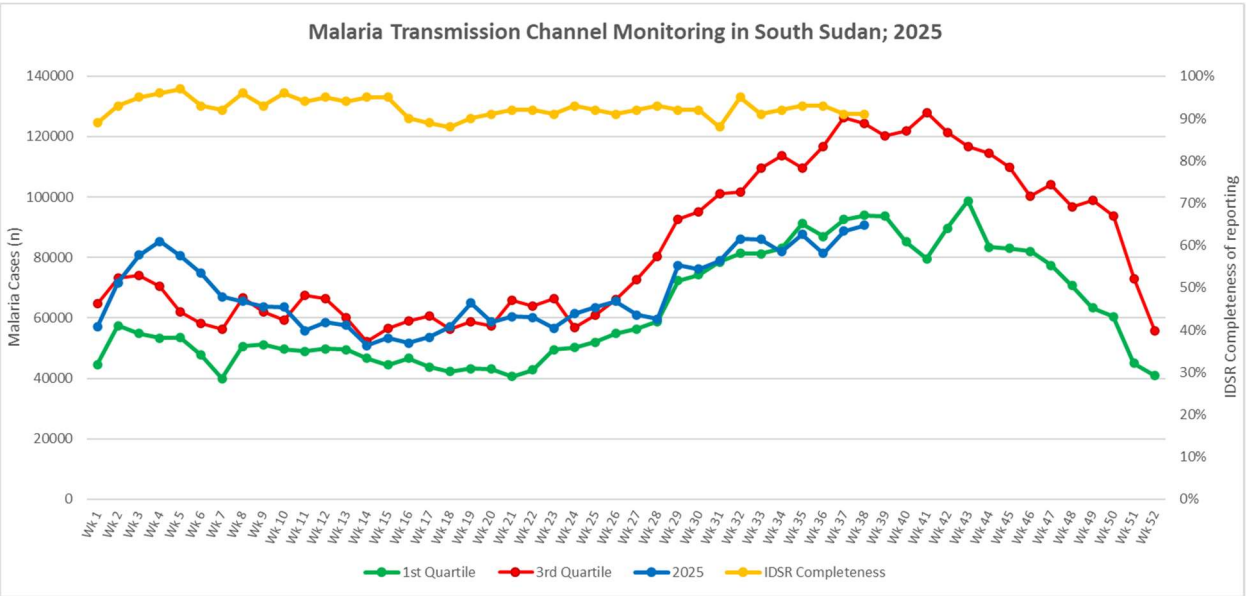
Figure 4: Proportional Morbidity of top 4 IDSR priority diseases reported as of week 38 of 2025.



1. Malaria Updates

In week 38 of 2025, malaria remained the leading cause of illness, with 90600 reported cases and 19 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 continue to remain essential. In this week we present the updated national Malaria Transmission Channel to determine that the increased number of suspected malaria cases does not exceed the 3rd quartile for the reporting period. We in turn encourage all states and counties to construct similar transmission channels for the quick identification of surge transmission of Malaria that exceed their historical detection levels, as shown in Figure 5 below.

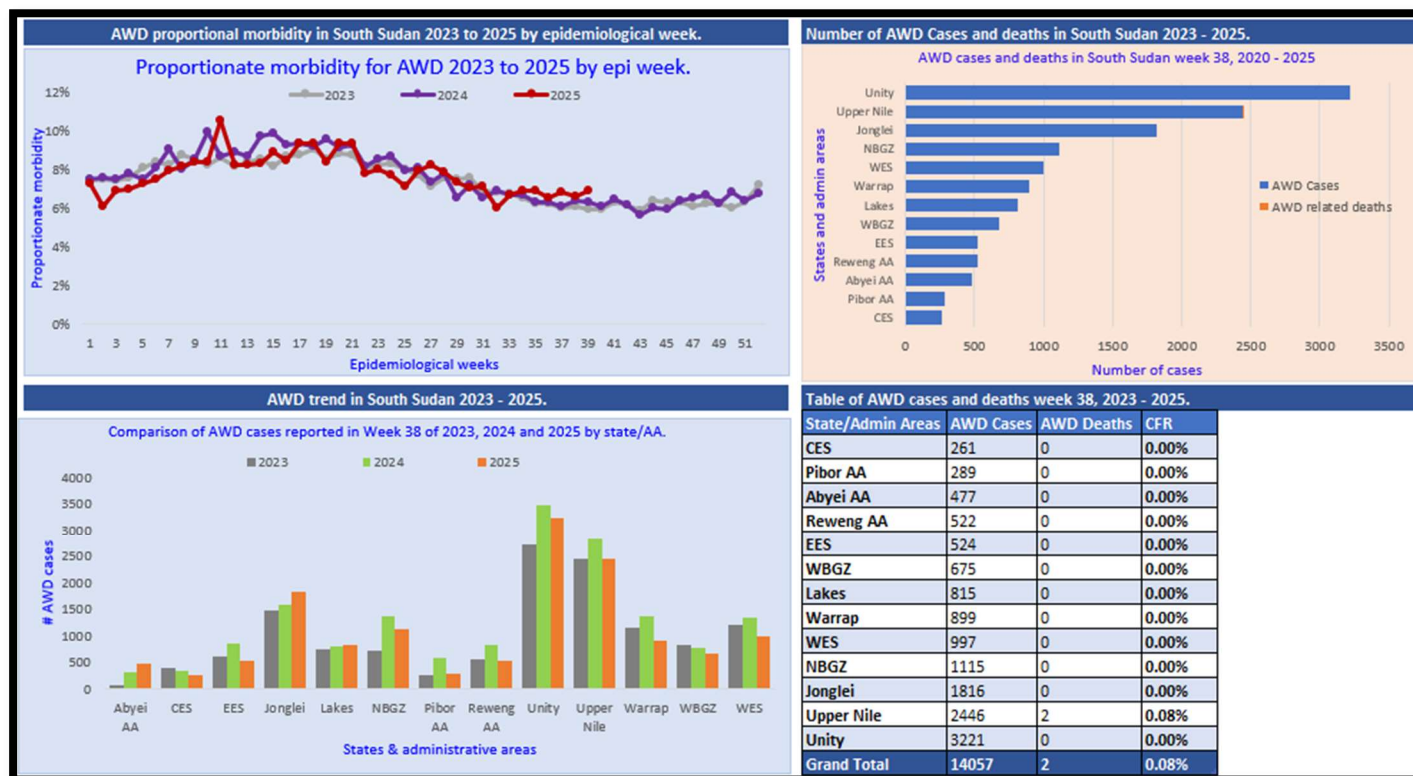
Figure 5: Normal Malaria Transmission Channel for South Sudan; Updated at Week 38 of 2025



2. Acute Watery Diarrhoea

During the epidemiological week 38, Acute Watery Diarrhoea (AWD) was the leading cause of EWARS alerts triggered (22%) and the third leading cause of morbidity, causing 14,057 OPD consultations and two deaths. At one year since the first cholera case was confirmed, AWD cases remained within normal ranges. The AWD dashboard is our analytic tool for visualizing trends and weekly data by geography, which aids in targeted investigations, for early outbreak detections. Morbidity patterns due to acute watery diarrhoea (AWD) remain consistent when compared to two previous reporting periods of 2024 and 2023.

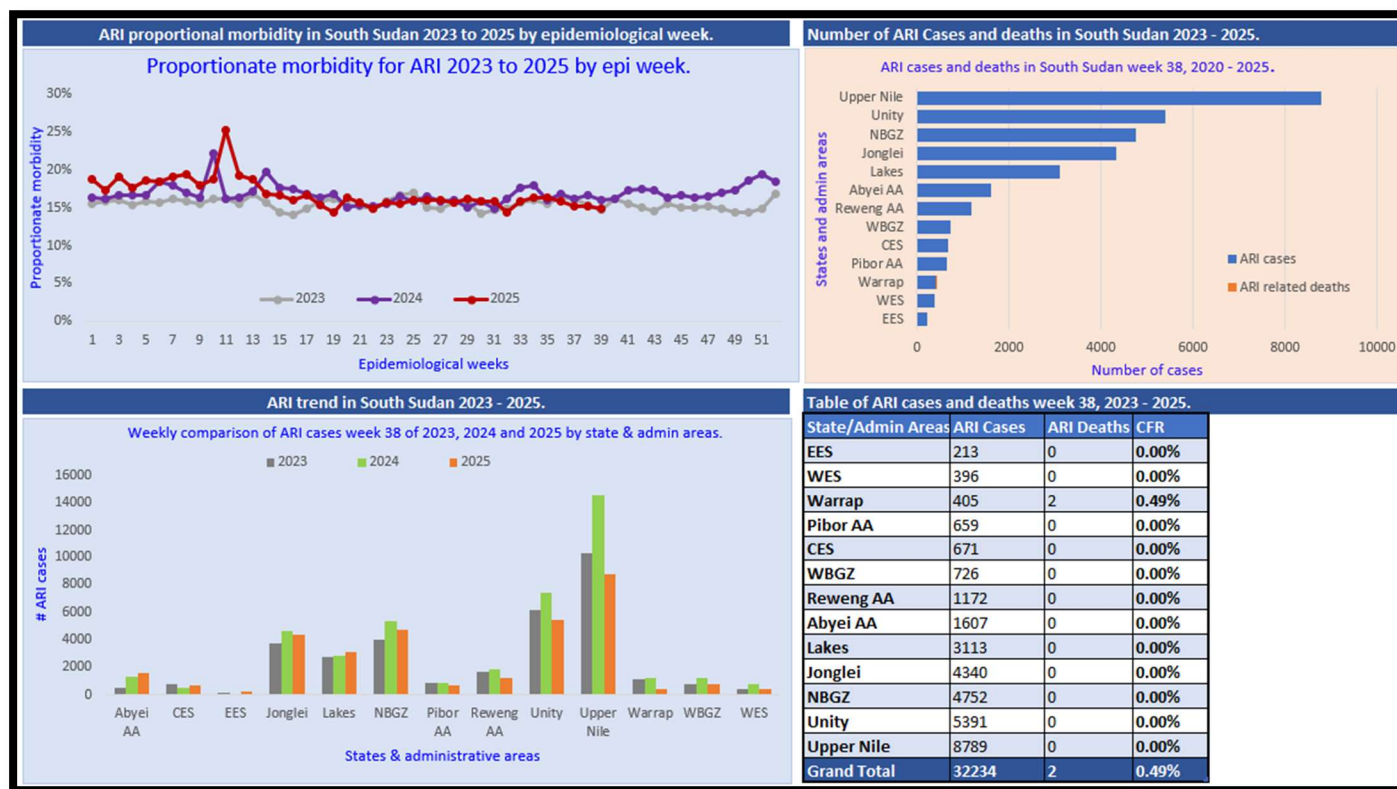
Figure 6: Dashboard of IDSR reported AWD cases by Week in South Sudan; 2023-2025



3. Respiratory Pathogens Surveillance weekly updates.

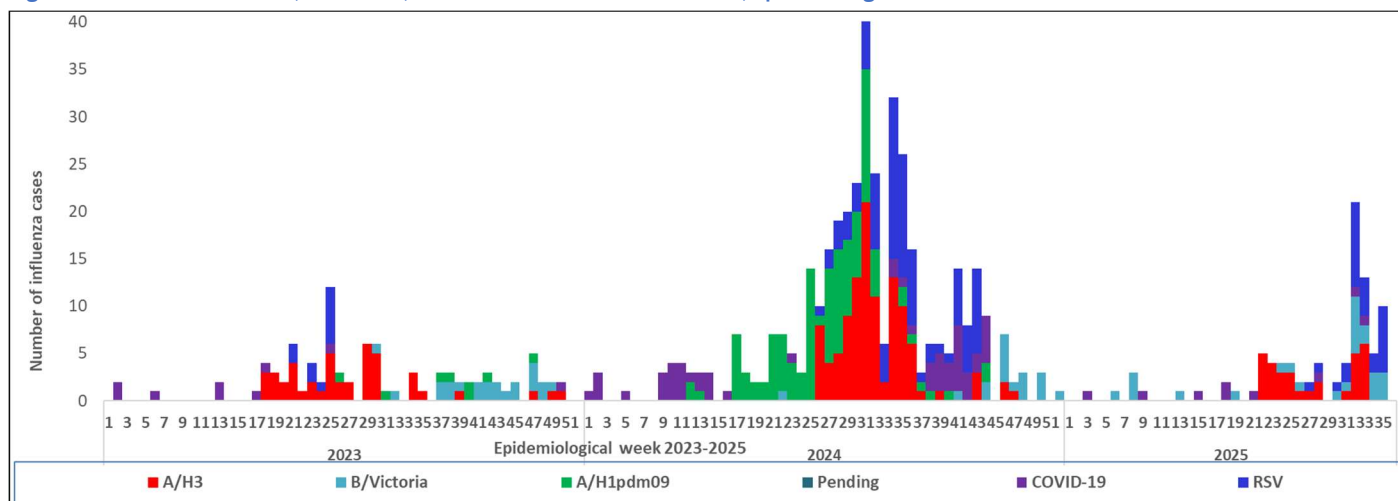
Acute respiratory illnesses are the second leading cause of outpatient' consultations in the country constituting 15% of all the consultations. Most IDSR-reported ARI cases are from Upper Nile, Northern Bahr el Ghazal, and Unity State, which host a large portion of the nation's refugees and displaced populations. Unfortunately, the top three ARI high-burden states do not have an influenza sentinel surveillance site, a consideration that will be considered in all future expansion planning. There are two ARI-related death reported in the epidemiological week 38 from Warrap state.

Figure 7: Proportional Morbidity and ARI case counts by State of South Sudan in epidemiological week 38 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.

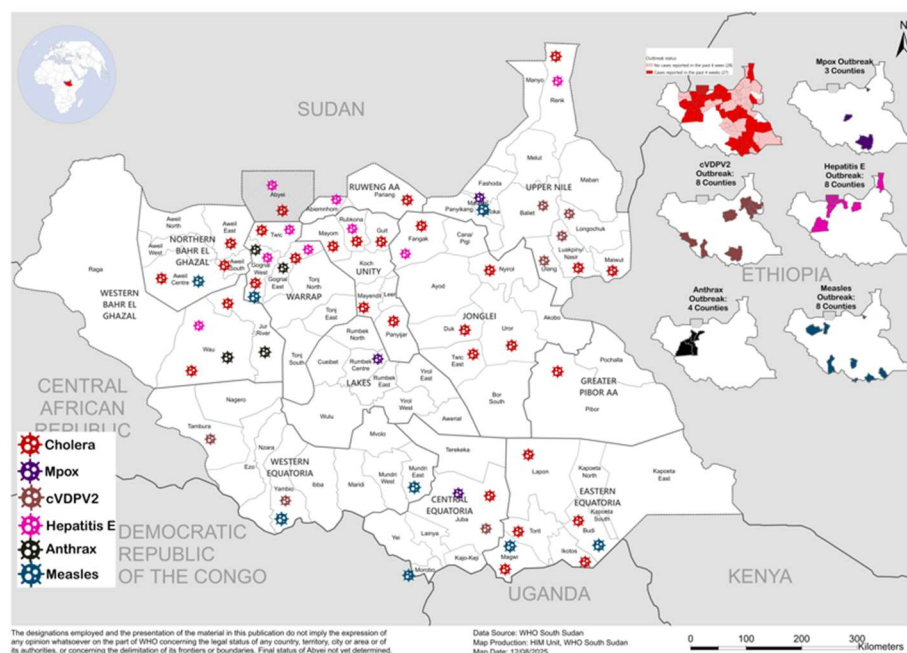
South Sudan Confirmed and ongoing epidemics in 2025

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 38 of 2025, the active outbreaks in South Sudan were Anthrax, cholera, cVDPV2/Polio, 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 summary table and a map of the confirmed emergencies as at 30th September 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	3	453	21	1	Planned	yes	yes
Cholera	In 55 counties of 9 states and 3 AAs	Sept 2024	18	93,150	12,593	1,663	Completed in 46 counties	yes	yes
Hepatitis E	Rubkona Fangak Wau, Abyei Twic, Renk and Aweil	Dec/2018	3	8,981	2,634	83	Last done in 2020 in Bentiu	yes	yes
cVDPV2	Yambio, Juba, Ulang, Nasir, Baliaet, 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	08	365	4	12	Not explored	yes	yes

Figure 9: Map showing confirmed and active outbreaks by county of South Sudan, as at 5th September 2025.



Response activities for ongoing/suspected outbreaks

1. Mpox outbreak

- During epidemiological week 38, three new suspected Mpox cases were reported, bringing the cumulative total for the year 2025 to 453 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 remains 17 cases 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. The confirmed cases Female: Male ratio is 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). 150 suspected Mpox cases have recovered and been discharged back into the community, accompanied by relevant psychosocial support mechanisms.

1.1.1.1 Figure 10: EPI-Curve of suspected/confirmed Mpox cases by Date of onset in South Sudan, Jan-Sept. 2025

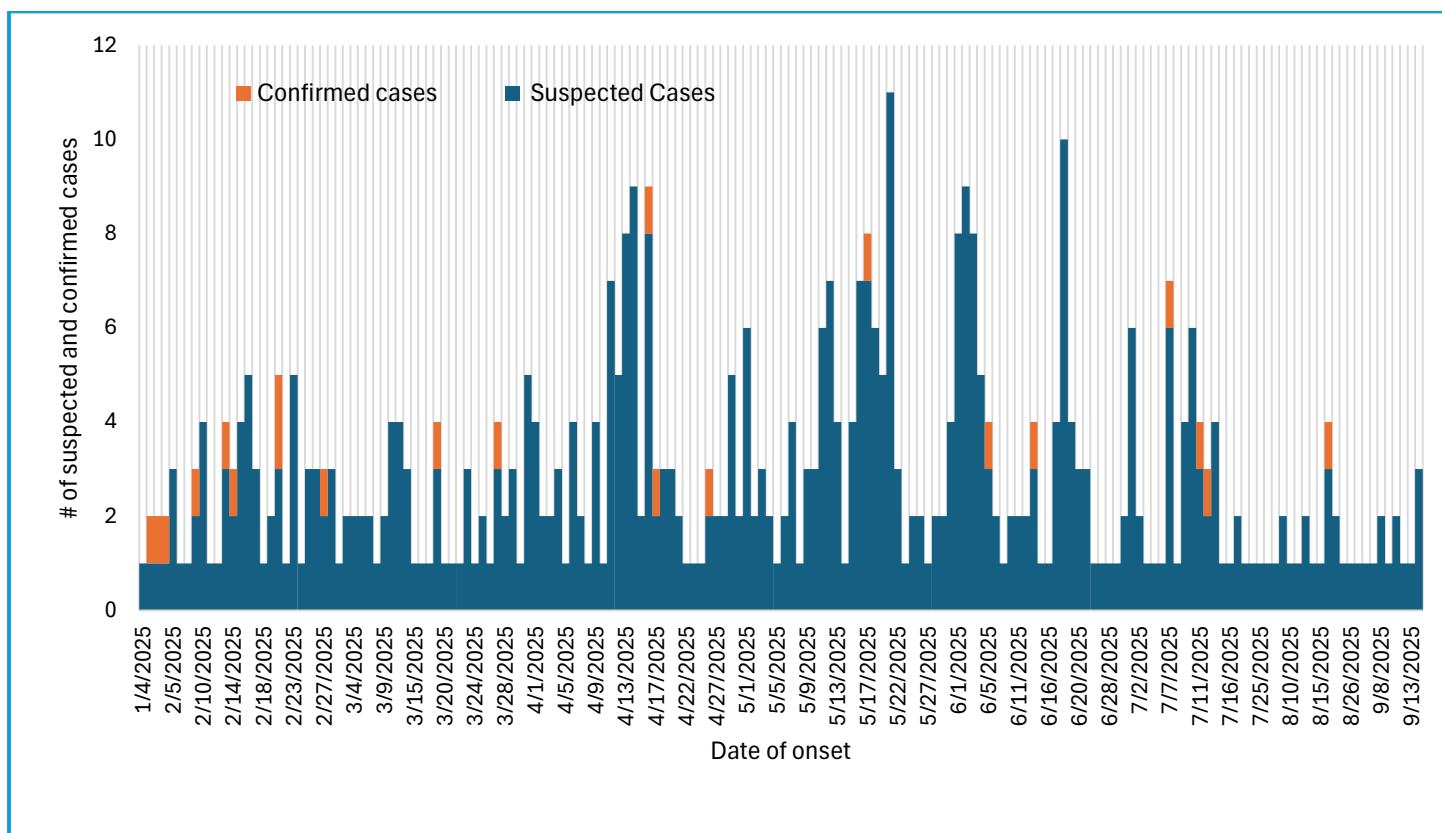
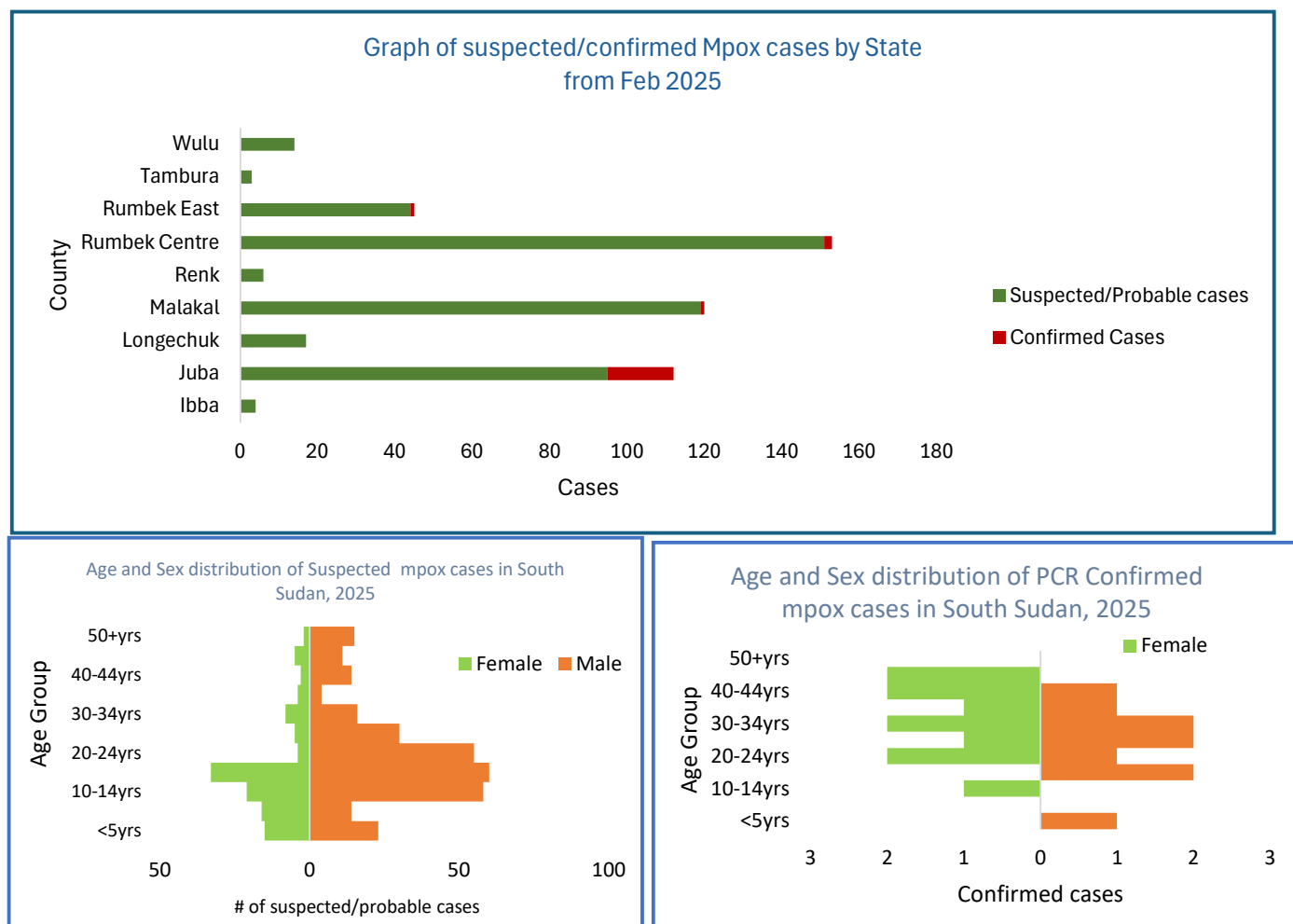


Figure 11: Mpox cases by county, age and sex in South Sudan, Jan-Sept 2025



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 at 30th September, there were 93,150 suspected cholera cases and related 1,564 deaths, with a case fatality rate of 1.7%, above the target of less than 1%. However, facility-based CFR was 0.8%.
- A total of 91,480 individuals have fully recovered, leaving 106 active cases in Cholera Treatment Centers (CTCs) and Treatment Units (CTUs).
- Since June 6, 2025, there was no newly infected county. However, some previously zero-reporting counties have re-emerged as Gogrial West, Duk, Twice East, Malakal, and Aweil Centre.
- In the last four weeks, 37 out of 55 counties reported no new cases (zero-reporting); only 11 counties documented new cases in the past 14 days.
- In the epidemiological week, 23 to 29 September, 2025, there were only 18 new cases with no deaths, compared to a previous report (82.9% decrease). Most new cases were reported from Mayendit (13), Gogrial West (4), and Rubkona (1).
- Among the recent cases, 14 (78%) presented with severe dehydration.
- Ongoing challenges include rainy season impacting access, population movements, logistics complexity, funding cuts, waning immunity, and persistent uninterrupted transmission in the three hot-spot counties.
- Western Equatoria is the only state without reported cholera cases.

Table 5 : Summary of Cholera cases by state and CFR as of 1st October 2025

State/Admin Area	Affected Counties	Cumulative Total Cases	Culture Confirmed Case(s)	RDT Positive	Deaths	Overall CFR (%)
AAA	1	3041	22	49	23	0.8
CES	2	11847	44	1565	125	1.1
EES	8	4859	65	369	180	3.7
GPAA	1	1712	11	8	66	3.9
JNG	9	13194	83	672	247	1.9
LAK	3	737	31	256	27	3.7
NBGZ	5	10622	29	173	77	0.7
RAA	1	159	0	67	3	1.9
UNI	7	29591	92	7882	402	1.4
UPPER	12	6839	77	1089	149	2.2
WBGZ	2	1859	9	233	57	3.1
WRP	4	8690	68	241	208	2.4
TOTAL	55	93150	531	12604	1564	1.7

Figure 11: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, wk39, 2024 to Wk40, 2025

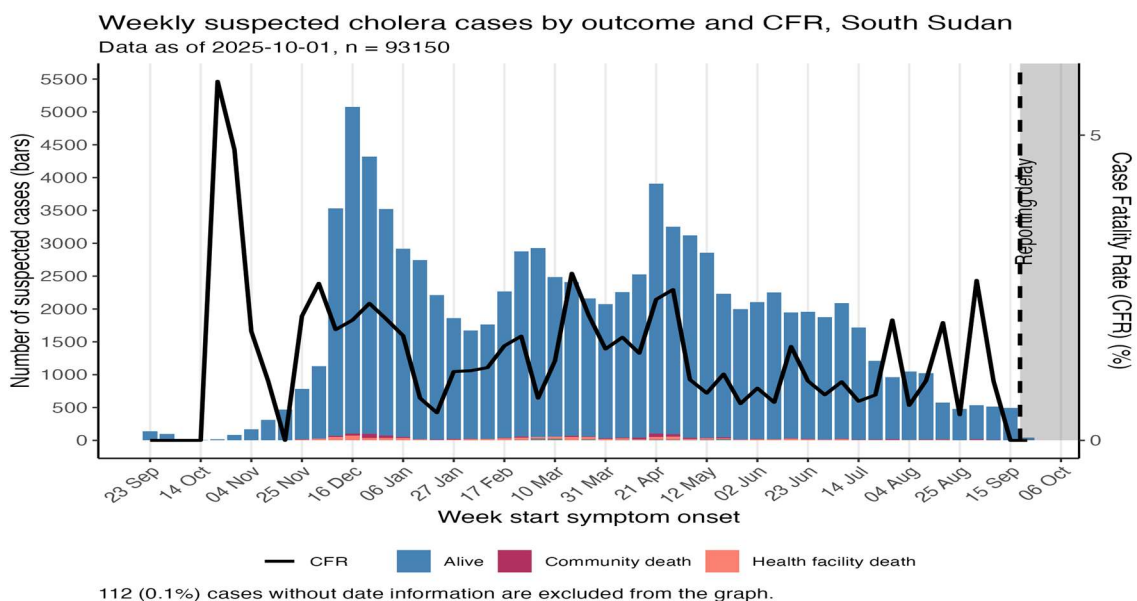
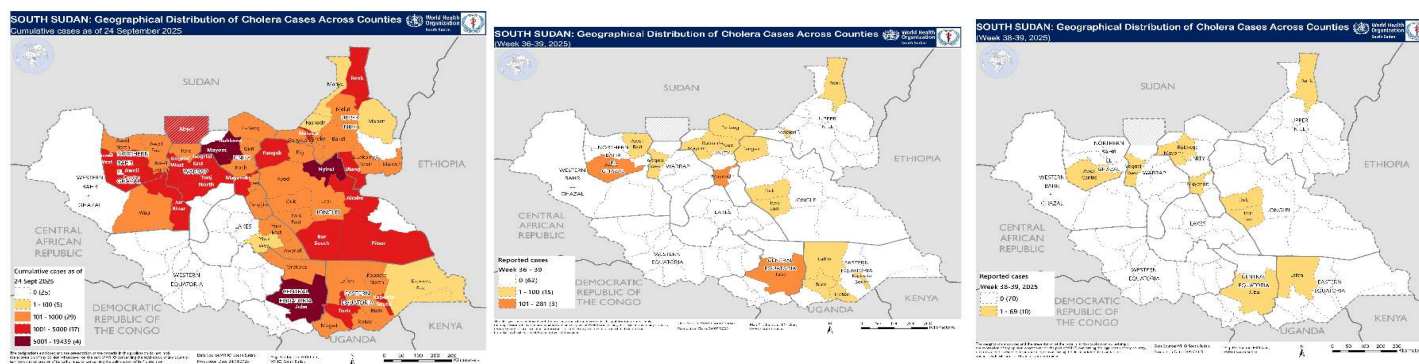


Figure 12: Map showing Case counts of cholera by Counties of South Sudan as at week

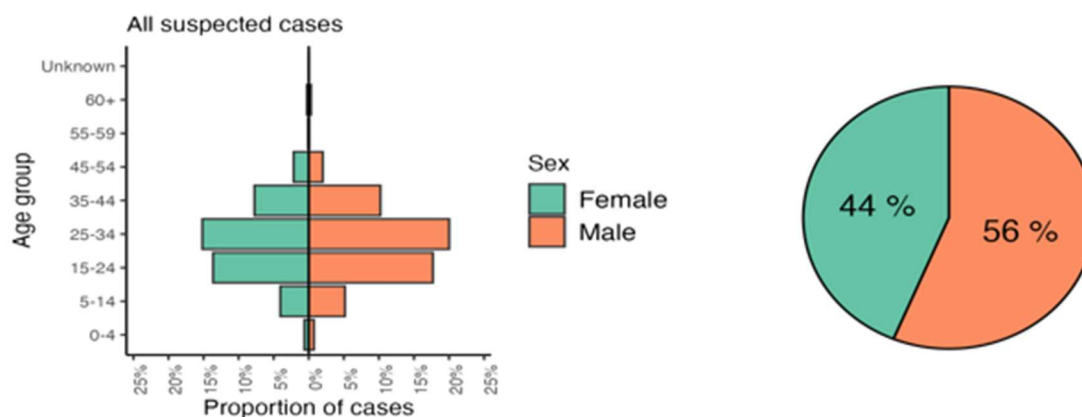


Cumulative cholera cases

Cholera cases from 36-39, 2025

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 nine states and two 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 planned for 7 October
- Analysis of 12,593 confirmed cholera cases (RDT positive or culture-confirmed), shows that 1,735 (13.8%) reported having received the oral cholera vaccine. Detailed analysis showed that Unvaccinated cases were 60% more likely to present with severe dehydration compared to vaccinated cases (RR:1.6, 95% CI: 1.5-1.7, $p<0.0001$). Similarly, unvaccinated cases were three times more likely to die compared to vaccinated cases (RR:2.7, 95% CI: 1.6-4.5, $p=0.0002$)

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 Bahr 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 327 AFP cases have been reported in 79 of 80 counties, compared with 398 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 4.29 per 100,000 population under 15yrs, compared to 5.14 in the same period in 2024, while the stool adequacy was calculated as 97%, compared to 95% 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 ongoing in the reporting week. The SIAs monitoring dashboard indicates that 1,744,621 (81%) of the targeted 2,162,947 children had been vaccinated with nOPV2. Of the vaccinated 1,744,621 children, 840,138 (48%) were males and 904,483 (52%) were females. The best administrative coverages were reported in Lakes state (115%), Pibor Administrative Area (110%), Northern Bahr El Ghazal (99%), Eastern Equatoria (95%), Central Equatoria (93%) and Jonglei state (88%). Notably, there were 103,900 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

- Between weeks 38 and 39, eight cases of anthrax were reported in Western Bahr El Ghazal (WBeG), with no fatalities occurring during those weeks in either state. However, there were unreported cases: three in week 33, four in week 35, and eleven in week 36 in WBeG, along with one case from Warrap in week 39.
- Cumulative reports for 2025 indicate a total of 204 human anthrax cases (WBeG: 165, Warrap: 39), with two deaths (case fatality rate: 1.0%). Since 2024, there have been a total of 365 reported cases and five deaths (case fatality rate: 1.4%). Additionally, one sample tested positive for anthrax in Uganda.
- Among the localities, Jur River in WBeG recorded the highest number of cases, totaling 125, with an attack rate of 50.9 per 100,000 population. This was followed by Wau (14.9%), Gogrial West (6.2%), and Gogrial East (1.8%) in Warrap. Caution is advised due to the potential under-reporting of cases.

Figure 14: Epidemiological Curve Showing Anthrax Cases in South Sudan, as of week 39 2025

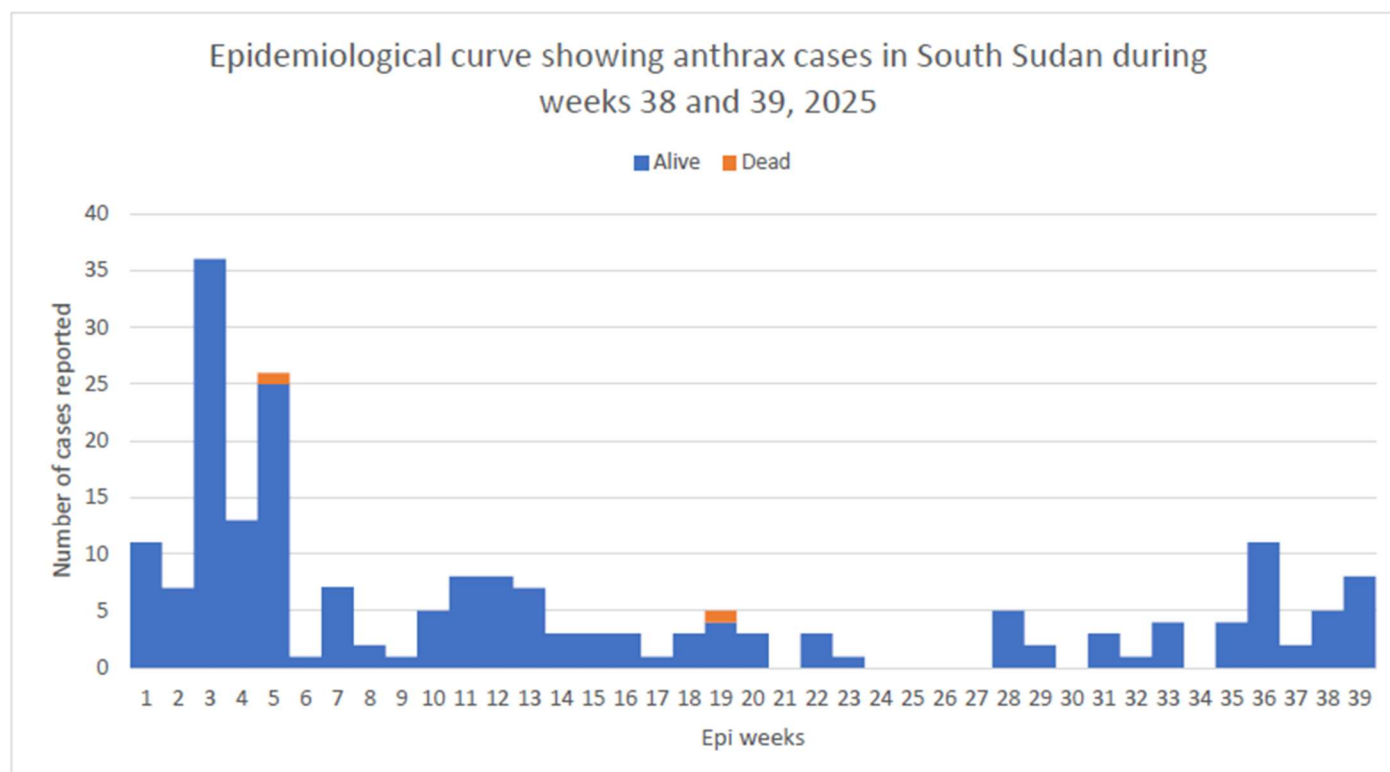
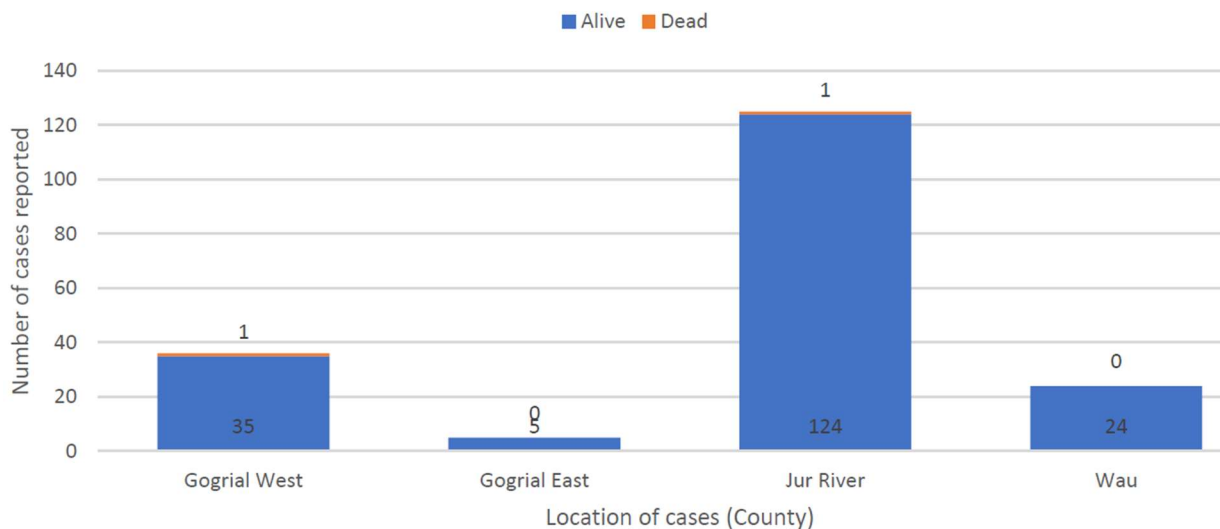


Figure 15: Cumulative Anthrax by affected counties of South Sudan; week 1 to 39, 2025.



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 38), 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 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 38 of 2025

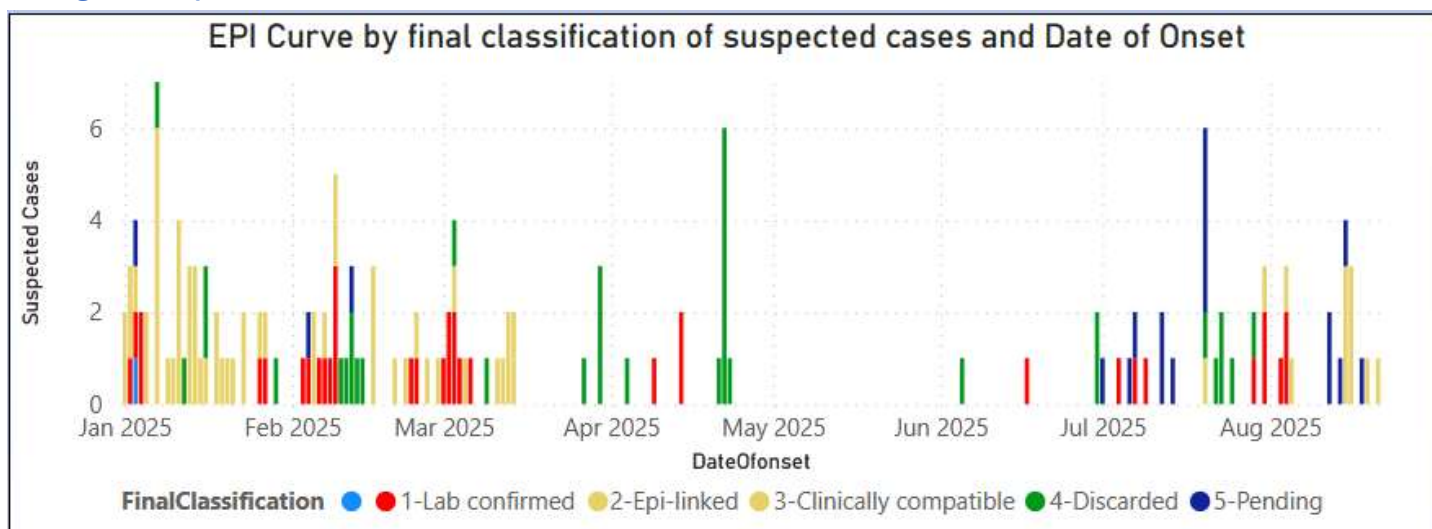
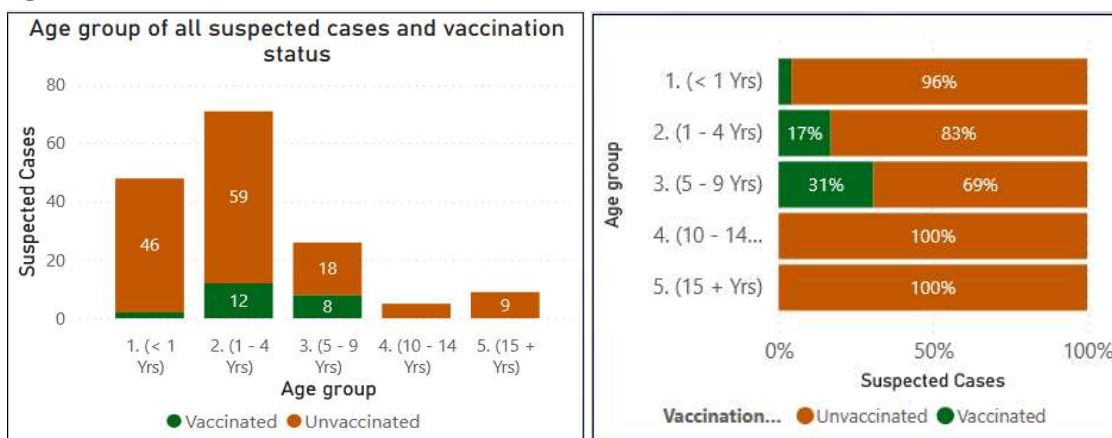


Figure 17: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-38 of 2025



6. Hepatitis E outbreak

- Since the beginning of the outbreak in 2018 in Bentiu, there have been a total of 8,981 reported cases, with 2,635 cases testing positive using RDT, and 121 related deaths, giving an overall CFR of 1.3%
- Cases are reported from 16 counties in 6 states and two 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 total of 51 cases were reported from all the counties of Northern Bahr el Ghazal state.** Twenty-six samples were collected and sent to the NPHL and 3 tested positive for HEV using RT PCR. The state is planning a response
- Renk county too, confirmed an outbreak in week 26 in the Gosfami refugee camp In epidemiological week 38, Renk recorded an additional 3 cases, with no new deaths reported from any other location.
- A review of the entire Hepatitis E outbreak line-list collected and collated since 2018 shows that the Male to Female ratio is 51% Males to 49% females. In terms of age groups, individuals aged 15 to 44 years make up most cases nationwide, highlighting a significant impact on this age group.

Figure 18: Epicure showing HEV RDT positive cases in South Sudan; Epi Week 52 of 2018 to Week 38 of 2025

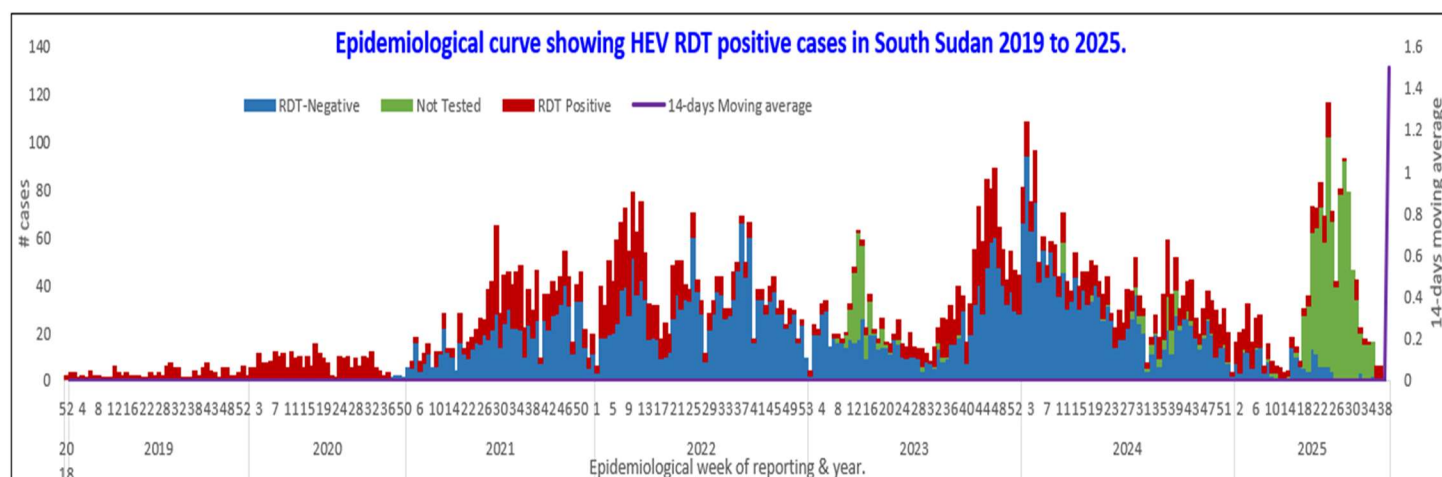
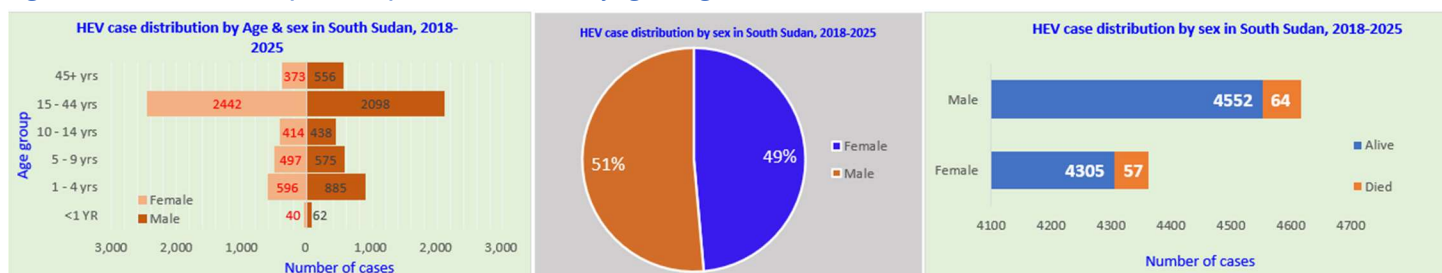


Figure 19: Location distribution of Hepatitis E cases and deaths in South Sudan; as at 23rd September 2025

County	Alive	Died	Total Cases	CFR
Aweil Center	1	1	2	50.0%
Tonj North	1	0	1	0.0%
Abiemnom	1	0	1	0.0%
Nyirol	4	0	4	0.0%
Aweil North	5	0	5	0.0%
Gogrial West	5	2	7	28.6%
Aweil South	7	1	8	12.5%
Aweil East	14	5	19	26.3%
Jur River	19	0	19	0.0%
Aweil West	24	7	31	22.6%
Twic	42	3	45	6.7%
Abyei	101	16	117	13.7%
Wau	508	22	530	4.2%
Fangak	694	28	722	3.9%
Renk	964	0	964	0.0%
Rubkona	6470	36	6506	0.6%
Grand Total	8860	121	8981	1.3%

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 Panyijiar 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.

In Renk: 18 new suspected cases of cholera have been reported, totaling 1,465, with the majority originating from the Renk CTU (11 cases), followed by Korniem (1 case) and Renk town (2 cases). Measles (Suspected): 5 new suspected cases reported, bringing the total to 60, with three active cases in isolation at Renk County Hospital. Hepatitis E Virus: 43 new cases reported for Week 38, totaling 961 suspected cases. Ongoing surveillance, public awareness, and water testing are being supported by the WHO and partners (IOM, SI, MSF-B, Oxfam).

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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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

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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