



Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 39

22nd to 28th 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 39 of 2025, IDSR reporting timeliness was at 82% while completeness stands at 90% slightly below the attainments in the previous week 38. Three states (Lakes, NBGZ, and Unity) and all three Administrative Areas (Abyei, Pibor, and Ruweng) achieved 100% completeness of IDSR reporting. Upper Nile remained as the only state with completeness of reporting less than 80% for the 7th consecutive week.
- At the EWARN mobile sites, reporting timeliness was 78% and completeness 89% 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 39, performance has declined below 100%, indicating a need for renewed attention to maintain previous gains.
- **EWARS Alerts Management:** A total of 163 EWARS alerts were triggered, with 123 (75%) verified, indicating a decrease in both alerts triggered and their verification rates compared to week 38 of 2025. Majority of the alerts were for AWD (29%), Guinea Worm Disease (23%), Malaria (14%), ABD (12%), and Cholera (7%). Credits to Surveillance teams in Central Equatoria, Greater Pibor Administrative area, Jonglei, Lakes, Northern Bahr el Ghazal, and Upper Nile for successfully verifying more than 80% of the alerts generated in EWARS.
- In week 39 of 2025, a total of **198,674 OPD consultations** for morbidities were reported from across South Sudan, spanning 1,282 health facilities. Malaria remained the top cause of morbidity, displaying 44% (87059) of all cases, followed by Acute respiratory illnesses 15% (29 481) and acute watery diarrhea 7% (13733).
- **Mpox Outbreak:** No new suspected Mpox cases were detected and reported in Week 41, keeping the cumulative total of suspected Mpox cases at 456 in 2025. No new confirmed Mpox case and therefore the cumulative total of confirmed cases also remained 21 cases since February 7, 2025.
- **Cholera outbreak:** In the last 7 days, from October 8, 2025, to October 14, 2025, a total of 114 new cases and 1 death due to cholera were reported across 7 counties. Fluctuations in the weekly case burden are expected as counties continue to report sporadic increases and decreases in new cases. The reported cases are as follows: Mayendit (69 cases), Rubkona (17 cases), Mayom (8 cases), Renk (7 cases), Juba (7 cases), Tonj North (5 cases), and Duk (1 case). Cumulatively, there are currently 94,549 confirmed cases and a toll of 1,567 deaths, which translates to a case fatality rate of 1.7%
- **Flood Response:** As of October 9, approximately 886,106 people across 26 counties in six states have been affected, with Jonglei and Unity states accounting for over 91 percent of the impacted population. The impact of the flooding is severe, particularly on children. A total of 123 health facilities have been affected

with 20 flood-related deaths reported, along with 146 snake bites and 3,550 cases of malnutrition documented 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 39, the timeliness of IDSR reporting was 82%, and the completeness was 90%, displaying a decrease in timeliness and Completeness compared to the previous week.

Table 1: Timeliness and completeness of IDSR reporting by State for week 39 compared to week 38 of 2025

State	Total facilities	Number of facilities reported (Completeness Wk39)	Comparison of the reporting period				Cumulative since year start	
			Timeliness		Completeness		(2025 level)	
			week 39	Week 38	week 39	Week 38	Timeliness	Completeness
Lakes	112	112	98%	100%	100%	100%	95%	100%
NBGZ	92	91	87%	92%	100%	99%	80%	90%
Unity	85	85	99%	99%	100%	100%	96%	99%
WBGZ	112	103	88%	88%	89%	92%	62%	86%
WES	191	186	83%	81%	86%	97%	78%	98%
Jonglei	120	112	93%	92%	93%	93%	84%	91%
Warrap	114	96	82%	69%	88%	87%	61%	84%
EES	112	106	39%	63%	90%	96%	56%	83%
RAA	16	16	44%	94%	100%	100%	49%	92%
CES	152	147	88%	97%	90%	97%	92%	94%
AAA	17	17	100%	100%	100%	100%	77%	89%
Upper Nile	143	111	62%	61%	73%	78%	66%	81%
PAA	16	15	100%	94%	100%	94%	94%	97%
Total	1282	1197	82%	84%	90%	94%	77%	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 39, 2025.

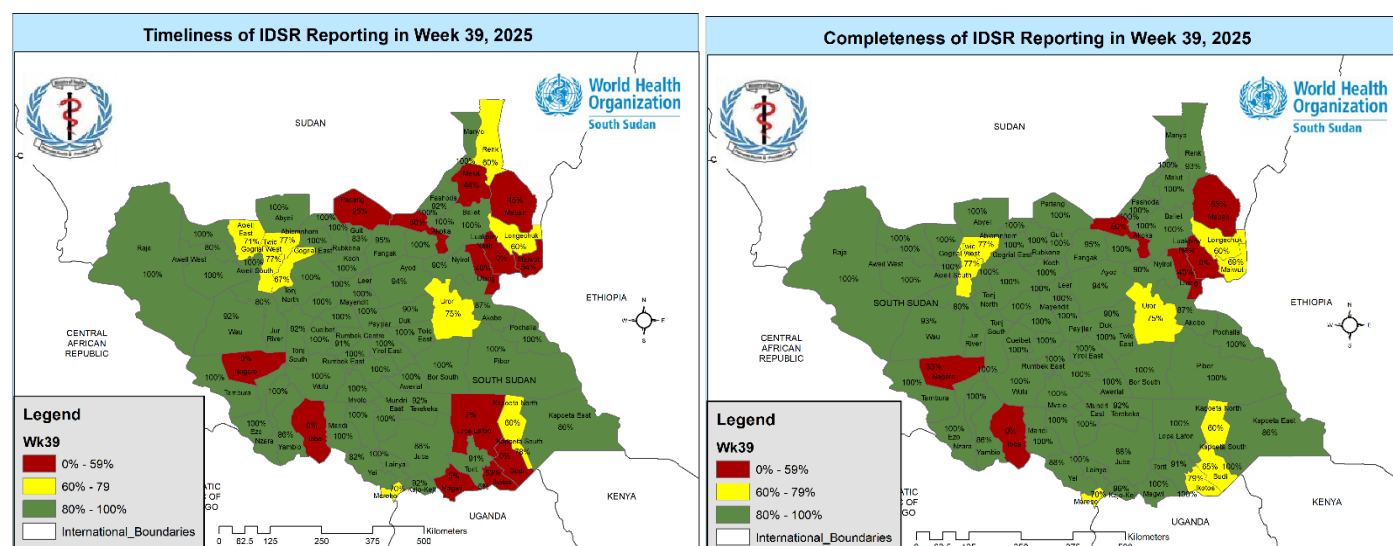


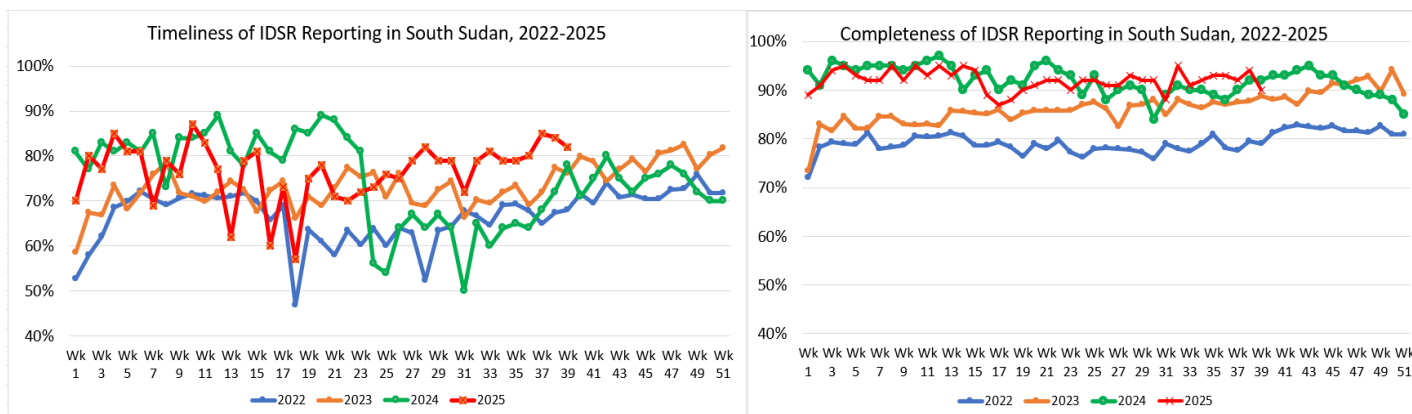
Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 39 of 2025.

IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for week 39, 2025							
Partners	# of Reporting Mobile Sites	% of Timeliness in week 39	% of Completeness in week 39	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 39	% of Completeness in week 39
IMC	1	100%	100%	Kator	3	100%	100%
SSHCO	1	0%	0%	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	92%	92%
WVI	2	50%	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	0%	100%	TOTAL	63	95%	97%
TOTAL	18	78%	89%				

Note: In EWARN reporting sites timeliness and completeness of reporting was 78% and 89% respectively in week 39. Although performance slightly declined from 83% timeliness and 94% completeness in week 38, this should not overshadow the remarkable improvements made over the past weeks. The IDSR team sincerely appreciates your continued dedication and encourages everyone to sustain the momentum and work collectively 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.



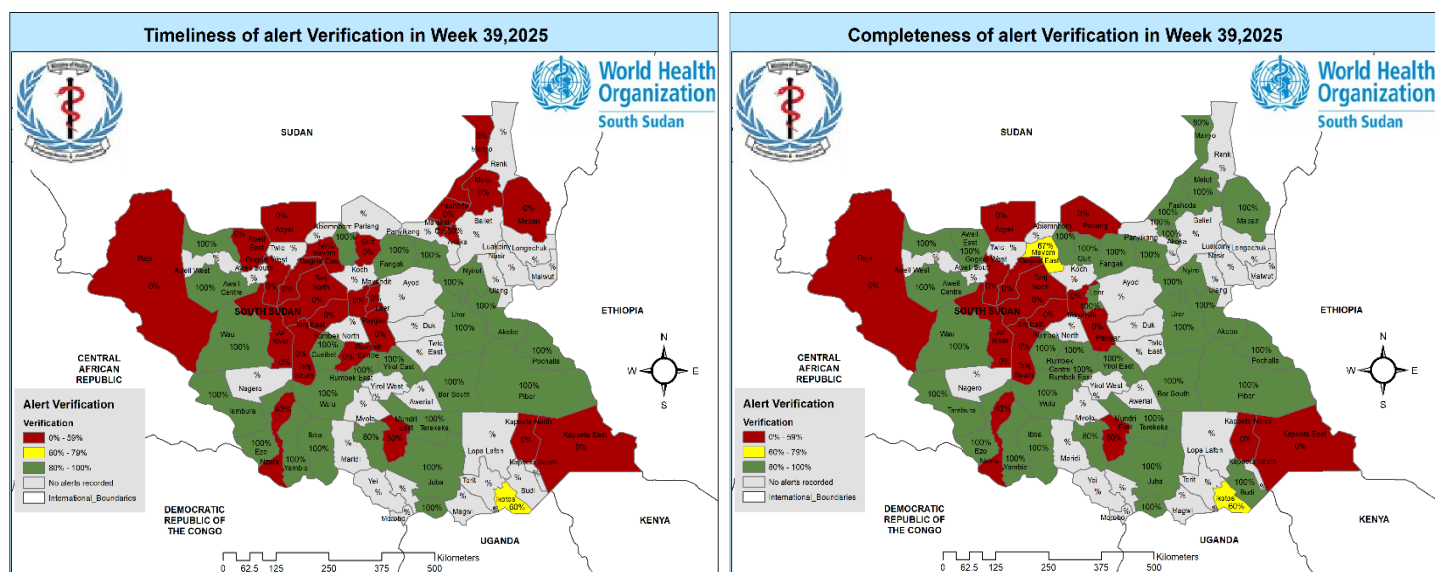
Epidemic alerts

In epidemiological reporting week 39, 163 alerts were triggered in the EWARS system, with 75% (123) verified, indicating a decrease in alerts triggered and in their verification rates from week 38. Ten states and three administrative areas reported at least one notifiable disease alert. Special recognition goes to Greater Pibor Administrative area, Central Equatoria, Jonglei, Lakes, Northern Bahr el Ghazal, and Upper Nile for high verification rates. The most alerts were for AWD (29%), Guinea Worm Disease (23%), Malaria (14%), ABD (12%), and Cholera (7%)

Table 3: Summary of EWARS alerts triggered in Epidemiological Week 39, 2025.

State/Admin	ARI		AWD		AFP		ABD		Cholera		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
AAA	2	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	4	0
CES	3	3	4	4	0	0	0	0	1	1	0	0	0	0	1	1	0	0	0	0	9	9
EES	1	1	4	3	0	0	0	0	2	0	0	0	1	1	1	0	0	0	0	0	9	5
GPAA	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
Jonglei	2	2	1	1	0	0	2	2	0	0	3	3	5	5	0	0	1	1	1	1	15	15
Lakes	1	1	3	3	1	1	2	2	0	0	0	0	21	21	0	0	0	0	0	0	28	28
NBGZ	1	1	2	2	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	4	4
RAA	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Unity	3	1	5	3	0	0	2	1	6	4	0	0	0	0	5	4	0	0	0	0	21	13
Upper Nile	2	2	7	7	0	0	6	5	1	1	1	1	1	1	2	2	0	0	0	0	20	19
Warrap	0	0	4	0	0	0	1	0	1	0	0	0	4	0	0	0	0	0	0	0	10	0
WBGZ	0	0	1	1	0	0	0	0	0	0	0	0	5	1	1	1	1	1	0	0	8	4
WES	2	2	14	9	0	0	5	5	0	0	0	0	0	0	11	8	0	0	0	0	32	24
Grand Total	17	13	47	35	1	1	20	15	11	6	4	4	37	29	23	17	2	2	1	1	163	123

Figure 3: Timeliness and Completeness of Alerts Verification rates by county of South Sudan for week 39, 2025



Weekly Update on Indicator-Based Surveillance (Week 39 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 39 of 2025, a total of **198,674 outpatient consultations** for morbidities were reported from across South Sudan, spanning 1,282 health facilities. Malaria remained the top cause of morbidity, accounting for 44% (87,059) of all cases, followed by Acute respiratory illnesses 15% (29,481) and acute watery diarrhea 7% (13,733). 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 39 of 2025.

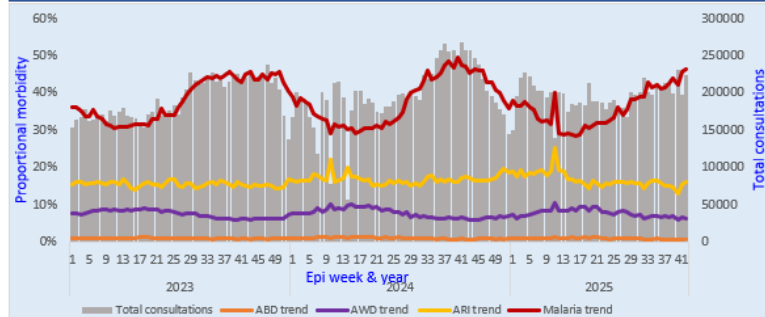
Number of Reporting States:
ten (10)

Number of Reporting A As:
three (03)

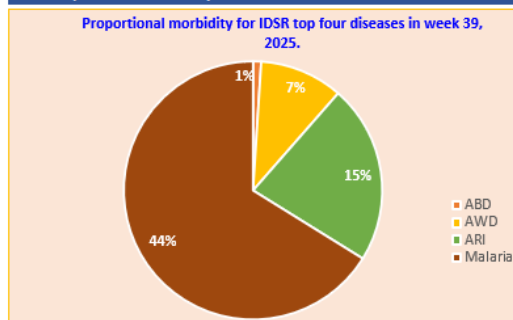
Number of Reporting
Counties: (80)

Number of Reporting HF:
1, 282

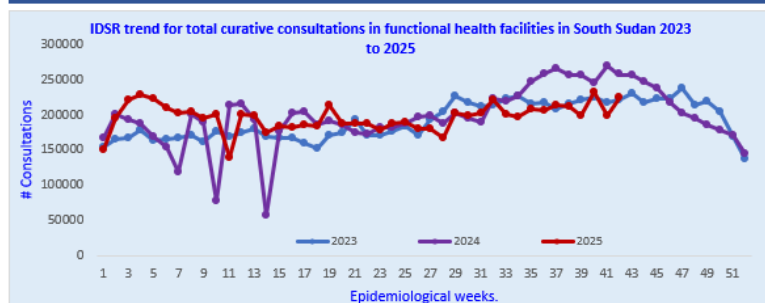
IDSR proportional morbidity for top four diseases in South Sudan 2023 to 2025 by epidemiological week.



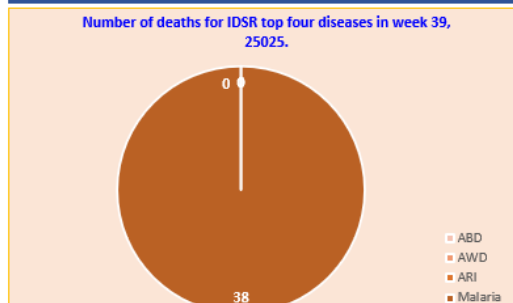
IDSR Proportional Morbidity 2023 - 2025.



IDSR trend for total curative consultations in functional health facilities in South Sudan 2023 and 2025



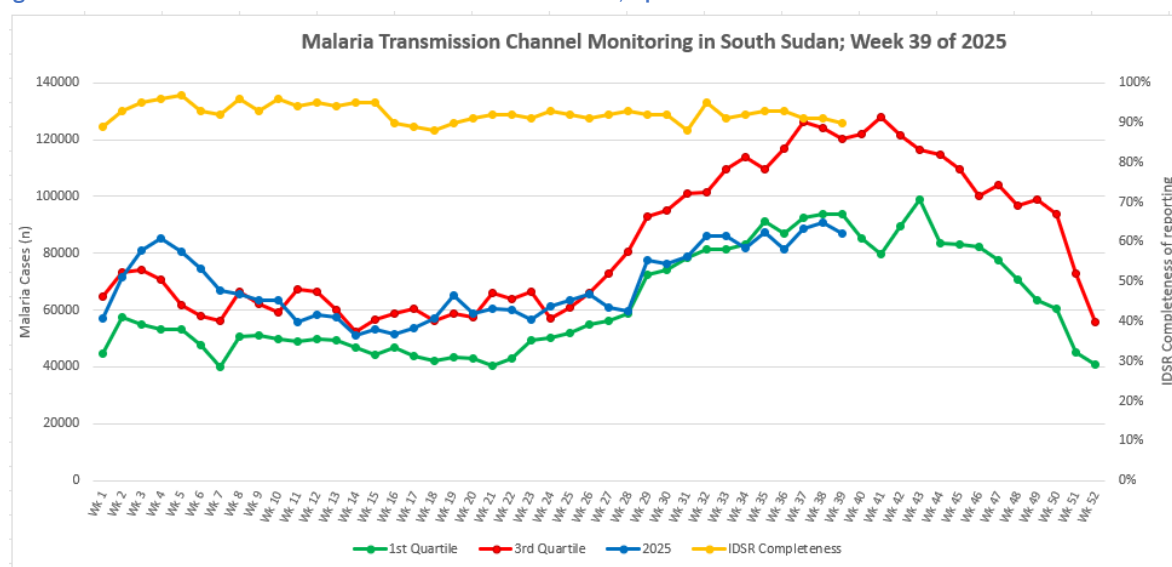
IDSR count of deaths recorded 2023 - 2025.



1. Malaria Updates

In week 39 of 2025, malaria remained the leading cause of illness, with 87,059 reported cases and 38 deaths amongst the suspected cases. Majority (82%) of the reported deaths were in four states of Central Equatoria (14), Western Equatoria (6), Northern Bahr el Ghazal (5) and Warrap (5). The weekly analysis reveals that these numbers are higher 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.

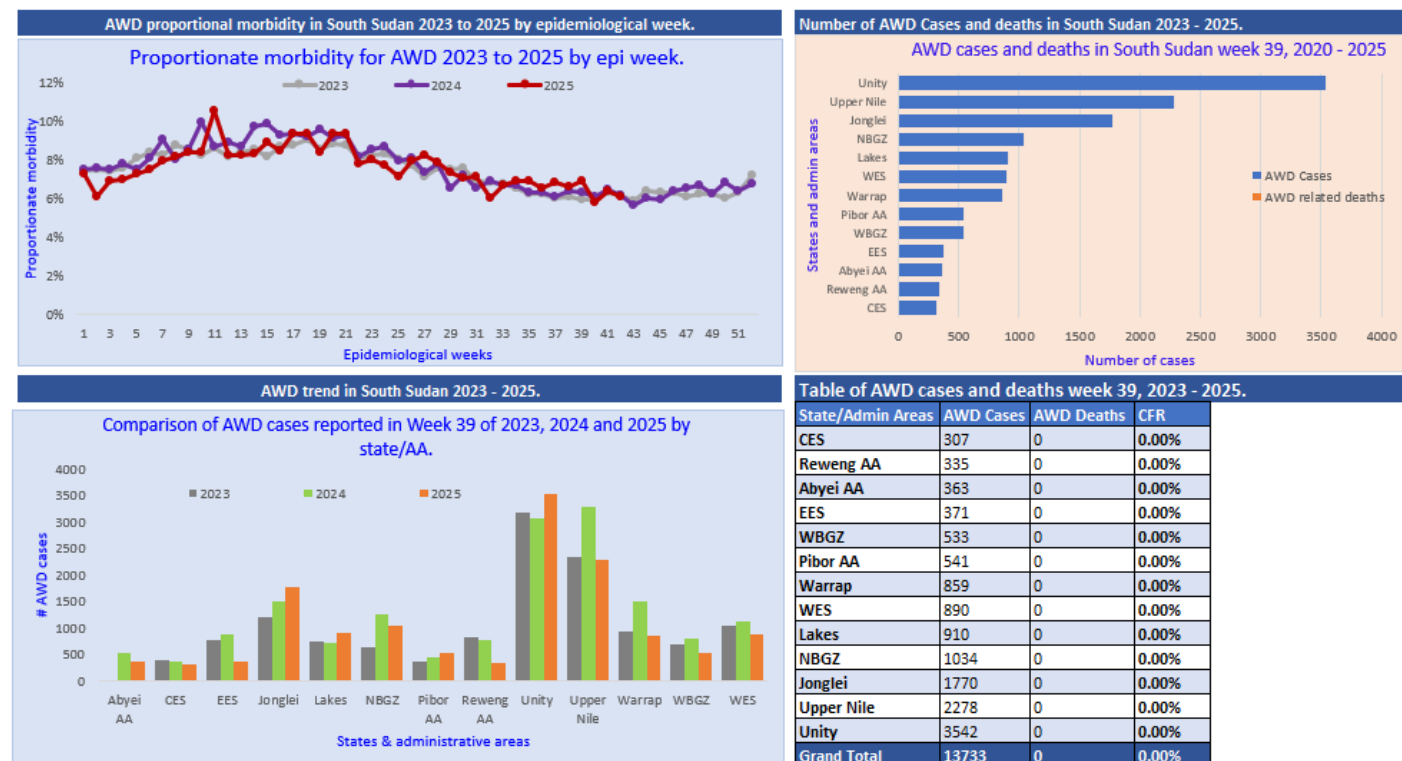
Figure 5: Normal Malaria Transmission Channel for South Sudan; Updated at Week 38 of 2025



2. Acute Watery Diarrhoea

During the epidemiological week 39, Acute Watery Diarrhoea (AWD) was the leading cause of EWARS alerts triggered (29%) and the third leading cause of morbidity, causing 13,733 OPD consultations and no 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.

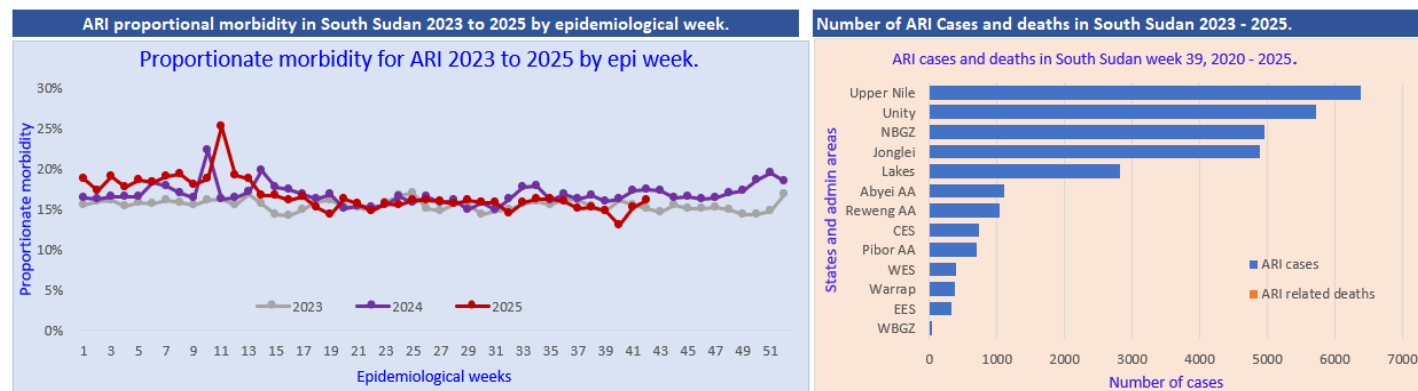
Figure 6: Dashboard of IDSR reported AWD cases by Week in South Sudan; 2023-2025



3. Respiratory Pathogens Surveillance weekly updates.

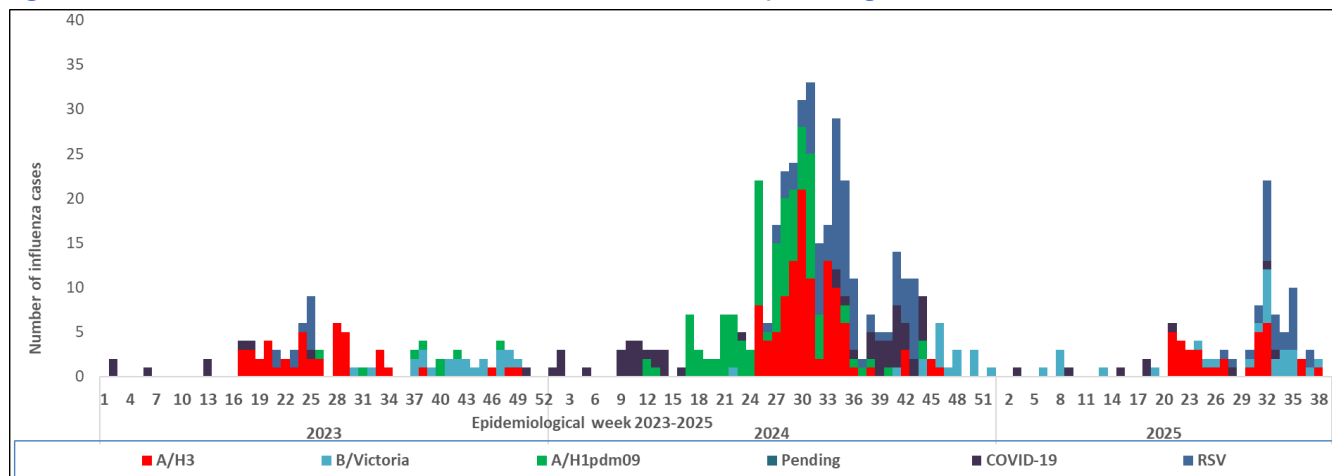
Acute respiratory illnesses are the second leading cause of outpatient consultations in the country constituting 15% of all the consultations. Most IDSR-reported ARI cases are from Upper Nile, Northern Bahr el Ghazal, and Unity State, which also host a large portion of the nation's refugees and displaced populations. These top three ARI high-burden states will be priority in expansion planning for influenza sentinel surveillance.

Figure 7: Proportional Morbidity and ARI case counts by State of South Sudan in epidemiological week 39 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 39 of 2025.



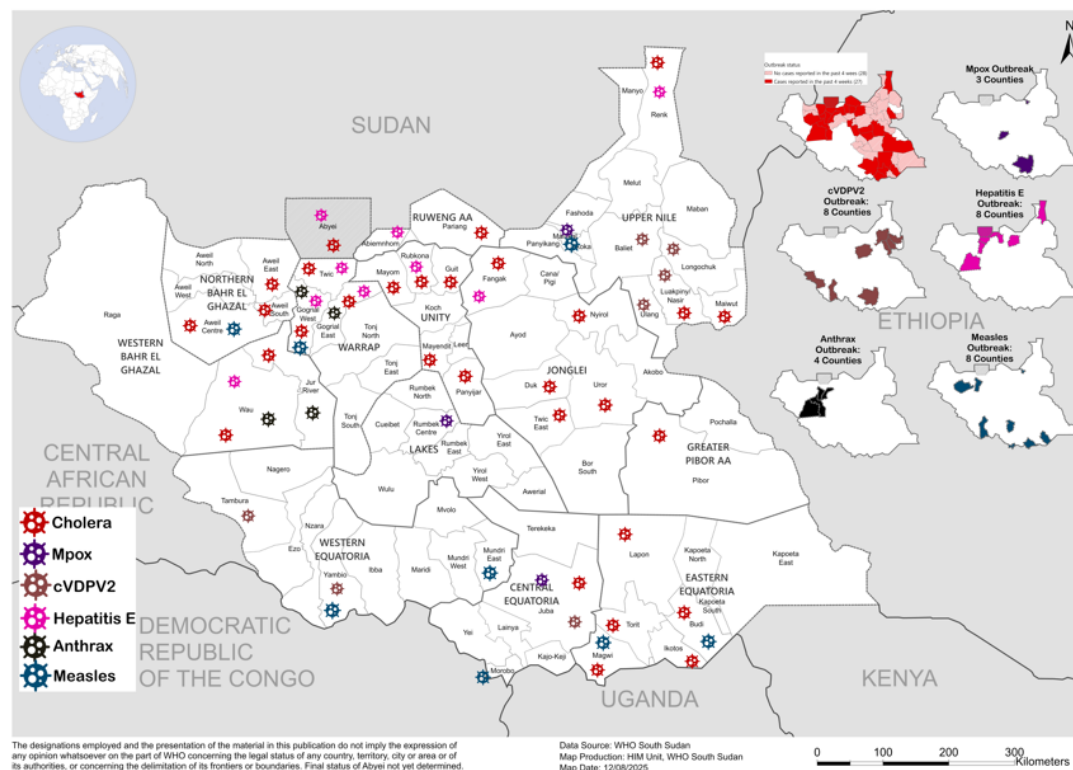
During Epidemiological Weeks 1-39 in 2025, a total of 1301 ILI/SARI samples have been collected; 1202 tested negative for all pathogens, and eight (8) were positive for COVID-19, thirty five (35) for Influenza Type A (H3), twenty seven (27) for Influenza Type B (Victoria), zero (0) for Influenza A/(H1N1)pdm09 and twenty nine (29) 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 39 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 30th 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	456	21	1	Planned	yes	yes
Cholera	In 55 counties of 9 states and 3 AAs	Sept 2024	18	94,549	12,593	1,663	Completed in 46 counties	yes	yes
Hepatitis E	Rubkona Fangak Wau, Abyei Twic, Renk and Aweil	Dec/2018	45	9066	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	2022	08	365	4	12	Not explored	yes	yes

Figure 9: Map showing confirmed and active outbreaks by county of South Sudan, as at 17th October 2025.

Response activities for ongoing/suspected outbreaks

1. Mpox outbreak

- During epidemiological week 41, there were no new suspected Mpox cases reported, and therefore the cumulative total number for the year 2025 remained 456 cases. No new confirmed Mpox cases were reported, leaving the cumulative total at 21 confirmed cases and no deaths. The distribution of confirmed cases remained 17 cases in Juba, 2 in Rumbek Center, 1 in Rumbek East, and 1 in Malakal County. Currently, there is no active case of Mpox as all 21 confirmed cases were 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.

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

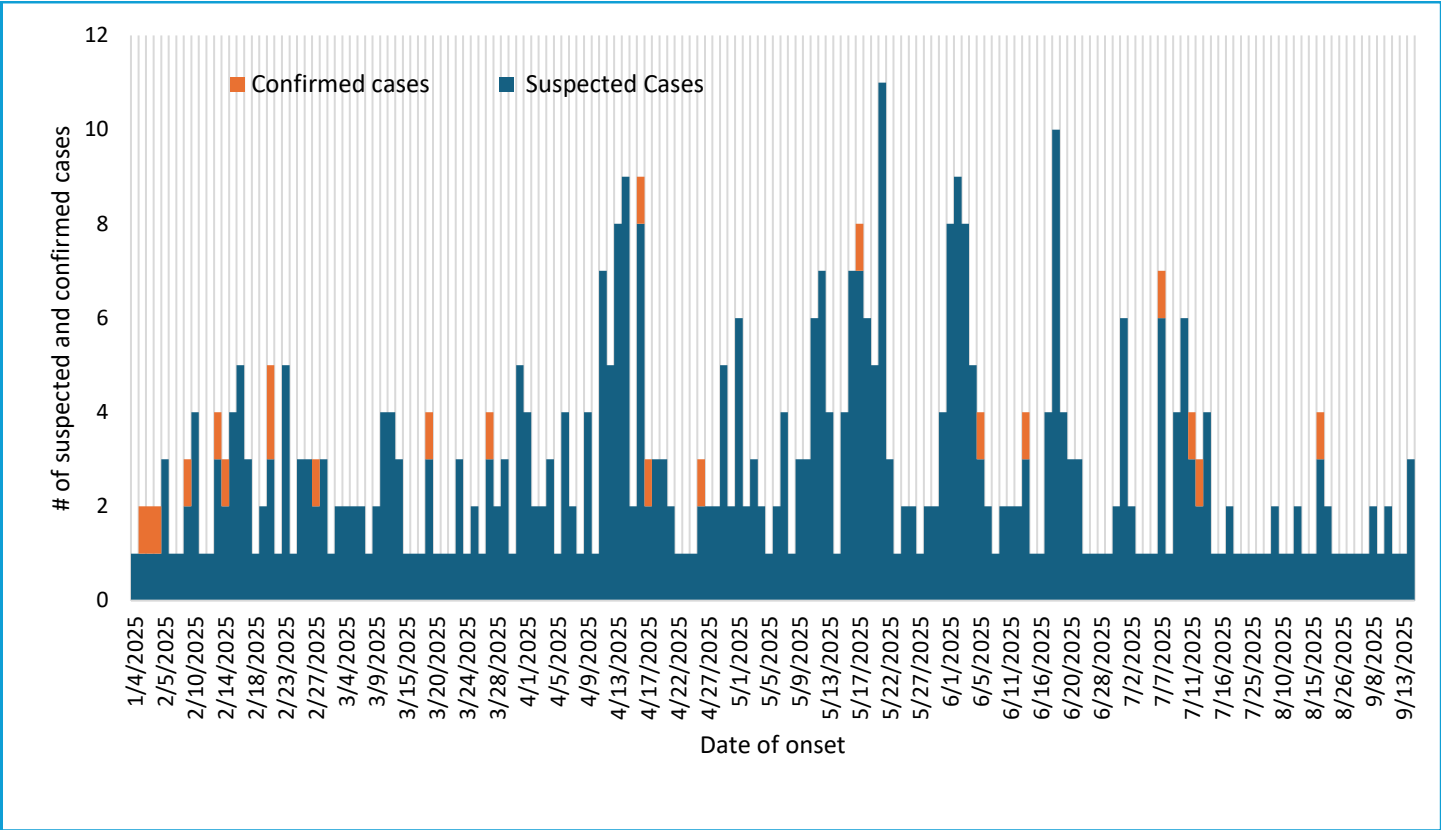
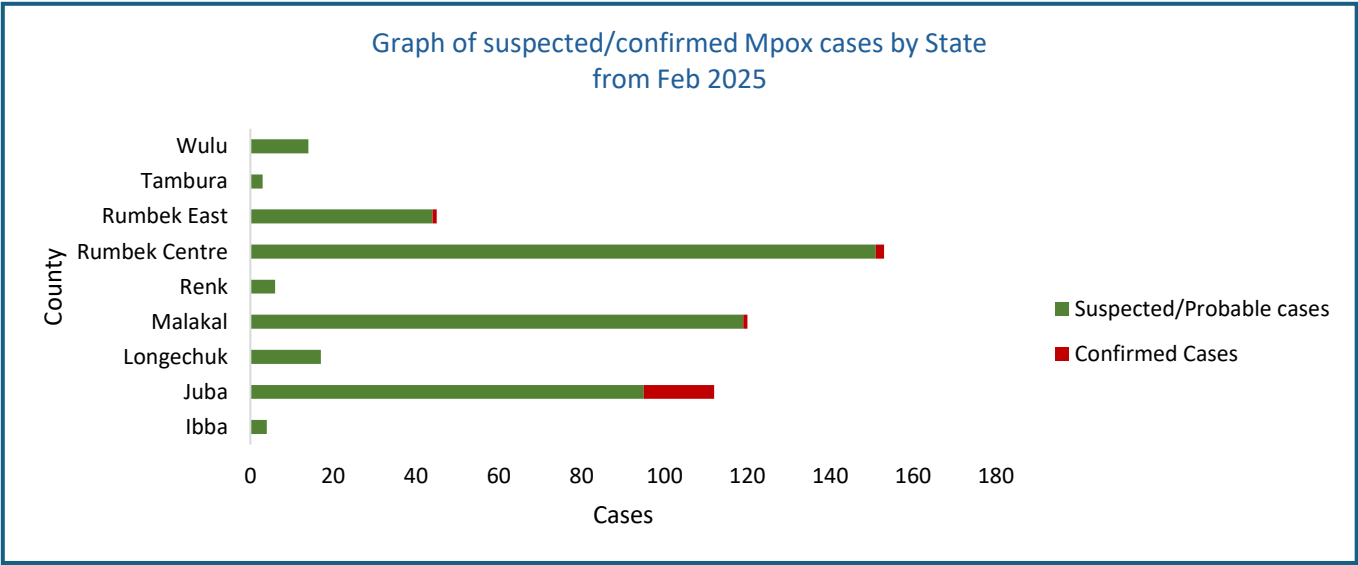
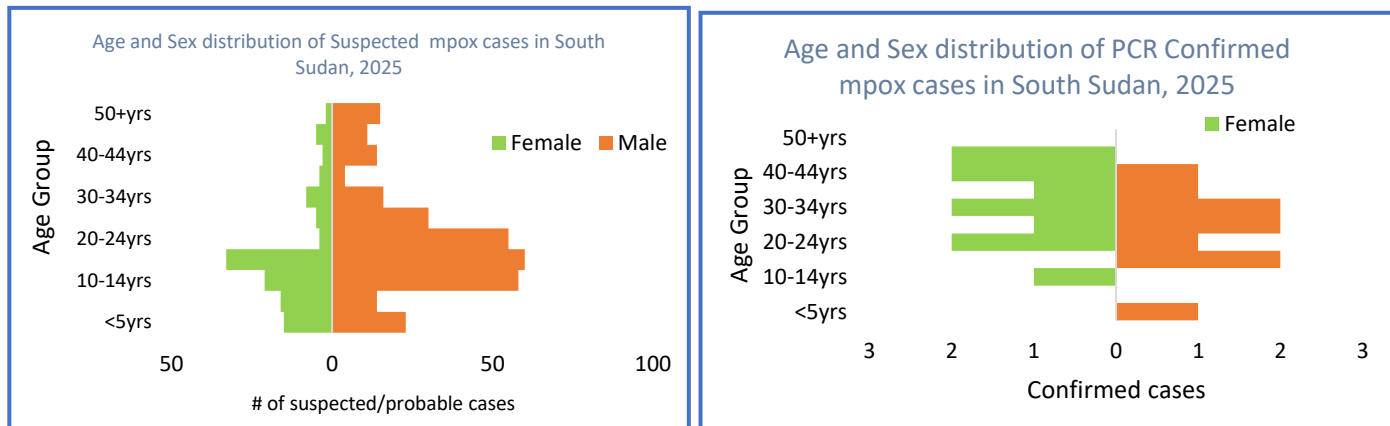


Figure 11: Mpox cases by county, age and sex in South Sudan, Jan-Sept 2025





Ongoing Response activities

- Support for Mpox-infected counties remains transport and duty facilitating allowances for rapid response teams, as well as incentives for case management for active cases.
- Provision of medicines and food relief for Mpox cases in home-based voluntary self-confinement.
- 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 14 October 2025

- As at 14th October 2025, the cumulative total of suspected cholera cases was 94,549 and a painful 1,567 deaths, which translates to a case fatality rate of 1.7%. However, facility-based cholera case-fatality ratio is 0.8%, which is less than the expected target of 1%.
- Of the 94,549 cases, a total of 92,906 individuals recovered, bringing the recovery rate to 98.3%. Currently, 76 patients are still hospitalized, receiving the vital care they need.
- In the last 7 days, from October 8, 2025, to October 14, 2025, a total of 114 new cases and 1 death due to cholera were reported across 7 counties. Fluctuations in the weekly case burden are expected as counties continue to report sporadic increases and decreases in new cases. The reported cholera cases were as follows: Mayendit (69 cases), Rubkona (17 cases), Mayom (8 cases), Renk (7 cases), Juba (7 cases), Tonj North (5 cases), and Duk (1 case).
- Since June 6, 2025, there has been a shining beacon of hope with a noticeable decline in new cases, as a) no newly infected county reported cholera; b) the number of infected counties declined from 46 to 7 and c) the average weekly number of new cases declined to record lowest since the year begun. Yet, certain areas remain vulnerable, with sporadic occurrences of the virus still emerging. In the last four weeks, an impressive 40 counties have joyfully marked a period free of new cases, hinting at promising progress.
- In the previous month alone, Rubkona suffered two tragic cholera-related fatalities, representing the only such deaths recorded in that timeframe. In a more hopeful note, Western Equatoria has successfully evaded the outbreak, maintaining an enviably clean record amid the ongoing challenges presented by this disease.
- It's important to note that weekly case numbers may exhibit fluctuations, as certain counties face unpredictable surges or declines in new infections, underscoring the need for continued vigilance and monitoring.

Figure 11: Map showing Case counts of cholera by Counties of South Sudan as at week

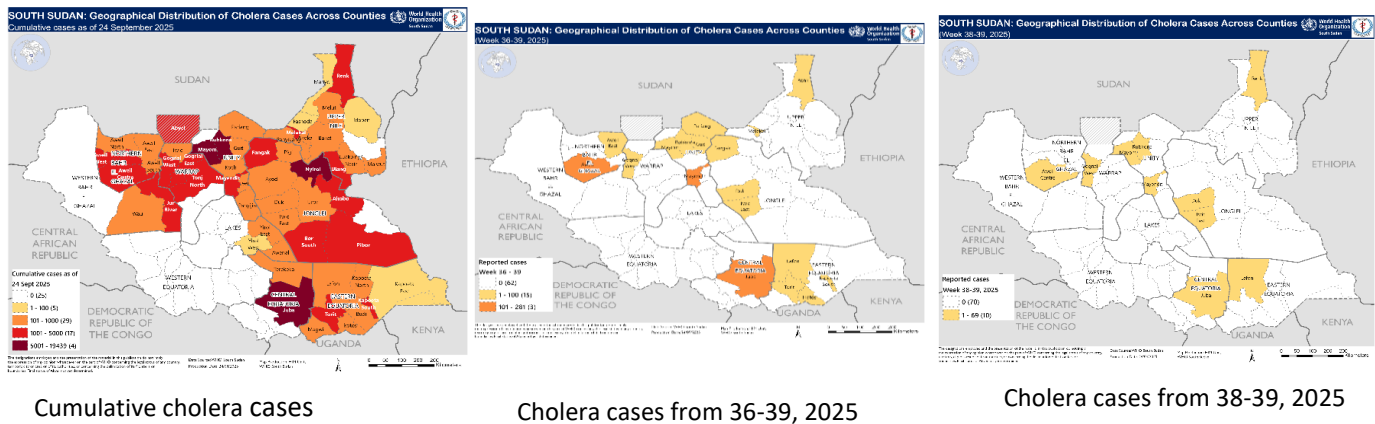
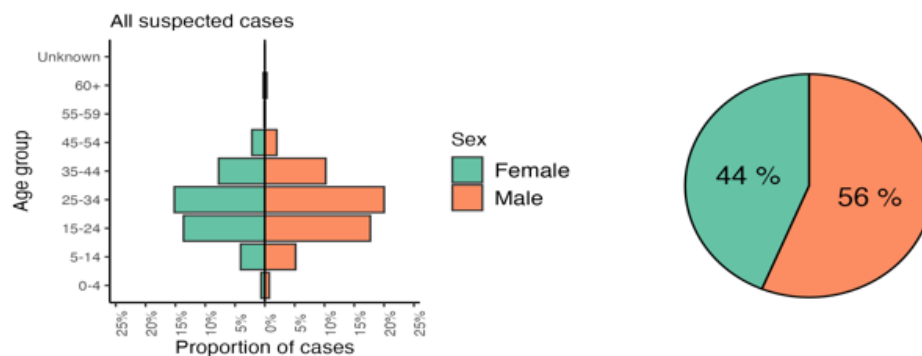


Figure 12: Age and sex distribution of cholera cases and deaths reported in the week as of 19th September 2025.



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.
- Orientation of State surveillance officers on data collection for **Priority Areas for Multisectoral Intervention (PAMIs)** was completed on 7th October, 2025
- 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, two VDPV2 isolates (one from an AFP case and another from an environmental sample) were reported in 2025 from Wau, Western Bahr El Ghazal and Lobulet in Juba, Central Equatoria State. The latest isolate was from an environmental isolate with Date of specimen collected on 23rd September 2025. A comprehensive epidemiological and clinical investigation is planned, although it's complicated by the site being a composite sewerage treatment site for trucks collected across varied points of Juba.
- As at 20th October 2025, a cumulative number of 358 AFP cases have been reported in 79 of 80 counties, compared with 409 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 4.69 per 100,000 population under 15yrs, compared to 5.41 in the same period in 2024, while the stool adequacy was calculated as 96%, compared to 95% in the same period in 2024. Sub-national analysis of AFP surveillance performance shows that 61 (76%) counties met two, 18 (23%) counties met one, and one (1%) met none of the core surveillance indicators in week number 41.
- Of the 80 counties, 61 (76%) counties met two, 18 (23%) counties met one, and one (1%) met none of the core surveillance indicators in week number 41.
- 301 Active Case Search Visits were conducted in week #41 compared with #454 visits in the same period last year. The declining active surveillance visits explains the declining AFP surveillance performance indicators.
- The SNIDS round 1 for 2025 is now completed. The SIAs monitoring dashboard indicates that a total of 2,067,681 (96%) of the targeted 2,162,947 children had been vaccinated with nOPV2. Of the vaccinated 2,067,681 children, 996,435 (48%) were males and 1,071,246 (52%) were females. The best administrative coverages were reported in Lakes state (121%), Abyei Administrative Area (119%), Pibor Administrative Area (110%), Ruweng Administrative Area (110%), Unity (109%), Warrap (107%), and Western Bahr El Ghazal (107%). Notably, there were 134,352 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 13: Epidemiological Curve Showing Anthrax Cases in South Sudan, as of week 39 2025

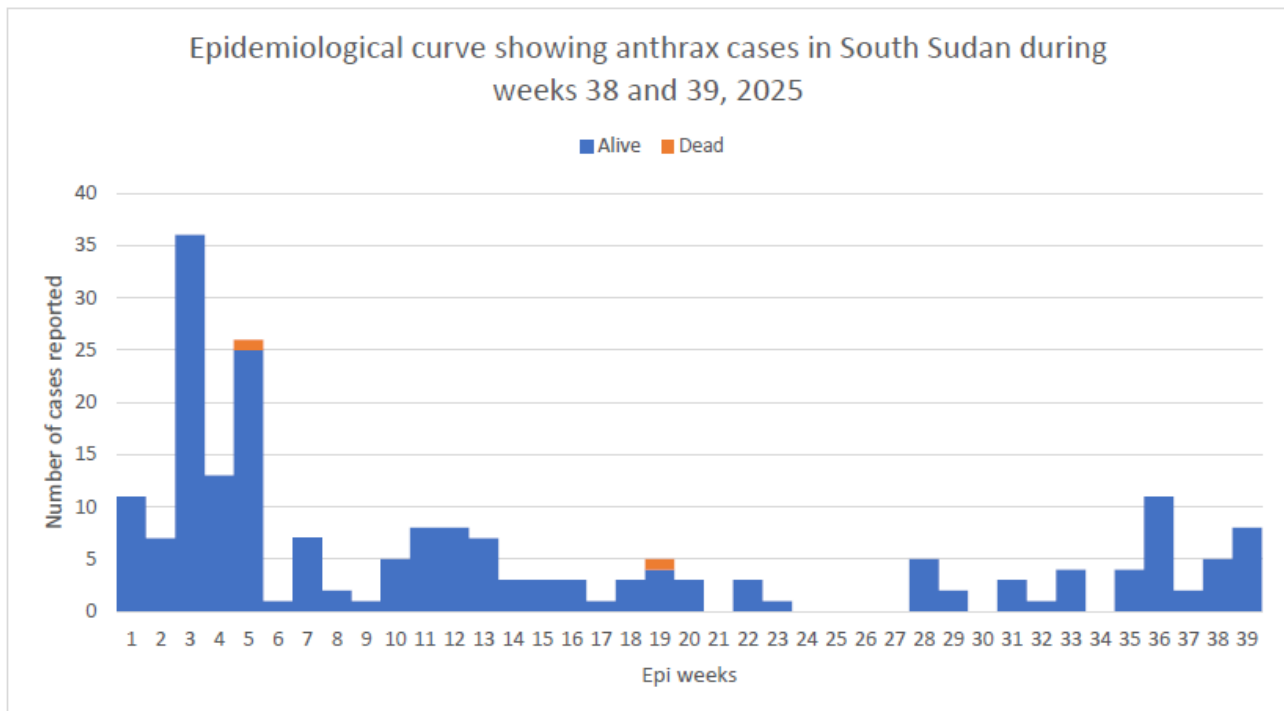
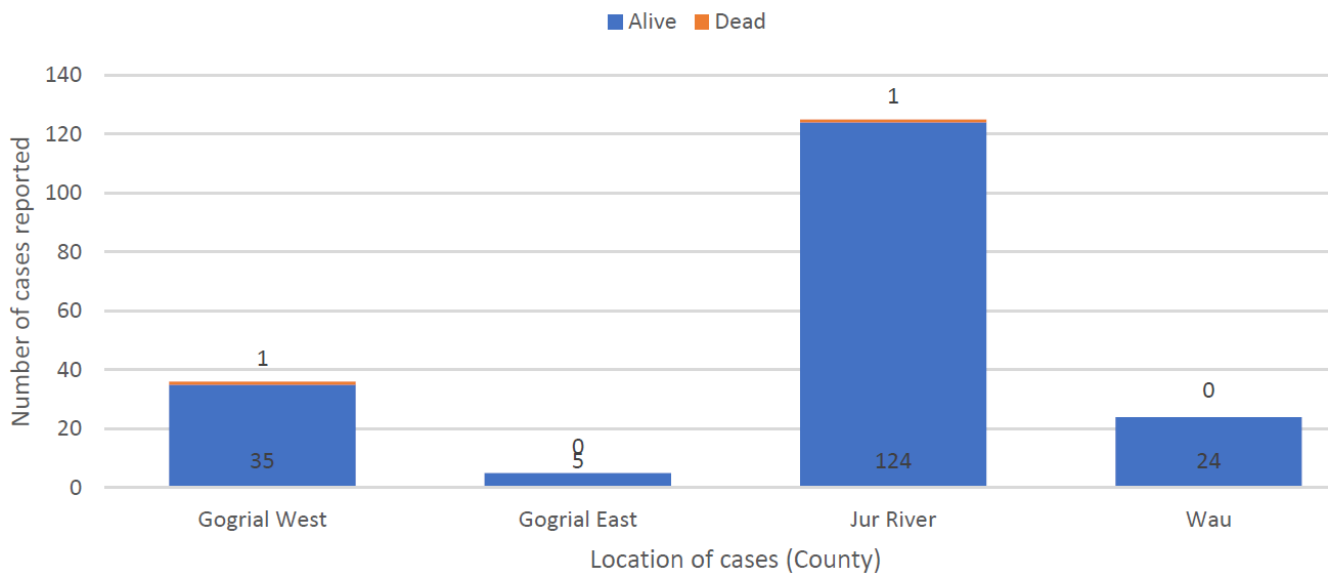


Figure 14: Cumulative Anthrax by affected counties of South Sudan; week 1 to 39, 2025.



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 15: Epidemic curve of measles cases in South Sudan; Week 01 to week 38 of 2025

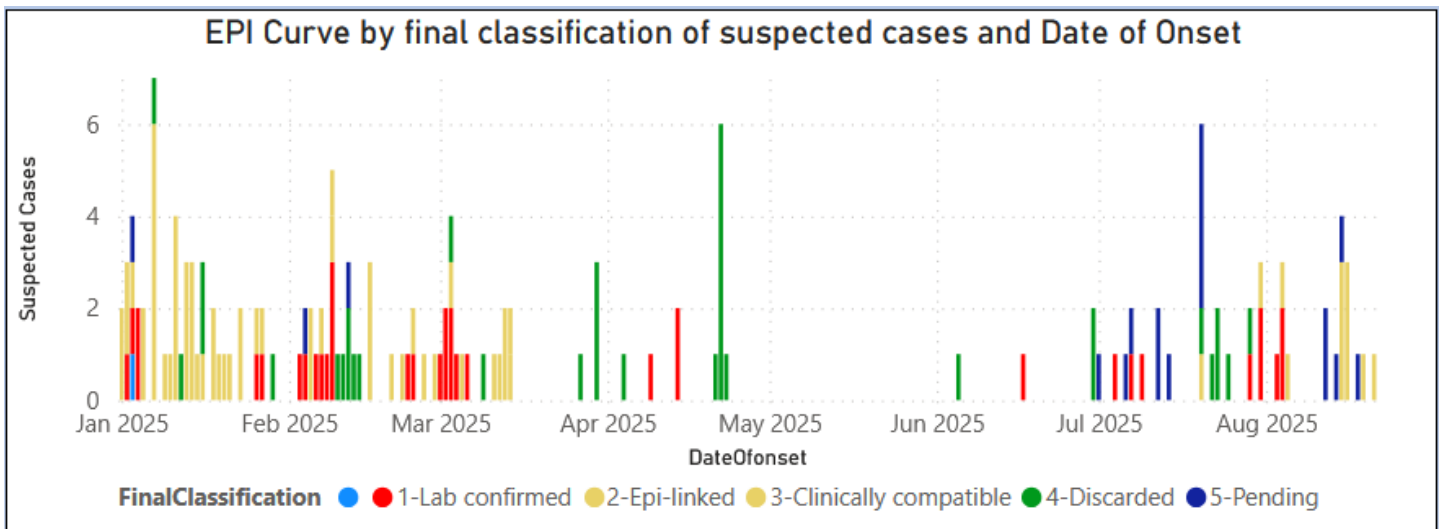
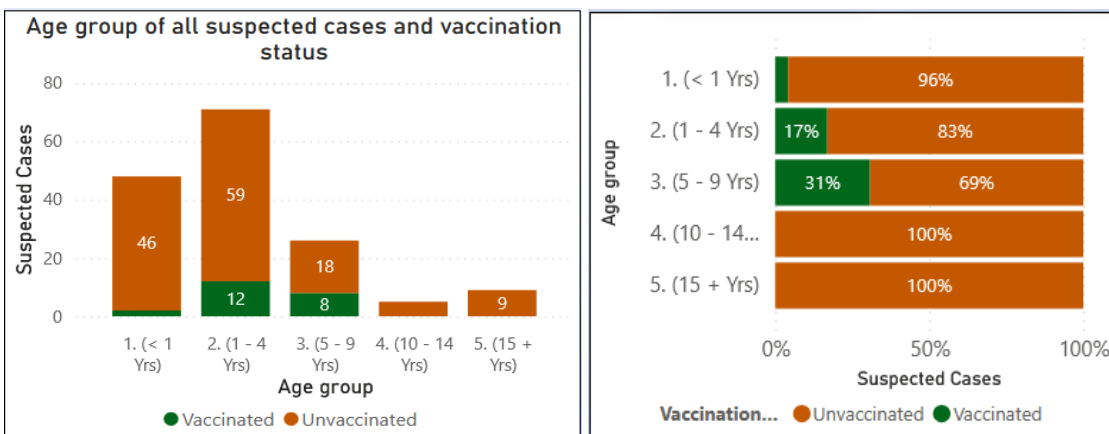


Figure 16: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-38 of 2025



6. Hepatitis E outbreak

- Since the beginning of the outbreak in 2018 in Bentiu, there have been a total of 9091 reported cases, with 2,738 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 Hepatitis E outbreak has been confirmed in Aweil West County in week 35 of 2025. Since the Hepatitis E Virus outbreak started, Northern Bahr el Ghazal state has reported a cumulative total of 66 reported cases and 14 deaths across all counties in, resulting in a case fatality rate (CFR) of 21%. In 2025 alone, a cumulative total of 45 cases with an associated 7 deaths.
- In Renk 45 new Hepatitis E cases were reported, totaling 1,074 suspected cases as of week 41. Ongoing surveillance and case management in high-risk areas, with support from WHO for rapid diagnostic tests and sample transport. Public health messaging about jaundice in communities: Gosfami, Gosrom, Alali, and Kolen. Water testing and monitoring were conducted with the help of WASH partners (IOM, SI, MSF-B, Oxfam). MSF-B, in collaboration with CHD and WHO, plans a Hepatitis E vaccination campaign for November 2025, targeting high-risk populations, with a focus on 5,000 households for each dose, particularly females aged 16 to 49.
- 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.
- The ongoing response to the Hepatitis E outbreak will be coordinated by the National Steering Committee, utilizing the existing cholera response framework. State task force meetings will be activated to enhance coordination among partners involved in the response. Additionally, updates on Water, Sanitation, and Hygiene (WASH) as well as Risk Communication and Community Engagement (RCCE) will be included to support efforts in the affected areas.

Figure 17: Epicure showing HEV RDT positive cases in South Sudan; Epi Week 52 of 2018 to Week 40 of 2025

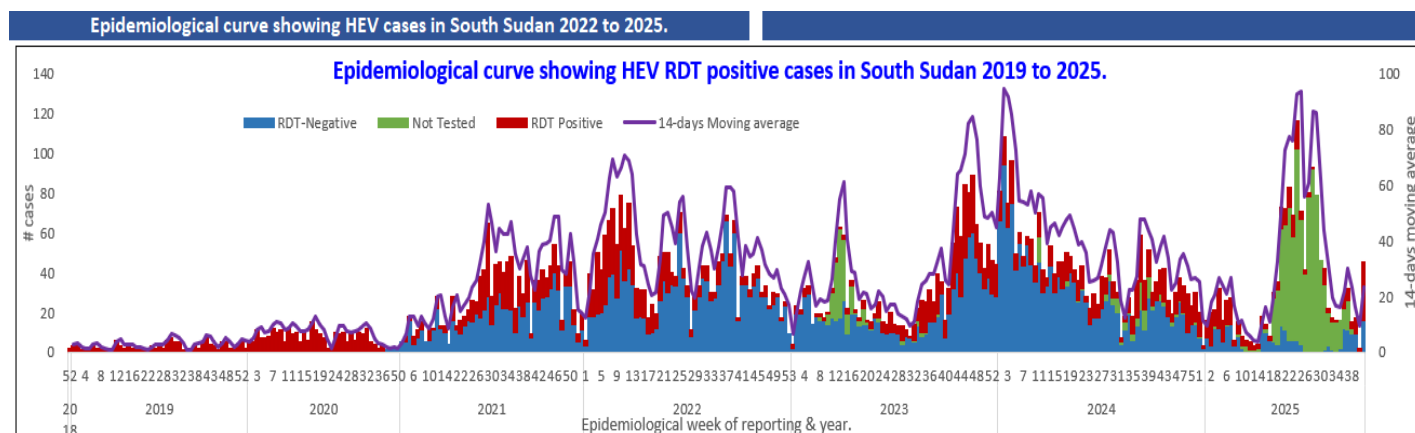


Figure 18: Distribution of suspected Hepatitis E Virus Cases by age and gender in South Sudan; 2018-2025

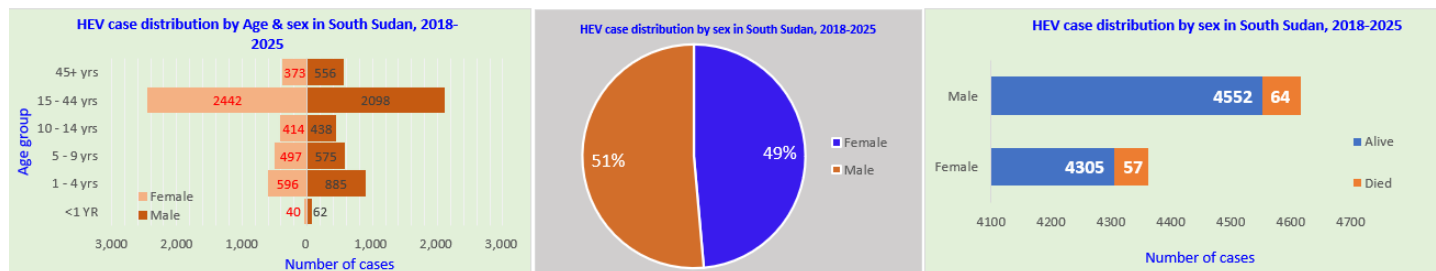


Figure 19: Location distribution of Hepatitis E cases and deaths in South Sudan; as of week 41, 2025

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	1049	0	1049	0.0%
Rubkona	6470	36	6506	0.6%
Grand Total	8945	121	9066	1.3%

Other Events

Flooding: Heavy rainfall and rising water levels have continued to flood large areas of South Sudan along the River Nile since August 2025. As of October 9, approximately 886,106 people across 26 counties in six states have been affected, with Jonglei and Unity states accounting for over 91 percent of the impacted population. The impact of the flooding is severe, particularly on children. At least 287,000 people have been displaced, with many seeking refuge on higher ground. Floodwaters have damaged homes, farmland, and infrastructure, disrupting livelihoods and access to essential services. Health risks are increasing, with rising cases of malaria, acute respiratory infections, and diarrhea reported. A total of 123 health facilities have been affected, with 20 flood-related deaths reported, along with 146 snake bites and 3,550 cases of malnutrition documented across 11 counties.

Response Actions: Coordination; Ongoing active coordination through health cluster and inter-cluster meetings, alongside engagement with the National Flood Taskforce. **Enhanced Surveillance;** Routine reporting and monitoring of trends in priority diseases in emergency locations, including malaria, acute respiratory infections, and acute watery diarrhea (AWD). **Logistics and Supplies:** Continuous shipment of Medical supplies to high-risk locations within the country (Duk, Pibor, Fangak, Bor, Akobo, Pigi, Pochalla, Renk, Abyei, Kuajok, Torit, and Juba) in coordination with the Logistics Cluster. **Key Challenges include:** Access constraints due to impassable roads, limited funding, and shortages of essential supplies.

Sudan crisis: As of October 10, 2025, a cumulative total of 313,919 households, containing 1,255,757 individuals (650,718 Females and 594,998 Males) from 18 different nationalities, had crossed the border. Of this number, 67.7% (850,190) are South Sudanese returnees, while 31.8% (399,217) 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:

- **Cholera;** 8 new suspected cases were reported, bringing the cumulative total to 1,504. Most of the cases continue to be reported by Renk CTU. Note: the cholera cases reported Renk CTU, are located: 03 from the Thuria, 02 from Kuburi Muzaleet, 01 from Chemedi, 01 from Hai Masara, and 01 from Wunthou.
- **Hepatitis E Virus:** no new HEV cases were reported for week 41, keeping the cumulative at 1004 suspected cases. MSF-B in collaboration with CHD and WHO are planning to conduct **HEV vaccination campaign in November 2025** for the high-risk locations targeting 5000 households for the first dose and 5000 households for the second dose for the high-risk population (females from 16 to 49 years old).
- **Measles (Suspected):** 02 new suspected measles cases were reported, bringing the cumulative total to 65 cases. no active case in the isolation center at Renk county hospital. Ongoing surveillance and case management across the high-risk locations, with WHO providing RDTs and sample transport support. Ongoing RCCE key messages on Jaundice cases in Gosfami, Gosrom, Alali, Kolen, and ongoing water testing and water tracking through WASH partners (IOM, SI, MSF-B, OXFAM). [2]
- 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 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