



Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 41

06th to 12th October 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 41 of 2025, IDSR reporting timeliness was at 80%, while completeness positions at 91%, signifying a drop-in timeliness while there was no change in completeness of reporting compared to epidemiological week 40. All the states/Administrative areas achieved the 80% completeness of IDSR reporting since week 32. Furthermore, only one state (Lakes) and all three Administrative Areas attained 100% completeness of reporting.
- At the EWARN mobile sites, the IDSR reporting timeliness was at 78% and completeness was at 94% during epidemiological week 41, representing a decline of IDSR timeliness from 89% to 78% in week 40 and week 41 respectively, whereas completeness of reporting in EWARN site had remained as was in the previous week 40.
- **EWARS Alerts Management:** A cumulative total of 182 EWARS alerts were triggered, with 116 (64%) verified, demonstrating a big improvement in alerts triggered and, in their verification, compared to week 40 of 2025. The most alerts were for AWD (20%), Guinea Worm Disease (19%), ARI (16%), ABD (16%), Malaria (12%), and Cholera (9%). Credit to surveillance teams in Central Equatoria, Northern Bahr el Ghazal, Lakes, Jonglei, Unity, and Abyei Administrative area for successfully verifying more than 80% of the alerts generated in EWARS.
- In week 41 of 2025, a total of **197, 891 OPD consultations** for morbidities were reported from across 1,282 reporting health facilities of South Sudan. Malaria remained the top cause of morbidity, 46% (90,465) of all cases, followed by acute respiratory illnesses 15% (30,242) and acute watery diarrhea 6% (12,728).
- **Mpox Outbreak:** By the end of week 43 ⁽¹⁾, 2 new suspected Mpox cases were reported from Nimura Talata and Hai Game respectively, all the two suspected cases have been investigated with samples being collected and waiting laboratory confirmation in the Public health reference laboratory. The cumulative total of suspected cases now stands at 462. No new confirmed Mpox case reported during the week, upholding the cumulative total number of confirmed Mpox cases at 21 cases since February 7, 2025.
- **Cholera outbreak:** As at 22nd October 2025 ⁽¹⁾, the cumulative total of suspected cholera cases was 95,243 cases and 1,581 deaths that transforms to a case fatality rate of (CFR: 1.7%, target < 1%), Nevertheless, health facility-based cholera case-fatality ratio is 0.8%, which aligns with WHO target of less than 1%. Meanwhile, from 15 October 2025 to 21 October 2025, a total of 193 new cases and 8 deaths due to cholera were reported across 11 counties. Many of the cases came from Ikwotos (63), Juba (51), Aweil South (30), and Mayendit (15)

¹ Data reported is aligned with published outbreak Situation reports and not the epidemiological week 41

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 41, the timeliness of IDSR reporting was 80%, and the completeness was 91%, displaying a decrease in timeliness and slide increase in Completeness compared to the previous week.

Table 1: *Timeliness and completeness of IDSR reporting by State for week 41 compared to week 40 of 2025*

State	Total facilities	Number of facilities reported (Completeness Wk41)	Comparison of the reporting period				Cumulative since year start (2025 level)	
			Timeliness		Completeness		Timeliness	Completeness
			week 41	Week 40	week 41	Week 40		
Lakes	112	112	98%	100%	100%	100%	95%	100%
NBGZ	92	91	95%	83%	99%	98%	81%	90%
Unity	85	83	79%	77%	81%	80%	96%	99%
WBGZ	112	98	79%	84%	88%	88%	63%	86%
WES	191	168	77%	93%	88%	98%	78%	97%
Jonglei	120	107	80%	90%	89%	90%	84%	91%
Warrap	114	105	75%	68%	92%	83%	62%	84%
EES	112	108	78%	46%	96%	80%	57%	83%
RAA	16	16	31%	100%	100%	100%	50%	92%
CES	152	147	93%	95%	97%	97%	92%	94%
AAA	17	17	94%	100%	94%	100%	78%	89%
Upper Nile	143	115	57%	63%	80%	84%	66%	81%
PAA	16	16	88%	100%	100%	100%	94%	97%
Total	1282	1183	80%	82%	91%	91%	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 41, 2025.

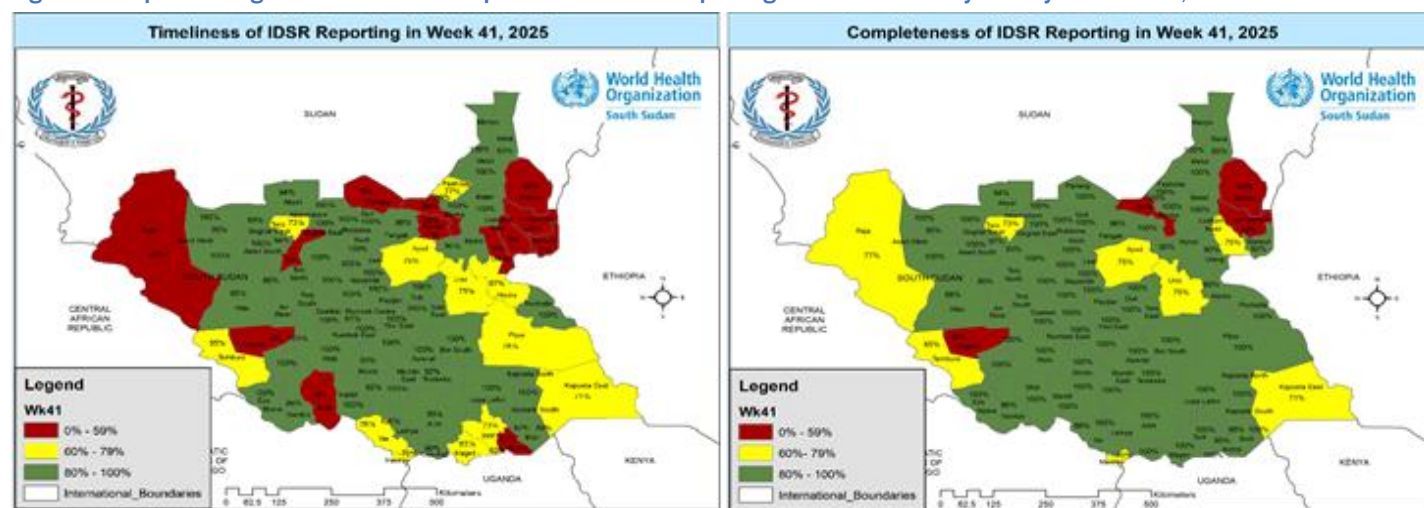


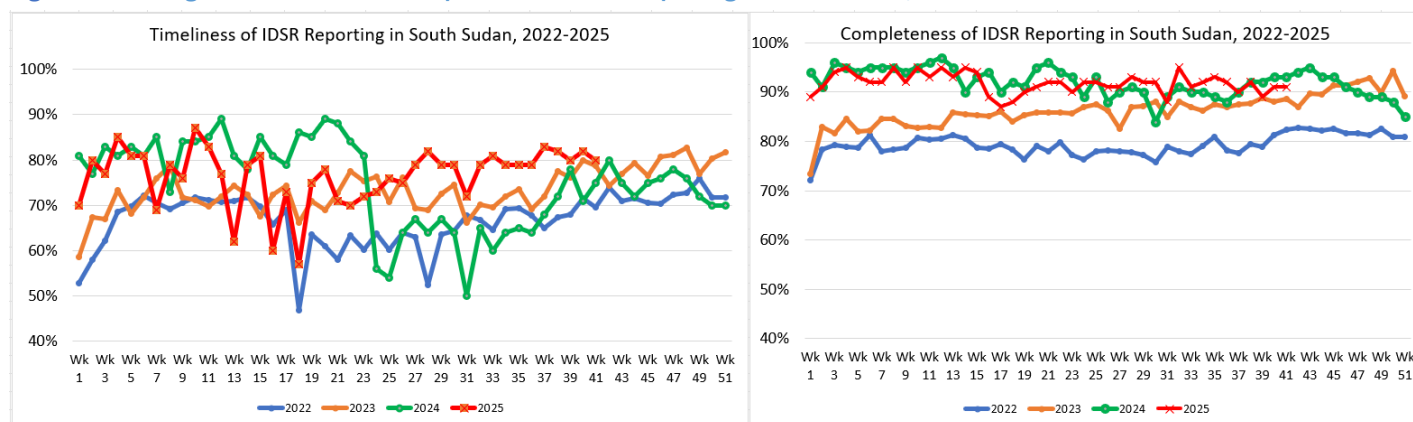
Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 41 of 2025.

IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for week 41, 2025							
Partners	# of Reporting Mobile Sites	% of Timeliness in week 41	% of Completeness in week 41	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 41	% of Completeness in week 41
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	0%	50%	Rajaf	3	100%	100%
HFO	4	75%	100%	Munuki	12	100%	100%
WVI	2	100%	100%	Wau South	20	95%	95%
CIDO	1	0%	100%	Wau North	12	92%	92%
SP	4	100%	100%	Juba	10	100%	100%
HFD	1	100%	100%	Mangala	1	100%	100%
RI	1	100%	100%	TOTAL	63	97%	97%
TOTAL	18	78%	94%				

Note: In EWARN reporting sites timeliness and completeness of reporting was 78% and 94% respectively in week 41. Declined from 89% to 78% for week40 and 41 respectively, while completeness of reporting persisted at 94% for week39, 40 and 41, respectively. The IDSR team honestly appreciates your continued dedication and encourages everyone to sustain the momentum and work collectively to restore performance levels 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.



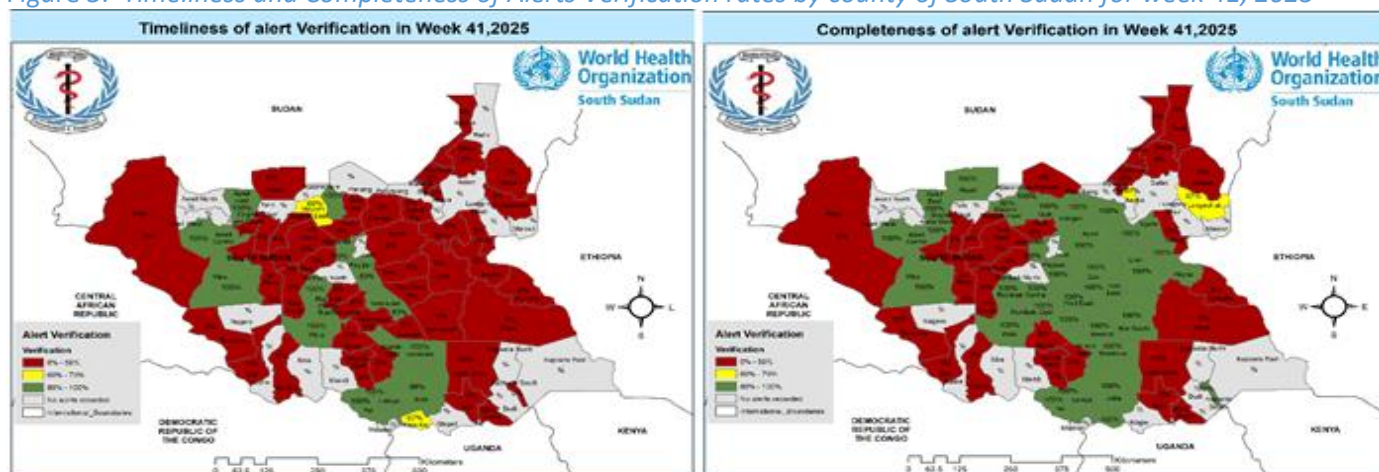
Epidemic alerts

In epidemiological reporting week 41, a cumulative total of 182 alerts were triggered in the EWARS system, with 64% (116) verified, indicating a slight increase in alerts triggered and, in their verification rates, compared to previous week 40. Ten states and three administrative areas reported at least one notifiable disease alert. Special recognition goes to Central Equatoria, Jonglei, Lakes, Northern Bahr el Ghazal, Unity, and Abyei Administrative Area for successfully verifying all their alerts triggered in the week. The most alerts were for AWD (20%), Guinea Worm Disease (19%), ARI (16%), ABD (16%), Malaria (12%), and Cholera (9%).

Table 3: Summary of EWARS alerts triggered in Epidemiological Week 41, 2025.

State/Admin	AJS		ARI		AWD		ABD		Cholera		EBS		Guinea Worr		Malaria		Measles		NNT		Rel Fever		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	0	0	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3
CES	1	1	6	6	2	2	0	0	0	0	0	0	1	1	4	4	0	0	1	1	0	0	1	1	16	16
EES	0	0	0	0	3	1	1	0	5	3	0	0	1	0	0	0	0	0	0	0	0	0	0	0	10	4
GPAA	0	0	1	0	0	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0
Jonglei	0	0	6	6	6	6	4	4	3	3	3	3	4	4	1	1	1	1	0	0	0	0	0	0	28	28
Lakes	0	0	4	4	5	5	1	1	0	0	0	0	19	19	2	2	0	0	0	0	1	1	0	0	32	32
NBGZ	0	0	0	0	4	4	1	1	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	6	6
RAA	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Unity	0	0	3	2	1	1	6	6	8	8	0	0	0	0	2	2	0	0	0	0	0	0	0	0	20	19
Upper Nile	0	0	3	0	9	1	9	1	0	0	1	1	1	1	5	0	2	0	0	0	0	0	0	0	30	4
Warrap	0	0	1	0	1	0	1	0	0	0	0	0	7	0	0	0	1	0	0	0	0	0	0	0	11	0
WBGZ	0	0	1	0	0	0	0	0	0	0	1	0	1	1	2	1	0	0	0	0	0	0	0	0	5	2
WES	0	0	3	1	4	0	4	0	0	0	0	0	0	0	5	1	0	0	0	0	0	0	0	0	16	2
Grand Total	1	1	29	20	37	21	30	14	17	14	5	4	34	26	22	12	4	1	1	1	1	1	1	1	182	116

Figure 3: Timeliness and Completeness of Alerts Verification rates by county of South Sudan for week 41, 2025

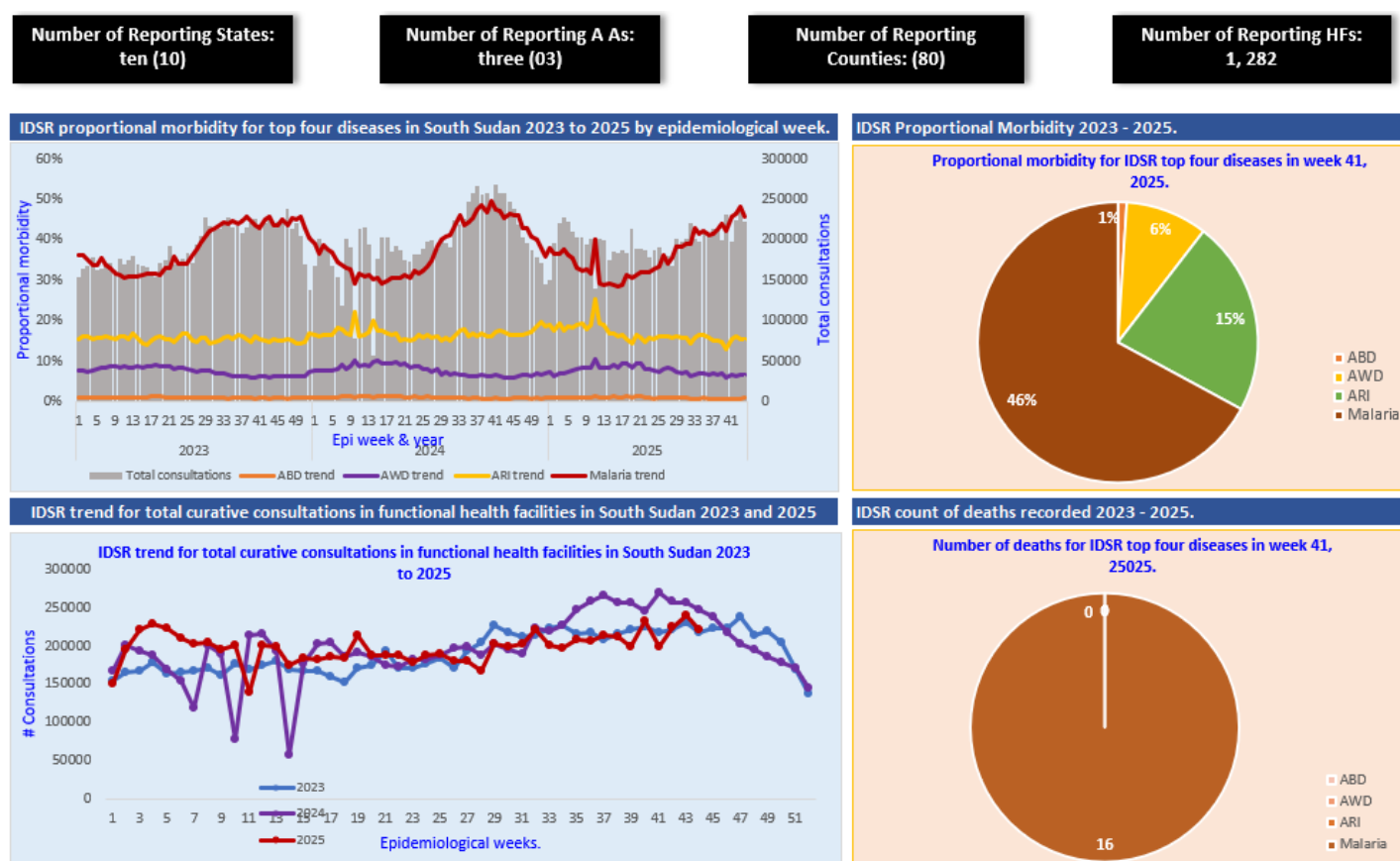


Weekly Update on Indicator-Based Surveillance (Week 41 of 2025)

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 41 of 2025, a total of **197,891 outpatient consultations** for morbidities were reported from across South Sudan, spanning 1,282 health facilities. Malaria remained the top cause of morbidity, accounting for 46% (90,465) of all cases, followed by acute respiratory illnesses 15% (30,242) and acute watery diarrhea 6% (12,728). 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.

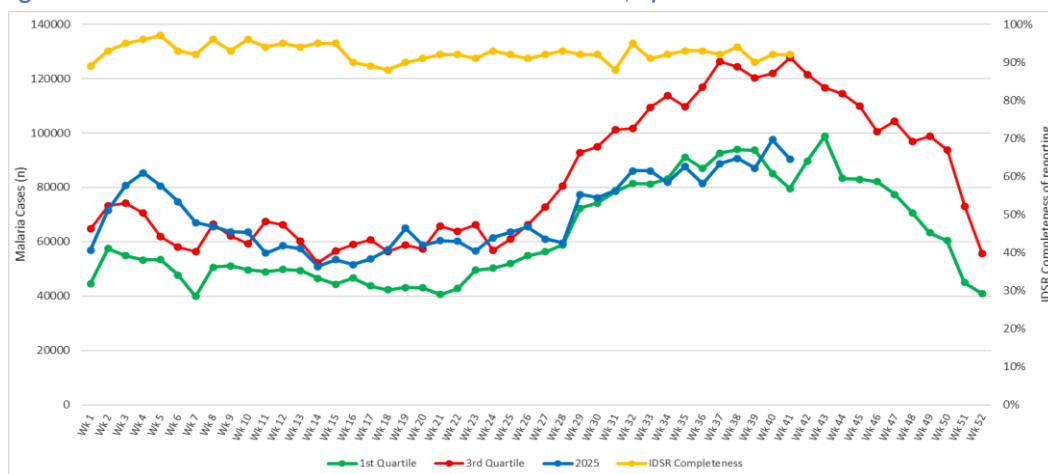
Figure 4: Proportional Morbidity of top 4 IDSR priority diseases reported as of week 41 of 2025.



1. Malaria Updates

In week 41 of 2025, malaria remained the leading cause of illness, with 90,465 reported cases and 16 related deaths amongst the suspected cases. The bulk of the deaths were reported from Central Equatoria (7), Western Equatoria (5), and Eastern Equatoria (2). The malaria-related deaths reported this week (16 deaths) are slightly higher than what was reported in previous week 40 (14 deaths); nevertheless, sustaining ongoing mitigation effort remain imperative. 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.

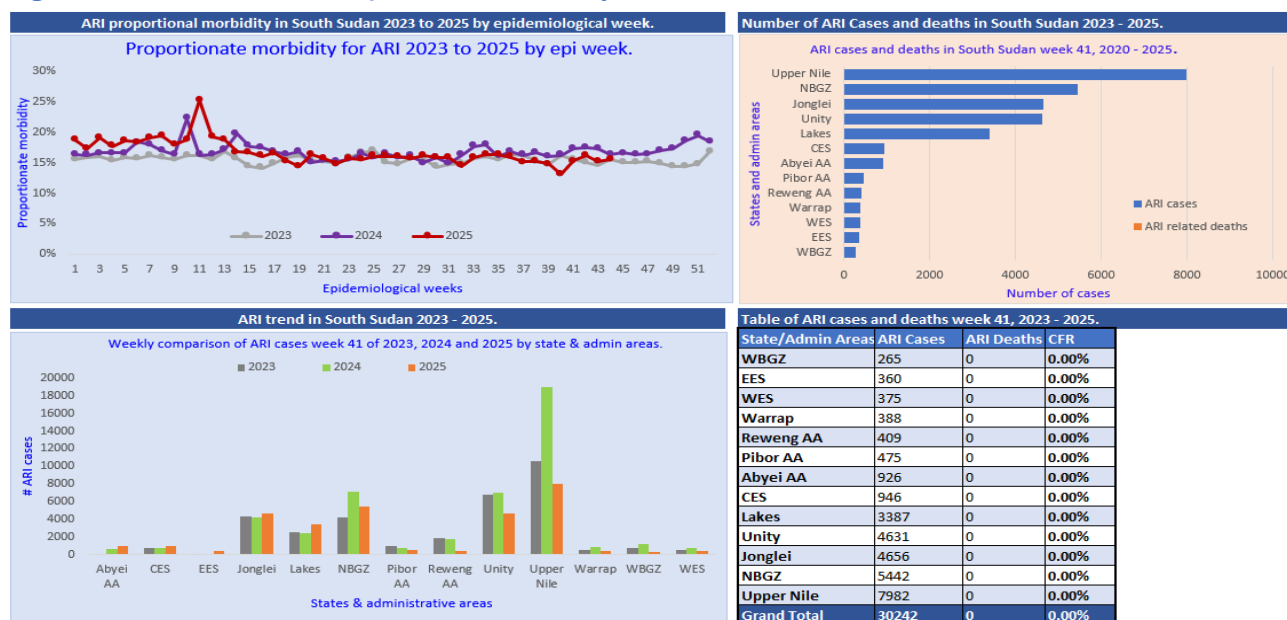
Figure 5: Normal Malaria Transmission Channel for South Sudan; Updated at Week 41 of 2025



2. Acute Watery Diarrhoea

During the epidemiological week 41, Acute Watery Diarrhoea (AWD) was the principal source of EWARS alerts generated (20%) and the third leading cause of morbidity, causing 12,728 OPD consultations and no deaths. After 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 with what was reported in two similar previous reporting periods of 2024 and 2023.

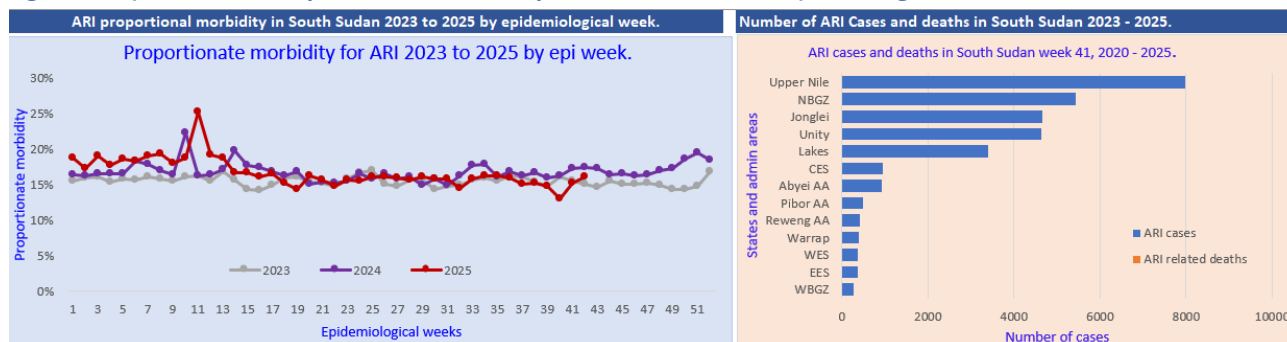
Figure 6: Dashboard of IDSR reported AWD cases by Week in South Sudan; 2023-2025



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 in epidemiological week 41. Most IDSR-reported ARI cases are from Upper Nile, Unity, Northern Bahr el Ghazal, and Jonglei State, which also hold a great number of the Country's refugees and displaced populations. These top three ARI high-burden states do not have a sentinel surveillance site for influenza and therefore shall be priority in expansion planning for the future.

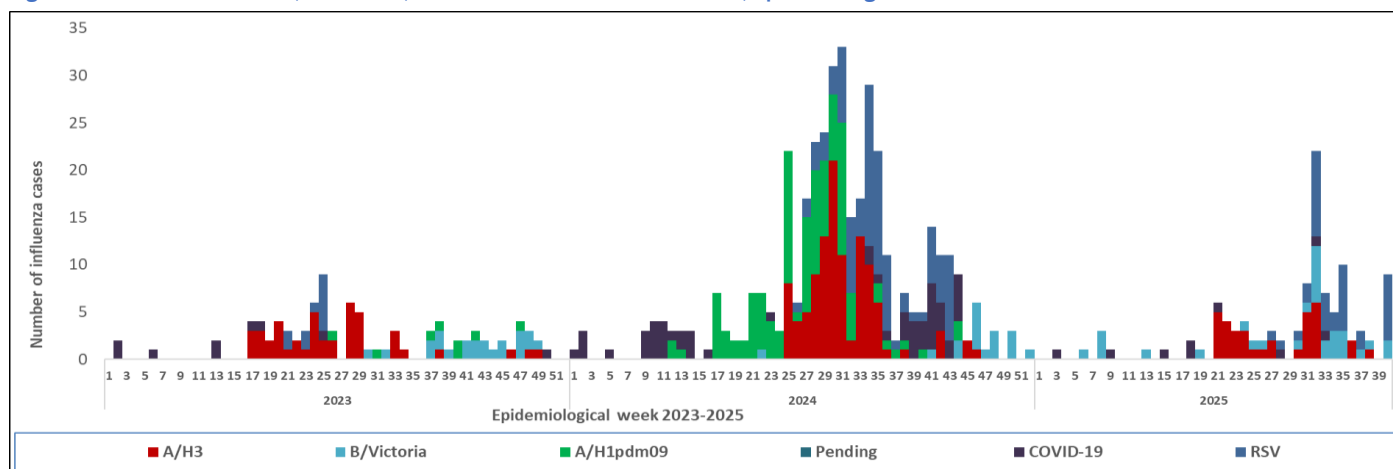
Figure 7: Proportional Morbidity and ARI case counts by State of South Sudan in epidemiological week 41 of 2025.



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 41 of 2025.



During Epidemiological Weeks 1-41 in 2025, a total of 1,333 ILI/SARI samples have been collected; with 1,225 testing negative for all pathogens, Eight (8) positive for COVID-19, thirty five (35) for Influenza Type A (H3), twenty nine (29) for Influenza Type B (Victoria), zero (0) for Influenza A/(H1N1)pdm09 and thirty six (36) for RSV.

South Sudan Confirmed and ongoing epidemics in 2025

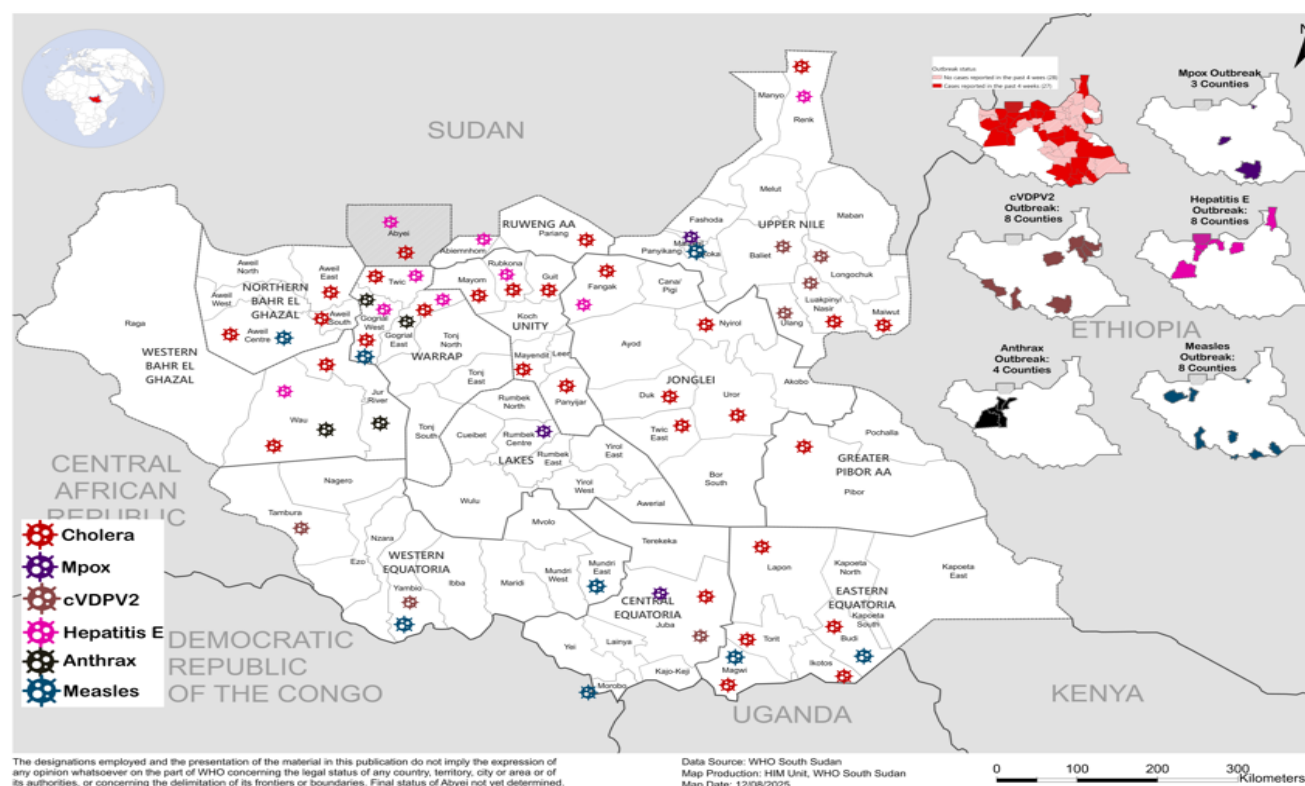
Every year, South Sudan experiences multiple emergencies. Based on data from the states and the EWARS system, most counties have reported at least one of the ongoing disease outbreaks. In week 41 of 2025, the active outbreaks in South Sudan were Anthrax, cholera, cVDPV2/Polio, hepatitis E, and Mpox. Notably, the measles outbreaks reported earlier in the year 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 October 2025 ⁽²⁾.

Table 4: Summary of ongoing and confirmed epidemics in the Republic of South Sudan; as of 31st October 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	1	457	21	1	Planned	yes	yes
Cholera	In 55 counties of 9 states and 3 AAs	Sept 2024	694	95,243	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 (WRP) and Jur River (NBG)	2022	12	377	4	12	Not explored	yes	yes

² Reported numbers are as of 30th October, which is 2 weeks newer than the reporting period for epidemiological week 41 of 2025

Figure 9: Map showing confirmed and active outbreaks by county of South Sudan, as at 30th October 2025.



Response activities for ongoing/suspected outbreaks

1. Mpox outbreak

- During end of week 43 ⁽³⁾, there were two new suspected Mpox cases reported in Juba; however, all tested negative, Increasing the cumulative total number of suspected Mpox cases to 462 cases since the start of the outbreak in 2025. There are no new confirmed Mpox cases reported this week, preserving the cumulative total number of confirmed Mpox cases at 21 confirmed cases with no deaths. By geographical distribution of confirmed cases remained at 17 cases in Juba, 2 in Rumbek Center, 1 in Rumbek East, and 1 in Malakal County. Currently, there is no strong event of Mpox as all 21 confirmed cases were freed from voluntary home quarantine without any secondary infections.
- Active surveillance for suspected Mpox cases remains nationwide. In addition, there has been contact listing and daily tracing related to the most recent alerts reported in Juba, which ended on 24th October.
- Sequencing was completed on the first fourteen (14) laboratory confirmed cases with the results of sequencing classified as Mpox Clade 1b, and phylogenetic tree showed linkages with chains of transmission happening in Uganda. The latest 7 positive samples have also been shared with UVRI for genetic sequencing, along with at least 10 samples that tested negative for external quality assurance.
- Majority of the suspected cases are Females (52%), and males were 48% reflecting substantial contribution of male cases reported from Rumbek prison. The confirmed cases Female: Male ratio is 11:10.

³ Weekly sit-rep for week 43 as published on 2nd November 2025

- 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-Oct. 2025

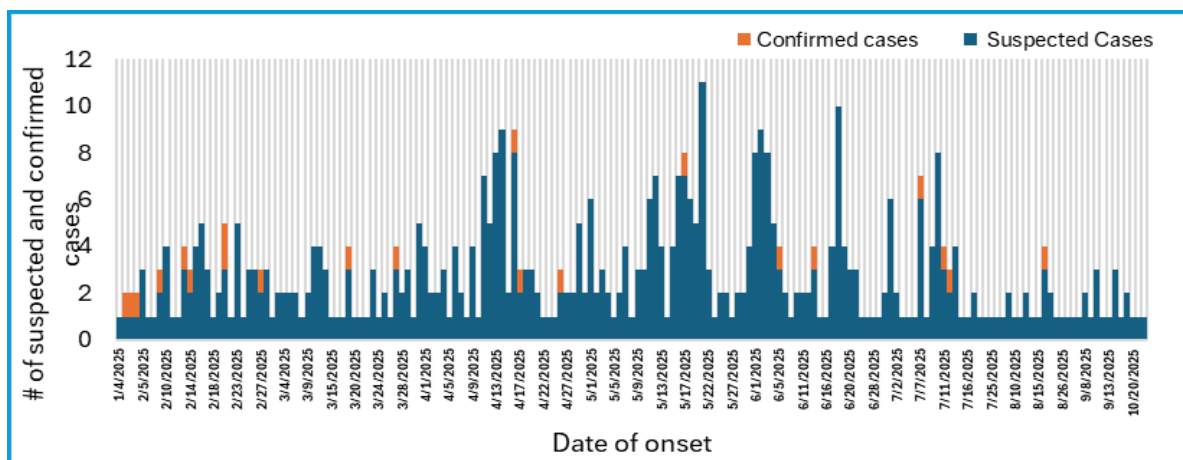
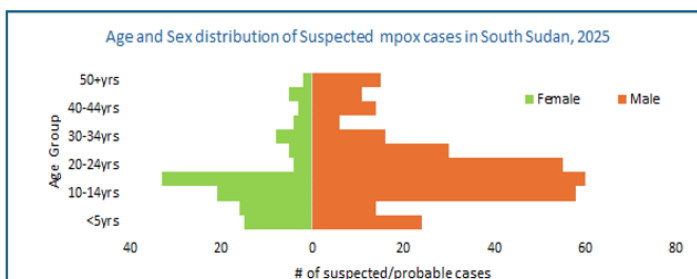
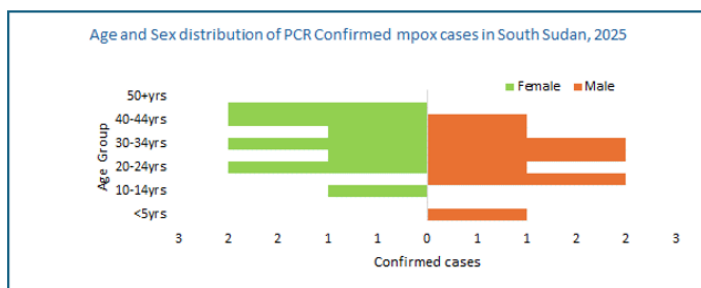
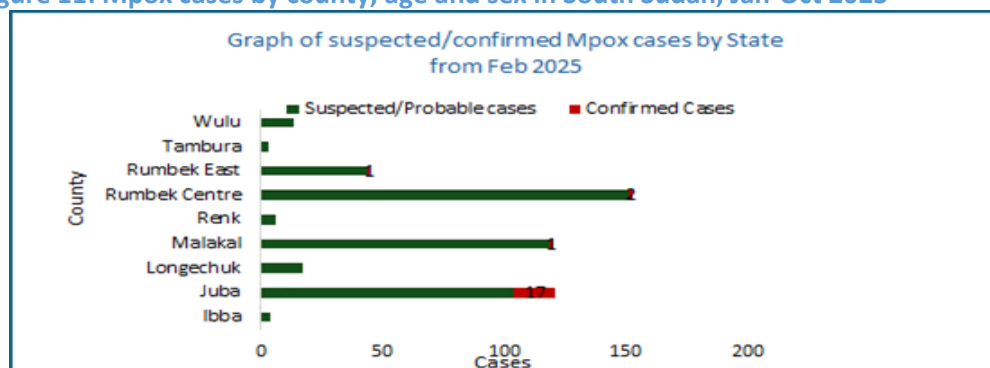


Figure 11: Mpox cases by county, age and sex in South Sudan, Jan-Oct 2025



Ongoing Response activities

- Support for Mpox-infected counties remains transport and duty facilitating allowances for rapid response teams, as well as incentives for active case search/investigation and case management.
- 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.

- Mpox vaccination planning is on halt due to a) Lack of evidence on local transmission; b) No active Mpox case for more than 60 days, since the date of onset of the latest case in Juba and c) No government or any donor commitment to finance the Mpox vaccine deployment.
- 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 23rd October 2025

- As at 22nd October 2025 (⁴), the cumulative total number of suspected cholera cases was 95,243 cases and 1,581 deaths that translates into a case fatality rate of (CFR: 1.7%, target < 1%). Nevertheless, health facility-based cholera case-fatality ratio is 0.8%, which aligns with WHO target of less than 1%.
- Of the 95,243 cases, a total of 93,599 individuals had recovered, bringing the recovery rate to 98.3%. Currently, there are **63** patients still hospitalized, receiving the vital care they need in Cholera treatment centers/units.
- In the last 7 days, from 15 October 2025 to 22nd October 2025, a total of 193 new cases and 8 deaths due to cholera were reported across 11 counties. Fluctuations in the weekly case burden are expected as counties continue to report sporadic increases and decreases in new cases. Most of the cases came from Ikwotos (63), Juba (51), Aweil South (30), and Mayendit (15). Notably, a three-week national verification mission to Mayendit (which ended on 15th October 2025) did not find any single cholera case for laboratory testing (using PCR).
- 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 40-43

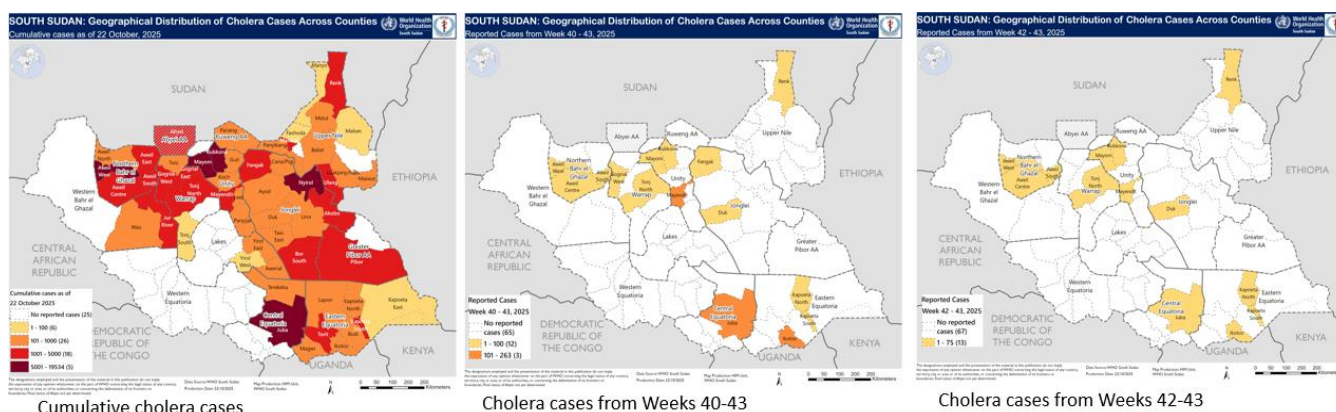
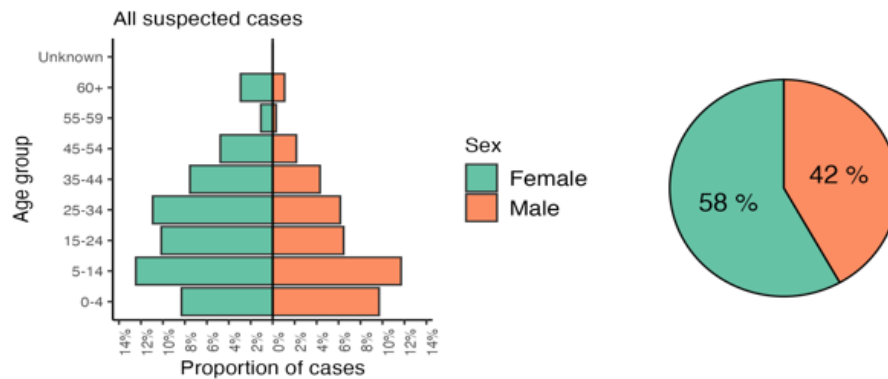


Figure 12: Age and sex distribution of cholera cases and deaths reported in the week as of 23rd October 2025.

⁴ Data published and shared at the National Steering Committee for Mpox and Cholera response, 23rd October 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 have 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 and data collection has started in some locations
- 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 guided by the TOR and deliverables provided in the protocol
- Provide regular updates on PCCS progress to HQ and ICG
- Validation workshop to complete the Priority Areas for Multisectoral Intervention (PAMIs) from 24-27 October

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 VDPV2 isolate was from an environmental isolate with Date of specimen collected on 23rd September 2025. A comprehensive epidemiological and clinical investigation is completed, the team documented a complicated situation where the ES site is a composite sewerage treatment site for trucks collected garbage from across Juba city.
- As at 6th November 2025 ⁽⁵⁾, a cumulative number of 382 AFP cases have been reported in 79 of 80 counties, compared with 418 cases reported in the same period in 2024. Only one (1) County has not reported any AFP cases in 2025. Equally, 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 5.0 per 100,000 population under 15yrs, compared to 5.54 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 64 (80%) counties met two, 15 (18.25%) counties met one, and one (1.25%) met none of the core surveillance indicators in epidemiological week number 43.
- 393 Active Case Search Visits were conducted in week #43 compared with 399 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%). In assessing quality of the completed SNIDS round, LQAs were conducted in 20 counties (lots) in which 8 (40%) passed and 12 (60%) failed). The failure was further qualified into 6 (30%) requiring repeat vaccinations and the remaining 6 (30%) considered good enough not to warrant mop-up vaccination operations.
- The SNIDS round 2 for 2025 is ongoing. The SIAs monitoring dashboard indicates that a total of 487,541 (23%) of the targeted 2,162,947 children had been vaccinated with nOPV2. Of the vaccinated 487,541 children, 238,301 (49%) were males and 249,240 (51%) were females. The best administrative coverages were reported in Jonglei State where it is currently at 58%.

4. Anthrax

- During weeks 41, seven suspected cases of anthrax were reported in Western Bahr El Ghazal (WBeG) and no cases reported from Warrap State. Similarly, there were no deaths reported in any of the two affected state.
- Since 2024, when the Anthrax outbreak was first detected, there have been a cumulative total of 377 reported cases and five deaths (case fatality rate: 1.3%). In 2025 alone, a total of 216 suspected human anthrax cases (WBeG: 177, Warrap: 39), with two deaths (case fatality rate: 1.0%) have been reported. Notably, only one sample which tested positive for anthrax in Uganda, remains the confirmatory test of the outbreak.
- By geography, Jur River county in Western Bar-El Gazal State has the highest record of 137 suspected human anthrax cases representing an attack rate of 55.8 per 100,000 population, followed by Wau in Western Bar-El Gazal with an attack rate of 14.9 per 100,000 population, Gogrial West County in Warrap State with an attack rate of 6.2 per 100,000 population and lastly Gogrial East in Warrap State has an attack rate of 1.8 per 100,000 population.

Figure 13: Epidemiological Curve Showing Anthrax Cases in South Sudan, as of week 40 2025

⁵ Reference is made to the weekly GPEI situation report for VDPV2/Polio response, published on 6th November 2025

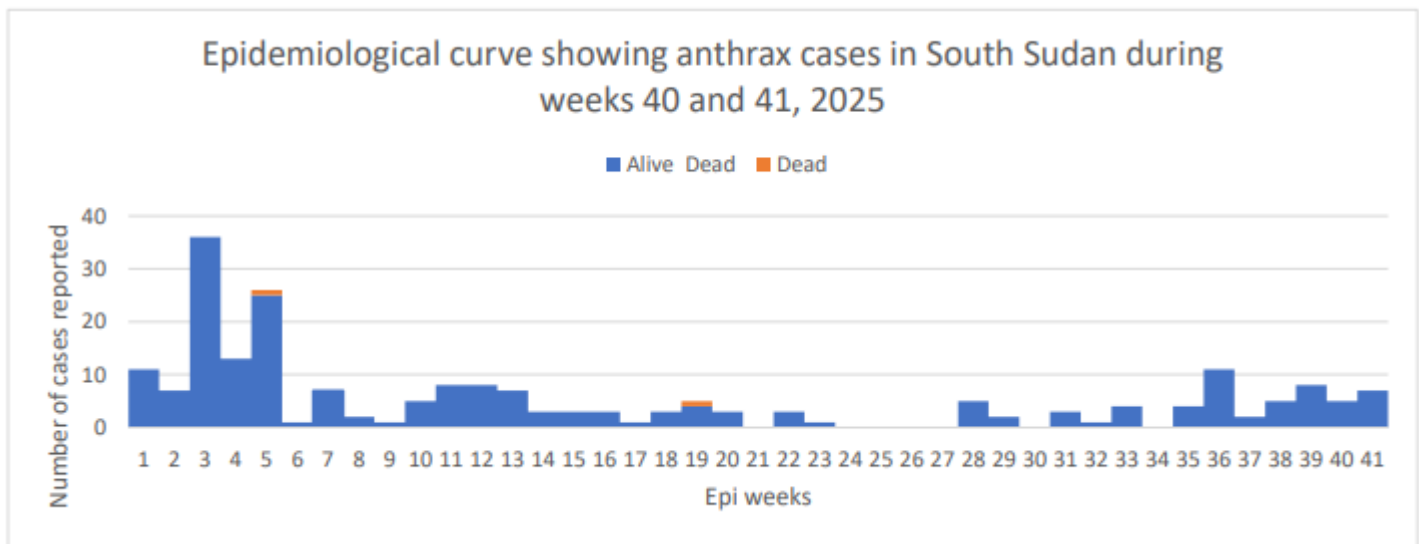
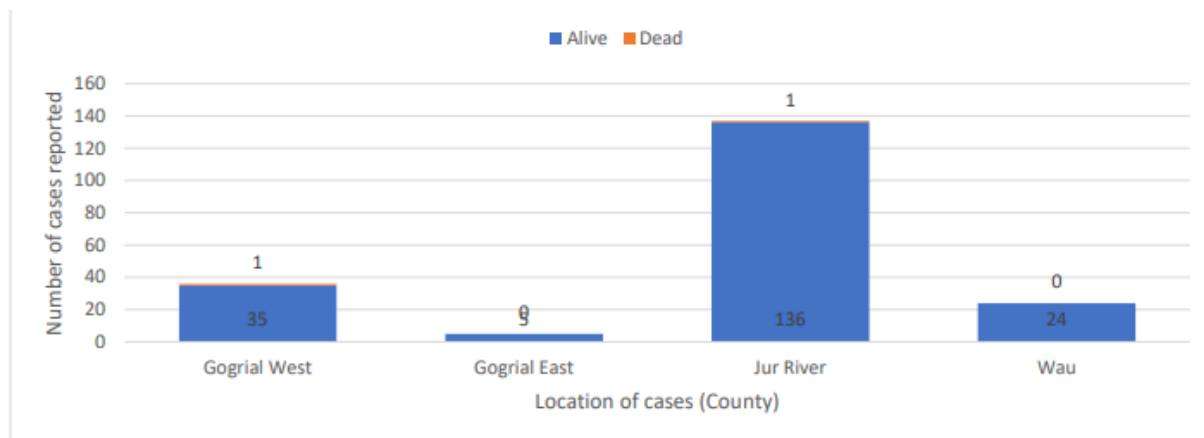


Figure 14: Cumulative Anthrax by affected counties of South Sudan; week 1 to 40, 2025.



Ongoing Intervention

- Weekly outbreak response coordination meetings for outbreak containment decision-making.
- Surveillance: Anthrax definitions shared; health workers report cases; community searches ongoing.
- Case Management: Treating the human cases; WHO provided medical kits and guidelines to all the health facilities in the anthrax affected counties.
- 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 41), a cumulative total of 77 measles suspected cases have been registered across 17 counties in 8 states.
- A cumulative total of 84 samples were collected, of which 44(53%) tested positive for measles in laboratory results.

- Out of 277 measles suspect cases, 254 (92%) 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 41 of 2025

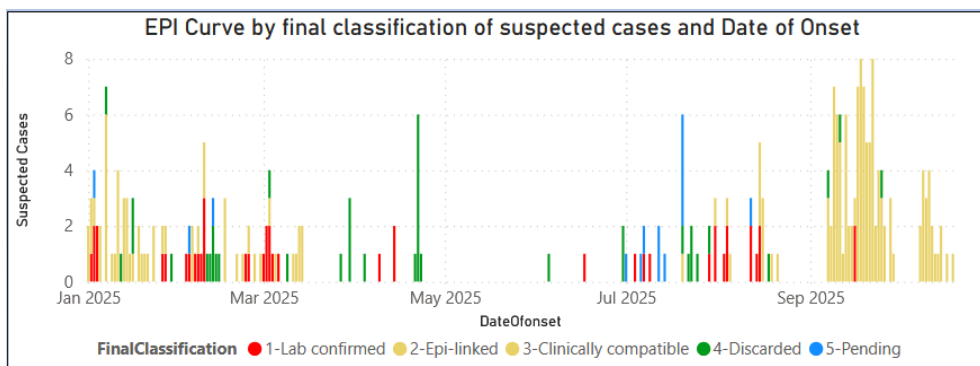
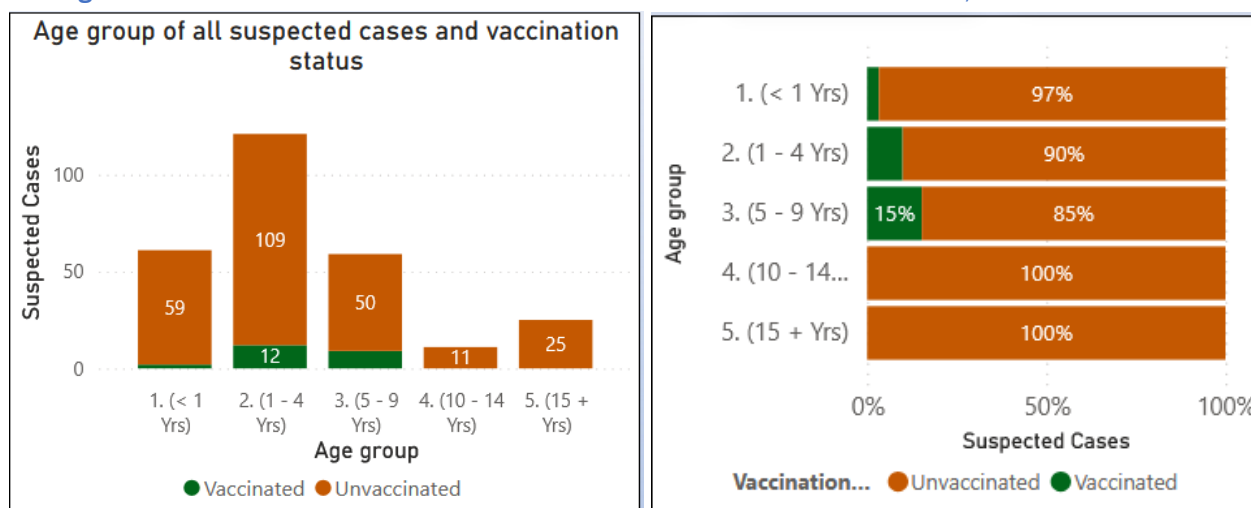


Figure 16: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-41 of 2025



6. Hepatitis E outbreak

- Since the commencement of the outbreak in 2018 in Bentiu, the cumulative total number of 9091 cases of suspected hepatitis E virus disease, with 2,738 RDT testing positive using RDT have been recorded, with 121 associated deaths, translating in an overall case fatality rate of 1.3%.
- The HEV cases have been reported from 16 counties across 6 states and two administrative areas, nevertheless the outbreak has been confirmed in 6 counties using the RT PCR test.
- The majority of the HEV suspected cases have been registered in Rubkona, Renk, and Fangak counties, signifying locations that are predominately disturbed by the outbreak. Continuous monitoring and assessment of the situation remain imperative as it develops.
- Similar outbreak of Hepatitis E has also been confirmed in Northern Bahr el Ghazal in Aweil West County effective week 35 of 2025. Since the confirmation of the outbreak in Northern Bahr el Ghazal state, a cumulative total of 66 cases have been reported with 14 related deaths, resulting in a case fatality rate (CFR) of 21%. In 2025 alone, a cumulative total of 45 cases with 7 related deaths were reported in Northern Bahr el Ghazal state.

- In week 41 of 2025, an additional 25 new Hepatitis E suspected cases were reported. Of the 25 new cases reported in the week, 11 tested RDT positive, bringing the cumulative total of RDT positive cases to 2,738 since the onset of the outbreak.
- Ongoing surveillance and case management in high-risk areas, with support from WHO for rapid diagnostic tests and specimen transportation. Public health messaging on Acute jaundice syndrome in most affected communities. 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.
- By gender, disaggregation of Hepatitis E suspected cases shows that males were the most affected accounting for 51%, while female represent 49% of the affected gender. On the other hand, individuals aged 15 to 44 years were the most affected age group among the other age groups across the country.
- The National outbreaks response Steering Committee is coordinating the response to Hepatitis E outbreak through exploiting the existing cholera response structures. Efforts have been made to activate the State task force meetings to enhance coordination among partners involved in the response. Measures on Water, Sanitation, and Hygiene (WASH) including Risk Communication and Community Engagement (RCCE) have been intensified to strengthen the response efforts in the affected Counties.

Figure 17: Epicure showing HEV RDT positive cases in South Sudan; Epi Week 52 of 2018 to Week 41 of 2025

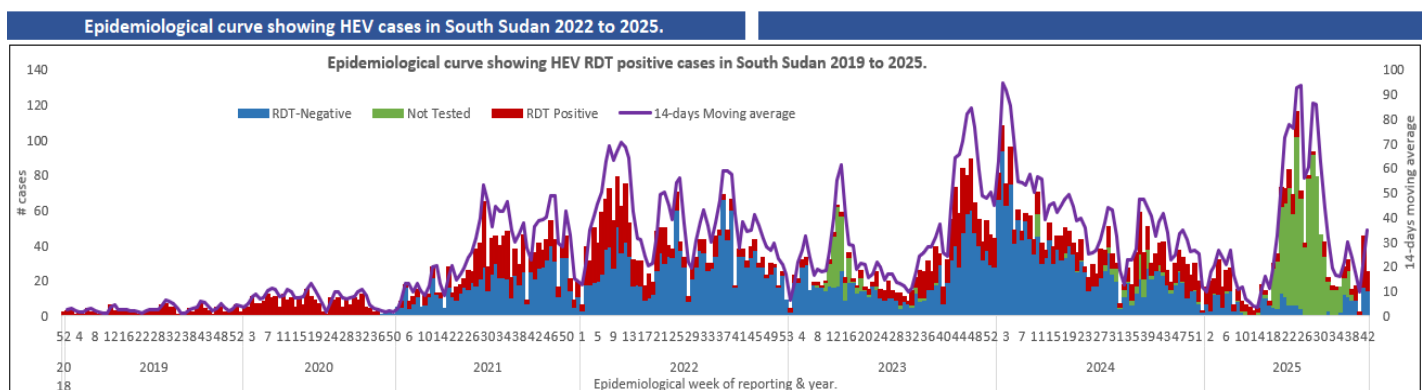


Figure 18: Distribution of suspected Hepatitis E Virus Cases by age and gender in South Sudan; 2018-2025

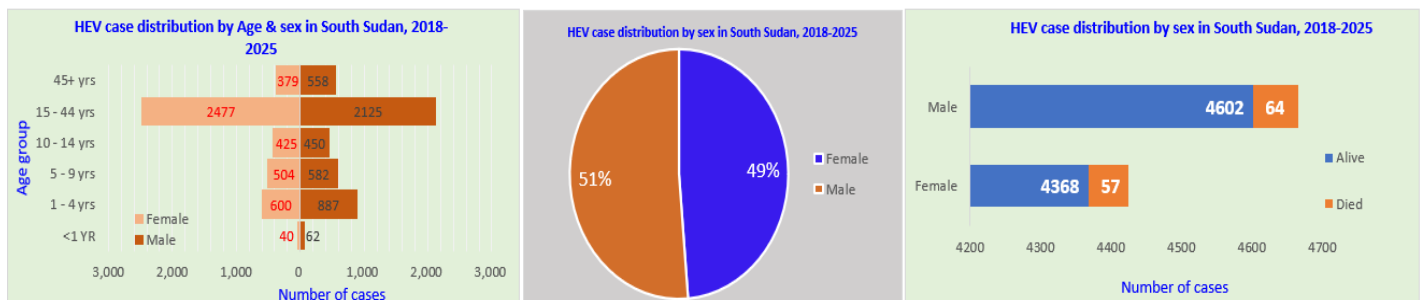


Figure 19: Location distribution of Hepatitis E cases and deaths in South Sudan; as of week 41, 2025

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	1074	0	1074	0.0%
Rubkona	6470	36	6506	0.6%
Grand Total	8970	121	9091	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 refuges 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 3rd November 2025 ⁽⁶⁾, a cumulative total of 317,717 households, containing 1,268,000 individuals (663,223 Females and 604,777 Males) from 18 different nationalities, had crossed the border. Of this number, 67.7% (857,984) are South Sudanese returnees, while 31.8% (403,650) are Sudanese refugees. Presently, 21 PoEs are being

⁶ Sudan Crisis dashboard for monitoring population movements

observed, with Wunthou-Renk reporting 88.6% of the total influx. Currently there are 54,464 individuals (16,7747 in transit centers and 37,717 in host communities) in Renk. As a result of escalating insurgence condition in Wunthou, the data collection may be incomplete.

In Renk:

- **Cholera:** No new suspected cases were reported, the cumulative number of reported cholera cases remained 1,504. Most of the cases continue to be reported by Renk CTU. The cholera cases reported during week39 in Renk CTU, were distributed: 03 from the Thuria, 02 from Kuburi Muzalet, 01 from Chemedi, 01 from Hai Masara, and 01 from Wunthou.
- **Hepatitis E Virus:** During the end of week 42, 25 new cases of HEV were reported with no death, increase the total cumulative number of HEV cases to 1029. MSF-B in collaboration with CHD and WHO is planning to conduct **HEV vaccination campaign in November 2025** for the risky places aiming 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):** No new suspected measles cases reported this week, the cumulative number of reported suspected measles cases remain at 65 cases. There has been not any active case in the isolation center at Renk county hospital. Open-ended surveillance and case management across the high-risk locations is continuing, and WHO is delivering RDTs and sample transport help. There is Ongoing key RCCE messages on Jaundice cases in Gosfami, Gosrom, Alali, Kolen, and ongoing water testing and water tracking through WASH 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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Notes

WHO and the Ministry of Health gratefully acknowledge the surveillance officers [at state, county, and health facility levels], health cluster and Health Sector Transformation Project (HSTP) partners who have reported the data used in this bulletin. We would also like to thank ECHO and the World Bank for providing financial support.

The data has been collected with support from the EWARS project. This is an ~~init~~iative 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

