Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 42

13th to 19th 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 42 of 2025, IDSR reporting timeliness was at 79% which was slightly below week 41 while completeness stands at 93%, which was an improvement from 91% reported in the previous week. All states achieved a completeness of reporting above 80%; with one state (Lakes) and two Administrative Areas (Pibor and Abyei) achieving 100% completeness.
- At the EWARN mobile sites, reporting timeliness was at 94% and completeness was at 94% during the current reporting week. The week 42 EWARN performance attainment in timeliness of reporting is an improvement from 78% reported in the previous week 41.
- **EWARS Alerts Management:** A total of 214 EWARS alerts were triggered in the week, with 168 (79%) verified, indicating a slight increase in alerts triggered and in their verification rates compared to week 41 of 2025. The most alerts were for ARI (21%), Guinea Worm Disease (19%), AWD (18%), Malaria (17%), ABD (10%), and Cholera (7%). Credits to the surveillance teams in Central Equatoria, Northern Bahr el Ghazal, Lakes, Jonglei, Eastern Equatoria, Western Equatoria, Greater Pibor Administrative Area, and Abyei Administrative Area for successfully verifying more than 80% of the alerts generated in EWARS.
- In week 42 of 2025, a total of **223,947 OPD consultations** for morbidities were reported from across South Sudan, spanning 1,282 health facilities. Malaria remained the top cause of morbidity, causing 47% (104,237) of all cases higher by more than 13,000 cases reported in the previous week, followed by Acute respiratory illnesses 16% (36,170) and acute watery diarrhea 6% (13,588).
- **Mpox Outbreak:** Two new suspected Mpox cases were reported in Week 43([1]), bringing the cumulative total of suspected Mpox cases to 462 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.
- **Cholera outbreak:** As at 3rd November 2025 ([1]) the cumulative total of suspected cholera cases was 95,846 cholera cases and 1,589 deaths, translating into a case fatality rate of 1.6%, above the target of less than 1%. Notably, health facility-based cholera case-fatality ratio was 0.8%. In the last 14 days of reporting (October 27, to November 9, 2025), there were 397 new cases and 3 deaths reported in 9 counties. Most of these cases were from Mayendit (114 cases, 28.7%), Juba (88 cases, 22.1%), Rubkona (86 cases, 21.6%), and Mayom (57 cases, 14.4%).
- **Other active Outbreaks and events include:** Anthrax, cVDPV2, Floods, Hepatitis E outbreaks in multiple counties, and the Sudan Crisis humanitarian Response

[1] *Data reported is aligned with published outbreak Situation reports and not the epidemiological week 42*

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 42, the timeliness of IDSR reporting was 78%, and the completeness was 93%, displaying a decrease in timeliness and a slight improvement in Completeness compared to the previous week.

Table 1: *Timeliness and completeness of IDSR reporting by State for week 42 compared to week 41 of 2025*

State	Total facilities	Number of facilities reported (Completeness Wk42)	Comparison of the reporting period				Cumulative since year start (2025 level)	
			Timeliness		Completeness			
			Week 42	Week 41	Week 42	Week 41	Timeliness	Completeness
Lakes	112	112	100%	98%	100%	100%	96%	100%
NBGZ	92	90	89%	95%	98%	99%	81%	90%
Unity	85	86	72%	79%	101%	83%	96%	99%
WBGZ	112	101	42%	79%	90%	88%	62%	86%
WES	191	182	81%	77%	95%	88%	78%	97%
Jonglei	120	110	92%	80%	92%	89%	84%	91%
Warrap	114	98	55%	75%	86%	92%	61%	84%
EES	112	101	71%	78%	90%	96%	**57%**	83%
RAA	16	16	31%	**31%**	100%	100%	**49%**	92%
CES	152	146	95%	93%	96%	97%	92%	94%
AAA	17	17	100%	94%	100%	100%	79%	89%
Upper Nile	143	129	73%	**57%**	90%	81%	66%	81%
PAA	16	16	100%	88%	100%	100%	94%	97%
Total	**1,282**	**1,204**	**78%**	**80%**	**93%**	**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 42, 2025.

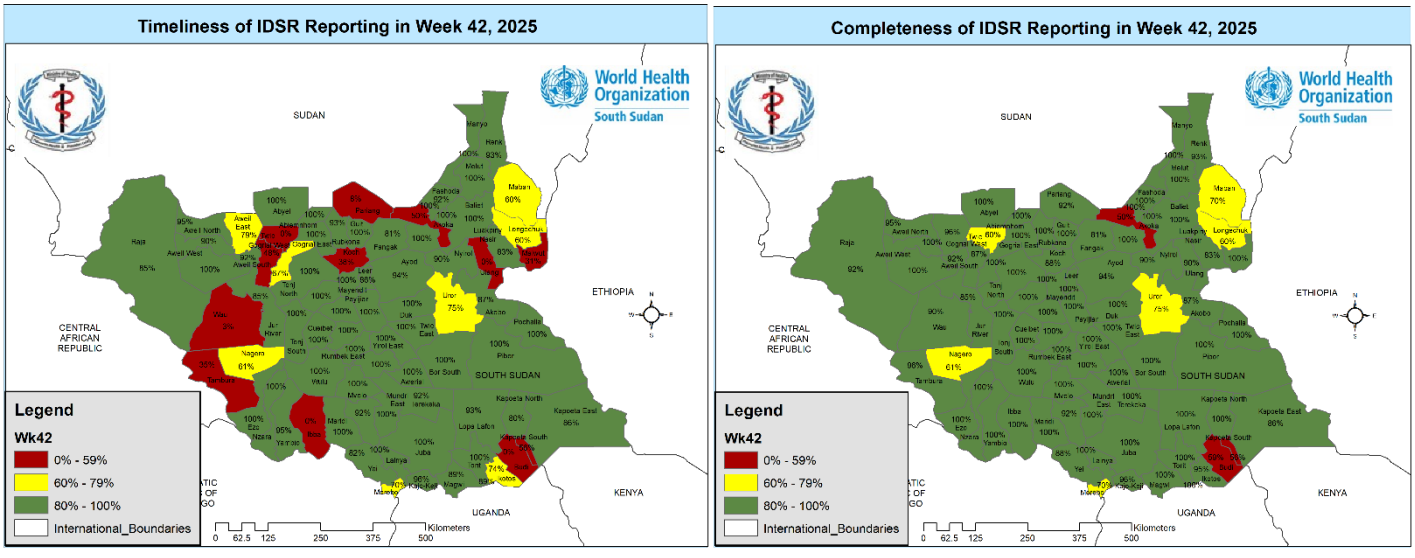


Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 42 of 2025.

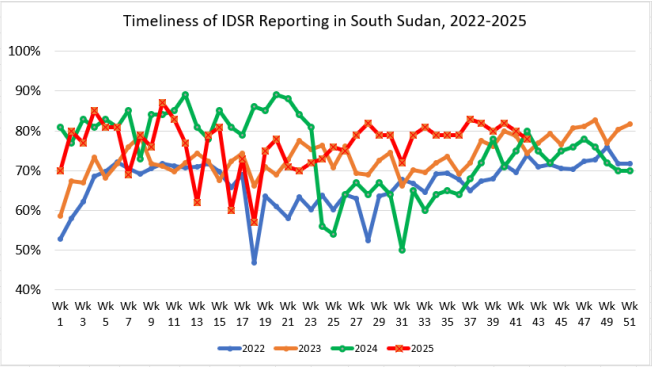
IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for week 41, 2025							
Partners	# of Reporting Mobile Sites	% of Timeliness in week 42	% of Completeness in week 42	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 42	% of Completeness in week 42
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%	95%
CIDO	1	100%	100%	Wau North	12	92%	92%
SP	4	100%	100%	Juba	10	100%	100%
HFD	1	100%	100%	Mangala	1	100%	100%
RI	1	100%	100%	TOTAL	63	**97%**	**97%**
TOTAL	18	**94%**	**94%**				

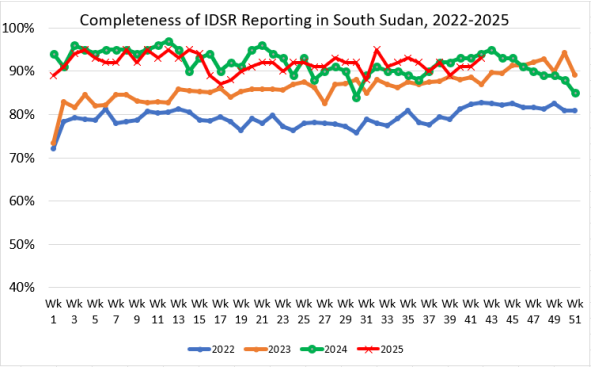
Note: Congratulations to all partners for maintaining strong performance in EWARN reporting. Over the past several weeks, timeliness and completeness have consistently remained above 80% for past 10 consecutive weeks (Weeks 32–42), a significant improvement from Week 31 when timeliness stood at 78%.

While performance saw a slight decline in Week 40 (89% timeliness, 94% completeness) and Week 41 (78% timeliness, 94% completeness), an improvement is noted in Week 42, with timeliness at 94% and completeness remained at 94%. The IDSR team sincerely appreciates your continued commitment and hard work. Let us build on this positive momentum and collectively strive to achieve 100% timeliness and completeness 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

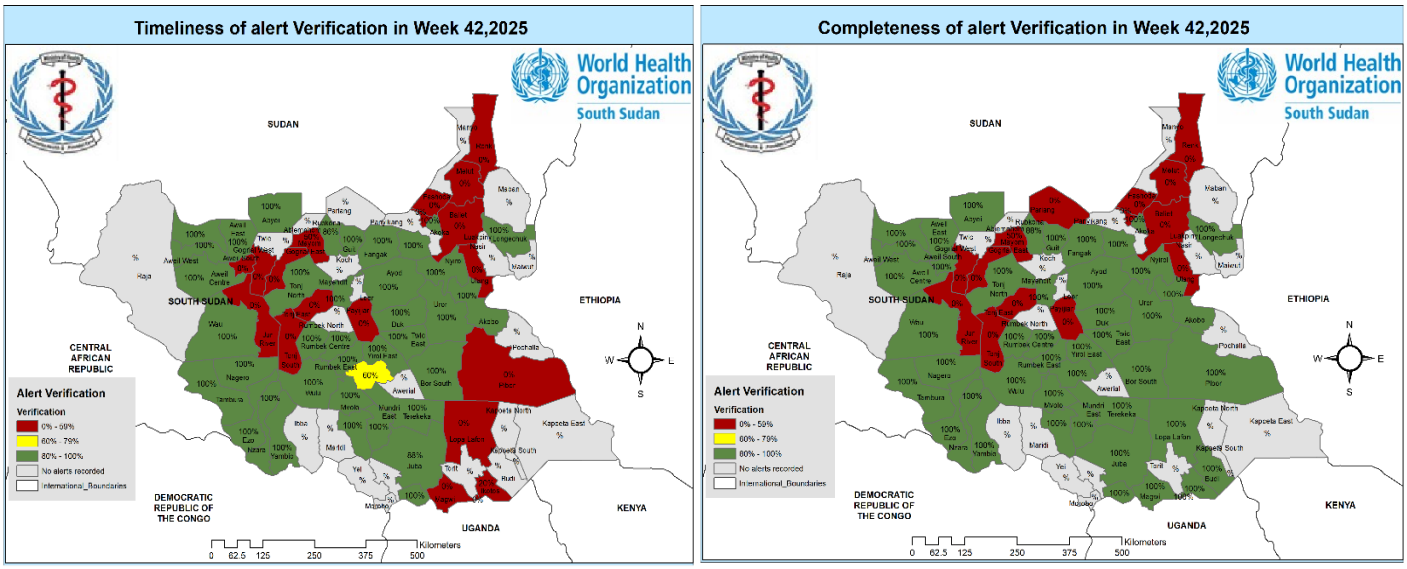
In epidemiological reporting week 42, 214 alerts were triggered in the EWARS system, with 79% (168) verified, indicating an increase in alerts triggered and in their verification rates from week 41. Ten states and three administrative areas reported at least one notifiable disease alert. Special recognition goes to Central Equatoria, Northern Bahr el Ghazal, Lakes, Jonglei, Eastern Equatoria, Western Equatoria, Greater Pibor Administrative Area, and Abyei Administrative Area for high verification rates. The most alerts were for ARI (21%), Guinea Worm Disease (19%), AWD (18%), Malaria (17%), ABD (10%), and Cholera (7%).

Table 3: *Summary of EWARS alerts triggered in Epidemiological Week 42, 2025.*

State/Admin	AJS		ARI		AWD		AFP		ABD		Cholera		Covid-19		EBS		Guinea		Malaria		Measles		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	#R	#V
AAA	0	0	4	4	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	6	6
CES	1	1	1	1	3	3	0	0	2	2	1	1	0	0	0	0	0	0	3	3	0	0	1	1	1	1	13	13
EES	0	0	0	0	2	2	0	0	2	2	4	4	0	0	0	0	1	1	2	2	0	0	0	0	0	0	11	11
GPAA	0	0	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
Jonglei	0	0	9	9	7	7	0	0	8	8	3	3	0	0	3	3	6	6	7	7	0	0	1	1	1	1	45	45
Lakes	0	0	4	4	3	3	0	0	1	1	0	0	0	0	0	0	21	21	2	2	0	0	0	0	0	0	31	31
NBGZ	0	0	3	3	5	5	1	1	1	1	0	0	0	0	0	0	1	1	4	4	0	0	0	0	0	0	15	15
RAA	0	0	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	2	1	5	4	0	0	3	2	5	5	1	0	0	0	0	0	2	2	0	0	0	0	1	1	19	15
Upper Nile	0	0	13	0	4	0	0	0	0	0	0	0	0	0	1	1	1	1	5	1	1	0	0	0	0	0	25	3
Warrap	0	0	3	0	2	0	0	0	0	0	1	0	0	0	0	0	7	0	1	1	2	0	0	0	0	0	16	1
WBGZ	0	0	3	3	0	0	0	0	0	0	0	0	0	0	0	0	4	1	1	0	0	0	0	0	0	0	8	4
WES	0	0	4	4	7	7	0	0	2	2	1	1	0	0	0	0	0	0	8	8	0	0	0	0	0	0	22	22
Grand Total	1	1	46	29	39	32	1	1	22	20	15	14	1	0	4	4	41	31	36	31	3	0	2	2	3	3	214	168

Figure *3: Timeliness and Completeness of Alerts: Verification rates by county of South Sudan for week 42, 2025*

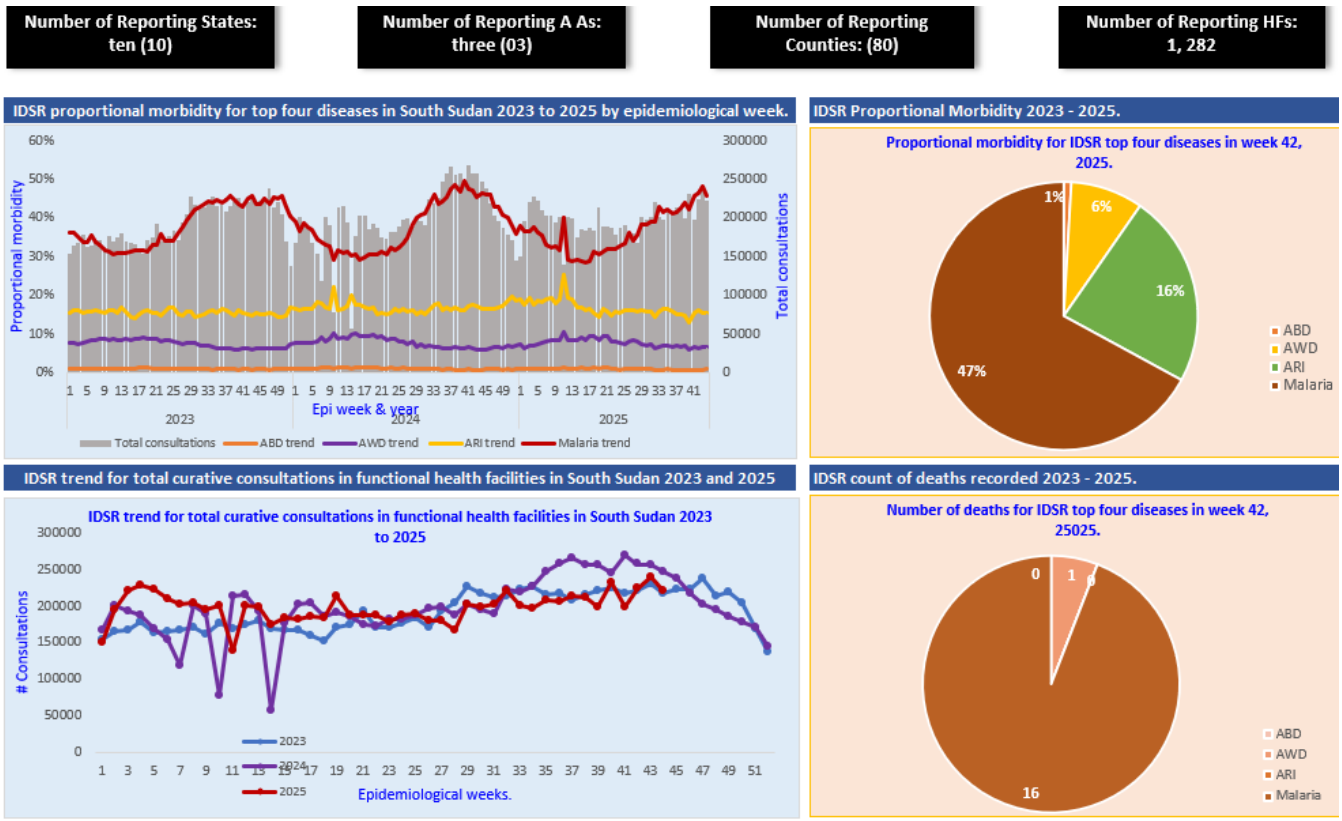
Weekly Update on Indicator-Based Surveillance (Week 42 of 2025)



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 42 of 2025, a total of **223947 outpatient consultations** for morbidities were reported from across South Sudan, spanning 1,282 health facilities. Malaria remained the top cause of morbidity, accounting for 47% (104,237) of all cases, followed by Acute respiratory illnesses 16% (36170) and acute watery diarrhea 6% (13588). 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.

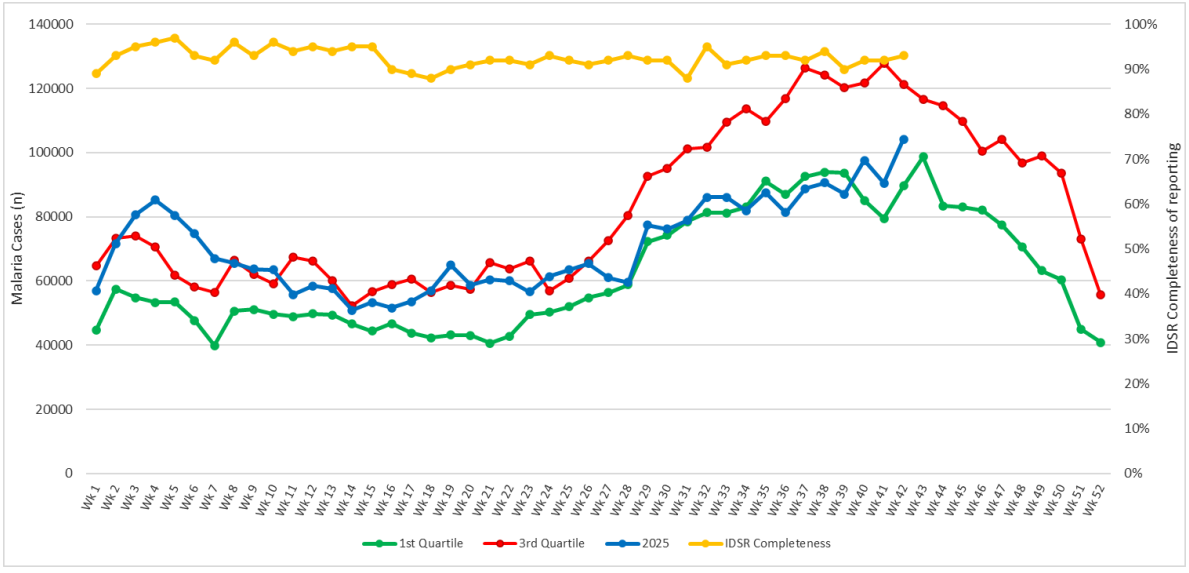
Figure 4: **Proportional Morbidity of top 4 IDSR priority diseases reported as of week 42 of 2025.**



1. Malaria Updates

In week 42 of 2025, malaria remained the leading cause of illness, with 104,237 reported cases and 19 deaths amongst the suspected cases. The weekly analysis reveals that these numbers are slightly 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. This is compounded by the nationwide shortage of supplies, including antimalarials. We encourage all states and counties to establish similar channels for the quick identification of malaria transmission that exceeds their historical detection levels., as shown in Figure 5 below.

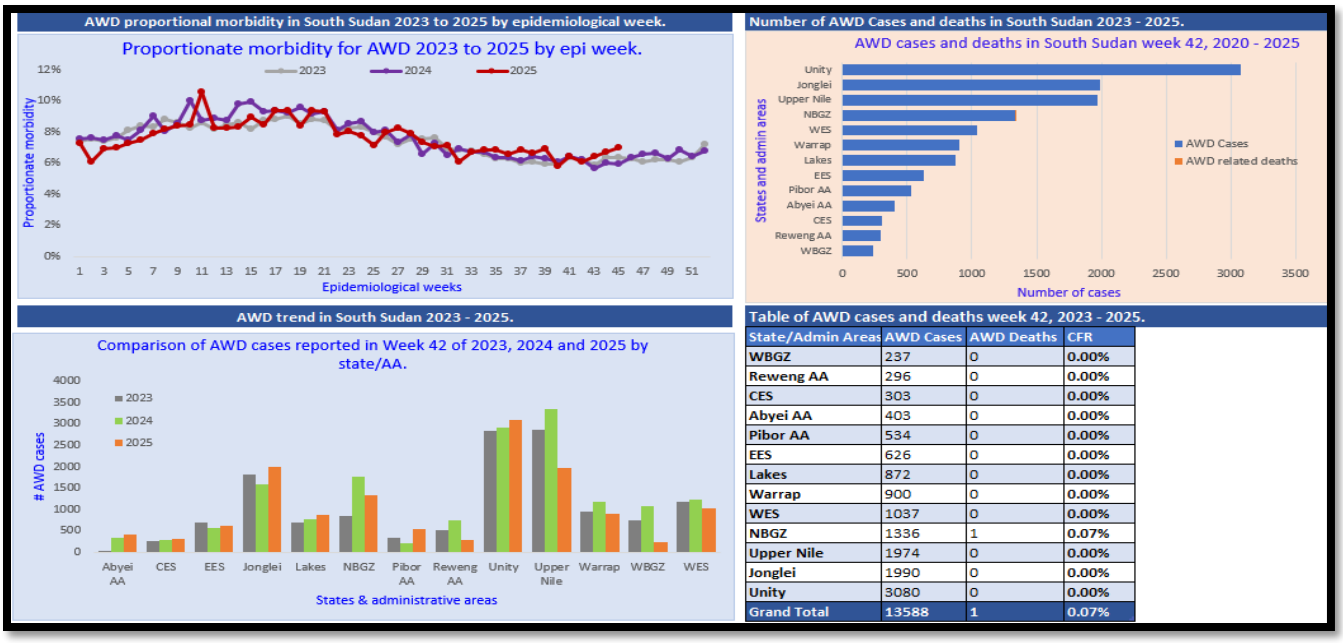
Figure 5: Normal Malaria Transmission Channel for South Sudan; Updated at Week 42 of 2025



2. Acute Watery Diarrhoea

During the epidemiological week 42, Acute Watery Diarrhoea (AWD) was the third leading cause of EWARS alerts triggered (18%). Similarly AWD was the third leading cause of morbidity, causing 13,588 OPD consultations and one death. After one year of the cholera outbreak, AWD cases remained within normal ranges. The AWD dashboard remains 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

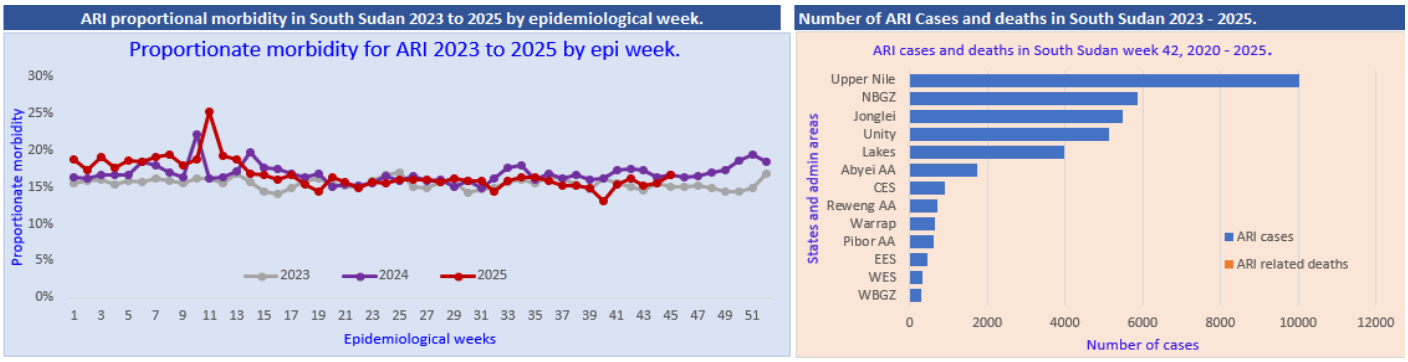


State/Admin Areas	AWD Cases	AWD Deaths	CFR
WBGZ	237	0	0.00%
Reweng AA	296	0	0.00%
CES	303	0	0.00%
Abyei AA	403	0	0.00%
Pibor AA	534	0	0.00%
EES	626	0	0.00%
Lakes	872	0	0.00%
Warrap	900	0	0.00%
WES	1037	0	0.00%
NBGZ	1336	1	0.07%
Upper Nile	1974	0	0.00%
Jonglei	1990	0	0.00%
Unity	3080	0	0.00%
Grand Total	13588	1	0.07%

3. Respiratory Pathogens Surveillance weekly updates.

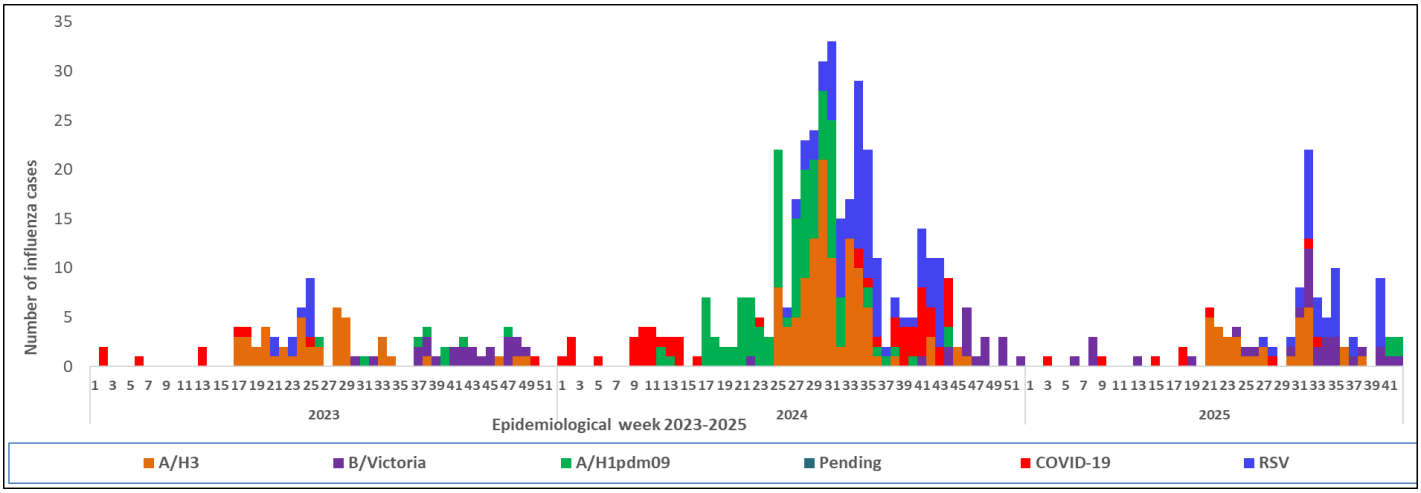
Acute respiratory illnesses are the second leading cause of outpatient' consultations in the country constituting 16% of all the consultations. Most IDSR-reported ARI cases are from Upper Nile, Northern Bahr el Ghazal, and Unity State, which host a large portion of the nation's refugees and displaced populations. Notably, the top two ARI high-burden states (Upper Nile and Northern Bahr el Ghazal) 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 42 of 2025.



Currently, six designated Influenza sentinel surveillance sites in the country: Juba Teaching Hospital, Al Sabbah Children's Hospital, Juba Military Hospital, Rumbek State Hospital, Bor State Hospital, and Nimule Hospital are actively collecting epidemiological data and samples from ILI/SARI cases.

Figure 8: Confirmed Influenza, COVID-19, and RSV cases from sentinel sites, Epidemiological Week 1 of 2022 to Week 42 of 2025.



During Epidemiological Weeks 1-42 of 2025, a total of 1399 ILI/SARI samples have been collected; 1285 tested negative for all pathogens, (8) were positive for COVID-19, (35) for Influenza Type A (H3), (31) for Influenza Type B (Victoria), (4) for Influenza A/(H1N1)pdm09 and (36) for RSV.

South Sudan Confirmed and ongoing epidemics in 2025

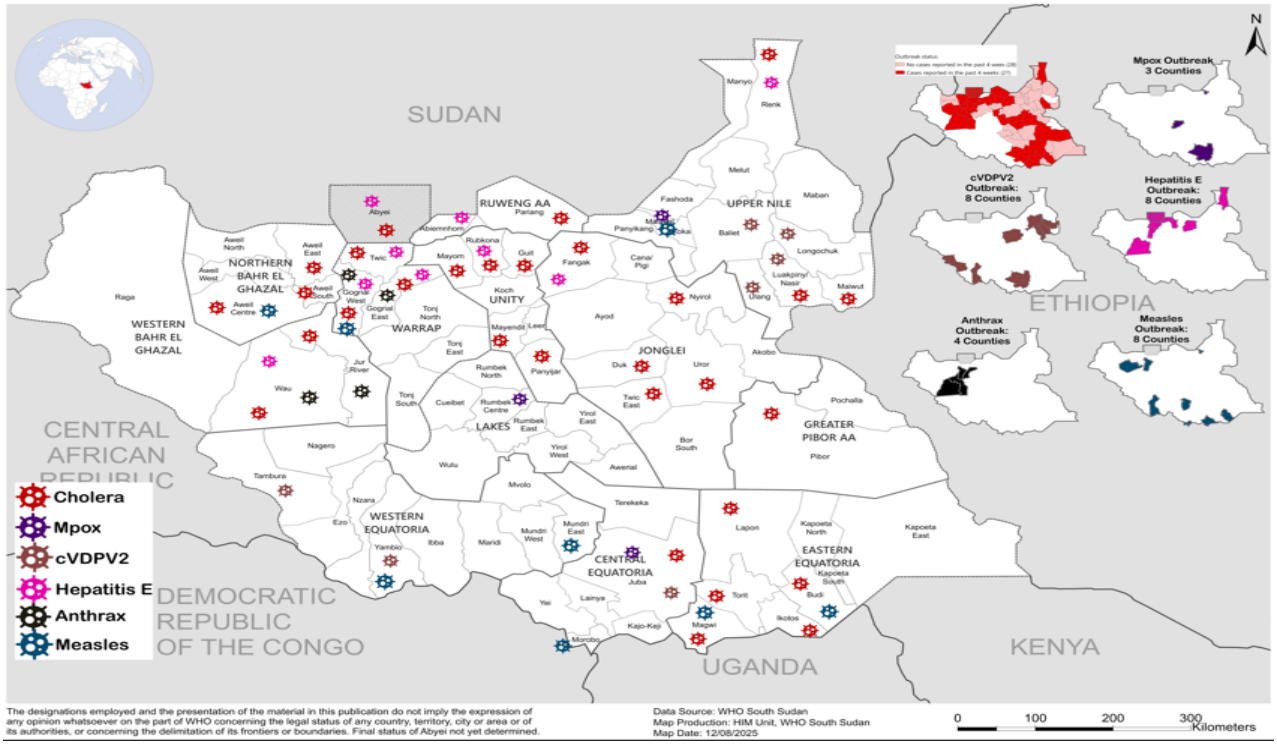
Every year, South Sudan experiences multiple emergencies. Based on data from the states and the EWARS system, most counties have reported at least one of the ongoing disease outbreaks. In week 38 of 2025, the active outbreaks in South Sudan were Anthrax, cholera, cVDPV2/Polio, hepatitis E, and Mpox. 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 6th November 2025*[2]

Aetiologic agent	Location (county)	Date first reported	New Suspected cases	Cumulative suspected	Response Activities				
					Surveillance/ Lab confirmed	Active Cases under management	Vaccination	Health promotion	IPC/WASH
Mpox	Juba Malakal, Rumbek	Feb 2025	3	462	21	0	Planned	Yes	Yes
Cholera	In 55 counties of 9 states and 3 AAs	Sept 2024	222	95,831	12,593	222	Completed in 46 counties	Yes	Yes
Hepatitis E	Rubkona Fangak Wau, Abyei Twic, Renk and Aweil	Dec/2018	6	9,116	2, 741	25	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	08	365	4	12	Not explored	Yes	Yes

[2] Although it is week 42, the data on the ongoing outbreaks is from the latest Situation reports.

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



Response activities for ongoing/suspected outbreaks

1. Mpox outbreak

- In the week ending 7th November 2025, three new suspected Mpox cases were reported in Juba; however, all tested negative. This increases the cumulative total of suspected Mpox cases to 462 since the outbreak began in 2025. There have been no new confirmed Mpox cases reported this week, keeping the total number of confirmed cases at 21, with no recorded deaths. The geographical distribution of confirmed cases remains at 17 in Juba, 2 in Rumbek Center, 1 in Rumbek East, and 1 in Malakal County. Currently, there is no significant event of Mpox, as all 21 confirmed cases have been released from voluntary home quarantine without any secondary infections.
- Active surveillance for suspected Mpox cases continues nationwide. Additionally, there has been contact listing and daily tracing related to the most recent alerts reported in Yambio, whose sample was rejected for wrong transport media.
- Sequencing has been completed for the first fourteen laboratory-confirmed cases, and the results classified them as Mpox Clade 1b. The phylogenetic tree showed linkages with transmission chains occurring in Uganda. The latest seven positive samples have also been sent to UVRI for genetic sequencing, alongside at least ten samples that tested negative for external quality assurance.
- Among the suspected cases, 52% are female and 48% are male, which may be attributed to a higher number of male cases reported from Rumbek prison. The ratio of confirmed cases is 11 females to 10 males.
- Lakes State has reported a cumulative total of 209 suspected Mpox cases; however, only 69 suspected cases have been investigated with lesion swabs, resulting in 3 positive cases at NPHL. A total of 150 suspected Mpox cases have recovered and been discharged back into the community, with relevant psychosocial support mechanisms in place.

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

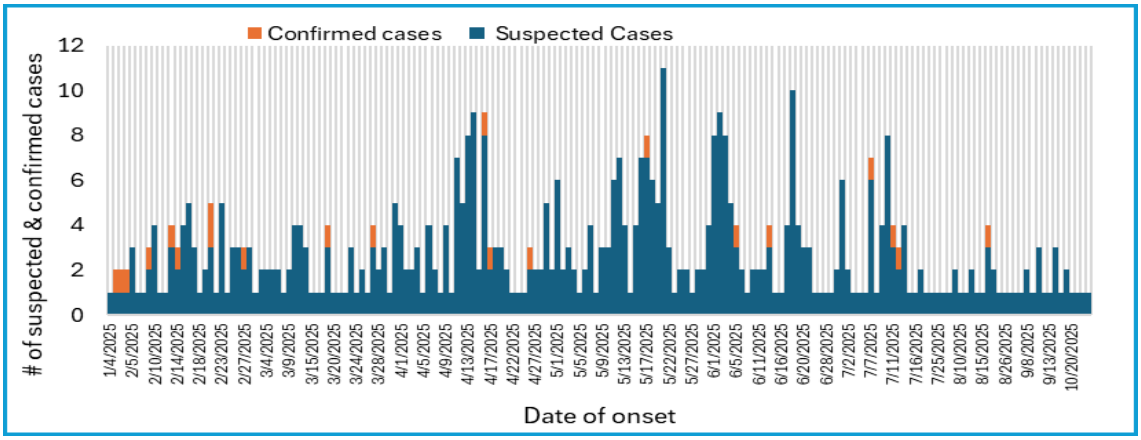
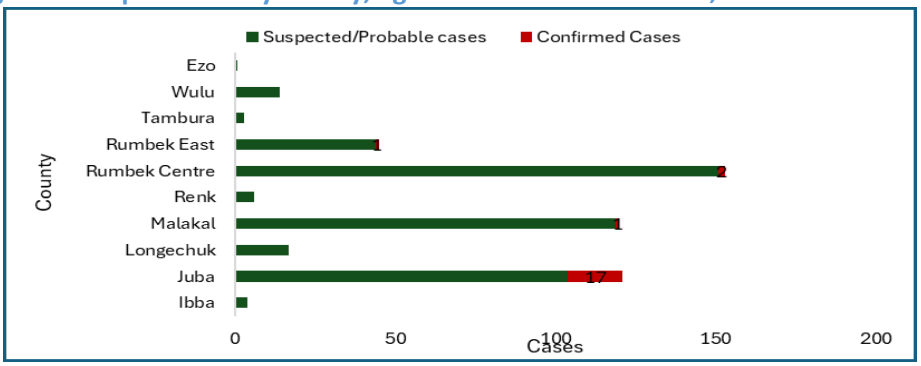
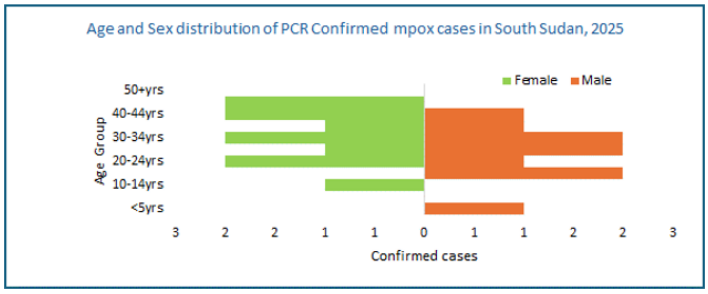
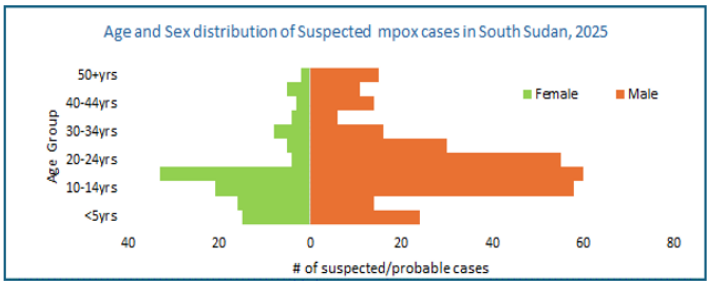


Figure 11: Mpox cases by county, age and sex in South Sudan, Jan-Oct 2025







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 9; and
- Weekly IMST meeting combining Mpox with Cholera response coordination.

2. South Sudan Cholera Outbreak Epidemic description as of 9th November 2025

- As at 9th November 2025 ([3]), the cumulative total number of suspected cholera cases was 95,846 cases and 1,587 deaths that translates into a case fatality rate of (CFR: 1.7%, target < 1%). Nevertheless, health facility-based cholera case-fatality ratio is 0.9%, which is in the WHO recommended target of <1%.
- Of the 95,846 cases, a total of 93,862 individuals had recovered, bringing the recovery rate to 98%. Currently, there are 222 patients still hospitalized, receiving the vital care they need in Cholera treatment centres/units.
- Of the 1,589 deaths reported, 814 (about 51%) occurred in health facilities, while the remainder were community deaths. The overall case fatality rate (CFR) stands at 1.7%, with a health facility CFR of 0.9%.
- In the last 14 days of reporting (from October 27, 2025, to November 9, 2025), there were 397 new cases and 3 deaths reported in 9 counties. The majority of cholera cases were from Mayendit (114 cases, 28.7%), Juba (88 cases, 22.1%), Rubkona (86 cases, 21.6%), and Mayom (57 cases, 14.1%).
- Unity State continues to bear the highest burden of cholera cases, accounting for 32% (30,379 cases), followed by Jonglei State at 14% (13,218 cases) and Central Equatorial State at 13% (12,242 cases) of the cumulative cases.
- Western Equatoria remains the only state with no reported cases, since the outbreak begun in September 2024.
- The age group with the highest number of cases is 0-4 years, representing 24% of cases, followed by the 5-14 years age group at 22%.
- The oral cholera vaccine (OCV) campaign has now been completed in 46 counties, with approximately 8.6 million doses administered, achieving 87% vaccination coverage. Plans are in progress to conduct mop-up campaigns in 10 counties, targeting an additional 448,500 individuals.

Figure 11: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, Wk39, 2024 to Wk45, 2025

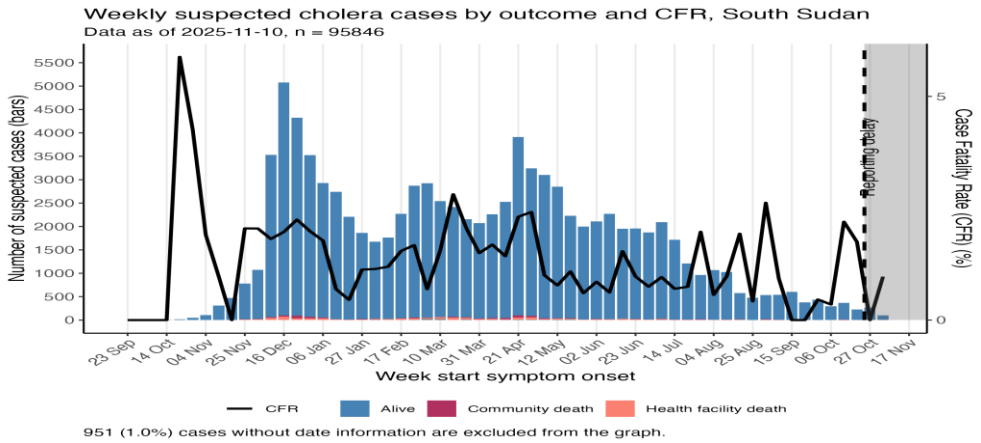
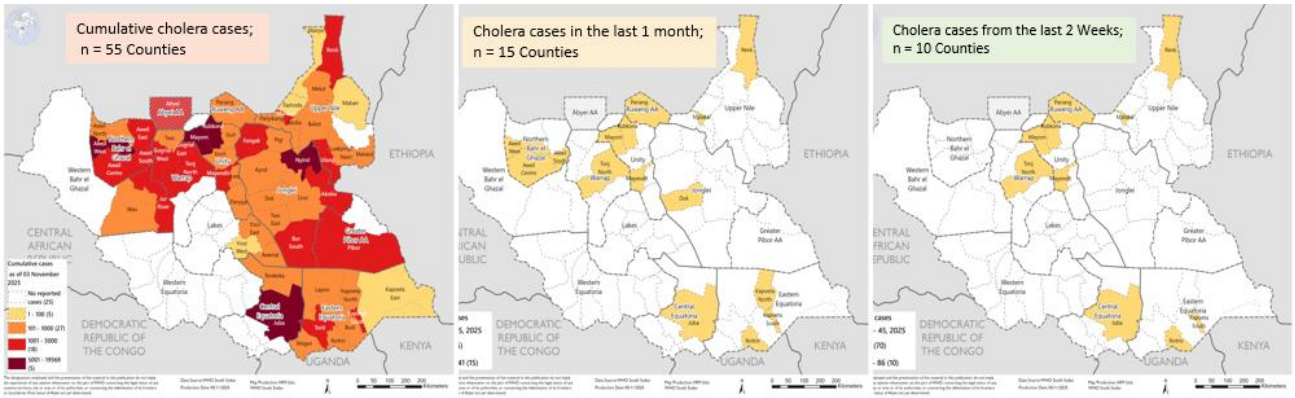
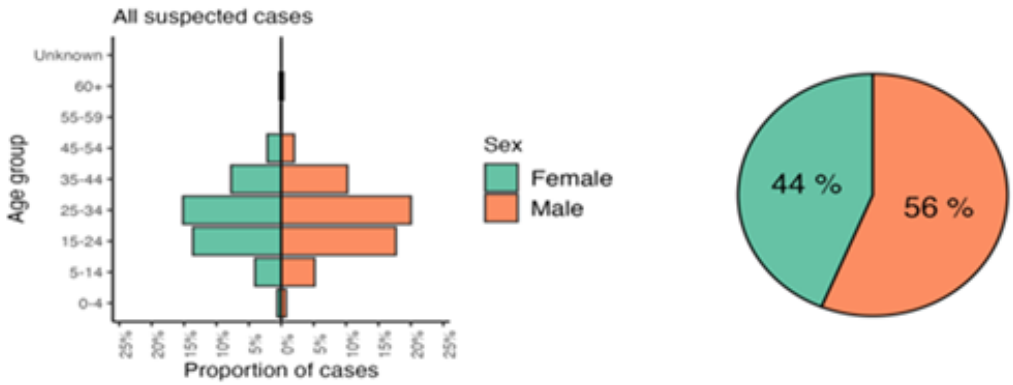


Figure 12: Map showing Cholera Case counts by Counties of South Sudan over time



[3] *Data published and shared on the National Cholera Outbreak dashboard as at 9th November, 2025*

Figure 13: Age and sex distribution of cholera cases and deaths reported as at 9th November 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 (84.7%)
- 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.
- 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)
- Five Payams in Nasir County (**Mandeng, Kuerengek, Makak, Maker and Torkech**) with a target of 5,600 through humanitarian assessment mission. So far, a total of 4,357 individuals of the target vaccinated **(77.8%)**
- The coverage on the dashboard is only based on target population of counties that completed implementation of the OCV campaigns and changes as it is updated

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
- Validation of the Priority Areas for Multisectoral Identifications (PAMIs) data/outputs planned for 17th to 21st November
- Finalized the 30-day Cholera knockout plan for intensified and targeted support to interrupt transmission in the remaining loci before the Christmas break.

3. Circulating Vaccine Derived Polio Virus Type 2 (cVDPV2) outbreak

- On December 22, 2023, the Ministry of Health declared a public health emergency due to cVDPV2 following confirmed cases in Yambio. A total of 13 laboratory-confirmed cVDPV2 isolates have been reported from AFP cases in several regions, including Yambio, Juba, and Ayod. Additionally, four viruses were isolated from healthy children and nine from environmental wastewater samples. The latest cVDPV2 isolate was from an environmental sample collected on 17th December 2024.
- Since the country completed the 4 outbreak response rounds of nOPV2 SIAs in December 2024, no new cVDPV2 isolate was reported. The last environmental cVDPV2 isolate had a date of sample collection given as 17 Dec 2024 from Lobulate environment sample collection site in Juba. Similarly, the last cVDPV2 isolate from an AFP case was reported from Rubkona, Unity State with date of onset of paralysis given as 16 November 2024
- However, one VDPV2 isolate from an AFP case (9nt changes from sabin) was reported in 2025 from Wau, Western Bahl El Ghazal State. The isolate was from an AFP case with Date of onset of paralysis dated 9 July 2025. A comprehensive epidemiological and clinical investigation was conducted, and samples collected from this investigation are still under processing to feed into the isolate classification.
- As 9th November 2025, a cumulative number of 393 AFP cases have been reported in 80 counties, compared with 421 cases reported in the same period in 2024. No County has not reported at least 1 AFP case 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.[U1]
- The NP-AFP Rate now stands at 5.15 per 100,000 population under 15yrs, compared to 5.58 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 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, 62 (77.5%) achieved both the NP-AFP Rate and Stool Adequacy indicators, 17 (21.25%) achieved at least one of the indicators, and only 1 (1.25%) did not meet any of the indicators.
- 255 Active Case Search Visits were conducted in week #45 compared with 411 visits in the same period last year. The declining active surveillance visits explains the declining AFP surveillance performance indicators.
- The two sub-national immunization days approved by GPEI have all been implemented. The 1st sub-national round conducted from 23rd to 26th September 2025 was completed, reaching 2,067,681 (96%) of the targeted 2,162,947 children with nOPV2. The Lot Quality Assurance surveys (LQAs) conducted in 20 counties (lots) showed that 8 (40%) passed and 12 (60% failed). The 2nd sub sub-national round conducted from 4th to 7th November 2025 was also completed, and data coming into the dashboard indicates that 1,756,489 (81%) of the targeted 2,162,947 children were reached with nOPV2. The second round Lot Quality Assurance surveys (LQAs) are ongoing.

4. Anthrax

- Seven anthrax cases were reported in Western Bahr El Ghazal during epidemiological week 41, with no cases from Warrap State as of October 11, 2025. In week 40, 5 cases were recorded in Western Bahr El Ghazal. There were no reported deaths from either state in weeks 40 and 41.
- Unreported cases include 3 in week 33, 4 in week 35, and 11 in week 36, with 1 case reported from Warrap in week 39. A record review in Western Bahr El Ghazal revealed additional cases from weeks 10 to 20.
- In total, 216 human anthrax cases were reported in 2025, with 177 from Western Bahr El Ghazal and 39 from Warrap. Two deaths resulted in a case fatality rate (CFR) of 0.9%. Since 2024, there have been 377 cases overall, 5 of which resulted in death, leading to a CFR of 1.3%.
- This data should be interpreted with caution due to under-reporting. The Jur River in Western Bahr El Ghazal recorded the highest number of cases this year, at 137 (55.8 per 100,000 population), followed by Wau (14.9 per 100,000), Gogrial West (6.2 per 100,000), and Gogrial East (1.8 per 100,000).

Figure 14: Epidemiological curve for anthrax cases in South Sudan as of week 41, 2025.

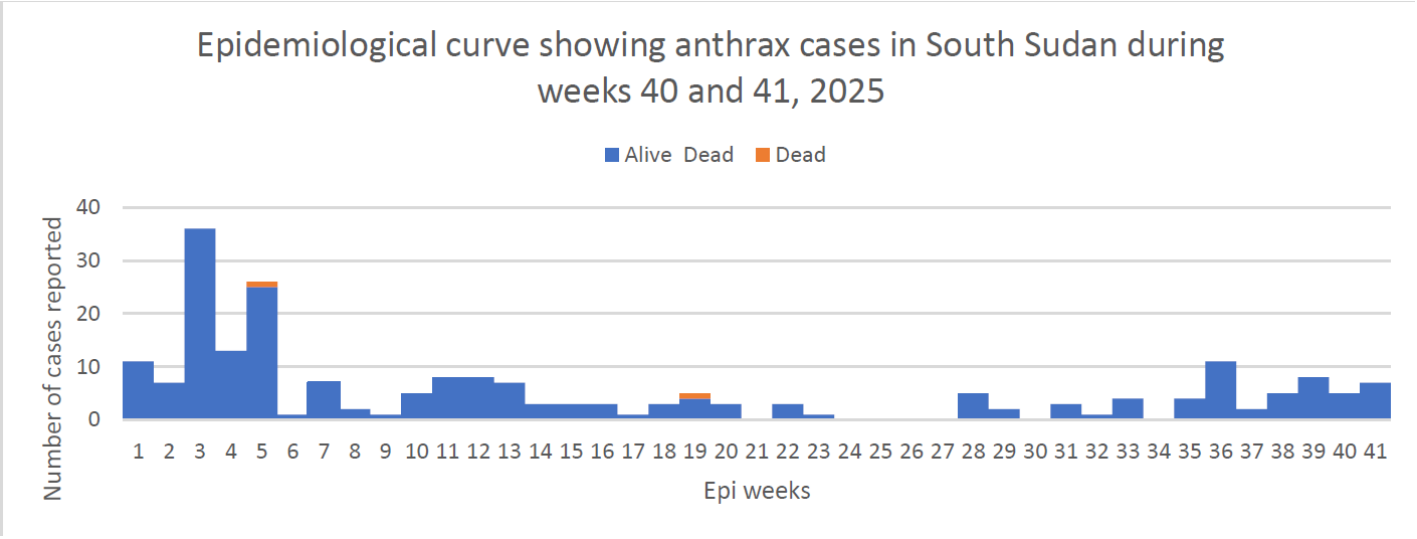
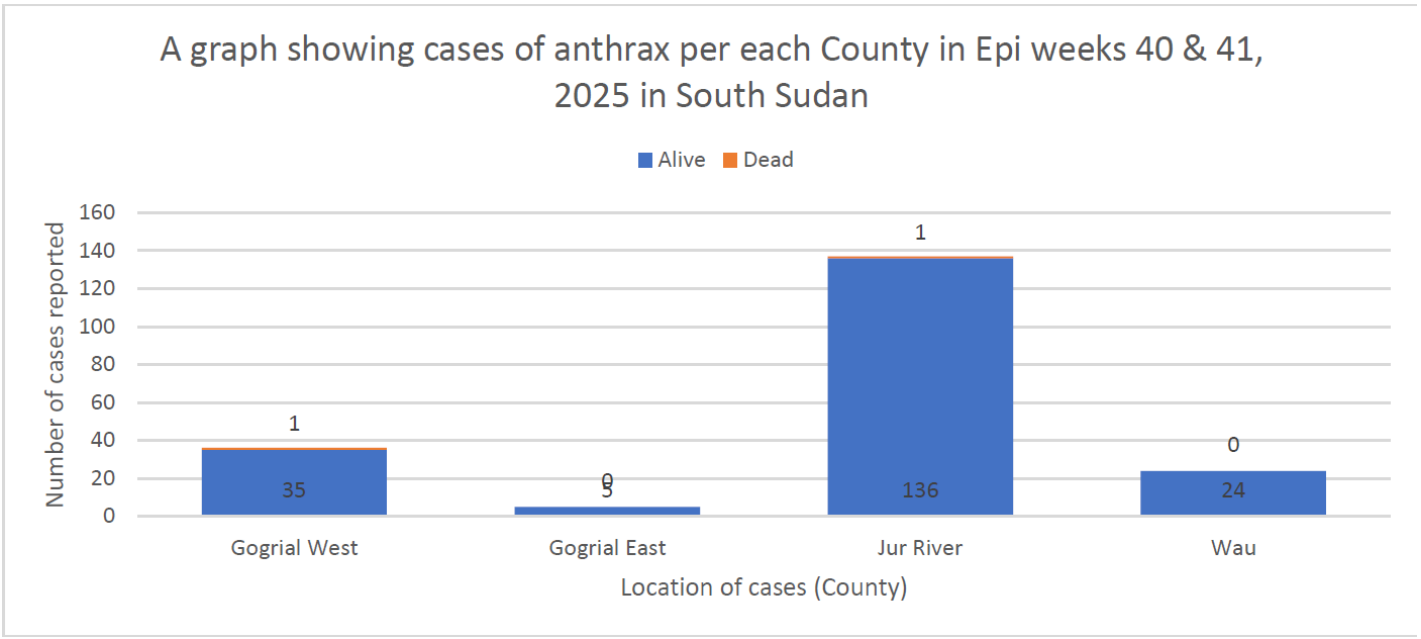


Figure 15: Cumulative Anthrax case count by affected counties of South Sudan; week 1 to 41, 2025.



Ongoing Intervention

- Coordination of Weekly meetings for outbreak containment; Rapid Response Teams aid decision-making.
- Surveillance: Anthrax case 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[4]

- Since the beginning of 2025 (Epidemiological Week 01 to Week 45), a total of 288 suspected measles cases have been reported across 17 counties in 8 states.
- A total of 95 samples were collected, and laboratory results indicated that 51 of these tested positive for measles.
- Out of 288 suspected measles cases, 264 individuals (92%) were unvaccinated, either having zero vaccination or an unknown vaccination status.
- Among the unvaccinated individuals, children under the age of five years account for 91%. These children should be given additional opportunities for vaccination during both Routine Immunization (RI) and Supplementary Immunization Activities (SIAs).
- The high risk of measles infections in displaced populations is being monitored in South Sudan, given the historical importance of the Sudan crisis in sustaining measles transmission in 2024. It is needless to add that transmission is high in population concentration points as happens in the camps. In turn, the dashboard data shows disaggregation of coverage amongst suspected cases indicating that 29% and 19% of suspected measles cases were vaccinated in returnees and refugee populations.

Figure 16: Epidemic curve of measles cases in South Sudan; Week 01 to week 43 of 2025

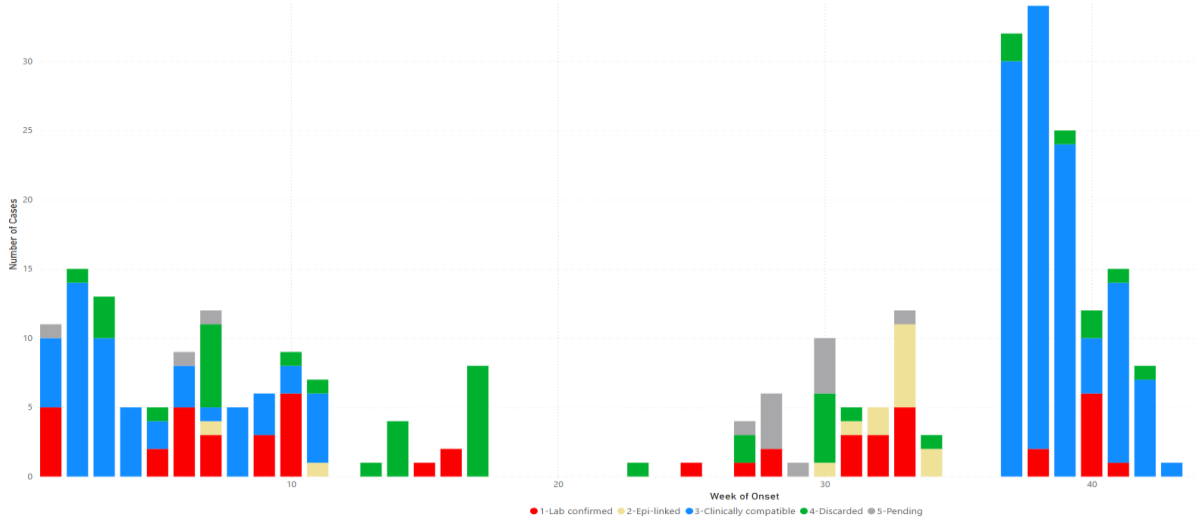
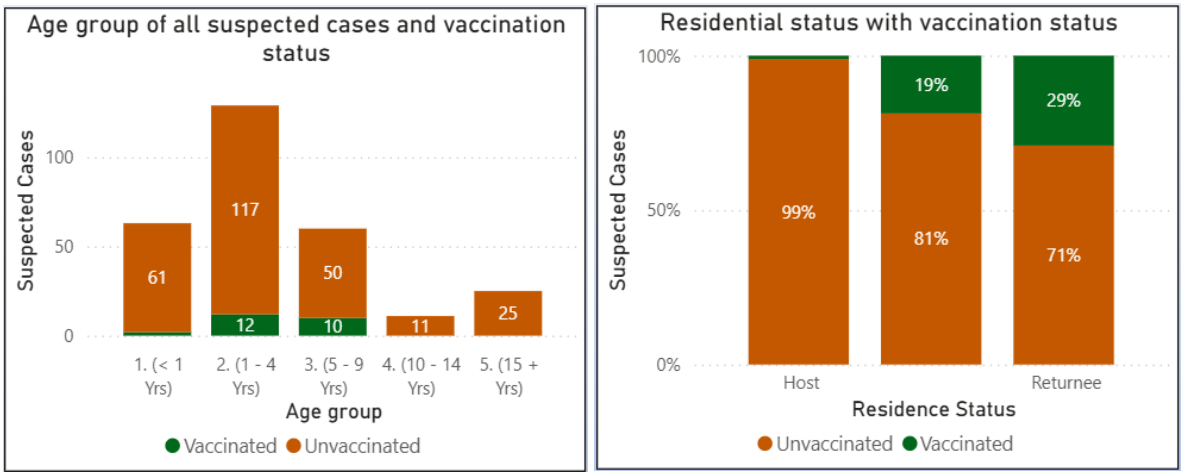


Figure 17: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-43 of 2025



[4] Refer to the Measles Dashboard for South Sudan, 2025

6. Hepatitis E outbreak

- Since the outbreak began in 2018 in Bentiu, a cumulative total of 9,116 suspected cases of hepatitis E virus disease has been reported. Out of these, 2,741 cases have tested positive using rapid diagnostic tests (RDT), resulting in 121 associated deaths. This translates to an overall case fatality rate of 1.3%. In 2025, the most deaths (CFR) were reported in Aweil East 17 (24%), Abyei 31 (22%) and Aweil South 1(14%)
- Regarding gender, the disaggregation of suspected hepatitis E cases shows that males constitute 51% of those affected, while females represent 49%. Additionally, individuals aged 15 to 44 years are the most affected age group in the country.
- Hepatitis E cases have been reported in 16 counties across six states and two administrative areas. However, the outbreak has been confirmed in six counties through RT-PCR testing. The majority of suspected HEV cases have been recorded in Rubkona, Renk, and Fangak counties, which are heavily impacted by the outbreak. Continuous monitoring and assessment of the situation remain essential as it evolves.
- In 2025, the epidemic centres of the Hepatitis E virus outbreak has been in Renk (1,099 cases), Rubkona (250 cases) and Abyei (31 cases). On the contrary, the most reported Hepatitis E virus related deaths were in Abyei (7 deaths and CFR of 22.6%), Aweil East (4 deaths and CFR of 23.4%) and Aweil West (2 deaths and CFR of 11.8%).
- In week 42 of 2025 alone, an additional 25 new suspected hepatitis E cases were reported. Out of these 25 cases, 11 tested positive using RDT, bringing the cumulative total of RDT-positive cases to 2,741 since outbreak onset.
- Environmental surveillance, using the wastewater samples collected at Polio Sites identified non-polio enteroviruses in 36% before confirming the Hepatitis E virus genotype 1e. Phylogenetic analysis of the 6 positive Hepatitis E virus sequences also confirmed that they were linked to the earlier 10 plasma sequence reports generate in 2023
- Ongoing surveillance and case management in high-risk areas are being supported by the WHO, which provides rapid diagnostic tests and specimen transportation. Public health messaging regarding acute jaundice syndrome is being disseminated in the most affected communities. Water testing and monitoring are conducted with the assistance of WASH partners, including IOM, SI, MSF-B, and Oxfam. MSF-B, in collaboration with the Community Health Department and WHO, plans to launch a hepatitis E vaccination campaign in November 2025, targeting high-risk populations, specifically focusing on 5,000 households per dose, particularly women aged 16 to 49.
- The National Outbreak Response Steering Committee is coordinating the response to the hepatitis E outbreak by utilizing existing cholera response structures. Efforts are underway to activate state task force meetings to enhance coordination among partners involved in the response. Updates on Water, Sanitation, and Hygiene (WASH), along with Risk Communication and Community Engagement (RCCE), have been intensified to strengthen the response efforts in the affected counties.

Figure 18*: Epicure showing HEV RDT positive cases in South Sudan; Epi Week 52 of 2018 to Week 43 of 2025*

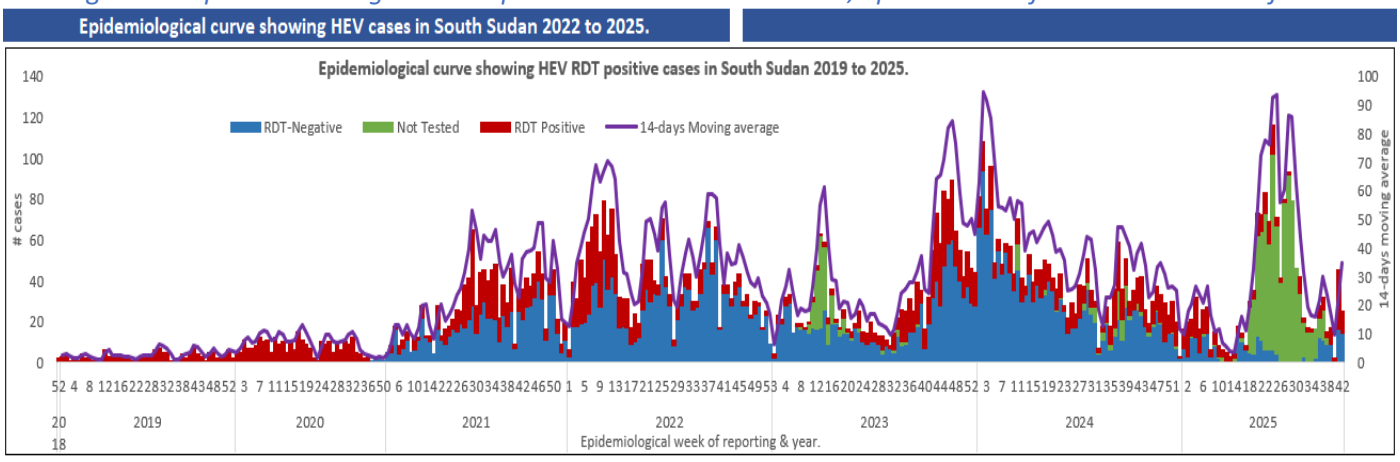


Figure 19: Distribution of suspected Hepatitis E Virus Cases by age and gender in South Sudan; 2018-2025

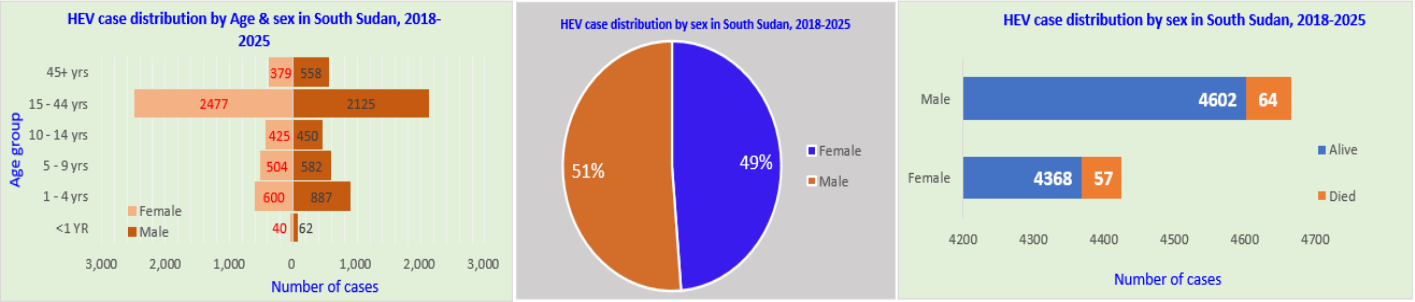


Figure 20:Location distribution of Hepatitis E cases and deaths in South Sudan; as of week 41, 2025

Other Events

Flooding: Severe and heavy rains, coupled with soaring water levels in the Nile River, have unleashed devastating flooding across South Sudan, impacting a staggering 927,000 individuals in 26 counties. Among the hardest-hit regions are Jonglei and Unity, where the scale of destruction has been particularly alarming. More than 335,000 people have been displaced from their homes, as floodwaters were disastrous on residences, fertile farmland, and vital infrastructure, severely disrupting essential health and educational services.
The floods have affected many lives, with 61 schools rendered unusable, impacting the education of over 22,000 children, who now face an uncertain future. Partners on the ground have reported several incidents, including 146 snake bites, 3,550 cases of malnutrition, and 20 reported fatalities, since the flooding began.
In response to this humanitarian crisis, coordination efforts are underway with the National Flood Taskforce under the Ministry of Humanitarian Affairs and Disaster Management, aiming to deliver critical supplies to the devastated areas. Additionally, enhanced surveillance measures are being implemented to monitor and tackle priority diseases that may arise in the wake of this catastrophe.

Sudan crisis: As of 9 November 2025, a cumulative total of 318,710 households, containing 1,271,716 (1,271483[U2]) individuals (665,101) Females and (606,382) Males from 18 different nationalities, had crossed the border. Of this number, 67.65% (860,158) are South Sudanese returnees, while 31.85% (404,931) are Sudanese refugees. Currently, 21 PoEs are being monitored, with Joda-Renk accounting for 89.0% of the reported influx figures. There are currently 54,464 individuals (16,747 in transit centers and 37,717 in host communities) in Renk. Due to the evolving security situation in Joda, the data collection may be incomplete.
In Renk: **Cholera:** Five new suspected cases have been reported, bringing the cumulative total to 1,526. Most cases continue to be reported by the Renk County Treatment Unit (CTU). Measles (Suspected): One new suspected measles case has been reported, increasing the cumulative total to 70 cases, with one active case currently in the isolation center at Renk County Hospital. **Hepatitis E Virus**: Six new cases of Hepatitis E Virus (HEV) were reported for week 44, bringing the cumulative total to 1,095 suspected cases. Ongoing surveillance and case management are being conducted in high-risk locations, with the World Health Organization (WHO) providing rapid diagnostic tests (RDTs) and support for sample collection and transportation.

Host communities and healthcare systems are struggling to cope with the increased demand for health and other services, as well as with morbidity and mortality among returnees and refugees.

Acknowledgments

Thanks to the State Surveillance Officers, Health Cluster partners for sharing the weekly IDSR data. To access the IDSR bulletins for 2025 use the link below: https://www.afro.who.int/countries/south-sudan/publication/south-sudan-weekly-integrated-disease-surveillance-and-response-bulletin-2025

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

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

Madam Yar Manyuon Mayen
Director General, Preventive Health Services
Ministry of Health
Republic of South Sudan
Email: yarmel89@gmail.com
Phone number: +211 920778801

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

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 aninitiative to strengthen early warning, alert, and response in emergencies. It includes an online, desktop and mobile application that can be rapidly configured and deployed in the field. It is designed with frontline users in mind and built to work in difficult and remote operating environments. This bulletin has been automatically published from the EWARS application.
More information can be found at: http://ewars-project.org

Data source: DHIS-2 and EWARS