



Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 43

20th to 26th 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 43 of 2025, IDSR reporting timeliness was at 83% which showed great improvement compared to previous week 42. Completeness of IDSR reporting remained at 94% for the second consecutive week. All states achieved a completeness of reporting above 80%; with three states (Lakes, NGBZ and Unity) and two Administrative Areas (Abyei and Ruweng) achieved 100% completeness.
- At the EWARN mobile sites, both timeliness and completeness of reporting was at 83% and 83% respectively. This was a sharp decline in timeliness and completeness of reporting at EWARN mobile site from 94% timeliness and completeness of 94% respectively in week 42.
- **EWARS Alerts Management:** A total of 192 EWARS alerts were triggered, with 144 (75%) verified, indicating a decrease in alerts triggered (214) and their verification rates (79%) reported in week 42 of 2025. The most alerts were for ARI (19%), Guinea Worm Disease (19%), AWD (16%), Malaria (16%), ABD (13%), and Cholera (8%). Credits to surveillance teams in Central Equatoria, Northern Bahr el Ghazal, Lakes, Jonglei, Eastern Equatoria, Western Equatoria, Unity States, Greater Pibor Administrative Area, and Abyei Administrative Area for successfully verifying more than 80% of the alerts generated in EWARS.
- In week 43 of 2025, a total of **240,218 OPD consultations** for morbidities were reported from across South Sudan, spanning 1,299 health facilities. Malaria remained the top cause of morbidity, causing 48% (115,390) of all cases higher than 104,237 cases reported in the previous week. Acute respiratory illnesses 15% (36,558 cases) and acute watery diarrhea 6% (15,390 cases) came in second and third respectively.
- **Mpox Outbreak:** Three 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 13 November 2025 ⁽¹⁾ the cumulative total of suspected cholera cases was 96,195 cholera cases and 1,590 deaths, translating into a case fatality rate of 1.7%, above the target of less than 1%. Remarkably, health facility-based cholera case-fatality ratio was 0.8%. In the last 7 days of reporting (05 November 2025 to 11 November 2025), there were 108 cases and 1 death reported by 6 counties, indicating a 51.4% decrease in cases from last week. Most of the cases came from Juba (32), Rubkona (27), Mayom (17), and Mayendit (16).
- **Other active Outbreaks and events include:** Anthrax, cVDPV2, Hepatitis E and Measles outbreaks in multiple counties, and floods, South Sudan and the Sudan Crisis.

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 43, the timeliness of IDSR reporting was 83%, and the completeness was 94%, displaying an increase in timeliness and no change in Completeness compared to the previous week.

Table 1: *Timeliness and completeness of IDSR reporting by State for week 43 compared to week 42 of 2025*

State	Total facilities	Number of facilities reported (Completeness Wk43)	Comparison of the reporting period				Cumulative since year start (2025 level)	
			Timeliness		Completeness		Timeliness	Completeness
			Week 43	Week 42	Week 43	Week 42		
Lakes	112	112	100%	100%	100%	100%	96%	100%
NBGZ	92	92	98%	89%	100%	98%	82%	91%
Unity	102	102	78%	72%	100%	100%	80%	83%
WBGZ	112	102	78%	42%	91%	90%	63%	86%
WES	191	182	71%	81%	95%	95%	78%	97%
Jonglei	120	109	91%	92%	91%	92%	85%	91%
Warrap	114	106	86%	55%	93%	87%	62%	84%
EES	112	105	74%	71%	94%	90%	58%	83%
RAA	16	16	38%	31%	100%	100%	49%	92%
CES	152	146	95%	95%	96%	96%	92%	95%
AAA	17	17	100%	100%	100%	100%	79%	90%
Upper Nile	143	120	73%	73%	84%	90%	66%	81%
PAA	16	13	81%	100%	81%	100%	93%	97%
Total	1,299	1194	83%	78%	94%	94%	76%	90%

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 43, 2025.

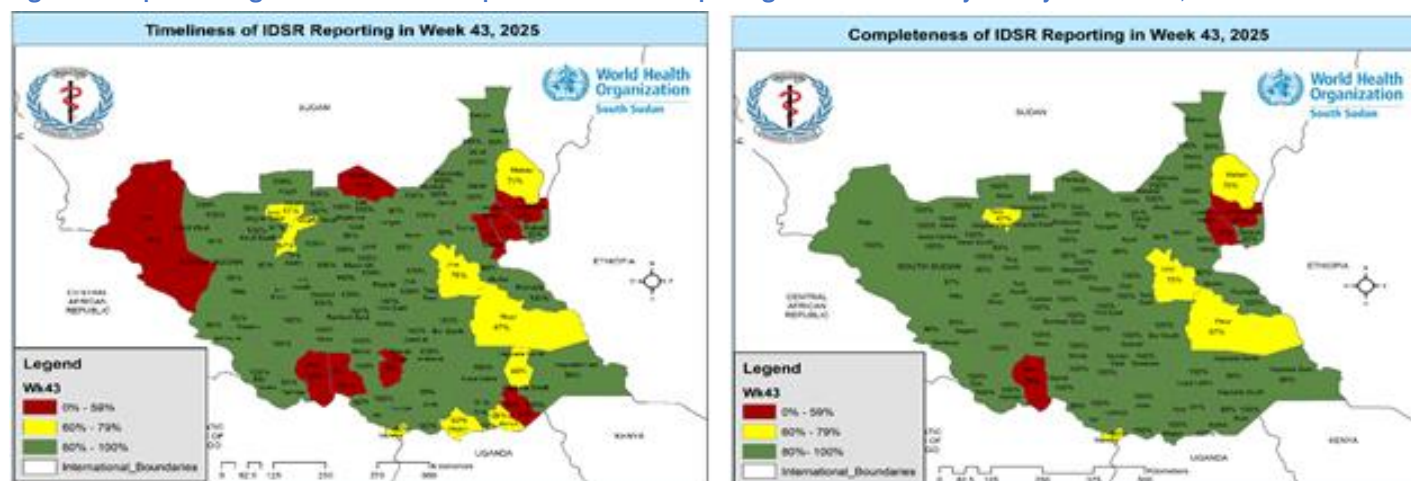


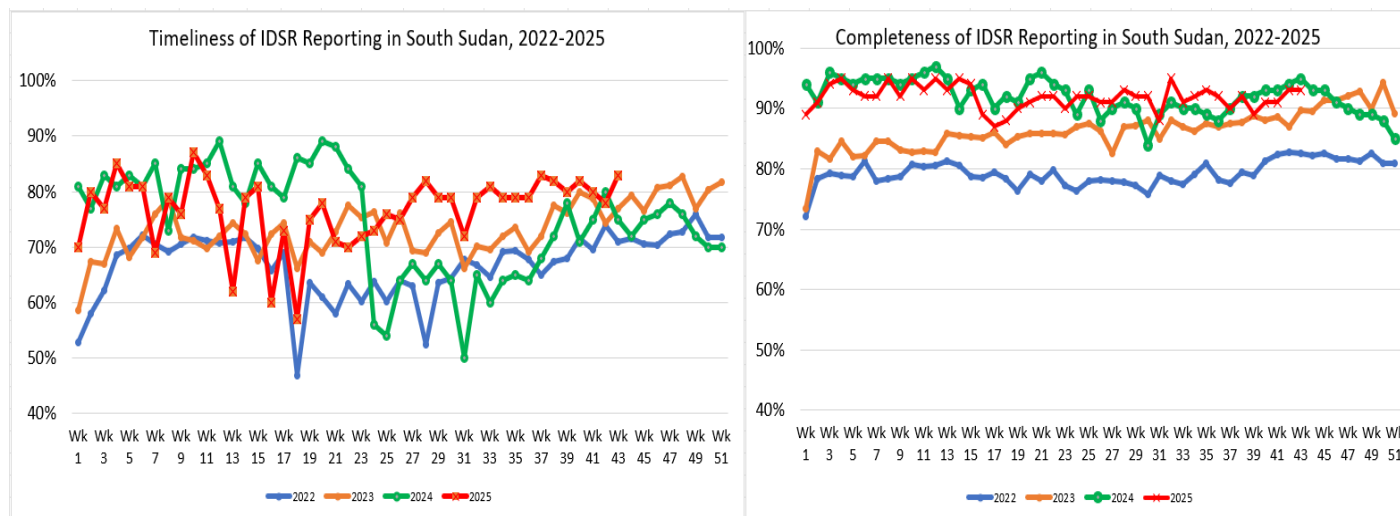
Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 43 of 2025.

IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for week 43, 2025							
Partners	# of Reporting Mobile Sites	% of Timeliness in week 43	% of Completeness in week 43	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 43	% of Completeness in week 43
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	2	100%	100%	Munuki	12	100%	100%
WVI	2	100%	100%	Wau South	20	95%	95%
CIDO	1	0%	0%	Wau North	12	92%	92%
HFD	1	100%	100%	Juba	10	100%	100%
RI	1	100%	100%	Mangala	1	100%	100%
TOTAL	12	83%	83%	TOTAL	63	97%	97%

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 32–43), a significant improvement since Week 31 when timeliness stood at 78%.

The analysis of IDSR performance over the past four years indicates that there were significant declines observed in 2024 (Wk. 21-31) have recovered in the current year. Since the HSTP transition period, IDSR performance levels have remained above 2024 and 2023 levels suggesting that recovery is now complete.

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



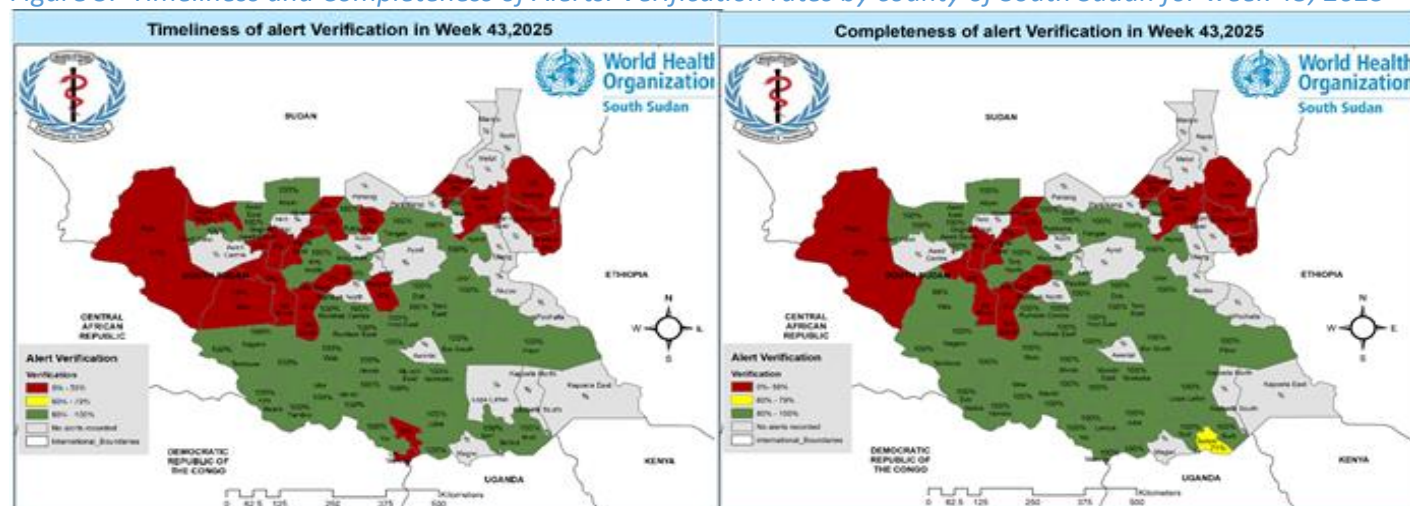
Epidemic alerts

In epidemiological reporting week 43, a cumulative total of 192 alerts were triggered in the EWARS system, with 75% (144) verified, indicating a decrease in alerts triggered (from 214) and their verification rates (from 79%) reported in week 42 of 2025. The most alerts were for ARI (19%), Guinea Worm Disease (19%), AWD (16%), Malaria (16%), ABD (13%), and Cholera (8%). Credits to surveillance teams in Central Equatoria, Northern Bahr el Ghazal, Lakes, Jonglei, Eastern Equatoria, Western Equatoria, Unity States, Greater Pibor Administrative Area, and Abyei Administrative Area for successfully verifying more than 80% of the alerts generated in EWARS.

Table 3: Summary of EWARS alerts triggered in Epidemiological Week 43, 2025.

	AJS		ARI		AWD		AFP		ABD		Cholera		Covid-19		EBS		Jinea Wor		Malaria		Measles		NNT		RF		VHF		Total	
State/admin	# 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	# R	# V
AAA	0	0	2	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3	
CES	0	0	4	4	3	3	1	1	0	0	0	0	0	0	0	0	0	0	2	2	0	0	0	0	1	1	0	0	11	11
EES	0	0	0	0	2	1	0	0	2	2	4	3	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	10	8
GPAA	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	
Jonglei	0	0	9	9	3	3	0	0	5	5	1	1	0	0	3	3	6	6	1	1	1	1	0	0	1	1	0	0	30	30
Lakes	0	0	4	4	3	3	0	0	2	2	0	0	1	1	0	0	17	17	1	1	0	0	0	0	0	0	0	0	28	28
NBGZ	0	0	3	3	3	3	0	0	1	1	1	1	0	0	0	0	0	0	1	1	0	0	1	1	0	0	0	0	10	10
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	0	1	0	
Unity	0	0	2	2	3	3	0	0	2	2	4	3	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	12	11
Upper Nile	0	0	3	0	3	0	0	0	3	0	1	1	0	0	2	2	1	1	7	0	0	0	0	0	0	0	1	0	21	4
Warrap	0	0	4	1	1	0	0	0	2	1	3	1	0	0	0	0	7	0	3	0	1	0	0	0	0	0	0	0	21	3
WBGZ	2	0	3	2	3	2	0	0	2	2	0	0	0	0	0	0	6	1	3	3	1	1	0	0	0	0	0	0	20	11
WES	1	1	2	2	6	6	0	0	4	4	1	1	0	0	0	0	0	0	9	9	1	1	0	0	0	0	0	0	24	24
Grand Total	3	1	37	30	31	25	1	1	24	19	15	11	1	1	5	5	37	25	30	20	4	3	1	1	2	2	1	0	192	144

Figure 3: Timeliness and Completeness of Alerts: Verification rates by county of South Sudan for week 43, 2025

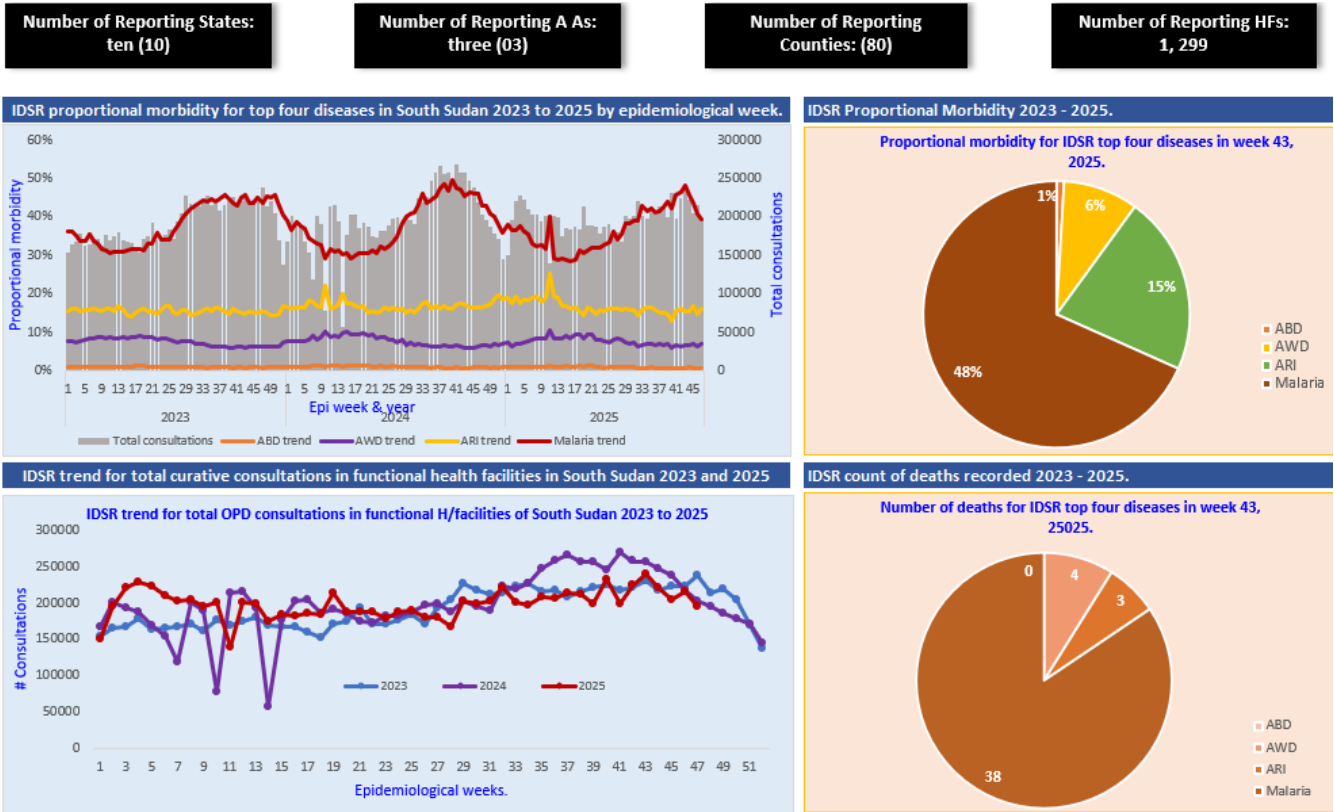


Weekly Update on Indicator-Based Surveillance (Week 43 of 2025)

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 43 of 2025, a total of 240,218 OPD consultations for morbidities were reported from across South Sudan, spanning 1,299 health facilities. Malaria remained the top cause of morbidity, causing 48% (115,390) of all cases higher than 104,237 cases reported in the previous week. Acute respiratory illnesses 15% (36,558 cases) and acute watery diarrhea 6% (15,390 cases) came in second and third respectively. Analysis of proportional morbidity rates of the three major causes of outpatient consultations in South Sudan, indicates no significant changes in the distribution patterns over the last four years, illustrated in figure 4 below.

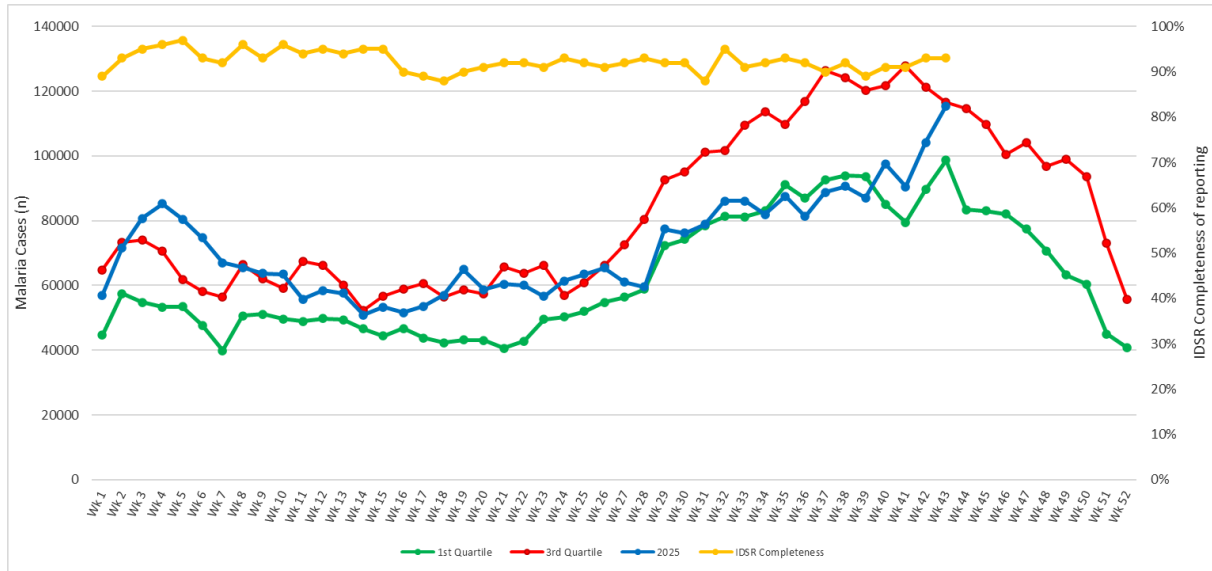
Figure 4: Proportional Morbidity of top 4 IDSR priority diseases reported as of week 43 of 2025.



1. Malaria Updates

In week 43 of 2025, malaria remained the leading cause of illness, with 115,390 reported cases and 38 deaths amongst the suspected cases. The weekly analysis reveals that malaria mortality sharply increased from 16 deaths reported in Week 42 and 41, but the morbidity numbers remain what was expected for the transmission period. 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. The sharp increased in reported malaria deaths is likely due to the nationwide shortage of supplies, including antimalarials. All states and counties are urged to establish similar channels for the quick identification of abnormal malaria transmission patterns, as shown in Figure 5.

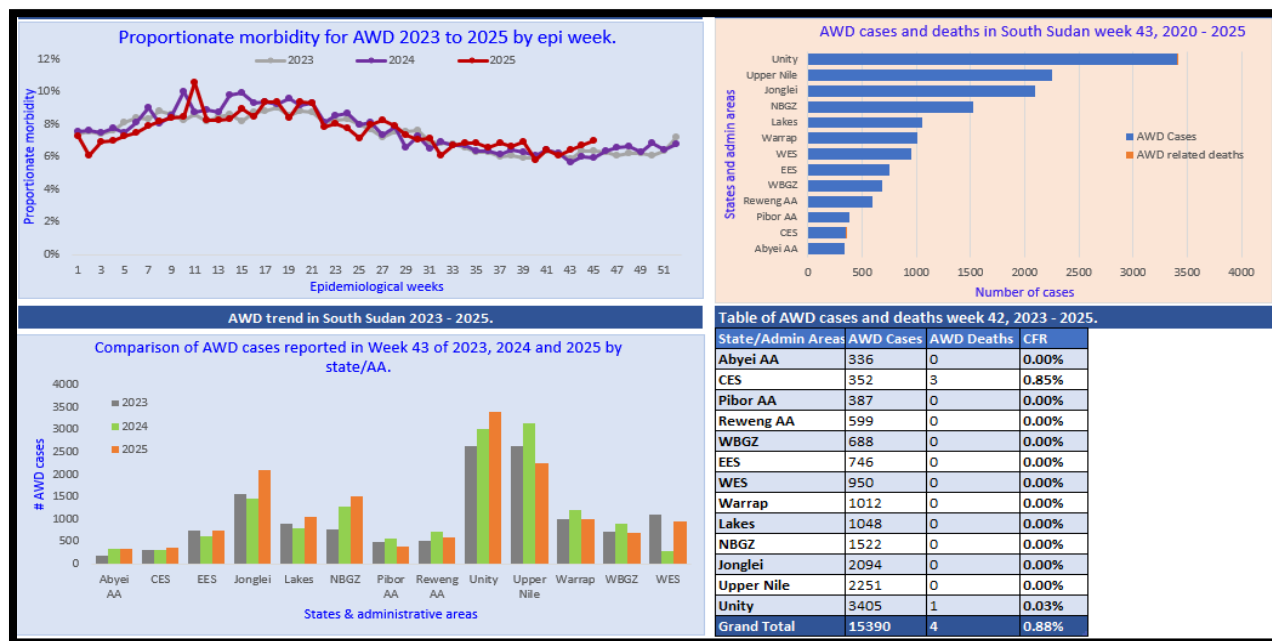
Figure 5: Normal Malaria Transmission Channel for South Sudan; Updated at Week 43 of 2025



2. Acute Watery Diarrhoea

During the epidemiological week 43, Acute Watery Diarrhoea (AWD) was the third leading cause of EWARS alerts triggered (16%). Correspondingly, AWD was the third leading cause of morbidity, causing 15,390 OPD consultations and four (4) deaths. After one year of the cholera outbreak, AWD cases remained within normal ranges, although Jonglei and Unity states reported a record highest number in week 43 of 2025 compared to 2 similar previous reporting periods. 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.

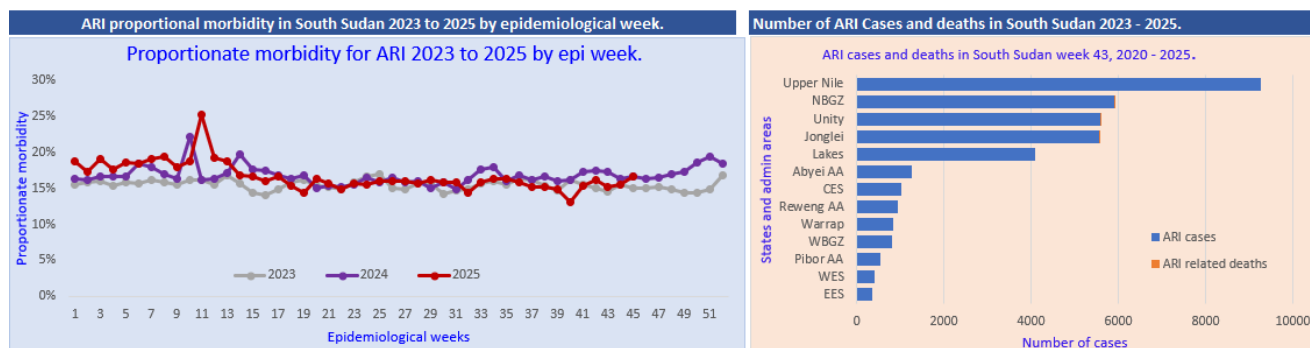
Figure 6: Dashboard of IDSR reported AWD cases by Week in South Sudan; 2023-2025



3. Respiratory Pathogens Surveillance weekly updates.

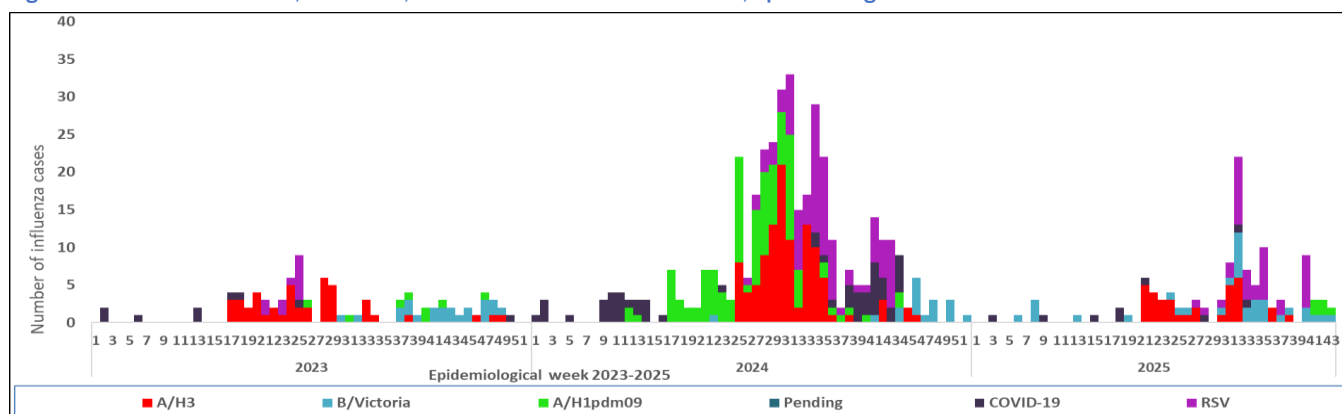
Acute respiratory illnesses are the second leading cause of outpatient' consultations in the country constituting 19% of all the consultations. Upper Nile, Northern Bahr el Ghazal, Unity, Jonglei and Lakes states, which host large numbers of the nation's refugees and displaced populations reported the most ARI cases in the week. Remarkably, the top three ARI high-burden states (Upper Nile, Northern Bahr el Ghazal and Unity) do not have a sentinel surveillance site for respiratory pathogens, a consideration that will be made in future expansion planning. There are three ARI-related death reported in the epidemiological week 43 from Jonglei, Northern Bahar el Ghazal, and Unity state.

Figure 7: Proportional Morbidity and ARI case counts by State of South Sudan in epidemiological week 43 of 2025.



Currently, there are 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 2023 to Week 43 of 2025.



During Epidemiological Weeks 1-43 of 2025, a total of 1452 ILI/SARI samples have been collected; 1336 tested negative for all pathogens, (8) were positive for COVID-19, (35) for Influenza Type A (H3), (32) for Influenza Type B (Victoria), (5) for Influenza A/(H1N1)pdm09 and (36) for RSV.

South Sudan Confirmed and ongoing epidemics in 2025

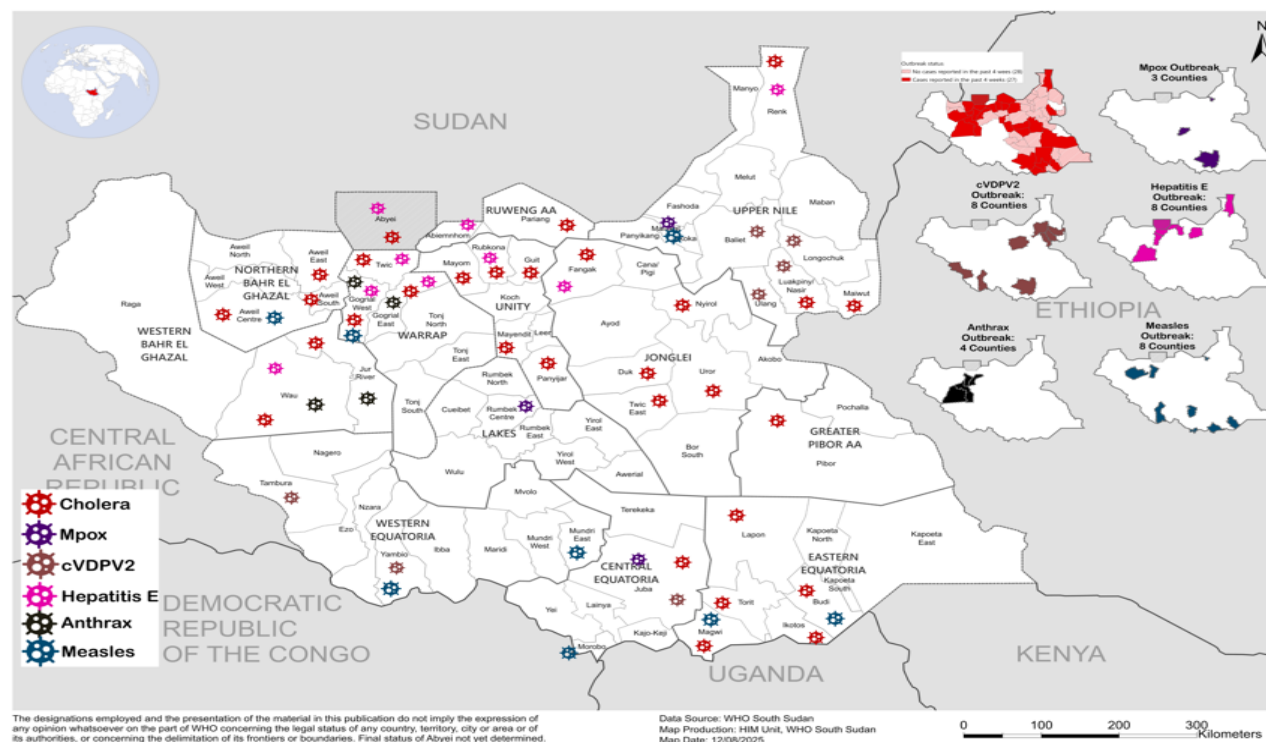
Every year, South Sudan experiences multiple emergencies. In week 43 of 2025, the active outbreaks in South Sudan were Anthrax, cholera, cVDPV2/Polio, hepatitis E, measles and Mpox. Notably, the measles outbreaks earlier controlled re-emerged in Abyei and Twic Mayardit. Below is a summary table and a map of the confirmed outbreaks as at 14th November 2025.

Table 4: Summary of ongoing and confirmed epidemics as of 14th November 2025²

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	108	96,195	12,593	108	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, Baliaet, Ayod, Old Fangak	19/Dec 2023	0	26	26	0	Sub-national nOPV2 SIAs planned	Yes	Yes
Anthrax	Gogrial West (WRP) and Jur River (NBG)	2022	0	377	4	12	Not explored	Yes	Yes
Measles	Amieth and Twic	Nov 2025	22	288	51	16	Planned	Yes	Yes

² Although it is week 43, 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 14th November 2025.



Response activities for ongoing/suspected outbreaks

1. Mpox outbreak

- In the week ending 14th November 2025, there were three new suspected Mpox cases reported, bringing the cumulative total number of suspected Mpox cases to 462 since the start of the outbreak in 2025. Furthermore, no new confirmed Mpox cases reported this week, retaining the total number of confirmed cases at 21, and no Mpox associated death was reported. The geographical spread of confirmed Mpox cases remained 17 in Juba, 2 in Rumbek Center, 1 in Rumbek East, and 1 in Malakal County. There is no major event of Mpox, since 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 was 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 re-testing.
- Among the confirmed Mpox cases, 52% are female and 48% are male, which may be attributed to a higher number of male. The same analysis in suspected cases shows more males affected, a skew that is attributed to the large number of cases reported from a prison in Rumbek centre.
- 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-14th Nov. 2025

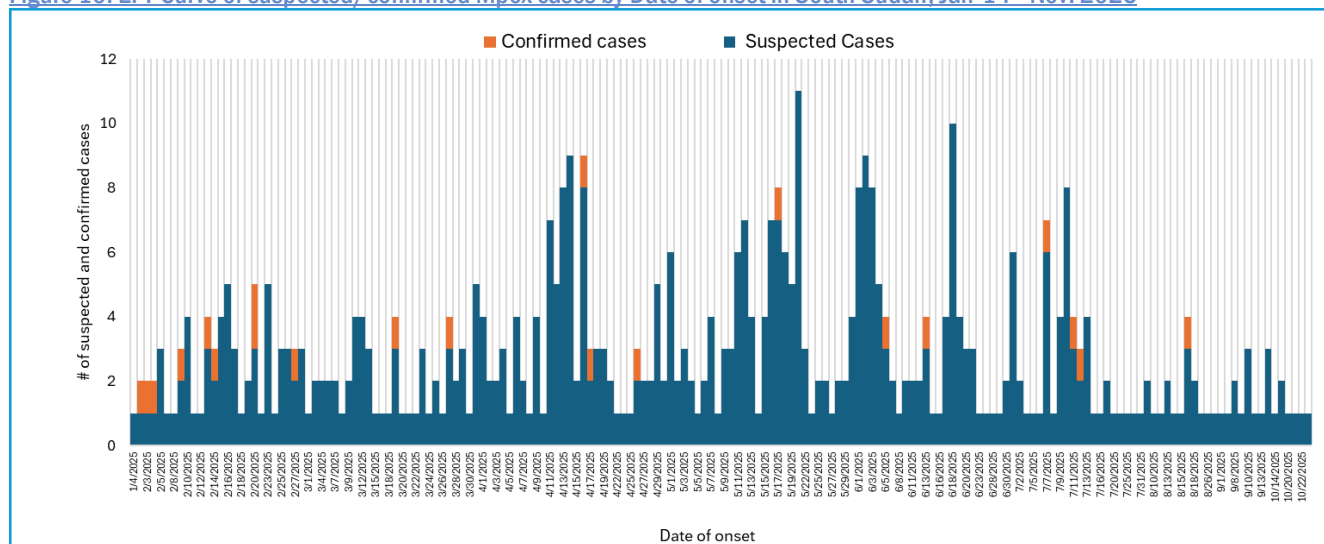
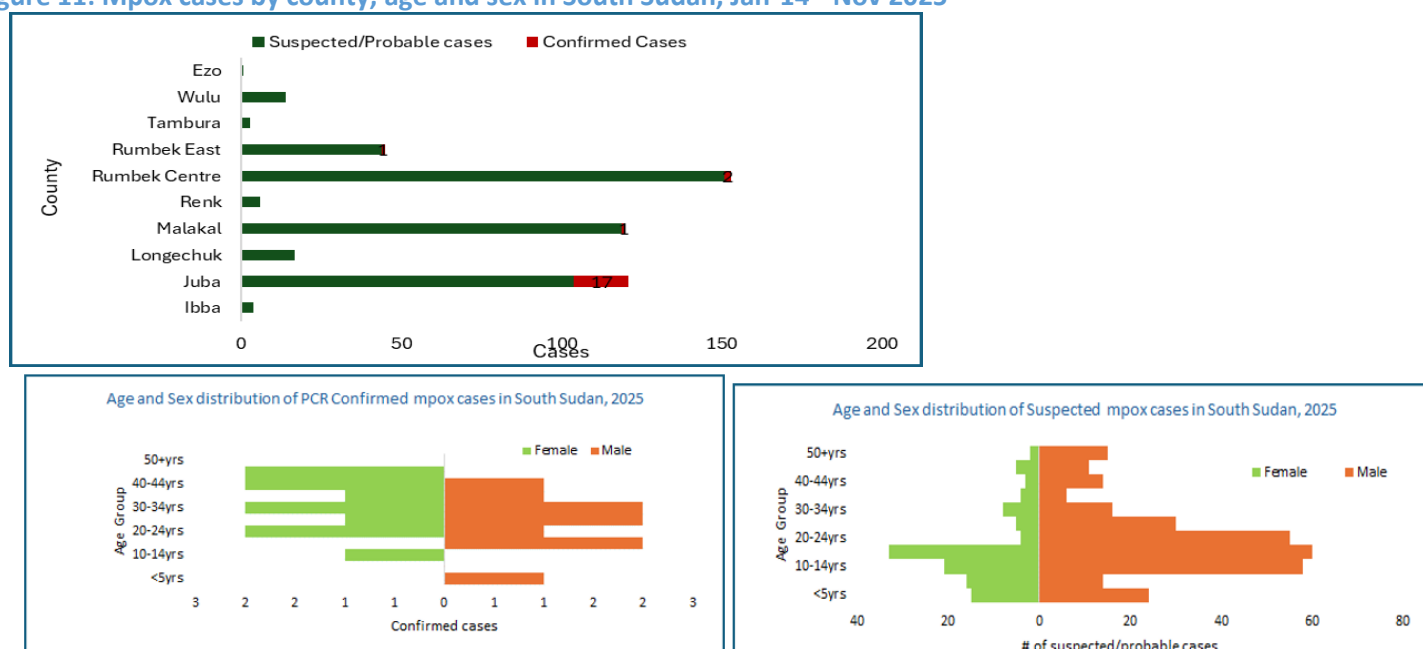


Figure 11: Mpox cases by county, age and sex in South Sudan, Jan-14th Nov 2025



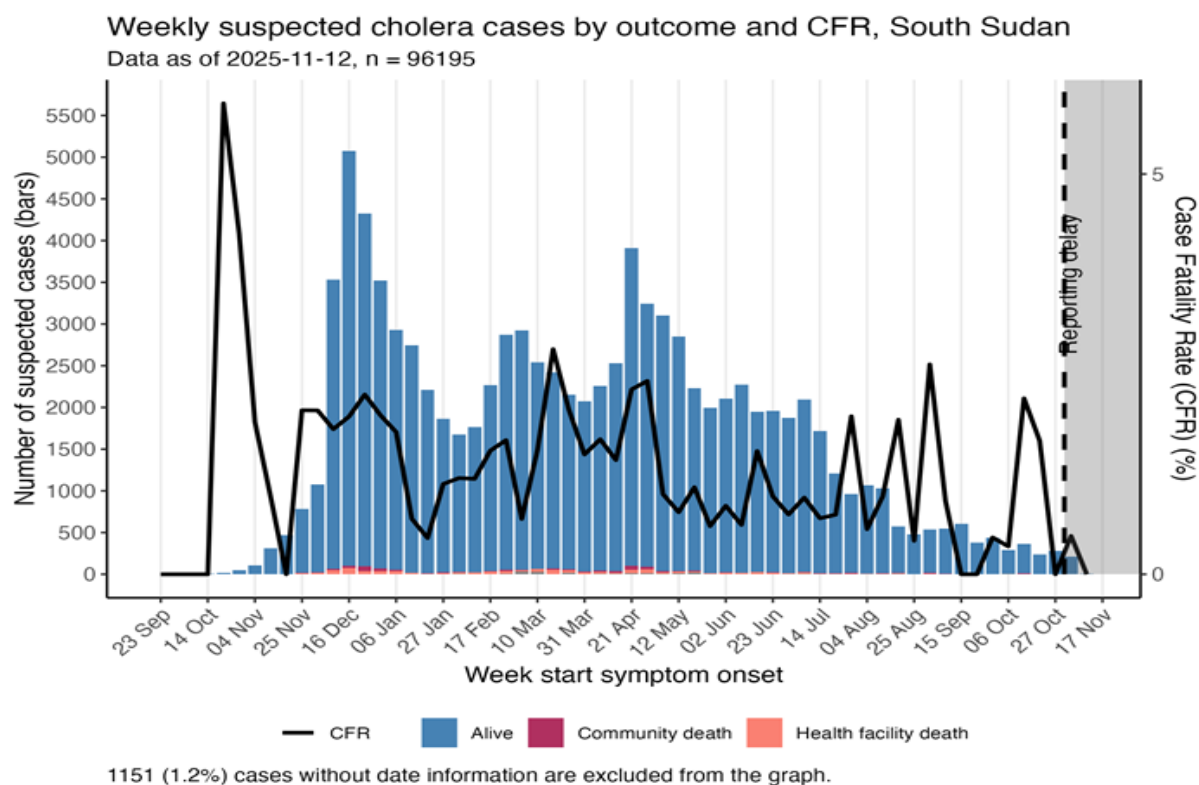
Ongoing Response activities

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

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

- As at 14th November 2025 ⁽³⁾, the cumulative total number of suspected cholera cases was 96,195 cases and 1,590 deaths that translates into a case fatality rate of (CFR: 1.7%, target < 1%). However, health facility-based cholera case-fatality ratio is 0.9%, which is in the WHO recommended target of <1%.
- Of the 96,195 cases, a total of 94,517 individuals had recovered, taking the recovery rate to 98.3%. Presently, there are 88 patients still admitted at the facilities, getting the crucial care they need in Cholera treatment centers/units.
- Of the 1,590 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 0.8%.
- In the last 7 days of reporting (from 05 November 2025 to 11 November 2025), there were 108 cases and 1 death were reported by 6 counties. Countless of the cholera cases were from Juba (32), Rubkona (27), Mayom (17), and Mayendit (16).
- Rubkona endures to stand the highest load of cholera cases, accounting for 20% (19,582 cases), followed by Juba County at 12% (11,544 cases) and Mayom County at 6% (1,167 cases) of the total cases.
- Western Equatoria remains the only state with no reported cases, since the outbreak began 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. OCV Mop-up campaigns planned to target 332,795 individuals in 8 counties (171,521 in EES, 69,802 in Juba County and 91,472 in Rubkona County)
- The total vaccinated through mop-up and the operation in Nasir County reported so far are 25,014 (25.7%) individuals

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



³ Data published and shared on the National Cholera Outbreak dashboard as at 14th November 2025

Figure 12: Map showing Cholera Case counts by Counties of South Sudan over time, as of 14th Nov 2025

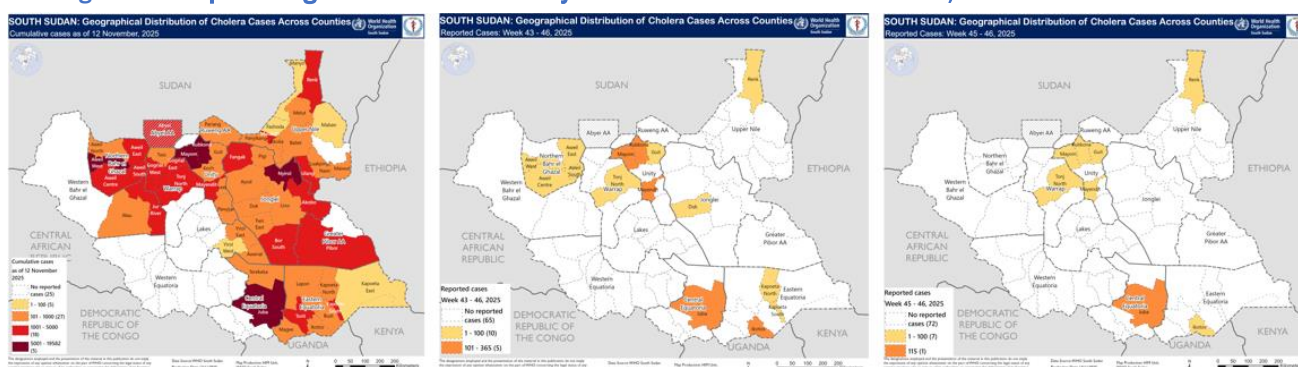
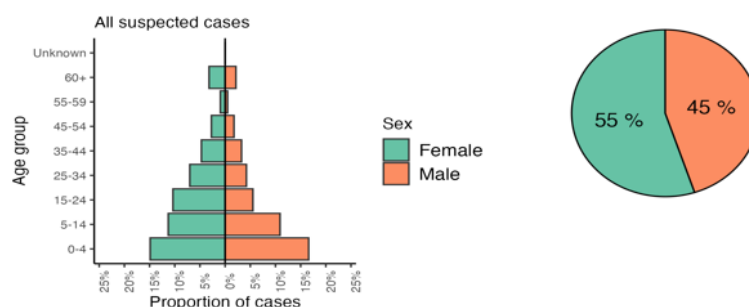


Figure 13: Age and sex distribution of cholera cases and deaths reported as at 12th November 2025.



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 (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.
- 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, $p = 0.0002$)
- OCV mop-up campaign conducted in four counties of two states targeting 97,488 individuals (Gogrial East, Tonj North, Aweil Centre and Aweil South) with resurgence of cholera cases. Data received from 3 counties (20,657 individuals vaccinated) Tonj North – **2,596**, Gogrial East – **9,400** and Aweil South – **8,661**.
- The total vaccinated through mop-up and the operation in Nasir County reported so far are 25,014 (25.7%) individuals.
- OCV Mop-up campaigns planned to target 332,795 individuals in 8 counties (171,521 in EES, 69,802 in Juba County and 91,472 in Rubkona County).
- 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

- In the week ending 14th November 2025. There was no new isolate of Vaccine Derived Polio Virus of Type 2 (VDPV2). The cumulative total number of laboratory-confirmed cVDPV2 isolates from AFP cases remained 13 in several regions, including Yambio, Juba, and Ayod. Similarly, there were no new isolates from healthy children and environmental supplemental surveillance systems. Therefore, the cumulative number of cVDPV2 isolates remained four viruses from healthy children and nine from environmental wastewater. 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. However, two VDPV2 isolates (one from an AFP case reported Wau, Western Bahl El Ghazal State on 9th July 2025 and another from waste-water sample collected in Juba on 16th September) have been reported this year. The two isolates have all been investigated with additional samples collected but none was documented to be circulating. In turn, the two VDPV2 isolates are considered independent new emergencies with an ambiguous classification. The good news is that both VDPV2 isolates are covered by the two Sub-national rounds of nOPV2 vaccination conducted in September and November.
- As 14th November 2025, a cumulative number of 404 AFP cases had been reported in 80 counties, compared with 431 cases reported in the same period in 2024. No County has not reported at least 1 AFP case in 2025.
- The non-Polio AFP Rate now stands at 5.35 per 100,000 population under 15yrs, compared to 5.69 in the same period in 2024, while the stool adequacy was calculated as 97%, compared to 94% in the same period in 2024.
- Sub-national analysis of AFP surveillance performance shows that of the 80 counties of South Sudan, 70 (87.5%) have met both the NP-AFP Rate and Stool Adequacy indicators, 10 (12.25%) have met at least one of the indicators, and 0 (0 %) has met none of the indicators.
- There were 343 Active Case Search Visits conducted in week #46 compared with 325 visits in the same period last year.
- 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 in a staggered manner, from 4th to 14th November 2025 was also completed, and administrative data is still being uploaded in the SIAs dashboard. LQAs for Round 2 SNIDS is ongoing and results will be reported in the subsequent bulletins.

4. Anthrax

- During epidemiological ending week 43, there were no new anthrax cases reported in Western Bahr El Ghazal and as well no cases from Warrap State as of November 11, 2025. There were no reported deaths from either states in weeks 42 and 43.
- Cumulatively, at total of 377 human anthrax cases have been reported across the two States with resulted 5 deaths translating into case fatality rate (CFR) of 1.3% since the onset of the outbreak in 2024.
- In 2025 alone, a total of 216 human anthrax cases were reported with 177 from Western Bahr El Ghazal and 39 from Warrap. Two fatalities occurred caused a case fatality rate (CFR) of 0.9%.
- 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.

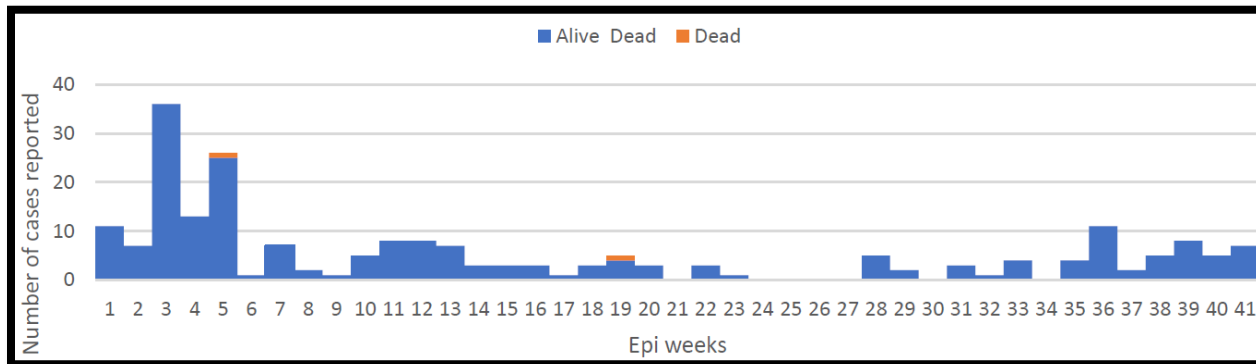
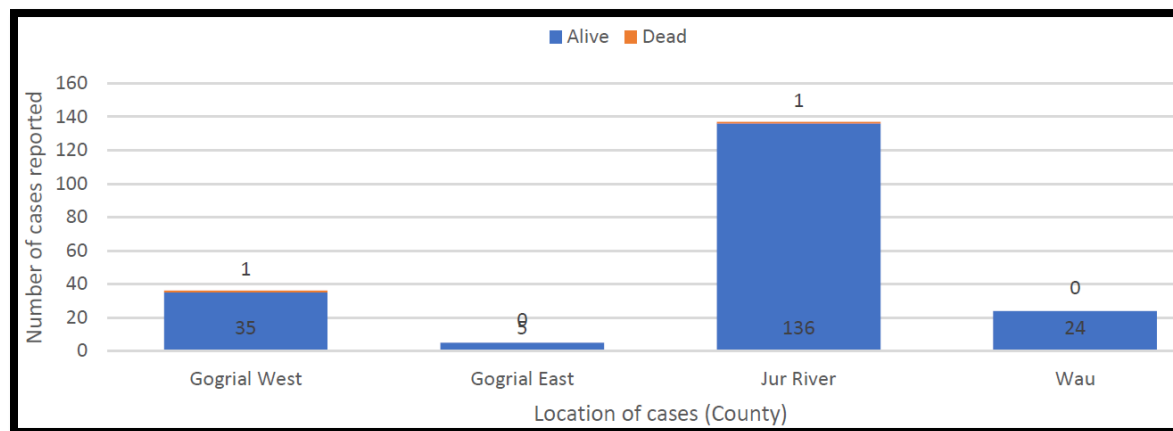


Figure 15: Cumulative Anthrax case count by affected counties of South Sudan; week 1 to 41, 2025.



Ongoing Intervention

- Coordination of Weekly meetings for outbreak containment; Rapid Response Teams aid decision-making.
- Surveillance: Anthrax 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 Update⁴

- 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).
- There 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

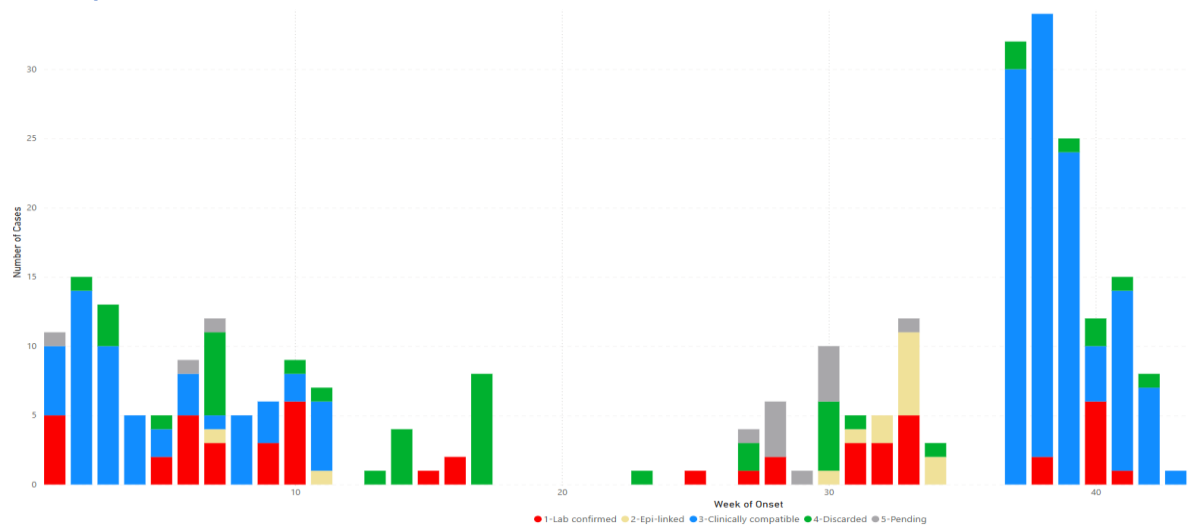
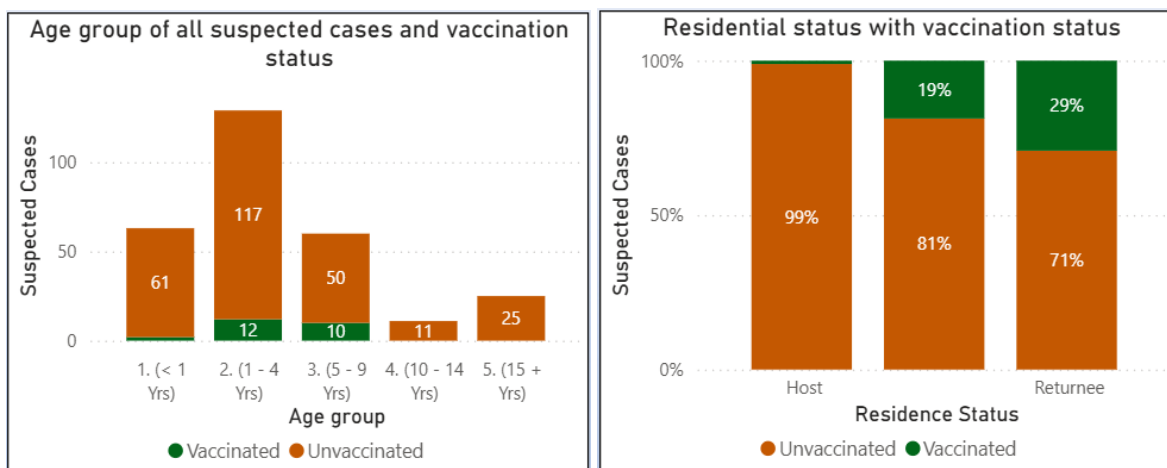


Figure 17: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-43 of 2025



⁴ Refer to the Measles Dashboard for South Sudan, 2025

6. Hepatitis E outbreak

- In Week 43, there were 15 new suspected cases of Hepatitis E Virus disease, reported in Renk County. Since the outbreak began in 2018 in Bentiu, a cumulative total number of suspected cases of hepatitis E virus disease, now becomes 9,116 . 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 alone, 1,454 Hepatitis E virus cases associated with 15 deaths were reported. The most deaths reported this year were in Abyei 7 (CFR – 22.6%) Aweil East 4 (CFR = 23.5%), Aweil South 1 (CFR = 14.3%) and Aweil West 1 (CFR = 11.8%).
- 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 (1,118 cases), Rubkona (240 cases) and Abyei (31 cases). On the contrary, the most reported Hepatitis E virus related deaths were in Abyei 7 deaths (CFR of 22.6%), Aweil East 4 deaths (CFR of 23.4%) and Aweil West 2 deaths (CFR of 11.8%).
- In week 45 of 2025, five new suspected hepatitis E cases were reported. Out of these 5 cases, 3 tested positives using RDT, increasing 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

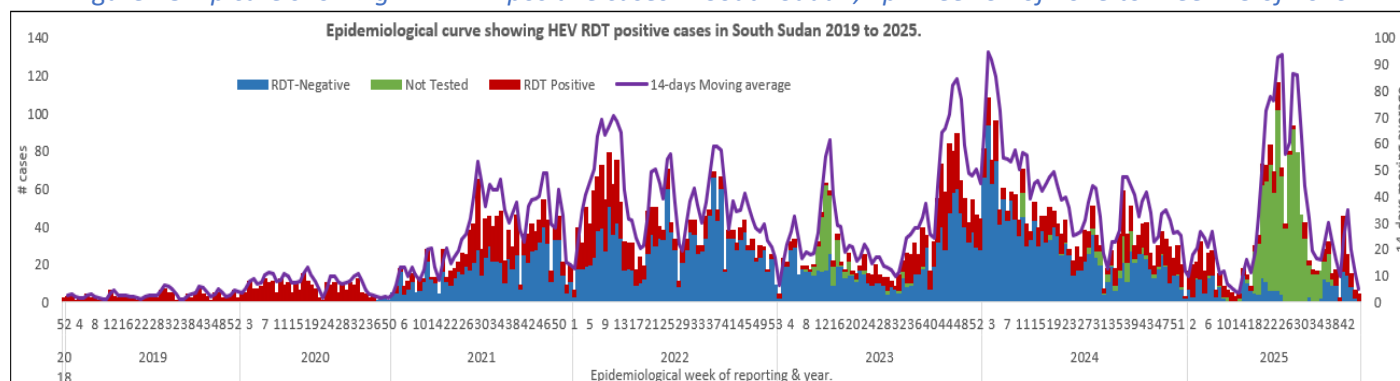


Figure 19: Distribution of suspected Hepatitis E Virus Cases by age and gender in South Sudan; 2018-2025

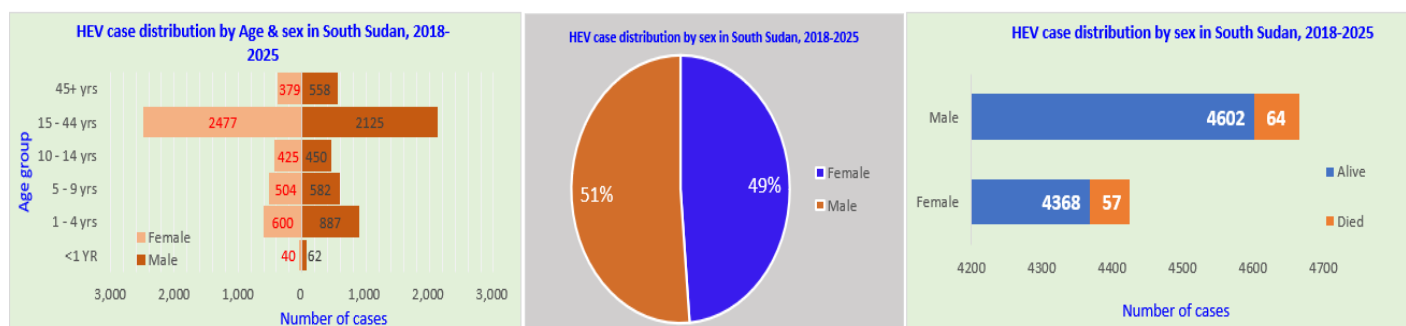


Table 5: Location distribution of Hepatitis E cases and deaths in South Sudan; as of week 43, 2025

County	Alive	Died	Total Cases	CFR
Aweil Center	1	0	1	0.0%
Gogrial West	2	0	2	0.0%
Aweil North	3	0	3	0.0%
Nyirrol	4	0	4	0.0%
Aweil South	6	1	7	14.3%
Aweil East	13	4	17	23.5%
Fangak	14	0	14	0.0%
Aweil West	15	2	17	11.8%
Abyei	24	7	31	22.6%
Rubkona	239	1	240	0.4%
Renk	1118	0	1118	0.0%
Grand Total	1439	15	1454	1.0%

Other Events

Flooding: Severe and heavy rains, coupled with soaring water levels in the Nile River, have unleashed devastating flooding across South Sudan, impacting an estimated 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 15 November 2025, a cumulative total of 320,545 households, containing 1,278,265 individuals (668,885) Females and 609,380 Males) from 18 different nationalities, had crossed the border. Of this number, 67.6% (864,108) are South Sudanese returnees, while 31.9% (407,767) are Sudanese refugees. Currently, 21 PoEs are being monitored, with Joda-Renk accounting for 88.6% 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 Outbreak Updates:

- ❑ 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 Outbreak Updates:

- ❑ 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 outbreak Updates:

- ❑ 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>

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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