Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 44

27th October to 2nd November2025

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 44 of 2025, IDSR reporting timeliness was at 80% indicating a decline compared to 83% attained in the previous week 43. Completeness of IDSR reporting was at 92%, also showing a slight decrease compared to week43 where 94% was attained. All states achieved a completeness of reporting above 80%, except Central Equatoria State (CES), which recorded 76%. Two states (Lakes and Unity) and all three Administrative Areas achieved 100% completeness of IDSR reporting.
- At the EWARN mobile sites, both timeliness and completeness of reporting remained at 83% and 83% respectively. South Sudan Health Care Organization and Save the Children International, have remained the weakest link to this underperformance.
- **EWARS Alerts Management:** A total of 63 EWARS alerts were triggered in Week 44, with 46 (73%) verified, indicating a slight increase in alerts triggered and, in their verification rates, compared to Week 43 of 2025. The most alerts were for Guinea Worm Disease (59%), Cholera (19%), EBS (8%) and Measles (8%). Credits to the surveillance teams that successfully verified all the EWARS alerts triggered.
- In week 44 of 2025, a total of **222 038 OPD consultations** for morbidities were reported from across South Sudan, spanning 1,299 health facilities. Malaria remained the top cause of morbidity, causing 46% (101,292) of all cases, lower than 115,390 cases reported in the previous week. Acute respiratory illnesses 15% (34,314 cases) and acute watery diarrhea 7% (14,908 cases) came in second and third, respectively.
- **Mpox Outbreak:** Twenty-one (21) new suspected Mpox cases were reported in Week 48([1]), bringing the cumulative total of suspected Mpox cases to 496 in 2025. Seven (7) new confirmed Mpox cases and consequently, the cumulative total number of confirmed cases rose to 37, with 33 in Juba, 2 in Rumbek Centre, 1 in Rumbek East, and 1 in Malakal counties. The most recent confirmed cases were all Gumbo/Sherikat residential area in Rejaf Payam of Juba County.
- **Cholera outbreak:** As at 19 November 2025 ([1]) the cumulative total of suspected cholera cases was 96,368 cholera cases and 1,591 deaths, translating into a case fatality rate of 1.7%, above the target of less than 1%. Remarkably, facility-based cholera case-fatality ratio was 0.8%. In the last 7 days of reporting (12 to 18 November 2025), there were 73 new suspected cholera cases and 1 death reported by 7 counties. Majority of the cholera cases were from Mayom (31), Rubkona (16), Duk (10), and Mayendit (7)
- **Other active Outbreaks and events include:** Anthrax, cVDPV2, Hepatitis E and Measles outbreaks in multiple counties, and the protracted South Sudan and the Sudan Crisis.

[1] *Data reported is aligned with published outbreak Situation reports and not the epidemiological week 44*

Surveillance System Performance

The epidemic alert and response system in South Sudan mainly utilize 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 44, the timeliness of IDSR reporting was 80%, and the completeness was 92%, exhibiting a decrease in both timeliness and 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 Wk44)	Comparison of the reporting period				Cumulative since year start (2025 level)	
			Timeliness		Completeness			
			Week 44	Week 43	Week 44	Week 43	Timeliness	Completeness
Lakes	112	112	100%	100%	100%	100%	96%	100%
NBGZ	92	89	89%	98%	97%	100%	82%	92%
Unity	102	102	81%	78%	100%	100%	80%	94%
WBGZ	112	101	71%	78%	90%	91%	63%	87%
WES	191	187	75%	71%	98%	95%	78%	98%
Jonglei	120	112	93%	91%	93%	91%	85%	92%
Warrap	114	107	69%	86%	94%	94%	62%	90%
EES	112	105	75%	74%	94%	94%	**58%**	88%
RAA	16	16	38%	38%	100%	100%	**49%**	100%
CES	152	115	74%	95%	76%	96%	92%	94%
AAA	17	17	100%	100%	100%	100%	80%	91%
Upper Nile	143	121	81%	73%	85%	84%	67%	84%
PAA	16	16	94%	81%	100%	81%	93%	99%
Total	**1299**	**1200**	**80%**	**83%**	**92%**	**94%**	**76%**	**92%**

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 44, 2025.

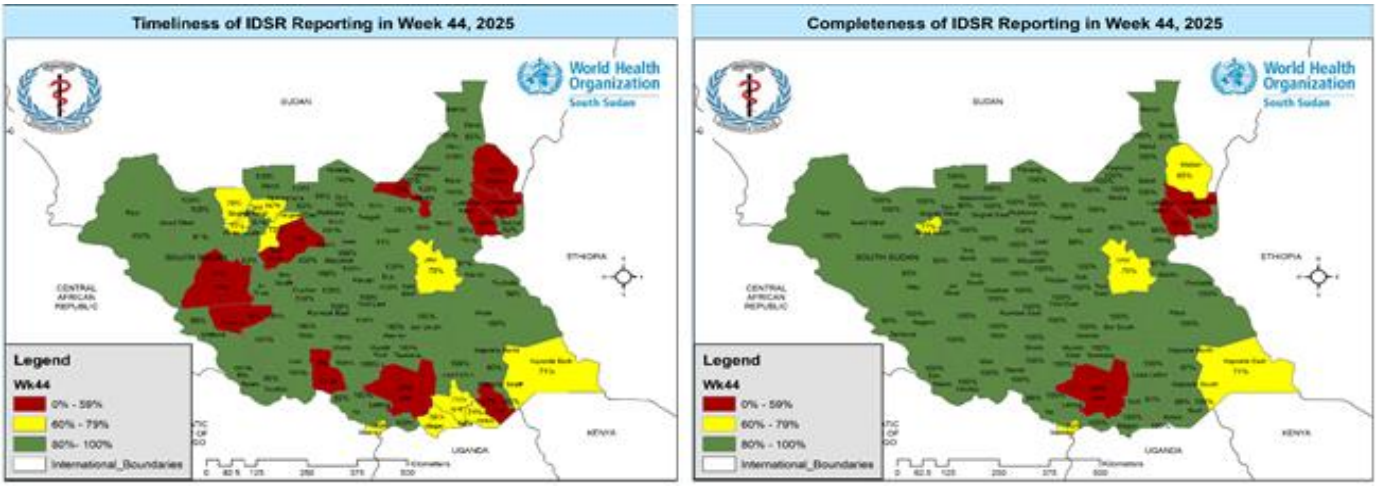


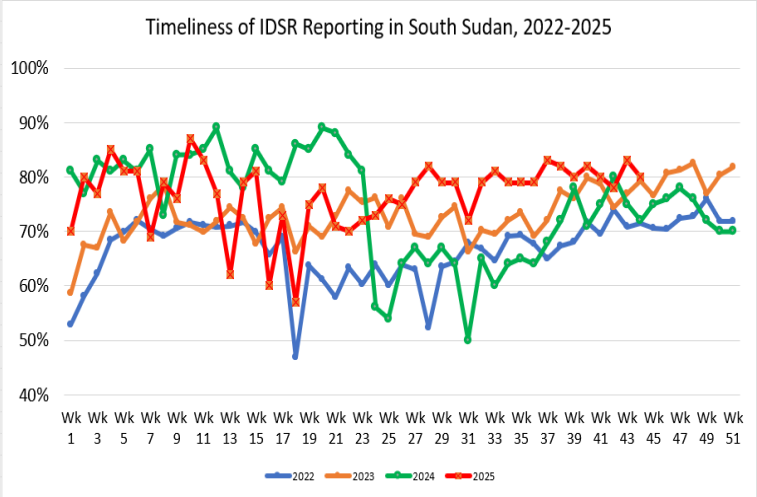
Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 44 of 2025.

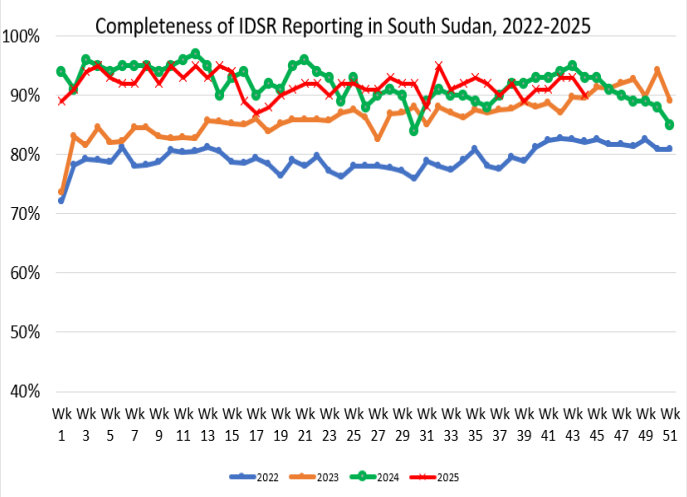
Partners	# of Reporting Mobile Sites	% of Timeliness in week 44	% of Completeness in week 44	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 44	% of Completeness in week 44
IMC	1	100%	100%	Kator	3	0%	0%
SSHCO	1	0%	0%	Marial Baai	1	100%	100%
SMC	1	100%	100%	Northern Bari	1	0%	0%
SCI	2	50%	50%	Rajaf	3	0%	0%
HFO	2	100%	100%	Munuki	12	100%	100%
WVI	2	100%	100%	Wau South	20	10%	100%
CIDO	1	100%	100%	Wau North	12	83%	83%
HFD	1	100%	100%	Juba	10	70%	70%
RI	1	100%	100%	Mangala	1	100%	100%
TOTAL	12	**83%**	**83%**	TOTAL	63	**52%**	**81%**

Note: Congratulations to all partners who maintained strong performance levels in EWARN reporting sites. Over the past several weeks, timeliness and completeness have consistently remained above 80% for past 10 consecutive weeks (Weeks 32–44), a substantial progress since Week 31 when timeliness stood at 78%.

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, 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.





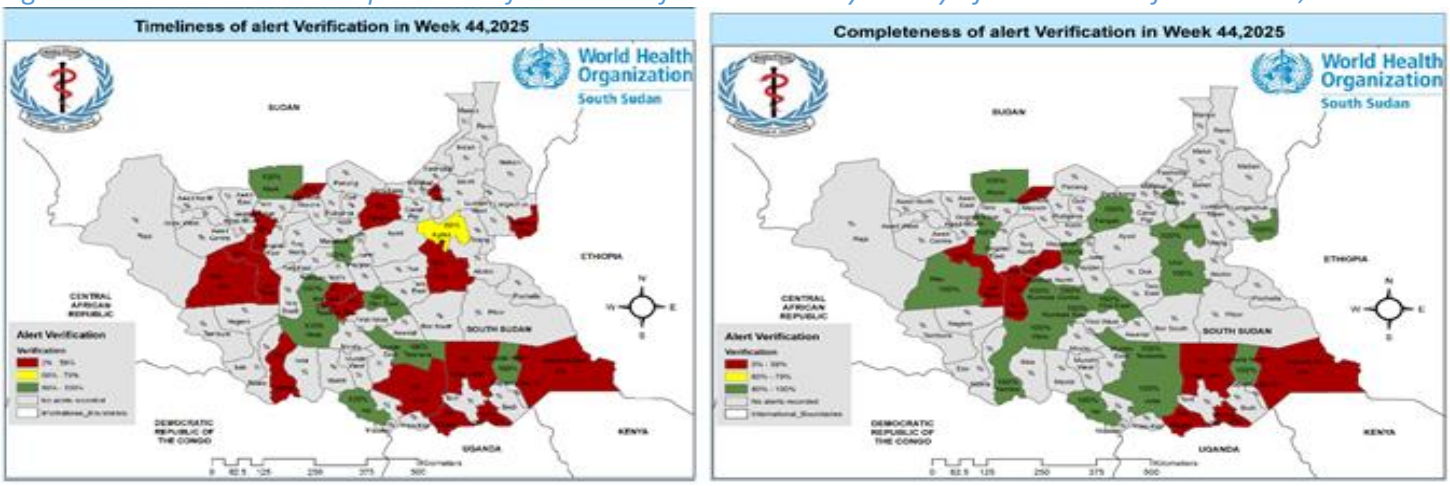
Epidemic alerts

In epidemiological reporting week 44 a total of 63 alerts were triggered in the EWARS system, with 73% (46) verified, indicating an increase in alerts triggered and their verification rates, compared to Week 43. One state and one administrative area did not have a single notifiable disease alert. Special recognition goes Lakes, Jonglei, Central Equatoria, Unity, Upper Nile, Western Equatoria states and Abyei Administrative area teams that verified all EWARS alerts triggered in the week. Notably, most alerts were for Guinea Worm Disease (59%), Cholera (19%), EBS (8%) and Measles (8%).

Table 3: *Summary of EWARS alerts triggered in Epidemiological Week 44, 2025.*

	AFP		Cholera		EBS		Guinea Worm		Measles		NNT		VHF		Total	
State/Admin	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V
AAA	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	1
CES	0	0	0	0	1	1	0	0	0	0	1	1	1	1	3	3
EES	0	0	6	1	0	0	0	0	2	0	0	0	0	0	8	1
Jonglei	1	1	0	0	3	3	4	4	0	0	0	0	0	0	8	8
Lakes	1	1	1	1	0	0	21	21	1	1	0	0	0	0	24	24
RAA	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0
Unity	0	0	3	3	0	0	0	0	0	0	0	0	0	0	3	3
Upper Nile	0	0	0	0	0	0	1	1	1	1	0	0	0	0	2	2
Warrap	0	0	0	0	0	0	7	2	1	0	0	0	0	0	8	2
WBGZ	0	0	0	0	0	0	4	1	0	0	0	0	0	0	4	1
WES	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	1
NBGZ	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PAA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	2	2	12	7	5	4	37	29	5	2	1	1	1	1	63	46

Figure *3: Timeliness and Completeness of Alerts: Verification rates by county of South Sudan for week 44, 2025*

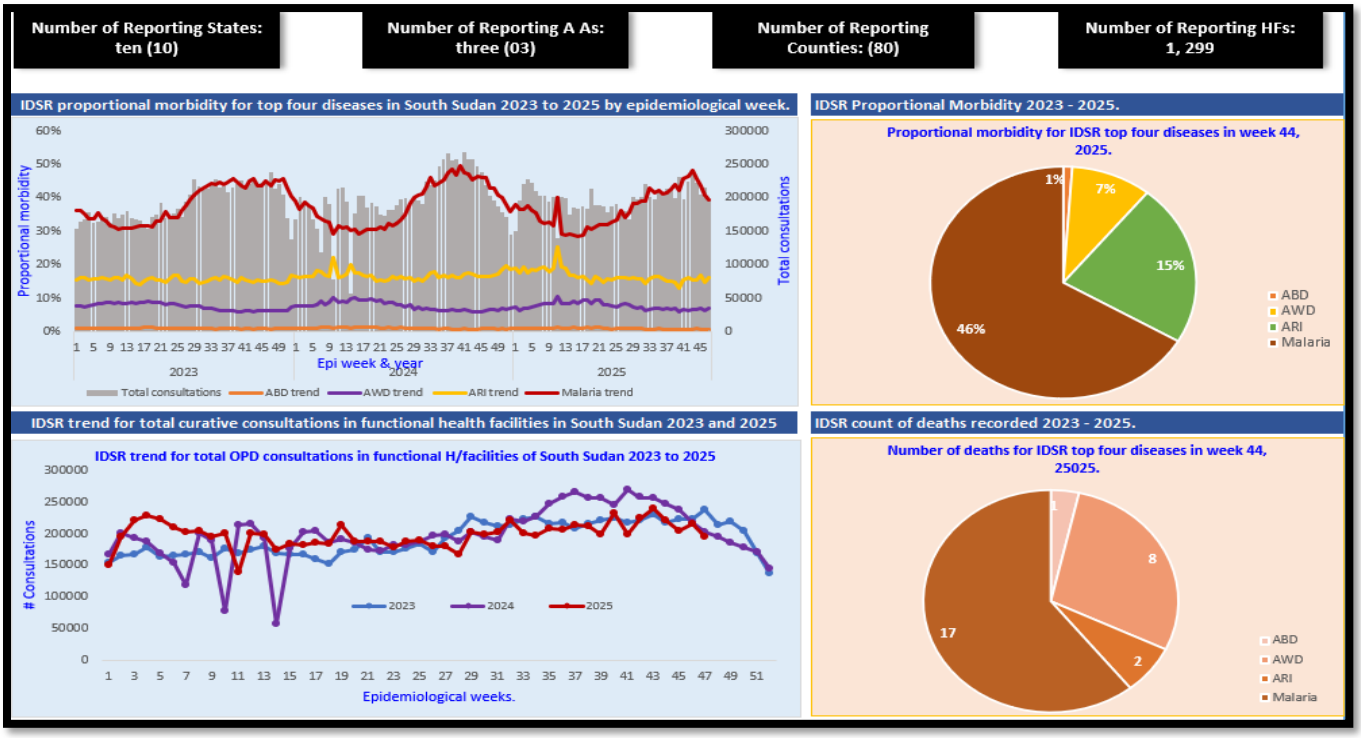


Weekly Update on Indicator-Based Surveillance (Week 44 of 2025)

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 44 of 2025, a total of 222,038 outpatients department (OPD) consultations were reported from across South Sudan, spanning 1,299 health facilities. Malaria remained the top cause of morbidity, causing 46% (101,292) of all cases lower than 115,390 cases reported in the preceding week 43. Acute respiratory illnesses 15% (34,314 cases) and acute watery diarrhea 7% (14,908 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.

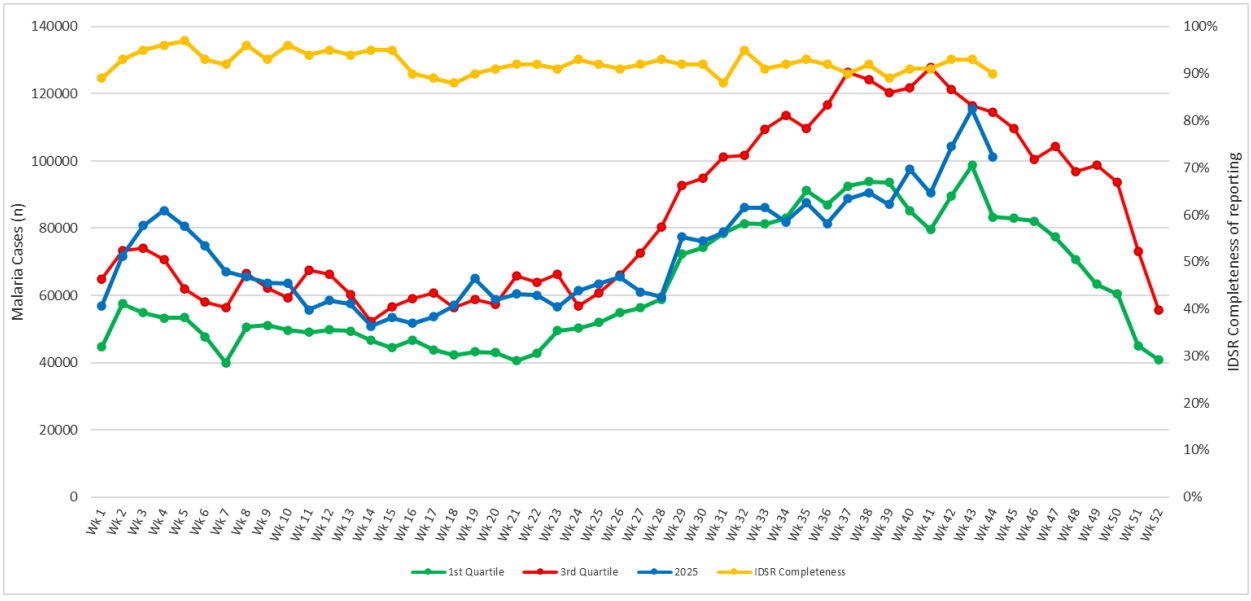
Figure 4: **Proportional Morbidity of top 4 IDSR priority diseases reported as of week 44 of 2025.**



1. Malaria Updates

In week 44 of 2025, malaria remained the leading cause of illness, with 101,292 reported cases and 17 deaths amongst the suspected cases. The weekly analysis reveals that malaria mortality dramatically decreased from 38 deaths reported in Week 43 to 17 deaths in week44, but the morbidity numbers remained within the expected normal range for the transmission period. In this weekly bulletin we present the updated national Malaria Transmission Channel to illustrate that the increasing trend of suspected malaria cases reported in three previous reporting weeks (41-43) did not exceed the 3rd quartile, and this week shows that the trend has been reversed. The dramatic decrease in reported malaria deaths is possibly due to low reporting or actual reductions in malaria transmission patterns that come with the dry season (just beginning). All states and counties are urged to establish similar channels for the quick identification of abnormal malaria transmission patterns, as shown in Figure 5.

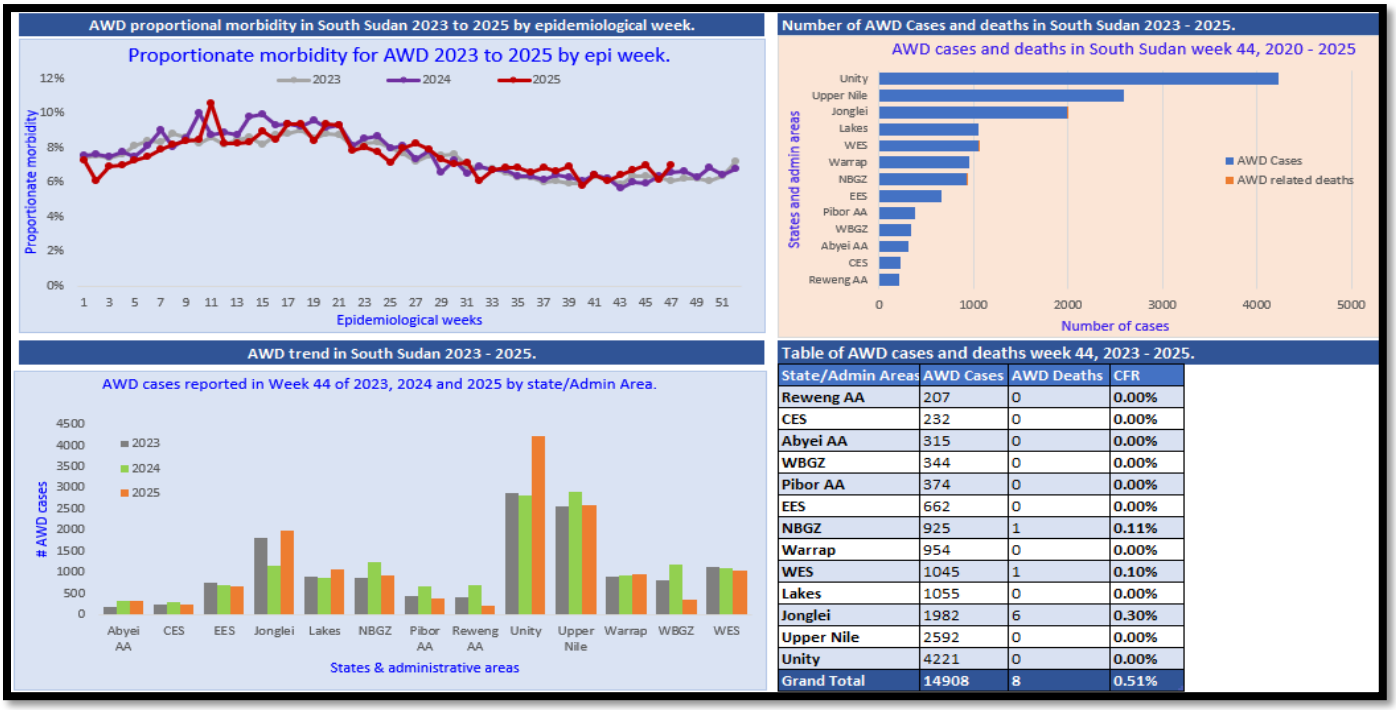
Figure 5: Normal Malaria Transmission Channel for South Sudan; Updated at Week 44 of 2025



2. Acute Watery Diarrhoea

During the epidemiological week 44, Acute Watery Diarrhoea (AWD) was the third leading cause of morbidity, causing 14,908 OPD consultations and eight (8) deaths. After one year of the cholera outbreak, AWD cases remained within normal ranges, although Unity and Upper Nile State reported the greatest number in week 44 of 2025 compared to 2 similar previous reporting periods, while Jonglei reported higher number of deaths (6). 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 patters 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

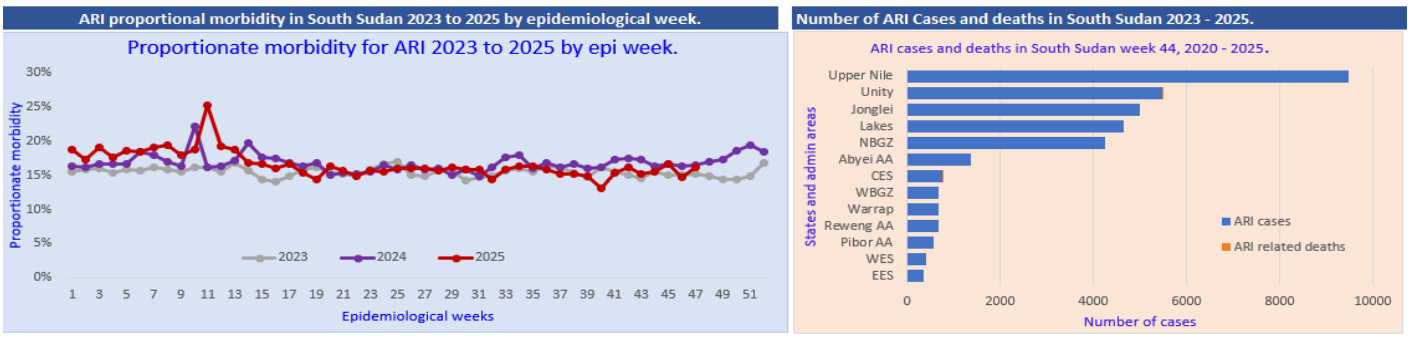


State/Admin Areas	AWD Cases	AWD Deaths	CFR
Reweng AA	207	0	0.00%
CES	232	0	0.00%
Abyei AA	315	0	0.00%
WBGZ	344	0	0.00%
Pibor AA	374	0	0.00%
EES	662	0	0.00%
NBGZ	925	1	0.11%
Warrap	954	0	0.00%
WES	1045	1	0.10%
Lakes	1055	0	0.00%
Jonglei	1982	6	0.30%
Upper Nile	2592	0	0.00%
Unity	4221	0	0.00%
Grand Total	14908	8	0.51%

3. Respiratory Pathogens Surveillance weekly updates.

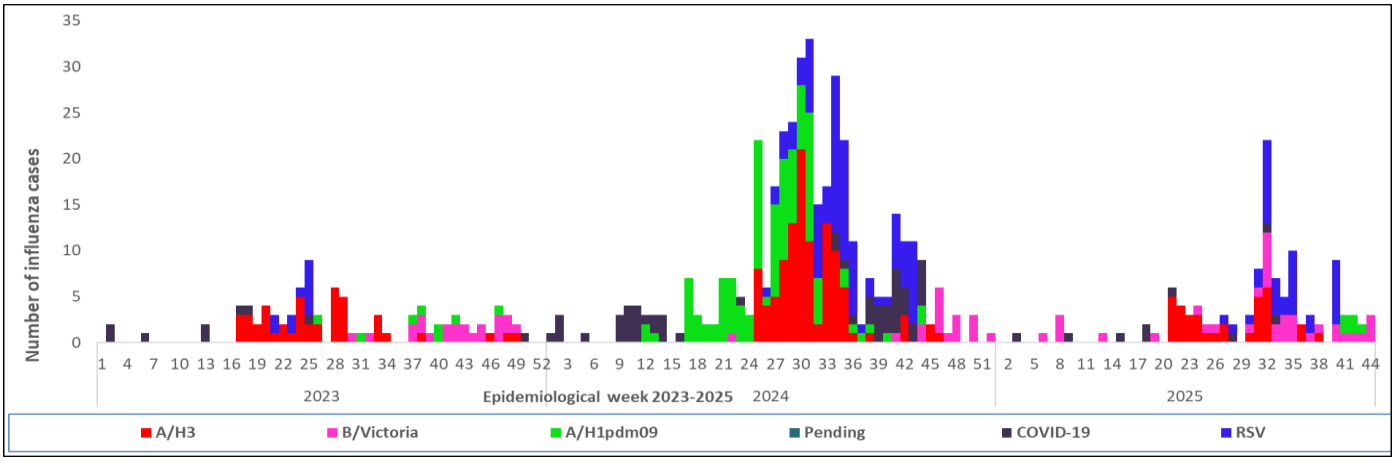
Acute respiratory illnesses are the second leading cause of outpatient's consultations in the country representing 15% of all the consultations. Upper Nile, Unity, Jonglei, Lakes and Northern Bahr el Ghazal, states, which accommodate huge numbers of the nation's refugees and displaced populations registered the greatest ARI cases in the week. Outstandingly, the top five ARI high-burden states (Upper Nile, Unity, Jonglei, Lakes and Northern Bahr el Ghazal) do not have a sentinel surveillance site for respiratory pathogens, a consideration that will be made in future expansion planning. There are two ARI-related death reported in the epidemiological week 44 from and Central Equatoria State.

Figure 7: Proportional Morbidity and ARI case counts by State of South Sudan in epidemiological week 44 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 44 of 2025.



During Epidemiological Weeks 1-44 of 2025, a cumulative total of 1,482 ILI/SARI samples have been collected; 1,363 tested negative for all pathogens, (8) were positive for COVID-19, (35) for Influenza Type A (H3), (35) for Influenza Type B (Victoria), (5) for Influenza A/(H1N1)pdm09 and (36) for RSV.

South Sudan Confirmed and ongoing epidemics in 2025

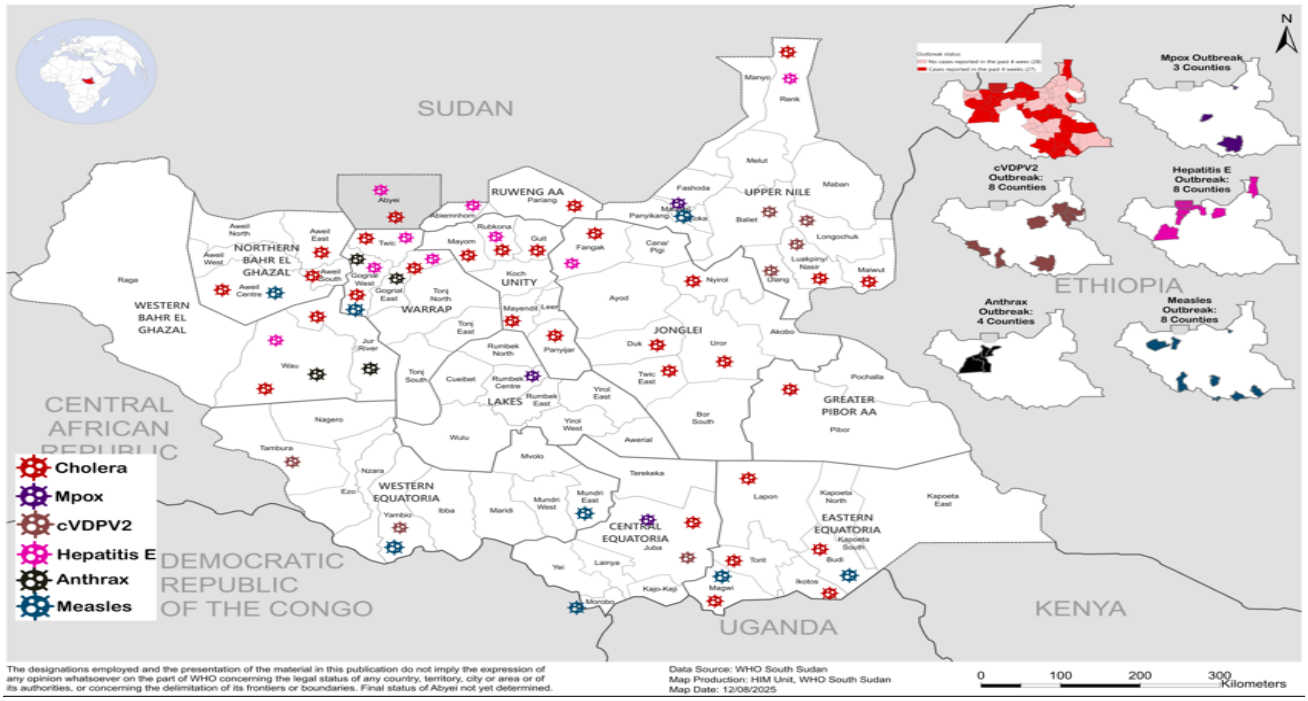
Every year, South Sudan experiences multiple emergencies. In week 43 of 2025, the active outbreaks in South Sudan were Anthrax, cholera, cVDPV2/Polio, hepatitis E, measles and Mpox. Notably, the measles outbreaks earlier controlled re-emerged in Abyei and Twic Mayardit. Below is a summary table and a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

Table 4: *Summary of ongoing and confirmed epidemics as of 14th November 2025*[2]

Aetiologic agent	Location (county)	Date first reported	New Suspected cases	Cumulative suspected	Response Activities				
					Laboratory confirmed	Active Cases	Vaccination	Health promotion	IPC/WASH
Mpox	Juba Malakal, Rumbek	Feb 2025	6	502	37	0	Planned	Yes	Yes
Cholera	In 55 counties of 9 states and 3 AAs	Sept 2024	173	96,3685	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	Ongoing in Renk	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	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 44, 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 3rd December 2025, there were 21 new suspected Mpox cases tested at the National Public Health Laboratory. Of the 21 samples, 7 were confirmed as new Mpox cases with the remaining 13 samples testing negative, bringing the cumulative total number of confirmed Mpox cases to 37, up from 30 reported in the previous week. Notably, field investigation of the transmission in Gumbo/Sherikat, has established local transmission linking 4 female cases to one male partner. As of 30th November, the cumulative total number of suspected cases across the country was 496 since the outbreak was first confirmed in February, 2025. The distribution of the confirmed cases now stands at 33 cases in Juba, 2 cases in Rumbek Centre, 1 case in Rumbek East, and 1 in Malakal.
- Active surveillance for suspected Mpox cases continues nationwide. Additionally, there has been contact listing and daily tracing related to the most recent 16 confirmed cases in Juba, and for one in Yambio whose sample was rejected for wrong transport media. The active contacts listed and under daily tracing has a cumulative total of 76.
- 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 sixteen positive samples will be sent to UVRI for genetic sequencing, alongside at least ten negative samples for external quality assurance re-testing.
- Between the confirmed Mpox cases, 60% are female and 40% are male, which may be attributed to the social set up that promotes polygamy. The same analysis in suspected cases shows more females affected, a skew that is attributed to good health seeking practices of females.
- Lakes State has reported a cumulative total of 209 suspected Mpox cases; however, only 69 suspected cases were investigated with lesion swabs, resulting in 3 positive cases at NPHL. All suspected Mpox cases recovered and were 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-3rd Dec. 2025

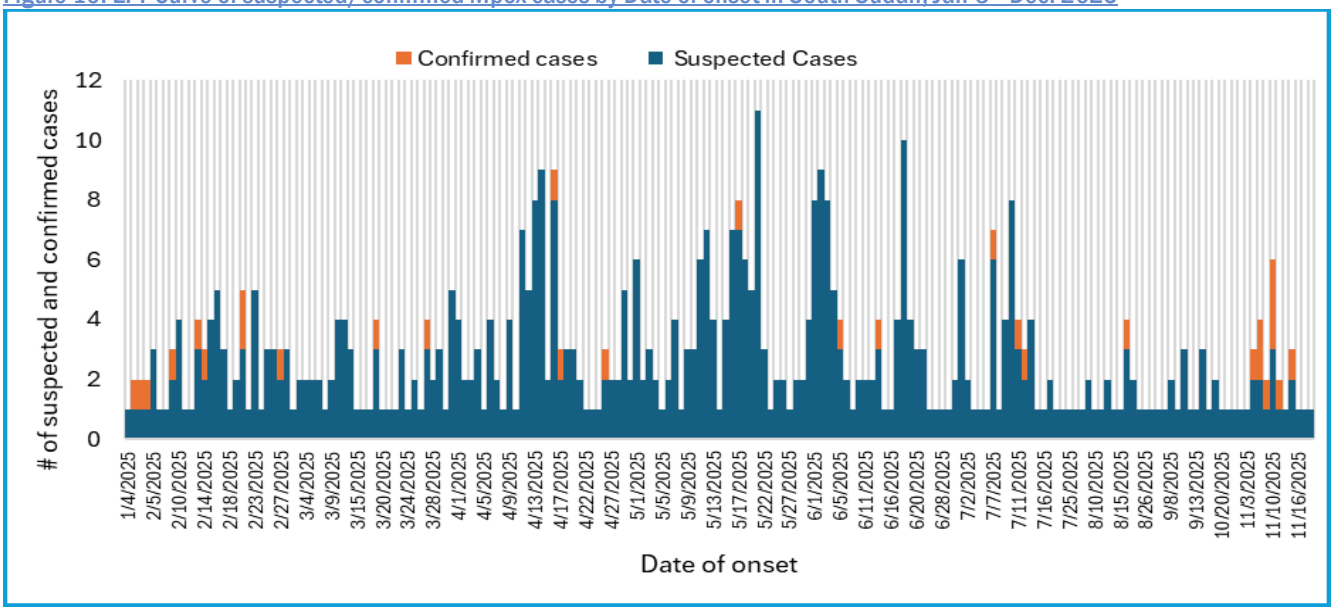
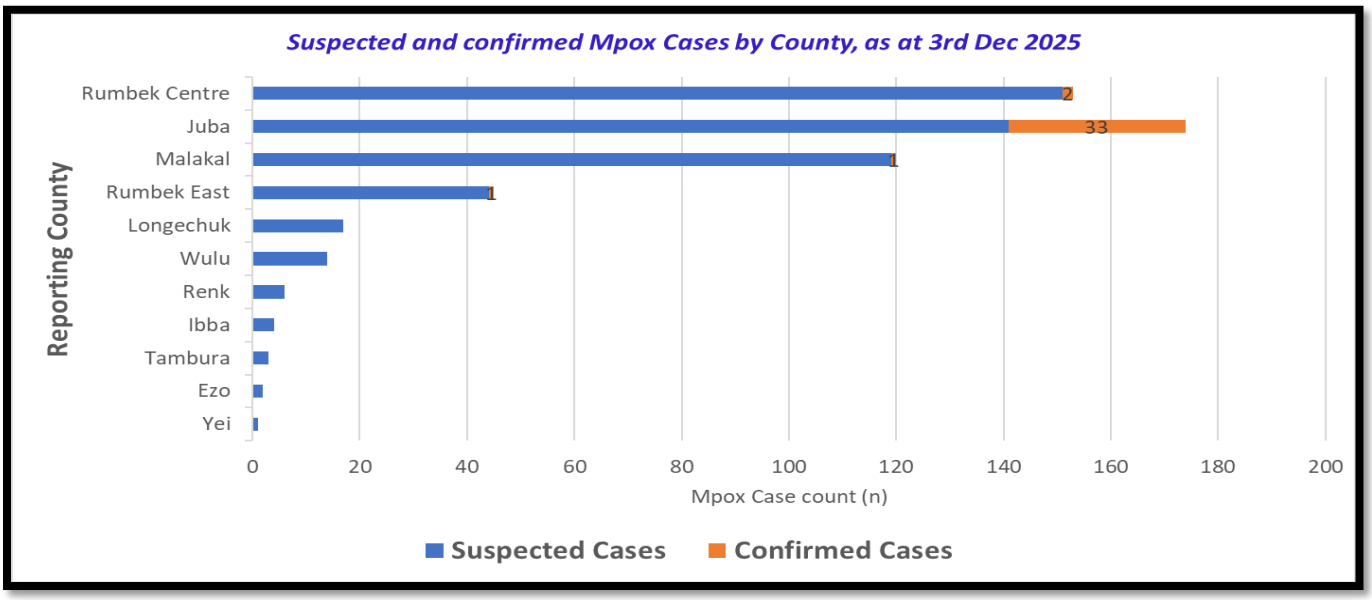
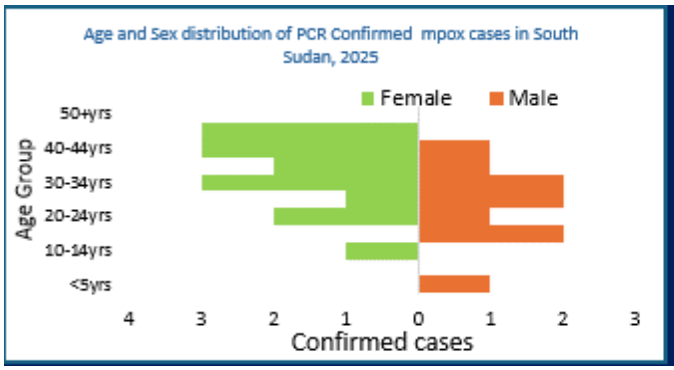
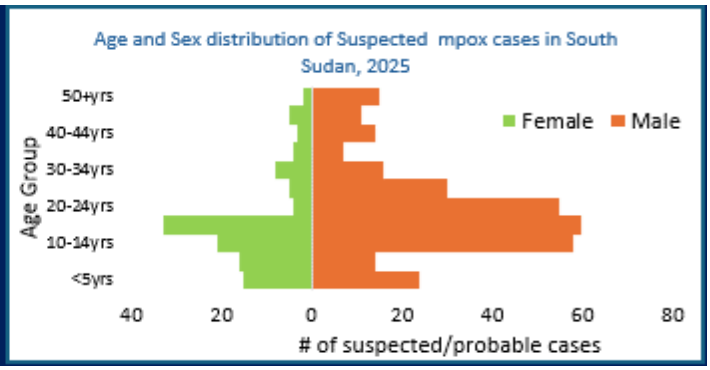


Figure 11: Mpox cases by county, age and sex in South Sudan, Jan-3rd Dec. 2025







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 in order to enhance surveillance.
- Support for vaccine introduction with necessary clearances obtained from the EPI Technical Working and the South Sudan Immunization Technical Advisory Groups.
- Revitalise Mpox vaccination planning with emphasis on determination of the transmission drivers to identify high-risk populations to be targeted.
- Publication of the Mpox Sit-rep number 11; and
- Weekly IMST meeting combining Mpox with Cholera response coordination.

2. South Sudan Cholera Outbreak Epidemic description as of 19th November 2025

- As at 19th November 2025 (3), the cumulative total number of suspected cholera cases was 96,368 cases and 1,591 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 96,368 cases, a total of 94,683 individuals had recovered, taking the recovery rate to 98.3%. Now, there are 94 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 12 November 2025 to 18 November 2025), there were 73 cases and 1 death were reported by 7 counties. Majority of the cholera cases were from Mayom (31), Rubkona (16), Duk (10), and Mayendit (7)
- Rubkona endures to stand the highest load of cholera cases, accounting for 20% (19,614 cases), followed by Juba County at 12% (11,544 cases) and Mayom County at 6% (1,206 cases) of the total 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. 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

[3] *Data published and shared on the National Cholera Outbreak dashboard as at 19th November 2025*

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

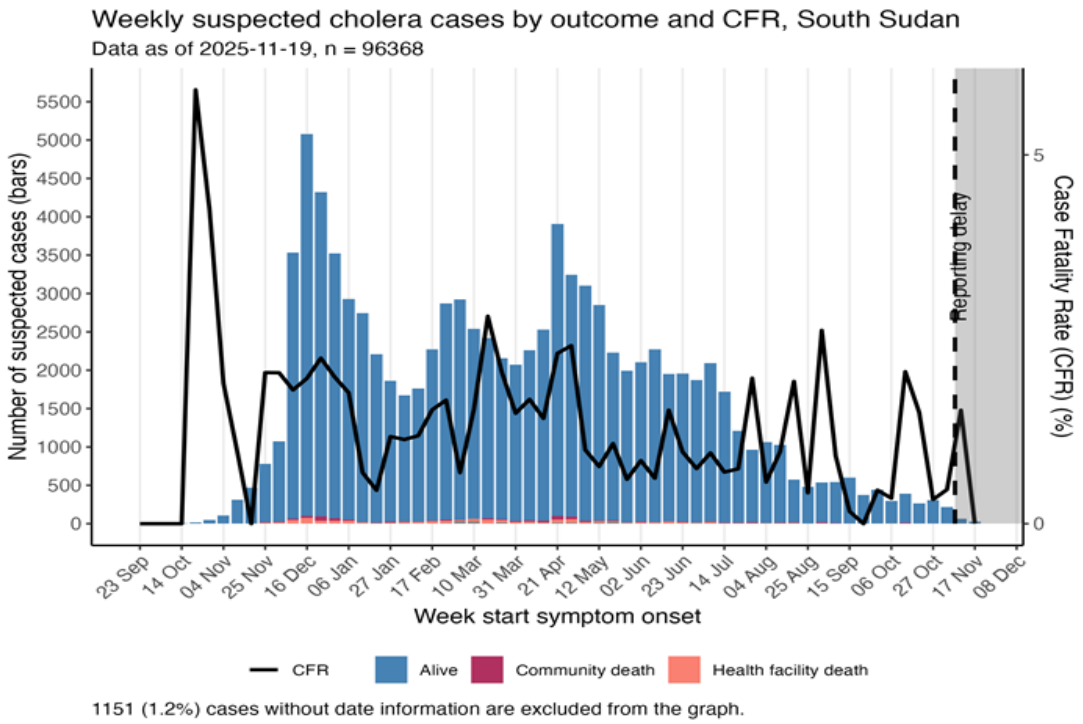


Figure 12: Map showing Cholera Case counts by Counties of South Sudan over time, as of 19th Nov 2025

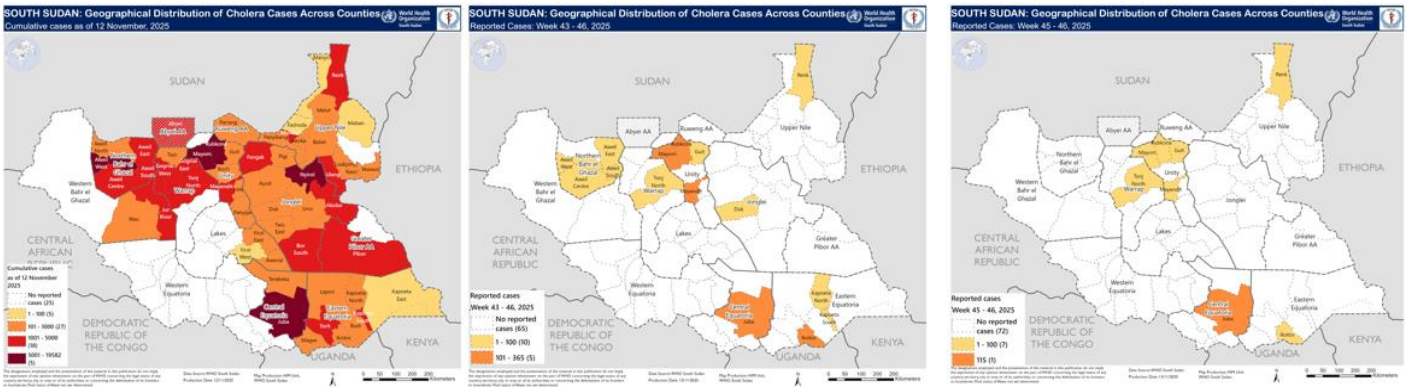
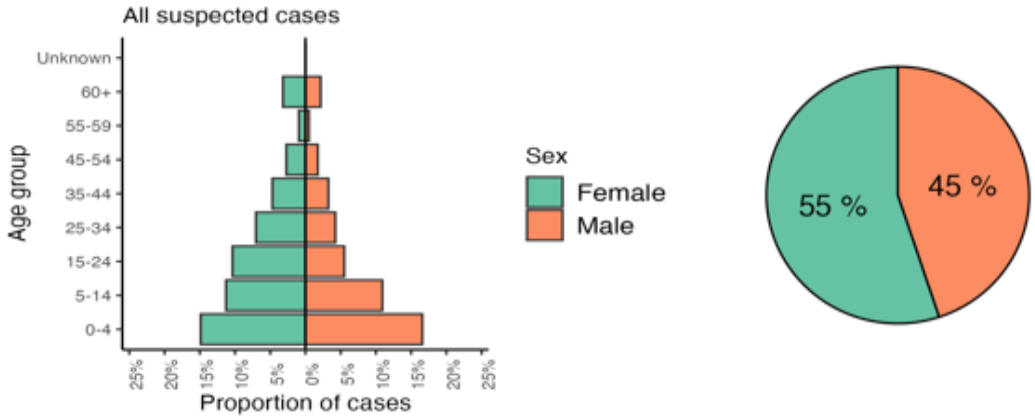


Figure 13: Age and sex distribution of cholera cases and deaths reported as at 19th November 2025.



Oral Cholera Vaccination Updates

- **Seventeen (17) ICG requests submitted** and approved between November 2024 to November 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 also arrived in the country and are being used to conduct mop up vaccination in support of the 30-days cholera knock out plan.
- 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 been completed in 46 counties across nine states and two administrative areas (Greater Pibor and Abyei). Luakpiny/Nasir and Ulang OCV SIAs are partially implemented, as far as access could allow. In Nasir County 25,014 (25.7%) individuals have been vaccinated.
- 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 campaigns have been 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 shows that 20,657 individuals were vaccinated (Tonj North – **2,596**, Gogrial East – **9,400** and Aweil South – **8,661).**
- Other OCV Mop-up campaigns are planned to target 332,795 individuals in 8 counties (171,521 in EES, 69,802 in Juba County and 91,472 in Rubkona County).

Next Steps.

- 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
- Review progress on 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 30th 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 at 30th November 2025, a cumulative number of 417 AFP cases had been reported in 80 counties, compared to 442 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. 53 per 100,000 population under 15yrs, compared to 5.83 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 300 Active Case Search Visits conducted in week #48 compared with 480 visits in the same period last year. The cumulative total of active search visits conducted, as at 30th November were 20,899.
- 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 available at the SIAs dashboard shows that 2,254,469 of the targeted 2,162,947 children were vaccinated with nOPV2. LQAs conducted in 20 counties (lots), after the second round of SNIDS showed that 12 (60%) passed and 8 (40% failed). This shows that lessons learnt in first SNIDS round were used to improve the quality of the second round.

4. Anthrax

- During epidemiological ending week 44, 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 state in weeks 42 and 44.
- 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 44, 2025.

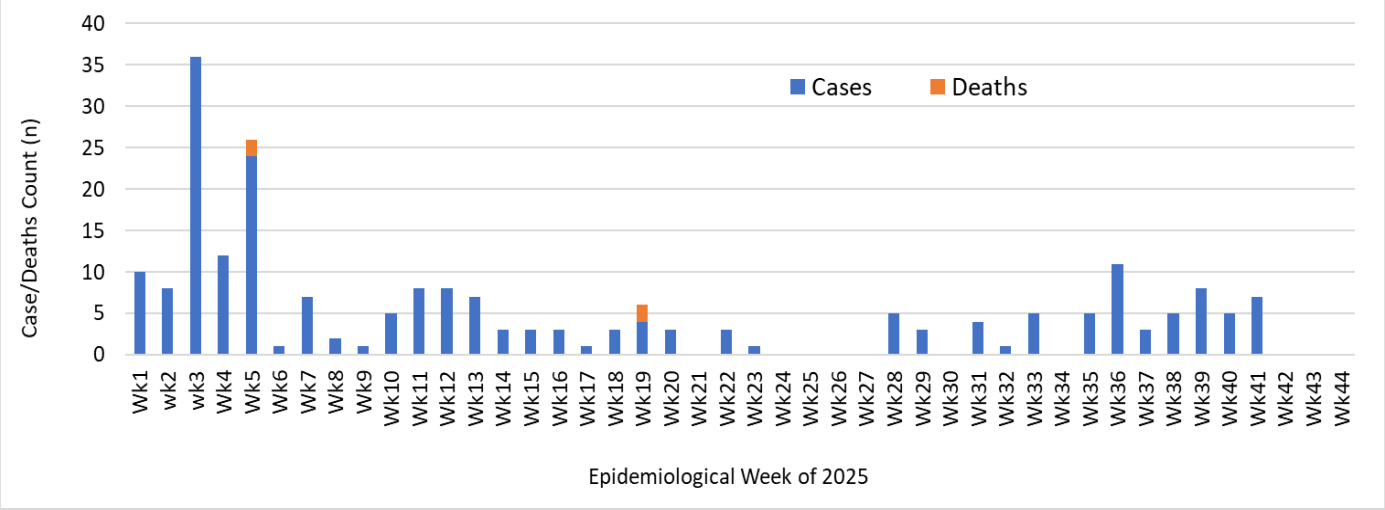
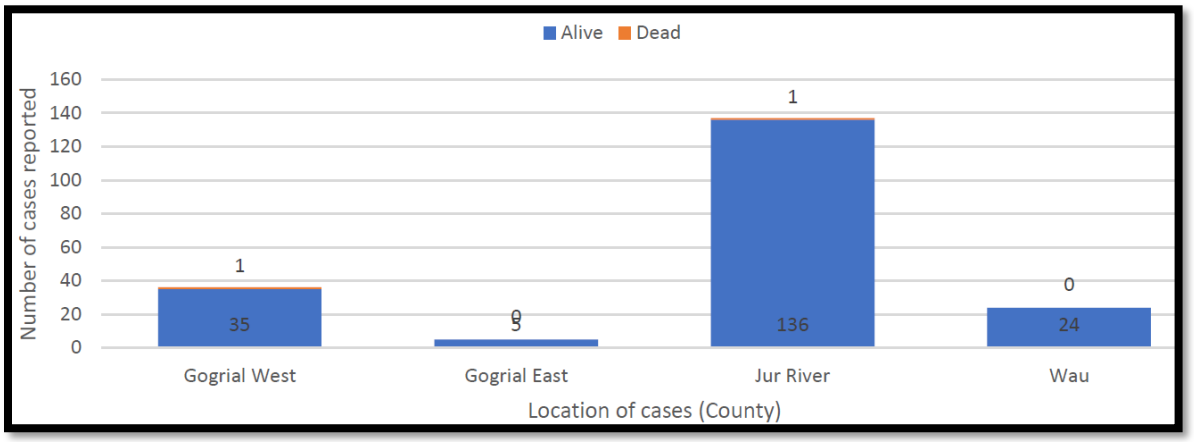


Figure 15: Cumulative Anthrax case count by affected counties of South Sudan; week 1 to 44, 2025.



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 but 1,741 animals were vaccinated with support from FAO.
- Partnerships: WHO and FAO collaborate; One Health Day planned in Wau.
- Logistics: WHO supports outbreak surveillance and response operations.

5. Measles Update[4]

- Since the beginning of 2025 (Epidemiological Week 01 to Week 44), 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.

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

Figure 16: Epidemic curve of measles cases in South Sudan; Week 01 to week 44 of 2025

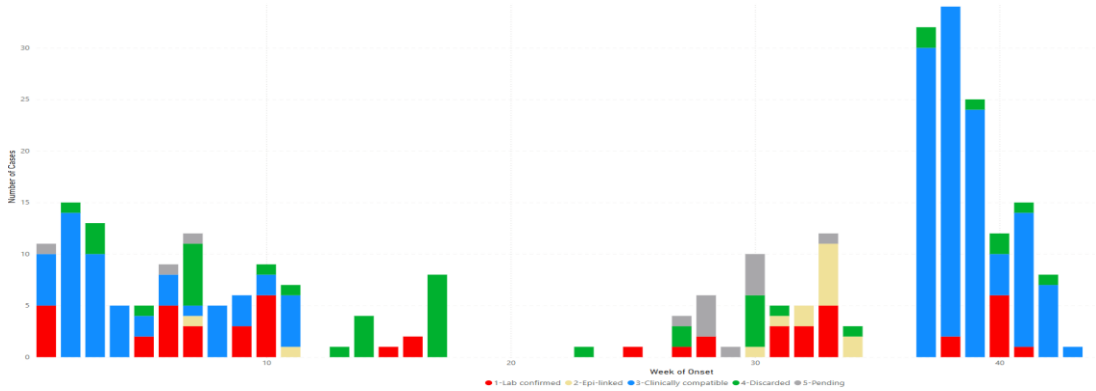
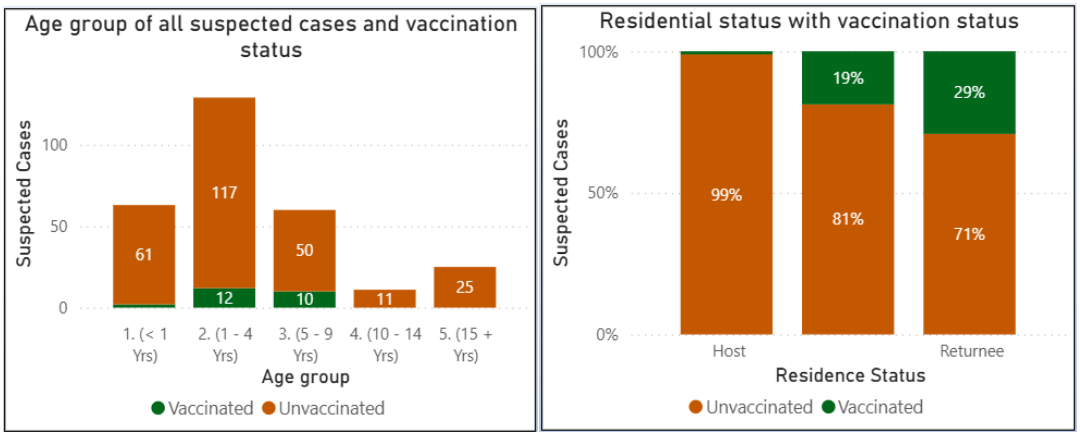


Figure 17: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-44 of 2025



6. Hepatitis E outbreak

- In Week 44, there were six 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 9,122. 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%).
- 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 generated 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 44 of 2025*

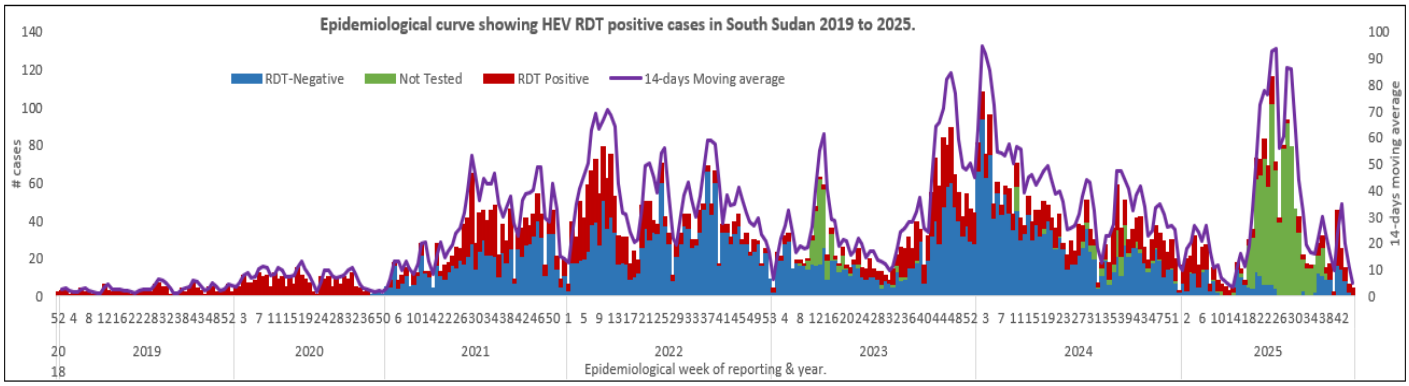
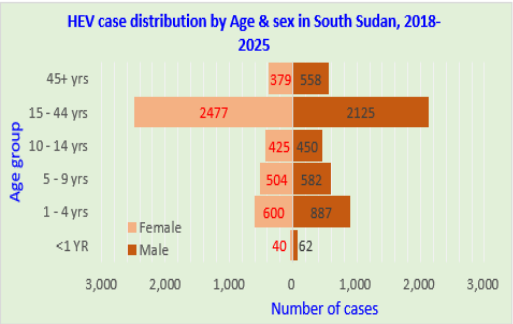
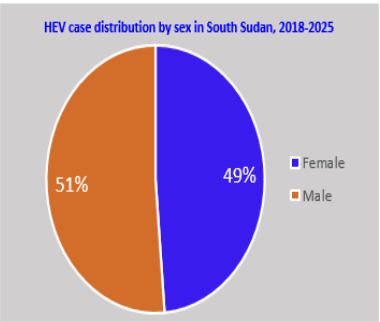


Figure 19: Distribution of suspected Hepatitis E Virus Cases by age and gender in South Sudan; 2018-2025





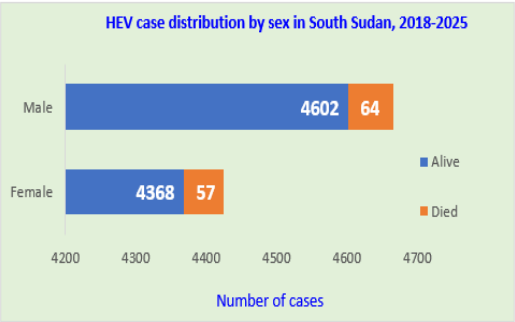


Table 5: Location distribution of Hepatitis E cases and deaths in South Sudan; as of week 44, 2025

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%
Nyirol	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. As of 30th November, a cumulative total of 191 flood reports had been received, documenting that 64 health facilities had been physically damaged, 47 had services suspended and the remainder only had access disruptions. The hardest-hit regions are Jonglei and Unity, where the scale of destruction has been particularly alarming. The floods dashboard documents that 222,968 people have been displaced from their homes. Notably floodwaters were also destroyed residences, farmland, and vital infrastructure, severely disrupting essential health and educational services.

The 2025 floods reports also documented that there were several incidents, including 55 cases of drowning, 146 snake bites, 3,550 cases of malnutrition, and 20 related fatalities. WHO provided the snake antivenom to all the affected people, in addition to establishment of temporary medical service tents geographies where displaced people lived.

Sudan crisis: As of 30th November 2025, a cumulative total of 323,597 households, containing 1,289,633 individuals (675,080) Females and 614,553 Males) from 18 different nationalities, had crossed the border. Of this number, 67.5% (870,503) are South Sudanese returnees, while 32.0% (412,683) 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:

- ❑ Fourteen new suspected cholera cases were reported, bringing the cumulative total to 1,556. Most cases are recent returnees.

Measles Outbreak Updates:

- ❑ Measles (Suspected): Two new suspected measles cases were reported in the week, increasing the cumulative total to 73 cases, with two active case currently in the isolation center at Renk County Hospital.

Hepatitis E Virus Outbreak Updates:

- ❑ Nine new cases of Hepatitis E Virus (HEV) were reported in week ending 30th November, bringing the cumulative total to 1,131 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 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