Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 46

10th to 16th November 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 46 of 2025, IDSR reporting timeliness was at 79% which was an improvement from the shock 70% in Week 45. Completeness of IDSR reporting was 94%, which was an improvement from 87% reported in the previous week 45. All states, achieved a completeness of reporting above 80%; with three states (Lakes, Northern Bahr el Ghazal and Unity) and Ruweng Administrative Area achieving 100%.
- At the EWARN mobile sites, timeliness and completeness were both at 100% during the current reporting week.
- **EWARS Alerts Management:** A total of 57 EWARS alerts were triggered in Week 46, with 40 (70%) verified, indicating no change in alerts triggered and in their verification rates compared to Week 45 of 2025. The most alerts were for Guinea Worm Disease (70%), and Cholera (12%). Credits to the surveillance teams in Lakes and Jonglei states for successfully verifying all the alerts generated in EWARS.
- In Week 46 of 2025, a total of **215,444 outpatient consultations** for morbidities were reported from across South Sudan, spanning 1,299 health facilities. Malaria remained the top cause of morbidity, causing 41% (87,685) of all cases lower than 89,093 (44%) of OPD consultations reported in the previous week 45, followed by Acute respiratory illnesses 15% (31,859) and acute watery diarrhea 6% (13,324).
- **Mpox Outbreak:** 11 new suspected Mpox cases were reported in Week 45([1]), bringing the cumulative total of suspected Mpox cases to 479 in 2025. Nine (9) new confirmed Mpox cases and therefore the cumulative total increased to 30 cases since February 7, 2025, with 26 in Juba, 2 in Rumbek Centre, 1 in Rumbek East, and 1 in Malakal counties. The most recent confirmed cases were all in two Payams of Juba County and field investigation reports suggest that 5 of the female cases were epi-linked to one male, suggesting local transmission, in Sherikat of Rejaf Payam.
- **Cholera outbreak:** As at 27th November 2025 ([1]) the cumulative total of suspected cholera cases was 96,508 cholera cases and 1,592 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 7 days of reporting (19th to 25th November, 2025), there were 121 new cases and 1 death reported in 7 counties. Most of these cases were from Juba (68 cases, 56.2%), Mayom (28 cases, 23%), Ikotos (10 cases, 8%) and Mayendit (8 cases, 7%).
- **Other active Outbreaks and events:** Anthrax, cVDPV2/Polio and Hepatitis E outbreaks in various counties, and the Sudan Crisis humanitarian Response. South Sudan is also on alert for Marburg Virus Disease, following IHR notification of the outbreak in Jinka town of Southern Region in Ethiopia.

[1] *Data reported is aligned with published outbreak Situation reports and not the epidemiological week 46*

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 46, the timeliness of IDSR reporting was 79%, and the completeness was 94%, displaying a decrease in both timeliness and Completeness of reporting when compared to the previous week.

Table 1: *Timeliness and completeness of IDSR reporting by State for Week 46 compared to week 45 of 2025*

State	Total facilities	Number of facilities reported (Completeness Wk46)	Comparison of the reporting period				Cumulative since year start (2025 level)	
			Timeliness		Completeness			
			Week 46	Week 45	Week 46	Week 45	Timeliness	Completeness
Lakes	112	112	94%	100%	100%	100%	96%	100%
NBGZ	92	92	76%	95%	100%	99%	82%	92%
Unity	102	102	98%	100%	100%	100%	81%	94%
WBGZ	112	97	79%	31%	87%	89%	63%	87%
WES	191	187	89%	65%	98%	79%	78%	97%
Jonglei	120	113	94%	93%	94%	93%	85%	92%
Warrap	114	107	39%	59%	94%	93%	62%	90%
EES	112	101	57%	49%	90%	82%	**58%**	88%
RAA	16	16	38%	38%	100%	100%	**48%**	100%
CES	152	147	97%	62%	97%	64%	92%	94%
AAA	17	14	6%	76%	82%	94%	78%	91%
Upper Nile	143	120	73%	62%	84%	83%	67%	84%
PAA	16	14	88%	81%	88%	81%	93%	98%
Total	**1,299**	**1,222**	**79%**	**70%**	**94%**	**87%**	**76%**	**92%**

Key to Epidemiological Reporting Performance

≥80%	Good
60-79%	Fair
<60%	Poor

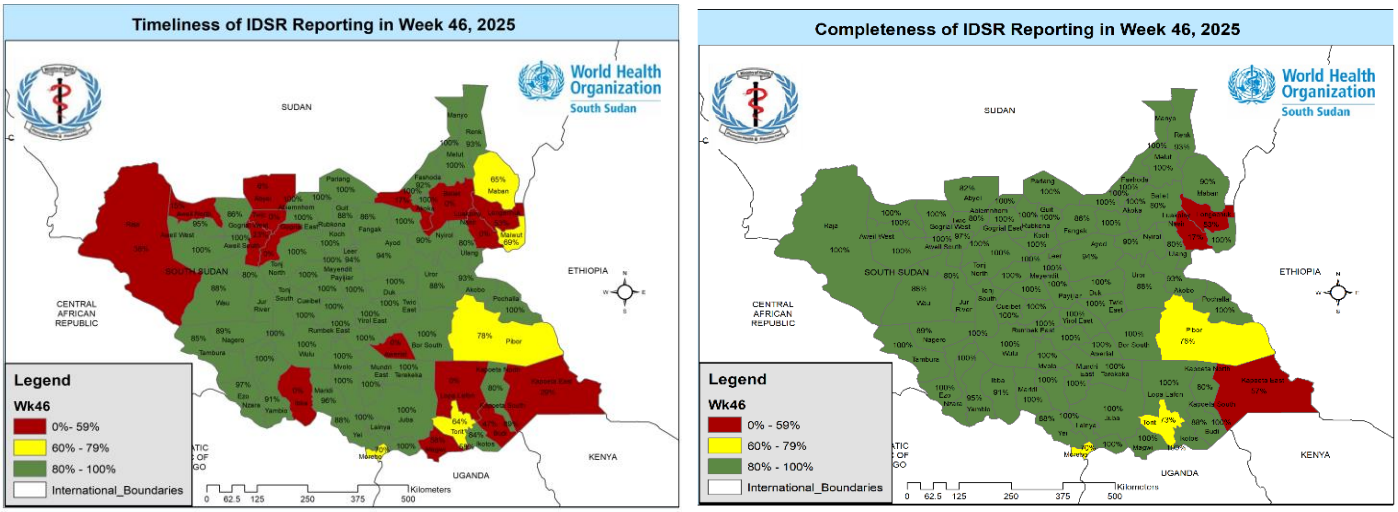


Figure 1: Maps showing Timeliness and Completeness of IDSR reporting in South Sudan by County in Week 46, 2025.

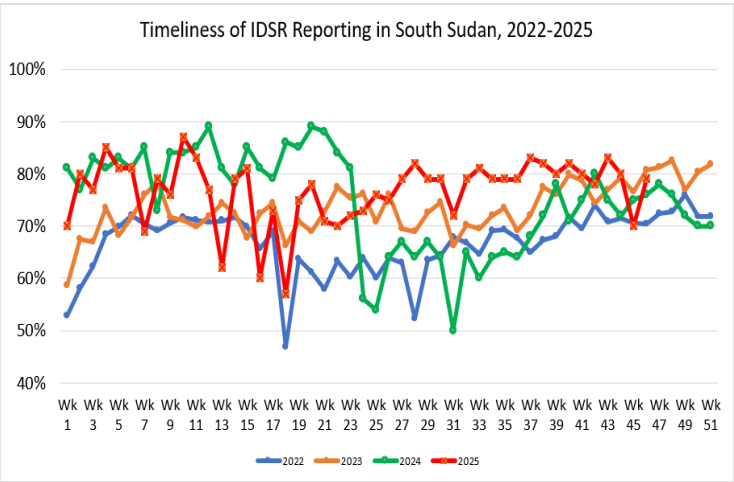
Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 46 of 2025.

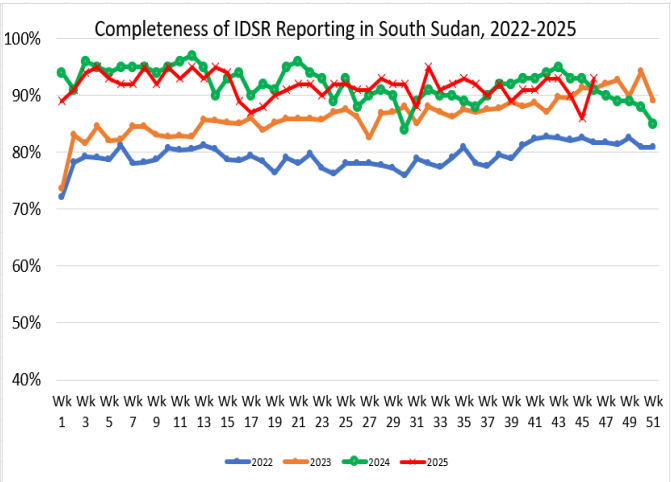
IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for Week 46, 2025							
Partners	# of Reporting Mobile Sites	% of Timeliness in Week 46	% of Completeness in Week 46	Payam	# of Reporting Private Health Facilities	% of Timeliness in Week 46	% of Completeness in Week 46
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	100%	100%	Rajaf	3	100%	100%
HFO	2	100%	100%	Munuki	12	100%	100%
WVI	2	100%	100%	Wau South	20	90%	95%
CIDO	1	100%	100%	Wau North	12	83%	83%
HFD	1	100%	100%	Juba	10	100%	100%
RI	1	100%	100%	Mangala	1	100%	100%
TOTAL	**12**	**100%**	**100%**	**TOTAL**	**63**	**94%**	**95%**

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 14 consecutive weeks (Weeks 32–46), a significant improvement from 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. Secondly, the shock under reporting observed in Week 45 has also corrected. Interactions with the county surveillance officers and their M&E officers suggest that the under-reporting was due to a) engagement of county medical teams in nOPV2 SNIDS, Stockouts of Medicines and inertia of health workers in HSTP funded facilities due to delayed payment of incentives.

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





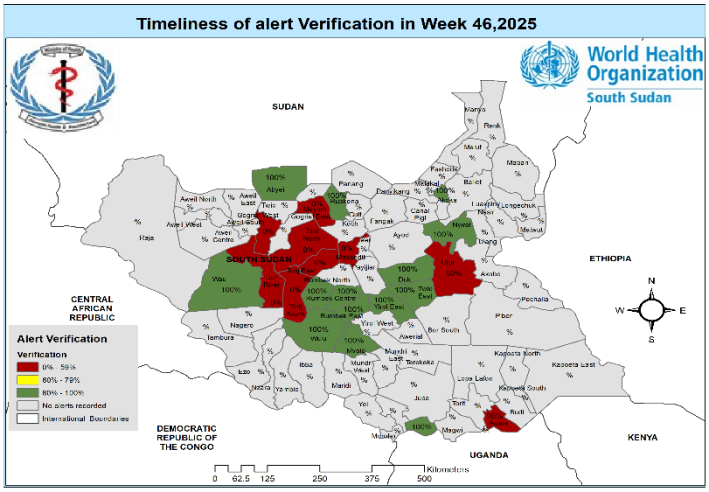
Epidemic alerts

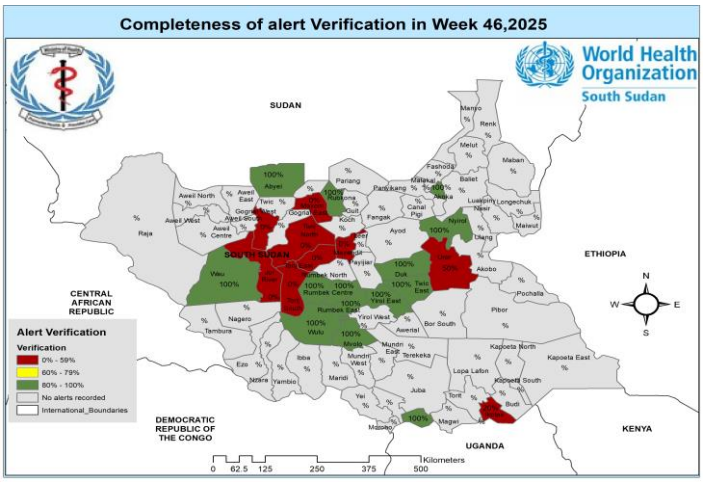
In epidemiological reporting Week 46, a total of 59 alerts were triggered in the EWARS system, with 68% (40) verified, indicating no change in alerts triggered but had an increase in verification rates from Week 45. One state and two administrative areas did not have a single notifiable disease alert. Special recognition goes to surveillance teams in Central Equatoria, Jonglei, Lakes, Upper Nile, and Western Equatoria states that verified all EWARS alerts triggered in the week. Abyei also stands tall as the only Administrative Area that verified all their EWARS alerts. Notably, most alerts were for ARI Guinea Worm Disease (66%), Cholera (15%), and Events-Based Surveillance (8%).

Table 3: *Summary of EWARS alerts triggered in Epidemiological Week 46, 2025.*

	AJS		AFP		Cholera		EBS		Guinea Worm		Measles		Yellow Fever		Total	
State/admin	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V
AAA	0	0	0	0	0	0	0	0	0	0	1	1	0	0	1	1
CES	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	1
EES	1	0	0	0	3	0	1	0	0	0	1	1	0	0	6	1
Jonglei	0	0	0	0	2	2	3	3	5	4	0	0	0	0	10	9
Lakes	0	0	0	0	0	0	0	0	23	23	0	0	0	0	23	23
Unity	0	0	0	0	4	1	0	0	0	0	0	0	0	0	4	1
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	0	0	7	0	1	0	0	0	8	0
WBGZ	0	0	0	0	0	0	0	0	3	1	0	0	0	0	3	1
WES	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1
RAA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GPAA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NBGZ	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	1	0	1	1	9	3	5	4	39	29	3	2	1	1	59	40

Figure *3: Timeliness and Completeness of Alerts: Verification rates by county of South Sudan for Week 46, 2025*





Weekly Update on Indicator-Based Surveillance (Week 46 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 46 of 2025, a total of **215,444 outpatient consultations** for morbidities were reported from across South Sudan, spanning 1,299 health facilities. Malaria remained the top cause of morbidity, causing 41% (87,685) of all cases lower than 89,093 (44%) of OPD consultations reported in the previous week, followed by Acute respiratory illnesses 15% (31,859) and acute watery diarrhea 6% (13,758). Analysis of proportional morbidity rates for 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.

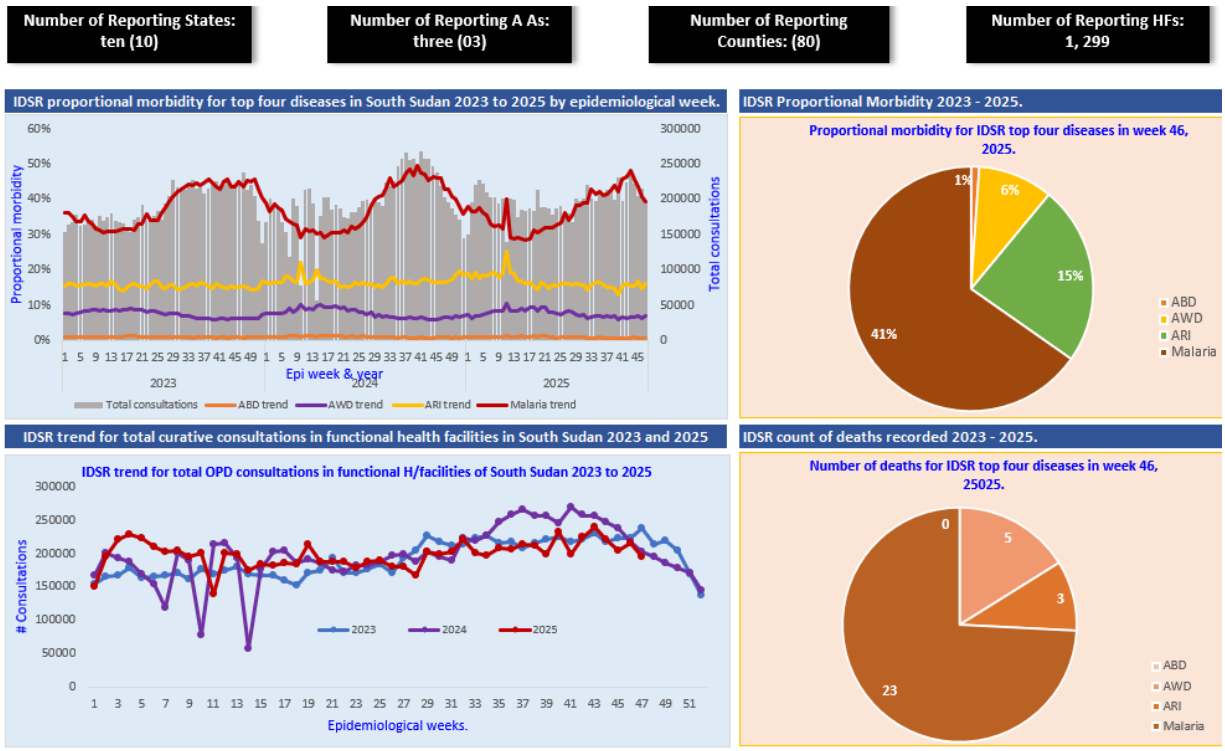
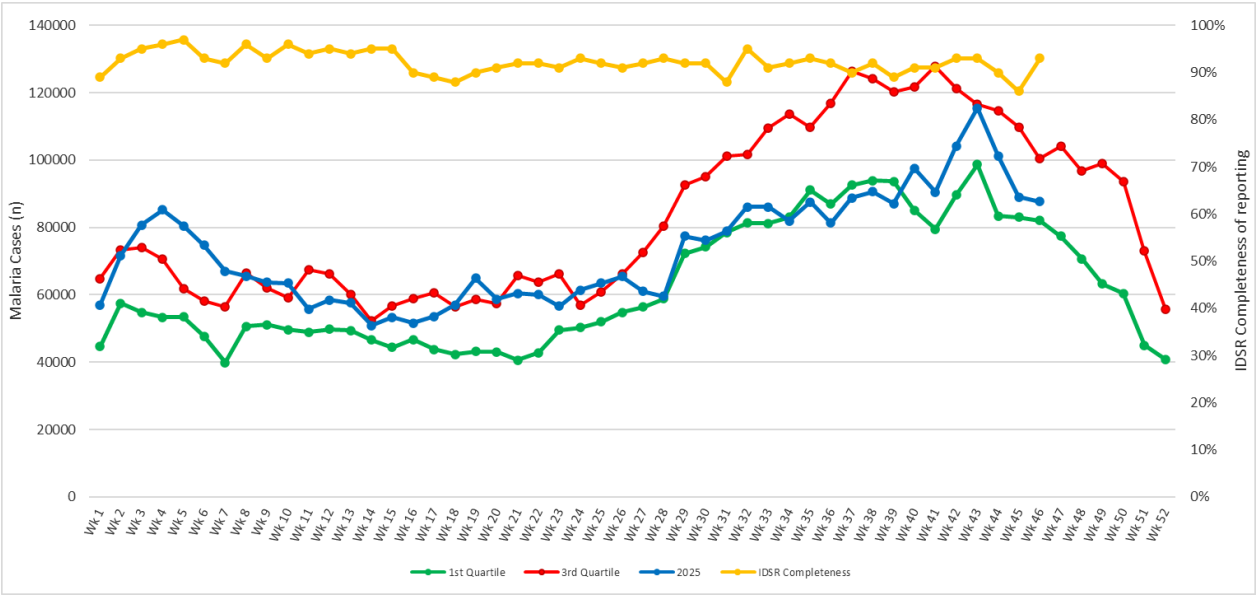


Figure 4: Proportional Morbidity of top 4 IDSR priority diseases reported as of Week 46 of 2025.

1. Malaria Updates

In Week 46 of 2025, malaria remained the leading cause of illness, with 87,685 reported cases and causing 23 deaths among the suspected cases. The weekly analysis reveals that these numbers are within the expected numbers for the transmission period and lower than what was reported in the past four weeks. However, ongoing monitoring continues to be essential. This week, we also present the updated national malaria transmission channel, which shows that the number of suspected malaria cases is within expected transmission patterns and limits for South Sudan. Notably, the last two weeks have indicated a higher-than-normal number of malaria deaths. This has been attributed to the nationwide shortage of supplies, including antimalarials, which urgently need the attention of all health stakeholders in the country.

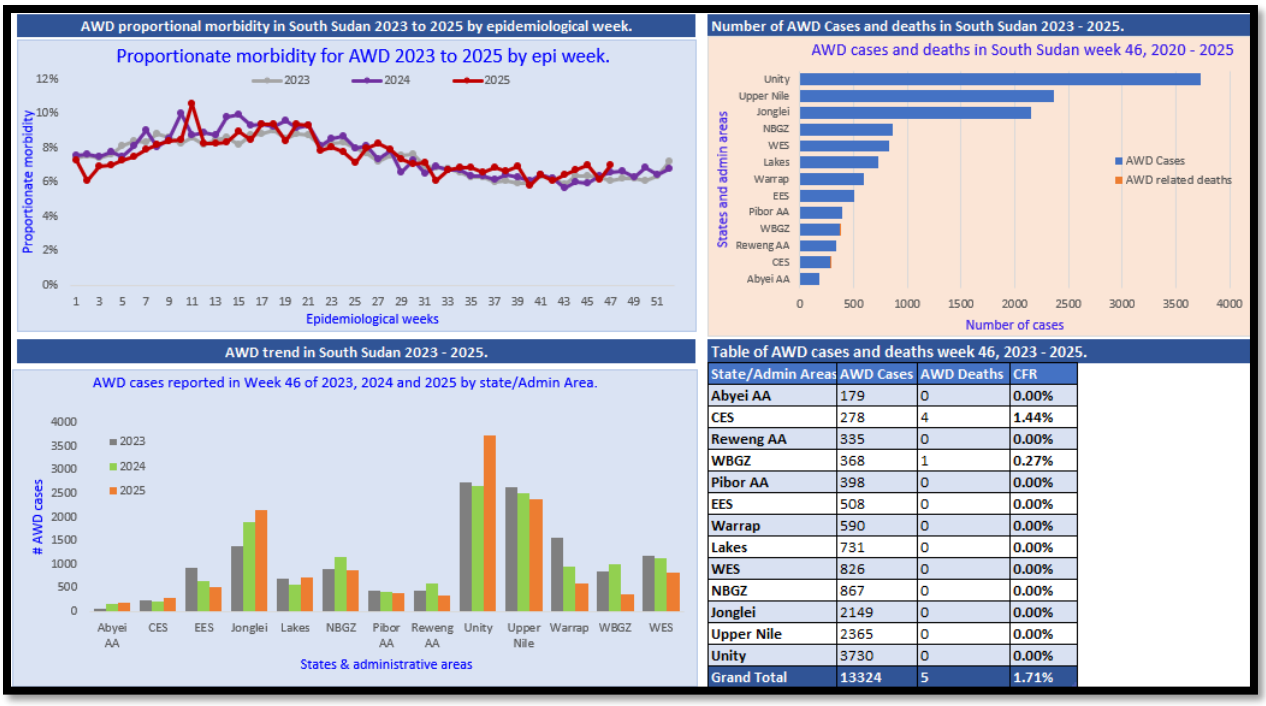
Figure 5: Normal Malaria Transmission Channel for South Sudan; Updated at Week 46 of 2025



2. Acute Watery Diarrhoea

During the epidemiological Week 46, Acute Watery Diarrhoea (AWD) was the third leading cause of morbidity, causing 13,3324 OPD consultations and five (5) deaths. After one year of the cholera outbreak, AWD cases remained within normal ranges. The AWD dashboard remains our analytic tools 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 and were reported in two previous reporting periods of 2024 and 2023.

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

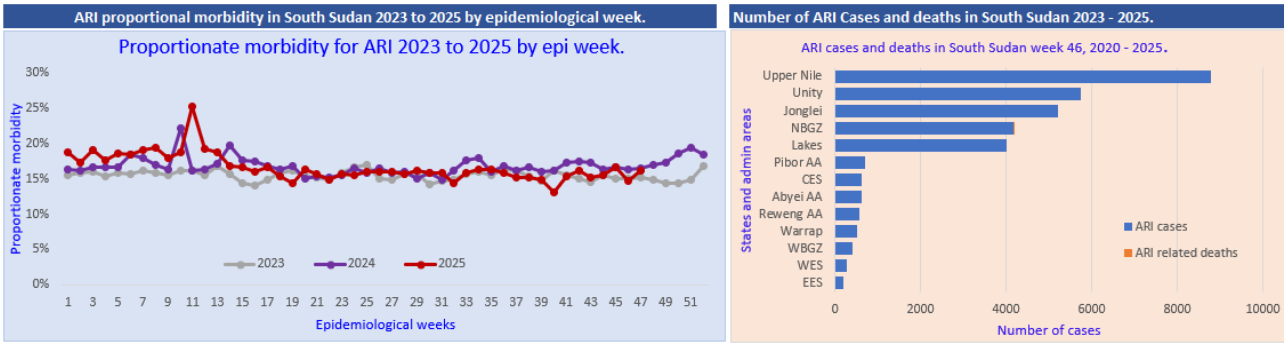


State/Admin Areas	AWD Cases	AWD Deaths	CFR
Abyei AA	179	0	0.00%
CES	278	4	1.44%
Reweng AA	335	0	0.00%
WBGZ	368	1	0.27%
Pibor AA	398	0	0.00%
EES	508	0	0.00%
Warrap	590	0	0.00%
Lakes	731	0	0.00%
WES	826	0	0.00%
NBGZ	867	0	0.00%
Jonglei	2149	0	0.00%
Upper Nile	2365	0	0.00%
Unity	3730	0	0.00%
Grand Total	13324	5	1.71%

3. Respiratory Pathogens Surveillance weekly updates.

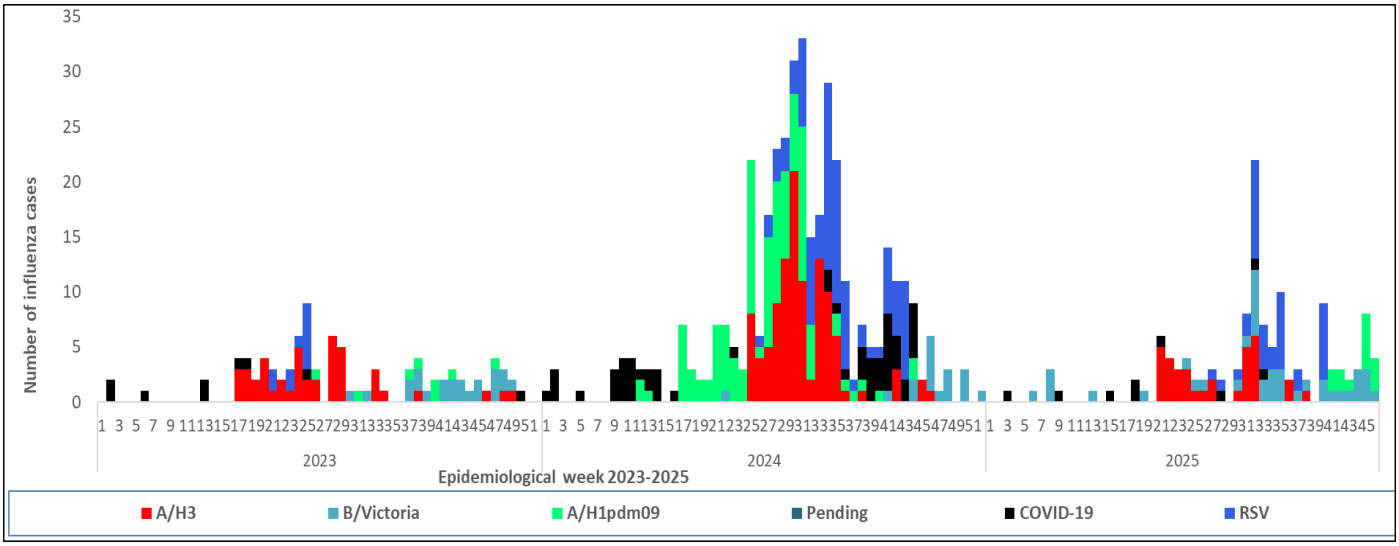
Acute respiratory illnesses are the second leading cause of outpatients' consultations in the country constituting 15% of all the consultations. In epidemiological Week 46, most IDSR-reported ARI cases were from Upper Nile, Unity, and Jonglei States, which host a large portion of the nation's refugees and displaced populations. Notably, the top two ARI high-burden states (Upper Nile and Unity) do not have an influenza sentinel surveillance site, to determine the aetiological causes of these reported infections. The Sentinel influenza surveillance site is investigating the larger-than-normal number of ARI cases reported in Jonglei state to determine the causative agents. Lastly, there were three ARI-related deaths reported in the epidemiological Week 45, all from Northern Bahr el Ghazal state.

Figure 7: Comparative analysis of reported ARI case counts by State of South Sudan in epidemiological Week 46 of 2025.



South Sudan designated six sentinel surveillance sites to monitor and track aetiologic agents of Severe Acute Respiratory tract infections. These sites are located at Juba Teaching Hospital, Al Sabbah Children's Hospital, Juba Military Hospital, Rumbek State Hospital, Bor State Hospital, and Nimule Hospital. These sentinel sites actively collect epidemiological data and nasopharyngeal swabs from Influeza-Like Illnesses (ILI) and/or Severe Acute Respiratory Infections (SARI) cases, for laboratory testing and confirmation of the causative agents.

Figure 8: Confirmed Influenza, COVID-19, and RSV cases from sentinel sites, Epidemiological Week 1 of 2023 to Week 46 of 2025.



During Epidemiological Weeks 1-46 of 2025, a total of 1535 ILI/SARI samples have been collected; a cumulative total of 1,410 tested negative for all pathogens, (8) were positive for COVID-19, (35) for Influenza Type A (H3), (39) for Influenza Type B (Victoria), (13) for Influenza A/(H1N1)pdm09 and (36) for RSV.

South Sudan Confirmed and ongoing epidemics in 2025

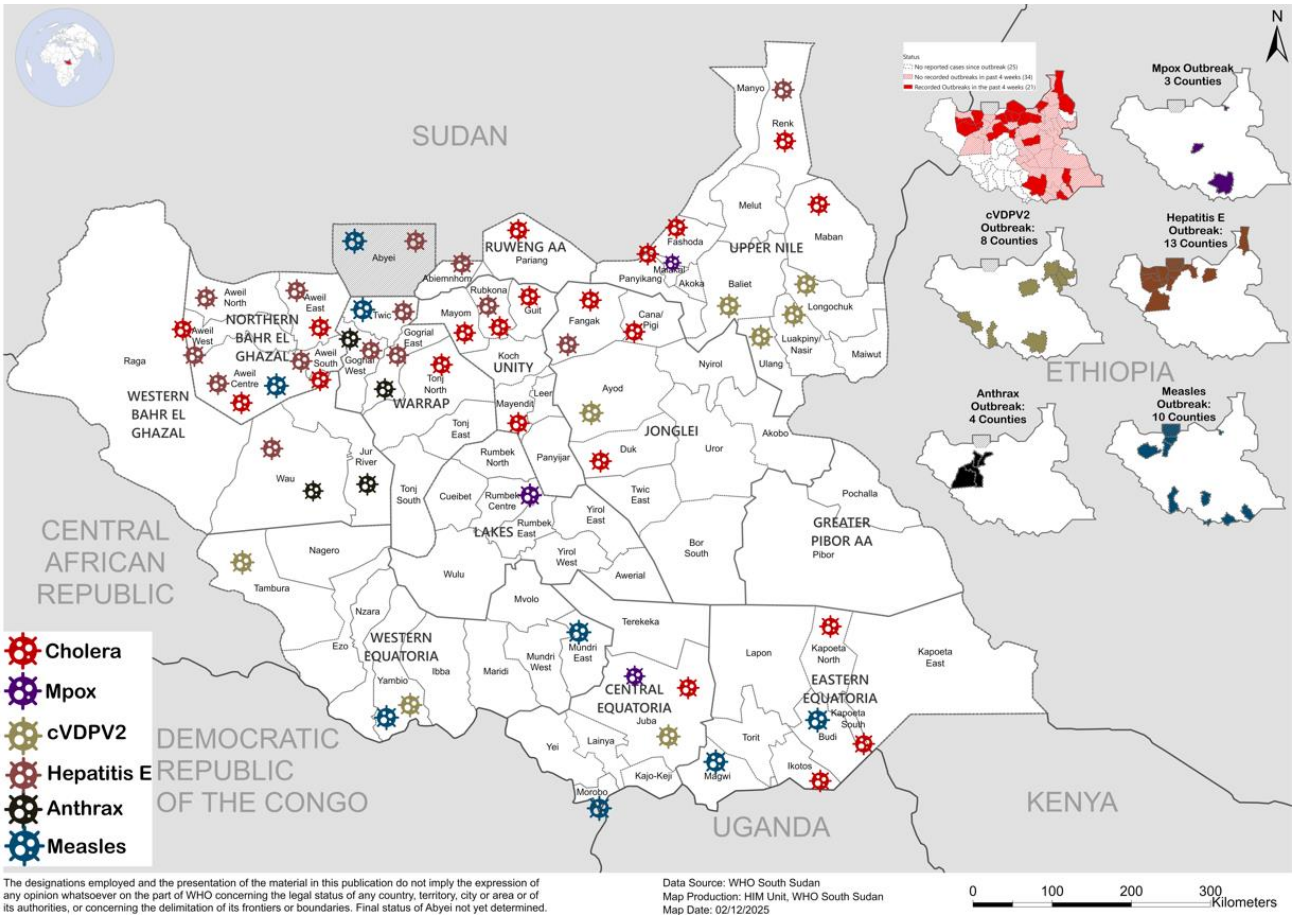
Every year, South Sudan experiences multiple emergencies. Based on data from the states and the EWARS system, most counties have reported at least one of the ongoing disease outbreaks. As at Week 46 of 2025, the active outbreaks in South Sudan were Anthrax, cholera, cVDPV2/Polio, hepatitis E, and Mpox. Notably, the measles outbreaks earlier reported in 8 counties have been controlled.

South Sudan has a multi-disease National Steering Committee that coordinates response interventions to mitigate transmission and spread of the several outbreaks. The National Steering committee operates an IMS structure with all pillars also activated for readiness operations. Below is a summary table and a map of the confirmed emergencies generated from the IMS/Pillar updates received at the meeting on 27th November 2025.

Table 4: *Summary of ongoing and confirmed epidemics as of 27th 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	11	479	30	9	Planned	Yes	Yes
Cholera	In 55 counties of 9 states and 3 AAs	Sept 2024	121	96,508	12,593	121	Completed in 46 counties	Yes	Yes
Hepatitis E	In 11 counties of Abyei (1), NBeG (5), Warrap (1), Upper Nile (1), Jonglei (2) and Unity (1)	Dec/2018	15	1,454	2, 745	25	Ongoing in Renk County	Yes	Yes
cVDPV2	Yambio, Juba, Ulang, Nasir, Baliet, Ayod, Old Fangak	19/Dec 2023	0	26	26	0	Sub-national nOPV2 SIAs completed	Yes	Yes
Anthrax	Gogrial West (WRP) and Jur River (NBG)	2022	0	365	4	0	Not explored	Yes	Yes

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



[2] Although it is week 46 epidemiological bulletin, the data on the ongoing outbreaks is from the latest Situation reports.

Response activities for ongoing/suspected outbreaks

1. Mpox outbreak

- In the week ending 27th November 2025, there were 11 new suspected Mpox cases reported in Juba; with nine (9) testing positive for Mpox using the rt-PCR. This increases the cumulative total of suspected Mpox cases to 479 since the outbreak began in 2025. The 9 new confirmed Mpox cases reported this week increase the cumulative total number of confirmed Mpox cases to 30, with no recorded deaths. The geographical distribution of confirmed cases becomes 26 in Juba, 2 in Rumbek Center, 1 in Rumbek East, and 1 in Malakal County. All newly confirmed nine (9) Mpox cases remain active and are being managed in voluntary home confinement.
- Field investigation of the 9 newly confirmed cases shows that 4 females are contacts of one man. This is the first epidemiological cluster of cases suggestive of local transmission. Genetic sequencing of the positive cases will be used to confirm the field epidemiological findings.
- Active surveillance for suspected Mpox cases continues nationwide. Additionally, there are 52 contacts listed and daily tracing related to the most recent confirmed Mpox cases. An additional 12 contacts listed from the case in Yambio are remaining on daily tracing following rejection of the sample collected from the primary case, due to wrong transportation media used on the lesion swab.
- 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 9 positive samples will also be sent to UVRI for genetic sequencing.
- Among the confirmed Mpox cases67% are females and 33% are males. Similarly, the female to male ratio of suspected Mpox cases is 72% to 28%. The high-female predilection speaks to the poor health care seeking behaviours of males compared to their female counterparts.
- Risk analysis of Mpox cases suggests the following key factors: a) Travel to affected countries; b) Exposure through Bar, restaurant, hotel, c) Professions like bar/restaurant attendants, and d) traders.
- **In Case-management:** Voluntary home confinement remains the mainstay of case management in South Sudan because a) cases have largely been mild-moderate and b) there is no fully functional infectious Diseases facility. Notably, this isolation method without adequate livelihood support is documented to be high-risk, as adherence is difficult to enforce and in turn comes with increased community exposures.
- Stigma associated with the generalized pox like rashes is increasingly a barrier to seeking care at health facilities, with preference given to use of local remedies (clay-based herbs, smeared on the rashes). This is a significant surveillance risk to understanding the scope and transmission dynamics, although it is considered complimentary to voluntary home confinement.

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

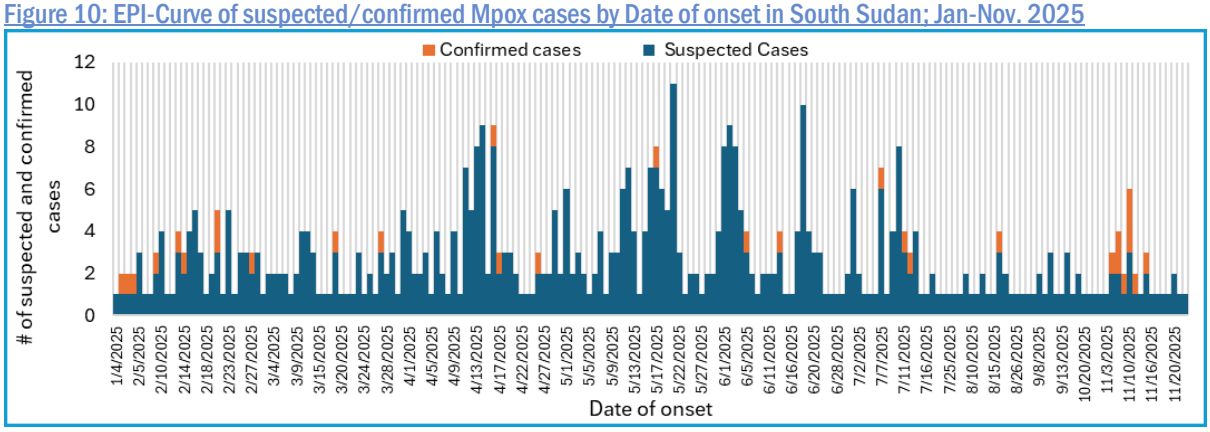
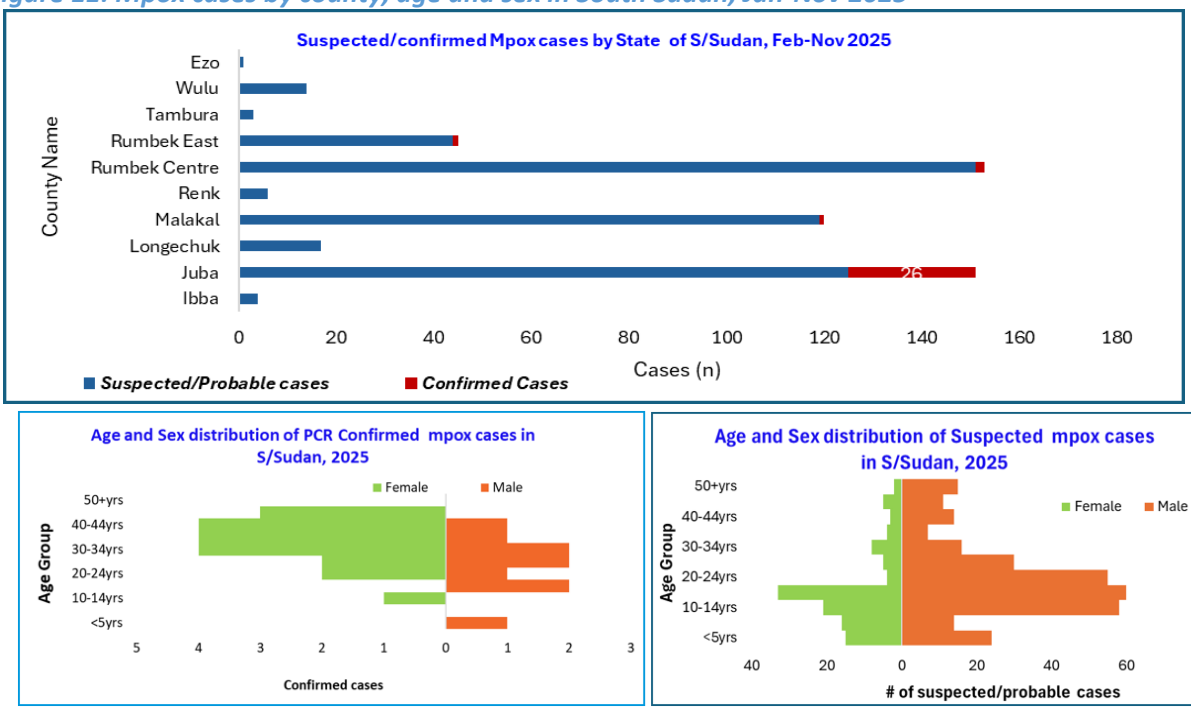


Figure 11: Mpox cases by county, age and sex in South Sudan, Jan-Nov 2025



Selected Response Pillar updates

- **Coordination:** The Public Health Emergency Operations Centre (PHEOC) was transitioned into Response Mode to support the ongoing Mpox outbreak in South Sudan in February 2027. Weekly coordination meetings are institutionalized and held every Thursday. The National Mpox Preparedness and Response Plan (2024–2025) was validated in November 2024 and remains the strategic framework for guiding the national response, providing clear interventions for surveillance, case management, and Infection prevention activities. Engagement with partners have been maintained BUT only WHO has mobilized USD 79,000 to support Mpox interventions. The US government also provided 200 GeneXpert cartridges that have been used in the devolution of Mpox testing to Rumbek.
- **Case management, Home Care, and Nutrition:** Mpox treatment guidelines and hospital case management forms have been updated and disseminated to support standardized clinical care. Guidelines for voluntary home confinement have also been finalized, acknowledging the associated risks. Majority of confirmed Mpox cases detected in Juba County were mild and did not require hospitalization, allowing them to be managed safely at home in line with national guidance. Mpox case management trainings were completed in Juba and Nimule, where 46 and 40 healthcare workers, respectively, were trained. Scaling up similar training to hospitals across the country was proposed but not implemented due to lack of funding. The Ministry of Health has designated a specific wing at Juba Teaching Hospital for Mpox isolation and care, but renovation and setup are still ongoing, and the unit is not yet fully functional.
- **Infection prevention and control/Water, Sanitation, and Hygiene:** A comprehensive Mpox IPC guide was developed for health workers, outlining essential infection prevention and control practices and the correct use of personal protective equipment (PPE). To support facility readiness, a standardized list of IPC and PPE supplies has been prepared to guide procurement and ensure that health facilities are adequately equipped for Mpox preparedness and response. Technical guidance has also been provided on IPC requirements for the layout of the proposed Infectious Disease Unit (IDU), ensuring alignment with best practices for infection control and patient care. In addition, ongoing supervision is being conducted for renovation works at the special wing of Juba Teaching Hospital. The team has also identified and selected an appropriate incinerator for the IDU to strengthen safe medical waste disposal and reinforce overall infection control measures.
- **Points of Entry and Port Health Services strengthening:** Surveillance at points of entry has been strengthened through active screening of travelers arriving at both Nimule and Juba International Airport (JIA) to support early detection of potential Mpox cases. An Mpox Travel Advisory for South Sudan has been drafted and broadly disseminated to raise awareness and guide travelers on prevention and reporting measures. Additionally, training was provided to 40 border healthcare workers in Nimule, Magwi County, equipping them with essential skills for Mpox case detection, initial management, and referral.

2. South Sudan Cholera Outbreak Updates as of 27th November 2025

- In the last 14 days (03 to 16 November 2025), there were 249 new cholera cases and 2 deaths reported across 9 counties, primarily in Juba (69 cases), Rubkona (59), Mayendit (52), and Mayom (40).
- From 28 September 2024 to 16 November 2025, a cumulative total of 96,215 cases and 1,590 deaths have been reported in 55 counties across 9 states. Of the deaths, 815 occurred in health facilities, resulting in an overall case fatality rate (CFR) of 1.7%, with a health facility CFR of 0.9%.
- Unity State has the highest burden of cases at 32%, followed by Jonglei State at 14% and Central Equatorial State at 13%. Western Equatoria has reported no cases. The highest case counts are in the 0-4 years age group (24%) and the 5-14 years age group (22%).
- A mop-up OCV campaign has been completed in four counties and is planned for 8 more counties, targeting 332,795 individuals as part of the cholera 30-day knock-out plan.

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

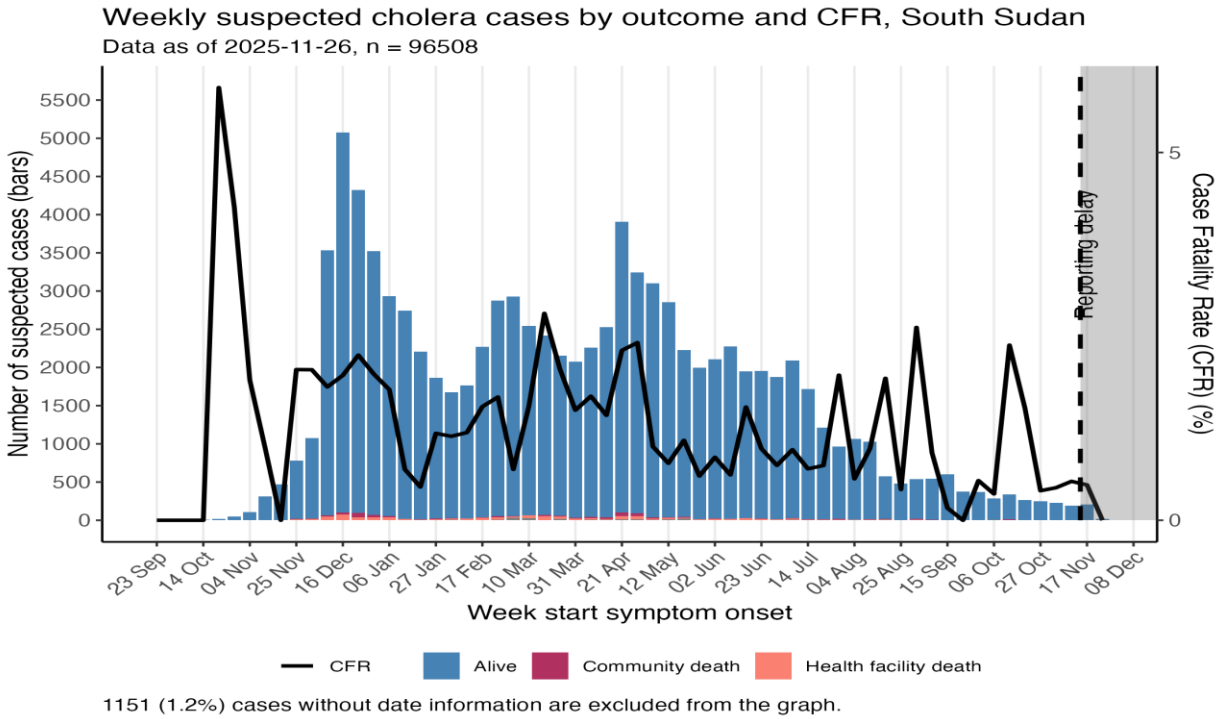


Figure 12: Map showing Cholera Case counts by Counties of South Sudan over time

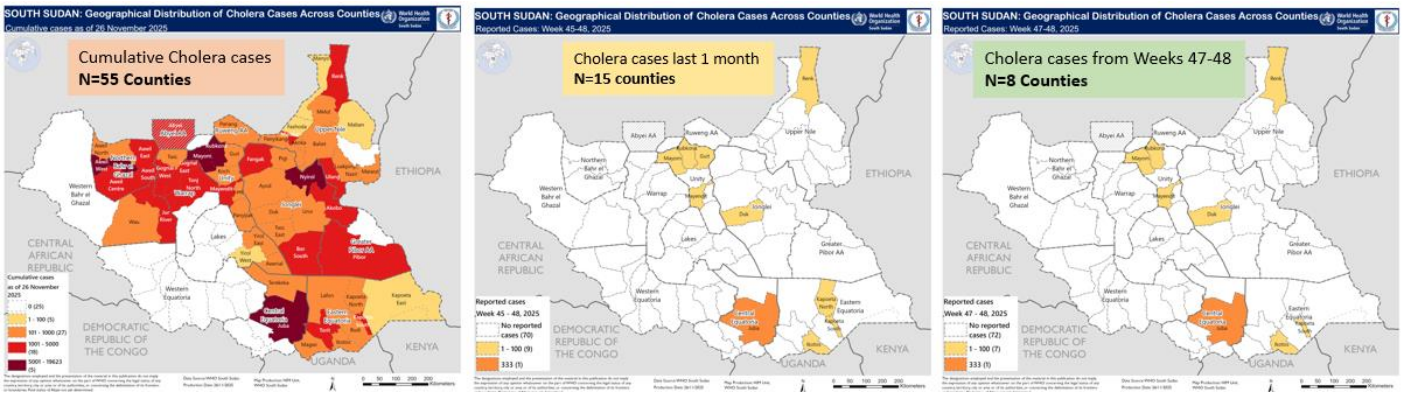
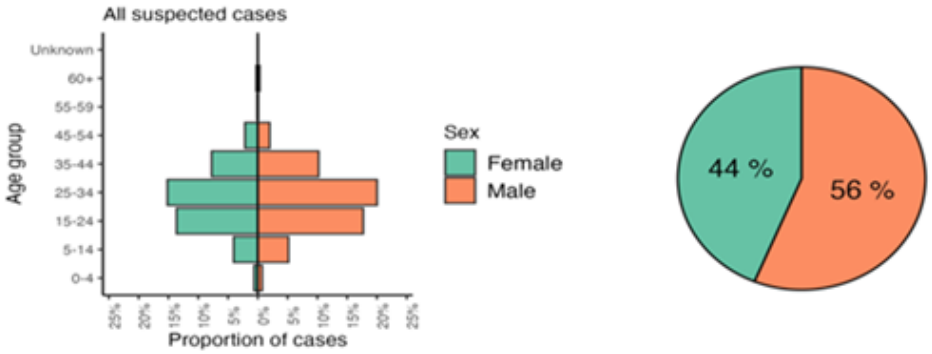


Figure 13: Age and sex distribution of cholera cases and deaths reported as at 27th November 2025.



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 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.
- The oral cholera vaccine (OCV) campaign has now been completed in 46 counties, with 8,628,298 (87.0%) of the targeted 10,184,408 vaccinated. Mop-up campaigns in 10 counties, targeting an additional 448,500 individuals.
- 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%)**
- 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)
- As part of the 30-Day Cholera Knock-Out Plan, OCV mop-up campaigns have been completed in 4 Counties (Gogrial East, Tonj North, Aweil Centre, and Aweil South) reaching a total of 40,164 individuals (Tonj North – **2,596;** Gogrial East – **9,400;** Aweil South – **8,488;** and Aweil Centre – **19,680.** Planned mop-up campaigns targeting 332,795 individuals are planned for 8 counties: 171,521 in Kapoeta North, Kapoeta South, Torit, and Ikwotos counties; 69,802 in Juba County and 91,472 in Rubkona County. Other planned activities include Point of Entry (PoE) vaccinations in Renk and Mayom, and fixed point vaccinations in other locations with OCV campaign balances.

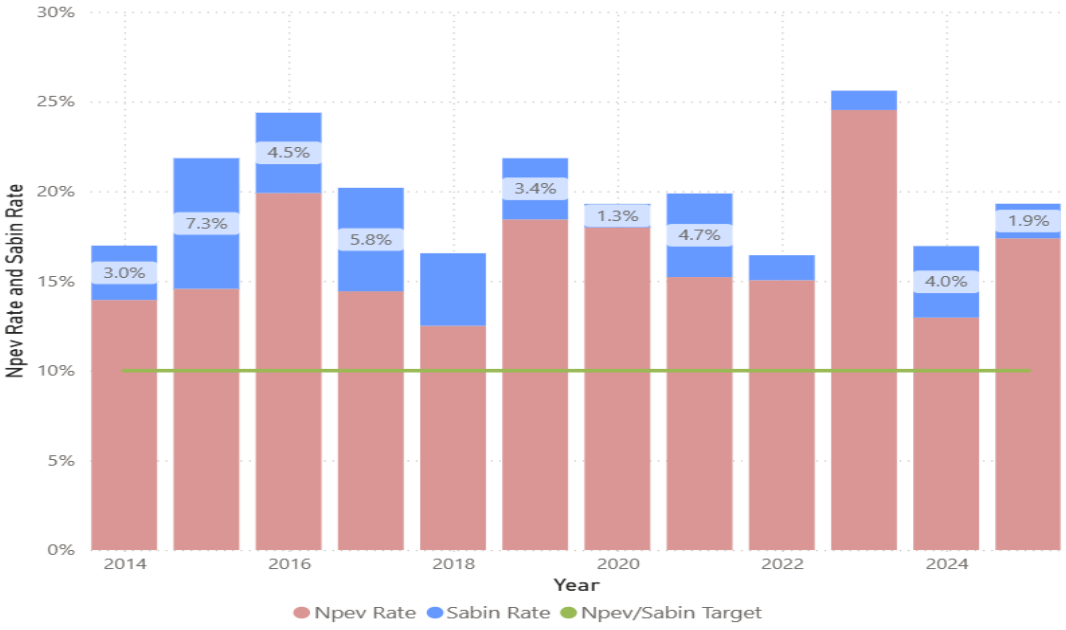
Next Steps on Cholera Response horizons.

- 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 15th to 18th December 2025
- Weekly partners reports on the 30-day Cholera knockout plan highlighting targeted interventions 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 22nd 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 22nd November 2025, a cumulative number of 417 AFP cases had been reported in 80 counties, compared with 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. 52 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, 73 (91.25%) have met both the NP-AFP Rate and Stool Adequacy indicators, 7 (8.75%) have met at least one of the indicators, and 0 (0 %) has met none of the indicators.
- There were 290 Active Case Search Visits conducted in week #47 compared with 455 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 in a staggered manner from 4th to 14th November 2025 was also completed, and data coming into the dashboard indicates that 2,241,084 (104%) of the targeted 2,162,947 children had been vaccinated with nOPV2. LQAs conducted in 19 counties (lots) showed 11 counties passed and 8 counties failed the SIA quality test.

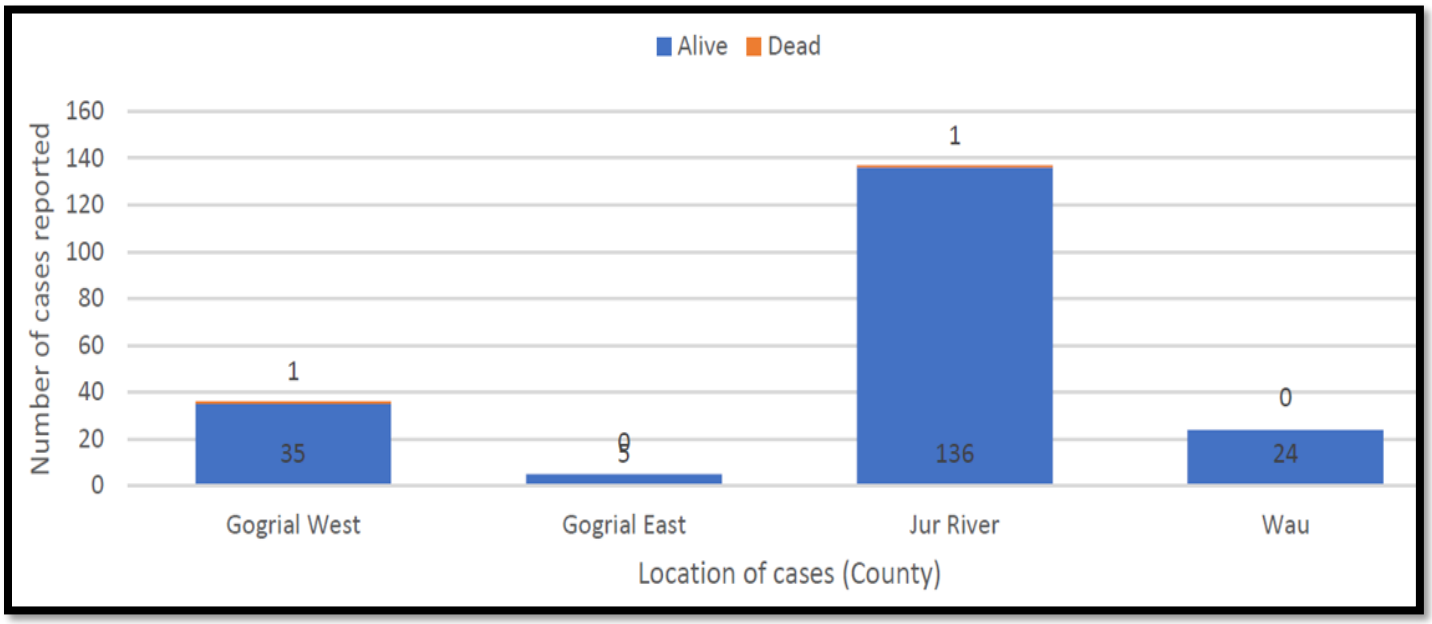
Figure 14: Non-Polio AFP Detection and Non-Polio Enterovirus Isolation rates for South Sudan; 2014-2025



4. Anthrax

- No new Anthrax cases were reported in epidemiological Week 46. The cumulative total number of human anthrax cases reported in 2025 remained 216, with 177 reported in Western Bahr El Ghazal and 39 from Warrap. Two deaths resulted in a case fatality rate (CFR) of 0.9%. Since the outbreak was first detected in 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 15: Cumulative Anthrax case count by affected counties of South Sudan; week 1 to 46, 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 there has been 1,741 animals vaccinated.
- Partnerships: WHO and FAO collaborating very well and One Health Day is planned in Wau in December 2025.
- Logistics: WHO supports outbreak investigation and logistics.

5. Measles Outbreak Updates[3]

- Although Suspected measles outbreaks were reported by MSF in Abyei and Twic Mayardit counties in the ending Week 46, the numbers and line-lists were not received officially at the national measles dashboard. In turn, the cumulative number of reported measles cases since the beginning of 2025 (Epidemiological Week 01 to Week 46), remained 288 reported across 17 counties in 8 states.
- Of the 288 suspected measles cases, only 95 were investigated with a serum sample collected. All 95 serum samples received at the serology department of the national public health laboratory (NPHL) indicates that 51 of these tested positive for measles IgM.
- Out of 288 suspected measles cases, 264 individuals (92%) were either unvaccinated or had 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 routine health services (OPD consultations) as a Routine Immunization (RI) service or a second opportunity in Supplementary Immunization Activities (SIAs).
- There is a documented high risk of measles infections in displaced populations. This new risk 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 (Refugee or internally displaced). 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 46 of 2025

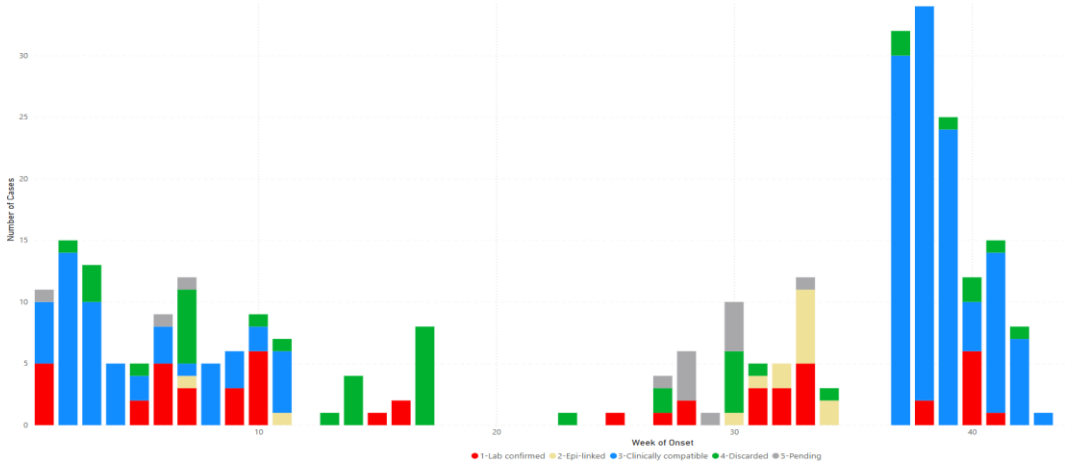
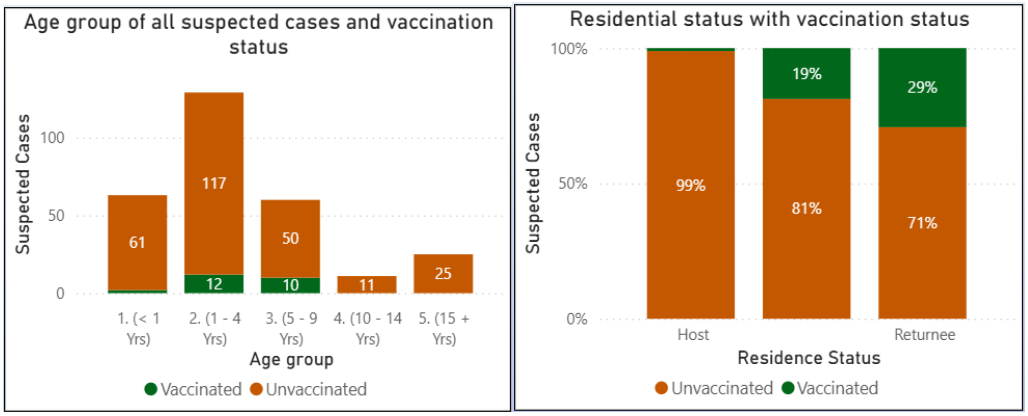


Figure 17: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-46 of 2025



[3] 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 9,135 suspected cases of hepatitis E virus disease have been reported. Out of these, 2,745 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 4 (CFR of 23.5%), Abyei 7 (CFR of 22.6%), Aweil South 1(CFR of 14.3%) and Aweil West 2 (CFR of 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 (6,506 cases), Renk (1,118 cases), and Fangak (722 cases) counties, which are heavily impacted by the outbreak. The National epidemic preparedness and response department continues monitoring the Hepatitis E outbreak as it evolves and has recently supported the decision to use Hecolin® for vaccination response in the new epidemic centre in Renk County.
- 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 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 46 of 2025 alone, an additional 4 new suspected hepatitis E cases were reported in Renk County. Out of these 4 cases, two (2) tested positive using RDT, bringing the cumulative total of RDT-positive cases to 2,745 since outbreak onset in 2018.
- 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 referral for molecular testing using rt-PCR at the national Public Health Laboratory. 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. 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.
- The national Hepatitis E Outbreak Response Steering Committee also published the first draft guidance to responding in newly infected geographies. These all-inclusive guidelines are meant to offer a one-Stop Centre for all information resources needed to mount an effective response to Hepatitis E outbreak in a newly infected county.

Figure 18: *Epicure showing HEV RDT positive cases in South Sudan; Epi Week 52 of 2018 to Week 46 of 2025*

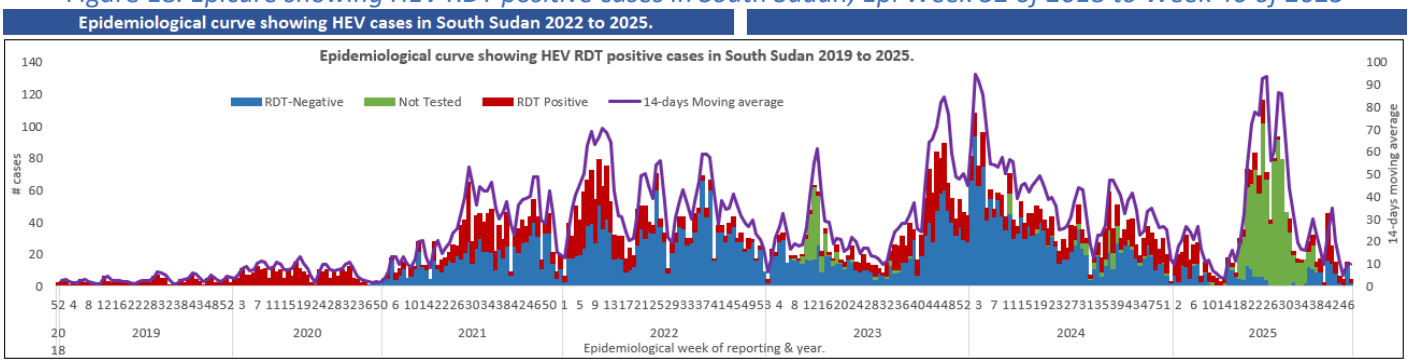


Figure 19: Distribution of suspected Hepatitis E Virus Cases by age and gender in South Sudan; 2018-2025

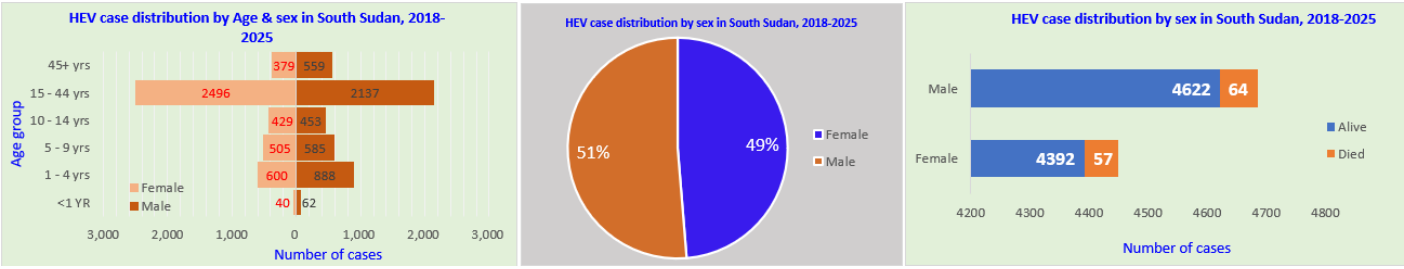


Figure 20: Distribution of Hepatitis E cases and deaths by county of South Sudan; Week 1-46 of 2025

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, which unleashed devastating flooding across South Sudan, came to an end. By reporting Week 46, a cumulative 191 reports had been received indicating that 64 sites had physical damages to the health facilities. Among the hardest-hit counties were Panyijiar, Leer, Fangak, Twic East, Aweil East, Yirol East, Rumbek North, Mayendit, Longechuk and Bor South. 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. Partners on the ground reported several incidents, including 146 snake bites, 3,550 cases of malnutrition in 83 reporting sites, and 20 reported fatalities, since the flooding began.

In response to this humanitarian crisis, coordination was led by the National Flood Taskforce under the Ministry of Humanitarian Affairs and Disaster Management, with the aim of delivering critical supplies to the flood-affected areas. Additionally, enhanced surveillance measures are being implemented to monitor and tackle priority diseases that were projected to increase during the flooding season. Post floods, the increased risk of Rift Valley Virus outbreak is been projected to be high and in turn, the national preparedness and response plan for this scourge has been drafted. Lastly, After-Action Reviews will be conducted to inform future improvements to floods response in the country.

Sudan crisis: As of 29th November 2025, a cumulative total of 322,863 households, containing 1,287,011 individuals (673,694) Females and 613,317 Males) from 18 different nationalities, had crossed the border. Of this number, 67.5% (868,732) are South Sudanese returnees, while 31.85% (409,913) 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 (16,942 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:** Seven new suspected cases have been reported, bringing the cumulative total to 1,542. Most cases continue to be reported by the Renk County Treatment Unit (CTU).
- **Measles (Suspected):** No new suspected measles case were reported in the week, and the cumulative total number of suspected measles cases remained 71, with no active case in the isolation center at Renk County Hospital.
- **Hepatitis E Virus**: Four new cases of Hepatitis E Virus (HEV) were reported for Week 46, bringing the cumulative total to 1,118 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. MSF is also launched a Hepatitis E outbreak response vaccination using Hecolin®
- 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. Notably, there is a critical shortage of essential medicines, including antibiotics, antifungals, antimalarial, analgesics, and medical supplies under HSTP health facilities including the referral hospital.

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