Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 49

1st to 7th December 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

- **IDSR/EWARS Reporting**: In week 49 of 2025, IDSR reporting timeliness was at 77%, which was lower than 85% reporting ration in week 48. The completeness of IDSR reporting was 89%, which was lower than the previous week's performance rate of 95%. All states except Upper Nile achieved completeness of reporting above 80%, with two states (Lakes and Unity) and two administrative areas (Abyei and Ruweng) achieving 100% completeness. At the EWARN mobile sites, reporting timeliness and completeness were both at 100% during the current reporting week.
- **EWARS Alerts Management:** A total of 81 EWARS alerts were triggered in week 49, with 59 (73%) verified, indicating a decrease in alerts triggered and in their verification rates compared to week 47 of 2025. 8 alerts were risk assessed and 0 required a response. The most alerts were for Guinea Worm Disease (40%), ARI (33%), Cholera (11%), and Measles (6%). Credit to the teams in Central Equatoria, Abyei Administrative Area, Lakes, Unity, Western Equatoria, and Upper Nile states for verifying all the alerts generated in EWARS.
- **Consultations:** In week 49 of 2025, a total of 155,498 outpatient consultations for various morbidities were reported across South Sudan, reported by 1,299 health facilities. Malaria remained the leading cause of morbidity, accounting for 40% (59,378 cases), followed by acute respiratory illnesses at 16% (31,562 cases) and acute watery diarrhea at 7% (11,453 cases).
- **Mpox Outbreak:** In the week ending 7th December 2025, there was 1 new suspected Mpox cases reported in Juba, with nine (1) testing positive for Mpox using the rt-PCR. This increases the cumulative total of suspected Mpox cases to 487 since the outbreak began in 2025.
- **Cholera outbreak:** As of 18th December 2025(1), the cholera outbreak had cumulatively affected a total of 96,809 cases and 1,599 deaths (CFR: 1.7%, target < 1%), reported by 55 counties across 9 states and all 3 administrative areas (i.e. Ruweng, Greater Pibor, and Abyei). In the last 7 days of reporting (onset from 10th to 16th December 2025), 22 cases and 1 death (in a health facility in Duk County) were reported in 15 payams of 6 counties. Most of these cases came from Mayom (11 cases), Duk (3 cases), and Rubkona (3 cases).
- **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 published and shared on the National Cholera Outbreak dashboard as of 23 December 2025*

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 49, the timeliness of IDSR reporting was 77%, and the completeness was 88%, displaying an increase in both timeliness and Completeness of reporting when compared to the previous week.

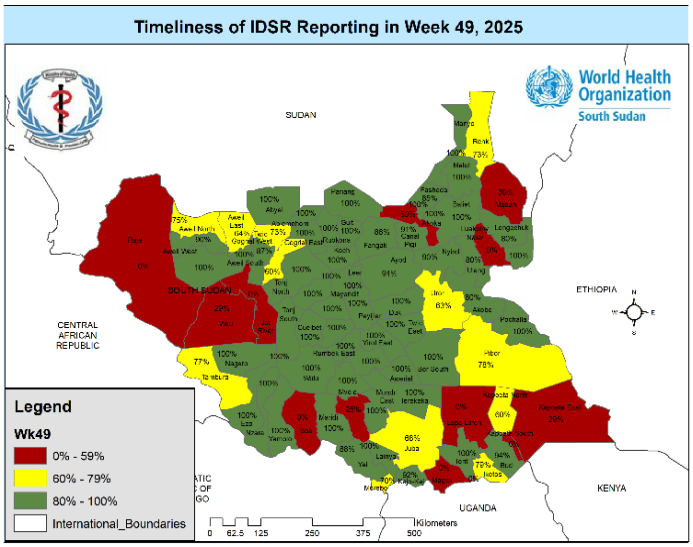
Table 1: *Timeliness and completeness of IDSR reporting by State for week 49 compared to week 48 of 2025*

State	Total facilities	Number of facilities reported (Completeness Wk49)	Comparison of the reporting period				Cumulative since year start	
			Timeliness		Completeness			
			week 49	Week 48	week 49	Week 48	Timeliness	Completeness
Lakes	112	112	100%	100%	100%	100%	96%	100%
NBGZ	92	89	82%	92%	97%	99%	82%	92%
Unity	102	102	100%	100%	100%	100%	82%	95%
WBGZ	112	95	15%	85%	85%	90%	63%	87%
WES	191	169	86%	89%	88%	99%	78%	97%
Jonglei	120	109	90%	91%	91%	92%	85%	92%
Warrap	114	111	84%	85%	97%	98%	63%	90%
EES	112	91	47%	51%	81%	90%	57%	88%
RAA	16	16	63%	38%	100%	100%	49%	99%
CES	152	121	79%	95%	80%	95%	91%	94%
AAA	17	17	100%	100%	100%	100%	79%	91%
Upper Nile	143	113	74%	73%	79%	85%	67%	84%
PAA	16	14	88%	69%	88%	75%	92%	97%
Total	1299	1159	77%	85%	89%	95%	77%	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 49, 2025.



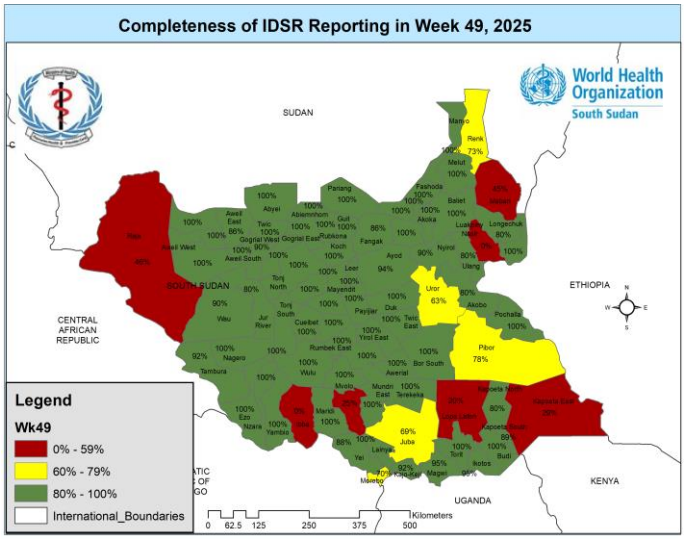


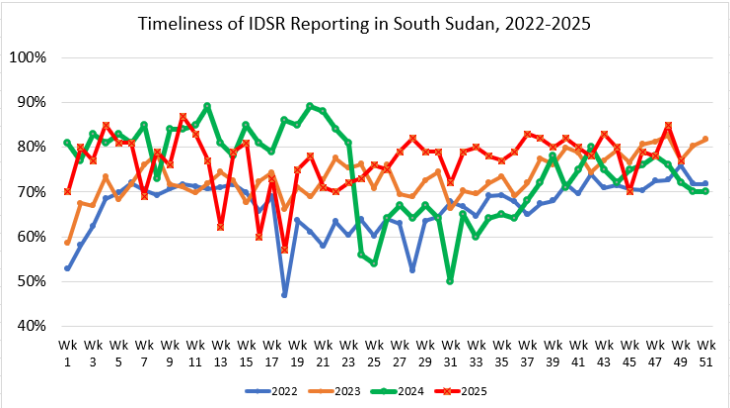
Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 49 of 2025.

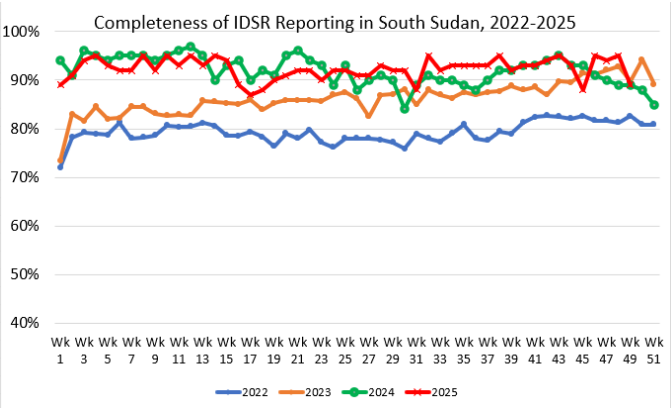
IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for week 49, 2025							
Partners	# of Reporting Mobile Sites	% of Timeliness in week 49	% of Completeness in week 49	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 49	% of Completeness in week 49
IMC	1	100%	100%	Kator	3	0%	0%
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	83%	92%
WVI	2	100%	100%	Wau South	20	5%	95%
CIDO	1	100%	100%	Wau North	12	0%	92%
HFD	1	100%	100%	Juba	10	0%	10%
RI	1	100%	100%	Mangala	1	100%	100%
TOTAL	**12**	**100%**	**100%**	**TOTAL**	**63**	**27%**	**76%**

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 more than 15 consecutive weeks (Weeks 32–49), representing 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 been 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.





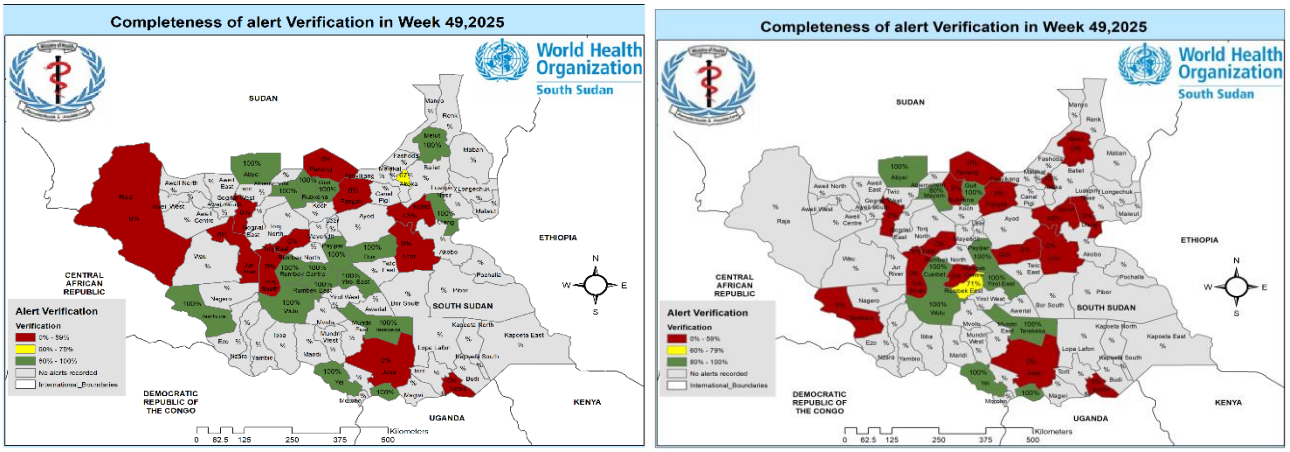
Epidemic alerts

In epidemiological reporting week 49, a total of 82 alerts were triggered in the EWARS system, with 73% (59) verified, indicating an increase in alerts triggered and in verification rates from week 48. One administrative area and one state did not have a single notifiable disease alert. Special recognition goes to Central Equatoria, Abyei Administrative Area, Lakes, Unity, Western Equatoria and Upper Nile states teams that verified all EWARS alerts triggered in the week. Notably, most alerts were for Guinea Worm Disease (40%), ARI (33%), Cholera (11%) and Measles (6%).

Table 3: *Summary of EWARS alerts triggered and verified in Epidemiological Week 49, 2025.*

State/Admin	ARI		AFP		Cholera		Covid-19		EBS		Guinea Worm		Measles		NNT		Total	
	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V
AAA	1	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2	2
CES	4	3	1	1	0	0	0	0	0	0	0	0	0	0	0	0	5	4
EES	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0
Jonglei	1	0	0	0	2	2	0	0	3	3	6	0	0	0	0	0	12	5
Lakes	6	6	0	0	2	2	0	0	0	0	19	19	1	1	1	1	29	29
RAA	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Unity	8	8	1	1	3	3	0	0	0	0	0	0	0	0	0	0	12	12
Upper Nile	3	3	0	0	1	1	0	0	1	1	1	0	1	1	0	0	7	6
Warrap	2	0	0	0	0	0	0	0	0	0	5	0	1	0	0	0	8	0
WBGZ	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0	3	0
WES	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
GPAA	0	0	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	0	0
Grand Total	27	22	2	2	9	8	1	0	4	4	32	19	5	3	1	1	81	59

Figure *3: Timeliness and Completeness of Alerts Verification rates by county of South Sudan for week 49, 2025*



Weekly Update on Indicator-Based Surveillance (Week 49 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 49 of 2025, a total of 155,498 outpatient consultations for various morbidities were reported across South Sudan, from 1,299 health facilities. Malaria remained the leading cause of morbidity, accounting for 40% (59,378 cases), followed by acute respiratory illnesses at 16% (31,562 cases) and acute watery diarrhea at 7% (11,453 cases). An analysis of the proportional morbidity rates for these 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.

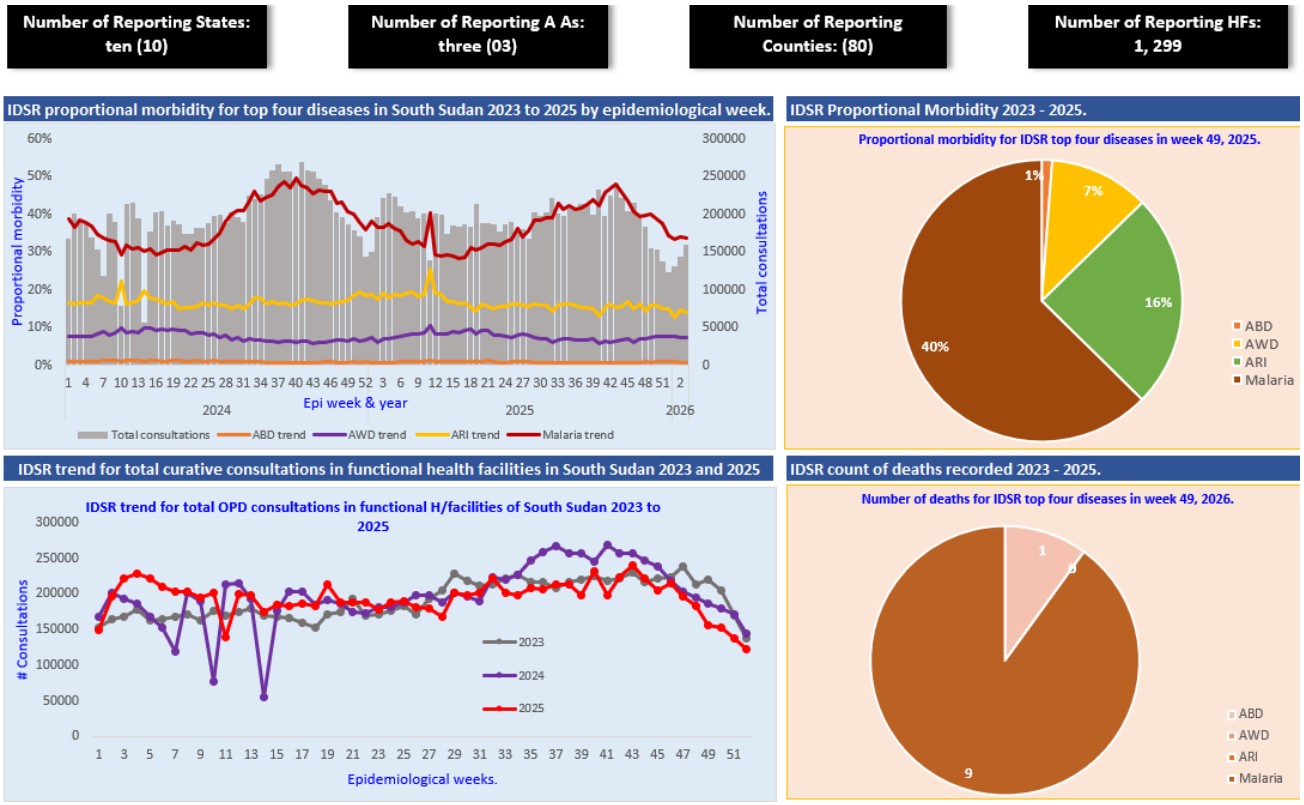
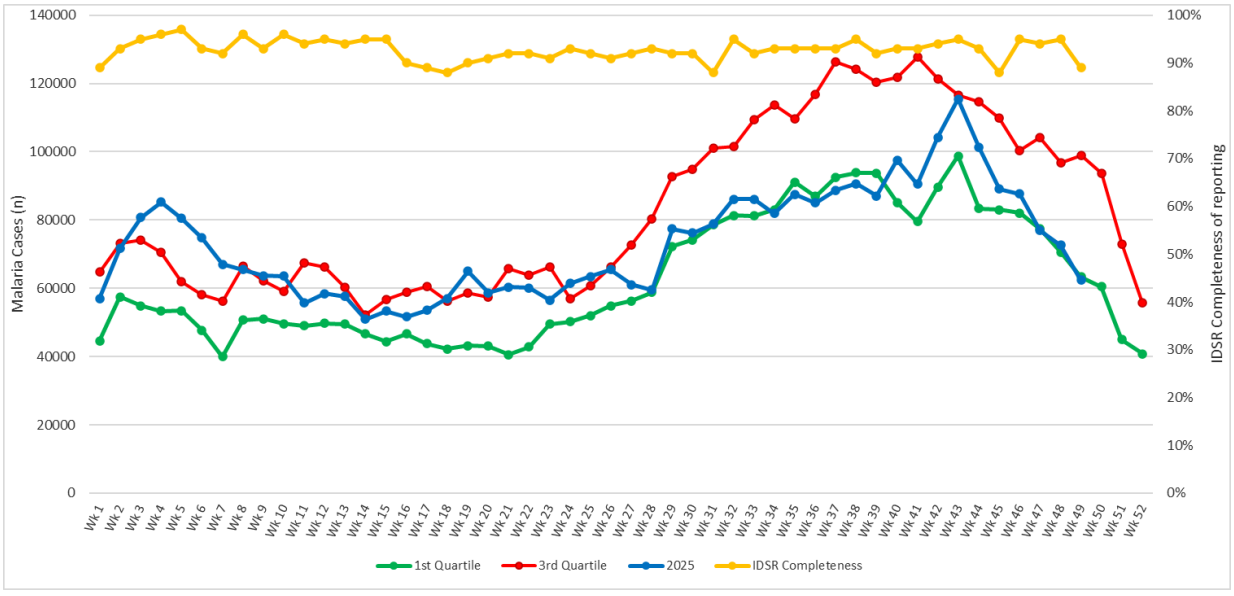


Figure 4: **Proportional Morbidity of top 4 IDSR priority diseases reported as of week 49 of 2025.**

1. Malaria Updates

In week 49 of 2025, malaria remained the leading cause of illness, with 59,378 reported cases and causing 14 deaths amongst the suspected cases. The weekly analysis reveals that these numbers are slightly lower than what was expected for the transmission period; however, ongoing monitoring continue to remain essential. In this week we present the updated national Malaria Transmission Channel which shows that the number of suspected malaria cases are 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 players in the country.

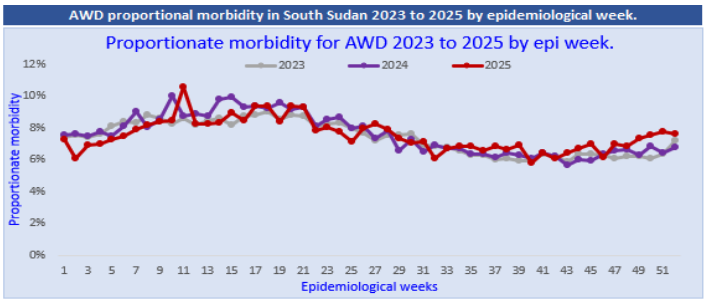
Figure 5: Normal Malaria Transmission Channel for South Sudan; Updated at Week 49 of 2025

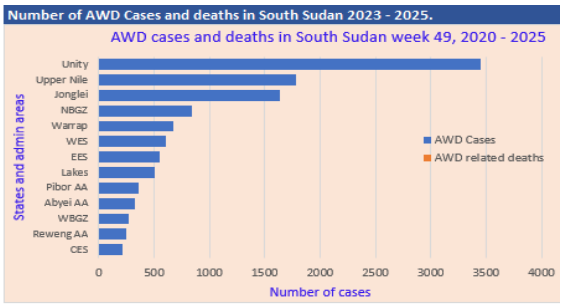


2. Acute Watery Diarrhoea

During the epidemiological week 49, Acute Watery Diarrhoea (AWD) was the third leading cause of morbidity, causing 11453 OPD consultations and zero (0) deaths. After one year of the cholera outbreak, AWD cases remained within normal ranges. The AWD dashboard remains our analytic tool for visualizing trends and weekly data by geography, which aids in targeted investigations, for early outbreak detections. Morbidity patters due to acute watery diarrhoea (AWD) remain consistent was 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





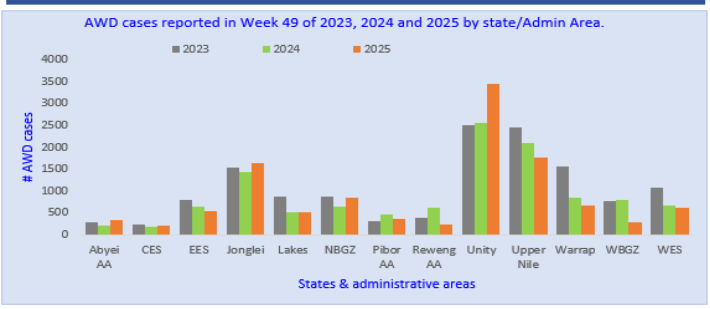


Table of AWD cases and deaths week 49, 2023 - 2025.

State/Admin Areas	AWD Cases	AWD Deaths	CFR
CES	209	0	0.00%
Reweng AA	244	0	0.00%
WBGZ	275	0	0.00%
Abyei AA	328	0	0.00%
Pibor AA	363	0	0.00%
Lakes	503	0	0.00%
EES	549	0	0.00%
WES	608	0	0.00%
Warrap	673	0	0.00%
NBGZ	839	0	0.00%
Jonglei	1641	0	0.00%
Upper Nile	1776	0	0.00%
Unity	3445	0	0.00%
Grand Total	11453	0	0.00%

3. Respiratory Pathogens Surveillance weekly updates.

Acute respiratory illnesses are the second leading cause of outpatients' consultations in the country constituting 16% of all the consultations. In epidemiological week 49, most IDSR-reported ARI cases were from Upper Nile, Unity and Jonglei State, which host a large portion of the nation's refugees and displaced populations. Notably, the top two ARI high-burden states (Upper Nile and Unity) do not have an influenza sentinel surveillance site, to determine the aetiological causes of these reported infections. The larger-than-normal number of ARI cases reported in Jonglei state is being investigated by the Sentinel influenza surveillance site to determine the causative agents. Lastly, there were five ARI-related death reported in the epidemiological week 49, all from Northern Bahr el Ghazal state.

Figure 7: Comparative analysis of reported ARI case counts by State of South Sudan in epidemiological week 49 of 2025.

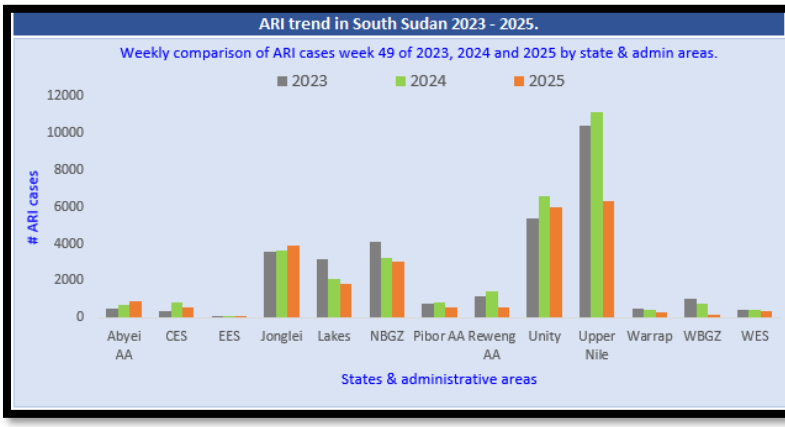
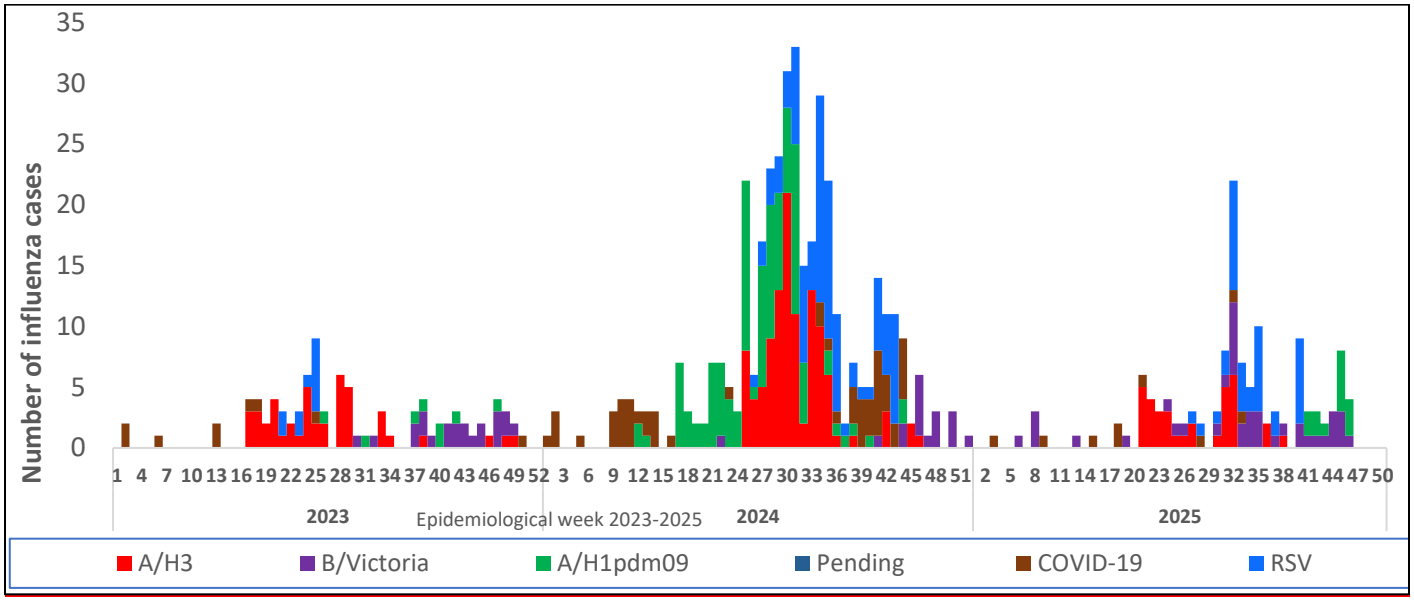


Table of ARI cases and deaths week 49, 2023 - 2025.

State/Admin Areas	ARI Cases	ARI Deaths	CFR
EES	48	0	0.00%
WBGZ	160	0	0.00%
Warrap	315	0	0.00%
WES	358	0	0.00%
CES	531	0	0.00%
Pibor AA	533	0	0.00%
Reweng AA	580	0	0.00%
Abyei AA	889	0	0.00%
Lakes	1847	0	0.00%
NBGZ	3057	0	0.00%
Jonglei	3930	0	0.00%
Unity	5967	0	0.00%
Upper Nile	6328	0	0.00%
Grand Total	24543	0	0.00%

To monitor and track the causation of Severe Acute Respiratory tract infections, South Sudan designated six sentinel surveillance sites in the country. 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 Influenza-Like Illnesses (ILI) and/or Severe Acute Respiratory Infections (SARI) cases, for laboratory testing and confirmation of the causative agents.

Figure 8: SARI/ILI etiologic agents from sentinel surveillance sites of South Sudan, Epidemiological Week 1 of 2023 to Week 49 of 2025.



During Epidemiological Weeks 1-46 of 2025, a total of 1535 ILI/SARI samples have been collected; a total of 1410 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

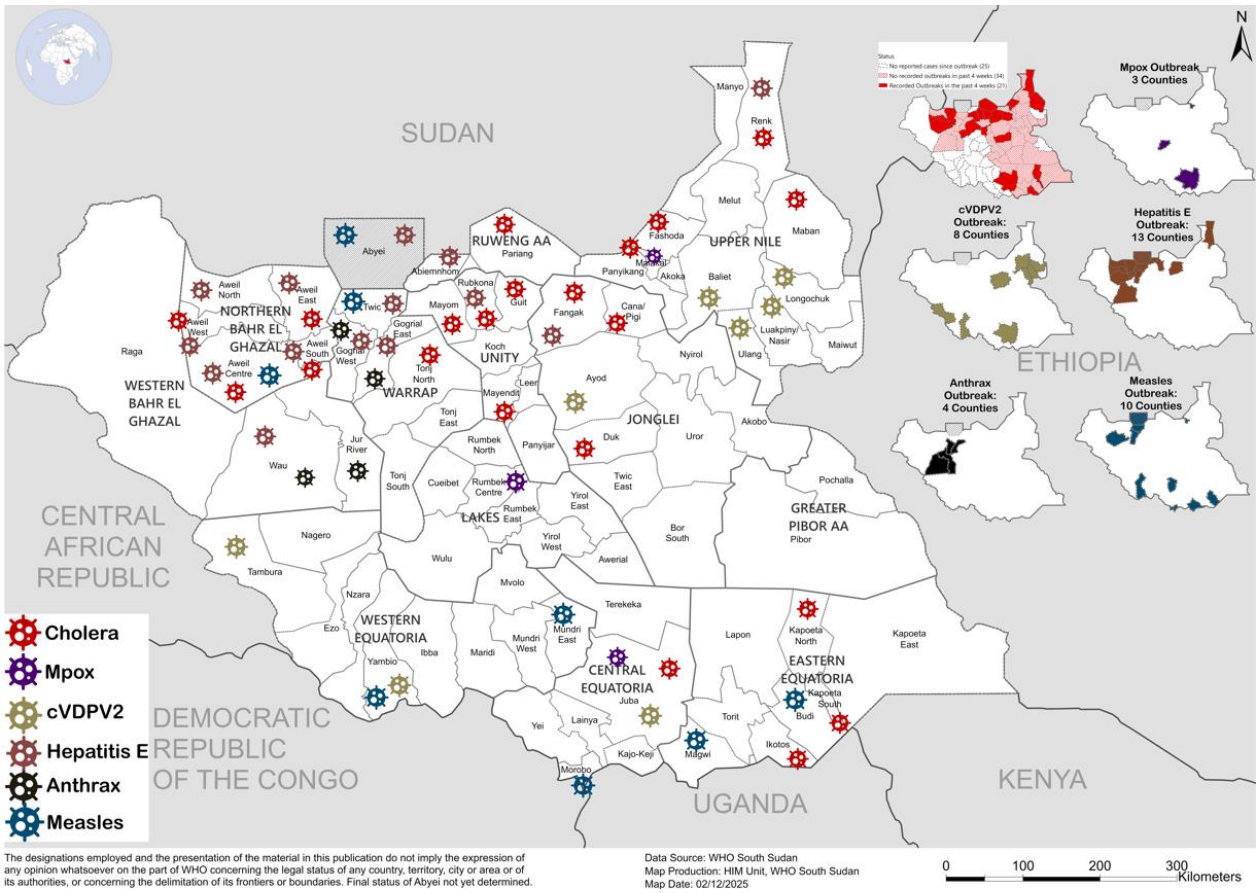
Every year, South Sudan experiences multiple emergencies. Based on data from the states and the EWARS system, most counties have reported at least one of the ongoing disease outbreaks. As at week 49 of 2025, the active outbreaks in South Sudan were Anthrax, cholera, cVDPV2/Polio, hepatitis E, and Mpox. 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 several outbreaks. The National Steering Committee operates an IMS structure with all pillars also activated for readiness and response operations. Table 4 and Figure 9 below are a summary table and a map of the confirmed emergencies generated from the IMS/Pillar updates received at the meeting on 18th December 2025.

Table 4: *Summary of ongoing and confirmed epidemics as of 18th December 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	499	38	9	Planned	Yes	Yes
Cholera	In 55 counties of 9 states and 3 AAs	Sept 2024	22	96,809	12,593	21	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	5	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 December 2025.*



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Final status of Abyei not yet determined.

[2] Although it is week 49, 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 7th December 2025, there were 1 new suspected Mpox cases reported in Juba, with nine (1) testing positive for Mpox using the rt-PCR. This increases the cumulative total of suspected Mpox cases to 499 since the outbreak began in 2025. The 1 new confirmed Mpox case reported this week increases the cumulative total number of confirmed Mpox cases to 38, with no recorded deaths. The geographical distribution of confirmed cases becomes 34 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 1 newly confirmed case is ongoing with contact tracing of the identified contacts.
- Active surveillance for suspected Mpox cases continues nationwide. Additionally, there are contacts listed and daily tracing related to the most recent confirmed Mpox case. 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 the 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.
- Among the confirmed Mpox cases 66% are females and 34% 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-Dec. 2025

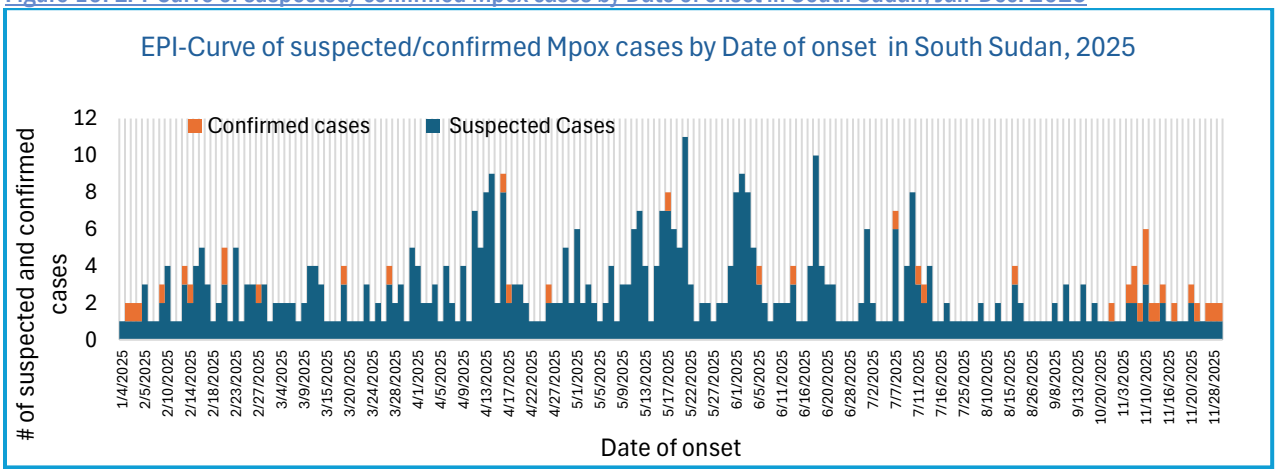
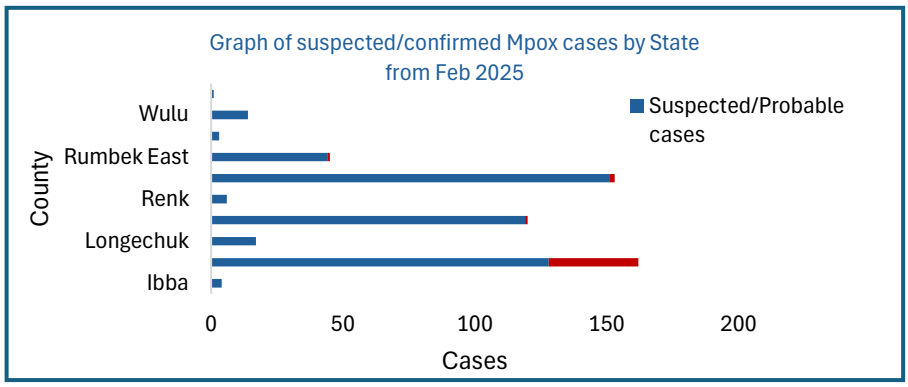
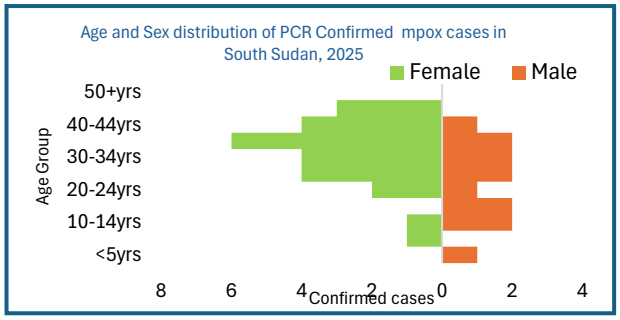
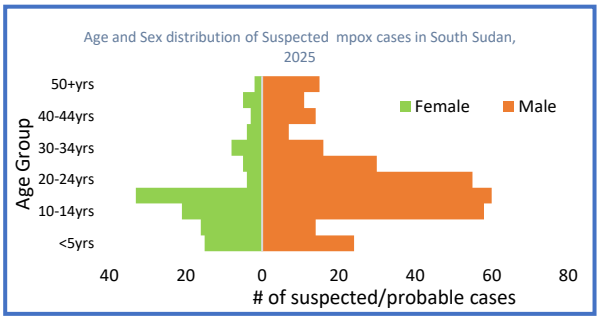


Figure 11: Mpox cases by county, age, and sex in South Sudan, Jan-Dec 2025







Selected Response Pillar updates

- **Coordination:** The Public Health Emergency Operations Centre (PHEOC), which was in Alert Mode in August 2024, was transitioned into Response Mode to support the ongoing Mpox outbreak in South Sudan in February 2027. Weekly coordination meetings have been institutionalized and are held every Thursday at 09:00 hours to ensure smooth communication and operational planning. 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 directives 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:** Temporary Mpox treatment guidelines and hospital case management forms have been updated and disseminated to support standardized clinical care. Guidelines for voluntary home isolation have also been finalized, acknowledging the associated risks; this approach was adopted because six of the seven confirmed 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 training was completed in Juba and Nimule, where 46 and 40 healthcare workers, respectively, were trained; however, scaling up similar training to hospitals across the country remains a critical, but currently unfunded, priority. The new EU/IGAD-funded Infectious Diseases Unit in Nimule has been officially opened and is operational, although it has not yet been fully functionalized as a supported health facility. Similarly, 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.
- **Risk communication and community engagement:** Risk communication and community engagement activities focused on strengthening communication with affected populations and frontline workers to support outbreak prevention, while promoting and implementing infection prevention and control measures including essential water, sanitation, and waste management practices in households, group settings such as prisons, refugee and IDP camps, schools, points of entry, and transit areas. Social listening was conducted with the Africa Infodemic Response Alliance (AIRA) to monitor media narratives and address misinformation, alongside continuous rumor monitoring and dissemination of accurate, verified information through the WHO South Sudan platforms. Information, education, and communication (IEC) materials were developed and shared, supported by mass media outreach such as radio talk shows to raise awareness among high-risk groups and communities. Key stakeholders, including healthcare workers and call center operators, were identified for training on managing misinformation and contributing to the national response.

2. South Sudan Cholera Outbreak Updates as of 16 December 2025[3]

- From September 28, 2024, to December 16, 2025, there were 96,809 reported cholera cases, including 1,599 deaths, across 55 counties in 9 states and the administrative areas of Abyei, Ruweng, and Greater Pibor.
- Of the deaths, 820 (51%) occurred in health facilities, resulting in an overall case fatality rate (CFR) of 1.7% and a health facility CFR of 0.8%.
- In the last 7 days of reporting (onset from 10th to 16th December 2025), 22 cases and 1 death (in a health facility in Duk County) were reported in 15 payams of 6 counties. Most of these cases came from Mayom (11 cases), Duk (3 cases), and Rubkona (3 cases).
- Cumulatively, Unity State had the highest burden of cases at 32% (30,617), followed by Jonglei State at 14% (13,283) and Central Equatorial State at 13% (12,512).
- Twenty-five counties, including all 10 in Western Equatoria, remained unaffected by the outbreak.
- The highest case count was among children aged 0-4 years (24%), followed by those aged 5-14 years (22%).

Figure 11: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, Wk39 of 2024 to Wk 49 of 2025

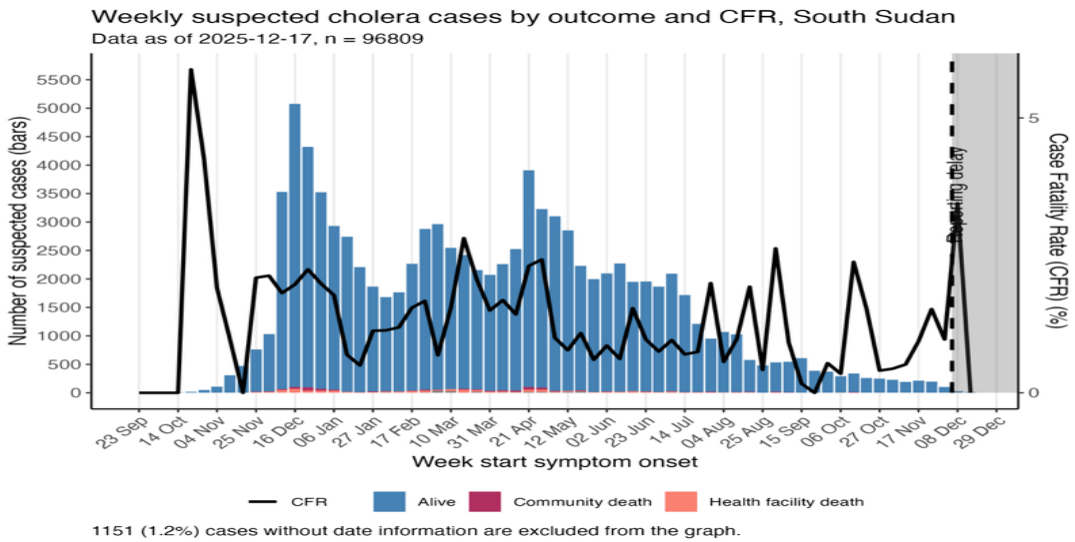
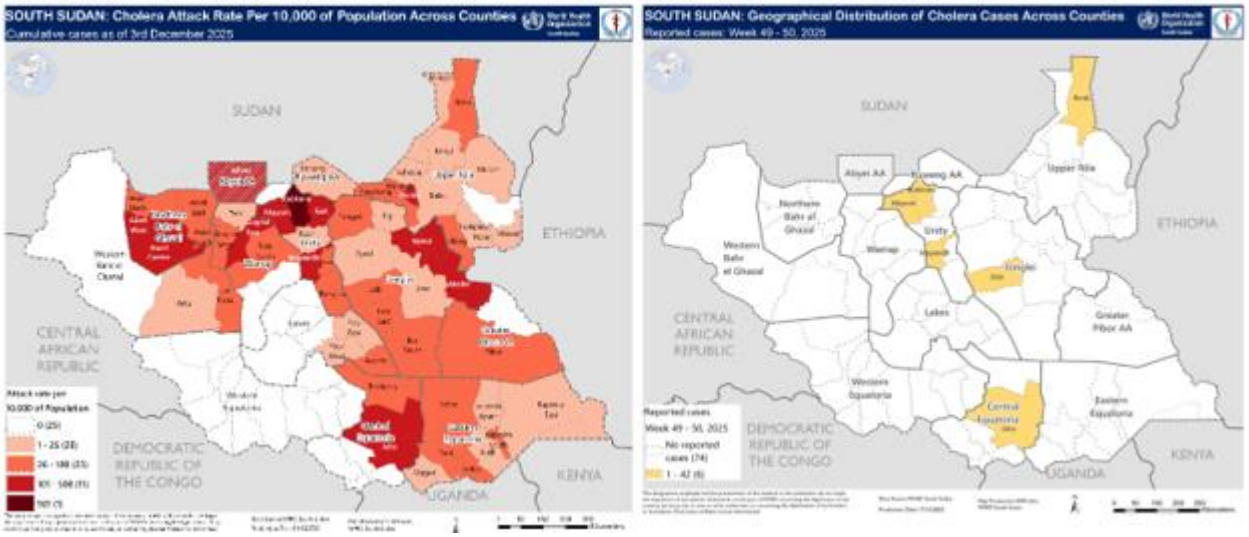


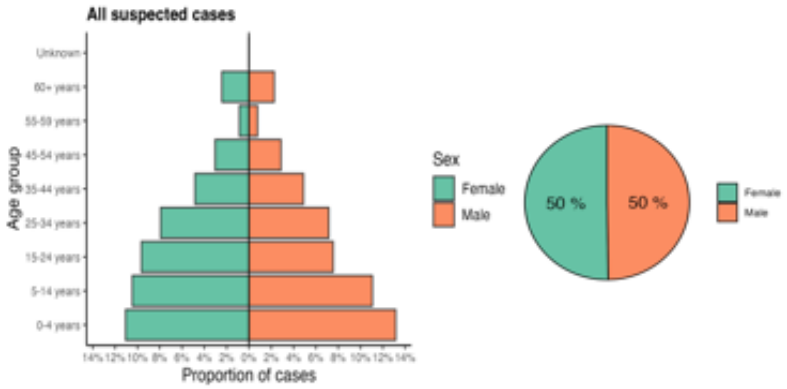
Figure 12: Map showing Cholera Case counts by Counties of South Sudan over time



Cumulative Attach rate *Cholera Cases reported in the last 7 days*

[3] Based on Sitrep #58

Figure 13: Age and sex distribution of cholera cases and deaths reported as at 18th December 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)
- A cumulative total of 218,082 individuals were vaccinated through the mop-up vaccination as part of the 30-days cholera Knockout Plan.
- Overall, the mop-up campaigns yielded a coverage of 93.8% of the target population in 10 Counties that reported resurgence of cholera cases between November and December 2025
- Pre-campaign activities were completed in three Payams (Bentiu town, Budaang and Rubkotne) of Rubkona County targeting 91,472 individuals- Pending IOM to deliver vaccines.
- Other planned activities include Point of Entry (PoE) vaccinations in Renk and Mayom, and fixed-point vaccinations in other locations with OCV campaign balances.

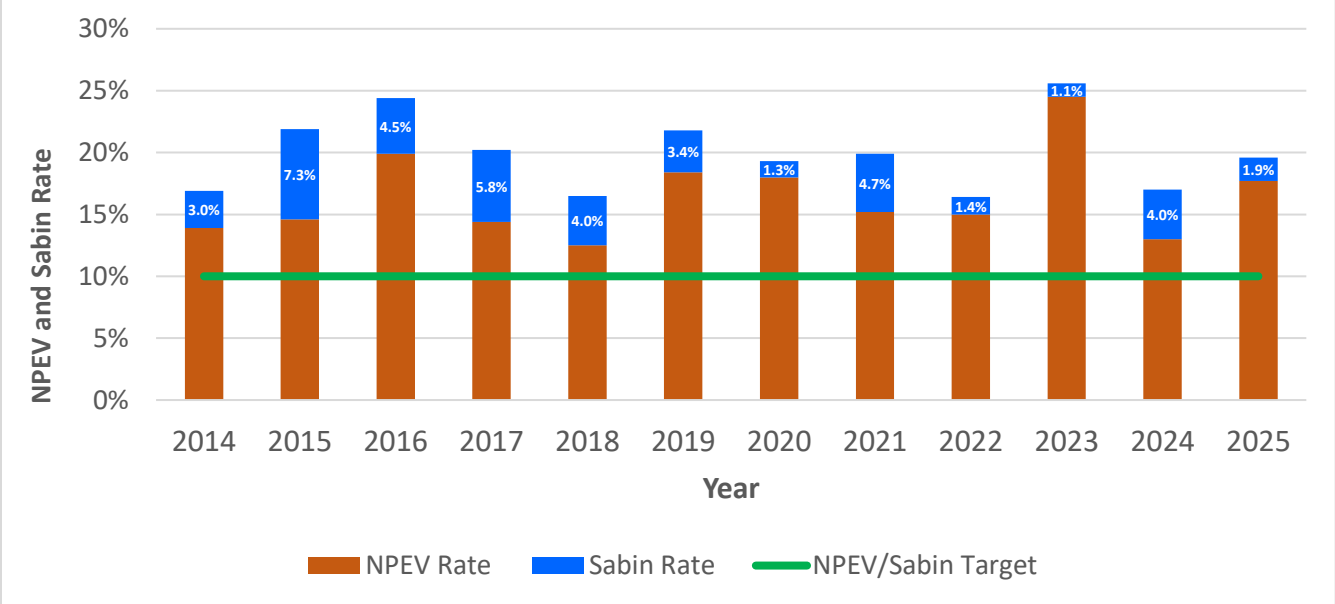
Next Steps on Cholera Response horizons.

- 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 to all Cholera response partners and donors
- Complete the workshop to validate the identification of Priority Areas for Multisectoral Identifications (PAMIs) conducted from 15th to 18th December 2025
- Weekly partners report 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 16th December 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 of 16th December 2025, a cumulative number of 438 AFP cases had been reported in 80 counties, compared with 453 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. 81 per 100,000 population under 15yrs, compared to 5.98 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 162 Active Case Search Visits conducted in week #50 compared with 407 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 2,322,536 (107%) of the targeted 2,162,947 children had been vaccinated with nOPV2. LQAs conducted in 20 counties (lots) showed that 12 counties passed and 8 counties failed the SIA quality test.

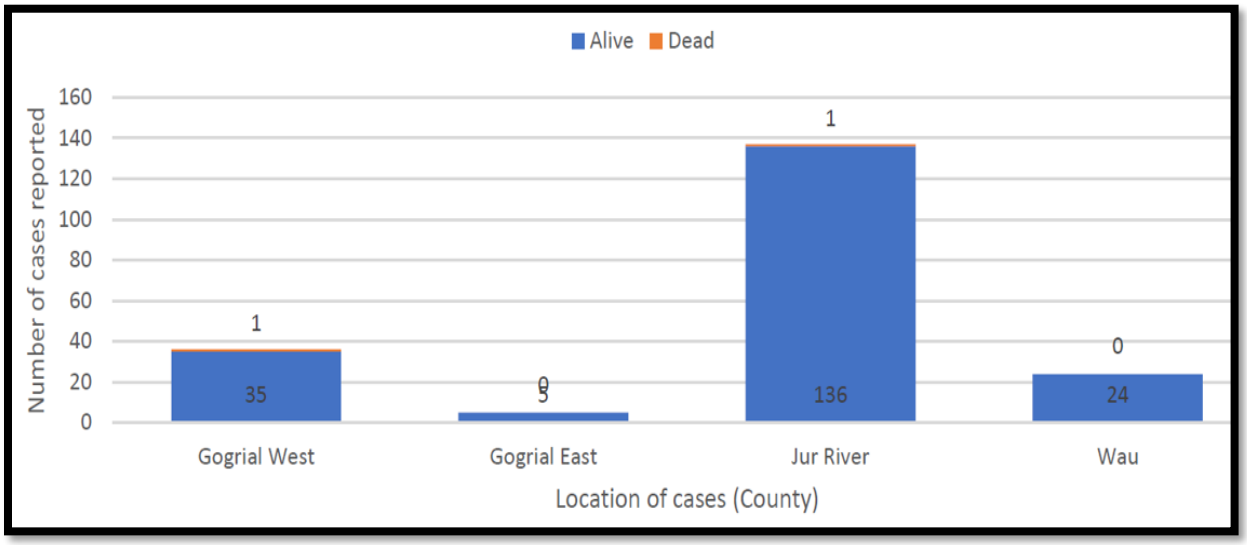
Figure 14: Non-Polio AFP Detection and Non-Polio Enterovirus Isolation rates for South Sudan; 2014-2025



4. Anthrax

- No new Anthrax cases were reported since epidemiological week 47 to 49. 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 47, 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[4]

- As of 13th January 2025, there were a cumulative total of 306 suspected measles cases reported from 17 counties of 8 states.
- Of the 306 suspected measles cases, 113 cases were investigated, with serum samples collected and received by the Serology Department of the National Public Health Laboratory (NPHL). Of these, 58 samples tested positive for measles IgM.
- Among the 306 suspected measles cases, 279 individuals (91%) were either unvaccinated or had an unknown vaccination status.

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

- 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 49 of 2025

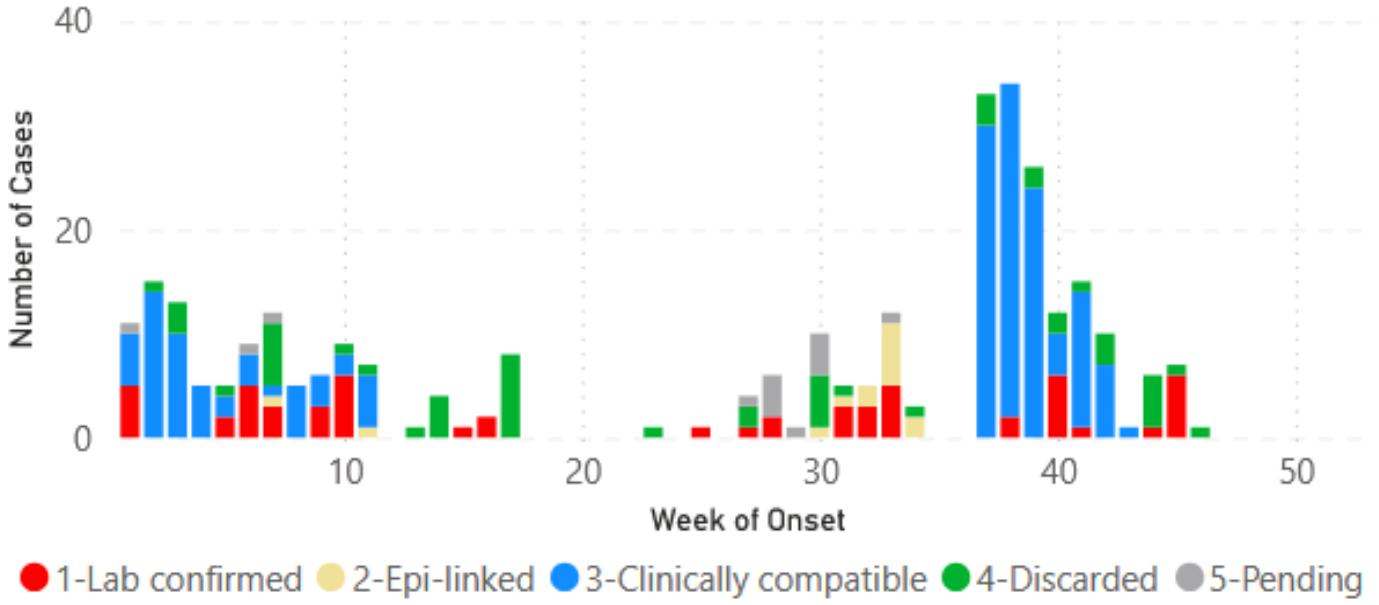
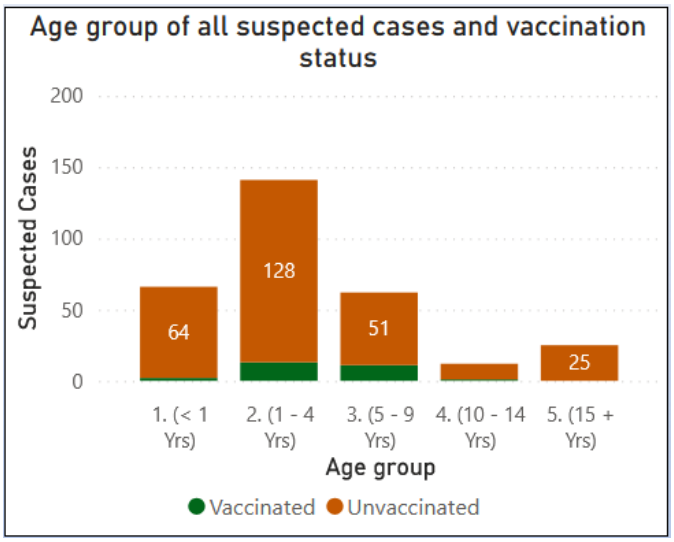
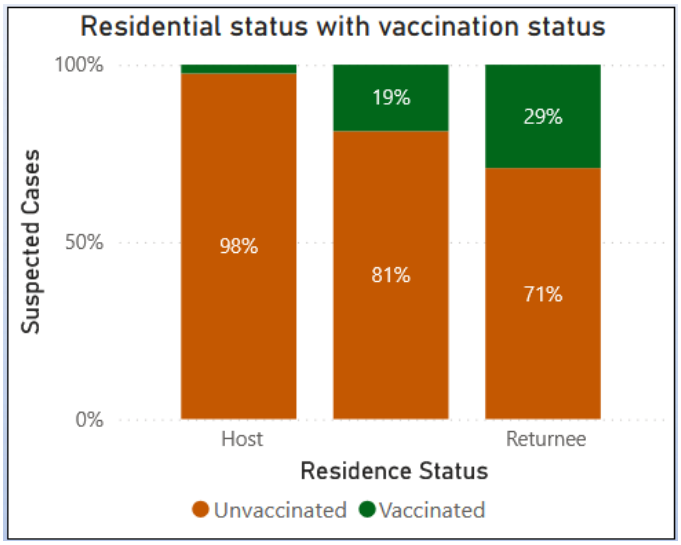


Figure 17: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-49 of 2025





6. Hepatitis E outbreak

- Since the onset of the hepatitis E outbreak in Bentiu in 2018, a cumulative total of 9,159 suspected cases have been reported, of which 2,761 were laboratory-confirmed by rapid diagnostic tests (RDTs**)**. A total of 121 deaths have been recorded, corresponding to an overall case fatality rate (CFR) of 1.3%**.** In 2025 alone, the highest CFRs were observed in Aweil East (23.5%)**,** Abyei (22.6%)**,** Aweil South (14.3%)**,** and Aweil West (11.8%)**,** indicating localized areas of increased mortality.
- Epidemiological analysis of the entire outbreak data indicates a near-equal gender distribution among suspected hepatitis E cases, with males accounting for 51**%** and females 49%**.** However, sub-analysis of 2025 data shows that more females (53%) were affected compared to their male counterparts (47%). The 15–44-year age group is the most affected, representing the highest burden of disease nationally.
- Geographic distribution: Suspected hepatitis E cases have been reported from 16 counties across six states and two administrative areas, with laboratory-confirmed outbreaks (RT-PCR) in six counties. The highest cumulative burden has been reported in Rubkona (6,506 cases), Renk (1,148 cases), and Fangak (722 cases).
- Epidemic dynamics in 2025: Active epidemic centres in 2025 were identified in Renk (1,142 cases), Rubkona (240 cases), and Abyei (31 cases). The highest hepatitis E–associated mortality was reported in Abyei (7 deaths; CFR 22.6%), Aweil East (4 deaths; CFR 23.5%), and Aweil West (2 deaths; CFR 11.8%).
- Recent trends: In epidemiological week 48 of 2025, no new suspected hepatitis E cases were reported in Renk County, and the cumulative number of RDT-positive cases remained at 2,761 since the outbreak onset in 2018.
- Environmental surveillance: Wastewater surveillance conducted at polio environmental surveillance sites detected non-polio enteroviruses in 36% of samples, followed by confirmation of hepatitis E virus genotype 1e. Phylogenetic analysis of six HEV-positive sequences demonstrated linkage to earlier plasma sequences generated in 2023, indicating ongoing transmission of related strains.
- Surveillance and response support: WHO continues to support enhanced surveillance and case management in high-risk areas through the provision of rapid diagnostic tests, specimen referral, and rt-PCR testing at the National Public Health Laboratory. Public health messaging on acute jaundice syndrome is ongoing in affected communities.
- WASH and vaccination response: Water quality testing and monitoring are being implemented with WASH partners (IOM, SI, MSF-B, and Oxfam). A hepatitis E vaccination campaign (Hecolin®) is planned for November 2025, led by MSF-B in collaboration with WHO and the Community Health Department, targeting high-risk populations, particularly women aged 16–49 years, with coverage planned for approximately 5,000 households per dose.
- Coordination and preparedness: The National Outbreak Response Steering Committee is coordinating the hepatitis E response using existing cholera response structures, with intensified WASH and Risk

Figure 18*: Epicure showing HEV RDT positive cases in South Sudan; Epi Week 52 of 2018 to Week 49 of 2025*

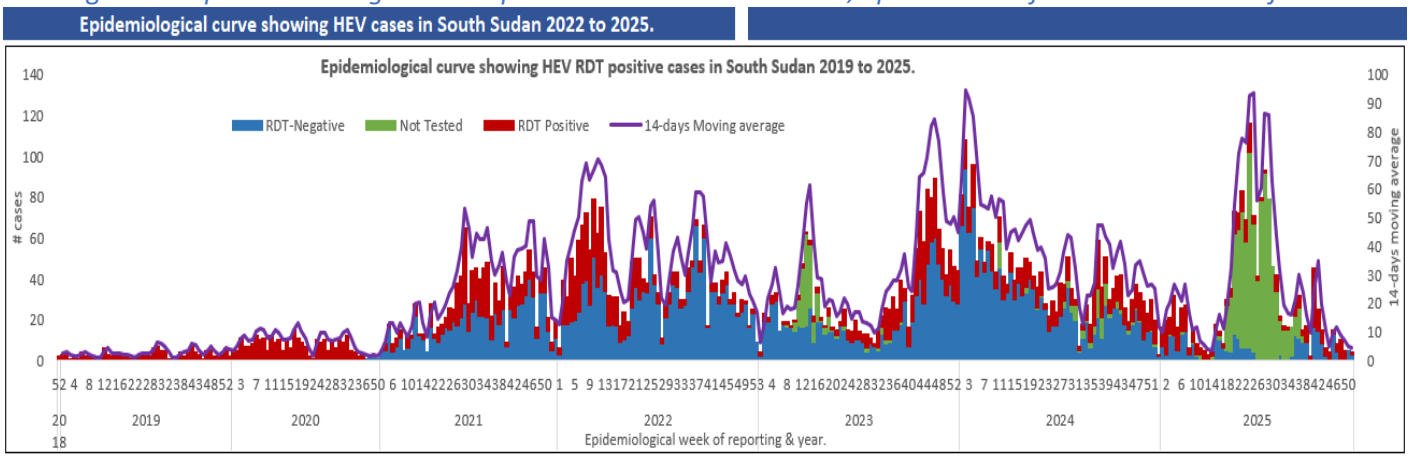
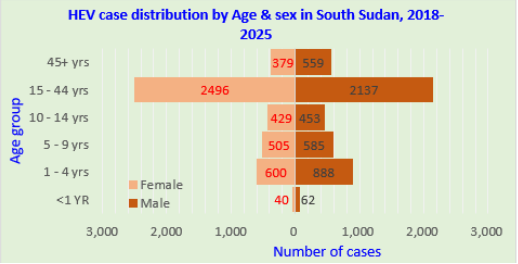
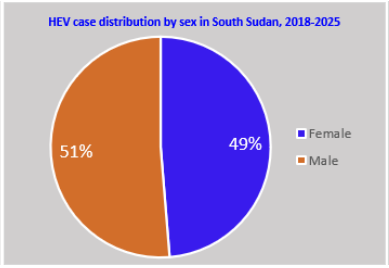


Figure 19: Distribution of suspected Hepatitis E Virus Cases by age and gender in South Sudan; 2018-2025





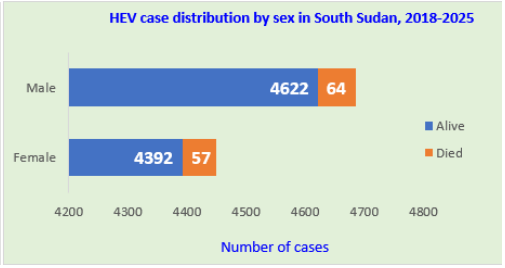


Figure 20: Distribution of Hepatitis E cases and deaths by county of South Sudan; Week 1-52 of 2025

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	1142	0	1142	0.0%
Grand Total	1463	15	1478	1.0%

Other Events

Flooding: The dry season is officially upon us and therefore, flooding monitoring reports are no more. This event will officially be closed and no longer will be of value until May-September period, when the national risk profile projects likelihood. Notably, vulnerabilities remain and resilient systems development work, may be reported on in the period between January and May, each year.

Sudan crisis: As of 27th December 2025, a cumulative total of 328,634 households, containing 1,309,512 individuals (686255 Females and 623,257 Males) from 18 different nationalities, had crossed the border. Of this number, 67.35% (881,956) are South Sudanese returnees, while 32.1% (420,353) 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: One new suspected case has been reported, bringing the cumulative total to 1,561 cases.
- Measles (Suspected): No new suspected measles cases were reported, keeping the cumulative total at 74 cases, with no active cases currently in isolation at Renk County Hospital.
- Hepatitis E Virus: Five new cases of Hepatitis E Virus (HEV) were reported for week 50, bringing the cumulative total to 1,142 suspected cases. Ongoing surveillance and case management are being conducted in high-risk locations. Médecins Sans Frontières (MSF) has launched the second phase of the HEV vaccination campaign.

- Key Concerns:
    - There is a critical shortage of essential medicines, including antibiotics, antifungals, antimalarials, analgesics, and medical supplies at HSTP health facilities, including the referral hospital. This stock-out severely limits the facility's ability to provide lifesaving and basic healthcare services.

Acknowledgments

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

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Notes

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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