



# Republic of South Sudan

## Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 50

8<sup>th</sup> to 14<sup>th</sup> 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

- In week 50 of 2025, IDSR reporting timeliness was at 79% which was slightly higher than 77% in week 49. The completeness of IDSR reporting was 88% same as the previous week's performance. All states except Upper Nile and Eastern Equatoria State achieved completeness of reporting above 80%, with two states (Lakes and Unity) and (Abyei Administrative Area and Ruweng Administrative Area achieving 100% completeness. At the EWARN mobile sites, reporting timeliness and completeness were both at 92% during the current reporting week.
- **EWARS Alerts Management:** A total of 90 EWARS alerts were triggered in week 50, with 54 (60%) verified, indicating a decrease in alerts triggered and in their verification, rates compared to week 49 of 2025. The most alerts were for Guinea Worm Disease (40%), ARI (36%), EBS (9%), Cholera (8%) and Measles (6%). Credit to the teams in Abyei Administrative Area, Northern Bah el Ghazal, Unity, and Upper Nile states for verifying all the alerts generated in EWARS.
- In week 50 of 2025, a total of **153,446 OPD consultations** for morbidities were reported from across South Sudan, spanning 1,299 health facilities. lower than (41%) of OPD consultations reported in the previous week Malaria remained the top cause of morbidity, causing 39% (59378) of all cases, followed by Acute respiratory illnesses 16% (24578) and acute watery diarrhea 8% (11551).
- **Marburg Readiness:** South Sudan is actively maintaining its state of readiness in response to the confirmed outbreak of the Marburg virus that occurred in neighboring Ethiopia in November 2025. The Ministry of Health, WHO, and partners are implementing comprehensive measures, including surveillance and Risk communication and community engagement, to effectively manage and mitigate the risks posed by this deadly virus.
- **Mpox Outbreak:** 1 new suspected Mpox case was reported in Week 49<sup>(1)</sup>, bringing the cumulative total of suspected Mpox cases to 500 in 2025. Seven (7) new confirmed Mpox cases and therefore the cumulative confirmed cases increase to 38 since February 7, 2025, with 34 in Juba, 2 in Rumbek Centre, 1 in Rumbek East, and 1 in Malakal counties.
- **Cholera outbreak:** As of 23<sup>rd</sup> December 2025<sup>(2)</sup>, The cholera outbreak now totals 97,066 cases and 1,599 deaths (CFR: 1.6%, target < 1%), reported by 55 counties across 9 states and all 3 administrative areas (i.e., Ruweng, Greater Pibor, and Abyei)

<sup>1</sup> Data reported is aligned with published outbreak Situation reports and not the epidemiological week 52

<sup>2</sup> Data published and shared on the National Cholera Outbreak dashboard as of 23 December 2025

- **Other active Outbreaks and events:** Anthrax, cVDPV2/Polio and Hepatitis E outbreaks in various counties, and the Sudan Crisis humanitarian Response.

## 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 50, the timeliness of IDSR reporting was 79%, and the completeness was 88%, displaying a slight increase in timeliness of reporting when compared to the previous week.

Table 1: *Timeliness and completeness of IDSR reporting by State for week 50 compared to week 49 of 2025*

State	Total facilities	Number of facilities reported (Completeness Wk50)	Comparison of the reporting period				Cumulative since year start (2025 level)	
			Timeliness		Completeness		Timeliness	Completeness
			week 50	Week 49	week 50	Week 49		
Lakes	112	112	100%	100%	100%	100%	96%	100%
NBGZ	92	90	91%	82%	98%	96%	83%	93%
Unity	102	102	99%	100%	100%	100%	82%	95%
WBGZ	112	102	86%	15%	91%	81%	63%	87%
WES	191	176	62%	86%	92%	88%	78%	97%
Jonglei	120	112	93%	90%	93%	91%	86%	92%
Warrap	114	96	75%	84%	84%	97%	63%	90%
EES	112	88	60%	47%	79%	80%	57%	87%
RAA	16	16	38%	63%	100%	100%	49%	99%
CES	152	105	69%	79%	69%	80%	91%	93%
AAA	17	17	100%	100%	100%	100%	80%	91%
Upper Nile	143	112	75%	74%	78%	78%	67%	84%
PAA	16	15	88%	88%	94%	88%	92%	97%
<b>Total</b>	<b>1299</b>	<b>1143</b>	<b>79%</b>	<b>77%</b>	<b>88%</b>	<b>88%</b>	<b>77%</b>	<b>92%</b>

### 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 50, 2025.

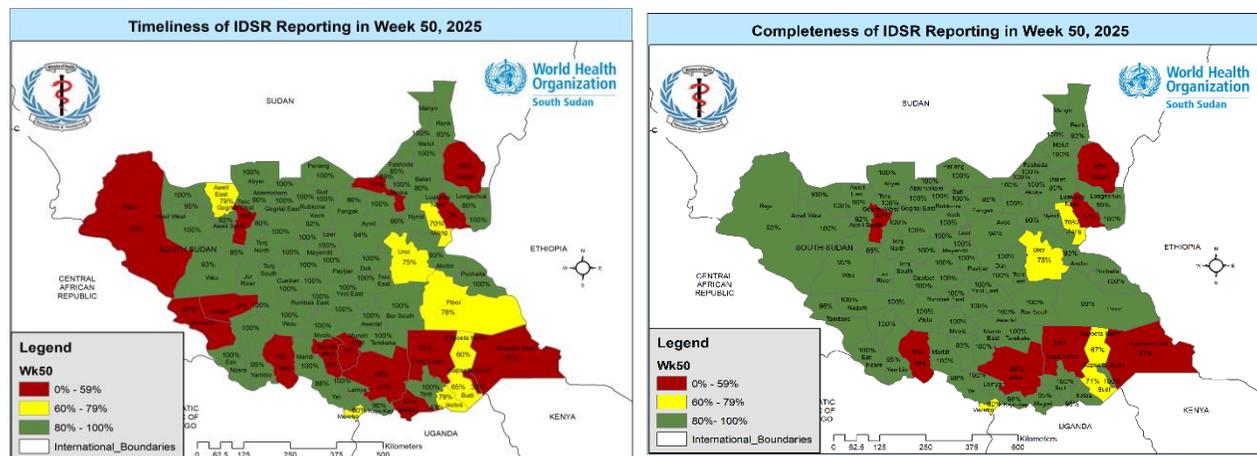


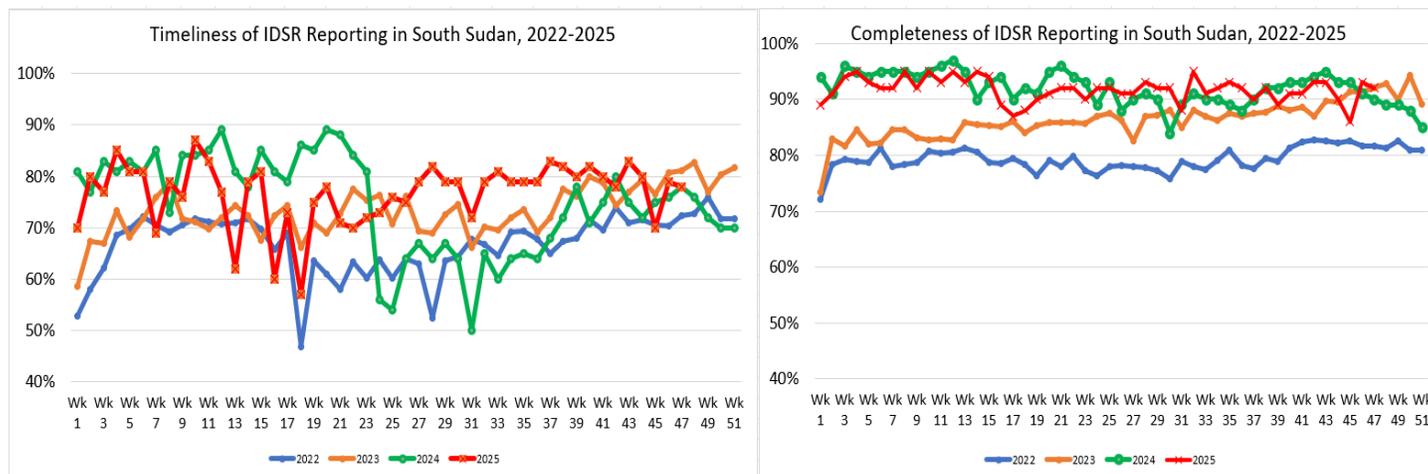
Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 50 of 2025.

IDSR Timeliness and Completeness performance of Mobile sites and Private Clinics for week 50, 2025							
Partners	# of Reporting Mobile Sites	% of Timeliness in week 50	% of Completeness in week 50	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 50	% of Completeness in week 50
IMC	1	100%	100%	Kator	3	0%	0%
SSHCO	1	0%	0%	Marial Baai	1	100%	100%
SMC	1	100%	100%	Northern Bari	1	0%	0%
SCI	2	100%	100%	Rajaf	3	0%	0%
HFO	2	100%	100%	Muniki	12	83%	83%
WVI	2	100%	100%	Wau South	20	95%	100%
CIDO	1	100%	100%	Wau North	12	75%	92%
HFD	1	100%	100%	Juba	10	0%	30%
RI	1	100%	100%	Managala	1	100%	100%
TOTAL	12	92%	92%	TOTAL	63	63%	73%

**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 15 consecutive weeks (Weeks 32–47), 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.



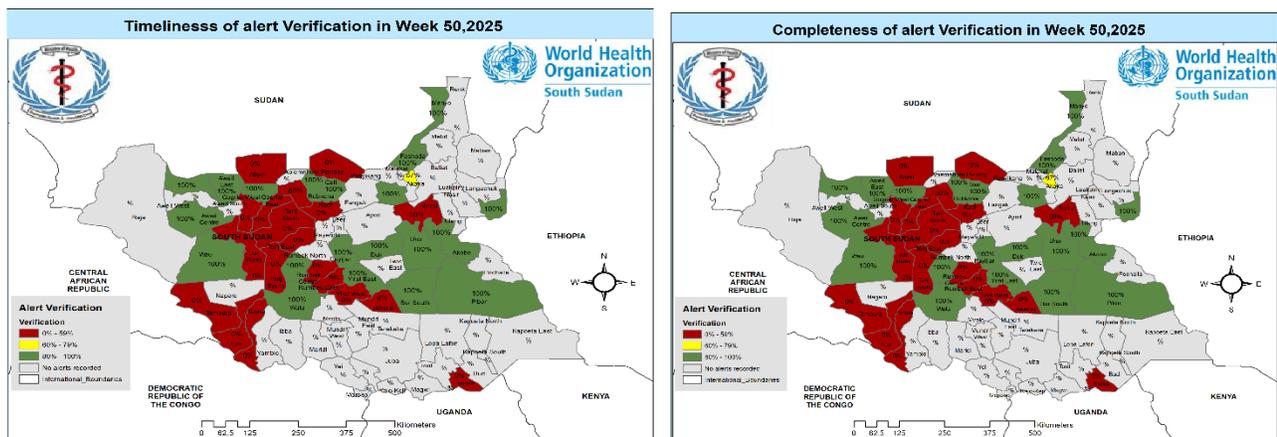
### Epidemic alerts

In epidemiological reporting week 50, a total of 90 alerts were triggered in the EWARS system, with 60% (54) verified, indicating an increase in alerts triggered and a decrease in verification rates from week 49. One State did not have a single notifiable disease alert. Special recognition goes to the Abyei Administrative Area, Northern Bah el Ghazal, Unity, and Upper Nile states teams that verified all EWARS alerts triggered in the week. Notably, most alerts were for Guinea Worm Disease (40%), ARI (36%), EBS (9%), Cholera (8%), and Measles (6%).

Table 3: Summary of EWARS alerts triggered and verified in Epidemiological Week 50, 2025.

State/Admin	ARI		Cholera		Covid-19		EBS		Guinea Worm		Measles		Total	
	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V
AAA	1	0	0	0	0	0	0	0	0	0	0	0	1	0
EES	0	0	1	0	0	0	0	0	0	0	0	0	1	0
GPAA	1	1	0	0	0	0	0	0	0	0	0	0	1	1
Jonglei	5	5	2	2	0	0	6	1	7	7	0	0	20	15
Lakes	2	0	0	0	2	1	0	0	21	16	0	0	25	17
NBGZ	2	2	1	1	0	0	0	0	0	0	1	1	4	4
RAA	3	0	0	0	0	0	0	0	0	0	0	0	3	0
Unity	9	8	2	1	0	0	0	0	0	0	0	0	11	9
Upper Nile	3	3	1	1	0	0	2	1	1	1	0	0	7	6
Warrap	2	0	0	0	0	0	0	0	3	0	4	1	9	1
WBGZ	0	0	0	0	0	0	0	0	4	1	0	0	4	1
WES	4	0	0	0	0	0	0	0	0	0	0	0	4	0
CES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	32	19	7	5	2	1	8	2	36	25	5	2	90	54

Figure 3: Timeliness and Completeness of Alerts Verification rates by county of South Sudan for week 50, 2025



## Weekly Update on Indicator-Based Surveillance (Week 50 of 2025)

Indicator-based surveillance is implemented in South Sudan through the EWARS platform according to the IDSR 3<sup>rd</sup> edition guidelines, where approximately 59 priority diseases and public health events are regularly monitored and reported from health facilities across the country.

In week 50 of 2025, a total of **153446 outpatient consultations** for morbidities were reported from across South Sudan, spanning 1,299 health facilities. Malaria remained the top cause of morbidity, causing 39% (59378) of all cases, followed by Acute respiratory illnesses 16% (24,518) and acute watery diarrhea 8% (11,551). 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.

<b>Number of Reporting States: ten (10)</b>	<b>Number of Reporting A As: three (03)</b>	<b>Number of Reporting Counties: (80)</b>	<b>Number of Reporting HFs: 1, 299</b>
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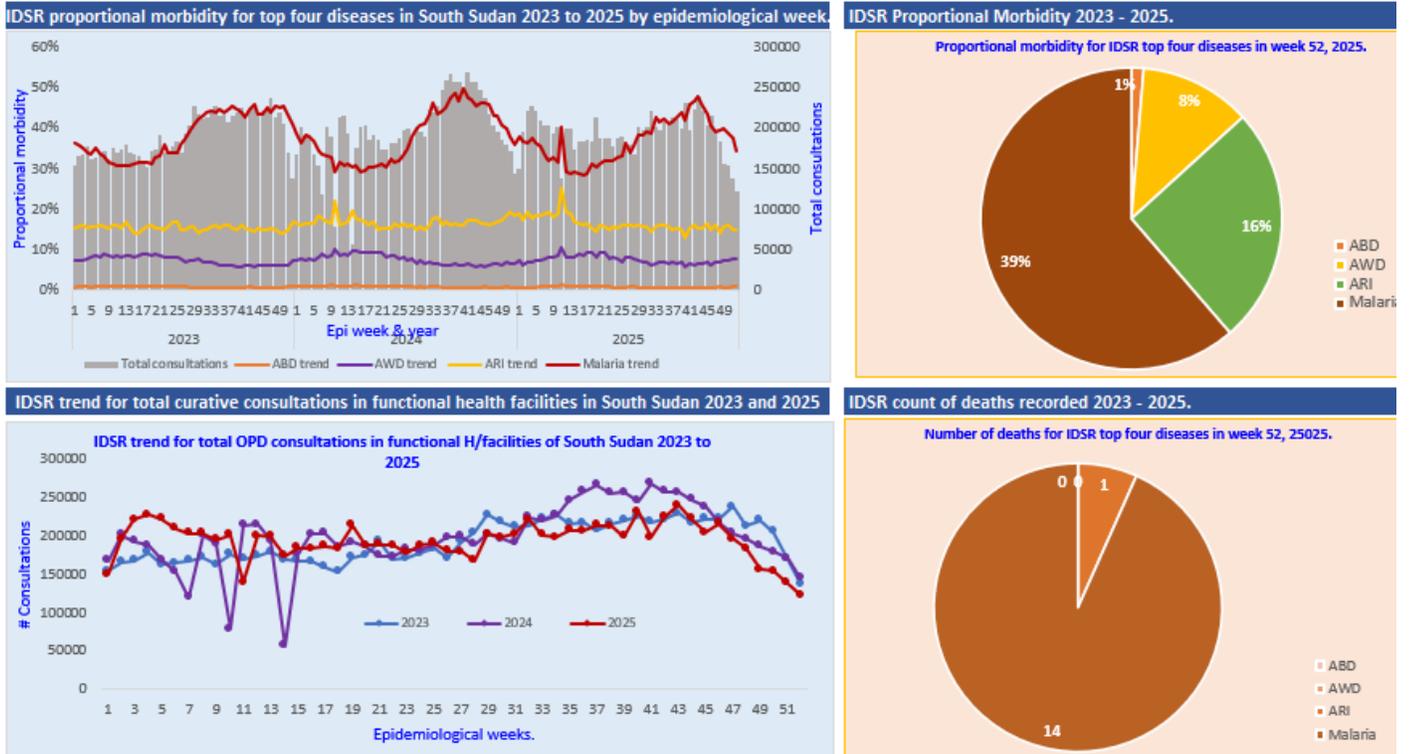
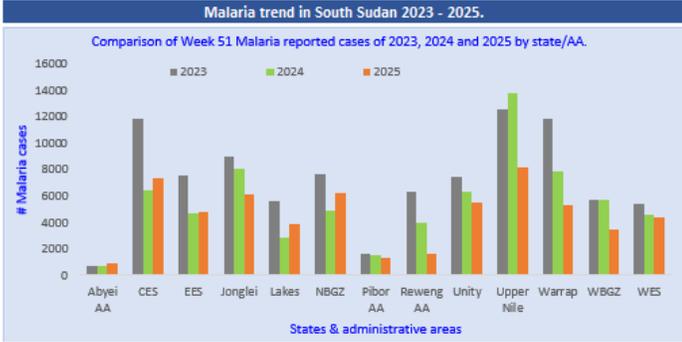
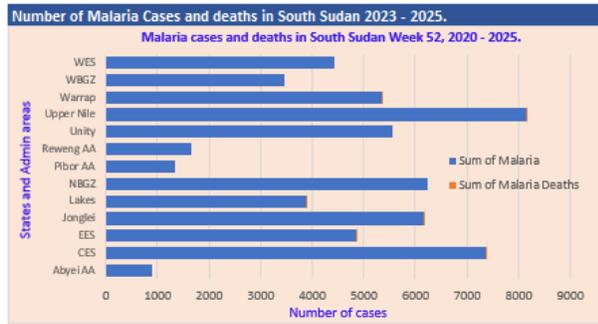
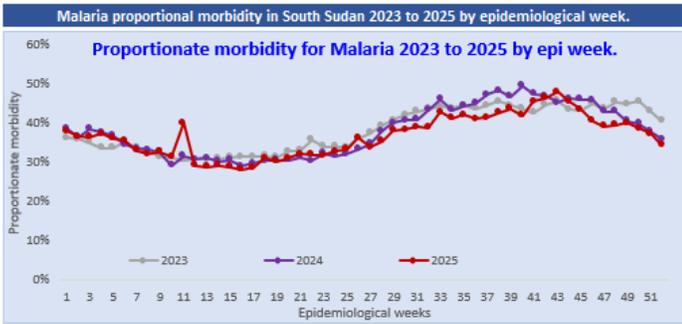


Figure 4: Proportional Morbidity of top 4 IDSR priority diseases reported as of week 50 of 2025.

### 1. Malaria Updates

In the 50th week of 2025, malaria persisted as the predominant cause of illness throughout the region, with a concerning total of 59,378 reported cases, tragically leading to 14 fatalities among the suspected cases. Weekly analyses indicate a significant decline in these numbers compared with previous weeks, consistent with expectations for this transmission period. However, the need for continuous monitoring remains paramount, as the Ministry of Health tries to stay ahead of potential outbreaks. Compounding the situation, the country is grappling with an alarming shortage of antimalarial medications, which further complicates efforts to combat this persistent top cause of morbidity.

Figure 5: Normal Malaria Transmission Channel for South Sudan; Updated at Week 50 of 2025

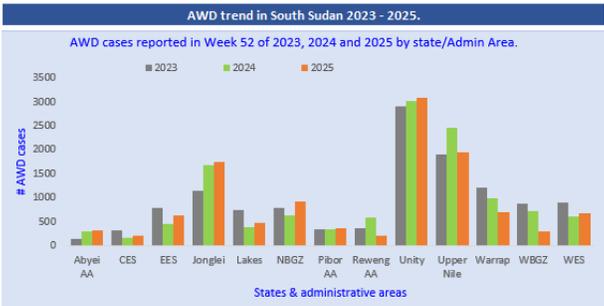
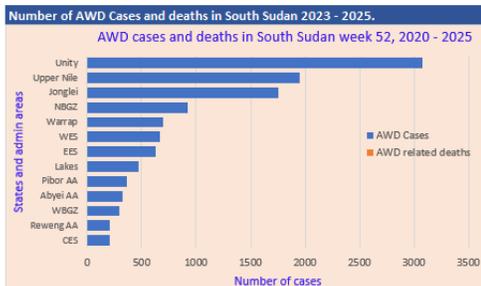
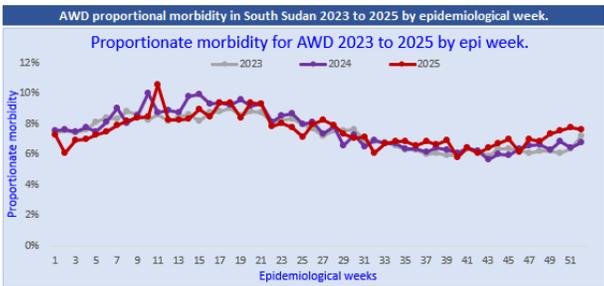


State/Admin Area	Malaria Cases	Malaria Deaths	CFR
Abyei AA	912	0	0.00%
CES	7378	3	0.04%
EES	4852	3	0.06%
Jonglei	6150	1	0.02%
Lakes	3893	2	0.05%
NBGZ	6233	0	0.00%
Pibor AA	1342	0	0.00%
Reweng AA	1662	0	0.00%
Unity	5562	0	0.00%
Upper Nile	8153	1	0.01%
Warrap	5351	4	0.07%
WBGZ	3464	0	0.00%
WES	4426	0	0.00%
<b>Grand Total</b>	<b>59378</b>	<b>14</b>	<b>0.26%</b>

## 2. Acute Watery Diarrhoea

During epidemiological week 50, Acute Watery Diarrhea (AWD) was the third leading cause of morbidity, resulting in 11,551 outpatient department (OPD) consultations and four deaths. A year after the onset of the cholera outbreak, AWD cases have remained within normal ranges. A cholera knockout plan has been formulated, and its implementation began during this period. We expect to see a real-time impact on the reduction of cases starting from week 52 and beyond. The AWD dashboard serves as our analytical tool for visualizing trends and weekly data by geography, which aids in targeted investigations and early outbreak detection. Morbidity patterns related to acute watery diarrhea (AWD) have remained consistent, as reported in two previous reporting periods for 2023 and 2024.

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

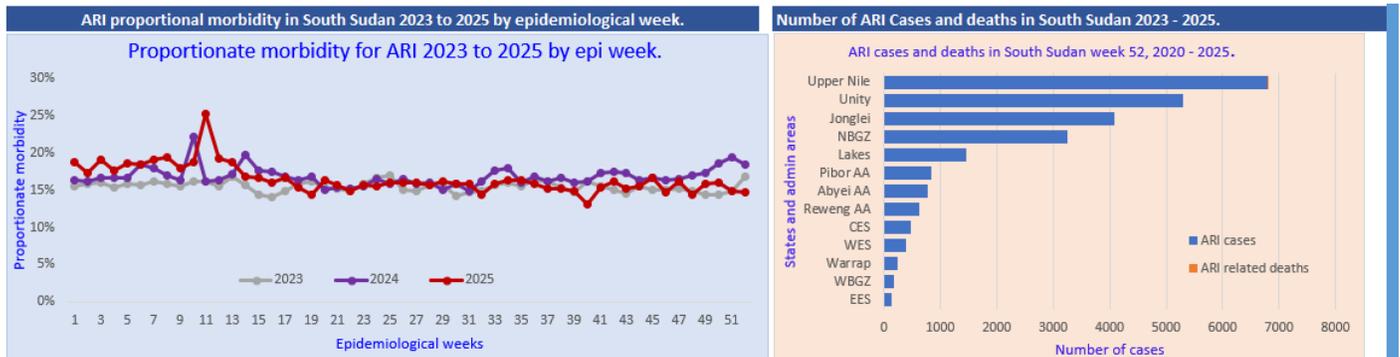


State/Admin Area	AWD Cases	AWD Deaths	CFR
CES	203	0	0.00%
Reweng AA	208	0	0.00%
WBGZ	291	0	0.00%
Abyei AA	324	0	0.00%
Pibor AA	368	0	0.00%
Lakes	469	0	0.00%
EES	624	0	0.00%
WES	664	0	0.00%
Warrap	701	0	0.00%
NBGZ	920	0	0.00%
Jonglei	1754	0	0.00%
Upper Nile	1949	0	0.00%
Unity	3076	0	0.00%
<b>Grand Total</b>	<b>11551</b>	<b>0</b>	<b>0.00%</b>

## 3. Respiratory Pathogens Surveillance weekly updates.

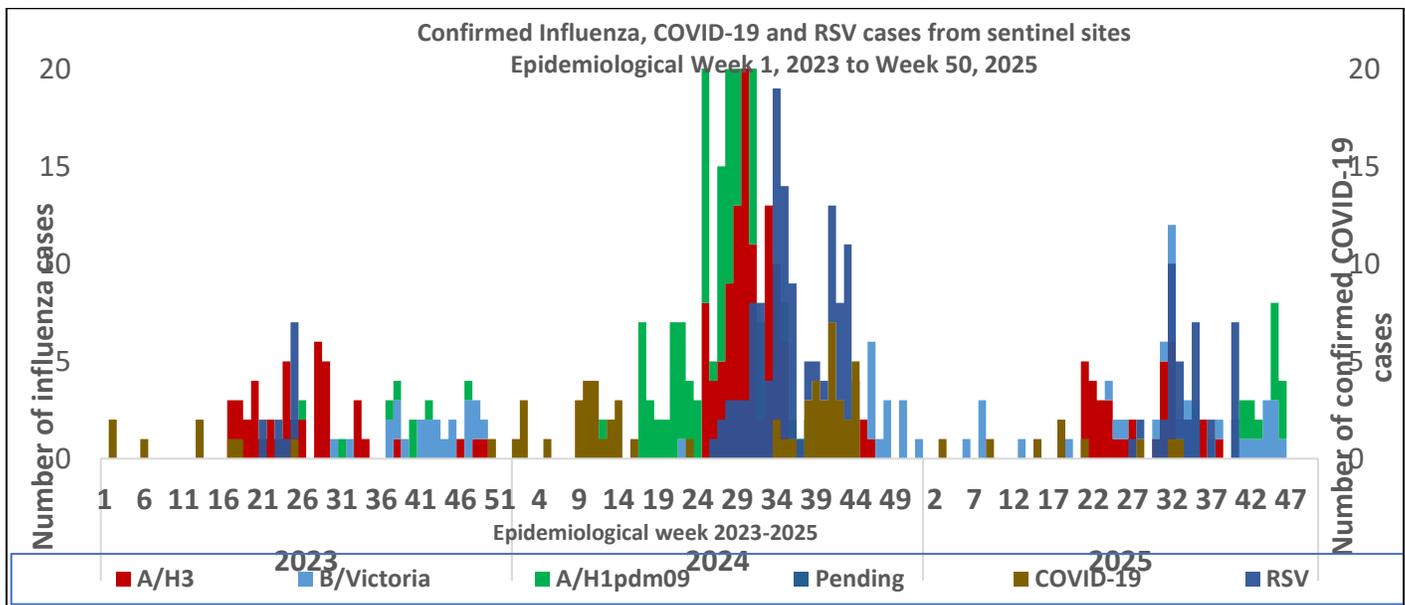
Acute respiratory illnesses are the second leading cause of outpatients' consultations in the country, constituting 16% of all the consultations. Most IDSR-reported ARI cases were from Upper Nile, Unity, and Jonglei States, which host a large portion of the nation's refugees and displaced populations. 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 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.

Figure 7: Comparative analysis of reported ARI case counts by State of South Sudan in epidemiological week 47 of 2025.



In order 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 50 of 2025.



During Epidemiological Weeks 1-50 in 2025, a total of 1641 ILI/SARI samples have been collected; 1516 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.

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 47 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 27<sup>th</sup> November 2025.

### Marburg Readiness:

- An IHR notification of a Viral Hemorrhagic Fever outbreak in Yinka town, South Ethiopia, was received on 12<sup>th</sup> November, 2025. The notification reports a hemorrhagic fever (Hemorrhagic Fever) disease, the identity of which was confirmed to be Marburg Virus Disease.
- Heightened Preparedness:
  - In South Sudan The Ministry of Health, in collaboration with WHO and other health partners, has activated and strengthened national preparedness and response mechanisms.
  - Enhanced Surveillance: Intensified surveillance activities at national and sub-national high-risk locations by deployment of National teams in 5 locations.
  - Training of frontline health workers to identify, investigate, and report suspected cases promptly.
  - Reinforced screening and monitoring at points of entry to reduce cross-border transmission risks.
- Risk Communication & Community Engagement (RCCE): Delivery of timely and accurate information to communities on Marburg virus transmission, prevention, and early care-seeking.
- Efforts to counter misinformation and promote public awareness.
- Engagement of community leaders and influencers to enhance acceptance of public health measures.
- Multi-sectoral Approach: Through coordinated actions among MoH, partners, and communities, South Sudan aims to sustain readiness and effectively mitigate potential health risks associated with this highly fatal disease.

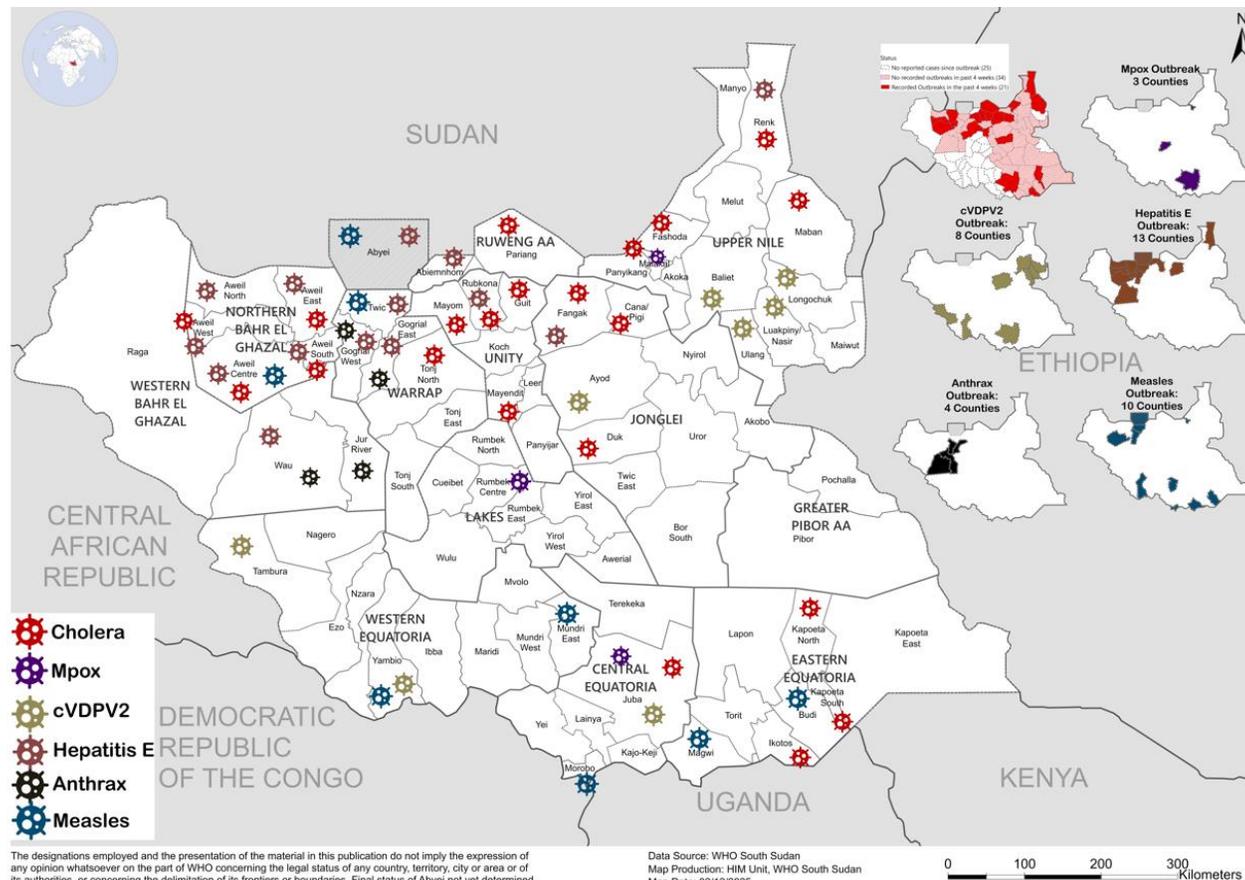
**Table 4: Summary of ongoing and confirmed epidemics in 2025<sup>3</sup>**

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	1	500	38	10	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),	Dec/2018	15	1,454	2, 745	25	Ongoing in Renk	Yes	Yes

<sup>3</sup> Although it is week 50, the data on the ongoing outbreaks is from the latest Situation reports.

	NBeG (5), Warrap (1), Upper Nile (1), Jonglei (2) and Unity (1)						County		
cVDPV2	Yambio, Juba, Ulang, Nasir, Baliat, 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.



## 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 487 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

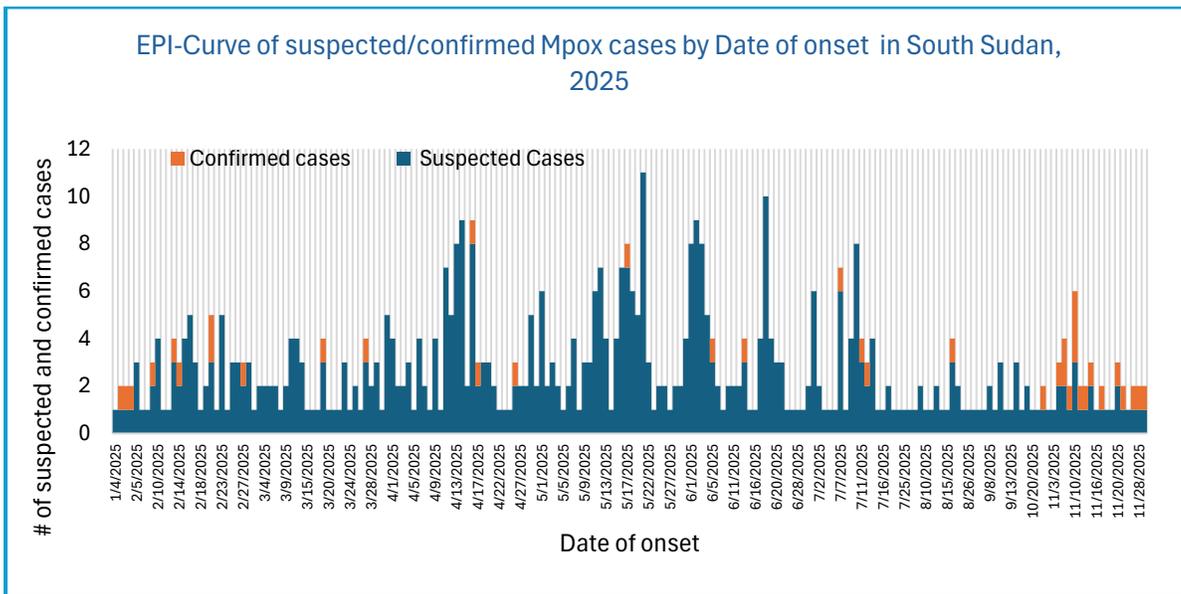
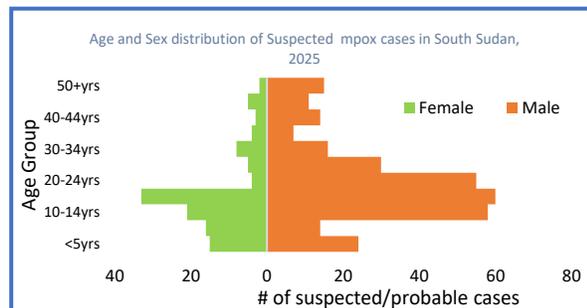
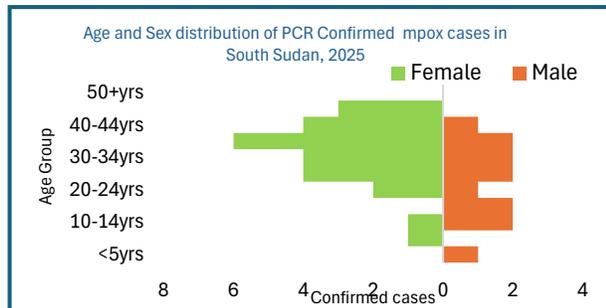
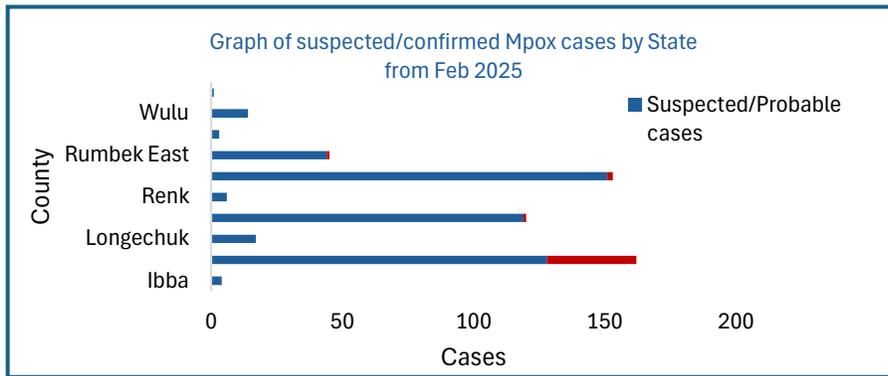


Figure 11: Mpox cases by county, age, and sex in South Sudan, Jan-Dec 2025



### 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 trainings were 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 27<sup>th</sup> November 2025

- As of 23<sup>rd</sup> December 2025<sup>(4)</sup>, The cholera outbreak now totals 97,066 cases and 1,599 deaths (CFR: 1.6%, target < 1%), reported by 55 counties across 9 states and all 3 administrative areas (i.e., Ruweng, Greater Pibor, and Abyei)
- 95,388 of the cases are fully recovered and discharged, representing 98.3% of the total case burden, while 79 cases are reported as still admitted at various CTCs/CTUs in the country
- No new county has reported cases since June 6, 2025; however, new cases persist in a few hotspots including Duk, Renk, Mayom, Mayendit, Rubkona, and Juba after end of peak transmission in these counties
- 46 counties (of the 55) did not report any new cases in the last 4 weeks and Only 2 counties (Renk and Juba) reported new cases in the last 7 days and Mayendit (8 cases, 7%).
- Western Equatoria remains the only state with no reported cholera cases, since the outbreak begun in September 2024.
- The age group with the highest number of cases is 0-4 years, representing 24% of cases, followed by the 5-14 years age group at 22%.

Figure 11: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, Wk39 of 2024 to Wk51 of 2025

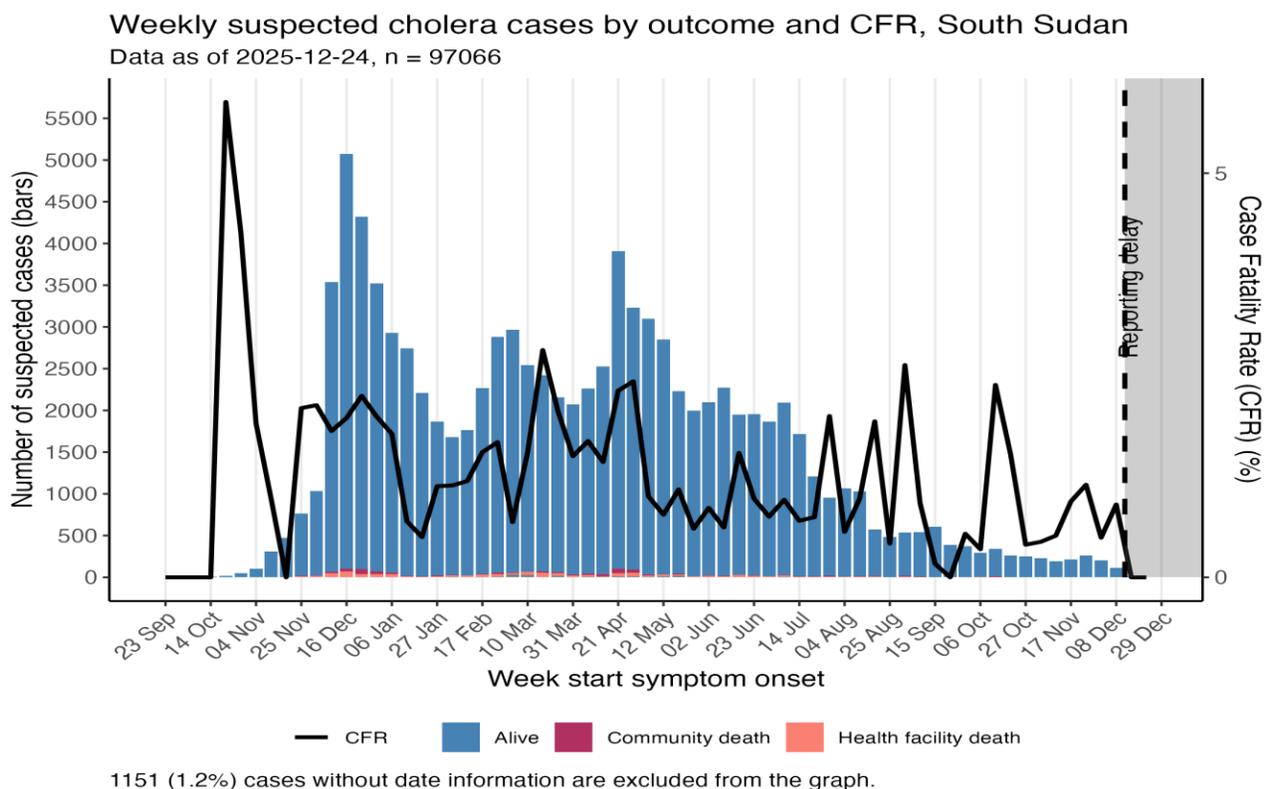


Figure 12: Map showing Cholera Case counts by Counties of South Sudan over time

<sup>4</sup> Data published and shared on the National Cholera Outbreak dashboard as of 23 December 2025

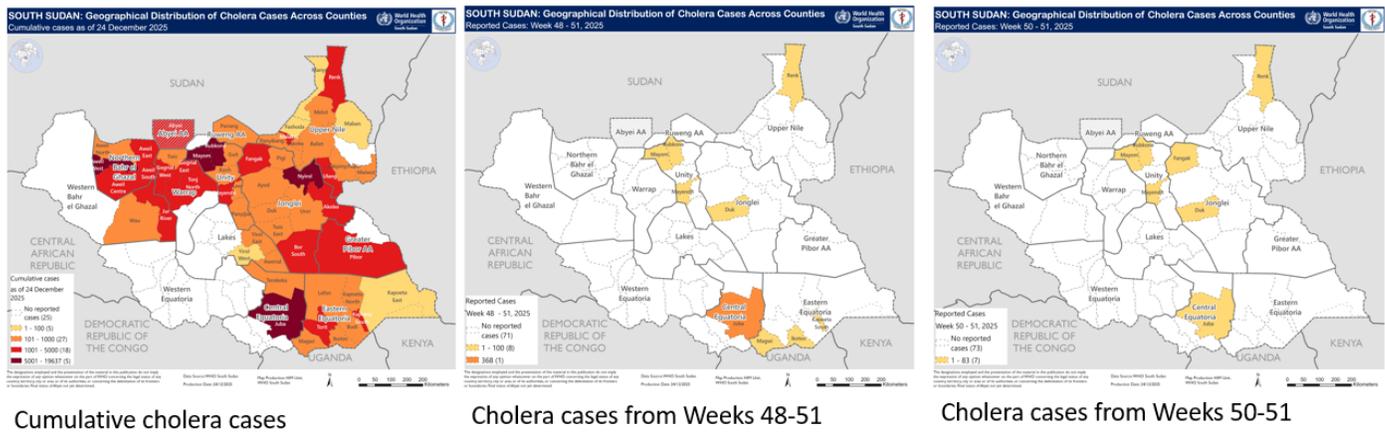


Figure 13: Age and sex distribution of cholera cases and deaths reported as at 27<sup>th</sup> November 2025.

### 30-day Cholera Knockout Plan Updates

The 30-Day Cholera Knockout Plan was developed to accelerate a high-impact intervention launched as part of South Sudan’s national cholera response to rapidly reduce transmission during the ongoing outbreak. The plan aims to **rapidly interrupt cholera transmission within 30 days** through intensified, multi-sectoral actions including vaccination, surveillance, WASH activities, and case management focusing in 10 counties; Juba, Kapoeta South, Kapoeta North, Ikwotos, Nasir, Aweil Centre, Aweil South, Torit, Tonj North and Gogrial East.

Key activities implemented: Reactivate the cholera treatment units (CTUs) and oral rehydration points (ORPs) in the 13 priority counties, Deploy county-level Rapid Response Teams (RRTs) to conduct daily active case searches and facilitate community referrals, intensify the chlorination of water sources in Ikwotos, Mayendit, and Aweil South, and ensure a continuous supply of chlorine to community water points and water tankers.- Conducted oral cholera vaccine (OCV) mop-up campaigns in counties with coverage below 50% (e.g., Aweil Centre, Duk, Tonj North) and in areas experiencing active transmission.- Implement targeted risk communication and community engagement (RCCE) activities.

#### Before the 30-Day Cholera Knockout Plan (October 15-28, 2025):

- 14 counties
- 29 payams
- 601 cases
- 14 deaths (CFR: 2.3%)

#### After completion of implementation of the 30-Day Cholera Knockout Plan (Dec 10 - Dec 23, 2025):

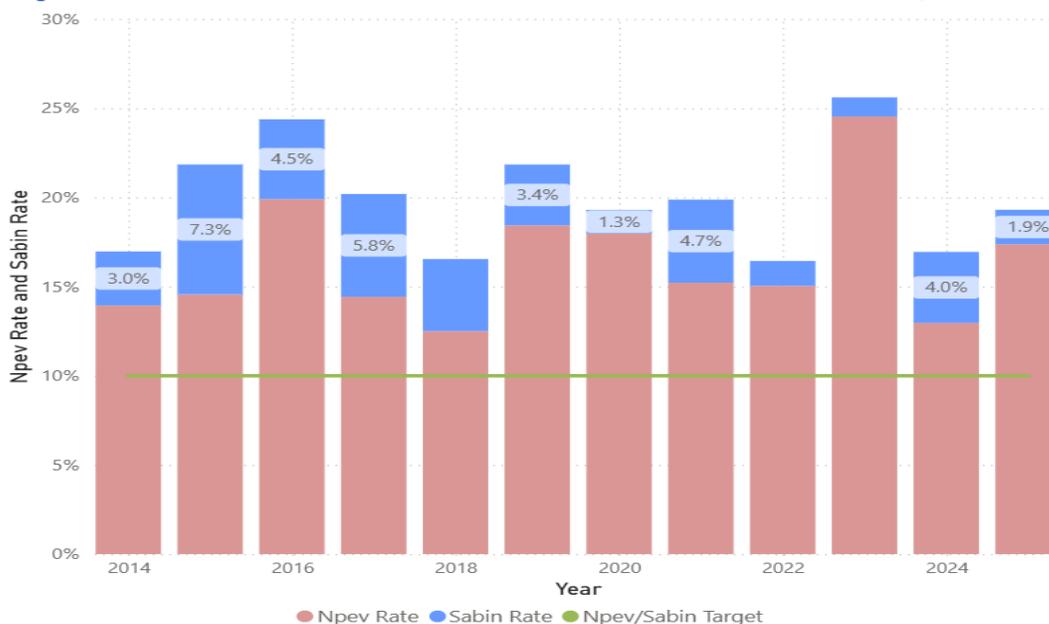
- 6 counties
- 11 payams
- 65 cases
- 1 death (CFR: 1.5%)

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

- In the week ending 22<sup>nd</sup> 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 17<sup>th</sup> 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 9<sup>th</sup> July 2025 and another from waste-water sample collected in Juba on 16<sup>th</sup> 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 22<sup>nd</sup> 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 1<sup>st</sup> sub-national round conducted from 23<sup>rd</sup> to 26<sup>th</sup> 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 2<sup>nd</sup> sub sub-national round conducted in a staggered manner from 4<sup>th</sup> to 14<sup>th</sup> 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

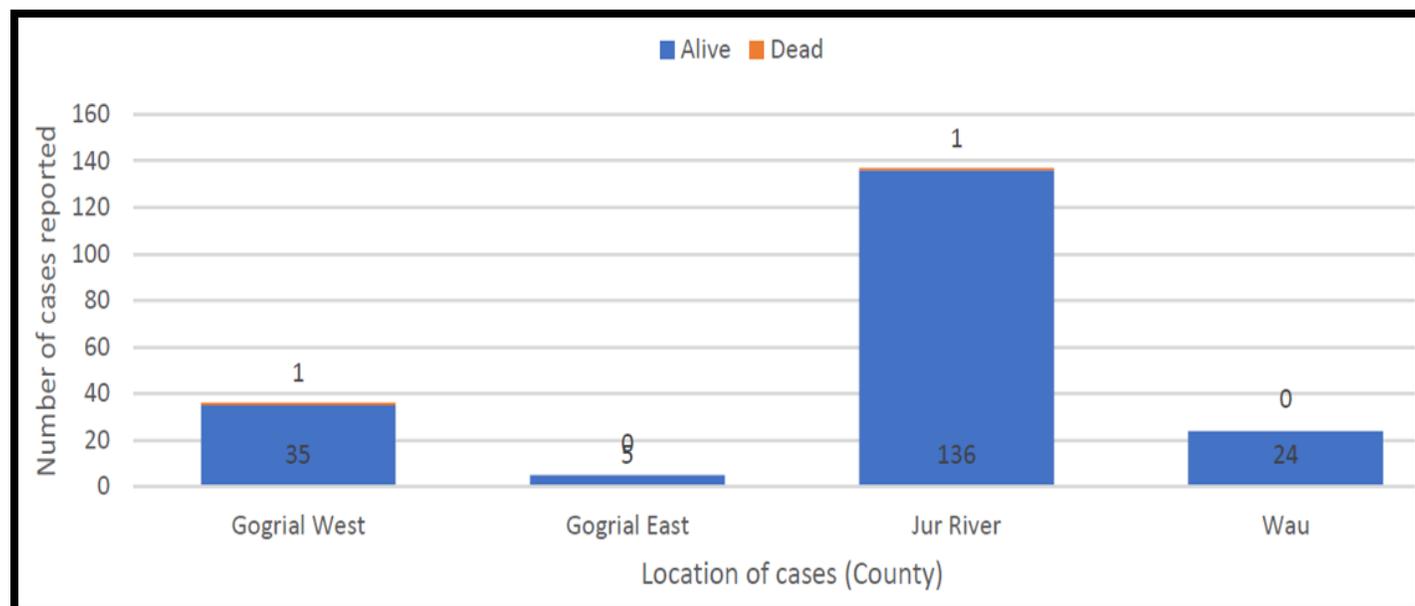


#### 4. Anthrax

- No new Anthrax cases were reported in epidemiological week 47. 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<sup>5</sup>

- Although Suspected measles outbreaks were reported by MSF in Abyei and Twic Mayardit counties in the ending week 47, 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 47), 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

<sup>5</sup> Refer to the Measles Dashboard for South Sudan, 2025

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 47 of 2025

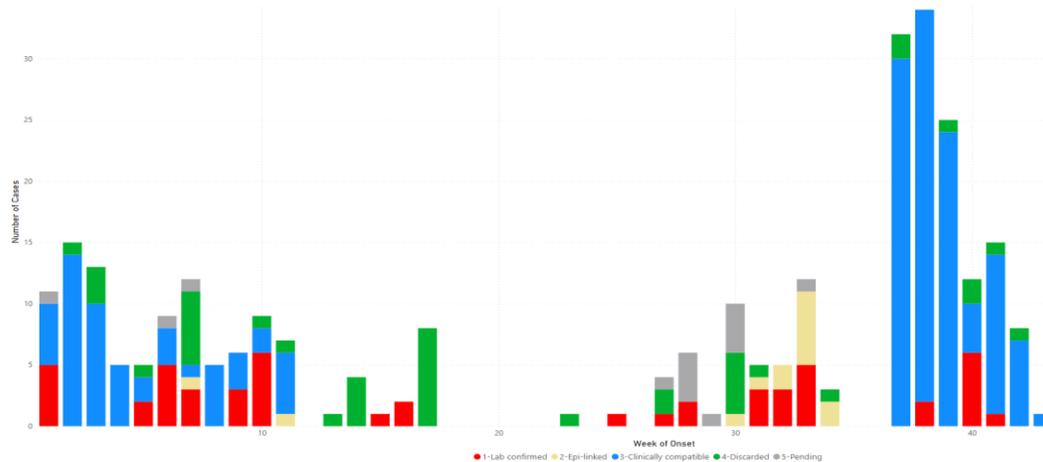
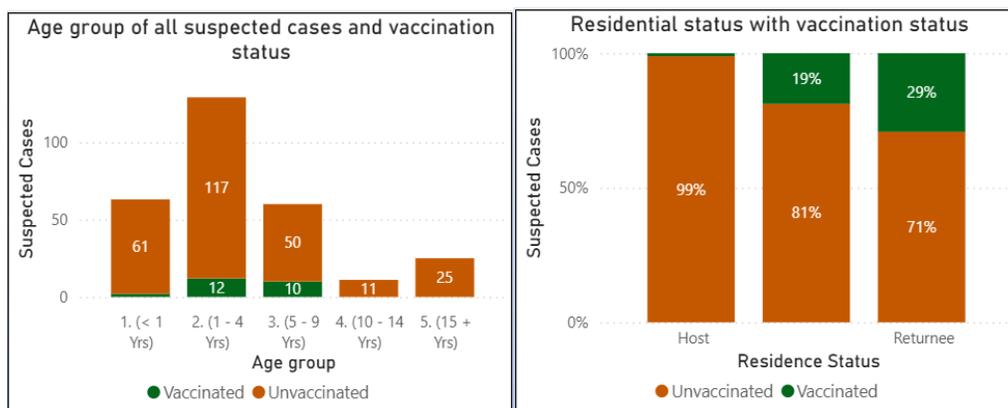


Figure 17: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-47 of 2025



## 6. Hepatitis E outbreak

- During week 50, Renk reported five (5) new cases of Hepatitis E with no associated deaths. No cases were confirmed by rapid diagnostic test (RDT) in that week. Since 2018, the cumulative total of positive RDT cases stands at 2,761.
- Nationwide, there have been a total of 9,159 reported cases and 121 deaths, resulting in a case fatality rate (CFR) of 1.3%. Hepatitis E cases have emerged from 16 counties across the country. In terms of demographics, 51% of the reported cases were male, while 49% were female. The age group most affected nationwide is individuals aged 15 to 44 years.
- Geographically, the highest number of Hepatitis E cases has been reported in Rubkona, Renk, and Fangak counties. The outbreak has been confirmed in six counties through RT-PCR testing, with the majority of suspected HEV cases recorded in Rubkona (6,506 cases), Renk (1,118 cases), and Fangak (722 cases).
- The National Epidemic Preparedness and Response Department continues to monitor the Hepatitis E outbreak as it develops and has recently endorsed the use of Hecolin® for vaccination efforts in the newly identified epidemic

center in Renk County.

- 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. This 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 50 of 2025

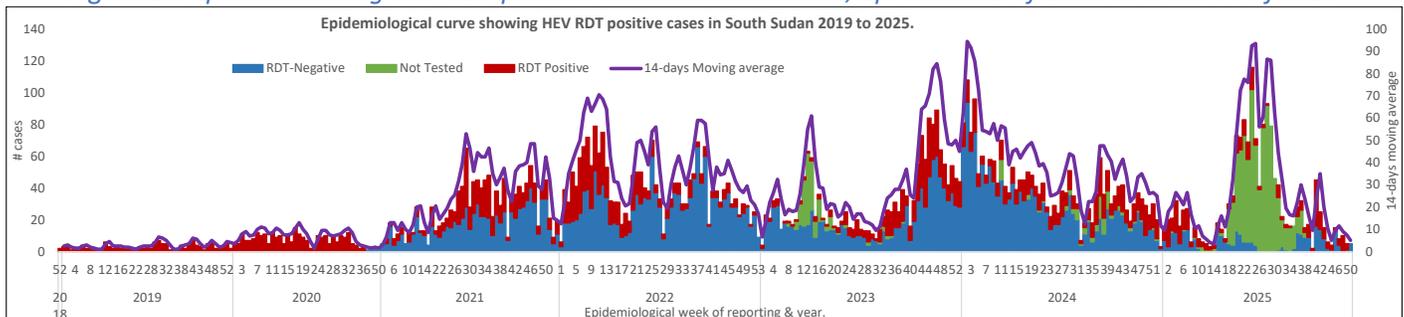


Figure 19: Distribution of suspected Hepatitis E Virus Cases by age and gender in South Sudan; 2018-2025

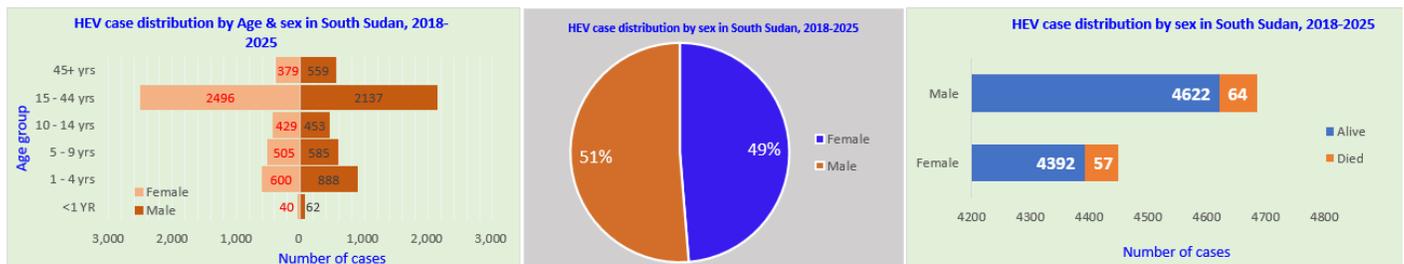


Figure 20: Distribution of Hepatitis E cases and deaths by county of South Sudan; Week 1-52 of 2025

County	Alive	Died	Total Cases	CFR
Aweil Center	1	1	2	50.0%
Tonj North	1	0	1	0.0%
Abiemnom	1	0	1	0.0%
Nyirol	4	0	4	0.0%
Aweil North	5	0	5	0.0%
Gogrial West	5	2	7	28.6%
Aweil South	7	1	8	12.5%
Aweil East	14	5	19	26.3%
Jur River	19	0	19	0.0%
Aweil West	24	7	31	22.6%
Twic	42	3	45	6.7%
Abyei	101	16	117	13.7%
Wau	508	22	530	4.2%
Fangak	694	28	722	3.9%
Renk	1142	0	1142	0.0%
Rubkona	6470	36	6506	0.6%
<b>Grand Total</b>	<b>9038</b>	<b>121</b>	<b>9159</b>	<b>1.3%</b>

## 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 52, 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, aiming to deliver 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 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 31 December 2025, a cumulative total of 325,009 households, containing 1,310,799 individuals (687,100 Females and 623,699 Males) from 18 different nationalities, had crossed the border. Of this number, 67.35% (882,860) are South Sudanese returnees, while 32.1% (421,376) 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.

## 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>

For more help and support, please contact:

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**Notes**

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The data has been collected with support from the EWARS project. This is an initiative to strengthen early warning, alert, and response in emergencies. It includes an online, desktop and mobile application that can be rapidly configured and deployed in the field. It is designed with frontline users in mind and built to work in difficult and remote operating environments. This bulletin has been automatically published from the EWARS application.

More information can be found at: <http://ewars-project.org>

Data source: DHIS-2 and EWARS