



# South Sudan: Cholera Outbreak Situation Report

Situation report: No. 006

Date of onset of outbreak: 28 September 2024

Reporting date: 07 December 2024

Data Source: State Ministry of Health and National Public Health Laboratory



**Cholera response** | Cumulative figures from 28 September to 06 December 2024

**1,948**

Cases

**28**

Death

**1.4%**

CFR

## Key Weekly Highlights as of 06 December 2024

- In the past one week, 770 new suspected and confirmed cholera cases and 15 new deaths were reported.
- A cumulative total of 1,948 suspected and confirmed Cholera cases including 28 deaths (case fatality rate: 1.4%) have been reported from 18 Counties (Juba, Magwi, Ayod, Canal Pigi, Fangak, Aweil Centre, Aweil East, Aweil North, Aweil South, Aweil West, Rubkona, Fashoda, Maban, Malakal, Panyikang, Renk, Fangak and Ulang) across 6 States of South Sudan. Of the affected Counties, Malakal County accounts for 40% (n = 780) of all cases, followed by Rubkona (18%; n=363) respectively.
- In Malakal, 780 cases and 5 deaths were reported with 83 RDT positive and 11 positives by culture.
- In Rubkona, 363 cases and 6 deaths have been reported with 135 RDT positive and 20 culture positive.
- In Renk, 323 cases and 2 deaths been reported including 94 tested positive through Rapid Diagnostic Test (RDT) and 20 tested positive by culture.
- In Juba, 196 cases and 10 deaths were reported with 53 RDT positive and 6 culture positive.
- In Northern Bahr el Ghazal, all the counties have reported cases, 175 in total.
- The age group with highest case count is 0-4 years, (37%), followed by the 5-14-year age group (19%).

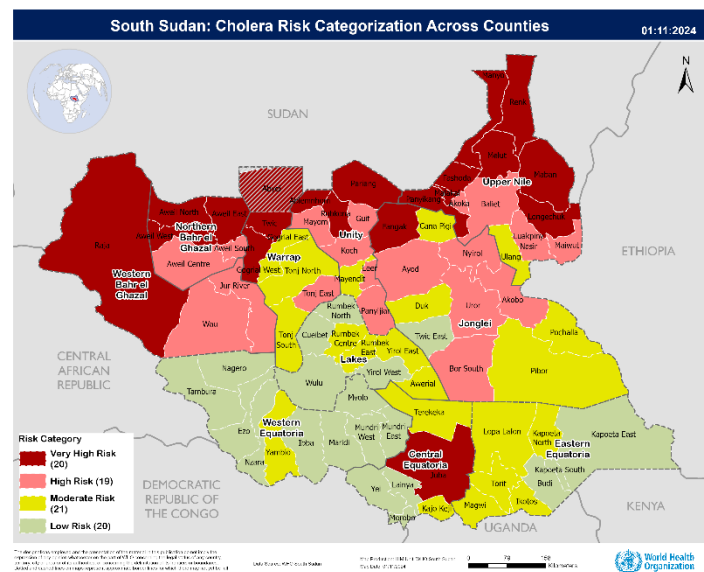


Figure 1: Map showing level of Cholera risk across the country

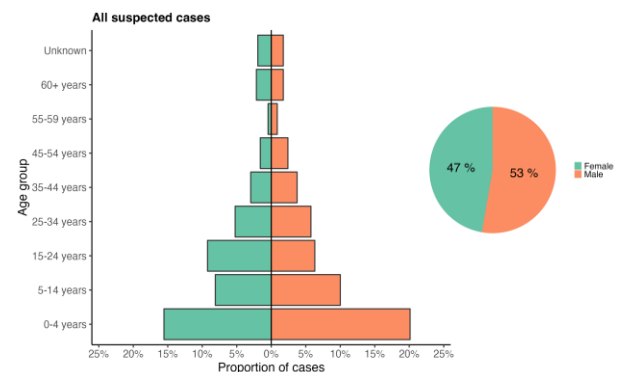
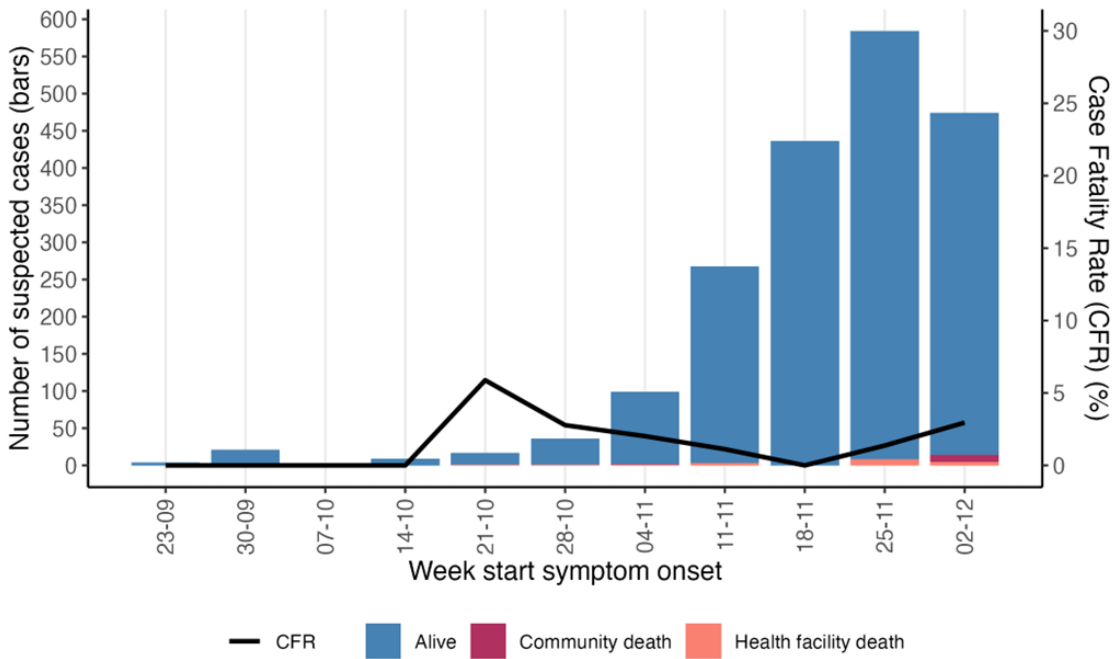


Figure 2: Age-Sex distribution of all suspected and confirmed cholera cases in eight affected counties, 06 December 2024



## Weekly suspected cholera cases by outcome and CFR, South Sudan

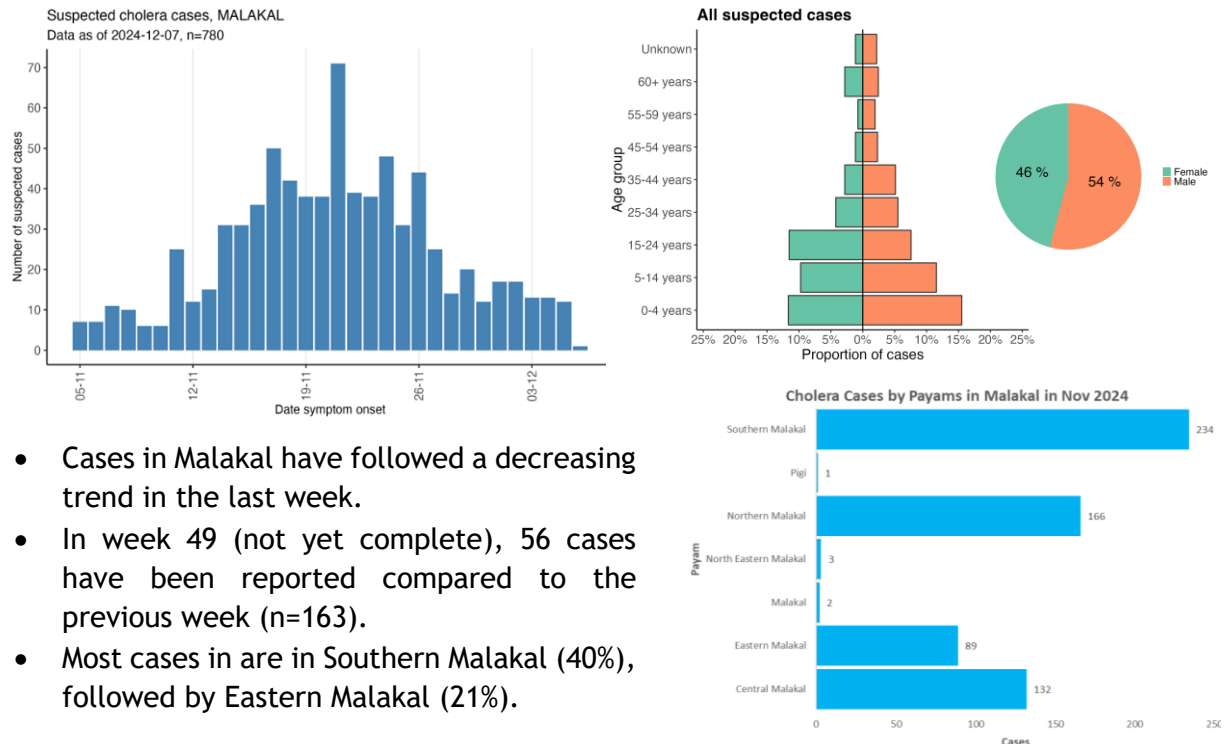
Data as of 2024-12-07, n=1948



0 (0.0%) cases without date information are excluded from the graph.

Figure 3: Epi Curve showing Cholera cases in eight affected counties by week as of 06 December 2024

## Malakal



- Cases in Malakal have followed a decreasing trend in the last week.
- In week 49 (not yet complete), 56 cases have been reported compared to the previous week (n=163).
- Most cases in are in Southern Malakal (40%), followed by Eastern Malakal (21%).

Figure 4: Epi Curves and age and sex distribution in Malakal as of 06 December 2024



## Renk

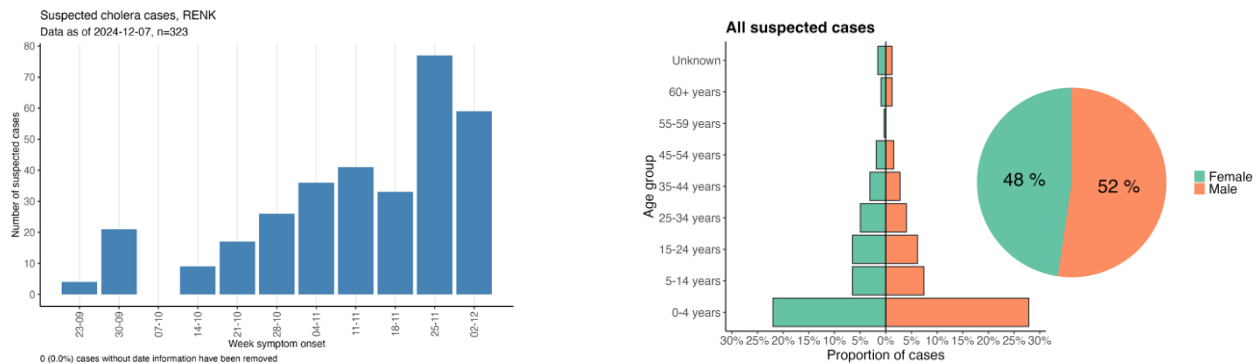
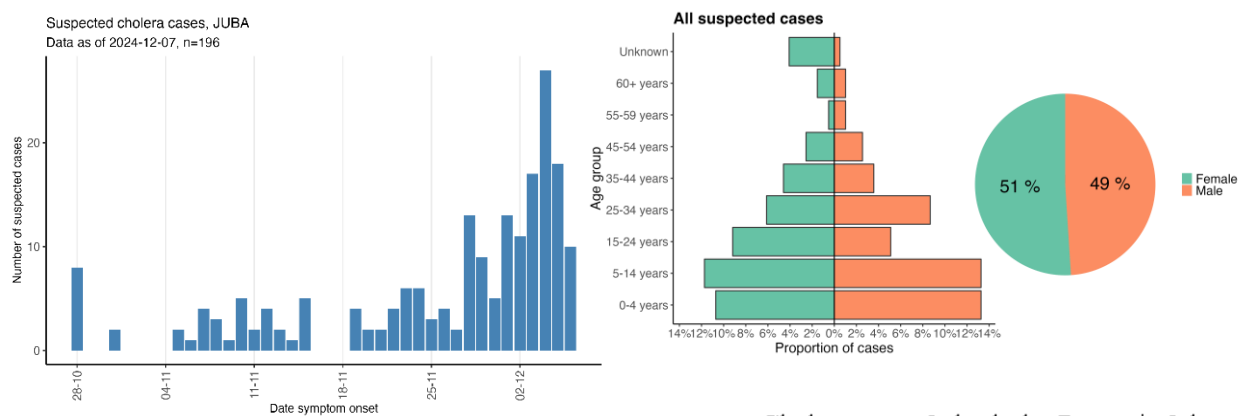


Figure 5: Epi Curve and age and sex distribution in Renk as of 06 December 2024

- In Renk, cases almost double in the previous week. However, so far in week 49 (not yet complete), 59 cases have been reported compared to the previous week (n=77).
- 61% of cases are in Renk North, followed by Gerger (31%)
- 50% of cases in children <5 years.
- 48% (153/323) of cases in Renk are amongst returnees, followed by the host community (29%; n=92).

## Juba



- Cases in Juba continue to follow an increasing trend.
- In week 49 (not yet complete), 83 cases have been reported compared to the previous week (n=49).
- Most cases are in children (25% in 5-14-year-olds) and 24% in <5 year olds.
- 56% of cases are in Rajaf, followed by Luri (32%).
- Amongst cases with known resident status, 65% (91/141) belong to IDP populations.

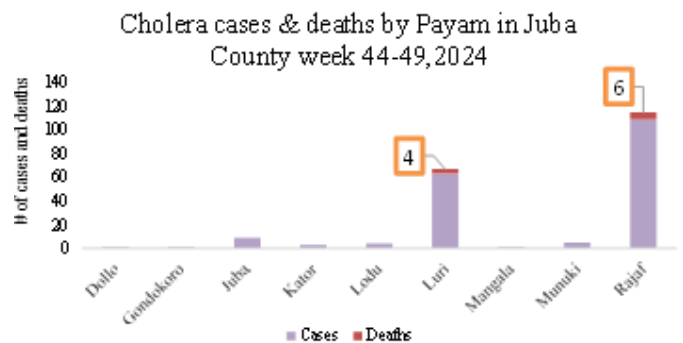


Figure 6: Epi Curves distribution by payam and age and sex distribution in Juba as of 06 December 2024



## Rubkona

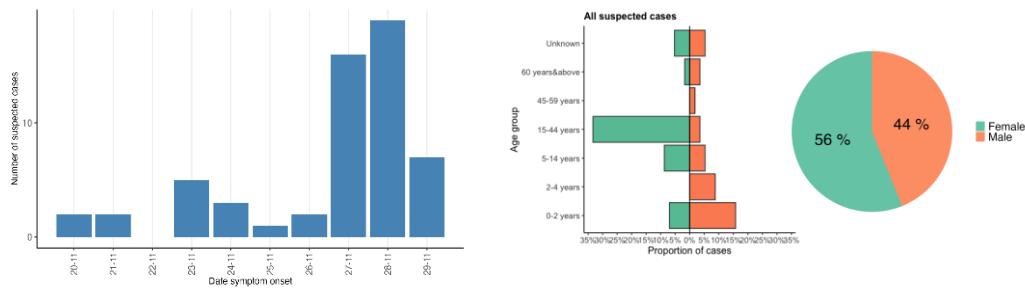


Figure 7: Epi Curve and age and sex distribution in Rubkona as of 06 December 2024

- In Rubkona, cases are increasing rapidly. In less than 3 weeks since the first reported cases, cases have surpassed the number of cases in Renk and account for 18% of cases in South Sudan.
- In week 49 (not yet complete), 217 cases have been reported compared to the previous week (n=132).
- 75% of cases were in Rubkona payam.
- Most cases (38%) were also in the <5-year-olds.

## Panyikang

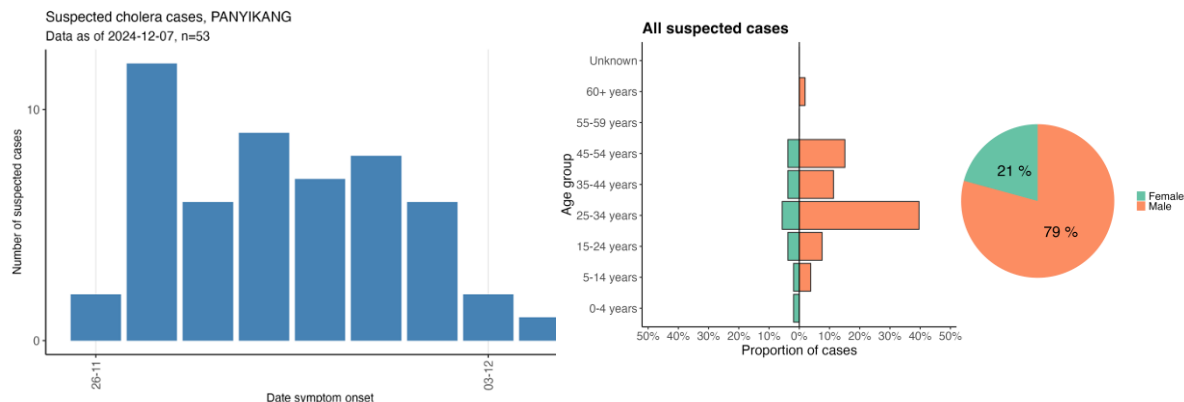


Figure 8: Epi Curve and age and sex distribution in Panyikang as of 06 December 2024

- In Panyikang, few cases were reported this week (week 49; n=9), compared to the previous week (n=44).
- The demographics differ from the distribution at national level, with nearly 80% of cases in men and most cases in the 25-34-year-olds age group (45%).
- All cases reported in Tonga payam.

## Background

Due to the ongoing cholera outbreak in Sudan, north of South Sudan, and widespread flooding affecting large parts of the South Sudan, the Ministry of Health with support from WHO has been actively preparing for potential cholera outbreak in South Sudan, particularly in Upper Nile State that is witnessing a significant influx of returnees and refugees as a result of the protracted conflict in Sudan.

On 28 September 2024, the Ministry of Health received a report of two suspected cases of cholera from Wunthou Primary Health Care Center. Samples from the two suspected cholera cases were collected and immediately shipped to the National Public Health Laboratory (NPHL) in Juba on 30<sup>th</sup> September 2024. The two samples were tested using culture and one of the samples tested positive confirming *Vibrio cholerae* O1.

The Ministry of Health immediately planned to establish evidence of local transmission including deployment of a team to Renk to conduct an initial outbreak investigation, active case search, collect additional samples and ship to the NPHL for further confirmatory testing. As a result, additional 19 and 5 samples were received by the NPHL on 17th October 2024 and 18th October 2024 (total of 24 samples) respectively. Out of the total of 24 samples tested at the NPHL, 5 similarly tested positive for *Vibrio cholerae* O1 using culture.

Based on the confirmed cholera cases and sufficient evidence of local transmission, the Ministry of Health declared an outbreak of cholera in Renk County, Upper Nile State, South Sudan and immediately activated the public health emergency operations center to response mode with establishment of an incident management system to coordinate multi-sectoral response and ensure effective response interventions are put in place to control and prevent further spread of cholera.

## Key Interventions

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### Coordination

- Ministry of Health has activated the multisectoral coordination platform at national level and at state levels for effective cholera preparedness and response.
- Cross-border coordination between the ministries of health in Sudan and South Sudan is ongoing and similarly between WHO country offices.
- The national Cholera Response Plan has been drafted and is under review by stake holders. In Northern Bahr el Ghazal (NBeG) and Juba, the states have drafted cholera outbreak response plans. These plans will facilitate the mobilization of resources for the cholera outbreak response.

### Surveillance

- Rapid response teams are on the ground conducting outbreak investigation, including active case search in the affected counties.
- Renk: Rapid Diagnostic Tests were supplied to four health facilities and one Cholera Treatment Unit (CTU), and eleven health workers were trained in RDT usage and ORP supervision to improve diagnostic capacity.
- Malakal: Two State Rapid Response Teams (SRRTs), with WHO providing logistical and technical support are conducting enhanced surveillance, including active case searches and alert investigations. Additionally, the state RRT and WHO technical officers are deployed to Tonga for detailed case investigations and to initiate response measures.
- Juba: Routine surveillance is ongoing in Juba County and five other counties (Kajo-keji, Lainya, Morobo, Terekeka, and Yei River) to detect and respond to cholera cases promptly. Twenty-seven government or partner-supported health facilities and 40 private clinics were assessed, and healthcare workers were trained to identify, and report suspected cholera cases.

### Laboratory





- The mapping by the Ministry of Health WHO of status of sample collection kits supplies to the counties has been done. WHO is planning to send supplies to the counties lacking supplies.
- Malakal: Twelve cholera samples were sent to NPHL for laboratory confirmation from four counties (2Fashoda, 2 Panyikang, 4 Maban, and 4 Ulang).

### Case management

- Renk: World Vision International (WVI) established 11 operational Oral Rehydration Points (ORPs) at TC2. The Agency for Development and Aid (ADA) launched cholera response activities at Bobnis Health Facility, while GOAL deployed health and hygiene promoters for twice-daily outreach at nutrition sites.
- Juba: With WHO and state support, CES trained 50 health workers in cholera management and established a 20-bed CTU at Gurei PHCC, supported by MSF-France. MSF also set up ORPs and plans a 10-bed CTU at Gorom PHCC. UNICEF supported eight ORPs. Plans underway to expand El Shabah ORP plus to increase capacity to 5 beds
- Malakal: MSF Spain supports an 80-bed Cholera Treatment Center (CTC) in Asosa, IMC operates a 17-bed CTU at Malakal PoC, and WHO manages a 16-bed CTU at Malakal Teaching Hospital. Seventeen ORPs have been established in Malakal town and PoC to treat Plan A patients and refer Plan B and C cases.

### Infection Prevention & Control/WASH

- Renk: MSF-Belgium and Solidarity International conducted Case Area Targeted Interventions (CATI) in transit centers and communities, mobile sanitation teams addressed latrine cleaning and waste management, and WHO supported case mapping for focused WASH interventions.
- Northern Bahr el Ghazal (NBeG): SMoH, supported by WHO, UNICEF, and MSF-France, continued assessing water points.
- Juba: The state RRT is decontaminating households with cholera cases to prevent spread, while SMoH, with WHO, UNICEF, and MSF-F support, assessed six Hai Baraka boreholes, finding only two functional. UNICEF engaged For Africa and Malteser International for WASH activities in Juba for WASH activities. Juba authorities are assessing water sources, kiosks, and garbage sites for contamination risks, and the Directorate of Urban Water and Sewage leads efforts to rehabilitate non-functional water points. WHO-supported MoH/SMoH experts are testing water quality and monitoring cholera hotspots.
- Malakal: WASH partners increased water production to 17 liters per person daily in Malakal PoC and 14 liters in Malakal town. Water quality testing continues, Aquatabs distribution begins next week. Majority of cases linked to tap water consumption, indicating potential contamination at certain points from water handling from production to household level.

### Risk Communication & Community Engagement (RCCE)

- In NBeG, Engagement with community leaders in the areas where cases have been recorded is ongoing. And efforts are being made to commence awareness through public address systems, road drives and radio talk show with key messages on cholera prevention.



- Malakal: 1,891 households have been reached with key cholera messages 230 education sessions were conducted. Meetings with community leaders, radio broadcasts have been aired, posters & Banners distributed, and volunteer training are ongoing.
- Renk: UNICEF, Oxfam, and CEN prepared public announcements for the OCV campaign launch. Social mobilizer training has started across five payams, with mobilizers set to support vaccination teams. Translated IEC/BCC materials in Dinka, Shiluk, and Arabic are being distributed to enhance community engagement.
- Juba: The State Ministry of Health, supported by UNICEF and over ten partners, leads RCCE activities, including radio and TV talk shows, health education, and psychosocial support. UNICEF provided 700 posters, 20 banners, 18 pull-up banners, and 8,000 flyers in Arabic, with additional materials distributed for public display. TRI-SS supplied megaphone batteries to community leaders in hotspot areas. The South Sudan Red Cross trained 80 volunteers, and WHO supported the orientation of 118 community leaders on cholera prevention. Road drives with public address systems are ongoing in Juba to enhance community awareness.

### Oral Cholera Vaccination (OCV)

- Renk: Training of 120 vaccination teams, including 240 vaccinators and card registers, has been completed across five payams, and logistics, technical team distribution, and lower-level training planning are finalized. Supervisor and social mobilizer training is ongoing, while vaccines, data collection tools, and IEC/BCC materials are being delivered. Public announcements were scheduled for December 7, with the campaign set to launch on December 9, targeting five payams. However, increased service demand due to refugee influx at POEs presents challenges. Next steps include finalizing training, logistics, and community mobilization to ensure readiness for the campaign.
- Malakal: The OCV pillar finalized Malakal's micro plan, now at the national level, and received 119,000 single doses of OCV on December 3, 2024. A campaign Gantt chart detailing pre-campaign, campaign, and post-campaign activities has been shared nationally.
- Juba: The Ministry of Health and WHO submitted a formal request to the International Coordinating Group (ICG) for Oral Cholera Vaccine (OCV) stockpile, which has been approved. Once the OCV arrives in the country, vaccination will target all Payams in Juba County.

### Logistics and supplies

- A shipment of 22 metric tons of Cholera kits and four tents was delivered to Malakal through the logistics cluster. These kits can support the treatment of 2,200 individuals.
- Renk: WHO confirmed six vehicles for the OCV campaign, with UNICEF providing two and additional support from UNHCR, WFP, FAO, IOM, MSF-Belgium, and NRC. UNICEF supplied fuel for icepack production, while critical medical supplies, including cholera kits, ORS, and gloves, were distributed to POEs like Bobnis.
- Juba: Resource mapping for cholera response is ongoing across the state. WHO provided investigation kits for the State Rapid Response Team (RRT) and distributed additional kits to Kajo-keji, Morobo, Terekeka, and Yei River counties. Two Land Cruisers support active case searches and health facility assessments in Juba hotspots. UNICEF supplied nine tents for ORPs and pledged a 45kg bucket of chlorine. WHO provided a cholera treatment kit to El Shabah Hospital and chlorine for the RRT.



## Challenges

- NBeG and Juba have reported inadequate supply of chlorine to support the decontamination of the affected families' homesteads and for use in the facilities.
- Juba: Cholera response faces critical challenges, including health facilities detaining cases without reporting, lack of ambulances for referrals, and limited capacity in counties for case investigation and sample handling. Frontline health workers in private clinics lack cholera knowledge, while essential guidelines and investigation forms remain unavailable. Nonfunctional toll-free numbers hinder case reporting, and open defecation in Juba IDP camps exacerbates risks. Additionally, the absence of treatment facilities in PoCs and transport costs to Juba facilities lead to community deaths.
- Renk: Cholera response faces challenges, including underreporting of cases, limited capacity for ORP expansion, WASH service gaps at key POEs, inadequate sanitation in high-risk areas, fuel shortages for icepack freezing, and resource strain from increased refugee arrivals.
- Malakal: Cholera response is hindered by nonfunctional health facilities, such as Kodok County Hospital, and increasing suspected cases in new counties, straining state resources. Access challenges delay technical support, sample collection, and shipment, while weak community surveillance in Malakal County and river water usage exacerbate risks.

## Next Steps

- NBeG: Efforts are underway by partners, in collaboration with the SMoH and WHO, to establish CTC if need arises.
- Renk: Key next steps include conducting daily RDT tests, enhancing sample collection and reporting, expanding ORPs and WASH services in underserved areas, deploying mobile sanitation teams, finalizing social mobilizer training, distributing IEC materials, organizing the OCV campaign, monitoring vaccine storage, and prioritizing services at POEs for refugee settlements.
- Juba: The state Rapid Response Team will remain on standby for deployment to new alerts, monitor and decontaminate affected households, and conduct community awareness in former PoC 1 & 3. Additional sample collection and distribution of cholera IEC materials will be prioritized, with UNICEF supporting printing. The state task force will engage community representatives through the health-specialized committee, while media sensitization on cholera prevention will be expedited. Epi-surveillance and case management teams will draft tools for ORPs, and MoH/WHO will continue water quality testing in Juba hotspots.
- Malakal: An integrated response with clusters will address logistical challenges, while strengthened WASH efforts focus on water production and reducing open defecation. MOH and WHO will deploy RRTs to Malakal and affected counties, and pre-campaign OCV activities will begin, including community engagement and training.





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