



# South Sudan: Cholera Outbreak Situation Report

Situation report: No. 011

Date of onset of outbreak: 28 September 2024

Reporting date: 10 January 2025

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



**Cholera response** | Cumulative figures from 28 September to 10 January 2025

19,103

Cases

326

Death

1.7%

CFR

## Key Weekly Highlights as of 10 January 2025

- In the past one week, 2,752 new suspected cases including 492 rapid diagnostic positive cases were reported. The total number of new cholera related deaths reported during the week was 79.
- From 28 September 2024 to 10 January 2025, there have been 19,103 cases including 326 deaths reported from 31 counties, across 7 states and Ruweng Administrative Area.
- Of the 326 deaths, 44 % are community death and 56 % health facility deaths. The overall case fatality rate (CFR) is 1.7% and the health facility CFR is 1%.
- Majority of the cases 59% (n = 9,269) are reported from Rubkona County followed by Juba County 10% (n=1,961).
- Unity State accounts for the highest burden of cholera cases at 56% (10,692 cumulative cases across 6 counties), followed by Northern Bahr el Ghazal at 12% (2,276 cases across 5 counties), Jonglei at 11% (2,089 cases across 6 counties) and Central Equatoria and Upper Nile states at 10%.
- The age group with highest case count is 0-4 years (29%).
- The sustained response by the Ministry of Health and its partners in Malakal has led to a reduction in reported cases. Over the past week, 77 cases were reported compared to 96 in the previous week, reflecting a 20% decline in the number of new cases per week (Incidence Rate Ratio: 0.8). In addition, samples testing negative on RDT for the past 2-3 weeks.

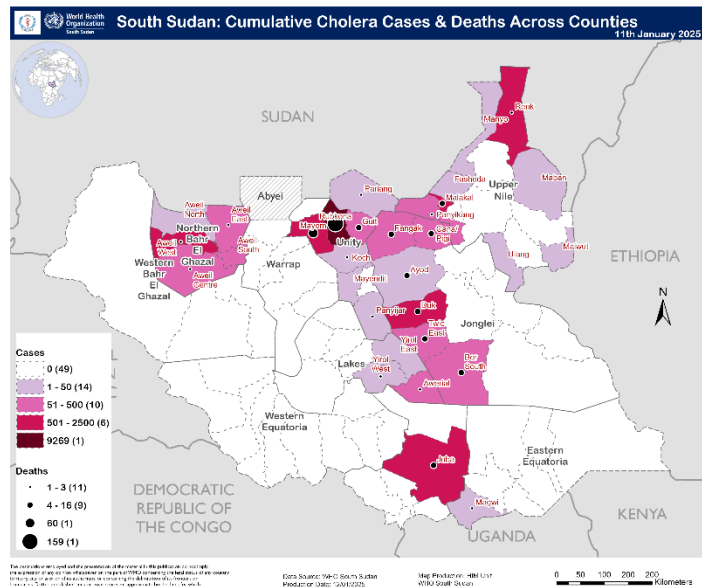


Figure 1: Map showing Cholera affected counties across the country

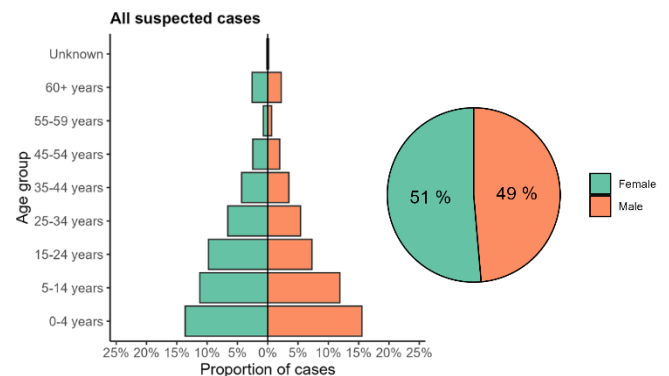
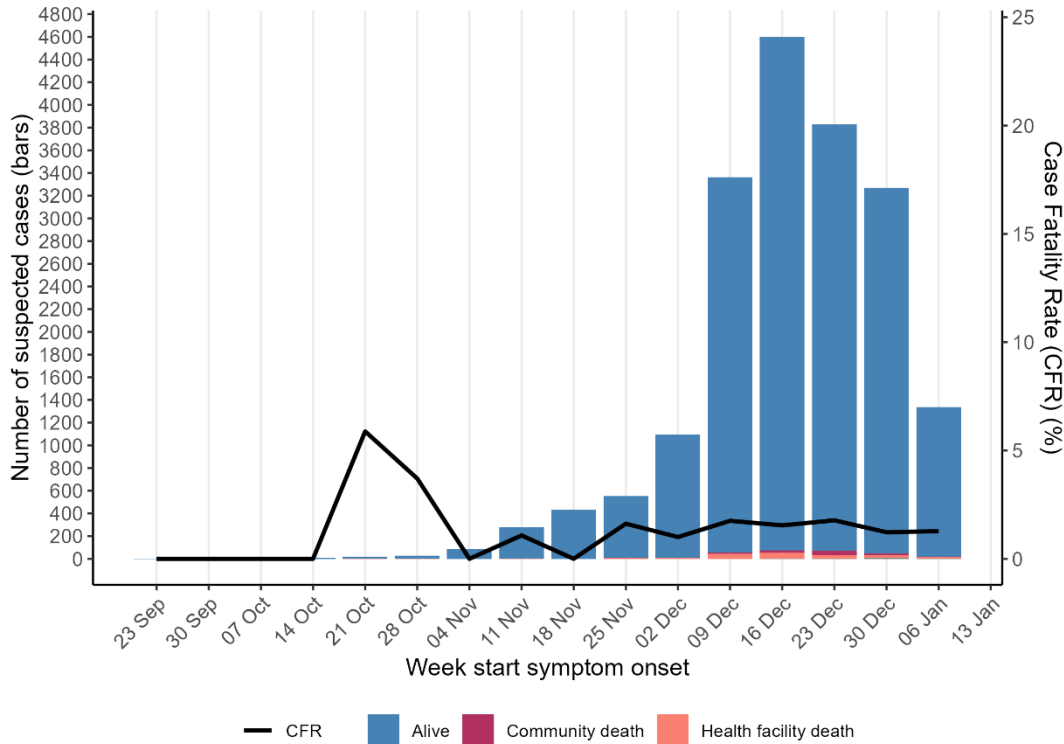


Figure 2: Age-Sex distribution of all suspected and confirmed cholera cases in eight affected counties, 10 January 2025



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

Data as of 2025-01-11, n=19103



170 (0.9%) cases without date information are excluded from the graph.

Figure 3: Epi Curve showing Cholera cases in the affected counties by week as of, 10 January 2025

## Rubkona

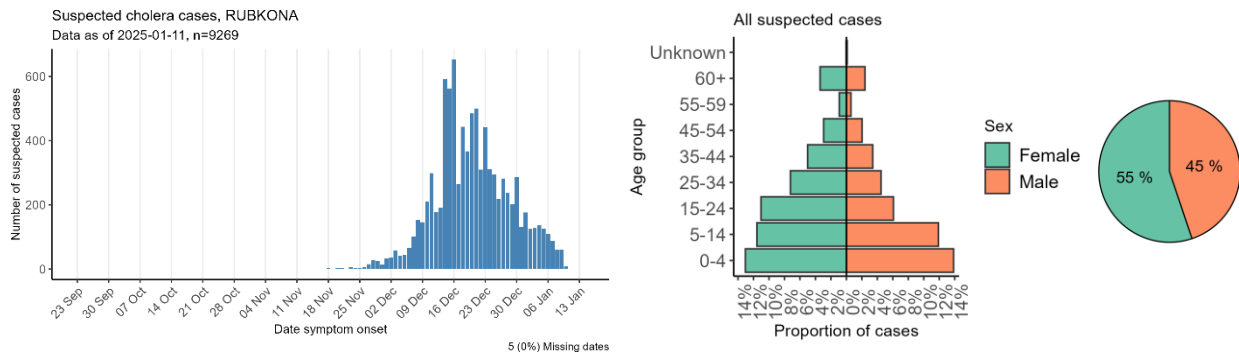


Figure 4: Epi Curves and age and sex distribution in Rubkona, as of 10 January 2025

- In the past two weeks, 1639 cases have been reported in Rubkona, accounting for 33% of the total cases reported.

Overall, 9,269 cases (49% of nationwide total) including 159 deaths (49% of nationwide total) have been reported with 0-4 years (27%) the most affected age group.

- In total 73% of cases reported with severe dehydration, compared to the national average of 63%.

The most affected payams are Rubkona (57%), and Bentiu (24%) while the health facility reporting most cases is Rubkona CTU (25%).



## Mayom

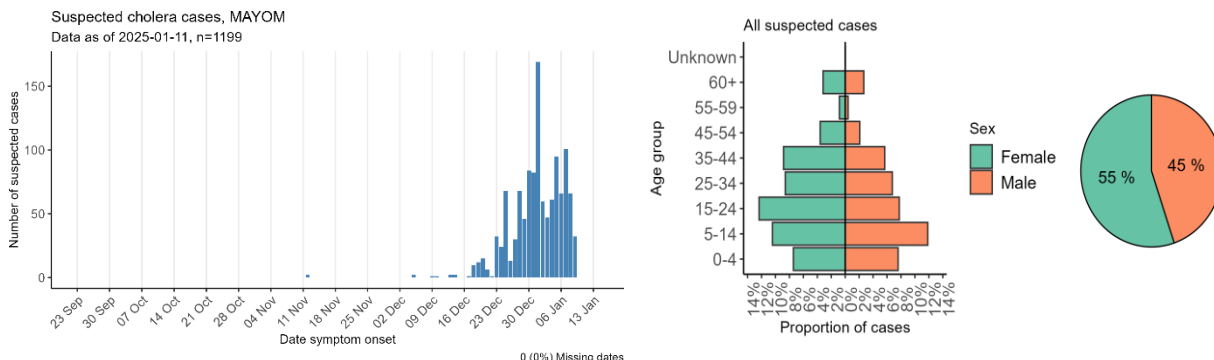


Figure 5: Epi Curve and age and sex distribution in Mayom County, as of 10 January 2025

- In the past two weeks, 909 cases have been reported in Mayom, accounting for 18% of the total reported cases.
- Overall, 1199 cases (6% of nationwide total) including 60 deaths (18% of nationwide total) have been reported with the most affected age group being 5-14 years (22%).
- 100% of cases reported with severe dehydration, compared to the national average of 63%
- The most affected payams are Wangkei (84%), and Kuerbuone (10%) while the health facility reporting most cases is Jioknyang CTU (31%)

## Juba

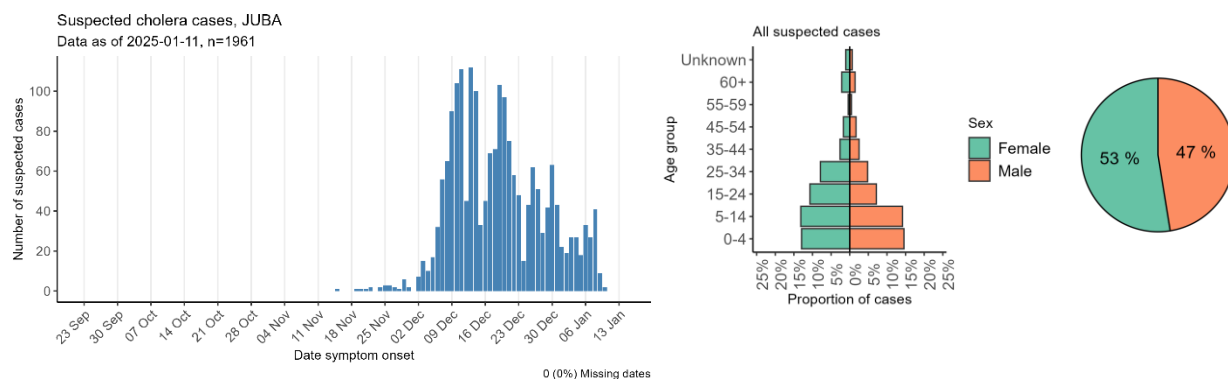


Figure 6: Epi Curve and age and sex distribution in Juba County, as of 10 January 2025

- In the past two weeks, 373 cases have been reported in Juba, accounting for 7% of the total cases reported.
- Overall, 1961 cases (10% of nationwide total) including 10 deaths (3% of nationwide total) have been reported with the most affected age group being 0-4 years (27%).
- 52% of cases reported with severe dehydration, compared to the national average of 63%.
- The most affected payams are Rejaf (79%) and Luri (5%) while the health facility reporting most cases is PoC CTC (47%).

## Aweil West

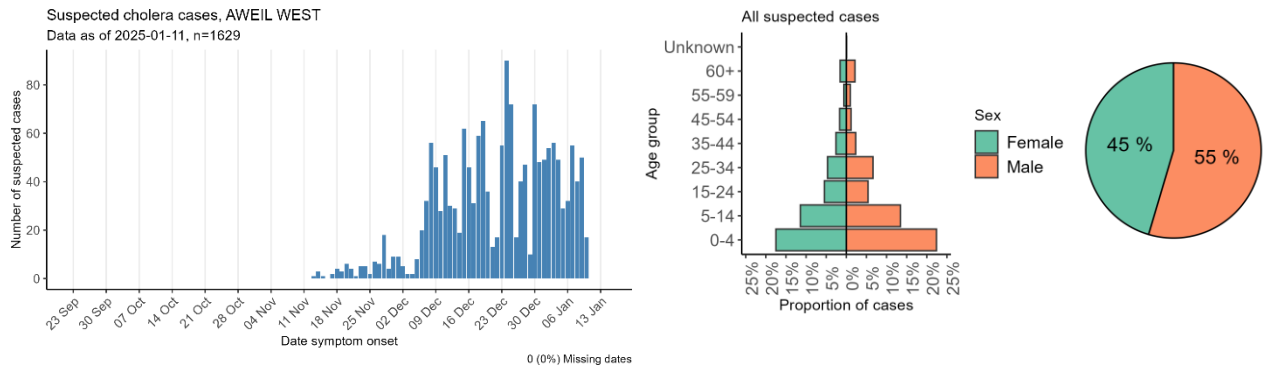


Figure 7: Epi Curve and age and sex distribution in Aweil West County, as of 10 January 2025

- In the past two weeks, 561 cases have been reported in Aweil west, accounting for 11% of the total cases reported
- Overall, 1629 cases (9 % of nationwide total) and 1 death have been reported with the most affected age group being 0-4 years (40%).
- 9% of cases reported as severe dehydration, compared to the national average of 63%
- The most affected payams are Gomjuer east (69%), and Aweil town (16%) while the health facility reporting most cases is IRC Emergency Health Clinic -Wedweil (69%)

## Duk

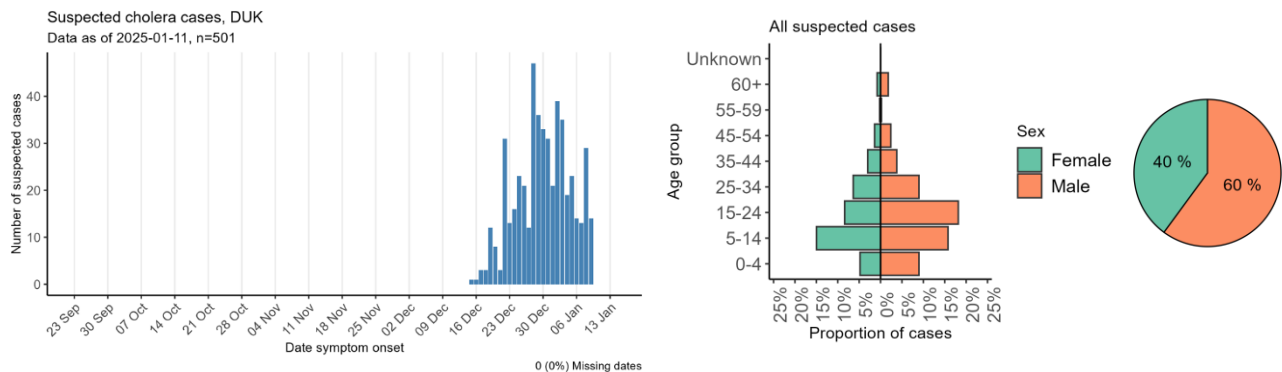


Figure 7: Epi Curve and age and sex distribution in Duk County, as of 10 January 2025

- In the past two weeks, 307 cases have been reported in Duk, accounting for 6% of the total cases reported.
- Overall, 501 cases and 8 deaths have been reported (3% and 2% of nationwide total, respectively) with most affected age group being 5-14 years (31%)
- 76% of cases are reported as severe dehydration, compared to the national average of 63%
- The most affected payams are Dongchuk (49%), and Ageer (27%) while the health facility reporting most cases is Panarou (47%)

## Background

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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 17<sup>th</sup> October 2024 and 18<sup>th</sup> 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.
- Renk: Regular coordination meetings were held, including those for the Health, WASH, and RCCE clusters.
- Jonglei State: The State Task Force on Cholera Readiness and Response are being held every Tuesday and continue emphasize to the need to intensify response efforts in the State. Ayod, Pigi, Nyirol, Fangak, Twic East, Akobo, Duk Counties, and GPAA have activated their cholera task forces meetings ongoing.

### Surveillance

- Rapid response teams are on the ground conducting outbreak investigation, including active case search in the affected counties.





- Malakal: National and State MOH RRTs, with logistical support from WHO, are supporting surveillance efforts, through investigation and verification of cases.
- Renk: Surveillance activated at new unofficial Points of Entries of Gosfami, Bobnis, Jerebena, CHemmedi, Atham, Dug-dug, Dongbar, Wunthou, Rumela and Halagak due to the significant numbers of new refugee arrivals including in areas transit sites (TCs and PoE). Supervision and monitoring were conducted at eight health facilities.
- Jonglei State: National and State MOH RRTs, with logistical support from WHO, are supporting surveillance efforts, through investigation and verification of cases. Médecins du Monde (Mdm) and Sudan Medical Care (SMC) provided fuel and a speedboat to facilitate a situational analysis visit by the National RRT to the islands.

### Laboratory

- The Ministry of Health, in collaboration with WHO, has completed a mapping exercise to assess the availability of sample collection kits in counties. WHO is preparing to dispatch supplies to counties identified as having shortages.
- Renk: 12 RDT were done with 6 RDT positive while one sample was collected and was shipped for culture testing and *Vibrio cholerae* confirmation using Polymerase Chain Reaction (PCR).

### Case management

- Renk: Key interventions include ADA's health facility in Bobnis, mobile clinics by MSF-Spain (Atam, Jerbena) and MSF-B (Gosfami), WVI-supported PHCCs (Chemmedi, Jerbena, Halagak, Rumela), and IMC/IOM/ADA's coverage in Wunthou Reception Center.
- Malakal: MSF Spain has supported the Assosa CTC by increasing its bed capacity from 80 to 90. Additionally, 20 staff members from various ORPs received orientation on Plan A cholera case management.
- Unity State: The State Ministry of Health/County Health Department in collaboration with WHO trained Boma Health Workers (BHWs) and plans to establish ORPs in hard-to-reach areas. In addition, WHO will support Cordaid in training BHWs in Guit County. Further, MSF opened ORP in Mankuai while IOM is planning to open a CTU in Kaljak.
- Jonglei State: Healthcare Foundation Organization (HFO) supplied 18 boxes of IV fluids to the Cholera Treatment Unit (CTU) in Manajang Payam, managed with Christian Mission Aid (CMA). CMA provided Q2 drugs, deployed staff, and committed to delivering supplies to Toch PHCC. The County Health Department (CHD) deployed a monitor to address limited partner support. Partners supporting cases management in Jonglei State include Tearfund (Bor, Duk, Twic East), CMA (Ayod and Fangak), COSEDA (canal/Pigi), MSF (Nyirrol, Fangak), WART (Ayod),
- Lakes State: Case management supported by CUAMM.
- NBeG State: HFO is supporting one CTU and 4 ORPs in Aweil East while Healthnet TPO plans to support 8 ORPs and 2 CTUs. IRC continue to support case management in Weidwill camp in Aweil West and MSF-France across the state.

### Infection Prevention & Control/WASH

- Renk: Case Area Targeted Interventions (CATI) are led by MSF-B and Solidarité International. MSF-B set up a water point in Gosfami, with SI trucking 30m<sup>3</sup>/day. In Jerbena, Oxfam and MSF-Spain will truck 40m<sup>3</sup>/day combined. IOM continues water provision to TC-1, TC-2, Zero Site, and OTA. Oxfam distributed 630 kits of WASH NFIs.
- Northern Bahr el Ghazal (NBeG): SMOH, supported by WHO, UNICEF, and MSF-France, continued assessing water points.
- Malakal: WASH partners are providing safe water to affected populations, supplying 800,000 liters daily to 42,930 individuals in Malakal PoC and 730,000 liters to 52,666 individuals in



Malakal town. Water purification tablets are being distributed, and water quality is regularly monitored by WHO.

- Jonglei State: A total of 400 households in Leudier, Hai Salaam, Malou, Achiengdiir, and Lenguet received Aqua tabs and cholera IEC materials, supported by MACHO and HAMBА. Two latrine stands have been constructed at Bor State Hospital.
- Unity State: WASH and IPC efforts for cholera response are coordinated by the WASH/IPC TWG and cholera task force. UNICEF leads IPC/WASH in health facilities, while WASH partners address community needs. IOM supports WASH in health facilities and distributed cholera kits in Rubkona County, including Yoangyang, Mankuai, IDP camps, and Mayom. Concern Worldwide reopened SWATS in key locations for three months, and IOM provides water tracking for CTUs. Limited WASH partners remain a key challenge in Rubkona.

### **Risk Communication & Community Engagement (RCCE)**

- Malakal: IEC materials, including posters, flyers, and radio broadcasts, were distributed to educate communities on cholera prevention and benefits of vaccination, reaching 5,847 individuals (2,994 males and 2,853 females).
- Renk: Community sensitization is being carried out through public announcements, distribution of IEC materials, and the involvement of social mobilizers. Following the new case reported from Gosfami, MSF disseminated cholera prevention messages.
- Jonglei State: On Friday, the State Ministry of Health (SMoH), HAMBА, and MACHO held a radio talk show on Radio Jonglei 95.9 FM to raise cholera awareness. Efforts include hotspot campaigns, social mobilizers in communities, and IEC materials distribution in Bor. Fifteen callers engaged during the show.
- Unity State: RCCE activities continue despite challenges, including the absence of regular radio shows to address cholera myths. SMOH is collaborating with Town mayor and Rubkona County Commissioner to find modalities to implement governor's directives on preventing and mitigation measures to stop spread of cholera in the community.

### **Oral Cholera Vaccination (OCV)**

- Renk: OCV campaign completed on 14 December 2024 achieving 98.5% of 149,653 people targeted.
- Malakal: Campaign commenced on 02 January 2025. So far 66,200 people have been vaccinated against the targeted 130,495 (microplan is 119,001)
- Juba: The campaign commenced on 07 January 2025 targeting 607,596 (microplan - 609,062) individuals. The reactive OCV campaign was conducted in Juba in POC1 and POC3 for 5 days from 18th of December with 3 days mop up. The target was 39,775 and 73% (around 28,954 doses) was coverage achieved.
- Rubkona: The Oral Cholera Vaccination (OCV) campaign was launched on 07 January in Rubkona by H.E. Hussein Abdelbagi Akol, Vice President of the Republic of South Sudan for Service Cluster joined by the Minister of Health and the Governor of Unity State along with UN partners. The campaign is targeting 225,176 individuals.

### **Logistics and supplies**



- WHO with support from Logistics Cluster has distributed over 53 tones of supplies to Cholera affected counties since October 2024.
- Unity State: Mayom County received 2,500 one-liter bottles of ringer’s lactate, 22 cholera drug modules (15 from UNICEF), 15 cholera beds from WHO, and 900 500ml ringer’s lactate bottles. Logistics Cluster has supported with transportation supplies from Rubkona to Mayom on January 4, 2025. The cholera community kits will enable establishment of ORPs in the county.

### Challenges

- Renk: The continues influx of refugees and returnees at unsupervised entry points, including Bobnis, Atam, and Dukduk, has strained resources.
- Unity State: Mayom County has limited health partners’ support with only Cordaid and Samaritan’s Purse present in the county. Similarly, Guit County has only Cordaid and Concern Worldwide.

### Next Steps

- Continue with OCV campaigns in Juba, Rubkona and Malakal.
- Renk: Advocate for multisectoral collaboration and funding for critical entry points. Maintain active case searches in all health facilities. Address medical supply shortages in Gosfami PHCU, Chemmedi, and Jerbana PHCCs. Ensure consistent RDT kit supply. Expand CATI operations, improve water access, and deploy WASH supplies to underserved areas.
- Unity State: SMOH authorities and the National MoH RRT team have visited Mayom County to support partners’ cholera response. Report of the visit is expected next week.





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