



## Republic of South Sudan

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

Reporting period: Epidemiological Week 02

*06 to 12 Jan 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 02 of 2025, the timeliness and completeness of IDSR reporting were 80%, and 91% respectively. This marks an increase from week 01, with timeliness rising from 70% to 80% and completeness from 88% to 91%. Eight states and the all three administrative areas achieved reporting completeness above 80%. Ruweng Administrative Area, Greater Pibor Administrative area, Lakes, Western Equatoria, and Unity States reached 100% completeness in reporting.
- At the EWARN mobile sites, the timeliness and completeness of IDSR performance were both at 67%. There was a slight increase in both metrics from 52% and 62% in epidemiological reporting week 01.
- In week 02, 405 EWARS alerts were triggered, with the proportion of verified alerts climbing from 61% in week 01 to 66% in week 02. Most alerts were for AWD (24%), malaria (21%), ARI (20%), cholera (13%), Guinea worm (10%), and ABD (8%). Special thanks to the surveillance teams in Eastern Equatoria, Greater Pibor Administrative Area, Lakes and Northern Bahr el Ghazal who verified all their EWARS alerts.
- The cholera outbreak is now reported in 32 of the 80 counties across 7 states in South Sudan. From September 28 to January 30<sup>th</sup>, 2025, a cumulative total of 26,218 cases were reported, with cases documented in 32 counties across 7 states and 1 administrative area. Cumulative deaths total 446—215 community deaths and 231 deaths in health facilities. Overall Cholera outbreak CFR is 1.7%
- Out of 30 requests to ICG for over 6 million doses, 17 requests have been approved, totaling more than 4 million doses. So far, 2 million doses have been received countrywide.
- Other active outbreaks and events in South Sudan include measles in Tonj East County, hepatitis E in various locations, a cVDPV2/polio outbreak now declared countrywide, and flooding that has affected more than one million people across 52 counties, with 56 health facilities inundated.

## Surveillance System Performance

The epidemic alert and response system in South Sudan currently relies mainly on immediate alert notifications and weekly aggregate reporting of cases through the Integrated Disease Surveillance and Response (IDSR) system. This system is complemented by a weekly Early Warning Alert and Response System (EWARS).

Completeness (proportion of all reports received regardless of time) and timeliness (proportion of reports received by the Wednesday following the end of the reporting period) of IDSR and EWARS are shown in Table 1 below. Timeliness and completeness for **week 02 were at 80% and 90%**, respectively, which was an improvement from the attainments from the previous week.

**Table 1: Timeliness and completeness of IDSR reporting by State for week 02 compared to 01 of 2025.**

State	Total facilities	Number of facilities reported (Completeness Wk02)	Comparison of the reporting period				Cumulative since year start (2025 level)	
			Timeliness		Completeness		Timeliness	Completeness
			Week 02	Week 01	Week 02	Week 01		
Lakes	112	112	99%	94%	100%	100%	96%	100%
NBGZ	101	67	64%	52%	65%	74%	59%	70%
Unity	84	84	99%	96%	100%	100%	98%	100%
WBGZ	113	105	62%	73%	94%	91%	67%	91%
WES	191	191	80%	82%	100%	100%	81%	100%
Jonglei	120	86	65%	70%	72%	80%	68%	76%
Warrap	114	103	80%	61%	90%	92%	71%	86%
EES	112	107	74%	38%	96%	93%	56%	91%
RAA	16	16	44%	44%	100%	100%	44%	78%
CES	152	147	95%	60%	97%	61%	78%	78%
AAA	17	16	82%	94%	94%	100%	88%	94%
Upper Nile	143	130	80%	72%	91%	93%	76%	91%
GPAA	16	16	100%	100%	100%	100%	100%	100%
<b>Total</b>	<b>1291</b>	<b>1180</b>	<b>80%</b>	<b>70%</b>	<b>91%</b>	<b>89%</b>	<b>75%</b>	<b>89%</b>

**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 02 of 2025.**

Partners	# of Reporting Mobile Sites	% of Timeliness in week 02	% of Completeness in week 02	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 02	% of Completeness in week 02
IMC	4	25%	25%	Kator	3	100%	100%
SSHCO	1	100%	100%	Marial Baai	1	100%	100%
SMC	1	0%	0%	Northern Bari	1	100%	100%
SCI	2	0%	0%	Rajaf	3	100%	100%
HFO	4	75%	75%	Muniki	12	100%	100%
WVI	2	100%	100%	Wau South	20	100%	100%
CIDO	1	100%	100%	Wau North	12	92%	92%
SP	4	100%	100%	Juba	10	100%	100%
HFD	1	100%	100%	Managala	1	100%	100%
RI	1	100%	100%	<b>TOTAL</b>	<b>63</b>	<b>98%</b>	<b>98%</b>
<b>TOTAL</b>	<b>21</b>	<b>67%</b>	<b>67%</b>				

**An important point to note:** Mobile sites that are no longer reporting due to the end of HPF project funding which has affected the performance of partners reporting sites. The IDSR team is exploring the new implementing partner covering these facilities to re-establish weekly epidemiological reporting.





## Weekly Update on Indicator-Based Surveillance (Week 02)

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

Table 4 summarizes the total number of consultations conducted at the outpatient department (OPD).

Surveillance System	Consultations in week 02, 2025			Cumulative Consultation in 2025		
	< 5 years	> 5 years	Total	< 5 years	> 5 years	Total
<b>IDSR</b>	72558	123134	<b>195692</b>	129154	216466	<b>345620</b>

In week 01 of 2025, individuals aged five years and older accounted for the highest number of consultations at the OPD.

Since the beginning of 2025, a total of 345,620 patients have been treated across both outpatient and inpatient departments (see Table 1).

A comparison of healthcare service utilization across 2023, 2024, and 2025 shows fluctuating trends, indicating variations in the weekly number of consultations

Figure 4: Trends of cumulative curative/OPD consultations reported in the Monthly DHIS reporting: 2023-2025.

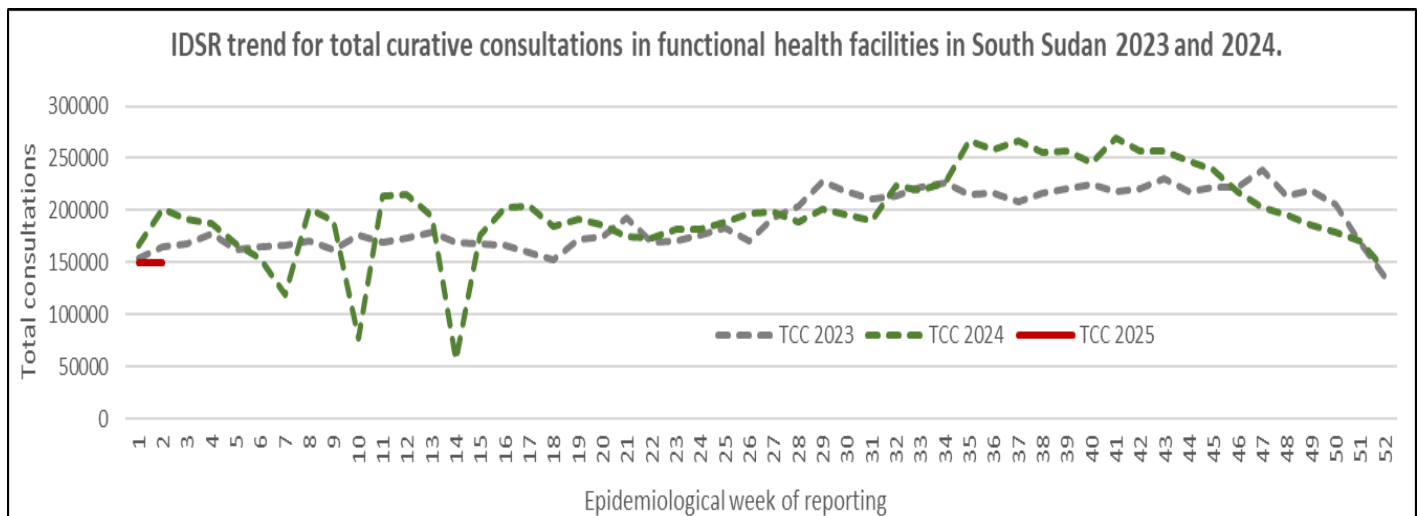
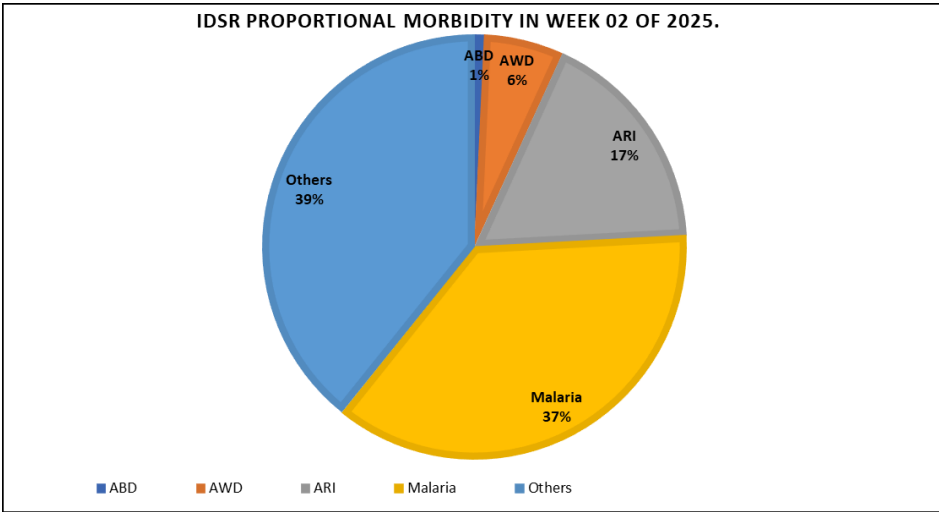


Figure 5: IDSR Proportional Morbidity in week 02 of 2025

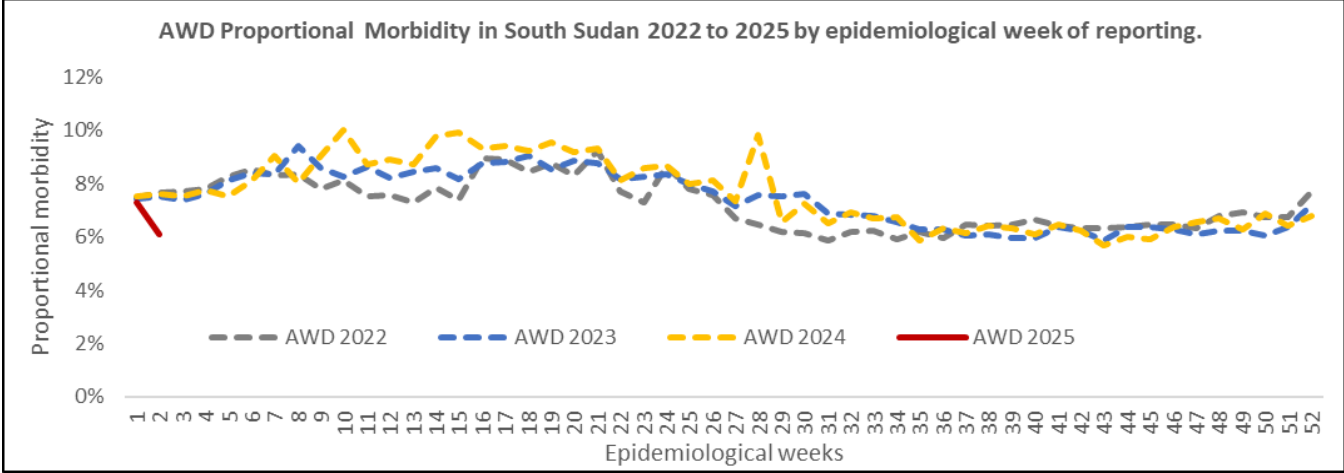


In week 02, an analysis of proportional morbidity rates for the top four diseases in South Sudan reveals that malaria is the most prevalent health concern among the population. It is followed by Acute Respiratory Infections (ARI), Acute Watery Diarrhea (AWD), and Acute Bloody Diarrhea (ABD), as illustrated in the pie chart (Figure 5)

**Acute Watery Diarrhoea (AWD) Updates:**

- There were 10,936 reported cases of Acute Watery Diarrhoea (AWD) nationwide, resulting in 10 deaths across ten states and three administrative areas. In 2025, AWD ranks as the third most prevalent cause of illness, representing 7% of all medical consultations.
- In Week 02 of 2025, the number of AWD cases decreased from 15256, in the same week of 2024 to 11 893, as illustrated in table 4 above, despite the ongoing cholera outbreaks in the country.
- The incidence rate for AWD in Week 02 of 2025 was 99 cases per 100,000 people, with Upper Nile State, Unity State, and Jonglei State experiencing the highest rates.

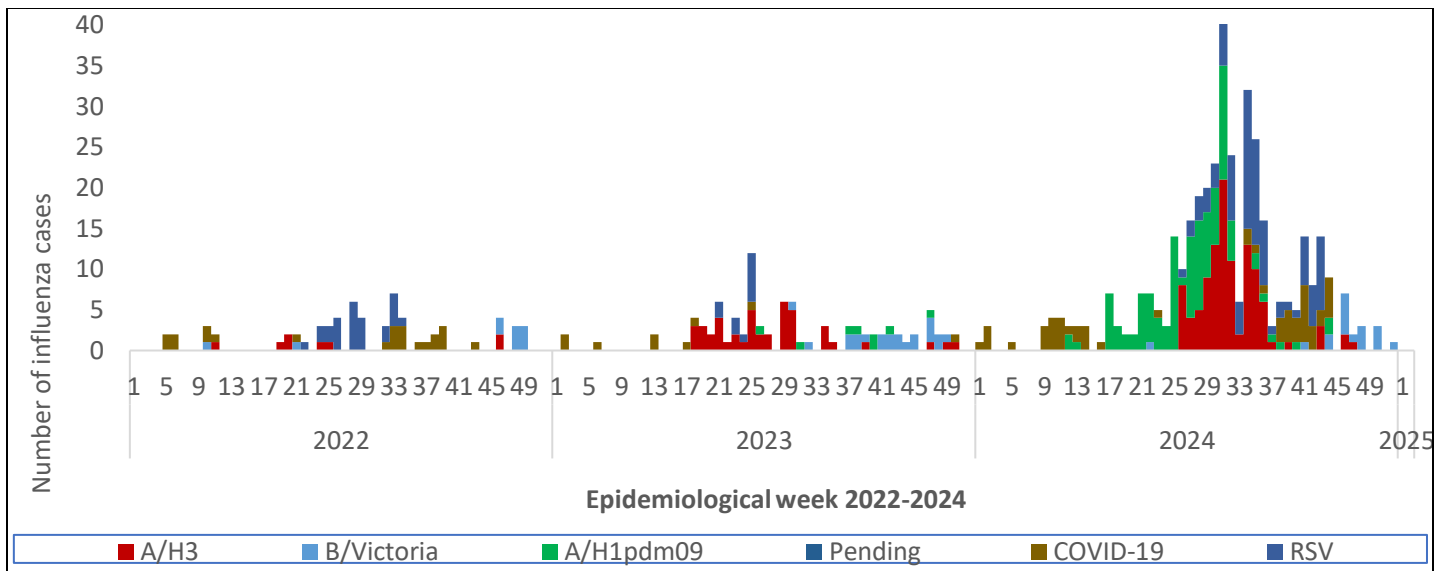
*Figure 6: AWD trends in South Sudan; 2022 to 2025*



**Influenza Sentinel surveillance weekly updates.**

There are six designated Influenza sentinel surveillance sites in the country: Juba Teaching Hospital, Al Sabbah Children’s Hospital, Juba Military Hospital, Rumbek State Hospital, Bor State Hospital, and Nimule Hospital. They are actively collecting epidemiological data and samples from ILI/SARI cases.

*Figure 7: Confirmed Influenza, COVID-19, and RSV cases from sentinel sites Epidemiological Week 1 of 2022 to Week 01 of 2025.*



- During Epidemiological Weeks 1 to 2 in 2025, a total of 35 ILI/SARI; and all tested negative for all of pathogens of COVID-19, Influenza Type A (H3), Influenza Type B (Victoria), Influenza A/(H1N1)pdm09 and for RSV.

### Confirmed and congoing epidemics as of 2025

Table 4: Summary of ongoing and confirmed epidemics

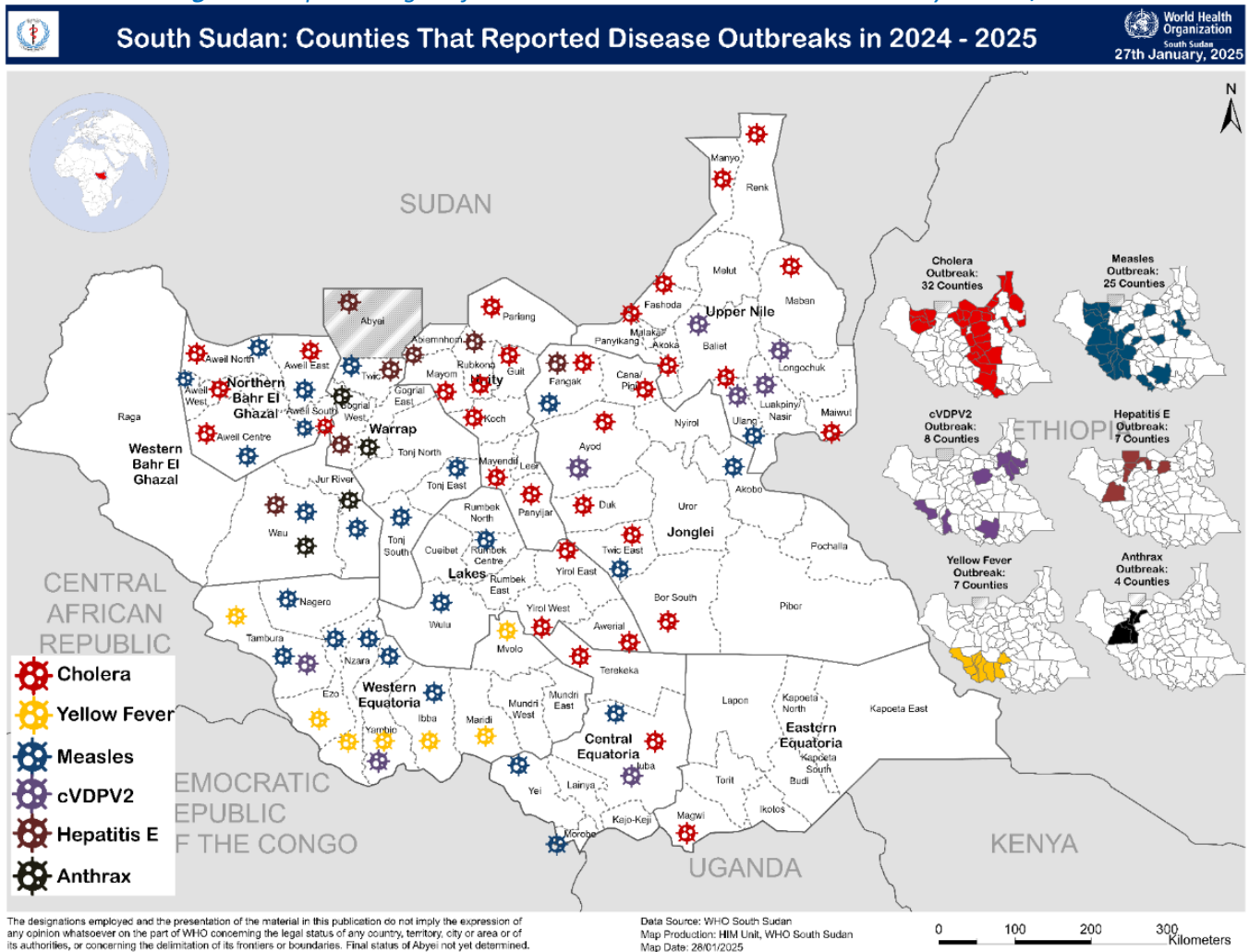
Aetiologic agent	Location (county)	Date first reported	New cases since last bulletin	Cumulative suspected cases	Response activities				
					Surveillance/Lab confirmed	Case management	Vaccination	Health promotion	IPC/WASH
Yellow Fever	Yambio, Nzara, Ezo, Tambura, Ibba and Maridi	21 Dec 2023	0	139	3	Ongoing	Done in 7 counties	Ongoing	Ongoing
Measles	Multiple counties	2024	4	3433	206	ongoing	Completed	ongoing	ongoing
cVDPV2	Yambio, Juba, Ulang, Nasir, Baliet, Ayod, Old Fangak	19/Dec2023	2	21	21	Not applicable	Completed 2 nOPV2 SIAs and 3 <sup>rd</sup> round is ongoing	ongoing	ongoing
Anthrax	Gogrial west (WRP) and Jur River (NBG)	2022	-	168	3	ongoing	Ongoing in the animal sector	ongoing	ongoing
Hepatitis E	Fangak	2023	0	701*	253	ongoing	ongoing	ongoing	ongoing
Hepatitis E	Rubkona (Bentiu IDP Camp)	Dec/2018	25	6, 120	-	ongoing	Done in 2021/22	ongoing	ongoing
Hepatitis E	Twic	Feb 2024	0	32	1	ongoing	Not done	ongoing	ongoing
Hepatitis E	Abyei	June 2024	0	64	3	ongoing	no	yes	yes
Cholera	In > 30 counties across 7 states	September 2024		26,811	-	ongoing	ongoing	yes	yes

Since 2022, South Sudan has experienced several emergencies throughout the country. Based on data from the states and the EWARS system, most counties have reported ongoing disease outbreaks. These



outbreaks included measles, anthrax, meningitis, cholera, hepatitis E virus, and others. Measures have been put in place to help mitigate the spread of these outbreaks. Below is a map of the confirmed emergencies as of 27 Jan. 2025

Figure 8: Map showing confirmed disease outbreaks across the country in 2024/25.



## Ongoing/suspected outbreaks

### 1. South Sudan Cholera Outbreak Epidemic description as 2 February 2025

- From September 28, 2024, to February 24, 2025, there have been 26,811 cases reported, including 455 deaths, from 32 counties across 7 states and the Ruweng Administrative Area.
- Of the 455 deaths, 53% occurred in health facilities, while the remainder were community deaths. The overall case fatality rate (CFR) is 1.7%, with the health facility CFR at 0.9%, which is below the recommended threshold of 1%. Most cases, 39% (n = 10,415), were reported from Rubkona County, followed by Juba County at 12% (n = 3,197).

Table 6: Summary of line list, as of 02 February 2025

State	County	Total cumulative	Percent	RDT positive	RDT positivity	Recoveries	Still admitted	Deaths	Overall CFR
CES	<b>JUBA</b>	2,732	<b>10.2%</b>	962	93.0%	<b>2,590</b>	107	35	1.3%
CES	TEREKEKA	161	0.6%	68	71.6%	<b>142</b>	16	3	1.9%

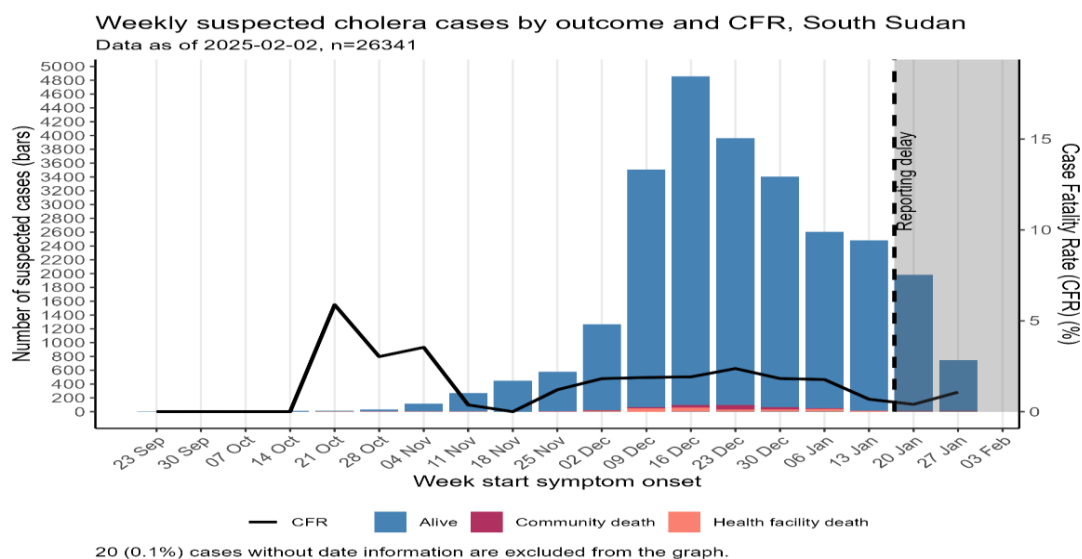


EES	MAGWI	12	0.0%	9	75.0%	11	0	1	8.3%
JNG	AYOD	113	0.4%	8	80.0%	95	5	13	11.5%
JNG	BOR SOUTH	710	2.6%	56	70.0%	666	33	11	1.5%
JNG	DUK	654	2.4%	22	68.8%	639	1	14	2.1%
JNG	FANGAK	732	2.7%	190	94.1%	689	17	26	3.6%
JNG	PIGI	193	0.7%	23	100.0%	180	3	10	5.2%
JNG	TWIC EAST	645	2.4%	9	50.0%	626	1	18	2.8%
LAK	AWERIAL	167	0.6%	92	89.3%	152	9	6	3.6%
LAK	YIROL EAST	57	0.2%	12	85.7%	57	0	0	0.0%
LAK	YIROL WEST	36	0.1%	6	37.5%	8	26	2	5.6%
NBGZ	AWEH CENTRE	713	2.7%	5	19.2%	679	33	1	0.1%
NBGZ	AWEIL EAST	253	0.9%	1	3.7%	239	11	3	1.2%
NBGZ	AWEH NORTH	44	0.2%	1	16.7%	42	2	0	0.0%
NBGZ	AWEH SOUTH	109	0.4%	1	12.5%	106	3	0	0.0%
NBGZ	<del>AWEH WEST</del>	2,471	9.2%	56	40.9%	2,447	22	2	0.1%
RAA	PANRIENG	72	0.3%	21	29.2%	67	4	1	1.4%
UNI	GUIT	641	2.4%	186	83.8%	624	0	17	2.7%
UNI	KOCH	76	0.3%	23	74.2%	46	5	25	32.9%
UNI	MAYENDIT	2	0.0%	2	100.0%	2	0	0	0.0%
UNI	MAYOM	3,353	12.5%	19	95.0%	3,180	85	88	2.6%
UNI	PANYIJAR	47	0.2%	44	100.0%	39	5	3	6.4%
UNI	RUBKONA	10,435	38.9%	5,476	96.6%	10,089	182	164	1.6%
UPPER	FASHODA	6	0.0%	0	0.0%	6	0	0	0.0%
UPPER	MABAN	10	0.0%	9	100.0%	10	0	0	0.0%
UPPER	MAIWUT	2	0.0%	1	100.0%	2	0	0	0.0%
UPPER	MALAKAL	1,384	5.2%	84	17.7%	1,268	110	6	0.4%

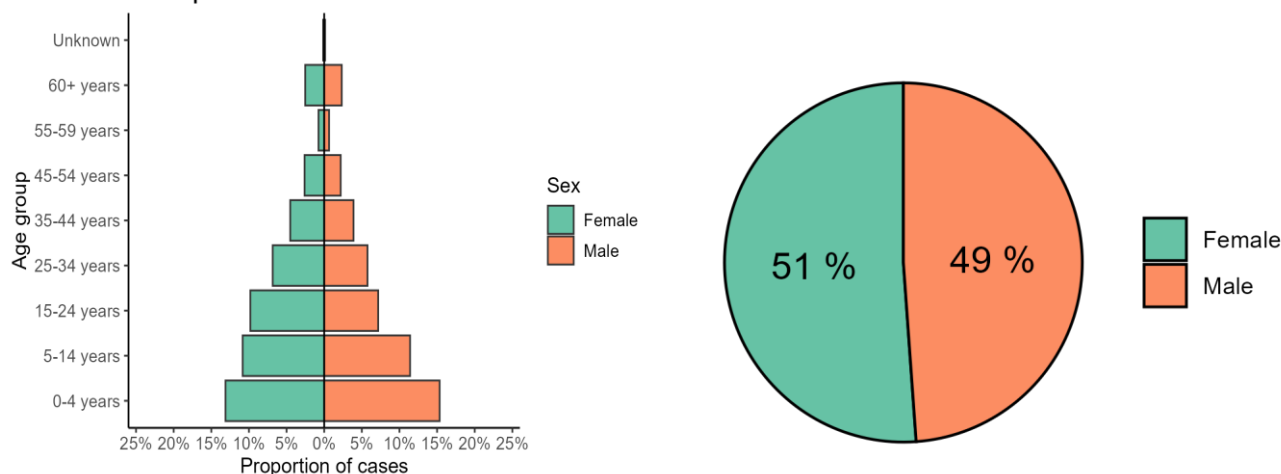
UPPER	MANYO	6	0.0%	5	100.0%	6	0	0	0.0%
UPPER	PANYIKANG	318	1.2%	46	100.0%	257	58	3	0.9%
UPPER	RENK	641	2.4%	180	55.4%	633	5	3	0.5%
UPPER	ULANG	16	0.1%	4	57.1%	16	0	0	0.0%
<b>Total</b>	-	<b>26,811</b>	<b>100.0%</b>	<b>7,621</b>	<b>86.9%</b>	<b>25,613</b>	<b>743</b>	<b>455</b>	<b>1.7%</b>

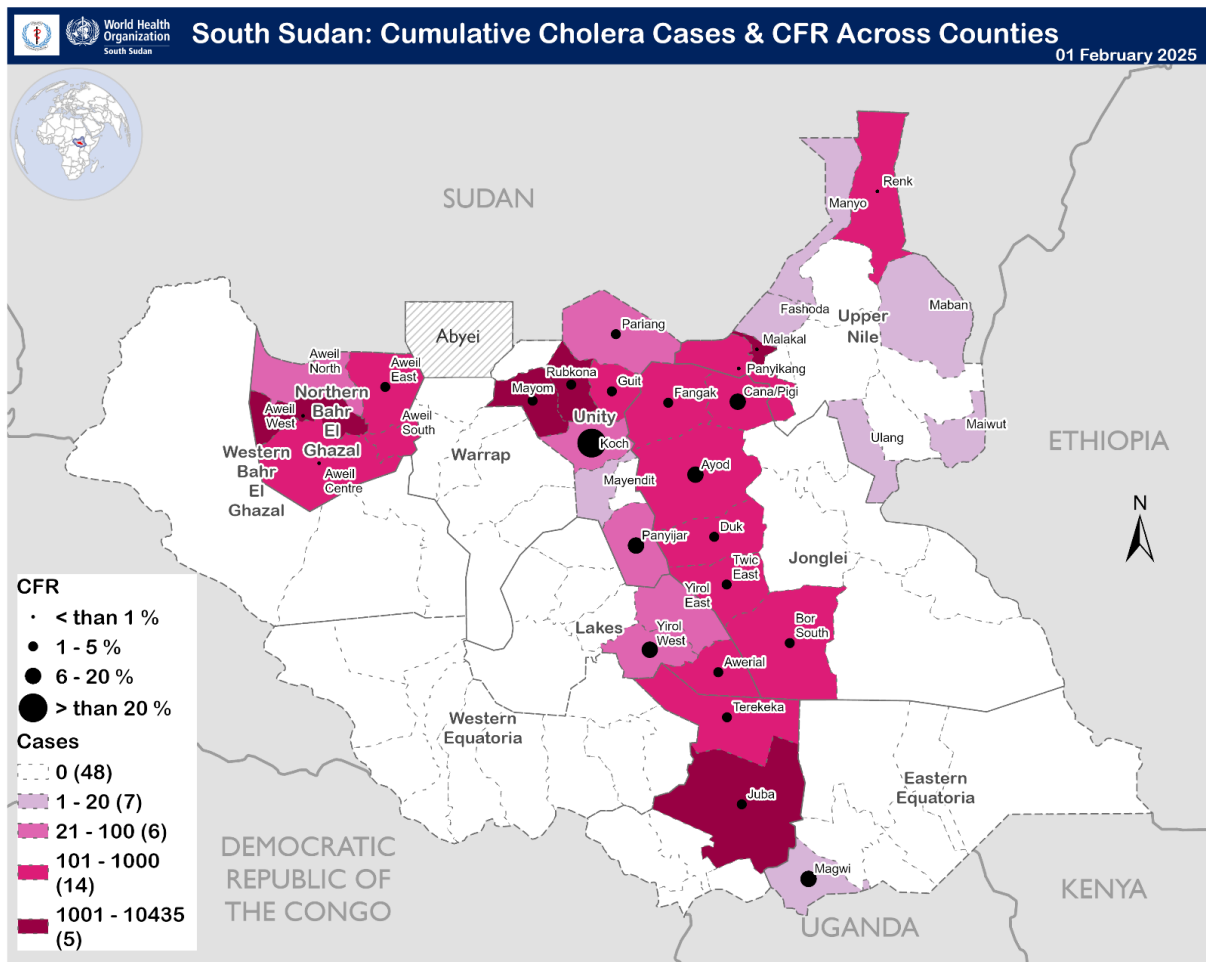
- Unity State bears the highest burden of cholera cases, accounting for 55% (14,367 cumulative cases across 6 counties), followed by Northern Bahr el Ghazal at 13% (3,423 cases across 5 counties), Jonglei at 11% (2,989 cases across 6 counties), and Central Equatoria at 11% (2,876 cases in 2 counties, most of which are in Juba).
- The age group with the highest case count is 0-4 years (28%). Approximately 70% of the cases originate from the host community. Oral cholera vaccination (OCV) campaigns began in Malakal, Juba (Phase II), and Rubkona during the first week of January 2024. In week 4, the campaigns started in Mayom, Aweil West, and Bor South counties.
- The sustained response by the Ministry of Health and its partners across the country has resulted in a reduction in reported cases over the past four weeks.

Figure 9 Epidemic curve and distribution of Cholera Cases in Malakal by Week, week39-48\*,2024



All suspected cases





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. Dotted and dashed lines on maps represent approximate border lines for which there may not be full agreement.

Data Source: WHO South Sudan  
Production Date: 02/02/2025

Map Production: HIM Unit,  
WHO South Sudan

0 50 100 200 200 Kilometers

### Key Challenges to Cholera Outbreak Response

- **Renk:** The ongoing influx of refugees and returnees at unsupervised entry points, including Bobnis, Atam, and Dukduk, has strained resources.
- **Jonglei:** Surveillance remains insufficient, and shortages of cholera investigation kits and case management supplies hinder responses in Duk and Ayod. No static WASH partners are operating in Canal Pigi and Ayod, and no comprehensive assessments have been conducted. Funding gaps and logistical challenges delay emergency responses.
- **Malakal:** The suspension of BHA funding has disrupted activities, resulting in gaps in waste management and water purification. WASH partners have scaled back, and Aqua tab distribution has ceased following Solidarite International’s withdrawal. These setbacks affect sanitation and disease prevention efforts, necessitating urgent intervention.
- **Unity State:** Hard-to-reach areas impede response efforts. Inconsistencies in surveillance data complicate outbreak tracking. Vaccine hesitancy and stigma hinder early reporting. Limited IPC and WASH resources at treatment sites heighten risks.
- **Lakes:** Insufficient cholera beds and tents, as well as undelivered approved CTC drugs, hinder the response. Case management teams lack incentives.

## Key Recommendations and Interventions

- OCV campaigns are set to begin in Aweil West, Canal/Pigi, Mayom, and Bor South counties on January 27, 2025.
- Renk: Secure additional vaccines and expedite the OCV campaign. Enhance sanitation infrastructure and improve water access. Maintain active case searches and ensure a steady supply of RDT and lab materials. Integrate Health, WASH, and Nutrition initiatives in underserved areas, especially within the Eastern corridor.
- Malakal: Volunteer partners are required for waste management in Bulukat. Support from MTH CTU must be increased as it continues managing cholera cases. A health partner is needed for Nasser IDP. Expanding OCV vaccination efforts in high-risk communities throughout Upper Nile State is also recommended to prevent outbreaks.
- Unity State: The Mayom vaccination campaign is broadening its reach to remote areas. Water testing and purification initiatives will be intensified in counties affected by cholera. Deployment of WASH interventions will be coordinated by Concern Worldwide in Guit and Medair in Mayom.
- Jonglei State: Plans include bolstering surveillance, hastening OCV preparations in Fangak, Twic, Duk, Pigi, and Ayod, and providing Duk and Ayod with materials for case management and lab investigations.
- Lakes State: The SMOH and partners should enhance community awareness efforts. WHO and UNICEF must supply cholera beds, tents, and approved medications. CUAMM and WHO should assist with case management incentives.

## 2. Circulating Vaccine Derived Polio Virus type-2 (cVDPV2).

The Ministry of Health declared the cVDPV2 as a public health emergency on December 22, 2023, following confirmation of PV2 Yambio. The total number of laboratory-confirmed cVDPV2 isolates from AFP cases are 12. Cases are reported from Yambio in Western Equatoria, Juba in Central Equatoria, Ayod in Jonglei, Baliet, Luakpiny/Nasir, and Longechuk in Upper Nile, and Tambura in Western Equatoria state. Four additional viruses were isolated from samples collected from healthy children sampled during outbreak investigation. Another three samples collected from contacts of AFP children also tested positive for the cVDPV2. In the last six months nine cVDPV2 viruses were isolated from environmental samples collected from three environmental sites in Juba. The latest cVDPV2 virus isolate from an environmental surveillance sample collected on 5th November 2024, while the latest isolate from AFP isolate was in a case with onset of Paralysis on 02/09/2024. The third response round was conducted in the 4th week of October reaching 3,405,150 children. All States attained 90% and higher administrative coverage. In the 3rd round of nOPV2 outbreak response SIAs, 292 610 children received their first dose, justifying an additional 4th response vaccination round for these children to get a second opportunity to receive OPV2 and in turn reduce the risk of virus seeding for future outbreaks.

During the 3rd nOPV2 response vaccination, 1 610 support supervisions were documented on ODK in 77 of the 80 counties. This was an improvement from 1 456 supervisions in 70 counties documented in the second nOPV2 outbreak response SIAs conducted in April 2024.

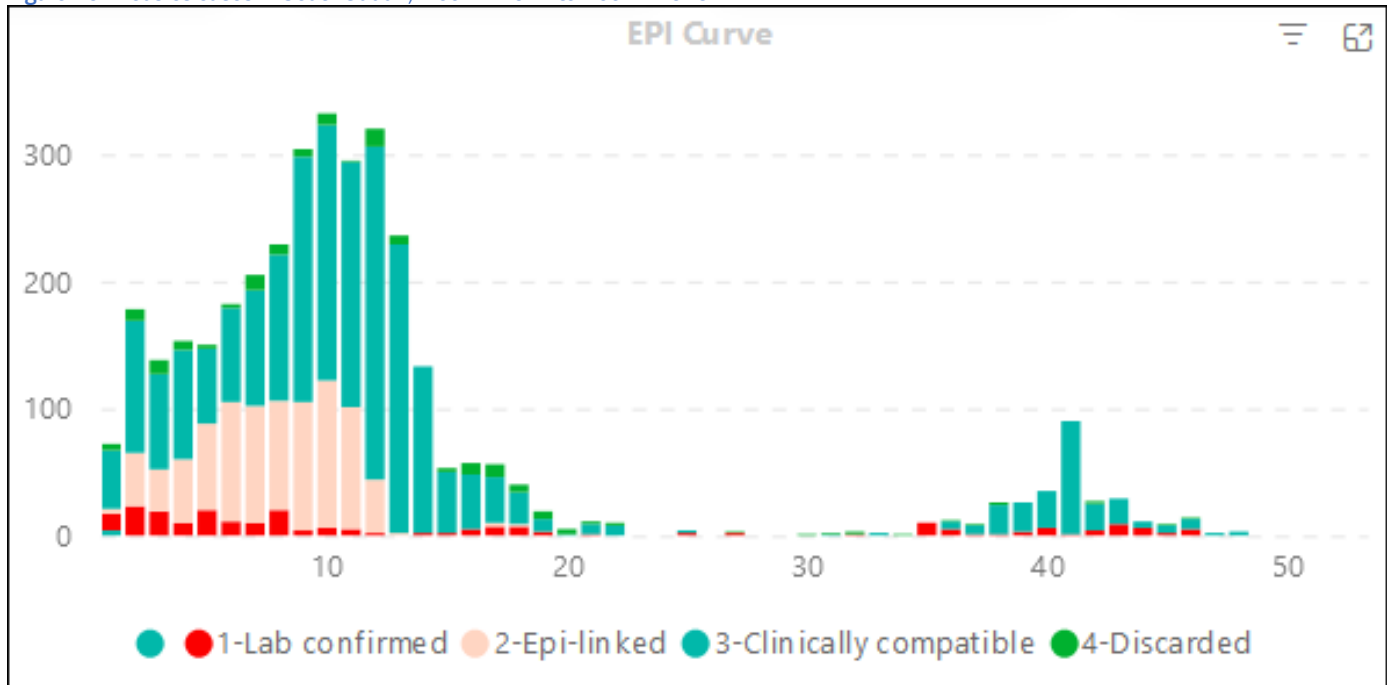
The nOPV2 SIAs campaign was monitored for quality, using LQA surveys. The 3rd round had 46% (18 of 39 counties surveyed passing the LQAs test. This was a decline from 58% (23 of 40 counties surveyed) that was achieved in the second response round. Similarly, the proportion of counties surveyed in which the LQAs test failed increased from 23% (9 of 40 counties) to 26% (10 of the 39 counties). Data from the LQAs survey shows that the majority of missed children were due to poor vaccination team performance (houses not visited, vaccinated but not finger marked, and child was asleep). All the under-performance was predictable 1 week prior to the campaign, only 80% of the counties were ready.

The fourth nOPV2 response vaccination campaign is advanced in planning. Currently scheduled to start on 4<sup>th</sup> February, this campaign will be the last of the four stage-vaccination responses approved by the Global Polio Eradication Program. Notably, the nOPV2 SIAs will in selected counties be delayed due to prioritization given to OCV outbreak response vaccination.

### 3. Measles Update

- As of week two of 2025, a cumulative total of 3,497 cases were reported with 51 deaths from across the 10 states and admin areas giving a CFR of 1.46%, since January 2024.
- In 2025 4 suspected cases were reported from Gogrial west county but they all tested negative on Measles IgM testing at the National Public Health Laboratory.
- 64% of measles cases occur in children under the age of 5, highlighting a critical failure in routine immunization programs.
- Furthermore, 80% of these cases are found among children aged between 6 months and 9 years, making this age group the optimal focus for measles outbreaks response Supplementary Immunization Activities (SIAS).

Figure 10: measles cases in South Sudan; Week 1-2014 to week 1 2025



### 4. Hepatitis E outbreak in Bentiu IDP Camp in Unity State.

- In Week 02 of 2025, 14 new cases were reported, bringing the cumulative total since 2018 to 6,293 cases. Five new RDT-positive cases were identified in Week 1 of 2025, raising the total to 1,831 RDT-positive cases since 2018.
- In week 01 of 2025, no deaths were reported, maintaining a cumulative total of 35 fatalities since the outbreak started in 2018.
- Persons aged 15 to 44 years made up 43% of the reported cases (see in Figure 12).
- Males constituted 52% (3,298 cases) of the overall total, while females totaled 48% (2,980 cases).
- The accompanying chart displays the distribution of HEV cases according to patients' places of residence, both within and outside the Bentiu PoC (refer to Figure 12).
- Most of the cases were identified among individuals living outside Bentiu PoC who sought treatment at healthcare centers within the PoC.

Figure 11: Epicure of HEV in Bentiu IDP camp, Unity State; Epi Week 52 of 2018 to Week 02 of 2025

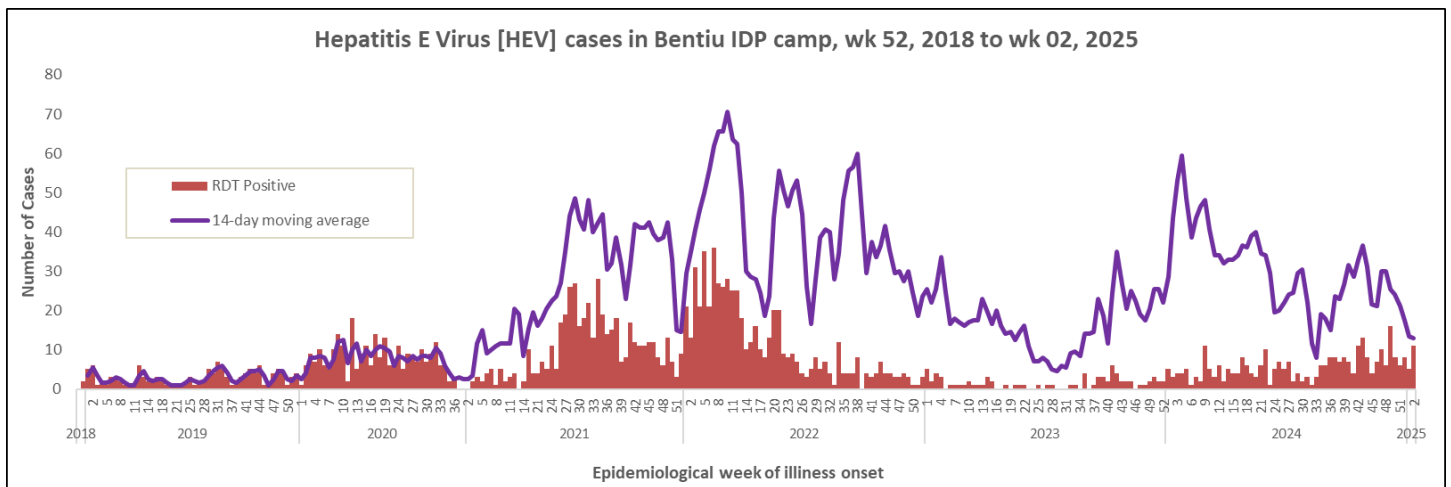
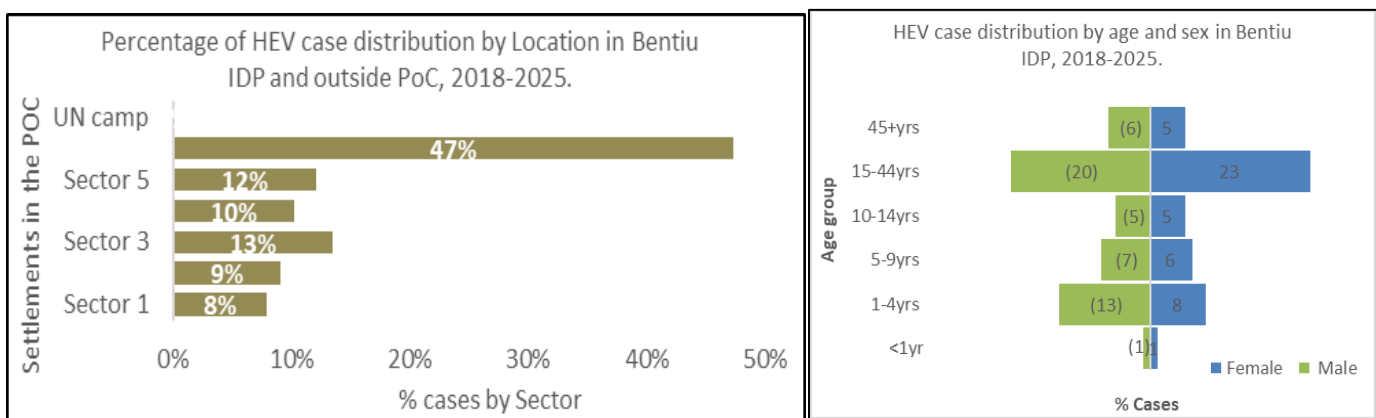


Figure 12: Location and age distribution of Hepatitis E cases in Bentiu, Unity state of South Sudan



## Other Events

**Sudan crisis:** As of the end of January 2025, at least **1 030 380** individuals have crossed from 18 different nationalities. Of this number, **69.83% (719 514)** are South Sudanese returnees and 29.62% (305 199) are Sudanese refugees. Only 0.29% are from other nationalities, largely Eritrean population. Currently, 21 PoEs are being monitored, with Joda-Renk accounting for 69% of the reported influx figures. As of December There are 58 898 individuals (13 784 in transit centre and 45 114 in host communities) in Renk. Due to the evolving security situation in Joda, the data collection may be incomplete and outdated.

Hostcommunities and healthcare systems are struggling to cope with the increased demand for health and other Services, morbidity, and mortality among returnees and refugees. Currently most of the counties receiving returnees including Juba have confirmed cholera outbreaks and interventions have been put in place to mitigate adverse effect including use of Oral cholera Vaccines (OCV) aimed at mitigating the risks of sustained transmission.

**Food insecurity:** No new update this week.

**Flooding:** No new update this week.



## Acknowledgments

Thanks to the State Surveillance Officers, Health Cluster partners for sharing the weekly IDSR data. To access the IDSR bulletins for 2024 use the link below: <https://www.afro.who.int/countries/south-sudan/publication/south-sudan-weekly-integrated-disease-surveillance-and-response-bulletin-2024>

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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

