Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 03

13 to 19 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 03 of 2025, the timeliness and completeness of IDSR reporting were 78%, and 94% respectively. There was a decline in timeliness from 80% in week 02 to 77% in week03, whereas there was an improvement in completeness of reporting from 92% in week 02 to 94% in week 03 of 2025. Three States and three Administrative areas achieved a completeness of 100% (Abyei Administrative Area, Greater Pibor Administrative Area, Rwueng Administrative Area, Lakes, Unity and Western Equatoria State). In terms of timeliness of reporting, Five States and One Administrative area achieved a timeliness of above 80% (Abyei Administrative Area, Central Equatoria State, Lakes, Northern Bahr el Ghazal, Unity and Western Equatoria State)
- At the EWARN mobile sites, both timeliness and completeness of IDSR performance were 100% in week3 compared to 67% in week02.
- In week 3, 384 alerts were triggered in the EWARS system, with 42% (160 of 384) verified, which was lower than the previous week 2. In Week 3, All the states and administrative areas recorded at least one notifiable disease alert. Most of the alerts were for AWD (25%), ARI (19%), Malaria (16%), Cholera (12%), Guinea Worm (11%), and ABD (9%). (Table 3 below). Special thanks to NBGZ, Unity, and WBGZ states for verifying most of their alerts trigged in EWARS.
- The cholera outbreak is being reported in 34 out of 80 counties across 7 states and 1 administrative area in South Sudan. As from September 28th, 2024 to February 09th, 2025, a cumulative total of 28,900 cases were reported, including 496 deaths with CFR of 1.7%. Majority of the deaths occurred in facility accounting for (263 deaths CFR 0.9%) whereas 233 deaths were occurring in the community with CFR of 0.8%.
- 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 03 were at 78% and 94%,** respectively, which was an improvement from the attainments from the previous week.

Table 1*: Timeliness and completeness of IDSR reporting by State for week 03 compared to 02 of 2025.*

State	Total facilities	Number of facilities reported (Completeness Wk03)	Comparison of the reporting period				Cumulative since year start (2025 level)	
			Timeliness		Completeness			
			Week 03	Week 02	Week 03	Week 02	Timeliness	Completeness
Lakes	112	112	90%	99%	100%	100%	94%	100%
NBGZ	103	82	82%	70%	89%	72%	63%	69%
Unity	84	84	96%	99%	100%	100%	97%	100%
WBGZ	112	109	60%	62%	97%	94%	65%	93%
WES	191	191	83%	80%	100%	100%	82%	100%
Jonglei	120	114	68%	65%	95%	72%	68%	74%
Warrap	114	93	61%	80%	82%	91%	67%	91%
EES	112	105	79%	74%	94%	96%	63%	95%
RAA	16	16	**31%**	**44%**	100%	100%	**40%**	100%
CES	152	139	91%	95%	97%	91%	82%	85%
AAA	17	17	94%	82%	100%	94%	90%	96%
Upper Nile	143	129	73%	80%	90%	91%	75%	92%
GPAA	16	16	**56%**	100%	100%	100%	85%	100%
Total	1292	1208	78%	80%	94%	92%	76%	90%

Note: The total number of reporting health facilities has changed due to inactivation of 15 facilities in NBG state.

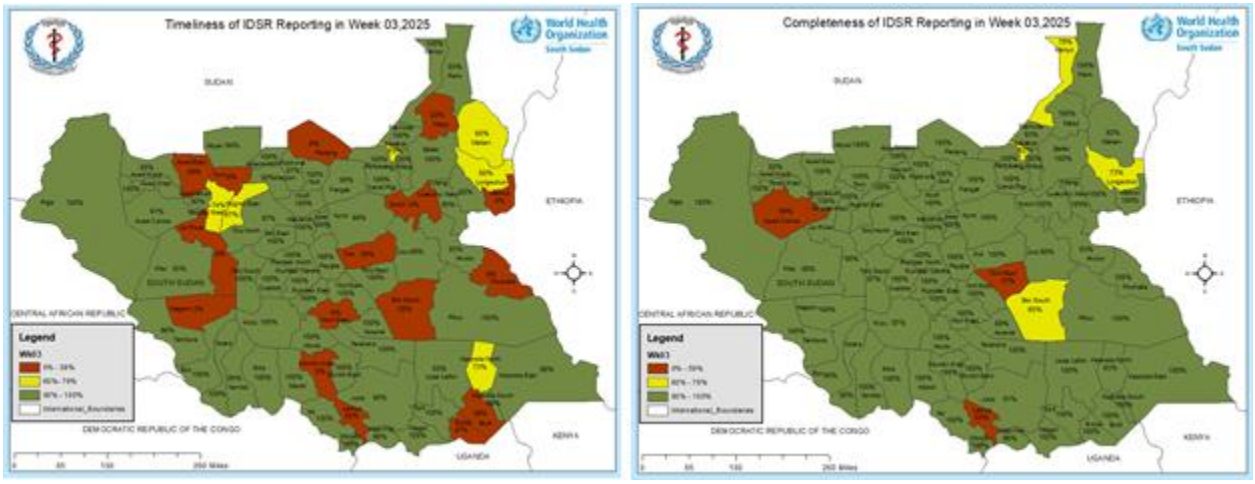
Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 03 of 2025.

Partners	# of Reporting Mobile Sites	% of Timeliness in week 03	% of Completeness in Week 03	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 03	% of Completeness in Week 03
IMC	4	**100%**	**100%**	Kator	3	**100%**	**100%**
SSHCO	1	**100%**	**100%**	Marial Baai	1	**100%**	**100%**
SMC	1	**100%**	**100%**	Northern Bari	1	**100%**	**100%**
SCI	2	**100%**	**100%**	Rajaf	3	**100%**	**100%**
HFO	4	**100%**	**100%**	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	**70%**	**80%**
HFD	1	**100%**	**100%**	Managala	1	**100%**	**100%**
RI	1	**100%**	**100%**	TOTAL	63	**94%**	**95%**
TOTAL	21	**100%**	**100%**				

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.

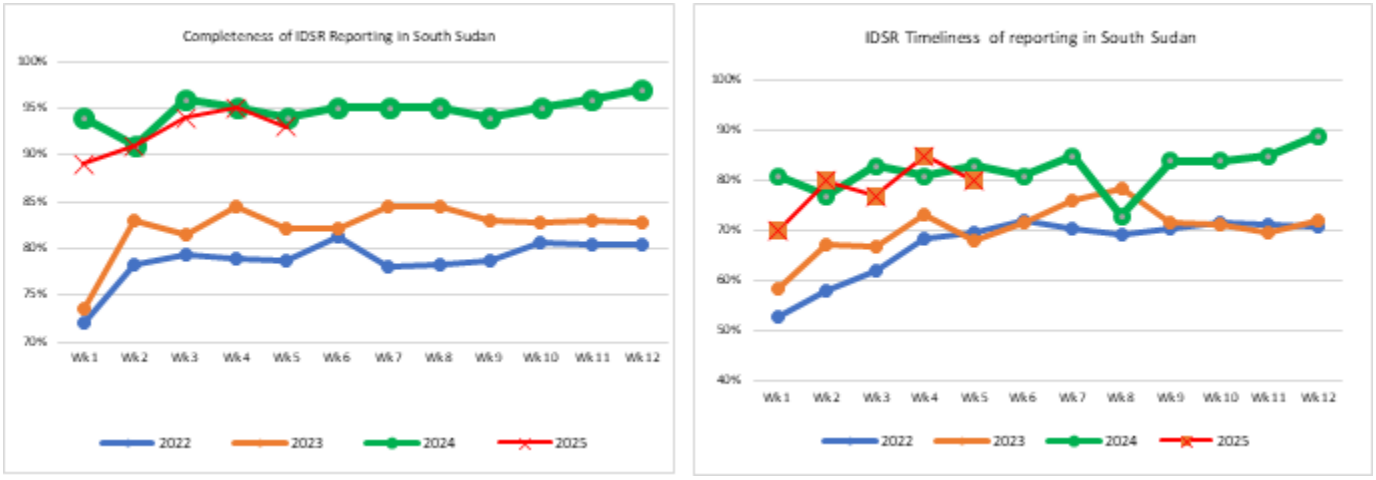
Figure 1: Completeness of IDSR reporting in South Sudan by County in Week 03, 2025.



Given the turbulent declines in timeliness and completeness of IDSR reporting, this week, we continued to analyze the performance over the past three years. We documented that the declines in 2024 (Wk. 21-31) are more pronounced than they were in previous years of 2023 and 2022. In this HSTP transition period, we shall continue to provide targeted support to the newly contracted health implementing partners to recover this surveillance performance indicator. Notably, the IDSR timeliness of reporting continued to improve since week 31 when the lowest reporting rates were observed, thanks to the targeted support to the poorest reporting counties.

The primary reason cited for the inadequate performance in timeliness and completeness indicators was the challenge of staff turnover and inaccessibility to some health facilities.

Figure 2: Comparison of Timeliness and Completeness of IDSR reporting in South Sudan;2022-2025.



Epidemic alerts

In week 3, 384 alerts were triggered in the EWARS system, with 42% (160 of 384) verified, which was lower than the previous week 2. In Week 3, All the states and administrative areas recorded at least one notifiable disease alert. Most of the alerts were for AWD (25%), ARI (19%), Malaria (16%), Cholera (12%), Guinea Worm (11%), and ABD (9%). (Table 3 below).

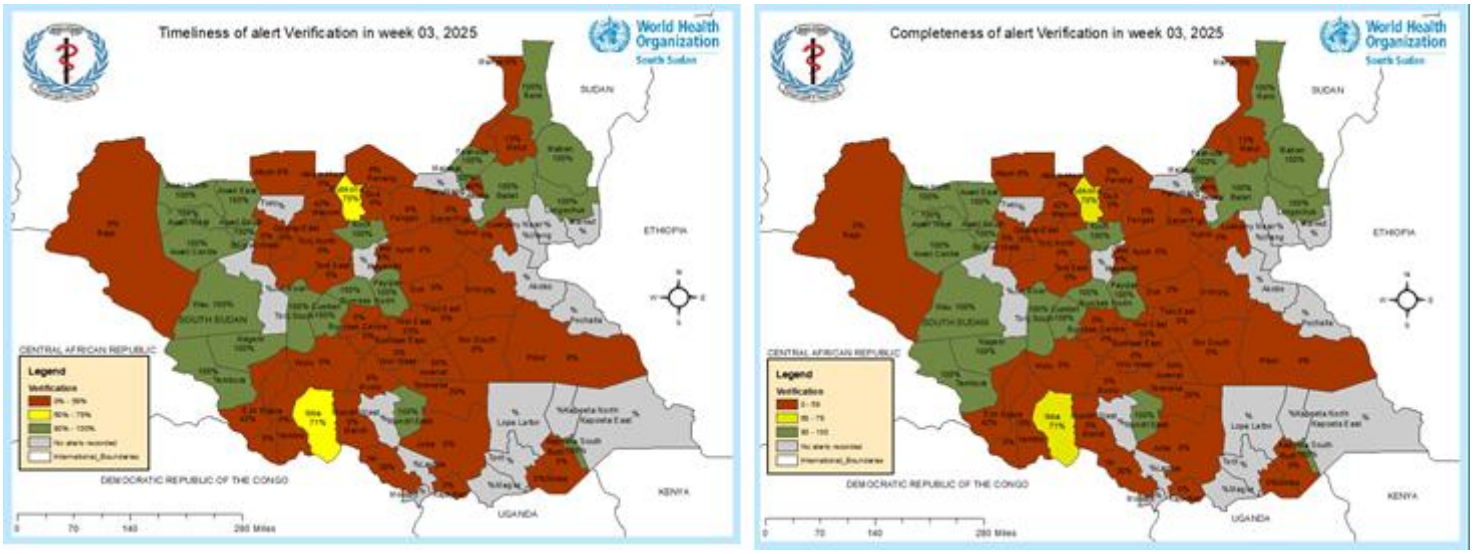
Special thanks to NBGZ, Unity, and WBGZ states for verifying most of their alerts trigged in EWARS. All

other states are immediately encouraged to step up their quest to verify all alerts. Alert unverified is an outbreak univestigated.

Table 3: *Summary of EWARS alerts triggered in Epidemiological Week 03, 2025.*

State/Admin	AJS		ARI		AWD		ABD		Cholera		Guinea Worm		Malaria		Measles		Meningitis		NNT		RF		VHF		YF		Total	
	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V
AAA	1	0	4	0	4	1	1	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	13	1
CES	0	0	5	0	7	2	1	0	3	0	0	0	5	2	0	0	0	0	0	0	0	0	0	0	0	0	22	4
EES	0	0	1	1	4	0	3	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	9	1
GPAA	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Jonglei	0	0	6	0	3	0	6	0	17	0	6	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	39	0
Lakes	0	0	18	3	15	5	6	2	3	1	28	11	13	4	1	1	0	0	0	0	0	0	0	0	0	0	84	27
NBGZ	0	0	12	12	12	12	1	1	3	3	0	0	11	11	1	1	0	0	0	0	0	0	0	0	0	0	40	40
RAA	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Unity	1	0	5	3	5	3	4	4	17	11	0	0	6	2	0	0	0	0	0	0	0	0	0	0	0	0	38	23
U/ Nile	3	0	7	5	6	5	3	2	2	2	1	0	3	2	1	0	0	0	1	0	0	0	0	0	0	0	27	16
Warrap	0	0	3	0	12	2	3	0	0	0	7	1	7	2	4	0	0	0	1	0	0	0	0	0	0	0	40	5
WBGZ	0	0	8	5	4	4	2	2	0	0	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	16	12
WES	0	0	5	4	23	13	5	2	1	1	0	0	9	5	6	2	1	1	0	0	1	1	1	1	1	1	53	31
Grand Total	5	0	74	33	96	47	36	13	46	18	42	12	61	29	13	4	1	1	2	0	1	1	1	1	1	1	384	160

Figure 3: *Completeness of Alerts Verification rates by county of South Sudan for week 03, 2025.*



Weekly Update on Indicator-Based Surveillance (Week 03)

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.

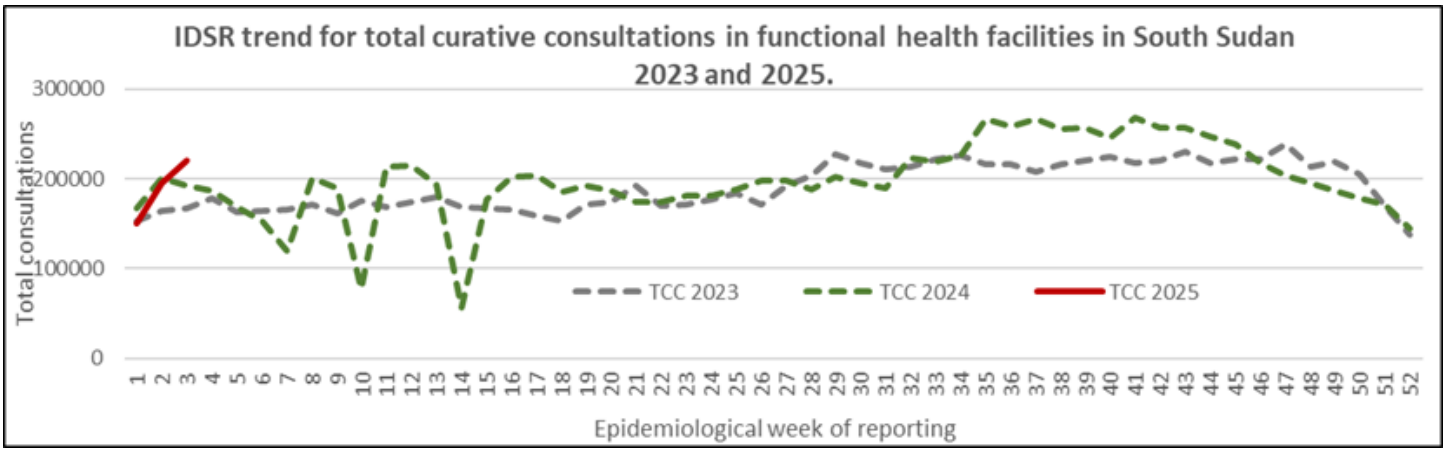
Table 4 summarizes the total number of consultations conducted at the outpatient department (OPD).

Surveillance System	Consultations in week 03, 2025			Cumulative Consultation in 2025		
	< 5 years	> 5 years	Total	< 5 years	> 5 years	Total
IDSR	82242	138614	**220856**	211396	355080	**566476**

In week 03 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 566 476 patients have been treated across both outpatient and inpatient departments (see Table 1).

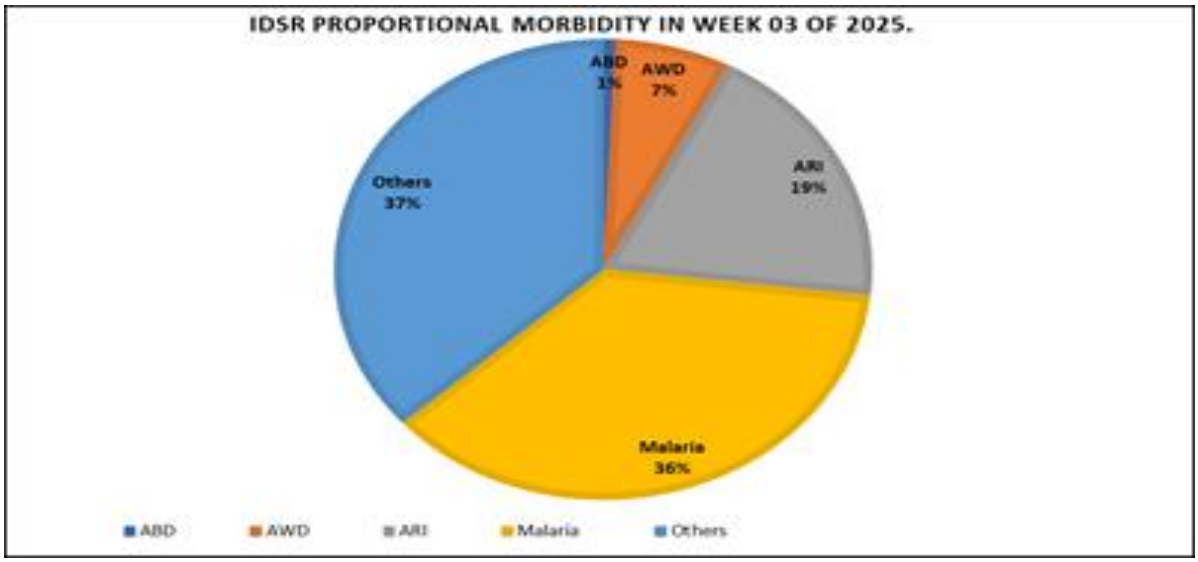
A comparison of healthcare service utilization across 2023, 2024, and 2025 shows fluctuating trends, indicating variations in the weekly number of consultations

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



In week 03 of 2025 analysis indicates that Malaria is the leading causes of morbidity amongst the top four diseases in South Sudan, it accounts for 36%(80769) of the total consultation during the week, followed by Acute Respiratory Infections (ARI), Acute Watery Diarrhea (AWD), and Acute Bloody Diarrhea (ABD), as illustrated in the pie chart (Figure 5)

Figure 5: IDSR Proportional Morbidity in week 03 of 2025



Acute Watery Diarrhoea (AWD) Updates:

- Cumulative, a total 22 829 cases of Acute Watery Diarrhoea (AWD) with 11 deaths have been reported across the ten states and three administrative areas.
- In Week 03 of 2025, a total of 15 351 AWD cases have been reported which are much higher compared to the same week in 2024 (table 4)
- 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.

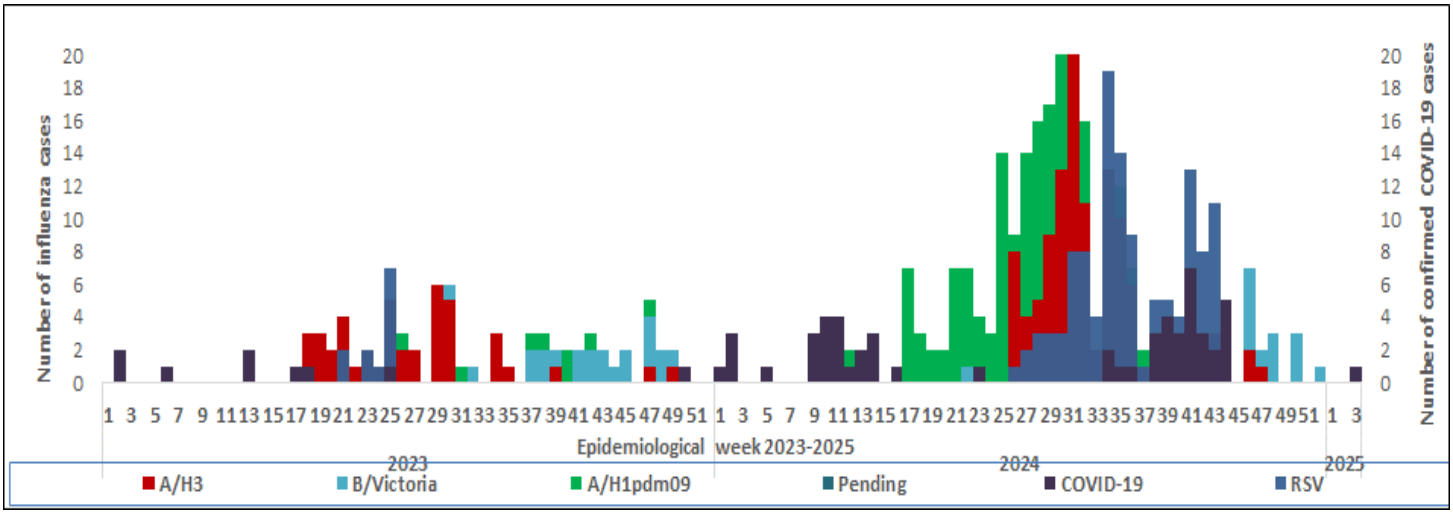
Figure4: Comparison of AWD cases fromweek03, 2024 to week03,2025

Surveillance System	Diseases	Cases for week		Cummulative cases since week 1, 2025.
		Week 03, 2024	Week 03, 2025	
IDSR	ABD	1861	1651	2614
	AWD	14427	15351	22829
	ARI	31926	42257	62008
	Malaria	74081	80769	128608

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 6: Confirmed Influenza, COVID-19, and RSV cases from sentinel sites Epidemiological Week 1 of 2023 to Week 03 of 2025.



- During Epidemiological Weeks 1 to 3 in 2025, a total of 103 ILI/SARI samples have been collected; 102 tested negative for all pathogens, (0) were positive for COVID-19, (1) for Influenza Type A (H3), (0) for Influenza Type B (Victoria), (0) for Influenza A/(H1N1)pdm09 and (0) for RSV.

Confirmed and congoing epidemics as of 2025

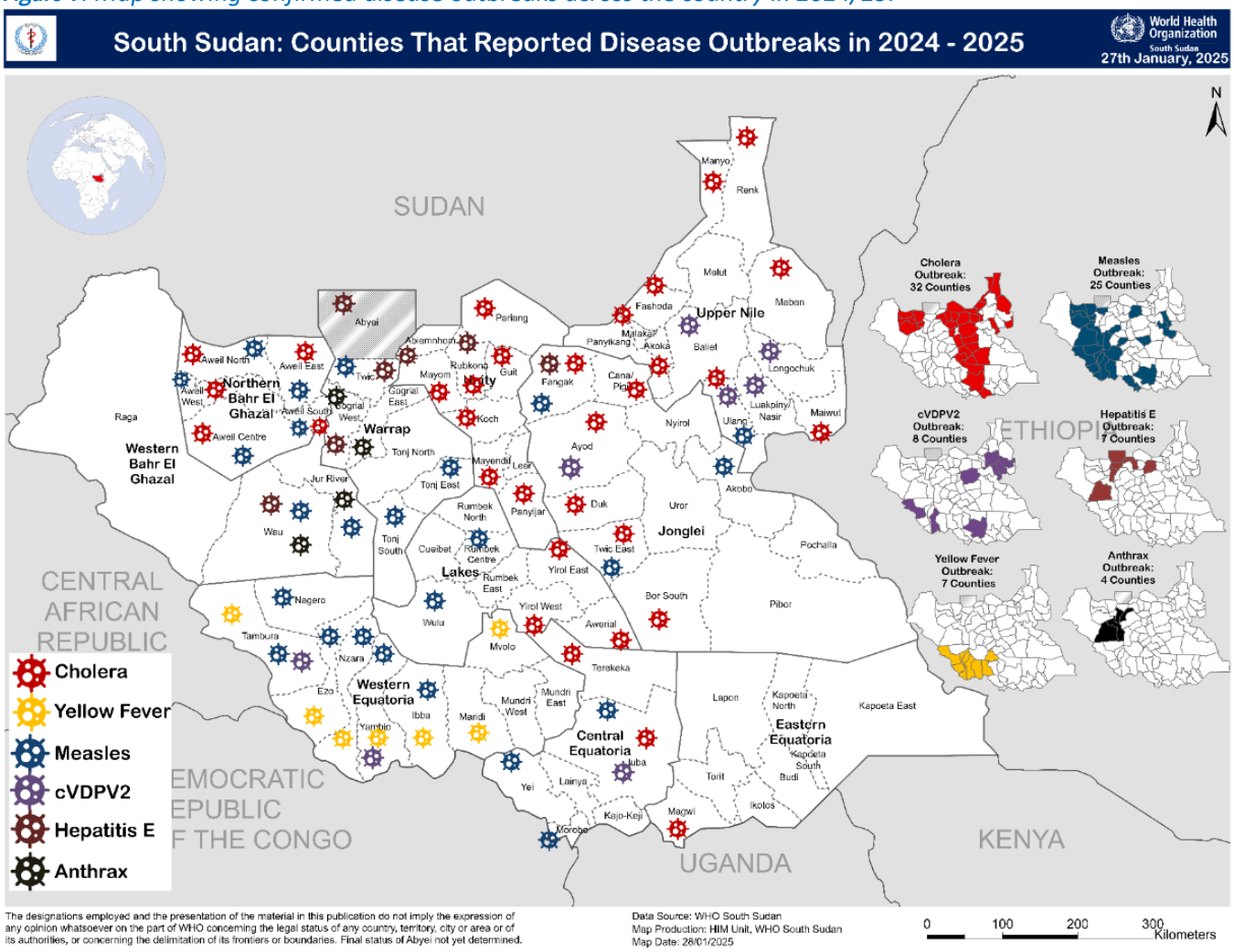
Table 4: *Summary of ongoing and confirmed epidemics*

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 3rd round is ongoing	ongoing	ongoing
Anthrax	Gogrial west (WRP) and Jur River (NBG)	2022	-	168	3	ongoing	Ongoing in the animalsector	ongoing	ongoing

Aetiologic agent	Location (county)	Date first reported	New cases since last bulletin	Cumulative suspected cases	Response activities	Aetiologic agent	Location(county)	Date first reported	New cases since last bulletin
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		28,900	-	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 7: Map showing confirmed disease outbreaks across the country in 2024/25.



Ongoing/suspected outbreaks

1. South Sudan Cholera Outbreak Epidemic description as 9 February 2025

- From September 28, 2024, to February 9, 2025, there have been 28,900 cases reported, including 496 deaths with CFR of 1.72% since the start of the outbreak.
- Cases have been reported in 34 counties, across 7 states and 1 Administrative area
- Majority of the deaths 53% (263) of the total deaths were recorded in the health facilities, while community deaths accounting for 47% (233) of the total deaths recorded.
- The general case fatality rate (CFR) is 1.72%, whereas the health facility CFR at 1%, which is above the recommended threshold of less than 1%. Most cases, 37% (n = 10,840), were reported from Rubkona County, followed by Juba County at 10.9% (n = 3,144).

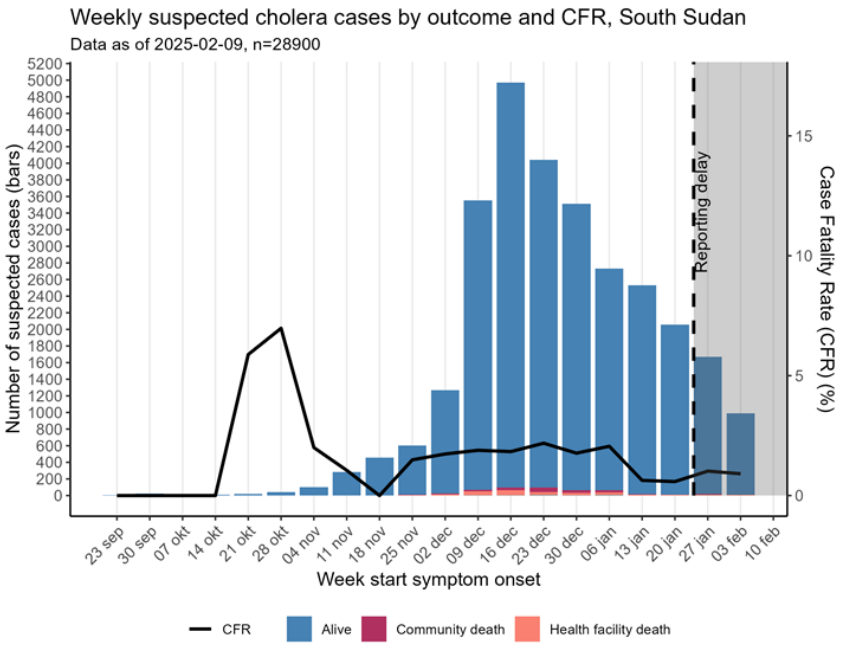
Table 5: **Summary of line list, as of 09 February 2025**

State	County	Total cumulative	Percent	Lab confirmed case(s)	RDT positive	RDT positivity	Recoveries	Still admitted	Deaths	Overall CFR
CES	**JUBA**	3,144	**10.9%**	Yes	1,027	93.0%	**3,095**	6	43	1.4%
CES	TEREKEKA	210	0.7%	Yes	67	70.5%	**201**	5	4	1.9%
EES	IKOTOS	48	0.2%	Yes	2	16.7%	**1**	44	3	6.2%
EES	MAGWI	12	0.0%	Yes	9	75.0%	**11**	0	1	8.3%
JNG	**AYOD**	147	0.5%	-	11	84.6%	**126**	8	13	**8.8%**
JNG	BOR SOUTH	755	2.6%	Yes	69	73.4%	**729**	15	11	1.5%
JNG	DUK	662	2.3%	-	30	75.0%	**645**	3	14	2.1%
JNG	**FANGAK**	762	2.6%	Yes	190	94.1%	**720**	16	26	**3.4%**
JNG	**PIGI**	193	0.7%	Yes	23	100.0%	**182**	1	10	**5.2%**
JNG	TWIC EAST	669	2.3%	Yes	9	50.0%	**645**	5	19	2.8%
LAK	**AWERIAL**	227	0.8%	Yes	105	90.5%	**207**	10	10	**4.4%**
LAK	YIROL EAST	75	0.3%	Yes	13	86.7%	**65**	6	4	5.3%
LAK	YIROL WEST	37	0.1%	Yes	7	43.8%	**32**	3	2	5.4%
NBGZ	AWEIL CENTRE	827	2.9%	Yes	6	16.2%	**818**	8	1	0.1%
NBGZ	AWEIL EAST	274	0.9%		1	3.3%	**266**	5	3	1.1%
NBGZ	AWEIL NORTH	48	0.2%		1	16.7%	**47**	1	0	0.0%
NBGZ	AWEIL SOUTH	277	1.0%		6	37.5%	**276**	0	1	0.4%
NBGZ	**AWEIL WEST**	2,789	**9.7%**	-	64	40.3%	**2,775**	12	2	0.1%
RAA	PARIANG	104	0.4%	-	38	37.6%	**98**	4	2	1.9%

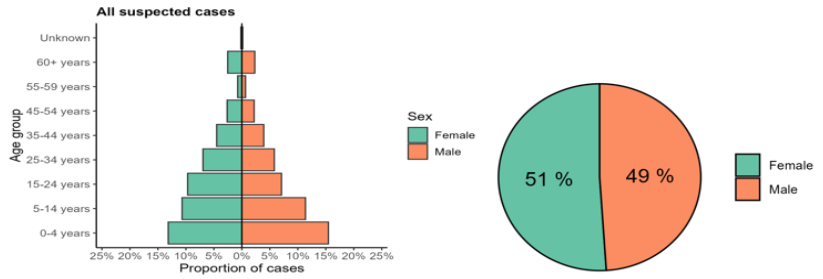
UNI	GUIT	551	1.9%	Yes	106	80.9%	**529**	8	14	2.5%
UNI	**KOCH**	79	0.3%	Yes	21	80.8%	**54**	0	25	**31.6%**
UNI	LEER	7	0.0%	Yes	6	100.0%	**2**	5	0	0.0%
UNI	MAYENDIT	2	0.0%	Yes	2	100.0%	**2**	0	0	0.0%
UNI	**MAYOM**	3,644	**12.6%**	Yes	17	94.4%	**3,382**	174	88	2.4%
UNI	PANYIJIAR	78	0.3%	Yes	71	100.0%	**64**	10	4	5.1%
UNI	**RUBKONA**	10,840	**37.5%**	Yes	5,419	97.0%	**10,606**	50	184	1.7%
UPPER	FASHODA	6	0.0%	Yes	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	1,392	4.8%	Yes	84	17.7%	**1,270**	116	6	0.4%
UPPER	MANYO	6	0.0%	-	5	100.0%	**6**	0	0	0.0%
UPPER	PANYIKANG	340	1.2%	Yes	46	100.0%	**279**	58	3	0.9%
UPPER	RENK	667	2.3%	Yes	185	55.6%	**663**	1	3	0.4%
UPPER	ULANG	16	0.1%		4	57.1%	**16**	0	0	0.0%
Total	-	**28,900**	100.0%	-	7,654	86.7%	27,830	574	**496**	**1.7%**

- Unity State bears the highest burden of cholera cases, accounting for 55% (15 298 cumulative cases across 7 counties), followed by Northern Bahr el Ghazal at 15% (4 213 cases across 5 counties), Central Equatoria at 12% (3 354 cases in 2 counties, most of which are in Juba and Jonglei at 11% (3 188 cases across 6 counties).
- The age group with the highest case count is 0-4 years (29%) followed by aged 5 to 14 years (22%). Approximately 71% 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.

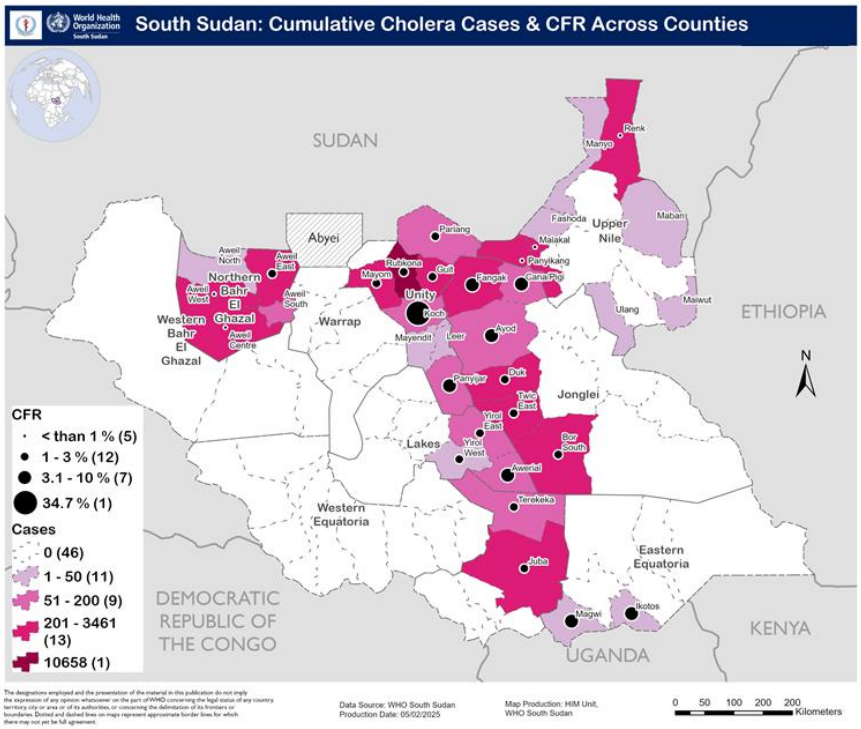
Figure 8 Descriptive analysis of Cholera Cases in South Sudan reported from 28 Sept. 2024- 09 Feb.20254



22 (0.1%) cases without date information are excluded from the graph.



Resident status	n	percent
Refugee	1,697	5.9%
Returnee	388	1.3%
Host community/Resident	20,618	71.3%
IDP	4,278	14.8%
Other	142	0.5%
Unknown	1,777	6.1%
Total	28,900	100.0%



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.

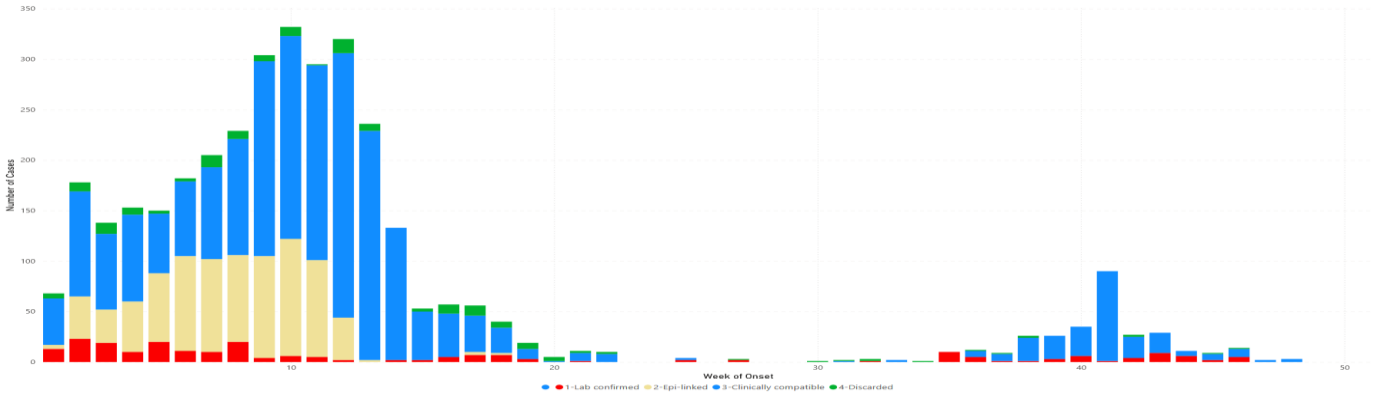
The nOPV2 SIAs campaign was monitored for quality, using LQA surveys. The 3rd round had 46% (18 of 39 counties surveyed passing the LQAs test. This was a decline from 58% (23 of 40 counties surveyed) that was achieved in the second response round. Similarly, the proportion of counties surveyed in which 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 4th 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, 3 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 9: 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 03 of 2025, there were 15 new suspected cases of hepatitis E virus were reported with zero death. Cumulatively, a total of 6207 cases have been reported since the onset of the outbreak in 2018
- Among the 15 new cases reported in week3 of 2025, there were three (3) new RDT-positive cases identified bringing the total RDT-positive cases to 1,845 since 2018.
- There were no new hepatitis E virus deaths reported In week 03 of 2025, upholding a cumulative total of 36 fatalities since the outbreak started in 2018.
- Individuals aged 15 to 44 years composed up 43% of the reported cases (see in Figure 12).
- Males constituted 53% (3,298 cases) of the overall total, while females totaled 47% (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 10*: Epicure of HEV in Bentiu IDP camp, Unity State; Epi Week 52 of 2018 to Week 03 of 2025*

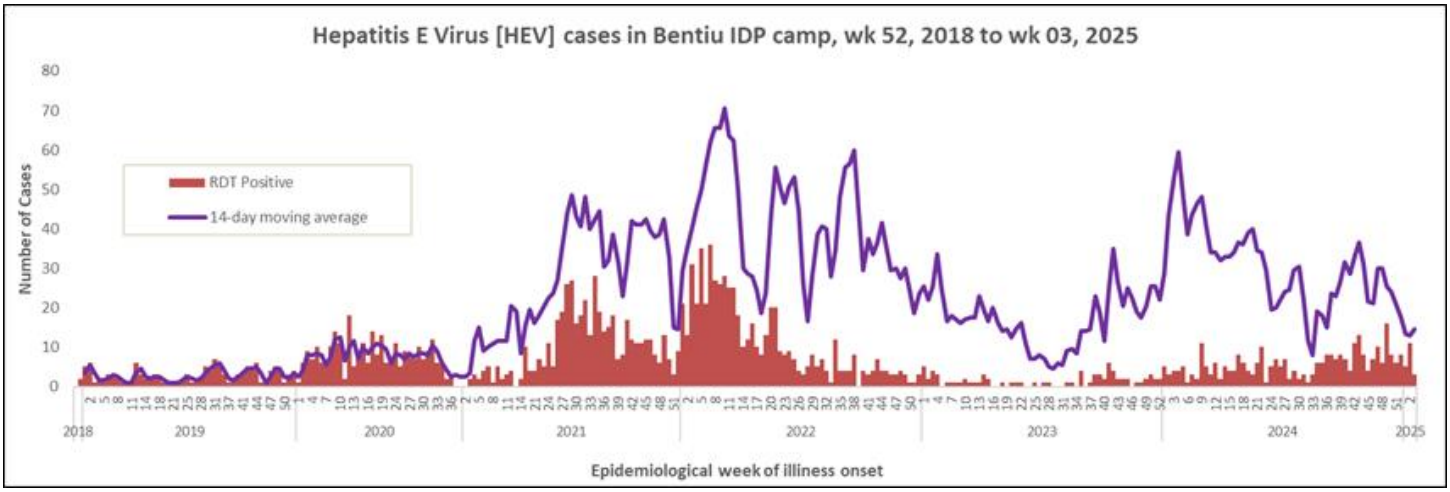
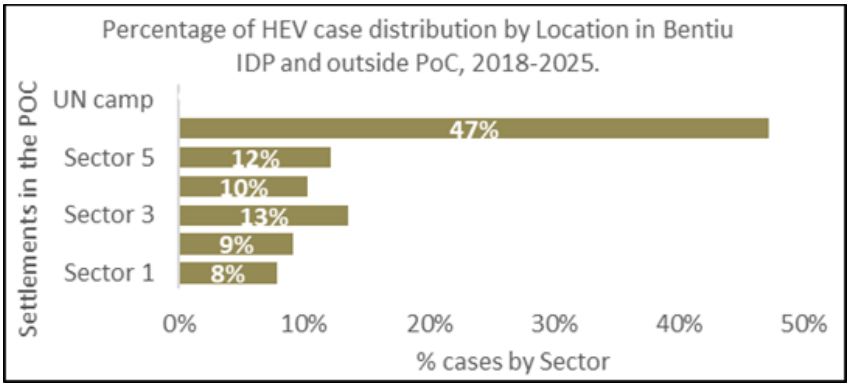
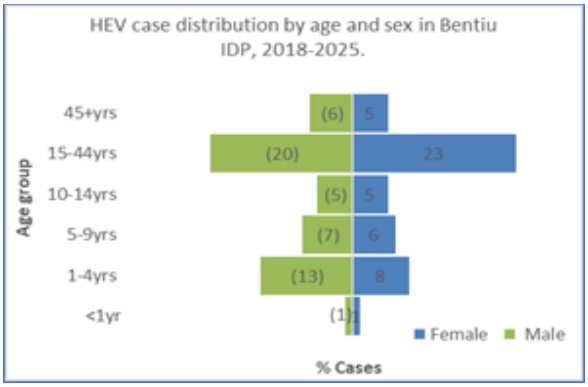


Figure 11:Location and age distribution of Hepatitis E cases in Bentiu, Unity state of South Sudan





Other Events

Sudan crisis: As of the of 10 February 2025, at least ***1 050 799*** individuals (540 097 females and 510 702 males) have crossed from 18 different nationalities. Of this number, ***69.12% (726 312)*** are South Sudanese returnees and 30.34% (318 812) are Sudanese refugees. Only 0.29% are from other nationalities, largely Eritrean population. Currently, 21 PoEs are being monitored, with Joda-Renk accounting for 71% 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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For more help and support, please contact:

Dr Joseph Lasu Hickson
Emergency Preparedness and Response
Ministry of Health Republic of South Sudan
Email: josh2013.lasu@gmail.com
Phone number +211921395440

Dr. Kediende Chong
Director General Preventive Health Services
Ministry of Health
Republic of South Sudan
Email: mkediende@gmail.com
Phone number: +21192888461

Dr BATEGEREZA, Aggrey Kaijuka
WHO-EPR Team Lead
Email: bategerezaa@who.int
Phone number : +211 924222030

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

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