



Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 9

24th February to March 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 9 of 2025, the IDSR reporting timeliness was 76%, and completeness was 92%. There was a decline in both timeliness and completeness of IDSR/EWARS reporting in week 9 2025 from 79% to 76% timeliness and 95% to 92% completeness in week9 and week8, respectively. IDSR timeliness and completeness of reporting for week 9 remains in the range of what it was in the last two previous years (2024 and 2023). 9 states and three administrative areas attained completeness of reporting above 80%. Lakes, Unity states, and Ruweng, Greater Pibor, and Abyei administrative areas achieved 100% completeness of reporting. However, only 5 of the 13 states/administrative areas attained timeliness of reporting above 80%.
- At the EWARN mobile sites, the Timeliness and Completeness of IDSR performance were 62% and 86% respectively. There was a decrease in timeliness of reporting compared to previous week8 where it was 76%, however there was noticeable improvement in terms of completeness of reporting form 76% in week8 to 86% in week9. The decrease in HFO and SCI-run sites was responsible for this decrease.
- In week 9, 175 EWARS alerts were triggered and only 63% (110 of 175) were verified. This was a decrease in the number of alerts triggered and a slight improvement in their verification rates as compared to week 8 where 38% (94 of 246) alerts were verified. Most of the alerts were for Cholera (18%), AWD (17%), Guinea Worm (16%), ABD (15%), Malaria (14%) and ARI (13%). Special thanks to the surveillance team in Western Equatoria, Abyei Administrative Area, Lakes, Jonglei, Unity, and NGBZ States for verifying most of the reported alerts in their respective states.
- On February 6, 2025, the National Public Health Laboratory in Juba confirmed the first case of Mpox. In accordance with (IHR 2005), the Ministry of Health declared an outbreak of Mpox immediately. As of March 16th, 2025, the cumulative total number of confirmed Mpox cases had risen to Seven and sequencing report confirms Clade 1b, all linked genetically to the transmission in Uganda.
- Between September 28, 2023, and March 19, 2025, a Cumulative total of 40 802 cholera cases had been reported (including 708 deaths) CFR of 1.7%. These cases were reported from across 42 counties in nine states and Two administrative area.

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 9 were at 76% and 92%, respectively, which was a slight decline from the attainments of the previous week 5.

Table 1: *Timeliness and completeness of IDSR reporting by State for week 9 compared to 8 of 2025*

State	Total facilities	Number of facilities reported (Completeness Wk09)	Comparison of the reporting period				Cumulative since year start (2025 level)	
			Timeliness		Completeness		Timeliness	Completeness
			Week 09	Week 08	Week 09	Week 08		
Lakes	112	112	79%	88%	100%	100%	88%	100%
NBGZ	92	80	84%	62%	87%	85%	65%	74%
Unity	84	84	92%	99%	100%	100%	95%	99%
WBGZ	112	103	67%	58%	92%	92%	70%	93%
WES	191	180	76%	71%	94%	98%	78%	96%
Jonglei	120	112	78%	88%	93%	97%	80%	88%
Warrap	114	102	62%	70%	89%	90%	69%	88%
EES	112	100	72%	73%	89%	97%	64%	89%
RAA	16	16	44%	31%	100%	100%	39%	94%
CES	152	148	97%	98%	97%	98%	89%	92%
AAA	17	17	94%	88%	100%	94%	88%	98%
Upper Nile	143	106	52%	82%	74%	88%	74%	87%
GPAA	16	16	100%	75%	100%	88%	92%	98%
Total	1281	1176	76%	79%	92%	95%	77%	91%

Key:

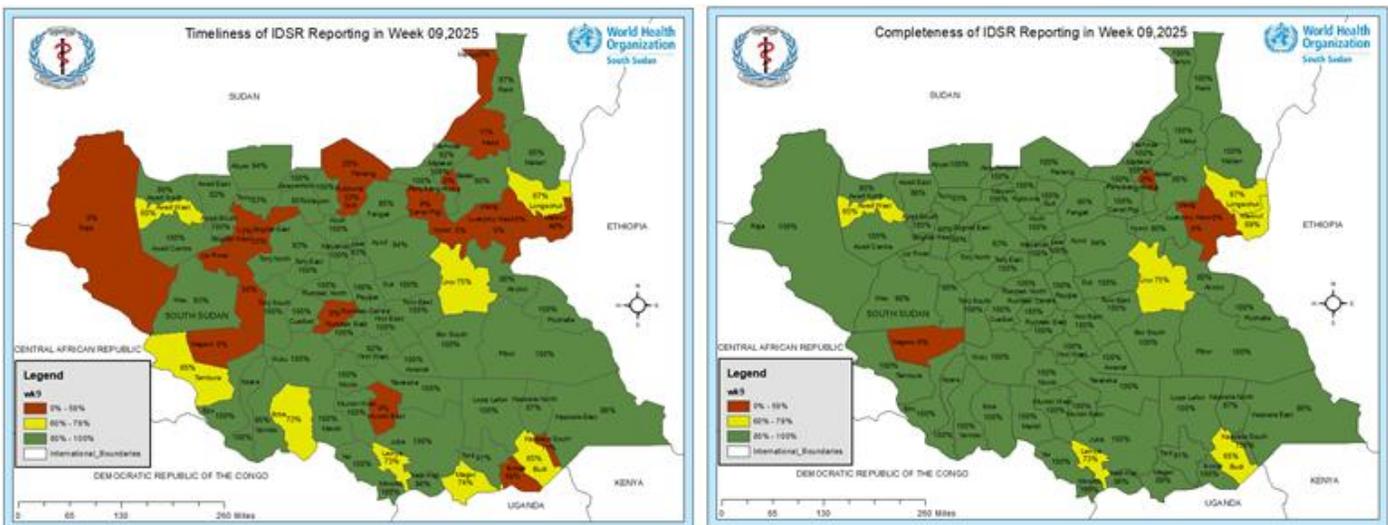
	Good Performance Indicator
	Fair Performance indicator
	Bad performance indicator

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, Week9 of 2025.*

Partners	# of Reporting Mobile Sites	Timeliness in week 09 (%)	Completeness in Week 09 (%)	Payam	Reporting Private Health Facilities (#)	% of Timeliness in week 09	% of Completeness in Week 09
IMC	4	25%	25%	Kator	3	100%	100%
SSHCO	1	100%	100%	Marial Baai	1	100%	100%
SMC	1	100%	100%	Northern Bari	1	100%	100%
SCI	2	50%	100%	Rajaf	3	100%	100%
HFO	4	75%	100%	Muniki	12	100%	100%
WVI	2	50%	100%	Wau South	20	100%	100%
CIDO	1	100%	100%	Wau North	12	92%	92%
SP	4	75%	100%	Juba	10	100%	100%
HFD	1	0%	100%	Managala	1	100%	100%
RI	1	100%	100%	TOTAL	63	98%	98%
TOTAL	21	62%	86%				

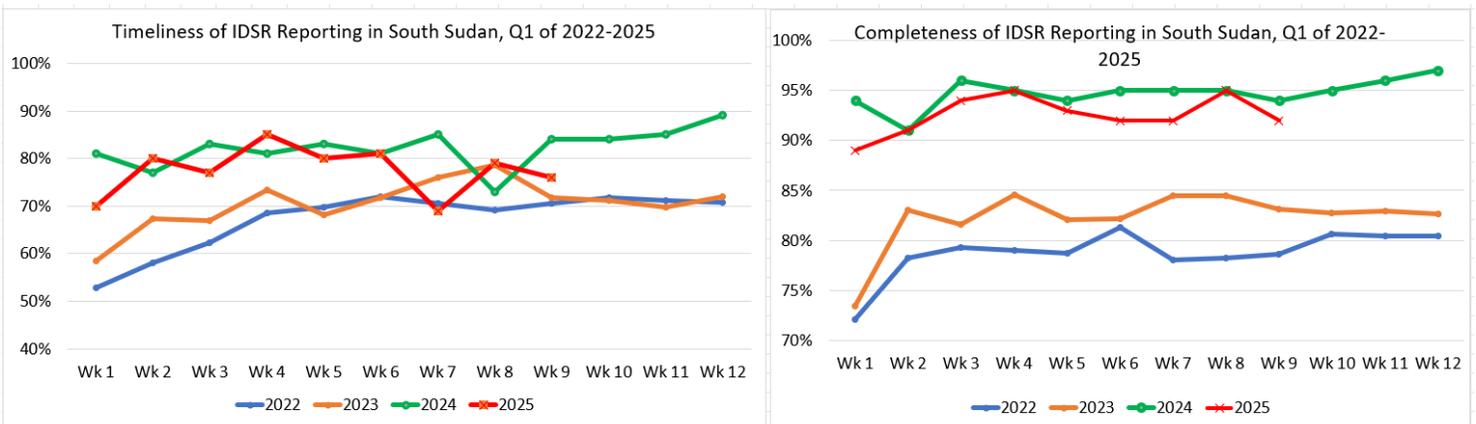
An important point to note: Three of the 4 health facilities supported by IMC (1) remained silent in the reporting period. The IDSR team will explore the reasons for non-reporting with the aim of re-establishing weekly IDSR reporting.

Figure 1: Maps showing Timeliness and Completeness of IDSR reporting in South Sudan by County in Week 9, 2025.



Given the turbulent declines in timeliness and completeness of IDSR reporting, observed in June/July 2024, we continued to analyze the performance over the past four years. We documented that the declines in 2024 (Wk. 21-31) were more pronounced than they were in previous years of 2023 and 2022. In this HSTP transition period, we continue to provide targeted support to the newly contracted health implementing partners and IDSR performance recovery is imminent. Notably, the IDSR timeliness of reporting continued to improve reaching and remaining at optimal reporting ratios above 80% in the previous two weeks.

Figure 2: Comparative analysis of IDSR timeliness and completeness in South Sudan, over the past 4 years (Week 1-12)



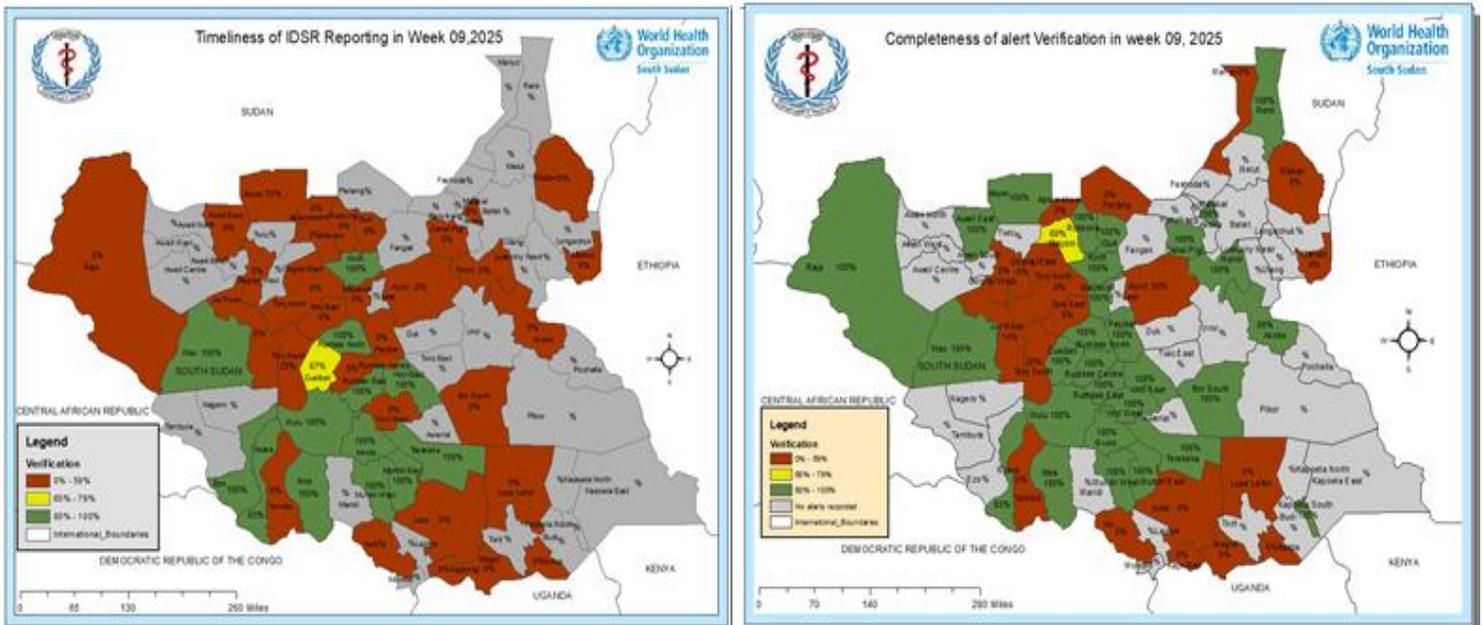
Epidemic alerts

In epidemiological reporting week 9, 175 alerts were triggered in the EWARS system, with 63% (110 of 175) verified, which was higher than the previous week 8. In Week 9, ten states and two administrative areas recorded at least one notifiable disease alert. Special thanks to Western Equatoria, Jonglei, Lakes, Unity Abyei Administrative Area, and NBGZ States for verifying most of their EWARS alerts. Most of the alerts were for Cholera (18%), AWD (17%), Guinea Worm (16%), ABD (15%), Malaria (14%) and ARI (13%). See Table 3 below.

Table 3: Summary of EWARS alerts triggered in Epidemiological Week 9, 2025.

State/Admin	AJS		ARI		AWD		AFP		ABD		Cholera		EBS		Guinea Worm		Malaria		Measles		NNT		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		
AAA	1	1	1	1	1	1	0	0	3	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	6
CES	0	0	4	1	1	0	0	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	1
EES	0	0	0	0	6	0	0	0	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	1	
Jonglei	0	0	1	1	1	1	0	0	0	0	13	1	0	0	3	3	3	3	0	0	0	0	0	0	0	21	18	
Lakes	0	0	2	2	2	2	0	0	1	1	2	2	0	0	17	7	0	0	0	0	1	1	0	0	0	25	25	
NBGZ	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	1	
RAA	0	0	3	0	0	0	0	0	0	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	6	0	
Unity	1	1	3	3	3	3	0	0	1	1	6	6	0	0	0	0	8	8	0	0	0	0	0	0	0	22	22	
Upper Nile	0	0	2	0	2	0	0	0	6	1	1	0	0	0	2	1	1	0	0	0	0	0	0	0	0	14	2	
Warrap	0	0	0	0	2	0	0	0	5	0	3	0	0	0	6	1	3	0	2	0	0	0	0	0	0	21	1	
WBGZ	1	1	2	2	4	2	1	1	1	1	1	0	0	0	0	0	3	0	1	1	0	0	1	1	15	9		
WES	0	0	5	5	7	7	0	0	6	5	1	1	0	0	0	0	6	5	2	1	0	0	0	0	0	27	24	
GPA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Grand Total	3	3	2	1	29	6	1	1	27	3	31	9	1	0	28	2	24	6	3	1	1	1	1	1	1	175	110	

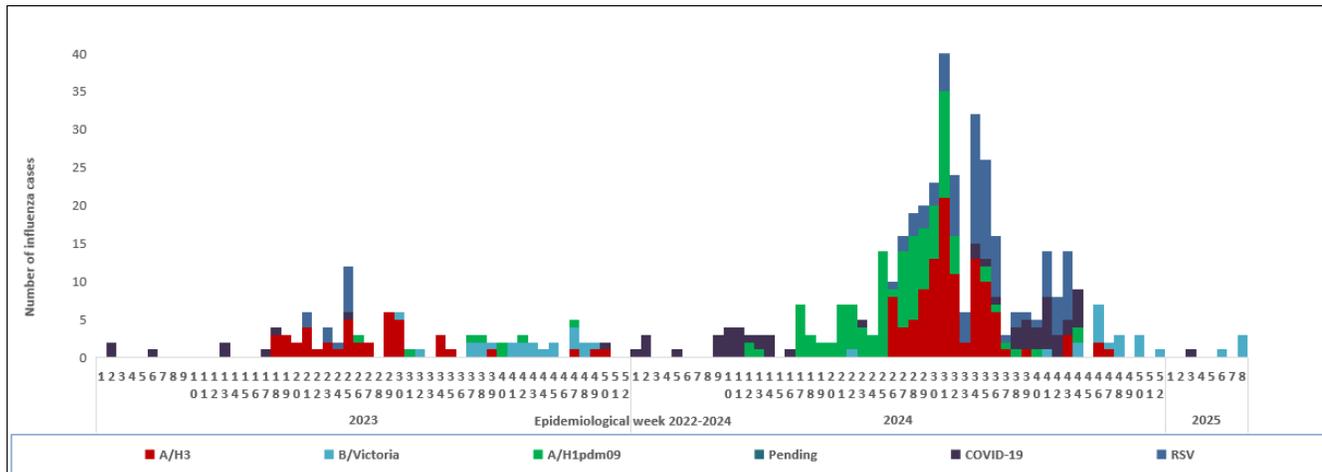
Figure 3: Completeness of Alerts Verification rates by county of South Sudan; week 9, 2025



Influenza Sentinel surveillance weekly updates.

Currently, 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 4: Confirmed Influenza, COVID-19, and RSV cases from sentinel sites Epidemiological Week 1 of 2023 to Week 9 of 2025.



In week9 of 2025, there were no reported cases ILI/SARI. Therefore as of Weeks 1 to 9 in 2025, a cumulative total of 283 ILI/SARI samples have been collected; 278 tested negative for all pathogens, (0) were positive for COVID-19, (1) for Influenza Type A (H3), (1) for Influenza Type B (Victoria), (0) for Influenza A/(H1N1)pdm09 and (0) for RSV.

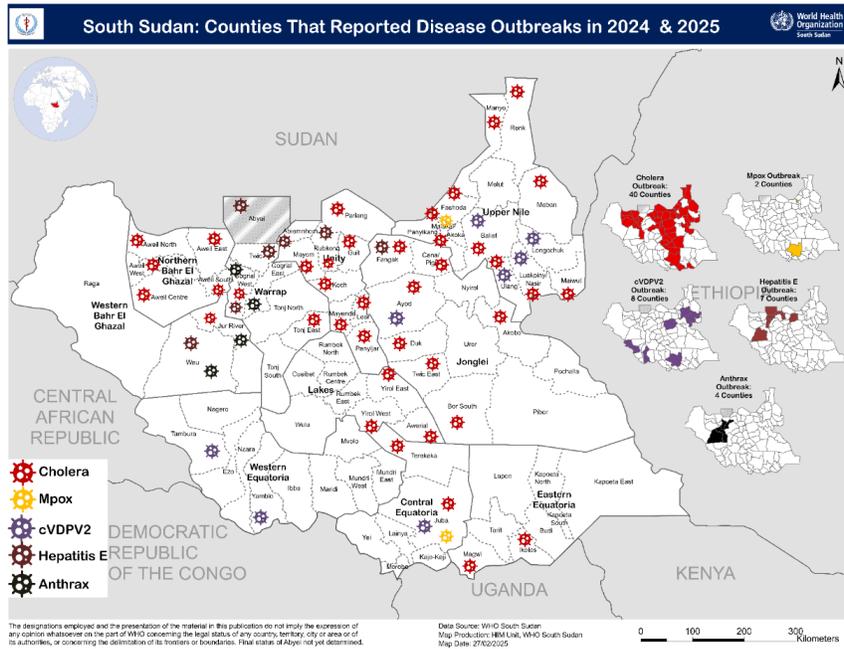
South Sudan Confirmed and ongoing epidemics in 2025

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. Currently active outbreaks in South Sudan include Anthrax, cholera, cVDPV2, hepatitis E and Mpox. Response interventions to mitigate further transmission and spread are ongoing. Below is a map of the confirmed emergencies as at 16th March 2025

Table 4: Summary of ongoing and confirmed epidemics

Aetiologic agent	Location (county)	Date first reported	New cases since Epi-Week 8	Cumulative suspected cases	Response activities				
					Surveillance/Lab confirmed	Case management	Vaccination	Health promotion	IPC/WASH
Mpox	Juba Malakal	Feb 2025	0	53	7	ongoing	Ongoing	yes	yes
Cholera	In 39 counties across seven states	Sept 2025	More than 4,000	40,802	7,568	ongoing	Ongoing	yes	yes
Hepatitis E	Rubkona Fangka Wau Abyei Twic	Dec/2018	13	6,930	10	ongoing	Not done	ongoing	ongoing
cVDPV2	Yambio, Juba, Ulang, Nasir, Baliet, Ayod, Old Fangak	19/Dec 2023	-	21	21	Not applicable	Completed 3 nOPV2 SIAs and 4 th round is ongoing	ongoing	ongoing
Anthrax	Gogrial West (WRP) and Jur River (NBG)	2022	114	283	4	ongoing	Ongoing in the animal sector	ongoing	ongoing

Figure 5: Map showing confirmed and active outbreaks by county of South Sudan; as at 16th March 2025.



Response activities for ongoing/suspected outbreaks

1. Mpox case Outbreak Update.

The index Mpox case was a 31-year-old Ugandan male who arrived in Juba on January 29, 2025. Since the Mpox outbreak declaration on February 7, six additional cases were confirmed by rt-PCR, bringing the cumulative total of Mpox cases to 7 in South Sudan. The confirmed Mpox cases were in Juba County (6) and Malakal POC (1), fairly distributed by gender (3 males and 4 females), all aged 24-40 years. Four cases are Ugandan nationals who recently returned to South Sudan after the Christmas break. One South Sudan national had traveled to Kampala from January 29 to February 7. Only two cases of South Sudanese nationality have no history of contact with the epidemic in Uganda. Genetic sequencing from the first 3 positive cases confirmed that the outbreak is of Clade 1b and all viruses were linked to the transmission chains in Uganda.

Since the confirmation of Mpox outbreak, the Republic of South Sudan has taken on response and confirms:

- There is an updated and validated National Mpox Preparedness and Response plan 2024 to 2025. The plan articulated capacity developments needed before, during and after the Mpox outbreak. Upon confirmation of Mpox, the response plan is immediately triggered away from the readiness phase.
- An activated Public Health Emergency Operations Centre that has been in Alert Mode since August 2024 was hence-forth switched to response mode.
- An established Mpox outbreak readiness and response coordination mechanisms in line with the WHO emergency response Framework. An incident Manager with established MOH/WHO led pillar leaders is in place.
- Completed the risk assessments at the 5 priority Points of Entry (POEs) in the greater Equatoria, with firm plans to activate screening and immediate reporting of suspected Mpox/EVD cases

crossing into South Sudan from the infected neighbouring DRC (epicentre of Clade 1b Mpox), Uganda (Mpox and EVD), Kenya (Mpox) and other East African community member states with confirmed high-threat pathogenic diseases.

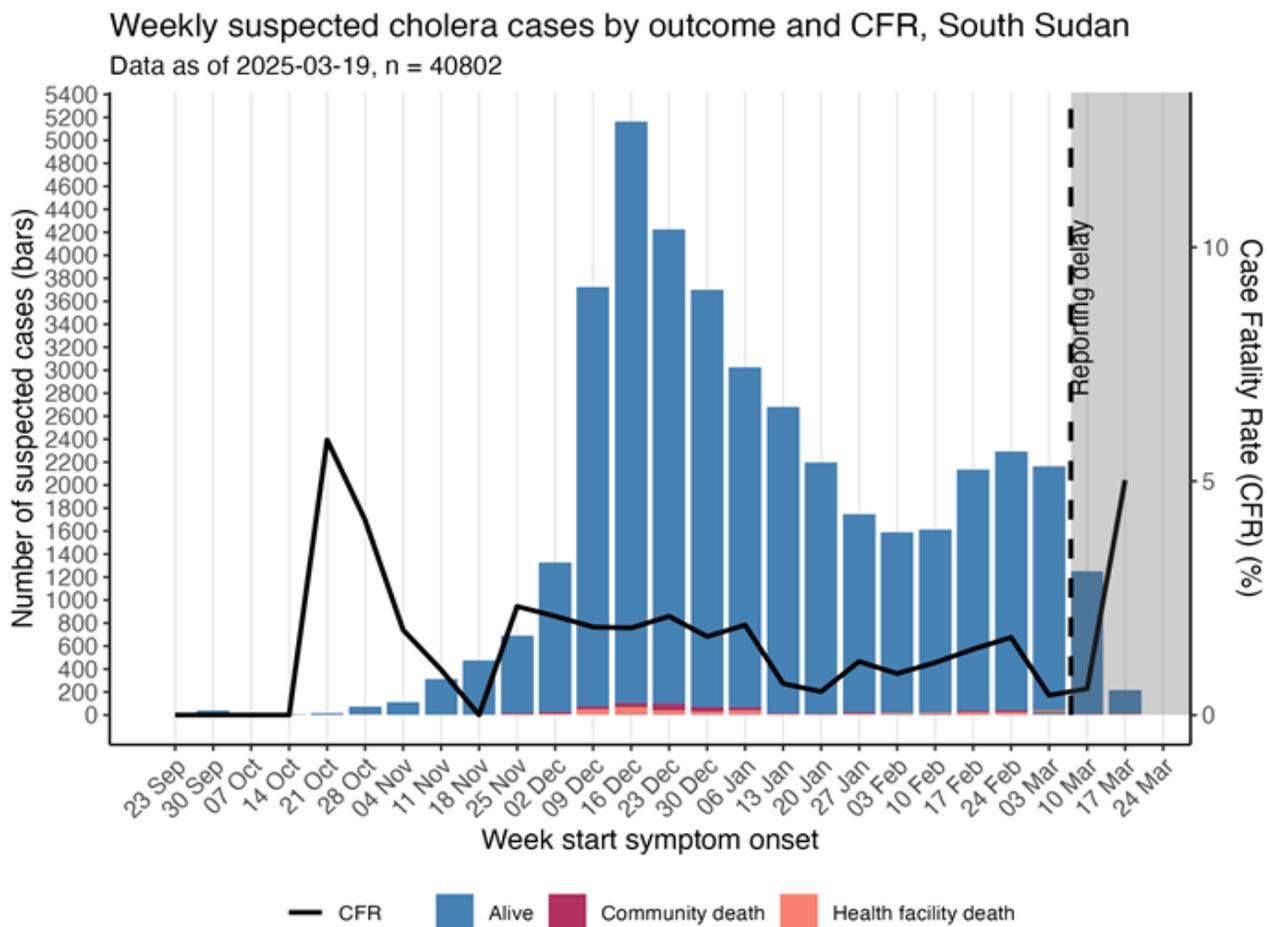
- Sensitized all health workers in the country, including private health workers enrolled into the National Integrated Disease Surveillance and Response/Early Warning Alert and Response System (IDSR/EWARS) on symptoms and signs of Mpox, VHF and Cholera.
- Established a laboratory network with specimen collection, safe packaging in transportation and testing capacity. This laboratory network had tested samples collected from 182 suspected cases using real time Polymerized Chain Reaction (rt-PCR) techniques. Additional testing technique of using GeneXpert was introduced at the National Public health laboratory, thanks to the support of USAID who provided the testing cartridges. As at confirmation of the Mpox outbreak, there were 3 PCR test kits that can run an additional 288 samples. This is in addition to the 50 GeneXpert cartridges that can complement the 288 PCR tests at hand in re-confirmation or as an alternate testing tool.
- Established External Quality Control for the National Public Health Laboratory testing of samples from South Sudan. In the last 6 months, re-testing of 63 samples shipped in 4 batches to UVRI as the reference WHO collaborating centre, had generated 100% concordance in results generated by NPHL. In addition, the NPHL had also been provided with proficiency testing panels from a global WHO reference laboratory, in which the national laboratory also scored 100% in test result concordance. All 4 recently confirmed rt-PCR positive samples have been shipped to UVRI for genetic sequencing. The results for the initial 3 samples have confirmed Clade 1b with linkages to ongoing transmission in Uganda. These phylogenetic linkages confirm the earlier epidemiological linkages reported in the case descriptions.
- Trained 75 clinicians in Mpox/MVD/Cholera case management as surge capacity. These clinicians will be used in surge support to the current Cholera and Mpox outbreak response using the standard WHO protocols. The additional 35 clinicians have been trained in Nimule to boost surge capacity for the border health services in this strategic ground crossing area, that links the country with neighbouring Uganda.
- Conducted an Mpox/VHF readiness assessment using the WHO global tool in which overall readiness score was given as 80%. In both readiness assessments, the highest scores were given to Laboratory readiness (100%), coordination (100%), RCCE (83%) and Surveillance (81%). Notably the lowest scores were given to vaccination readiness (50%), POEs (57%) and Logistics (60%).
- There is adequate Infection Prevention and Control Equipment (PPE) that are enough to manage the first 20 cases. The WHO Regional Emergencies program has also pledged to increase the PPE capacity up to 50 cases, upon request from the Ministry of Health.

In the last 4 weeks alone, a risk assessment of the two ground crossing points at Nimule and Kako-keji was completed. During the mission, the IDU facility built by IGAD with support from European Union was also inaugurated and made ready for use. A capacity development plan for Nimule ground crossing point was developed and is being funded by the no-regrets funding from WHO/AFRO.

2. South Sudan Cholera Outbreak Epidemic description as at 19th March 2025

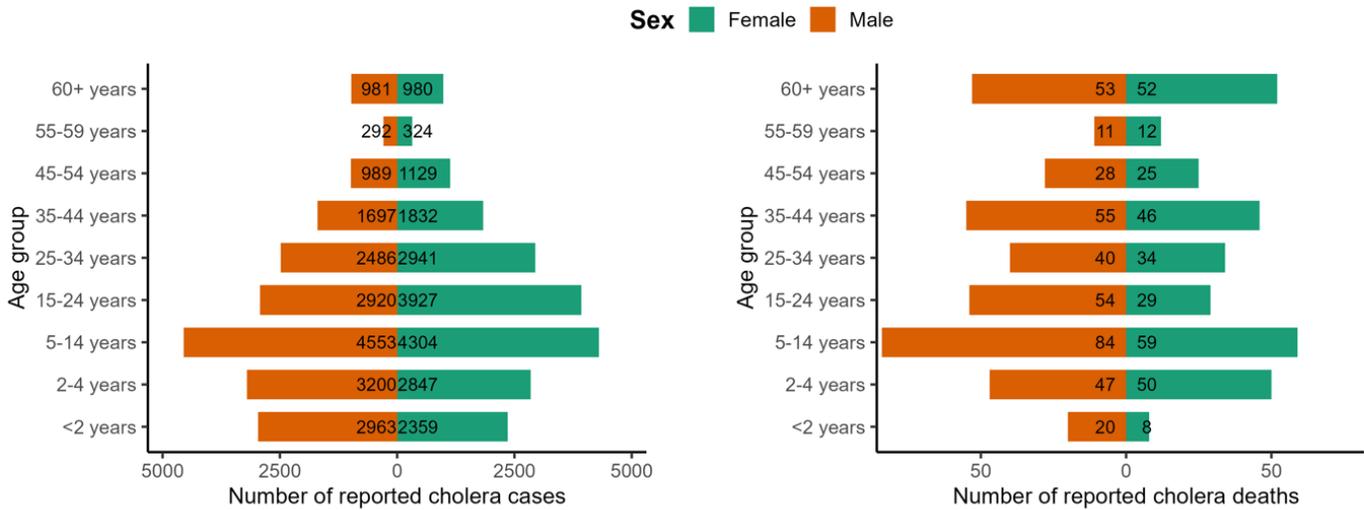
- Between September 28, 2023, and March 19th, 2025, there have been a total of 40,802 reported cases of cholera. These cases were reported from across 42 counties in nine different states and Two administrative area.
- The cumulative death stands at 708 with (CFR of 1.7%), which is quite higher than the WHO targeted case-fatality ratio for Cholera outbreaks. However, when community cases and deaths are removed from the analysis, then we document that facility-based CFR for Cholera is 0.8% (which is within the recommended <1%)
- There were 3,252 new cases and 61 new deaths reported in the last 14 days
- Majority of the cases in the last 14 day came from Akobo (410), Aweil West (369), Pibor (263), Nyirol (244), and Mayom (219)The age group with highest case count is 0-4 years (28%), followed by those aged 5-14 years (23%)
- Cases 35 years and older account for 20% of the case burden
- Females currently represent 51% of cases, 69% of cases are from the host community

Figure 6: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, wk39, 2024 to Wk10, 2025



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

Figure 7: Graph showing cholera cases distribution by age group and sex as of 19th March 2025



Source: national cholera line list, MoH South Sudan and WHO South Sudan CO. Exclusions: 78 total cases excluded (75 missing age, 5 missing sex); 1 deaths excluded.
 * Visualizations exclude cases with unknown age or sex.

Table 5: Cholera cases, deaths and recoveries in the last 14 days

County	Cases	Deaths	Recoveries	County	Cases	Deaths	Recoveries
Akobo	410	2	198	Koch	29	1	25
Aweil Centre	182	0	156	Leer	56	1	52
Aweil East	38	0	27	Luakpiny/Nasir	31	0	0
Aweil North	16	0	16	Manyo	34	0	21
Aweil South	11	0	6	Mayom	219	0	209
Aweil West	369	0	355	Nvirol	244	24	33
Awerial	69	3	60	Panyijiar	156	7	121
Ayod	31	0	19	Pariang	26	0	23
Bor South	42	1	27	Pibor	263	9	0
Canal	26	1	24	Renk	50	0	46
Duk	1	0	0	Rubkona	218	0	207
Fangak	7	0	6	Terekeka	109	1	13
Gogrial West	177	4	138	Twic East	11	0	11
Guit	62	0	60	Ulang	138	2	100
Ikotos	60	3	51	Uror	2	0	2
Juba	65	0	27	Yirol East	7	0	3
Jur River	92	2	90	Total	3,251	61	2,126

Table 6: Cumulative Cholera cases by county and state of South Sudan; September 2024 to March 2025

State	County	Past week (13 March 2025 to 20 March 2025)			Cumulatively (27 September 2024 to 20 March 2025)			
		Cases	Deaths	Severe dehyd. (%)	Total cases	Total deaths	Attack rate	CFR (%)
GPAA	Pibor	259	9	100.0%	263	9	94.2	3.4
NBGZ	Aweil West	121	0	4.1%	4,264	2	1,364.0	0.0
UNI	Rubkona	84	0	45.2%	11,619	186	5,598.0	1.6
WRP	Gogrial West	66	1	25.8%	330	10	72.6	3.0
NBGZ	Aweil Centre	53	0	0.0%	1,577	1	2,009.1	0.1
UNI	Mayom	44	0	31.8%	4,433	92	1,772.9	2.1
UNI	Panyijiar	37	2	97.3%	414	24	392.0	5.8
UNI	Guit	27	0	100.0%	639	14	940.1	2.2
CES	Terekeka	23	1	0.0%	625	9	231.4	1.4
WBGZ	Jur River	22	2	100.0%	299	2	125.2	0.7
LAK	Awerial	19	1	100.0%	416	17	418.6	4.1
UNI	Leer	15	0	40.0%	176	3	159.2	1.7
UPPER	Renk	15	0	66.7%	781	3	293.0	0.4
UNI	Koch	11	1	72.7%	179	26	115.0	14.5
CES	Juba	10	0	30.0%	4,403	66	639.9	1.5
EES	Ikotos	7	0	71.4%	320	22	178.9	6.9
RAA	Pariang	4	0	100.0%	158	3	92.2	1.9
JNG	Akobo	3	0	100.0%	1,434	15	599.9	1.0
JNG	Canal	3	0	100.0%	232	14	132.7	6.0
NBGZ	Aweil North	1	0	0.0%	230	14	95.0	6.1
JNG	Duk	1	0	100.0%	666	14	579.9	2.1
UPPER	Manyo	1	0	100.0%	42	0	57.7	0.0
NBGZ	Aweil East	0	0	0%	456	3	78.5	0.7
NBGZ	Aweil South	0	0	0%	326	1	239.3	0.3
JNG	Ayod	0	0	0%	232	19	94.1	8.2
UPPER	Baliet	0	0	0%	116	4	156.9	3.4
JNG	Bor South	0	0	0%	1,039	16	266.4	1.5
JNG	Fangak	0	0	0%	891	28	459.3	3.1
UPPER	Fashoda	0	0	0%	6	0	8.5	0.0
UPPER	Luakpiny/Nasir	0	0	0%	431	20	106.2	4.6
UPPER	Maban	0	0	0%	10	0	11.4	0.0
EES	Magwi	0	0	0%	12	1	3.3	8.3
UPPER	Maiwut	0	0	0%	2	0	1.3	0.0
UPPER	Malakal	0	0	0%	1,801	9	737.7	0.5
UNI	Mayendit	0	0	0%	2	0	1.8	0.0
JNG	Nyirrol	0	0	0%	345	29	180.2	8.4
UPPER	Panyikang	0	0	0%	375	3	428.1	0.8
JNG	Twic East	0	0	0%	718	19	476.3	2.6
UPPER	Ulang	0	0	0%	387	3	236.0	0.8
JNG	Uror	0	0	0%	2	0	0.6	0.0
LAK	Yirol East	0	0	0%	114	6	80.3	5.3
LAK	Yirol West	0	0	0%	37	1	17.1	2.7
Total	Total	826	17	33%	40,802	708	259.9	1.7

Complete Date Reporting: All cases have documented dates. Sources: National cholera line list, MoH South Sudan and WHO South Sudan CO; MoH census projections 2025 for population data.
 Disclaimer: Indicators reflect reported cases only. Small reported numbers at subnational level substantially affect proportions. When interpreting figures, especially comparatively, caution must be exercised: consider factors such as subnational-level access to care, case detection capacity, and differences in reporting practices.

Figure 8: Map showing cholera cases and deaths distribution by Counties of South Sudan updated on 19th March 2025

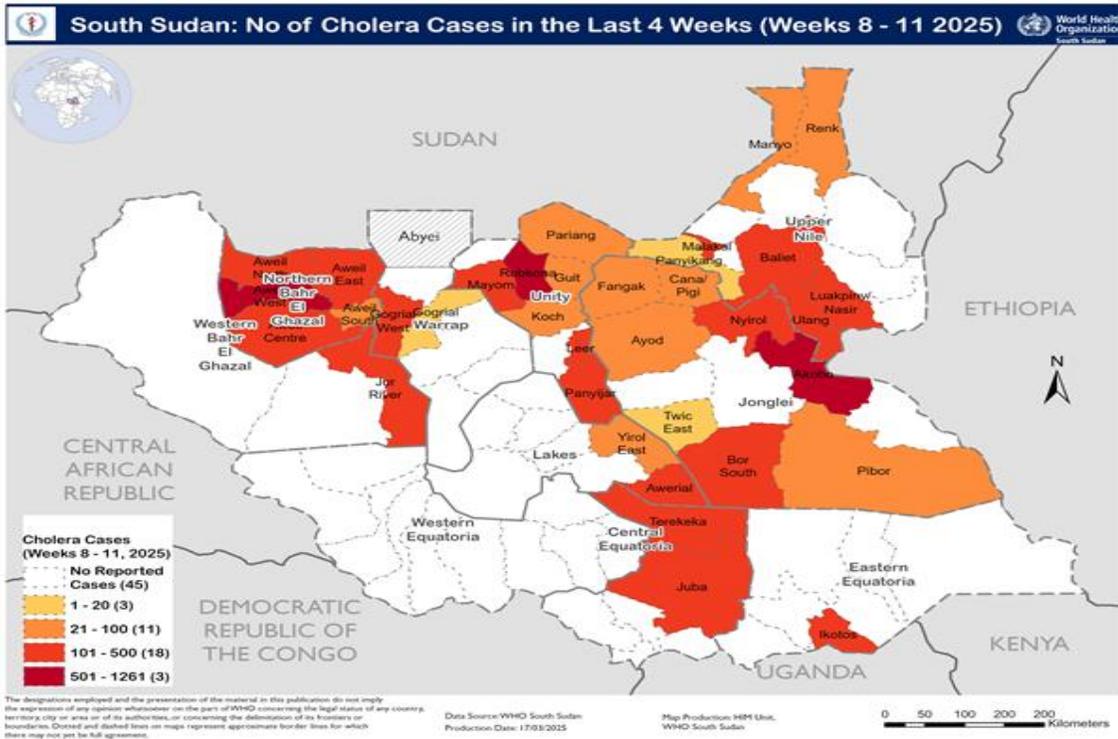
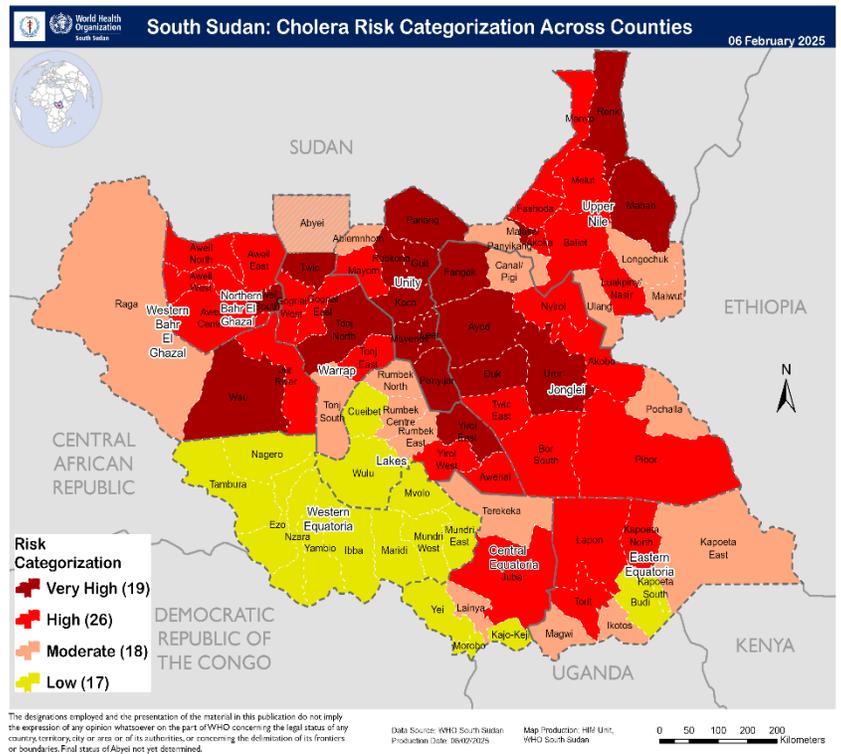


Figure 9: South Sudan cholera risk mapping

- Geographical Spread:** Out of 80 counties, 19 (24%) are classified as Very High risk and 26 (33%) as High risk, mainly concentrated around the River Nile across seven states and one administrative area.
- OCV Campaign Gaps:** Some Very High-risk counties have laboratory-confirmed cases but low case numbers due to limited OCV campaign progress, while others show proactive monitoring despite no reported cases.
- Ongoing Risks and Interventions:** Persistent risks from flooding, poor WASH conditions, and population displacement require continuous WASH efforts, vaccination of new arrivals, and potentially a 2-dose OCV regimen to prevent further outbreaks.



Next Steps

- Continue rolling out Oral Cholera Vaccination (OCV) campaigns. Targeted vaccination of cross-border populations between Sudan and South Sudan is critical given the sustained influx of susceptible populations forced by the Sudan crisis.
- Step up Infection Prevention and Control as well as Water/Sanitation Hygiene (IPC/WASH) interventions.
- Plan and conduct post-campaign coverage verification surveys for counties that completed OCV SIAs before recall biases escalate.
- Develop and implement accelerated response plans for cholera control before the rainy seasons set in, in May 2025.

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

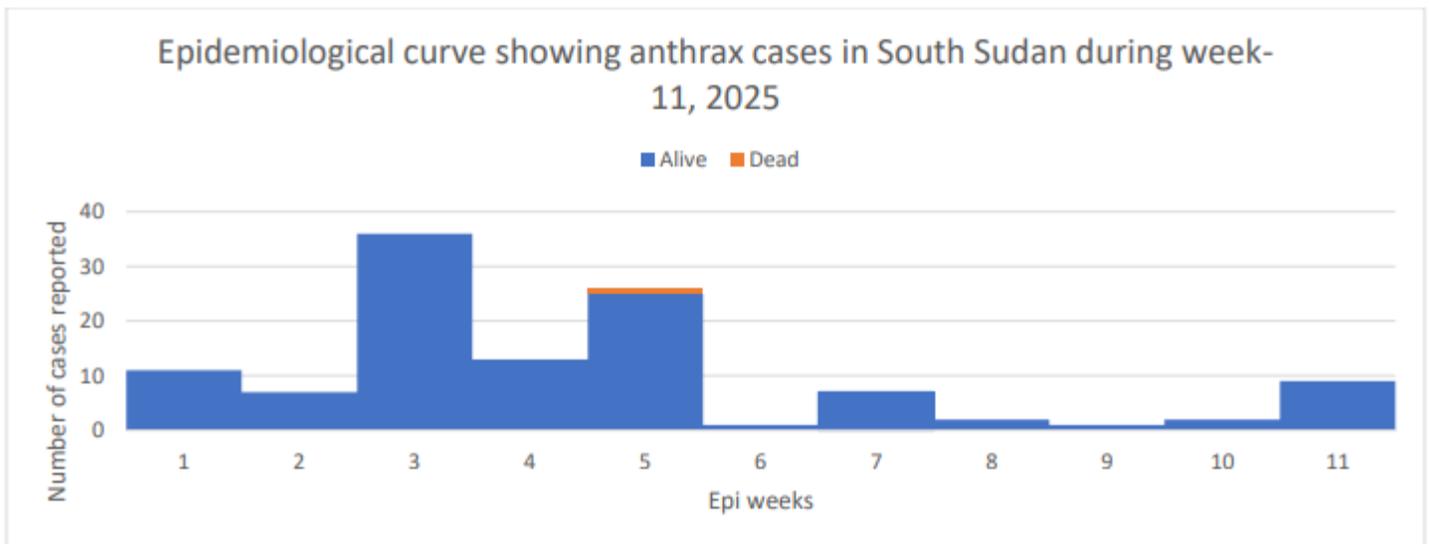
- The Ministry of Health declared the outbreak of cVDPV2 as a Public Health Emergency in December 2023 after confirming PV2 in Yambio.
- Currently the total number of Laboratory confirmed cVDPV2 isolates from AFP cases are now 13 from: Yambio and Tombura-Western Equatoria, Juba-Central Equatoria, Ayod and Fangak in Jonglei, Baliet, Luakpiny/Nasir, Longechuk in Upper Nile State.
- No additional isolates were isolated from samples collected from contacts
- 04 isolates were isolated from samples collected community healthy children from Yambio
- 09 new isolates were isolated from environmental samples (2 from Roton treatment plant, 1 from Lobulet, 1 from Bentiu and 4 from Amart)
- Since January 2025, a total of 48 AFP suspect cases have been documented and samples have been collected, however 38 of the samples tested negative for AFP and were discarded while 16 samples are pending laboratory results(5 Central Equatoria, 2 Eastern Equatoria, 3 for Lakes, 1 Upper Nile, 1 Warrap and 3 Western Equatoria State)

4. Anthrax

- In week 11 of 2025, there were Nine (09) new human Anthrax cases reported from Warrap State (Four cases) and from Wau. There was also one case reported during week9 from Warrap, while no report received from WBeG State (Five cases)
- In 2025 alone, a total of 113 human Anthrax cases have been reported from two states (WBeG – 83 and Warrap 30). Of the 113 human cases, one case had died giving a case fatality rate (CFR) of 1.0%.
- Cumulatively, since 2024, a total of 283 human anthrax cases have been reported from two states (WBeG 155 and Warrap 128): Of these, one sample tested positive for anthrax at UVRI in Uganda. Among the 283 human cases, 4 have died, resulting in a case fatality rate (CFR) of 1.4%.
- However, the data provided here should be interpreted with caution due to under-reporting of anthrax cases.
- This year, Jur River in Western Bar-El Gazal State has the highest recorded 59 cases representing attack rate of 24.0 per 100,000 population, followed by Wau in Western Bar-El Gazal has an attack rate of 11.5 per 100,000 population, Gogrial West County in Warrap State with an attack rate of 4.3 per 100,000 population, and Gogrial East in Warrap State has an attack rate of 1.8 per 100,000 population.
- Since 2024, a total of 36,964 animals have contracted the disease, of which 36,778 have died representing case fatality rate of 99.5%.

- A total of 1,741 animals have been vaccinated across three Boma (Majok-Yienhliet, Maluallukluk and Waar-Alel/Kuajok) in 2024
- Surveillance and reporting from facilities are being supported and strengthened with case definition and case investigation forms. County Frequency Population Attack Rate/100000 Jur River in Western Bar-El Gazal State has the highest recorded 59 cases representing attack rate of 24.0 per 100,000 population, followed by Wau in Western Bar-El Gazal has an attack rate of 11.5 per 100,000 population, Gogrial West County in Warrap State with an attack rate of 4.3 per 100,000 population, and Gogrial East in Warrap State has an attack rate of 1.8 per 100,000 population.
- WHO is supporting implementing partners (WVI-CGPP, CDTY, CMMB, Red Cross South Sudan, AMREF, JRS, IMA and TRI-SS) supporting health facilities screened all cases meeting Anthrax outbreak case definitions.

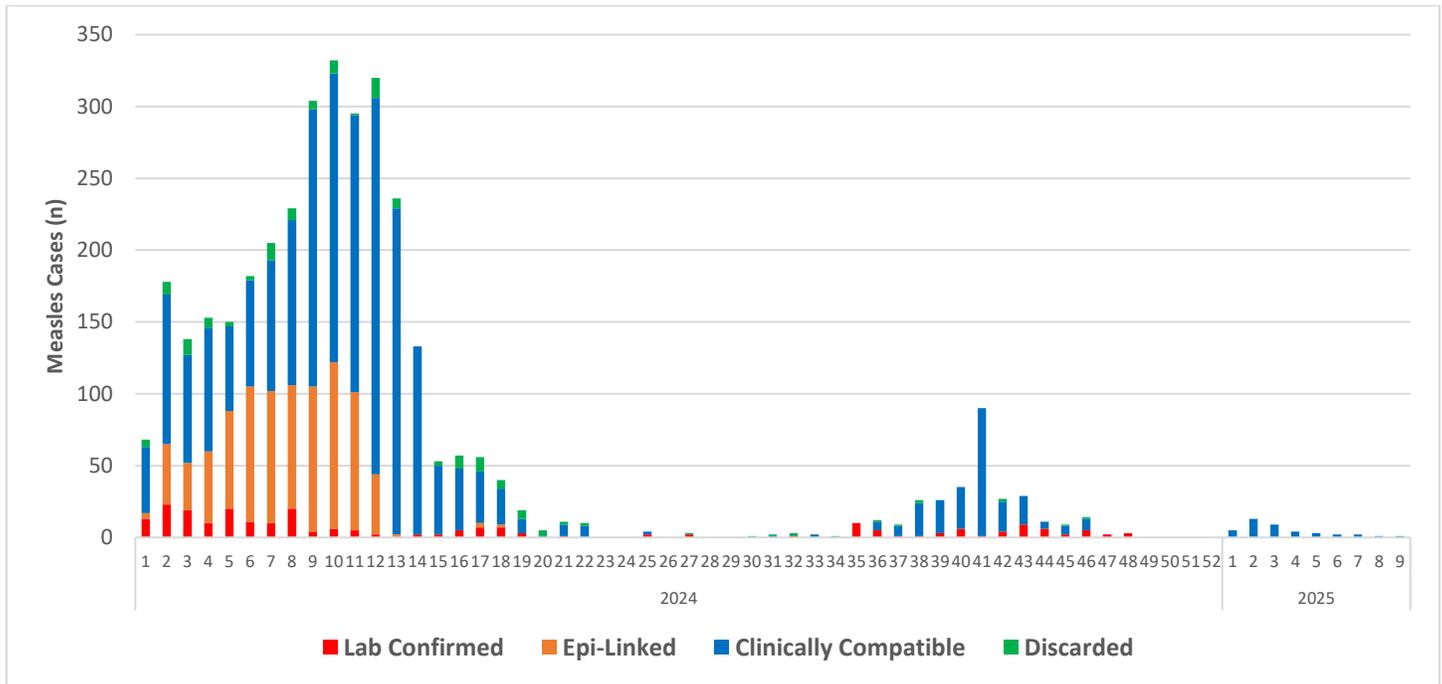
Figure 10: South Sudan Epidemiological Curve for Anthrax Cases from Wk1 to wk11 2025



5. Measles Update

- Since the start of year 2025 from week 01 to week 09, a cumulative total of 40 measles suspects cases have been reported from Aweil East, Aweil Centre, Aweil West, Gogrial west, Jur river, Tonj East and Wau county but were all discarded after testing negative on measles IgM at the virology laboratory of NPHL
- 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 01 to week 09 of 2025



6. Hepatitis E outbreak in Bentiu IDP Camp in Unity State.

- In Week 09 of 2025, there were no new suspected cases of hepatitis E virus disease reported and zero deaths.
- Cumulatively, a total of 6,386 hepatitis E virus cases with 36 deaths CFR of 0.7% have been reported since the inception of the outbreak in 2018
- Individuals aged 15 to 44 years account for 43% of the reported cases (see in Figure 12).
- Males constituted 53% (3,361 cases) of the overall cases, while females made up to 47% (2,025 cases).
- Figure 12 indicate the dispersal of HEV cases by the patients' places of residence, both within and outside the Bentiu PoC.
- 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 09 of 2025

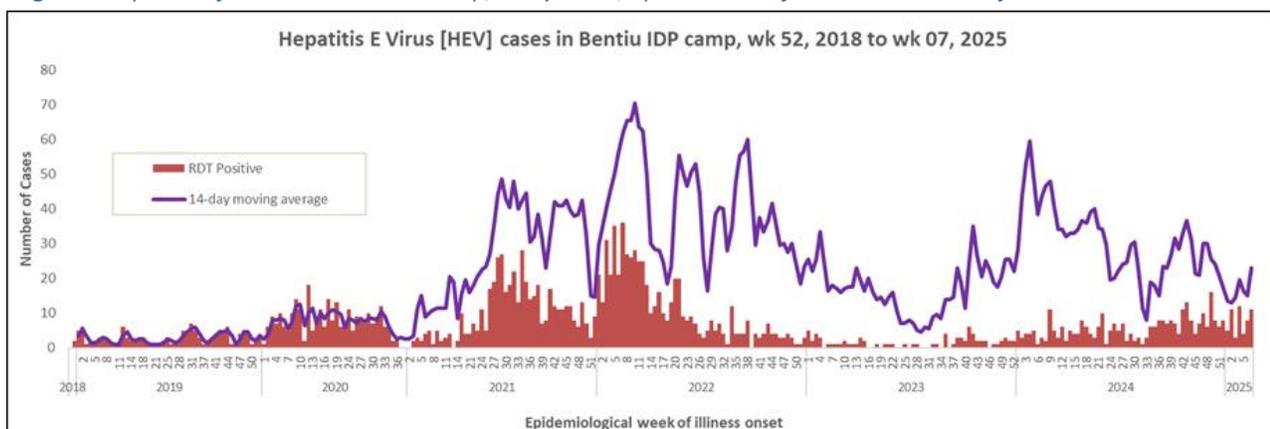
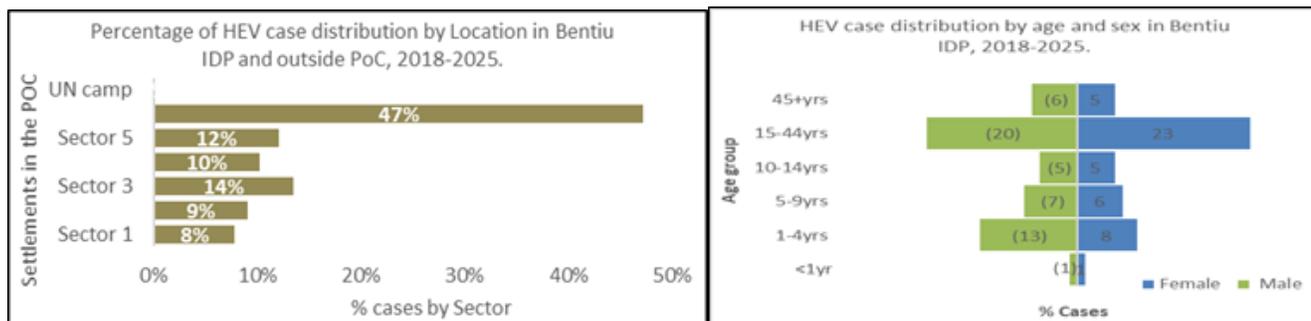


Figure 12: Location and age distribution of Hepatitis E cases in Bentiu, Unity state of South Sudan



Other Events

Sudan crisis: As of 21th March 2025, a cumulative total of **1 102 669** individuals (568 185 females and 534 514 males) had crossed from 18 different nationalities. Of this number, **68.38%** are South Sudanese returnees and 31.1% are Sudanese refugees. Only 0.27% are from other nationalities, largely Eritrean population. Currently, 21 PoEs are being monitored, with Joda-Renk accounting for 71% of the reported influx figures. There are currently 62 071 individuals (16 718 in transit center and 45 353 in host communities) in Renk. Due to the evolving security situation in Joda, the data collection remains largely incomplete.

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.

Acknowledgments

Thanks to the State Surveillance Officers, Health Cluster partners for sharing the weekly IDSR data. To access the IDSR bulletins for 2025 use the link below: <https://www.afro.who.int/countries/south-sudan/publication/south-sudan-weekly-integrated-disease-surveillance-and-response-bulletin-2025>

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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

