



Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 14

31st March to 6 April 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 14 of 2025, the IDSR reporting timeliness was 79%, and completeness was 94%. In week14, there was an improvement in both timeliness and completeness of IDSR/EWARS reporting. All the Ten (10) states and three (3) administrative areas attained completeness of reporting above 80%. Lakes, Unity, and Western Equatoria states and Greater Pibor administrative Area, achieved 100% completeness of reporting. However, only 7 of the 13 states/administrative areas attained timeliness of reporting above 80%.
- At the EWARN mobile sites, the Timeliness and Completeness of IDSR performance are at 86% respectively. This was an increase in Timeliness and completeness performance at these sites compared to attainments in the previous week 13.
- In week 14, 64 EWARS alerts were triggered, and only 30 were verified. This was a decrease in the number of alerts triggered and an increase in their verification rates as compared to week 13. Most of the alerts were for AWD (20%), ABD (17%), Guinea Worm (17%), Malaria (16%), and Cholera (8%). Cheers to the surveillance team in Greater Pibor Administrative Area, Lakes and Western Equatoria state for verifying all their EWARS alerts reported in their respective states.
- In week14 of 2025, no new Mpox case was detected and therefore the cumulative total number of confirmed cases remained eight (8), seven in Juba and one in Malakal. There were three new suspected cases reported from Western Equatoria but all turned out negative on PCR testing.
- As of 23rd April 2025, a cumulative total of 51, 409 cholera cases and 986 deaths were reported. The average CFR is estimated at 1.9%, while 510 are health facility deaths (CFR: 1.0%). Cases have been reported in **46 counties, across 9 states and 2 administrative areas** (Ruweng and Greater Pibor).

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 14 were at 79% and 92%**, respectively, which was an increase in Timeliness and a slight decline in Completeness from the attainments of the previous week 13.

Table 1: Timeliness and completeness of IDSR reporting by State for week 14 compared to 13 of 2025

State	Total facilities	# of facilities reported (Completeness Wk14)	Comparison of the reporting period				Cumulative since year start (2025 level)	
			Timeliness		Completeness		Timeliness	Completeness
			Week 14	Week 13	Week 14	Week 13		
Lakes	112	112	86%	79%	100%	100%	90%	100%
NBGZ	92	84	88%	47%	91%	90%	75%	84%
Unity	84	84	99%	87%	100%	100%	96%	99%
WBGZ	112	100	71%	29%	89%	89%	68%	92%
WES	191	192	94%	85%	100%	100%	78%	97%
Jonglei	120	117	98%	83%	98%	93%	84%	90%
Warrap	114	101	31%	12%	89%	86%	65%	83%
EES	112	105	55%	49%	94%	88%	62%	87%
RAA	16	12	6%	38%	75%	100%	47%	95%
CES	152	147	95%	80%	97%	92%	90%	93%
AAA	17	11	65%	0%	65%	88%	81%	95%
Upper Nile	143	127	74%	58%	89%	90%	71%	86%
GPAA	16	16	94%	94%	100%	100%	94%	98%
Total	1281	1208	79%	62%	94%	93%	78%	91%

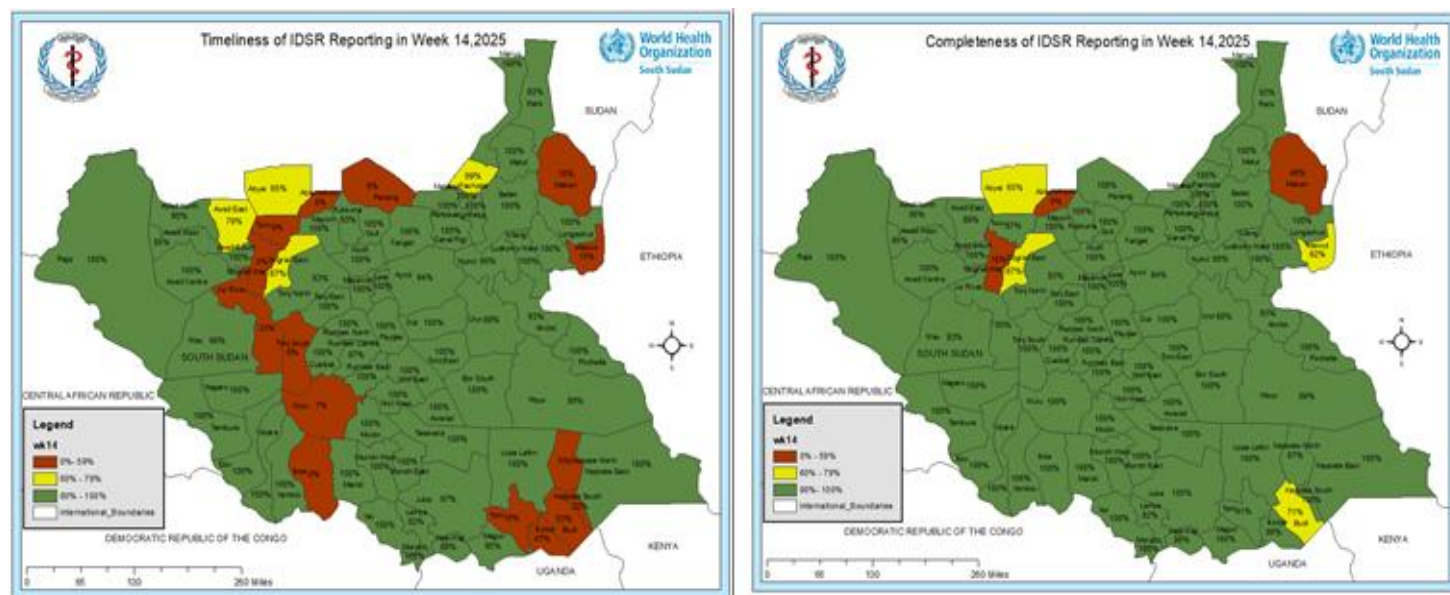
NOTE: The total number of facilities reporting in EWARS nationwide is under review and will end by April 2025. In turn, the weekly target reporting health facilities may vary between weeks.

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 14 of 2025.

Partners	# of Reporting Mobile Sites	% of Timeliness in week 14	% of Completeness in week 14	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 14	% of Completeness in week 14
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	100%	100%	Rajaf	3	100%	100%
HFO	4	100%	100%	Munuki	12	100%	100%
WVI	2	100%	100%	Wau South	20	95%	95%
CIDO	1	100%	100%	Wau North	12	83%	83%
SP	4	100%	100%	Juba	10	100%	100%
HFD	1	100%	100%	Mangala	1	100%	100%
RI	1	100%	100%	TOTAL	63	95%	95%
TOTAL	21	86%	86%				

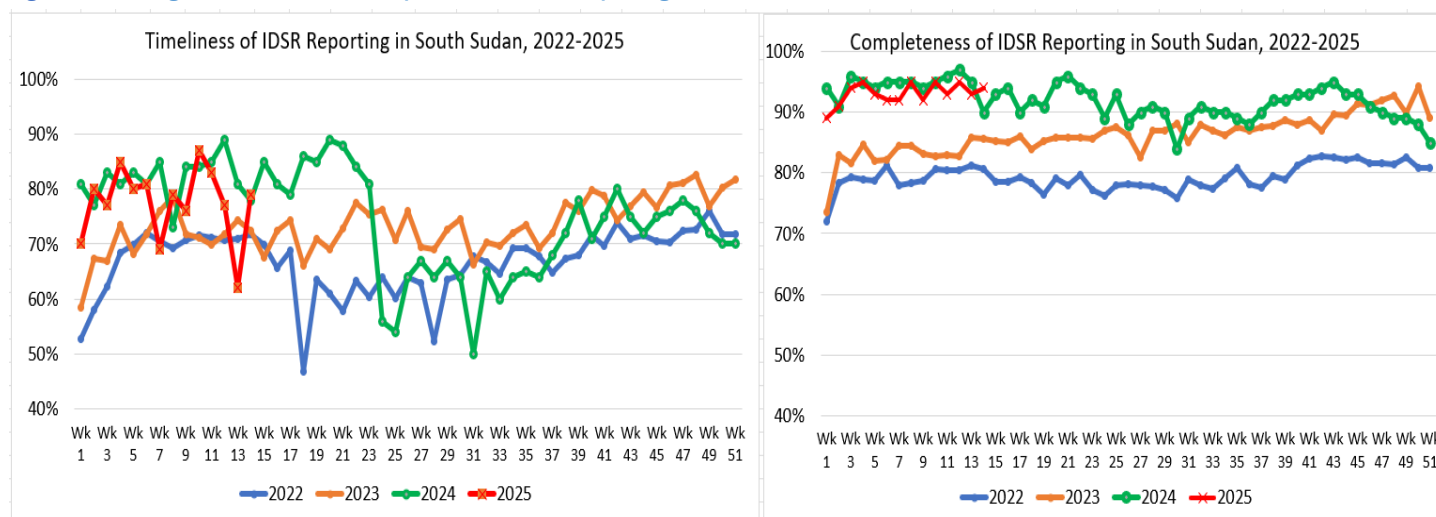
An important point to note: Three of the 4 health facilities supported by IMC (1) remained silent in the reporting period. The reason for non-reporting has been given as closure of project facilities but is yet verified.

Figure 1: Maps showing Timeliness and Completeness of IDSR reporting in South Sudan by County in Week 14, 2025



In order to put current IDSR performance into perspective, we continued comparative analysis of the reporting trends over the past four years. We document 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 slow but near complete. 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: Tracking of Timeliness and Completeness of IDSR reporting in South Sudan; 2022-2025.



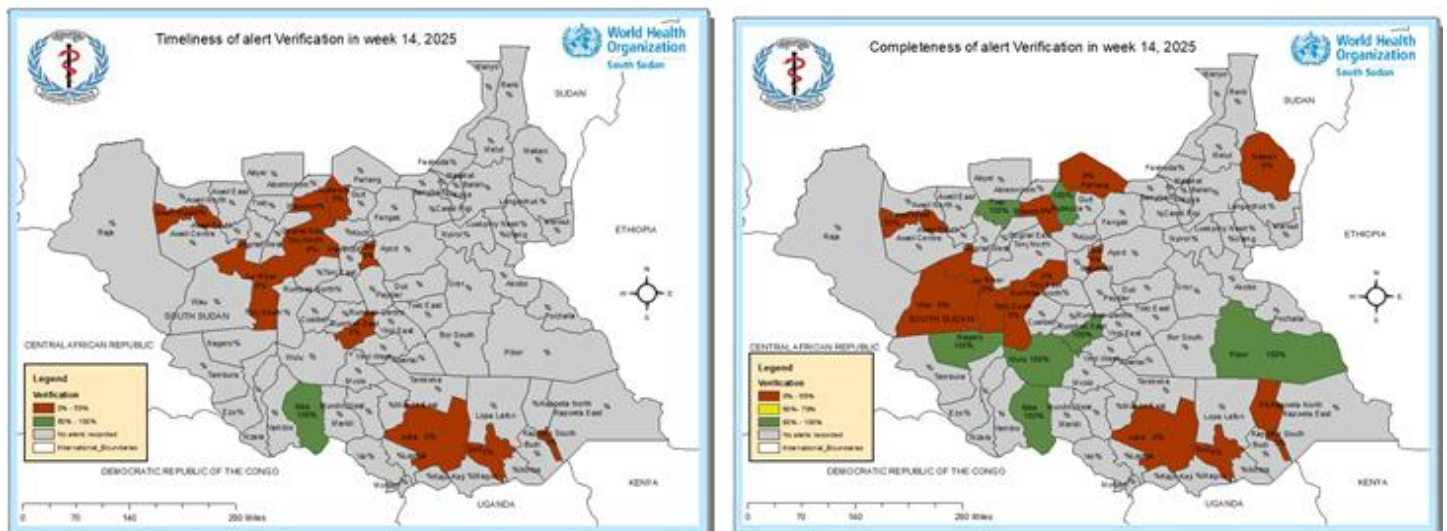
Epidemic alerts

In the epidemiological reporting week 14, a total of 64 alerts were triggered in the EWARS system, with 47% (30 of 64) verified, which was lower than the previous week 13. In Week 14, Nine states and two administrative areas recorded at least one notifiable disease alert. Special thanks to Lakes, Western Equatoria, and Greater Pibor Administrative Area for verifying all their EWARS alerts. Many of the alerts were for AWD (20%), ABD (17%), Guinea Worm (17%), Malaria (16%), and Cholera (8%).

Table 3: Summary of EWARS alerts triggered in Epidemiological Week 14, 2025.

State/ Admin	AJS		ARI		AWD		ABD		Cholera		EBS		Guinea Worm		Malaria		Measles		VHF		Total	
	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V	#R	#V
CES	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0
EES	1	0	1	0	1	0	1	0	1	0	0	0	0	0	1	0	1	0	0	0	7	0
GPAA	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Lakes	1	1	0	0	0	0	1	1	0	0	0	0	7	7	0	0	0	0	0	0	9	9
NBGZ	0	0	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1
RAA	0	0	0	0	2	0	3	0	0	0	0	0	0	0	1	0	0	0	0	0	6	0
Unity	1	1	1	0	1	0	0	0	2	2	1	0	0	0	2	1	0	0	0	0	8	4
U/Nile	0	0	0	0	0	0	2	0	0	0	0	0	2	0	0	0	0	0	0	0	4	0
Warrap	0	0	1	0	1	0	2	1	1	0	0	0	2	1	1	0	1	0	0	0	9	2
WBGZ	0	0	0	0	2	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	4	0
WES	0	0	4	4	3	3	2	2	0	0	0	0	0	0	4	4	0	0	0	0	13	13
AAA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Jonglei	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	3	2	7	4	13	5	11	4	5	2	1	0	11	8	10	5	2	0	1	0	64	30

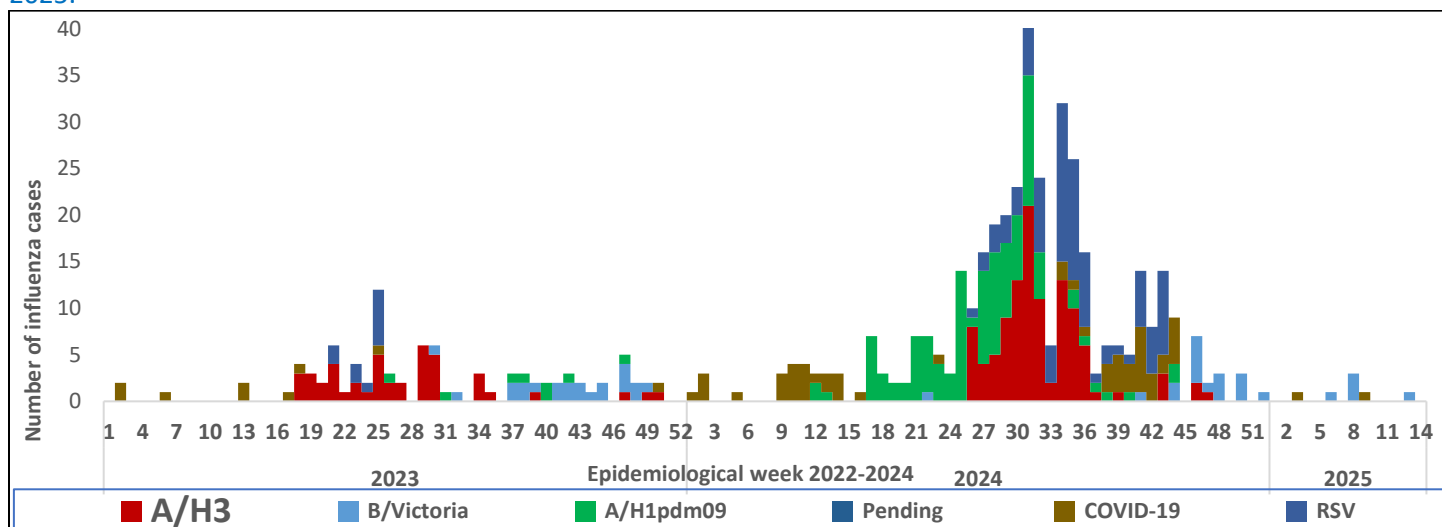
Figure 3: Timeliness and Completeness of Alerts: Verification rates by county of South Sudan for week 14, 2025



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.
- During Epidemiological Weeks 1-15 in 2025, a cumulative total of 544 ILI/SARI samples have been collected; 536 tested negative for all pathogens, (2) were positive for COVID-19, (1) for Influenza Type A (H3), (5) for Influenza Type B (Victoria), (0) for Influenza A/(H1N1)pdm09 and (0) for RSV.

Figure 4: Causal analysis of SARI/ILI samples from sentinel sites in South Sudan; Epi Week 1 of 2022 to Week 14 of 2025.



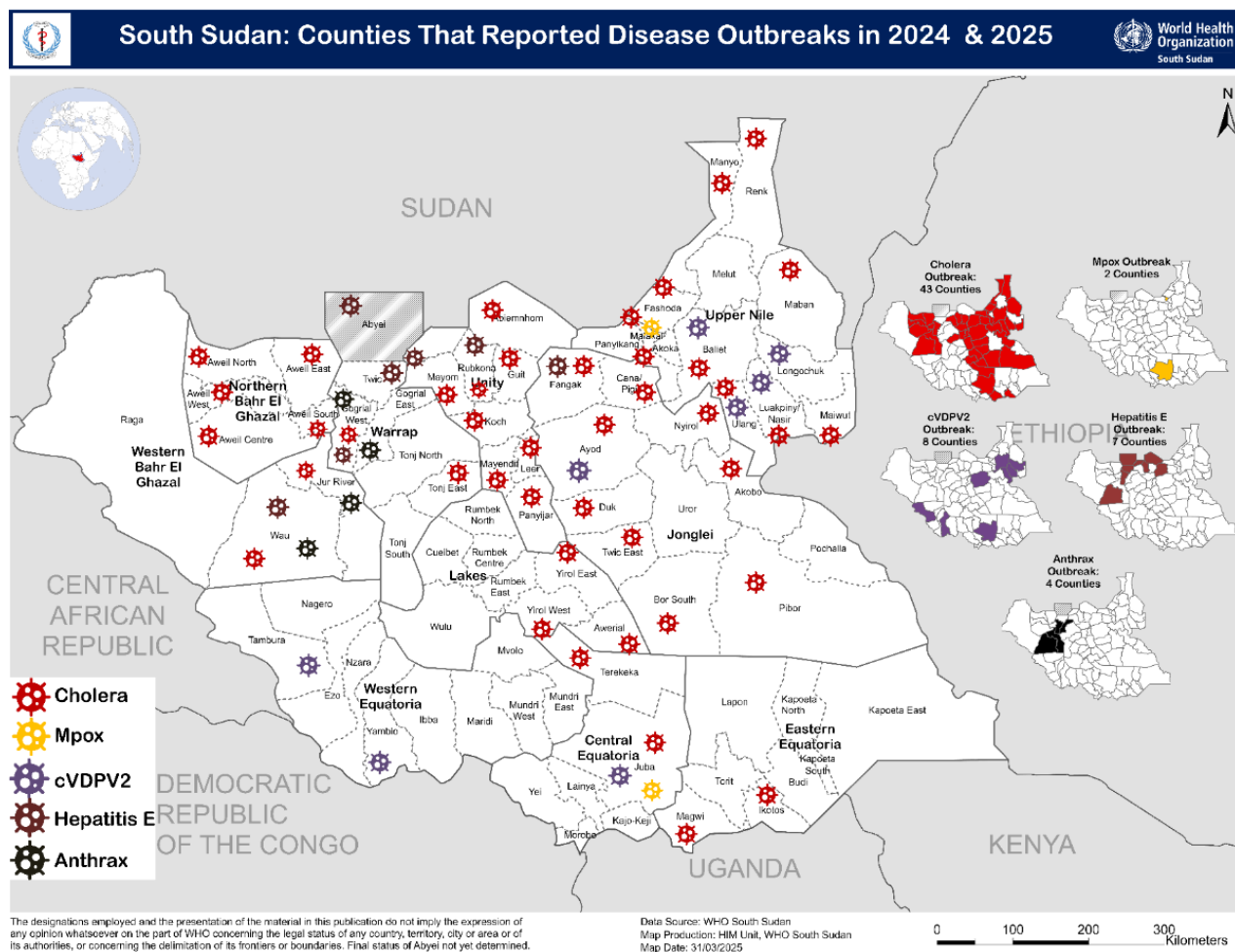
South Sudan Confirmed and ongoing epidemics in 2025

Table 4: Summary of ongoing and confirmed epidemics

Aetiologic agent	Location (county)	Date first reported	New cases since Epi-Week 13	Cumulative suspected	Response activities				
					Surveillance/Lab confirmed	Case management	Vaccination	Health promotion	IPC/WASH
Mpox	Juba Malakal	Feb 2025	3	77	8	ongoing	Ongoing	yes	yes
Cholera	In 46 counties across 11 states/AAs	Sept 2024	More than 2000	51, 409	309	ongoing	Ongoing	yes	yes
Hepatitis E	Rubkona Fangak Wau Abyei Twic	Dec/2018	-	8,981	1,888	ongoing	Not done	ongoing	ongoing
cVDPV2	Yambio, Juba, Ulang, Nasir, Baliat, Ayod, Old Fangak	19/Dec 2023	-	26	26	Not applicable	Completed 4 nOPV2 SIAs	ongoing	ongoing
Anthrax	Gogrial West (WRP) and Jur River (NBG)	2022		280	4	ongoing	Ongoing in the animal sector	ongoing	ongoing

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 14th April 2025.

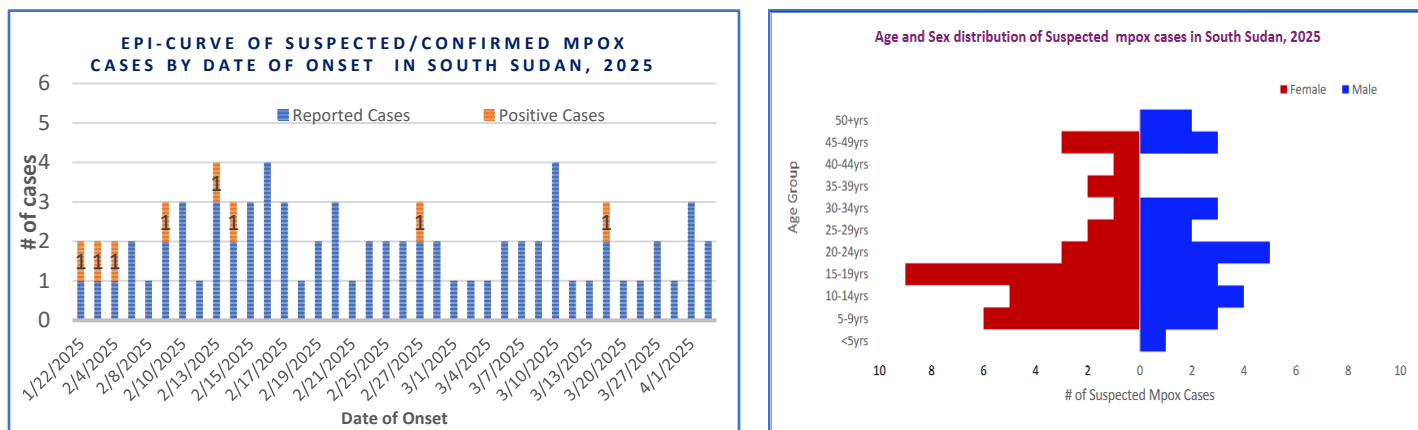
Figure 5: Map showing confirmed and active outbreaks by county of South Sudan; as at 18th April 2025.



Response activities for ongoing/suspected outbreaks

1. Index Mpox case confirmed in South Sudan, 6 February 2025

Figure 6: Trend of Suspected Mpox cases Tested in South Sudan by state/Administrative Area, August 2024-April 2025



- The ministry of Health of the Republic of South Sudan announced the mpox outbreak on February 7, 2025, pursuant to the laboratory validation of the index case on 6 February 2025.
- As of 22nd April 2025, a cumulative total of 77 suspected Mpox cases have been detected across three states of South Sudan.
- Of the 77 samples collected, 73 of the samples collected from the suspected mpox cases were tested, with only eight (8) cases testing positive. No new confirmed case in the week ending 14th April and therefore the total number of confirmed Mpox cases in South Sudan remained eight (8), seven from Juba and one from Malakal Counties.
- Genetic sequencing of the first three confirmed samples conducted at the Uganda Virus Research Institute isolated Mpox Clade 1b. The remaining 5 positive samples were referred for genetic sequencing on 10th April and results are still pending at UVRI. Notably, EQA re-testing has been done showing non-significant values in the Ct outcomes in the PCR testing
- Phylogenetic analysis of the initial three cases established genetic linkage to Mpox strains circulating in Uganda, supporting epidemiological findings from case investigations.
- Case Demographics and Virology: Confirmed cases are individuals aged 24- 40. The latest case in Mauna/Munuki Bloc, Juba County, was detected on 27th March with onset of symptoms given as 19th March 2025.
- Since the declaration of the Mpox outbreak in South Sudan, the aggregated total of 129 contacts have been recorded. Out of the 129 contacts, 107 of the contacts have concluded the required period of 21 days of daily follow up. The number of active contacts that are still undergoing daily tracing and follow up remained 22, listed from the most recent confirmed case
- No new case has been identified in the contacts follow up this far. However, active surveillance for Mpox continues throughout the country.

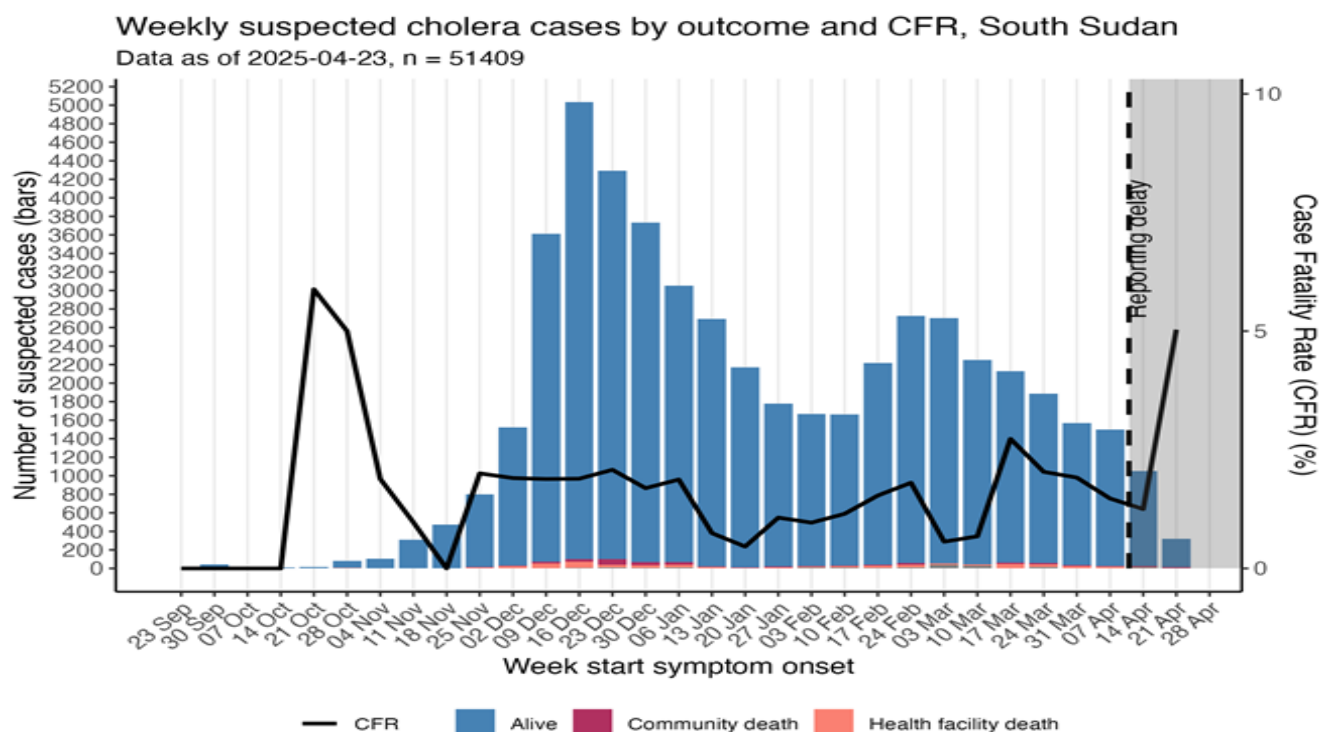
2. South Sudan Cholera Outbreak Epidemic description as of 23rd April 2025

- Since the outbreak confirmation in October, the cumulative total of reported cholera is given as 51,409 cases and 986 deaths (over all CFR: 1.9%). Of the 986 deaths, 510 were recorded as health facility deaths bringing the facility-based CFR to 1.0%.
- Cases have been reported in 46 counties, across 9 states (except Western Equatoria) and 2 administrative areas (only sparing Abyei).
- In the last 14 days of reporting (onset from 09 April 2025 to 23 April 2025), 2,443 cases and 63 deaths (19 in health facilities) were reported in 24 counties. Most of these cases came from Rubkona (516, 21.3%), Juba (494, 20.4%), Gogrial East (475, 19.6%) and Pibor (233, 9.6%).
- Kapoeta South is the latest county to report cholera cases

Table 5: Summary of Cholera cases by state and CFR as of 14th April 2025

State	Infected Counties	Total cumulative	RDT positive	Laboratory culture positive case(s)	Deaths	Overall CFR (%) By state
CES	2	6,013	1,426	41	87	1.5
EES	3	382	30	7	29	7.6
GPA	1	1,639	8	8	66	4
JNG	9	8,388	508	80	227	2.7
LAK	3	674	250	31	26	3.9
NBGZ	5	7880	136	12	33	0.4
RAA	1	159	67	0	3	1.9
UNI	7	19103	6549	51	357	1.9
UPPER	10	5057	489	46	74	1.5
WBGZ	2	552	10	3	11	1.9
WRP	3	1562	171	30	73	4.7
Total	46	51,409	9,644	309	986	1.9

Figure 7: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, wk39, 2024 to Wk14, 2025



1 (0.0%) cases without date information are excluded from the graph.

Figure 8: Map showing cholera cases and deaths distribution by Counties of South Sudan updated on as of week 14

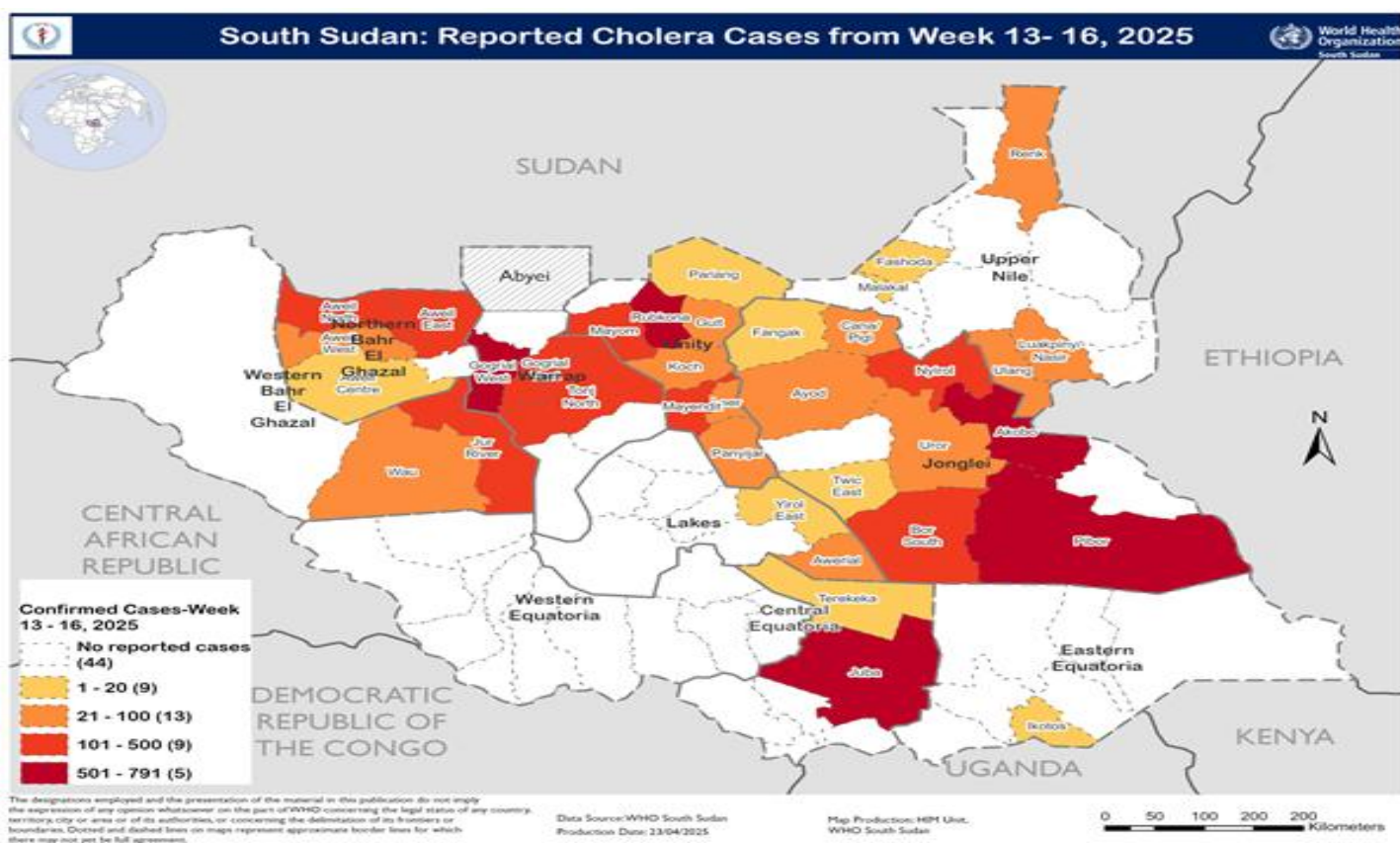
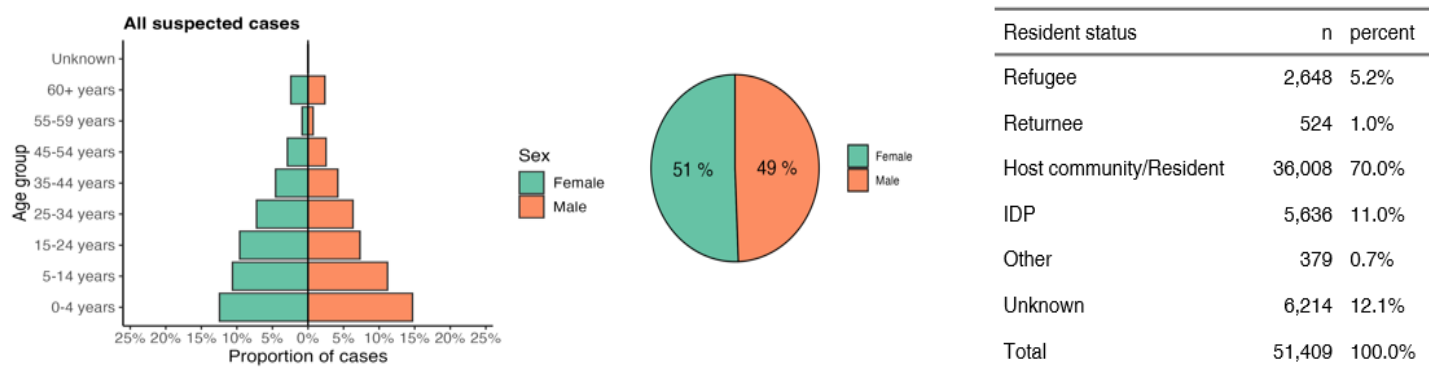


Figure 9: Graph showing age Pyramid of cholera cases and deaths distribution by age group, sex as of 23rd April 2025



Oral Cholera Vaccination Updates

- Total Approved doses by the Interagency Coordination Group (ICG): **7,431,886**
- To date, a total of 6,967,619 doses of the OCV vaccine have been received in the country
- Campaigns completed in 30 counties across 9 states and 1 administrative area out of the 36 counties approved for vaccination by the Inter-Agency Coordination Group (ICG)
- A Total of 5,392,095 Individuals Vaccinated across the 9 States and 1 administrative area
- OCV coverage ranges from 36% to 141%
- **17 counties** achieved **≥ 80% coverage**

- Coverage = 90.7% (This is from the available data from counties that have reported and reflected in the OCV Dashboard)
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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/infected populations forced by the Sudan crisis.
- Continue testing in counties according to the surveillance guidelines (3 to 5 samples for RDT per week) for monitoring the outbreak
- 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 season sets in in May 2025.

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

- On December 22, 2023, the Ministry of Health declared a public health emergency due to cVDPV2 following confirmed cases in Yambio. There was no new cVDPV2/VPV2 isolate detected/reported in the week. Cumulatively, laboratory-confirmed cVDPV2 and VPV2 isolates remained 27 and 9 respectively. The latest and last cVDPV2 was from an environmental isolate whose sample collection date was 3rd December 2024 from Amarat collection site in Juba, Central Equatoria state. However, the latest PV2 isolate (pending sequencing for genetic characterization) was from a sample collected at Roton on 25 Feb 2025
- In the latest and last nOPV2 vaccination response (4th response round), 3,663,497 children were reached with at least 99% administrative coverage attained in all states. This fourth response round saw 181,595 children receive their first dose of nOPV2 (not fully protected against type 2 Polio). Support supervision increased from 1,648 in the 3rd round to 2,151 in the fourth round. In turn, the LQA survey results showed an increase in quality, with 65% (26 of 40 counties) passing the test compared to 48% (19 of the 40 counties sampled) in the previous 3rd round. Tambura and Nagero counties which were the last to start their fourth round nOPV2 SIAs on 29th March successfully completed on the 1st April 2025.
- nOPV2 Vaccine monitoring and Accountability wastage monitoring indicates that the fourth round had a rate of 5.22% compared to 8.9% in R3. Note that this was the lowest rate even when compared to Round 2 and 1 where it was 8.90% and 5.93% respectively.
- In 2025, a cumulative total of 82 AFP cases were detected in 46 counties. This brings the non-polio AFP rate to 1.08 per 100,000 children under 15 years and a stool adequacy rate remained 96%. Thanks to the nOPV2 campaign associated active search for AFP cases which saw Epidemiological weeks 7-9 report the most number since the year begun. Notably in 2024, the non-polio AFP rate was 5.96 per 100,000 and the stool adequacy rate was 94%. Maintaining high AFP detection rates remains a challenge due to funding constraints and the evolving security situation in the country.

4. Anthrax

- In week 14 there was one Anthrax case from Warrap state, reported late. There was no report received from Western Bahr el Ghazal state.
- In 2025 alone, a total of 119 human Anthrax cases have been reported from two states (WBeG – 85 and Warrap 34). Of the 119 human cases, one case had died giving a case fatality rate (CFR) of 0.84%
- Cumulatively, since 2024, a total of 280 human anthrax cases have been reported from two states: Of these, one sample tested positive for anthrax at UVRI in Uganda. Among the 280 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 5.3 per 100,000 population and Gogrial East in Warrap State has an attack rate of 1.8 per 100,000 population.

Figure 10: Epidemiological Curve for Anthrax cases in South Sudan week1 to week14 of 2025

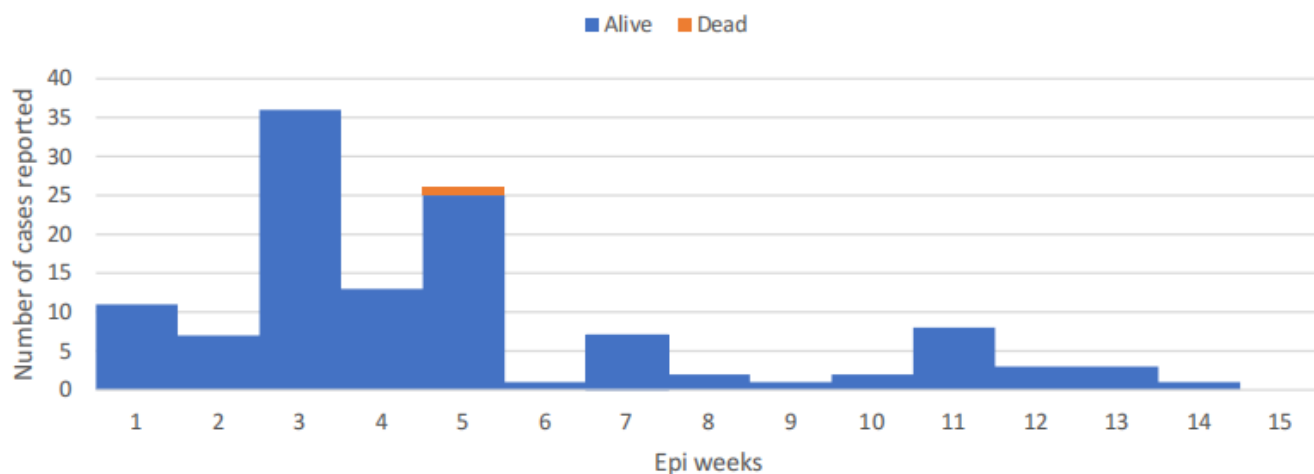


Figure 11: Geographical distribution of Suspected Anthrax Cases by affected counties of South Sudan; Week 1-14 of 2025

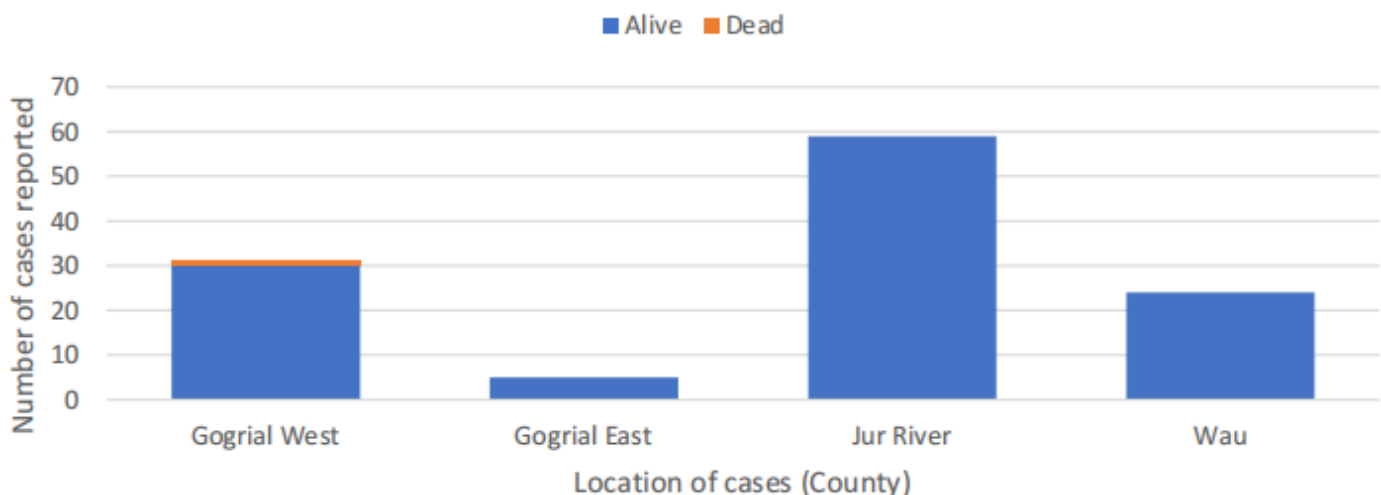
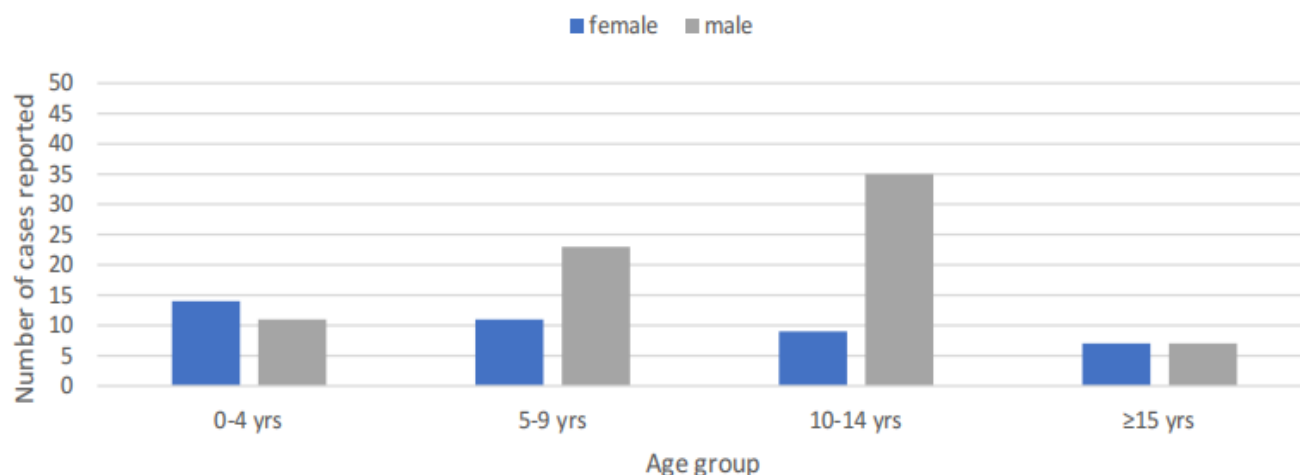


Figure 12: Age distribution of Suspected Anthrax Cases in Western Bahr El Ghazaal and Warrap States; Week 1-14 of 2025



Ongoing Intervention

- Multisectoral Sectoral Collaborations
 - meetings to strategize on outbreak containment with state and county officers
 - Rapid Response Teams to obtain updated outbreak information needed facilitate informed decision-making.
- Community Engagement and Risk Communication
 - Need for enhancement of RCCE activities in Warrap and WBeG State to increase awareness about the disease and reporting of suspected cases.
 - To conduct essential mapping of health and hygiene promoters in the cattle Camps and disseminate anthrax prevention messages.
- Vaccination
 - No human vaccination campaign has been conducted in the affected areas.
 - Total of 1,741 animals have been vaccinated across three Boma (Majok-Yienhliet, Maluallukluk and Waar-Alel/Kuajok) in 2024.
- Partnership with FAO and Other Partners
 - WHO and FAO continue to collaborate at the highest level of leadership and technical levels in providing support to the government
 - Deployment of Rapid response teams for investigation and treatment of cases and provision of vaccination for animals.
- Logistics and Supplies
 - WHO provided logistical and operational support to One Health multisectoral team deployed to investigate the ongoing outbreaks in the two states

5. Measles Update

- Since the beginning of the year 2025 (Epidemiological week 01 to week 14), a cumulative total of 93 suspected measles cases have been reported from 17 counties in 8 states, 34 samples were collected with 22 turned out to be laboratories confirmed cases giving a positivity rate of 65%. Three counties have confirmed at least three cases (Aweil Center, Gogrial West and Kapoeta South), while Magwi, Morobo and Yambio had confirmed at least 1 to 2 cases
- 85% of measles cases occur in children under 5 years of age, highlighting a critical failure in routine immunization and supplemental immunization activities.
- Additionally, 94% of these cases occur in children who have no record/history of measles vaccination, creating justifiable measles control reliance on the exclusion of the zero-dose populations.

Figure 13: Epidemic curve of measles cases in South Sudan; Week 01 to week 14 of 2025

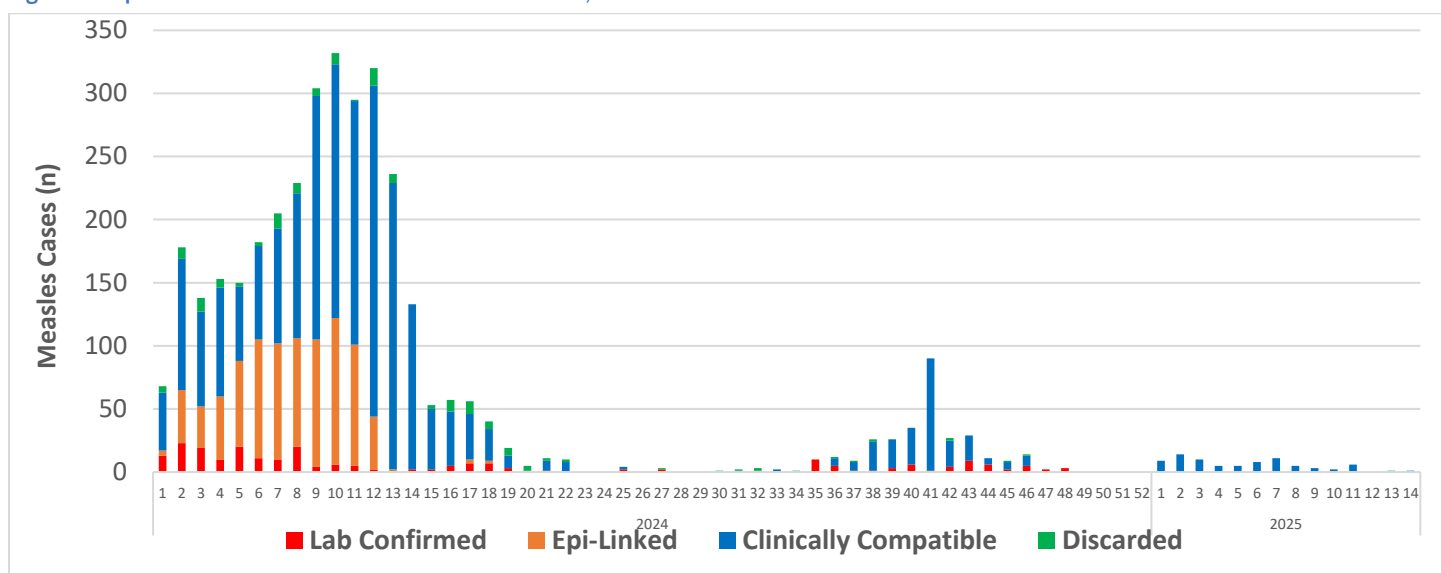
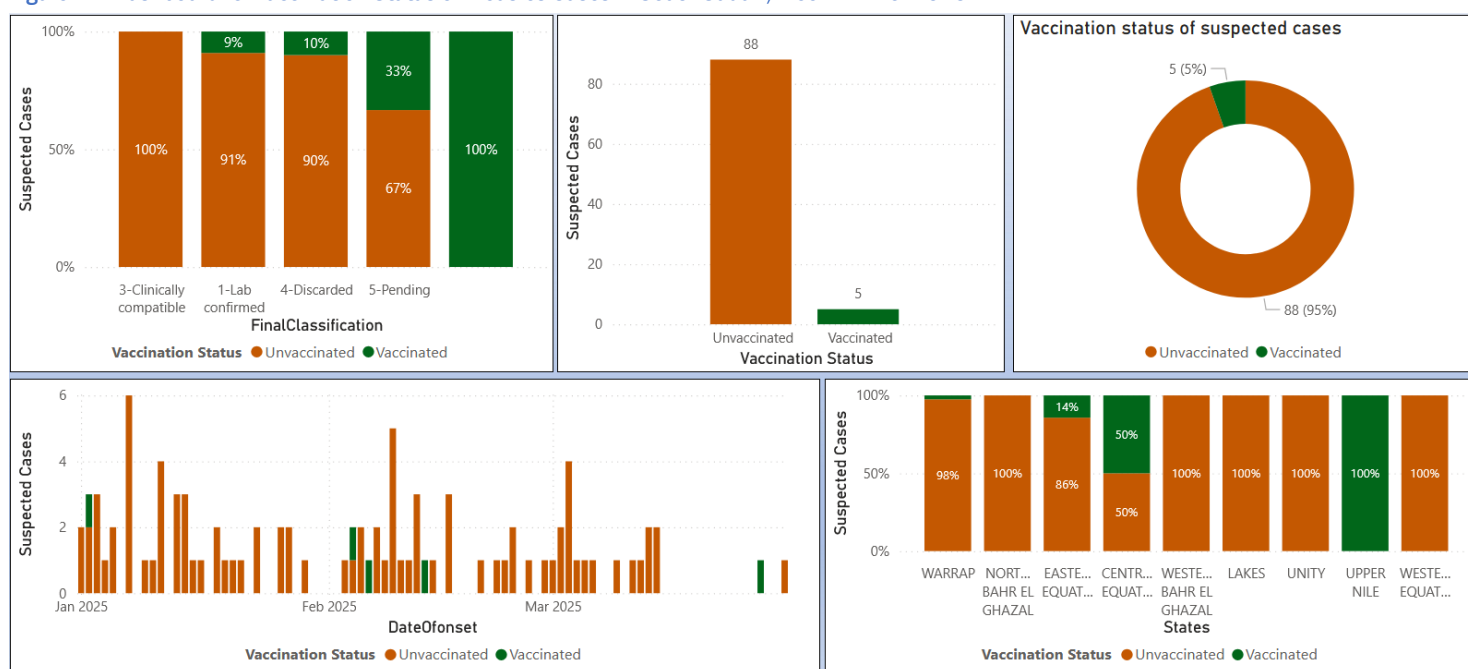


Figure 14: Dashboard for vaccination Status of Measles Cases in South Sudan; Week 1-14 of 2025



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

- In week 14 of 2025, there was no reported cases of hepatitis E virus disease and zero (0) death.
- Cumulatively, a total of 6,407 cases have been documented with 36 deaths since the start of the outbreak in January 2018
- Of the 6,407 hepatitis E virus cases recorded, 1,888 cases had tested positive by rapid diagnostic test (RDT) since the onset of the outbreak in 2018.
- Among individuals aged 15 to 44 years, 43% of the reported cases were recorded,
- Males represented 53% (3, 3374 cases) of the total cases, while females accounted for 47% (3, 033 cases).
- The data illustrated in the provided chart displays the distribution of HEV cases based on the patients' place of residence, both within and outside Bentiu PoC.
- Mainly, cases were detected in people living outside the boundaries of Bentiu PoC, who then go the healthcare centres positioned inside the PoC for medical support.

Figure 15: Epicure of HEV in Bentiu IDP camp, Unity State; Epi Week 52 of 2018 to Week 14 of 2025

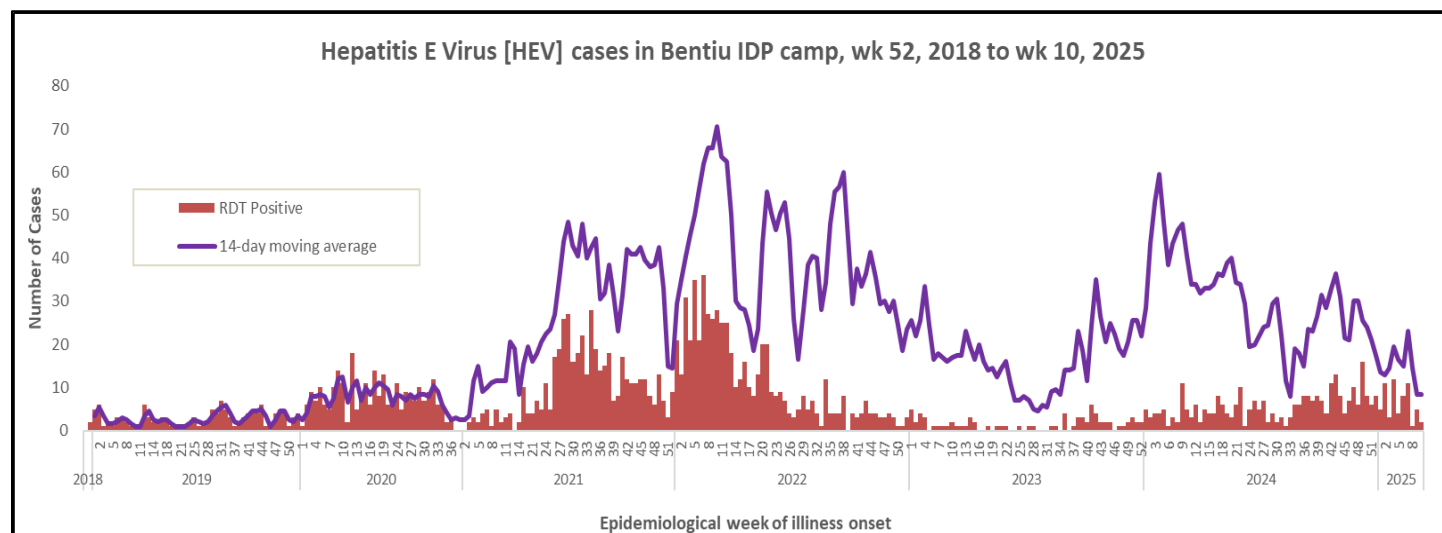
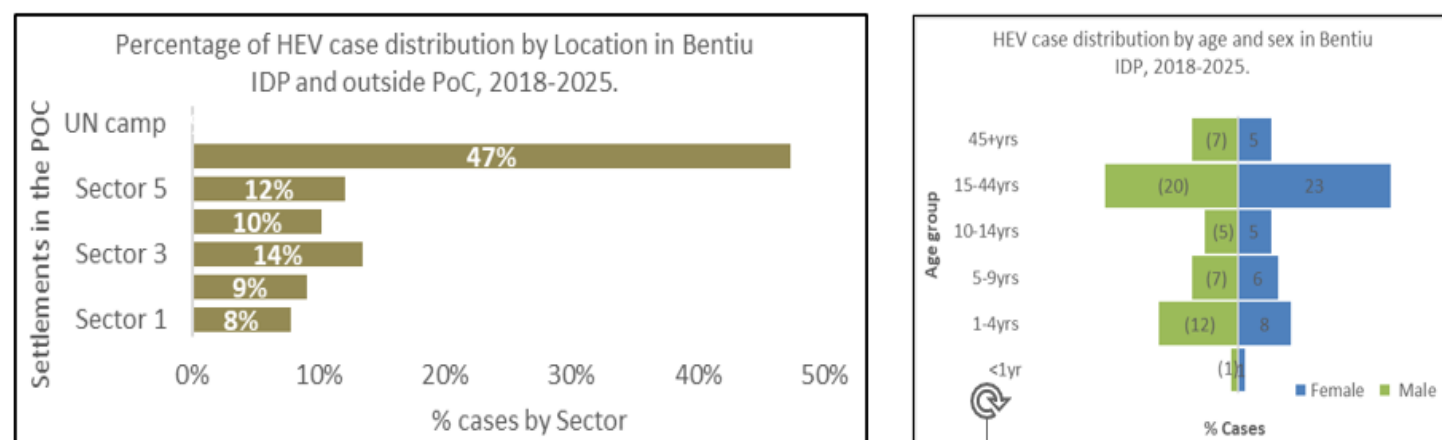


Figure 16: Location and age distribution of Hepatitis E cases in Bentiu, Unity state of South Sudan



Other Events

Sudan crisis: As of 23 April 2025, a cumulative total of 1, 123,393 individuals (580,134 Females and 543,259 Males) from 18 different nationalities had crossed the border. South Sudanese returnees account for 68.59% (770, 395) while Sudanese refugees contributed for 30.89% (346,929). Currently, 21 PoEs are being monitored, with Joda-Renk accounting for 71% of the reported influx figures. There are currently 66259 individuals (20683 in transit centers and 45,576 in host communities) in Renk. Due to the evolving security situation in Joda, the data collection may be incomplete.

Host communities and healthcare systems are struggling to cope with the increased demand for health and other services, as well as with morbidity and mortality among returnees and refugees. Renk has just concluded an OCV mop-up campaign targeting new arrivals, achieving a total coverage of 60% (75 986). Vaccination will continue at targeted points of entry

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>

This bulletin is produced by the Ministry of Health with Technical support from WHO

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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

