



# South Sudan: Cholera Outbreak Situation Report

Situation report: No. 004

Date of onset of outbreak: 28 September 2024

Reporting date: 23 November 2024

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



**Cholera response** | Cumulative figures from 28 September to 22 November 2024

**696**

Cases

**7**

Death

**1.0%**

CFR

## Key Weekly Highlights as of 22 November 2024

- In the past one week, 453 new suspected and confirmed cholera cases were reported.
- A cumulative total of 696 suspected and confirmed Cholera cases including seven deaths (case fatality rate: 1.0%) have been reported from 8 Counties (Renk, Juba, Malakal, Aweil West, Aweil East, Aweil Center, Canal/Pigi and Rubkona) across 5 States of South Sudan. Of the affected Counties, Malakal and Renk account for 64% (n=443) and 26% (n=178) respectively.
- In Malakal, 443 cases were reported with 79 RDT positive and 8 positives by culture.
- In Renk, 178 cases been reported including 88 tested positive through Rapid Diagnostic Test (RDT) and 18 tested positive by culture.
- In Juba, 45 cases were reported with 5 RDT positive and 2 culture positive.
- In Aweil West, 21 cases have been reported with 10 RDT positive and 2 culture positive.
- Three cases have been reported from Canal/Pigi
- Six cases reported from Rubkona, with 2 testing RDT positive.
- The age group with highest case count is 15-44 years, (40%), followed by the 5–14-year age group (26%).
- Males represent 54% of all reported cases.

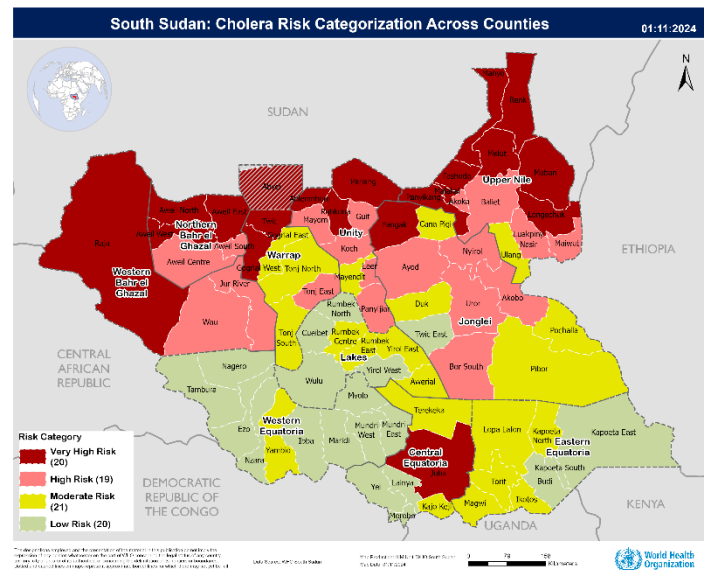


Figure 1: Map showing level of Cholera risk across the country

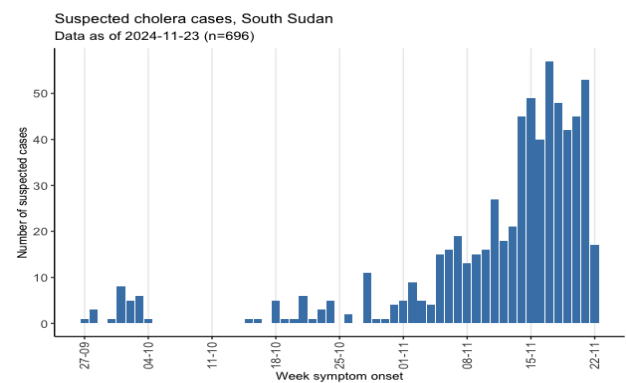


Figure 2: Epi Curve showing Cholera cases in eight affected counties by date of onset of symptoms as of 22 November



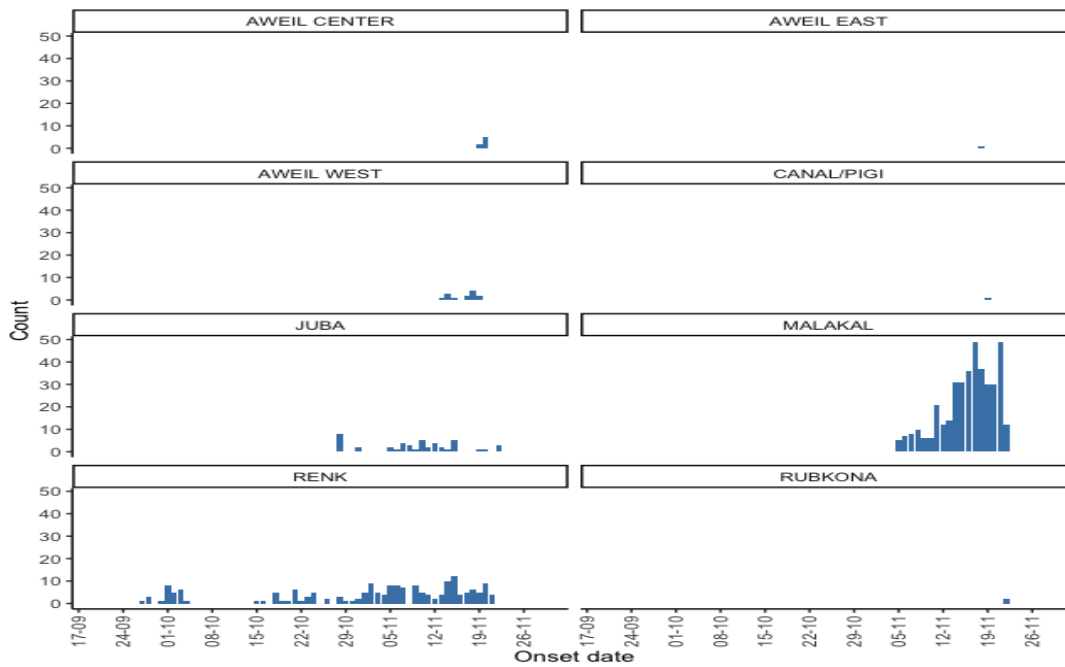


Figure 3: Epi Curve showing Cholera cases by affected county as of 22 November 2024

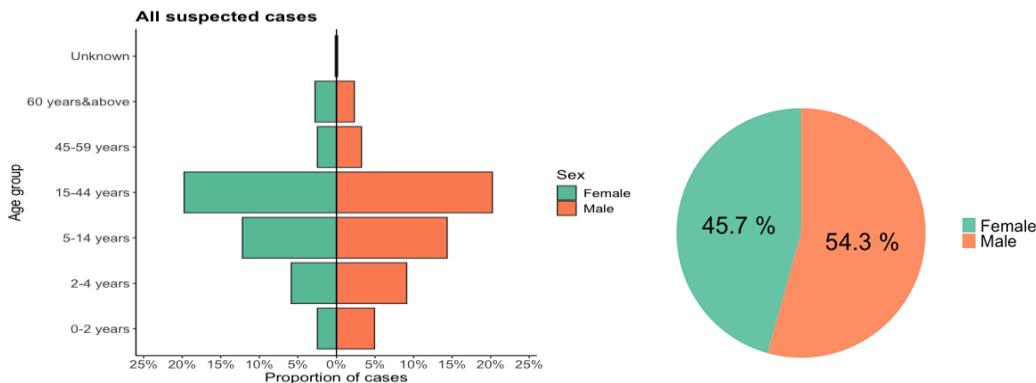


Figure 5: Age-Sex distribution of all suspected and confirmed cholera cases in eight affected counties, 22 November 2024

## Background

Due to the ongoing cholera outbreak in Sudan, north of South Sudan, and widespread flooding affecting large parts of the South Sudan, the Ministry of Health with support from WHO has been actively preparing for potential cholera outbreak in South Sudan, particularly in Upper Nile State that is witnessing a significant influx of returnees and refugees as a result of the protracted conflict in Sudan.

On 28 September 2024, the Ministry of Health received a report of two suspected cases of cholera from Wunthou Primary Health Care Center. Samples from the two suspected cholera cases were collected and immediately shipped to the National Public Health Laboratory (NPHL) in Juba on 30<sup>th</sup> September 2024. The two samples were tested using culture and one of the samples tested positive confirming *Vibrio cholerae* O1.

The Ministry of Health immediately planned to establish evidence of local transmission including deployment of a team to Renk to conduct an initial outbreak investigation, active case search, collect



additional samples and ship to the NPHL for further confirmatory testing. As a result, additional 19 and 5 samples were received by the NPHL on 17th October 2024 and 18th October 2024 (total of 24 samples) respectively. Out of the total of 24 samples tested at the NPHL, 5 similarly tested positive for *Vibrio cholerae* O1 using culture.

Based on the confirmed cholera cases and sufficient evidence of local transmission, the Ministry of Health declared an outbreak of cholera in Renk County, Upper Nile State, South Sudan and immediately activated the public health emergency operations center to response mode with establishment of an incident management system to coordinate multi-sectoral response and ensure effective response interventions are put in place to control and prevent further spread of cholera.

## Key Interventions

---

### Coordination

- Ministry of Health has activated the multisectoral coordination platform at national level for effective cholera response.
- Regular National and Subnational Cholera Technical Working Group meetings are held to coordinate the ongoing response interventions and to manage the outbreak effectively.
- The Ministry of Health and WHO, in collaboration with the County Health Department (CHD) in Renk and Malakal, and partners, has enhanced coordination meetings to support response to the outbreak.
- WHO and partners have deployed staff to Renk and Malakal to support the ongoing response.
- In Malakal, a multi-sectoral standing coordination meeting platform was initiated and will be held on Mondays, Wednesdays, and Fridays. In addition, pillar-wise technical working groups have been established and will be meeting daily.
- In Juba, the Central Equatoria State, activated the multi-sectoral cholera task force group which meets twice weekly, Tuesdays and Fridays.
- Cross-border coordination with White Nile State in Sudan is ongoing through regular meeting, joint planning, data sharing and facilitating the movement of cholera kits and other essential medicines.

### Surveillance

#### *Renk*

- Deployment of rapid diagnostic tests (RDTs) to remote health facilities near the Sudan border to enhance early detection.
- Site assessments and community case searches conducted in outbreak hotspots such as Zero Camp, Imtidad, Wunthou, Abukadra, and Hai Salam.
- Ongoing active case search, with supervision and monitoring activities in communities and across health facilities, including private sector facilities.

#### *Malakal*

- Case definition, case investigation, and line listing locally printed and distributed to health facilities
- The analysis of the linelist focusing on residential areas and water sources, reveals that most cases originated from southern Malakal and involved tap water.
- The state Ministry of Health and WHO has activated two rapid response teams (RRTs) with 7 members each after orientation and IPC sessions, deploying one team in Malakal town and another in Malakal POC.



### *Juba*

- State RRTs, supported by WHO, are conducting enhanced surveillance and interventions like active case search, alert investigations, line listing, contact follow-up, and community monitoring to detect cholera cases early.
- Seven government/partner facilities and three private clinics were assessed, and healthcare workers trained to report suspected cases via the toll-free number 6666 or to county surveillance officers.

### **Case management**

#### *Renk*

- Expansion of the Cholera Treatment Unit (CTU) at Renk County Hospital from 10 to 20 beds, with supplies ready for a surge.
- Establishment of 11 Oral Rehydration Points (ORPs) in health facilities by World Vision International for decentralized care.
- WHO-provided ambulance and dedicated telephone line for timely case referrals and response

#### *Malakal*

- Expansion of Asosa CTC, supported by MSF Barcelona, with bed capacity increased to 80 beds and additional tents for further growth.
- Establishment of ORPs in health facilities (e.g., Bam PHCC, MTH Hospital) and hotspots (e.g., markets and water points), coordinated by WaSH partners.
- WHO support for medical supplies, technical guidance, and CTU operations at Malakal Teaching Hospital and POC locations.

#### *Juba*

- Ongoing assessments of health facilities to establish ORPs, with UNICEF and HLSS actively supporting the process.
- Collaboration among MSF-F, WHO, and local health authorities to set up CTUs at Gurei PHCC and Hai Baraka Block 4.
- Training of 50 frontline health workers on cholera case management, IPC-WASH, and community engagement to enhance response capacity.

### **Infection Prevention & Control/WASH**

#### *Renk*

- Solidarite International (SI) installed 250-liter handwashing stations in schools and health facilities, including Dr. Garang P/S and Goal Nutrition site.
- Increased water production at SWAT to meet the needs of donkey carts distributing treated water.
- Distribution of WASH NFIs to 1,000 households in Gerbena, including buckets, soap, and water purification products.
- WHO in collaboration with MoH conducted training for 12 ambulance operators and DBS service providers.

#### *Malakal*

- Health promoters and RRTs conducted community awareness and active case searches, identifying and referring sick patients with AWD to nearby health facilities.



- During the week, 84 households were visited, recording 23 suspected cases. Investigation on the sources of water for these cases reveal that 10 used the river as their source, 9 from tap stands, and 4 from hand pumps.
- WaSH partner connected Assosa CTC with pipe water and is on standby for water trucking to cover any gaps.

#### *Juba*

- The state RRT is conducting household and environmental decontamination in homes with identified cholera cases to prevent further infections.
- SMOH, supported by WHO, UNICEF, and MSF-F, is assessing water points, with findings on WASH conditions to be shared with the WASH cluster for action.

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

#### *Renk*

- Distribution of IEC materials and the Arabic version of the cholera booklet to partners.
- RCCE training on cholera response messaging scheduled for November 20, 2024.

#### *Malakal*

- Case management guidelines charts displayed at various health facilities and ORPs.
- A total of 154 health promoters recruited by different agencies to support awareness creation and social mobilization.

#### *Juba*

- Community engagement with leaders in affected areas is ongoing.
- Plans are underway to start public awareness campaigns using public address systems and road drives to share key cholera prevention messages.

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

- A request for 151,208 for Renk, to International Coordinating Group (ICG) for oral cholera vaccines for has been approved and the vaccines will arrive on 26 November 2024.
- OCV redeployment preparation is ongoing, with microplanning drafted and a validation meeting scheduled before submission to Juba.

### **Logistics and supplies**

- A shipment of 22 metric tons of Cholera kits and four tents was delivered to Malakal through the logistics cluster. These kits can support the treatment of 2,200 individuals.
- In addition, five Cholera kits that can support treatment of 500 individuals was delivered to IRC to support response to the outbreak in Wedweil Camp in Awel West. Furthermore, five Cholera beds were also delivered to the partner.
- In Juba, WHO-provided cholera investigation kits and two Land Cruisers to aid RRT operations in Juba. UNICEF supplied nine tents to HLSS and CHD to set up ORPs in selected health facilities in Juba



## Challenges

### *Renk*

- Congestion at transit centers and informal camps is straining response capacities.
- Gaps in CTU infrastructure, including a lack of a laundry point in the red zone and a mortuary facility.
- Resistance among returnees and refugees to move to final destinations, complicating RCCE outreach efforts.
- Gaps in targeted messaging in high-risk areas like Jerabana due to distance and the absence of a dedicated partner.

### *Malakal*

- The need to strengthen RCCE as the community remains unaware of the risks and preventive measures for cholera.
- Insufficient hygiene and sanitation facilities for the community in town.
- High prevalence of open defecation in the community.
- No dedicated partners available to support safe and dignified burial services.

### *Juba*

- Inadequate supply of chlorine to support the decontamination of the affected families' homesteads and for use in the facilities.
- Refresher training required for state's RRTs.
- There is a need to sensitize the frontline health providers working in private clinics and medical centers about cholera
- Weak Community surveillance in some Payams and Bomas.
- Limited capacity in some health facilities for sample collection, packaging, and transportation.

## Next Steps

### *Renk*

- Deploy additional Case Area Targeted Intervention (CATI) teams in host communities and ensure operational readiness.
- Address urgent CTU infrastructure gaps, including laundry and mortuary facilities.
- Enhance RCCE efforts through targeted FGDs and expanded messaging.
- Coordinate logistical support for the upcoming cholera vaccination campaign.

### *Malakal*

- Provide further orientation to health promoters and implement public mass announcements on cholera awareness and prevention.
- Conduct case investigations and active case finding to assess the outbreak and sensitize private facilities on case definitions.
- Support IPC improvements at Malakal POC CTU and deploy hygiene promoters to communities while expediting sanitation facility construction.
- Work with the WASH cluster to distribute additional ORS buckets and deploy a WHO WASH expert to train local staff.
- Fully deploy hygiene promoters and expand ORPs to areas with high needs.
- Collaborate with the WASH cluster to establish ORPs at water sources, schools, and markets.





## Juba

- Finalize the state-level cholera outbreak response plan and share it with stakeholders to facilitate resource mobilization.
- Continue monitoring contacts and identifying new contacts.
- Spraying (decontamination) of the houses of affected persons
- Conduct community awareness and sensitization
- The Juba City Council to engage with the water tankers.

### For more information, please contact:

Dr. Kediende Chong  
Director General Preventive  
Health Services  
E: [mkediende@gmail.com](mailto:mkediende@gmail.com)  
P: +211 928884621

Dr Humphrey KARAMAGI  
WHO Country Representative  
Email: [karamagih@who.int](mailto:karamagih@who.int)  
Mobile: +211 920 547 017

Dr. Joseph Lasu  
Emergency Preparedness &  
Response Director  
E: [josh2013.lasu@gmail.com](mailto:josh2013.lasu@gmail.com)  
P: +211 921 395 440

Dr BATEGEREZA, Aggrey Kaijuka  
WHO-EPR Team Lead  
E: [bategerezaa@who.int](mailto:bategerezaa@who.int)  
P: +211 924222030

### Editorial team:

**MOH:** Dr Kediende Chong & Dr Joseph Lasu

**WHO:** Dr. Bategereza Aggrey, Dr. Regmi Jetri, Dr. Mukesh Prajapati, Dr Eric Rurangwa, Dr Tony Wurda, Malick Gai, Bernard Oduor



Graphics by: Health Information Management Team (WHO)

