



# South Sudan: Cholera Outbreak Situation Report

Situation report: No. 005

Date of onset of outbreak: 28 September 2024

Reporting date: 30 November 2024

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



**Cholera response** | Cumulative figures from 28 September to 29 November 2024

**1,178**

Cases

**13**

Death

**1.1%**

CFR

## Key Weekly Highlights as of 29 November 2024

- In the past one week, 487 new suspected and confirmed cholera cases and 6 deaths were reported.
- A cumulative total of 1,178 suspected and confirmed Cholera cases including 13 deaths (case fatality rate: 1.1%) have been reported from 17 Counties (Juba, Magwi, Ayod, Canal Pigi, Fangak, Aweil Centre, Aweil East, Aweil North, Aweil South, Aweil West, Rubkona, Fashoda, Maban, Malakal, Panyikang, Renk and Ulang) across 6 States of South Sudan. Of the affected Counties, Malakal County accounts for 56% (n = 663) of all cases, followed by Renk (21%; n=241) respectively.
- In Malakal, 663 cases were reported with 79 RDT positive and 11 positives by culture.
- In Renk, 241 cases been reported including 89 tested positive through Rapid Diagnostic Test (RDT) and 19 tested positive by culture.
- In Juba, 71 cases were reported with 11 RDT positive and 5 culture positive.
- In Rubkona, 57 cases have been reported with 21 RDT positive and 4 culture positive.
- In Northern Bahr el Ghazal, all the counties have reported cases, 93 in total.
- The age group with highest case count is 15-44 years, (38%), followed by the 5-14-year age group (22%).
- Males represent 54% of all cases, where sex is known.

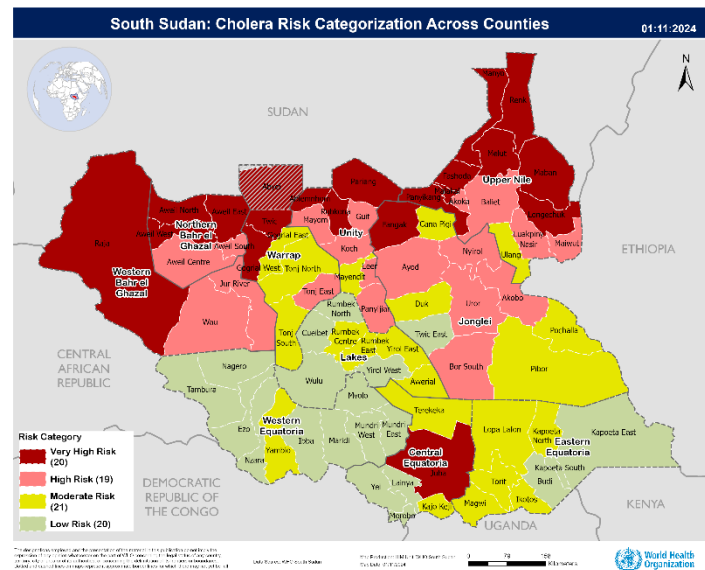


Figure 1: Map showing level of Cholera risk across the country

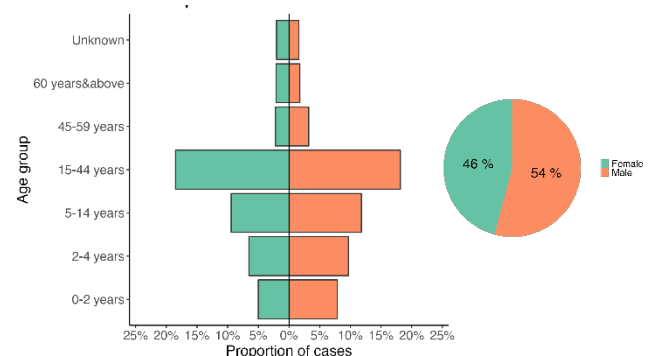


Figure 2: Age-Sex distribution of all suspected and confirmed cholera cases in eight affected counties, 29 November 2024



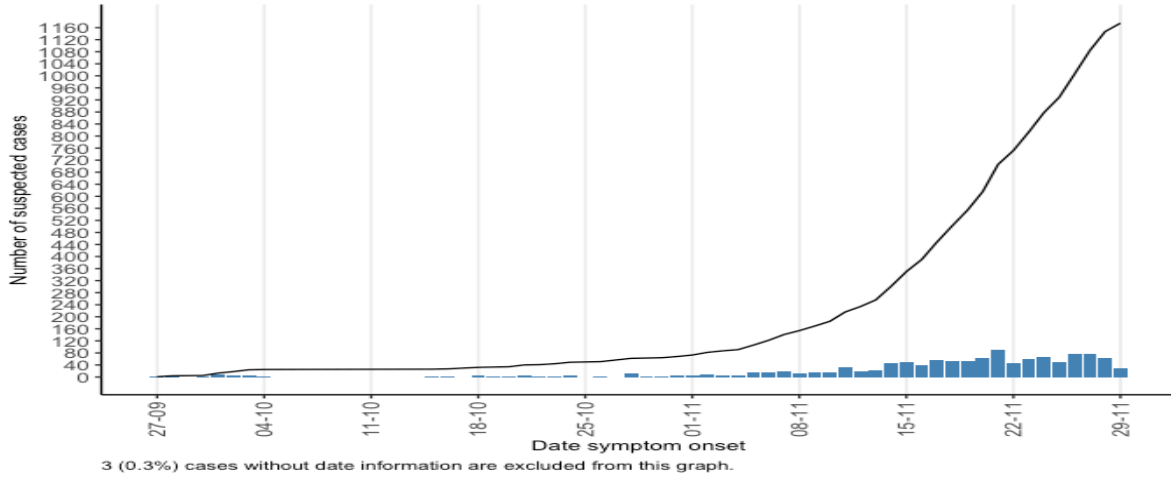
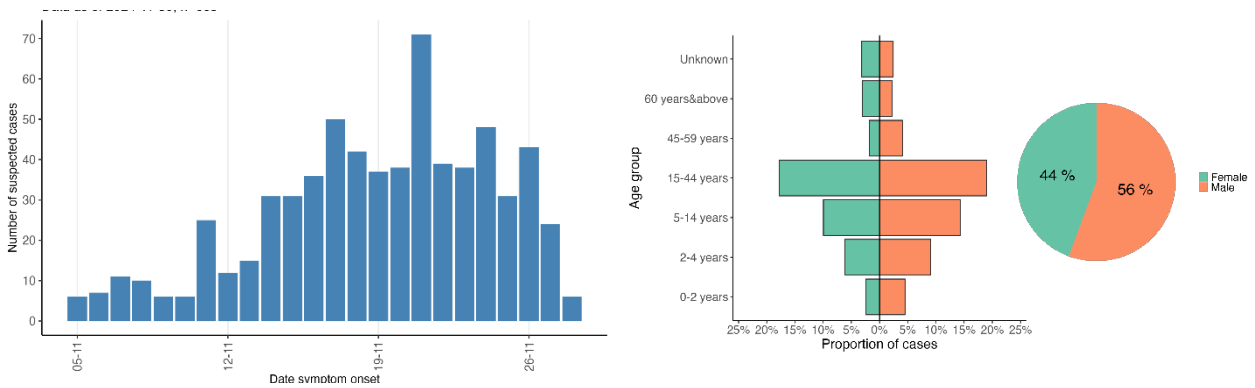


Figure 3: Epi Curve showing Cholera cases in eight affected counties by week as of 29 November 2024

## Malakal



Epi curve by payam and date of symptom onset in Malakal County

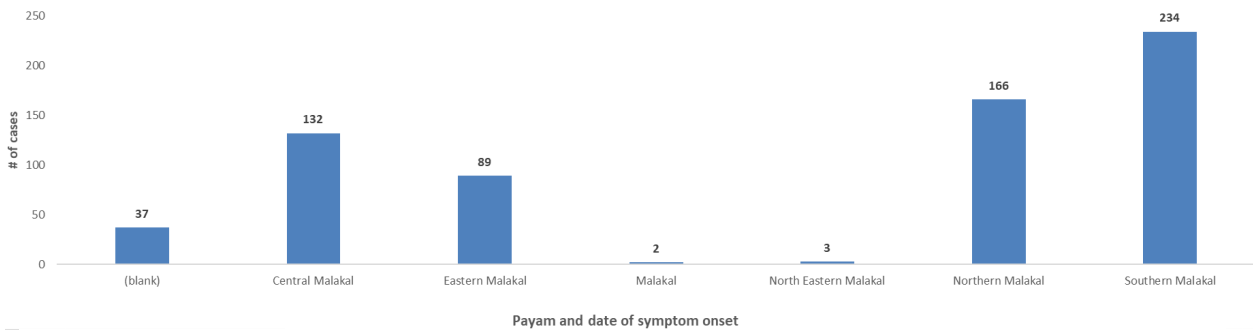


Figure 4: Epi Curves and age and sex distribution in Malakal as of 29 November 2024



## Renk

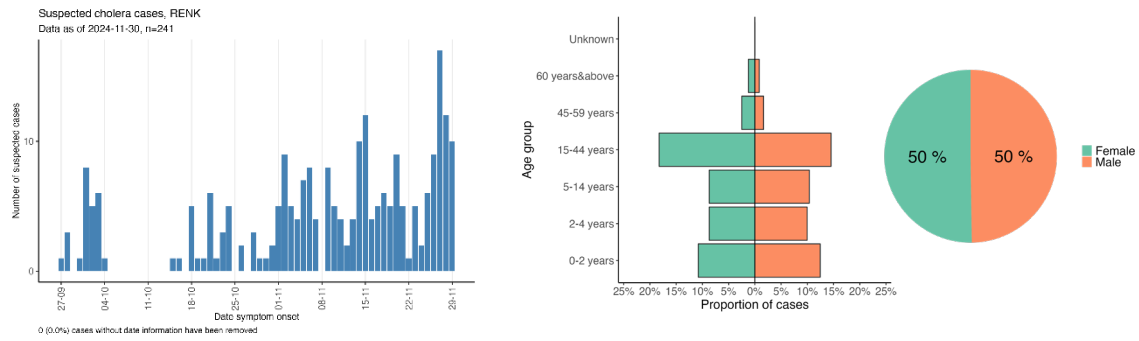


Figure 5: Epi Curve and age and sex distribution in Renk as of 29 November 2024

## Juba

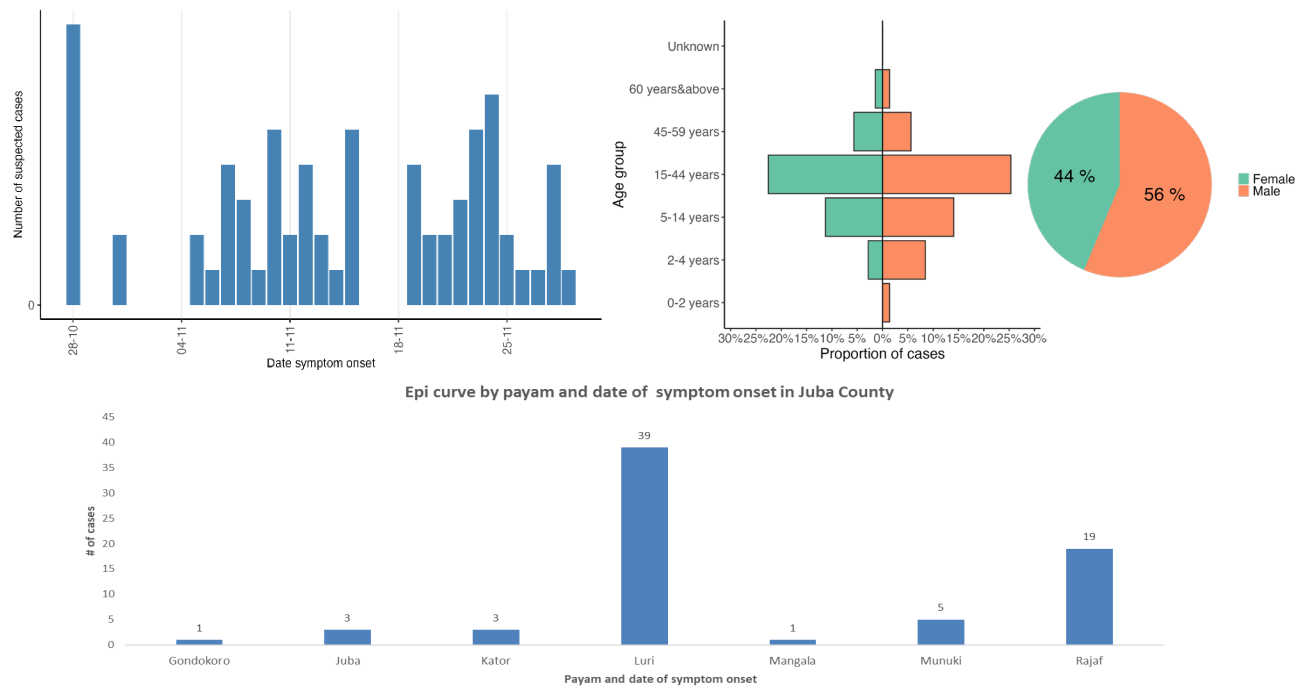


Figure 6: Epi Curves distribution by payam and age and sex distribution in Juba as of 29 November 2024

## Rubkona

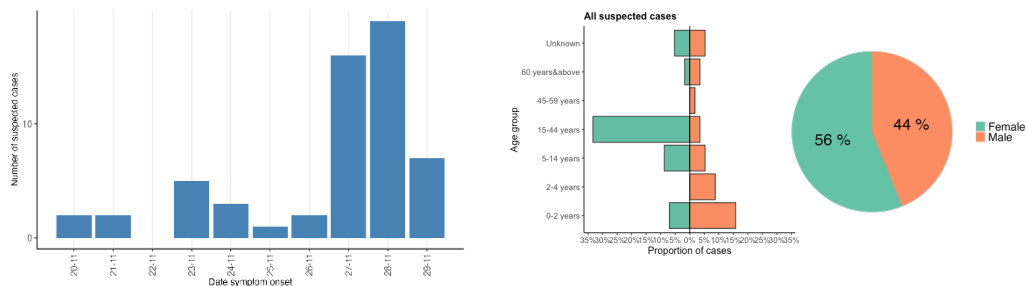


Figure 7: Epi Curve and age and sex distribution in Rubkona as of 29 November 2024

## Background

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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

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### Coordination

- Ministry of Health has activated the multisectoral coordination platform at national level and at state levels for effective cholera preparedness and response.
- Cross-border coordination between the ministries of health in Sudan and South Sudan is ongoing and similarly between WHO country offices.
- The national Cholera Response Plan has been drafted and is under review by stake holders. In Northern Bahr el Ghazal (NBeG) and Juba, the states have drafted cholera outbreak response plans. These plans will facilitate the mobilization of resources for the cholera outbreak response.

### Surveillance

- Rapid response teams are on the ground conducting outbreak investigation, including active case search in the affected counties.
- In Juba, the state RRT also reached/assessed other various places such as government offices (5), communities (20), households (56), public centers/markets (10), educational institutions (5), and religious institutions (one church and one mosque).
- In NBeG, WHO has hired two land cruisers to facilitate the state RRT in active case search and investigation of new cholera case alerts. In addition, the team is also conducting the assessment of health facilities in the cholera hotspot areas in five counties.



## Laboratory

- The mapping by the Ministry of Health WHO of status of sample collection kits supplies to the counties has been done. WHO is planning to send supplies to the counties lacking supplies.

## Case management

- Northern Bahr el Ghazal (NBeG): MSF-France, in collaboration with SMOH, WHO, and Aweil Center County Health Department, set up a 20-bed Cholera Treatment Unit (CTU) at Maper West PHCU. With WHO support, partners (UNICEF, UNHCR, MSF-France, IRC, and others) plan to establish 30 Oral Rehydration Points (ORPs): five per county, two at entry points, and three in the municipality.
- Renk: A three-day cholera case management training was conducted for 35 healthcare workers from 10 facilities. South Sudan Red Cross established ORPs at Zero, Sugukari, and Sukujar.
- Juba: One 20-bed CTU at Gurei PHCC (supported by MSF-France). MSF-F also set up an ORP at Hai Baraka Block 5 and endorsed a 10-bed CTU at Gorom PHCC. In addition, eight ORPs were established in nine assessed health facilities with UNICEF support; Lologo PHCC was excluded due to lack of space. While, UNICEF provided 700 posters, 20 banners, 18 pull-ups, and 8,000 flyers in Arabic. TRI-SS supplied megaphone batteries for community announcements.
- Malakal: MSF-Spain supports an 80-bed CTC at Asosa, IMC a 17-bed CTU at the POC site, and WHO a 16-bed CTU at MTH. In addition, IOM manages ORPs at the POC clinic, Malakia, and Bulukat; ARDF at Bam PHCC; WVI at six water points: Malakia, Rei, SWaT, River Port, Nile Palace, and Bam WTP.

## Infection Prevention & Control/WASH

- Renk: Three 250-liter handwashing facilities in schools were installed, with additional units in progress while 45m<sup>3</sup> of treated water is distributed daily by donkey-cart water trucks for household supply. Also, Mobile Sanitation Teams (MTS) have been deployed to critical sites: 5 teams at GOAL Nutrition Site (Hai Masara), 7 teams at Renk Civil Hospital and CHD for waste management and 3 teams at Zero for latrine cleaning near MSF mobile clinics and informal sites.
- Northern Bahr el Ghazal (NBeG): SMOH, supported by WHO, UNICEF, and MSF-France, continued assessing water points.
- Juba: The state Rapid Response Team (RRT) conducted household and environmental decontamination in homes with cholera cases to prevent further transmission and SMOH, with partner support, assessed six boreholes in Hai Baraka; only two were functional. Findings on WASH conditions were shared with the WASH cluster for action.
- Malakal: WASH partners increased water production and conduct daily water quality testing, sharing results with stakeholders and Additional latrine blocks constructed and Aquatabs distributed to households. Further, ICRC began supporting WASH activities in Malakal Central Prison.





### Risk Communication & Community Engagement (RCCE)

- In NBeG, Engagement with community leaders in the areas where cases have been recorded is ongoing. And efforts are being made to commence awareness through public address systems, road drives and radio talk show with key messages on cholera prevention.
- In Malakal, 850 households have been reached with key cholera messages, 12 education sessions were conducted, 6 meetings with community leaders, 8 radio broadcasts have been aired, 4000 posters & Banners distributed, 4000 and 74 volunteers have been trained.

### Oral Cholera Vaccination (OCV)

- In response to cholera outbreaks in South Sudan, the Ministry of Health, with support from the World Health Organization (WHO), has secured over 282 153 doses of oral cholera vaccine to implement vaccination campaigns in areas identified as cholera transmission hotspots. These vaccines will be used to implement a two-dose mass vaccination campaign in Renk and Malakal Counties of Upper Nile State.

### 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 Renk, WHO has handover of an ambulance by to the CHD and Cholera Technical Working Group, equipped with a phone and SIM card to serve as a hotline.
- Juba: WHO has provided cholera investigation kits, which are currently being utilized by the State Rapid Response Team (RRT). Additional cholera investigation kits have been distributed to Kajo-Keji, Morobo, Terekeka, and Yei River counties.
- In Bentiu, Six cholera beds and one cholera community kit were delivered to Budang PHCC by World Relief. Further, UNHCR supported the response with plastic sheeting and metallic hollow section for fabricating beds within Rubkona.
- WHO is issued to CORDAID with one cholera central kit (consisting of 9 boxes). Additionally, seven cholera community kits were distributed to support ORPs in both Rubkona and Guit county health facilities in these areas.

### Challenges

- NBeG and Juba have reported inadequate supply of chlorine to support the decontamination of the affected families' homesteads and for use in the facilities.
- Juba: There is a need to urgently conduct training for frontline health providers working in both public and private health facilities on case detection and reporting. Laboratory refresher training on cholera samples collection, packaging and transportation is required.
- Renk: There is persistent underreporting of Plan A cholera cases by health facilities, leading to data inaccuracies. Limited capacity for sanitation coverage despite ongoing efforts especially in have been observed. There are logistical constraints in expanding sanitation activities to all affected areas, particularly in and around unofficial POEs.
- Malakal: Open defecation is still rampant within the community and community continue to report inadequate water or unavailability of water at certain times of the day resulting in use of river water. Cholera awareness is remains low.



## Next Steps

- NBeG: Efforts are underway by partners, in collaboration with the SMoH and WHO, to establish CTC if need arises.
- Renk: Continue expanding IPC/WASH interventions, including deploying additional MTS and initiating water trucking for schools, health and nutrition facilities.
- Juba: UNICEF to support the printing of more cholera IEC materials while WHO will support the orientation of 118 community leaders from the three Juba City Council blocks (Juba town, Kator and Munuki).
- Malakal: Partners have committed to launch ORP in the community focusing on outside of private health facilities, special institutions like prisons, and congested places like Markets.



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Graphics by: Health Information Management Team (WHO)

