



South Sudan: Cholera Outbreak Situation Report

Situation report: No. 007

Date of onset of outbreak: 28 September 2024

Reporting date: 14 December 2024

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



Cholera response | Cumulative figures from 28 September to 13 December 2024

4,793	Cases	47	Death	0.98%	CFR
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Key Weekly Highlights as of 13 December 2024

- In the past one week, 2,845 new suspected and confirmed cholera cases and 47 new deaths were reported.
- A cumulative total of 4,793 suspected and confirmed Cholera cases including 47 deaths (case fatality rate: 0.98%) have been reported from 22 across 6 States of South Sudan. Of the affected Counties, Rubkona County accounts for 30.6% (n = 1,465) of all cases, followed by Juba (26.7%; n=1,278), and Malakal (19.5%; n=932).
- In Rubkona, 1,465 cases and 21 deaths have been reported with 606 RDT positive.
- In Juba, 1,278* cases and 13 deaths were reported with 57 RDT positive.
- In Malakal, 932 cases and 6 deaths were reported with 83 RDT positive.
- In Renk, 386 cases and 2 deaths been reported including 103 tested positive through Rapid Diagnostic Test (RDT).
- In Northern Bahr el Ghazal, all the counties have reported cases, 495 in total.
- The age group with highest case count is 0-4 years (36.3%), followed by the 5-14 years age group (21.7%)
Males represent 50.4% of cases

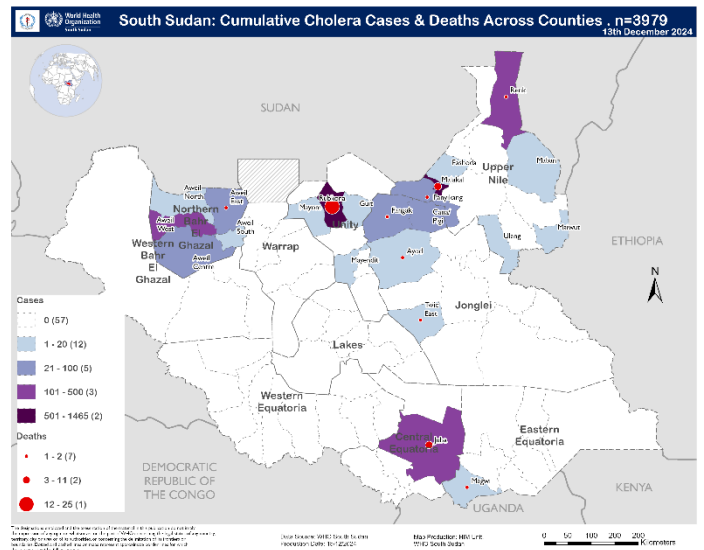


Figure 1: Map showing Cholera affected counties across the country

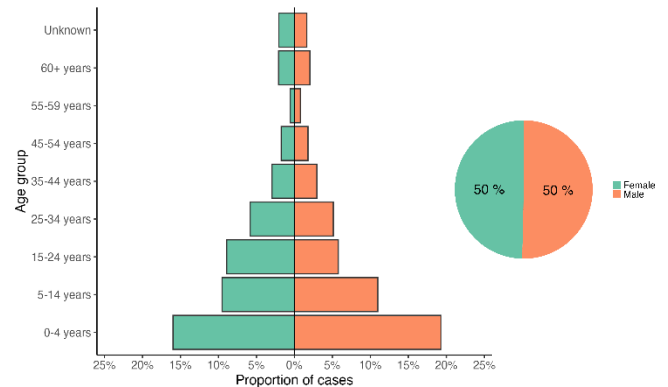


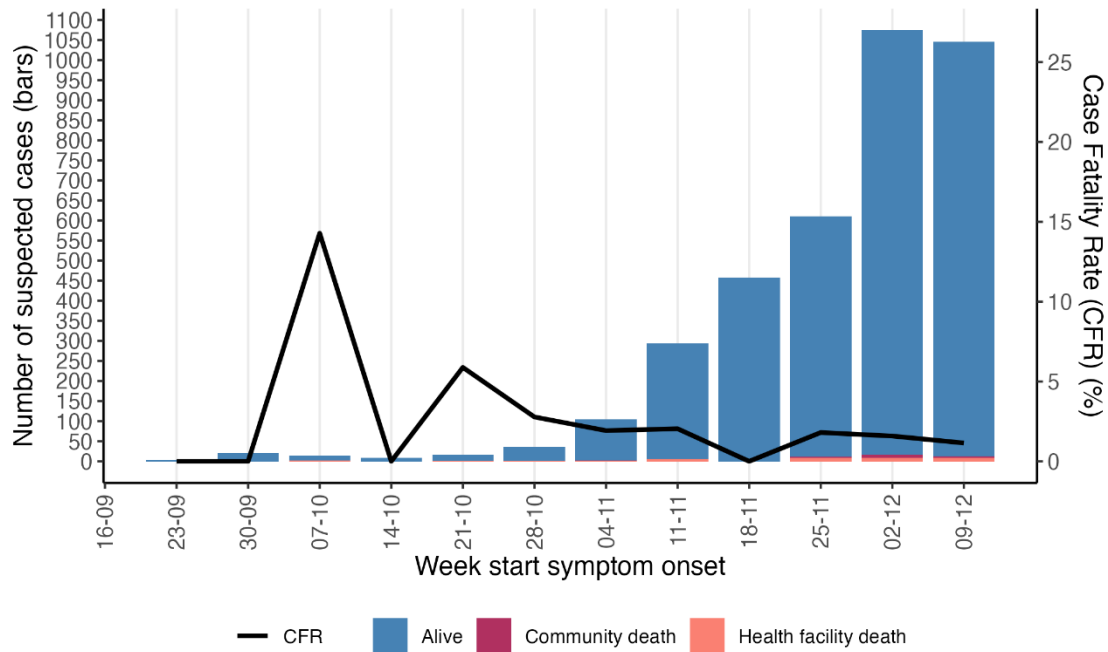
Figure 2: Age-Sex distribution of all suspected and confirmed cholera cases in eight affected counties, 13 December 2024

**Please note that not all Juba cases included here are line listed*



Weekly suspected cholera cases by outcome and CFR, South Sudan

Data as of 2024-12-15, n=3979



292 (7.3%) cases without date information are excluded from the graph.

Figure 3: Epi Curve showing Cholera cases in eight affected counties by week as of 13 December 2024

Malakal

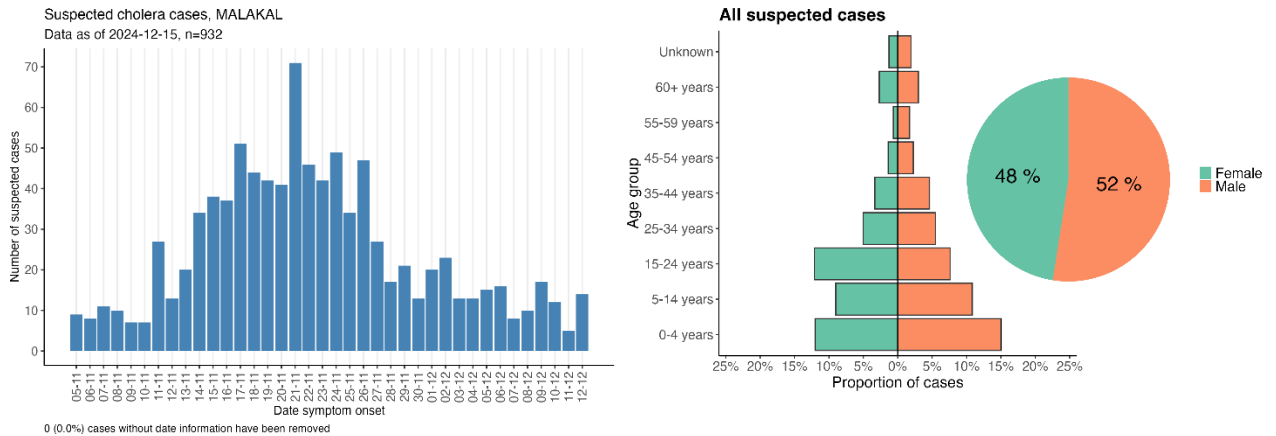


Figure 4: Epi Curves and age and sex distribution in Malakal as of 13 December 2024

- Cases in Malakal have followed a decreasing trend in the last four weeks
- In Week 49, 98 cases were reported compared to the previous week (n=179)
- Most cases are from Assosa Boma (32.2%), followed by Hai Matar (13.6%) and Hai Saha (10.8%)



Renk

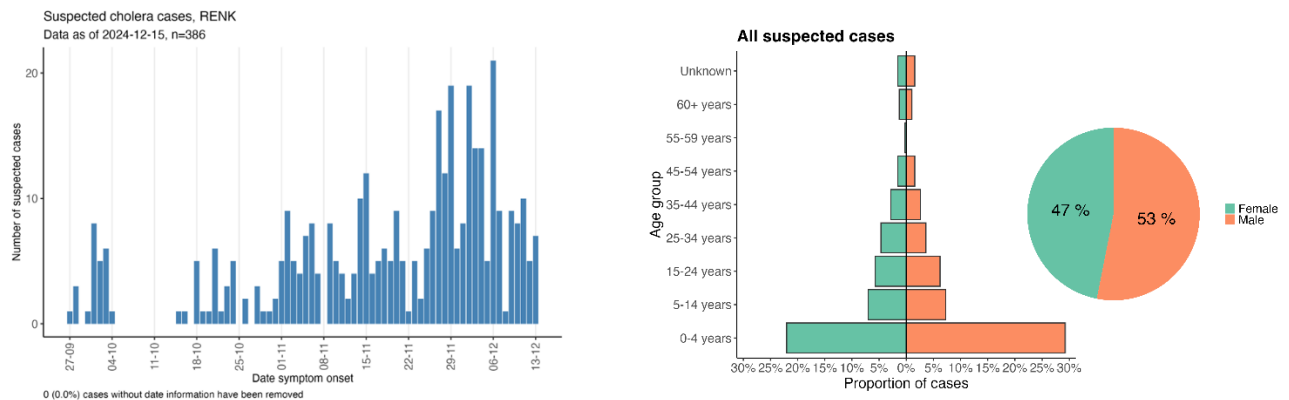


Figure 5: Epi Curve and age and sex distribution in Renk as of 13 December 2024

- In Renk, the number of cases reported in weeks 48 and 49 were 77 and 83 respectively.
- Majority of the cases are from Wunthou (26.9%), TC1 (22.5%) and TC2 (22.0%)
- 51.3% of the cases are in children <5 years
- 46.4% (179/386) of the cases in Renk are amongst returnees, followed by the host community (32.4%; n=125) and refugees (21.2%; n=82)

Juba

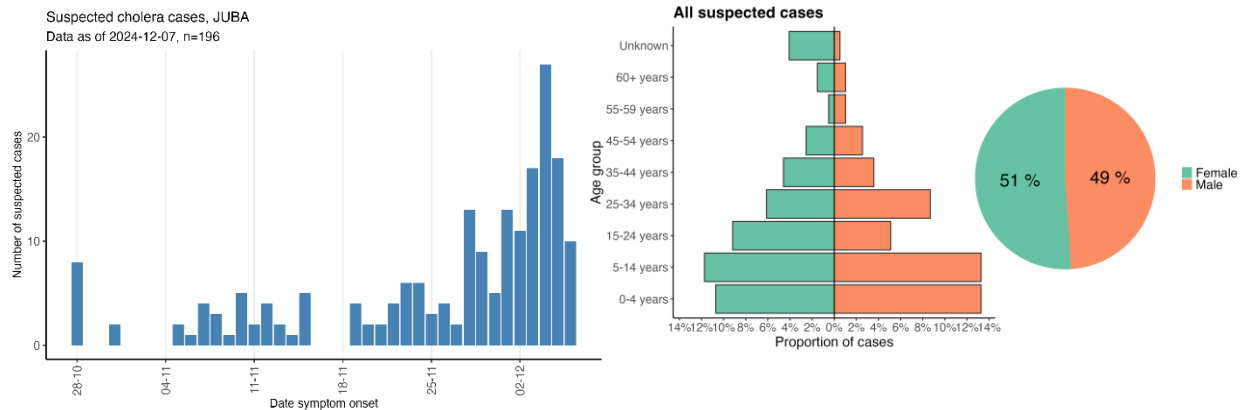


Figure 6: Epi Curves distribution by payam and age and sex distribution in Juba as of 13 December 2024

- Cases in Juba continue to follow an increasing trend (since Week 46), with 154 new cases and 0 deaths reported in IDP1 and IDP3 on Dec 14 (latest available data*)
- Most cases are in children (30.4% in 5-14 years old) and 28.9% in under 5 years old
- Majority of the cases are from Rejaf (53.4%) and Durupi South (18.1%)

Rubkona

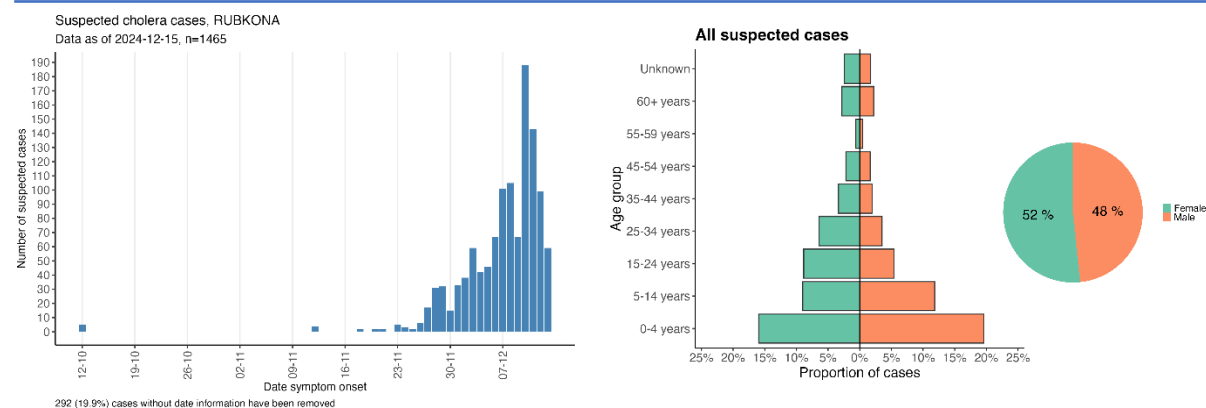


Figure 7: Epi Curve and age and sex distribution in Rubkona as of 13 December 2024

- In Rubkona, cases are increasing rapidly (by ~237%) in Week 49 compared to Week 48
- 47 cases and 0 deaths were reported on Dec 14
- In less than 3 weeks since the first reported cases, Rubkona has surpassed Renk and Malakal in the overall reported cases of cholera, accounting for 42.6% of the new cases reported in Week 49 (and 53.2% for Week 50 so far)
- 48.8% of cases are from Yoynyang Boma and 15.1% from Nyachom Boma
- Most cases (34.7%) are under 5 years old

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 30th 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 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.

Surveillance

- Rapid response teams are on the ground conducting outbreak investigation, including active case search in the affected counties.
- In Malakal, surveillance efforts include National and State MOH RRTs, supported by WHO, investigating and verifying cases. A state RRT was deployed to Tonga, Panyikang for detailed investigations. Positive cholera cultures were confirmed in Malakal and Fashoda. Sample collection and testing continue in new locations, with consolidated line lists developed per National MOH standards.

Laboratory

- The mapping by the Ministry of Health and 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

- Renk: Cholera case management efforts include WVI establishing 11 ORPs near health facilities, supported by WHO, and the South Sudan Red Cross adding five ORPs in key locations. IOM set up four ORPs at Wunthou and TC2 sites. Health workers at Wunthou CTU received supervision and orientation, while essential medicines and cholera kits were deployed to facilities near refugee entry points. Expanded activities to Bobnis PHCU and Jarbana PHC to monitor significant refugee movement. Activated case management at Bobnis PHCU and Jarbana PHC to address influxes at new Points of Entry (POEs) in Bobnis, Dongbar, and Atem.
- Juba: With WHO and state support, CES trained 50 health workers in cholera management and established a 20-bed CTU at Gurei PHCC, supported by MSF-France. MSF also set up ORPs and plans a 10-bed CTU at Gorom PHCC. UNICEF supported eight ORPs. Plans underway to expand El Shabah ORP plus to increase capacity to 5 beds
- Malakal: MSF Spain supports an 80-bed Cholera Treatment Center (CTC) in Asosa, IMC operates a 17-bed CTU at Malakal PoC, and WHO manages a 16-bed CTU at Malakal Teaching Hospital. Nineteen ORPs have been established in Malakal town and PoC to treat Plan A patients and refer Plan B and C cases.
- Rukkona: WHO has ensured case management supplies for partners, and MSF repaired the county ambulance, supporting Bentiu State Hospital with human resource and decongesting Rubkona CTU. BOQs for a new CTC shelter were submitted, with MSF delivering a tent to Yonyang. World Relief, and IRC deployed teams to Rubkona CTU to address HR shortages and improve response. CASS will be deploying response team next week



Infection Prevention & Control/WASH

- Renk: WASH assessments were conducted in Jarbana, Wunthou, and Gosfami, with joint missions focusing on establishing health and WASH services for refugees. Additionally, efforts addressed water and sanitation gaps in high-transmission areas, including TC2, Chemmdi, and Zero Bomas.
- Northern Bahr el Ghazal (NBeG): SMOH, supported by WHO, UNICEF, and MSF-France, continued assessing water points.
- Juba: The state RRT is decontaminating households with cholera cases to prevent spread.
- Malakal: WASH efforts include providing 439,000 liters of safe water daily, equating to 7.5 liters per person. Water production has increased to 17 liters per person in the POC and 14 liters in town. Daily water quality testing continues, revealing some below-standard chlorine levels due to prolonged storage in open containers. Targeted Aquatab distribution is set to begin next week, with WVI supporting six community ORPs at water production sites. Most cholera cases are linked to tap water, indicating potential contamination during handling.

Risk Communication & Community Engagement (RCCE)

- In NBeG, Engagement with community leaders in the areas where cases have been recorded is ongoing.
- Malakal: risk communication efforts reached 1,889 individuals (1,005 men, 884 women) with cholera messages through 634 health education sessions. Activities included distributing 120 sanitizers to facilities and restaurants, airing 20 radio dramas and jingles, conducting a community leaders' meeting in Panyikang, and distributing 50 stickers. One radio talk was also held.
- Juba: The State Ministry of Health, supported by UNICEF and over ten partners, leads RCCE activities, including radio and TV talk shows, health education, and psychosocial support. Road drives with public address systems are ongoing in Juba to enhance community awareness.

Oral Cholera Vaccination (OCV)

- Renk: The cholera vaccination campaign in Renk launched on December 9, 2024, across five Payams, with vaccines distributed by WHO, UNICEF, and partners. The campaign mobilized 350 volunteers in 120 teams, targeting refugees and returnees, supported by social mobilization, community engagement, and IEC materials. Cold chain logistics ensured vaccine delivery to 13 facilities. Data management prioritized daily entry and dashboard monitoring, ensuring campaign quality and progress tracking. Community leaders were engaged to enhance vaccine uptake.
- Malakal: OCV campaign preparations are underway, including activity scheduling and team selection. The MOH, supported by WHO, has secured 130,950 single-dose cholera vaccines, with the campaign set to begin next week. The RCCE plan for OCV has been nationally approved.
- Juba: The Ministry of Health and WHO submitted a formal request to the International Coordinating Group (ICG) for Oral Cholera Vaccine (OCV) stockpile, which has been approved. Once the OCV arrives in the country, vaccination will target all Payams in Juba County.



Logistics and supplies

- Juba: Resource mapping for cholera response is ongoing across the state. WHO provided investigation kits for the State Rapid Response Team (RRT) and distributed additional kits to Kajo-keji, Morobo, Terekeka, and Yei River counties. Two Land Cruisers support active case searches and health facility assessments in Juba hotspots. UNICEF supplied nine tents for ORPs and pledged a 45kg bucket of chlorine. WHO provided a cholera treatment kit to El Shabah Hospital and chlorine for the RRT.
- Canal//Pigi: WHO approved critical support for COSEDA to respond to cholera. This included one tent for a CTU at Bor State Hospital, five kilograms of chlorine for disinfection, and cholera kits for Pigi Canal County: 1 central kit, 3 peripheral kits, 8 community kits, 30 cholera beds, 3 laboratory kits, 30 RDT packs, and 2 tents.
- Malakal: For the past week, the WHO prepositioned a total of 21 kits of cholera community modules and investigation kits to support partners.

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: Cholera response faces critical challenges, including health facilities detaining cases without reporting, lack of ambulances for referrals, and limited capacity in counties for case investigation and sample handling.
- Renk: Security issues, including ongoing fighting near the Joda-Wunthou border, temporarily halted operations at the Wunthou Cholera Treatment Unit (CTU), necessitating the relocation of staff from conflict-affected areas for their safety. Logistical constraints have also emerged, with high vaccine demand requiring constant adjustments, while medical supplies for cross-border support remain delayed due to the conflict near the Wunthou-Joda border. Additionally, the increasing influx of refugees through unofficial points of entry has further strained available resources. Resistance to vaccinations by mobile Hausa pastoralists in Gerger Payam has compounded these challenges, highlighting the need for targeted engagement and advocacy efforts.
- Malakal: The cholera response in Malakal faces several challenges. The health workers' strike at Malakal Teaching Hospital and limited partner funding for Tonga PHCC and Kodok County Hospital hinder routine health services. Many residents rely on river water, and open defecation remains widespread, worsening sanitation issues. Insecurity and conflict complicate outbreak control, limiting access to affected areas like Tonga. Public awareness and community engagement require strengthening. Additionally, the Sudan crisis has brought new arrivals through unofficial borders, increasing vulnerability. Lack of town leadership in the Cholera taskforce to support some cholera preventive strategies like environmental sanitation activities to address open defecation and environmental cleanliness. No partner supporting Safe and Dignified burial services.

Next Steps

- NBeG: Efforts are underway by partners, in collaboration with the SMoH and WHO, to establish CTC if need arises.



- Renk: Enhanced surveillance in hotspots, strengthened community engagement through leaders to boost vaccine uptake, and improved WASH interventions in high-transmission areas. Maintain accurate data reporting, ensure seamless OCV campaign completion, monitor conflict zones, and deploy additional resources to support health facilities near points of entry.
- Juba: The state Rapid Response Team will remain on standby for deployment to new alerts, monitor and decontaminate affected households, and conduct community awareness in former PoC 1 & 3. Additional sample collection and distribution of cholera IEC materials will be prioritized, with UNICEF supporting printing. The state task force will engage community representatives through the health-specialized committee, while media sensitization on cholera prevention will be expedited. Epi-surveillance and case management teams will draft tools for ORPs, and MoH/WHO will continue water quality testing in Juba hotspots.
- Malakal: It is important to expand vaccination campaigns to areas like Panyikang. Improve water and sanitation by increasing daily water production to 15-20 liters per person, distributing purification tablets, and constructing latrines. Strengthen healthcare services with additional resources, training, and support for underfunded facilities. Enhance public awareness through media and community leaders. Ensure a coordinated, multisectoral response led by the State Ministry of Health.



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