



South Sudan: Cholera Outbreak Situation Report

Situation report: No. 009

Date of onset of outbreak: 28 September 2024

Reporting date: 28 December 2024

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



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

10,765

Cases

165

Death

1.6% %

CFR

Key Weekly Highlights as of 28 December 2024

- In the past one week, 2,970 new suspected cases including 719 rapid diagnostic positive cases were reported. The total number of new cholera related deaths reported during the week was 52.
- From 28 September to 28 December, there have been 10,765 cases including 169 deaths were reported from 28 counties, across 7 states.
- The total number of cholera related deaths reported since the beginning of the outbreak is 169, translating to case fatality ratio of 1.6%
- Majority of the cases 49% (n = 5285) are reported from Rubkona County followed by Juba County 14% (n=1470).
- Unity State accounts for the highest burden of cholera cases at 50% (5,389 cumulative cases across 5 counties), followed by Upper Nile at 16% (1,694 cases across 7 counties) and Central Equatoria at 14% (1,472 cases in 1 county), while Eastern Equatoria and Lakes report minimal cases, contributing less than 1% each.
- The last complete week (Week 51), 3960 cases were reported across 18 counties, compared to 3257 cases across 22 counties in Week 50.
- The age group with highest case count is 0-4 years (31%), followed by the 5-14 years age group (24%)

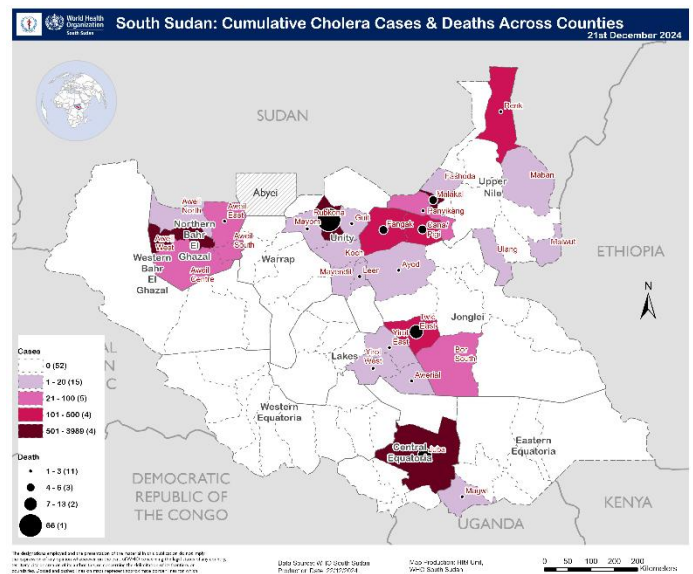


Figure 1: Map showing Cholera affected counties across the country

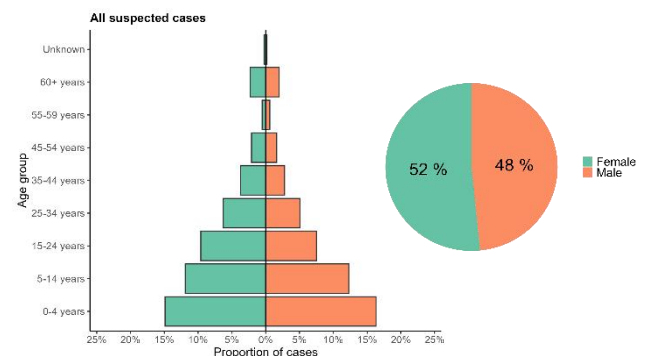
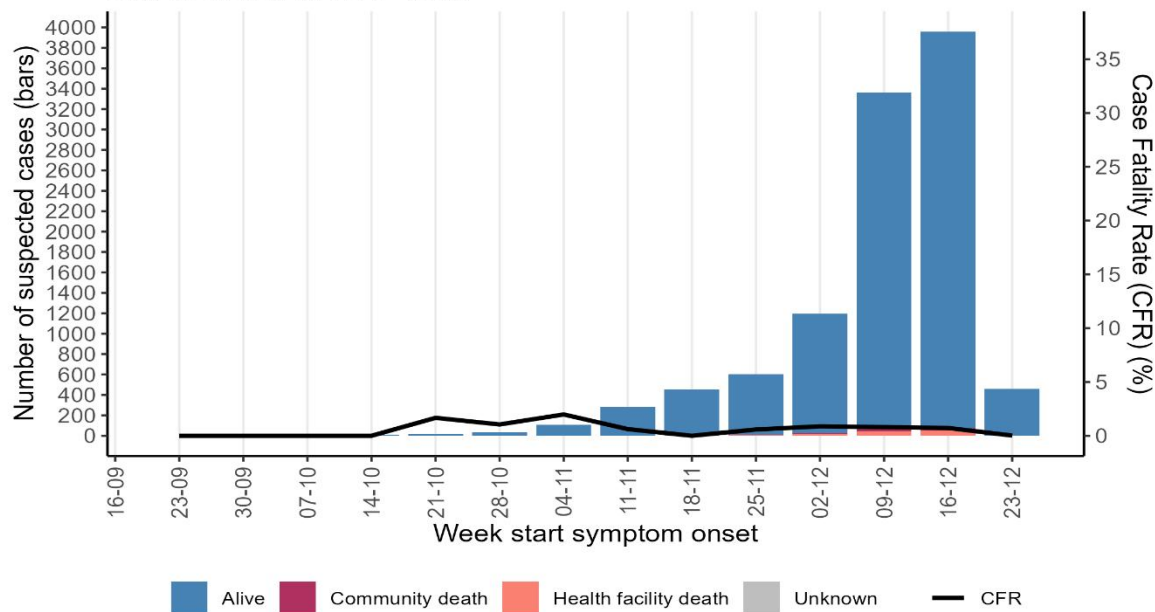


Figure 2: Age-Sex distribution of all suspected and confirmed cholera cases in eight affected counties, 28 December 2024



Weekly suspected cholera cases by outcome and CFR, South Sudan

Data as of 2024-12-27, n=10539



18 (0.2%) cases without date information are excluded from the graph.

Figure 3: Epi Curve showing Cholera cases in eight affected counties by week as of, 28 December 2024

Malakal

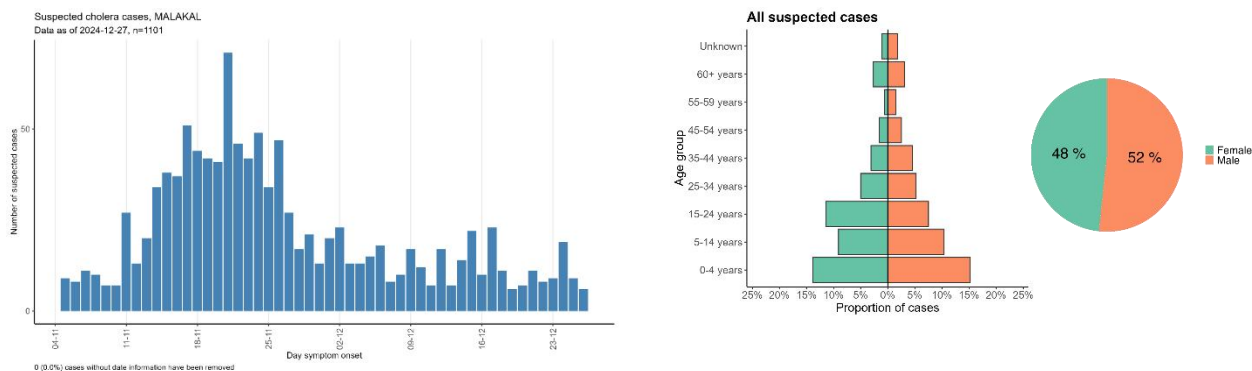


Figure 4: Epi Curves and age and sex distribution in Malakal as of 28 December 2024

- Cumulatively, 1,101 cases including 7 deaths have been reported.
- Cases in Malakal have followed a decreasing trend in the last five weeks
- In Week 52, 43 cases have been reported so far compared to the previous week (n=76)
- Most cases are from Assosa Boma (79%)



Renk

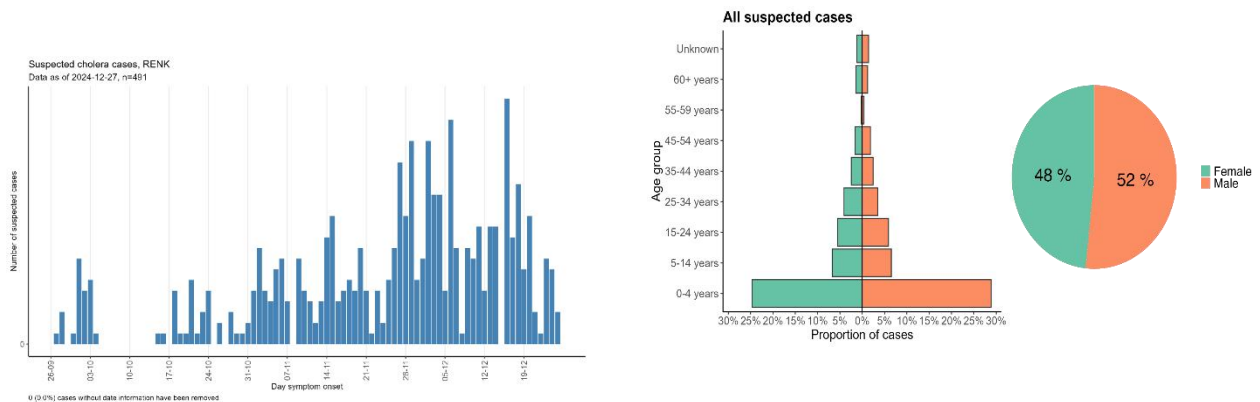


Figure 5: Epi Curve and age and sex distribution in Renk as of 28 December 2024

- Cumulatively, 491 cases including 3 deaths have been reported since the beginning of the outbreak.
- In Renk, 18 cases have been reported so far in week 52, compared to 71 cases in week 51
- Majority of the cases are from Wunthun (44%).
- More than half of cases are in children <5 years (55%).
- 48% of the cases in Renk are amongst returnees, followed by the host community (31%) and refugees (21%).

Rubkona

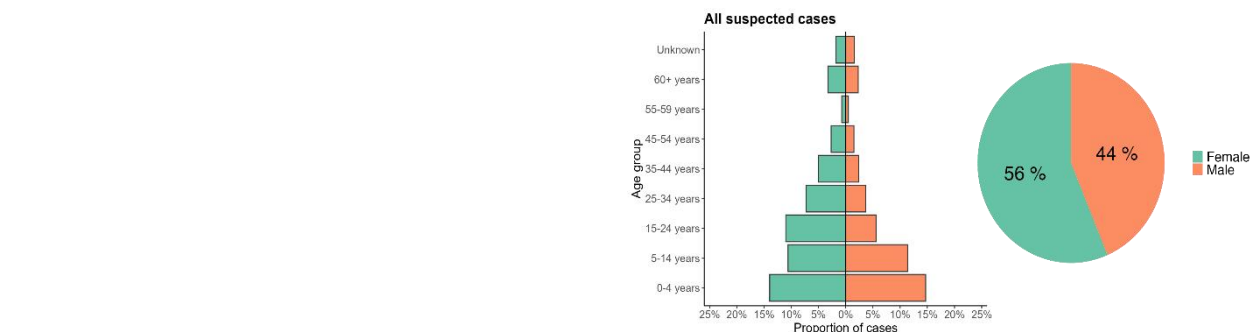
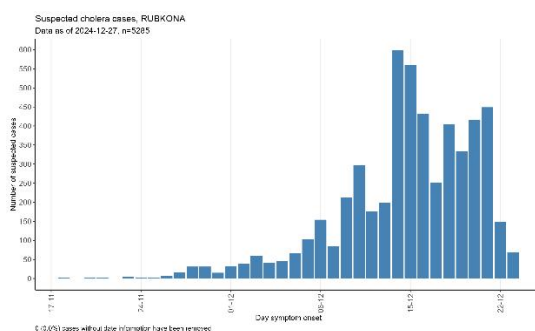
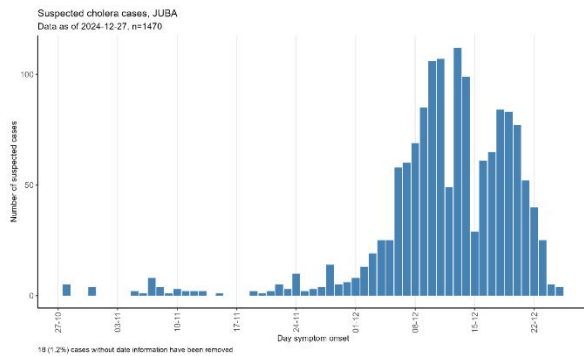


Figure 6: Epi Curve and age and sex distribution in Rubkona as of 28 December 2024



- No report have been received from Rubkona since the 23 December.
- In Rubkona, 2465 cases were reported in weeks 51, making the cumulative number of cases 5285 (50% of all cases reported in South Sudan)





Juba

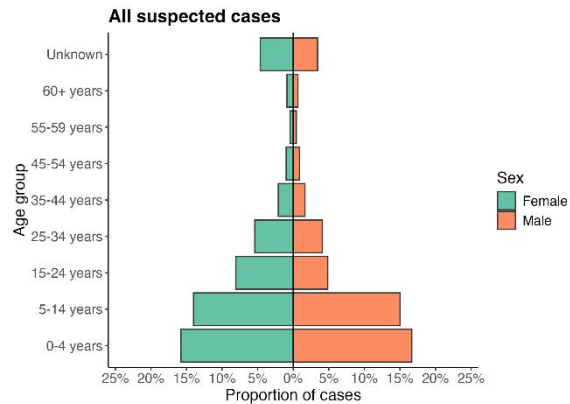


Figure 7: Epi Curve and age and sex distribution in Juba as of 28 December 2024

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

- Partial back-log from Juba have been received 26 December, with 382 new cases and 10 deaths since the last report
- Currently, a total of 1470 cases have been reported in Juba - based on the currently available data*
- Most cases are in children below 5 years (33%) or 5-14 years (29%)
- Majority of the cases in the last two weeks are from IDP 3 (>65%)

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.
- Renk: Regular coordination meetings were held, including those for the Health, WASH, and RCCE clusters. Additionally, daily OCV campaign coordination meetings were conducted, overseeing the activities of 350 volunteers organized into 120 vaccination teams. Five supervision teams were established to monitor activities across the five Payams.
- Jonglei: The State Task Force on Cholera Readiness held its 5th meeting on 17 December 2024, emphasizing county-level coordination. Weekly pillar meetings were agreed upon to ensure indepth discussions. Cholera task forces have been activated in Ayod, Pigi, Nyirol, Duk, Fangak, Twic East, Akobo, and GPAA.

Surveillance

- Rapid response teams are on the ground conducting outbreak investigation, including active case search in the affected counties.
- Malakal: National and State MOH RRTs, with logistical support from WHO, are supporting surveillance efforts, through investigation and verification of cases. The multidisciplinary state RRT deployed to Tonga, Panyikang, completed its mission during the week, conducting detailed case investigations of suspected cases to support the CHD's cholera response.
- Renk: Surveillance activated at new unofficial Points of Entries, including in areas of Bobnis, Jerebena, and CHemedi.

Laboratory

- The Ministry of Health, in collaboration with WHO, has completed a mapping exercise to assess the availability of sample collection kits in counties. WHO is preparing to dispatch supplies to counties identified as having shortages.
- Three culture samples were collected and shipped to Juba for testing from Renk while one sample from Panyikang was sent to NPHL.

Case management

- Renk: Case management services are being supported by MSF-Belgium and IMC. ORP points, managed by WVI, IOM, and the South Sudan Red Cross, continue to deliver services at health facilities and key locations.
- Malakal: MSF Spain has supported the Assosa CTC by increasing its bed capacity from 80 to 90. Additionally, 20 staff members from various ORPs received orientation on Plan A cholera case management. The Malakal Teaching Hospital (MTH) CTU is facing operational challenges due to ongoing strike at the facility.
- Rukkona: The setup of the Yonyang CTC, with IOM finalizing the installation of the water bladder platform. At Bentiu State Hospital, MSF has upgraded the facility to a CTC, adding 67 staff members, and it is now jointly managed by Cordaid and MSF. The Rotriak CTU, supported by IOM and Midair, is fully operational. IRC has enhanced staffing at the Rubkona CTU, while World Relief has deployed a mobile team in the same area. Meanwhile, IOM is in the process of establishing the Kaljak CTU, with tent installation pending.

Infection Prevention & Control/WASH

- Renk: Case Area Targeted Interventions (CATI) are ongoing, led by MSF-Belgium and Solidarity International. Water trucking to Gosfami has been expanded, delivering 30 m³/day while NRC has increased SWAT capacity to 150 m³/day and installed additional water bladders in Wunthou.
- Northern Bahr el Ghazal (NBeG): SMOH, supported by WHO, UNICEF, and MSF-France, continued assessing water points.
- Malakal: WASH partners are providing safe water to affected populations, supplying 800,000 liters daily to 42,930 individuals in Malakal PoC and 730,000 liters to 52,666 individuals in Malakal town. Water purification tablets are being distributed, and water quality is regularly monitored by WHO.
- Jonglei: Soap and handwashing buckets have been prepositioned in Bor, while Solidarity International has been deployed to Pigi. IEC and IPC materials have been distributed, and the WASH Cluster is coordinating the delivery of supplies to Pigi County from Malakal.

Risk Communication & Community Engagement (RCCE)

- Malakal: IEC materials, including posters, flyers, and radio broadcasts, were distributed to educate communities on cholera prevention and benefits of vaccination, reaching 5,847 individuals (2,994 males and 2,853 females).
- Renk: Community sensitization is being carried out through public announcements, distribution of IEC materials, and the involvement of social mobilizers, with a specific emphasis on the OCV campaign.
- Jonglei: UNICEF shared IEC and IPC materials with HSTP IPs and received jingles in Nuer, English, Arabic, and Dinka for broadcast on Radio Jonglei and Voice of Peace. SMOH held a cholera awareness radio talk show on 17 December 2024.

Oral Cholera Vaccination (OCV)

- Renk: The OCV campaign achieved 94.6% coverage, vaccinating 147,392 individuals across five Payams. Doses were redistributed to immunize refugees and returnees, and mop-up



activities targeted underserved areas. However, vaccine shortages in villages and refusals in Gerger Payam led to under coverage in some locations.

- Malakal: Pre-campaign activities, including scheduling and team selection, have started. The MOH, supported by WHO, secured 130,950 OCV doses, with training completed and the campaign starting next week.
- Jonglei: The OCV request for Canal Pigi to the International Coordination Group-ICG has been approved and the County Team through COSEDA has already submitted a micro plan.

Logistics and supplies

- Renk: WHO mobilized 12 vehicles to transport vaccination teams and supplies. Emergency supplies, including examination gloves and trauma kits, were distributed to Renk Civil Hospital. Additionally, 240 RDT kits were provided to six facilities for surveillance purposes.
- Jonglei: WHO provided three tents and 5 kg of chlorine to support the establishment of a CTC by Tearfund in Bor. UNICEF delivered 1,600 cholera posters and 100 cholera booklets to the SMOH in Jonglei State on 18 December 2024.
- Malakal: For the past week, the WHO supported partners responding to the cholera outbreak in Malakal and Panyikang with 5 kits of cholera community modules. WHO is also supporting the National RRT in response to cholera.

Challenges

- NBeG: Key challenges include a shortage of trained healthcare workers for ORPs and CTUs, as well as limited management capacity for CTUs in Aweil East and West due to funding constraints. There is a lack of IEC materials, an insufficient number of cholera beds at Wedweil CTU, and inadequate supplies for ORPs, with only 6 out of 30 operational. Safe and dignified burial services are unsupported by partners and contact tracing by RRTs is hindered by training gaps and low incentives. Furthermore, the availability of cholera RDT kits remains insufficient.
- Juba: The cholera response is hindered by critical challenges, including health facilities seeing cases without proper reporting, a lack of ambulances for patient referrals, and limited capacity at the county level for case investigation and sample management.
- Renk: The continues influx of refugees and returnees at unsupervised entry points, including Bobnis, Atam, and Dukduk, has strained resources. Gaps in screening and basic WASH services persist, while security tensions closed Wunthou CTU.
- Limited RDT kits hinder surveillance, and water shortages affect key areas. Supply delays due to security constraints further impact cross-border interventions.
- Malakal: Ongoing strike at Malakal Teaching Hospital is limiting cholera response efforts while the increasing of arrivals of returnees and refugees from Sudan is straining already inadequate WASH systems. Limited risk communication and community engagement has left many unaware of cholera prevention messages.

Next Steps

- Renk: The next steps include advocating for a multisectoral approach and funding for entry points, strengthening screening processes, and addressing medical supply shortages in



Chemmedi and Jerbana PHCCs. Ensuring RDT kit availability, expanding CATI operations, improving water access, deploying WASH supplies, and addressing security concerns affecting Wunthou CTU are key priorities.

- Malakal: The next steps include launching the vaccination campaign next week after finalizing preparations. The Government will develop a long-term urban water supply plan for Malakal with stakeholders. Strengthening healthcare services, including support for Tonga PHCC and Kodok Hospital, is critical. Enhanced public awareness and a coordinated multisectoral response led by health authorities and partners are essential.

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