



South Sudan: Cholera Outbreak Situation Report

Situation report: No. 010

Date of onset of outbreak: 28 September 2024

Reporting date: 03 January 2025

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



Cholera response | Cumulative figures from 28 September to 03 January 2025

16,351

Cases

247

Death

1.5%

CFR

Key Weekly Highlights as of 03 January 2025

- In the past one week, 5,586 new suspected cases including 2,267 rapid diagnostic positive cases were reported. The total number of new cholera related deaths reported during the week was 78.
- From 28 September 2024 to 03 January 2025, there have been 16,351 cases including 247 deaths reported from 30 counties, across 7 states and Ruweng Administrative Area.
- The total number of cholera related deaths reported since the beginning of the outbreak is 247, translating to case fatality ratio of 1.5%.
- Majority of the cases 52% (n = 8,425) are reported from Rubkona County followed by Juba County 11% (n=1,740).
- Unity State accounts for the highest burden of cholera cases at 56% (9,194 cumulative cases across 5 counties), followed by Upper Nile at 11% (1,822 cases across 8 counties) and Central Equatoria at 11% (1,740 cases in 1 county), while Eastern Equatoria and Lakes report minimal cases, contributing less than 1% each.
- Mayom in Unity state has reported 52 deaths with a CFR of 8% and Ayod in Jonglei has reported 8 deaths with a CFR of 42%.
- The age group with highest case count is 0-4 years (30%), followed by the 5-14 years age group (24%). Females currently represent 52% of the reported cases.

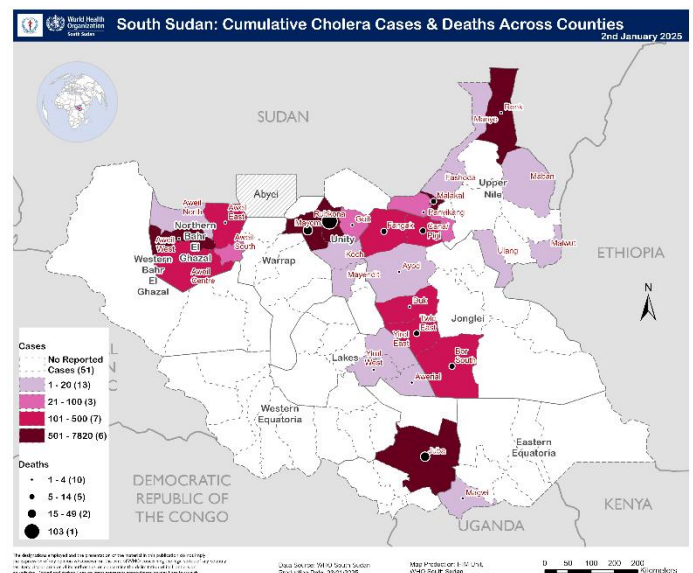


Figure 1: Map showing Cholera affected counties across the country

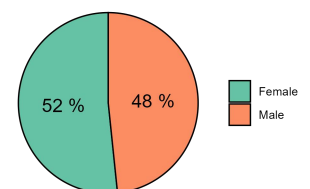
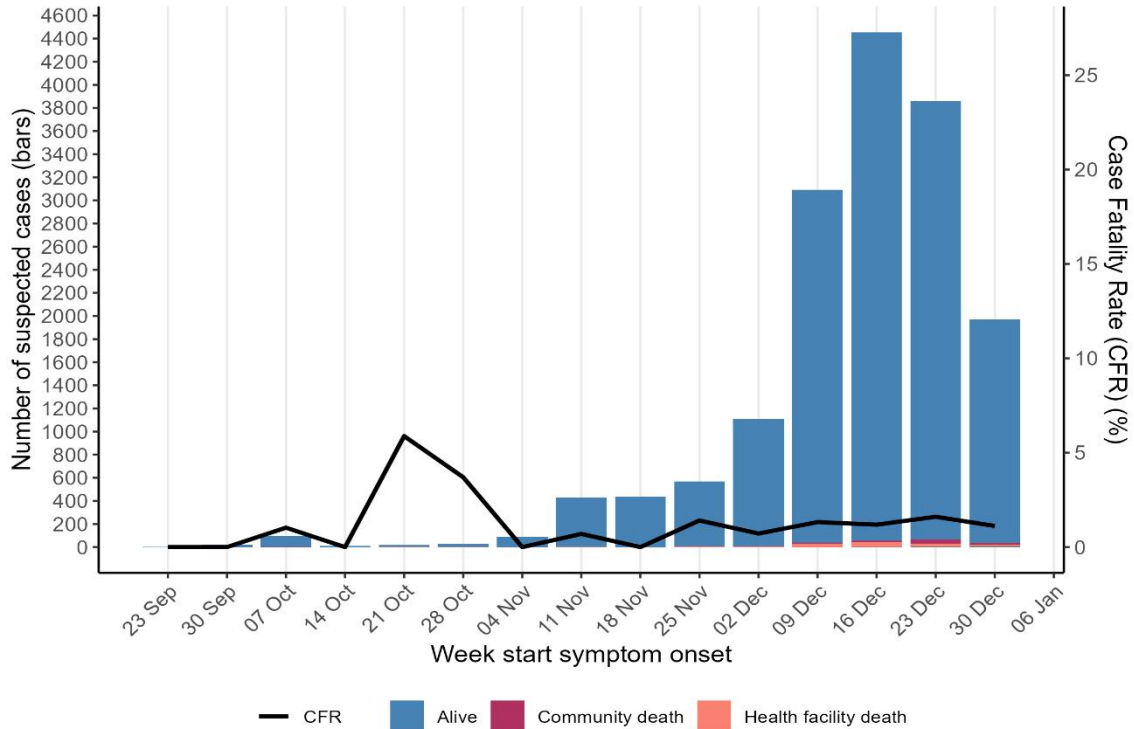


Figure 2: Age-Sex distribution of all suspected and confirmed cholera cases in eight affected counties, 03 January 2025



Weekly suspected cholera cases by outcome and CFR, South Sudan
Data as of 2025-01-04, n=16351



168 (1.0%) cases without date information are excluded from the graph.

Figure 3: Epi Curve showing Cholera cases in the affected counties by week as of, 03 January 2025

Rubkona

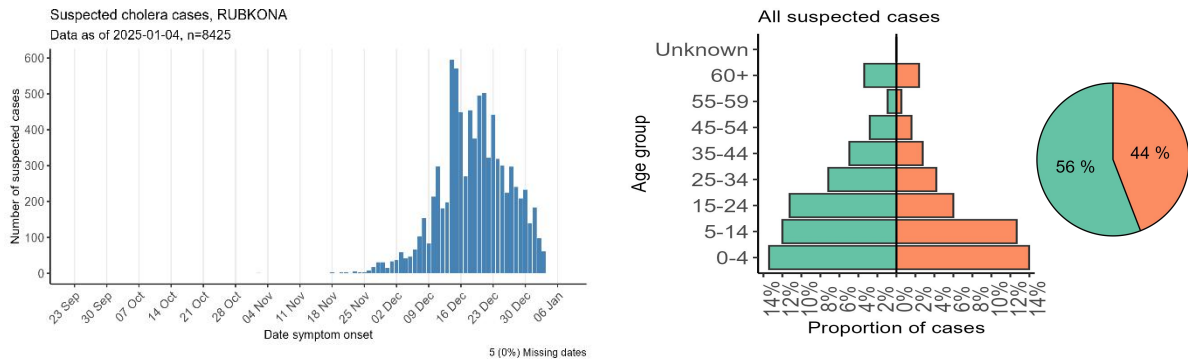


Figure 4: Epi Curves and age and sex distribution in Rubkona, as of 03 January 2025

- In the past two weeks...
- Overall, 8425 cases have been reported with...
- In total 73% of cases...
- 63% The most affected reporting most cases



Mayom

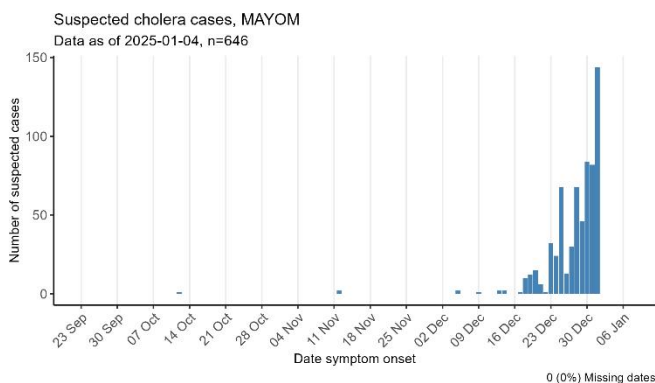


Figure 5: Epi Curve and age and sex distribution in Mayom County, as of 03 January 2025

- In the past two weeks 592 cases had symptom onset in Mayom accounting for 9% of the nation
- Overall, 646 cases (4% of nationwide total) including 52 deaths (21% of nationwide total) have been reported with the most affected age group being 5-14 years (21%).
- 100% of cases are reported as severe dehydration, compared to the national average of 63%
- The most affected payams are Wangkei (76%), and Kuerbuone (14%) while the health facility reporting most cases is Mayom Hospital (44%)

Juba

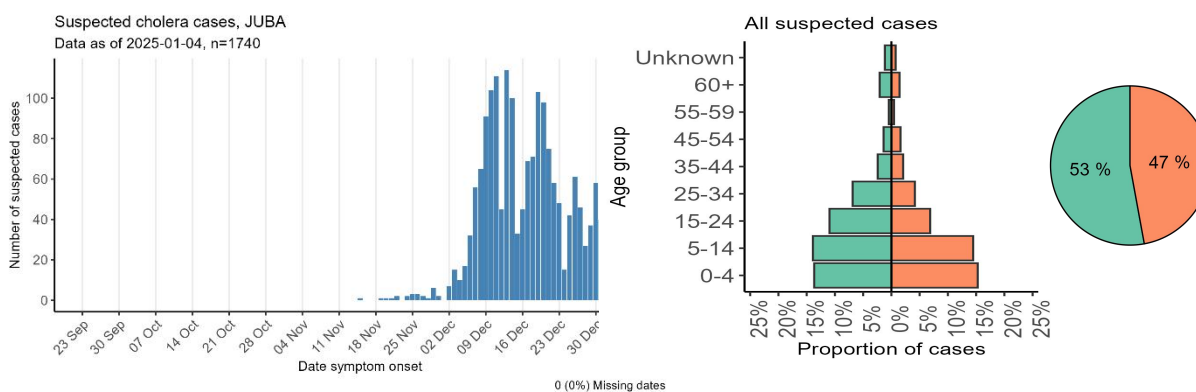


Figure 6: Epi Curve and age and sex distribution in Juba County, as of 03 January 2025

Malakal

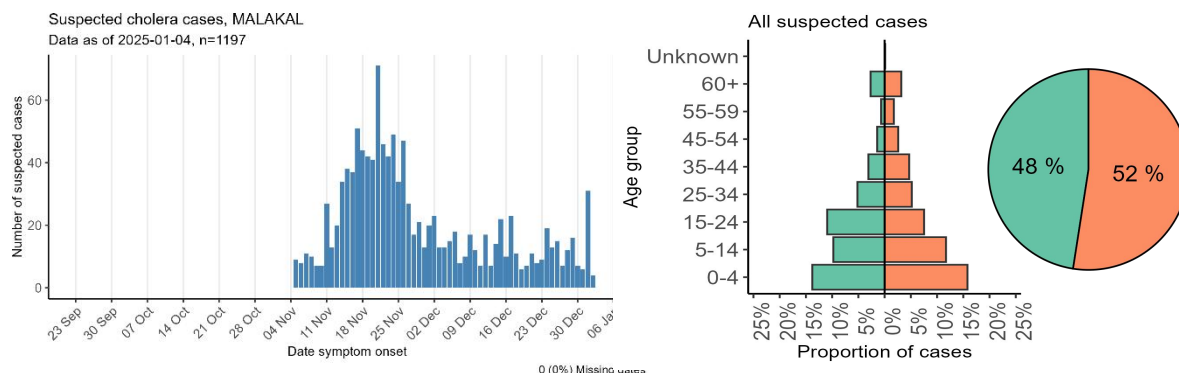


Figure 7: Epi Curve and age and sex distribution in Malakal County, as of 03 January 2025

- In the past two weeks 147 cases had symptom onset in Malakal accounting for 2% of the nation
- Overall, 1197 cases (7% of nationwide total) including 6 deaths (2% of nationwide total) have been reported with the most affected age group being 0-4 years (30%)
79% of cases are reported as severe dehydration, compared to the national average of 63%.
- The most affected payams are Northern malakal (23%), and Southern malakal (22%) while the health facility reporting most cases is MSF Malakal Assossa CTU (72%).

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.
- Renk: Regular coordination meetings were held, including those for the Health, WASH, and RCCE clusters.
- Jonglei State: The State Task Force on Cholera Readiness and Response are being held regularly and continue emphasize to the need to intensify response efforts in the State. Ayod, Pigi, Nyirol, Fangak, Twic East, Akobo, Duk Counties, and GPAA have activated their cholera task forces meetings ongoing.

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.
- Renk: Surveillance was activated at unofficial PoEs due to significant refugee arrivals. Supervision and monitoring were conducted at three health facilities, and 20 cholera RDTs and stool collection kits were provided to Wunthou CTU.

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.
- Renk: Six samples were collected and shipped to Juba for *Vibrio cholerae* confirmation via PCR testing.

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.
- Unity State: The State Ministry of Health/County Health Department in collaboration with WHO trained Boma Health Workers (BHWs) and plans to establish ORPs in hard-to-reach areas. In addition, WHO will support Cordaid in training BHWs in Guit County. Further, MSF opened ORP in Mankuai while IOM is planning to open a CTU in Kaljak.



- Jonglei State: WHO provided Tearfund with 3 tents for establishing CTU isolation at Bor State Hospital. MSF is supporting Operates 10-bed Cholera Treatment Units (CTUs) in Old Fangak and New Fangak and an 8-bed CTU in Kurwai, Canal Pigi. UNICEF provided 2 additional tents to Tearfund for establishing CTUs in Twic East.

Infection Prevention & Control/WASH

- Renk: Case Area Targeted Interventions (CATI) are led by MSF-B and Solidarité International. MSF-B set up a water point in Gosfami, with SI trucking 30m³/day. In Jerbena, Oxfam and MSF-Spain will truck 40m³/day combined. IOM continues water provision to TC-1, TC-2, Zero Site, and OTA. Oxfam distributed 630 kits of WASH NFIs.
- 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 State: WHO provided Tearfund with 2 chlorine drums for Bor State Hospital, while UNICEF delivered 3 drums for Twic East and Duk. Hygiene campaigns continue countywide.
- Unity State: WASH and IPC efforts for cholera response are coordinated by the WASH/IPC TWG and cholera task force. UNICEF leads IPC/WASH in health facilities, while WASH partners address community needs. IOM supports WASH in health facilities and distributed cholera kits in Rubkona County, including Yoangyang, Mankuai, IDP camps, and Mayom. Concern Worldwide reopened SWATS in key locations for three months, and IOM provides water tracking for CTUs. Limited WASH partners remain a key challenge in Rubkona

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.
- Jonglei State: Community engagement activities on cholera prevention and control continue across affected counties. A radio talk show was conducted by the State Ministry of Health (SMoH) to raise awareness on cholera prevention.
- Unity State: RCCE activities continue despite challenges, including the absence of regular radio shows to address cholera myths. SMOH is collaborating with Town mayor and Rubkona County Commissioner to find modalities to im-plement governor directives on preventing and mitigation measures to stop spread of cholera in the community.

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 State: 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.
- Unity State: The OCV campaign operational distribution is as follows: MSF covers Rubkona and Bentiu towns, flood IDP sites A-E, and Bentiu IDP camp. Mediar oversees Budang, Norlem, and Kaljak payams, while IRC handles Dhorbor and Tharwangyiela. MoH, WHO, and UNICEF manage Ngop, Wathjak, Wanhieny, Nhialdiu, and parts of Rubkona Payam. WR provides logistical support via speed boats. Vaccinator training runs Saturday-Monday; vaccinations start Tuesday, launched by the National Health Minister in Rubkona on January 7, 2025. Key action points include sharing HR and vaccine distribution lists and standardizing vaccinator pay rates.

Logistics and supplies

- Renk: Emergency supplies, including examination gloves and face masks, were distributed to Renk Civil Hospital. Cholera supplies—1 Cholera Investigation Kit, 1 Central Module Drug Kit, 1 Cholera RDT Kit, 1 Periphery Modules Drug Kit, 1 Renewable Supply Kit, 2 Community Modules Drug Kits, 2 ORP Base Care Modules, and 2 cartons of PPE coveralls—were provided to Relief International. Jerbana PHCC received 4 cartons of Ringer’s Lactate, 2 CSF Sample Collection Kits, 1 Stool Collection Kit, and 2 Blood Collection Kits.
- Unity State: Mayom County received 2,500 one-liter bottles of ringer’s lactate, 22 cholera drug modules (15 from UNICEF), 15 cholera beds from WHO, and 900 500ml ringer’s lactate bottles. Logistics Cluster has supported with transportation supplies from Rubkona to Mayom on January 4, 2025. The cholera community kits will enable establishment of ORPs in the county.

Challenges

- Renk: The continues influx of refugees and returnees at unsupervised entry points, including Bobnis, Atam, and Dukduk, has strained resources.
- Unity State: Mayom County has limited health partners’ support with only Cordaid and Samaritan’s Purse present in the county. Similarly, Guit County has only Cordaid and Concern Worldwide. The Health Cluster will follow up with GOAL on supporting cholera response in Guit.

Next Steps

- Renk: Advocate for multisectoral collaboration and funding for critical entry points. Maintain active case searches in all health facilities. Address medical supply shortages in Gosfami PHCU, Chemmedi, and Jerbana PHCCs. Ensure consistent RDT kit supply. Expand CATI operations, improve water access, and deploy WASH supplies to underserved areas.
- Unity State: SMOH authorities and the National MoH RRT team are planning to visit Mayom County next week to support partners’ cholera response, while county surveillance offices require capacity building in sample collection, particularly in Panyijiar and Guit Counties.



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