



South Sudan: Cholera Outbreak Situation Report

Situation report: No. 012

Date of onset of outbreak: 28 September 2024

Reporting date: 18 January 2025

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



Cholera response | Cumulative figures from 28 September to 17 January 2025

21,913

Cases

411

Death

1.9%

CFR

Key Weekly Highlights as of 17 January 2025

- In the past one week, 2,810 new suspected cases including 555 rapid diagnostic positive cases were reported. The total number of new cholera related deaths reported during the week was 85.
- From 28 September 2024 to 17 January 2025, a cumulative total of 21,913 cholera cases including 411 deaths were reported from 33 counties, across 7 states and Ruweng Administrative Area.
- Of the 411 deaths, 58 % are community deaths and the rest health facility deaths. The overall case fatality rate (CFR) is 1.9% while the health facility CFR is 0.8%.
- Rubkona accounts for majority of the cases at 45% (n = 9,828) followed by Juba County at 11% (n=2,448).
- Unity State accounts for the highest burden of cholera cases at 55% (12,084 cumulative cases across 6 counties), followed by Northern Bahr el Ghazal at 12% (2,632 cases across 5 counties), Jonglei at 11.5% (2,527 cases across 6 counties) and Central Equatoria at 11.4% (2,493 cases in 2 counties with majority in Juba).
- The age group with highest case count is 0-4 years (29%).
- About 70% of the cases are from the host community.
- OCV campaigns commenced in Malakal, Juba (Phase II) and Rubkona in the first week of January 2024 and was successfully completed in Renk in December 2024.
- The sustained response by the Ministry of Health and its partners has led to observed reduction of cases in Aweil Center, Aweil South, Aweil West, Aweial, Bor South, Duk, Malakal, Manyo, Panyikang, Rubkona, Twic East, Ulang and Yirol West in the reporting week compared to the previous. In addition, the health facility CFR remained at 1% or less across the country. Which is within the acceptable threshold of 1%.

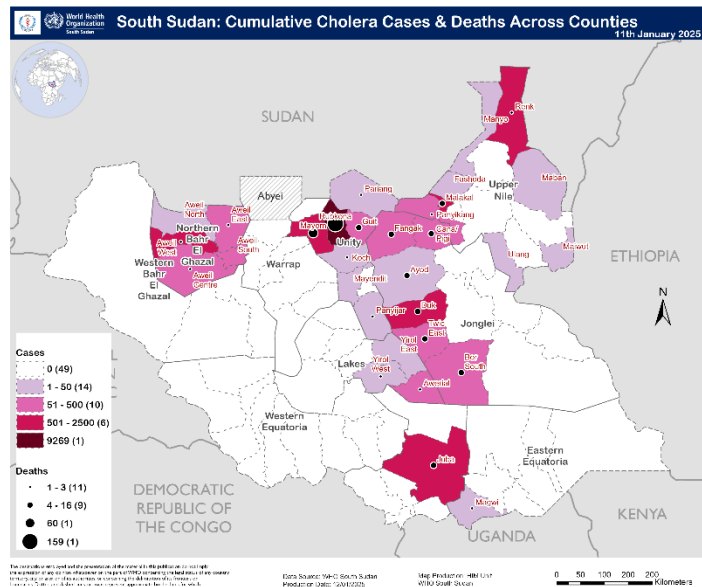
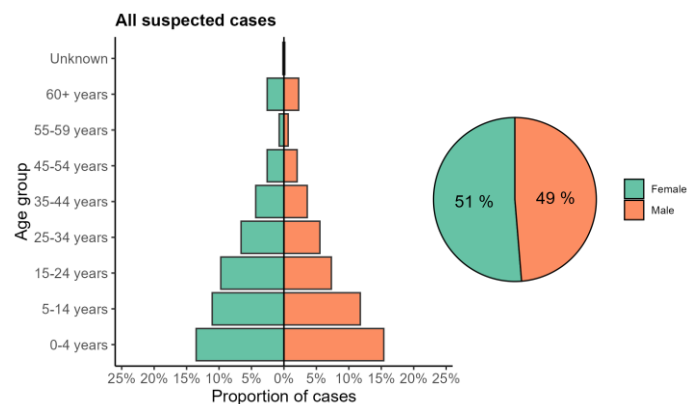
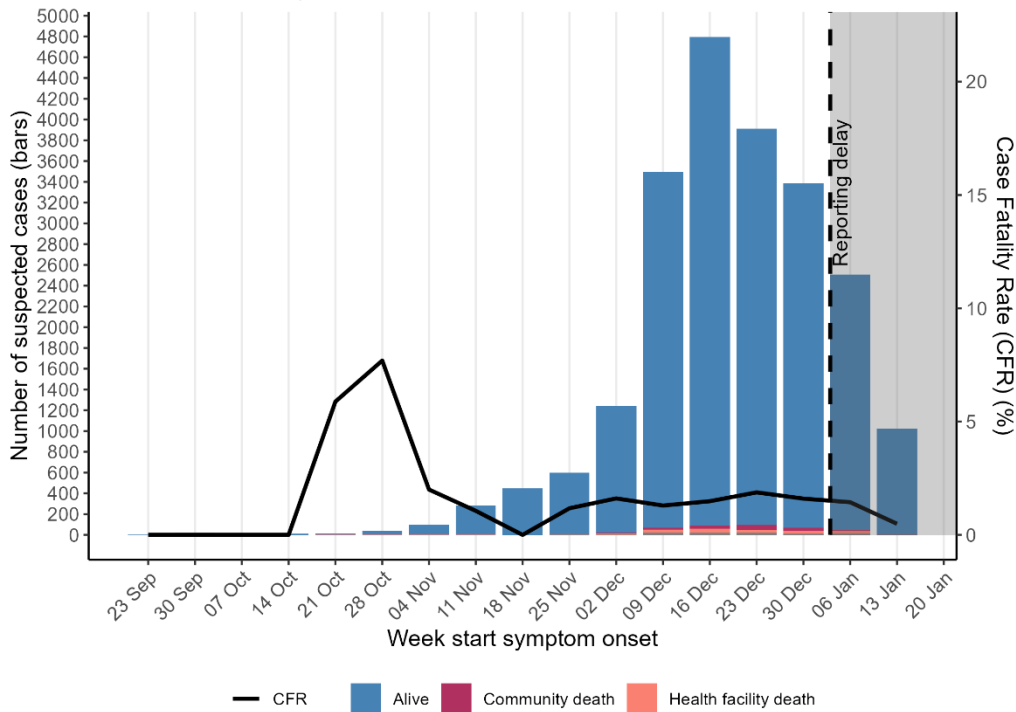


Figure 1: Map showing Cholera affected counties across the country



Weekly suspected cholera cases by outcome and CFR, South Sudan
Data as of 2025-01-18, n=21913



suspected and confirmed cholera cases in South Sudan, January 2025

20 (0.1%) cases without date information are excluded from the graph.

Figure 3: Epi Curve showing Cholera cases in the affected counties by week as of, 17 January 2025

Rubkona

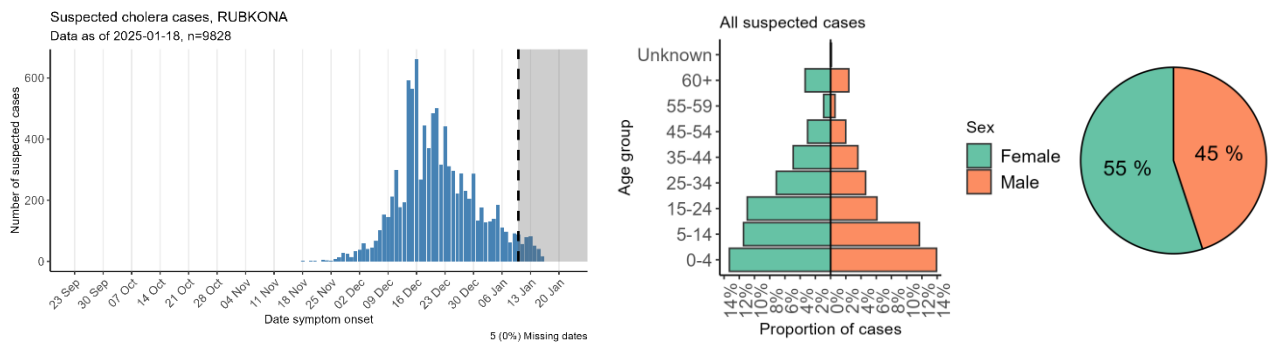


Figure 4: Epi Curves and age and sex distribution in Rubkona, as of 17 January 2025

- Overall, 9828 cases and 163 deaths have been reported (45% and 40% of nationwide total, respectively)
- 72% of cases are reported as severe dehydration, compared to the national average of 64%
- The most affected age group is 0-4 years (27%)
- The most affected payams are Rubkona (58%), and Bentiu town (23%)
- The health facility reporting most cases is Bentiu PoC Hospital (24%)



Mayom

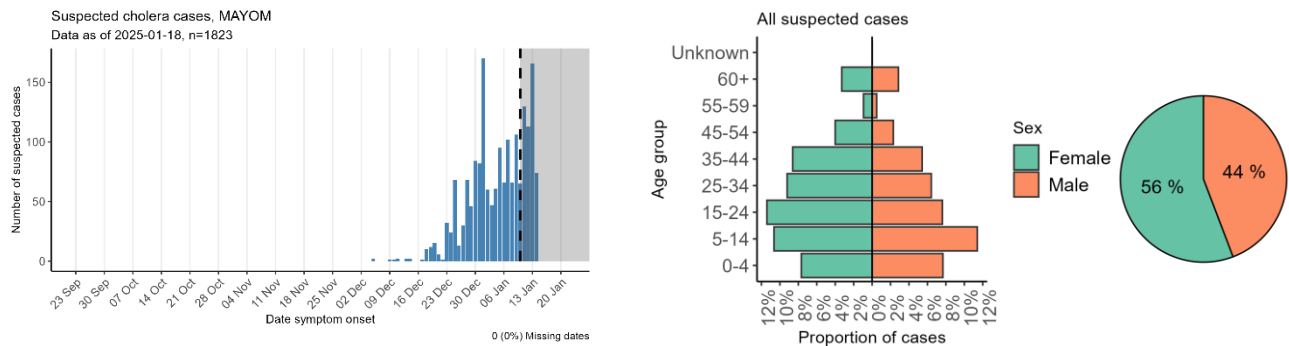


Figure 5: Epi Curve and age and sex distribution in Mayom County, as of 17 January 2025

- Overall, 1823 cases and 74 deaths have been reported (8% and 18% of nationwide total, respectively)
- 100% of cases are reported as severe dehydration, compared to the national average of 64%
- The most affected age group is 5-14 years (22%)
- The most affected payams are Wangkei (87%), and Kuerbuone (9%)
- The health facility reporting most cases is Jioknyang CTU (40%)

Juba

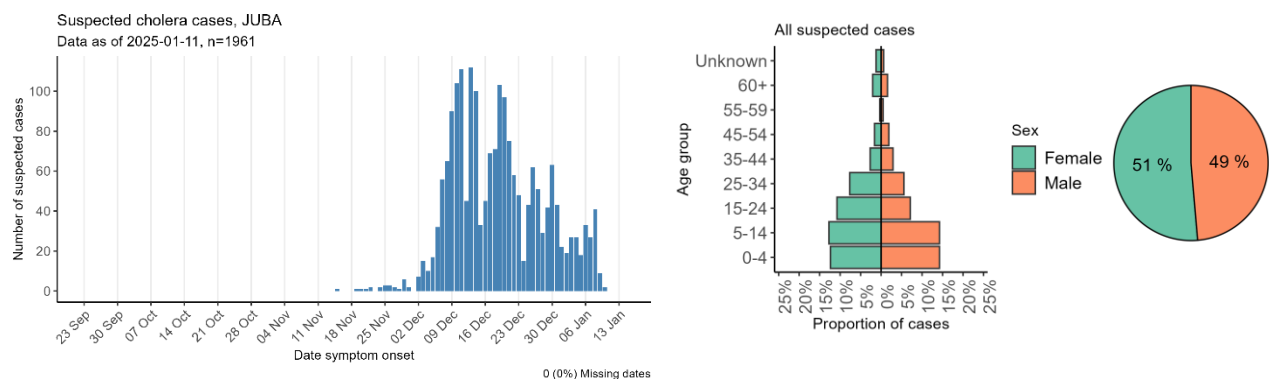


Figure 6: Epi Curve and age and sex distribution in Juba County, as of 17 January 2025

- Overall, 2448 cases and 30 deaths have been reported (11% and 7% of nationwide total, respectively)
- 56% of cases are reported as severe dehydration, compared to the national average of 64%
- The most affected age group is 5-14 years (27%)
- The most affected payams are Rajaf (76%), and Luri (7%)
- The health facility reporting most cases is PoC CTC (46%)

Aweil West

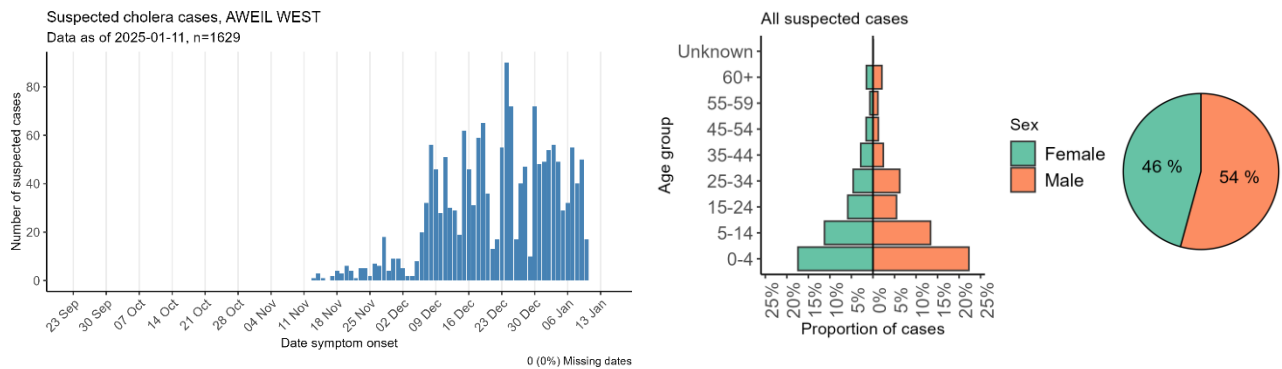


Figure 7: Epi Curve and age and sex distribution in Aweil West County, as of 10 January 2025

- Overall, 1832 cases (8% of nationwide total) and one death have been reported
- 9% of cases are reported as severe dehydration, compared to the national average of 64%
- The most affected age group is 0-4 years (40%)
- The most affected payams are Gomjuer east (70%), and Aweil town (15%)
- The health facility reporting most cases is IRC Emergency Health Clinic -Wedweil (69%)

Fangak

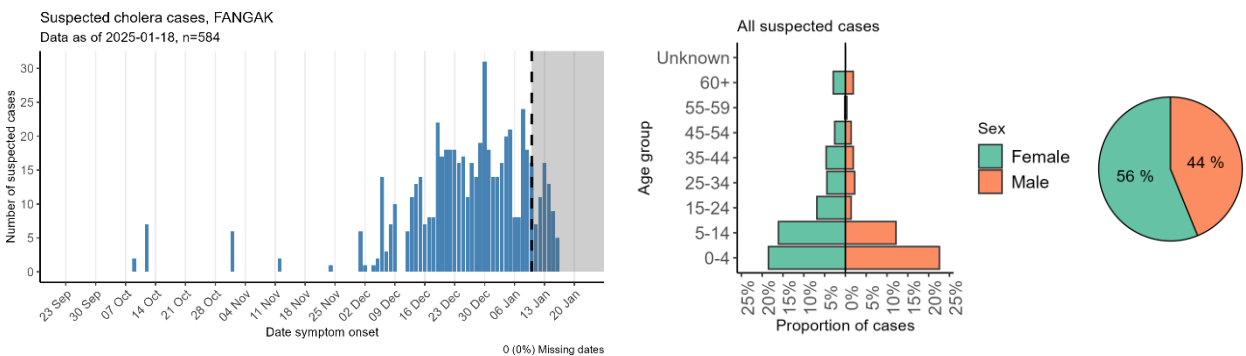


Figure 7: Epi Curve and age and sex distribution in Fangak County, as of 17 January 2025

- Overall, 584 cases and 24 deaths have been reported (3% and 6% of nationwide total, respectively)
- 52% of cases are reported as severe dehydration, compared to the national average of 64%
- The most affected age group is 0-4 years (41%)
- The most affected payams are Phom (64%), and Old fangak (26%)
- The health facility reporting most cases is New Fangak (64%)

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 every Tuesday 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 activated at new unofficial Points of Entries of Gosfami, Bobnis, Jerebena, Chemmedi, Atham, Dug-dug, Dongbar, Wunthou, Rumela and Halagak due to the significant numbers of new refugee arrivals including in areas transit sites (TCs and PoE). Conducted supervision and monitoring to 2 health facilities (Renk civil hospital at CTU managed by MSF, Wunthou CTU managed by IMC, Gerger PHCC) with 1 orientation session in each facility on cholera case to 6 health workers.
- Jonglei State: National and State MOH RRTs, with logistical support from WHO, are supporting surveillance efforts, through investigation and verification of cases. Médecins du Monde (Mdm) and Sudan Medical Care (SMC) provided fuel and a speedboat to facilitate a situational analysis visit by the National RRT to the islands.

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 (2) samples were collected and shipped to Juba this week for culture testing and *Vibrio cholerae* confirmation using Polymerase Chain Reaction (PCR).

Case management

- Renk: Key interventions include ADA's health facility in Bobnis, mobile clinics by MSF-Spain (Atam, Jerebena) and MSF-B (Gosfami), WVI-supported PHCCs (Chemmedi, Jerebena, Halagak, Rumela), and IMC/IOM/ADA's coverage in Wunthou Reception Center.
- 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: Partners supporting cases management in Jonglei State include Tearfund (Bor, Duk, Twic East), CMA (Ayod and Fangak), COSEDA (canal/Pigi), MSF (Nyirrol, Fangak), WART (Ayod). Led by SMOH DG, the Bor team visited remote islands in Bor South to assess the situation and the possibility of setting up a CTU.
- Lakes State: Case management supported by CUAMM.
- NBeG State: HFO is supporting one CTU and 4 ORPs in Aweil East while Healthnet TPO plans to support 8 ORPs and 2 CTUs. IRC continue to support case management in Weidwill camp in Aweil West and MSF-France across the state.

Infection Prevention & Control/WASH

- Renk: Ongoing Case Area Targeted Interventions (CATI), led by MSF-B and Solidarité International, continue to address key needs. Meanwhile, WVI is producing water in Abu Khadra, Gerger, and Renk, while also distributing WASH NIF to 2,010 families in Jerebana. Similarly, SS Red Cross is distributing water in Zero. Furthermore, SI is producing water from Swaop and transporting it to Gosfami and Bobnis. Additionally, ADA is promoting health,



managing WASH services in Wunthou and Bobnis, and distributing WASH NIF. However, in Halagak, PHCU staff prefer permanent latrines over emergency ones. Finally, IOM continues providing water to TC-1, TC-2, Zero Site, and OTA.

- 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.
- 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. Following the new case reported from Gosfami, MSF disseminated cholera prevention messages.
- Jonglei State: Efforts include hotspot campaigns, social mobilizers in communities, and IEC materials distribution in Bor.

Oral Cholera Vaccination (OCV)

- Of the 30 requests (over 6 million doses) made to ICG, 17 (over 4 million doses) have been approved. So far, 2 million doses have been received in the country.
- Renk: OCV campaign completed on 14 December 2024 achieving 97% of 149,653 people targeted.
- Malakal: Campaign commenced on 02 January 2025. So far 71,266 (62% coverage) people have been vaccinated against the targeted 115,411 (3 out of 5 days).
- Juba: The campaign commenced on 07 January 2025 targeting 607,596 individuals. The reactive OCV campaign was conducted in Juba in POC1 and POC3 for 5 days from 18th of December with 3 days mop up. The target was 39,775 and 73% (around 28,954 doses) was coverage achieved. Of the payams where OCV has been conducted, 87% coverage had been achieved.
- Rubkona: The Oral Cholera Vaccination (OCV) campaign was launched on 07 January in Rubkona by H.E. Hussein Abdelbagi Akol, Vice President of the Republic of South Sudan for Service Cluster joined by the Minister of Health and the Governor of Unity State along with UN partners. The campaign is targeting 225,176 individuals. Of the 352,364 people targeted 129,397 (37%) had been vaccinated (3 out of 7 days).



- OCV campaigns in Mayom, Aweil West, Bor South and Twic East have been scheduled to commence on 27 January 2025.

Logistics and supplies

- WHO with support from Logistics Cluster has distributed over 53 tones of supplies to Cholera affected counties since October 2024.
- 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 continued 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. Investigation required to ascertain the over 20 deaths reported from Koch County and the overall situation.
- Jonglei: Lack of Cholera Investigation kits and case management supplies is hampering response in Duk and Ayod.

Next Steps

- Renk: Advocate for multisectoral collaboration and funding for critical entry points. Maintain active case search 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 will visit Boaw Payam in Koch County to investigate the high number of unconfirmed cholera-related deaths. In addition, they will train on case management, preventive measures, risk communication and surveillance.



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