



Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 01

30 Dec to 05 Jan 2025

This weekly bulletin presents the epidemiological status of priority diseases, events, and conditions under surveillance in South Sudan. The data comes from various actors involved in preparedness and response to public health events in the country. Special thanks to all the health implementing partners and health cluster humanitarian agencies supporting integrated disease surveillance and response.

Key highlights

- In week 01 of 2025, the IDSR reporting timeliness was 70% and completeness was 89%. There was no increase in timeliness compared to reporting week 52, while completeness rose from 79% in week 52 to 89% in week 01, reflecting consistent improvement since week 31. A steady enhancement has been observed in both timeliness and completeness since week 31. Eight states and three administrative areas achieved reporting completeness above 80%. The Greater Pibor Administrative Area, Lakes, Ruweng Administrative Area, WES, Abyei Administrative Area, and Unity State reached 100% completeness in reporting. However, only 5 of the 13 states and administrative areas achieved timeliness of reporting above 80%.
- At the EWARN mobile sites, the Timeliness and Completeness of IDSR performance were at 52% and 62% respectively. There is a slight increase in the timeliness and completeness of reporting from 40% in week 52 to 52% and 62% respectively.
- In week 01, 253 EWARS alerts were triggered, and the proportion of verified alerts increased from 59% in Week 52 to 61% in week 01. Most of the alerts were for AWD (21%), ARI (18%), Cholera (17%), Malaria (17%), Guinea Worm (14%), and ABD (8%).
- The cholera outbreak is now reported in 32 of the 80 counties across 7 states in South Sudan. From September 28 to February 2, 2025, a total of 26,811 cases have been reported. Cases have been documented in 32 counties, spanning 7 states and 1 administrative area. Cumulative deaths total 455: Community deaths number 214, while health facility deaths reach 241.
- Out of 30 requests, totaling more than 6 million doses to ICG, 17 requests have been approved, amounting to over 4 million doses. Thus far, 2 million doses have been received in the country.
- Other active outbreaks and events in South Sudan include measles in Tonj East County and hepatitis E in multiple locations, cVDPV2/Polio now declared a countrywide outbreak, as well as flooding, that has so far affected more than one million people across 52 counties, with 56 health facilities inundated.

Surveillance System Performance

The epidemic alert and response system in South Sudan currently relies mainly on immediate alert notifications and weekly aggregate reporting of cases through the Integrated Disease Surveillance and Response (IDSR) system. This system is complemented by a weekly Early Warning Alert and Response System (EWARS).

Completeness (proportion of all reports received regardless of time) and timeliness (proportion of reports received by the Wednesday following the end of the reporting period) of IDSR and EWARS are shown in Table 1 below. Timeliness and completeness for **week 01** were at **70%** and **88%**, respectively, which was an improvement from the attainments from the previous week.

Table 1: Timeliness and completeness of IDSR reporting by State for week 01 of 2025 compared to 52 of 2024

State	Total facilities	Number of facilities reported (Completeness Week01)	Comparison of the reporting period				Cumulative since year start (2025 level)	
			Timeliness		Completeness		Timeliness	Completeness
			Week 01	Week 52	Week 01	Week 52		
Lakes	112	112	94%	96%	100%	100%	94%	100%
NBGZ	103	76	52%	56%	74%	65%	52%	75%
Unity	84	84	96%	100%	100%	100%	96%	100%
WBGZ	112	102	73%	81%	91%	88%	73%	89%
WES	191	191	82%	79%	100%	100%	82%	100%
Jonglei	120	96	70%	78%	80%	85%	70%	80%
Warrap	114	105	61%	61%	92%	91%	61%	88%
EES	112	104	38%	42%	93%	70%	38%	90%
RAA	16	16	44%	38%	100%	100%	44%	100%
CES	152	92	60%	51%	61%	55%	60%	60%
AAA	17	17	94%	76%	100%	88%	94%	100%
Upper Nile	143	133	72%	62%	93%	86%	72%	92%
GPAA	16	17	100%	100%	100%	100%	100%	100%
Total	1292	1144	70%	70%	89%	85%	70%	88%

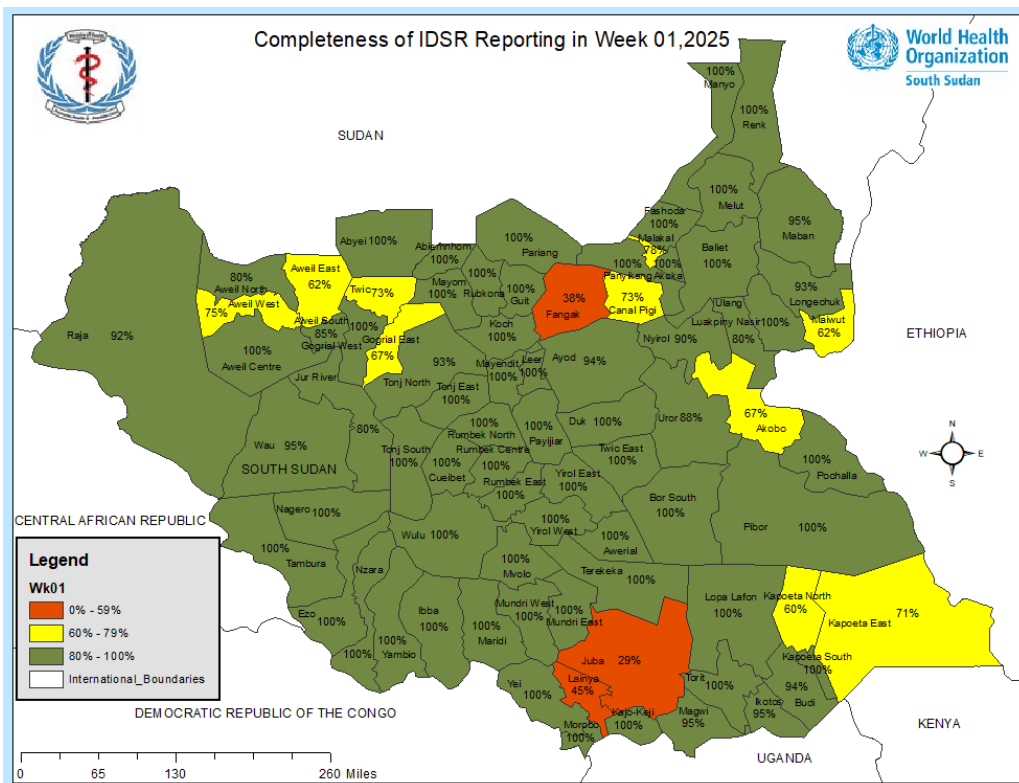
NOTE: The total number of facilities reporting in EWARS/IDSR is under review and will be updated at the end of February

Table 2: Timeliness and completeness of reporting by Payam and Partner of IDSR reporting from NGO-run mobile health facilities and private health facilities in Juba and Wau, Week 01 of 2025.

Partners	# of Reporting Mobile Sites	% of Timeliness in week 01	% of Completeness in week 01	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 01	% of Completeness in week 01
IMC	4	25%	25%	Kator	3	0%	0%
SSHCO	1	0%	0%	Marial Baai	1	100%	100%
SMC	1	0%	0%	Northern Bari	1	0%	0%
SCI	2	0%	0%	Rajaf	3	0%	0%
HFO	4	75%	75%	Muniki	12	0%	0%
WVI	2	50%	100%	Wau South	20	100%	100%
CIDO	1	0%	100%	Wau North	12	83%	92%
SP	4	100%	100%	Juba	10	0%	10%
HFD	1	100%	100%	Managala	1	0%	0%
RI	1	100%	100%	TOTAL	63	49%	52%
TOTAL	21	52%	62%				

An important point to note: The nine health facilities supported by IMC (4), SSHCO (1), SMC (1), and SCI (2) are no longer reporting due to the end of HPF project funding which has affected the performance of partners reporting sites. The IDSR team is exploring the new implementing partner covering these facilities to re-establish weekly epidemiological reporting.

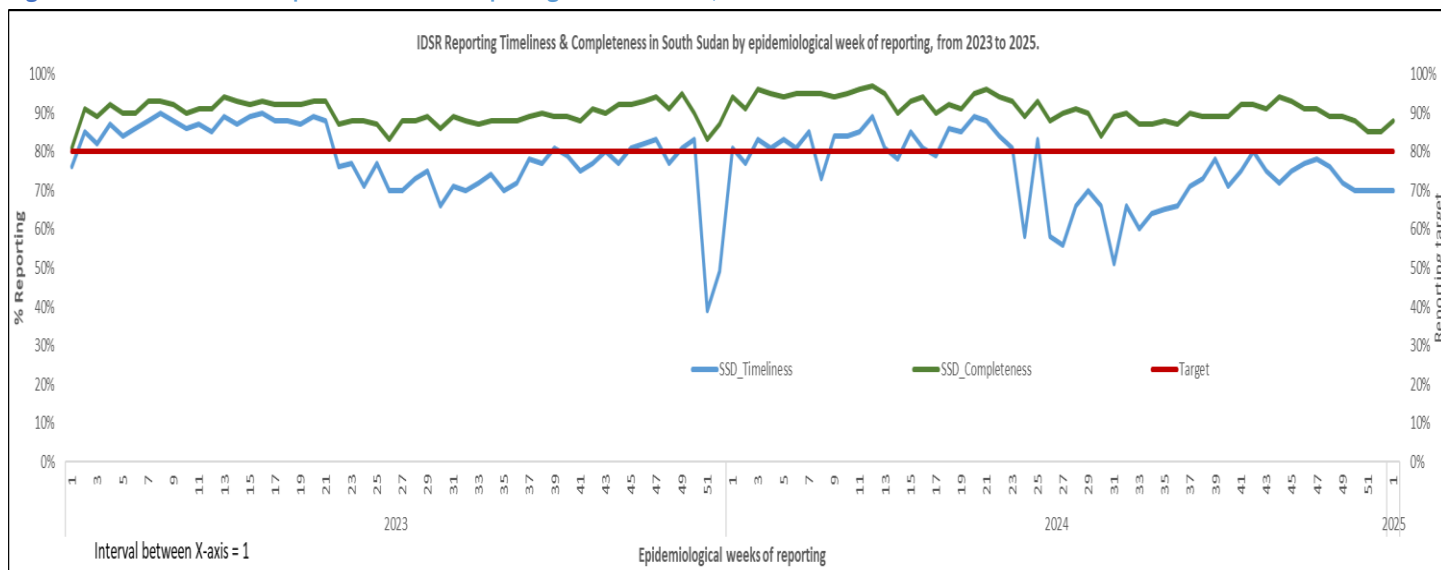
Figure 1: Completeness of IDSR reporting in South Sudan by County in Week 01, 2025.



Given the turbulent declines in timeliness and completeness of IDSR reporting, this week, we continued to analyze the performance over the past three years. We documented that the declines in 2024 (Wk. 21-31) were more pronounced than they were in previous years of 2023 and 2022. In the HPF to HSTP transition period, we continued to provide targeted support to the newly contracted health implementing partners to recover this surveillance performance indicator. Notably, the IDSR timeliness of reporting continued to improve since week 31 when the lowest reporting rates were observed but plateaued in the last 4 reporting weeks.

The primary reason cited for the inadequate performance in timeliness and completeness indicators was the challenge of staff turnover and inaccessibility to some health facilities. However, the plateau in reporting over 4 weeks is traditionally associated with the Christmas break that ends around epidemiological reporting week 2.

Figure 1: Timeliness and Completeness of IDSR reporting in South Sudan; 2022-2025.



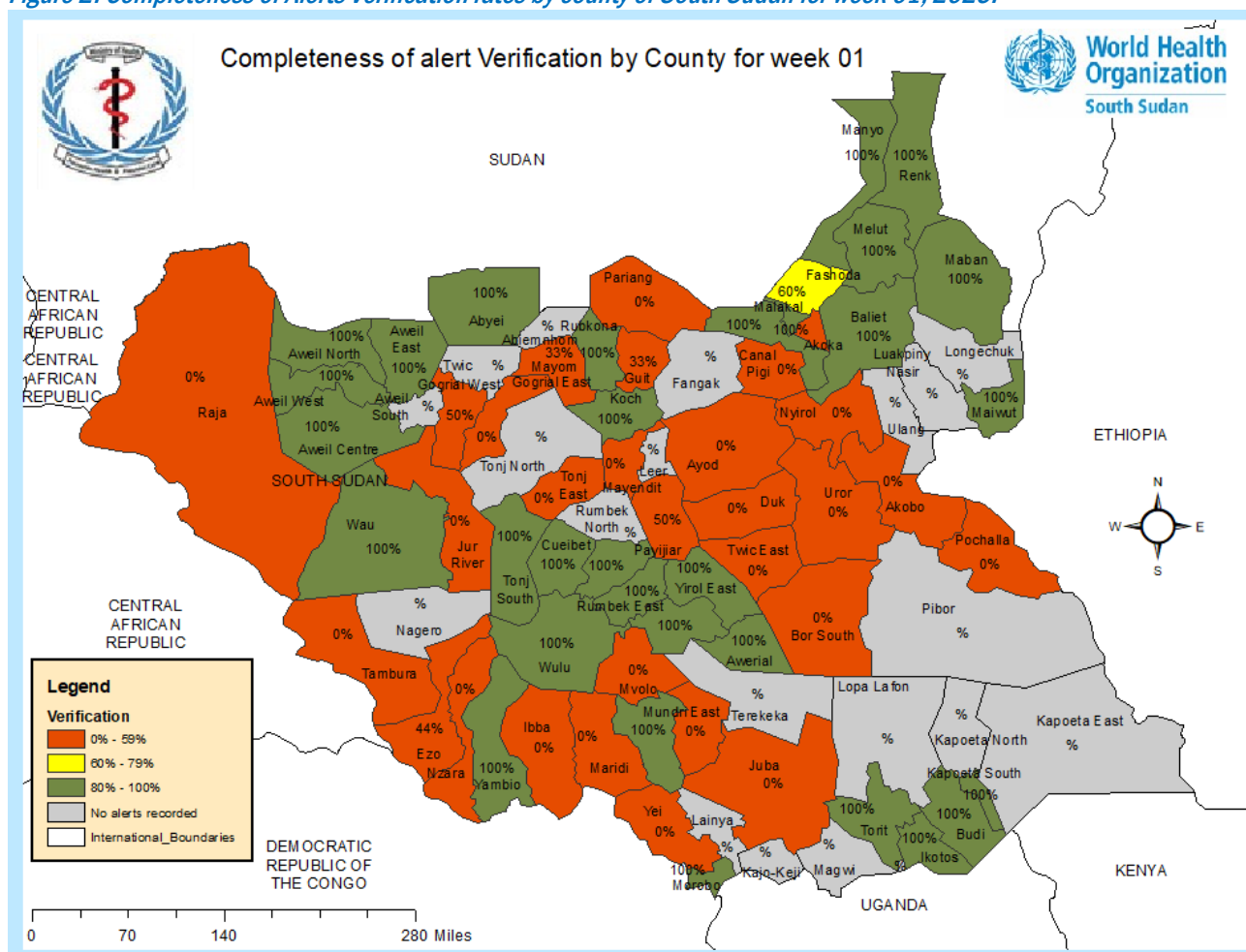
Epidemic alerts

- In week 01, 253 alerts were triggered in the EWARS system, with 61% (155 of 253) verified, much lower than the previous week 52, where 59% (58/111) were verified. In Week 01, ten states and three administrative areas recorded at least one notifiable disease alert. Most of the alerts were for AWD (21%), ARI (18%), Cholera (17%), Malaria (17%), Guinea Worm (14%), and ABD (8%). Table 3 below. Special thanks to Abyei Administrative Area, Easter Equatoria, Lakes, Northern Bahr el Ghazal and Upper Nile states which verified most of their Alerts.

Table 3: Summary of EWARS alerts triggered in Epidemiological Week 01, 2025.

State/Admin	AJS		ARI		AWD		ABD		Cholera		Guinea Worm		Malaria		Measles		NNT		Yellow Fever		Total		
	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	
AAA	1	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
CES	1	0	1	0	0	0	0	0	2	0	0	0	1	1	0	0	0	0	0	0	0	5	1
EES	1	1	0	0	1	1	2	2	0	0	0	0	1	1	0	0	0	0	0	0	0	5	5
GPAA	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Jonglei	1	0	3	0	5	0	4	0	10	0	5	0	2	0	0	0	0	0	0	0	0	30	0
Lakes	1	1	11	11	9	9	1	1	4	4	22	22	7	7	0	0	0	0	0	0	0	55	55
NBGZ	0	0	2	2	1	1	0	0	2	2	0	0	0	0	2	2	0	0	0	0	0	7	7
RAA	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Unity	1	1	8	6	7	4	3	2	18	14	0	0	3	3	0	0	0	0	1	1	0	41	30
Upper Nile	0	0	3	2	2	2	5	5	7	7	1	0	4	3	0	0	1	1	0	0	0	23	20
Warrap	0	0	4	0	3	0	1	1	0	0	3	2	4	0	2	1	0	0	0	0	0	17	4
WBGZ	0	0	6	4	4	2	0	0	0	0	4	1	1	1	0	0	0	0	0	0	0	15	8
WES	0	0	6	4	19	5	2	1	0	0	0	0	19	11	4	2	0	0	0	0	0	50	23
Grand Total	6	4	45	29	52	25	20	12	43	27	35	25	42	27	8	5	1	1	1	1	0	253	155

Figure 2: Completeness of Alerts Verification rates by county of South Sudan for week 01, 2025.



Outpatients/Inpatients Consultations:

Indicator-based surveillance is implemented in South Sudan through the EWARS platform according to the IDSR 3rd guidelines, where approximately 59 priority diseases and public health events are regularly monitored and reported from health facilities across the country.

Table 4 summarizes the total number of consultations conducted at the outpatient department (OPD).

Surveillance System	Consultations in week 01, 2025			Cumulative Consultation in 2025		
	< 5 years	> 5 years	Total	< 5 years	> 5 years	Total
IDSR	129154	216466	345620	129154	216466	345620

In week 01 of 2025, individuals aged five years and older accounted for the highest number of consultations at the OPD.

Since the beginning of 2025, a total of 345,620 patients have been treated across both outpatient and inpatient departments (see Table 4).

A comparison of healthcare service utilization across 2023, 2024, and 2025 shows fluctuating trends, indicating variations in the weekly number of consultations

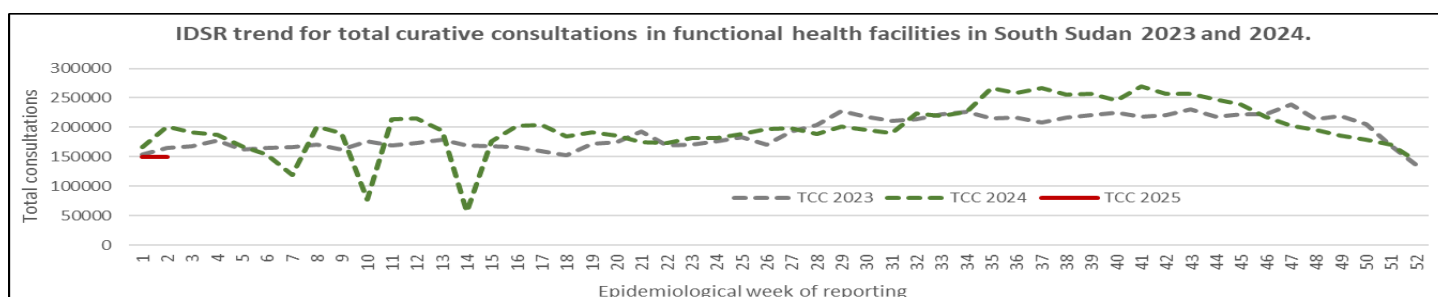


Figure 3: Trends of cumulative curative/OPD consultations reported in the Monthly DHIS reporting: 2023-2025.

- In week 01, an analysis of proportional morbidity rates for the top four diseases in South Sudan reveals that malaria is the most prevalent health concern among the population. It is followed by Acute Respiratory Infections (ARI), Acute Watery Diarrhea (AWD), and Acute Bloody Diarrhea (ABD), as illustrated in

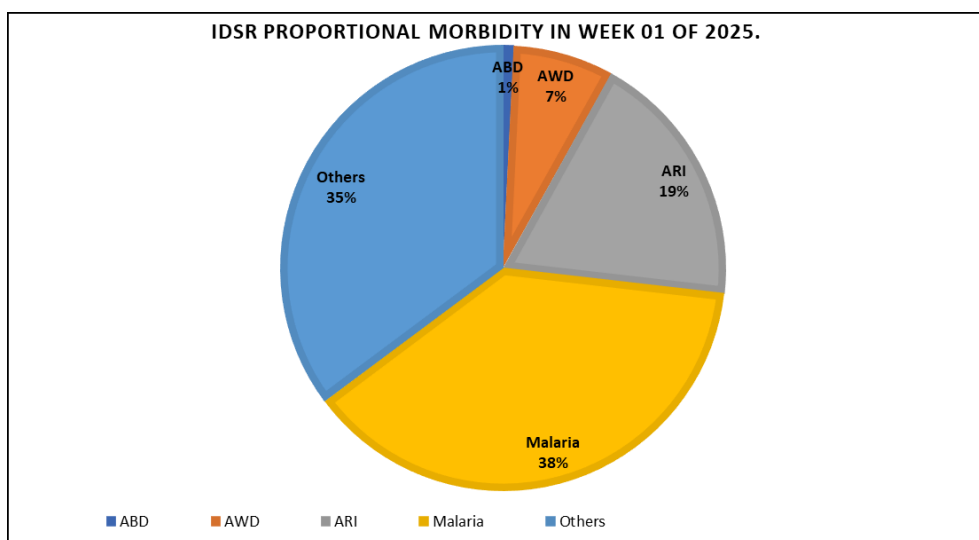


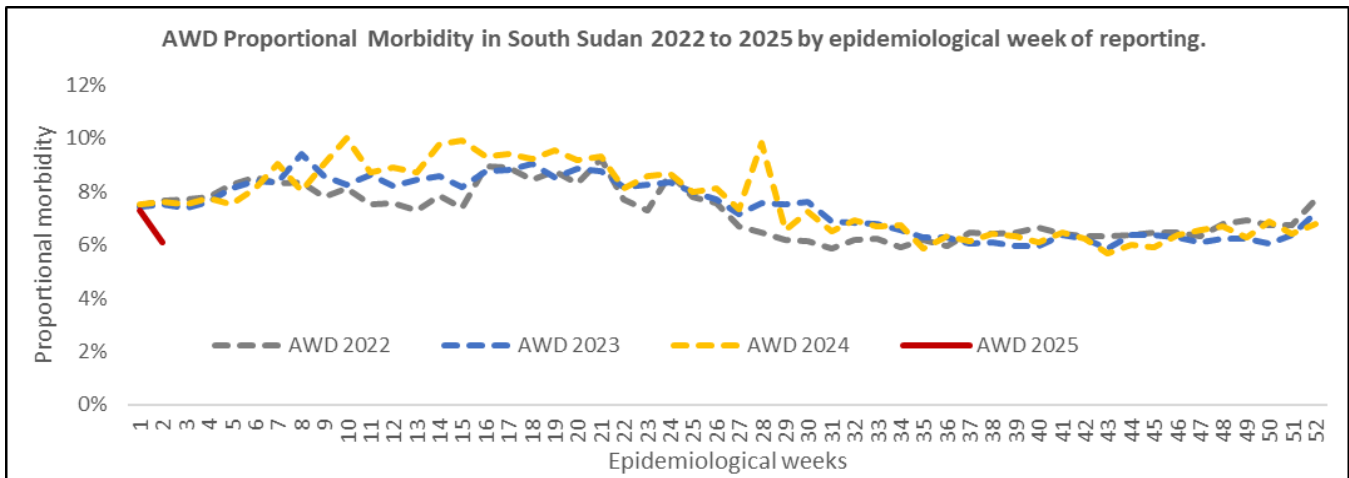
Figure 4: IDSR Proportional Morbidity in week 01 of 2025

Acute Watery Diarrhoea (AWD) Updates:

- There were 10,936 reported cases of Acute Watery Diarrhoea (AWD) nationwide, resulting in 10 deaths across ten states and three administrative areas. In 2025, AWD ranks as the third most prevalent cause of illness, representing 7% of all medical consultations.

- In Week 01 of 2025, the number of AWD cases decreased from 12,578 in the same week of 2024 to 10,936, as illustrated in Figure 6 above, despite the ongoing cholera outbreaks in the country.
- The incidence rate for AWD in Week 01 of 2025 was 88 cases per 100,000 people, with Upper Nile State, Unity State, and Jonglei State experiencing the highest rates.

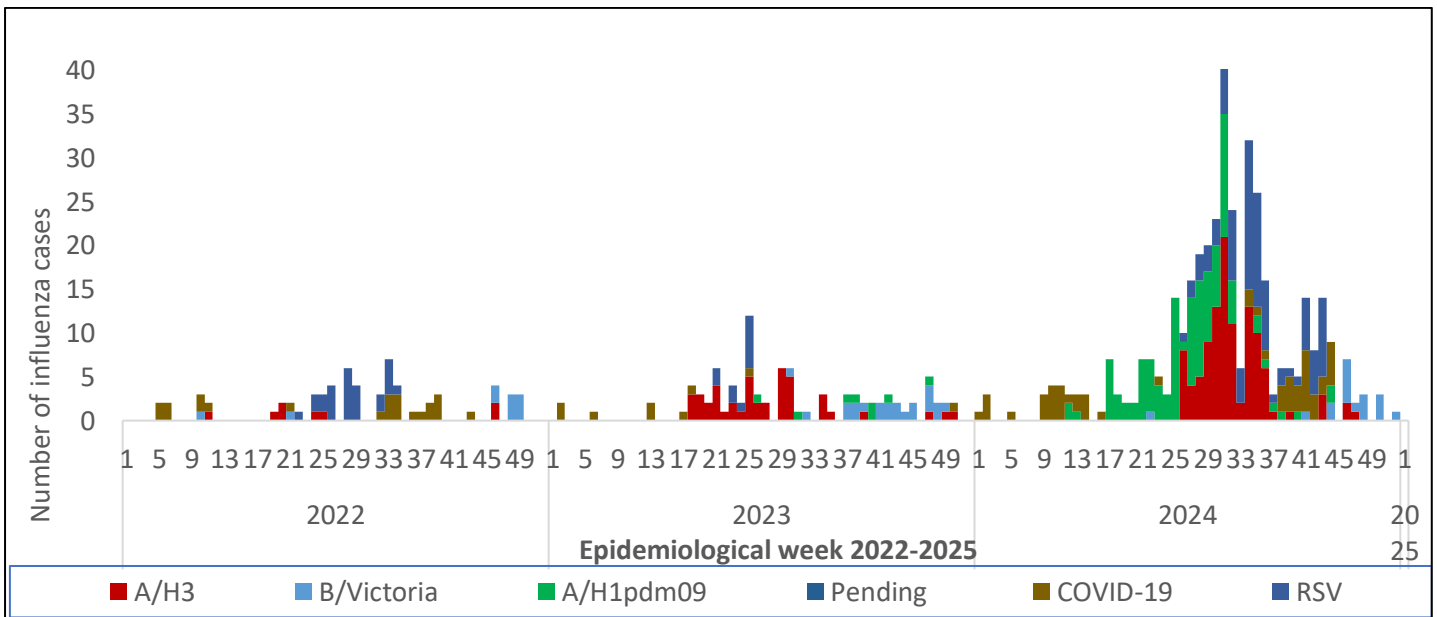
Figure 5: AWD trend 2022 to 2025



Influenza Sentinel surveillance weekly updates.

There are six designated Influenza sentinel surveillance sites in the country: Juba Teaching Hospital, Al Sabbah Children’s Hospital, Juba Military Hospital, Rumbek State Hospital, Bor State Hospital, and Nimule Hospital. They are actively collecting epidemiological data and samples from ILI/SARI cases.

Figure 6: Confirmed Influenza, COVID-19, and RSV cases from sentinel sites Epidemiological Week 1 of 2022 to Week 01 of 2025.



- In Week 01 of 2025, a total of 8 ILI/SARI samples were collected; all 8 tested negative for COVID-19, Influenza Type A (H3), Influenza Type B (Victoria), Influenza A/(H1N1)pdm09 and for RSV.

Confirmed and congoing epidemics as of 2025

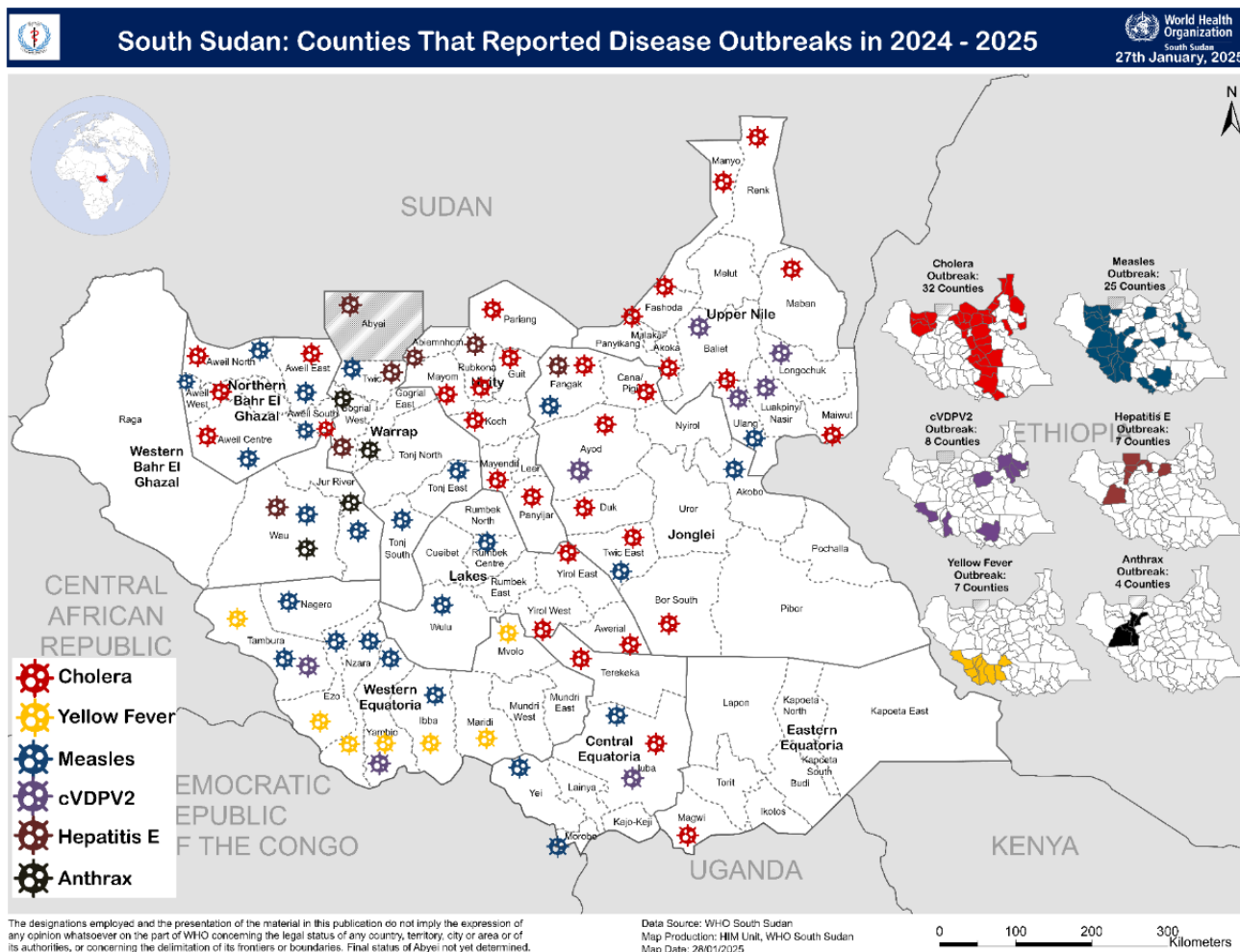
Table 4: Summary of ongoing and confirmed epidemics

Aetiologic agent	Location (county)	Date first reported	New cases since last bulletin	Cumulative suspected cases	Response activities				
					Surveillance/Lab confirmed	Case management	Vaccination	Health promotion	IPC/WASH
Measles	Multiple counties	2024	4	3433	206	ongoing	Completed	ongoing	ongoing

cVDPV2	Yambio, Juba, Ulang, Nasir, Baliet, Ayod, Old Fangak	19/Dec 2023	2	21	21	Not applicable	Completed 2 nOPV2 SIAs and 3 rd round is ongoing	ongoing	ongoing
Anthrax	Gogrial west (WRP) and Jur River (NBG)	2022	-	168	3	ongoing	Ongoing in the animal sector	ongoing	ongoing
Hepatitis E	Fangak	2023	0	701*	253	ongoing	ongoing	ongoing	ongoing
Hepatitis E	Rubkona (Bentiu IDP Camp)	Dec/2018	25	6, 120	-	ongoing	Done in 2021/22	ongoing	ongoing
Hepatitis E	Twic	Feb 2024	0	32	1	ongoing	Not done	ongoing	ongoing
Hepatitis E	Abyei	June 2024	0	64	3	ongoing	no	yes	yes
Cholera	In > 30 counties across 7 states	September 2024	Over 5,000	26,811	7,568	ongoing	ongoing	yes	yes

Since 2022, South Sudan has experienced several emergencies throughout the country. Based on data from the states and the EWARS system, most counties have reported ongoing disease outbreaks. These outbreaks included measles, anthrax, meningitis, cholera, hepatitis E virus, and others. Measures have been put in place to help mitigate the spread of these outbreaks. Below is a map of the confirmed emergencies as of 27 Jan. 2025

Figure 7: Map showing confirmed disease outbreaks across the country in 2024/25.



1. South Sudan Cholera Outbreak Epidemic description as 30th January 2025

- From September 28, 2024, to January 30, 2025, there was a cumulative 26,218 cases reported, including 446 deaths, from 32 counties across 7 states and the Ruweng Administrative Area.
- Of the 446 deaths, 231 (52%) occurred in health facilities, while the remainder (215 cases) were reported community deaths. The overall case fatality rate (CFR) is 1.7%, with the health facility CFR at 0.9%, which is below the recommended threshold of 1%. Most cases, 39.7% (n = 10,397), were reported from Rubkona County, followed by Mayom at 11.9% (n= 3,118 cases) and Juba at 10.3% (n = 2,710).

Table 6: Summary of line list, as of 30 January 2025

State	County	Total cumulative	Percent	RDT positive	RDT positivity	Recoveries	Still admitted	Deaths	Overall CFR
CES	JUBA	2,710	10.3%	951	93.1%	2,566	109	35	1.3%
CES	TEREKEKA	161	0.6%	68	71.6%	142	16	3	1.9%
EES	MAGWI	12	0.0%	9	75.0%	11	0	1	8.3%
JNG	AYOD	103	0.4%	7	77.8%	87	5	11	10.7%
JNG	BOR SOUTH	677	2.6%	56	70.0%	647	19	11	1.6%
JNG	DUK	650	2.5%	20	66.7%	629	7	14	2.2%
JNG	FANGAK	715	2.7%	190	94.1%	680	10	25	3.5%
JNG	PIGI	191	0.7%	22	100.0%	173	8	10	5.2%
JNG	TWIC EAST	643	2.5%	9	50.0%	618	7	18	2.8%
LAK	AWERIAL	167	0.6%	92	89.3%	152	9	6	3.6%
LAK	YIROL EAST	57	0.2%	12	85.7%	57	0	0	0.0%
LAK	YIROL WEST	36	0.1%	6	37.5%	8	26	2	5.6%
NBGZ	AWEIL CENTRE	674	2.6%	3	12.5%	651	22	1	0.1%
NBGZ	AWEIL EAST	249	0.9%	1	3.7%	236	10	3	1.2%
NBGZ	AWEIL NORTH	44	0.2%	1	16.7%	41	3	0	0.0%
NBGZ	AWEIL SOUTH	108	0.4%	1	12.5%	106	2	0	0.0%
NBGZ	AWEIL WEST	2,344	8.9%	55	41.0%	2,325	17	2	0.1%
RAA	PANRIENG	72	0.3%	21	29.2%	67	4	1	1.4%
UNI	GUIT	638	2.4%	185	84.1%	617	4	17	2.7%
UNI	KOCH	67	0.3%	22	81.5%	42	2	23*	34.3%
UNI	MAYENDIT	2	0.0%	2	100.0%	2	0	0	0.0%
UNI	MAYOM	3,118	11.9%	19	95.0%	2,939	95	84	2.7%
UNI	PANYIJAR	41	0.2%	38	100.0%	34	4	3	7.3%
UNI	RUBKONA	10,397	39.7%	5,457	96.6%	10,067	166	164*	1.6%
UPPER	FASHODA	6	0.0%	0	0.0%	6	0	0	0.0%
UPPER	MABAN	10	0.0%	9	100.0%	10	0	0	0.0%

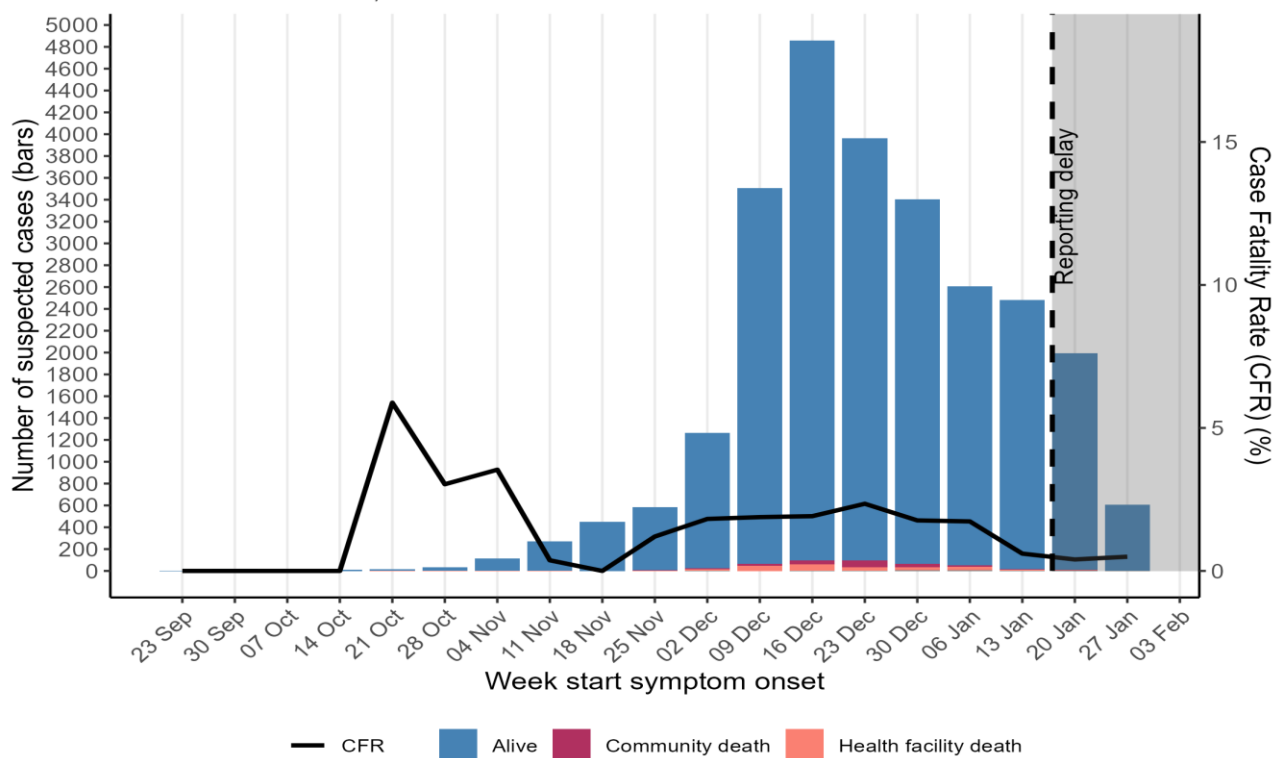
UPPER MAIWUT	2	0.0%	1	100.0%	2	0	0	0.0%	
UPPER MALAKAL	1,379	5.3%	84	17.7%	1,268	105	6	0.4%	
UPPER MANYO	6	0.0%	5	100.0%	6	0	0	0.0%	
UPPER PANYIKANG	288	1.1%	46	100.0%	232	53	3	1.0%	
UPPER RENK	635	2.4%	179	55.6%	627	5	3	0.5%	
UPPER ULANG	16	0.1%	4	57.1%	16	0	0	0.0%	
Total	-	26,218	100.0%	7,575	86.9%	25,064	708	446	1.7%

- Unity State bears the highest burden of cholera cases, accounting for 54.4% (14,268 cumulative cases across 6 counties), followed by Northern Bahr el Ghazal at 13% (3,419 cases across 5 counties), Jonglei at 11.4% (2,979 cases across 6 counties), and Central Equatoria at 10.9% (2,871 cases in 2 counties, most of which are in Juba).
- The age group with highest case count is 0-4 years (29%), followed by those aged 5-14 years (22%). Cases 35 years and older account for 19% of the case burden. Females currently represent 51% of cases. 70% of cases are from the host community with high proportion of cases being IDPs in Juba (59%), refugees in Aweil West (53%) and returnees in Renk (47%).
- Oral cholera vaccination (OCV) campaigns were completed in Renk and Malakal. Notably, OCV campaigns were ongoing in Juba (Phase II), and Rubkoana, Mayom, Aweil West, and Bor South counties.
- The sustained response by the Ministry of Health and its partners across the country has resulted in a 15% national reduction in the number of reported cholera cases. Over the previous 4 weeks, the decrease in Cholera case reporting was documented in 10 counties, while there was an increase in 8 counties.

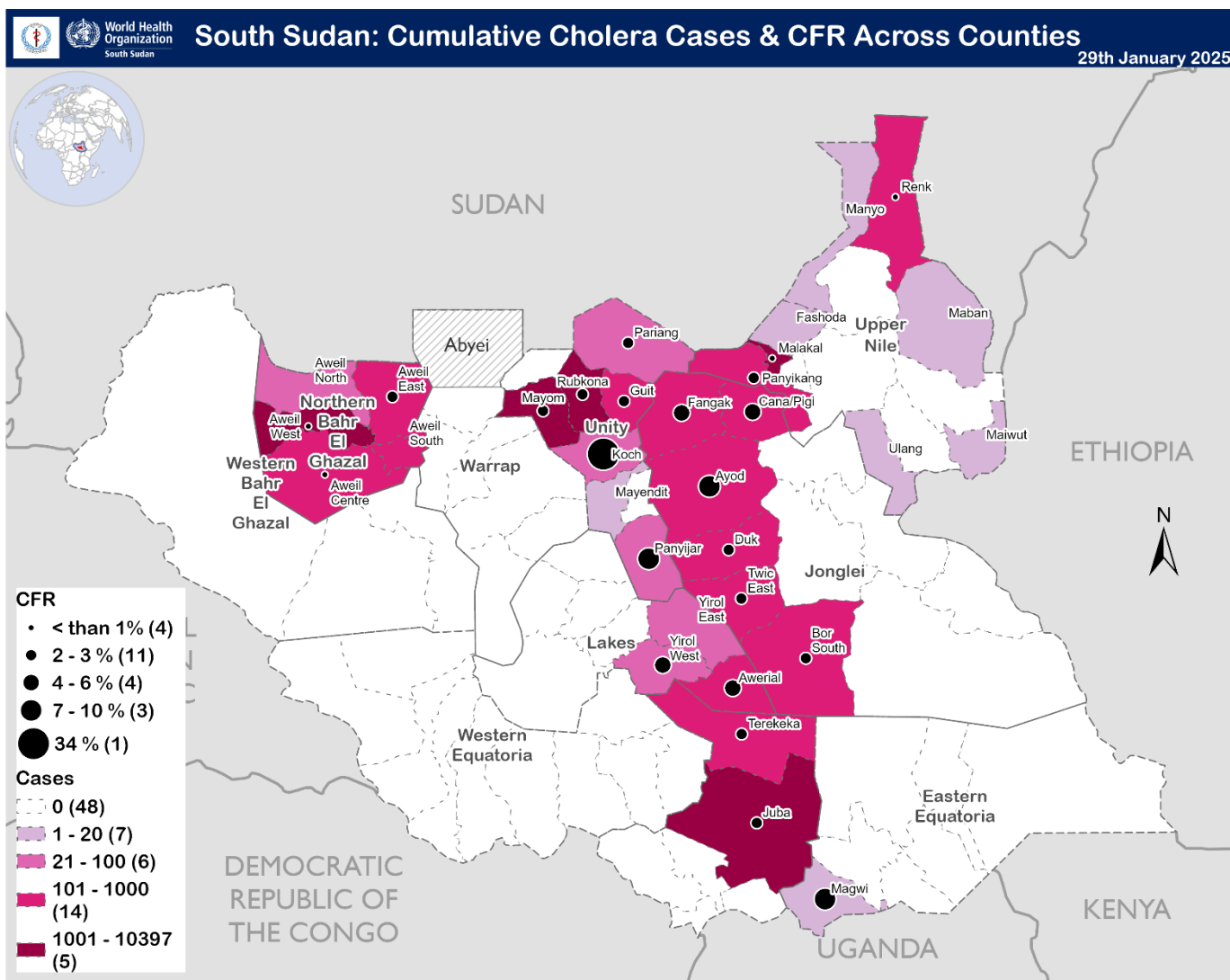
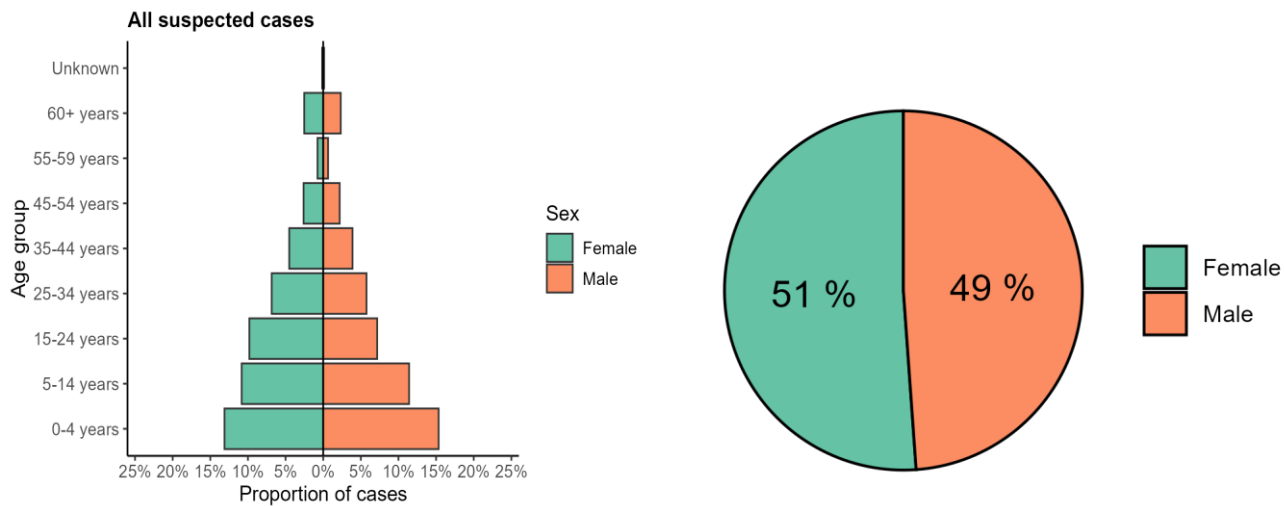
Figure 8 Epidemic curve and distribution of Cholera Cases in Malakal by Week, week39 of 2024 to Week 5 of 2025

Weekly suspected cholera cases by outcome and CFR, South Sudan

Data as of 2025-01-30, n=26218



21 (0.1%) cases without date information are excluded from the graph.



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: WHO South Sudan
 Production Date: 30/01/2025

Map Production: HIM Unit,
 WHO South Sudan

0 50 100 200 200
 Kilometers

Key Challenges to Cholera Outbreak Response

- Renk: The ongoing influx of refugees and returnees at unsupervised entry points, including Bobnis, Atam, and Dukduk, has strained resources.
- Jonglei: Surveillance remains insufficient, and shortages of cholera investigation kits and case management supplies hinder responses in Duk and Ayod. No static WASH partners are operating in Canal Pigi and Ayod, and no comprehensive assessments have been conducted. Funding gaps and logistical

challenges delay emergency responses.

- Malakal: The suspension of BHA funding has disrupted activities, resulting in gaps in waste management and water purification. WASH partners have scaled back, and Aqua tab distribution has ceased following Solidarite International's withdrawal. These setbacks affect sanitation and disease prevention efforts, necessitating urgent intervention.
- Unity State: Hard-to-reach areas impede response efforts. Inconsistencies in surveillance data complicate outbreak tracking. Vaccine hesitancy and stigma hinder early reporting. Limited IPC and WASH resources at treatment sites heighten risks.
- Lakes: Insufficient cholera beds and tents, as well as undelivered approved CTC drugs, hinder the response. Case management teams lack incentives.

Key Recommendations and Interventions

- OCV campaigns are set to begin in Aweil West, Canal/Pigi, Mayom, and Bor South counties on January 27, 2025.
- Renk: Secure additional vaccines and expedite the OCV campaign. Enhance sanitation infrastructure and improve water access. Maintain active case searches and ensure a steady supply of RDT and lab materials. Integrate Health, WASH, and Nutrition initiatives in underserved areas, especially within the Eastern corridor.
- Malakal: Volunteer partners are required for waste management in Bulukat. Support from MTH CTU must be increased as it continues managing cholera cases. A health partner is needed for Nasser IDP. Expanding OCV vaccination efforts in high-risk communities throughout Upper Nile State is also recommended to prevent outbreaks.
- Unity State: The Mayom vaccination campaign is broadening its reach to remote areas. Water testing and purification initiatives will be intensified in counties affected by cholera. Deployment of WASH interventions will be coordinated by Concern Worldwide in Guit and Medair in Mayom.
- Jonglei State: Plans include bolstering surveillance, hastening OCV preparations in Fangak, Twic, Duk, Pigi, and Ayod, and providing Duk and Ayod with materials for case management and lab investigations.
- Lakes State: The SMOH and partners should enhance community awareness efforts. WHO and UNICEF must supply cholera beds, tents, and approved medications. CUAMM and WHO should assist with case management incentives.

2. Circulating Vaccine Derived Polio Virus type-2 (cVDPV2).

The Ministry of Health declared the cVDPV2 as a public health emergency on December 22, 2023, following confirmation of PV2 Yambio. The total number of laboratory-confirmed cVDPV2 isolates from AFP cases are 12. Cases are reported from Yambio in Western Equatoria, Juba in Central Equatoria, Ayod in Jonglei, Baliyet, Luakpiny/Nasir, and Longechuk in Upper Nile, and Tambura in Western Equatoria state. Four additional viruses were isolated from samples collected from healthy children sampled during outbreak investigation. Another three samples collected from contacts of AFP children also tested positive for the cVDPV2. In the last six months nine cVDPV2 viruses were isolated from environmental samples collected from three environmental sites in Juba. The latest cVDPV2 virus isolate from an environmental surveillance sample collected on 5th November 2024, while the latest isolate from AFP isolate was in a case with onset of Paralysis on 02/09/2024. The third response round was conducted in the 4th week of October reaching 3,405,150 children. All States attained 90% and higher administrative coverage. In the 3rd round of nOPV2 outbreak response SIAs, 292 610 children received their first dose, justifying an additional 4th response vaccination round for these children to get a second opportunity to receive OPV2 and in turn reduce the risk of virus seeding for future outbreaks.

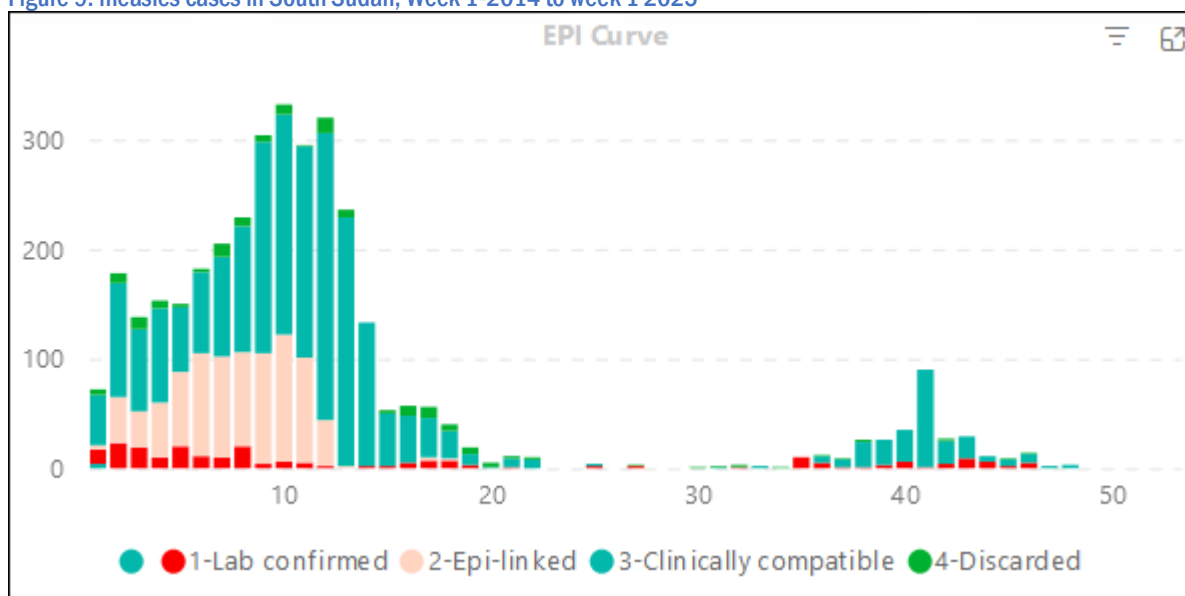
During the 3rd nOPV2 response vaccination, 1 610 support supervisions were documented on ODK in 77 of the 80 counties. This was an improvement from 1456 supervisions in 70 counties documented in the second nOPV2 outbreak response SIAs conducted in April 2024.

The nOPV2 SIAs campaign was monitored for quality, using LQA surveys. The 3rd round had 46% (18 of 39 counties surveyed passing the LQAs test. This was a decline from 58% (23 of 40 counties surveyed) that was achieved in the second response round. Similarly, the proportion of counties surveyed in which the LQAs test failed increased from 23% (9 of 40 counties) to 26% (10 of the 39 counties). Data from the LQAs survey shows that the majority of missed children were due to poor vaccination team performance (houses not visited, vaccinated but not finger marked, and child was asleep). All the under-performance was predictable 1 week prior to the campaign, only 80% of the counties were ready.

3. Measles Update

- As of week one of 2025, a total of 3497 cases were reported with 51 deaths from across the 10 states and admin areas with 51 related deaths giving a CFR of 1.46%
- In 2025, 4 suspected cases were reported from Gogrial west county but were discarded after testing negative on measles IgM at the virology laboratory of NPHL
- 64% of measles cases occur in children under the age of 5, highlighting a critical failure in routine immunization programs.
- Furthermore, 80% of these cases are found among children aged between 6 months and 9 years, making this age group the optimal focus for measles outbreaks response Supplementary Immunization Activities (SIAS).

Figure 9: measles cases in South Sudan; Week 1-2014 to week 1 2025



4. Hepatitis E outbreak in Bentiu IDP Camp in Unity State.

- In Week 1 of 2025, 12 new cases were reported, bringing the cumulative total since 2018 to 6,278 cases. Five new RDT-positive cases were identified in Week 1 of 2025, raising the total to 1,831 RDT-positive cases since 2018.
- In week 01 of 2025, no deaths were reported, maintaining a cumulative total of 35 fatalities since the outbreak started in 2018.
- Persons aged 15 to 44 years made up 43% of the reported cases (see Figure 26).
- Males constituted 52% (3,298 cases) of the overall total, while females totaled 48% (2,980 cases).
- The accompanying chart displays the distribution of HEV cases according to patients' places of residence, both within and outside the Bentiu PoC (refer to Figure 21).
- Most of the cases were identified among individuals living outside Bentiu PoC who sought treatment at healthcare centers within the PoC.

Figure 10: Epicure of HEV in Bentiu IDP camp, Unity State; Epi Week 52 of 2018 to Week 01 of 2025

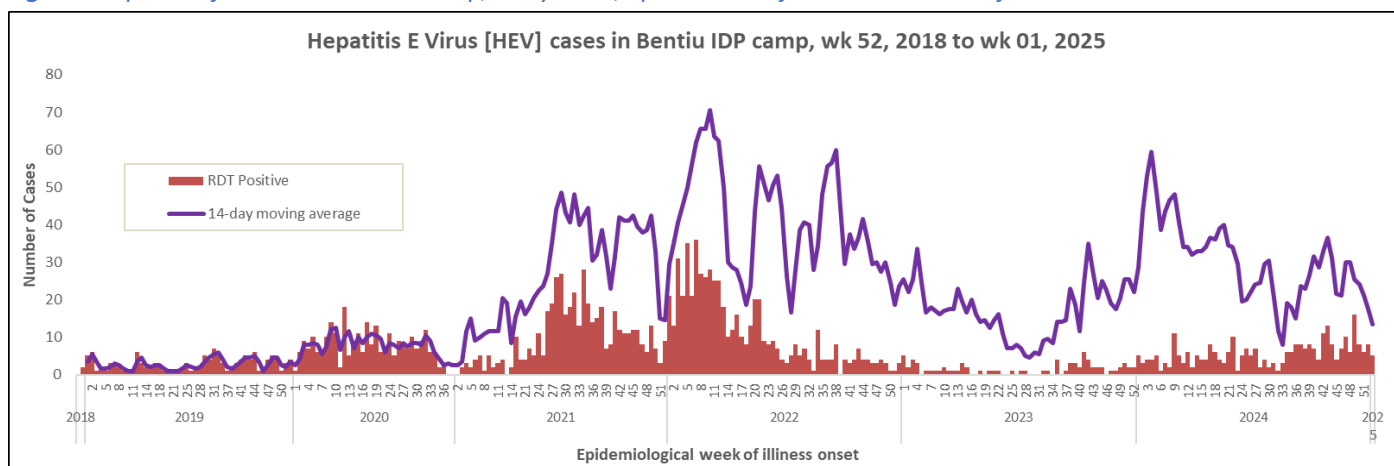
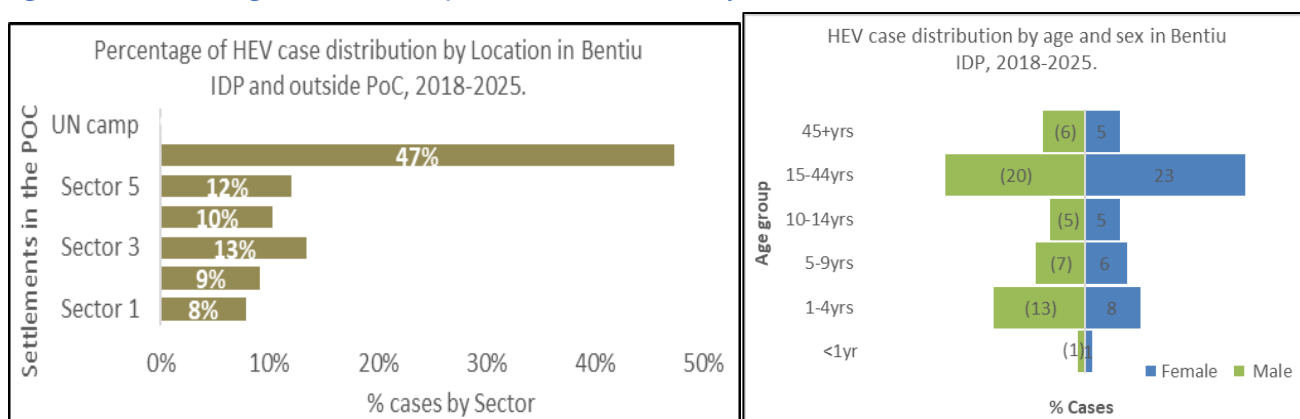


Figure 11: Location and age distribution of Hepatitis E cases in Bentiu, Unity state of South Sudan



Other Events

Sudan crisis: As at 25th January 2025, at least **1 025 847** individuals (526,487 females and 499,360 males) had crossed into South Sudan from 18 different nationalities. Of this number, **69.9% (717 067)** are South Sudanese returnees and 29.52% (302 830) are Sudanese refugees. Only 0.29% are from other nationalities, largely Eritrean population. Currently, 21 PoEs are being monitored, with Joda-Renk accounting for 69% of the reported influx figures. There are currently 58 898 individuals (13 784 in transit centre and 45 114 in host communities) in Renk. Due to the evolving security situation in Joda, the data collection may be incomplete.

Hostcommunities and healthcare systems are struggling to cope with the increased demand for health and other Services, morbidity, and mortality among returnees and refugees. Currently most of the counties receiving returnees including Juba have confirmed cholera outbreaks and interventions have been put in place to mitigate adverse effect including use of Oral cholera Vaccines (OCV) aimed at mitigating the risks of sustained transmission.

Food insecurity in 2023, severe acute food insecurity impacted an estimated 7.7 million people across 78 counties in South Sudan. This includes 43,000 people facing catastrophe-level food insecurity at Integrated Food Security Phase Classification (IPC) Phase 5, 2.9 million at IPC Phase 4 (emergency-level), and 4.8 million at IPC Phase 3 (crisis-level). Among those affected are 1.4 million malnourished children. For 2024, it is estimated that millions of people will still be unable to meet minimum food needs as food stocks could be depleted by April 2024. Additionally, ongoing sporadic conflicts and the influx of returnees and refugees from Sudan is likely to strain food supplies and incomes further, driving severe malnutrition.

Flooding The expectation of extensive flooding to occur in South Sudan in 2024 due to two separate climatic events remains reality with floods affecting 58 health facilities. The tail end of the 2023-24 El Niño event is leading to significantly above-average rainfall in Uganda, which increases the water level of the White Nile, leading to increased flood risks downstream in South Sudan. Additionally, the onset of the El Niño event in 2024 is projected to lead to approximately 50% higher levels of rainfall in the northern and eastern parts of South Sudan, which not only further exacerbates the flood risk along the White Nile and its tributaries but will also contribute to flooding in more distant regions, like those occurring during the triple-dip La Niña event of 2020-2023. Historical data indicates a peak in flooding around September.

The ongoing flooding in the affected areas is a major threat to the well-being of the communities, with more than one million people (including 375,000 displaced) affected across 41 counties. Notably, flooding has submerged 58 health facilities and has been associated with an increased number of snake bites (68 in 6 weeks), drowning (3 in week 42) and an upsurge of malaria morbidity (refer to Figure 7). This is compounded by existing humanitarian needs in the country and ongoing multiple disease outbreaks.

Ongoing coordination with the Ministry of Health supporting response coordination at national and sub-national levels through weekly cluster and inter-cluster coordination meetings. As part of the preparedness plan, the MoH, WHO, and Health Cluster have developed the 2024 South Sudan Health Sector Flood contingency and response plan. The Health Cluster partners will support the Ministry of Health in implementing this plan, although a key limitation will be the availability of funds. The estimated budget needed for the response is USD 63 million.

Acknowledgments

Thanks to the State Surveillance Officers, Health Cluster partners for sharing the weekly IDSR data. To access the IDSR bulletins for 2024 use the link below:

<https://www.afro.who.int/countries/south-sudan/publication/south-sudan-weekly-integrated-disease-surveillance-and-response-bulletin-2024>

This bulletin is produced by the Ministry of Health with Technical support from WHO

For more help and support, please contact:

Dr Joseph Lasu Hickson
Emergency Preparedness and Response
Ministry of Health Republic of South Sudan
Email: josh2013.lasu@gmail.com
Phone number +211921395440

Dr. Kediende Chong
Director General Preventive Health Services
Ministry of Health
Republic of South Sudan
Email: mkediende@gmail.com
Phone number: +21192888461

Dr BATEGEREZA, Aggrey Kaijuka
WHO-EPR Team Lead
Email: bategerezaa@who.int
Phone number : +211 924222030

Notes

WHO and the Ministry of Health gratefully acknowledge the surveillance officers [at state, county, and health facility levels], health cluster and healthpooled fund (HPF) partners who have reported the data used in this bulletin. We would also like to thank ECHO, USAID and the World Bank for providing financial support.

The data has been collected with support from the EWARS project. This is an initiative to strengthen early warning, alert, and response in emergencies. It includes an online, desktop and mobile application that can be rapidly configured and deployed in the field. It is designed with frontline users in mind and built to work in difficult and remote operating environments. This bulletin has been automatically published from the EWARS application.

More information can be found at: <http://ewars-project.org>

Data source: DHIS-2 and EWARS

