Republic of South Sudan

Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 04

20 to 26 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 4 of 2025, the IDSR reporting timeliness and completeness was at 85 % and 95% respectively. There was increase in both timeliness and completeness of IDSR/EWARS reporting compared to the previous week 03 of 2025.The IDSR timeliness and completeness of reporting in week 4 is the same to the reporting performance in the last two previous years (2024 and 2023) in similar weeks. Three (3) states and three (3) administrative areas attained 100% completeness of reporting (Lakes state, Unity State, Western Equatoria state, Abyei Administrative area, Greater Pibor administrative area and Ruweng administrative area). However, only 10 of the 13 states/administrative areas attained timeliness of reporting above 80%.
- At the EWARN mobile sites, the Timeliness and Completeness of IDSR performance were both at 100% respectively, posting the same level of performance as in the previous week 03.
- In week 4, 299 EWARS alerts were triggered, and only 65% (195/299) were verified. Although the number of alerts declined, the alerts verification ratio improved with 7 states verifying more than 80%. Most of the alerts were for AWD (22%), Cholera (15%) Malaria (15%), Guinea Worm (15%), ARI (15%), and ABD (10%). Thanks to the surveillance team in Lakes, GPAA, EES, CES, NBGZ, WBGZ and Western Equatoria states for verifying most of the reported alerts in their respective states.
- On February 6, 2025, an index case of Mpox was confirmed by the National Public Health Laboratory in Juba. The National Ministry of Health, Republic of South Sudan, declared an outbreak of Mpox immediately in line with International Health Regulations (IHR 2005). As at 13th February, an additional two Mpox cases had been confirmed and 34 contacts on daily tracing.
- As at February 13th, 2025, cholera outbreak was confirmed in 34 counties, across 7 states and Ruweng Administrative Area. A cumulative total of **30 441** cases and **523** deaths were reported giving a case Fatality Ratio (CFR) of 1.7 percent. Notably, the Cholera outbreak case fatality Ratio (CFR) at health facilities was at 0.9% suggesting that delayed reporting to cholera treatment units/centers is the major reasons for the high mortality.
- Out of 30 requests to ICG for over 6 million doses, 17 requests had been approved by 13th Feberuary, totaling more than 4 million doses. So far, 2 million doses have been received countrywide and oral Cholera vaccination completed in 6 counties.
- Other active outbreaks and events in South Sudan include Anthrax in the Bahr Ghazaal region, hepatitis E in various locations, a cVDPV2/polio outbreak now declared countrywide, and Mpox that is confirmed in Juba.

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 supported 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 04 were at 85% and 95%,** respectively, which was an improvement from the attainments from the previous week.

Table 1*: Timeliness and completeness of IDSR reporting by State for week 04 compared to 03 of 2025.*

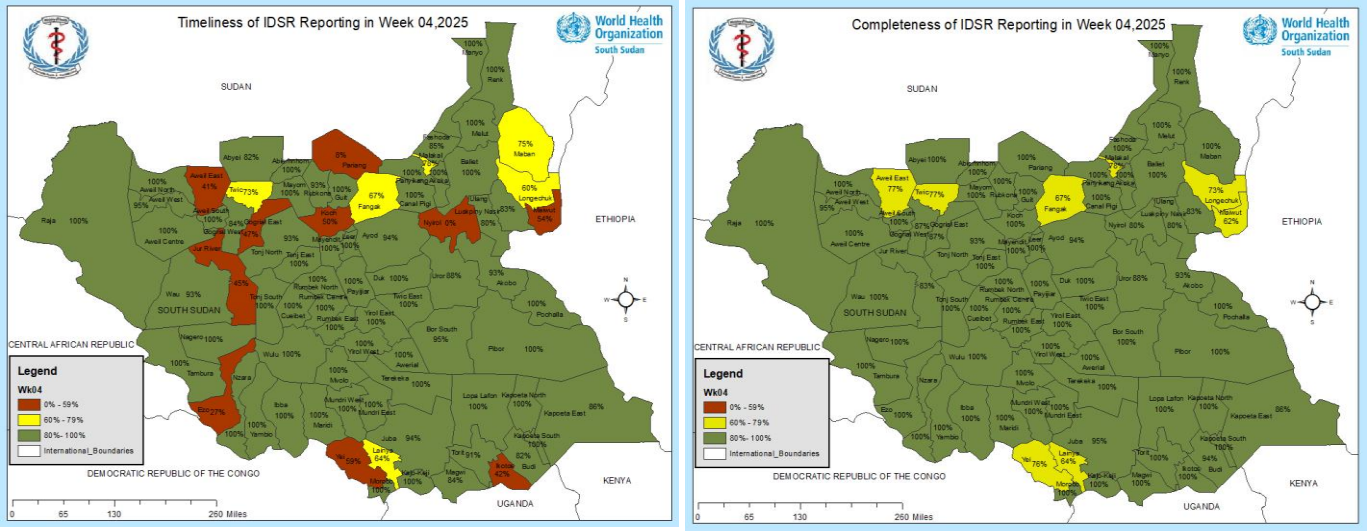
State	Total Health facilities	Number of Health facilities reporting (Completeness Wk04)	Comparison of reporting period				Cumulative since year start (2025 level)	
			Timeliness		Completeness			
			Week 04	Week 03	Week 04	Week 03	Timeliness	Completeness
Lakes	112	112	100%	90%	100%	100%	96%	100%
NBGZ	92	86	86%	82%	93%	89%	67%	78%
Unity	86	86	96%	96%	100%	100%	97%	100%
WBGZ	112	106	77%	60%	95%	97%	68%	94%
WES	194	194	88%	83%	100%	100%	83%	100%
Jonglei	120	108	83%	68%	90%	95%	71%	84%
Warrap	114	100	81%	61%	88%	82%	71%	88%
EES	112	111	83%	79%	99%	94%	68%	95%
RAA	16	16	31%	31%	100%	100%	38%	100%
CES	152	140	89%	91%	92%	91%	84%	85%
AAA	17	17	82%	94%	100%	100%	88%	99%
Upper Nile	143	128	83%	73%	90%	90%	77%	91%
GPAA	16	16	100%	56%	100%	100%	89%	100%
Total	1292	1220	85%	78%	95%	95%	78%	92%

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 04 of 2025.

Partners	# of Reporting Mobile Sites	% of Timeliness in week 04	% of Completeness in week 04	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 04	% of Completeness in week 04
IMC	4	**100%**	**100%**	Kator	3	**100%**	**100%**
SSHCO	1	**100%**	**100%**	Marial Baai	1	**100%**	**100%**
SMC	1	**100%**	**100%**	Northern Bari	1	**100%**	**100%**
SCI	2	**100%**	**100%**	Rajaf	3	**100%**	**100%**
HFO	4	**100%**	**100%**	Munuki	12	**92%**	**92%**
WVI	2	**100%**	**100%**	Wau South	20	**100%**	**100%**
CIDO	1	**100%**	**100%**	Wau North	12	**92%**	**92%**
SP	4	**100%**	**100%**	Juba	10	**90%**	**90%**
HFD	1	**100%**	**100%**	Mangala	1	**100%**	**100%**
RI	1	**100%**	**100%**	TOTAL	63	**95%**	**95%**
TOTAL	21	**100%**	**100%**				

An important point to note: Mobile sites that 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.

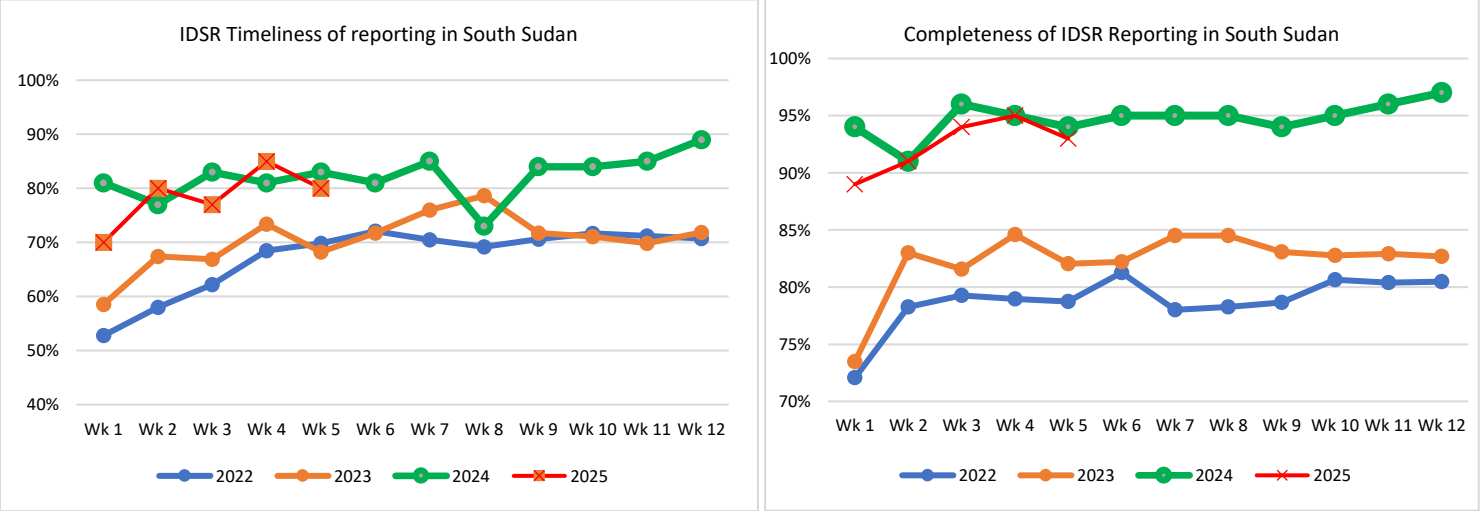
Figure 1: Completeness of IDSR reporting in South Sudan by County in Week 04, 2025.



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) are more pronounced than they were in previous years of 2023 and 2022. In this HSTP transition period, we shall continue 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, thanks to the targeted support to the poorest reporting counties.

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.

Figure 2: Comparison of Timeliness and Completeness of IDSR reporting in South Sudan;2022-2025.



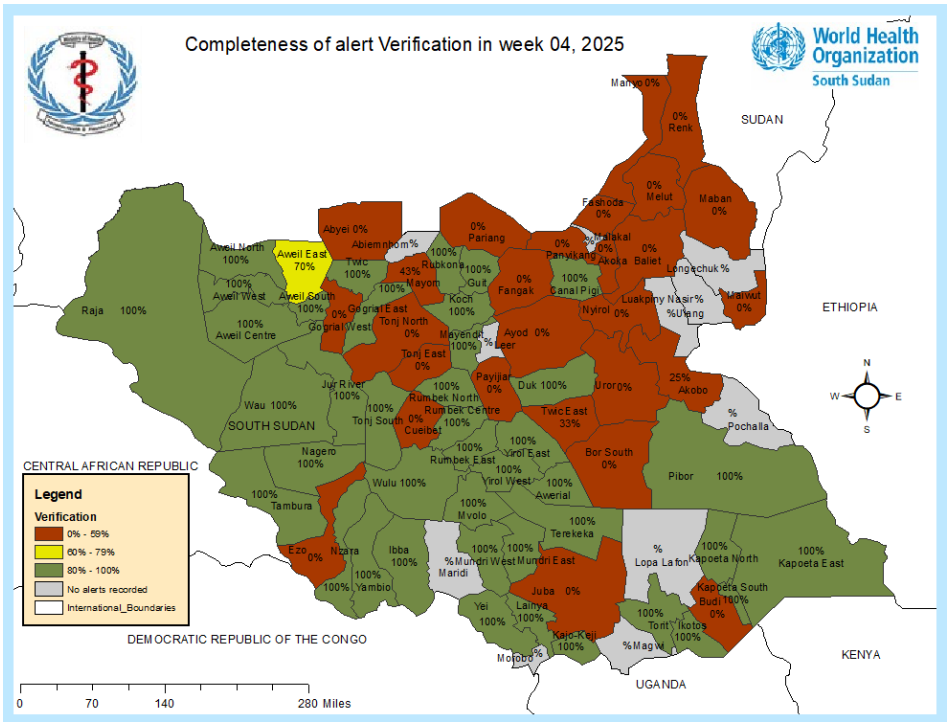
Epidemic alerts

In week 4, 299 alerts were triggered in the EWARS system, with 65% (195 of 299) verified, which was higher than the previous week 3. In Week 4, All the states and administrative areas recorded at least one notifiable disease alert. Special thanks to Lakes, GPAA, EES, CES, NBGZ, WBGZ and Western Equatoria states for verifying most of their EWARS alerts. Most of the alerts were for AWD (22%), Cholera (15%) Malaria (15%), Guinea Worm (15%), ARI (15%), and ABD (10%). See Table 3 below.

Table 3: *Summary of EWARS alerts triggered in Epidemiological Week 04, 2025.*

	Acute jaundice syndrome		Acute Respiratory Infections (ARI)		Acute Watery Diarrhoea		AFP		Bloody Diarrhoea		Cholera		Covid-19		Guinea Worm		Malaria (Confirmed)		Measles		Yellow Fever		Total # R	
State/Admin	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V	# R	# V
AAA	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	4	0
CES	0	0	2	2	1	1	0	0	1	1	2	2	0	0	0	0	4	4	1	1	0	0	11	11
EES	0	0	1	1	3	3	0	0	2	2	0	0	0	0	0	0	0	0	1	1	0	0	7	7
GPAA	0	0	0	0	0	0	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	4
Jonglei	0	0	6	0	3	1	0	0	3	0	16	0	1	0	4	0	4	0	1	1	1	0	39	2
Lakes	0	0	8	8	8	8	0	0	6	6	6	6	0	0	28	28	6	6	0	0	0	0	62	62
NBGZ	0	0	5	4	4	3	0	0	1	1	3	3	0	0	0	0	3	2	1	1	0	0	17	14
RAA	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0
Unity	1	1	1	0	3	1	0	0	4	3	19	12	0	0	0	0	1	0	0	0	0	0	29	17
Upper Nile	1	0	5	0	9	0	0	0	7	1	0	0	0	0	2	0	4	1	0	0	0	0	28	2
Warrap	1	1	1	0	8	3	0	0	0	0	0	0	0	0	8	4	1	0	4	0	0	0	23	8
WBGZ	0	0	4	4	6	6	0	0	2	2	0	0	1	1	2	0	1	0	0	0	0	0	16	13
WES	0	0	7	7	20	20	0	0	5	5	0	0	0	0	0	0	20	20	3	3	0	0	55	55
Grand Total	4	2	44	26	66	46	4	4	31	21	46	23	2	1	44	32	46	33	11	7	1	0	299	195

Figure 3: *Completeness of Alerts Verification rates by county of South Sudan for week 04, 2025.*



Weekly Update on Indicator-Based Surveillance (Week 04)

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).

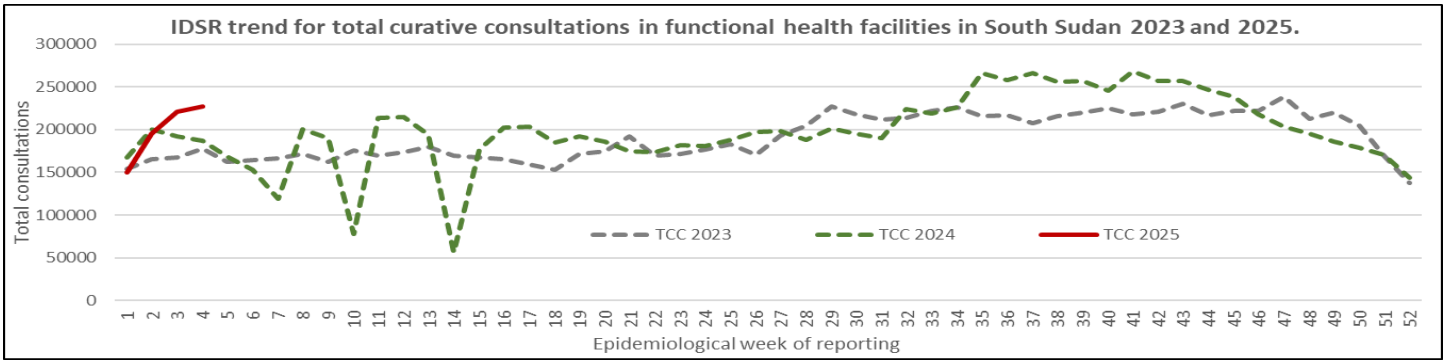
Surveillance System	Consultations in January, 2025			Cumulative Consultations in 2025		
	< 5 years	> 5 years	Total	< 5 years	> 5 years	Total
IDSR	294397	499342	**793739**	294397	499342	**793739**

In week 04 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 793 739 patients seek medical care in all outpatient and inpatient departments across the health facilities in the country (see Table 4).

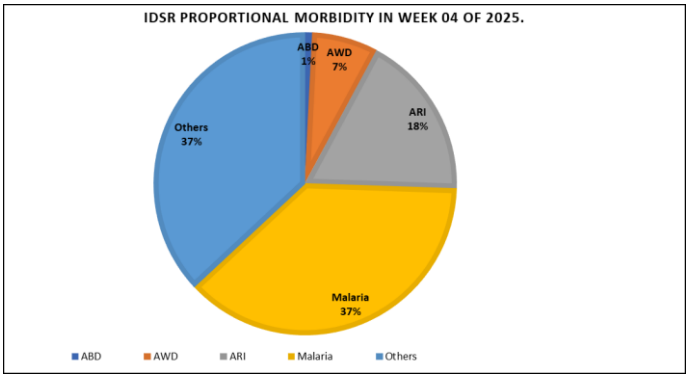
A comparison of healthcare service utilization across 2023, 2024, and 2025 shows fluctuating trends, indicating variations in the weekly number of consultations

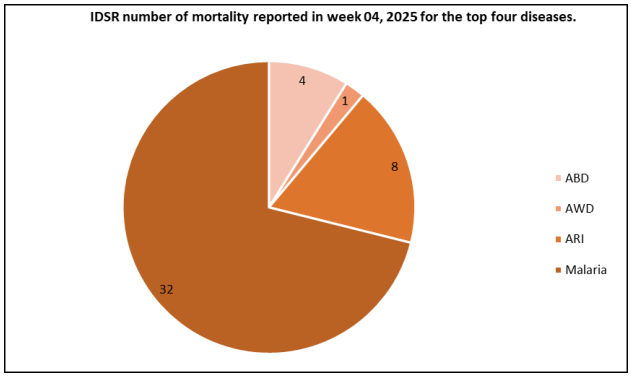
Figure 4: Trends of cumulative curative/OPD consultations reported in the Monthly DHIS reporting: 2023-2025.



In week 04 of 2025 analysis indicates that Malaria is the leading causes of morbidity amongst the top four diseases in South Sudan, it accounts for 37%(85 288) of the total consultation during the week, followed by Acute Respiratory Infections (ARI), Acute Watery Diarrhea (AWD), and Acute Bloody Diarrhea (ABD), as illustrated in the pie chart (Figure 5)

Figure 5: Proportional morbidity and count of deaths for the top causes of illness in week 04 of 2025.





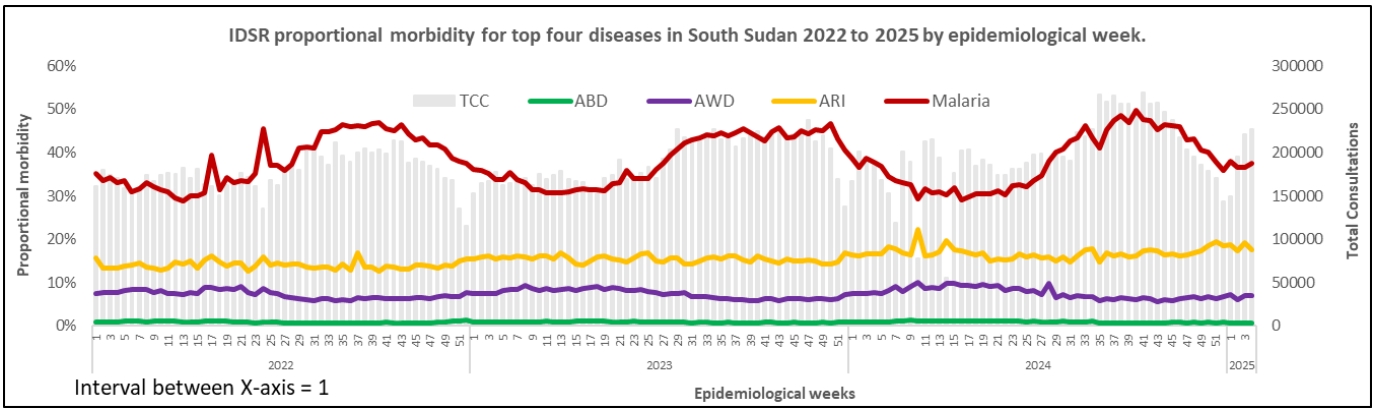
Acute Watery Diarrhoea (AWD) Updates:

- Cumulative, a total 54 202 cases of Acute Watery Diarrhoea (AWD) with 19 deaths have been reported across the ten states and three administrative areas.
- In Week 04 of 2025, a total of 16 007AWD cases have been reported which are much higher compared to week03 of 2025 (table 4)
- The incidence rate of AWD was 109 cases per 100,000 population. During this period, Upper Nile State, Unity State, and Pibor administrative area reported the highest incidence rates, as detailed in Table 4.

Table 4: Comparison of AWD cases fromweek04, 2024 to week04,2025

Surveillance System	Diseases	The top causes of morbidity in Janaury 2025.				Cummulative cases since January, 2025.
		Week 01, 2025	Week 02, 2025	Week 03, 2025	Week 04, 2025	
IDSR	ABD	1164	1450	1651	1779	6044
	AWD	10936	11893	15366	16007	54202
	ARI	28103	33905	42257	40220	144485
	Malaria	56956	71652	80769	85288	294665

Figure 6: Trends of the top causes of morbidity in South Sudan 2022 to 2025.

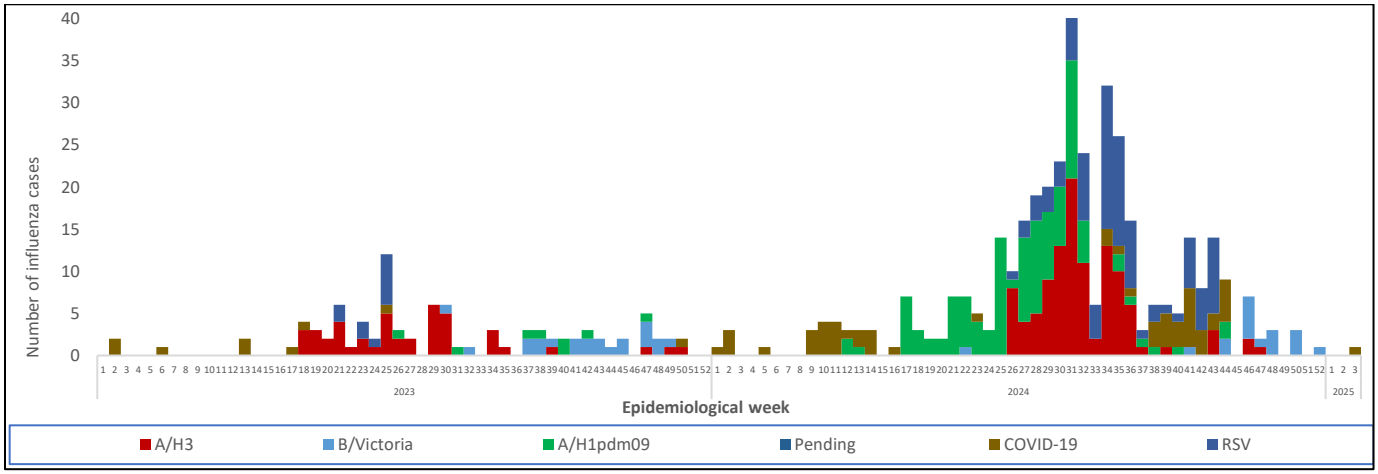


This week, the surveillance team conducted a retrospective analysis of priority diseases trends and documented that there are no significant changes to report in Week 1-4 compared to similar reporting periods of 2024 and 2023.

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 7: Confirmed Influenza, COVID-19, and RSV cases from sentinel sites Epidemiological Week 1 of 2023 to Week 04 of 2025.



In week 04, there was no new reported ILI/SARI samples been collected. Since Weeks 1 to 3 of 2025, a total of 103 ILI/SARI samples have been collected; 102 tested negative for all pathogens, (0) were positive for COVID-19, (1) for Influenza Type A (H3), (0) for Influenza Type B (Victoria), (0) for Influenza A/(H1N1)pdm09 and (0) for RSV.

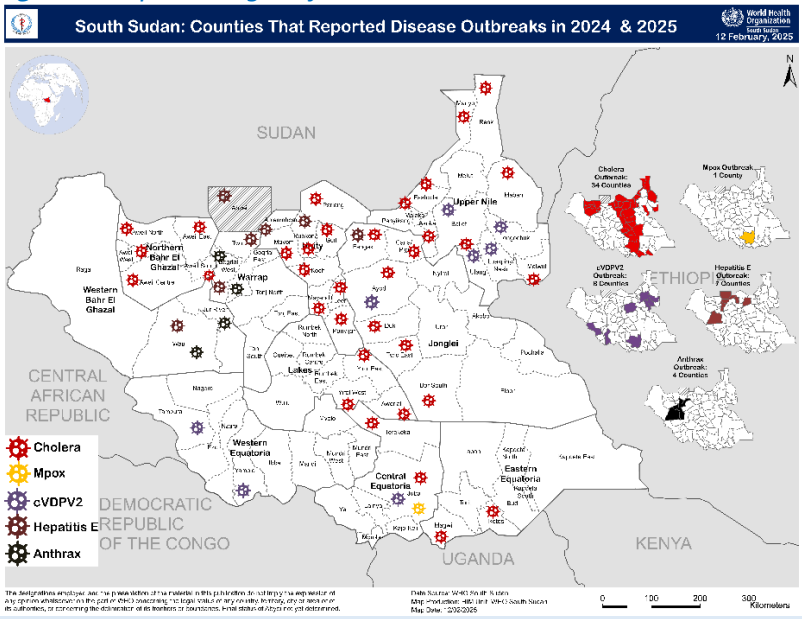
Confirmed and congoing epidemics as of 2025

Table 5: *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
cVDPV2	Yambio, Juba,Ulang, Nasir, Baliet, Ayod, Old Fangak	19/Dec 2023	2	21	21	NA	Completed 2 nOPV2 SIAsand 3rd round is ongoing	ongoing	ongoing
Anthrax	Gogrial west(WRP) and Jur River (NBG)	2022	-	168	3	ongoing	Ongoing in the animalsector	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		30,441	-	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 8: Map showing confirmed disease outbreaks across the country in 2024/25.



Ongoing/suspected outbreaks

1. South Sudan Cholera Outbreak Epidemic description as 9 February 2025

- From September 28, 2024, to February 13, 2025, there have been 30 441 cases reported, including 523 deaths with CFR of 1.7% since the start of the outbreak.
- Cases have been reported in 34 counties, across 7 states and 1 Administrative area
- Majority of the deaths 52% (272) of the total deaths were recorded in the health facilities, while community deaths accounting for 48% (251) of the total deaths recorded.
- The general case fatality rate (CFR) is 1.7%, whereas the health facility CFR at 1%, which is above the recommended threshold of less than 1%. Majority of the cases, 36% (n = 10 967), were reported from Rubkona County, followed by Juba County at 12.5% (n = 3,810).

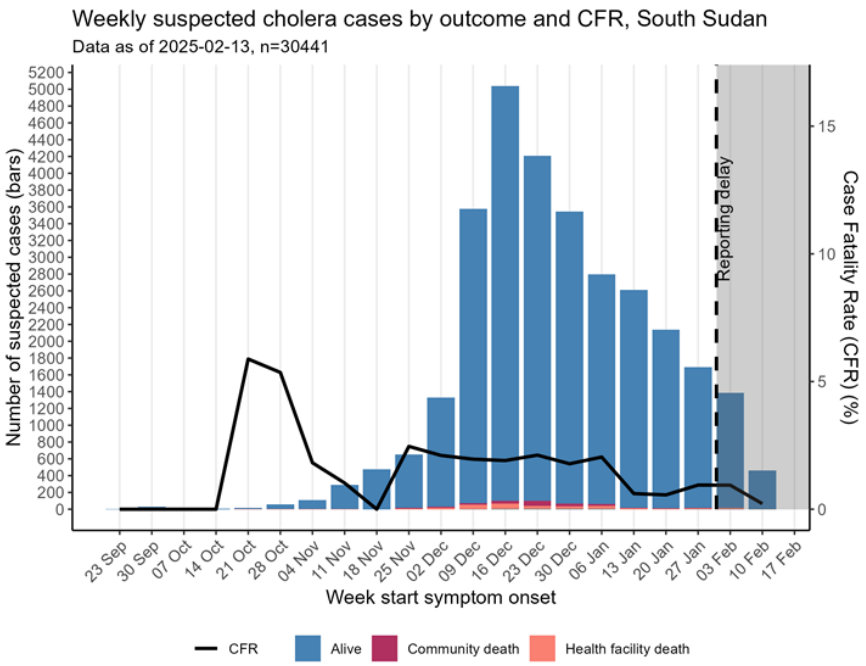
Table 6:Summary of line list, as of 13 February 2025

State	County	Total cumulative	Percent	Lab. confirmed case(s)	RDT positive	RDT positivity	Recoveries	Still admitted	Deaths	Overall CFR
CES	**JUBA**	3,810	**12.5%**	Yes	1,093	92.3%	**3,690**	57	63	1.7%
CES	TEREKEKA	256	0.8%	Yes	71	70.3%	**207**	45	4	1.6%
EES	IKOTOS	62	0.2%	Yes	2	16.7%	**9**	50	3	4.8%
EES	MAGWI	12	0.0%	Yes	9	75.0%	**11**	0	1	8.3%
JNG	**AYOD**	153	0.5%	-	11	84.6%	**135**	4	14	**9.2%**
JNG	BOR SOUTH	786	2.6%	Yes	68	73.1%	**771**	4	11	1.4%
JNG	DUK	663	2.2%	-	30	73.2%	**648**	1	14	2.1%
JNG	**FANGAK**	793	2.6%	Yes	190	94.1%	**744**	22	27	**3.4%**
JNG	**PIGI**	193	0.6%	Yes	23	100.0%	**183**	0	10	**5.2%**
JNG	TWIC EAST	675	2.2%	Yes	9	50.0%	**655**	1	19	2.8%
LAK	**AWERIAL**	234	0.8%	Yes	106	90.6%	**213**	11	10	**4.3%**
LAK	**YIROL EAST**	78	0.3%	Yes	13	86.7%	**69**	4	5	**6.4%**
LAK	YIROL WEST	37	0.1%	Yes	7	43.8%	**32**	3	2	5.4%
NBGZ	AWEIL CENTRE	866	2.8%	Yes	6	15.4%	**849**	16	1	0.1%
NBGZ	AWEIL EAST	274	0.9%		1	3.3%	**266**	5	3	1.1%
NBGZ	AWEIL NORTH	48	0.2%		1	16.7%	**47**	1	0	0.0%
NBGZ	AWEIL SOUTH	280	0.9%		6	35.3%	**277**	2	1	0.4%
NBGZ	**AWEIL WEST**	3,027	**9.9%**	-	68	39.3%	**3,000**	25	2	0.1%
RAA	PARIANG	111	0.4%	-	43	39.8%	**105**	4	2	1.8%
UNI	GUIT	552	1.8%	Yes	106	80.9%	**530**	8	14	2.5%

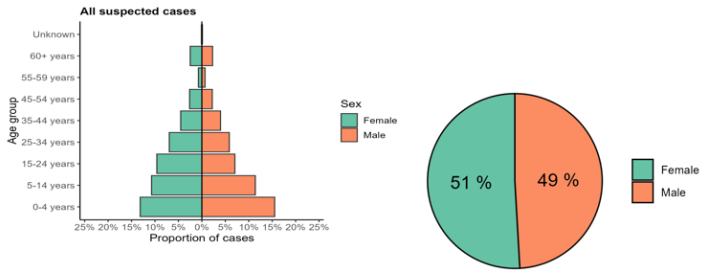
UNI	**KOCH**	83	0.3%	Yes	22	81.5%	**55**	3	25	**30.1%**
UNI	LEER	28	0.1%	Yes	8	100.0%	**20**	8	0	0.0%
UNI	MAYENDIT	2	0.0%	Yes	2	100.0%	**2**	0	0	0.0%
UNI	**MAYOM**	3,813	**12.5%**	Yes	20	95.2%	**3,425**	298	90	2.4%
UNI	PANYIJIAR	104	0.3%	Yes	97	100.0%	**81**	18	5	4.8%
UNI	**RUBKONA**	10,967	**36.0%**	Yes	5,448	97.0%	**10,694**	88	185	1.7%
UPPER	FASHODA	6	0.0%	Yes	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	1,462	4.8%	Yes	84	17.7%	**1,335**	121	6	0.4%
UPPER	MANYO	6	0.0%	-	5	100.0%	**6**	0	0	0.0%
UPPER	PANYIKANG	353	1.2%	Yes	46	100.0%	**288**	62	3	0.8%
UPPER	RENK	679	2.2%	Yes	189	55.8%	**666**	10	3	0.4%
UPPER	ULANG	16	0.1%		4	57.1%	**16**	0	0	0.0%
Total	-	**30,441**	100.0%	-	7,798	86.6%	29,047	871	**523**	**1.7%**

- Unity State bears the highest burden of cholera cases, accounting for 51% (15 660 cumulative cases across 8 counties), followed by Northern Bahr el Ghazal at 15% (4 495cases across 5 counties), Central Equatoria at 13% (4 066 cases in 2 counties, and Jonglei at 11% (3 1263 cases across 6 counties).
- The age group with the highest case count is 0-4 years (29%) followed by aged 5 to 14 years (22%). Approximately 71% of the cases originate from the host community. Oral cholera vaccination (OCV) campaigns began in Malakal, Juba (Phase II), and Rubkona during the first week of January 2024. In week 4, the campaigns started in 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 reduction in reported cases over the past four weeks.

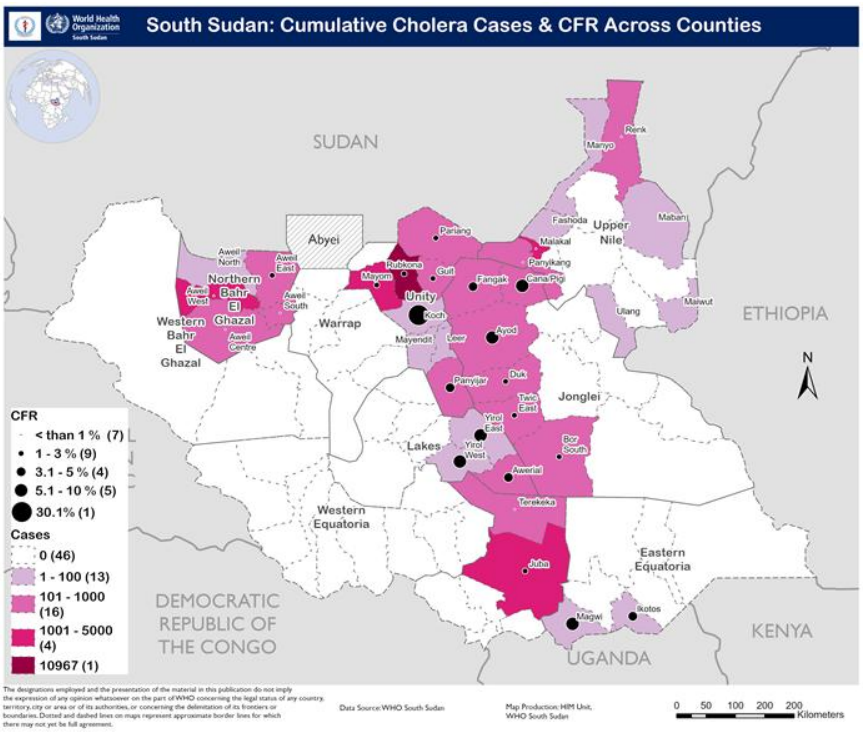
Figure 9: Descriptive epidemiology of Cholera Cases in South Sudan from 28 Sept. 2024- 13 Feb.20254



5 (0.0%) cases without date information are excluded from the graph.



Resident status	n	percent
Refugee	1,850	6.1%
Returnee	399	1.3%
Host community/Resident	21,480	70.6%
IDP	4,296	14.1%
Other	145	0.5%
Juba	205	0.7%
Unknown	2,066	6.8%
Total	30,441	100.0%



Key Challenges to Cholera Outbreak Response

- **Renk:** The ongoing influx of refugees and returnees at unsupervised entry points, including Bobnis, Atam, and Dukduk, continues as the key transmission channel bringing susceptible and infected populations.
- **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 tablets 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, Baliet, 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 1 456 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.

The fourth nOPV2 response vaccination campaign is advanced in planning. Currently scheduled to start on 4th February, this campaign will be the last of the four stage-vaccination responses approved by the Global Polio Eradication Program. Notably, the nOPV2 SIAs will in selected counties be delayed due to prioritization given to OCV outbreak response vaccination.

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

- In Week 04 of 2025, there were 24 new suspected cases of hepatitis E virus infections reported with zero deaths. Cumulatively, a total of 6,331 cases have been reported since the onset of the outbreak in 2018
- Among the 24 new cases reported in week 04 of 2025, there were twelve (12) new RDT-positive cases identified bringing the total RDT-positive cases to 1,857 since 2018.
- There were no new hepatitis E virus deaths reported in week 04 of 2025, maintaining a cumulative total of 36 deaths since the start of the outbreak in 2018.
- Individuals aged 15 to 44 years account for 43% of the reported cases (see in Figure 12).
- Males constituted 53% (3,298 cases) of the overall total, while females totaled 47% (2,980 cases).
- The chart displayed in figure 12 indicated the distribution of HEV cases by the patients' places of residence, both within and outside the Bentiu PoC.
- 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 04 of 2025*

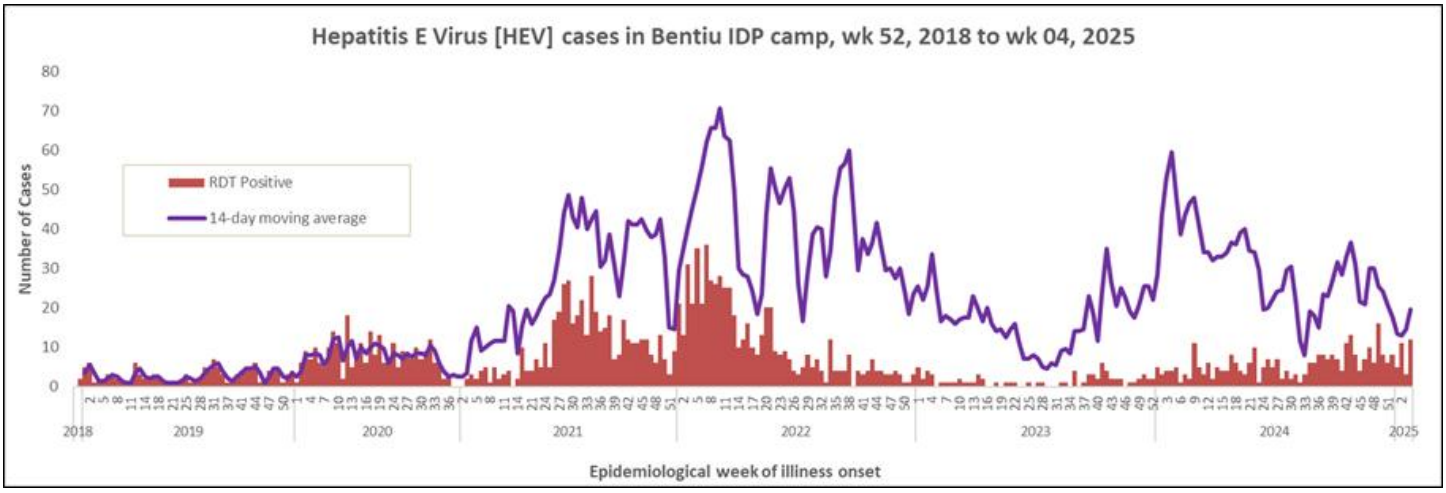
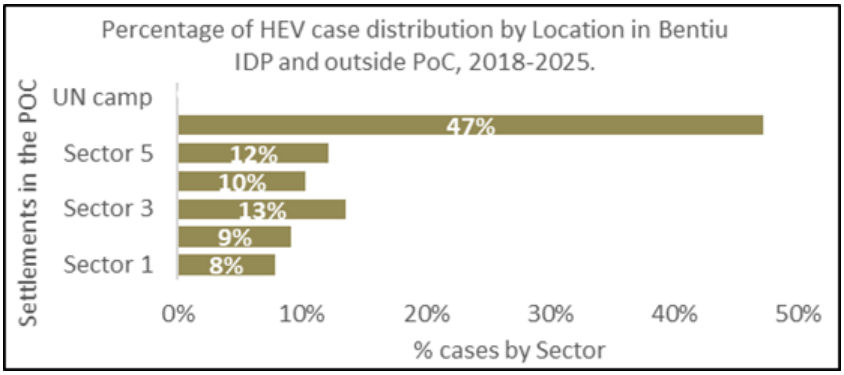
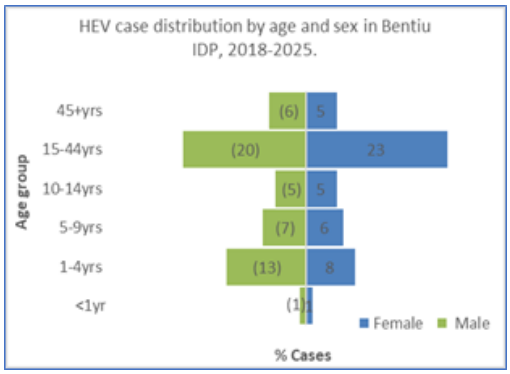


Figure 11:Location and age distribution of Hepatitis E cases in Bentiu, Unity state of South Sudan





Other Events

Sudan crisis: As of the of 16 February 2025, at least ***1 056 868*** individuals have crossed from 18 different nationalities. Of this number, ***68.99% (729 134)*** are South Sudanese returnees and 30.47% (322 045) are Sudanese refugees. Only 0.28% are from other nationalities, largely Eritrean population. Currently, 21 PoEs are being monitored, with Joda-Renk accounting for 71% of the reported influx figures. As of December, there are 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 and outdated.

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 and Flooding: No new update this week.

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

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Notes

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The data has been collected with support from the EWARS project. This is aninitiative 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