



## Republic of South Sudan

### Weekly Integrated Disease Surveillance and Response (IDSR) Epidemiological Bulletin

Reporting period: Epidemiological Week 5

*27<sup>th</sup> January to 2<sup>nd</sup> February 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 5 of 2025, the IDSR reporting timeliness was 80%, and completeness was 92%. There was slight decline in timeliness and completeness of IDSR/EWARS reporting in the two consecutive weeks (4 and 5 of 2025). IDSR timeliness and completeness of reporting for week 5 remains in the range of what it was in the last two previous years (2024 and 2023). 8 states and all three (3) administrative areas attained completeness of reporting above 80%. Lakes state, Western Equatoria state and all three administrative areas achieved 100% completeness of reporting. However, only 6 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 67% respectively.
- In week 5, 60 EWARS alerts were triggered, and only 23 were verified. Most of the alerts were for AWD (25%), Malaria (18%), Guinea Worm (13%), and ARI (12%). Special thanks to the surveillance team in Lakes, Unity 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 February 6<sup>th</sup>, 2025, cholera outbreak was confirmed in 34 counties, across 7 states and Ruweng Administrative Area. A cumulative total of **27 985** cases and **482** deaths were reported giving a case Fatality Ratio (CFR) of 1.7 percent which is above the recommended CFR of less than 1%. The facility-based CFR calculations indicate that it was 0.9%, suggesting that delayed reporting to cholera treatment units/centres is the major driver for the high morbidity.

## 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 5 were at 80% and 92%**, respectively, which was a slight decline from the attainments of the previous week.

Table 1: *Timeliness and completeness of IDSR reporting by State for week 4 compared to 5 of 2025*

State	Total facilities	Number of facilities reported (Completeness Wk05)	Comparison of the reporting period				Cumulative since year start (2025 level)	
			Timeliness		Completeness		Timeliness	Completeness
			Week 05	Week 04	Week 05	Week 04		
Lakes	112	112	100%	100%	100%	100%	97%	100%
NBGZ	103	81	67%	77%	79%	90%	67%	78%
Unity	84	80	93%	96%	95%	102%	96%	100%
WBGZ	112	107	77%	77%	96%	95%	70%	94%
WES	191	191	100%	88%	100%	102%	87%	100%
Jonglei	120	116	96%	83%	97%	90%	76%	87%
Warrap	114	98	39%	81%	86%	87%	64%	87%
EES	112	90	50%	83%	80%	99%	65%	92%
RAA	16	16	50%	31%	100%	100%	40%	100%
CES	152	141	91%	89%	93%	92%	85%	87%
AAA	17	17	76%	82%	100%	100%	86%	99%
Upper Nile	143	125	78%	83%	87%	90%	77%	90%
GPAA	16	16	100%	100%	100%	100%	91%	100%
<b>Total</b>	<b>1292</b>	<b>1190</b>	<b>80%</b>	<b>85%</b>	<b>92%</b>	<b>95%</b>	<b>78%</b>	<b>92%</b>

NOTE: The total number of facilities reporting in EWARS nationwide is under review and will end by February 2025. In turn, the weekly target reporting health facilities may vary between weeks.

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 5 of 2025.*

Partners	# of Reporting Mobile Sites	% of Timeliness in week 05	% of Completeness in week 05	Payam	# of Reporting Private Health Facilities	% of Timeliness in week 05	% of Completeness in week 05
IMC	4	25%	25%	Kator	3	100%	100%
SSHCO	1	100%	100%	Marial Baai	1	0%	100%
SMC	1	0%	0%	Northern Bari	1	100%	100%
SCI	2	100%	100%	Rajaf	3	100%	100%
HFO	4	50%	50%	Muniki	12	92%	100%
WVI	2	100%	100%	Wau South	20	100%	100%
CIDO	1	100%	100%	Wau North	12	92%	100%
SP	4	75%	75%	Juba	10	100%	100%
HFD	1	100%	100%	Managala	1	100%	100%
RI	1	100%	100%	TOTAL	63	95%	100%
<b>TOTAL</b>	<b>21</b>	<b>67%</b>	<b>67%</b>				

**An important point to note:** Only 1 health facility supported by SMC (1) remained silent in the reporting period. The IDSR team will continue to explore this non-reporting facility with the aim of re-establishing weekly IDSR reporting.

Figure 1: Maps showing Timeliness and Completeness of IDSR reporting in South Sudan by County in Week 5, 2025.



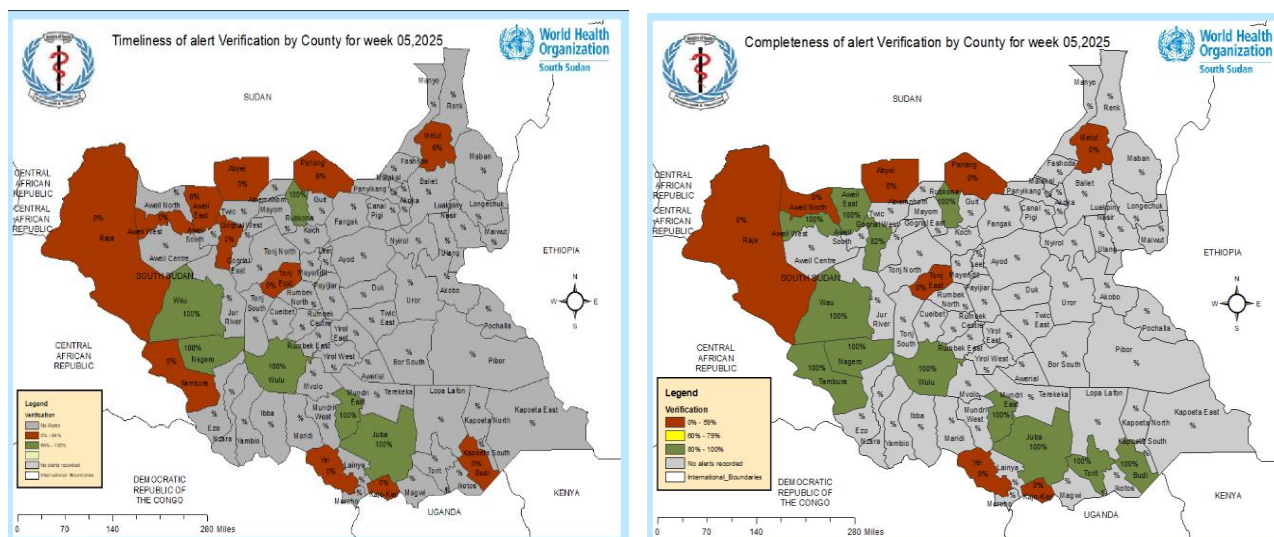
## Epidemic alerts

In epidemiological reporting week 5, sixty (60) alerts were triggered in the EWARS system, with 38% (23 of 60) verified, which was lower than the previous week 4. In Week 5, Nine states and two administrative areas recorded at least one notifiable disease alert. Special thanks to Lakes, Unity and Western Equatoria states for verifying most of their EWARS alerts. Most of the alerts were for AWD (25%), Malaria (18%), Guinea Worm (13%), and ARI (12%). See Table 3 below.

Table 3: Summary of EWARS alerts triggered in Epidemiological Week 5, 2025.

State/Admin	AIS		ARI		AWD		AFP		ABD		Cholera		Guinea Worm		Malaria		Measles		Total		
	# 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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
CES	0	0	1	0	1	0	0	0	1	0	0	0	0	0	2	1	0	0	5	1	
EES	0	0	0	0	1	1	0	0	2	2	0	0	0	0	0	0	0	0	3	3	
Lakes	0	0	0	0	1	1	0	0	0	0	0	0	4	4	0	0	0	0	5	5	
NBGZ	0	0	1	1	2	1	0	0	0	0	1	1	0	0	0	0	0	0	4	3	
RAA	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	
Unity	1	1	0	0	0	0	0	0	0	0	2	2	0	0	0	0	0	0	3	3	
Upper Nile	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	2	0	
Warrap	0	0	0	0	2	1	1	1	2	1	0	0	2	2	2	1	3	3	12	9	
WBGZ	1	1	5	3	7	3	1	0	2	1	0	0	2	0	2	0	0	0	20	8	
WES	0	0	0	0	3	3	0	0	0	0	0	0	0	0	4	4	0	0	7	7	
GPAA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Jonglei	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Grand Total	3	2	7	4	17	10	2	1	7	4	5	3	8	6	11	6	3	3	63	39	

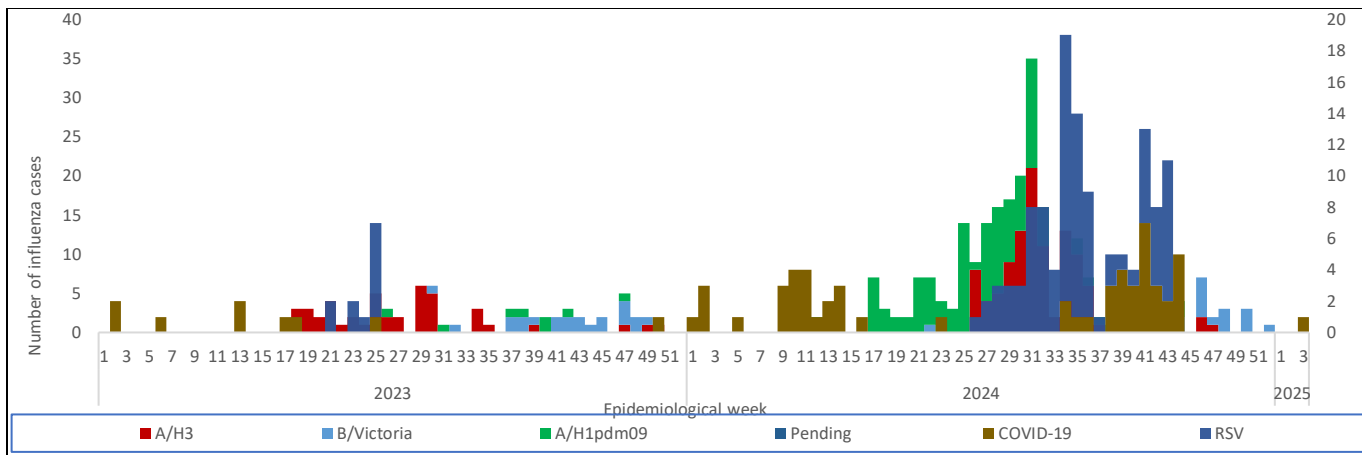
Figure 3: Completeness of Alerts Verification rates by county of South Sudan for week 5, 2025.



## Influenza Sentinel surveillance weekly updates.

Currently, 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 4: Confirmed Influenza, COVID-19, and RSV cases from sentinel sites Epidemiological Week 1 of 2022 to Week 3 of 2025.



During Epidemiological Weeks 1 to 3 of 2025, a cumulative total of 103 ILI/SARI samples have been collected; 102 samples tested negative for all pathogens, Zero (0) were positive for COVID-19, one (1) for Influenza Type A (H3), zero (0) for Influenza Type B (Victoria), zero (0) for Influenza A/(H1N1)pdm09 and zero (0) for RSV.

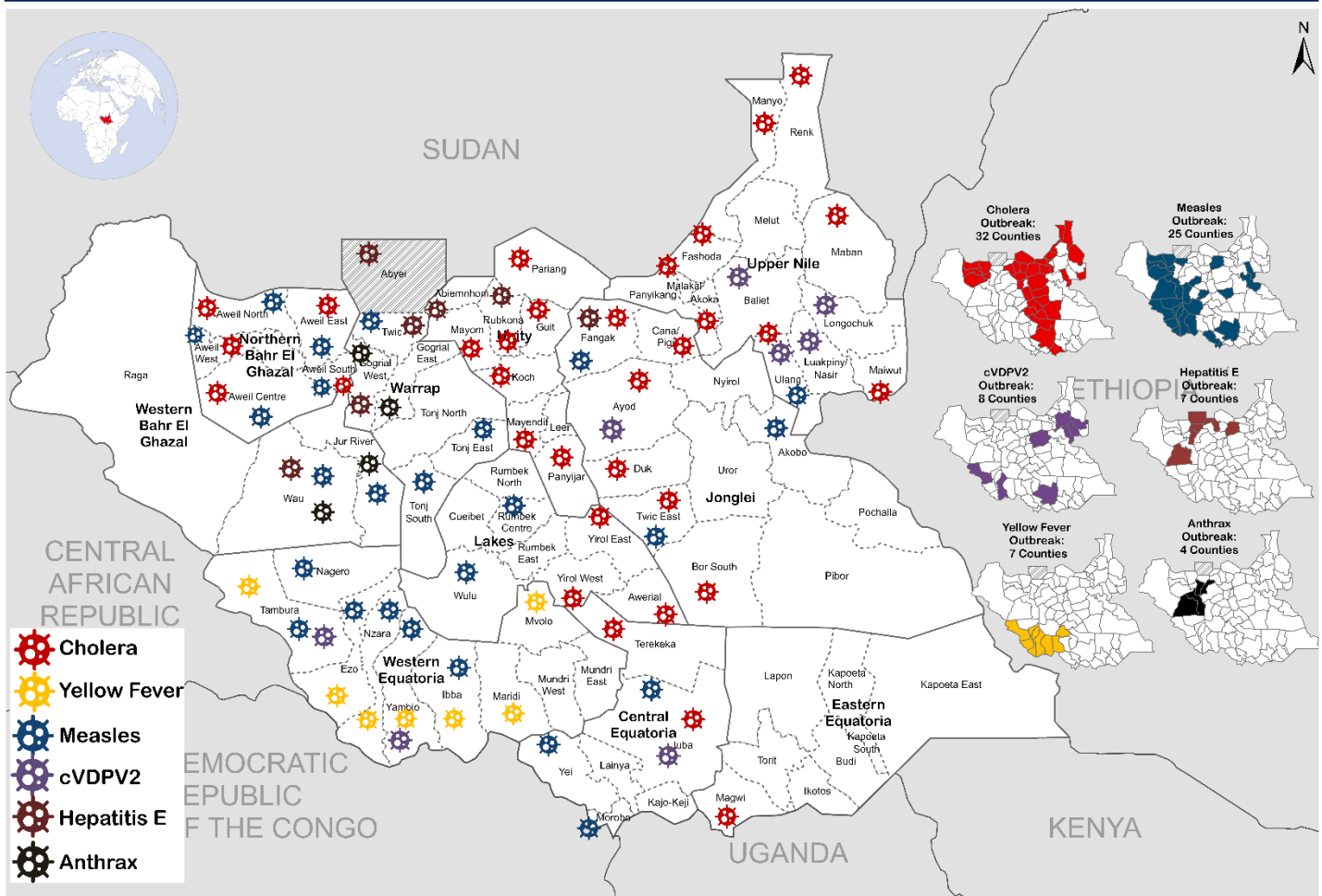
### South Sudan Confirmed and ongoing epidemics in 2025

Table 4: Summary of ongoing and confirmed epidemics

Aetiologic agent	Location (county)	Date first reported	New cases since Epi-Week 4	Cumulative suspected cases	Response activities				
					Surveillance/Lab confirmed	Case management	Vaccination	Health promotion	IPC/WASH
Mpox	Juba	Feb 2025	1	1	1	ongoing	Ongoing	yes	yes
Cholera	In 34 counties across seven states	Sept 2025	More than 6,000	27,985	7,568	ongoing	Ongoing	yes	yes
Hepatitis E	Rubkona Fangak Wau Abyei Twic	Dec/2018	13	6,930	10	ongoing	Not done	ongoing	ongoing
cVDPV2	Yambio, Juba, Ulang, Nasir, Baliat, Ayod, Old Fangak	19/Dec 2023	-	21	21	Not applicable	Completed 3 nOPV2 SIAs and 4 <sup>th</sup> round is ongoing	ongoing	ongoing
Anthrax	Gogrial West (WRP) and Jur River (NBG)	2022	1	169	4	ongoing	Ongoing in the animal sector	ongoing	ongoing

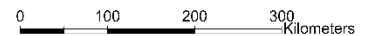
Since 2022, South Sudan has experienced several emergencies throughout the country. Based on data from the states and the EWARS system, most counties have reported ongoing disease outbreaks. Currently active outbreaks in South Sudan include Mpox, cVDPV2, cholera, anthrax and hepatitis E. Response interventions to mitigate further transmission and spread are ongoing. Below is a map of the confirmed emergencies as at 6<sup>th</sup> February 2025

Figure 5: Map showing confirmed and active outbreaks by county of South Sudan; as at 6<sup>th</sup> February 2025.



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. Final status of Abyei not yet determined.

Data Source: WHO South Sudan  
Map Production: HIM Unit, WHO South Sudan  
Map Date: 28/01/2025



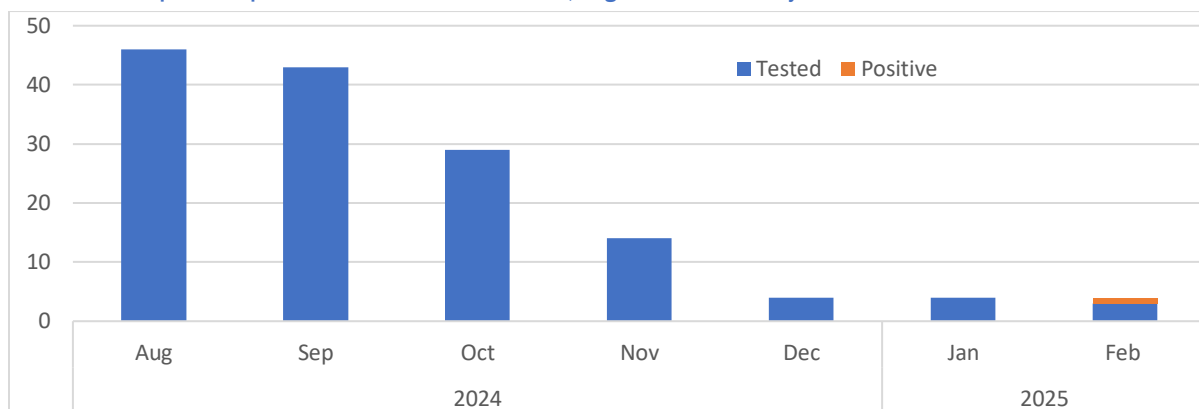
## Response activities for ongoing/suspected outbreaks

### 1. Index Mpox case confirmed in South Sudan, 6 February 2025

- The index Mpox case was a 31-years old Male Ugandan who arrived in Juba on 29th January 2025. At the time of crossing to South Sudan, the index case reports that he had had High-grade fever, skin rash, perineal itching and penile swelling since 25th January 2025. After 7 days in Kapuri camp of Luri Payam in Juba County, the patient reported to Gudele Hospital, on 5th February 2025. The clinicians at Gudele hospital completed the case investigation form, collected the scab sample on 6th February and immediately shipped it to the National Public health Laboratory (NPHHL). The index PCR positive test was re-tested by senior laboratory scientists and re-confirmation made by GeneXpert testing algorithm, confirming Clade 1 Mpox.
- From August 2024 when case-based Mpox surveillance was established in South Sudan, the cumulative number of reported/tested Mpox suspected cases was 141 detected by 10 states and 1 administrative area. Only Greater Pibor and Ruweng Administrative Areas never detected a suspected Mpox case since August

2024. The majority of Suspected cases were reported by Central Equatoria state (40), Western Equatoria (33) and Lakes state (15).

Figure 6: Trend of Suspected Mpox cases Tested in South Sudan, August 2024-February 2025



- Upon confirmation of the index case, the Republic of South Sudan has taken inventory of the current response capacities for Mpox and confirms:
  - That there is an updated and validated National Mpox Preparedness and Response plan 2024 to 2025. The plan articulated capacity developments needed before and during Mpox outbreak
  - An activated Public Health Emergency Operations Centre that has been in Alert Mode since August 2024. This mechanism will hence-forth be switched to response mode.
  - An established Mpox outbreak readiness and response coordination mechanisms in line with the WHO emergency response Framework. An incident Manager with established MOH/WHO led pillar leaders is in place.
  - Completed the risk assessments at the 5 priority Points of Entry (POEs) in the greater Equatoria, with advanced plans to activate screening and immediate reporting of suspected Mpox/EVD cases crossing into South Sudan from the infected neighbouring DRC (epicentre of Clade 1b Mpox), Uganda (Mpox and EVD), Kenya (Mpox) and other East African community member states with confirmed high-threat pathogenic diseases.
  - Sensitized all health workers in the country, including private health workers enrolled into the National Integrated Disease Surveillance and Response/Early Warning Alert and Response System (IDSR/EWARS) on symptoms and signs of Mpox, VHF and Cholera.
  - Established a laboratory network with specimen collection, safe packaging in transportation and testing capacity. This laboratory network has tested samples collected from 141 suspected cases using real time Polymerized Chain Reaction (rt-PCR) techniques. Additional testing technique of using GeneXpert was introduced at the National Public health laboratory, thanks to the support of USAID who provided the testing kits. As at confirmation of the Mpox outbreak, there were 3 PCR test kits that can run an additional 288 samples. This is in addition to the 50 GeneXpert cartridges that can complement the 288 PCR tests at hand in re-confirmation or as an alternate testing tool. The WHO procurement pipeline has also confirmed 2 kits expected in Juba by 20<sup>th</sup> February.
  - Established External Quality Control for the National Public Health Laboratory testing of samples from South Sudan. In the last 6 months, re-testing of 60 samples shipped in 3 batches to UVRI as the reference WHO collaborating centre, had generated 100% concordance in results generated by NPHL. In addition, the NPHL had also been provided with proficiency testing panels from a global WHO reference laboratory, in which the national laboratory also scored 100%.

- Trained 40 clinicians in Mpox/MVD/Cholera case management as surge capacity. These clinicians will be used in surge support to the current Cholera and Mpox outbreak response using the standard WHO protocols.
- Conducted an Mpox/VHF readiness assessment using the WHO global tool in which overall readiness score was given as 80%. In both readiness assessments, the highest scores were given to Laboratory readiness (100%), coordination (100%), RCCE (83%) and Surveillance (81%). Notably the lowest scores were given to vaccination readiness (50%), POEs (57%) and Logistics (60%).
- There is adequate Infection Prevention and Control Equipment (PPE) that are enough to manage the first 20 cases. The WHO Regional Emergencies program has also pledged to increase the PPE capacity up to 50 cases, upon request from the Ministry of Health.

## 2. South Sudan Cholera Outbreak Epidemic description as at 6<sup>th</sup> February 2025

- From September 28, 2025, to February 9, 2025, the cumulative number of reported cholera cases was 29,800, including 496 deaths reported from 34 counties across 7 states and the Ruweng Administrative Area.
- The age group with the highest case count is 0-4 years (29%), followed by those aged 5-14 years (22%). Cases among individuals 35 years and older account for 19% of the case burden.
- Females currently represent 51% of cases, while 71% of cases are from the host community.

**Table 5: Summary of linelist, as of 09 February 2025**

State	County	Total cumulative	Percent	Lab confirmed case(s)	RDT positive	RDT positivity	Recoveries	Still admitted	Deaths	Overall I CFR
CES	<b>JUBA</b>	3,144	<b>10.9%</b>	Yes	1,027	93.0%	<b>3,095</b>	6	43	1.4%
CES	TEREKEKA	210	0.7%	Yes	67	70.5%	<b>201</b>	5	4	1.9%
EES	IKOTOS	48	0.2%	Yes	2	16.7%	<b>1</b>	44	3	6.2%
EES	MAGWI	12	0.0%	Yes	9	75.0%	<b>11</b>	0	1	8.3%
JNG	<b>AYOD</b>	147	0.5%	-	11	84.6%	<b>126</b>	8	13	<b>8.8%</b>
JNG	<del>BOB</del> SOUTH	755	2.6%	Yes	69	73.4%	<b>729</b>	15	11	1.5%
JNG	DUK	662	2.3%	-	30	75.0%	<b>645</b>	3	14	2.1%
JNG	<b>FANGAK</b>	762	2.6%	Yes	190	94.1%	<b>720</b>	16	26	<b>3.4%</b>
JNG	<b>PIGI</b>	193	0.7%	Yes	23	100.0%	<b>182</b>	1	10	<b>5.2%</b>
JNG	TWIC EAST	669	2.3%	Yes	9	50.0%	<b>645</b>	5	19	2.8%
LAK	<b>AWERIAL</b>	227	0.8%	Yes	105	90.5%	<b>207</b>	10	10	<b>4.4%</b>
LAK	YIROL EAST	75	0.3%	Yes	13	86.7%	<b>65</b>	6	4	5.3%
LAK	<del>YIROL</del> WEST	37	0.1%	Yes	7	43.8%	<b>32</b>	3	2	5.4%

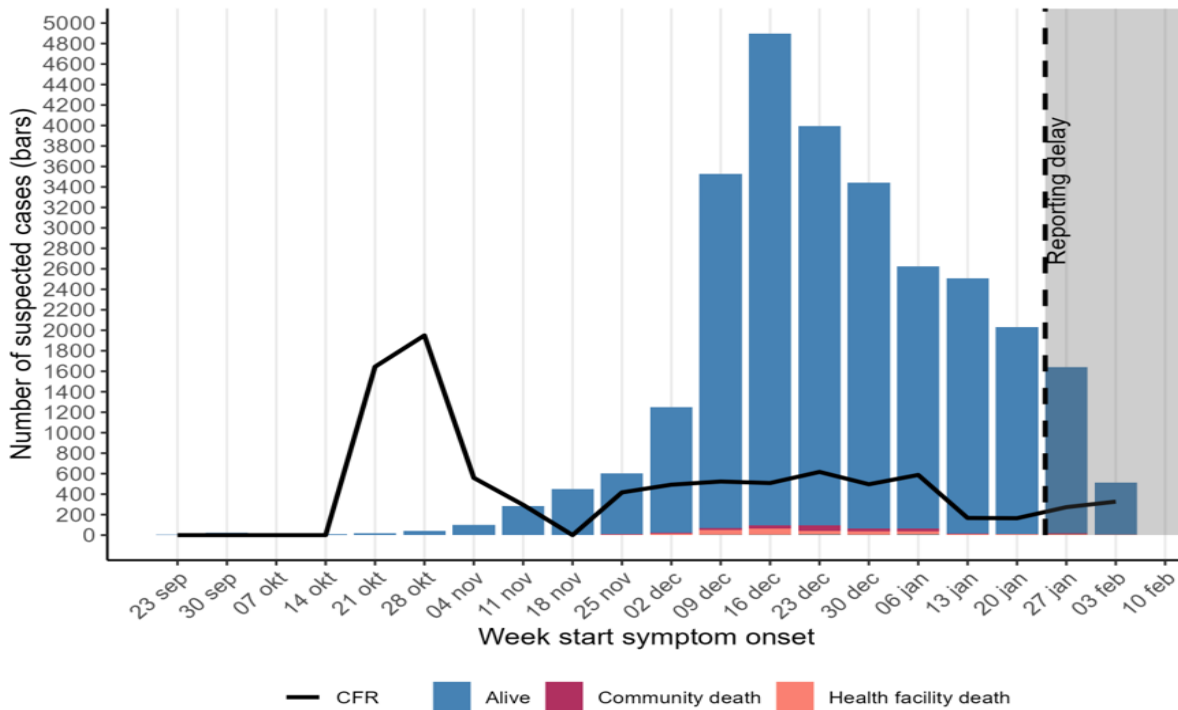


NBGZ	AWEIL CENTRE	827	2.9%	Yes	6	16.2%	818	8	1	0.1%
NBGZ	AWEIL EAST	274	0.9%		1	3.3%	266	5	3	1.1%
NBGZ	AWEIL NORTH	48	0.2%		1	16.7%	47	1	0	0.0%
NBGZ	AWEIL SOUTH	277	1.0%		6	37.5%	276	0	1	0.4%
NBGZ	<del>AWEIL WEST</del>	2,789	9.7%	-	64	40.3%	2,775	12	2	0.1%
RAA	PARIANG	104	0.4%	-	38	37.6%	98	4	2	1.9%
UNI	GUIT	551	1.9%	Yes	106	80.9%	529	8	14	2.5%
UNI	KOCH	79	0.3%	Yes	21	80.8%	54	0	25	31.6%
UNI	LEER	7	0.0%	Yes	6	100.0%	2	5	0	0.0%
UNI	MAYENDIT	2	0.0%	Yes	2	100.0%	2	0	0	0.0%
UNI	MAYOM	3,644	12.6%	Yes	17	94.4%	3,382	174	88	2.4%
UNI	PANYIJAR	78	0.3%	Yes	71	100.0%	64	10	4	5.1%
UNI	RUBKONA	10,840	37.5%	Yes	5,419	97.0%	10,606	50	184	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	1,392	4.8%	Yes	84	17.7%	1,270	116	6	0.4%
UPPER	MANYO	6	0.0%	-	5	100.0%	6	0	0	0.0%
UPPER	PANYIKANG	340	1.2%	Yes	46	100.0%	279	58	3	0.9%
UPPER	RENK	667	2.3%	Yes	185	55.6%	663	1	3	0.4%
UPPER	ULANG	16	0.1%		4	57.1%	16	0	0	0.0%
<b>Total</b>	-	<b>28,900</b>	100.0%	-	7,654	86.7%	27,830	574	<b>496</b>	<b>1.7%</b>

- Majority of the cases 37.5% (n = 10 840 cases) are reported from Rubkona County followed by Mayom County 12.6% (3,644 cases) and Juba County 10.9% (n=).

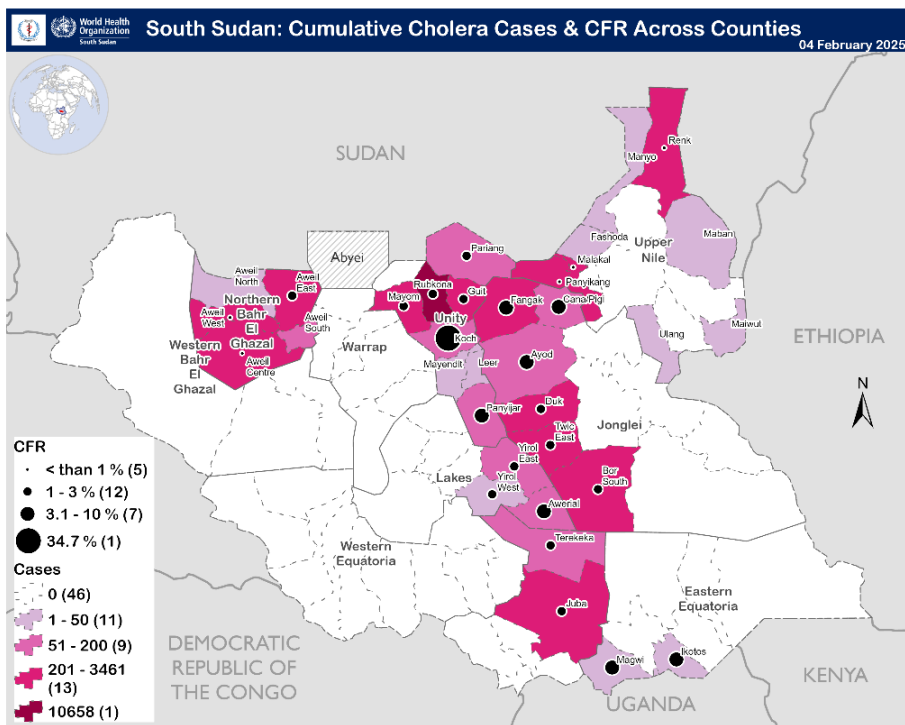
- Out of 496 deaths, the cumulative deaths total 496, while community deaths amount to 233. Health facility deaths: 263. The overall case fatality rate (CFR) is 1.7%. Most deaths occurred amongst males (55%).
- The sustained response by the Ministry of Health and its partners in Malakal has led to a reduction in reported cases.
- The age group with highest case count is 0-4 years (29%).

Figure 7: Epidemic curve and distribution of Cholera Cases in South Sudan by Week, wk39, 2024 to Wk5, 2025



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

Figure 8: Map showing cholera cases and deaths distribution by County of South Sudan updated on 4<sup>th</sup> February 2025



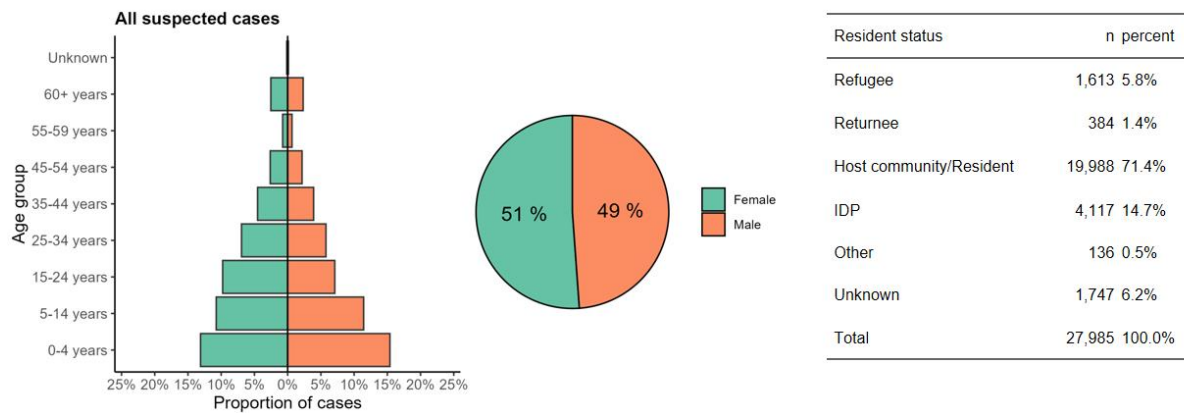
The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area, or its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate boundaries that may be subject to change.

Data Source: WHO South Sudan  
Production Date: 05/02/2025

Map Production: H&M Unit  
WHO South Sudan

0 50 100 200 200  
Kilometers

Figure 9: Graph showing cholera cases distribution by age group, sex and residential status as of 6<sup>th</sup> February 2025



**Next Steps**

- Continue rolling out Oral Cholera Vaccination (OCV) campaigns. Targeted vaccination of cross-border populations between Sudan and South Sudan is critical given the sustained influx of susceptible populations forced by the Sudan crisis.
- Step up Infection Prevention and Control as well as Water/Sanitation Hygiene (IPC/WASH) interventions.
- Plan and conduct post-campaign coverage verification surveys for counties that completed OCV SIAs before recall biases escalate.
- Develop and implement accelerated response plans for cholera control before the rainy seasons set in, in May 2025.

**3. Circulating Vaccine Derived Polio Virus Type 2 (cVDPV2) outbreak**

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 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.

The fourth nOPV2 vaccination campaign is under-way and will be the last of the series approved by the Global Polio eradication Program. As at 7<sup>th</sup> February, administrative data available shows that:

- The campaign started in all states except Northern Bahr Ghazaal, which prioritized Oral Cholera Vaccination response to nOPV2
- Thirteen (13) of the 74 counties where the campaign is said to have started, had not reported into the national immunization monitoring dashboard.
- Cumulative 1,771,158 (879,756 males and 891,402 females) of the 3,467,414 children targeted (51%) had been reached, with 130,951 documented to have received their maiden nOPV2 dose in this campaign round.
- Supportive supervision had recorded 1,676 hits in 60 counties. Notably Upper Nile (352) and Western Equatoria (322) states had the highest supervision hits in the ODK platform being used to monitor the quality of the campaign.

In terms of Acute Flaccid Paralysis (AFP) surveillance response, there were only 5 cases detected in 4 counties. It is envisaged that more AFP cases will be detected during the ongoing nOPV2 campaign. Notably, the completed year (2024) had detected 453 AFP cases (5.96 Non-Polio AFP rate) with 94% stool adequacy meeting all two core Polio surveillance indicators nationwide. Notably, the country had 8 polio compatible cases ahead of completing the classification of all pending AFP cases. The national Polio eradication team only has an ardent task of completing the classification of over 30 pending AFP cases before the Database closure coming in 3 weeks time.

#### 4. Anthrax

- Cumulatively, since 2024, a total of 169 human anthrax cases have been reported from two states: Western Bar El Ghazal (90 cases) and Warrap (79 cases). Of these, one sample tested positive for anthrax at UVRI in Uganda. Among the 169 human cases, three have died, resulting in a case fatality rate (CFR) of 1.8%. However, the data provided here should be interpreted with caution due to under-reporting of anthrax cases.
- Since 2024 up to date: Most of the cases were males, accounting for 112 cases (66.6%), while females accounted for 57 cases (33.3%). Overall, the reported cases range in age from 1 to 57 years. Most cases were in the 15-57 age group, accounting for 77 cases (45.8%), followed by the 10 -14 age group with 36 cases (21.4%), the 5-9 age group with 31 cases (18.4%), and the 0-4 age group with 25 cases (14.8%).
- None of the human cases have a history of previous vaccination, indicating lack of herd immunity. All 169 cases have a history of consuming dead meat. Regarding occupation, the distribution is as follows: farmers accounted for 46 cases (27.4%), Children account for 49 (29.0%) students account for 15 cases (8.9%), housewives for 13 (7.7%) cases, soldiers for 4 (2.4%) cases, a herdsman for 4 (2.4%), and a policeman for 1 (0.6%) case. The occupation for 32 cases was not indicated in the line list.
- All 169 cases presented with fever, itching, swelling, and skin ulcers.
- Majority, 67 (39.6%) of the cases are reported from Kuach North Payam in Warrap State, where there are multiple cattle camps with minimum IPC/WASH services, 28 (16.7%) cases were reported from Wau Bai, 17 (10.1%) were reported from Kuach South, 15 (8.9%) cases were reported from Rocrocdong, 14 (8.3%) cases were reported from Kangi, 14(8.3%) were reported from Marial Bai, while the remaining 13 cases were recorded from three payams (Udici-4, Alek South-2, Wau North-1, Buoi Yar-1, War Ayat-1, Ameth-1 and Unknown-1, Haijihidi-1, Ayaga-1).
- The above data should be interpreted with caution since there is under-reporting of cases of anthrax.

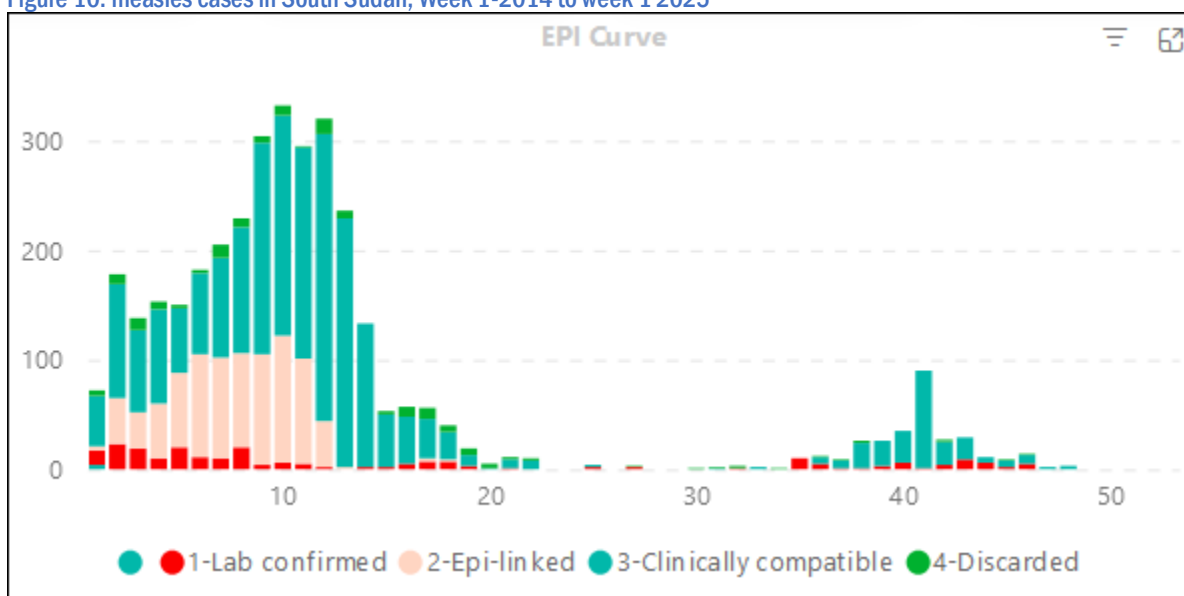
**Table 5: Cumulative Anthrax attack rate in Warrap and Western Bahr EL-Ghazal States by county of S/Sudan; 6<sup>th</sup> Feb 2025.**

County	Frequency	Population	Attack Rate/100000
Jur River	90	245725	36.6
Gogrial West	77	582379	13.2
Gogrial East	1	273977	0.4
Wau	1	208486	0.5
<b>Grand Total</b>	<b>169</b>	<b>1036590</b>	<b>16.3</b>

## 5. 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 10: measles cases in South Sudan; Week 1-2014 to week 1 2025



## Other Events

**Sudan crisis:** As of the end of the year 2<sup>nd</sup> February 2025, a cumulative total of **1 031 977** individuals (529 894 females and 502 083 males) had crossed from 18 different nationalities. Of this number, **69.85% (720 084)** are South Sudanese returnees and 29.6% (305 465) 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.

## Acknowledgments

Thanks to the State Surveillance Officers, Health Cluster partners for sharing the weekly IDSR data. To access the IDSR bulletins for 2025 use the link below: <https://www.afro.who.int/countries/south-sudan/publication/south-sudan-weekly-integrated-disease-surveillance-and-response-bulletin-2025>

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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

