



# South Sudan: Cholera Outbreak Situation Report

Situation report: No. 018

Date of onset of outbreak: 28 September 2024

Reporting date: 01 March 2025

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



**Cholera response** | Cumulative figures from 28 September to 28 February 2025

**34,688**

Cases

**583**

Death

**1.7%**

CFR

## Key Weekly Highlights as of 28 February 2025

- In the past one week, 988 new suspected including 12 deaths were reported from 26 counties.
- From 28 September 2024 to 28 February 2025, there have been 34,688 cases including 583 deaths reported from 39 counties, across 9 states and Ruweng Administrative Area.
- Of the 583 deaths, 52% (306) are health facility deaths and the rest community deaths. The overall case facility rate (CFR) is 1.7% while the health facility CFR is 0.9%.
- Rubkona County in Unity State has reported majority of the cases 33% (11,337), followed by Juba County in Central Equatoria State at 12% (4,297).
- Unity State accounts for the highest burden of cholera cases at 47% (16,421 cumulative cases across 8 counties), followed by Northern Bahr el Ghazal at 16% (5,530 cases across 5 counties).
- Akobo (Jonglei), Nasir and Baliet (Upper Nile), Gongrial West (Warrap), and Jur River (Western Bahr el Ghazal) latest counties reporting suspected cases and deaths.
- The age group with highest case count is 0-4 years (28%), followed by those aged 5-14 years (22%)
- Oral Cholera Vaccination was carried out in 4 counties, immunizing a total of 877,702 individuals during the week, bringing the cumulative number of people vaccinated so far to 3,385,780 (93.4% of the target population).

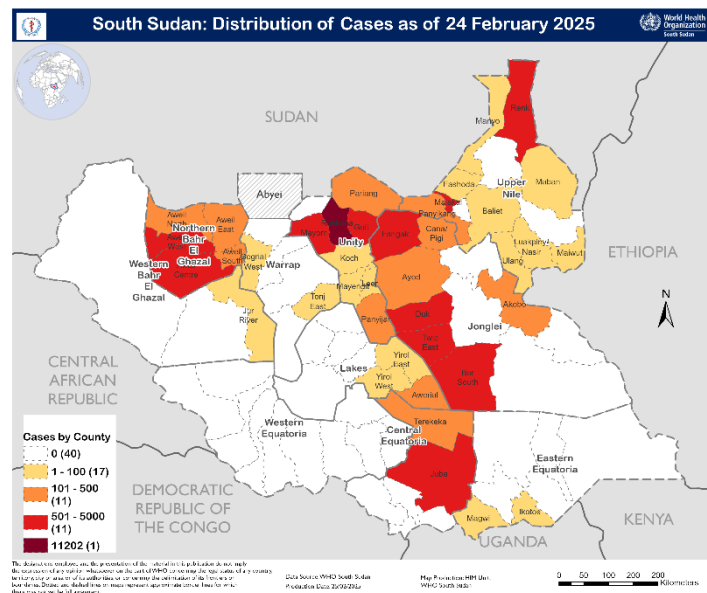


Figure 1: Map showing Cholera affected counties across the country

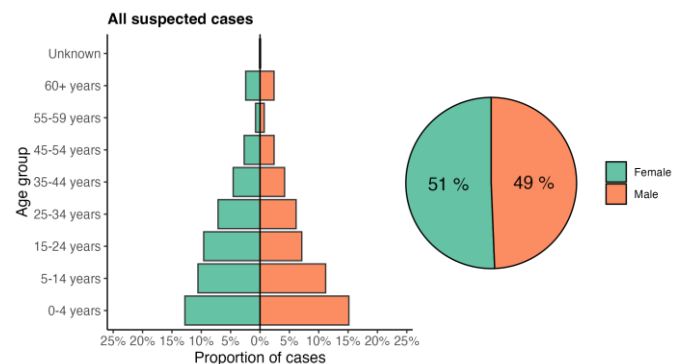


Figure 2: Age-Sex distribution of all suspected and confirmed cholera cases in eight affected counties, 28 February 2025



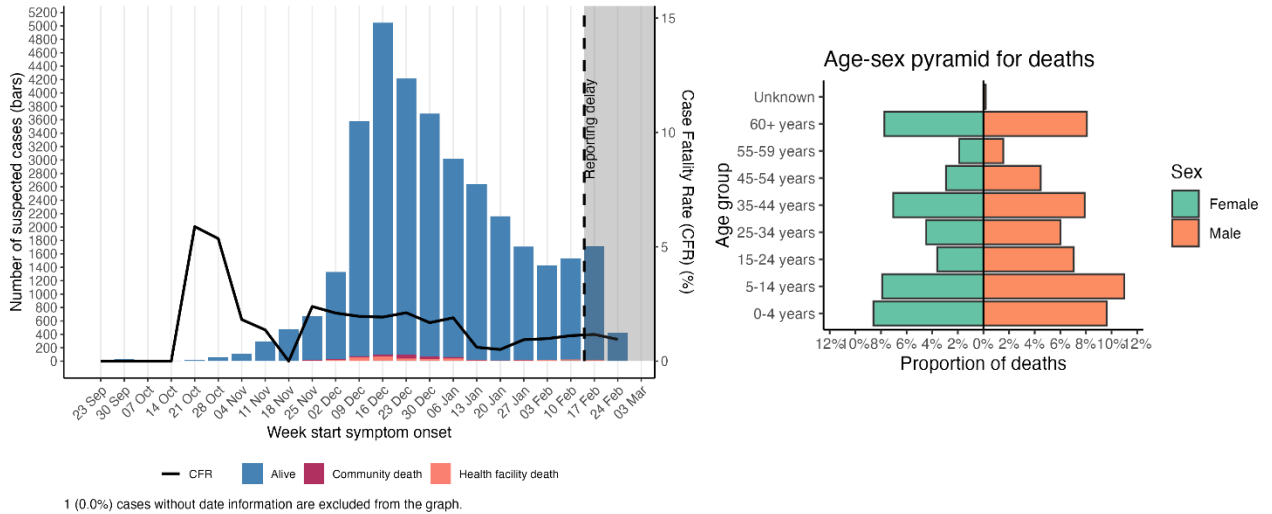


Figure 3: Epi Curve showing Cholera cases and demographics of deaths in the affected counties by week as of 28 February 2025

- A total of 583 deaths have been recorded
- Most deaths were among people aged 5-14 years (19%), followed by the age group 0-4 years (18%)
- Men constitute 56% of the total deaths

### Akobo

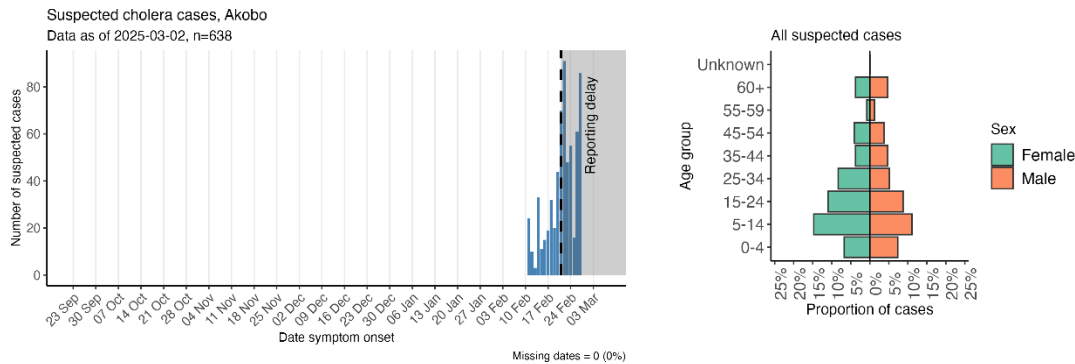


Figure 4: Epi Curves and age and sex distribution in Akobo, as of 28 February 2025

- Overall, 638 cases and 8 deaths have been reported (2% and 1% of nationwide total, respectively)
- 98% of cases are reported as severe dehydration, compared to the national average of 61%
- The most affected age group is 5-14 years (26%)
- The most affected payams are Bilkey (66%), and Gakdong (15%)
- The health facility reporting most cases is Akobo (100%)



## Mayom

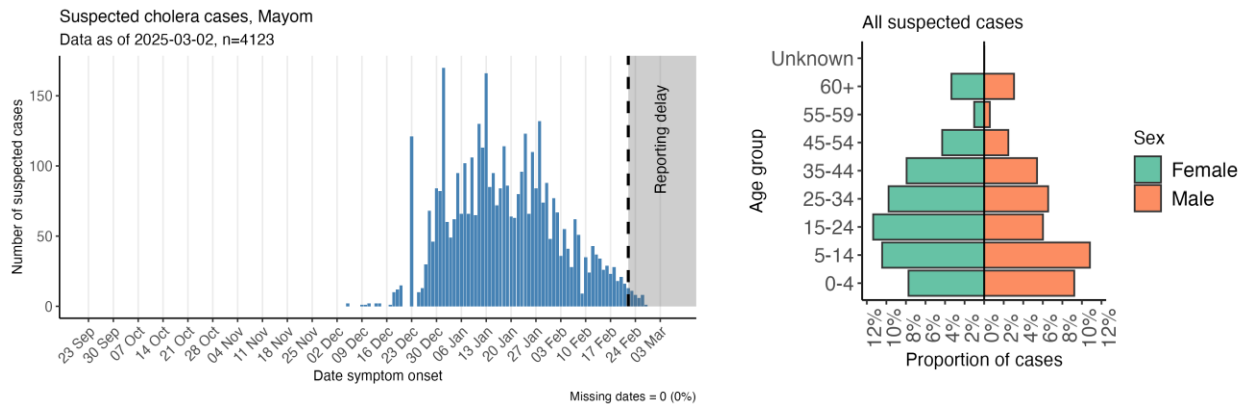


Figure 5: Epi Curve and age and sex distribution in Mayom County, as of 28 February 2025

- Overall, 4123 cases and 91 deaths have been reported (12% and 16% of nationwide total, respectively)
- 85% of cases are reported as severe dehydration, compared to the national average of 61%
- The most affected age group is 5-14 years (21%)
- The most affected payams are Wangkei (81%), and Kuerbuone (8%)
- The health facility reporting most cases is Jioknyang CTU (31%)

## Juba

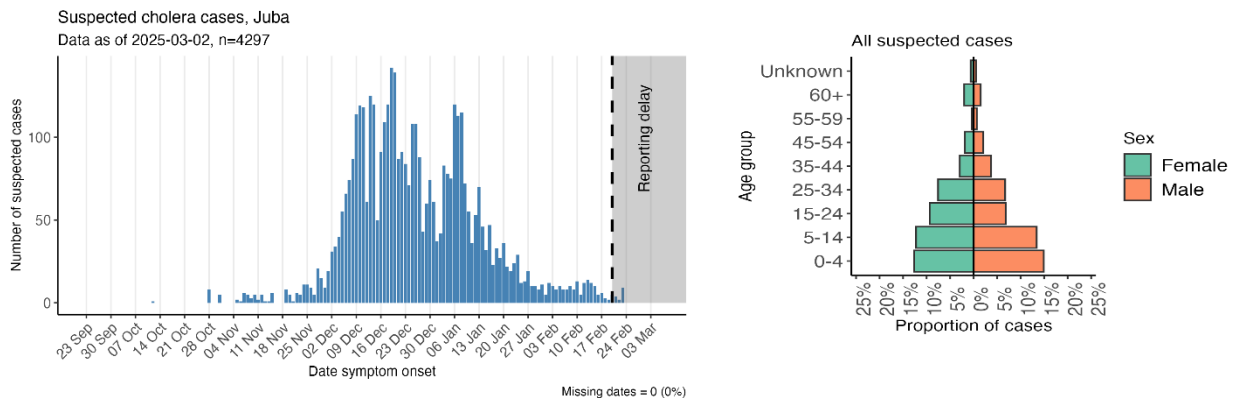


Figure 6: Epi Curve and age and sex distribution in Juba County, as of 28 February 2025

- Overall, 4297 cases and 64 deaths have been re-reported (12% and 11% of nationwide total, respectively)
- 58% of cases are reported as severe dehydration, compared to the national average of 61%
- The most affected age group is 0-4 years (26%)
- The most affected payams are Rajaf (66%), and Luri (17%)
- The health facility reporting most cases is PoC (34%)



## Aweil West

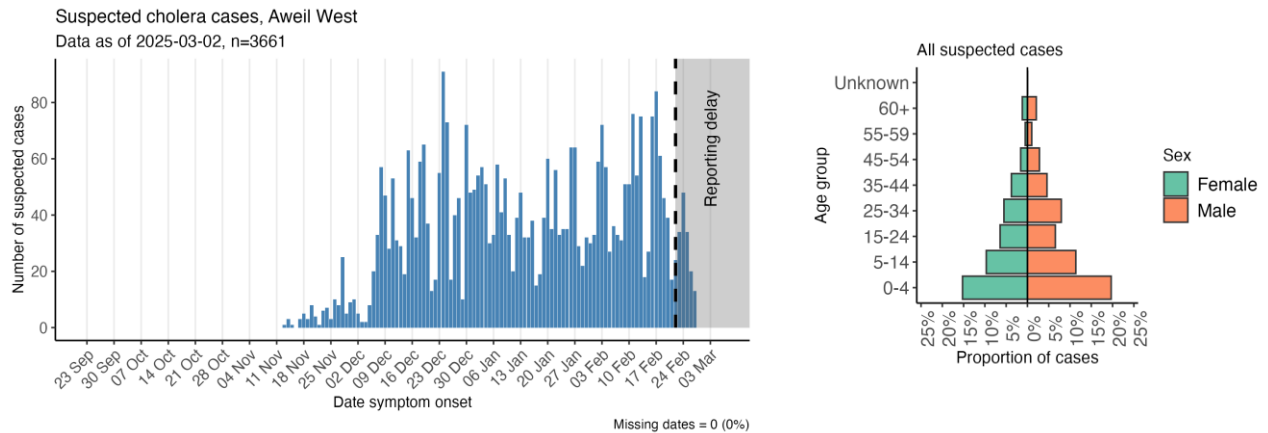


Figure 7: Epi Curve and age and sex distribution in Aweil West County, as of 28 February 2025

- Overall, 3661 cases and 2 deaths have been reported (11% and 0% of nationwide total, respectively)
- 7% of cases are reported as severe dehydration, compared to the national average of 61%
- The most affected age group is 0-4 years (35%)
- The most affected payams are Gomjuer east (73%), and Mariem east (11%)
- The health facility reporting most cases is IRC Emergency Health Clinic -Wedweil (77%)

## Koch

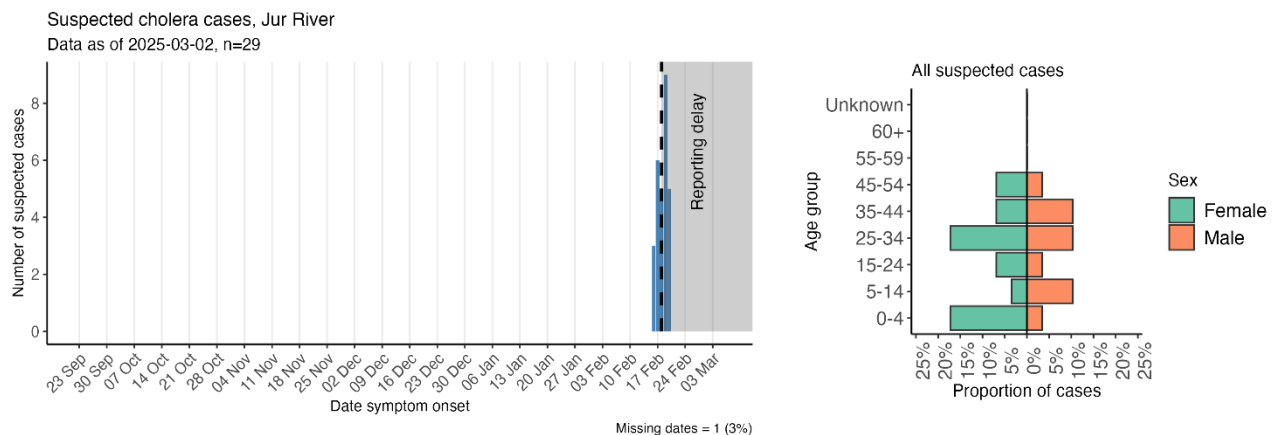


Figure 7: Epi Curve and age and sex distribution in Koch County, as of 28 February 2025

- Overall, 29 cases and 3 deaths have been reported (0% and 1% of nationwide total, respectively)
- 36% of cases are reported as severe dehydration, compared to the national average of 61%
- The most affected age group is 25-34 years (28%)
- The most affected payams are Wau baai (100%), and no other payam (0%)
- The health facility reporting most cases is Tharkueng (72%)

## Background

Due to the ongoing cholera outbreak in Sudan, north of South Sudan, and widespread flooding affecting large parts of the South Sudan, the Ministry of Health with support from WHO has been actively preparing for potential cholera outbreak in South Sudan, particularly in Upper Nile State that is witnessing a significant influx of returnees and refugees because of the protracted conflict in Sudan.

On 28 September 2024, the Ministry of Health received a report of two suspected cases of cholera from Wunthou Primary Health Care Center. Samples from the two suspected cholera cases were collected and immediately shipped to the National Public Health Laboratory (NPHL) in Juba on 30<sup>th</sup> September 2024. The two samples were tested using culture and one of the samples tested positive confirming *Vibrio cholerae* O1.

The Ministry of Health immediately planned to establish evidence of local transmission including deployment of a team to Renk to conduct an initial outbreak investigation, active case search, collect additional samples and ship to the NPHL for further confirmatory testing. As a result, additional 19 and 5 samples were received by the NPHL on 17<sup>th</sup> October 2024 and 18<sup>th</sup> October 2024 (total of 24 samples) respectively. Out of the total of 24 samples tested at the NPHL, 5 similarly tested positive for *Vibrio cholerae* O1 using culture.

Based on the confirmed cholera cases and sufficient evidence of local transmission, the Ministry of Health declared an outbreak of cholera in Renk County, Upper Nile State, South Sudan and immediately activated the public health emergency operations center to response mode with establishment of an incident management system to coordinate multi-sectoral response and ensure effective response interventions are put in place to control and prevent further spread of cholera.

## Key Interventions

### Coordination

- Ministry of Health has activated the multisectoral coordination platform at national level and at state levels for effective cholera preparedness and response. Multidisciplinary RRTs have been established at state and county levels, supported by the Ministry of Health and WHO.
- Cross-border coordination between the ministries of health in Sudan and South Sudan is ongoing and similarly between WHO country offices.
- Regular coordination meetings were held in states reporting cholera cases to align partners' activities. Similarly, weekly multisectoral coordination meetings led by the SMOH, with participation from Health, WASH, and Nutrition Clusters was held in Rubkona and Malakal, and in Jonglei, Northern Bahr el Ghazal, and Lakes states, task force meetings continue to be held.

### Surveillance

- Lakes State: Active and passive surveillance are ongoing. Case investigations were conducted in affected areas. Health workers were oriented on cholera case definitions, which were distributed to health facilities. WHO deployed county RRTs and one national RRT.



- NBeG State: County and State Rapid Response Teams, supported by WHO, conducted field verification over two weeks. Routine surveillance continues in five counties. Boma Health Workers are urged to report suspected cases, while community nutrition volunteers enhance case reporting.
- Renk: Surveillance expanded to unofficial entry points due to increasing refugee arrivals, particularly unvaccinated individuals from Sudan.
- Jonglei State: Active case searches continue. Sixty case definitions were distributed. WHO supporting Cholera surveillance.
- Upper Nile State: Suspected cholera cases were reported in Melut for the first time. Cases have declined in Malakal and Panyikang but increased in Baliet, Ulang, and Nasir. Insecurity is hindering surveillance and sample transport.

### Laboratory

- Jonglei State: 22 samples from Akobo East were sent to Juba for testing.

### Case management

- Lakes State: Aweril has four ORPs and one CTC, Yirol East has four ORPs and two CTCs, and Yirol West has two ORPs and one CTC. CUAMM employed doctors, nurses, and cleaners and supplied drugs to health facilities and CTCs in Greater Yirol. WHO provided kits for ORPs.
- NBeG State: IRC and MSF are managing cholera cases, with designated ORPs providing support. In addition, HealthNet TPO and Concern Worldwide are assisting in Kiir Adem. HFO is supporting one CTU and four ORPs in Aweil East.
- Jonglei State: Tearfund, MSF, and Save the Children support case management. Three treatment centers are operational in Akobo East, alongside seven ORPs. WHO has provided eighty-two cartons of cholera kits.
- Malakal: ORPs are needed in Baliet, Ulang, and Nasir, but partners lack capacity. WHO supported Malakal Teaching Hospital CTU with supplies and staff incentives.

### Infection Prevention & Control/WASH

- Lakes State: HELP Germany is supporting WASH activities. IRC provided 30 cartons of soap. SSRC provided soap, buckets, aqua taps, and repaired a borehole in Yirol West.
- NBeG State: NCA distributed WASH items in Wedweil and Maper West in Aweil town. Boreholes were rehabilitated, and ACF provided support in Aweil East.
- Renk: Water trucking and hygiene promotion continued in Bobnis, Jerbana, and transit centers. Emergency latrines were constructed, but water shortages persist. Open defecation remains a concern.
- Jonglei State: Medair deployed teams to Ayod County for hygiene promotion, targeting 9,000 people. NRC improved WASH infrastructure at Bor Hospital's Cholera Treatment Center.
- Malakal: WASH teams distributed 1,800 NFIs in Panyikang, with 500 more planned. Water supply continued, and six communal toilets were under construction.

### Risk Communication & Community Engagement (RCCE)

- Lakes State: Community sensitizations are ongoing. UNICEF provided funds for community advocacy and sensitization. Leaflets on cholera were distributed. UNICEF, ICAP, SSRC, and AFENET support awareness in affected counties.
- NBeG State: The Women Empowerment Centre leads awareness sessions in five counties. Home hygiene promoters educate refugees in Wedweil settlement. South Sudan Red Cross deployed five members to conduct cholera awareness in Kiir Adem.



- Renk: MSF and Oxfam continued health and hygiene promotion. Cholera prevention messages were disseminated, and handwashing stations were established.
- Jonglei State: Save the Children received cholera awareness materials. Community engagement efforts focus on hygiene practices and cholera prevention in Akobo East.
- Malakal: Community mobilization reached 3,671 people in high-risk areas with cholera prevention messages.

### Oral Cholera Vaccination (OCV)

- Oral Cholera Vaccination was carried out in 4 counties, immunizing a total of 877,702 individuals during the week, bringing the cumulative number of people vaccinated so far to 3,385,780 (93.4% of the target population).
- Over 1.1 million doses have been approved for Terekeka, Yirol East, Yirol West, Awerial, Guit, Panyikang, Koch and Renk
- Lakes State: Coordination meetings at the state and county levels are ongoing. SIAs subcommittees have been activated. Team selection and cold chain inventory have been completed.
- NBeG State: The OCV campaign achieved high coverage, with: Aweil West (99.6%), Aweil Center (141.1%), Aweil North (98.5%), Aweil South (114.2%), Aweil East (94.6%).
- Renk: 118,400 OCV doses were received, but vaccination activities have not started due to funding shortages.
- Jonglei State: The OCV campaign is ongoing in Fangak, Twic East, Ayod, Pigi, and Duk. A micro-plan for Akobo East was developed.
- Malakal: A vaccination campaign for new arrivals began at Bulukat Transit Center.
- For more information on the ongoing Oral Cholera Vaccination campaigns herein is the link for the [dashboard](#).

### Logistics and supplies

- Renk: The WHO field office received 10.5mt medical supplies from UNHAS for 120,000 people over three months, including IEHK 2017 and cholera kits. One trauma kit and nine tents for new border facilities were received.

### Challenges

- The continued influx of refugees and returnees at unsupervised entry points, including Bobnis, Atam, and Dukduk, has strained resources
- Limited/over stretched health partners providing cholera response, especially in hard-to-reach areas. Response teams, including Rapid Response Teams (RRTs), are stretched thin due to the scale of the outbreak and competing public health priorities.
- Limited funding and resources constrain the ability to scale up response efforts, including case management, WASH interventions, and vaccination campaigns
- Logistical challenges as the outbreak is spreading into hard-to reach areas where distribution of supplies

### Recommendations



- Minimizing the time from vaccine arrival to on-the-ground deployment by engaging partners early and optimizing logistics for vaccine distribution, especially for hard-to-reach areas.
- Scaling up investment in water, sanitation, and hygiene (WASH) infrastructure, especially in crowded IDP camps or temporary settlements to ensure sufficient supply of safe water, availability of latrines, and promotion of good hygiene practices.
- Active political advocacy, strong community engagement, and proactive resource mobilization at both national and sub-national levels is vital to ensure a coordinated, and effective response

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