# South Sudan: Cholera Outbreak Situation Report

**Situation report: No. 020**

**Date of onset of outbreak: 28 September 2024**

**Reporting date: 15 March 2025**

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

**Cholera response |** Cumulative figures from 28 September to 14 March 2025

| 39,932 | Cases | 691 | Death | 1.7% | CFR |
|---|---|---|---|---|---|

## Key Weekly Highlights as of 14 March 2025

- In the past week, 1,094 new suspected cases, including 16 deaths, were reported from 31 counties.
- From 28 September 2024 to 14 March 2025, 39,932 cases, including 691 deaths, have been reported from 41 counties across 9 states and two administrative areas (Ruweng and Greater Pibor).
- Of the 691 deaths, 50.5% (349) occurred in health facilities, while the rest were community deaths. The overall case fatality rate (CFR) is 1.7%, while the health facility CFR is 0.9%.
- Rubkona County in Unity State has reported the majority of cases—29% (11,552)—followed by Juba County in Central Equatoria State at 11% (4,382).
- Unity State accounts for the highest burden of cholera cases at 43% (17,233 cumulative cases across 7 counties), followed by Northern Bahr el Ghazal at 17% (6,717 cases across 5 counties).
- Pibor County in Greater Pibor Administrative Area is the latest county reporting cholera cases. At least 7 RDT positive cases have been reported.
- The age group with the highest case count is 0-4 years (28%), followed by those aged 5-14 years (22%). Females currently represent 51% of cases.
- Campaign completed in 12 out of the initial 16 Counties. So far, over 3.7 million people have been reached achieving 92.3% coverage. The campaign in Terekeka was launched on Friday, 14th March, 2025.

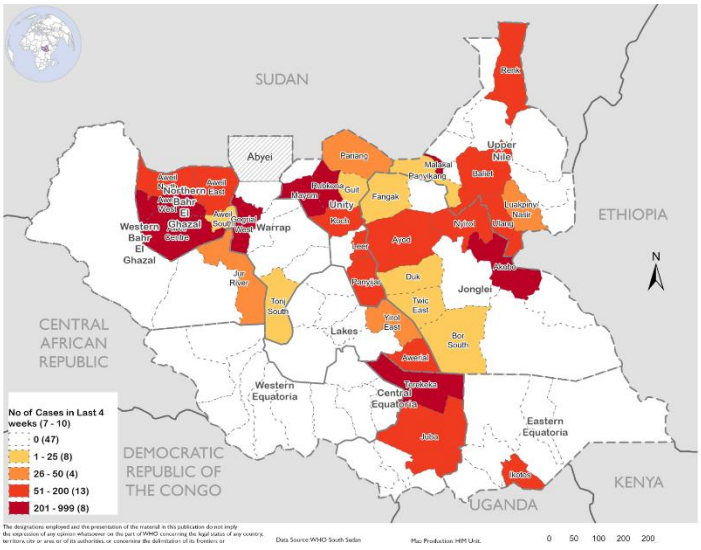


*Figure 1: Map showing Cholera affected counties across the country*

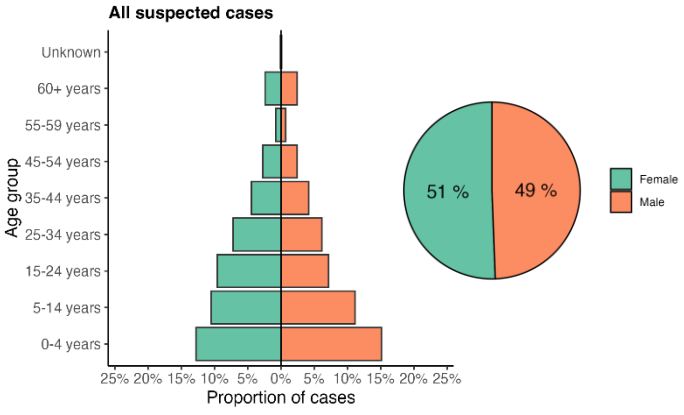


*Figure 2: Age-Sex distribution of all suspected and confirmed cholera cases in eight affected counties, 14 March 2025*

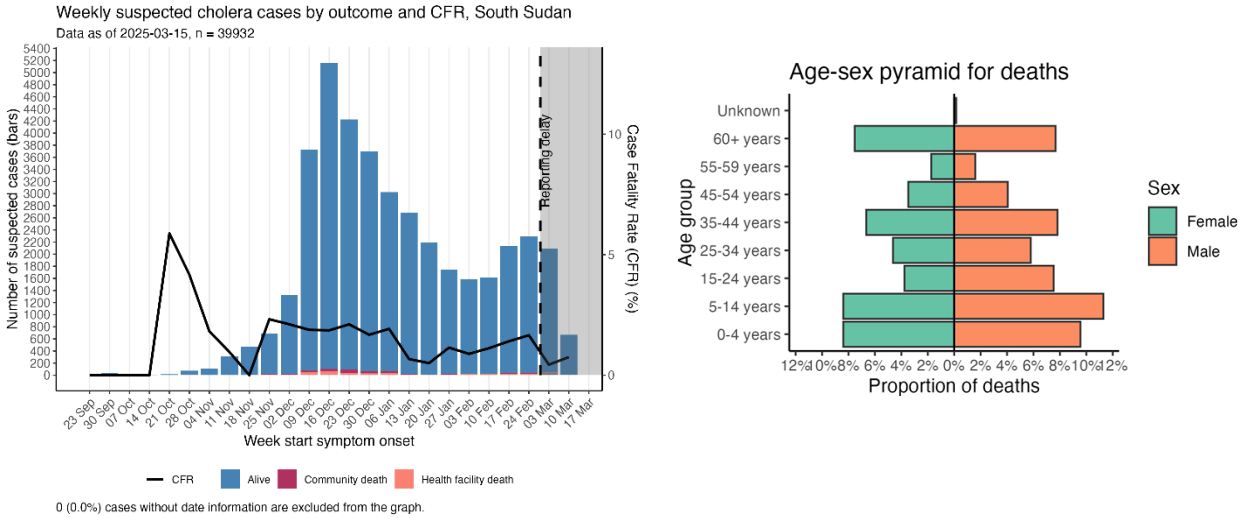


*Figure 3: Epi Curve showing Cholera cases and demographics of deaths in the affected counties by week as of 14 March 2025*

- A total of 691 deaths have been recorded
- Most deaths were among people aged 5-14 years (20%), followed by the age group 0-4 years (18%)
- Men constitute 55% of the total deaths

## Akobo

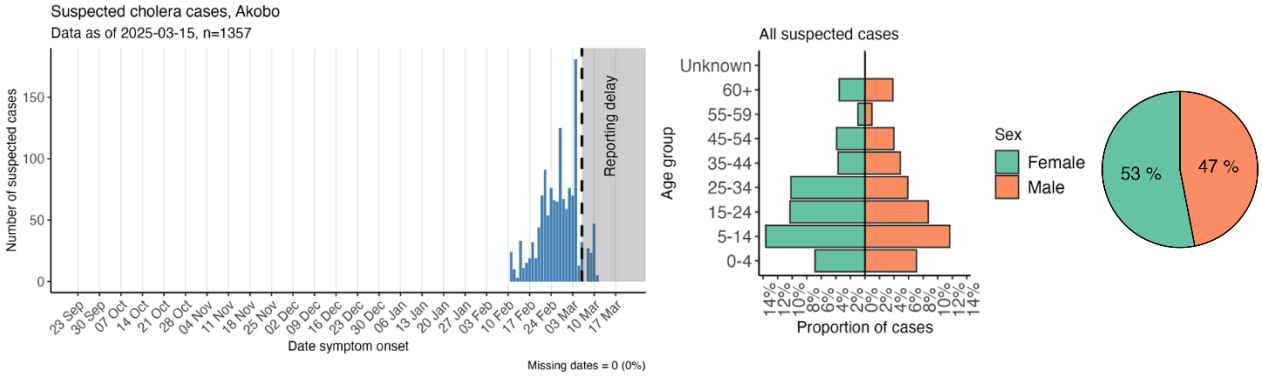


*Figure 4: Epi Curves and age and sex distribution in Akobo, as of 14 March 2025*

- Overall, 1357 cases and 15 deaths have been reported (3% and 2% of nationwide total, respectively)
- 94% of cases are reported as severe dehydration, compared to the national average of 60%
- The most affected age group is 5-14 years (25%)
- The most affected payams are Bilkey (65%), and Gakdong (18%)
- The health facility reporting most cases is Akobo County Hospital (99%)

## Jur River

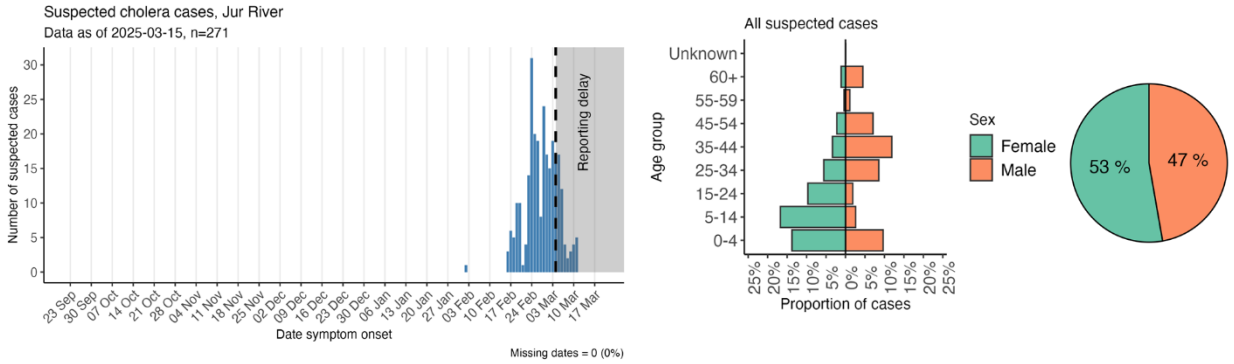


*Figure 5: Epi Curve and age and sex distribution in Jur River County, as of 14 March 2025*

- Overall, 271 cases and 0 deaths have been reported (1% and 0% of nationwide total, respectively)
- 63% of cases are reported as severe dehydration, compared to the national average of 60%
- The most affected age group is 0-4 years (23%)
- The most affected payams are Wau bai (99%), and Kuajena (0.4%)
- The health facility reporting most cases is Tharkueng (96%)

## Nyirol

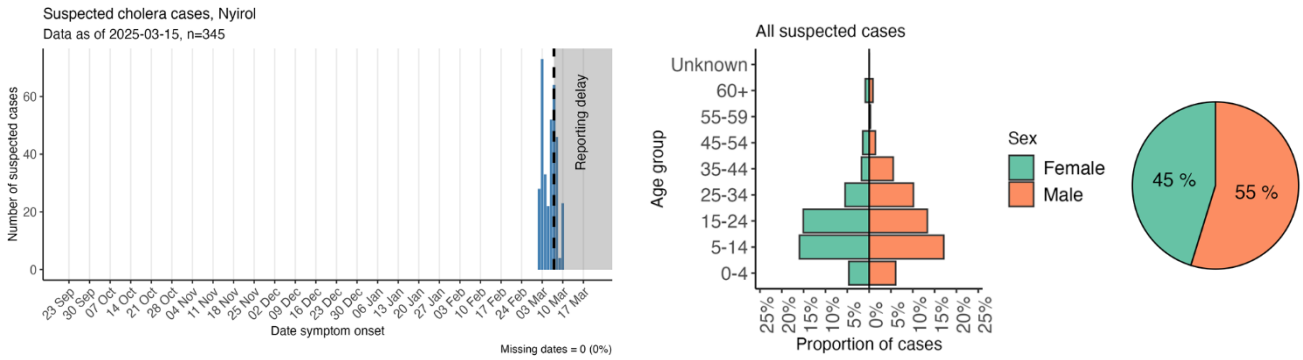


*Figure 6: Epi Curve and age and sex distribution in Nyirol County, as of 14 March 2025*

- Overall, 345 cases and 29 deaths have been reported (1% and 4% of nationwide total, respectively)
- 90% of cases are reported as severe dehydration, compared to the national average of 60%
- The most affected age group is 5-14 years (33%)
- The most affected payams are Chuil (82%), and Thol (17%)
- The health facility reporting most cases is Chuil PHCC (92%)

## Ulang

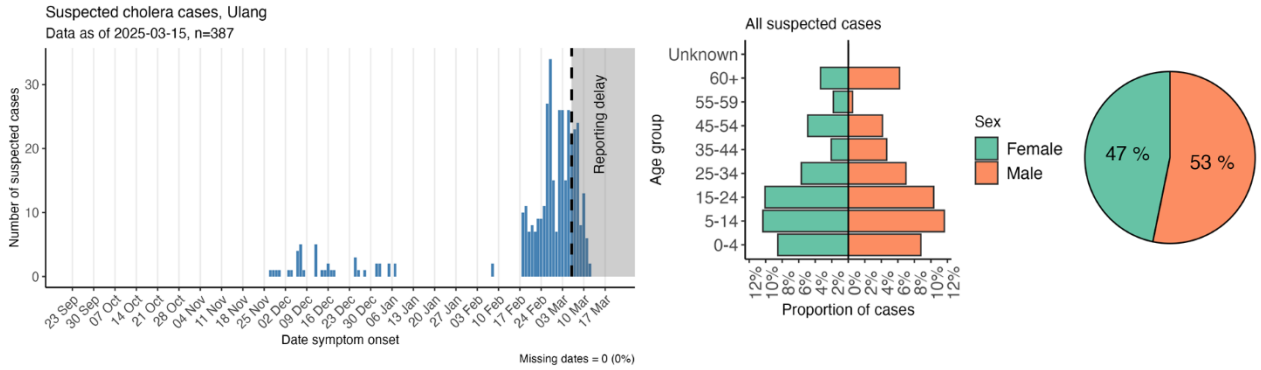


*Figure 7: Epi Curve and age and sex distribution in Ulang County, as of 14 March 2025*

- Overall, 387 cases and 3 deaths have been reported (1% and 0% of nationwide total, respectively)
- 56% of cases are reported as severe dehydration, compared to the national average of 60%
- The most affected age group is 5-14 years (22%)
- The most affected payams are Ulang (52%), and Yomding (17%)
- The health facility reporting most cases is Ulang CTC/CTU (100%)

## Luakpiny/Nasir

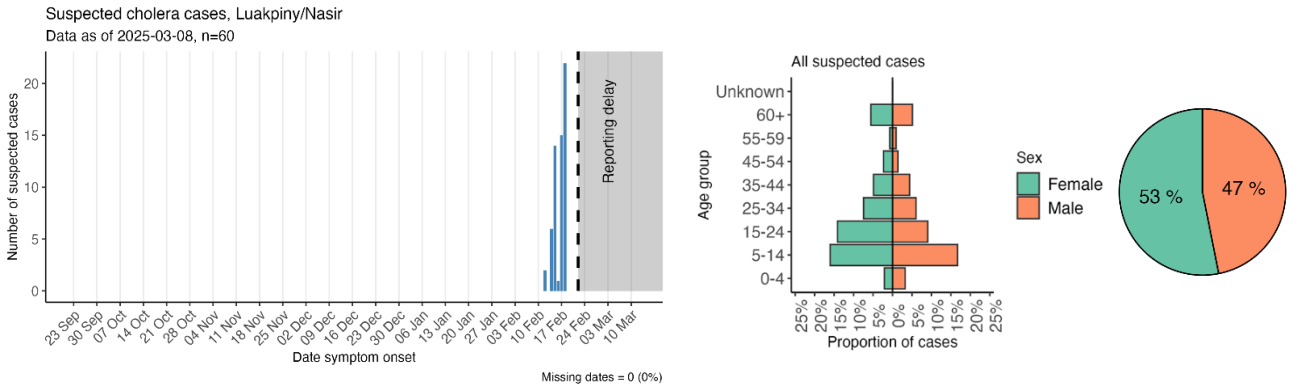


*Figure 8: Epi Curve and age and sex distribution in Luakpiny/Nasir County, as of 14 March 2025*

- Overall, 431 cases and 20 deaths have been reported (1% and 3% of nationwide total, respectively)
- 37% of cases are reported as severe dehydration, compared to the national average of 60%
- The most affected age group is 5-14 years (33%)
- The most affected payams are Jikmir (35%), and Kuerenge-ke (29%)
- The health facility reporting most cases is Jikmir PHCC (42%)

## 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 30th September 2024. The two samples were tested using culture and one of the samples tested positive confirming Vibrio cholerae O1.

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

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

## Key Interventions

### Coordination

- Ministry of Health has activated the multisectoral coordination platform at national level and at state levels for effective cholera preparedness and response. 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 are held in cholera-affected states. Weekly multisectoral coordination meetings are led by State Ministries of Health (SMoH) in Rubkona and Malakal, with participation from Health, WASH, and Nutrition Clusters. Task force meetings are ongoing in Jonglei, Northern Bahr el Ghazal, Lakes, and Western Bahr el Ghazal.

### 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 RRTs deployed. Retrospective line listing in Aweil Centre completed. Routine surveillance active in five counties; BHWs and community volunteers urged to report cases.
- Renk: Surveillance activated at official/unofficial PoEs. Ongoing surveillance in Renk County Hospital CTU, Wunthou CTU, and informal entry points. Supervision of 2 health facilities continues.
- Jonglei State: Nyirol County is the new county reporting Cholera cases in the state while Pibor County is the latest county reporting cases in Greater Pibor Administrative Area.
- 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. Suspected cholera outbreak in Longichuk County, Upper Nile (but no lab confirmation).

### Laboratory

- WBeG: Six samples tested at NPHL; one positive, totaling three confirmed cases.
- Jonglei: 22 samples from Akobo East tested, 13 culture positive.
- NBeG: 12 positive cases confirmed in Week 9. Testing coverage low due to RDT shortages; staff retraining conducted.

### Case management

- Lakes State: Awerial 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, MSF, Concern Worldwide, and HFO managing CTUs and ORPs across counties. MSF handed over Maper CTU to CHD but continues support.
- 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.
- WBEG State: CordAid deployed 14 health workers to Tharkueng CTC. Wau Hospital managing additional cases. Major gaps include lack of ORPs, inadequate PPE, medical equipment, and staff.

### Infection Prevention & Control/WASH

- Renk: Ongoing CATI led by MSF-B and Solidarité International. Water trucking and hygiene promotion in transit centers by partners, but water supply and sanitation in host communities remain inadequate.
- WBeG State: 1,800 households received WASH NFIs, six boreholes repaired. IPC activities include cleaning, chlorine use, handwashing stations. Gaps persist in water supply and chlorine stock.
- Lakes State: HELP Germany renovated five water points in Mingkaman, providing safe drinking water. The IRC distributed 30 cartons of soap and SSRC provided buckets, aqua tabs, and rehabilitated a borehole in Yirol West.
- NBeG: NCA distributed IPC/WASH NFIs, hand pump spare parts delivered, WASH support ongoing in Kiir Adem and Malek Miir.

### Risk Communication & Community Engagement (RCCE)

- Community sensitization ongoing through radio talk shows and jingles on cholera prevention and response. However, media coverage remains limited, with Voice of Hope broadcasts not reaching all affected areas. Plans are in place to engage Radio Miraya.
- Hygiene promotion efforts continue across all affected areas, with distribution of IEC materials and community sensitization sessions.

### Oral Cholera Vaccination (OCV)

- Campaign completed in 12 out of the initial 16 Counties. Two Counties (Juba, and Pigi) are expected to complete within this week. So far, over 3.7 million people have been reached achieving 92.3% coverage. The campaign in Terekeka was launched on Friday, 14th March, 2025 and vaccination continued immediately afterwards.
- The campaign is planned for additional 10 Counties beginning this week (Terekeka, Guit, Koch, Leer, Renk, Awerial, Yirol East, Yirol West, Ikotos and Panyikang).
- Over 6.8 million vaccines have been approved for South Sudan. Over 1.7 million doses have newly been approved for Akobo, Baliet, Panyijiar, Jur River, Gongrial West, Nasir, Ulang and Nyirol counties.
- For more information on the ongoing Oral Cholera Vaccination campaigns herein is the link for the dashboard.

### Logistics and supplies

- Renk: WHO field office received 10.5MT medical supplies for 120,000 people. Distribution includes cholera kits, IEHK modules, trauma kits, and nine tents. Surveillance vehicle supported with one motorcycle.
- WBeG: Supplies (cholera kits, tents, PPE) en route. CORDAID facilitating transportation.

### Challenges

- Continued refugee influx at unsupervised PoEs, stretching resources (notably Renk).
- Limited funding, logistics constraints, overstretched health partners and RRTs.
- Fuel shortages affecting surveillance and ambulance mobility (notably WBeG).
- Inadequate WASH infrastructure in IDP camps and transit centers.
- Delays in delivery of essential supplies, particularly cholera kits and RDTs.

### Recommendations

- Urgently fast-track delivery and deployment of cholera supplies and vaccines, prioritizing underserved and hard-to-reach areas.
- Strengthen WASH infrastructure, especially boreholes, latrines, and handwashing facilities.
- Expand community sensitization campaigns and ensure staff incentives.
- Mobilize additional funding and advocate for strong community engagement to sustain response efforts.

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