South Sudan: Cholera Outbreak Situation Report

Situation report: No. 019
Date of onset of outbreak: 28 September 2024
Reporting date: 08 March 2025
Data Source: State Ministry of Health and National Public Health Laboratory

Cholera response | Cumulative figures from 28 September to 07 March 2025

36,728	Cases	624	Death	1.7%	CFR

Key Weekly Highlights as of 07 March 2025

- In the past week, 1,252 new suspected cases, including 23 deaths, were reported from 22 counties.
- From 28 September 2024 to 07 March 2025, 36,728 cases, including 624 deaths, have been reported from 40 counties across 9 states and the Ruweng Administrative Area.
- Of the 624 deaths, 50.5% (315) 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—31% (11,444)—followed by Juba County in Central Equatoria State at 12% (4,343).
- Unity State accounts for the highest burden of cholera cases at 46% (16,856 cumulative cases across 7 counties), followed by Northern Bahr el Ghazal at 16% (5,963 cases across 5 counties).
- Nyirol County in Jonglei State is the latest county reporting cholera cases. At least 200 suspected cases and 11 deaths 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.
- Oral cholera vaccination campaigns have been completed in 12 counties and are ongoing in 4 counties, with plans to conduct campaigns in six others. So far, over 3.6 million people have been reached.

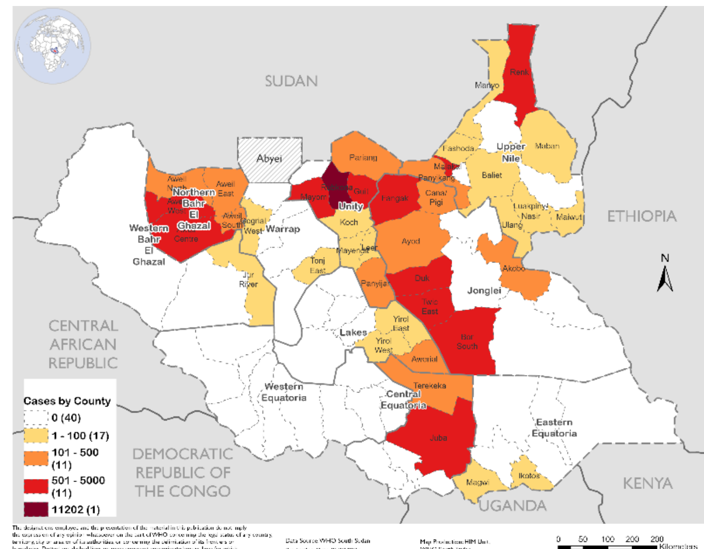

Figure 1: Map showing Cholera affected counties across the country

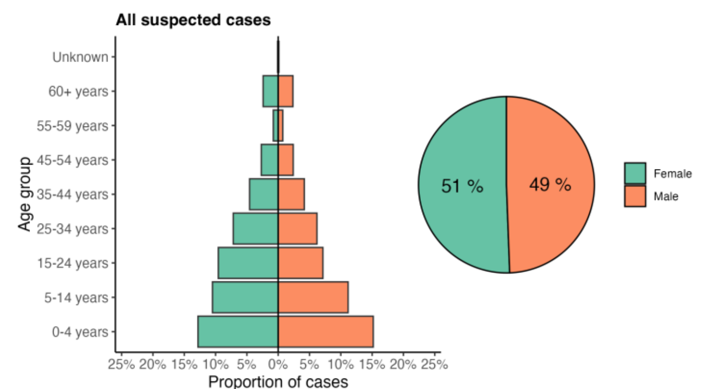

Figure 2: Age-Sex distribution of all suspected and confirmed cholera cases in eight affected counties, 07 March 2025

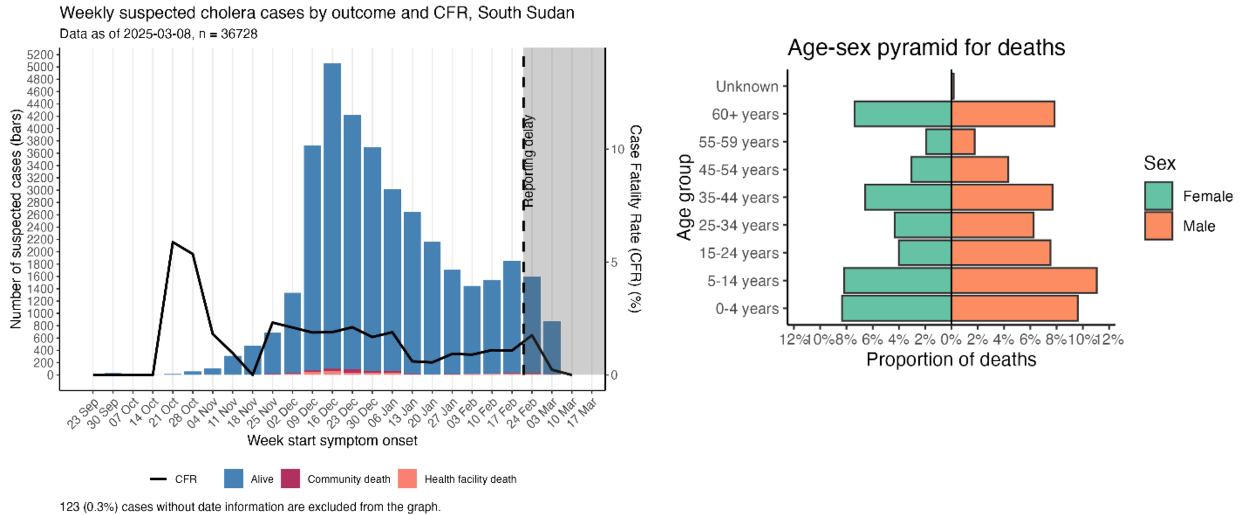

Figure 3: Epi Curve showing Cholera cases and demographics of deaths in the affected counties by week as of 07 March 2025

- A total of 624 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

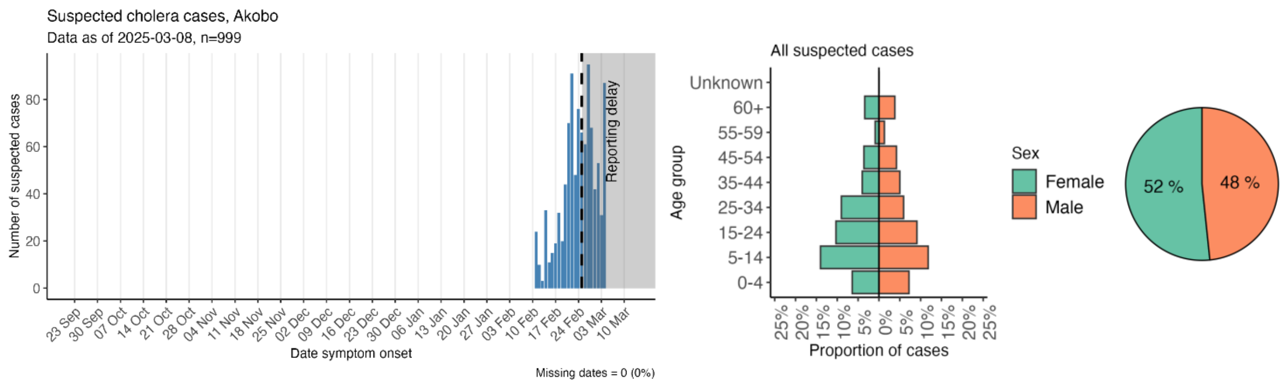

Figure 4: Epi Curves and age and sex distribution in Akobo, as of 07 March 2025

- Overall, 999 cases and 10 deaths have been reported (3% and 2% of nationwide total, respectively)
- 99% 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 (68%), and Gakdong (17%)
- The health facility reporting most cases is Akobo (100%)

Jur River

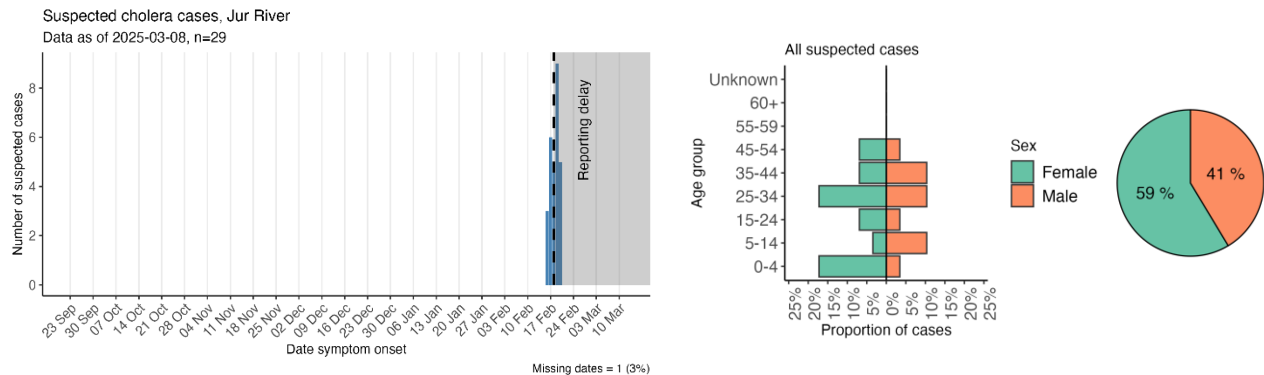

Figure 5: Epi Curve and age and sex distribution in Jur River County, as of 07 March 2025

- Overall, 29 cases and 3 deaths have been reported (0% and 0% 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%)
- All reported cases are from Wau Bai payam (100%)
- The health facility reporting most cases is Tharkueng (72%)

Nyirol

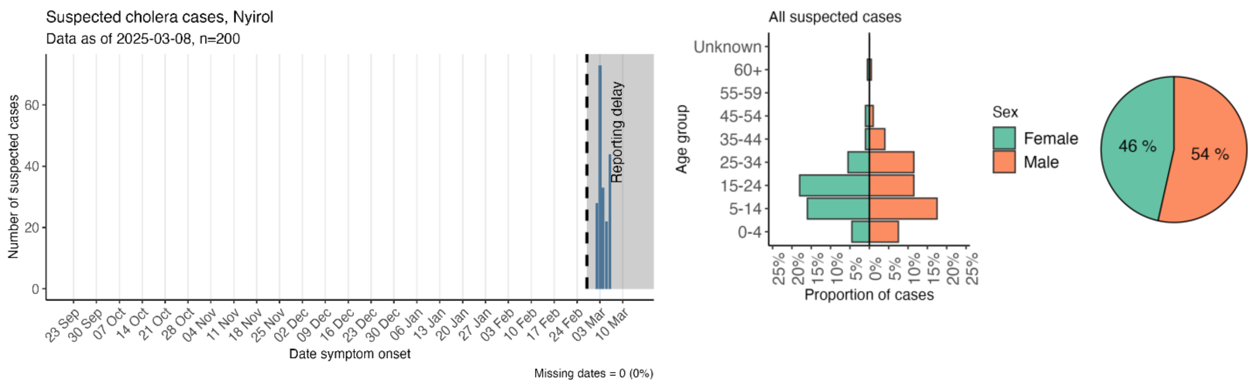

Figure 6: Epi Curve and age and sex distribution in Nyirol County, as of 07 March 2025

- Overall, 200 cases and 11 deaths have been reported (1% and 2% of nationwide total, respectively)
- 90% of cases are reported as severe dehydration, compared to the national average of 61%
- The most affected age group is 5-14 years (34%)
- All reported cases are from Chuil payam (100%)
- The health facility reporting most cases is Chuil (100%)

Aweil West

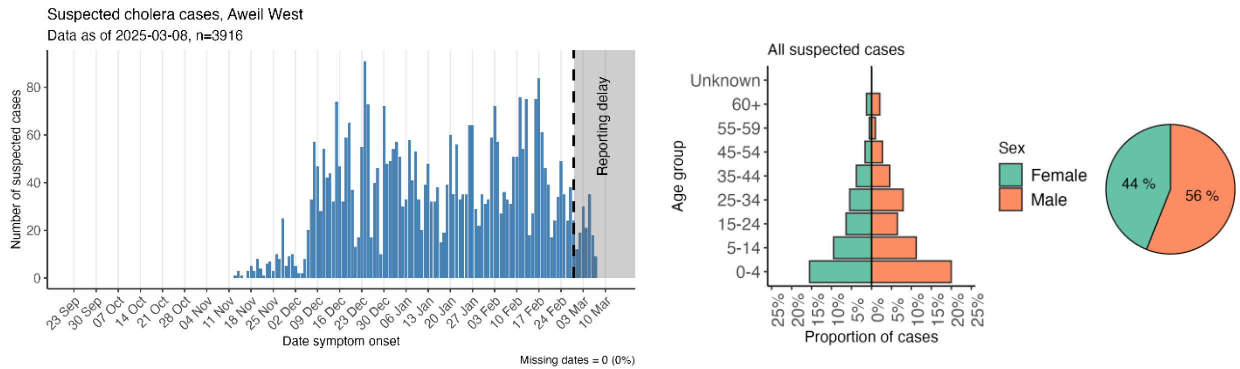

Figure 7: Epi Curve and age and sex distribution in Aweil West County, as of 07 March 2025

- Overall, 3916 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 (76%), and Mariem east (12%)
- The health facility reporting most cases is IRC Emergency Health Clinic -Wedweil (76%)

Luakpiny/Nasir

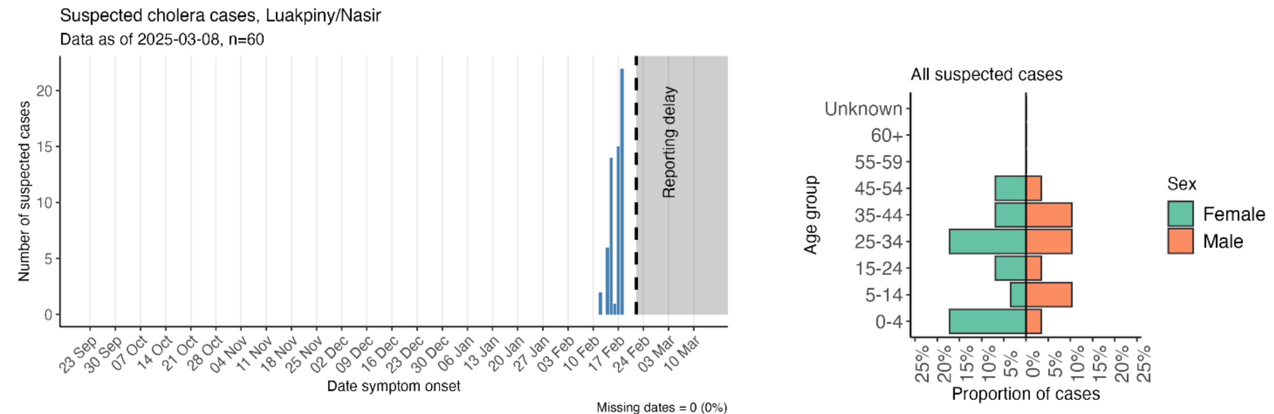

Figure 7: Epi Curve and age and sex distribution in Luakpiny/Nasir County, as of 07 March 2025

- Overall, 60 cases and 4 deaths have been reported (0% and 1% of nationwide total, respectively)
- 3% of cases are reported as severe dehydration, compared to the national average of 61%
- The most affected age group is 5-14 years (35%)
- The most affected payams are Jikmir (82%), and Kuerenge-ke (12%)
- The health facility reporting most cases is Jikmir PHCC (82%)

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 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: Nyirol County is the new county reporting Cholera cases in the state.
- 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

- WBeG: Six additional samples were tested at the National Public Health Laboratory (NPHL); one tested positive for cholera, bringing total confirmed cases to three.
- Jonglei State: 22 samples from Akobo East have been sent to Juba for testing. Of these samples, 13 tested positive.

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 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.
- WBEG State: Several CTCs, including Tharqueng, Marial Bai, Nyien-akok, and Mabior Abiem, lack cholera beds, chlorine, and adequate tents. Case management training was conducted at Tharqueng CTC, with plans to expand training to other centers.

Infection Prevention & Control/WASH

- Renk: WHO and partners conducted a technical assessment of water and sanitation needs in Jerbana and Gosfami. 237 healthcare workers and volunteers were trained in medical waste management for the Oral Cholera Vaccine (OCV) campaign.
- WBeG State: WASH non-food items (NFIs) were distributed, including soap, aqua tabs, PUR, buckets, jerry cans, and filter cloths. Handwashing stations were installed at CTCs and CTUs while Water supply shortages remain a major issue, requiring urgent intervention.
- 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.

Risk Communication & Community Engagement (RCCE)

- Radio talk shows and jingles on cholera prevention and response are ongoing. 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)

- Oral Cholera Vaccination campaigns completed in 12 counties and ongoing in 4 counties. While there are plans to conduct campaigns in six others. So far, over 3.6 million people have been reached.
- 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: 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. Medical supplies were dispatched to ADA, including: Six IEHK 2017 Module Medicine kits, Six IEHK 2017 Module Malaria kits and One Cholera Investigation Kit. Six vehicles have been hired to support vaccination activities.

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 cams or temporary settlements to ensure sufficient supply of safe water, availability of latrines, and promotion of good hygiene practices.
- Active political advocation, strong community engagement, and proactive resource mobilization at both national and sub-national levels is vital to ensure a coordinated, and effective response

For more information, please contact:

Dr. Kediende Chong Director General Preventive Health Services E: mkediende@gmail.com P: +211 928884621	Dr Humphrey KARAMAGI WHO Country Representative Email: karamagih@who.int Mobile: +211 920 547 017	Dr. Joseph Lasu Emergency Preparedness & Response Director E: josh2013.lasu@gmail.com P: +211 921 395 440	Dr BATEGEREZA, Aggrey Kaijuka WHO-EPR Team Lead E: bategerezaa@who.int P: +211 924222030

Editorial team:

MOH: Dr Kediende Chong & Dr Jospeh Lasu
WHO: Dr. Bategereza Aggrey, Dr. Regmi Jetri, Dr. Mukesh Prajapati, Dr Eric Rurangwa, Dr Tony Wurda, Malick Gai, Bernard Oduor

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