



World Health Organization
South Sudan

VOICES

from the field

Issue #03

WHO RESPONSE TO CHOLERA OUTBREAK IN AKOBO COUNTY

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Cholera, an acute diarrheal infection caused by *Vibrio cholerae*, has been a recurring public health threat in South Sudan due to limited access to clean water, poor sanitation, and inadequate healthcare infrastructure. Akobo, a town in South Sudan’s Jonglei State, has experienced cholera outbreaks due to these persistent challenges.

Akobo accounts for 85% of all Cholera cases reported in week 12 from Jonglei State, indicating a cholera situation at the brink becoming explosive outbreak. To mitigate this, WHO has deployed a technical team and prepositioned needed supplies to support the outbreak response.

Another core component of this response is the continued participation in the South Sudan and Ethiopia cross-border coordination meetings, to strengthen response interventions and effectively control the cholera outbreak in both countries.

With the ICG recently approved OCV campaign in Akobo we hope to turn the trajectory of new cases being reported and contain the ongoing cholera outbreak

The cholera outbreak in Akobo was first reported in 2023, with cases emerging in multiple areas of the region. Since then, there have been sporadic increases in cases, often linked to the rainy season when waterborne diseases are more likely to spread.

Summary figures as of Epidemiological Week 12 | 17-23 March 2025

IEHK Prepositioned	IEHK Issued out
Health facilities with partner support (09/13)	IEHK issued to partner(s)
Active health concerns: 1. Cholera outbreak (1,821 active cases) 2. Mass casualty following Nassir incident (41 casualties)	(7) Seven Health and WASH Partners responding to Cholera (Save the Children, CARE, OXFAM, South Sudan RedCross, CHS, CIDO, Medcair)
41 Injured and hospitalised in Akobo Hospital	Dead (16) sixteen in Akobo County Hospital
150,000 people at risk of cholera	2 a week Health Coordination Meetings (Biweekly)
1,004 Individuals	One (2) Coordinated Assessment
Internally Displaced 7,272	Multiluster Coordination Meetings: One (1) Meeting
WHO Deployments to the Response Teams: (1) Public Health Team: 2 Weeks (2) National RRT team 1 Week	3 Assessment conducted including CTC assessment in Akobo county hospital

Context

Confirmed Cases: As of recent reports, Akobo has recorded over 1,500 cholera cases since the outbreak's initial detection. Cases have been concentrated in high-density communities with limited access to safe drinking water.

Fatalities: The case fatality rate (CFR) is 0.9%, meeting WHO's target of keeping CFR below 1% as an indicator of effective cholera response. Achieving this requires early detection, rapid treatment with oral rehydration salts (ORS) or intravenous fluids, and strengthened water, sanitation, and hygiene (WASH) interventions to reduce mortality and control outbreaks.

Vulnerable Populations: Children, elderly people, and internally displaced persons (IDPs) estimated at 150,000 are at a particularly high risk due to malnutrition, compromised immunity, and overcrowded living conditions in IDP camps.

Contributing Factors:

Poor Water, Sanitation, and Hygiene (WASH) Conditions:

Contaminated drinking water sources are the primary pathway for cholera transmission. Many areas in Akobo rely on unprotected water sources like rivers and open wells, which can easily become contaminated with *Vibrio cholerae* during the rainy season.

Limited access to sanitation facilities in both urban and rural areas exacerbates the situation, contributing to widespread contamination of water sources.



Healthcare Access:

The healthcare infrastructure in Akobo is underdeveloped, with few clinics and hospitals, often lacking the necessary resources to handle an outbreak of cholera.



Medical staff are limited, and there are delays in delivering the necessary treatments such as Oral Rehydration Solutions (ORS) and antibiotics, which are crucial to reducing the severity of cholera.

Displacement and Conflict:

South Sudan, including the Akobo region, has been affected by prolonged conflict, resulting in large numbers of internally displaced persons (IDPs) living in camps with poor infrastructure. These camps often have inadequate access to clean water and sanitation, making them hotbeds for cholera outbreaks.



Climate Change and Seasonal Factors:

The rainy season, typically between May and October, increases the risk of cholera outbreaks. The heavy rainfall leads to the flooding of water sources, which can become contaminated and spread cholera rapidly in the community.



Lack of Awareness and Health Education:

Cholera outbreaks are often exacerbated by low levels of public awareness about hygiene practices and the importance of water treatment. Many people in Akobo and surrounding areas may not have received adequate education on how to prevent cholera.

RESPONSE

Surveillance and Reporting:

The Ministry of Health, in collaboration with the World Health Organization (WHO) and other partners like UNICEF, has worked on strengthening disease surveillance and reporting systems in Akobo.

Increased surveillance, contact tracing, and laboratory testing have been initiated to confirm cases and contain the spread.

Water, Sanitation, and Hygiene (WASH) Interventions:

Efforts to provide clean drinking water have been ramped up. This includes the distribution of water purification tablets, chlorination of water sources, and the installation of water treatment plants in key areas.

Community mobilization campaigns to promote hygiene practices such as handwashing with soap have been carried out.



WHO providing support supervision and mentorship to healthcare workers at Dengjok & Thokliel PHCC.

Health Facility Strengthening:

A temporary cholera treatment center (CTC) was set up Akobo East (Bilkey), the main payam of Akobo County in efforts to provide training for healthcare workers on how to manage cholera patients effectively.

Oral Rehydration Solutions (ORS) and intravenous fluids are being distributed to health centers to prevent deaths from dehydration.

Community Engagement and Awareness:

Public health education efforts have been expanded to inform communities about the dangers of cholera, the importance of water treatment, and hygiene practices.

Radio broadcasts, community meetings, and local leaders have been engaged to spread awareness.

Challenges:

Insecurity: Ongoing conflict and instability in some regions of South Sudan complicate access to affected areas and hinder the delivery of aid.

Resource Constraints: Limited funding and logistical challenges prevent the scaling up of cholera response efforts. This includes shortages of medical supplies, lack of transportation, and inadequate healthcare staff.

Cultural Practices: In some communities, traditional beliefs and practices may conflict with cholera prevention strategies, such as proper sanitation and seeking timely medical care.



WHO deployed a team responding to the cholera outbreak in Akobo. Chorea Treatment Centre in Akobo County Hospital, Akobo County, Jonglei state, S. Sudan, on 6 March 2025 © WHO / WCO SS



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Recommendations:

Strengthening Health Systems: Support should be directed toward bolstering the capacity of local health facilities, improving disease surveillance, and increasing the number of trained healthcare workers in cholera management.

WASH Improvements: Long-term solutions such as improved access to safe water sources, sanitation facilities, and hygiene education must be prioritized to prevent future outbreaks.

Monitoring and Preparedness: Continuous monitoring of water quality and enhanced outbreak preparedness plans should be maintained, especially before the rainy season.

Community Involvement: It is critical to continue engaging communities in cholera prevention efforts, especially in terms of water purification, sanitation, and health education.

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