

Cholera outbreak dynamics and reactive vaccination campaigns in South Sudan: key insights and challenges

Abou Aissata Soumah, Epicentre, RDC

Background

Following the confirmation of cases in Renk, Upper Nile State, a cholera outbreak was declared in South Sudan on 28 October 2024. By 11th May 2025, a total of 58,977 cases and 1,177 deaths have been reported (CFR 2.0%) by the Ministry of Health (MoH). MSF France supported the cholera response in Juba, Aweil, Akobo, Old and New Fangak.

Methods

Based on cholera treatment center (CTC) line list data, weekly macrospatial analysis was used to detect newly affected payams and guide exploration, while microspatial mapping in IDP camps helped identify intra-camp hotspots and prioritize localized interventions. Following rapid field assessments, Oral Rehydration Points (ORPs) were installed in strategic locations to improve access to care and decrease caseload at CTCs. Several reactive Oral Cholera Vaccine (OCV) campaigns were performed in high-risk areas in Juba from 18th December 2024 to 5th February 2025. A survey of knowledge, aptitude and practice (KAP) and two focus group discussions were conducted in Old and New Fangak to explore community knowledge, perceptions and care-seeking behavior.

Results

ORPs and a referral system led to early care: over 80% of moderate/severe cases reached CTCs within 24 hours, and mild cases were managed locally. A total of 119,875 individuals were vaccinated in Juba, exceeding the target population (93,200) with an administrative coverage of 128.6%. The KAP survey showed that despite 76% of respondents having good general knowledge about cholera transmission and 60% about protective measures, stigma remained high. Cholera was commonly referred to as “stomach-ache” and perceived as a shameful “child’s disease”, especially among male adults.

Conclusion

Through detailed surveillance data and epidemiological analysis, decentralized care was implemented in areas with high caseloads to improve access to care, and targeted vaccination campaigns were conducted. To reduce admission delays at CTCs and ORPs, targeted sensitization campaigns should be implemented, coupled with interventions aimed at reducing the stigma associated with cholera.

Spatiotemporal surveillance and decentralized care improved MSF’s cholera response in South Sudan. Specifically adapted sensitization is needed for decreasing CTC and ORP admission delays and address stigma.

