#### REPUBLIC OF MALAWI

#### WEEKLY IDSR EPIDEMIOLOGICAL BULLETIN

Epidemiological Week 10 (3 – 9 March 2025)

Published on 14 March, 2025

This epidemiological bulletin aims to inform all stakeholders at local authorities, district, national, and global levels about disease trends, public health surveillance, disease outbreaks, and emergencies in Malawi. In this issue (Volume 1, Issue 10 of 2025), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 10
- Performance of Integrated Disease Surveillance and Response (IDSR)
- Reported Event Based Surveillance (EBS) signals
- Reported Diseases/Conditions of Public Health Importance
- Ongoing outbreaks and emergencies in Malawi

# 1. Key Highlights on Events of Public Health Significance in Epi-week 10, 2025

- IDSR reporting was 96.9% for completeness and 93.0% for timeliness on the One Health Surveillance Platform (OHSP).
- Nineteen (19) EBS signals reported in Epi-week 10
- One alert was reported for cholera disease with no culture positive case
- Forty-six (46) new alerts for measles cases reported
- One (1) Mpox alert was reported.
- Other alerts generated were Severe Acute Respiratory Infections (SARI) (216 cases, including 4 deaths), Diarrhoea with blood (1,116 cases), Adverse Events Following Immunization (AEFI) (75), Typhoid fever (56), Meningococcal meningitis (5 cases), and Acute Flaccid Paralysis (3) as shown in Figure 1.

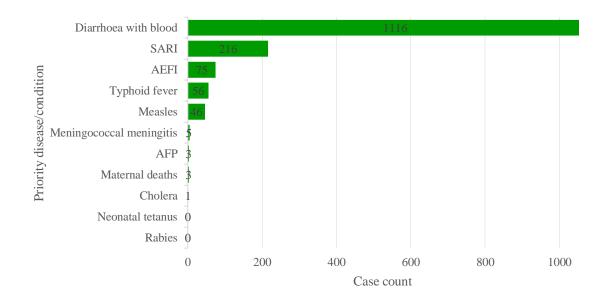


Figure 1. Notifiable diseases/conditions alerts reported in Epi-week 10 in Malawi (Data accessed on 11 March 2025).

### 2. Performance of the Integrated Disease Surveillance and Response

### 2.1. Timeliness and Completeness

# 2.1.1 Reporting rate at the National level up to Epi-week 10

During Epi-week 10, the completeness of reporting increased slightly from 94.8% in Epi-week 9 to 96.9%. Similarly, the timeliness of reporting improved from 82.4% in Epi-week 9 to 93.0% (see Figure 2).

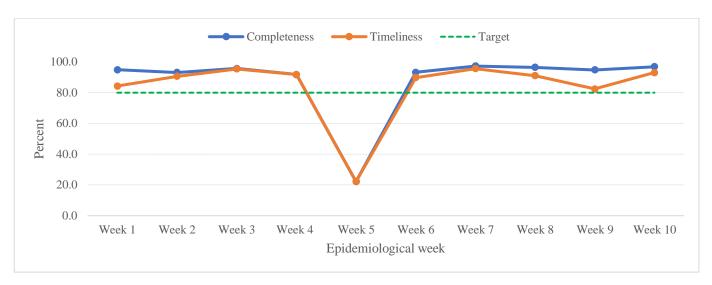


Figure 2. Trend of national IDSR weekly reporting rates in Malawi, Epi-week 1 to 10, 2025 (Data accessed on 11 March 2025).

#### 2.1.2. Reporting rates at Zonal level up to Epi-week 10

Figure 3 presents the reporting rates across various health zones. All five zones (Central East, Central West, North, South East, and South West), including Central Hospitals, surpassed the target of ≥80% in both completeness and timeliness. Notably, Central Hospitals improved from 75% in Epi-week 9 to 100% in Epi-week 10 in both indicators.

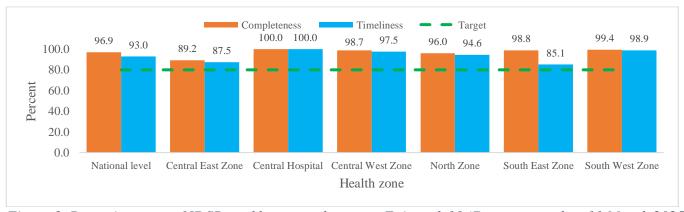


Figure 3. Reporting rates of IDSR weekly reports by zones, Epi-week 10 (Data accessed on 11 March 2025)

## 2.1.3. Reporting rates at District level for Epi-week 10

Among the 33 reporting sites (District and Central Hospitals), 32 (96.9%) achieved the national target of ≥80% completeness, while 31 sites (93.0%) met the timeliness target. Machinga DHO fell short in

timeliness, achieving only 4.5%. The completeness and timeliness of all reporting sites from Epi-week 1 to 10 of 2025 are presented in Annex 1.

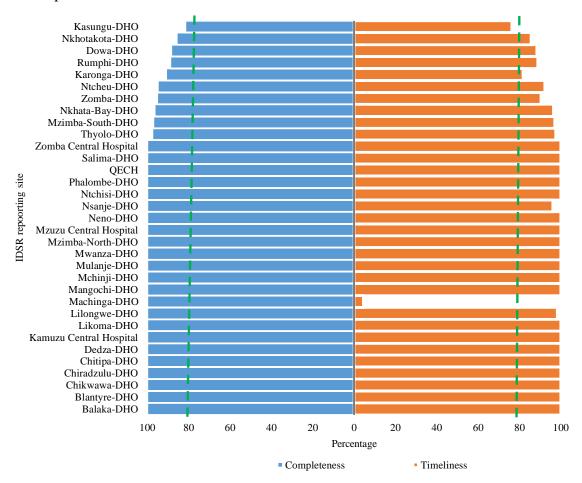


Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 10 (Data accessed on 11 March 2025).

### 3. Event Based Surveillance (EBS)

# 3.1. Community EBS signals reported in Epi-week 10

Figure 5 presents the list of signals that were reported in Epi-week 10. In total, 19 signals were reported in Epi week 10 compared to 28 signals that were reported in Epi-week 9. All the signals were verified. Ten (10) of these signals (52.6%) fell into the category of "Any person with sudden onset of watery diarrhoea in 24 hours with dehydration". Despite verifying all the signals, further steps such as risk assessment were

## not reported to have been done.

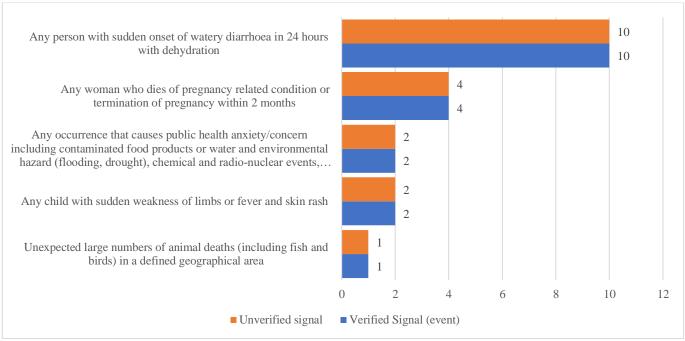


Figure 5: Event-based signals reported in Epi-week 10 (Data accessed on 11 March 2025)

# 3.2. Distribution of Community Signals across the reporting units in Malawi

During the week under review, among the 33 reporting units, four (12.1%) reported EBS signals, a decrease from six (18.2%) in epi-week 9, with Mwanza-DHO reporting the majority (63.2%) of the signals. A detailed breakdown of the signals reported by each reporting unit can be found in Annex 2.

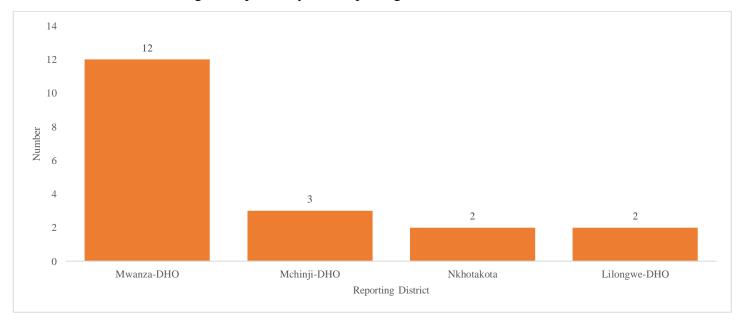


Figure 6: Distribution of EBS signals reported in Epi-week 10 (Data accessed on 11 March 2025)

### 4. Diseases/Conditions of Public Health Importance in Epi-week 10

Table 1 highlights the alerts related to diseases and public health conditions during Epi-week 10. Apart from malaria, diarrhoea with blood accounted for the second highest number of alerts (1,116). Blantyre DHO contributed the highest (203), while QECH and Kamuzu Central Hospital reported zero case. Annex 4 presents has the details.

Table 1. Reported alerts of diseases/conditions of public health importance in Malawi, Epi-week 10.

	Suspected cases
EPIDEMIC PRONE DISEASES	
Diarrheal with blood	1,116
Meningococcal Meningitis	5
Typhoid Fever	56
SARI	216
Cholera	1
Mpox	1
DISEASES TARGETED FOR ERADICATION/ELIMINATION	
Measles	46
Acute Flaccid Paralysis	3
Neonatal tetanus	0
CONDITIONS OF PUBLIC HEALTH IMPORTANCE	
Food borne illnesses	0
Maternal death	3
Yellow fever	0
Rabies	0

### 5. Ongoing outbreaks and emergencies in Malawi as of 10 March 2025.

#### 5.1. Measles

Some districts in the country have been registering confirmed cases of measles. Since 10 September 2024, nine districts have experienced localized measles outbreaks: Lilongwe, Ntcheu, Mangochi, Rumphi, Blantyre, Balaka, Nkhotakota, Machinga, and Salima, with a cumulative total of 932 cases. Currently, five districts are actively responding to the outbreak with the following confirmation dates: Lilongwe (24 October 2024), Blantyre (5 December 2024), Nkhotakota (5 December 2024), and Salima (22 February 2025). Mangochi district, which had previously controlled its second outbreak, is now experiencing another localized outbreak within the Mangochi Hospital catchment area, confirmed on 7 March 2025. Meanwhile,

Balaka, and Rumphi districts have successfully managed to control their outbreaks. Further details are shown in Table 1 and Annex 3.

Table 1. Districts with localised Measles outbreak as of Epi-week 10, 2025

District	New Lab.  confirmed cases	New epi- link cases	Cumulative (lab confirmed)	New Admissions	<b>Cumulative</b> admissions	New Deaths	CFR (%)	No. of affected Health facilities	Days without reporting a new case	
Lilongwe	0	0	509 (139)	0	55	0	0	10	11	
Blantyre	0	0	67 (63)	0	0	0	0	5	14	
Nkhotakota	0	0	67 (22)	0	0	0	0	2	13	
Salima	0	0	27 (27)	0	0	0	0	1	21	
Mangochi*	0	0	7 (7)	0	0	0	0	1	11	
TOTAL	0	0	677 (258)**	0	55	0	0	22		

<sup>\*</sup> New outbreak within Mangochi Hospital catchment area. \*\*The total is for the districts that are currently experiencing the outbreak.

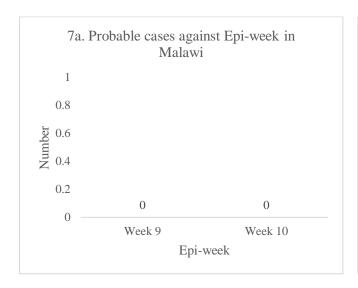
# **On-going interventions**

- Routine immunisation
- Supportive supervision
- Case management
- Active case search
- Sample collection and laboratory analysis
- Risk Communication and Community Engagement

#### 5.2. Cholera

Malawi is currently responding to a cholera outbreak that was confirmed on 8 September 2024. Cumulatively, 306 cholera cases, including 15 deaths (CFR: 4.9%), have been reported. Among the deaths, 69% (9) were facility-based, while the remaining were community deaths. Malawi has also reported 4 imported cases from Zambia and Mozambique through Chitipa and Mulanje, respectively. As of Epi-week 10, Chitipa reported 61 cases including 2 deaths (CFR: 3.3%), Karonga has reported 60 cases including 7 deaths (CFR: 11.7%), Machinga 59 cases including 3 deaths (CFR: 3.7%), Balaka 92 cases including 3 deaths (CFR: 2.8%), and Mzimba North 34 cases with zero death (CFR: 0%). In the past 7 days, Balaka district reported one cholera case. The epidemiological situation is as described below. The epidemiological situation is as described below.

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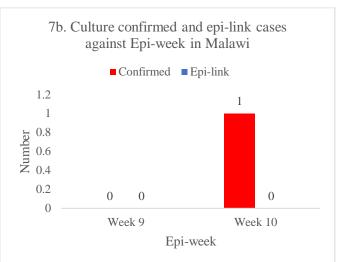


Figure 7. Comparison of cholera cases between week 9 and 10 of 2025 in Malawi: Probable cases (7a), confirmed and epi-linked cases (7b).

# **Updates for Epi-week 10**

- No probable case was reported in Epi-week 10
- One culture positive case was reported in Epi-week 10, compared to zero (0) culture positive case in Epi-week 9, as shown in Figure 7b. Additionally, zero epidemiologically linked case was reported in both Epi-weeks 9 and 10, as shown in Figure 7b.

# **On-going interventions**

- Case management
- Line-listing of cases
- Case investigation and follow up
- Sample collection and laboratory analysis
- Risk community and community engagement

Annex 1: Timeliness and completeness of IDSR reports by districts, from Epi-week 1 to 10, 2025

	Completeness										Timeliness										
District/Central Hospital	W1	W2	W3	W4	W5	W6	W7	W8	W9	W10		W1	W2	W3	W4	W5	W6	W7	W8	W9	W10
National	100	100	100	100	100	100	97	97	95	97		94	97	100	98	35	97	96	91	82	93
Balaka-DHO	100	100	100	100	100	100	100	100	100	100		100	100	100	100	35	100	100	100	100	100
Blantyre-DHO	100	100	100	100	100	100	100	100	100	100		100	100	100	100	98	98	93	98	100	100
Chikwawa-DHO	100	100	97	97	97	97	97	97	97	100		97	97	97	97	7	100	97	87	87	100
Chiradzulu-DHO	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	100	100
Chitipa-DHO	100	100	100	100	100	100	100	100	100	100		100	100	100	100	0	100	100	100	100	100
Dedza-DHO	100	100	100	100	100	100	100	100	100	100		100	100	100	100	76	100	100	100	100	100
Dowa-DHO	100	100	100	100	100	100	100	100	100	88		100	100	100	100	0	4	100	100	92	88
Kamuzu Central Hospital	100	100	100	100	100	100	100	100	100	100		100	100	100	100	0	100	100	100	100	100
Karonga-DHO	100	100	100	82	82	82	82	82	82	91		82	82	82	82	41	91	86	86	41	82
Kasungu-DHO	100	97	100	89	89	89	89	89	89	82		89	89	89	89	26	74	74	84	84	76
Likoma-DHO	100	100	100	100	100	100	100	100	100	100		100	100	100	100	33	67	100	100	100	100
Lilongwe-DHO	100	100	100	100	100	100	100	100	100	100		100	100	100	100	16	100	97	97	82	98
Machinga-DHO	100	100	100	100	100	100	100	100	100	100		100	100	100	100	0	100	100	100	100	5
Mangochi-DHO	100	100	100	75	75	75	75	75	75	100		75	75	75	75	21	100	98	84	30	100
Mchinji-DHO	100	100	100	100	100	100	100	100	100	100		100	100	100	100	5	100	100	100	100	100
Mulanje-DHO	100	100	100	100	100	100	100	100	100	100		100	100	100	100	0	89	88	100	85	100
Mwanza-DHO	100	100	100	100	100	100	100	100	100	100		100	100	100	100	0	100	100	80	100	100
Mzimba-North-DHO	100	100	100	100	100	100	100	100	100	100		100	100	100	100	17	86	100	100	97	100
Mzimba-South-DHO	100	100	100	94	94	94	94	94	94	97		94	94	94	94	79	100	100	97	91	97
Mzuzu Central Hospital	100	100	100	100	100	100	100	100	100	100		100	100	100	100	0	100	100	100	100	100
Neno-DHO	100	100	100	100	100	100	100	100	100	100		100	100	100	100	13	100	87	93	93	100
Nkhata-Bay-DHO	100	100	100	100	100	100	100	100	100	96		100	100	100	100	50	86	100	96	89	96
Nkhotakota-DHO	71	81	95	95	95	95	95	95	95	86		95	95	95	95	5	91	95	5	71	86
Nsanje-DHO	83	88	96	92	92	92	92	92	92	100		92	92	92	92	71	83	96	73	88	96
Ntcheu-DHO	100	95	100	100	100	100	100	100	100	95		100	100	100	100	8	87	100	100	100	92
Ntchisi-DHO	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	92	100	100	92	100
Phalombe-DHO	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	100	100
QECH	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	100	100
Rumphi-DHO	100	100	100	94	94	94	94	94	94	89		94	94	94	94	0	94	94	100	94	89
Salima-DHO	100	100	100	100	100	100	100	100	100	100		100	100	100	100	64	100	100	100	95	100
Thyolo-DHO	100	100	95	73	73	73	73	73	73	98		73	73	73	73	49	100	98	100	46	98
Zomba Central Hospital	100	100	100	0	0	0	0	0	0	100		0	0	0	0	0	0	0	0	0	100
Zomba-DHO	100	100	100	95	95	95	95	95	95	95		95	95	95	95	10	86	90	67	48	90

Annex 2: Distribution of EBS signals per reporting unit in Epi-week 10

organisation unit	Any child with sudden weakness of limbs or fever and skin rash	Any person with sudden onset of watery diarrhoea in 24 hours with dehydration	Unexpected large numbers of animal deaths (including fish and birds) in a defined geographical area	Any occurrence that causes public health anxiety/concern including contaminated food products or water and environmental hazard (flooding, drought), chemical and radio-nuclear events, vaccination, or mass drug administration	Any woman who dies of pregnancy related condition or termination of pregnancy within 2 months	Total
Lilongwe-DHO	1	0	0	1	0	2
Mwanza-DHO	1	8	1	0	2	12
Mchinji-DHO	0	2	0	1	0	3
Nkhotakota-DHO	0	0	0	0	2	2
Total	2	10	1	2	4	19

### Annex 3. Localised measles outbreak as of 10 March 2025

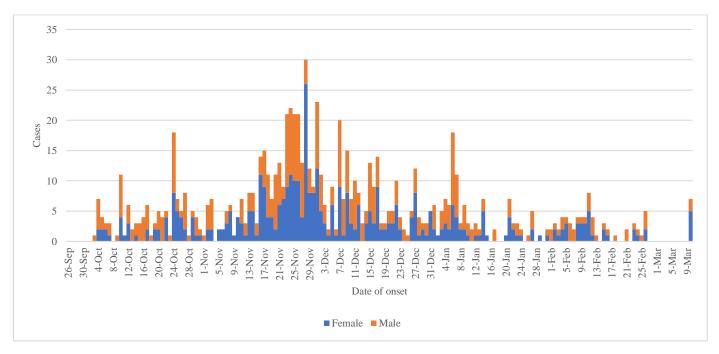


Figure 8. Overall Distribution of measles cases in the current outbreak by date of onset, Malawi 2024-25 (N=932)

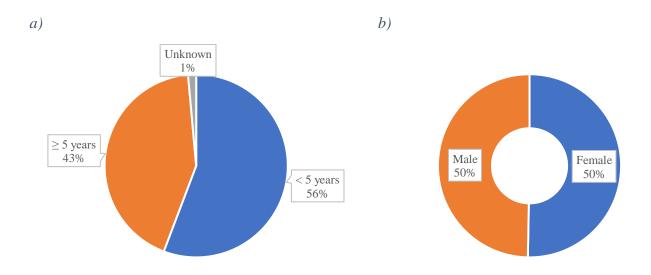


Figure 9. Distribution of measles cases by age-group (a) and sex (b), Malawi 2024-25 (N=932)

Annex 4. Priority diseases/conditions/events under surveillance, Epi-week 10

District/Central Hospital	OPD AEFI cases	IP AEFI cases	OPD cholera cases	IP cholera deaths	OPD Diarrhoea With Blood (Bacterial) Cases	IPD Diarrhoea With Blood (Bacterial) Cases	OPD Malaria Cases	IP Malaria Cases	IP Death Malaria Cases	IP Maternal death cases	OPD measles cases	IP measles cases	IP meningococcal meningitis cases	IP SARI cases	IP SARI deaths	OPD typhoid fever cases	IP typhoid fever cases
Kasungu-DHO	0	0	0	0	28	0	10921	83	0	0	0	0	1	0	0	0	0
Nkhotakota-DHO	0	0	0	0	23	0	2284	35	3	0	12	0	0	7	0	1	0
Ntchisi-DHO	0	0	0	0	18	1	5861	40	1	0	0	0	0	1	0	0	0
Salima-DHO	1	0	0	0	49	0	3324	14	0	0	0	0	0	0	0	0	0
Dowa-DHO	0	0	0	0	7	0	8527	22	0	0	0	0	0	0	0	0	0
Kamuzu Central Hospital	0	0	0	0	0	0	53	120	0	0	0	1	0	142	0	0	0
Mzuzu Central Hospital	0	0	0	0	3	0	128	48	1	1	1	0	0	0	0	0	0
QECH	0	0	0	0	0	0	12	32	1	1	2	3	0	0	0	0	0
Zomba Central Hospital	0	0	0	0	1	0	37	97	3	0	0	0	0	0	0	0	0
Dedza-DHO	0	0	0	0	36	0	5356	144	0	0	0	0	0	0	0	0	0
Lilongwe-DHO	0	0	0	0	61	0	32238	219	7	1	19	0	0	0	0	19	0
Ntcheu-DHO	0	0	0	0	29	0	4907	21	0	0	0	0	0	0	0	0	0
Mchinji-DHO	0	0	0	0	22	0	13390	157	0	0	0	0	0	0	0	0	1
Chitipa-DHO	0	0	0	0	14	0	1624	23	0	0	0	0	0	0	0	0	0
Karonga-DHO	0	0	0	0	39	0	3206	70	4	0	0	0	0	31	4	1	0
Likoma-DHO	0	0	0	0	3	0	250	0	0	0	0	0	0	0	0	0	0
Mzimba-North-DHO	26	0	0	0	56	0	6305	32	0	0	0	0	0	0	0	0	0
Mzimba-South-DHO	0	0	0	0	18	0	14389	124	0	0	0	0	0	0	0	0	0
Nkhata-Bay-DHO	1	0	0	0	34	2	3261	2	0	0	0	0	0	0	0	0	0
Rumphi-DHO	15	0	0	0	25	0	2514	15	0	0	0	0	0	0	0	0	0
Balaka-DHO	10	0	0	0	28	0	1249	25	0	0	0	0	0	0	0	0	0
Machinga-DHO	4	0	0	1	39	5	2800	4	0	0	0	0	0	0	0	0	0
Mangochi-DHO	0	0	0	0	53	7	2450	24	0	0	7	0	1	0	0	2	0
Mulanje-DHO	0	0	0	0	21	0	5835	22	0	0	0	0	0	10	0	2	0
Phalombe-DHO	0	0	0	0	22	7	1290	12	7	0	0	0	0	0	0	0	0
Zomba-DHO Blantyre-DHO	1	0	0	0	103 202	1	10928 7005	91 24	0	0	0	0	0	0	0	28	0
Chikwawa-DHO	3	0	0	0	41	0	3032	12	0	0	0	0	0	17	0	28	0
Chiradzulu-DHO	3	0	0	0	6	0	2299	2	0	0	0	0	0	0	0	0	0
Mwanza-DHO	2	0	0	0	2	0	1902	0	0	0	0	0	0	0	0	0	0
Neno-DHO	0	0	0	0	24	0	1736	13	0	0	0	0	0	7	0	0	0
Nsanje-DHO	3	3	0	0	68	0	1804	48	1	0	0	0	3	0	0	0	0
Thyolo-DHO	2	0	0	0	18	0	2369	28	0	0	0	0	0	0	0	0	0
111y010-D110	72	3	1	1	1093	23	163286	1603	28	3	42	4	5	216	4	55	1

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