

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 11 of 2025), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 11
- 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 11, 2025**

- IDSR reporting was 95.2% for completeness and 93.7% for timeliness on the One Health Surveillance Platform (OHSP).
- Thirty-three (33) EBS signals reported in Epi-week 11
- Four alerts were reported for cholera disease with no culture positive case
- Forty-nine (49) new alerts for measles cases reported
- Zero (0) Mpox alert was reported.
- Other alerts generated were Severe Acute Respiratory Infections (SARI) (195 cases), Diarrhoea with blood (1,586 cases), Adverse Events Following Immunization (AEFI) (121), Typhoid fever (70), Meningococcal meningitis (9 cases), and Acute Flaccid Paralysis (5) as shown in Figure 1.

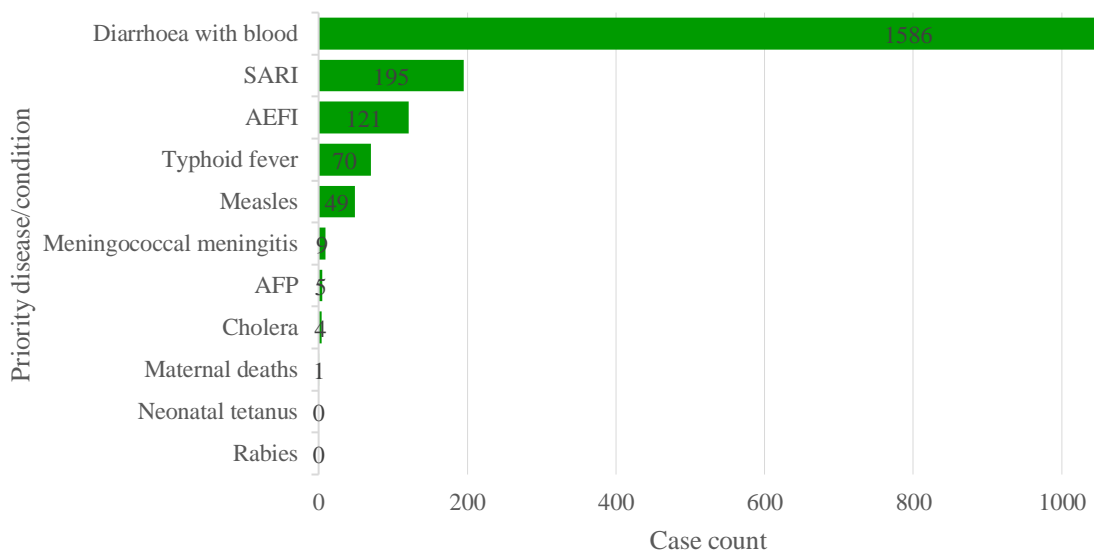


Figure 1. Notifiable diseases/conditions alerts reported in Epi-week 11 in Malawi (Data accessed on 19 March 2025).

## 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 11

During Epi-week 11, the completeness of reporting decreased slightly from 96.9% in Epi-week 10 to 95.2%, while the timeliness of reporting improved slightly, increasing from 93.0% in Epi-week 10 to 93.7% (see Figure 2).

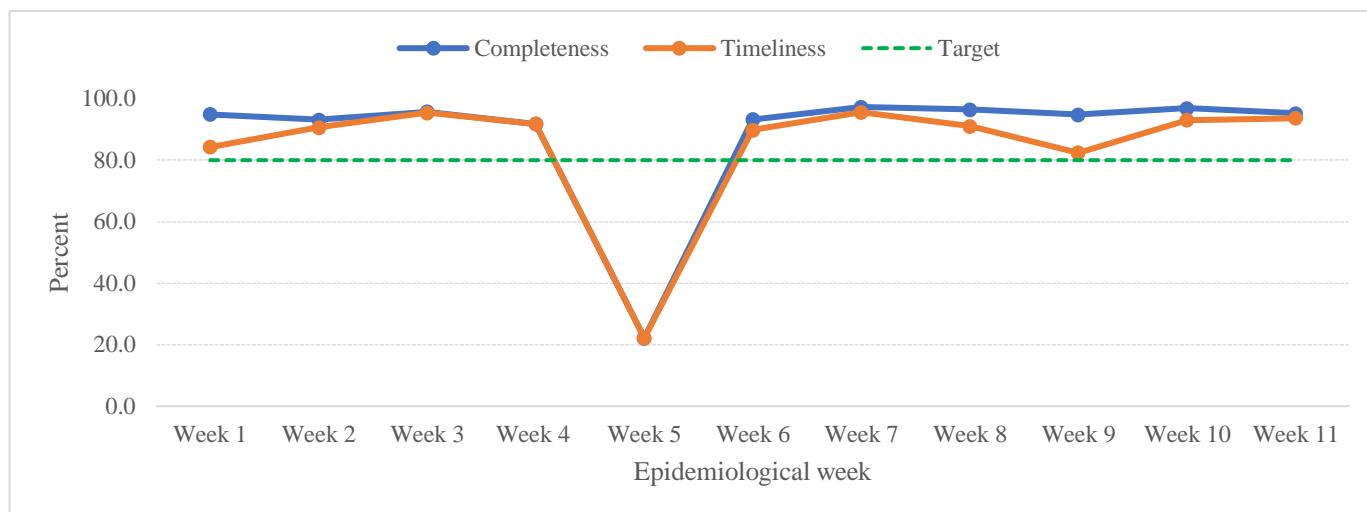


Figure 2. Trend of national IDSR weekly reporting rates in Malawi, Epi-week 1 to 11, 2025 (Data accessed on 19 March 2025).

#### 2.1.2. Reporting rates at Zonal level up to Epi-week 11

Figure 3 presents the reporting rates across various health zones. The four zones (Central West, North, South East, and South West) achieved the target of  $\geq 80\%$  in both completeness and timeliness except for Central Hospitals and the Central East Zone due to other challenges. The Central East Zone achieved 83.3% in completeness but failed to reach the national target in timeliness (79.2%). The Central Hospitals achieved 75% in both completeness and timeliness during the week under review, with Mzuzu Central Hospital failing to report on time.

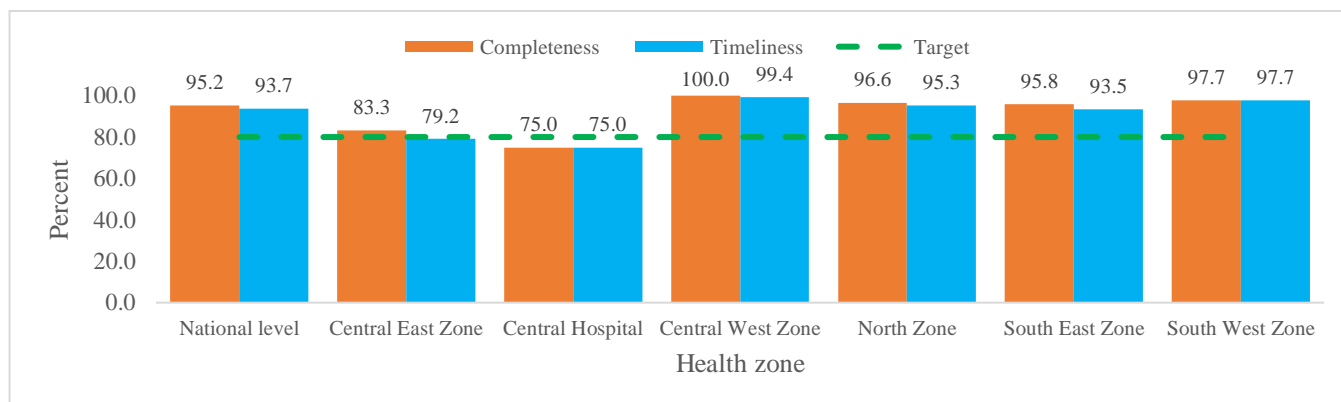


Figure 3. Reporting rates of IDSR weekly reports by zones, Epi-week 11 (Data accessed on 19 March 2025)

### 2.1.3. Reporting rates at District level for Epi-week 11

Among the 33 reporting sites (District and Central Hospitals), 30 (95.2%) achieved the national target of  $\geq 80\%$  completeness, while 29 sites (93.7%) met the timeliness target. Mzuzu Central Hospital, Nkhotakota, and Balaka DHOs failed to meet both indicators as shown in Figure 4. The completeness and timeliness of all reporting sites from Epi-week 1 to 11 of 2025 are presented in Annex 1.

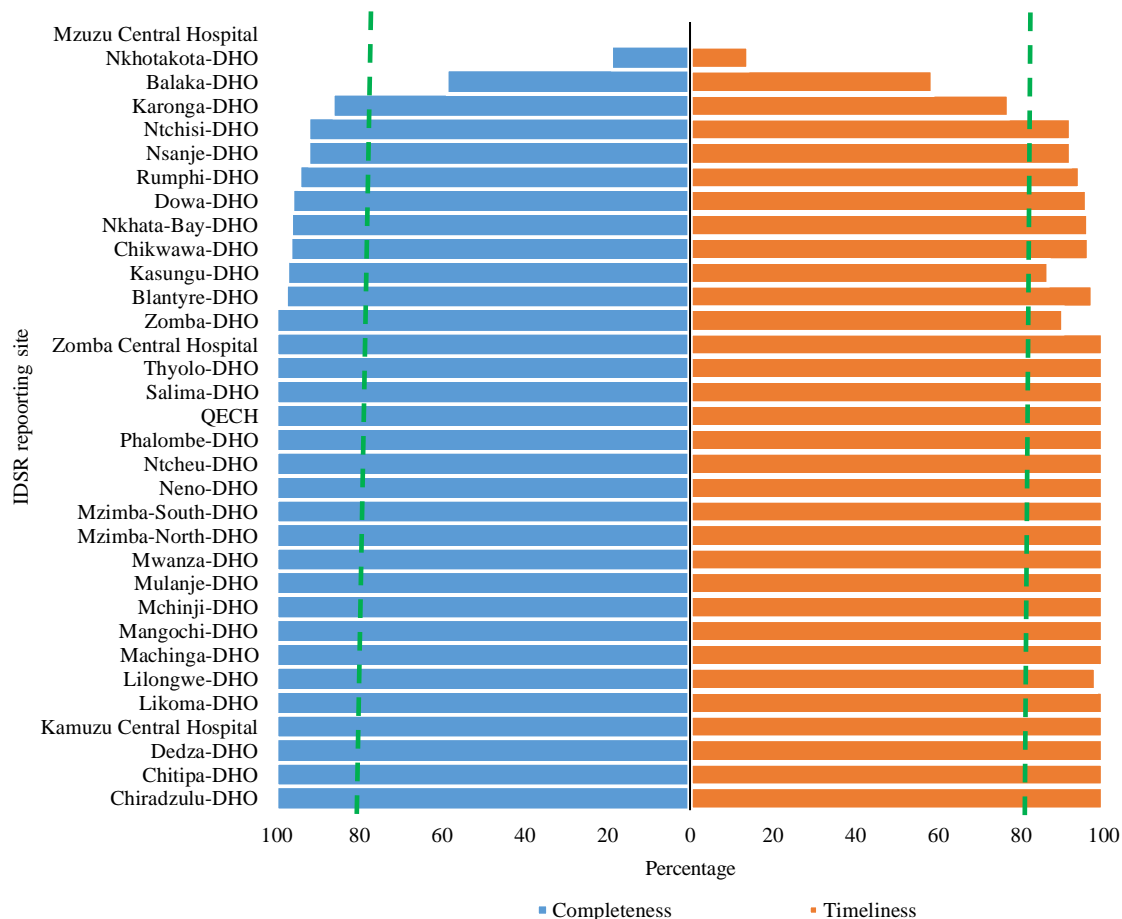


Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 11 (Data accessed on 19 March 2025).

## 3. Event Based Surveillance (EBS)

### 3.1. Community EBS signals reported in Epi-week 11

Figure 5 presents the list of signals that were reported in Epi-week 11. In total, 33 signals were reported in Epi week 11 compared to 19 signals that were reported in Epi-week 10. Sixty-four percent (21) of the signals were verified as events, while one (1) was discarded. Thirty six percent (12) of these signals fell into the category of “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”.

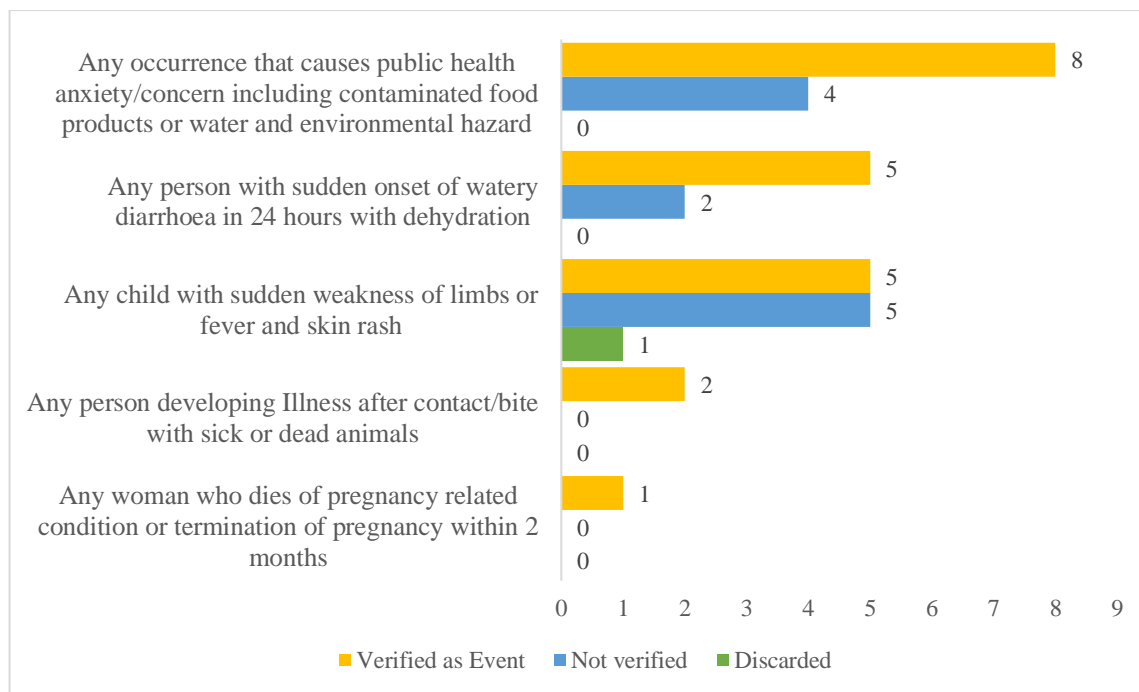


Figure 5: Event-based signals reported in Epi-week 11 (Data accessed on 19 March 2025)

### 3.2. Risk Assessment Level of the Community Signals

Out of thirty-three (33) community signals, 40% (13) did not undergo risk assessment, 24% (8) were classified as moderate risk, and 12% (4) were categorized as high risk, as shown in Figure 6. A further breakdown of the signals reported by each reporting unit can be found in Annex 2.

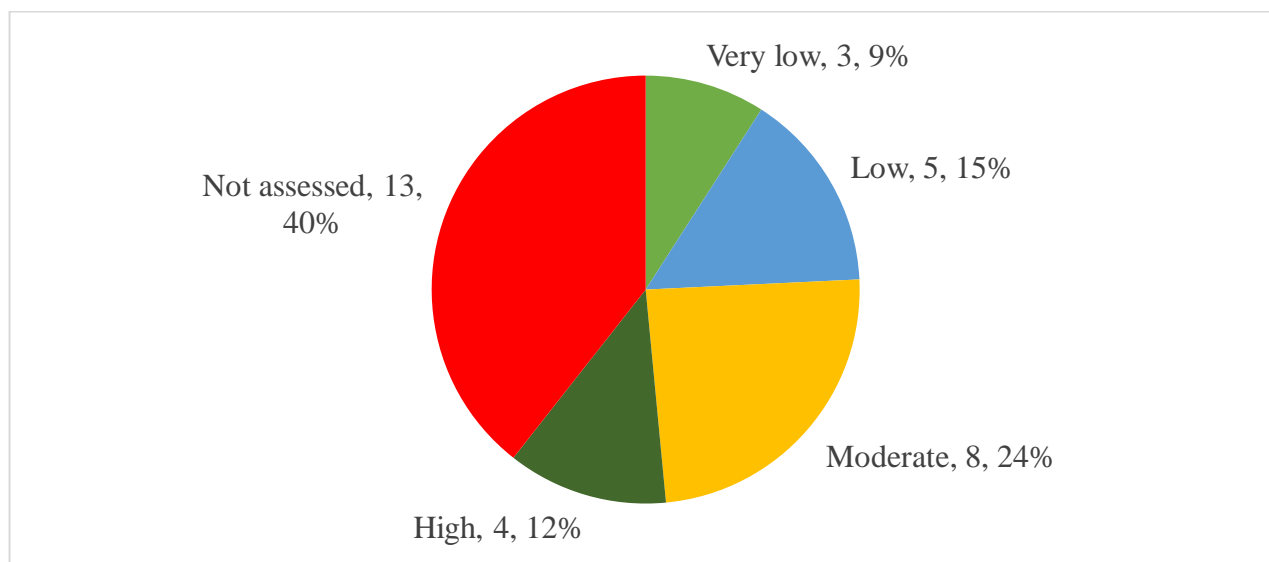


Figure 6: Distribution of EBS signals reported in Epi-week 11 (Data accessed on 19 March 2025)

#### 4. Diseases/Conditions of Public Health Importance in Epi-week 11

Table 1 highlights the alerts related to diseases and public health conditions during Epi-week 11. Diarrhoea with blood accounted for the highest number of alerts (1,586), with Kasungu DHO contributing the highest (592), while Nkhotakota DHO and Kamuzu Central Hospital reported zero case each (see Annex 4 for further details).

*Table 1. Reported alerts of diseases/conditions of public health importance in Malawi, Epi-week 11.*

	Suspected cases
<b><i>EPIDEMIC PRONE DISEASES</i></b>	
Diarrheal with blood	1,586
Meningococcal Meningitis	9
Typhoid Fever	70
SARI	195
Cholera	4
Mpox	0
<b><i>DISEASES TARGETED FOR ERADICATION/ELIMINATION</i></b>	
Measles	49
Acute Flaccid Paralysis	5
Neonatal tetanus	0
<b><i>CONDITIONS OF PUBLIC HEALTH IMPORTANCE</i></b>	
Food borne illnesses	0
Maternal death	1
Yellow fever	0
Rabies	0

#### 5. Ongoing outbreaks and emergencies in Malawi as of 17 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, Rumphu, Blantyre, Balaka, Nkhotakota, Machinga, and Salima, with a cumulative total of 941 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,

Ntcheu, 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 11, 2025*

District	New Lab. confirmed cases	New epi-link cases	Cumulative (lab confirmed)	New Admissions	Cumulative 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	76 (22)	0	0	0	0	2	13
Salima	0	0	27 (27)	0	0	0	0	1	28
Mangochi*	0	0	7 (7)	0	0	0	0	1	11
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>686 (258)</b>	<b>0</b>	<b>55</b>	<b>0</b>	<b>0</b>	<b>19</b>	

*\* 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 11, 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, none of the districts experiencing a cholera outbreak reported a confirmed case, despite registering four alerts as shown in Annex 4. The epidemiological situation is as described below.

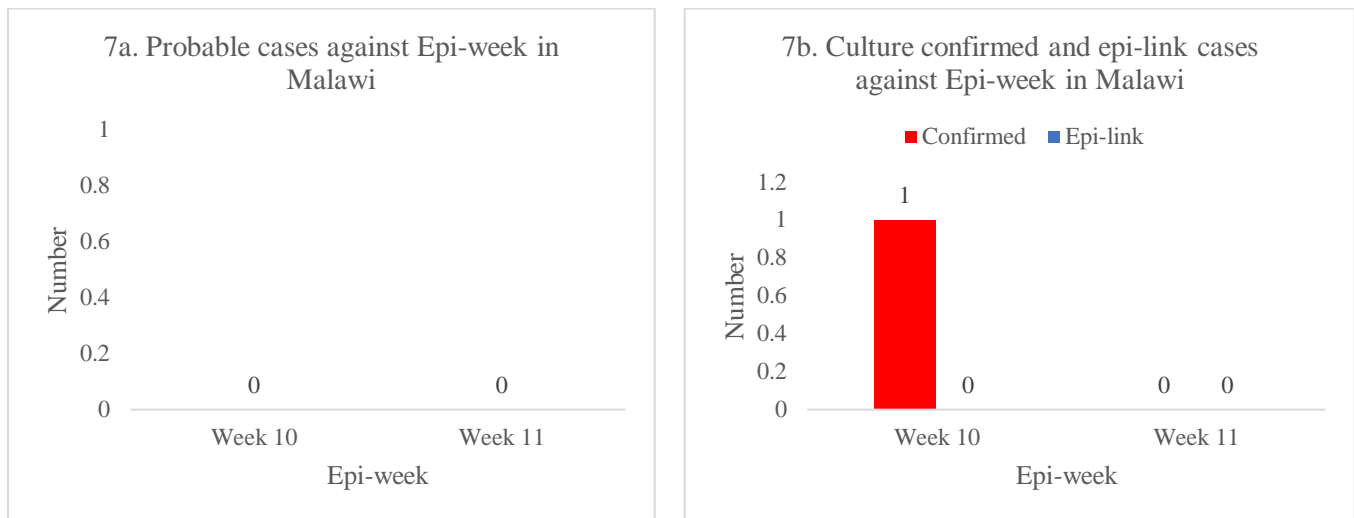


Figure 7. Comparison of cholera cases between week 10 and 11 of 2025 in Malawi: Probable cases (7a), confirmed and epi-linked cases (7b).

### Updates for Epi-week 11

- No probable case was reported in Epi-week 11
- No culture positive case was reported in Epi-week 11, compared to one (1) culture positive case that was reported from Balaka (1) in Epi-week 10, as shown in Figure 7b. Additionally, zero epidemiologically linked case was reported in both Epi-weeks 10 and 11, 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 11, 2025

District/Central Hospital	Completeness											Timeliness										
	W1	W2	W3	W4	W5	W6	W7	W8	W9	W10	W11	W1	W2	W3	W4	W5	W6	W7	W8	W9	W10	W11
<b>National</b>	100	100	100	100	100	100	97	97	95	97	95	94	97	100	98	35	97	96	91	82	93	94
Balaka-DHO	100	100	100	100	100	100	100	100	100	100	59	100	100	100	100	35	100	100	100	100	100	59
Blantyre-DHO	100	100	100	100	100	100	100	100	100	100	98	100	100	100	100	98	98	93	98	100	100	98
Chikwawa-DHO	100	100	97	97	97	97	97	97	97	100	97	97	97	97	97	7	100	97	87	87	100	97
Chiradzulu-DHO	100	100	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	100	0	100	100	100	100	100	100
Dedza-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	76	100	100	100	100	100	100
Dowa-DHO	100	100	100	100	100	100	100	100	100	88	96	100	100	100	100	0	4	100	100	92	88	96
Kamuzu Central Hospital	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100	100	100
Karonga-DHO	100	100	100	82	82	82	82	82	82	91	86	82	82	82	82	41	91	86	86	41	82	77
Kasungu-DHO	100	97	100	89	89	89	89	89	89	82	97	89	89	89	89	26	74	74	84	84	76	87
Likoma-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	33	67	100	100	100	100	100
Lilongwe-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	16	100	97	97	82	98	98
Machinga-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100	5	100
Mangochi-DHO	100	100	100	75	75	75	75	75	75	100	100	75	75	75	75	21	100	98	84	30	100	100
Mchinji-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	5	100	100	100	100	100	100
Mulanje-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	0	89	88	100	85	100	100
Mwanza-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	0	100	100	80	100	100	100
Mzimba-North-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	17	86	100	100	97	100	100
Mzimba-South-DHO	100	100	100	94	94	94	94	94	94	97	100	94	94	94	94	79	100	100	97	91	97	100
Mzuzu Central Hospital	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100	0	100	100	100	100	100	0
Neno-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	13	100	87	93	93	100	100
Nkhata-Bay-DHO	100	100	100	100	100	100	100	100	100	96	96	100	100	100	100	50	86	100	96	89	96	96
Nkhotakota-DHO	71	81	95	95	95	95	95	95	95	86	19	95	95	95	95	5	91	95	5	71	86	14
Nsanje-DHO	83	88	96	92	92	92	92	92	92	100	92	92	92	92	92	71	83	96	73	88	96	92
Ntcheu-DHO	100	95	100	100	100	100	100	100	100	95	100	100	100	100	100	8	87	100	100	100	92	100
Ntchisi-DHO	100	100	100	100	100	100	100	100	100	100	92	100	100	100	100	100	92	100	100	92	100	92
Phalombe-DHO	100	100	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	100	100
Rumphi-DHO	100	100	100	94	94	94	94	94	94	89	94	94	94	94	94	0	94	94	100	94	89	94
Salima-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	64	100	100	100	95	100	100
Thyolo-DHO	100	100	95	73	73	73	73	73	73	98	100	73	73	73	73	49	100	98	100	46	98	100
Zomba Central Hospital	100	100	100	0	0	0	0	0	0	100	100	0	0	0	0	0	0	0	0	0	100	100
Zomba-DHO	100	100	100	95	95	95	95	95	95	95	100	95	95	95	95	10	86	90	67	48	90	90



## Annex 2: Distribution of EBS signals per reporting unit in Epi-week 11

District of Residence	Any child with sudden weakness of limbs or fever and skin rash	Any occurrence that causes public health anxiety/concern including contaminated food products or water and environmental hazard	Any person developing illness after contact/bite with sick or dead animals	Any person with sudden onset of watery diarrhoea in 24 hours with dehydration	Any woman who dies of pregnancy or related condition or termination of pregnancy within 2 months	Grand Total
<i>Balaka</i>	1	0	0	0	0	1
<i>Blantyre</i>	2	3	1	2	0	8
<i>Chikwawa</i>	1	0	0	0	0	1
<i>Dedza</i>	1	0	0	0	0	1
<i>Dowa</i>	0	0	0	1	0	1
<i>Kasungu</i>	0	1	0	0	0	1
<i>Lilongwe</i>	2	2	0	1	0	5
<i>Mchinji</i>	0	0	1	0	0	1
<i>Mulanje</i>	0	1	0	0	0	1
<i>Mwanza</i>	2	0	0	2	0	4
<i>Mzimba</i>	1	2	0	0	0	3
<i>Neno</i>	0	1	0	1	0	2
<i>Nkhotakota</i>	1	2	0	0	1	4
<b>Grand Total</b>	<b>11</b>	<b>12</b>	<b>2</b>	<b>7</b>	<b>1</b>	<b>33</b>

### Annex 3. Localised measles outbreak as of 17 March 2025

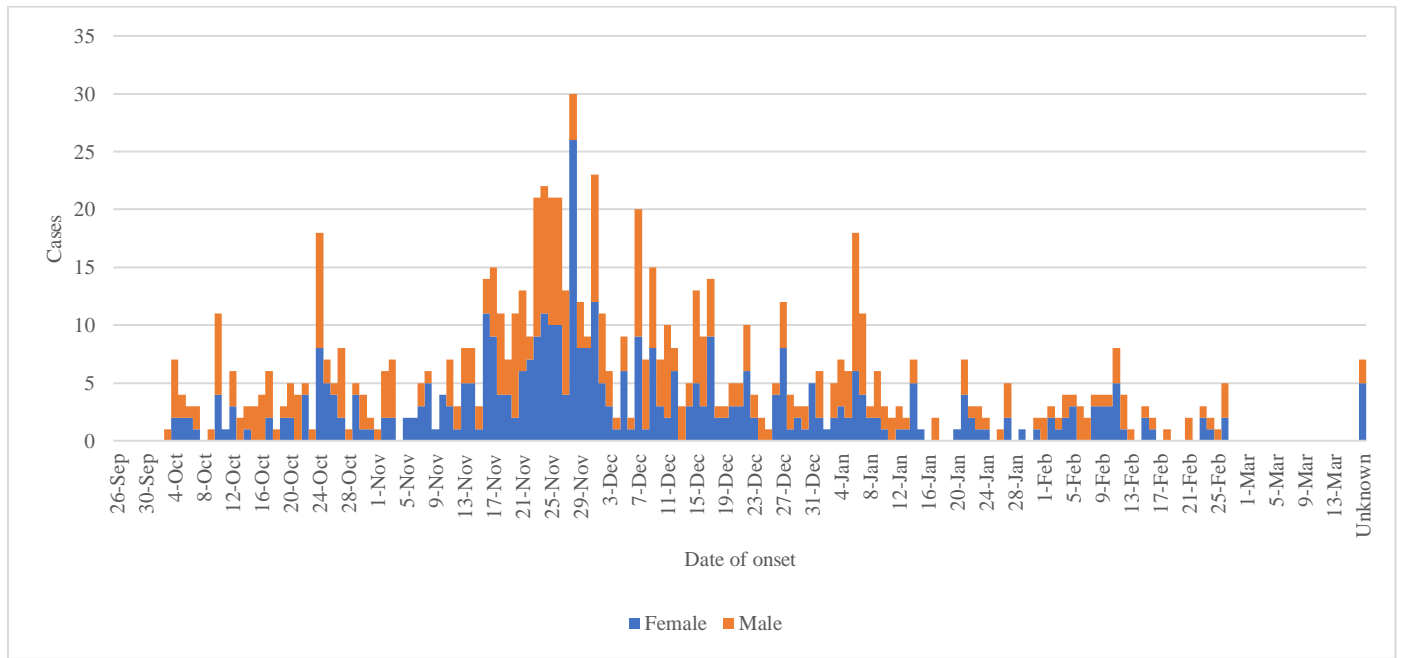


Figure 8. Overall Distribution of measles cases in the current outbreak by date of onset, Malawi 2024-25 (N=932)

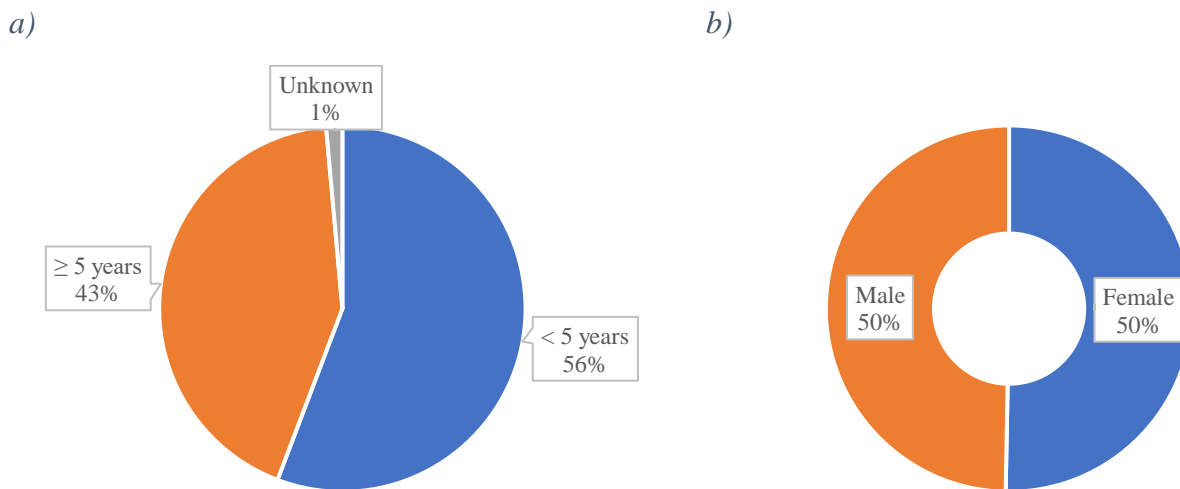


Figure 9. Distribution of measles cases by age-group (a) and sex (b), Malawi 2024-25 (N=941)

#### Annex 4. Priority diseases/conditions/events under surveillance, Epi-week 11

District/Central Hospital	OPD AEFI cases	IPD AEFI cases	OPD AFP cases	IPD AFP cases	IPD cholera cases	OPD Covid-19 cases	OPD Diarrhoea With Blood (Bacterial) Cases	IPD Diarrhoea With Blood (Bacterial) Cases	OPD Malaria Cases	IPD Malaria Cases	IPD Death Malaria Cases	IPD Maternal death cases	OPD measles cases	IPD measles cases	IPD meningococcal meningitis cases	IPD meningococcal meningitis deaths	IPD SARI cases	OPD typhoid fever cases	IPD typhoid fever cases
Kasungu-DHO	3	0	0	0	0	0	592	0	14777	55	1	0	0	0	1	0	0	0	0
Nkhotakota-DHO	0	0	0	0	0	0	0	0	431	0	0	0	0	0	0	0	0	0	0
Ntchisi-DHO	0	0	0	0	0	0	5	0	3048	0	0	0	0	0	0	0	0	0	0
Salima-DHO	0	0	0	0	0	0	35	0	3271	17	1	0	0	0	0	0	0	0	0
Dowa-DHO	0	0	1	0	0	0	11	0	10997	13	0	0	0	0	0	0	0	0	0
Kamuzu CH	0	0	0	2	0	0	0	0	36	111	0	0	1	2	0	0	168	0	0
QECH	0	0	0	0	0	0	1	1	22	16	1	0	1	0	2	0	0	0	0
Zomba CH	0	0	0	0	0	0	2	0	38	50	1	0	0	0	0	0	0	0	0
Dedza-DHO	0	0	0	0	0	0	14	0	5104	56	0	0	1	0	0	0	0	0	0
Lilongwe-DHO	3	0	0	0	0	0	51	0	31065	269	10	0	18	0	0	0	0	14	0
Ntcheu-DHO	1	0	0	0	0	0	21	0	6052	12	5	0	0	0	0	0	0	0	0
Mchinji-DHO	1	0	0	1	0	0	11	0	14644	99	1	0	0	0	0	0	0	14	0
Chitipa-DHO	0	0	0	0	0	0	14	0	2070	20	0	0	0	0	0	0	0	0	0
Karonga-DHO	0	0	0	0	1	0	29	3	2524	42	1	0	0	0	0	0	24	0	0
Likoma-DHO	3	0	0	0	0	0	6	0	197	1	0	0	0	0	0	0	0	0	0
Mzimba-North-DHO	56	0	0	0	0	0	68	0	7749	37	0	0	0	0	0	0	0	0	0
Mzimba-South-DHO	0	0	0	0	0	0	40	0	14674	150	0	0	0	0	0	0	0	0	0
Nkhata-Bay-DHO	0	0	0	0	0	0	25	0	3382	2	0	0	0	0	0	0	0	0	0
Rumphi-DHO	32	1	0	0	0	0	24	0	2551	30	0	0	0	0	0	0	0	0	0
Balaka-DHO	1	0	0	0	0	0	24	0	987	24	2	0	0	0	0	0	0	0	0
Machinga-DHO	1	0	0	0	1	0	47	0	3326	6	0	0	0	0	0	0	0	0	0
Mangochi-DHO	1	0	0	0	0	0	71	0	3020	60	0	0	25	0	0	0	0	0	0
Mulanje-DHO	1	0	0	0	0	0	26	1	4644	9	0	0	0	0	0	0	1	2	0
Phalombe-DHO	0	0	0	0	0	0	27	0	1427	21	0	1	0	0	0	0	0	0	0
Zomba-DHO	4	0	0	0	2	0	65	0	11737	67	0	0	1	0	0	0	0	0	0
Blantyre-DHO	0	0	0	0	0	0	142	3	6763	6	0	0	0	0	0	0	0	31	0
Chikwawa-DHO	1	0	1	0	0	0	31	0	3433	23	1	0	0	0	6	1	0	2	0
Chiradzulu-DHO	2	0	0	0	0	0	10	0	2535	10	0	0	0	0	0	0	0	0	0
Mwanza-DHO	2	0	0	0	0	0	1	0	2227	24	0	0	0	0	0	0	0	0	0
Neno-DHO	0	0	0	0	0	1	116	0	1883	160	0	0	0	0	0	0	2	2	0
Nsanje-DHO	5	0	0	0	0	0	50	1	1496	28	0	0	0	0	0	0	0	0	0
Thyolo-DHO	3	0	0	0	0	0	18	0	1750	15	0	0	0	0	0	0	0	4	1
<b>Total</b>	<b>120</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>1577</b>	<b>9</b>	<b>167860</b>	<b>1433</b>	<b>24</b>	<b>1</b>	<b>47</b>	<b>2</b>	<b>9</b>	<b>1</b>	<b>195</b>	<b>69</b>	<b>1</b>

## Acknowledgment

The Ministry of Health acknowledges efforts made by all districts and health facilities in surveillance activities.

**Editorial team:** Dr. Matthews Kagoli, Dr Annie Mwale, Mrs. Mtisunge Yelewa, Mr. Austin Zgambo, Mr. Sikhona Chipeta, Mr. Shaibu Safalie, Mr. Francis Chimphanje, Mr. Pilirani Kanjoka, Mr. Mwamadi Praise Yusuf, Mr. Lwitikano Kaira, Mr. Wavisanga Mnyenyembe, and Mr. Noel Khunga

This bulletin is produced by the Public Health Institute of Malawi, Ministry of Health.

For more information, support, and feedback, please contact the following

NAME	CONTACT
Dr Mathews Kagoli	<a href="mailto:mkagoli@gmail.com">mkagoli@gmail.com</a>
Dr. Annie Mwale	<a href="mailto:chaumaannie@gmail.com">chaumaannie@gmail.com</a>
Wiseman Chimwaza	<a href="mailto:chimwazawiseman@gmail.com">chimwazawiseman@gmail.com</a>
Mrs. Mtisunge Yelewa	<a href="mailto:yelewamtisunge01@gmail.com">yelewamtisunge01@gmail.com</a>