

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 9 of 2025), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 9
- 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 9, 2025

- IDSR reporting was 94.8% for completeness and 82.4% for timeliness on the One Health Surveillance Platform (OHSP).
- Twenty-eight (28) EBS signals reported in Epi-week 9
- Zero alert was reported for cholera disease with no culture positive case
- One hundred and three (103) new alerts for measles cases reported
- Zero (0) Mpox alert was reported.
- Other alerts generated were Severe Acute Respiratory Infections (SARI) (180 cases), Diarrhoea with blood (1,215 cases), Adverse Events Following Immunization (AEFI) (104), Typhoid fever (41), Meningococcal meningitis (5 cases), and Acute Flaccid Paralysis (12) as shown in Figure 1.

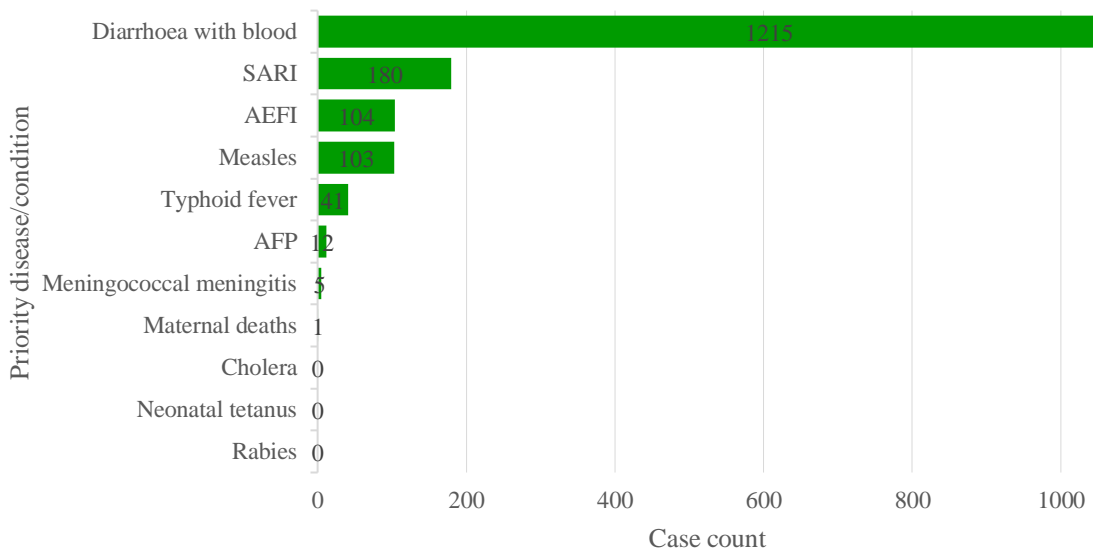


Figure 1. Notifiable diseases/conditions alerts reported in Epi-week 9 in Malawi (Data accessed on 4 March 2025).

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 9

During Epi-week 9, the completeness of reporting decreased from 96.5% in Epi-week 8 to 94.8%. Similarly, the timeliness of reporting also reduced from 91.1% in Epi-week 8 to 82.4% (see Figure 2).

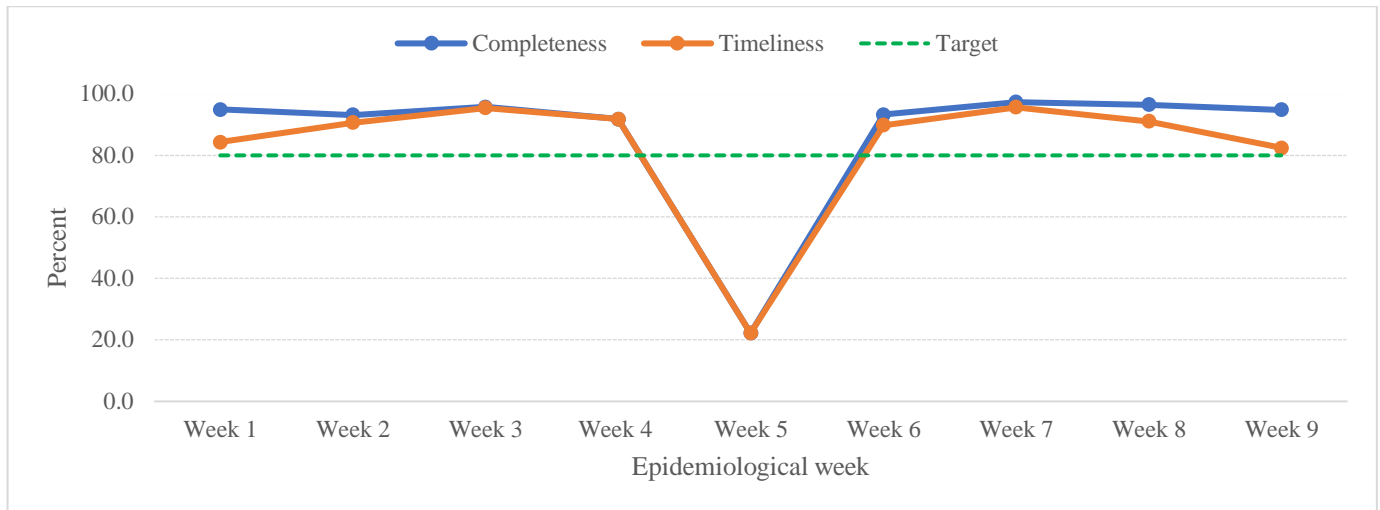


Figure 2. Trend of national IDSR weekly reporting rates in Malawi, Epi-week 1 to 9, 2025 (Data accessed on 4 March 2025).

2.1.2. Reporting rates at Zonal level up to Epi-week 9

Figure 3 presents the reporting rates across various health zones. Except for Central Hospitals and the South East Zone, the remaining four zones (Central East, Central West, North, and South West) achieved the target of $\geq 80\%$ in both completeness and timeliness. The South East Zone achieved 92.3% in completeness but failed to reach the national target in timeliness (66.1%). The Central Hospitals achieved 75% in both completeness and timeliness during the week under review, with Zomba Central Hospital not reporting by the time the report was produced.

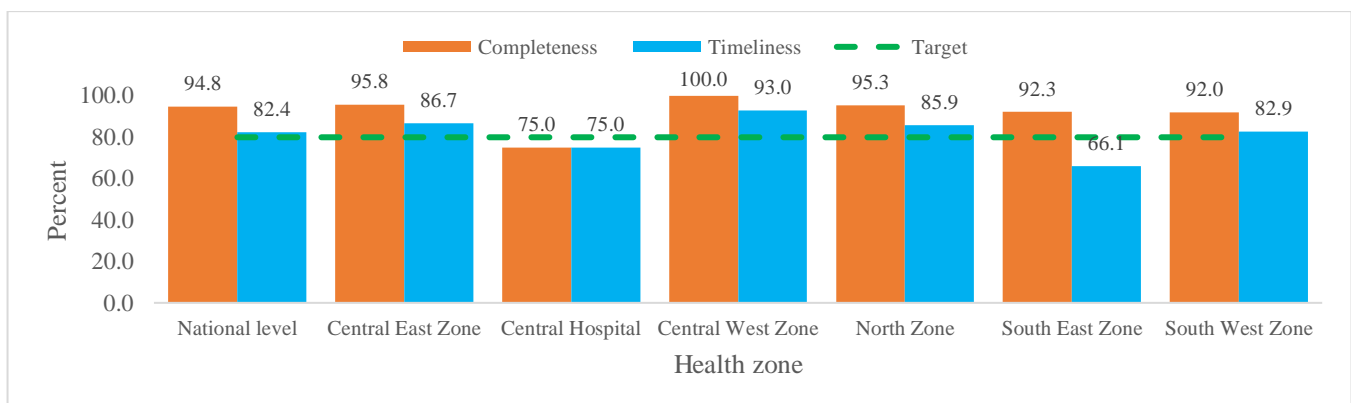


Figure 3. Reporting rates of IDSR weekly reports by zones, Epi-week 9 (Data accessed on 4 March 2025)

2.1.3. Reporting rates at District level for Epi-week 9

Among the 33 reporting sites (District and Central Hospitals), 30 (94.8%) achieved the national target of $\geq 80\%$ in completeness, while 27 sites (82.4%) met the timeliness target. The completeness and timeliness of all reporting sites from Epi-week 1 to 9 of 2025 are presented in Annex 1.

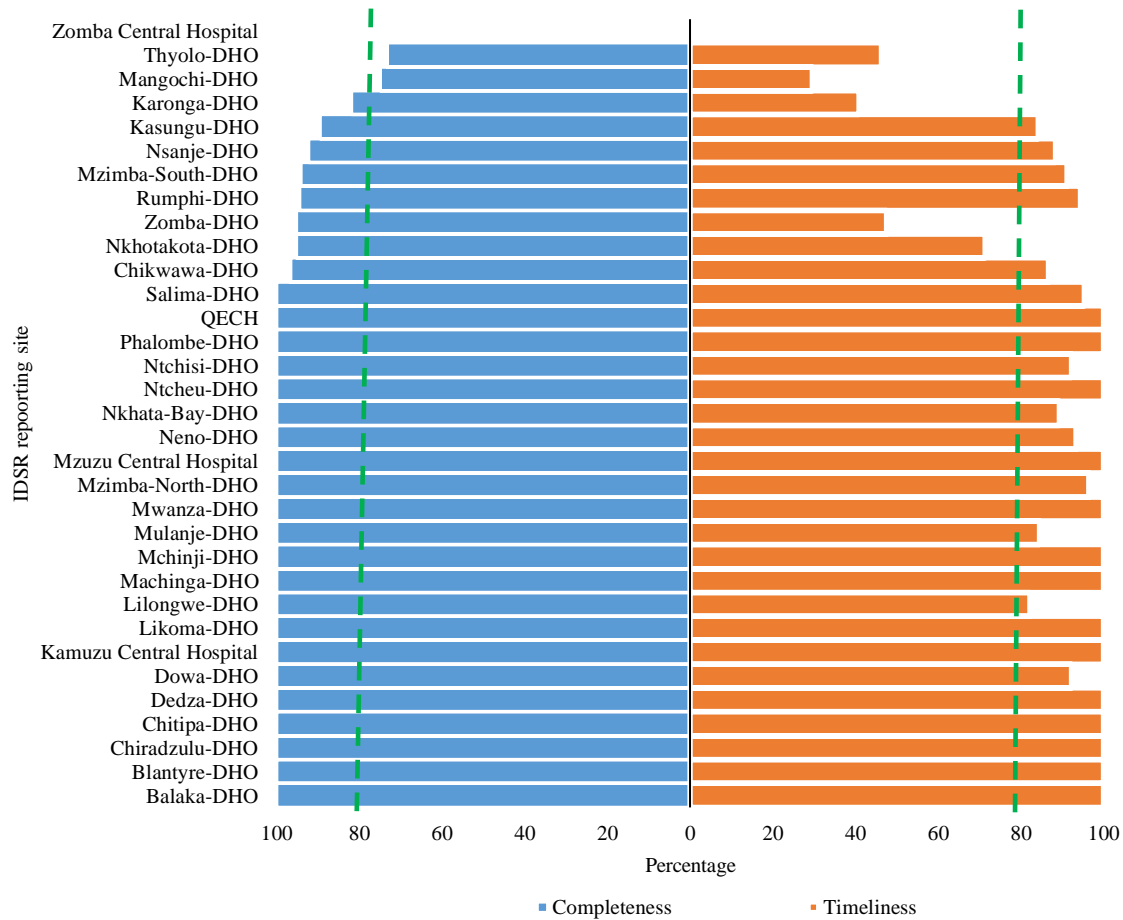


Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 9 (Data accessed on 4 March 2025).

3. Event Based Surveillance (EBS)

3.1. Community EBS signals reported in Epi-week 9

Figure 5 presents the list of signals that were reported in Epi-week 9. In total, 28 signals were reported in Epi week 9 compared to 31 signals that were reported in Epi-week 8. All the signals were verified. Nineteen (19) of these signals (67.9%) fell into the category of “Any child with sudden weakness of limbs or fever and skin rash”. Despite verifying all the signals, further steps such as risk assessment were not reported to

have been done.

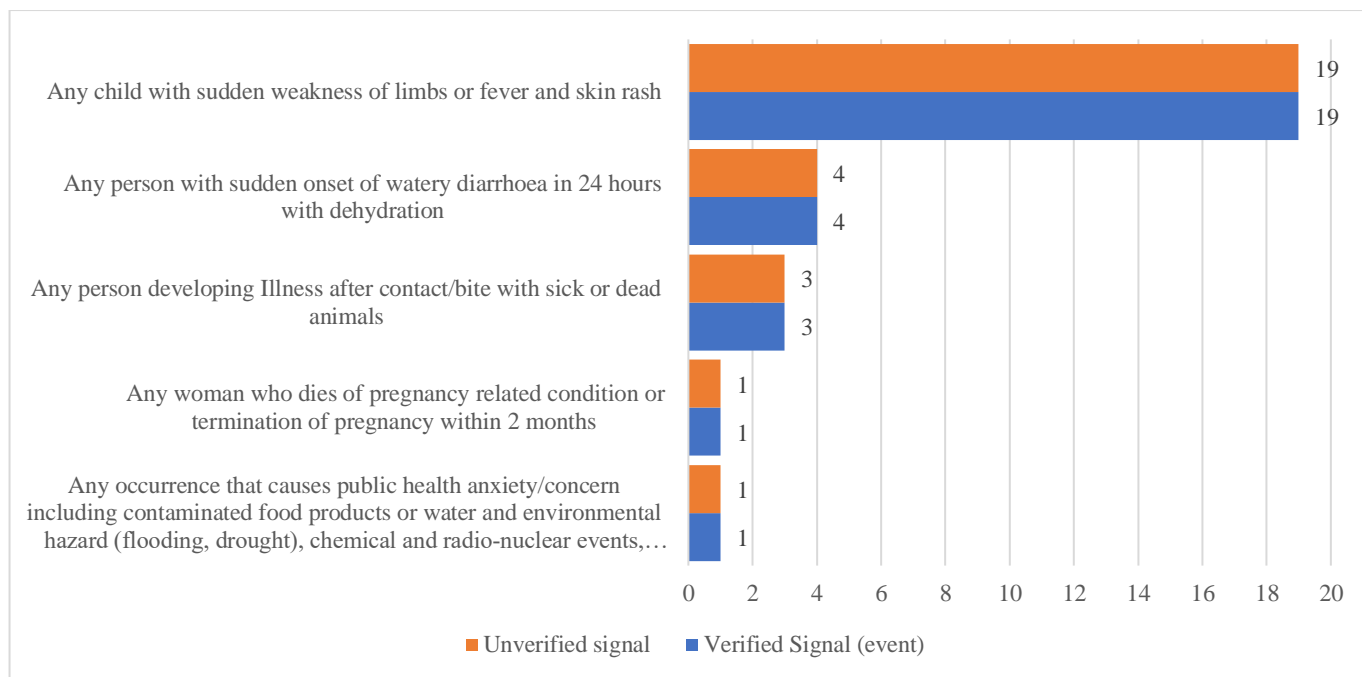


Figure 5: Event-based signals reported in Epi-week 9 (Data accessed on 4 March 2025)

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

During the week under review, among the 33 reporting units, six (18.2%) reported EBS signals, a decrease from eight (27.3%) in epi-week 8, with Blantyre-DHO reporting the majority (42.9%) of the signals. A detailed breakdown of the signals reported by each reporting unit can be found in Annex 2.

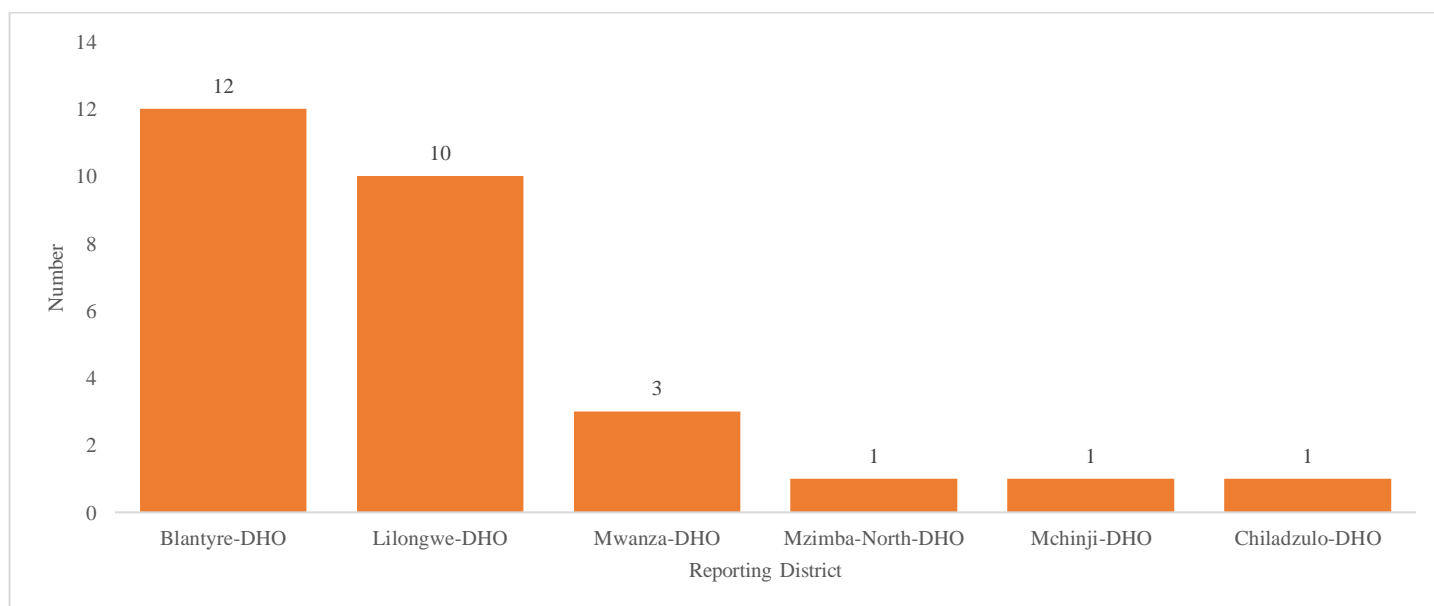


Figure 6: Distribution of EBS signals reported in Epi-week 9 (Data accessed on 4 March 2025)

4. Diseases/Conditions of Public Health Importance in Epi-week 9

Table 1 highlights the alerts related to diseases and public health conditions during Epi-week 9. Apart from malaria, diarrhoea with blood accounted for the second highest number of alerts (1,215). Blantyre DHO contributed the highest (161), while Kamuzu Central Hospitals reported zero case. Annex 4 presents has the details.

Table 1. Reported alerts of diseases/conditions of public health importance in Malawi, Epi-week 9.

	Suspected cases
<i>EPIDEMIC PRONE DISEASES</i>	
Diarrheal with blood	1,215
Meningococcal Meningitis	5
Typhoid Fever	41
SARI	180
Cholera	0
Mpox	0
<i>DISEASES TARGETED FOR ERADICATION/ELIMINATION</i>	
Measles	103
Acute Flaccid Paralysis	12
Neonatal tetanus	0
<i>CONDITIONS OF PUBLIC HEALTH IMPORTANCE</i>	
Food borne illnesses	0
Maternal death	1
Yellow fever	0
Rabies	0

5. Ongoing outbreaks and emergencies in Malawi as of 3 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. Currently, seven districts are actively responding to the outbreak with the following confirmation dates: Lilongwe (24 October 2024), Rumphu (9 November 2024), Blantyre (5 December 2024), Balaka (5 December 2024), and Nkhotakota (5 December 2024). Ntcheu and Salima districts, which had their first outbreaks controlled, are experiencing another localized outbreak in the Katsekera Health Centre and Salima DHO catchment areas, confirmed on 11 and 22

February 2025, respectively. Meanwhile, Mangochi and Machinga 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 9, 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
Rumphu	0	0	143 (6)	0	0	0	0	1	37
Blantyre	0	0	67 (63)	0	0	0	0	5	14
Balaka	0	0	12 (12)	0	0	0	0	2	47*
Nkhotakota	0	3	65 (17)	0	0	0	0	2	4
Salima	0	0	4 (4)	0	0	0	0	1	39
Ntcheu	0	0	6 (6)	0	0	0	0	1	43*
TOTAL	0	3	825 (266)	0	55	0	0	22	

* Balaka and Ntcheu Districts are due for closure of the outbreaks after exceeding 2 incubation periods.

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, 305 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 3 imported cases from Zambia and Mozambique through Chitipa and Mulanje, respectively. As of Epi-week 9, 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 91 cases including 3 deaths (CFR: 3.3%), and Mzimba North 34 cases with zero death (CFR: 0%). In the past 7 days, no district reported a cholera outbreak case. The epidemiological situation is as described below. The epidemiological situation is as described below.

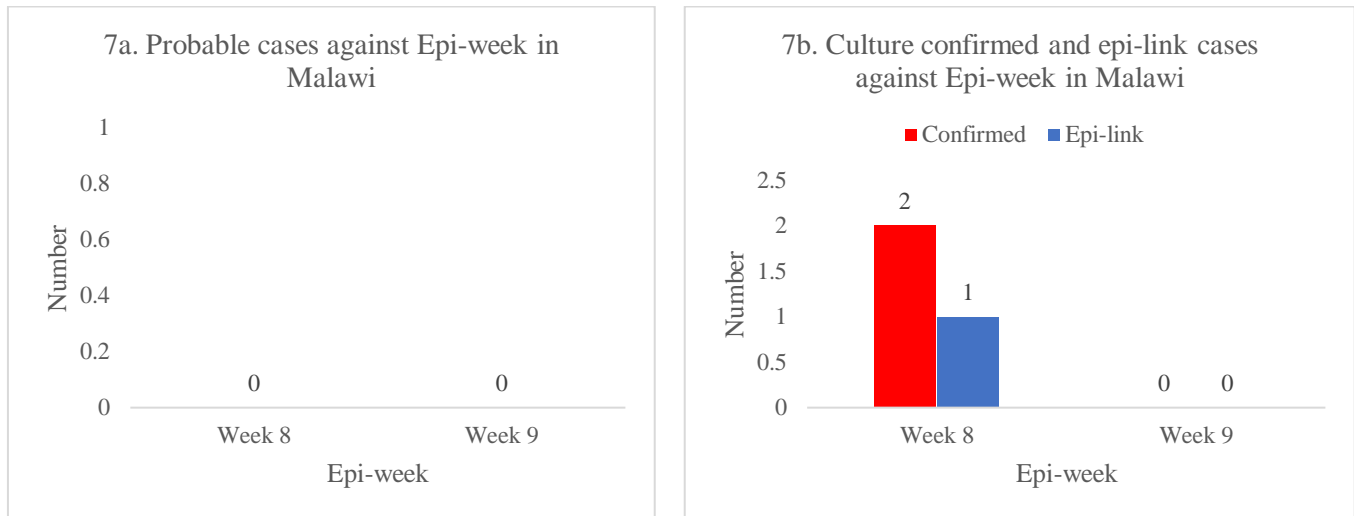


Figure 7. Comparison of cholera cases between week 8 and 9 of 2025 in Malawi: Probable cases (7a), confirmed and epi-linked cases (7b).

Updates for Epi-week 9

- No probable case was reported in Epi-week 9
- No culture positive case was reported in Epi-week 9, compared to two (2) culture positive cases that were reported from Balaka (1) and Machinga (1) in Epi-week 8, as shown in Figure 7b. Additionally, zero epidemiologically linked case was reported in Epi-week 9, compared to one (1) epidemiologically linked case that was reported from Balaka in Epi-week 8, 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 9, 2025

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

Annex 2: Distribution of EBS signals per reporting unit in Epi-week 9

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	Any person developing illness after contact/bite with sick or dead animals	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	9	1	0	0	0	10
Blantyre-DHO	10	0	2	0	0	12
Mzimba-North-DHO	0	0	0	1	0	1
Mchinji-DHO	0	0	1	0	0	1
Mwanza-DHO	0	3	0	0	0	3
Chiladzulo-DHO	0	0	0	0	1	1
Total	19	4	3	1	1	28

Annex 3. Localised measles outbreak as of 3 March 2025

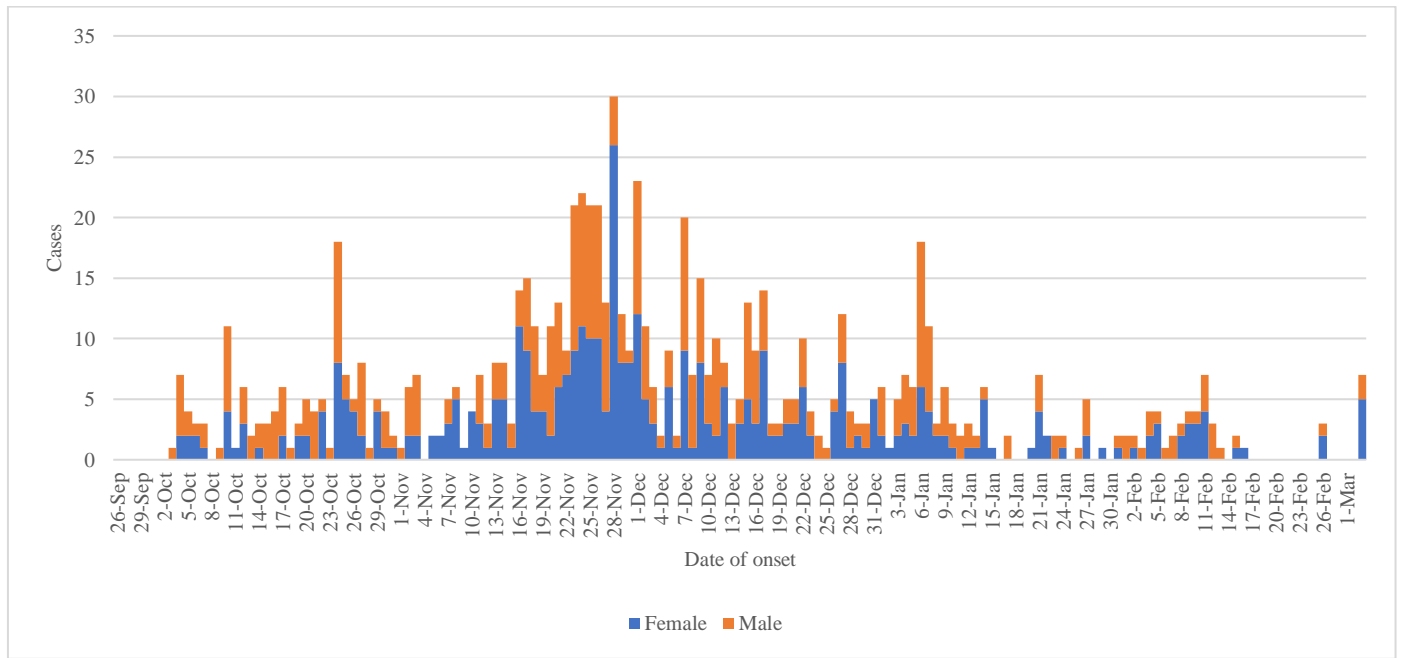


Figure 8. Overall Distribution of measles cases in the current outbreak by date of onset, Malawi 2024-25 (N=909)

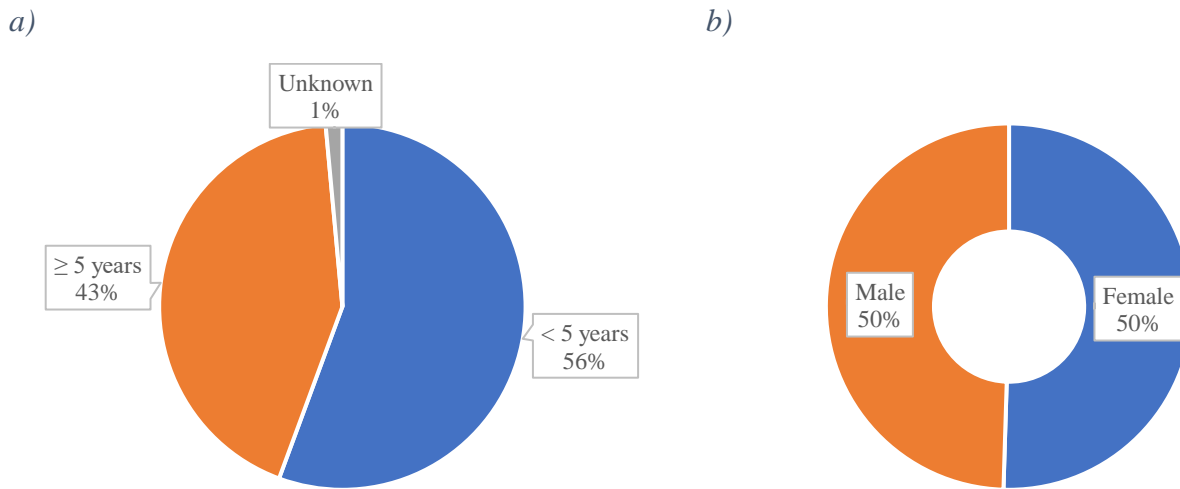


Figure 9. Distribution of measles cases by age-group (a) and sex (b), Malawi 2024-25 (N=909)

Annex 4. Priority diseases/conditions/events under surveillance, Epi-week 9

District/Central Hospital	OPD AEFI cases	IP AEFI cases	OPD AFP cases	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 meningococcal meningitis cases	IP SARI cases	OPD typhoid fever cases
Kasungu-DHO	1	0	0	44	0	13872	60	0	0	0	1	1	0
Nkhotakota-DHO	0	0	0	43	0	3812	30	6	0	10	0	6	0
Ntchisi-DHO	0	0	0	4	0	5647	32	0	0	0	0	0	0
Salima-DHO	0	0	0	73	0	3939	11	0	0	0	0	0	0
Dowa-DHO	0	0	0	18	0	11750	25	0	0	0	0	0	0
Kamuzu Central Hospital	0	0	0	0	0	42	131	0	0	2	0	104	1
Mzuzu Central Hospital	0	0	0	2	0	126	41	0	0	0	0	33	0
QECH	0	0	0	1	0	13	25	0	0	37	0	0	0
Lilongwe-DHO	0	0	1	69	0	38027	315	27	0	31	0	0	0
Ntcheu-DHO	0	0	1	34	0	5832	16	0	0	0	0	0	0
Mchinji-DHO	2	0	0	18	0	12236	77	2	0	0	0	0	6
Chitipa-DHO	0	0	1	21	0	1489	19	0	0	0	0	0	0
Karonga-DHO	0	0	0	48	0	4074	60	0	0	0	0	25	0
Likoma-DHO	1	0	0	9	0	201	1	0	0	0	0	0	0
Mzimba-North-DHO	39	1	0	67	1	6415	37	0	0	0	0	0	0
Mzimba-South-DHO	0	0	0	41	2	13179	191	0	0	0	0	0	0
Nkhata-Bay-DHO	0	0	0	34	0	3551	6	0	0	3	0	0	0
Rumphi-DHO	23	1	0	33	0	3804	32	0	0	0	0	0	0
Balaka-DHO	3	0	0	26	0	1087	22	1	0	0	0	0	0
Machinga-DHO	0	0	2	119	3	2318	5	0	1	0	0	0	0
Mangochi-DHO	4	0	0	30	3	2931	14	0	0	12	0	0	0
Mulanje-DHO	0	0	1	37	1	5389	14	0	0	1	0	3	1
Phalombe-DHO	0	0	0	24	0	1326	0	0	0	0	0	0	0
Zomba-DHO	0	0	2	63	0	14262	55	0	0	1	0	0	0
Blantyre-DHO	0	0	1	161	0	5347	1	0	0	5	0	0	26
Chikwawa-DHO	10	0	0	59	1	2246	9	1	0	0	2	0	5
Chiradzulu-DHO	8	0	0	16	0	2782	3	0	0	1	0	0	0
Mwanza-DHO	2	0	0	5	0	2065	27	1	0	0	0	0	0
Neno-DHO	0	0	2	29	1	1689	19	1	0	0	0	8	1
Nsanje-DHO	5	0	0	54	1	980	16	3	0	0	2	0	0
Thyolo-DHO	4	0	1	20	0	2726	33	0	0	0	0	0	1
Total	102	2	12	1202	13	173157	1327	42	1	103	5	180	41

Acknowledgment

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

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

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