

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 13 of 2025), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 13
- 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 13, 2025

- IDSR reporting was 97.7% for completeness and 88.2% for timeliness on the One Health Surveillance Platform (OHSP).
- Fifty-nine (59) EBS signals reported in Epi-week 13
- Zero alerts were reported for cholera disease with no culture positive case
- Seventy-five (75) new alerts for measles cases reported
- One (1) Mpox alert was reported.
- Other alerts generated were Severe Acute Respiratory Infections (SARI) (271 cases), Diarrhoea with blood (1,025 cases), Adverse Events Following Immunization (AEFI) (141 cases, including 1 death), Typhoid fever (29 cases), Meningococcal meningitis (11 cases, including 1 death), and Acute Flaccid Paralysis (4 cases) as shown in Figure 1.

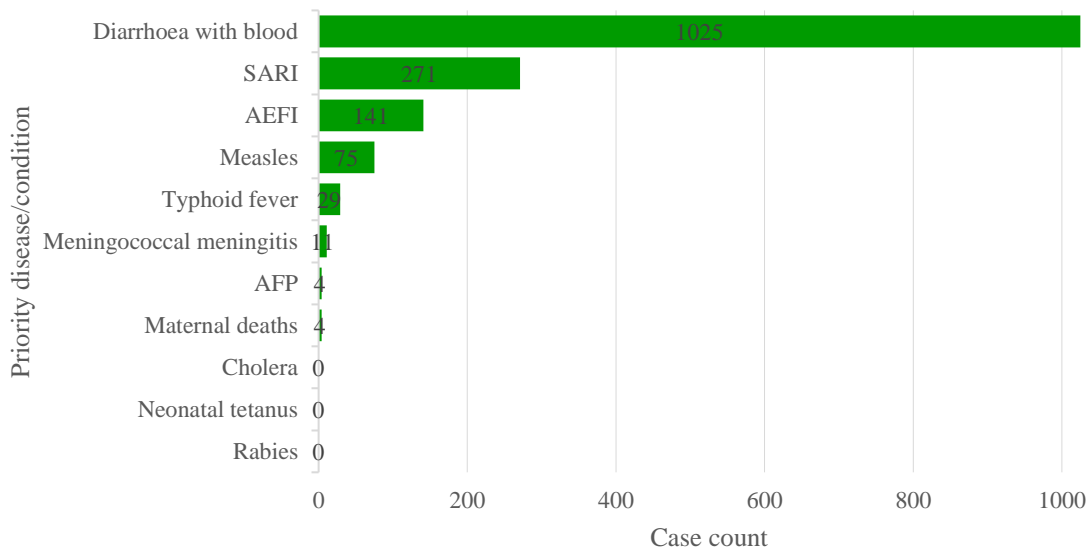


Figure 1. Notifiable diseases/conditions alerts reported in Epi-week 13 in Malawi (Data accessed on 2 April 2025).

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 13

During Epi-week 13, the completeness of reporting slightly decreased from 99.1% in Epi-week 12 to 97.7%. Similarly, the timeliness of reporting also dropped from 96.3% in Epi-week 12 to 88.2%. (see Figure 2).

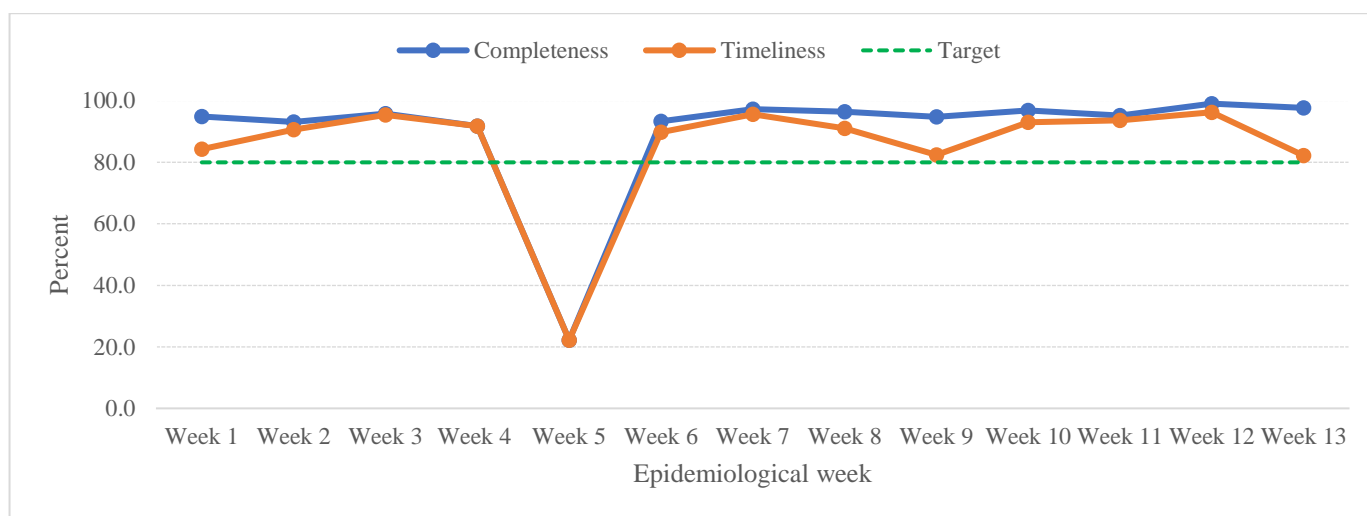


Figure 2. Trend of national IDSR weekly reporting rates in Malawi, Epi-week 1 to 13, 2025 (Data accessed on 2 April 2025).

2.1.2. Reporting rates at Zonal level up to Epi-week 13

Figure 3 illustrates the reporting rates across various health zones. All five zones (Central East, Central West, North, South East, and South West) met the target of $\geq 80\%$ for both completeness and timeliness. However, while the Central Hospitals achieved 100% completeness, they fell short of the timeliness target, recording a rate of 75%.

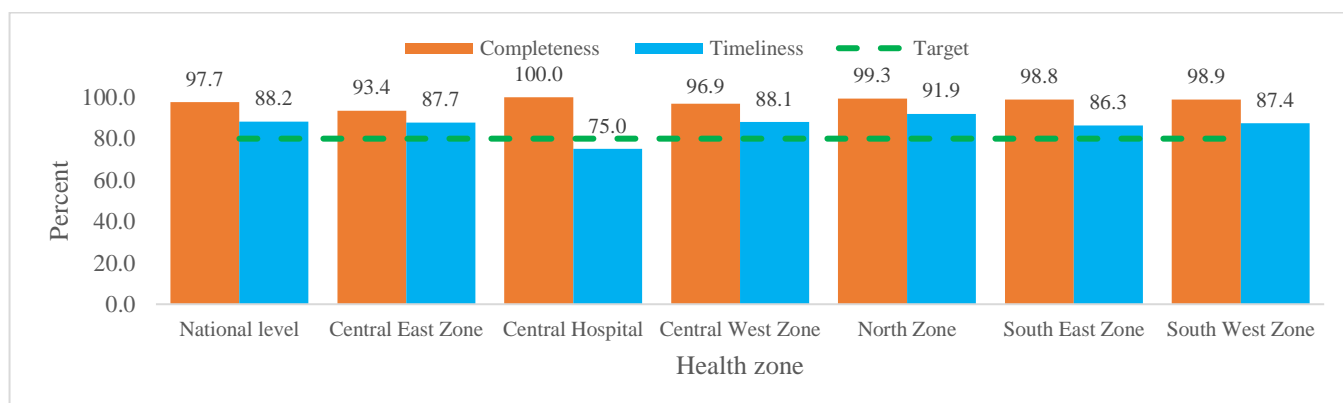


Figure 3. Reporting rates of IDSR weekly reports by zones, Epi-week 13 (Data accessed on 2 April 2025)

2.1.3. Reporting rates at District level for Epi-week 13

Among the 33 reporting sites (District and Central Hospitals), 33 (100.0%) achieved the national target of $\geq 80\%$ completeness, while 26 sites (77.8%) met the timeliness target of 80% Kasungu DHO (73.7%), Karonga DHO (77.3%), Zomba DHO (59.5%), Thyolo DHO (63.4%), Ntcheu DHO (79.5%), Mzuzu Central Hospital (0.0%), and Mzimba North DHO (75.9%), failed to meet the target in timeliness, as shown in Figure 4. The completeness and timeliness of all reporting sites from Epi-week 1 to 13 of 2025 are presented in Annex 1.

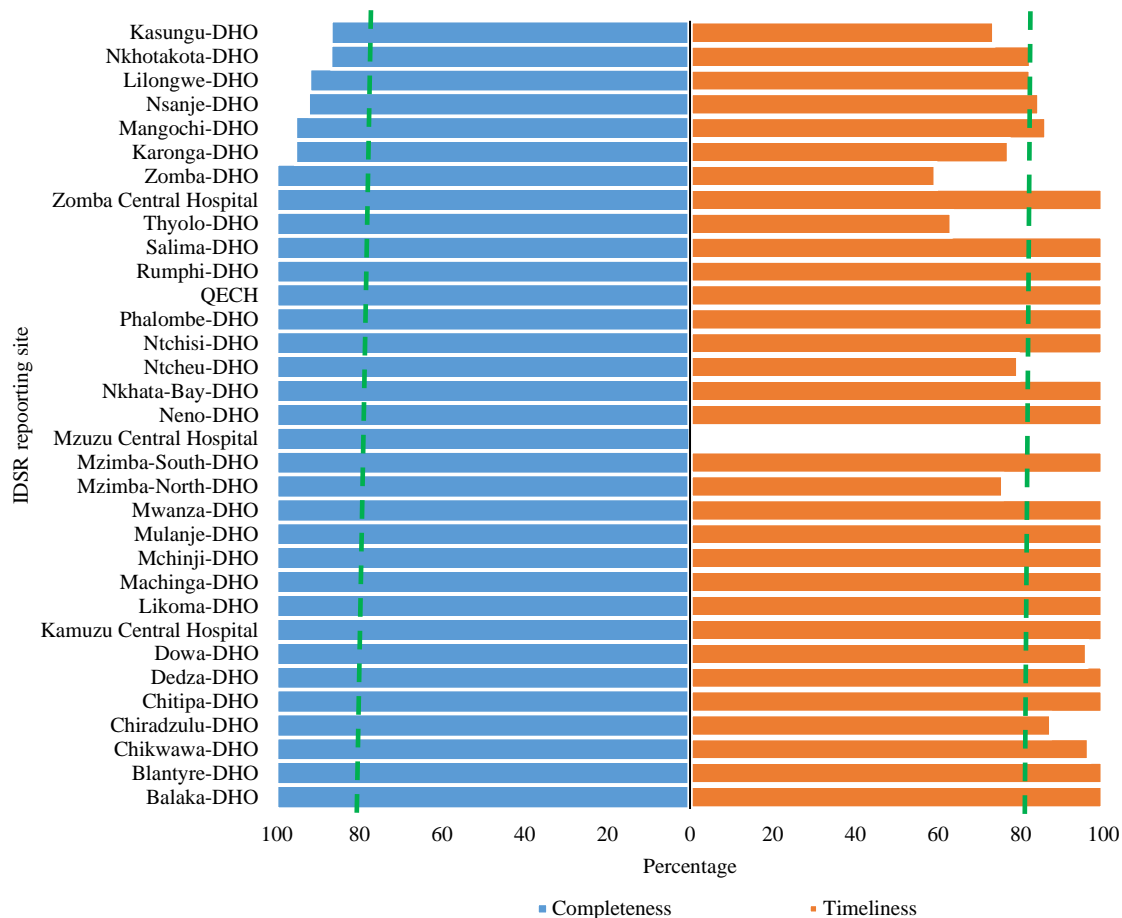


Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 13 (Data accessed on 2 April 2025).

3. Event Based Surveillance (EBS)

3.1. Community EBS signals reported in Epi-week 13

Figure 5 presents the list of signals that were reported in Epi-week 13. In total, 59 signals were reported in Epi week 13 compared to 47 signals that were reported in Epi-week 12. Forty-two percent (25) of the signals were verified as events, while 22% (13) was discarded. Fifty-six percent (33) of these signals fell into the

category of “Any child with sudden weakness of limbs or fever and skin rash”.

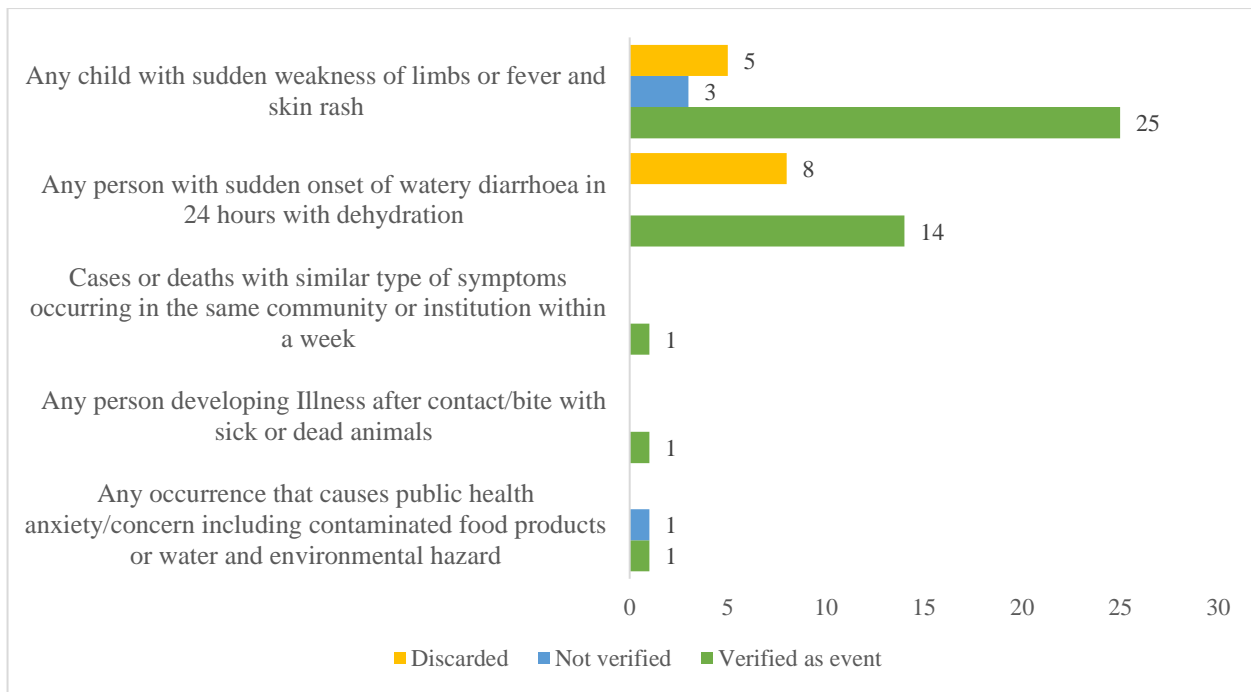


Figure 5: Event-based signals reported in Epi-week 13 (Data accessed on 2 April 2025)

3.2. Risk Assessment Level of the Community Signals

Out of fifty-nine (59) community signals, 29% (17) did not undergo risk assessment, 14% (8) were classified as moderate risk, and 24% (14) 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.

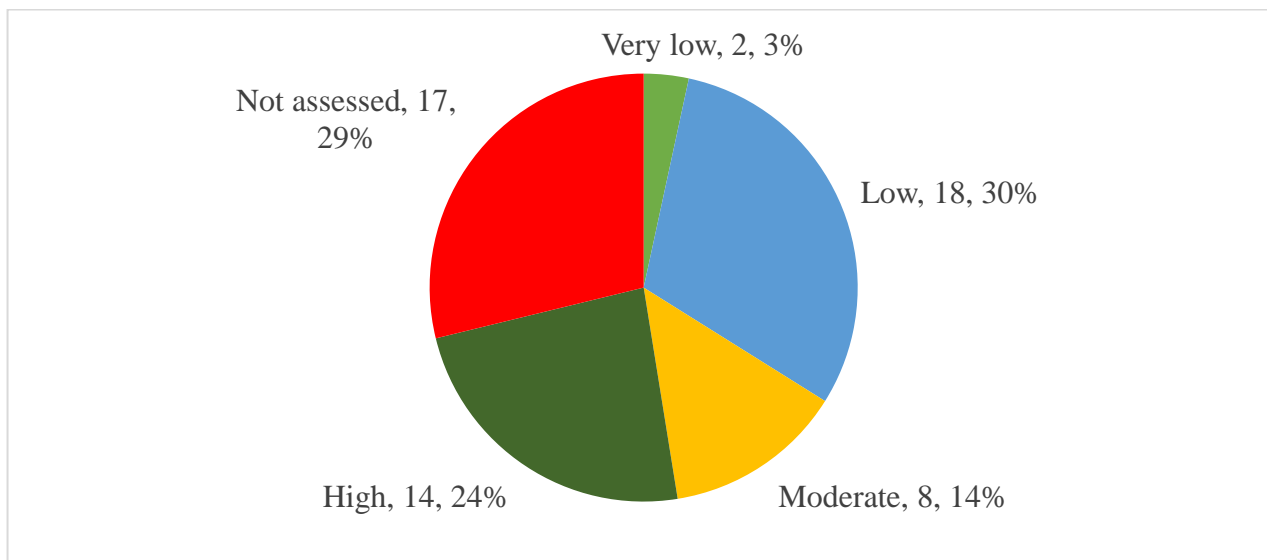


Figure 6: Distribution of EBS signals reported in Epi-week 13 (Data accessed on 2 April 2025)

4. Diseases/Conditions of Public Health Importance in Epi-week 13

Table 1 highlights the alerts related to diseases and public health conditions during Epi-week 13. Apart from malaria, diarrhoea with blood accounted for the second highest number of alerts (1,025). Blantyre DHO contributed the highest (154), while Mzuzu, Kamuzu, Zomba and Queen Elizabeth Central Hospitals each recorded a single case (see Annex 4 for further details).

Table 1. Reported alerts of diseases/conditions of public health importance in Malawi, Epi-week 13.

	Suspected cases
<i>EPIDEMIC PRONE DISEASES</i>	
Diarrheal with blood	1,025
Meningococcal Meningitis	11
Typhoid Fever	29
SARI	271
Cholera	0
Mpox	1
<i>DISEASES TARGETED FOR ERADICATION/ELIMINATION</i>	
Measles	75
Acute Flaccid Paralysis	4
Neonatal tetanus	0
<i>CONDITIONS OF PUBLIC HEALTH IMPORTANCE</i>	
Food borne illnesses	0
Maternal death	4
Yellow fever	0
Rabies	0

5. Ongoing outbreaks and emergencies in Malawi as of 31 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 1,032 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 13, 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	594 (150)	0	55	0	0	8	5
Blantyre	0	0	67 (63)	0	0	0	0	5	34
Nkhotakota	0	0	82 (84)	0	0	0	0	2	12
Salima	0	0	27 (27)	0	0	0	0	1	42
Mangochi*	0	0	7 (7)	0	0	0	0	1	31
TOTAL	0	0	777 (281)**	0	55	0	0	17	

***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.

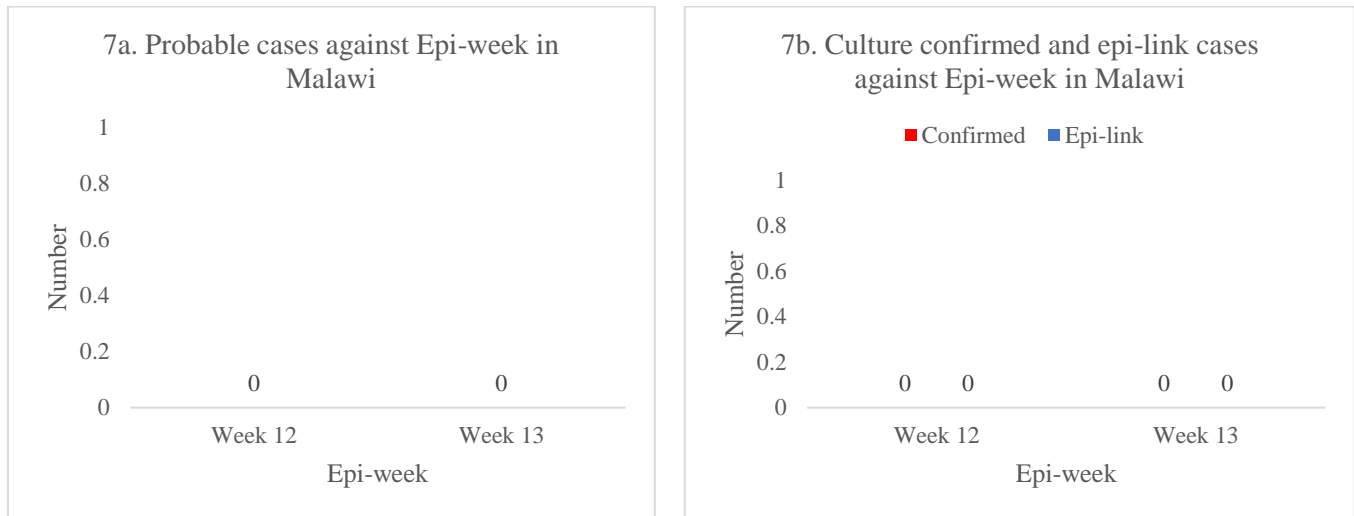


Figure 7. Comparison of cholera cases between week 12 and 13 of 2025 in Malawi: Probable cases (7a), confirmed and epi-linked cases (7b).

Updates for Epi-week 13

- No probable case was reported in Epi-week 13
- Zero culture-positive cases were reported in Epi-week 13, which is consistent with the zero culture-positive cases recorded in Epi-week 12, as illustrated in Figure 7b. Furthermore, no epidemiologically linked cases were reported during both Epi-week 12 and Epi-week 13, as shown in Figure 7b.

On-going interventions

- 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 13, 2025

District/Central Hospital	Completeness													Timeliness												
	W1	W2	W3	W4	W5	W6	W7	W8	W9	W10	W11	W12	W13	W1	W2	W3	W4	W5	W6	W7	W8	W9	W10	W11	W12	W13
National	100	100	100	100	100	100	97	97	95	97	95	99	98	94	97	100	98	35	97	96	91	82	93	94	96	88
Balaka-DHO	100	100	100	100	100	100	100	100	100	100	59	100	100	100	100	100	100	35	100	100	100	100	100	59	100	100
Blantyre-DHO	100	100	100	100	100	100	100	100	100	100	98	100	100	100	100	100	100	98	98	93	98	100	100	98	100	100
Chikwawa-DHO	100	100	97	97	97	97	97	97	97	100	97	100	100	97	97	97	97	7	100	97	87	87	100	97	93	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	100	100	100	88
Chitipa-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100	100	100	100	100
Dedza-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	76	100	100	100	100	100	100	100	100
Dowa-DHO	100	100	100	100	100	100	100	100	100	88	96	100	100	100	100	100	100	0	4	100	100	92	88	96	100	96
Kamuzu Central Hospital	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100	100	100	100	100
Karonga-DHO	100	100	100	82	82	82	82	82	82	91	86	100	95	82	82	82	82	41	91	86	86	41	82	77	77	77
Kasungu-DHO	100	97	100	89	89	89	89	89	89	82	97	92	87	89	89	89	89	26	74	74	84	84	76	87	92	74
Likoma-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	33	67	100	100	100	100	100	100	100
Lilongwe-DHO	100	100	100	100	100	100	100	100	100	100	100	100	92	100	100	100	100	16	100	97	97	82	98	98	87	83
Machinga-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100	5	100	100	100
Mangochi-DHO	100	100	100	75	75	75	75	75	75	100	100	100	95	75	75	75	75	21	100	98	84	30	100	100	100	86
Mchinji-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	5	100	100	100	100	100	100	100	100
Mulanje-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	0	89	88	100	85	100	100	100	100
Mwanza-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	0	100	100	80	100	100	100	80	100
Mzimba-North-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	17	86	100	100	97	100	100	100	76
Mzimba-South-DHO	100	100	100	94	94	94	94	94	94	97	100	100	100	94	94	94	94	79	100	100	97	91	97	100	100	100
Mzuzu Central Hospital	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100	100	100	0	100	100	100	100	100	0	100	0
Neno-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	13	100	87	93	93	100	100	100	100
Nkhata-Bay-DHO	100	100	100	100	100	100	100	100	100	96	96	96	100	100	100	100	100	50	86	100	96	89	96	96	96	100
Nkhotakota-DHO	71	81	95	95	95	95	95	95	95	86	19	91	87	95	95	95	95	5	91	95	5	71	86	14	83	83
Nsanje-DHO	83	88	96	92	92	92	92	92	92	100	92	96	92	92	92	92	92	71	83	96	73	88	96	92	96	85
Ntcheu-DHO	100	95	100	100	100	100	100	100	100	95	100	100	100	100	100	100	100	8	87	100	100	100	92	100	100	79
Ntchisi-DHO	100	100	100	100	100	100	100	100	100	100	92	100	100	100	100	100	100	100	92	100	100	92	100	92	100	100
Phalombe-DHO	100	100	100	100	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	100	100	100	100
Rumphi-DHO	100	100	100	94	94	94	94	94	94	89	94	100	100	94	94	94	94	0	94	94	100	94	89	94	100	100
Salima-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	64	100	100	100	95	100	100	95	100
Thyolo-DHO	100	100	95	73	73	73	73	73	73	98	100	100	100	73	73	73	73	49	100	98	100	46	98	100	100	63
Zomba Central Hospital	100	100	100	0	0	0	0	0	0	100	100	100	100	0	0	0	0	0	0	0	0	0	100	100	100	100
Zomba-DHO	100	100	100	95	95	95	95	95	95	95	100	100	100	95	95	95	95	10	86	90	67	48	90	90	93	60

Annex 2: Distribution of EBS signals per reporting unit in Epi-week 13

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	Cases or deaths with similar type of symptoms occurring in the same community or institution within a week	Total
<i>Blantyre</i>	6	1	1	1	0	9
<i>Dedza</i>	1	0	0	0	0	1
<i>Lilongwe</i>	9	0	0	2	0	11
<i>Mchinji</i>	1	0	0	0	1	2
<i>Mwanza</i>	7	0	0	17	0	24
<i>Mzimba</i>	1	0	0	0	0	1
<i>Neno</i>	0	1	0	0	0	1
<i>Ntcheu</i>	0	0	0	2	0	2
<i>Thyolo</i>	8	0	0	0	0	8
Total	33	2	1	22	1	59

Annex 3. Localised measles outbreak as of 31 March 2025

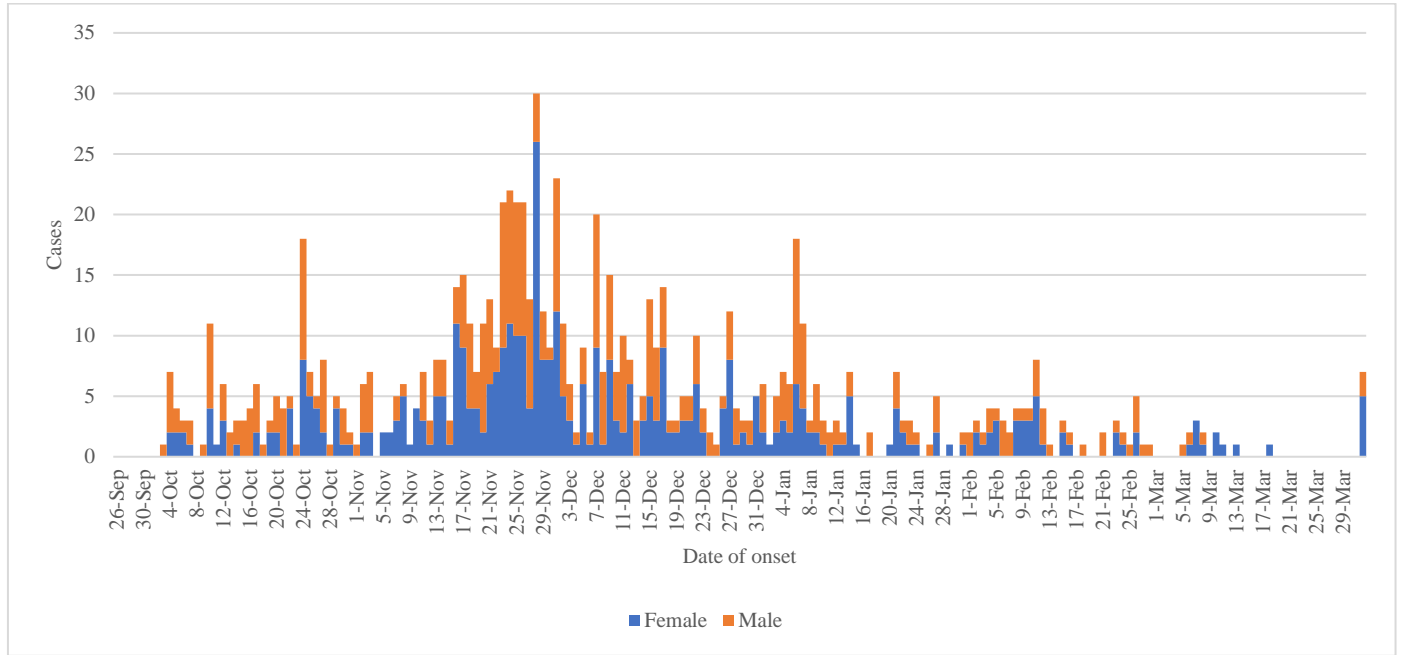


Figure 8. Overall Distribution of measles cases in the current outbreak by date of onset, Malawi 2024-25 (N=1,032)

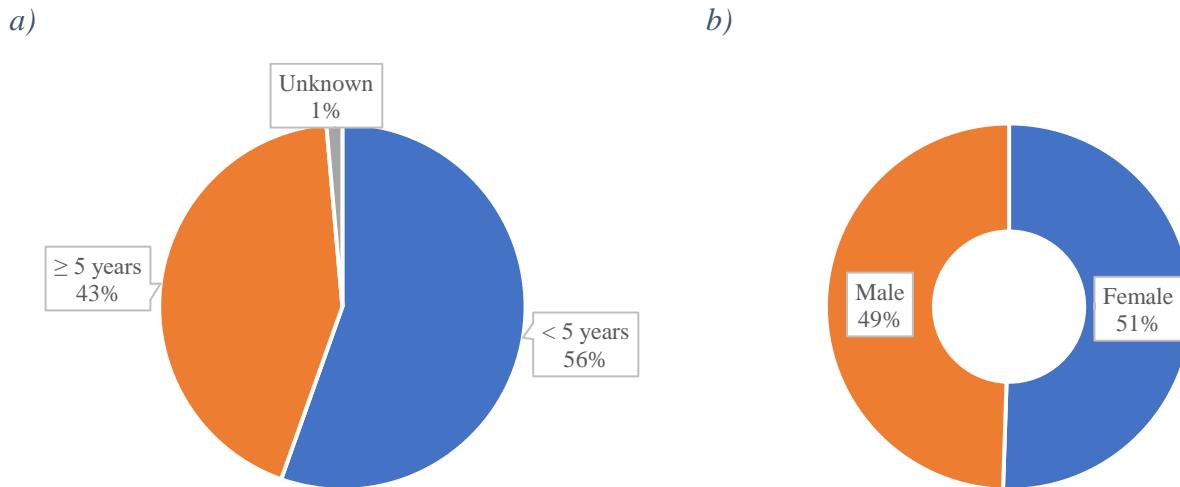


Figure 9. Distribution of measles cases by age-group (a) and sex (b), Malawi 2024-25 (N=1,032)

Annex 4. Priority diseases/conditions/events under surveillance, Epi-week 13

District/Central Hospital	OPD AEFI cases	IP AEFI deaths	OPD AFP cases	IP AFP cases	OPD Diarrhoea With Blood (Bacterial) Cases	IP Diarrhoea With Blood (Bacterial) Cases	IP Diarrhoea With Blood (Bacterial) Death Cases	OPD Malaria Cases	IP Malaria Cases	IP Death Malaria Cases	IP Maternal death cases	OPD measles cases	IP measles cases	IP measles deaths	IP meningococcal meningitis cases	IP meningococcal meningitis deaths	IP SARI cases	OPD typhoid fever cases	IP typhoid fever cases
Kasungu-DHO	1				25			18214	78										
Nkhotakota-DHO					11			3668	31	2		13					1	1	
Ntchisi-DHO					8			9381	130	2									
Salima-DHO					41			3446	24			10							
Dowa-DHO					7			9555	17										
Kamuzu Central Hospital			1		1			51	155			1	4				191		
Mzuzu Central Hospital	1				1			83	30								28		
QECH					1			10	17										
Zomba Central Hospital					1			1	60	1									
Dedza-DHO					39			9711	119										
Lilongwe-DHO					46			32752	263	2		20						3	
Ntcheu-DHO					9			7587	16										
Mchinji-DHO					7			12504	58		1							13	
Chitipa-DHO					11	1		1728	26										
Karonga-DHO		1			25	1		2862	36		1						13		1
Likoma-DHO					3			198											
Mzimba-North-DHO	72				70			8431	42										
Mzimba-South-DHO					76	2		24213	334	4		0							
Nkhata-Bay-DHO					25			3444	7		1								
Rumphi-DHO	14				18			3101	20										
Balaka-DHO	1				28			1824	28										
Machinga-DHO					5		0	1648											
Mangochi-DHO	3				65	1		2872	12			15						1	
Mulanje-DHO	4		3		42			5586	14								3		
Phalombe-DHO					71			1133											
Zomba-DHO					55			8359	65			1							
Blantyre-DHO					154			5646	7			9						8	
Chikwawa-DHO	5				36			5213	41		1			1	6	1	20		
Chiradzulu-DHO	20				5			1695	1			2							
Mwanza-DHO					7	8		2544	26	1									
Neno-DHO					48			1989	22								15	1	
Nsanje-DHO	6				45	2		2724	36						5				
Thyolo-DHO	13			2	24			1961	16									1	
Total	140	1	4	2	1010	15	0	194134	1731	12	4	71	4	1	11	1	271	28	1

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