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#### REPUBLIC OF MALAWI

#### WEEKLY IDSR EPIDEMIOLOGICAL BULLETIN

Epidemiological Week 14 (31 March – 6 April 2025)

This epidemiological bulletin aims to inform all stakeholders at local authorities, district, national, and

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 14 of 2025), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 14
- 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 14, 2025

- IDSR reporting was 69.7% for completeness and 20.1% for timeliness on the One Health Surveillance Platform (OHSP).
- Forty-three (43) EBS signals reported in Epi-week 14
- One alert was reported for cholera disease with no culture positive case
- Forty-six (46) new alerts for measles cases reported
- Zero (0) Mpox alert was reported.
- Other alerts generated were Severe Acute Respiratory Infections (SARI) (199 cases), Diarrhoea with blood (651 cases), Adverse Events Following Immunization (AEFI) (94 cases), Typhoid fever (32 cases), Meningococcal meningitis (6 cases), and Acute Flaccid Paralysis (2 cases) as shown in Figure 1.

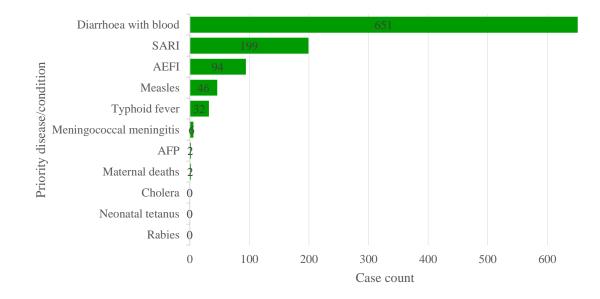


Figure 1. Notifiable diseases/conditions alerts reported in Epi-week 14 in Malawi (Data accessed on 9 April 2025).

# 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 14

During Epi-week 14, reporting completeness declined from 97.7% in Epi-week 13 to 69.7%. Likewise, reporting timeliness decreased from 88.2% to 20.1%. This decline was attributed to server downtime during the week(see Figure 2).

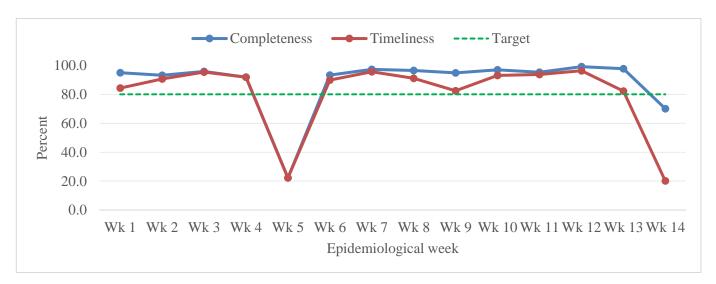


Figure 2. Trend of national IDSR weekly reporting rates in Malawi, Epi-week 1 to 14, 2025 (Data accessed on 9 April 2025).

#### 2.1.2. Reporting rates at Zonal level up to Epi-week 14

Figure 3 illustrates the reporting rates across various health zones. Only the Central Hospitals and the South West zone managed to exceed the target for reporting completeness. The remaining zones failed to meet both indicators.

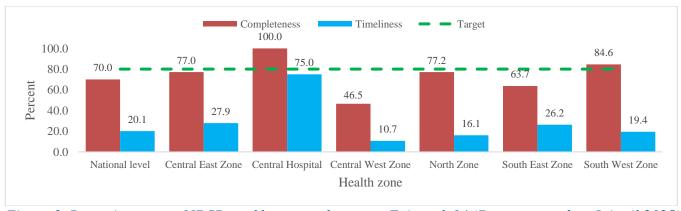


Figure 3. Reporting rates of IDSR weekly reports by zones, Epi-week 14 (Data accessed on 9 April 2025)

# 2.1.3. Reporting rates at District level for Epi-week 14

Among the 33 reporting sites (District and Central Hospitals), 20 (69.7%) achieved the national target of  $\geq 80\%$  completeness, while 4 sites (20.1%) met the timeliness target. Mwanza and Dedza districts recorded 0% in both completeness and timeliness at the time the bulletin was written. The majority of districts failed to meet the national target due to server downtime. The completeness and timeliness of all reporting sites from Epi-week 1 to 14 of 2025 are presented in Annex 1.

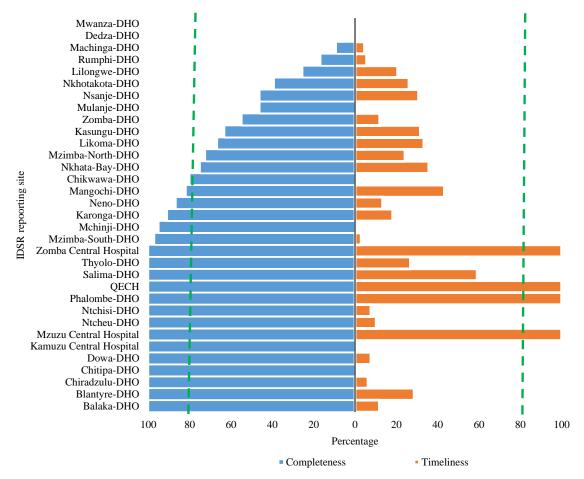


Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 13 (Data accessed on 2 April 2025).

#### 3. Event Based Surveillance (EBS)

#### 3.1. Community EBS signals reported in Epi-week 14

Figure 5 presents the list of signals that were reported in Epi-week 14. In total, 43 signals were reported in Epi week 14 compared to 59 signals that were reported in Epi-week 13. All of the signals were verified as events. Forty percent (17) of these signals fell into the category of "Any child with sudden weakness of

#### limbs or fever and skin rash".

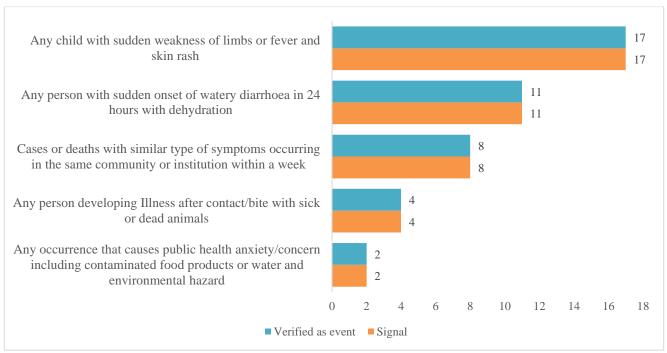


Figure 5: Event-based signals reported in Epi-week 14 (Data accessed on 9 April 2025)

## 3.2. Risk Assessment Level of the Community Signals

Out of forty-three (43) community signals, 49% (21) were classified as moderate risk, and 7% (3) were categorized as very high risk, as shown in Figure 6. A further breakdown of the signals reported by each reporting unit can be found in Annex 2.

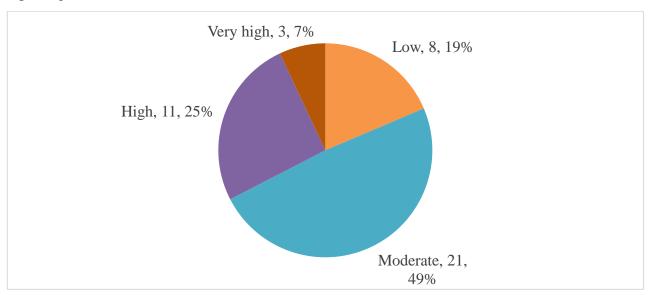


Figure 6: Distribution of EBS signals reported in Epi-week 14 (Data accessed on 9 April 2025)

## 4. Diseases/Conditions of Public Health Importance in Epi-week 14

Table 1 highlights the alerts related to diseases and public health conditions during Epi-week 14. Apart from malaria, diarrhoea with blood accounted for the second highest number of alerts (651). Blantyre DHO contributed the highest (121), while Ntchisi, Kamuzu, and Queen Elizabeth Central Hospitals each recorded a zero case (see Annex 4 for further details).

Table 1. Reported alerts of diseases/conditions of public health importance in Malawi, Epi-week 14.

	Suspected cases
EPIDEMIC PRONE DISEASES	
Diarrheal with blood	651
Meningococcal Meningitis	6
Typhoid Fever	32
SARI	199
Cholera	0
Mpox	0
DISEASES TARGETED FOR ERADICATION/ELIMINATION	
Measles	46
Acute Flaccid Paralysis	2
Neonatal tetanus	0
CONDITIONS OF PUBLIC HEALTH IMPORTANCE	
Food borne illnesses	0
Maternal death	2
Yellow fever	0
Rabies	0

#### 5. Ongoing outbreaks and emergencies in Malawi as of 7 April 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 1,040 cases. Currently, four districts are actively responding to the outbreak with the following confirmation dates: Lilongwe (24 October 2024), Blantyre (5 December 2024), and Nkhotakota (5 December 2024). 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,

Rumphi and Salima 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 14, 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	8	602 (150)	2	67	0	0	8	2
Blantyre	0	0	67 (63)	0	0	0	0	5	41
Nkhotakota	0	0	82 (84)	0	0	0	0	2	19
Salima	0	0	27 (27)	0	0	0	0	1	49
Mangochi*	0	0	7 (7)	0	0	0	0	1	38
TOTAL	0	8	785 (281)**	2	67	0	0	17	

<sup>\*\*</sup>The total is for the districts that are currently experiencing the outbreak.

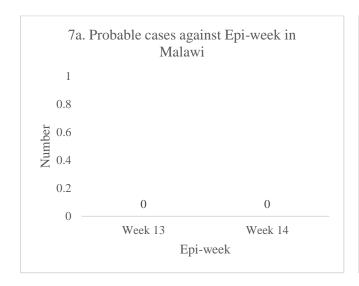
# **On-going interventions**

- 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.

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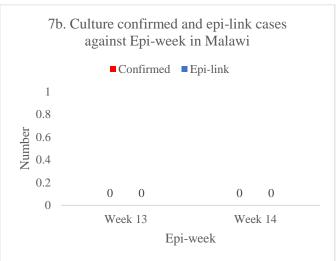


Figure 7. Comparison of cholera cases between week 13 and 14 of 2025 in Malawi: Probable cases (7a), confirmed and epi-linked cases (7b).

# **Updates for Epi-week 14**

- No probable case was reported in Epi-week 14
- Zero culture-positive cases were reported in Epi-week 14, which is consistent with the zero culture-positive cases recorded in Epi-week 13, as illustrated in Figure 7b. Furthermore, no epidemiologically linked cases were reported during both Epi-week 13 and Epi-week 14, 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 14,2025

	Completeness										Timeliness																	
District/Central Hospital	W1	W2	W3	W4	W5	W6	W7	W8	W9	W10	W11	W12	W13	W14	W1	W2	W3	W4	W5	W6	W7	W8	W9	W10	W11	W12	W13	W14
National	100	100	100	100	100	100	97	97	95	97	95	99	98	70	94	97	100	98	35	97	96	91	82	93	94	96	88	20
Balaka-DHO	100	100	100	100	100	100	100	100	100	100	59	100	100	100	100	100	100	100	35	100	100	100	100	100	59	100	100	12
Blantyre-DHO	100	100	100	100	100	100	100	100	100	100	98	100	100	100	100	100	100	100	98	98	93	98	100	100	98	100	100	29
Chikwawa-DHO	100	100	97	97	97	97	97	97	97	100	97	100	100	80	97	97	97	97	7	100	97	87	87	100	97	93	97	0
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	100	88	6
Chitipa-DHO	100	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	0
Dedza-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100	76	100	100	100	100	100	100	100	100	0
Dowa-DHO	100	100	100	100	100	100	100	100	100	88	96	100	100	100	100	100	100	100	0	4	100	100	92	88	96	100	96	8
Kamuzu Central Hospital	100	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	0
Karonga-DHO	100	100	100	82	82	82	82	82	82	91	86	100	95	91	82	82	82	82	41	91	86	86	41	82	77	77	77	18
Kasungu-DHO	100	97	100	89	89	89	89	89	89	82	97	92	87	63	89	89	89	89	26	74	74	84	84	76	87	92	74	32
Likoma-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	67	100	100	100	100	33	67	100	100	100	100	100	100	100	33
Lilongwe-DHO	100	100	100	100	100	100	100	100	100	100	100	100	92	25	100	100	100	100	16	100	97	97	82	98	98	87	83	21
Machinga-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	9	100	100	100	100	0	100	100	100	100	5	100	100	100	5
Mangochi-DHO	100	100	100	75	75	75	75	75	75	100	100	100	95	82	75	75	75	75	21	100	98	84	30	100	100	100	86	43
Mchinji-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	95	100	100	100	100	5	100	100	100	100	100	100	100	100	0
Mulanje-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	46	100	100	100	100	0	89	88	100	85	100	100	100	100	0
Mwanza-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100	0	100	100	80	100	100	100	80	100	0
Mzimba-North-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	72	100	100	100	100	17	86	100	100	97	100	100	100	76	24
Mzimba-South-DHO	100	100	100	94	94	94	94	94	94	97	100	100	100	97	94	94	94	94	79	100	100	97	91	97	100	100	100	3
Mzuzu Central Hospital	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100	100	100	100	0	100	100	100	100	100	0	100	0	100
Neno-DHO	100	100	100	100	100	100	100	100	100	100	100	100	100	87	100	100	100	100	13	100	87	93	93	100	100	100	100	13
Nkhata-Bay-DHO	100	100	100	100	100	100	100	100	100	96	96	96	100	75	100	100	100	100	50	86	100	96	89	96	96	96	100	36
Nkhotakota-DHO	71	81	95	95	95	95	95	95	95	86	19	91	87	39	95	95	95	95	5	91	95	5	71	86	14	83	83	26
Nsanje-DHO	83	88	96	92	92	92	92	92	92	100	92	96	92	46	92	92	92	92	71	83	96	73	88	96	92	96	85	31
Ntcheu-DHO	100	95	100	100	100	100	100	100	100	95	100	100	100	100	100	100	100	100	8	87	100	100	100	92	100	100	79	10
Ntchisi-DHO	100	100	100	100	100	100	100	100	100	100	92	100	100	100	100	100	100	100	100	92	100	100	92	100	92	100	100	8
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	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	100	100
Rumphi-DHO	100	100	100	94	94	94	94	94	94	89	94	100	100	17	94	94	94	94	0	94	94	100	94	89	94	100	100	6
Salima-DHO	100	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	59
Thyolo-DHO	100	100	95	73	73	73	73	73	73	98	100	100	100	100	73	73	73	73	49	100	98	100	46	98	100	100	63	27
Zomba Central Hospital	100	100	100	0	0	0	0	0	0	100	100	100	100	100	0	0	0	0	0	0	0	0	0	100	100	100	100	100
Zomba-DHO	100	100	100	95	95	95	95	95	95	95	100	100	100	55	95	95	95	95	10	86	90	67	48	90	90	93	60	12

Annex 2: Distribution of EBS signals per reporting unit in Epi-week 14

District of Residence	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 person developing Illness with fever, and unexplained bleeding from body openings	Cases or deaths with similar type of symptoms occurring in the same community or institution within a week	Any occurrence that causes public health anxiety/concern including contaminated food products or water and environmental hazard	Total
Nkhotakota	1	0	0	0	0	0	1
Lilongwe	6	0	0	0	0	0	6
Mchinji	1	0	1	0	0	0	2
Blantyre	8	1	3	0	3	1	16
Thyolo	1	0	0	0	0	0	1
Neno	0	0	0	0	0	1	1
Mzimba north	0	3	0	1	5	0	9
Ntcheu	0	7	0	0	0	0	7
Total	17	11	4	1	8	2	43

# Annex 3. Localised measles outbreak as of 7 April 2025

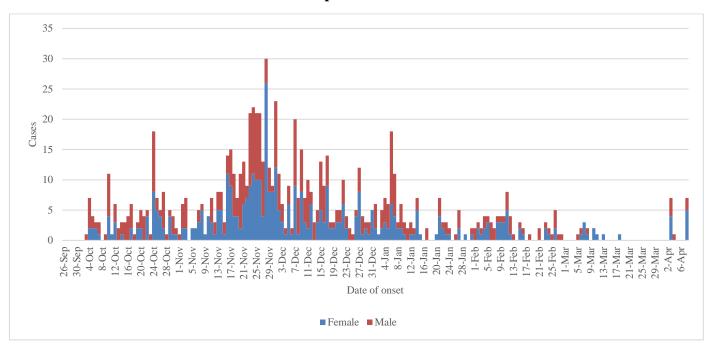


Figure 8. Overall Distribution of measles cases in the current outbreak by date of onset, Malawi 2024-25 (N=1,040)

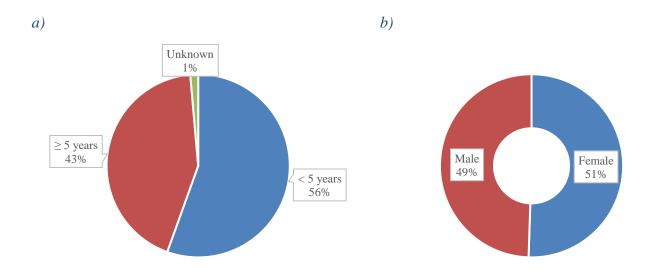


Figure 9. Distribution of measles cases by age-group (a) and sex (b), Malawi 2024-25 (N=1,040)

Annex 4. Priority diseases/conditions/events under surveillance, Epi-week 14

District/Central Hospital	OPD AEFI cases	OPD AFP cases	IP AFP cases	OPD cholera cases	IP cholera cases	OPD Diarrhoea With Blood (Bacterial) Cases	IP 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 meningo- coccal meningitis cases	IP SARI cases	IP SARI deaths	OPD typhoid fever cases	IP typhoid fever cases
Kasungu-DHO	0	0	0	0	0	19	0	9312	20	0	0	0	0	0	0	0	0	0
Nkhotakota-DHO	0	0	0	0	0	5	0	677	0	0	0	3	0	0	0	0	0	0
Ntchisi-DHO	0	0	0	0	0	0	0	7047	35	0	0	0	0	0	1	0	0	0
Salima-DHO	2	0	0	0	0	16	0	2018	0	0	0	0	0	0	0	0	0	0
Dowa-DHO	0	0	0	0	0	5	0	10397	15	0	0	0	0	0	0	0	0	0
Kamuzu Central Hospital	0	0	1	0	0	0	0	33	119	0	0	1	2	0	150	0	0	0
Mzuzu Central Hospital	0	0	0	0	0	4	0	233	44	0	1	0	0	0	17	2	0	0
QECH	0	0	0	0	0	0	0	9	12	1	0	3	0	2	0	0	0	0
Zomba Central Hospital	0	0	0	0	0	1	0	20	43	2	0	0	0	0	0	0	1	0
Lilongwe-DHO	0	0	0	0	0	8	0	5795	159	0	0	2	0	0	0	0	0	0
Ntcheu-DHO	4	0	0	0	0	17	0	7662	26	0	0	0	0	0	0	0	0	0
Mchinji-DHO	0	0	0	0	0	7	0	11819	126	0	0	0	0	0	0	0	11	2
Chitipa-DHO	0	0	0	0	0	13	0	1760	23	0	0	0	0	0	0	0	0	0
Karonga-DHO	0	0	0	1	1	19	0	3104	24	0	0	0	0	0	11	0	0	0
Likoma-DHO	0	0	0	0	0	1	0	76	0	0	0	0	0	0	0	0	0	0
Mzimba-North-DHO	47	0	0	0	0	47	1	4687	23	0	0	0	0	0	0	0	0	0
Mzimba-South-DHO	0	0	0	0	0	25	1	9342	141	1	0	0	0	0	0	0	0	0
Nkhata-Bay-DHO	2	0	0	0	0	11	0	1767	20	0	0	0	0	0	0	0	0	0
Rumphi-DHO	3	0	0	0	0	1	0	345	0	0	0	0	0	0	0	0	0	0
Balaka-DHO	0	0	0	0	0	22	0	1846	27	2	0	1	0	0	0	0	0	0
Machinga-DHO	0	0	0	0	0	0	0	155	0	0	0	0	0	0	0	0	0	0
Mangochi-DHO	0	0	0	0	0	100	0	2838	4	0	0	26	0	0	0	0	0	0
Mulanje-DHO	0	0	0	0	0	12	0	2087	9	0	0	0	0	0	0	0	0	0
Phalombe-DHO	0	0	0	0	0	21	0	1261	15	0	0	0	0	0	0	0	0	0
Zomba-DHO	0	0	0	0	0	55	0	3393	16	0	0	0	0	0	0	0	0	0
Blantyre-DHO	1	0	0	0	0	121	0	4864	3	0	0	6	0	0	0	0	11	1
Chikwawa-DHO	4	1	0	0	0	24	0	3005	14	2	0	0	0	4	0	0	2	0
Chiradzulu-DHO	11	0	0	0	0	15	0	1614	2	0	0	0	0	0	0	0	0	0
Mwanza-DHO	0	0	0	0	0	8	0	662	31	1	0	2	0	0	0	0	0	0
Neno-DHO	0	0	0	0	0	27	1	1259	16	2	0	0	0	0	11	0	0	0
Nsanje-DHO	0	0	0	0	0	15	0	1366	15	0	0	0	0	0	0	0	0	0
Thyolo-DHO	20	0	0	0	0	29	0	2142	33	0	1	0	0	0	7	0	4	0
Total	94	1	1	1	1	648	3	102595	1015	11	2	44	2	6	197	2	29	3

## Acknowledgment

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