

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 2, Issue 20 of 2025), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 20
- 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 20, 2025

- IDSR reporting was 98.2% for completeness and 95.9% for timeliness on the One Health Surveillance Platform (OHSP).
- Thirty-seven (37) EBS signals reported in Epi-week 20
- Sixty-nine (69) new alerts for measles cases reported
- Ten (10) Mpox alerts were reported.
- Other alerts generated were Severe Acute Respiratory Infections (SARI) (171 cases, including 4 deaths), Diarrhoea with blood (728 cases), Adverse Events Following Immunization (AEFI) (58 cases), Typhoid fever (42 cases), Meningococcal meningitis (4 cases, including 1 death), Acute flaccid paralysis (AFP) (6 cases), and Maternal death (0) as shown in Figure 1.

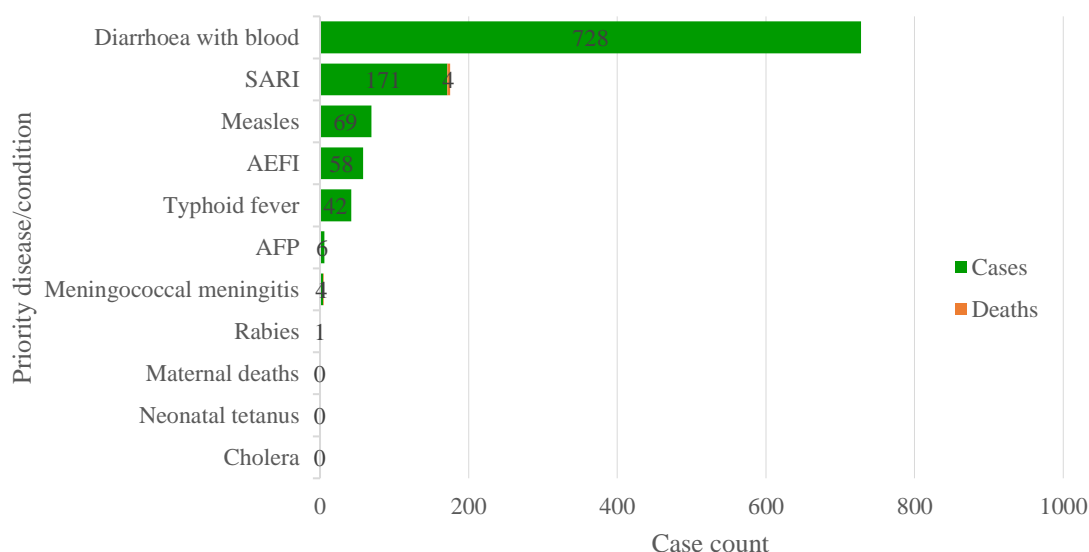


Figure 1. Notifiable diseases/conditions alerts reported in Epi-week 20 in Malawi (Data accessed on 20 May 2025).

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 20

During Epi-week 20, the completeness of reporting remained unchanged from week 19 at 98.2%, while timeliness improved slightly by 0.3%, rising from 95.6% (see Figure 2).

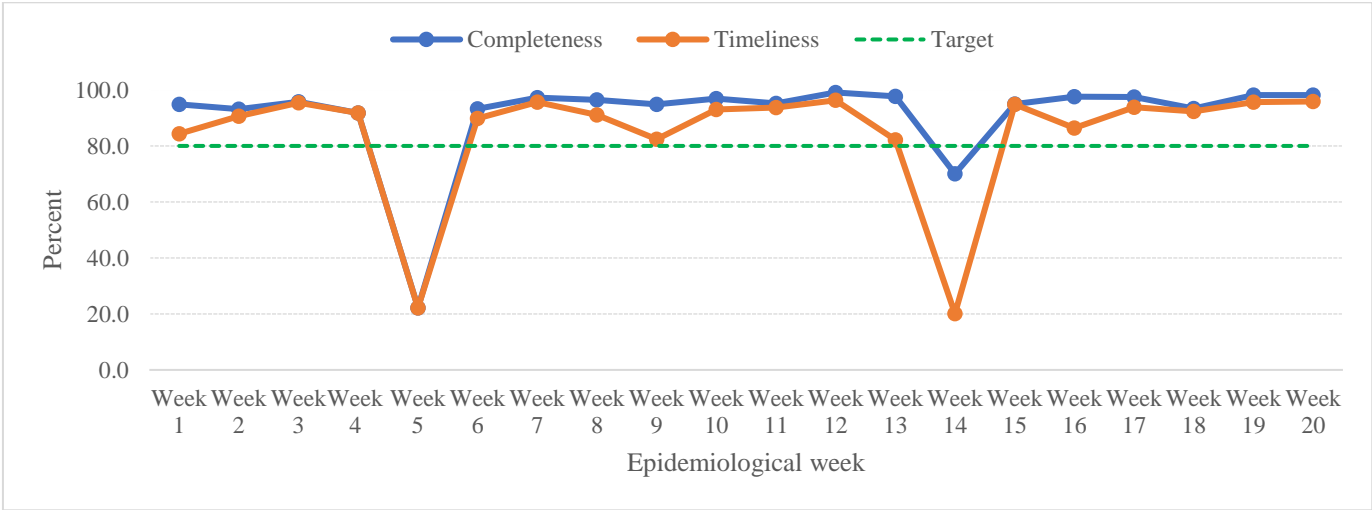


Figure 2. Trend of national IDSR weekly reporting rates in Malawi, Epi-week 11 to 20, 2025 (Data accessed on 20 May 2025).

2.1.2. Reporting rates at Zonal level up to Epi-week 20

Figure 3 illustrates the reporting rates across various health zones. All the five health zones including Central Hospitals met the target of  $\geq 80\%$  for both completeness and timeliness.

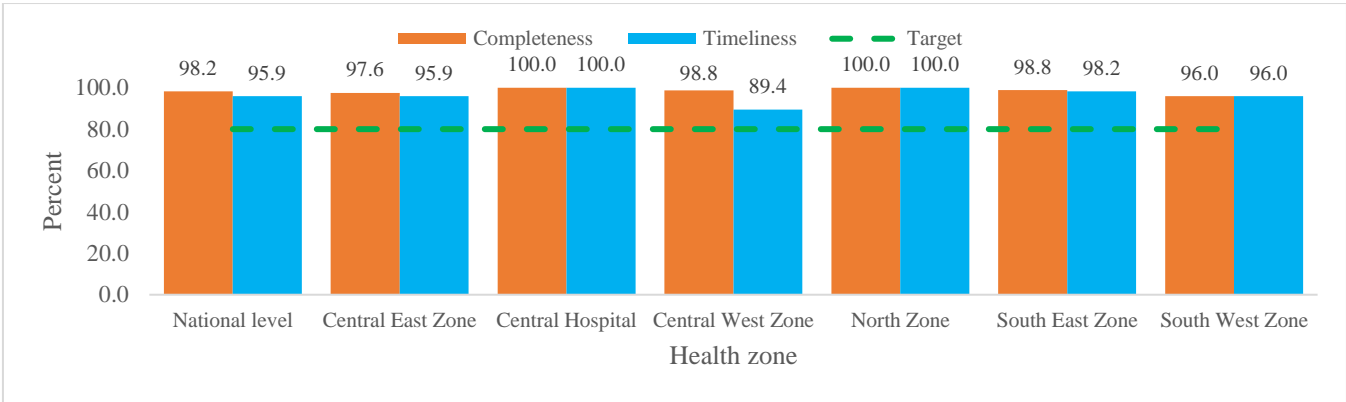


Figure 3. Reporting rates of IDSR weekly reports by zones, Epi-week 20 (Data accessed on 20 May 2025)

2.1.3. Reporting rates at District level for Epi-week 20

Among the 33 reporting sites (District and Central Hospitals), 33 (100.0%) met the national target of  $\geq 80\%$  for completeness, while 32 (97.0%) achieved the timeliness target. Chitipa DHO failed to meet the national

target for timeliness as shown in Figure 4. The completeness and timeliness of all reporting sites from Epi-week 11 to 20 of 2025 are presented in Annex 1.

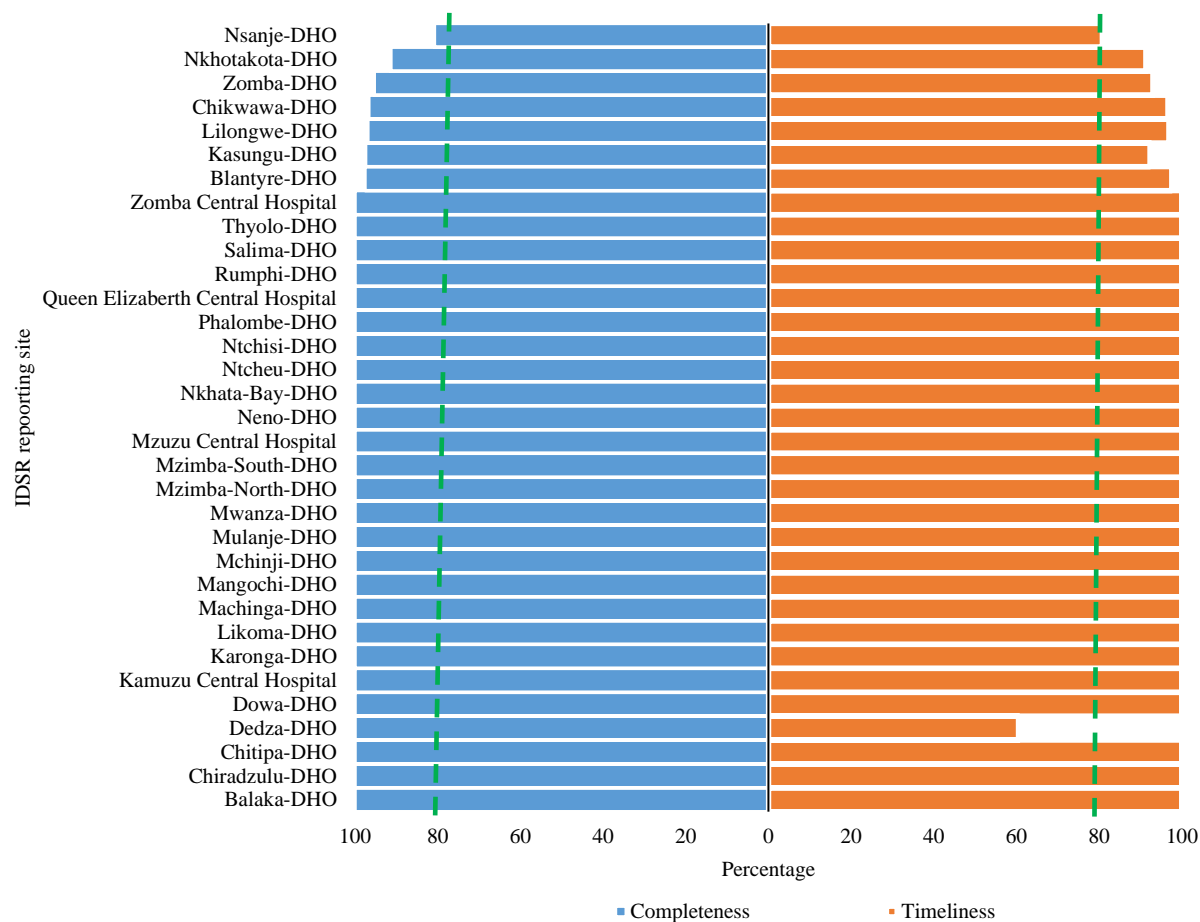


Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 20 (Data accessed on 20 May 2025).

### 3. Event Based Surveillance (EBS)

#### 3.1. Community EBS signals reported in Epi-week 20

Figure 5 presents the list of signals that were reported in Epi-week 20. In total, 37 signals were reported in Epi week 20 compared to 59 signals that were reported in Epi-week 19. Only 13 (35.1%) of the signals were verified as events. Ten (27.0%) of the signals fell into the category of “Any person with sudden onset of

watery diarrhoea in 24 hours with dehydration”.

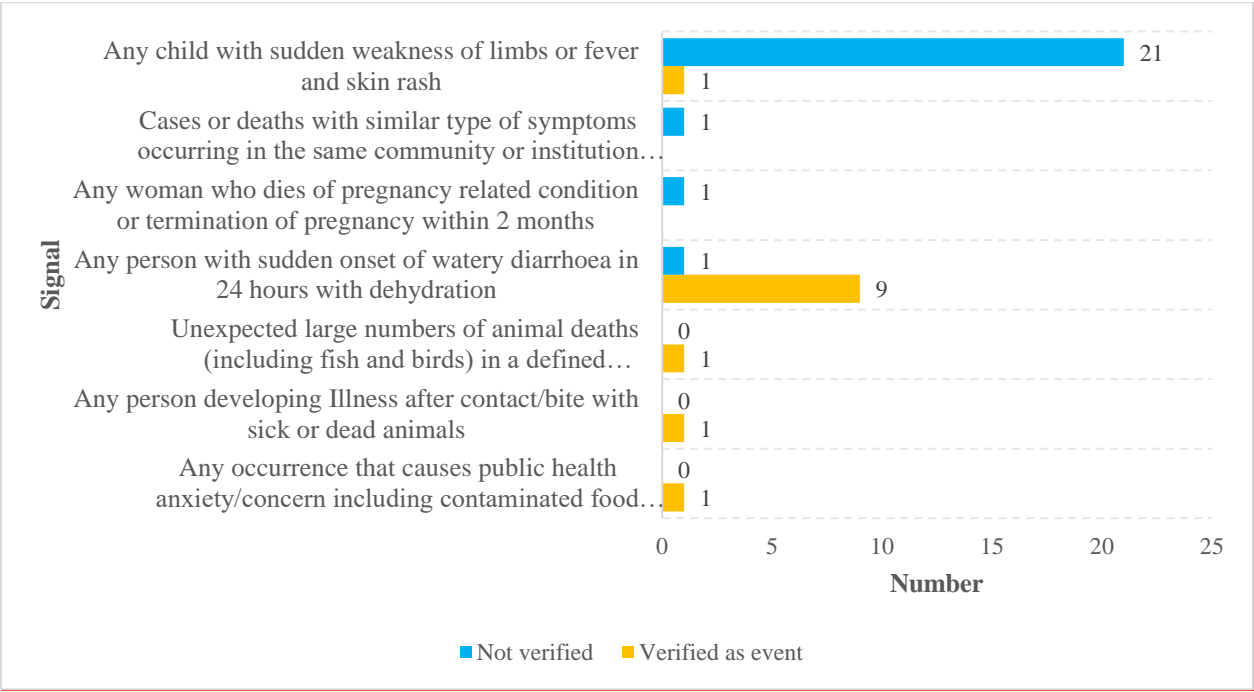


Figure 5: Event-based signals reported in Epi-week 20 (Data accessed on 20 May 2025)

3.2. Risk Level of the Community Signals

Out of forty-four, 37 community signals, 24 (65%) were not classified because risk assessment was not done. Three signals (8%) were categorized as high, and 9 (24%) as low risk, as shown in Figure 6. A further breakdown of the signals reported by each reporting unit can be found in Annex 2.

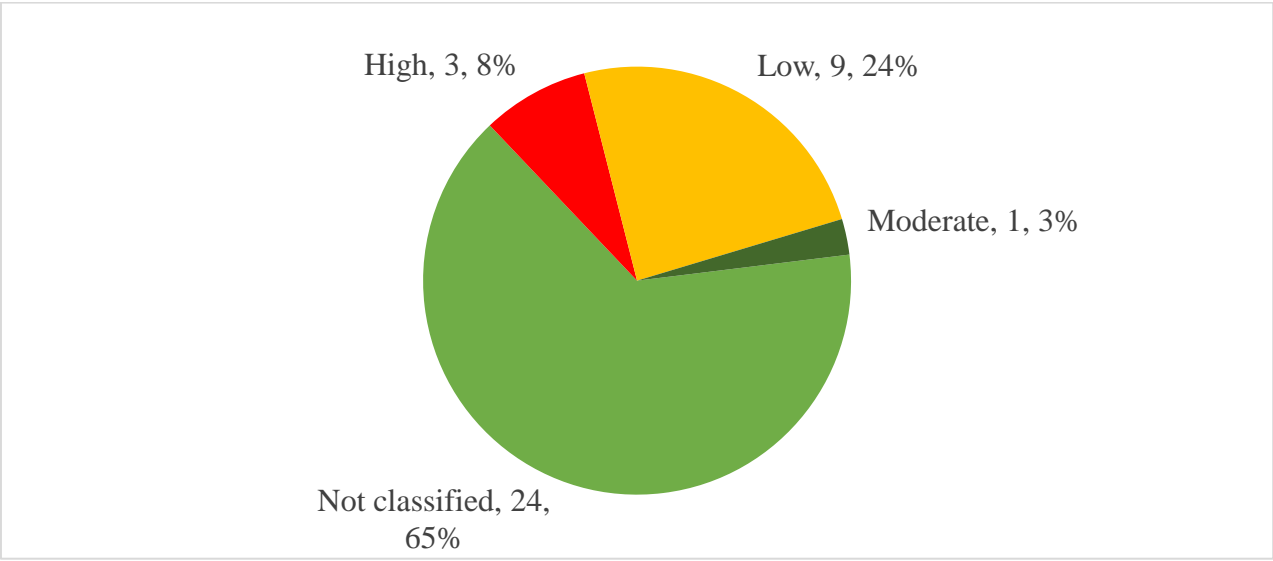


Figure 6: Distribution of EBS signals reported in Epi-week 20 (Data accessed on 20 May 2025)

#### 4. Diseases/Conditions of Public Health Importance in Epi-week 20

Table 1 highlights the alerts related to diseases and public health conditions during Epi-week 20. Apart from malaria, diarrhoea with blood accounted for the second highest number of alerts (684). Machinga DHO contributed the highest (110), while Nkhotakota DHO, Ntchisi DHO, Likoma DHO, Mzuzu, and Queen Elizabeth Central Hospitals each recorded a zero (0) case (see Annex 4 for further details).

*Table 1. Reported alerts of diseases/conditions of public health importance in Malawi, Epi-week 20.*

	Suspected cases
<b><i>EPIDEMIC PRONE DISEASES</i></b>	
Diarrheal with blood	728
Meningococcal Meningitis	4
Typhoid Fever	42
SARI	171
Cholera	0
Mpox	10
<b><i>DISEASES TARGETED FOR ERADICATION/ELIMINATION</i></b>	
Measles	69
Acute Flaccid Paralysis	6
Neonatal tetanus	0
<b><i>CONDITIONS OF PUBLIC HEALTH IMPORTANCE</i></b>	
Food borne illnesses	0
Maternal death	0
Yellow fever	0
Rabies	1

#### 5. Ongoing outbreaks and emergencies in Malawi as of 18 May 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 1,068 cases. Currently, three districts are actively responding to the outbreak with the following confirmation dates: Nkhotakota (5 December 2024), Salima (22 February 2025), and Mangochi (7 March 2025). Meanwhile, Ntcheu, Balaka, Rumphi, and Blantyre 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 20, 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	617 (150)	0	67	0	0	9	44*
Nkhotakota	0	0	86 (88)	0	0	0	0	2	50*
Mangochi	0	0	18 (18)	0	0	0	0	1	41
Salima	0	0	31 (31)	0	0	0	0	1	57*
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>752 (287)**</b>	<b>0</b>	<b>67</b>	<b>0</b>	<b>0</b>	<b>13</b>	

*\*\*The total is for the districts that are currently experiencing the outbreak. \* All the districts have passed a maximum of two incubation periods without reporting a confirmed measles case.*

### On-going interventions

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

## 5.2. Mpox

Malawi is responding to an Mpox outbreak confirmed on 16 March 2025. A total of 10 cases have been recorded, with eight in Lilongwe, one in Mangochi, and another in Ntcheu district. All but one case are male, with ages ranging from 2 to 40 years. Four cases in Lilongwe and one in Mangochi have recovered and been discharged from clinical care, while the remaining five are still in isolation—one in Blantyre (Ntcheu case) and four in Lilongwe. Since August 2024, 145 samples from suspected cases have been tested. As of 18 May 2025, 141 contacts have been identified, with 98 discharged from follow-up. Below is an epicurve of the confirmed cases by sex and date of onset (Figure 7).

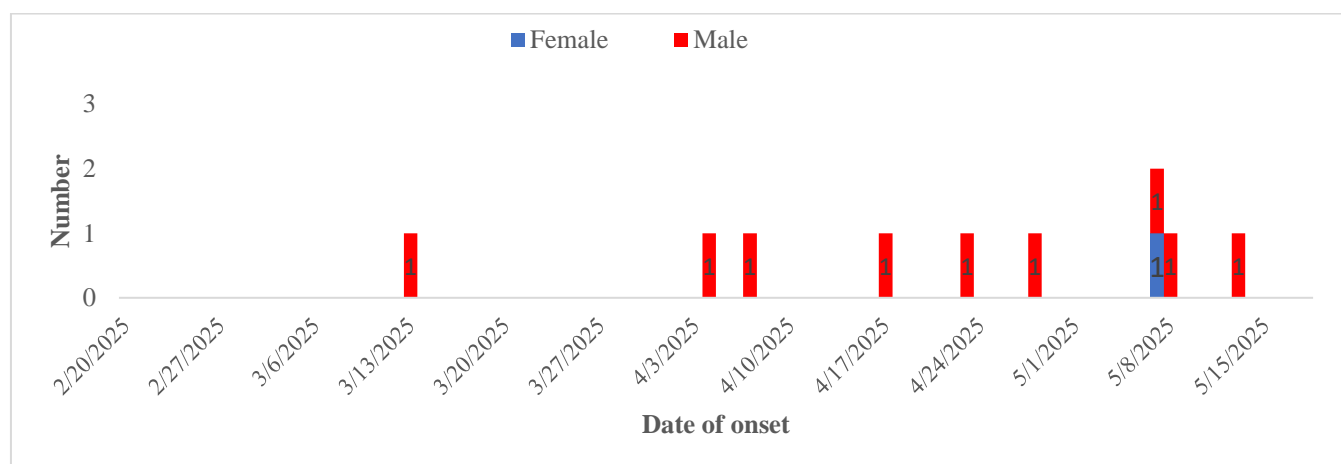


Figure 7. Confirmed cases of Mpox in Malawi by sex and date of onset, 18 May 2025

### Updates for epi-week 20

- Four new confirmed cases
- Ten (10) new alerts

### On-going interventions

#### Coordination

- Activated the Incident Management System (IMS).
- Developed the Mpox Incident Action Plan (IAP), including costed activities.
- Completed Training of Trainers across all 29 districts and 4 Central Hospitals (297 HCWs trained).
- Oriented 20 non-human health technical staff from various sectors (Animal Health, Civic Education, Information, Tourism, Parks and Wildlife, and Disaster Management).
- Conducted cascade training of health workers in some border districts – Chitipa and Karonga
- Provided orientation on Mpox to *Chipatala Cha Pa Foni* staff.

#### Surveillance

- Deployed the Rapid Response Team (RRT) to conduct detailed investigations and trace additional contacts.
- Enhanced the surveillance system at community levels, healthcare facilities, and Points of Entry (PoE) to monitor Mpox cases.
- Conducting daily follow-ups with contacts.
- Maintaining a line list of suspected cases.
- Disseminated case definitions and reporting tools to districts.

#### Laboratory

- Collecting and testing samples from suspected Mpox cases using PCR, with results shared with case management and surveillance teams.
- Conducting genomic sequencing of MPXV to determine clade and phylogenetic analysis.

### Case management

- Developed and distributed case management guidelines to high-risk districts.
- Identified isolation facilities for managing cases.

## **WASH & IPC**

- Developed training materials for infection prevention and control.
- Created Mpox IPC Standard Operating Procedures.
- Conducted IPC orientations in high-risk districts.
- Adapted the WHO rapid IPC/WASH assessment checklist.
- Virtually oriented IPC focal persons in high-risk districts.
- Constructed temporary latrines and bathing shelters at holding areas for suspected Mpox cases at Kamuzu Central Hospital.
- Holding weekly meetings with IPC focal persons from high-risk districts.

## **Risk Communication and Community Engagement**

- Developed messages available in local languages like Chichewa and Tumbuka, and translated into Swahili and English (posters, social media posts, leaflets, factsheets, audio materials, and video content).
- Oriented staff from *Chipatala Cha Pa Foni*.
- Developed and translated messaging for Points of Entry (PoEs).
- Recorded and activated audio messages for the Interactive Voice Response (IVR) platform of *Chipatala Cha Pa Foni*.
- Broadcast recorded programs via ZBS, MBC, Mibawa TV, and Farm Radio.

## **Logistics**

- Distributed essential medicines and Personal Protective Equipment (PPE) (from non-commercial stock) to districts.
- Set up a treatment unit at Kamuzu Central Hospital.

## **Vaccination**

- Developed a vaccination roadmap.
- Drafted the budget and implementation plan.
- Reviewed training materials.
- Integrated Mpox vaccination guidance into measles vaccination protocols.
- Secured approval from the Malawi Immunisation Technical Working Group (MAITAG) for the Mpox vaccine (MVA-BN) to be used in Malawi.

## **Points of entry (PoE)**

- Intensified traveler screening at all Points of Entry.
- Continued awareness efforts on Mpox among travelers.
- Conducted orientation on Mpox/PHEICs screening for PoE staff.

## **Challenges & gaps**

- Some District coordination structures (PHEMC) have not yet been oriented on Mpox response.
- Contact tracing remains challenging due to incomplete disclosure by affected individuals.
- Shortages in laboratory supplies (reagents and viral transport media) and IPC materials.
- Low global stockpiles of Mpox vaccines.



**Annex 1: Timeliness and completeness of IDSR reports by districts, from Epi-week 11 to 20, 2025**

District/Central Hospital	W11	W12	W13	W14	W15	W16	W17	W18	W19	W20		W11	W12	W13	W14	W15	W16	W17	W18	W19	W20
<b>National</b>	<b>95</b>	<b>99</b>	<b>98</b>	<b>70</b>	<b>95</b>	<b>98</b>	<b>97</b>	<b>93</b>	<b>98</b>	<b>98</b>		<b>94</b>	<b>96</b>	<b>88</b>	<b>20</b>	<b>95</b>	<b>86</b>	<b>94</b>	<b>92</b>	<b>96</b>	<b>96</b>
Balaka-DHO	59	100	100	100	100	100	100	100	100	100		59	100	100	12	100	100	100	100	100	100
Blantyre-DHO	98	100	100	100	100	100	100	100	100	98		98	100	100	29	100	93	100	100	100	98
Chikwawa-DHO	97	100	100	80	100	100	97	100	100	97		97	93	97	0	100	100	93	100	93	97
Chiradzulu-DHO	100	100	100	100	100	100	100	100	100	100		100	100	88	6	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	100	100
Dedza-DHO	100	100	100	0	100	100	100	100	100	100		100	100	100	0	100	100	100	100	100	61
Dowa-DHO	96	100	100	100	100	96	88	92	100	100		96	100	96	8	100	96	81	92	100	100
Kamuzu Central Hospital	100	100	100	100	100	100	100	0	100	100		100	100	100	0	100	100	100	0	100	100
Karonga-DHO	86	100	95	91	82	100	100	77	100	100		77	77	77	18	73	73	86	77	82	100
Kasungu-DHO	97	92	87	63	100	92	90	85	97	97		87	92	74	32	95	74	85	85	95	92
Likoma-DHO	100	100	100	67	100	100	100	100	100	100		100	100	100	33	100	100	100	100	100	100
Lilongwe-DHO	100	100	92	25	100	94	95	94	98	97		98	87	83	21	100	83	95	94	97	97
Machinga-DHO	100	100	100	9	100	100	100	100	100	100		100	100	100	5	100	91	100	100	100	100
Mangochi-DHO	100	100	95	82	100	98	100	95	100	100		100	100	86	43	100	91	100	95	100	100
Mchinji-DHO	100	100	100	95	100	100	100	100	100	100		100	100	100	0	100	100	100	100	100	100
Mulanje-DHO	100	100	100	46	100	100	100	100	100	100		100	100	100	0	100	100	100	100	100	100
Mwanza-DHO	100	100	100	0	100	100	100	100	100	100		100	80	100	0	100	100	100	100	100	100
Mzimba-North-DHO	100	100	100	72	100	100	100	97	100	100		100	100	76	24	97	90	97	97	90	100
Mzimba-South-DHO	100	100	100	97	100	100	100	100	100	100		100	100	100	3	100	100	100	100	100	100
Mzuzu Central Hospital	0	100	100	100	100	100	100	100	100	100		0	100	0	100	100	100	0	100	100	100
Neno-DHO	100	100	100	87	100	100	100	100	100	100		100	100	100	13	100	100	100	100	100	100
Nkhata-Bay-DHO	96	96	100	75	100	100	100	100	100	100		96	96	100	36	100	93	96	100	100	100
Nkhotakota-DHO	19	91	87	39	44	74	78	22	83	91		14	83	83	26	44	30	30	22	70	91
Nsanje-DHO	92	96	92	46	85	92	85	96	69	81		92	96	85	31	85	88	77	96	62	81
Ntcheu-DHO	100	100	100	100	100	100	100	92	100	100		100	100	79	10	100	77	92	92	90	100
Ntchisi-DHO	92	100	100	100	100	100	100	100	100	100		92	100	100	8	100	100	100	100	100	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	0	100	100	100	100
Rumphi-DHO	94	100	100	17	100	100	100	78	100	100		94	100	100	6	100	94	100	78	100	100
Salima-DHO	100	100	100	100	100	100	100	100	100	100		100	95	100	59	100	100	100	100	100	100
Thyolo-DHO	100	100	100	100	100	100	100	100	100	100		100	100	63	27	100	62	100	100	100	100
Zomba Central Hospital	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	100	100
Zomba-DHO	100	100	100	55	100	95	100	91	100	95		90	93	60	12	100	56	98	70	100	93

## Annex 2: Distribution of EBS signals per reporting unit in Epi-week 20

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 related condition or termination of pregnancy within 2 months	Cases or deaths with similar type of symptoms occurring in the same community or institution within a week	Unexpected large numbers of animal deaths (including fish and birds) in a defined geographical area	Grand Total
<i>Balaka</i>	1	0	0	0	0	0	0	1
<i>Blantyre</i>	6	0	0	1	0	1	0	8
<i>Chikhwawa</i>	1	0	0	0	0	0	0	1
<i>Lilongwe</i>	14	0	0	0	0	0	0	14
<i>Mchinji</i>	0	0	0	0	1	0	1	2
<i>Mwanza</i>	0	0	0	2	0	0	0	2
<i>Ntcheu</i>	0	1	0	7	0	0	0	8
<i>Thyolo</i>	0	0	1	0	0	0	0	1
<b>Grand Total</b>	<b>22</b>	<b>1</b>	<b>1</b>	<b>10</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>37</b>

Annex 3. Localised measles outbreak as of 18 May 2025

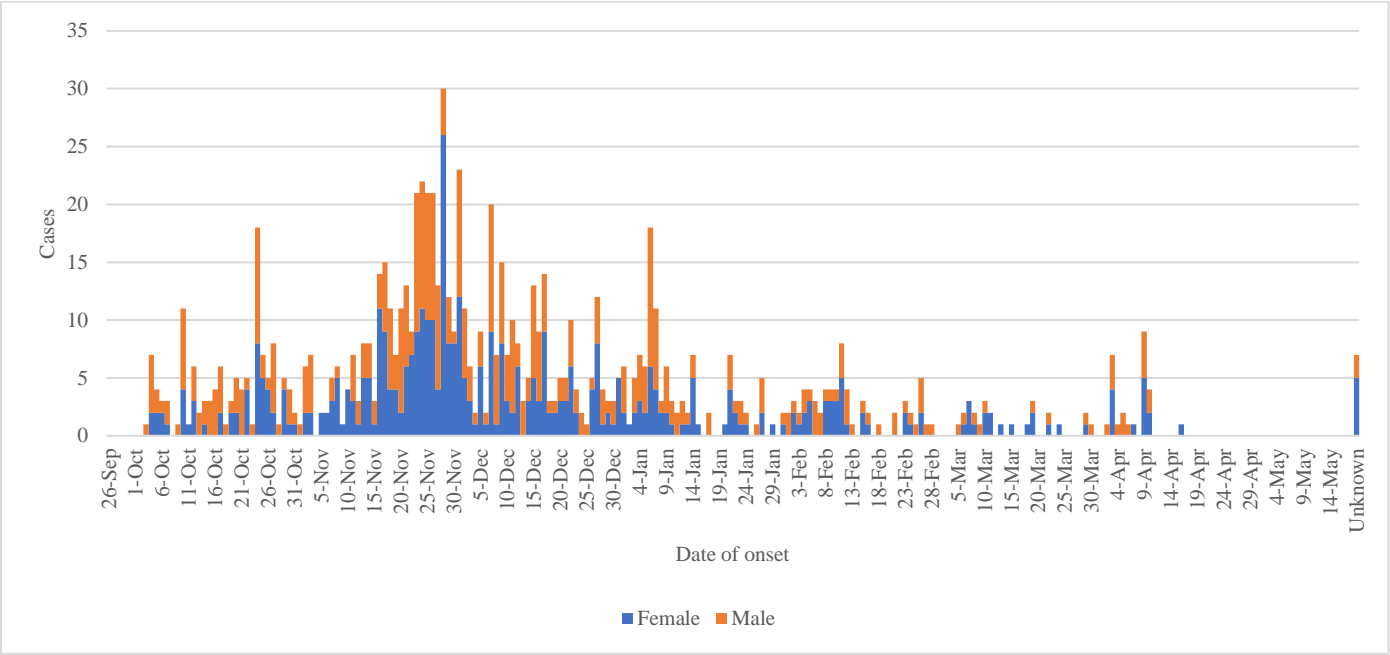


Figure 8. Overall distribution of measles cases in the current outbreak by date of onset, Malawi 2024-25 (N=1,068)

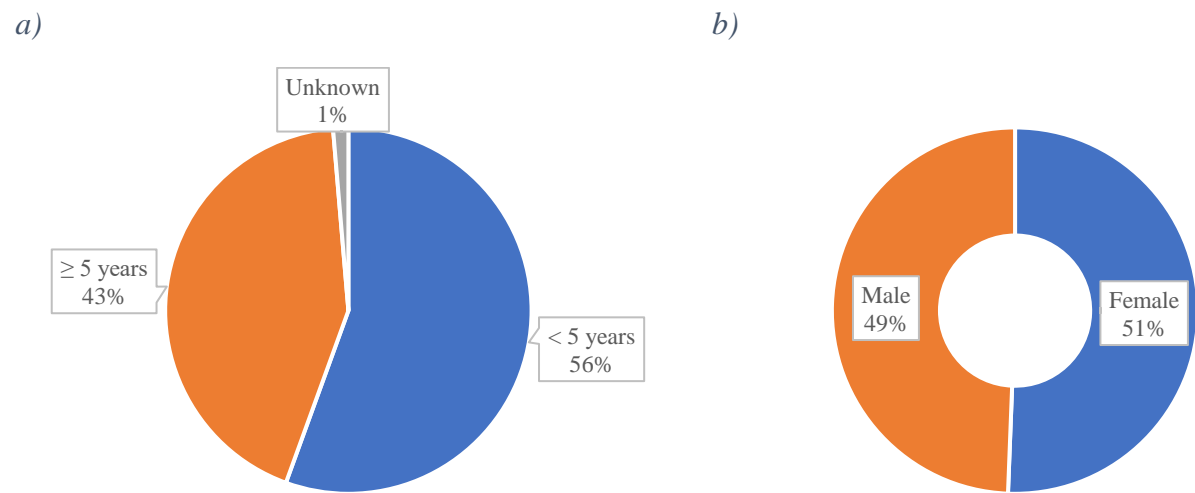


Figure 9. Distribution of measles cases by age-group (a) and sex (b), Malawi 2024-25 (N=1,068)

# Annex 4. Priority diseases/conditions/events under surveillance, Epi-week 20

District/Central Hospital	OPD AEFI cases	IP AFP cases	OPD Diarrhoea With Blood (Bacterial) Cases	In-Patient Diarrhoea With Blood (Bacterial) Cases	OPD Malaria Cases	IPD Malaria Cases	IP Death Malaria Cases	OPD measles cases	IPD measles cases	IPD meningococcal meningitis cases	IP meningococcal meningitis deaths	IPD rabies cases	IPD SARI cases	IPD SARI deaths	OPD typhoid fever cases	IPD typhoid fever cases	IPD typhoid fever deaths
Kasungu-DHO	0	0	29	0	14085	93	0	0	0	0	0	0	0	0	0	0	0
Nkhotakota-DHO	2	0	22	0	2529	19	0	25	0	0	0	0	0	0	0	0	0
Ntchisi-DHO	0	0	0	0	1800	0	0	0	0	0	0	0	4	0	0	0	0
Salima-DHO	0	0	23	2	3397	33	0	0	0	0	0	0	0	0	0	0	0
Dowa-DHO	0	0	5	0	3805	1	0	0	0	0	0	0	0	0	0	0	0
Kamuzu Central Hospital	0	1	0	3	25	96	0	2	1	0	0	0	99	1	0	0	0
Mzuzu Central Hospital	0	1	1	0	129	26	1	0	0	0	0	0	29	2	0	0	0
QECH	0	0	0	0	22	15	1	1	1	0	0	0	0	0	0	0	0
Zomba Central Hospital	0	0	1	0	29	19	2	0	0	0	0	0	0	0	0	0	0
Dedza-DHO	0	0	23	0	5384	84	0	0	0	0	0	0	0	0	0	0	1
Lilongwe-DHO	1	0	127	0	12973	672	2	20	0	0	0	0	0	0	6	0	0
Ntcheu-DHO	0	0	24	0	6651	25	0	0	0	0	0	0	0	0	0	0	0
Mchinji-DHO	0	0	12	1	9794	80	0	0	0	0	0	0	0	0	20	7	0
Chitipa-DHO	0	0	6	0	1828	24	0	0	0	0	0	0	0	0	0	0	0
Karonga-DHO	1	0	21	1	3305	40	0	0	0	0	0	0	28	0	0	0	0
Likoma-DHO	0	0	3	0	193	3	0	0	0	0	0	0	0	0	0	0	0
Mzimba-North-DHO	29	0	26	0	5405	30	0	0	0	0	0	0	0	0	0	0	0
Mzimba-South-DHO	0	0	6	0	3112	113	0	0	0	0	0	0	0	0	0	0	0
Nkhata-Bay-DHO	1	0	22	0	2616	5	0	0	0	0	0	0	0	0	0	0	0
Rumphi-DHO	14	0	21	0	3111	17	0	0	0	0	0	0	0	0	0	0	0
Balaka-DHO	0	0	26	0	1290	29	0	2	0	0	0	0	0	0	0	0	0
Machinga-DHO	0	0	30	0	3999	34	0	0	0	0	0	0	0	0	0	0	0
Mangochi-DHO	0	0	50	0	3268	10	0	7	0	0	0	0	0	0	0	0	0
Mulanje-DHO	0	0	9	0	4150	5	0	0	0	0	0	0	1	0	1	0	0
Phalombe-DHO	0	0	31	0	1083	0	0	0	0	0	0	0	0	0	0	0	0
Zomba-DHO	0	0	18	0	4667	67	0	0	0	0	0	0	0	0	0	0	0
Blantyre-DHO	4	0	107	0	4485	4	0	0	10	0	0	0	0	0	11	0	0
Chikwawa-DHO	0	0	29	0	1995	6	1	0	0	3	1	0	0	0	0	0	0
Chiradzulu-DHO	3	0	8	0	1164	4	0	0	0	0	0	0	0	0	0	0	0
Mwanza-DHO	0	0	6	0	1164	26	1	0	0	0	0	0	0	0	0	0	0
Neno-DHO	0	0	13	0	768	10	0	0	0	0	0	0	10	1	0	0	0
Nsanje-DHO	1	0	10	3	2425	44	1	0	0	1	0	0	0	0	0	0	0
Thyolo-DHO	2	0	9	0	1543	15	0	0	0	0	0	1	0	0	4	0	0
<b>Total</b>	<b>58</b>	<b>2</b>	<b>718</b>	<b>10</b>	<b>112194</b>	<b>1649</b>	<b>9</b>	<b>57</b>	<b>12</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>171</b>	<b>4</b>	<b>42</b>	<b>7</b>	<b>1</b>

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