PHIM PUBLIC HEALTH INSTITUTE of MALAWI

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**REPUBLIC OF MALAWI**

WEEKLY IDSR EPIDEMIOLOGICAL BULLETIN

**Epidemiological Week 18 (28 April – 4 May 2025)**

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 18 of 2025), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 18
- 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 18, 2025

- IDSR reporting was 93.4% for completeness and 92.3% for timeliness on the One Health Surveillance Platform (OHSP).
- Seventy-four (74) EBS signals reported in Epi-week 18
- Zero alert was reported for cholera disease with no culture positive case
- Forty-three (43) new alerts for measles cases reported
- Nine (9) Mpox alert was reported.
- Other alerts generated were Severe Acute Respiratory Infections (SARI) (155 cases, including 2 deaths), Diarrhoea with blood (699 cases), Adverse Events Following Immunization (AEFI) (96 cases), Typhoid fever (41 cases), Meningococcal meningitis (2 cases, including 1 death), Acute flaccid paralysis (AFP) (113 cases), and Maternal death (3) as shown in Figure 1.

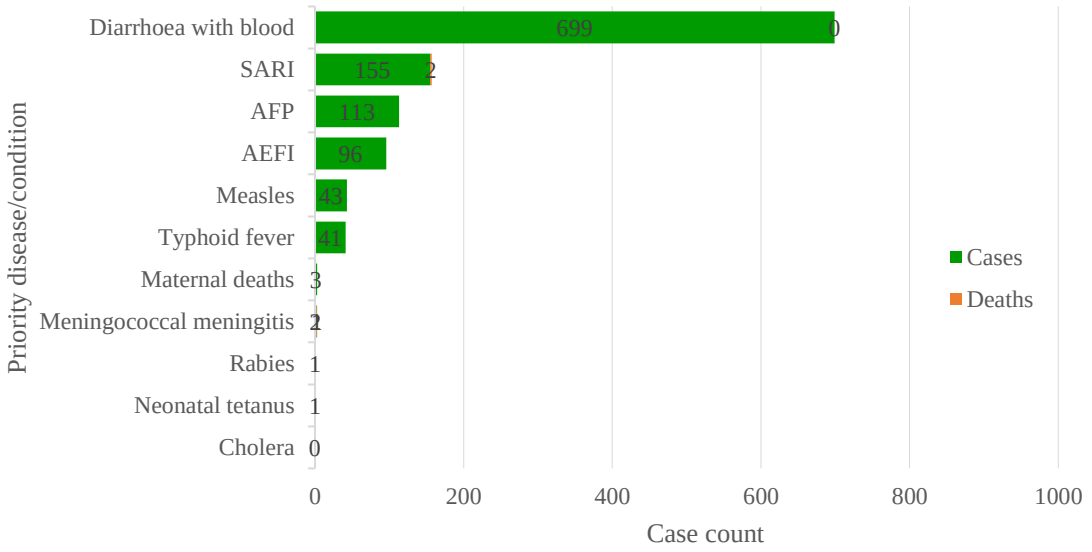


*Figure 1. Notifiable diseases/conditions alerts reported in Epi-week 18 in Malawi (Data accessed on 6 May 2025).*

## 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 18*

During Epi-week 18, the completeness of reporting decreased from 97.4% in Epi-week 17 to 93.4%. Similarly, the timeliness of reporting declined from 93.8% in Epi-week 17 to 92.3% (see Figure 2).

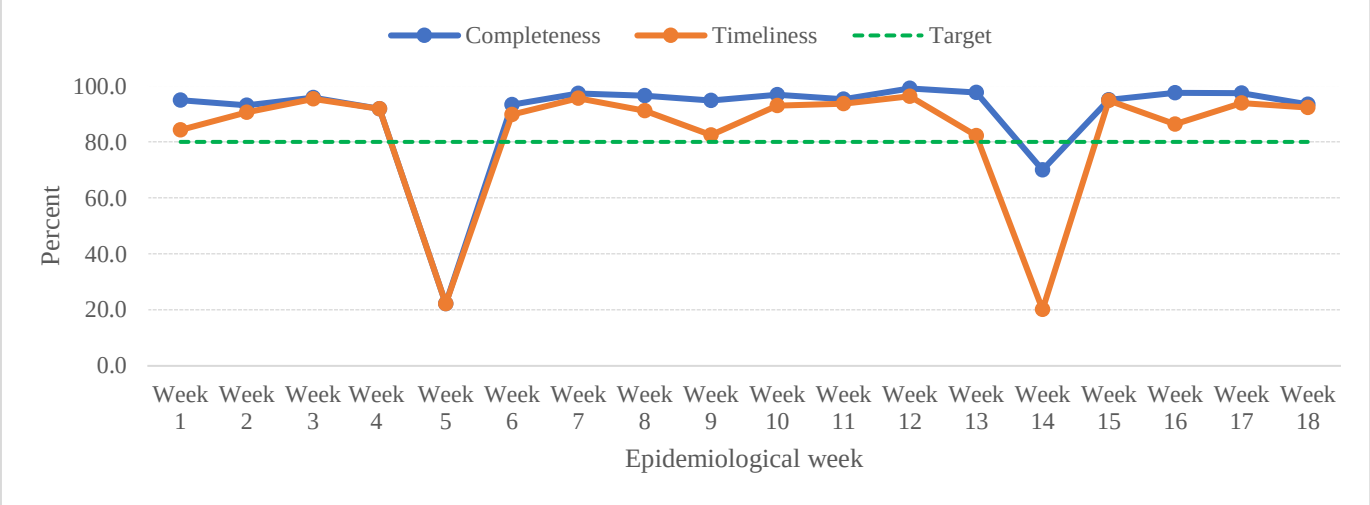


*Figure 2. Trend of national IDSR weekly reporting rates in Malawi, Epi-week 9 to 18, 2025 (Data accessed on 6 May 2025).*

#### *2.1.2. Reporting rates at Zonal level up to Epi-week 18*

Figure 3 illustrates the reporting rates across various health zones. Four health zones (Central West, North, South East, and South West) met the target of ≥80% for both completeness and timeliness. Although the Central East zone and Central Hospitals did not achieve the target in either indicator, the national average still met the required threshold.

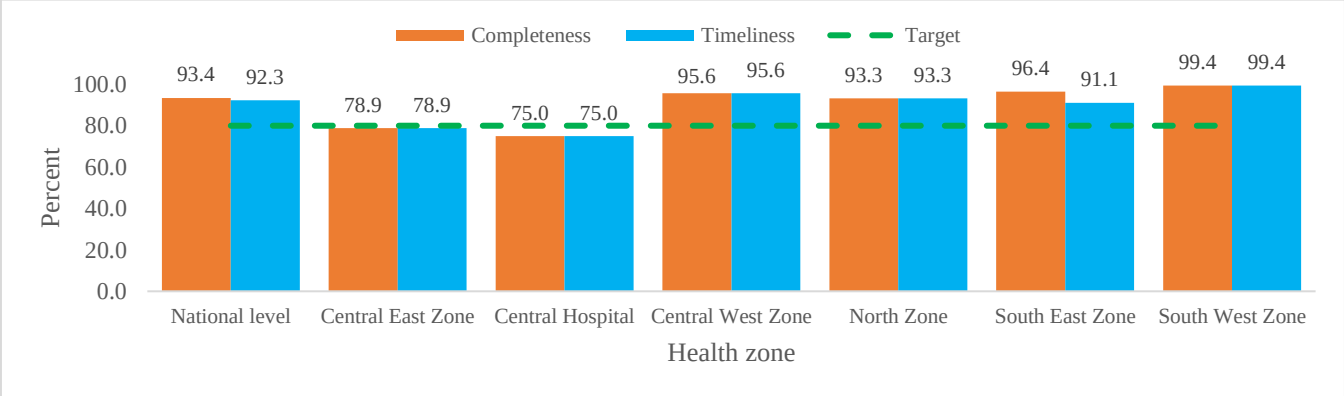


*Figure 3. Reporting rates of IDSR weekly reports by zones, Epi-week 18 (Data accessed on 6 May 2025)*

### *2.1.3. Reporting rates at District level for Epi-week 18*

Among the 33 reporting sites (District and Central Hospitals), 29 (88%) met the national target of ≥80% for completeness, while 28 (85%) achieved the timeliness target. However, Rumphi DHO, Karonga DHO, Nkhotakota DHO, and Kamuzu Central Hospital did not reach the national target for either completeness or timeliness, as shown in Figure 4. The completeness and timeliness of all reporting sites from Epi-week 9 to 18 of 2025 are presented in Annex 1.

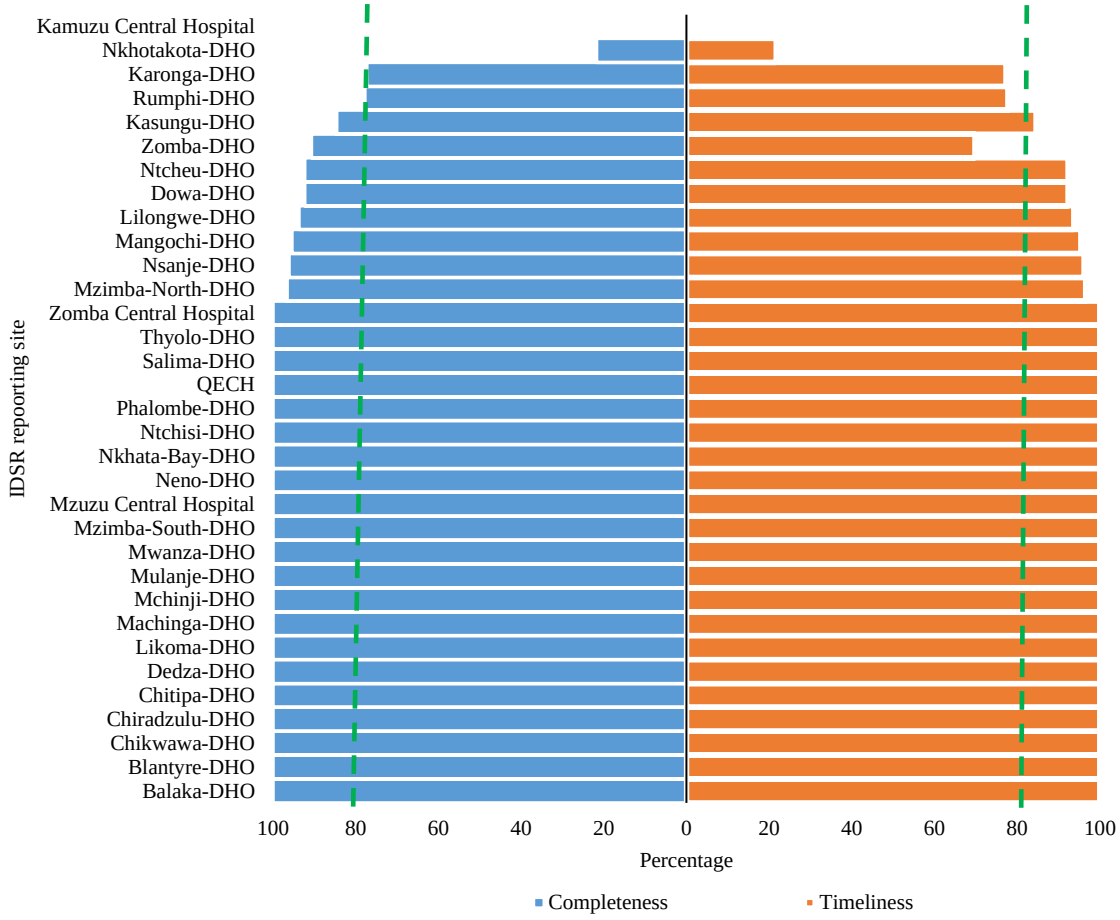


*Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 18 (Data accessed on 6 May 2025).*

## 3. Event Based Surveillance (EBS)

### *3.1. Community EBS signals reported in Epi-week 18*

Figure 5 presents the list of signals that were reported in Epi-week 18. In total, 74 signals were reported in Epi week 18 compared to 59 signals that were reported in Epi-week 14. Only 27 (36%) of the signals were verified as events. Thirty-three (44.6%) of these signals fell into the category of "Any child with sudden

weakness of limbs or fever and skin rash".

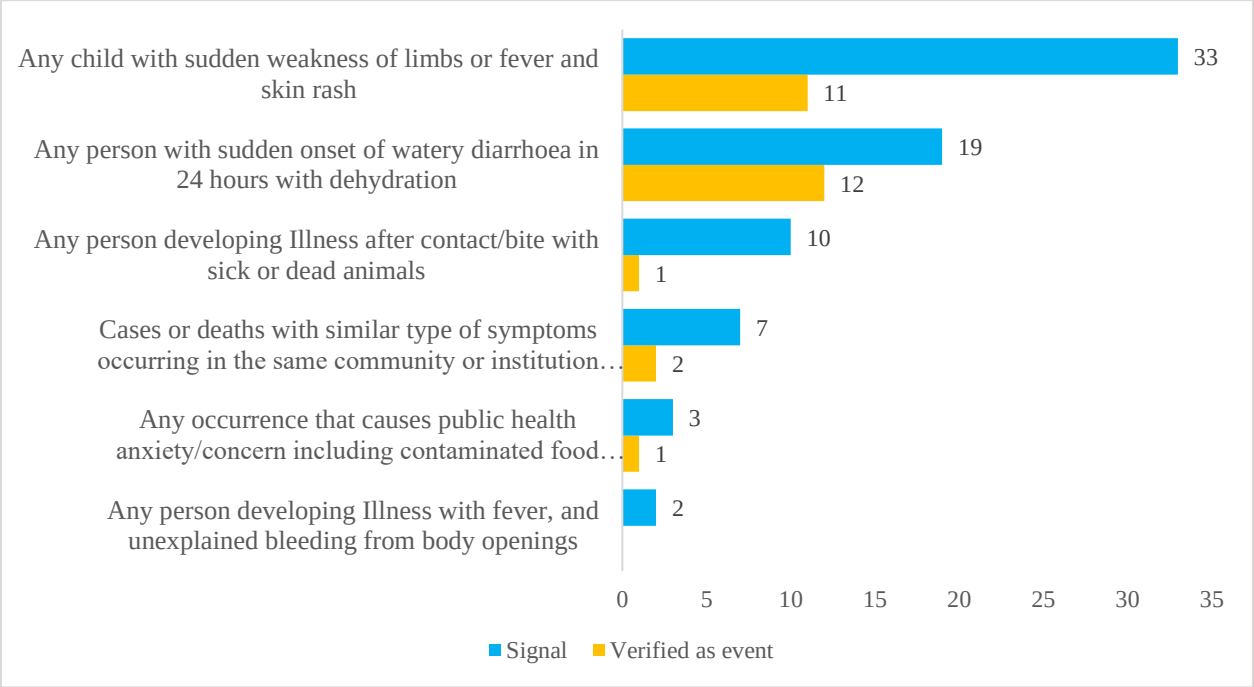


*Figure 5: Event-based signals reported in Epi-week 18 (Data accessed on 6 May 2025)*

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

Out of forty-four (74) community signals, 47 (63%) were not classified because risk assessment was not done. One (1%) signal was categorized as very high, and 2 (3%) as very low risk, as shown in Figure 6. A further breakdown of the signals reported by each reporting unit can be found in Annex 2.

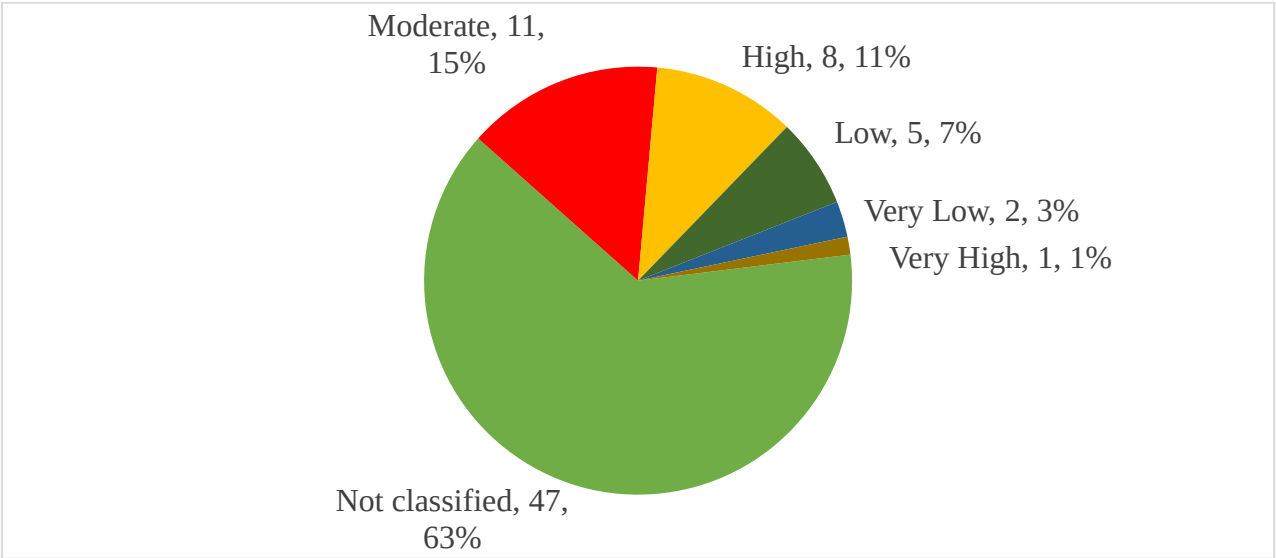


*Figure 6: Distribution of EBS signals reported in Epi-week 18 (Data accessed on 6 May 2025)*

## 4. Diseases/Conditions of Public Health Importance in Epi-week 18

Table 1 highlights the alerts related to diseases and public health conditions during Epi-week 18. 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 18.*

| | **Suspected cases** |
|---|---|
| ***EPIDEMIC PRONE DISEASES*** | |
| Diarrheal with blood | 684 |
| Meningococcal Meningitis | 2 |
| Typhoid Fever | 41 |
| SARI | 155 |
| Cholera | 0 |
| Mpox | 9 |
| ***DISEASES TARGETED FOR ERADICATION/ELIMINATION*** | |
| Measles | 43 |
| Acute Flaccid Paralysis | 113 |
| Neonatal tetanus | 1 |
| ***CONDITIONS OF PUBLIC HEALTH IMPORTANCE*** | |
| Food borne illnesses | 0 |
| Maternal death | 3 |
| Yellow fever | 0 |
| Rabies | 1 |

## 5. Ongoing outbreaks and emergencies in Malawi as of 4 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 18, 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 | 30 |
| **Nkhotakota** | 0 | 0 | 86 (88) | 0 | 0 | 0 | 0 | 2 | 36 |
| **Mangochi** | 0 | 0 | 18 (18) | 0 | 0 | 0 | 0 | 1 | 27 |
| **Salima** | 0 | 0 | 31 (31) | 0 | 0 | 0 | 0 | 1 | 43 |
| **TOTAL** | **0** | **0** | **752 (287)**** | **0** | **67** | **0** | **0** | **13** | |

***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. Mpox

Malawi is responding to a Mpox outbreak confirmed on 16 March 2025. A total of six cases have been registered, with five in Lilongwe and one in Mangochi district. All cases are male, ranging in age from 2 to 38 years. Three cases in Lilongwe have recovered and been discharged from clinical care, while the remaining three are still receiving treatment—two are isolated at Kamuzu Central Hospital, and one is under home isolation in Mangochi. Since August 2024, 110 samples from suspected cases have been tested. As of 4 May 2025, 126 contacts have been identified, with 67 discharged from follow-up. Below is an epi curve of the confirmed cases by sex and date of onset (Figure 7).

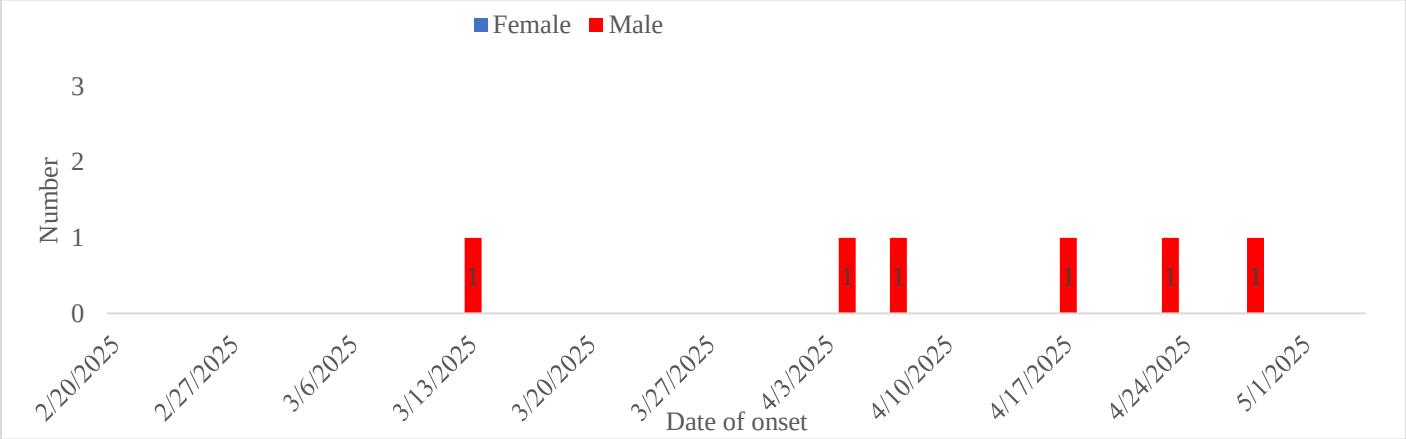


*Figure 7. Confirmed cases of Mpox in Malawi by sex and date of onset, 4 May 2025*

**Updates for epi-week 18**

- Zero new confirmed cases
- Nine (9) 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).
- 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**

- 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 9 to 18, 2025

| District/Central Hospital | Completeness | | | | | | | | | | | Timeliness | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | W9 | W10 | W11 | W12 | W13 | W14 | W15 | W16 | W17 | W18 | | W9 | W10 | W11 | W12 | W13 | W14 | W15 | W16 | W17 | W18 |
| **National** | **95** | **97** | **95** | **99** | **98** | **70** | **95** | **98** | **97** | **93** | | **82** | **93** | **94** | **96** | **88** | **20** | **95** | **86** | **94** | **92** |
| Balaka-DHO | 100 | 100 | 59 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | 100 | 100 | 59 | 100 | 100 | 12 | 100 | 100 | 100 | 100 |
| Blantyre-DHO | 100 | 100 | 98 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | 100 | 100 | 98 | 100 | 100 | 29 | 100 | 93 | 100 | 100 |
| Chikwawa-DHO | 97 | 100 | 97 | 100 | 100 | 80 | 100 | 100 | 97 | 100 | | 87 | 100 | 97 | 93 | 97 | 0 | 100 | 100 | 93 | 100 |
| Chiradzulu-DHO | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | 100 | 100 | 100 | 100 | 88 | 6 | 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 |
| Dedza-DHO | 100 | 100 | 100 | 100 | 100 | 0 | 100 | 100 | 100 | 100 | | 100 | 100 | 100 | 100 | 100 | 0 | 100 | 100 | 100 | 100 |
| Dowa-DHO | 100 | 88 | 96 | 100 | 100 | 100 | 100 | 96 | 88 | 92 | | 92 | 88 | 96 | 100 | 96 | 8 | 100 | 96 | 81 | 92 |
| Kamuzu Central Hospital | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 0 | | 100 | 100 | 100 | 100 | 100 | 0 | 100 | 100 | 100 | 0 |
| Karonga-DHO | 82 | 91 | 86 | 100 | 95 | 91 | 82 | 100 | 100 | 77 | | 41 | 82 | 77 | 77 | 77 | 18 | 73 | 73 | 86 | 77 |
| Kasungu-DHO | 89 | 82 | 97 | 92 | 87 | 63 | 100 | 92 | 90 | 85 | | 84 | 76 | 87 | 92 | 74 | 32 | 95 | 74 | 85 | 85 |
| Likoma-DHO | 100 | 100 | 100 | 100 | 100 | 67 | 100 | 100 | 100 | 100 | | 100 | 100 | 100 | 100 | 100 | 33 | 100 | 100 | 100 | 100 |
| Lilongwe-DHO | 100 | 100 | 100 | 100 | 92 | 25 | 100 | 94 | 95 | 94 | | 82 | 98 | 98 | 87 | 83 | 21 | 100 | 83 | 95 | 94 |
| Machinga-DHO | 100 | 100 | 100 | 100 | 100 | 9 | 100 | 100 | 100 | 100 | | 100 | 5 | 100 | 100 | 100 | 5 | 100 | 91 | 100 | 100 |
| Mangochi-DHO | 75 | 100 | 100 | 100 | 95 | 82 | 100 | 98 | 100 | 95 | | 30 | 100 | 100 | 100 | 86 | 43 | 100 | 91 | 100 | 95 |
| Mchinji-DHO | 100 | 100 | 100 | 100 | 100 | 95 | 100 | 100 | 100 | 100 | | 100 | 100 | 100 | 100 | 100 | 0 | 100 | 100 | 100 | 100 |
| Mulanje-DHO | 100 | 100 | 100 | 100 | 100 | 46 | 100 | 100 | 100 | 100 | | 85 | 100 | 100 | 100 | 100 | 0 | 100 | 100 | 100 | 100 |
| Mwanza-DHO | 100 | 100 | 100 | 100 | 100 | 0 | 100 | 100 | 100 | 100 | | 100 | 100 | 100 | 80 | 100 | 0 | 100 | 100 | 100 | 100 |
| Mzimba-North-DHO | 100 | 100 | 100 | 100 | 100 | 72 | 100 | 100 | 100 | 97 | | 97 | 100 | 100 | 100 | 76 | 24 | 97 | 90 | 97 | 97 |
| Mzimba-South-DHO | 94 | 97 | 100 | 100 | 100 | 97 | 100 | 100 | 100 | 100 | | 91 | 97 | 100 | 100 | 100 | 3 | 100 | 100 | 100 | 100 |
| Mzuzu Central Hospital | 100 | 100 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | 100 | 100 | 0 | 100 | 0 | 100 | 100 | 100 | 0 | 100 |
| Neno-DHO | 100 | 100 | 100 | 100 | 100 | 87 | 100 | 100 | 100 | 100 | | 93 | 100 | 100 | 100 | 100 | 13 | 100 | 100 | 100 | 100 |
| Nkhata-Bay-DHO | 100 | 96 | 96 | 96 | 100 | 75 | 100 | 100 | 100 | 100 | | 89 | 96 | 96 | 96 | 100 | 36 | 100 | 93 | 96 | 100 |
| Nkhotakota-DHO | 95 | 86 | 19 | 91 | 87 | 39 | 44 | 74 | 78 | 22 | | 71 | 86 | 14 | 83 | 83 | 26 | 44 | 30 | 30 | 22 |
| Nsanje-DHO | 92 | 100 | 92 | 96 | 92 | 46 | 85 | 92 | 85 | 96 | | 88 | 96 | 92 | 96 | 85 | 31 | 85 | 88 | 77 | 96 |
| Ntcheu-DHO | 100 | 95 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 92 | | 100 | 92 | 100 | 100 | 79 | 10 | 100 | 77 | 92 | 92 |
| Ntchisi-DHO | 100 | 100 | 92 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | 92 | 100 | 92 | 100 | 100 | 8 | 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 | 100 | 100 | 0 | 100 | 100 |
| Rumphi-DHO | 94 | 89 | 94 | 100 | 100 | 17 | 100 | 100 | 100 | 78 | | 94 | 89 | 94 | 100 | 100 | 6 | 100 | 94 | 100 | 78 |
| Salima-DHO | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | 95 | 100 | 100 | 95 | 100 | 59 | 100 | 100 | 100 | 100 |
| Thyolo-DHO | 73 | 98 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | 46 | 98 | 100 | 100 | 63 | 27 | 100 | 62 | 100 | 100 |
| Zomba Central Hospital | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Zomba-DHO | 95 | 95 | 100 | 100 | 100 | 55 | 100 | 95 | 100 | 91 | | 48 | 90 | 90 | 93 | 60 | 12 | 100 | 56 | 98 | 70 |

## Annex 2: Distribution of EBS signals per reporting unit in Epi-week 18

| *District* | 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 developing Illness with fever, and unexplained bleeding from body openings | 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 | Grand Total |
|---|---|---|---|---|---|---|---|
| *Blantyre* | 14 | 1 | 5 | 0 | 5 | 0 | **25** |
| *Chitipa* | 1 | 0 | 0 | 0 | 0 | 0 | **1** |
| *Lilongwe* | 11 | 0 | 0 | 1 | 0 | 2 | **14** |
| *Mchinji* | 6 | 0 | 0 | 0 | 0 | 0 | **6** |
| *Mwanza* | 0 | 0 | 0 | 0 | 4 | 0 | **4** |
| *Mzimba* | 0 | 0 | 0 | 0 | 1 | 0 | **1** |
| *Neno* | 0 | 0 | 0 | 1 | 1 | 5 | **7** |
| *Nsanje* | 1 | 0 | 1 | 0 | 2 | 0 | **4** |
| *Ntcheu* | 0 | 1 | 0 | 0 | 6 | 0 | **7** |
| *Ntchisi* | 0 | 0 | 4 | 0 | 0 | 0 | **4** |
| *Salima* | 0 | 1 | 0 | 0 | 0 | 0 | **1** |
| ***Grand Total*** | **33** | **3** | **10** | **2** | **19** | **7** | **74** |

## Annex 3. Localised measles outbreak as of 4 May 2025

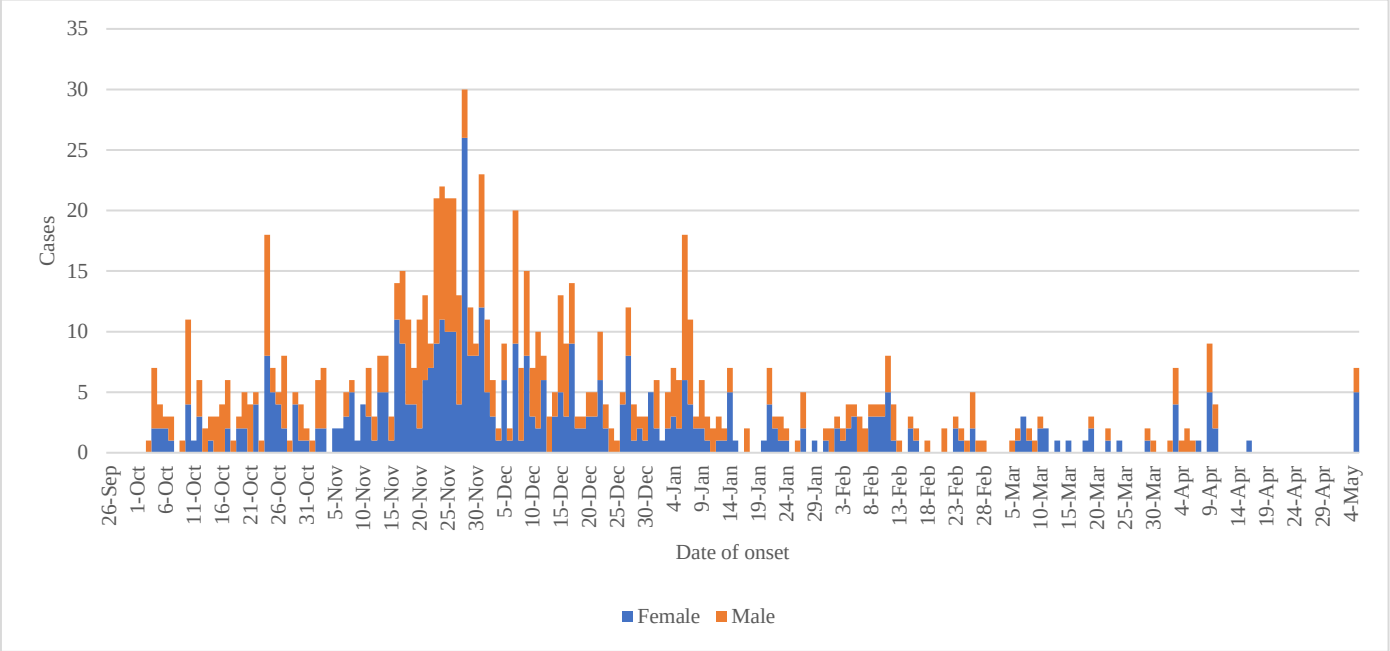


*Figure 8. Overall distribution of measles cases in the current outbreak by date of onset, Malawi 2024-25 (N=1,068)*

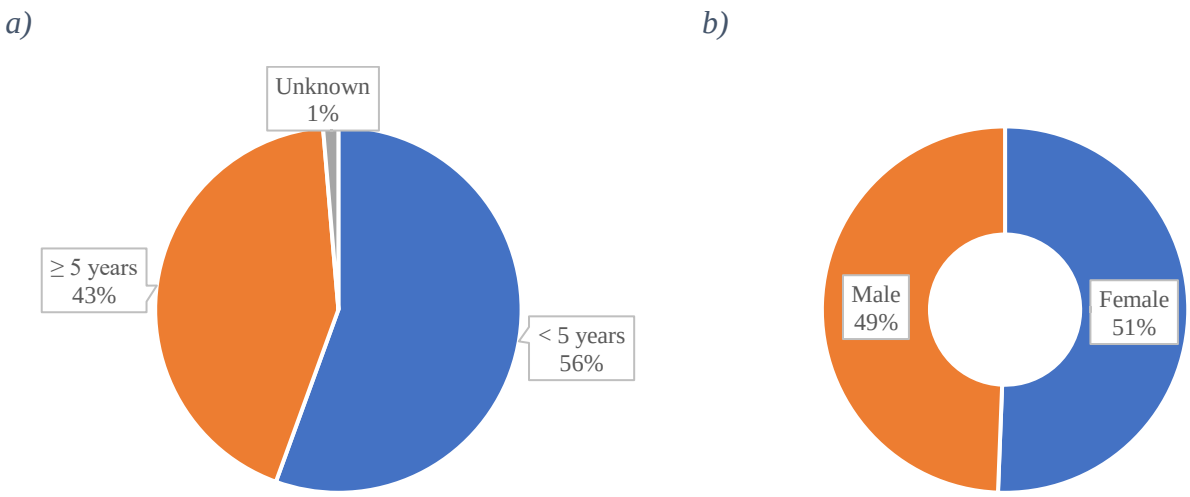


*Figure 9. Distribution of measles cases by age-group (a) and sex (b), Malawi 2024-25 (N=1,068)*

## Annex 4. Priority diseases/conditions/events under surveillance, Epi-week 18

| District/Central Hospital | OPD AEFI cases | IPD AEFI cases | OPD poliomyelitis (AFP) 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 meningoccal meningitis deaths | IPD Neonatal tetanus deaths | OPD rabies cases | IPD SARI cases | IPD SARI deaths | OPD typhoid fever cases | IPD typhoid fever cases |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kasungu-DHO | 0 | 0 | 0 | 23 | 8 | 10556 | 60 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nkhotakota-DHO | 0 | 0 | 0 | 0 | 0 | 349 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ntchisi-DHO | 0 | 0 | 0 | 0 | 0 | 2142 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Salima-DHO | 0 | 0 | 0 | 35 | 0 | 3594 | 47 | 4 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dowa-DHO | 0 | 0 | 0 | 4 | 0 | 4911 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Kamuzu Central Hospital | 0 | 0 | 0 | 1 | 0 | 14 | 124 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 73 | 0 | 0 | 0 |
| Mzuzu Central Hospital | 0 | 0 | 1 | 0 | 0 | 118 | 39 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 32 | 0 | 0 | 0 |
| QECH | 0 | 0 | 0 | 0 | 0 | 30 | 9 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Zomba Central Hospital | 0 | 0 | 0 | 1 | 0 | 17 | 37 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lilongwe-DHO | 8 | 0 | 0 | 28 | 0 | 16897 | 102 | 5 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 0 |
| Ntcheu-DHO | 0 | 0 | 0 | 23 | 0 | 5076 | 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mchinji-DHO | 0 | 0 | 0 | 11 | 0 | 12093 | 110 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 4 |
| Chitipa-DHO | 0 | 0 | 0 | 6 | 0 | 1695 | 49 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Karonga-DHO | 0 | 0 | 0 | 19 | 0 | 2957 | 42 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 35 | 2 | 0 | 0 |
| Likoma-DHO | 0 | 0 | 0 | 0 | 0 | 155 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mzimba-North-DHO | 35 | 0 | 0 | 52 | 0 | 3464 | 42 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mzimba-South-DHO | 0 | 0 | 0 | 7 | 0 | 3778 | 101 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nkhata-Bay-DHO | 0 | 0 | 0 | 19 | 0 | 2880 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Rumphi-DHO | 28 | 0 | 0 | 10 | 0 | 2397 | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Balaka-DHO | 0 | 0 | 0 | 21 | 0 | 2334 | 40 | 4 | 0 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Machinga-DHO | 0 | 0 | 0 | 110 | 0 | 2484 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mangochi-DHO | 0 | 0 | 0 | 40 | 4 | 2023 | 4 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 3 | 0 |
| Mulanje-DHO | 1 | 0 | 0 | 29 | 0 | 6276 | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 |
| Phalombe-DHO | 0 | 0 | 0 | 19 | 0 | 1947 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Zomba-DHO | 0 | 0 | 0 | 46 | 0 | 5606 | 35 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Blantyre-DHO | 2 | 0 | 0 | 81 | 2 | 5758 | 4 | 0 | 0 | 15 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 14 | 0 |
| Chikwawa-DHO | 3 | 0 | 1 | 22 | 1 | 3536 | 5 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Chiradzulu-DHO | 11 | 0 | 0 | 14 | 0 | 1902 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mwanza-DHO | 0 | 0 | 0 | 7 | 0 | 1674 | 23 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Neno-DHO | 0 | 0 | 0 | 22 | 0 | 1331 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 11 | 0 | 1 | 2 |
| Nsanje-DHO | 2 | 4 | 0 | 14 | 0 | 3386 | 55 | 580 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Thyolo-DHO | 2 | 0 | 0 | 20 | 0 | 1675 | 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| **Total** | **92** | **4** | **2** | **684** | **15** | **113055** | **1044** | **597** | **3** | **36** | **7** | **2** | **1** | **1** | **1** | **155** | **2** | **34** | **7** |

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