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WEEKLY IDSR EPIDEMIOLOGICAL BULLETIN

Epidemiological Week 26 (23 – 29 June 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 26 of 2025), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 26
- 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 26, 2025

- IDSR reporting was 96.7% for completeness and 94.2% for timeliness on the One Health Surveillance Platform (OHSP).
- Twenty-four (24) EBS signals reported
- Eleven (11) Mpox alerts were reported.
- Three (3) new confirmed mpox cases
- Other alerts generated were Severe Acute Respiratory Infections (SARI) (106 cases), Diarrhoea with blood (629 cases, including 1 death), Adverse Events Following Immunization (AEFI) (114 cases), Typhoid fever (24 cases, including 1 death), Acute flaccid paralysis (AFP) (4 cases), Measles (60 cases), and Maternal death (2) as shown in Figure 1.

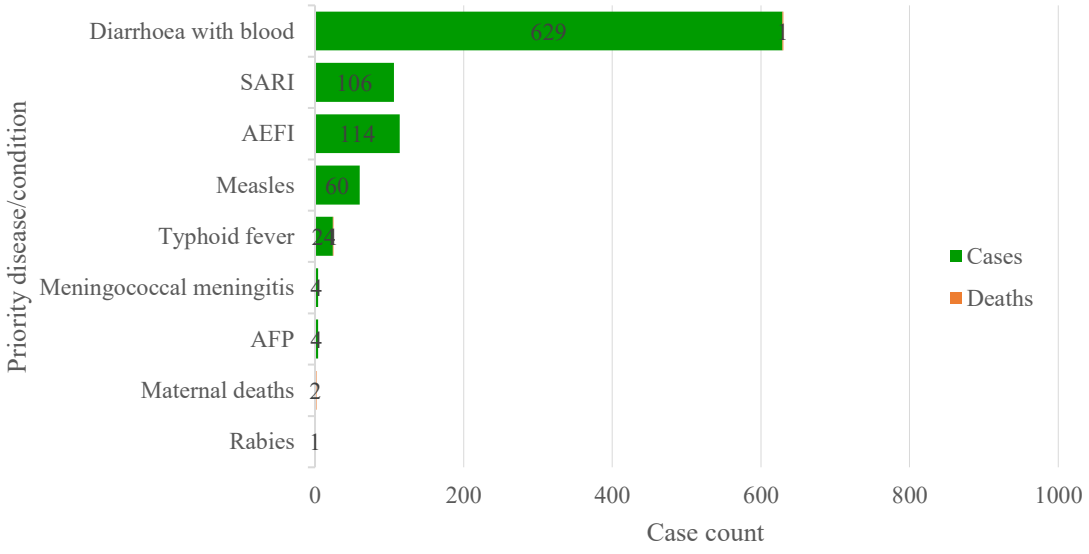

Figure 1. Notifiable diseases/conditions alerts reported in Epi-week 26 in Malawi (Data accessed on 3 July 2025).

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 26

During Epi-week 26, the completeness of reporting slightly increased from 95.9% in Epi-week 25 to 96.7%, and the timeliness of reporting improved from 90.3% in Epi-week 25 to 94.2% (see Figure 2).

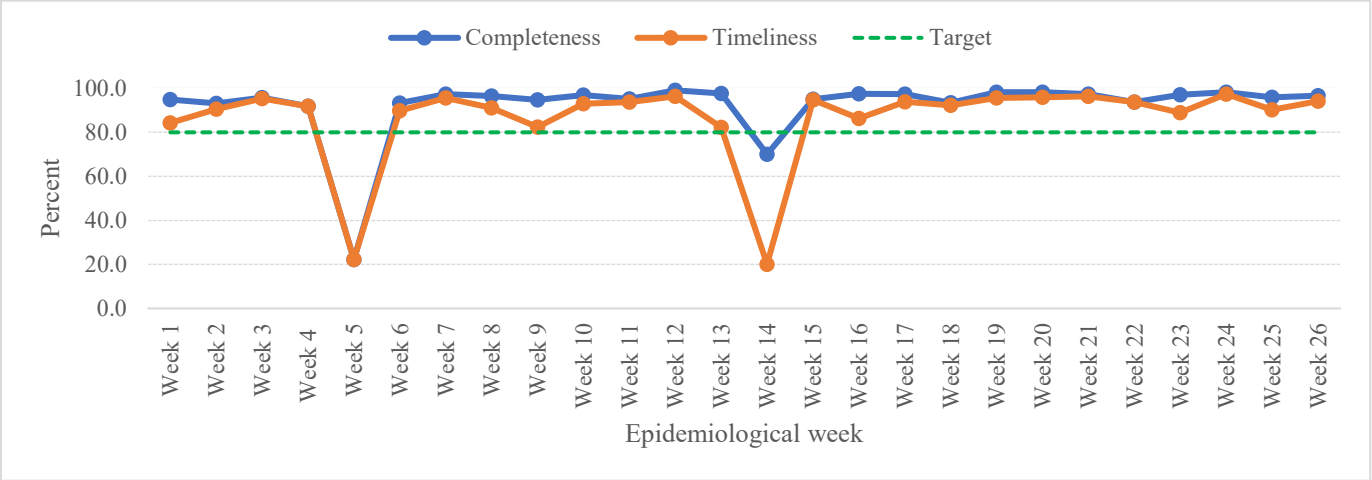

Figure 2. Trend of national IDSR weekly reporting rates in Malawi, Epi-week 1 to 26, 2025 (Data accessed on 3 July 2025).

2.1.2. Reporting rates at Zonal level up to Epi-week 26

Figure 3 illustrates the reporting rates across various health zones. All the five health zones including Central Hospitals met the target of ≥80% for completeness. However, Central East Zone fell short of the timeliness target by 5.0%.

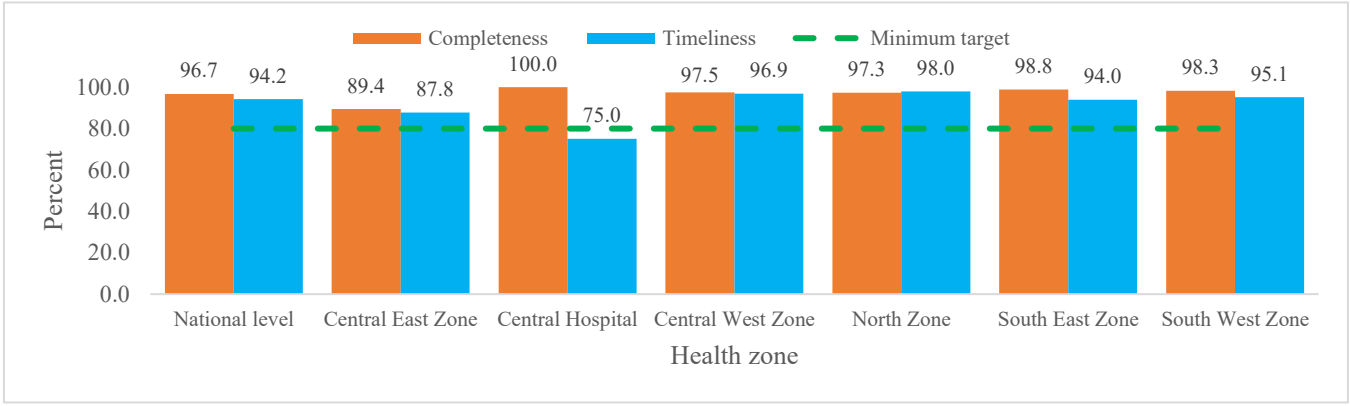

Figure 3. Reporting rates of IDSR weekly reports by zones, Epi-week 26 (Data accessed on 3 July 2025).

2.1.3. Reporting rates at District level for Epi-week 26

Among the 33 reporting sites (District and Central Hospitals), 32 (97.0%) met the national target of ≥80% for completeness, while 30 (90.9%) met the target for timeliness. Kamuzu Central Hospital, Nkhotakota,

and Mulanje DHOs contributed to the low performance in timeliness, as shown in Figure 4. The completeness and timeliness of all reporting sites from Epi-week 17 to 26 of 2025 are presented in Annex 1.

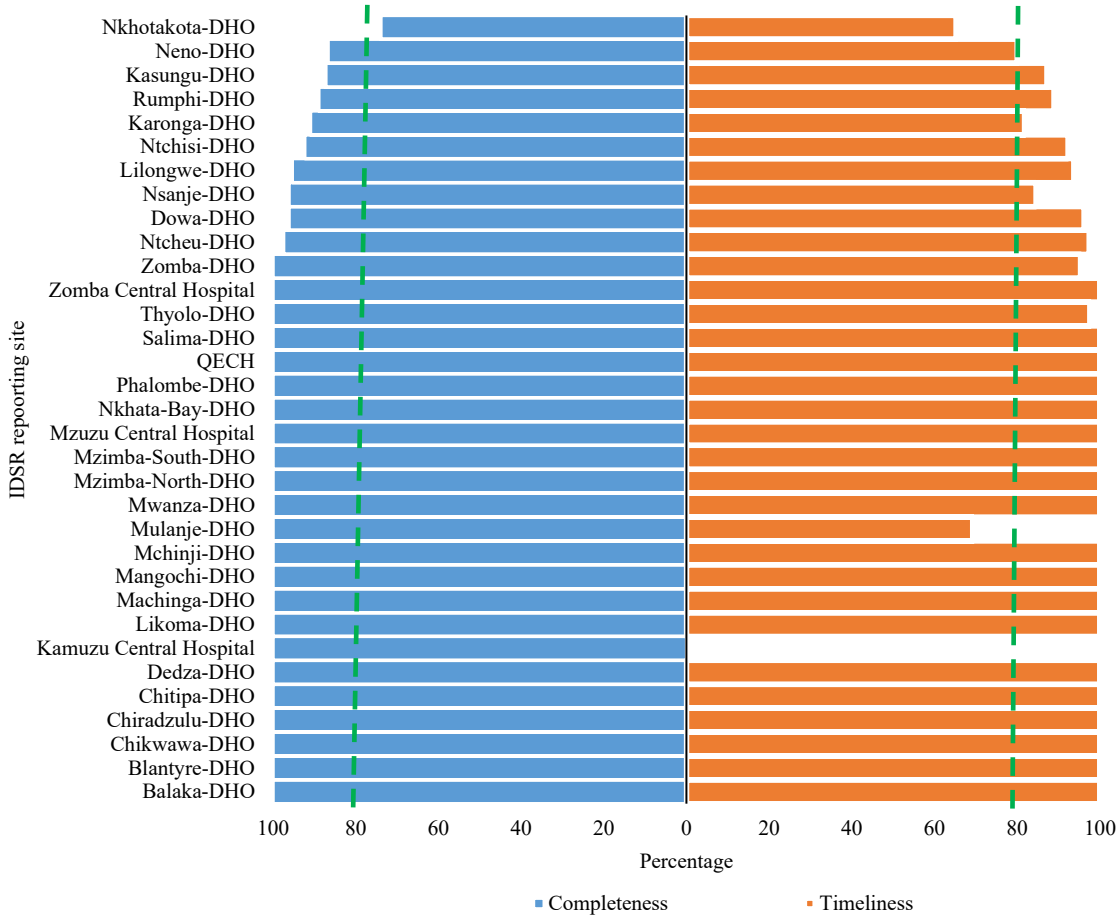

Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 26 (Data accessed on 3 July 2025).

3. Event Based Surveillance (EBS)

3.1. Community EBS signals reported in Epi-week 26

Figure 5 presents the list of signals that were reported in Epi-week 26. In total, 24 signals were reported in Epi week 26 compared to 41 signals that were reported in Epi-week 25. Only 5 (20.8%) of the signals were verified as events. Thirteen (54.2%) of the signals fell into the category of "Any child with sudden weakness

of limbs or fever and skin rash".

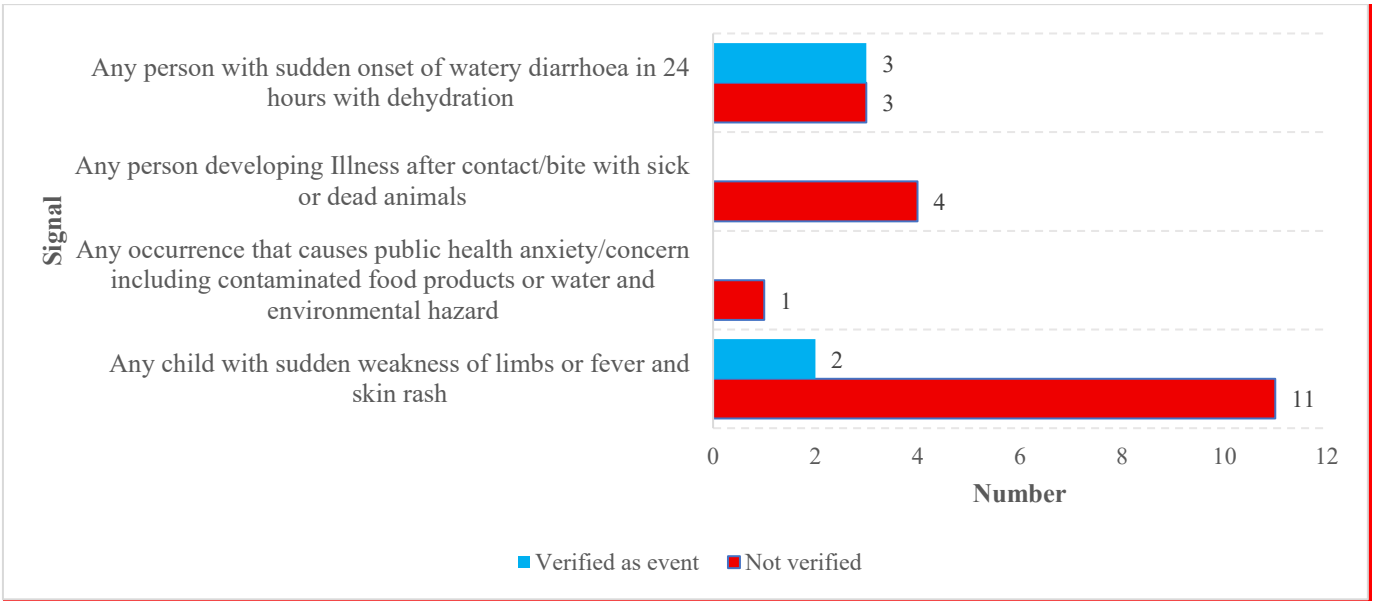

Figure 5: Event-based signals reported in Epi-week 26 (Data accessed on 3 July 2025).

3.2. Risk Assessment Level of the Community Signals

Of the twenty-four (24) community signals, 19 (79.2%) were not classified, as they could not be verified as events. Consequently, a risk assessment was not conducted. Two signals (8.3%) were categorized as high, and 3 (12.5%) were categorised as low, as shown in Figure 6. A further breakdown of the signals reported by each reporting unit can be found in Annex 2.

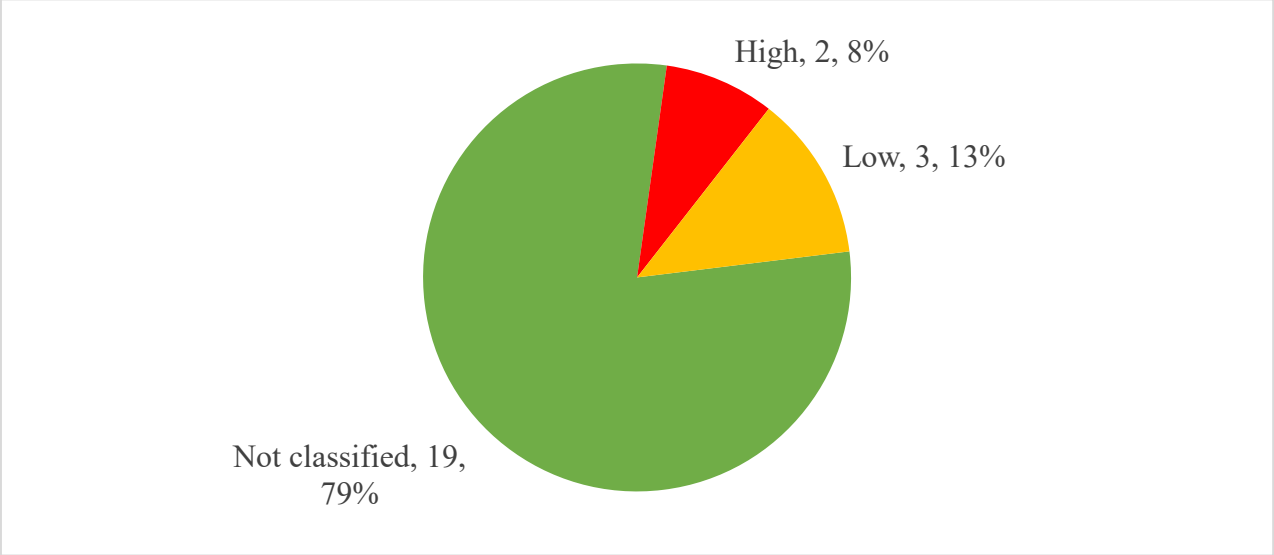

Figure 6: Distribution of EBS signals reported in Epi-week 26 (Data accessed on 3 July 2025).

4. Diseases/Conditions of Public Health Importance in Epi-week 26

Table 1 highlights the alerts related to diseases and public health conditions during Epi-week 26. Apart from malaria, diarrhoea with blood accounted for the second highest number of alerts (629). Blantyre DHO contributed the highest (70), while Likoma DHO, Kamuzu and Queen Elizabeth Central Hospitals each recorded zero (0) case (see Annex 3 for further details).

Table 1. Reported alerts of diseases/conditions of public health importance in Malawi, Epi-week 26.

	Suspected cases	**Deaths**
EPIDEMIC PRONE DISEASES		
Diarrheal with blood	629	1
Meningococcal Meningitis	4	0
Typhoid Fever	24	1
SARI	106	0
Cholera	0	0
Mpox	11	0
DISEASES TARGETED FOR ERADICATION/ELIMINATION		
Measles	60	0
Acute Flaccid Paralysis	4	0
Neonatal tetanus	0	0
CONDITIONS OF PUBLIC HEALTH IMPORTANCE		
Food borne illnesses	0	0
Maternal death	2	0
Yellow fever	0	0
Rabies	1	0

5. Ongoing outbreaks and emergencies in Malawi as of 29 June 2025.

5.1. Mpox

Malawi is responding to a Mpox outbreak confirmed on 16 March 2025. A total of 42 confirmed Mpox cases, including one probable case, have been recorded—34 in Lilongwe; two each in Mangochi and Salima; and one each in Ntcheu, Likoma, Nkhatabay, and Blantyre districts. All but 14 cases are male, with ages ranging from 2 to 57 years. Twenty-seven (27) cases in Lilongwe, one each in Mangochi, Salima, Likoma and Ntcheu have recovered and been discharged from clinical care, while the remaining eleven (11) are still in isolation (7 in Lilongwe, 1 each in Mangochi, Nkhatabay, Salima and Blantyre). Since August 2024, 249

suspected cases have been identified. As of 29 June 2025, 537 contacts have been traced, with 425 discharged from follow-up. Of note is that five (5) of the contacts tested positive for mpox disease. Below is an epi-curve of the confirmed cases by sex and date of onset (Figure 7). Further details are in Annex 4.

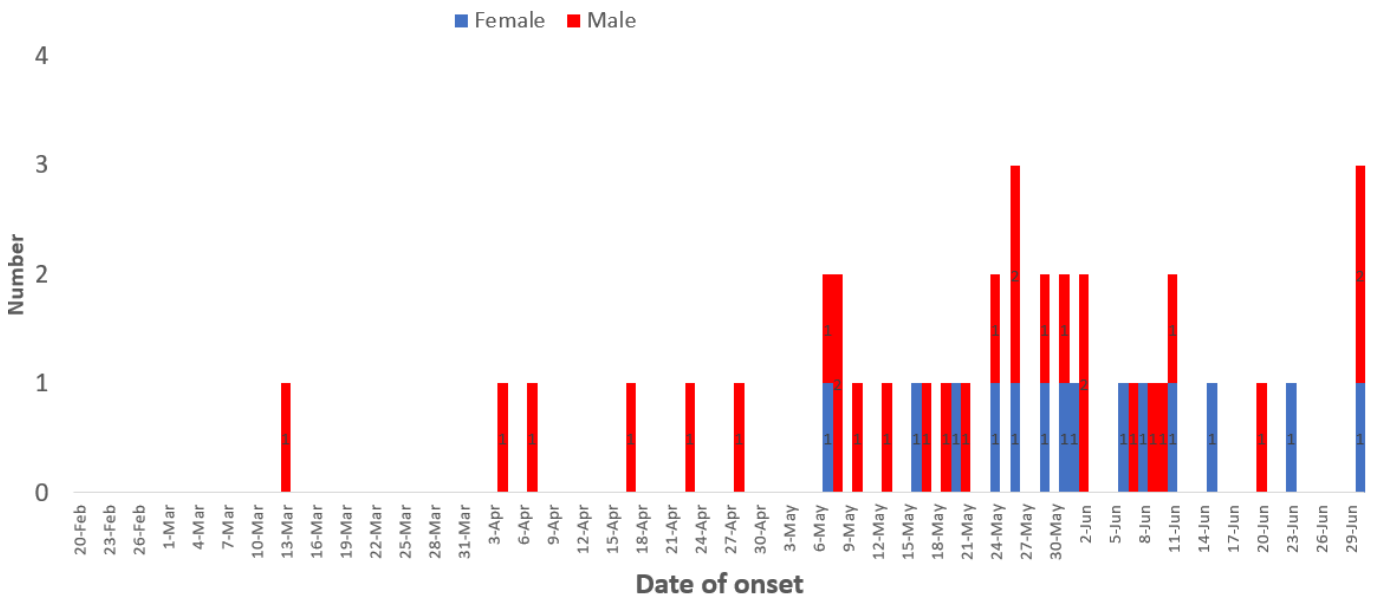

Figure 7. Confirmed cases of Mpox in Malawi by sex and date of onset, 3 July 2025 (N=42, including 1 probable case)

Updates for epi-week 26

- Three (3) new confirmed cases
- Eleven (11) 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, Karonga, Nsanje, Chikwawa, Mwanza, Mangochi, Mzimba North – including Blantyre, Lilongwe, Dowa, and Central hospitals.
- 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.
- Supportive supervision on EBS, including mpox active case search in some districts (Lilongwe, Blantyre, Chikwawa, Nsanje, Kasungu, Mangochi, Rumphi, Mzimba South, Ntchisi, and Ntcheu).

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.
- Competency assessment training

Case management

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

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.
- Printed and distributed IPC materials to KCH and Bwaila isolation units

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.
- Expert talks in schools in progress
- Engagement of community leaders and other stakeholders on mpox

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

- Contact tracing remains challenging due to incomplete disclosure by affected individuals.
- Shortages in laboratory supplies (reagents and viral transport media) and IPC materials.
- Power blackouts affecting running of laboratory samples
- Inadequate funding for surge capacity of those working in the isolation units
- Limited knowledge on case management in some of the districts reporting cases

Annex 1: Timeliness and completeness of IDSR reports by districts, from Epi-week 17 to 26, 2025

	Completeness											Timeliness									
District/Central Hospital	**W17**	**W18**	**W19**	**W20**	**W21**	**W22**	**W23**	**W24**	**W25**	**W26**		**W17**	**W18**	**W19**	**W20**	**W21**	**W22**	**W23**	**W24**	**W25**	**W26**
National	**97**	**93**	**98**	**98**	**97**	**94**	**97**	**98**	**96**	**97**		**94**	**92**	**96**	**96**	**96**	**94**	**89**	**97**	**90**	**94**
Balaka-DHO	100	100	100	100	100	76	94	100	100	100		100	100	100	100	100	76	76	100	100	100
Blantyre-DHO	100	100	100	98	100	100	98	100	100	100		100	100	100	98	100	100	98	100	98	100
Chikwawa-DHO	97	100	100	97	100	97	100	100	93	100		93	100	93	97	100	97	87	100	83	100
Chiradzulu-DHO	100	100	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	100	100	100	100	100	93	100
Dedza-DHO	100	100	100	100	100	100	100	100	100	100		100	100	100	61	100	100	100	100	100	100
Dowa-DHO	88	92	100	100	100	96	92	96	96	96		81	92	100	100	100	96	88	96	96	96
Kamuzu Central Hospital	100	0	100	100	100	100	0	100	100	100		100	0	100	100	100	100	0	100	100	0
Karonga-DHO	100	77	100	100	95	95	95	100	95	91		86	77	82	100	91	95	86	100	73	82
Kasungu-DHO	90	85	97	97	95	90	97	95	92	87		85	85	95	92	92	90	85	95	87	87
Likoma-DHO	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	100	100
Lilongwe-DHO	95	94	98	97	97	98	92	98	67	95		95	94	97	97	97	98	78	97	64	94
Machinga-DHO	100	100	100	100	100	91	100	100	100	100		100	100	100	100	100	91	100	100	100	100
Mangochi-DHO	100	95	100	100	100	100	100	98	100	100		100	95	100	100	100	100	100	98	100	100
Mchinji-DHO	100	100	100	100	100	100	100	100	100	100		100	100	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	96	100	100	69
Mwanza-DHO	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	100	100
Mzimba-North-DHO	100	97	100	100	100	100	100	100	100	100		97	97	90	100	100	100	90	100	100	100
Mzimba-South-DHO	100	100	100	100	100	100	100	100	100	100		100	100	100	100	91	100	91	97	97	100
Mzuzu Central Hospital	100	100	100	100	100	0	100	100	100	100		0	100	100	100	0	0	100	100	100	100
Neno-DHO	100	100	100	100	100	87	100	100	100	87		100	100	100	100	100	87	93	93	100	80
Nkhata-Bay-DHO	100	100	100	100	96	100	100	96	100	100		96	100	100	100	89	100	89	96	100	100
Nkhotakota-DHO	78	22	83	91	74	91	87	96	96	74		30	22	70	91	74	91	65	83	13	65
Nsanje-DHO	85	96	69	81	73	73	69	88	88	96		77	96	62	81	73	73	62	88	88	85
Ntcheu-DHO	100	92	100	100	100	79	100	100	100	97		92	92	90	100	100	79	92	100	100	97
Ntchisi-DHO	100	100	100	100	100	23	100	100	100	92		100	100	100	100	100	23	92	100	100	92
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	100	100	100
Rumphi-DHO	100	78	100	100	100	94	100	100	100	89		100	78	100	100	100	94	94	100	44	89
Salima-DHO	100	100	100	100	100	100	100	95	100	100		100	100	100	100	100	100	100	95	100	100
Thyolo-DHO	100	100	100	100	98	95	100	100	100	100		100	100	100	100	98	95	98	100	100	98
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	91	100	95	100	95	100	95	100	100		98	70	100	93	98	95	63	93	100	95

Annex 2: Distribution of EBS signals per reporting unit in Epi-week 26

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	Grand Total
Blantyre	2	0	0	2	**4**
Lilongwe	9	0	1	0	**10**
Mangochi	1	0	0	0	**1**
Mwanza	0	0	0	1	**1**
Mzimba	0	1	1	0	**2**
Ntcheu	0	0	0	3	**3**
Ntchisi	0	0	2	0	**2**
Phalombe	1	0	0	0	**1**
Grand Total	**13**	**1**	**4**	**6**	**24**

Annex 3. Priority diseases/conditions/events under surveillance, Epi-week 26

District/Central Hospital	OPD AEFI cases	IP AEFI cases	OPD AFP cases	OPD Diarrhoea With Blood (Bacterial) Cases	IPD Diarrhoea With Blood (Bacterial) Cases	IPD Diarrhoea With Blood (Bacterial) Death Cases	OPD Malaria Cases	IPD Malaria Cases	IPD Death Malaria Cases	IPD Maternal death cases	OPD measles cases	IPD measles cases	IPD meningo-coccal meningitis cases	OPD rabies cases	IPD SARI cases	OPD typhoid fever cases	IPD typhoid fever cases	IP typhoid fever deaths
Kasungu-DHO	2	0	0	11	0	0	4164	47	0	0	0	0	0	0	0	0	0	0
Nkhotakota-DHO	0	0	0	4	0	0	2270	29	2	0	0	0	1	0	12	0	0	0
Ntchisi-DHO	0	0	0	7	0	0	2078	21	2	0	0	0	0	0	2	0	0	0
Salima-DHO	0	0	0	23	0	0	2795	27	0	0	11	0	0	0	0	0	0	0
Dowa-DHO	0	0	0	4	0	0	2255	2	0	0	0	0	0	0	0	0	0	0
Kamuzu Central Hosp	0	0	4	0	0	0	11	25	0	0	1	1	0	0	53	0	0	0
Mzuzu Central Hosp	0	0	0	3	0	0	31	13	0	0	0	0	0	0	7	2	1	1
QECH	0	0	0	0	0	0	6	14	0	2	0	0	0	0	0	0	0	0
Zomba Central Hosp	0	0	0	1	0	0	4	6	0	0	0	0	0	0	0	0	0	0
Dedza-DHO	0	0	0	55	0	0	3678	25	2	0	0	0	0	0	0	0	0	0
Lilongwe-DHO	0	0	0	31	0	0	5982	77	2	0	19	0	0	0	0	2	1	0
Ntcheu-DHO	0	0	0	6	1	0	2300	11	0	0	0	0	0	0	0	0	0	0
Mchinji-DHO	0	0	0	0	1	0	4043	30	1	0	0	0	0	0	0	0	0	0
Chitipa-DHO	0	0	0	14	0	0	1900	32	0	0	0	0	0	0	0	0	0	0
Karonga-DHO	1	0	0	21	0	0	2936	55	0	0	0	0	0	0	20	0	0	0
Likoma-DHO	0	0	0	0	0	0	224	1	0	0	0	0	0	0	0	0	0	0
Mzimba-North-DHO	58	0	0	38	0	0	2142	14	0	0	0	0	0	0	0	0	0	0
Mzimba-South-DHO	0	0	0	10	0	0	5990	54	0	0	0	0	3	0	0	0	0	0
Nkhata-Bay-DHO	0	0	0	24	1	1	2149	1	0	0	0	0	0	0	0	0	0	0
Rumphi-DHO	15	0	0	48	0	0	1826	18	0	0	2	0	0	0	0	0	0	0
Balaka-DHO	2	1	0	29	0	0	442	13	1	0	0	0	0	0	0	0	0	0
Machinga-DHO	0	0	0	31	0	0	3478	6	0	0	0	0	0	0	0	0	0	0
Mangochi-DHO	2	0	0	17	1	0	1505	18	0	0	13	0	0	1	0	3	0	0
Mulanje-DHO	2	0	0	21	1	0	2599	18	0	0	0	0	0	0	11	0	0	0
Phalombe-DHO	0	0	0	28	0	0	506	5	0	0	0	0	0	0	0	0	0	0
Zomba-DHO	1	0	0	41	0	0	1958	19	0	0	0	1	0	0	0	0	0	0
Blantyre-DHO	0	0	0	68	2	0	3121	2	0	0	7	0	0	0	0	11	0	0
Chikwawa-DHO	18	0	0	16	0	0	2327	10	0	0	0	0	0	0	0	2	0	0
Chiradzulu-DHO	4	0	0	6	0	0	475	4	0	0	3	0	0	0	0	0	0	0
Mwanza-DHO	1	0	0	7	1	0	716	24	1	0	0	0	0	0	0	0	0	0
Neno-DHO	0	0	0	18	1	0	395	0	0	0	0	0	0	0	0	0	0	0
Nsanje-DHO	4	2	0	26	0	0	1713	32	7	0	0	2	0	0	0	0	0	0
Thyolo-DHO	1	0	0	12	0	0	1083	0	0	0	0	0	0	0	1	3	0	0
Total	**111**	**3**	**4**	**620**	**9**	**1**	**67102**	**653**	**18**	**2**	**56**	**4**	**4**	**1**	**106**	**23**	**2**	**1**

Annex 4: Mpox outbreak in Malawi

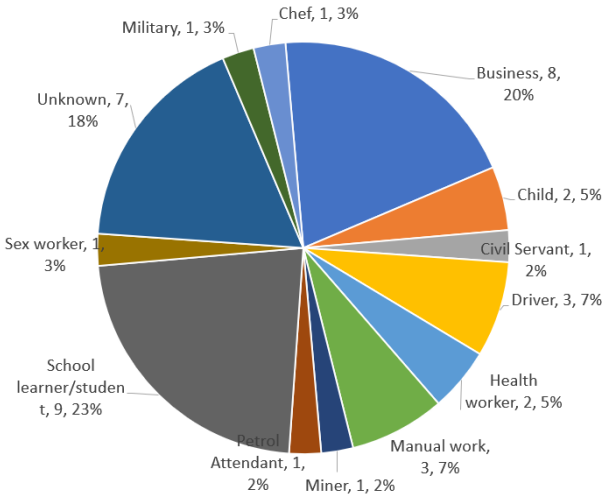

Figure 8. Distribution of confirmed mpox cases by occupation (N=42, including 1 Probable case), 2025. (Source: Mpox outbreak Line list).

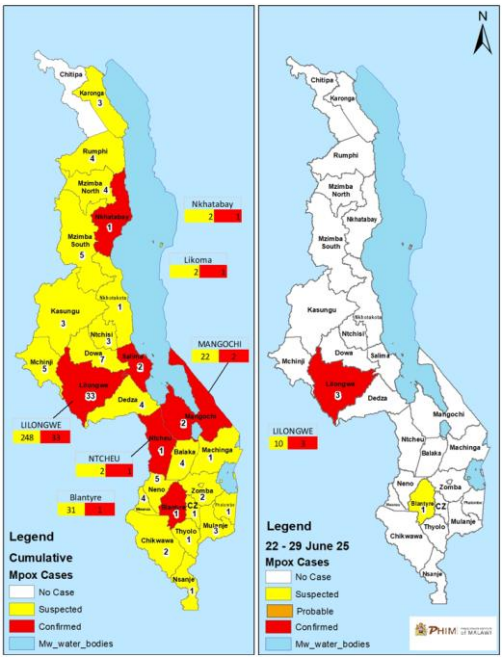

Figure 9. Cumulative distribution of suspected mpox cases (N=249) and confirmed mpox cases (N=42, including 1 probable case) [left map]; new suspected mpox cases (N=11), and confirmed mpox cases (N=3) [right map] in Epi-week 26, 2025.

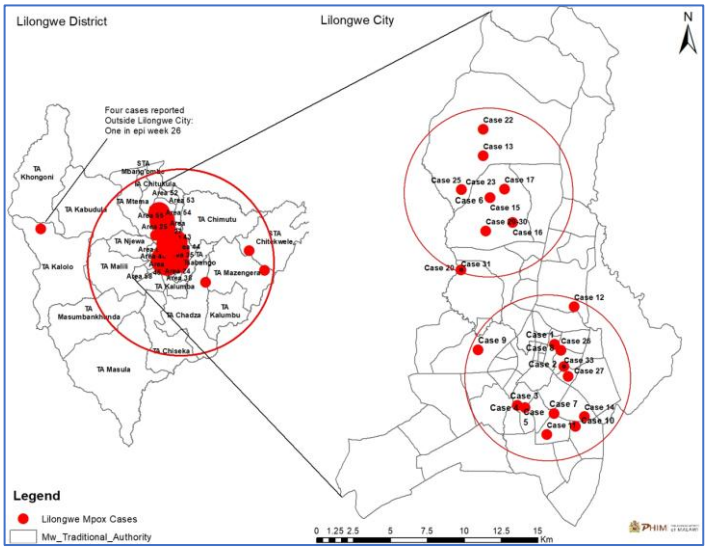

Figure 10. Spatial distribution of confirmed mpox cases in Lilongwe district, 2025

Acknowledgment

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

Editorial team: Dr. Matthews Kagoli, Mrs. Mtisunge Yelewa, Mr. Austin Zgambo, Mr. Sikhona Chipeta, Mr. Shaibu Safalie, Mr. Francis Chimphanje, Mr. Lwitikano Kaira, and Mr. Noel Khunga

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