

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 3, Issue 31 of 2025), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 31
- 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 31, 2025

- IDSR reporting was 98.7% for completeness and 91.6% for timeliness on the One Health Surveillance Platform (OHSP).
- Thirteen (13) EBS signals reported
- Six (6) Mpox alerts were reported.
- Zero (0) new confirmed mpox cases
- Other alerts generated were Severe Acute Respiratory Infections (SARI) (114 cases, including 2 deaths), Diarrhoea with blood (608 cases), Adverse Events Following Immunization (AEFI) (73 cases), Typhoid fever (25 cases), Acute flaccid paralysis (AFP) (7 cases), Maternal Deaths (5 cases), and Meningococcal meningitis (7 case) as shown in Figure 1.

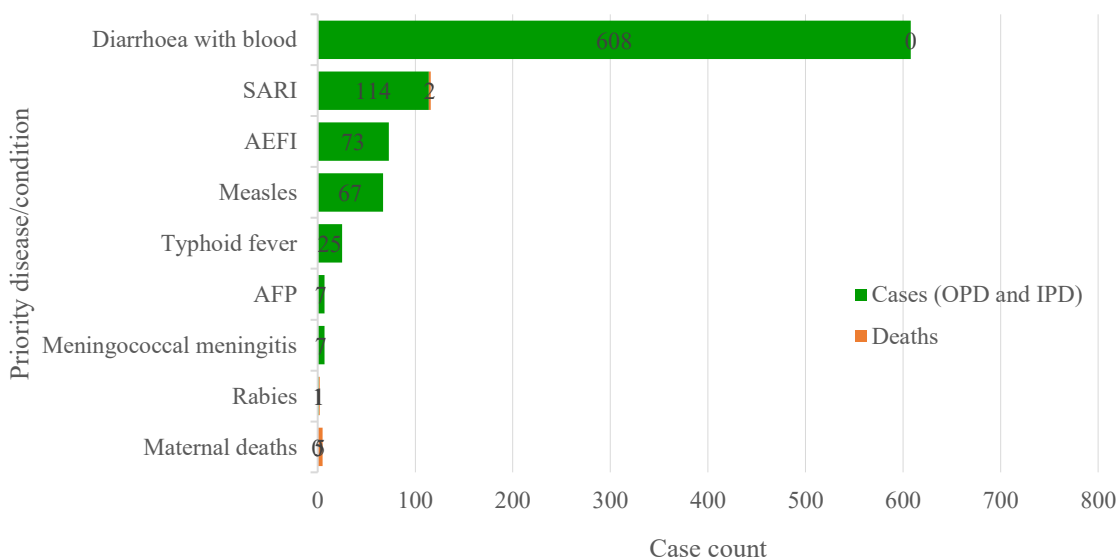


Figure 1. Notifiable diseases/conditions alerts reported in Epi-week 31 in Malawi (Data accessed on 8 August 2025).

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 31

During Epi-week 31, the completeness of reporting increased from 97.3% in Epi-week 30 to 98.7%, and timeliness dropped slightly from 92.2% to 91.6% over the same period. (see Figure 2).

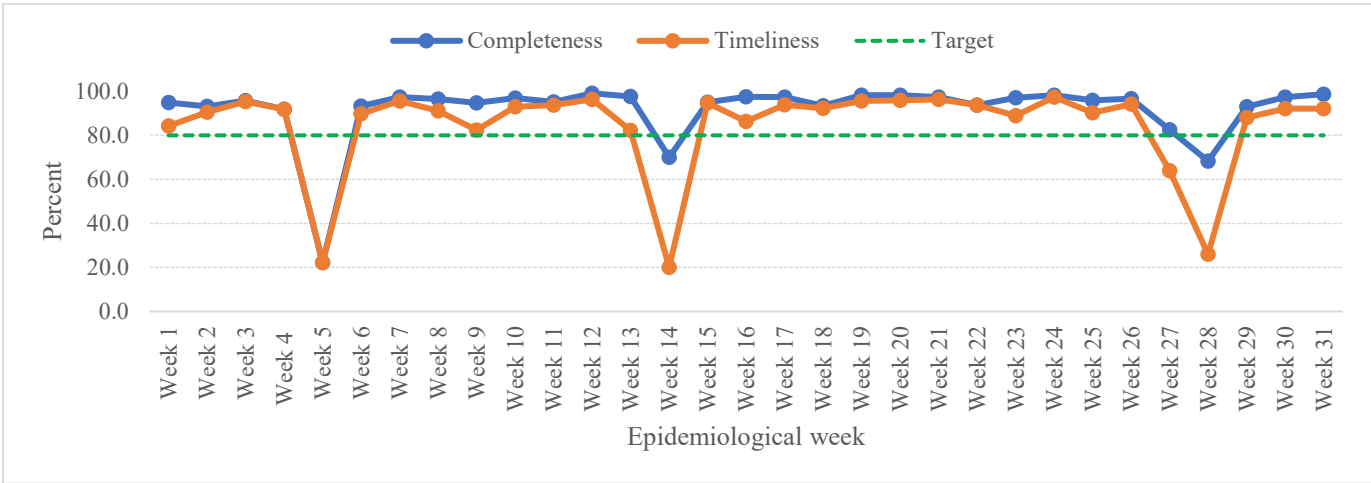


Figure 2. Trend of national IDSR weekly reporting rates in Malawi, Epi-week 1 to 31, 2025 (Data accessed on 8 August 2025).

2.1.2. Reporting rates at Zonal level up to Epi-week 31

Figure 3 illustrates the reporting rates across various health zones. All zones, including Central Hospitals, surpassed the minimum target of 80% for both completeness and timeliness, except Central East Zone and Central Hospitals which did not meet the timeliness target.

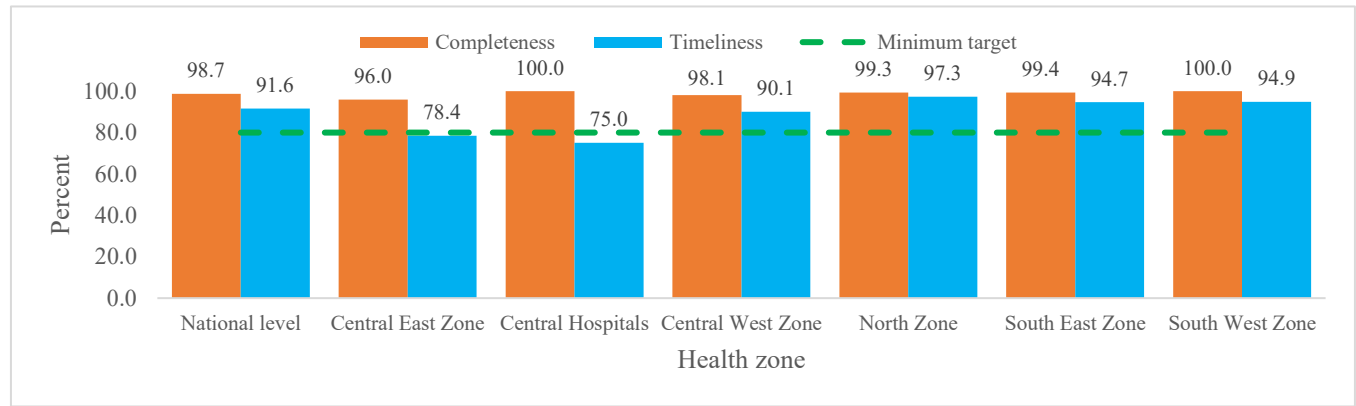


Figure 3. Reporting rates of IDSR weekly reports by zones, Epi-week 31 (Data accessed on 8 August 2025).

2.1.3. Reporting rates at District level for Epi-week 31

Among the 33 reporting sites (District and Central Hospitals), 33 (100.0%) met the national target of $\geq 80\%$ for both completeness and timeliness, while 4 (12.1%) failed in timeliness, as shown in Figure 4.

Nkhotakota, Ntcheu, Nsanje districts and Kamuzu Central Hospital contributed to the drop in timeliness. The completeness and timeliness of all reporting sites from Epi-week 22 to 31 of 2025 are presented in Annex 1.

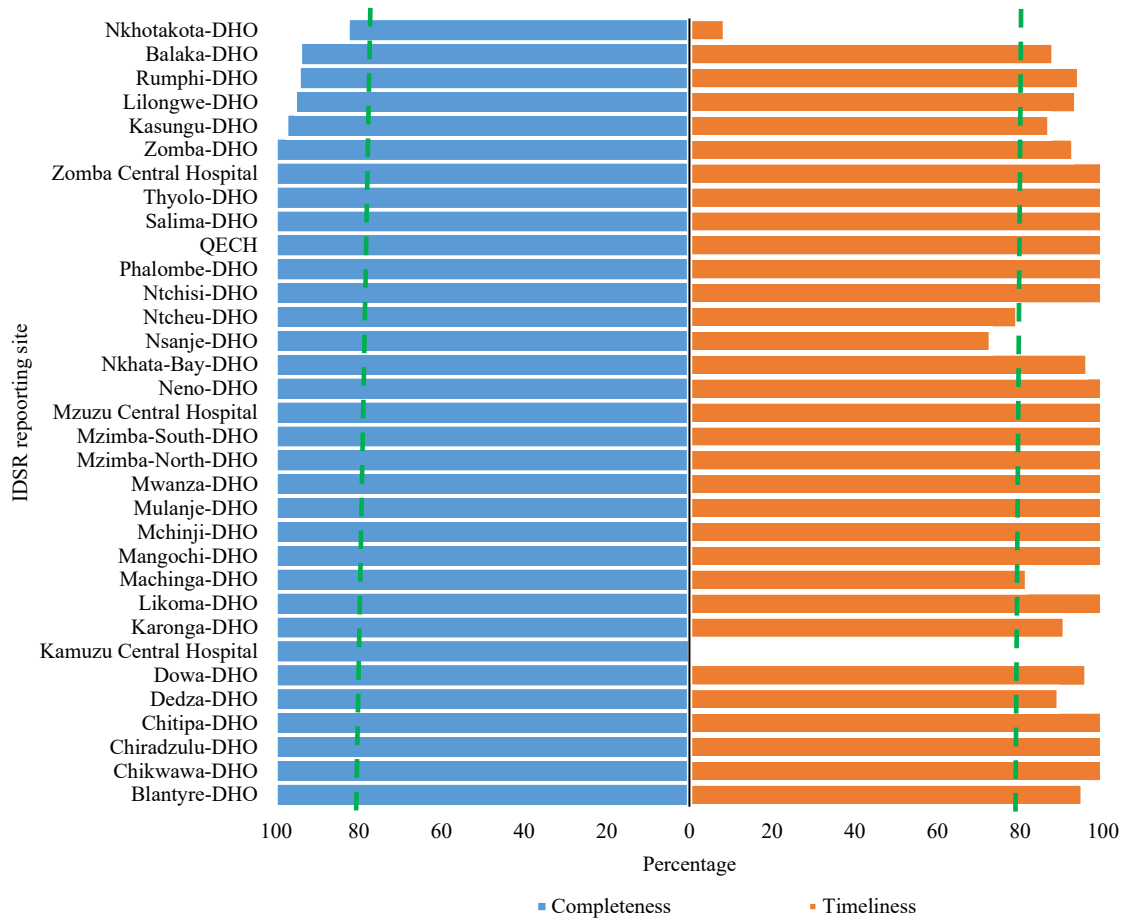


Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 31 (Data accessed on 8 August 2025).

3. Event Based Surveillance (EBS)

3.1. Community EBS signals reported in Epi-week 31

Figure 5 presents the list of signals that were reported in Epi-week 31. In total, 13 signals were reported in Epi week 31 compared to 21 signals that were reported in Epi-week 30. Six (6) of the signals (50.0%) were verified as events, while the other six (6) were neither verified nor discarded.

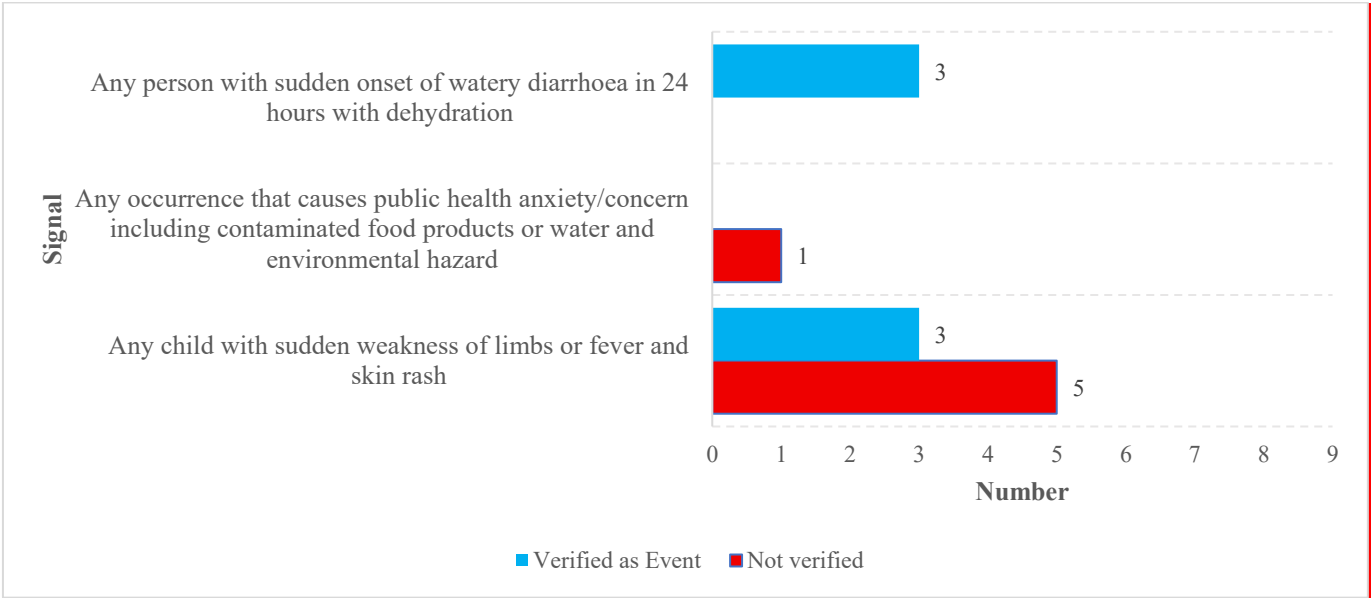


Figure 5: Event-based signals reported in Epi-week 31(Data accessed on 8 August 2025).

3.2. Risk Assessment Level of the Community Signals

Risk assessments were conducted for all six (6) events, while the other six (6) signals were not assessed as they were not verified as events. Two (2) were categorized as high risk, three (3) as moderate risk, and one (1) 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.

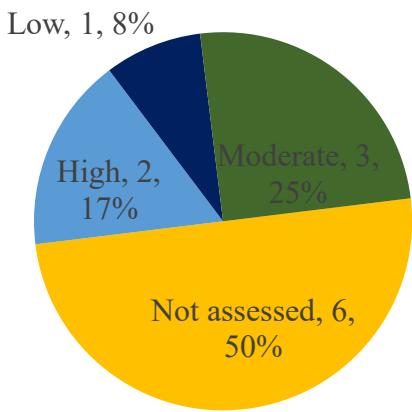


Figure 6: Distribution of EBS signals reported in Epi-week 31 (Data accessed on 8 August 2025).

4. Diseases/Conditions of Public Health Importance in Epi-week 31

Table 1 highlights the alerts related to diseases and public health conditions during Epi-week 31. Apart from malaria, diarrhoea with blood accounted for the second highest number of alerts (608). Blantyre DHO contributed the highest (77), while QECH and Zomba Central Hospital 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 31.

	Suspected cases	Deaths
<i>EPIDEMIC PRONE DISEASES</i>		
Diarrheal with blood	608	0
Meningococcal Meningitis	7	0
Typhoid Fever	25	0
SARI	114	2
Cholera	0	0
Mpox	6	0
<i>DISEASES TARGETED FOR ERADICATION/ELIMINATION</i>		
Measles	67	0
Acute Flaccid Paralysis	7	0
Neonatal tetanus	0	0
<i>CONDITIONS OF PUBLIC HEALTH IMPORTANCE</i>		
Food borne illnesses	0	0
Maternal death	5	0
Yellow fever	0	0
Rabies	1	1

5. Ongoing outbreaks and emergencies in Malawi as of 3 August 2025.

5.1. Mpox

Malawi is responding to a Mpox outbreak confirmed on 16 March 2025. A total of 63 laboratory confirmed Mpox cases, and 1 probable case, have been recorded—49 in Lilongwe; 3 each in Blantyre and Mangochi, 2 in Salima; and one each in Ntcheu, Likoma, Nkhatabay, Mzimba South, Ntchisi and Karonga districts. All but 25 cases are male, with ages ranging from 2 to 75 years. Thirty-six (36) cases in Lilongwe, two in

Salima, three each in Blantyre and Mangochi, one each in Likoma, Nkhatabay, and Ntcheu have recovered and been discharged from clinical care. Two (2) of the cases in Lilongwe were declared lost to follow-up during home isolation, while the remaining fifteen (14) are still in isolation (11 in Lilongwe, 1 each in Ntchisi, Mzimba South and Karonga). Since August 2024, 322 suspected cases have been identified. As of 3 August 2025, 839 contacts have been traced, with 830 (98.9%) discharged from follow-up. Of note is that five (5) of the contacts tested positive for mpox disease. Below is the distribution of mpox cases by sex and age-group (Figure 7), and an epi-curve of the confirmed cases by week of onset (Figure 8). Further details are in Annex 4.

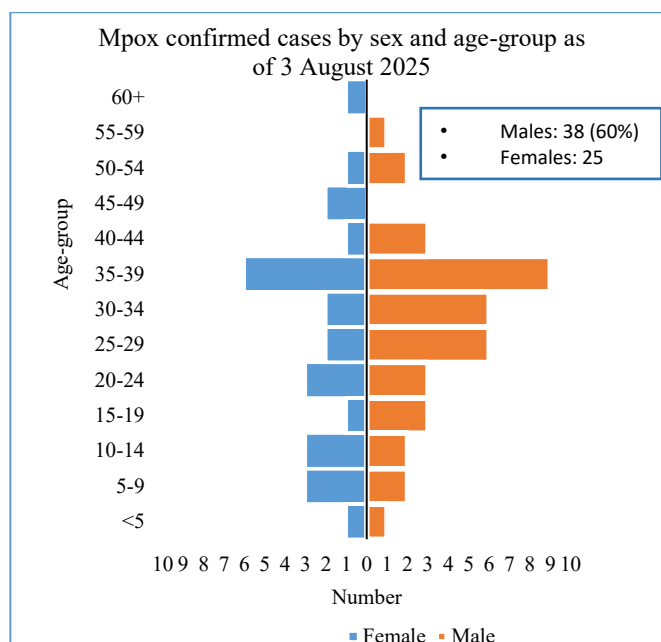


Figure 7. Mpox cases by sex and age-group as of 3 August 2025

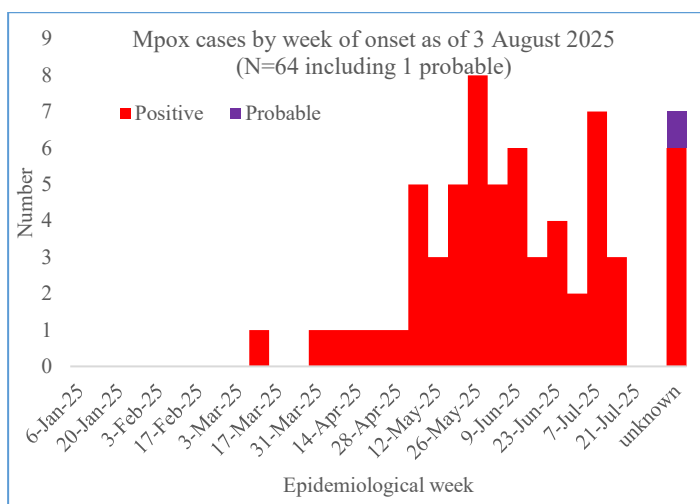


Figure 8. Mpox cases by week of onset as of 3 August 2025 (N=64 including 1 probable)

Updates for epi-week 31

- Zero (0) new confirmed case

6. 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, Ntcheu, Nkhatabay, Chiradzulu and Salima).
- Trained surveillance officers in surveillance data management

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
- Trained laboratory officers in sample collection, packaging and management

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

- Shortages in laboratory supplies (reagents and viral transport media) and IPC materials.
- Power blackouts affecting running of laboratory samples
- 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 22 to 31, 2025

District/ Central Hospital	Completeness											Timeliness										
	W22	W23	W24	W25	W26	W27	W28	W29	W30	W31		W21	W22	W23	W24	W25	W26	W27	W28	W29	W30	W31
National	94	97	98	96	97	83	68	93	97	99		96	94	89	97	90	94	64	26	88	92	92
Balaka-DHO	76	94	100	100	100	94	94	53	100	94		100	76	76	100	100	100	59	94	47	88	88
Blantyre-DHO	100	98	100	100	100	100	100	100	100	100		100	100	98	100	98	100	95	10	100	100	95
Chikwawa-DHO	97	100	100	93	100	100	100	100	100	100		100	97	87	100	83	100	77	3	100	87	100
Chiradzulu-DHO	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	0	19	100	100	100
Chitipa-DHO	100	100	100	100	100	100	100	100	100	100		100	100	100	100	93	100	100	100	100	100	100
Dedza-DHO	100	100	100	100	100	100	0	100	100	100		100	100	100	100	100	100	100	0	100	100	89
Dowa-DHO	96	92	96	96	96	81	85	96	96	100		100	96	88	96	96	96	77	62	73	92	96
Kamuzu Central Hospital	100	0	100	100	100	100	0	100	100	100		100	100	0	100	100	0	100	0	0	100	0
Karonga-DHO	95	95	100	95	91	73	68	91	100	100		91	95	86	100	73	82	23	0	86	91	91
Kasungu-DHO	90	97	95	92	87	72	56	79	97	97		92	90	85	95	87	87	49	13	72	90	87
Likoma-DHO	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	67	100	100	100
Lilongwe-DHO	98	92	98	67	95	34	88	100	97	95		97	98	78	97	64	94	33	77	100	92	94
Machinga-DHO	91	100	100	100	100	100	100	100	100	100		100	91	100	100	100	100	100	0	100	100	82
Mangochi-DHO	100	100	98	100	100	68	23	100	100	100		100	100	100	98	100	100	36	18	100	98	100
Mchinji-DHO	100	100	100	100	100	100	5	100	90	100		100	100	100	100	100	100	100	0	100	90	100
Mulanje-DHO	100	100	100	100	100	100	100	100	100	100		100	100	96	100	100	69	42	100	100	62	100
Mwanza-DHO	100	100	100	100	100	80	100	100	100	100		100	100	100	100	100	100	80	0	100	100	100
Mzimba-North-DHO	100	100	100	100	100	97	66	100	100	100		100	100	90	100	100	100	90	17	100	100	100
Mzimba-South-DHO	100	100	100	100	100	100	100	100	100	100		91	100	91	97	97	100	85	0	21	94	100
Mzuzu Central Hospital	0	100	100	100	100	100	0	100	100	100		0	0	100	100	100	100	100	0	100	100	100
Neno-DHO	87	100	100	100	87	100	33	100	100	100		100	87	93	93	100	80	100	7	100	100	100
Nkhata-Bay-DHO	100	100	96	100	100	68	68	96	96	100		89	100	89	96	100	100	54	14	89	96	96
Nkhotakota-DHO	91	87	96	96	74	65	43	61	74	83		74	91	65	83	13	65	65	0	35	65	9
Nsanje-DHO	73	69	88	88	96	38	4	12	69	100		73	73	62	88	88	85	38	0	12	62	73
Ntcheu-DHO	79	100	100	100	97	46	21	95	100	100		100	79	92	100	100	97	31	21	95	85	79
Ntchisi-DHO	23	100	100	100	92	100	100	100	100	100		100	23	92	100	100	92	8	8	100	100	100
Phalombe-DHO	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	94	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
Rumphi-DHO	94	100	100	100	89	100	11	100	100	94		100	94	94	100	44	89	100	11	100	100	94
Salima-DHO	100	100	95	100	100	92	88	100	100	100		100	100	100	95	100	100	92	17	100	100	100
Thyolo-DHO	95	100	100	100	100	100	95	100	100	100		98	95	98	100	100	98	98	29	100	100	100
Zomba Central Hospital	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	0	0	100	100	100
Zomba-DHO	95	100	95	100	100	100	100	100	100	100		98	95	63	93	100	95	26	9	100	95	93

Annex 2: Distribution of EBS signals per reporting unit in Epi-week 31

<i>District of Residence</i>	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 with sudden onset of watery diarrhoea in 24 hours with dehydration	Grand Total
<i>Blantyre</i>	2	0	0	2
<i>Lilongwe</i>	5	0	0	5
<i>Mchinji</i>	1	1	0	2
<i>Ntcheu</i>	0	0	3	3
<i>Grand Total</i>	8	1	3	12

Annex 3. Priority diseases/conditions/events under surveillance, Epi-week 31

District/ Central Hospital	OPD AEFI cases	IPD AEFI cases	OPD AFP cases	IPD AFP cases	OPD Diarrhoea With Blood (Bacterial) Cases	IPD With Blood (Bacteria l) Cases	OPD Malari a Cases	IPD Malari a Cases	IPD Death Malari a Cases	IPD Materna l death cases	OPD measle s cases	IPD meas les cases	IPD meningococcal meningiti s cases	IPD rabie s cases	IPD rabie s death s	IPD SA RI case s	IPD SAR I deat hs	OPD typhoi d fever cases	IPD typhoi d fever cases
Kasungu-DHO	0	0	0	0	96	0	1741	29	0	0	8	0	0	0	0	0	0	0	0
Nkhotakota-DHO	1	0	0	0	8	0	611	0	0	0	0	0	0	0	0	0	0	0	0
Ntchisi-DHO	0	0	0	0	3	0	692	13	2	0	0	0	0	0	0	2	0	0	0
Salima-DHO	0	0	0	0	24	0	1584	40	0	0	1	0	0	0	0	0	0	0	0
Dowa-DHO	0	0	0	0	1	0	1032	0	0	0	0	0	0	0	0	0	0	0	0
Kamuzu Central Hospital	0	0	0	1	1	0	7	7	1	0	1	0	0	0	0	31	2	0	0
Mzuzu Central Hospital	0	0	0	0	9	0	14	7	0	1	0	0	0	0	0	28	0	0	0
QECH	0	0	0	0	0	0	2	24	0	3	0	0	0	0	0	0	0	0	0
Zomba Central Hospital	0	0	0	1	0	0	4	9	0	0	0	0	0	0	0	0	0	0	0
Dedza-DHO	0	0	0	0	24	0	1169	28	0	0	0	0	0	0	0	0	0	0	0
Lilongwe-DHO	0	0	0	0	32	0	6048	30	1	0	3	0	0	0	0	12	0	1	0
Ntcheu-DHO	0	0	0	0	13	0	1091	5	0	0	0	0	0	0	0	0	0	0	0
Mchinji-DHO	0	0	1	0	10	0	970	45	0	0	0	0	0	0	0	0	0	7	0
Chitipa-DHO	1	0	0	0	13	0	876	15	0	1	0	0	0	0	0	0	0	0	0
Karonga-DHO	0	0	0	0	36	13	1846	31	0	0	0	0	0	0	0	23	0	0	0
Likoma-DHO	0	0	0	0	1	0	258	2	0	0	0	0	0	0	0	0	0	0	0
Mzimba-North-DHO	30	0	0	0	35	0	617	17	0	0	0	0	0	0	0	0	0	0	0
Mzimba-South-DHO	0	0	0	0	33	0	3802	56	0	0	0	0	1	0	0	0	0	0	0
Nkhata-Bay-DHO	1	0	0	0	20	2	1201	2	1	0	0	8	0	1	1	0	0	0	0
Rumphi-DHO	7	0	0	0	18	0	457	13	0	0	0	0	0	0	0	2	0	0	0
Balaka-DHO	0	0	0	0	5	0	168	16	2	0	1	0	0	0	0	0	0	0	0
Machinga-DHO	0	0	0	0	17	0	1296	7	0	0	0	0	0	0	0	0	0	0	0
Mangochi-DHO	0	0	0	0	21	2	903	5	0	0	0	0	0	0	0	0	0	6	1
Mulanje-DHO	0	0	0	0	11	0	972	9	0	0	0	0	0	0	0	13	0	0	0
Phalombe-DHO	0	0	0	0	5	1	194	3	0	0	0	0	0	0	0	0	0	0	0
Zomba-DHO	0	1	0	0	21	0	756	8	0	0	0	0	0	0	0	0	0	0	0
Blantyre-DHO	1	0	4	0	77	0	2619	2	0	0	41	0	0	0	0	0	0	7	1
Chikwawa-DHO	6	0	0	0	11	0	1385	1	0	0	0	0	6	0	0	0	0	0	0
Chiradzulu-DHO	10	0	0	0	5	0	162	0	0	0	0	0	0	0	0	0	0	0	0
Mwanza-DHO	5	0	0	0	5	0	396	27	1	0	0	0	0	0	0	0	0	0	0
Neno-DHO	2	0	0	0	12	0	180	3	0	0	4	0	0	0	0	3	0	0	0
Nsanje-DHO	8	0	0	0	17	0	1070	16	0	0	0	0	0	0	0	0	0	0	0
Thyolo-DHO	0	0	0	0	6	0	627	12	0	0	0	0	0	0	0	0	0	1	1
	72	1	5	2	590	18	34750	482	8	5	59	8	7	1	1	114	2	22	3

Annex 4: Mpox outbreak in Malawi, 2025

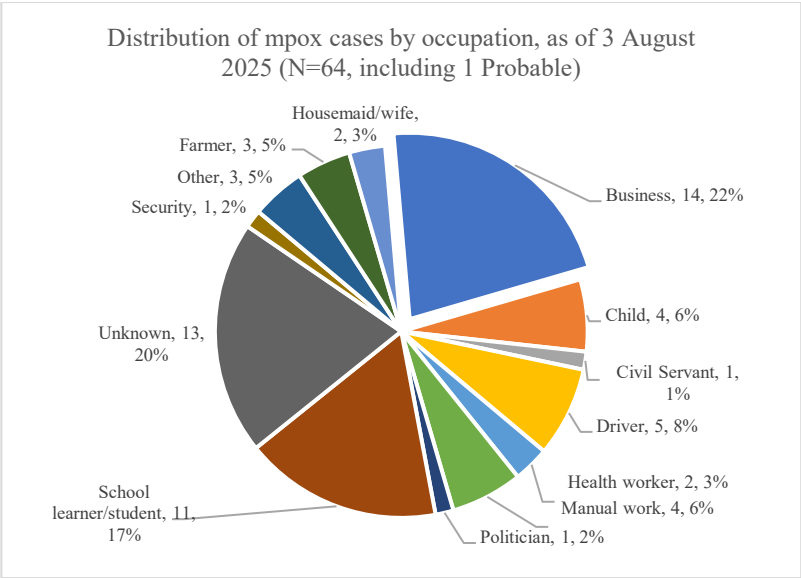


Figure 9. Distribution of confirmed mpox cases by occupation (N=64, including 1 Probable case), 2025. (Source: Mpox outbreak Line list).

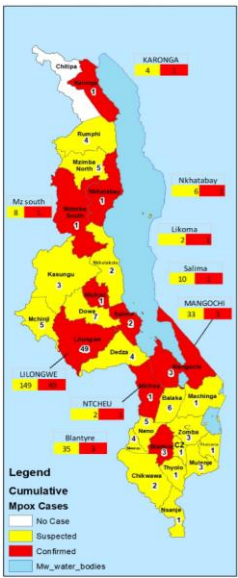


Figure 10. Cumulatively, 322 suspects and 64 Confirmed cases (including 1 probable case).

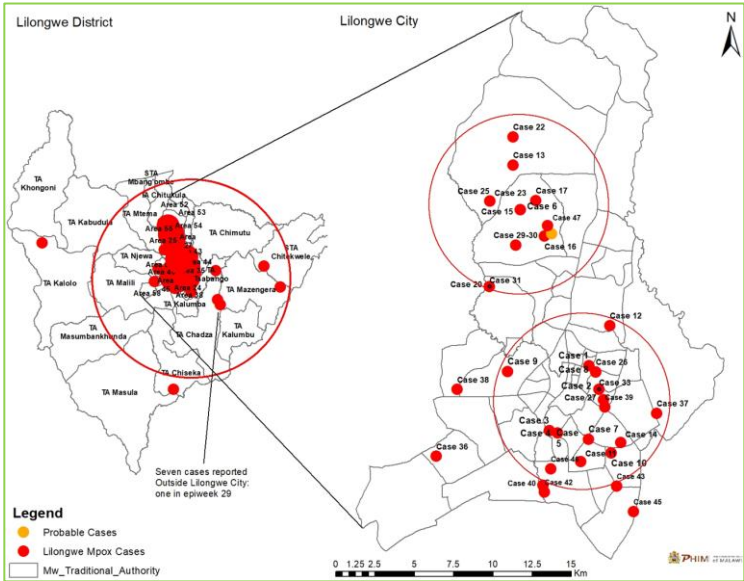


Figure 11. Spatial distribution of confirmed mpox cases in Lilongwe district, 2025

Immediate recommendations

- **IDSR Coordinators and Zonal Epidemiology Officers** should ensure timely verification and validation of data as soon as health facility focal persons or data clerks enter information into OHSP.
- **All districts** should improve on EBS signal detection and reporting
- **District Rapid Response Teams (DRRTs)** should conduct risk assessments for all verified signals (events) without delay.
- **Nsanje, Nkhotakota and Ntcheu District Health Offices (DHOs)** should strengthen efforts to improve reporting rates.

Acknowledgment

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

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