PHIM PUBLIC HEALTH INSTITUTE of MALAWI

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**REPUBLIC OF MALAWI**

WEEKLY IDSR EPIDEMIOLOGICAL BULLETIN

**Epidemiological Week 37 (8 – 14 September 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 3, Issue 37 of 2025), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 37
- 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 37, 2025

- IDSR reporting was 90.7% for completeness and 83.3% for timeliness on the One Health Surveillance Platform (OHSP).
- Twenty-four (24) EBS signals reported
- Thirteen (13) Mpox alerts were reported.
- Fourteen (14) new confirmed mpox cases
- Other alerts generated were Severe Acute Respiratory Infections (SARI) (42 cases and 3 deaths), Diarrhoea with blood (718 cases), Adverse Events Following Immunization (AEFI) (83 cases), Typhoid fever (23 cases), Acute flaccid paralysis (AFP) (6 cases), Maternal Deaths (5 deaths), and Meningococcal meningitis (4 cases, including 1 death) as shown in Figure 1.

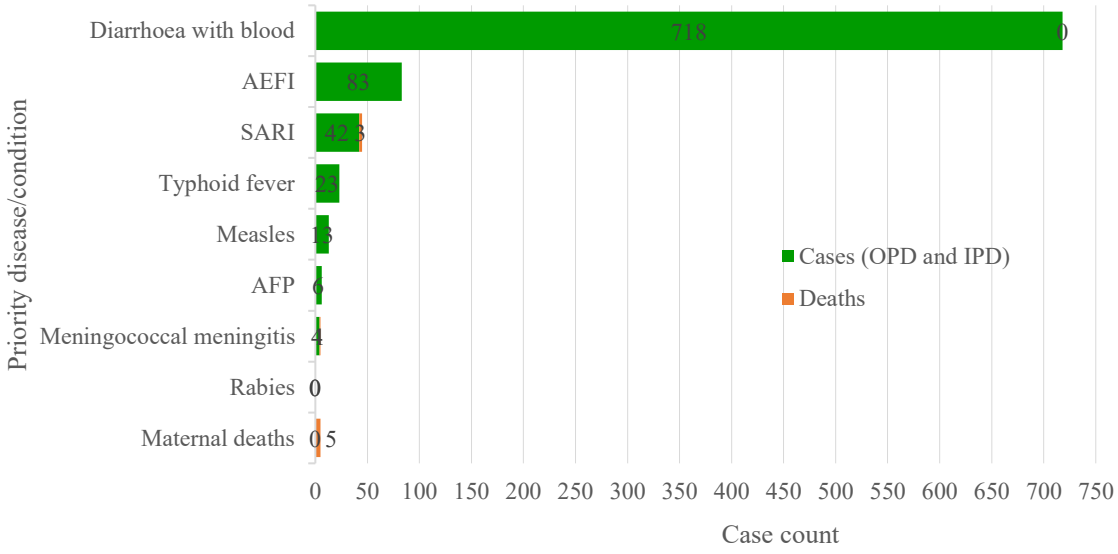


*Figure 1. Notifiable diseases/conditions alerts reported in Epi-week 37 in Malawi* ***(Data accessed on 18 September 2025).***

## 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 37*

During Epi-week 37, the completeness of reporting declined from 95.1% in Epi-week 36 to 90.7%, while timeliness decreased from 88.6% to 83.3% over the same period. (see Figure 2).

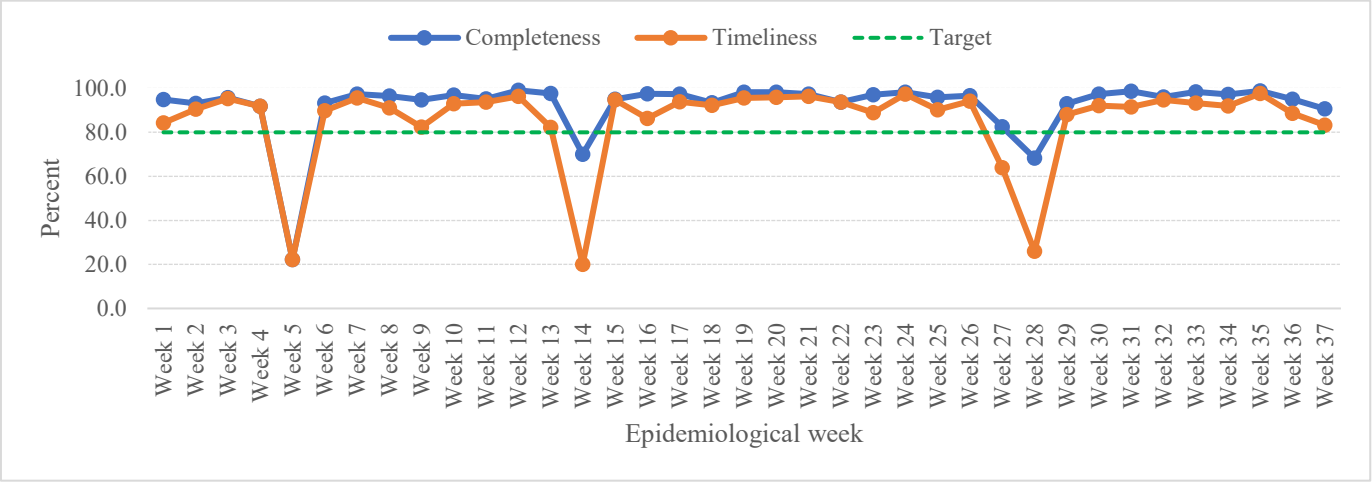


*Figure 2. Trend of national IDSR weekly reporting rates in Malawi, Epi-week 1 to 37, 2025 (Data accessed on 18 September, 2025).*

#### *2.1.2. Reporting rates at Zonal level up to Epi-week 37*

Figure 3 illustrates the reporting rates across various health zones. All zones, except Central Hospitals, exceeded the minimum completeness target of 80%. Only the North, South East, and South West zones met the minimum target for timeliness.

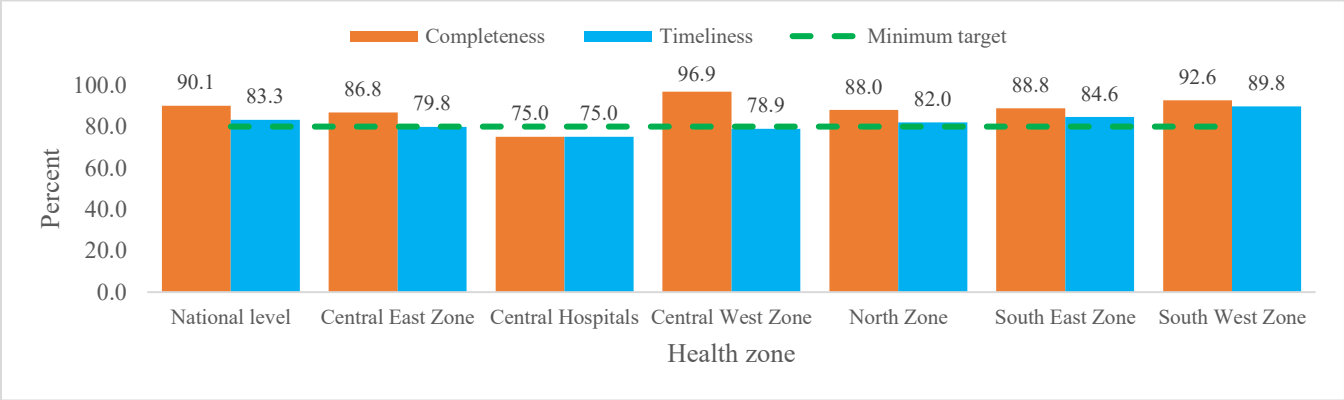


*Figure 3. Reporting rates of IDSR weekly reports by zones, Epi-week 37 (Data accessed on 18 September 2025).*

### *2.1.3. Reporting rates at District level for Epi-week 37*

Among the 33 reporting sites (District and Central Hospitals), 22 (81.8%) met the national target of ≥80% for both completeness and timeliness, while 5 (15.1%) achieved the target in completeness but failed in timeliness. However, QECH, Rumphi, Likoma, Zomba, Karonga and Kasungu DHOs failed in both completeness and timeliness, as shown in Figure 4. The completeness and timeliness of all reporting sites from Epi-week 28 to 37 of 2025 are presented in Annex 1

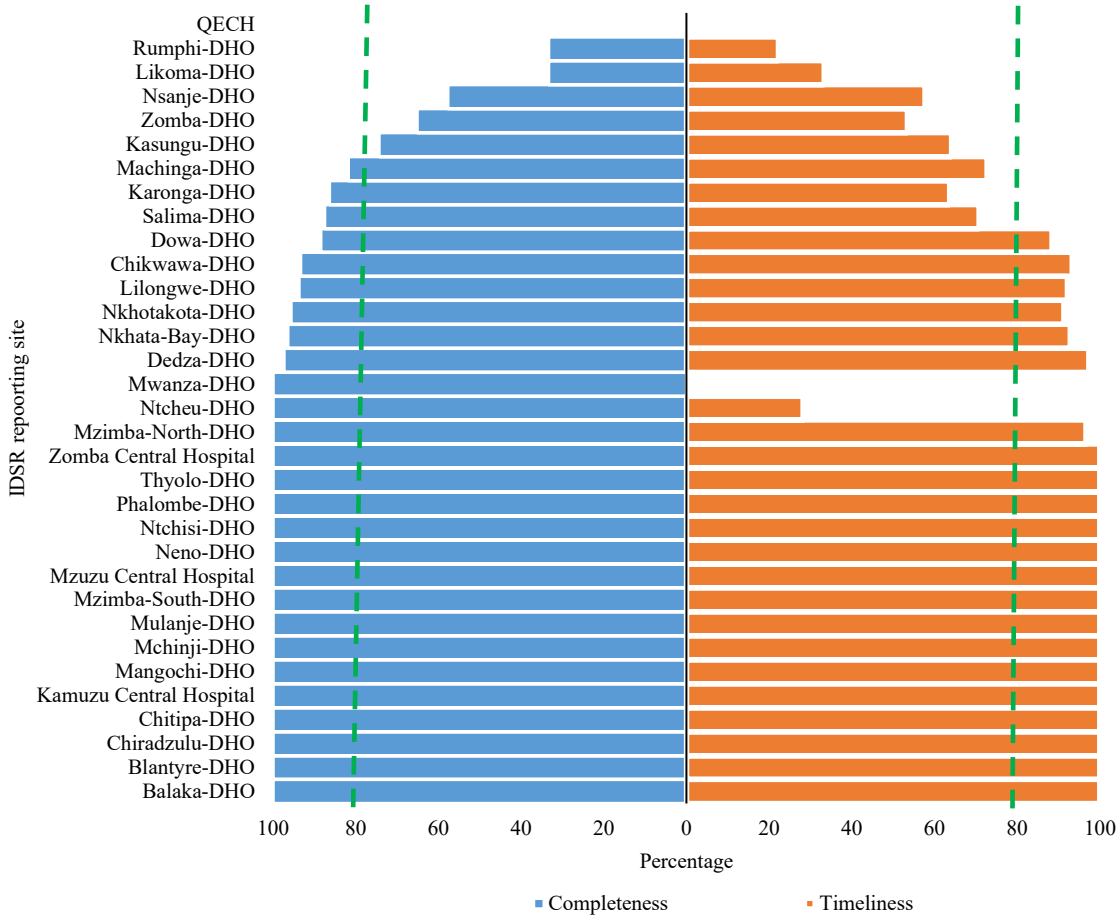


*Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 37 (Data accessed on 18 September 2025).*

## 3. Event Based Surveillance (EBS)

### *3.1. Community EBS signals reported in Epi-week 37*

Figure 5 presents the list of signals that were reported in Epi-week 37. In total, 24 signals were reported in Epi-week 37, an increase from eighteen (18) in Epi week 36. Nine (37.5%) of the signals were verified as events, while the remaining fifteen (62.5%) were neither verified nor discarded.

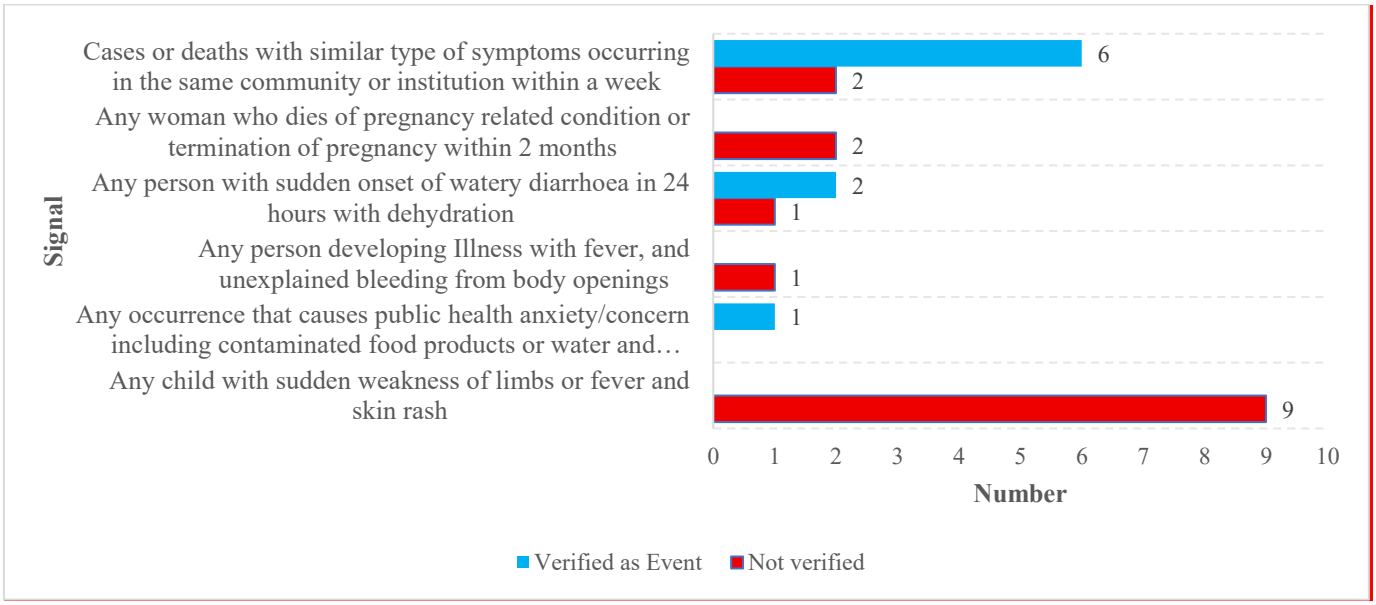


*Figure 5: Event-based signals reported in Epi-week 37 (Data accessed on 18 September 2025).*

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

Risk assessments were conducted for all nine (9) events, while the other fifteen (15) signals were not assessed as they were not verified as events. One (1) event was characterised as very high risk, while five (5) events were classified as moderate risk, as shown in Figure 6. A further breakdown of the signals reported by each reporting unit can be found in Annex 2.

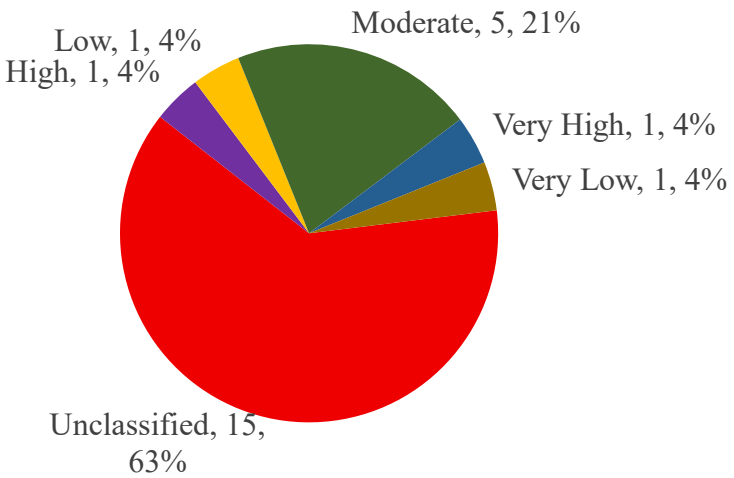


*Figure 6: Distribution of EBS signals reported in Epi-week 37 (Data accessed on 18 September 2025).*

## 4. Diseases/Conditions of Public Health Importance in Epi-week 37

Table 1 highlights the alerts related to diseases and public health conditions during Epi-week 37. Apart from malaria, diarrhoea with blood accounted for the second highest number of alerts (718). Blantyre DHO contributed the highest (80), while Chiradzulu DHO, and Kamuzu, Queen Elizabeth and Zomba 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 37.*

| | **Suspected cases** | **Deaths** |
|---|---|---|
| ***EPIDEMIC PRONE DISEASES*** | | |
| Diarrheal with blood | 718 | 0 |
| Meningococcal Meningitis | 4 | 1 |
| Typhoid Fever | 23 | 0 |
| SARI | 42 | 3 |
| Cholera | 0 | 0 |
| Mpox | 13 | 0 |
| ***DISEASES TARGETED FOR ERADICATION/ELIMINATION*** | | |
| Measles | 13 | 0 |
| Acute Flaccid Paralysis | 6 | 0 |
| Neonatal tetanus | 0 | 0 |
| ***CONDITIONS OF PUBLIC HEALTH IMPORTANCE*** | | |
| Food borne illnesses | 10 | 1 |
| Maternal death | 0 | 5 |
| Yellow fever | 0 | 0 |
| Rabies | 2 | 0 |

Five (5) maternal deaths were reported in the following districts: Blantyre at QECH (3), Nkhata Bay at the district hospital (1), and Chiradzulu at the district hospital (1).

## 5. Ongoing outbreaks and emergencies in Malawi as of 14 September 2025.

### 5.1. Mpox

Malawi is responding to a Mpox outbreak that was confirmed on 17 April 2025. The country has cumulatively recorded a total of 110 confirmed cases (Lilongwe – 92, Blantyre – 3, Mangochi – 3, Salima – 3, Ntcheu – 3, Nkhatabay – 1, Mzimba south – 1, Ntchisi – 1, Karonga – 2 and Zomba – 1) and two cross-border confirmed cases of Mpox. The two cross-border cases were registered—one each in Likoma and Chitipa districts. Sixty-two (56.3%) of the cases are males while forty-eight (48) are females. The cases are in the age range of 2 to 75 years.

Eighty-four (76.4%) cases (69 from Lilongwe, 3 each from Blantyre and Mangochi, 2 each from Salima and Karonga, 1 each from Ntcheu, Nkhatabay, Ntchisi, Mzimba south and Zomba districts) have recovered and been discharged from clinical care. Two (2) cases under Lilongwe district were classified as lost-to-follow up after proving difficult to trace, while 1 death (case fatality rate = 0.9%) has been reported. Meanwhile, the remaining twenty-three (23) cases are under clinical care—two (2) under hospital isolation

in Lilongwe, while twenty-one (21) are under home isolation: Lilongwe – 18, Ntcheu – 2 and Salima – 1. So far, eight (8) of the case contacts have tested positive for mpox.

Since August 2024, a total of 512 samples from suspected cases have been tested. 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.

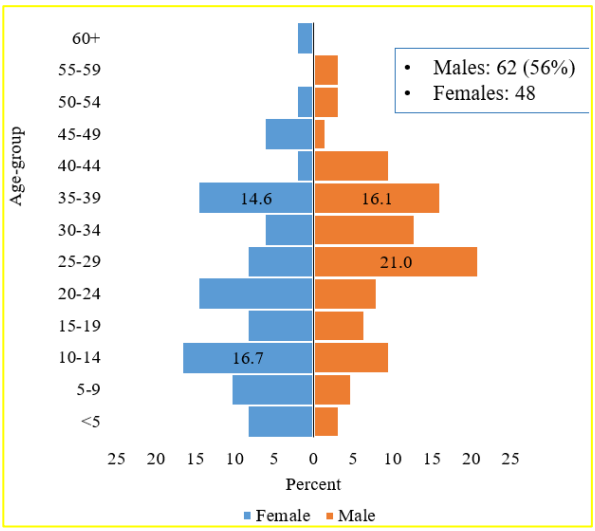


*Figure 7. Mpox cases by sex and age-group as of 14 September 2025*

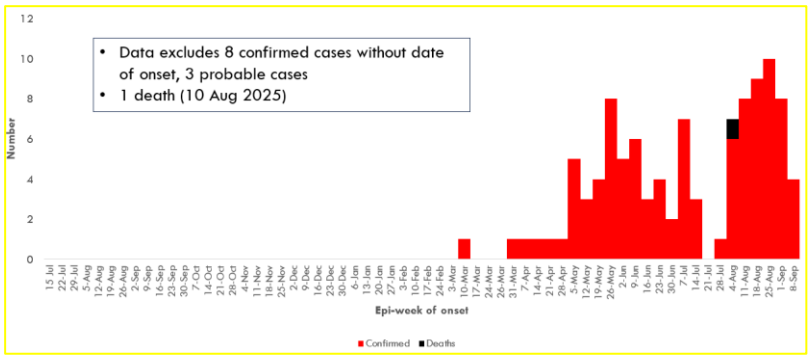


*Figure 8. Mpox cases by week of onset as of 14 September 2025*

### 5.1.1 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

### 5.2 Food poisoning

Two separate suspected food poisoning incidents were reported in Neno District; both linked to the consumption of *nsima* prepared from cassava peels flour. In the first episode, five individuals (2 males and 3 females) from Nyakoko Village, Traditional Authority Dambe, were affected. Their ages ranged from 8 to 12 years, although two of the cases were adults whose exact ages were not recorded. The children primarily presented with vomiting, diarrhoea, and fainting, while the adults experienced nausea. Sadly, an eight-year-old boy died upon arrival at Ligowe Health Centre. The remaining patients recovered.

In the second episode, five cases (1 male and 4 females), aged between 14 and 84 years, were reported from Chikungulu Village in the same district. The affected individuals had consumed *nsima* prepared using flour made from maize bran (*madeya*) mixed with cassava peels. They presented with vomiting and diarrhoea and were referred to Neno District Hospital for treatment. No human deaths occurred. However, two piglets that consumed the leftover food were reported dead.

**Actions Taken**

- Alert reported to national level (PHIM), Department of Animal Health, and Preventive Health Division (Food Safety).
- Rapid Response Team from Neno Health Office deployed for field investigation.
- Samples (leftover *nsima*, dried cassava peels, flour, maize bran, and water) collected for laboratory analysis; results pending.
- Referral and case management conducted at Neno District Hospital.
- Survivors admitted to the hospital's HDU for supportive care.
- Risk Communication and Community Engagement (RCCE) carried out in the affected households and villages.

### 5.3. Measles Outbreak

Localized measles outbreaks have been detected in the catchment areas of Mua Mission Hospital (Dedza District), Phalula Health Centre (Balaka District), and Mwanza Hospital (Mwanza District). A total of six (6) laboratory-confirmed cases have been reported under Mua Mission Hospital, three (3) under Phalula Health Centre, and six (6) under Mwanza Hospital.

In addition, the country continues to register sporadic cases of measles outside these outbreak areas. To date, no deaths attributable to measles have been reported in the affected districts.

**On-going interventions**

- Case management
- Active case search
- Sample collection and laboratory analysis
- Intensification of routine immunisation
- Supportive supervision
- Community engagement and mobilisation

## Annex 1: Timeliness and completeness of Weekly IDSR reports by districts, from Epi-week 28 to 37, 2025

| | Completeness | | | | | | | | | | | Timeliness | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **District/Central Hospital** | **W28** | **W29** | **W30** | **W31** | **W32** | **W33** | **W34** | **W35** | **W36** | **W37** | | **W28** | **W29** | **W30** | **W31** | **W32** | **W33** | **W34** | **W35** | **W36** | **W37** |
| **National** | **68** | **93** | **97** | **99** | **96** | **98** | **97** | **99** | **95** | **90** | | **26** | **88** | **92** | **92** | **95** | **93** | **92** | **98** | **89** | **83** |
| Balaka-DHO | 94 | 53 | 100 | 94 | 100 | 100 | 100 | 100 | 100 | 100 | | 94 | 47 | 88 | 88 | 100 | 100 | 88 | 100 | 100 | 100 |
| Blantyre-DHO | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | 10 | 100 | 100 | 95 | 100 | 100 | 100 | 100 | 100 | 100 |
| Chikwawa-DHO | 100 | 100 | 100 | 100 | 100 | 100 | 97 | 100 | 100 | 93 | | 3 | 100 | 87 | 100 | 100 | 87 | 83 | 100 | 90 | 93 |
| Chiradzulu-DHO | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | 19 | 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 | 0 | 100 | 100 | 100 | 100 | 92 | 100 | 100 | 100 | 97 | | 0 | 100 | 100 | 89 | 100 | 53 | 100 | 100 | 100 | 97 |
| Dowa-DHO | 85 | 96 | 96 | 100 | 92 | 96 | 96 | 96 | 69 | 88 | | 62 | 73 | 92 | 96 | 92 | 92 | 92 | 92 | 65 | 88 |
| Kamuzu Central Hospital | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | 0 | 0 | 100 | 0 | 100 | 100 | 0 | 100 | 0 | 100 |
| Karonga-DHO | 68 | 91 | 100 | 100 | 96 | 100 | 100 | 95 | 100 | 86 | | 0 | 86 | 91 | 91 | 100 | 91 | 91 | 91 | 82 | 64 |
| Kasungu-DHO | 56 | 79 | 97 | 97 | 92 | 87 | 100 | 97 | 85 | 74 | | 13 | 72 | 90 | 87 | 95 | 74 | 100 | 97 | 82 | 64 |
| Likoma-DHO | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 33 | | 67 | 100 | 100 | 100 | 100 | 67 | 100 | 100 | 100 | 33 |
| Lilongwe-DHO | 88 | 100 | 97 | 95 | 78 | 98 | 94 | 100 | 98 | 94 | | 77 | 100 | 92 | 94 | 100 | 95 | 92 | 100 | 98 | 92 |
| Machinga-DHO | 100 | 100 | 100 | 100 | 82 | 100 | 95 | 95 | 100 | 82 | | 0 | 100 | 100 | 82 | 100 | 100 | 91 | 97 | 91 | 73 |
| Mangochi-DHO | 23 | 100 | 100 | 100 | 100 | 100 | 98 | 100 | 100 | 100 | | 18 | 100 | 98 | 100 | 100 | 100 | 98 | 100 | 100 | 100 |
| Mchinji-DHO | 5 | 100 | 90 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | 0 | 100 | 90 | 100 | 100 | 100 | 100 | 100 | 95 | 100 |
| Mulanje-DHO | 100 | 100 | 100 | 100 | 96 | 100 | 100 | 100 | 46 | 100 | | 100 | 100 | 62 | 100 | 100 | 100 | 100 | 100 | 46 | 100 |
| Mwanza-DHO | 100 | 100 | 100 | 100 | 100 | 100 | 60 | 100 | 100 | 100 | | 0 | 100 | 100 | 100 | 100 | 100 | 60 | 100 | 100 | 0 |
| Mzimba-North-DHO | 66 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | 17 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 97 |
| Mzimba-South-DHO | 100 | 100 | 100 | 100 | 100 | 100 | 65 | 100 | 100 | 100 | | 0 | 21 | 94 | 100 | 100 | 97 | 38 | 100 | 100 | 100 |
| Mzuzu Central Hospital | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | 0 | 100 | 100 | 100 | 100 | 0 | 100 | 100 | 100 | 100 |
| Neno-DHO | 33 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | 7 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Nkhata-Bay-DHO | 68 | 96 | 96 | 100 | 100 | 100 | 100 | 100 | 96 | 96 | | 14 | 89 | 96 | 96 | 100 | 100 | 93 | 100 | 86 | 93 |
| Nkhotakota-DHO | 43 | 61 | 74 | 83 | 100 | 87 | 100 | 100 | 100 | 96 | | 0 | 35 | 65 | 9 | 100 | 87 | 91 | 100 | 70 | 91 |
| Nsanje-DHO | 4 | 12 | 69 | 100 | 89 | 100 | 100 | 88 | 73 | 58 | | 0 | 12 | 62 | 73 | 96 | 81 | 88 | 88 | 62 | 58 |
| Ntcheu-DHO | 21 | 95 | 100 | 100 | 100 | 100 | 100 | 92 | 100 | 100 | | 21 | 95 | 85 | 79 | 100 | 95 | 85 | 56 | 38 | 28 |
| Ntchisi-DHO | 100 | 100 | 100 | 100 | 88 | 100 | 100 | 100 | 100 | 100 | | 8 | 100 | 100 | 100 | 88 | 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 | 0 | | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 0 |
| Rumphi-DHO | 11 | 100 | 100 | 94 | 94 | 100 | 100 | 100 | 100 | 33 | | 11 | 100 | 100 | 94 | 94 | 100 | 94 | 100 | 100 | 22 |
| Salima-DHO | 88 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 88 | | 17 | 100 | 100 | 100 | 100 | 100 | 96 | 100 | 100 | 71 |
| Thyolo-DHO | 95 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | 29 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Zomba Central Hospital | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 0 | 100 | | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 0 | 100 |
| Zomba-DHO | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 98 | 65 | | 9 | 100 | 95 | 93 | 100 | 98 | 88 | 100 | 98 | 53 |

**Note: Green = completeness or timeliness target of ≥80 met; Red = target not met**

**Annex 2: Distribution of EBS signals per reporting unit in Epi-week 37**

| *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 with fever, and unexplained bleeding from body openings | 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 | Grand Total |
|---|---|---|---|---|---|---|---|
| *Blantyre* | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| *Chiradzulu* | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| *Lilongwe* | 3 | 0 | 1 | 0 | 1 | 6 | 11 |
| *Mchinji* | 4 | 0 | 0 | 2 | 0 | 0 | 6 |
| *Neno* | 0 | 1 | 0 | 0 | 0 | 2 | 3 |
| *Nsanje* | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| ***Grand total*** | **9** | **1** | **1** | **3** | **2** | **8** | **24** |

## Annex 3. Priority diseases/conditions/events under surveillance, Epi-week 37

| District/Central Hospital | OPD AEFI cases | OPD AFP cases | IPD AFP cases | OPD Diarrhoea With Blood (Bacterial) Cases | IPD Diarrhoea With Blood (Bacterial) Cases | IPD cholera cases | IPD cholera deaths | 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 meningococcal meningitis deaths | OPD Neonatal tetanus cases | IPD SARI cases | IPD SARI deaths | OPD typhoid fever cases | IPD typhoid fever cases |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kasungu-DHO | 0 | 0 | 0 | 53 | 0 | 0 | 0 | 769 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nkhotakota-DHO | 2 | 1 | 0 | 6 | 0 | 0 | 0 | 605 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ntchisi-DHO | 0 | 0 | 0 | 7 | 0 | 0 | 0 | 376 | 13 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Salima-DHO | 0 | 0 | 0 | 33 | 0 | 0 | 0 | 880 | 36 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dowa-DHO | 0 | 0 | 0 | 19 | 0 | 0 | 0 | 397 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Kamuzu CH | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 2 | 5 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 23 | 1 | 0 | 0 |
| Mzuzu CH | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| QECH | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 4 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Zomba CH | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dedza-DHO | 0 | 0 | 0 | 22 | 0 | 0 | 0 | 489 | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lilongwe-DHO | 0 | 0 | 0 | 66 | 0 | 0 | 0 | 2840 | 20 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| Ntcheu-DHO | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 987 | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mchinji-DHO | 0 | 0 | 0 | 22 | 0 | 0 | 0 | 1024 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 4 |
| Chitipa-DHO | 0 | 0 | 0 | 25 | 0 | 0 | 0 | 339 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Karonga-DHO | 0 | 0 | 0 | 19 | 0 | 0 | 0 | 1099 | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 |
| Likoma-DHO | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 147 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mzimba-North-DHO | 39 | 0 | 0 | 72 | 0 | 0 | 0 | 212 | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Mzimba-South-DHO | 9 | 0 | 0 | 62 | 0 | 0 | 0 | 1849 | 26 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nkhata-Bay-DHO | 1 | 0 | 0 | 13 | 0 | 0 | 0 | 933 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Rumphi-DHO | 7 | 0 | 0 | 25 | 0 | 0 | 0 | 128 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Balaka-DHO | 0 | 0 | 0 | 28 | 0 | 0 | 0 | 120 | 10 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Machinga-DHO | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 594 | 4 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mangochi-DHO | 1 | 0 | 0 | 32 | 4 | 0 | 0 | 600 | 2 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 |
| Mulanje-DHO | 0 | 0 | 0 | 18 | 0 | 0 | 0 | 777 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 |
| Phalombe-DHO | 0 | 0 | 0 | 14 | 0 | 0 | 0 | 140 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Zomba-DHO | 0 | 0 | 0 | 48 | 0 | 0 | 0 | 332 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Blantyre-DHO | 0 | 0 | 0 | 79 | 1 | 0 | 0 | 1470 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 |
| Chikwawa-DHO | 10 | 1 | 0 | 16 | 0 | 0 | 0 | 1146 | 5 | 0 | 0 | 1 | 0 | 4 | 1 | 0 | 0 | 0 | 0 | 0 |
| Chiradzulu-DHO | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 90 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mwanza-DHO | 5 | 2 | 0 | 3 | 0 | 0 | 0 | 353 | 13 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Neno-DHO | 0 | 0 | 0 | 18 | 0 | 0 | 0 | 166 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 11 | 2 | 0 | 0 |
| Nsanje-DHO | 5 | 0 | 0 | 4 | 0 | 0 | 0 | 779 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Thyolo-DHO | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 491 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 |
| **Total** | **83** | **5** | **1** | **713** | **5** | **1** | **1** | **20142** | **253** | **7** | **5** | **11** | **2** | **4** | **1** | **1** | **42** | **3** | **19** | **4** |

## Annex 4: Mpox outbreak in Malawi, 2025

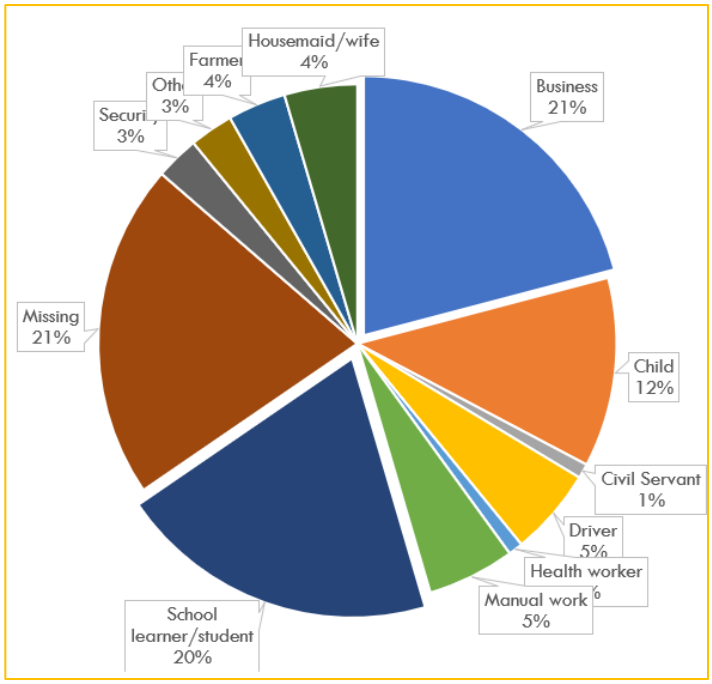


*Figure 9. Distribution of confirmed mpox cases by occupation (N=110, including 3 Probable case), 2025. (Source: Mpox outbreak Line list).*

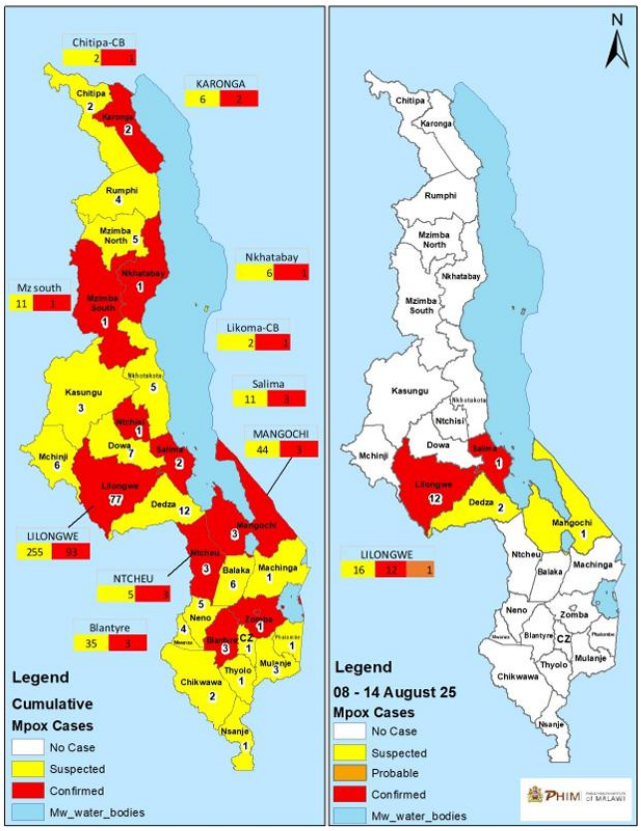


*Figure 10. Cumulatively, 512 suspects and 110 Confirmed cases, 3 probable cases.*

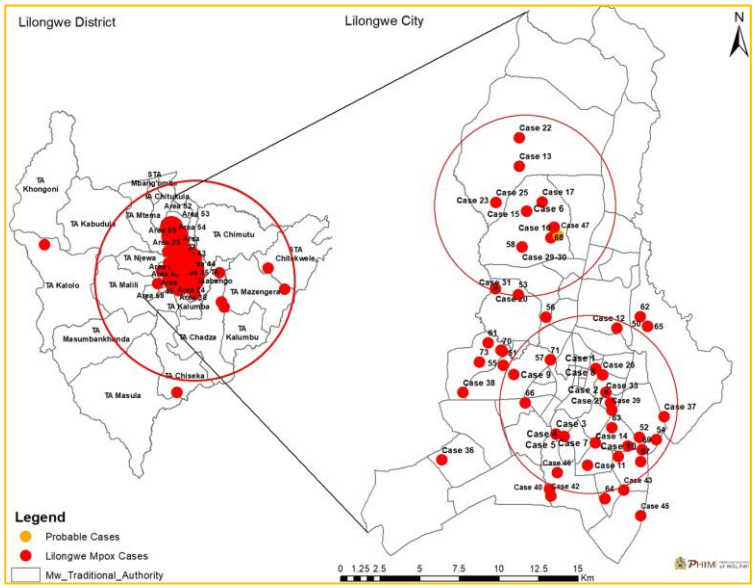


*Figure 11. Spatial distribution of confirmed mpox cases in Lilongwe district, 2025*

## 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.
- **Kamuzu and Zomba Central Hospitals; Dowa, Mulanje, Nkhotakota, Nsanje, and Ntcheu DHOs** should improve on the timeliness of reporting.
- **Central Hospitals** should stabilize their IDSR Weekly reporting status
- **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.
- **Safe motherhood** should take note of the reported maternal deaths and act
- **Food safety and hygiene** should link with Health Promotion Division to act on food poisoning matters.
- **Expanded Programme on Immunisation (EPI)** should strengthen routine immunisation coverage and outreach strategies to enhance population immunity and reduce the incidence of measles.

## Acknowledgment

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