

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 4, Issue 45 of 2025), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 45
- 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 45, 2025

- IDSR reporting was 94.4% for completeness and 94.3% for timeliness on the One Health Surveillance Platform (OHSP).
- Forty-nine (49) EBS signals reported
- Zero (0) new confirmed Mpox cases and twenty-five (25) Mpox alerts
- Two (2) Cholera alert case
- One (1) Viral Haemorrhagic Fever alert
- Other alerts generated were Malaria cases (20,110 and 5 deaths), Severe Acute Respiratory Infections (SARI) (44 cases and 6 deaths), Diarrhoea with blood (1,122 cases and 1 death), Adverse Events Following Immunization (AEFI) (87 cases and 1 death), Typhoid fever (42 cases), Acute flaccid paralysis (AFP) (5 cases), Maternal Deaths (3), and Meningococcal meningitis (5 cases) as shown in Figure 1.

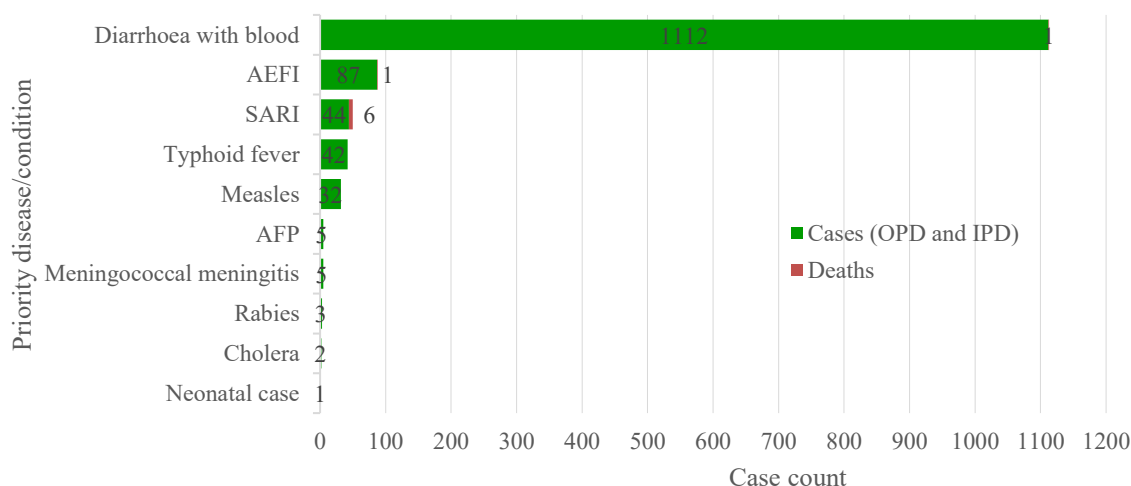


Figure 1. Notifiable diseases/conditions alerts reported in Epi-week 45 in Malawi (Data accessed on 11th November, 2025).

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 45

During Epi-week 45, the completeness of reporting decreased from 97.7% in Epi-week 44 to 94.4%, while timeliness improved from 89.5% to 94.3% over the same period, (see Figure 2).

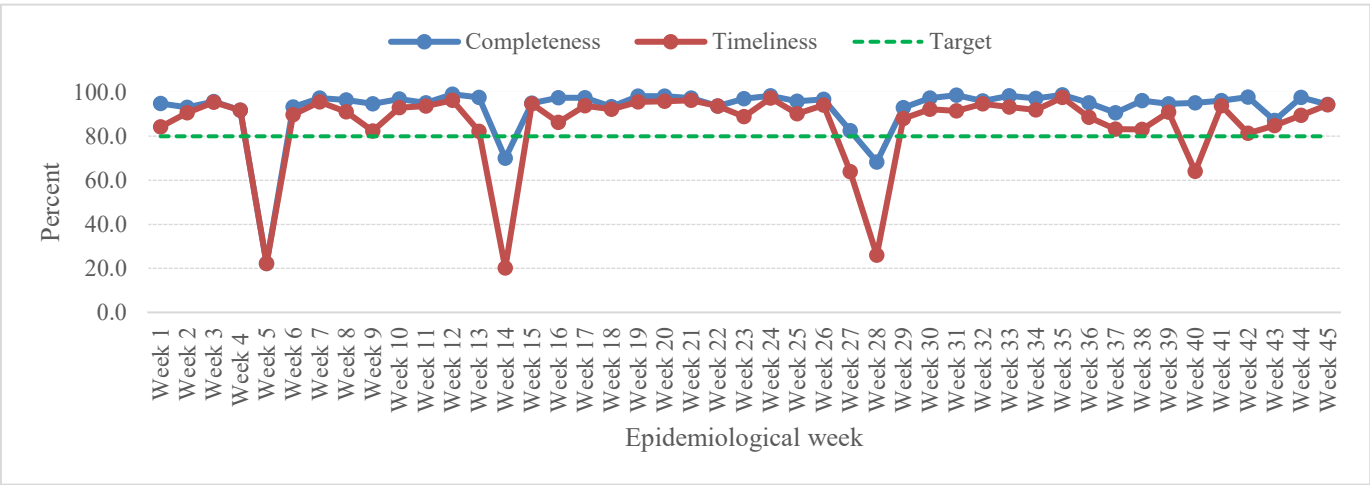


Figure 2. Trend of national IDSR weekly reporting rates in Malawi, Epi-week 1 to 45, 2025 (Data accessed on 11th November, 2025).

2.1.2. Reporting rates at Zonal level up to Epi-week 45

Figure 3 illustrates the reporting rates across various health zones in Week 45. All zones, except Central Hospitals surpassed the minimum target of 80% for both completeness and timeliness. The Central Hospitals did not meet the minimum target for both completeness and timeliness.

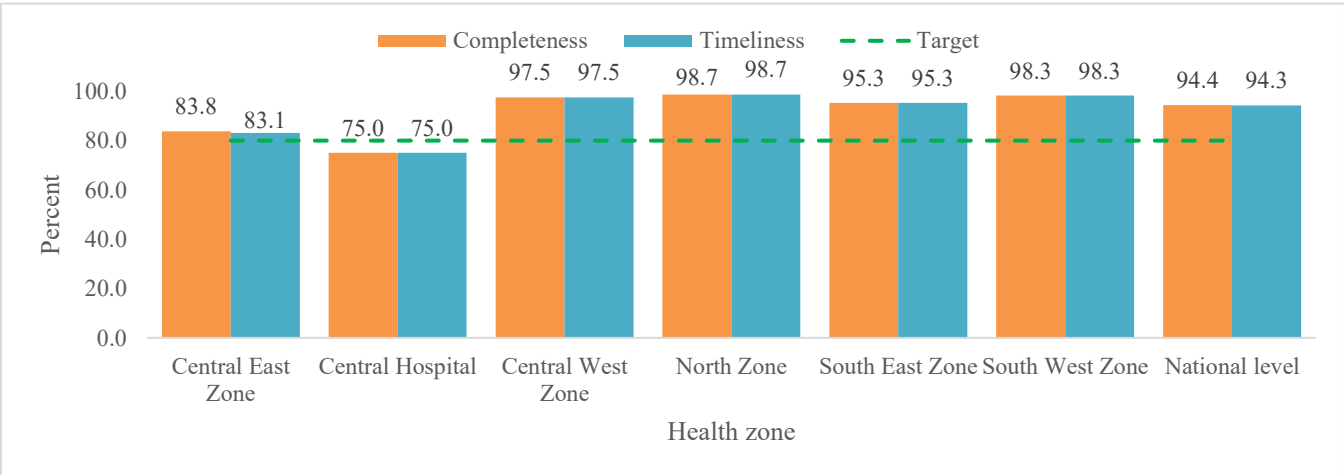


Figure 3. Reporting rates of IDSR weekly reports by zones, Epi-week 45 (Data accessed on 11th November, 2025).

2.1.3. Reporting rates at District level for Epi-week 45

Among the 33 reporting sites (District and Central Hospitals), 30 (90.9%) met the national target of $\geq 80\%$

for both completeness and timeliness, while all the remaining 3 (9.1 %) failed in both completeness and timeliness, as shown in Figure 4. The completeness and timeliness of all reporting sites from Epi-week 35 to 45 of 2025 are presented in Annex 1

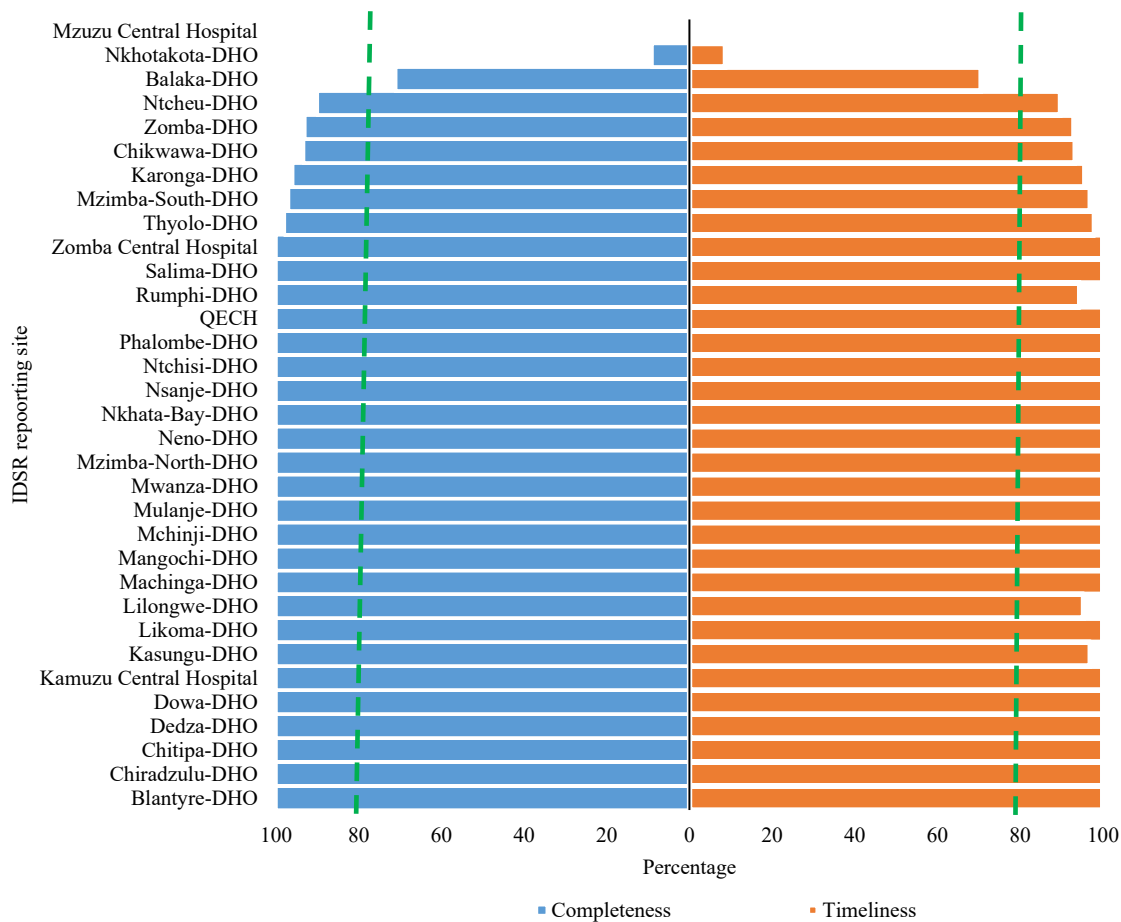


Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 45 (Data accessed on 11th November, 2025).

3. Event Based Surveillance (EBS)

3.1. Community EBS signals reported in Epi-week 45

Figure 5 presents the list of signals that were reported in Epi-week 45. In total, 49 signals were reported in Epi-week 45, an increase from fourteen (14) in Epi week 44. Eleven (22.4%) of the signals were verified as events, while the remaining 38 (77.6%) were neither verified nor discarded.

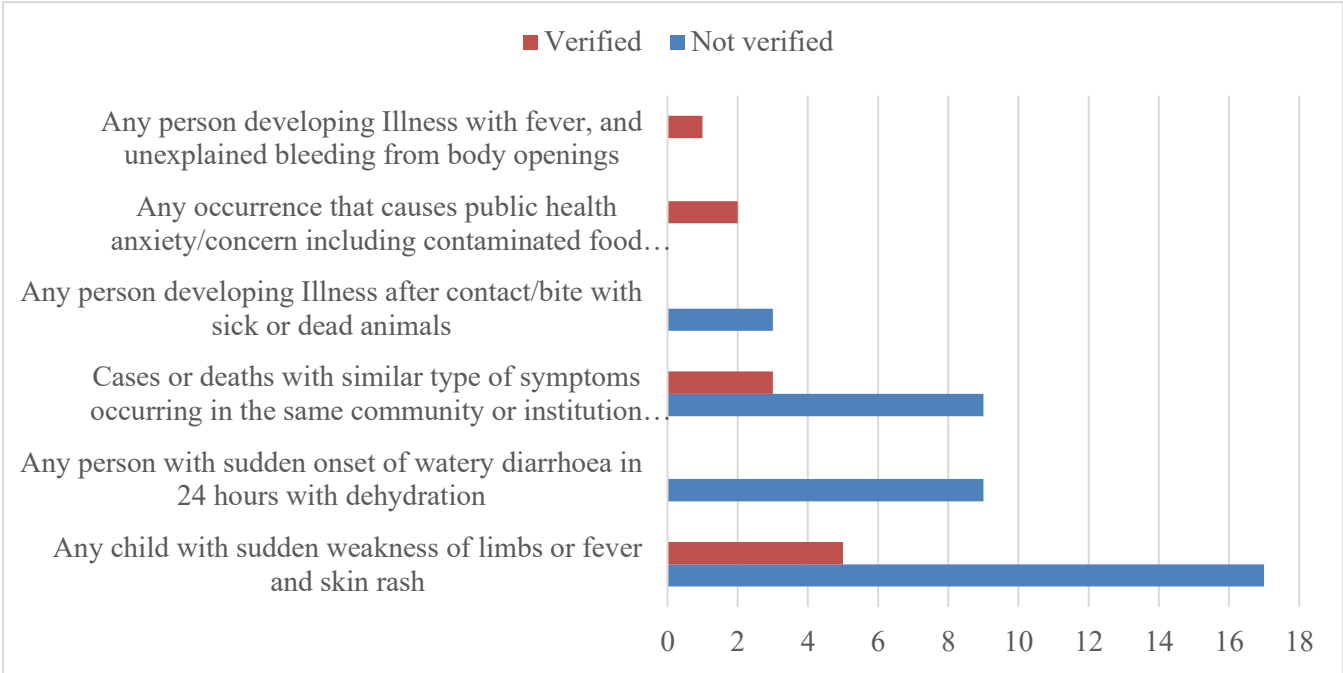


Figure 5. Event-based signals reported in Epi-week 45 (Data accessed on 11th November, 2025).

3.2. Risk Assessment Level of the Community Signals

For Week 45, risk assessments were conducted for eleven (11) events, while the other thirty-eight (38) signals were not assessed as they were not verified as events. Three (3) events were classified as high risk, six (6) as moderate risk, and two (2) 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.

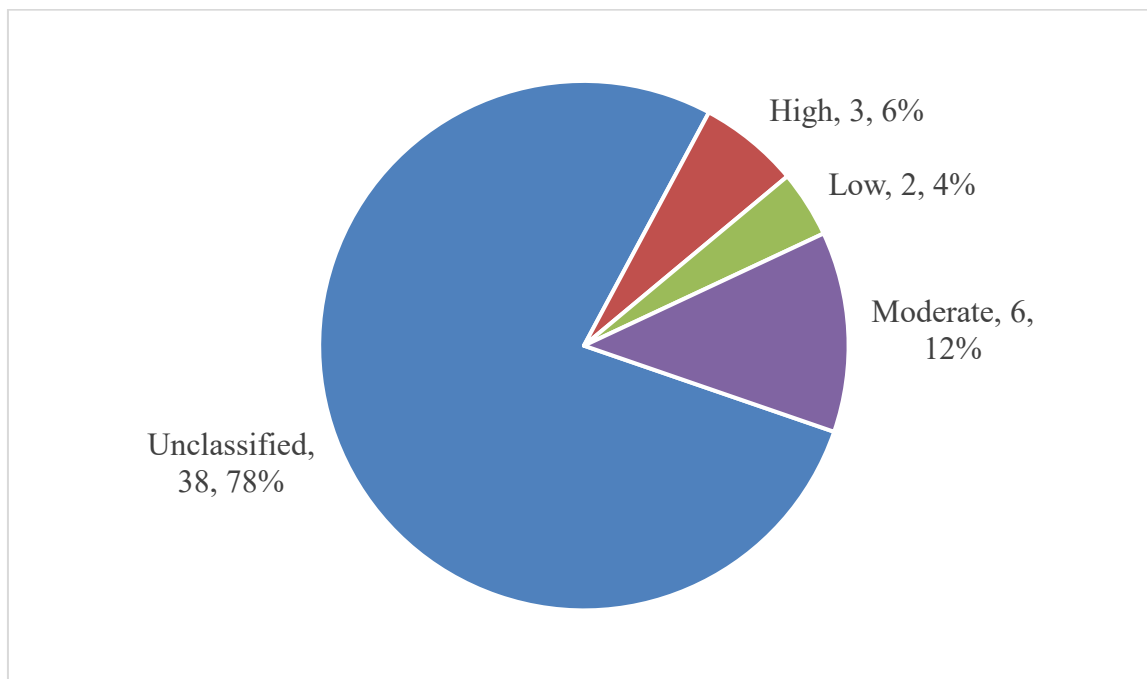


Figure 6. Distribution of EBS signals reported in Epi-week 45 (Data accessed on 11th November, 2025).

4. Diseases/Conditions of Public Health Importance in Epi-week 45

Table 1 highlights the alerts related to diseases and public health conditions during Epi-week 45. Apart from malaria, diarrhoea with blood accounted for the second highest number of alerts (1,122). Mzimba North DHO contributed the highest (103), while Nkhatakota DHO, Mzuzu 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 45.

	Suspected cases	Deaths
<i>EPIDEMIC PRONE DISEASES</i>		
Diarrheal with blood	1,122	1
Meningococcal Meningitis	5	0
Typhoid Fever	42	0
SARI	44	6
Cholera	2	0
Mpox	31	0
<i>DISEASES TARGETED FOR ERADICATION/ELIMINATION</i>		
Measles	28	0
Acute Flaccid Paralysis	5	0
Neonatal tetanus	1	0
<i>CONDITIONS OF PUBLIC HEALTH IMPORTANCE</i>		
Food borne illnesses	0	0
Maternal death	0	3
Yellow fever	0	0
Rabies (human)	3	0

Three (3) maternal deaths alerts were reported in the following districts: Mzuzu Central Hospital (2), and Chiradzulu DHO (1).

4.1. Mpox

Malawi is responding to a Mpox outbreak that was confirmed on 17 April 2025. The country has cumulatively recorded a total of 137¹ confirmed cases (Lilongwe – 110, Blantyre – 3, Mangochi – 3, Salima – 3, Ntcheu – 8, Nkhatabay – 1, Mzimba South – 4, Ntchisi – 1, Karonga – 3 and Zomba – 1) and three cross-border confirmed cases of Mpox. Three (3) cross-border cases were registered—one each in Likoma, Chitipa and Ntcheu districts. Seventy-three (53.3%) of the cases are males while sixty-four (64) are females. The cases are in the age range of 2 to 75 years.

One hundred and thirty-five (98.5%) cases (109 from Lilongwe, 7 from Ntcheu, 4 from Mzimba south, 3 each from Blantyre, Salima and Mangochi, and Karonga, 1 each from Nkhatabay, Ntchisi, and Zomba districts) have recovered and been discharged from clinical care. Five (5) cases under Lilongwe district were classified as lost-to-follow up after proving difficult to trace, while 1 death (case fatality rate = 0.7%) has been reported. Meanwhile, two (2) cases are under clinical care—home isolation: Lilongwe (1), and Ntcheu (1). So far, eleven (11) of the case contacts have tested positive for mpox.

¹ Cases reduced by 1, after conducting data audit

Since August 2024, a total of 869 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.

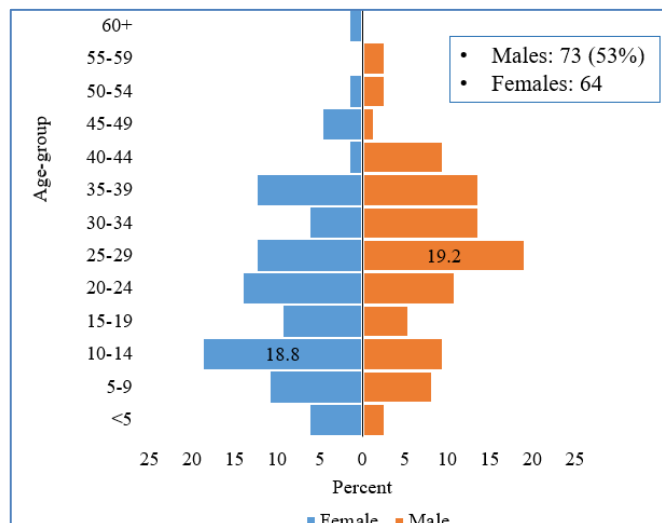


Figure 7. Mpox cases by sex and age-group as of 9 October 2025

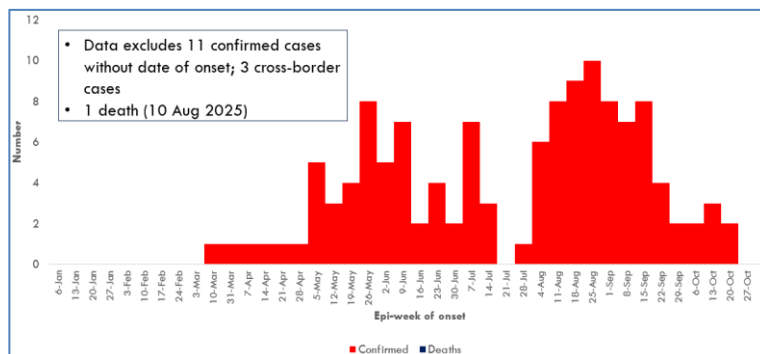


Figure 8. Mpox cases by week of onset as of 9 October 2025

5.1.1 On-going interventions

Coordination

- Activated the Incident Management System (IMS).
- Developed the Mpox Incident Action Plan (IAP), including costed activities.
- Training of Surveillance and Laboratory staff on Mpox
- Completed Training of Trainers across all 29 districts and 4 Central Hospitals (297 HCWs trained).
- Conducted cascaded training for healthcare workers and other cadres on Mpox down to the health facility level in ten (10) districts and four (4) central hospitals
- Cascade training of health workers in some border districts – Chitipa, Karonga, Nsanje, Chikwawa, Mwanza, Mangochi, Mzimba North – including Blantyre, Lilongwe, Dowa, and Central hospitals.
- Trained district PHEMCs on Mpox and cluster coordination
- Oriented 20 non-human health technical staff (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.
- 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
- Establishment of Molecular lab in Mzuzu Central Hospital
- Distribution of viral transport media (VTM) to all districts
- Provided capacity to all health facilities (district and central hospitals) across the country to be testing Mpox using GeneXpert platform

Case management

- Developed and distributed case management and community-based guidelines to all districts.
- Identified isolation facilities for managing cases.
- Case management
- Trained health workers on Mpox case management
- Developed protocols for home-based care for mild cases
- Developed standardized tools for case reporting
- Established good coordination with other pillars like surveillance, Laboratory and RCCE.

WASH & IPC

- Developed training materials and Mpox Infection Prevention and Control (IPC) guidelines
- Adapted the WHO rapid IPC/WASH assessment checklist
- Reviewed and updated national IPC/WASH guidelines
- Developed home-based Mpox IPC guidelines integrated with case management
- Oriented IPC focal persons from high-risk districts virtually
- Constructed temporary latrines and bathing shelters at holding areas for suspected Mpox cases at KCH
- Trained 40 technical health workers from LL DHO, KCH, and MoH on IPC/WASH measures, integrated with the case management pillar
- Developed posters on the 3-bucket mopping system and surface disinfection in Mpox settings
- Supported the setup and zoning of isolation units in affected districts
- Adapted the Mpox IPC checklist for schools

Risk Communication and Community Engagement

- Developed, translated, and disseminated Mpox communication materials in local languages
- Distributed tailored information materials at major Points of Entry (PoEs)
- Produced and aired Mpox programs on national and community media platforms
- Delivered audio messages through the Interactive Voice Response (IVR) platform of *Chipatala Cha Pa Foni* and oriented its staff members
- Sent over 2.7 million SMS messages via Airtel and TNM to expand public awareness
- Conducted U-Report polls and Rapid Qualitative Assessments (RQAs) to capture community perceptions and insights (UNICEF)
- Engaged communities in affected districts, particularly Lilongwe, through meetings, sensitization on vaccination, and mobile van loud-hailing in busy trading centers (WHO and UNICEF)
- Held regional media engagement meetings across Central, Southern, and Northern regions

- Built RCCE capacity among community health workers, social service workforce, school-based stakeholders, traditional and faith leaders, and key populations (e.g., female sex workers, transport groups, PLHIV leaders) with UNICEF support
- Delivered expert health talks in schools within Lilongwe district

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, and the EPI manual to incorporate Mpox
- 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.
- Trained health workers to administer mpox vaccine
- Received 33,600 doses of the MVA-BN vaccine, and in the process of administering to the target groups in 12 districts
- Conducted training of trainers and district-level trainings on vaccine distribution.

Points of entry (PoE)

- Intensified surveillance and screening of travelers at all Points of Entry (PoEs)
- Coordinated with mobile network providers to disseminate Mpox messages (TNM has pushed messages to its customers; Airtel is yet to provide the service)
- Continued Mpox awareness campaigns targeting travelers
- Conducted Mpox/PHEICs screening orientations for PoE staff
- Distributed IEC materials at Points of Entry
- Strengthened cross-border Mpox surveillance and coordination with neighboring countries
- Delivered and displayed Mpox banners at Bakili Muluzi International Airport (BMIA)

Challenges & gaps

- Shortages in laboratory supplies (reagents and viral transport media) and IPC materials.
- Power blackouts affecting running of laboratory samples
- Lack of integration between LMIS and OHSP weakens data flow and coordination

5.2 Measles Outbreak

Localized measles outbreaks were detected in the catchment areas of Mua Mission Hospital (Dedza District) and Mwanza Hospital (Mwanza District) – 25 August 2025, Balaka District – 5 September 2025, Machinga District – 19 September 2025, Dowa District – 11 October 2025 and Nsanje District – 19 October 2025. Since the outbreaks were detected, a total of one hundred and six (117) laboratory-confirmed, including epi-link cases have been reported – Mua Mission Hospital (6), Balaka DHO (62), Machinga DHO (19), Dowa DHO (6), Mwanza Hospital (6), and Nsanje DHO (9).

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 35 to 45, 2025

District/Central Hospital	Completeness												Timeliness										
	W35	W36	W37	W38	W39	W40	W41	W42	W43	W44	W45		W35	W36	W37	W38	W39	W40	W41	W42	W43	W44	W45
National	99	95	90	96	95	95	96	98	87	98	94		98	89	83	83	91	64	94	81	85	90	94
Balaka	100	100	100	100	71	94	100	100	100	100	71		100	100	100	76	71	71	100	71	94	88	71
Blantyre	100	100	100	98	100	100	100	100	71	100	100		100	100	100	86	100	62	100	100	69	100	100
Chikwawa	100	100	93	93	100	97	100	97	87	90	93		100	90	93	77	97	93	97	20	87	83	93
Chiradzulu	100	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	100	100	100
Chitipa	100	100	100	100	100	100	100	100	100	100	100		100	93	100	93	100	100	100	100	100	100	100
Dedza	100	100	97	100	100	100	100	100	100	100	100		100	100	97	97	100	0	100	95	100	82	100
Dowa	96	69	88	92	81	85	58	100	100	100	100		92	65	88	92	81	69	50	92	100	88	100
Kamuzu Central Hospital	100	100	100	100	0	100	100	100	0	100	100		100	0	100	100	0	0	0	100	0	100	100
Karonga	95	100	86	95	95	95	91	95	86	100	96		91	82	64	68	86	77	86	91	77	83	96
Kasungu	97	85	74	92	82	87	87	95	82	90	100		97	82	64	77	74	74	82	85	77	85	97
Likoma	100	100	33	100	100	100	100	100	100	100	100		100	100	33	100	100	100	100	100	100	100	100
Lilongwe	100	98	94	77	94	98	98	97	98	97	100		100	98	92	75	91	61	98	95	98	95	95
Machinga	95	100	82	100	95	95	100	100	77	95	100		97	91	73	91	95	14	95	5	77	73	100
Mangochi	100	100	100	98	100	95	100	100	66	89	100		100	100	100	98	98	32	100	100	61	89	100
Mchinji	100	100	100	100	100	100	100	100	95	100	100		100	95	100	100	100	80	100	100	95	100	100
Mulanje	100	46	100	100	100	100	100	100	100	100	100		100	46	100	0	100	100	69	100	100	100	100
Mwanza	100	100	100	100	100	100	100	100	100	100	100		100	100	0	100	100	100	100	0	100	80	100
Mzimba-North	100	100	100	100	100	100	100	100	100	97	100		100	100	97	87	100	73	97	100	100	93	100
Mzimba-South	100	100	100	100	97	88	94	97	91	100	97		100	100	100	82	65	26	94	18	91	94	97
Mzuzu Central Hospital	100	100	100	100	100	100	100	100	100	100	0		100	100	100	100	100	100	0	100	100	100	0
Neno	100	100	100	100	100	93	93	60	87	100	100		100	100	100	100	100	73	93	47	87	67	100
Nkhata-Bay	100	96	96	100	100	100	100	100	89	100	100		100	86	93	96	93	93	100	100	79	89	100
Nkhotakota	100	100	96	100	100	74	83	87	9	91	9		100	70	91	30	96	74	83	13	4	17	9
Nsanje	88	73	58	88	46	100	100	100	35	100	100		88	62	58	81	46	62	100	92	27	100	100
Ntcheu	92	100	100	100	100	77	92	100	87	100	90		56	38	28	82	82	31	92	95	82	87	90
Ntchisi	100	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	100	100	100
Phalombe	100	100	100	100	100	100	100	100	94	100	100		100	100	100	100	100	100	100	100	94	100	100
QECH	100	100	0	100	100	100	100	100	100	100	100		100	100	0	100	100	100	0	100	100	100	100
Rumphi	100	100	33	100	100	100	100	100	100	100	100		100	100	22	94	100	94	100	28	100	100	94
Salima	100	100	88	96	92	100	100	100	100	100	100		100	100	71	83	92	96	100	92	100	92	100
Thyolo	100	100	100	100	100	100	100	100	100	100	98		100	100	100	93	100	50	100	100	100	100	98
Zomba Central Hospital	100	0	100	0	100	100	100	0	100	100	100		100	0	100	0	100	100	100	0	100	100	100
Zomba	100	98	65	100	100	93	98	100	100	100	93		100	98	53	93	98	63	98	98	95	93	93

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 45

<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 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
<i>Blantyre</i>	2	0	0	0	2	0	4
<i>Dedza</i>	2	0	0	0	0	0	2
<i>Dowa</i>	0	1	0	0	5	0	6
<i>Kasungu</i>	2	0	1	0	0	0	3
<i>Lilongwe</i>	13	0	1	0	1	12	27
<i>Mwanza</i>	0	0	0	1	0	0	1
<i>Mzimba</i>	0	0	1	0	1	0	2
<i>Neno</i>	0	1	0	0	0	0	1
<i>Nsanje</i>	2	0	0	0	0	0	2
<i>Rumphi</i>	1	0	0	0	0	0	1
Grand Total	22	2	3	1	9	12	49

Annex 3. Priority diseases/conditions/events under surveillance, Epi-week 45

IDSR Reporting Site	OPD AEFI cases	IPD AEFI cases	IPD AE FI deat hs	OPD AFP Case s	IPD AFP case s	OPD Chol era case s	OPD Diarrhoe a With Blood (Bacteria l) Cases	IPD Diarrhoe a With Blood (Bacteria l) Cases	IPD Diarrhoea With Blood (Bacterial) Death Cases	OPD Malaria Cases	IPD Mal aria Case s	IPD Death Malar ia Cases	IPD Mater nal death cases	OPD Measl es cases	IPD Mea sles case s	IPD Meningo -coccal meningit is cases	OPD Neon atal tetanu s cases	OPD Rabi es case s	IPD SAR I case s	IPD SAR I deat hs	OPD Typh oid fever cases	IPD Typh oid fever cases
Kasungu	7	0	0	1	0	0	87	1	0	764	21	0	0	0	0	0	0	1	0	0	0	0
Nkhotakota	0	0	0	0	0	0	0	0	0	43	0	0	0	0	0	0	0	0	0	0	0	0
Ntchisi	0	0	0	0	0	0	39	1	0	794	6	0	0	0	0	0	0	0	1	0	0	0
Salima	0	0	0	0	0	0	50	0	0	847	17	1	0	1	0	0	0	0	0	0	0	0
Dowa	0	0	0	0	0	0	66	0	0	486	0	0	0	0	0	0	0	2	0	0	0	0
Kamuzu CH	0	0	0	0	0	1	1	1	1	6	10	1	0	0	0	0	0	0	21	5	0	0
Mzuzu CH	0	0	0	0	0	0	0	0	0	7	5	0	2	2	0	0	0	0	0	0	0	0
QECH	0	0	0	0	0	0	0	0	0	3	5	0	0	0	0	0	0	0	0	0	0	1
Zomba CH	0	0	0	0	0	0	3	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Lilongwe	3	0	1	0	0	0	95	0	0	1,983	24	1	0	10	0	0	0	0	0	0	0	2
Ntcheu	0	0	0	1	0	0	20	0	0	617	9	0	0	0	0	0	0	0	0	0	0	0
Mchinji	0	0	0	0	0	0	54	0	0	1,116	18	0	0	0	0	0	1	0	0	0	7	1
Chitipa	0	0	0	1	0	0	6	0	0	25	0	0	0	0	0	0	0	0	0	0	0	0
Karonga	2	0	0	0	1	0	40	0	0	498	16	1	0	0	0	0	0	0	15	0	0	0
Likoma	0	0	0	0	0	0	10	0	0	136	2	0	0	0	0	0	0	0	0	0	0	0
Mzimba-North	56	0	0	0	0	0	101	2	0	304	15	0	0	0	0	0	0	0	0	0	0	0
Mzimba-South	1	0	0	0	0	0	67	0	0	1,691	47	0	0	0	0	1	0	0	0	0	0	0
Nkhata-Bay	0	0	0	0	0	0	44	0	0	831	1	0	0	0	0	0	0	0	0	0	0	0
Rumphi	0	0	0	0	0	0	52	0	0	206	4	0	0	1	0	0	0	0	0	0	0	0
Balaka	0	0	0	0	0	0	15	0	0	95	12	1	0	0	0	0	0	0	0	0	0	0
Machinga	1	1	0	0	0	0	17	0	0	1,294	0	0	0	15	0	0	0	0	0	0	0	0
Mangochi	2	0	0	0	0	0	70	0	0	793	3	0	0	0	0	0	0	0	0	0	10	5
Mulanje	0	0	0	0	0	0	15	0	0	1,208	1	0	0	1	0	0	0	0	2	0	0	0
Phalombe	0	0	0	1	0	0	35	1	0	296	2	0	0	0	0	0	0	0	0	0	0	0
Zomba	4	0	0	0	0	0	33	0	0	530	4	0	0	0	0	0	0	0	0	0	0	0
Blantyre	2	0	0	0	0	0	88	1	0	1,589	0	0	0	0	2	0	0	0	0	0	9	2
Chikwawa	1	0	0	0	0	0	17	0	0	722	1	0	0	0	0	1	0	0	0	0	0	0
Chiradzulu	1	0	0	0	0	0	13	0	0	186	0	0	1	0	0	0	0	0	0	0	0	0
Mwanza	3	0	0	0	0	0	11	0	0	405	21	0	0	0	0	0	0	0	0	0	0	0
Neno	0	0	0	0	0	0	20	0	0	292	2	0	0	0	0	0	0	0	5	1	1	0
Nsanje	0	2	0	0	0	0	33	0	0	1,147	28	0	0	0	0	3	0	0	0	0	0	0
Thyolo	1	0	0	0	0	0	13	0	0	917	4	0	0	0	0	0	0	0	0	0	2	2
Total	84	3	1	4	1	1	1,115	7	1	19,831	279	5	3	30	2	5	1	3	44	6	29	13

Annex 4: Mpox outbreak in Malawi, 2025

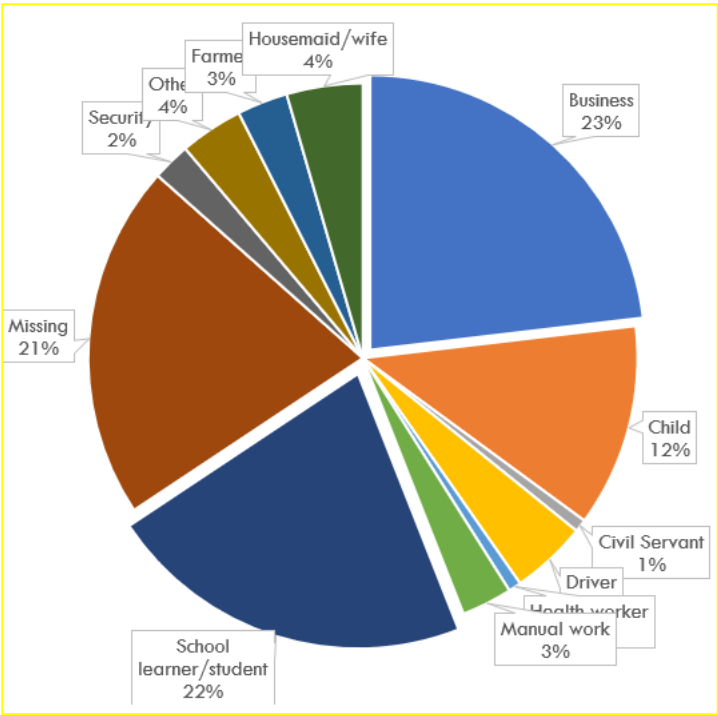


Figure 9. Distribution of confirmed mpox cases by occupation (N=137, including 3 Probable case), 2025. (Source: Mpox outbreak Line list).

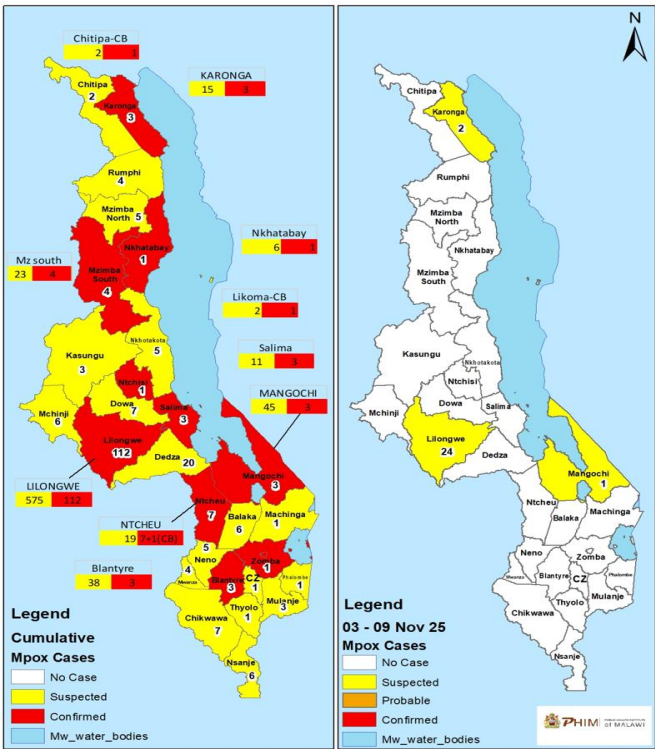


Figure 10. Cumulatively, 869 suspects and 137 Confirmed cases, 3 probable cases.

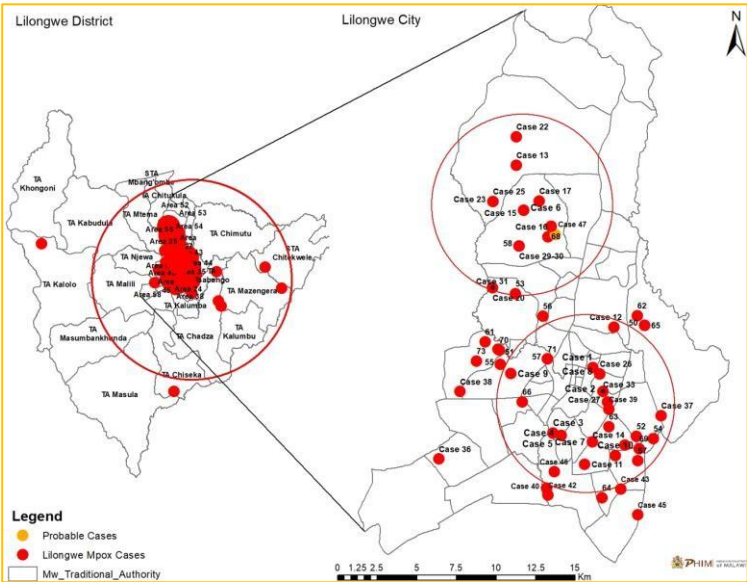


Figure 11. Spatial distribution of confirmed mpox cases in Lilongwe district, 2025

Annex 4. Measles Cases

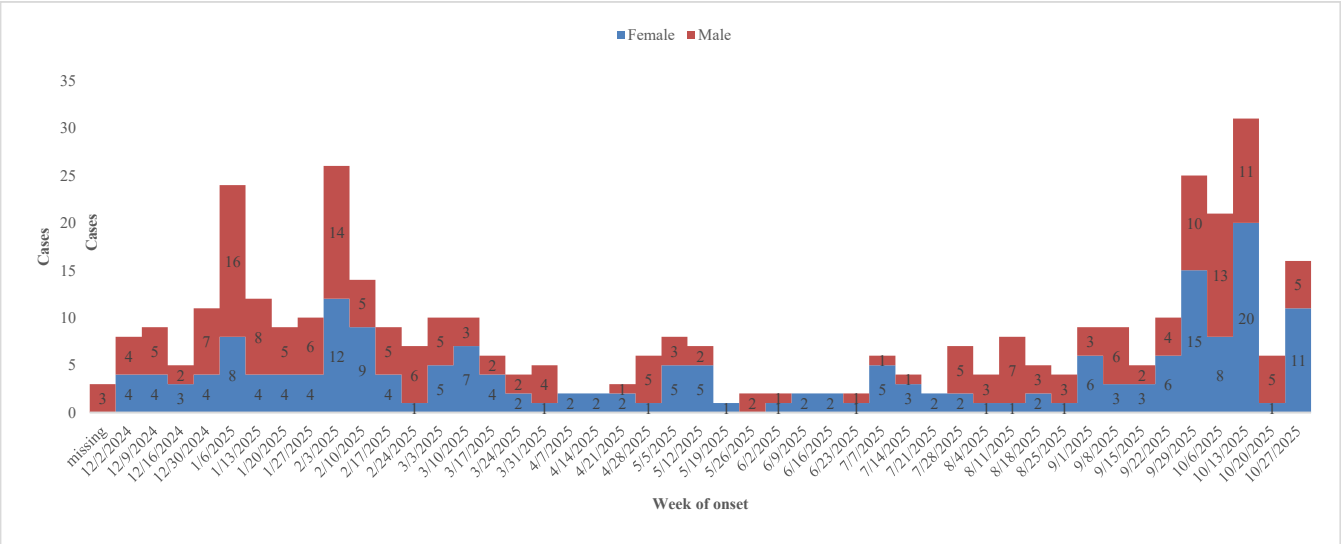


Figure 12. Distribution of measles cases (lab-confirmed and epi-link) by week of onset in Malawi, December 2024 – October 2025

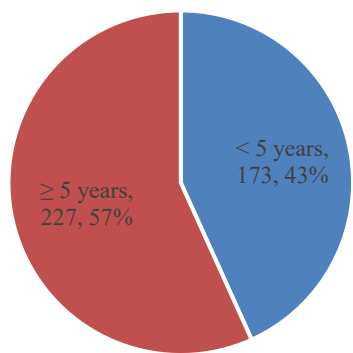


Figure 13. Distribution of measles cases by age group in Malawi, December 2024 – October 2025

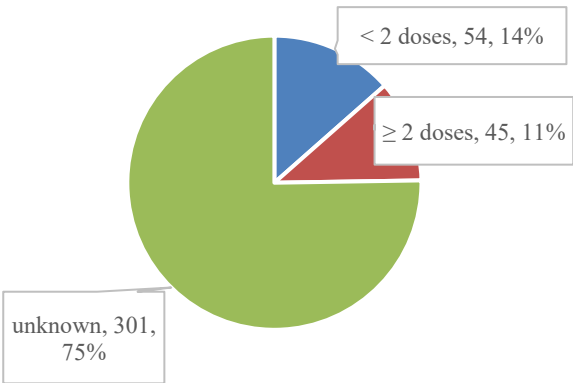


Figure 14. Distribution of measles cases by MR-vaccination doses in Malawi, December 2024 – October 2025

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.
- **Balaka DHO, Neno DHO, Nkhotakota DHO, and Machinga DHO** should improve on the timeliness of reporting.
- **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
- **Expanded Programme on Immunisation (EPI)** should strengthen routine immunisation coverage and outreach strategies to enhance population immunity and reduce the incidence of measles.
- **Digital Health** should address the issue of server downtime which affects timeliness of reporting.

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. James Jere, and Mr. Noel Khunga

This bulletin is produced by the Public Health Institute of Malawi, Ministry of Health.

For more information, support, and feedback, please contact the following

NAME	CONTACT
Dr Mathews Kagoli	mkagoli@gmail.com
Wiseman Chimwaza	chimwazawiseman@gmail.com
Mrs. Mtisunge Yelewa	yelewamtisunge01@gmail.com
Austin Zgambo	zgambo.austin@gmail.com
Noel Khunga	noelkhunga@gmail.com