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WEEKLY IDSR EPIDEMIOLOGICAL BULLETIN

Epidemiological Week 48 (24 – 30 November, 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 4, Issue 48 of 2025), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 48
- 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 48, 2025

- IDSR reporting was 71.3% for completeness and 68.1% for timeliness on the One Health Surveillance Platform (OHSP).
- Twenty-one (21) EBS signals reported
- One (1) new confirmed Mpox case and nineteen (19) Mpox alerts
- One (1) Cholera alert case
- Other alerts generated were Malaria cases (14,011 and 7 deaths), Severe Acute Respiratory Infections (SARI) (61 cases and 2 deaths), Diarrhoea with blood (894 cases and 0 death), Adverse Events Following Immunization (AEFI) (69 cases), Typhoid fever (37 cases and 1 death), Acute flaccid paralysis (AFP) (1 case), Maternal Deaths (0), and Meningococcal meningitis (4 cases) as shown in Figure 1.

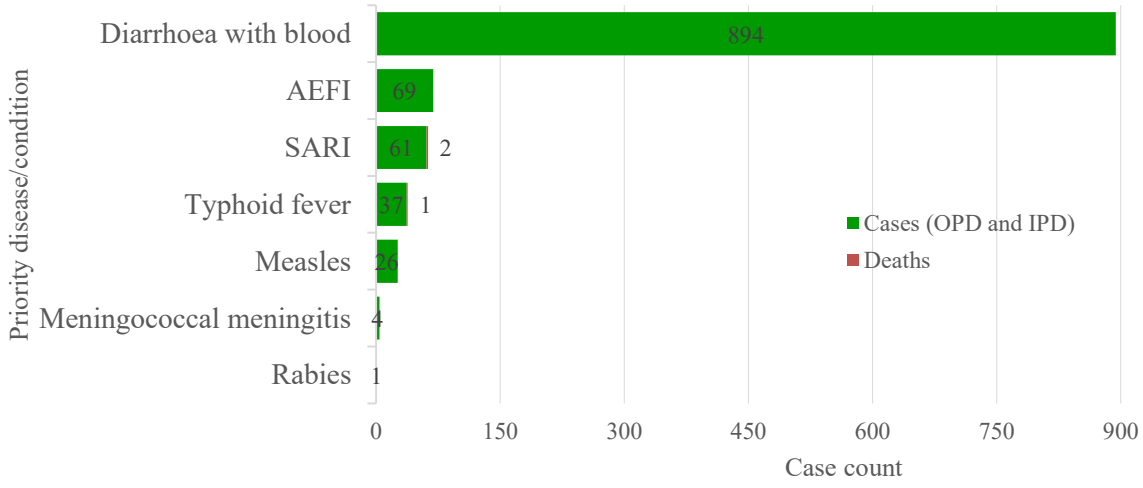

Figure 1. Notifiable diseases/conditions alerts reported in Epi-week 48 in Malawi (Data accessed on 2nd December, 2025).

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 48

During Epi-week 48, the completeness of reporting decreased from 99.1% in Epi-week 47 to 71.3%, while timeliness decreased from 91.9% to 68.1% over the same period, (see Figure 2).

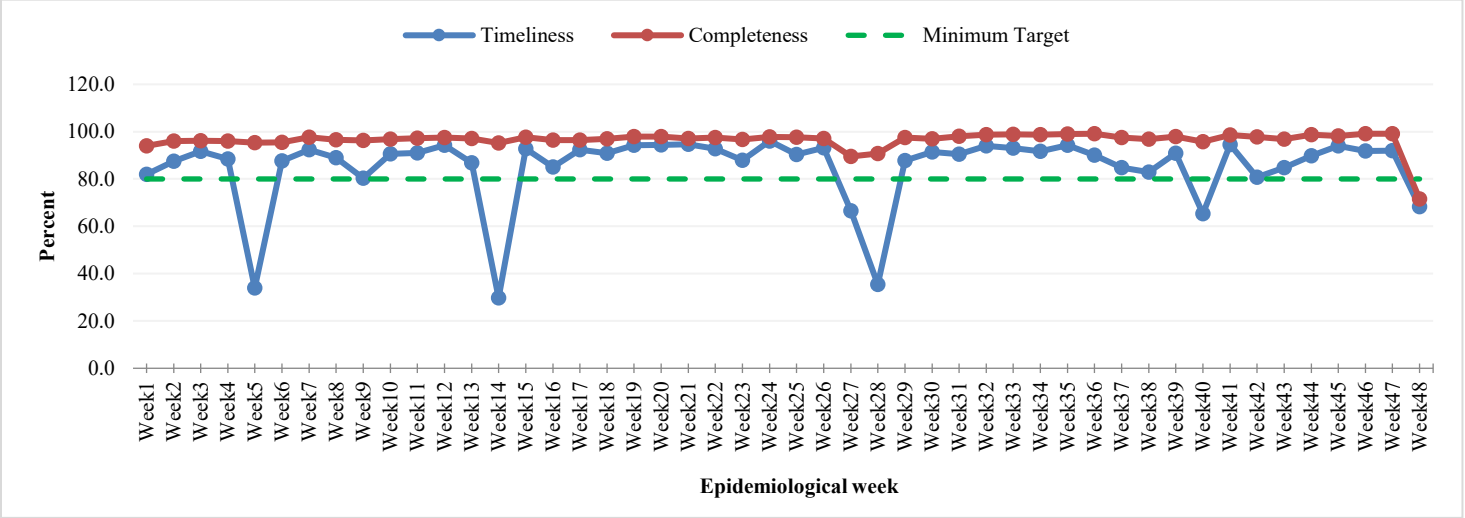

Figure 2. Trend of national IDSR weekly reporting rates in Malawi, Epi-week 1 to 48, 2025 (Data accessed on 2nd December, 2025).

2.1.2. Reporting rates at Zonal level up to Epi-week 48

Figure 3 illustrates the reporting rates across various health zones in Week 48. Only the Central West and Central East Zones managed to meet the minimum target of 80% for both completeness and timeliness in this week. The North Zone managed to meet the minimum target of 80% for completeness but fell short on timeliness. The Central Hospitals, South East, South West zones failed to meet the minimum target for both completeness and timeliness.

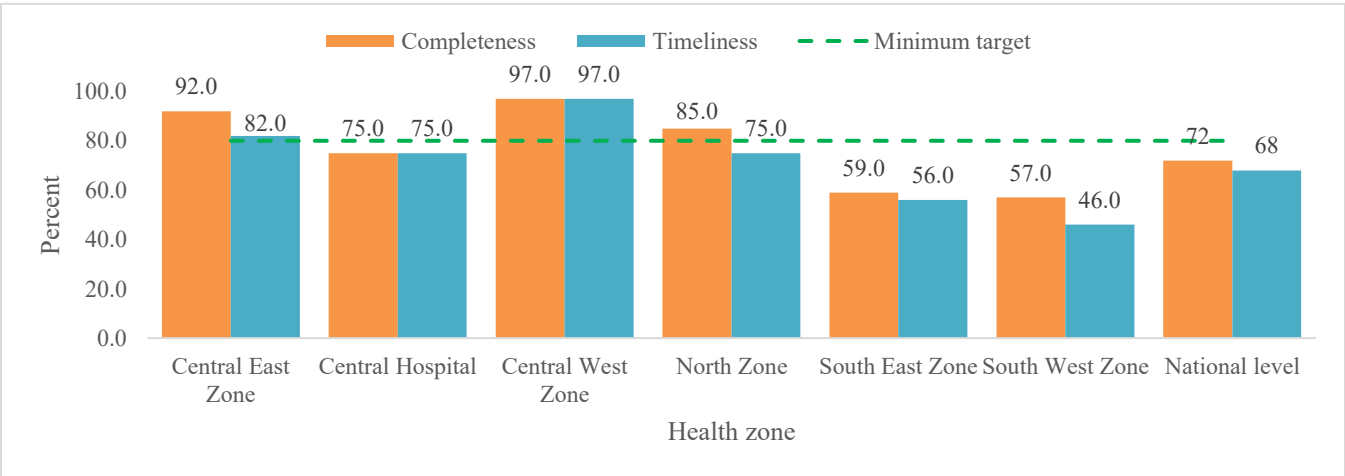

Figure 3. Reporting rates of IDSR weekly reports by zones, Epi-week 48 (Data accessed on 2 December, 2025).

2.1.3. Reporting rates at District level for Epi-week 48

Among the 33 reporting sites (District and Central Hospitals), 20 (60.6%) met the national target of ≥80% for both completeness and timeliness, 1 (3.0%) met the target for completeness but fell short on timeliness, and the remaining 12 (36.4 %) fell short of the target in both completeness and timeliness, as shown in Figure 4. The completeness and timeliness of all reporting sites from Epi-week 38 to 48 of 2025 are presented in Annex 1

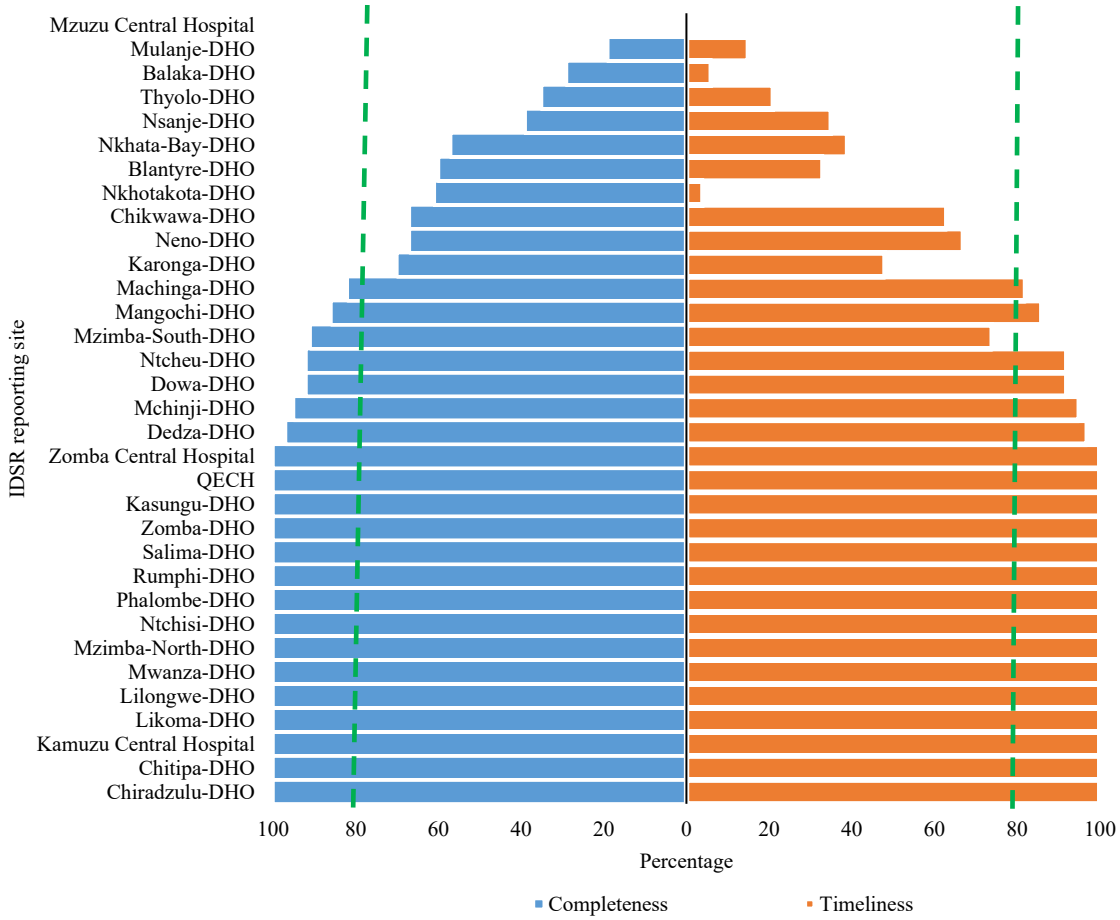

Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 48 (Data accessed on 2nd December, 2025).

3. Event Based Surveillance (EBS)

3.1. Community EBS signals reported in Epi-week 48

Figure 5 presents the list of signals that were reported in Epi-week 48. In total, 21 signals were reported in Epi-week 48, a decrease from thirty-three (33) in Epi week 47. Eight (38.1%) of the signals were verified as events, while the remaining 13 (61.9%) were neither verified nor discarded.

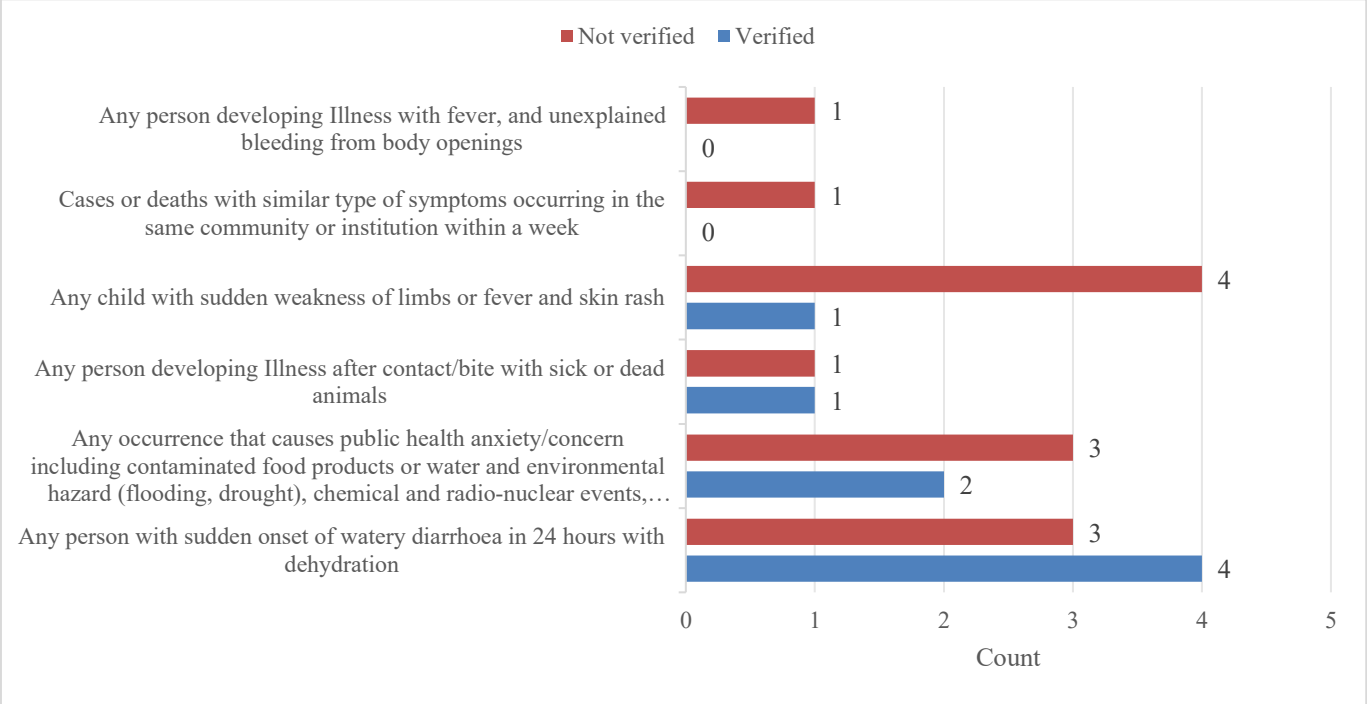

Figure 5. Event-based signals reported in Epi-week 48 (Data accessed on 2nd December, 2025).

3.2. Risk Assessment Level of the Community Signals

For Week 48, risk assessments were conducted for eight (8) events, while the other thirteen (13) signals were not assessed as they were not verified as events. Four (4) events were classified as high risk, while 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.

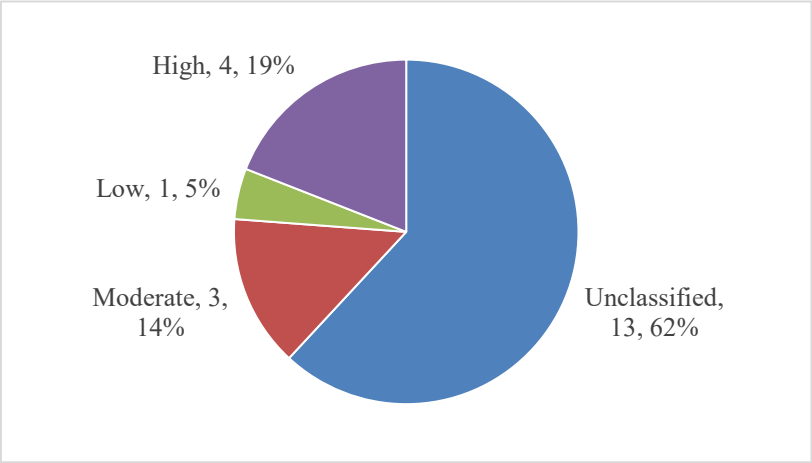

Figure 6. Distribution of EBS signals reported in Epi-week 48 (Data accessed on 2nd December, 2025).

4. Diseases/Conditions of Public Health Importance in Epi-week 48

Table 1 highlights the alerts related to diseases and public health conditions during Epi-week 48. Apart from malaria, diarrhoea with blood accounted for the second highest number of alerts (894 cases and 0 death). Lilongwe DHO contributed the highest (125 cases and 0 death), while Zomba and Kamuzu Central Hospitals; Chiradzulu, Balaka and Nkhotakota DHOs 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 48.

	Suspected cases	**Deaths**
EPIDEMIC PRONE DISEASES		
Diarrheal with blood	894	0
Meningococcal Meningitis	4	0
Typhoid Fever	37	1
SARI	69	3
Cholera	0	0
Mpox	19	0
DISEASES TARGETED FOR ERADICATION/ELIMINATION		
Measles	26	0
Acute Flaccid Paralysis	1	0
Neonatal tetanus	0	0
CONDITIONS OF PUBLIC HEALTH IMPORTANCE		
Food borne illnesses	0	0
Maternal death	0	0
Yellow fever	0	0
Rabies (human)	1	0

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 140 confirmed cases (Lilongwe – 112, Blantyre – 3, Mangochi – 3, Salima – 3, Ntcheu – 8, Nkhatabay – 1, Mzimba South – 4, Ntchisi – 1, Karonga – 3, Likoma – 1 and Zomba – 1) and four (4) cross- border confirmed cases of Mpox. Four (4) cross-border cases were registered—one each in Likoma, Chitipa, Karonga and Ntcheu districts. Seventy-six (54.3%) 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-eight (98.6%) cases (111 from Lilongwe, 8 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 Likoma (1). So far, eleven (11) of the case contacts have tested positive for mpox.

Since August 2024, a total of 991 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.

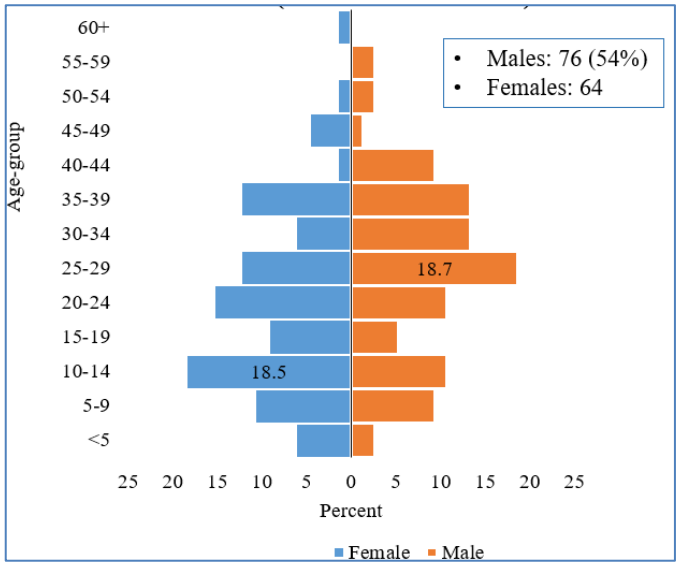

Figure 7. Mpox cases by sex and age-group as of 30 November 2025

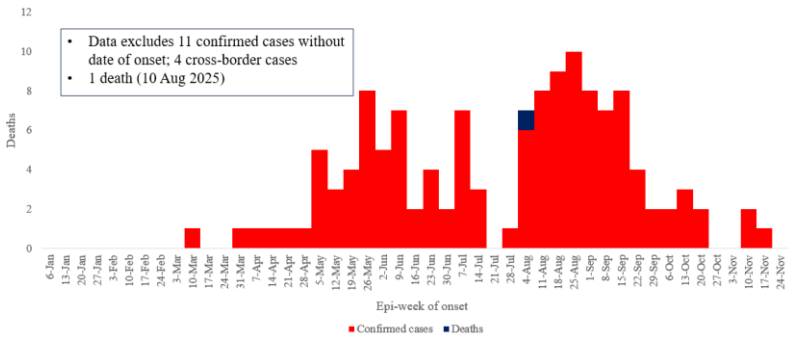

Figure 8. Mpox cases by week of onset as of 30 November 2025

4.1.1 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 test- ing 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, in- tegrated 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 per- ceptions 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

4.2 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 twenty-six (130) laboratory-confirmed, including epi-link cases have been reported – Mua Mission Hospital (6), Balaka DHO (62), Machinga DHO (25), Dowa DHO (9), Mwanza Hospital (6), and Nsanje DHO (22).

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.

4.2.1 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 38 to 48, 2025

District/Central Hospital	Completeness											Timeliness										
	W38	W39	W40	W41	W42	W43	W44	W45	W46	W47	W48	W38	W39	W40	W41	W42	W43	W44	W45	W46	W47	W48
National	96.0	95.0	95.0	96.0	98.0	87.0	98.0	94.0	95.0	99.1	71.3	83.0	91.0	64.0	94.0	81.0	85.0	90.0	94.0	92.0	91.9	68.1
Balaka	100.0	71.0	94.0	100.0	100.0	100.0	100.0	71.0	100.0	100.0	52.9	76.0	71.0	71.0	100.0	71.0	94.0	88.0	71.0	100.0	100.0	11.8
Blantyre	98.0	100.0	100.0	100.0	100.0	71.0	100.0	100.0	100.0	100.0	100.0	86.0	100.0	62.0	100.0	100.0	69.0	100.0	100.0	100.0	100.0	33.3
Chikwawa	93.0	100.0	97.0	100.0	97.0	87.0	90.0	93.0	97.0	100.0	70.0	77.0	97.0	93.0	97.0	20.0	87.0	83.0	93.0	97.0	96.7	63.3
Chiradzulu	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Chitipa	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	93.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Dedza	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	97.4	97.0	100.0	0.0	100.0	95.0	100.0	82.0	100.0	100.0	100.0	97.4
Dowa	92.0	81.0	85.0	58.0	100.0	100.0	100.0	100.0	100.0	96.2	100.0	92.0	81.0	69.0	50.0	92.0	100.0	88.0	100.0	92.0	92.3	100.0
Kamuzu CH	100.0	0.0	100.0	100.0	100.0	0.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.0	0.0	100.0	0.0	100.0	100.0	100.0	100.0	100.0
Karonga	95.0	95.0	95.0	91.0	95.0	86.0	100.0	96.0	87.0	95.7	87.0	68.0	86.0	77.0	86.0	91.0	77.0	83.0	96.0	96.0	95.7	47.8
Kasungu	92.0	82.0	87.0	87.0	95.0	82.0	90.0	100.0	92.0	97.4	100.0	77.0	74.0	74.0	82.0	85.0	77.0	85.0	97.0	85.0	82.1	100.0
Likoma	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Lilongwe	77.0	94.0	98.0	98.0	97.0	98.0	97.0	100.0	100.0	100.0	100.0	75.0	91.0	61.0	98.0	95.0	98.0	95.0	95.0	95.0	100.0	100.0
Machinga	100.0	95.0	95.0	100.0	100.0	77.0	95.0	100.0	64.0	100.0	100.0	91.0	95.0	14.0	95.0	5.0	77.0	73.0	100.0	64.0	100.0	86.4
Mangochi	98.0	100.0	95.0	100.0	100.0	66.0	89.0	100.0	100.0	100.0	95.5	98.0	98.0	32.0	100.0	100.0	61.0	89.0	100.0	100.0	100.0	90.9
Mchinji	100.0	100.0	100.0	100.0	100.0	95.0	100.0	100.0	95.0	100.0	100.0	100.0	100.0	80.0	100.0	100.0	95.0	100.0	100.0	95.0	100.0	95.2
Mulanje	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	23.1	0.0	100.0	100.0	69.0	100.0	100.0	100.0	100.0	100.0	100.0	15.4
Mwanza	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	100.0	80.0	100.0	100.0	100.0	100.0
Mzimba-North	100.0	100.0	100.0	100.0	100.0	100.0	97.0	100.0	100.0	100.0	100.0	87.0	100.0	73.0	97.0	100.0	100.0	93.0	100.0	100.0	93.3	96.7
Mzimba-South	100.0	97.0	88.0	94.0	97.0	91.0	100.0	97.0	100.0	100.0	100.0	82.0	65.0	26.0	94.0	18.0	91.0	94.0	97.0	97.0	38.2	76.5
Mzuzu CH	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	100.0	100.0	100.0	0.0	100.0	100.0	100.0
Neno	100.0	100.0	93.0	93.0	60.0	87.0	100.0	100.0	100.0	100.0	86.7	100.0	100.0	73.0	93.0	47.0	87.0	67.0	100.0	100.0	100.0	66.7
Nkhata-Bay	100.0	100.0	100.0	100.0	100.0	89.0	100.0	100.0	100.0	100.0	92.9	96.0	93.0	93.0	100.0	100.0	79.0	89.0	100.0	100.0	100.0	42.9
Nkhotakota	100.0	100.0	74.0	83.0	87.0	9.0	91.0	9.0	100.0	100.0	95.7	30.0	96.0	74.0	83.0	13.0	4.0	17.0	9.0	91.0	100.0	4.3
Nsanje	88.0	46.0	100.0	100.0	100.0	35.0	100.0	100.0	65.0	100.0	73.1	81.0	46.0	62.0	100.0	92.0	27.0	100.0	100.0	65.0	61.5	50.0
Ntcheu	100.0	100.0	77.0	92.0	100.0	87.0	100.0	90.0	100.0	100.0	97.4	82.0	82.0	31.0	92.0	95.0	82.0	87.0	90.0	90.0	82.1	89.7
Ntchisi	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	94.1	94.1
Phalombe	100.0	100.0	100.0	100.0	100.0	94.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	94.0	100.0	100.0	100.0	100.0	100.0
QECH	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	100.0	100.0	100.0	100.0	100.0	0.0	100.0	100.0	100.0	100.0	0.0	0.0	100.0
Rumphi	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	94.0	100.0	94.0	100.0	28.0	100.0	100.0	94.0	100.0	100.0	100.0
Salima	96.0	92.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	83.0	92.0	96.0	100.0	92.0	100.0	92.0	100.0	100.0	100.0	100.0
Thyolo	100.0	100.0	100.0	100.0	100.0	100.0	100.0	98.0	100.0	100.0	100.0	93.0	100.0	50.0	100.0	100.0	100.0	100.0	98.0	100.0	100.0	30.2
Zomba CH	0.0	100.0	100.0	100.0	0.0	100.0	100.0	100.0	0.0	100.0	100.0	0.0	100.0	100.0	100.0	0.0	100.0	100.0	100.0	0.0	100.0	100.0
Zomba	100.0	100.0	93.0	98.0	100.0	100.0	100.0	93.0	100.0	100.0	51.2	93.0	98.0	63.0	98.0	98.0	95.0	93.0	93.0	100.0	100.0	48.8

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 48

District of residence	Any person with sudden onset of watery diarrhoea in 24 hours with dehydration	Any person developing Illness after contact/bite with sick or dead animals	Any child with sudden weakness of limbs or fever and skin rash	Cases or deaths with similar type of symptoms occurring in the same community or institution within a week	Any person developing Illness with fever, and unexplained bleeding from body openings	Any occurrence that causes public health anxiety/concern including contaminated food products or water and environmental hazard	Total
Dowa	3	0	0	0	0	0	**3**
Mzimba	0	0	0	1	0	1	**2**
Kasungu	1	1	0	0	0	0	**2**
Mangochi	0	0	2	0	0	1	**3**
Mchinji	1	0	0	0	0	0	**1**
Lilongwe	2	0	0	0	1	0	**3**
Nkhata Bay	0	1	1	0	0	2	**4**
Rumphi	0	0	0	0	0	1	**1**
Chiradzulu	0	1	0	0	0	0	**1**
Chikhwawa	0	1	0	0	0	0	**1**
Grand Total	**7**	**4**	**3**	**1**	**1**	**5**	**21**

Annex 3. Priority diseases/conditions/events under surveillance, Epi-week 48

District/Central Hospital	OPD AEFI cases	OPD AFP cases	OPD Diarrhoea With Blood (Bacterial) Cases	OPD Malaria Cases	IPD Malaria Cases	IPD Malaria Deaths	OPD Measles cases	IPD Meningococcal meningitis cases	IPD Rabies cases	IPD SARI cases	IPD SARI deaths	Typhoid fever cases	IPD Typhoid fever deaths
Kasungu-DHO	0	0	62	955	10	0	3	0	0	1	0	0	0
Nkhotakota-DHO	0	0	0	12	0	0	0	0	0	0	0	0	0
Ntchisi-DHO	0	0	24	260	10	0	0	0	0	3	0	0	0
Salima-DHO	0	0	49	885	17	3	1	0	0	0	0	0	0
Dowa-DHO	0	0	31	262	10	0	0	0	0	18	1	0	0
Kamuzu CH	0	0	0	4	3	0	0	0	0	22	1	1	1
QECH	0	0	1	1	7	0	0	1	0	0	0	0	0
Zomba CH	0	0	0	4	10	0	0	0	0	0	0	0	0
Dedza-DHO	0	0	37	685	11	0	0	0	0	0	0	0	0
Lilongwe-DHO	4	0	125	1,724	19	2	11	1	0	3	0	9	0
Ntcheu-DHO	0	0	24	1,152	10	0	0	0	0	0	0	0	0
Mchinji-DHO	2	0	46	698	41	2	0	0	0	0	0	9	0
Chitipa-DHO	0	0	23	195	0	0	0	0	0	0	0	0	0
Karonga-DHO	0	0	34	502	6	0	0	0	0	0	0	0	0
Likoma-DHO	0	0	6	215	2	0	0	0	0	0	0	0	0
Mzimba-North-DHO	46	0	84	158	3	0	0	0	0	0	0	0	0
Mzimba-South-DHO	0	0	65	1,154	27	0	0	0	0	0	0	0	0
Nkhata-Bay-DHO	0	0	4	366	0	0	0	0	0	0	0	0	0
Rumphi-DHO	2	0	50	226	5	0	0	0	0	0	0	0	0
Balaka-DHO	0	0	0	15	0	0	0	0	0	0	0	0	0
Machinga-DHO	2	0	18	670	0	0	6	0	0	0	0	0	0
Mangochi-DHO	0	0	106	719	11	0	0	0	0	0	0	0	0
Mulanje-DHO	0	0	5	158	0	0	5	0	0	0	0	0	0
Phalombe-DHO	0	0	18	225	1	0	0	0	0	0	0	0	0
Zomba-DHO	0	0	14	208	0	0	0	0	0	0	0	0	0
Blantyre-DHO	1	0	20	633	0	0	0	0	0	0	0	4	0
Chikwawa-DHO	5	0	16	579	3	0	0	2	1	0	0	1	0
Chiradzulu-DHO	1	0	0	13	0	0	0	0	0	0	0	0	0
Mwanza-DHO	5	1	9	277	16	0	0	0	0	0	0	0	0
Neno-DHO	0	0	17	151	5	0	0	0	0	14	0	5	0
Nsanje-DHO	1	0	4	284	8	0	0	0	0	0	0	8	0
Thyolo-DHO	0	0	2	386	0	0	0	0	0	0	0	0	0
Total	**69**	**1**	**894**	**13,776**	**235**	**7**	**26**	**4**	**1**	**61**	**2**	**37**	**1**

Annex 4: Mpox outbreak in Malawi, 2025

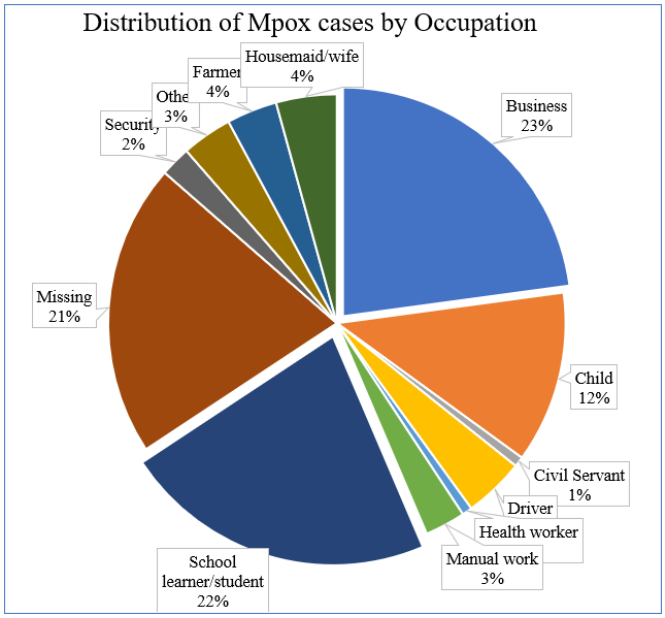

Figure 9. Distribution of confirmed mpox cases by occupation (N=140), 2025. (Source: Mpox outbreak Line list).

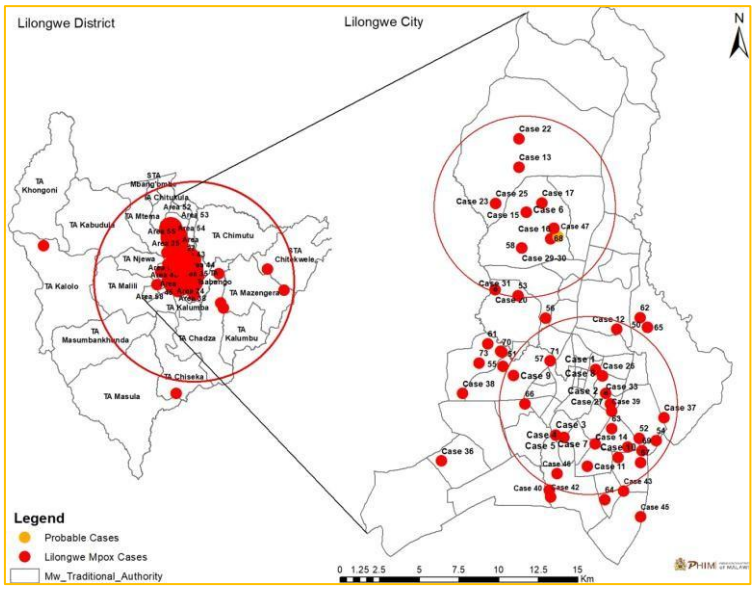

Figure 10. Spatial distribution of confirmed mpox cases in Lilongwe district, 2025

Annex 5. Measles Cases

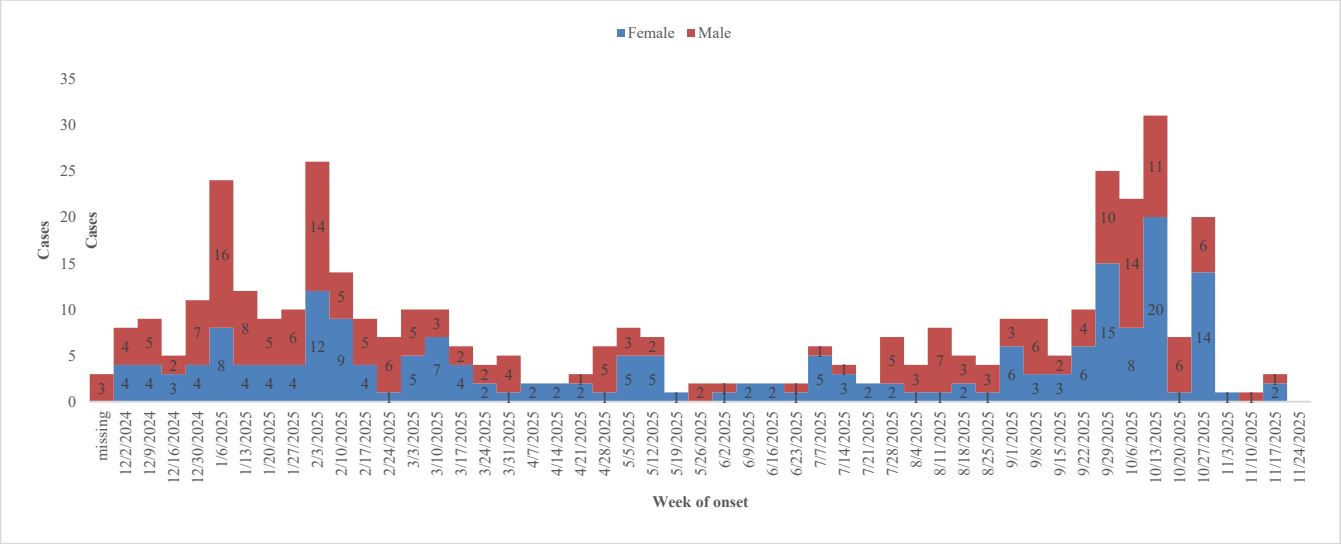

Figure 11. Distribution of measles cases (lab-confirmed and epi-link) by week of onset in Malawi, December 2024 – November 2025

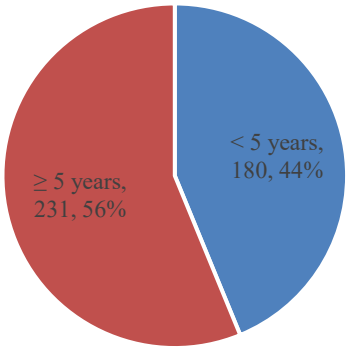

Figure 12. Distribution of measles cases by age group in Malawi, December 2024 – November 2025

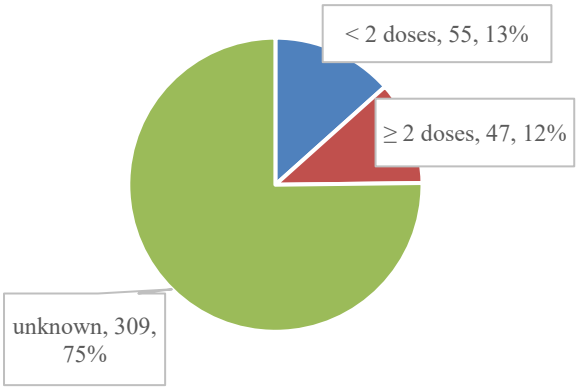

Figure 13. Distribution of measles cases by MR-vaccination doses in Malawi, December 2024 – November 2025

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, Karonga DHO, Mzimba South DHO, Neno DHO, Nkhotakota DHO, QECH, Nsanje DHO, and Zomba Central Hospital** 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.
- **Expanded Programme on Immunisation (EPI)** should strengthen routine immunisation coverage and outreach strategies to enhance population immunity and reduce the incidence of measles.

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