

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 1, Issue 6 of 2026), we present the following updates:

- Key highlights on events of public health significance in Epidemiological week 6
- 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 6, 2026

- IDSR reporting was 97 % for completeness and 91% for timeliness on the One Health Surveillance Platform (OHSP).
- Seventy-nine (79) suspected, eleven (11) confirmed cholera cases, and zero (0) deaths.
- Twenty-eight (28) EBS signals reported.
- Zero (0) new confirmed Mpox case and zero (0) Mpox alerts.
- Other alerts generated were Malaria cases (48,308 including 8 deaths), Severe Acute Respiratory Infections (SARI) (125 cases including 2 death), Diarrhoea with blood (1072 cases), Adverse Events Following Immunization (AEFI) (49 cases), Typhoid fever (29 cases), Acute flaccid paralysis (AFP) (1 case), Maternal deaths (5), Meningococcal meningitis (5 cases), Rabies (5 cases), and Measles (48 cases), as shown in Figure 1.

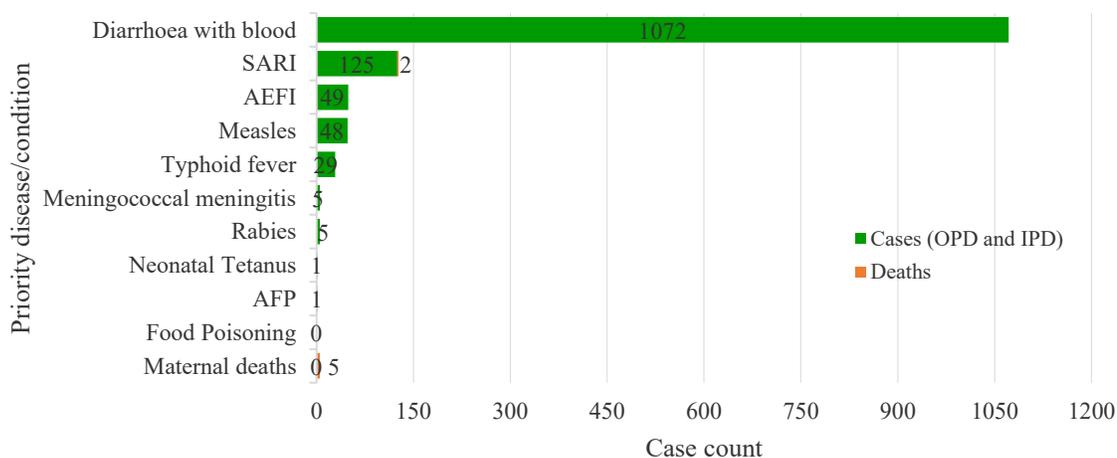


Figure 1. Notifiable diseases/conditions alerts reported in Epi-week 6 in Malawi (Data accessed on 14 February 2026).

2. Performance of the Integrated Disease Surveillance and Response up to Epi-week 6

2. Timeliness and Completeness

2.1 Reporting rate at the National level up to Epi-week 6

During Epi-week 6, both completeness and timeliness declined, from 98% to 97.0% and from 96% to 91.0%, respectively, when compared with the reporting rates in Epi-week 5 (Figure 2).

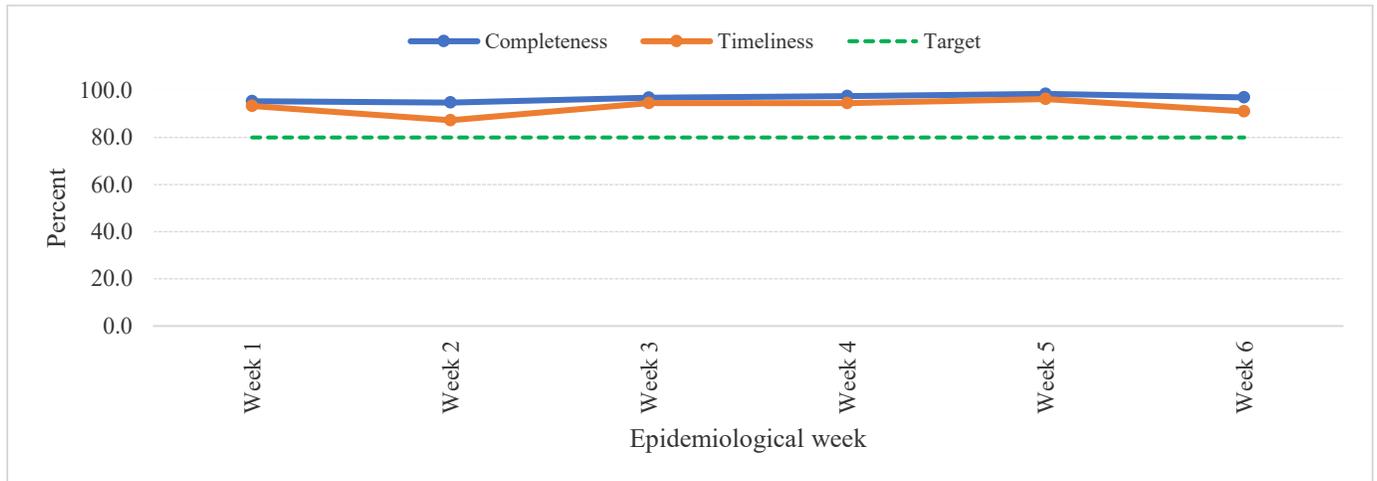


Figure 2. Trend of national IDSR weekly reporting rates in Malawi, Epi-week 6, 2026 (Data accessed on 14 February 2026).

2.2. Reporting rates at the Zonal level up to Epi-week 6

All the health zones managed to meet the minimum target of $\geq 80\%$ for both completeness and timeliness, as shown in Figure 3 below.

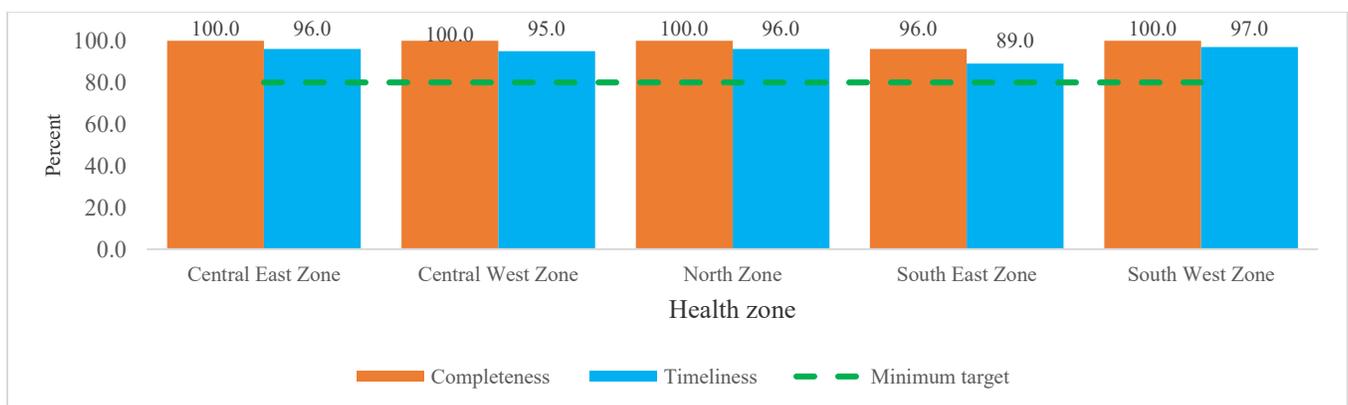


Figure 3. Reporting rates of IDSR weekly reports by zones, Epi-week 6 (Data accessed on 14 February, 2026).

2.3. Reporting rates at the district level for Epi-week 6

Among the 33 reporting sites (districts and central hospitals), 26 (78.8%) met the national target of $\geq 80\%$ for both completeness and timeliness. While Karonga, Chikwawa, and Ntcheu did not achieve the target for timeliness, the remaining three facilities (Zomba Central Hospital, Likoma, and Zomba DHO) were unable to reach the national target of $\geq 80\%$ for both indicators, as shown in Figure 4.

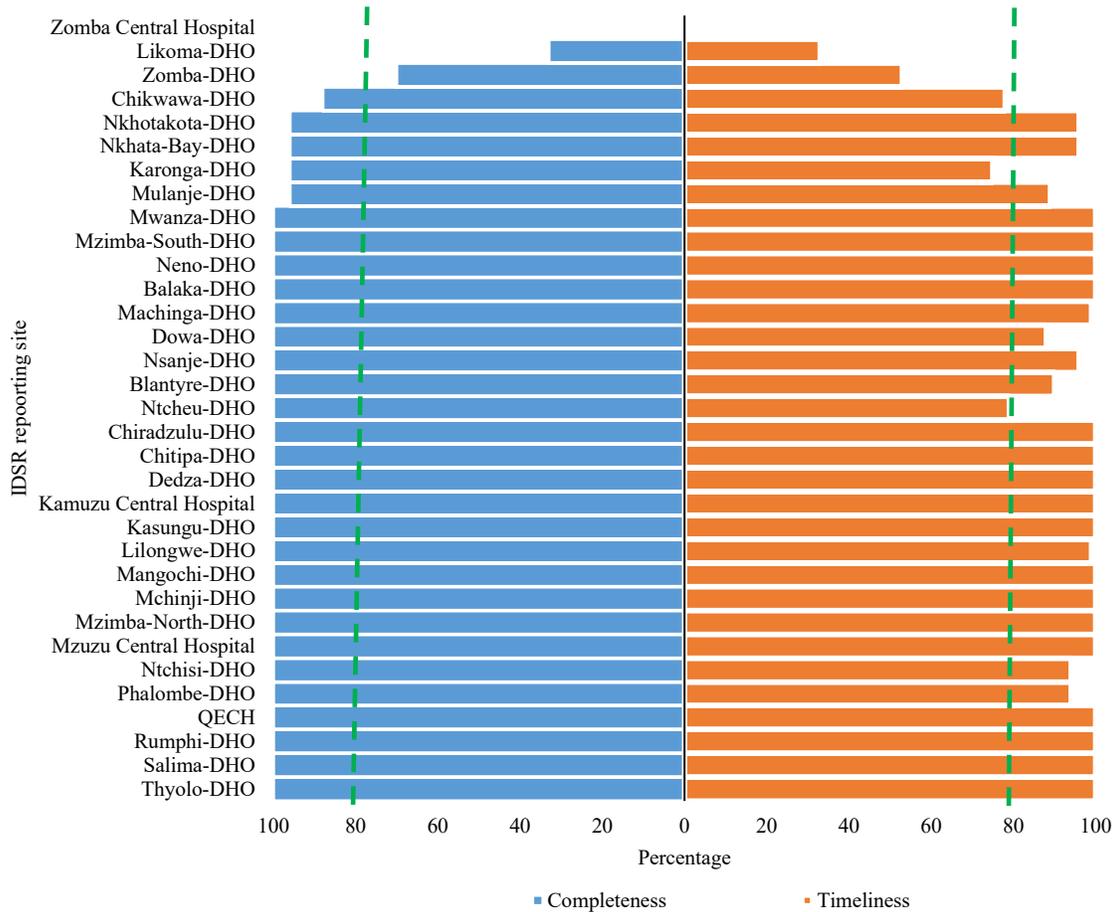


Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 6 (Data accessed on 14 February 2026).

3. Event-Based Surveillance (EBS)

3.1 Community EBS signals reported in Epi-week 6.

Figure 5 presents the signals that were reported in Epi-week 6. In total, twenty-eight (28) signals were reported from twelve (12) districts. Twenty-five (89.3%) of the signals were verified as events, while the remaining three signals were unclassified.

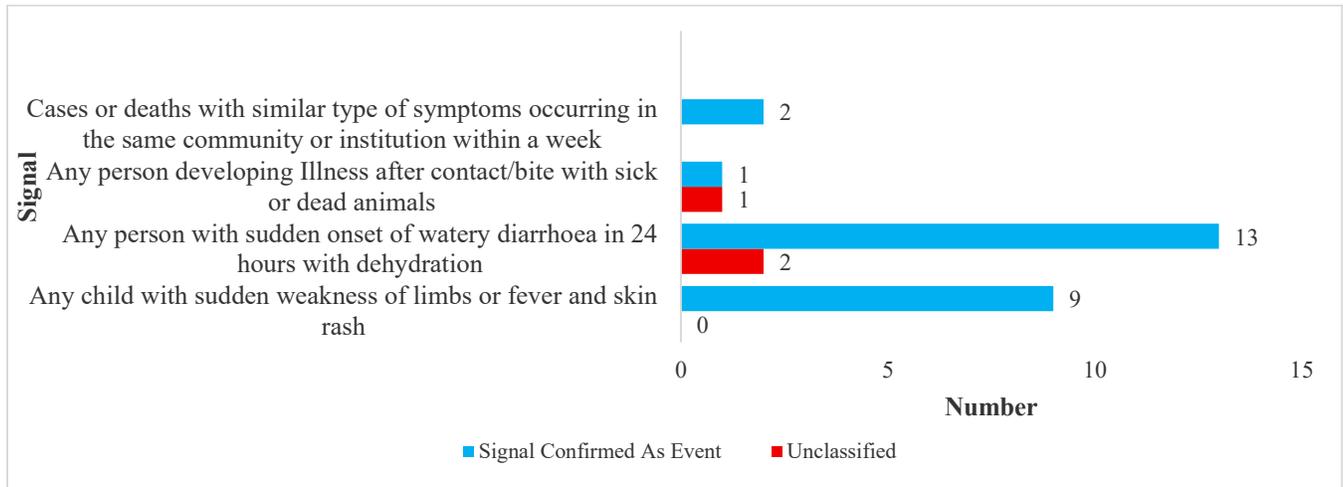


Figure 5. Event-based signals reported in Epi-week 6 (Data accessed on 14 February 2026).

3.2. Risk Assessment Level of the Community Signals

Three signals were not assessed because they were not classified. The distribution of EBS signals by risk level is shown in Figure 6, with further details provided in Annex 2.

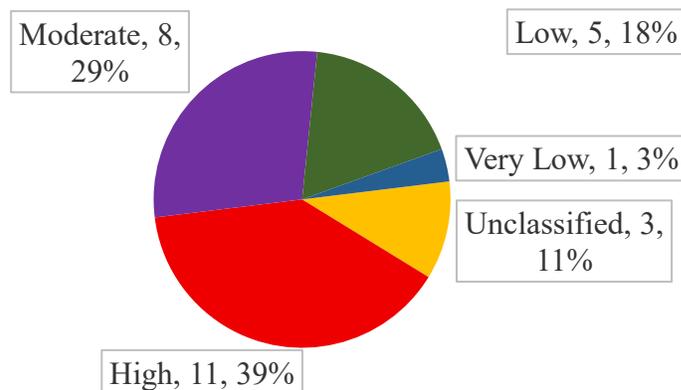


Figure 6. Distribution of EBS signals reported in Epi-week 6 (Data accessed on 14 February 2026).

4. Diseases/Conditions of Public Health Importance in Epi-week 6

Table 1 summarizes alerts for diseases and public health conditions reported during Epi-week 6. Among the epidemic-prone diseases, diarrhoea with blood had the highest number of alerts, followed by SARI. Measles had the highest number of alerts among the diseases targeted for eradication or elimination. Detailed facility-level data are provided in Annex 3.

Table 1. Reported alerts of diseases/conditions of public health importance in Malawi, Epi-week 6.

	Suspected cases	Deaths
EPIDEMIC PRONE DISEASES		
Diarrhea with blood	1072	0
Meningococcal meningitis	5	0
Typhoid fever	29	0
SARI	125	2
Cholera	79	0
Mpox	0	0
DISEASES TARGETED FOR ERADICATION/ELIMINATION		
Measles	48	0
Acute Flaccid Paralysis	1	0
Neonatal tetanus	1	0
CONDITIONS OF PUBLIC HEALTH IMPORTANCE		
Food-borne illnesses	0	0
Maternal death	0	5
Yellow fever	0	0
Rabies	5	0

5. Ongoing outbreaks and emergencies in Malawi as of week 6, 2026.

5.1. Mpox

Since 17 April 2025, up to week 6 of 2026, Malawi has recorded 150 confirmed Mpox cases, including four cross-border cases. One (1) death was reported on 10 August 2025 in Lilongwe district, representing a case fatality rate of 0.67%. Lilongwe district accounted for the majority of cases (117), as shown in Table 2. Further outbreak details are shared in Annex 4.

Table 2. Malawi confirmed Mpox cases from April 2025 to week 6 of 2026

	District	Confirmed cases	Percent of total	Cross-border cases
1	Blantyre	1	2.0	
2	Karonga	4	2.7	1
3	Lilongwe	117	79.6	
4	Mangochi	3	2.0	
5	Mzimba South	4	2.7	

6	Nkhata bay	1	0.7	
7	Ntcheu	9	6.1	1
8	Ntchisi	1	0.7	
9	Salima	3	2.0	
10	Zomba	2	0.7	
11	Likoma	1	0.7	1
12	Chitipa	0	0.0	1
	Grand Total	150	100	4

Interventions

- Coordination of the outbreak through the public health emergency operation centre
- Enhanced surveillance
- Collection and analysis of samples
- Case management
- Infection prevention and control activities
- Risk communication and community engagement
- Vaccination of at-risk groups

5.2. Measles

From Week 1 to Week 6 of 2026, Malawi cumulatively reported 346 alerts, including 48 confirmed measles cases (laboratory-confirmed, epidemiologically linked, and compatible) (Figure 7). These cases were reported across 11 districts: Blantyre, Dowa, Kasungu, Lilongwe, Mchinji, Nkhotakota, Nsanje, Phalombe, Rumphi, Salima, Thyolo, and Zomba.

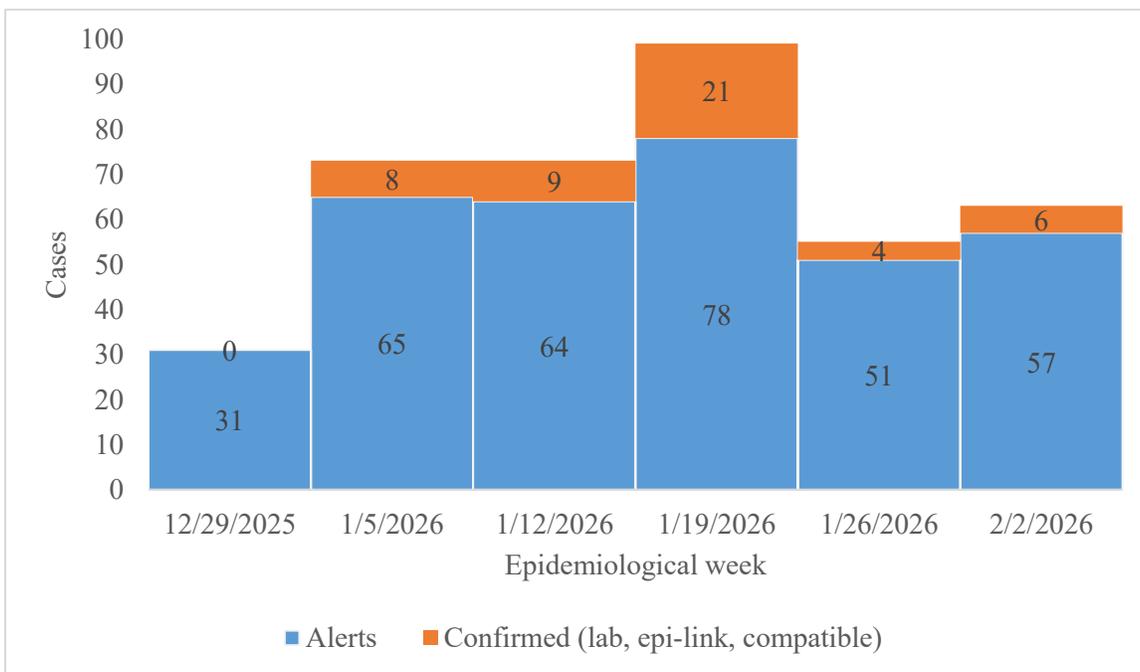


Figure 7. Measles disease alerts by epi-week of report in Malawi, from week 1 to Week 6 of 2026. Source: Measles Line list.

Interventions

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

5.3. Cholera

During Epi-week 6, Malawi recorded seventy-nine (79) suspected cholera cases, eleven (11) confirmed cases, and zero (0) deaths. The cumulative total of confirmed cholera cases from 1 November 2025 to week 6 of 2026 is seventy-four (74) cases and (2) deaths (CFR: 2.7%). Figure 8 below shows the progression of cholera cases during the 2025-2026 cholera season up to Week 6.

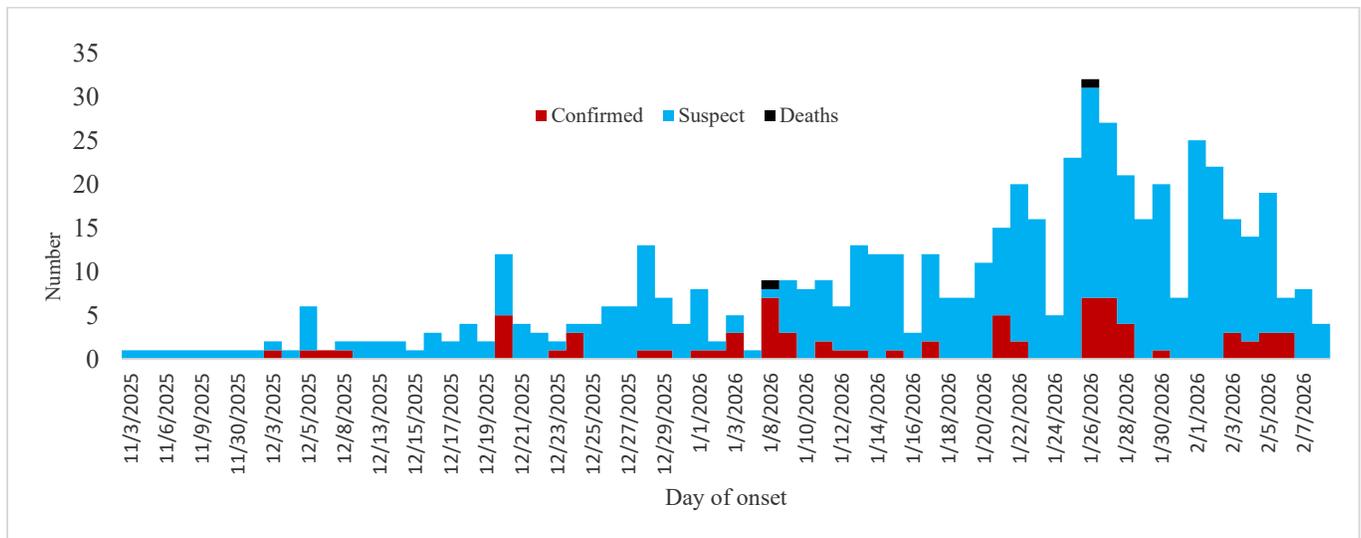


Figure 8. Malawi Cholera Epidemiologic Curve from 1 November 2025 to Week 6 of 2026. Source: National Cholera line list.

Interventions

- Activated the National Public Health Emergency Operations Centre and IMS.
- Strengthened community and facility surveillance with daily case follow-up.
- Distributed cholera RDTs and improved sample transport for confirmation.
- Established treatment centres and mentored clinical staff.
- Supplied chlorine/WASH materials and monitored water quality.
- Conducted community sensitization and disseminated cholera messages.
- Distributed essential medicines/PPEs and maintained buffer stocks.
- Coordinated cross-border monitoring with Mozambique.
- Administered oral cholera vaccine to target population in Blantyre, Mwanza, Kasung and Neno

5.4. Polio and AFP surveillance

Malawi confirmed a polio outbreak based on detections from environmental samples, with two (2) circulating vaccine-derived poliovirus type 2 (cVDPV2) identified from sewage treatment plants in Blantyre and Soche, and one (1) vaccine-derived poliovirus type 2 (VDPV2) detected from an Acute Flaccid Paralysis (AFP) case at Queen Elizabeth Central Hospital (QECH). The outbreak was officially confirmed on 22 January 2026, and a Public Health Emergency (PHE) was declared on 23 January 2026.

By Week 6 of 2026, no new polio cases had been reported. From Week 1 to Week 6 of 2026, Malawi cumulatively recorded 22 AFP cases across 12 districts. Thyolo reported five (5) cases, while Blantyre, Dowa, Kasungu, Lilongwe, Mchinji, Nkhosakota, Nsanje, Phalombe, Rumphi, Salima, and Zomba each reported not more than two (2) cases.

Interventions

- Round Zero (R0) nOPV2 campaign scheduled for 11–14 February 2026
- Enhanced Polio Surveillance
- Intensified Routine Immunization (RI)
- Strengthened Communication and Social and Behavior Change (SBC)

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.
- **Likoma, Zomba 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 and Polio.

Annex 1: Timeliness and completeness of IDSR reports by districts, from Epi-week 1 to Week 6, 2026

Facility	Completeness						Timeliness					
	W1	W2	W3	W4	W5	W6	W1	W2	W3	W4	W5	W6
National	95	95	97	98	98	97	93	87	94	95	96	91
Balaka	99.4	100	78	100	89	100	91	94	72	89	89	100
Blantyre	81	100	100	100	98	100	76	88	98	90	98	100
Chikwawa	81	97	94	100	91	88	78	91	84	100	91	78
Chiradzulu	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
Dedza	100	100	100	100	100	100	100	100	100	100	100	100
Dowa	96	92	96	92	100	100	92	88	96	88	96	88
Kamuzu CH	100	100	100	100	100	100	100	0	100	100	100	100
Karonga	91	100	100	91	96	96	87	100	100	74	65	74
Kasungu	97	100	100	100	100	100	97	100	100	97	100	100
Likoma	100	100	100	100	100	33	100	100	100	100	100	33
Lilongwe	98	100	100	100	100	100	96	88	100	99	100	99
Machinga	91	100	95	91	100	100	68	91	95	77	100	99
Mangochi	52	100	100	100	100	100	50	86	100	98	100	100
Mchinji	100	100	100	100	100	100	100	100	100	100	100	100
Mulanje	100	100	100	100	100	96	96.2	100	100	100	100	85
Mwanza	100	100	80	100	80	100	100	100	80	100	80	100
Mzimba-North	100	100	100	100	100	100	93	93	100	100	100	100
Mzimba-South	88	32	100	38	82	100	97	24	50	38	58	100
Mzuzu CH	100	100	100	100	100	100	100	100	100	100	100	100
Neno	100	100	80	93	87	100	100	100	80	87	80	100
Nkhata-Bay	100	100	93	100	93	96	96	100	93	96	93	96
Nkhotakota	83	91	91	100	91	96	83	74	91	96	91	96
Nsanje	100	100	96	100	96	100	100	100	96	100	96	96
Ntcheu	100	100	100	97	100	100	100	82	97	97	97	79
Ntchisi	100	100	100	100	100	100	100	94	100	100	100	94
Phalombe	100	100	100	100	100	100	100	100	100	100	100	94
QECH	100	100	100	100	100	100	100	0	100	100	100	100
Rumphi	100	72	100	100	100	100	100	72	100	100	100	100
Salima	100	100	100	100	100	100	96	100	100	100	100	100
Thyolo	100	100	100	100	100	100	100	100	100	100	100	100
Zomba CH	100	100	100	100	100	0	100	100	100	100	100	0
Zomba DHO	100	98	95	100	98	70	100	91	93	100	98	53

Annex 2. Distribution of EBS signals per reporting unit in Epi-week 6, 2026

<i>District of Residence</i>	Any child with sudden weakness of limbs or fever, and skin rash	Cases or deaths with a similar type of symptoms occurring in the same community or institution within a week	Any person developing an illness after contact/bite with sick or dead animals	Any person with a sudden onset of watery diarrhoea in 24 hours with dehydration	Grand Total
<i>Mchinji</i>	0	1	2	1	4
<i>Lilongwe</i>	0	0	0	4	4
<i>Dedza</i>	2	0	0	0	2
<i>Kasungu</i>	3	0	0	1	4
<i>Chiradzulu</i>	0	0	0	3	3
<i>Zomba</i>	0	0	0	1	1
<i>Ntchisi</i>	0	0	1	0	1
<i>Blantyre</i>	0	0	0	3	3
<i>Mulanje</i>	0	0		1	1
<i>Nsanje</i>	1	0	0	0	1
<i>Thyolo</i>	3	0	0	0	3
<i>Nkhata Bay</i>	0	0	0	1	1
Grand Total	9	1	3	15	28

Annex 3. Priority diseases/conditions/events, including alerts under surveillance, Epi-week 6

Facility	OPD AEFI cases	OPD poliomyelitis (AFP) cases	IP cholera cases	OPD Diarrhoea With Blood (Bacterial)	IP Diarrhoea With Blood (Bacterial)	OPD Malaria Cases	IP Malaria Cases	IP Death Malaria Cases	IP Maternal death cases	OPD measles cases	IP measles cases	IP meningococcal meningitis cases	OPD Neonatal tetanus cases	OPD rabies cases	IP SARI cases	IP SARI deaths	OPD typhoid fever cases	IP typhoid fever cases
Kasungu-DHO	3	0	0	52	0	1518	18	0	0	0	0	0	1	0	0	0	0	0
Nkhotakota-DHO	0	0	0	13	0	1739	19	2	0	0	0	0	0	0	17	1	0	0
Ntchisi-DHO	1	0	0	21	0	573	5	0	0	0	0	0	0	0	1	0	0	0
Salima-DHO	0	0	0	63	0	1133	20	0	0	0	0	0	0	0	0	0	0	0
Dowa-DHO	0	0	0	24	0	519	0	0	0	0	0	0	0	5	0	0	0	0
KCH	0	0	0	0	0	8	14	1	2	0	0	0	0	0	67	1	0	0
MZCH	0	0	0	0	0	21	7	0	0	0	0	0	0	0	0	0	0	0
QECH	0	0	0	1	0	9	10	0	0	0	0	0	0	0	0	0	0	0
Dedza-DHO	1	0	0	31	0	1741	34	0	1	0	0	0	0	0	0	0	0	0
Lilongwe-DHO	1	0	1	91	0	3997	41	2	0	1	0	0	0	0	0	0	1	0
Ntcheu-DHO	0	0	0	38	0	1355	15	0	0	0	0	0	0	0	0	0	0	0
Mchinji-DHO	0	0	0	23	9	1165	12	0	0	0	0	0	0	0	0	0	11	1
Chitipa-DHO	0	0	0	13	0	409	6	0	0	1	0	0	0	0	0	0	0	0
Karonga-DHO	1	0	0	55	1	764	10	0	1	0	0	0	0	0	5	0	0	0
Likoma-DHO	0	0	0	3	0	163	0	0	0	0	0	0	0	0	0	0	0	0
Mzimba-North-DHO	27	0	0	38	0	521	4	0	0	0	0	0	0	0	0	0	0	0
Mzimba-South-DHO	0	0	0	27	0	1262	34	0	0	0	0	0	0	0	0	0	0	0
Nkhata-Bay-DHO	0	0	0	23	1	1249	1	0	0	0	0	0	0	0	0	0	0	0
Rumphi-DHO	0	0	0	20	0	409	6	0	0	0	0	0	0	0	0	0	0	0
Balaka-DHO	1	0	0	24	0	952	24	0	0	4	1	0	0	0	0	0	0	0
Machinga-DHO	0	0	0	23	0	2082	0	0	0	41	0	0	0	0	0	0	0	0
Mangochi-DHO	0	0	0	139	0	7507	17	0	0	0	0	0	0	0	0	0	1	3
Mulanje-DHO	1	0	0	27	0	4403	35	0	0	0	0	0	0	0	31	0	4	0
Phalombe-DHO	0	0	0	22	1	1087	12	0	0	0	0	0	0	0	0	0	0	0
Zomba-DHO	1	0	2	42	4	695	22	0	0	0	0	0	0	0	0	0	0	0
Blantyre-DHO	1	0	10	107	0	2523	3	0	0	0	0	0	0	0	0	0	5	1
Chikwawa-DHO	0	1	5	56	0	3060	10	2	0	0	0	5	0	0	0	0	0	0
Chiradzulu-DHO	2	0	1	12	0	383	0	0	1	0	0	0	0	0	0	0	0	0
Mwanza-DHO	0	0	2	7	0	2187	24	1	0	0	0	0	0	0	0	0	0	0
Neno-DHO	5	0	0	29	0	987	10	0	0	0	0	0	0	0	4	0	0	0
Nsanje-DHO	3	0	0	16	1	1662	24	0	0	0	0	0	0	0	0	0	0	0
Thyolo-DHO	1	0	4	15	0	1776	12	0	0	0	0	0	0	0	0	0	1	1
Total	49	1	25	1055	17	47859	449	8	5	47	1	5	1	5	125	2	23	6

Annex 4. Distribution of Mpox cases by occupation and district in Malawi, Epi week 6.

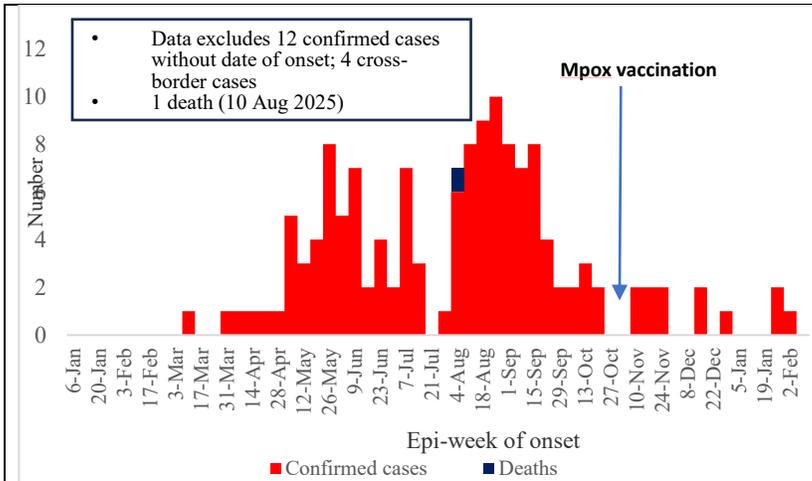


Figure 9. Mpox cases by week of onset as of Epi-Week 6 of 2026 (N=150 lab confirmed)

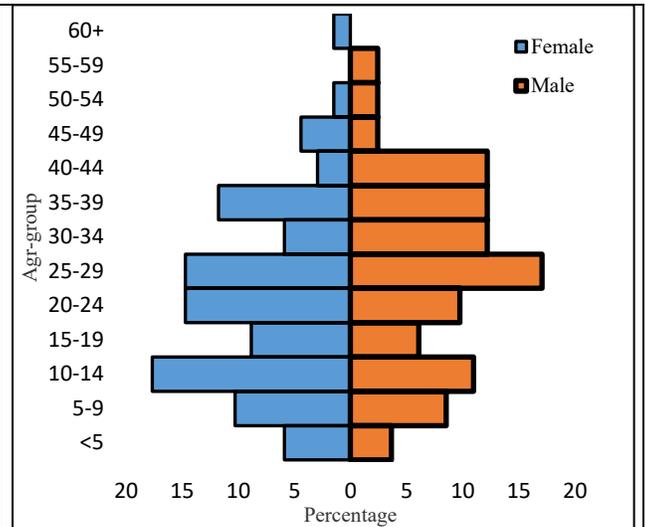


Figure 10. Mpox cases by sex and age-group as of Epi-Week 6 of 2026

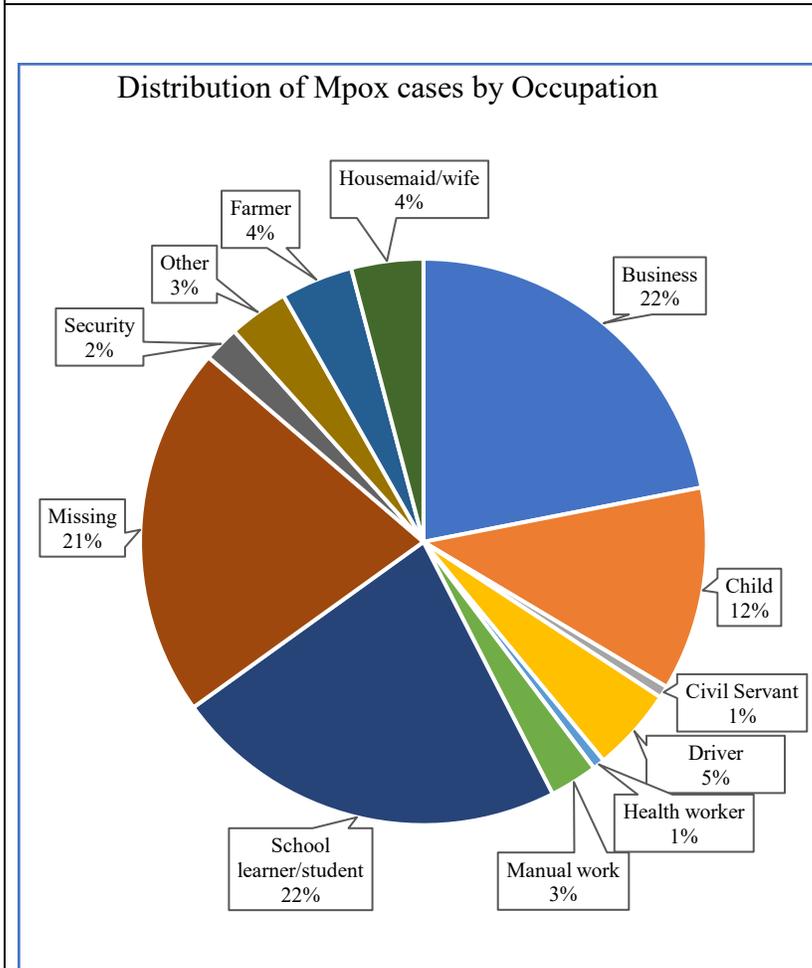


Figure 11. Distribution of confirmed Mpox cases by occupation (N=150), 2025-2026. (Source: Mpox outbreak Line list).

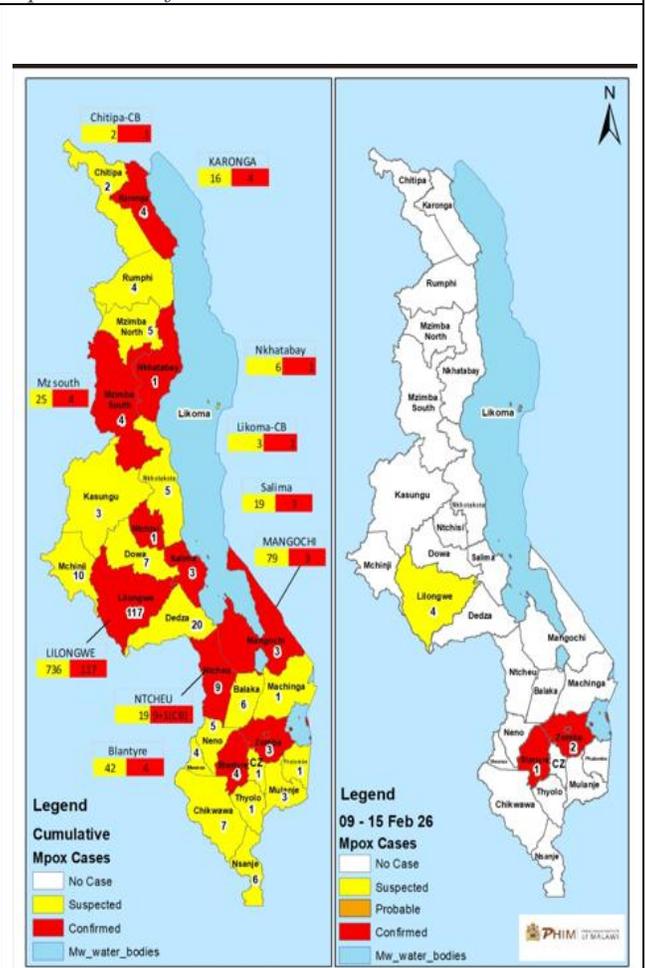


Figure 12. Map of Malawi showing cumulative Mpox suspected and confirmed cases.

Acknowledgment

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

Editorial team: Dr. Matthews Kagoli, Settie Kanyanda, Austin C. Zgambo, Seleman Ngwira, Vincent Kamforzi, Lucy Malenga, Ella Chamanga, James Jere, and 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
Mrs Flora Dimba	floradimba@gmail.com
Wiseman Chimwaza	chimwazawiseman@gmail.com
Austin Zgambo	zgambo.austin@gmail.com
Noel Khunga	noelkhunga@gmail.com
James Jere	jhjere@gmail.com