

This epidemiological bulletin aims to inform all stakeholders, including those at local, district, national, and global levels, about disease trends, public health surveillance, disease outbreaks, and emergencies in Malawi. In this issue (Volume 1, Issue 9 of 2026), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 9.
- Performance of Integrated Disease Surveillance and Response (IDSR).
- Reported Event-Based Surveillance (EBS) signals.
- Reported Diseases and Conditions of Public Health Importance.
- Ongoing outbreaks and emergencies in Malawi.

1. Key Highlights on Events of Public Health Significance in Epi-week 9, 2026

- IDSR reporting was 95.3% for completeness and 94.7% for timeliness on the One Health Surveillance Platform (OHSP).
- Sixty-six (66) suspected cases, three (3) confirmed cholera cases and zero (0) deaths reported.
- Twenty-six (26) EBS signals reported.
- Zero (0) new confirmed Mpox cases and zero (0) alerts.
- Other alerts generated were Malaria cases (21,314 including 5 deaths), Severe Acute Respiratory Infections (SARI) (2 cases), Diarrhoea with blood (437 cases), Adverse Events Following Immunization (AEFI) (59 cases), Typhoid fever (18 cases), Measles (26 cases), Meningococcal meningitis (1 case), Acute flaccid paralysis (AFP) (6 case), Neonatal tetanus (0 case), Rabies (0), and Maternal deaths (0), as shown in Figure 1.

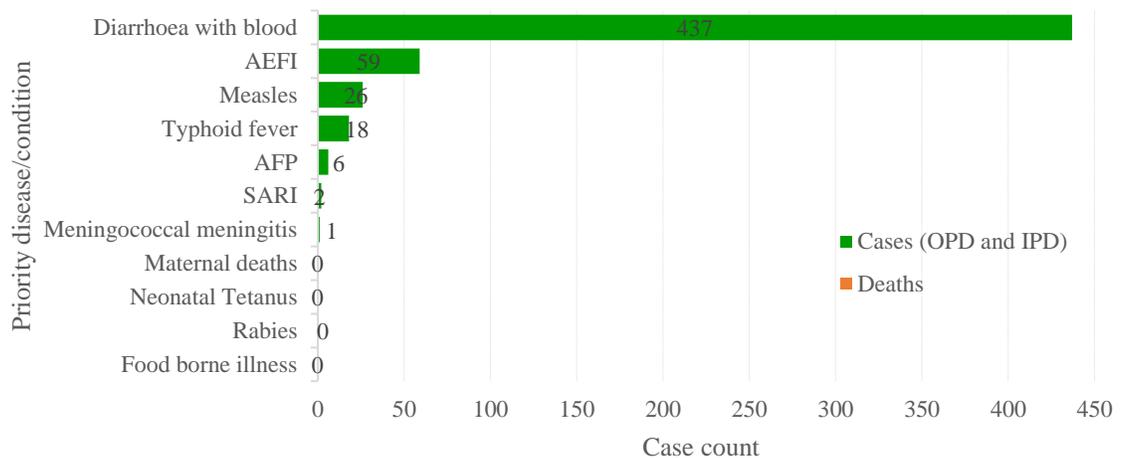


Figure 1. Notifiable diseases/conditions alerts reported in Epi-week 9 in Malawi (Data accessed on 2nd March 2026).

2. Performance of the Integrated Disease Surveillance and Response up to Epi-week 9

2.1. Timeliness and Completeness

2.1.1. Reporting rate at the National level up to Epi-week 9

During Epi-week 9, completeness decreased from 96.4% in Week 8 to 94.7%, while timeliness decreased from 96% in Week 8 to 94.7% (See figure 2).

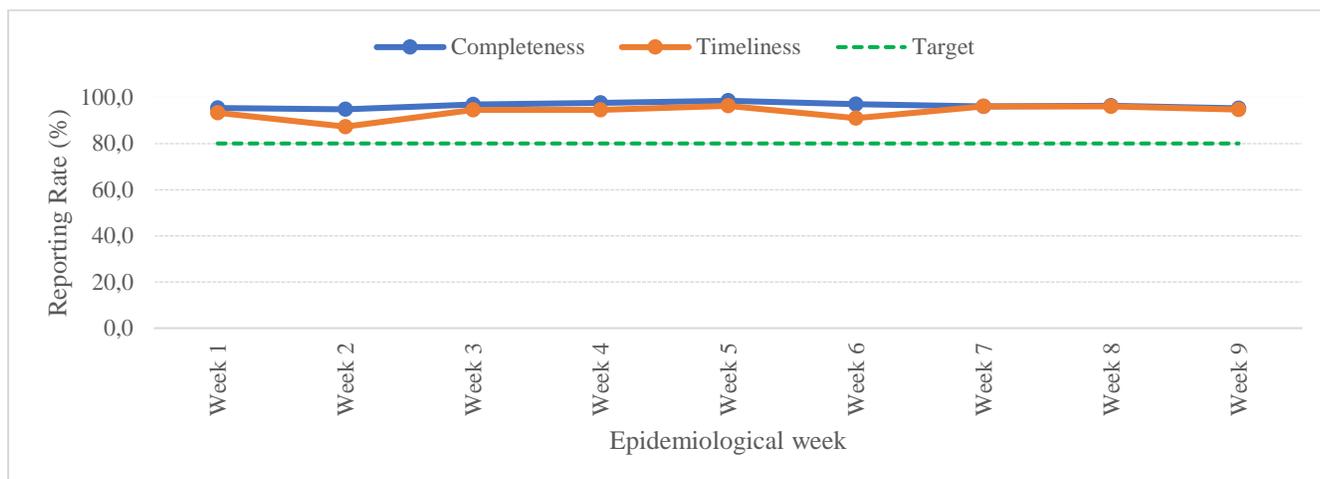


Figure 2. Trend of national IDSR weekly reporting rates in Malawi, Epi-week 9, 2026 (Data accessed on 2nd March 2026).

2.1.2. Reporting rates at the Zonal level, including Central Hospitals for Epi-week 9

Figure 3 illustrates the reporting rates across various health zones, including Central Hospitals, in epi-week 9. All health zones, except Central Hospitals, met the minimum target of 80% for both completeness and timeliness, as shown below.

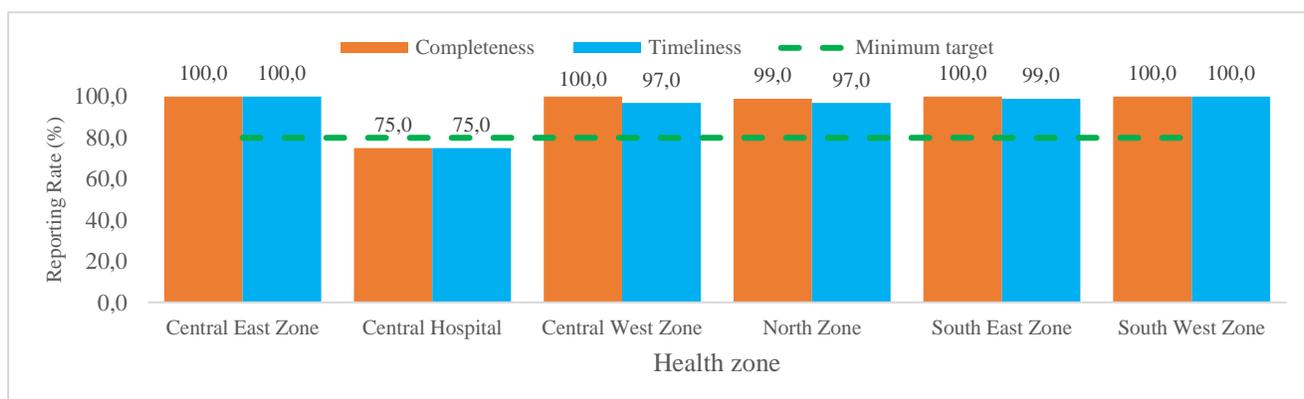


Figure 3. Reporting rates of IDSR weekly reports by zones, Epi-week 9 (Data accessed on 2nd March, 2026).

2.1.3. Reporting rates at the district level for Epi-week 9

Among the 33 reporting sites (districts and central hospitals), 32 (97%) met the national target of $\geq 80\%$ for both completeness and timeliness. Zomba Central Hospital did not achieve the national target for either timeliness or completeness, as shown in Figure 4.

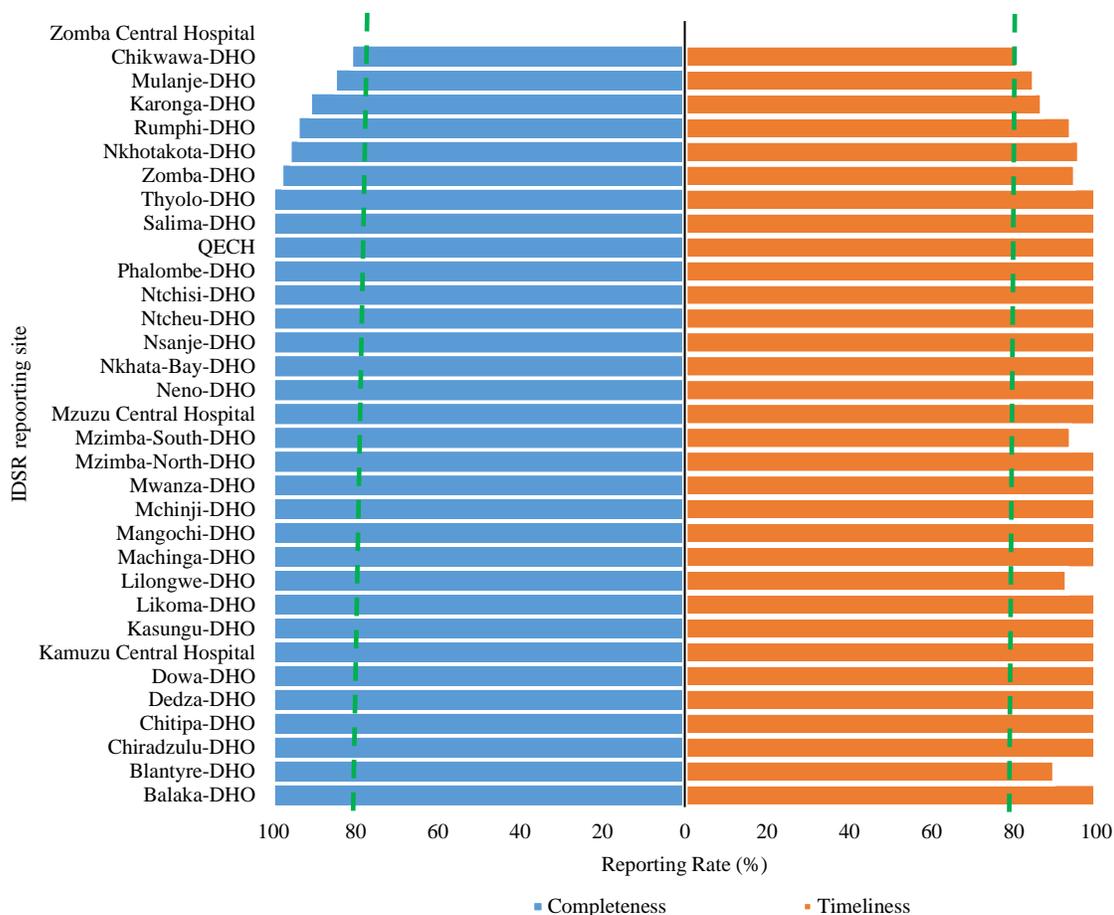


Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 9 (Data accessed on 2nd March 2026).

3. Event-Based Surveillance (EBS)

3.1 Community EBS signals reported in Epi-week 9.

Figure 5 presents signals that were reported in Epi-week 9. In total, twenty-six (26) signals were reported from seven (7) districts. Twenty-four (92%) of the signals were verified as events, while the remaining two (2) signals were unclassified.

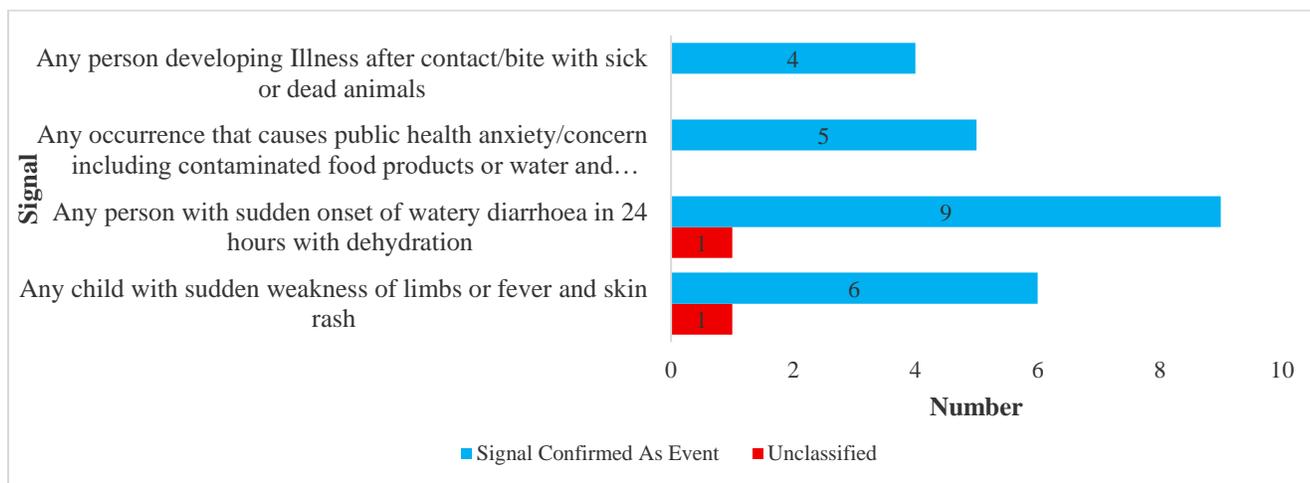


Figure 5. Event-based signals reported in Epi-week 9 (Data accessed on 2nd March 2026).

3.2. Risk Assessment Level of the Community Signals

Risk assessments were conducted for twenty-one (21) of the 24 verified events. The distribution of EBS signals by risk level is shown in Figure 6, with further details provided in Annex 2.

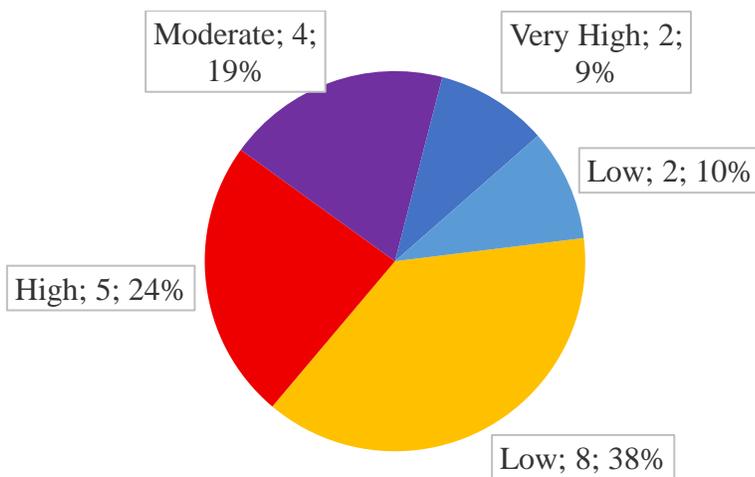


Figure 6. Distribution of the verified EBS signals by risk level, reported in Epi-week 9 (Data accessed on 25th February 2026).

4. Diseases and Conditions of Public Health Importance in Epi-week 9

Table 1 highlights the alerts related to diseases and public health conditions during Epi-week 9. Among the epidemic-prone diseases, diarrhoea with blood (437 cases) was the most prevalent, followed by Cholera (66), while measles (26 cases) was the highest among the diseases targeted for eradication/elimination. For more details on diseases and conditions of public health importance, refer to Annex 3.

Table 1. Reported alerts of diseases and conditions of public health importance in Malawi, Epi-week 9.

	Suspected cases	Deaths
<i>EPIDEMIC PRONE DISEASES</i>		
Diarrhea with blood	437	0
Meningococcal meningitis	1	0
Typhoid Fever	18	0
SARI	2	0
Cholera	66	0
Mpox	0	0
<i>DISEASES TARGETED FOR ERADICATION/ELIMINATION</i>		
Measles	26	0
Acute Flaccid Paralysis	6	0
Neonatal tetanus	0	0
<i>CONDITIONS OF PUBLIC HEALTH IMPORTANCE</i>		
Food-borne illnesses	0	0
Maternal death	0	0
Yellow fever	0	0
Rabies	0	0

5. Ongoing outbreaks and emergencies in Malawi as of week 9, 2026.

5.1. Mpox

Since 17 April 2025, up to week 9 of 2026, Malawi has recorded 151 confirmed Mpox cases and 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 78.1% (118) of the cases, as shown in Table 2. Further outbreak details are shared in Annex 4.

Table 2. Confirmed Mpox cases from April 2025 to week 9 of 2026 in Malawi

District	Confirmed cases	Percent of total	Cross-border cases
Blantyre	4	2.6	
Karonga	4	2.6	1 (Tanzania)
Lilongwe	118	78.1	
Mangochi	3	2.0	
Mzimba South	4	2.6	
Nkhatabay	1	0.7	
Ntcheu	9	6.0	1 (Mozambique)
Ntchisi	1	0.7	
Salima	3	2.0	
Zomba	3	2.0	
Likoma	1	0.7	1 (Mozambique)
Chitipa	0	0.0	1 (Tanzania)
Grand Total	151	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 9 of 2026, Malawi cumulatively reported 515 alerts, including 113 confirmed measles cases (laboratory-confirmed, epidemiologically linked, and clinically compatible). These cases were reported across seventeen (17) districts: Blantyre, Balaka, Chitipa, Dowa, Kasungu, Lilongwe, Mchinji, Nkhosakota, Nsanje, Phalombe, Rumphu, Salima, Chikwawa, Chiradzulu, Thyolo, Dedza, and Zomba. The weekly cumulative number of measles alerts is shown in Figure 7 below.

Additionally, there is an on-going measles outbreak in Kasungu district. Between 17 January and 11 February 2026, 23 samples were collected at Kasungu District Hospital, of which 19 tested positive – 6 for both measles and rubella, 9 for measles only, and 4 for rubella only.

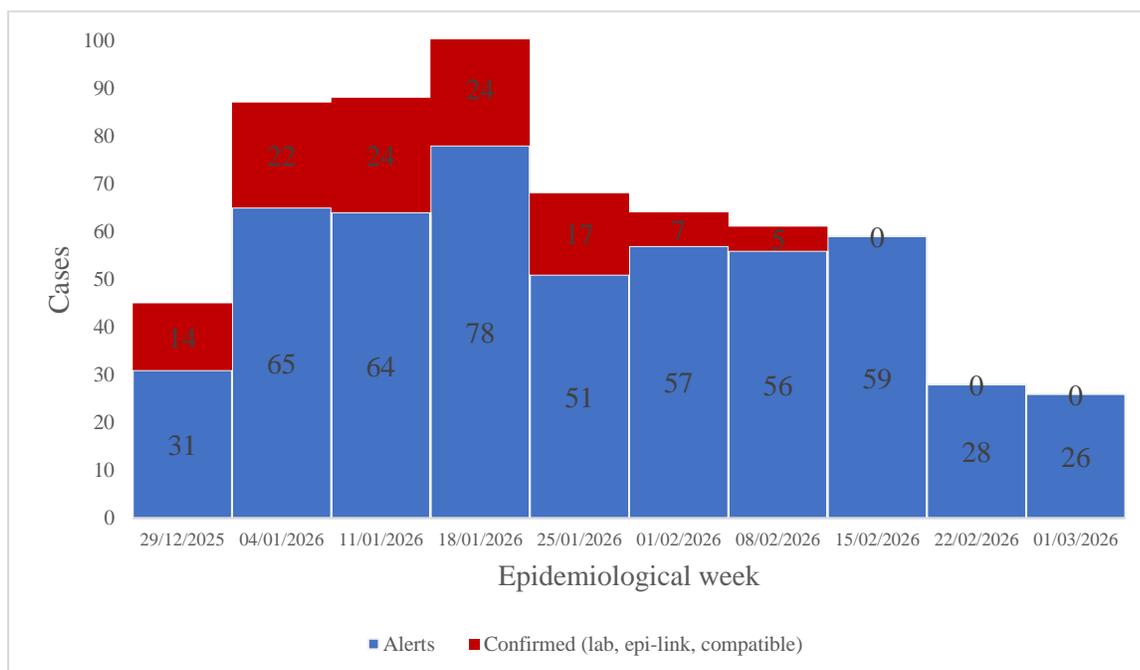


Figure 7. Measles disease alerts by epi-week of onset in Malawi, from week 1 to Week 9 of 2026. Source: Measles Line list.

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 9, Malawi recorded sixty-six (66) suspected cholera cases, three (3) confirmed cases, and zero (0) deaths. The cumulative total of confirmed cholera cases from 1 November 2025 to week 9 of 2026 is one hundred and four (104) cases and (2) deaths (CFR: 1.92 %). Blantyre confirmed 45.1% of the cases, Mulanje (12.5%), Zomba (10.5%), Chikwawa (9.6%), Chiradzulu (5.7%), Kasungu (4.8%), Neno (2.8%), and Lilongwe (1.9%). Dowa, Mzimba North, Chitipa, Balaka, and Karonga each contributing 0.9% of the confirmed cases. Figure 8 below shows the progression of the cholera outbreak during the 2025-2026 cholera season up to Week 9 of 2026.

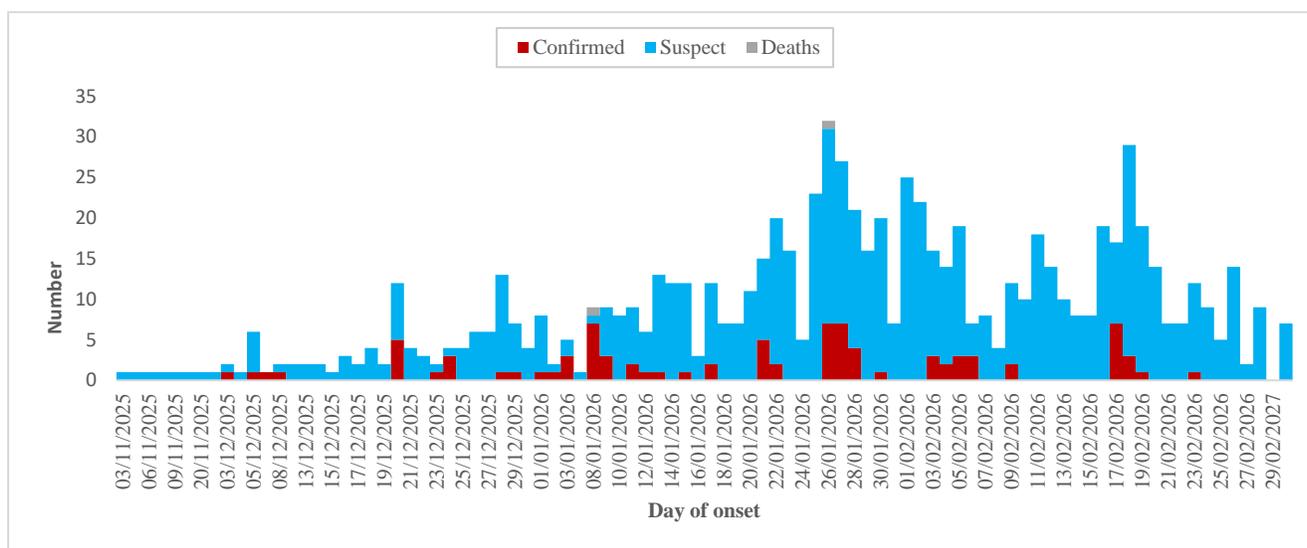


Figure 8. Malawi Cholera Epidemiologic Curve from 1 November 2025 to Week 9 of 2026. Source: National Cholera line list.

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, Kasungu, 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 in a 7-year-old 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.

As of Week 9, three (3) new cVDPV2 isolations were confirmed—one each at Blantyre, Soche, and Limbe sewage treatment plants (environmental surveillance (ES) collection sites) in Blantyre. Furthermore, another variant poliovirus, initially confirmed in the 7-year-old AFP patient, was also detected in two “healthy” close contacts from samples collected on 25 January 2026.

From Week 1 to Week 9 of 2026, Malawi cumulatively recorded 21 AFP alerts across 12 districts: Thyolo reported five (5) cases; Lilongwe, Mchinji, Dowa, Nsanje, and Zomba each reported two (2) cases; while Blantyre, Kasungu, Nkhotakota, Phalombe, Rumphi, and Salima each reported one (1) case.

Interventions

- Round Zero (R0) nOPV2 campaign was conducted between 11–14 February 2026, with 1,709,608 doses administered.
- Enhanced polio surveillance measures are in place.
- Routine immunization (RI) activities have been intensified.
- Communication and Social and Behavior Change (SBC) efforts have been strengthened.
- Advocacy and coordination with MoHS leadership, partners, and districts are ongoing in preparation for upcoming nOPV2 campaigns.
- The National EOC, supported by technical working groups, continues daily coordination meetings.
- Planning for Round 1 across all 29 districts is underway.

6.0. Immediate recommendations

- **IDSR Coordinators and Zonal Epidemiology Officers** should ensure timely verification and validation of data immediately after health facility focal persons or data clerks enter it into OHSP.
- **Zomba Central Hospital** should improve both **completeness** and **timeliness** of its reporting.
- **All districts** should strengthen the recording and reporting of detected EBS signals in OHSP
- **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 Reporting Site, from Epi-week 1 to Week 9, 2026

Facility	Completeness									Timeliness								
	W1	W2	W3	W4	W5	W6	W7	W8	W9	W1	W2	W3	W4	W5	W6	W7	W8	W9
National	95	95	97	98	98	97	96	96	95	93	87	95	95	96	91	96	96	94
Balaka	99	100	78	100	89	100	100	100	100	91	94	72	89	89	100	100	100	100
Blantyre	81	100	100	100	98	100	100	100	100	76	88	98	90	98	100	100	90	100
Chikwawa	81	97	94	100	91	88	84	91	81	78	91	84	100	91	78	84	91	81
Chiradzulu	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	100	100	100	100	100	100
Dedza	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Dowa	96	92	96	92	100	100	100	96	100	92	88	96	88	96	88	100	92	100
Kamuzu CH	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100	100	100	100
Karonga	91	100	100	91	96	96	87	87	91	87	100	100	74	65	74	78	83	87
Kasungu	97	100	100	100	100	100	100	100	100	97	100	100	97	100	100	100	100	100
Likoma	100	100	100	100	100	33	100	100	100	100	100	100	100	100	33	100	100	100
Lilongwe	98	100	100	100	100	100	100	100	100	96	88	100	99	100	99	91	100	93
Machinga	91	100	95	91	100	100	100	100	100	68	91	95	77	100	99	95	100	100
Mangochi	52	100	100	100	100	100	100	100	100	50	86	100	98	100	100	100	100	100
Mchinji	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Mulanje	100	100	100	100	100	96	100	73	85	96	100	100	100	100	85	100	73	85
Mwanza	100	100	80	100	80	100	100	100	100	100	100	80	100	80	100	100	100	100
Mzimba-North	100	100	100	100	100	100	100	100	100	93	93	100	100	100	100	100	100	100
Mzimba-South	88	32	100	38	82	100	100	100	100	97	24	50	38	58	100	100	100	94
Mzuzu CH	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Neno	100	100	80	93	87	100	80	100	100	100	100	80	87	80	100	80	100	100
Nkhata-Bay	100	100	93	100	93	96	100	100	100	96	100	93	96	93	96	100	100	100
Nkhotakota	83	91	91	100	91	96	100	91	96	83	74	91	96	91	96	100	91	96
Nsanje	100	100	96	100	96	100	81	100	100	100	100	96	100	96	81	100	100	100
Ntcheu	100	100	100	97	100	100	97	100	100	100	82	97	97	97	79	87	100	100
Ntchisi	100	100	100	100	100	100	82	82	100	100	94	100	100	100	94	82	82	100
Phalombe	100	100	100	100	100	100	100	100	100	100	100	100	100	100	94	100	100	100
QECH	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100	100	100	100
Rumphi	100	72	100	100	100	100	100	100	94	100	72	100	100	100	100	100	100	94
Salima	100	100	100	100	100	100	100	100	100	96	100	100	100	100	100	100	100	100
Thyolo	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Zomba CH	100	100	100	100	100	0	100	100	0	100	100	100	100	100	0	100	100	0
Zomba DHO	100	98	95	100	98	70	100	63	98	100	91	93	100	98	53	100	60	95

Green ≥ 80
Red < 80

Annex 2: Distribution of EBS signals per reporting unit in Epi-week 9, 2026

<i>District of Residence</i>	Any child with sudden weakness of limbs or fever, and skin rash	Any person developing illness after contact/bite with sick or dead animals	Any occurrence that causes public health anxiety/concern, including contaminated food products or water and environmental hazards	Any person with a sudden onset of watery diarrhoea in 24 hours with dehydration	Grand Total
<i>Mchinji</i>	3	0	0	0	3
<i>Lilongwe</i>	1	1	2	2	6
<i>Neno</i>	0	0	2	0	2
<i>Rumphi</i>	0	1	0	0	1
<i>Mzimba</i>	3	2	0	0	5
<i>Ntcheu</i>	0	0	1	7	8
<i>Dedza</i>	0	0	0	1	1
Grand Total	7	4	5	10	26

Annex 3. Priority diseases/conditions/events, including alerts under surveillance, Epi-week 9

Facilities	OPD AEFI cases	IP poliomyelitis (AFP) cases	OPD Diarrhoea With Blood-Bacterial	IP Diarrhoea With Blood-Bacterial	OPD Malaria Cases	IP Malaria Cases	IP Death Malaria Cases	OPD measles cases	IP meningococcal meningitis cases	IP SARI cases	OPD typhoid fever cases	IP typhoid fever cases
Kasungu-DHO	0	0	32	0	1543	0	0	0	0	0	0	0
Nkhotakota-DHO	1	0	14	0	1431	26	3	0	0	0	0	0
Ntchisi-DHO	0	0	5	0	155	10	0	0	0	0	0	0
Salima-DHO	1	0	62	0	1085	29	2	0	0	0	0	0
Dowa-DHO	0	0	6	0	338	1	0	0	0	0	0	0
Queen Elizabeth Central	0	0	0	0	10	9	0	0	1	0	0	0
Lilongwe-DHO	1	0	20	0	2339	1	0	1	0	0	11	0
Ntcheu-DHO	0	0	10	0	1252	11	0	0	0	0	0	0
Mchinji-DHO	2	0	8	0	588	26	0	0	0	0	6	1
Chitipa-DHO	0	0	17	1	530	9	0	0	0	0	0	0
Karonga-DHO	0	0	23	0	264	0	0	0	0	0	0	0
Likoma-DHO	0	0	5	0	59	0	0	0	0	0	0	0
Mzimba-North-DHO	27	0	43	0	155	12	0	0	0	0	0	0
Mzimba-South-DHO	0	0	3	0	171	0	0	0	0	0	0	0
Nkhata-Bay-DHO	0	0	14	0	1302	1	0	0	0	0	0	0
Rumphi-DHO	10	0	19	0	347	12	0	0	0	0	0	0
Balaka-DHO	2	0	10	0	567	30	0	16	0	0	0	0
Machinga-DHO	1	0	27	0	1356	3	0	6	0	0	0	0
Mangochi-DHO	6	0	9	0	178	4	0	0	0	0	0	0
Mulanje-DHO	1	1	12	0	2509	18	0	1	0	0	0	0
Zomba-DHO	0	0	9	0	234	4	0	0	0	0	0	0
Blantyre-DHO	1	1	50	0	1335	1	0	0	0	0	0	0
Chikwawa-DHO	3	1	6	0	33	0	0	0	0	0	0	0
Chiradzulu-DHO	1	0	7	0	91	0	0	2	0	0	0	0
Mwanza-DHO	0	0	5	0	1906	19	0	0	0	0	0	0
Neno-DHO	0	0	5	1	205	3	0	0	0	2	0	0
Nsanje-DHO	2	1	14	0	895	10	0	0	0	0	0	0
Thyolo-DHO	0	2	0	0	197	0	0	0	0	0	0	0
	59	6	435	2	21075	239	5	26	1	2	17	1

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