

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 10 of 2026), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 10.
- 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 10, 2026

- IDSR reporting was 96% for completeness and 96% for timeliness on the One Health Surveillance Platform (OHSP).
- Sixty-seven (67) suspected cases, four (4) confirmed cholera cases and zero (0) deaths reported.
- Fourteen (14) EBS signals reported.
- Zero (0) new confirmed Mpox cases and zero (0) alerts.
- Other alerts generated were Malaria cases (33,365, including 8 deaths), Diarrhoea with blood (775 cases), Severe Acute Respiratory Infections (SARI) (241cases, including 3 deaths), Adverse Events Following Immunization (AEFI) (74 cases), Typhoid fever (51 cases), Measles (28 cases), Maternal deaths (5), Acute Flaccid Paralysis (AFP) (3 cases), Meningococcal meningitis (0 case), Neonatal tetanus (0 case), Rabies (0), as shown in Figure 1.

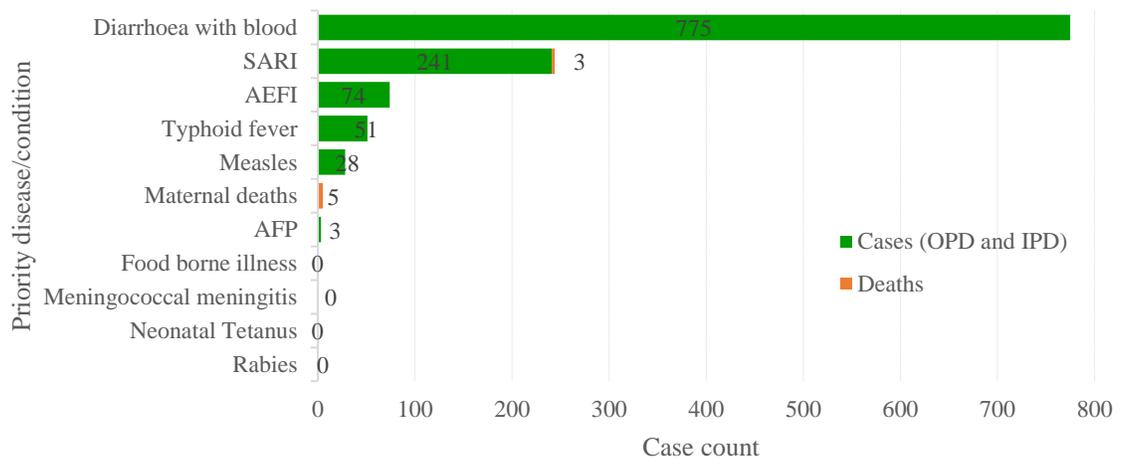


Figure 1. Notifiable diseases/conditions alerts reported in Epi-week 10 in Malawi (Data accessed on 10th March 2026).

2. Performance of the Integrated Disease Surveillance and Response up to Epi-week 10

2.1. Timeliness and Completeness

2.1.1. Reporting rate at the National level up to Epi-week 10

During Epi-week 10, completeness increased from 95.3% in Week 9 to 96%, and timeliness increased from 94.7% in Week 9 to 96% (See figure 2).

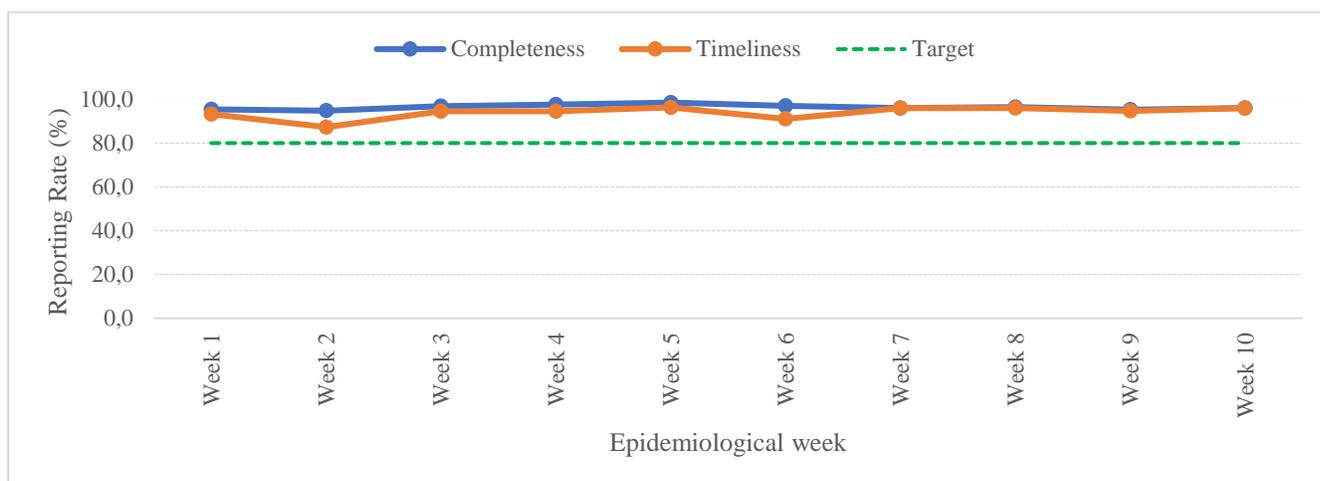


Figure 2. Trend of national IDSR weekly reporting rates in Malawi, Epi-week 10, 2026 (Data accessed on 10th March 2026).

2.1.2. Reporting rates at the Zonal level, including Central Hospitals for Epi-week 10

Figure 3 illustrates the reporting rates across various health zones, including Central Hospitals, in epi-week 10. All health zones, including Central Hospitals, met the minimum target of 80% for both completeness and timeliness, as shown below.

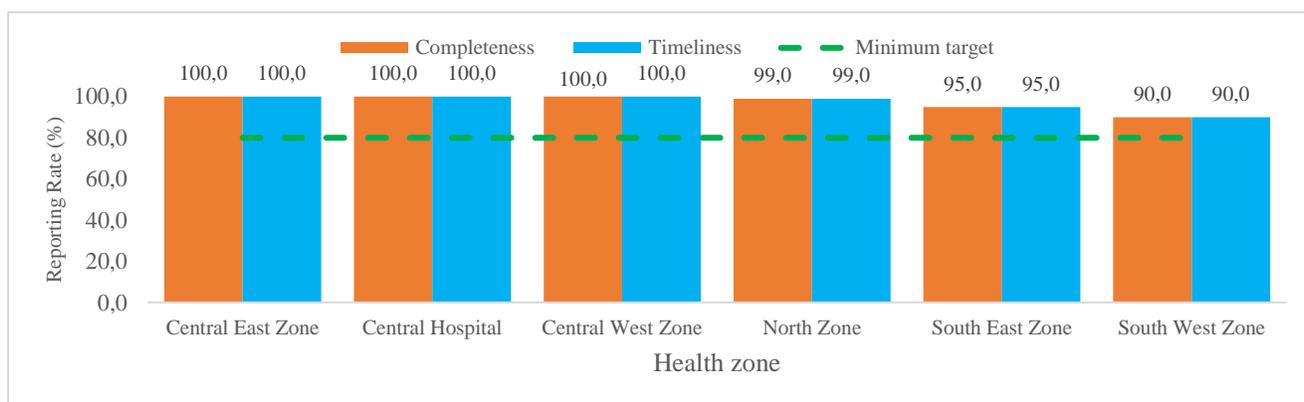


Figure 3. Reporting rates of IDSR weekly reports by zones, Epi-week 10 (Data accessed on 10th March, 2026).

2.1.3. Reporting rates at the district level for Epi-week 10

Among the 33 reporting sites (districts and central hospitals), 31 (93.9%) met the national target of $\geq 80\%$ for both completeness and timeliness. Chikwawa and Mulanje DHO did not achieve the national target for either timeliness or completeness, as shown in Figure 4.

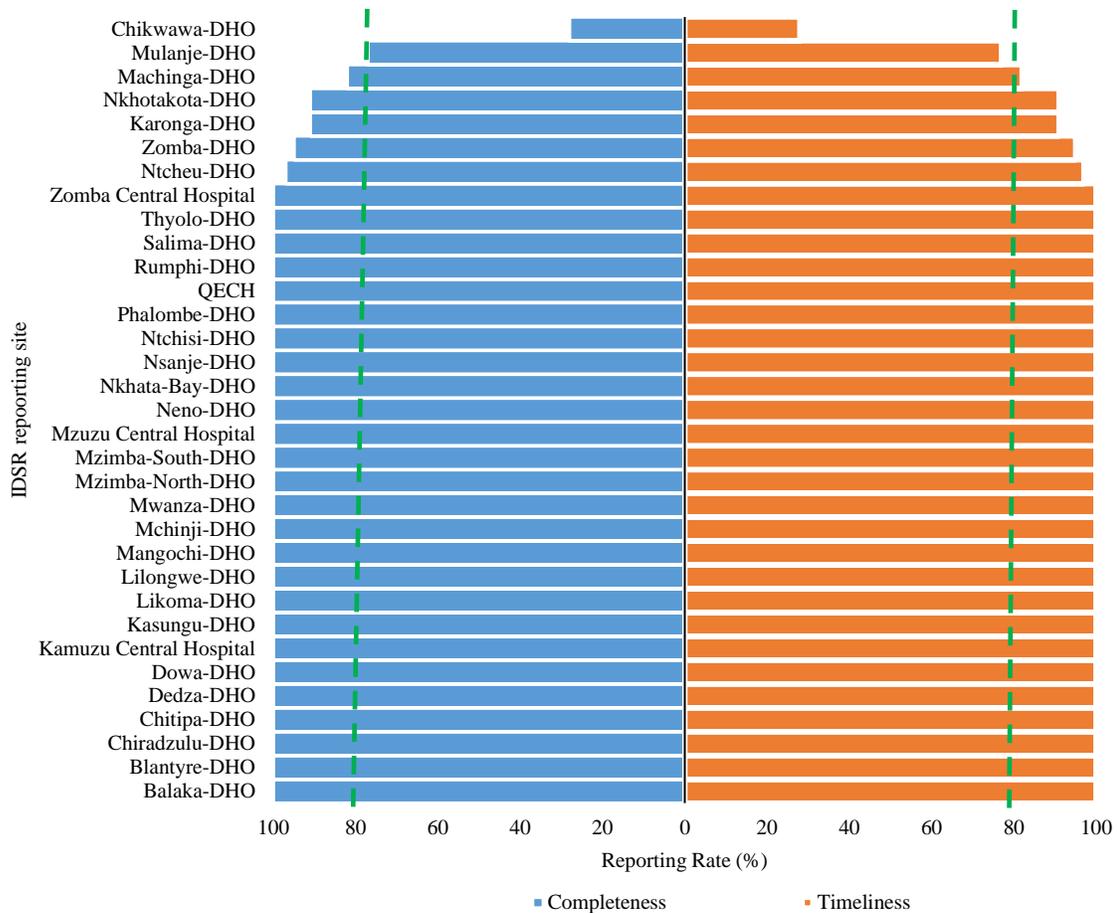


Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 10 (Data accessed on 10th March 2026).

3. Event-Based Surveillance (EBS)

3.1 Community EBS signals reported in Epi-week 10.

Figure 5 presents signals that were reported in Epi-week 10. In total, fourteen (14) signals were reported from five (5) districts. Thirteen (92.3%) of the signals were verified as events, while the remaining one (1) signal was unclassified.

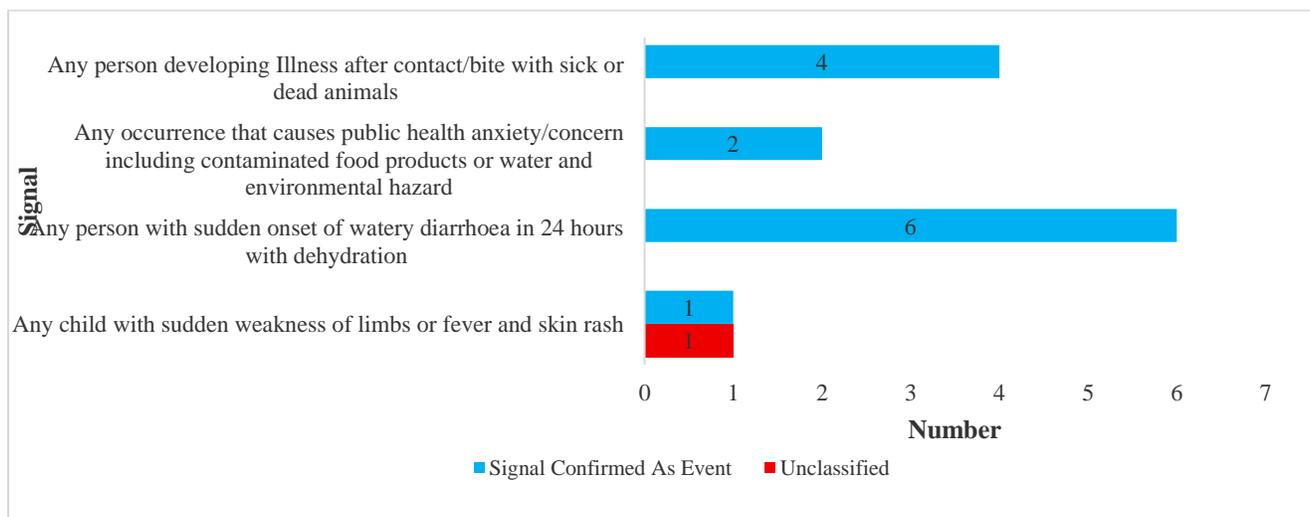


Figure 5. Event-based signals reported in Epi-week 10 (Data accessed on 10th March 2026).

3.2. Risk Assessment Level of the Community Signals

Risk assessments were conducted for thirteen (13) of the fourteen (14) verified events. The distribution of EBS signals by risk level is shown in Figure 6, with further details provided in Annex 2.

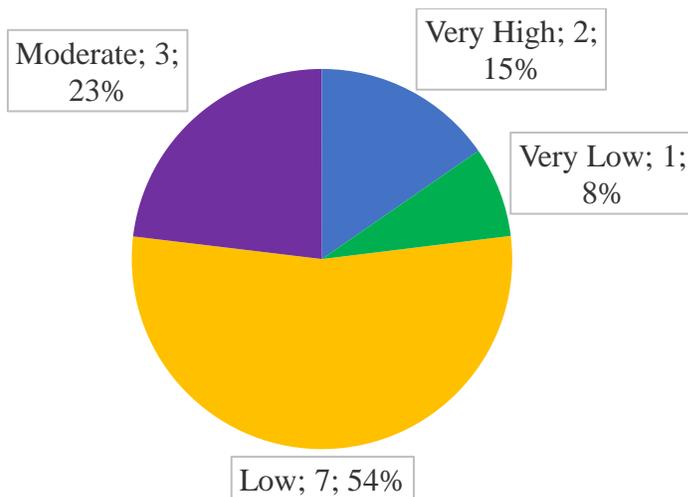


Figure 6. Distribution of the verified EBS signals by risk level, reported in Epi-week 10 (Data accessed on 10th March 2026).

4. Diseases and Conditions of Public Health Importance in Epi-week 10

Table 1 highlights the alerts related to diseases and public health conditions during Epi-week 10. Among the epidemic-prone diseases, diarrhoea with blood (775 cases) was the most prevalent, followed by Severe Acute Respiratory Infections (241 including 3 deaths), while measles (28 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 10.

	Suspected cases	Deaths
<i>EPIDEMIC PRONE DISEASES</i>		
Diarrhea with blood	775	0
Meningococcal meningitis	0	0
Typhoid Fever	51	0
SARI	241	3
Cholera	67	0
Mpox	0	0
<i>DISEASES TARGETED FOR ERADICATION/ELIMINATION</i>		
Measles	28	0
Acute Flaccid Paralysis	3	0
Neonatal tetanus	0	0
<i>CONDITIONS OF PUBLIC HEALTH IMPORTANCE</i>		
Food-borne illnesses	0	0
Maternal death	0	5
Yellow fever	0	0
Rabies	0	0

5. Ongoing outbreaks and emergencies in Malawi as of week 10, 2026.

5.1. Mpox

Since 17 April 2025, up to week 10 of 2026, Malawi has recorded 153 confirmed Mpox cases and 4 cross-border cases. One (1) death was reported on 10 August 2025 in Lilongwe district, representing a case fatality rate of 0.65%. Lilongwe district accounts for 77.8% (119) of the cases, as shown in Table 2. Further outbreak details are shared in Annex 4.

Table 2. Confirmed Mpox cases from 17th April 2025 to week 10 of 2026 in Malawi

	District	Confirmed cases	Percent of total	Cross-border cases
1	Blantyre	4	2.6	
2	Karonga	5	3.3	1 (Tanzania)
3	Lilongwe	119	77.8	
4	Mangochi	3	2.0	
5	Mzimba South	4	2.6	
6	Nkhatabay	1	0.7	
7	Ntcheu	9	5.9	1 (Mozambique)
8	Ntchisi	1	0.7	
9	Salima	3	2.0	
10	Zomba	3	2.0	
11	Likoma	1	0.7	1 (Mozambique)
12	Chitipa	0	0.0	1 (Tanzania)
	Grand Total	153	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 10 of 2026, Malawi cumulatively reported 543 alerts, including 109 confirmed measles cases (laboratory-confirmed, epidemiologically linked, and clinically compatible). The confirmed cases were reported across seventeen (17) districts: Balaka 29 (26.6%), Kasungu 23 (21.1%), Chikwawa 10 (9.2%), Chiradzulu and Mulanje 7 each (6.4%), Lilongwe 6 (5.5%), and Zomba 5 (4.6%). Dedza, Mangochi, Mzimba, and Phalombe reported 3 cases each (2.8%), while Mchinji, Rumphi, and Salima contributed 3 cases each (1.8%). Chitipa, Nsanje, and Thyolo reported 1 case each (0.9%). In Week 10 alone, Malawi registered 28 measles alerts. The weekly cumulative number of measles alerts is shown in Figure 7 below.

Additionally, there is an on-going measles outbreak in Kasungu district, where 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. As of epi-week 10, Kasungu reported 4 new measles alerts.

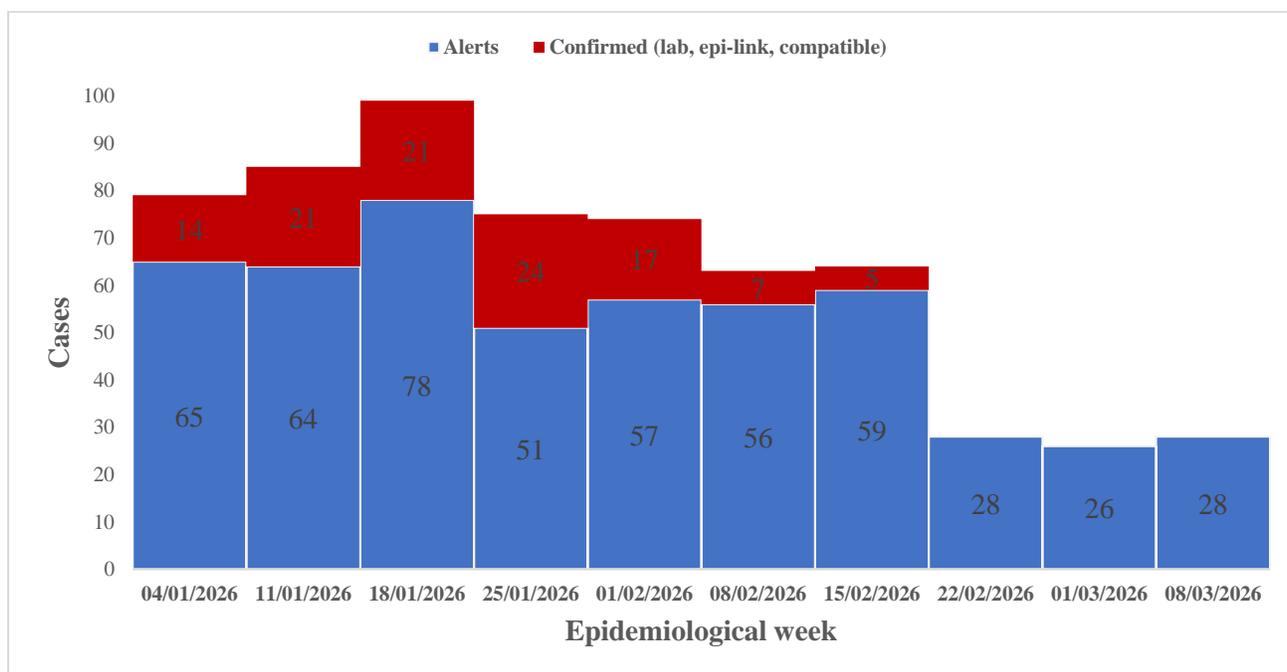


Figure 7. Measles disease alerts by epi-week of onset in Malawi, from week 1 to Week 10 of 2026. Source: OHSP and Measles Line list.

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 10, Malawi recorded sixty-seven (67) suspected cholera cases, four (4) confirmed cases, and zero (0) deaths. The total number of confirmed cholera cases from November 1, 2025, to week 10 of 2026 is one hundred and eleven (111) cases, with two (2) deaths (CFR: 1.8%). Blantyre reported 49 (44.1%), while Mulanje 14(12.6%) of the confirmed cases. Zomba and Chikwawa each confirmed 12 (10.8%) cases. Chiradzulu has 7 (6.3%), Kasungu 5 (4.5%), and Neno reported 3 (2.7%). Lilongwe and Mwanza each confirmed 2 (1.8%) cases. Dowa, Mzimba North, Chitipa, Balaka, and Karonga each has 1 (0.9%) of the confirmed cases.

In addition, Malawi has cumulatively recorded 63 imported cases, including 3 deaths (inclusive of 2 suspected deaths). Figure 8 below shows the progression of the cholera outbreak during the 2025-2026 cholera season up to Week 10 of 2026.

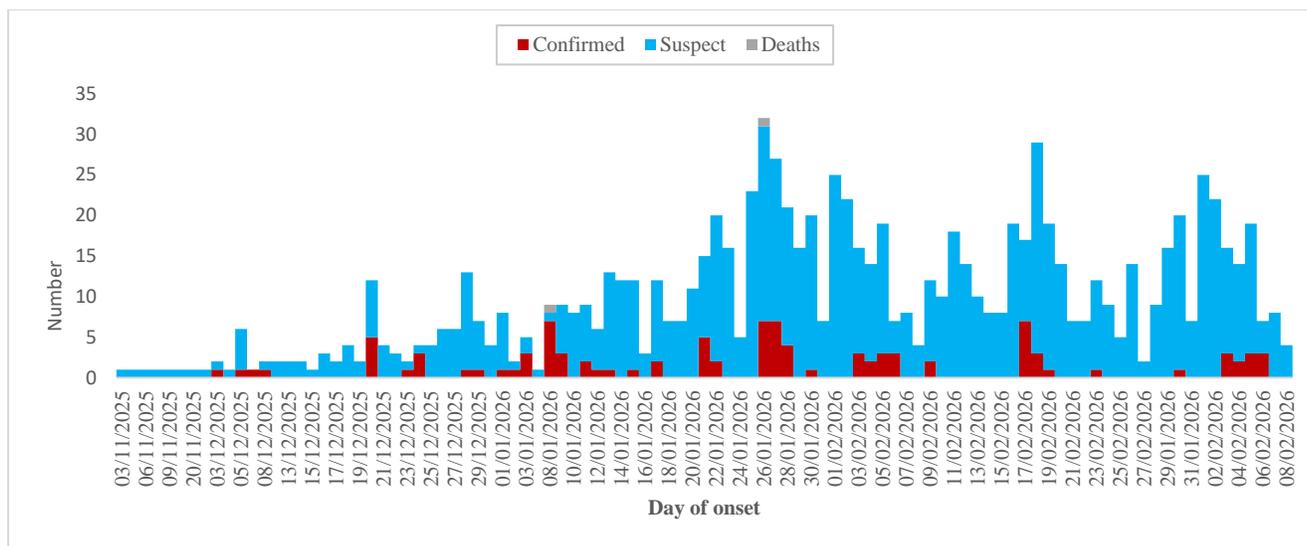


Figure 8. Malawi Cholera Epidemiologic Curve from 1 November 2025 to Week 10 of 2026. Source: National Cholera line list.

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 22nd January 2026, and a Public Health Emergency (PHE) was declared on 23rd January 2026.

By epi-week 10, an additional cVDPV2 isolation was confirmed from sewage samples collected at the Blantyre Sewage Treatment Plant on 29 January 2026. This brings the cumulative total to eight isolations: five detected through environmental surveillance (ES) sites, one identified in a seven-year-old boy from Blantyre, and two from his healthy contacts.

From Week 1 to Week 10 of 2026, Malawi cumulatively recorded 52 AFP alerts across 11 districts, and 2 Central Hospitals. Chikwawa reported 3 cases; Chiradzulu and Mchinji each reported 4 cases; Kamuzu Central Hospital and Karonga each reported 3 cases; Kasungu and Thyolo each reported 2 cases; while Mulanje, Mzimba North, Ntchisi, Phalombe, QECH, and Rumphi each reported 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 (24 – 27 March) 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.
- **Chikwawa and Mulanje DHO** 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 10, 2026

Facility	Completeness										Timeliness									
	W1	W2	W3	W4	W5	W6	W7	W8	W9	W10	W1	W2	W3	W4	W5	W6	W7	W8	W9	W10
National	95	95	97	98	98	97	96	96	95	96	93	87	95	95	96	91	96	96	94	96
Balaka	99	100	78	100	89	100	100	100	100	100	91	94	72	89	89	100	100	100	100	100
Blantyre	81	100	100	100	98	100	100	100	100	100	76	88	98	90	98	100	100	90	100	100
Chikwawa	81	97	94	100	91	88	84	91	81	28	78	91	84	100	91	78	84	91	81	28
Chiradzulu	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	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	100	100
Dowa	96	92	96	92	100	100	100	96	100	100	92	88	96	88	96	88	100	92	100	100
Kamuzu CH	100	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100	100	100	100	100
Karonga	91	100	100	91	96	96	87	87	91	91	87	100	100	74	65	74	78	83	87	91
Kasungu	97	100	100	100	100	100	100	100	100	100	97	100	100	97	100	100	100	100	100	100
Likoma	100	100	100	100	100	33	100	100	100	100	100	100	100	100	100	33	100	100	100	100
Lilongwe	98	100	100	100	100	100	100	100	100	100	96	88	100	99	100	99	91	100	93	100
Machinga	91	100	95	91	100	100	100	100	100	82	68	91	95	77	100	99	95	100	100	82
Mangochi	52	100	100	100	100	100	100	100	100	100	50	86	100	98	100	100	100	100	100	100
Mchinji	100	100	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	77	96	100	100	100	100	85	100	73	85	77
Mwanza	100	100	80	100	80	100	100	100	100	100	100	100	80	100	80	100	100	100	100	100
Mzimba-North	100	100	100	100	100	100	100	100	100	100	93	93	100	100	100	100	100	100	100	100
Mzimba-South	88	32	100	38	82	100	100	100	100	100	97	24	50	38	58	100	100	100	94	100
Mzuzu CH	100	100	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	100	80	87	80	100	80	100	100	100
Nkhata-Bay	100	100	93	100	93	96	100	100	100	100	96	100	93	96	93	96	100	100	100	100
Nkhotakota	83	91	91	100	91	96	100	91	96	91	83	74	91	96	91	96	100	91	96	91
Nsanje	100	100	96	100	96	100	81	100	100	100	100	100	96	100	96	96	81	100	100	100
Ntcheu	100	100	100	97	100	100	97	100	100	97	100	82	97	97	97	79	87	100	100	97
Ntchisi	100	100	100	100	100	100	82	82	100	100	100	94	100	100	100	94	82	82	100	100
Phalombe	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	94	100	100	100	100
QECH	100	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100	100	100	100	100
Rumphi	100	72	100	100	100	100	100	100	94	100	100	72	100	100	100	100	100	100	94	100
Salima	100	100	100	100	100	100	100	100	100	100	96	100	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	100	100
Zomba CH	100	100	100	100	100	0	100	100	0	100	100	100	100	100	100	0	100	100	0	100
Zomba DHO	100	98	95	100	98	70	100	63	98	95	100	91	93	100	98	53	100	60	95	95

Green	≥ 80
Red	< 80

Annex 2: Distribution of EBS signals per reporting unit in Epi-week 10, 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>	0	1	0	0	1
<i>Lilongwe</i>	2	0	1	0	3
<i>Kasungu</i>	0	1	0	0	1
<i>Nsanje</i>	0	2	0	0	2
<i>Ntcheu</i>	0	0	1	6	7
Grand Total	2	4	2	6	14

Annex 3. Priority diseases/conditions/events, including alerts under surveillance, Epi-week 10

Facilities	OPD AEFI cases	IP AEFI cases	OPD poliomyelitis (AFP) 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 SARI cases	IP SARI deaths	OPD typhoid fever cases	IP typhoid fever cases
Kasungu-DHO	3	0	0	87	0	1630	38	1	0	4	0	0	0	0
Nkhotakota-DHO	0	0	0	16	0	1346	30	2	0	0	19	0	0	0
Ntchisi-DHO	2	0	1	15	1	512	9	0	0	0	1	0	0	0
Salima-DHO	0	0	0	54	0	1135	16	0	0	1	0	0	0	0
Dowa-DHO	0	0	0	13	1	560	3	0	0	0	22	0	0	0
Kamuzu Central Hospital	0	0	0	0	0	4	17	2	3	0	174	2	0	0
Mzuzu Central Hospital	0	0	0	7	0	5	9	0	0	0	0	0	0	0
Queen Elizabeth Central Hospital	0	0	0	0	0	4	6	0	1	0	0	0	0	0
Zomba Central Hospital	0	0	0	0	0	7	0	0	0	0	0	0	1	0
Lilongwe-DHO	0	0	0	67	0	5207	62	1	1	3	0	0	24	2
Ntcheu-DHO	0	0	0	9	0	1448	22	0	0	0	0	0	1	0
Mchinji-DHO	0	0	0	7	0	1295	6	0	0	0	0	0	7	1
Chitipa-DHO	0	0	0	14	0	402	12	0	0	0	0	0	0	0
Karonga-DHO	0	10	1	54	0	348	6	0	0	0	4	0	0	0
Likoma-DHO	0	0	0	4	0	212	2	0	0	0	0	0	0	0
Mzimba-North-DHO	36	0	0	38	0	404	10	0	0	0	0	0	0	0
Mzimba-South-DHO	0	0	0	22	0	1324	21	0	0	0	0	0	0	0
Nkhata-Bay-DHO	0	0	0	20	0	1408	1	0	0	0	0	0	0	0
Rumphu-DHO	5	0	0	18	0	333	11	0	0	0	0	0	1	0
Balaka-DHO	1	0	0	17	0	596	24	0	0	15	0	0	0	0
Machinga-DHO	0	0	0	21	0	1439	0	0	0	2	0	0	0	0
Mangochi-DHO	6	0	1	91	1	2294	19	0	0	0	0	0	0	0
Mulanje-DHO	0	0	0	12	0	2037	17	0	0	1	14	0	2	0
Phalombe-DHO	0	0	0	13	0	650	4	0	0	0	0	0	0	0
Zomba-DHO	2	0	0	29	0	904	7	0	0	0	0	0	0	0
Blantyre-DHO	1	0	0	93	1	2440	1	1	0	0	0	0	10	1
Chikwawa-DHO	2	0	0	4	0	121	0	0	0	0	0	0	0	0
Chiradzulu-DHO	0	0	0	3	0	305	0	0	0	0	0	0	0	0
Mwanza-DHO	1	0	0	8	0	1573	19	0	0	0	0	0	0	0
Neno-DHO	2	0	0	18	0	689	17	0	0	0	7	1	0	1
Nsanje-DHO	3	0	0	11	0	1344	28	1	0	2	0	0	0	0
Thyolo-DHO	0	0	0	6	0	964	8	0	0	0	0	0	0	0
Total	64	10	3	771	4	32940	425	8	5	28	241	3	46	5

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