

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 7 of 2026), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 7
- 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 7, 2026

- IDSR reporting was 96% for completeness and 96% for timeliness on the One Health Surveillance Platform (OHSP).
- One hundred and fifty-five (155) suspected, eight (8) confirmed cholera cases, and zero (0) deaths.
- Eight (18) EBS signals reported.
- Zero (0) new confirmed Mpox cases and zero (0) alerts.
- Other alerts generated were Malaria cases (38,914 including 14 deaths), Severe Acute Respiratory Infections (SARI) (107cases), Diarrhoea with blood (1024 cases), Adverse Events Following Immunization (AEFI) (69 cases including 1 death), Typhoid fever (64 cases), Measles (59 cases ), Meningococcal Meningitis (5 cases), Acute flaccid paralysis (AFP) (4 cases), Neonatal Tetanus (1 case), Rabies (1 case (died)), Food borne illness (1 case), and Maternal death (3), as shown in Figure 1.

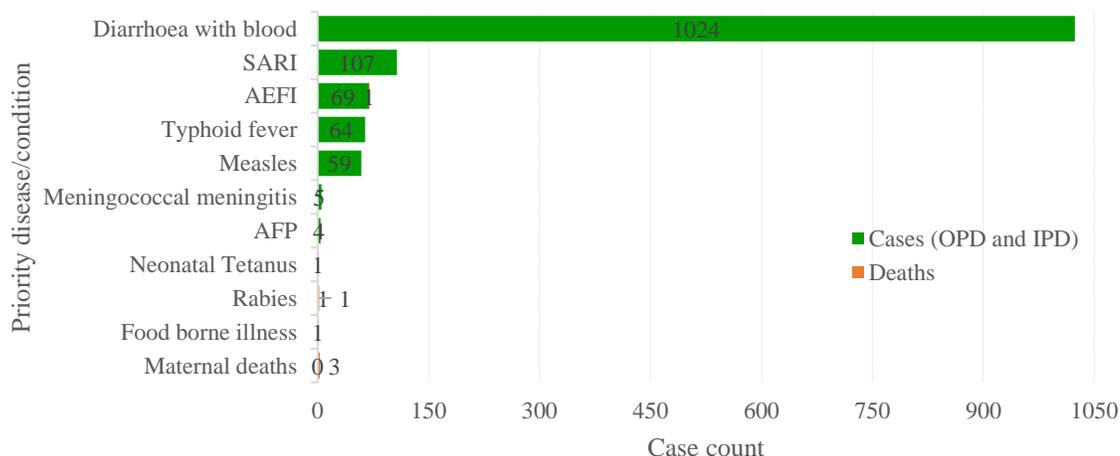


Figure 1. Notifiable diseases/conditions alerts reported in Epi-week 7 in Malawi (Data accessed on 17 February 2026).

## 2. Performance of the Integrated Disease Surveillance and Response up to Epi-week 7

### 2.1. Timeliness and Completeness

#### 2.1.1. Reporting rate at the National level up to Epi-week 7

During Epi-week 7, the completeness of reporting decreased from 97% in epi-week 6 to 96%, while timeliness increased from 91% to 96% (see Figure 2).

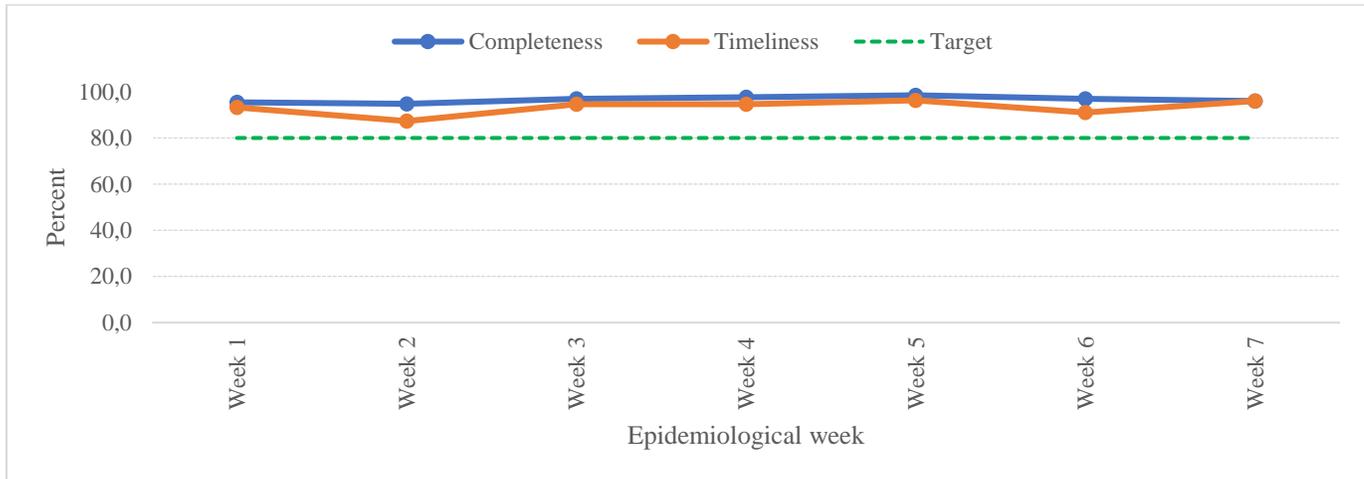


Figure 2. Trend of national IDSR weekly reporting rates in Malawi, Epi-week 7, 2026 (Data accessed on 17 February 2026).

#### 2.1.2 Reporting rates at the Zonal level up to Epi-week 7

Figure 3 illustrates the reporting rates across various health zones in epi-week 7. All the health zones, including Central Hospitals managed to meet the minimum target of 80% for both completeness and timeliness, as shown below.

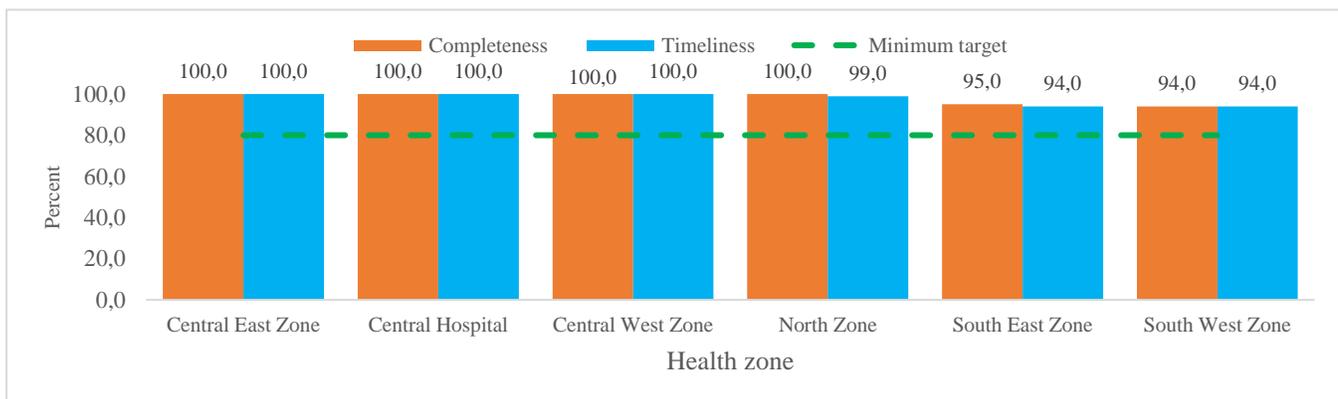


Figure 3. Reporting rates of IDSR weekly reports by zones, Epi-week 7 (Data accessed on 17 February, 2026).

#### 2.1.3. Reporting rates at the district level for Epi-week 7

Among the 33 reporting sites (Districts and central hospitals), 32 (97%) met the national target of  $\geq 80\%$  for both completeness and timeliness. Karonga DHO did not achieve the target for timeliness, as shown in Figure 4.

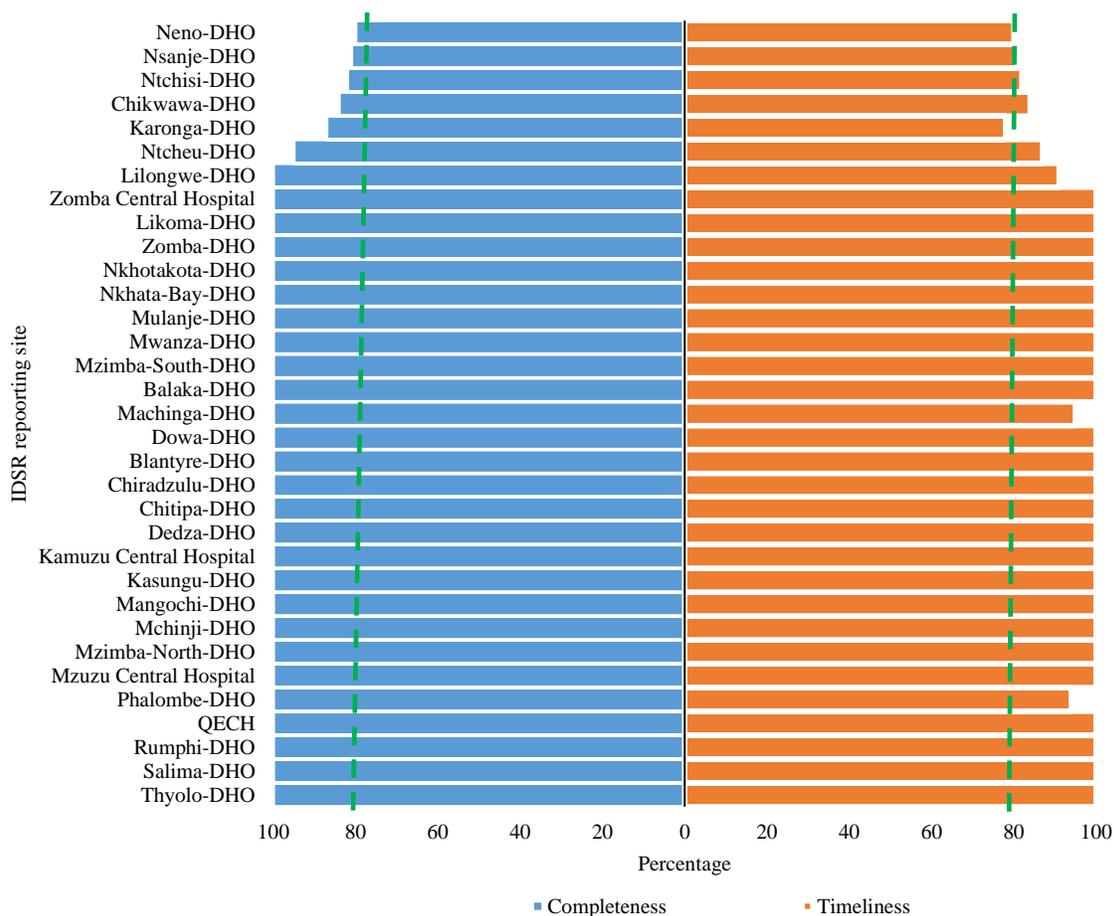


Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 7 (Data accessed on 17 February 2026).

### 3. Event-Based Surveillance (EBS)

#### 3.1 Community EBS signals reported in Epi-week 7.

Figure 5 presents signals that were reported in Epi-week 7. In total, eighteen (18) signals were reported from five (5) districts. Sixteen (88.9%) of the signals were verified as events, while the remaining two (2) signals were unclassified.

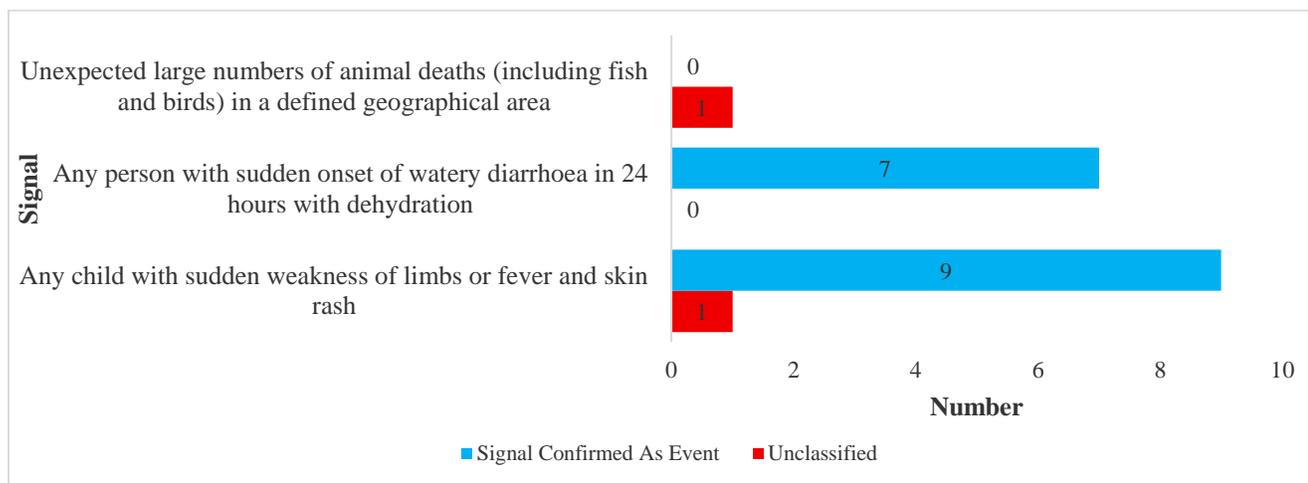


Figure 5. Event-based signals reported in Epi-week 7 (Data accessed on 17 February 2026).

#### 3.2. Risk assessment level of the community signals

Risk assessments were conducted for 16 verified events. The distribution of EBS signals by risk level is shown in Figure 6, with further details provided in Annex 2.

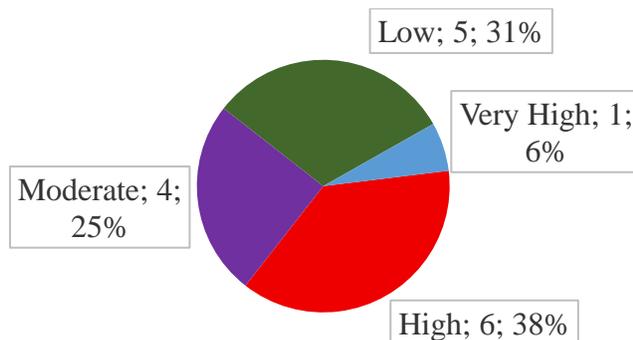


Figure 6. Distribution of EBS signals reported in Epi-week 7 (Data accessed on 17 February 2026).

### 4. Diseases and Conditions of Public Health Importance in Epi-week 7

Table 1 highlights the alerts related to diseases and public health conditions during Epi-week 7. Among the epidemic-prone diseases, diarrhoea with blood was the most prevalent, followed by SARI, while measles 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 7.

	Suspected cases	Deaths
<b><i>EPIDEMIC PRONE DISEASES</i></b>		
Diarrhea with blood	1024	0
Meningococcal Meningitis	5	0
Typhoid Fever	64	0
SARI	107	0
Cholera	155	0
Mpox	0	0
<b><i>DISEASES TARGETED FOR ERADICATION/ELIMINATION</i></b>		
Measles	59	0
Acute Flaccid Paralysis	4	0
Neonatal tetanus	1	0
<b><i>CONDITIONS OF PUBLIC HEALTH IMPORTANCE</i></b>		
Food-borne illnesses	1	0
Maternal death	0	3
Yellow fever	0	0
Rabies	1	1

## 5. Ongoing outbreaks and emergencies in Malawi as of week 7, 2026.

### 5.1. Mpox

Since 17 April 2025, up to week 7 of 2026, Malawi has recorded 150 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 % of the cases, as shown in Table 2. Further outbreak details are shared in Annex 4.

Table 2. Malawi confirmed Mpox cases from April 2025 to week 7 of 2026

	District	Confirmed cases	Percent of total	Cross-border cases
1	Blantyre	4	2.6	
2	Karonga	4	2.6	1 (TZ)
3	Lilongwe	117	78.0	
4	Mangochi	3	2.0	
5	Mzimba South	4	2.6	
6	Nkhatabay	1	0.7	
7	Ntcheu	9	6.0	1 (Moz)
8	Ntchisi	1	0.7	
9	Salima	3	2.0	
10	Zomba	3	2.0	
11	Likoma	1	0.7	1 (Moz)

12	Chitipa	0	0.0	1 (TZ)
	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 7 of 2026, Malawi cumulatively reported 462 alerts, including 60 confirmed measles cases—classified as laboratory-confirmed, epidemiologically linked, or clinically compatible (Figure 7). These cases were reported across 17 districts: Blantyre, Balaka, Chitipa, Dowa, Kasungu, Lilongwe, Mchinji, Nkhotakota, Nsanje, Phalombe, Rumphi, Salima, Chikwawa, Chiradzulu, Thyolo, Dedza, and Zomba.

There is 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.

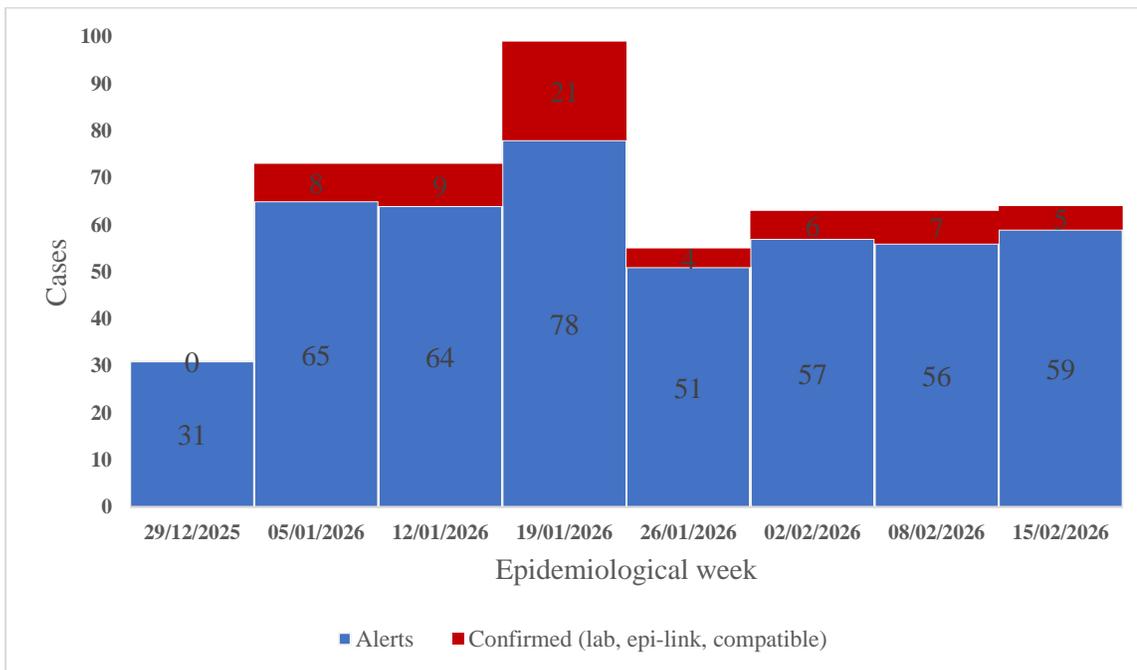


Figure 7. Measles disease alerts by epi-week of onset in Malawi, from week 1 to Week 7 of 2026. Source: Measles Line list.

## 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 7, Malawi recorded one hundred and fifty-five (155) suspected cholera cases, eight (8) confirmed cases, and zero (0) deaths. The cumulative total of confirmed cholera cases from 1 November 2025 to week 7 of 2026 is eighty-seven (87) cases and (2) deaths (CFR: 2.30%). Figure 8 below shows the progression of cholera cases during the 2025-2026 cholera season up to Week 7.

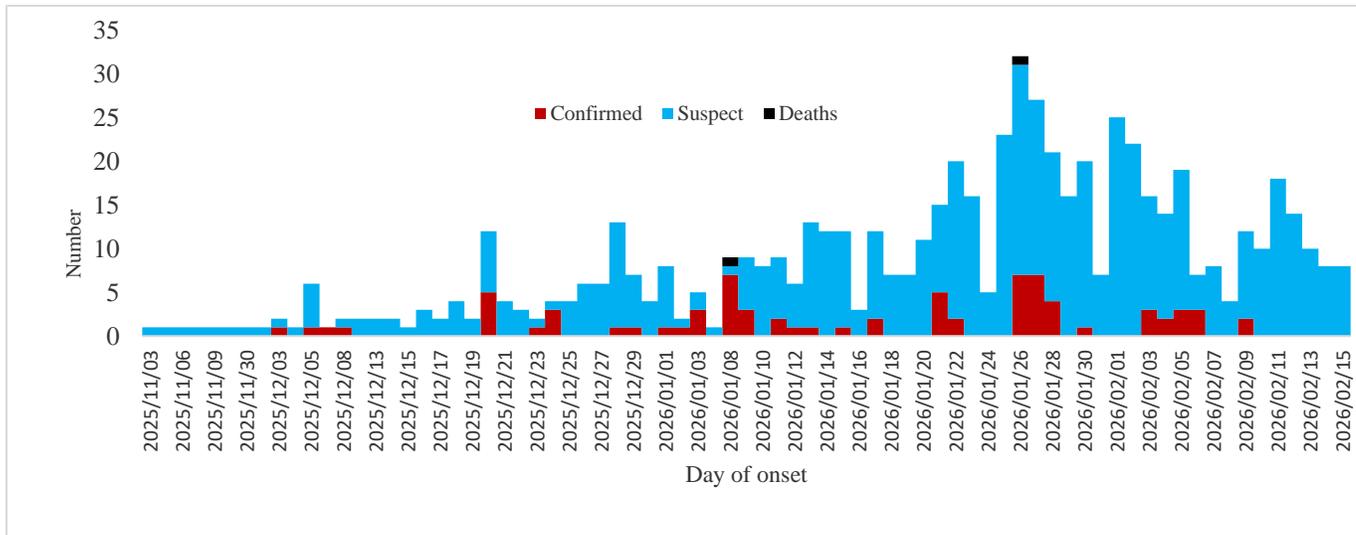


Figure 8. Malawi Cholera Epidemiologic Curve from 1 November 2025 to Week 7 of 2026. Source: National Cholera line list.

## Interventions

- National and district IMT coordination meetings
- Community and facility surveillance case search with daily case follow-up.
- Distributed cholera RDTs and improved sample transport for confirmation.
- Established treatment Centre's 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.

## 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 7 of 2026, no new polio cases had been reported. From Week 1 to Week 7 of 2026, Malawi has cumulatively recorded 21 Acute Flaccid Paralysis (AFP) cases in 12 districts, with Thyolo reporting five (5) cases; Lilongwe, Mchinji, Dowa, Nsanje, Zomba each reporting two (2) cases, and Blantyre, Kasungu, Nkhota-kota, Phalombe, Rumphi, and Salima each reporting one (1) case.

### 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.
- **Karonga 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.
- **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 7, 2026

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

## Annex 2: Distribution of EBS signals per reporting unit in Epi-week 7, 2026

<i>District of Residence</i>	<b>Any child with sudden weakness of limbs, fever, and skin rash</b>	<b>Unexpected large numbers of animal deaths (including fish and birds) in a defined geographical area</b>	<b>Any person with a sudden onset of watery diarrhoea in 24 hours with dehydration</b>	<b>Grand Total</b>
<i>Mchinji</i>	7	1	2	<b>10</b>
<i>Lilongwe</i>	1	0	1	<b>2</b>
<i>Salima</i>	1	0	0	<b>1</b>
<i>Ntcheu</i>	0	0	4	<b>4</b>
<i>Thyolo</i>	1	0	0	<b>1</b>
<b>Grand Total</b>	<b>10</b>	<b>1</b>	<b>7</b>	<b>18</b>

### Annex 3. Priority diseases/conditions/events, including alerts under surveillance, Epi-week 7

District/Central Hospital	OPD AEFI cases	IP AEFI cases	IP AEFI deaths	OPD polio-myelitis (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 meningococcal meningitis cases	IP Neonatal tetanus cases	IP rabies cases	IP rabies deaths	IP SARI cases	OPD typhoid fever cases	IP typhoid fever cases
Kasungu-DHO	1	0	0	0	77	0	1636	19	0	0	12	1	0	0	0	0	0	0
Nkhotakota-DHO	0	0	0	0	25	0	1694	22	3	0	0	0	0	0	0	0	0	0
Ntchisi-DHO	0	0	0	0	15	0	335	13	0	0	0	0	0	0	0	0	0	0
Salima-DHO	0	0	0	0	33	0	1046	24	0	0	0	0	0	0	0	0	0	0
Dowa-DHO	0	0	0	0	28	2	545	4	0	0	0	0	0	0	0	10	1	0
Kamuzu Central	0	0	0	0	0	0	5	12	2	1	0	0	1	0	0	73	0	0
Mzuzu Central	0	0	0	0	9	0	9	7	0	0	0	0	0	0	0	0	0	0
QECH	0	0	0	0	0	0	4	8	0	0	0	0	0	0	0	0	0	0
Zomba Central	0	0	0	0	1	0	0	3	0	0	1	0	0	0	0	0	0	0
Lilongwe-DHO	0	0	0	0	102	0	4249	34	4	0	0	0	0	0	0	0	3	0
Ntcheu-DHO	0	0	0	0	15	0	1484	13	0	0	0	0	0	0	0	0	0	0
Mchinji-DHO	0	0	0	3	4	0	1135	49	1	0	0	0	0	0	0	0	7	1
Chitipa-DHO	0	0	0	0	10	0	526	17	0	0	0	0	0	0	0	0	0	0
Karonga-DHO	0	1	0	0	50	0	640	18	0	1	0	0	0	0	0	5	0	0
Likoma-DHO	0	0	0	0	5	0	395	3	0	0	0	0	0	0	0	0	0	0
Mzimba-North-DHO	33	0	0	0	37	2	377	7	0	0	0	0	0	0	0	0	0	0
Mzimba-South-DHO	0	0	0	0	41	0	1361	16	0	0	0	0	0	0	0	0	0	0
Nkhata-Bay-DHO	1	0	0	0	17	0	1350	3	0	0	0	0	0	0	0	0	0	0
Rumphi-DHO	7	0	0	0	27	0	471	7	0	0	2	0	0	0	0	1	0	0
Balaka-DHO	0	0	0	0	12	0	789	26	1	0	27	0	0	0	0	0	0	0
Machinga-DHO	0	0	0	0	35	0	2094	1	0	0	12	0	0	0	0	0	0	0
Mangochi-DHO	2	0	0	0	181	0	2175	22	1	0	0	0	0	0	0	0	36	5
Mulanje-DHO	1	0	0	0	25	0	3633	2	0	1	0	0	0	1	1	18	3	0
Phalombe-DHO	0	0	0	0	29	1	1120	8	0	0	0	0	0	0	0	0	0	0
Zomba-DHO	1	0	0	0	35	0	519	5	0	0	0	0	0	0	0	0	0	0
Blantyre-DHO	3	0	0	0	82	0	2582	10	0	0	0	0	0	0	0	0	7	0
Chikwawa-DHO	4	1	1	0	53	0	2411	14	1	0	0	4	0	0	0	0	0	0
Chiradzulu-DHO	11	0	0	1	7	0	417	0	0	0	4	0	0	0	0	0	0	0
Mwanza-DHO	0	0	0	0	10	0	1997	29	1	0	0	0	0	0	0	0	0	0
Neno-DHO	2	0	0	0	11	1	884	6	0	0	0	0	0	0	0	0	0	1
Nsanje-DHO	1	0	0	0	29	0	1417	29	0	0	0	0	0	0	0	0	0	0
Thyolo-DHO	0	0	0	0	13	0	1177	6	0	0	1	0	0	0	0	0	0	0
<b>Total</b>	<b>67</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>1018</b>	<b>6</b>	<b>38477</b>	<b>437</b>	<b>14</b>	<b>3</b>	<b>59</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>107</b>	<b>57</b>	<b>7</b>

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

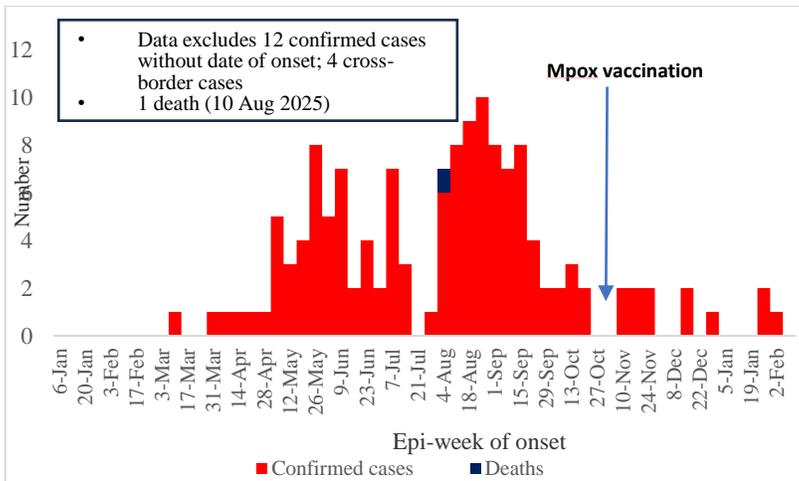


Figure 9. Mpox cases by week of onset as of Epi-Week 7 of 2026 (N=150 lab confirmed)

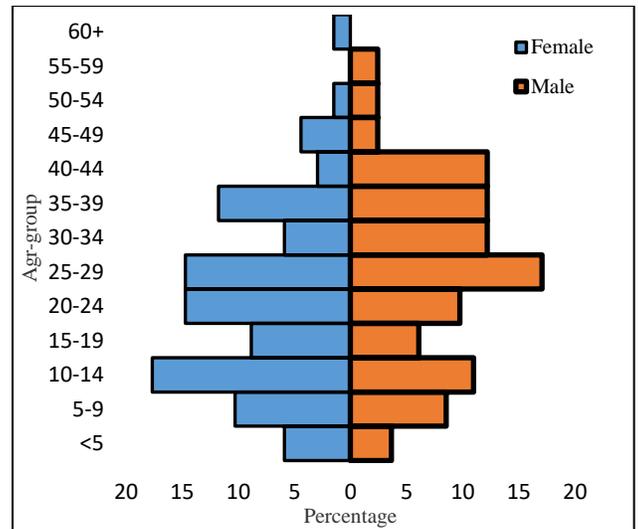


Figure 10. Mpox cases by sex and age-group as of Epi-Week 7 of 2026

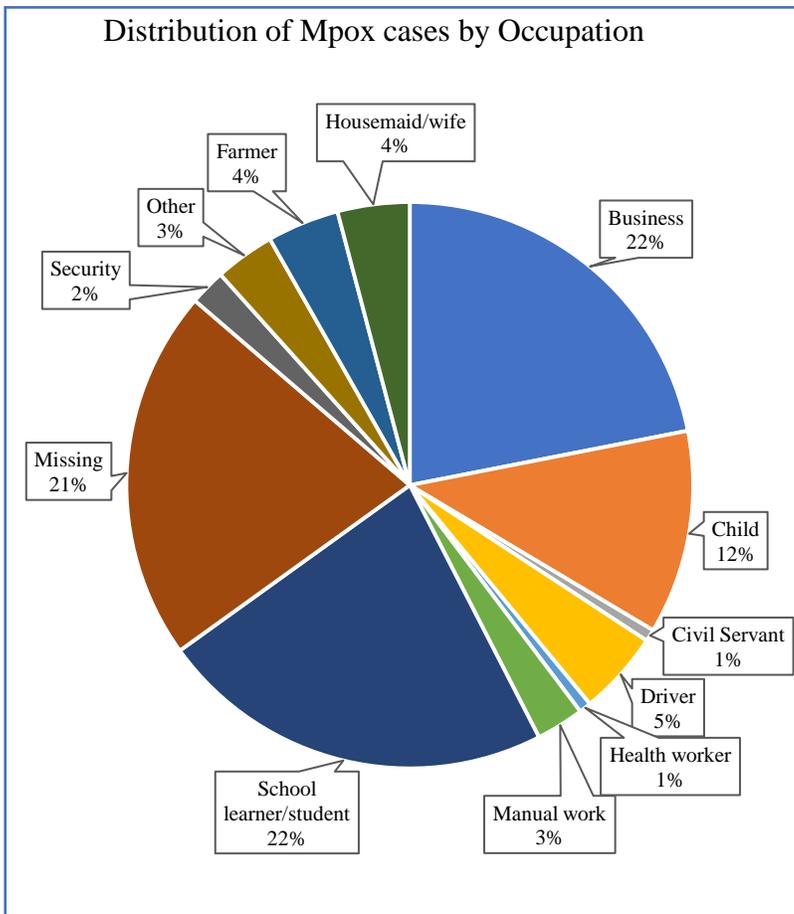


Figure 11. Distribution of confirmed Mpox cases by occupation (N=150), 2025-2026. (Source: Mpox outbreak Line list).

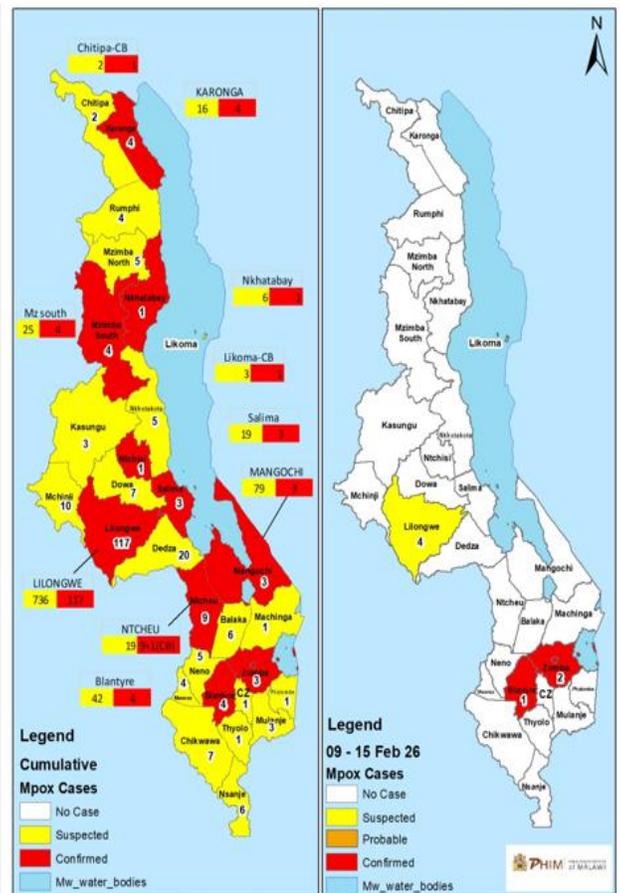


Figure 12. Map of Malawi showing cumulative Mpox suspected and confirmed cases.

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