

This epidemiological bulletin aims to inform all stakeholders at all levels, local and global. It highlights disease trends, public health surveillance, disease outbreaks, and emergencies in Malawi. In this issue (Volume 1, Issue 13 of 2026), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 13
- 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.

1. Key Highlights on Events of Public Health Significance in Epi-week 13, 2026

- IDSR reporting was 97% for completeness and 95% for timeliness on the One Health Surveillance Platform (OHSP)
- Seventy-five (75) suspected cases, fourteen (14) confirmed cholera cases, and zero (0) deaths reported.
- Thirty-four (34) EBS signals reported
- Zero (0) new confirmed Mpox cases and zero (0) alerts
- Other alerts generated were Malaria (31,233 cases, including 10 deaths), Diarrhoea with blood (620 cases), Severe Acute Respiratory Infections (SARI) (212 cases, including 6 deaths), Typhoid fever (69 cases), Adverse Events Following Immunization (AEFI) (71 cases), Measles (33 cases), Acute Flaccid Paralysis (AFP) (4 cases including 1 death), Neonatal tetanus (2 cases), Meningococcal meningitis (5 cases), Rabies (3 cases), Maternal deaths (3), as shown in Figure 1.

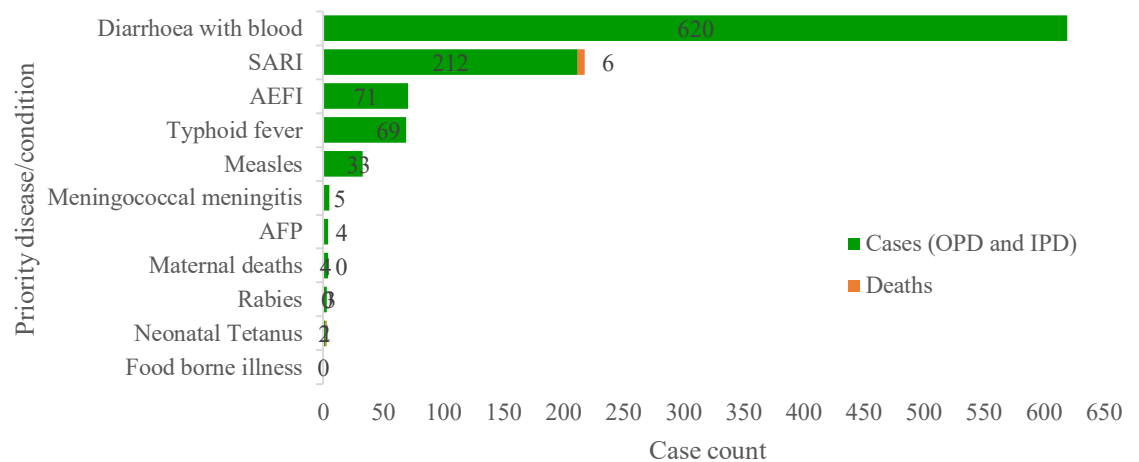


Figure 1. Notifiable diseases or conditions alerts reported in Epi-week 13 in Malawi.

2. Performance of the Integrated Disease Surveillance and Response up to Epi-week 13

2.1. Timeliness and Completeness

2.1.1. Reporting rate at the national level up to Epi-week 13

During Epi-week 13, both completeness and timeliness increased compared to week 12, rising from 93% to 97% and from 89% to 95%, respectively (see Figure 2).

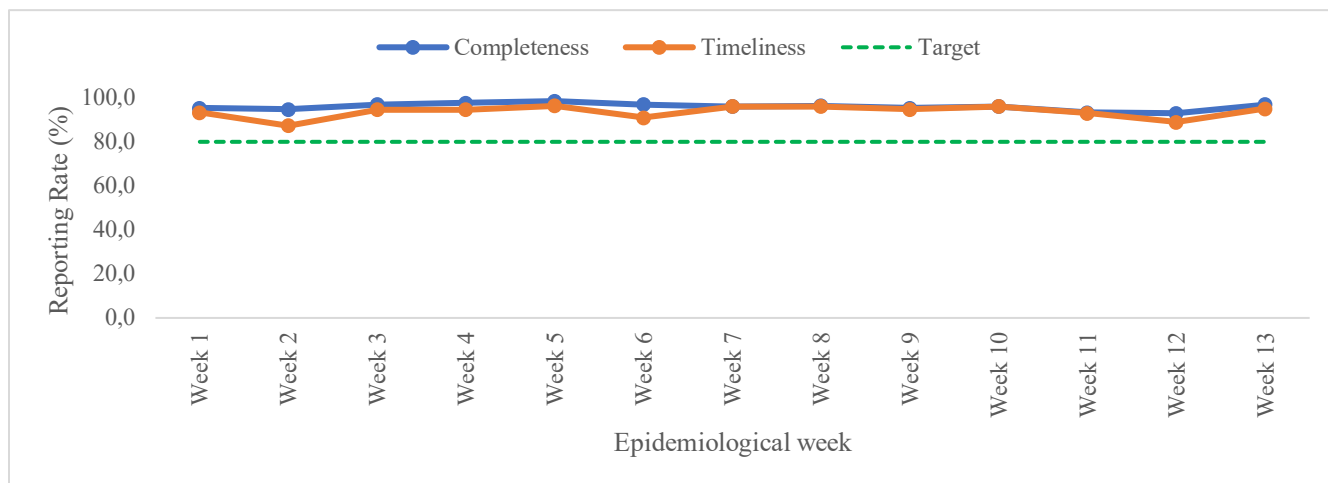


Figure 2. Trend of national IDSR weekly reporting rates in Malawi, Epi-week 13, 2026 (data accessed on 1st April, 2026)

2.1.2. Reporting rates at the Zonal level, including Central Hospitals for Epi-week 13

Figure 3 illustrates the reporting rates across various health zones, including Central Hospitals, in epi-week 13. All health zones, including Central Hospitals, met the minimum target of 80% for both completeness and timeliness, as shown below.

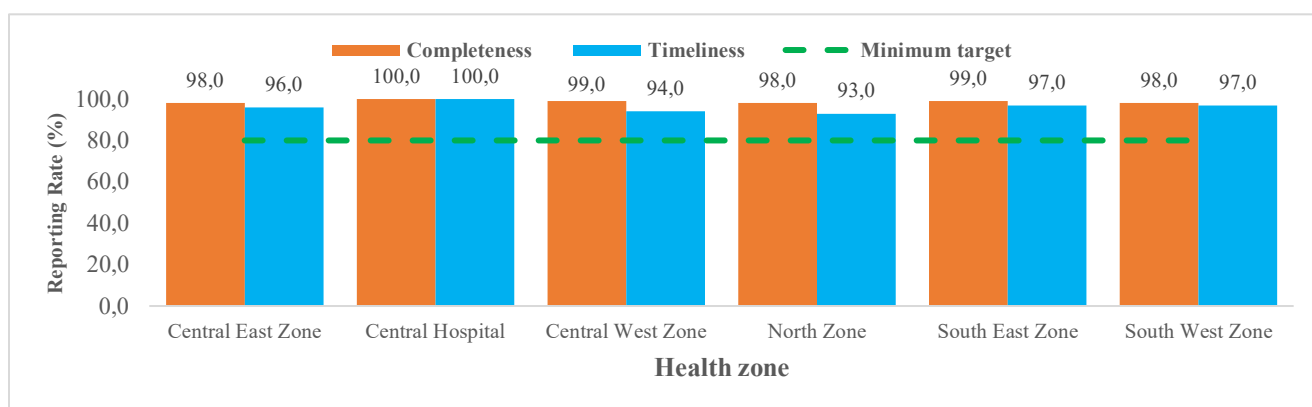


Figure 3. Reporting rates of IDSR weekly reports by zones, Epi-week 13 (data accessed on 1st April 2026)

2.1.3. Reporting rates at the district level for Epi-week 13

Among the 33 reporting sites (districts and central hospitals), 30 (90.9 %) met the national target of ≥ 80 % for both completeness and timeliness. Karonga, and Balaka DHO did not achieve the national target for timeliness, while Chikwawa failed on both completeness and timeliness as shown in Figure 4.

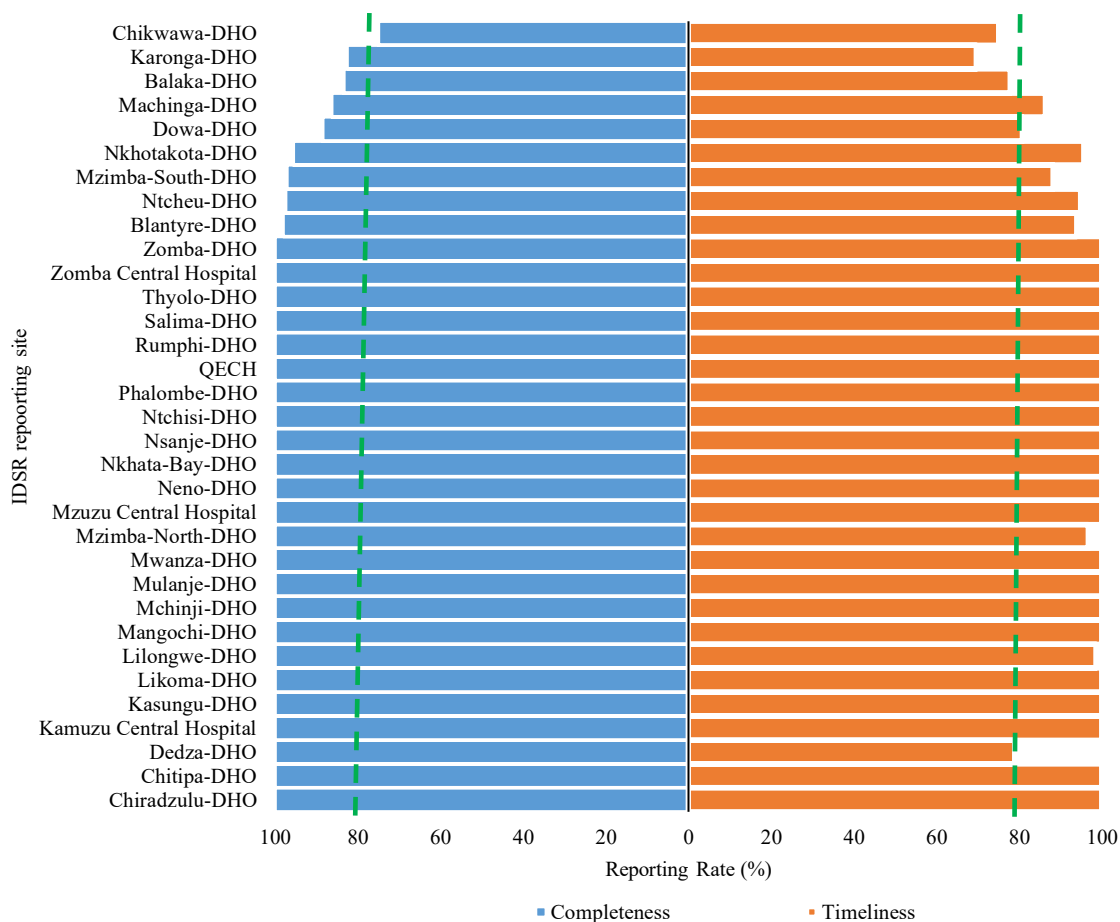


Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 13 (data accessed on 1st April, 2026)

3. Event-Based Surveillance (EBS)

3.1 Community EBS signals reported in Epi-week 13.

Figure 5 presents signals that were reported in Epi-week 13. In total, thirty-four (34) signals were reported from nine (9) districts. Twenty-four (70.6%) of the signals were verified as events, while the remaining ten (10) signals were unclassified.

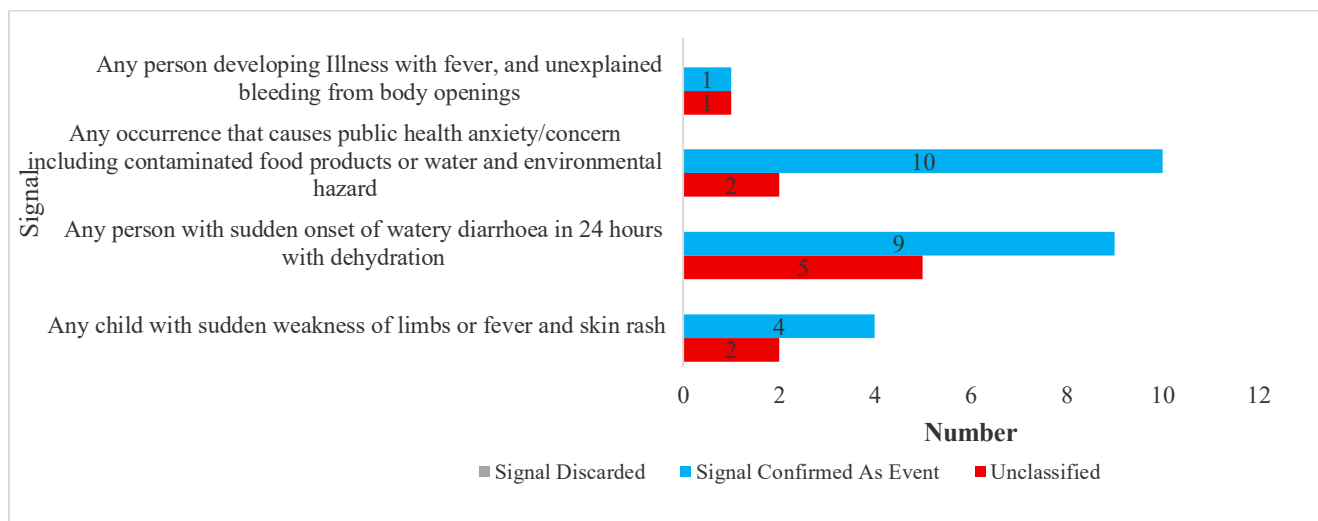


Figure 5. Event-based signals reported in Epi-week 13.

3.2. Risk Assessment Level of the Community Signals

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

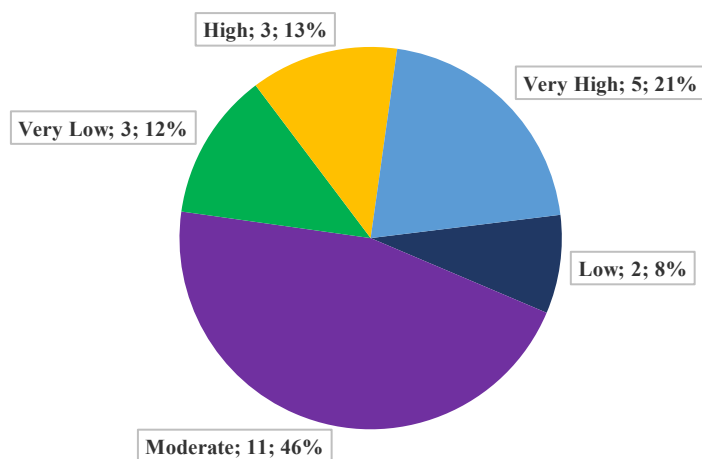


Figure 6. Distribution of the verified EBS signals by risk level, reported in Epi-week 13

4. Diseases and Conditions of Public Health Importance in Epi-week 13

Table 1 highlights the alerts related to diseases and public health conditions recorded during Epi-week 13. Among the epidemic-prone diseases, diarrhoea with blood (620 cases) was the most prevalent, followed by Severe Acute Respiratory Infections (212 cases, including 6 deaths), while measles (33 cases) was the highest among the diseases targeted for eradication or 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 13.

	Suspected cases	Deaths
<i>EPIDEMIC PRONE DISEASES</i>		
Diarrhea with blood	620	0
Meningococcal meningitis	5	0
Typhoid Fever	69	0
SARI	212	6
Cholera	75	0
Mpox	0	0
<i>DISEASES TARGETED FOR ERADICATION/ELIMINATION</i>		
Measles	33	0
Acute Flaccid Paralysis	4	0
Neonatal tetanus	2	1
<i>CONDITIONS OF PUBLIC HEALTH IMPORTANCE</i>		
Food-borne illnesses	0	0
Maternal death	4	0
Yellow fever	0	0
Rabies	3	0

5. Ongoing outbreaks and emergencies in Malawi as of week 13, 2026.

5.1. Mpox

In Epi-week 13, Malawi has recorded zero (0) mpox alerts and zero confirmed cases. Since 17 April 2025, up to week 13 of 2026, Malawi recorded 155 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 76.8% (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 13 of 2026 in Malawi

District	Confirmed cases	Percent of total	Cross-border cases
Blantyre	4	2.6	
Karonga	6	3.9	1 (Tanzania)
Lilongwe	119	76.8	
Mangochi	3	1.9	
Mzimba South	4	2.6	
Nkhatabay	1	0.6	
Ntcheu	9	5.8	1 (Mozambique)
Ntchisi	1	0.6	
Salima	4	2.6	
Zomba	3	1.9	
Likoma	1	0.6	1 (Mozambique)
Chitipa	0	0.0	1 (Tanzania)
Grand Total	155	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 13 of 2026, Malawi cumulatively reported 765 alerts, including 59¹ confirmed measles cases (laboratory-confirmed, epidemiologically linked, and clinically compatible). The confirmed cases were reported across thirteen (13) districts: Balaka 21 (35.6%), Kasungu 15 (25.4%), Nsanje 6 (10.2%), Chikwawa 4 (6.8%), Mulanje 3 (5.1%), Rumphu and Dedza 2 each (3.4%), and Ntcheu, Lilongwe, Mangochi, Mchinji, Chitipa, and Chiradzulu 1 each (1.7%).

In Week 13, Malawi registered 33 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, and a suspected measles outbreak in Nsanje. Twenty-three measles samples were collected at Kasungu District Hospital between 17 January and 11 February 2026, of which 19 tested positive – 6 for both measles and rubella, 9 for measles only, and 4 for rubella only. On 29 March 2026, three samples for measles-rubella were collected in Nsanje District from suspected cases in Luwisi Village. The cases are among a displaced population from a neighboring country following flooding. In response, the district has provided measles-rubella vaccination to the vulnerable group. Laboratory results are still pending.

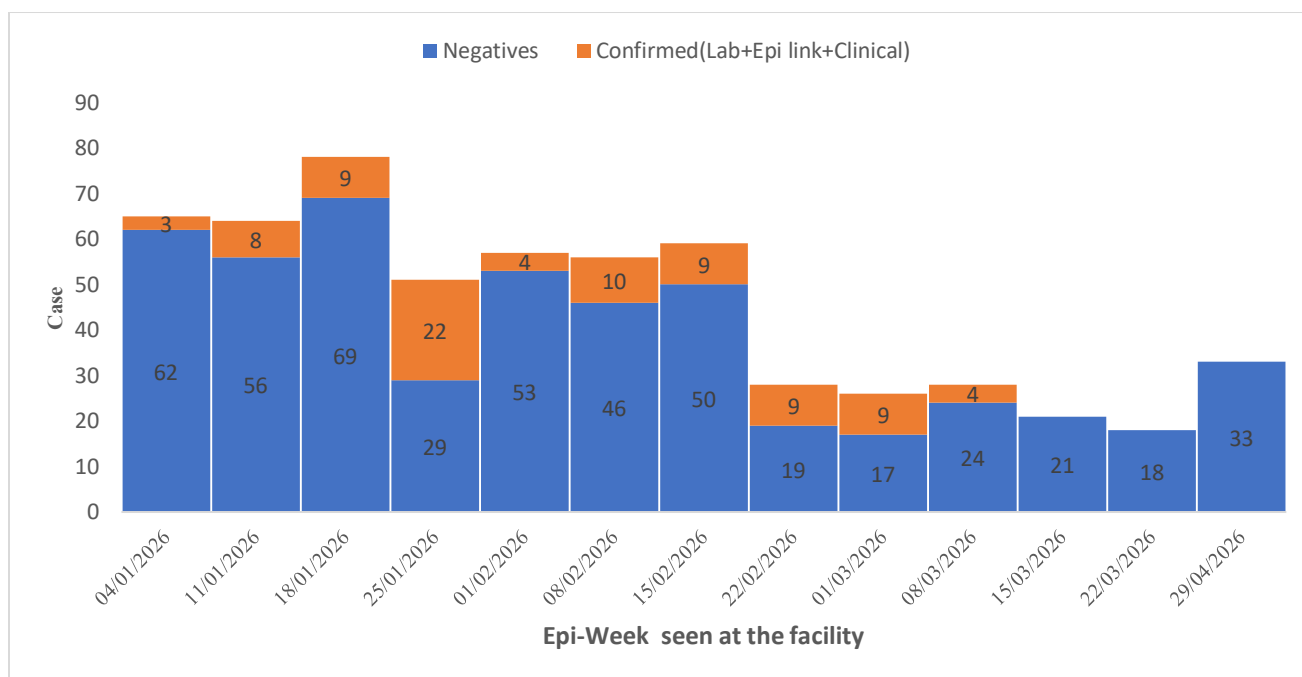


Figure 7. Measles disease alerts by epi-week of onset in Malawi, from week 1 to Week 13 of 2026. Source: OHSP and Measles Line list.

Interventions

- Case management
- Active case search

¹ From among the 2026 cases.

- Sample collection and laboratory analysis
- Intensification of routine immunisation
- Supportive supervision
- Community engagement and mobilisation

5.3. Cholera

During Epi-week 13, Malawi recorded seventy-five (75) suspected cholera cases, fourteen (14) confirmed cases, and zero (0) deaths. Between November 1, 2025, and epi-week 13 of 2026, a total of 168 confirmed cases of cholera were reported, with five (5) deaths (CFR: 2.38%). Blantyre accounted for 71 cases (42.3%), Zomba and Chikwawa each reported 19 cases (11.3%), Mulanje 16 (9.5%), Neno 14 (8.3%), Chiradzulu 9 (5.3%), Mwanza 6 (3.6%), Kasungu 5 (3.0%), Lilongwe 3 (1.8%), Balaka 2 (1.2%), while Dowa, Mzimba North, Chitipa, and Karonga each reported 1 case (0.6%).

In addition, Malawi has cumulatively recorded 76 imported cases, including 2 deaths and 2 suspected deaths. Figure 8 below shows the progression of the cholera outbreak during the 2025-2026 cholera season up to Week 13 of 2026.

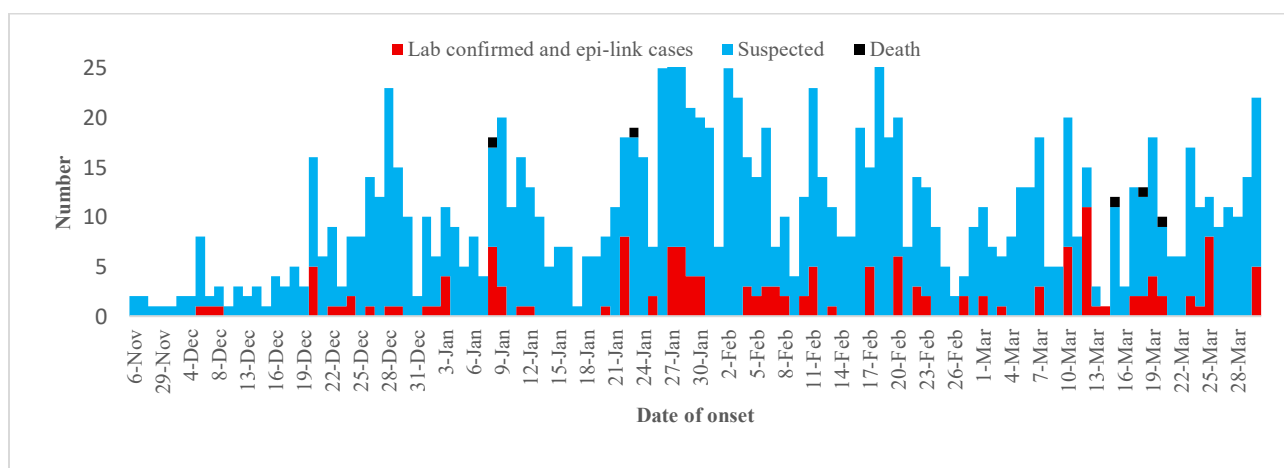


Figure 8. Malawi Cholera Epidemiologic Curve from 1 November 2025 to Week 13 of 2026. Source: National Cholera line list.

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, Mulanje, Chikwawa, and Chiradzulu, and Neno with over 95% coverage.

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.

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 13 of 2026, Malawi registered a total of 56 AFP alerts across 20 districts and two central hospitals. Thyolo reported 8 alerts (14.3%), Blantyre 6 (10.7%), Nsanje 5 (8.9%), while Chikwawa, Zomba, and Mchinji each reported 4 (7.1%). Dowa and Lilongwe recorded 3 alerts each (5.4%). Chiradzulu, Kasungu, Mangochi, Salima, Machinga, and Ntcheu each reported 2 alerts (3.6%), whereas Mulanje, Mwanza, Phalombe, Nkhatabay, Nkhotakota, Kamuzu Central Hospital, and Rumphi each registered 1 alert (1.8%).

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
- Round 1 polio vaccination campaign was conducted from 24–27 March 2026, achieving 103% coverage (6,223,422 individuals).

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.
- **Balaka, Chikwawa and Karonga** 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 13, 2026

Facility	Completeness											Timeliness										
	W3	W4	W5	W6	W7	W8	W9	W10	W11	W12	W13	W3	W4	W5	W6	W7	W8	W9	W10	W11	W12	W13
National	97	98	98	97	96	96	95	96	93	93	97	95	95	96	91	96	96	94	96	93	89	95
Balaka	78	100	89	100	100	100	100	100	72	67	83	72	89	89	100	100	100	100	100	72	61	78
Blantyre	100	100	98	100	100	100	100	100	100	98	98	98	90	98	100	100	90	100	100	98	86	94
Chikwawa	94	100	91	88	84	91	81	28	88	100	75	84	100	91	78	84	91	81	28	88	31	75
Chiradzulu	100	100	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	100	100
Dedza	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	79
Dowa	96	92	100	100	100	96	100	100	100	77	88	96	88	96	88	100	92	100	100	100	73	81
Kamuzu CH	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Karonga	100	91	96	96	87	87	91	91	87	74	83	100	74	65	74	78	83	87	91	87	74	70
Kasungu	100	100	100	100	100	100	100	100	100	100	100	100	97	100	100	100	100	100	100	100	100	100
Likoma	100	100	100	33	100	100	100	100	100	100	100	100	100	100	33	100	100	100	100	100	100	100
Lilongwe	100	100	100	100	100	100	100	100	100	99	100	100	99	100	99	91	100	93	100	100	99	99
Machinga	95	91	100	100	100	100	100	82	5	77	86	95	77	100	99	95	100	100	82	5	77	86
Mangochi	100	100	100	100	100	100	100	100	100	100	100	100	98	100	100	100	100	100	100	100	100	100
Mchinji	100	100	100	100	100	100	100	100	100	95	100	100	100	100	100	100	100	100	100	95	100	100
Mulanje	100	100	100	96	100	73	85	77	85	77	100	100	100	100	85	100	73	85	77	85	77	100
Mwanza	80	100	80	100	100	100	100	100	100	100	100	80	100	80	100	100	100	100	100	100	100	100
Mzimba-North	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	97
Mzimba-South	100	38	82	100	100	100	100	100	91	88	97	50	38	58	100	100	100	94	100	91	88	88
Mzuzu CH	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Neno	80	93	87	100	80	100	100	100	73	100	100	80	87	80	100	80	100	100	100	73	100	100
Nkhata-Bay	93	100	93	96	100	100	100	100	96	100	100	93	96	93	96	100	100	100	100	96	100	100
Nkhotakota	91	100	91	96	100	91	96	91	100	78	96	91	96	91	96	100	91	96	91	100	78	96
Nsanje	96	100	96	100	81	100	100	100	100	100	100	96	100	96	96	81	100	100	100	100	100	100
Ntcheu	100	97	100	100	97	100	100	97	97	82	97	97	97	97	79	87	100	100	97	97	82	95
Ntchisi	100	100	100	100	82	82	100	100	100	100	100	100	100	100	94	82	82	100	100	100	100	100
Phalombe	100	100	100	100	100	100	100	100	100	100	100	100	100	100	94	100	100	100	100	100	100	100
QECH	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Rumphi	100	100	100	100	100	100	94	100	94	100	100	100	100	100	100	100	100	94	100	94	100	100
Salima	100	100	100	100	100	100	100	100	100	92	100	100	100	100	100	100	100	100	100	92	100	100
Thyolo	100	100	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	0	100	100	0	100	100	100	100	100	100	100	0	100	100	0	100	100	100	100
Zomba DHO	95	100	98	70	100	63	98	95	93	79	100	93	100	98	53	100	60	95	95	93	56	100

Green ≥ 80

Red < 80

Annex 2: Distribution of EBS signals per reporting unit in Epi-week 13, 2026

<i>District of Residence</i>	Any child with sudden weakness of limbs or fever, and skin rash	Any occurrence that causes public health anxiety/concern, including contaminated food products or water and environmental hazards	Any person developing illness with fever, and unexplained bleeding from body openings	Any person with a sudden onset of watery diarrhoea in 24 hours with dehydration	Grand Total
<i>Mchinji</i>	1	0	0	5	6
<i>Neno</i>	0	9	0	0	9
<i>Blantyre</i>	2	2	1	2	7
<i>Nsanje</i>	1	0	0	2	3
<i>Phalombe</i>	1	0	0	0	1
<i>Mwanza</i>	0	1	0	0	1
<i>Dowa</i>	0	0	0	1	1
<i>Mulanje</i>	0	0	0	3	3
<i>Nkhatabay</i>	1	0	1	1	3
Grand Total	6	12	2	14	34

Annex 3. Priority diseases/conditions/events, including alerts under surveillance, Epi-week 13

Facility	OPD AEFI cases	IP AEFI cases	OPD poliomyelitis (AFP) 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	IP Maternal death cases	OPD measles cases	IP meningococcal meningitis cases	OPD Neonatal tetanus	IP Neonatal tetanus case	IP Neonatal tetanus deaths	OPD rabies cases	IP SARI cases	IP SARI deaths	OPD typhoid fever cases	IP typhoid fever cases
Kasungu-DHO	1	0	0	0	23	0	1272	42	1	1	6	0	0	0	0	0	0	0	0	0
Nkhotakota-DHO	0	0	0	0	2	0	1003	23	3	0	0	0	0	0	0	1	18	1	2	0
Ntchisi-DHO	2	0	0	0	3	0	244	0	0	0	0	0	0	0	0	0	0	0	0	0
Salima-DHO	0	0	0	0	43	0	955	20	1	0	0	0	0	0	0	0	0	0	0	0
Dowa-DHO	0	0	0	0	5	0	445	4	0	0	0	0	0	0	0	2	0	0	0	0
Kamuzu Central	0	0	0	1	0	0	7	17	1	1	0	0	0	1	1	0	140	5	1	1
Mzuzu Central	0	0	0	0	5	0	11	0	0	1	0	0	0	0	0	0	0	0	0	0
Queen Elizabeth	0	0	0	0	0	0	10	10	0	0	0	1	0	0	0	0	0	0	0	0
Zomba Central	0	0	0	0	0	0	7	11	0	0	0	0	0	0	0	0	0	0	0	0
Dedza-DHO	3	0	0	0	34	0	1579	5	0	0	2	0	0	0	0	0	0	0	0	0
Lilongwe-DHO	2	0	0	0	45	0	3273	50	3	1	0	0	0	0	0	0	0	0	6	1
Ntcheu-DHO	0	0	0	0	12	0	1151	14	0	0	0	0	0	0	0	0	0	0	0	0
Mchinji-DHO	5	0	0	0	3	0	1094	17	1	0	0	0	0	0	0	0	0	0	24	1
Chitipa-DHO	0	0	0	0	21	0	283	2	0	0	0	0	0	0	0	0	0	0	0	0
Karonga-DHO	1	0	0	0	20	0	169	1	0	0	0	0	0	0	0	0	0	0	0	0
Likoma-DHO	0	0	0	0	1	0	197	1	0	0	0	0	0	0	0	0	0	0	0	0
Mzimba-N-DHO	33	4	0	0	42	0	414	6	0	0	0	0	0	0	0	0	0	0	0	0
Mzimba-S-DHO	0	0	0	0	35	0	939	42	0	0	0	0	0	0	0	0	0	0	0	0
Nkhata-Bay-DHO	0	0	0	0	23	3	1267	6	0	0	0	0	0	0	0	0	0	0	0	0
Rumphi-DHO	0	0	0	0	16	0	397	12	0	0	0	0	0	0	0	0	1	0	1	0
Balaka-DHO	0	0	0	0	12	0	710	38	0	0	19	0	0	0	0	0	0	0	0	0
Machinga-DHO	0	0	1	0	12	0	1697	0	0	0	4	0	1	0	0	0	0	0	0	0
Mangochi-DHO	6	0	0	0	46	0	2030	19	0	0	0	0	0	0	0	0	0	0	5	0
Mulanje-DHO	0	0	0	0	15	0	1924	20	0	0	0	0	0	0	0	0	24	0	6	0
Phalombe-DHO	0	0	0	0	19	1	512	9	0	0	0	0	0	0	0	0	0	0	0	0
Zomba-DHO	1	0	1	0	24	0	987	10	0	0	0	0	0	0	0	0	0	0	0	0
Blantyre-DHO	6	0	0	0	78	0	3306	2	0	0	0	1	0	0	0	0	0	0	20	0
Chikwawa-DHO	1	0	0	0	23	6	1196	0	0	0	0	3	0	0	0	0	0	0	1	0
Chiradzulu-DHO	2	0	0	0	8	0	231	0	0	0	1	0	0	0	0	0	0	0	0	0
Mwanza-DHO	0	0	0	0	4	1	1099	8	0	0	0	0	0	0	0	0	0	0	0	0
Neno-DHO	2	0	0	0	14	0	582	10	0	0	0	0	0	0	0	0	29	0	0	0
Nsanje-DHO	0	0	0	0	15	0	844	28	0	0	1	0	0	0	0	0	0	0	0	0
Thyolo-DHO	2	0	0	1	6	0	960	11	0	0	0	0	0	0	0	0	0	0	0	0
Total	67	4	2	2	609	11	30795	438	10	4	33	5	1	1	1	3	212	6	66	3

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