PHIM PUBLIC HEALTH INSTITUTE of MALAWI

Published on 10 April, 2026

REPUBLIC OF MALAWI

WEEKLY IDSR EPIDEMIOLOGICAL BULLETIN

Epidemiological Week 14 (30 March– 5 April 2026)

This epidemiological bulletin aims to inform all stakeholders – both local and global – about disease trends, public health surveillance, disease outbreaks, and emergencies in Malawi in order to prompt action. In this issue (Volume 2, Issue 14 of 2026), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 14
- 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 14, 2026

- IDSR reporting was at 88% for completeness and 78% for timeliness on the One Health Surveillance platform
- One hundred and forty-four (144) cholera suspected cases, with fifteen (15) confirmed cholera cases, and zero (0) cholera deaths were reported.
- Forty-nine (49) EBS signals reported
- Zero (0) new confirmed Mpox cases and three (3) alerts
- Other alerts generated were Malaria (29,915 cases, including 6 deaths), Diarrhoea with blood (552 cases), Severe Acute Respiratory Infections (SARI) (196 cases, including 2 deaths: Kamuzu Central Hospital reported 79% (155) of the cases), Typhoid fever (88 cases: Malmed and Shifa Private Clinics in Blantyre reported 44% (39) and 20% (18) of the cases, respectively), Adverse Events Following Immunization (AEFI) (48 cases: Mzimba North DHO reported 60% (29) of the events), Measles (22 cases), Acute Flaccid Paralysis (AFP) (2 cases), Neonatal tetanus (0 case), Meningococcal meningitis (3 cases), Rabies (3 cases including 1 death), Maternal deaths (3), as shown in Figure 1.

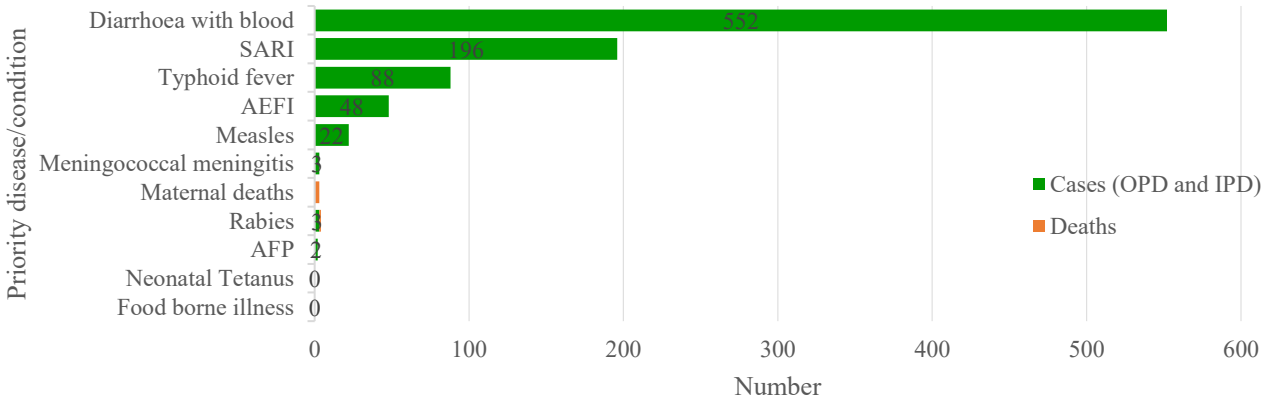

*Figure 1. Notifiable diseases/conditions alerts reported in Epi-week 14 in Malawi (**data** accessed on 8th April, 2026).*

2. Performance of the Integrated Disease Surveillance and Response up to Epi-week 14

2.1. Timeliness and Completeness

2.1.1. Reporting rate at the national level up to Epi-week 14

During Epi-week 14, both completeness and timeliness decreased compared to week 13, declining from 98% to 88% and from 95% to 78%, respectively (see Figure 2).

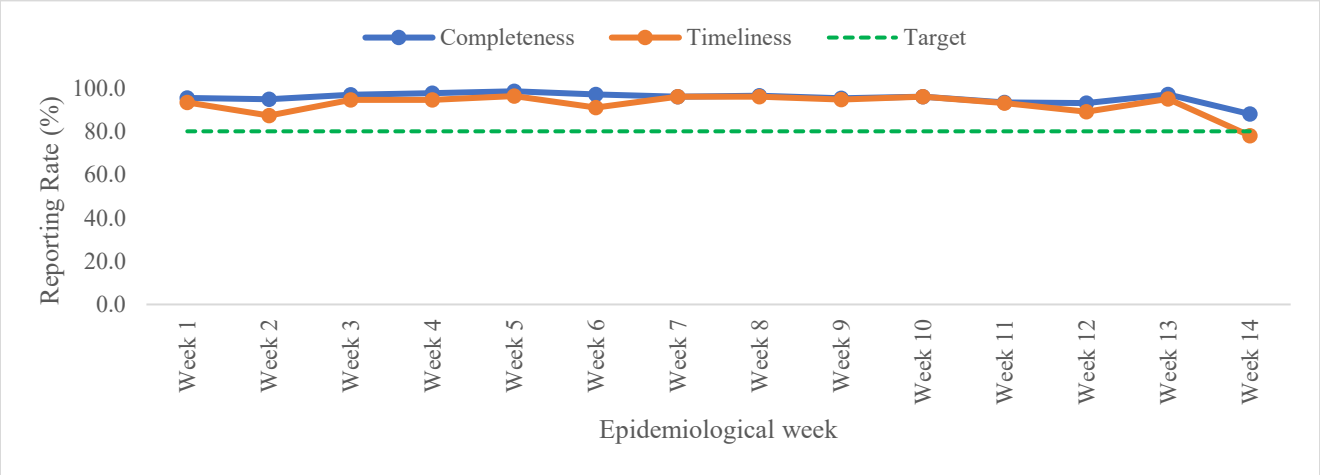

Figure 2. Trend of National IDSR weekly reporting rates in Malawi, Epi-week 14, 2026 (data accessed on 8th April, 2026)

2.1.2. Reporting rates at the Zonal level, including Central Hospitals for Epi-week 14

Figure 3 illustrates the reporting rates across various health zones, including Central Hospitals, in epi-week 14. All health zones, except South East met the minimum target of 80% for both completeness and timeliness. Central Hospitals did not achieve the timeliness target, as shown below.

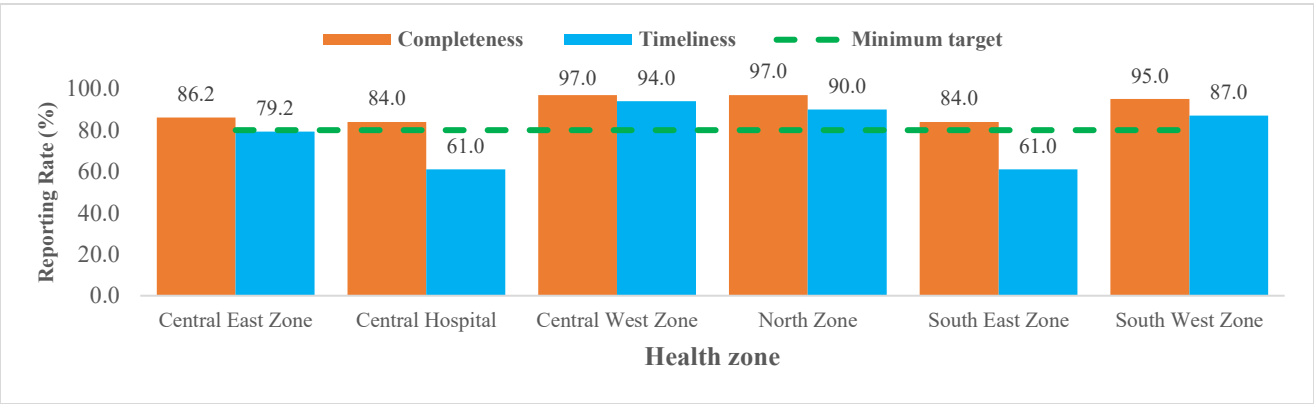

Figure 3. Reporting rates of IDSR weekly reports by zones, including Central Hospitals, Epi-week 14 (data accessed on 8th April 2026)

2.1.3. Reporting rates at the district level for Epi-week 14

Among the 33 reporting sites (Districts and Central Hospitals), 21 (63.6 %) met the national target of ≥80 % for both completeness and timeliness. Neno, Nkhotakota, Zomba, Mulanje, Ntchisi, Balaka DHO

and Mzuzu Central Hospital did not achieve the national target for both timeliness and completeness. Dowa, Chikwawa, Karonga and QECH failed on timeliness as shown in Figure 4.

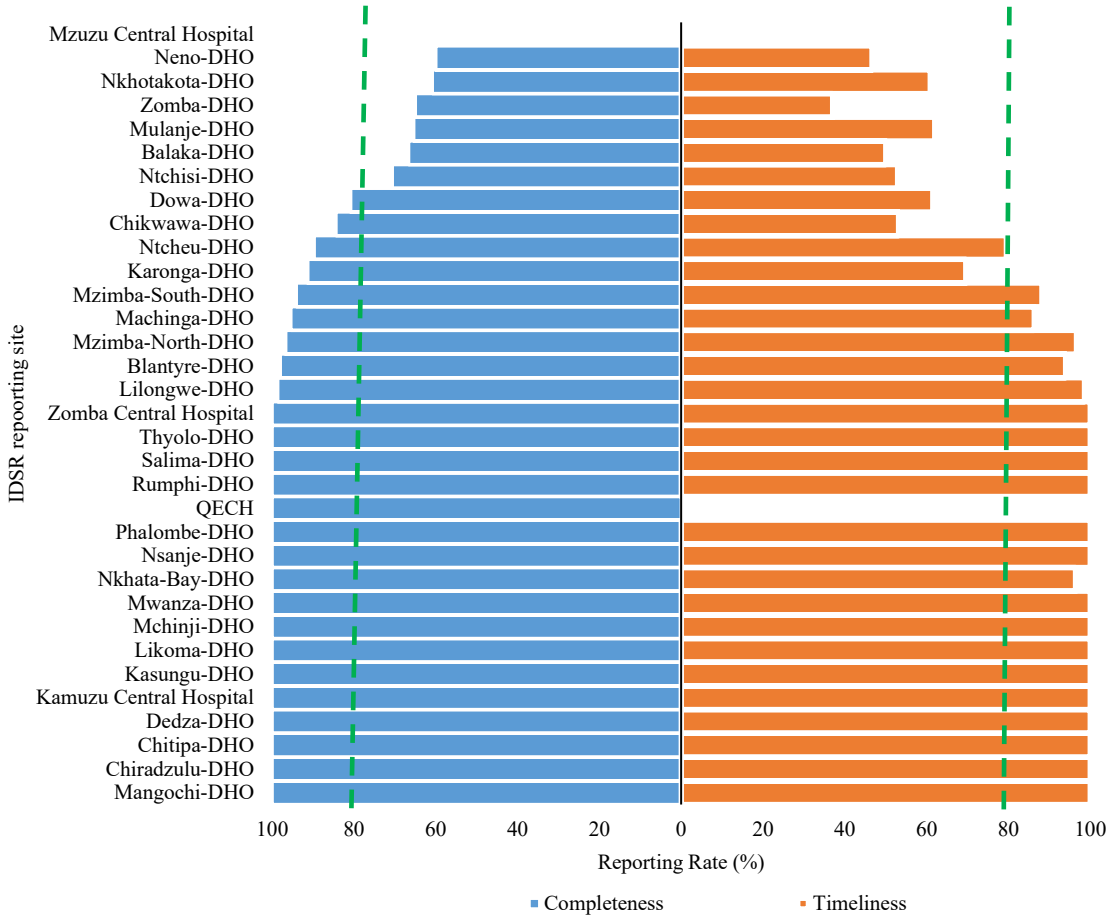

Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 14 (data accessed on 8th April, 2026)

3. Event-Based Surveillance (EBS)

3.1 Community EBS signals reported in Epi-week 14.

Figure 5 presents signals that were reported in Epi-week 14. In total, forty-nine (49) signals were reported from ten (10) districts. Forty-one (83.7%) of the signals were verified as events; the remaining eight (8) signals were unclassified.

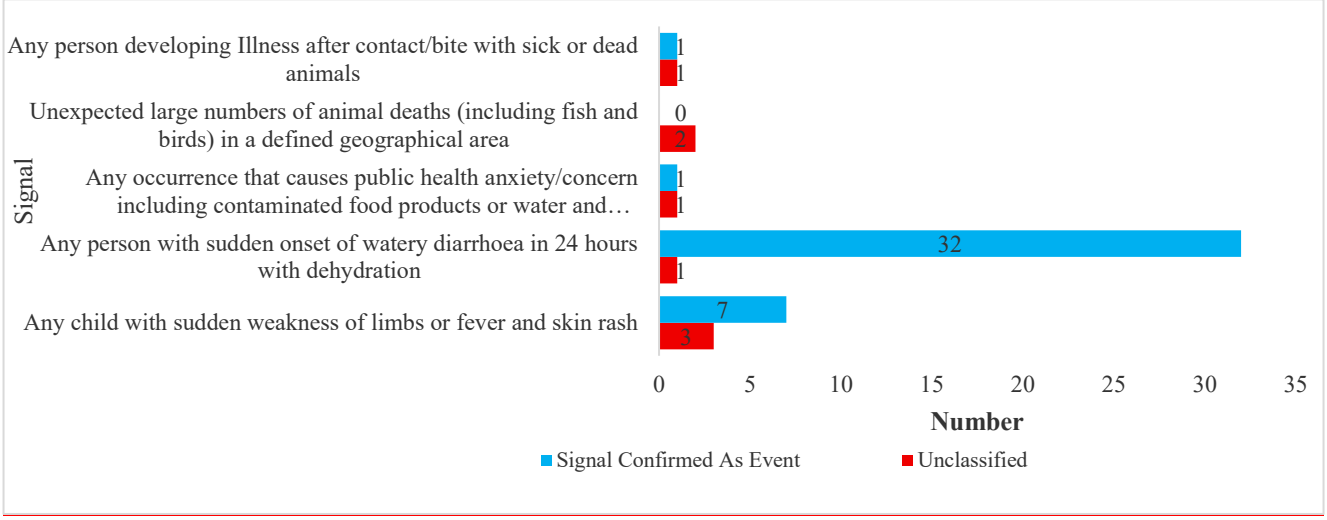

Figure 5. Event-based signals reported in Epi-week 14 (data accessed on 8th April, 2026).

3.2. Risk Assessment Level of the Community Signals

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

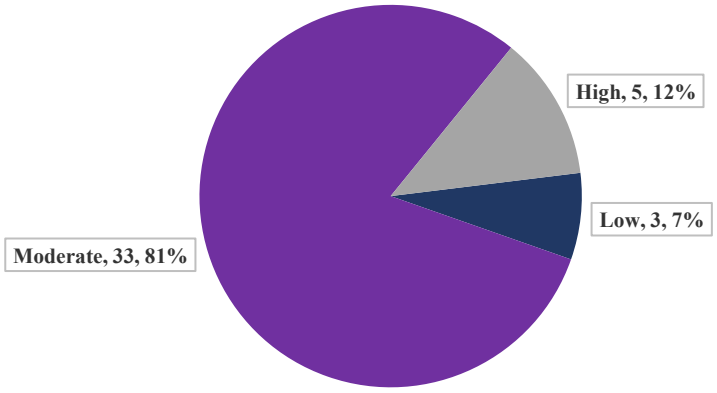

Figure 6. Distribution of the verified EBS signals by risk level, reported in Epi-week 14 (data accessed on 8th April, 2026)

4. Diseases and Conditions of Public Health Importance in Epi-week 14

Table 1 highlights the alerts related to diseases and public health conditions recorded during Epi-week 14. Among the epidemic-prone diseases, diarrhoea with blood accounted for the highest number of alerts (552 cases), followed by SARI (196 cases, including 2 deaths), while measles (22 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 14.

	Suspected cases	**Deaths**
EPIDEMIC PRONE DISEASES		
Diarrhoea with blood	552	0
Meningococcal meningitis	3	0
Typhoid Fever	88	0
SARI	196	2
Cholera	144	0
Mpox	3	0
DISEASES TARGETED FOR ERADICATION/ELIMINATION		
Measles	22	0
Acute Flaccid Paralysis	2	0
Neonatal tetanus	0	0
CONDITIONS OF PUBLIC HEALTH IMPORTANCE		
Food-borne illnesses	0	0
Maternal death		3
Yellow fever	0	0
Rabies	3	1

5. Ongoing outbreaks and emergencies in Malawi as of week 14, 2026.

5.1. Mpox

In Epi-week 14, Malawi has recorded three (3) mpox alerts and zero confirmed cases. Since 17 April 2025, up to week 14 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 14 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 14 of 2026, Malawi has cumulatively reported 606 alerts, including 87[1] 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%), Rumphi and Dedza 2 each (3.4%), and Ntcheu, Lilongwe, Mangochi, Mchinji, Chitipa, and Chiradzulu 1 each (1.7%).

In Week 14, Malawi registered 22 measles alerts. The weekly cumulative number of measles alerts and confirmed cases 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. Laboratory results are still pending. The cases are among a displaced population from Mozambique following flooding. In response, Nsanje district has provided measles-rubella vaccination to the vulnerable group.

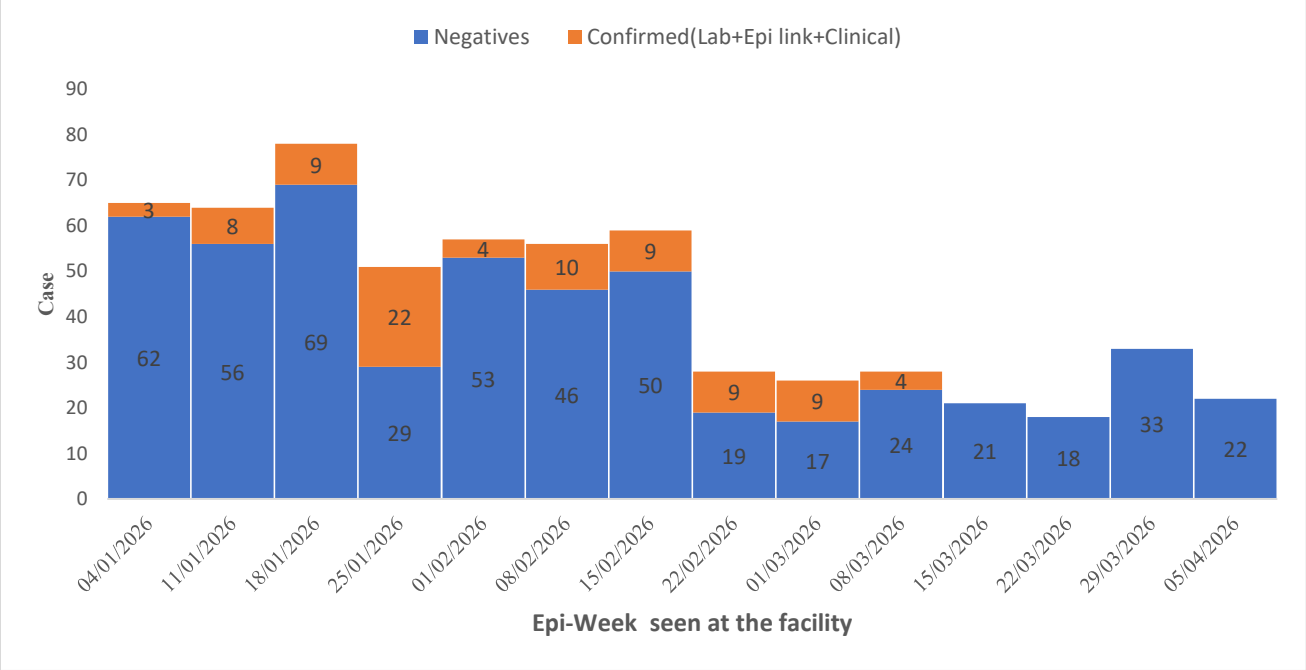

Figure 7. Measles disease alerts by epi-week of onset in Malawi, from week 1 to Week 14 of 2026. Source: OHSP and Measles Line list.

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 14, Malawi recorded one hundred and forty-four (144) suspected cholera cases, fifteen (15) confirmed cases, and zero (0) deaths. Between November 1, 2025, and week 14 of 2026, there were one hundred and eight-three (183) confirmed cases of cholera, with five (5) deaths (CFR: 2.73%) recorded. Blantyre accounted for 78 cases (42.6%), Zomba and Chikwawa each reported 19 cases (10.4%), Mulanje 18 cases (9.8%), Neno 14 cases (7.7%), Chiradzulu 11 cases (6.0%), Mwanza 10 cases (5.5%), Kasungu 5 cases (2.7%), Lilongwe 3 cases (1.6%), Balaka 2 cases (1.1%), while Dowa, Mzimba North, and Rumphi each reported 1 case (0.5%).

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 14 of 2026.

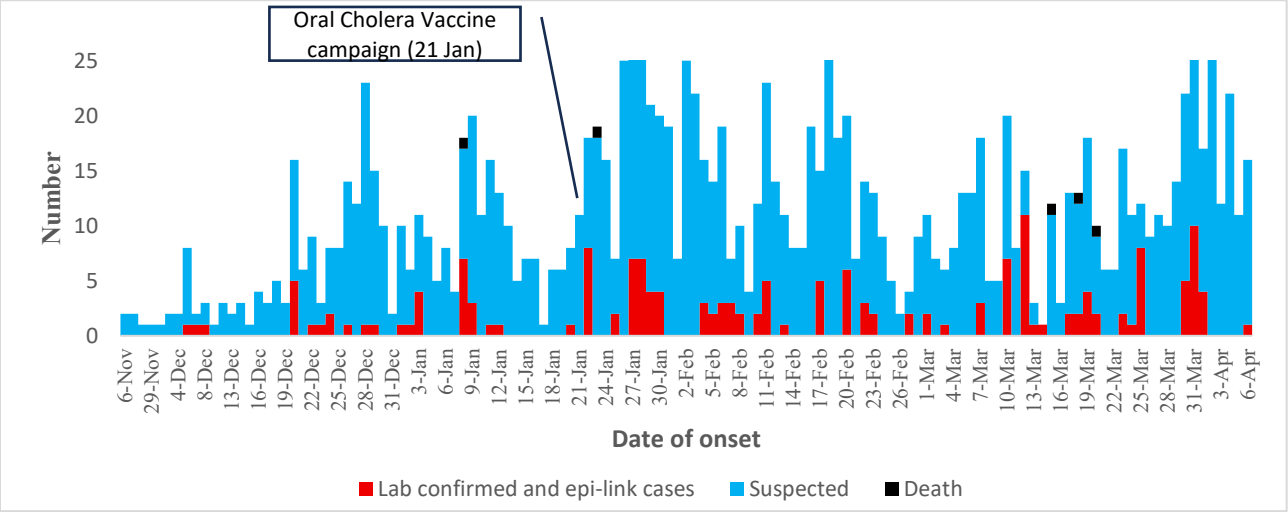

Figure 8. Malawi Cholera Epidemiologic Curve from 1 November 2025 to Week 14 of 2026. Source: National Cholera line list.

Oral Cholera Vaccine campaign was conducted in selected hotspot districts as listed Table 3, along with their coverage.

Table 3. Oral Cholera Vaccine campaign coverage in selected districts, Malawi, 2026

	District	Target population	Total vaccine doses administered	Coverage (%)
1	Blantyre	277,253	277,258	100.0
2	Chikwawa	83,604	83,597	100.0
3	Chiradzulu	20,617	20,612	100.0
4	Kasungu	22,772	20,784	91.3

5	Mulanje	154,070	163,656	106.2
6	Mwanza	20,478	20,478	100.0
7	Neno	26,092	26,092	100.0
	Total	604,886	612,477	101.3

Other interventions[2]

- The National Public Health Emergency Operations Centre and IMS are still operational
- Strengthened community and facility surveillance with daily case follow-up
- Distributed cholera RDTs and improved sample transport for confirmation
- Established treatment centres and mentored case management teams
- 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 the 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.

A cVDPV2 sample collected on 30 January 2026 from a child in a community within the Soche Sewage Treatment Plant catchment area in Blantyre was subsequently confirmed as positive. This brings the cumulative total to nine isolations: five (5) detected through environmental surveillance (ES) sites, one (1) identified in a seven-year-old boy from Blantyre, two (2) from his healthy contacts, and one (1) from another healthy community child.

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

[2] Other interventions are detailed in the Weekly Cholera Sitrep

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.
- **Neno, Nkhotakota, Zomba, Mulanje, Ntchisi, and Balaka, Chikwawa, Karonga, Mulanje DHO, Mzuzu and QECH,** should improve either completeness and timeliness or both.
- **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 14, 2026

Facility	Completeness											Timeliness										
	W4	W5	W6	W7	W8	W9	W10	W11	W12	W13	W14	W4	W5	W6	W7	W8	W9	W10	W11	W12	W13	W14
National	98	98	97	96	96	95	96	93	93	97	88	95	96	91	96	96	94	96	93	89	95	78
Balaka	100	89	100	100	100	100	100	72	67	83	67	89	89	100	100	100	100	100	72	61	78	50
Blantyre	100	98	100	100	100	100	100	100	98	98	98	90	98	100	100	90	100	100	98	86	94	94
Chikwawa	100	91	88	84	91	81	28	88	100	75	84	100	91	78	84	91	81	28	88	31	75	53
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	79	100
Dowa	92	100	100	100	96	100	100	100	77	88	81	88	96	88	100	92	100	100	100	73	81	62
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	91	96	96	87	87	91	91	87	74	83	91	74	65	74	78	83	87	91	87	74	70	70
Kasungu	100	100	100	100	100	100	100	100	100	100	100	97	100	100	100	100	100	100	100	100	100	100
Likoma	100	100	33	100	100	100	100	100	100	100	100	100	100	33	100	100	100	100	100	100	100	100
Lilongwe	100	100	100	100	100	100	100	100	99	100	99	99	100	99	91	100	93	100	100	99	99	99
Machinga	91	100	100	100	100	100	82	5	77	86	95	77	100	99	95	100	100	82	5	77	86	86
Mangochi	100	100	100	100	100	100	100	100	100	100	100	98	100	100	100	100	100	100	100	100	100	100
Mchinji	100	100	100	100	100	100	100	100	95	100	100	100	100	100	100	100	100	100	100	95	100	100
Mulanje	100	100	96	100	73	85	77	85	77	100	65	100	100	85	100	73	85	77	85	77	100	62
Mwanza	100	80	100	100	100	100	100	100	100	100	100	100	80	100	100	100	100	100	100	100	100	100
Mzimba-North	100	100	100	100	100	100	100	100	100	100	97	100	100	100	100	100	100	100	100	100	97	97
Mzimba-South	38	82	100	100	100	100	100	91	88	97	94	38	58	100	100	100	94	100	91	88	88	88
Mzuzu CH	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100	100	100	100	100	100	100	0
Neno	93	87	100	80	100	100	100	73	100	100	60	87	80	100	80	100	100	100	73	100	100	47
Nkhata-Bay	100	93	96	100	100	100	100	96	100	100	100	96	93	96	100	100	100	100	96	100	100	96
Nkhotakota	100	91	96	100	91	96	91	100	78	96	61	96	91	96	100	91	96	91	100	78	96	61
Nsanje	100	96	100	81	100	100	100	100	100	100	100	100	96	96	81	100	100	100	100	100	100	100
Ntcheu	97	100	100	97	100	100	97	97	82	97	90	97	97	79	87	100	100	97	97	82	95	79
Ntchisi	100	100	100	82	82	100	100	100	100	100	71	100	100	94	82	82	100	100	100	100	100	53
Phalombe	100	100	100	100	100	100	100	100	100	100	100	100	100	94	100	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	0
Rumphi	100	100	100	100	100	94	100	94	100	100	100	100	100	100	100	100	94	100	94	100	100	100
Salima	100	100	100	100	100	100	100	100	92	100	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	0	100	100	0	100	100	100	100	100	100	100	0	100	100	0	100	100	100	100	100
Zomba DHO	100	98	70	100	63	98	95	93	79	100	65	100	98	53	100	60	95	95	93	56	100	35

Green ≥ 80

Red < 80

Annex 2: Distribution of EBS signals per reporting unit in Epi-week 14, 2026

District of Residence	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	Unexpected large numbers of animal deaths (including fish and birds) in a defined geographical area	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
Mchinji	0	1	0	0	0	1
Neno	1	0	0	0	0	1
Blantyre	2	0	0	1	0	3
Lilongwe	2	0	0	0	33	35
Nsanje	1	0	0	0	0	1
Phalombe	0	0	0	0	0	1
Karonga	1	0	0	0	0	1
Mwanza	1	0	0	0	0	1
Nkhatabay	1	1	2	1	0	3
Mangochi	1	0	0	0	0	1
Grand Total	**10**	**2**	**2**	**2**	**33**	**49**

Annex 3. Priority diseases/conditions/events, including alerts under surveillance, Epi-week 14

Reporting District/Unit	OPD AEFI cases	IP AEFI cases	OPD poliomyelitis-AFP	IP poliomyelitis-AFP	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 rabies cases	IP rabies cases	IP rabies deaths	IP SARI cases	IP SARI deaths	OPD typhoid fever cases	IP typhoid fever cases
Kasungu-DHO	0	0	0	0	23	0	1313	33	0	0	7	0	0	0	0	0	0	4	0
Nkhotakota-DHO	0	0	0	0	1	0	536	8	0	0	0	0	0	0	0	0	0	0	0
Ntchisi-DHO	0	0	0	0	5	0	649	9	0	0	0	0	0	0	0	2	0	0	0
Salima-DHO	0	0	0	0	28	0	854	39	1	0	0	0	0	0	0	0	0	0	0
Dowa-DHO	0	0	0	0	1	0	435	4	0	0	0	0	0	0	0	0	0	0	0
Kamuzu Central	0	2	0	0	0	1	6	7	1	0	0	0	0	1	1	155	2	0	0
Queen Elizabeth CH	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0
Dedza-DHO	0	0	0	0	16	0	878	9	0	0	2	0	0	0	0	0	0	0	0
Lilongwe-DHO	1	0	1	1	35	0	3188	54	2	0	2	0	0	0	0	0	0	4	2
Ntcheu-DHO	0	0	0	0	6	0	950	2	0	0	0	0	0	0	0	0	0	0	0
Mchinji-DHO	0	0	0	0	5	0	838	13	1	0	0	0	0	0	0	0	0	6	2
Chitipa-DHO	0	0	0	0	7	0	358	2	0	1	0	0	0	0	0	0	0	0	0
Karonga-DHO	0	0	0	0	22	2	235	12	0	0	0	0	0	0	0	11	0	0	0
Likoma-DHO	0	0	0	0	9	0	142	0	0	0	0	0	0	0	0	0	0	0	0
Mzimba-North-DHO	29	0	0	0	52	1	481	6	0	0	0	0	0	0	0	0	0	0	0
Mzimba-South-DHO	0	0	0	0	28	0	681	10	0	0	0	0	2	0	0	0	0	0	0
Nkhata-Bay-DHO	0	0	0	0	15	0	942	2	0	0	0	0	0	0	0	0	0	0	0
Rumphi-DHO	3	0	0	0	13	0	372	7	0	0	0	0	0	0	0	1	0	0	0
Balaka-DHO	0	0	0	0	15	0	911	34	0	1	11	0	0	0	0	0	0	0	0
Machinga-DHO	0	0	0	0	21	0	2382	0	0	0	0	0	0	0	0	0	0	0	0
Mangochi-DHO	6	0	0	0	28	1	1466	18	0	0	0	0	0	0	0	0	0	6	1
Mulanje-DHO	0	0	0	0	16	1	1072	24	0	0	0	0	0	0	0	27	0	0	0
Phalombe-DHO	0	0	0	0	20	0	383	3	0	0	0	0	0	0	0	0	0	0	0
Zomba-DHO	1	0	0	0	25	0	1060	13	0	0	0	0	0	0	0	0	0	0	0
Blantyre-DHO	0	0	0	0	82	0	3072	8	0	0	0	0	0	0	0	0	0	60	0
Chikwawa-DHO	0	0	0	0	28	0	2358	4	0	1	0	3	0	0	0	0	0	1	0
Chiradzulu-DHO	0	0	0	0	8	0	354	2	0	0	0	0	0	0	0	0	0	1	0
Mwanza-DHO	0	0	0	0	15	0	1349	20	0	0	0	0	0	0	0	0	0	0	0
Neno-DHO	0	0	0	0	5	0	533	0	0	0	0	0	0	0	0	0	0	0	0
Nsanje-DHO	6	0	0	0	13	1	914	22	1	0	0	0	0	0	0	0	0	0	0
Thyolo-DHO	0	0	0	0	3	0	825	10	0	0	0	0	0	0	0	0	0	0	1
Total	**46**	**2**	**1**	**1**	**545**	**7**	**29540**	**375**	**6**	**3**	**22**	**3**	**2**	**1**	**1**	**196**	**2**	**82**	**6**

Annex 4: Distribution of confirmed Mpox cases by occupation and district in Malawi, Epi week 14

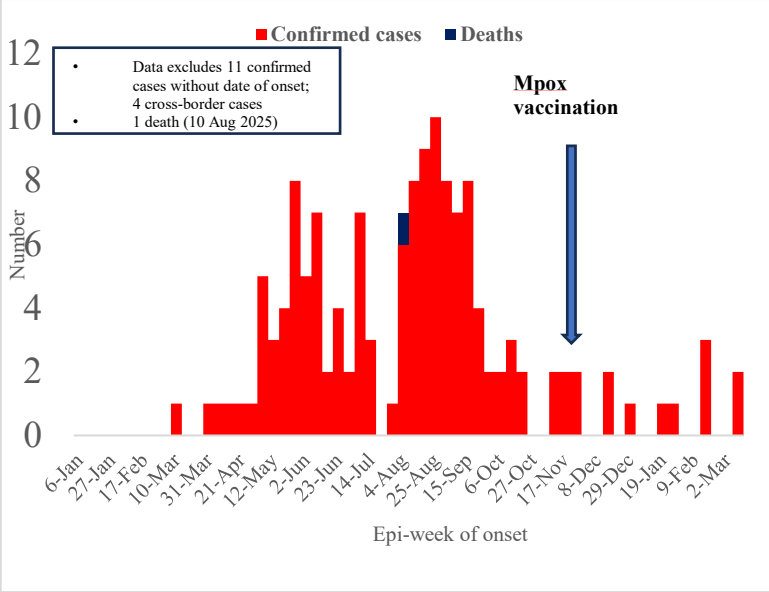

Figure 9. Mpox cases by week of onset as of Epi-Week 14 of 2026 (N=155 lab confirmed)

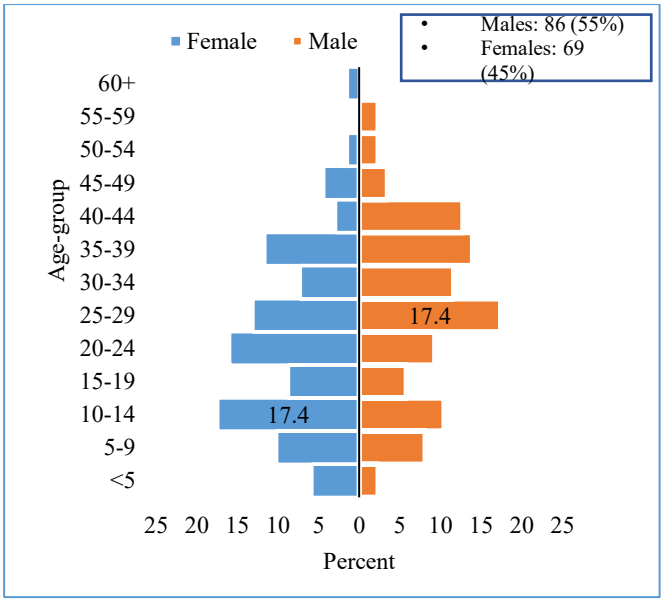

Figure 9. Mpox cases by sex and age-group as of Epi-Week 14 of 2026

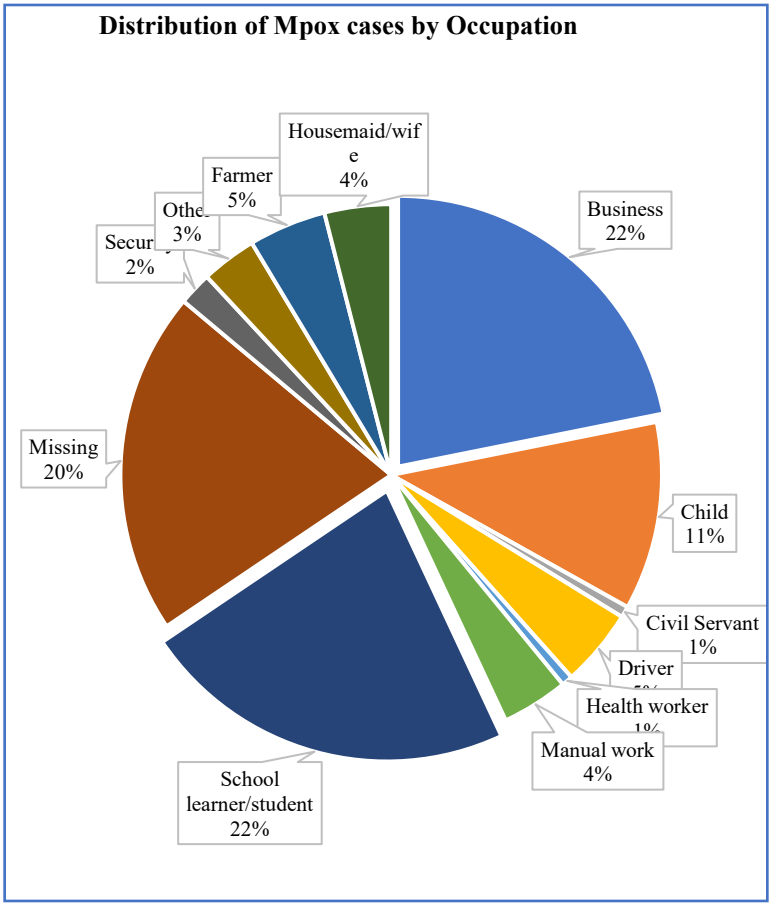

Figure 11. Distribution of confirmed Mpox cases by occupation (N=155), 2025-2026. (Source: Mpox outbreak Line list).

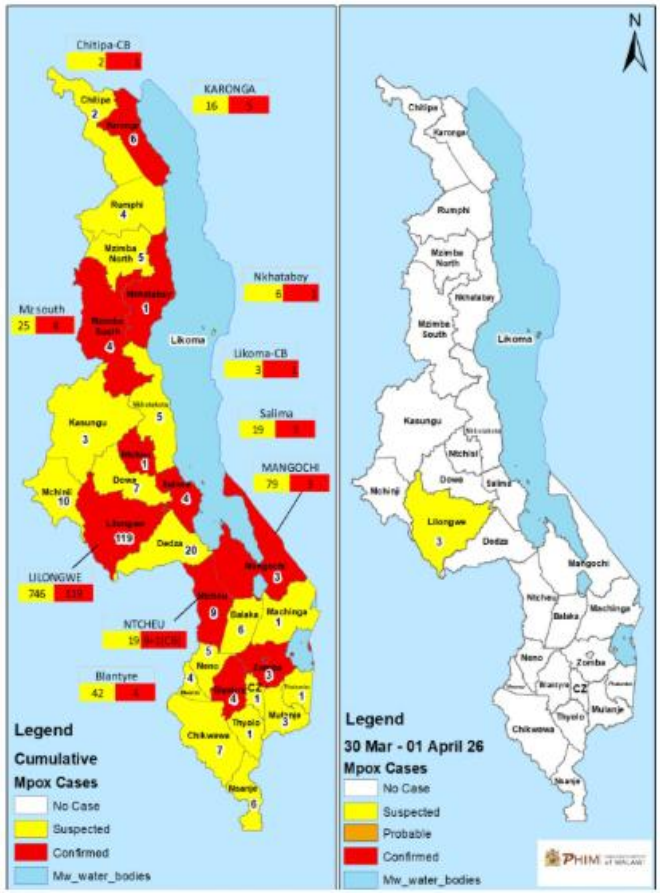

Figure 12. Map of Malawi showing cumulative Mpox suspected and confirmed cases.

Acknowledgment

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

Editorial team: Dr. Matthews Kagoli, Mrs Flora Dimba, Settie Kanyanda, Austin Zgambo, Selemani Ngwira, James Jere, Noel Khunga, Vincent Kamforzi, Lucy Malenga, Mathews Jambo, and Ella Chamanga,
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