PHIM PUBLIC HEALTH INSTITUTE of MALAWI

Published on 17 April, 2026

REPUBLIC OF MALAWI

WEEKLY IDSR EPIDEMIOLOGICAL BULLETIN

Epidemiological Week 15 (6– 12 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 15 of 2026), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 15
- 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 15, 2026

- IDSR reporting was at 95% for completeness and 90% for timeliness on the One Health Surveillance platform
- One hundred and forty-one (141) cholera suspected cases, with sixteen confirmed cholera cases, and zero (0) cholera deaths were reported.
- Sixteen (16) EBS signals reported
- Two (2) new confirmed Mpox cases and four (4) alerts
- Other alerts generated were Malaria (31,695 cases, including 8 deaths), Diarrhoea with blood (605 cases), Severe Acute Respiratory Infections (SARI) (199 cases, including 5 deaths: Kamuzu Central Hospital reported 122 of the cases), Typhoid fever (124 cases: Malmed and Shifa Private Clinics in Blantyre reported 67.7% (84) and 7.3% (9) of the cases, respectively), Adverse Events Following Immunization (AEFI) (56 cases: Mzimba North DHO reported 69.6% (39) of the events), Measles (39 cases), Acute Flaccid Paralysis (AFP) (3 cases), Neonatal tetanus (0 case), Meningococcal meningitis (1 case), Rabies (0 case), Maternal deaths (4), as shown in Figure 1.

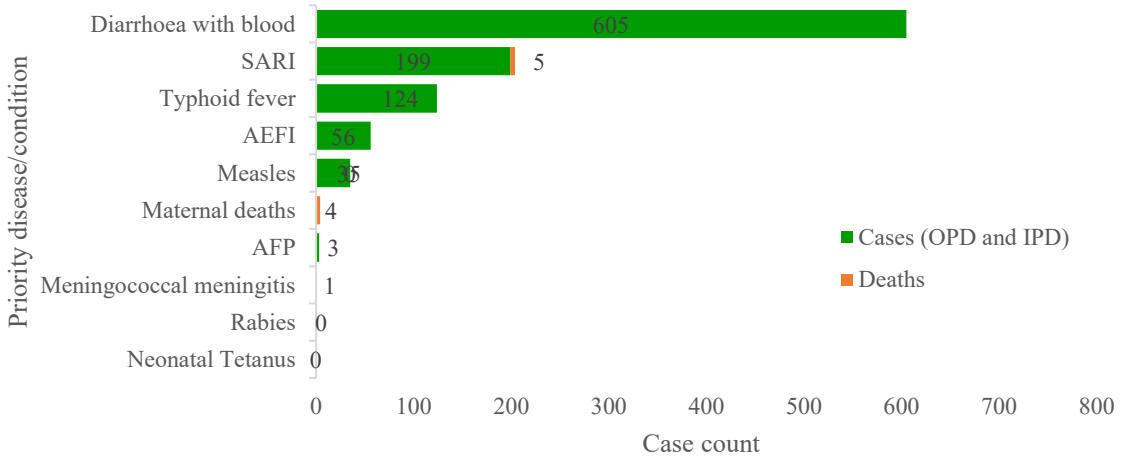

Figure 1. Notifiable diseases/conditions alerts reported in Epi-week 15 in Malawi (data accessed on 15th April, 2026).

2. Performance of the Integrated Disease Surveillance and Response up to Epi-week 15

2.1. Timeliness and Completeness

2.1.1. Reporting rate at the national level up to Epi-week 15

During Epi-week 15, both completeness and timeliness increased compared to week 14, increasing from 88% to 95 and from 78% to 90%, respectively (see Figure 2).

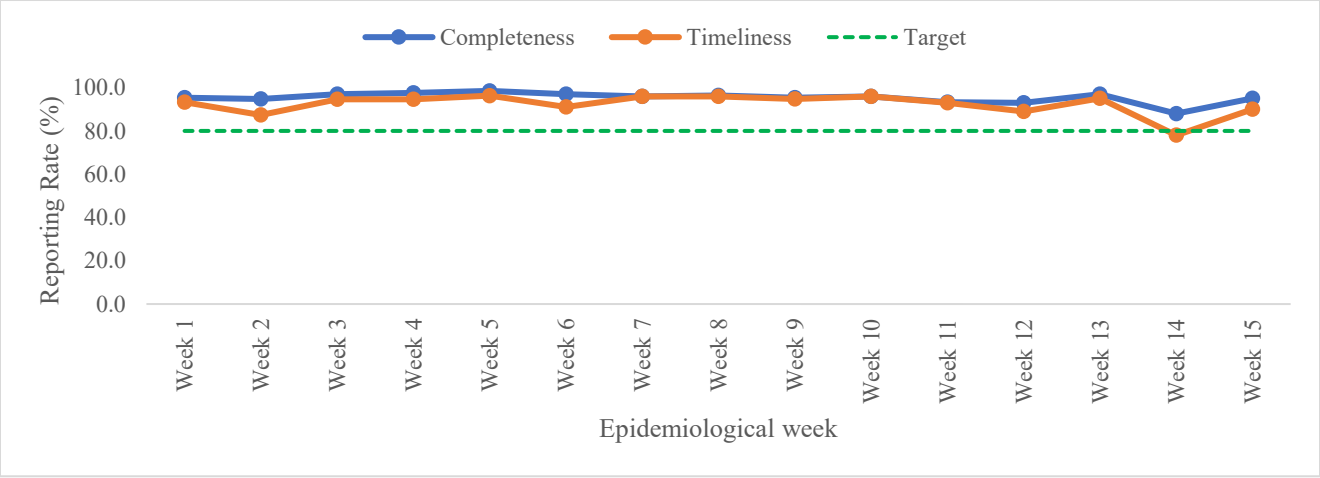

Figure 2. Trend of National IDSR weekly reporting rates in Malawi, Epi-week 15, 2026 (data accessed on 15th April, 2026)

2.1.2. Reporting rates at the Zonal level, including Central Hospitals for Epi-week 15

Figure 3 illustrates the reporting rates across various health zones, including Central Hospitals, in epi-week 15. All health zones, met the minimum target of 80% for both completeness and timeliness. Central Hospitals did not achieve the timeliness target, as shown below.

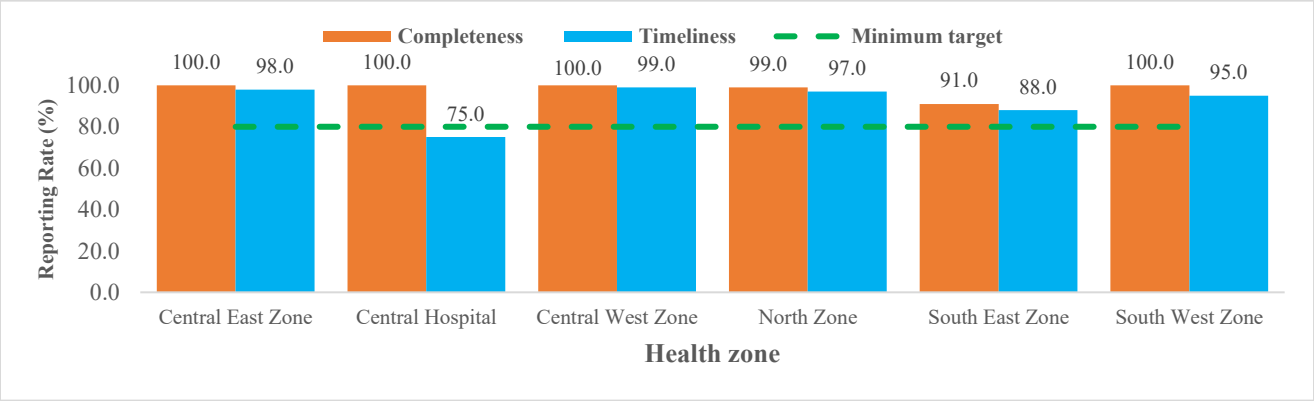

Figure 3. Reporting rates of IDSR weekly reports by zones, including Central Hospitals, Epi-week 15 (data accessed on 15th April 2026)

2.1.3. Reporting rates at the district level for Epi-week 15

Among the 33 reporting sites (districts and central hospitals), 29 (87.8 %) met the national target of ≥80% for both completeness and timeliness. Mwanza, Zomba, and Mulanje did not achieve the national target for both timeliness and completeness, while Zomba Central Hospital did not reach the timeliness target as shown in Figure 4.

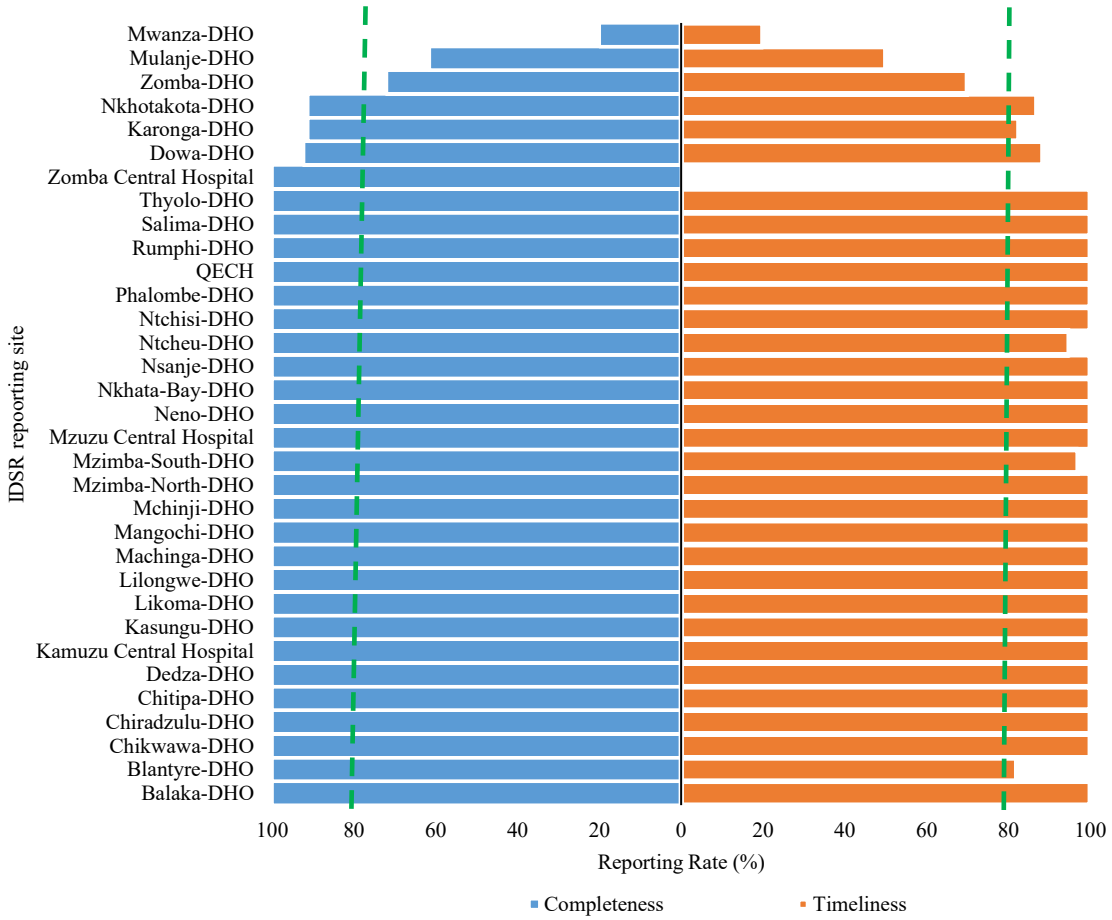

Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 15 (data accessed on 15th April, 2026)

3. Event-Based Surveillance (EBS)

3.1 Community EBS signals reported in Epi-week 15.

Figure 5 presents signals that were reported in Epi-week 15. In total, sixteen (16) signals were reported from ten (10) districts. Fifteen (93.7%) of the signals were verified as events, while the remaining one (1) signal was unclassified.

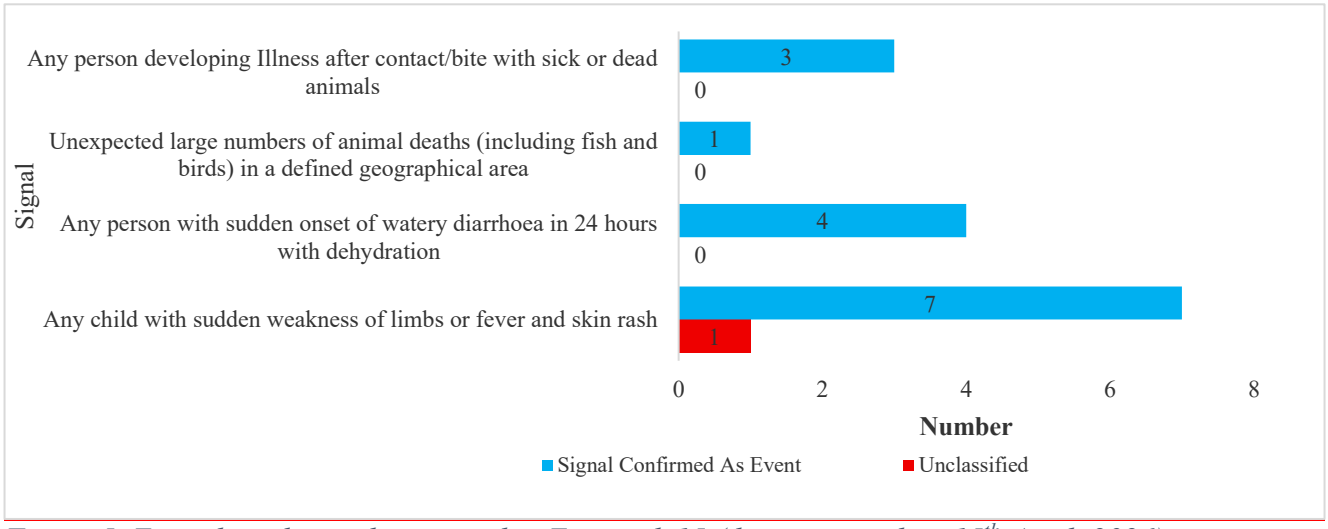

Figure 5. Event-based signals reported in Epi-week 15 (data accessed on 15th April, 2026).

3.2. Risk Assessment Level of the Community Signals

Risk assessments were conducted for thirteen (13) of the fifteen (15) verified events**.** The distribution of EBS signals by risk level is shown in Figure 6, with further details provided in Annex 2.

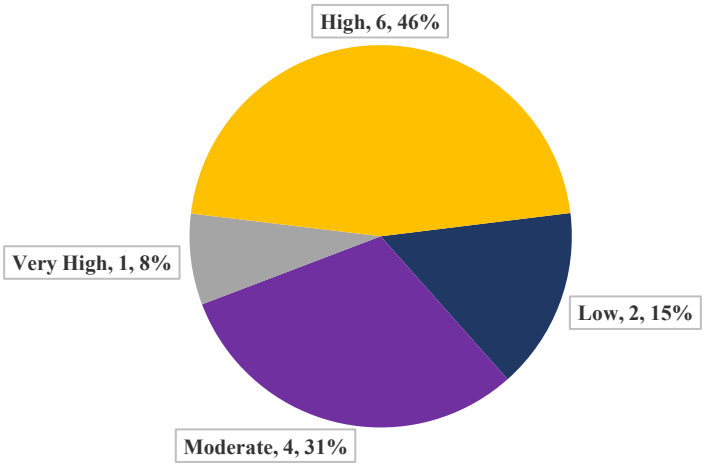

Figure 6. Distribution of the verified EBS signals by risk level, reported in Epi-week 15 (data accessed on 15th April,

4. Diseases and Conditions of Public Health Importance in Epi-week 15

Table 1 highlights the alerts related to diseases and public health conditions recorded during Epi-week 15. Among the epidemic-prone diseases, diarrhoea with blood accounted for the highest number of alerts (605 cases), followed by SARI (199 cases, including 5deaths), while measles (34 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 15.

	Suspected cases	**Deaths**
EPIDEMIC PRONE DISEASES		
Diarrhoea with blood	605	0
Meningococcal meningitis	1	0
Typhoid Fever	124	0
SARI	199	5
Cholera	141	0
Mpox	4	0
DISEASES TARGETED FOR ERADICATION/ELIMINATION		
Measles	34	0
Acute Flaccid Paralysis	3	0
Neonatal tetanus	0	0
CONDITIONS OF PUBLIC HEALTH IMPORTANCE		
Food-borne illnesses	0	0
Maternal death	0	4
Yellow fever	0	0
Rabies	0	0

5. Ongoing outbreaks and emergencies in Malawi as of week 15, 2026.

5.1. Mpox

In Epi-week 15, Malawi has recorded four (4) mpox alerts and two (2) confirmed cases. Since 17 April 2025, up to week 15 of 2026, Malawi recorded 157 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 0.64%. Lilongwe district accounts for 75.8% (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 15 of 2026 in Malawi

District	Confirmed cases	Percent of total	Cross-border cases
Blantyre	4	2.5	
Karonga	8	5.1	1 (TZ)
Lilongwe	119	75.8	
Mangochi	3	1.9	
Mzimba South	4	2.5	
Nkhatabay	1	0.6	
Ntcheu	9	5.7	1 (Moz)
Ntchisi	1	0.6	
Salima	4	2.5	
Zomba	3	1.9	
Likoma	1	0.6	1 (Moz)
Chitipa	0	0.0	1 (TZ)
Grand Total	**157**	**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 15 of 2026, Malawi has cumulatively reported 762 alerts, including 287 confirmed measles-rubella cases (laboratory-confirmed, epidemiologically linked, and clinically compatible). The confirmed cases were distributed across twenty-three (23) districts, with Balaka and Kasungu accounting for 20.4% (58 cases) and 15.4% (44 cases), respectively. Dowa, Nkhatabay, Ntchisi, and Salima each reported 0.7% (2 cases). Further details are provided in Annex 5.

In Week 15, Malawi registered 34 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 and Nsanje districts. 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. Between 5 and 17 March, 2026, eight samples for measles-rubella were collected in Nsanje district for laboratory analysis, five (5) came out positive for measles. The cases were among a displaced population from Mozambique following flooding. In response, Nsanje district has provided measles-rubella vaccination to the vulnerable group. In Balaka district, four (4) samples were collected on 4 April 2026, and laboratory results are pending.

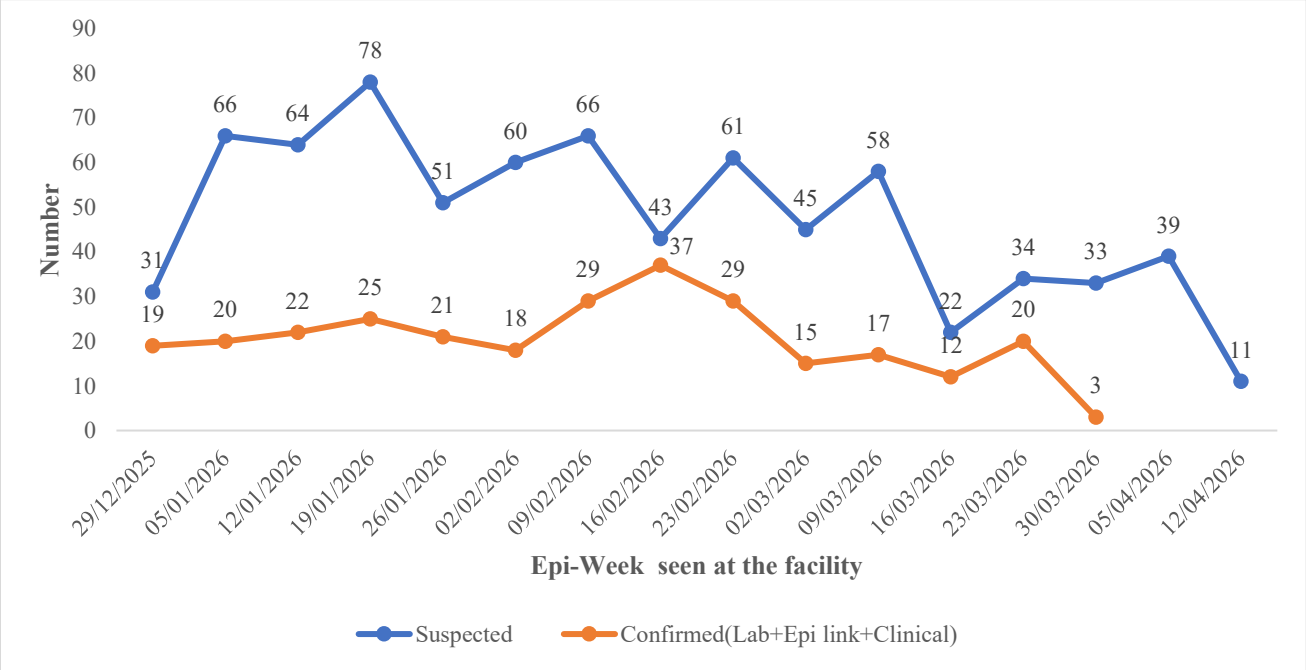

Figure 7. Measles disease alerts by epi-week of onset in Malawi, from week 1 to Week 15 of 2026. Source: OHSP and Measles Line list.

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 15, Malawi recorded one hundred and forty-four (141) suspected cholera cases, sixteen (16) confirmed cases, and zero (0) deaths. Between November 1, 2025, and week 15 of 2026, there were one hundred and ninety-nine (199) confirmed cases of cholera, with five (5) deaths (CFR: 2.51%) recorded. Blantyre confirmed 87 (43.7%), Zomba and Mulanje each 21 (10.55%), Chikwawa 19 (9.55%). Neno 14 (7.04%) Chiradzulu 11 (5.53%), Mwanza 10 (5.03%), Kasungu and Lilongwe 5

(2.51%), 3 (1.6%). Balaka 2 cases (1.01%). Karonga, Chitipa, Dowa, Mzimba North each recorded 1case (0.5%).

In addition, Malawi has cumulatively recorded 77 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 15 of 2026.

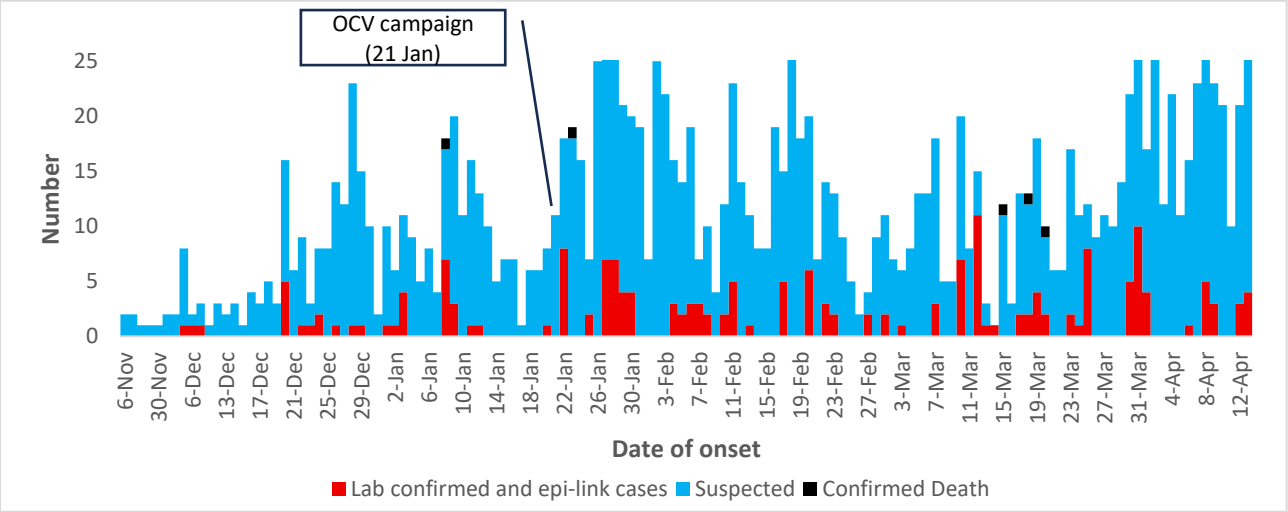

Figure 8. Malawi Cholera Epidemiologic Curve from 1 November 2025 to Week 15 of 2026. Source: National Cholera line list.

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[1]

- The National Public Health Emergency Operations Centre and IMS are still operational
- Strengthened community and facility surveillance with daily case follow-up

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

- 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 (9) 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. A Sabin-like (SL) poliovirus was detected in an AFP case during the Round 0 SIA campaign; however, this does not constitute an outbreak but reflects recent immunization activity, with the child remaining in good health.

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).
- Round 2 polio vaccination campaign is scheduled for 28 April – 1 May 2026.

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.
- **Mwanza, Zomba, Mulanje, and Zomba Central** should improve either completeness and timeliness or both.
- **Blantyre DHO must conduct a field investigation on the Typhoid cases being reported in the district**
- **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 15, 2026

Facility	Completeness											Timeliness										
	W5	W6	W7	W8	W9	W10	W11	W12	W13	W14	W15	W5	W6	W7	W8	W9	W10	W11	W12	W13	W14	W15
National	**98**	**97**	**96**	**96**	**95**	**96**	**93**	**93**	**97**	**88**	**95**	**96**	**91**	**96**	**96**	**94**	**96**	**93**	**89**	**95**	**78**	**90**
Balaka	89	100	100	100	100	100	72	67	83	67	100	89	100	100	100	100	100	72	61	78	50	100
Blantyre	98	100	100	100	100	100	100	98	98	98	100	98	100	100	90	100	100	98	86	94	94	82
Chikwawa	91	88	84	91	81	28	88	100	75	84	100	91	78	84	91	81	28	88	31	75	53	100
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	79	100	100
Dowa	100	100	100	96	100	100	100	77	88	81	92	96	88	100	92	100	100	100	73	81	62	88
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	96	96	87	87	91	91	87	74	83	91	91	65	74	78	83	87	91	87	74	70	70	83
Kasungu	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Likoma	100	33	100	100	100	100	100	100	100	100	100	100	33	100	100	100	100	100	100	100	100	100
Lilongwe	100	100	100	100	100	100	100	99	100	99	100	100	99	91	100	93	100	100	99	99	99	100
Machinga	100	100	100	100	100	82	5	77	86	95	100	100	99	95	100	100	82	5	77	86	86	100
Mangochi	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Mchinji	100	100	100	100	100	100	100	95	100	100	100	100	100	100	100	100	100	100	95	100	100	100
Mulanje	100	96	100	73	85	77	85	77	100	65	62	100	85	100	73	85	77	85	77	100	100	50
Mwanza	80	100	100	100	100	100	100	100	100	100	20	80	100	100	100	100	100	100	100	100	100	20
Mzimba-North	100	100	100	100	100	100	100	100	100	97	100	100	100	100	100	100	100	100	100	97	97	100
Mzimba-South	82	100	100	100	100	100	91	88	97	94	100	58	100	100	100	94	100	91	88	88	88	97
Mzuzu CH	100	100	100	100	100	100	100	100	100	0	100	100	100	100	100	100	100	100	100	100	0	100
Neno	87	100	80	100	100	100	73	100	100	60	100	80	100	80	100	100	100	73	100	100	47	100
Nkhata-Bay	93	96	100	100	100	100	96	100	100	100	100	93	96	100	100	100	100	96	100	100	96	100
Nkhotakota	91	96	100	91	96	91	100	78	96	61	91	91	96	100	91	96	91	100	78	96	61	87
Nsanje	96	100	81	100	100	100	100	100	100	100	100	96	96	81	100	100	100	100	100	100	100	100
Ntcheu	100	100	97	100	100	97	97	82	97	90	100	97	79	87	100	100	97	97	82	95	79	95
Ntchisi	100	100	82	82	100	100	100	100	100	71	100	100	94	82	82	100	100	100	100	100	53	100
Phalombe	100	100	100	100	100	100	100	100	100	100	100	100	94	100	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	0	100
Rumphi	100	100	100	100	94	100	94	100	100	100	100	100	100	100	100	94	100	94	100	100	100	100
Salima	100	100	100	100	100	100	100	92	100	100	100	100	100	100	100	100	100	100	92	100	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	0	100	100	0	100	100	100	100	100	100	100	0	100	100	0	100	100	100	100	100	0
Zomba DHO	98	70	100	63	98	95	93	79	100	65	72	98	53	100	60	95	95	93	56	100	35	70

Green ≥ 80

Red < 80

Annex 2: Distribution of EBS signals per reporting unit in Epi-week 15, 2026

District of Residence	**Any child with sudden weakness of limbs or fever, and skin rash**	**Unexpected large numbers of animal deaths (including fish and birds) in a defined geographical area**	**Any person developing Illness after contact/bite with sick or dead animals**	**Any person with a sudden onset of watery diarrhoea in 24 hours with dehydration**	**Grand Total**
Mchinji	0	0	0	1	1
Blantyre	1	0	1	0	2
Thyolo	4	0	0	1	5
Kasungu	0	1	0	0	1
Nkhata Bay	0	0	0	1	1
Dedza	0	0	0	1	1
Mzimba	0	0	2	0	2
Lilongwe	1	0	0	0	1
Nsanje	1	0	0	0	1
Karonga	1	0	0	0	1
Grand Total	**8**	**1**	**3**	**4**	**16**

Annex 3. Priority diseases/conditions/events, including alerts under surveillance, Epi-week 15

Facility	OPD AEFI cases	IP AEFI cases	OPD poliomyelitis (AFP)	IP poliomyelitis (AFP)	OPD Diarrhoea With Blood	In-Patient Diarrhoea With Blood	OPD Malaria Cases	IP Malaria Cases	IP Death Malaria Cases	IP Maternal death cases	OPD measles cases	IP measles cases	IP meningoccocal meningitis cases	IP SARI cases	IP SARI deaths	OPD typhoid fever cases	IP typhoid fever cases
Kasungu-DHO	0	0	0	0	53	0	1815	39	0	0	6	2	0	0	0	0	0
Nkhotakota-DHO	0	0	0	0	10	0	1062	9	0	0	0	0	0	3	0	0	0
Ntchisi-DHO	0	0	0	0	11	0	316	22	0	0	0	0	0	3	0	0	0
Salima-DHO	0	0	0	0	19	0	1013	34	0	0	0	0	0	0	0	0	0
Dowa-DHO	0	0	0	0	10	0	682	1	0	0	0	0	0	26	0	0	0
Kamuzu CH	0	1	0	2	0	0	7	22	3	3	0	0	0	122	5	0	0
Mzuzu CH	0	0	0	0	3	0	6	0	0	0	0	0	0	0	0	0	0
Queen Elizabeth CH	0	0	0	0	0	0	9	3	0	0	0	0	0	0	0	0	0
Zomba CH	0	0	0	0	0	0	8	5	0	0	0	0	0	0	0	0	0
Dedza-DHO	0	0	0	0	13	0	984	29	0	0	4	0	0	0	0	2	0
Lilongwe-DHO	0	0	1	0	54	1	2876	53	2	0	1	0	0	1	0	11	1
Ntcheu-DHO	0	0	0	0	4	0	1204	10	0	0	0	0	0	0	0	0	0
Mchinji-DHO	1	0	0	0	12	0	1102	15	0	1	0	0	0	0	0	5	2
Chitipa-DHO	0	0	0	0	17	0	275	4	0	0	0	0	0	0	0	0	0
Karonga-DHO	0	0	0	0	21	2	299	5	0	0	0	0	1	2	0	0	0
Likoma-DHO	0	0	0	0	12	0	160	2	0	0	0	0	0	0	0	0	0
Mzimba-North-DHO	39	0	0	0	37	0	417	7	0	0	0	0	0	0	0	0	0
Mzimba-South-DHO	0	0	0	0	25	3	963	7	0	0	0	0	0	0	0	0	0
Nkhata-Bay-DHO	1	0	0	0	17	0	1214	5	1	0	0	0	0	0	0	0	0
Rumphi-DHO	3	0	0	0	17	0	382	11	0	0	0	0	0	0	0	0	0
Balaka-DHO	0	0	0	0	20	1	986	29	0	0	13	0	0	0	0	0	0
Machinga-DHO	0	0	0	0	28	0	1454	0	0	0	5	0	0	0	0	0	0
Mangochi-DHO	1	0	0	0	24	0	2308	21	1	0	0	0	0	0	0	0	1
Mulanje-DHO	0	0	0	0	11	0	1107	25	0	0	0	0	0	30	0	5	0
Phalombe-DHO	0	0	0	0	12	0	401	4	0	0	0	0	0	0	0	0	0
Zomba-DHO	0	0	0	0	32	0	1093	9	0	0	0	0	0	0	0	0	0
Blantyre-DHO	4	0	0	0	79	0	3766	7	1	0	0	0	0	0	0	96	0
Chikwawa-DHO	3	0	0	0	13	0	1893	0	0	0	0	0	0	0	0	1	0
Chiradzulu-DHO	1	0	0	0	6	0	248	5	0	0	0	0	0	0	0	0	0
Mwanza-DHO	0	0	0	0	3	0	457	0	0	0	0	0	0	0	0	0	0
Neno-DHO	0	0	0	0	14	0	972	6	0	0	0	0	0	12	0	0	0
Nsanje-DHO	0	2	0	0	10	0	881	23	0	0	5	3	0	0	0	0	0
Thyolo-DHO	0	0	0	0	11	0	913	10	0	0	0	0	0	0	0	0	0
Total	**53**	**3**	**1**	**2**	**598**	**7**	**31273**	**422**	**8**	**4**	**34**	**5**	**1**	**199**	**5**	**120**	**4**

Annex 4: Distribution of confirmed Mpox cases by occupation and district in Malawi, Epi week 15

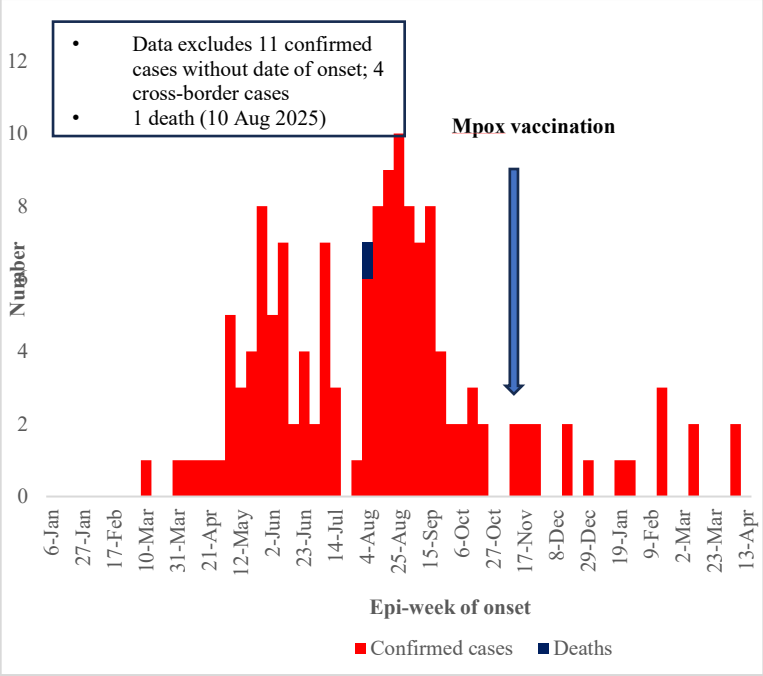

Figure 9. Mpox cases by week of onset as of Epi-Week 15 of 2026 (N=157 lab confirmed)

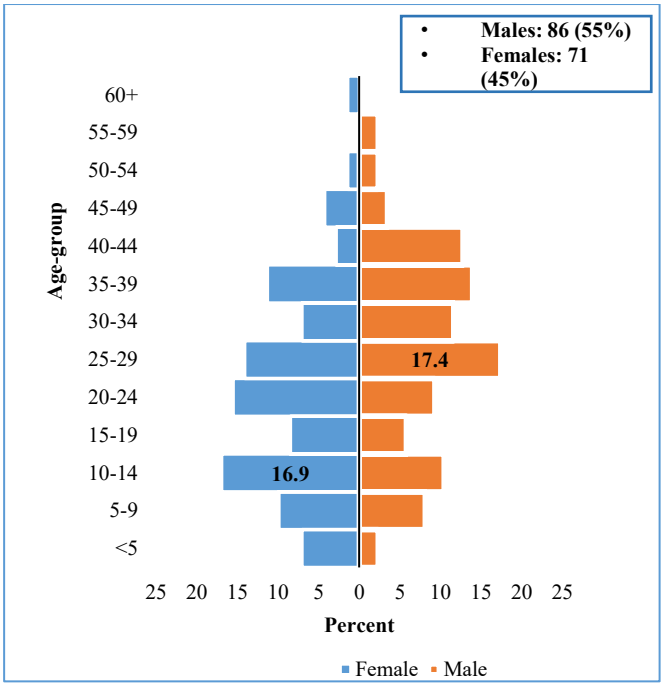

Figure 9. Mpox cases by sex and age-group as of Epi-Week 15 of 2026

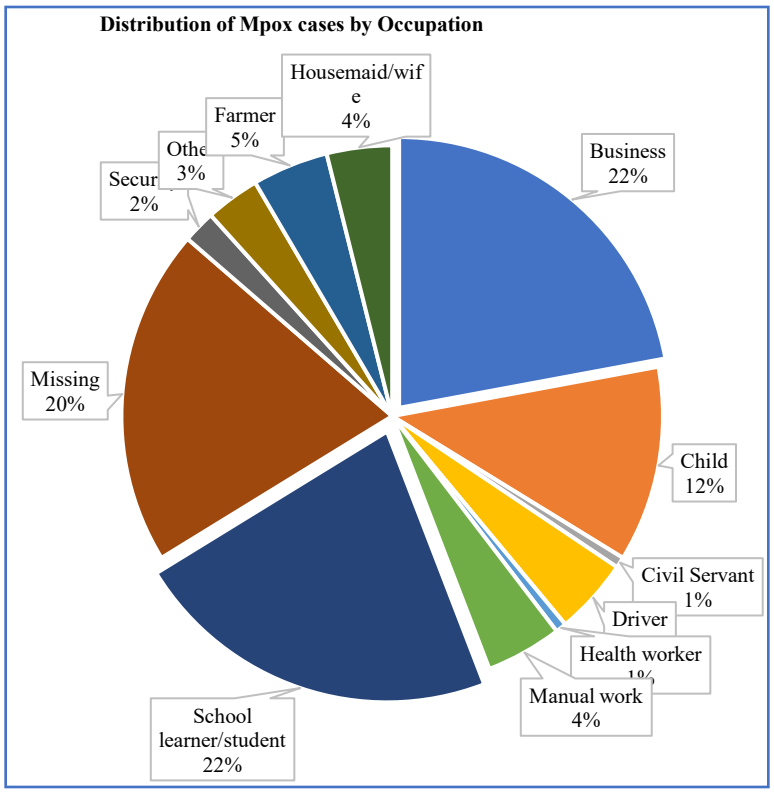

Figure 11. Distribution of confirmed Mpox cases by occupation (N=157), 2025-2026. (Source: Mpox outbreak Line list).

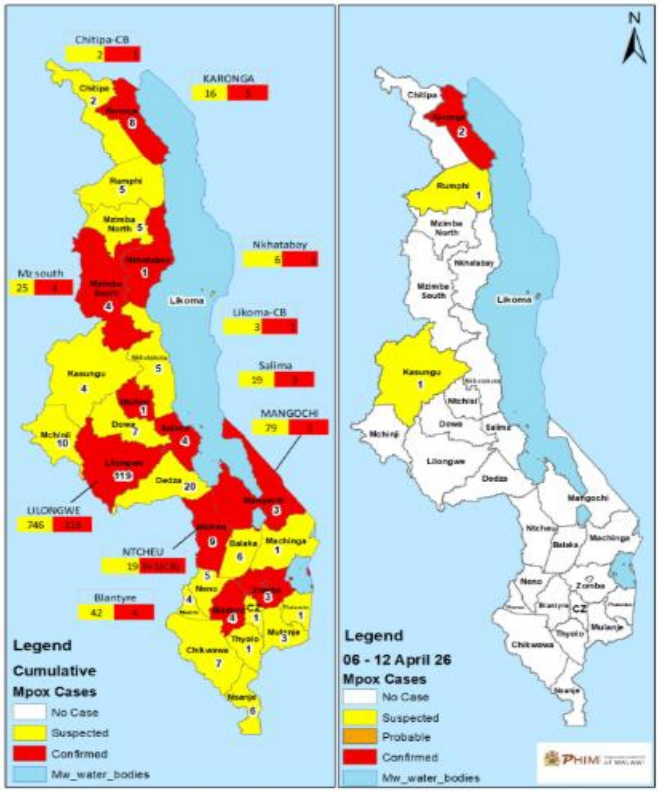

Figure 12. Map of Malawi showing cumulative Mpox suspected and confirmed cases.

Annex 5. Distribution of Confirmed[2] Measles cases by District, 2026

District	Confirmed cases	% of total
Balaka	58	20.2
Blantyre	16	5.6
Chikwawa	16	5.6
Chiradzulu	24	8.4
Chitipa	6	2.1
Dedza	6	2.1
Dowa	2	0.7
Kasungu	44	15.3
Lilongwe	19	6.6
Mangochi	8	2.8
Mchinji	3	1.0
Mulanje	10	3.5
Mwanza	3	1.0
Mzimba	6	2.1
NkhataBay	2	0.7
Nsanje	20	7.0
Ntcheu	10	3.5
Ntchisi	2	0.7
Phalombe	3	1.0
Rumphi	5	1.7
Salima	2	0.7
Thyolo	9	3.1
Zomba	13	4.5
Total	**287**	**100.0**

[2] Laboratory-confirmed, epidemiologically linked, and clinically compatible

Acknowledgment

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

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