

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 17 of 2026), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 17
- 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 17, 2026

- IDSR reporting was at 97.1 % for completeness and 91.0 % for timeliness on the One Health Surveillance platform (OHSP)
- Two hundred and fifty-five (255) cholera suspected cases, with twenty-five (25) confirmed cholera cases, and zero (0) cholera deaths were reported
- Eighty-seven (87) EBS signals reported
- Zero (0) new confirmed Mpox cases and zero alerts
- Other alerts generated were Malaria (26,959 cases, including 6 deaths), Diarrhoea with blood (620 cases), Severe Acute Respiratory Infections (107 cases, including 1 deaths), Typhoid fever (58 cases), Adverse Events Following Immunization (AEFI) (66 cases), Measles (42 cases), Acute Flaccid Paralysis (AFP) (2 cases), Neonatal tetanus (2 case), Meningococcal meningitis (7 cases), Rabies (0 case), Maternal deaths (3), as shown in Figure 1.

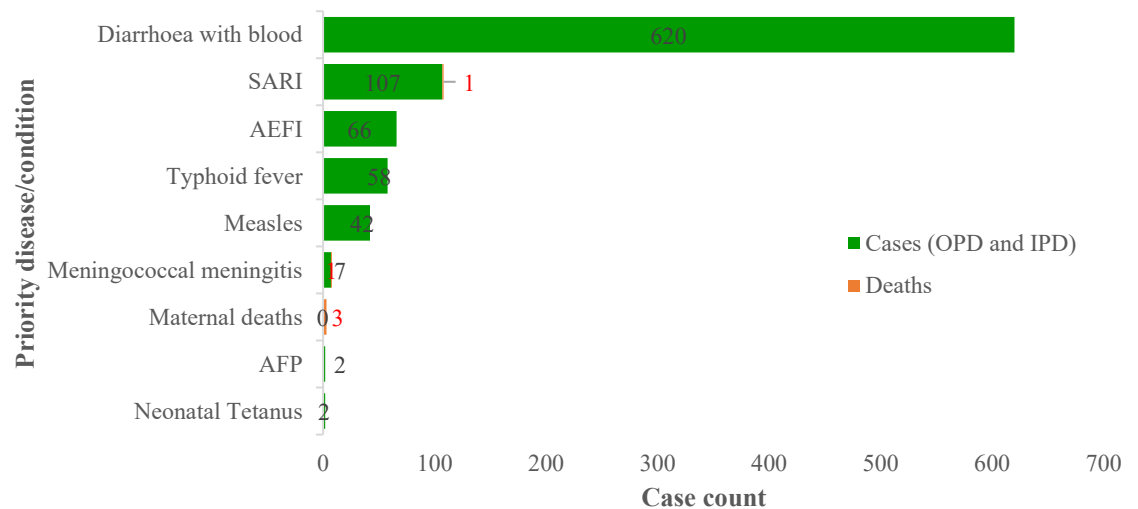


Figure 1. Notifiable diseases or conditions alerts reported in Epi-week 17 in Malawi (data accessed on 8 May, 2026).

2. Performance of the Integrated Disease Surveillance and Response up to Epi-week 17

2.1. Timeliness and Completeness

2.1.1. Trends of Reporting rate at the national level as of Epi-week 17

During epi-week 17, both completeness and timeliness increased compared to week 16, rising from 92.7% to 97.1% and from 88.9% to 91.0%, respectively (see Figure 2).

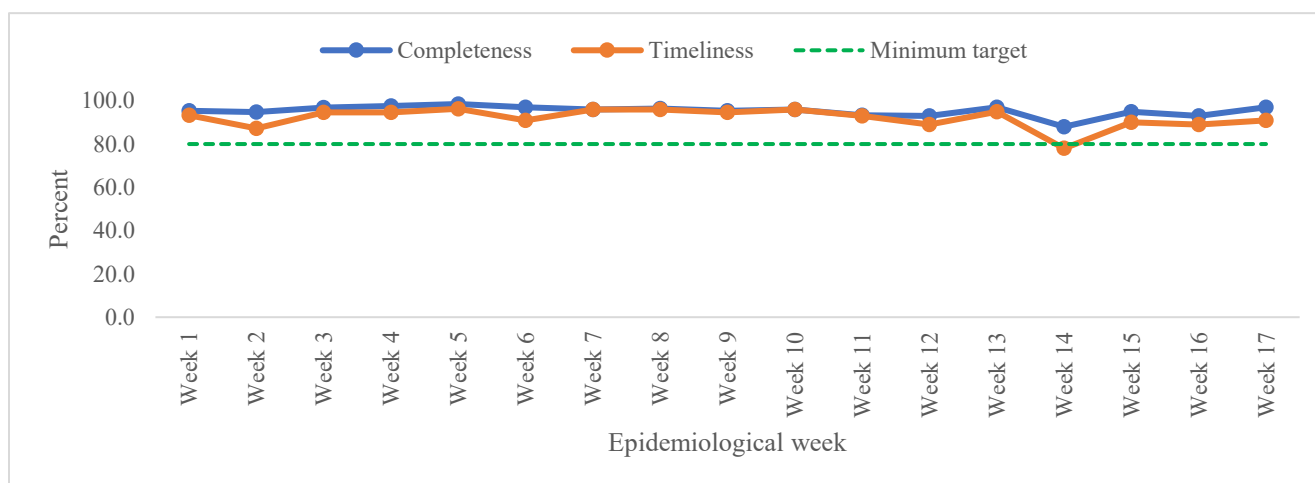


Figure 2. Trend of National IDSR weekly reporting rates in Malawi, up to Epi-week 17, 2026 (data accessed on 8 May, 2026)

2.1.2. Reporting rates at the Zonal level, including Central Hospitals for Epi-week 17

Figure 3 illustrates the reporting rates across various health zones, including Central Hospitals, in epi-week 17. All health zones, and Central Hospitals met the minimum target of 80% for both completeness and timeliness, as shown in figure 3 below.

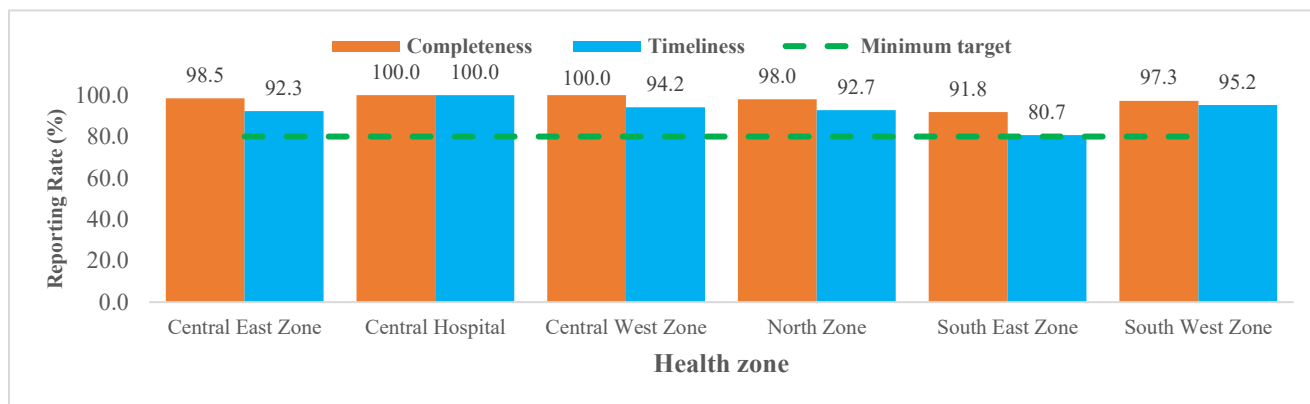


Figure 3. Reporting rates of IDSR weekly reports by zones, Epi-week 17 (data accessed on 8 May 2026)

2.1.3. Reporting rates at the district level for Epi-week 17

Among the 33 reporting sites (districts and central hospitals), 26 (78.8 %) met the national target of ≥ 80 % for both completeness and timeliness. Mulanje and Zomba did not achieve the national target for both timeliness and completeness. Machinga, Dowa, Karonga and Balaka failed on timeliness as shown in Figure 4.

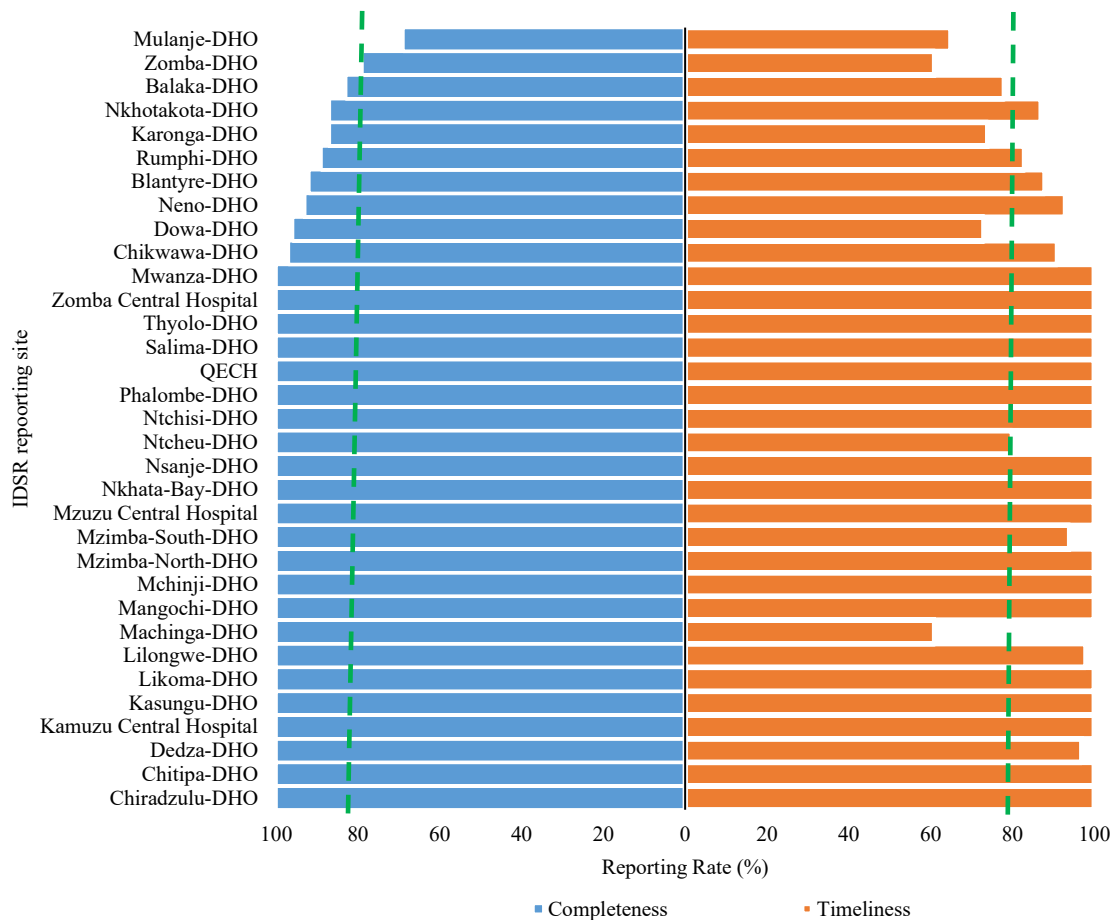


Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 17 (data accessed on 8 May, 2026)

3. Event-Based Surveillance (EBS)

3.1 Community EBS signals reported in Epi-week 17

Figure 5 presents signals that were reported in Epi-week 17. In total, eight-seven (87) signals were reported from ten (10) districts. Fifty (57.5%) of the signals were verified as events; while thirty-five (40.2%) signal were unclassified. The counts reported under each signal is presented in figure 5 below.

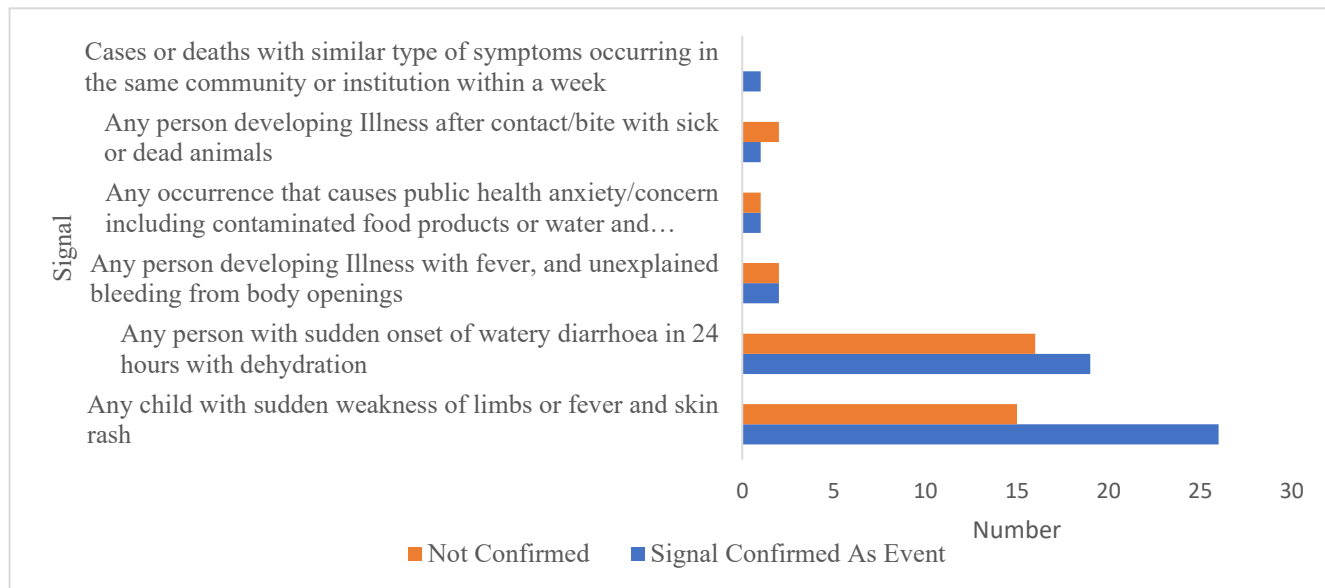


Figure 5. Event-based signals reported in Epi-week 17 (data accessed on 8 May, 2026).

3.2. Risk Assessment Level of the Community Signals

Risk assessments were conducted for fifty (50) verified events. The distribution of EBS signals by risk level is shown in Figure 6, with further details provided in Annex 2.

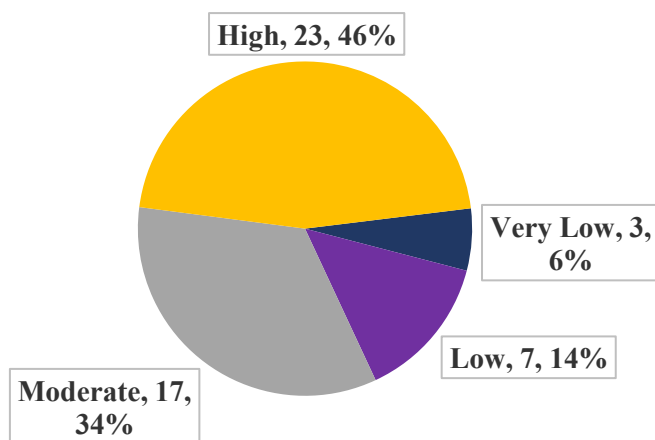


Figure 6. Distribution of the verified EBS signals by risk level, reported in Epi-week 17 (data accessed on 8 May, 2026)

4. Diseases and Conditions of Public Health Importance in Epi-week 17

Table 1 highlights alerts related to diseases and public health conditions recorded in Epi Week 17. Among epidemic-prone diseases, diarrhoea with blood (620 cases) was the most prevalent, followed by Severe Acute Respiratory Infections (107 cases, including 1 death), while measles (42 cases) was the highest among diseases targeted for eradication or elimination. For further 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.

	Suspected cases	Deaths
<i>EPIDEMIC PRONE DISEASES</i>		
Diarrhoea with blood	620	0
Meningococcal meningitis	7	0
Typhoid Fever	58	0
SARI	107	1
Cholera	255	0
Mpox	0	0
<i>DISEASES TARGETED FOR ERADICATION/ELIMINATION</i>		
Measles	42	0
Acute Flaccid Paralysis	2	0
Neonatal tetanus	2	0
<i>CONDITIONS OF PUBLIC HEALTH IMPORTANCE</i>		
Food-borne illnesses	0	0
Maternal death	0	3
Yellow fever	0	0
Rabies	0	0

5. Ongoing outbreaks and emergencies in Malawi as of week 17, 2026.

5.1. Mpox

In Epi Week 17, Malawi recorded no Mpox alerts or confirmed cases. Since 17 April 2025 through Week 17 of 2026, Malawi has recorded 157 confirmed Mpox cases and four (4) cross-border cases. One (1) death was reported on 10 August 2025 in Lilongwe District, representing a case fatality rate (CFR) of 0.64%. Lilongwe District accounts for 75.8% (119) of the reported cases, as shown in Table 2. Further outbreak details are provided in Annex 4.

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

District	Confirmed cases	Per cent 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 17 of 2026, Malawi cumulatively reported 1,076 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 reporting the highest proportions at 20.4% (58 cases) and 15.4% (44 cases), respectively. Dowa, Nkhatabay, Ntchisi, and Salima each reported the lowest at 0.7% (2 cases). Further details are provided in Annex 5.

The weekly cumulative number of measles alerts and confirmed cases is shown in Figure 7 below. Additionally, there are ongoing measles outbreaks 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.

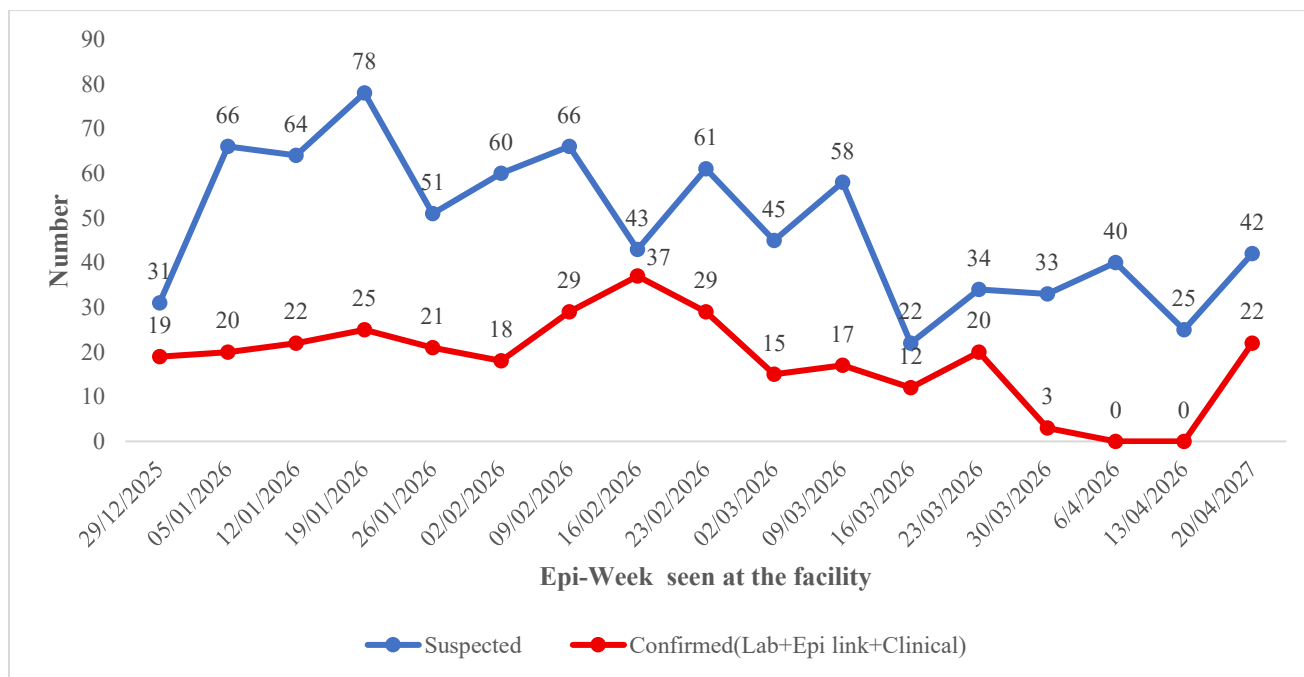


Figure 7. Measles disease alerts by epi-week of onset in Malawi, from week 1 to Week 17 of 2026. Source: OHSP and Measles Line list.

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 17, Malawi recorded two hundred and fifty-five (255) suspected cholera cases, twenty-five (25) confirmed cases, and zero (0) deaths. Between 1 November 2025 and Epi Week 17 of 2026, there were two hundred and thirty-nine (239) confirmed cholera cases (including 12 epi-linked cases), with five (5) deaths recorded, resulting in a case fatality rate (CFR) of 2.09%. The cases were distributed as follows: Lilongwe (5), Balaka (2), Neno (18), Mzimba North (1), Kasungu (5, of which 4 were epi-linked), Chitipa (1), Blantyre (108, of which 6 were epi-linked), Karonga (1), Dowa (1), Chiradzulu (15), Mulanje (29), Chikwawa (19), Zomba (21, of which 2 were epi-linked), Mwanza (10), and Thyolo (3).

Of the two hundred and thirty-nine (239) cases, one hundred and thirty-six (136) were males and one hundred and three (103) were females, ranging in age from 1 to 79 years. Two hundred and thirty-four (234) patients recovered and were discharged, while five (5) deaths were recorded between 9 January 2026 and 29 March 2026.

Cumulatively, one hundred and fifty-one (151) cross-border suspected cases have been recorded, of which eighty (80) were laboratory-confirmed. The cases were reported from Dedza (2), Nsanje (9), Chikwawa (8), Ntcheu (3), Mulanje (3), Thyolo (1), and Mwanza (125) districts. These included four (4) deaths, including two (2) suspected cholera deaths, reported between 23 December 2025 and 17 February 2026. Since 1 November 2025, a total of 1,903 samples from suspected cases across the country have been tested.

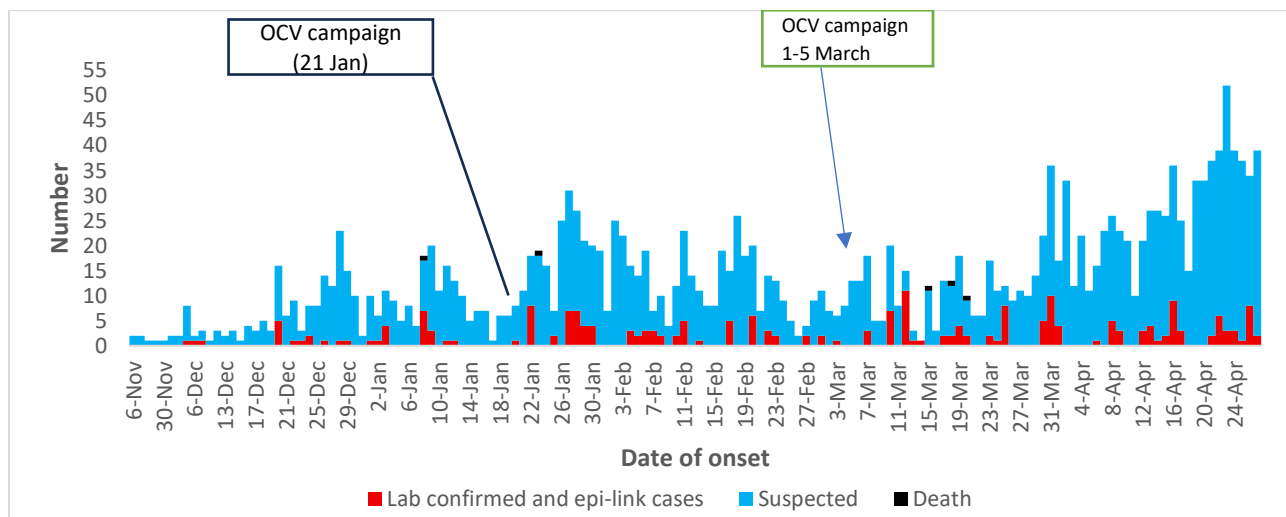


Figure 8. Malawi Cholera Epidemiologic Curve from 1 November 2025 to Week 17 of 2026. Source: National Cholera line list.

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 interventions¹

- 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 following detections from environmental samples, with two (2) circulating vaccine-derived poliovirus type 2 (cVDPV2) cases 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 22 January 2026, and a Public Health Emergency (PHE) was declared on 23 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 (12) isolations: eight (8) 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

- 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 Zero (R0) nOPV2 campaign was conducted between 11–14 February 2026, with 1,709,608 doses administered
- Round 1 polio vaccination campaign was conducted from 24–27 March 2026, achieving 103% coverage (6,223,422 individuals)
- Round 2 polio vaccination campaign was conducted from 28 April – 1 May 2026, achieving

¹ Other interventions are detailed in the Weekly Cholera Sitrep

106% coverage (6,637,979 individuals).

- Round 3 polio vaccination campaign is scheduled for 2 – 5 June 2026.

6.0. Immediate recommendations

- **IDSR Coordinators and Zonal Epidemiology Officers** must ensure timely verification and validation of data immediately after health facility focal persons or data clerks enter it into OHSP.
- **Zomba and Mulanje DHOs** must improve on completeness and timeliness.
- **Blantyre, Lilongwe and Mchinji DHOs must conduct a field investigation on the Typhoid cases being reported in the district**
- **Mzimba-North DHO must investigate the reported AEFIs**
- **All districts** should strengthen the recording and reporting of detected EBS signals in OHSP
- **District Rapid Response Teams (DRRTs)** must 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 6 to Week 17, 2026

District/Hospital	Completeness												Timeliness											
	W6	W7	W8	W9	W10	W11	W12	W13	W14	W15	W16	W17	W6	W7	W8	W9	W10	W11	W12	W13	W14	W15	W16	W17
National	97	96	96	95	96	93	93	97	88	95	93	97	91	96	96	94	96	93	89	95	78	90	89	91
Balaka	100	100	100	100	100	72	67	83	67	100	100	83	100	100	100	100	100	72	61	78	50	100	94	78
Blantyre	100	100	100	100	100	100	98	98	98	100	90	92	100	100	90	100	100	98	86	94	94	82	90	88
Chikwawa	88	84	91	81	28	88	100	75	84	100	91	97	78	84	91	81	28	88	31	75	53	100	72	91
Chiradzulu	100	100	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	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	100	97
Dowa	100	100	96	100	100	100	77	88	81	92	100	96	88	100	92	100	100	100	73	81	62	88	100	73
Kamuzu CH	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Karonga	96	87	87	91	91	87	74	83	91	91	91	87	74	78	83	87	91	87	74	70	70	83	83	74
Kasungu	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Likoma	33	100	100	100	100	100	100	100	100	100	100	100	33	100	100	100	100	100	100	100	100	100	100	100
Lilongwe	100	100	100	100	100	100	99	100	99	100	100	100	99	91	100	93	100	100	99	99	99	100	100	99
Machinga	100	100	100	100	82	5	77	86	95	100	95	100	99	95	100	100	82	5	77	86	86	100	95	61
Mangochi	100	100	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	95	100	100	100	100	100	100	100	100	100	100	95	100	100	100	100	100	100
Mulanje	96	100	73	85	77	85	77	100	65	62	100	69	85	100	73	85	77	85	77	100	100	50	50	65
Mwanza	100	100	100	100	100	100	100	100	100	20	100	100	100	100	100	100	100	100	100	100	100	20	100	100
Mzimba-North	100	100	100	100	100	100	100	100	97	100	100	100	100	100	100	100	100	100	97	97	100	100	100	100
Mzimba-South	100	100	100	100	100	91	88	97	94	100	41	100	100	100	100	94	100	91	88	88	88	97	32	94
Mzuzu CH	100	100	100	100	100	100	100	100	0	100	100	100	100	100	100	100	100	100	100	100	0	100	100	100
Neno	100	80	100	100	100	73	100	100	60	100	60	93	100	80	100	100	100	73	100	100	47	100	60	93
Nkhata-Bay	96	100	100	100	100	96	100	100	100	100	100	100	96	100	100	100	100	96	100	100	96	100	100	100
Nkhotakota	96	100	91	96	91	100	78	96	61	91	100	87	96	100	91	96	91	100	78	96	61	87	96	87
Nsanje	100	81	100	100	100	100	100	100	100	100	100	100	96	81	100	100	100	100	100	100	100	100	100	100
Ntcheu	100	97	100	100	97	97	82	97	90	100	95	100	79	87	100	100	97	97	82	95	79	95	92	80
Ntchisi	100	82	82	100	100	100	100	100	71	100	88	100	94	82	82	100	100	100	100	100	53	100	88	100
Phalombe	100	100	100	100	100	100	100	100	100	100	100	100	94	100	100	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	100	100
Rumphi	100	100	100	94	100	94	100	100	100	100	100	89	100	100	100	94	100	94	100	100	100	100	100	83
Salima	100	100	100	100	100	100	92	100	100	100	100	100	100	100	100	100	100	92	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	100	100	100	100
Zomba CH	0	100	100	0	100	100	100	100	100	100	0	100	0	100	100	0	100	100	100	100	100	0	0	100
Zomba	70	100	63	98	95	93	79	100	65	72	81	79	53	100	60	95	95	93	56	100	35	70	67	60

Annex 2: Distribution of EBS signals per reporting unit in Epi-week 17, 2026

<i>District</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 hazard	Any person developing illness after contact/bite with sick or dead animals	Any person developing illness with fever, and unexplained bleeding from body openings	Any person with sudden onset of watery diarrhoea in 24 hours with dehydration	Cases or deaths with similar type of symptoms occurring in the same community or institution within a week	Unexpected large numbers of animal deaths (including fish and birds) in a defined geographical area	Grand Total
<i>Balaka</i>	19	0	0	3	3	0	0	25
<i>Blantyre</i>	2	0	1	0	16	0	0	19
<i>Lilongwe</i>	10	0	0	0	4	1	0	15
<i>Mchinji</i>	1	2	0	0	0	0	0	3
<i>Mulanje</i>	0	0	0	0	1	0	0	1
<i>Nkhata Bay</i>	3	0	2	1	3	0	1	10
<i>Nsanje</i>	1	0	0	0	2	0	0	3
<i>Ntcheu</i>	0	0	0	0	3	0	0	3
<i>Rumphi</i>	1	0	0	0	2	0	0	3
<i>Thyolo</i>	4	0	0	0	1	0	0	5
Grand Total	41	2	3	4	35	1	1	87

Annex 3. Priority diseases/conditions/events, including alerts under surveillance, Epi-week 17

Facility	OPD AEFI cases	IP AEFI cases	IP poliomyelitis (AFP)	OPD Covid-19 cases	Out-Patient 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 meningococcal meningitis cases	OPD Neonatal tetanus cases	IP SARI cases	IP SARI deaths	OPD typhoid fever cases	IP typhoid fever cases
Kasungu-DHO	2	0	0	0	47	0	1574	22	0	0	22	0	0	0	0	3	0
Nkhotakota-DHO	0	0	0	0	12	0	786	12	0	0	0	0	0	11	0	0	0
Ntchisi-DHO	0	0	0	0	4	0	247	12	2	0	0	0	0	3	0	0	0
Salima-DHO	0	0	0	0	38	0	842	14	0	0	0	0	0	0	0	0	0
Dowa-DHO	0	0	0	0	10	1	584	6	0	0	0	0	0	0	0	0	0
Kamuzu CH	0	0	0	0	0	1	4	14	1	1	1	0	0	83	1	0	0
Mzuzu CH	0	0	0	0	0	0	12	0	0	0	0	0	0	3	0	0	0
Queen Elizabeth CH	0	0	0	0	0	0	0	16	0	0	0	4	0	0	0	0	0
Zomba CH	0	0	0	0	0	0	7	5	0	0	0	0	0	0	0	0	0
Dedza-DHO	0	0	0	0	21	0	681	26	0	0	0	0	0	0	0	0	0
Lilongwe-DHO	0	0	0	1	71	2	2665	51	1	2	0	1	0	0	0	10	1
Ntcheu-DHO	0	0	0	0	0	0	1116	11	0	0	0	0	0	0	0	0	0
Mchinji-DHO	1	0	0	0	0	0	783	24	1	0	0	0	0	0	0	11	2
Chitipa-DHO	0	0	0	0	0	0	434	1	0	0	0	0	0	0	0	0	0
Karonga-DHO	0	0	0	0	27	1	331	7	0	0	0	2	0	0	0	0	0
Likoma-DHO	0	0	0	0	3	0	144	2	0	0	0	0	0	0	0	0	0
Mzimba-North-DHO	43	2	0	0	23	0	349	0	0	0	0	0	0	0	0	0	0
Mzimba-South-DHO	0	0	0	0	20	0	552	6	0	0	0	0	0	0	0	0	0
Nkhata-Bay-DHO	0	0	0	0	22	0	1576	6	0	0	0	0	0	0	0	0	0
Rumphi-DHO	5	0	0	0	22	0	339	0	0	0	0	0	0	0	0	2	0
Balaka-DHO	0	0	0	0	21	0	545	46	1	0	15	0	0	0	0	0	0
Machinga-DHO	1	0	0	0	22	0	1475	0	0	0	1	0	0	0	0	0	0
Mangochi-DHO	7	0	0	0	39	0	1885	194	0	0	0	0	2	0	0	2	0
Mulanje-DHO	0	0	0	0	11	0	1669	4	0	0	0	0	0	7	0	0	0
Phalombe-DHO	0	0	0	0	13	0	373	5	0	0	0	0	0	0	0	0	0
Zomba-DHO	0	0	0	0	43	0	810	14	0	0	0	0	0	0	0	0	0
Blantyre-DHO	2	0	0	0	88	0	1883	2	0	0	3	0	0	0	0	24	0
Chikwawa-DHO	0	0	0	0	0	0	313	0	0	0	0	0	0	0	0	2	0
Chiradzulu-DHO	2	0	1	0	0	0	208	0	0	0	0	0	0	0	0	1	0
Mwanza-DHO	2	0	0	0	0	0	1400	23	0	0	0	0	0	0	0	0	0
Neno-DHO	0	0	1	0	17	0	786	5	0	0	0	0	0	0	0	0	0
Nsanje-DHO	1	0	0	10	28	0	1150	28	0	0	0	0	0	0	0	0	0
Thyolo-DHO	0	0	0	0	13	0	880	0	0	0	0	0	0	0	0	0	0
Total	66	2	2	11	615	5	26403	556	6	3	42	7	2	107	1	55	3

Annex 5. Distribution of Confirmed² 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
Rumphu	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

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