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WEEKLY IDSR EPIDEMIOLOGICAL BULLETIN

Epidemiological Week 20 (11 - 17 May 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 20 of 2026), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 20
- 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 20, 2026

- IDSR reporting achieved 95% completeness and 94% timeliness on the One Health Surveillance Platform (OHSP).
- A total of one hundred and forty-five (145) suspected cholera cases were reported, of which eighty-four (84) were confirmed cholera cases, with zero (0) cholera-related deaths recorded.
- Seventy-eight (78) Event-Based Surveillance (EBS) signals were reported.
- Zero (0) new confirmed Mpox cases and two (2) Mpox alerts were reported.
- Other alerts generated included malaria (34,625 cases, including 8 deaths), diarrhoea with blood (783 cases), Severe Acute Respiratory Infections (166 cases, including 2 deaths), typhoid fever (126 cases), Adverse Events Following Immunization (AEFI) (100 cases), measles (108 cases), Acute Flaccid Paralysis (AFP) (3 cases), meningococcal meningitis (7 cases), and maternal deaths (5), as shown in Figure 1.

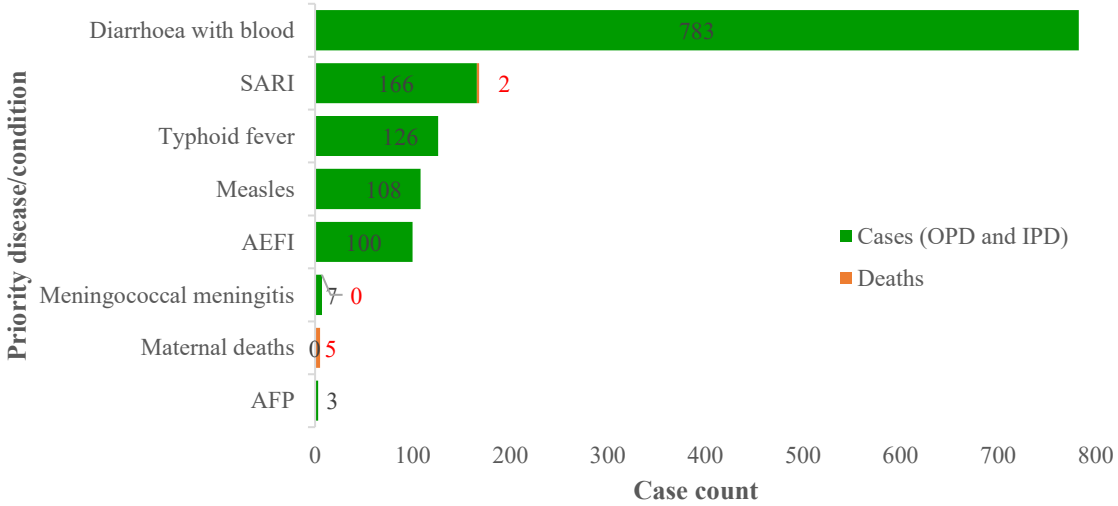

Figure 1. Notifiable diseases or conditions alerts reported in Epi-week 20 in Malawi (data accessed on 20 May, 2026).

2. Performance of the Integrated Disease Surveillance and Response up to Epi-week 20

2.1. Timeliness and Completeness

2.1.1. Trends of Reporting rate at the national level as of Epi-week 20

During epidemiological week 20, reporting completeness decreased from 97% in week 19 to 95% in week 20, while timeliness increased from 89% in week 19 to 94% in week 20 (see Figure 2).

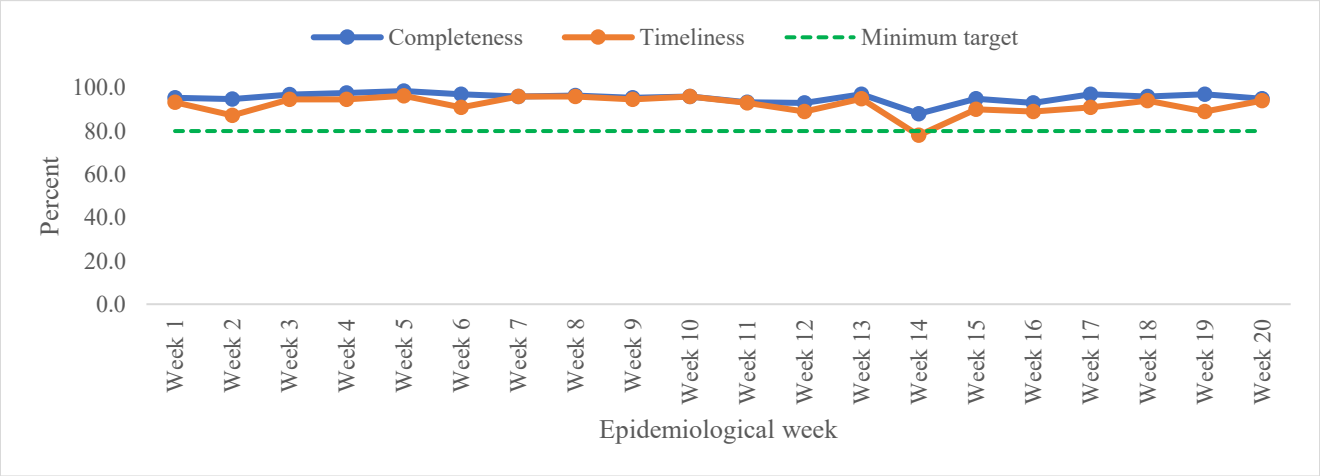

Figure 2. Trend of National IDSR weekly reporting rates in Malawi, up to Epi-week 20, 2026 (data accessed on 19 May, 2026)

2.1.2. Reporting rates at the Zonal level, including Central Hospitals for Epi-week 20

Figure 3 illustrates the reporting rates across various health zones, including Central Hospitals, during epidemiological week 20. All health zones and Central Hospitals met the minimum target of 80% for reporting completeness. While all health zones achieved the target for timeliness, Central Hospitals did not meet the required target, as shown in Figure 3 below.

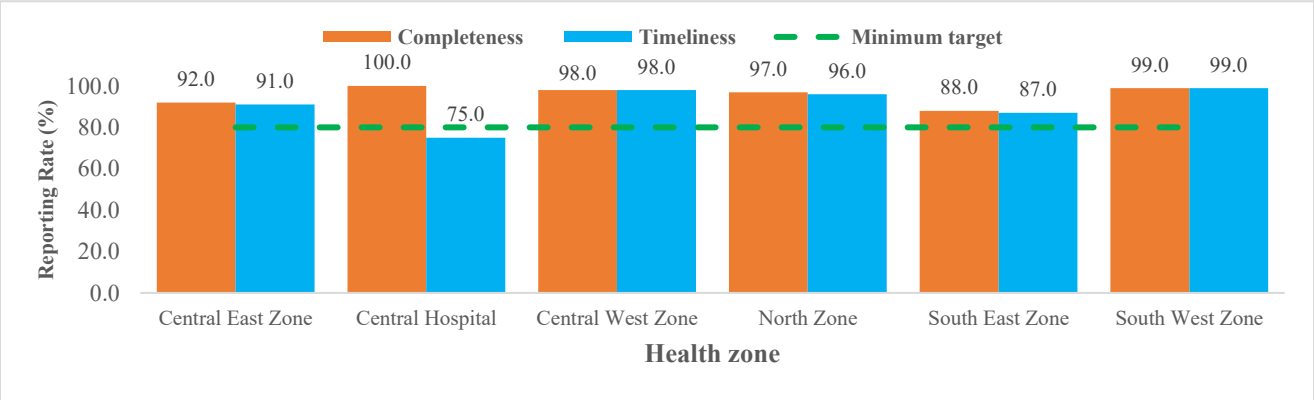

Figure 3. Reporting rates of IDSR weekly reports by zones, Epi-week 20 (data accessed on 19 May 2026)

2.1.3. Reporting rates at the district level for Epi-week 20

Among the 33 reporting sites (districts and Central Hospitals), 29 (87.9%) achieved the national target of ≥80% for both completeness and timeliness. Zomba, Dowa, and Karonga did not meet the national target for either timeliness or completeness. Mzuzu Central Hospital did not meet the timeliness target, as shown in Figure 4.

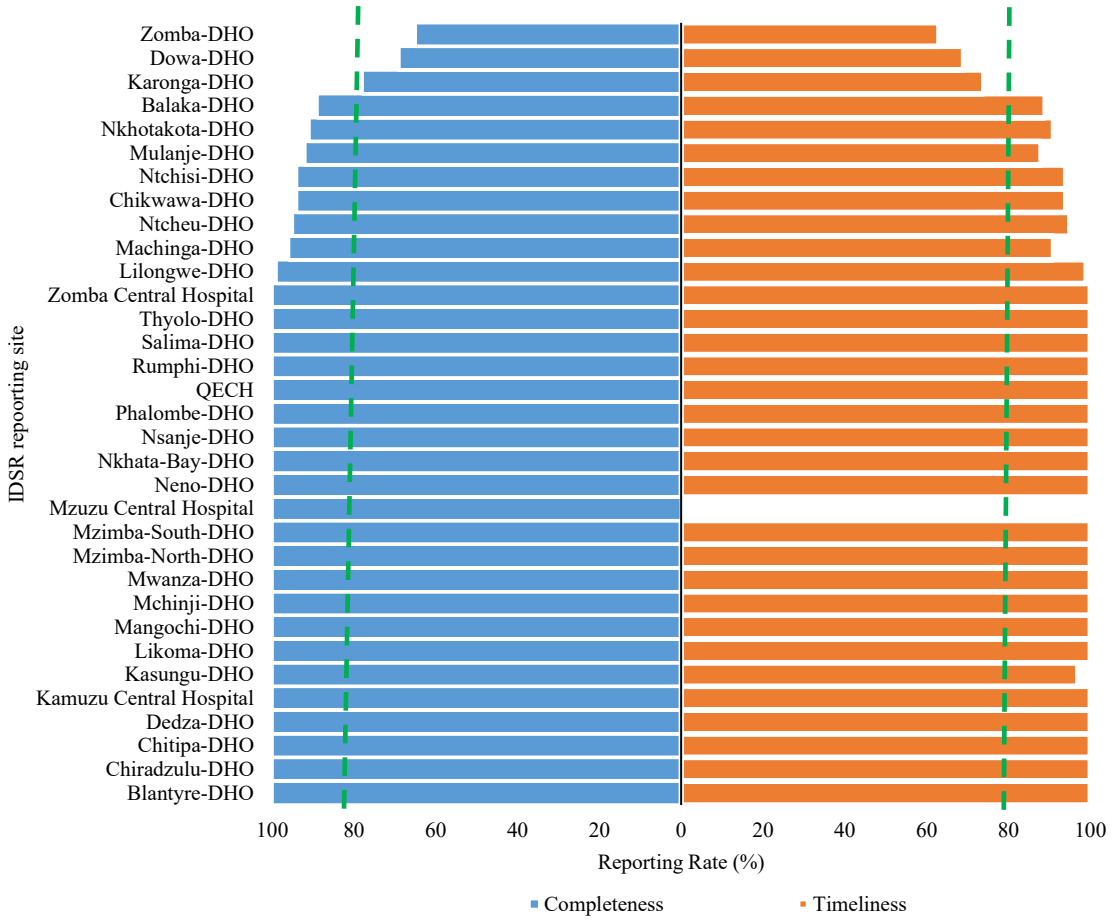

Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 20 (data accessed on 19 May, 2026)

3. Event-Based Surveillance (EBS)

3.1 Community EBS signals reported in Epi-week 20

Figure 5 presents the signals reported during epidemiological week 20. A total of seventy-eight (78) signals were reported from fourteen (14) districts. Of these, twenty-seven (34.6%) signals were verified

as events, five (6%) were discarded, while forty-six (59%) signals were not verified. The number of reports under each signal category is presented in Figure 5 below.

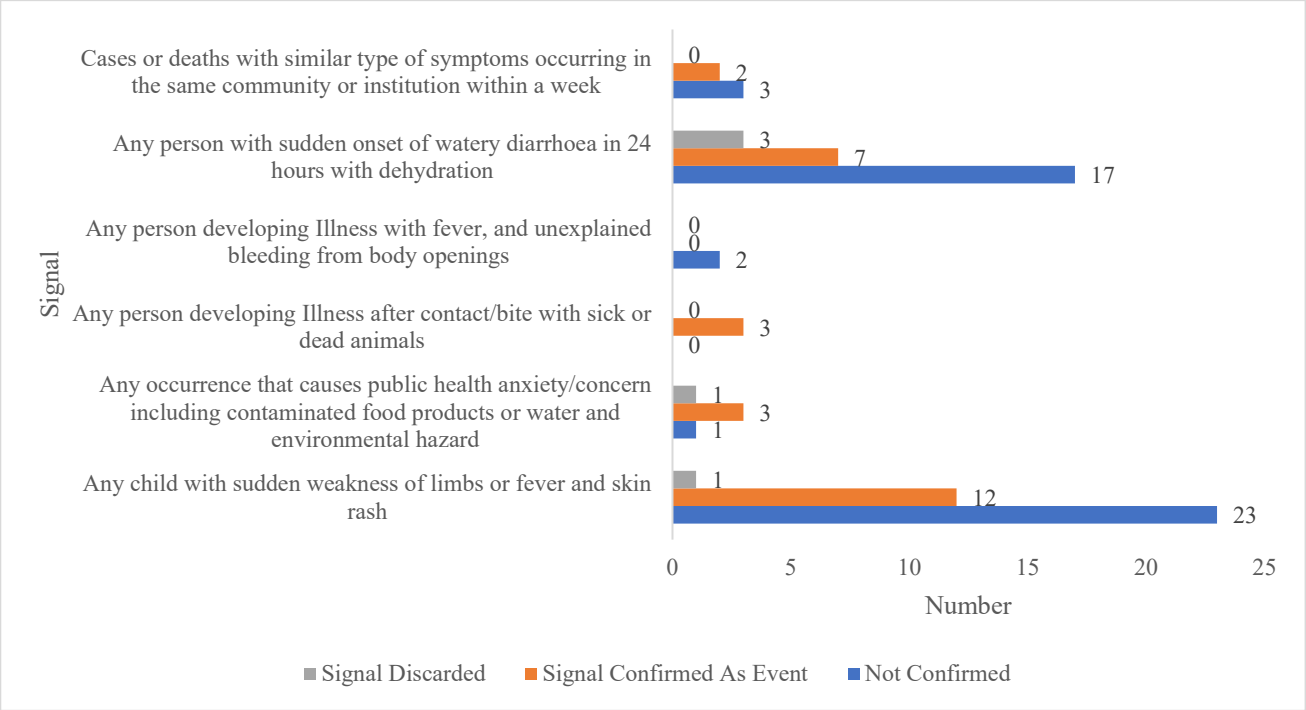

Figure 5. Event-based signals reported in Epi-week 20 (data accessed on 19 May, 2026).

3.2. Risk Assessment Level of the Community Signals

Risk assessments were conducted for twenty-seven (27) verified events. The distribution of Event-Based Surveillance (EBS) signals by risk level is shown in Figure 6, with further details provided in Annex 2.

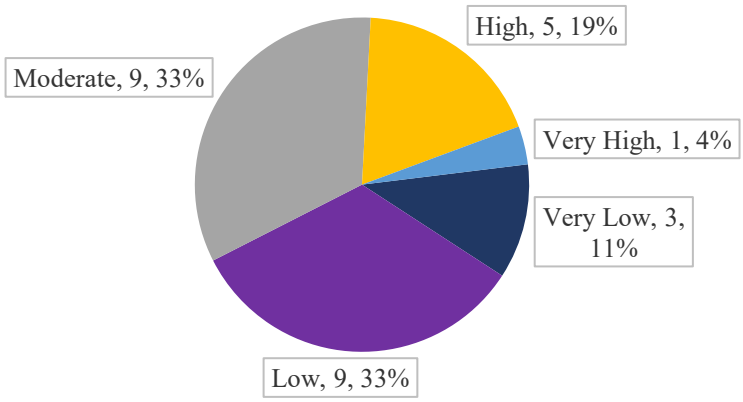

Figure 6. Distribution of the verified EBS signals by risk level, reported in Epi-week 20 (data accessed on 19 May, 2026)

4. Diseases and Conditions of Public Health Importance in Epi-week 20

Table 1 highlights alerts related to diseases and public health conditions recorded during epidemiological week 20. Among epidemic-prone diseases, diarrhoea with blood (783 cases) was the most prevalent, followed by Severe Acute Respiratory Infections (166 cases, including 2 deaths), while measles (108 cases) recorded the highest number of cases 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**
EPIDEMIC PRONE DISEASES		
Diarrhoea with blood	783	0
Meningococcal meningitis	8	0
Typhoid Fever	126	0
SARI	166	2
Cholera	145	0
Mpox	2	0
DISEASES TARGETED FOR ERADICATION/ELIMINATION		
Measles	108	0
Acute Flaccid Paralysis	3	0
Neonatal tetanus	0	0
CONDITIONS OF PUBLIC HEALTH IMPORTANCE		
Food-borne illnesses	0	0
Maternal death		5
Yellow fever	0	0
Rabies	2	0

5. Ongoing outbreaks and emergencies in Malawi as of week 20, 2026.

5.1. Mpox

During epidemiological week 20, Malawi recorded no Mpox alerts or confirmed cases. Since 17 April 2025 through week 20 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 20 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 20 of 2026, Malawi cumulatively reported 1,314 alerts, including 366 confirmed measles-rubella cases (laboratory-confirmed, epidemiologically linked, and clinically compatible). The confirmed cases were distributed across twenty-three (23) districts, with Balaka reporting the highest proportion at 21.9% (80 cases). Dowa, Nkhata Bay, Ntchisi, and Mwanza each reported the lowest proportion at 0.5% (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, measles outbreaks remain ongoing 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.

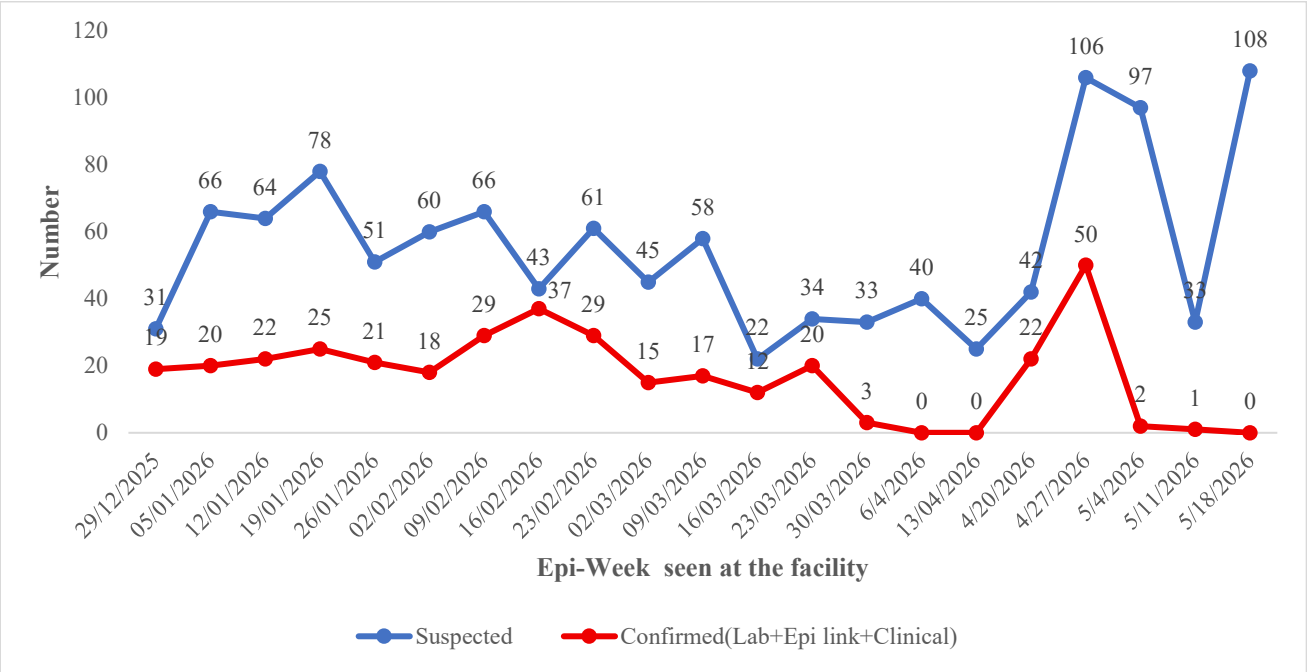

Figure 7. Measles disease alerts by epi-week of onset in Malawi, from week 1 to Week 20 of 2026. Source: OHSP and Measles Line list.

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 epidemiological week 20, Malawi recorded 145 cholera cases of which 84 were confirmed cases, and zero (0) deaths.

Between 1 November 2025 and epidemiological week 20 of 2026, a total of 539 confirmed cholera cases were reported (including 254 epi-linked cases), with five (5) deaths recorded, resulting in a case fatality rate (CFR) of 0.93%. The cases were distributed as follows: Lilongwe (5), Balaka (2), Neno (19, of which 1 was epi-linked), Mzimba North (1), Kasungu (5, of which 4 were epi-linked), Chitipa (1), Blantyre (180, of which 52 were epi-linked), Karonga (1), Dowa (1), Chiradzulu (27, of which 3 were epi-linked), Mulanje (43, of which 14 were epi-linked), Chikwawa (144, of which 125 were epi-linked), Zomba (21, of which 2 were epi-linked), Mwanza (51, of which 36 were epi-linked), Thyolo (3), Nsanje (15, of which 5 were epi-linked), Machinga (1), and Phalombe (15, of which 12 were epi-linked).

Of the 539 cases, 308 were males and 231 were females, aged between 1 and 79 years. A total of 534 patients have recovered and been discharged. The breakdown of cases by age and sex is presented in Annex 6.

Cumulatively, 170 cross-border suspected cases have been recorded, of which 84 were laboratory-confirmed. The cases were reported from Dedza (2), Nsanje (16), Chikwawa (12), Ntcheu (3), Mulanje (8), Thyolo (1), and Mwanza (128) districts. These included four (4) deaths (including two cholera-suspected deaths) reported between 23 December 2025 and 17 February 2026. Since 1 November 2025, a total of 2,248 samples from suspected cases across the country have been tested.

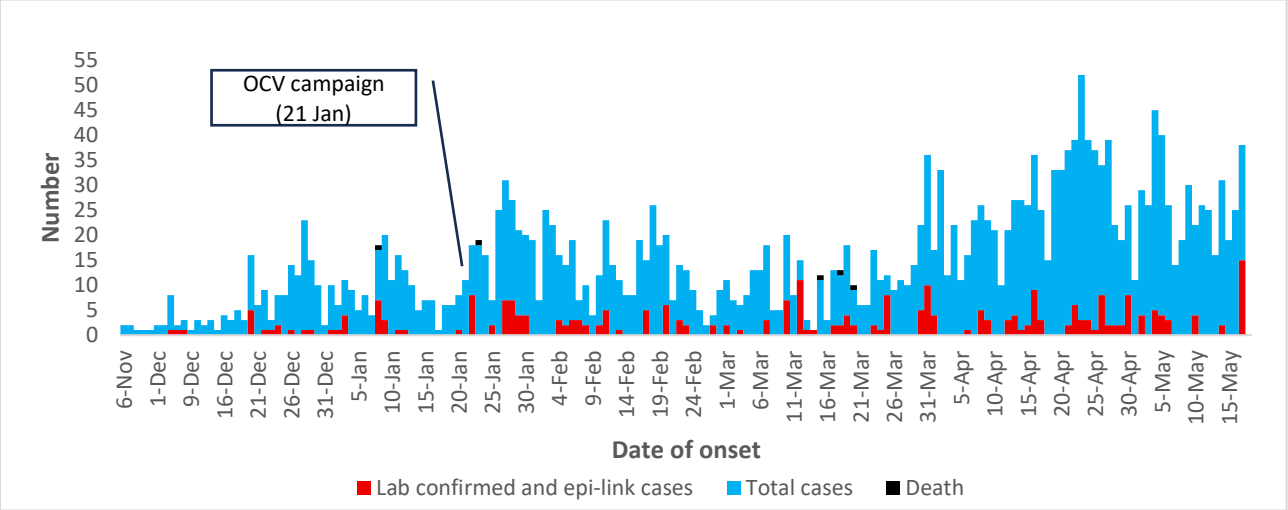

Figure 8. Malawi Cholera Epidemiologic Curve from 1 November 2025 to Week 20 of 2026. Source: National Cholera line list.

An Oral Cholera Vaccine campaign was conducted in selected hotspot districts, as listed in Table 3, along with their respective 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 Incident Management System (IMS) remain operational.
- Community and facility-based surveillance has been strengthened, with daily case follow-up conducted.
- Cholera rapid diagnostic tests (RDTs) have been distributed, and sample transport systems for laboratory confirmation have been improved.
- Cholera treatment centres have been established, and case management teams have been mentored.
- Chlorine supplies and WASH materials have been provided, and water quality monitoring has been conducted.
- Community sensitization activities have been conducted, and cholera prevention messages have been disseminated.
- Essential medicines and personal protective equipment (PPE) have been distributed, with buffer stocks maintained.
- Cross-border surveillance and coordination with Mozambique have been strengthened.
- Oral cholera vaccine has been administered to target populations in Blantyre, Mwanza, Kasungu, Mulanje, Chikwawa, Chiradzulu, and Neno districts, achieving 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) isolates 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 twelve (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 rather reflects recent immunization activity, with the child remaining in good health.

Interventions

- Enhanced polio surveillance measures are currently in place.
- Routine immunization (RI) activities have been intensified.
- Communication and Social and Behavior Change (SBC) interventions have been strengthened.

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

- Advocacy and coordination with MoHS leadership, partners, and districts are ongoing in preparation for upcoming nOPV2 campaigns.
- The National Emergency Operations Centre (EOC), supported by technical working groups, continues to hold daily coordination meetings.
- The Round Zero (R0) nOPV2 campaign was conducted from 11–14 February 2026, with 1,709,608 doses administered.
- The Round 1 polio vaccination campaign was conducted from 24–27 March 2026, achieving 103% coverage (6,223,422 individuals vaccinated).
- The Round 2 polio vaccination campaign was conducted from 28 April to 1 May 2026, achieving 106% coverage (6,637,979 individuals vaccinated).
- The 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, Dowa and Karonga DHOs** must improve on completeness and timeliness. Mzuzu Central hospital must improve on timeliness
- **Kasungu, Dedza, Blantyre, Lilongwe and Mchinji DHOs** must conduct a field investigation on the **Typhoid** cases being reported in the districts
- **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 9 to Week 20, 2026

	Completeness													Timeliness										
District/Hospital	**W9**	**W10**	**W11**	**W12**	**W13**	**W14**	**W15**	**W16**	**W17**	**W18**	**W19**	**W20**		**W9**	**W10**	**W11**	**W12**	**W13**	**W14**	**W15**	**W16**	**W17**	**W18**	**W19**	**W20**
National	**95**	**96**	**93**	**93**	**97**	**88**	**95**	**93**	**97**	**96**	**97**	**95**		**94**	**96**	**93**	**89**	**95**	**78**	**90**	**89**	**91**	**94**	**89**	**94**
Balaka	100	100	72	67	83	67	100	100	83	94	78	89		100	100	72	61	78	50	100	94	78	94	78	89
Blantyre	100	100	100	98	98	98	100	90	92	96	98	100		100	100	98	86	94	94	82	90	88	90	88	100
Chikwawa	81	28	88	100	75	84	100	91	97	100	97	94		81	28	88	31	75	53	100	72	91	94	94	94
Chiradzulu	100	100	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	100	94	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	79	100	100	100	97	100	95	100
Dowa	100	100	100	77	88	81	92	100	96	100	85	69		100	100	100	73	81	62	88	100	73	100	73	69
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	91	91	87	74	83	91	91	91	87	87	83	78		87	91	87	74	70	70	83	83	74	70	70	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	97
Likoma	100	100	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	100	100	100	100
Lilongwe	100	100	100	99	100	99	100	100	100	99	100	99		93	100	100	99	99	99	100	100	99	99	89	99
Machinga	100	82	5	77	86	95	100	95	100	100	96	96		100	82	5	77	86	86	100	95	61	83	87	91
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	95	100	100	100	100	100	100	100	100		100	100	100	95	100	100	100	100	100	100	100	100
Mulanje	85	77	85	77	100	65	62	100	69	62	100	92		85	77	85	77	100	100	50	50	65	62	65	88
Mwanza	100	100	100	100	100	100	20	100	100	100	100	100		100	100	100	100	100	100	20	100	100	100	100	100
Mzimba-North	100	100	100	100	100	97	100	100	100	100	100	100		100	100	100	100	97	97	100	100	100	100	100	100
Mzimba-South	100	100	91	88	97	94	100	41	100	100	100	100		94	100	91	88	88	88	97	32	94	97	100	100
Mzuzu CH	100	100	100	100	100	0	100	100	100	100	100	100		100	100	100	100	100	0	100	100	100	100	100	0
Neno	100	100	73	100	100	60	100	60	93	100	100	100		100	100	73	100	100	47	100	60	93	100	87	100
Nkhata-Bay	100	100	96	100	100	100	100	100	100	100	100	100		100	100	96	100	100	96	100	100	100	100	93	100
Nkhotakota	96	91	100	78	96	61	91	100	87	87	96	91		96	91	100	78	96	61	87	96	87	87	61	91
Nsanje	100	100	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	100	100	100	100
Ntcheu	100	97	97	82	97	90	100	95	100	100	100	95		100	97	97	82	95	79	95	92	80	97	97	95
Ntchisi	100	100	100	100	100	71	100	88	100	100	88	94		100	100	100	100	100	53	100	88	100	100	29	94
Phalombe	100	100	100	100	100	100	100	100	100	100	100	100		100	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	0	100	100	100	100	100	100
Rumphi	94	100	94	100	100	100	100	100	89	100	100	100		94	100	94	100	100	100	100	100	83	100	100	100
Salima	100	100	100	92	100	100	100	100	100	100	100	100		100	100	100	92	100	100	100	100	100	100	100	100
Thyolo	100	100	100	100	100	100	100	100	100	100	98	100		100	100	100	100	100	100	100	100	100	100	98	100
Zomba CH	0	100	100	100	100	100	100	0	100	79	100	100		0	100	100	100	100	100	0	0	100	65	0	100
Zomba	98	95	93	79	100	65	72	81	79	79	81	65		95	95	93	56	100	35	70	67	61	65	77	63

Key:

	>= 80%
	< 80%

Annex 2: Distribution of EBS signals per reporting unit in Epi-week 20, 2026

District	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	Grand Total
Balaka	6	0	0	0	0	0	6
Blantyre	4	0	0	0	12	2	18
Chiradzulu	0	0	0	0	4	1	5
Dowa	1	0	0	0	0	0	1
Kasungu	6	0	1	0	2	0	9
Lilongwe	5	1	0	0	3	0	9
Mchinji	2	0	2	0	0	0	4
Mulanje	0	0	0	0	1	0	1
Mwanza	0	0	0	0	3	0	3
Neno	0	2	0	0	0	1	3
Nkhata Bay	11	2	0	0	0	1	14
Rumphi	1	0	0	2	0	0	3
Thyolo	0	0	0	0	1	0	1
Zomba	0	0	0	0	1	0	1
Grand Total	**36**	**5**	**3**	**2**	**27**	**5**	**78**

Annex 3. Priority diseases/conditions/events, including alerts under surveillance, Epi-week 20

Reporting unit	OPD AEFI cases	OPD AFP cases	OPD Covid-19 cases	OPD Diarrhoea With Blood (Bacterial) Cases	IP Diarrhoea With Blood (Bacterial) Cases	OPD Malaria Cases	IP Malaria Cases	IP Death Malaria Cases	OPD Maternal death cases	IP Maternal death cases	OPD measles cases	IP measles cases	IP meningo-coccal meningitis cases	OPD rabies cases	IP SARI cases	IP SARI deaths	OPD typhoid fever cases	IP typhoid fever cases
Kasungu-DHO	2	0	0	28	0	858	38	0	0	1	57	4	2	0	0	0	16	0
Nkhotakota-DHO	0	0	0	5	0	834	12	1	0	0	0	0	0	0	8	0	0	0
Ntchisi-DHO	0	0	0	0	0	107	0	0	0	0	0	0	0	0	0	0	0	0
Salima-DHO	0	0	0	43	1	1937	34	1	0	0	0	0	0	0	0	0	0	0
Dowa-DHO	0	0	0	8	0	746	3	0	0	0	0	0	0	0	41	1	0	0
Kamuzu CH	0	0	0	0	0	11	14	4	0	1	0	0	0	0	49	1	0	0
Mzuzu CH	0	0	0	3	0	2	5	0	0	0	0	0	0	0	2	0	0	0
QECH	0	0	0	0	0	2	11	0	0	0	0	0	1	0	0	0	0	0
Zomba CH	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0
Dedza-DHO	0	0	0	37	0	1233	24	0	0	1	0	0	0	0	0	0	0	13
Lilongwe-DHO	1	0	0	63	0	2442	65	0	0	0	7	0	0	0	0	0	12	4
Ntcheu-DHO	0	0	0	12	0	1238	10	0	0	0	2	0	0	0	0	0	0	0
Mchinji-DHO	0	1	0	9	0	930	33	1	0	0	0	0	0	0	0	0	22	0
Chitipa-DHO	0	0	0	8	0	322	0	0	0	0	0	0	0	0	0	0	0	0
Karonga-DHO	1	0	0	27	1	287	7	0	0	0	0	0	1	0	8	0	0	0
Likoma-DHO	0	0	0	5	0	172	2	0	0	0	0	0	0	0	0	0	0	0
Mzimba-North-DHO	73	0	0	31	0	386	7	0	0	0	0	0	0	0	0	0	0	0
Mzimba-South-DHO	0	0	1	114	0	451	2	0	0	0	0	0	0	0	0	0	0	0
Nkhata-Bay-DHO	1	0	0	20	0	638	2	0	0	0	0	0	0	0	0	0	0	0
Rumphi-DHO	12	0	0	15	0	283	9	0	0	0	0	0	0	0	3	0	0	0
Balaka-DHO	0	0	0	22	0	988	64	1	0	0	29	0	0	0	0	0	0	0
Machinga-DHO	0	0	0	39	0	1195	0	0	0	0	2	0	0	0	0	0	0	0
Mangochi-DHO	3	0	0	32	0	3108	36	0	0	0	0	0	0	0	0	0	2	2
Mulanje-DHO	0	0	0	23	0	2223	27	0	0	1	0	0	0	0	40	0	1	0
Phalombe-DHO	0	0	0	12	0	401	6	0	0	0	0	0	0	0	0	0	0	0
Zomba-DHO	0	0	0	45	0	1402	10	0	0	0	1	0	0	0	0	0	0	0
Blantyre-DHO	1	2	0	90	1	3893	5	0	0	0	1	0	0	0	1	0	39	1
Chikwawa-DHO	2	0	0	26	0	2513	5	0	0	0	0	0	3	0	0	0	4	0
Chiradzulu-DHO	0	0	0	5	0	429	0	0	0	0	0	0	0	0	0	0	0	0
Mwanza-DHO	3	0	0	12	0	1962	54	0	0	0	0	0	0	0	0	0	0	0
Neno-DHO	0	0	0	20	0	1042	7	0	0	0	0	0	0	0	14	0	4	2
Nsanje-DHO	1	0	0	16	0	1162	23	0	0	0	0	0	0	0	0	0	0	0
Thyolo-DHO	0	0	0	10	0	898	10	0	1	0	5	0	0	2	0	0	4	0
Total	**100**	**3**	**1**	**780**	**3**	**34100**	**525**	**8**	**1**	**4**	**104**	**4**	**7**	**2**	**166**	**2**	**104**	**22**

Annex 4: Distribution of confirmed Mpox cases by occupation and district in Malawi, Epi week 20

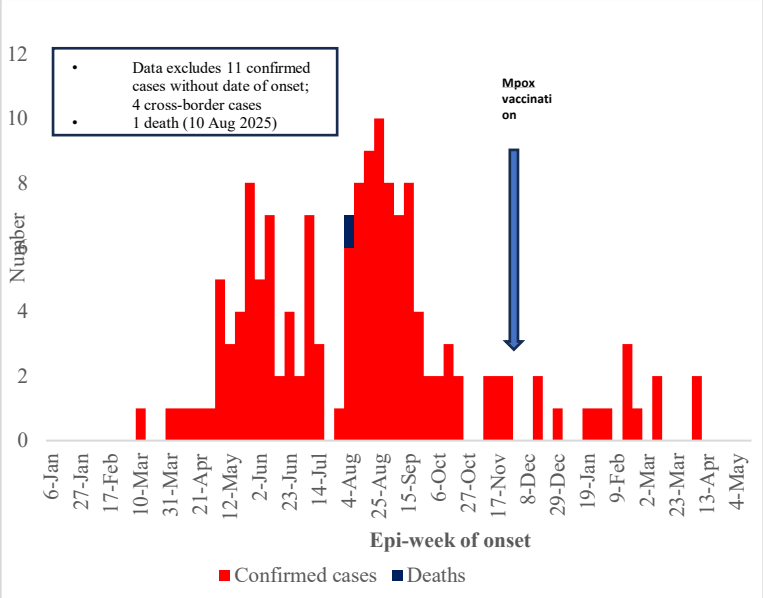

Figure 9. Mpox cases by week of onset as of Epi-Week 20 of 2026 (N=157 lab confirmed)

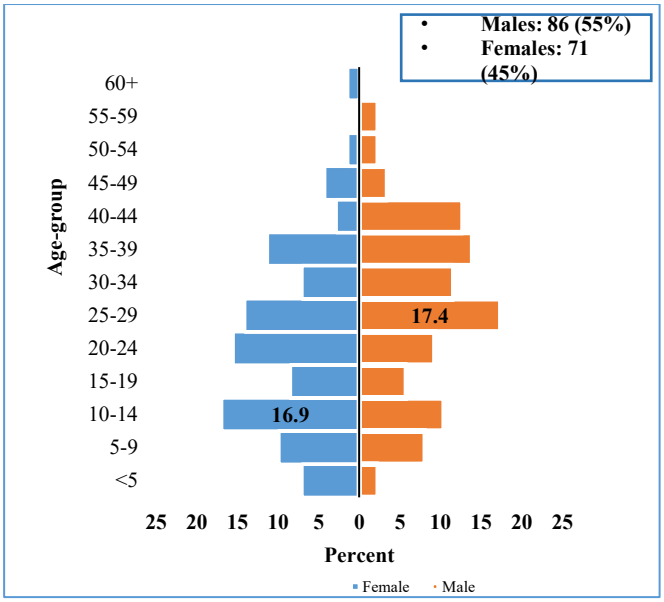

Figure 10. Mpox cases by sex and age-group as of Epi-Week 20 of 2026

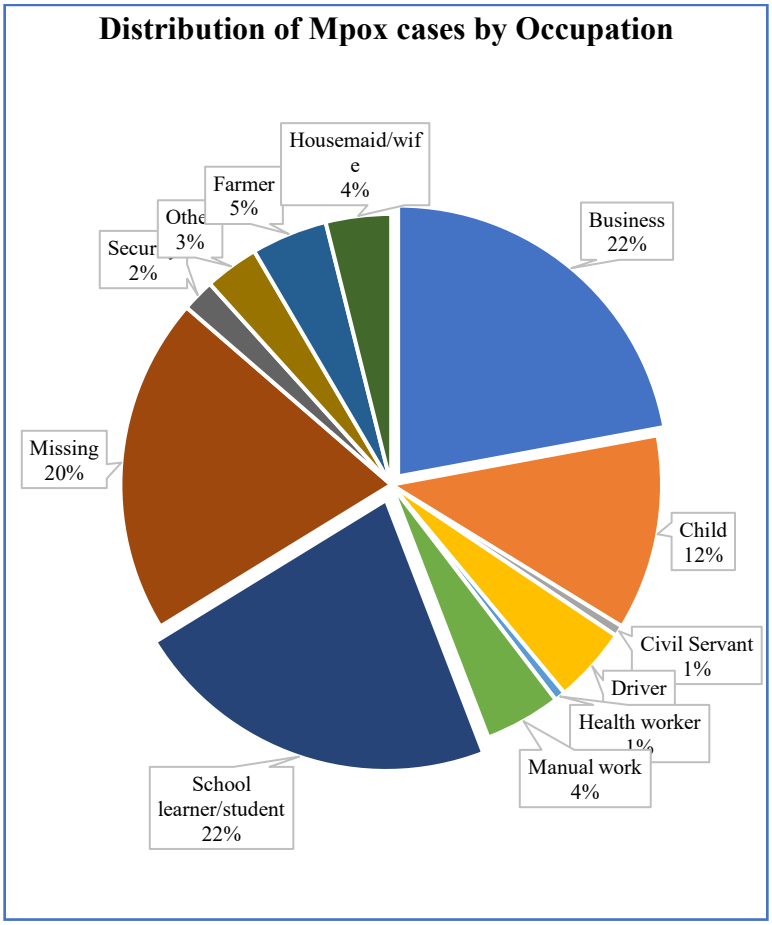

Figure 11. Distribution of confirmed Mpox cases by occupation (N=157), 2025-2026. (Source: Mpox outbreak Line list).

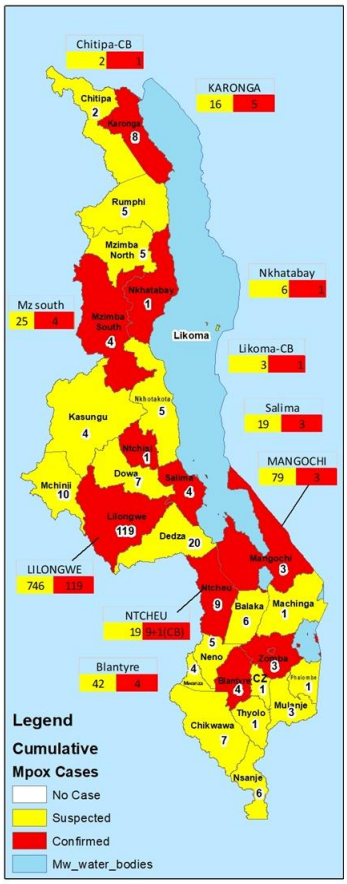

Figure 12. Map of Malawi showing cumulative Mpox suspected and confirmed cases.

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

District	Confirmed cases	% of total
Balaka	80	21.9
Blantyre	17	4.6
Chikwawa	16	4.4
Chiradzulu	24	6.6
Chitipa	7	1.9
Dedza	6	1.6
Dowa	2	0.5
Kasungu	43	11.7
Lilongwe	24	6.6
Mangochi	8	2.2
Mchinji	3	0.8
Mulanje	10	2.7
Mwanza	2	0.5
Mzimba	8	2.2
NkhataBay	2	0.5
Nsanje	61	16.7
Ntcheu	12	3.3
Ntchisi	2	0.5
Phalombe	3	0.8
Rumphi	6	1.6
Salima	3	0.8
Thyolo	12	3.3
Zomba	15	4.1
Grand Total	**366**	**100.0**

Annex 6. Distribution of Confirmed Cholera Cases by Age-group and Sex, Malawi-2025-2026

Age group (years)	**Sex**		**Total**
	Males	**Females**	
0-4	31	32	**63**
5-9	29	23	**52**
10-14	23	17	**40**
15-19	45	35	**80**
20-24	48	25	**73**
25-29	37	40	**77**
30-34	31	15	**46**
35-39	15	16	**31**
40-44	16	4	**20**
45-49	16	4	**20**
50-54	7	8	**15**
55-59	3	4	**7**
60-64	1	4	**5**
65-70	3	2	**5**
70+	3	2	**5**
Total	**308**	**231**	**539**

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

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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