

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 16 of 2026), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 16
- 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 16, 2026

- IDSR reporting was at 92.7% for completeness and 88.9% for timeliness on the One Health Surveillance platform (OHSP)
- Two hundred and one (201) cholera suspected cases, with fifteen (15) confirmed cholera cases, and zero (0) cholera deaths were reported
- Eighty-one (81) EBS signals reported
- Zero (0) new confirmed Mpox cases and two (2) alerts
- Other alerts generated were Malaria (31,044 cases, including 5 deaths), Diarrhoea with blood (687 cases), Severe Acute Respiratory Infections (305 cases, including 2 deaths), Typhoid fever (90 cases: Malmed Clinic in Blantyre reported 44.4% (40) of the cases), Adverse Events Following Immunization (AEFI) (85 cases: Mzuzu Urban Health Centre in Mzimba North reported 15.3% (13) of the events), Measles (24 cases), Acute Flaccid Paralysis (AFP) (7 cases), Neonatal tetanus (0 case), Meningococcal meningitis (7 cases), Rabies (1 case), and Maternal deaths (4), as shown in Figure 1.

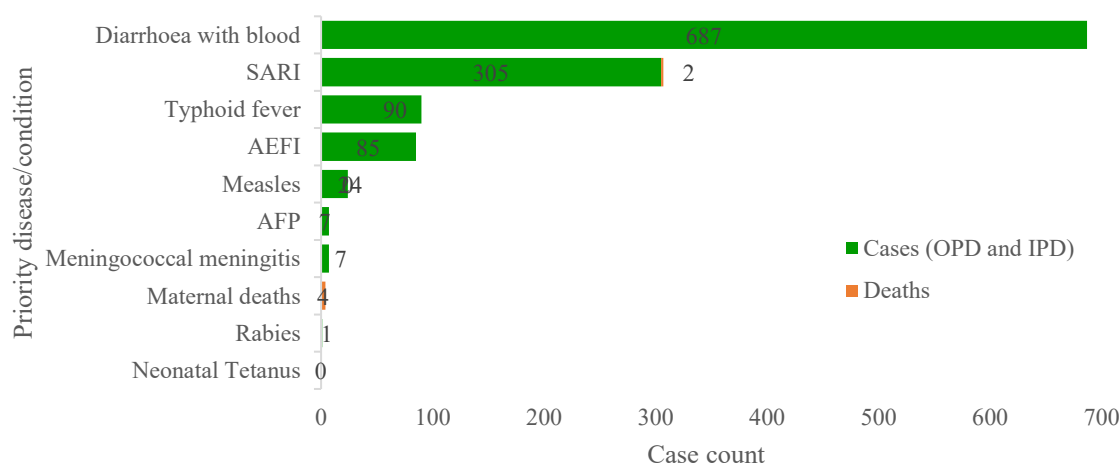


Figure 1. Notifiable diseases/conditions alerts reported in Epi-week 16 in Malawi (data accessed on 22 April, 2026).

2. Performance of the Integrated Disease Surveillance and Response up to Epi-week 16

2.1. Timeliness and Completeness

2.1.1. Reporting rate at the national level up to Epi-week 16

Both completeness and timeliness decreased in week 16 compared to week 15, dropping from 95.0% to 92.7% and from 90.0% to 88.9%, respectively (see Figure 2).

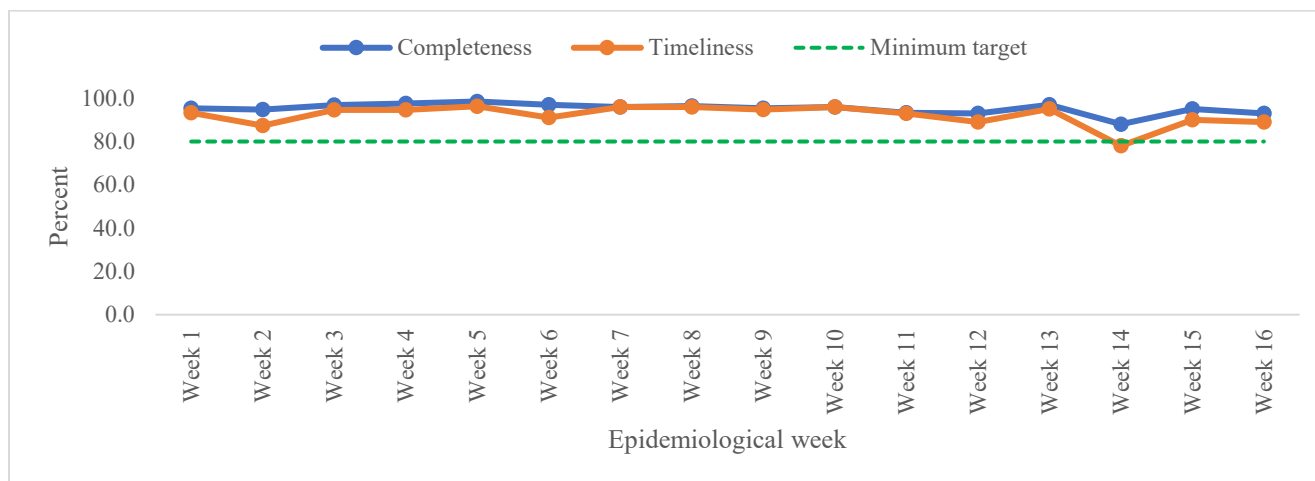


Figure 2. Trend of National IDSR weekly reporting rates in Malawi, up to Epi-week 16, 2026 (data accessed on 22 April, 2026)

2.1.2. Reporting rates at the Zonal level, including Central Hospitals for Epi-week 16

Figure 3 illustrates the reporting rates across various health zones, including Central Hospitals, in epi-week 16. All health zones, except Central Hospitals, met the minimum target of 80% for both completeness and timeliness, as shown below.

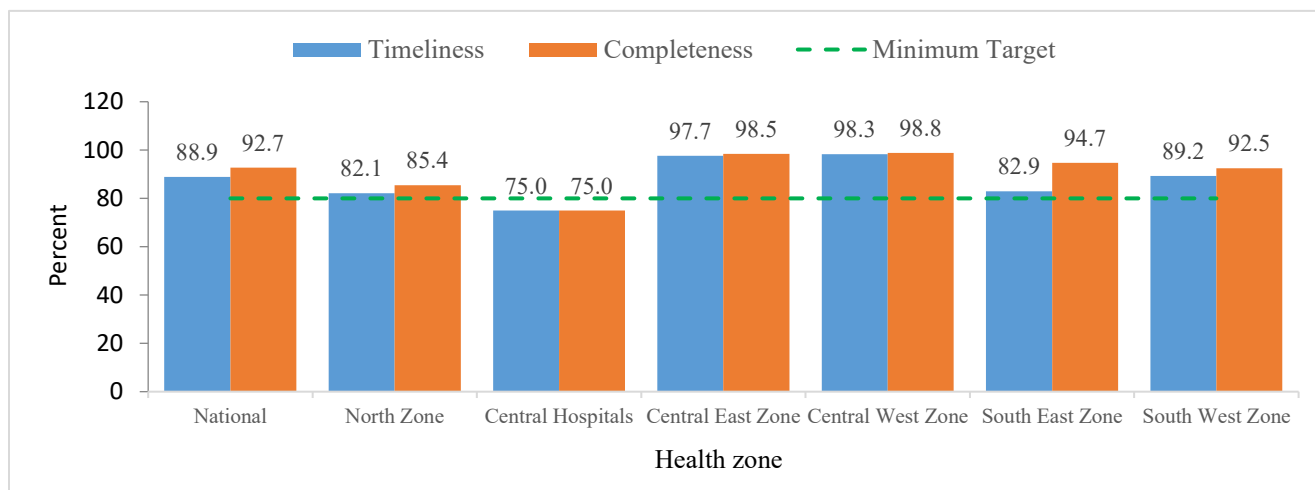


Figure 3. Reporting rates of IDSR weekly reports by Zones, including Central Hospitals, Epi-week 16 (data accessed on 22 April 2026)

2.1.3. Reporting rates at the District level for Epi-week 16

Among the 33 reporting sites (Districts and Central Hospitals), 27 (81.8 %) met the national target of $\geq 80\%$ for both completeness and timeliness. Mulanje, Chikwawa, and Zomba DHOs met the target for completeness but fell short on timeliness. Neno and Mzimba South DHOs failed to meet both indicators. No report was received from Zomba Central Hospital, as shown in Figure 4.

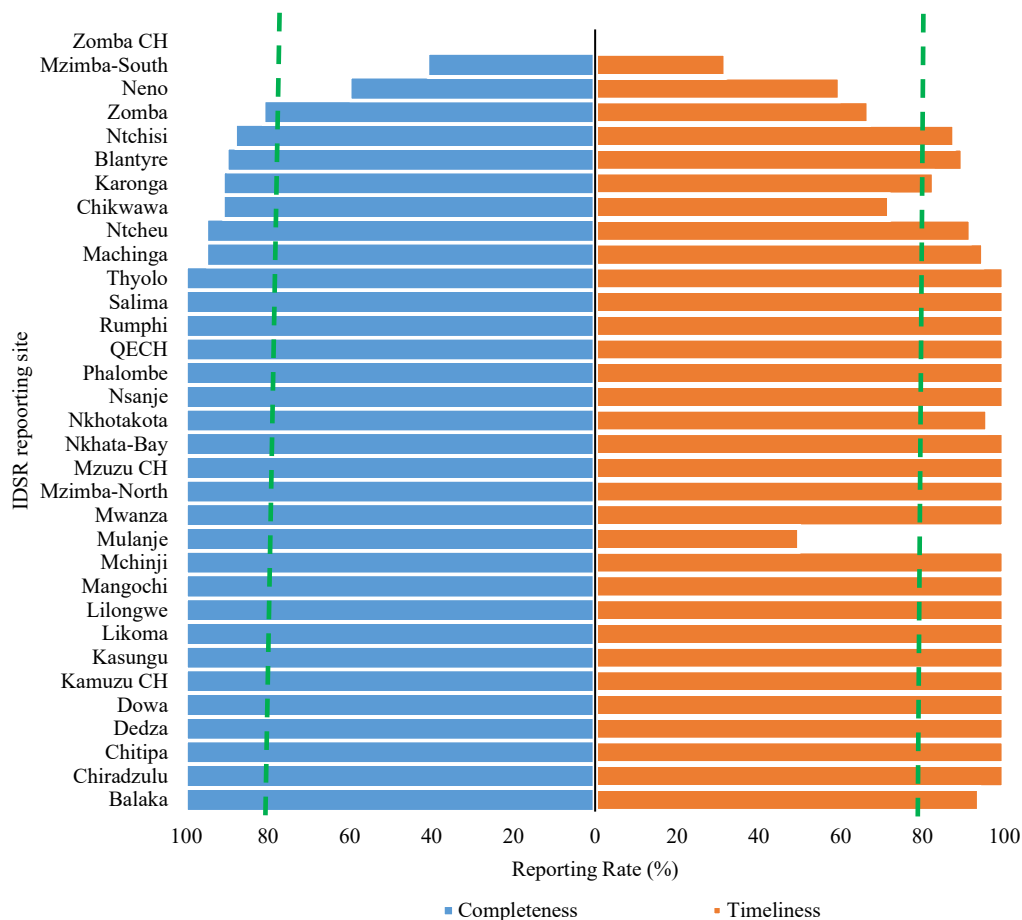


Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 16 (data accessed on 22 April, 2026)

3. Event-Based Surveillance (EBS)

3.1 Community EBS signals reported in Epi-week 16.

Figure 5 presents signals that were reported in Epi-week 16. In total, eighty-one (81) signals were reported from eight (8) districts. Most of the signals 63 (77.8%) were reported by Blantyre. Seventy-five (92.7%) of the signals were verified as events. Of the remaining six signals, five (5) were unclassified, while one (1) was discarded.

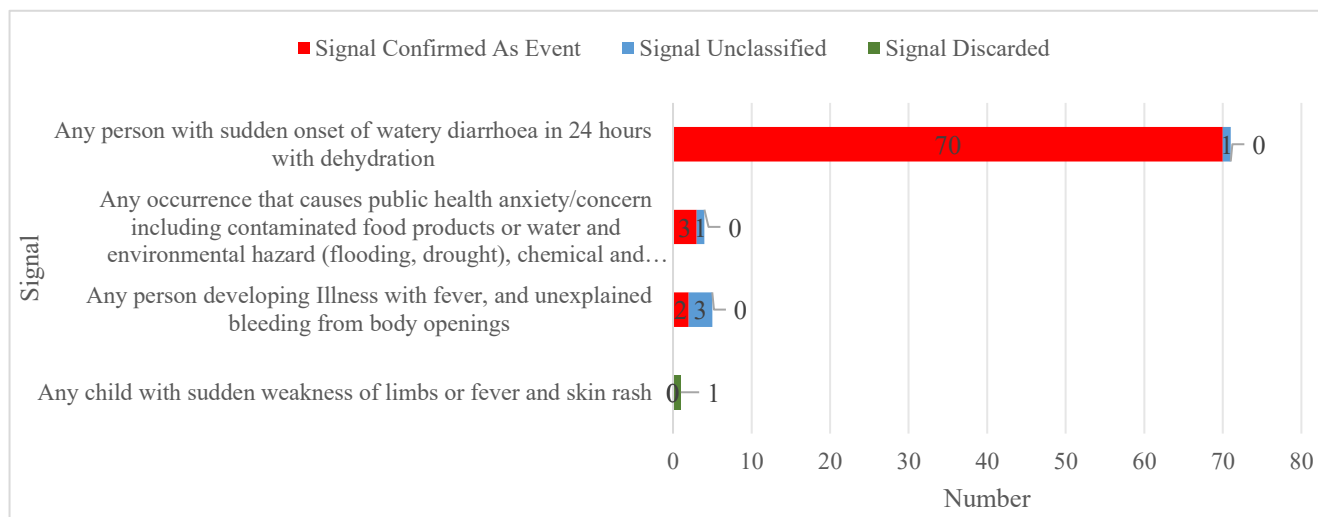


Figure 5. Event-based signals reported in Epi-week 16 (data accessed on 24 April, 2026).

3.2. Risk Assessment Level of the Community Signals

Risk assessments were conducted for all seventy-five (75) verified events. The distribution of EBS signals by risk level is shown in Figure 6, with further details provided in Annex 2.

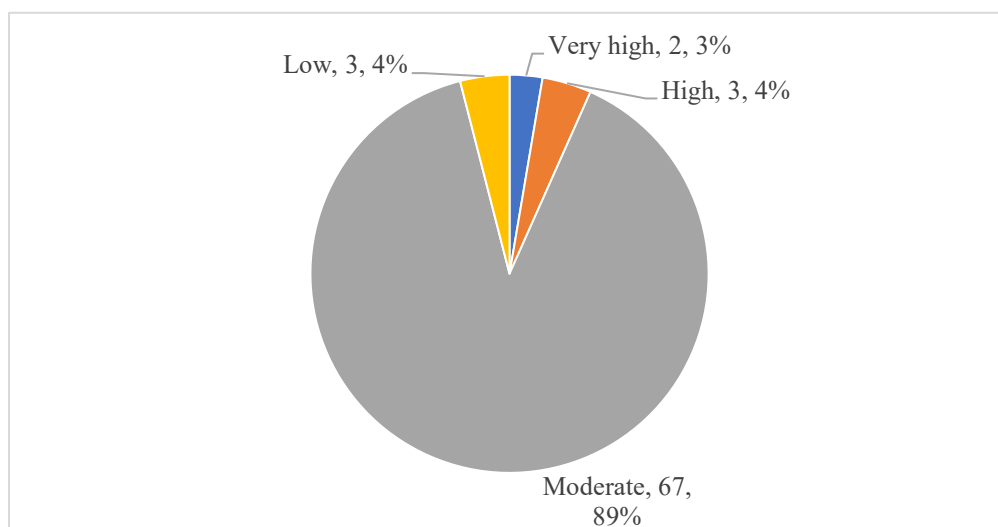


Figure 6. Distribution of the verified EBS signals by risk level, reported in Epi-week 16 (data accessed on 24 April, 2026)

4. Diseases and Conditions of Public Health Importance in Epi-week 16

Table 1 highlights the alerts related to diseases and public health conditions recorded during epi-week 16. Among the epidemic-prone diseases, diarrhoea with blood accounted for the highest number of alerts (687 cases), followed by SARI (305 cases, including 2 deaths), while measles (24 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 16.

	Suspected cases	Deaths
<i>EPIDEMIC PRONE DISEASES</i>		
Diarrhoea with blood	687	0
Meningococcal meningitis	7	0
Typhoid Fever	90	0
SARI	305	2
Cholera	201	0
Mpox	2	0
<i>DISEASES TARGETED FOR ERADICATION/ELIMINATION</i>		
Measles	24	0
Acute Flaccid Paralysis	7	0
Neonatal tetanus	0	0
<i>CONDITIONS OF PUBLIC HEALTH IMPORTANCE</i>		
Food-borne illnesses	0	0
Maternal death	0	4
Yellow fever	0	0
Rabies	1	0

5. Ongoing outbreaks and emergencies in Malawi as of week 16, 2026.

5.1. Mpox

In Epi-week 16, Malawi has recorded two (2) Mpox alerts and zero (0) confirmed case. Since 17 April 2025, up to week 16 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 16 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 16 of 2026, Malawi has cumulatively reported 911 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 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.

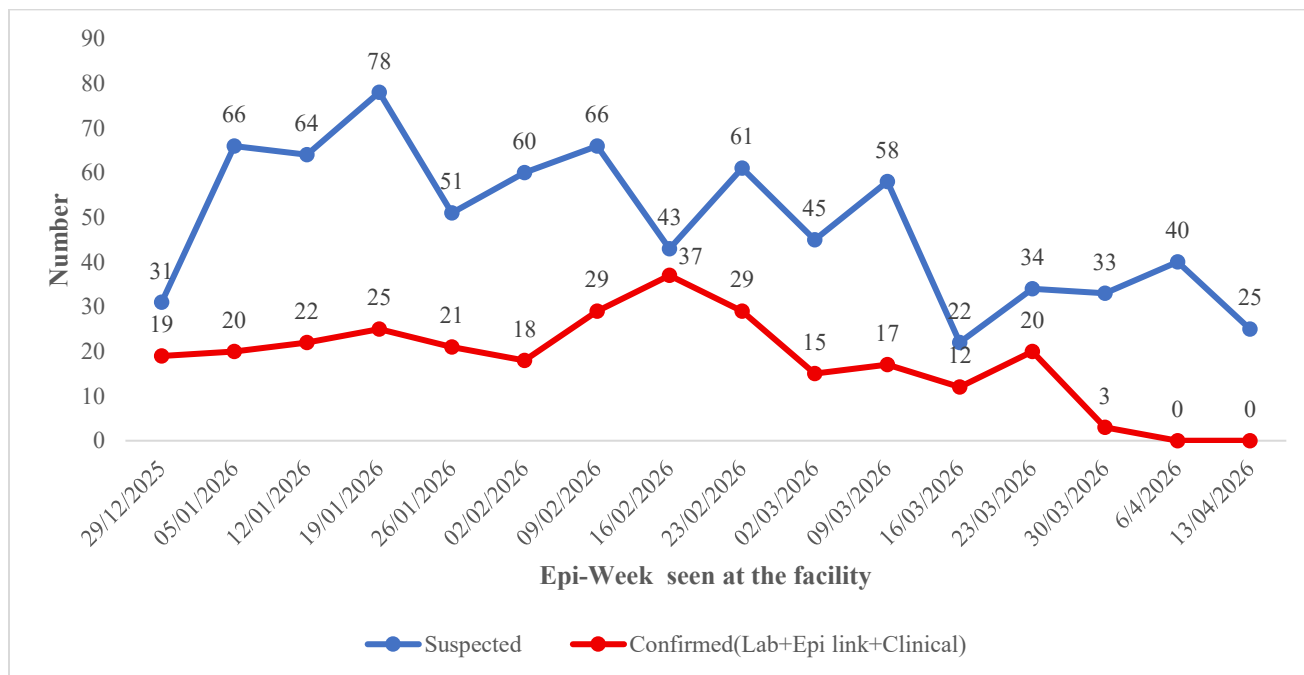


Figure 7. Measles disease alerts by epi-week of onset in Malawi, from week 1 to Week 16 of 2026. Source: OHSP and Measles Line list.

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 16, Malawi recorded two hundred and one (201) suspected cholera cases, fifteen (15) confirmed cases, and zero (0) death. Between November 1, 2025, and week 16 of 2026, there were two hundred and fourteen (214) confirmed cases of cholera (including 12 epi-linked), with five (5) deaths (CFR: 2.51%) recorded. Blantyre confirmed 98 (45.8%), Zomba and Mulanje each 21 (9.8%), Chikwawa 19 (8.9%). Neno 17 (7.9%) Chiradzulu 11 (5.7%), Mwanza 10 (4.7%), Kasungu and

Lilongwe 5 (2.3%), 3 (1.4%). Balaka 2 cases (0.9%). Karonga, Chitipa, Dowa, Mzimba North each recorded 1 case (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 16 of 2026.

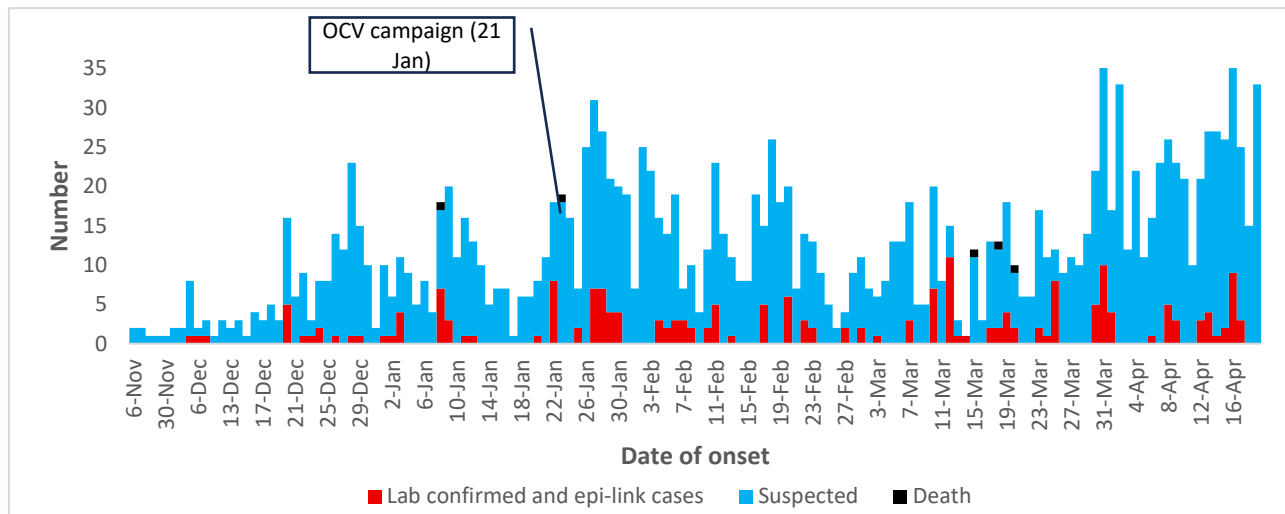


Figure 8. Malawi Cholera Epidemiologic Curve from 1 November 2025 to Week 16 of 2026. Source: National Cholera line list.

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

¹ Other interventions are detailed in the Weekly Cholera Sitrep

- 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 (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.
- **Zomba Central Hospital, Mzimba South, Chikwawa, Zomba, and Mulanje DHOs** should improve on completeness and timeliness.
- **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 16, 2026

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

Key: Green indicates minimum target of 80% was reached; Red means the minimum target not reached

Annex 2: Distribution of EBS signals per reporting unit in Epi-week 16, 2026

District of residence	Any person with sudden onset of watery diarrhoea in 24 hours with dehydration	Any person developing illness with fever, and unexplained bleeding from body openings	Any occurrence that causes public health anxiety/concern including contaminated food products or water and environmental hazard	Any child with sudden weakness of limbs or fever and skin rash	Grand Total
Blantyre	63	0	0	0	63
Balaka	1	5	0	0	6
Mchinji	0	0	3	0	3
Ntcheu	1	0	0	0	1
Lilongwe	0	0	1	1	2
Thyolo	2	0	0	0	2
Nsanje	3	0	0	0	3
Nkhata Bay	1	0	0	0	1
Grand Total	71	5	4	1	81

Annex 3. Priority diseases/conditions/events, including alerts under surveillance, Epi-week 16

IDSR Reporting Unit	AE FI cases	Polio (AFP) cases	Chole ra cases	Chol era cases	Chol era deat hs	OPD Covi d-19 cases	Diarrhoea With Blood (Bacterial) Cases	OPD Malaria Cases	IP Mala ria Cases	Malar ia Death s	Mate rnal death	OPD Measl es cases	M. menin gitis cases	OPD Rabies cases	SAR I case s	SARI death s	OPD typh oid fever
Balaka-DHO	1	0	3	0	0	0	36	890	29	0	1	14	0	0	0	0	0
Blantyre-DHO	4	0	10	1	0	0	110	2,617	8	0	0	0	0	0	0	0	51
Chikwawa- DHO	3	0	6	57	1	0	19	1,867	7	0	0	0	1	0	0	0	0
Chiradzulu-DHO	0	0	0	1	0	0	8	295	0	0	0	0	0	0	0	0	2
Chitipa-DHO	0	0	0	0	0	0	7	323	1	0	0	0	0	0	0	0	0
Dedza-DHO	0	0	0	0	0	0	11	800	42	0	0	0	0	0	0	0	3
Dowa-DHO	0	0	0	0	0	0	10	474	6	0	0	0	0	1	144	0	0
Kamuzu CH	1	1	0	0	0	0	0	7	12	0	2	1	0	0	103	2	0
Karonga-DHO	1	0	0	0	0	0	26	278	9	0	0	0	1	0	3	0	0
Kasungu-DHO	1	0	0	0	0	0	12	1,645	2	0	0	3	0	0	0	0	0
Likoma-DHO	0	0	0	0	0	0	4	174	3	0	0	0	0	0	0	0	0
Lilongwe-DHO	0	0	0	3	0	0	85	2,780	50	0	0	2	0	0	1	0	15
Machinga-DHO	0	0	0	0	0	0	19	1,399	82	0	0	2	0	0	0	0	0
Mangochi-DHO	12	0	0	0	0	0	32	1,691	18	0	0	0	1	0	5	0	1
Mchinji-DHO	0	1	0	0	0	0	5	958	65	0	0	0	0	0	0	0	14
Mulanje-DHO	0	0	20	2	0	0	34	2,117	5	0	0	0	0	0	30	0	1
Mwanza-DHO	2	0	1	10	2	0	10	1,458	40	0	0	0	0	0	0	0	0
Mzimba-N-DHO	51	0	0	0	0	0	44	401	3	0	0	0	0	0	0	0	0
Mzimba-S-DHO	0	1	0	0	0	0	23	499	2	0	0	0	0	0	0	0	0
Mzuzu CH	0	0	0	0	0	0	0	5	0	0	0	0	0	0	5	0	0
Neno-DHO	1	0	1		0	0	2	574	0	0	0	0	0	0	0	0	1
Nkhata-Bay-DHO	0	0	0	0	0	0	10	1,439	2	0	0	0	0	0	0	0	0
Nkhotakota-DHO	0	0	0	0	0	0	7	1,084	14	0	0	0	0	0	9	0	0
Nsanje-DHO	0	0	3	12	0	0	21	1,093	20	1	0	1	2	0	0	0	0
Ntcheu-DHO	0	0	0	0	0	0	5	1,065	13	0	0	0	0	0	0	0	1
Ntchisi-DHO	0	0	0	0	0	1	11	337	0	0	0	0	0	0	4	0	0
Phalombe-DHO	0	0	0	0	0	0	18	409	4	0	1	0	0	0	0	0	0
QECH	0	0	0	0	0	0	0	5	13	0	0	0	2	0	0	0	0
Rumphi-DHO	7	0	0	0	0	0	24	376	6	0	0	0	0	0	1	0	0
Salima-DHO	1	0	0	0	0	0	48	1,055	22	4	0	0	0	0	0	0	0
Thyolo-DHO	0	4	0	2	0	0	12	1,243	9	0	0	1	0	0	0	0	1
Zomba-DHO	0	0	0	0	0	0	34	1,067	132	0	0	0	0	0	0	0	0
Total	85	7	44	88	3	1	687	30,425	619	5	4	24	7	1	305	2	90

Annex 4: Distribution of confirmed Mpox cases by occupation and district in Malawi, Epi week 16

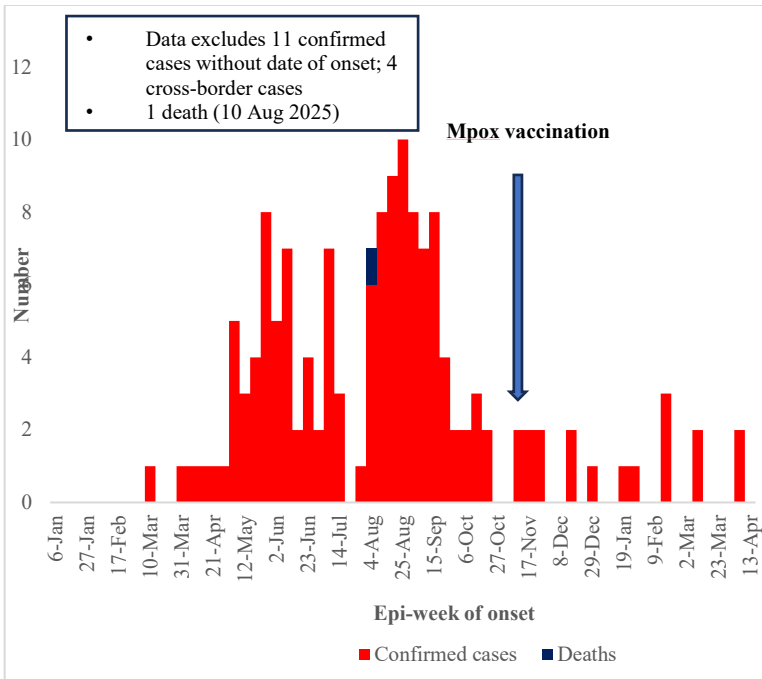


Figure 9. Mpox cases by week of onset as of Epi-Week 16 of 2026 (N=157 lab confirmed)

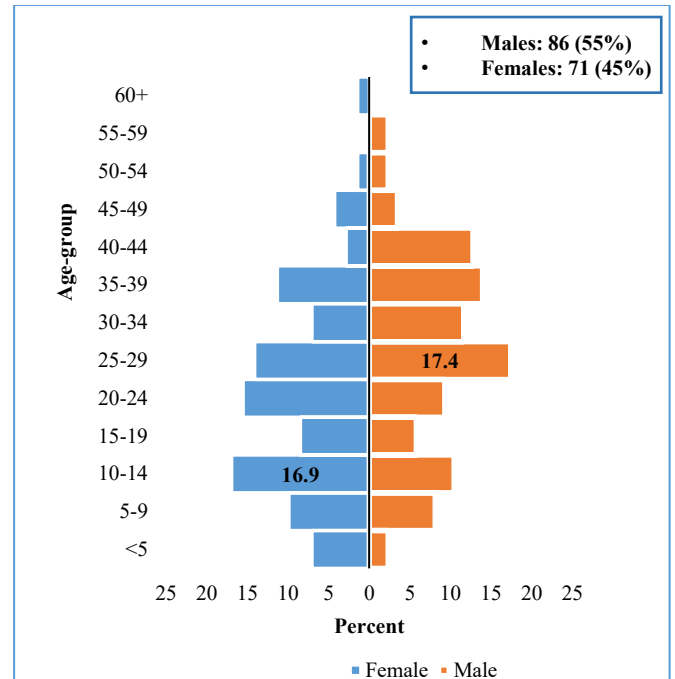


Figure 9. Mpox cases by sex and age-group as of Epi-Week 16 of 2026

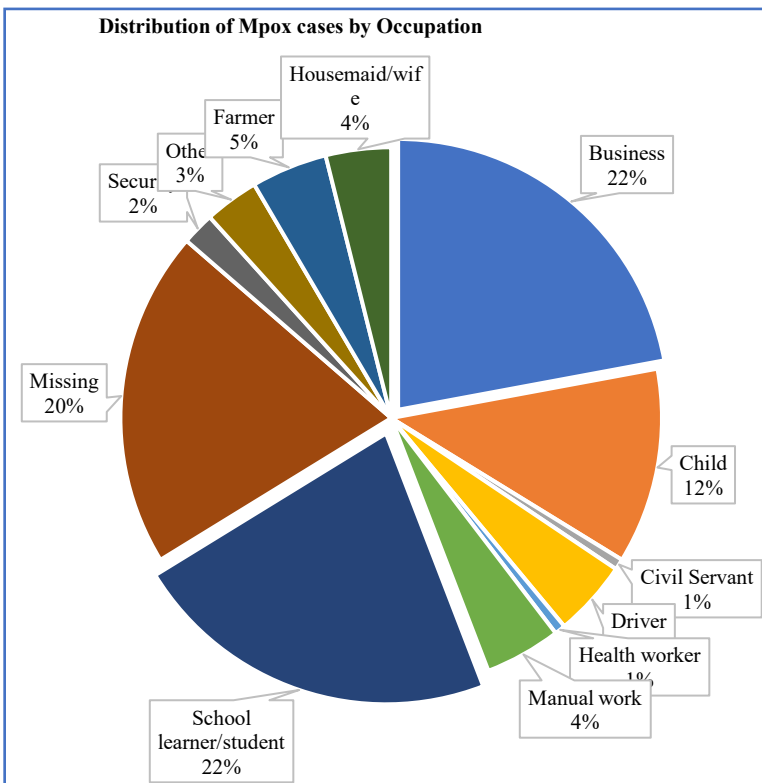


Figure 11. Distribution of confirmed Mpox cases by occupation (N=157), 2025-2026. (Source: Mpox outbreak Line list).

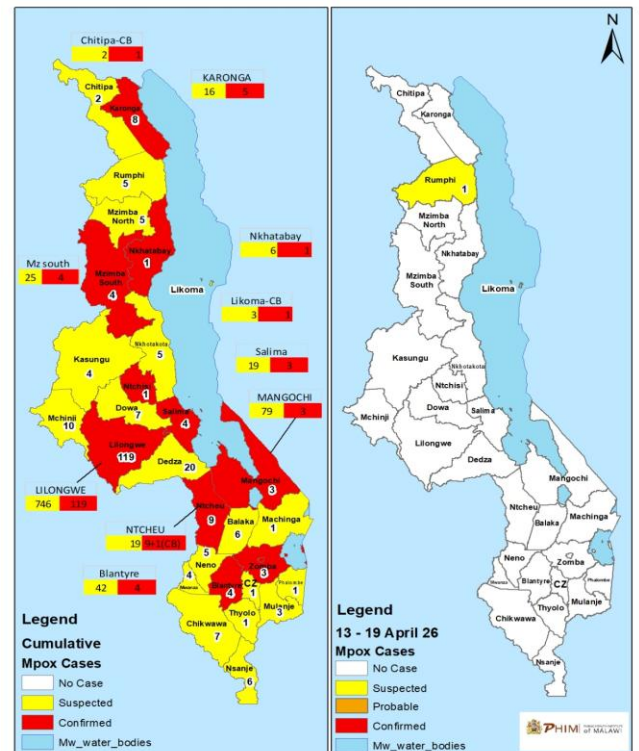


Figure 12. Map of Malawi showing cumulative Mpox suspected and confirmed cases.

Annex 5. Distribution of 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
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

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