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WEEKLY IDSR EPIDEMIOLOGICAL BULLETIN

Epidemiological Week 22 (25 - 31 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 to prompt action. In this issue (Volume 2, Issue 22 of 2026), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 22
- 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 22, 2026

- IDSR reporting achieved 95.8% for completeness and 95.2% for timeliness on the One Health Surveillance Platform (OHSP).
- A total of eighty-five (85) suspected cholera cases were reported, of which we had one (1) lab confirmed case and fifteen (15) epi-linked cases, with zero (0) cholera-related deaths recorded.
- One hundred and fourteen (114) Event-Based Surveillance (EBS) signals were reported.
- One (1) new confirmed Mpox cases and 2 Mpox alerts were reported.
- Other alerts generated included malaria (36,561 cases, with 13 deaths), diarrhoea with blood (722 cases), Severe Acute Respiratory Infections (134 cases, including 4 deaths), typhoid fever (60 cases), Adverse Events Following Immunization (AEFI) (80 cases), measles 79 cases), Acute Flaccid Paralysis (AFP) (4 cases), meningococcal meningitis (4 cases), and maternal deaths (3), as shown in Figure 1.

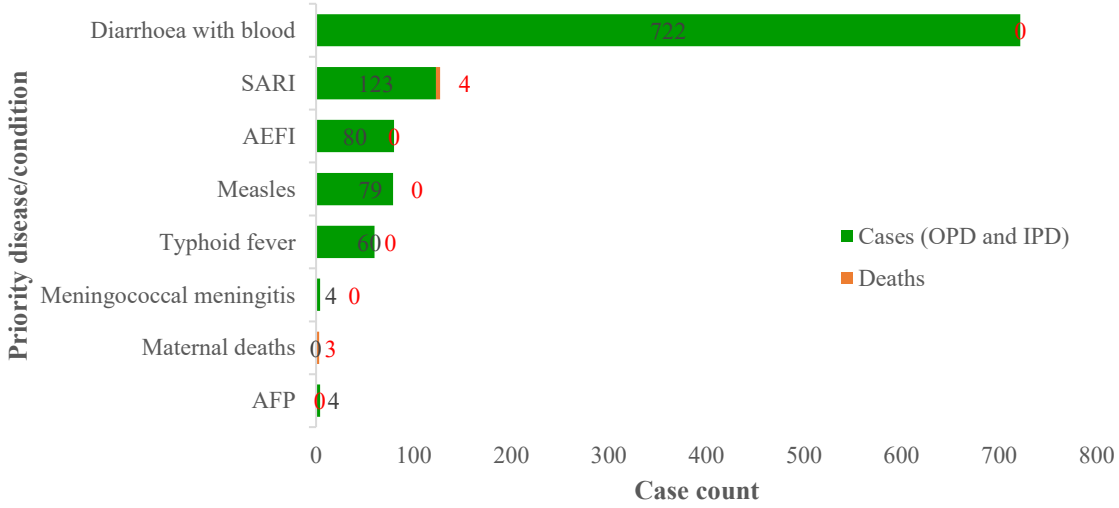

Figure 1. Notifiable diseases or conditions alerts reported in Epi-week 22 in Malawi (data accessed on 7 June,2026).

2. Performance of the Integrated Disease Surveillance and Response up to Epi-week 22

2.1. Timeliness and Completeness

2.1.1. Trends of Reporting rate at the national level as of Epi-week 22

In week 22, reporting completeness increased from 95.5 in week 21 to 95.8% in week 22, while timeliness increased from 90% to 95.2% over the same period (see Figure 2).

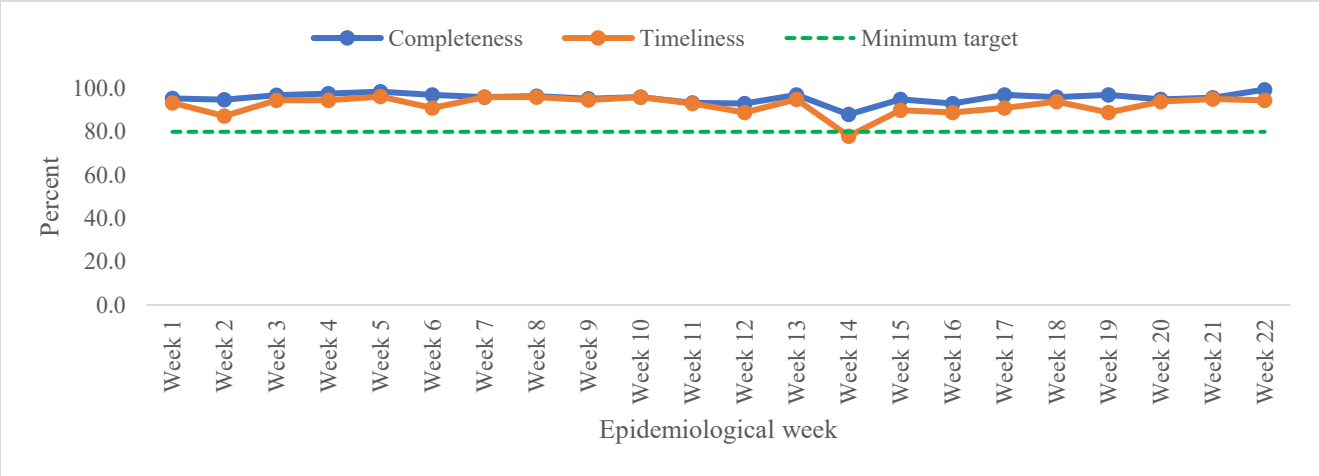

Figure 2. Trend of National IDSR weekly reporting rates in Malawi, up to Epi-week 22, 2026 (data accessed on 02 June, 2026)

2.1.2. Reporting rates at the Zonal level, including Central Hospitals for Epi-week 22

Figure 3 illustrates the reporting rates across various health zones, including central hospitals, during epidemiological week 22. All health zones met the minimum target of ≥80% for both reporting completeness and timeliness as shown in Figure 3 below.

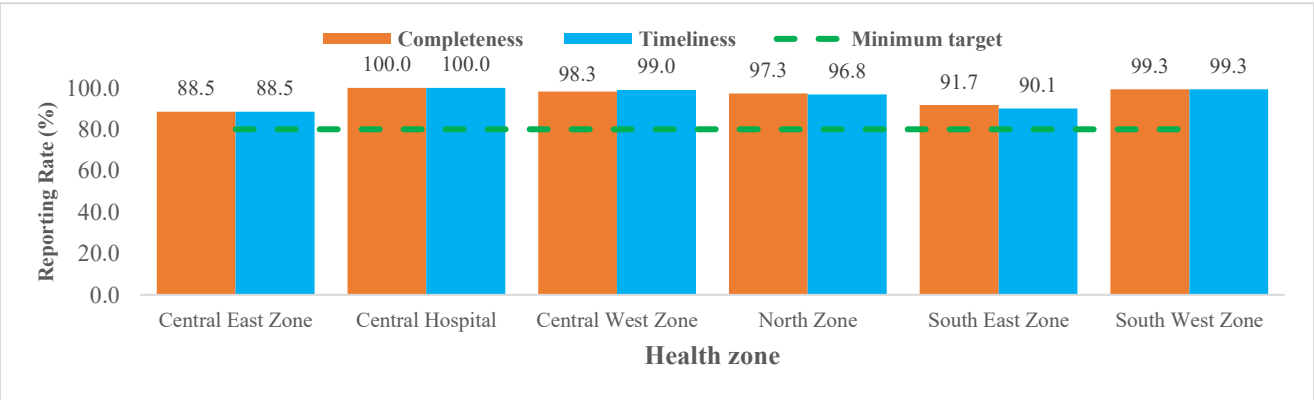

Figure 3. Reporting rates of IDSR weekly reports by zones, Epi-week 22 (data accessed on 02 June 2026)

2.1.3. Reporting rates at the district level for Epi-week 22

Among the 33 reporting sites (Districts and Central Hospitals), 30 (90.9%) achieved the national minimum reporting target of 80% for both completeness and timeliness. Zomba, Dowa and Karonga districts failed to surpass the reporting minimum targets for both completeness and timeliness, as shown in Figure 4.

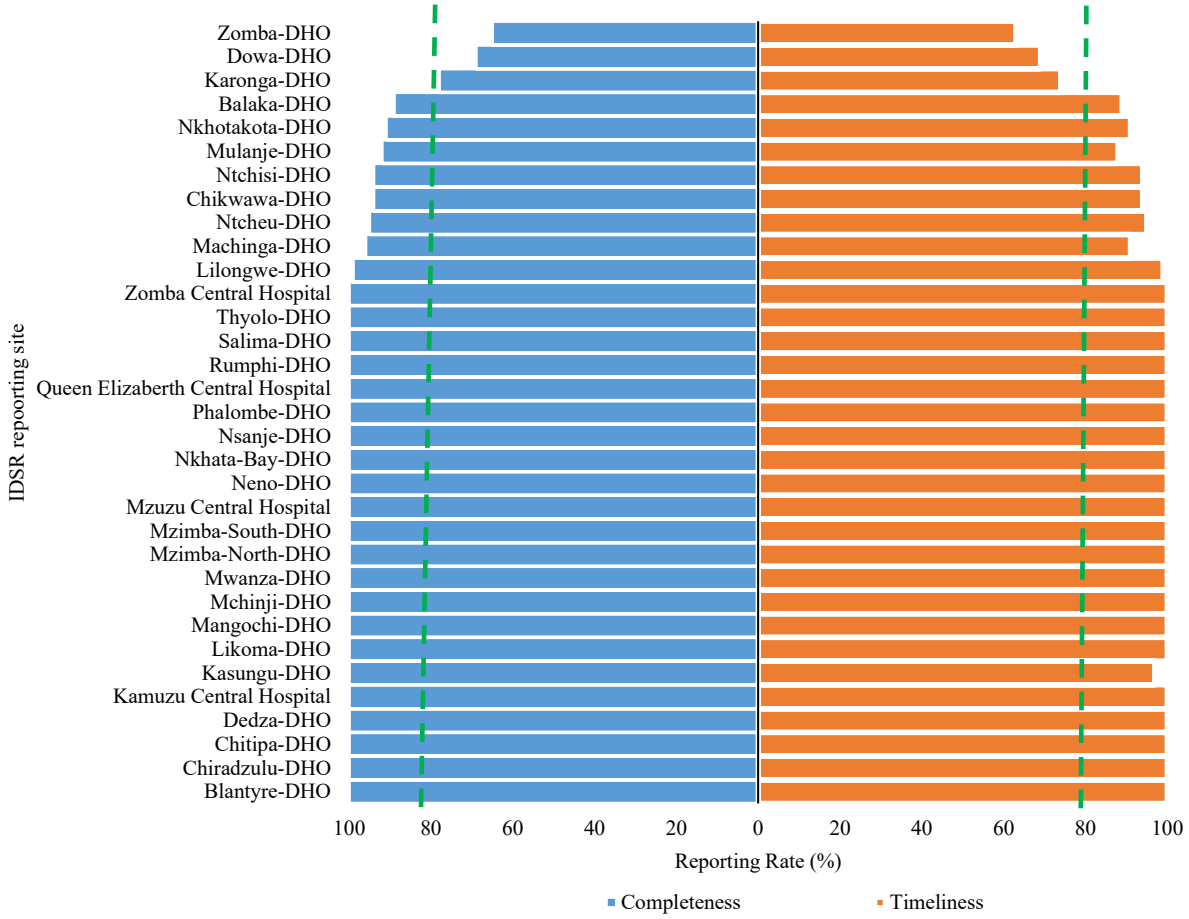

Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 22 (data accessed on 2 June, 2026)

3. Event-Based Surveillance (EBS)

3.1 Community EBS signals reported in Epi-week 22

Figure 5 presents the signals reported during epidemiological week 22. A total of one hundred and fourteen (114) signals were reported from ten (10) districts. Of these, seventy-two (63%) signals were

verified as events, four (0.03%) were discarded, while thirty-eight (33%) signals were not verified. The number of reports under each signal category is presented in Figure 5 below.

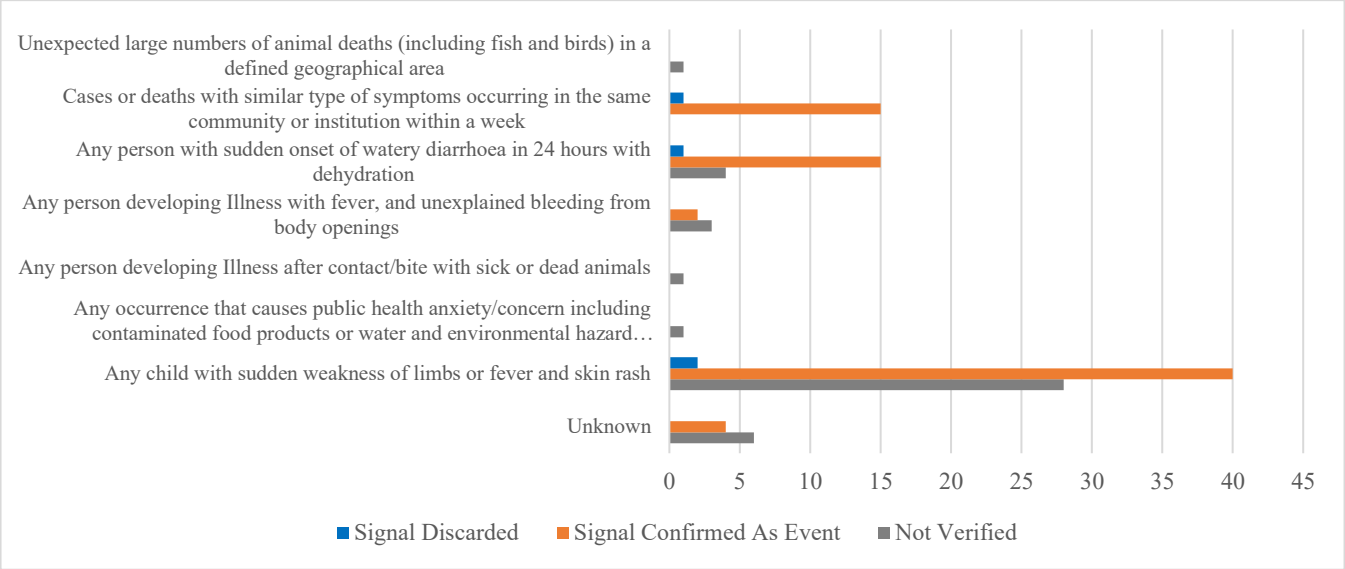

Figure 5. Event-based signals reported in Epi-week 22 (data accessed on 02 June, 2026).

3.2. Risk Assessment Level of the Community Signals

Risk assessments were conducted for seventy-two (72) 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.

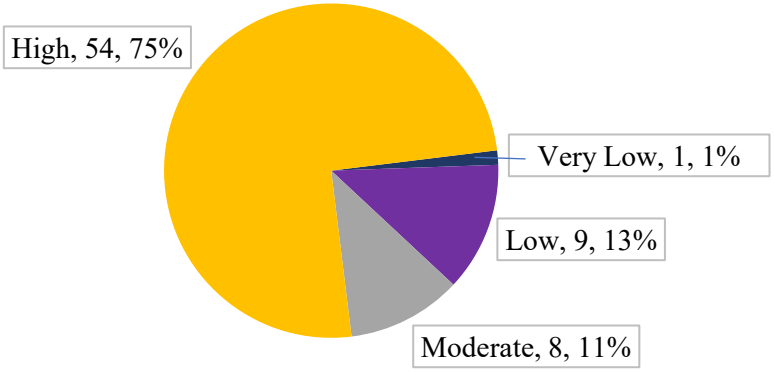

Figure 6. Distribution of the verified EBS signals by risk level, reported in Epi-week 22 (data accessed on 02 June, 2026)

4. Diseases and Conditions of Public Health Importance in Epi-week 22

4.1 Summary of Diseases and Conditions

Table 1 highlights alerts related to diseases and public health conditions recorded during epidemiological week 22. Among epidemic-prone diseases, diarrhea with blood (677 cases) was the most prevalent, followed by Severe Acute Respiratory Infections (123 cases, including 4 deaths), while measles (79 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		
Diarrhea with blood	722	0
Meningococcal meningitis	4	0
Typhoid Fever	60	0
SARI	123	4
Cholera	85	0
Mpox	1	0
DISEASES TARGETED FOR ERADICATION/ELIMINATION		
Measles	79	0
Acute Flaccid Paralysis	4	0
Neonatal tetanus	0	0
CONDITIONS OF PUBLIC HEALTH IMPORTANCE		
Food-borne illnesses	0	0
Maternal death		3
Yellow fever	0	0
Rabies	0	0

4.2 Bloody diarrhoea outbreak in Nkhatabay

Following an alert of six unusual deaths reported from communities surrounding Usisya Health Facility in T/A Mbwana, Nkhatabay District, the District Rapid Response Team conducted a field investigation on 26 May 2026. The investigation identified a suspected outbreak of enteric illness characterized by fever, abdominal pain, vomiting, and diarrhoea. Environmental assessments revealed risk factors such as unsafe water sources, poor sanitation and hygiene practices, delayed healthcare-seeking behaviour, and reliance on informal care options including traditional medicine. As of 7 June 2026, a cumulative total of 133 diarrhoea cases, including 24 bloody diarrhoea cases, and six suspected deaths had been reported in the affected area.

The district implemented a range of response measures, including enhanced surveillance, active case finding, community awareness campaigns, distribution of 1% stock solution for household water treatment in hotspot areas, prepositioning of outbreak response supplies in health facilities, and collection of clinical and environmental samples for laboratory analysis. Preliminary laboratory findings

identified Shigella, Klebsiella, and E. coli isolates, while confirmatory testing remains ongoing. No new bloody diarrhoea cases, admissions, or deaths were reported during the current reporting period, with the last reported case recorded on 2 June 2026 and the last death reported on 25 May 2026. The outbreak appears to be stabilizing; however, continued surveillance, risk communication, water safety interventions, health worker capacity building, and logistical support for hard-to-reach areas remain critical to prevent further transmission and deaths.

5. Ongoing outbreaks and emergencies in Malawi as of week 22, 2026.

5.1. Mpox

During epidemiological week 22, Malawi recorded one (1) Mpox confirmed case. Since Epi-week 12 of 2025 through Epi-week 22 of 2026, Malawi has recorded 158 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 0.63%. 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 Epi-week 12 of 2025 to Epi-week 22 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	4	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	**158**	**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 22 of 2026, a total of 1,495 cumulative measles alerts were reported with 386 confirmed measles-rubella cases (laboratory-confirmed, epidemiologically linked, and clinically compatible). The laboratory 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, Nkhata Bay, Ntchisi, and Salima each reported the lowest proportion 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.

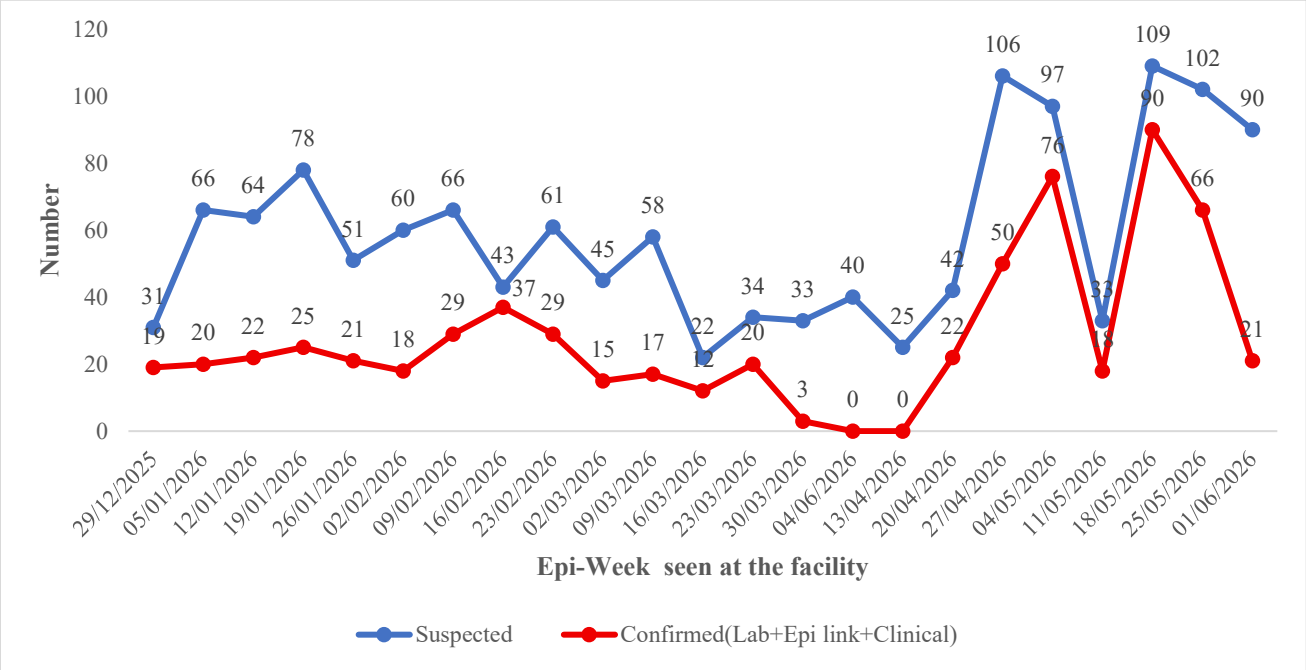

Figure 7. Measles disease alerts by epi-week of onset in Malawi, from week 1 to Week 22 of 2026. Source: OHSP and Measles Line list.

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 22, Malawi recorded 145 cholera cases, 1 laboratory confirmed case and 15 epi-linked cases, and zero (0) deaths.

Between 1 November 2025 and epidemiological week 22 of 2026, a total of 752 confirmed cholera cases were reported (including 452 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 (84, of which 67 was epi-linked), Mzimba North (1), Kasungu (5, of which 4 were epi-linked), Chitipa (1), Blantyre (240, of which 111 were epi-linked), Karonga (1), Dowa (1), Chiradzulu (33, 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 (65, of which 54 were epi-linked), Machinga (1), and Phalombe (15, of which 12 were epi-linked).

Of the 752 cases, 319 were males and 433 were females, aged between 1 and 79 years. A total of 747 patients has 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.

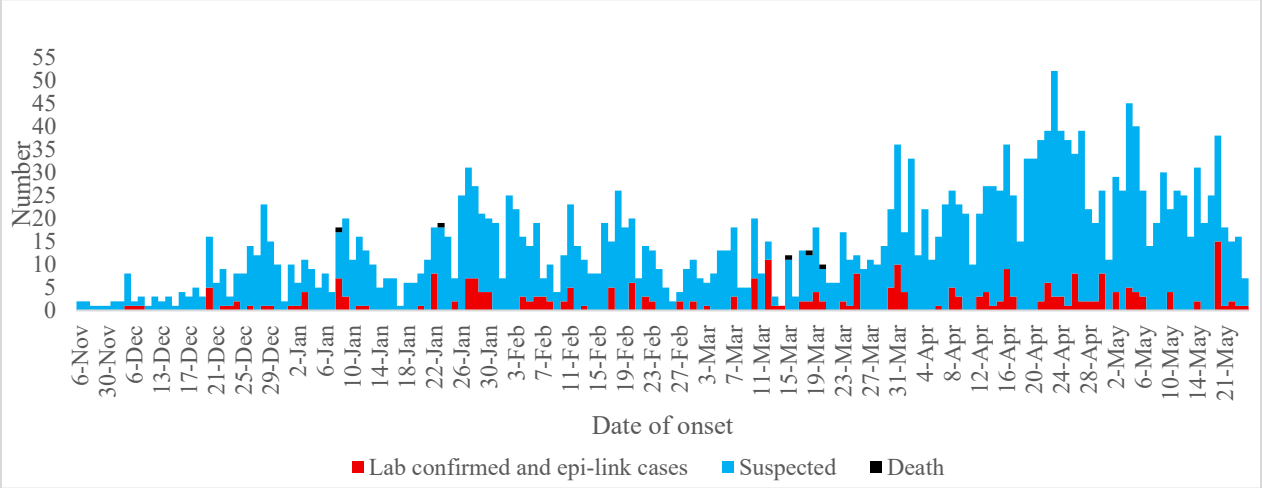

Figure 8. Malawi Cholera Epidemiologic Curve from 1 November 2025 to Week 22 of 2026. Source: National Cholera line list.

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 have 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.

Three (3) environmental samples were collected on 20 April 2026, one each from Blantyre, Soche, and Kauma treatment plants. All were subsequently confirmed as positive. This brings the cumulative total to sixteen (16) isolations: twelve (12) 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.

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

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.
- 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, Mwanza, Balaka, Nkhotakota, Mzimba north and Salima must improve on timeliness.
- **Lilongwe and Mchinji DHOs should implement targeted interventions** against **Typhoid** 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. The measles situation in Balaka district should receive attention.

Annex 1: Timeliness and completeness of IDSR reports by Reporting Site, from Epi-week 11 to Week 22, 2026

District/ Hospital	Completeness													Timeliness										
	W11	W12	W13	W14	W15	W16	W17	W18	W19	W20	W21	W22		W11	W12	W13	W14	W15	W16	W17	W18	W19	W120	W21	W22
National	93	93	97	88	95	93	97	96	97	95	95.5	96		93	89	95	78	90	89	91	94	89	94	90	95
Balaka	72	67	83	67	100	100	83	94	78	89	72	89		72	61	78	50	100	94	78	94	78	89	72	89
Blantyre	100	98	98	98	100	90	92	96	98	100	100	100		98	86	94	94	82	90	88	90	88	100	82	100
Chikwawa	88	100	75	84	100	91	97	100	97	94	94	94		88	31	75	53	100	72	91	94	94	94	100	94
Chiradzulu	100	100	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	94	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	79	100	100	100	97	100	95	100	100	100
Dowa	100	77	88	81	92	100	96	100	85	85	100	69		100	73	81	62	88	100	73	100	73	69	88	69
Kamuzu CH	100	100	100	100	100	100	100	100	100	61	100	100		100	100	100	100	100	100	100	100	100	100	100	100
Karonga	87	74	83	91	91	91	87	87	83	78	87	78		87	74	70	70	83	83	74	70	70	74	57	74
Kasungu	100	100	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	100	97	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	99	100	99	100	100	100	99	100	99	99	99		100	99	99	99	100	100	99	99	89	99	100	99
Machinga	5	77	86	95	100	95	100	100	96	96	100	96		5	77	86	86	100	95	61	83	87	91	100	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	95	100	100	100	100	100	100	100	100	100	100		100	95	100	100	100	100	100	100	100	100	100	100
Mulanje	85	77	100	65	62	100	69	62	100	92	62	92		85	77	100	100	50	50	65	62	65	88	50	88
Mwanza	100	100	100	100	20	100	100	100	100	100	100	100		100	100	100	100	20	100	100	100	100	100	20	100
Mzimba-North	100	100	100	97	100	100	100	100	100	100	100	100		100	100	97	97	100	100	100	100	100	100	100	100
Mzimba-South	91	88	97	94	100	41	100	100	100	100	100	100		91	88	88	88	97	32	94	97	100	100	97	100
Mzuzu CH	100	100	100	0	100	100	100	100	100	100	100	100		100	100	100	0	100	100	100	100	100	0	100	100
Neno	73	100	100	60	100	60	93	100	100	100	100	100		73	100	100	47	100	60	93	100	87	100	100	100
Nkhata-Bay	96	100	100	100	100	100	100	100	100	100	100	100		96	100	100	96	100	100	100	100	93	100	100	100
Nkhotakota	100	78	96	61	91	100	87	87	96	91	87	91		100	78	96	61	87	96	87	87	61	91	87	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	97	82	97	90	100	95	100	100	100	95	100	95		97	82	95	79	95	92	80	97	97	95	95	95
Ntchisi	100	100	100	71	100	88	100	100	88	94	100	94		100	100	100	53	100	88	100	100	29	94	100	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	0	100	100	100	100	100	100	100	100
Rumphi	94	100	100	100	100	100	89	100	100	100	100	100		94	100	100	100	100	100	83	100	100	100	100	100
Salima	100	92	100	100	100	100	100	100	100	100	100	100		100	92	100	100	100	100	100	100	100	100	100	100
Thyolo	100	100	100	100	100	100	100	100	98	100	100	100		100	100	100	100	100	100	100	100	98	100	100	100
Zomba CH	100	100	100	100	100	0	100	79	100	100	79	100		100	100	100	100	0	0	100	65	0	100	0	100
Zomba	93	79	100	65	72	81	79	79	81	65	79	65		93	56	100	35	70	67	61	65	77	63	70	63

Key:

	>= 80%
	< 80%

Annex 2: Distribution of EBS signals per reporting unit in Epi-week 22, 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	Unexpected large numbers of animal deaths (including fish and birds) in a defined geographical area	TOTAL
Balaka	30	0	0	1	0	0	0	31
Blantyre	2	0	0	2	1	0	0	5
Dedza	13	0	0	0	0	0	0	13
Kasungu	3	0	0	0	1	0	0	4
Lilongwe	3	0	0	0	1	2	0	6
Mchinji	5	0	0	0	0	0	0	5
Mwanza	1	0	1	0	8	0	0	10
Nkhata Bay	6	1	0	2	0	14	1	24
Nsanje	4	0	0	0	0	0	0	4
Thyolo	3	0	0	0	9	0	0	12
Grand Total	70	1	1	5	20	16	1	114

Annex 3. Priority diseases/conditions/events, including alerts under surveillance, Epi-week 22

Reporting Unit	OPD AEFI cases	IP poliomyelitis (AFP) cases	Out-Patient Diarrhoea With Blood (Bacterial) Cases	In-Patient Diarrhoea With Blood (Bacterial) Cases	OPD Malaria Cases	IP Malaria Cases	IP Death Malaria Cases	IP Maternal death cases	OPD measles cases	IP measles cases	IP meningococcal meningitis cases	OPD Neonatal tetanus cases	IP Neonatal tetanus cases	IP SARI cases	IP SARI deaths	OPD typhoid fever cases	IP typhoid fever cases
Kasungu-DHO	1	0	34	0	779	31	0	0	1	0	0	0	0	0	0	0	0
Nkhotakota-DHO	0	0	4	0	743	14	2	0	0	0	0	0	0	0	0	0	0
Ntchisi-DHO	0	0	7	0	267	0	0	0	0	0	0	0	0	0	0	0	0
Salima-DHO	0	0	59	0	1813	42	1	0	0	0	0	0	0	0	0	0	0
Dowa-DHO	0	0	5	0	720	0	0	0	0	0	0	0	0	41	1	0	2
Kamuzu CH	0	2	0	0	2	10	0	0	0	0	0	0	0	41	3	0	0
Mzuzu CH	0	0	5	0	1	15	0	0	0	0	0	0	0	3	0	0	0
Queen Elizaberth CH	0	0	0	0	7	15	0	0	0	0	1	0	0	0	0	0	0
Zomba CH	0	1	1	0	12	0	0	0	0	0	0	0	0	0	0	0	0
Dedza-DHO	0	0	32	0	1254	17	0	0	43	0	0	0	0	0	0	0	0
Lilongwe-DHO	1	1	50	1	2503	59	2	0	6	0	0	0	0	0	0	25	3
Ntcheu-DHO	1	0	10	0	1402	11	0	0	0	0	0	0	0	0	0	0	0
Mchinji-DHO	0	0	7	0	1158	55	3	0	1	0	0	0	0	0	0	15	1
Chitipa-DHO	0	0	21	0	399	1	0	0	0	0	0	0	0	0	0	0	0
Karonga-DHO	1	0	40	1	341	27	0	0	0	0	0	0	0	4	0	0	0
Likoma-DHO	0	0	0	0	139	1	0	0	0	0	0	0	0	0	0	0	0
Mzimba-North-DHO	53	0	31	0	310	4	0	0	0	0	0	0	0	0	0	0	0
Mzimba-South-DHO	1	0	23	0	722	5	0	0	0	0	0	0	0	0	0	0	0
Nkhata-Bay-DHO	0	0	19	0	1034	0	0	0	0	0	0	0	0	0	0	0	0
Rumphi-DHO	1	0	21	0	265	11	0	0	1	0	0	0	0	1	0	1	0
Balaka-DHO	0	0	21	0	1162	10	2	1	19	1	0	0	0	0	0	0	0
Machinga-DHO	1	0	28	0	1542	0	0	0	0	0	0	1	0	0	0	0	0
Mangochi-DHO	6	0	34	0	2711	250	0	0	0	0	0	0	0	0	0	0	1
Mulanje-DHO	0	0	28	1	2666	44	0	1	0	0	0	0	0	20	0	0	0
Phalombe-DHO	0	0	10	0	374	18	0	1	0	0	0	0	0	0	0	0	0
Zomba-DHO	0	0	56	0	1468	5	0	0	0	0	0	0	0	0	0	0	0
Blantyre-DHO	0	0	83	1	4343	2	0	0	0	0	0	0	0	0	0	10	0
Chikwawa-DHO	3	0	28	0	2857	3	1	0	1	0	0	0	0	0	0	0	0
Chiradzulu-DHO	4	0	15	0	415	0	0	0	5	0	0	0	1	0	0	2	0
Mwanza-DHO	3	0	7	1	1650	24	1	0	0	0	0	0	0	0	0	0	0
Neno-DHO	2	0	8	0	933	5	0	0	0	0	1	0	0	13	0	0	0
Nsanje-DHO	2	0	10	0	943	29	1	0	0	0	2	0	0	0	0	0	0
Thyolo-DHO	0	0	20	0	902	16	0	0	1	0	0	0	0	0	0	0	0
Total	**80**	**4**	**717**	**5**	**35837**	**724**	**13**	**3**	**78**	**1**	**4**	**1**	**1**	**123**	**4**	**53**	**7**

Annex 4: Distribution of confirmed Mpox cases by occupation and district in Malawi, Epi week 22

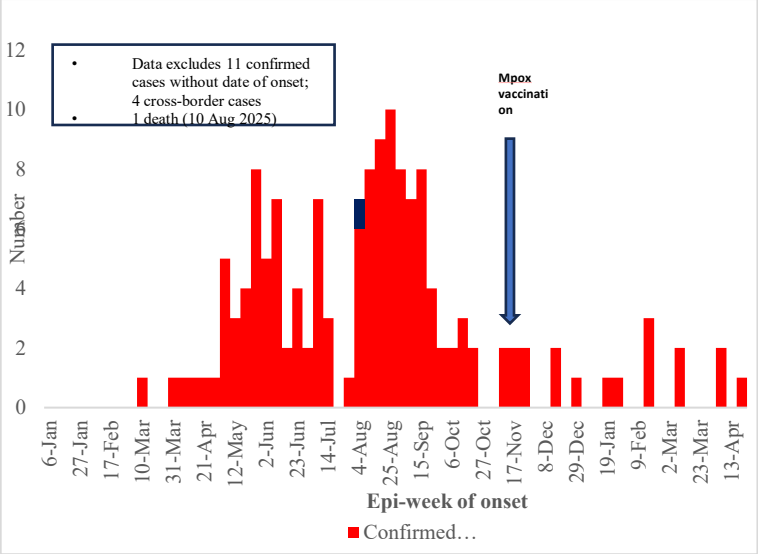

Figure 9. Mpox cases by week of onset as of Epi-Week 22 of 2026 (N=158 lab confirmed)

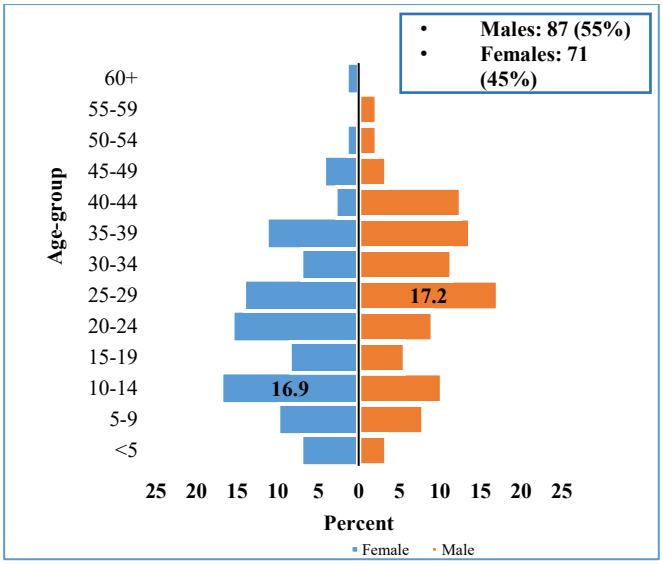

Figure 10. Mpox cases by sex and age-group as of Epi-Week 22 of 2026

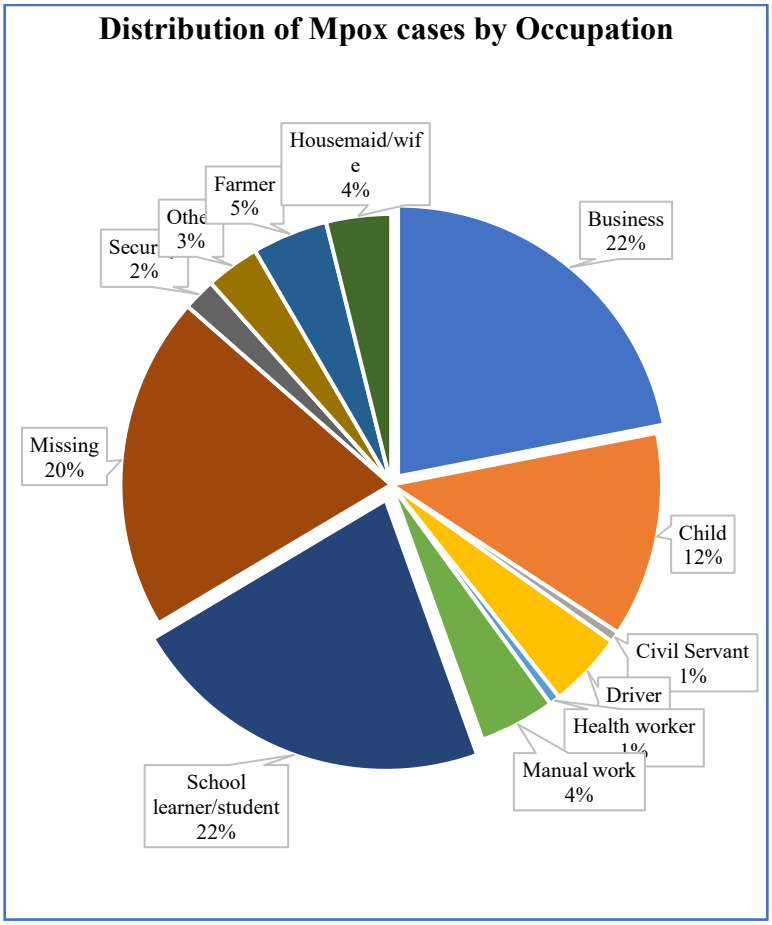

Figure 11. Distribution of confirmed Mpox cases by occupation (N=158), 2025-2026. (Source: Mpox outbreak Line list).

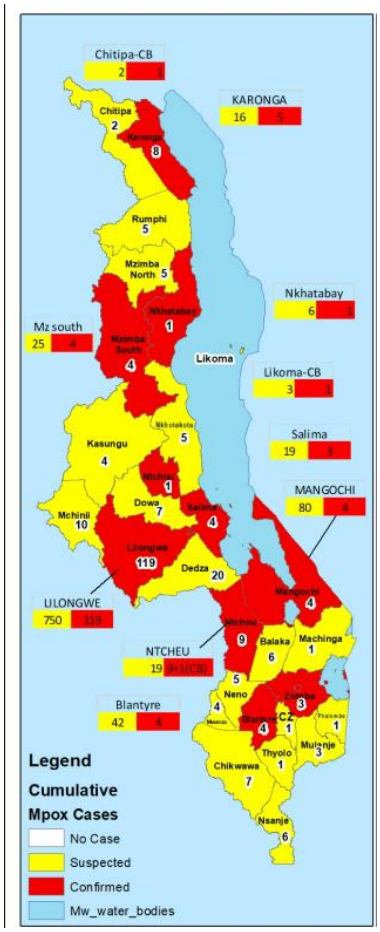

Figure 12. Map of Malawi showing cumulative Mpox suspected and confirmed cases.

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**

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

Age group (years)	**Sex**		**Total**
	Males	**Females**	
0-4	50	54	104
5-9	32	47	79
10-14	26	36	62
15-19	24	38	62
20-24	52	57	109
25-29	37	42	79
30-34	27	30	57
35-39	27	20	47
40-44	9	13	22
45-49	4	21	25
50-54	13	3	16
55-59	3	4	7
60+	12	15	27
Total	**319**	**433**	752

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

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