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WEEKLY IDSR EPIDEMIOLOGICAL BULLETIN

Epidemiological Week 23 (1 – 7 June 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 23 of 2026), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 23
- 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 23, 2026

- IDSR reporting achieved 96% for completeness and 93% for timeliness on the One Health Surveillance Platform (OHSP).
- A total of one hundred twenty-six (126) cholera cases were reported, of which eleven (11) were laboratory confirmed and one hundred and fifteen (115) epi-linked cases, with zero (0) cholera-related deaths recorded.
- Ninety-four (94) Event-Based Surveillance (EBS) signals were reported.
- Zero new confirmed Mpox cases and zero Mpox alerts were reported.
- Other alerts generated included malaria (30,305 cases), diarrhoea with blood (667 cases), Severe Acute Respiratory Infections (66 cases, including 1 deaths), typhoid fever (56 cases), Adverse Events Following Immunization (AEFI) (87 cases), measles (48 cases), Acute Flaccid Paralysis (AFP) (14 cases), meningococcal meningitis (6 cases), and maternal deaths (5), as shown in Figure 1.

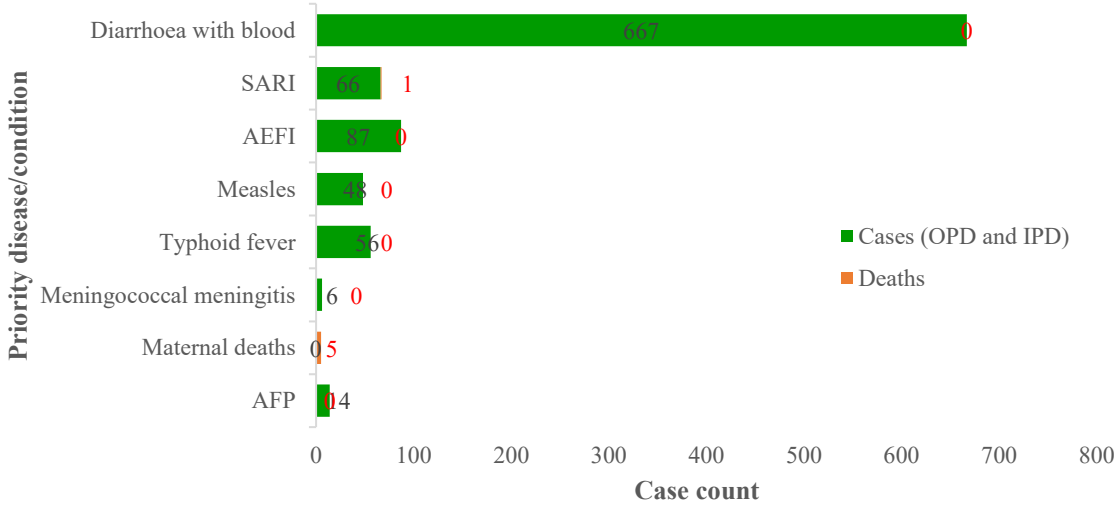


Figure 1. Notifiable diseases or conditions alerts reported in Epi-week 23 in Malawi (data accessed on 9 June,2026).

2. Performance of the Integrated Disease Surveillance and Response up to Epi-week 23

2.1. Timeliness and Completeness

2.1.1. Trends of Reporting rate at the national level as of Epi-week 23

In week 23, reporting completeness increased to 96% from 95% in week 22, while timeliness decreased from 96% to 93% over the same period (see Figure 2).

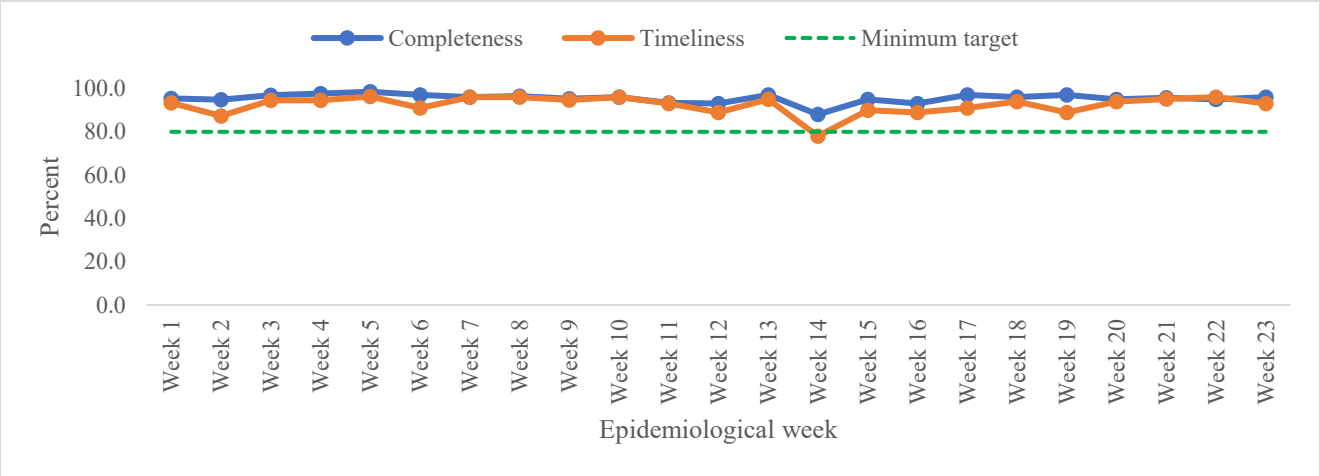


Figure 2. Trend of National IDSR weekly reporting rates in Malawi, up to Epi-week 23, 2026 (data accessed on 09 June, 2026)

2.1.2. Reporting rates at the Zonal level, including Central Hospitals for Epi-week 23

Figure 3 illustrates the reporting rates across various health zones, including Central Hospitals, during epidemiological week 23. All health zones and Central Hospitals met the minimum target of 80% for both reporting completeness and timeliness as shown in Figure 3 below.

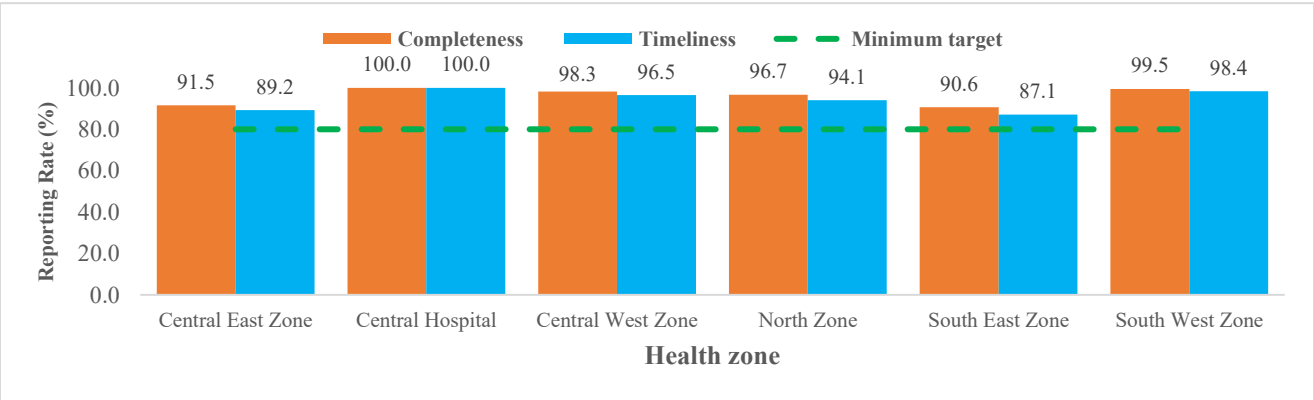


Figure 3. Reporting rates of IDSR weekly reports by zones, Epi-week 23 (data accessed on 09 June 2026)

2.1.3. Reporting rates at the district level for Epi-week 23

Among the 33 reporting sites (Districts and Central Hospitals), 28 (85%) achieved the national reporting target of ≥80% for both completeness and timeliness. Zomba, Dowa, Balaka districts failed to surpass the reporting minimum targets for both completeness and timeliness, while Nkhotakota and Karonga failed to meet the minimum target for timeliness, as shown in Figure 4.

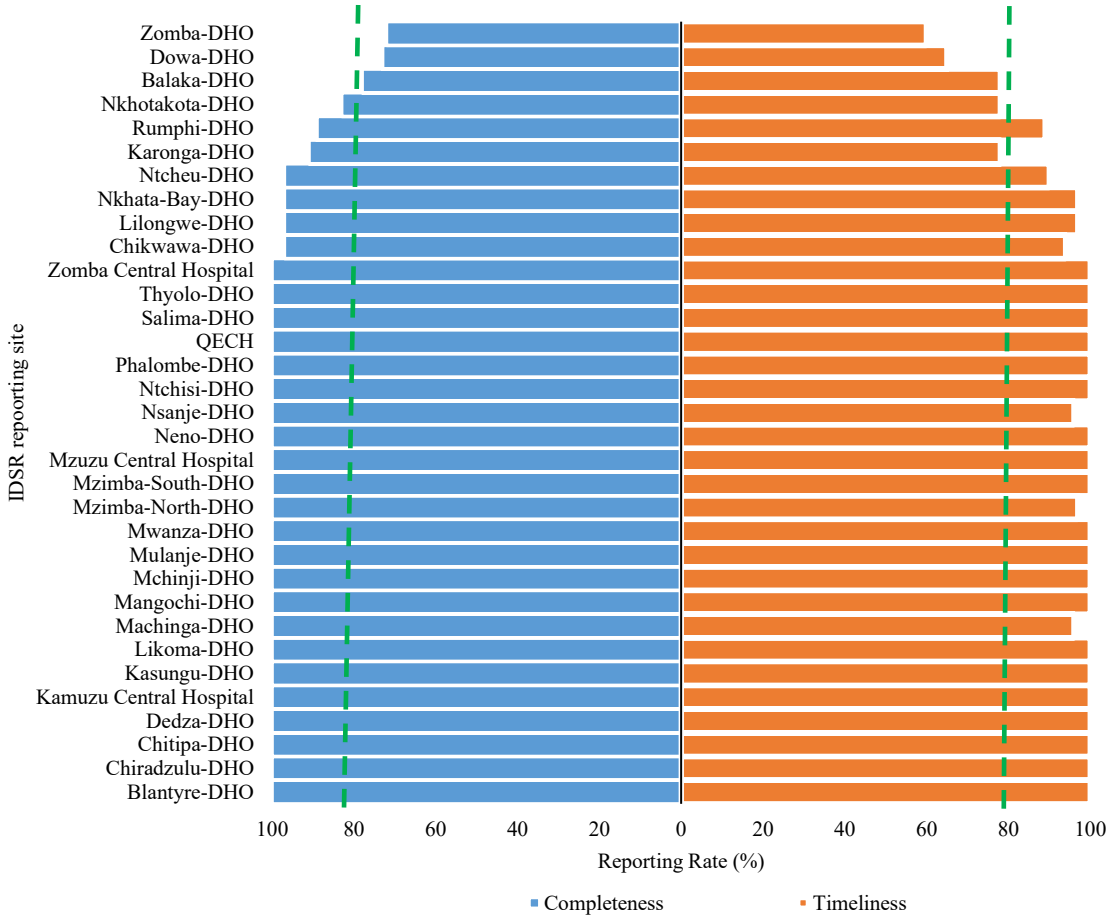


Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 22 (data accessed on 9 June, 2026)

3. Event-Based Surveillance (EBS)

3.1 Community EBS signals reported in Epi-week 23

Figure 5 presents the signals reported during epidemiological week 23. A total of ninety-four (94) signals were reported from eleven (11) districts. Of these, seventy-one (76%) signals were verified as events,

two (2%) were discarded, while twenty-one (22%) signals were not verified. The number of reports under each signal category is presented in Figure 5 below.

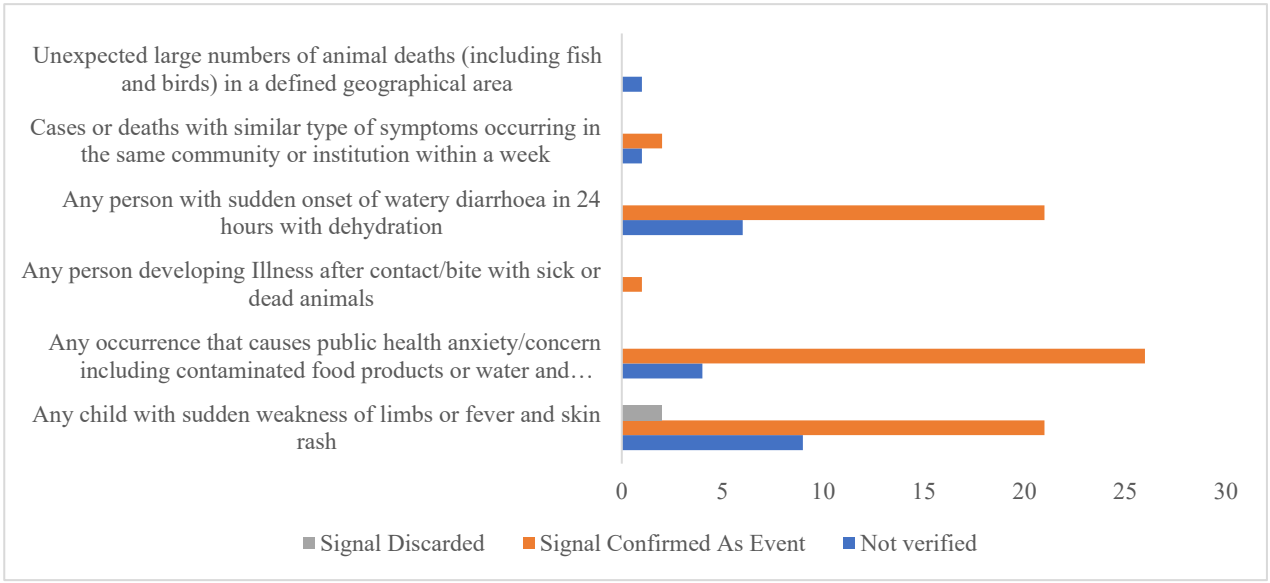


Figure 5. Event-based signals reported in Epi-week 23 (data accessed on 09 June, 2026).

3.2. Risk Assessment Level of the Community Signals

Risk assessments were conducted for sixty-nine (69) of the seventy-one (71) 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.

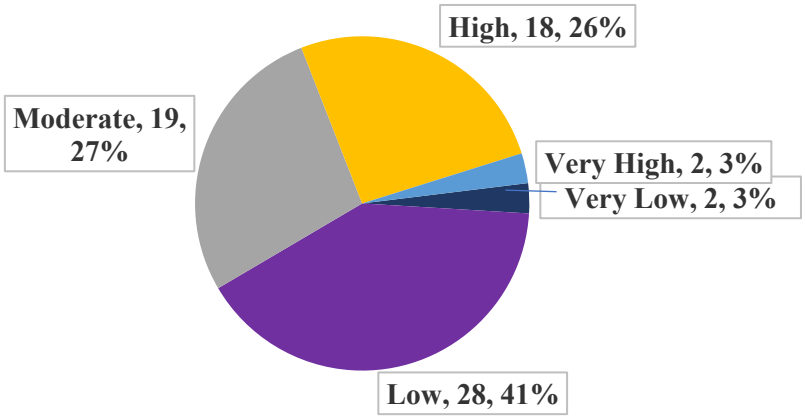


Figure 6. Distribution of the verified EBS signals by risk level, reported in Epi-week 23 (data accessed on 09 June, 2026)

4. Diseases and Conditions of Public Health Importance in Epi-week 23

4.1 Summary of Diseases and Conditions

Table 1 highlights alerts related to diseases and public health conditions recorded during epidemiological week 23. Among epidemic-prone diseases, diarrhea with blood (677 cases) was the most prevalent, followed by Severe Acute Respiratory Infections (66 cases, including 1 deaths), while measles (48 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	667	0
Meningococcal meningitis	6	0
Typhoid Fever	56	0
SARI	66	1
Cholera	126	0
Mpox	0	0
DISEASES TARGETED FOR ERADICATION/ELIMINATION		
Measles	48	0
Acute Flaccid Paralysis	14	0
Neonatal tetanus	0	0
CONDITIONS OF PUBLIC HEALTH IMPORTANCE		
Food-borne illnesses	0	0
Maternal death		5
Yellow fever	0	0
Rabies	0	1

4.2 Bloody diarrhoea outbreak in Nkhatabay

Following an alert regarding six unusual deaths reported in communities surrounding Usisya Health Facility in Traditional Authority (T/A) Mbwana, Nkhata Bay District, the District Rapid Response Team conducted a field investigation on 26 May 2026. The investigation identified a suspected outbreak of acute enteric illness characterized by fever, abdominal pain, vomiting, and diarrhoea. Environmental assessments revealed several risk factors, including the use of unsafe water sources, poor sanitation and hygiene practices, delayed healthcare-seeking behaviour, and reliance on informal care options such as certain faith-based groups and traditional healers.

As of 8 June 2026, a cumulative total of 131 diarrhoea cases, including 24 cases of bloody diarrhoea, and six suspected deaths had been reported from the affected communities. In response, the district strengthened surveillance, conducted active case finding and community awareness activities,

distributed 1% stock solution for household water treatment in hotspot areas, prepositioned outbreak response supplies at health facilities, and collected clinical specimens for laboratory analysis.

Laboratory investigations identified *Escherichia coli* (E. coli) in stool specimens collected from outbreak-associated cases, with all submitted isolates subsequently confirmed by the National Reference Laboratory. Further characterization to determine whether the isolates belonged to known diarrhoeagenic E. coli pathotypes could not be performed due to the unavailability of required reagents and materials. Consequently, the specific pathogenic strain associated with the outbreak could not be determined. Blood cultures were also performed on selected patients, with one specimen yielding Pseudomonas aeruginosa, while no significant bacterial growth was detected in the remaining samples.

Although the repeated isolation of E. coli suggests a possible association with the outbreak, the laboratory findings were insufficient to definitively identify the causative pathogen. The last reported cases were recorded on 2 June 2026 and the last death reported on 25 May 2026. While the outbreak appears to be stabilizing, continued surveillance, risk communication, water safety interventions, environmental health monitoring, health worker capacity strengthening, and logistical support for hard-to-reach areas remain essential to prevent further transmission and avert additional deaths.

5. Ongoing outbreaks and emergencies in Malawi as of week 23, 2026.

5.1. Mpox

During epidemiological week 23, Malawi did not record any new Mpox confirmed case. Since Epi-week 12 of 2025 through Epi-week 23 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 23 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 23 of 2026, Malawi cumulatively reported 1,543 alerts, including 414 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.

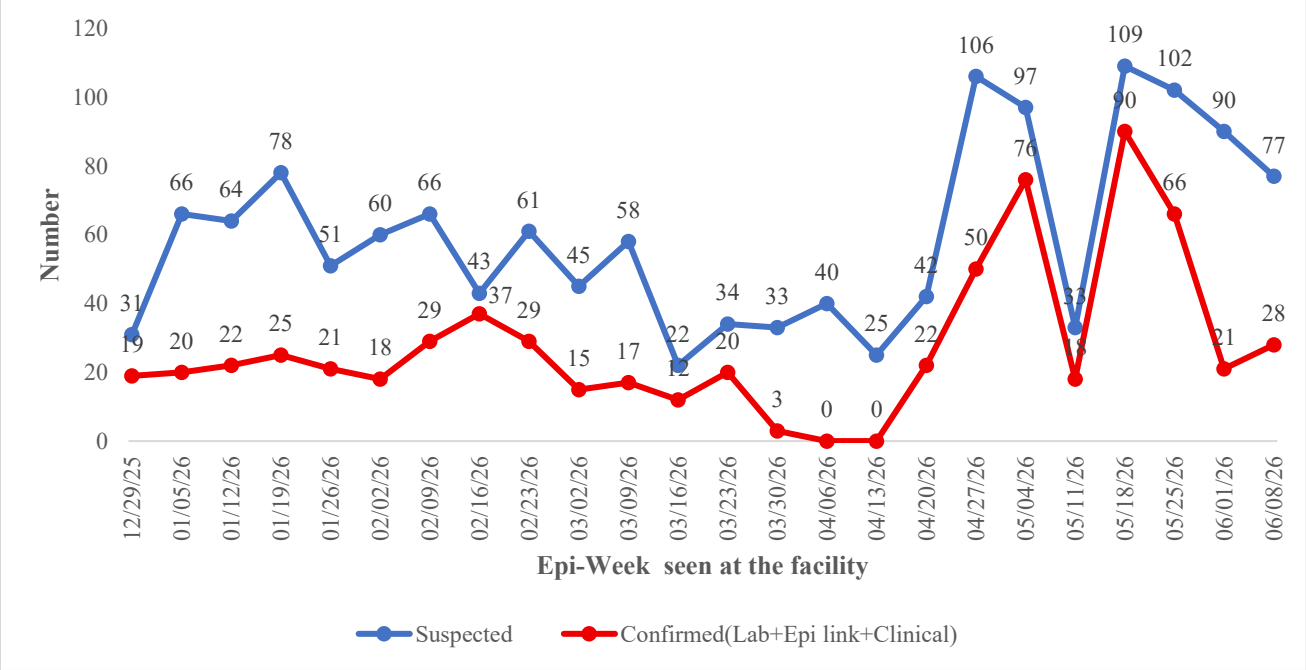


Figure 7. Measles disease alerts by epi-week of onset in Malawi, from week 1 to Week 23 of 2026. Source: OHSP and Measles Line list.

Interventions

- Case management
- Active case search
- Sample collection and laboratory analysis
- Intensification of routine immunisation

- Supportive supervision
- Community engagement and mobilisation

5.3. Cholera

Since the start of the 2025/26 cholera season on 1 November 2025, Malawi has recorded a cumulative total of 776 cholera cases (excluding imported cases), comprising 315 laboratory-confirmed cases and 461 epidemiologically linked cases, as shown in Annex 6. The reported cases occurred between the week beginning 1 December 2025 and 8 June 2026. Of the total cases, 449 were male and 327 were female, with ages ranging from 1 to 80 years. A total of 771 patients have recovered and been discharged, while five deaths were recorded between 9 January and 29 March 2026, resulting in a case fatality rate (CFR) of 0.65%.

Since the beginning of the outbreak, 2,636 samples from suspected cholera cases across the country have been tested. During epidemiological week 23, 126 new cases were reported, contributing to the cumulative total of 776 cases. Figure 8 presents the epidemic curve showing the distribution of cholera cases and deaths by date of onset throughout the reporting period.

In addition to locally reported cases, Malawi has recorded 186 cross-border cholera cases, of which 97 were laboratory-confirmed. These cases were reported from Dedza (2), Nsanje (16), Chikwawa (14), Ntcheu (3), Mulanje (10), Thyolo (1), Phalombe (12), and Mwanza (128). Among the cross-border cases, four deaths, including two suspected cholera deaths, were reported between 23 December 2025 and 17 February 2026.

Geographically, 26 of Malawi's 29 districts have reported at least one suspected cholera case, as illustrated in Annex 7. The map on the left shows the distribution of suspected and confirmed cholera cases by district since 1 November 2025, while the map on the right presents the number of deaths reported during the same period. Districts reporting more than one confirmed cholera case include Lilongwe, Blantyre, Chiradzulu, Kasungu, Chikwawa, Zomba, Mulanje, Balaka, Neno, Mwanza, Thyolo, Nsanje, and Phalombe.

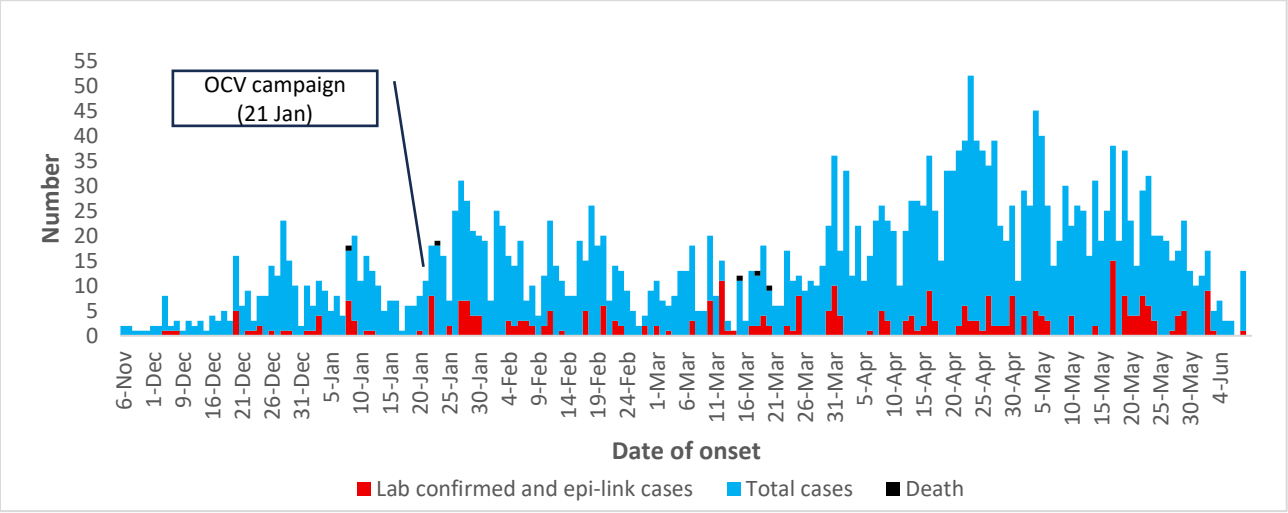


Figure 8. Malawi Cholera Epidemiologic Curve from 1 November 2025 to Week 23 of 2026. Source: National Cholera line list.

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

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

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.

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 16–19 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 Balaka DHOs** must improve on completeness and timeliness. Nkhotakota and Karonga must improve on timeliness.
- **Blantyre, Mchinji, Dedza and Kasungu DHOs** should implement targeted interventions against Typhoid being reported in the districts
- **Mzimba-North and Nkhatabay DHOs** 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 13 to Week 23, 2026

District/ Hospital	Completeness												Timeliness										
	W13	W14	W15	W16	W17	W18	W19	W20	W21	W22	W23		W13	W14	W15	W16	W17	W18	W19	W120	W21	W22	W23
National	**97**	**88**	**95**	**93**	**97**	**96**	**97**	**95**	**96**	**95**	**96**		**95**	**78**	**90**	**89**	**91**	**94**	**89**	**94**	**90**	**96**	**93**
Balaka	83	67	100	100	83	94	78	89	72	89	78		78	50	100	94	78	94	78	89	72	89	78
Blantyre	98	98	100	90	92	96	98	100	100	100	100		94	94	82	90	88	90	88	100	82	100	100
Chikwawa	75	84	100	91	97	100	97	94	94	94	97		75	53	100	72	91	94	94	94	100	94	94
Chiradzulu	100	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	94	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		79	100	100	100	97	100	95	100	100	100	100
Dowa	88	81	92	100	96	100	85	85	100	69	73		81	62	88	100	73	100	73	69	88	69	65
Kamuzu CH	100	100	100	100	100	100	100	61	100	100	100		100	100	100	100	100	100	100	100	100	100	100
Karonga	83	91	91	91	87	87	83	78	87	78	91		70	70	83	83	74	70	70	74	57	74	78
Kasungu	100	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	97	100	97	100
Likoma	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	100	100	99	100	99	99	99	97		99	99	100	100	99	99	89	99	100	99	97
Machinga	86	95	100	95	100	100	96	96	100	96	100		86	86	100	95	61	83	87	91	100	91	96
Mangochi	100	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	100	100	100
Mchinji	100	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	100	100	100
Mulanje	100	65	62	100	69	62	100	92	62	92	100		100	100	50	50	65	62	65	88	50	88	100
Mwanza	100	100	20	100	100	100	100	100	100	100	100		100	100	20	100	100	100	100	100	20	100	100
Mzimba-North	100	97	100	100	100	100	100	100	100	100	100		97	97	100	100	100	100	100	100	100	100	97
Mzimba-South	97	94	100	41	100	100	100	100	100	100	100		88	88	97	32	94	97	100	100	97	100	100
Mzuzu CH	100	0	100	100	100	100	100	100	100	100	100		100	0	100	100	100	100	100	0	100	100	100
Neno	100	60	100	60	93	100	100	100	100	100	100		100	47	100	60	93	100	87	100	100	100	100
Nkhata-Bay	100	100	100	100	100	100	100	100	100	100	97		100	96	100	100	100	100	93	100	100	100	97
Nkhotakota	96	61	91	100	87	87	96	91	87	91	83		96	61	87	96	87	87	61	91	87	91	78
Nsanje	100	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	100	100	96
Ntcheu	97	90	100	95	100	100	100	95	100	95	97		95	79	95	92	80	97	97	95	95	95	90
Ntchisi	100	71	100	88	100	100	88	94	100	94	100		100	53	100	88	100	100	29	94	100	94	100
Phalombe	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	0	100	100	100	100	100	100	100	100	100
Rumphi	100	100	100	100	89	100	100	100	100	100	89		100	100	100	100	83	100	100	100	100	100	89
Salima	100	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	100	100	100
Thyolo	100	100	100	100	100	100	98	100	100	100	100		100	100	100	100	100	100	98	100	100	100	100
Zomba CH	100	100	100	0	100	79	100	100	79	100	100		100	100	0	0	100	65	0	100	0	100	100
Zomba	100	65	72	81	79	79	81	65	79	65	72		100	35	70	67	61	65	77	63	70	63	60

Key:

	>= 80%
	< 80%

Annex 2: Distribution of EBS signals per reporting unit in Epi-week 23, 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, chemical and radio-nuclear events, vaccination, or mass drug administration	Any person developing Illness after contact/bite with sick or dead animals	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
Balaka	5	0	0	0	0	0	5
Blantyre	4	0	1	1	0	0	6
Kasungu	3	0	0	0	0	1	4
Lilongwe	0	1	0	0	0	0	1
Mchinji	1	1	0	0	0	0	2
Mwanza	3	22	0	18	0	0	43
Neno	0	0	0	2	0	0	2
Nkhata Bay	10	3	0	4	2	0	19
Nsanje	4	0	0	0	1	0	5
Ntcheu	2	3	0	0	0	0	5
Thyolo	0	0	0	2	0	0	2
Grand Total	**32**	**30**	**1**	**27**	**3**	**1**	**94**

Annex 3. Priority diseases/conditions/events, including alerts under surveillance, Epi-week 23

Reporting Unit	OPD AEFI cases	OPD poliomyelitis (AFP) cases	poliomyelitis (AFP) positive 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 Maternal death cases	OPD measles cases	IP measles cases	IP meningococcal meningitis cases	IP rabies deaths	IP SARI cases	IP SARI deaths	OPD typhoid fever cases	IP typhoid fever cases
Kasungu-DHO	1	0	0	0	34	0	824	23	0	13	1	0	0	0	0	3	0
Nkhotakota-DHO	0	0	0	0	7	0	740	5	0	0	0	0	0	7	0	0	0
Ntchisi-DHO	0	0	0	0	14	0	424	6	0	0	0	0	0	0	0	0	0
Salima-DHO	3	0	0	0	49	0	1404	31	0	0	0	0	0	0	0	0	0
Dowa-DHO	0	0	0	0	11	1	697	2	0	0	0	0	0	0	0	0	0
Kamuzu CH	0	0	0	0	0	0	3	4	1	2	0	0	0	32	1	0	0
Mzuzu CH	0	0	0	0	7	0	6	1	2	0	0	0	0	0	0	0	0
Queen Elizaberth CH	0	0	0	0	0	0	0	10	0	0	0	0	0	0	0	0	0
Zomba CH	0	0	2	2	2	0	2	0	0	0	0	0	0	0	0	1	0
Dedza-DHO	0	0	0	0	34	0	1009	21	0	0	2	0	0	0	0	1	10
Lilongwe-DHO	2	0	0	0	38	0	1882	57	1	5	0	1	0	0	0	0	3
Ntcheu-DHO	0	0	0	0	7	0	1042	10	0	1	0	0	0	0	0	0	0
Mchinji-DHO	0	0	0	0	10	0	1068	16	0	0	0	0	0	0	0	18	4
Chitipa-DHO	0	0	0	0	21	0	368	3	0	0	0	0	1	0	0	0	0
Karonga-DHO	1	0	0	0	22	0	305	0	0	0	0	0	0	3	0	0	0
Likoma-DHO	0	0	0	0	5	0	171	2	0	0	0	0	0	0	0	0	0
Mzimba-North-DHO	48	0	0	0	43	0	302	1	0	0	0	0	0	0	0	0	0
Mzimba-South-DHO	0	0	0	0	19	0	445	16	0	0	0	1	0	0	0	0	0
Nkhata-Bay-DHO	10	0	0	0	21	0	1032	1	0	0	0	0	0	0	0	0	0
Rumphi-DHO	5	0	0	0	18	0	175	1	0	0	0	0	0	0	0	0	0
Balaka-DHO	0	0	0	0	15	0	706	17	0	0	0	0	0	0	0	0	0
Machinga-DHO	0	0	0	0	31	0	1440	257	0	7	0	0	0	0	0	0	0
Mangochi-DHO	0	0	0	0	39	0	2622	16	0	1	0	0	0	0	0	0	1
Mulanje-DHO	0	0	0	0	7	0	1991	35	0	1	0	0	0	19	0	0	0
Phalombe-DHO	0	0	0	0	0	0	413	3	1	0	0	0	0	0	0	0	0
Zomba-DHO	0	0	0	0	32	0	893	2	0	0	0	0	0	0	0	0	0
Blantyre-DHO	0	0	0	0	75	3	3319	5	0	0	0	0	0	0	0	12	2
Chikwawa-DHO	7	12	0	0	33	0	2022	2	0	11	0	3	0	0	0	1	0
Chiradzulu-DHO	2	0	0	0	10	0	338	0	0	0	0	0	0	0	0	0	0
Mwanza-DHO	1	0	0	0	5	0	1544	26	0	0	0	0	0	0	0	0	0
Neno-DHO	1	0	0	0	33	0	859	1	0	0	0	0	0	4	0	0	0
Nsanje-DHO	5	0	0	0	15	0	791	15	0	4	0	1	0	1	0	0	0
Thyolo-DHO	1	0	0	0	6	0	864	15	0	0	0	0	0	0	0	0	0
Total	**87**	**12**	**2**	**2**	**663**	**4**	**29701**	**604**	**5**	**45**	**3**	**6**	**1**	**66**	**1**	**36**	**20**

Annex 4: Distribution of confirmed Mpox cases by occupation and district in Malawi, Epi week 23

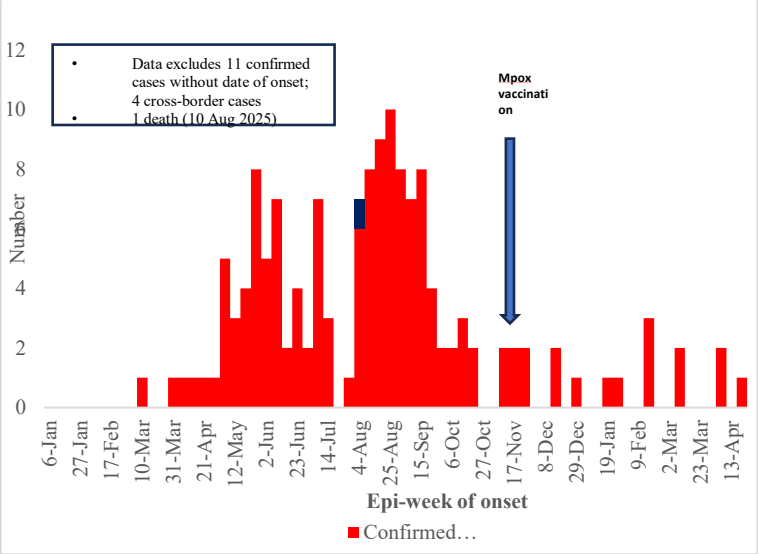


Figure 9. Mpox cases by week of onset as of Epi-Week 23 of 2026 (N=158 lab confirmed)

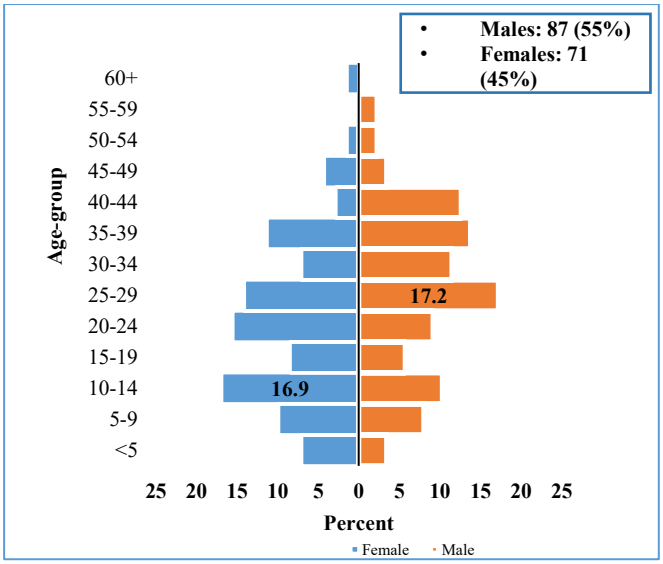


Figure 10. Mpox cases by sex and age-group as of Epi-Week 23 of 2026

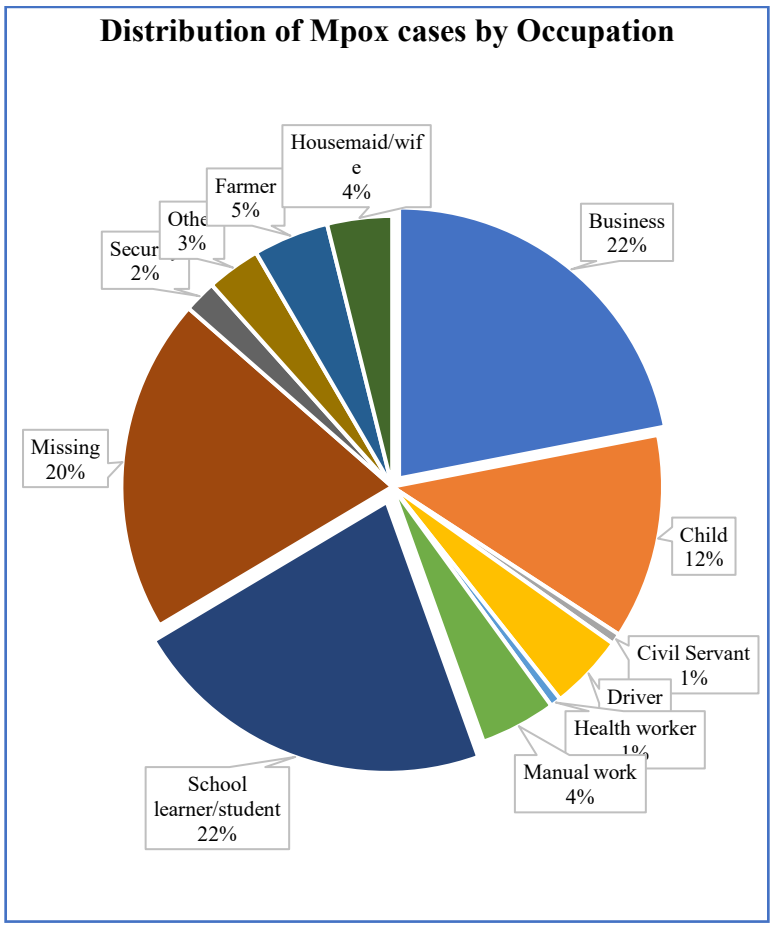


Figure 11. Distribution of confirmed Mpox cases by occupation (N=158), 2025-2026. (Source: Mpox outbreak Line list).

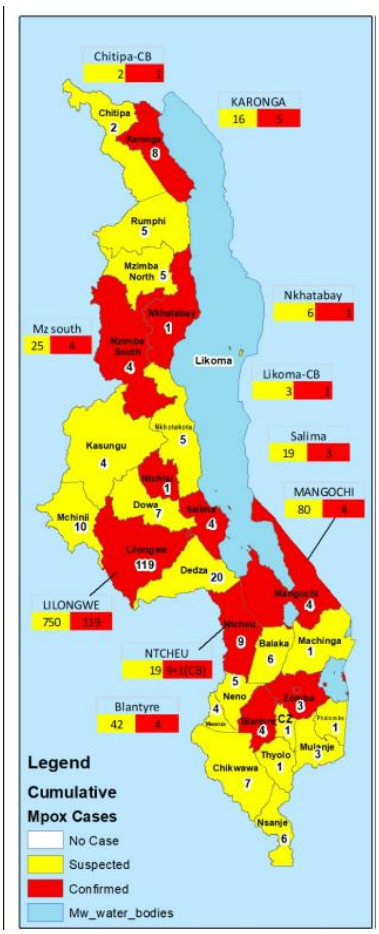


Figure 12. Map of Malawi showing cumulative Mpox suspected and confirmed cases.

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

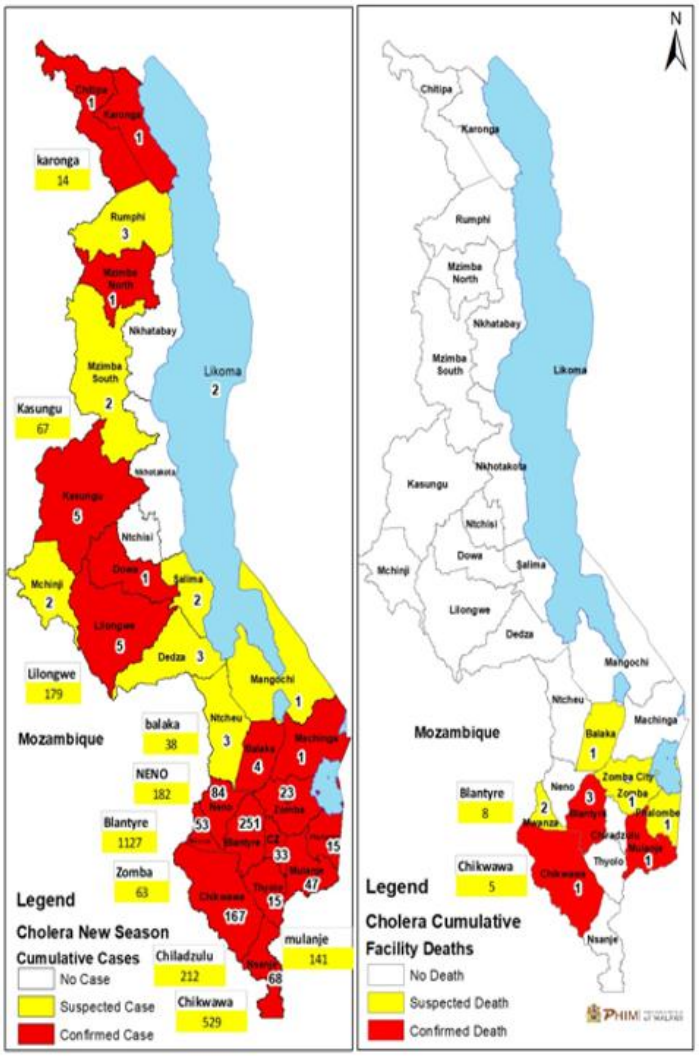
District	Confirmed cases	% of total
Balaka	58	20.2
Blantyre	16	5.6
Chikwawa	16	5.6
Chiradzulu	24	8.4
Chitipa	6	2.1
Dedza	6	2.1
Dowa	2	0.7
Kasungu	44	15.3
Lilongwe	19	6.6
Mangochi	8	2.8
Mchinji	3	1.0
Mulanje	10	3.5
Mwanza	3	1.0
Mzimba	6	2.1
NkhataBay	2	0.7
Nsanje	20	7.0
Ntcheu	10	3.5
Ntchisi	2	0.7
Phalombe	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	58	67	**125**
5-9	50	26	**76**
10-14	35	25	**60**
15-19	60	49	**109**
20-24	71	33	**104**
25-29	44	51	**95**
30-34	44	17	**61**
35-39	24	20	**44**
40-44	18	8	**26**
45-49	22	6	**28**
50-54	8	11	**19**
55-59	3	4	**7**
60-64	2	4	**6**
65-70	4	2	**6**
70+	6	4	**10**
Total	**449**	**327**	**776**

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

Annex 7. Geographical distribution of suspected, confirmed, epi-linked cholera cases (left map) and cholera deaths (right map) in Malawi as of 8th June, 2026.



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