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WEEKLY IDSR EPIDEMIOLOGICAL BULLETIN

Epidemiological Week 25 (15– 21 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 25 of 2026), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 25
- 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 25, 2026

- IDSR reporting achieved 97% for completeness and 93% for timeliness on the One Health Surveillance Platform (OHSP).
- Eight (8) suspected cholera cases were reported with (2) confirmed cases and zero (0) cholera-related deaths.
- Seventy-seven (77) Event-Based Surveillance (EBS) signals were reported, of which twenty-five (25) were verified as events.
- Zero (0) new confirmed Mpox cases and zero (0) Mpox alerts were reported.
- Other alerts generated included malaria (22,223 cases with 4 deaths), diarrhoea with blood (638 cases), Severe Acute Respiratory Infections (85 cases, including 3 deaths), typhoid fever (84 cases), Adverse Events Following Immunization (AEFI) (50 cases), measles (56 cases), Acute Flaccid Paralysis (AFP) (8 cases), meningococcal meningitis (11 cases including 2 deaths), and maternal deaths (3), as shown in Figure 1.

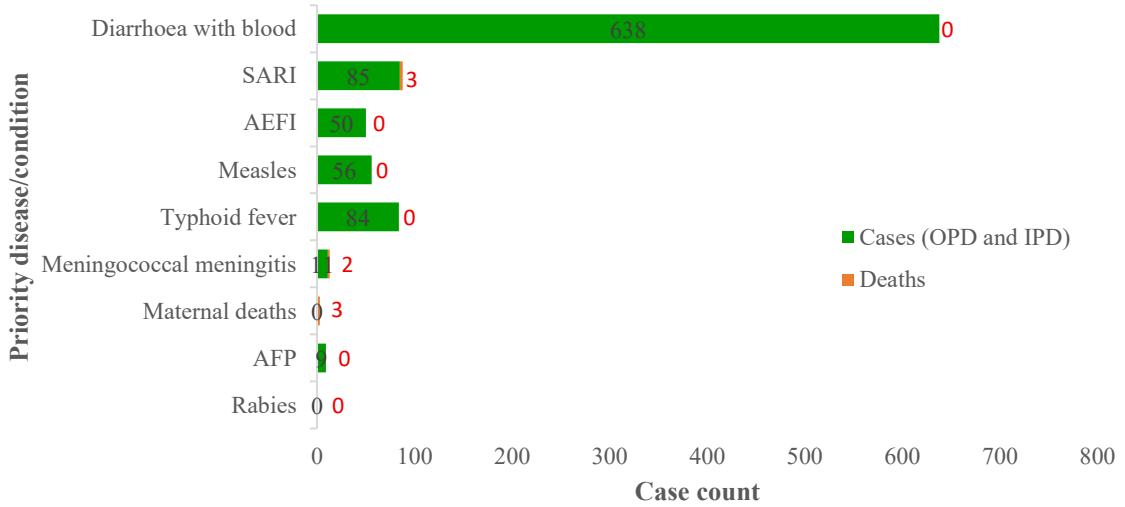


Figure 1. Notifiable diseases or conditions alerts reported in Epi-week 25 in Malawi (data accessed on 22 June, 2026)

2. Performance of the Integrated Disease Surveillance and Response up to Epi-week 25

2.1. Timeliness and Completeness

2.1.1. Trends of Reporting rate at the national level as of Epi-week 25

In week 25, reporting completeness increased to 97% from 94% in week 24, and timeliness was maintained at 93% over the same period (see Figure 2).

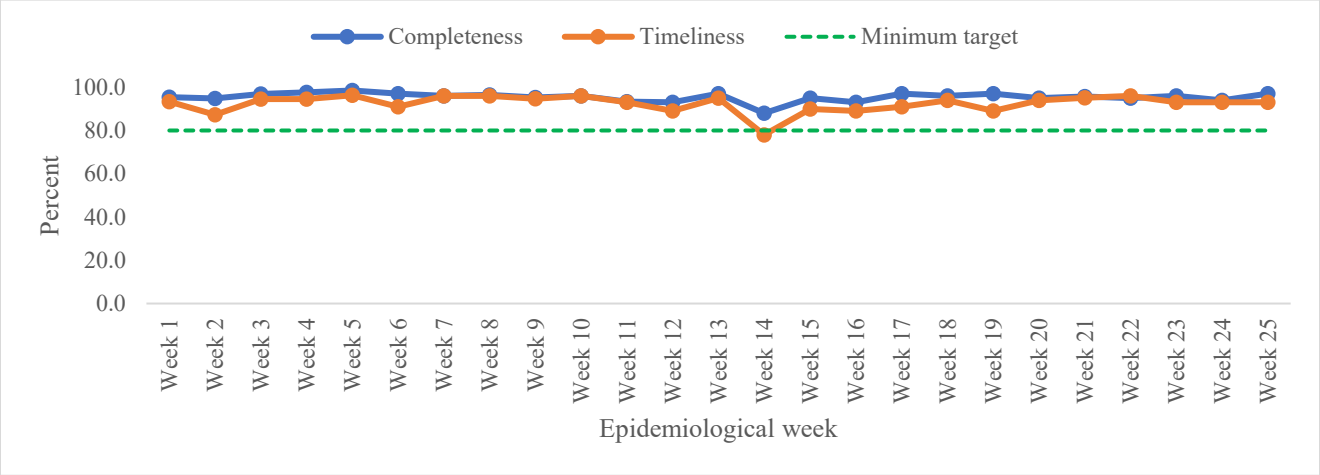


Figure 2. Trend of National IDSR weekly reporting rates in Malawi, up to Epi-week 25, 2026 (data accessed on 30 June, 2026)

2.1.2. Reporting rates at the Zonal level, including Central Hospitals for Epi-week 25

Figure 3 illustrates the reporting rates across various health zones, including Central Hospitals, during epidemiological week 25. All health zones and Central Hospitals met the minimum target of 80% for both reporting completeness and timeliness as shown in Figure 3 below.

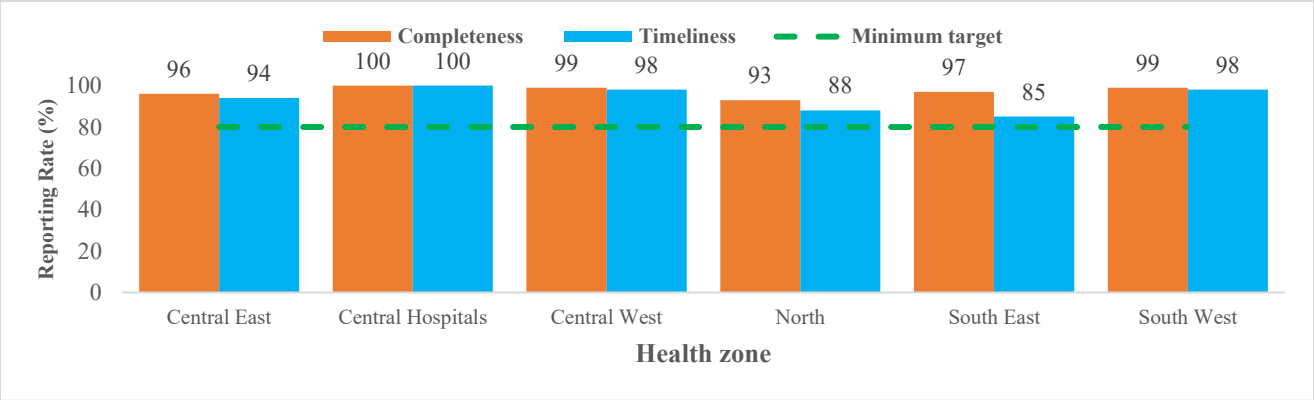


Figure 3. Reporting rates of IDSR weekly reports by zones, Epi-week 25 (data accessed on 30 June 2026)

2.1.3. Reporting rates at the district level for Epi-week 25

Among the 33 reporting sites (Districts and Central Hospitals), 30 (91%) achieved the national minimum reporting target of 80% for both completeness and timeliness. Rumphi failed to surpass the minimum reporting targets for both completeness and timeliness, while Karonga and Zomba DHO, failed on timeliness as shown in Figure 4.

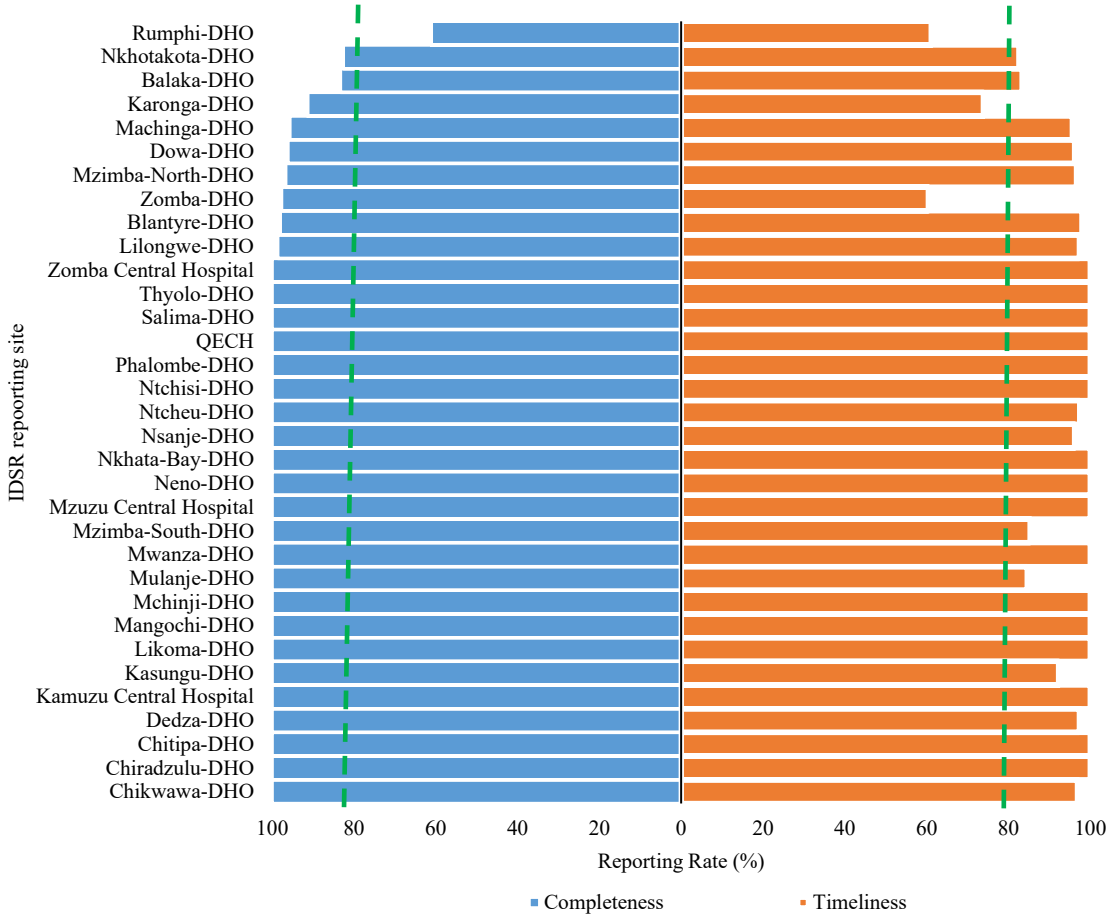


Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 25 (data accessed on 30 June, 2026)

3. Event-Based Surveillance (EBS)

3.1 Community EBS signals reported in Epi-week 25

Figure 5 presents the signals reported during epidemiological week 25. A total of seventy-seven (77) signals were reported from nine (9) districts. Of these, twenty-five (32%) signals were verified as events,

two (3%) was discarded, while fifty (65%) signals were not verified. The number of reports under each signal category is presented in Figure 5 below.

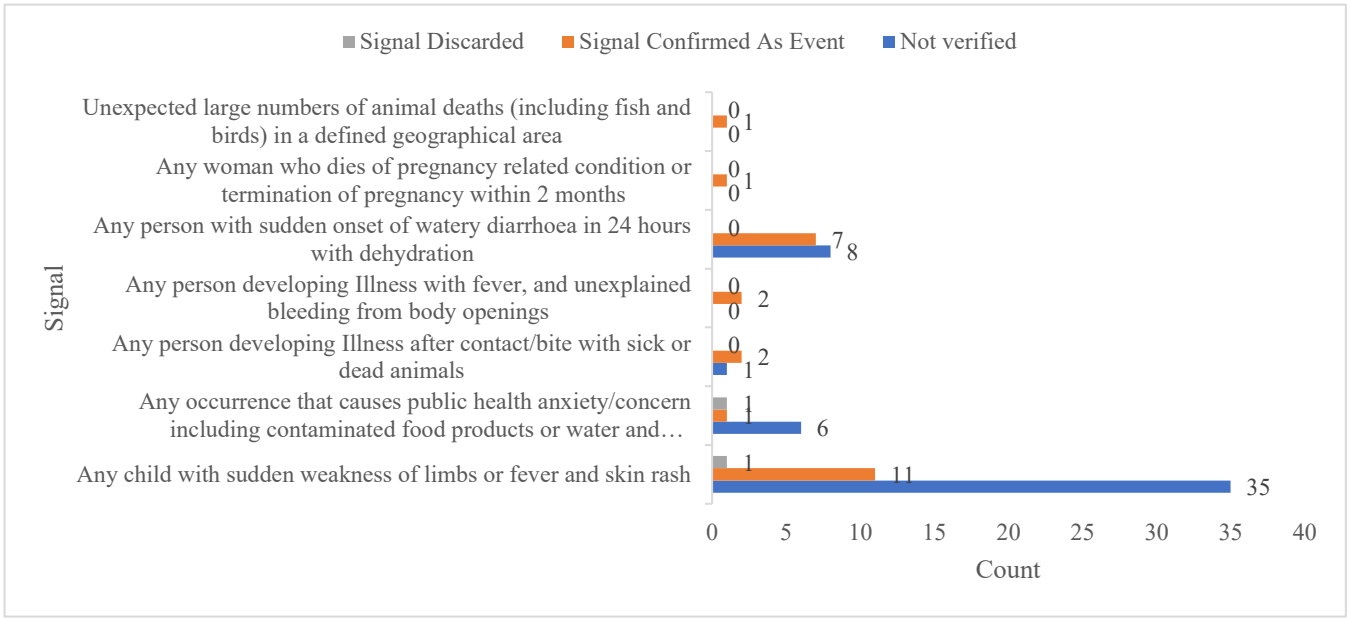


Figure 5. Event-based signals reported in Epi-week 25 (data accessed on 22 June, 2026)

3.2. Risk Assessment Level of the Community Signals

Risk assessments were conducted for twenty-three (23) of the twenty-five (25) 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.

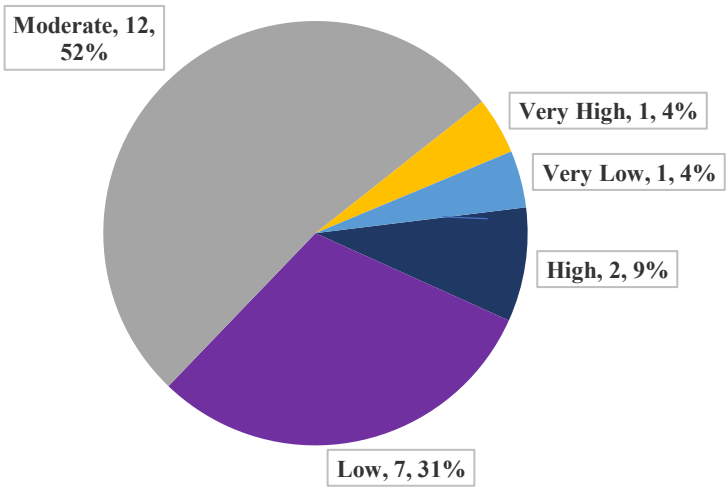


Figure 6. Distribution of the verified EBS signals by risk level, reported in Epi-week 25 (data accessed on 22 June, 2026)

4. Diseases and Conditions of Public Health Importance in Epi-week 25

4.1 Summary of Diseases and Conditions

Table 1 highlights alerts related to diseases and public health conditions recorded during epidemiological week 25. Among epidemic-prone diseases, diarrhea with blood (638 cases) was the most prevalent, followed by Typhoid Fever (84 cases) and Severe Acute Respiratory Infections (85 cases, including 3 deaths), while measles (56 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	638	0
Meningococcal meningitis	11	2
Typhoid Fever	88	0
SARI	84	3
Cholera	8	0
Mpox	0	0
DISEASES TARGETED FOR ERADICATION/ELIMINATION		
Measles	56	0
Acute Flaccid Paralysis	9	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

5. Ongoing outbreaks and emergencies in Malawi as of week 25, 2026.

5.1. Mpox

In Epi-week 25, Malawi did not record any new Mpox confirmed case. Since Epi-week 12 of 2025 through Epi-week 25 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 25 of 2026 in Malawi

District	Confirmed cases	Per cent of total	Cross-border cases
Blantyre	4	2.5	0
Karonga	8	5.1	1 (TZ)
Lilongwe	119	75.8	0
Mangochi	4	1.9	0
Mzimba South	4	2.5	0
Nkhatabay	1	0.6	0
Ntcheu	9	5.7	1 (Moz)
Ntchisi	1	0.6	0
Salima	4	2.5	0
Zomba	3	1.9	0
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

In Epi-week 25, Malawi reported 56 new suspected measles alerts. From week 1 to week 25 of 2026, a total of 1,548 cumulative measles alerts were reported with 658 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 Nsanje reporting the highest proportions at 20.4% (78 cases) and 16.7% (61 cases), respectively. Mwanza, Dowa, Nkhata Bay, and Ntchisi each reported the lowest proportion at 0.5% (2 cases). Additionally, Dedza and Machinga districts have consistently reported measles alerts, warranting further attention. Further details are provided in Annex 5.

The weekly cumulative number of measles alerts and confirmed cases is shown in Figure 7 below.

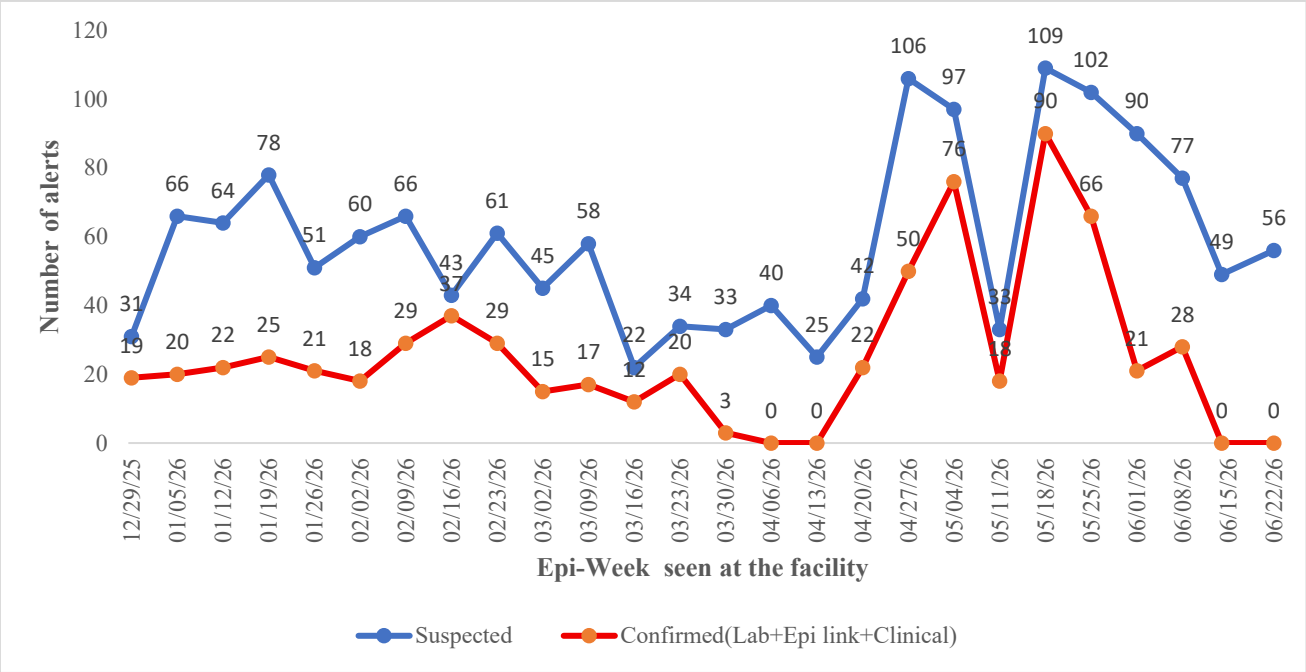


Figure 7. Measles disease alerts by epi-week of onset in Malawi, from week 1 to Week 25 of 2026. Source: OHSP and Measles Line list.

Interventions

- Case management
- Active case search
- Sample collection and laboratory analysis
- Intensification of routine immunisation
- Supportive supervision
- Community engagement and mobilisation

5.3. Cholera

In Epi-week 25, 8 new suspected cholera cases with 2 new confirmed cases were reported. Since the start of the 2025/26 cholera season on 1 November 2025, Malawi has recorded a cumulative total of 3,008 cholera cases with 317 laboratory-confirmed cases and 461 epidemiological linked cases, as shown in Annex 6. Of the total confirmed cases, 451 were male and 327 were female, with ages ranging from 1 to 80 years. A total of 773 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%. 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 187 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 (2), 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.

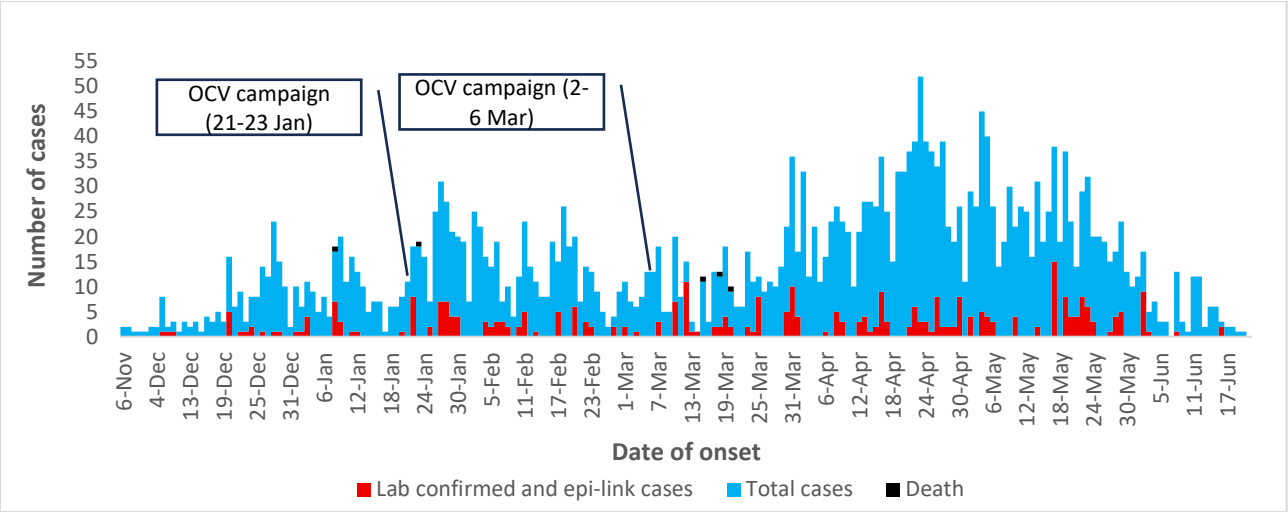


Figure 8. Malawi Cholera Epidemiologic Curve from 1 November 2025 to Week 25 of 2026. Source: National Cholera line list.

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.

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

- 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.

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 was conducted from 16–19 June 2026, achieving 105% coverage (7,069,865 individuals vaccinated).

6.0. Immediate recommendations

- **IDSR Coordinators and Zonal Epidemiology Officers** must ensure timely verification and validation of data immediately after health facility focal persons or data clerks enter it into OHSP.
- **Zomba and Rumphi DHOs** must improve both completeness and timeliness, while **Karonga** must improve timeliness only.
- **Lilongwe, Blantyre, and Mchinji DHOs** should implement targeted interventions against Typhoid being reported in the districts
- **Mzimba-North** 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 Dedza district should receive attention.

Annex 1: Timeliness and completeness of IDSR reports by Reporting Site, from Epi-week 15 to Week 25, 2026

District/ Hospital	Completeness												Timeliness										
	W15	W16	W17	W18	W19	W20	W21	W22	W23	W24	W25		W15	W16	W17	W18	W19	W120	W21	W22	W23	W24	W25
National	**95**	**93**	**97**	**96**	**97**	**95**	**96**	**95**	**96**	**94**	**97**		**90**	**89**	**91**	**94**	**89**	**94**	**90**	**96**	**93**	**93**	**93**
Balaka	100	100	83	94	78	89	72	89	78	72	83		100	94	78	94	78	89	72	89	78	72	83
Blantyre	100	90	92	96	98	100	100	100	100	96	98		82	90	88	90	88	100	82	100	100	94	98
Chikwawa	100	91	97	100	97	94	94	94	97	100	100		100	72	91	94	94	94	100	94	94	100	97
Chiradzulu	100	100	100	100	100	100	100	100	100	100	100		100	100	100	94	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	97	100	95	100	100	100	100	100	97
Dowa	92	100	96	100	85	85	100	69	73	92	96		88	100	73	100	73	69	88	69	65	92	96
Kamuzu CH	100	100	100	100	100	61	100	100	100	100	100		100	100	100	100	100	100	100	100	100	100	100
Karonga	91	91	87	87	83	78	87	78	91	83	91		83	83	74	70	70	74	57	74	78	74	74
Kasungu	100	100	100	100	100	100	100	100	100	95	100		100	100	100	100	100	97	100	97	100	92	92
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	100	100	99	100	99	99	99	97	99	99		100	100	99	99	89	99	100	99	97	99	97
Machinga	100	95	100	100	96	96	100	96	100	91	96		100	95	61	83	87	91	100	91	96	91	96
Mangochi	100	100	100	100	100	100	100	100	100	98	100		100	100	100	100	100	100	100	100	100	98	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	62	100	69	62	100	92	62	92	100	100	100		50	50	65	62	65	88	50	88	100	100	85
Mwanza	20	100	100	100	100	100	100	100	100	100	100		20	100	100	100	100	100	20	100	100	100	100
Mzimba-North	100	100	100	100	100	100	100	100	100	100	97		100	100	100	100	100	100	100	100	97	100	97
Mzimba-South	100	41	100	100	100	100	100	100	100	100	100		97	32	94	97	100	100	97	100	100	100	85
Mzuzu CH	100	100	100	100	100	100	100	100	100	0	100		100	100	100	100	100	0	100	100	100	0	100
Neno	100	60	93	100	100	100	100	100	100	100	100		100	60	93	100	87	100	100	100	100	100	100
Nkhata-Bay	100	100	100	100	100	100	100	100	97	100	100		100	100	100	100	93	100	100	100	97	100	100
Nkhotakota	91	100	87	87	96	91	87	91	83	96	83		87	96	87	87	61	91	87	91	78	96	83
Nsanje	100	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	96	100	96
Ntcheu	100	95	100	100	100	95	100	95	97	100	100		95	92	80	97	97	95	95	95	90	100	97
Ntchisi	100	88	100	100	88	94	100	94	100	94	100		100	88	100	100	29	94	100	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	100	100	100	100	100	100	100	100	100	100
Rumphi	100	100	89	100	100	100	100	100	89	89	61		100	100	83	100	100	100	100	100	89	89	61
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	98	100	100	100	100	100	100		100	100	100	100	98	100	100	100	100	100	100
Zomba CH	100	0	100	79	100	100	79	100	100	100	100		0	0	100	65	0	100	0	100	100	100	100
Zomba	72	81	79	79	81	65	79	65	72	58	98		70	67	61	65	77	63	70	63	60	56	60

Key

	>= 80%
	< 80%

Annex 2: Distribution of EBS signals per reporting unit in Epi-week 25, 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	Any woman who dies of pregnancy related condition or termination of pregnancy within 2 months	Unexpected large numbers of animal deaths (including fish and birds) in a defined geographical area	Grand Total
Balaka	7	0	1	2	0	0	0	10
Lilongwe	6	1	0	0	0	0	0	7
Mangochi	3	0	0	0	2	0	0	5
Mchinji	0	0	1	0	1	0	0	2
Mwanza	2	1	0	0	5	0	1	9
Nkhata Bay	29	6	0	0	6	0	0	41
Nsanje	0	0	1	0	0	0	0	1
Ntcheu	0	0	0	0	0	1	0	1
Thyolo	0	0	0	0	1	0	0	1
Grand Total	**47**	**8**	**3**	**2**	**15**	**1**	**1**	**77**

Annex 3. Priority diseases/conditions/events, including alerts under surveillance, Epi-week 25

Reporting Unit	OPD AEFI cases	Poliomyelitis (AFP)	OP-Diarrhoea With Blood Cases	IP-Diarrhoea With Blood deaths	OPD Malaria Cases	IP Malaria Cases	IP Death Malaria Cases	OPD Maternal death cases	IP Maternal death cases	OPD measles cases	IP meningococcal meningitis cases	IP meningococcal meningitis deaths	OPD rabies cases	IP SARI cases	IP SARI deaths	OPD typhoid fever cases
Kasungu-DHO	1	1	67	0	581	23	0	0	0	3	1	1	0	0	0	6
Nkhotakota-DHO	0	0	10	0	587	2	0	0	0	0	1	0	0	6	1	6
Ntchisi-DHO	0	0	3	0	78	5	0	0	0	0	0	0	0	0	0	0
Salima-DHO	0	0	24	0	826	13	1	0	0	0	0	0	0	0	0	1
Dowa-DHO	0	0	4	0	517	1	0	0	0	0	0	0	0	21	0	0
Kamuzu Central	0	1	1	0	4	10	0	0	1	0	0	0	0	28	2	0
Mzuzu Central	0	0	3	0	7	18	0	0	0	0	0	0	0	0	0	0
Queen Elizaberth	0	0	0	0	4	11	1	0	0	0	0	0	0	0	0	0
Zomba Central	0	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0
Dedza-DHO	0	0	7	0	485	17	0	0	1	36	0	0	0	0	0	0
Lilongwe-DHO	1	1	54	1	1429	59	2	1	0	0	0	0	0	0	0	25
Ntcheu-DHO	1	0	7	0	879	14	0	0	0	0	0	0	0	0	0	0
Mchinji-DHO	1	0	8	0	576	31	0	0	0	0	0	0	0	0	0	18
Chitipa-DHO	0	0	15	1	212	3	0	0	0	0	0	0	0	0	0	0
Karonga-DHO	1	1	54	4	120	9	0	0	0	0	2	1	0	4	0	0
Likoma-DHO	0	0	4	0	136	1	0	0	0	0	0	0	0	0	0	0
Mzimba-North-DHO	20	0	28	0	163	0	0	0	0	0	0	0	0	0	0	0
Mzimba-South-DHO	0	0	28	0	547	14	0	0	0	0	0	0	0	0	0	0
Nkhata-Bay-DHO	0	0	26	0	1012	2	0	0	0	0	0	0	0	0	0	0
Rumphi-DHO	6	0	8	0	90	23	0	0	0	0	0	0	0	0	0	0
Balaka-DHO	0	0	10	0	635	45	0	0	1	9	0	0	0	0	0	0
Machinga-DHO	1	0	33	0	997	0	0	0	0	5	0	0	0	0	0	0
Mangochi-DHO	3	0	34	1	2326	23	0	0	0	0	0	0	0	0	0	0
Mulanje-DHO	0	0	15	0	1128	1	0	0	0	1	0	0	0	2	0	0
Phalombe-DHO	0	0	9	0	259	5	0	0	0	0	0	0	0	0	0	0
Zomba-DHO	1	0	40	0	556	0	0	0	0	0	0	0	0	0	0	0
Blantyre-DHO	1	0	73	2	2513	2	0	0	0	1	0	0	0	0	0	24
Chikwawa-DHO	7	0	16	0	2094	3	0	0	0	0	4	0	0	0	0	0
Chiradzulu-DHO	4	1	11	0	254	0	0	0	0	0	0	0	0	0	0	0
Mwanza-DHO	1	0	5	0	1070	29	0	0	0	0	0	0	0	0	0	0
Neno-DHO	0	0	17	0	545	8	0	0	0	0	0	0	0	24	0	0
Nsanje-DHO	1	0	9	0	621	2	0	0	0	1	3	0	0	0	0	0
Thyolo-DHO	0	0	6	0	587	8	0	0	0	0	0	0	0	0	0	4
Total	**50**	**9**	**629**	**9**	**21841**	**382**	**4**	**1**	**3**	**56**	**11**	**2**	**0**	**85**	**3**	**84**

Annex 4: Distribution of confirmed Mpox cases by occupation and district in Malawi, Epi week 25

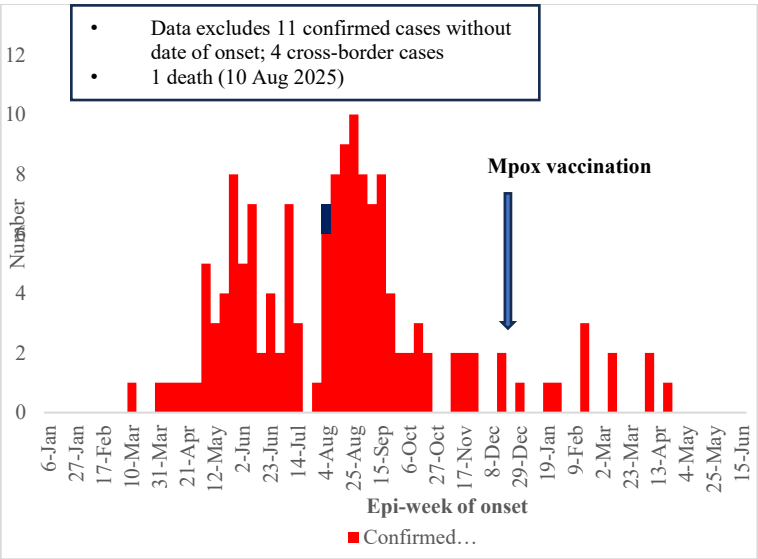


Figure 9. Mpox cases by week of onset as of Epi-Week 25 of 2026 (N=158 lab confirmed)

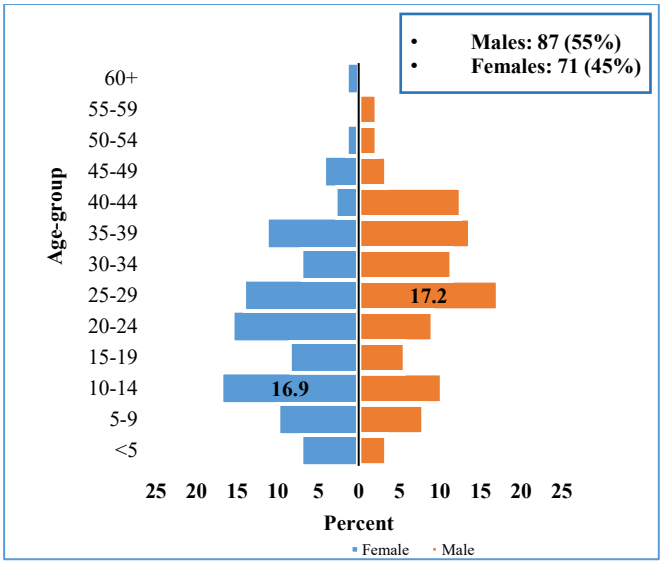


Figure 10. Mpox cases by sex and age-group as of Epi-Week 25 of 2026

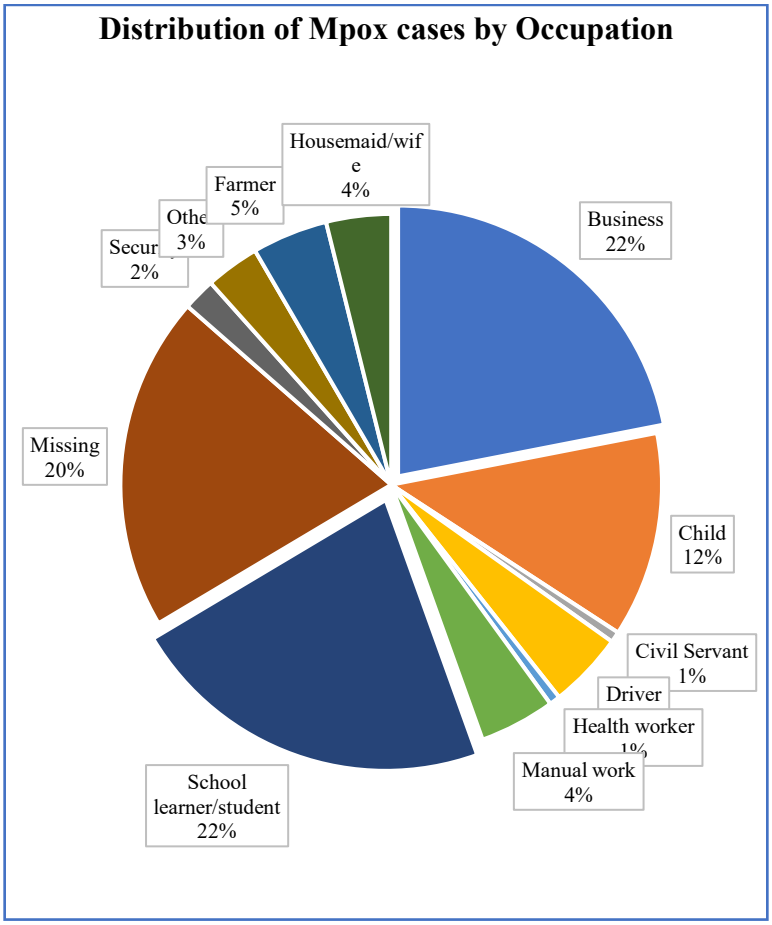


Figure 11. Distribution of confirmed Mpox cases by occupation as of Week 25 (N=158), 2025-2026. (Source: Mpox outbreak Line list).

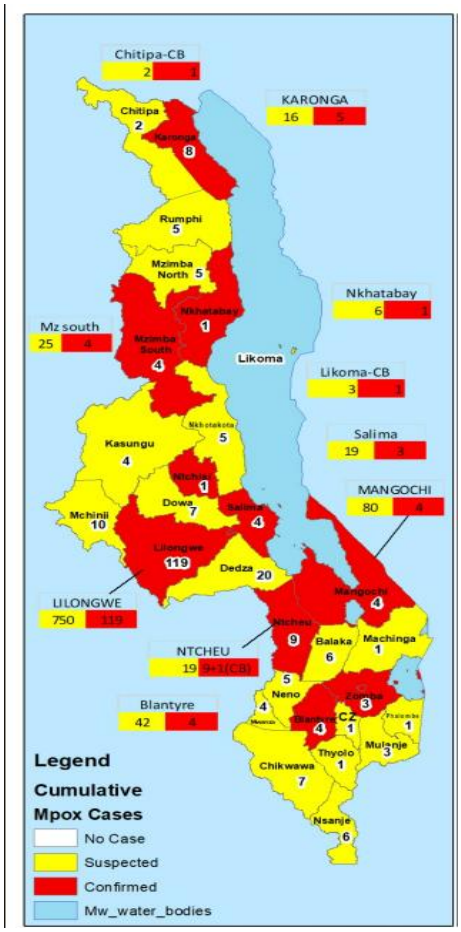


Figure 12. Map of Malawi showing cumulative Mpox suspected and confirmed cases as of Week 25.

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

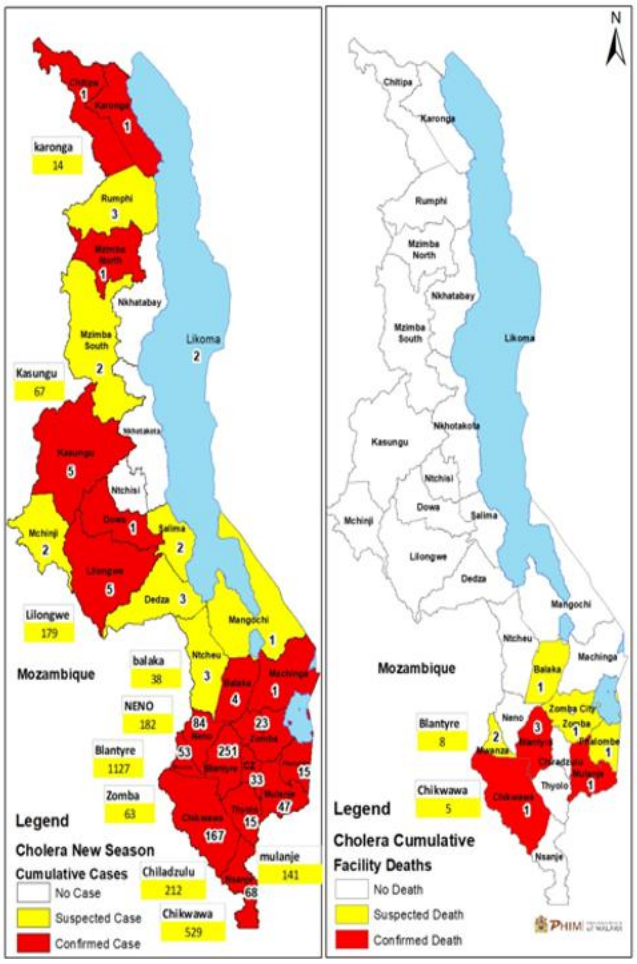
District	Confirmed cases	% of total
Balaka	58	20.2
Blantyre	16	5.6
Chikwawa	16	5.6
Chiradzulu	24	8.4
Chitipa	6	2.1
Dedza	6	2.1
Dowa	2	0.7
Kasungu	44	15.3
Lilongwe	19	6.6
Mangochi	8	2.8
Mchinji	3	1.0
Mulanje	10	3.5
Mwanza	3	1.0
Mzimba	6	2.1
NkhataBay	2	0.7
Nsanje	20	7.0
Ntcheu	10	3.5
Ntchisi	2	0.7
Phalombe	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	51	26	**77**
10-14	35	25	**60**
15-19	60	49	**109**
20-24	72	33	**105**
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	**451**	**327**	**778**

[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 22nd June, 2026.



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