

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 3, Issue 27 of 2026), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 27
- 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 27, 2026

- IDSR reporting achieved 95% for completeness and 80% for timeliness on the One Health Surveillance Platform (OHSP).
- Zero (0) suspected cholera case was reported with zero (0) confirmed cases and zero (0) cholera-related deaths.
- Forty-eight (48) Event-Based Surveillance (EBS) signals were reported, of which twenty-eight (28) were verified as events.
- Zero (0) new confirmed Mpox cases and two (2) Mpox alerts were reported.
- Other alerts generated included Malaria (18,603 cases with 1 death), Measles (73 cases), Diarrhoea with blood (663 cases), Severe Acute Respiratory Infections (82 cases, including 0 death), Typhoid fever (42 cases), Adverse Events Following Immunization (AEFI) (64 cases), Acute Flaccid Paralysis (AFP) (0 cases), Meningococcal meningitis (12 cases including 0 deaths), and maternal deaths (6), as shown in Figure 1.

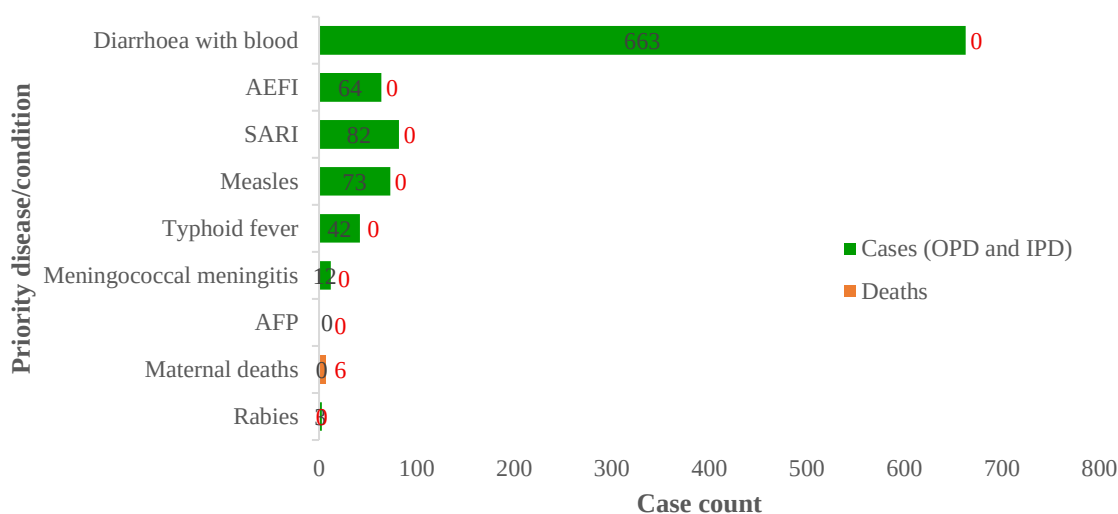


Figure 1. Notifiable diseases or conditions alerts reported in Epi-week 27 in Malawi (data accessed on 9- July, 2026)

2. Performance of the Integrated Disease Surveillance and Response up to Epi-week 27

2.1. Timeliness and Completeness

2.1.1. Trends of Reporting rate at the national level as of Epi-week 27

In week 27, reporting completeness remained at 95%, unchanged from the previous week, while timeliness declined from 93% to 80% during the same period (see Figure 2).

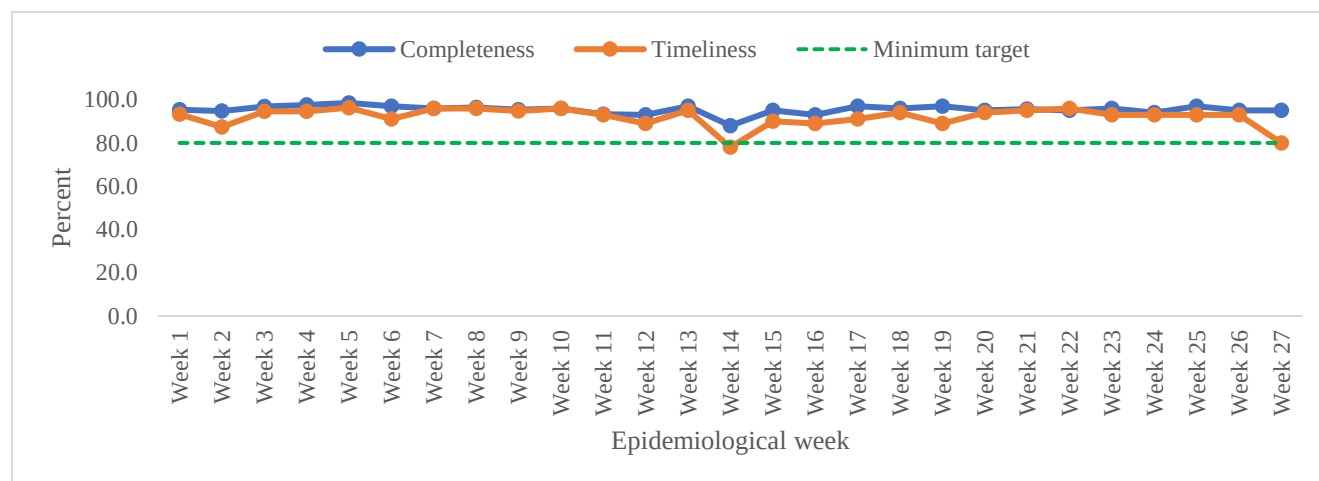


Figure 2. Trend of National IDSR weekly reporting rates in Malawi, up to Epi-week 27, 2026 (data accessed on 7 July 2026)

2.1.2. Reporting rates at the Zonal level, including Central Hospitals for Epi-week 27

Figure 3 illustrates the reporting rates across various health zones, including Central Hospitals, during epidemiological week 27. All health zones and Central Hospitals achieved the minimum target of 80% for reporting completeness. However, for timeliness, Central Hospitals and South East Zone did not meet the minimum target of 80%.

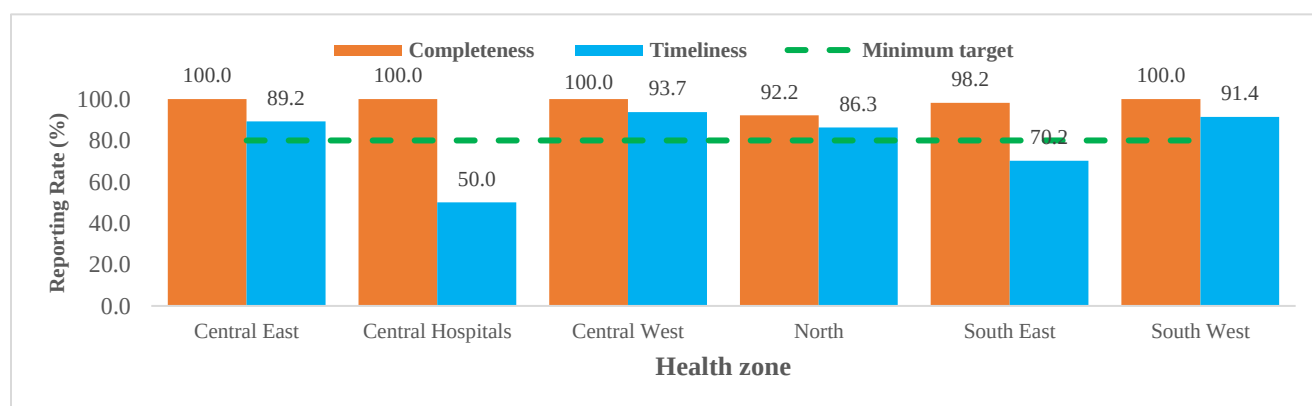


Figure 3. Reporting rates of IDSR weekly reports by Zones and Central Hospitals, Epi-week 27 (data accessed 7 July 2026)

2.1.3. Reporting rates at the district level for Epi-week 27

Among the 33 reporting sites (Districts and Central Hospitals), 24 (73%) achieved the national minimum reporting target of 80% for both completeness and timeliness. Nkhotakota, Machinga, Nsanje, Zomba, Mzuzu Central Hospital, and Queen Elizabeth Central Hospital failed to surpass the minimum reporting targets for timeliness, while Likoma, Balaka and Rumphu failed to meet the minimum target for both completeness and timeliness as shown in Figure 4.

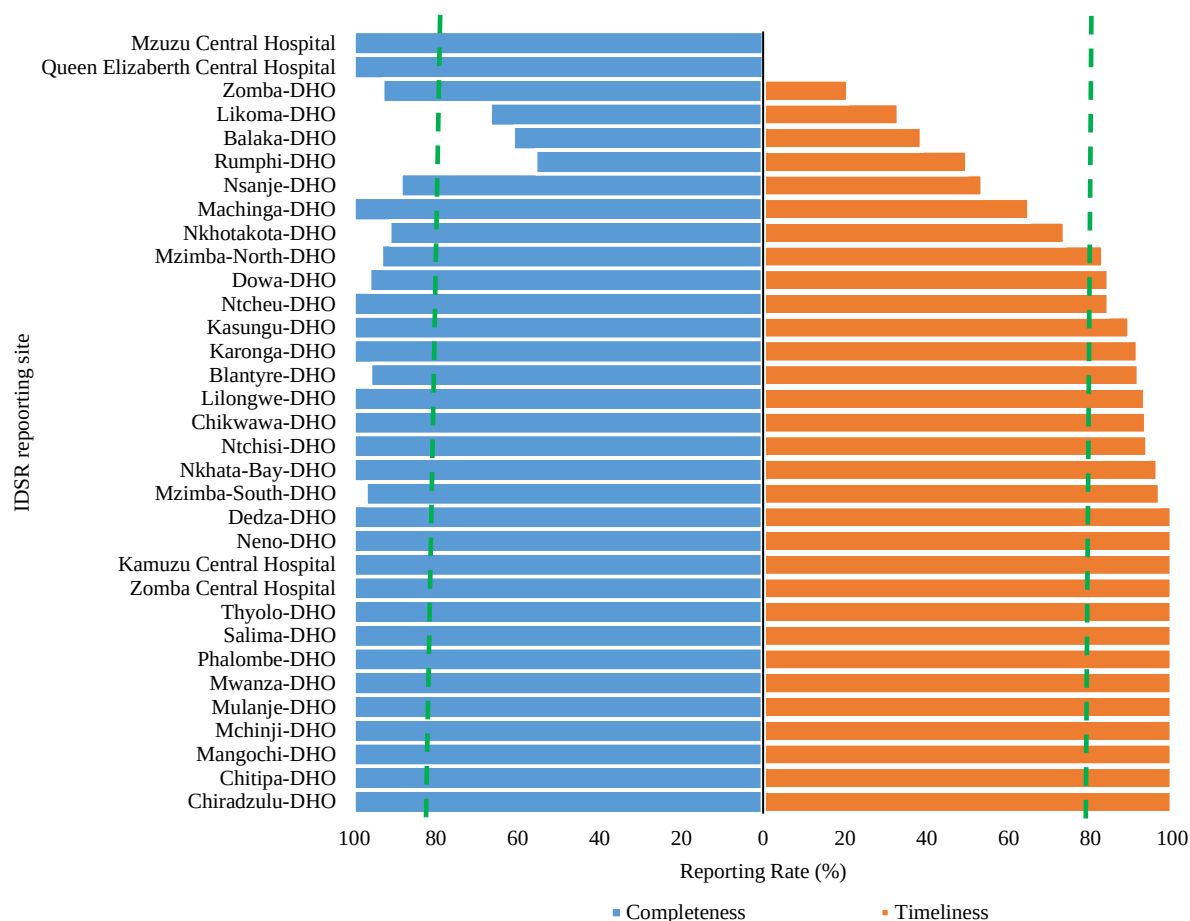


Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 27 (data accessed on 07 July 2026)

3. Event-Based Surveillance (EBS)

3.1 Community EBS signals reported in Epi-week 27

Figure 5 presents the signals reported during epidemiological week 27. A total of forty-eight (48) signals were reported from thirteen (13) districts. Of these, twenty-eight (58.3%) signals were verified as events,

zero (0%) were discarded, while twenty (41.7%) signals were not verified. The number of reports under each signal category is presented in Figure 5 below.

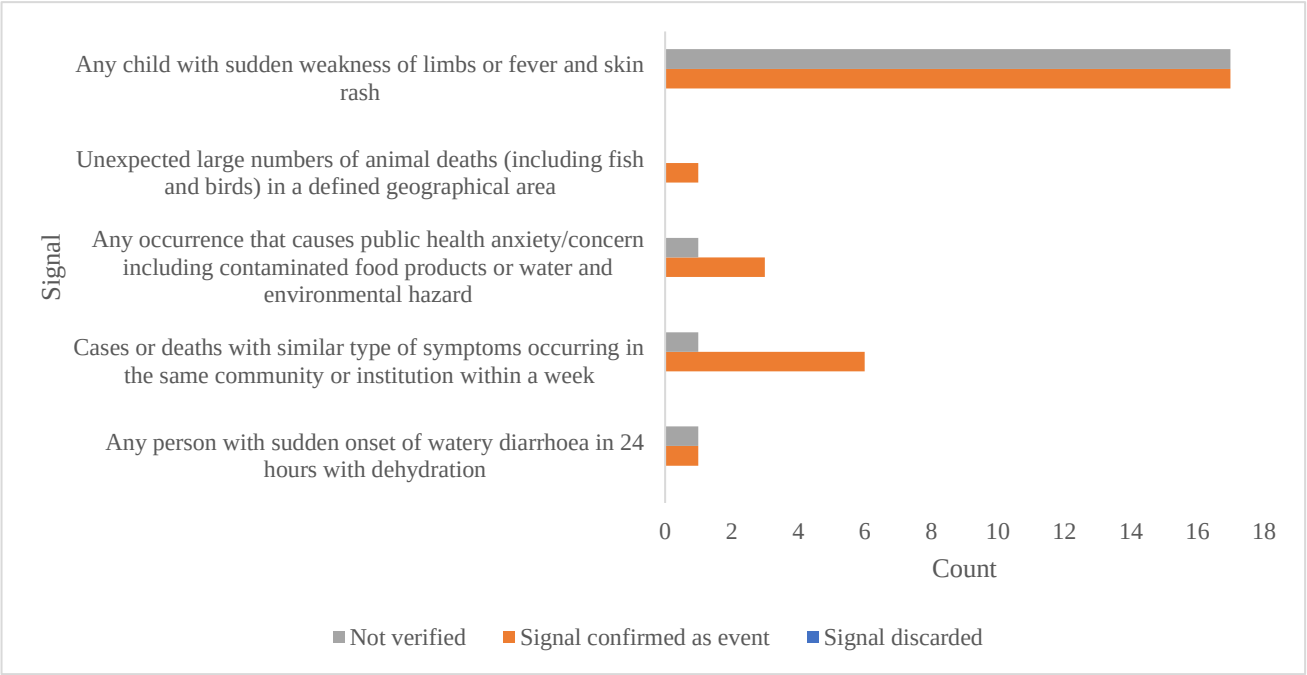


Figure 5. Event-based signals reported in Epi-week 27 (data accessed on 7 July 2026)

3.2. Risk Assessment Level of the Community Signals

Risk assessments were conducted for 25 of the 28 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.

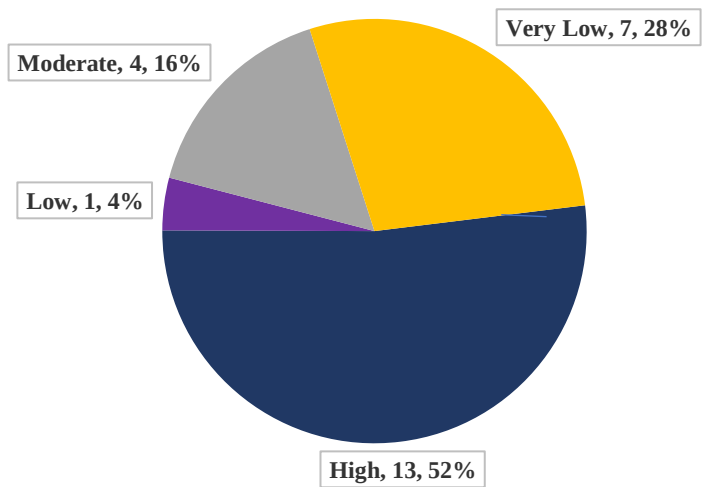


Figure 6. Distribution of the verified EBS signals by risk level, reported in Epi-week 27 (data accessed on 7 July 2026)

4. Diseases and Conditions of Public Health Importance in Epi-week 27

4.1 Summary of Diseases and Conditions

Table 1 highlights alerts related to diseases and public health conditions recorded during epidemiological week 27. Among epidemic-prone diseases, diarrhoea with blood (663 cases) was the most prevalent, followed by Severe Acute Respiratory Infections (82 cases, including 0 deaths). In comparison, Measles (73 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
<i>EPIDEMIC PRONE DISEASES</i>		
Diarrhea with blood	663	0
Meningococcal meningitis	12	0
Typhoid Fever	42	0
SARI	82	0
Cholera	1	0
Mpox	2	0
<i>DISEASES TARGETED FOR ERADICATION/ELIMINATION</i>		
Measles	73	0
Acute Flaccid Paralysis	0	0
Neonatal tetanus	1	0
<i>CONDITIONS OF PUBLIC HEALTH IMPORTANCE</i>		
Food-borne illnesses	0	0
Maternal death		6
Yellow fever	0	0
Rabies	3	0

5. Ongoing outbreaks and emergencies in Malawi as of week 27, 2026.

5.1. Mpox

In Epi-week 27, Malawi did not record any new Mpox confirmed cases. Since Epi-week 12 of 2025 through Epi-week 27 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 27 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 27, Malawi reported 73 new suspected Measles alerts. From week 1 to week 27 of 2026, a total of 1,690 cumulative Measles alerts were reported with 695 Measles-rubella cases (laboratory-confirmed, epidemiologically linked, and clinically compatible). The laboratory-confirmed cases were distributed across twenty-four (24) districts in the country, with confirmed outbreaks in Balaka, Nsanje and Chikwawa. 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.

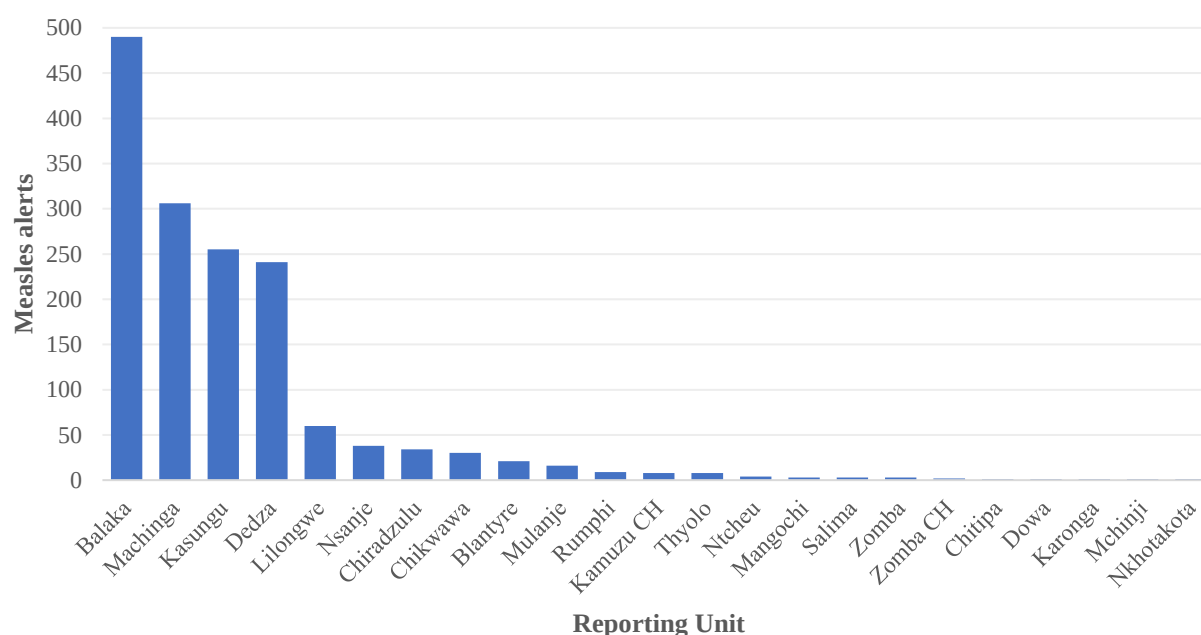


Figure 7. Burden of Measles Disease by Reporting Unit as of Epidemiological Week 27, 2026

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 27, 0 new suspected and 0 new confirmed cholera cases were reported. Since the start of the 2025/26 cholera season on 1 November 2025, Malawi has recorded a cumulative total of 3,009 cholera cases, including 319 laboratory-confirmed cases and 460 epidemiologically linked cases, as shown in Annex 6. Of the total confirmed cases, 452 were male, and 327 were female, with ages ranging from 1 to 80 years. A total of 774 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.

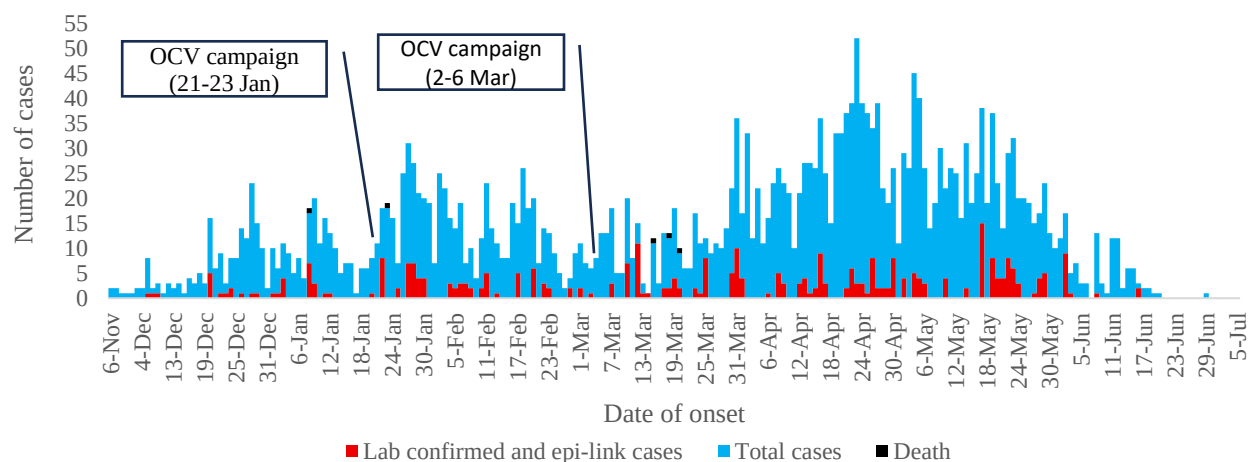


Figure 8. Malawi Cholera Epidemiologic Curve from 1 November 2025 to Week 27 of 2026. Source: National Cholera line lists.

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 interventions¹

- 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.
- **Nkhotakota, Machinga, Nsanje, Zomba, Mzuzu Central Hospital, and Queen Elizabeth Central Hospital** must improve on timeliness, while **Rumphi, Balaka, and Likoma** must improve on both timeliness and completeness.
- **Blantyre and Mchinji DHOs** should implement targeted interventions against Typhoid being reported in the districts
- **Mzimba-North district** 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.
- **Nkhata-bay DHO** should investigate the reported signals
- **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, Chikwawa, and Nsanje district should receive attention.

Annex 1: Timeliness and completeness of IDSR reports by Reporting Site, from Epi-week 16 to Week 27, 2026

District/ Hospital	Completeness													Timeliness											
	W16	W17	W18	W19	W20	W21	W22	W23	W24	W25	W26	W27		W16	W17	W18	W19	W20	W21	W22	W23	W24	W25	W26	W27
National	93	97	96	97	95	96	95	96	94	97	95	95		89	91	94	89	94	90	96	93	93	93	93	80
Balaka	100	83	94	78	89	72	89	78	72	83	78	61		94	78	94	78	89	72	89	78	72	83	78	38
Blantyre	90	92	96	98	100	100	100	100	96	98	92	96		90	88	90	88	100	82	100	100	94	98	92	92
Chikwawa	91	97	100	97	94	94	94	97	100	100	100	100		72	91	94	94	94	100	94	94	100	97	100	93
Chiradzulu	100	100	100	100	100	100	100	100	100	100	100	100		100	100	94	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	100	100
Dedza	100	100	100	100	100	100	100	100	100	100	100	76		100	97	100	95	100	100	100	100	100	97	76	100
Dowa	100	96	100	85	85	100	69	73	92	96	89	96		100	73	100	73	69	88	69	65	92	96	89	85
Kamuzu CH	100	100	100	100	61	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	100	100	100	100
Karonga	91	87	87	83	78	87	78	91	83	91	83	100		83	74	70	70	74	57	74	78	74	74	70	92
Kasungu	100	100	100	100	100	100	100	100	95	100	100	100		100	100	100	100	97	100	97	100	92	92	100	90
Likoma	100	100	100	100	100	100	100	100	100	100	100	67		100	100	100	100	100	100	100	100	100	100	100	33
Lilongwe	100	100	99	100	99	99	99	97	99	99	99	100		100	99	99	89	99	100	99	97	99	97	99	94
Machinga	95	100	100	96	96	100	96	100	91	96	91	100		95	61	83	87	91	100	91	96	91	96	61	65
Mangochi	100	100	100	100	100	100	100	100	98	100	100	100		100	100	100	100	100	100	100	100	98	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	100	100
Mulanje	100	69	62	100	92	62	92	100	100	100	100	100		50	65	62	65	88	50	88	100	100	85	100	100
Mwanza	100	100	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	20	100	100	100	100	100	100
Mzimba-North	100	100	100	100	100	100	100	100	100	97	100	93		100	100	100	100	100	100	100	97	100	97	100	83
Mzimba-South	41	100	100	100	100	100	100	100	100	100	88	97		32	94	97	100	100	97	100	100	100	85	79	97
Mzuzu CH	100	100	100	100	100	100	100	100	0	100	100	100		100	100	100	100	0	100	100	100	0	100	100	0
Neno	60	93	100	100	100	100	100	100	100	100	93	100		60	93	100	87	100	100	100	100	100	80	100	100
Nkhata-Bay	100	100	100	100	100	100	100	97	100	100	100	100		100	100	100	93	100	100	100	97	100	100	100	97
Nkhotakota	100	87	87	96	91	87	91	83	96	83	39	91		96	87	87	61	91	87	91	78	96	83	39	74
Nsanje	100	100	100	100	100	100	100	100	100	100	100	88		100	100	100	100	100	100	100	96	100	96	100	54
Ntcheu	95	100	100	100	95	100	95	97	100	100	97	100		92	80	97	97	95	95	95	90	100	97	97	85
Ntchisi	88	100	100	88	94	100	94	100	94	100	100	100		88	100	100	29	94	100	94	100	94	100	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	100	100	100	100	100	100	100	100	0
Rumphi	100	89	100	100	100	100	100	89	89	61	94	56		100	83	100	100	100	100	100	89	89	61	94	50
Salima	100	100	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	98	100	100	100	100	100	100	100	100		100	100	100	98	100	100	100	100	100	100	100	100
Zomba CH	0	100	79	100	100	79	100	100	100	100	100	100		0	100	65	0	100	0	100	100	100	100	100	100
Zomba	81	79	79	81	65	79	65	72	58	98	91	93		67	61	65	77	63	70	63	60	56	60	86	20.9

Key

	>= 80%
	< 80%

Annex 2: Distribution of EBS signals per reporting unit in Epi-week 27, 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 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	3	0	0	0	0	3
Blantyre	2	0	0	3	0	5
Chikhwawa	1	0	0	0	0	1
Kasungu	0	0	0	0	1	1
Lilongwe	4	0	0	0	0	4
Mchinji	1	0	1	0	0	2
Mulanje	0	1	0	0	0	1
Mwanza	2	0	0	0	0	2
Nkhata Bay	19	0	1	4	0	24
Nsanje	1	0	0	0	0	1
Ntcheu	0	3	0	0	0	3
Thyolo	1	0	0	0	0	1
Grand Total	34	4	2	7	1	48

Annex 3. Priority diseases/conditions/events, including alerts under surveillance, Epi-week 27

Reporting Unit	AEFI	AFP	Diarrhoea with blood (Bacterial)	Malaria	Malaria death	Matern al death	Measle s	Measle s death	Meningococ cal Meningitis	Meningococc al Meningitis deaths	Neonatal Tetanus	Rabies (Human)	Rabies (Human) deaths	SAR I	SARI death	Tyhoid Fever
Kasungu-DHO	0	0	20	512	0	1	12	0	1	0	0	0	0	0	0	0
Nkhotakota-DHO	0	0	11	867	0	0	1	0	2	0	0	0	0	7	0	0
Ntchisi-DHO	0	0	2	118	0	0	0	0	0	0	0	0	0	0	0	0
Salima-DHO	0	0	43	714	0	0	0	0	0	0	0	0	0	0	0	0
Dowa-DHO	0	0	7	444	0	0	0	0	0	0	0	0	0	6	0	0
Kamuzu Central Hospital	0	0	0	32	0	2	2	0	0	0	0	0	0	40	0	0
Mzuzu Central Hospital	0	0	5	3	0	0	0	0	0	0	0	1	0	0	0	0
Queen Elizabeth Central Hospital	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0
Zomba Central Hospital	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	1
Dedza-DHO	0	0	39	581	0	0	34	0	0	0	0	0	0	0	0	0
Lilongwe-DHO	0	0	73	1109	1	0	4	0	0	0	0	0	0	0	0	9
Ntcheu-DHO	0	0	3	661	0	0	0	0	0	0	0	0	0	0	0	0
Mchinji-DHO	0	0	18	318	0	0	0	0	0	0	0	0	0	0	0	25
Chitipa-DHO	0	0	16	274	0	0	0	0	0	0	0	0	0	0	0	0
Karonga-DHO	0	0	58	347	0	0	0	0	1	0	0	0	0	2	0	0
Likoma-DHO	0	0	3	50	0	0	0	0	0	0	0	0	0	0	0	0
Mzimba-North- DHO	35	0	31	97	0	0	0	0	0	0	0	0	0	0	0	0
Mzimba-South- DHO	0	0	30	410	0	2	0	0	0	0	0	0	0	0	0	0
Nkhata-Bay-DHO	0	0	20	1027	0	0	0	0	0	0	0	0	0	0	0	0
Rumphi-DHO	3	0	4	59	0	0	0	0	0	0	0	2	0	0	0	0
Balaka-DHO	0	0	9	459	0	1	1	0	0	0	0	0	0	0	0	0
Machinga-DHO	3	0	22	689	0	0	9	0	0	0	0	0	0	0	0	0
Mangochi-DHO	5	0	36	1843	0	0	0	0	0	0	0	0	0	0	0	0
Mulanje-DHO	4	0	16	1125	0	0	0	0	0	0	0	0	0	20	0	1
Phalombe-DHO	0	0	8	160	0	0	0	0	0	0	0	0	0	0	0	0
Zomba-DHO	1	0	48	486	0	0	2	0	0	0	0	0	0	0	0	0
Blantyre-DHO	2	0	63	1497	0	0	0	0	8	0	1	0	0	0	0	6
Chikwawa-DHO	2	0	20	1880	0	0	4	0	0	0	0	0	0	0	0	0
Chiradzulu-DHO	5	0	5	144	0	0	3	0	0	0	0	0	0	0	0	0
Mwanza-DHO	3	0	6	1140	0	0	0	0	0	0	0	0	0	0	0	0
Neno-DHO	0	0	7	440	0	0	0	0	0	0	0	0	0	7	0	0
Nsanje-DHO	1	0	19	613	0	0	1	0	0	0	0	0	0	0	0	0
Thyolo-DHO	0	0	21	493	0	0	0	0	0	0	0	0	0	0	0	0
Total	64	0	663	18603	1	6	73	0	12	0	1	3	0	82	0	42

Annex 4: Distribution of confirmed Mpox cases by occupation and district in Malawi, Epi week 27

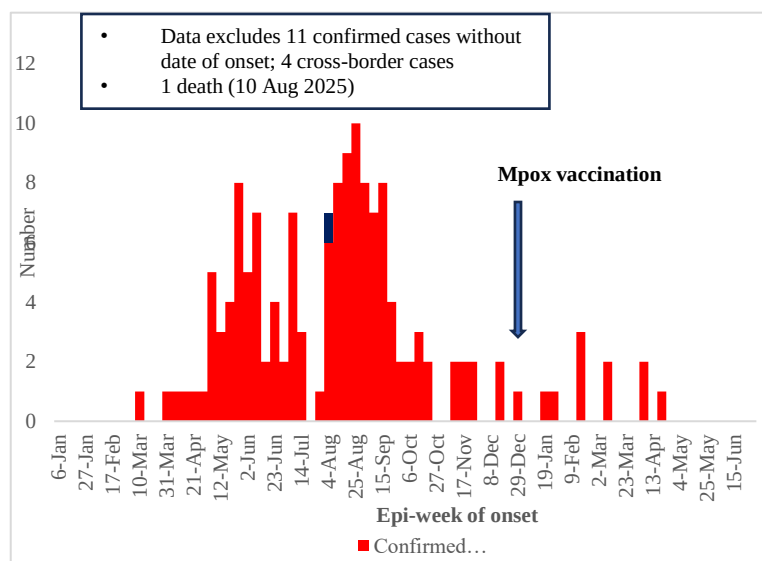


Figure 9. Mpox cases by week of onset as of Epi-Week 27 of 2026 (N=158 lab confirmed)

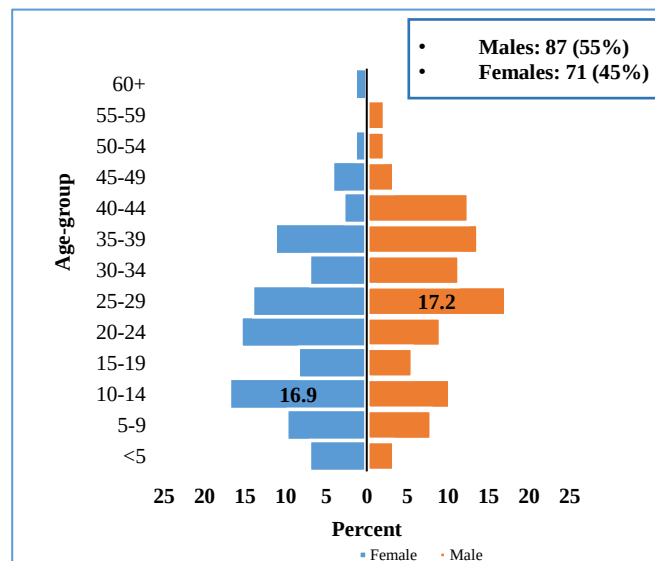


Figure 10. Mpox cases by sex and age-group as of Epi-Week 27 of 2026

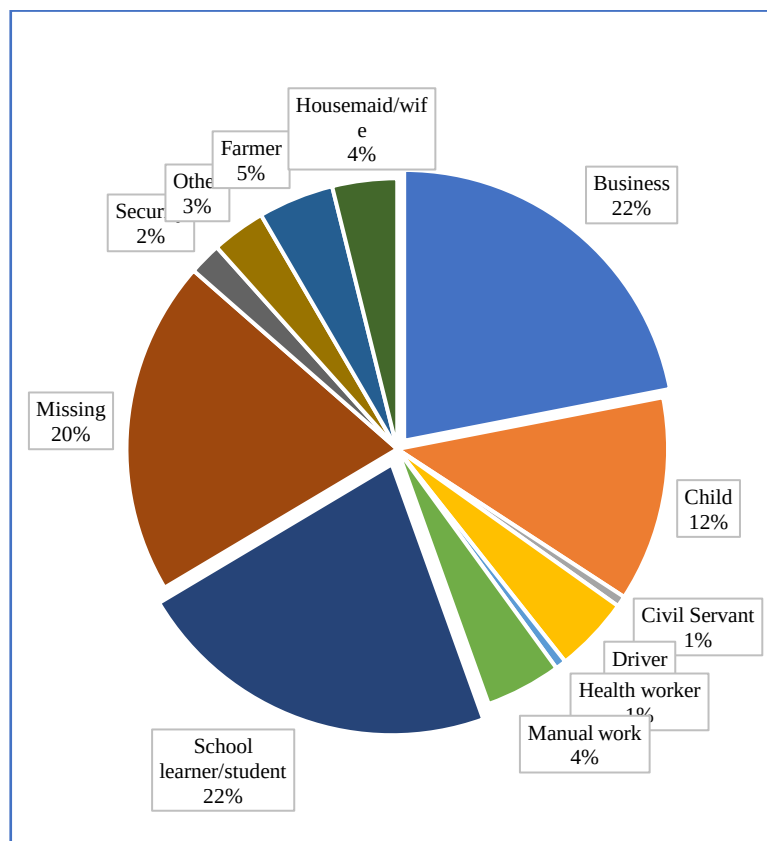


Figure 11. Distribution of confirmed Mpox cases by occupation as of Week 27 (N=158), 2025-2026. (Source: Mpox outbreak Line list).

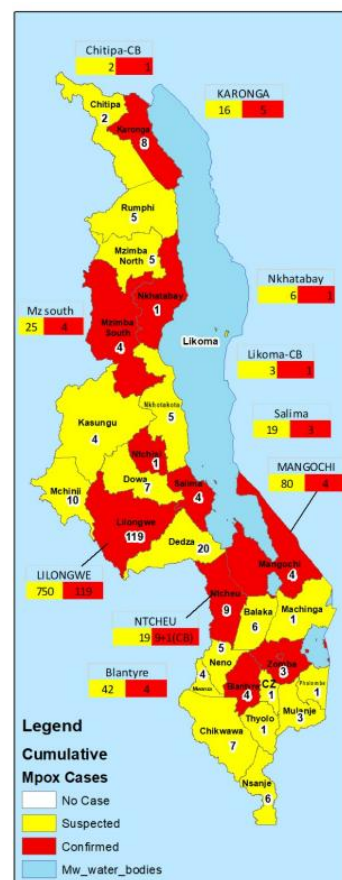


Figure 12. Map of Malawi showing cumulative Mpox suspected and confirmed cases as of Week 27.

Annex 5. Distribution of Confirmed² Measles cases by District, 2026

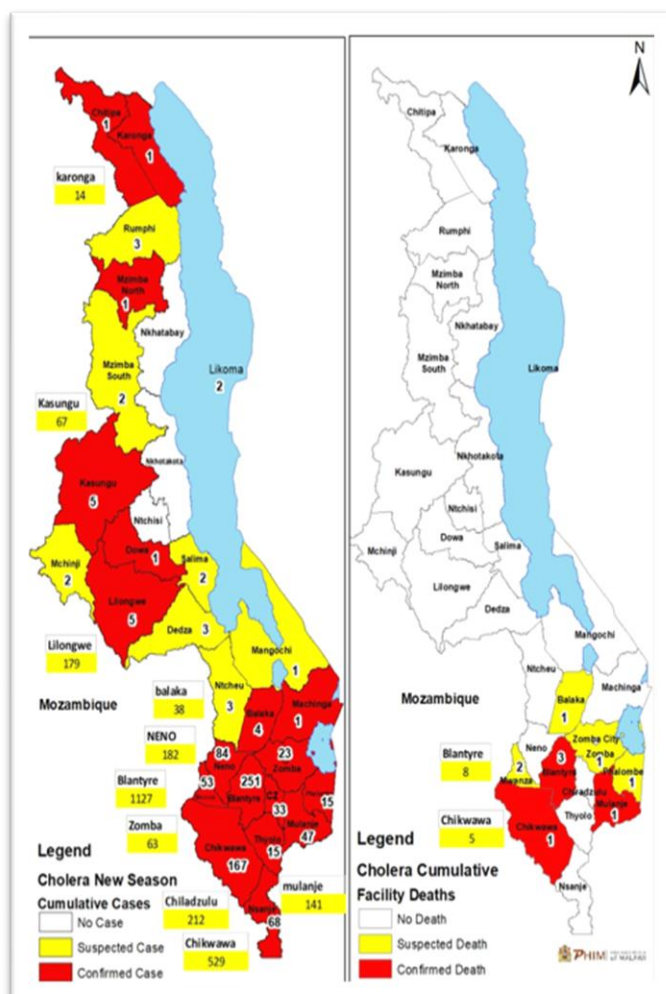
District	Confirmed cases	% of total
Balaka	80	20.9
Blantyre	17	4.5
Chikwawa	22	5.8
Chiradzulu	24	6.3
Chitipa	7	1.8
Dedza	6	1.6
Dowa	2	0.5
Kasungu	44	11.5
Lilongwe	24	6.3
Mangochi	10	2.6
Mchinji	3	0.8
Machinga	1	0.3
Mulanje	10	2.6
Mwanza	3	0.8
Mzimba North	6	1.6
Nkhata Bay	2	0.5
Nsanje	68	17.8
Ntcheu	12	3.1
Ntchisi	2	0.5
Phalombe	3	0.8
Rumphi	6	1.6
Salima	3	0.8
Thyolo	12	3.1
Zomba	15	3.9
Total	382	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	19	8	27
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	452	327	779

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 7 July, 2026.



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