PHIM PUBLIC HEALTH INSTITUTE of MALAWI

Published on 14 August 2026

REPUBLIC OF MALAWI

WEEKLY IDSR EPIDEMIOLOGICAL BULLETIN

Epidemiological Week 32 (3rd to 9th August 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 3, Issue 32 of 2026), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 32
- 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 32, 2026

- IDSR reporting achieved 98% for completeness and 97% for timeliness on the One Health Surveillance Platform (OHSP).
- Zero (0) new suspected cholera cases were reported.
- Seventy-seven (77) Event-Based Surveillance (EBS) signals were reported, of which forty-five (45) were verified as events.
- Two (2) new Mpox alerts were reported.
- Other alerts generated included Malaria (16 387 cases with 3 deaths), Measles (104 cases), Diarrhoea with blood (577 cases), Severe Acute Respiratory Infections (64 cases, with 4 death), Typhoid fever (72 cases), Adverse Events Following Immunization (AEFI) (60 cases), Acute Flaccid Paralysis (AFP) (6 cases), Meningococcal meningitis (9 cases) and maternal deaths (4), as shown in Figure 1.

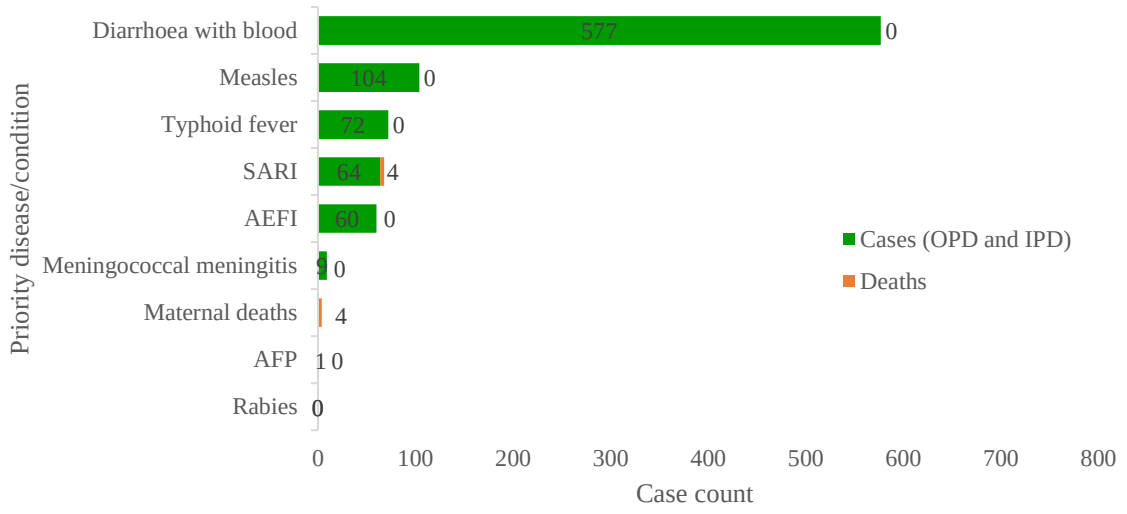


Figure 1. Notifiable diseases or conditions alerts reported in Epi-week 32 in Malawi (data accessed on 11th August, 2026)

2. Performance of the Integrated Disease Surveillance and Response up to Epi-week 32

2.1. Timeliness and Completeness

2.1.1. Trends of Reporting rate at the national level as of Epi-week 32

During Week 32, reporting completeness remained at 98%, unchanged from Week 31, while reporting timeliness increased from 93% to 97% over the same period.

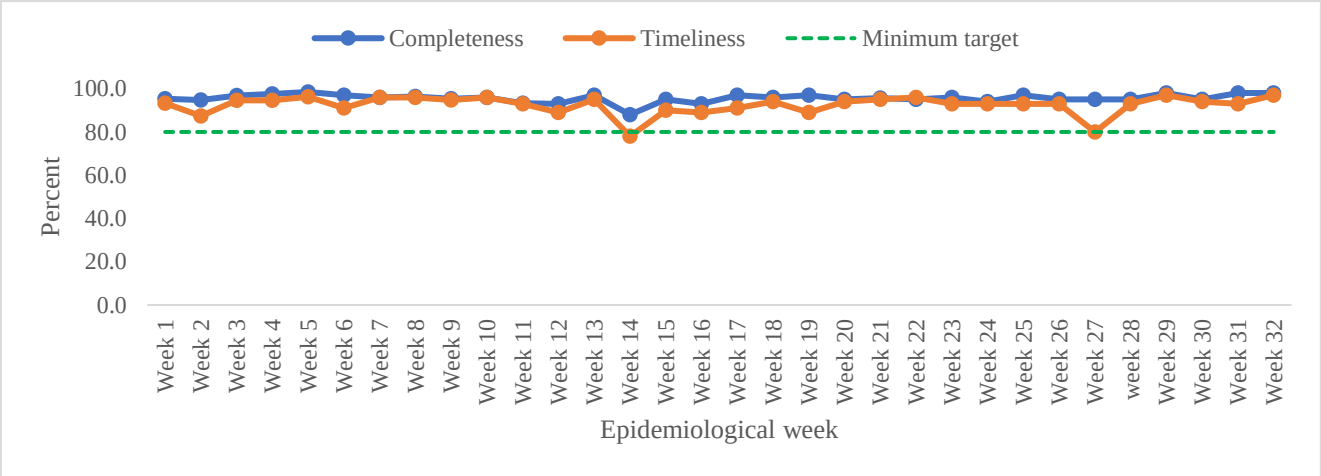


Figure 2. Trend of National IDSR weekly reporting rates in Malawi, up to Epi week 32, 2026 (data accessed on 11th August 2026)

2.1.2. Reporting rates at the Zonal level, including Central Hospitals for Epi-week 32

Figure 3 illustrates performance across the various health zones, including Central Hospitals, during epidemiological week 32. All health zones achieved the minimum target of 80% for both reporting completeness and timeliness, as shown in Figure 3 below.

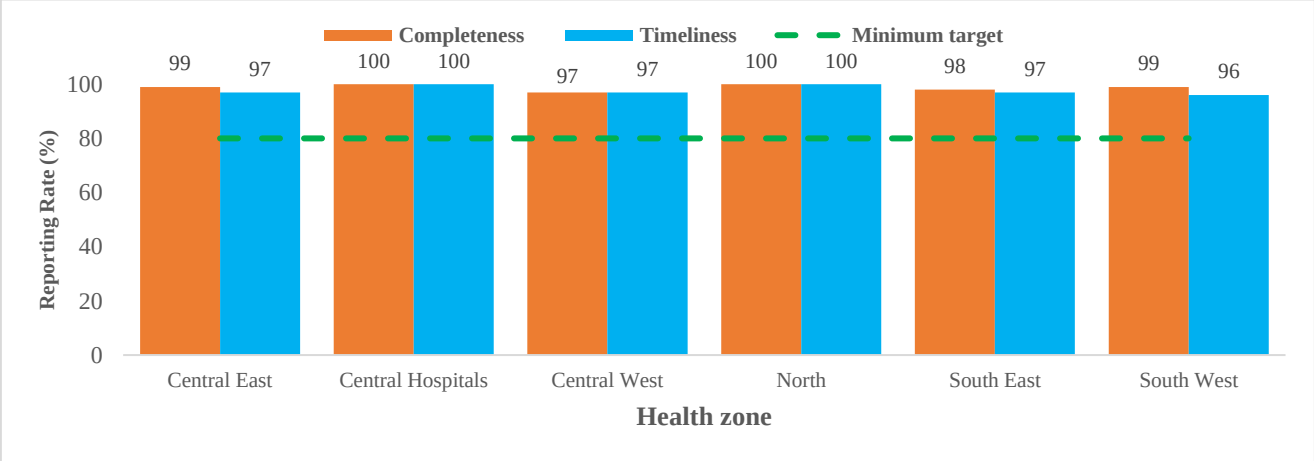


Figure 3. Reporting rates of IDSR weekly reports by Zones and Central Hospitals, Epi-week 32 (data accessed 11th August 2026)

2.1.3. Reporting rates at the district level for Epi-week 32

Among the 33 reporting sites (districts and Central Hospitals), 31 (94%) achieved the national minimum reporting target of ≥80% for both completeness and timeliness. Balaka DHO failed to achieve the minimum target for both completeness and timeliness, while Chikwawa DHO failed to achieve the minimum target for timeliness, as shown in Figure 4.

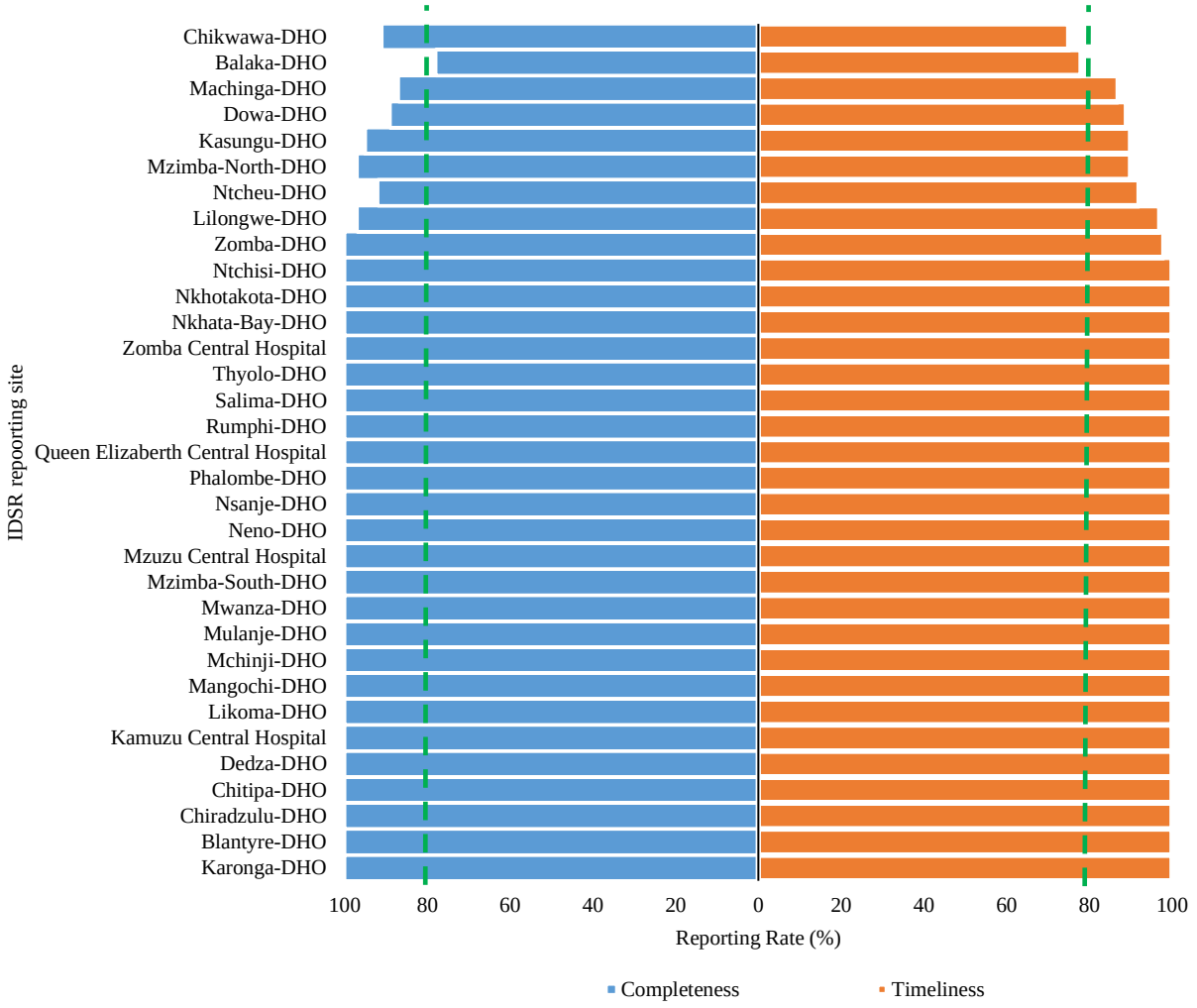


Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 32 (data accessed on 11th August 2026)

3. Event-Based Surveillance (EBS)

3.1 Community EBS signals reported in Epi-week 32

Figure 5 presents the signals reported during Epidemiological Week 32. A total of seventy-seven (77) signals were reported from ten (10) districts. Of these, 45 (58%) were verified as events, 6 (7%) were

discarded, while 26 (34%) were not verified. The distribution of reported signals by category is presented in Figure 5 below.

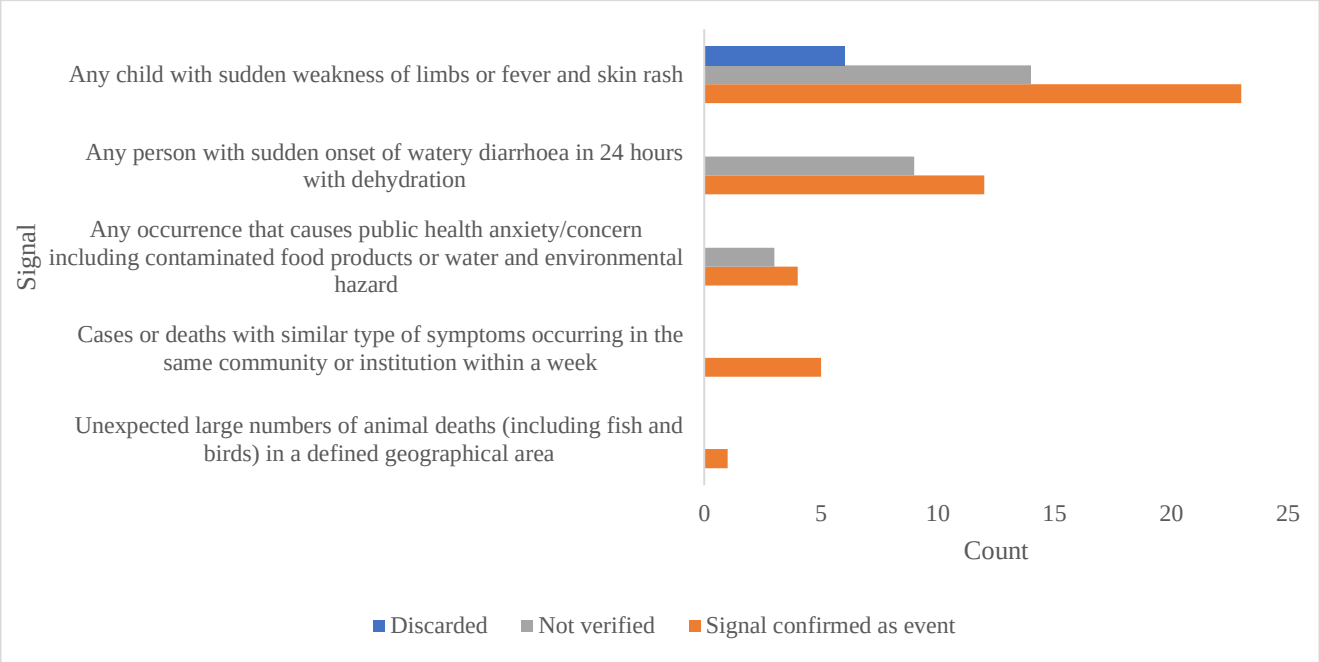


Figure 5. Event-based signals reported in Epi-week 32 (data accessed on 11th August 2026)

3.2. Risk Assessment Level of the Community Signals

Risk assessments were conducted for 45 verified events. The distribution of Event-Based Surveillance (EBS) signals by risk level is presented in Figure 6, with further details provided in Annex 2.

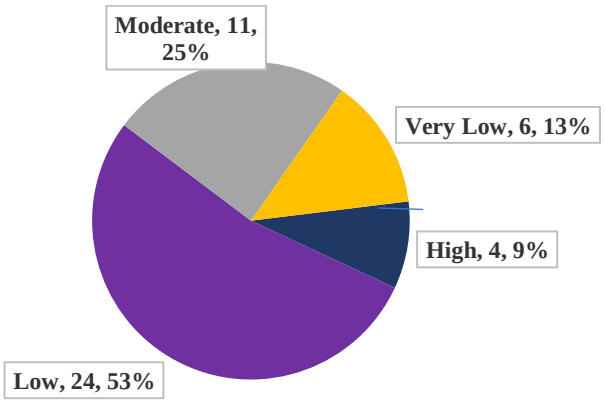


Figure 6. Distribution of the verified EBS signals by risk level, reported in Epi-week 32 (data accessed on 11th August 2026)

4. Diseases and Conditions of Public Health Importance in Epi-week 32

4.1 Summary of Diseases and Conditions

Table 1 summarises alerts for diseases and public health conditions reported during Epidemiological Week 32. Among epidemic-prone diseases, diarrhoea with blood accounted for the highest number of alerts, with 577 cases, followed by Typhoid fever with 72 cases. Among diseases targeted for eradication or elimination, measles recorded the highest number of cases, with 104 reported. Further details on diseases and conditions of public health importance are provided in 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	577	0
Meningococcal meningitis	9	0
Typhoid Fever	72	0
SARI	64	4
Cholera	0	0
Mpox	2	0
DISEASES TARGETED FOR ERADICATION/ELIMINATION		
Measles	104	0
Acute Flaccid Paralysis	6	0
Neonatal tetanus	1	1
CONDITIONS OF PUBLIC HEALTH IMPORTANCE		
Food-borne illnesses	0	0
Maternal death		4
Yellow fever	0	0
Rabies	0	0

5. Ongoing outbreaks and emergencies in Malawi as of week 32, 2026.

5.1. Mpox

In Epi-week 32, Malawi did not record any new Mpox confirmed cases. Since Epi-week 12 of 2025 through Epi-week 32 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 32 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 response 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

Some districts in the country have been reporting sporadic measles cases since the beginning of 2026. Localised outbreaks have been confirmed in Balaka, Dedza, Chikwawa, Nsanje and Mulanje districts. Cumulatively, Balaka has reported 82 laboratory-confirmed cases since 1 January 2026, Nsanje has reported 211 cases (including epi-linked cases) since February 2026, Chikwawa has reported 38 cases since May 2026, Dedza and Mulanje have reported 90 and 11 cases, respectively since July 2026.

The majority of confirmed cases (over 70%) occurred among individuals who were either unvaccinated or had an unknown vaccination status, highlighting persistent immunity gaps and the accumulation of susceptible children. More than 85% of the confirmed cases have occurred among children under 15 years of age.

The outbreak is currently concentrated in the catchment areas of Comfort and Khwisa health facilities under Balaka District; Golomoti and Kaundu in Dedza District; Ngabu in Chikwawa District; Osiyana, Ndamera, Nsanje, and Trinity in Nsanje District; and Mbiza, Mpala, Mulanje District Hospital and Thuchila in Mulanje District. The epidemiological trend indicates sustained transmission, particularly in Balaka, Nsanje, and Chikwawa, with continued reporting of new laboratory-confirmed cases. Further details are provided in Annex 5.

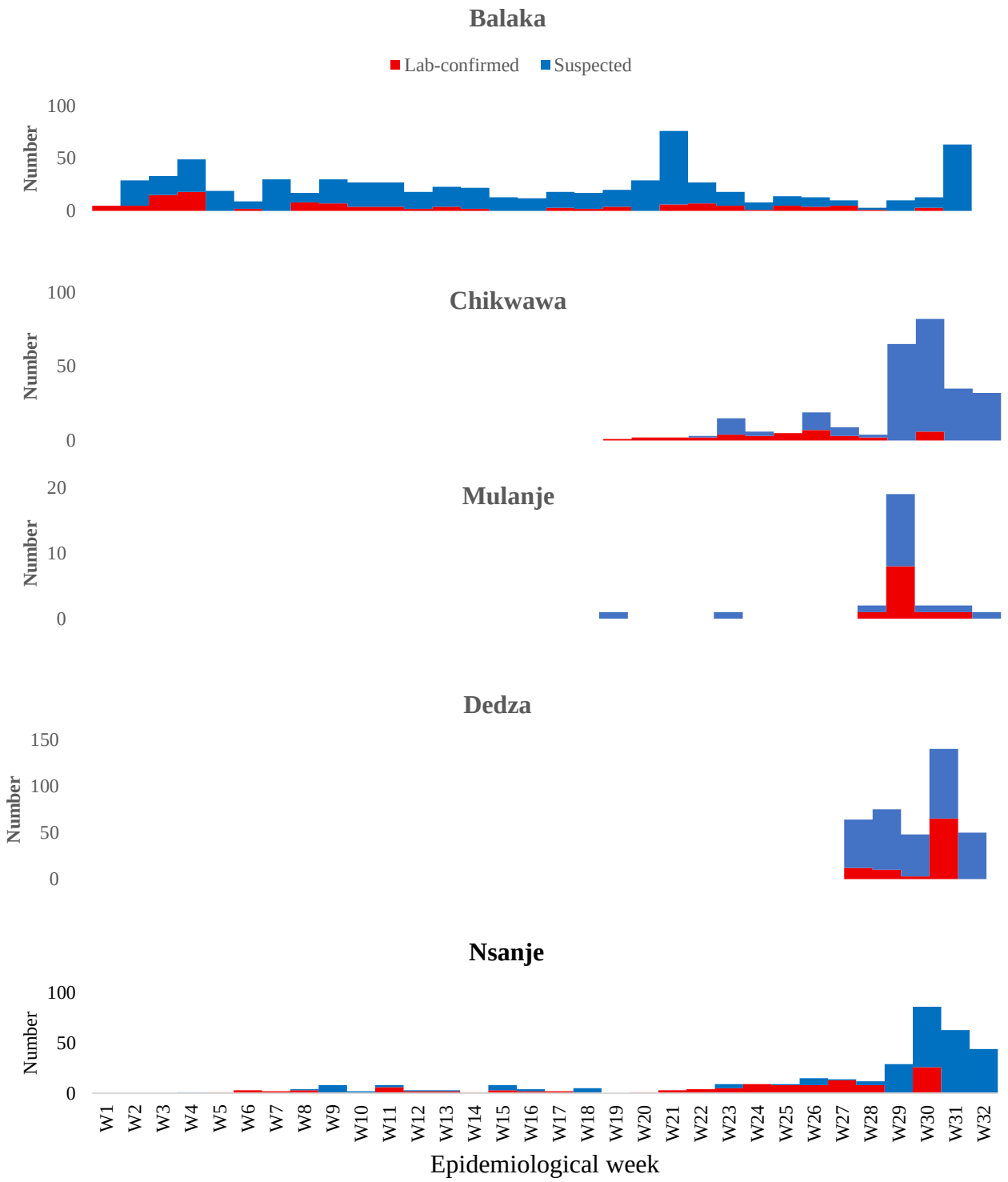


Figure 7. Epi-Curves of Measles Disease by Reporting District as of Epidemiological Week 32, 2026

Interventions

- Case management
- Active case search

- Sample collection and laboratory analysis
- Intensification of routine immunization
- Supportive supervision
- Community engagement and mobilization

5.3. Cholera

In Epi-week 32, zero (0) new suspected 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 suspected 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 were 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 suspected 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. All cholera outbreak districts, except Chikwawa, Nsanje and Blantyre, have contained the outbreak.

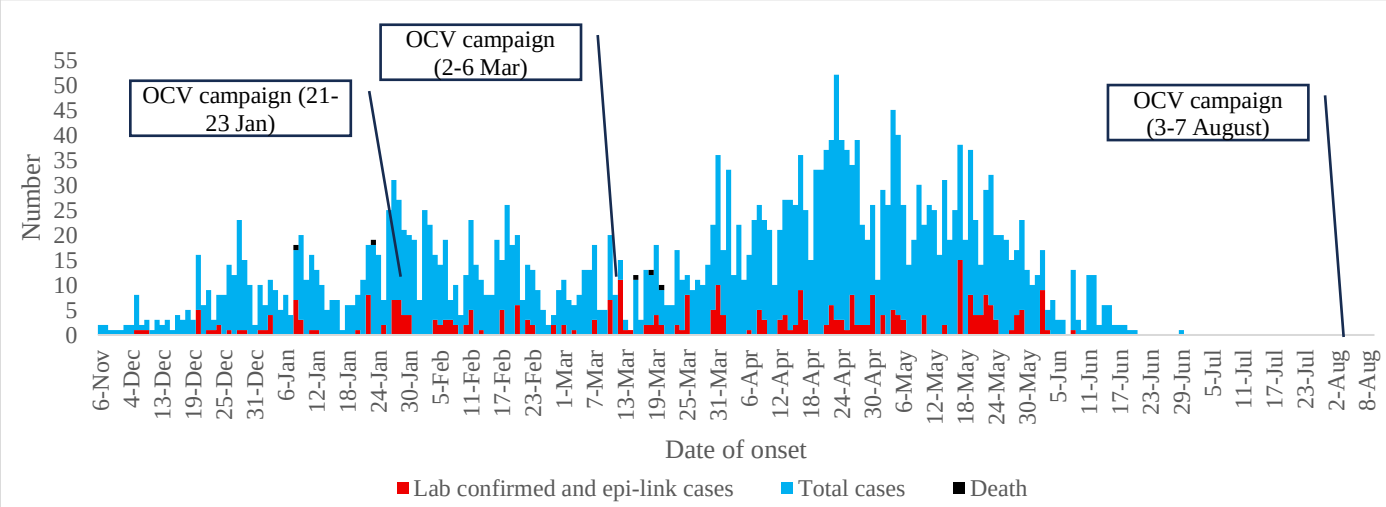


Figure 8. Malawi Cholera Epidemiologic Curve from 1 November 2025 to Week 32 of 2026. Source: District Daily reports.

The Malawi Government, through the Ministry of Health's Expanded Programme on Immunisation (EPI), conducted a series of Oral Cholera Vaccine (OCV) campaigns in seven districts: Blantyre, Chikwawa, Chiradzulu, Kasungu, Mulanje, Mwanza, and Neno. The latest OCV campaign was conducted in Blantyre from 3 to 7 August 2026. Blantyre was targeted because it has been a hotspot of the 2025–2026 cholera outbreak. The campaign targeted specific health facility catchment areas identified as being at high risk of a cholera outbreak. The administrative coverage was 100%. Table 3 presents the targeted health facilities and the number of doses utilised during the latest OCV campaign in Blantyre.

Table 3. Oral Cholera Vaccine campaign coverage in selected health facilities in Blantyre, Malawi, 2026

	District	Total dose administered
1	Chilomoni	17819
2	Mitsidi	4100
3	Bangwe	80200
4	Gateway	8900
5	Mbayani	10540
6	Zingwangwa	26250
7	Chirimba	7162
8	Chileka	5676
9	Ndirande	26000
	Total	**186647**

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 are being provided, and water quality monitoring is being conducted.
- Community sensitization activities are being conducted, and cholera prevention messages are also being 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 for second dose.

[1] Other interventions are detailed in the Weekly Cholera Situation report.

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 and Soche sewage treatment plants in Blantyre district, and Kauma Sewage treatment plant in Lilongwe district. All were subsequently confirmed as positive. This brings the cumulative total to sixteen (16) isolation: 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) Polio virus 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 Behaviour Change (SBC) interventions have been strengthened.
- Advocacy and coordination with MoH 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).
- Round 4 Polio vaccination campaign is scheduled for 11-14 August 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.
- **Balaka** DHO must improve on both timeliness and completeness of reports while Chikwawa must improve on timeliness of the reports.
- **Kasungu, Lilongwe, Mchinji, Rumphi, Mangochi, Blantyre, Chikwawa, Neno and Thyolo** DHOs should implement targeted interventions against Typhoid being reported in the districts.

- **All districts** should strengthen the recording, reporting and investigation of alerts in the One Health Surveillance Platform 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.

Annex 1: Timeliness and Completeness of IDSR Reports by Reporting Site, from Epi-week 21 to 32, 2026

District / Hospital	Completeness												Timeliness										
	W21	W22	W23	W24	W25	W26	W27	W28	W29	W30	W31	W32	W21	W22	W23	W24	W25	W26	W27	W29	W30	W31	W32
National	**95**	**96**	**95**	**96**	**94**	**97**	**95**	**95**	**98**	**95**	**98**	**98**	**94**	**90**	**96**	**93**	**93**	**93**	**93**	**97**	**94**	**93**	**97**
Balaka	89	72	89	78	72	83	78	78	78	94	83	78	89	72	89	78	72	83	78	78	89	83	78
Blantyre	100	100	100	100	96	98	92	98	100	100	100	100	100	82	100	100	94	98	92	100	100	100	100
Chikwawa	94	94	94	97	100	100	100	91	100	100	91	91	94	100	94	94	100	97	100	100	100	91	75
Chiradzulu	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Chitipa	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Dedza	100	100	100	100	100	100	76	100	100	100	100	100	100	100	100	100	100	97	76	100	100	100	100
Dowa	85	100	69	73	92	96	89	100	100	96	96	89	69	88	69	65	92	96	89	100	92	88	86
Kamuzu CH	61	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Karonga	78	87	78	91	83	91	83	88	83	100	100	100	74	57	74	78	74	74	70	75	100	100	100
Kasungu	100	100	100	100	95	100	100	100	100	83	97	95	97	100	97	100	92	92	100	100	79	87	90
Likoma	100	100	100	100	100	100	100	67	67	100	100	100	100	100	100	100	100	100	100	33	100	100	100
Lilongwe	99	99	99	97	99	99	99	99	100	67	100	97	99	100	99	97	99	97	99	100	67	100	97
Machinga	96	100	96	100	91	96	91	87	78	99	74	87	91	100	91	96	91	96	61	78	97	70	87
Mangochi	100	100	100	100	98	100	100	100	100	78	100	100	100	100	100	100	98	100	100	100	74	100	100
Mchinji	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	98	100	100
Mulanje	92	62	92	100	100	100	100	100	100	100	100	100	88	50	88	100	100	85	100	100	100	100	100
Mwanza	100	100	100	100	100	100	100	100	100	100	100	100	100	20	100	100	100	100	100	100	100	100	100
Mzimba-North	100	100	100	100	100	97	100	100	100	100	100	97	100	100	100	97	100	97	100	93	100	100	90
Mzimba-South	100	100	100	100	100	100	88	41	100	100	100	100	100	97	100	100	100	85	79	100	100	100	100
Mzuzu CH	100	100	100	100	0	100	100	100	100	100	100	100	0	100	100	100	0	100	100	100	100	100	100
Neno	100	100	100	100	100	100	93	100	60	100	100	100	100	100	100	100	100	100	80	60	100	100	100
Nkhata-Bay	100	100	100	97	100	100	100	97	100	100	97	100	100	100	100	97	100	100	100	100	100	90	100
Nkhotakota	91	87	91	83	96	83	39	96	96	100	91	100	91	87	91	78	96	83	39	87	100	13	100
Nsanje	100	100	100	100	100	100	100	100	100	96	100	100	100	100	100	96	100	96	100	100	96	100	100
Ntcheu	95	100	95	97	100	100	97	92	87	100	95	92	95	95	95	90	100	97	97	87	100	87	92
Ntchisi	94	100	94	100	94	100	100	100	100	92	100	100	94	100	94	100	94	100	100	100	87	65	100
Phalombe	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
Rumphi	100	100	100	89	89	61	94	83	100	100	100	100	100	100	100	89	89	61	94	100	100	100	100
Salima	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	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Zomba CH	100	79	100	100	100	100	100	100	100	100	100	100	100	0	100	100	100	100	100	100	100	100	100
Zomba	65	79	65	72	58	98	91	100	98	100	98	100	63	70	63	60	56	60	86	95	100	88	98

KEY		>= 80%
		< 80%

Annex 2: Distribution of EBS signals per reporting unit in Epi-week 32, 2026

District of Residence	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 (flooding, drought), chemical and radio-nuclear events, vaccination, or mass drug administration	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
Blantyre	1	0	0	0	0	**1**
Chiradzulu	0	2	0	0	0	**2**
Kasungu	2	0	0	0	0	**2**
Lilongwe	6	0	0	0	0	**6**
Mchinji	7	0	2	1	0	**10**
Mulanje	1	0	0	0	0	**1**
Mwanza	4	0	9	0	0	**13**
Nkhata Bay	20	4	10	4	1	**39**
Ntcheu	0	1	0	0	0	**1**
Thyolo	2	0	0	0	0	**2**
Grand Total	**43**	**7**	**21**	**5**	**1**	**77**

Annex 3. Priority diseases/conditions/events, including alerts under surveillance, Epi-week 32

District /Central Hospital	AEFI cases	Poliomyelitis (AFP) cases	Out-Patient Diarrhoea with Blood	Malaria Cases	IP Death Malaria Cases	IP Maternal death cases	Measles cases	Meningococcal meningitis cases	IP Neonatal tetanus cases	IP Neonatal tetanus deaths	IP SARI cases	IP SARI deaths	Typhoid fever cases
Kasungu-DHO	0	0	51	334	0	0	12	0	0	0	0	0	1
Nkhotakota-DHO	0	0	6	572	0	0	0	1	0	0	0	0	0
Ntchisi-DHO	0	0	11	231	0	0	0	0	0	0	0	0	0
Salima-DHO	0	0	36	405	1	1	0	0	0	0	0	0	0
Dowa-DHO	0	0	8	82	0	0	0	0	0	0	0	0	0
KCH	0	1	0	17	0	0	2	0	0	0	36	3	0
MZCH	0	0	5	9	0	1	0	0	0	0	0	0	0
QECH	0	0	0	15	0	0	0	0	0	0	0	0	0
Zomba CH	0	0	0	4	0	0	0	0	0	0	0	0	0
Dedza-DHO	0	0	7	62	0	0	0	0	0	0	0	0	0
Lilongwe-DHO	11	0	34	368	0	0	3	1	0	0	0	0	23
Ntcheu-DHO	0	0	12	668	0	0	0	0	0	0	0	0	0
Mchinji-DHO	0	0	26	391	0	0	2	0	0	0	0	0	22
Chitipa-DHO	0	0	25	41	0	0	0	0	0	0	0	0	0
Karonga-DHO	0	0	49	89	0	0	0	0	0	0	0	0	0
Likoma-DHO	0	1	1	143	0	0	0	0	0	0	0	0	0
Mzimba-North-DHO	26	0	39	71	0	0	0	0	0	0	0	0	0
Mzimba-South-DHO	0	0	29	333	0	0	0	0	0	0	0	0	0
Nkhata-Bay-DHO	0	0	18	1011	0	1	0	0	0	0	0	0	0
Rumphi-DHO	6	0	13	83	0	0	0	0	0	0	0	0	2
Balaka-DHO	0	0	6	266	2	1	0	0	0	0	0	0	0
Machinga-DHO	0	0	9	843	0	0	7	0	0	0	0	0	0
Mangochi-DHO	4	0	29	1627	0	0	0	0	0	0	0	0	7
Mulanje-DHO	1	2	14	820	0	0	1	0	0	0	17	0	0
Phalombe-DHO	0	0	15	129	0	0	0	0	0	0	0	0	0
Zomba-DHO	0	0	20	210	0	0	0	0	0	0	0	0	0
Blantyre-DHO	5	0	57	3123	0	0	0	0	0	0	0	0	10
Chikwawa-DHO	3	0	16	1770	0	0	32	2	0	0	0	0	3
Chiradzulu-DHO	2	0	6	88	0	0	0	0	0	0	0	0	0
Mwanza-DHO	2	0	4	1130	0	0	0	0	0	0	0	0	0
Neno-DHO	0	0	15	472	0	0	0	3	1	1	11	1	4
Nsanje-DHO	0	0	3	758	0	0	44	2	0	0	0	0	0
Thyolo-DHO	0	2	13	222	0	0	1	0	0	0	0	0	0
Total	**60**	**6**	**577**	**16387**	**3**	**4**	**104**	**9**	**1**	**1**	**64**	**4**	**72**

Annex 4: Distribution of confirmed Mpox cases by occupation and district in Malawi, Epi week 32

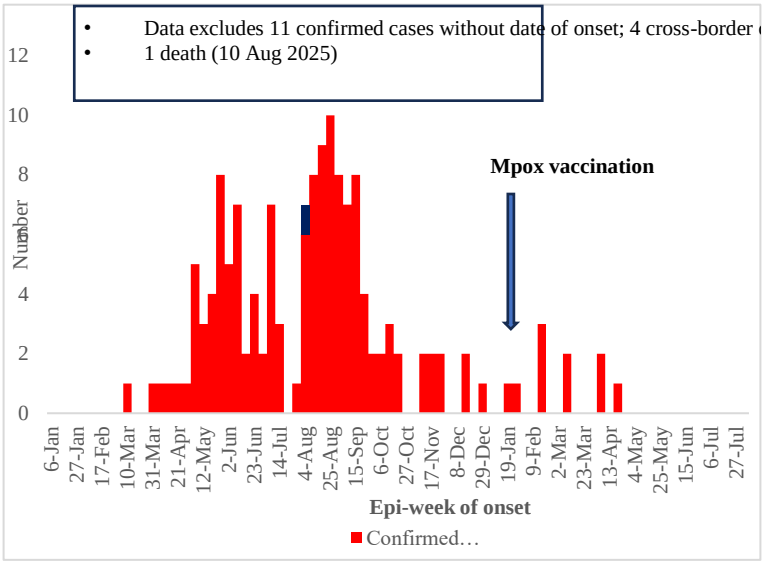


Figure 9. Mpox cases by week of onset as of Epi-week 32 of 2026 (N=158 lab confirmed)

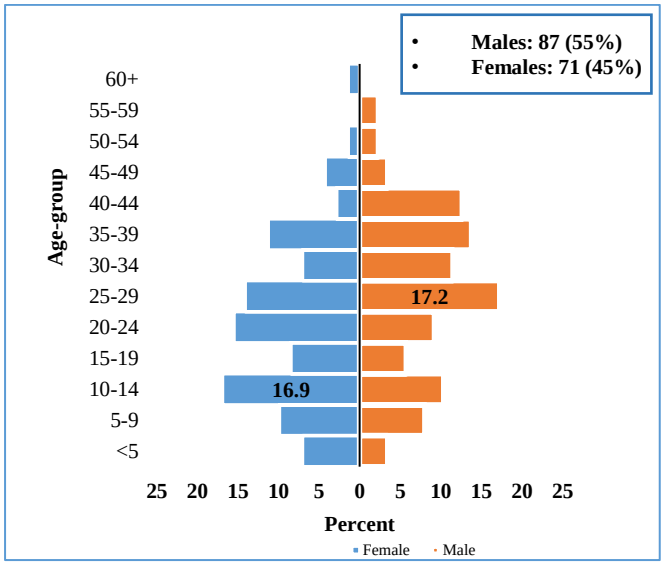


Figure 10. Mpox cases by sex and age-group as of Epi-week 32 of 2026

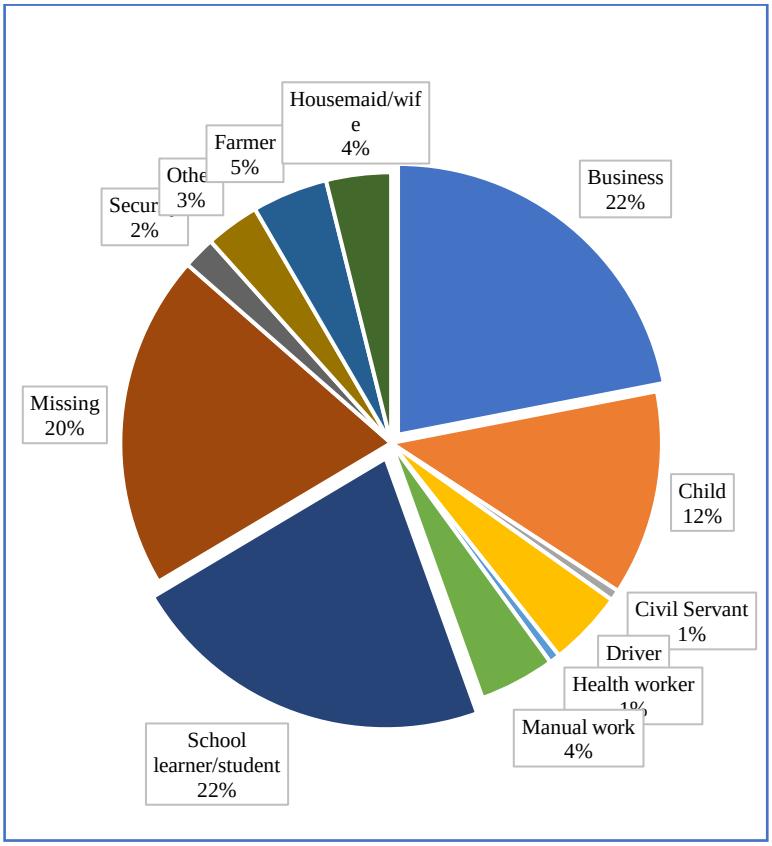


Figure 11. Distribution of confirmed Mpox cases by occupation as of Epi-week 32, 2026 (N=158). (Source: Mpox outbreak Line list).

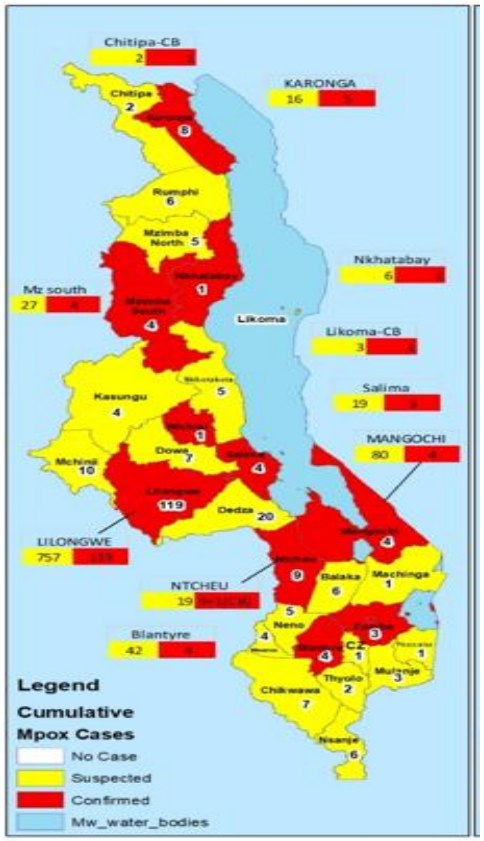


Figure 12. Map of Malawi showing cumulative Mpox suspected and confirmed cases as of Week 32.

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

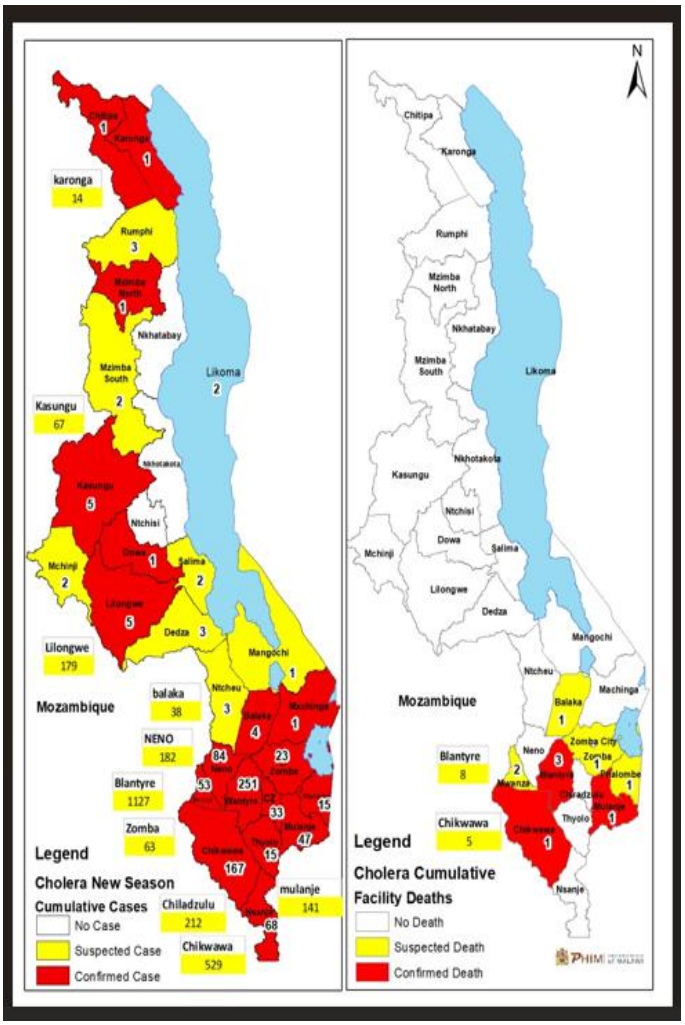
District	Confirmed Cases	% of the Total
Nsanje	114	34.1
Dedza	90	26.9
Balaka	82	24.6
Chikwawa	37	11.1
Mulanje	11	3.3
Total	**334**	**100**

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 9 August, 2026.



Acknowledgment

The Ministry of Health acknowledges efforts made by all districts and health facilities in surveillance activities.

Editorial team: Dr. Matthews Kagoli, Mrs Flora Dimba, Austin Zgambo, Noel Khunga, James Jere, Settie Kanyanda, Selemani Ngwira, Lwitikano Kaira, Lusungu Banda, Deborah Msaka and Ella Chamanga.

This bulletin is produced by the Public Health Institute of Malawi, Ministry of Health.

For more information, support, and feedback, please contact the following;

NAME	CONTACT
Dr Mathews Kagoli	mkagoli@gmail.com
Mrs Flora Dimba	floradimba@gmail.com
Wiseman Chimwaza	chimwazawiseman@gmail.com
Austin Zgambo	zgambo.austin@gmail.com
Noel Khunga	noelkhunga@gmail.com
James Jere	jhjere@gmail.com