

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 39 of 2026), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 39
- 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 39, 2026

- IDSR reporting achieved 90% completeness and 90% timeliness on the One Health Surveillance Platform (OHSP).
- Thirty-five (35) Event-Based Surveillance (EBS) signals were reported, of which thirteen (13) were verified as events.
- One hundred and thirteen (113) new Measles alerts were reported.
- Other alerts generated included Malaria (22871 cases including 2 deaths), Diarrhoea with blood (859 cases), Severe Acute Respiratory Infections (SARI) (63 cases, 3 deaths), Typhoid fever (95 cases), Adverse Events Following Immunization (AEFI) (99 cases), Acute Flaccid Paralysis (AFP) (0 cases), Meningococcal meningitis (5 cases) and maternal deaths (9), as shown in Figure 1.

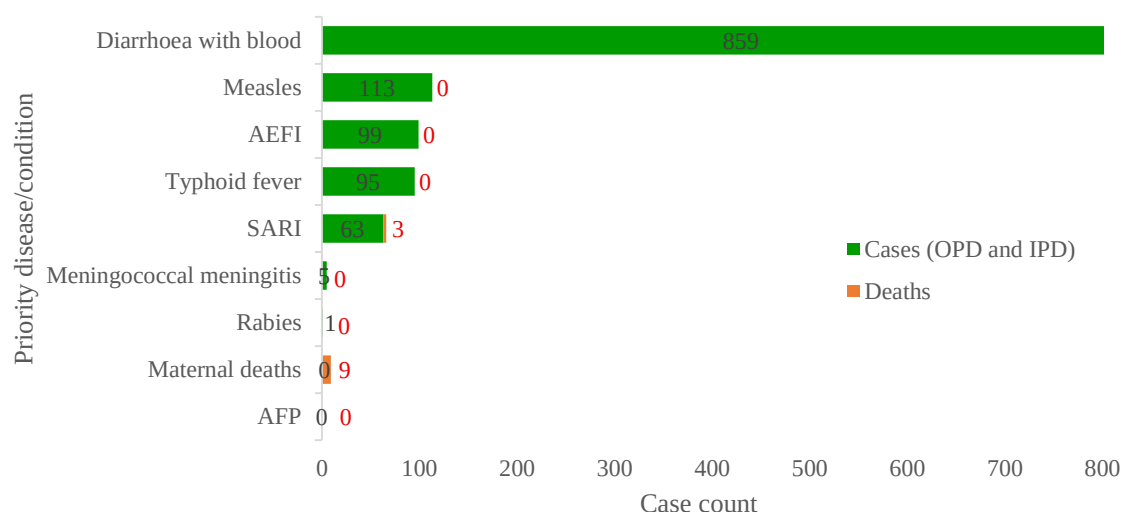


Figure 1. Notifiable diseases or conditions alerts reported in Epi-week 39 in Malawi (data accessed on 28th September 2026)

2. Performance of the Integrated Disease Surveillance and Response up to Epi-week 39

2.1. Timeliness and Completeness

2.1.1. Trends of Reporting rate at the national level as of Epi-week 39

During Week 39, reporting completeness and timeliness decreased from 94% to 90% and 93% to 90%, respectively, compared to week 38.

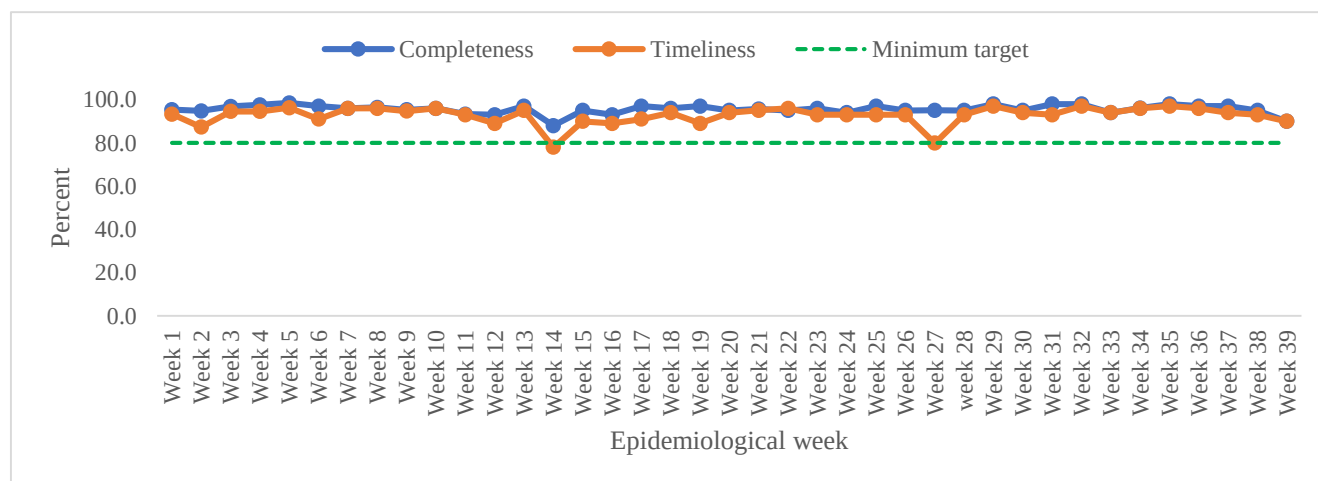


Figure 2. Trend of National IDSR weekly reporting rates in Malawi, up to Epi week 39,2026 (data accessed on 28th September 2026)

2.1.2. Reporting rates at the Zonal level, including Central Hospitals for Epi-week 39

Figure 3 illustrates performance across the various health zones, including Central Hospitals, during epidemiological week 39. All health zones achieved the minimum target of 80% for both completeness and timeliness except for Central Hospitals, as shown in Figure 3 below.

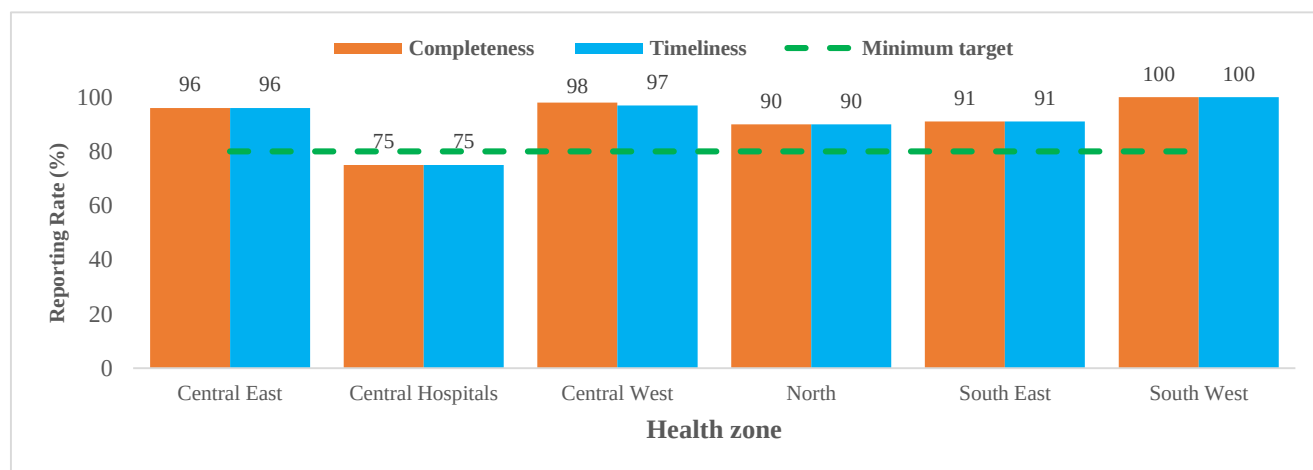


Figure 3. Reporting rates of IDSR weekly reports by Zones and Central Hospitals, Epi-week 39 (data accessed 28th September 2026)

2.1.3. Reporting rates at the district level for Epi-week 39

Among the 33 reporting sites (districts and Central Hospitals), 30 (91%) achieved the national reporting target of $\geq 80\%$ for both completeness and timeliness. Karonga, Likoma, Zomba DHO, and Mzuzu Central Hospital failed to achieve the minimum target for both indicators, as shown in Figure 4.

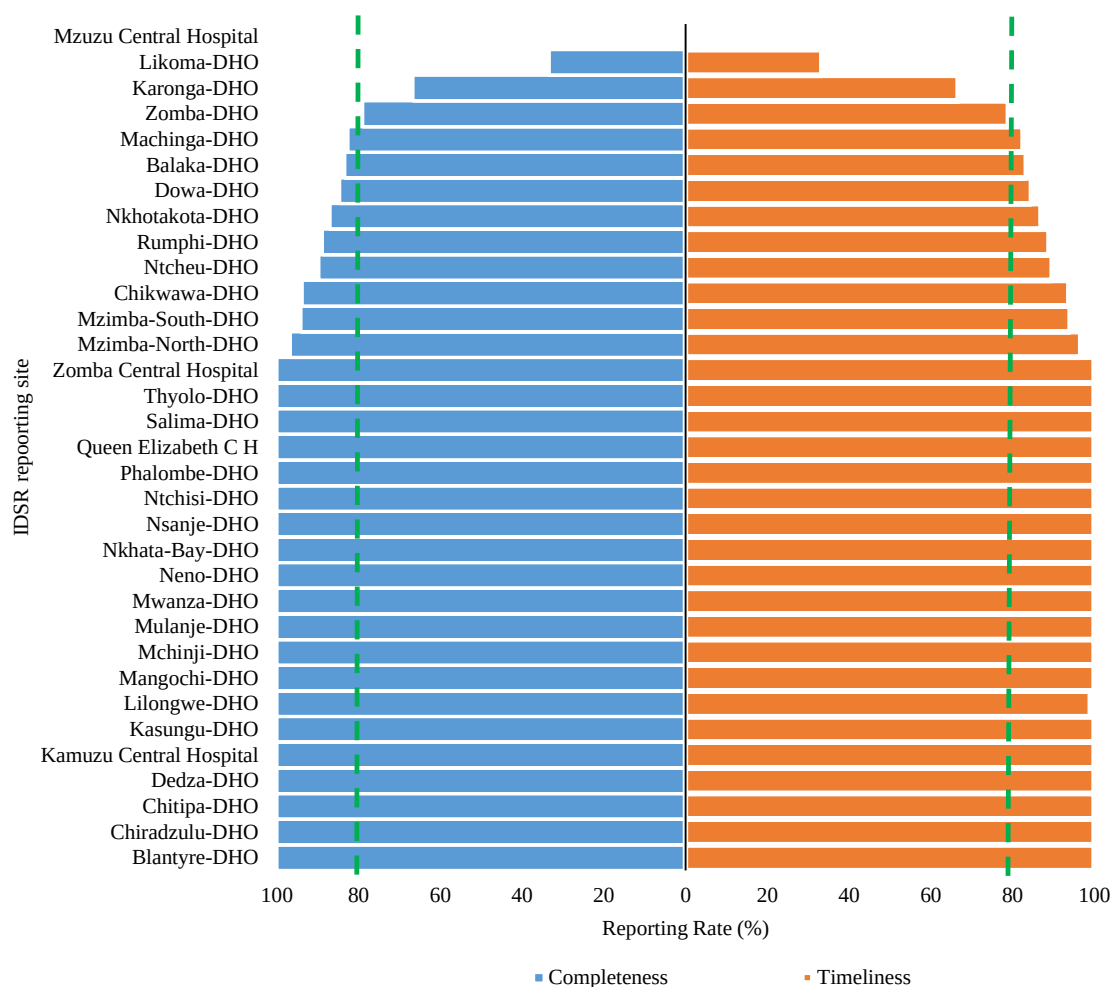


Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 39 (data accessed on 28th September 2026)

3. Event-Based Surveillance (EBS)

3.1 Community EBS signals reported in Epi-week 39

Figure 5 presents the signals reported during Epidemiological Week 39. A total of thirty-five (35) signals were reported from seven (7) districts. Of these, 13 (37.1%) were verified as events, and 21 (60 %) were not verified. One (2.8%) was discarded. Figure 5 below shows the distribution of reported signals by category.

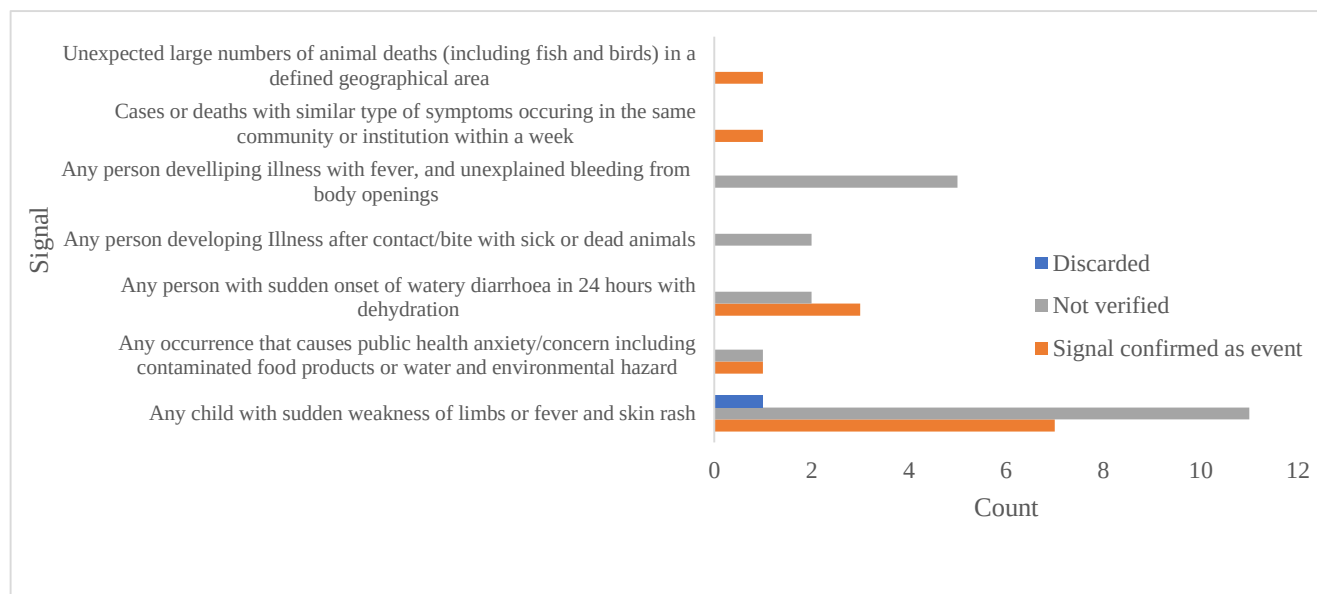


Figure 5. Event-based signals reported in Epi-week 39 (data accessed on 28th September 2026)

3.2. Risk Assessment Level of the Community Signals

Risk assessments were conducted for all 13 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.

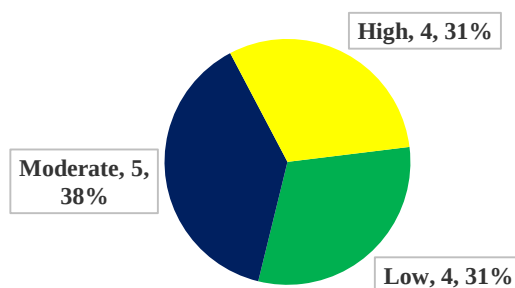


Figure 6. Distribution of the verified EBS signals by risk level, reported in Epi-week 39 (data accessed on 28th September 2026)

4. Diseases and Conditions of Public Health Importance in Epi-week 39

4.1 Summary of Diseases and Conditions

Table 1 summarizes alerts for diseases and public health conditions reported during Epidemiological Week 39. Among epidemic-prone diseases, Diarrhoea with blood accounted for the highest number of alerts, with 859 cases, followed by SARI with 63 cases. Among diseases targeted for eradication or elimination, Measles recorded the highest number of cases, with 113 reported. Annex 3 provides further details on other diseases and conditions of public health importance.

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	859	0
Meningococcal meningitis	5	0
Typhoid Fever	95	0
SARI	63	3
Cholera	0	0
Mpox	1	0
<i>DISEASES TARGETED FOR ERADICATION/ELIMINATION</i>		
Measles	113	0
Acute Flaccid Paralysis	0	0
Neonatal tetanus	0	0
<i>CONDITIONS OF PUBLIC HEALTH IMPORTANCE</i>		
Food-borne illnesses	0	0
Maternal death		9
Yellow fever	0	0
Rabies	1	0

5. Ongoing outbreaks and emergencies in Malawi as of week 39, 2026.

5.1. Measles

Some districts have reported sporadic measles cases since the beginning of 2026. Localized outbreaks have been confirmed in Balaka, Dedza, Chikwawa, Mchinji, Machinga, Zomba, Nsanje and Mulanje districts. Cumulatively, Balaka has reported 494 cases, including 74 laboratory-confirmed since 1 January 2026; Nsanje 499 cases, including 78 laboratory-confirmed since 7 February 2026; Chikwawa 387 cases, including 38 laboratory-confirmed since 6 May 2026; Dedza 375 cases, including 13 laboratory-confirmed since 7 July 2026; Machinga 3 cases since 9 August 2026; Mchinji 14 cases, including 7 laboratory-confirmed since 28 July 2026; Mulanje 67 cases, including 30 laboratory-confirmed since 13 July 2026; and Zomba 23 cases since 5 August 2026. To date, no confirmed deaths have been reported in the outbreak districts (CFR: 0.0%), except for the 1 suspected community death under Ndamera health facility catchment area in Nsanje district.

Most 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 Balaka and Kalembo health facilities under Balaka District; Golomoti in Dedza District; Ngabu in Chikwawa District; Ndamera in Nsanje District; Mbiza, Mimosa, and Mulanje District Hospital in Mulanje District; Matawale in Zomba District; and Ntaja in Machinga district. Outbreaks previously reported in the catchment areas Comfort, Khwisa, and Phalula health facilities in Balaka district; Trinity in Nsanje district; and Namizana in Mchinji district, have been declared contained following more than 42 days without any reported measles cases. Figure 7 shows the evolution of the outbreaks.

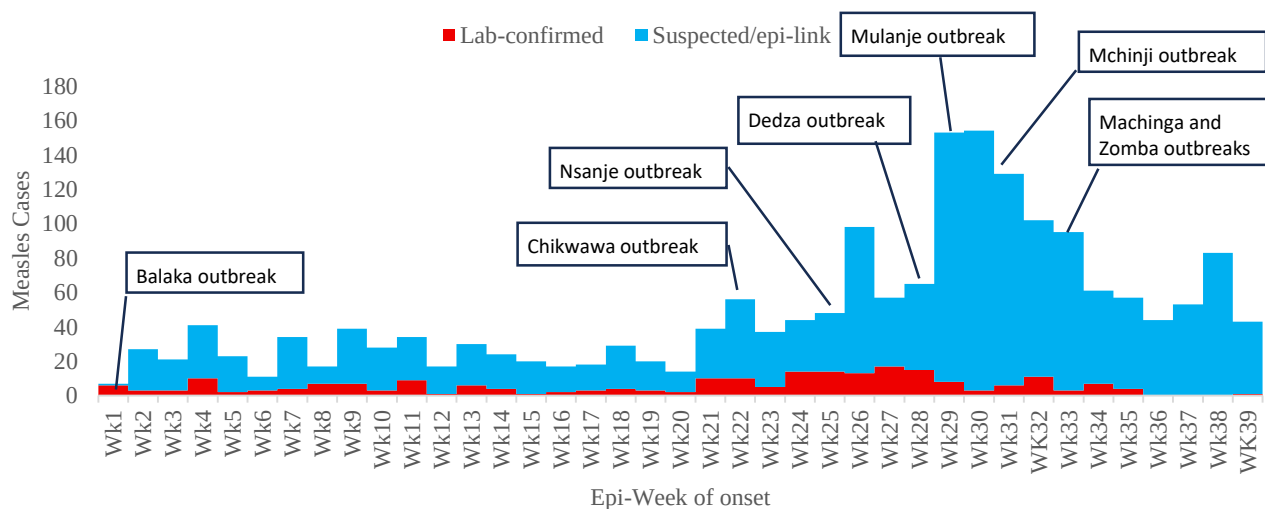


Figure 7. Epi-Curves of Measles Disease as of Epidemiological Week 39, 2026

Interventions

- Activation of National and District IMS
- Case management
- Active case search
- Sample collection and laboratory analysis
- Intensification of routine immunization
- Supportive supervision
- Community engagement and mobilization
- Measles/rubella vaccination campaign

5.2. Polio and AFP surveillance

Malawi confirmed a polio outbreak following detection 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.

As of Week 39, Malawi had isolated 18 (plus 1 imported) variant polioviruses: 14 c/VDPV2s from environmental surveillance sites, one (1) VDPV2 from an AFP case in Makhetha, Blantyre, two (2) VDPV2s from close contacts of the case, one (1) VDPV2 from a community child, and one (1) imported AFP case in a 6-month-old child crossing the border from Mozambique

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 was conducted from 11-14 August 2026, achieving 103% coverage (7,292,474)

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.
- **Karonga, Likoma Zomba DHO, and Mzuzu Central Hospital** must improve on both timeliness and completeness of reports.
- **Mchinji, Lilongwe and Blantyre** 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 immunization coverage and outreach strategies to enhance population immunity and reduce the incidence of Measles

Annex 1: Timeliness and Completeness of IDSR Reports by Reporting Site, from Epi-week 28 to 39, 2026

DISTRICT	COMPLETENESS													TIMELINESS											
	W28	W29	W30	W31	W32	W33	W34	W35	W36	W37	W38	W39		W28	W29	W30	W31	W32	W33	W35	W36	W37	W38	W39	
National	95	98	95	98	98	94	96	98	97	97	95	90		97	94	93	97	94	96	97	96	94	93	90	
Balaka	78	78	94	83	78	72	78	100	89	89	83	83		78	89	83	78	72	72	100	89	89	83	83	
Blantyre	98	100	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	100	100	100	
Chikwawa	91	100	100	91	91	100	91	97	97	97	100	94		100	100	91	75	100	91	97	97	97	100	94	
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	97	100	97	100	100	100		100	100	100	100	100	97	100	97	100	100	100	
Dowa	100	100	96	96	89	81	81	96	84	81	100	85		100	92	88	86	81	81	92	82	77	92	85	
Kamuzu CH	100	100	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	100	100	100	
Karonga	88	83	100	100	100	96	100	50	73	83	83	67		75	100	100	100	96	100	50	73	75	83	67	
Kasungu	100	100	83	97	95	87	95	97	97	97	100	100		100	79	87	90	87	95	92	92	95	100	100	
Likoma	67	67	100	100	100	67	100	33	100	100	100	33		33	100	100	100	67	100	33	100	100	100	33	
Lilongwe	99	100	67	100	97	100	94	100	99	97	100	100		100	67	100	97	100	94	100	99	97	100	100	
Machinga	87	78	99	74	87	91	87	83	87	74	74	83		78	97	70	87	91	87	83	83	70	57	83	
Mangochi	100	100	78	100	100	100	100	100	100	100	100	100		100	74	100	100	100	100	100	100	100	100	100	
Mchinji	100	100	100	100	100	100	100	100	100	100	100	100		100	98	100	100	100	100	100	100	100	100	100	
Mulanje	100	100	100	100	100	100	100	100	100	100	96	100		100	100	100	100	100	100	100	100	96	100	100	
Mwanza	100	100	100	100	100	100	100	100	60	100	100	100		100	100	100	100	100	100	60	100	100	100	100	
Mzimba-Nor	100	100	100	100	97	97	100	97	96	100	93	97		93	100	100	90	97	97	93	93	97	87	97	
Mzimba-Sout	41	100	100	100	100	100	97	100	100	100	85	94		100	100	100	100	100	94	100	100	85	94	94	
Mzuzu CH	100	100	100	100	100	100	100	100	100	100	100	0		100	100	100	100	100	100	0	100	100	100	0	
Neno	100	60	100	100	100	73	100	100	93	93	100	100		60	100	100	100	73	100	100	93	93	100	100	
Nkhata-Bay	97	100	100	97	100	100	100	100	97	100	100	100		100	100	90	100	100	100	100	97	100	100	100	
Nkhotakota	96	96	100	91	100	96	96	96	87	87	96	87		87	100	13	100	96	96	91	87	100	96	87	
Nsanje	100	100	96	100	100	100	96	100	95	95	100	100		100	96	100	100	96	100	85	100	100	100	100	
Ntcheu	92	87	100	95	92	97	92	100	100	100	87	90		87	100	87	92	97	92	90	100	28	82	90	
Ntchisi	100	100	92	100	100	100	100	100	100	100	100	100		100	87	65	100	100	100	100	100	100	100	100	
Phalombe	100	100	100	100	100	100	100	71	100	100	100	100		100	100	100	100	100	100	71	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	83	100	100	100	100	100	100	100	100	100	94	89		100	100	100	100	100	100	100	100	94	89	89	
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	100	100	100	100	100	100	100	100	100	0	100		100	100	100	100	100	100	100	100	0	100	100	
Zomba	100	98	100	98	100	51	93	98	98	100	77	79		95	100	88	98	51	91	98	98	74	65	79	

KEY		>= 80%
		< 80%

Annex 2: Distribution of EBS signals per reporting unit in Epi-week 39, 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 hazards (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	Unexpected large numbers of animal deaths (including fish and birds) in a defined geographical area	Any person developing illness after contact/bite with sick or dead animals	Any person developing illness with fever, and unexplained bleeding from body openings	Cases or deaths with similar type of symptoms occurring in the same community or institution within a week	Grand Total
Mwanza	0	1	0	0	0	0	0	1
Mulanje	1	1	0	0	1	0	0	3
Mchinji	1	0	0	1	0	0	1	3
Lilongwe	5	0	0	0	0	0	0	5
Nkhatabay	10	0	1	0	1	0	0	12
Thyolo	2	0	1	0	0	0	0	3
Blantyre	0	0	3	0	0	5	0	8
Grand Total	19	2	5	1	2	5	1	35

Annex 3. Priority diseases/conditions/events, including alerts under surveillance, Epi-week 39

Reporting Unit	OPD AEFI cases	IP AEFI cases	Out-Patient Diarrhoea With Blood (Bacterial) Cases	In-Patient Diarrhoea With Blood (Bacterial) Cases	OPD Malaria Cases	IP Malaria Cases	IP Death Malaria Cases	IP Maternal death cases	OPD measles cases	IP measles cases	IP meningococcal meningitis cases	IP Neonatal tetanus cases	OPD rabies cases	IP SARI cases	IP SARI deaths	OPD typhoid fever cases
Kasungu-DHO	8	0	38	0	310	18	0	0	6	0	0	0	0	0	0	0
Nkhotakota-DHO	0	0	4	0	805	3	0	0	0	0	1	0	0	3	0	0
Ntchisi-DHO	1	0	7	0	99	0	0	0	0	0	0	0	0	0	0	0
Salima-DHO	0	0	33	0	1144	16	1	0	0	0	0	0	0	0	0	0
Dowa-DHO	0	0	22	0	131	3	0	0	0	0	0	0	0	12	1	0
Kamuzu Central	0	0	0	0	0	11	0	3	4	3	0	0	0	2	2	0
Zomba Central	0	0	3	0	2	0	0	0	0	0	0	0	0	0	0	1
Dedza-DHO	0	0	35	0	407	13	0	0	5	0	0	0	0	0	0	4
Lilongwe-DHO	6	0	78	0	475	30	0	1	7	0	0	0	0	0	0	8
Ntcheu-DHO	0	0	7	0	463	9	0	0	1	0	0	0	0	0	0	0
Mchinji-DHO	0	1	20	0	152	14	0	0	1	0	0	0	0	0	0	63
Chitipa-DHO	0	0	26	0	80	1	0	0	0	0	0	0	0	0	0	0
Karonga-DHO	1	0	35	1	117	2	0	0	0	0	0	0	0	0	0	0
Likoma-DHO	0	0	0	0	8	0	0	0	0	0	0	0	0	0	0	0
Mzimba-North-DHO	49	0	76	0	80	0	0	0	0	0	0	0	0	0	0	0
Mzimba-South-DHO	0	0	38	0	359	9	0	0	0	0	0	1	0	0	0	0
Nkhata-Bay-DHO	2	0	12	0	1677	2	0	0	0	0	0	0	0	0	0	0
Rumphi-DHO	3	0	38	0	107	11	0	0	3	0	0	0	0	0	0	0
Balaka-DHO	1	0	24	0	571	15	0	1	8	0	0	0	0	0	0	0
Machinga-DHO	0	0	27	0	1524	0	0	0	9	0	0	0	0	0	0	0
Mangochi-DHO	0	0	52	0	2461	16	0	0	15	0	0	0	0	0	0	0
Mulanje-DHO	2	0	21	0	1313	20	0	2	11	0	0	0	0	34	0	1
Phalombe-DHO	0	0	22	0	151	0	0	0	0	0	0	0	0	0	0	0
Zomba-DHO	1	0	47	0	611	0	0	0	0	0	0	0	0	0	0	0
Blantyre-DHO	10	0	70	1	4063	12	1	0	0	0	0	0	0	0	0	14
Chikwawa-DHO	2	0	31	0	2253	9	0	1	6	0	3	0	1	0	0	1
Chiradzulu-DHO	6	0	19	0	56	0	0	1	3	0	0	0	0	0	0	0
Mwanza-DHO	4	0	19	0	1085	25	0	0	0	0	0	0	0	0	0	0
Neno-DHO	0	0	35	0	742	83	0	0	0	0	0	0	0	12	0	3
Nsanje-DHO	2	0	11	0	798	16	0	0	31	0	1	0	0	0	0	0
Thyolo-DHO	0	0	7	0	478	11	0	0	0	0	0	0	0	0	0	0
Total	98	1	857	2	22522	349	2	9	110	3	5	1	1	63	3	95

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