

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 40 of 2026), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 40
- 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 40, 2026

- IDSR reporting achieved 95% completeness and 95% timeliness on the One Health Surveillance Platform (OHSP).
- Thirty-nine (39) Event-Based Surveillance (EBS) signals were reported, of which twelve (12) were verified as events.
- Forty-eight (48) new Measles alerts were reported.
- Other alerts generated included Malaria (19,295 cases including 5 deaths), Diarrhoea with blood (752 cases), Severe Acute Respiratory Infections (SARI) (143 cases, 1 death), Typhoid fever (90 cases), Adverse Events Following Immunization (AEFI) (82 cases), Acute Flaccid Paralysis (AFP) (1 cases), Meningococcal meningitis (6 cases) and maternal deaths (5), as shown in Figure 1.

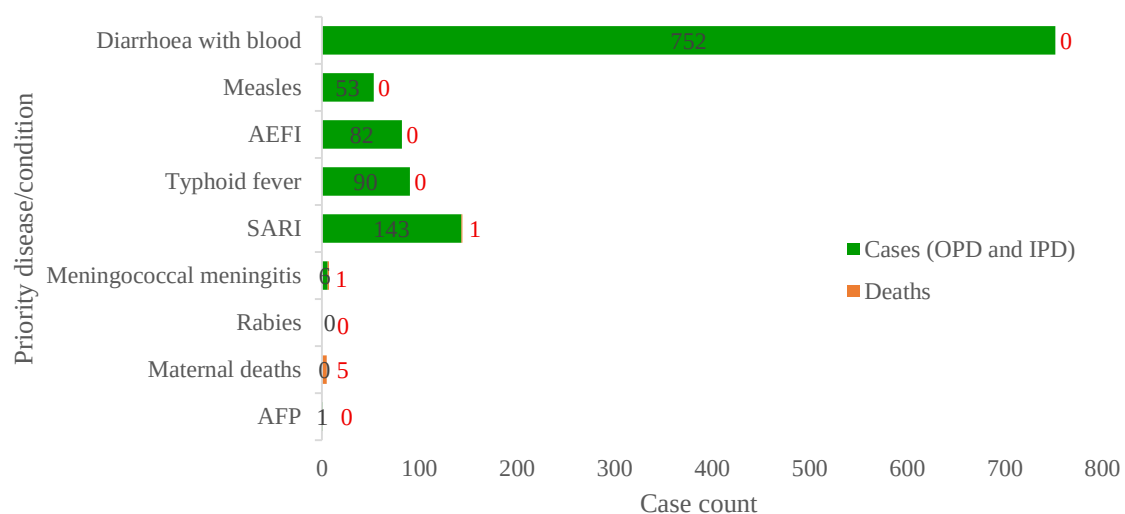


Figure 1. Notifiable diseases or conditions alerts reported in Epi-week 40 in Malawi (data accessed on 6th October, 2026)

2. Performance of the Integrated Disease Surveillance and Response up to Epi-week 40

2.1. Timeliness and Completeness

2.1.1. Trends of Reporting rate at the national level as of Epi-week 40

During Week 40, reporting completeness and timeliness increased from 90% to 95% and 90% to 95%, respectively, compared to week 39.

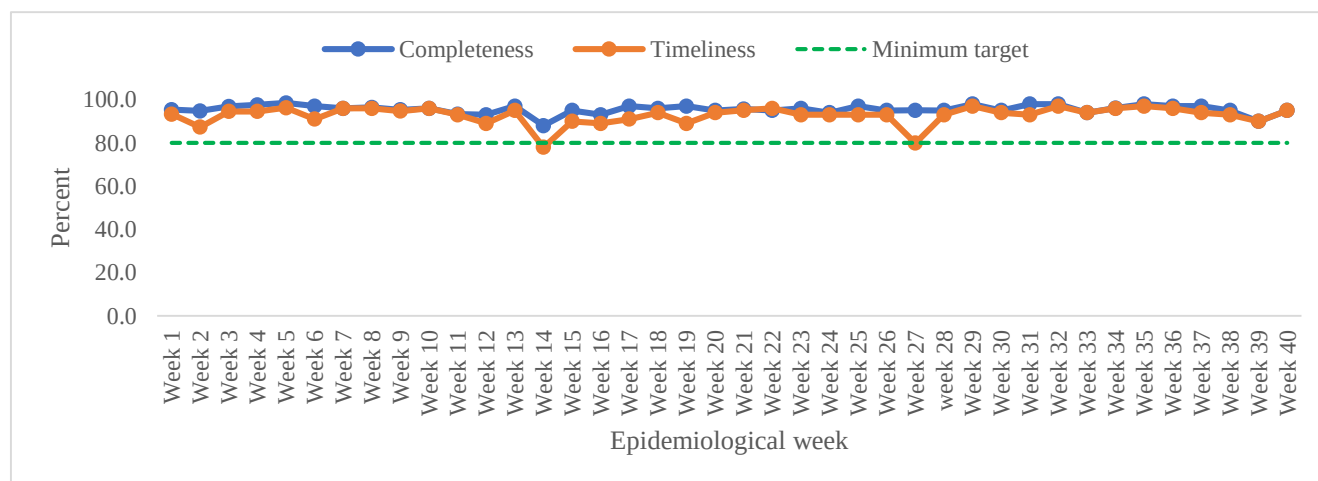


Figure 2. Trend of National IDSR weekly reporting rates in Malawi, up to Epi week 40, 2026 (data accessed on 6th October, 2026)

2.1.2. Reporting rates at the Zonal level, including Central Hospitals for Epi-week 40

Figure 3 illustrates performance across the various health zones, including Central Hospitals, during epidemiological week 40. All health zones achieved the minimum target of 80% for both completeness and timeliness as shown in Figure 3 below.

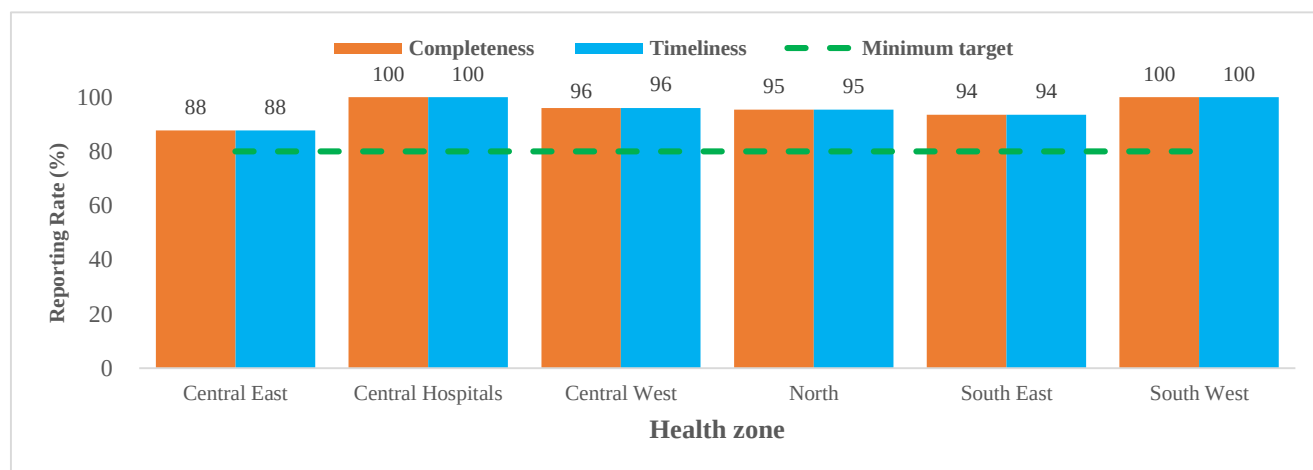


Figure 3. Reporting rates of IDSR weekly reports by Zones and Central Hospitals, Epi-week 40 (data accessed 6th October, 2026)

2.1.3. Reporting rates at the district level for Epi-week 40

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

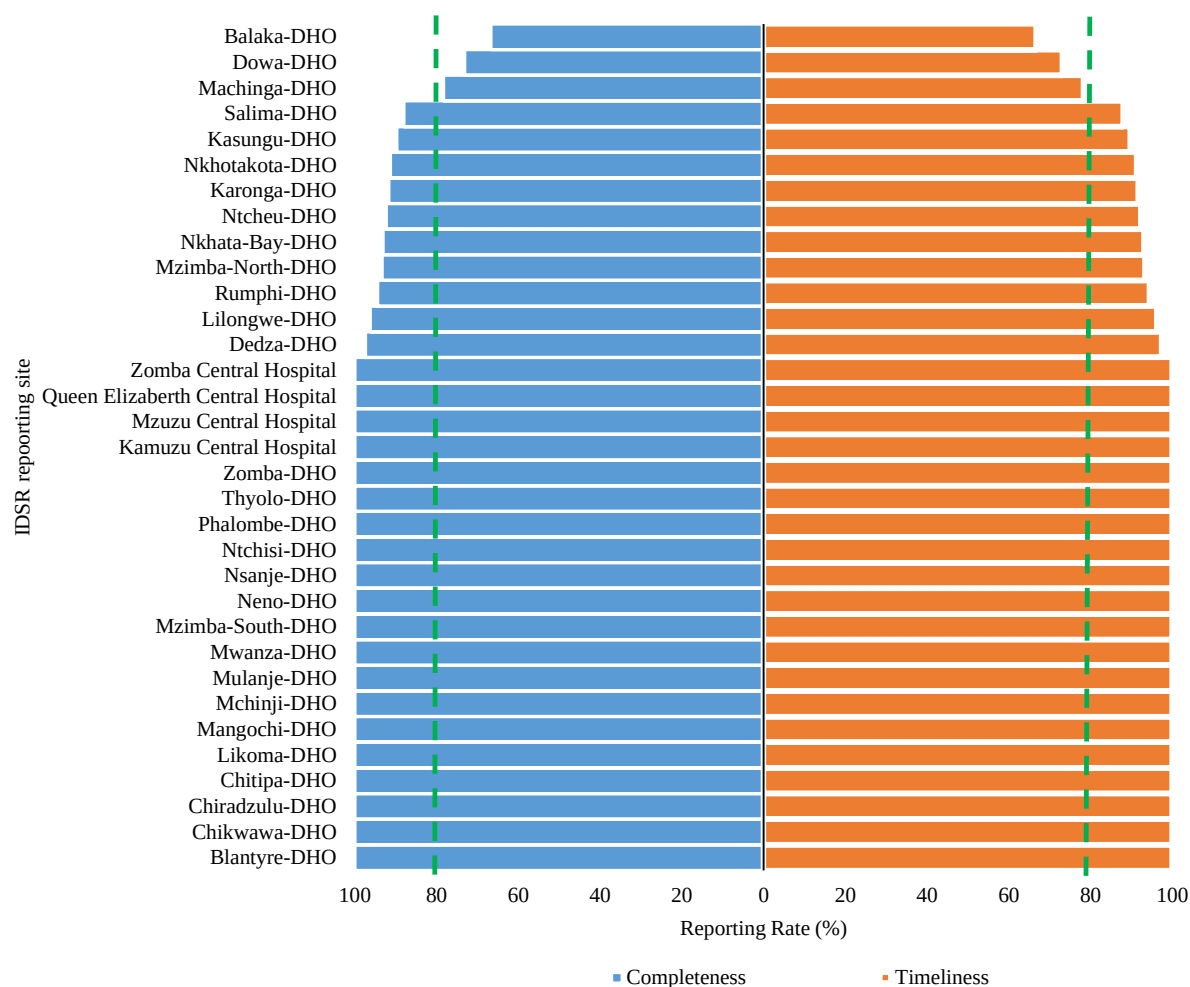


Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 40 (data accessed on 6th October, 2026)

3. Event-Based Surveillance (EBS)

3.1 Community EBS signals reported in Epi-week 40

Figure 5 presents the signals reported during Epidemiological Week 40. A total of thirty-nine (39) signals were reported from nine (9) districts. Of these, 12 (31%) were verified as events, and 25 (64 %) were not verified. Two (5%) were discarded. Figure 5 below shows the distribution of reported signals by category.

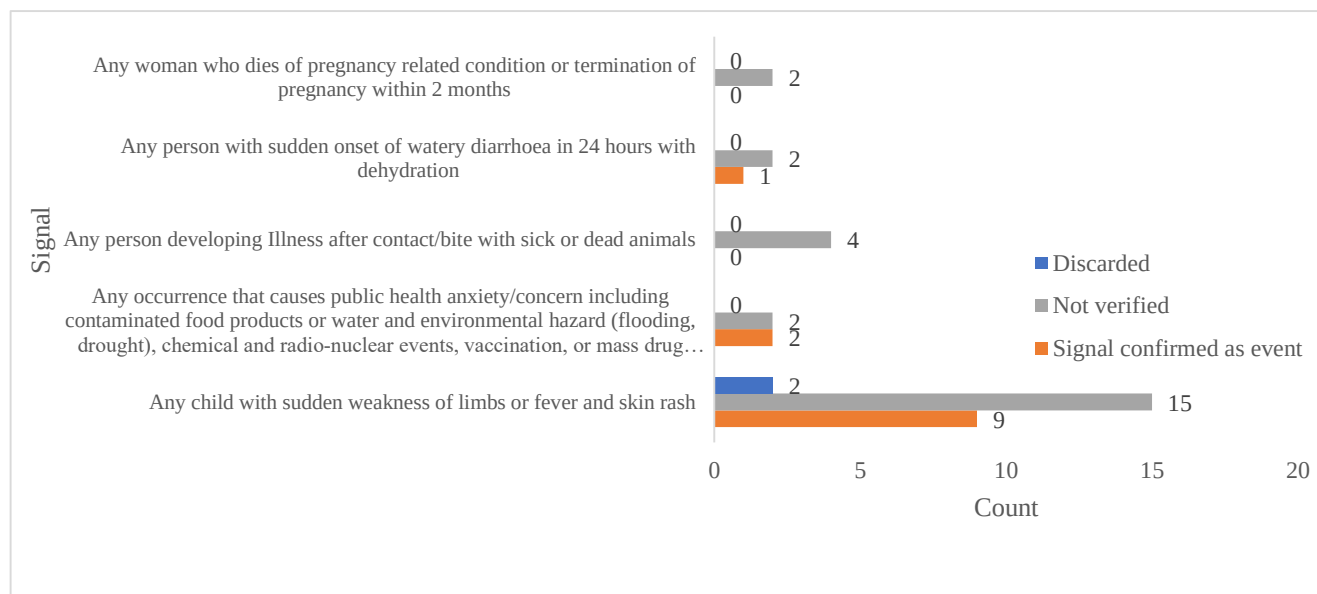


Figure 5. Event-based signals reported in Epi-week 40 (data accessed on 6th October, 2026)

3.2. Risk Assessment Level of the Community Signals

Risk assessments were conducted for 11 of the 12 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.

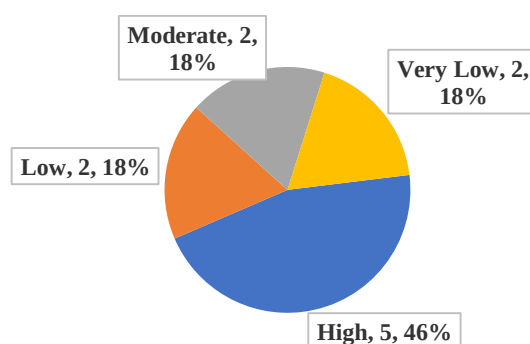


Figure 6. Distribution of the verified EBS signals by risk level, reported in Epi-week 40 (data accessed on 6th October, 2026)

4. Diseases and Conditions of Public Health Importance in Epi-week 40

4.1 Summary of Diseases and Conditions

Table 1 summarizes alerts for diseases and public health conditions reported during Epidemiological Week 40. Among epidemic-prone diseases, Diarrhoea with blood accounted for the highest number of alerts, with 752 cases, followed by SARI with 143 cases. Among diseases targeted for eradication or elimination, Measles recorded the highest number of cases, with 53 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	752	0
Meningococcal meningitis	6	1
Typhoid Fever	90	0
SARI	143	1
Cholera	0	0
Mpox	0	0
<i>DISEASES TARGETED FOR ERADICATION/ELIMINATION</i>		
Measles	53	0
Acute Flaccid Paralysis	1	0
Neonatal tetanus	0	0
<i>CONDITIONS OF PUBLIC HEALTH IMPORTANCE</i>		
Food-borne illnesses	0	0
Maternal death		5
Yellow fever	0	0
Rabies	0	0

5. Ongoing outbreaks and emergencies in Malawi as of week 40, 2026.

5.1. Measles

Some districts have reported sporadic measles cases since the beginning of 2026 with localized outbreaks confirmed in Balaka, Dedza, Chikwawa, Mchinji, Machinga, Zomba, Nsanje and Mulanje districts. In Week 40, a total of 18 confirmed cases (3 lab-confirmed + 15 epi-linked) were reported. All 3 lab-confirmed cases were reported from Zomba district while all 15 epi-linked cases were reported from Nsanje district. Cumulatively, Balaka has reported 494 cases, including 74 laboratory-confirmed since 1 January 2026; Nsanje 514 cases, including 84 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 26 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 Golomoti in Dedza District; Ngabu in Chikwawa District; Ndamera in Nsanje District; Mbiza and Mulanje District Hospital in Mulanje District; and Matawale in Zomba District. Outbreaks previously reported in the catchment areas Comfort, Khwisa, Nandumbo, and Phalula health facilities in Balaka district; Trinity and Nsanje hospital in Nsanje district; Ntaja in Machinga 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.

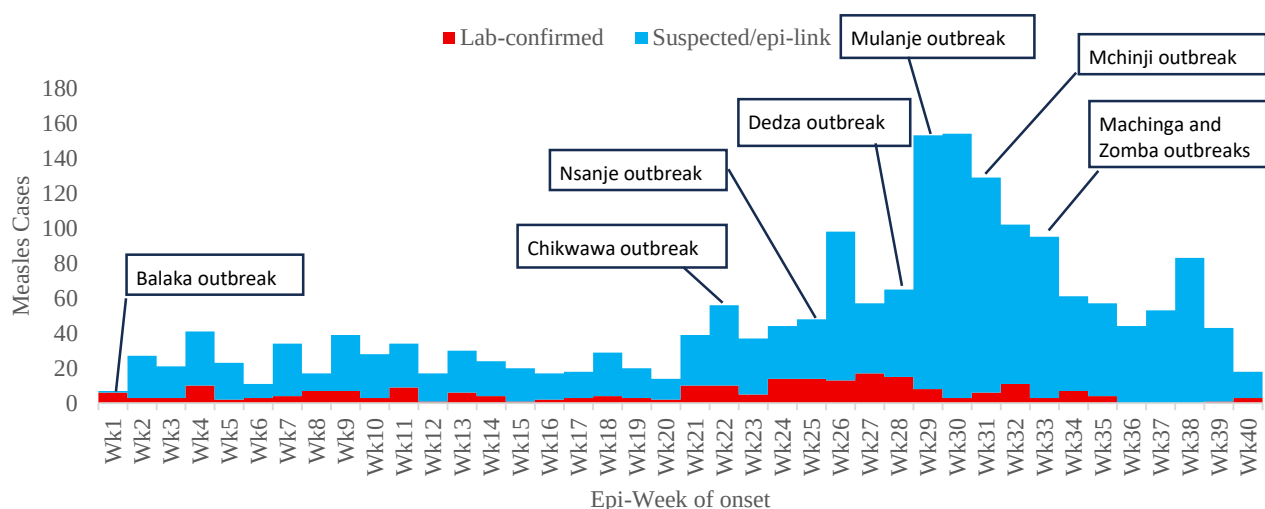


Figure 7. Epi-Curves of Measles Disease as of Epidemiological Week 40, 2026

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 40, 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.
- **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 29 to 40, 2026

DISTRICT	COMPLETENESS													TIMELINESS											
	W29	W30	W31	W32	W33	W34	W35	W36	W37	W38	W39	W40		W29	W30	W31	W32	W33	W35	W36	W37	W38	W39	W40	
National	98	95	98	98	94	96	98	97	97	95	90	95		94	93	97	94	96	97	96	94	93	90	95	
Balaka	78	94	83	78	72	78	100	89	89	83	83	67		89	83	78	72	72	100	89	89	83	83	67	
Blantyre	100	100	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	100	100	100	
Chikwawa	100	100	91	91	100	91	97	97	97	100	94	100		100	91	75	100	91	97	97	97	100	94	100	
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	97	100	97	100	100	100	97		100	100	100	100	97	100	97	100	100	100	97	
Dowa	100	96	96	89	81	81	96	84	81	100	85	73		92	88	86	81	81	92	82	77	92	85	73	
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	83	100	100	100	96	100	50	73	83	83	67	92		100	100	100	96	100	50	73	75	83	67	92	
Kasungu	100	83	97	95	87	95	97	97	97	100	100	90		79	87	90	87	95	92	92	95	100	100	90	
Likoma	67	100	100	100	67	100	33	100	100	100	33	100		100	100	100	67	100	33	100	100	100	33	100	
Lilongwe	100	67	100	97	100	94	100	99	97	100	100	96		67	100	97	100	94	100	99	97	100	100	96	
Machinga	78	99	74	87	91	87	83	87	74	74	83	78		97	70	87	91	87	83	83	70	57	83	78	
Mangochi	100	78	100	100	100	100	100	100	100	100	100	100		74	100	100	100	100	100	100	100	100	100	100	
Mchinji	100	100	100	100	100	100	100	100	100	100	100	100		98	100	100	100	100	100	100	100	100	100	100	
Mulanje	100	100	100	100	100	100	100	100	100	96	100	100		100	100	100	100	100	100	100	96	100	100	100	
Mwanza	100	100	100	100	100	100	100	60	100	100	100	100		100	100	100	100	100	60	100	100	100	100	100	
Mzimba-	100	100	100	97	97	100	97	96	100	93	97	93		100	100	90	97	97	93	93	97	87	97	93	
Mzimba-	100	100	100	100	100	97	100	100	100	85	94	100		100	100	100	100	94	100	100	85	94	100	100	
Mzuzu CH	100	100	100	100	100	100	100	100	100	100	0	100		100	100	100	100	100	0	100	100	100	0	100	
Neno	60	100	100	100	73	100	100	93	93	100	100	100		100	100	100	73	100	100	93	93	100	100	100	
Nkhata-Bay	100	100	97	100	100	100	100	97	100	100	100	93		100	90	100	100	100	100	97	100	100	100	93	
Nkhotakota	96	100	91	100	96	96	96	87	87	96	87	91		100	13	100	96	96	91	87	100	96	87	91	
Nsanje	100	96	100	100	100	96	100	95	95	100	100	100		96	100	100	100	96	100	85	100	100	100	100	
Ntcheu	87	100	95	92	97	92	100	100	100	87	90	92		100	87	92	97	92	90	100	28	82	90	92	
Ntchisi	100	92	100	100	100	100	100	100	100	100	100	100		87	65	100	100	100	100	100	100	100	100	100	
Phalombe	100	100	100	100	100	100	71	100	100	100	100	100		100	100	100	100	100	71	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	100	100	100	100	100	100	94	89	94		100	100	100	100	100	100	100	100	94	89	94	
Salima	100	100	100	100	100	100	100	100	100	100	100	88		100	100	100	100	100	100	100	100	100	100	88	
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	0	100	100		100	100	100	100	100	100	100	100	0	100	100	
Zomba	98	100	98	100	51	93	98	98	100	77	79	100		100	88	98	51	91	98	98	74	65	79	100	

KEY		>= 80%
		< 80%

Annex 2: Distribution of EBS signals per reporting unit in Epi-week 40, 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 developing illness after contact/bite with sick or dead animals	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	Total
Blantyre	0	1	0	1	0	2
Kasungu	0	0	1	0	0	1
Lilongwe	4	0	0	0	0	4
Mchinji	0	0	0	1	0	1
Mulanje	0	0	1	0	0	1
Nkhata Bay	6	0	2	1	0	9
Nkhotakota	0	0	0	0	2	2
Nsanje	16	0	0	0	0	16
Ntcheu	0	3	0	0	0	3
Total	26	4	4	3	2	39

Annex 3. Priority diseases/conditions/events, including alerts under surveillance, Epi-week 40

District / Central Hospital	OPD AEFI cases	OPD AFP cases	OPD Diarrhoea With Blood (Bacterial) Cases	PD Diarrhoea With Blood (Bacterial) Cases	OPD Malaria Cases	IPD Malaria Cases	IPD Death Malaria Cases	IPD Maternal death cases	OPD Measles cases	IPD Measles cases	IPD Meningococcal meningitis cases	IPD Meningococcal meningitis deaths	IPD SARI cases	IPD SARI deaths	OPD Typhoid fever
Kasungu-DHO	2	0	78	0	439	8	0	0	6	0	0	0	0	0	3
Nkhotakota-DHO	0	0	10	0	1017	9	0	0	0	0	0	0	15	0	0
Ntchisi-DHO	0	0	9	0	93	0	0	0	0	0	0	0	0	0	0
Salima-DHO	1	0	28	0	1178	29	3	0	0	0	0	0	0	0	0
Dowa-DHO	0	0	25	0	114	4	1	0	0	0	0	0	34	0	0
Kamuzu Central Hospital	1	0	1	0	2	5	0	3	2	2	0	0	53	1	0
Mzuzu Central Hospital	0	0	0	0	3	4	0	0	0	0	0	0	3	0	0
Queen Elizabeth Central Hospital	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0
Zomba Central Hospital	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0
Dedza-DHO	0	0	15	0	332	0	0	0	0	0	0	0	0	0	0
Lilongwe-DHO	0	1	70	1	359	13	0	1	9	0	0	0	2	0	10
Ntcheu-DHO	0	0	9	0	486	12	0	0	0	0	0	0	0	0	0
Mchinji-DHO	0	0	21	0	210	5	0	0	0	0	0	0	0	0	50
Chitipa-DHO	0	0	14	0	77	0	0	0	0	0	0	0	0	0	0
Karonga-DHO	0	0	22	1	70	0	0	0	0	0	0	0	1	0	0
Likoma-DHO	0	0	2	0	96	0	0	0	0	0	0	0	0	0	0
Mzimba-North-DHO	51	0	52	1	98	0	0	0	0	0	0	0	0	0	0
Mzimba-South-DHO	1	0	33	0	407	2	0	0	0	0	0	0	0	0	0
Nkhata-Bay-DHO	0	0	20	0	1569	0	0	0	0	0	0	0	0	0	0
Rumphi-DHO	6	0	23	0	71	8	0	0	1	0	0	0	0	0	0
Balaka-DHO	1	0	40	0	380	15	1	0	0	0	0	0	0	0	0
Machinga-DHO	0	0	18	0	1039	0	0	0	1	0	0	0	0	0	0
Mangochi-DHO	3	0	42	0	2475	27	0	0	0	0	0	0	1	0	1
Mulanje-DHO	1	0	12	0	994	16	0	0	10	1	0	0	27	0	2
Phalombe-DHO	0	0	13	0	121	0	0	1	0	0	0	0	0	0	0
Zomba-DHO	1	0	50	0	453	3	0	0	0	0	0	0	0	0	0
Blantyre-DHO	7	0	61	0	3408	2	0	0	0	0	0	0	0	0	15
Chikwawa-DHO	2	0	10	0	1446	6	0	0	1	0	1	0	0	0	2
Chiradzulu-DHO	3	0	16	0	89	0	0	0	0	0	0	0	0	0	1
Mwanza-DHO	0	0	9	0	749	20	0	0	0	0	0	0	0	0	0
Neno-DHO	1	0	25	5	455	4	0	0	0	2	0	0	7	0	2
Nsanje-DHO	1	0	10	0	533	13	0	0	18	0	5	1	0	0	0
Thyolo-DHO	0	0	6	0	318	3	0	0	0	0	0	0	0	0	0
Total	82	1	744	8	19083	212	5	5	48	5	6	1	143	1	86

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