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WEEKLY IDSR EPIDEMIOLOGICAL BULLETIN

Epidemiological Week 42 (12th to 18th October 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 4, Issue 42 of 2026), we present the following updates:

- Key highlights on events of public health significance in Epidemiological (Epi) week 42
- 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 42, 2026

- IDSR reporting achieved 94% completeness and 93% timeliness on the One Health Surveillance Platform (OHSP).
- Fifty (50) Event-Based Surveillance (EBS) signals were reported, of which twenty-nine (29) were verified as events.
- Thirty-four (34) new Measles alerts were reported.
- Other alerts generated included Malaria (24027 cases including 2 deaths), Diarrhoea with blood (974 cases), Severe Acute Respiratory Infections (SARI) (100 cases), Typhoid fever (64 cases), Adverse Events Following Immunization (AEFI) (56 cases), Acute Flaccid Paralysis (AFP) (0 cases), Meningococcal meningitis (6 cases), Measles (34 cases) and maternal deaths (9), as shown in Figure 1.

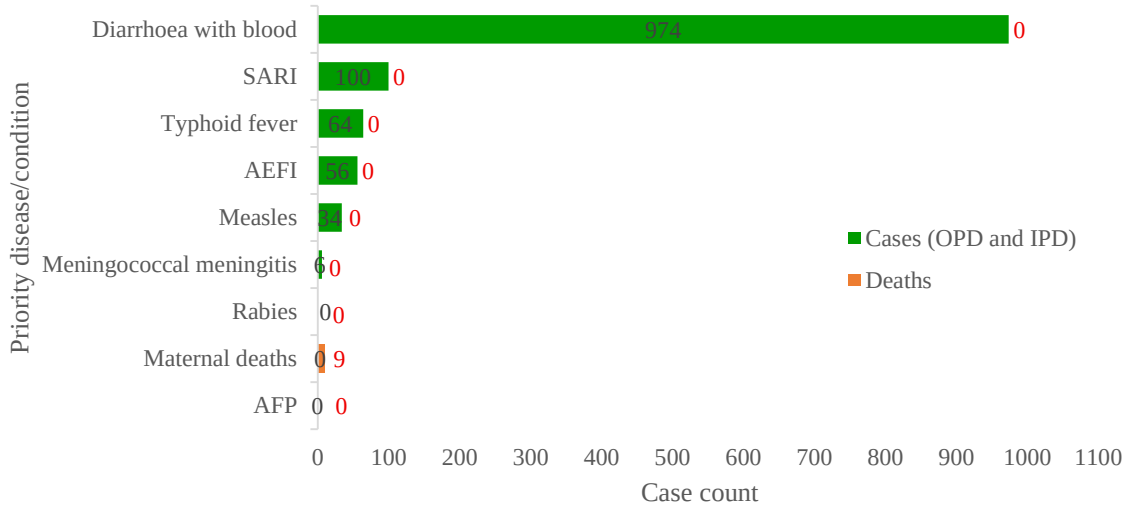


Figure 1. Notifiable diseases or conditions alerts reported in Epi-week 42 in Malawi (data accessed on 21st October 2026)

2. Performance of the Integrated Disease Surveillance and Response up to Epi-week 42

2.1. Timeliness and Completeness

2.1.1. Trends of Reporting rate at the national level as of Epi-week 42

During Week 42, Compared to week 41, reporting rate for completeness decreased from 95% to 94% and timeliness decreased from 95% to 93%.

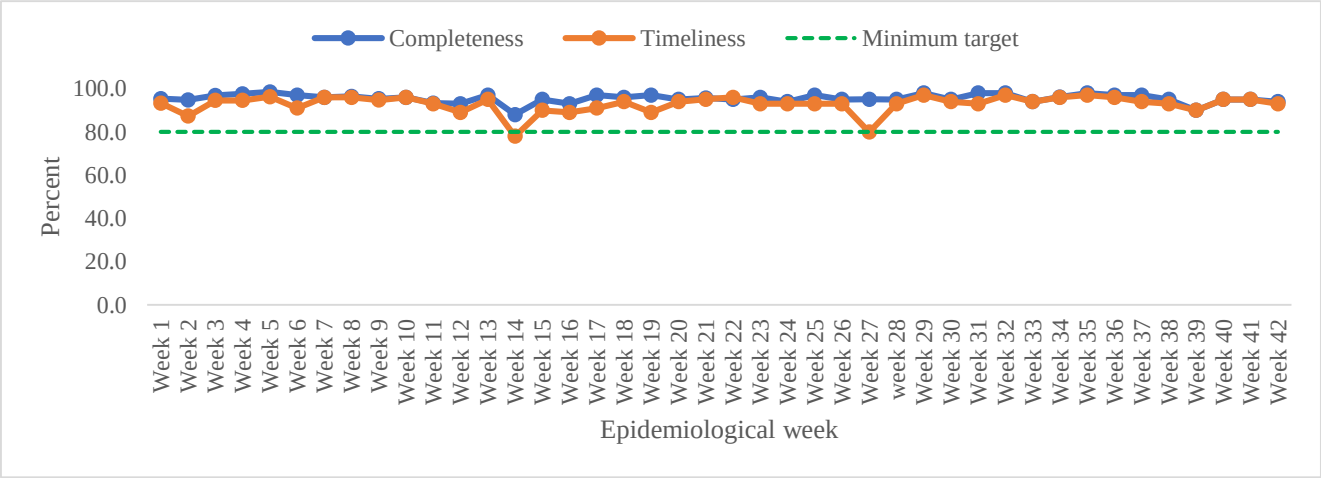


Figure 2. Trend of National IDSR weekly reporting rates in Malawi, up to Epi week 42, 2026 (data accessed on 20th October 2026)

2.1.2. Reporting rates at the Zonal level, including Central Hospitals for Epi-week 42

Figure 3 illustrates performance across the various health zones, including Central Hospitals, during epidemiological Week 42. All health zones and Central Hospitals achieved the minimum target of 80% for both completeness and timeliness, as shown in Figure 3 below.

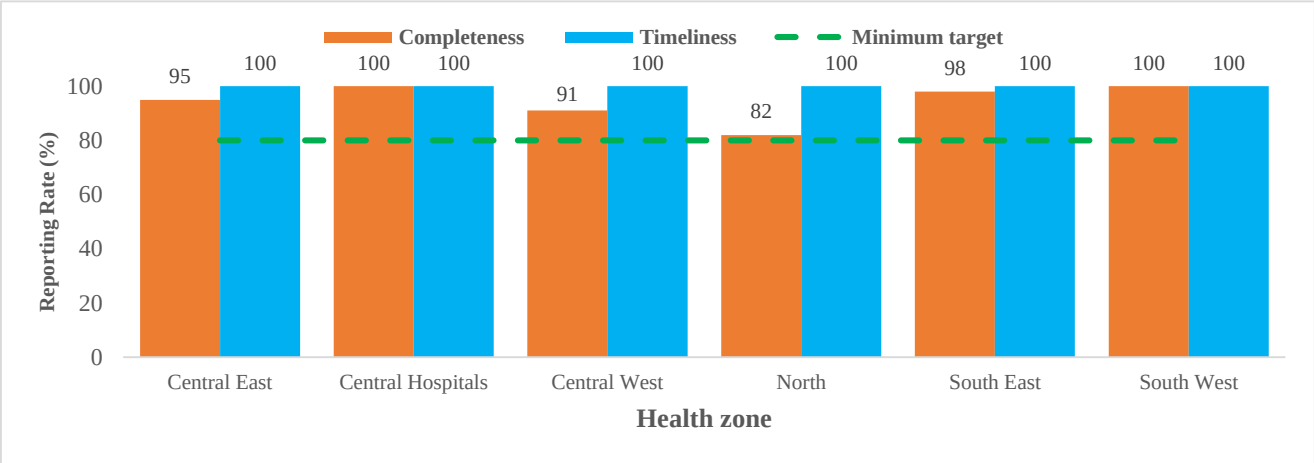


Figure 3. Reporting rates of IDSR weekly reports by Zones and Central Hospitals, Epi-week 42 (data accessed 20th October 2026)

2.1.3. Reporting rates at the district level for Epi-week 42

Among the 33 reporting sites (Districts and Central hospitals), 30 (90%) achieved the national reporting target of ≥80% for both completeness and timeliness, Machinga and Karonga failed to surpass the minimum reporting target for timeliness while Balaka failed to meet the minimum target for both completeness and timeliness as shown in Figure 4.

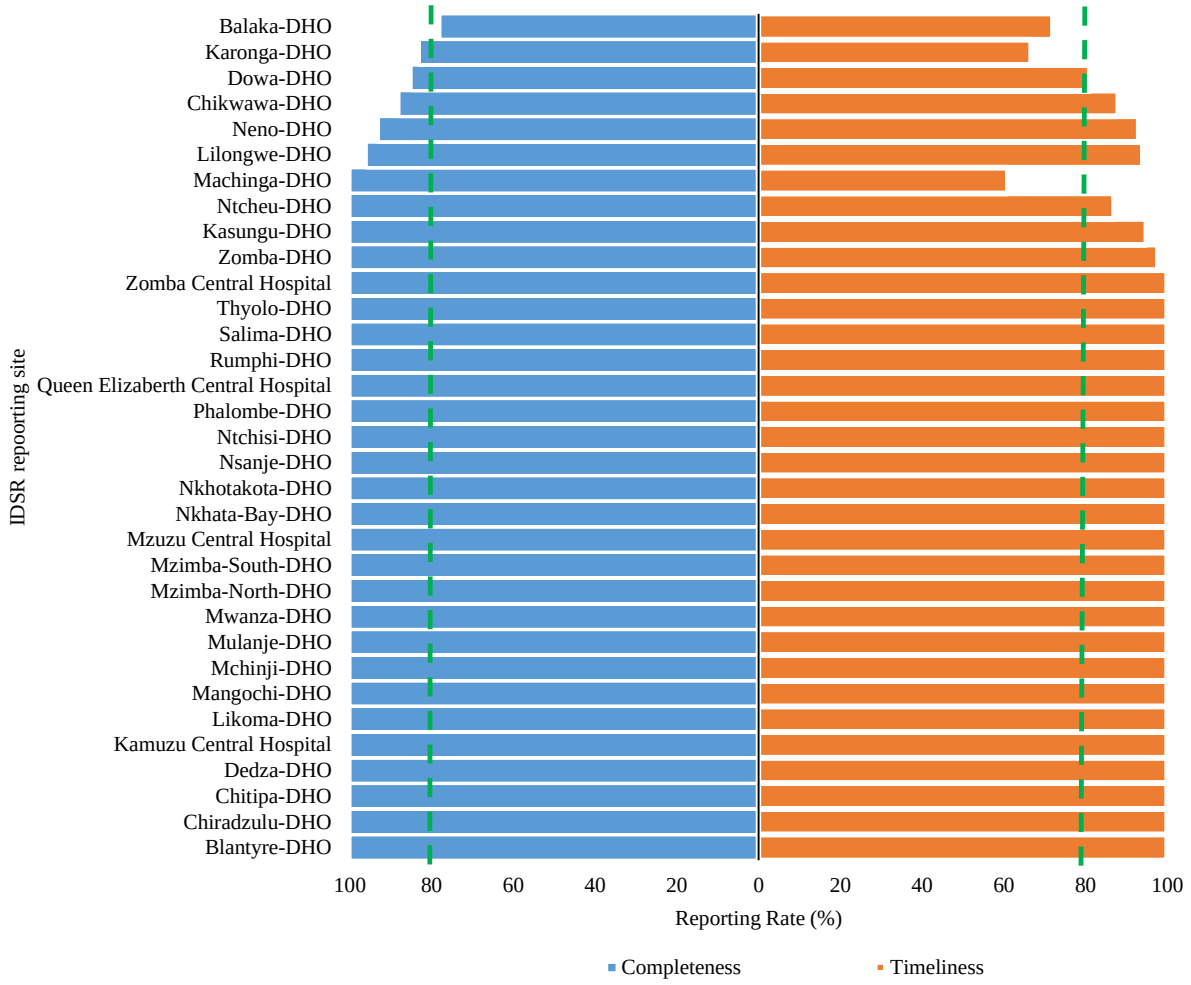


Figure 4. Reporting rates (completeness and timeliness) by reporting sites for Epi-week 42 (data accessed on 20th October,2026)

3. Event-Based Surveillance (EBS)

3.1 Community EBS signals reported in Epi-week 42

Figure 5 presents the signals reported during Epidemiological Week 42. A total of Fifty (50) signals were reported from ten (10) districts. Of these, 29 (58%) were verified as events, 20 (40%) were not verified and 1 (2%) was discarded. Figure 5 below shows the distribution of reported signals by category.

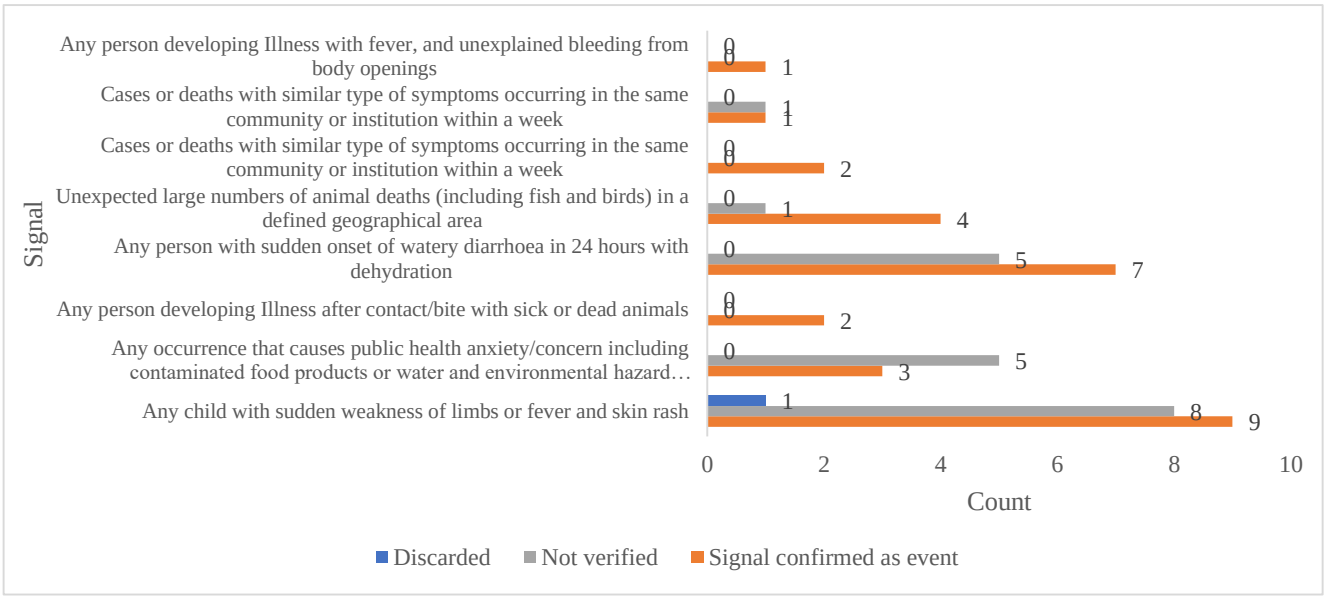


Figure 5. Event-based signals reported in Epi-week 42 (data accessed on 20th October 2026)

3.2. Risk Assessment Level of the Community Signals

Risk assessments were conducted for 29 of the 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.

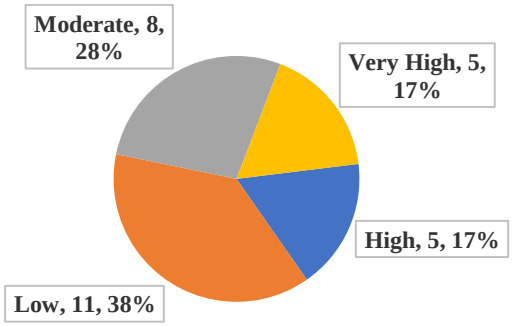


Figure 6. Distribution of the verified EBS signals by risk level, reported in Epi-week 42 (data accessed on 20th October 2026)

4. Diseases and Conditions of Public Health Importance in Epi-week 42

4.1 Summary of Diseases and Conditions

Table 1 summarizes alerts for diseases and public health conditions reported during Epidemiological Week 42. Among epidemic-prone diseases, Diarrhoea with blood accounted for the highest number of alerts, with 974 cases, followed by SARI with 100 cases. Among diseases targeted for eradication or elimination, Measles recorded the highest number of cases, with 34 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**
EPIDEMIC PRONE DISEASES		
Diarrhea with blood	974	0
SARI	100	0
Typhoid Fever	64	0
Meningococcal meningitis	6	0
Cholera	0	0
Mpox	0	0
DISEASES TARGETED FOR ERADICATION/ELIMINATION		
Measles	34	0
Acute Flaccid Paralysis	0	0
Neonatal tetanus	1	0
CONDITIONS OF PUBLIC HEALTH IMPORTANCE		
Food-borne illnesses	0	0
Maternal death		9
Yellow fever	0	0
Rabies	0	0

5. Ongoing outbreaks and emergencies in Malawi as of week 42, 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 42, thirty-four (34) epi-link cases were reported. Cumulatively, Balaka has reported 494 cases, including 74 laboratory-confirmed since 1 January 2026; Nsanje 523 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 and Chikwawa Hospital in Chikwawa District; Ndamera in Nsanje District; Mbiza, Mimosa, and Mulanje District Hospital in Mulanje District; and Matawale in Zomba District. Kalembo and Balaka Hospital in Balaka District. Outbreaks previously reported in the catchment areas of 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.

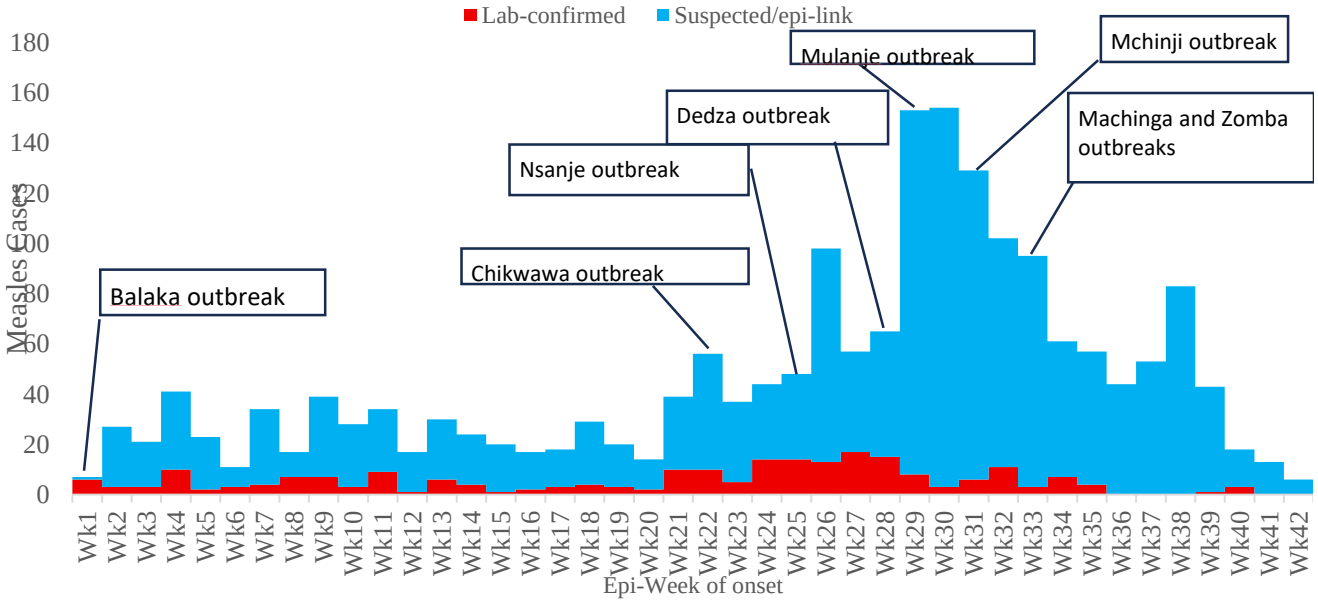


Figure 7. Epi-Curves of Measles Disease as of Epidemiological Week 42, 2026

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). Officials confirmed the outbreak on 22 January 2026, and declared a Public Health Emergency (PHE) on 23 January 2026.

As of Week 42, Malawi has not isolated any variant poliovirus. As for AFP surveillance, Malawi has recorded 253 cases cumulatively.

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, Balaka, and Machinga DHO's** 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 Immunization (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 31 to 42, 2026

DISTRICT	COMPLETENESS													TIMELINESS										
	W31	W32	W33	W34	W35	W36	W37	W38	W39	W40	W41	W42		W31	W32	W33	W34	W35	W36	W37	W38	W39	W40	W41	W42
National	**95**	**98**	**98**	**94**	**96**	**98**	**97**	**97**	**95**	**95**	**95**	**94**		**93**	**97**	**94**	**96**	**96**	**97**	**96**	**94**	**93**	**95**	**95**	**93**
Balaka	94	83	78	72	78	100	89	89	83	67	72	78		83	78	72	72	72	100	89	89	83	67	72	72
Blantyre	100	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	91	91	100	91	97	97	97	100	100	88	88		91	75	100	91	91	97	97	97	100	100	88	88
Chiradzulu	100	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	100
Dedza	100	100	100	100	97	100	97	100	100	97	100	100		100	100	100	97	97	100	97	100	100	97	100	100
Dowa	96	96	89	81	81	96	84	81	100	73	77	85		88	86	81	81	81	92	82	77	92	73	77	81
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	100
Karonga	100	100	100	96	100	50	73	83	83	92	67	83		100	100	96	100	100	50	73	75	83	92	67	67
Kasungu	83	97	95	87	95	97	97	97	100	90	95	100		87	90	87	95	95	92	92	95	100	90	95	95
Likoma	100	100	100	67	100	33	100	100	100	100	100	100		100	100	67	100	100	33	100	100	100	100	100	100
Lilongwe	67	100	97	100	94	100	99	97	100	96	95	96		100	97	100	94	94	100	99	97	100	96	95	94
Machinga	99	74	87	91	87	83	87	74	74	78	65	100		70	87	91	87	87	83	83	70	57	78	65	61
Mangochi	78	100	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100	100	100	100	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	100	100	100	100	100	100	100	96	100	100	100		100	100	100	100	100	100	100	100	96	100	100	100
Mwanza	100	100	100	100	100	100	60	100	100	100	100	100		100	100	100	100	100	100	60	100	100	100	100	100
Mzimba-Nor	100	100	97	97	100	97	96	100	93	93	100	100		100	90	97	97	97	93	93	97	87	93	100	100
Mzimba-Sout	100	100	100	100	97	100	100	100	85	100	100	100		100	100	100	94	94	100	100	100	85	100	100	100
Mzuzu CH	100	100	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	0	100	100	100	100	100	100
Neno	100	100	100	73	100	100	93	93	100	100	93	93		100	100	73	100	100	100	93	93	100	100	93	93
Nkhata-Bay	100	97	100	100	100	100	97	100	100	93	100	100		90	100	100	100	100	100	97	100	100	93	100	100
Nkhotakota	100	91	100	96	96	96	87	87	96	91	100	100		13	100	96	96	96	91	87	100	96	91	100	100
Nsanje	96	100	100	100	96	100	95	95	100	100	100	100		100	100	100	96	96	100	85	100	100	100	100	100
Ntcheu	100	95	92	97	92	100	100	100	87	92	87	100		87	92	97	92	92	90	100	28	82	92	87	87
Ntchisi	92	100	100	100	100	100	100	100	100	100	100	100		65	100	100	100	100	100	100	100	100	100	100	100
Phalombe	100	100	100	100	100	71	100	100	100	100	100	100		100	100	100	100	100	71	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	100
Rumphi	100	100	100	100	100	100	100	100	94	94	100	100		100	100	100	100	100	100	100	100	94	94	100	100
Salima	100	100	100	100	100	100	100	100	100	88	100	100		100	100	100	100	100	100	100	100	100	88	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	100
Zomba CH	100	100	100	100	100	100	100	100	0	100	100	100		100	100	100	100	100	100	100	100	0	100	100	100
Zomba	100	98	100	51	93	98	98	100	77	100	98	100		88	98	51	91	91	98	98	74	65	100	98	98

KEY			>= 80%
			< 80%

Annex 2: Distribution of EBS signals per reporting unit in Epi-week 42, 2026

District of residence	Any child with sudden weakness of limbs or fever and skin rash	Unexpected large numbers of animal deaths (including fish and birds) in a defined geographical area	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	Cases or deaths with similar type of symptoms occurring in the same community or institution within a week	Any person developing Illness with fever, and unexplained bleeding from body openings	Any woman who dies of pregnancy related condition or termination of pregnancy within 2 months	Total
Blantyre	1	0	2	0	2	0	0	1	**6**
Karonga	0	0	0	0	2	0	0	0	**2**
Chiradzulu	0	1	0	0	0	0	0	0	**1**
Mchinji	3	1	0	0	1	2	0	0	**7**
Mwanza	4	1	2	0	3	0	1	0	**11**
Nkhata Bay	6	0	3	0	4	0	0	0	**13**
Nsanje	1	0	0	2	0	0	0	0	**3**
Ntcheu	0	2	1	0	0	0	0	1	**4**
Zomba	1	0	0	0	0	0	0	0	**1**
Chikwawa	2	0	0	0	0	0	0	0	**2**
Total	**18**	**5**	**8**	**2**	**12**	**2**	**1**	**2**	**50**

Annex 3. Priority diseases/conditions/events, including alerts under surveillance, Epi-week 42

District/Central Hospital	AEFI cases	Poliomyelitis (AFP) case	Poliomyelitis (AFP) deaths	Diarrhea With Blood (Bacterial) Cases	Malaria Cases	Malaria Death Cases	Maternal death cases	Measles cases	Meningococcal Meningitis cases	Neonatal Tetanus cases	Plague cases	Rabies deaths	SARI cases	Typhoid fever cases
Kasungu-DHO	0	0	0	76	294	0	3	3	0	0	0	0	0	4
Nkhotakota-DHO	0	0	0	11	979	0	0	0	1	0	0	0	0	0
Ntchisi-DHO	0	0	0	14	274	0	0	0	0	0	0	0	0	0
Salima-DHO	0	0	0	25	1202	0	0	0	0	0	0	0	0	0
Dowa-DHO	0	0	0	34	171	0	0	0	0	0	0	0	18	0
KCH	0	0	0	1	18	0	2	2	0	0	0	0	47	0
Mzuzu Central	0	0	0	5	2	0	0	0	0	0	0	0	0	0
QECH	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Zomba Central	0	0	0	0	4	0	2	0	0	0	0	0	0	0
Dedza-DHO	0	0	0	45	563	0	0	1	0	0	0	0	0	3
Lilongwe-DHO	0	0	0	61	432	0	0	0	1	0	0	0	0	4
Ntcheu-DHO	0	0	0	22	646	0	0	1	0	0	0	0	0	0
Mchinji-DHO	0	0	0	24	231	0	0	1	0	0	0	0	0	42
Chitipa-DHO	0	0	0	27	59	0	0	0	0	0	0	0	0	0
Karonga-DHO	1	0	0	25	236	0	0	0	0	0	0	0	0	0
Likoma-DHO	0	0	0	19	166	1	0	0	0	0	0	0	0	0
Mzimba-North	29	0	0	82	94	0	0	0	0	0	0	0	0	0
Mzimba-South	0	0	0	98	236	0	0	0	0	0	0	0	0	0
Nkhata-Bay-DHO	0	0	0	20	2068	0	0	0	0	0	0	0	0	0
Rumphi-DHO	3	0	0	35	84	0	0	0	0	0	0	0	0	0
Balaka-DHO	0	0	0	25	632	1	1	0	0	0	0	0	0	0
Machinga-DHO	2	0	0	29	1830	0	0	2	0	0	0	0	0	0
Mangochi-DHO	0	0	0	55	3440	0	0	0	0	0	0	0	21	0
Mulanje-DHO	1	0	0	15	1489	0	0	3	0	1	0	0	3	0
Phalombe-DHO	0	0	0	26	123	0	0	0	0	0	0	0	0	0
Zomba-DHO	0	0	0	49	607	0	0	2	0	0	0	0	0	0
Blantyre-DHO	8	0	0	75	3313	0	1	0	0	0	0	0	0	10
Chikwawa-DHO	4	0	0	25	2220	0	0	2	3	0	0	0	0	0
Chiradzulu-DHO	5	0	0	7	74	0	0	1	0	0	0	0	0	0
Mwanza-DHO	0	0	0	11	827	0	0	0	0	0	0	0	0	0
Neno-DHO	0	0	0	18	665	0	0	0	0	0	0	0	11	0
Nsanje-DHO	3	0	0	11	639	0	0	16	1	0	0	0	0	0
Thyolo-DHO	0	0	0	4	408	0	0	0	0	0	0	0	0	0
TOTAL	**56**	**0**	**0**	**974**	**24027**	**2**	**9**	**34**	**6**	**1**	**0**	**0**	**100**	**64**

Acknowledgment

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

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