



Cumulative data (2 April 2020 to 10 January 2021)

Confirmed cases	Recoveries	Admissions	Deaths	Lost to follow-up	Under investigation	Tests conducted	Contacts traced*
9,027	5,838	616	235	134	76	97,429	15,809

Week 1, 2021 (4 to 10 January 2021)

2,092	120	90	39	26	0	9,276	2,485
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*data updated

Highlights

- As of 10 January 2021, a total of 9,027 confirmed cases had been reported in Malawi. Of these 2,092 were reported in last week (week 1), this is the highest number of new cases to be registered in a week since Malawi registered its first COVID-19 cases in April 2020
- 1,801 (86.1%) of the new cases registered in the past week are locally transmitted infection and about 60% of the new cases were male
- In the past week, all health districts except Likoma Health District have reported new cases, with Blantyre Health District reporting the highest proportion of the new cases (653/2,092, 31.2%) followed by Lilongwe Health District (597/2,092, 28.5%), and Zomba Health District (115/2,092, 5.5%)
- In the past week, 9,276 samples were tested for COVID-19, cumulatively 97,429 tests have been conducted.
- 39 COVID-19 new deaths have been reported in the past week, the highest since the pandemic started. Cumulatively, 235 deaths have been reported, the case fatality rate is at 2.60% (235/9,027)
- In the past week, 90 COVID-19 cases were admitted in various treatment centers, similar to cases and deaths, this is the highest number of new admissions in one week, cumulatively 616 cases have been admitted.
- There were 2,485 contacts of confirmed cases traced in the past week, cumulatively 15,809 contacts have been traced



Malawi COVID-19 weekly situation report

Overview of COVID-19 cases in Malawi

Malawi is currently experiencing a second wave of the COVID-19 pandemic. As of 10 January 2021, a total of 9,027 confirmed COVID-19 cases were reported in Malawi. Of these, 2,092 were reported in the past week, this is the highest number of cases reported since April 2020 when Malawi registered its first cases. The number of new locally transmitted continues to increase, in the past week 1,801 (86.1%) cases were locally transmitted. **Figures 1 and 2**, and **Table 1** below show the distribution of cases by health district, age, and sex.

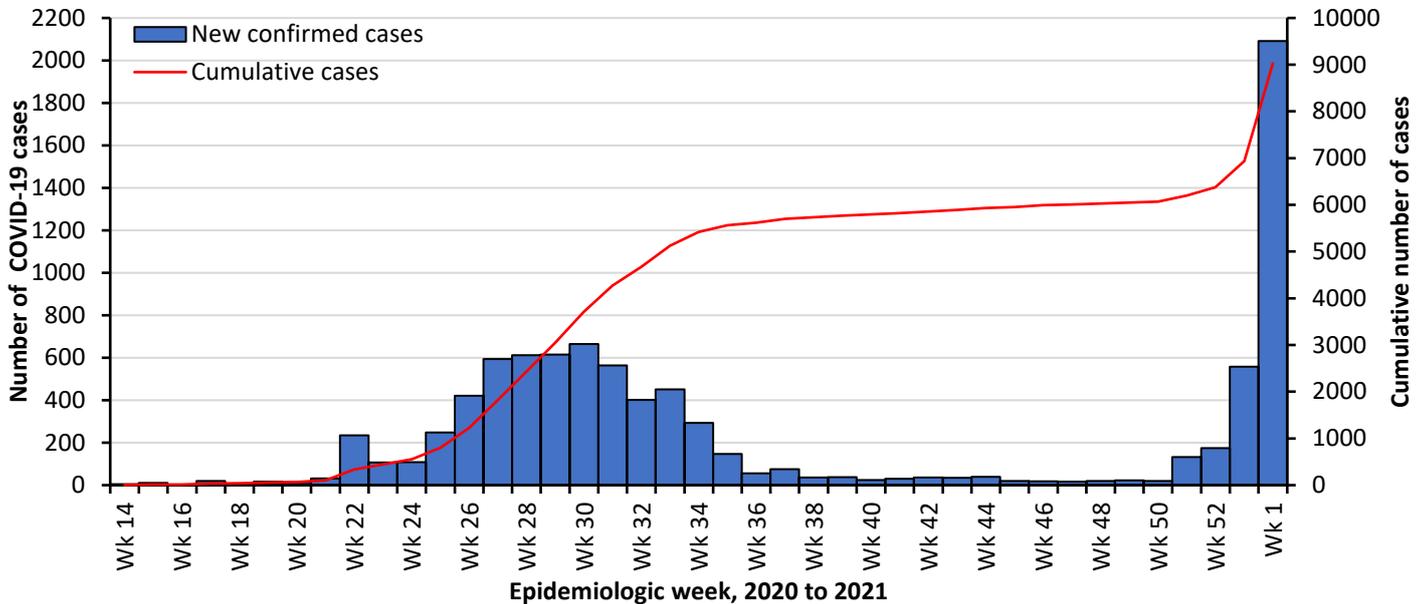


Figure 1: Number and the cumulative number of COVID-19 confirmed cases in Malawi by week as of 10 Jan 2021

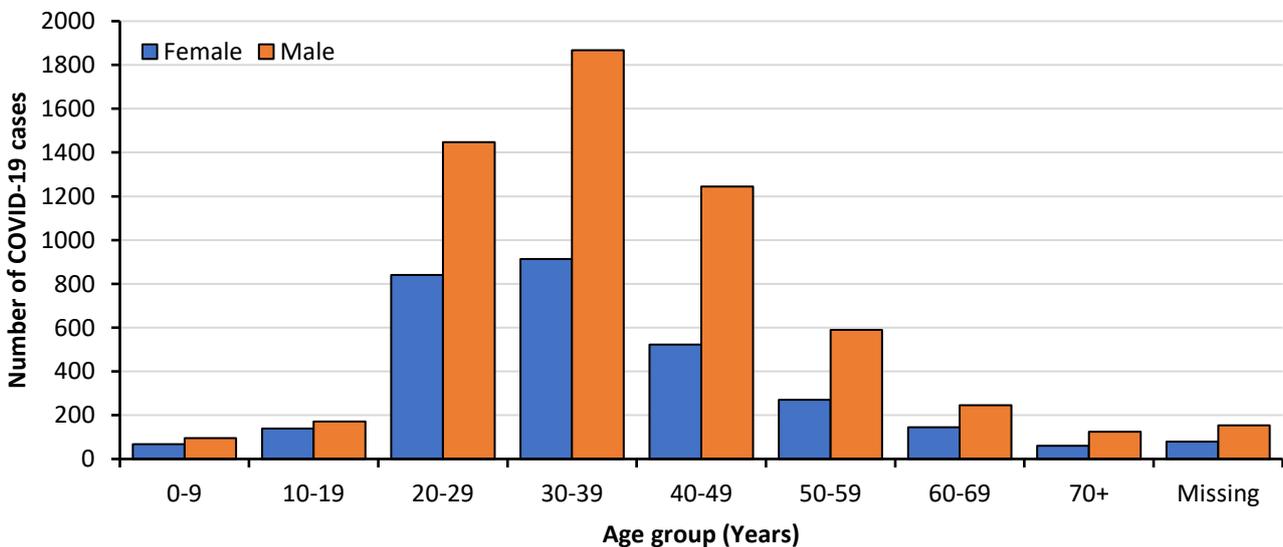


Figure 2: Age and sex distribution of COVID-19 cases in Malawi as of 10 Jan 2021

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Table 1: Number of weekly and cumulative COVID-19 cases, deaths, and recoveries in Malawi as of 3 Jan 2021)

Reporting Health District	Confirmed Cases		Deaths		Recoveries		Lost to follow-up#		Under Investigation α		Transmission Classification*		Weeks since last case
	New	Total	New	Total	New	Total	New	Total	New	Total	Imported	Local	
Blantyre	661	3,038	10	94	32	1,932	0	0	0	76	285	2,753	0
Lilongwe	603	2,245	19	72	10	1,383	0	2	0	0	172	2,073	0
Mzimba North	54	666	1	14	0	552	0	35	0	0	30	636	1
Zomba	151	325	3	10	3	149	0	7	0	0	49	276	0
Mangochi	41	228	0	2	9	164	0	0	0	0	168	60	0
Mzimba South	24	224	1	4	20	164	20	30	0	0	91	133	0
Nkhata Bay	6	222	0	2	2	196	6	6	0	0	59	163	0
Nkhotakota	49	159	1	3	6	90	0	0	0	0	48	111	0
Salima	71	136	0	0	6	57	0	0	0	0	42	94	0
Dowa	24	125	0	3	1	92	0	1	0	0	60	65	0
Karonga	24	124	0	5	5	87	0	5	0	0	22	102	0
Thyolo	23	117	1	2	3	76	0	0	0	0	62	55	0
Machinga	15	98	0	0	2	71	0	1	0	0	77	21	0
Mulanje	39	91	0	1	6	44	0	5	0	0	25	66	0
Dedza	21	85	0	0	0	53	0	4	0	0	43	42	0
Mchinji	14	85	1	6	2	48	0	15	0	0	11	74	0
Balaka	20	81	0	1	0	46	0	2	0	0	51	30	0
Kasungu	19	78	1	2	2	40	0	10	0	0	24	54	0
Neno	13	74	0	0	0	58	0	1	0	0	7	67	0
Ntcheu	8	72	0	1	5	53	0	4	0	0	38	34	0
Chitipa	1	67	0	3	2	63	0	0	0	0	6	61	0
Chikwawa	14	65	1	1	0	49	0	0	0	0	34	31	0
Rumphi	6	65	0	3	0	53	0	0	0	0	18	47	0
Nsanje	14	61	0	1	4	35	0	4	0	0	36	25	0
Chiradzulu	11	58	0	1	0	35	0	1	0	0	29	29	0
Mwanza	28	57	0	1	0	26	0	0	0	0	17	40	0
Phalombe	15	27	0	1	0	8	0	1	0	0	4	23	0
Ntchisi	5	10	0	0	0	3	0	0	0	0	2	8	0
Likoma	0	4	0	2	0	2	0	0	0	0	0	4	123
Mwanza PoE	118	340	0	0	0	209	0	0	0	0	402	0	0
Total	2,092	9,027	39	235	120	5,838	26	134	0	76	1,912	7,177	0

*Imported means that infection has been acquired from outside the country; Local transmission means that the source of infection is within the country; PoE, Point of Entry; #Lost to follow-up refers to a confirmed COVID-19 case who has completed 14 days and is due for discharge but cannot be traced because is unreachable either by phone or home visit within 28 days of laboratory confirmation

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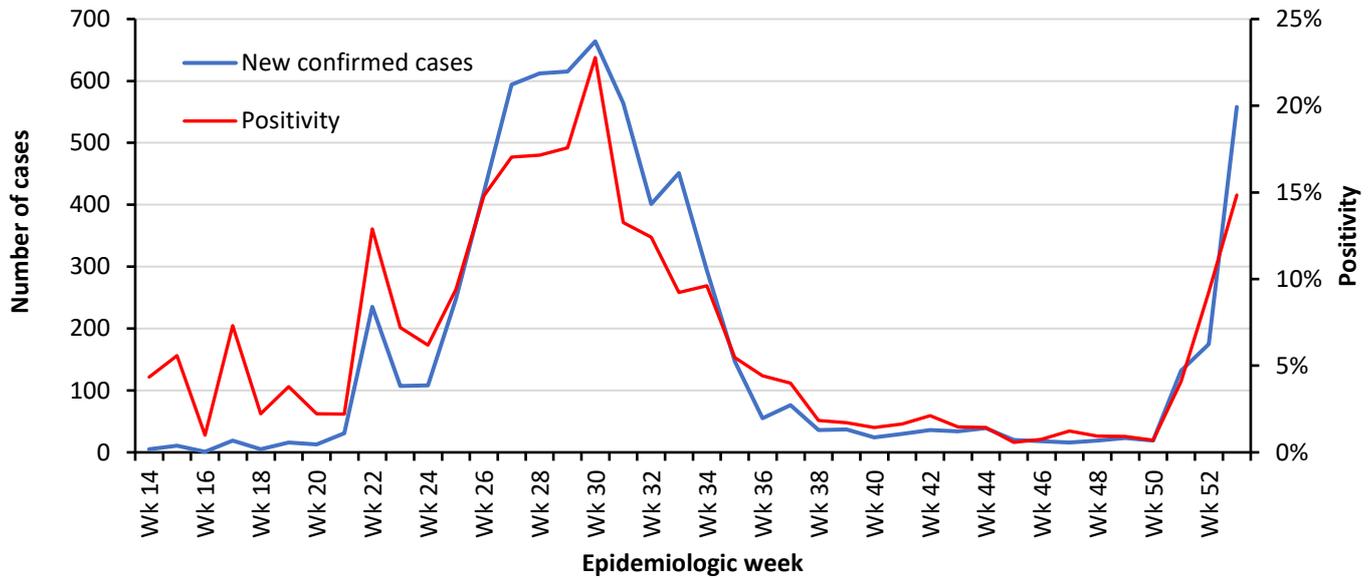


Figure 3: Confirmed cases and positivity rates by a week in Malawi as of 10 Jan 2021

Case management

In the past week, 90 new cases were admitted in various treatment centers, this is an increase compared to ten admissions in week 53. The case-fatality ratio (CFR) is 2.6%; an additional 39 new deaths were reported in the past week. The number of deaths reported in the past week was the highest since the first cases were reported in Malawi.

Figure 4 below shows the trend of admissions and deaths by epidemiologic week in Malawi.

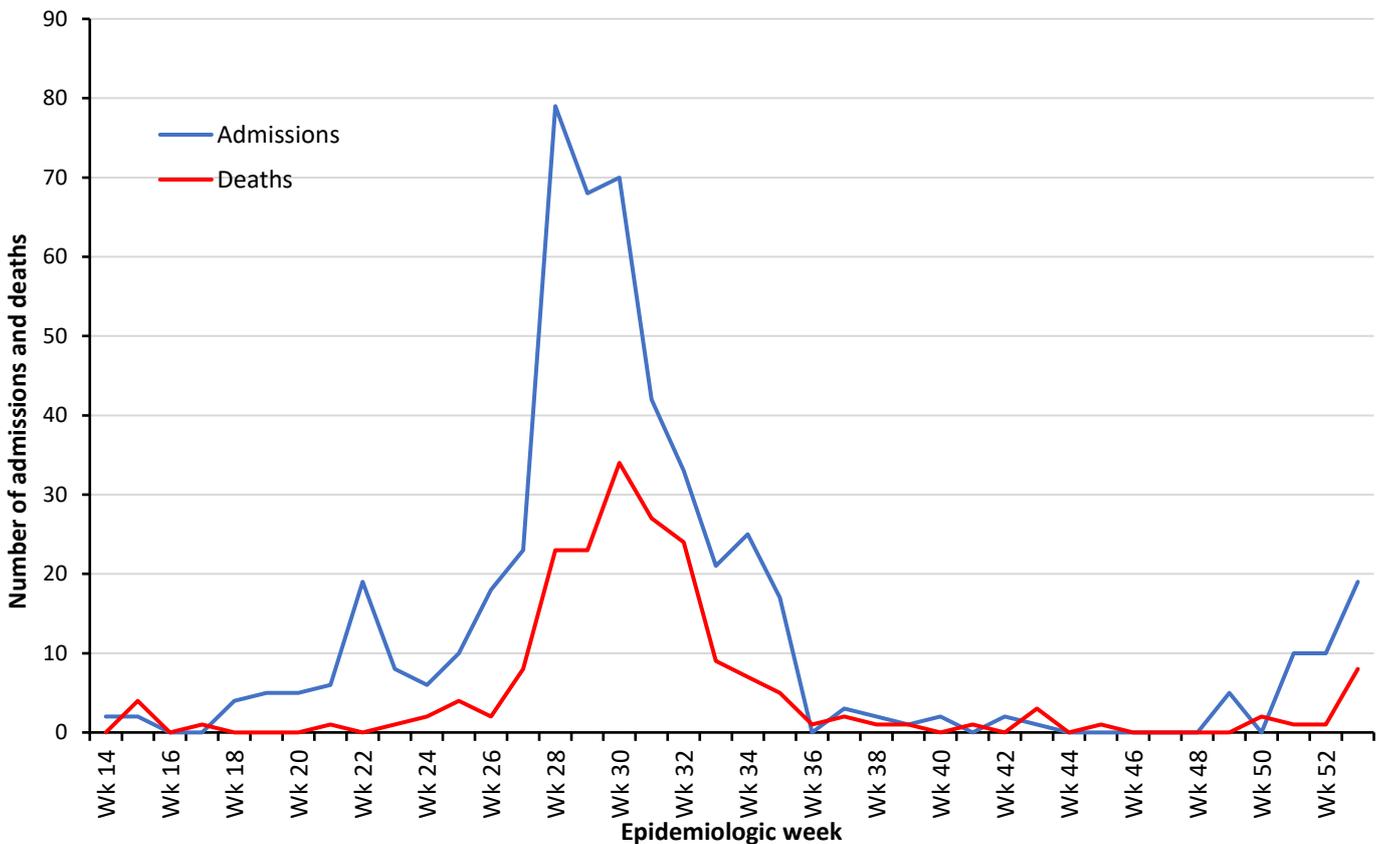


Figure 4: Number of admissions and deaths by epidemiologic week in Malawi as of 10 Jan 2021

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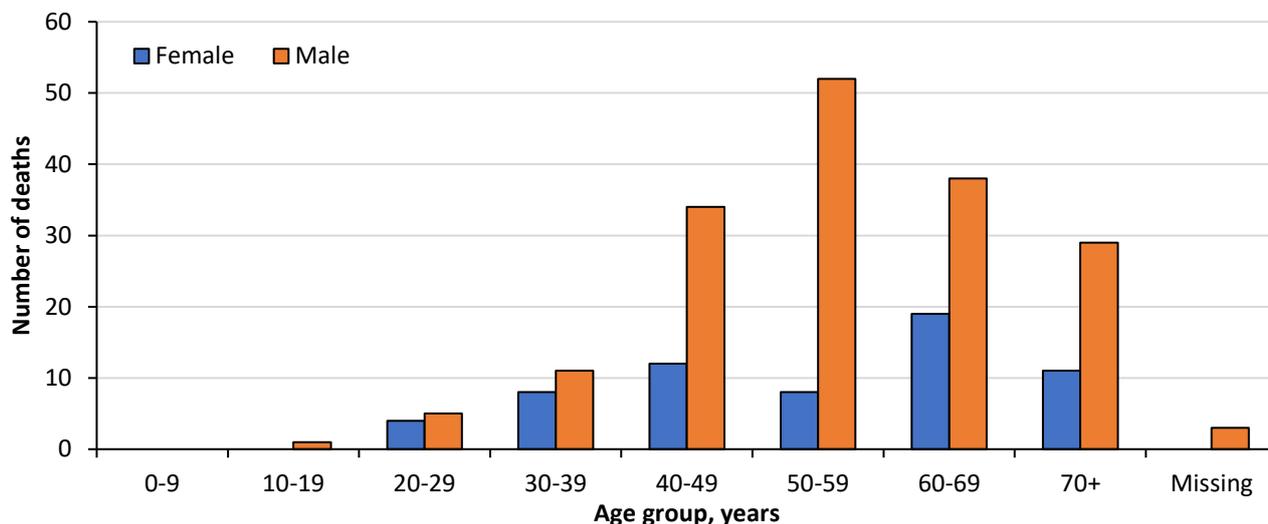


Figure 5: Age and sex distribution of COVID-19 cases and deaths in Malawi as of 10 Jan 2021

Summary of Prevention and Response Activities

Infection Prevention and Control

- Development of relevant preventive public health messages
- Mobilizing cloth masks for Public Use (Govt and partners funding)
- Enforcement of Preventive measures
- Revision of Protocols on HCWs Infection
- Dissemination of IPC WASH guidelines to all communities, institutions, and facilities

Risk communication and community engagement (RCCE)

- Continuation of the airing of “Osayidelera COVID-19” programs and “Together We Can Beat It” radio program
- Daily updates and monitoring of feedback
- Conducted the RCCE meeting where second wave RCCE response was the main agenda
- Drafting a communication plan for the COVID-19 vaccine
- Engagement of influential groups: the business community, minibus owners/drivers, community and religious leaders, truck owners
- The public can access the COVID-19 information by dialing *929#, 321 (Airtel), 54747, or by sending “hi” through WhatsApp to 0990 800 000, Facebook – Ministry of Health – Malawi, Twitter @health_malawi and website <https://covid19.health.gov.mw>

Coordination

To facilitate coordination and maintain focused efforts towards combating COVID-19 we hold routine and ad-hoc meetings:

- Presidential Task Force on COVID-9 was established and they meet weekly
- Weekly health cluster meetings
- The surveillance technical committee is meeting three times a week
- Public Health Emergency Operation Centre (PHEOC) is meeting three times a week
- Public Health Emergency Operation Centre is now running 24/7
- Incident Management System is now operational
- Integrating different data sources to the EOC dashboard (CCPF, Syndromic Surveillance, HTSS)
- Developing threshold alert levels of response

Case definitions

The case definitions are based on the current information available and may be revised as new information accumulates.

1. Suspect case

- a. A patient with a severe acute respiratory infection (FEVER¹ AND at least one sign/symptom of respiratory disease (e.g., cough, shortness breath includes other severe COVID symptoms), AND with no other etiology that fully explains the clinical presentation presenting to a health facility who may or may not require hospitalization.

OR

- b. Patients with acute respiratory illness (at least one sign/symptom of respiratory disease (e.g. sore throat, cough, difficulties in breathing, fever)) or other COVID-19 related symptoms (headache, fatigue, loss of smell and taste, diarrhea), AND with no other etiology that fully explains the clinical presentation² AND at least one of the following:
 - i. history of residence in an area reporting community transmission³ within Malawi or travel to or residence in a country, area, or territory reporting local transmission of COVID-19 during the 14 days before symptom onset

OR

- ii. is a health care worker or any person who has been working in an environment where COVID-19 cases are being managed
- c. A person, with or without acute respiratory illness, having been in contact⁴ with a confirmed or probable COVID-19 case, in the 2 days prior to 14 days after onset of symptoms of the confirmed or probable case\

2. Probable case

- a. A suspect case for whom testing for COVID-19 is inconclusive. Inconclusive being the result of the test reported by the laboratory

OR

- b. A suspect case for whom testing could not be performed for any reason⁵

3. Confirmed case

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms

4. COVID-19 death

COVID-19 death is defined for surveillance purposes as a death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case unless there is a clear alternative cause of death that cannot be related to COVID disease (e.g., trauma). There should be no period of complete recovery between illness and death.

¹ Fever includes both measured objectively and subjective from symptoms

² Clinicians should also be alert to the possibility of atypical presentations in patients who are immunocompromised

³ Community transmission within Malawi, areas updated according to the positivity rate determined from tests conducted. Refer to updated list

⁴ Contact is defined as:

- Providing direct care for COVID-19 patients, working with health care workers infected with coronavirus, visiting patients, or staying in the same close environment of a COVID-19 patient.
- Working together in close proximity or sharing the same classroom environment with a COVID-19 patient
- Traveling together in close proximity with a COVID-19 patient in any kind of conveyance
- Living in the same household as a COVID-19 patient
- Having attended a joint event of which patients with COVID-19 have been identified (meetings of different kinds where contact between participants is very likely) within a 14-day period after the onset of symptoms in the case under consideration

⁵ Sample for Laboratory confirmation will be collected from Suspect Case including DECEASED suspect cases or unexplained sudden death and persons that have been in contact with a confirmed case of COVID-19 and fit screening criteria for testing

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Classification of transmission patterns

No cases: Countries/territories/areas with no confirmed cases

Sporadic cases: Countries/territories/areas with one or more cases, imported or locally detected

Clusters of cases: Countries/territories/areas experiencing cases, clustered in time, geographic location, and/or by common exposures

Community transmission: Countries/area/territories experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to:

1. Large numbers of cases not linkable to transmission chains
2. Large numbers of cases from sentinel lab surveillance
3. Multiple unrelated clusters in several areas of the country/territory/area

Conclusion

In the past week, Malawi has recorded the highest number of new cases, new deaths, and new admissions since the start of the pandemic. This indicates that the virus is spreading rapidly and causing severe infections. A higher percentage of the new cases are being reported from high burden health districts of Blantyre and Lilongwe. Nationally, the weekly number of cases continues to increase compared to the preceding weeks.