

Highlights

- No new COVID-19 cases, no new deaths, and no new recoveries have been recorded in the past 24 hours.
- Cumulatively, Malawi has registered 63 (36 active cases) confirmed cases of COVID-19, 3 deaths, and 24 recoveries
- 1621 tests have been conducted to date in the nine testing sites across the country.
- 391 close contacts to COVID-19 confirmed cases have been tested to date
- 192 people transporting essential goods and services have entered the country in the past 24 hours

Background

On 31 December 2019, the World Health Organization (WHO) was alerted of several cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province of China. Later the disease was named Coronavirus disease-19 (COVID-19) and the virus was named Sars-Cov2. World Health Organization declared the COVID-19 outbreak a pandemic on 12th March 2020.

On 20 March 2020, COVID-19 was declared a national disaster in Malawi, and on 2 April 2020, Malawi registered the first cases of COVID-19. On 6 May 2020, the President of the Republic of Malawi appointed a Presidential Taskforce on COVID-19 that is co-chaired by Dr. John Phuka from the College of Medicine and Minister of Finance, Economic Planning, and Development.

Global situation

As of 13 May 2020, 4 170 424 (81 577 new) COVID-19 cases have been reported globally, including 287 399 (4 245 new) deaths. Out of these cases, 49 429 (2 600 new) cases and 1 500 (51 new) deaths are in Africa. **Table 1** below shows the number of reported cases and deaths in the countries that share boundaries with Malawi.

Table 1: Number of cases and deaths of COVID-19 in countries that share a boundary with Malawi

Country	Cumulative cases	New cases	Cumulative deaths	New deaths	Days since last reported case
Mozambique	104	1	0	0	0
Zambia	441	174	7	0	0
Tanzania	509	0	21	0	6



Local situation

No new confirmed COVID-19 cases, no new deaths, and no recoveries have been reported in the past 24 hours.

Cumulatively, Malawi has recorded 63 cases (26 in Lilongwe, 16 in Blantyre, 9 in Thyolo, 3 Mzuzu, 3 in Nkhatabay, 1 in Zomba, 1 in Chikwawa, 1 in Nkhotakota, 1 in Karonga, 1 in Mangochi and 1 in Mulanje) including 3 deaths (2 in Lilongwe and 1 in Blantyre). **Figure 1** is a map of Malawi showing the number of cases in each affected district. Of the 63 cases, 40 were locally transmitted while 21 were imported and 2 are still under investigation. Twenty-four of the total cases have now recovered (15 in Lilongwe, 6 in Blantyre, 1 in Chikwawa, 1 in Nkhotakota, and 1 in Zomba) bringing the total number of active cases to 36. The median age of the cases is 35 years, the youngest case is aged 6 years and the oldest is 75 years. **Table 3**, and **Figures 2, 3**, and **4** show a detailed breakdown of cases.

Currently, Malawi has officially closed all borders except three borders to allow transit of essential goods and services. In the past 24 hours, 192 personnel transporting essential goods and services entered Malawi. Active tracing and monitoring of contacts of confirmed COVID-19 are ongoing, currently, a total of 610 contacts of COVID-19 cases have been traced out of which 392 have been tested. **Table 2** below provides a summary statistics of surveillance activities.



Figure 1: Map of Malawi showing the affected districts

Table 2: Summary statistics for COVID-19 outbreak in Malawi as of 13 May 2020

Parameter	Statistic
Cumulative confirmed cases	63
Number of active cases	36
Number of cases with a positive result in the past 24 hours	0
Cumulative deaths	3
Cumulative recoveries	24
Suspected cases	1675
Cumulative specimen received by the lab	1675
Cumulative specimen tested	1621
Specimen received by the lab in the past 24 hours	87
Cumulative contacts listed and follow up (primary and secondary)	610
Contacts tested to date	392
Personnel transporting essential goods and services, PoEs* entries in the last 24 hours.	192
High-risk travellers on follow up at district level **	3035
Cumulative travellers completed 14 days follow up at district level	1890

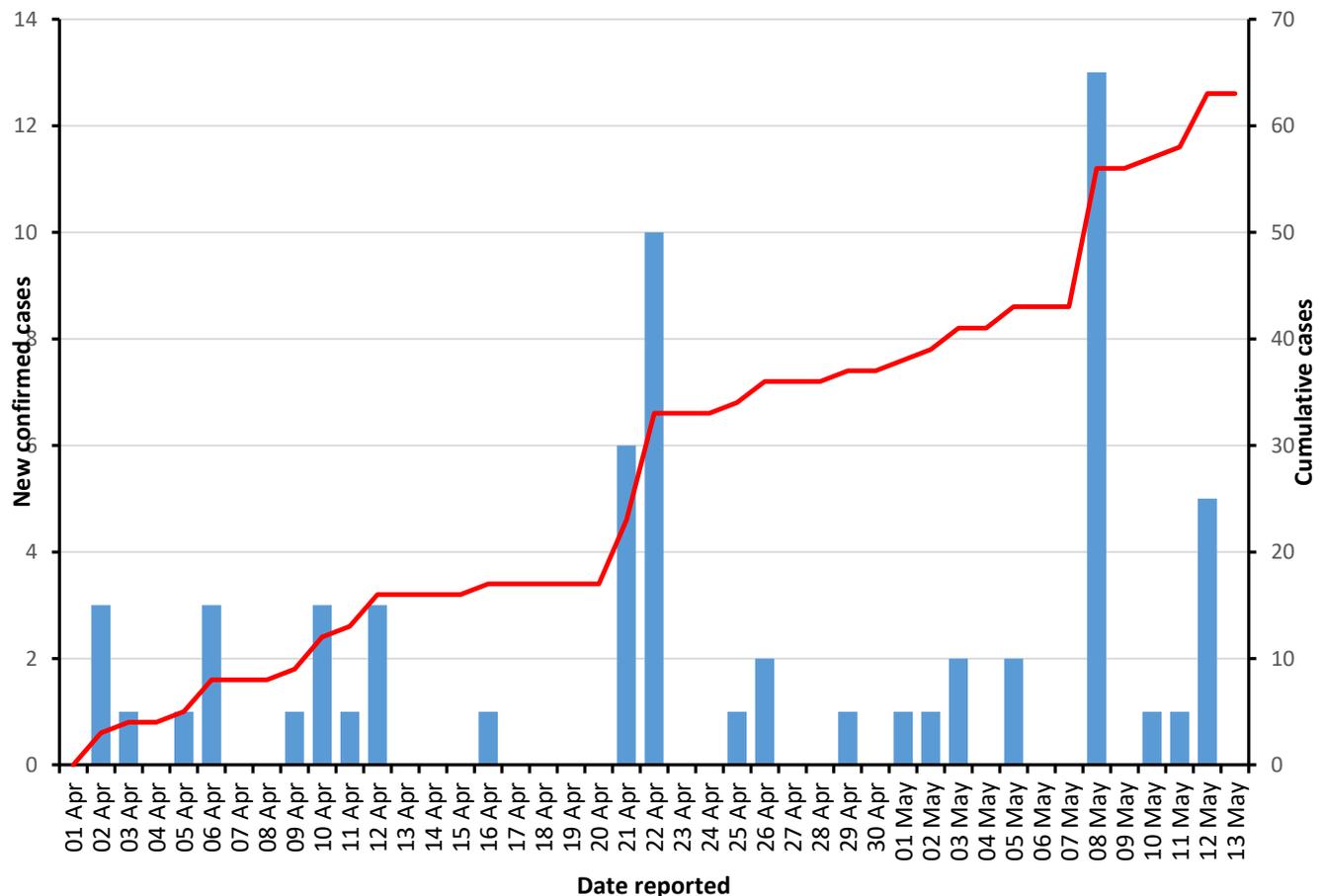
* Point of entry

**The number of high-risk travellers on follow up as district level is under-reported (few districts reported)

Table 3: Summary of COVID-19 cases reported countrywide as of 13 May 2020

Reporting District	Confirmed Cases		Deaths		Recoveries		Transmission Classification*			Days since last reported case
	New	Cumulative	New	Cumulative	New	Cumulative	Imported	Local	Under investigation	
Lilongwe	0	26	0	2	0	15	6	19	1	0
Blantyre	0	16	0	1	0	6	5	11	0	3
Thyolo	0	9	0	0	0	0	1	8	0	0
Mzuzu	0	3	0	0	0	0	1	2	0	9
Nkhatabay	0	3	0	0	0	0	3	0	0	0
Zomba	0	1	0	0	0	1	1	0	0	27
Chikwawa	0	1	0	0	0	1	1	0	0	30
Nkhotakota	0	1	0	0	0	1	1	0	0	28
Karonga	0	1	0	0	0	0	1	0	0	16
Mangochi	0	1	0	0	0	0	0	0	1	3
Mulanje	0	1	0	0	0	0	1	0	0	1
Total	0	63	0	3	0	24	21	40	2	

*Imported means that infection has been acquired from outside the country; Local transmission means that the source of infection is within the country; Under investigation means that the source of infection has not been determined

**Figure 2:** New and cumulative confirmed COVID-19 cases in Malawi by date reported as of 13 May

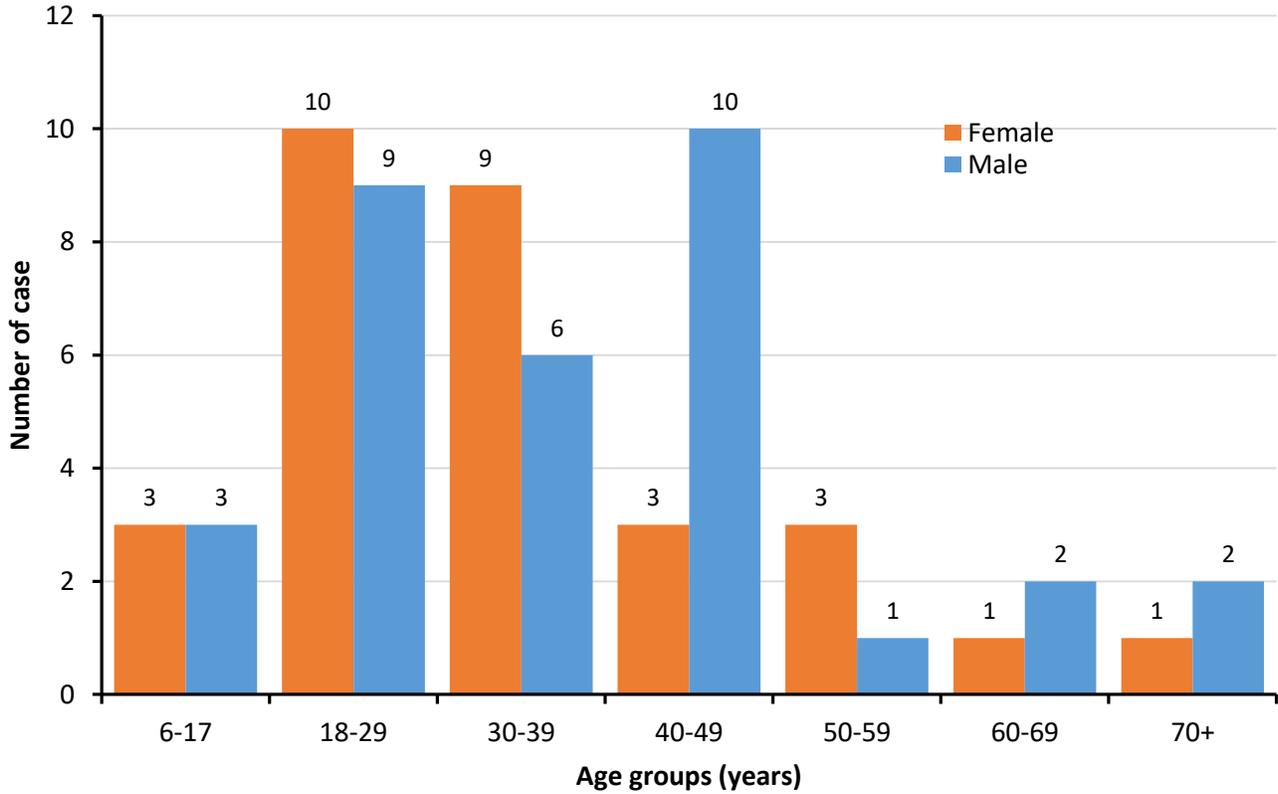


Figure 3: Age and sex distribution of COVID-19 cases in Malawi as of 13 May 2020

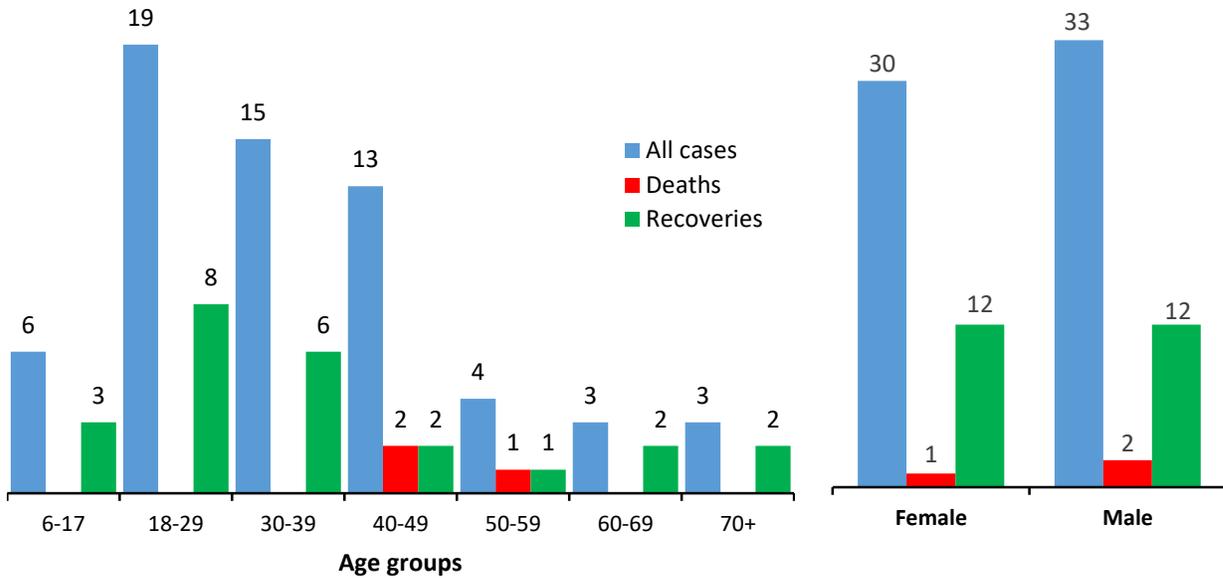


Figure 4: Distribution of COVID-19 cases, deaths and recoveries in Malawi as of 13 May 2020

Summary of Prevention and Response Activities

Laboratory testing

Currently, there are nine COVID-19 testing sites in the country; the National Health Reference laboratory (NHRL) in Lilongwe, College of Medicine (COM) laboratory, and Malawi Liverpool Wellcome Trust (MLW) in Blantyre, Mzuzu Central Hospital laboratory, Mzimba south district hospital laboratory, Balaka Dream laboratory in Balaka, Zomba Central Hospital laboratory, Thyolo district hospital laboratory and Nsanje district hospital laboratory. As of 13 May 2020, a total of 1621 samples have been tested, with 63 positive results and 54 pending results. **Table 4** below shows the breakdown of tests done by each laboratory.

Table 4: Laboratory testing for COVID-19 for Malawi, 13 May 2020.

Name of Laboratory	Cumulative samples	In the past 24hrs		Total		Result	
		Samples received	Samples tested	Tested	Pending	Positive	Negative
NHRL	534	15	29	534	0	27	507
COM	418	0	0	401	17	16	385
MLW	299	0	33	291	8	13	278
Mzuzu	132	8	8	127	5	7	120
Mzimba	170	17	17	153	0	0	153
Zomba	44	3	5	41	3	0	41
Balaka	46	31	31	45	1	0	45
Thyolo	31	13	13	28	3	0	28
Nsanje	1	0	0	1	0	0	1
Total	1675	87	136	1621	54	63	1558

Clinical case management

- 34 active cases are being managed as outpatients and are under self-isolation
- 2 cases are institutionalized
- Cumulatively 24 cases have now recovered and 3 have died
- 5 health care workers in Blantyre have tested positive

Enforcement and security

- Police and MDF deployed to provide border security patrols
- Road traffic police enforcing new seating capacity for public transportation
- Control of crowds in public and private service outlets (e.g. banks)
- Joint patrols on Lake Malawi (MDF and Immigration)
- Roadblocks mounted in strategic points across the country

Point of entry

- Monitoring personnel transporting essential goods and services
- All borders closed except 3 for essential personnel travel (e.g. petroleum services and other goods).



Logistics

- Deliveries to districts of supplies from UNICEF is done
- Deliveries to districts of supplies from Chinese donation in progress – besides the districts, this also accommodates Army, Prison, and Police

Risk communication and community engagement

- The national team deployed to northern region to strengthen district teams in community engagement and management of cases
- Continued airing of COVID-19 public service announcements on community and national radio stations.
- Daily press briefings on the evolving outbreak situation
- Daily updates through **ZODIAK radio**
- Set up interactive COVID-19 messages on **Airtel *929#**
- Production and printing of fact sheets, posters, leaflets, and roll-up banners.
- Push messages on Airtel and TNM in both English and Chichewa.
- Community awareness meetings in progress
- Develop messaging for public service announcements to suit the current measures on lockdown.
- Mobile van units for the distribution of information, education and communication materials in Lilongwe, Blantyre, and Mangochi

Coordination

In order 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 regularly
- Weekly health cluster meetings
- Weekly meetings of technical committees for the various response pillars
- Daily surveillance technical committee meetings
- Daily emergency operation center meetings
- Implementation of the national response plan

Case definitions

1. Suspect Case

- a. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g. cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset.
- b. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to symptom onset;

OR

- c. A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g. cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation

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 reason.



3. Confirmed Case

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

4. Definition of contact

- a. A primary contact is a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case:
- i. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
 - ii. Direct physical contact with a probable or confirmed case;
 - iii. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment

Note: for confirmed asymptomatic cases, the period of contact is measured as the 2 days before through the 14 days *after the date on which the sample was taken* which led to confirmation.

- b. A secondary contact is a person who was in contact with the primary contact or any contact which does not meet the definition of the primary contact.

5. 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.

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

The Ministry of Health and partners continue in its efforts to ensure the citizens are protected from the Coronavirus outbreak and that the country is able to detect and respond to any cases that may arise.

- Daily update dashboards can be accessed from <http://covid19.health.gov.mw/>
- Toll-free call line with Chipatala Cha Pa Foni (number: **54747**).

Prepared by: Epidemiology Unit, Public Health Institute of Malawi (PHIM), available on <http://malawipublichealth.org/>