

**QUICK
OUTLOOK**

1 June 2020


358

Confirmed cases

22 new cases

312 active cases

297 imported

55 local transmission

6 under investigation

66% male

32 (11.8) average age (SD),
years

42 recoveries

4 deaths

15 districts affected

5505 tests conducted

14 testing sites

Highlights

- 22 new COVID-19 cases, no new recoveries, and no new deaths have been recorded in the past 24 hours
- Cumulatively, the total number of COVID-19 cases in Malawi is 358, including 4 deaths, and 42 recoveries
- 5505 COVID-19 tests have been conducted to date
- 192 people 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, a Presidential Taskforce on COVID-19 was appointed.

Global situation

As of 1 June 2020, 6 057 853 (122 917 new) COVID-19 cases have been reported globally, including 371 166 (4 000 new) deaths. Out of these cases, 104 242 (3 632 new) cases and 2 638 (84 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	254	10	2	1	0
Zambia	1057	0	7	0	4
Tanzania	509	0	21	0	22

Local situation

In the past 24 hours, Malawi has registered 22 new COVID-19 cases, no new recoveries, and no new deaths. Of the new cases, 11 were identified among Malawian residents who were screened at Mwanza border as they were returning from South Africa. Eight new cases are from Blantyre of which 6 are health care workers. The other cases; 2 are from Lilongwe and 1 from Ntcheu and are all associated with travel.

Cumulatively, Malawi has recorded 358 cases including 4 deaths. **Figure 1** is a map of Malawi showing the number of cases in each affected district. Of the 358 cases, 297 are imported infections and 55 are locally transmitted while 6 are still under investigation. Forty-two of the total cases have now recovered bringing the total number of active cases to 312. The average age of the cases is 32 years, the youngest case is aged 1 year, the oldest is 75 years and 66% are male. **Table 3**, and **Figures 2, 3**, and **4** show detailed distributions of the cases.

Malawi has officially closed all borders except three borders to allow transit of essential goods and services. In the past 24 hours, 192 people have entered Malawi. Active tracing and monitoring of contacts of confirmed COVID-19 are ongoing, currently, a total of 694 contacts of COVID-19 cases have been traced out of which 463 have been tested. **Table 2** below provides a summary statistics of surveillance activities.

Recently, Malawi has been getting returning residents and deportees from other countries, mainly South Africa. Upon entry, they are tested for COVID-19, if positive they put under institutional isolation until safe transfer to their destination district has been arranged. The negatives are allowed to proceed to their destination for self-quarantine and follow up by respective district health authorities.

Table 2: Summary statistics for COVID-19 outbreak in Malawi to date

Parameter	Statistic
Cumulative confirmed cases	358
Number of active cases	312
Number of cases with a positive result in the past 24 hours	22
Cumulative deaths	4
Cumulative recoveries	42
Suspected cases	5688
Cumulative specimen received by the lab	5688
Cumulative specimen tested	5505
Specimen tested by the lab in the past 24 hours	299
Cumulative contacts listed and follow up	694
Contacts tested to date	463
PoEs* entries in the last 24 hours.	192
High-risk travellers on follow up at district level**	3161
Cumulative travellers completed 14 days follow up at district	1901

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

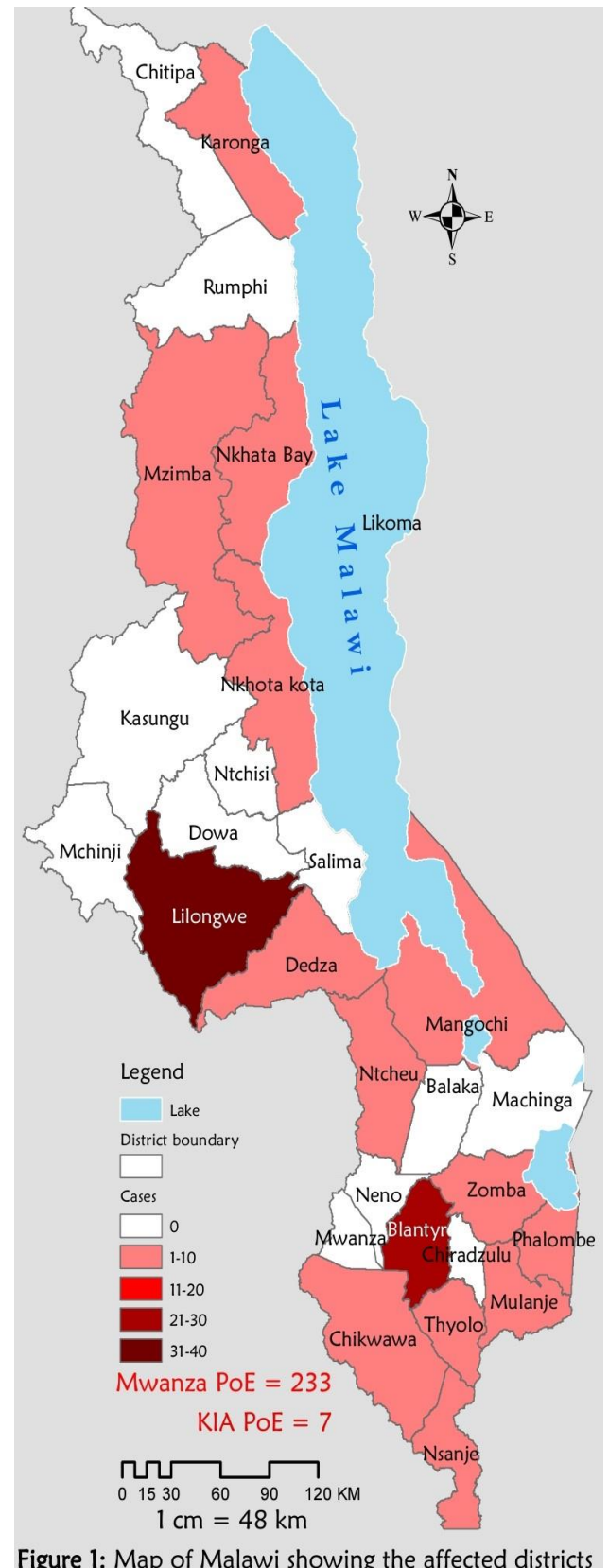


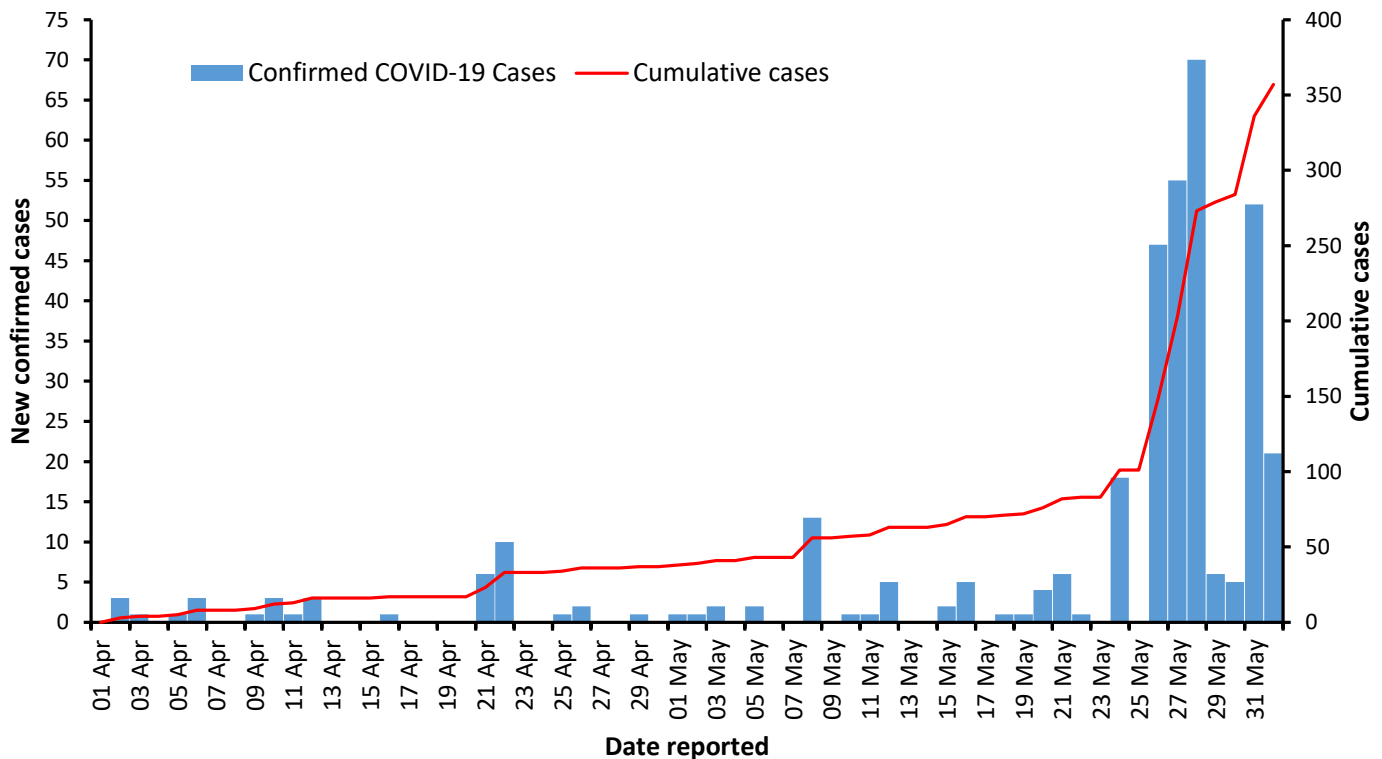
Figure 1: Map of Malawi showing the affected districts

Table 3: Summary of COVID-19 cases reported countrywide as of 1 June 2020

Reporting District	Confirmed Cases			Deaths		Recoveries		Transmission Classification**			Days since last reported case
	New	PoE TranOuts*	Total	New	Total	New	Total	Imported	Local	Under investigation	
Lilongwe	2	5	37	0	3	0	21	13	23	1	0
Blantyre	8	2	38	0	1	0	17	13	21	4	0
Thyolo	0	-	10	0	0	0	1	1	9	0	13
Mzuzu	0	-	5	0	0	0	0	3	2	0	2
Nkhata Bay	0	-	5	0	0	0	0	5	0	0	13
Zomba	0	3	5	0	0	0	1	4	0	1	13
Chikwawa	0	2	3	0	0	0	1	3	0	0	44
Nkhotakota	0	3	4	0	0	0	1	4	0	0	43
Karonga	0	-	2	0	0	0	0	2	0	0	6
Mangochi	0	-	1	0	0	0	0	1	0	0	18
Mulanje	0	-	1	0	0	0	0	1	0	0	16
Ntcheu	1	-	2	0	0	0	0	2	0	0	0
Phalombe	0	-	1	0	0	0	0	1	0	0	4
Nsanje	0	-	2	0	0	0	0	2	0	0	3
Dedza	0	1	2	0	0	0	0	2	0	0	1
Mwanza PoE	11	-	233	0	0	0	0	233	0	0	0
KIA PoE	0	-	7	0	0	0	0	7	0	0	2
Total	22	16	358	0	4	0	42	297	55	6	

**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; PoE, Point of Entry; KIA, Kamuzu International Airport

*Cases from PoE that have been traced by the district health authorities

**Figure 2:** New and cumulative confirmed COVID-19 cases in Malawi by date reported as of 1 June 2020

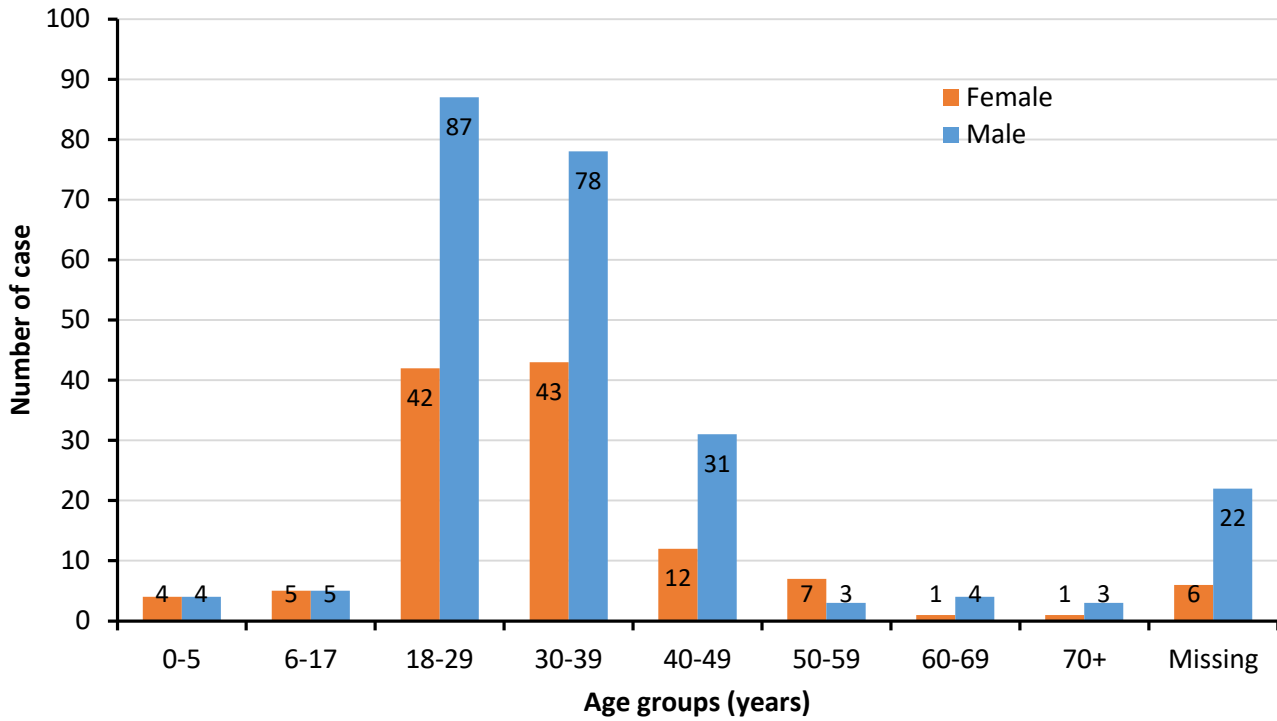


Figure 3: Age and sex distribution of COVID-19 cases in Malawi as of 1 June 2020

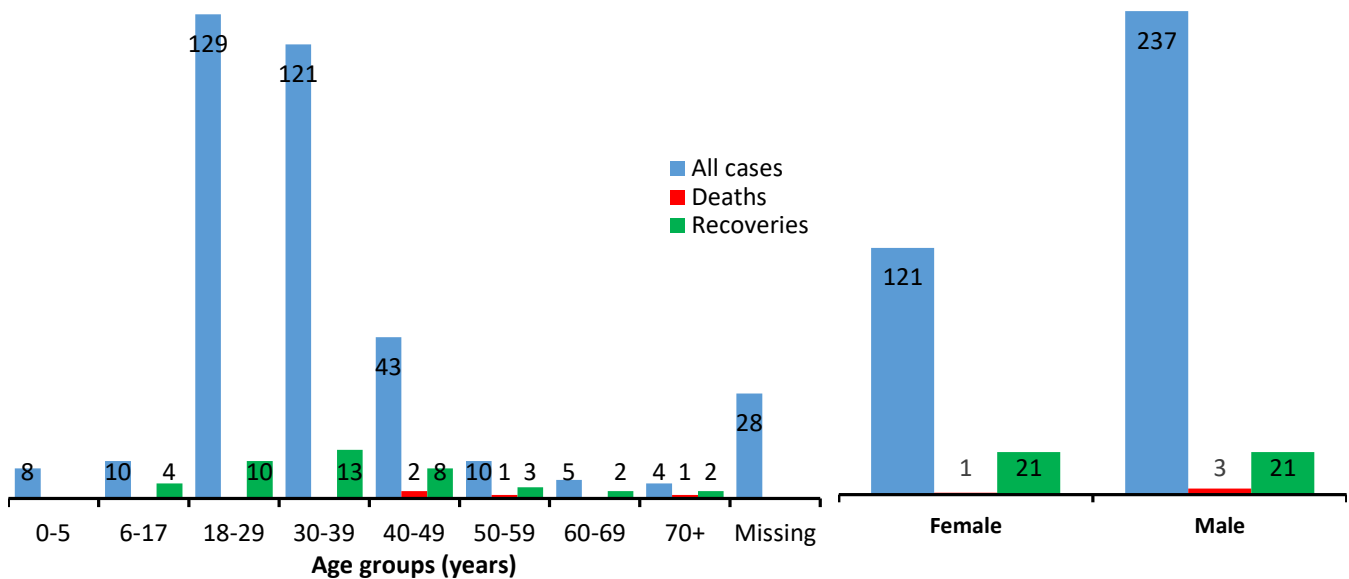


Figure 4: Distribution of COVID-19 cases, deaths and recoveries in Malawi as of 1 June 2020

Summary of Prevention and Response Activities

Laboratory testing

Fourteen laboratories in the country have the capacity to confirm COVID-19. The laboratories are Kamuzu Central Hospital laboratory (KCH), Partners in Hope (PIH) National Health Reference laboratory (NHRL), College of Medicine (COM) laboratory, Malawi Liverpool Wellcome Trust (MLW), Mzuzu Central Hospital laboratory, Mzimba south district hospital laboratory, Balaka Dream laboratory, Zomba Central Hospital laboratory, Thyolo district hospital laboratory, Nsanje district hospital laboratory, Queen Elizabeth Central Hospital laboratory, Blantyre Dream laboratory and Chilumba MEIRU laboratory. As of 1 June 2020, a total of 5505 samples have been tested, with 358 positive results, 122 pending results and 75 to be re-tested. **Table 4** below shows the breakdown of tests done by each laboratory.

Table 4: Laboratory testing for COVID-19 for Malawi as of 1 June 2020

Name of Laboratory	Cumulative samples	In the past 24hrs		Total		Result		
		Samples received	Samples tested	Tested	Pending	Indeterminate	Positive	Negative
NHRL	1024	27	18	1015	9	0	44	971
COM	1575	0	0	1532	1	42	70	1420
MLW	541	0	0	536	5	14	31	491
Mzuzu	226	0	0	225	1	0	12	213
Mzimba	403	21	0	381	22	0	0	381
Zomba	172	0	0	172	0	0	12	160
Balaka	96	7	7	94	2	0	1	93
Thyolo	100	0	0	94	2	4	3	87
Nsanje	22	12	0	14	7	1	2	11
QECH	668	0	87	655	0	13	90	552
Dream BT	659	0	134	637	22	0	93	544
KCH	101	0	0	49	51	1	0	48
PIH	79	0	51	79	0	0	0	79
Chilumba	22	2	2	22	0	0	0	22
Total	5688	69	299	5505	122	75	358	5072

Clinical case management

- 235 of the cases identified from Mwanza point of entry are being traced
- 6 cases from Mwanza point of entry, 2 cases from the deportees, and 2 other cases are under institutional isolation
- 5 cases identified at KIA are under self-isolation
- 58 active cases are being managed as outpatients and are under self-isolation
- Cumulatively 42 cases have now recovered and 4 have died

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).
- Extra laboratory staff deployed to Mwanza to support sample collection for citizens repatriated from other countries



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 public can access the COVID-19 information by dialing *929#, 321 (Airtel), 54747, or by sending “hi” through WhatsApp to 0990 800 000.
- Information is also available on official Ministry of Health pages; Facebook – Ministry of Health – Malawi, Twitter @health_malawi and website <https://covid19.health.gov.mw>
- Continuous community engagement both at the national and district level through different platforms
- Continued airing of COVID-19 public service announcements on community radios, national radio, and TV stations.
- Daily COVID-19 situation updates to the public through different channels
- Production and printing of fact sheets, posters, leaflets, and roll-up banners. Revised communication products finalized and ready for printing
- Push messages on Airtel and TNM in both English and Chichewa.
- Daily press conferences to give updates on COVID-19 in the country
- Interface meetings with communities using mobile van units in all the districts in the country

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
- The orientation of district public health emergency management committees in all districts

Case definitions

1. Suspect Case

- 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.
- 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

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

2. Probable case

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

OR

- 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

Confirmed COVID-19 cases are steadily increasing since the first three cases of COVID-19 were confirmed on 2 April 2020. This has also been compounded by the inflow of Malawian residents returning from South Africa. 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
<https://malawipublichealth.org/index.php/resources/covid-19-daily-updates/detail>