Dear Colleagues,

It is with great pleasure that we welcome you to the second edition of our newsletter. We have seen it fit that we change the release of the PHIM Newsletter to quarterly from bi-annual so that we share with you timely updates of the activities of the Public Health Institute of Malawi (PHIM).

These are exciting times for PHIM when it has welcomed new leadership team based at the institute full time. Dr Mathews Kagoli takes over from Dr Ben Chilima as Team Leader and Dr Evelyn Chitsa Banda deputises him.

With full time leadership, PHIM will efficiently deliver its mandate of providing national leadership in surveillance, research, prevention and control of diseases of major public health importance.

More importantly, this leadership with support from the entire team at PHIM and the Management of the Ministry of Health and Population will steer the institution towards becoming a legal entity.

In addition to the above, in this first quarter of 2018, PHIM conducted a Case Control Study in Karonga during the Cholera outbreak, supported in the prevention and control of the cholera outbreak in the 13 affected districts, reviewed the PHIM Bill and conducted Integrated Disease Surveillance and Response (IDSR) trainings.

For more updates, visit our website www.malawipublichealth.org

Enjoy your reading....
PHIM Conducts IDSR trainings

The Public Health Institute of Malawi (PHIM) with funding from the Norwegian Institute of Public Health (NIPH) through Norwegian Church Aid (NCA) conducted Integrated Disease Surveillance and Response (IDSR) trainings in the country. The coming in of the new IDSR Technical Guidelines necessitated the training to enlighten and highlight the changes as well as discuss how best surveillance can be improved in the districts. The trainings also looked at how best coordination of surveillance between districts can be improved, which will all eventually translate into improved national disease surveillance.

The first training covered all district health offices from the Northern Region with at least four people from each district and the second training had representation from some districts in the central as well as southern regions.

PHIM Surveillance Officer, Grace Funsani said there have been challenges in surveillance and reporting in the country and the trainings expected to find solutions but also act as a refresher course for the staff present.

'We have deliberately brought together people from medical, laboratory, nursing, environmental with the purpose of improving surveillance coordination among teams at district level. We also looked at how best districts can work with neighbouring districts on surveillance. This will eventually lead to improved national surveillance and response. We have discussed which diseases need to be reported immediately and everything else that has to do with disease surveillance and reporting in the country.'

In addition, participants were taken through International Health Regulations (IHR), case identification, data analysis and interpretation, investigation and case confirmation, suspected outbreaks and other events of public health interest.

Karonga, which has been hardly hit by cholera, was able to share practical examples with the other districts on how IDSR data has helped them fight against the disease. Among the changes in the new IDSR Technical Guidelines is the shift from a few diseases to all public health issues, from pre-set measures to adopted measures, and from control of borders to containment.
Stakeholders review PHIM Bill

On 27 February, the Public Health Institute of Malawi (PHIM) with support from the US Centres for Disease Control and Prevention (CDC) through the International Training and Education Centre for Health (I-TECH) Malawi held a meeting at Lilongwe Hotel to review the PHIM ACT.

ITECH Malawi is supporting PHIM in its goal to become a legal entity and to do this there is need for parliament to pass the Bill. The Bill was drafted and at this meeting, stakeholders had the opportunity to review, make comments, additions and edits. The Bill has now been presented to PHIM leadership, awaiting their comments before it is taken to the Ministry of Health Management for sign off.

The meeting was attended by staff from the Public Health Institute of Malawi (PHIM), College of Medicine, Malawi College of Nursing, Ministry of Agriculture, the Planning department of the Malawi government and the Chancellor College just to mention a few.

Introducing new PHIM Management

It is with great pleasure that we introduce to you the new leadership for the Public Health Institute of Malawi (PHIM). Dr Mathew Kagoli, who was head of the Epidemiology Unit, has taken over from Dr Ben Chilima as PHIM Team Leader and Dr Evelyn Chitsa Banda who was the Central West Zone Supervisor has come in as Deputy Team Leader.

Having full time leadership at PHIM means efficient delivery of its mandate and projects while the leadership works together with the Ministry of Health towards the goal of making it into a statutory corporation.

Dr E.C Banda said she is very excited about her new role and is looking forward to making PHIM one of the best public health institutes in Africa.

‘This is challenging but also exciting. I look forward to going down in history as one of those that led in steering PHIM into an independent organisation.’
Ministry of Health and Population Services joined other countries in Tbilisi, Georgia at the Accelerating Progress in the Real-Time Bio-surveillance Action Package of Global Health Security Agenda (GHSA) meeting, which ran from 26 to 28 March.

Amongst the many objectives of the meeting was the need to strengthen partners with GHSA as well as contributing countries with the real-time surveillance Action package; engage and strengthen collaborations with non-governmental organizations and international partners as well as exchange best practices and experiences in relevant areas.

Malawi was represented by Setiyala Kanyanda from PHIM-MoH and Marvin Phonela representing the Ministry of Agriculture – Department of Animal Health, Liwonde ADD. Kanyanda had this to say about the meeting: ‘The meeting was well attended and very successful. It highlighted the importance of Real-Time Bio-surveillance Action Package of the Global Health Security Agenda (GHSA) in achieving Global Health Security. The linking of the laboratory in the real-time bio-surveillance was seen to be key in facilitating response to managing disease outbreaks. ‘It was observed that the efforts that countries make in improving their disease surveillance systems both by the human and animal health sectors basically contribute to the global health security.’

It is following this that the two have the following as action points from the meeting: Malawi needs to devise methodologies that can facilitate inter-sector information sharing even at lower levels; under one health, there is need for sectors to work together on laboratory resources; the animal health sector needs to find ways of moving into electronic surveillance system which is effective and sustainable; and finally as sector representatives, we expressed willingness to take part in Joint Risk Assessment (JRA), proposed by FAO as part of the piloting countries for one health approach.

The Norwegian Institute of Public Health (NIPH) through Norwegian Church Aid (NCA) provided logistical support to the Malawi team.
The second and final phase of the Karonga Oral Cholera Vaccine (OCV) was administered in March this year. The exercise started on 12th March and ended on 16th March 2018. OCV is administered in two phases and the first dose was administered between 19 and 23 February.

While the cumulative cases were on the increase, a number of districts were reporting zero by the end of the first quarter of the year and the cases have remained active in Lilongwe, Salima and Karonga.

The outbreak received overwhelming support from development partners and other arms of government who together worked tirelessly to curb the outbreak. Amongst the most notable is the support that came from UNICEF, World Health Organisation, Tilitonse, US Centres for Disease Control and Prevention (CDC) Norwegian Institute of Public Health (NIPH) through the Norwegian Church Aid (NCA) and Tilitonse.

Current interventions include intensified surveillance, mentorship of staff working in camps. Mass pot to pot chlorination of cholera hotspots, investigation of all cases to identify exposures and establish potential sources of infection, targeted sensitisations campaigns as well as case management in all camps.

Community members in line to receive the vaccine

A girl in Karonga taking her dose of the OCV

Karonga completes OCV campaign

The cholera outbreak which was first reported on 24 November last year in Karonga district, spilled over to the first quarter of 2018. As at 30th March 869 cumulative cases had been reported in the 13 affected districts, with 27 deaths of which 15 were facility deaths and the remaining 12 were community deaths.

Other districts affected include Kasungu, Dowa, Nkhotakota, Lilongwe, Salima, Dedza, Nsanje, Chikwawa, Likoma, Nkhotakota, Mulanje and Blantyre.

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Minister of Health and Population Services, Atupele Muluzi said the country is alert and monitoring the outbreak of Listeriosis in neighbouring South Africa. Following which he ordered that 23 processed meat products from concerned companies in South Africa be removed from shelves in all Malawian shops.

The Competition and Fair Trading Commission (CFTC) conducted an inspection of products produced by Enterprise Food and RCL Ltd after their products were recalled in South Africa following their production plants were found to be infected.

Listeriosis is an infection caused by listeria bacteria. It can cause severe illness including sepsis and meningitis and can also cause abortions and stillbirths in pregnant women. Listeriosis is transmitted through eating and drinking contaminated foods and fluids. The listeria bacteria is commonly found in cold meats, dairy products, fruits and vegetables.

In South Africa, the outbreak has affected 900 people and claimed 180 lives. So far, no case has been reported in Malawi.

‘I can report that 23 processed meat products from the concerned companies were found. They include polony, viennas, sausages, cold meats and cheeses. These products have since been removed from the shelves dispose of accordingly.’

In addition to the above measures, government has since banned the importation, distribution and consumption of processed meat products produced by Tiger Brands Unit-Enterprise Foods and RCL Ltd from SA.

The Ministry of Health and Population together with the Ministry of Agriculture, Irrigation and Water Development, Ministry of Industry, Trade and Tourism, Malawi Bureau of Standards (MBS) and CFTC are working tirelessly to increase the awareness of Listeriosis and put measures to prevent any cases in the country.

Symptoms of Listeriosis include fever, muscle aches, nausea, diarrhoea, headaches, loss of balance and stiff neck. Should you experience any of the mentioned signs and symptoms please seek medical attention immediately.