Malawi COVID-19 Situation Report

Highlights

- Mzimba south district hospital laboratory has been set up as a testing center for COVID-19 bringing a total of 5 laboratories in the country that have the capacity to test COVID-19
- One recovery, no new confirmed case, and no new death was recorded in the past 24 hours
- Cumulatively, Malawi has registered 36 confirmed cases of COVID-19 (28 active cases), 3 deaths, and 5 recoveries
- 2 cases from Blantyre tested positive again on 14th day follow up laboratory test
- 703 laboratory tests have been conducted to date
- 189 close contacts to COVID-19 confirmed cases have been tested to date
- 7058 high-risk travellers have entered the country through formal borders to date
- 146 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, we registered our first cases of COVID-19. His Excellency the President of the Republic of Malawi, Prof. Arthur Peter Mutharika gave a press briefing to inform the nation.

Global situation

As of 27 April 2020, WHO reported 2,878,196 (85,530 new) confirmed COVID-19 cases, 198,668 (4,982 new) deaths, a case fatality rate of 6.90%.

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Cumulative cases</th>
<th>New cases</th>
<th>Cumulative deaths</th>
<th>New deaths</th>
<th>Days since last reported case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mozambique</td>
<td>76</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Zambia</td>
<td>88</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tanzania</td>
<td>300</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

Local situation

Malawi has reported 1 recovery, no new case and no new death in the past 24 hours.

Malawi has so far registered a total of 36 cases (9 from Blantyre, 23 from Lilongwe, 1 from Zomba, 1 from Chikwawa, 1 from Nkhotakota and 1 from Karonga) as well as 3 deaths (1 from Blantyre and 2 from Lilongwe). Five cases have now recovered (3 from Lilongwe, 1 from Chikwawa and 1 from Blantyre) which brings the total number of active cases to 28.

To date, a total of 7058 high-risk travellers have entered the country and are being monitored out of which 1876 have been discharged after completing the 14-day mandatory self-quarantine. Currently, only three borders are still open to allow transit of essential goods and services, in the past 24 hours 146 personnel transporting essential goods and services entered Malawi. Active tracing and monitoring of contacts of confirmed COVID-19 is ongoing, currently, a total of 439 contacts of COVID-19 cases have been traced out of which 185 have been tested. Table 1 below provides a summary

Table 2: Summary statistics for COVID-19 outbreak in Malawi as of 27 April 2020

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumulative confirmed cases</td>
<td>36</td>
</tr>
<tr>
<td>Number of active cases</td>
<td>28</td>
</tr>
<tr>
<td>Number of cases with a positive result in the past 24 hours</td>
<td>0</td>
</tr>
<tr>
<td>Cumulative deaths</td>
<td>3</td>
</tr>
<tr>
<td>Cumulative recoveries</td>
<td>5</td>
</tr>
<tr>
<td>Suspected cases</td>
<td>718</td>
</tr>
<tr>
<td>Cumulative specimen received by the lab</td>
<td>718</td>
</tr>
<tr>
<td>Cumulative specimen tested</td>
<td>703</td>
</tr>
<tr>
<td>Specimen received by the lab in the past 24 hours</td>
<td>16</td>
</tr>
<tr>
<td>Cumulative contacts listed and follow up(primary and secondary)</td>
<td>439</td>
</tr>
<tr>
<td>Contacts tested to date</td>
<td>189</td>
</tr>
<tr>
<td>Personnel transporting essential goods and services, PoEs* entries in the last 24 hours</td>
<td>146</td>
</tr>
<tr>
<td>Travellers intercepted and repatriated in the past 24 hours</td>
<td>0</td>
</tr>
<tr>
<td>Cumulative high-risk traveller entries at Points of entry</td>
<td>7058</td>
</tr>
<tr>
<td>High-risk travellers on follow up at district level **</td>
<td>3008</td>
</tr>
<tr>
<td>Cumulative travellers completed 14 days follow up at district level</td>
<td>1876</td>
</tr>
</tbody>
</table>

* 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 27 April 2020

<table>
<thead>
<tr>
<th>Reporting District</th>
<th>Confirmed Cases</th>
<th>Deaths</th>
<th>Recoveries</th>
<th>Transmission Classification</th>
<th>Days since last reported case</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>New Cumulative</td>
<td>New Cumulative</td>
<td>New Cumulative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lilongwe</td>
<td>0 23</td>
<td>0 2</td>
<td>0 3</td>
<td>5 Imported 18 Local</td>
<td>1</td>
</tr>
<tr>
<td>Blantyre</td>
<td>0 9</td>
<td>0 1</td>
<td>1 1</td>
<td>3 Imported 6 Local</td>
<td>1</td>
</tr>
<tr>
<td>Zomba</td>
<td>0 1</td>
<td>0 0</td>
<td>0 0</td>
<td>1 Imported</td>
<td>13</td>
</tr>
<tr>
<td>Chikwawa</td>
<td>0 1</td>
<td>0 0</td>
<td>0 1</td>
<td>1 Imported</td>
<td>16</td>
</tr>
<tr>
<td>Nkhotakota</td>
<td>0 1</td>
<td>0 0</td>
<td>0 0</td>
<td>1 Imported</td>
<td>14</td>
</tr>
<tr>
<td>Karonga</td>
<td>0 1</td>
<td>0 0</td>
<td>0 1</td>
<td>1 Imported</td>
<td>2</td>
</tr>
</tbody>
</table>

Figure 1: Age and sex distribution of COVID-19 cases in Malawi as of 27 April 2020

Figure 2: Epi-curve of COVID-19 confirmed cases, deaths and recoveries in Malawi as of 27 April 2020
The number of travellers have gone down since the close of our borders and restriction of travel to essential goods and services.

Laboratory testing

Mzimba south district hospital laboratory has been commissioned as a testing center for COVID-19 which brings a total of five laboratories testing COVID-19 in the country. The other four are the National Health Reference laboratory (NHRL) in Lilongwe, College of Medicine (COM) laboratory, and Malawi Liverpool Wellcome Trust (MLW) in Blantyre, and Mzuzu Central Hospital laboratory in Mzuzu. As of 27 April 2020, a total of 703 samples have been tested, with 36 positive results and 15 pending results. Table 2 shows the breakdown of tests done by each laboratory.

**Table 4:** Laboratory testing for COVID-19 for Malawi, 27 April 2020.

<table>
<thead>
<tr>
<th>Name of Laboratory</th>
<th>Cumulative samples</th>
<th>In the past 24hrs</th>
<th>Total</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Samples received</td>
<td>Samples tested</td>
<td>Tested</td>
</tr>
<tr>
<td>NHRL</td>
<td>269</td>
<td>13</td>
<td>12</td>
<td>268</td>
</tr>
<tr>
<td>COM</td>
<td>223</td>
<td>0</td>
<td>0</td>
<td>210</td>
</tr>
<tr>
<td>MLW</td>
<td>171</td>
<td>3</td>
<td>2</td>
<td>170</td>
</tr>
<tr>
<td>Mzuzu</td>
<td>55</td>
<td>0</td>
<td>0</td>
<td>55</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>718</strong></td>
<td><strong>16</strong></td>
<td><strong>14</strong></td>
<td><strong>703</strong></td>
</tr>
</tbody>
</table>

**Figure 3:** Daily entries through Malawi borders as of 27 April 2020*

*The number of travellers have gone down since the close of our borders and restriction of travel to essential goods and services.
Clinical case management

- 26 active cases are being managed as outpatients and are under self-isolation
- 1 patient has comorbidities but is stable and under self-isolation
- 2 asymptomatic cases have been institutionalized due to security reasons
- 5 cases have now recovered and 3 deaths have been recorded
- 2 cases from Blantyre tested positive again on 14th day follow up laboratory test
- Current clinical case management training is underway in all districts
- 20 ventilators deployed to the central hospitals for tertiary care of COVID-19 critical cases

Enforcement and security

- Police deployed to provide border security patrols
- MDF and Police ready to enforce lockdown measures
- 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

- 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 *919#
- 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.
- 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:

- Established a special cabinet committee on COVID-9 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.
- 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/](http://malawipublichealth.org/)*