45 QUICK OUTLOOK
9 May 2020
56
Confirmed cases
0 new cases
39 active cases
17 Imported
1 under investigation
38 Local transmission
29 Males 27 Females
Median age (range) 34.5 (6-75) years
14 recoveries
3 deaths
9 Districts affected
1287 tests conducted
9 testing sites

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 56 confirmed cases of COVID-19 (39 active cases), 3 deaths, and 14 recoveries
- 1287 tests have been conducted to date
- 315 close contacts to COVID-19 confirmed cases have been tested to date
- 205 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. His Excellency the President of the Republic of Malawi, Prof. Arthur Peter Mutharika gave a press briefing to inform the nation. On 6 May 2020, the President of the Republic of Malawi appointed a Presidential Taskforce on COVID-19 which replaced the Special Cabinet Committee on COVID-19. The task force is co-chaired by Dr. John Phuka from the College of Medicine and Minister of Finance, Economic Planning, and Development.

Global situation
As of 09 May 2020, WHO reported that 3 855 788 cases of COVID-19 (95 845 new) have been reported globally, including 265 862 deaths (6388 new). Out of these cases, 40 544 cases (2851 new) are from Africa; the five countries reporting most cases are South Africa (8 895), Egypt (8 476), Morocco (5 711), Algeria (5 369) and Ghana (4 012). In terms of deaths, 2 155 deaths have been reported in Africa; the five countries reporting most deaths are Egypt (503), Algeria (488), Morocco (186), South Africa (178), and Nigeria (117). 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

<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>82</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Zambia</td>
<td>252</td>
<td>85</td>
<td>7</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Tanzania</td>
<td>509</td>
<td>0</td>
<td>21</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

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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 56 cases (24 in Lilongwe, 16 in Blantyre, 8 in Thyolo, 3 Mzuzu, 1 in Zomba, 1 in Chikwawa, 1 in Nkhotakota, 1 in Karonga, and 1 in Mangochi) 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 56 cases, 28 were locally transmitted while 17 were imported and 1 is still under investigation. Fourteen of the total cases have now recovered (6 in Blantyre, 5 in Lilongwe, 1 in Chikwawa, 1 in Nkhotakota and 1 in Zomba) bringing the total number of active cases to 39. The median age of the cases is 34.5 years with the youngest aged 6 years and the oldest 75 years, and 29 are male. 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, 205 personnel transporting essential goods and services entered Malawi. Active tracing and monitoring of contacts of confirmed COVID-19 are ongoing, currently, a total of 574 contacts of COVID-19 cases have been traced out of which 315 have been tested. Table 2 below provides a summary statistics of surveillance activities.

![Figure 1: Map of Malawi showing the number of cases per affected districts](image)

**Table 2**: Summary statistics for COVID-19 outbreak in Malawi as of 9 May 2020

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumulative confirmed cases</td>
<td>56</td>
</tr>
<tr>
<td>Number of active cases</td>
<td>39</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>14</td>
</tr>
<tr>
<td>Suspected cases</td>
<td>1334</td>
</tr>
<tr>
<td>Cumulative specimen received by the lab</td>
<td>1334</td>
</tr>
<tr>
<td>Cumulative specimen tested</td>
<td>1287</td>
</tr>
<tr>
<td>Specimen received by the lab in the past 24 hours</td>
<td>65</td>
</tr>
<tr>
<td>Cumulative contacts listed and follow up( primary and secondary)</td>
<td>574</td>
</tr>
<tr>
<td>Contacts tested to date</td>
<td>315</td>
</tr>
<tr>
<td>Personnel transporting essential goods and services, PoEs* entries in the last 24 hours.</td>
<td>205</td>
</tr>
<tr>
<td>Travellers intercepted and repatriated in the past 24 hours</td>
<td>0</td>
</tr>
<tr>
<td>High-risk travellers on follow up at district level **</td>
<td>3032</td>
</tr>
<tr>
<td>Cumulative travellers completed 14 days follow up at district level</td>
<td>1890</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 9 May 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 24</td>
<td>0 2</td>
<td>0 5</td>
<td>6 Imported 18 Local</td>
<td>4</td>
</tr>
<tr>
<td>Blantyre</td>
<td>0 16</td>
<td>0 1</td>
<td>0 6</td>
<td>5 Imported 11 Local</td>
<td>1</td>
</tr>
<tr>
<td>Thyolo</td>
<td>0 8</td>
<td>0 0</td>
<td>0 0</td>
<td>1 Imported 7 Local</td>
<td>1</td>
</tr>
<tr>
<td>Mzuzu</td>
<td>0 3</td>
<td>0 0</td>
<td>0 0</td>
<td>1 Imported 2 Local</td>
<td>7</td>
</tr>
<tr>
<td>Zomba</td>
<td>0 1</td>
<td>0 0</td>
<td>0 1</td>
<td>1 Imported</td>
<td>25</td>
</tr>
<tr>
<td>Chikwawa</td>
<td>0 1</td>
<td>0 0</td>
<td>0 1</td>
<td>1 Imported</td>
<td>28</td>
</tr>
<tr>
<td>Nkhotakota</td>
<td>0 1</td>
<td>0 0</td>
<td>0 1</td>
<td>1 Imported</td>
<td>26</td>
</tr>
<tr>
<td>Karonga</td>
<td>0 1</td>
<td>0 0</td>
<td>0 0</td>
<td>1 Imported</td>
<td>14</td>
</tr>
<tr>
<td>Mangochi</td>
<td>0 1</td>
<td>0 0</td>
<td>0 0</td>
<td>1 Under investigation</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>0 56</td>
<td>0 3</td>
<td>0 14</td>
<td>1 Under investigation 17 Imported 38 Local</td>
<td></td>
</tr>
</tbody>
</table>

Figure 2: New and cumulative confirmed COVID-19 cases in Malawi by date reported as of 9 May
**Figure 3:** Age and sex distribution of COVID-19 cases in Malawi as of 9 May 2020

**Figure 4:** Distribution of COVID-19 cases, deaths and recoveries in Malawi as of 9 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 9 May 2020, a total of 1287 samples have been tested, with 56 positive results and 47 pending results. Table 4 below shows the breakdown of tests done by each laboratory.

Table 4: Laboratory testing for COVID-19 for Malawi, 9 May 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>437</td>
<td>2</td>
<td>2</td>
<td>436</td>
</tr>
<tr>
<td>COM</td>
<td>360</td>
<td>49</td>
<td>22</td>
<td>321</td>
</tr>
<tr>
<td>MLW</td>
<td>235</td>
<td>0</td>
<td>0</td>
<td>233</td>
</tr>
<tr>
<td>Mzuzu</td>
<td>110</td>
<td>10</td>
<td>8</td>
<td>108</td>
</tr>
<tr>
<td>Mzimba</td>
<td>136</td>
<td>0</td>
<td>22</td>
<td>136</td>
</tr>
<tr>
<td>Zomba</td>
<td>36</td>
<td>1</td>
<td>1</td>
<td>36</td>
</tr>
<tr>
<td>Balaka</td>
<td>15</td>
<td>3</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Thyolo</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Nsanje</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>1334</td>
<td>65</td>
<td>58</td>
<td>1287</td>
</tr>
</tbody>
</table>

Clinical case management
- 38 active cases are being managed as outpatients and are under self-isolation
- 1 case is institutionalized
- Mangochi case is symptomatic but stable
- Cumulatively 14 cases have now recovered and 3 have died
- 5 health care works 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.

- Toll-free call line with Chipatala Cha Pa Foni (number: 54747).

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