ASEAN BIOLOGICAL THREATS SURVEILLANCE CENTRE

DISEASE ALERT

With Support by:

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First alert : January 23, 2026

Second alert : February 3, 2026 | **Nipah Virus Infection (NVI) in India**

Sub-Locations Affected

West Bengal

Event Description

On January 27, 2026, India's Ministry of Health and Family Welfare issued a formal statement addressing circulating reports about Nipah virus disease in the country. According to the National Centre for Disease Control (NCDC), only two confirmed cases of Nipah virus disease have been detected in West Bengal since December 2025. The World Health Organization (WHO) also published an update on this situation on January 30, 2026. Both cases were healthcare workers at the same private hospital in Barasat (North 24 Parganas district).

Figure 1. Distribution of Nipah virus infection in India, January 2026
Source: WHO

Epidemiological Information

- In late December 2025, symptom onset occurred in two nurses (one female and one male), aged 25 years; both were hospitalized in early January 2026 with severe NiV-compatible illness.
- On January 13, 2026, cases were confirmed by the National Institute of Virology, Pune, using RT-PCR and ELISA.
- As of January 21, 2026, the male case showed clinical improvement, while the female case remained in critical care.
- On January 26, 2026, the National IHR Focal Point for India notified WHO of two laboratory-confirmed cases of Nipah virus (NiV) infection in West Bengal State.
- On January 27, 2026, the National Centre for Disease Control (NCDC), through the Press Information Bureau of the Government of India, clarified that only two confirmed cases of Nipah Virus Disease have been confirmed in West Bengal since December 2025.
- Since 2001, India has confirmed 106 cases of NiV, including 74 deaths (overall CFR=69.8%) (Figure 2). This event represents the third NiV outbreak in West Bengal, following Siliguri (2001) and Nadia (2007).

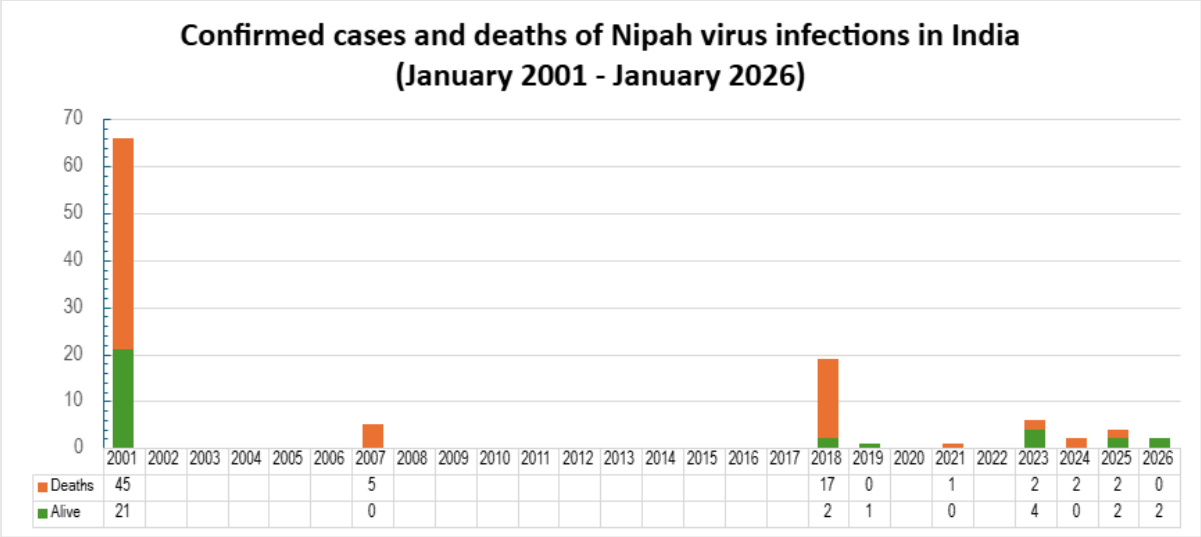

Figure 2. Confirmed cases and deaths of Nipah virus infection in India, 2001 to January 2026)
Source: National Centre for Disease Control, WHO, WHO

- WHO assesses the risk posed by Nipah virus as moderate at the sub-national level, and low at national, regional, and global levels.

Response Measures

- The Union Ministry of Health and Family Welfare deployed a national joint outbreak response team to support the West Bengal State Government. The team includes experts from AIIPH Kolkata, NIV Pune, NIE Chennai, AIIMS Kalyani, and the Department of Wildlife under the Ministry of Environment, Forest and Climate Change.
- Supported by a mobile BSL 3 laboratory deployed by NIV Pune, a total of 196 contacts linked to the confirmed cases have been identified, traced, monitored, and tested. All contacts were asymptomatic and tested negative for the virus.
- Central guidelines for Nipah virus surveillance and response have been shared with the State Integrated Disease Surveillance Programme (IDSP).
- The Public Health Emergency Operations Centre (PHEOC) at the National Centre for Disease Control (NCDC), Delhi, has been activated to coordinate the national response.
- Authorities have initiated contact tracing, isolation, and infection prevention and control (IPC) measures in healthcare settings, with enhanced surveillance and laboratory testing through national reference laboratories.
- Public helplines have been activated by the West Bengal State Government to support risk communication and address public inquiries.
- The Ministry of Health and Family Welfare advises the public and media to rely only on verified information released by official sources and to refrain from spreading unverified or speculative reports.

Recommendations

Based on WHO South-East Asia Regional Strategy for Nipah virus (NiV) Prevention and Control, 2023–2030, WHO emphasizes the following measures:

- **Prevent Spillover from Bats and Animals**
  - Study bat species distribution, NiV prevalence, and likely spillover routes to humans and livestock.
  - Identify high-risk zones where humans, livestock, and bats frequently interact.
- **Strengthen One Health Coordination**
  - Establish national and subnational One Health coordination mechanisms.
  - Train and deploy multidisciplinary outbreak investigation teams for rapid response.
- **Enhance Surveillance and Early Detection**
  - Add NiV testing into acute encephalitis and SARI (severe respiratory infection) surveillance.
  - Ensure at least one national lab can run rRT-PCR and IgM ELISA for NiV or establish referral pathways to regional labs.
  - Strengthen event-based surveillance, rumor tracking, and intersectoral information-sharing.
- **Strengthening Clinical Management & Infection Prevention**
  - Improve hospital IPC (infection prevention and control) measures, ICU readiness, and isolation capacity.
  - Ensure availability of PPE and NiV-specific clinical guidelines.
  - Develop up-to-date protocols for case management, safe handling of deceased patients, and transfer to referral centers.
- **Behavioral and Community-Based Prevention**
  - Engage communities to discourage consumption of bat-contaminated food.
  - Promote public awareness of the risks of contact with bats and infected animals.
- **Biosecurity in Livestock Farms**
  - Map high-risk farms and reinforce biosecurity.
  - Train farmers, veterinarians, and field workers on early detection and control.
  - Keep fruit trees away from livestock enclosures to prevent contamination.
- **Prepare for Future Vaccines and Treatments**; While no licensed vaccine or treatment currently exists, WHO recommends:
  - Prepare regulatory mechanisms for emergency use authorization.
  - Support clinical trial readiness in high-risk countries.
  - Develop national plans for vaccinating healthcare workers.
- **Recovery and Long-Term Resilience following outbreak** following outbreaks.
  - Conduct After-Action Reviews (AARs) to improve future responses.
  - Strengthen community resilience and awareness to prevent recurring outbreaks.
  - Maintain long-term strategies that protect ecosystems, support local health systems, and reduce repeated spillovers.

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ASEAN Biological Threat Surveillance Centre (ABVC)
Health Policy Agency
Ministry of Health of Indonesia
Building 5 - Global Health Strategy and Governance Policy, 2nd floor
Jalan Percetakan Negara No. 29 Johar Baru, Jakarta Pusat, Indonesia 10560