ASEAN BIOLOGICAL THREATS SURVEILLANCE CENTRE

DISEASE ALERT

With Support by:
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ASSOCIATION OF SOUTHEAST ASIAN NATIONS

February 8, 2026 | Issue No. 5

First alert : February 8, 2026 | **Nipah Virus (NiV) Infection in Bangladesh**

Sub-Locations Affected

Rajshahi Division (Naogaon District)

Event Description

On February 7, 2026, the World Health Organization (WHO) published a Disease Outbreak News (DONs) reporting a laboratory-confirmed Nipah virus (NiV) infection in Bangladesh. The case was notified to WHO on February 3, 2026 by the International Health Regulations (IHR) National Focal Point of Bangladesh and was identified in Rajshahi Division, northwestern Bangladesh. The case had a reported history of raw date palm sap consumption and resulted in death. Bangladesh continues to report sporadic seasonal NiV cases, which typically occur between December and April, coinciding with the harvesting and consumption of date palm sap.

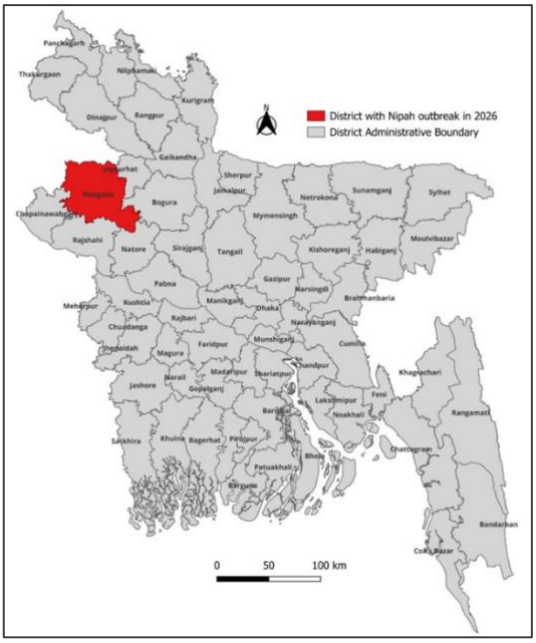
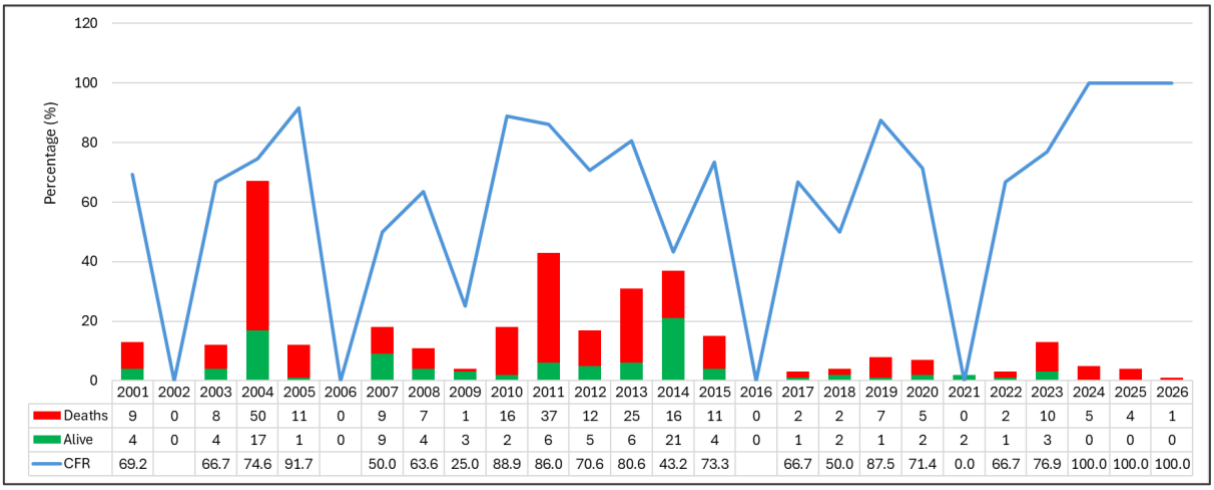


Figure 1. Maps of location affected as of January 5, 2026
Source: IEDCR Nipah Virus Surveillance System

Epidemiological Information

- On February 3, 2026, Bangladesh health authorities reported one laboratory-confirmed case of Nipah virus (NiV) infection in a female aged 40-50 years from Naogon Distrcit, Rajshahi Division.
- Between January 5-20, 2026, the case was repeated consumption of raw date palm sap, with no travel history reported.
- On January 21, 2026, the case developed symptoms, including fever and neurological manifestations.
- On January 27, 2026, the case became unconscious and was referred by a local physician to a tertiary hospital.
- On January 28, 2026, the patient was admitted to the hospital and the Nipah surveillance team collected throat swabs and blood samples, she died on the same day.

- On January 29, 2026, laboratory confirmation was obtained using PCR and ELISA testing.
- As of February 3, 2026, no secondary cases have been detected.
- Since 2001, Bangladesh has confirmed 348 cases of NiV, including 250 deaths (overall CFR=72%) (Figure 2). Of the 162 cases were primary cases with a confirmed history of consuming raw date palm sap or tari (fermented date palm sup), while 29% resulted from direct person-to-person transmission.



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Deaths	9	0	8	50	11	0	9	7	1	16	37	12	25	16	11	0	2	2	7	5	0	2	10	5	4	1
Alive	4	0	4	17	1	0	9	4	3	2	6	5	6	21	4	0	1	2	1	2	2	1	3	0	0	0
CFR	69.2		66.7	74.6	91.7		50.0	63.6	25.0	88.9	86.0	70.6	80.6	43.2	73.3		66.7	50.0	87.5	71.4	0.0	66.7	76.9	100.0	100.0	100.0

Figure 2. Confirmed Cases and Deaths of Nipah Virus (NiV) Infection in Bangladesh from 2021 to 2026
Source: IEDR Nipah Virus Surveillance System

- Between 2001 and 2026, Nipah virus (NiV) cases were reported in 35 districts in Bangladesh (Figure 3), with the highest numbers reported in Faridpur (71 cases), Rajbari (35 cases), and Naogaon District (35 cases).

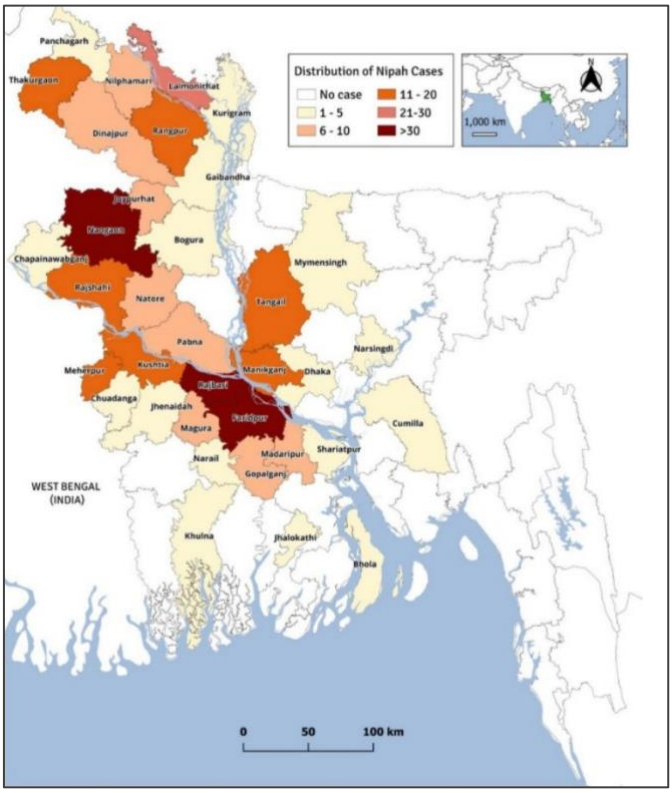


Figure 3. Nipah Virus (NiV) Distribution in Bangladesh from 2021 to 2026
Source: IEDR Nipah Virus Surveillance System

- Bangladesh shares land borders with India and Myanmar, and WHO assesses the regional public health risk to be low. While no cross-border human transmission has been documented to date, the risk remains due to shared ecological corridors of *Pteropus* fruit bats and previous detection of NiV among animals and humans in the region.

Response Measures

The following response measures have been implemented by the Ministry of Health and Family Welfare (MoHFW), Bangladesh:

- An outbreak investigation was activated on Januari 30, 2026 using a One Health approach, in coordination with relevant sectors.
- Active contact tracing and monitoring were conducted for all identified contacts. A total of 35 contacts were identified, including three household, 14 community, and 18 health care-associated contacts. Samples collected from six symptomatic contacts tested negative for NiV.
- Advocacy and coordination meetings are being prepared involving Civil Surgeons, Upazila Health Officers, Hospital Directors, and Superintendents from NiV-endemic districts.
- Community awareness programmes are being planned through field-level health workers.
- Audio-visual health education materials are being developed for travellers and point-of-entry staff.
- Event communication and coordination are ongoing through the IHR mechanism, with technical support from the WHO.

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.

Sources:

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