



# ASEAN BIOLOGICAL THREATS SURVEILLANCE CENTRE

DISEASE  
ALERT



Korea Disease Control and  
Prevention Agency



With Support by:



January 23, 2026 | Issue No. 3

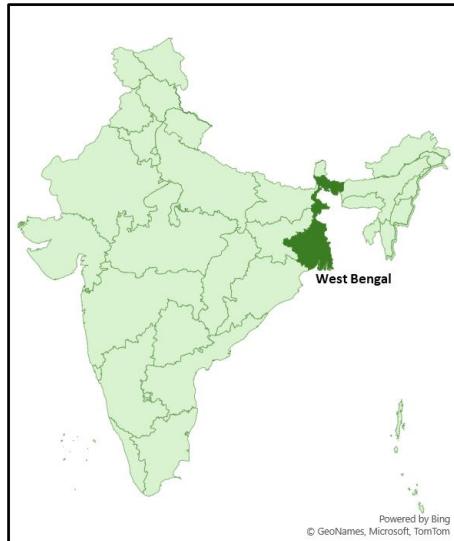
First alert: January 23, 2026 | **Nipah Virus Infection (NVI) in India**

## Sub-Locations Affected

West Bengal

## Event Description

On January 12, 2026, Indian health authorities confirmed the detection of two suspected cases of Nipah virus infection in North 24 Parganas District, West Bengal. The cases were identified on the night of January 11, 2026, by the Virus Research and Diagnostic Laboratory (VRDL), the Indian Council of Medical Research (ICMR), at All India Institute of Medical Sciences (AIIMS) Kalyani. Both patients are healthcare workers from the same private hospital in Barasat, North 24 Parganas district, and are currently in critical condition.



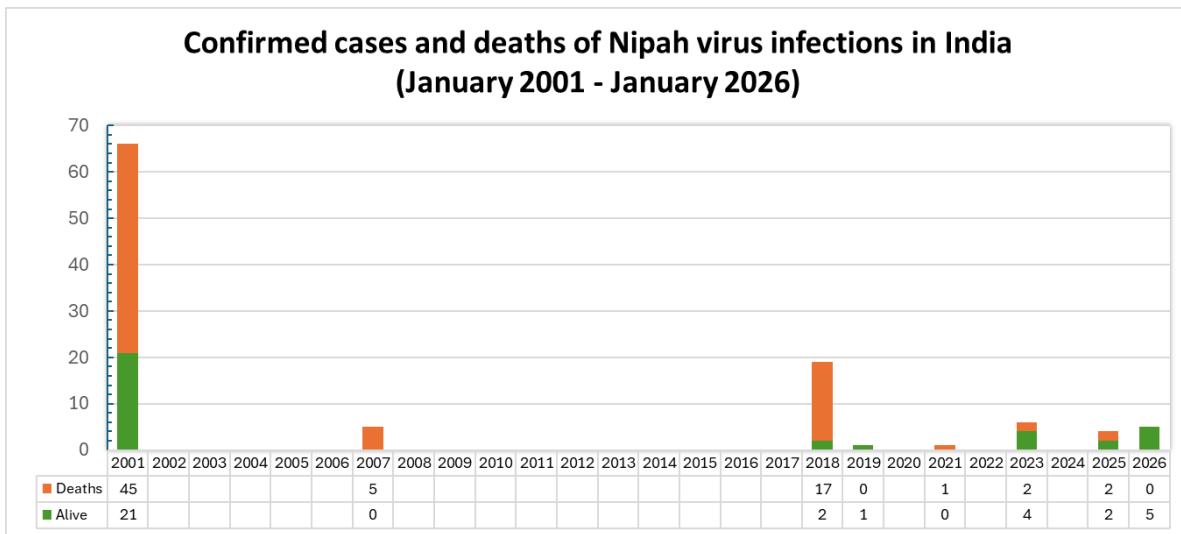
**Figure 1.** Distribution of Nipah virus infection in India

Source: [Madhyamam](#)

## Epidemiological Information

- As of January 18, 2026, a total of five confirmed and suspected cases of Nipah virus infection (NVI) have been reported among healthcare workers, all linked to nosocomial (healthcare-associated) transmission. More than 100 contacts are under home quarantine, with around 30 under active monitoring.
- On January 16, 2026, a third healthcare worker aged 22-25 years was hospitalized with symptoms consistent with Nipah virus infection. This individual, along with a doctor and a nurse from Burdwan Medical College and Hospital, is under observation at the Infectious Diseases Hospital, Beleghata. One confirmed case developed symptoms around December 31, 2025, and showed clinical improvement, with intubation discontinued on January 16, 2026. The second confirmed case, with symptoms following occupational exposure, remains in a coma. Neither case reported recent travel outside West Bengal.
- Samples were sent to National Institute of Virology in Pune for confirmation.

- Since 2021, India has confirmed 107 cases of NVI, including 72 deaths (overall CFR=67.3%) (Figure 2).



**Figure 2.** Confirmed cases and deaths of Nipah virus infection in India, 2001 to January 2026

Source: [National Centre for Disease Control, Madhyamam](#)

## 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.
- 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.

## 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 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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6. World Health Organization (WHO) (2020) *WHO South-East Asia Regional Strategy for the prevention and control of Nipah virus infection 2023–2030*. Retrieved January 23, 3036 from <https://iris.who.int/server/api/core/bitstreams/cdcf42a9-0bd3-4632-a855-781465409216/content>

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