



# ASEAN BIOLOGICAL THREATS SURVEILLANCE CENTRE

## DISEASE ALERT

With Support by:



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**First alert** : January 23, 2026

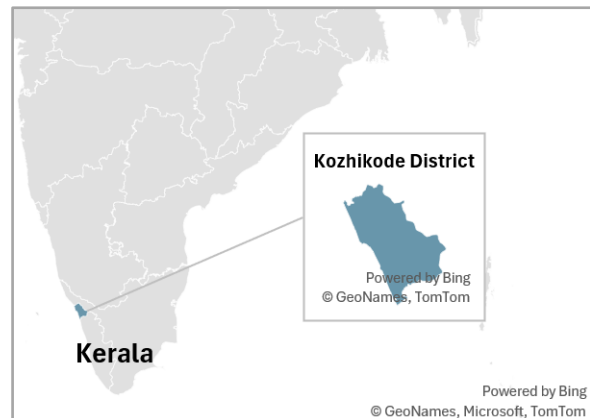
**Third alert** : June 18, 2026 | **Nipah Virus Infection (NVI) in India**

### Sub-Locations Affected

**Kerala** (Kozhikode District)

### Event Description

On June 11, 2026, the National Institute of Virology (NIV), Pune, confirmed a Nipah virus infection (NVI) in a 43-year-old male from Kozhikode district, Kerala. Prior to diagnosis, the patient visited an outpatient department and underwent diagnostic procedures which may have expanded the network of potential exposures. In response, a control room has been established at the district medical office to provide information and support related to the outbreak.



**Figure 1.** Map of location affected, June 2026

### Epidemiological Information

- On June 10, 2026, a 43-year-old male from Ramanattukara, Kozhikode district, was admitted to Kozhikode Medical College Hospital with severe illness and was placed in a specially prepared isolation ward, where he required ventilatory support due to critical condition. Epidemiological investigations suggested that the patient may have been exposed while performing cleaning work at a storage facility (godown) reportedly inhabited by birds and bats. A detailed route map was developed, and contact tracing was initiated, with primary contacts identified and tested.

- On June 11, preliminary laboratory testing conducted at Kozhikode Medical College Hospital indicated Nipah virus infection, which was subsequently confirmed by the National Institute of Virology (NIV), Pune. Following confirmation, surveillance and containment activities were intensified across the district.
- As of June 11, a total of 77 contacts had been identified, including 58 healthcare workers, 14 family members, and five friends and colleagues. Of these, two are classified as highest risk, 13 as high risk, and 62 as low risk. All individuals categorized as highest- and high-risk contacts have been placed under quarantine.
- As of June 17, a total of 104 contacts have been identified and are under surveillance. Several contacts have tested negative and been discharged after observation, four remain under monitoring at Kozhikode Medical College Hospital.
- Since 2001, India has confirmed 107 cases of NiV, including 74 deaths (overall CFR=69.2%). Kozhikode documented an outbreak of NIV in 2018, the largest in Kerala with 23 cases and 17 deaths (CFR=73.9%). This was significant due to the high case fatality rate and because it was the first outbreak in the southern region.

## Response Measures

- On June 10-11, Rapid Response Team (RRT) meetings were conducted in Ramanattukara Municipality. Personal protective equipment (PPE), including protective kits, gloves, and masks, has been distributed to relevant personnel. Additionally, precautionary steps have been taken to ensure adequate availability of essential medicines.
- A detailed route map of the patient has been prepared based on interviews with family members and community contacts. Contact tracing activities have been initiated, with health authorities identifying individuals who may have been exposed to the patient in both healthcare and community settings.
- Environmental and animal investigations were expanded, including sampling of domestic animals and bat excreta from suspected exposure sites, to better understand the source and transmission dynamics of the infection.
- Local self-government institutions were delivering food and other essential items to people under observation, and senior health officials were preparing further review meetings to decide on additional containment and prevention steps.

## 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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