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Centers for Disease Control
National Institute of Health, Islamabad
Ministry of National Health Services, Regulations & Coordination
Phone: (92-051) 9255237 Fax: (92-051) 9255099
National Focal Point for International Health Regulations

28th January 2026

Subject: **Alert on Nipah Virus Outbreak in West Bengal Region, India**

Introduction: Nipah virus (NiV) is a highly pathogenic zoonotic virus that causes severe respiratory illness and fatal encephalitis. While Pakistan has not yet reported a human case, a significant situation is emerging in South Asia. As of January 2026, an outbreak has been confirmed in West Bengal, India, where at least five confirmed cases have been reported, including healthcare workers in Kolkata. Due to its high case fatality rate ranging from 40% to 75% and the potential for human-to-human transmission, health authorities are placing the region on high alert.

Objective: The primary objective of this document is to alert the all health departments, Healthcare Providers, and Border Health Services (BHS) regarding the potential threat of Nipah Virus (NiV) spillover into Pakistan. This letter aims to:

1. **Enhance Surveillance:** To ensure early detection of any suspected case arriving through international travel or exhibiting unexplained encephalitis.
2. **Standardize Response:** To provide a unified framework for isolation, sample transportation, and infection control across all healthcare settings.
3. **Risk Mitigation:** To educate the public and healthcare workers on transmission routes (zoonotic and human-to-human) to prevent localized outbreaks.
4. **Institutional Readiness:** To ensure that Rapid Response Teams (RRTs) and Public Health Emergency Operations Centres (PHEOCs) are in a state of active readiness.

Background: Nipah virus belongs to the genus *Henipavirus* of the *Paramyxoviridae* family. It is listed on the WHO R&D Blueprint as a priority disease with epidemic potential.

- **Symptoms:** Initial symptoms include fever, headache, myalgia, vomiting, and sore throat. This can progress to severe encephalitis characterized by dizziness, drowsiness, altered consciousness, and seizures, leading to coma within 24 to 48 hours.
- **Incubation Period:** Typically, 4 to 14 days, though periods as long as 45 days have been documented.

Transmission: Nipah virus is primarily transmitted to humans through:

- **Contaminated Food:** Consumption of fruits or fruit products (such as raw date palm sap) contaminated with the saliva or urine of infected fruit bats.
- **Direct Animal Contact:** Handling infected animals, mainly fruit bats (genus *Pteropus*) or infected pigs.
- **Human-to-Human Transmission:** Close, unprotected contact with the secretions or body fluids of an infected individual, frequently occurring in healthcare settings.

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Laboratory Confirmation Methods: Laboratory diagnosis of Nipah virus is critical for outbreak control. In accordance with NIH standards, the following methods is used for confirmation:

- **Real-time Reverse Transcriptase PCR (RT-PCR):** Considered the "gold standard" for acute-phase detection. It is used to detect viral nucleic acid in throat/nasal swabs, cerebrospinal fluid (CSF), urine, and blood samples during the early stages of illness.

Specimen Collection and Transportation:

- **Samples:** 3-5 ml of blood/serum, throat swabs in Viral Transport Medium (VTM), or CSF should be collected observing strict biosafety precautions.
- **Triple Packaging:** All specimens must be packed using the "Triple Packaging System" to prevent leakage and ensure safety during transit.
- **Cold Chain:** Samples must be transported in a cold chain (2-8°C) with ice packs.
- **Sample transportation:** the specimen should immediately be transported to the Virology Department, National Institute of Health, Islamabad, for confirmation.

Treatment

There is currently no specific antiviral treatment or licensed vaccine available for Nipah virus infection. Management remains primarily supportive and focuses on symptomatic treatment, including management of fever, respiratory distress, and neurological complications. Severely ill patients often require hospitalization and may need intensive care support, including mechanical ventilation. The clinical effectiveness of ribavirin remains inconclusive and it is not routinely recommended.

The situation is being monitored closely in coordination with WHO and NIH-PHEOC is currently on watch mode and monitoring the situation vigilantly. The World Health Organization (WHO) considers the risk of further spread of Nipah infection from the Indian cases is low, adding that there is no evidence yet of increased human-human transmission. Following preventive measures are suggested to provincial and regional public health authorities and the general public for proactive measures to timely prepare for and mitigate risks:

- **Risk-Based Approach for Travel and Border Measures:** Travel-related measures should be based on a thorough risk assessment of travelers arriving from affected regions such as India particularly West Bengal and Kerala.
- **Preparedness Measures at Points of Entry (PoEs):** PoEs should ensure the availability of public health contingency plans, isolation space, and thermal screening for travelers arriving from affected areas.

Travel Advice for Individuals in Affected Countries: The following individuals should avoid any travel, including international travel, until they no longer pose a public health risk:

- Suspected, probable, or confirmed NiV cases.
- Identified contacts under the 21-day monitoring period.
- Individuals with symptoms compatible with NiV infection.

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Advice for Travelers: Avoid contact with symptomatic individuals or contaminated materials. Travelers returning from affected areas within 21 days who develop symptoms should self-isolate, seek medical attention, and inform the provider of their travel history and exposure.

Cross-Border and Port Health Coordination All relevant authorities at Points of Entry (POE) are advised to reinforce early and strengthen cross-border information-sharing in adherence to IHR (2005) core capacities.

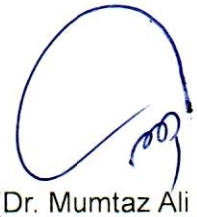
Provincial-Level Preparedness Measures: All Provincial Health Departments are directed to execute the following actions immediately:

- **Designation of a Hospital / Infectious Diseases (ID) Unit:** Each province must identify and prepare at least one tertiary-care hospital or Infectious Diseases unit for safe triage, isolation, and clinical management of any suspected Nipah case. Facilities must ensure the availability of trained staff, PPE (including N95 masks), and clear referral pathways.
- **Updating Laboratory Capacity at the Public Health Reference Laboratory:** Provincial Public Health Reference Laboratories must review and strengthen their capability for safe sample handling and transportation. Coordination with NIH for confirmatory RT-PCR testing **must be ensured**.
- **Activation of Rapid Response Teams (RRTs):** Provincial Disease Surveillance & Response Units must place RRTs on active standby. Teams must be ready for case investigation, contact tracing, and coordinated field response for any cluster of acute encephalitis.
- **Close Coordination with Border Health Services (BHS):** Provinces with international airports or land border points must maintain real-time communication with BHS for any alerts or travelers requiring follow-up.
- **Public Health Emergency Operations Centre (PHEOC) Readiness:** Provincial PHEOCs must shift to watch mode, ensuring enhanced surveillance, daily situation monitoring, and readiness to escalate response measures.

WHO's updated documents are attached below for further guidance:

- *WHO South-East Asia Regional Strategy for the prevention and control of Nipah virus infection 2023–2030*
- *Infection Prevention and Control (IPC) Guidelines for Nipah Virus*

<u>This advisory may please be widely distributed among all concerned and NIH may please be kept informed of the measures undertaken in respective areas of jurisdiction.</u>



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(Dr. Mumtaz Ali Khan)
Chief, CDC-NIH

<u>Distribution overleaf</u>

Distribution List:

1. Secretary, Health Department, Government of the Punjab, Lahore
2. Secretary, Health Department, Government of Sindh, Karachi
3. Secretary. Health Department, Government of Khyber Pakhtunkhwa, Peshawar
4. Secretary, Health Department, Government of Balochistan, Quetta
5. Secretary, Health Department, Government of Azad Jammu and Kashmir, Muzaffarabad
6. Secretary, Health Department, Government of Gilgit-Baltistan, Gilgit
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12. Director General Health Services, Government of Azad Jammu and Kashmir, Muzaffarabad
13. Director, Border Health Services-Pakistan, Karachi
14. Officer In-charge, Provincial Disease Surveillance & Response Unit (PDSRU) at Provincial Health Directorates, Punjab, Sindh, Khyber Pakhtunkhwa, Balochistan, Gilgit-Baltistan and Azad Jammu and Kashmir
15. Provincial IHR Focal Person, Punjab, Sindh, Khyber Pakhtunkhwa, Balochistan, Gilgit-Baltistan and Azad Jammu and Kashmir

C.c:

1. WHO Country Representative, Islamabad
2. SPS to Federal Minister of Health, M/o NHSR&C, Islamabad
3. SPS to Secretary, M/o NHSR&C, Islamabad
4. PS to Director General Health, M/o NHSR&C, Islamabad
5. SO to Chief Executive Officer, NIH