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EDITORIAL ANALYSIS

Nipah and the Lessons of Living With Zoonoses

DOWN TO EARTH

15 June 2026

SCIENCE & TECH

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Nipah and the Lessons of Living With Zoonoses


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 Source: ujivari.com — Free UPSC & State PCS Current Affairs


INTERVIEW ANGLE

"Each Nipah outbreak is contained, then forgotten until the next. Why does India struggle to build standing preparedness for zoonotic diseases, and what would a One Health approach actually look like on the ground?"

 Source: [Original editorial](#)

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HOW

WHY THIS MATTERS NOW

A fresh **Nipah** scare is a reminder that India's vulnerability to **zoonotic spillover** is rising with habitat change and human-animal contact. For an aspirant, this is a GS2 and GS3 case on **public health preparedness, zoonotic diseases and the One Health approach**.

THE CRUX IN 60 WORDS

Nipah, a high-fatality zoonotic virus with a fruit-bat reservoir, recurs in India because **habitat loss and human-animal contact** raise spillover risk. India contains outbreaks well but responds **episodically**. The answer is a standing **One Health** system, continuous surveillance across human, animal and environmental health, plus habitat protection to cut spillover at source, not outbreak-driven panic.

THE ISSUE, DECODED

CONCEPT	WHAT IT MEANS	WHY IT MATTERS
Zoonosis	Disease that jumps animal to human	The category Nipah belongs to
Spillover	Pathogen crossing into humans	The event to prevent
One Health	Human + animal + environment health	The integrated preparedness model
Surveillance	Continuous monitoring for pathogens	The standing capacity now missing

THE ANALYSIS: FROM REACTION TO PREPAREDNESS

- ❶ **A dangerous virus.** Nipah has a high fatality rate, a fruit-bat reservoir and recurs in India.
- ❷ **Rising structural risk.** Habitat loss and human-animal contact increase spillover probability.
- ❸ **Episodic response.** India contains outbreaks but relaxes afterward, leaving little standing capacity.
- ❹ **The One Health answer.** Continuous surveillance and habitat protection prevent, not just contain.

DATA AND INSTITUTIONS VAULT

Nipah virus (NiV), a zoonotic paramyxovirus with a natural reservoir in fruit bats (genus *Pteropus*); high case-fatality; no specific vaccine in routine use. **The approach: One Health**, integrating human, animal and environmental health, promoted by the WHO, FAO, WOAAH and UNEP. **The institutions: the National Centre for Disease Control (NCDC); ICMR; state health departments; the National One Health Mission.** **Concept: spillover; emerging infectious diseases; pandemic preparedness.**

THE DEBATE

Argument for standing preparedness: Zoonotic risk is rising structurally; only continuous One Health surveillance and habitat protection can prevent the next outbreak, not just contain it.

Argument that the current model suffices: India's rapid containment of past outbreaks works; large standing systems for rare diseases may not be cost-effective.

HOW TO THINK ABOUT IT

Frame the answer around the shift from **reactive containment to standing preparedness**, anchored in **One Health**. Concede India's containment strength, then argue that rising structural risk demands continuous surveillance and habitat protection. Link environmental degradation to disease emergence.

THE DIAGRAM IN WORDS

Picture a fire brigade that is excellent at putting out fires but does nothing between them: no inspections, no sprinklers, no clearing of dry brush. Each fire is contained, but the conditions that start them grow. One Health is the inspection-and-sprinkler system for disease.

PYQ LINKAGE

UPSC has asked about zoonotic diseases, public health and pandemic preparedness. This editorial connects those to the One Health approach and the structural drivers of spillover.

THE ONE-LINE TAKEAWAY

India's vulnerability to zoonotic disease is rising while its preparedness stays episodic; a standing One Health system, not panic at each outbreak, is the way to prevent the next one.

Source: Nipah and the Lessons of Living With Zoonoses — Ujiyari.com | Free UPSC & State PCS Editorial Analysis

• KEY ARGUMENTS AT A GLANCE

Recurring Nipah outbreaks are a reminder that India's vulnerability to zoonotic spillover is rising with habitat change and growing human-animal contact, and that the answer lies in standing surveillance and a One Health approach rather than episodic, outbreak-driven panic.

✓ SUPPORTING

- Nipah is a high-fatality zoonotic virus with a natural reservoir in fruit bats, spread to humans through contaminated food or close contact, and has recurred in India.

- Habitat loss and intensified human-animal contact increase the chance of spillover events, making zoonotic risk a structural and rising threat.
- India's response tends to be reactive, mobilised during outbreaks and relaxed afterward, rather than a continuous One Health system.


COUNTER

Some argue India's rapid containment of past Nipah outbreaks shows the current model works, and that building large standing systems for rare diseases is not cost-effective.


WAY FORWARD

Build continuous zoonotic surveillance, strengthen the One Health architecture linking human, animal and environmental health, invest in diagnostics and local capacity, and protect habitats to reduce spillover at source.


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MAINS ANSWER FRAMEWORK
QUESTION

"India's vulnerability to zoonotic disease is rising, but its preparedness remains episodic." Examine in the light of recurring Nipah outbreaks and the One Health approach. (250 words)

INTRODUCTION

Every Nipah outbreak follows the same arc: alarm, containment, relief, and then forgetting, until the next. That cycle is the problem.

BODY

Nipah is among the most dangerous of the zoonotic viruses, diseases that jump from animals to humans, with a high case-fatality rate and a natural reservoir in fruit bats, from which it reaches people through contaminated food or close contact. Its recurrence in India is not an accident but a symptom. Habitat loss, deforestation and intensifying human-animal contact raise the probability of spillover events, the moment a pathogen crosses from its animal host into a human. As these pressures grow, so

does India's structural vulnerability to zoonotic disease, of which Nipah is only the most visible example. India has shown it can contain outbreaks quickly once they appear, a real strength. But containment is reactive: systems are mobilised during a crisis and relaxed afterward, leaving little standing capacity for the next event.

The alternative is the One Health approach, which treats human, animal and environmental health as a single connected system and builds continuous surveillance across all three. That means routine monitoring of wildlife and livestock for emerging pathogens, strengthened local diagnostic capacity, and crucially, protecting habitats to reduce spillover at its source.

Building such a system is not cheap, but the cost of a pandemic dwarfs it, as the recent past has shown. The lesson of Nipah is not to panic at each outbreak but to invest, between outbreaks, in the preparedness that prevents them.

CONCLUSION

India's vulnerability to zoonotic disease is rising, but its preparedness remains episodic. A standing One Health system, not outbreak-driven panic, is the answer.

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