Australian Centre for Disease Control

Situation update

Nipah virus infection in West Bengal, India

Update	1
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Summary

On 27 January 2026, the Indian government reported two epidemiologically linked cases of Nipah Virus Infection (NiV) in West Bengal State, India. Both cases developed symptoms in late December 2025 with Reverse Transcription Polymerase Chain Reaction (RT-PCR) confirmation of NiV infection on 13 January 2026.

The Indian central government deployed a National Joint Outbreak Response Team to the region to support a public health response. A total of 196 contacts were identified; all were asymptomatic and tested negative for NiV.

CDC situation reassessment plan

Further monitoring of the situation will occur for changes to transmission, epidemiology and/or spread.

Relevance to Australia

- The current NiV cases in West Bengal do not represent a change in the known geographic range or epidemiology of NiV, and only two cases have been reported in this cluster to date, with no evidence of international spread.
- Human-to-human transmission is inefficient and typically requires very close contact, often in household or healthcare settings.
- Australia is home to *Pteropus spp.* (flying foxes), the bat species identified as reservoir hosts for Nipah virus in Asia. However, there is no evidence that Nipah virus circulates in Australian bat populations.
- Australia's public health systems can rapidly manage an imported case, with diagnostic capacity to detect and confirm cases of Nipah Virus.
- Existing ill-traveller screening and pre-arrival reporting capture symptoms consistent with NiV (e.g., fever, cough, shortness of breath) and enable rapid assessment and referral when needed.

Current situation

Case detection and reporting

- On 27 January 2026, the Indian government reported two epidemiologically linked cases of NiV in West Bengal State, India. Both cases had RT-PCR confirmation of Nipah virus on 13 January 20261.
- As reported by the WHO, both cases are 25-year-old nurses, a woman and a man, working in the same hospital in Barasat, a city near the West Bengal capital, Kolkata[2].
- Both cases developed symptoms in late December 2025, deteriorating rapidly with neurological complications. The cases were hospitalised and isolated in early January.
- Preliminary testing on 11 January suggested Nipah virus, with confirmation on 13 January 2026.
- While the male case has begun recovering, the female remains in a critical condition.
- There have been no reported cases in West Bengal since 2007, though there have been multiple previous outbreaks in neighbouring regions of Bangladesh. More recent outbreaks in India have occurred in the geographically distant Kerala state, over 1,800km to the southwest.

Public health response in India

- The Indian Central Government deployed a National Joint Outbreak Response Team to West Bengal following the diagnosis of the two suspected Nipah virus cases.
- Contact tracing was actively implemented. Contact persons linked to the two confirmed cases have been identified, traced, monitored, and tested.
- Enhanced surveillance, laboratory testing, and field investigations were undertaken, and infection prevention and control has been strengthened through coordinated efforts of Central and State health authorities which enabled timely containment of the cases.
- The Indian Ministry of Health and Family Welfare released a statement responding to media reports of incorrect numbers of confirmed cases.[1]

Epidemiology

- NiV is a zoonotic disease caused by the Nipah virus, a member of the Henipavirus genus. Nipah virus has never been detected in Australia, though Hendra virus, a related Henipavirus, is found in Australia.
- The virus was first detected in Malaysia in 1998. To date, outbreaks of NiV infection have been limited to other countries in South and South East Asia including India, Bangladesh, Singapore and the Philippines.
- In India, NiV infections have occurred multiple times since 2001 with outbreaks in West Bengal State in 2001 and 2007, and in Kerala State regularly since 2018. In West Bengal, previous outbreaks occurred in 2001 (Siliguri) and 2007 (Nadia district). These districts are directly adjacent to Bangladesh, where near-annual Nipah outbreaks are reported, and share similar ecological conditions, including fruit bat populations. Previous outbreaks in India have been successfully contained.
- The natural reservoir of Nipah virus is the fruit bat, with natural infections observed in a range of domestic and feral animals.
- Human index cases are always the result of spillover from either bats or other animals however ongoing human-to-human transmission is known to occur.
- Bat-to-human (and Bat-to-animal) transmission is typically via consumption of food stuffs contaminated by infected bat excreta (e.g. saliva, urine, faeces) particularly palm fruits and sap, but direct inhalation of viral droplets is also suggested to occur.

- The incubation period in humans is documented to be between 4 days to 2 months, with symptoms typically manifesting within 2 weeks.
- Human infection presents with a broad range of symptoms, from asymptomatic cases through to acute onset of flu-like symptoms rapidly progressing to acute respiratory infection and fatal encephalitis leading to high mortality rates, noted to be 40% to 75%.
- Currently there are no vaccines or specific treatments for NiV.
- Clinical management in humans focuses on supportive care and reduction of risk of forward transmission.
- Disease amongst agricultural animals in previous outbreaks has been managed through euthanasia of large numbers of animals.
- Reduction of risk of initial infection focuses on awareness of potential for food contamination and hygiene precautions when working with sick animals.
- Risk of human-to-human transmission focuses on the use of universal precautions and isolation of cases in health care settings.

Public health guidelines

- Neither NiV nor Hendra are currently listed in the National Health Security (National Notifiable Disease List) Instrument 2018.
- The Hendra Virus Communicable Disease Network of Australia (CDNA) National Guidelines for Public Health Units has information and guidance that would be of value in relation to Nipah, particularly in regards to flying fox distribution as well as case and contact management. However, transmission patterns, both animal-human and human-human may have significant differences, with Nipah virus being more associated with porcine infection rather than equine.

References

1. Ministry of Health and Family Welfare. India. Only Two Nipah Virus Disease Cases Reported in West Bengal Since Last December: NCDC. 196 Contacts Linked to Nipah Cases Traced and Found Asymptomatic: All Test Negative. 27 January 2026. Accessed 28-01-2026: https://www.pib.gov.in/PressReleasePage.aspx?PRID=2219219&reg=3&lang=2
2. World Health Organization. Nipah Virus Update: West Bengal, India. 29 January 2026. Accessed 30-01-2026: Nipah Virus Update: West Bengal, India
3. Bruno, L.; Nappo, M.A.; Ferrari, L.; Di Lecce, R.; Guarnieri, C.; Cantoni, A.M.; Corradi, A. Nipah Virus Disease: Epidemiological, Clinical, Diagnostic and Legislative Aspects of This Unpredictable Emerging Zoonosis. Animals 2023, 13, 159. Accessed 28-01-2026 https://doi.org/10.3390/ani13010159
4. Communicable Disease Agency, Singapore. CDA taking first steps in response to NiVs, closely monitoring situation in West Bengal Accessed 29-01-2026: CDA taking first steps in response to NiVs, closely monitoring situation in West Bengal | Communicable Diseases Agency
5. World Health Organization. Nipah virus fact sheet. Accessed 29-01-2026: Nipah virus
6. World Health Organization. Disease Outbreak News: NiV in Bangladesh. Accessed 29-01-2026: https://www.who.int/emergencies/disease-outbreak-news/item/2025-DON582