Australian Centre for Disease Control

Situation update

Nipah virus infection in West Bengal, India and Rajshahi, Bangladesh

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Date of issue	09/02/2026

Summary

On 3 February 2026, the Bangladesh government reported one confirmed case of Nipah virus infection (NiV) in Rajshahi Division, Bangladesh. The case developed symptoms consistent with NiV infection on 21 January after consuming raw date palm sap and died on 28 January. The case was confirmed by Polymerase Chain Reaction and Enzyme-Linked Immunosorbent Assay (ELISA) on 29 January.

The Bangladesh Ministry of Health and Family Welfare initiated an outbreak investigation team to investigate. A total of 35 contacts were identified, and samples were collected from six symptomatic contacts. All samples from contacts tested negative for NiV.

The case of NiV infection in Bangladesh is not considered to be related to the two cases reported earlier in West Bengal, India. NiV infection is endemic in Bangladesh with human infections reported almost every year since the first case was reported in Bangladesh in 2001. Outbreaks tend to occur between December and April corresponding with harvesting and consumption of date palm sap.[1]

No further confirmed cases have been identified as part of the West Bengal cluster.

CDC situation reassessment plan

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

Relevance to Australia

- The recent NiV cases in West Bengal, India and Rajshahi, Bangladesh do not represent a change in the known geographic range or epidemiology of NiV, 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.

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Current situation

Case detection and reporting in India

- For further information on the cases and public health response in West Bengal, India, please refer to the previous situation report. No major updates are available in relation to the outbreak in West Bengal, however, the male case has recovered and been discharged from hospital. No further confirmed cases have been identified.

Case detection and reporting in Bangladesh[1]

- On 3 February 2026, the Bangladesh government reported one confirmed case of Nipah virus infection (NiV) in Rajshahi Division, Bangladesh.
- The case developed symptoms consistent with NiV infection on 21 January after consuming raw date palm sap. The case was admitted to hospital on 27 January and died on 28 January.
- The case was confirmed by Polymerase Chain Reaction and Enzyme-Linked Immunosorbent Assay (ELISA) on 29 January.

Public health response in Bangladesh[1]

- The Bangladesh Ministry of Health and Family Welfare initiated an outbreak investigation team to investigate using a coordinated One Health approach.
- Contract tracing was actively implemented. Contacts linked to the confirmed case have been identified, traced, monitored and tested if symptomatic. All samples from contacts tested negative for NiV.
- Community awareness programmes are being planned.

Epidemiology[1,2,3]

- 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.
- While NiV is endemic in Bangladesh, the yearly number of NiV cases reported in Bangladesh has been contained under 10 cases a year since 2016, with exception in 2023 when 14 cases were reported.
- 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 standard and transmission-based precautions.

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. World Health Organization. Disease Outbreak News: Nipah virus infection in Bangladesh. Accessed 09-02-2026: https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON594
2. 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
3. World Health Organization. Nipah virus fact sheet. Accessed 29-01-2026: https://www.who.int/news-room/fact-sheets/detail/nipah-virus