



ALERT FOR ED, INFECTIOUS DISEASE AND CLINICAL MICROBIOLOGY

Nipah virus detected in West Bengal, India

KEY POINTS

- Two cases of Nipah virus infection in Barasat (outskirts of Kolkata) in the eastern state of West Bengal, India, were confirmed on 13 January 2026; advice from the [World Health Organization](#) indicates that contact tracing has not identified any further cases as of 29 January 2026.
- Nipah virus is a **rare** zoonotic disease that has never been detected in animals or people in Australia.
- The risk of Nipah virus in Western Australia is very low, and other more common differential diagnoses should be considered in the first instance.
- Nipah virus infection may be considered in patients who present with:
 - encephalitis **OR** atypical pneumonia with acute respiratory distress **AND**
 - a compatible travel and exposure history typically in the 14 days prior to onset of symptoms.
- Discuss with infectious diseases, clinical microbiology and/or public health **prior** to testing.

Epidemiology

- Nipah virus has previously caused sporadic cases and outbreaks in parts of South and Southeast Asia, including in India, Malaysia, Philippines and Singapore, and near-annual outbreaks in Bangladesh.
- Fruit bats are the natural reservoir. Pigs and other animals can serve as intermediate hosts.
- Transmission may occur through:
 - direct contact with infected animals (primarily fruit bats or pigs) or their bodily fluids
 - consumption of fruit products (e.g. date-palm juice/sap) contaminated by saliva or urine of infected bats
 - direct contact with an infected person's respiratory secretions or bodily fluids.
- Person-to-person transmission of Nipah virus outside of very close contact is rare.**

Signs and symptoms

- Symptoms usually appear 4 to 14 days (but rarely up to 45 days) after exposure, and include fever, headache, fatigue, myalgia, vomiting, cough, shortness of breath and sore throat.
- Some people develop pneumonia or other respiratory problems. In severe cases, people can develop symptoms of encephalitis, including drowsiness, confusion, sensitivity to light, or neck stiffness.

Infection prevention and control

- Patients with suspected or confirmed Nipah virus infection must be managed in a negative pressure isolation room (NPIR) using standard, contact, droplet and airborne precautions; where a NPIR is unavailable, the patient should be placed in a single room with the door closed.
- While Nipah virus is not spread by aerosols, airborne precautions are recommended due to the potential severe nature of disease.
- Recommended personal protective equipment: disposable non-sterile gloves, fluid resistant long-sleeved gown, protective eyewear (goggles/face shield) and fit-tested particulate filter respirator (e.g. P2/N95 mask).

Laboratory testing

- Nipah virus infection may be considered in patients presenting with:
 - encephalitis **OR** atypical pneumonia with acute respiratory distress **AND**
 - compatible travel history to the affected area (Barasat outside of Kolkata in West Bengal, India) or close contact with a case, typically in the 14 days prior to symptom onset.
- Testing for Nipah virus is performed only in specific reference laboratories and should first be discussed with infectious diseases, clinical microbiology and/or public health.

Notification of cases

- Notify suspected cases of Nipah virus to your local [Public Health Unit](#) (or 1800 434 122 if after hours).

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