

Updated 28 Jan 2026

An outbreak of Nipah virus (NiV) infection was reported in West Bengal, India involving two laboratory confirmed cases, as of 28 January 2026. At 28 January 2026, 196 contacts linked to the cases have tested negative. Between 1998 and the present outbreaks of the NiV, a bat-borne paramyxovirus, have been documented in a number of regions. These outbreaks have mostly happened in South and Southeast Asia, with notable outbreaks taking place in Bangladesh and India. Since NiV transmission requires direct contact with bodily fluids from infected individuals that travelled to regions where outbreaks have been reported, the risk of importation of NiV to South Africa is regarded as low. Risk is continuously assessed as the outbreak evolves.

#### Risk assessment:

Despite the **low risk of importation into South Africa**, healthcare workers across the country should be alert for suspected NiV infection cases (see case definition below). Although NiV outbreaks have been modest, the World Health Organization designated NiV infection as an emerging infectious disease with a high risk of becoming a major pandemic due to its high case fatality rate and lack of approved treatments or vaccinations. NiV has been demonstrated to spread from human-to-human depending on the strain of NiV involved in the outbreak. It is important to exclude NiV infection in cases of acute febrile illness, respiratory symptoms or encephalitis among returning travelers from NiV outbreak affected areas. To date, no cases of NiV infection have been spread through international travel.

#### NiV infection case definition:

A **suspected case** of NiV infection:

Any person presenting with

- an acute onset of fever ( $\geq 38^{\circ}\text{C}$ ) with new onset of altered mental status or seizure and/or
- fever with headache and/or
- cough or shortness of breath;

**AND** has an epidemiological link

- who visited or resided in a community affected by a NiV outbreak in the six weeks prior to onset of illness and;
- had direct contact with or cared for suspected/confirmed NiV cases (humans/pigs) or consumed food items that animals could contaminate in the six weeks prior to onset of illness.

**NOTE: Exclude malaria, dengue, chikungunya, zika, leptospirosis, typhoid and common respiratory infections.**

#### Laboratory investigations:

1. A comprehensive guide for laboratory testing is available [here](#);
2. Submit the following specimens for investigation: 1 X clotted blood/serum; 1 X nasopharyngeal swab (in viral transport media) Additional samples (optional): cerebrospinal fluid, urine;
3. The specimens should be packaged in accordance with the [Guidelines for Regulations for the Transport of Infectious Substances](#) (triple packaging using absorbent material) and transported directly and urgently to NICD;
4. Shipment should be kept cold during transport (cold packs are sufficient);
5. Co-submit case investigation form.

#### Transmission of NiV:

- Most human infections during the first known outbreak occurred as a direct result of coming into contact with sick **pigs** or their contaminated tissues. NiV can also be transmitted by coming in contact with with bodily fluids (blood, urine, excrement or saliva) from other animals, such as goats, horses, dogs, cats or bats.
- Consumption of fruits or fruit products (like raw date palm juice) contaminated with the urine or saliva of infected **Pteropus fruit bats** was the most likely source of infection in subsequent outbreaks in Bangladesh and India, and during the later outbreaks.
- NiV spread directly from human-to- human through **close contact** with infected person's secretions, excretions and bodily fluids (incl. nasal or respiratory droplets, urine or blood).
- **Health care workers and caretakers are more at risk:** In Siliguri, India in 2001, transmission of the virus within a health care setting was also observed; 75% of cases involved hospital workers or visitors. About half of the cases that were recorded in Bangladesh between 2001 and 2008 were caused by **human-to-human transmission** while nursing infected patients.

#### Steps to managing a suspected NiV infection case

1. Determine if case meets the case definition;
2. Inform the management and infection control officers at the healthcare facility of the suspected case of NiV infection;
3. Isolate the patient and apply standard, contact and droplet infection precautions;
4. Clinical management is general, supportive treatment (ensuring fluid and electrolyte balance, oxygen inhalation if required), symptomatic treatment (treating fever, convulsions, shock);
5. Discuss the case with the NICD hotline (0800 212 552);
6. Submit specimens and [case investigation form](#) to NICD;
7. Notify the case to the relevant national, provincial or district Communicable Disease Control (CDCC) Directorates.

**For more information, visit the NICD website, [NiV](#)**