The Nipah virus was first identified in 1999 during an outbreak of viral encephalitis among pig farmers in Malaysia and Singapore. Since then, there have been recurrent human outbreaks, in particular in India and Bangladesh, the latter of which experiences nearly annual outbreaks. The Nipah virus is a zoonotic pathogen related to the Hendra virus, both of which have emerged in the Asia-Pacific region. It is an RNA virus belonging to the Paramyxoviridae family, genus Henipavirus.

Nipah virus

Bats were quickly identified as the natural host for Nipah, but the virus has a broad species tropism and can infect a range of different mammals as intermediate hosts. The outbreaks usually start with transmission from animal to human through contact with secretions of infected animals, and are continued through human-to-human transmission, particularly in health care settings.

Infection with Nipah primarily causes an encephalitic syndrome with high risk of deadly outcome. Case fatality rates were approximately 30-40 percent in the Malaysian outbreak, and as high as 70 percent in Bangladesh. The incubation period ranges from 5 – 40 days and at first non-specific symptoms like fever, headache, myalgia and nausea dominate. In approximately 60 percent of the patients, the disease rapidly progress with deterioration of consciousness leading to coma. Grand seizures occur. Long term complications following Nipah infection have been reported, including persistent convulsions and personality changes. Latent infection and subsequent reactivation leading to encephalitis have also been observed months to years after initial exposure. Today, treatment is limited to supportive care.
Sources of information


