

# NIPAH VIRUS FACTS

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### **EPIDEMIOLOGY**

- Outbreaks in Malaysia were attributed to infected pigs, while in Bangladesh they were attributed to bats.<sup>1</sup>
- The first recognized outbreak occurred in 1998 in Malaysia, with subsequent outbreaks of genetically distinct strains occurring in both India and Bangladesh in 2001; cases are now reported annually in these areas.<sup>1</sup>
- More than 600 cases have been reported in Malaysia, Singapore, India, and Bangladesh, with reported case fatality rates as high as 100% in some outbreaks.<sup>2</sup>
  - o From 2001 to 2012, there were 280 cases and 211 deaths in 16 separate outbreaks, mostly in Bangladesh. This is an average CFR of 75%.<sup>2</sup>
- Cases of human-to-human transmission were seen during outbreaks in Bangladesh and India.<sup>1</sup>
- The current estimate of reproductive number (.48) is based on analysis of outbreaks in Bangladesh from 2001 to 2007.<sup>3</sup> However, this is assuming that all those infected by a primary case—patient were identified. The estimated reproductive number should be seen as a minimum. Further analysis of all outbreak data is needed to evaluate any change in the estimated reproductive number.
- One study estimated that a third of survivors have permanent neurological deficits.<sup>3</sup>
- 51% of recognized cases in Bangladesh are believed to be due to human-to-human transmission.<sup>1</sup>
  - o Respiratory disease was more common and more severe in Bangladesh.
  - o Could possibly be a new strain.
- One study stated, "if a strain with an  $R_0 > 1$  spills over, or if a strain infecting a person develops an  $R_0 > 1$ , then in our globally connected world, humanity could face its most devastating pandemic."

## **COMMON SYMPTOMS**<sup>4</sup>

- Fever, headache, drowsiness, disorientation and mental confusion, and encephalitis.
- Incubation period of 5-14 days.



### **DIAGNOSIS**5

- For early detection, the CDC recommends conducting real-time polymerase chain reaction on clinical samples (ie, nasal swabs, urine, blood, CSF fluid).
- Additionally, identification can be accomplished using antibody detection by ELISA (IgG and IgM).
- In fatal cases, "immunohistochemistry on tissues collected during autopsy may be the only way to confirm a diagnosis."

### TREATMENT<sup>6</sup>

- The CDC reports that "treatment is limited to supportive care."
- The clinical effectiveness of Ribavirin as a treatment option has been inconclusive.
- Studies using monoclonal antibodies to target the Nipah G-glycoproteins in ferrets have shown promising results.

### **REFERENCES**

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