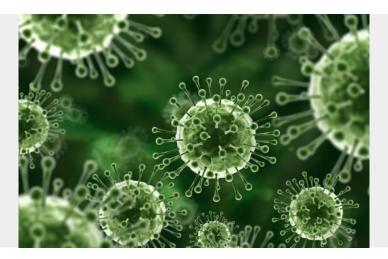


## UNDERSTANDING NIPAH VIRUS & PUBLIC HEALTH CONSEQUENCE

Posted on August 29, 2019 by Edmond



## Category: Opinions

Nipah Virus infection (NiV) has surfaced in the southern belt of India and is doing the talks deeply. Nipah is a emerging zoonotic diseases that affects humans and animals. Fruit bats are the natural host of the virus belonging to Pteropodidae family.

India is already going through the triple burden of disease and aggravation of such re-emerging infections on a frequent basis will be water shed moment for development.

Historically, it was first identified in Kampung Sungai Nipah in Malaysia in the year 1998. Pigs served as an intermediate host during this outbreak. In the year 2004, the same virus arrived in Bangladesh through infected fruit bats.

When the virus infects human beings, it could range from merely being asymptomatic to also developing acute respiratory syndrome to fatal encephalitis.

Once infected, before the symptoms appear it would take 5 to 15 days. Ordinary symptoms like fever and headache followed by drowsiness, weakness, lethargy and confusion occurs. Patients who survive the acute encephalitis phase will make a complete recovery, but in a few less than 20 percent of the patients, personality change and seizure disorder may be prevalent.

Strong epidemiological surveillance and a pro-active district health force can reduce the case fatality rate which is around 40-75% at the moment. Diagnosis is made by ELISA, PCR or virus isolation by cell culture.

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There is no vaccine and thereby supportive care is the only way.

According to CDC, avoiding exposure to sick bats and pigs in areas where the infection is already prevalent and not drinking raw date palm sap may be the initial precautions.

Healthcare providers must engage in using a gown, cap mask and gloves besides hand washing and optimal hygiene. Biosecurity level 4 is the classification for Nipah Virus for laboratory personnel to adhere to. Mass culling of seropositive animals may be required after early recognition of infected pigs.

Note: Author remains thankful for the inputs provided by Dr. Jeevan R, Assistant Director, CHD Group.

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