

COMPREHENSIVE GUIDE TO NIPAH VIRUS

Description

Nipah virus (NiV) is a highly pathogenic zoonotic virus belonging to the *Henipavirus* genus and the *Paramyxoviridae* family. It is a negative-sense, single-stranded, enveloped RNA virus. NiV causes a range of illnesses, from asymptomatic infection to acute respiratory distress and fatal encephalitis (inflammation of the brain). Due to its high fatality rate and pandemic potential, it is categorized as a Biosafety Level 4 (BSL-4) pathogen.

Disease Strains

While Nipah virus is a single species, researchers have identified distinct clinical patterns based on regional outbreaks:

- **Malaysian Strain:** Primarily associated with neurological symptoms and transmission via contact with infected pigs; generally shows a lower case fatality rate (~40%).
- **Bangladesh/India Strain:** Characterized by high rates of respiratory involvement and more frequent human-to-human transmission; often associated with higher case fatality rates (up to 70–90%).

History

The discovery and understanding of Nipah virus have evolved through significant outbreaks over the last few decades:

- **First Recognition (1998–1999):** The virus was first identified during an outbreak in Malaysia and Singapore. It initially affected pig farmers in Kampung Sungai Nipah, after whom the virus was named.
- **Bangladesh Discovery (2001):** An outbreak in Meherpur, Bangladesh, marked the first time the virus appeared without an intermediate animal host like pigs, suggesting a direct bat-to-human link.
- **Indian Outbreaks (2001, 2018–2023):** Periodic outbreaks have occurred in West Bengal and Kerala, India. The 2001 Siliguri outbreak was notable for significant transmission within healthcare settings.

How the Disease Spreads

Nipah virus is not airborne in the general environment but spreads through direct contact with infected sources:

- **Animal-to-Human:** Contact with the excretions (saliva, urine) of infected fruit bats (*Pteropus* species) or intermediate hosts like pigs.
- **Contaminated Food:** Consuming raw date palm sap or fruits that have been contaminated by bat saliva or urine.
- **Human-to-Human:** Close contact with the bodily fluids (respiratory secretions, urine) of an infected person, often occurring in family or hospital settings.

Common Symptoms

Symptoms typically appear after an incubation period of 4 to 14 days, though periods up to 45 days have been reported.

- **Initial Signs:** High-grade fever, headache, muscle pain (myalgia), vomiting, and sore throat.
- **Respiratory Symptoms:** Acute respiratory distress, atypical pneumonia, and severe coughing.
- **Neurological Signs:** Dizziness, drowsiness, altered consciousness, and mental confusion.
- **Severe Complications:** Progressing to seizures, coma, and encephalitis within 24 to 48 hours.

When to Visit a Doctor

Immediate medical attention is necessary if symptoms arise following potential exposure:

- **Recent Exposure:** If you have been in contact with someone diagnosed with NiV or have traveled to an outbreak area and develop a fever.
- **Neurological Changes:** If you experience sudden confusion, seizures, or extreme drowsiness.
- **Respiratory Distress:** If you have severe difficulty breathing or a persistent, worsening cough.

Preventative Measures

In the absence of a widely available vaccine or specific treatment, prevention focuses on reducing exposure:

- **Avoid Raw Sap:** Do not consume raw date palm juice, as bats often drink from collection pots and contaminate the sap.
- **Fruit Safety:** Thoroughly wash and peel fruits; avoid eating fruits that show signs of animal bites (e.g., bat teeth marks).
- **Animal Hygiene:** Avoid unprotected contact with bats and sick pigs. Use gloves and protective clothing if handling animals in endemic areas.
- **Hand Washing:** Practice regular hand washing with soap and water after visiting sick people or handling animals.

The Nipah virus (NiV) is recognized by the World Health Organization (WHO) as a priority pathogen with significant epidemic potential due to its high case fatality rate (CFR), which ranges from **40% to 75%**, and sometimes as high as **100%** in specific clusters.

The following statistics summarize the global and regional impact of the virus, based on historical data and the ongoing situation as of **January 2026**.

1. Global Statistical Overview (1994–2023)

A comprehensive meta-analysis of NiV cases confirmed approximately **2,736 cases** worldwide during this period.

- **Case Distribution by Country:**
 - **Bangladesh:** ~1,860 cases (68.0%) — the most frequent site of seasonal outbreaks.
 - **Malaysia:** ~687 cases (25.1%) — primarily from the initial 1998–1999 outbreak.
 - **India:** ~152 cases (5.5%).
 - **Singapore:** 20 cases (0.7%).
 - **Philippines:** 17 cases (0.6%).
- **Mortality Rates by Region:**
 - **India:** Highest average mortality at **82.7%**.
 - **Bangladesh:** **71%** (historical average; recent studies suggest 62.1% in certain cohorts).
 - **Philippines:** **82%**.
 - **Malaysia:** **39.6%** (from the initial outbreak).

2. Nipah Virus in India: Outbreak History

India has experienced several major and sporadic outbreaks, primarily in West Bengal and Kerala.

Year	State	Location	Confirmed Cases	Deaths	CFR
2001	West Bengal	Siliguri	66	45	68%
2007	West Bengal	Nadia	5	5	100%
2018	Kerala	Kozhikode	23	21	91%
2019	Kerala	Kochi	1	0	0%
2021	Kerala	Kozhikode	1	1	100%
2023	Kerala	Kozhikode	6	2	33%
2024	Kerala	Malappuram	2	2	100%

Year	State	Location	Confirmed Cases	Deaths	CFR
2025	Kerala	Malappuram/Palakkad	4	1	25%
2026	West Bengal	Barasat (Current)	2-5*	0	TBD

**Note: As of late January 2026, there are conflicting reports; while media sources report 5 confirmed cases among healthcare workers, the Union Health Ministry has officially confirmed 2 cases.*

3. Key Findings from Recent Research

- **Incubation Period:** Typically **4 to 14 days**, but extreme cases have shown delayed onset up to **45 days**.
- **Long-term Effects:** Approximately **20%** of survivors of acute encephalitis suffer from persistent neurological consequences, such as seizure disorders and personality changes.
- **Transmission Statistics:** In the 2001 Siliguri outbreak, **75%** of cases occurred among hospital staff or visitors, highlighting the extreme risk of nosocomial (hospital-based) transmission. In Bangladesh, roughly **50%** of cases between 2001 and 2008 were attributed to human-to-human transmission.
- **Fatality Trends:** Data from 2014–2023 indicates a "striking escalation" in the global mortality rate, which reached **80.1%** in that decade, likely due to more virulent strains circulating in the India-Bangladesh region compared to the original Malaysian strain.

4. Current 2026 Outbreak Details (West Bengal)

- **Location:** Barasat, North 24 Parganas (near Kolkata).
- **Impacted Group:** Primarily healthcare workers (nurses and doctors).
- **Current Measures:** Over **100 people** are under quarantine. The suspected index patient died in late December 2025 before a formal diagnosis was made, leading to the current cluster in the private hospital where they were treated.