

# Medscheme Health Policy Unit

## Nipah Virus Update: Nipping Concerns in the Bud



First identified during the Malaysia-Singapore outbreak in 1998-1999, Nipah virus (NiV) has since caused sporadic outbreaks. There is renewed global attention driven by recent confirmed cases, reported deaths, and misinformation in the media. This rapid alert provides a high-level update to support situational awareness within the South African context, along with a brief overview of the virus itself. <sup>(1) (2)</sup>

### Nipah in a nutshell <sup>(1) (2) (3) (4) (5) (6)</sup>

NiV is a rare but serious zoonotic virus that circulates among animals and can spill over to humans. It belongs to the *Henipavirus* genus, with fruit bats (*Pteropus* genus) serving as primary natural hosts.



**Symptoms** typically begin 3 to 14 days after exposure. Early illness is often mild and nonspecific - fever, headache, muscle pain, fatigue, sore throat, cough or breathing difficulties - making early diagnosis challenging. In some cases, the infection may progress to more severe symptoms such as encephalitis (brain inflammation), respiratory failure, and coma. Past outbreaks have shown fatality rates of 40-75%, depending on the outbreak context and the region's health system response.



**Diagnosis** is confirmed through laboratory testing of respiratory or blood samples. There is no specific antiviral therapy, so treatment focuses on supportive care – oxygen therapy, fluids, nutrition, and monitoring of complications.



**Transmission** occurs through direct contact with bodily fluids of infected animals – such as saliva, urine, or excreta – or through food contaminated by these fluids. Human-to-human

transmission occurs through close contact with bodily fluids of an infected person.



With research into a targeted vaccine still ongoing, prevention focuses on reducing exposure. In affected regions, food contamination is of particular concern, especially with raw fruits and vegetables. Produce should be thoroughly washed, fruits peeled, and any items with signs of bites or damage discarded. Human-to-human spread can be limited by avoiding close contact with people showing symptoms, maintaining regular hand and personal hygiene, and ensuring healthcare workers follow strict infection control and personal protective equipment (PPE) protocols.

### Global attention goes viral <sup>(3) (4) (7) (8) (9)</sup>

According to the World Health Organization (WHO), two laboratory-confirmed NiV cases were identified in late January 2026 in healthcare workers from the same private hospital in West Bengal, India. One nurse died in February 2026, while the other fully recovered. Enhanced surveillance and infection prevention measures already in place supported a rapid response, with more than 190 contacts traced, monitored, and all testing negative.

Bangladesh also reported an NiV-related death in January 2026. A woman died after developing severe neurological symptoms, believed to be linked to repeated consumption of raw date palm sap - a recognised transmission route in the country. All 35 of her contacts were traced and tested negative.

WHO continues to monitor the global situation and notes that, despite these isolated events, the overall associated risk remains low. While acknowledging the severity and high fatality

potential of NiV infections, WHO emphasises that containment measures were effective and no further cases have been detected.

Amid these verified events, the situation was further amplified by online misinformation, including a viral video falsely claiming a NiV outbreak in Uganda. The footage was later confirmed to be from a 2019 Ebola press briefing reused out of context, and no Nipah cases have been reported in Uganda.

**Closer to Home: Key Take-Aways** <sup>(3) (4) (10) (11)</sup>

Importantly, when it comes to South Africa, there is reassurance that - based on current evidence and global trends - the country remains at low risk. At this time, no NiV cases have been reported outside Asia, and WHO has

not recommended any travel or trade restrictions related to this outbreak. In addition, South Africa does not host the bat species known to carry NiV, meaning that any potential infection would most likely be associated with travel, which significantly limits widespread local transmission.

Despite the low risk and absence of cases, this status may evolve over time. Global health awareness therefore remains important – especially given the absence of a targeted vaccine. South Africans - especially healthcare professionals and travelers – are encouraged to remain informed about symptoms, the necessary precautions in high-risk areas, to seek medical advice promptly, and to isolate if required.



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