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Effective and practical approaches to working across sectors: One Health Approach to Nipah virus in Bangladesh

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History

- 1998-1999: Malaysia
 - Introduced into pig farms by fruit bats
 - ➤ In pigs : droplet infection.
 - Pigs act as an intermediate and amplifying host.
 - \succ Transmitted \rightarrow humans
 - Human encephalitis,
 - high mortality (40%)

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New virus discovered



Control measures

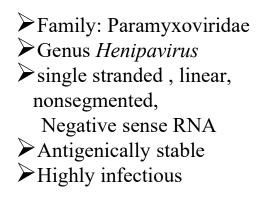
- Almost 900,000 pigs killed.
- Transport of pigs within the country banned
- Health educational efforts
- Established national surveillance

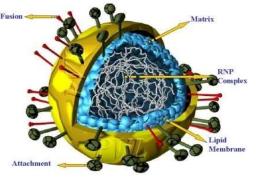




Nipah virus

Agent





Flying foxes (fruit bats)

- Carry the virus
- Are not affected

Virus found in

- > Urine
- Saliva



Pteropus (Fruit Bat)

Environmental susceptibility

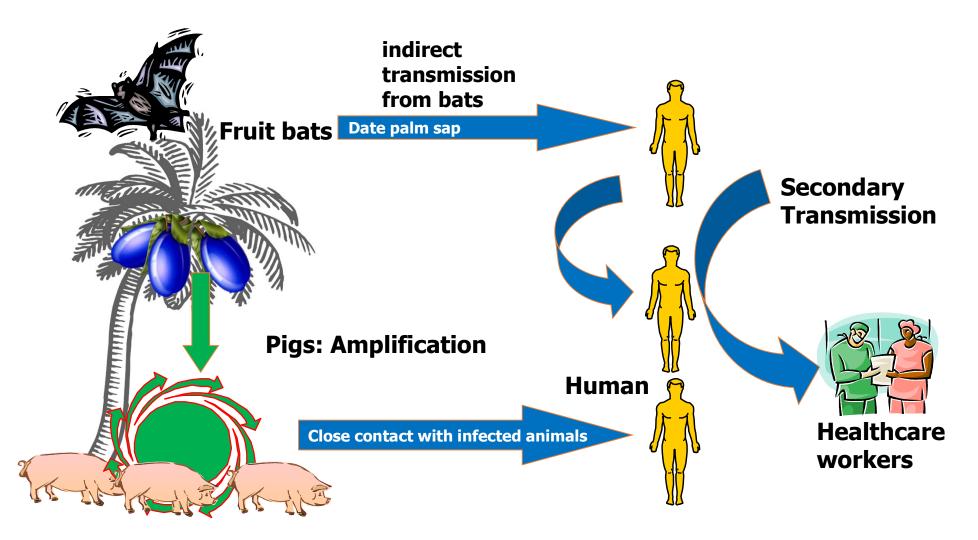
- Sensitive to higher temperatures and pH changes
- Desiccation reduces survival time <2 hrs</p>
- In fruit bat urine survived for more than four days at 22°C







Transmission of Nipah virus





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Surveillance activity in Bangladesh

Facility based sentinel surveillance Active Surveillance 8 Medical College Hospitals Passive Surveillance 2 District Hospitals Enhanced Surveillance For enhanced surveillance: site not fixed ,all public and private health care facilities of the district of the active

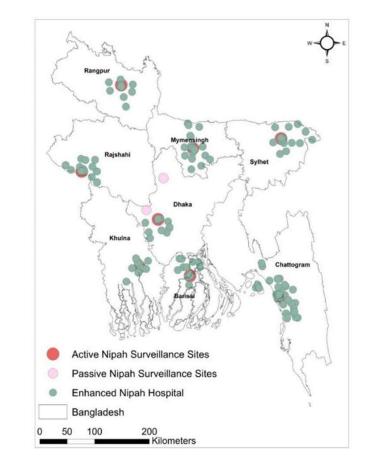


Figure: Nipah surveillance sites in Bangladesh



surveillance site.

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Photo glimpses: NIPAH Enhance awareness program





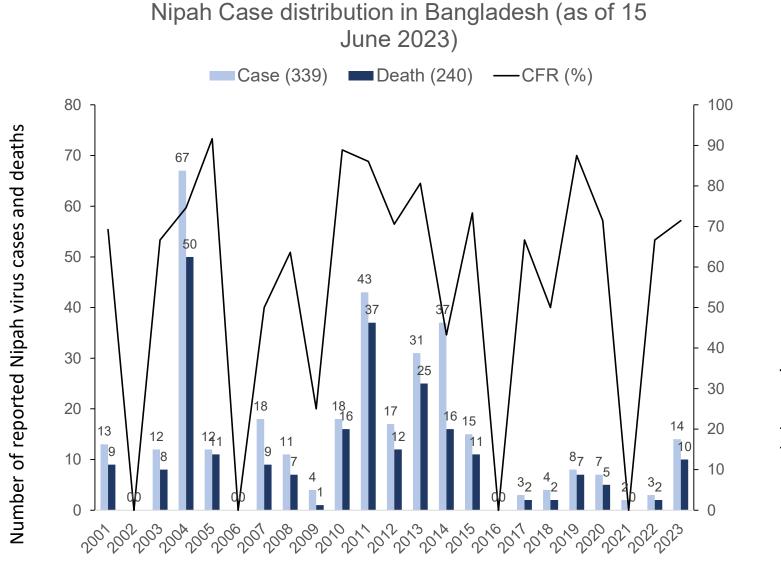
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Outbreaks in Bangladesh

- The first outbreak of Nipah virus in 2001 in Meherpur district (western part of Bangladesh).
- First outbreak detected in 2004
- Since then, outbreaks reported almost every year
- The largest outbreak occurred in 2004
- Nipah virus surveillance started in 2006 in collaboration with icddr,b with support from US-CDC
- Average Case fatality rate 71%





Case Fatality Rate (%)

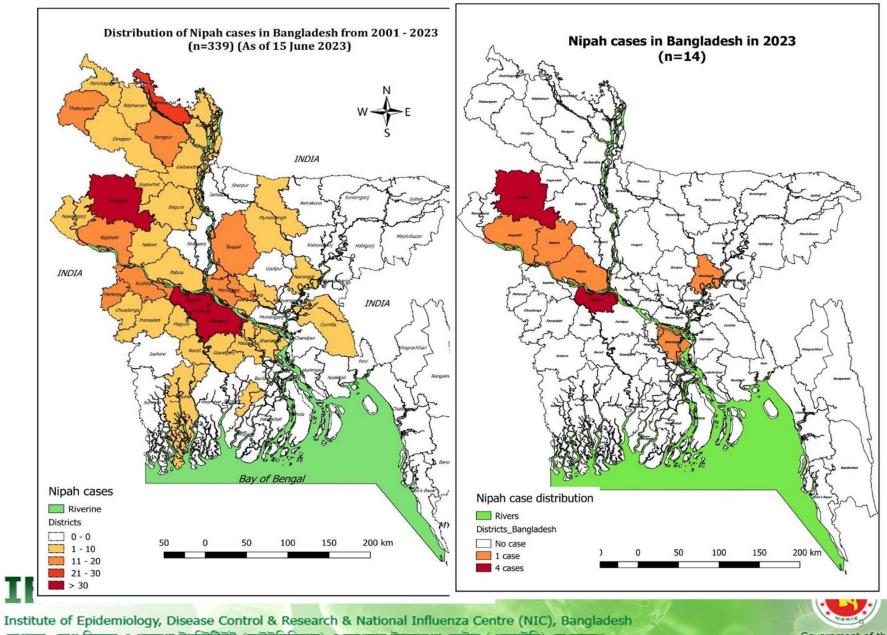
Year



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রোগতত্ত্ব, রোগ নিয়ন্ত্রন ও গবেষণা ইনস্টিটিউট (আইইডিসিআর) ও ন্যাশনাল ইনফুয়েঞ্জা সেন্টার (এনআইসি), বাংলাদেশ

Government of the People's Republic of Bangladesh

One Health approach to Nipah Encephalitis Outbreak Investigation

- Outbreak investigation team Epidemiologist, Virologist, wildlife team and Anthropologist
- Identification of the suspected case and source of infection
- Contact tracing
- Cluster identification

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- Community Survey for active case detection
- Risk communication in the outbreak community
- Specimens collection from suspected case and high-risk contacts
- Follow up of the contacts for 21 days since their last exposure with confirmed Nipah case
- Contact study (42 days since the last exposure with active Nipah case)















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One Health approach to Nipah Encephalitis Outbreak Investigation

Wildlife team:

- Finding Bat roosts
- Collect sample from bat roost, bat feeding habits , roosting ecology, landscape change
- Capturing bats and collecting biological samples

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Urine collection



Samples collection





One Health approach to Nipah Encephalitis Outbreak Investigation

Anthropology Team:

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- Understand the local view of the outbreak
- In-depth insight into behavioral risk practices of the outbreak community
- Bringing out sensitive, tabooed, or stigmatized practices, behaviors, and contexts linked to the outbreak
- Rumor management if unanticipated situations appear



Interview of Sap collector on-spot





Longitudinal Bat surveillance

Bat Surveillance sites

- Faridpur
- Rajshahi
- Cox's Bazar

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> Sylhet

Biological Sample

- Weekly pooled roost urine from four districts
- 60 bats capture bimonthly from each site and collect urine, serum, and oral swabs

Laboratory Identification

- Henipavirus genetic diversity
- Paramyxovirus genetic diversity
- Multiplex Luminex assay for henipavirus antibodies



Recording morphometric measurements



Collection of oropharyngeal swab





Behavioral Risk Survey and Henipavirus Serology in humans at high-risk communities

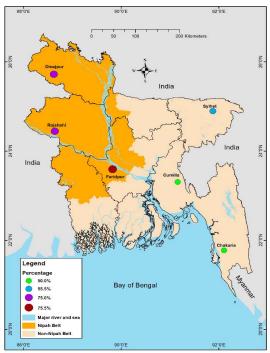
- Face-to-face interviews
- **Exposure history** RDPS, Bat hunting, bat handling, and meat consumption
- Serum samples from 06 districts
- Multiplex Luminex assay serological evidence of henipavirus



Conducting interview



Specimen collection



Study location



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Anthropological Research

- In-depth understanding of the risk of NiV spillover from bats to humans
- Exploring date palm sap harvesting and trading practices
- Exploring knowledge of sap collectors on bat-borne infections
- Exploring the practice of half-eaten fruit consumption in the community, including human and animal



Collecting RDPS by Gachi



Interviewing a Gachi



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Anthropological Finding

Collect RDPS - November to April

➢RDPS - considered as a traditional delicious delicacy for Bangladeshi people

➤The Gachi prefer selling RDPS more than making molasses

RDPS is sold in non-harvesting areas through a middleman and social media, online, pre-order based on demand



Raw sap



Date palm tree garden during collection



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Institute of Epidemiology, Disease Control & Research & National Influenza Centre (NIC), Bangladesh রোগতত্ত্ব, রোগ নিয়ন্ত্রন ও গবেষণা ইনস্টিটিউট (আইইডিসিআর) ও ন্যাশনাল ইনফুয়েঞ্জা সেন্টার (এনআইসি), বাংলাদেশ



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Anthropological Finding

- Bats visit on the trees and consume RDPS, and contaminate it with their saliva, urine and feces
- The prefer RDPS harvesters use non-conventional protective apparatuses like jute bags, polythene/ plastic bags, and nylon nets, bamboo skirts





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Risk factor identified in Bangladesh

Consumption of Raw date palm juice (Contaminated by bat saliva or urine)

Consumption of fermented raw date palm juice

Contact with Nipah Infected person
From patient to caregiver or contact
From patient to healthcare worker
During handling deceased



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NIPAH ECOLOGY



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Acknowledgement

Surveillance team
Sentinel sites
US, CDC
icddr,b
EchoHealth Alliance



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Thank you