Hendra and Nipah viruses from genus Henipavirus are paramyxoviruses that can cause diseases that passed between animals and humans. These viruses are responsible for causing diseases that occurs at irregular intervals at some places. Like other paramyxovirus, henipavirus also have the ability to escape the host immune response due to interferon protein; this is due to P gene. The P-gene is responsible for encoding four proteins – C, P, V, & W protein. Currently no vaccines or therapeutic remedies are available which can prevent henipavirus infection. Ribavirin which is used to treat various viral hemorrhagic fevers, in vitro studies of ribavirin against both hendra and nipah virus shows effective inhibition of hendra and nipah virus. The henipavirus have two envelope proteins F & G glycoproteins; the G glycoprotein is an attachment glycoprotein while F is the fusion glycoprotein. The recent tactic to prevent henipavirus infection focused on direct medication by soluble forms of F & G viral glycoproteins to induce a protective immune response.

Hendra virus (HeV) and Nipah virus (NiV) from genus henipa virus are zoonotic paramyxovirus; they can cause disease which is passed between animals and humans (1). Hendra virus was first detected in humans in Australia in 1994 with horses as intermediate host. Fruit bats of Pteropous species of Australian flying fox show serological evidence of early exposure to Hendra virus (2).

Nipah virus was first detected in humans in Malaysia in 1998 with Pigs as the intermediate host (3). The nipah virus was isolated from the cerebral fluid of an infected human (4) The name Nipah is come from the name of the river in the village from which the first case had come (5). Different ELISA methods have been developed for the serological diagnosis of henipavirus infection (6).

There is no approved therapeutics modality against Hendra and Nipah virus and hence both are extremely pathogenic (7), this leads to the classification of Nipah and Hendra virus as biosafety level 4 pathogens (8). Recent investigations show that compounds which modulated ion flux particularly intracellular calcium ion flux induced a potent inhibition of henipavirus replication (9). Some of the compounds used as therapeutic drugs against henipavirus exert their effect via releasing intracellular calcium and thus it provides a novel antiviral mechanism (10).
Currently there are no vaccines or therapeutic medicine specifically recorded to either prevent or treat patients infected with henipaviruses (11), in a screening of over 8,000 low molecular compounds against live Nipah Virus, three commercially available compounds are identified, providing a measure to immediately evaluate their mode of action (12). Brilliant Green (One of the identified compounds) was observed to induce a rapid and continuous rise in intracellular calcium concentration (9). Further investigation reports compounds which inflect ion channel flux, mainly intracellular calcium flux, this results in a strong inhibition of henipavirus replication in vitro (9). In vitro studies of ribavirin shows effective inhibition of both Hendra and Nipah Virus (13), a recent in vivo study on a hamster model animals infected with Nipah virus reveals that the 5-ethyl analogue of ribavirin is capable to prevent mortality in five of six animals (14), it has been found by in vitro study on pseudo typed-VSV of Hendra Virus, as chloroquine, is an efficient antiviral compound. But in vivo it does not shows any anti henipa virus effect (15), the major vaccination strategy to induce a protective immune response against henipavirus infection is the direct immunization with soluble forms of F and/or G viral glycoprotein (16). In this form of vaccination several injections of recombinant proteins coupled to adjuvant are required to achieve a significant immune response (17). In few other vaccination strategies recombinant viral vectors are used to directly express the G and/or F glycoproteins of henipavirus in vivo (18). The hamsters and pigs can be protected against a challenge with wild-type Nipah virus by using recombinant vectors derived from vaccinia virus or canary poxvirus were shown to induce a humoral response against the Nipah virus G protein (19). However, several other viral proteins are also encoded by these vectors, which may cause undesired immune response in humans (20). Immunization with adenovirus-associated virus (AAV) vaccines (expressing the Nipah virus G protein) in mice demonstrated that to induce a potent and long-lasting antibody response a single intramuscular AAV injection was sufficient (21).

**Structure of henipavirus:-**

Henipaviruses are pleomorphic ranging in size from 40 to 600 nm in diameter. They have a lipid membrane above a shell of viral matrix protein, within the lipid membranespikes of F (Fusion) protein trimmers and G (Attachment) protein tetramers are Embedded (22). The G protein is responsible to attach the virus to the surface of a host cell via EPHB2 (Ephrin B2) (23). The viral membrane of henipavirus fuses the with the host cell membrane, via F protein releasing the virion contents into the cell (24). This results in the fusion of infected cells with the neighboring cells to form a syncytium (25). The Hendra virus and Nipah virus genomes are non-segmented, single-stranded anti-sense RNA (26). The genomes of both hendra and nipah virus are 18.2 kb in size and contain six genes relating to six structural proteins (27). With the help of RNA editing Henipaviruses can generate multiple proteins from a single gene (28), this results in insertion of extra guanosine residues into the P gene mRNA prior to translation (29). The synthesis of P, V or W proteins is decided by number of residues added (30). The functions of the V and W proteins are unknown however they might be included in disturbing host antiviral systems (31).

**Epidemiology:-**

The basis for the epidemiology of Hendra and Nipah virus throughout the vary of their prevalence is determined by the sources that maintain them and the by the mode of transmission of viruses to the human population (32). Pteropid fruit bats family Pteropodidae, have been distinguished as the common reservoir hosts of henipaviruses (33). Both Nipah and Hendra virus are endemic, highly pathogenic and capable of infecting most of the mammalian species in nature and under experimental conditions (34). Field studies in Malaysia shows that there are various factors that could have led to the transmission of the virus from the reservoir bat species to commercial pig farms. (35). The common practice of large scale farming, without the application of sufficient biosecurity practices certainly promote the transmission of the virus once it was imported into the national swine herd (36). The passage of transmission in crowded populations is well identified as a primary aspect in aiding the genesis of the Malaysian outbreak in the swine population (37). The incubation time ranged from few days but in most of the cases between 1 to 3 weeks (38). Prior signs and symptoms are often nonspecific: headache, dizziness, fever, myalgia, (39). Neurological symptoms are the prevalent features within a week, despite of 14–29% also exhibit respiratory involvement (40). Symptoms of Hendra virus infection of humans may be respiratory, along with hemorrhage and edema of the lungs, or encephalitic, resulting in meningitis (41). In horses, infection mostly results impulmonary edema, congestion and or neurological signs (42).
Henipa virus outbreaks in India & Bangladesh:-

| DATE             | LOCATION                  | DETAILS                                                                 |
|------------------|---------------------------|-------------------------------------------------------------------------|
| January 31–23 February 2001 | Siliguri, India           | 66 cases  
74% mortality rate.  
75% of are hospital employees. (43)                                    |
| April – May 2001 | Meherpur, Bangladesh       | 13 cases, 9 fatalities (44)                                               |
| January 2003     | Naogaon District, Bangladesh | 12 cases, 8 fatalities (44)                                                |
| January– February 2004 | Manikganj and Rajbari districts, Bangladesh | 42 cases, 14 fatalities (44)                                               |
| 19 February – 16 April 2004 | Faridpur District, Bangladesh | 36 cases, 27 fatalities  
92% of cases are in close contact with at least one other nipah virus infected person. (45) |
| February – May 2007 | Nadia District, India     | 50 suspected cases, 3–5 fatalities. (46)                                  |
| February – March 2008 | Manikganj and Rajbari districts, Bangladesh | Nine cases, 8 fatalities. (46)                                            |
| February 2011    | Hatibandha, Lalmonirhat, Bangladesh | 21 schoolchildren are due to Nipah virus infection.  
IEDCR has confirmed the infection is due to this virus. (47) |

Henipa virus outbreaks in Australia:-

| DATE             | LOCATION                  | DETAILS                                                                 |
|------------------|---------------------------|-------------------------------------------------------------------------|
| August 1994      | Mackay, Queensland        | Two horses one human die. (48)                                          |
| September 1994   | Hendra, Queensland        | 20 horses died. Two humans infected, and one die (48)                   |
| October 2004     | Gordonville, Cairns, Queensland | One horses die. (48)                                                    |
| July 2008        | Redlands, Brisbane, Queensland | Four horses died due to Hendra virus.  
Two veterinary workers infected.  
A nurse involved in caring for the infected horses was also hospitalized. The Biosecurity Queensland website shows that 8 horses died during this incident. (48) |
| 20 June 2011 – 31 July 2011 | Mt Alford, (near Boonah) Queensland | Three horses die due to hendra virus. And dogs which are in contact with infected horses are also affected (48) |
| 19 July 2012     | Rockhampton, Queensland   | One horse died.                                                          |
| 4 July 2013      | Macksville, New South Wales | Six year old castrated male horse died. (49)                             |
| 9 July 2013      | Kempsey, New South Wales  | Thirteen year old unvaccinated quarter horse died. (49)                 |
| 1 June 2014      | Beenleigh, Queensland     | Horse euthanized. (49)                                                   |
| June – July 2015 | Murwillumbah Kairi        | 1 horse dies. (49)                                                       |

Mechanism of transmission of henipa virus:-

Like other paramyxoviruses, henipavirus infection of the host cell is mediated by two membrane anchored surface glycoprotein’s- an attachment (G) and fusion (F) glycoprotein (50). The G glycoprotein is present as tetramer anchored in the lipid membrane of the virus which appears to be associated with the trimeric F glycoprotein prior to receptor binding (51). Following binding of G to its ephrin receptors, conformational changes are expect to occur within the G glycoprotein oligomer (52). The receptor assurance of the G glycoprotein in turn elicit a conformational change in the F glycoprotein, leading to the stripping of the fusion peptide (53) which forms a physical link between the viral and cellular membranes. At the end of the fusion process nucleo capsid enters into the cytoplasm of the cell and results in onset of viral replication (54). The utilization of ephrin-B2 and ephrin-B3 as the receptor on the host...
cell leads to basic similarities in the disease processes caused by Hendra and Nipah virus regardless of the species infected (55). Isolation of virus from the nasopharyngeal secretions of Nipah virus infected patients and from the dissection of organs of a fatally infected Nipah virus patient, suggested that the primary site of virus replication could be the lymphoid and the respiratory tissues (56).

Fig. 1.1:- Vasculitis and associated intravascular thrombosis in human brain necrosis, and peripheral multinucleated giant cell formation (70)

Fig. 1.2:- Glomerulus in human Nipah infection with thrombosis (70)

Vaccine Development:-
Vaccines effectively control other well-known paramyxovirus infection infections e.g. Measles and Mumps in human beings and Rinderpest infection in cattle (57,58,59). New vaccination strategy is based on the use of recombinant vectors derived from adeno-associated virus (AAV)(60). Now days AAV vectors are considered to be powerful tools for in vivo gene transfer and gene therapy (61). In fact, these vectors are able to transfer genetic material in a wide variety of tissues in vivo, this leads to a strong and sustained expression of the transgene (62). AAV vectors have the ability to express the nipah virus G protein to induce a protective immune response(63).

The majority of paramyxoviruses enter the host cell via two surface glycoprotein’s: one is Class I fusion (F) glycoprotein and theother is an attachment glycoprotein, which may be a hemagglutinin–neuraminidase (HN), hemagglutinin (H) (64), or in case for henipaviruses it may be a G glycoprotein (65), therefore effective resistance to paramyxovirus infection through vaccination is generally mediated by an acquired immune response to viral surface protein or glycoprotein’s generally for infections associated with viraemic phase (66). Recent studies for the development of vaccines against henipa virus focused on viral envelope F and G glycoprotein’s which are either expressed as a recombinant immunogen subunit or in a recombinant virus (67). The vaccination strategies against henipa virus infection generally based on regular repeated injections of high doses of Hendra virus G proteins mixed with some adjuvant to induce a protective humoral response (68,69).
Conclusion and future aspects: -
In light of the potential ecological availability of Hendra Virus and Nipah Virus, as they are highly pathogenic and able to infect a broad range of mammalian hosts, the development of effective therapeutic measures is the major area of research to be focus. The use of structure glycoproteins (F & G) in vaccine preparation induces a protective humoral immune response.

References: -
1. Bonaparte, M. I., Dimitrov, A. S., Bossart, K. N., Cramer, G., Mungall, B. A., Bishop, K. A., ... & Broder, C. C. (2005). Ephrin-B2 ligand is a functional receptor for Hendra virus and Nipah virus. Proceedings of the National Academy of Sciences of the United States of America, 102(30), 10652-10657.
2. Li, W. et al. Bats are natural reservoirs of SARS-like coronaviruses. Science 310, 676–679 (2005).
3. Gurley, E. S., Montgomery, J. M., Hossain, M. J., Bell, M., Azad, A. K., Islam, M. R., ... & Lowe, L. (2007). Person-to-person transmission of Nipah virus in a Bangladeshi community. Emerg Infect Dis, 13(7), 1031-1037.
4. Goh, K. J., Tan, C. T., Chew, N. K., Tan, P. S. K., Kamarulzaman, A., Sarji, S. A., ... & Lam, S. K. (2000). Clinical features of Nipah virus encephalitis among pig farmers in Malaysia. New England Journal of Medicine, 342(17), 1229-1235.
5. Specter, M. (2005). Nature’s bioterrorist. New Yorker, 28, 50-61.
6. Wong, K. T., & Ong, K. C. (2011). Pathology of acute henipavirus infection in humans and animals. Pathology research international, 2011.
7. Geisbert, T. W., Daddario-DiCaprio, K. M., Hickey, A. C., Smith, M. A., Chan, Y. P., Wang, L. F., ... & Broder, C. C. (2010). Development of an acute and highly pathogenic nonhuman primate model of Nipah virus infection. PLoS One, 5(5), e10690.
8. Aljofan, M., Porotto, M., Moscona, A., & Mungall, B. A. (2008). Development and validation of a chemiluminescent immunoassay amenable to high throughput screening of antiviral drugs for Nipah and Hendra virus. Journal of virological methods, 149(1), 12-19.
9. Aljofan, M., Lo, M. K., Rota, P. A., Michalski, W. P., & Mungall, B. A. (2010). Off label antiviral therapeutics for henipaviruses: new light through old windows. Journal of antivirals & antiretrovirals, 2(1).
10. Aguilar, H. C., & Lee, B. (2011). Emerging paramyxoviruses: molecular mechanisms and antiviral strategies. Expert reviews in molecular medicine, 13, e6.
11. Wolf, M. C., Negrete, O. A., & Lee, B. (2007). Pathobiology of henipavirus entry: insights into therapeutic strategies.
12. Aljofan, M., Saubern, S., Meyer, A. G., Marsh, G., Meers, J., & Mungall, B. A. (2009). Characteristics of Nipah virus and Hendra virus replication in different cell lines and their suitability for antiviral screening. Virus research, 142(1), 92-99.
13. Rockx, B., Bossart, K. N., Feldmann, F., Geisbert, J. B., Hickey, A. C., Brining, D., ... & Long, D. (2010). A novel model of lethal Hendra virus infection in African green monkeys and the effectiveness of ribavirin treatment. Journal of virology, 84(19), 9831-9839.
14. Mungall, B. A., Chopman, N. C., Lambeth, L. S., & Doran, T. J. (2008). Inhibition of Henipavirus infection by RNA interference. Antiviral research, 80(3), 324-331.
15. Velkov, T., Carbone, V., Akter, J., Sivanesan, S., Li, J., Beddoo, T., & A Marsh, G. (2014). The RNA-Dependent-RNA Polymerase, an Emerging Antiviral Drug Target for the Hendra Virus. Current drug targets, 15(1), 103-113.
16. Ploquin, A., Szécsi, J., Mathieu, C., Guillaume, V., Barateau, V., Ong, K. C., ... & Salvetti, A. (2012). Protection Against Henipavirus Infection Using Recombinant AAV Vector Vaccines. Journal of Infectious Diseases, jis699.
17. Nieto, K., & Salvetti, A. (2014). AAV vectors vaccines against infectious diseases.
18. Yoneda, M., Georges-Courbot, M. C., Ikeda, F., Ishii, M., Nagata, N., Jacquot, F., ... & Kai, C. (2013). Recombinant measles virus vaccine expressing the Nipah virus glycoprotein protects against lethal Nipah virus challenge. PloS one, 8(3), e58414.
19. Halpin, K., & Mungall, B. A. (2007). Recent progress in henipavirus research. Comparative immunology, microbiology and infectious diseases, 30(5), 287-307.
20. Haller, S. L., Peng, C., McFadden, G., & Rothenburg, S. (2014). Poxviruses and the evolution of host range and virulence. Infection, Genetics and Evolution, 21, 15-40.
21. Nieto, K., & Salvetti, A. (2014). AAV vectors vaccines against infectious diseases.
22. Fraire, A. E., & Zaki, S. R. (2014). Henipah Viruses. In Viruses and the Lung (pp. 117-122). Springer Berlin Heidelberg.
23. Mire, C. E., Satterfield, B. A., & Geisburt, T. W. (2015). Pathogenesis of Hendra Virus in Humans. Human Emerging and Re-emerging Infections Set, 207.
24. Weis, M., & Mains, M. (2015). Nipah virus fusion protein: Importance of the cytoplasmic tail for endosomal trafficking and bioactivity. European journal of cell biology, 94(7), 316-322.
25. Krüger, N., Hoffmann, M., Drexler, J. F., Müller, M. A., Corman, V. M., Sauer, C., ... & Herrler, G. (2015). Functional properties and genetic relatedness of the fusion and hemagglutinin-neuraminidase proteins of a mumps virus-like bat virus. Journal of virology, 89(8), 4539-4548.
26. Iida, A., Ban, H., Inoue, M., Hirata, T., & Hasegawa, M. (2014). U.S. Patent No. 8,741,650. Washington, DC: U.S. Patent and Trademark Office.
27. Parveze, M. M., Rahman, M., Nibir, Y. M., & Hossain, M. S. (2016). Two highly similar LAEDDTNAQKT and LTDKIGTEI epitopes in G glycoprotein may be useful for effective epitope based vaccine design against pathogenic Henipavirus. Computational Biology and Chemistry.
28. Nambullil, S., Sharp, C. R., Acciardo, A. S., Drexler, J. F., & Duprex, W. P. (2016). Mapping the evolutionary trajectories of morbilliviruses: what, where and whether. Current Opinion in Virology, 16, 95-105.
29. Nikiforuk, A. (2015). Generation of a human Middle East respiratory syndrome coronavirus (HCoV-MERS) infectious clone system by recombination of bacterial artificial chromosomes.
30. Pisanelli, G., Laurent-Rolle, M., Manicassamy, B., Belicha-Villanueva, A., Morrison, J., Lozano-Dubernard, B., ... & García-Sastre, A. (2016). La Piedad Michoacán Mexico Virus V protein antagonizes type I interferon response by binding STAT2 protein and preventing STATs nuclear translocation. Virus research, 213, 11-22.
31. Mathieu, C., & Horvat, B. (2015). Henipavirus pathogenesis and antiviral approaches. Expert review of anti-infective therapy, 13(3), 343-354.
32. Khurana, S. K., Dham, K., Prasad, M., Karthik, K., & Tiwari, R. (2015). Zoonotic pathogens transmitted from equines: diagnosis and control. Adv. Anim. Vet. Sci, 3(2s), 32-53.
33. Butler, J., Wertz, N. A. N. C. Y., & Baker, M. L. (2014). The immunoglobulin genes of bats. Comparative Immunoglobulin Genetics, 53.
34. Manuja, B. K., Manuja, A., & Singh, R. K. (2014). Globalization and Livestock Biosecurity. Agricultural Research, 3(1), 22-31.
35. Chua, K. B. (2012). Introduction: Nipah Virus—Discovery and Origin. In Henipavirus (pp. 1-9). Springer Berlin Heidelberg.
36. Chua, K. B., Tan, C. T., & Wong, K. T. (2015). Nipah Virus Infections in Humans. Human Emerging and Re-emerging Infections Set, 189.
37. Epstein, J. H., & Field, H. E. (2015). Anthropogenic epidemics: The Ecology Of Bat-Borne Viruses And Our Role In Their Emergence. Bats and Viruses: A New Frontier of Emerging Infectious Diseases, 249.
38. Ong, K. C., & Wong, K. T. (2015). Henipavirus Encephalitis: Recent Developments and Advances. Brain Pathology, 25(5), 605-613.
39. Ahmad, B. S., & Tan, C. T. (2014). Nipah Encephalitis—An Update. Med J Malaysia, 69, 103.
40. Anderson, D. E., & Marsh, G. A. (2015). Bat Paramyxoviruses. Bats and Viruses: A New Frontier of Emerging Infectious Diseases, 99-126.
41. Chen, F., Zhao, D., & Jiao, Z. (2015). Nipah Virus Encephalitis. In Radiology of Infectious Diseases: Volume 1 (pp. 541-547). Springer Netherlands.
42. Broder, C. C., & Bossart, K. N. (2015). U.S. Patent No. 20,150,306,208. Washington, DC: U.S. Patent and Trademark Office.
43. Harit, A. K., Ichhpuijani, R. L., Gupta, S., & Gill, K. S. (2006). Nipah/Hendra virus outbreak in Siliguri, West Bengal, India in 2001. Indian Journal of Medical Research, 123(4), 553.
44. Naser, A. M., Hossain, M. J., Sazzad, H. M. S., Homaira, N., Gurley, E. S., Podder, G., ... & Ahmed, B. N. (2015). Integrated cluster-and case-based surveillance for detecting stage III zoonotic pathogens: an example of Nipah virus surveillance in Bangladesh. Epidemiology and infection, 143(09), 1922-1930.
45. Sazzad, H. M., Hossain, M. J., Gurley, E. S., Ameen, K. M., Parveen, S., Islam, M. S., ... & Rollin, P. E. (2013). Nipah virus infection outbreak with nosocomial and corpse-to-human transmission, Bangladesh. Emerg Infect Dis, 19(2), 210-7.
46. Wahed, F., Kader, S. A., Nessa, A., & Mahamud, M. M. (2011). Nipah Virus: an emergent deadly paramyxovirus infection in Bangladesh. Journal of Bangladesh Society of Physiologist, 6(2), 134-139.
47. Rahman, M. A., & Karim, R. Analysis of Nipah Virus Outbreaks in Bangladesh: A Deadly Paramyxovirus.
48. Mahalingam, S., Herrero, L. J., Playford, E. G., Spann, K., Herring, B., Rolph, M. S., ... & Wang, L. F. (2012). Hendra virus: an emerging paramyxovirus in Australia. The Lancet infectious diseases, 12(10), 799-807.

49. Field, H. E. (2016). Hendra virus ecology and transmission. Current opinion in virology, 16, 120-125.

50. Xu, K., Chan, Y. P., Bradel-Tretheway, B., Akyl-Ataman, Z., Zhu, Y., Dutta, S., ... & Lee, B. (2015). Crystal Structure of the Pre-fusion Nipah Virus Fusion Glycoprotein Reveals a Novel Hexamer-of-Trimmers Assembly. PLoS Pathog, 11(12), e1005322.

51. Palgen, J. L., Jurgens, E. M., Moscona, A., Porotto, M., & Palermo, L. M. (2015). Chapter One-Unity in Diversity: Shared Mechanism of Entry Among Paramyxoviruses. Progress in molecular biology and translational science, 129, 1-32.

52. Bradel-Tretheway, B. G., Liu, Q., Stone, J. A., McInally, S., & Aguilar, H. C. (2015). Novel functions of Hendra virus G N-glycans and comparisons to Nipah virus. Journal of virology, 89(14), 7235-7247.

53. Biering, S. B., Huang, A., Vu, A. T., Robinson, L. R., Bradel-Tretheway, B., Choi, E., ... & Aguilar, H. C. (2012). N-glycans on the Nipah virus attachment glycoprotein modulate fusion and viral entry as they protect against antibody neutralization. Journal of virology, 86(22), 11991-12002.

54. Mire, C. E., Satterfield, B. A., & Geisbert, T. W. (2015). Pathogenesis of Hendra Virus in Humans. Human Emerging and Re-emerging Infections Set, 207.

55. Yun, T., Park, A., Hill, T. E., Pernet, O., Beatty, S. M., Juelich, T. L., ... & Gao, J. (2015). Efficient reverse genetics reveals genetic determinants of budding and fusogenic differences between Nipah and Hendra viruses and enables real-time monitoring of viral spread in small animal models of henipavirus infection. Journal of virology, 89(2), 1242-1253.

56. Pallister, J., Middleton, D., Broder, C. C., & Wang, L. F. (2012). Henipavirus vaccine development. Journal of Bioterrorism & Biodefense, 2011.

57. Goodson, J. L., & Seward, J. F. (2015). Measles 50 Years After Use of Measles Vaccine. Infectious disease clinics of North America, 29(4), 725-743.

58. Maple, P. A. (2015). Application of Oral Fluid Assays in Support of Mumps, Rubella and Varicella Control Programs. Vaccines, 3(4), 988-1003.

59. Singh, R. K., Rajak, K. K., Muthuchelvan, D., Banyard, A. C., & Parida, S. (2015). Vaccines Against Peste des Petits Ruminants Virus. In Peste des Petits Ruminants Virus (pp. 183-194). Springer Berlin Heidelberg.

60. Ploquin, A., Szécsi, J., Mathieu, C., Guillaume, V., Barateau, V., Ong, K. C., ... & Salvetti, A. (2012). Protection Against Henipavirus Infection Using Recombinant AAV Vector Vaccines. Journal of Infectious Diseases, jls699.

61. Dalkara, D., Byrne, L. C., Klimeczak, R. R., Visel, M., Yin, L., Merigan, W. H., ... & Schaffer, D. V. (2013). In vivo–directed evolution of a new adeno-associated virus for therapeutic outer retinal gene delivery from the vitreous. Science translational medicine, 5(189), 189ra76-189ra76.

62. Gori, J. L., Hsu, P. D., Maeder, M. L., Shen, S., Welstead, G. G., & Bumcrot, D. (2015). Delivery and Specificity of CRISPR/Cas9 Genome Editing Technologies for Human Gene Therapy. Human gene therapy, 26(7), 443-451.

63. Broder, C. C., & Bossart, K. N. (2015). U.S. Patent No. 9,056,902. Washington, DC: U.S. Patent and Trademark Office.

64. Iorio, R. M., Melanson, V. R., & Mahon, P. J. (2009). Glycoprotein interactions in paramyxovirus fusion. Future virology, 4(4), 335-351.

65. Mateo, M., Navaratnarajah, C. K., & Cattaneo, R. (2014). Structural basis of efficient contagion: measles variations on a theme by parainfluenza viruses. Current opinion in virology, 5, 16-23.

66. Pallister, J., Middleton, D., Wang, L. F., Klein, R., Haining, J., Robinson, R., ... & Chan, Y. P. (2011). A recombinant Hendra virus G glycoprotein-based subunit vaccine protects ferrets from lethal Hendra virus challenge. Vaccine, 29(34), 5623-5630.

67. Broder, C. C. (2013). Passive immunization and active vaccination against Hendra and Nipah viruses.

68. Satterfield, B. A., Dawes, B. E., & Milligan, G. N. (2016). Status of vaccine research and development of vaccines for Nipah virus: prepared for WHO PD-VAC July 30, 2015. Vaccine.

69. Vitetta, E. S. (2016). U.S. Patent No. 20,160,067,333. Washington, DC: U.S. Patent and Trademark Office.

70. http://www.hindawi.com/journals/pri/2011/567248/fig1