

**GOVERNMENT OF KERALA****Abstract**

Health & Family Welfare Department - Nipah Virus Infection -
Revised Treatment Guidelines - Approved - Orders issued

HEALTH & FAMILY WELFARE (F) DEPARTMENT

G.O.(Rt)No.1866/2025/H&FWD Dated,Thiruvananthapuram, 05-07-
2025

Read G.O.(Rt)No.2363/2023/H&FWD dated 16.09.2023.

ORDER

As per Government order read above, Government have approved and issued the "Nipah Virus Infection- Treatment Guidelines Revised - September 2023", incorporating Epidemiology, burden of disease, transmission, diagnosis, and management of Nipah virus infection.

In the light of the recent reports of Nipah virus cases in Palakkad and Malappuram Districts of Kerala, and to ensure effective disease control and management, Government are pleased to revise the existing Standard Operating Procedures (SOP) incorporating the guidelines related to post-exposure prophylaxis, quarantine, and testing of primary contacts of Nipah virus, as annexed to this order.

(By order of the Governor)
Dr. Rajan Namdev Khobragade I A S
ADDITIONAL CHIEF SECRETARY

To:

The State Mission Director -National Health Mission,
Thiruvananthapuram.

The Director of Health Services, Thiruvananthapuram.

The Director of Medical Education, Thiruvananthapuram.

All District Medical Officers (Health).

All Superintendents, Medical College Hospitals.

Principal Accountant General (A&E/Audit) Kerala.

Information & Public Relations (Web & New Media) Department.
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Forwarded /By order

Signed by

Jimmy Kochu Paul

Section Officer

Date: 05-07-2025 16:03:58

Copy to:-

Private Secretary to the Hon'ble Chief Minister

Private Secretary to the Hon'ble Minister (Health)

OSD Chief Secretary

PS to Additional Chief Secretary (Health)

**Guidelines for Post-exposure prophylaxis, quarantine and testing of
Primary contacts of Nipah virus infection**

RISK CATEGORY	DESCRIPTION	POST EXPOSURE PROPHYLAXIS
Highest risk category	- Any contact with body fluids (blood, urine, saliva etc) of a confirmed case of Nipah without proper PPE. [Gown, gloves, well fitted triple layer/N95 mask, faceshield] - Any person who performs intubation /BAL /nebulization/ suctioning [open] of a confirmed case without N95 mask and face shield.	Inj Remdesivir 200 mg loading followed by 100 mg intravenous OD for 12 days Drug should be administered in a hospital setting for monitoring.
High risk category	- Has spend time with a confirmed case in close proximity [within 6 feet] or in closed space for more than or equal to 6 hrs without properly worn triple layer/N95 mask - Any contact with body fluids of a probable case who died without a lab confirmation of Nipah.	Favipiravir 1800 mg Q12H on day 1 followed by 800 mg Q12H for next 13 days
Low risk category	- Any other contact such as touching intact skin, contact with clothes or linen or any other item used by confirmed case. - Has spend time with a confirmed case in close proximity or in closed space for less than or equal to 6 hrs without mask	No need for chemoprophylaxis

Since there is not enough scientific evidence to support the use of either, remdesivir/favipiravir as PEP, an informed consent should be obtained prior to initiation of these drugs for chemoprophylaxis. A baseline hemogram, LFT, RFT should be performed for all those who receive PEP with either remdesivir or favipiravir. Investigations must be repeated after 7 days and at the end of PEP or based on symptoms. A baseline ECG should be obtained for those put on remdesivir and QT interval must be reassessed after 7 days of remdesivir. Based on our prior experience with these drugs as PEP, risk vs benefit favour their administration as PEP for those with highest/high risk exposure.

RISK CATEGORY	FOLLOW UP ACTION
Highest/High Risk	Asymptomatic - home quarantine with active follow up for fever by health workers by telephonic interview, twice for 21 days from day of last contact. Symptomatic (fever) - immediate admission in designated isolation room.
Low risk	Asymptomatic - No need for quarantine. Line list of all low risk contacts should be maintained. They should be monitored for symptoms twice a day by telephonic interview for 21 days from day of last contact. If they develop symptoms, should be hospitalized and isolated and testing for Nipah should be undertaken.

For asymptomatic contacts, testing for Nipah virus infection is not required to release them at end of 21 days of quarantine.