



**GOVERNMENT OF KERALA**

**Abstract**

Health & Family Welfare Department - Guidelines with regard to isolation, testing and discharge of patients presenting with influenza like illness in the context of Nipah Outbreak in Kozhikode District - Orders issued.

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**HEALTH & FAMILY WELFARE (F) DEPARTMENT**

G.O.(Rt)No.2525/2023/H&FWD Dated, Thiruvananthapuram, 30-09-2023

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**ORDER**

Nipah outbreak has been reported in Kozhikode District in September, 2023 and received confirmation from NIV Pune. Government are pleased to issue the "Guidelines with regard to isolation, testing and discharge of patients presenting with influenza like illness in the context of Nipah Outbreak in Kozhikode District", as annexed to this order.

(By order of the Governor)

SUBHASH R

ADDITIONAL 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

Vilasini K V

Date: 03-10-2023 22:28:06

Section Officer

**GUIDELINES WITH REGARD TO ISOLATION, TESTING AND DISCHARGE OF PATIENTS PRESENTING WITH INFLUENZA-LIKE ILLNESS IN THE CONTEXT OF THE OUTBREAK OF NIPAH VIRUS INFECTION IN KOZHIKODE**

Patients with a history of travel to Kozhikode in the last 21 days presenting with influenza-like illness need to be suspected of having Nipah virus infection only if there is history of travel to the declared Nipah containment zones (after 22<sup>nd</sup> August for Maruthunkara and 3<sup>rd</sup> September for others. Details of containment zones are updated daily on DHS site) or in case of epidemiologic link to a suspected/confirmed case of Nipah.

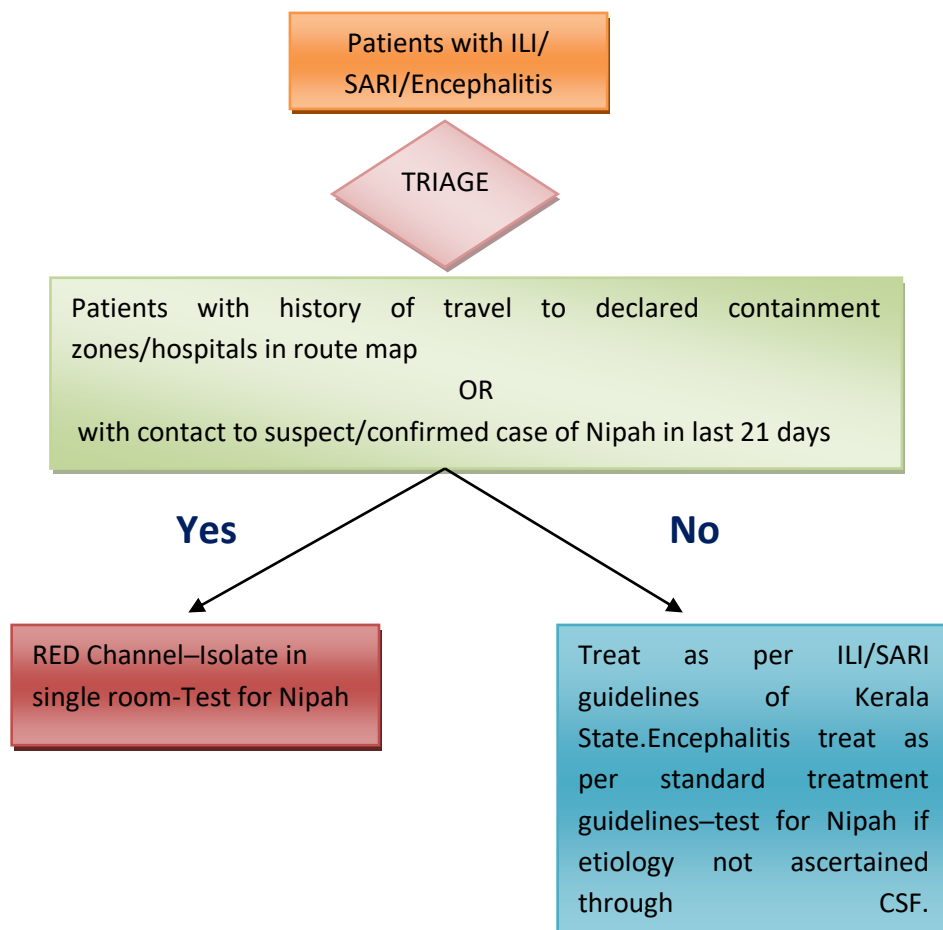
- Only cases with epidemiologic link to suspected/confirmed cases of Nipah need to be isolated. However a high index of suspicion should be maintained for symptomatic patients with history of visit within 21 days of onset of symptoms to hospitals which are included in the published route maps.
- Only Patients presenting with influenza-like illness [ILI]/severe acute respiratory infection [SARI]/encephalitis with a history of travel to the declared Nipah containment zones need to be isolated and tested for Nipah virus infection.
- There is no need to isolate patients without epidemiologic links to proven/suspected cases of Nipah or without a history of travel to the declared Nipah containment zones. These patients should be managed according to “KERALA STATE TREATMENT GUIDELINES FOR INFLUENZA LIKE ILLNESS [ILI] AND SEVERE ACUTE RESPIRATORY INFECTION [SARI] IN THE CONTEXT OF CO-CIRCULATION OF SARS-CoV-2 AND INFLUENZA”. [G.O.(Rt)No.1489/2023/H&FWD Dated,Thiruvananthapuram, 23-06- 2023]
- All hospitals in the state should establish triaging facilities in emergency and outpatient departments to identify suspected cases of Nipah virus infection. Health care workers in the triaging area should adopt all contact and droplet precautions including N95 masks and face shields.

## Definition of a suspected case of Nipah

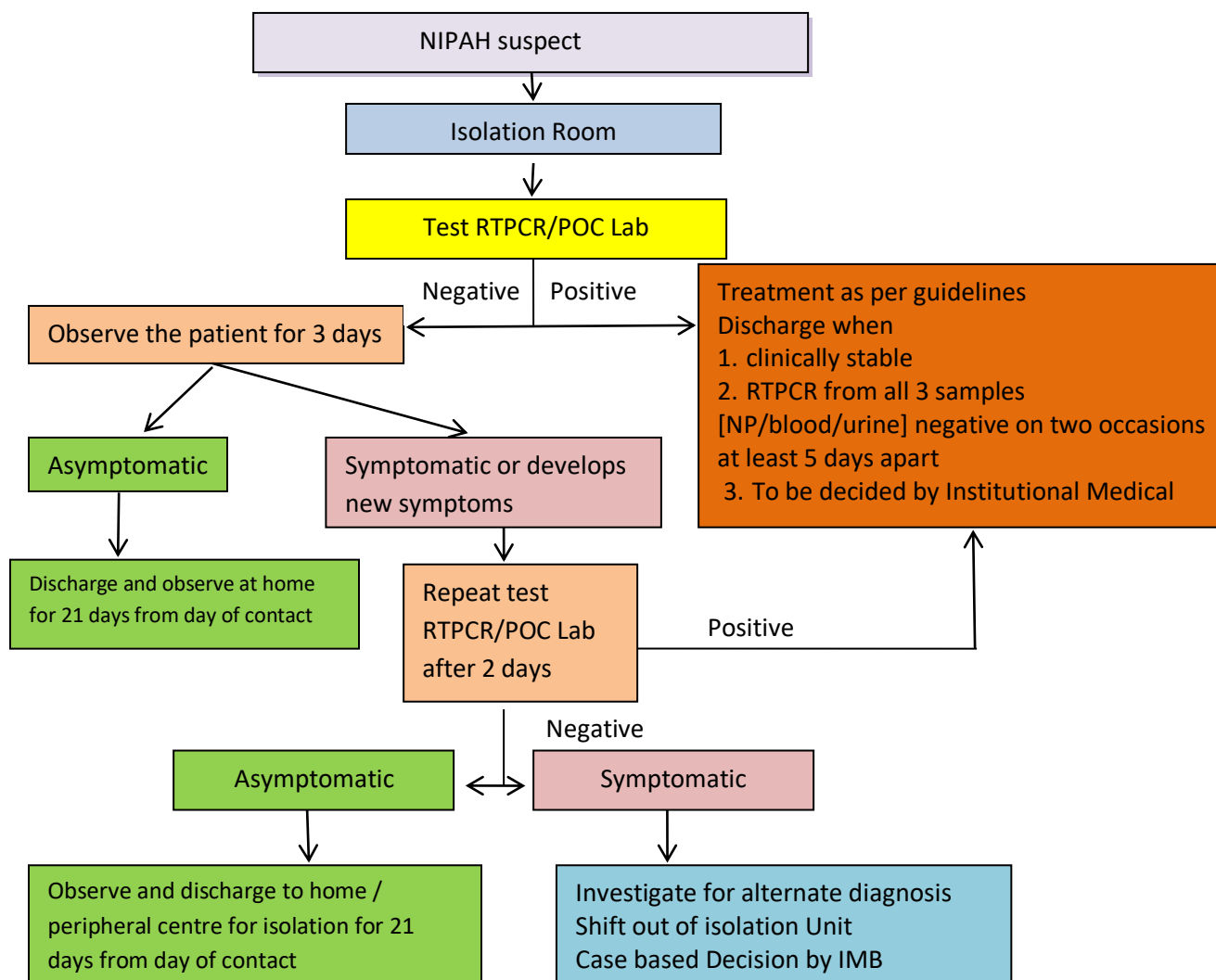
Persons from declared Nipah containment zones or with contact with suspect/confirmed cases of Nipah or with history of visit to hospitals included in route maps in last 21 days presenting with

1. Fever with new onset of altered mental status or seizure and/or
  2. Fever with severe headache and/or
  3. Fever with Cough or shortness of breath
- The identified suspected cases of Nipah should be transported to the earmarked isolation facility in the institution through the red channel created. Samples for Nipah virus testing should be collected only from the isolation room.
  - Suspected cases of Nipah should be referred to another hospital only through the District surveillance officer.

### ALGORITHM FOR TRIAGING, ISOLATION AND TESTING OF PATIENTS WITH ILI, SARI OR ENCEPHALITIS



## GUIDELINES FOR DISCHARGE OF SUSPECTED AND CONFIRMED CASES OF NIPAH VIRUS INFECTION IN ISOLATION



- Patients discharged to home isolation should be followed up telephonically by health care workers every day for 21 days from contact.
- Psychosocial support should be offered to all patients in isolation.
- All confirmed cases of Nipah on discharge should be advised to use barrier contraceptive methods for three months as persistence of Nipah virus RNA in semen has been identified upto one month post onset of illness [Ref. Persistence of Nipah virus RNA in semen of survivor: CID July 2019]
- Confirmed cases of Nipah after discharge should be in home isolation for two more weeks.
- Confirmed cases after discharge should be followed up on day 28, 56 and 90 days of discharge or earlier as per the clinical condition.
- All confirmed cases should be kept on long term follow up in view of rare possibilities of late onset encephalitis or relapse.
- Any change from treatment or discharge guidelines should be carried out only after discussing with Kerala State Medical Board [[ksmbhealth@gmail.com](mailto:ksmbhealth@gmail.com)]