अति आवश्यक

राजस्थान सरकार
निदेशालय चिकित्सा एवं स्वास्थ्य सेवाये राजस्थान, जयपुर

क्रमांक - IDSP/19/SP1

दिनांक :– 05.06.2019

समस्त सयुक्त निदेशक
समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
समस्त प्रमुख चिकित्सा अधिकारी
राजस्थान

विषयः– निपाह वायरस रोग के रोकथाम एवं नियंत्रण हेतु आवश्यक गतिविधिया करने कें क्रम में

संदर्भः– इस कार्यालय के पूर्व पत्रांक - IDSP/18/1004 दिनांक :– 23.05.2018

उपरोक्त विषयान्तर्गत लेख है कि वर्तमान मे केरल राज्य मे निपाह वायरस रोग से ग्रसित व्यक्ति पाया गया है। अतः निपाह वायरस के सम्बन्ध मे पूर्व मे जारी दिशा निर्देशो को संलग्न कर भिजवाये जा रहे है साथ ही आपको पुनः निर्देशित किया जाता हे कि अपने जिले मे पूर्व की भाति निपाह वायरस की रोकथाम एव नियंत्रण हेतु दिशा निर्देशानुसार आवश्यक गतिविधिया संपादित करना सुनिश्चित करे।

संलग्नः– भारत सरकार द्वारा जारी दिशा निर्देश

निदेशक (जन० स्वा०)
चिकित्सा एवं स्वास्थ्य सेवाये
राजस्थान

क्रमांक - IDSP/19/SP1

दिनांक :– 05.06.2019

प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित हैः–

1. विशिष्ठ सहायक, मा. चिकित्सा एवं स्वास्थ्य मंत्री महोदय राजस्थान
2. निजी सचिव, अतिरिक्त मुख्य सचिव, चिकित्सा एवं स्वास्थ्य विभाग राजस्थान
3. निजी सचिव, प्रमुख शासन सचिव, चिकित्सा शिक्षा विभाग राजस्थान
4. निजी सचिव निदेशक (जन स्वास्थ्य), चिकित्सा एवं स्वास्थ्य सेवायें राज.
5. समस्त जिला कलेक्टर राजस्थान
6. समस्त प्रधानाचार्य एवं नियंत्रक मेडिकल कॉलेज राजस्थान
7. समस्त अधीक्षक , संम्बद्ध मेडिकल कॉलेज राजस्थान
8. संयुक्त निदेशक, चिकित्सा एवं स्वास्थ्य सेवायें,
9. समस्त उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी राजस्थान
10. प्रभारी सर्वर कक्ष को भेजकर लेख है कि संबधित को ई मेल एव विभाग की वेबसाईट पर अपलोड कराना सुनिश्चित करे
11. कार्यालय प्रति

अतिरिक्त निदेशक (प्रशासन)
चिकित्सा एवं स्वास्थ्य सेवायें
राजस्थान

No. IDSP/18/1004 Dated: 23/05/18

All Joint Directors,
All Chief Medical & Health Officers,
Rajasthan.

Subject: Guidelines regarding Human Nipah Virus.

You might be aware that few cases of Human Nipah Virus (NiV) infection have been reported in Kerala state. Human Nipah Virus (NiV) infection is an emerging zoonotic disease which was first recognized in a large outbreak of 276 reported cases in Malaysia and Singapore from September 1998 to May 1999. In India, during 2001 and 2007 two outbreaks in human were reported from West Bengal and also in some parts of neighboring Bangladesh. Large fruit bats of Pteropus genus are the natural reservoir of NiV.

There was elevated clinical evidence of bat-to-human transmission in India in 2001. During the outbreak in Siliguri, 33 health workers and hospital visitors became ill after exposure to patients hospitalized with Nipah Virus illness, suggesting nosocomial infection. Nipah cases tend to occur in a cluster or as an outbreak.

Therefore, all districts are instructed to enhance their surveillance for acute encephalitis through Integrated Disease Surveillance Programme (IDSP) and to carefully review any unusual pattern. Clinicians should be advised to consider the possibility of NiV infection in persons presenting with fever and altered sensorium/seizures and/or respiratory illness requiring hospitalization and an appropriate travel to the affected area or exposure history in last 21days. These cases should be urgently investigated to rule out the prevalent causes of Acute Encephalitis before testing for Nipah Virus Disease (suggested format and guidelines enclosed).

You are required to prepare plan and identifying hospital/ward for early detection and isolation of NiV suspects. Hospital Infection prevention & Control Practices should be strengthened. The RRT teams under IDSP should remain vigilant so that they can undertake early case detection and contact tracing upon request from national agencies. Facilities to test the samples are available at NIV, Pune.

Enclosed: Guidelines Nipah virus.

23/5/18

Director (PH)
Medical and Health Services
Rajasthan, Jaipur

Dated: 23/05/18

No. IDSP/18/1004

Copy to:-

1. PS to ACS Medical, Health & Family Welfare Department.
2. PS to Principal Secretary, Animal Husbandry, Rajasthan, Jaipur.
3. PS to Secretary, Medical & Health and MD, NHM.
4. PS to Director, Veterinary and Animal Husbandry, Rajasthan, Jaipur.
5. Addl. Director (RI), Medical & Health Services, Rajasthan, Jaipur.
6. NPO (IDSP), MOHFW, 22-Sharo Nath Marg, Delhi-110054.
7. SPO (IDSP), Medical & Health Services, Rajasthan, Jaipur.
8. All Dy.CMHOs (Health), Rajasthan.
9. Incharge, Control Room.

23.5.18

Director (PH)
Medical and Health Services
Rajasthan, Jaipur

C:\Documents and Settings\Admin\Desktop\Nipah Guidelines to CMHO.doc

Recommended Community level Public Health Measures for Nipah virus infection:

I. Contact Tracing:

a. Who is a contact: any person having history of contact with a case (person who is Laboratory confirmed)

b. Each worker or person responsible for contact tracing should:

   I. Enlist all the contacts for tracing

   II. Distribute Triple layer surgical masks to each household and keep sufficient stock (but avoid misuse/un-necessary use), as it may create fear/panic.

   III. IEC on NiV infection, symptoms and importance of contact tracing and home quarantine/isolation.

   IV. Give his telephone number and number of control room/nearest health facility

   V. Have location and details of dedicated ambulance and availability of disinfectant

c. Time/duration: when the case can transmit the disease: development of first symptoms (which may be cough and/or fever with headache) till 21 days have passed from the last contact.

d. What is to be done during contact tracing: daily visit the person or ask him telephonically and

   i. Ask him if had developed any fever, cough, headache (and or other symptoms like altered sensorium, shortness of breath etc.)

ii. Health education: about keeping a self watch on developments of symptoms and If anyone develops symptoms, then he or she becomes a suspect case and thus suspect has to:

- Immediately wear a triple layer mask and put him under self isolation (means should not go near/maintain a distance of around 3 mtrs) to any other person.
- Inform concerned health worker (and or nearby doctor) and not to move by himself (unless there is delay and symptoms are getting worse).
- Dedicated ambulance (with driver and accompanying health staff having full protective gears) to be used for transporting all such suspects
- Enlist all possible contacts since the time he/she has developed symptoms and inform health worker.
- Health worker has to put all such persons in contact list for further doing contact tracing for 21 days since the time of last contact with a person having symptoms or till the time the persons test for NiV comes negative.

Duration of contact tracing: 21 days from the time of last contact with a case

II. Active fever surveillance :

Area: within 5 Km radius from the periphery of the affected area (house/village of case/cases)

What has to be done:

1. Enlist all houses (and persons)

Daily visits to each house and enquire about any person developing any symptoms (like fever, cough, headache (and or other symptoms like altered sensorium, shortness of breath etc.)

2. In case of a person developing symptom: follow steps of 1.ii. (a) to (e) above
3. Duration: upto 21 days from the last case in the area
4. Daily reporting: as per the format

III. Home Quarantine:

Who has to be quarantined: all households and close contacts of a suspect case.

Till the time test results of symptomatic comes negative or

If the test result comes positive then all such persons become contacts and have to be put under contact tracing for next 21 days.

IV. Isolation:

Temporary can be in a room in the house or health facility till the time he/she is shifted by the designated ambulance to the designated health facility.

Following shifting to health facility, place of temporary isolations needs to be disinfected in accordance with prescribed SOPs by Lysol/5% sodium hypochlorite or any disinfectant (if not available)

V. When the area/district/state can be declared free: 42 days from the date of last positive case reported from the district/state

NIPAH VIRUS INFECTION

Human Nipah virus (NiV) infection is an emerging zoonotic disease which was first recognized in a large outbreak of 276 reported cases in Malaysia and Singapore from September 1998 to May 1999.

In India, during 2001 and 2007 two outbreaks in human were reported from West Bengal, neighbouring Bangladesh. Large fruit bats of *Pteropus* genus are the natural reservoir of NiV. There is circumstantial evidence of human-to-human transmission in India in 2001. During the outbreak in Siliguri, 33 health workers and hospital visitors became ill after exposure to patients hospitalized with Nipah virus illness, suggesting nosocomial infection. Nipah cases tend to occur in a cluster or as an outbreak.

Epidemiology

Agent: NiV is a highly pathogenic paramyxovirus

Natural Reservoir: Large fruit bats of *Pteropus* genus are the natural reservoir of NiV. Presumably, pigs may become infected after consumption of partially bat eaten fruits that are dropped in pigsties.

Seasonality was strongly implicated in NiV outbreaks in Bangladesh and India. All of the outbreaks occurred during the months of winter to spring (December-May).

Incubation period: varies from 6-21 days.

Mode of Transmission: Transmission of Nipah virus to humans may occur after direct contact with infected bats, infected pigs, or from other Nipah virus infected people. Two routes of transmission of Nipah virus have also been identified from its natural reservoir to human: drinking of raw date palm sap contaminated with NiV and close physical contact with Nipah infected patients. The person-to person transmission may occur from close physical contact, especially by contact with body fluids.

Diagnosis:

Laboratory diagnosis of a patient with a clinical history of NiV can be made during the acute and convalescent phases of the disease by using a combination of tests. Nipah virus is classified internationally as a biosecurity level (BSL) 4 agent. In India, testing facility is available at National Institute of Virology (NIV), Pune.

Clinical features

Fever, Altered mental status, Severe weakness, Headache, Respiratory distress, Cough, Vomiting, Muscle pain, Convulsion, Diarrhoea

In infected people, Nipah virus causes severe illness characterized by inflammation of the brain (encephalitis) or respiratory diseases. In general, the case–fatality rate is estimated at 40–75%; however, this rate can vary by outbreak and can be upto 100%.

Currently there is no known treatment or vaccine available for either people or animals.

Treatment: Currently there is no known treatment or vaccine available for either people or animals. However Ribavirin, an antiviral may have a role in reducing mortality among patients with encephalitis caused by Nipah virus disease. Intensive supportive care with treatment of symptoms is the main approach to managing the infection in people.