



Government of West Bengal  
Health & Family Welfare Department

**Nipah virus infection: Guideline for Chemo-prophylaxis & Treatment**  
(14/01/2026)

**Risk Categorization of Contacts & Follow-up**

Risk Category	Exposure Description	Follow-up & Action
<b>HIGH RISK</b>	<ul style="list-style-type: none"> <li>Any contact with body fluids (blood, urine, vomitus, saliva, respiratory secretions etc) of either a confirmed case or a probable case who died without a lab confirmation of Nipah</li> <li>Spent time in closed proximity or closed space exposure <math>\geq 12</math> hours</li> </ul>	<p><b>Asymptomatic:</b></p> <ul style="list-style-type: none"> <li>Home quarantine for 21 days</li> <li>Active surveillance by health worker <b>twice daily</b> for symptoms using standardized checklist</li> </ul> <p><b>Symptomatic</b></p> <ul style="list-style-type: none"> <li>Fever or any symptoms suggestive of Nipah infection (Severe fatigue, Muscle pain, Headache, Vomiting, Altered mental status, Convulsion, Cough, Respiratory distress, Diarrhoea)</li> <li><b>Immediate admission</b> to designated isolation unit</li> <li>Collection of samples for testing at the earliest.</li> </ul>
<b>LOW RISK</b>	<ul style="list-style-type: none"> <li>Touching clothes, linens, fomites</li> <li>Casual physical contact without body fluid exposure</li> </ul>	<p><b>Asymptomatic:</b></p> <ul style="list-style-type: none"> <li>Under observation for 21 days from last exposure</li> <li>Daily telephonic follow-up for symptoms using standardized checklist</li> </ul> <p><b>Symptomatic:</b></p> <ul style="list-style-type: none"> <li><b>Immediate admission</b> to designated isolation unit.</li> <li>Collection of samples for testing at the earliest.</li> </ul>

**NB: Chemo-prophylaxis to be considered for close contacts and high risk caregivers without adequate protection. (See below).**

*Caregivers with adequate personal protection are not contacts and don't require any specific measure.*

	Asymptomatic	Symptomatic
Low Risk	<ul style="list-style-type: none"> <li>• Under observation for 21 days from last exposure.</li> <li>• No test required at the end of observation.</li> </ul>	<ul style="list-style-type: none"> <li>• Admission and isolation</li> <li>• Start IV Remdesivir + Oral Ribavirin</li> <li>• Send sample for RT-PCR                             <ul style="list-style-type: none"> <li>○ RT-PCR negative twice 24 hours apart- discontinue</li> <li>○ RT-PCR positive- treat as a case</li> </ul> </li> </ul>
High Risk	<ul style="list-style-type: none"> <li>• Home quarantine for 21 days from last exposure.</li> <li>• Start chemoprophylaxis: Ribavirin or Favipiravir</li> <li>• No test required at the end of quarantine if remain asymptomatic.</li> </ul>	

- If a contact becomes symptomatic during home quarantine, he/she should be admitted and treated as a symptomatic case.
- Health care workers with low risk exposure and remaining asymptomatic may perform work with adequate personal protection including N95 mask.

**Dose of Ribavirin for prophylaxis: 600 mg orally BD for 14 days**

### Treatment

Symptomatic and RT-PCR positive cases should start treatment with antivirals.

**Remdesivir + Ribavirin/Favipiravir**

Drug dosage

#### Ribavirin (oral)

**Loading:** 2 gm Stat

**Maintenance:** 1.2 gm BD for next 9 days.

**Max Dose:** 4 gm/day. Total duration: 10 days.

#### Favipiravir (oral)

**Loading:** 1600 mg BD (on day 1)

**Day 2-10:** 800 mg BD.

Total duration: 10 days.

Same dose may be used as prophylaxis.

## Injection Remdesivir (IV)

Preparation: Dissolve in 250 ml Normal Saline. Administer IV over 1 hour.

Patient Weight / Age	Loading Dose (Day 1)	Maintenance (Day 2-10)	Total Duration
Weight > 40 kg	200 mg	100 mg OD	10 Days
3 to < 40 kg, ≥28 days)	5 mg/kg	2.5 mg/kg OD	10 Days
1.5 to < 3 kg, ≥28 days)	2.5 mg/kg	1.25 mg/kg OD	10 Days
≥1.5 kg, < 28 days	2.5 mg/kg	1.25 mg/kg OD	10 Days

## Monoclonal antibody

For Nipah virus, it may be considered in case-to-case basis with ethical permission after expert committee opinion as per trial methodology.

## Supportive care

Should involve critical care expert and neurologist as well as other experts for appropriate comorbidity management.

## Discharge & Follow-up Protocols

### Repeat testing for positive RT-PCR cases:

Every 5 days interval after completion of antiviral therapy.

### Discharge criteria: (both must be fulfilled)

1. Clinically stable
2. Two consecutive (24 hours apart) RT-PCR negative reports for all 3 samples (throat swab, urine & blood).

## Follow-up

Patient should be kept under regular clinical follow-up till 90 days.

## Acknowledgement:

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