



ASEAN BIOLOGICAL THREATS SURVEILLANCE CENTRE

DISEASE ALERT



July 8, 2025 | Issue No. 45

First alert: July 8, 2025 | Nipah Virus in India

Sub-Locations Affected

Kerala State (Malappuram District, Palakkad District)

Event Description

On July 4, 2025, Kerala's Health Minister confirmed two new cases of Nipah virus infection, involving a 38-year-old woman from Palakkad which still undergoing treatment, and an 18-year-old girl from Malappuram that resulted in death. Both were diagnosed based on clinical symptoms and laboratory confirmation. This brings India's total confirmed Nipah virus infections to three in 2025.

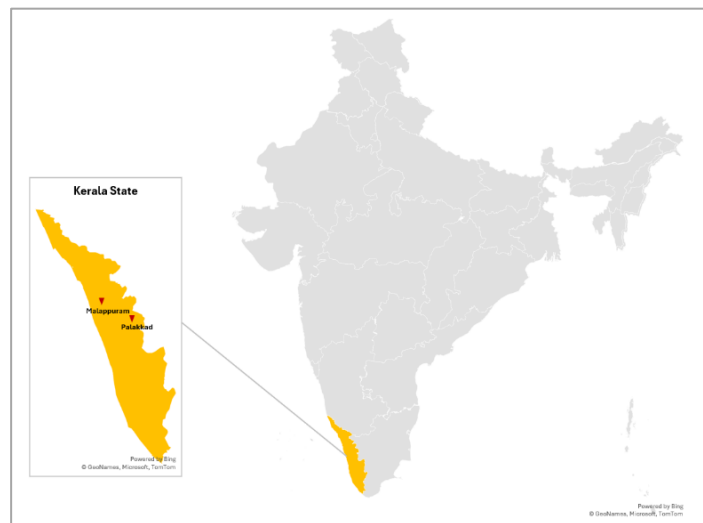


Figure 1. Areas confirming Nipah Virus infection in 2025

Epidemiological Information

- On July 4, 2025, the National Institute of Virology confirmed Nipah virus infection in an 18-year-old girl from Malappuram District who admitted to a private hospital in Kottakkal on June 28 and died on July 1, 2025, with acute encephalitis syndrome (AES). A post-mortem was conducted at Kozhikode Medical College Hospital, where preliminary Nipah tests were positive. As a precaution, the medical team involved in the post-mortem has been quarantined.
- In the same day, a 38-year-old woman from Palakkad, who was admitted on July 1 with fever and shortness of breath also tested positive at the Kozhikode Medical College's Virology Lab. She is currently in a critical condition at a private hospital in Perinthalmanna. Her samples have also been sent to the Pune Virology Lab for confirmation. Health officials are actively tracing her contacts and monitoring those who met the patient.

- Epidemiological investigations are ongoing to trace the source of exposure, with preliminary findings suggesting possible environmental or zoonotic transmission. As of July 5, 2025, a total of 383 contacts has been identified across the two confirmed cases: 241 in Malappuram, with 12 under medical observation (5 in ICU) and 142 contacts in Palakkad, including 4 in isolation.
- Previously, on May 8, 2025, Government of Kerala published the press release of a confirmed case of Nipah virus infection in a 42-year-old woman from Malappuram District. The woman developed symptoms on April 25 and was hospitalized in Perinthalmanna on May 1. The diagnosis was confirmed through testing at the state virology laboratory and later validated by the National Institute of Virology, Pune. She had fully recovered and was declared virus-free by the end of May.

Response Measures

- The Kerala Health Department has mobilized 26 special contact tracing teams across the affected districts. These teams are working in containment zones where movement and gatherings are restricted. They are also conducting fever surveillance in over 2,000 households in affected areas. Additionally, they have increased ICU and isolation capacity in key district hospitals.
- On July 5, 2025, the Health and Family Welfare Department issued an updated treatment guidelines for Nipah virus infection, incorporating the guidelines related to post-exposure prophylaxis, quarantine, and testing of primary contacts of Nipah virus. The guidelines divide post-exposure prophylaxis, quarantine and testing of primary contacts of Nipah virus infection based on the risk categories as follows:

Risk Category	Description	Prophylaxis
Highest risk	<ol style="list-style-type: none"> 1. Contact with body fluids (blood, urine, saliva, etc.) of a confirmed case without PPE (gown, gloves, N95/triple-layer mask, face shield). 2. Perform intubation / BAL / nebulization / open suctioning on a confirmed case without N95 mask and face shield. 	Remdesivir 200 mg IV loading, then 100 mg IV daily for 12 days (hospital monitoring required).
High risk	<ol style="list-style-type: none"> 1. Close contact (within 6 feet) or in closed space ≥ 6 hours with a confirmed case without proper mask. 2. Contact with body fluids of a probable case who died without lab confirmation. 	Favipiravir 1800 mg every 12 hours on day 1, then 800 mg every 12 hours for the next 13 days.
Low risk	<ol style="list-style-type: none"> 1. Contact with intact skin, clothes, linen, or objects used in a confirmed case. 2. Close or close-space contact ≤ 6 hours without mask. 	No chemoprophylaxis is needed.

- Residents in affected districts are advised to avoid fruits possibly contaminated by bats (e.g., half-eaten or dropped fruits), They should also refrain from visiting containment areas unless necessary, wear N95 masks, frequently wash their hands and maintain respiratory hygiene.
- Individuals with exposure to confirmed or suspected cases should self-isolate and report to local health authorities. They should immediately seek care for fever, headache, vomiting, breathing difficulty, or confusion.

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