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Date ) 12/03/2026



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சுகாதார மற்றும் வெகுஜன ஊடக அமைச்சு  
Ministry of Health & Mass Media

To  
Deputy Director Generals of National Hospitals  
Provincial Director of Health Services  
Regional Directors of Health Services  
Heads /Directors of Health Institutions  
Directors of Teaching Hospitals/District General Hospitals/Base Hospitals  
All Provincial and District Consultant Community Physicians  
All Medical Officers-Epidemiology  
MOIC (Medical Officer - in-Charge) of all Hospitals  
Medical Officers of Health

**Guidelines on Prevention, Preparedness, Surveillance and Response to Nipah Virus Disease (NiV)**

Further to my previous communication dated 10<sup>th</sup> February 2026 titled “**Strengthening Preparedness, Surveillance and Response to Nipah Virus Disease (NiV)**”, this guideline will provide information on surveillance, laboratory testing, case management, prevention and control. Additionally, it will provide the sample request form and the sample sent out guideline issued by the Medical Research Institute.

The Epidemiology Unit will continue to provide technical guidance and updates as necessary. Your corporation in this regard is highly appreciated.

  
Dr Asela Gunawardane  
Director General of Health Services

**Dr. ASELA GUNAWARDENA**  
Director General of Health Services  
Department of Health Service  
“Suwasiripaya”  
Rev. Baddegama Wimalawansa Thero Mawatha  
Colombo 10.

Cc:  
Secretary - Ministry of Health and Mass Media

O/C

## Case and contact definitions

### 1. Suspected Case

A person with a history of travel from an area reporting active Nipah Virus transmission within the last 21 days with

- a. Acute fever, headache and new onset of altered mental status/seizures,

*or*

- b. Acute fever with cough and shortness of breath

### 2. Probable Case

A suspected case with epidemiological links (contact with a confirmed/probable case) or a suspected case who died before clinical samples were obtained.

### 3. Confirmed Case

A person with laboratory confirmation of Nipah virus infection, irrespective of clinical signs and symptoms, by the following method performed in a designated reference laboratory:

- Detection of Nipah virus RNA by validated molecular assays (e.g. rT-PCR)

### 4. Contact

A person who, within **21 days** before the onset of illness in a suspected, probable, or confirmed case, has had:

- Direct physical contact with the case or their body fluids
- Close proximity (e.g. household, healthcare setting) without appropriate PPE
- Exposure to contaminated materials or environments linked to the case

## Transmission

- Consumption of fruit sap contaminated by infected Bats with the virus
- Direct contact with infected fruit bats and pigs
- Person-to-person spread **Incubation period**

Symptoms typically appear in 4-14 days following exposure to the virus.

## Laboratory diagnosis and confirmation

### Specimen Collection

- Specimens may include blood, serum, cerebrospinal fluid, throat swabs / respiratory samples, as clinically indicated.
- All specimen collection shall be performed using appropriate personal protective equipment (PPE)

### Laboratory Testing

- Laboratory testing for the Nipah virus will be conducted **only at MRI**
- When collecting and sending the samples to MRI, follow the Sample Send Out Guidelines issued by the MRI (annexed)
- Before sending samples, please contact Dr Janaki Abeynayake, Consultant Virologist, Dept. of Virology, MRI. 0112693532 Ext 452, 432

### Biosafety

Specimens should be collected and transported in accordance with national and international biosafety and biosecurity regulations (Refer to the guidelines on safe transport of infectious substances and associated Materials - Annexed)

## Case Management

While there are no specific treatments for Nipah, early diagnosis will promote early supportive care. For all severe viral infections, high-quality supportive medical care can prevent deaths.

- Identify any complications (brain swelling, pneumonia, other organ damage)
- Pathophysiology-based organ support at an appropriate setting (ward/HDU/ICU)
- Apply specific organ support therapies as needed (such as ventilation, renal dialysis)
- Early referral to facilities with intensive care capability, when indicated
- Monitor using a structured monitoring chart, such as the Modified Early Warning Score (MEWS) chart
- Ensure adequate rehydration with careful fluid management and nutritional support
- Monoclonal Antibodies (M120.4) and antivirals like Ribavirin and Remdesivir may use on the clinical discretion

### Prevention and Control

- Immediate isolation of suspected cases
- Implementation of standard, contact, and droplet precautions (airborne precautions during aerosol-generating procedures)
- Appropriate use of Personal Protective Equipment by healthcare workers
- Restriction of visitors and non-essential contacts
- Safe handling and disposal of clinical waste
- Environmental cleaning and disinfection according to IPC guidelines

### Surveillance

All institutions are instructed to notify (using H544) any suspected cases of Nipah virus disease **immediately** to the Epidemiology Unit through Tel: (+94 11) 2695112, 2681548 and/or to Dr Thilanga Ruwanpathirana, Consultant Epidemiologist- TP/WhatsApp- 0717195023.

### References

- World Health Organization. (2023). *WHO South-East Asia Regional Strategy for Nipah Virus Disease 2023–2030*.
- World Health Organization. (2018). *Nipah virus fact sheet*.
- World Health Organization. (2005). *International Health Regulations (3rd ed.)*



**Nipah Virus real-time PCR Request Form**  
(DEPARTMENT OF VIROLOGY, MEDICAL RESEARCH INSTITUTE, COLOMBO)

Mode of Transport: in Triple package, in ice within 48 hours		MRI No:
Name .....	Age .....	Lab use only Fits to case definition Yes <input type="checkbox"/> No <input type="checkbox"/>
Institution .....	Gender M <input type="checkbox"/> F <input type="checkbox"/>	
Occupation .....	Ward .....	
Address .....	BHT .....	

Date of sample collection: .....		
Sample type (please tick): Nasopharyngeal/ oropharyngeal swab <input type="checkbox"/> CSF <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/>		
Travel history (mandatory): Yes <input type="checkbox"/> No: <input type="checkbox"/> Date of arrival to Sri Lanka .....		
If yes, which country: .....		
Confirmed/ probable case exposed: Yes <input type="checkbox"/> No: <input type="checkbox"/> Date of exposure: .....		
Co-morbid conditions: DM/ HIV/ HT/ IHD/ CKD/ Malignancy/ Transplant		
Temperature >38°C	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Headache	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respiratory symptoms	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Neurological symptoms	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other symptoms	Elaborate if respiratory or neurological symptoms	
Other virological investigations:		

Name of clinician/ SHO/HO: .....
Contact telephone number: .....

Other virological investigations:
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**Note: Please fill the request form & transport the specimen properly as per the given instruction.**

<b>FOR LABORATORY USE ONLY</b>			
Date sample received: .....	Triple packaging:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sample condition: Leaking/ not labelled	Results:	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>

Sample send out Guideline for Nipah virus infection (NiV)  
(Department of Virology, Medical Research Institute)

Annexure 1

Component	Description
Request form (Annexure 2)	<p>A very brief history is mandatory including:</p> <ul style="list-style-type: none"> <li>• Clinical features: fever, headache, myalgia, nausea, vomiting, sore throat, cough, dyspnoea, seizure, coma</li> <li>• Exposure to probable or confirmed NiV case</li> <li>• <u>Travel history</u> to area reporting active NiV transmission within the last 21 days</li> <li>• Occupational history of direct contact with pig farms</li> <li>• Day of illness that the sample was collected</li> <li>• Investigations for other viral infections</li> </ul> <p>Fill in all the other fields in the request form very clearly</p>
Specimen / container	<p>As per the clinical presentation of patient during acute phase:</p> <ul style="list-style-type: none"> <li>• CSF at least 1 ml in sterile plastic container</li> <li>• Nasopharyngeal or oropharyngeal swab in VTM (polyester flocked swab with plastic shaft)</li> <li>• Blood 3-5 ml in EDTA tube</li> <li>• Urine about 10 ml in sterile screw-capped container</li> </ul> <p>The container should be properly labelled Send the sample in the triple package.</p>
Transport and short-term storage	<p>The specimen should be transported at 2-8°C in triple package within 48 hours of collection. If transport time exceeds 48 hours, store at -70°C and should be transported in dry ice.</p>

NB: Further information please contact Department of Virology, MRI or Dr. JI Abeynayake @ 0112693532- EXT 452, 432