Global Epidemiology 6 (2023) 100123

Contents lists available at ScienceDirect

Global Epidemiology

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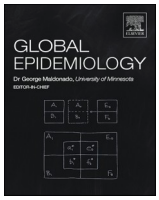

Correspondence

Management of Nipah outbreak in India: A plea for immediate action

In India, there have been several outbreaks of Nipah virus infection in recent years. The most deadliest outbreak happened in the year 2018 with 18 laboratory-confirmed cases and five suspected cases, 17 deaths reported. The infection has emerged again this year in Kerala, with two deaths reported [1]. These outbreaks underscore the ongoing risk of Nipah virus in India, particularly in parts of Kerala and West Bengal. The virus is of concern due to its high case fatality rate and potential for human-to-human transmission. Due to non-availability of DNA sequencing data the mutational status of virus for this year outbreak is not known raising the concern over its unpredictable behaviour.

Despite the efforts of the Indian government to prevent and control outbreaks of Nipah virus disease, such as developing and implementing surveillance systems to detect outbreaks early, ensuring that there are sufficient supplies of personal protective equipment (PPE) and other essential resources available for healthcare workers, investing in research to develop new and effective treatments, and raising awareness, Nipah virus disease continues to pose a significant public health threat in India. Hence addressing Nipah virus and implementing monoclonal antibody treatment in India is an urgent call to action. A monoclonal antibody treatment called m102.4 is still under development, but it has the potential to revolutionize the treatment of Nipah virus infection [2]. It has shown promising results in animal studies [3] and in a few human cases [4], however lack of randomized controlled trials make its use questionable.

The Indian government should collaborate with the University of Queensland, Australia, which is developing m102.4, to ensure that the drug is made available to patients in India as soon as possible. In addition, the Indian government should support clinical trials of m102.4 in India. This will help to generate more data on the safety and efficacy of the drug in Indian patients.

Crafting a policy for the administration of monoclonal antibody treatment for Nipah virus infection demands a meticulous blend of science, ethics, public health considerations and a commitment to equitable access. The policy should be a dynamic framework which is designed to adapt to the evolving landscape of Nipah virus research and treatment.

Contributors

PS drafted the initial manuscript. SS and ST critically reviewed the draft. All authors approved the final manuscript.

Funding

Not applicable.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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https://doi.org/10.1016/j.gloepi.2023.100123
Received 10 October 2023; Accepted 10 October 2023
Available online 12 October 2023