

Proposal for improving clinical care of patients in Nipah outbreaks

Yi Tian^{a,*} and Ting Chen^b

^aDepartment of Clinical Medical, Sichuan Provincial People's Hospital East Sichuan Hospital & Dazhou First People's Hospital, Dazhou 635000, China

^bDepartment of Clinical Medical, Sichuan Daxue Huaxi Yiyuan Yingshan Hospital & the Yingshan People's Hospital, Nanchong 637000, China



We read with interest an article by Md Zakiul Hassan and colleagues, which proposes four key strategies to improve clinical management of Nipah virus disease (NiVD) as an alternative to “compassionate use”: early detection, optimized supportive care, an encephalitis-focused syndrome approach, and innovative trial designs.¹ As clinicians, we agree with these strategies, but believe there are several important considerations that warrant further discussion.

First, the Nipah virus is typically transmitted through bat saliva, urine, feces, and other excreta, as well as through direct contact with bodily fluids, secretions, blood, or respiratory droplets from infected patients. The prognosis for NiVD patients is poor, with a high mortality rate, and there are currently no approved effective treatments or vaccines for human use.² Therefore, establishing early monitoring and transmission control measures is of paramount importance. The authors recommend improving early case detection through sentinel surveillance and community-based monitoring. However, in regions like Kerala in India and Bangladesh, the implementation of widespread sentinel surveillance faces challenges due to varying healthcare priorities and resource limitations. Thus, it is essential to develop national policies that prioritize funding for public health initiatives, and, where necessary, seek financial support from international philanthropic foundations or world health organization to establish sentinel and community monitoring stations.

Second, the risk of Nipah virus transmission is particularly high in close-contact environments such as hospitals, homes, and schools.³ Therefore, it is critical to establish sentinel monitoring systems in these settings. Additionally, in many regions, low levels of education, limited access to epidemic information, and a lack of awareness about the risks of infection contribute to the challenges of controlling the spread of the virus. Public

health education efforts should be strengthened in high-risk areas to mitigate transmission risks. For example, in Bangladesh, the virus is mainly transmitted to humans through the consumption of fresh date palm juice contaminated by bats. Thus, raising awareness among high-risk populations about the dangers of consuming contaminated date palm juice is crucial.⁴ Early interventions could significantly reduce the risk of infection and alleviate the associated economic burden.

Last, conducting innovative NiVD trials is essential to improving patient outcomes. Further research and the development of therapeutic drugs are needed to address the high mortality and morbidity rates of NiVD in endemic regions.⁵ We believe that integrating these strategies will significantly improve the prognosis for NiVD patients.

Contributors

Yi Tian: Conceptualization, Writing—original draft. Ting Chen: Formal analysis.

Declaration of interests

We declare no competing interests.

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*Corresponding author.

E-mail address: doc.yitian@gmail.com (Y. Tian).

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