



September 23, 2024

Healthcare Provider Memo: Increased Oropouche virus activity in Americas region poses risk to travelers

Current situation:

As of September 10, 2024, [52 Oropouche](#) virus disease (OROV) cases have been reported from five states in the U.S., including one case in Kentucky. All the cases were travel-related, and most patients visited Cuba, a country with more than 500 cases of [Oropouche virus infection](#) since May. Infections are also occurring in Brazil, Bolivia, Colombia, Peru and, more recently, the Dominican Republic. This year, more than 8,000 cases of Oropouche virus infection have been reported worldwide, including two deaths. Vertical transmission can occur during pregnancy and adverse pregnancy outcomes have been reported.

About Oropouche virus infection:

Oropouche is a vector-borne virus transmitted primarily by biting midges (no-see-ums) and some mosquitos. To date, local transmission of Oropouche virus in the U. S. has not been documented, but vectors potentially capable of transmitting the virus are present in some areas of the U.S. When people who are infected with Oropouche are bitten, they can spread the virus through their blood to biting midges or mosquitoes. The insects can then spread the virus to other people.

To reduce the potential for local transmission, people who are sick with suspected Oropouche virus infection are advised to avoid biting midges and mosquito bites for the first week of their illness. Any person who has recently traveled to an area where Oropouche virus transmission is occurring should also avoid insect bites for **three weeks** after returning home to account for the potential incubation period of the virus. This includes wearing an EPA-registered insect repellent. [Any EPA-registered insect repellent](#) labeled to be effective against “biting flies” will be effective against biting midges.

Oropouche virus infection signs and symptoms:

Typical symptoms include abrupt onset of fever, severe headache, chills, myalgia, and arthralgia 3 to 10 days after the bite of an infected biting midge or mosquito. Some patients develop a maculopapular rash that starts on the trunk and spreads to the extremities. Meningitis and encephalitis may develop in less than one in 20 people.

The symptoms of Oropouche virus infection overlap with those of other arboviruses such as dengue, chikungunya, and Zika viruses. The disease can also mimic malaria or rickettsial infection. Approximately 60% of people infected with Oropouche virus will become symptomatic and around 70% of those infected will experience a recurrence of symptoms within days to weeks of the initial resolution of symptoms.

There is a higher concern for pregnant individuals as there is evidence of vertical transmission from infected pregnant mothers to the fetus, resulting in some cases of fetal death and congenital malformations, including microcephaly. The frequency of vertical transmission occurring is not currently known.

Oropouche virus infection treatment:

There are no specific treatments, i.e. antivirals, that target Oropouche virus infection. The preferred first-line treatment for fever and pain is acetaminophen. People suspected of having Oropouche virus should avoid taking aspirin or any other non-steroidal anti-inflammatory drugs (NSAIDs) to reduce the risk of hemorrhage.

Important steps for clinicians:

Consider Oropouche virus infection in a patient who has been in an area with documented or suspected OROV circulation within two weeks of initial symptom onset (as patients may experience recurrent symptoms) and the following:

- Abrupt onset of reported fever, headache, and one or more of the following: myalgia, arthralgia, photophobia, retroorbital/eye pain, or signs and symptoms of neuroinvasive disease (e.g., stiff neck, altered mental status, seizures, limb weakness, or cerebrospinal fluid pleocytosis); AND
- Tested negative for other possible diseases, in particular dengue, AND
- Absence of a more likely clinical explanation.

If strong suspicion of OROV disease exists based on the patient's clinical features and history of travel to an area with virus circulation, do not wait on negative testing to rule out other likely pathogens before contacting the Kentucky Department for Public Health (KDPH). KDPH will coordinate sending specimens to the Centers for Disease Control and Prevention (CDC) for testing.

To report a potential case, please contact Morgan Smith, Dr. Kelly Giesbrecht, or Dr. Allison Siu at KDPH by calling 502-564-3418. If you are calling after hours, call 888 9-REPORT (888-973-7678).

Travel health alerts:

Anyone planning to travel to any of the affected countries should be advised of travel health alerts that are currently in affect regarding Oropouche virus. There is a [level 1 travelers' health alert in South America](#) and a level [2 travelers' health alert in Cuba](#). Both alerts advise all travelers to take steps to prevent bug bites during travel to affected countries in South America and specifically in Cuba. The level 2 health alert in Cuba advises pregnant people to reconsider non-essential travel to Cuba. If travel is unavoidable, these travelers should strictly follow Oropouche virus prevention recommendations.

Oropouche CDC resource links:

[Updated Interim Guidance for Health Departments on Testing and Reporting for Oropouche Virus Disease](#)

- This CDC webpage includes the **suspect case definition**, as well as the clinical diagnostic testing options for patients that meet the suspect case definition.

[LEVEL 2 Travelers' Health Alert - Oropouche in Cuba](#)

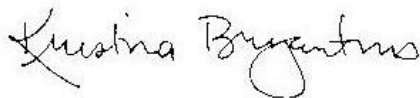
[LEVEL 1 Travelers' Health Alert - Oropouche in South America](#)

[Oropouche Cases In The United States CDC Dashboard](#)

- This dashboard is updated weekly on Tuesdays to reflect the most recent data on Oropouche virus cases in the United States.

CDC Guidance for Healthcare Providers:

- [Clinical Overview of Oropouche Virus Disease](#)
- [Caring for Patients with Oropouche Virus Disease](#)
- [Interim Clinical Considerations for Pregnant People with Confirmed or Probable Oropouche Virus Disease](#)
- [Interim Guidance for Evaluating and Managing Infants Born to Pregnant People with Confirmed or Probable Oropouche Virus Disease](#)[Ask Dr. Dana: CDC OBGYN Answers Questions About the Oropouche Outbreak](#)



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