

August 19, 2024

Dear Clinicians,

We are writing to make sure you are aware of the recent Centers for Disease Control and Prevention (CDC) Health Alert Network (HAN) health advisory: [Increased Oropouche Virus Activity and Associated Risk to Travelers](#). There has been a recent increase in Oropouche virus disease in the Americas region, originating from endemic areas in the Amazon basin and new areas in South America and the Caribbean. While travel related cases (n=11) have been reported in the United States, no evidence of local transmission currently exists within the United States or its territories. We ask that you:

- Maintain a heightened index of suspicion for oropouche virus (OROV) infection in patients who have recently been in Brazil, Bolivia, Peru, Colombia, and Cuba within 2 weeks of initial [symptom](#) onset.
- Provide education and guidance to patients, particularly pregnant women, who have non-essential travel planned for areas where OROV outbreaks are occurring.

Background

[Oropouche virus](#) is endemic in the Amazon basin. Previous outbreaks have been described in Bolivia, Brazil, Colombia, Ecuador, French Guiana, Panama, and Peru. Transmission of Oropouche virus occurs between mosquitoes and non-human vertebrate hosts (e.g., sloths, non-human primates, domestic and wild birds, and rodents). Humans can become infected while visiting forested areas and are likely responsible for introducing the virus into urban environments. Biting midges (*Culicoides paraensis*) and possibly certain mosquitoes (*Culex quinquefasciatus*) are responsible for transmitting the virus from an infected person to an uninfected person in urban areas.

OROV Outbreak in South and Central America:

The current 2024 outbreak is occurring in endemic areas and new areas outside the Amazon basin; countries reporting locally acquired (autochthonous) cases include Brazil, Bolivia, Peru, Colombia, and Cuba. Between January 1 and August 1, 2024, more than 8,000 cases of Oropouche virus disease were reported, including two deaths and five cases of vertical transmission associated with fetal death or congenital abnormalities. Travel related cases have been reported in the United States and Europe.

Signs and Symptoms of OROV

Approximately 60% of people infected with Oropouche virus become symptomatic. The incubation period is typically 3–10 days. Initial clinical presentation is similar to diseases caused by [dengue](#), [Zika](#), and [chikungunya](#) viruses, with acute onset of fever, chills, headache, myalgia, and arthralgia. Other symptoms can include retroorbital (eye) pain, photophobia (light sensitivity), nausea, vomiting, diarrhea, fatigue, maculopapular rash, conjunctival injection, and abdominal pain. [Clinical laboratory findings](#) and [severe signs and symptoms](#) can include hemorrhagic and neurological manifestations.

People at risk for more severe disease likely include people aged 65 years or older, or those with underlying medical conditions, such as immune suppression, hypertension, diabetes, or cardiovascular disease. Earlier this year, Brazil reported two deaths in otherwise healthy non-pregnant women, and five cases in pregnant people with evidence of vertical transmission of the virus to the fetus associated with fetal death or congenital abnormalities, including microcephaly. This was the first report of deaths and Oropouche virus vertical transmission and associated adverse birth outcomes.

Testing

[Laboratory diagnosis](#) is generally accomplished by testing serum. Cerebrospinal fluid can also be tested in patients with signs and symptoms of neuroinvasive disease. Diagnostic testing is available at the CDC, and must be coordinated via the local or state health department.

In many countries, [outbreaks of dengue](#) are occurring in areas with reported Oropouche virus transmission. For patients with suspected Oropouche virus disease, it is important to rule out dengue virus infection because proper clinical management of dengue can improve health outcomes. Other diagnostic considerations include chikungunya, Zika, leptospirosis, malaria, or infections caused by various other bacterial or viral pathogens (e.g., rickettsia, group A streptococcus, rubella, measles, parvovirus, enteroviruses, adenovirus, Mayaro virus).

Treatment

No specific antiviral treatments or vaccines are available for Oropouche virus disease. Treatment for symptoms can include rest, fluids, and use of analgesics and antipyretics. Acetaminophen is the preferred first-line treatment for fever and pain. Aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) should not be used to reduce the risk of hemorrhage. Patients who develop more severe symptoms should be hospitalized for close observation and supportive treatment. [Pregnant people](#) with laboratory evidence of Oropouche virus infection should be monitored during pregnancy and live-born infants should be carefully evaluated.

Prevention

Travelers to areas with Oropouche virus transmission should use prevention measures to avoid biting midge and mosquito exposure during travel and for 3 weeks after travel, or if infected during the first week of illness, to mitigate additional spread of the virus and potential importation into unaffected areas in the United States.

Recommendations for clinicians:

Evaluation and Diagnosis

- Consider Oropouche virus infection in a patient who has been in an area with documented or suspected Oropouche virus circulation within 2 weeks of initial symptom onset (as patients may experience recurrent symptoms) and [relevant signs and symptoms](#).
- Contact your local or state health department to facilitate diagnostic testing.
- Rule out dengue virus infection in travelers with suspect Oropouche virus infection because these viruses often cocirculate and cause similar clinical presentations during acute illness. Early clinical management of dengue can improve health outcomes.
- Be aware that a high proportion of patients (about 70%) with Oropouche virus disease may experience recurrent symptoms days to weeks after resolution of their initial illness.
- Be aware of the risk of vertical transmission and possible adverse impacts on the fetus, including fetal death or congenital abnormalities. Monitor pregnancies in people with laboratory evidence of Oropouche virus infection and provide thorough infant evaluations.

Treatment and Prevention

- Inform pregnant people of the possible risks to the fetus when considering travel to areas with reported Oropouche virus transmission. Counsel these patients to consider the destination, reason for traveling, and their ability to prevent insect bites.
- Pregnant people are currently recommended to reconsider non-essential travel to areas with an Oropouche virus Level 2 [Travel Health Notice](#). If a pregnant person decides to travel, counsel them to strictly prevent insect bites during travel.
- Manage travelers with suspect Oropouche virus disease with acetaminophen as the preferred first-line treatment for fever and pain. To reduce the risk of hemorrhage, aspirin and other NSAIDs should not be used.
- Be aware that people who may be at higher risk for complications or severe disease include [pregnant people](#), older adults (e.g., aged 65 years or older), and people with

underlying medical conditions (e.g., immune suppression, hypertension, diabetes, or cardiovascular disease).

- Direct all travelers going to areas with Oropouche virus transmission to use measures to prevent insect bites during travel and for 3 weeks after travel, or if infected, during the first week of illness to mitigate additional spread of the virus and potential importation into unaffected areas in the United States.
- Immediately report all suspected Oropouche virus disease infections to the local or state health department to facilitate diagnosis and mitigate risk of local transmission.

More Information

[About Oropouche | CDC](#)

[Travel Health Notices | CDC](#)

[Preventing Mosquito Bites | CDC](#)

[Find the Repellent that is Right for You | EPA](#)

For questions, please contact the MDH Infectious Disease Epidemiology and Outbreak Response Bureau at 410-767-6700 during business hours, or 410-795-7365 after hours and on weekends or holidays.

Thank you for your attention to this matter.



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