

**Alabama Department of Public Health
Alabama Emergency Response Technology (ALERT)
Health Alert Network (HAN)
September 3, 2024**

Consider Oropouche Virus Testing in Patients with Travel-associated Exposure

Oropouche virus is an emerging arthropod-borne virus in the Americas transmitted by certain kinds of mosquitoes and biting midges. Recent reports of outbreaks in areas without previous endemic transmission, fatal cases, and vertical transmission associated with adverse pregnancy outcomes have raised concerns about human health risks. As of August 2024, over 8,000 laboratory-confirmed cases have been reported in Bolivia, Brazil, Colombia, Cuba, and Peru, and large outbreaks have resulted in travel-associated cases.

Clinical Diagnosis of Oropouche Virus Disease

The clinical signs and symptoms of Oropouche virus disease are similar to those of other arboviral diseases such as dengue, Zika, and chikungunya. After an incubation period of 3–10 days, signs and symptoms may include abrupt onset of fever, chills, severe headache, myalgia, and arthralgia.

Other symptoms might include retroorbital pain, photophobia, vomiting, diarrhea, fatigue, maculopapular rash, conjunctival injection, and abdominal pain. Initial symptoms usually last only a few days, but up to 70% of patients are reported to have recurrent symptoms within days to weeks after resolution of their initial illness. Although illness is typically mild, hemorrhagic manifestations (e.g., epistaxis, gingival bleeding, melena, menorrhagia, and petechiae) or neuroinvasive disease (e.g., meningitis and meningoencephalitis) can rarely occur.

Oropouche Virus Disease and Pregnancy

Several pregnant people with evidence of vertical transmission to their fetus have resulted in fetal death; if the fetus lives, there could be congenital abnormalities, including microcephaly. Because of the concern for vertical transmission of Oropouche virus from a pregnant patient to the fetus, paired specimens should be collected from pregnant patients to confirm a recent infection. Infants born to people with confirmed or probable Oropouche during pregnancy should receive a comprehensive evaluation by a healthcare provider at birth and each well-child visit.

Travel-associated Oropouche Virus Disease

Clinicians and public health jurisdictions should be aware of the occurrence of Oropouche virus disease in U.S. travelers and request testing for suspected cases. Consider testing patients who traveled in the last 14 days (or possibly up to 6 weeks if the patient is experiencing a recurrence of symptoms) to areas with documented or suspected Oropouche virus disease. Travelers should be warned to prevent insect bites when traveling, and pregnant people should be counseled to reconsider non-essential travel to areas with an Oropouche virus [Level 2 Travel Health Notice](#). If a pregnant person decides to travel to an area experiencing outbreaks of Oropouche virus, counsel them to strictly prevent insect bites during travel.

Reporting

Clinicians should report suspect Oropouche virus cases to the Alabama Department of Public Health (ADPH) Infectious Diseases & Outbreaks Division (ID&O) using the online [REPORT](#)

[Card for Reportable Diseases and Conditions](#) and selecting Other Arboviral diseases, not otherwise specified. Questions about reporting can be directed to ID&O by calling 1-334-206-5971.

Testing

The Centers for Disease Control and Prevention (CDC) can analyze serum and cerebral spinal fluid (CSF) for the virus through serology and plaque reduction neutralization tests. To confirm a recent infection, both acute and convalescent samples are required. Samples using the following criteria must be submitted through the ADPH Bureau Clinical Laboratories (BCL) for testing:

- Collect 1.0 ml of serum or CSF.
 - Acute samples should be collected within the first 10 days of illness.
 - Convalescent samples should be collected ≥ 2 weeks after the acute.
 - Refrigerate samples at 2-8°C prior to shipping.
- Complete the BCL Requisition Form for each sample, indicating patient travel history, onset date, pregnancy and hospitalization status, and Oropouche virus as the suspected agent.
- Ship samples as Category B with frozen cold packs to:

BCL

204 Legends Court

Prattville, AL 36066-7893

CDC testing results will be reported to the BCL and shared with the ordering provider.

Treatment and Care

There are no vaccines or antiviral treatments for Oropouche. Rest, fluids, analgesics, and antipyretics are recommended to treat symptoms. Furthermore, acetaminophen is the preferred treatment for fever and joint pain. Aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) should not be used to reduce the risk of hemorrhage. Patients with more severe symptoms might need hospitalization for observation and supportive treatment.

For more information on Oropouche Virus and Clinical Care, visit:

<https://www.cdc.gov/oropouche/about/index.html>

<https://www.cdc.gov/oropouche/hcp/clinical-care/index.html>

<https://www.cdc.gov/oropouche/hcp/clinical-care/pregnancy.html>

<https://www.cdc.gov/oropouche/hcp/clinical-care/infants.html>