DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

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MURIEL BOWSER, MAYOR

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Update to Health Awareness Notice for District of Columbia Healthcare Providers
Increased Oropouche Virus Activity and Associated Risk to Travelers

SUMMARY

Between January 1 and November 30, 2024, 13,014 confirmed cases of Oropouche virus disease have been reported primarily in Barbados, Bolivia, Brazil, Colombia, Cuba, the Dominican Republic, Ecuador, Guyana, Panama, and Peru. These include two deaths and at least five cases of vertical transmission associated with fetal death or congenital abnormalities. To date, all cases of Oropouche virus disease reported in the United States have been associated with travel to Cuba. DC healthcare providers are urged to consider Oropouche virus disease in travelers with signs and symptoms compatible with Oropouche virus infection and contact DC Health to coordinate testing at CDC. Pregnant people are urged to avoid all non-essential travel to areas with documented or suspected transmission of Oropouche virus. All travelers are encouraged to take steps to prevent insect bites during and after travel.

This notice is updated to highlight a new surge of cases in Brazil. Please refer to DC Health's initial HAN regarding increased Oropouche virus activity for additional context.

UPDATED INFORMATION

Between January 1 and November 30, 2024, 13,014 laboratory-confirmed cases of Oropouche virus disease have been reported.[1] In the United States, 108 cases of Oropouche virus disease have been reported in six states and territories.[2] All cases are associated with travel, and no evidence of local transmission currently exists in the US.[3] In July 2024, Brazil reported two deaths in non-pregnant, otherwise healthy women, marking the first ever known deaths linked to Oropouche virus.[4,3] Brazil also identified five cases in pregnant people with evidence of vertical transmission of Oropouche virus to the fetus associated with fetal death or congenital abnormalities, including microcephaly.[3]

Between summertime and holiday travelers, Brazil is experiencing a new surge of Oropouche virus cases almost exclusively in the southern state of Espìrito Santo, just north of Rio de Janeiro, which did not report any cases of Oropouche in 2023. More than 1,300 cases have been reported in Brazil since mid-October. An increase in cases coupled with seasonal travel heightens the risk of further spread and, as a result, CDC has updated its travel health notices to add Espìrito Santo to its list of Level 2 notices for Oropouche, recommending enhanced precautions during travel. Pregnant people are encouraged to reconsider non-essential travel or strictly follow Oropouche prevention recommendations if travel is unavoidable. A previous Level 2 travel notice for Cuba has been downgraded to Level 1 due to decreasing cases.

RECOMMENDATIONS FOR HEALTHCARE PROVIDERS

- Consider Oropouche virus infection in patients who have traveled to areas with documented or suspected Oropouche virus transmission within 2 weeks of initial symptom onset, and the following:
    - Abrupt onset of reported fever, headache, and one or more of the following: myalgia, arthralgia, photophobia, retro-orbital/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 Oropouche virus disease exists based on the patient's clinical features and history of travel to an area with virus circulation, do not wait for negative testing for other infections before contacting DC Health.
- Contact DC Health at Leslie.ayuk-takor@dc.gov or vectorborne.epi@dc.gov to facilitate diagnostic testing.
- Rule out dengue virus infection in travelers with suspect Oropouche virus infection because these viruses often co-circulate and cause similar clinical presentations during acute illness. Early clinical management of dengue can improve health outcomes.
- Be aware that about 70% of patients with Oropouche virus disease may experience recurrent symptoms days to weeks after resolution of their initial illness.
- Hospitalize patients with more severe symptoms for observation and supportive treatment.
- Be aware of the risk of vertical transmission and possible adverse impacts on the fetus, including fetal death or congenital abnormalities.
    - Detailed, serial fetal ultrasounds (every 4 weeks) should be considered for pregnant people with confirmed or probable Oropouche virus disease to assess fetal anatomy and monitor growth.
- Monitor pregnant people with laboratory evidence of Oropouche virus infection and carefully evaluate live-born infants.
- 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.
- Advise biological males who are diagnosed with Oropouche virus disease to use condoms or abstain from sex for at least 6 weeks from symptom onset and wait at least 6 weeks from symptom onset (or 6 weeks after returning from travel, if asymptomatic) before donating semen.
- Advise biological males with recent travel to an area with a Travel Health Notice for Oropouche and symptoms compatible with infection during or within 2 weeks of travel to consider using condoms or abstaining from sex for at least 6 weeks following symptom onset and wait at least 6 weeks from symptom onset before donating semen.
- Be aware of the potential risk of Guillain-Barré syndrome (GBS) in people infected with Oropouche.
- Manage travelers with suspect Oropouche virus disease with acetaminophen as the preferred first-line treatment for fever and pain. Aspirin and other NSAIDS should not be used to reduce the risk of hemorrhage.

- 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.
- Report all suspected Oropouche virus disease infections to DC Health by emailing Leslie.ayuk-takor@dc.gov or vectorborne.epi@dc.gov or by calling 202-442-9143 or 844-493-2652 (after-hours) to facilitate diagnosis and mitigate risk of local transmission.

RECOMMENDATIONS FOR PRIORITY POPULATIONS

Pregnant people are advised to reconsider non-essential travel to areas with documented or suspected circulation of Oropouche virus due to risk of adverse birth outcomes including fetal death or congenital abnormalities. If travel is unavoidable, pregnant people should take great care to prevent insect bites during travel. Discuss your travel plans, reasons for travel, steps to prevent insect bites, and potential risk with a healthcare provider prior to travel.

RECOMMENDATIONS FOR THE PUBLIC

All travelers to areas with documented or suspected Oropouche virus transmission should:

- Prevent insect bites by using an Environmental Protection Agency (EPA)-registered insect repellent, wearing long-sleeved shirts and pants; and staying in places with air conditioning or that use window and door screens. Insect bite prevention should continue for 3 weeks after travel.
- Be aware that symptoms of Oropouche virus disease begin 3-10 days after being bitten by an infected midge or mosquito, and the most common symptoms are fever and headache. Most people infected with Oropouche virus feel better with a week, but symptoms may return.
- Seek medical care if fever, chills, headache, joint pain, or muscle pain develop during or within 2 weeks after travel and:
    - Tell your healthcare provider when and where you traveled.
    - Do not take aspirin or other NSAIDS (e.g., ibuprofen) to reduce the risk of bleeding.
    - Continue to prevent insect bites during the first week of illness to avoid further spread, especially in areas where biting midges or mosquitoes are active.
- Notify your blood center and wait at least four weeks to donate blood if you have recently been diagnosed with Oropouche.
- **Male travelers** diagnosed with Oropouche should use condoms or not have sex for at least 6 weeks from the start of symptoms and wait at least 6 weeks from symptom onset (or 6 weeks after returning from travel, if asymptomatic) before donating semen.
- **Male travelers** with symptoms of Oropouche during or within 2 weeks of travel should speak with their healthcare provider about Oropouche testing, consider using condoms or not having sex for at least 6 weeks from the start of symptoms, and wait at least 6 weeks from symptom onset before donating semen.

REPORTING REQUIREMENTS

Please notify DC Health of suspected Oropouche virus cases by emailing Leslie.ayuk-takor@dc.gov or vectorborne.epi@dc.gov or calling 202-442-9143 or 844-493-2652 (after hours). For confirmed cases of Oropouche virus disease, please submit a Notifiable Disease and Condition Case Report Form online using DCRC: https://dccovid.force.com/provider/s/login.

ADDITIONAL RESOURCES

- Oropouche Virus | CDC
- Preventing Oropouche | CDC
- CDC Health Alert Network: Increased Oropouche Virus Activity and Associated Risk to Travelers
- Epidemiological Alert Oropouche in the Region of the Americas - 1 August 2024 - PAHO/WHO | Pan American Health Organization
- Epidemiological Alert Oropouche in the Region of the Americas: vertical transmission event under investigation in Brazil - 17 July 2024 - PAHO/WHO | Pan American Health Organization
- Replication-Competent Oropouche Virus in Semen of Traveler Returning to Italy from Cuba, 2024
- Newborns with microcephaly in Brazil and potential vertical transmission of Oropouche virus: a case series
- 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
- Oropouche Virus and Possible Sexual Transmission | CDC
- Dengue: Guidelines for Diagnosis, Treatment, Prevention, and Control | WHO
- Travel Health Notices | CDC

REFERENCES

1. "Epidemiological Update Oropouche in the Americas Region – 13 December 2024." *PAHO/WHO | Pan American Health Organization*, 13 Dec. 2024, https://www.paho.org/en/documents/epidemiological-alert-oropouche-americas-region-13-december-2024.
2. "2024 Oropouche Outbreak." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 17 Dec. 2024, www.cdc.gov/oropouche/outbreaks/2024/index.html.
3. "Health Alert Network: Increased Oropouche Virus Activity and Associated Risk to Travelers." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 16 Aug. 2024, https://emergency.cdc.gov/han/2024/han00515.asp.
4. "Q&A – Oropouche Fever." *PAHO/WHO | Pan American Health Organization*, 24 July 2024, www.paho.org/en/news/24-7-2024-qa-oropouche-fever.

Please contact the DC Health Division of Epidemiology-Disease Surveillance and Investigation at: Phone: 844-493-2652 | Fax: (202) 442-8060 | Email: doh.epi@dc.gov