DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

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MURIEL BOWSER, MAYOR

October 8, 2024

Travel Advisory for District of Columbia Residents

Oropouche Virus in the Americas

SUMMARY

On August 16, 2024, the Centers for Disease Control and Prevention (CDC) issued a Travel Notice urging increased awareness of the risk of transmission of the Oropouche virus for travelers to South America and Cuba. Between January 1 and August 31, 2024, nearly 10,000 cases of Oropouche virus have been reported in Bolivia, Brazil, Colombia, Peru, Cuba, and the Dominican Republic, including two deaths and five cases of vertical transmission associated with fetal death or congenital abnormalities. Travelers to Bolivia, Brazil, Colombia, Peru, Cuba, and the Dominican Republic should take steps to prevent insect bites and seek medical care immediately if symptoms of Oropouche virus disease develop. Pregnant people should reconsider non-essential travel to Cuba. If travel is unavoidable, these travelers should strictly follow Oropouche prevention recommendations.

BACKGROUND

The Oropouche virus is an arboviral disease spread primarily by biting midges (*Culicoides paraensis*) but may also be transmitted by *Culex quinquefasciatus* mosquitoes.[1] Symptoms typically begin 3-10 days after an exposure and can include fever, headache, aches and pains, stiff joints, photophobia, eye pain, double vision, maculopapular rash, abdominal pain, nausea, and persistent vomiting.[1,2] These symptoms are similar to those experienced with other arboviral diseases such as dengue, chikungunya, and Zika. Approximately 60% of people infected with the Oropouche virus will become symptomatic, and while symptoms typically resolve after a few days, around 70% of people will experience recurrent symptoms days to weeks after resolution of the initial illness. While Oropouche virus disease is typically mild, an estimated 5% of patients could develop more severe illness characterized by bleeding, occipital pain, dizziness, confusion, lethargy, neck stiffness, and rapid, uncontrollable eye movements. There is no specific treatment or vaccine for Oropouche virus disease, and care should focus on rest, fluids, and use of painkillers and fever-reducers. Acetaminophen is the preferred treatment for fever and pain rather than aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) to reduce the risk of hemorrhage.[2]

First detected in 1955 in Trinidad and Tobago, the Oropouche virus is endemic in the Amazon basin, and outbreaks have previously been reported in Bolivia, Brazil, Colombia, Ecuador, French Guiana, Panama, and Peru.[2] The current 2024 outbreak is occurring in parts of the endemic Amazon basin (Bolivia, Brazil, Colombia, and Peru) as well as in the Dominican Republic and Cuba, which reported its first ever cases in May 2024.[2,3,5] Between January 1 and August 31, 2024, nearly 10,000 laboratory-confirmed cases of Oropouche virus disease have been reported.[5] 74 cases of Oropouche virus disease have been reported in the United States, including three hospitalizations and no deaths.[4,6] All cases are associated with travel, and no evidence of local transmission currently exists in the US.[2]

In July 2024, Brazil reported two deaths in non-pregnant, otherwise healthy women, marking the first ever known deaths linked to the Oropouche virus.[1,2] Brazil also identified five cases in pregnant people with

evidence of vertical transmission of the Oropouche virus to the fetus associated with fetal death or congenital abnormalities, including microcephaly.[2] The only previous reports of vertical transmission of the Oropouche virus occurred during an outbreak in Manaus, Brazil, between 1980 and 1981, when the virus was observed in nine pregnant women, two of whom miscarried.[1]

RECOMMENDATIONS FOR RESIDENTS AND VISITORS

All travelers to Bolivia, Brazil, Colombia, Peru, Cuba, and the Dominican Republic 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, muscle pain, nausea, vomiting, or sensitivity to light develop during or within 2 weeks after travel and:
    - Tell their healthcare provider when and where they 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.

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.

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
- Travel Health Notices | CDC

REFERENCES

1. "Q&A – Oropouche Fever." *PAHO/WHO | Pan American Health Organization*, 24 July 2024, www.paho.org/en/news/24-7-2024-qa-oropouche-fever.
2. "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.
3. "Oropouche Virus Disease - Cuba." *World Health Organization*, World Health Organization, 11 June 2024, www.who.int/emergencies/disease-outbreak-news/item/2024-DON521.
4. "Oropouche Virus Disease among U.S. Travelers - United States, 2024." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 27 Aug. 2024, www.cdc.gov/mmwr/volumes/73/wr/mm7335e1.htm.
5. "Epidemiological Update Oropouche in the Americas Region - 6 September 2024." PAHO/WHO | Pan American Health Organization, 6 Sept. 2024, www.paho.org/en/documents/epidemiological-update-oropouche-americas-region-6-september-2024.
6. "2024 Oropouche Outbreak." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 17 Sept. 2024, www.cdc.gov/oropouche/outbreaks/2024/index.html.

Please visit the DC Health - Health Notices website (dchealth.dc.gov/page/health-notices) regularly for the most current information.

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