

Health Alert: Oropouche Virus (OROV)

Georgia Department of Public Health Requests Reports of Suspect Oropouche Virus

Action Steps:

Local health departments: *Please forward to hospitals and clinics in your jurisdiction.*

Hospitals and clinics: *Please distribute to infectious disease physicians, infection preventionists, emergency department physicians, intensive care physicians, neurologists, radiologists, primary care providers, obstetricians, and pediatricians.*

Summary

Oropouche virus (OROV) is an emerging arthropod-borne virus primarily found in South America, Central America, and the Caribbean, with recent large outbreaks leading to severe cases, including fatalities and adverse pregnancy outcomes due to vertical transmission (mother to fetus). As of September 10, 2024, 52 travel-associated cases have been confirmed in five U.S. states (FL, KY, NY, CO, CA). Cases have reported recent travel primarily to Cuba. To date, no local transmission of Oropouche virus has been identified. The virus is primarily spread by biting midges (*Culicoides*), and occasionally by mosquitoes, specifically *Culex quinquefasciatus*. The symptoms and geographical distribution of OROV are similar to those of other arboviral diseases such as dengue, Zika, chikungunya, and malaria.

Clinical Presentation

Oropouche virus disease typically presents as an abrupt onset of fever, severe headache, chills, myalgia, and arthralgia. Approximately 60% of people infected with the Oropouche virus become symptomatic. The incubation period is typically 3–10 days. Other symptoms can include retro-orbital (eye) pain, photophobia (light sensitivity), nausea, vomiting, diarrhea, fatigue, maculopapular rash, conjunctival injection, and abdominal pain. Although the illness is typically mild, it is estimated less than 5% of patients can develop hemorrhagic manifestations (e.g., epistaxis, gingival bleeding, melena, menorrhagia, petechiae) or neuroinvasive disease (e.g., meningitis, meningoencephalitis). Neuroinvasive disease symptoms may include intense occipital pain, dizziness, confusion, lethargy, photophobia, nausea, vomiting, nuchal rigidity, and nystagmus.

Reporting

All acute arboviral infections are immediately notifiable, and suspect cases should be reported immediately to the Georgia Department of Public Health (O.C.G.A. §31-12-2). Call your local [District Health Office](#) or the DPH Acute Disease Epidemiology Section at 404-657-2588 during business hours Monday through Friday or 1-866-PUB-HLTH (1-866-782-4584) after-hours on

evenings and weekends to report a suspect case and/or receive guidance on laboratory testing for OROV.

Laboratory Testing

To qualify for testing (currently only available at CDC through the Georgia Public Health Laboratory), patients must meet **all the following criteria**:

- **Abrupt onset of fever and headache, along with one or more of the following symptoms:** myalgia, arthralgia, photophobia, retroorbital or eye pain, or signs of neuroinvasive disease (e.g., stiff neck, altered mental status, seizures, limb weakness, or cerebrospinal fluid pleocytosis); AND
- **Absence of respiratory symptoms** (e.g., cough, rhinorrhea, shortness of breath); AND
- **Negative test results for other diseases**, particularly dengue, Zika, chikungunya, and malaria (testing must at least be in progress for rule-out); AND
- **Travel to an area with documented or suspected Oropouche virus circulation within TWO WEEKS PRIOR TO THE ONSET OF INITIAL SYMPTOMS.**

Laboratory diagnosis is generally accomplished by testing serum. Cerebrospinal fluid can also be tested in patients with signs and symptoms of neuroinvasive disease. To coordinate specimen collection and laboratory submission, call your District Health Office or the DPH Acute Disease Epidemiology Section at 404-657-2588 during business hours Monday through Friday or 1-866-PUB-HLTH (1-866-782-4584) after hours on evenings and weekends. Please do not send specimens directly to the Georgia Public Health Laboratory (GPHL) or the Centers for Disease Control and Prevention (CDC) without prior authorization.

Treatment and Other Considerations

No specific antiviral treatments or vaccines are available for Oropouche virus disease. Treatment for symptoms can include rest, fluids, 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 women with laboratory evidence of Oropouche virus infection should be monitored during pregnancy, and live-born infants should be carefully evaluated.

Pregnant travelers should reconsider non-essential travel to areas with an Oropouche [Level 2 Travel Health Notice](#). All travelers to affected areas should strictly follow recommendations to prevent bug bites. While no local transmission has been reported in the U.S., Georgia has competent vectors, so prompt case identification is critical.

Actions Requested of Healthcare Providers:

- Consider Oropouche virus disease in persons with clinically compatible symptoms (abrupt onset of fever, severe headache, chills, myalgia, and arthralgia) and a history of recent travel (within 2 weeks) to Central or South America or the Caribbean.
- Call DPH to obtain approval for testing and guidance on collecting clinical specimens.

- Report suspected cases of Oropouche virus disease **IMMEDIATELY** by calling your local [District Health Office](#) or the DPH Acute Disease Epidemiology Section at 404-657-2588 during business hours Monday through Friday or 1-866-PUB-HLTH (1-866-782-4584) after hours on evenings and weekends.

Georgia DPH Contact Information

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