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Oropouche virus disease: information for travellers and health professionals

Information on risks and prevention measures for travellers and health professionals

- **This updates the news item of 4 October 2024**

Oropouche virus disease is an arboviral disease caused by the Oropouche virus (OROV). The virus has been found to circulate in Central and Southern America and the Caribbean, where outbreaks are known to occur. During 2024, outbreaks have been reported in Brazil, Bolivia, Colombia, Cuba, Dominican Republic, Ecuador, Guyana and Peru. As of 5 October 2024, a total of 10,275 confirmed cases, including two deaths have been reported in the Americas Region since the start of the year [1].

OROV is transmitted (spread) to humans mainly through the bite of an infected midge (*Culicoides paraensis*). Some mosquitoes can also be involved in transmission.

In October 2024, the [Pan American Health Organisation \(PAHO\)](#) reported that possible cases of OROV being passed from mother-to-child during pregnancy (vertical transmission) are being investigated in Brazil and Cuba [1]. Work is ongoing to understand the potential risks of OROV infection during pregnancy.

Symptoms of Oropouche virus disease begin four to eight days after an infective bite. Onset is sudden, usually with a fever, chills, headache, joint pain and muscle aches. Symptoms typically last for up to seven days. Some people may develop more severe disease however, including meningitis or encephalitis.

In September 2024, Cuba reported three cases of [Guillain-Barré syndrome](#) associated with OROV [1].

In July 2024, the [Brazil Ministry of Health](#) reported two deaths, which represent the first reported fatalities attributed to Oropouche virus disease.

There are no specific medications or vaccines to prevent OROV, but the risk of infection can be minimised by following bite avoidance measures when visiting areas with the infection. Treatment for Oropouche virus disease is supportive (to manage the symptoms of the infection).

Advice for travellers

Before you travel

Check our [Country Information pages](#) to research general health risks, prevention advice and any vaccine recommendations or malaria advice for your destination. Outbreaks of OROV will be reported on our [Outbreak Surveillance database](#).

If you are planning to visit countries reporting arboviral infections including OROV, get travel health advice from your GP, practice nurse or a travel clinic, ideally at least four to six weeks before you travel.

Whilst there has been a small number of mother-to-child transmissions, the level of risk is still under investigation and has not been confirmed but a cautious approach is recommended given the potential high impact. In addition, other diseases such as Zika and malaria may exist in areas where Oropouche virus disease has been reported, pregnant women should therefore discuss the potential risks of their travel plans with their health care provider.

While you are away

There is no vaccine or medication to prevent OROV infection. The only way to try to prevent infection is by [minimising bites from midges and mosquitoes](#), as with many other insect and tick borne infections, or avoiding visiting regions with a known or potential risk for OROV.

You should seek advice from a health professional if you develop symptoms whilst you are overseas.

When you return

If you or anyone in your family become unwell with symptoms such as high fever, chills, headache, joint pain and muscle aches following overseas travel, you should seek medical advice.

It is important to tell your medical provider about any recent travel.

Advice for health professionals

You should carry out a comprehensive risk assessment with any traveller planning to visit destinations with Oropouche virus disease as other diseases such as dengue, Zika and malaria may exist in the same area. Pregnant women should be informed of the potential risks that these infections may present.

Health professionals should remain alert for travellers returning from areas where there is a risk from arboviral infections. Symptoms of OROV infection can be similar to other arboviral infections found circulating in the Americas, such as dengue, chikungunya, malaria or Zika.

As for all arboviral infections, if OROV is suspected you should seek clinical advice in the first instance from a local microbiology, virology or infectious disease consultant.

As there is a possible risk of vertical transmission, pregnant women should also advise their midwife if they have travelled to risk areas; possible cases in pregnant women should be reported to the [UK Teratology Information Service](#) for surveillance.

Outbreaks of OROV will continue to be monitored, together with any changing risks to travellers to affected regions. It is important to check for updates and further news items on this evolving situation.

Resources

- [Country Information](#)
- [Outbreak Surveillance](#)
- [US Centers for Disease Control and Prevention: About Oropouche](#)

References

1. [Pan American Health Organization Epidemiological Update Oropouche in the Americas Region - 15 October 2024](#)
[Accessed 18 October 2024]