



RESEARCH ARTICLE

OROPOUCHE FEVER

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ABSTRACT

Oropouche fever is one among the viral fever; this virus belongs to the Simbusero group of the viral genus Orthobunya virus. This fever symptom is similar to dengue illness like fever, headache, and muscle pain. There's no specific treatment or vaccine, but most of the people recover within a week. Around in a year of before 2000, Outbreaks of Oropouche virus in Brazil, Panama, and Peru and also animals get infected in Trinidad and Colombia during this time. One child was found infected in Haiti in 2014. In the last 25 years, Oropouche fever cases have been identified in many countries, including Argentina, Bolivia, Brazil, Colombia, Ecuador, French Guiana, Panama, and Peru. In late 2023, On 27 May 2024, the Ministry of Public Health of Cuba reported the first ever outbreak of Oropouche virus disease. Oropouche fever typically spreads in Central and South America, especially in countries around the Amazon. Oropouche virus was identified as causing large outbreaks in endemic areas and new areas in South America.

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INTRODUCTION

The virus was first detected in 1955 in a forest worker in a village Trinidad and Tobago called Vega de Oropouche, near the Oropouche River so is called as Oropouche fever. This virus belongs to the Simbusero group of the viral genus *Orthobunyavirus* in the *Peribunyaviridae* family, its scientific name is Oropouche orthobunya virus sometimes abbreviated as OROV. In June 2024, Cuba reported its first confirmed Oropouche case. On June 11, WHO reported the first-ever outbreak in Cuba, which included around 70 cases were confirmed. On July 17, 2024, the Pan American Health Organization (PAHO) issued an epidemiological alert about cases in Brazil of vertical transmission of Oropouche virus associated with adverse pregnancy outcomes, including fetal deaths and congenital abnormalities. CDC is working with PAHO and other international partners to learn more about the risks of Oropouche during pregnancy.

OROPOUCHE FEVER: Oropouche fever is a one type of zoonotic and arthropod disease caused by Oropouche virus (OROV), Oropouche fever is also known as Oropouche viral disease, it is spread through the bite of infected midges and mosquitoes. There is no evidence of human-to-human Oropouche virus transmission but if mother is pregnant there is a chance of vertical transmission.

CLINICAL FEATURE

The incubation period of Oropouche virus disease is 1–10 days. The majority of people infected with Oropouche virus become symptomatic. Onset of fever (38–40°C) with headache, chills, myalgia, and arthralgia. Other signs and symptoms include photophobia, dizziness, retroorbital or eye pain, nausea and vomiting, or maculopapular rash that starts on the trunk and goes towards extremities. Less common symptoms can include conjunctiva infection, diarrhoea, severe abdominal pain, and haemorrhagic symptoms (e.g., epistaxis, gingival bleeding, melena, and menorrhagia). Symptoms typically reduces less than a week (2–7 days) and also up to 60% of patients symptoms can reoccurs in a few days or even weeks later this Similar symptoms are reported on relapse.

TREATMENT

There are no medicines for Oropouche virus treatment. Supportive and symptomatic treatment can be give like rest, fluids, and antipyretics. Those patient develop more severe symptoms can be hospitalized for close observation and supportive management. If patients suspected dengue fever can receive immediate management without waiting for diagnostic test results and should not give Aspirin and NSAID to prevent the risk of bleeding.

COMPLICATIONS: Oropouche virus can sometimes lead to encephalitis, meningitis. If pregnant women may get miscarriage, stillbirth and congenital microcephaly.

PROGNOSIS: Persistence of weakness and malaise has been seen in some patients for up to one month following symptom onset. Patients might require hospitalization for more severe signs and symptoms. There is very few deaths reported among people infected with Oropouche virus.

PREVENTION AND CONTROL: Especially at night biting insects are more use insect repellent, advised to be were long pant long sleeved shirts and socks. Avoid stagnant water in buckets, barrels, bird baths, old tires that may hold in rain water. Keep screens on windows it is made with mesh. Use netting cover while sleeping during night. Avoid travelling pregnant women those areas where the risk of oropouche is common. FDA suggests that people diagnosed as Oropouche virus disease should not donating blood for at least 4 weeks. CDC is given a recent scientific report describes the first time Oropouche virus was found in semen of a patient who had Oropouche, which raises concern about the possible risk of sexual transmission. Viruses (e.g., Zika virus, Ebola virus) in semen have been associated with sexual transmission of other infectious diseases. No cases of sexual transmission of Oropouche virus have been reported. CDC has recommended for travellers to take proper precautions.

CONCLUSION

According to the WHO severe cases are rare. There is no specific vaccine or antiviral treatment available for this disease.

The symptoms of Oropouche virus disease can be similar to symptoms of dengue, chikungunya, Zika viruses, or malaria. The people can be protect themselves from Oropouche is to prevent bites from biting midges and mosquitoes.

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