Oropouche Virus Disease

This sheet is about having Oropouche virus disease in pregnancy and while breastfeeding. This information is based on available published literature. It should not take the place of medical care and advice from your healthcare provider.

What is Oropouche?

Oropouche is a virus that is usually spread through the bite of an infected biting midge (small fly). While less common, the virus could also be spread by infected mosquitos. When a person is infected with Oropouche virus, it can cause an illness called Oropouche virus disease (often just called Oropouche). If a woman gets Oropouche during pregnancy, it is possible the virus could pass to the fetus.

Common symptoms of Oropouche virus disease include fever, chills, headache, muscle aches, and joint pain. Other symptoms can include pain behind the eyes, eye sensitivity to light, vomiting, diarrhea, and rash. Symptoms usually last 2-7 days, but over half of people with Oropouche will have a second round of symptoms starting days or even weeks after the first round of symptoms go away. About 40% (4 out of 10) of people with Oropouche will not have symptoms at all (asymptomatic). Rare but serious complications of Oropouche include meningitis (inflammation [swelling] of the brain and spinal cord tissues), encephalitis (inflammation of the brain), and bleeding. Symptoms of Oropouche virus disease can be treated, but there is no vaccine to help prevent or lessen symptoms and no cure for the viral infection.

How can I protect my pregnancy from Oropouche?

Before travel, check the Centers for Disease Control and Prevention (CDC) website for up-to-date Travel Health Notices for Oropouche and other infections at https://wwwnc.cdc.gov/travel/notices. Take steps to prevent insect bites when traveling to any place with a Travel Health Notice for Oropouche. Reconsider non-essential travel to places with a Level 2 or higher Travel Health Notice. All travelers to places with a Travel Health Notice for Oropouche can consider using condoms or not having sex during travel and for 6 weeks after returning home.

MotherToBaby has fact sheets on insect repellents at https://mothertobaby.org/fact-sheets/insect-repellents/ and DEET at https://mothertobaby.org/fact-sheets/deet-nn-ethyl-m-toluamide-pregnancy/. CDC has information about preventing midge and mosquito bites here: https://www.cdc.gov/mosquitoes/prevention/preventing-mosquito-bites-while-traveling.html.

Can I be tested for Oropouche?

If you recently traveled to an area with Oropouche and have symptoms, see your healthcare provider right away. They might recommend testing for Oropouche, and possibly for other diseases (like dengue). Women with possible or confirmed Oropouche should be followed more closely in pregnancy, and the infant should be evaluated after birth.

I have Oropouche. Can it make it harder for me to get pregnant?

It is not known if Oropouche can make it harder to get pregnant.

Does having Oropouche increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done to see if Oropouche can increase the chance of miscarriage. At least 2 cases of miscarriage have been reported in women who had recent Oropouche virus disease. As there can be many causes of miscarriage, it is hard to know if the infection or other factors are the cause of a miscarriage.

Does having Oropouche increase the chance of birth defects?

Birth defects can happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. We look at research studies to try to understand if an exposure, like Oropouche virus disease, might increase the chance of birth defects in a pregnancy. Information on Oropouche in pregnancy is very limited. There are case reports of infants born with and without birth defects to women with confirmed Oropouche during pregnancy. It is not known if having Oropouche during pregnancy can increase the chance of birth defects or how likely it is that the virus will pass to the fetus (vertical transmission).

One report described 6 infants born with microcephaly (smaller head and brain size than expected) and other serious changes in brain development after suspected vertical transmission of Oropouche virus during pregnancy. Samples taken from all 6 infants soon after delivery tested positive for Oropouche. Five of the infants were born to women who had symptoms of Oropouche during pregnancy and/or had positive test results for Oropouche. The remaining infant was born to a woman who did not have symptoms and was not tested for the virus, but the infant tested positive at 1 day of age. More research is needed to know if vertical transmission of Oropouche can cause microcephaly or other birth defects.

Does having Oropouche increase the chance of other pregnancy related problems?

Studies have not been done to see if Oropouche can increase the chance of pregnancy-related problems such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces at birth). One case report described stillbirth in a woman diagnosed with Oropouche during the third trimester of pregnancy. Tests confirmed vertical transmission of the virus to the fetus. No birth defects were reported in the stillborn infant. No other infections or other apparent causes of stillbirth were identified. A case report does not prove that having Oropouche in pregnancy caused the stillbirth.

Does having Oropouche in pregnancy affect future behavior or learning for the child?

Conditions that affect the brain, such as microcephaly, meningitis, and encephalitis, can affect future learning for the child. It is not known if or how often having Oropouche in pregnancy can cause these conditions. Studies have not been done to see if having Oropouche in pregnancy can cause behavior or learning issues in children who do not have conditions that affect the brain.

What screenings or tests are available to see if my pregnancy has birth defects or other issues?

Prenatal ultrasounds can be used to screen for some birth defects, such as microcephaly. Talk with your healthcare provider about any prenatal screenings or testing that are available to you. There are no tests available during pregnancy that can tell how much effect there could be on future behavior or learning.

Breastfeeding and Oropouche:

Having Oropouche virus while breastfeeding has not been studied. At this time, there are no published case reports of Oropouche being spread through breast milk. During travel, women who are breastfeeding should take steps to avoid insect bites. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a man has Oropouche, could it affect fertility or increase the chance of birth defects?

Studies have not been done to see if Oropouche could affect a man's fertility (ability to get a woman pregnant) or increase the chance of birth defects in a pregnancy. It is not known if Oropouche virus can be passed to a woman through sex (sexual transmission). The virus has been found in the semen of a man who had Oropouche virus disease. However, no cases of sexual transmission of Oropouche have been reported. Men who have recently traveled to an area with a Travel Health Notice for Oropouche and have symptoms of the illness should talk with their healthcare providers about testing. Men can also consider using condoms or not having sex during travel and for at least 6 weeks after returning home. For more general information on paternal exposures, please see the MotherToBaby fact sheet at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.

Please click here to view references.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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