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United States Senate
WASHINGTON, DC 20510-0908

COMMITTEES:
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FOREIGN RELATIONS
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SMALL BUSINESS AND ENTREPRENEURSHIP
SPECIAL COMMITTEE ON AGING

September 13, 2024

President Joe Biden
The White House
1600 Pennsylvania Avenue NW
Washington, D.C. 20500

Dear Mr. President:

I write with regard to the concerning increase in cases of oropouche virus in American travelers and the lack of comprehensive public health infrastructure to address this outbreak. As Florida has a significant number of travelers returning from countries with high numbers of reported cases, there is considerable concern that the lack of approved and effective tests and treatment options could lead to a public health crisis. As we have seen with the recent COVID-19 pandemic, a delayed response to a public health threat can lead to catastrophic results. Therefore, I am requesting the Centers for Disease Control (CDC) and the Food and Drug Administration (FDA) to take appropriate steps to proactively address the spread of oropouche in the United States, including providing healthcare providers specific steps to treat Americans infected with oropouche, and expanding access to rapid point of care testing.

On August 16, 2024, the CDC issued a Health Alert Network (HAN) Health Advisory to alert public health officials and healthcare providers about the increase of oropouche cases in the Americas and the risks of infection. Just this year, more than 8,000 cases have been reported globally, including more than forty cases in Florida from travelers who had recently returned from Cuba. Though the oropouche virus has minor symptoms for most patients, there is cause for concern because of its less-common, but deadly side effects for some individuals. Multiple cases from Brazil have shown oropouche infections in pregnant mothers causing fetal death during the third trimester as well as congenital malformations in newborns. Much is still unknown about how to effectively screen and monitor mothers and babies to prevent these devastating effects, particularly because there is no approved oropouche diagnostic test for babies in utero or newborns. Oropouche virus has also been found to cause neuroinvasive disease in a small number of patients.

Though the oropouche virus is endemic to South America and the Caribbean, there are no treatment options for infected patients, no preventative therapeutics or vaccines, and limited testing methods. The U.S. has only one approved test to accurately diagnose oropouche, which takes considerable time to receive because of limited laboratory sites outside of the CDC's headquarters in Atlanta. Furthermore, because of its resemblance to dengue, the Zika virus, and chikungunya, public health officials have expressed concern that many patients may express symptoms for oropouche and receive a negative test for these more familiar diseases and never receive additional medical attention or guidance. At the same time, healthcare providers have expressed that they feel ill-equipped to adequately advise patients diagnosed with oropouche, particularly pregnant women, because of limited specific clinical guidance from federal health officials.

While oropouche currently poses many questions for the public health community, there is certainly enough available data to show that this virus may pose a threat to the most vulnerable Americans. The CDC and FDA must be proactive in protecting Americans and set into place appropriate protections and infrastructure to ensure we have the testing and treatment capabilities for every person who needs it and instill confidence in state and local health personnel on the front lines. Therefore, I request a response to the following questions:

1. To what extent is the CDC working with health agencies, both domestically and abroad, to determine treatment and prevention guidance for Americans, specifically pregnant women?
2. Has the U.S. Department of State evaluated elevating the travel advisory status of Brazil and Cuba, given the risk of oropouche transmission?
3. How is the CDC ensuring that providers and health departments can accurately discern between a diagnosis for oropouche and other vector borne diseases with similar symptoms, such as dengue or Zika?
4. What is the CDC doing to encourage the expansion of oropouche testing?
5. Does the CDC intend to expand oropouche PRNT antibody diagnostic testing capabilities to heavily impacted states and territories, such as Florida?
    a. If the FDA decides to approve the use of the oropouche diagnostic PCR test, how will the CDC work with federal agencies to ensure this test is widely available to health care providers and health departments in affected states and territories?
6. Does the federal government have any plans to work with commercial labs to expand and speed up testing capacity?
7. What efforts has the CDC undergone to ensure pregnant women understand the risks of oropouche for themselves and their babies?
8. Is the FDA reviewing any tests to determine if newborns and infants in utero are infected with oropouche?
9. Please provide the most recent data on oropouche infection and transmission rates, and its impacts.

Thank you for your consideration. I look forward to your prompt response.

Sincerely,

Marco Rubio
U.S. Senator

CC:
The Honorable Mandy Cohen, Director of the Centers for Disease Control
The Honorable Robert Califf, Commissioner of the Food and Drug Administration
The Honorable Antony Blinken, Secretary of State