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Oropouche Fever Outbreak, Havana, Cuba, June–September 2024

Appendix

Appendix Table 1. Operational criteria for selective RT-PCR referral during the Oropouche fever outbreak, Havana, Cuba, 2024*

Step	Operational Criteria	Outcome
1. Identify Suspected Cases	Meets full case definition: Fever $\geq 38^{\circ}\text{C}$ with headache AND ≥ 1 additional symptom (myalgia, arthralgia, chills, low back pain, or photophobia). Negative dengue IgM result. Residence in or travel to a municipality with confirmed OROV circulation or unusual febrile illness activity.	21,744 suspected cases identified during the study period.
2. Prioritize for RT-PCR	Samples were referred for RT-PCR based on local operational criteria: (a) epidemiologic linkage to an active transmission area, (b) clinical severity, and (c) reagent availability and laboratory capacity.	549 samples referred to the NRL-IPK for testing.
3. Final Case Classification	Confirmed (n = 189): Positive OROV RT-PCR result. Suspected, not tested (n = 21,195): Met the suspected case definition but were not referred for RT-PCR testing. Suspected, tested negative (n = 360): Met the suspected case definition, were tested by RT-PCR, but had a negative result.†	Total confirmed cases: 189. Remaining suspected cases informed ongoing epidemiologic surveillance.

*NRL-IPK, National Reference Laboratory of the Pedro Kourí Tropical Medicine Institute; OROV, Oropouche virus; RT-PCR: real time-PCR
†A negative RT-PCR result does not definitively exclude OROV infection due to potential low viral load, sample timing, or laboratory errors.

Appendix Table 2. Co-occurrence matrix of symptoms and signs among 61 patients with Oropouche fever, Havana, Cuba, June–September 2024.

N = 61		Symptoms and signs; n1														
Symptoms and signs; n2	Fever	Fever	Headache	Retroocular pain	Vomiting	Abdominal pain	Malaise	Back pain	Nausea	Anorexia	Myalgia	Chills	Asthenia	Diarrhea	Arthralgia	Rash
		61 (100)														
	Headache		44 (72.1)													
	Retroocular pain		5 (11.4)	5 (8.2)												
	Vomiting		14 (31.8)	3 (60)	20 (32.8)											
	Abdominal pain		2 (4.5)	1 (20)	0 (0)	2 (3.3)										
	Malaise		29 (65.9)	0 (0)	13 (65)	1 (50)	36 (59)									
	Back pain		2 (4.5)	0 (0)	1 (5)	0 (0)	1 (2.8)	3 (4.9)								
	Nausea		1 (2.3)	1 (20)	1 (5)	0 (0)	0 (0)	0 (0)	1 (1.6)							
	Anorexia		16 (36.4)	2 (40)	8 (40)	1 (50)	15 (41.7)	1 (33.3)	0 (0)	21 (34.4)						
	Myalgia		28 (63.4)	2 (40)	8 (40)	2 (100)	23 (63.9)	1 (33.3)	0 (0)	15 (71.4)	31 (50.8)					
	Chills		8 (18.2)	2 (40)	1 (5)	2 (100)	5 (13.9)	1 (33.3)	1 (100)	2 (9.5)	5 (16.1)	8 (13.1)				
	Asthenia		14 (31.8)	1 (20)	5 (25)	2 (100)	13 (36.1)	0 (0)	0 (0)	13 (61.9)	13 (41.9)	5 (62.5)	16 (26.2)			
	Diarrhea		5 (11.4)	1 (20)	4 (20)	0 (0)	7 (19.4)	0 (0)	0 (0)	4 (19)	4 (12.9)	1 (12.5)	2 (12.5)	9 (14.8)		
	Arthralgia		13 (29.6)	1 (20)	5 (25)	2 (100)	12 (33.3)	2 (66.7)	0 (0)	9 (42.9)	13 (41.9)	4 (50)	11 (68.8)	3 (33.3)	18 (29.5)	
	Rash		4 (9.1)	2 (10)	2 (10)	0 (0)	2 (5.6)	0 (0)	0 (0)	0 (0)	1 (3.2)	0 (0)	0 (0)	1 (11.1)	0 (0)	4 (6.6)
Values are n (%). Shaded diagonal cells (n1) represent the total number of patients with each symptom (percentage calculated using N = 61). White cells (n2) represent patients with co-occurring symptoms (row and column symptom); percentages are calculated using the column symptom total (n1) as the denominator.																

Modelo de recolección de datos sobre muestras para diagnóstico microbiológico o envío de cepas para el trabajo de referencia nacional en el IPK.

1-Nombre(es) Primer Apellido: Segundo Apellido:			2-Carné de Identidad: <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>				No.		
3- Dirección Particular:			4-Municipio:		5-Provincia:		6-Hist. Clínica:		
7-Edad:	8-Sexo: Masc. ☐ Fem. ☐	9-Ocupación		10-Color de la piel: Blanca ☐ Negra ☐ Amarilla ☐ Mestiza ☐			11-Días de ingreso		
12-Centro que Remite:		13-Sala	14-Municipio:		15-Provincia:		16-Fecha: <div><div></div><div></div><div></div><div></div></div> <div>Día Mes Año</div>		
17-Diagnóstico Clínico: <div></div>				18-Tipo de Muestra colectada:		19-APP: <div></div>			
20-Fecha de comienzo de los Síntomas: <div><div></div><div></div><div></div><div></div></div> <div>Día Mes Año</div>				Suero ☐ Sangre ☐		Enfermedad similar en la familia o comunidad:			
21- GENERALES:				LCR ☐ Humor acuoso ☐		SI ☐ NO ☐			
Fiebre ☐ Mialgia ☐ Cefalea ☐ Linfadenopatía ☐				Orina ☐ Liquido amniótico ☐		Historia de viajes al exterior: SI			
Malestar General ☐ Vómitos ☐ Rash ☐ Petequias ☐ Diarreas ☐				Gargarismo ☐ Esputo ☐		☐ NO ☐ País: <div></div>			
Artralgia ☐ Esplenomegalia ☐				Heces ☐		Fecha llegada al país:			
Anorexia ☐ Ictero ☐ Hepatomegalia ☐				Exudado ☐ Cual <div></div>		<div><div></div><div></div><div></div><div></div></div> <div> Día Mes Año</div>			
Astenia ☐ Escalofríos ☐ Sangramiento ☐				Tejido ☐ Cual <div></div>		Tratamiento Previo:			
Dolor abdominal ☐ Aumento de volumen de parótida ☐				**Lámina de: <div></div>		SI ☐ NO ☐			
IRA:				Cepa de: <div></div>		Cuál(es): <div></div>			
Tos ☐ Disnea ☐ Expectoración ☐ Laringitis ☐				Fecha colecta muestra: <div><div></div><div></div><div></div><div></div></div> <div> Día Mes Año</div>		Antecedente de vacunación PRS			
☐ Faringitis ☐ Rinorrea ☐ Otitis ☐				22-Estudio solicitado:		SI ☐ NO ☐			
Coqueluche ☐ Amigdalitis ☐ Laringotraqueobronquitis ☐				Diagnóstico ☐		Fecha : <div><div></div><div></div><div></div><div></div></div> <div> Día Mes Año</div>			
☐ Estornudos ☐				Referencia ☐					
Vacunación anti-Influenza ☐				23-SUEROS PAREADOS					
SNC:				Fecha de colecta:					
Desorientación ☐ Rigidez nucal ☐ Convulsiones ☐				1 ^{er} Suero <div><div></div><div></div><div></div><div></div></div> <div> Día Mes Año</div>					
Perdida de conciencia ☐ Trastornos de conducta ☐				2 ^{do} Suero <div><div></div><div></div><div></div><div></div></div> <div> Día Mes Año</div>					
Dificultad en la marcha ☐				Confirmatorio ☐					
ITS:				(Dengue)					
Secreción Genital ☐ Lesión Genital ☐				Referencia ☐					
SEPSIS URINARIA: Disuria ☐									
Otros: <div></div>									
24- Nombre del Facultativo:									
25- RESULTADOS									

*Para el envío de cepas solo se requieren los datos correspondientes a los acápite:1, 4, 5, 6,7, 8, 11, 12, 13, 14, 15, 16, 17, 18, 22, 24, 25.

Appendix Figure. Standardized clinical-epidemiologic data collection and sample referral form used by the National Reference Laboratory (NRL-IPK), Cuba.