

AT A GLANCE

Infection Prevention and Control Precautions for Hantavirus (Andes Virus)

Updated: May 15, 2026

This document had been updated from the previous iteration published on May 11, 2026. It will be updated as new information becomes available.

Purpose

This document was created to support health care providers and public health units based on a rapid review of the latest available evidence. These recommendations were developed out of an abundance of caution, reflect current evidence, and will be updated if new information becomes available.

Transmission of Hantavirus (Andes virus [ANDV])

Unlike other hantavirus species, ANDV has been associated with limited person-to-person transmission. When transmission has occurred, it has been associated with close contact, particularly among household members or intimate partners, and appears most likely during the early phase of illness, when the virus is more transmissible.¹

Patient Care Management

In addition to **Routine Practices** (hand hygiene, point-of-care risk assessment) the following Additional Precautions are to be followed when caring for a patient suspected or confirmed to be infected with ANDV.^{2,3}

Additional Precautions:⁴

- Airborne Precautions
- Droplet Precautions
- Contact Precautions

Room Placement (in order of preference):^{5,6}

- Airborne infection isolation room (AIR/AIRR) with dedicated toilet or commode and door closed.
- If an AIR/AIRR is not available, place the patient in a single room with a dedicated toilet or commode and door closed.

Personal Protective Equipment (PPE):⁵

Health care workers are to wear the following:

- Fit-tested, seal-checked N95 respirator (or equivalent)
- Eye protection (e.g., face shields, safety glasses or goggles)
- Fluid resistant disposable gown⁷
 - Note: Fluid resistant gowns meet CSA or AAMI level 2 or 3 standards (refer to [Personal Protective Equipment against COVID-19: Medical gowns - Canada.ca](#))⁸
- Gloves (Note: extended cuffs are not required)

Duration of Precautions:

- The affected patient is to remain on precautions until cleared by the hospital's IPAC team in consultation with local public health unit.⁷

Patient Care Equipment:

- Dedicated or disposable patient care equipment/supplies are preferred.²
- If dedicated or disposable equipment/supplies are not available, communal or shared equipment should be cleaned and disinfected after each use using Health Canada approved health care disinfectants.⁹
 - Note: The way surface disinfectants and surface sanitizers are regulated in Canada has changed. As of May 31, 2025, a new Biocides Regulations under the Food and Drugs came into force. The Biocides Regulations require specific labelling and packaging requirements. One requirement is that the principal display panel must include the biocide's identification number (an eight-digit identification number assigned to the biocide), preceded by the designation "DIN" in capital letters. There is a 4-year period for the transition of already authorized disinfectants and registered sanitizers.¹⁰
- Follow the manufacturer's recommendations for use (e.g., dilution and contact time).⁹
- Keep disposable supplies in the patient's room to a minimum.

Transportation:⁵

- All patient movement is to be coordinated through the hospital's IPAC team.
- Movement of an affected patient within a health care setting or transfer to another health care facility should be restricted to when medically required (e.g., for essential medical care, procedures or testing).
- Ensure the receiving department or facility is aware of the patient's status (required Additional Precautions) and the department or facility is prepared for the patient's arrival.
- The patient is to wear a medical mask, as tolerated, when outside their room or the care area and perform hand hygiene on exiting the room.
- Staff must maintain all Additional Precautions during transportation including the wearing of required PPE at all times.

Visitors:⁵

- Visiting virtually is preferred.
- In person visitation should be limited but may be considered in consultation with local public health and the hospital's IPAC team.
- Visitors and care givers are to be screened prior to each visit and their entry and exit times logged.
- Visitors and care givers are to wear at a minimum, well-fitted medical mask, gown, gloves, and eye protection and perform hand hygiene upon entry and exit of the patient's room.
- Visitors and care givers are not to be present during an aerosol generating medical procedure.

Environmental cleaning:^{5,9}

- Routine environmental cleaning and disinfection is to be performed using a Health Canada approved health care disinfectant.
 - Note: The way surface disinfectants and surface sanitizers are regulated in Canada has changed. As of May 31, 2025, a new Biocides Regulations under the Food and Drugs came into force. The Biocides Regulations require specific labelling and packaging requirements. One requirement is that the principal display panel must include the biocide's identification number (an eight-digit identification number assigned to the biocide), preceded by the designation "DIN" in capital letters. There is a 4-year period for the transition of already authorized disinfectants and registered sanitizers.¹⁰
- Follow the manufacturer's recommendations for use (e.g., dilution and contact time).
- Wet cleaning methods are preferred to minimize the risk of particle dispersal.¹
- Emergency rooms: clean and disinfect all horizontal surfaces and any equipment used or shared by patients after each use.
- Inpatient rooms are to be cleaned and disinfected at least twice per day, when gross/visible soiling, upon discharge or discontinuation of Additional Precautions.
- Upon discharge and discontinuation of additional precautions, terminally clean the room, which includes change of curtains (removal of curtains and installation of new clean curtains), disposal of all unused supplies. Environmental staff are to wear at a minimum the PPE for Droplet and Contact Precaution when performing a terminal clean.

Laundry:⁹

- Routine laundering practices are sufficient for managing contaminated laundry (e.g., machine washing using hot water at 70 degrees Celsius, use of regular laundry detergent, and wearing PPE including gloves, a gown or apron, a face shield and a medical mask).

Waste:

- Waste from a patient infected with ANDV is considered Category A waste.
- Liquids/body fluids from patient (e.g., if the person is well enough to use the toilet or commode) or patient care activities can be disposed of through the normal sewer system.⁷
- Contain and dispose of all other contaminated waste in accordance with facility-specific/public health guidelines and the Category A Waste regulation.
- Helpful links:
 - [Waste that may contain category A material](#)¹¹
 - [C-4: the management of biomedical waste in Ontario](#)¹²

Care of the Deceased:¹³

- Follow the same Additional Precautions used while the person was alive.
- Prepare the body for transfer to the morgue or funeral home as per routine organizational policies (e.g., cleaning, containing body fluids, placing in a body bag).

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Summary of Revisions

Changes in this revision are summarized in the table below.

| Date of Implementation | Description of Major Changes | Page |
|-------------------------------|---|-------------|
| May 15, 2026 | Removed prolonged contact from transmission statement | 1 |

Citation

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