

AT A GLANCE

Public Health Guidance for Hantavirus (Andes Virus)

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This guidance reflects current evidence as of May 13, 2026, and will be updated as new information becomes available.

Background

Hantaviruses are rodent-borne viruses that can cause severe human disease. Human infection most often occurs through inhalation of aerosolized virus particles from the saliva, urine or feces of infected rodents. Less commonly, transmission may occur through rodent bites or through direct contact of broken skin or mucous membranes with infectious material.

Andes virus (ANDV) is a type of hantavirus found in South America. Unlike other hantavirus species, ANDV has been associated with limited person-to-person transmission. When transmission has occurred, it has typically been associated with close contact, particularly among household members. Most “New World” hantaviruses, including ANDV, can cause hantavirus pulmonary syndrome (HPS)—also referred to as hantavirus cardiopulmonary syndrome, which has a case fatality rate of 35–50%.

Hantavirus pulmonary syndrome is a disease of public health significance in Ontario, with confirmed cases being reportable to public health for further investigation and management. Given the potential for severe illness and the documented risk of person-to-person transmission with ANDV, timely identification of cases and risk-based management of contacts is important.

On May 2, 2026, a cluster of ill passengers associated with the M/V Hondius cruise ship, including cases of severe respiratory illness, was reported to the World Health Organization (WHO) and later confirmed to be caused by ANDV.

This document provides public health guidance for the identification, assessment and management of suspect, probable and confirmed ANDV cases, and their contacts.

Case Definition

The following case definitions have been developed by the WHO, in the context of the current outbreak associated with the M/V Hondius cruise ship:¹

Confirmed case: a person with laboratory confirmation of ANDV through RT-PCR or serology testing.

Probable case: a person with signs and symptoms of a suspected case that has been evaluated by a health professional **AND** has a known epidemiological link with a confirmed or probable ANDV case **AND** for which laboratory results are not available.

Suspect case: anyone who shared or visited a conveyance where there has been a confirmed or probable ANDV case **AND** with acute (or history of) symptoms compatible with ANDV infection, including fever (38°C/100.4°F or above), myalgia, chills, acute gastrointestinal (e.g. nausea, vomiting, diarrhoea, abdominal pain) or acute respiratory (e.g., cough, shortness of breath, chest pain, difficulty breathing) symptoms.

Non-case: a suspect or probable case who tests negative for ANDV by RT-PCR or serology.

- Note: Non-cases who develop symptoms compatible with the suspect case definition after a negative test and within the maximum incubation period after last exposure to a probable or confirmed case should be retested and reclassified as appropriate.

Incubation Period and Clinical Manifestations

- In humans, symptoms usually occur from 1 to 6 weeks after exposure to the virus (median 18 days), with longer incubation periods reported rarely.¹ Consequently, Argentinian public health guidance incorporates a 45-day maximum incubation period.²
- Initial (prodromal) symptoms typically include a fever ($\geq 38^{\circ}\text{C}/100.4^{\circ}\text{F}$), headache, dizziness and muscle aches. Gastrointestinal symptoms such as nausea, abdominal pain and vomiting are also common.^{3,4}
- In severe cases (HPS) the disease can rapidly progress to include a cough, shortness of breath, low blood pressure, accumulation of fluid in the lungs, and shock.^{3,4}

Period of Communicability

- People infected with ANDV are considered to be infectious from the onset of symptoms until recovery or death.¹ The highest risk of transmission has been reported during the prodromal phase, when early non-specific symptoms occur (e.g., fever, malaise, headache).¹
- As a precautionary measure, the WHO suggests that contacts include those with exposure to a confirmed or probable case from two days prior to symptom onset in the case.¹

Definition of High- and Low-Risk Contacts

Individuals who are exposed during the period of communicability of a confirmed or probable case are at risk of potential infection. Depending on the type and duration of exposure, contacts can be classified as high- or low-risk.

High-Risk Contacts

Based on available epidemiological, clinical and environmental investigations, the WHO considers all passengers and crew who were on board the M/V Hondius cruise ship at the same time as any confirmed or probable hantavirus cases to be high-risk contacts.¹

In addition, individuals with one or more of the following exposures to a confirmed or probable case are considered high-risk contacts, including:^{1,2,5,6}

- Household members
- Sexual/intimate partners (e.g., exchange of saliva, semen or other body fluids)

- Individuals who had contact with the saliva of a case (e.g., shared eating utensils, vape, musical instruments, water bottles, etc.)
- Individuals who were within 2 metres of a case for a cumulative duration of 15 minutes or more (particularly indoors in a confined space)
- Aircraft passengers seated in the same row, and within two rows in all directions from the case. This criterion applies to flights of any duration
- Cabin crew or transport staff with direct interaction with a case
- Individuals who handled the contaminated clothes, linens, medical waste or body fluids of a case without the use of appropriate personal protective equipment (PPE)
- Healthcare workers who provided direct care to a case without appropriate PPE as outlined in PHO's [IPAC Precautions for Hantavirus \(Andes Virus\)](#) document
- Breastfed infants/children

Low-Risk Contacts

Any contact not meeting any of the high-risk criteria described above are considered low-risk contacts including:^{1,5,6}

- Passengers or crew members on an aircraft with a case who were seated 3 or more rows away from the case and had no direct exposures that would meet criteria for a high-risk contact. This criterion applies to flights of any duration
- Persons who shared a conveyance other than an aircraft with a probable or confirmed case and do not meet the high-risk contact definition

Contact Management

The public health management of contacts differs based on whether contacts are classified as high- or low-risk, with further details provided below. Following a precautionary approach, and recognizing differences in the duration of symptom monitoring and/or self-quarantine recommended by other health authorities, including the WHO and the U.S. CDC (42 days), Argentina and the United Kingdom (45 days),^{1,2,6,7} Ontario's public health guidance incorporates a 45 day period, which will be periodically re-assessed as additional information emerges.

No public health follow-up is required for contacts of identified contacts who remain asymptomatic for the duration of the monitoring period.

Management of High-Risk Contacts

- High-risk contacts should avoid contact with other persons, by self-quarantining at home for 45 days from the last date of potential exposure.¹ Where possible, high-risk close contacts should maintain a 2 metre separation from other household members and ideally remain in a separate room.¹
- Active monitoring of high-risk contacts by the local public health unit should occur until 45 days from the last date of potential exposure.¹
- Active follow-up by the local public health unit includes daily monitoring (i.e., by telephone, messaging, telehealth or in-person monitoring) for signs and symptoms of hantavirus (see [Daily Symptom Monitoring Checklist for Hantavirus \(Andes Virus\) Infection](#)).²

- High-risk contacts should also self-monitor for signs and symptoms of infection. High-risk contacts are to take their temperature with a thermometer at least once daily, or if feeling unwell for any reason, and provide the result to public health staff at the daily check-in.
- Contacts should be provided with written information on the signs and symptoms to look out for, emergency contact numbers to be used in the event of symptom onset or severe illness, and instructions regarding healthcare seeking and testing.¹ See [Management of Symptomatic Contacts](#) and [Testing](#) for additional information.
- High-risk contacts who are self-quarantining should practice regular hand hygiene (i.e., using soap and water or an alcohol-based hand rub) and avoid sharing personal hygiene items (e.g., toothbrushes) and eating utensils.²
- Where possible/feasible, windows should be opened to increase natural ventilation. Household disinfection should be carried out with a Health Canada approved hard surface disinfectant or equivalent (e.g., 1 part household bleach (5.25% sodium hypochlorite) to 9 parts water – further details are available with online bleach dilution calculators).^{3,8,9}
- Any non-essential visitors to the home should be avoided, but if required to briefly visit the home, should wear a fit-tested N95 respirator for the duration of the visit.²
- If it is essential for a high-risk contact to leave their residence during the period of self-quarantine, then a medical mask or N95 respirator should be worn and the local public health unit should be notified prior to leaving the residence.²
- High-risk contacts should not travel (either domestically or internationally) during the monitoring period.⁶
- See [Management of Symptomatic Contacts](#) and [Testing](#) for additional information.

Management of Low-Risk Contacts

Active monitoring of low-risk contacts by the local public health unit should occur until 45 days from the last date of potential exposure.

- Active follow-up by the local public health unit includes daily monitoring (i.e., by telephone, messaging, telehealth or in-person monitoring) for signs and symptoms of hantavirus (see [Daily Symptom Monitoring Checklist for Hantavirus \(Andes Virus\) Infection](#)).²
- Low-risk contacts should also self-monitor for signs and symptoms of infection. Low-risk contacts are to take their temperature with a thermometer at least once daily, or if feeling unwell for any reason, and provide the result to public health staff at the daily check-in.
- Contacts should be provided with written information on the signs and symptoms to look out for, emergency contact numbers to be used in the event of symptom onset or severe illness, and instructions regarding healthcare seeking and testing.¹ See [Management of Symptomatic Contacts](#) and [Testing](#) for additional information.
- Low-risk contacts may attend work and recreational activities as usual during the monitoring period.¹
- Low risk healthcare workers should notify occupational health at their respective workplace and follow local policy with respect to return to work.¹ If the healthcare worker's place of work does not have OHS, then they should notify their manager or have public health conduct the workplace notification. Individuals are to follow local policy and public health guidance with respect to return to work.

- Low-risk contacts should be advised that if they develop signs and symptoms while in the workplace, they should promptly put on a mask, clean their hands, advise their manager they must leave the workplace, promptly go home, and contact their local public health unit immediately. See [Management of Symptomatic Contacts](#) and [Testing](#) for additional information.
- If travel is required during the monitoring period (either within Canada or internationally), the local public health unit responsible for monitoring the contact must be notified well in advance of travel so that coordination between the public health unit of residence, Ministry of Health, and receiving jurisdiction can take place.⁶ International travel will require coordination with the assistance of Public Health Agency Canada, which the Ministry of Health or Public Health Ontario can help to facilitate.

Management of Symptomatic Contacts

- If a high- or low-risk contact becomes symptomatic during the monitoring period, the individual should immediately isolate (away from other household members) and contact the local public health unit to support medical evaluation and/or hospitalization or contact 911 if a medical emergency and advise of exposure to a confirmed or probable case of hantavirus (Andes virus).
- The public health unit should immediately contact the Ministry of Health (MOH), Health System Emergency Management Branch (HSEMB) via the 24/7 Health Care Provider Hotline (1-866-212-2272, ext. 1) and follow the Notification Pathway for Special Pathogens, available from the Ministry of Health [website](#).
- If seeking healthcare, symptomatic individuals should wear a mask (e.g., medical mask or N95 respirator), clean their hands with soap and running water or an alcohol-based hand rub, and advise of exposure to a confirmed or probable case of hantavirus (Andes virus) in advance, if possible. Where pre-determined clinical pathways exist, contacts should follow any additional local instructions.

Testing

- Testing for hantaviruses, including the Andes virus, is available through PHO for symptomatic individuals.¹⁰ Please see the [Hantavirus - Serology and PCR](#) test information sheet for further details, including preferred specimens for collection.¹⁰

Additional Resources

[Symptoms of a hantavirus infection](#)¹¹

[Hantavirus](#)⁹

[About Hantavirus](#)¹²

[Factsheet on orthohantavirus infections](#)¹³

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