



## Interim Guidance for Public Health Assessment and Management of People with Potential Exposure to Andes Virus

*\*This interim guidance reflects current evidence as of May 14, 2026, and may be updated as new information is available.\**

### Purpose

The purpose of this document is to support health departments in managing individuals who have experienced a potential exposure associated with the M/V Hondius Andes virus outbreak. Andes virus is a type of hantavirus and the only type that is known to spread person-to-person.

### What has Changed

- Updated definitions
- Updated stratification for people who were on an aircraft with a symptomatic case-patient
- Clarified monitoring and modified activities recommendations for individuals with high-risk exposures

### State of Science and Need for Precaution

Our current understanding is that person-to-person transmission of Andes virus is relatively rare and generally associated with prolonged close contact. There is also no documented evidence of presymptomatic transmission. At the same time, the severity of hantavirus pulmonary syndrome and the lack of specific antiviral therapy or a vaccine underscore the importance of preventing secondary transmission in the United States. Even with close monitoring, there is the possibility that early symptoms might not be recognized, and people infected with Andes virus are thought to be most infectious around the time of symptom onset. The goal of the following recommendations is to reduce the likelihood of secondary transmission while monitoring is ongoing, even if the overall risk to the public remains low.

### Definitions

For the purposes of this response, the following definitions apply.

<p><b>Case Definitions</b></p>	<p><b>Confirmed case:</b> Laboratory confirmation of hantavirus by PCR or IgM serology</p> <p><b>Suspect case:</b> Illness compatible with hantavirus in an individual who had contact with a confirmed hantavirus case within the previous 42 days and for whom confirmatory test results are not yet available</p> <p><b>Non-case:</b> A negative laboratory result for hantavirus by IgM serology on a specimen collected from an acutely symptomatic person <math>\geq 72</math> hours after symptom onset</p> <p><i>Compatible illness includes acute (or history of) fever (100.4°F/38°C or above), myalgia, chills, acute gastrointestinal (e.g. nausea, vomiting, diarrhea, abdominal pain) or acute respiratory (e.g. cough, shortness of breath, chest pain, difficulty breathing) symptoms, during a 42-day period after exposure to Andes virus.</i></p>
<p><b>Incubation Period</b></p>	<p>4 to 42 days, with a median of 18 days</p>

### Exposure Risk Stratification

For the purpose of this response, contacts are stratified into two levels.

**Contacts with high-risk exposure:**

- Being on board the M/V Hondius at any time from April 6 (date of symptom onset for the index case-patient) through the date of disembarkation of the exposed passenger cohort; or
- Answering “yes” to **any** of the exposure questions in Section 1.2 of the questionnaire (Appendix 1); or

- Being on an aircraft with a symptomatic case-patient and sitting within two seats in any direction\*
  - If the exact seat number of the case-patient is not known, the zone will be expanded to include the same row as, two rows in front of and two rows behind the case-patient.

**Standard monitoring group:**

- Being on an aircraft with a symptomatic case-patient and sitting outside of the high-risk zone

\*Aircraft crew members and anyone who provided direct assistance to the case-patient on board the aircraft should be individually assessed for high-risk exposures.

**Note:** If a person reports an activity of concern that is not covered in the exposure questions, health departments should contact the CDC Viral Special Pathogens Branch by calling CDC the Emergency Operations Center at 770-488-7100 to further discuss appropriate risk classification.

## Risk-Based Management for Contacts

### All Contacts

Health departments should provide all individuals identified as contacts with a way to reach the health department at any time (24/7), information on signs and symptoms and general precautions, such as hand and respiratory hygiene, and instructions on what they should do if they become symptomatic.

The recommended monitoring period is for 42 days after the last potential exposure. For passengers on the M/V Hondius, day 0 of the monitoring period is the date of disembarkation from the ship, provided no further exposures occur. During this period, all contacts should take their temperature at least one time daily and monitor for symptoms of hantavirus. They should be instructed to self-isolate immediately in a designated space away from others (preferably with a private bathroom) if they develop fever or any of the following symptoms, and to call the health department immediately for further instructions.

Symptoms for Monitoring
• Fever, measured $\geq 100.4^{\circ}\text{F}$ ( $38^{\circ}\text{C}$ ) or subjectively
• New or worsening
○ Headache
○ Nausea and/or vomiting
○ Diarrhea
○ Muscle aches/back pain
○ Chest pain
○ Cough
○ Difficulty breathing/shortness of breath

Health departments should monitor contacts as specified by the risk level below, until 42 days after their last potential exposure. Monitoring activities may include:

- Conducting regular check-ins to assess fever and symptoms and overall health status
- Reviewing temperature logs or other symptom reports submitted by the contact, if requested by the health department
- Reinforcing recommendations on activity modifications and infection prevention measures, and actions to take if symptomatic
- Documenting health department interactions with the contact and following up promptly if a check-in is missed

The goal of monitoring is to support the individual while facilitating early detection, rapid public health response, and coordinated access to clinical care if fever or other symptoms develop. Health departments should contact the CDC Viral Special Pathogens Branch by calling the CDC Emergency Operations Center at 770-488-7100 for clinical consultation and/or to request testing in the event that a contact develops symptoms. If testing is warranted, contacts should remain isolated pending test results.

## Contacts with High-Risk Exposure

### *Location and Housing*

In consultation with public health authorities, asymptomatic contacts with high-risk exposure may have the option for home-based management (i.e., monitoring with modified activities), facility-based management at the National Quarantine Unit in Nebraska, or management at a location identified by their health department.

Decisions regarding where these individuals should reside during the monitoring period should be based on access to healthcare, the home environment, comorbidities, capacity to comply with public health directions, and ability to perform essential daily tasks. The individual should have a suitable home environment with access to a designated space in the home to isolate away from others immediately if symptoms develop, ideally with access to a private bathroom, for the duration of the monitoring period. If they typically share a residence with other people, the most protective option is to reside apart (in a separate room with separate bathroom, or at a different location) during their monitoring period.

Health departments should identify a hospital with capacity to isolate patients and to provide critical care, including extracorporeal membrane oxygenation (ECMO); CDC can provide technical assistance as needed.

### *General Precautions*

Health departments should advise all individuals with high-risk exposure to modify their activities during the monitoring period to protect their household members and communities as follows:

- Practice good [hand hygiene](#)
- Ensure [good ventilation](#)
- Wear a [respirator or well-fitting mask](#) that covers the mouth and nose, if indoors with others
- [Maintain distance](#)
  - Avoid kissing, hugging, or other intimate contact
  - Avoid sharing a bedroom with anyone
- Avoid exposing others to bodily fluids
  - Avoid sharing items that may be contaminated (e.g., toothbrushes, cigarettes/vapes/hookah, or unwashed towels, bedding, or clothing, etc.)
  - Avoid sharing food out of the same plate or bowl, eating from the same utensil, or sharing beverages
- Delay nonessential medical or dental appointments
  - Coordinate any urgent or necessary care with the health department in advance and notify the healthcare facility before arrival

### *Monitoring*

- Monitoring by the health department should occur twice daily, in person

### *Travel and Movement*

- Individuals with high-risk exposure should stay home and away from others
  - This means, unless it is a life-threatening emergency\* or they are instructed by public health authorities:
    - They should not enter any buildings, except their residence
    - They should not allow other people to enter their residence^
  - They may spend time outdoors within walking distance of their residence. They should not come in contact with other people and avoid crowded settings (including outdoors)
  - Any essential travel, for example to return individuals to their jurisdiction of residence or to facilitate access to urgent medical care, should be coordinated by authorities

*\*If it is a life-threatening emergency they should first, call 911 and tell the dispatcher right away that they have been exposed to Andes virus so responders can take proper precautions; then, they should call their health department emergency contact.*

*^If someone else must enter the home, for example to conduct necessary repairs, they should contact their health department for instructions.*

## Standard Monitoring Group

Health departments should regularly monitor individuals in this group. There are no recommended travel restrictions or activity modifications for these individuals. If individuals in the standard monitoring group intend to travel outside the jurisdiction, they should notify the health department of jurisdiction for their current location, and the health department should notify and coordinate with the receiving jurisdiction in advance of travel. If travel is international, CDC can assist with making notifications to destination authorities.

## Laboratory Diagnostics

CLIA diagnostic assays for detection of New World hantavirus IgM and IgG antibodies are available at CDC, some state public health laboratories, and Quest Diagnostics. If a serum specimen collected within 72 hours of symptom onset tests negative for IgM and IgG antibodies, a second specimen collected more than 72 hours after symptom onset should be submitted to rule out New World hantavirus infection. Detection of New World hantavirus IgM antibodies indicates recent infection, whereas IgG antibodies indicate past infection. Currently, a CLIA-validated Andes virus–specific rRT-PCR assay is available at the Nebraska Public Health Laboratory. However, sensitivity may be reduced for specimens collected later in the course of illness, as viremia may be low or undetectable beyond approximately 7–10 days after symptom onset. Detailed guidance for laboratory testing of contacts will be provided separately.

For clinical consultation or to request testing, please contact CDC Viral Special Pathogens Branch by calling the CDC Emergency Operations Center at 770-488-7100.

## Infection Prevention and Control in Healthcare Settings

In healthcare settings, for patients with known or suspected Andes virus infection, CDC recommends patient placement in an airborne infection isolation room (AIIR) and the use of a gown, gloves, eye protection, and N95 or higher-level respirator when entering the patient's room (see “Andes Virus” in CDC’s online [Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions](#)). Detailed guidance for risk assessment and management of potential exposures in U.S. healthcare settings will be provided separately.

## Appendix 1. Andes Virus Exposure Assessment Questionnaire

Required fields are marked with an asterisk (\*).

### 1.1 Contact Demographics

<b>Name*</b>	
<b>Date of birth*</b>	
<b>Address*</b>	
<b>City*</b>	
<b>State*</b>	
<b>Residence type</b>	<input type="checkbox"/> single family home <input type="checkbox"/> apartment/condo <input type="checkbox"/> residential care facility <input type="checkbox"/> assisted living <input type="checkbox"/> other _____
<b>How many people, including yourself, live in the home?</b>	
<b>In your home, is there a room where you can isolate if you get sick?</b>	
<b>In your home, do you have access to a separate, private bathroom?</b>	
<b>Phone numbers*</b>	Home: _____ Work: _____ Cell: _____
<b>Emergency contact</b>	
<b>Sex*</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>If female</b>	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know Breastfeeding? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Currently employed?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Job title: _____
<b>If a healthcare worker, name of healthcare facility*</b>	
<b>Underlying medical conditions?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list: _____
<b>Immunocompromising medications?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list: _____
<b>The following questions are only for those who were on board the M/V Hondius</b>	
<b>Room number on the M/V Hondius*</b>	
<b>Shared a room on M/V Hondius*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, roommate name(s): _____
<b>Shared a bathroom on M/V Hondius*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, room number/name: _____
<b>Date of boarding M/V Hondius*</b>	
<b>Date of disembarkation M/V Hondius*</b>	

### 1.2 Exposures

Did you do any of the following activities with a person who had Andes virus (or who might have had Andes virus), specifically after they got sick? If yes, provide the date last engaged in this activity, if known.

Question / Item	Yes	No	Don't Know	Comments if Yes
Kiss or hug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provide care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Touch or wash soiled clothes or bedding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Share the same bed, bedding, or towels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sleep in the same room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Share a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean the room where they were staying or the bathroom they were using?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have sexual contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Share unwashed utensils, food, or drink from the same plate/bowl, or beverages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Share a toothbrush?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Share a cigarette/hookah/vaping device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Come into contact with their body fluid(s) Fluids: tears / respiratory-nasal secretions / saliva / vomit / urine / sweat / blood / stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Were within 6 feet of them in an enclosed space for at least 15 minutes cumulatively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use this space to describe any other potentially concerning exposures for discussion and assessment:				

**1.3 Environmental Exposure Questions Specific to M/V Hondius Passengers**

Were you in Argentina before boarding or during the voyage?  Yes  No  
 If yes, what did you do while you were there? *Describe reported activities, locations visited, dates of occurrences. If not mentioned, ask about visiting a landfill, going birding, being in rural areas.*

**1.4 Symptom Inventory**

Do you currently have, or have you had since your first possible exposure, any of the following symptoms?  
*For passengers on M/V Hondius, first exposure to an ill person on the ship is considered to be April 6. Interview should specifically include questions about symptoms on or around April 10. If individuals identify possible exposure in South America before April 6, use the date of that possible exposure as the start point.*

Symptom	Yes	No	Date of onset	Current?
Fever (measured or subjective)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
New or worsening headache	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
New or worsening nausea/vomiting	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
New or worsening diarrhea	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
New or worsening muscle aches/muscle pain	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
New or worsening chest pain	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
New or worsening cough	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
New or worsening difficulty breathing/shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe any signs/symptoms listed above:

**1.5 Antipyretic Use**

In the past 48 hours, have you taken any medications that can reduce fever, such as acetaminophen (e.g., Tylenol), ibuprofen (e.g., Motrin, Advil), naproxen (e.g., Aleve), aspirin, systemic steroids (e.g., prednisone)?  
 Yes  No If yes, list drug(s), dose, how long (in hours) since most recent dose, and purpose:

**1.6 Recent Healthcare**

Since your first exposure, did you seek health care for a new illness?  
 Yes  No  N/A

If YES: Date of visit	
If YES: Healthcare personnel	
If YES: Facility name	
If YES: Facility location	City/country:
Symptoms and treatment received	

**1.7 Interviewer Information**

Name of person filling out this form	
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<b>Agency</b>	
<b>Telephone number and email</b>	
<b>Date and time of assessment</b>	