

Andes Virus Public Health Investigation

Guidance and Exposure Assessment Questionnaire

***This guidance reflects current evidence as of May 8, 2026 and may be updated as new information is available**

M/V Hondius Cruise

Document type Guidance / questionnaire	Monitoring period 42 days after disembarkation	Audience Public health staff / interviewers
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Introduction

This document outlines public health guidance for managing potential exposure to Andes virus among individuals who were on the M/V Hondius or were exposed to an infected cruise-ship passenger on an aircraft, including notification, monitoring, and infection prevention and control measures. It includes a detailed exposure assessment questionnaire to collect demographic information, identify risk factors, and document symptoms and interactions with infected individuals. The document also defines risk categories (high-, low-, and no-risk) and provides a testing algorithm to guide isolation and diagnostic decisions based on symptoms and exposure level. Finally, it describes public health management recommendations, including considerations for home versus facility-based management, and coordination with healthcare facilities for appropriate care. This guidance is based on currently available information and may need to be adapted as the situation evolves. It attempts to strike a balance between minimizing risk of transmission while mitigating potential burdens of more intensive measures and respecting personal liberties.

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1. Case Definitions

- Suspect case: Individuals who had contact with suspect, confirmed, or probable hantavirus case with symptoms compatible with hantavirus within the incubation period of 42 days
- Probable case: Individuals who had contact with hantavirus case with symptoms compatible with hantavirus within the incubation period of 42 days with an inability to test
- Confirmed case: Laboratory confirmation by PCR or serology

2. Public Health Measures

- Andes virus, a specific type of South American hantavirus, can be transmitted person-to-person. Person-to-person transmission of Andes virus has been described primarily among those with close prolonged contact with case-patients.
- Incubation period for hantavirus ranges from 4-42 days.
- All individuals who were on the M/V Hondius ship at the same time as any symptomatic suspect/confirmed/probable hantavirus case-patients should be notified that they have been exposed to Andes virus.

- All contacts should be given a fact sheet on Andes virus, advised to self-monitor, and be monitored by public health for signs and symptoms of hantavirus until 42 days since their departure from the ship or after other identified exposure.
- Contacts should have a reliable way to contact their health department 24/7 and be instructed to immediately self-isolate and notify the health department if symptoms develop.
- Symptomatic patients with suspected Andes virus infection being evaluated in a healthcare facility should be placed in an airborne infection isolation room (AIIR). Healthcare personnel (HCP) should use gown, gloves, eye protection, and an N95 respirator or higher.

Exposure Risk Period

- For travelers who disembarked the M/V Hondius prior to onset of symptoms of case 1 (APRIL 6): NO-RISK.
- For travelers on the M/V Hondius who had any exposure (low-risk or high-risk) with symptomatic suspect/confirmed/probable hantavirus cases, public health management is recommended for 42 days starting from the day of disembarking the M/V Hondius. See risk stratification below.

3. Andes Virus Exposure Assessment Questionnaire

Required fields are marked with an asterisk (*).

Contact Demographics (for all AMCIT passengers)

1. Name* / Age*	Name: _____ Age: _____
Address*	_____
Town / State of residence*	Town: _____ State: _____
Residence type	<input type="checkbox"/> single family home <input type="checkbox"/> apartment/condo <input type="checkbox"/> residential care facility <input type="checkbox"/> assisted living
How many people, including yourself, live in the home	_____
Phone number*	Home: _____ Work: _____ Cell: _____
Emergency contact	_____
2. Sex*	<input type="checkbox"/> Male <input type="checkbox"/> Female
If female	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Breastfeeding? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Relationship to the patient, if applicable	_____
4. Currently employed?*	<input type="checkbox"/> Yes <input type="checkbox"/> No Job title: _____
If a healthcare worker, name of healthcare facility*	_____
5. Underlying medical conditions?*	_____
6. Immunocompromising medications?*	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list: _____
7. Room number on the M/V Hondius*	_____
8. Shared a room on M/V Hondius?*	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, roommate name(s): _____
9. Shared a bathroom on M/V Hondius?*	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, room number/name: _____
10. Date of boarding M/V Hondius*	_____
11. Date of disembarkment M/V Hondius*	_____

Was the individual present on board the ship at the same time as any of the suspect/confirmed/probable hantavirus case-patients?* Yes No. **If NO**, the contact has no risk; skip to Risk Classification.

IF YES, continue to the EXPOSURES Section

Exposures

[The questions in this section are specifically for individuals who were aboard the M/V Hondius. For aircraft contacts, see Exposure Risk Stratification section below.]

Since boarding the ship, did you do any of the following activities with any person on the cruise who was sick and/or died, specifically after they got sick? If yes, provide the date last engaged in this activity. A yes response to any listed activity constitutes a high-risk exposure.

No. 12	Question / item	Yes	No	Comments if yes
12a	Kiss or hug?	<input type="checkbox"/>	<input type="checkbox"/>	
12b	Provide care?	<input type="checkbox"/>	<input type="checkbox"/>	
12c	Touch or wash soiled clothes or bedding?	<input type="checkbox"/>	<input type="checkbox"/>	
12d	Share the same bed, beddings, or towels?	<input type="checkbox"/>	<input type="checkbox"/>	
12e	Sleep in the same room?	<input type="checkbox"/>	<input type="checkbox"/>	
12f	Share a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	
12g	Clean the room where they were staying or the bathroom they were using?	<input type="checkbox"/>	<input type="checkbox"/>	
12h	Have sexual contact?	<input type="checkbox"/>	<input type="checkbox"/>	
12i	Share unwashed utensils, food or drink from the same plate/bowl, or beverages?	<input type="checkbox"/>	<input type="checkbox"/>	
12j	Share a toothbrush?	<input type="checkbox"/>	<input type="checkbox"/>	
12k	Share a cigarette/hookah/vaping device?	<input type="checkbox"/>	<input type="checkbox"/>	
12l	Come into contact with their body fluid(s) Fluids: tears / respiratory-nasal secretions / vomit / urine / sweat / blood / stool	<input type="checkbox"/>	<input type="checkbox"/>	
12m	Were within 6 feet of them in a room or vehicle for at least 1 hour cumulatively?	<input type="checkbox"/>	<input type="checkbox"/>	
13	Any other contact with them not mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	

Symptom Inventory

Since boarding M/V Hondius, have you experienced any of the following symptoms?*

No.	Symptom	Yes	No	Date of onset	Current?
14	Fever (measured or subjective)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
15	New or worsening headache	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Nausea/vomiting	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
17	New or worsening diarrhea	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
18	New or worsening muscle aches/muscle pain	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Chest pain	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	New or worsening cough	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	New or worsening difficulty breathing/shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No

22. 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.

23. Since boarding M/V Hondius, did you visit the ship’s medical center or seek medical care anywhere else for a new illness? Yes No

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

4. Exposure Risk Stratification

High-risk contact: Answers “yes” to any of the exposure questions listed above.

Also classified as high-risk if traveled as a passenger on an aircraft seated within 2 seats in any direction of an infected person who was symptomatic during the flight. This zone extends to those seated across an aisle. Bulkheads are considered barriers and limit the high-risk zone accordingly. This criterion applies to flights of any duration. Crew members should be assessed for direct interactions with the ill infected person, including exposure to body fluids.

Low-risk contact: Was present onboard M/V Hondius at the same time as any of the suspect/confirmed or probable hantavirus case-patients **and** answers “no” to all of exposure questions listed above.

Also classified as low risk if traveled as a passenger or crew member on an aircraft with an infected person who was symptomatic during the flight if seated >2 seats from infected person and had no direct exposures that would be considered high-risk. This criterion applies to flights of any duration.

No-risk contact: Time on M/V Hondius did NOT overlap with any of the suspect/confirmed or probable hantavirus patients.

Note: If a person reports an activity of concern in the exposure questions above, please contact CDC Viral Special Pathogens by calling the CDC Emergency Operations Center at 770-488-7100 to further discuss appropriate risk classification.

<input type="checkbox"/> High-Risk	<input type="checkbox"/> Low-Risk	<input type="checkbox"/> No-Risk
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Interviewer Information

Name of person filling out this form	_____
Agency	_____
Telephone number and email	_____
Date and time of assessment	_____

5. Testing Algorithm

The testing algorithm applies to exposures related to the M/V Hondius.

Contacts with any one or more signs or symptoms should isolate and contact public health for further guidance.

Signs and symptoms of hantavirus

- Fever (measured or subjective)
- New headache
- Nausea and/or vomiting
- New or worsening diarrhea
- New or worsening muscle aches/back pain
- New or worsening chest pain
- New or worsening cough
- New or worsening difficulty breathing/shortness of breath

Testing decision summary

Contact type	Signs/symptoms prompting action	Recommended action
Acutely symptomatic high-risk contacts	Any listed sign/symptom of hantavirus	Testing following clinical consultation [†] ; isolate pending test results
Acutely symptomatic low-risk contacts	Fever, nausea/vomiting, diarrhea, cough, or difficulty breathing/shortness of breath	Testing following clinical consultation [†] ; isolate pending test results
Acutely symptomatic low-risk individuals with selected symptoms	Headache, muscle/back pain, or chest pain	Evaluate case-by-case; isolate pending clinical consultation [†]
Asymptomatic individuals with prior symptoms during 42 days after potential exposure	Any listed sign/symptom reported within 42 days after potential exposure	Evaluate case-by-case pending clinical consultation [†]

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

6. Infection Prevention and Control

For patients with Andes virus infection, CDC recommends patient placement in an AIIR and the use of gown, gloves, eye protection, and N95 respirator or higher when entering the patient's room (see "Andes Virus" in [Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions | Infection Control | CDC](#)).

7. Public Health Management and Follow-up

Public Health Management Considerations

To determine individual recommendations for home-based versus facility-based management:

- Conduct an individual CDC risk assessment and classify each person as High-Risk, Low-Risk, or No-Risk based on exposure history.
- Assess that individuals meet criteria for successful home-based management, listed below.

Criteria for Successful Home-Based Management

- Facility-based management vs. home-based management (i.e., monitoring with modified activities) should be based on access to healthcare, the home environment, comorbidities, ability to comply with public health directions, and ability to perform essential daily tasks.
- Coordination with health departments will be needed to ensure a hospital is available with capacity to provide critical care, including ECMO, for a patient with known or suspected Andes virus infection if an individual develops symptoms.
- Individuals should have a designated space in the home to isolate away from others immediately if symptoms develop, ideally with access to a private bathroom.
 - Individuals who develop symptoms should isolate in the designated space and immediately call the health department.
- Individuals should be able and willing to comply with public health recommendations.

Risk-Based Management Summary

Risk level	Location	Travel / activity guidance	Monitoring
HIGH-RISK[§]	Option 1: Home-based management for individuals who meet criteria. Option 2: Voluntary facility-based management for others, or if individual expresses a preference for this option	For Option 1: -Modified activities (see below) -Long-distance travel by chartered flight and/or personal/rental vehicle only; no commercial air travel; international travel not recommended	Health department monitoring at least daily, plus daily self-monitoring for fever and symptoms If individual leaves jurisdiction, health department should coordinate with public health authorities at destination
LOW-RISK[§]	Home-based management as long as individual has access to isolation area and appropriate healthcare in case of symptoms	No activity or travel modifications related to this exposure assessment	Health department monitoring intermittently, plus daily self-monitoring for fever and symptoms If individual leaves jurisdiction, health department should coordinate with public health authorities at destination
NO-RISK	No further follow-up recommended	No recommendations related to this exposure assessment	No exposure-related monitoring recommended

[§]Note: For cruise passengers, 42-day monitoring period begins the day of departure from the ship. For ship passengers with high-risk exposures: If 42 days have passed since their last identified high-risk contact with an infected person but they departed the ship less than 42 days previously, these individuals can be managed as low risk for the remainder of the 42 days since their departure from the ship.

High-Risk Contacts: Modified Activities

No concerns	Case-by-case	Not recommended
<ul style="list-style-type: none">- Can live with others- May do activities outside the home that do not involve extensive interactions with other people, such as grocery shopping or school drop-off	<ul style="list-style-type: none">- Work should be determined by health department on a case-by-case basis based on nature and location of the work	<ul style="list-style-type: none">- Sharing a bed with someone else- Attending social events- Visiting crowded venues, including movie theaters, concert halls, or professional sports events