



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 10, 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.

Definitions

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

Case definitions	<p>Confirmed case: Laboratory confirmation of hantavirus by PCR or IgM serology</p> <p>Probable case: Fatal illness compatible with hantavirus in an individual who had contact with a suspect, probable, or confirmed hantavirus case within the previous 42 days without test results</p> <p>Suspect case: Illness compatible with hantavirus in an individual who had contact with a suspect, probable, or confirmed hantavirus case within the previous 42 days</p> <p>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.</p>
Contact	An individual who has had an exposure as described below.
Exposure	<p>Any of the following:</p> <ul style="list-style-type: none"> (1) being aboard the M/V Hondius at any time from April 6 (date of symptom onset for the index case) through the date of disembarkation of the exposed passenger cohort; (2) being within approximately 6 feet of a symptomatic case-patient in an enclosed space for a cumulative duration of ≥15 minutes;* (3) having direct physical contact with a symptomatic case-patient; or (4) having contact with respiratory secretions or other bodily fluids from a symptomatic case-patient. <p><i>*These thresholds are not absolute and should be interpreted based on the nature and setting of the contact.</i></p>
Incubation Period	4 to 42 days with a median of 18 days

Exposure Risk Stratification

Risk for known contacts is stratified into two levels.

High-risk contact:

- Being aboard the M/V Hondius at any time from April 6 (date of symptom onset for the index case) through the date of disembarkation of the exposed passenger cohort is considered high risk due to likelihood of prolonged close contact among passengers and crew, shared living spaces, and the potential for recall bias when assessing exposures and symptom onset; 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*

Low-risk contact:

Any contact not meeting high-risk criteria who meets at least one of the following:

- Answering “no” to **all** 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 further away than two seats in any direction

*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, please contact the CDC 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), education and a fact sheet on Andes virus, including information on signs and symptoms and general precautions such as hand hygiene. They should additionally provide instructions on what contacts should do if they become symptomatic, including how to reach the health department 24/7 and where to seek health care.

The recommended monitoring period is for 42 days after the last potential exposure. During this period, all contacts should take their temperature at least one time daily and monitor themselves for symptoms of hantavirus and also be monitored regularly by public health authorities, as specified by risk level below. 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 other symptoms, and to call the health department immediately for further instructions.

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

Monitoring by the health department may include:

- Conducting regular check-ins to assess fever and symptoms and overall health status
 - Monitoring can be conducted by phone, video conferencing, other electronic means (e.g., text message, email, app, web form), or in person, according to resources available in that jurisdiction.
- Reviewing temperature logs or other symptom reports submitted by the contact (if requested by 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 daily monitoring is to support the individual while facilitating early detection and rapid public health response if fever or other symptoms develop. Health departments should contact CDC Viral Special Pathogens Branch by calling the CDC Emergency Operations Center at 770-488-7100 for clinical consultation and/or to request testing. If testing is warranted, contacts should remain isolated pending test results.

High-Risk Contacts

Location and Housing

High-risk contacts have the option for home-based management (i.e., monitoring with modified activities) or facility-based management at the National Quarantine Unit in Nebraska or a location identified by a health department of jurisdiction.

If home-based management is preferred, the health department should coordinate with the high-risk contact to assess their capacity to follow public health directions. 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. 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.

Monitoring

Health departments should monitor high-risk contacts daily until 42 days after the last known high-risk 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.*

Travel

Health departments should advise high-risk contacts not to travel (domestically or internationally) during the monitoring period. However, if they do intend to travel, travel should be by chartered flight (no commercial air travel) and/or personal vehicle only. Additionally, high-risk contacts should notify the health department of jurisdiction, 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.

Activities

Health departments should advise high-risk contacts to modify their activities during the monitoring period to protect their household members and communities. See the following table for more information.

Activity Modifications for High-Risk Contacts	
Recommended	Not recommended
<ul style="list-style-type: none"> - Limiting activities outside the home to those that are essential. For example: <ul style="list-style-type: none"> o Delay nonessential medical or dental appointments o Coordinate any urgent or necessary care with the health department in advance and notify the healthcare facility before arrival - Minimizing close or prolonged interactions with others - If it is necessary to be around others in indoor spaces (e.g., household members or others outside the home) <ul style="list-style-type: none"> o Practicing good hand hygiene o Wearing a well-fitting respirator or mask that covers the mouth and nose o Maintaining distance when possible o Ensuring good ventilation 	<ul style="list-style-type: none"> - Sharing a bed with someone else (in case fever or symptoms develop while asleep) - Sharing personal items, including towels, bed linens, clothing, toothbrushes, utensils, cigarettes/vapes, etc. - Sharing food out of the same plate or bowl, sharing beverages - Attending social events - Visiting crowded venues, including movie theaters, concert halls, or professional sports events

Low-Risk Contacts

Health departments should regularly monitor low-risk contacts and advise them to self-monitor for fever and symptoms daily for 42 days after the last known exposure; there are no recommended travel restrictions or activity modifications other than general precautions such as hand hygiene.

If low-risk contacts intend to travel outside the jurisdiction, they should notify the health department of jurisdiction, 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. A CLIA Andes virus–specific rRT-PCR assay is not currently available in the United States; once available, it could be used to test symptomatic patients. 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 AIRR 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

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

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	
Agency	
Telephone number and email	
Date and time of assessment	