

Title: Clinician Alert: Andes virus in patients returning from cruise ship M/V Hondius

Situational Update

Oregon Health Authority (OHA) is closely monitoring the cluster of Andes virus hantavirus cases associated with the M/V Hondius cruise ship which departed Ushuaia, Argentina on April 1, 2026. As of May 8, eight cases (five confirmed and three suspect) have been reported, including three deaths.

The Department of State is coordinating the U.S. response including coordination with international health authorities and contact with passengers. The Centers for Disease Control and Prevention will notify jurisdictions of passengers returning to their jurisdiction.

No exposed individuals have returned to Oregon at this time. Any exposed individuals returning to Oregon will be actively monitored for new symptoms by public health through 42 days following their last exposure to the virus. Regional health care systems will be immediately alerted to any exposed individuals returning to their area.

The risk to the public at this time is extremely low.

Clinical overview of the Andes virus

The Andes virus is a type of hantavirus that is found in South America and is the only hantavirus which can be associated with limited human-to-human transmission following prolonged or close contact. The Andes virus can cause severe disease including [hantavirus pulmonary syndrome](#). Humans are typically infected through contact with rodents like rats and mice, especially when exposed to their urine, droppings, and saliva. It can also spread through a bite or scratch by a rodent, but this is rare. The Andes virus is not found in Oregon.

The incubation period for the Andes virus is 4–42 days. Early symptoms are non-specific and may include fever, fatigue, myalgias, headache, dizziness, nausea, vomiting, diarrhea and abdominal pain. These symptoms are followed by cough and shortness of breath 4-10 days later. Treatment is supportive. The case fatality rate for hantavirus pulmonary syndrome is 38%.

The CDC offers [Hantavirus Disease Trainings for Healthcare Providers](#). Please note that these trainings focus on hantaviruses in the United States.

Infection prevention and control recommendations for the Andes virus

Patient placement: An airborne infection isolation room (AIIR) should be used if possible. If an AIIR is not available, transfer the patient as soon as possible to a facility where an AIIR is available. Pending transfer, place the masked patient in a private room with the door closed. If feasible, the patient should continue to wear the mask for the duration of time spent in the non-AIIR room.

Personal protective equipment during medical care: Use airborne and standard precautions due to the potential for human-to-human transmission for Andes virus.

Frequently touched surfaces should be cleaned regularly. Hantaviruses are readily inactivated by EPA-registered healthcare disinfectants including bleach (0.5% sodium hypochlorite), 70% ethanol or isopropanol, or 2% glutaraldehyde. Body fluids should be considered potentially infectious and require at least five minutes of wet time, or according to instructions on the disinfectant label.

Limit transport of the patient to essential purposes only. If possible, the patient should wear a surgical mask during transport.

Vigilant symptom monitoring should be conducted for the health professionals involved in the care of these patients.

Resources

- CDC About Andes Virus: <https://www.cdc.gov/hantavirus/about/andesvirus.html>
- CDC Hantavirus Disease Trainings for Healthcare Providers: <https://www.cdc.gov/hantavirus/hcp/training/index.html>

For questions, please contact Melissa Sutton at Melissa.Sutton@oha.oregon.gov.

This Health Alert Notice was sent to Hospitals, Infection Preventionists, Tribes, Local Public Health Officers and Administrators, Public Health and Health Care Preparedness Coordinators and Public Information Officers, select OHA staff and other health partners.