Hantavirus outbreak caused by Andes virus

Date and version of current assessment: 15 May 2026, v2
Date(s) and version(s) of previous assessment(s): 5 May 2026, v1

Overall risk and confidence (based on information available at time of assessment)

Overall risk
Global
Low

Confidence in available information
Global
Moderate

Risk statement

This risk assessment provides an updated analysis of the current situation related to the hantavirus outbreak associated with the cruise ship MV Hondius. The initial rapid risk assessment was issued on 5 May 2026 to the National International Health Regulations (IHR) Focal Points via the secure Event Information Site.

The public health risk has been reassessed with the most current information available, and the global risk remains low. The risk for passengers and crew who were onboard the cruise ship remains moderate, as individuals exposed prior to the implementation of control measures may still develop illness during the incubation period and should therefore be closely monitored. This assessment takes into account that all the passengers have now disembarked and are under monitoring, although the ship continues with a reduced crew and a medical team to its home port. It should also be noted that some passengers had disembarked in a limited number of other locations before the outbreak was identified and have likewise been placed under monitoring. Additionally, identified passengers and crew members who travelled on associated flights are also under monitoring. The assessment further considers identified risks, operational limitations, and the potential implications for ongoing public health response activities.

Globally, hantavirus infections are considered a serious but generally low-incidence public health threat, primarily associated with environmental exposure to rodents and their excreta, with limited but important outbreak potential in specific geographic regions. There are several variants of hantavirus, but Andes virus is the only hantavirus to have documented human-to-human transmission, which has been observed mainly in outbreaks in southern Argentina and Chile. Hantavirus infection caused by Andes virus may cause hantavirus pulmonary syndrome (HPS; also called hantavirus cardiopulmonary syndrome, HCPS) and may lead to rapidly progressive severe respiratory distress and cardiogenic shock. The case fatality rate (CFR) can reach up to 50%. There is currently no approved antiviral treatment, and early clinical management remains primarily supportive.

The current event is related to the notification on 2 May 2026, by the United Kingdom IHR National Focal Point to WHO of a cluster of severe acute respiratory illness cases aboard the Dutch-flagged cruise vessel MV Hondius. The cluster initially included two deaths and one critically ill passenger, with the cause unknown at the time of notification. On the same day, laboratory testing confirmed hantavirus infection in the critically ill passenger hospitalised in Johannesburg, South Africa. Confirmation that the outbreak was caused by Andes virus was subsequently obtained on 5 May 2026 at the Geneva University Hospitals (HUG) laboratory in Geneva from a passenger that had disembarked earlier from the ship and returned to his home country with presentation of symptoms.

The vessel departed from Ushuaia, Argentina on 1 April 2026, with 114 passengers and 61 crew, and followed an itinerary across the South Atlantic, including multiple stops in remote and ecologically diverse regions such as mainland Antarctica, South Georgia, Nightingale Island, Tristan da Cunha, Saint Helena, and Ascension Island. During this period several passengers disembarked and embarked the ship at different stops, resulting in a total of 187 persons who were on the ship at some point during the journey. From 11 April to 2 May, three passengers died. On 3 May, MV Hondius moored off the coast of Cabo Verde where local health authorities visited the vessel to assess the condition of two remaining symptomatic individuals. These individuals and a high-risk contact were evacuated from the ship on 6 May, and the ship continued to the Canary Islands, Spain.

The vessel arrived at the port of Granadilla, in Tenerife, Canary Islands, on 10 May, carrying 150 individuals, including 86 passengers, 60 crew members, and 4 health professionals from WHO, ECDC and the Netherlands. Passengers and

crew represented 25 nationalities: Argentina, Australia, Belgium, Canada, the Democratic Republic of the Congo, France, Germany, Greece, Guatemala, India, Italy, Ireland, Japan, Montenegro, the Netherlands, New Zealand, Philippines, Poland, Portugal, the Russian Federation, Spain, Türkiye, Ukraine, the United Kingdom, and the United States. Passengers and most of the crew disembarked on 10 and 11 May and were repatriated to their respective countries of residence or transit points via specially arranged non-commercial flights, with WHO and partners supporting the disembarkation process. The ship left the Canary Islands on 11 May and is sailing to the Netherlands, with 25 crew members remaining on board, along with two Dutch health care workers to conduct their health monitoring and provide any healthcare that may be necessary.

As of 15 May 2026, 10 cases (eight confirmed, and two probable cases), including three deaths (two confirmed and one probable), have been reported (CFR 30%). The contact from the United States of America that was previously reported as inconclusive has now been determined to be negative by serology.

Of the eight laboratory-confirmed cases, three were genetically sequenced and identified as Andes virus. Since the last RRA published on 5 May 2026, two additional confirmed cases (France=1, Spain=1) have been reported among the passengers. No secondary cases have been reported outside of the ship.

- Epidemiological investigations traced the travel history of the first two cases, a couple who had spent approximately five months birdwatching across South America. This included visits to several areas where *Oligoryzomys* are known to occur and includes areas where Andes cases have been recorded in the past. Evidence suggests subsequent human-human transmission onboard the ship. This is also supported by a preliminary analysis of the sequences, which show a near-identical sequence from different cases.

- It is known from previous Andes virus outbreaks that human-to-human transmission is limited, tends to remain clustered, and generally requires prolonged exposure. It can also be rapidly contained with control measures in place. However, infectious diseases pose an increased risk on cruise ships due to close living quarters, shared enclosed spaces, prolonged exposure, and frequent interpersonal contact, all of which can facilitate transmission. As a result, additional sporadic cases may still occur among previously exposed passengers and crew members.

- While additional cases may still occur among passengers and crew members exposed before containment measures were implemented, the risk of onward transmission is expected to be reduced following disembarkation and the implementation of control measures, including rapid identification and isolation of suspected cases. There is no approved antiviral treatment for HPS; suspected cases require prompt medical evaluation, close monitoring, and supportive management, including intensive care where necessary.

Consequently, the overall risk at **the global level remains assessed as Low**.

The epidemiological situation will continue to be monitored, and the risk assessment will be updated as needed.

Risk questions (assesses scenario where no further interventions are implemented)

Risk question		Assessment		Risk	Rationale
		Likelihood	Consequences		
Potential risk for human health?	Global	Unlikely	Minor	Low	Hantavirus infections are considered a serious but generally low-incidence public health risk, with the main concern being severe disease rather than widespread human-to-human transmission Therefore, the overall global public health risk associated with this event is assessed as low, particularly as the outbreak occurred in a closed setting on a vessel and not in a community with ongoing transmission. All passengers and most of the crew have now disembarked and are under monitoring, and medical evacuations and subsequent care have been conducted under appropriate infection prevention and control measures. However, for individuals who were on board the vessel, the risk is assessed as moderate, even after disembarkation. This is because hantavirus infections can have an incubation period of up to approximately six weeks. As a result, passengers and crew who were exposed during the voyage may still develop symptoms after disembarkation and therefore remain at risk during the post-exposure monitoring period (as detailed in the initial risk assessment on 5 May). Hantavirus infection can cause severe disease, including hantavirus pulmonary syndrome, with case fatality rates that may reach up to 50%. Older individuals and those with underlying comorbidities are at increased risk of severe outcomes.
Risk of event spreading?	Global	Unlikely	Minor	Low	The current outbreak has been confirmed as hantavirus disease caused by the Andes virus, the only hantavirus to have documented human-to-human transmission. Given that all individuals on board the vessel were in a confined environment for an extended period, there was widespread potential for exposure, and the possibility of secondary transmission cannot be excluded. However, although the likelihood of further transmission among exposed individuals is considered possible, the overall risk is assessed as low. This is due to the rapid implementation of public health control measures in the countries to which passengers and crew returned, including active monitoring and rapid quarantining of contacts, case identification, and isolation of symptomatic individuals. In addition, IHR communications were triggered on 2 May, and WHO provided timely guidance for preparedness and response measures.

Risk of insufficient control capacities with available resources?	Global	Unlikely	Minimal	Low	WHO and partners are providing technical, medical, and logistical support. The risk of insufficient global control capacity is considered low, given the availability of adequate resources. However, capacities may vary by Region or MS.

Major actions recommended by the risk assessment team

	Action
☐	Refer the event for review by IHR Emergency Committee for consideration as a PHEIC by DG (Art 12, IHR)
☒	Immediate activation of ERF response mechanism (IMS) as urgent public health response is required
☐	Recommend setting up of grading call
☐	Immediate support to response, but within limit of CFE (no grading recommended at this point in time)
☒	Rapidly seek further information and repeat RRA (including field risk assessment)
☒	Support Member State to undertake preparedness measures
☒	Continue to closely monitor
☐	No further risk assessment required for this event, return to routine activities

⁺If chosen, list actions and identify **persons responsible and due dates** for each action in section 2 (Supporting information)

Immediate actions

1. Coordination and Planning

- Continue WHO 3 level coordination mechanisms
- WHO is engaging and working with national authorities and partners beyond the health sector, particularly on repatriation arrangements.
- Continue engagement between WHO and National IHR Focal Points of affected countries, areas and territories to ensure timely information sharing and coordination of response actions.
- Continue sharing of information with Member States, partners and the public through EIS, DON, technical webinars and media to support national authorities in implementing risk-based, evidence-informed public health measures in accordance with the provisions of the IHR and related WHO technical guidance documents.

2. Surveillance and Laboratory Support

- Continue to provide support for sample collection and shipment, confirmatory testing, genomic sequencing, provision of reagents and reference materials.
- Continue epidemiological investigations to determine the source of exposure.
- Continue to provide daily updates on case numbers.
- Continue to provide technical support on contact identification and management

3. Infection Prevention and Control (IPC) and Case Management

- Immediate implementation of onboard measures including cabin confinement and physical distancing - symptomatic individuals isolated and monitored.
- Advice given for health workers managing suspect cases including to wear respirators, eye protection, gown and gloves.
- Cleaning and disinfection undertaken regularly on vessel.
- EMT Secretariat continuing formal discussions to support clinical management.

4. Risk Communication and community engagement (RCCE)

- Continue to acknowledge openly what is known, what is being done and what remains uncertain as the situation evolves.
- Continue to ensure communication activities are coordinated, clear, timely, and aligned with operational measures.
- Continue to engage with the public, listen to questions and concerns and provide evidenced based information to answer questions and fill information voids.

- Continue to monitor public perceptions, media coverage, and misinformation related to the event and adapt communication content and tone as needed.
- Ensure that messages are adapted to all relevant audiences, including seafarers.

5. Border Health and Points of Entry (PoEs)

- Port health authorities to obtain the Ship Sanitation Certificate (SSC) and Maritime/Ship Declaration of Health from ship master to assess the public health state of the ship.
- If port health authorities are not able to carry out the required control measures on board the ship, contact port health authorities at the next port of call to inform them about the public health risk and control measures required, which should be noted in the SSC.
- If port health authorities are able to carry out control measures, proceed with disinfection, and/or deratting of the ship, as appropriate.
- Coordinate across public health authorities in all relevant countries, and with conveyance operators, for the public health management of contacts, including international contact tracing, after their disembarkation and onward travel.
- Discourage all unnecessary travel of contacts, nationally and internationally, during health monitoring or quarantine.

Supporting information

Hazard assessment

Hantavirus pulmonary syndrome (HPS) is a zoonotic viral respiratory disease endemic to eight countries of the Americas. There are more than 20 viral species within the genus *Hantavirus*, family *Bunyaviridae.* Hantaviruses have a worldwide distribution and cause two distinct severe clinical forms in humans: hemorrhagic fever with renal syndrome (HFRS) in Asia and Europe, and hantavirus pulmonary syndrome (HPS) in the Americas. Andes virus, a hantavirus found in South America, has reportedly had person-to-person transmission in previous outbreaks.

The primary route of transmission of Andes virus and other hantaviruses is through inhalation of aerosols contaminated with viral particles shed in the faeces, urine, or saliva of infected rodents.

Transmission generally occurs upon entering rodent habitats, such as wild areas, suburban zones, and rural environments, as well as in and around rural homes and during work or recreational activities, or in enclosed spaces like sheds or storage facilities infested with rodents. Andes virus and its variants occur in rodents belonging to the South American mouse genera *Akodon* and *Necromys* and the rice rat genus *Oligoryzomys*.

Although uncommon, limited human-to-human transmission of HPS due to Andes virus has been reported in community settings involving close and prolonged contact, with a higher risk at early onset and through the prodromal phase. After an incubation period ranging from seven to 45 days, the prodromal phase begins. This phase lasts three to five days and is characterized by the sudden onset of fever above 38°C, asthenia, chills, and generalized myalgia, which may be accompanied by a presentation consistent with an acute abdominal pain; less frequently, gastrointestinal symptoms such as nausea with or without vomiting are observed. Other initial symptoms may include headache, dizziness, arthralgia, chest pain, sweating, and petechiae.

The Andes virus can be transmitted from person-to-person through body fluids and close contact. The disease rapidly progresses to a cardiopulmonary phase with respiratory distress and severe hemodynamic abnormalities. The case fatality rate in this phase may reach 50%. Survivors from previous outbreaks appeared to recover in a period of up to two months but more studies are needed to better understand the impairment of pulmonary and other functions.

Diagnosis is based on serological testing and reverse transcription–polymerase chain reaction (RT-PCR). Human bodily fluids and respiratory secretions should also be considered potentially hazardous and handled accordingly.

Secondary infections among healthcare workers have been previously documented in healthcare facilities, though they remain rare. Secondary transmission appears most likely during the early phase of illness, when the virus is

more transmissible. Currently, little evidence is available due to the scarcity of hantavirus outbreak related to human-to-human transmission.

Exposure assessment

The M/V Hondius is a modern cruise ship, built in 2019 and specifically designed for exploration of remote and ecologically sensitive polar regions while minimizing environmental impact. The ship has a capacity of 170 passengers accommodated across 80 cabins, including twin, triple, and quadruple occupancy configurations. The onboard staff included a dedicated physician and 13 expedition guides.

The vessel departed from Ushuaia, Argentina on 1 April 2026 with 175 individuals (114 passengers and 61 crew members) for an expedition across the South Atlantic, with scheduled stops during which some passengers/crew embarked and disembarked:

- **1 April:** Ushuaia, Argentina.
- **4-7 April:** South Georgia.
- **13-16 April**: Tristan da Cunha islands including Inaccessible Nightingale Island. Six additional passengers embarked, and one crew member disembarked.
- **17 April:** Gough Island.
- **21-24 April:** Saint Helena. 32 passengers disembarked, and one crew member embarked.
- **27 April:** Medevac (via Ascension Island), two passengers were airlifted.
- **3-6 May:** Cabo Verde. Two passengers and one crew were medically evacuated to the Netherlands and experts from WHO, ECDC, and Dutch authorities joined people on board to provide care
- **10-11 May:** Canary Islands.
- **11 May**: Ship left the Canary Island and is sailing to the Netherlands with 25 crew and 2 medics on board. The ship is expected to reach the Netherlands, its final destination, on Monday 18 May.

A total of 147 individuals arrived in Tenerife, including 87 passengers (including 4 health professionals) and 60 crew members , representing 25 nationalities: Argentina, Australia, Belgium, Canada, Democratic Republic of the Congo, France, Germany, Greece, Guatemala, India, Ireland, Italy, Japan, Montenegro, Netherlands, New Zealand, Philippines, Poland, Portugal, Russian Federation, Spain, Türkiye, Ukraine, United Kingdom, and United States. Prior to the expedition, it was reported that some passengers had visited Argentina, Uruguay and Chile.

Epidemiological investigations traced the travel history of the first two cases, a couple who had spent approximately five months birdwatching across South America. This included visits to several areas where *Oligoryzomys* are known to occur and includes areas where Andes cases have been recorded in the past. As part of their travel itinerary, they also visited a municipal landfill located approximately four miles outside Ushuaia known for birdwatching. However, the Ushuaia area has not recorded Andes cases in the past and is not known to have *Oligoryzomys*, making this exposure site extremely unlikely. The couple boarded the M/V Hondius shortly thereafter.

The vessel arrived offshore of Praia, Cabo Verde on 2 May and remained there until 6 May, after which it continued towards the Canary Islands, where passenger disembarkation happened on 10 and 11 May.

The vessel arrived at the port of Granadilla, Tenerife, on Sunday, 10 May. Disembarkation took place over two days with defined health protocols. The sequence of disembarkation was coordinated with arriving repatriation flights.

After the passengers and some crew had disembarked, the MV Hondius took on necessary supplies at Santa Cruz, Tenerife, and is now in transit to the Netherlands with the remaining, 25 crew members and two healthcare personnel aboard. The provisional arrival date is 18 May 2026.

Case Summary as of 15 May 2026

Case 1: A 70-year-old Dutch male national developed symptoms of fever, headache, and mild diarrhoea on 3 April 2026. On 6 April, his condition progressed to include dizziness, tachycardia, and tachypnoea, followed by further clinical deterioration. The patient died on board the vessel on the evening of 11 April. His body was disembarked from the ship on 24 April during a scheduled stop on Saint Helena Island, with his wife accompanying the

repatriation. No laboratory testing was performed. Arrangements are underway for repatriation and transport of the body from Saint Helena.

Case 2: A 69-year-old Dutch female national, the wife of Case 1, developed mild gastrointestinal symptoms on 22 April 2026. She came ashore on Saint Helena on 24 April together with her husband's body. On 25 April, she intended to travel by air to the Netherlands via Johannesburg, South Africa, on a flight carrying 82 passengers and six crew members but she was deemed too ill and was offloaded before takeoff. She died on 26 April in the emergency department in Johannesburg with pneumonia and acute respiratory distress syndrome (ARDS). Laboratory testing performed at the National Institute for Communicable Diseases in South Africa (NICD) confirmed Hantavirus infection on 4 May.

Case 3: A 60-year-old British male national developed symptoms of febrile illness, shortness of breath, and signs of pneumonia on 21 April 2026. On 26 April, his condition worsened, and during the vessel's scheduled stop at Ascension Island where he received initial treatment at the hospital on the island. The case was medically evacuated to South Africa on 27 April. Upon hospital admission, he presented in shock and with ARDS. He is currently hospitalised in the hospital's intensive care unit.

Laboratory testing conducted at the NICD included an extensive respiratory pathogen panel, which returned negative results. However, PCR testing confirmed hantavirus infection with Andes virus on 2 May 2026. The case had accommodation located two cabins away from Cases 1 and 2; therefore, onboard exposure is likely. Epidemiological investigation further revealed that Case 3 had also been in Argentina from 18 March 2026 and had participated in remote birdwatching activities prior to boarding the vessel on 1 April; further investigation of this potential source is underway but is unlikely to be relevant given that viral genetic sequencing results are nearly identical to those of Case 2.

Case 4: An 80-year-old German female national developed fever, malaise, and respiratory symptoms on 23 April 2026 and died on board on 2 May 2026. Antemortem samples were sent from Cabo Verde for testing at the Institut Pasteur de Dakar, where hantavirus infection was confirmed on 8 May 2026.

Case 5: A 41-year-old Dutch male national, serving as the ship's doctor and involved in the clinical management of the other cases, reported onset of symptoms on 30 April 2026, including fever, fatigue, and myalgia. He was medically evacuated from Cabo Verde to the Netherlands on 6 May. Laboratory testing confirmed hantavirus infection on 7 May 2026. He remains hospitalised.

Case 6: A 56-year-old British male national employed as a guide on the ship developed symptoms on 1 May 2026, including high fever, fatigue, and diarrhoea. The case had possible onboard exposure through close occupational contact with other confirmed cases in his role as a guide. He was evacuated together with Case 5 to the Netherlands, where laboratory testing confirmed hantavirus infection on 7 May 2026. He remains hospitalised.

Case 7: A 64-year-old Swiss male national developed symptoms including fever, headache, fatigue, and nausea on 1 May 2026. He had arrived in Argentina one week prior to embarking on the cruise vessel. After disembarkation in St. Helena on 24 April, he subsequently travelled with his wife on a commercial flight back to Switzerland on 27 and 28 April. Since 4 May 2026, he has been isolated while symptomatic at University Hospital Zurich. Laboratory testing confirmed PCR positivity for Andes virus on 5 May 2026.

Case 8: A 65-year-old British male national travelled from Johannesburg to Ushuaia and boarded the MV Hondius on 31 March 2026. On 15 April 2026, he disembarked at Tristan da Cunha, where he is a local resident. He first developed diarrhoea on 28 April 2026, followed by fever on 30 April 2026, after which he isolated at home with his wife. However, he was admitted to hospital on 2 May 2026 for safer isolation and clinical monitoring; he currently remains hospitalised. He is a probable case as no laboratory testing has been possible.

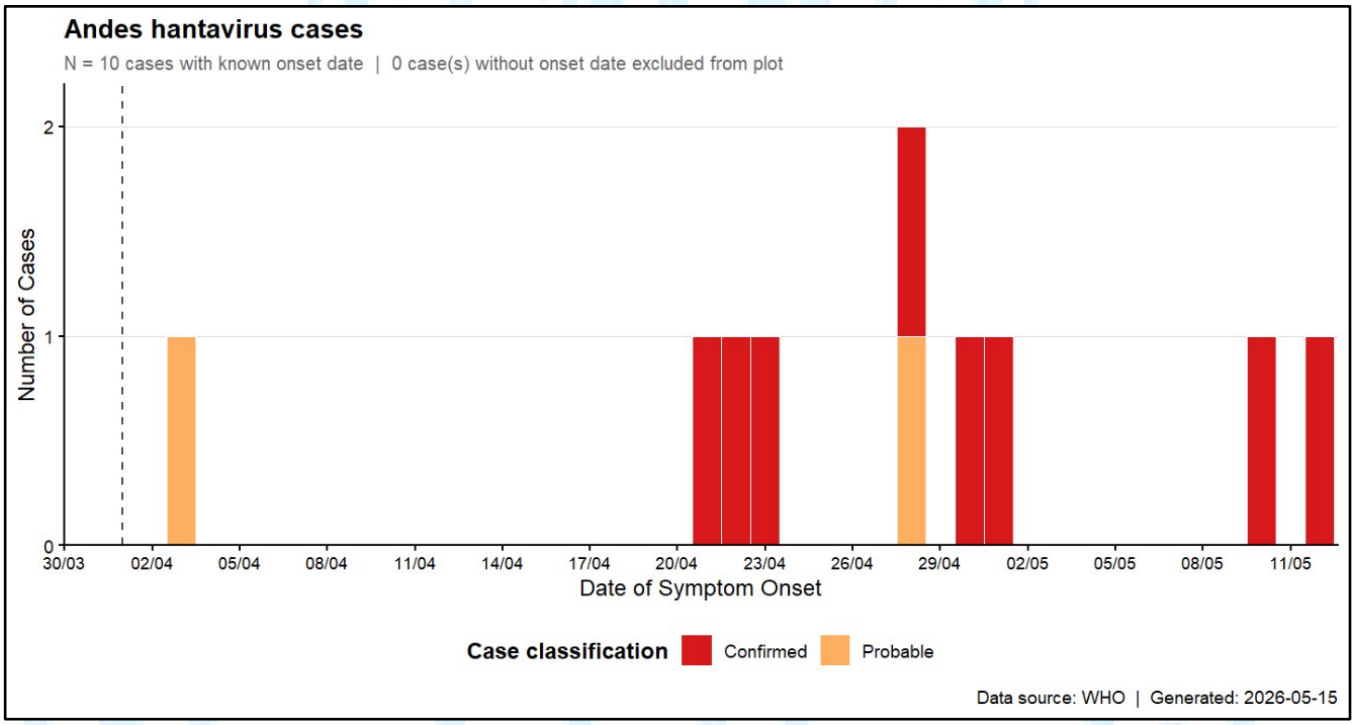
Case 9: A 73-year-old French female national reported to be asymptomatic at the time of disembarkation from the vessel in Tenerife on 10 May 2026. However, during the same-day repatriation flight, she developed symptoms. She was admitted to an ICU in a hospital in Paris on 11 May 2026, where laboratory testing confirmed hantavirus infection on the same day.

Case 10: A 70-year-old Spanish female, who tested provisionally positive upon arrival on 11 May. She subsequently developed symptoms and was confirmed positive on 13 May. The case is in isolation at a high-level isolation and treatment facility in Madrid, and in good general condition under continuous clinical monitoring.

In summary, as of 15 May 2026, a total of 10 cases have been reported (Fig. 1), including three deaths. Eight cases have been laboratory confirmed, and two are probable cases. Eight cases remain hospitalised, several of whom are currently receiving care in ICUs.

Suspected or inconclusive cases, reported initially at different times, have been followed up and subsequently discarded following negative laboratory results, including the latest USA case with inconclusive results (now reclassified as a high-risk contact).

Figure 1. Epidemiological curve of Andes hantavirus cases (n = 10) reported to WHO as of 15 May 2026, 17:00.



Monitoring Contacts of cases and repatriated passengers and crews:

Contact identification has been ongoing at the ports visited by the ship.

Follow-up and contact tracing for all contacts of hantavirus cases linked to the cruise ship is ongoing. As of 14 May 2026, more than 440 contacts have been identified and are under quarantine or health monitoring in at least 30 countries and territories. These include: 30 passengers (excluding those who have been classified as cases) who disembarked from the ship between 14 and 27 April, before the outbreak was detected (Saint Helena, United Kingdom, on 24 April and Ascension, United Kingdom on 27 April 2026); 147 - passengers and crew who disembarked (120) after the detection of the outbreak and crew members (25) and doctors (2) who remain onboard the ship heading towards Rotterdam, the Netherlands; Passengers on two flights who were in contact with one of the confirmed cases (case number 2); Additional contacts of confirmed and probable cases (cases 2, 3, 7 and 8), including health care workers, airport and port health officials, security personnel, cleaners and other close contacts.

On 11 May 2026, the WHO recommended that State Parties communicate to WHO about the number and health status of high-risk and low-risk contacts being monitored and the details of measures adopted for monitoring high- and low-risk contacts in their jurisdiction. The process of mapping all contacts identified is still ongoing, with information shared by Member States via IHR and support from WHO Regional Offices.

Context assessment

Hantavirus infections are relatively uncommon globally. In 2025, in the Region of the Americas, eight countries reported HPS, 229 cases and 59 deaths with a CFR of 25.7%. Most cases are reported in the Southern Cone Subregion (Argentina, Chile, Paraguay and Uruguay). HPS is not reported outside of the Americas. In the European Region, 1885 hantavirus infections causing HFRS were reported in 2023 (0.4 per 100 000), marking the lowest rate observed between 2019 and 2023.[3] In East Asia, particularly China and the Republic of Korea, HFRS continues to cause thousands of reported cases annually, although incidence has declined in recent decades.

While there are no licensed treatment nor vaccines for hantavirus infections, early supportive care and immediate referral to a facility with an ICU can improve survival. The majority of the countries receiving hantavirus cases from this outbreak or currently monitoring contacts have ICU capacity sufficient to manage the level of supportive care needed; however, there are a few exceptions, such as a few of the remote Overseas Territories involved in this outbreak, such as Tristan da Cunha; these require special measures to ensure the safety of cases and contacts.

Capacities and vulnerabilities related to the Hantavirus outbreak response in the affected countries

Capacities to respond	Vulnerabilities in the current situation
• Response coordination set up across the three levels of WHO. • Ongoing engagement between WHO and the National IHR Focal Points (NFPs) of countries managing cases and/or contacts to ensure timely information sharing and coordination of response actions. • International contact tracing is ongoing. • WHO is requesting regular information sharing and periodic updates from States Parties through IHR channels regarding contact monitoring and the health status of high-risk contacts • Crew members still onboard, to take the MV Hondius to the Netherlands, have been advised to practice physical distancing and remain in their cabins where possible, while on the cruise ship. • Experts from WHO and the European Centre for Disease Prevention and Control (ECDC) were deployed on board the ship to support epidemiological investigation and provide public health advice before disembarkation in the Canary Islands, Spain. • Two Dutch medical doctors boarded the ship in Cabo Verde to conduct health monitoring and provide any health care that may be necessary. One disembarked in Tenerife, while a Dutch nurse boarded, to assist in monitoring and providing any healthcare to the remaining crew members on board. • Epidemiological investigations continue to better define epidemiological links between cases and exposure factors on the ship, as well as to try to understand the potential source of exposure • WHO has developed and published specific technical guidance documents to support response to the event, including: -Technical guidance on the management of hantavirus on board the ship; -Technical note for the disembarkation and onward management of passengers and crew in the context of an Andes-virus-associated cluster;	• There is currently limited epidemiological information, and information on environmental investigations to understand the risk of additional spillover events similar to this one. • The exact transmission dynamics of human-to-human transmission of Andes hantavirus are poorly understood, making it difficult to categorically assign appropriate infection prevention and control strategies; out of an abundance of caution, and the desire for total containment of the outbreak, the precautionary principle of exclude the possibility of transmission through inhalation should be applied to the choice of PPE. • Contacts have dispersed to many jurisdictions worldwide, requiring intense international coordination for appropriate follow up. • Some contacts, particularly contacts from post-disembarkation exposure, are yet to be reached for follow up. • There is extreme public attention to this outbreak and there has been considerable misinformation about the nature of hantaviruses and the risk to the general public, threatening to complicate control efforts. • Countries might have varying capacities in contact monitoring, early recognition, laboratory confirmation and patient care, and risk communications and community engagement, should additional cases be identified after disembarkation.

-Management of contacts of Andes Virus (ANDV) cases from the MV Hondius cruise ship -Outbreak Case Investigation Form disseminated • NFPs/CPs of affected countries and areas have been in contact about passenger and crew information through established IHR channels for those on the ship, as well as on planes where a known case was on board. • The NFP of Argentina aided in the reconstruction of the travel itinerary of the first two cases in the Southern Cone subregion of the Americas to assess any potential exposure to hantavirus. They also shared the National Hantavirus Epidemiological Circular: Update epidemiological Surveillance and Management Standards on Hantavirus. • WHO coordinated collaboration across relevant laboratories with prior experience to ensure timely testing, with further analyses ongoing, including serology, molecular diagnostics, sequencing, and metagenomics. • Risk communication coordination and support are being provided to ensure sharing of regular, timely and evidence-based information. WHO has activated three-level coordination and is supporting national authorities in implementing risk-based, evidence-informed public health measures in accordance with the provisions of the IHR and related WHO technical guidance documents. • WHO regularly convenes expert calls across laboratory, clinical management, epidemiology, and Infection prevention and control (IPC) domains to facilitate timely experience sharing and coordinated expert support. • WHO supported the streamlining and development of research protocols on the natural clinical history in collaboration with national partner institutions and planned a hantavirus scientific consultation on medical countermeasures. • WHO Member States have been informed via EIS and DON with WHO advice and guidance. WHO has also shared situational updates and guidance with relevant travel and transport partners. • Daily updates on case numbers are available on the WHO website • WHO have been working with MS and partners (e.g., ECDC) for common case definitions, case investigation form (CIF), contact definitions etc.	

Reference documents used for risk assessment

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- Disease outbreak news, Hantavirus cluster linked to cruise ship travel, Multi-country, 13 May 2026, WHO
- WHO Technical note for the disembarkation and onward management of passengers and crew in the context of an Andes virus-associated cluster MV Hondius cruise ship;

- Management of contacts of Andes virus (ANDV) cases from the MV Hondius cruise ship
- World Health Organization. Handbook for management of public health events on board ships
- World Health Organization. Guide to Ship Sanitation, 3rd edition
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- Hantavirus disease – Panama
- About Hantavirus | Hantavirus | CDC
- Hantavirus Pulmonary Syndrome Reporting and Investigation Guideline
- Hantavirus infection, MSD Manual
- Hantavirus guidance, MoH Argentina
- Hantavirus Disease:Hantavirus Fever, Hemorrhagic Fever with Renal Syndrome (HFRS), Nephropathia Epidemica (NE), Hantavirus Pulmonary Syndrome (HPS), Hantavirus Cardiopulmonary Syndrome, Hemorrhagic Nephrosonephritis, Epidemic Hemorrhagic Fever, Korean Hemorrhagic Fever
- Cruise Ship Travel, CDC:
- Hantavirus: Clinical Insights, Emerging Evidence, and What Every Healthcare Worker Should Know, NETEC
- Update On Hantavirus Linked To MV Hondius, St Helena Government – 6 May 2026
- Oceanwide expeditions, press updates 8 May 2026
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