

## ASSESSMENT

# Rapid scientific advice on infection, prevention and control measures for patients in healthcare settings with Andes virus (ANDV) disease

In the context of the M/V Hondius cruise ship outbreak  
15 May 2026

## Key messages

This document aims to provide advice on infection prevention and control (IPC) measures for healthcare facilities providing care to patients with suspected or confirmed ANDV disease.

The advice is an update of previous recommendations in the 'Threat Assessment Brief: Hantavirus-associated cluster of illness on a cruise ship: ECDC assessment and recommendations, of 6 May 2026' and the 'Rapid Scientific Advice on the management of passengers in the context of the Andes virus outbreak on the cruise ship M/V Hondius, of 9 May 2026', with a focus on the application of IPC measures in healthcare facilities [1,2].

*ECDC rapid scientific advice disclosure statement: ECDC issues rapid scientific advice to meet an emergent or urgent public health need or to quickly reply to external requests. To accommodate the accelerated timeline, the process and methods used for the development of rapid scientific advice may be modified from those of standard assessments and recommendations. Potential limitations are described in the document.*

## Background

Hantaviruses are a group of zoonotic viruses transmitted to humans primarily through contact with contaminated rodent excreta, and usually by inhalation. Andes virus (ANDV) is of particular concern because limited human-to-human transmission has been reported, primarily after close and prolonged contact with symptomatic individuals, including infections in healthcare workers [3,4]. However, the possible role of inhalation in human-to-human transmission has not been ruled out in the outbreak on the cruise ship M/V Hondius in the Southern Atlantic, and in a previous outbreak involving participants in an event in Argentina [5] between November 2018 and February 2019.

Given the high fatality rate of ANDV disease and the uncertainty about the route of transmission, a precautionary approach is warranted when deciding on infection prevention and control (IPC) measures for the care of patients with ANDV disease. [6]

ANDV is an enveloped single-stranded RNA virus that is sensitive to regular disinfectants with activity against viruses including alcohol-based solutions. [7]

There is limited evidence on the infectious period of patients with ANDV disease. ANDV RNA is detected in blood and other bodily fluids, such as saliva and urine during the acute symptomatic phase of infection. [8]

## Methods

The recommendations provided in this report are based on:

- Evidence from peer-reviewed publications on hantavirus infection, including ANDV transmission, clinical presentation and IPC.

## Limitations

- Epidemiological investigations are ongoing, including collecting evidence for the mode of human-to human transmission.
- The document is based on the limited scientific evidence currently available for hantaviruses, reports of the management of cases with ANDV disease, and on the evolving evidence in the current outbreak management.

## ECDC rapid advice

### General principles

- Ensure the full hierarchy of control measures is applied to minimise exposure in healthcare settings (elimination, substitution, engineering measures, administrative measures and personal protective equipment (PPE)). [9]
- Standard precautions should be applied in all cases. Healthcare workers should practice hand hygiene with alcohol-based hand rub, or soap and water if the hands are visibly soiled in accordance with the five moments outlined by WHO [10]:
  - Before touching a patient;
  - Before clean/aseptic procedure;
  - After bodily fluid exposure risk;
  - After touching a patient;
  - After touching patient surroundings.

### Patient placement

- Patients should be placed in isolation rooms with negative pressure with ideally 12 or at a minimum six air-changes per hour (ACH) and with an ensuite bathroom, or if not possible, in well-ventilated single rooms.
- Countries may consider placing patients in high-level isolation units (HLIU) considering availability, feasibility and safety of transfer.
- Patients with ANDV disease should wear a medical/surgical type IIR face mask or a non-valved FFP2/3 respirator when they are not in the isolation room (e.g. when moved within the hospital), unless it is not tolerated, or compromises clinical care.
- Visits to patients with ANDV disease are not recommended. Considerations on whether to allow visits should take into account the severity of disease, the safety of visitors, and the wellbeing of the patient. If allowed, visitors should use adequate PPE such as a FFP2 respirator, eye protection (e.g. a face shield), gown and gloves, and practice hand hygiene under the supervision of healthcare workers.

### Personal protective equipment

- Healthcare workers should wear an FFP2/3 respirator, eye protection (goggles or visor), fluid-resistant long-sleeved gown and gloves when providing care to patients with ANDV disease.
- Healthcare workers should strictly follow the procedures for putting on ('donning') and safe removal ('doffing') of PPE. It is essential to ensure the staff assigned to treat patients with ANDV are trained in the proper use of PPE. [11]
- Hand hygiene should be performed before putting on and immediately after removing PPE.

### Occupational health

- Healthcare staff providing care to patients with ANDV disease should be logged and be considered as low-risk contacts if appropriately using the recommended PPE [2]. Passive health monitoring is recommended and immediate reporting if symptoms appear for assessment and possible testing.
- Healthcare staff in contact with patients with ANDV disease without appropriate PPE should be considered high-risk contacts, and follow instruction as such, i.e. quarantine for six weeks from the day of exposure in combination with active follow-up for symptoms [2].

### Cleaning and disinfection

- The patient room should be cleaned and disinfected at least once a day.
- Cleaning with regular detergents should be followed by disinfection with a disinfectant effective against viruses, 0.1% sodium hypochlorite or a 70 degree alcohol solution.

## Medical equipment and devices

- The use of dedicated or, if possible, disposable medical equipment (e.g. blood pressure cuffs, stethoscopes and thermometers) is strongly recommended.
- Reusable medical equipment and devices should be cleaned and decontaminated, in accordance with manufacturer's instructions.

## Waste management

- Clinical waste from patients with ANDV disease should be handled as category A infectious waste.
- Solid non-sharp waste should be placed in impermeable, clearly labelled bags to be discarded.
- Fluid waste may be disposed in the sanitary sewer.

## Linen management

- Disposable linen should be used, if available.
- Used linen should be placed in impermeable, clearly labelled bags and washed (at the maximum temperature the linen allows) or disposed of. Disposed linen should be treated as category A infectious waste.

## Duration of isolation

- The duration of transmission-based precautions for hospitalised patients with ANDV disease should be decided considering the clinical resolution or improvement of symptoms, and evidence from negative PCR tests in blood specimens.

## References

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