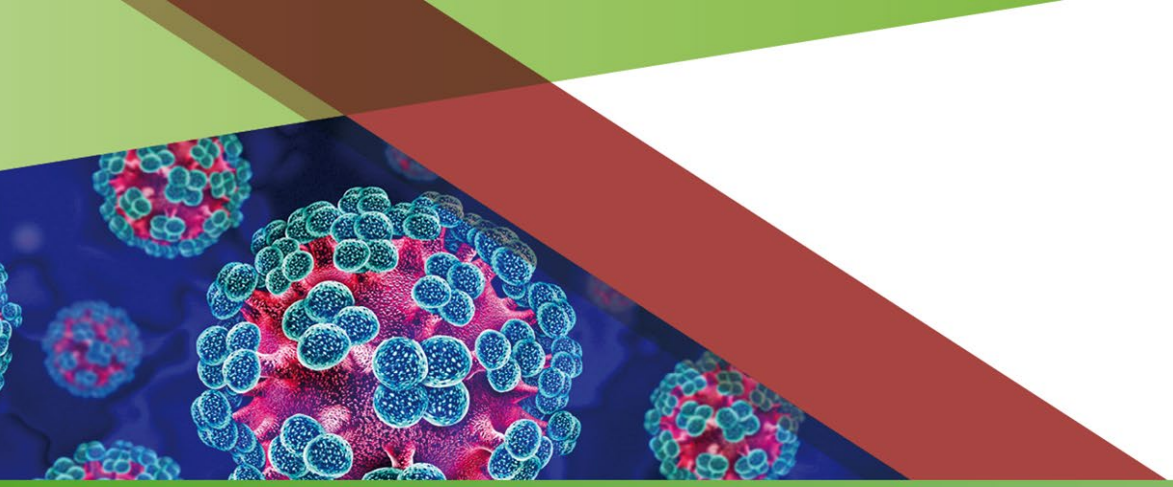


ECDC GUIDANCE

Rapid scientific advice on laboratory testing of Andes virus (ANDV) for high-risk contacts under the MV Hondius outbreak

14 May 2026

Scope of this document

This document provides practical considerations for public health authorities in European Union/European Economic Area (EU/EEA) countries on laboratory testing for Andes virus (ANDV), with a focus on asymptomatic high-risk contacts of cases from the cruise ship MV Hondius [1].

The aim of this document is to support informed decision-making around testing, with a focus on the potential benefits, limitations and consequences of testing asymptomatic high-risk contacts, based on the available scientific evidence. This document does not prescribe a single approach and is intended to help national public health authorities decide if, when, and how laboratory testing could be used in this context, considering the local epidemiological situation, resources and public health policies. This document complements case finding and contact tracing activities as well as guidelines on contact management [1], and assumes regular and active symptom monitoring.

In this document, ECDC provides the following support to countries in the decision-making process:

- Recommendations for testing symptomatic and asymptomatic contacts;
- Advantages and disadvantages of PCR testing for ANDV in asymptomatic high-risk contacts from the MV Hondius outbreak;
- A decision tree with more information on the testing strategy proposed.

Recommendations for testing symptomatic and asymptomatic contacts

In this document, Day 0 refers to the date of last known possible exposure to ANDV. For cruise ship passengers and crew who disembarked in Tenerife, this is defined as 10 May 2026. For others, the last known date of possible exposure (Day 0) may differ between individuals depending on their specific exposure history (e.g. passengers and crew who disembarked at different locations or subsequent close contacts). The quarantine period starts on Day 0 and lasts six weeks.

Symptomatic contacts: We recommend testing symptomatic contacts as soon as possible after the onset of symptoms, combined with active monitoring during the six-week quarantine period, as this remains the most evidence-based approach.

Asymptomatic contacts: Testing asymptomatic contacts for ANDV can in some cases detect infection before symptom onset, but the results do not predict infectiousness or disease progression. Asymptomatic testing can be considered if resources allow, providing the results are interpreted cautiously and communicated to patients clearly. Testing asymptomatic contacts in the context of the ANDV disease outbreak on the MV Hondius could provide data on the timing from testing positive to developing symptoms. If repeat testing is offered, data on peak viral load, viral clearance, seroconversion and potentially other findings, depending on the research protocols, can also be collected. These data could support the risk assessment in subsequent outbreaks.

Suggested citation: European Centre for Disease Prevention and Control. Rapid scientific advice on laboratory testing of Andes virus (ANDV) for high-risk contacts under the MV Hondius outbreak – 14 May 2026. Stockholm: ECDC; 2026.

Advantages and disadvantages of PCR testing for ANDV in asymptomatic high-risk contacts related to the MV Hondius outbreak

Advantages	Justification and evidence	Value
Early identification of infection before symptom onset.	Two scientific studies [2,3] report detection of ANDV RNA in blood before or around symptom onset in some individuals.	If an asymptomatic contact tests positive, indicating infection, this early detection could allow for rapid isolation of the contact to limit further transmission. It also allows time for preparation to provide medical care if severe symptoms develop.
Opportunity to generate scientific knowledge.	There are limited data on ANDV pre-symptomatic viraemia and transmission dynamics.	Additional data would support evidence-based assessment and guidance development for ANDV infection management, and allow for a better understanding of ANDV dynamics to guide management and testing during future ANDV outbreaks.

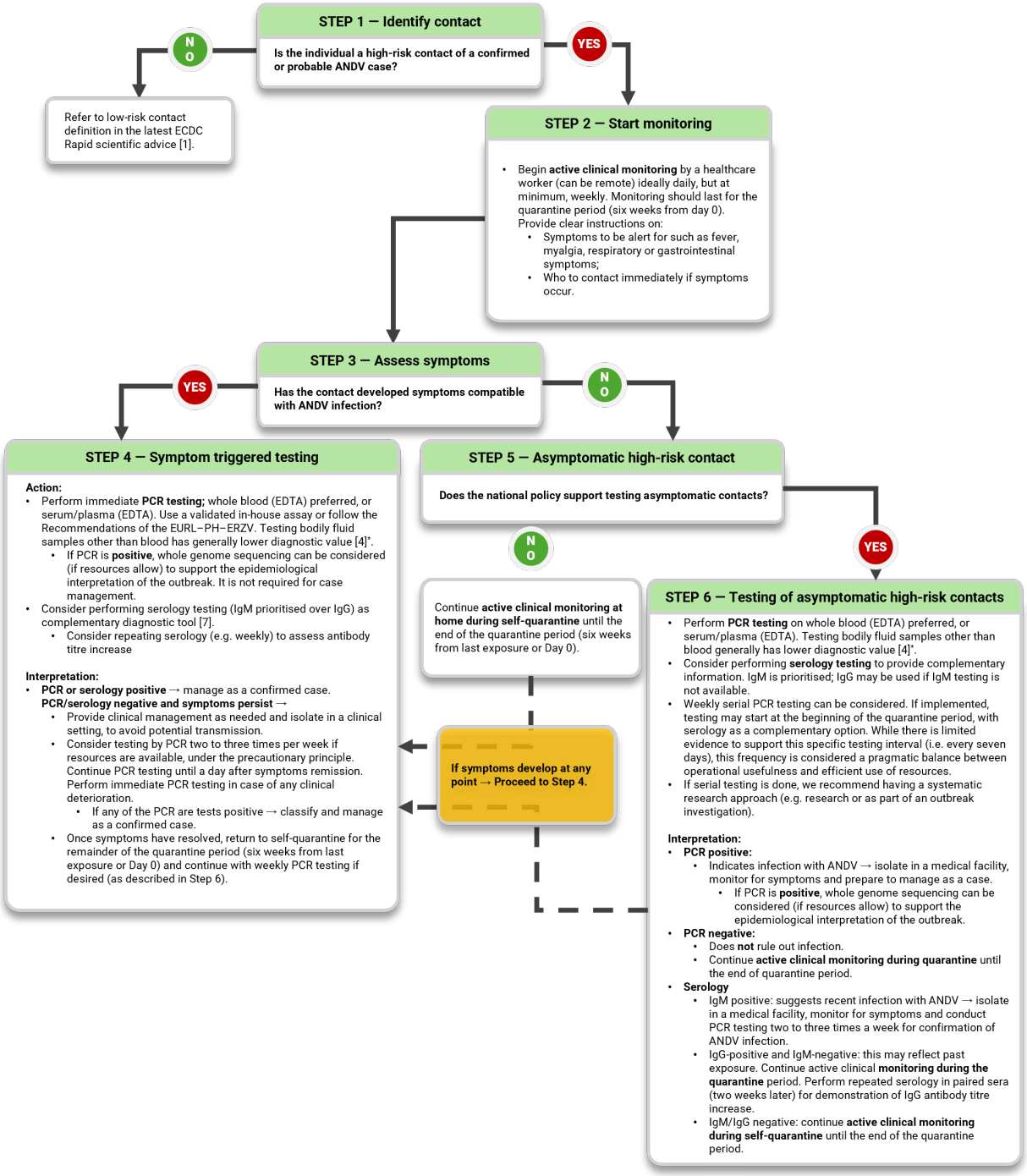
Disadvantages	Justification and evidence	Consequence
A negative test result does not exclude infection.	PCR strongly depends on timing (if a person with the infection tests negative by PCR now, they might be positive at a later date). This is because early infection might not yet be detectable.	There is a risk of false reassurance when a person tests negative by PCR as they might assume they do not have the infection. However, a negative result might simply reflect that the PCR test was performed before there was enough virus present to be detectable by PCR, and not necessarily due to the absence of the virus. This could reduce adherence to symptom monitoring or delay care-seeking, with consequences for outbreak control.
Unclear link between PCR positivity and the ability to transmit the virus	Detection of ANDV RNA in a clinical sample does not necessarily indicate that the virus can be transmitted to another person as: • Detection of viral RNA does not necessarily indicate the presence of infectious virus particles; • The sample matrix (e.g. blood vs. respiratory discharge) influences the likelihood of transmission. Due to the high sensitivity of the PCR assay, it can detect the virus in a lower amount than needed to transmit the virus to another person (i.e. the infectious dose).	Regarding human-to-human transmission, evidence of transmission before symptoms has not yet been studied. Shedding of infectious virus is mainly associated with symptomatic (acute) disease [4].
It can be resource-intensive for large numbers of asymptomatic people to be tested.	Serial testing requires laboratory capacity, laboratory reagents, logistics, trained staff, and PPE.	It could divert resources from testing symptomatic individuals.

Psychological considerations

Repeated testing could decrease stress and anxiety [5] by providing reassurance and enhancing feelings of safety if testing negative. However, this could also prove to be false reassurance, as a negative test result does not exclude infection, and symptoms could still develop within the incubation period. Importantly, there is also the potential for increased stress and anxiety of serial asymptomatic testing [6], making it harder for contacts to deal with prolonged monitoring and quarantine, which in itself can have negative psychological impacts [6]. This highlights the importance of personalised support to ensure the wellbeing of passengers and crew members of the MV Hondius, and other people classified as high-risk contacts.

Testing strategy for high-risk contacts of ANDV: decision tree for public health response

In this document, Day 0 refers to the date of last known possible exposure to ANDV. For cruise ship passengers and crew who disembarked in Tenerife, this is defined as 10 May 2026. For others, the last known date of possible exposure (Day 0) may differ between individuals depending on their specific exposure history (e.g. passengers and crew who disembarked at different locations or subsequent close contacts). The quarantine period starts on Day 0 and lasts six weeks.



** The diagnostic value of testing bodily fluids other than blood (e.g. saliva, urine) is discussed in Ferres et al 2024 [4]. In this study, ANDV RNA was detected in all buffy coat samples at symptom onset. Detection in other samples, including gingival crevicular fluids (~55%) and nasopharyngeal swabs (~25%) remained low. Using respiratory samples alone would result in substantial under-detection of ANDV infection, as the majority of infected individuals would not be identified compared to whole blood testing.*

Acknowledgments

ECDC would like to acknowledge WHO Headquarters and the EU Reference Laboratory for Public Health on Emerging, Rodent-borne and Zoonotic Viral Pathogens (EURL-PH-ERZV) for the collaboration in developing the advice presented in this document.

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