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Event: MV Hondius Andes Hantavirus Outbreak

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Incident Response Plan (IRP) Level National Enhanced Incident

Distribution: Please see page 5 for information with regards to the distribution instructions for this Briefing Note.

Summary:

- Andes virus (ANDV) is a hantavirus which can cause hantavirus cardiopulmonary syndrome (HCPS), and is classified as an airborne high consequence infectious disease ([HCID](#)) in the UK.

Updates

- As of 20th May 2026, there have been 11 cases of Andes virus (ANDV) among individuals who travelled on the cruise ship MV Hondius, with 9 confirmed and 2 probable cases. Three of the cases have died.
- A number of high risk (category 3) contacts are isolating in the UK and undergoing active monitoring for the remainder of their incubation period.
- Hantavirus disease (including hantavirus pulmonary or cardiopulmonary syndrome and haemorrhagic fever with renal syndrome) was added as a notifiable disease on the 18th May 2026.
- The NHS (Charges to Overseas Visitors) Regulations will also be amended so that overseas visitors will not be charged for diagnosis or treatment of hantavirus disease.
- Clinicians should be alert to the possibility of ANDV infection in unwell patients presenting where there is a link to a suspected or confirmed case within 45 days before onset of illness.
- Case Definitions
- Financial Support for Isolation during the Hantavirus Outbreak Local Authority Guidance is being shared with ADPH.

Background and interpretation:

Andes virus (ANDV) is a hantavirus which can cause hantavirus cardiopulmonary syndrome (HCPS), and is classified as an airborne high consequence infectious disease ([HCID](#)) in the UK. It is predominantly spread by rodents to humans. However, human to human transmission has also been reported following close contact, as described in a recent evidence review ([Incubation and infectious period, asymptomatic or presymptomatic transmission and transmission route in human-to-human spread of hantavirus infection: a systematic evidence summary](#)). The incubation period of Andes virus is usually 2 to 4 weeks, but it has been reported up to 40 days. On a precautionary basis, the infectious period is assumed to start 48 hours before the onset of symptoms.

The typical clinical course is an initial influenza-like or non-specific febrile illness, with fever, chills and myalgia, and sometimes gastrointestinal symptoms, progressing to a severe respiratory illness including Acute Respiratory Distress Syndrome (ARDS). There is no specific antiviral treatment available and management is supportive. The reported case fatality rate is 32-50%.

Clinical features in the prodromal phase may be mild but may progress rapidly to the cardiopulmonary phase in up to half of all cases with ANDV infection. Treatment is supportive and should focus on stabilisation and early engagement with intensive care where necessary. Extracorporeal membrane oxygenation (ECMO) should be considered at the earliest sign of decompensation.

Individuals who have travelled on the ship have been assessed as **high-risk** (category 3) contacts and will need to isolate until the full monitoring period (which on a precautionary basis has been set at 45 days in the UK) has passed. Others who have been in contact with confirmed and probable cases, including on two specific flights from St Helena to Johannesburg on the 25th of April 2026, and Johannesburg to Amsterdam on the 25th of April 2026, have been risk assessed, provided with relevant advice and requested to isolate where appropriate.

The **Health Protection (Notification) (Amendment) Regulations 2026** were amended on 18th May 2026 to include hantavirus disease, including hantavirus pulmonary or cardiopulmonary syndrome and haemorrhagic fever with renal syndrome as a notifiable disease in Schedule 1 ('Hanta Virus' is already included within the list of Causative Agents in Schedule 2). Registered Medical Practitioners were previously requested to notify clinically suspected cases of hantavirus as other urgent hazards to public health.

The National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2026 will amend the **National Health Service (Charges to Overseas Visitors) Regulations 2015** to include hantavirus in Schedule 1. This means that overseas visitors will not be charged for the diagnosis and treatment of hantavirus disease. The regulations will also be amended so that any charges already incurred for hantavirus disease since 1st May 2026 must be cancelled or, if paid, must be refunded.

Finally the Charging Regulations will be further amended so that diagnosis and treatment for a disease in Schedule 1 will remain exempt from charging, provided that the overseas visitor travelled to the UK by means of transport that has been agreed with, or funded by, the Secretary of State for supported repatriation of travel to the UK for the purposes of quarantine. This amendment will apply to all Schedule 1 diseases.

Individuals meeting the definitions below are managed along NHS HCID pathways.

Updated case definitions are as below (these are subject to review):

Symptomatic contact

Anyone who has a known epidemiological link with a confirmed or probable ANDV case AND with acute (or history of) symptoms compatible with ANDV infection, including fever (38°C or above), myalgia, chills, acute gastrointestinal (e.g. nausea, vomiting, diarrhoea, abdominal pain) or acute respiratory (e.g. cough, shortness of breath, chest pain, difficulty breathing) symptoms.

Probable case

A person with signs and symptoms of a symptomatic contact that has been evaluated by a health professional* AND has a known epidemiological link with a confirmed or probable ANDV case AND for which laboratory results are not available.

* (i.e. hantavirus is considered the most likely diagnosis following assessment between IFS or UKOT equivalent and treating clinician)

Confirmed case

A person with laboratory confirmation of ANDV through RT-PCR or serology testing.

Implications and recommendations for UKHSA Regions:

UKHSA Regional Health Protection teams are engaged in multi-agency management of contacts to ensure safe isolation, testing, active monitoring and support are provided.

Implications and recommendations for UKHSA sites and services:

There are currently no commercial PCR assays for Andes hantavirus, although they are likely to arrive on the market very soon. The UKHSA Rare and Imported Pathogens Laboratory (RIPL) has an in-house Andes-specific PCR using two published assays and in line with international practice. In-silico analysis shows minimal mismatch with the current outbreak strain and therefore high confidence in detection. RIPL also has non-specific hantavirus IgG which shows cross-reactivity with ANDV and which is being used pending supply of a commercial ANDV specific serological assay.

Suspected cases and symptomatic contacts should be discussed with the Imported Fever Service (+44 844 778 8990, operates 24/7).

All microbiological samples from patients suspected of having hantavirus infection should be handled in containment level 3 facilities. For information about transport of specimens and guidance for handling samples at local laboratories see [the RIPL manual](#).

Implications and recommendations for NHS:

Front-line clinicians

Clinicians should be alert to the possibility of Andes hantavirus infection (or other severe respiratory illness) in patients with compatible signs and symptoms and a potential exposure to a confirmed or suspected case or other epidemiological risk factors as outlined above.

Management of symptomatic contacts, including for infection prevention and control, should follow established NHS guidance as per [Infection prevention and control measures for asymptomatic contacts, clinically suspected, and confirmed cases of Andes virus \(hantavirus\) in healthcare settings](#). Please note that this briefing note includes updated case definitions since the NHS guidance was published. The managing clinician should contact their local infection team, and the local infection team should discuss any symptomatic contacts or probable cases of ANDV (per case definitions) with the UKHSA Imported Fever Service (IFS, 08447788990), who will review the risk assessment and advise on the next steps for investigation and management including the need for admission.

Clinicians should urgently notify their Regional [Health Protection Team](#) by phone of any suspected cases of Andes hantavirus that are being tested. ANDV is a [notifiable infectious disease](#) which may present a significant risk to human health.

If an individual presents to a healthcare setting without symptoms but with relevant exposure as described above, the clinician should contact the relevant [HPT](#) so that the appropriate public health follow up can be provided. It has been agreed that the due to the possibility of pre-symptomatic transmission (up to 48 hours prior to symptom onset) the assessment and management should follow the same established airborne HCID protocols as above, on a precautionary basis due to the possibility of presymptomatic transmission.

IPC teams

Infection prevention and control teams are asked to ensure local awareness of the hantavirus incident and to share relevant UKHSA guidance with clinical services, occupational health, estates, and other affected service providers. IPC teams should support service providers in implementing appropriate infection prevention and control measures in line with NHS guidance as per [Infection prevention and control measures for asymptomatic contacts, clinically suspected, and confirmed cases of Andes virus \(hantavirus\) in healthcare settings](#), including risk assessment, environmental controls, and staff protection. Any concerns about potential exposures or related incidents should be escalated locally and reported to UKHSA in line with existing pathways.

Implications and recommendations for Local Authorities:

Directors of Public Health have been informed about any individuals who have been assessed as high-risk (category 3) contacts isolating in their areas, and through them local authority teams will be engaged in multi-agency support of contacts to ensure safe isolation and support as needed.

The **Financial Support for Isolation during the Hantavirus Outbreak Local Authority Guidance** has been shared with The Association of Directors of Public Health (ADPH) to distribute to Directors of Public Health.

Local Authority Directors of Public Health are asked to brief local councillors as appropriate.

References or sources of information:

[Andes hantavirus: epidemiology, outbreaks and guidance – GOV.UK](#)
[High consequence infectious diseases \(HCID\) – GOV.UK](#)
[Incubation and infectious period, asymptomatic or presymptomatic transmission and transmission route in human-to-human spread of hantavirus infection: a systematic evidence summary](#)
UKHSA rolling news story: [UKHSA update on the hantavirus cruise ship outbreak](#)
[UKHSA blog: What is hantavirus? How is it transmitted and what are the symptoms? – UK Health Security Agency](#)
[Hantavirus cluster linked to cruise ship travel, Multi-country](#)
[WHO's response to hantavirus cases linked to a cruise ship](#)
[NHS England » Infection prevention and control measures for asymptomatic contacts, clinically suspected, and confirmed cases of Andes virus \(hantavirus\) in healthcare settings](#)

Instructions for Cascade:

- UKHSA Private Office Groups who cascade onwards within Groups
 - UKHSA Health Protection in Regions:
UKHSA Field Services
UKHSA Health Protection Teams including UKHSA Regional Deputy Directors
Deputy Directors in Regions Directorate
 - UKHSA Lab Management Teams
 - UKHSA Regional Communications
 - Generic inbox for each of the Devolved Administrations
 - Inboxes for each of the Crown Dependencies
 - DHSC CMO (*excluding internal UKHSA briefing notes*)
 - OHID Regional Directors of Public Health
 - National NHSE Emergency Preparedness, Resilience and Response (EPRR)
 - NHSE National Operations Centre
 - **Crown Dependencies** to cascade to teams as appropriate to local arrangements.
 - **UKHSA UKOT Programme SPOC** to cascade onwards to UKOT Programme Leadership and UKOTs as appropriate
 - **UKHSA Regional Deputy Directors** to cascade to Directors of Public Health
 - **UKHSA microbiologists** to cascade to non-UKHSA labs (NHS labs and private)
 - **UKHSA microbiologists** to cascade to NHS Trust infection leads
 - **NHS labs/NHS infection leads/NHS microbiologists/NHS infectious disease specialists** to cascade to appropriate clinical groups
 - **NHSE National Operations Centre** to cascade to appropriate clinical groups
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 - Royal College of Emergency Medicine - president@rcem.ac.uk
 - Royal College of General Practitioners - Chair-RCGP@rcgp.org.uk
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