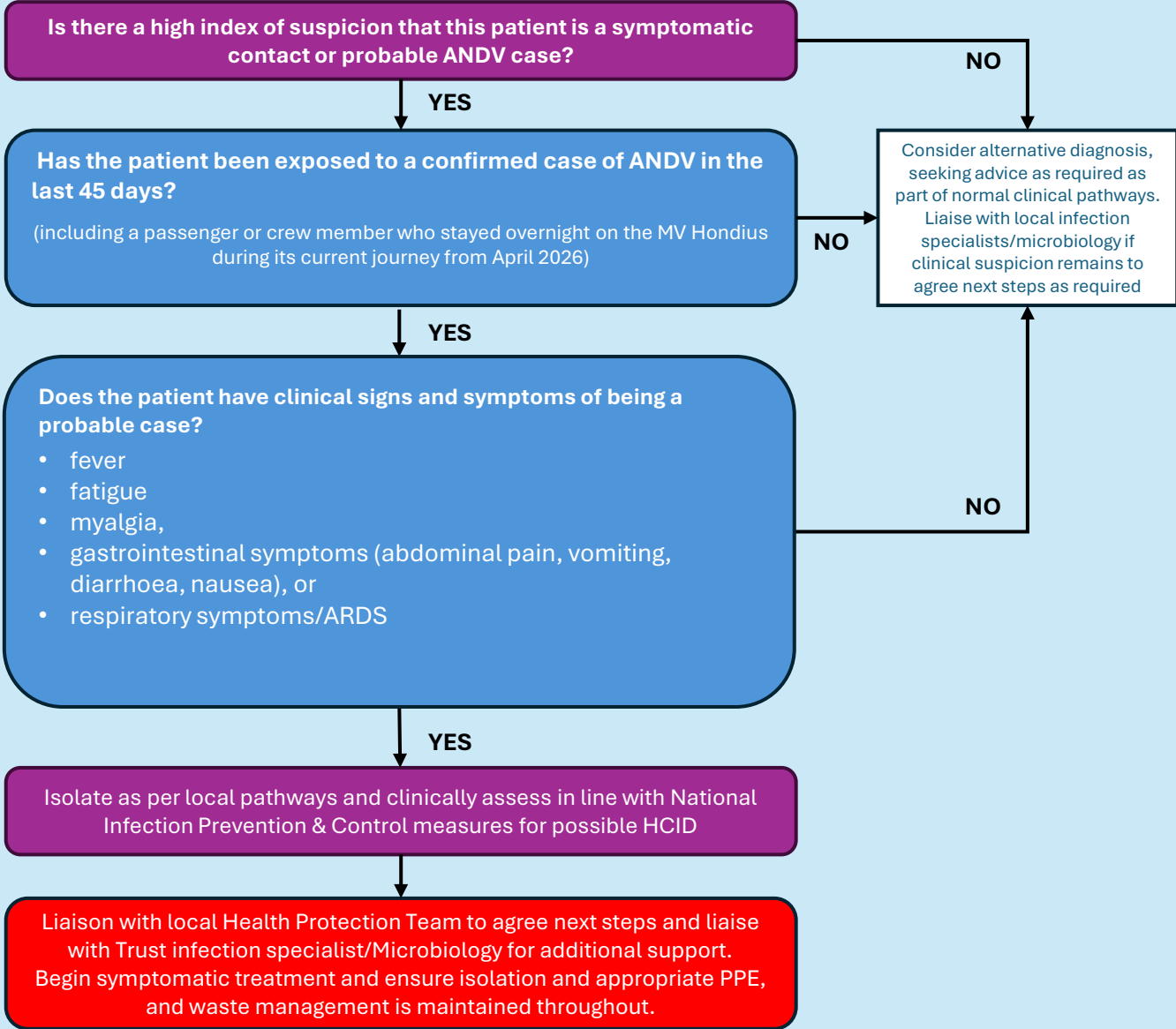


Pathway for Patients who self-present at Emergency Departments as a symptomatic contact or probable Andes virus case (hantavirus)



Links & Guidance

[UKHSA Hantaviruses - characteristics, diagnosis, epidemiology](#)

[WHO Hantavirus outbreak toolbox](#)

[National Infection Prevention & Control Manual \(NIPCM\)](#)

[Addendum on HCID PPE](#)

Preparedness Actions

- Providers to ensure that all clinical services are aware of the public health messaging and that a differential diagnosis of ANDV should be considered in any patient that meets the operational case definition
- Providers should review current IPC plans, PPE availability, waste management and staff training to ensure that arrangements are in place to safely assess and treat patients presenting.
- Providers should review existing plans and clinical pathways ensuring that staff are aware of the arrangements for isolation, clinical management, specialist infection advice, PPE and associated infection control measures, including WHO recommendation **ALL** contacts wear a non-valved FFP3 if clinically tolerated (no requirement for FIT testing)

Emergency Department ANDV pathway checklist – symptomatic contacts and probable cases

	Tick
Have you isolated the patient?	<input type="checkbox"/>
Have you got access to the appropriate PPE (including donning & doffing procedures) to undertake a clinical assessment?	<input type="checkbox"/>
Speak to your Local Health Protection Team	<input type="checkbox"/>
Notify the relevant people in your department as per local pathways and agree clinical management plan whilst awaiting test results	<input type="checkbox"/>

Pathway for Patients identified as symptomatic contacts or probable Andes virus (hantavirus) case by a Health Care Professional (including General Practice)

Is there a high index of suspicion that this patient is a symptomatic contact or probable ANDV case?

Has the patient been exposed to a confirmed case of ANDV in the last 45 days?
(including A passenger or crew member who stayed overnight on the MV Hondius during its current journey from April 2026)

Does the patient have clinical signs and symptoms of being a probable case?

- fever
- fatigue
- myalgia,
- gastrointestinal symptoms (abdominal pain, vomiting, diarrhoea,

Consider alternative diagnosis, seeking advice as required as part of normal clinical pathways. Liaise with local infection specialists/ microbiology if clinical suspicion remains to agree next steps as required

Home – advise self-isolation and seek advice from local Health Protection Team
Attended NHS premises – isolate the patient in a treatment room and speak to a phone, virtually assess and seek advice from local Health Protection Team

Liaison with local Health Protection Team to agree next steps and follow Andes virus (hantavirus) Action Card 3 for onward referral for testing and/or admission ensuring isolation and appropriate PPE is maintained throughout.



Andes virus (hantavirus) Action Card 2 – HCP/GP (Version 1.2 – May 2026)

Links & Guidance

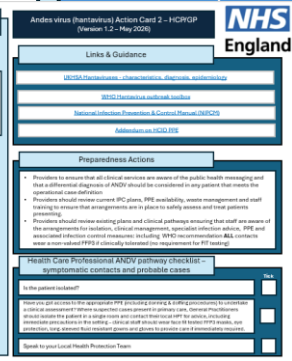
- [UKHSA Hantaviruses - characteristics, diagnosis, epidemiology](#)
- [WHO Hantavirus outbreak toolbox](#)
- [National Infection Prevention & Control Manual \(NIPCM\)](#)
- [Addendum on HCID PPE](#)

Preparedness Actions

- Providers to ensure that all clinical services are aware of the public health messaging and that a differential diagnosis of ANDV should be considered in any patient that meets the operational case definition
- Providers should review current IPC plans, PPE availability, waste management and staff training to ensure that arrangements are in place to safely assess and treat patients presenting.
- Providers should review existing plans and clinical pathways ensuring that staff are aware of the arrangements for isolation, clinical management, specialist infection advice, PPE and associated infection control measures: including WHO recommendation **ALL** contacts wear a non-valved FFP3 if clinically tolerated (no requirement for FIT testing)

Health Care Professional ANDV pathway checklist – symptomatic contacts and probable cases

	Tick
Is the patient isolated?	<input type="checkbox"/>
Have you got access to the appropriate PPE (including donning & doffing procedures) to undertake a clinical assessment? Where suspected cases present in primary care, General Practitioners should isolate the patient in a single room and contact their local HPT for advice, including immediate precautions in the setting – clinical staff should wear face fit tested FFP3 masks, eye protection, long-sleeved fluid resistant gowns and gloves to provide care if immediately required.	<input type="checkbox"/>
Speak to your Local Health Protection Team	<input type="checkbox"/>



Pathway for Patients identified as a symptomatic contact or probable Andes virus (hantavirus) case in a community setting who require clinical assessment and testing

Patient has been identified as a symptomatic contact or probable case of ANDV by a Health Care Professional (following discussion with the local Health Protection Team), or has been identified by the Health Protection Team directly and requires clinical assessment and/or testing

HCP/HPT should agree testing arrangements (community testing or healthcare attendance) liaising with Specialist Regional ID centres. Where secondary care involvement is required contact designated location to agree arrangements for transfer (e.g. likely time of arrival, arrival point, what to do on arrival, including phone number to notify of arrival)

Assessment indicates patient is clinically stable and able to self isolate. The patient should be directed to attend designated testing and assessment location via their own transport, whilst maintaining isolation, **(intent to return home pending test results)**

Assessment indicates patient is clinically unwell and should be transported by ambulance, or is unable to self-transfer whilst maintaining isolation **(requires admission pending test results)**

Confirm with patient arrangements for transfer –

- Maintain isolation
- Where to present
- Who to contact upon arrival

HCP/HPT to contact regional ambulance service to arrange transfer, clearly stating the patient is a suspected ANDV case

Patient to be managed as per local pathways and in line with Suspected Hantavirus (Andes virus) Pathway for Patients self-presenting at Emergency Departments – **Andes virus (hantavirus) Action Card 1**

Andes virus (hantavirus) Action Card 3 – Referrals for Testing
(Version 1.2– May 2026)



Links & Guidance

[UKHSA Hantaviruses - characteristics, diagnosis, epidemiology](#)

[WHO Hantavirus outbreak toolbox](#)

[National Infection Prevention & Control Manual \(NIPCM\)](#)

[Addendum on HCID PPE](#)

Preparedness Actions

- Providers to ensure that all clinical services are aware of the public health messaging and that a differential diagnosis of ANDV should be considered in any patient that meets the operational case definition
- Providers should review current IPC plans, PPE availability, waste management and staff training to ensure that arrangements are in place to safely assess and treat patients presenting.
- Providers should review existing plans and clinical pathways ensuring that staff are aware of the arrangements for isolation, clinical management, specialist infection advice, PPE and associated infection control measures; including WHO recommendation **ALL** contacts wear a non-valved FFP3 if clinically tolerated (no requirement for FIT testing)

HCP Referral ANDV pathway checklist – symptomatic contact or probable case

	Tick
Have you isolated the patient/Informed the patient to isolate?	<input type="checkbox"/>
Have you assessed the patient's ability to self-transfer?	<input type="checkbox"/>
Have you confirmed transfer/arrival arrangements with the receiving department?	<input type="checkbox"/>
Have you confirmed arrangements with the patient, including a phone number to contact upon arrival	<input type="checkbox"/>

Pathway for surveillance of asymptomatic contacts identified as a high-risk exposure to Andes virus (hantavirus) who require clinical assessment and testing (45 days following exposure)

Patient has been identified as at high-risk of exposure to ANDV by a Health Care Professional (following discussion with the local Health Protection Team), or has been identified by the Health Protection Team directly and requires clinical assessment ,and/or testing , and active follow-up

HCP/HPT and Specialist Regional ID centres should agree testing arrangements (community screening) which should include:

- Baseline nasopharyngeal swab, EDTA blood sample for PCR and serum sample for serology
- Weekly Oral Fluid Swab (OFS) / Gingival fluid (GCF) and blood (self sampling device) for PCR (UKHSA co-ordinating kits, advice and collection).
- End of isolation assessment to be advised by local HPT and Specialist Regional ID centres

For 45 days following last exposure, (the period of active follow-up may be shortened as more information becomes available):

- Self-isolate following risk assessment by the health protection team (HPT)
- Self-monitor and record temperature and symptoms daily (temperature to be taken before taking any anti-fever medication such as aspirin, paracetamol or ibuprofen) and report to HPT designated contact (with an additional back-up number given)

If individual is feeling unwell in between reporting to the designated contact, take temperature, and if 38°C or higher, or have other symptoms suggestive of ANDV infection (as outlined in the contact information sheet) phone designated contact immediately

Patient to be managed as per local pathways.

Patients identified as a symptomatic contact or probable Andes virus (hantavirus) case in a community setting who require clinical assessment and testing– **Andes virus (hantavirus) Action Card 3**

Andes virus (hantavirus) Action Card 4 – Asymptomatic surveillance and follow-up
(Version 1.2 – May 2026)



Links & Guidance

[UKHSA Hantaviruses - characteristics, diagnosis, epidemiology](#)

[WHO Hantavirus outbreak toolbox](#)

[National Infection Prevention & Control Manual \(NIPCM\)](#)

[Addendum on HCID PPE](#)

Preparedness Actions

- Providers to ensure that all clinical services are aware of the public health messaging and that a differential diagnosis of ANDV should be considered in any patient that meets the operational case definition
- Providers should review current IPC plans, PPE availability, waste management and staff training to ensure that arrangements are in place to safely assess and treat patients presenting.
- Providers should review existing plans and clinical pathways ensuring that staff are aware of the arrangements for isolation, clinical management, specialist infection advice, PPE and associated infection control measures; including WHO recommendation **ALL** contacts wear a non-valved FFP3 if clinically tolerated (no requirement for FIT testing)

HCP Referral ANDV pathway checklist – high risk exposures

	Tick
Inform individual of high-risk exposure	<input type="checkbox"/>
Provide hantavirus (category 3) contact information sheet to the individual	<input type="checkbox"/>
Inform individual that non-essential medical or dental treatment should be postponed. For essential treatment, the healthcare provider must be informed prior to the procedure	<input type="checkbox"/>
HCP and individual should be aware of contact details/onward referral if symptoms reported	<input type="checkbox"/>