Andes Hantavirus Outbreak

Member States Briefing – 22 May 2026

World Health Organization

Situation Overview – Andes hantavirus outbreak

- **On 2 May 2026, WHO received an IHR notification from the United Kingdom regarding a cluster of severe acute respiratory illness on a cruise ship (MV Hondius) headed towards Cabo Verde**
  - Laboratory confirmation of **hantavirus on 2 May**. **Andes virus confirmed on 6 May**, both by NICD, South Africa, and HUG/CRIVE – Switzerland.
  - MV Hondius arrived in **Cabo Verde** with 147 passengers and crew from 23 countries on 2 May.
  - Two individuals with symptoms and a high-risk contact were medically evacuated from the MV Hondius to the Netherlands on 6 May.
  - Public health experts from **WHO and the European Center for Disease Prevention and Control**, and two medical experts from the Netherlands **joined the MV Hondius** on 6 May.
- After **arrival in Tenerife**, Spain, on 10 May, disembarkation of all passengers and the majority of the crew was completed on 11 May.
- The MV Hondius departed Tenerife on 11 May, with an additional medical expert on board, and arrived in the Netherlands on 18 May.
  - The remaining 27 crew members and health professionals disembarked, followed by **environmental surveillance, cleaning, and disinfection.** All 27 underwent medical examinations **and tested negative.**
- **As of 22 May 2026, there are a total of 12 cases, including three deaths**
  - **Ten confirmed cases** (1 in South Africa, 3 in the Netherlands (2 ex MV Hondius), 1 in Switzerland, 1 in France, 1 in Spain, 1 in Canada), including 2 who died.
  - **Two probable cases** (1 in Tristan da Cunha, and the index case who died onboard).

MV Hondius Itinerary	
01/04/24	Ushuaia, Argentina
04/04/26	Godthul, South Georgia
05/04/26	Grytviken, South Georgia
06/04/26	St. Andrews bay, South Georgia
07/04/26	Gold Harbour, South Georgia
07/04/26	Cooper Island and drygalski Fjord
13/04/26	Edinbourg of the Seven Seas, Tristan da Cunha
14/04/26	Inaccessible Island, Tristan da Cunha
15/04/26	Edinbourgh of the Seven Seas, Tristan da Cunha
16/04/26	Nightingale Island, Tristan da Cunha
17/04/26	Gough Island
24/04/26	St. Helena
27/04/26	Ascension Island



Source: Oceanwide Expeditions

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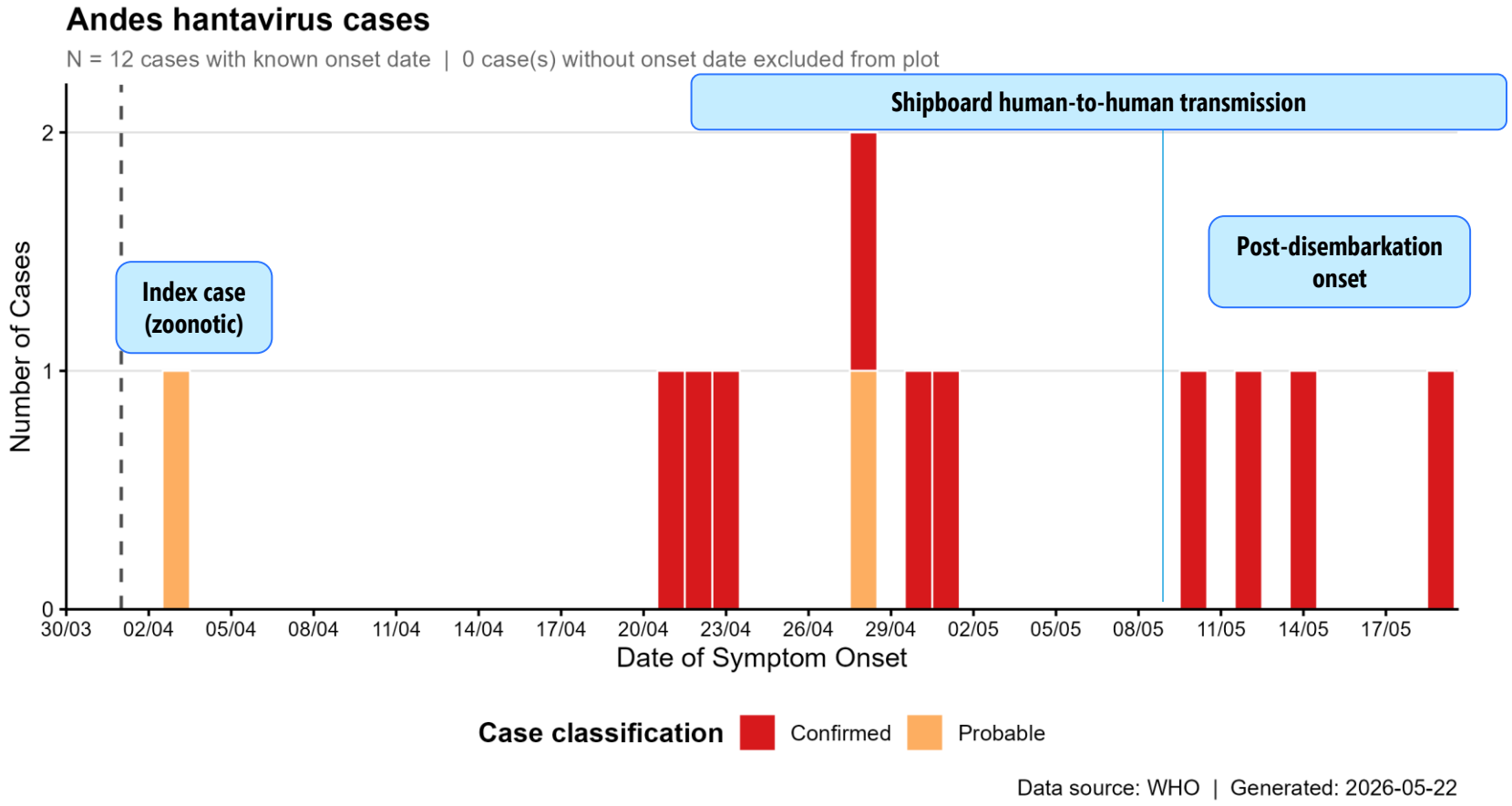
Epidemic Curve and Case Classification

as of 22 May 2026

Total of 12 cases

- 10 confirmed
- 2 probable

*3/12 deaths (25%)



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WHO Risk Assessment

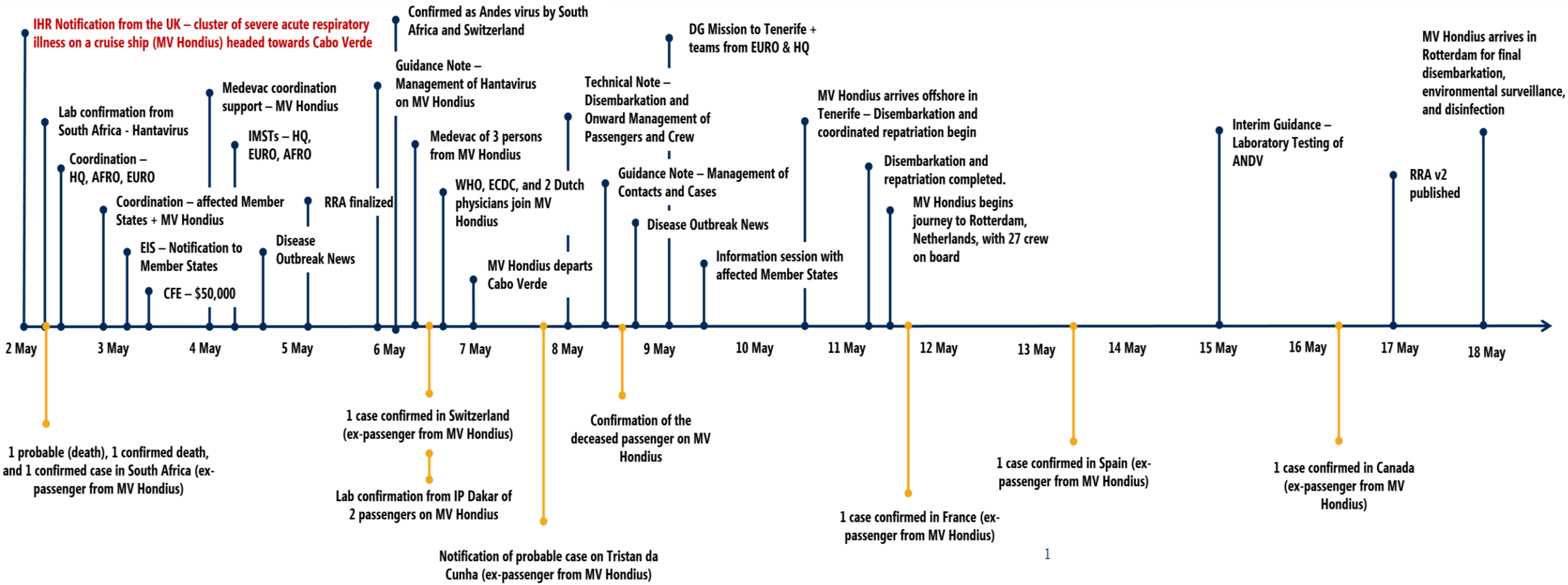
- Stringent public health measures implemented on board following case detection have likely substantially **reduced the risk of further transmission.**
- Four confirmed cases have had onset of symptoms after disembarkation in Tenerife, and given the long incubation period of the disease, it is possible that **additional cases may still occur among exposed individuals currently in their incubation phase.**
- Given previous experience of events even in close quarters (parties, the ship), transmission requires significant **exposure to symptomatic** individuals, and rarely continues for more than **2-3 generations**

WHO CONTINUES TO CONSIDER THE GLOBAL RISK TO BE LOW

Contact Follow-up

- **As of 21 May 2026, more than 600 contacts** have been identified and are under quarantine or health monitoring by local health authorities in at least **30 countries and territories**. These include:
  - **30 passengers who disembarked from the ship between 14 and 27 April, before the outbreak was detected.**
  - **146 passengers and crew from the ship** who disembarked in Cabo Verde, Tenerife, and Rotterdam.
  - **More than 100 passengers from two flights** who were in contact with one of the confirmed cases (case number 2).
  - **Additional contacts** of confirmed and probable cases, including health care workers, airport and port health officials, security personnel, cleaners, and other close contacts.
- **On 11 May 2026, WHO recommended that State Parties** communicate about the health status of high-risk and low-risk contacts being monitored at least once a week.
- **The process of mapping all contacts identified is still ongoing**, with information shared by Member States via IHR and support from WHO Regional Offices
- Enhanced surveillance is ongoing for early signal identification with verifications through the IHR mechanism.

Andes Hantavirus Outbreak – Response Timeline



World Health Organization

WHO Response Overview

- **Operating on a 'no regrets' basis** across the 3-levels of the Organization and **all regions** since 2 May 2026, with a **goal of total containment**
- Continued **engagement with National IHR Focal Points** – timely information sharing, coordination of response actions, and international contact tracing.
- **High-level discussions with Heads of State to facilitate the safe passage of the MV Hondius**
- **Coordination support for the medical evacuation** of passengers from the MV Hondius from 4 – 6 May.
- Supported **coordination across laboratories**, including logistics support for reference material and key reagents provided by Argentina to laboratories requiring diagnostic support.
- Supported the disembarkation of **passengers and crew** from the MV Hondius from 10 – 11 May**,** led by the **Spanish Government and coordinated with the governments of the** Netherlands, France, Canada, the UK, Ireland, Türkiye, and the USA, among others; and the **management of crew** led by the Netherlands in coordination with other relevant countries.
- Supported coordination with partners and Member States to **share information on epidemiology, laboratory, clinical management, infection prevention and control, and ship sanitation**.
    - Rapid and strong engagement from Member States, including Argentina and Chile, to share experiences across technical pillars.
- Coordination of **research** into the natural history of Andes hantavirus infection, disease, and therapeutics

WHO Response Overview (cont.)

- This outbreak represents a **quintessential 'border health event,'** and **IHR provisions have been rigorously applied** by State Parties and the WHO Secretariat.
- More than **12 specific IHR provisions** have been applied, which have never been simultaneously applied to this extent before.
    - Includes the use of multiple international legal instruments (e.g., Maritime Labour Convention (2006)).
- The strength of the response to this outbreak has been supported by the rapid exchange of information between Member States and with the WHO.

IHR Event-related Communications in the first two weeks of response

Date	Notification*	Request for verification	Request for information	Other**	Total
2 May 2026	2			8	10
3 May 2026	1		3	31	35
4 May 2026			1	18	19
5 May 2026		1	1	7	9
6 May 2026	1	2	8	21	32
7 May 2026		3	13	50	66
8 May 2026	5	4	8	85	102
9 May 2026	3	1	5	46	55
10 May 2026	1	4	4	92	101
11 May 2026	5	2	7	61	75
12 May 2026	4		9	58	71
13 May 2026	5		5	84	94
14 May 2026	1		1	43	45
15 May 2026		1	5	68	74
Total	**28**	**18**	**70**	**672**	**788**

*Notifications include the initial notification of confirmed/probable/suspected cases as well as updates and may be subject to change.
**Other category encompasses IHR actions such as consultation, public health response, provision of information, collaboration, assistance and financing, etc.
NB: This table is preliminary and may not currently reflect all IHR-related communications received or sent by WHO regional offices and may change as additional information is received

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Key WHO Recommendations

- **WHO recommends a precautionary approach with a focus on total containment to minimize the onward risk of transmission, guided by the following:**
  - Evidence of human-to-human transmission – generally requires prolonged, close exposure, but highly infectious individuals may infect others with less contact.
  - Uncertainty about the modes(s) of transmission and which is dominant if there are multiple routes of transmission.
  - If infection occurs, it can lead to severe disease.
- **Contact Identification and Management**
  - Due to the uncertainty around potential exposure while on board the MV Hondius, all passengers and crew members are considered high-risk contacts.
  - For all **high-risk contacts**, active monitoring within a designated **facility or home quarantine is recommended for 42 days** following the last known exposure.
    - Based on current evidence, the probability of safe release from quarantine is around **96% at the end of the recommended 42-day period.**