
PUBLIC HEALTH ADVISORY

2026 MULTI-COUNTRY HANTAVIRUS CLUSTER LINKED TO CRUISE SHIP MAY 2026

Situation Update

An outbreak of severe respiratory illnesses aboard the MV Hondius, a Dutch flagged cruise ship, was first reported to the WHO on May 2, 2026. As of May 8th, WHO has reported a total of eight cases including three deaths. The cases have been confirmed as infected with the Andes virus, a species of hantavirus with documented person-to-person transmission following prolonged close contact.

According to the California Department of Public Health (CDPH) three California residents were aboard the cruise ship and potentially exposed. An additional California resident was identified as being exposed on an international flight. The individual sat near an ill returning cruise passenger who later was confirmed to have Andes hantavirus.

The MV Hondius departed Argentina on April 1, 2026, and the first case became ill on April 6. The ship traveled to multiple destinations throughout the South Atlantic. According to the WHO, on May 2, 2026, there were 147 passengers and crew on board. Another 34 persons had previously left the ship. As of May 10, 2026, the vessel has docked at Tenerife, Spain and safe repatriation of US citizens is being coordinated by the US government, including the State Department, Administration for Strategic Preparedness and Response (ASPR), and CDC.

The risk to the public's health in the United States is considered extremely low at this time. As a precaution, CDC is working to increase awareness of the outbreak among travelers, public health agencies, laboratories, and healthcare professionals nationwide.

No Riverside County Residents have been identified as being a passenger on the cruise ship.

This is an evolving situation, and information is current as of May 11. New or changing information will be updated as it becomes available.

Background

Hantavirus pulmonary syndrome

Hantaviruses are a group of viruses that can cause severe illness and death. They are most commonly transmitted (spread) to humans through contact with infected rodents (e.g., urine, droppings, saliva). Rarely, infection can occur from rodent bites or scratches. From 1993 through 2023, a total of 890 laboratory-confirmed [cases of hantavirus were reported in the United States](#).

In the Americas, hantaviruses can cause hantavirus pulmonary syndrome (HPS), a severe and potentially deadly disease that affects the lungs. HPS can be life-threatening. Among patients who have severe respiratory symptoms, the case fatality rate has been estimated at approximately 38%.

Andes virus, confirmed as the cause of this hantavirus outbreak, is the only type of hantavirus that has been documented to spread from person-to-person. Although rare, spread between people has typically required close, prolonged contact with a symptomatic person. This could include direct physical contact, prolonged time spent in close or enclosed spaces, and exposure to the infected person's saliva, respiratory secretions, or other body fluids (e.g., kissing, sharing utensils, handling contaminated bedding).

Symptoms of HPS caused by Andes virus usually appear within 4-42 days after exposure. Early symptoms can include fever, fatigue, and muscle aches, especially in large muscle groups like the thighs, hips, back, or shoulders. Early symptoms such as fever, headache, muscle aches, nausea, and fatigue can be easily confused with influenza or other viral illnesses. About half of all HPS patients have experienced headaches, dizziness, chills, and gastrointestinal symptoms, including nausea, vomiting, diarrhea, and abdominal pain. Late symptoms of HPS appear approximately 4-10 days after the initial phase of illness and can include coughing, shortness of breath, and chest tightness. Individuals are generally only infectious while symptomatic.

Early diagnosis of HPS can be difficult, especially within the first 72 hours of symptoms, before the virus can be accurately detected in body secretions and excretions. Repeat diagnostic testing is often done 72 hours after symptom onset. Assays for detection of Hantavirus IgM and IgG antibodies are available at CDC, some state public health laboratories, and Quest Diagnostics.

No specific treatment is recommended for hantavirus infection; early supportive care is critical even before the diagnosis is confirmed. Patients with suspected HPS can deteriorate rapidly, and delayed care reduces the chance of survival. In severe cases, extra-corporeal membrane oxygenation (ECMO) can significantly improve survival (up to ~80%) if started early. Usually, the critical phase of disease is fairly short, and survivors can recover quickly.

Recommendations for Health Care Providers

- Be prepared to follow CDC's guidance under Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions listed under resources.
- In healthcare settings, for patients with suspected or confirmed Andes virus infection, CDC recommends patient placement in an airborne infection isolation room and the use of a gown, gloves, eye protection, and an N95 or higher-level respirator when entering the patient's room.
- Include HPS in the differential diagnosis for an ill person who has compatible symptoms AND who has reported epidemiological risk factors, including at least one of the following, within the 42 days before symptoms onset:
 - Had direct physical contact, or spent time in close or enclosed spaces, with a symptomatic person with confirmed or suspected Andes virus infection or with any objects contaminated by their body fluids.
 - Had exposure to an infected person's saliva, respiratory secretions, or other body fluids (e.g., kissing, sharing utensils, handling contaminated bedding).
 - Experienced a breach in infection prevention and control precautions that resulted in

potential contact with body fluids of a patient with suspected or confirmed Andes virus infection.

- Consider and perform diagnostic testing for more common illnesses as well, such as COVID-19, influenza, and other common causes of gastrointestinal and febrile illnesses in an acutely ill patient with epidemiological risk factors and compatible symptoms.

Testing for Hantavirus

- If there is a suspicious patient, pre-approval is required from Disease Control at 951-358-5107.
- Once patient testing is approved, collect all the following specimen types:
 - Whole blood (EDTA), 5 mL
 - Serum, 1 mL
 - Upper respiratory specimens, 1-3 mL in universal or viral transport medium. Swabs must have a Dacron or synthetic tip with aluminum or plastic shaft. A nasopharyngeal (NP) swab is the optimal upper respiratory tract specimen collection method. A throat swab (also known as an oropharyngeal (OP) swab) is also acceptable.
- These combined specimen types help ensure adequate molecular detection, support differential diagnosis, and facilitate coordinated testing with the CDC, when indicated.
- Store and transport specimens at 4°C to the Riverside County Public Health Laboratory (RCPHL).
- For additional testing guidance, please contact RCPHL at 951-358-5070.

Reporting Requirements

Suspect cases meeting the clinical criteria and epidemiological risk factors listed above should be reported to Disease Control by telephone at 951-358-5107 during business hours. After hours call the Public Health Duty Officer (951) 782-2974.

Clinician Resources

- [CDPH | Hantavirus Outbreak Among Passengers on Cruise Ship](#)
- [Clinical Overview of Hantavirus | CDC](#)
- [Hantavirus Disease Trainings for Healthcare Providers | CDC](#)
- [Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions | Infection Control | CDC](#)