



Australian  
Centre for  
Disease  
Control

# CDNA infection prevention and control guidance for passengers repatriated from a cruise ship affected by an Andes virus outbreak and quarantining in Australia

Version 1 – May 2026

## Revision history

---

Version	Publication date	Revised by	Comments
1	22 May 2026	Australian CDC & CDNA	Endorsed by the Communicable Diseases Network Australia on 12 May 2026 Endorsed by the Australian Health Protection Committee on 13 May 2026

---

# Contents

---

Introduction.....	4
Purpose of document.....	4
Definitions .....	4
Key reassurance message.....	4
General considerations.....	4
Psychosocial support.....	5
General IPC principles .....	6
Infection prevention and control in quarantine facilities .....	7
Infection prevention and control during home quarantine .....	7
Advice for passengers .....	7
Advice for household contacts .....	8
Advice for visitors.....	9
Advice for passengers exiting the residence.....	9
Advice for drivers or escorts if ambulance services are not used.....	9
Infection prevention and control during transportation of a symptomatic passenger .....	10
Infection prevention and control in healthcare settings.....	10
Appendix 1: CDNA and PHLN technical note – Diagnostic and asymptomatic testing for Andes virus infection in quarantine settings.....	14

# Introduction

---

## Purpose of document

To provide guidance on appropriate infection prevention and control (IPC) measures for passengers repatriated from a cruise ship affected by an Andes virus infection outbreak, including:

- general IPC advice, including environmental cleaning
- advice for passengers in the residence
- advice for transporting passengers
- advice for healthcare facilities.

This document also contains a technical note for testing diagnostic and asymptomatic specimens for Andes virus infection in Australian quarantine settings.

## Definitions

In this advice, 'passengers' refers to individuals who were aboard the *MV Hondius* cruise ship affected by the Andes virus outbreak, and 'residence' means a home or other residence, excluding quarantine facilities.

Andes virus is a type of hantavirus known to cause hantavirus pulmonary syndrome and can, rarely, be transmitted from person to person.

## Key reassurance message

- These measures are **precautionary**.
- The overall risk of indoor transmission remains **low** when IPC measures are applied.
- Early medical assessment significantly improves clinical outcomes.
- Psychosocial safety of passengers must be considered at all times.

## General considerations

Passengers will be followed up by local public health teams at least daily.

All passengers must quarantine and monitor for symptoms for 42 days (**6 weeks**) **post-exposure**, reflecting the likely maximum incubation period of hantavirus infections.

Family members can elect to quarantine together in the same room, recognising that if one family member becomes a case, the quarantine period will be extended for the rest of the family.

Passengers should immediately call their local public health team if they develop any symptoms, including:

- fever or chills
- fatigue
- muscle aches (particularly affecting the lower body)
- gastrointestinal symptoms (nausea, vomiting, diarrhoea, abdominal pain)
- respiratory symptoms (difficulty breathing).

In an emergency, call 000. Notify the operator of the passenger's status so that first responders can promptly put in place IPC precautions.

Passengers should be supported to monitor for relevant symptoms and always follow the advice from the local public health authority.

Passengers should be provided with:

- written information on symptoms to look out for
- emergency contact numbers
- instructions regarding healthcare seeking and testing.

## **Psychosocial support**

It is acknowledged that passengers have been under stress since the Andes virus outbreak commenced on the cruise ship. Passengers should be provided with information about local support services they can use if they are feeling distressed. National support services include Lifeline (13 11 14), Kids Helpline (1800 55 1800), and Beyond Blue (1300 224 636).

To protect and enhance their mental health and wellbeing, passengers should be encouraged and supported to:

- have regular telephone or online communications with loved ones
- spend time outdoors at least daily
- contact the local public health unit if they have any questions or concerns.

## General IPC principles<sup>1</sup>

- Apply standard precautions<sup>2</sup> at all times for all passengers.
- This includes frequent hand hygiene using soap and water or alcohol-based hand rub if hands are visibly clean.
- Escalate to transmission-based precautions<sup>3</sup> for any passenger who is symptomatic or a known high-risk close contact<sup>4</sup>.
- Minimise close, prolonged, face-to-face interactions where operationally possible.

<sup>1</sup> These principles align with the Australian Guidelines for the Prevention and Control of Infection in Healthcare.

<sup>2</sup> Standard precautions are the basic infection prevention steps used for all people, all the time, regardless of whether infection is known or suspected.

They assume that blood and some body fluids may carry infection, and include simple measures such as hand hygiene, using gloves or other protective equipment when needed, safe handling of sharps, and cleaning equipment and surfaces.

The aim is to protect patients, staff and others by reducing the risk of infections spreading in healthcare and community settings.

<sup>3</sup> Transmission-based precautions are extra infection control steps used when someone is known or suspected to have a contagious infection.

They are added on top of standard precautions and are chosen based on how the infection spreads (by contact, droplets, or through the air).

These precautions may include separate rooms, masks, gowns, gloves, eye protection, or limiting close contact, to stop infections spreading from one person to others.

<sup>4</sup> A person who has had close, prolonged, or intimate exposure to a symptomatic hantavirus (Andes virus) case, particularly involving direct physical contact or exposure to respiratory secretions or bodily fluids.

# Infection prevention and control in quarantine facilities

---

Repatriated passengers may be accommodated in a quarantine facility. A quarantine facility is designed to provide a more controlled environment for managing the risk of transmission, and will have facility-specific protocols in place for IPC. Facility IPC protocols should be followed by staff and passengers at all times.

Quarantine facilities should ensure that:

- Passengers stay in single, well-ventilated rooms with a dedicated bathroom
  - Note: family members may elect to quarantine in a family room
- Passengers wear a surgical mask when required to move through shared spaces
- Staff are provided with appropriate PPE (standard, contact and droplet precautions) when required to interact with passengers
- All equipment and surfaces are disinfected in line with local protocols
- Passengers are provided with advice on their quarantine period, IPC guidance (see below), and contact numbers for assistance if required.

Information about diagnostic and asymptomatic testing in quarantine settings is provided in the Appendix.

# Infection prevention and control during home quarantine

---

Repatriated passengers may be permitted to perform some of their quarantine requirements at their home or another suitable residence as per public health orders.

## Advice for passengers

Repatriated passengers quarantining at home should be provided with the following instructions for quarantining:

- **Remain at the residence** for the public health-directed monitoring period (total of 6 weeks), and engage with required active monitoring activities
- Maintain physical distance and avoid physical contact with others
- Stay in a single, well-ventilated room away from others (i.e., do not share a room) and use a dedicated bathroom, where possible. Perform regular hand hygiene, especially after coughing, toileting, and before eating

- Practice respiratory hygiene and cough etiquette (cough/sneeze into tissue or elbow)
- Do not prepare food for others
- Do not share items such as towels, bedding, cutlery, crockery, drinking vessels or electronic devices
- **Wear a surgical mask** when leaving the room, travelling through common areas or using shared spaces, and minimise the time spent in these areas
- Launder clothes and linen in hot water with normal laundry detergent, and dry as normal
- Clean surfaces using household detergent and disinfectant
- Ensure immediate disposal of waste in the bin e.g. face masks, used tissues, used cleaning products.

## Advice for household contacts

Household contacts include people living in the same residence as a person quarantining.

Household contacts should be provided with the following advice:

- Avoid close contact with passengers where possible
- Always maintain physical distancing and avoid sharing a room within the residence
- Perform frequent hand hygiene, especially after coughing, toileting and eating
- Wear a surgical mask and gloves when handling passengers' laundry (if required), wash using normal detergent, and attend to hand hygiene with soap and water when finished
- Clean surfaces in shared spaces using household detergent and disinfectant
- Ensure there is regular ventilation throughout the house, by opening windows when possible
- Monitor for symptoms (fever, myalgia, headache, gastrointestinal or respiratory symptoms) and contact the public health unit immediately if symptoms develop
- In an emergency, call 000. Notify the operator of the passenger's status so that first responders can promptly put in place IPC precautions.

If a passenger becomes a case, any household contact who shared accommodation with that passenger will be required to quarantine and monitor for symptoms for six weeks after their last contact with the passenger.

## Advice for visitors

While passengers are undertaking quarantine, visitors should be kept to a minimum.

Visitors should remain outdoors, or in an open well-ventilated area. Visitors should avoid physical contact with passengers and maintain physical distance where possible. Visitors should wash their hands or use alcohol-based hand rub after touching any surfaces and upon leaving.

## Advice for passengers exiting the residence

Repatriated passengers may spend time outdoors to support their physical and mental health and wellbeing. Any outdoor activity should be with approval from the relevant public health authority.

Passengers may also need to leave their residence to:

- Seek urgent medical care
  - Notify the local public health unit to arrange transport and notify the healthcare provider
  - In an emergency, call 000. Notify the operator of the persons' quarantine status so that first responders can promptly put in place IPC precautions
- Comply with a request by public health authorities (e.g. testing, assessment)

When spending time outdoors or exiting the residence, passengers should:

- Wear a surgical mask with exception of being outside and maintaining physical distance away from other people)
- Use private or government-arranged transport only
- Avoid entering enclosed public spaces
- Perform hand hygiene before departure and on return.

## Advice for drivers or escorts if ambulance services are not used

People who drive or accompany asymptomatic passengers should be advised to:

- Avoid physical contact with passengers.
- Place passengers in the back seat of the vehicle.
- Wear a **surgical mask** or, if close or prolonged contact is unavoidable, use a fit-checked **P2/N95 respirator** (where practical).
- Clean and disinfect **high-touch surfaces** in the vehicle after transport.

- Keep the vehicle air system open to the outside air with the fan on high.
- Keep windows open if feasible.

Note: Where possible, asymptomatic persons quarantining should drive themselves to avoid unnecessary exposure of others.

## **Infection prevention and control during transportation of a symptomatic passenger**

---

This advice applies to passengers who develop symptoms and require transport to a healthcare setting, within or between healthcare settings.

Symptomatic passengers and people transporting symptomatic passengers should wear a P2 or N95 respirator if tolerated (a surgical mask at minimum to facilitate source control).

They should attend hand hygiene regularly, at a minimum entering and exiting the vehicle.

## **Infection prevention and control in healthcare settings**

---

Available evidence indicates that the risk of healthcare-associated transmission of Hantavirus, including Andes virus, is very low when appropriate infection prevention and control measures are applied.

Infectious substances include respiratory secretions, blood and bodily fluids.

The IPC strategy should follow a risk-stratified approach that uses a robust assessment of patient, environment, and procedural risk factors to guide appropriate controls.

- In healthcare environments, standard precautions should be applied for all patients, including hand hygiene, PPE, environmental cleaning and safe handling of blood and body fluids.
- The patient should wear a surgical mask if tolerated for source control and be cared for in a single room with a dedicated bathroom.
- Ensure adequate indoor ventilation.
- Perform routine environmental cleaning and disinfection using regular disinfectants.
- Handle medical waste and used linen according to existing procedures.

Recommended national position:

- Standard + contact + droplet precautions for routine care
- Escalate to airborne precautions (fit checked P2 or N95) and consider negative pressure isolation room where:
  - Severe respiratory illness
  - Aerosol generating procedures
- Reinforce:
  - All staff wearing a fit tested P2 or N95 mask that is fit checked at point of use. Eye protection is required (goggles or face shield)
  - Environmental cleaning procedures.
  - Correct donning and doffing and adherence to hand hygiene.

**Table 1. Recommended IPC for different scenarios**

Scenario/Setting	Recommend	PPE Components	Rationale
<b>Routine care for all suspected or confirmed cases (including close clinical care within 2m of patients)</b>	Standard + contact + droplet precautions Single room with dedicated bathroom	Fluid-resistant surgical mask Eye protection (goggles or face shield) Disposable gloves Long-sleeved gown	Person-to-person transmission is uncommonly reported with Andes virus infection and requires close, prolonged contact. Transmission risk in healthcare settings is low with standard and droplet precautions.
<b>High-risk procedures (e.g., aerosol-generating procedures such as intubation and ventilation support), significant respiratory symptoms and collecting respiratory or oral specimens for testing</b>	In addition to above precautions, airborne Precautions Negative pressure isolation room	Fit-checked P2 or N95 respirator Eye protection (goggles or face shield) Disposable gloves Long-sleeved gown	To prevent inhalation of infectious aerosols generated during procedures or from coughing
<b>Caring for severely unwell patients with pulmonary oedema</b>	In addition to above precautions Negative pressure isolation room	Fit-checked P2 or N95 respirator Full face shield and Double gloves (if heavy contamination risk) Impermeable long-sleeved gown	Hantavirus pulmonary syndrome involves massive capillary leak and high fluid exposure risk

Scenario/Setting	Recommend	PPE Components	Rationale
<b>Patient Transport and Ambulance Settings – Transferring patients within or between facilities, or during ambulance transport</b>	Standard and transmission precautions (contact + droplet or airborne precautions as indicated by patient’s infection risk).	Surgical mask (if droplet precautions) OR Fit-checked P2 or N95 respirator (if airborne precautions) Eye protection (goggles or face shield) Disposable gloves Long-sleeved gown Patient to wear surgical mask if asymptomatic. P2 or N95 respirator if symptomatic and can be tolerated	To prevent exposure of transport staff and contamination of vehicles
<b>Non-clinical health settings</b>	Standard precautions	Standard PPE as indicated by risk assessment	To minimise risk of incidental exposure in low-risk, non-clinical environments
<b>When cleaning and disinfecting patient care areas or handling contaminated materials</b>	Standard + contact precautions	Fluid-resistant surgical mask Eye protection (goggles or face shield) Disposable gloves Long-sleeved gown	To protect staff from exposure to infectious materials in the environment

For more information on infection prevention and control in healthcare settings, please refer to [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#).

# Appendix 1: CDNA and PHLN technical note – Diagnostic and asymptomatic testing for Andes virus infection in quarantine settings

---

## Purpose

To guide diagnostic testing for persons in quarantine following exposure to Andes virus (ANDV), including:

- Testing of symptomatic persons
- Targeted testing of asymptomatic contacts
- Integration with public health management.

## Key principles

- Prioritise specimen collection from **symptomatic persons**
- Use **targeted approaches** for asymptomatic contacts
- Interpret results in the context of **exposure timing and clinical features**
- Link testing to **immediate public health action** (isolation, escalation)
- Maintain **active symptom monitoring for up to 42 days post-exposure**

## Laboratory testing case definitions

### Confirmed case

ANDV RNA detected by nucleic acid amplification test (NAAT) or antibody reactivity in serology.

- The presence of hantavirus-specific IgM antibodies or a 4-fold or greater increase in IgG antibody titres or hantavirus-specific IgG seroconversion.
- ANDV RNA detected by reverse transcriptase polymerase chain reaction RT-PCR.
- Detection of ANDV by whole genomic sequencing (WGS)\*.

\*Sequencing must demonstrate high confidence viral assignment with multiple non-overlapping reads or be confirmed by NAAT.

## Non-case

Negative serology, NAAT and WGS, with continued monitoring if within incubation period

## Diagnostic testing for symptomatic persons

### Indications

Any quarantined person with compatible symptoms, including:

- Fever, myalgia, headache
- Gastrointestinal symptoms (nausea, vomiting, diarrhoea or abdominal pain)
- Respiratory symptoms (including dyspnoea).

### Recommended testing

#### Primary test

- NAAT (RT-PCR) with targets specific for ANDV (*preferred test for acute infection*)

#### Adjunct test

- Serology
  - IgM (hantavirus-specific) antibodies (current/recent infection)
  - IgG (hantavirus-specific) ( $\geq 4$ -fold increase in seroconversion or rising antibody titres, recent infection)
- WGS to detect ANDV and/or perform viral characterisation.

### Interpretation

- Positive NAAT → confirms current infection
- Positive IgM or seroconversion → suggests current/recent infection
- Negative early test → does not exclude infection if sample taken too early in the course of illness during the incubation period
  - Repeat testing if clinical suspicion remains.

## Reporting

Notification to public health authorities on any result from a symptomatic patient that who has been tested in a quarantine setting is required.

## Operational public health actions outside of the laboratory

If a positive result is returned:

- Immediate isolation
- Clinical assessment and escalation to the treating clinician or hospital if indicated
- Notify the public health authority.

## Screening tests for asymptomatic persons

### Indications

- **Close (high-risk) contacts only**
- In general, routine testing of all asymptomatic contacts is **not recommended**, however baseline and subsequent testing may be offered following appropriate consent processes.
  - There is evidence of detectable viraemia before symptom onset, but no evidence that it will always precede symptomatic disease, that it indicates infectiousness in an asymptomatic individual, or that current NAA testing is validated for use in asymptomatic individuals.

WHO and international outbreak guidance support **monitoring with testing triggered by symptoms** rather than routine screening.

### Approach

- Baseline testing may be considered in defined high-risk cohorts or collected for parallel testing with convalescent serum
- No routine serial testing unless indicated
- Immediate serology and NAAT testing if symptoms develop.

## Interpretation

- A negative NAA test either means they are not infected, or they are infected, but the viral load has not yet reached detectable levels at the limit of detection for the test at the time the sample was collected, or the viraemia is no longer ongoing.
- A single negative test does not exclude infection and should not be interpreted as evidence to reduce quarantine or symptom monitoring – continue quarantine and symptom monitoring for the full incubation period (up to 42 days from last exposure).

## Reporting

- Notification to public health authorities of any result from an asymptomatic patient tested in a quarantine setting is required.

## Operational public health actions outside of the laboratory

- Continue monitoring
- Continue to provide clinical assessment where required.

## Laboratory methods used to detect ANDV

### Nucleic acid amplification tests (NAAT)

- Detect viral RNA in blood/serum specimens
- Most sensitive early in illness (viraemic phase)
- Typically detect RNA in human samples 3 to 10 days after symptom onset and only in the acute phase during the viraemia. It may theoretically be possible to detect infection immediately before notable symptoms.

### Serology

- Detects host immune response (IgM, IgG)
- Historically the mainstay of hantavirus diagnosis due to late presentation of patients
- Most useful from the first week of illness onwards
- Indicates exposure; does not confirm infectivity

## Whole genome sequencing (WGS)

- Confirms virus (ANDV)
- Supports outbreak investigation
- Assists to define transmission pathways, including person-to-person spread
- Used on PCR-positive or viral culture specimens.

## Specimen collection

Request forms should clearly indicate the reason for investigation, for example country of exposure or cruise ship exposure.

## Recommended specimens

### For NAAT (preferred) and WGS

- Whole blood or
- Serum

### For serology

- Serum

### Additional specimens (where available)

- Respiratory samples (sputum or bronchial alveolar lavage) or lung tissue may contain viral RNA
- Alternative specimens may be tested in consultation with the testing laboratory, for example faeces or urine

## Timing

- NAAT: early illness (highest yield of circulating virus, if present)
- Serology: from early symptomatic phase onwards
  - Acute and convalescent samples ( $\geq 10$ –14 days apart)

## Biosafety

- Use appropriate infection prevention and control measures when collecting and transporting specimens
- Notify laboratories personnel in advance

- Laboratory testing at an appropriate physical containment level in accordance with relevant standards and local risk assessment

## Integration with quarantine management

### Asymptomatic contacts

- Active monitoring for 42 days
- Daily symptom checks (passengers should be provided with a thermometer and daily symptoms checklist)
- In general, no routine testing unless symptoms develop, although baseline testing may be considered

### Symptomatic persons

- Immediate isolation, pending public health authority advice.
- Urgent testing (NAAT ± serology)
- Clinical escalation as required

### Public health actions linked to testing

- Case confirmation and classification
- Contact tracing and risk reassessment
- Guidance on management of contacts
- Escalation to sequencing for outbreak investigation

## Key messages

- NAAT (RT-PCR) is the **primary diagnostic test** for acute ANDV infection
- Serology is **essential for confirmation and/or retrospective diagnosis**
- Testing of asymptomatic persons should be **targeted and risk-based**
- Negative tests early in illness or incubation **do not exclude infection**
- **Symptom monitoring remains critical** in quarantine management.

## References

World Health Organization (2026). [Hantavirus cluster linked to cruise ship travel](#)

United Kingdom Health Security Agency (2026). [UKHSA update on the hantavirus cruise ship outbreak](#)