



Australian
Centre for
Disease
Control

CDNA guidance for public health units – Management of people who have had exposure to hantavirus (Andes virus type)

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 08 May 2026 Endorsed by the Australian Health Protection Committee on 09 May 2026

Guidance for the management of people who have had exposure to hantavirus (Andes virus type)

Purpose

There has been a recent outbreak of Andes virus on a cruise ship in the Atlantic Ocean. The purpose of this guidance is to provide Australian state and territory public health units responding to communicable diseases with information about the management of people who have had exposure to hantavirus, with a focus on Andes virus due to its potential for human-to-human transmission. Public health units are defined as any unit or team which is responsible for conducting public health responses to communicable diseases.

Background

Hantaviruses are a group of viruses carried by rodents. They are mainly spread to humans via aerosol transmission from, or direct contact with, urine, faeces, and saliva of infected rodents. These viruses can cause a spectrum of serious illnesses in humans, including haemorrhagic fever with renal syndrome, and hantavirus pulmonary syndrome.

The hantavirus Andes virus, found in the Americas, can also be transmitted human-to-human via close, prolonged contact. Andes virus can cause hantavirus pulmonary syndrome, which requires respiratory intensive care management. Treatment of Andes virus infection is supportive – there is no specific antiviral treatment available for hantaviruses.

The incubation period of Andes virus is thought to be approximately two weeks, with a range of between one to six weeks. Symptoms include:

- Fatigue
- Fever
- Muscle aches (particularly affecting the lower body)
- Gastrointestinal symptoms (nausea, vomiting, diarrhoea, abdominal pain)
- Respiratory distress (difficulty breathing)
- Respiratory failure and shock
- Headaches
- Dizziness
- Chills

The case fatality rate for hantavirus pulmonary syndrome can be as high as 35–50% depending on the availability of supportive care.

People with Andes virus infection may be infectious from the onset of symptoms until recovery, with the highest level of infectiousness during the prodromal phase.

Contact classification

In the current situation with potential exposure to Andes virus occurring on a cruise ship, it is likely to be challenging to ascertain the level of exposure of contacts to cases throughout the infectious period. While person-to-person transmission of Andes virus infection is less common, without the ability to perform a comprehensive risk assessment a conservative approach should still be taken to identifying and managing contacts in this instance.

In the Australian context, contacts should be defined as:

- Any person travelling on the affected vessel during which time people with Andes virus infection were symptomatic (i.e. infectious)

To note, those at higher risk of transmission include those with direct physical contact (including healthcare workers who were not wearing appropriate PPE), and anyone who spent more than 15 minutes cumulatively within 2 metres of a case while they were infectious.

Contact management

Note: Current evidence does not support routine laboratory testing of asymptomatic contacts. There is also no requirement to identify and monitor contacts of contacts, unless a person identified as a contact develops symptoms.

Active monitoring

Public health units should conduct active monitoring of contacts for 42 days after their last exposure. In the current situation, day zero is the day on which the person disembarked from the affected vessel.

Active monitoring should include screening questions for early symptoms including fever, myalgia, headache, and respiratory and gastrointestinal symptoms. People undergoing active monitoring should be provided with contact details for the public health unit conducting active monitoring, so they can notify the team if they develop symptoms outside of regular check-ins.

Quarantine

Contacts should quarantine for 42 days (6 weeks) after their last exposure. In the current situation, day zero is the day on which the person disembarked from the affected vessel.

Minimum requirements for quarantine

Quarantine accommodation should allow for contacts to have:

- their own bedroom
- their own bathroom
- enough space to be socially distanced from others in the household, and in a separate room for most of the time

Contacts should minimise transit time spent in common areas outside of the immediate household, e.g. apartment building elevators and foyers and wear a surgical mask while transiting these areas. They should also avoid public areas, except for outdoor areas where they should maintain physical distance from other people.

If contacts cannot effectively quarantine at their usual place of residence, alternative arrangements may be made by the public health unit.

Testing

If a contact develops symptoms, they should contact the public health unit to assist in organising testing and medical assessment. Medical and laboratory staff should be made aware in advance that the person is a contact of a case of Andes virus infection, so that appropriate infection prevention and control measures can be implemented.

Support

Exposure to Andes virus can be distressing for people – public health units are encouraged to provide information about local support services. National support services include Lifeline (13 11 14), Kids Helpline (1800 55 1800), and Beyond Blue (1300 224 636).