Position Statement

May 2026

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Hantavirus

This Position Statement is based on a rapid risk assessment carried out by Dr Ines Ushiro-Lumb, Chair of the Standing Advisory Committee on Transfusion Transmitted Infection (SACTTI) on 11 May 2026. SACTTI will apply the existing assessment tool to see if a full risk assessment should be completed for hantavirus, and if so, it will be incorporated into the committee's annual activity.

Background

The UK Health Security Agency (UKHSA) is responding to an outbreak of hantavirus on the cruise ship MV Hondius, which has been classified as an 'enhanced incident'. UK government and international partners are working to assess and manage the situation. The World Health Organization (WHO) considers the risk to the global population to be low and will continue to monitor the epidemiological risk. Similarly, UKHSA and the European Centre for Disease Prevention and Control (ECDC) have assessed the risk to the general population and considered this to be very low.

The causative agent

The *Orthohantavirus andesense* (Andes virus; ANDV) is a ssRNA, pleomorphic, enveloped virus of the family *Hantaviridae*. Hantaviruses are zoonoses, as they are maintained in animals, primarily rodents, but also shrews, moles, and bats, where they usually cause persistent asymptomatic infection. The genus *Orthohantavirus* is the only one within the family with known human pathogenicity, with more than 38 species described.

Hantaviruses have been described epidemiologically (but not taxonomically) as 'Old World' and 'New World' categories, primarily due to geographic distribution, co-evolution with specific rodent hosts, and the different illnesses they cause. The key strains amongst the New World hantaviruses are the Sin Nombre virus (North America) and Andes virus (South America), which are associated with hantavirus cardiopulmonary syndrome (HCPS); there are more than 30 new hantavirus strains and genetic lineages throughout the Americas. The Eurasian strains are known to cause haemorrhagic fever with renal syndrome (HFRS), which primarily affects the kidneys and blood vessels.

Timing and duration of viraemia

Viraemia occurs early in symptomatic infection, typically during the late incubation period or early febrile (prodromal) phase. Hence, viral RNA can be detected in blood before or just as clinical symptoms begin. Viraemia is transient; it declines rapidly as neutralising antibodies appear and is usually undetectable by convalescence.

Epidemiology in South America

Since HCPS was first recognised as a hantaviral disease in the Four Corners (US) area in May 1993, clinical cases have also been confirmed in Argentina, Bolivia, Brazil, Canada, Chile, Panama, Paraguay and Uruguay and at least 15 hantaviruses have been associated with HCPS. In Argentina, cases of ANDV HCPS mostly occur across 4 endemic regions: North (Salta, Jujuy), Centro (Buenos Aires, Santa Fe, and Entre Ríos), Northeast (Misiones) and Patagonia (Neuquén, Río Negro, and Chubut). Within Chile, ANDV infections occur mainly in southern Chile and ANDV infection is endemic in the Región de Los Lagos. Other hantaviruses found in the US, Paraguay and Bolivia can cause HCPS, but ANDV is the only one strain described to have transmitted from human-to-human.

Cases peak in spring and summer, when the number of infected rodents tends to be high and people engage in more outdoor activities, particularly in rural and semi-rural areas.

There has been an increase in number of reported cases (229 aggregated numbers from 8 countries in 2025), and the Pan American Health Organization (PAHO) paper Epidemiological Alert: Hantavirus Pulmonary Syndrome in the Americas Region summarises the situation in the Americas in 2025.

How is it spread?

Human hantavirus infection is primarily acquired by breathing in air contaminated with urine, faeces or saliva of infected rodents or, for example, by touching contaminated surfaces and then touching the individual's own eyes or mouth. Humans are usually infected from aerosolised rodent excreta when working with hay and crops during harvesting, cutting wood inside dusty woodsheds, and cleaning cellars, barns, sheds or summer cottages in the autumn, especially when these spaces are poorly ventilated.

Although uncommon, limited human-to-human transmission of HCPS due to Andes virus has been reported in community settings but this requires very close and prolonged contact. Secondary infections among healthcare workers have been previously documented in healthcare facilities, though remain rare. Secondary transmission appears most likely during the early phase of illness, when the virus is more transmissible; limited evidence is available due to the scarcity of hantavirus outbreaks related to human-to-human transmission. Transmission can usually be contained through early detection, isolation of cases, clinical management, and contact tracing.

What is the risk of transmission from individuals who were linked to the outbreak and have already returned home?

Even if transmission of Andes virus were to occur from passengers leaving the MV Hondius, the virus does not spread easily between people. It is therefore unlikely that the infection will spread more widely, particularly if authorities act to prevent and control the outbreak. The rodent that carries Andes virus is native to the Americas and not found in Europe, so it is unlikely the virus would spread to local rodents.

How long does it take for symptoms to appear?

The incubation period is around 2 to 4 weeks but longer periods of up to 40 days have been described.

What is the typical clinical course?

The exact ratio of asymptomatic to symptomatic cases is not clear, but some seroepidemiological studies indicate that asymptomatic or subclinical cases do occur. Non-specific febrile illness with or without gastrointestinal symptoms and with no upper respiratory tract symptoms can progress rapidly to severe respiratory illness, including acute respiratory distress syndrome (ARDS). Symptoms of HCPS usually occur around 1 to 6 weeks after initial exposure to the virus, but this can vary.

Implications for substances of human origin (SoHO) donation in the UK

No reports have been found describing transmission of hantaviruses via blood components, haematopoietic stem cells, tissue or solid organ grafts. There remains a theoretical risk of transmission.

Regarding the current outbreak, there is no indication that immediate, additional, specific donor selection criteria or safety measures are required at the present time:

1. The risk posed by hantaviruses is known. So far, no changes in the epidemiology of this zoonosis, host response or viral transmissibility and/or pathogenicity have been revealed.

2. Measures have been put in place nationally (and internationally), rendering the possibility of SoHO donation from individuals who may have been linked to this outbreak virtually negligible. Cases on the cruise ship, and their contacts, are under enhanced public health surveillance and should not present to donate. In the setting of deceased donation, the normal detail obtained in relation to travel would identify such cases and lead to deferral.

3. Any known contact with (or without) symptoms of an infectious illness should be captured as the donor questionnaire includes specific questions in that regard.

4. Current deferral criteria for individuals returning from Argentina (where the index case might have become infected, to be confirmed; also the Latin American country with highest number of reported cases according to PAHO) is as follows: Arboviral risk (Dengue, Chikungunya, Zika viruses) for the whole country, requiring 28 days deferral from the date of leaving the endemic country.

5. Current criteria in the Whole Blood and Components Donor Selection Guidelines (WB-DSG) also require that:

    a. A blood donor who is under investigation or monitoring for a potential infectious disease should be deferred. This includes any deferral period recommended by Public Health.

    b. A blood donor who has been in contact with an infectious disease that is not otherwise listed in the guidelines should be deferred for the duration of the incubation period for that disease.

6. The same approach to donor selection given above is taken in the various tissues and cells DSGs.

7. WHO-led multi-country, ongoing incident investigation:

    a. Molecular information obtained so far indicates the strain causing the outbreak is similar to the known circulating strains in South America. There is no suggestion at this point that the outbreak strain is different in terms of infectiousness and pathogenicity.

    b. The environment on the MV Hondius will have facilitated the person-to-person transmission chain. The circumstances that led to the infection of the index case(s) and subsequent transmission on board the cruise ship are being investigated.

8. SACTTI will apply the existing assessment tool to see if a full risk assessment should be completed for Hantavirus, and if so, it will be incorporated into the committee's annual activity.

Summary table: impact on SoHO donation in light of the current Andes virus outbreak

Clinical epidemiological status	SoHO donation
Proven cases*	Contraindication for donation of all SoHO
Possible cases*	Contraindication for donation of all SoHO
Contacts of cases or suspected cases* who are under surveillance	Contraindication for donation of all SoHO until complete clearance from Public Health authorities
Cases falling out with the above, with no epidemiological risk to the current outbreak	Manage according to current existing selection, deferral and testing guidelines for specific SoHO

* Case definition applied to the current outbreak: check up-to-date definition as it is subject to review https://intranet.ukhsa.gov.uk/sites/incident-response-and-surveillance/document/74107/Briefing-note-2026-011-MV-Hondius-Andes-Hantavirus-outbreak and ECDC: Andes hantavirus outbreak in cruise ship, 11 May 2026

Sources used for this rapid assessment

Hantavirus cluster linked to cruise ship travel, Multi-country

UKHSA update on the hantavirus cruise ship outbreak - GOV.UK

About Hantavirus | Hantavirus | CDC

About Andes Virus | Hantavirus | CDC

Questions and answers on the hantavirus outbreak in a cruise ship (ECDC)

Andes Virus Outbreak on a Cruise Ship: Frequently Asked Questions | Hantavirus | CDC

Epidemiological Alert: Hantavirus Pulmonary Syndrome in the Americas Region

Avšič-Županc T, Saksida A, Korva M. Hantavirus infections. Clinical Microbiology and Infection, 2015; 21, e6-e16. https://doi.org/10.1111/1469-0691.12291

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