Statement from the International Hantavirus Society and members of the international hantavirus research and clinical community regarding the current Andes virus outbreak investigation

The recent confirmation of Andes virus (ANDV) in cases associated with the ongoing cruise ship outbreak in the South Atlantic has generated significant international media attention and public discussion.

Given the important epidemiological differences between ANDV and many hantaviruses more commonly encountered in Europe, Asia and North America, we believe several scientific clarifications may be helpful.

Andes virus differs from other hantaviruses

Numerous hantaviruses cause hemorrhagic fever with renal syndrome (HFRS) in Europe and Asia, whereas other hantaviruses cause hantavirus pulmonary syndrome (HPS) in the Americas. ANDV, which is found in Argentina and Chile, is unique among hantaviruses because multiple investigations have documented person-to-person transmission, usually in close-contact settings. However, there is currently no evidence for efficient community transmission of ANDV like that observed with highly transmissible respiratory viruses.

ANDV is associated with high case fatality rates, frequently reported in the range of approximately 20–40%. These estimates remain strongly context-dependent and may vary according to outbreak setting, surveillance intensity and clinical management. Over the past decades, multiple outbreak investigations, household clusters, nosocomial events and genomic analyses have provided convincing evidence that ANDV can be transmitted between individuals under specific close-contact conditions. These may include household exposure, intimate contact, caregiving without suitable personal protective equipment, and prolonged exposure in poorly ventilated or crowded settings.

Taken together, the available epidemiological and virological evidence strongly supports the conclusion that human-to-human transmission of ANDV should no longer be regarded as merely hypothetical or unproven. WHO and national public health authorities have implemented isolation and contact tracing measures consistent with a precautionary outbreak-management approach while the extent and routes of transmission continue to be investigated.

Rare disease incidence does not imply absent transmission potential

The overall number of annual Andes virus infections remains relatively low. According to recent national surveillance reports, Argentina reported 86 confirmed HPS cases in 2025, including 28 deaths, while Chile reported 35 confirmed cases, including 7 deaths.

These relatively limited case numbers largely reflect the fact that spillover transmission from infected natural rodent reservoirs to humans remains uncommon.

They should not be interpreted as indicating absent or negligible transmission potential once human infection has occurred.

Current evidence does not suggest a highly transmissible pandemic scenario

ANDV transmission dynamics differ fundamentally from highly transmissible respiratory viruses such as measles virus, influenza A viruses or SARS-CoV-2. Current evidence does not suggest efficient sustained transmission through casual community contact.

However, outbreak investigations in Argentina and Chile show that ANDV transmission can occur during close and/or prolonged interpersonal contact.

Two notable ANDV outbreaks in Argentina involved clusters of HPS cases linked to person-to-person transmission. The first suggestion of person-to-person transmission of any known hantavirus occurred during the 1996 El Bolsón/Esquel outbreak. In the 2018–2019 Epuyén outbreak, 34 confirmed cases were linked to one index case, with transmission apparently amplified by symptomatic individuals attending crowded social events, followed by subsequent close-contact transmissions. Epidemiological analysis estimated an initial median reproductive number of approximately 2.1 before control measures were implemented, decreasing after isolation, quarantine and active contact tracing.

For identified contacts or exposed groups, public health mitigation measures should focus on risk assessment, active monitoring, timely testing, appropriate isolation of suspected or confirmed cases, and prompt clinical care. In closed or high-risk settings, temporary measures to reduce close interpersonal contact or crowded gatherings may be appropriate as part of a proportionate risk-based response.

Current evidence does not support describing Andes virus as '*barely transmissible*'

Some public discussions have characterized ANDV as having only minimal or negligible human-to-human transmission potential. The available scientific literature does not support such simplified conclusions.

ANDV RNA has been detected in several clinical sample types, and infectious virus has been recovered from patient-derived materials. These findings support biological plausibility for close-contact transmission, whereas by themselves they do not establish the relative contribution of each route.

The precise timing of infectiousness remains incompletely defined. Symptomatic patients are likely to represent the highest-risk group, but available outbreak reconstructions do not support overly categorical statements that transmission can occur only after overt symptom onset. Transmission potential during prodromal early symptomatic or minimally symptomatic phases, should be considered when designing contact tracing, testing and quarantine strategies.

This is particularly relevant in closed settings such as a cruise vessel, where ANDV-exposed individuals may still be within the incubation period. A negative PCR result early after exposure should therefore not be interpreted as excluding later infection. Testing strategies should account for incubation time, symptom onset, serial sampling where appropriate, and the need for continued clinical monitoring of close contacts. IgM or IgG testing of close contacts can provide additional information on PCR-negative individuals to identify such cases.

Further genomic characterization, epidemiological reconstruction and contact tracing will be essential to clarify the transmission dynamics involved in the current outbreak linked to the cruise ship "MV Hondius".

Suggested references

Wells RM et al. *An unusual hantavirus outbreak in southern Argentina: person-to-person transmission*? Emerg Infect Dis. 1997. doi: 10.3201/eid0302.970210.

Padula et al. *Transmission study of Andes hantavirus infection in wild sigmodontine rodents*. JVI. 2004. doi: 10.1128/JVI.78.21.11972-11979.2004.

Martínez et al. *Person-to-person transmission of Andes virus*. Emerg Infect Dis. 2005. DOI: 10.3201/eid1112.050501.

Ferrés M et al. 2007 *Prospective evaluation of household contacts of persons with hantavirus cardiopulmonary syndrome in Chile*. J Infect Dis. 2007. doi: 10.1086/516786.

Godoy et al. *Andes virus antigens are shed in urine of patients with acute hantavirus cardiopulmonary syndrome*. JVI 2009. doi: 10.1128/JVI.02409-08.

Martinez-Valdebenito et al. *Person-to-person household and nosocomial transmission of Andes hantavirus, southern Chile*. Emerg Infect Dis 2011. doi: 10.3201/eid2010.140353.

Alonso et al., *Person-to-Person Transmission of Andes Virus in Hantavirus Pulmonary Syndrome, Argentina, 2014*. Emerg Infect Dis. 2020 doi: 10.3201/eid2604.190799.

Martínez et al. *"Super spreaders" and person-to-person transmission of Andes virus in Argentina*. N Engl J Med. 2020. doi: 10.1056/NEJMoa200904.

Ferres et al. *Mother-to-child transmission of Andes virus through breast milk, Chile*. Emerg Infect Dis 2020. doi: 10.3201/eid2608.200204.

Pizarro et al. *Immunocytochemical and ultrastructural evidence supporting that Andes hantavirus (ANDV) is transmitted person-to-person through the respiratory and/or salivary pathways*. Front Microbiol 2020. doi: 10.3389/fmicb.2019.02992.

Ferres et al. *Viral shedding and viraemia of Andes virus during acute hantavirus infection: a prospective study*. Lancet Inf Dis 2024. doi: 10.1016/S1473-3099(24)00142-7.

Declaration of the Ministry of Health of Chile on May 7, 2026. https://x.com/i/status/2052385851460468770.

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Version history

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- Initial public release

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- Minor textual clarifications and grammatical corrections.
- Additional signatories added.

Version 3 — 10 May 2026

- Additional signatories added.

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- Additional signatories added.