

Multi-country Hantavirus Cluster Linked to Cruise Ship Update

Media Disclaimer: *The Pennsylvania Health Alert Network (PA-HAN) provides timely information on emerging public health issues to state and local public health agencies, hospitals, emergency management officials, and other health care providers. These messages are intended to inform and support clinical work and should not be treated as news releases. If members of the media have questions about a PA-HAN, contact the DOH Office of Communications at ra-dhpressoffice@pa.gov.*

DATE:	5/29/2026
TO:	Health Alert Network
FROM:	Debra L. Bogen, MD, FAAP, Secretary of Health
SUBJECT:	Multi-country Hantavirus Cluster Linked to Cruise Ship Update
DISTRIBUTION:	Statewide
LOCATION:	Statewide
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

This transmission is a “Health Update”: provides updated information regarding an incident or situation, unlikely to require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; **EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE; **LOCAL HEALTH JURISDICTIONS:** PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL AND NURSING STAFF IN YOUR FACILITY.

Situation Summary

- On May 2, 2026, the World Health Organization (WHO) was notified of a cluster of severe acute respiratory illness (SARI) among passengers and crew of a cruise ship in the Atlantic Ocean. On May 6, 2026, WHO confirmed that the type of hantavirus responsible for this outbreak is the Andes virus. As of May 26, 2026, WHO has reported 13 cases, including 3 deaths.
- **The Pennsylvania Department of Health (DOH) has not been notified of any Pennsylvania residents that were on board the cruise ship linked to the Hantavirus outbreak.**
- Other non-Andes hantaviruses are rare in Pennsylvania.
- Clinicians should consider infection with hantaviruses in patients who have symptoms and laboratory results that are compatible with hantavirus infection AND have a history of known or suspected exposure to rodents or rodent excreta (e.g., urine, droppings, or nesting materials).
- Providers must **immediately report suspected hantavirus** cases to local public health authorities or to DOH at 877-PA-HEALTH (877-724-3258).

Background

On May 2, 2026, WHO was notified of a cluster of SARI among passengers and crew aboard the M/V Hondius cruise ship in the Atlantic Ocean. On May 6, 2026, WHO confirmed that the cluster was caused by Andes virus, a hantavirus endemic in areas of South America that can cause hantavirus pulmonary syndrome (HPS). Andes virus is the only hantavirus known to spread from person to person. This type of transmission is rare for hantaviruses and is generally associated with prolonged [close contact](#). As of May 26, WHO has reported 13 cases, including 3 deaths.

Hantaviruses cause two syndromes. Hantaviruses found in the Western Hemisphere are often referred to as New World hantaviruses and can cause HPS. Several New World hantaviruses that do not spread person to person [are endemic in the United States](#). These include Sin Nombre virus, the virus mostly commonly associated with U.S. HPS cases. In addition to HPS, hantaviruses can cause other clinically significant illness. [Hemorrhagic fever with renal syndrome](#) (HFRS) is a group of clinically similar illnesses that affect the kidneys. HFRS is caused by another group of hantaviruses, often referred to as Old World hantaviruses, that are found mostly in Europe and Asia. However, Seoul virus, a type of hantavirus that causes HFRS, is found worldwide, including in the United States. Non-HPS hantavirus infection can also occur, in which patients experience non-specific viral symptoms without cardio-pulmonary symptoms.

Hantavirus infections can occur year-round but are reported more frequently during the [spring and summer months](#) when rodent populations increase and people may have greater exposure to rodent-infested environments such as cabins, sheds, campsites, and homes. The most common hantavirus that causes HPS in the United States is spread by the deer mouse. Andes virus is spread primarily by the long-tailed pygmy rice rat (*Oligoryzomys longicaudatus*). **The Pennsylvania Department of Health (DOH) has not been notified of any Pennsylvania residents that were on board the cruise ship linked to the Hantavirus outbreak.**

Recommendations for Health Care Providers

People become infected with hantaviruses primarily through inhalation or mucous membrane contact with urine, fecal matter, or saliva of infected rodents, or through prolonged close contact with a person infected with Andes virus. While early symptoms are often nonspecific (e.g., fever, fatigue, body aches, headache, nausea), the disease may progress to hantavirus pulmonary syndrome (HPS), characterized by sudden onset of respiratory distress. Symptoms of HPS usually appear 2-4 weeks after exposure, but they can develop anytime from 1-8 weeks postexposure.

The 5 laboratory diagnostic criteria for HPS should be considered when thrombocytopenia (low platelet count) occurs with severe pneumonia clinically resembling acute respiratory distress syndrome in the proper epidemiologic setting. If hantavirus infection is suspected, a complete blood count (CBC) and blood chemistry should be repeated every eight to 12 hours.

The 5 laboratory diagnostic criteria for HPS are:

- Increased hematocrit
- Left shift in the white blood cell count
- Neutrophilic leukocytosis with immature granulocytes
- Thrombocytopenia
- Circulating immunoblasts (basophilic cytoplasm, prominent nucleoli and increased nuclear cytoplasmic ratio)

Serological testing (IgM positive or IgM and IgG positive) is the usual way of confirming a diagnosis of hantavirus infection. Positive results from commercial laboratories must be confirmed by the Centers for Disease Control and Prevention (CDC). False positive IgM results are common from commercial laboratories; diagnosis relies on confirmatory testing at state public health laboratory or the CDC. Hantavirus specific immunoglobulin IgM and IgG antibodies often are present at the onset of clinical disease. IgG may be negative in rapidly fatal cases. Samples that are Hantavirus IgG positive but IgM negative will not generally be subjected to further confirmatory testing, since the lack of IgM rules out acute infection.

Clinicians should consider infection with other New World hantaviruses in patients who have symptoms and laboratory results that are compatible with HPS or non-HPS hantavirus infection AND have a history of known or suspected exposure to sylvatic rodents or rodent excreta (e.g., urine, droppings, or nesting materials).

For questions or concerns, please call your local health department or DOH at 877-PA-HEALTH (877-724-3258).

For More Information

General Resources

- [About Hantavirus | CDC](#)
- [About Andes Virus | CDC](#)
- [Reported Cases of Hantavirus Disease | CDC](#)
- [Hantavirus Prevention | CDC](#)

Clinician Resources

- [Clinical Overview of Hantavirus | CDC](#)
- [Clinician Brief: Hantavirus Pulmonary Syndrome \(HPS\) | CDC](#)
- [Clinician Brief: Hemorrhagic Fever with Renal Syndrome | CDC](#)
- [Hantavirus Disease Trainings for Healthcare Providers | CDC](#)
- [Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions | Infection Control | CDC](#)

Health Department Resources

- [Hantavirus Case Definition and Reporting | CDC](#)

References

1. World Health Organization (WHO). Disease Outbreak News: Hantavirus cluster linked to cruise ship travel, Multi-country. May 8, 2026. <https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON599>
2. Complete sequence of Orthohantavirus andesense virus: Swiss resident 2026. May 7, 2026. <https://virological.org/t/complete-sequence-of-orthohantavirus-andesense-virus-swiss-resident-2026>

[2026/1023](#)

3. World Health Organization (WHO). Disease Outbreak News: Hantavirus cluster linked to cruise ship travel, Multi-country. May 4, 2026. <https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON599>
4. Martínez VP, Valeria, Di Paola N, Alonso DO, et al. "Super-Spreaders" and Person-to-Person Transmission of Andes Virus in Argentina. *New England Journal of Medicine*. 383. 2230-2241. 10.1056/NEJMoa2009040. 2020; 383(23):2230-2241. <https://doi.org/10.1056/nejmoa2009040>. PMID:[33264545](#).
5. Koster F, Foucar K, Hjelle B, Scott A, Chong YY, Larson R, McCabe M. Rapid presumptive diagnosis of hantavirus cardiopulmonary syndrome by peripheral blood smear review. *American Journal of Clinical Pathology*. 2001 Nov;116(5):665-72 <https://doi.org/10.1309/CNWF-DC72-QYMR-M8DA>. PMID:[11710682](#).

For questions, please call your local health department or DOH at 877-PA-HEALTH (877-724-3258).

DOH reminds providers to immediately report suspected cases of hantavirus to local public health authorities or to DOH at 877-PA-HEALTH (877-724-3258).

Individuals interested in receiving future PA-HANs can register [here](#).

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of May 29, 2026, but may be modified in the future.
--