



MV Hondius

Hantavirus Outbreak at Sea — South Atlantic, 2026

Route analysis & outbreak timeline · Updated report compiled 13 May 2026 [revised from 11 May edition]

Primary sources: WHO DON-599 · WHO DON-600 (8 May 2026) · ECDC Outbreak Update (12 May 2026) · CDC HAN #528 · HHS · UKHSA · National health authorities · CBC · Al Jazeera · PBS · NBC News · CNN · ABC News · NPR · AP · Euronews · Archynewsy · JHU Hub

NEW SINCE 11 MAY EDITION — Key Developments (12–13 May 2026)

- **Full evacuation completed (11 May).** A final cohort of 28 evacuees — including 17 Filipino crew, a Dutch national, a German national, a British doctor, and two epidemiologists — boarded two chartered flights from Tenerife South Airport that landed in the Netherlands (Eindhoven) in the early hours of 12 May. 87 passengers and 35 crew in total were disembarked in Tenerife. MV Hondius then departed Granadilla bound for Rotterdam, where it will undergo decontamination.
- **Case count rises to 11.** ECDC (update of 12 May 2026) reports 11 total cases: 9 confirmed, 2 probable. No new WHO Disease Outbreak News (DON-601) had been published as of 13 May; the ECDC figure is the most current official count.
- **Spain confirms new case — 11th (12 May).** Spain's Health Ministry confirmed on 12 May that a Spanish passenger quarantined at the Gómez Ulla Central Defence Hospital in Madrid has tested positive for ANDV. The patient presented with low-grade fever and mild respiratory symptoms and is currently stable with no evident clinical deterioration. The other 13 Spanish passengers at the same facility tested negative.
- **French patient critically ill on ECMO (12–13 May).** The French woman who developed hantavirus-compatible symptoms during the repatriation flight from Tenerife (10 May) is now in critical condition at Bichat Hospital, Paris. Dr. Xavier Lescure (infectious disease specialist, Bichat) confirmed she has a severe form of hantavirus cardiopulmonary syndrome, with life-threatening lung and heart failure, and is on extracorporeal membrane oxygenation (ECMO). Crucially, her symptoms were initially misattributed to stress or anxiety by medical staff in the Canary Islands; she was not suspected as a hantavirus case until after evacuation. This represents a potential diagnostic gap with patient-safety implications.
- **Radboud UMC (Nijmegen) protocol breach — 12 hospital workers quarantined (11 May).** Radboud University Medical Center confirmed that 12 staff members were placed in precautionary 6-week quarantine after handling blood and urine from an ANDV-positive Hondius passenger (admitted 7 May) under standard rather than the required heightened biosafety procedures. The hospital stated the risk of infection is low, but the incident underscores the importance of ANDV-specific biosafety protocols in receiving facilities.
- **WHO Madrid press conference (12 May).** WHO Director-General Tedros, in a joint appearance with Spain's Prime Minister Pedro Sánchez at the Moncloa Palace, stated: 'At the moment, there is no sign that we are seeing the start of a larger outbreak. But the situation could change, and given the long incubation period of the virus, it is possible we might see more cases in the coming weeks.' He confirmed no deaths have occurred since 2 May. Sánchez declared the evacuation operation a 'success'; Tedros thanked Spain not only for meeting its legal obligations under international law but for 'exercising its moral duty.'
- **US repatriation update (11–13 May).** 16 American passengers arrived at the University of Nebraska Medical Center (UNMC): 15 are in the National Quarantine Unit; 1 PCR-positive passenger is in the Nebraska Biocontainment Unit. Two additional passengers were transferred to Emory University Hospital in Atlanta for further assessment. Minnesota Department of Health is monitoring one individual with brief potential exposure to an ANDV-positive contact (asymptomatic as of 13 May). An unrelated potential hantavirus case in Illinois (Winnebago County) is under investigation — a North American strain, not ANDV, with no link to the Hondius.
- **Argentina dispatches expert team; index-case theory challenged.** Argentina's Health Ministry confirmed (12 May) it will send a scientific expert team to investigate the origin of the outbreak. Separately, local officials in Tierra del Fuego province have challenged the birdwatching/landfill exposure hypothesis, noting that Ushuaia lies approximately 1,500 km south of the established endemic range of the long-tailed mouse (*Oligoryzomys longicaudatus*), the primary ANDV reservoir.



- **Viral sequences published.** Pathoplexus researchers published sequences from five patients on virological.org (including isolate ANDV/Switzerland/Hu-3337/2026). Nextstrain phylogenetic pages were established for this outbreak. Preliminary analysis covers patients from Johannesburg (2), the Netherlands (2), and Switzerland (1). Full common-source confirmation pending.
- **ECDC guidance published.** ECDC published passenger management guidance for health authorities receiving evacuees from the MV Hondius, covering quarantine, monitoring, and testing protocols.

1. Vessel & Voyage Overview

Ship	MV Hondius
Operator	Oceanwide Expeditions (Netherlands)
Flag state	Netherlands (IHR coordinating state)
Capacity	196 passengers + 72 crew (95 cabins)
Aboard at departure	~147–149 from 23 nationalities
EU/EEA nationalities	Belgium, France, Germany, Greece, Ireland, Netherlands, Poland, Portugal, Spain
Passenger mix	Predominantly Spanish, British, French, and American
Crew mix	Predominantly Filipino
Voyage type	Polar / expedition cruise — Antarctica and South Atlantic islands
Departure	Ushuaia, Argentina — 1 April 2026
Arrived Tenerife	Port of Granadilla de Abona — ~05:30 local, 10 May 2026
Evacuation complete	11 May 2026 — all 87 passengers + 35 crew disembarked
Next destination	Rotterdam, Netherlands — skeleton crew + Dutch nurse; body of Case 4 (German female)
On-board medical	Basic: anti-inflammatories, OTC medications, oxygen tanks. No ventilators or advanced diagnostics.

2. Route Stops & Key Events

① Ushuaia, Argentina — 1 April 2026 — Departure

The MV Hondius departed from Ushuaia carrying approximately 147–149 people of 23 nationalities. Argentine health authorities confirmed no passengers showed symptoms at departure. A Dutch couple (Cases 1 and 2) had just completed a four-month overland journey through Chile, Uruguay, and Argentina (27 November 2025 – 1 April 2026). Argentine investigators identified a birdwatching excursion reportedly near a landfill as the leading exposure candidate. However, as of 13 May, local Tierra del Fuego authorities have challenged this theory: Ushuaia lies ~1,500 km south of the endemic range of *Oligoryzomys longicaudatus*, the ANDV reservoir rodent. Argentina is dispatching a scientific expert team to investigate. Tierra del Fuego had never previously recorded a hantavirus case, severely complicating early clinical recognition.

Argentina's national hantavirus burden was at a multi-year high: 101 cases nationally since June 2025, approximately double the prior-year figure. The Malbrán Institute (INEI) was tasked with rodent trapping and serological testing along the index couple's full itinerary, published 6 May 2026.

Epidemiological note: Case 1's symptom onset on approximately 6 April — only five days after departure — is shorter than the minimum ECDC-cited incubation period (7 days). This strongly supports pre-boarding infection in Ushuaia in late March 2026. Whether the exposure site is the reported landfill or another location along the couple's Patagonian itinerary remains unresolved.



② Antarctic Expedition — South Georgia — Tristan da Cunha (13–15 Apr)

The ship conducted its planned Antarctic expedition and visited remote South Atlantic islands. Case 1 (Dutch male, 70) died on board 11 April from respiratory distress; hantavirus was not suspected and no microbiological samples were taken. His body was preserved on board. A passenger who disembarked at Tristan da Cunha (stop ~13–15 April) subsequently developed a suspected case (see Stop 5). Illness onset across confirmed/probable cases ranged from 6–28 April 2026.

③ Saint Helena (British Overseas Territory) — 24 April 2026

Case 1's body was removed for repatriation. Thirty passengers disembarked — all subsequently contact-traced by UKHSA. Case 2 (Dutch female, 69) disembarked with gastrointestinal symptoms, boarded an Airlink flight to Johannesburg, collapsed in-flight, and died in a Johannesburg hospital emergency department on 26 April. NICD South Africa confirmed ANDV by PCR (4 May) and whole-genome sequencing (6 May). Dutch health authorities notified KLM of Case 2's brief boarding of KL592 (Johannesburg–Amsterdam); contact tracing was initiated for 82 passengers and 6 crew on the Airlink flight, and all KLM KL592 contacts.

Case 3 (British national, male) was medically evacuated near Ascension Island on 27 April and flown to a Johannesburg ICU; ANDV confirmed 2 May; improving as of 7 May 2026. Case 4 (German female) developed symptoms 28 April and died on board 2 May — the third and most recent death. WHO was formally notified via the UK IHR focal point on 2 May.

④ Praia, Cape Verde — 3–6 May 2026

The MV Hondius docked at Praia the day after Case 4's death. Three symptomatic passengers were evacuated by ambulance boat — two flown directly to Amsterdam, a third via Gran Canaria. Three further individuals including the ship's doctor were evacuated on 6 May. A WHO expert boarded to conduct individual assessments. 2,500 ANDV diagnostic kits were dispatched from Argentina to five countries. ECDC published its Threat Assessment Brief on 6 May (updated 8 May) and activated EU Health Task Force support. The ship departed Cape Verde for Tenerife on 6 May.

⑤ Tenerife, Canary Islands — 10–11 May 2026 — Evacuation

The Canary Islands regional president Fernando Clavijo had refused docking on 6 May citing public safety concerns; Spain's national Ministry of Health overrode this. WHO DG Tedros travelled personally to Tenerife (arriving 9 May). Medical teams boarded before disembarkation to conduct PCR testing.

Day 1 (10 May): 94 people of 19 nationalities disembarked. Spanish nationals first (to Gómez Ulla military hospital, Madrid). Dutch-chartered aircraft carried passengers from Netherlands, Germany, Belgium, and Greece to Eindhoven (Dutch citizens placed on 6-week self-quarantine). US group (17 Americans + 1 British US resident) departed for UNMC, Nebraska. French evacuees departed for Paris. Remaining flights deferred to 11 May.

Day 2 (11 May): Final 28 evacuees — including 17 Filipino crew, a Dutch and a German national, a British doctor, and two epidemiologists — took two charter flights to Eindhoven. Total evacuated: 87 passengers + 35 crew. MV Hondius then set course for Rotterdam.

In-flight cases (10 May): US HHS confirmed one American PCR-positive for ANDV (asymptomatic) during the Nebraska flight. A French passenger developed symptoms during the Paris-bound flight; all five on that aircraft entered isolation on landing at Paris (Bichat Hospital received her). Port workers at Granadilla staged protests over perceived lack of communication.

⑥ Tristan da Cunha — UK Military Medical Airdrop — 10 May 2026

A British passenger who disembarked at Saint Helena (24 April) subsequently reached Tristan da Cunha — Britain's most remote inhabited overseas territory (221 residents, no airstrip, ~2,400 km from Cape Town). With oxygen supplies critical and no rapid surface access, the UK Ministry of Defence deployed 6 paratroopers and 2 medical clinicians from 16 Air Assault Brigade via parachute jump from an RAF A400M Atlas — the first-ever UK military humanitarian medical airdrop. Oxygen and medical equipment were also dropped. UKHSA confirmed a suspected case on 10 May; WHO reports the patient symptomatic from ~28 April, stable and in isolation.



Research significance: If confirmed, this would be the first documented ANDV case on Tristan da Cunha. The case highlights a critical gap in IHR guidance for ultra-remote expedition cruise destinations.

3. Patient Timeline (as of 13 May 2026)

Cases are numbered in order of illness onset where known. Case classifications follow WHO/ECDC case definitions. All three deaths occurred among passengers; no crew deaths have been confirmed.

Case	Nationality / Age	Illness onset	Outcome	Key facts
Case 1	Dutch male, ~70	~6 Apr 2026	DIED (11 Apr)	Index case. Died on board; no microbiological samples taken. Probable ANDV. Pre-boarding infection in Ushuaia strongly suspected. Body removed at Saint Helena 24 Apr; repatriated to Netherlands.
Case 2	Dutch female, 69 (wife of Case 1)	~Apr 2026	DIED (26 Apr)	Disembarked Saint Helena 24 Apr; collapsed on Airlink flight JHB; died Johannesburg hospital. ANDV confirmed by PCR (NICD, 4 May) + whole-genome sequencing (6 May). Definitively laboratory-confirmed ANDV death.
Case 3	British male	~24 Apr 2026	Recovering	Febrile illness + pneumonia on ship; medevac near Ascension Island 27 Apr; Johannesburg ICU. ANDV confirmed 2 May. Improving as of 7 May 2026.
Case 4	German female	28 Apr 2026	DIED (2 May)	Developed fever/malaise on board; died 2 May — third death. News reporting (10 May) suggests ANDV confirmation; not yet formally in a WHO DON update. Body on MV Hondius, repatriating via Rotterdam.
Case 5 (est.)	British confirmed	Apr/May 2026	Unknown	UKHSA confirmed a second British confirmed case (working count 2 British confirmed). Details not publicly disclosed.
Case 6	Swiss male	Apr/May 2026	Stable/Recovering	Disembarked at an earlier port; tested positive at University Hospital Zurich 6 May. Sequence ANDV/Switzerland/Hu-3337/2026 published on virological.org (8 May).
Cases 7–8	Dutch nationals (2)	Apr/May 2026	Hospitalised	Evacuated from Cape Verde to Amsterdam (3–6 May); specialist infectious-disease care. One patient at Radboud UMC Nijmegen (triggered 12-worker quarantine incident).
Case 9 (new)	Spanish passenger	~10 May 2026	Stable	Tested positive post-evacuation at Gómez Ulla Central Defence Hospital, Madrid. Low-grade fever + mild respiratory symptoms; stable as of 12 May. Other 13 Spanish passengers at same facility tested negative.
Case 10	American male	Asymptomatic	Monitoring	PCR-positive for ANDV confirmed by HHS during US repatriation flight (10 May). Currently in Nebraska Biocontainment Unit at UNMC. Asymptomatic.
Case 11	French female	~10 May 2026	Critical (ECMO)	Developed symptoms during Tenerife–Paris flight; admitted Bichat Hospital, Paris. Dr. Xavier Lescure confirmed severe ANDV cardiopulmonary syndrome with life-threatening lung and heart failure. On ECMO as of 12 May. Symptoms initially misdiagnosed as stress/anxiety.
Suspected (Tristan da Cunha)	British national	~28 Apr 2026	Suspected – Stable	Disembarked Saint Helena 24 Apr; reached Tristan da Cunha. Symptomatic ~28 Apr; stable and isolated. UK military medical airdrop 10 May. Not yet in WHO DON totals.

Deaths — classification note: Case 2 (Dutch female): definitively confirmed ANDV by PCR + whole-genome sequencing. Case 4 (German female): ANDV confirmation reported in media (10 May) but not yet formally in a WHO DON update. Case 1 (Dutch male): probable — no microbiological testing performed. All three deaths occurred on or before 2 May 2026; no fatalities since.



4. Outbreak Summary (as of 13 May 2026)

Total cases	11 — per ECDC update 12 May 2026 (9 confirmed, 2 probable). Tristan da Cunha suspected case not counted in WHO/ECDC totals. No new WHO DON-601 published as of 13 May.
Lab-confirmed ANDV	9 confirmed (ECDC 12 May 2026). American PCR-positive (10 May, HHS) included. Spanish case (12 May) included.
Probable cases	2 — Case 1 (Dutch male, no microbiological testing); one additional pending laboratory results.
Suspected cases	Tristan da Cunha (British national, stable); additional contacts under monitoring in multiple countries.
Deaths	3 — Case 1 (Dutch male, 11 Apr); Case 2 (Dutch female, 26 Apr); Case 4 (German female, 2 May). No deaths since 2 May.
Critically ill	French female — ECMO at Bichat Hospital, Paris, as of 12 May.
Recovering	Case 3 (British male, Johannesburg ICU) — improving as of 7 May. Cases 7–8 (Dutch nationals) — hospitalised, status not publicly updated. American PCR-positive (Case 10) — asymptomatic.
Illness onset range	6–28 April 2026 (WHO DON-599/600).
Virus confirmed	Andes hantavirus (ANDV), South American clade; whole-genome sequencing (NICD South Africa, 6 May 2026). Sequences from 5 patients published on virological.org (8 May).
Nationalities of cases	Dutch (2), British (2+ confirmed + 1 Tristan da Cunha suspected), German (1), Swiss (1), American (1), French (1), Spanish (1) — minimum.
Countries affected	South Africa, Netherlands, Germany, Switzerland, France, Spain, Saint Helena, Singapore (2 isolated), USA, Tristan da Cunha, Canada (monitoring).
US monitoring	16 at UNMC Nebraska (15 quarantine, 1 biocontainment); 2 at Emory Atlanta; Minnesota 1 contact; ≥9 residents across ≥7 states.
Quarantine period	42 days from last potential exposure (WHO, Dr Diana Rojas, 10 May).
WHO global risk	LOW — ANDV does not spread via casual or airborne contact.
ECDC risk (EU/EEA)	LOW for general population; elevated for close contacts.
CDC classification	Level 3 — lowest emergency response level.
Evacuation status	Complete — 87 passengers + 35 crew disembarked in Tenerife 10–11 May. MV Hondius en route to Rotterdam for decontamination.

5. The Andes Hantavirus

What is hantavirus?

Hantaviruses are RNA viruses (family Hantaviridae, genus Orthohantavirus) carried primarily by rodents. Humans typically acquire infection through inhalation of aerosolised particles from rodent excreta. In the Americas, pathogenic hantaviruses cause Hantavirus Pulmonary Syndrome (HPS / Hantavirus Cardiopulmonary Syndrome), characterised by rapid progression from flu-like prodrome to ARDS and circulatory shock. Case-fatality rates in historical HPS outbreaks: ~20–50%; Argentine ANDV ~32–40% (WHO). In Europe/Asia, distinct strains cause Haemorrhagic Fever with Renal Syndrome (HFRS), generally lower mortality.

Why is the Andes strain uniquely significant?



ANDV is the only hantavirus species conclusively demonstrated to transmit between humans — first documented molecularly in a 1996 Argentine outbreak (Padula et al., 1998). Transmission occurs predominantly during the prodromal phase via prolonged close contact; intimate-partner and household exposure are the primary risk factors. The largest confirmed ANDV outbreak to date: Chubut Province, Argentina (Nov 2018–Feb 2019), 34 cases, 11 deaths, driven by 3 super-spreader individuals (Martínez et al., NEJM 2020). Published estimates suggest only 2–5% of all ANDV cases stem from person-to-person transmission.

Incubation period and clinical course

ECDC cites ~two weeks, range 7 days–6 weeks. WHO DON-599/600: 1–8 weeks. Early symptoms: fever ($\geq 38^{\circ}\text{C}$), headache, dizziness, chills, myalgia, gastrointestinal upset. Severe cases progress rapidly to pneumonia, bilateral pulmonary infiltrates, ARDS, and cardiogenic shock. No approved antiviral therapy; management entirely supportive. ECMO can significantly improve survival (up to ~80%) if initiated early in refractory cardiopulmonary failure (CDC HAN #528). WHO's 42-day quarantine recommendation reflects the upper incubation bound with a safety margin.

Transmission context on the MV Hondius

WHO and ECDC conclude human-to-human transmission is the most plausible explanation for at least part of the cluster, with the Dutch index couple (Cases 1 and 2) as the entry point. The specific routes — shared cabins, communal areas, care during illness — have not yet been characterised. Whether any passengers were independently exposed during island excursions remains under investigation. WHO DG Tedros explicitly contrasted ANDV with SARS-CoV-2: ANDV requires close, prolonged contact and does not spread via casual or airborne exposure.

6. ANDV — What We Know and What We Do Not Know (13 May 2026)

✓ What We Know	? What Remains Unknown
ANDV confirmed by PCR + whole-genome sequencing (NICD South Africa, 4–6 May 2026).	Precise index-case exposure site unconfirmed; Ushuaia birdwatching/landfill is working hypothesis. Local officials challenge theory; Argentine expert team dispatched.
ANDV is the only hantavirus with documented human-to-human transmission (Padula et al., 1998).	Whether the cluster represents a single zoonotic introduction + H2H chain, or includes independent zoonotic exposures during island excursions, unresolved.
Person-to-person transmission requires close, prolonged contact; primary risk: intimate/household.	Specific on-board transmission routes (shared cabins, communal areas, caregiving) have not been characterised.
Illness onset 6–28 April 2026 — consistent with ANDV incubation 7 days–6 weeks.	Case 1 cause of death formally unattributed (no samples). Case 4 ANDV confirmation reported in media but not yet in a WHO DON update.
Case 1 symptom onset ~5 days post-departure strongly supports pre-boarding infection.	Whether additional cases will emerge post-disembarkation is unknown; 42-day window not closed for most evacuees.
WHO 42-day quarantine recommended for all passengers and crew (10 May).	Optimal monitoring intensity beyond 42 days in a shared-travel context not formally validated.
No deaths since 2 May 2026; WHO: no sign of a larger outbreak (Tedros, 12 May).	French patient critically ill on ECMO (Bichat Hospital, Paris, 12 May) — outcome uncertain.
Sequences from 5 patients published on virological.org; Nextstrain analysis established.	No full-outbreak whole-genome dataset publicly released to confirm single viral lineage vs multiple introductions.
No rodents or rodent excreta reported on MV Hondius; on-board zoonotic transmission implausible.	ANDV reservoir rodent ecology in Tierra del Fuego — no prior hantavirus cases — is poorly characterised. Ushuaia lies ~1,500 km south of established <i>O. longicaudatus</i> range.
ECMO can significantly improve survival (~80%) if initiated early in severe HPS (CDC HAN #528).	Whether ANDV transmission occurred via fomites, shared bathrooms, or other non-direct routes on board is unknown; important for cruise preparedness guidance.



Radboud UMC biosafety incident (12 workers quarantined) documented but risk assessed as low.

Whether any crew members are or were infected has not been publicly confirmed.

7. International Response (as of 13 May 2026)

WHO	Issued DON-599 (~5 May) and DON-600 (8 May). Deployed expert on board at Cape Verde. Dispatched 2,500 ANDV diagnostic kits. DG Tedros in Tenerife (9–10 May); Madrid joint presser with PM Sánchez (12 May): 'No sign of a larger outbreak.' Recommended 42-day quarantine. Risk assessed as LOW globally.
ECDC	Notified 2 May via EU EWRS. Published Threat Assessment Brief (6 May, updated 8 May). Updated outbreak surveillance page (12 May): 11 cases, 9 confirmed, 2 probable. Published passenger management guidance. Activated EU Health Task Force. EURL-PH-ERZV offering ANDV diagnostic assistance.
Spain	National MoH overrode Canary Islands regional refusal. 87 passengers + 35 crew disembarked 10–11 May. Spanish nationals to Gómez Ulla military hospital, Madrid (13 tested negative; 1 — the 11th case — tested positive 12 May, stable). Ship disinfected. PM Sánchez called operation a 'success' (12 May presser with Tedros).
USA / CDC / HHS	CDC Level 3 classification. Teams deployed to Canary Islands and Offutt AFB Omaha. 18 passengers repatriated: 16 at UNMC Nebraska (15 quarantine, 1 biocontainment); 2 at Emory Atlanta. Minnesota monitoring 1 contact. Illinois investigating unrelated potential case (North American strain, no Hondius link). ≥9 US residents across ≥7 states under monitoring.
Netherlands	Flag state coordination. Received medevac patients from Cape Verde. Dutch charter brought 26 to Eindhoven (10 May); final 28 (incl. 17 Filipino crew) on 12 May. Dutch citizens on 6-week self-quarantine. KLM notified KL592 contacts. Radboud UMC Nijmegen: 12 staff quarantined 6 weeks after biosafety protocol breach with ANDV patient. MV Hondius en route to Rotterdam for decontamination.
UK / UKHSA	IHR focal point notified WHO 2 May. Confirmed 2 British cases + 1 Tristan da Cunha suspected. Contact-traced all 30 Saint Helena disembarkees. MoD deployed 16 Air Assault Brigade (6 paratroopers + 2 clinicians) via parachute airdrop to Tristan da Cunha 10 May — first UK military humanitarian medical airdrop.
France	French patient critically ill on ECMO at Bichat Hospital, Paris (Dr. Xavier Lescure). All 5 evacuees from Paris-bound flight entered isolation on landing 10 May. Separate suspected case under investigation since 8 May (details unconfirmed). Symptoms initially misdiagnosed as stress/anxiety in Tenerife.
South Africa	NICD: confirmed ANDV PCR (4 May) + WGS (6 May). 62 contacts: 42 tested negative; 20 still being traced (some may have left SA). Case 2 died at JHB hospital 26 Apr; Case 3 (British) improving in ICU as of 7 May.
Switzerland	University Hospital Zurich isolated Case 6 (Swiss national, disembarked early). ANDV confirmed 6 May. Sequence published virological.org 8 May.
Germany	Case 4 died on board 2 May; body repatriated via Rotterdam. German authorities monitoring contacts. One additional German national designated contact only.
Singapore	CDA placed 2 residents (67 and 65) in government isolation — Airlink KL592 contacts. One mild symptoms; one asymptomatic. Population risk: low.
Canada	≥6 Canadians aboard or on associated flights; 3 returned self-quarantining (asymptomatic). PHAC rapid risk assessment 7 May: risk of ANDV spread within Canada low.
Argentina	Published index couple's 4-month itinerary 6 May. Malbrán Institute: rodent trapping and serology along route. Dispatching expert team to investigate origin (confirmed 12 May). Challenged by Tierra del Fuego officials on Ushuaia theory. Sent biological material to Spain, Senegal, SA, Netherlands, UK despite announced WHO withdrawal.
Tristan da Cunha	Patient stable, isolated after UK military airdrop 10 May. Oxygen crisis averted. UKHSA confirmed suspected case 10 May. Not yet in WHO DON totals.

8. References and Sources



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This report is compiled for informational and public health situational awareness purposes. Information current as of 13 May 2026; the outbreak was still evolving at time of publication. Changes from the 11 May 2026 edition: Case count updated to 11 (ECDC, 12 May); Spanish 11th case added; French patient ECMO critical condition detailed; Radboud UMC biosafety incident added; full evacuation completion noted; MV Hondius Rotterdam voyage confirmed; WHO Madrid press conference (12 May) incorporated; US repatriation breakdown updated; Argentina expert team dispatch and Ushuaia theory challenge added; virological.org sequences noted; patient timeline section added.

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