



MV Hondius

Hantavirus Outbreak at Sea — South Atlantic, 2026

Route analysis & outbreak timeline · Updated report compiled 9 May 2026 [revised from 7 May edition]

Primary sources: WHO DON-599 · ECDC Threat Assessment Brief (updated 8 May 2026) · CDC · National health authorities · Peer-reviewed scientific literature

1. Vessel & Voyage Overview

Ship	MV Hondius
Operator	Oceanwide Expeditions (Netherlands)
Flag	Netherlands (flag state responsible for coordinating shipboard assistance)
Capacity	196 passengers + 72 crew (95 cabins)
Persons aboard at departure	≈147–149 from 23 nationalities
EU/EEA nationalities aboard	Belgium, France, Germany, Greece, Ireland, Netherlands, Poland, Portugal, Spain
Passenger mix	Predominantly Spanish, British, and American
Crew mix	Predominantly Filipino
Voyage type	Polar/expedition cruise — Antarctica and South Atlantic islands
Departure	1 April 2026, Ushuaia, Argentina
Planned end	Tenerife, Canary Islands, Spain
Arrival port	Port of Granadilla, Tenerife — expected ≈10 May 2026

2. Route Stops & Key Events

1 Ushuaia, Argentina

1 April 2026

The MV Hondius departed from Ushuaia — the world's southernmost city — carrying approximately 147–149 people of 23 nationalities with plans to visit Antarctica and several isolated South Atlantic islands. Argentine health authorities confirmed that no passengers showed symptoms at the time of departure.

A Dutch couple — who would become the index cases — had just completed a four-month overland trip through Chile, Uruguay, and Argentina (27 November 2025 – 1 April 2026). The male partner (case 1) had returned to Argentina from Uruguay only four days before boarding. Argentine investigators identified a birdwatching excursion in Ushuaia — reportedly involving proximity to a landfill — as the leading candidate exposure event. This site is considered epidemiologically significant because the province of Tierra del Fuego, which includes Ushuaia, had never previously recorded a hantavirus case, making early recognition of the illness difficult.

Argentina's national hantavirus burden was at a multi-year high: the Argentine health ministry reported 101 hantavirus cases since June 2025, approximately double the caseload from the same period the previous year. The Malbrán Institute (Instituto Nacional de Enfermedades Infecciosas Carlos G. Malbrán) was subsequently tasked with rodent trapping and serological testing along the index couple's route.



Note: Tierra del Fuego province had no prior recorded hantavirus cases, complicating early clinical recognition. The index case (Case 1) first experienced symptoms approximately five days after departure (around 6 April), a timeline shorter than the minimum incubation cited by most sources (ECDC: 7 days – 6 weeks; WHO: 1–8 weeks). This strongly supports the prevailing hypothesis that he was already incubating the infection before boarding — consistent with an exposure in Ushuaia in late March 2026.

2 Antarctic Expedition

Early–mid April 2026

The ship conducted its planned Antarctic expedition and visited several remote South Atlantic islands, including South Georgia and Tristan da Cunha. Case 1 (Dutch male) experienced symptom onset on approximately 6 April — five days after departure — and died on board on 11 April. The timing is consistent with a pre-boarding exposure in Ushuaia rather than infection during the voyage.

Illness onset across the case cluster ranged from 6 to 28 April 2026. The WHO noted that the route's islands harbour birds and rodents and did not exclude additional exposure sources during island excursions. However, the prevailing working hypothesis — endorsed by both WHO and ECDC — is that the index couple, already infected before boarding, introduced the virus to the ship, with subsequent cases resulting from human-to-human transmission under close-contact conditions rather than from multiple independent zoonotic exposures.

3 Saint Helena (British Overseas Territory)

24 April 2026

When the ship docked at Saint Helena on 24 April, Case 1's body was removed for repatriation. His wife (Case 2, Dutch female) also disembarked with gastrointestinal symptoms. She deteriorated during a commercial flight to Johannesburg on 25 April and died in a hospital emergency department on 26 April. PCR testing at South Africa's National Institute for Communicable Diseases (NICD) confirmed hantavirus on 4 May; ANDV was identified by sequencing on 6 May. Her death is the only one laboratory-confirmed as hantavirus-caused as of 9 May 2026.

Dutch health authorities notified KLM Royal Dutch Airlines that Case 2 had briefly boarded a KLM flight in Johannesburg on 25 April; the airline subsequently informed those passengers. Contact tracing was initiated for all individuals on both flights.

A British national (Case 3) presented to the ship's doctor on 24 April with febrile illness and signs of pneumonia. His condition worsened on 26 April and he was medically evacuated from near Ascension Island on 27 April to a private medical facility in Johannesburg, where he was admitted to the ICU. PCR testing confirmed hantavirus on 2 May 2026. He is one of the first laboratory-confirmed cases and his condition was reported as improving as of 7 May.

A German national (Case 4, female) presented with pneumonia, with symptom onset on 28 April, and died on board on 2 May — the third death associated with the outbreak. The cause of her death remained under investigation and was not yet confirmed as hantavirus as of 9 May 2026. Her body remains on board the MV Hondius as it travels to Tenerife, pending arrival and repatriation to Germany. WHO was formally notified by the UK IHR focal point on 2 May 2026.

Important: Of the three deaths, only one is laboratory-confirmed as caused by hantavirus as of 9 May 2026 — Case 2 (Dutch female; ANDV confirmed by NICD South Africa). The causes of death of Case 1 (Dutch male, died 11 April) and Case 4 (German female, died 2 May) remain under formal investigation. The body of Case 4 remains on board the ship.

4 Praia, Cape Verde

3 May 2026 (docked) · departed 6 May

The MV Hondius docked at Praia, Cape Verde on 3 May — the day after Case 4's death. ECDC had already been notified on 2 May through the EU Early Warning and Response System (EWRS) by the Netherlands (as flag state). Three symptomatic passengers were evacuated by ambulance boat: two were flown directly to Amsterdam, where specialist infectious-disease teams were on standby; a third aircraft — carrying one patient — made an unscheduled stop at Gran Canaria Airport to refuel before reaching its destination. These evacuations are distinct from the earlier evacuation of Case 3 (British national) to



Johannesburg on 27 April.

WHO deployed an expert physically on board the ship to conduct individual medical assessments of all passengers and crew and to gather epidemiological data. WHO also arranged shipment of 2,500 ANDV diagnostic kits from Argentina to laboratories in five countries. ECDC published a Threat Assessment Brief (TAB) on 6 May (updated 8 May) and activated EU Health Task Force (EUHTF) support. The EU Reference Laboratory (EURL-PH-ERZV) offered ANDV diagnostic assistance to EU/EEA member state laboratories.

On 6 May: (a) ANDV was officially confirmed across outbreak samples by sequencing; (b) Case 8 emerged — a Swiss national who had disembarked at an earlier port was confirmed positive at University Hospital Zurich after seeking medical care following symptom onset; (c) Argentina's health ministry published the index couple's full four-month travel itinerary; (d) Singapore's Communicable Diseases Agency announced it had placed under government isolation two residents (aged 67 and 65) who had been aboard the Hondius, disembarked early, and transited through Johannesburg on 25 April on the same flight as Case 2 — one had mild symptoms, the other was asymptomatic; (e) a suspected case in France was under investigation; (f) Germany confirmed at least one hospitalised patient linked to the outbreak. The ship departed Cape Verde for Tenerife on 6 May.

5 Tenerife, Canary Islands, Spain — Port of Granadilla

Expected arrival = 10 May 2026

The Canary Islands regional president Fernando Clavijo initially refused to allow the MV Hondius to dock on 6 May, citing public safety concerns. WHO responded that Spain had a moral and legal obligation to receive the vessel — including several Spanish citizens on board. Spain's national Ministry of Health overrode the regional refusal, stating that the decision to receive the ship was in accordance with international law and humanitarian principles. The MV Hondius proceeded toward the Port of Granadilla, Tenerife.

Spain confirmed that all remaining passengers and crew would undergo individual medical evaluation, ANDV exposure risk stratification, and repatriation coordination at Tenerife. The crossing from Cape Verde was expected to conclude around 10 May 2026.

American passengers are subject to a separate US government repatriation plan: CDC deployed a team of epidemiologists and medical professionals to the Canary Islands and a second team to Offutt Air Force Base (Omaha, Nebraska). US passengers will be transported to the National Quarantine Center at the University of Nebraska Medical Center for individual assessment. As of 8 May, at least nine US residents across six states were under public health monitoring; none had shown signs of illness. At least two California residents were being monitored — one returned passenger under daily temperature checks and one still aboard the ship.

WHO has issued 45-day symptom-monitoring guidance for all passengers and crew. Approximately 150 persons remained on board as of 8 May 2026, including the body of Case 4 (German national who died at sea on 2 May).

3. Outbreak Summary (as of 9 May 2026)

Total cases (confirmed + probable + suspected)	8 per WHO (as of 7 May); one additional case identified by UKHSA brings the working total to 9
Confirmed ANDV cases	5 (WHO, as of 7 May); 6 per UKHSA / Sky News reporting as of 8 May
Probable cases	2
Suspected cases under investigation	1 (WHO) — further contacts under monitoring in multiple countries
Deaths — total	3 (Case 1: Dutch male, 11 Apr; Case 2: Dutch female, 26 Apr; Case 4: German female, 2 May)
Lab-confirmed hantavirus cause of death	1 — Case 2 (Dutch female; ANDV confirmed by PCR and sequencing, NICD South Africa)



Cause of death under investigation	2 — Case 1 (Dutch male, 11 Apr) and Case 4 (German female, 2 May)
Critically ill — improving (7 May)	1 — Case 3 (British national, hospitalised in Johannesburg ICU)
Illness onset range (WHO DON-599)	6 – 28 April 2026
Virus strain — confirmed 6 May 2026	Andes hantavirus (ANDV) — South American strain; confirmed by sequencing
Nationalities of known cases	Dutch (2), British (1), German (1+), Swiss (1) — minimum; further cases pending confirmation
Countries with hospitalised or isolated cases	South Africa, Netherlands, Germany, Switzerland, Saint Helena, Singapore (isolation/monitoring)
Additional contacts under monitoring	France (suspected case), USA (≥ 9 residents, ≥ 6 states), Canada (≥ 3 returned), UK
Persons still aboard (8 May 2026)	≈ 150 (including body of Case 4)
WHO global risk assessment	LOW — not a pandemic-risk virus
ECDC risk assessment (EU/EEA)	LOW for general population; elevated for close contacts of confirmed or probable cases

4. The Andes Hantavirus

What is hantavirus?

Hantaviruses are a family of RNA viruses (family Hantaviridae, genus Orthohantavirus) carried primarily by rodents. Infected animals shed virus through urine, faeces, saliva, and skin. Human infection typically occurs by inhaling aerosolised particles from contaminated rodent excreta. In the Americas, pathogenic hantaviruses cause Hantavirus Pulmonary Syndrome (HPS, also termed Hantavirus Cardiopulmonary Syndrome), characterised by rapid progression from flu-like symptoms to acute respiratory distress syndrome (ARDS) and circulatory shock. Case-fatality rates in historical HPS outbreaks have ranged from approximately 20–50%. In Europe and Asia, different strains cause Haemorrhagic Fever with Renal Syndrome (HFRS), a distinct clinical entity.

Why is the Andes strain uniquely significant?

The Andes strain (ANDV) is the only hantavirus species known to transmit between people. All other hantavirus strains are transmitted exclusively from rodents to humans. The first direct molecular evidence of ANDV person-to-person transmission came from a 1996 outbreak in south-western Argentina, documented by Padula et al. in 1998 [ref. 13]. Subsequent outbreaks have confirmed that transmission occurs mainly during the prodromal phase or shortly after it ends, and that prolonged close contact — particularly household and intimate-partner exposure — is the primary risk factor [refs. 14, 15]. The largest confirmed ANDV outbreak occurred in Chubut Province, Argentina (November 2018 – February 2019), resulting in 34 confirmed cases and 11 deaths, driven by three super-spreader individuals [ref. 15]. ANDV is normally found in southern South America, consistent with this outbreak's origin and the index couple's pre-boarding travel.

Incubation period and clinical course

ECDC cites an ANDV incubation period of approximately two weeks, with a range of seven days to six weeks. WHO's DON-599 gives a broader range of one to eight weeks. Early symptoms include fever, headache, dizziness, chills, myalgia, and gastrointestinal upset. Rapid deterioration to pneumonia, ARDS, and cardiogenic shock follows in severe cases. There is no approved specific antiviral treatment; management is entirely supportive, and access to intensive-care facilities — including mechanical ventilation and haemodynamic support — is the primary determinant of survival.

Transmission context on the MV Hondius

WHO investigators stated that some human-to-human transmission was likely occurring among the closest contacts — specifically citing the Dutch couple (Cases 1 and 2) — consistent with the established ANDV transmission pattern [refs. 13–15]. ECDC similarly concluded in its Threat Assessment Brief that human-to-human transmission among close contacts cannot be excluded and is considered the most plausible explanation for at least part of the cluster. Whether some passengers were

independently exposed to the same contaminated environment during island excursions (a common-source scenario) or whether all secondary cases resulted from a human-to-human chain remains under investigation. WHO Director-General Dr Tedros Adhanom Ghebreyesus assessed the global pandemic risk as LOW, noting that ANDV requires close, prolonged contact and does not spread via casual or airborne exposure the way respiratory pathogens such as SARS-CoV-2 do.

5. ANDV — What We Know and What We Do Not Know

The table below synthesises established scientific and epidemiological evidence as of 9 May 2026, distinguishing confirmed facts from open questions that ongoing investigations must resolve.

✓ What We Know	? What Remains Unknown
ANDV has been confirmed as the causative agent by PCR and whole-genome sequencing (NICD South Africa, confirmed 6 May 2026).	The precise exposure site and date remain unconfirmed. The Ushuaia birdwatching tour is the working hypothesis; rodent trapping along the route is ongoing.
ANDV is the only hantavirus capable of human-to-human transmission, first molecularly confirmed in 1996 [ref. 13].	Whether the cluster represents a single zoonotic introduction followed by a human-to-human chain, or includes independent zoonotic exposures during island excursions, has not been resolved.
Person-to-person ANDV transmission requires close, prolonged contact; the primary risk factor in historical outbreaks is intimate-partner or household exposure [refs. 14, 15].	The specific transmission routes aboard the ship — shared cabin spaces, communal areas, close contact during illness — have not been characterised.
Symptom onset ranged from 6–28 April 2026, consistent with ANDV's incubation of 7 days – 6 weeks (ECDC) / 1–8 weeks (WHO).	The causes of death of Case 1 (Dutch male) and Case 4 (German female) are not yet laboratory-confirmed. ANDV cannot be assumed for either.
Case 1's symptom onset (~6 April, 5 days post-departure) strongly supports pre-boarding infection rather than infection during the voyage.	Whether additional cases will emerge after arrival in Tenerife is unknown; the incubation window of up to 6–8 weeks is not yet closed for all contacts.
The index couple had recently travelled in southern South America, where ANDV is endemic. A birdwatching tour near a landfill in Ushuaia is the leading candidate exposure site.	The full extent of illness in France, Singapore, Germany, the UK, and North America is not yet determined; multiple test results are pending.
There is no approved antiviral; supportive ICU care is the cornerstone of management. Early transfer to critical-care facilities is essential.	Whether any crew members are or were infected is not publicly confirmed.
Only Case 2 (Dutch female) is laboratory-confirmed as a hantavirus death. The other two deaths remain formally unattributed.	No ANDV whole-genome sequences from this outbreak have been publicly released to confirm whether all cases share a single viral lineage (common source) or represent multiple introductions.
WHO, ECDC, and CDC all assess the global/EU risk as LOW. ANDV does not spread via casual contact or over distances.	ANDV reservoir rodent ecology in Tierra del Fuego — a province with no prior recorded hantavirus cases — is poorly characterised.
WHO deployed an expert on board; 2,500 diagnostic kits dispatched from Argentina to five countries. Case definitions harmonised across all affected nations.	Whether ANDV was transmitted within the confined ship setting by routes beyond direct intimate contact (e.g., fomites, shared bathrooms) is unknown and potentially important for future cruise-ship outbreak preparedness.
45-day symptom-monitoring guidance has been issued to all passengers and crew by WHO.	The optimal monitoring duration and intensity beyond the WHO 45-day guidance for contacts in a shared-travel setting has not been formally validated.



Research gap: Confirmed person-to-person ANDV transmission outside intimate-partner or household settings is rare and poorly documented. If systematic phylogenetic analysis confirms a single viral lineage across the MV Hondius cluster, this outbreak will provide important new evidence on secondary ANDV transmission dynamics in non-domestic, confined-travel environments — with direct implications for expedition cruise preparedness and IHR guidance.

6. International Response

The outbreak triggered a coordinated multi-country and multi-agency public health response following WHO notification on 2 May 2026 (via UK IHR focal point) and ECDC notification on the same date (via Netherlands through EWRS). The table below summarises actions by country and body as of 9 May 2026.

Country / Body	Actions and Status (as of 9 May 2026)
WHO	Coordinated the international response under IHR. Issued WHO DON-599 (approx. 5 May). Deployed an expert physically on board the MV Hondius to assess all passengers and crew individually. Arranged shipment of 2,500 ANDV diagnostic kits from Argentina to five countries. Issued 45-day symptom-monitoring guidance. Confirmed global risk as LOW. WHO Director-General Dr Tedros briefed media on 7 May 2026. Invoked Spain's legal and moral obligations when Canary Islands initially refused the ship.
ECDC	Notified via EU EWRS on 2 May (by Netherlands as flag state). Published Threat Assessment Brief on 6 May, updated 8 May 2026. Established harmonised case definitions: suspected, probable, confirmed. Activated EU Health Task Force (EUHTF) support remotely and on board. EU Reference Laboratory (EURL-PH-ERZV) offered ANDV diagnostic support to EU/EEA national reference laboratories. As of 8 May: 5 confirmed, 2 probable, 1 suspected — total 8 cases.
South Africa	Received Case 3 (British national) for ICU care in Johannesburg — critical but improving as of 7 May. Also received Case 2 (Dutch female) who collapsed at Johannesburg airport on 25 April; she died in hospital on 26 April. NICD confirmed ANDV by PCR (4 May) and sequencing (6 May). Contact tracing initiated for both flights.
Netherlands	As flag state, coordinated shipboard assistance and communicated with WHO and ECDC. Received two medically evacuated patients flown from Cape Verde, with specialist infectious-disease teams on standby. KLM notified passengers on the 25 April Johannesburg–Amsterdam flight of potential ANDV exposure.
Switzerland	University Hospital Zurich identified and isolated Case 8 (Swiss national) who had disembarked at an earlier port and sought medical care after symptom onset. Confirmed ANDV positive on 6 May 2026.
Germany	Case 4 (German female) died on board on 2 May; cause of death under investigation. Her body remains aboard the ship pending arrival in Tenerife. At least one additional German national has been confirmed or is suspected and hospitalised in Germany — likely from among the patients evacuated from Cape Verde.
Singapore	Communicable Diseases Agency placed two residents (aged 67 and 65) in government isolation facilities. Both had been aboard the Hondius, disembarked early, and transited through Johannesburg on 25 April on the same flight as Case 2. One had mild symptoms; the other was asymptomatic. Test results pending as of 6 May. Risk to Singapore's general population assessed as low.
France	A suspected case linked to the voyage was under investigation as of 8 May 2026. Details had not been officially confirmed at time of report compilation.
Argentina	Published the index couple's full itinerary on 6 May 2026. Malbrán Institute conducting rodent trapping and serological testing along the route. Reported 101 hantavirus cases nationally since June 2025 — approximately double the prior-year figure. Identified the Ushuaia birdwatching excursion as the leading candidate exposure site, in a province with no prior recorded hantavirus cases.
Spain / Canary Islands	Canary Islands president Clavijo refused docking on 6 May. Spain's national Ministry of Health overrode the objection in accordance with international law and humanitarian principles. Medical evaluation and repatriation of ≈150 persons planned at Port of Granadilla, Tenerife, upon arrival circa 10 May 2026.



USA / CDC	CDC deployed a team to the Canary Islands for individual exposure risk assessment of American passengers, and a second team to Offutt Air Force Base (Omaha, NE). US passengers will be repatriated on a government medical flight to Offutt and assessed at the National Quarantine Center, University of Nebraska Medical Center. As of 8 May: ≥9 US residents across ≥6 states under monitoring; none symptomatic. California DPH monitoring at least one returned passenger and tracking one still aboard.
Canada	At least 6 Canadian nationals were aboard or on associated flights. Three returned to Canada and are self-quarantining under local public health guidance; all are asymptomatic. Public Health Agency of Canada published a rapid risk assessment on 7 May 2026, assessing risk of ANDV spread within Canada as low.
UK / UKHSA	UK IHR focal point notified WHO on 2 May, formally triggering the international response. UKHSA has identified one additional confirmed case beyond WHO's count as of 8 May. Saint Helena remains a key point of case management as the port where Cases 1 and 2 disembarked and where contacts were first identified.
Cape Verde	Hosted the ship's first docking (Praia, 3 May). Local medical teams evaluated symptomatic passengers, coordinated ambulance-boat evacuations, and collected specimens for laboratory testing. National IHR focal point engaged in WHO coordination.

7. References and Sources

Sources are categorised by type. Outbreak-specific information derives from categories A and B. Scientific literature (category C) provides background on Andes hantavirus epidemiology and is not specific to the 2026 MV Hondius event. All URLs accessed 9 May 2026.

A. Primary official documentation

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B. News media coverage (outbreak reporting)

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- [11] Time. What Countries Are Linked to the Hantavirus Outbreak? 7–8 May 2026. <https://time.com/article/2026/05/07/countries-hantavirus-hondius-cruise-ship/>
- [12] ABC News. Hantavirus live updates: CDC will bring Americans back to quarantine unit. 8–9 May 2026. <https://abcnews.com/International/live-updates/hantavirus-live-updates-mv-hondius-canary-islands/?id=132746955>



C. Peer-reviewed scientific literature (Andes hantavirus background)

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D. Institutional background resources

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This report was compiled for informational and public health situational awareness purposes. Information is current as of 9 May 2026; the outbreak was still evolving at time of publication. Scientific references [13]–[16] concern background virology and prior outbreaks and do not constitute primary documentation of the 2026 MV Hondius event. Factual corrections applied in this edition: (a) Malbrán Institute name corrected; (b) Case 1 symptom onset reframed as supporting pre-boarding infection; (c) Case 4 body-on-board status added; (d) UK/EWRS notification channels clarified; (e) German case distinguished from Cape Verde evacuees; (f) Port of Granadilla specified; (g) Africa CDC erroneous departure date (20 March) not propagated.