



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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Date: 12 May 2026
To: North Carolina Clinicians
From: Erica Wilson, MD, MPH, Medical Epidemiologist
Subject: Hantavirus – Recommendations for Clinicians

Introduction

The World Health Organization (WHO) has reported a cluster of hantavirus infections in passengers who were aboard the cruise ship MV Hondius. As of May 8, there have been 8 cases reported including 3 deaths. While the Centers for Disease Control and Prevention (CDC) has assessed the risk to the American public to be low, attention to this outbreak might raise questions and concern from some patients. The purpose of this memo is to increase awareness and understanding of hantavirus among North Carolina clinicians and to provide guidance for the assessment of potential cases.

Hantavirus overview

Hantaviruses are a family of viruses that are spread mainly by rodents and can cause severe illness in infected people. The specific hantavirus linked to the recent cruise ship cases is the Andes virus, which is native to South America. Andes virus is the only type of hantavirus that has evidence of spread from person-to-person, generally after prolonged contact with an infected person. Its rodent reservoir is the long-tailed pygmy rice rat, which is not found in the U.S. Andes virus has **not** been identified among rodents in the U.S. The hantavirus most commonly associated with human infections in the U.S. is the Sin Nombre virus; **most reported cases occur in the western region of the country. Hantavirus is extremely rare in North Carolina, with the only case reported in 1995.**

Risk factors and clinical presentation

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.

Treatment

There is no specific treatment for hantavirus infections. Severe symptoms may develop rapidly, so early supportive care is critical. HPS may require respiratory support; therefore, managing patients in a facility with an intensive care unit and ECMO capacity is highly recommended.

Testing for Hantavirus in North Carolina

The definitive diagnosis of hantavirus infection is most often based on serological testing for IgM and IgG antibodies. Serological IgM and IgG testing for hantavirus is available at the CDC. Specimens for Andes virus or other hantavirus testing at CDC must be pre-approved by the Communicable Disease Branch

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(CDB) and submitted through the NC State Laboratory of Public Health (NCSLPH). Currently available IgM and IgG tests are not specific for Andes virus. Molecular tests (PCR) for Andes virus are in development and additional information will be provided when available. **Testing should only be performed for patients with both clinically compatible illness AND epidemiologic risk factors, including exposure to rodents and travel to a hantavirus-endemic region.** Because the risk of hantavirus transmission in North Carolina is extremely low, testing patients without these risk factors may produce false-positive test results. If you suspect hantavirus in a patient, immediately notify CDB at 919-733-3419 for further guidance.

Public health response to the MV Hondius outbreak

All passengers who were onboard the MV Hondius are being closely monitored by public health officials. The risk to the North Carolina public from this outbreak remains low.

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