

# IPC Interim Recommendations Hantavirus Andes (ANDV) Strain

In addition to [Routine Practices](#)



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## All information applies only to Andes (ANDV) Hantavirus and passengers or contacts of passengers on [MV Hondius \(2026\)](#)

These recommendations are interim in nature and may be revised as additional evidence and guidance become available.

Current evidence suggests only contact droplet spread with no long-range airborne transmission, however in acknowledgement that experience with this strain is limited, the interim direction to initiate airborne precautions in addition to contact and droplet is being provided out of an abundance of caution.



## Assessment and Canadian case definitions

**Suspected case:** anyone who shared or visited a location where there has been a confirmed or probable ANDV case AND with acute symptoms compatible with ANDV infection, including fever, myalgia, chills, acute gastrointestinal or acute respiratory symptoms.

**Probable case:** a person with signs and symptoms of a suspected case that has been evaluated by a health professional AND has a known epidemiological link with a confirmed or probable ANDV case AND for which laboratory results are not available.

**Confirmed case:** person with laboratory confirmation of ANDV through RT-PCR testing of blood and/or paired hantavirus serology.






**Contact:** a person who was exposed to a confirmed or probable case of ANDV while the case was infectious, through interactions consistent with exposure to respiratory secretions, saliva, blood, or other bodily fluids.

**High-Risk Contacts:** Individuals with one or more of the following exposures with a probable or confirmed ANDV case:

- All passengers and crew on the *MV Hondius*.

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	<ul style="list-style-type: none"> <li>○ Individuals with direct physical contact, or those sharing a bathroom or sleeping space.</li> <li>○ Persons within approximately 2 meters for prolonged periods (&gt;15 minutes cumulative) indoors.</li> <li>○ Healthcare workers with unprotected exposure.</li> <li>○ Aircraft passengers seated in the same row, and within two rows in all directions from the case.</li> <li>○ Persons handling linens, clothing, other personal items of the case, medical waste, or body fluids without appropriate PPE.</li> </ul>
	<p><b>Medical Officer of Health (MOH) notification</b></p> <ul style="list-style-type: none"> <li>• Notify MOH by fastest means possible.</li> </ul>
	<p><b>Laboratory Testing for Hantavirus</b></p> <ul style="list-style-type: none"> <li>• Consult PROV LAB Microbiologist On-call before testing.</li> </ul>
	<p><b>Accommodation</b></p> <ul style="list-style-type: none"> <li>• Airborne AND Contact and Droplet Precautions are required for asymptomatic and asymptomatic exposed contacts.</li> <li>• Negative pressure single room, anteroom (if possible) and bathroom.</li> <li>• Facilities without negative pressure rooms should consult IPC and the <a href="#">Management of Patients Requiring Airborne Isolation</a> for management of suspected or confirmed cases that require <b>Airborne Precautions</b>.</li> <li>• <a href="#">Airborne Precautions sign</a> and <a href="#">Contact and Droplet Precautions sign</a> visible on entry to room.</li> <li>• Room door must be shut at all times, except when entering or leaving the room.</li> </ul>
	<p><b>Hand hygiene</b></p> <ul style="list-style-type: none"> <li>• Perform <a href="#">hand hygiene</a> using alcohol-based hand rub (ABHR) or soap and water as described in <a href="#">Routine Practices</a>.</li> <li>• Educate patients and DFSPs/visitors about how and when to use <a href="#">hand hygiene</a> products.</li> </ul>
	<p><b>PPE Requirements</b></p> <ul style="list-style-type: none"> <li>• HCWs are to wear fit-tested N95 respirator, eye/face protection, gown, gloves even if the patient is wearing a mask.</li> </ul>

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- Doubling up of any PPE, i.e., double masking with any combination of respirator and mask, double gloving, double gowning, and/or double eye protection is not required nor recommended.

## Facial PPE (N95 respirator PLUS eye protection)



- When using an N95 respirator, ensure model/size is chosen based on current, valid fit-testing (i.e., within the past 2 years).



- A seal check alone is not adequate for an N95 respirator.
- Eye protection can be face shield, goggles, or personal safety glasses.

**Prescription eyeglasses alone are not adequate.**



- Consider facial PPE to be a single unit of protection; always don/doff both at the same time.

- Change/discard facial PPE if it becomes contaminated, wet or soiled.

## Gowns and gloves

### Gowns

- Fluid resistant **disposable** gown

**Note:** Fluid resistant gowns meet CSA or AAMI level 2 or 3 standards (refer to [Personal Protective Equipment against COVID-19: Medical gowns - Canada.ca](https://www.canada.ca/en/health-canada/services/infectious-diseases/covid-19/medical-gowns)).

### Gloves

**Note:** Gloves do not replace the need for hand hygiene. Instead of wearing gloves continuously, [perform hand hygiene](#) frequently. Gloves cannot be cleaned and become contaminated very quickly.



- For more detailed information on glove use see [Glove Use and Selection: Best Practice Recommendations](#) or [Proper Glove Use as part of Personal Protective Equipment](#).





## Handling Patient Care Items and Equipment (including charts and electronics)



- Linen requires handling using PPE and is managed by routine laundry procedures.
- Waste is considered biomedical waste. Discard in YELLOW biomedical waste container.
- Use disposable patient equipment when possible.
- Dedicate reusable equipment for a single patient use only until discharge.
- If re-usable equipment cannot be dedicated for a single patient use, clean and disinfect between patients. [Handling, Cleaning & Disinfecting Mobile DI Devices](#)
- All rooms should contain a dedicated linen bag, double bag only if leaking.
- Do not share items that cannot be cleaned and disinfected.
  - Paper is not a means of transmission. Handle all paper with clean hands; clean any shared items with a low-level disinfectant wipe.

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	<ul style="list-style-type: none"> <li>For shared computers, laptops and tablets, follow recommendations for the <a href="#">Use of Mobile Electronic Devices when Patients are on Contact and Droplet Precautions</a>.</li> <li>Used meal trays and dishes do not require special handling. Disposable dishes and utensils are not required.</li> </ul>
	<h3>Patient Ambulation Outside Room, Bedspace or Transfer</h3> <ul style="list-style-type: none"> <li>Patients should leave the room or bedspace for essential purposes only. Exceptions require IPC consultation.</li> <li>Before departure, notify the receiving area that the patient requires <a href="#">Airborne, Contact and Droplet Precautions</a>.</li> <li>PPE (facial protection, gloves, fluid resistant gown) is determined by <a href="#">IPC Risk Assessment</a>.</li> <li>Use pre-determined transport routes to minimize exposure for healthcare workers, other patients and DFSP/visitors.</li> <li>Before patients leave their room or bedspace, educate or assist them to:             <ul style="list-style-type: none"> <li>Perform <a href="#">hand hygiene</a></li> <li>Put on clean clothing or hospital gown/housecoat</li> <li>Ensure dressings and incontinence products contain any drainage</li> <li>Put on a procedure/surgical mask</li> <li>Consider alternate strategies for patients who cannot tolerate a mask, e.g., neonates, infants, toddlers, cuddle with care provider</li> <li>For patients with tracheostomy, cover site with surgical mask (with ties)</li> <li>Discuss if an escort is needed for the patient.</li> </ul> </li> </ul>
	<h3>Environmental Cleaning</h3> <ul style="list-style-type: none"> <li>Routine Practices, which include cleaning and disinfection of surfaces, are important to control the spread of Hantavirus.</li> <li>Cleaning and disinfection are a shared responsibility of all healthcare workers. Consider assigning designated staff to complete enhanced environmental cleaning.</li> <li>AHS-provided disinfectant products are effective against Hantavirus.</li> <li>High-touch surfaces, i.e., those which are frequently touched are most likely to be contaminated. High-touch surfaces should be cleaned twice daily.</li> <li>Any high-touch surfaces that are visibly soiled should be immediately cleaned and disinfected.</li> <li>Inpatient areas for Hantavirus patients: apply discharge/transfer isolation cleaning protocol including changing curtains on discharge/transfer.</li> <li>Additional Precautions signs should not be removed until both patient's daily personal hygiene and environmental cleaning have been completed.</li> </ul>

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	<h2>Designated Family/Support Persons (DFSP) and Visitors</h2> <ul style="list-style-type: none"> <li>• Visitation guidance for both acute care and continuing care (including definitions) can be found at <a href="#">Family/Visitors of Patients &amp; Residents</a>.             <ul style="list-style-type: none"> <li>○ <b>DFSPs</b> are individuals identified by acute care patients as needed support and are involved in their health matters.</li> <li>○ <b>Visitors</b> are anyone not identified as a DFSP.</li> </ul> </li> <li>• All DFSPs should self-monitor for symptoms (respiratory, gastrointestinal). If symptoms develop, delay any visits until symptoms have resolved.</li> <li>• If the DFSP is attending to/staying with an admitted patient, they should self-monitor for development of any new symptoms (respiratory, fatigue, muscle aches) and report any new onset to unit.</li> </ul>
	<h2>Signs &amp; posters and videos</h2> <ul style="list-style-type: none"> <li>• <a href="#">Contact and Droplet Precautions sign</a></li> <li>• <a href="#">Airborne Precautions sign</a></li> <li>• Biomedical waste poster available on Insite</li> </ul>
	<h2>References</h2> <p><a href="#">PIDAC (2026)</a>, <a href="#">CDC (2026)</a>, <a href="https://pubmed.ncbi.nlm.nih.gov/40983301/">https://pubmed.ncbi.nlm.nih.gov/40983301/</a></p>

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