

Interim Provincial Infection Prevention and Control (IPC) Guideline for Andes Virus (ANDV) in Health Care Settings

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Table of Contents

Land Acknowledgement.....	2
Important Note:	3
1 Purpose.....	3
2 Scope.....	3
3 Background.....	3
4 Patient Care Considerations	4
5 Additional Precautions	4
5.1 Patient Placement.....	4
5.2 Personal Protective Equipment (PPE)	4
5.3 Patient Care Equipment and Supplies	5
5.4 Environmental Cleaning and Disinfection.....	5
5.5 Laundry	6
5.6 Waste Management	6
5.7 Patient Transfer/Transport	7
5.8 Management of Decedents.....	7
6 Health Care Worker Education, Training and Supports	7
7 Patient and Family Supports.....	8
8 Additional Resources.....	8
9 References	9

Land Acknowledgement

PICNet acknowledges with gratitude that we work and live on the traditional, ancestral and unceded territories of many B.C. First Nations who have cared and nurtured this land for all time. PICNet’s office in Vancouver is located on the traditional land of the x^wməθk^wəyəm (Musqueam), Skwxwú7mesh (Squamish), and səliwətał (Tsleil-Waututh) Nations. We also acknowledge that there are other Indigenous people that live on these lands that originate from their own respective territories outside of these lands, the Chartered Communities of the Métis Nation B.C., and Inuit.

Important Note:

This guidance reflects current expert opinion based on the information available and may be revised as circumstances evolve. Direction from public health officials may change and will supersede recommendations outlined in this document.

1 Purpose

This guidance aims to provide standardized, evidence-informed guidance for the prevention and control of Andes virus (ANDV) in health care settings, ensuring the safety of patients, health care workers (HCWs) and others.

2 Scope

This guideline applies to health care settings caring for patients who are suspected, probable or confirmed ANDV. Refer to Public Health Agency of Canada's national case and contact definitions as required.

For other species of hantavirus, follow routine practices – refer to Public Health Agency of Canada's [*Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings*](#) for further information.

3 Background

Infectious Agent:

- ANDV is a strain of hantavirus (family *Hantaviridae*).¹⁻⁴
- It causes hantavirus cardiopulmonary syndrome (HCPS), a severe respiratory illness.⁵

Epidemiology:

- ANDV is found primarily in rodent populations of some countries within the southern cone of South America.³
- The natural reservoir is infected rodents.³
- Humans are incidental hosts.³

Transmission:

- The primary mode of transmission for ANDV is inhalation of aerosolized rodent urine, feces, or saliva.^{1,3,4}
- The secondary mode of transmission is person-to-person transmission, particularly with close, prolonged contact with an infected person.^{1,3,4} However, the transmission dynamics

remain unclear. Based on prior epidemic evidence, inhalation of aerosolized or droplet virions is possible. This distinguishes ANDV from most other hantaviruses (e.g. Sin Nombre virus).

Incubation Period:

- The incubation period of ANDV is one to eight weeks, and most commonly two to four weeks.¹

4 Patient Care Considerations

- Patients must be provided with respectful, patient-centered care that maintains their dignity, privacy, and confidentiality.
- At the same time, appropriate and sufficient measures are needed to protect HCWs, visitors, and other patients from potential transmission risks.
- Patients should not be denied admission or access to appropriate care based on suspected, probable or confirmed ANDV status.

5 Additional Precautions

- Follow [routine practices](#) including [hand hygiene](#) and [point-of-care risk assessment](#).
- Implement [airborne, droplet, and contact precautions](#) for patients suspected, probable or confirmed to have an infection with ANDV.^{4,6}
- Consult with a health authority infection prevention and control (IPC) professional for health authority operated facilities, and Medical Health Officer for community settings, on when to discontinue additional precautions.

5.1 Patient Placement

- The preferred patient placement is single airborne infection isolation room (AIIR) with:
 - Negative pressure
 - A dedicated ensuite washroom or commode
 - The door closed at all times
- The alternative placement is single patient room with:
 - A dedicated ensuite washroom or commode
 - The door closed at all times
- For both placement options, Post the [additional precaution sign](#) outside the patient's room.

5.2 Personal Protective Equipment (PPE)

Required PPE for all HCWs entering the patient's room or providing care to the patient:

- Gloves
- A long-sleeved fluid resistant protective gown (CSA or AAMI level 2 or 3 standards)⁶
- Eye protection (goggles or face shield)
- A fit-tested, seal checked respirator (e.g., CAN95/ an equivalent, or higher)

PPE Use Requirements:

- Don PPE before entry to anteroom (if available), or patient room.
- Upon exiting the patient room, safely doff PPE in the anteroom or designated doffing area outside the patient room.
- Perform hand hygiene before donning PPE and after each step of PPE removal during doffing. Refer to provincial resources for PPE donning and doffing [posters](#) and [videos](#).

Training:

- HCWs entering and exiting the patient room must be trained and competency-assessed in proper PPE donning and doffing procedures.

5.3 Patient Care Equipment and Supplies

- Use dedicated or disposable patient care equipment and supplies as much as possible.
- Thoroughly clean and disinfect reusable patient care equipment after patient use and before use on another patient:
 - Use a facility-approved hospital-grade disinfectant with a Health Canada issued Drug Information Number (DIN) and demonstrated effectiveness against common bacterial and viral agents.
 - Follow disinfectant manufacturer's instructions, including contact time.
- Minimize equipment and supplies brought into the room to essential items.

5.4 Environmental Cleaning and Disinfection

Daily Cleaning and Disinfection:

- Environmental services staff must use [PPE](#) (refer to section 5.2) for airborne, droplet and contact precautions specified above.
- Perform routine daily cleaning and disinfection.
- Use a facility-approved hospital-grade disinfectant with a Health Canada issued Drug Information Number (DIN) and demonstrated effectiveness against common bacterial and viral agents. Follow disinfectant manufacturer's instructions, including contact time.

Enhanced Cleaning and Disinfection:

Increase frequency of cleaning and disinfection to twice a day for frequently touched/high-touch surfaces within the patient room, including:

- Bed rails
- Door handles/knobs
- Call bells
- Bedside tables
- Washroom fixtures

Cleaning and Disinfection Practices:

- Avoid aerosol-generating cleaning methods (e.g., dry dusting).
- Follow facility environmental services protocols.

Additional Precautions Discharge Cleaning & Disinfection:

- Upon patient discharge or transfer, perform isolation discharge cleaning and disinfection, including disposal of remaining personal care supplies and privacy curtain changes.
- Any health care worker and environmental services personnel who enters the patient room before air clearance timelines, must wear a seal-checked and fit-tested respirator and [PPE](#) listed in section 5.2.
- Additional precaution sign must remain in place until air clearance times are achieved, and discharge cleaning as well as disinfection of the patient room is completed. Consult with your facility operations and maintenance or health authority IPC professional.
- For additional information, refer to [British-Columbia-Best-Practices-for-Environmental-Cleaning-for-Prevention-and-Control-of-Infections-in-All-Healthcare-Settings-and-Programs](#).

5.5 Laundry

- Wear [PPE](#) (refer to section 5.2) during the collection and bagging of used and soiled laundry at point-of-use.
- Place laundry in impermeable, leak-proof soiled linen bags. Tightly seal the bags before transporting them to the medical laundering area or facility.
- Perform routine laundering practices.⁶

5.6 Waste Management

- Waste generated (e.g., used clinical supplies, PPE) from caring for patients with suspected, probable or confirmed ANDV must be managed as Category A infectious waste in accordance with [Transportation of Dangerous Goods \(TDG\) regulations](#).⁷
- Handle, contain, store, and transport waste using Category A-compliant packaging and processes.
- All waste management practices must follow:
 - Applicable federal and provincial regulations

- Facility-specific protocols for Category A waste handling
- Minimize handling of waste and avoid actions that may result in aerosolization or exposure.
- Ensure staff involved in waste handling are:
 - Appropriately trained
 - Equipped with required PPE

5.7 Patient Transfer/Transport

- Limit patient movement to essential medically required procedures, such as transfers/transport for alternate level of care.
- Consult with your health authority IPC professional prior to patient transfer/transport.
- Inform your Medical Health Officer of inter-facility patient transfers.
- Plan and select routes that minimize exposure to other patients or personnel.
- Notify the receiving department/facility and transport personnel (e.g., BC Emergency Health Services) prior to transport on patient status, including additional precautions.
- Transport personnel must wear clean [PPE](#) (refer to section 5.2) during transport.
- The receiving department/facility must plan for and be prepared to implement additional precautions.
- Have the patient clean their hands, wear a clean patient gown or clothes and a medical mask (if tolerated) before leaving the room.
- Clean and disinfect wheelchair or stretcher handles before you exit the room with the patient.

5.8 Management of Decedents

- Follow routine practices and additional precautions.^{6,8}
- Follow routine organizational process and practices for preparation (e.g., body fluid containment, placement in body bag) and transfer to the morgue/funeral home.^{6,8}

6 Health Care Worker Education, Training and Supports

- Provide additional information, education and supports to HCWs as needed:
 - ANDV epidemiology and transmission risks
 - Airborne, droplet, and contact precautions
 - Proper PPE use and competency-based training
 - Environmental cleaning and disinfection protocols
 - Occupational exposure reporting:

- HCWs must report potential exposures, including insufficient PPE or PPE breaches, to their immediate supervisor, as soon as possible
- Health authority staff must report occupational exposures to the [Provincial Workplace Health Contact Centre](#) for assessment and follow-up
- Access to psychological supports (e.g., employee assistance programs mental health services)

7 Patient and Family Supports

Psychological Safety:

- Communicate clearly and compassionately when additional precautions are being implemented.
- Address patient and their family's concerns proactively.

Support Measures:

- Facilitate communication between patients, and families or support persons (e.g., virtual visits).
- In-person visitation may be allowed if it is deemed essential and with appropriate safety measures in place (e.g., PPE, hand hygiene) – consult with your health authority IPC professional.
- Provide patient, their family/support persons access to:
 - Mental health services
 - Social work support
- Patient may experience stress, fear, and stigma that are associated with isolation and infectious illness. Recognize the symptoms of stress and fear and help the patient mitigate those feelings.

8 Additional Resources

- [*Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings*](#) (Public Health Agency of Canada, 2017)
- [*British-Columbia-Best-Practices-for-Environmental-Cleaning-for-Prevention-and-Control-of-Infections-in-All-Healthcare-Settings-and-Programs*](#) (PICNet, 2017)
- PPE resources (PICNet):
 - Donning and doffing [posters](#), and [videos](#)
 - [Eye and Facial Protection Selection Fit Tool](#)

9 References

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