PICNet
PROVINCIAL INFECTION CONTROL NETWORK OF BRITISH COLUMBIA
A program of the Provincial Health Services Authority

Provincial Health Services Authority

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

November 16, 2026

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Table of Contents

Land Acknowledgement 3
Guideline Development, Consultation & Approval 3
Document Version 3
1 Purpose 4
2 Scope 4
3 Background 4
4 Patient Care Considerations 5
5 Additional Precautions 5
5.1 Patient Placement 5
5.2 Personal Protective Equipment (PPE) 6
5.3 Patient Care Equipment and Supplies 6
5.4 Environmental Cleaning and Disinfection 6
5.5 Waste and Used Linen Management 7
5.6 Used Dishes and Cutlery 8
5.7 Patient Transfer/Transport 8
5.8 Discontinuation of Precautions 9
5.9 Management of Decedents 9
6 Health Care Worker Education, Training and Supports 9
7 Patient and Family Supports 10
8 Specimen Collection and Handling 10
9 Additional Resources 11
10 References 11

Land Acknowledgement

We acknowledge with deep gratitude that we work, live, and gather on the traditional, ancestral, and unceded territories of many First Nations who have cared for, stewarded, and nurtured these lands and waters since time immemorial and whose sovereignty, cultures, and ways of knowing continue to shape these territories today. We also recognize that other Indigenous Peoples live in B.C., including Métis, Inuit, and First Nations with homelands elsewhere in Canada. We honour the enduring relationships Indigenous Peoples have with these lands and waters and affirm the importance of upholding their rights to health, wellness, culture, and self-determination.

Guideline Development, Consultation & Approval

- Developed by the Provincial Infection Control Network of British Columbia (PICNet) based on a review of current evidence and available guidance.
- Reviewed by the Provincial Occupational Health and Safety Council.
- Reviewed by the Provincial Infection Prevention and Control Steering Committee (PIPSC), which provided feedback and approved the final guidance.
- Approved by the Ministry of Health and the Office of the Provincial Health Officer.

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.

Document Version

Version	Summary of Major Changes
November 16, 2026	Recommendations have been updated to align with recent Public Health Agency of Canada's *Notice: Interim recommendations for infection prevention and control of Andes hantavirus in healthcare settings (June 2026)* • Added recommendation for management of high-risk contacts using airborne, droplet, and contact precautions, regardless of symptom status. • Updated guidance for used linen to be managed as Category A infectious waste. • Added recommendations for management of used dishes and cutlery. • Added new section on discontinuation of additional precautions. • Updated visitor recommendations including screening, restrictions for exposed contacts, and self-monitoring. • Added new section on specimen collection and handling. • Updated referenced resources and links to supporting documents.
May 15, 2026	Originally published.

1 Purpose

This guidance provides standardized, evidence-informed recommendations 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 to have ANDV. Refer to Public Health Agency of Canada's national case and contact definitions as required.[1] 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.

Procedures for the cleanup and remediation of rodent droppings, urine, and nesting materials are outside the scope of this guidance.

3 Background

Infectious Agent:

- ANDV is a strain of hantavirus (family *Hantaviridae*).[2–5]
- It causes hantavirus cardiopulmonary syndrome (HCPS), a severe respiratory illness.[6]

Epidemiology:

- ANDV is found primarily in rodent populations of some countries within the southern cone of South America.[4]
- The natural reservoir is infected rodents.[4]
- Humans are incidental hosts.[4]

Transmission:

- The primary mode of transmission for ANDV is inhalation of aerosolized rodent urine, feces, or saliva.[2,4,5]
- The secondary mode of transmission is person-to-person transmission, particularly with close, prolonged contact with an infected person.[2,4,5] 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.[2,7,8]

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.[5,7–9] Additionally, high-risk contacts seeking medical services must be managed on airborne, droplet and contact precautions, regardless of the presence of symptoms.[7]

5.1 Patient Placement

- The preferred patient placement is a 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 a 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[7]:

- Gloves.
- A long-sleeved fluid-resistant protective gown (CSA or AAMI level 2; use level 3 when there is increased risk of fluid exposure)[9].
- Eye protection (goggles or face shield).
- A fit-tested, seal-checked respirator (e.g., CA-95/N95, 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 Biocide or Drug Identification 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 Biocide or DIN and demonstrated effectiveness against common bacterial and viral agents. Follow disinfectant manufacturer's instructions, including contact time.
- Avoid cleaning methods that resuspend or disperse potentially contaminated dust and particles into the air (e.g., dry dusting).
- Follow facility environmental services protocols.

Enhanced Cleaning and Disinfection:
Increase frequency of cleaning and disinfection to twice a day for frequently touched/high-touch surfaces within the patient room[7], including:

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

Additional Precautions Discharge Cleaning and 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 and/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 Waste and Used Linen Management

- Waste (e.g., used clinical supplies, PPE) and used linen generated 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.[7,8,10]
- Wear PPE (refer to section 5.2) during the collection and bagging of waste and linen used at point-of-use.

- Minimize handling of waste and used linen. Avoid actions that may result in aerosolization or exposure (e.g., compressing or shaking).[8]
- 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

5.6 Used Dishes and Cutlery

- Reusable dishes and cutlery should be handled, transported, cleaned and disinfected in accordance with facility procedures for additional precautions.[8]
- Disposable dishes and cutlery are not required. If used, they should be disposed of in designated Category A waste containers at point-of-use.[7]

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 local Medical Health Officer (MHO) 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 exiting the room with the patient.

5.8 Discontinuation of Precautions

- Consult with a health authority infection prevention and control (IPC) physician/professional for health authority operated facilities, and Medical Health Officer for community settings, on when to discontinue additional precautions.[7]
- Decisions should consider the clinical stage (e.g., ongoing symptoms, severity of illness, convalescent phase) and the possibility of ANDV transmission. For severe cases, viral shedding may be prolonged, and additional precautions should remain in place for up to 15 days from symptom onset.[8]

5.9 Management of Decedents

- Follow routine practices and additional precautions.[7,9,11]
- Follow routine organizational process and practices for preparation (e.g., body fluid containment, placement in body bag) and transfer to the morgue/funeral home.[7,9,11]
- Advise the morgue of the precautions in place prior to transport.[7]

6 Health Care Worker Education, Training and Supports

- Provide additional information, education and support 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 permitted when deemed essential (e.g., caregivers and support persons) in consultation with health authority IPC professional and with appropriate safety measures in place (e.g., PPE, hand hygiene).[7,8]
    - Screen visitors for risk factors, signs and symptoms associated with ANDV.
    - Visitors with known exposure to ANDV prior to the patient's admission should not visit and must follow the direction of MHO/Public Health as part of contact management.
    - Ensure visitors are able to comply with additional precaution measures in place.
    - Advise visitors to self-monitor for symptoms. If symptoms develop, they should defer further visits and notify the unit care team and Public Health.
- Provide the patient, their family or support persons with access to:
    - Mental health services
    - Social work support
- The 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 Specimen Collection and Handling

- Initiate advance planning and coordination prior to specimen collection, including notification to relevant departments (e.g., clinical teams, laboratory services/Medical Microbiologist) to ensure adherence to biosafety procedures.[7,8]
- Handle and transport specimens in a manner to prevent breakage, leakage, or spills.[7,8] Do not use pneumatic tube or other systems that use high pressure and rapid speed.[7]
- For further information, refer to organizational laboratory resources and the BCCDC's Laboratory Services, Memos and Communications.

9 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

10 References

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9. Public Health Ontario (PHO). *Infection Prevention and Control Precautions for Hantavirus (Andes Virus)*. Updated May 15, 2026. Accessed June 18, 2026. https://www.publichealthontario.ca/-/media/Documents/H/26/hantavirus-andes-strain-ipac-precautions.pdf?rev=c617a39a653c45f7b9e708c8415277fe&sc_lang=en&hash=5F449685A095B8FF117729C21B5FD706

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11. Public Health Agency of Canada (PHAC). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings.* Published online September 26, 2017. Accessed March 27, 2024. https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html