

Hantaviruses in Oregon – What You Need to Know

As of May 19, 2026, the Centers for Disease Control and Prevention (CDC) have reported **no confirmed cases of Andes strain hantavirus in the United States**. Concerns surfaced on May 2, 2026, when the World Health Organization (WHO) was notified of a cluster of severe acute respiratory illnesses among passengers and crew of a cruise ship in the Atlantic Ocean.

There are several New World hantavirus strains endemic (present year-round in a geographic area), to the United States. Related illnesses are considered rare, but severe.

Hantavirus disease prevention in the U.S. focuses on reducing human exposure to rodent host species and rodent urine, saliva, and droppings.

In recent years, the WHO has classified hantaviruses as emerging priority pathogens with high potential to spark international public health emergencies.

Sin Nombre virus

Over 30 years ago a distinct strain of hantavirus was discovered in the Four Corners region of the United States, the area is shared by Arizona, New Mexico, Colorado, and Utah. In 1993 a previously healthy 19-year-old man died days after being admitted to hospital with flu-like symptoms and shortness of breath. Sadly, his death followed the death of his fiancé who died of an unexplained respiratory illness days earlier. An investigation of the Four Corners area then revealed multiple additional cases and a previously unknown virus. Once isolated, the strain of hantavirus was named Sin Nombre virus, and the disease named Hantavirus Pulmonary Syndrome (HPS). Analysis of older tissue samples indicated the virus had likely infected and caused the death of humans as early as 1959.

Epidemiologists (disease detectives) exploring the conditions in and around the impacted family homes found more rodents in victims' households compared to others in the area. Additionally, the victims were **more** likely to thoroughly clean their homes and maintain home gardens. Rodents in the area were trapped and tested for pathogens. Although a number of species were found to carry the virus, deer mice (*Peromyscus* spp.) were found in abundance and considered to be the principal group of rodents circulating the virus. After multiple years of drought in the region, populations of deer mice had dramatically increased after heavy snowmelt and spring rains triggered vegetation growth. Tragically, half the people found infected with the virus during the 1993 Four Corners outbreak died.

<https://www.cdc.gov/mmwr/preview/mmwrhtml/00025007.htm>.

While the Sin Nombre hantavirus that occurs in the American West has a high mortality rate, it differs from the Andes hantavirus currently making headline news in May 2026. Unlike the Andes virus, the Sin Nombre virus does not spread from person to person. The Sin Nombre virus is almost exclusively transmitted to humans through direct contact with infected rodents and through the inhalation of aerosolized particles of urine, droppings, or saliva. Both the Sin Nombre and Andes viruses can lead to life-threatening HPS, where early symptoms are similar to flu and may lead to misdiagnosis.

Oregon Health Authority reports Sin Nombre hantavirus cases and data indicate an average of one case annually

(<https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/hantavirus-pulmonary-syndrome.aspx>).

Clear guidelines for minimizing the chances of human exposure to Sin Nombre virus are available see CDC: <https://www.cdc.gov/hantavirus/prevention/index.html> and University of Arizona Cooperative Extension <https://extension.arizona.edu/publication/hantavirus-and-disease-prevention>.

Andes virus

The WHO, the Centers for Disease Control and Prevention (CDC), and multiple countries are working with local health departments responding to Andes hantavirus exposures linked to a cruise ship carrying 150 passengers which sailed from South America in early April 2026. The MV Hondius cruise ship carried passengers from 23 different countries. The CDC and health departments in several states are monitoring the health of U.S. passengers from the ship and travel contacts of those confirmed to have Andes virus infection.

As of May 24, 2026, the European Centre for Disease Prevention and Control report 10 Andes virus cases confirmed (including 3 deaths), plus 2 probable cases associated with the cruise ship passengers and crew (<https://www.ecdc.europa.eu/en/infectious-disease-topics/hantavirus-infection/surveillance-and-updates/andes-hantavirus-outbreak>). International contact tracing is ongoing. The MV Hondius cruise ship and crew have returned to their Netherlands home base.

Passengers from the U.S. have been repatriated and are being monitored closely for 42 days after their last potential exposure. This is considered to be the longest period of time for people contracting the Andes virus to develop symptoms. Exact numbers have changed day-to-day, but as of May 15, 2026, there were 41 Americans quarantining in the U.S. which includes 18 from the ship and approximately 23 travel related exposures. **These are exposures or potential exposures, not infection cases.**

As of May 19, 2026, CDC reports “no cases of Andes virus have been confirmed in the United States” <https://www.cdc.gov/hantavirus/situation-summary/index.html>.

The primary wild host of the Andes virus in Chile and Argentina is the long-tailed pygmy rice rat (*Oligoryzomys longicaudatus*). Humans acquire the virus when exposed to infected rats or virus-contaminated items. These rodents are common in some agricultural areas and will live around homes. Argentina has noted increasing numbers of human cases in recent years. Ecologists theorize that changes in environmental conditions and urbanization trends cause changes in the ecosystem that affect populations and distribution of wild virus-carrying rodent species and therefore the likelihood of human exposure.

Andes virus is considered an unusual hantavirus strain because it can transmit person-to-person, spreading through close contact or through exposure to infectious body fluids. Each year there are between 50-200 human cases in Argentina and Chile. Clusters of human cases in Argentina have occurred in groups of people during social gatherings (N Engl J Med 383/23 nejm.org December 3, 2020).

Like the other New World hantaviruses throughout the Americas, Andes hantavirus causes hantavirus pulmonary syndrome (HPS), which more recently is referred to as hantavirus cardiopulmonary syndrome (HCPS). The illness starts with flu-like symptoms before the “cardiopulmonary phase” occurs, leading to fluid in the lungs, heart failure, and abnormal heart rhythms. Death often occurs within 24 hours of severe symptom onset, and mortality is high and may reach 50%. No effective antiviral treatment currently exists. Supportive care and isolation is critically important, with many patients requiring hospitalization in an intensive care unit on a ventilator for lung support.

The aim is to rapidly contain the Andes virus and at this time we may still see additional cases occurring among individuals exposed before diagnosis and containment measures were implemented. The CDC is following the outbreak containment playbook: identify exposed individuals, monitor them, refine testing protocols to identify cases, investigate transmission chains, and prepare health care systems as the situation unfolds.

Authorship

Tim W Stock (Oregon State University, School IPM Program),
Dawn H Gouge (University of Arizona (UA), Integrated Pest Management Specialist),
Irene Ruberto (Vector-borne and Zoonotic Diseases Program Manager, Arizona Department of Health Services - Bureau of Infectious Diseases),
Michael B Henry (Emergency Medical Physician, Phoenix),
Kaitlin Fahlgren (UA, Graduate Student),
Veer Magiyawala (Arizona State University, Global Health Undergraduate Student)