

# Hantavirus – Public Health

Project ECHO / Skyler Brennan, MPH / May 28, 2026

# NOTIFIABLE DISEASE CONDITION REPORTING

All Georgia physicians, laboratories, and other health care providers are required by law to report patients with the following conditions.

LEGEND	
* <b>To be determined</b> in consultation with DPH Epidemiology. Based on public health impact potential. Ultimate decision made by State Health Officer and State Epidemiologist.	*** <b>ALT and total bilirubin</b> associated with hepatitis A, B, or C serology should be reported
** <b>Invasive</b> isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid.	**** <b>L. monocytogenes</b> resulting in infant mortality is reportable to Vital Records.
	☠️ Potential agent of bioterrorism

SUBMISSION REQUIREMENTS FOR CLINICAL MATERIALS <sup>1</sup>	
<b>A</b> All reported cases	<b>7</b> Hold 7 days and submit if DPH requests
<b>I</b> Send invasive <sup>2</sup> specimens	<b>✓</b> DPH does not routinely test but submission may occur upon DPH approval

REPORT IMMEDIATELY	
Call: District Health Office or 1-866-PUB-HLTH (1-866-782-4584)	
all outbreaks/clusters (including infectious and non-infectious causes, toxic substance and drug-related, and any other outbreak)	measles (rubeola) <b>A</b>
unusual occurrence of disease of public health concern*	meliodosis ☠️ <b>A</b>
	meningitis (specify agent when reporting) <b>7</b>
	meningococcal disease, invasive infections** <b>A</b>
	novel influenza A virus infections <b>A</b>
all acute arboviral infections	novel respiratory virus infections (SARS, MERS, etc.) <b>A</b>
• California serogroup viruses (California encephalitis, Jamestown Canyon, keystone, La Crosse, snowshoe hare, trivittatus)	orthopoxvirus infections (i.e., smallpox, mpox) ☠️ <b>A</b>
• chikungunya virus <b>✓</b>	pertussis <b>A</b>
• dengue virus <b>✓</b>	plague ☠️ <b>A</b>
• equine encephalitis viruses (eastern, Venezuelan, western) <b>✓</b>	poliomyelitis <b>A</b>
• Powassan virus <b>✓</b>	Q fever ☠️ <b>A</b>
• St. Louis encephalitis virus <b>✓</b>	rabies (human and animal infections) <b>A</b>
• yellow fever virus <b>✓</b>	<i>Staphylococcus aureus</i> infections with vancomycin MIC ≥ 4 mcg / mL <b>7</b>
• Zika virus <b>✓</b>	Shiga-toxin producing <i>E. coli</i> infections (including O157) <b>A</b>
amebic (free living) infections ( <i>Acanthamoeba</i> spp., <i>Balamuthia mandrillaris</i> , <i>Naegleria fowleri</i> , <i>Sappinia</i> spp., etc)	syphilis <b>A</b>
animal bites <b>A</b>	• positive non-treponemal or treponemal test <b>A</b>
anthrax ☠️ <b>A</b>	• during pregnancy <b>A</b>
botulism ☠️ <b>A</b>	• congenital <b>A</b>
brucellosis ( <i>Brucella</i> spp. including <i>B. abortus</i> , <i>B. canis</i> , <i>B. melitensis</i> , <i>B. suis</i> ) ☠️ <b>A</b>	tuberculosis (TB) <b>A</b>
<i>Cronobacter</i> , Invasive (infants under 1 year of age) <b>A</b>	• confirmed or presumed active TB disease, any age <b>A</b>
cholera (toxigenic <i>Vibrio cholerae</i> ) <b>A</b>	• latent TB infection (inactive TB) in children <6 <b>A</b>
diphtheria <b>A</b>	tularemia ☠️ <b>A</b>
hantavirus pulmonary syndrome (HPS) <b>A</b>	viral hemorrhagic fevers ☠️ <b>A</b>
hepatitis A*** <b>✓</b>	
• reactive anti-HAV IgM <b>✓</b>	

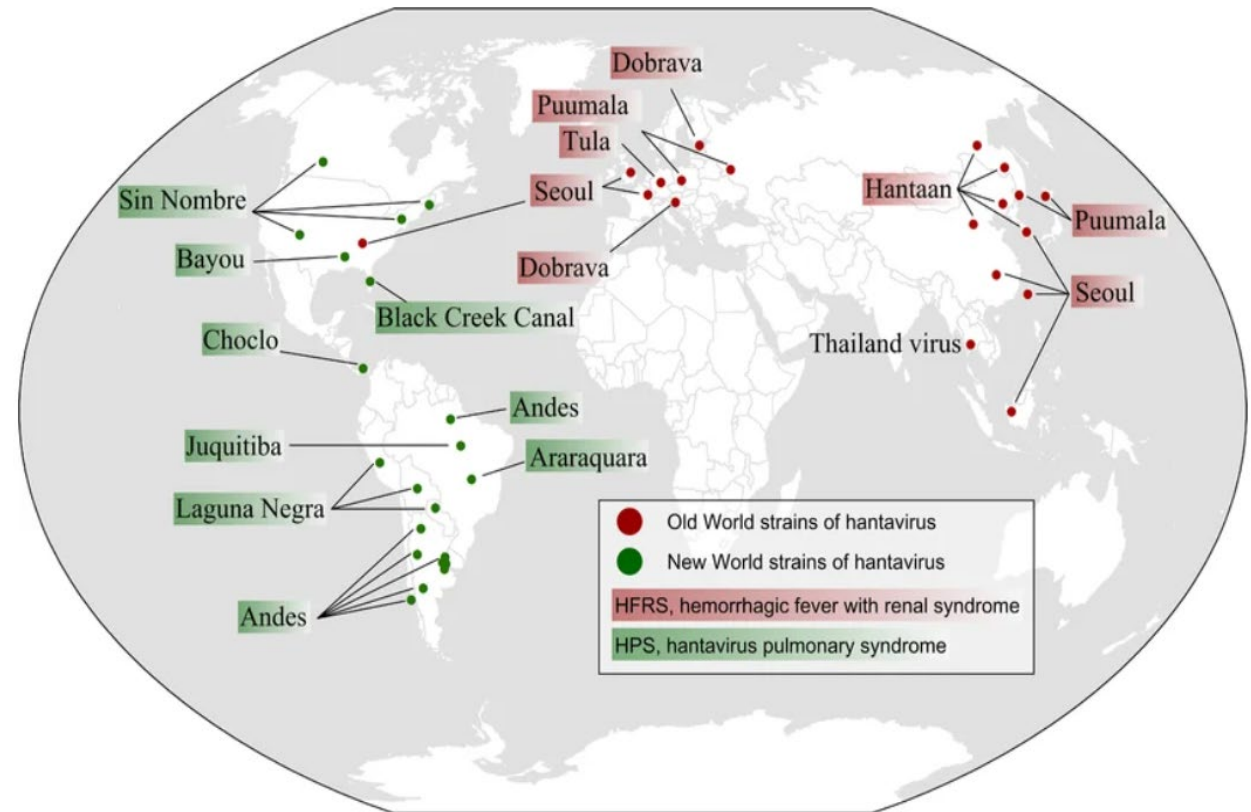
Report cases electronically through the state electronic notifiable disease surveillance system at [sendss.state.ga.us](https://sendss.state.ga.us)

For more information:  
[www.dph.ga.gov/disease-reporting](https://www.dph.ga.gov/disease-reporting)



# About Hantaviruses

- Hantaviruses are RNA viruses from the **Hantaviridae** family
- Transmitted primarily through exposure to rodent excreta/saliva/nesting materials, rarely transmitted via person-to-person (Andes Virus only) or rodent bite/scratch



\*Each type of hantavirus is closely tied to a specific rodent species

# Old vs. New World Hantaviruses

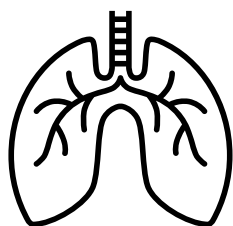
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## **New World**

Hantavirus Pulmonary Syndrome (HPS)

Americas

Clinical syndrome: Fever, muscle aches, nausea, vomiting, diarrhea, cough, SOB, pulmonary edema, respiratory failure

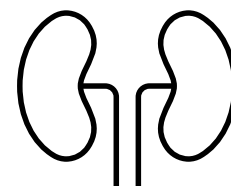


## **Old World**

Hemorrhagic Fever with Renal Syndrome (HFRS)

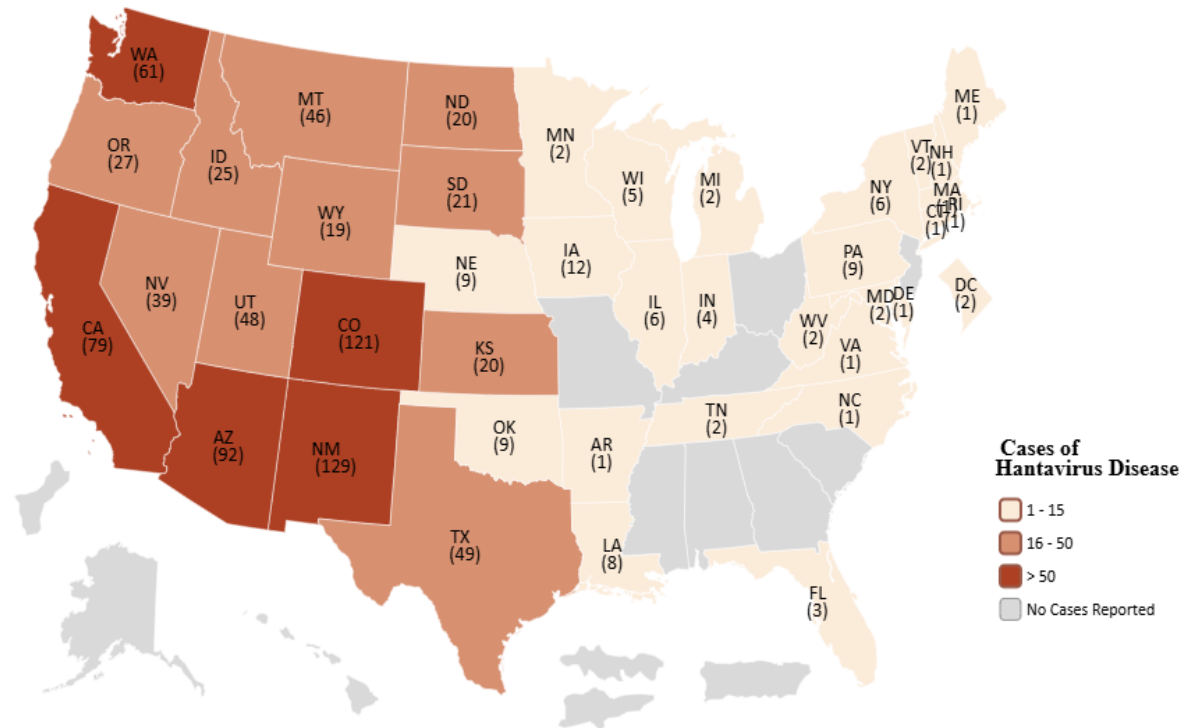
Europe and Asia

Clinical syndrome: headache, back/abdominal pain, nausea, blurred vision, acute shock, internal bleeding, acute kidney failure



# Hantaviruses in the U.S. - New World

Map of U.S. Cumulative Cases of Hantavirus by State through 2023



\*\*\*Note: no human cases of endemic hantaviruses have been identified in GA since surveillance began in 1993

All cases were confirmed between 1993-2023 and met the NNDSS case definition applicable at the time of reporting. Included in the sum total are 31 historical cases that occurred prior to 1993, but were confirmed retrospectively. Five cases had presumed exposure outside the United States.

# Hantavirus Biological Threat Categorization

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Hantavirus is a **Category C** bioterrorism agent

- BSL – 2/BSL - 2+ for diagnostic procedures such as serologic testing (with rigorous BSL –3 safety practices and equipment to prevent aerosol exposure)
- BSL –3/ -4 for isolation and culture

Andes virus is a High Consequence Infectious Disease (HCID) due to person-to-person spread. **Spread is usually limited to people with prolonged close contact with an ill person.**

# Risk Assessment

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DPH Medical Epidemiologist will conduct a risk assessment in collaboration with a clinician

## **Most important factors for consideration:**

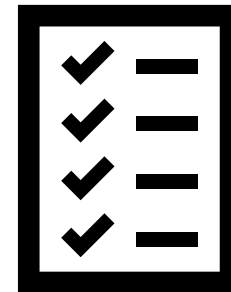
- **Travel or pertinent exposure history**
- **Clinical presentation/syndrome**

If risk is identified:

- Assist with guidance about specimen collection and transportation to the public health laboratory



**866-PUB-HLTH**



# Information Requested by Public Health

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- Patient demographics
- **Travel history (specific travel dates and locations)**
- **Exposures (rodents, persons infected with Andes virus)**
- Current symptoms and progression of illness
- Results of any tests conducted
- Underlying health conditions
- Additional information (languages spoken, co-travelers)

# Public Health Investigation

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## Hantavirus

- Public health interview
  - Focus on travel and exposure history
- Notify the state where exposure occurred if applicable
- Environmental sampling if suspected local transmission

## Andes virus

- Public health interview
- Contact tracing to identify exposed individuals
- Exposed contacts:
  - Enroll in monitoring
  - Restricted movement based on exposure risk
  - Coordinate testing if symptoms present

# Healthcare Precautions

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While hantaviruses are primarily rodent-borne, **person-to-person transmission can occur with Andes virus**, particularly through:

- **Prolonged** close contact
- Exposure to blood and body fluids
- Healthcare procedures

Isolation and precaution measures for Andes virus should include:

- Airborne infection isolation room
- Gown, gloves, eye protection, and N95 or higher-level respirator

Hantavirus (non-Andes): standard precautions

# Who to Inform

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## **Internal Notifications (Immediate)**

- These usually occur first and simultaneously
- Infection Prevention
- Hospital Administration or incident command

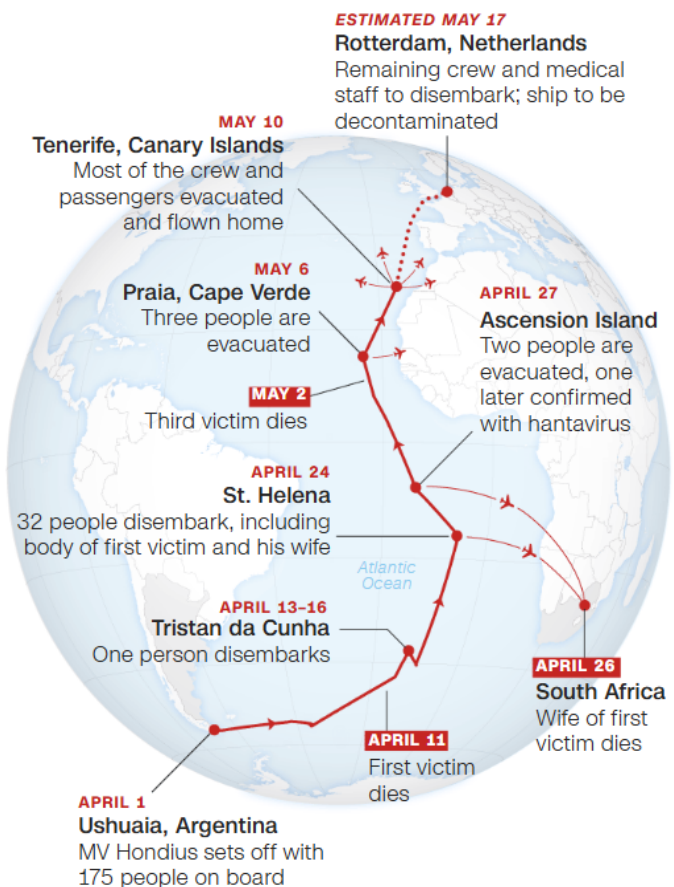
## **External Notifications**

- Public Health
- Georgia 24/7 Public Health Hotline **1-866-PUB-HLTH (1-866-782-4584)**

**Timely notifications are critical!**

# Andes Virus Outbreak – May 2026

Route of the MV Hondius and where passengers disembarked



Andes virus outbreak on MV Hondius cruise ship

Index case likely exposed in Argentina before boarding ship

Updated summary of global case counts/deaths

18 US citizens currently at National Quarantine Unit in Omaha, Nebraska

# DPH Andes Virus Response – May 2026

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Currently monitoring travelers in GA in accordance with CDC guidance

- Monitoring period: 42 days from last exposure

Infectious Disease Network (IDN) coordination

- Healthcare plan in place for travelers: DPH has met with the assessment facility and Emory SCU

# Andes Virus: Identify, Isolate, AND Inform

## IDENTIFY

- Identify patients with:
  - Travel to areas with current outbreaks or endemic disease OR
  - Contact with sick persons who recently traveled AND
  - Symptoms of illness
- Use Travel Clinical Assistant to help identify which diseases are present in traveled areas.
- Collect detailed travel information from last 21 days.
- Collect detailed information on symptom onset and progression.
- Inquire about other potential exposures (ex: school, camp, places of worship, funerals, healthcare facilities, animals).



## ISOLATE

- Isolate patients that have both exposure and symptoms.
  - Place patient in a private room.
  - Wear appropriate personal protective equipment (PPE) when entering the room.
  - Limit the number of healthcare personnel that enter the room.



## INFORM

- Inform Infection Prevention and Control.
- Inform State Public Health
  - Call 1-866-PUB-HLTH (1-866-782-4584).
  - Provide reason for calling, brief patient history and ask for a Medical Epidemiologist.
  - Depending on the situation, the Med Epi will need the following information:
    - Locations (countries and/or cities) and exact dates of travel.
    - Symptoms and progression of illness.
    - Risk Factors/exposures

# Questions

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For additional information, please contact:

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