health

Department:
Health
REPUBLIC OF SOUTH AFRICA

2030 NDP

GUIDELINES FOR PORT HEALTH SERVICES IN RELATION TO THE HANTAVIRUS EVENT

14 MAY 2026

FOREWORD

The recent hantavirus event associated with the Andes virus strain has highlighted the importance of maintaining strong public health measures at Points of Entry. Although the overall risk of hantavirus transmission in South Africa remains low, the extensive international travel, ongoing identification of cases globally and the continued monitoring of contacts necessitate continued vigilance by our Points of Entry.

These guidelines have been developed to strengthen the capacity of Port Health Services to prevent, detect, and respond effectively to potential hantavirus cases. They provide a standardised framework informed by lessons learned from the current event and inputs from key stakeholders including the World Health Organization.

These guidelines apply to Port Health Officials and their implementation will ensure the standardisation of response and detection activities to potential Andes hantavirus cases in Points of Entry therefore contributing towards the protection of public health.

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BACKGROUND

The national Department of Health (NDOH) was alerted of a medical condition affecting passengers and crew onboard a cruise ship, the MV Hondius with one reported death on the vessel. This was subsequently confirmed to be an Andes virus-associated hantavirus outbreak onboard the vessel after one ill traveller who was evacuated to South Africa tested positive for the Andes virus (ANDV). One traveller disembarked the MV Hondius on 24 April 2026 and travelled through South Africa to the Netherlands. The traveller fell ill and was transferred to a hospital for further medical attention where the traveller later died on 26 April 2026.

Laboratory tests subsequently confirmed Andes virus after the traveller had passed on. One ill traveller was medically evacuated to South Africa and later tested positive for the Andes virus. As of 13 May 2026, eleven Andes virus cases, including three deaths, have been reported globally. Two imported confirmed cases of Andes virus including one death have been reported in South Africa and there has been no evidence of community transmission currently.

Hantavirus cardiopulmonary syndrome (HCPS), also known as hantavirus pulmonary syndrome (HPS), is a zoonotic, viral respiratory disease caused by hantaviruses family *Hantaviridae*. Human exposure is known to be through infected rodent excreta and occurs following inhalation of contaminated particles in endemic environments. Although human transmission is rare, it may spread to humans during close and prolonged contact. The incubation period for hantavirus is usually one to six weeks.

Although the overall risk for hantavirus in South Africa is low, the global Andes hantavirus event response continues until all contacts have completed the 42-day contact monitoring period, and it is therefore important for Points of Entry to maintain their preparedness and response capacities.

PURPOSE

This document serves to ensure clear, consistent and standardised implementation of measures for the detection and response to potential Andes hantavirus cases in the Points of Entry and applies to Port Health Officials.

CASE DEFINITION

Suspect case: Anyone who has been a confirmed or probable ANDV case, and with a history of symptoms compatible with ANDV infection, including fever (38°C or above), myalgia, chills, acute gastrointestinal (e.g. nausea, vomiting, diarrhoea, abdominal pain) or acute respiratory symptoms (e.g. cough, shortness of breath, chest pain, difficulty breathing).

Probable Case: A person with signs and symptoms of a suspected case that has been evaluated by a health professional, and a known epidemiological link with a confirmed or probable ANDV case and for which laboratory results have not been conducted.

Confirmed case: A suspect or probable case that has laboratory confirmation of ANDV through RT-PCR or serology.

Non-case*: a suspected or probable case who tests negative for Andes hantavirus

**non-cases who develop symptoms compatible with the suspected case definition after a negative test and within the maximum incubation period after last exposure to a probable or confirmed case of potential exposure, should be retested and reclassified as appropriate.*

CONTACTS

The incubation period of hantavirus is between one to six weeks with contacts followed up for 42 days. The infectious period is from symptom onset until recovery or death. The highest infectiousness is during the symptomatic phase, and it is advisable for contacts to be identified two days before symptom onset as a precaution.

A contact is:

- A person who has been exposed to a confirmed or probable case of hantavirus ANDV while the case was infectious through interactions consistent with exposure to respiratory secretions, saliva, blood, or other bodily fluids, including:

  (a) Direct physical contact - exposure to saliva or other bodily fluids.
  (b) Close proximity exposure – being within two metres for more than 15 minutes.
  (c) Exposure in enclosed or shared spaces - multiple days on the same ship, aircraft or conveyance seating proximity.
  (d) Unprotected exposure in healthcare settings, particularly during patient care, as well as laboratory exposure.

High risk contacts:

High risk contacts are those persons who have had exposure with a confirmed or probable case in the following settings:

(a) Persons sharing the same cabin on a vessel.
(b) Intimate partners or individuals with direct physical contacts.
(c) Persons sharing a bathroom or sleeping space.
(d) Persons within two meters for prolonged periods (i.e. 15 minutes and more) in a confined space.
(e) Persons participating in shared meals, prolonged social interactions, medical care, or caregiving Activities.
(f) Healthcare workers with unprotected exposure.
(g) Individuals exposed during aerosol-generating medical procedures.
(h) Passengers in an aircraft seated in the same row and within two rows in all directions from the case.
(i) Cabin crew or medical crew with interaction with a confirmed or probable case.
(j) Persons handling contaminated linens, clothing, medical waste, or body fluids without appropriate PPE.
(k) Funeral undertakers handling human remains of persons who died of ANDV.
(l) Potential rodent exposure.

Low risk contacts:

Persons without known or prolonged close interaction with a probable or confirmed case. This includes:

(a) passengers or crew who did not share a cabin or having had prolonged close interaction,
(b) passengers onboard an aircraft seated outside the defined seating proximity zone,
(c) brief transit or port contacts,
(d) individuals sharing large open-air spaces without prolonged interaction, and
(e) healthcare providers using appropriate PPE throughout exposure.

Contact Tracing

All identified contacts (both high risk and low risk) should be communicated using a line list to the Provincial CDC coordinators for contact tracing and notify the Public Health Emergency Operations Centre (PHEOC).

PORT HEALTH ACTIVITIES

All Points of Entry must remain vigilant for any suspect case and should ensure enhanced vigilance to the potential introduction of hantavirus cases.

5.1 *Screening of Travellers*

- Keep routine vigilance at all Points of Entry (PoE).
- Implement multi-layered screening including subjecting travellers to temperature screening and visual observation for travellers who visibly look unwell.
- Officials should ensure temperature screening equipment is calibrated and in good working condition.
- Where a traveller who is unwell or identified with elevated temperature, secondary assessment must be conducted.

5.2 *Specific Measures for Airports*

- All arriving aircrafts should be monitored by a Port Health official.
- The General Declaration of Health should be thoroughly assessed to ensure it is completed correctly and information on any potential ill travellers is adequately completed.
- Flight crew should be interviewed to determine if no sick passenger has been on board during the voyage.
- In the case of aircrafts from Yellow Fever and malaria endemic areas, ensure the aircrafts have been disinfected before disembarkation.

5.3 *Specific Measures for Seaports*

- Vessels docking in South African ports should be monitored.
- Free-pratique application should be scrutinised to ascertain if there is no ill traveller on board or contact with a suspect or probable case.

- A completed Maritime Declaration of Health should be collected and thoroughly assessed by Port Health Officials.
- A valid Ship Sanitation Certificate (SSC) and passenger manifest should be collected and verified.
- Maritime declaration of health should be completed and assessed by the Port Health Officials.
- Thorough inspection of the vessel should be conducted prior to renewal or issuance of the SSC.
- Port Health should ensure implementation of the integrated vector control management plan onboard vessels, with a particular focus on rodent control.

5.4 *Measures for Ground Crossings*

- All vessels arriving through ground crossing should be monitored.
- Routine measures for prevention, early detection and response should be implemented for travellers entering the country.
- Strengthen cross border collaboration and coordination.

SUSPECT CASE ONBOARD

- If notification of an ill traveller is communicated to a Port Health official prior to arrival, the public health emergency contingency plan must be activated.
- Provincial CDC should be notified and arrangements for transportation and referral of the suspect traveller to an adequately equipped health facility should be made.
- On arrival of the conveyance, the Port Health officials together with the medical personnel should board the conveyance and conduct the primary and secondary assessment.
- Officials boarding the conveyance should ensure the appropriate PPE is worn which includes eye protection, respirator (N95), gloves and gown.
- Should a traveller be considered as a suspect case, their evacuation from the conveyance to the to the designated medical facility should be facilitated first before other passengers disembark.
- Port Health officials must identify all contacts prior disembarkation and accurately record contact details for follow up.
- All passengers and crew identified as contacts should be allowed to disembark and informed that they will be contacted as part of contact tracing, be informed of the signs and symptoms as well as who to immediately contact should they develop any of the signs and symptoms.
- Proper hand hygiene should be implemented after taking off the PPE.
- The used PPE should be managed as healthcare risk waste.
- Port Health should ensure the conveyance is cleaned and disinfected in line with existing protocols.

MEDICAL EVACUATION

- Medical evacuation companies to submit a request for transportation of a person (AC1 and AC2 form) and get approval from Port Health prior to transportation.
- Port Health must scrutinise the completed AC1 and AC2 forms including a medical record completed by the attending doctor.

- Where guidance is required, the request should be escalated to the National Institute for Communicable Diseases (NICD) Hotline using the number provided.
- Medical evacuation crew transporting a patient who is either a suspect, probable or confirmed case should be informed to apply standard and transmission-based infection prevention and control measures including:

  ✓ performing proper hand hygiene prior to donning the personal protective equipment,
  ✓ personal protective equipment to be worn should include eye protection, respirator (e.g. N95), gown and gloves,
  ✓ removal of the PPE to take place once transportation is completed, hand hygiene should be implemented after removal, and
  ✓ All PPE to be managed as healthcare risk waste.

- The provincial CDC should be informed of any medical evacuation of a person who is considered a suspected, probable or confirmed case of hantavirus.
- All medical evacuations of such persons should be carefully planned to ensure all stakeholders are informed and adequately prepared.
- Port Health to ensure patients are disembarked directly from the conveyance to the ambulance for further transportation to the receiving health facility.
- Information on all contacts, including of medical crew should be communicated to the Provincial CDC.

HUMAN REMAINS

Port Health officials to ensure human remains are transported and managed in line with Chapter 4 of the Management of Human Remains Regulations, R363 of 2013.

COMMUNICATION AND COORDINATION

- Port Health officials should ensure they remain informed about the ongoing hantavirus event.
- All Point of Entry stakeholders should be informed of the ongoing hantavirus event and informed of its signs and symptoms.
- Conveyance operators and Point of Entry personnel should be informed to immediately notify Port Health should they identify any person who is unwell.
- Mechanisms for regular and effective communication with stakeholders should be established and maintained.
- Consistent coordination with conveyance operators and port authorities should be strengthened and maintained.

PHEOC CONTACT DETAILS:

Email: pheoc@Health.gov.za
Contact No: 076 273 4155

REFERENCES

- Centers for Disease Control and Prevention. (2026, May 8). *Andes virus public health investigation guidance and exposure assessment questionnaire: M/V Hondius cruise.*
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ANNEXURE A: HANTAVIRUS SECONDARY ASSESSMENT FORM

Purpose: Risk assessment and screening of travellers suspected of exposure to hantavirus
Date: _____
Port of Entry: _____
Port Health Official: _____

	Conveyance Information			
	Name of conveyance:	Date of departure:	Departure Country:	Date of arrival
	Passenger Full Name and Surname:	ID/Passport Number:	E-mail address:	Cell Number:
	Nationality:	Adress in SA (where traveller will be staying):		
1.	Is the traveller experiencing any symptoms consistent with Hantavirus: Yes / No. If yes, please tick: ☐ Fever ☐ Chills ☐ Fatigue / unusual tiredness ☐ Muscle aches (especially back, hips, thighs, shoulders) ☐ Headache ☐ Dizziness ☐ Nausea ☐ Vomiting ☐ Diarrhoea			

	☐ Abdominal pain ☐ Cough ☐Difficulty breathing ☐ Chest tightness ☐ Feeling faint **Other symptoms:** ☐ _____ ☐ _____ ☐ _____ If yes, please indicate symptoms and date of onset:	
2.	Has the traveller had close contact with a confirmed or probable hantavirus case within the past 42 days?	If yes, estimated date of exposure:
3.	Has the traveller shared a cabin or room with an ill person within the past 42 days?	If yes, estimated date of exposure:
4.	Has the traveller shared bathroom facilities with an ill person within the past 42 day?	If yes, estimated date of exposure:
5.	Has the traveller had exposure to rodents or rodent droppings within the past 42 days?	If yes, what type of exposure?
6.	Has the traveller had rodent infected environments	If yes, what type of environment? (e.g. buildings, areas with visible rodent infestation, poorly ventilated or closed spaces etc.)
7.	Has the traveller had contact with the bodily fluids (e.g. blood, saliva, urine, or respiratory secretions) of an ill person within the past 42 days?	If yes, Type of bodily fluid: _____ Nature of contact (direct/indirect): _____ Setting of exposure (e.g. cabin, hospital, household): _____

		Date of exposure: _____ Duration of exposure: _____ PPE used: Yes ☐ No ☐ (specify): _____
8.	Has the traveller had prolonged close contact (within 2 metres for more than 15 minutes) with a suspected, probable, or confirmed hantavirus case within the past 42 days?	If yes: Setting (e.g. cabin, aircraft, hospital, public area): _____ Duration of contact: _____ Date of exposure: _____ Use of PPE (if applicable): Yes ☐ No ☐
9.	Has the traveller had exposure during medical evacuation of a suspected, probable, or confirmed hantavirus case within the past 42 days?	If yes, Role during evacuation (e.g. patient, medical staff, crew): _____ Date of evacuation: _____ Duration of exposure: _____ Type of PPE used: Yes ☐ No ☐ (specify): _____ Type of contact (direct/indirect): _____
10.	Has the traveller recently been in a hospital whether visiting a sick person or admitted for other reasons?	If yes, which one
11.	Can the traveller give details of all travel routes, countries, and modes of transport within the past 42 days?	Countries visited: _____ Dates of travel: _____ Modes of transport (air/sea/land): _____ Name of vessel/flight (if applicable)
12.	What's your occupation?	
13	Port Health official actions based on risk assessment findings (please indicate if risk is low, moderate or high risk): **i) Low Risk:** Criteria may include: • No symptoms consistent with hantavirus • No known rodent exposure or high-risk environmental exposure • No contact with confirmed/suspected case	**Actions:** ☐ Provide health education and advice on symptom monitoring ☐ Advise traveller to seek medical care if symptoms develop within incubation period ☐ No restriction on travel or activities required ☐ Record assessment outcome

	ii) High Risk Criteria may include: • Symptoms strongly consistent with hantavirus **and/or** • Rodent exposure or occupational/environmental risk • Suspected or confirmed exposure to a known hantavirus case • Travel to affected area	**Actions:** ☐ Urgent medical referral to a health facility for further assessment ☐ Implement infection prevention and control precautions ☐ Notify Provincial CDC and PHEOC ☐ Complete passenger notification form for identified contacts

Port Health official Name and Surname:
Designation:
Date :
Signature:

ANNEXURE B: LIST OF KEY STAKEHOLDERS

Stakeholders	Level of Engagement
Provincial CDC	Notify and keep informed
National Institute for Communicable Disease Control	Notify and consult
National Department of Health	Notify and keep informed
Public Health Emergency Operations Centre	Notify and keep informed
Emergency Medical Services	Activate when required
Port Authority	Keep informed
Conveyance Operators	Keep informed and support
Port Officials	Keep informed
Travellers	Keep informed

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ANNEXURE C: LINE LIST FOR IDENTIFIED CONTACTS

NAME OF CONVEYANCE:
POINT OF ENTRY OF ARRIVAL:
DATE OF ARRIVAL:

NO	NAME AND SURNAME	NATIONALITY	SEAT NUMBER	LOCATION FROM THE CASE/CATEGORY	CONTACT NUMBER	EMAIL ADDRESS
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

NO	NAME AND SURNAME	NATIONALITY	SEAT NUMBER	LOCATION FROM THE CASE/CATEGORY	CONTACT NUMBER	EMAIL ADDRESS
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						

Public Health Passenger Locator Form: To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease onboard a flight. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes. *~Thank you for helping us to protect your health.*

One form should be completed by an adult member of each family. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.

FLIGHT INFORMATION: 1. Airline name | 2. Flight number | 3. Seat number | 4. Date of arrival (yyyyy/mm/dd) 2 0

PERSONAL INFORMATION: 5. Last (Family) Name | 6. First (Given) Name | 7. Middle Initial | 8. Your sex Male ☐ Female ☐

PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.

9. Mobile | 10. Business

11. Home | 12. Other

13. Email address

PERMANENT ADDRESS: 14. Number and street *(Separate number and street with blank box)* | 15. Apartment number

16. City | 17. State/Province

18. Country | 19. ZIP/Postal code

TEMPORARY ADDRESS: If you are a visitor, write only the first place where you will be staying.

20. Hotel name (if any) | 21. Number and street *(Separate number and street with blank box)* | 22. Apartment number

23. City | 24. State/Province

25. Country | 26. ZIP/Postal code

EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days

27. Last (Family) Name | 28. First (Given) Name | 29. City

30. Country | 31. Email

32. Mobile phone | 33. Other phone

34. TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years

	Last (Family) Name	First (Given) Name	Seat number	Age <18
(1)				
(2)				
(3)				
(4)				

35. TRAVEL COMPANIONS – NON-FAMILY: Also include name of group (if any)

	Last (Family) Name	First (Given) Name	Group *(tour, team, business, other)*
(1)			
(2)			