

**CASE INVESTIGATION FORM (CIF) – ANDES HANTAVIRUS OUTBREAK  
MV HONDIUS CRUISE SHIP SETTING 2026**

**CASE CLASSIFICATION AT TIME OF FORM COMPLETION (see bottom of form for case definitions):**

Suspected  Probable  Confirmed  Other \_\_\_\_\_

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**ADMINISTRATIVE INFORMATION**

- Investigator Name: \_\_\_\_\_
  - Investigator contact information \_\_\_\_\_
  - Organization: \_\_\_\_\_
  - Date of Interview: (DD/MM/YY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - Interviewee:  Case  Other person (proxy)
    - If Proxy, specify name and relationship to case \_\_\_\_\_
    - If Proxy, provide contact information for Proxy \_\_\_\_\_
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**PATIENT IDENTIFICATION AND DEMOGRAPHICS**

- Full Name: \_\_\_\_\_
  - Unique identifier (passport/crew ID) (optional): \_\_\_\_\_
  - Date of Birth (DD/MM/YY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_
  - Sex:  Male  Female  Other  Unknown
  - Nationality: \_\_\_\_\_
  - Country of Residence: \_\_\_\_\_
  - Contact Phone: \_\_\_\_\_
  - Email: \_\_\_\_\_
- 

**VOYAGE AND ACCOMMODATION DETAILS**

- Type of traveler:  Passenger  Crew
  - If crew, list job title \_\_\_\_\_
  - If crew, list duties: \_\_\_\_\_
- Cabin number: \_\_\_\_\_
- Deck/Zone: \_\_\_\_\_
- Number of persons in cabin (including case): \_\_\_\_\_
- Cabin mates:

Name	Relationship

- Location of bathroom(s) used (if not ensuite) \_\_\_\_\_
    - Please indicate number of people sharing this bathroom (if known) \_\_\_\_\_
  - Embarkation port: \_\_\_\_\_ Date of embarkation: \_\_/\_\_/\_\_
  - Final disembarkation port: \_\_\_\_\_ Date of final disembarkation: \_\_/\_\_/\_\_
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**CLINICAL INFORMATION**

**Timeline**

- Date of symptom onset: (DD/MM) \_\_/\_\_
- Time of onset (if known):
- Date first sought care: (DD/MM) \_\_/\_\_
- Date of diagnosis: (DD/MM) \_\_/\_\_
- Illness ongoing:  Yes  No  Unknown

**Symptoms (check all that apply)**

- Fever ( $\geq 38^{\circ}\text{C}$ ) Max temp: \_\_\_\_\_
- Myalgia
- Arthralgia
- Headache
- Chills
- Dyspnea / shortness of breath
- Cough
- Chest pain
- Fatigue
- Abdominal pain or cramps
- Nausea
- Vomiting
- Diarrhea
- Lightheadedness
- Other (describe) \_\_\_\_\_

**Severe clinical signs (if known)**

- Acute respiratory distress syndrome (ARDS)
- Pulmonary edema
- Bilateral infiltrates on imaging
- Haemorrhage
- Hypotension
- Shock
- Altered consciousness
- Other (describe) \_\_\_\_\_

**Laboratory findings (if available)**

- Thrombocytopenia:  Yes (Level) \_\_\_\_\_  No  Unknown
- Elevated hematocrit:  Yes (Level) \_\_\_\_\_  No  Unknown
- Elevated creatinine:  Yes (Level) \_\_\_\_\_  No  Unknown

**Laboratory Testing for hantavirus**

- Specimen type:  Blood  Respiratory  Tissue  Other
- Laboratory: \_\_\_\_\_
- Date collected: \_\_/\_\_
- Test type:  PCR  Serology IgM  Serology IgG  Other
- Result:  Positive  Negative  Pending - if PCR positive, Ct value : \_\_\_\_\_
- Viral typing (if available):

**Additional laboratory differential diagnostic testing (if**

- Was there any other differential diagnostic testing done?  Yes  No  Unknown
  - If yes, please describe, including dates, specimens, what types of tests, where tests were conducted, and




**EXPOSURE HISTORY**

**CONTACT WITH KNOWN CASES OF HANTAVIRUS**

- In the 1-6 weeks before you became symptomatic, did you have close contact (see definition of a “contact” below) with any known Probable or Confirmed case of hantavirus?

Yes  No  Unknown

If yes:

Name of source case	Relationship to source case	Nature of contact

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**THE REMAINDER OF THE EXPOSURE HISTORY SHOULD ONLY BE COMPLETED IF THE ANSWER TO THE ABOVE QUESTION IS ‘NO’ OR ‘UNKNOWN’**

**PRE-DEPARTURE EXPOSURE HISTORY**

- Where have you travelled **from 6 weeks before your illness began until the time you boarded the Hondius?**  
*Optional for interviewer: Calculate start date of 6-week period and inform patient of the time period you are asking about.*

Location	Dates	Activities	Any contact with rodents or rodent excreta (urine/feces)? (if so, please describe, including dates, locations, and if you can describe the type of rodent) <b>PLEASE INCLUDE ANY VISITS TO LANDFILLS FOR BIRDWATCHING</b>	Any exposure to barns, farms, forests, or rural dwellings, especially sleeping outside or entering previously closed areas such as sheds? (if so, please describe, including dates, locations)	Did you do any cleaning of, or otherwise possibly had inhalation of, dust, soil, grain or hay? (if so, please describe, including dates, locations)	Were you involved in any handling or storage of cargo or bulk food (e.g., while loading the ship) (if so, please describe, including dates, locations)	Did you attend a healthcare facility (if so, please describe, including dates, locations)	Did you have close contact (within 2 meters) with anyone with a severe respiratory illness or deceased person? (if so, please describe, including dates, locations)
<i>Location 1</i>								
<i>Location 2</i>								
<i>Location 3</i>								

Location 4								
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**CRUISE-SPECIFIC EXPOSURE HISTORY**

• **Public onboard areas where you spent 30+ minutes continuously (check all that apply)**

- Bridge DECK 7
- Observation Lounge / Bar DECK 5
- Lecture Hall DECK 5
- Library DECK 5
- Restaurant DECK 4
- Reception DECK 4
- Boarding area/Shop DECK 4
- Zodiac boarding area DECK 3
- Mudroom (boots and expedition gear storage) DECK 3

• **Cabins where you spent 30+ minutes continuously (other than your own) \_\_\_\_\_**

• **Non-public areas where you spent 30+ minutes continuously (check all that apply)**

- Housekeeping/service areas
- Expedition Office / Cruise Director's Office
- Captain's Office
- Galley/Kitchen
- Infirmary (Ship Hospital)
- Below decks (Decks 1-2) (please describe) \_\_\_\_\_
- Other indoor areas (please describe) \_\_\_\_\_

**SHORE EXCURSIONS**

Location	Dates	Activities	Did you observe any rodents or rodent excreta (urine/feces)? (if so, please describe, including dates, locations, and if you can describe the type of rodent)	Any exposure to barns, farms, forests, or rural dwellings,? (if so, please describe)	Did you do any cleaning of, or otherwise had inhalation of, dust, soil, grain or hay? (if so, please describe, including dates, locations)	Were you involved in any handling or storage of cargo or bulk food (e.g., while loading the ship) (if so, please describe, including dates, locations)
<p><b><i>Antarctic Peninsula</i></b></p> <p>Attended?  <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>						
<p><b><i>Falkland Islands</i></b></p> <p>Attended?  <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>						
<p><b><i>Godthul, South Georgia Island</i></b></p> <p>Attended?  <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	04/04					
<p><b><i>Grytviken, South Georgia Island</i></b></p> <p>Attended?  <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	05/04					

<p><b><i>St. Andrews Bay, South Georgia Island</i></b></p> <p>Attended?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	06/04					
<p><b><i>Gold Harbour, South Georgia Island</i></b></p> <p>Attended?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	07/04					
<p><b><i>Edinburgh of the Seven Seas, Tristan da Cunha</i></b></p> <p>Attended?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	13/04					
<p><b><i>Edinburgh of the Seven Seas, Tristan da Cunha</i></b></p> <p>Attended?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	15/04					
<p><b><i>Nightingale Island</i></b></p> <p>Attended?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	16/04					

<b>Gough Island</b>  Attended? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	17/04					
<b>St Helena Island</b>  Attended? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	24/04					
<b>Ascension Island</b>  Attended? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	27/04					
<b>Other Shore Expeditions attended (list)</b> _____ _____ _____						

**ONBOARD CONTACT HISTORY**

- Close contact (within 2 meters) with person with *any* respiratory illness or deceased person onboard:  Yes  No
  - If yes, with whom? – name, or title (if crew) \_\_\_\_\_
    - What is this person’s relationship to you? \_\_\_\_\_
    - What were their symptoms? \_\_\_\_\_
    - Please describe the location and nature of the close contact \_\_\_\_\_
    - Duration of close contact: \_\_\_\_\_
- Shared cabin with person with respiratory illness or deceased person:  Yes  No
  - If yes, with whom? \_\_\_\_\_
    - What is this person’s relationship to you? \_\_\_\_\_

- Direct care of with person with respiratory illness:  Yes  No
    - If yes, whom? \_\_\_\_\_
      - What were their symptoms? \_\_\_\_\_
      - Please describe nature of care provided \_\_\_\_\_
      - What is this person's relationship to you? \_\_\_\_\_
  - Please list **all other ship passengers or crew members you can remember, with whom you had close contact** (see definition of a "contact" below) (whether or not they were symptomatic) **in the 1-6 weeks before you became symptomatic:**
    - Passengers (please provide names, and cabins if known)
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
    - Guides
      - Names \_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
      - If names not known, please describe
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
    - Crew
      - Names \_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
      - In names not known, indicate function:
        - Captain
        - Ship's Doctor
        - Other Officer     Male  Female
        - Engineer         Male  Female
        - Hotel staff         Male  Female
        - Receptionist         Male  Female
        - Restaurant Manager  Male  Female
        - Bartender             Male  Female
        - Kitchen staff         Male  Female
        - Dining room steward  Male  Female
        - Laundry staff         Male  Female
        - Housekeeping staff  Male  Female
        - Deck crew             Male  Female
        - Other crew
   
(describe) \_\_\_\_\_
  - Observed rodents on ship:  Yes  No
    - If yes, describe \_\_\_\_\_
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**Additional  
Comments**

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**END OF FORM**

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**FOR PUBLIC HEALTH AUTHORITY USE ONLY:**

**CASE ID** \_\_\_\_\_

**FINAL CASE CLASSIFICATION**

- Probable
  - Confirmed
  - Non-Case
-

## Operational definitions for use in cruise ship investigation (not applicable to land-side community cases)

**Suspected case:** anyone who shared or visited a conveyance where there has been a confirmed or probable ANDV case **AND** with acute (or 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 (e.g. cough, shortness of breath, chest pain, difficulty breathing) symptoms.

**Probable case:** a person with signs and symptoms of a suspected case that has been evaluated by a health professional **AND** has a known epidemiological link with a confirmed or probable ANDV case **AND** for which laboratory results are not available.

**Confirmed case:** a suspected or probable case with laboratory confirmation of **ANDV** through RT-PCR or serology testing.

**Non-case\*:** a suspected or probable case who tests negative for ANDV by RT-PCR or serology.

*\*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 should be retested and reclassified as appropriate.*

**Contact:** a person who was exposed to a confirmed or probable case of ANDV while the case was infectious, through interactions consistent with exposure to respiratory secretions, saliva, blood, or other bodily fluids; including

- Direct physical contact, including exposure to saliva or other bodily fluids (e.g. care giving, intimate contact, sharing a bed, etc).
- Close proximity exposure, defined as being within 2 meters for a cumulative period of more than 15 minutes (e.g. face to face interactions, shared meals or other social gatherings)
- Exposure in enclosed or shared spaces (e.g. multiple days on same ship, aircraft/conveyance seating proximity, etc.)
- Unprotected exposure in healthcare settings, particularly during patient care, as well as laboratory exposure.

**Incubation period** (time between infection and symptom onset): ranges 1-6 weeks (with longer incubation reported rarely), most commonly reported between two and four weeks (median 18 days).

**Infectious period:** from onset of symptoms onset until the recovery or death of the case.<sup>1</sup>

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<sup>1</sup> This may be updated as more evidence becomes available.