NYSNA OCCUPATIONAL HEALTH & SAFETY

Safe Nurses, Safe Patients, Safe Workplace.

NYSNA HEALTH & SAFETY ALERT

NYSNA Infectious Disease Update

May 22, 2026

Two big, scary infectious diseases have been in the news lately – hantavirus and Ebola. While neither currently present a risk in the U.S., healthcare facilities should always be ready for both predictable and unpredictable emergent conditions.

Hantavirus

Hantavirus is spread through contact with rodents. In the U.S., most hantavirus-carrying rodents are found in the western states of Arizona, New Mexico, Colorado and Utah. While it can be a very dangerous infection with high morbidity, it is not spread via person-to-person transmission. Except one strain – the Andes hantavirus. This strain is mostly found in Argentina and Chile so, until now, it has not presented a concern for the U.S. Recently one or more travelers to a remote location in Argentina likely brought the infection back to their cruise ship. By the time Andes hantavirus was identified, several people had already left the ship and traveled to their home countries. Those in the U.S. are in quarantine and being monitored in their home states. Those still on the ship were kept there as the disease spread on board. Unfortunately, the Andes virus can have a long incubation period (up to 42 days). The passengers who have returned to the U.S. are currently being monitored at a quarantine unit in Nebraska and at a biocontainment unit in Georgia. One has tested positive. The World Health Organization reports that a total of 11 people have tested positive in this outbreak so far; 3 have died.

Symptoms of hantavirus pulmonary syndrome (HPS) caused by Andes virus usually appear within 4-42 days after exposure. Early symptoms can include fever, fatigue, and muscle aches, especially in large muscle groups like the thighs, hips, back, or shoulders. Early symptoms such as fever, headache, muscle aches, nausea, and fatigue can be easily confused with influenza or other viral illnesses. About half of patients experience headaches, dizziness, chills, and gastrointestinal symptoms, including nausea, vomiting, diarrhea, and abdominal pain. Late symptoms of HPS appear approximately 4-10 days after the initial phase of illness and can include coughing, shortness of breath, and chest tightness. It is currently believed that individuals are generally only infectious while symptomatic.

Because early diagnosis of HPS is difficult, repeat testing 72 hours after diagnosis onset is recommended.

There is no specific treatment for hantavirus infection other than supportive measures for symptom management. The critical stage of the disease is usually short. While some only experience mild symptoms, ECMO may be necessary for more acute infections.

Measures to control Andes hantavirus transmission in healthcare facilities

It is believed that prolonged, close contact is required for the transmission of Andes hantavirus from person to person. However, this transmission has not been studied, and there are some people who were infected on the cruise ship who did not appear to have prolonged, close contact with an infected person. Poor ventilation may have played a role in their exposure. Therefore, the following infection controls are recommended to prevent healthcare worker occupational exposure to hantavirus when coming in contact with a confirmed or

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For more information, contact the NYSNA Occupational Health & Safety Representatives at healthandsafety@nysna.org.

New York State Nurses Association
National Nurses United

suspected case of Andes hantavirus:

- Early identification and isolation are key. Triage questions should include recent travel history to areas where hantavirus is endemic and close contact with a potentially infected person in addition to symptomology.
- The CDC recommends placement in an AIIR (negative pressure room). Healthcare facilities must have the ability to quickly construct temporary negative pressure rooms or spaces if there are not enough permanent AIIRs.
- PPE must include an N95 or higher fit-tested respirator, gloves, gown and eye protection.

Hantavirus Resources

U.S. Centers for Disease Control and Prevention Interim Guidance for Public Health Assessment and Management of People with Potential Exposure to Andes Virus | Hantavirus | CDC

U.S. Centers for Disease Control and Prevention 2026 Multi-country Hantavirus Cluster Linked to Cruise Ship | HAN | CDC

U.S. Centers for Disease Control and Prevention 2026 Hantavirus Outbreak: Testing for Potential Infection | HAN | CDC

World Health Organization Hantavirus Outbreak Toolbox

NYS Department of Health Hantavirus Infection - NYC Health

Ebola

The current outbreak of Ebola in the Democratic Republic of Congo and Uganda has already infected several hundred people. Because the strain of Ebola responsible for this outbreak, Bundibugyo, is a relatively rare strain and is not picked up by tests for more common strains, the initial infectious cases were not identified until the outbreak had already spread significantly. Recent cuts in international public health funding may also have delayed identification and emergency response. Although this outbreak is unlikely to become a pandemic, Ebola is highly infectious, has extremely high morbidity and mortality, and is centered in an area where there are few healthcare workers and limited supplies of medication and PPE. There is now an effective vaccine for Ebola, but unfortunately not for the Bundibugyo strain. For these reasons, the World Health Organization has declared a public health emergency.

Initial Ebola symptoms usually include headache, muscle aches (myalgias) and fever. These symptoms are often followed by abdominal pain, vomiting, diarrhea, cough, sore throat, enlarged lymph nodes, photophobia (light hurting the eyes), conjunctivitis, jaundice, pancreatitis and central nervous system involvement. Ultimately a patient may experience hemorrhagic bleeding, organ failure and shock. There is no specific treatment for Bundibugyo Ebola infection other than supportive measures for symptom management.

The incubation period for Ebola is typically 2-21 days. It is believed that transmission is unlikely before a person becomes symptomatic.

Measures to control Ebola transmission in healthcare facilities

Although Ebola is suspected to spread mostly through contact with body fluids, it may also be airborne transmissible. Therefore, the following protections should be in place to prevent healthcare-associated transmission:

- Early identification and isolation are key. Triage questions should include recent travel history to areas with current Ebola outbreaks and close contact with a potentially infected person in addition to symptomology. During the 2014 Ebola outbreak, hospitals identified isolation areas within EDs to quickly remove patients with suspected Ebola virus disease from waiting and triage areas.
- Patient placement in an AIIR (negative pressure room). Healthcare facilities must have the ability to quickly construct temporary negative pressure rooms or spaces if there are not enough permanent AIIRs.
- PPE must include an N95 or higher fit-tested respirator, gloves, gown or coverall, shoe covering, face and eye protection. NYSNA recommends a PAPR or CAPR to protect from airborne transmission.
- Direct contact should be limited when possible, and phlebotomy and aerosol-generating procedures should be avoided unless absolutely necessary.

Ebola Resources

U.S. Centers for Disease Control and Prevention Site Index | Viral Hemorrhagic Fevers (VHFs) | CDC

U.S. Centers for Disease Control and Prevention Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed

to have Selected Viral Hemorrhagic Fevers (VHF) | Viral Hemorrhagic Fevers (VHFs) | CDC

U.S. Centers for Disease Control and Prevention Health Alert Network (HAN) | HAN | CDC

World Health Organization Ebola disease

New York State Department of Health Ebola and Marburg Virus Information for Health Care Providers, Facilities, and Laboratories

Measles

Measles outbreaks continue throughout the U.S., including 27 outbreaks so far in 2026 alone. The largest outbreak currently is in Utah, but numerous states have had outbreaks over the past few years, and no area is immune. Measles was almost completely eradicated in the U.S. until recent outbreaks have resulted in thousands of infections and, tragically, several pediatric deaths. While a highly effective vaccine for measles has been available for decades, vaccination rates are decreasing which is why outbreaks are on the rise.

Measles symptoms include high fever, cough, runny nose, conjunctivitis and rash. Common complications include ear infection and diarrhea. More severe complications include pneumonia, encephalitis, hearing loss, blindness and subacute sclerosing panencephalitis. Symptoms typically appear within 7-14 days after exposure. The most contagious period is believed to be 4 days before and 4 days after the rash appears.

Post-exposure prophylaxis can include administration of the MMR vaccine within 72 hours of exposure or immunoglobulin administered within 6 days of exposure.

Measles is considered one of the most infectious diseases on the planet and continues to cause enormous numbers of deaths worldwide.

Measures to control measles transmission in healthcare facilities:

- Early identification and isolation are key. Triage questions should include whether the patient has been vaccinated for measles, recent travel history to an area with measles outbreaks and close contact with a potentially infected person in addition to symptomology.
- Patient placement in an AIIR (negative pressure room). Healthcare facilities must have the ability to quickly construct temporary negative pressure rooms or spaces if there are not enough permanent AIIRs.
- PPE must include an N95 or higher fit-tested respirator, gloves, gown and eye protection. NYSNA recommends a PAPR or CAPR to protect from airborne transmission for any healthcare worker who may not be fully protected by MMR vaccination.

Measles Resources

U.S. Centers for Disease Control and Prevention Be Ready for Measles Toolkit | Measles (Rubeola) | CDC

American Industrial Hygiene Association/National Institute for Occupational Safety and Health NIOSH Releases HVAC Checklist for Facilities with Measles... | AIHA

Occupational Safety and Health Administration (OSHA) Measles - Control Prevention | Occupational Safety and Health Administration