



Provider Resource: Hantavirus

April 14th, 2025

This is a Provider Resource from Walla Walla County Department of Community Health.

Due to increased hantavirus activity nationwide, and the recently [confirmed hantavirus case death in Whitman County](#), Walla Walla County Department of Community Health (WWCDCH) is releasing a Provider Resource guide to assist providers in preparing for, identifying, and responding to patients with hantavirus.

Resources for Providers

Materials are intended for patients and providers to educate about hantavirus, testing procedures, training opportunities, and collaboration opportunities with WWCDCH.

Notification and Reporting

Hantavirus is a Notifiable Condition and must be reported to WWCDCH within 24 hours of identification and prior to Washington State Public Health Laboratories (WA PHL) specimen submission.

General Information

Hantavirus is NOT transmitted person to person. Patients should be on Standard Precautions unless otherwise indicated.

Clinical Signs and Symptoms

- Hantavirus Pulmonary Syndrome (HPS) initially causes flu-like symptoms that can progress to more severe illness where people have trouble breathing.
- Some hantaviruses cause Hemorrhagic Fever with Renal Syndrome (HFRS) which causes kidney damage (acute kidney failure, potentially causing severe fluid overload). In the United States, Seoul virus is the documented hantavirus that causes HFRS.
- Non-HPS hantavirus infection can also occur, where patients experience non-specific viral symptoms, but no cardiopulmonary symptoms.
- Assessing patients for hantavirus can be difficult early in the infection because symptoms are non-specific and resemble many other viral infections like [influenza](#), [legionnaire's](#), [leptospirosis](#), [mycoplasma](#), and [Q fever](#).

More information on signs and symptoms:

- [Clinical Brief Hantavirus Pulmonary Syndrome \(HPS\) CDC](#)
- [Clinical Brief Hemorrhagic Fever with Renal Syndrome \(HFRS\) CDC](#)
- [Non-Hantavirus Pulmonary Syndrome Case Definition CDC](#)
- [Hantavirus Pulmonary Syndrome StatPearls NLM NCBI](#)
- An example visual of the hantavirus course of illness is available on Page 4.

Potential Sources of Infection

Exposures generally occur when rodent urine, droppings, or nesting material are stirred up, aerosolized, and inhaled. A rodent bite can also transmit the virus, however inhaling the virus is a much more common transmission route. The deer mouse (*Peromyscus maniculatus*) is the major reservoir of Sin Nombre hantavirus in the western United States. Deer mice live in all parts of Washington state.

Common exposures can include:

- Cleaning potentially/confirmed rodent infested areas, including but not limited to garages, attics, cabins, storage closets/sheds, cars, or trailers.
- Occupations that are at greater risk of exposure to rodents, including but not limited to agriculture/farm workers, rodent/pest exterminators, or campground staff/park service.
- Outdoor leisure activities such as camping or hiking.
- Living in/working in a rural and/or improperly sealed buildings or homes.

Additional information: [How hantavirus spreads Seattle King Co Public Health](#)

Patient Education

- [Hantavirus: What You Need to Know WWCDCH English and Spanish](#)
- [Hantavirus WA DOH](#)
- [Hantavirus Info Sheet Seattle King Co Public Health English](#) || [Spanish](#)
- [Preventing rodents and keeping them away Seattle King Co Public Health](#)
- [How to Clean Up after Rodents CDC](#)

Treatment and Care

There is no specific antiviral treatment for hantavirus. If there is a high degree of suspicion for hantavirus, patients should be closely monitored as clinical deterioration can be abrupt. CDC estimates about 1 in 3 people infected with hantavirus will die.

Hospitalization and supportive care are typically required, this may include:

- Intubation and ventilation with fluids.
- Pharmacologic support of blood pressure.
- Dialysis (for HFRS infections).
 - Intravenous ribavirin has been shown to decrease illness and death associated with HFRS if used very early in the disease.

[How is hantavirus pulmonary syndrome treated? Cleveland Clinic](#)

Testing

Testing should routinely be performed at commercial laboratories first. However, there are certain cases that warrant direct submission to WA PHL after consultation with WWCDCH. All WA PHL orders MUST go through [WA PHL Lab Web Portal](#). Please see below for examples of when and where specimens should be sent. **Flowchart version is available on Page 5.**

If a clinical provider suspects hantavirus based on the clinical presentation and/or exposure history, diagnostic testing at a commercial laboratory can be performed.

Commercial laboratory submission scenarios:

- A. Patient has HPS signs/symptoms.
- B. Patient has non-HPS signs/symptoms AND a probable exposure history.

If the commercial laboratory test indicates recent hantavirus infection (i.e. IgM or PCR positive), then the specimen should be sent to WA PHL after consultation with WWCDCH for testing. If only IgG is positive and the patient has symptoms consistent with hantavirus infection, please call WWCDCH for consultation on next steps.

Additional scenarios that warrant WWCDCH consultation then direct WA PHL submission:

- A. Patient has HPS signs/symptoms AND a probable exposure history.
- B. Patient’s death was due to an unexplained respiratory illness with autopsy demonstrating non-cardiogenic pulmonary edema without an identifiable cause **AND** a known/probable rodent exposure or an unknown/unable to determine exposure history.

Note: Postmortem specimens may need to be directly routed to CDC. Consultation with WWCDCH will determine next steps.

Comments:

- In situations where hantavirus testing is not recommended but rodent exposure occurred, patients should be on an 8-week symptom watch.
- If a patient concerned of hantavirus exposure/infection, providers could use CBC to check platelets and recommend symptom watch.
- For any questions on testing procedures, call WWCDCH for assistance.

More Information on Testing

- [Hantavirus \(SNV\) IgG/IgM, EIA Collection and Submission Instructions WA PHL](#)
- [Hantavirus Antibody \(IgG, IgM\) Quest Diagnostics](#)

Staff Education and Training

- [Hantavirus Disease Trainings for Healthcare Providers CDC](#)

Contact Information

To report suspected cases of hantavirus, or for any other questions, please contact:

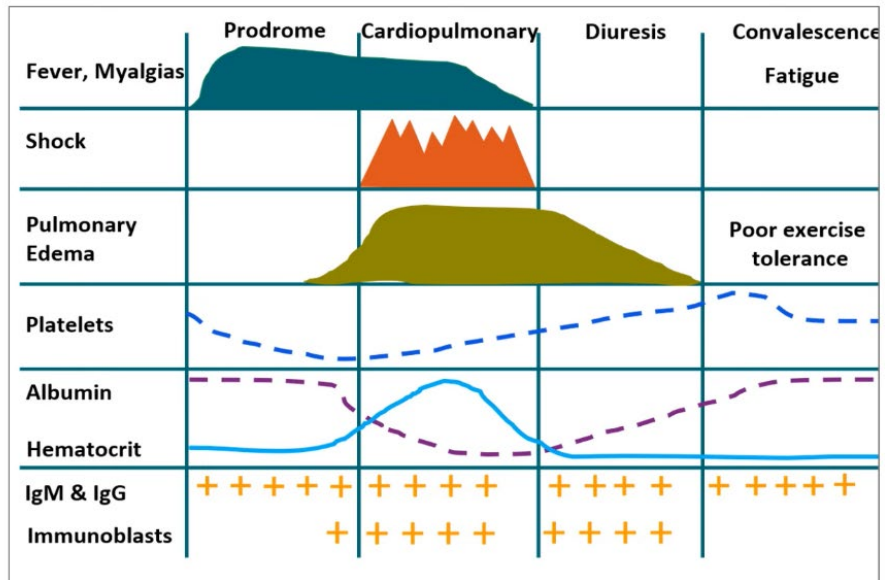
Walla Walla County Department of Community Health

Phone: (509) 524-2650 | Email: health@wwcowa.gov | Fax: (509) 524-2642

Monday to Friday, 8:00 AM to 5:00 PM (Emergency on-call staff available 24/7)

Hantavirus course of illness

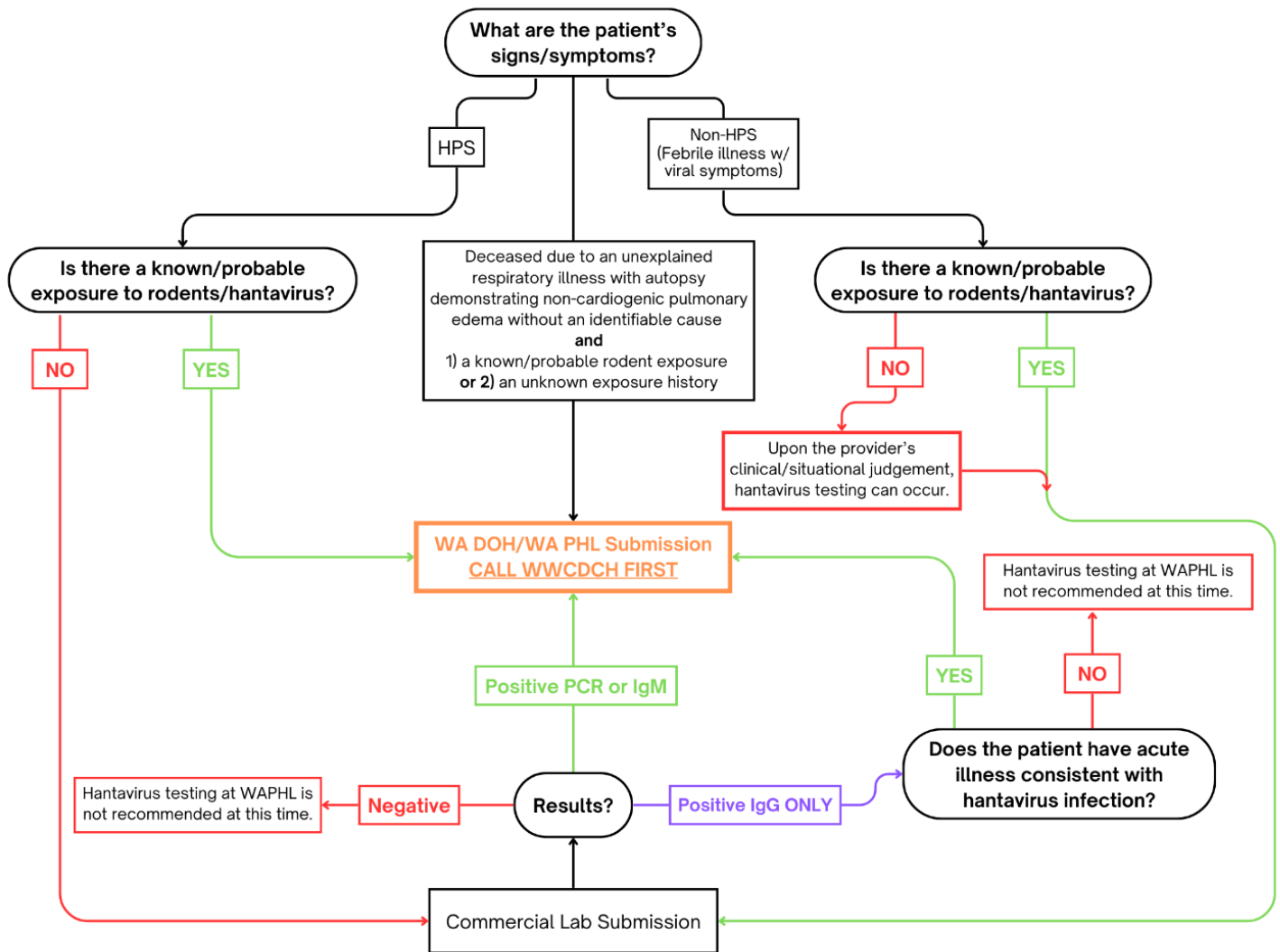
Jonsson et al. Treatment of Hantavirus Pulmonary Syndrome Antiviral Res 2008 April;78(1):162-169



Screen captured from CDC's Hantavirus Disease Training for Healthcare Providers

Testing Strategy - Hantavirus

For consultation or questions, call WWCDCH at (509) 524-2650.



Courtesy of WWCDCH, in consultation with the [Hantavirus Reporting and Surveillance Guidelines](#) and WA DOH Zoonotic and Vectorborne Disease Department.