

National Institute for Public Health
and the Environment
Ministry of Health, Welfare and Sport

Hantavirus situation: Dutch Experiences with Medical Evacuation, Repatriation and follow-up

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On behalf of the Dutch Andesvirus team

07-10-2026

National focal Point alerted on May 1st

- 1 UK Health Security Agency
- 2 Coastguard radiomedical adviser



UK Health Security Agency

We have been informed about a cruiseship

two fatalities of unknown aetiology and several sick passengers.

Early stages of the response



Early information:

- Smaller cruise vessel
- Dutch flag
- Multiple cases of unknown illness on board
- Two fatalities earlier during the voyage
- Location Atlantic Ocean >2 days from nearest port

Primary questions:

- What support can be offered at this moment?
- What is the responsibility of the flag state?
- How can we obtain a clear view of the situation?

May 2nd:situation worsens

- Severe illness
- Third fatality

Priority Actions:

1. Establishing assistance in a port
2. Medical evacuation
3. Deploying medical team on board
4. Evacuation of (all?) persons on board

From May 3rd

- Complex operation in cooperation with Cape Verde authorities, WHO, ECDC, Dutch Ministries, Dutch embassy and many others
- Cooperation with companies (ship company, insurance, air ambulance)
- Medical evacuations on the 6th of May (2 cases and 1 HR contact)
- Simultaneous preparations for departure of the ship to the next port (Tenerife)
- Rapid mobilization of two infectious disease physicians, and epidemiologists from WHO and ECDC
- Contact with ERCC and Spanish colleagues for intended large repatriation operation on Canary Islands
- Simultaneous commencing of contact tracing flights to and from Johannesburg

MW1



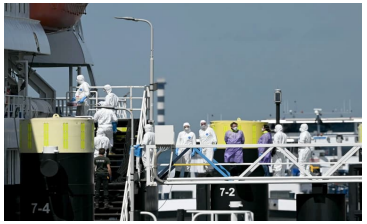




Slide 4

MW1 (Tenerife toegevoegd)
Margreet te Wierik, 2026-06-17T08:15:56.062

MW1 0 misschien in blauw toevoegen:
shipping company / insurance company
public health stakeholders
political / foreign affairs stakeholders
Margreet te Wierik, 2026-06-17T08:17:32.489



18 May
Arrival Ship in Rotterdam
Testing and quarantine
Evacuation of the deceased
Cleaning and disinfection



10 May
Operation Tenerife
Among many others: 3 flights to NL with NL, EU, NON-EU including crew
Testing and quarantine



6-7 May
Medevac: 2 cases, 1 HR contact
Positioning medical and epidemiological staff on board



2-5 May
Approach Cape Verde
International scale up
Organization of Medevac





From ship to Schiphol

1. Notification and escalation of the crisis organisation and cooperation with partners
2. Preparation for medical evacuations in cooperation between stakeholderse
3. Time for improvement and proud at the cooperation



Repatriations to Amsterdam Airport Schiphol

Flight 1: May 6th: 2 evacuees.

-Transfer to High Level Isolation Unit in the Netherlands and Germany

-2 Specialised Ambulance teams

Flight 2: May 7th

-One patiënt to High Level isolation Unit in The Netherlands

-Delay: Cabo Verde -> ~~Marrakech~~ -> Las Palmas -> Malaga-> Schiphol

Initial coordination and the contact with our network partners.

- FMA
- FMP
- Airport Medical Services
- Handling Agent
- Royal military Police
- Communication professionals Schiphol
- National Institute for Public Health-
- German health authorities
- Hazard Area Respons team

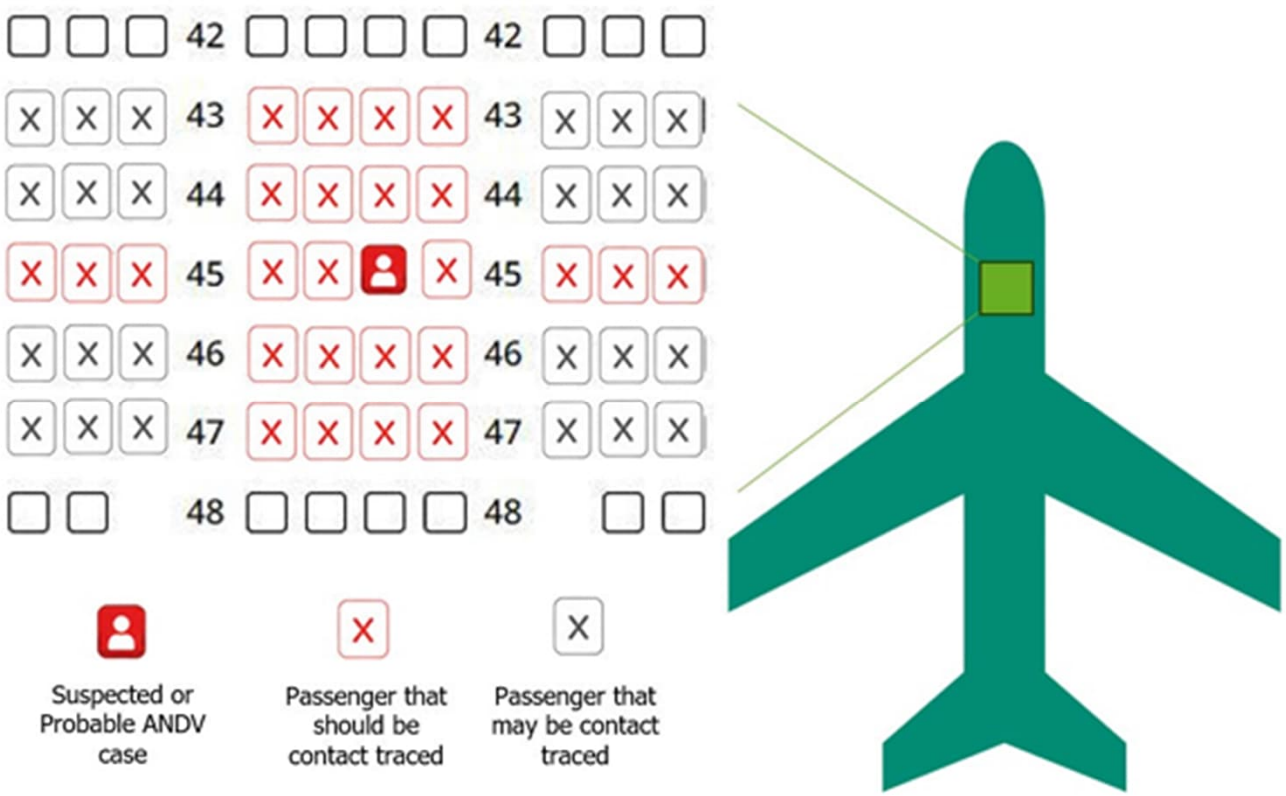


Contact tracing



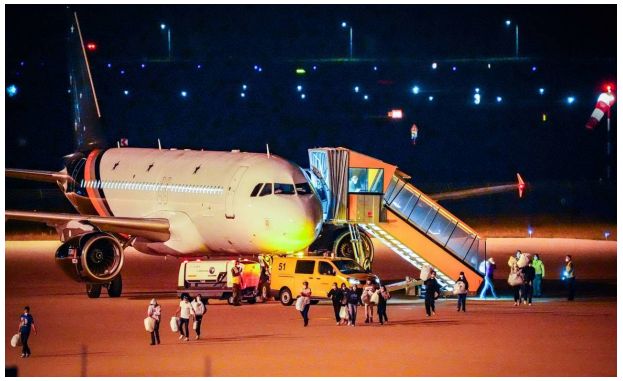
- The vessel had multiple shore contacts, including evacuations before situation became appearent
- Large international contact tracing operation
- Priority, person on board flight to Johannesburg, who was briefly on board flight to Amsterdam
- Contact tracing: international guidelines followed, risk assessment of crew and passengers
- **KLM Health Services** provided the passenger data.
- **RIVM** developed information letters in two languages:
- for passengers identified as **contacts at risk**
- and for passengers with **no identified risk**
- **GGD Kennemerland** was responsible for passengers with a final destination in the Netherlands.
- **RIVM** coordinated information for passengers travelling to other countries.

- Clear roles and close coordination between airline, national and local public health authorities were essential.


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Suspected or Probable ANDV case
Passenger that should be contact traced
Passenger that may be contact traced

May 10th: arrival of flights from Tenerife

- Eindhoven airbase: preferred option
  - Secluded area
- Rapid establishment of reception, testing and medical facilities
- 3 flights in 36 hours, many nationalities
- Human approach
- Transfer to quarantine facilities in Netherlands, Germany and Belgium





Quarantine of passengers and crew

- 11 passengers and 29 non essential crew members arriving at military airport
  - 2 public health regions near airport
- Essential ship crew (25) arriving per ship
  - Rapid establishment of dedicated quarantine location

Multidimensional operational response involving 3 Points of Entry in the Netherlands

- Medical evacuations to **Amsterdam Airport Schiphol** – secluded part MW1
- Transportation to 2 university Medical Centers in Netherlands & Germany
- Evacuation of passengers and crew to **Eindhoven Military Airport,** 3 flights with 54 passengers and crew**,** start screening and testing
- Coordination of quarantine arrangements in 3 PoE-regions
- Receiving the Hondius in the **Port of Rotterdam,** 25 crew + 2 medics





Slide 13

MW1 2 toegevoegd
Margreet te Wierik, 2026-06-17T08:19:14.400

MW1 0 with toegevoegd
Margreet te Wierik, 2026-06-17T08:21:13.687

MW1 1 25 crew + 2 medics aangepast
Margreet te Wierik, 2026-06-17T08:21:36.391

Reflections

Coordination among numerous countries is challenging in today's global context

- High demand for information and meetings
- Consensus not always the case

Emerging disease

- Complicated risk assessment
- Multiple and complex information flows
- International consensus needed: e.g. all passengers & crew classified high risk contacts

Medical evacuations

- Multiple options: via insurance company, EU options
- Difficult to assess and compare time frames

Dutch flag: large responsibility for flag state

- Responsibility for all persons on board
- Very large repatriation, medical and quarantine operation

Heavy media coverage



Much to evaluate; but dedicated teams and valuable partnerships

Remarkable joint achievement



Special thanks to:

Public health regions of Kennemerland, Brabant Zuidoost and Rotterdam Rijnmond

All international partners

Dutch Andesvirus team