

Management of contacts of Andes virus (ANDV) cases

Interim guidance 15 May 2026



Scope and rationale

This is an interim guidance on the definition and management of contacts of confirmed and probable cases of Andes virus (ANDV) related to the MV Hondius cruise ship outbreak. It builds from existing evidence from contact definition and management in endemic areas but is adapted to the specific context of the outbreak linked to the MV Hondius cruise ship and the ongoing international efforts for the management of contacts.

Introduction

WHO advises Member States to implement a risk-based approach to the identification, monitoring, and management of contacts of probable or confirmed Andes virus (ANDV) cases exposed on the MV Hondius or related chains of transmission. ANDV is the only hantavirus documented to cause human-to-human transmission, which has been associated with limited human-to-human transmission, usually associated with close and prolonged contact.

Target audience

This guidance is intended for national and subnational public health authorities, responsible for the identification, risk classification, monitoring, and management of contacts of confirmed or probable ANDV cases linked to the MV Hondius cruise ship outbreak. It may also be relevant to airlines, maritime operators, and other public health partners involved in international contact tracing and follow-up

Operational outbreak definitions

Suspected case: anyone who, shared or visited a conveyance where there has been a confirmed or probable ANDV case **OR** had contact with a probable or confirmed ANDV case

AND

with any acute (or history of) symptom 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 whom laboratory testing was not possible

Confirmed case: person with laboratory confirmation of ANDV by RT-PCR and/or serology testing (IgG and IgM).

Non-case*: a suspected or probable case who tests negative for ANDV by RT-PCR and/or serology as per laboratory guidance.

**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 shared indoor spaces (e.g. shared households, workplaces, healthcare facilities, social gatherings, or travel/conveyance exposure, etc.)
- Unprotected exposure in healthcare settings, particularly during patient care, including during aerosol-generating medical procedures, 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, based on reported outbreak data, though estimates vary across outbreaks).

Infectious period: from the onset of symptoms until the recovery or death of the case.¹ The highest period of infectiousness is from onset (starting with non-specific febrile presentation) and throughout the prodromal and symptomatic phase (estimated at approximately one week, based on available outbreak data; the precise duration of infectiousness beyond the acute phase is not fully characterised). While pre-symptomatic transmission has not been documented in the past, pre-symptomatic detections of ANDV RNA by PCR in blood has been reported and as such cannot be ruled out. Given this, and the non-specific and mild nature of the prodromal symptoms, as a precautionary measure, it is recommended that contacts be identified from two days prior to reported symptom onset of a confirmed or probable case.

Date of last exposure: date of last contact with a confirmed or probable case. For MV *Hondius* passengers and crew members, this is the date of disembarkation.

Identification and classification of contacts

Given the limited but documented potential for human-to-human transmission associated with ANDV, a precautionary approach to contact identification, listing, tracing and follow-up is recommended.

During epidemiological case investigations, Member States should identify contacts of ANDV cases, and based on the **exposure risk**, classify them into **high- or low-risk categories** according to the intensity and duration of exposure, proximity to the case, type of interaction (e.g., direct contact vs. enclosed or shared spaces) and use of personal protective equipment. The questionnaire in Annex 1 can be used to assess the risk of each contact.

Of note, as all types of exposure eventualities cannot be conveyed through a guidance; as such, the risk classification needs to be tailored to the specific context as needed.

¹ This may be updated as more evidence becomes available.

Risk-based classification of contacts

Based on information available and ongoing epidemiological, clinical and environmental investigations, and applying the precautionary principle, WHO considers all passengers and crew who were, or crew who currently are², on board the MV Hondius to be high-risk contacts.

High-risk contacts

Individuals with one or more of the following exposures with a probable or confirmed ANDV case while they were infectious:

- Persons sharing the same household, room, or other sleeping space.
- Intimate partners or individuals with direct physical contact
- Persons sharing a bathroom.
- Persons within approximately 2 meters for prolonged periods (>15 minutes cumulative) without protective equipment.
- Persons participating in shared meals, prolonged social interactions, or caregiving activities.
- Healthcare workers exposed without wearing appropriate PPE
- Aircraft passengers seated in the same row, and within two rows in all directions from the case,
- Persons handling linens, clothing, other personal items of the case, medical waste, or body fluids without appropriate PPE.
- All persons on board the MV Hondius after 1 April 2026 and before complete disembarkation and disinfection of the ship who were not consistently and appropriately wearing PPE.

Low-risk contacts

All other individuals who are defined as contacts but are not falling under the high-risk contact category. Individuals who have been in a setting or conveyance with a probable or confirmed ANDV case, but have no known direct or prolonged, or repeated close interaction, with the case including³:

- Aircraft passengers seated outside the defined seating proximity zone, on a flight where the case was infectious.
- Persons with brief (less than 15 minutes cumulatively) indoor contact without documented bodily fluids exposure.

Management and follow-up of contacts

High-risk contacts – Active monitoring and in designated facility or home quarantine

- Public health authorities should conduct daily follow-up for 42 days after last known exposure as defined above, during which time the contact should be advised to avoid contact with other persons through remaining in a designated facility or at home, depending on national guidelines and capacities. Personal information provided should be protected and confidential. Quarantine measures should preserve dignity, confidentiality, and social support. Follow-up may occur by telephone, messaging,

² As of this writing, the ship is still en route to its final port of call in the Netherlands.

³ The previous version of this document included the statement “Other passengers or crew without cabin sharing or prolonged close interaction on a ship” under low-risk contacts. This sentence has been removed as it reflected earlier considerations and is not aligned with the current risk assessment approach for this event.

telehealth, or in person. Public health authorities should establish regular check-ins and provide regular updates to the high-risk contacts. This should be done in a compassionate way.

- High-risk contacts (including healthcare workers) should refrain from returning to work for a designated period.
- High-risk contacts should avoid contact with other household members, and where possible remain in a separate, well-ventilated room or area for the duration of the 43-day quarantine period. Public health authorities should provide clear and adapted information to the household members. Where separation within the household is not feasible, public health authorities should assess the suitability of alternative quarantine accommodation.
- High-risk contacts should adhere to the following infection prevention and control (IPC) measures:
 - They should practice frequent hand hygiene. This includes after coughing, sneezing and/or disposing of a tissue, before/after handling food, when hands are visibly dirty. Alcohol-based hand rub or soap and water should be used for hand hygiene. They should have their own soap that they do not share with other household members.
 - Wear a medical mask or a respirator when interacting with other household members and/or visitors. Noting visits to the high-risk contacts should be avoided and postponed after the home quarantine period is completed.
 - Avoid sharing a sleeping area or personal items such as eating utensils, linens, towels, electronic devices with others. They should handle and launder their bedding, clothing etc. They should clean and disinfect their environment and objects/surfaces with common household disinfectants. Waste should be managed like normal.
- All non-essential travel, nationally and internationally, should be avoided for 42 days (i.e., travel that is not required for medical, humanitarian, or life-sustaining purposes).
- Movement of the contact out of the jurisdiction of public health authorities in charge of their follow-up may be allowed for life-threatening or humanitarian reasons, provided that arrangements are made with the public health authorities in the jurisdiction at destination, including internationally through IHR channels. Movement information and legal rights and responsibilities should be explained to the high-risk contacts.
- During daily follow-up, any symptoms: including fever (using a thermometer, recording daily temperature), fatigue or malaise, muscle ache, headache, gastrointestinal symptoms, respiratory symptoms, should be reported using a contact follow-up form (see Annex 2) and communicated as promptly as possible to the responsible local and national health authorities. This information should be shared with WHO within 24 hours.
- Any high-risk contact developing symptoms should be promptly isolated, clinically evaluated and tested.
- Contacts should receive:
 - Written information on symptoms to look out for.
 - Emergency contact numbers.
 - Instructions regarding healthcare seeking and testing.
 - Regular medications (as needed)
 - Available support services such as mental health services
 - Additional information requested
 - Support from the public health authorities ensuring their well-being

Low-risk contacts – Passive self-monitoring

- Self-monitor daily, for 42 days from last exposure as defined above, for fever (using a thermometer, recording daily temperature), fatigue or malaise, muscle ache, headache, gastrointestinal symptoms, respiratory symptoms, using a contact follow-up form (see Annex 2). Where a contact is unable to

self-monitor reliably (e.g. elderly persons, children, or those requiring assistance), a designated household member or local health authority should be identified to support monitoring.

- No restrictions of the contact's daily occupational, travel or recreational activities are warranted.
- Any symptoms: including fever, fatigue or malaise, muscle ache, headache, gastrointestinal symptoms, respiratory symptoms, should be promptly reported to local and national health authorities. This information should be shared with WHO within 24 hours.
- Any low-risk contact developing symptoms compatible with hantavirus infection should be promptly isolated, clinically evaluated and tested.
- Contacts should receive:
 - Written information on symptoms to look out for.
 - Emergency contact numbers.
 - Instructions regarding healthcare seeking and testing, and healthcare seeking

Plans for updating

WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance will expire one year after the date of publication.

Methods

This guidance was developed based on best evidence from the experience of countries with Andes virus outbreaks, including Chile and Argentina, endemic countries for human-to-human transmission of ANDV, and their contact management guidance. Their existing national guidance were reviewed and complemented with evidence from the published literature on epidemiological parameters and risk factors for transmission, including the detailed description of transmission events and incubation periods. It was also further informed by the characteristics of the outbreak on the MV Hondius and the initial outbreak investigation on the ship. Where differences exist between this guidance and other national or regional guidance, notably the application of active quarantine and 42-day follow-up to all MV Hondius passengers and crew as high-risk contacts, as opposed to risk-stratified approaches applied in non-outbreak settings, these reflect the precautionary principle as applied to a novel, rapidly evolving outbreak context with documented human-to-human transmission potential in a special setting such as a cruise ship and not fully understood transmission dynamics there.

Contributors

The guidance was drafted by technical experts at WHO with input from key counterparts. The evidence was reviewed and agreed upon by a group of technical experts at WHO, with input from national public health authorities and key counterparts such as the European Center for Disease Prevention and Control (ECDC).

The full list of contributions in alphabetical order:

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Relevant references

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Annex 1 Initial Exposure Risk Assessment Checklist – Andes Virus (ANDV), in the context of the event associated with the MV Hondius cruise ship

Contact name/ID: _____

Exposure setting: _____

Date of assessment: _____

Risk assessment checklist

	Exposure criterion	Tick if Yes
	High risk exposures	
1	Shared the same sleeping space with the case	
2	Shared the same bathroom with the case	
3	Intimate partner of the case	
4	Direct physical contact with the case	
5	Contact with body fluids/secretions without PPE	
6	Within ~2 meters of the case for >15 minutes cumulative without PPE	
7	Shared meals or prolonged social interaction with the case	
8	Participated in caregiving or direct assistance without PPE	
9	Healthcare worker with unprotected exposure during clinical care of the case	
10	Exposure during aerosol-generating procedures on the case without appropriate PPE	
11	Passenger seated in same row as case (aircraft)	
12	Passenger seated within two rows in all directions from case	
13	Transport or cabin crew with repeated close interactions without PPE	
14	Handled contaminated linens, clothing, waste, or body fluids without PPE	
15	Other significant close exposure (specify): _____	
	Low risk exposures	
1	Crew member without prolonged or repeated close interaction with the case	
2	Aircraft passenger seated outside the defined seating proximity zone	
3	Contact for <15mins and >2m in an enclosed space, without PPE.	
6	Other low risk exposure (specify): _____	

Final classification

Classification	Tick
HIGH-RISK CONTACT	
LOW-RISK CONTACT	
NOT A CONTACT	

Assessor comment:

Annex 2 Contacts symptom monitoring form

Contacts should record symptoms daily for 42 days after the last exposure to a suspected or confirmed hantavirus case or a shared exposure setting.

If any symptoms develop, particularly fever or respiratory symptoms (cough, shortness of breath), the contact should immediately:

- Self-isolate and avoid any close contact with others
- Inform the local public health team
- Seek medical evaluation and testing

Name of the source case (if known): _____

Name of the contact: _____

Date* of last contact with the case: _____

* Individuals disembarking from MV Hondius should start their monitoring period from the moment they leave the ship.

Day	Symptoms								
	No symptoms	Temperature (°C)	Headache	Muscle pain	Fatigue	Gastrointestinal symptoms	Cough	Shortness of breath	Other symptoms (specify)
0			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

20			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
26			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
27			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
28			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
29			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
30			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
31			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
32			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
33			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
34			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
35			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
36			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
37			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
38			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
39			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
40			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
41			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
42			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Date that the contact no longer requires follow up: _____