

Reckless disembarkation of hantavirus-stricken MV Hondius exposes collapse of public health

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The recklessness of the operation to evacuate the MV Hondius, anchored off Tenerife in the Canary Islands on Sunday morning, exposed itself before the day was out. As the first French repatriation flight from the hantavirus-stricken cruise ship descended toward Le Bourget airport outside Paris in the late afternoon, one of the five French passengers on board began showing symptoms of infection.

“Five of our compatriots present on the MV Hondius, a hotbed of Hantavirus infection, have been repatriated to national territory. One of them exhibited symptoms on the repatriation flight,” French Prime Minister Sébastien Lecornu wrote on X, announcing that he would issue an emergency decree that evening “to implement appropriate isolation measures for close contacts and to protect the general population.”

Just hours earlier, Spanish health authorities and the World Health Organization (WHO) had insisted that every passenger leaving the vessel was asymptomatic and had been screened before being put on a plane. The first French passenger to develop symptoms did so while airborne, in a sealed cabin with four other exposed travelers, on a flight authorized under those very protocols. The operation, in other words, immediately produced precisely the cross-border transmission risk it was supposed to prevent.

This was an entirely predictable outcome of an evacuation governed by political rather than epidemiological logic—a logic that finds its most extreme expression in the response of the Trump administration.

Acting Centers for Disease Control (CDC) Director Jay Bhattacharya, a co-author of the Great Barrington Declaration and a primary architect of the “herd immunity” strategy that contributed to more than 1.5 million American COVID-19 deaths, appeared Sunday morning on CNN’s “State of the Union” to assure the public that “this is not COVID, this is not going to have—lead to the kind of outbreak,” while confirming that the US will not require quarantining or contact tracing of Hondius passengers.

The CDC has confirmed it will not quarantine the 17 Americans being flown back from the Hondius and will not test

asymptomatic passengers. “We are not quarantining anybody,” a CDC official stated on Saturday, adding that “it is not recommended to test people that do not have symptoms.”

Americans repatriated from a ship on which three passengers have died of a 30-50 percent case-fatality pathogen will be evaluated at the National Quarantine Unit in Nebraska, then permitted to “opt to go home and watch for any potential symptoms for 42 days.” This is not quarantine. It is voluntary symptom self-monitoring of a disease whose prodrome—fever, headache, body aches—is indistinguishable from a common cold. Health Secretary Robert F. Kennedy Jr. has not held a single press conference on the outbreak, entirely consistent with the administration’s disastrous response to COVID-19 in 2020 and since.

Even WHO Director-General Tedros Adhanom Ghebreyesus, presiding over the Tenerife operation, was forced to acknowledge that the American protocol “may have risks.” “Our advice is clear, starting from May 10, 42 days of quarantine with active follow-up,” he told reporters when asked about US policy. “That may have risks, but of course we don’t force” guidance. The US is now the only major Western health agency openly rejecting the WHO’s standing recommendation, after having withdrawn from the organization after Trump returned to power.

What unfolded at the Tenerife port was not a public health victory. It was the most visible symptom of a catastrophic institutional failure being managed after the fact. The evacuation was choreographed like a military operation: passengers ferried off in small boats in groups of five to ten, transferred into sealed and guarded vehicles, and moved through a cordoned corridor to waiting aircraft at Tenerife South Airport.

Tedros, Spanish Health Minister Mónica García and Interior Minister Fernando Grande-Marlaska had arrived Saturday evening to supervise the extraction—an extraordinary personal deployment of the world’s top public health official that functioned as a transparent exercise in political damage control.

Their intervention was necessitated by massive crowds of

port workers and residents protesting the arrival of the contaminated vessel. Demonstrators carried placards declaring the docks an unsafe port and chanted that they wanted work, not illness. One protester said the Canary Islands were being used as the PSOE-Sumar government's dumping ground, accurately noting the official response is "the same story as with COVID."

The biology of the pathogen explains why this response constitutes a global emergency. The Andes virus is the only hantavirus known to spread from human to human, transforming the Hondius outbreak from a typical zoonotic incident into a potential pandemic seed. It carries a 30 to 50 percent case fatality rate. There are no FDA-approved vaccines, no specific antivirals, and no cures. Viral RNA has been detected in 100 percent of acute-phase cases, with infectious particles confirmed in nasopharyngeal swabs, urine and saliva—meaning the virus sheds efficiently during the prodromal phase, long before any clinician would flag a patient as infectious. The prodrome is indistinguishable from influenza: fever, myalgia, headache and nausea.

The 2018-2019 Epuycn outbreak in Chubut Province, Argentina, documented in the *New England Journal of Medicine*, confirms the lethal potential. Three superspreaders at a birthday party, a funeral and a doctor's office transmitted the virus to 34 people, killing 11. Patient 2 transmitted to six people during the early prodromal phase, "because of his active social life," according to the published study. The median incubation period is 18 days and can extend up to eight weeks.

It is against this reality that the disembarkation protocols collapse. Despite WHO having shipped 2,500 PCR diagnostic kits to laboratories in five countries, there was no universal PCR testing of passengers before they left the vessel. Spanish medical teams conducted "tests to confirm they remain without symptoms"—language that pointedly avoids specifying PCR testing. Even where testing has occurred, passengers are being put on aircraft and dispersed internationally before any results return, negating the entire epidemiological purpose of testing.

Spain is holding 14 of its nationals at Gomez-Ulla military hospital with PCR on arrival and again at seven days. Ireland has imposed roughly five weeks of isolation. France is requiring 72 hours of hospitalization followed by 45 days of home quarantine. The 42-day American self-monitoring window is itself scientifically indefensible. Andes virus incubation can extend to 56 days, as multiple published studies confirm. Passengers who develop symptoms in weeks seven and eight will fall outside the CDC's window entirely.

Officials are also categorically asserting that asymptomatic individuals cannot transmit the virus, which is contrary to the scientific record. The CDC's own journal *Emerging Infectious Diseases* concluded in 2005 that "the most probable period of virus spread would be during the days before medical attention is sought." A 2014 CDC study identified the early prodromal phase—when symptoms are vague and easily missed—as the

period of greatest transmission risk. The official assurance to the contrary is propaganda.

The pattern of the past 39 days makes the consequences of this dereliction concrete. On April 24, 13 days after the first fatality, 30 passengers freely disembarked at the remote British territory of Saint Helena with no testing, no disease notification, and no quarantine instructions. Among them was the wife of the index case. Already likely infected, she boarded a commercial flight the following day to Johannesburg and on to Amsterdam, deteriorated mid-flight, and died in a Johannesburg hospital on April 26. A British physician who treated her is now in critical condition in that same hospital. A Swiss passenger from the Saint Helena group tested positive after self-referring to a hospital weeks later.

Earlier, between April 13 and 15, just two days after the first death, the Hondius had anchored at Tristan da Cunha, where passengers and crew mingled freely with local islanders. A British man who boarded at the island is now hospitalized with suspected hantavirus. The island has roughly 250 inhabitants, no hospital, and is accessible only by a six-day boat ride.

The global dispersal of Hondius passengers constitutes a textbook violation of international law. Under the 2005 International Health Regulations, the Maritime Declaration of Health legally obligates the officer in charge of a vessel to notify port authorities immediately upon suspicion of an unusual health event. A man dying of acute febrile respiratory illness five days after departing a known hantavirus-endemic region easily meets that threshold. Yet the World Health Organization was not notified until May 2, 21 days after the initial death.

A highly lethal pathogen with confirmed human-to-human transmission was allowed to disperse to 12 countries before the world was even told it existed. Captain Jan Dobrogowski assured passengers the first death was from natural causes, while Oceanwide Expeditions claimed ignorance of the danger for weeks. What began on April 1 as an expedition for 130 affluent tourists departing Ushuaia has morphed into a global crisis.

This outbreak is the predictable consequence of a capitalist world organized around profit rather than the scientific management of biological risk. As the expedition tourism industry expands into ecological frontiers and climate change shifts rodent habitats, the conditions for zoonotic spillover rapidly multiply. The MV Hondius may or may not become the origin point of a pandemic. But as a demonstration of exactly how one would begin, it has no doubt been a trial run.



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