

# The Hantavirus Outbreak: A Stress Test for Global Health Governance, One Health, and Preparedness

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## Summary

This outbreak simultaneously shows real post-COVID progress and important unresolved limitations. The international system is somewhat faster, more transparent, more cooperative.

**But it is still** reliant on individual professional and institutional responses, not truly integrated, operationally harmonised, nor fully prepared for complex multinational zoonotic events.

The decisive test of the new pandemic agreement has probably not yet occurred. ASPHER and our partners' work has identified gaps in training, reporting, evaluation, and implementation of lessons learned. Out of respect to those affected by and working on this and previous events, let us work together to achieve the necessary improvements.

The Association of Schools of Public Health in the European Region (**ASPHER**) recognises that the hantavirus outbreak associated with the MV Hoondis cruise ship underscores the critical role public health professionals play in safeguarding global health and the need for collective action. The Andes Hantavirus outbreak is a stress test for global health governance, One Health, and preparedness. It highlights the need for ongoing vigilance and preparedness to ensure the health of travellers, seafarers, and remote host communities, and to prevent and respond rapidly to emergencies. This incident foregrounds vulnerabilities in current systems and the need for urgent reform to better address zoonotic threats. In an era marked by climate change, ecological disruption, mass mobility, and geopolitical fragmentation, public health has an opportunity to lead the world's response. The outbreak underscores the critical roles of WHO, PAHO, ECDC, CDC technical teams, GOARN partners, national public health authorities, laboratory networks, and frontline professionals involved in the response, including sequencing efforts undertaken despite limitations in access to materials and lack of agreed, secure, global, professional-to-professional data-sharing protocols. ASPHER commends these efforts but recognises that they are still very fragmented and dependent on country and profession-specific initiatives, for example, the United Kingdom notified WHO via IHR; ECDC, CDC and WHO activated their own mechanisms; and several countries began parallel contact tracing.

These initiatives demonstrate a willingness to respond, but there is a risk of fragmentation, gaps, and unexplained variations. There is a need for a truly interoperable cross-border and multi-national platform with real-time sharing of clinical data, sequencing, and contacts that is accessible to front-line teams and national experts alike. One emerging step in this direction is the European Health Data Space (EHDS), which establishes a common EU framework for the cross-border exchange and secondary use of electronic health data — including for health threats, preparedness, and response. However, full implementation of its core requirements will not take effect until 2029, leaving a transitional period before its complete operationalisation.

Collaboration at the system level is essential for effective retrospective contact tracing to identify sources, epidemiological investigations, international information exchange, and compatibility of the learning we share with our diverse audiences, including people at risk and those caring for them. However, delays and inconsistencies in contact tracing, passenger monitoring, and isolation measures indicate significant gaps in preparedness and a lack of local operationalisation of standardised international operational procedures for port and vessel health. The International Health Regulations (IHR) (2005, amended 2024) updated pre-existing international agreements to enable an all-hazards approach to incidents and emergencies, including outbreaks. The Pandemic Agreement (2025) was intended to strengthen this further.

This hantavirus outbreak, however, is unfolding amid stalled negotiations on the Pathogen Access and Benefit-Sharing (PABS) annex of the Pandemic Agreement. Additionally, the WHO leadership elections are approaching, and political tensions surrounding WHO membership and multilateral cooperation are growing. Despite the US and Argentina withdrawing from WHO membership, technical and professional collaboration continues through the IHR framework and the Global Outbreak Alert and Response Network (GOARN) mechanisms. Nonetheless, the current situation demonstrates that geopolitical fragmentation and weakened multilateral trust continue to undermine timely information sharing and collective preparedness. It also demonstrates that the Pandemic Agreement has yet to come into its own operationally. This hantavirus outbreak is the initial test of whether the Agreement works.

In 2025, the adoption of the WHO Pandemic Agreement offered new hope, with the inclusion of a One Health approach, integrating concern for human, animal, and environmental health.

After the COVID-19 pandemic, this marked a shift from fragmented responses to a more unified approach to addressing zoonotic diseases. It also strengthened links with other global initiatives designed to strengthen health and environmental collaboration beyond national jurisdictions. The One Health provisions in the Agreement committed to integrating cross-sector governance and recognised the interdependence of human, animal, and environmental health. The hantavirus outbreak thus far has underscored the inadequate implementation of One Health principles. Collaborative efforts involving veterinary and environmental expertise have not been sufficiently incorporated into the broader public health response as envisaged. This outbreak is of a known but somewhat overlooked, pathogen, not a novel one. It emphasises the urgent need for enhanced coordination to be designed into public health, environmental, veterinary, and climate surveillance systems. Several governance issues warrant independent review once the acute phase has passed, including the management of maritime outbreaks, docking refusals, and the inconsistent application of International Health Regulations (IHR) and established public health principles in international travel contexts.

This outbreak should serve as a cautionary tale, rather than yet another cycle of panic followed by neglect. ASPHER urges governments, international organisations, academic institutions, and public health agencies to enhance multilateral cooperation, ensure transparent multilateral information sharing, develop medical countermeasures including vaccines, implement One Health initiatives, evaluate and report on interventions undertaken, and implement lessons learned. This includes committing to long-term investments in preparedness and the capacity of the public health workforce and the systems in which they operate.

One key area for review is that of global public communication relating to disease outbreaks and/or emergencies. Unfortunately, global public communication remains poorly harmonized and while the WHO were quick to reiterate the message that the hantavirus outbreak 'is not another COVID,' and that 'the pandemic risk is low', various media outlets amplified the fear with contradictory messages and countries reacted with various levels of alarm. Clear information that recognises that communities in several countries are concerned because of their own experiences of non-Andes hantavirus highlights the importance of rapid communication in-country so that communities are not unnecessarily alarmed. Therefore, even at this early stage of the outbreak lessons can be learnt about communication and messaging. There is still a lack of global coordination of risk communication, common messages, and structured combating of misinformation.

ASPHER stands ready to lend its academic, educational, and public health expertise to support evidence-informed policy, preparedness, and updated training and workforce development throughout Europe and globally. It commits to ensuring that the Pandemic Agreement is operationalised correctly and consistently.

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