Hantavirus ELISA IgG and IgM were reported positive 4 days after discharge and sequencing at the CDC confirmed ANDV infection.

Hantavirus Enveloped virus of the bunyaviridae family
Between 25-30 different viral species, at least 12 are pathogenic to humans
All pathogenic viruses carried by Muridae or Cricetidae rodents which are primary natural reservoirs
Affects endothelial cells (including vascular) and platelets via beta-3-integrin
Transmitted via aerosol route (can also be transmitted through bites direct contact)
Most exposure is 1-6 weeks prior to symptoms developing, most occurs within 3 weeks

New World Virus causes hantavirus cardiopulmonary syndrome (HCP)
North and South America
North America usually sporadic, South America usually in clusters
Fever over 101°F, bilateral interstitial edema, myalgias
Limited data to support Ribavirin use

Radiology

Chest PA/Lateral
Mild ground-glass opacities in both frontal and lateral views present the possibility for pneumonia

CTA Chest PE Protocol
Negative for acute pulmonary embolism. Bilateral pleural effusions with diffuse pulmonary edema. Bilateral lower lobe ground-glass opacities with medial and hilar adenopathy concerning for superimposed pneumonia

US ABD Complete
Negative and no small pleural effusions.

VS Veins Leg DVT/Ankle BC
No evidence of DVT

Case Presentation
On January 9, 2018, a 29-year-old female with no significant past medical history, returned to the United States from a 3-week group trip to Chile and Argentina. She did not receive vaccines or take prophylaxis. The group spent time in hotels and campgrounds. Her trip guide told her about a well-sealed gastrointestinal illness, although no HFRS was reported. She returned to the United States 14 days after returning to Delaware. On January 18 she presented with fever, vomiting, and extreme fatigue. Exam was remarkable for hypotension requiring fluid resuscitation and O2 saturation of 85% on room air. She described chest tightness. Influences, community acquired pneumonia, and PE were considered. She was started on antibiotics. Her symptoms continued. She developed red cracked lips, blurred vision, and periorbital edema. She required 3L O2 nasal cannula.

HCT – 44.3
HGB – 15.7
LYMPHOCYTES MANUAL – 8.6
NEUTROPHILS MANUAL – 63.8
ATYPICAL LYMPHS MANUAL – 4.3
BANDS MANUAL – 16.4
MONOCYTES MANUAL – 5.2

Na – 132 (admission)
K – 3.6
Cl – 97
CO2 – 25
BUN – 19
DPT – 0.8
Creatinine – 0.9
Glucose – 104
Urine culture and culture negative

Along with the patient's clinical presentation, laboratory findings, and radiographic images, the case highlights the importance of recognizing and promptly treating hantavirus infections to prevent severe complications and mortality. The case underscores the need for increased public health awareness and preparedness for hantavirus outbreaks. The management approach, including supportive care and early identification of patients requiring advanced supportive measures, is crucial to decrease overall mortality. Further research is needed to better understand the pathogenesis and develop effective treatments for hantavirus infections.

Conclusions
Andes virus is prevalent in certain South American locales. It should be considered in all patients returning from Chile and Argentina with fever, shortness of breath, and thrombocytopenia. Early recognition of symptoms and prompt treatment in critically patients that may require advanced supportive measures to decrease overall mortality. Ribavirin has been shown to be highly active in vitro and in vivo and may be considered for PEP or treatment.