

Sawbones 582: Hantavirus

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["Medicines" by The Taxpayers plays]

Justin: Hello, everybody, and welcome to Sawbones! A marital tour of misguided medicine. I'm your co-host, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: Oh, you got it right under the wire, Syd. Push that little... Sydnee has had this timer on our table like every Sawbones we've recorded for, I mean—

Sydnee: A long time.

Justin: Yeah. It's a physical timer. [chuckles]

Sydnee: To try to keep us on track. Well, if I could see the little recording thing, but I can't see it.

Justin: Okay, I don't need another member of my family to get on my case about my tabs, all right?

Sydnee: There's so much stuff on the screen all the time.

Justin: I do, I have... it's notably kind of a nightmare.

Sydnee: It's hard to record in here, like when you're not in here and I'm recording, because things start making noise, and I never know what things are making noise, and I don't know what things I can close.

Justin: A lot of them are my experiments, too. They have nothing to do with podcasting. A lot of it has to do with my life extension experiments. Some of my nanoparticle stuff, you know, I'm doing a lot of really exciting work here in the lab. It's mainly 3D printing.

Sydnee: Justin, we have an update.

Justin: Yes, we wanted to talk about hantavirus. It was such a swiftly evolving situation that like our last episode was outdated almost as soon as we recorded it. So, this one we are recording just to like timestamp it, here at 12:50 PM on a Monday. So, this is—

Sydnee: Monday, May 18th.

Justin: Roughly 24 hours before you are—we release this episode. It's about as close as we can cut it.

Sydnee: Yes, and still get it out there. So, if there are things that we didn't mention in the last episode, there's a really good reason for that. At the time of recording, they had not happened yet. [chuckles]

Justin: Yes, so there is an explanation.

Sydnee: Now, if I had mentioned them... whoa.

Justin: Whoa, can you imagine?

Sydnee: Yeah.

Justin: I mean wow, that would be Limitless pill era territory. Like, you could definitely be selling that. Honestly, let's get out of the podcasting biz, if you can pull that kind of stuff off.

Sydnee: Justin, we're going to talk more about hantavirus, because this is an evolving situation. And I think that while, as we said in the last episode, it is not—it is not COVID 2, there is no expectation at this point that it would

lead to any sort of global outbreak or that we would have uncontrolled spread of cases.

That doesn't mean there might not be some more cases to come, but the idea that it would reach COVID levels, no—there is no one expecting that or—it wouldn't make sense, right? It's not logical. So, that's all good news. However, as we talked about in the last episode, this is kind of a trial run for the US, in a sense, now that we have decided to disengage from the World Health Organization and kind of the global community as a whole.

Justin: Yeah.

Sydnee: And since viruses don't do that, you know—

Justin: They don't see borders.

Sydnee: They don't. [chuckles] Then this is a good—this is a teachable moment, perhaps.

Justin: Yeah!

Sydnee: Teachable—

Justin: Yeah, hopefully. I mean, it's sad that it has to come at the expense of lives, but you know, absolutely.

Sydnee: At this exact moment that we're recording, there are no new fatalities, so that's great.

Justin: Yeah.

Sydnee: That's a—that's good news. The number of cases that we know about has climbed to 11 currently, at this exact moment.

Justin: Mm-

Sydnee: That's the number we've got. Everybody, when we left off, the ship was about to dock in Tenerife, and everybody was going to go home.

Justin: Yes, the—

Sydnee: And—

Justin: Yes.

Sydnee: The plan at that point—

Justin: Home in the sense that they were going to go home countries.

Sydnee: Yes.

Justin: And then their home countries would then decide what to do with them.

Sydnee: What to do with them. So, there—everyone was going to be repatriated.

Justin: Yes.

Sydnee: Yes. And then at that point—

Justin: Except for some randos that just decided to kick it in some other country, right? Wasn't there some people that were just like, "Ah, no, I'm not going to go back to America, I'm going to go—"

Sydnee: Well—

Justin: "I'm actually going to go—" I forget where the other area was.

Sydnee: So, as far as I know, all Americans did end up in America. There are some people, I think, who are still at some of the remote—like there is still somebody at a remote island that the ship stopped—

Justin: "I paid for this vac—" [chuckles] "I paid for this cruise, and I'm going to see it through! Look, there's no one around, there's no line for the buffet. This is fantastic."

Sydnee: This would be—

Justin: "I love it."

Sydnee: That would be my dad.

Justin: It would be.

Sydnee: Yeah, "I paid for it—"

Justin: "We're not going anywhere."

Sydnee: "We're not leaving! We're going to see this through! Do we get a refund?"

Justin: "No?"

Sydnee: We—

Justin: "Oh, we do? Well, we're still gonna! That's even better." [chuckles]

Sydnee: We do feel strongly now that the—I mean, well, pretty conclusively, the beginning of this outbreak was contact with rodent materials, droppings, saliva, whatever.

Justin: Right.

Sydnee: While the original patients, the Dutch couple, were birdwatching in a landfill.

Justin: Mm-hm.

Sydnee: Which I didn't know was a place that you watched birds.

Justin: Mm-hm. And I think some birdwatchers have sort of spoken out that it is not something that they're normally deeply into.

Sydnee: Really?

Justin: I don't know.

Sydnee: I don't know? I mean, like, birds are everywhere, I guess.

Justin: They are, yeah!

Sydnee: [laughs] So, they're there too.

Justin: I mean, I guess if you looked at all the other ones, you know.

Sydnee: Then that's where you look.

Justin: Then that's where you look.

Sydnee: I don't know—well, I think what would be interesting to know from a—
a—from a birder, is the—are there specific birds you expect to see?

Justin: I mean, I think we can maybe dig into that, but I don't think there's going to be an answer of a—I don't think there's a bird so cool that I would be like, "Yeah, we'll go ahead and kick off human communicable hantavirus for it."

Sydnee: Well, they—no one knew they were doing—I mean, obviously—

Justin: I'm just saying, we can definitely—I would love to see a picture of the birds on offer there, and I'm sure they've got some beautiful plumage or what have you, but I just don't think it's going to be a tit-for-tat where I'm going to feel great about it.

Sydnee: It's a good—it's a good lesson sort of in like risk management in general in life.

Justin: Yeah.

Sydnee: Because in medicine, the—it kind of plays into—you know, we answered the weird medical question like about full body scans, like why

don't we just all get full body scans? And there's always this sort of like, well, but what would you find? And like is it necessarily—and what would you do about it? And there was a reason. There's always like this risk benefit. Things are population level. I think this is an example of that in life, like—

Justin: Yeah.

Sydnee: You would never have expected this.

Justin: Yeah.

Sydnee: There's no way—

Justin: True!

Sydnee: To—

Justin: That's true.

Sydnee: Prepare or predict. There are just—I mean, you do the best you can in life, you wear your seatbelt and a helmet when you're riding a bike, and you get your vaccines, and then sometimes hantavirus happens. I mean, I feel—you know what I mean?

Justin: Yeah, but—yeah, but—

Sydnee: Like, there's just, there are some things in life we cannot control.

Justin: Okay. That's fine. Yeah, for sure. 100%. I'm just saying, as a layman, on the outside, some of us may have forgotten that we are in—with all of our modern conveniences, we are indeed still mortal. And maybe we should just try to play it safe, huh? Maybe may—maybe we should try to make good choices. [titters]

Sydnee: [titters] So, there were five patients—among the various people from the ship who were then repatriated, five of them were from France. They were taken to strict isolation when they arrived in France, and one of them—the reason I'm telling you about the French passengers is that one of

them did test positive. And as of the last check I had, she was still quite ill. We talked about the idea on the previous episode that a patient could be put on ECMO.

Justin: Mm-hm.

Sydnee: ECMO is what I'm saying there. I realize I should have spelled that out. Extracorporeal membrane oxygenation. So, ECMO. And it's like an artificial—you'll see it listed as either an artificial heart machine or artificial lung machine, or an artificial heart-lung machine. It is a—

Justin: It's an artificial body machine.

Sydnee: Yes, it's a—it's a very advanced form of life support that we usually reserve for pretty critical situations. And we know specifically for hantavirus, it can improve outcomes. It improves your chance of survival. So, last I checked, this particular patient was still on ECMO and... I mean, it's clearly critical, so you know, hopefully she got to care soon enough.

But I will say that this patient initially reported some symptoms. According—this is all—I mean, allegedly, this is all based on the news articles I've read, that this patient specifically reported some symptoms to the health officials. I don't know if it—still on the—I think still on the ship, and then when she docked in Tenerife. And they chalked all of her symptoms up to anxiety.

Justin: Mm-hm.

Sydnee: So, it's a good reminder that specifically female-presenting patients are often—our symptoms are often... under-investigated? Under... evaluated?

Justin: Yeah. And it's a good reminder also, men, *ugh*.

Sydnee: [chuckles]

Justin: You know?

Sydnee: Yes.

Justin: Ugh.

Sydnee: But hopefully she got to care soon enough. We know the faster we can get—that's what really, with some of these severe diseases, the—your chance of survival kind of depends on where you are when you get sick. Because the closer you are to the most advanced life support, you know, and advanced care, then the better your odds of survival. So, hopefully since she was in France, by the time her symptoms got really bad, things will be okay.

Justin: Yeah.

Sydnee: There was also a Spanish passenger quarantined in Madrid who tested positive on Tuesday, at the—at the last check that I read. This was from the Spanish health ministry—who posts on X.

Justin: Okay.

Sydnee: Does everybody post on X now?

Justin: Not everybody.

Sydnee: I'm not on there. I'm not even—I'm not looking at X, but I am looking at news articles where they're citing X. So, what do I do with that?

Justin: I mean, you know, I don't know. You gotta have a—I don't have to maintain a brand on X because I don't have—I'm not—what is it? All of Spain? Is that—whose X account is it?

Sydnee: No, it was the health ministry.

Justin: It's just the health ministry, they have their own X account... oh.

Sydnee: I mean, probably all the American government organizations do too, but... anyway. So, as far as I know at this moment, that passenger is actually doing well, is not as in severe condition as the French passenger. Of

the Americans, so what we know is that 18 people arrived in the US after the ship docked in Tenerife.

Now, you gotta remember as we're trying to trace this, there are two different groups of people, broadly speaking. There are the ones that docked in Tenerife, there's the group that we—by then we knew there was an outbreak. We know exactly who these individuals are, and we knew exactly where they were headed. And their whereabouts have been followed consistently.

Justin: Okay.

Sydnee: So, these are sort of our known risk.

Justin: Okay.

Sydnee: And in theory, the only people they've been around and could potentially have exposed the virus—exposed to the virus are each other.

Justin: Right.

Sydnee: Right? Because—

Justin: A trace... we've traced the whole—source tracing!

Sydnee: Yes. So, this group is less—I mean, I'm concerned about their health and safety, because they have been exposed to a potentially fatal virus. But I'm not concerned about them from a public health standpoint, because we know where they are, we know who they are, and we know what we're doing about it. At least I know what we're doing in the US. Every other country has gotta do their own thing.

You know, that's the way things work. The group that I think still—if there are people who have any anxiety about this, I think the group of individuals that they're fearing—not fearing the people, but fearing what could have happened, are the people who left the ship earlier. As we noted, there were people who left the boat back in April, flew to Johannesburg, or flew to other places, and then some of whom arrived back in the US at home.

Justin: Mm-hm.

Sydnee: They did not know initially that they had been exposed to anything, so why would they have been taking any precautions? So, they went back to their lives, and if they have people they live with, we can assume they may have exposed them.

Justin: Cruise ships are porous! I mean like they're—we've been on several cruises with the JoCo folks, and like people get on at different times, they get off at different times, they have different entry points, different exits. You know, people... get stuck! You know, they'll miss a... deportation, departing? A departatation? [chuckles] Disembarkation?

Sydnee: Disembarkation?

Justin: Disembarkation? I don't know.

Sydnee: Disembarkment?

Justin: Disembarkment? I don't know. But it happens, it's not a—it's a—it's a porous, you know, thing. It would not be hard for somebody to slip away.

Sydnee: No, So, I—and that is—that is, again, the question is, one, we think—I mean, we know where all those individuals are in the US. I am assuming that all other countries where these individuals who had potentially been exposed arrived are also tracing them. And that is as far as the World Health Organization is saying, yes, we are following all the individuals who have been exposed.

They are each being monitored by the protocol that their home country or state, in our case, has decided on. There are also the individuals who are on that flight, that 88-passenger flight to Johannesburg, what is their threat? What—and then the people who were on that plane who then got on other planes—

Justin: Mm-hm.

Sydnee: What are their—so, I mean, this is sort of like the unknowable question mark right now.

Justin: Yeah.

Sydnee: And part of the reason I think it's really important to know why we can't answer all of these questions is that hantavirus is a fairly rare disease, the disease that is caused by hantavirus. It's pretty common in rodents, but not in humans. And so, the outbreaks we've had in the past that we've been able to trace are few and far between.

Justin: Mm-hm.

Sydnee: And so, our knowledge of how the virus spreads is still pretty fresh. And as I mentioned, there's only been one other sort of large outbreak of this Andes strain of the virus in the past. It happened at a birthday party. And then some of the individuals who were at the birthday party and exposed, later attended a funeral. And then it further spread from there. So, there was sort of like two group events where individuals were in close contact for prolonged periods of time, one on top of another.

Justin: Yeah.

Sydnee: That allowed the virus—because the virus spread over through the end of 2018 and at the beginning of 2019. So it was a prolong—and as we know, it's got a prolonged potential incubation period. So, you know, you might not present with symptoms until up to six weeks after you've been exposed.

So, that's why it allows for that. Now, from that outbreak, as I said, what we learned is that most of the time it spreads through super close contact, prolonged super close contact. The big question mark from it, as researchers have noted, is that there was one case that, as far as we know, from that birthday party back in 2018, where an individual who had hantavirus infected another individual through what we would consider casual contact.

Justin: Okay.

Sydnee: They spoke briefly and walked away.

Justin: Okay.

Sydnee: And this is—this is why there's still this question marking. So, let's focus on the 18 Americans who arrived in the US, and were taken to Omaha, Nebraska. Now, when I first heard that, my question was, why are we taking all the Americans to Omaha, Nebraska? That's not a port. [chuckles]

Justin: Yeah. Fair.

Sydnee: Landlocked, right? Not on an ocean.

Justin: Mm-hm.

Sydnee: So, it doesn't seem the closest place in the US. And my first thought was Atlanta! Where the CDC is.

Justin: Yeah.

Sydnee: So, what is in Nebraska, what are the Americans doing there, and where are they so far? I'm going to tell you after we go to the Billing Department.

Justin: Let's go!

[theme music plays]

[ad break]

Justin: I'm assuming it's just far away. Is that—

Sydnee: [chuckles]

Justin: Is that—that's the best I came up with during the break. Is that where we're at with Nebraska?

Sydnee: No. There is a—there's a reason. So, I will say, just to preface, there are two individuals who did go to Atlanta, and are in a biocontainment unit in Atlanta. Because one is a couple, and one of them has some mild symptoms, the other has none. Neither have tested positive. So currently, while they are being kept in a biocontainment unit, which is different than a quarantine, biocontainment, we believe that the person has it or we know they have it.

Justin: Okay.

Sydnee: Quarantine, we know they've been exposed.

Justin: Okay.

Sydnee: Does that make sense? That distinction?

Justin: Yeah.

Sydnee: Okay. So, there are two individuals who ch—and I think they chose—maybe it's closer to where they live? I don't know. For whatever reason, these two individuals chose to stay in Atlanta, in a biocontainment unit. And there is one individual who's in a biocontainment unit, in Omaha. That is because this is the doctor that we mentioned previously—

Justin: Oh! The—

Sydnee: From Bend, Oregon, who was a—I think he's a retired oncologist.

Justin: Mm-hm.

Sydnee: So, that's Dr. Stephen Kornfeld, who, as I mentioned, is, he just happened to be there in the right place at the right time—right time. I guess from my perspective, I would consider it the right time because I'd be helpful. But it's the wrong time if you're being exposed to hantavirus.

Justin: Let's not make a judgment. He was there at the time.

Sydnee: He was there and he stepped up to the plate.

Justin: Yeah.

Sydnee: Right?

Justin: Yeah.

Sydnee: So—

Justin: That's a baseball thing.

Sydnee: [chuckles] So, he tested—this was interesting, because I saw the news report that he tested weekly positive, and that's not a thing, right? Like...

Justin: Mm-hm.

Sydnee: Like possibly positive, like sort of positive, and a lot of people were like, it's like a pregnancy test, you're either positive or negative.

Justin: Right.

Sydnee: And that was—the reason it was reported that way is that a sample was sent from multiple people on the ship to an offshore lab—to two different labs. And one of his tested positive and one tested negative. But it was from the same sample.

Justin: Yeah.

Sydnee: Do you know what I mean? So, there's no way—I mean, it was one or the other. It was a real Schrodinger's hantavirus situation. But because of that—

Justin: But it was also that before they sent it in, if you think about it. They actually learned nothing.

Sydnee: That's true.

Justin: Right? It was that before.

Sydnee: So, we don't know for sure, but because of that, he is being kept in a biocontainment unit, or he was initially.

Justin: Can they not retest again? I mean—

Sydnee: Well, they did.

Justin: Okay.

Sydnee: And he has since tested negative—

Justin: But—

Sydnee: And is asymptomatic. So, there's two possibilities, and he's kind of floated both. It's really interesting, I think... I mean, I don't want anybody to get infected with anything, but—[chuckles]

Justin: Can we—can we make a quick blanket statement, okay? Let's blanket statement, this is all bad. [chuckles] We here at Sawbones wish that no one had gotten sick and no one had gotten the hantavirus. We are at Sawbones, if we say things like "cool" or "good," you have to understand it is with a huge asterisk that this is quite bad.

Sydnee: Yes.

Justin: And we wish no one had gotten sick! And I just want to say that up front, that that is the undercurrent of—

Sydnee: Yes.

Justin: Everything we're saying here! Because I think having to remind everybody that we think this is a bad situation is getting a little exhausting. So, just flat across the board, anti-hantavirus. That's where we're at.

Sydnee: So, Dr. Kornfeld has since tested negative. And I think the advantage of having somebody with a health care background who then is

inside this situation and can explain it, he is ki—he has theorized that either, one, he was never positive and the test was probably incorrect, or two, he may have had it earlier and had milder symptoms. I guess he had had a few mild symptoms early in the journey, prior to the outbreak being known.

Justin: Mm-hm.

Sydnee: And so—and it's possible that you get a really mild form of the virus. And so, maybe that's why he had this weak positive, is because he was on the tail end of it. Or the more likely, he just never had it to begin with.

Justin: Yeah.

Sydnee: So, since he has since tested negative and he continues to be asymptomatic, I believe he has also been moved to a quarantine room, as opposed to a biocontainment room.

Justin: Oh? Okay.

Sydnee: Right?

Justin: That's a little bit better. So, a quarantine is if you have been exposed, and a biocontainment is if we think you have it.

Sydnee: Or we know you have it.

Justin: Or we know you have it.

Sydnee: Yes. So, why Nebraska? The only national quarantine facility in the US exists in Nebraska. Our federal government, using our tax dollars, built the Nebraska Quarantine Center back in 2019. Which pretty lucky timing if you think about it.

Justin: Yeah.

Sydnee: Yeah! Because we do not have any other facility for this specifically, nationally.

Justin: I feel like I was right.

Sydnee: Because it was just there?

Justin: It was far away. You know what I mean? It's just like... like, what's the farthest away place you can think of in America right now?

Sydnee: I mean, Nebraska is kind of in the middle?

Justin: Yeah, exactly.

Sydnee: What? No—

Justin: It's far away from everything!

Sydnee: No, it's not—I mean, it's really close to the states that are around—

Justin: It's farthest—it's the farthest away we can all get from it. You know what I'm saying? Like everybody's just like—I don't even know how to get to Nebraska.

Sydnee: You are talking like we live on a coast.

Justin: Yeah.

Sydnee: We do not, we live in West Virginia.

Justin: Do you know who's from Nebraska?

Sydnee: Who?

Justin: JoJo Siwa.

Sydnee: I didn't know that.

Justin: From Omaha.

Sydnee: Well, do you think JoJo lobbied to get the National Quarantine Center—

Justin: At one point I—

Sydnee: Built in Nebraska?

Justin: At one point in our lives, many years ago, I did a Google search to see if there was some sort of like... mecca in Omaha, Nebraska to JoJo Siwa that would necessitate us like visiting and paying some sort of like fealty to the JoJo Siwa Memorial. [chuckles] Or not memorial, the museum or what have you. And as far as I know, there is no birth site like museum for JoJo Siwa in Omaha, Nebraska currently.

Sydnee: And the girls have grown out of that.

Justin: Yeah.

Sydnee: That interest. No, this is just where—

Justin: Just like JoJo Siwa herself.

Sydnee: They've grown out of—

Justin: The JoJo Siwa that our—

Sydnee: Oh, yes—

Justin: Kids were—you know.

Sydnee: Yeah, no, that's true. This is true. So, anyway, so because Nebraska has this quarantine center, which is perfect for situations like this, we have a large number—and I mean large, I'm saying like there are 15 people, now 16, who are being kept there. So, not—I mean, large enough that we need a big place to monitor them.

We don't necessarily need them in a biocontainment unit, because as far as we know, they have—they don't have the virus. And so, to keep them in—I mean, if you've got a more—you gotta think about what is in the room, and what do they have access to. An individual who is not sick at all, as far as we know, doesn't need to be in a room with like a bunch of medical equipment.

Justin: Right. Right.

Sydnee: If you are sick, we need you in like a hospital-ish room.

Justin: Okay.

Sydnee: Essentially. But a quarantine room can be a little different. And if you've seen, there are TikToks from people inside who are like sharing what their experience is. If you look at what's happening there, it looks more like a nice hotel room.

Justin: Mm-hm.

Sydnee: You know? I mean, it's hospital-y, it definitely has a hospital vibe to it. But it's got like a workout bike and a little desk, and it's like a larger room, and you have your own bathroom, of course. So, it's not—

Justin: Yeah! It's nice. It's really nice.

Sydnee: They bring you all your meals. I believe you get to order your meals there, so they like give you some choices.

Justin: Mm!

Sydnee: Obviously, you have all the modern conveniences. You can be on your computer and your phone and tablet, and call your loved ones and FaceTime and all that—make TikToks.

Justin: Do I still have to podcast?

Sydnee: You probably—I mean, you could podcast from a quarantine unit.

Justin: Because I was gonna say, if you have to work, it's like not as fun, I guess.

Sydnee: You could. I mean, I don't think they come outfitted with studios and microphones, but—

Justin: I mean, noise-canceling would be huge. Like, I'd have to get that figured out pretty quickly. But I feel like they would want to be—they would—they would just—from a—there would be a moral imperative to not stop the signal. You know what I mean? To keep America laughing.
[chuckles]

Sydnee: I mean, the—well, the internet is flowing, the bandwidth is present. Because again, TikToks are—TikToks are plenty. So, that is why we have—that's why everybody's in Nebraska right now. And we could use this for—is this—obviously it wasn't just for hantavirus, it was for anything—a disease of consequence is the thought. So, either considerable co—and that's, I think, two different ways to think about it. COVID, obviously there was, especially depending on what variant, what generation of COVID we're talking about—in the early days, the mortality was extremely high.

Justin: Sure, yeah.

Sydnee: And so, the consequences of catching COVID, you know, the risk was very high.

Justin: Right.

Sydnee: It was also very contagious, so it was both of those things. hantavirus is different. The risk of catching it is much, much lower, right?

Justin: Mm-hm.

Sydnee: So, the risk of it becoming a global pandemic is incredibly low, possibly zero, but we don't like to say—

Justin: Sure.

Sydnee: We don't like to speak in absolutes. But the consequences of catching it are very severe, because we know it does have a high fatality. So, it is worth treating as if it was just as bad as COVID.

Justin: Because if anybody gets it, it sucks.

Sydnee: Right.

Justin: Right.

Sydnee: Yes. So, that is that. And I think it's important to kind of, if you're seeing the way we're treating it, and especially if you look at, I mean, all of the images from when the ship landed and individuals were being taken to their planes and taken into the quarantine facility in Nebraska, you see all of—like, it looks like you're watching Contagion or something. You know, it looks like a movie, like a scary movie, because everybody's wearing those suits and it can give you COVID flashbacks. But that's just because the consequences of catching this could be so severe—

Justin: So it's kind of like—

Sydnee: That you're going to take every precaution you possibly can.

Justin: I'm overgeneralizing here, but there is a severity of we don't want everybody to get it, and that's very severe.

Sydnee: Yes.

Justin: And then there's this severity of like I don't want to get it. But that's also very severe in this case, because the consequences of that are serious enough that it's worth taking all those precautions.

Sydnee: It's, and I think it's interesting—

Justin: On a—on a smaller scale, on a micro scale—

Sydnee: Yeah, on a macro scale.

Justin: Versus the macro scale.

Sydnee: It's interesting because I've been watching some of these conversations play out in various groups that I'm in that also contain physicians, and watching the conversation between healthcare professionals who understand the science and who know that the risk of catching this is very low—and they're talking about things like, "Should I fly on a plane next week? We had a cruise booked this summer, should we still go?" And I guarantee you, these conversations that these mostly healthcare providers are having, a lot of people are having in their homes.

Justin: Yeah.

Sydnee: And the answer, the science answer is, you probably don't need to change any of your travel plans, more than likely. I mean, depending on who you are and where you are, you don't. That being said, I understand why this would, you know—

Justin: Yeah, spooky a little bit.

Sydnee: So, anyway, the question—at this point, everybody's asymptomatic who's being kept in quarantine. The question is, can they leave? And if—

Justin: Wait, are you saying can they leave yet, or can they leave? What do you mean?

Sydnee: When they're—do they need to stay for the entire 45-day quarantine.

Justin: Oh... Hm.

Sydnee: Because it could be that long before symptoms present, so until then, they're potentially infected.

Justin: You're... you're pausing in a way that makes me think the decision's up to me, but that can't be right? [chuckles] Certainly, I'm not—I'm not going to be consulted?

Sydnee: From a—from all the interviews I've watched, when they ask the officials at the Nebraska Quarantine Center, can they leave? The answer is, "We are strongly encouraging them to stay." [chuckles]

Justin: Okay. "We have highly trained bears on the perimeter." [laughs]

Sydnee: Well—

Justin: "If they can escape our bears!"

Sydnee: I think this is an interesting question, and I don't know that we've faced this exact situation, especially in a world where COVID now exists. If they are asymptomatic and they coordinate with their local health department to a self-isolation situation, wherever they're going, should that—should that be—shouldn't that be enough? Do we trust people?

Justin: No. Oh, wait—

Sydnee: Do we? I don't know! I mean, that's—

Justin: Now, if you're asking—

Sydnee: Can we—and then—

Justin: On this one, I do have an answer.

Sydnee: Legally, can we force them to stay? Can we make the—I mean, if someone says, "You know what, I hear your strong encouragement, but I called the health department back home. We set up like a thing where I'm going to check my temperature and they have somebody assigned, like a DIS, a disease investigative specialist who's going to check in with me every day. And I'll report this and this if it happens to this health official, and I have this whole plan. And it's all been signed off on and Justin notarized it, so... can I go home?" Can they tell them no?

Justin: I mean, who's the "they" in this case? Who's the agency?

Sydnee: Well, certainly the healthcare providers can't. I mean, if I have a competent patient who wants to leave the hospital, I can't stop them.

Justin: Sure. Can't do that.

Sydnee: But can the government?

Justin: Hm... I mean—

Sydnee: And who? The CDC? The NIH? Health and Human Services?

Justin: Hey, listen, I will do my part.

Sydnee: The president?

Justin: I will do my part for public health at any point. I'm not trusting myself into the hands of the US government for all the money in the world, currently. [chuckles] So, I don't know about—you may have to catch me in this exact scenario that we are talking about. I believe I would flee the premises and put myself in the capable hands of Dr. Sydnee McElroy. [chuckles]

Sydnee: It's a—

Justin: And serve out my quarantine in comfort.

Sydnee: It's a tricky question, it—I—I can't see—I don't know, I—you know what? I'm not going to predict. My thought is that RFK Jr. has not been particularly concerned with the spread of potentially deadly disease in this country, up until now. So, I don't know why this would be where he puts his foot down. But I—so far, everybody's still there. Since that, the most recent news I have is yesterday, one of the Canadian passengers did test positive, but I believe is still in stable condition, experiencing some symptoms. I have not heard an update as to how critical they are. There are also—the last number I have is 41 people across 16 states. And that's that number where we talk about people who left the boat early, and people who were exposed to them, and people who were on planes.

Justin: Okay.

Sydnee: So, the concern of all this is that the World Health Organization identified this as a threat on May 2nd, as we talked about in the last episode. We did not receive an official update from the CDC, a health alert network, or a HAN, an H-A-N, which is something that the CDC sends out to healthcare providers across the US when there is some sort of outbreak happening, or an alert that we need to pay attention to. We did not receive it for six days. And that lag is concerning to a lot of people.

Justin: Hm.

Sydnee: Why was the WHO telling us that—the World Health Organization, telling us this was a problem on the 2nd, and the CDC didn't tell us it was a problem for six more days?

Justin: Yeah.

Sydnee: And that lag is very concerning. And I think right now, as concerning as that is, again, even if hantavirus itself as an agent of pandemic is not, we see this, and then we see what's happening currently. And I'm not going to get into this at length, but there is an ongoing Ebola outbreak happening as well right now, throughout the Democratic Republic of Congo and also in Uganda.

There have been quite a few cases. And there is a lot of question, I was just reading the transcript of an update from, I mean literally hours ago, where they were talking about what is the CDC doing to be involved in that? Do we have Americans there? What will we do if there are Americans there? What's the plan?

Justin: We just got a—it's—

Sydnee: Are we cooperating?

Justin: This is what we're—

Sydnee: Do we know?

Justin: This is what we're—I mean, that's—I think that's the overall thing, is like we're going to keep running into these because we're not plugged in anymore. We're not getting the news, we're not getting the updates, we're not part of the conversation.

Sydnee: Well—

Justin: We don't have a seat at the table.

Sydnee: And nobody's going to answer this question, but a lot of—a lot of the journalist questions were—is part of—like, if we start to see more outbreaks of these diseases in places like the Democratic Republic of Congo, is this tied in some way to the complete lack of funding that the US is providing for some of these things that we used to—

Prior to the Trump administration cutting off a lot of aid programs to various African nations when it comes to HIV or things like Ebola or malaria, or whatever. I mean, we are going to see excess deaths in those countries because of the US' actions and inaction. And if that that—that should concern all of us, but if it doesn't concern you, these things spread. And if we are not part of the network, we won't know.

Justin: Thank you so much for listening to our podcast. It's called Sawbones. Thank you to The Taxpayers for the use of their song "Medicines" as the intro and outro of our program. Thanks to Amanda for subbing in last minute to edit this here episode of our podcast. And thanks to you, and congratulations to Rachel.

Sydnee: And we will know—this will be our last update on hantavirus, unless something wild changes.

Justin: Yeah.

Sydnee: I just felt like we needed to sort of put a button on where we were right now. Instead, we're going to talk about kratom next week, Justin. This is the first time I've ever promoted what we're going to talk about.

Justin: Yeah.

Sydnee: But everybody is talking about kratom.

Justin: Will Sydnee be for it? Against it? Nobody knows.

Sydnee: I'm against it.

Justin: [chuckles] We'll find out next week!

Sydnee: [laughs]

Justin: On Sawbones. 'Till the next time, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head.

["Medicines" by The Taxpayers plays]

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