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Clark County Combined Health District- Health Alert
May 25, 2022

Recommendations for Adenovirus Testing and Reporting of Children with Acute Hepatitis of Unknown Etiology

Purpose: To communicate an epidemiologic investigation of pediatric cases of hepatitis of unknown etiology and adenovirus infection in the United States

Background

As of May 25, 2022, CDC and state partners are investigating 216 children with hepatitis of unknown origin across 38 states and territories, more than half of whom have tested positive for adenovirus with more than 90% hospitalized, 14% with liver transplants, and five deaths under investigation. Because this investigation is ongoing and includes reviewing cases of hepatitis of unknown cause with onset since October 2021, patients under investigation are not limited to current or newly diagnosed pediatric hepatitis illnesses. As of May 27, 2022, the World Health Organization (WHO) are investigating 650 probable cases of acute hepatitis of unknown etiology from 33 countries and 9 deaths.

Case Criteria

<10 years of age with elevated aspartate aminotransferase (AST) or alanine aminotransferase (ALT) (>500 U/L) who have an unknown etiology for their hepatitis (with or without any adenovirus testing results, independent of the results) since October 1, 2021.

Recommendations for Clinicians

- Clinicians should continue to follow standard practice for evaluating and managing patients with hepatitis of known and unknown etiology.
- Clinicians are recommended to consider [adenovirus testing](#) for patients with hepatitis of unknown etiology and to report such cases to their state or jurisdictional public health authorities.
- Because the potential relationship between adenovirus infection and hepatitis is still under investigation, clinicians should consider collecting the following specimen types if available from pediatric patients with hepatitis of unknown cause for adenovirus detection:
 - Blood specimen collected in Ethylenediaminetetraacetic Acid (EDTA) (whole blood, plasma, or serum); whole blood is preferred to plasma and serum)
 - Respiratory specimen (nasopharyngeal swab, sputum, or bronchioalveolar lavage [BAL])
 - Stool specimen or rectal swab; a stool specimen is preferred to a rectal swab
 - Liver tissue, if a biopsy was clinically indicated, or if tissue from native liver explant or autopsy is available:
 - Formalin-fixed, paraffin embedded (FFPE) liver tissue
 - Fresh liver tissue, frozen on dry ice or liquid nitrogen immediately or as soon as possible, and stored at $\leq -70^{\circ}\text{C}$

Nucleic acid amplification testing (NAAT), such as polymerase chain reaction (PCR), is preferred for adenovirus detection (currently not available for FFPE liver biopsy or native liver explant). Testing whole blood by PCR is more sensitive to and is preferred over testing plasma by PCR. Where possible, clinical specimens should be tested locally to ensure timely results for patient care.

Request for Notification of Possible Cases

Please call the Clark County Combined Health District (CCCHD) at 937-390-5600 and ask for a member of the CD Team to report a possible case. CCCHD will then coordinate with the Ohio Department of Health (ODH) to gather more information needed on the possible case.



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Additional Information

Expanded testing guidance: [Clinical Guidance for Adenovirus Testing and Typing of Patients Under Investigation Clinician Outreach and Communication Activity \(COCA\) – Clinical Recommendations for Adenovirus Testing and Reporting of Children with Acute Hepatitis of Unknown Etiology](#)
[CDC Investigation Updates](#)
[CDC Health Alert April 21, 2022](#)
[CDC Health Alert May 11, 2022](#)

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Alert Details

From: Clark County Combined Health District

Time Sensitivity: Immediate

Relevance to Public Health: High

To: Medical offices, Urgent Cares, Clinics, Hospitals, Laboratories and ICPs

Target Audience: Physicians, PA, NP, Nurses, Medical Staff, ICP staff, and Laboratorians

