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**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



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Technical Bulletin

Date: April 25, 2022

Topic: Recommendations for Adenovirus Testing and Reporting of Children with Acute Hepatitis of Unknown Origin

Contact: Melissa Peek-Bullock, State Epidemiologist, Division of Public and Behavioral Health (DPBH)

To: Hospitals, Health Care Providers, Health Care Facilities, Public Health Professionals

Summary

On April 21, 2022, the Centers for Disease Control and Prevention (CDC) issued a Health Alert Network (HAN) Health Advisory to notify clinicians and public health authorities about a cluster of children identified with hepatitis and adenovirus infection. In November 2021, clinicians at a large children's hospital in Alabama notified CDC of five pediatric patients with significant liver injury, including three with acute liver failure, who also tested positive for adenovirus. All children were previously healthy. None had COVID-19. Case-finding efforts at this hospital identified four additional pediatric patients with hepatitis and adenovirus infection for a total of nine patients admitted from October 2021 through February 2022; all five that were sequenced had adenovirus type 41 infection identified. In two patients, plasma samples were negative for adenovirus by quantitative polymerase chain reaction (qPCR), but both patients were positive when retested using whole blood. Two patients required liver transplant; no patients died. A possible association between pediatric hepatitis and adenovirus infection is currently under investigation. Cases of pediatric hepatitis in children who tested negative for hepatitis viruses A, B, C, D, and E were reported earlier this month in the United Kingdom, including some with adenovirus infection.¹ This Health Advisory serves to notify U.S. clinicians who may encounter pediatric patients with hepatitis of unknown etiology to consider adenovirus testing and to elicit reporting of such cases to public health authorities and CDC. Nucleic acid amplification testing (NAAT, e.g. PCR) is preferred for adenovirus detection and may be performed on respiratory specimens, stool or rectal swabs, or blood.

Background

Hepatitis is inflammation of the liver that can be caused by viral infections, alcohol use, toxins, medications, and certain other medical conditions. In the United States, the most common causes of viral hepatitis are hepatitis A, hepatitis B, and hepatitis C viruses.² Signs and symptoms of hepatitis include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, light-colored stools, joint pain, and jaundice. Treatment of hepatitis depends on the underlying etiology. Adenoviruses are double-stranded DNA viruses that spread by close personal contact, respiratory droplets, and fomites.³ There are more than 50 types of immunologically distinct adenoviruses that can cause infections in humans. Adenoviruses most commonly cause respiratory illness but depending on the adenovirus type they can cause other illnesses such as gastroenteritis, conjunctivitis, cystitis, and, less commonly, neurological disease. There is no specific treatment for adenovirus infections. Adenovirus type 41 commonly causes pediatric acute gastroenteritis, which typically presents as diarrhea, vomiting, and fever; it can often be accompanied by respiratory symptoms.⁴ While there have been case reports of hepatitis in immunocompromised children with adenovirus type 41 infection, adenovirus type 41 is not known to be a cause of hepatitis in otherwise healthy children.^{3,4}

¹ <https://www.who.int/emergencies/disease-outbreak-news/item/acute-hepatitis-of-unknown-aetiology---the-united-kingdom-of-great-britain-and-northern-ireland>

² <https://www.cdc.gov/hepatitis/abc/index.htm>

³ <https://www.cdc.gov/adenovirus/index.html>

⁴ <https://www.sciencedirect.com/referencework/9780128037089/international-encyclopedia-of-public-health>

Recommendations

1. Clinicians should consider adenovirus testing in pediatric patients with hepatitis of unknown etiology. NAAT (e.g. PCR) is preferable and may be done on respiratory specimens, stool or rectal swabs, or blood.
2. Anecdotal reports suggest that testing whole blood by PCR may be more sensitive than testing plasma by PCR; therefore, testing of whole blood could be considered in patients without an etiology who tested negative for adenovirus in plasma samples.

Request for Notification of Possible Cases

CDC is requesting notification from clinicians or state public health authorities about children <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 Oct. 1, 2021.

Please notify your local public health agency and email CDC at ncirddvdgast@cdc.gov to notify of any cases meeting the above criteria or with any related questions. Please include dpbhhepi@health.nv.gov in your communication with CDC.

- Nevada Division of Public and Behavioral Health (DPBH): (775) 684-5911 (M-F 8 a.m. to 5 a.m.); (775) 400-0333 (after hours); dpbhhepi@health.nv.gov
- Southern Nevada Health District (SNHD): (702) 759-1300 (24 hours)
- Washoe County Health District (WCHD): (775) 328-2447 (24 hours), epicenter@washoecounty.gov
- Carson City Health and Human Services (CCHS) for Carson City, Douglas, Lyon counties: (775) 887-2190 (24 hours)

If patients are still under medical care or have residual specimens available, please save and freeze them for possible additional testing and contact your local public health agency to coordinate specimen submission to CDC.

For More Information

Visit <https://www.cdc.gov/hepatitis/index.htm>

Questions

For updated guidance, please review the DPBH Technical Bulletin [website](#) regularly. Please email dpbhhepi@health.nv.gov for other questions regarding this technical bulletin.



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