

5/18/2022

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

Action Requested:

- 1) Continue to follow standard practice for evaluating and managing patients with hepatitis of known and unknown etiology.
- 2) Consider [adenovirus testing](#) for patients with hepatitis of unknown etiology and to report such cases to their state or jurisdictional public health authorities.
- 3) Because the potential relationship between adenovirus infection and hepatitis is still under investigation, 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. In Washington State Quest and ARUP can provide whole blood PCR testing.

- 4) Report suspect cases to Thurston County Public Health and Social Services Department to the Communicable Disease Reporting Line 360-786-5470 as well as to the CDC by email at ncirddvdgast@cdc.gov.

Background:

A cluster of pediatric cases of hepatitis without an apparent etiology was identified and reported to CDC in November 2021. A possible association between pediatric hepatitis and adenovirus infection is under investigation after laboratory testing identified adenovirus infection in all nine patients in the initial cluster; the five specimens that could be typed were all adenovirus type 41. Investigators continue to examine the role of other possible causes and identify contributing factors.

COMMUNICABLE DISEASE UPDATE

COMMUNICABLE DISEASE CONTROL AND PREVENTION SECTION
THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT
412 LILLY RD NE
OLYMPIA, WA, 98506-5132
DISEASE REPORTING: (360)786-5470



5/18/2022

References

Expanded testing guidance: [Clinical Guidance for Adenovirus Testing and Typing of Patients Under Investigation](#)

CDC Recommendations for Adenovirus Testing and Reporting of Children with Acute Hepatitis of Unknown Etiology: [HAN Archive - 00462 | Health Alert Network \(HAN\) \(cdc.gov\)](#)

Information for state health departments and laboratories: [Instructions for Adenovirus Diagnostic Testing, Typing and Submission](#)

Information for the Washington State Public Health Lab: [Public Health Laboratories | Washington State Department of Health](#)

THANK YOU FOR REPORTING

TO REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY	
Voice mail for reporting non-immediately reportable conditions (24 hours a day)	Phone: 360-786-5470 Fax: 360-867-2601
Day time immediately reportable conditions – Call detailed information to the 24-hour Notifiable Condition Reporting Line at 360-786-5470. Messages are picked up hourly. If a call back can't wait call 360-867-2500 and ask staff to locate a Communicable Disease staff.	Phone: 360-786-5470
After hours immediately and 24-hour reportable conditions or a public health emergency	Call 1-800-986-9050
No one is available with Thurston County Public Health and condition is immediately notifiable	1-877-539-4344

Communicable Disease Updates are posted online at: <http://bit.ly/CDUpdatePHSS>