

**Primary Contact**  
**Contact:** Amy Person, MD  
**Phone:** 509-460-4550  
**E-mail:** drperson@bfhd.wa.gov  
**Date:** May 18, 2022

**Secondary Contact**  
**Heather Hill, RN, BSN**  
**509-460-4232**  
**heatherh@bfhd.wa.gov**

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

Please see below for a CDC Health Update on Updated Recommendations for Adenovirus Testing and Reporting of Children with Acute Hepatitis of Unknown Etiology. This represents an update to the Health Advisory shared by CDC in April.

Healthcare partners should report suspected cases to Benton-Franklin Health District at 509-539-0416 (as well as to CDC).

#### Background

A cluster of pediatric cases of hepatitis without an apparent etiology was identified and reported to CDC in November 2021. These cases have had significant morbidity, 90% hospitalized, 14% with liver transplant and 5 deaths (nationwide) under investigation. A possible association with adenovirus has been identified.

#### 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  $\leq -70^{\circ}\text{C}$

As mentioned in the CDC Health Update, PCR testing of whole blood for adenovirus is preferable (rather than plasma or serum). In Washington State, Quest and ARUP can provide whole blood PCR testing.

**CDC Health Update:** <https://emergency.cdc.gov/han/2022/han00465.asp>