GEORGIA DEPARTMENT OF PUBLIC HEALTH

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Georgia Department of Public Health Urges Clinicians to Report Possible Cases of Acute Hepatitis of Unknown Etiology

Summary

- As of May 18, 2022, CDC and state partners are investigating 180 children with hepatitis of unknown origin across 36 states and territories.
- Several reported cases are currently under investigation by Georgia health officials.
- This investigation focuses on collecting information to describe the epidemiology, etiology, clinical presentation, severity, and risk factors related to illness and to identify any relationship between adenovirus infection or other factors and hepatitis.
- Clinicians who see or have recently seen cases similar to those described above should report them by calling your local District Health Office or the DPH Acute Disease Epidemiology Section at 404-657-2588 or 866-PUB-HLTH (1-866-782-4584) after-hours on evenings and weekends.

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 were subtyped were all adenovirus type 41. Investigators continue to examine the role of other possible causes and identify contributing factors.

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:
    - Whole blood or plasma collected in (Ethylenediaminetetraacetic Acid; EDTA) or serum (red top tube or serum separator tube). Whole blood is preferred to plasma or serum.
    - Respiratory specimen (nasopharyngeal swab, sputum, or bronchoalveolar lavage [BAL])
    - Stool specimen or rectal swab (collected in viral transport medium/universal transport medium), whenever possible a stool specimen is preferred to a rectal swab
    - If a liver biopsy has already been performed as clinically indicated, or from native liver explant or autopsy:
        - 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 ≤ -70°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 plasma or serum by PCR.

Where possible, clinical specimens should be tested at the local medical facility to ensure timely results for patient care. For any diagnostic testing needs beyond the local facilities capacity, clinicians should contact 866-PUB-HLTH (1-866-782-4584) to coordinate specimens with a medical epidemiologist for specimens to go to the Georgia Public Health Laboratory.

For More Information

- Expanded testing guidance: Clinical Guidance for Adenovirus Testing and Typing of Patients Under Investigation: https://www.cdc.gov/ncird/investigation/hepatitis-unknown-cause/overview-what-to-know.html
- Additional instructions for adenovirus diagnostic testing: Instructions for Adenovirus Diagnostic Testing, Typing and Submission

Clinicians who become aware of cases similar to those described above should report them to District Health Office or the DPH Acute Disease Epidemiology Section at 404-657-2588 or 866-PUB-HLTH (1-866-782-4584) after-hours on evenings and weekends.