



TO: West Virginia Healthcare Providers, Hospitals and Other Healthcare Facilities

FROM: Ayne Amjad, MD, MPH, Commissioner and State Health Officer
West Virginia Department of Health and Human Resources, Bureau for Public Health

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LOCAL HEALTH DEPARTMENTS: Please distribute to community health providers, hospital-based physicians, infection control preventionists, laboratory directors and other applicable partners.

OTHER RECIPIENTS: Please distribute to association members, staff, etc.

On April 21, 2022, the Centers for Disease Control and Prevention (CDC) issued a Health Advisory to notify clinicians and public health authorities of 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. 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. A possible association between pediatric hepatitis and adenovirus infection is currently under investigation.

The West Virginia Department of Health and Human Resources, Bureau for Public Health (BPH) has started surveillance for potential cases among children in West Virginia; to date, no cases have been reported. BPH requests clinicians, healthcare providers, hospitals, and local health departments to report possible cases of hepatitis with unknown etiology (**with or without any adenovirus testing results, independent of the results**) in children < 10 years of age who had elevated aspartate aminotransferase (AST) or alanine aminotransferase (ALT) (>500 U/L) since October 1, 2021. Healthcare providers caring for pediatric patients with hepatitis of unknown etiology should consider adenovirus testing, preferably with a nucleic acid amplification test (e.g., PCR). Depending on the laboratory, testing may be performed on respiratory specimens, stool or rectal swabs or blood.

Per the Reportable Disease Rule, 64 CSR-7, any unusual condition or emerging infectious disease should be reported to the local health department within 24 hours (not the CDC). Healthcare providers, hospitals, and local health departments report possible cases by calling the Epidemiologist On-Call at (304) 558-5358 ext. 2; faxing reports to (304) 558-8736; or emailing jillian.l.jeffrey@wv.gov. After the provider reports a suspected case, BPH will work with the provider to facilitate shipment of specimens to the West Virginia Office of Laboratory Services for public health testing, if needed. BPH will also collect information about the patient's illness, laboratory results, and possible exposures and report these to CDC.