



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

April 27, 2022

Dear Colleague:

In response to a recent cluster in Alabama of children with significant liver injury, including acute liver failure, and similar recent cases reported from other states and from the United Kingdom and Israel, we are asking for your help in identifying Maryland children with hepatitis and adenovirus infection.

More detail is available at the following Centers for Disease Control and Prevention (CDC) Health Alert Network (HAN) posting:

<https://emergency.cdc.gov/han/2022/han00462.asp>

In particular, we want you to be aware of the following CDC 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 those without an etiology who tested negative for adenovirus in plasma samples.

Please notify your [local health department](#) (LHD) about any 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 October 1, 2021. Your local health department and MDH will help determine what, if any, additional testing is indicated.

Thank you for your attention to this important public health issue. We will provide additional information as it becomes available.

Sincerely,

Jinlene Chan, MD, MPH, FAAP
Deputy Secretary, Public Health Services

David Blythe, MD, MPH
State Epidemiologist