

**SEASONAL DISEASES****Hepatitis of unknown origin**

On 5th April 2022, the World Health Organization received notification of 10 cases of severe acute hepatitis of unknown aetiology from central Scotland in the United Kingdom (UK). Since then, there has been a continuing increase in the number of reports of these cases among previously well children. As of 26 May 2022, 650 probable cases fitting the WHO case definition have been reported from 33 countries in five WHO Regions, with 99 additional cases pending classification. The majority of probable reported cases (374) are from the WHO European Region (22 countries), with 222 cases from the United Kingdom alone. Of the probable cases, at least 38 children have required transplants, and nine deaths have been reported to WHO. To date, there have been no cases reported in the African region. These cases of severe acute hepatitis are of particular concern as most cases have affected children under 6 years of age who were previously well.

Ongoing investigations suggest this acute hepatitis may be linked to adenovirus infection, however the exact aetiology remains to be determined. Adenovirus has not yet been identified in the liver tissue samples analysed, and adenovirus is ubiquitous, so the currently observed and tenuous associations may well be co-incidental. The potential role of SARS-CoV-2 is also under investigation, as it has been detected in a few cases, either in isolation or with adenoviral co-infection. There is currently no evidence of an association between COVID-19 vaccination and acute hepatitis of unknown origin. Tests for hepatitis viruses A-E have been negative in all cases. Clinicians are advised to consider adenovirus testing in paediatric patients presenting with hepatitis of unknown cause. There is currently no documented association with travel, diet or water source in any of the cases.