Public Health Investigation Process for Acute, Severe Hepatitis of Unknown Origin in Children

May 16 2022

SITUATION

The purpose of this document is to provide public health officials with guidance on the process for investigating reported cases of acute, severe hepatitis of unknown origin in children. This guidance is based on the recommendations of the WHO and PHAC and is subject to change as information is obtained. Continue to monitor the Manitoba Health Acute Hepatitis of Unknown Origin website for updates at

https://www.gov.mb.ca/health/publichealth/diseases/acute hepatitis.html.

For more information on the current situation, please refer to the World Health Organization Disease Outbreak News; Multi-Country – Acute, severe, hepatitis of unknown origin in children https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON376.

REPORTING AND OTHER REQUIREMENTS

Health care providers:

- Pediatric Infectious Disease/Gastroenterology will complete the clinical information in the Acute Hepatitis Non-Hep A-E case investigation report form.
- Individuals that meet the working case definitions below can also be reported by other health care providers to the Manitoba Health Surveillance Unit though the clinical notification form:
 - https://www.gov.mb.ca/health/publichealth/cdc/protocol/mhsu 0013.pdf
- Manitoba Health Surveillance Unit (MHSU) will forward non- identifiable case investigation information to the Public Health Agency of Canada (PHAC).

PHAC WORKING CASE DEFINITIONS (May 13, 2022)

Note that these case definitions are subject to change as the investigation evolves.

PHAC Working Case Definition (May 13, 2022)

- Confirmed: N/A at present
- Probable:
 - A person who is 16 years and younger presenting with severe acute hepatitis since 1
 October 2021 and requiring hospitalization,

AND

With elevated serum transaminase >500 IU/L (AST or ALT),

AND

 Excluding hepatitis caused or attributed to a hepatitis virus (A, B, C, D, E¹) or a known or expected presentation of a drug or medication; a genetic, congenital, or metabolic condition; an oncologic, vascular, or ischemia related condition; or an acute worsening of chronic hepatitis.

¹If hepatitis D or E serology results are pending or test was not done, but other criteria met, these can be reported as probable cases.

PHAC Close Contact Definition

Close contacts are defined as having cared for, lived with, spent significant time within close quarters (e.g. co-worker, daycare) or had direct contact with respiratory secretions and other body fluids (e.g., feces) in the 5 months prior to case onset.

PUBLIC HEALTH INVESTIGATION PROCESS

- It is anticipated that most cases will be hospitalized and identified through Pediatric Gastroenterology or Infectious Diseases. However, other health care providers (HCP) are requested to report cases that meet the case definition to the MHSU through the clinical notification form (fax to MHSU).
 https://www.gov.mb.ca/health/publichealth/cdc/protocol/mhsu 0013.pdf
- When a clinical notification form or case investigation form is received, MHSU will create an investigation and refer to the Regional Health Authority in PHIMS.
- If regional public health receives a referral based on a clinical notification form, public
 health should follow-up with the clinician and confirm that the client has been referred
 to Pediatric ID/GI. Public Health should wait for the completion of the Acute Hepatitis
 Non-Hep A-E case report form from Peds ID/GI prior to contacting the client. Upon
 receipt, this form will be re-directed from the MHSU to the Responsible Organization via
 PHIMS.
- Peds ID/GI to complete Acute Hepatitis Non-Hep A-E case report case investigation report form for all clinical aspects and fax to MHSU by secure fax at 204-948-3044
- MHSU will attach the case report form (QRC 7.16 Investigations Context Document to upload document) to the PHIMS investigation and refer to region.
- Regional public health nurse (PHN) will review the Acute Hepatitis Non-Hep A-E case report form in PHIMS.
- The case report form will require information from both the clinical team and the parent/guardian of the case (or the case themselves).
- PHN will follow-up with the individual/parent/guardian to complete the remaining sections of the case investigation form (e.g. exposures, contacts). If all sections are complete, the form can be uploaded in PHIMS.
- Final form is uploaded in PHIMS by regional public health, case classification and disposition are updated, and case closed. The disposition should be changed to followup complete. Follow PHIMS QRC 7.16 Investigations Context Document to upload document.

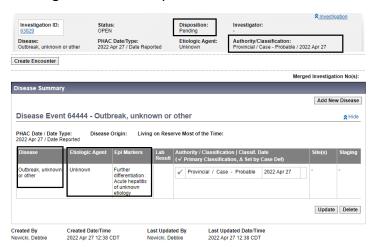
- The region will alert the MHSU that the investigation is closed and will provide the investigation ID. When complete, the MHSU will redact identifying information from the uploaded form and send to PHAC through established secure file transfer protocols.
- If the case has been hospitalized outside of Manitoba and additional information is required from that jurisdiction, the provincial CD team and MHSU will coordinate further information gathering.

DOCUMENTATION

Manitoba Health Surveillance Unit

Initial Notification - Clinical Notification Form or Case Investigation Form

- Create an investigation. Use CD Encounter Group, assign the disease category Disease>
 Outbreak>unknown. Enter "Acute hepatitis of unknown etiology" within Further
 Differentiation.
- Assign the case classification "person under investigation"
- Investigation disposition > Pending
- Investigation status > Open



- Upload the clinical notification or case investigation form with the investigation in context and chart a note indicating same.
- Email the regional CDC general inbox (copy Provincial CD MOHs, Epi leads) to alert regional public health of the investigation, include the investigation ID

Case Report Form when submitted after the Clinical Notification Form

- Upon receipt of the case report form, upload same with the investigation in context and chart a note indicating same
- Email the regional CDC general inbox (copy Provincial CD MOHs, Epi leads) to alert regional public health of the investigation, include the investigation ID

Reporting to PHAC

- Upon notification by Regional Public Health, print the completed case report form and submit to Lead Epi who will redact and submit to PHAC
- Routinely run investigation search reports for closed and follow-up complete investigations for disease "outbreak, unknown or other" as a matter of routine practice and to ensure notification to PHAC

Regional Public Health

- Ensure routine running of investigation search reports for open and pending investigations include the disease "outbreak, unknown or other", and ensure that the investigation status and disposition are updated as required.
- Document in clinical notes all pertinent communications.
- All case investigation information is documented in the case investigation form. It is not necessary to additionally document in PHIMS data fields, other than to update the case classification/disposition.
- Upload the completed case investigation form in PHIMS, update the case classification according to the case definitions, update the investigation disposition to" follow-up complete", document a note indicating upload of the case investigation form, and close case investigation.
- **Send an email** to the MHSU indicating closure of the investigation, and include the investigation ID.