



Weekly update from Simon de Lusignan, [@Lusignan_S](#)
Director of Oxford RSC, **18th - 22nd Apr 2022**, Issue 62

Hepatitis In Children: Increase In Cases



UK Health
Security
Agency

[Increase in hepatitis \(liver inflammation\) cases in children under investigation - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

The UKHSA recently announced it has been investigating an increase in unexplained acute hepatitis cases amongst children over the past few weeks.

Cases identified so far exhibit severe acute hepatitis with markedly elevated transaminases, often presenting with jaundice, sometimes preceded by gastrointestinal symptoms including vomiting as a prominent feature, in children up to the age of 16 years with most cases in children between 2 and 5 years old.

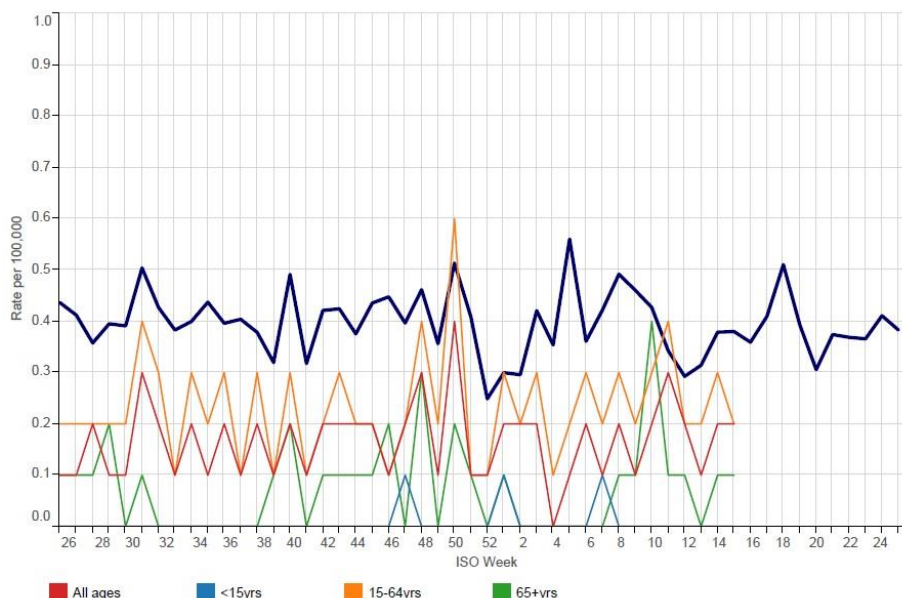
Some cases have progressed to acute liver failure and a small number of children have required liver transplantation. A total of 74 cases is currently under investigation.

Clinicians are encouraged to be vigilant for cases and report any children up to the age of 16 years with symptoms of acute hepatitis with a serum transaminase >500 IU/L, in which hepatitis A to E has been excluded, to UKHSA.

This Week's Virology News

Working with our UKHSA colleagues as they investigate the hepatitis in children increase, our RCGP Research & Surveillance Centre has provided this viral hepatitis graph, which details the national incidence rate per 100,000 by age group by ISO week.

(I) Viral Hepatitis : national incidence rate 2021/22 by age group*



Serosurveillance and You!

The value of our serological sampling is as important as ever, as the impact of COVID-19 lessens and influenza returns to being the predominant driver of winter pressures on the NHS and on mortality.

Serology samples from RSC member practices provides unique insights into vaccine effectiveness, waning and vaccine scheduling. Serology results inform which patient groups achieve a satisfactory or suboptimal vaccine response.

Serosurveillance will continue until April 2023 so please continue taking samples. Here's some details of the payments you receive per sample:

Serology Samples: **£5.50** for samples taken from >18 years of age
 £11 for samples taken from 8-17 years of age
 £30 for samples taken from <8 years of age

ClinT of the Week

Remember, coding is caring!

Continuing this week's focus on hepatitis in children, here's a relevant clinical term to use:



Inflammatory disease of liver (disorder)

SCTID: 128241005

Remember: The date entered for the code should be the event date and not the recorded date. Also, hepatitis should be recorded as a disorder – ideally recorded as a “problem” with the date of onset if known.

Publication of the Week



[Early and ongoing stable glycaemic control is associated with a reduction in major adverse cardiovascular events in people with type 2 diabetes: A primary care cohort study - PubMed \(nih.gov\)](#)

Our aim was to determine whether achieving early glycaemic control, and any subsequent glycaemic variability, was associated with any change in the risk of major adverse cardiovascular events (MACE).

A retrospective cohort analysis from our RCGP RSC database was conducted. Click on the link above to read more about our findings.