

# [A reminder about mooring deck safety](#)

News story

We are taking the opportunity during this Maritime Safety Week to raise awareness of essential components for safer mooring operations.



Parted mooring line

Over the years, MAIB has seen many incidents where seafarers have been struck by mooring lines, unfortunately in some cases resulting in serious injury or death. Our [Annual Report](#) recently highlighted that such incidents continue to occur despite well published guidance on the subject. Even though there have been many advances in technology and automation in the shipping industry, mooring decks remain a place where people need to work in proximity to heavy lines under tension and interaction is unavoidable. Therefore, it is important that the safety guidance is followed. Below, we have emphasised three key components for safer mooring operations.

## **Equipment**

Making sure the right equipment is used and then maintained in good condition is essential to keeping safe on mooring decks. Mooring lines need to be regularly inspected to make sure that wear and tear has not degraded the line, there are no hard spots on synthetic lines and no signs of contamination by oils and greases. The lead of each mooring line needs to be considered carefully to avoid placing additional stress on the lines or introducing chafe points. Inappropriate or poorly maintained equipment has previously contributed to incidents where lines have parted or released under tension and struck crew members, therefore meticulously checking equipment for anything untoward is critical for the safety of the crew.

## **Planning and Briefing**

Planning is important when conducting any mooring deck operations. The risk assessment and control measures should be reviewed for each new operation and planning should take account of the expected mooring configuration, paying

particular attention to the potential risk of snapback. Areas where mooring deck operations take place need to be kept tidy and mooring lines should be closely monitored on all berths – this is vitally important when there is a large range of tide. Planning effectively also involves making sure that all seafarers are adequately briefed on the mooring configurations, that they know what to do, and that they are positioned on parts of the deck that are less dangerous. Enough crew should be on deck to conduct the job safely, but too many crew should be avoided as it can unnecessarily place others at risk.

## Communication

Finally, crew communication is of the utmost importance when working on mooring decks, because it has the potential to be extremely hazardous if people are not able to interact clearly. Everybody involved in an operation needs to communicate effectively, but must also consider the number of circuits in use: too many voices on the same circuit can cause confusion and risk over-talking; however, using separate circuits can leave some crew in the dark. Ultimately, effective communication can be the difference between being safe and putting people at risk, therefore it is important that the mooring plan ensures that good communications can be maintained between all parties involved in the mooring operation.

For more information, head to the [Code of Safe Working Practices for Merchant Seafarers \(COSWP\) guidance](#) and consult your safety management system (SMS).

Published 7 July 2022

---

## [Leicestershire farmer pays over £15,000 for illegally discharging silage effluent](#)

- Some 80 dead fish discovered while others were gasping for air
- Welby Brook was black and had a septic odour
- Silage slurry escaped through cracked wall of silo

At Leicester Magistrates' Court on Monday 4 July 2022, Roger Hobill of Grange Farm, Welby, near Melton Mowbray, pleaded guilty to causing a discharge of silage effluent which was not authorised by an environmental permit. He also admitted failing to construct an adequate silo for the storage of silage.

Hobill was fined a total of £5,608 and ordered to pay £9,787.50 costs plus a victim surcharge of £190.

The court was told that officers from the Environment Agency were first

alerted to the incident when Asfordby Fishing Lakes reported the discovery of dead fish.

A water quality assessment took place and officers found elevated ammonia levels. Some 80 dead fish were also discovered made up of roach, common bream and gudgeon.

Distressed fish were also present and were intermittently gasping for air.

Officers then attended nearby Howell Lake where a drop in oxygen levels had been detected. They also visited Welby Brook which was about 1.5 kilometres upstream.

This led to the officers visiting Welby Farm where Hobill identified himself as the owner of the farm.

He said that an internal wall of his silage clamp had recently collapsed and that it may have resulted in a leakage of silage liquor onto the farmyard and into the surface drainage system.

The officers were shown the silage clamp and they saw a cracked internal wall. The silage had escaped through the cracks, onto the yard.

Slurry runoff from the open cattle pen was also present and a combination of slurry, cattle feed and silage liquor was running downhill and into the surface water drain.

A small dam had been created, but this was ineffective in stopping the flow. Water samples showed that the brook was clear and uncontaminated upstream while downstream the brook was black and had a septic odour.

The brook was black and had a septic odour

The following day, officers revisited the farm to find that heavy rain had caused further runoff contaminated with silage liquor and manure to run into the surface water drains.

The defendant told the officers that he was aware that wet silage was creating waste runoff water but there was a drain which carried it away. Hobill said that a month or so before the pollution incident he had banded the drain and was collecting and pumping out the effluent.

After approximately 6 weeks Hobill believed that the runoff had stopped and thought the bund was still in place but never checked. It transpired that the bund had been removed – possibly by an employee or by the cattle walking over it.

A spokesperson for the Environment Agency said:

This pollution case was entirely preventable and shows that our officers will seek out farmers who ignore the regulations.

This case has resulted in unacceptable pollution of a local brook, causing significant harm to fish and other aquatic wildlife.

If anyone is concerned about pollution or an environmental incident, they should call our 24/7 incident hotline on 0800 80 70 60.

Between 9 June 2019 and 11 July 2019, Roger Hobill, at Welby Grange Farm, Welby Road, Welby, Melton Mowbray, Leicestershire caused a water discharge activity, namely a discharge of silage effluent into the Welby Brook, which was not authorised by an Environment Permit, contrary to regulations 12(1)(b) 38(1) of the Environmental Permitting Regulations 2016

On or before the 9 June 2019, Roger Hobill failed to comply with Regulation 3 of the Water Resources (control of pollution) (Silage, Slurry, and Agricultural Fuel Oil) (England) Regulations 2010 in that he failed to satisfy the requirements of schedule 1 due to inadequate construction of the silo used to store silage at Welby Grange Farm, Welby Road, Welby, Melton Mowbray, Leicestershire, contrary to Regulation 10(1) of the Water Resources (control of pollution) (Silage, Slurry, and Agricultural Fuel Oil) (England) Regulations 2010.

---

## [Ministerial appointments: July 2022](#)

Press release

The Queen has been pleased to approve the following ministerial appointments.



The Queen has been pleased to approve the following appointments:

- Rt Hon Greg Clark MP as Secretary of State for Levelling Up, Housing and Communities
- Rt Hon James Cleverly MP as Secretary of State for Education
- Rt Hon Sir Robert Buckland QC MP as Secretary of State for Wales

- Rt Hon Kit Malthouse MP as Chancellor of the Duchy of Lancaster
- Shailesh Vara MP as Secretary of State for Northern Ireland
- Andrew Stephenson MP as Minister without Portfolio. He will attend Cabinet.
- Johnny Mercer MP as a Minister of State (Minister for Veterans' Affairs) at the Cabinet Office. He will attend Cabinet.
- Graham Stuart MP as a Minister of State at the Foreign, Commonwealth and Development Office
- Stephen McPartland MP as a Minister of State (Minister for Security) at the Home Office
- Tom Pursglove MP as a Minister of State jointly at the Home Office and the Ministry of Justice
- James Heapey MP as a Minister of State at the Ministry of Defence
- Will Quince MP as a Minister of State at the Department for Education
- Maria Caulfield MP as a Minister of State at the Department for Health and Social Care
- Paul Scully MP as a Minister of State at the Department for Levelling Up, Housing and Communities. He remains as Minister for London.
- Marcus Jones MP as a Minister of State at the Department for Levelling Up, Housing and Communities
- Matt Warman MP as a Minister of State at the Department for Digital, Culture, Media and Sport
- Trudy Harrison MP as a Minister of State at the Department for Transport
- Edward Timpson CBE MP as Solicitor General

Published 7 July 2022

Last updated 7 July 2022 [+ show all updates](#)

1. 7 July 2022

Added further appointments.

2. 7 July 2022

First published.

---

## [Report by OSCE High Commissioner on National Minorities: UK response, July 2022](#)

Thank you Mr Chair,

Welcome Ambassador Abrakhmanov, to the Permanent Council and thank you for your comprehensive address. You have made clear the broad scope of activities undertaken by your office and the extent to which you have helped

participating States to enhance their security through ensuring the full enjoyment of human rights by all people, including those belonging to national minorities.

You are right to highlight the impact of the war in Ukraine on ordinary, innocent people. We have said many times in this Council that Ukraine remains front and centre of UK priorities. We join you in calling for the immediate protection of civilians and humanitarian access in Ukraine, including for national minorities. But we also emphasise that the swiftest and most effective way to ensure this is for the Russian government to immediately cease all hostilities and withdraw its troops from the whole of Ukraine. We echo the urgent call for Russia to respect international law, including with regard to minority rights.

We were strongly encouraged by your assessment that, prior to the current conflict, Ukraine was making progress on inclusivity and diversity. Indeed, this progress is made all the more striking by the fact that, as you also highlighted in your report, the Russian government featured minority issues as part of its false pretexts for its invasion of Ukraine.

We share your concern over the restrictions placed on Ukrainian communities in territories temporarily under Russian control. You rightly highlight Russian imposed changes in schools which undermine the Ukrainian curriculum. We also note with concern that Crimean Tatars have reported a number of threats during your reporting period.

We look forward to your continued engagement on issues arising from the war in Ukraine, including in relation to internally displaced persons and refugees. We encourage all participating States to fully cooperate with you and your staff to enable you to fulfil your mandate without impediment throughout the whole of Ukraine, including areas temporarily under Russian control. We welcome your intention to re-commence your work as part of post-conflict rehabilitation, once conditions allow.

We value highly your office's research into the intersectionality of gender and national minorities, and your acknowledgment that women with a minority background face unique and multiple challenges. We fully support women's full, equal and meaningful participation in all aspects of public life, including in peace and security, and we were pleased to hear about the discussions that you have organised exploring these issues. We encourage more initiatives that promote gender mainstreaming and we look forward to continued reports of your progress in this important area.

I would also like to highlight your considerable achievements in the Western Balkans, in particular your advocacy on national minority rights during visits to Montenegro, North Macedonia and Bosnia and Herzegovina. We note that the high degree of constructive cooperation you encountered enabled you to contribute to the resolution of national minority issues within and between participating states. Social cohesion and ensuring inclusive multi-ethnic societies is essential to peace and security, as well as to the prosperity of the region. We welcome progress made here. However, we share your concerns on divisive rhetoric that can result in hate incidents, and you

rightly raised this during your visit to Bosnia and Herzegovina.

Ambassador, the UK is a strong supporter of your institution, which plays a vital role in early warning and conflict prevention in the case of tensions related to national minorities. We thank you and your dedicated team for all your work and wish you all the best in your future endeavours.

---

## **Hepatitis (liver inflammation) cases in children – latest updates**

### **Latest**

The UK Health Security Agency (UKHSA) is continuing to investigate and confirm cases of sudden onset hepatitis in children aged 10 and under that have been identified since January 2022.

Working alongside Public Health Scotland, Public Health Wales and the Public Health Agency, active investigations have identified a further 5 confirmed cases since the last update on 23 June, bringing the total number of confirmed cases in the UK to 263, as of 4 July.

Of the confirmed cases, 186 are resident in England, 36 are in Scotland, 19 are in Wales and 22 are in Northern Ireland. The cases are predominantly in children under 5 years old who showed initial symptoms of gastroenteritis illness (diarrhoea and nausea) followed by the onset of jaundice.

As part of the investigation, a small number of children over the age of 10 are also being investigated as possible cases.

No children have died.

### **Previous**

#### **Friday 24 June 2022**

The UK Health Security Agency (UKHSA) is continuing to investigate and confirm cases of sudden onset hepatitis in children aged 10 and under that have been identified since January 2022.

Working alongside Public Health Scotland, Public Health Wales and the Public Health Agency, active investigations have identified a further 7 confirmed cases since the last update on 17 June, bringing the total number of confirmed cases in the UK to 258, as of 21 June.

Of the confirmed cases, 183 are resident in England, 35 are in Scotland, 18

are in Wales and 22 are in Northern Ireland. The cases are predominantly in children under 5 years old who showed initial symptoms of gastroenteritis illness (diarrhoea and nausea) followed by the onset of jaundice.

As part of the investigation, a small number of children over the age of 10 are also being investigated as possible cases.

No children have died.

## **Monday 17 June 2022**

The UK Health Security Agency (UKHSA) has published an [epidemiological update](#) on the UK-wide investigations into a rise in cases of sudden onset hepatitis in children, updating data and findings on cases resident in the UK up to 13 June 2022.

This update is produced by UKHSA to share data useful to other public health investigators undertaking related work. Detailed technical briefings will continue to be published when appropriate.

Working alongside Public Health Scotland, Public Health Wales and the Public Health Agency, active investigations have identified a further 11 confirmed cases since the last update on 9 June, bringing the total number of cases in the UK to 251, as of 13 June.

Of the confirmed cases, 180 are resident in England, 32 are in Scotland, 17 are in Wales and 22 are in Northern Ireland. While new cases continue to be identified across the UK, there is an apparent overall decline in the number of new cases per week.

The cases are predominantly in children under 5 years old, who showed initial symptoms of gastroenteritis illness (diarrhoea and nausea) followed by the onset of jaundice.

No child resident in the UK has died. A report of one further liver transplant is included in the update, bringing the total number of children who have received a transplant to 12, since 21 January.

There is no evidence of any link to the coronavirus (COVID-19) vaccine. The majority of cases are under 5 years old and too young to have received the vaccine.

The investigation continues to suggest an association with adenovirus. Adenovirus is the most frequently detected virus in samples tested and a formal epidemiological study using 4 nations data is ongoing.

Additional research studies are also being undertaken to understand the mechanism of liver injury.

Dr Alicia Demirjian, Incident Director at UKHSA, said:

We are continuing to investigate what may be behind the increase in



hepatitis but recent findings continue to indicate that adenovirus infection is playing a role.

It's important to remember that it's very rare for a child to develop hepatitis so parents should not be unduly concerned. Maintaining normal hygiene measures, including making sure children regularly wash their hands properly is good practice all year round. It helps to reduce the spread of many common infections, including adenovirus.

We continue to remind everyone to be alert to the signs of hepatitis – particularly jaundice, look for a yellow tinge in the whites of the eyes – and contact your doctor if you are concerned.

## **Thursday 9 June 2022**

The UK Health Security Agency (UKHSA) is continuing to investigate and confirm cases of sudden onset hepatitis in children aged 10 and under that have been identified since January 2022.

Working alongside Public Health Scotland, Public Health Wales and the Public Health Agency, active investigations have identified a further 18 confirmed cases since the last update on 27 May, bringing the total number of cases in the UK to 240, as of 7 June.

Of the confirmed cases, 170 are resident in England, 32 are in Scotland, 17 are in Wales and 21 are in Northern Ireland. The cases are predominantly in children under 5 years old who showed initial symptoms of gastroenteritis illness (diarrhoea and nausea) followed by the onset of jaundice.

As part of the investigation, a small number of children over the age of 10 are also being investigated. No children have died.

There is no evidence of any link to the coronavirus (COVID-19) vaccine. The majority of cases are under 5 years old and too young to have received the vaccine.

The investigation continues to suggest a strong association with adenovirus. Adenovirus is the most frequently detected virus in samples tested and a formal epidemiological study is underway. Preliminary findings will be published on 16 June.

Additional research studies are also being undertaken to understand possible immune factors and the effect of recent or concurrent infections.

Dr Sophia Makki, Incident Director at UKHSA, said:

The likelihood of children developing hepatitis remains extremely low. Maintaining normal hygiene measures, including making sure children regularly wash their hands properly, helps to reduce the spread of many common infections, including adenovirus.

We continue to remind everyone to be alert to the signs of hepatitis – particularly jaundice, look for a yellow tinge in the whites of the eyes – and contact your doctor if you are concerned.

## **Friday 27 May 2022**

The UK Health Security Agency (UKHSA) is continuing to investigate and confirm cases of sudden onset hepatitis in children aged 10 and under that have been identified since January 2022.

Working alongside Public Health Scotland, Public Health Wales and the Public Health Agency, active investigations have identified a further 25 confirmed cases since the last update on 20 May, bringing the total number of cases in the UK to 222, as of 25 May.

Of the confirmed cases, 158 are resident in England, 31 are in Scotland, 17 are in Wales and 16 are in Northern Ireland. The cases are predominantly in children under 5 years old who showed initial symptoms of gastroenteritis illness (diarrhoea and nausea) followed by the onset of jaundice.

As part of the investigation, a small number of children over the age of 10 are also being investigated. No children have died.

There is no evidence of any link to the coronavirus (COVID-19) vaccine. The majority of cases are under 5 years old and too young to have received the vaccine.

The investigation continues to suggest a strong association with adenovirus. Adenovirus is the most frequently detected virus in samples tested and a formal epidemiological study is underway.

Working closely with academic partners, additional research studies are also being undertaken to understand possible immune factors and the effect of recent or concurrent infections.

Dr Renu Bindra, Senior Medical Advisor and Incident Director at UKHSA, said:

Our investigations continue to suggest an association with adenovirus, and we are exploring this link, along with other possible contributing factors including prior infections such as COVID-19.

We are working with other countries who are also seeing new cases to share information and learn more about these infections.

The likelihood of children developing hepatitis remains extremely low. Maintaining normal hygiene measures, including making sure children regularly wash their hands properly, helps to reduce the spread of many common infections, including adenovirus.

We continue to remind everyone to be alert to the signs of

hepatitis – particularly jaundice, look for a yellow tinge in the whites of the eyes – and contact your doctor if you are concerned.

## Friday 20 May 2022

UKHSA has published its [third detailed technical briefing](#) on the UK-wide investigations into a rise in cases of sudden onset hepatitis in children, updating data and findings on cases resident in the UK up to 16 May 2022.

Since the last update on 6 May, investigations have identified a further 34 confirmed cases, bringing the total number of UK cases to 197 as of 16 May. Of the cases to date, 11 have received a liver transplant. No cases resident in the UK have died.

The investigation continues to suggest an association with adenovirus. Adenovirus is the most frequently detected virus in samples tested.

Amongst 197 UK cases, 170 have been tested for adenovirus of which 116 had adenovirus detected. In 31 cases where adenovirus was not detected, 13 had not had whole blood sample testing, and therefore it is not possible to definitively rule out adenovirus in these cases.

So far, SARS-CoV-2 has been detected in 15% of UK patients with available results, reflecting testing on or around the time of admission.

There is no evidence of any link to the coronavirus (COVID-19) vaccine. The majority of cases are under 5 years old and too young to have received the vaccine.

Following further investigation, there is no evidence linking dog ownership and cases of hepatitis in children.

[Standard hygiene measures](#), including covering your nose and mouth when you cough and sneeze, thorough handwashing and making sure children wash their hands properly are vital in reducing the spread of many common infections, including adenovirus.

Jaundice and vomiting are the most common symptoms experienced by the children affected.

Dr Renu Bindra, Senior Medical Advisor at UKHSA, said:

It's important that parents know the likelihood of their child developing hepatitis is extremely low. However, we continue to remind everyone to be alert to the signs of hepatitis – particularly jaundice, look for a yellow tinge in the whites of the eyes – and contact your doctor if you are concerned.

Our investigations continue to suggest that there is an association with adenovirus infection, but investigations continue to unpick the exact reason for the rise in cases.

## Thursday 12 May 2022

The UK Health Security Agency (UKHSA), working with Public Health Scotland, Public Health Wales and the Public Health Agency, are continuing to investigate cases of sudden onset hepatitis in children aged 10 and under that have been identified since January 2022.

The usual viruses that cause infectious hepatitis (hepatitis A to E) have not been detected. The cases are predominantly in children under 5 years old who showed initial symptoms of gastroenteritis illness (diarrhoea and nausea) followed by the onset of jaundice.

Active case finding investigations have identified a further 13 confirmed cases since the last update on 6 May, bringing the total number of cases in the UK to 176, as of 10 May. Of the confirmed cases, 128 are resident in England, 26 are in Scotland, 13 are in Wales and 9 are in Northern Ireland. No children have died. As part of the investigation, a small number of children over the age of 10 are also being investigated.

UKHSA continues to investigate possible causes and will regularly publish technical updates. The investigation continues to suggest an association with adenovirus. Adenovirus is the most frequently detected virus in samples tested and a formal epidemiological study is continuing. Research studies of the immune system are also being undertaken to determine if changes in susceptibility or the effect of prior or concurrent infections could be contributing factors.

Normal hygiene measures, including thorough handwashing and making sure children wash their hands properly, help to reduce the spread of many common infections, including adenovirus.

Dr Meera Chand, Director of Clinical and Emerging Infections at UKHSA, said:

It's important that parents know the likelihood of their child developing hepatitis is extremely low. We continue to remind everyone to be alert to the signs of hepatitis – particularly jaundice, look for a yellow tinge in the whites of the eyes – and contact your doctor if you are concerned.

Our investigations continue to suggest that there is an association with adenovirus and our studies are now testing this association rigorously.

We are working closely with the NHS and academic partners to actively investigate the role of other contributors, including prior SARS-CoV-2 and other infections.

## Friday 6 May 2022

The UK Health Security Agency (UKHSA) has published its second [detailed technical briefing](#) on the UK-wide investigations into a rise in cases of

sudden onset hepatitis in children, updating data and findings on cases resident in the UK up to 3 May 2022.

Since the last update on 29 April, active case finding investigations have identified a further 18 confirmed cases, bringing the total number of UK cases to 163 as of 3 May. Of these children, 11 have received a liver transplant. None have died.

Jaundice and vomiting are the most common symptoms experienced by the children affected.

The investigation continues to suggest an association with adenovirus. Adenovirus is the most frequently detected virus in samples tested.

However, as it is not common to see hepatitis following adenovirus infection in previously well children, investigations are continuing into other factors which may be contributing. These include previous SARS-CoV-2 or another infection, a change in susceptibility possibly due to reduced exposure during the pandemic, or a change in the adenovirus genome itself.

These possibilities are being tested rapidly. The association with adenovirus is undergoing a formal epidemiological study.

Research studies of the immune system are being undertaken to determine if changes in susceptibility or the effect of prior infections could be contributing factors.

There is no evidence of any link to the coronavirus (COVID-19) vaccine. The majority of cases are under 5 years old, and are too young to have received the vaccine.

Normal hygiene measures, including thorough handwashing and making sure children wash their hands properly, help to reduce the spread of many common infections, including adenovirus.

Dr Meera Chand, Director of Clinical and Emerging Infections at UKHSA, said:

It's important that parents know the likelihood of their child developing hepatitis is extremely low. However, we continue to remind everyone to be alert to the signs of hepatitis – particularly jaundice, look for a yellow tinge in the whites of the eyes – and contact your doctor if you are concerned.

Our investigations continue to suggest that there is an association with adenovirus and our studies are now testing this association rigorously.

We are also investigating other contributors, including prior SARS-CoV-2, and are working closely with the NHS and academic partners to understand the mechanism of liver injury in affected children.

## Friday 29 April 2022

The UK Health Security Agency (UKHSA), working with Public Health Scotland, Public Health Wales and the Public Health Agency, are continuing to investigate the cases of sudden onset hepatitis in children aged 10 and under that have been identified since January 2022.

The usual viruses that cause infectious hepatitis (hepatitis A to E) have not been detected. The cases are predominantly in children under 5 years old who showed initial symptoms of gastroenteritis illness (diarrhoea and nausea) followed by the onset of jaundice.

Active case finding investigations have identified a further 34 confirmed cases since the last update on 25 April, bringing the total number of cases to 145. Of the confirmed cases, 108 are resident in England, 17 are in Scotland, 11 are in Wales and 9 are in Northern Ireland.

Of these cases, 10 children have received a liver transplant. No children have died. As part of the investigation, a small number of children over the age of 10 are also being investigated.

Findings continue to suggest that the rise in sudden onset hepatitis in children may be linked to adenovirus infection, but other causes are still being actively investigated.

As it is not typical to see this pattern of symptoms from adenovirus, we are investigating other possible contributing factors, such as another infection – including coronavirus (COVID-19) – or an environmental cause.

We are also exploring whether increased susceptibility due to reduced exposure during the COVID-19 pandemic could be playing a role, or if there has been a change in the genome of the adenovirus.

UKHSA is working with scientists and clinicians across the country to answer these questions as quickly as possible.

Dr Meera Chand, Director of Clinical and Emerging Infections at UKHSA, said:

We know that this may be a concerning time for parents of young children. The likelihood of your child developing hepatitis is extremely low. However, we continue to remind parents to be alert to the signs of hepatitis – particularly jaundice, which is easiest to spot as a yellow tinge in the whites of the eyes – and contact your doctor if you are concerned.

Normal hygiene measures, including thorough handwashing and making sure children wash their hands properly, help to reduce the spread of many common infections.

As always, children experiencing symptoms such as vomiting and diarrhoea should stay at home and not return to school or nursery until 48 hours after the symptoms have stopped.

## Monday 25 April 2022

Today, the UK Health Security Agency (UKHSA) published a [detailed technical briefing](#) on the investigations into a rise in cases of sudden onset hepatitis (liver inflammation) in children, with data and findings on cases resident in England, up to 20 April 2022.

UKHSA, working with Public Health Scotland, Public Health Wales and the Public Health Agency, are continuing to investigate the cases in children aged 10 and under that have occurred since January 2022. The usual viruses that cause infectious hepatitis (hepatitis A to E) have not been detected. The cases are predominantly in children under 5 years old who showed initial symptoms of gastroenteritis illness (diarrhoea and nausea) followed by the onset of jaundice.

Active case finding investigations have identified a further 3 confirmed cases since the last update on 21 April, bringing the total number of cases to 111. Of the confirmed cases, 81 are resident in England, 14 are in Scotland, 11 are in Wales and 5 are in Northern Ireland.

Of these cases, 10 children have received a liver transplant. No UK cases have died. A small number of children over the age of 10 are being investigated.

There is no link to the coronavirus (COVID-19) vaccine. None of the currently confirmed cases in under 10 year olds in the UK is known to have been vaccinated.

Information gathered through the investigations increasingly suggests that the rise in severe cases of hepatitis may be linked to adenovirus infection but other causes are still being actively investigated. Adenovirus was the most common pathogen detected in 40 of 53 (75%) confirmed cases tested. Sixteen per cent of cases were positive for SARS-CoV-2 at admission between January and April but there was a high background rate of COVID-19 during the investigation period, so this is not unexpected.

Routine NHS and laboratory data show that common viruses circulating in children are currently higher than in previous years and there is a marked increase of adenovirus, particular in the 1 to 4 age group.

Dr Meera Chand, Director of Clinical and Emerging Infections at UKHSA, said:

Information gathered through our investigations increasingly suggests that this rise in sudden onset hepatitis in children is linked to adenovirus infection. However, we are thoroughly investigating other potential causes.

Parents and guardians should be alert to the signs of hepatitis (including jaundice) and to contact a healthcare professional if they are concerned. Normal hygiene measures such as thorough handwashing (including supervising children) and good thorough respiratory hygiene, help to reduce the spread of many common

infections, including adenovirus.

Children experiencing symptoms of a gastrointestinal infection including vomiting and diarrhoea should stay at home and not return to school or nursery until 48 hours after the symptoms have stopped.

We are working with partners to further investigate the link between adenovirus and these cases.

Hepatitis symptoms include:

- yellowing of the white part of the eyes or skin (jaundice)
- dark urine
- pale, grey-coloured faeces (poo)
- itchy skin
- muscle and joint pain
- a high temperature
- feeling and being sick
- feeling unusually tired all the time
- loss of appetite
- tummy pain

## **Thursday 21 April 2022**

The UK Health Security Agency (UKHSA), Public Health Scotland, Public Health Wales and the Public Health Agency are continuing to investigate a rise in cases of sudden onset hepatitis (liver inflammation) in children aged 10 and under since January 2022, where the usual viruses that cause infectious hepatitis (hepatitis A to E) have not been detected.

Our active case finding investigations have identified a further 34 cases since our last update, bringing the total number of cases to 108. All the children affected presented to health services between January 2022 and 12 April 2022.

Of the confirmed cases, 79 are in England, 14 are in Scotland and the remainder are in Wales and Northern Ireland.

Of these cases, 8 children have received a liver transplant.

There is no link to the coronavirus (COVID-19) vaccine. None of the currently confirmed cases in the UK is known to have been vaccinated.

The investigation, including information from patient samples and surveillance systems, continues to point towards a link to adenovirus infection. Seventy-seven per cent of cases tested were positive for adenovirus. However, as it is not usual to see this pattern of disease from adenovirus, we are actively investigating other possible contributing factors, such as another infection (including COVID-19) or an environmental cause.



We are also investigating whether there has been a change in the genome of the adenovirus. UKHSA is working with scientists and clinicians across the country to answer these questions as quickly as possible.

Dr Meera Chand, Director of Clinical and Emerging Infections at UKHSA, said:

We are working with the NHS and public health colleagues in Scotland, Wales and Northern Ireland to swiftly investigate a wide range of possible factors which may be causing children to be admitted to hospital with liver inflammation known as hepatitis.

Information gathered through our investigations increasingly suggests that this is linked to adenovirus infection. However, we are thoroughly investigating other potential causes.

Normal hygiene measures such as thorough handwashing (including supervising children) and good thorough respiratory hygiene, help to reduce the spread of many common infections, including adenovirus.

We are also calling on parents and guardians, to be alert to the signs of hepatitis (including jaundice) and to contact a healthcare professional if they are concerned.

## **Tuesday 12 April 2022**

Public health doctors and scientists at the UK's public health agencies are continuing to investigate 74 cases of hepatitis (liver inflammation) in children since January 2022, where the usual viruses that cause infectious hepatitis (hepatitis A to E) have not been detected.

Of the confirmed cases, 49 are in England, 13 are in Scotland and the remainder are in Wales and Northern Ireland.

One of a number of potential causes under investigation is that a group of viruses called adenoviruses may be causing the illnesses. However, other possible causes are also being actively investigated, including coronavirus (COVID-19), other infections or environmental causes.

There is no link to the COVID-19 vaccine. None of the currently confirmed cases in the UK has been vaccinated.

Adenoviruses are a family of common viruses that usually cause a range of mild illnesses and most people recover without complications. They can cause a range of symptoms, including colds, vomiting and diarrhoea. While they don't typically cause hepatitis, it is a known rare complication of the virus.

Adenoviruses are commonly passed from person to person and by touching contaminated surfaces, as well as through the respiratory route.

The most effective way to minimise the spread of adenoviruses is to practice good hand and respiratory hygiene and supervise thorough handwashing in younger children.

Dr Meera Chand, Director of Clinical and Emerging Infections at UKHSA, said:

We are working swiftly with the NHS and public health colleagues in Scotland, Wales and Northern Ireland to investigate a wide range of possible factors which may be causing children to be admitted to hospital with liver inflammation known as hepatitis.

One of the possible causes that we are investigating is that this is linked to adenovirus infection. However, we are thoroughly investigating other potential causes.

Normal hygiene measures such as good handwashing – including supervising children – and respiratory hygiene, help to reduce the spread of many of the infections that we are investigating.

We are also calling on parents and guardians, to be alert to the signs of hepatitis – including jaundice – and to contact a healthcare professional if they are concerned.

UKHSA, working with partners, will continue to make the public aware of findings throughout the course of the investigation.

### **Wednesday 6 April 2022**

Hepatitis is a condition that affects the liver and may occur for a number of reasons, including several viral infections common in children. However, in the cases under investigation the common viruses that cause hepatitis have not been detected.

UKHSA is working swiftly with the NHS and public health colleagues across the UK to investigate the potential cause. In England, there are approximately 60 cases under investigation in children under 10.

Dr Meera Chand, Director of Clinical and Emerging Infections, said:

Investigations for a wide range of potential causes are underway, including any possible links to infectious diseases.

We are working with partners to raise awareness among healthcare professionals, so that any further children who may be affected can be identified early and the appropriate tests carried out. This will also help us to build a better picture of what may be causing the cases.

We are also reminding parents to be aware of the symptoms of jaundice – including skin with a yellow tinge which is most easily

seen in the whites of the eyes – and to contact a healthcare professional if they have concerns.

Hepatitis symptoms include:

- dark urine
- pale, grey-coloured poo
- itchy skin
- yellowing of the eyes and skin (jaundice)
- muscle and joint pain
- a high temperature
- feeling and being sick
- feeling unusually tired all the time
- loss of appetite
- tummy pain