

Fee removed for No Time Limit applications

News story

From today it will be free for those with indefinite leave to enter or remain in the UK to make a No Time Limit application.



From today (6 April 2022) it will be free for those with indefinite leave to enter or remain in the UK to make a No Time Limit application, the Home Office has announced.

A No Time Limit application allows those who have old-style immigration documents or those who have lost them to upgrade to a biometric residence permit (BRP) which can be used to confirm their existing UK immigration status.

The cost of making a No Time Limit application was £248.20, which included a £229 application fee and a £19.20 biometric enrolment fee.

Holders of a BRP can also prove their [right to work in the UK](#) and [right to rent in England](#) using free online services. The document will also facilitate straightforward travel in and out of the UK.

Minister for Safe and Legal Migration, Kevin Foster said:

This is another example of how the UK's immigration system is improving and moving to a fully end-to-end digital experience for the individual.

Over time, this means we will increasingly replace physical and paper-based products and services with accessible, easy to use online services. Allowing those with indefinite leave to enter or remain in the UK to upgrade their legacy immigration document to a biometric residence permit free of charge will help them navigate this transition.

We would encourage those who qualify to apply. The BRP has enhanced security features which means there is less chance of it being used fraudulently by another person, and it can provide you with peace of mind in terms of your immigration status and rights.

Individuals with indefinite leave to enter or remain can make a No Time Limit application to have their existing UK immigration status confirmed on a BRP if:

- they have an old-style immigration document
- their document containing their status or endorsement has been lost, stolen or has expired
- they do not have any documentary evidence confirming they have indefinite leave to enter or remain
- they need to amend the details on their evidence of status, for example the name on their immigration document

Applications for No Time Limit must be made in the UK on [Gov.uk](https://www.gov.uk). The Home Office will ensure that support is available for those unable to use online services.

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[Civil/crime news: digital go-live for subject access requests](#)

News story

Requests for personal information can be made through new digital service.



A new digital service allowing individuals to request personal information is now available which aims to improve the user experience for subject access requests (SARs).

The process allows individuals to request information held by the Legal Aid Agency and other parts of the Ministry of Justice.

The service is open to all solicitors and members of the public who wish to request personal information.

Digital service trial

A pilot for the new service was run towards the end of 2021 with a small group, which included legal aid practitioners.

The pilot was run by the Ministry of Justice, which manages the SAR process. During the pilot:

- improvements were made to the efficiency of the process – requests made through the digital form were accepted as valid 81% of the time
- two-thirds of solicitors surveyed said they were satisfied or very satisfied with the new request process
- responding to feedback, online content explaining the service was updated to make it clearer for everyone

How do we find the service?

[Request personal information](#) – to access the digital service

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UK imposes sweeping new sanctions to starve Putin's war machine

- Full asset freeze on largest Russian bank and end to all new UK outward investment into Russia announced
- UK to end all imports of Russian coal and oil by end of 2022 and take action against oligarchs and key strategic industries
- Foreign Secretary will urge G7 colleagues to maintain the momentum on further waves of sanctions at meeting tomorrow

Following further reports of abhorrent attacks on civilians in Ukraine this week, the Foreign Secretary has today (Wednesday 6 April) announced a significant ratcheting up of UK sanctions on Russia.

As a leading voice calling for international action, the UK's fifth package of measures will cut off key sectors of the Russian economy and end our dependency on Russian energy. Today's measures have been delivered in lockstep with our global allies as the EU has also banned imports of Russian coal and the US has sanctioned SberBank.

Announcing the package, the Foreign Secretary Liz Truss said:

Today, we are stepping up our campaign to bring Putin's appalling war to an end with some of our toughest sanctions yet.

Our latest wave of measures will bring an end to the UK's imports of Russian energy and sanction yet more individuals and businesses, decimating Putin's war machine.

Together with our allies, we are showing the Russian elite that they cannot wash their hands of the atrocities committed on Putin's orders. We will not rest until Ukraine prevails.

Key sanctions announced today include:

- Asset freezes against Sberbank and Credit Bank of Moscow. Sberbank is Russia's largest bank and this freeze is being taken in co-ordination with the US.
- An outright ban on all new outward investment to Russia. In 2020 UK investment in Russia was worth over £11bn. This will be another major hit to the Russian economy and further limit their future capabilities.
- By the end of 2022, the UK will end all dependency on Russian coal and oil, and end imports of gas as soon as possible thereafter. From next week, the export of key oil refining equipment and catalysts will also be banned, degrading Russia's ability to produce and export oil – targeting not only the industry's finances but its capabilities as a whole.
- Action against key Russian strategic industries and state owned enterprises. This includes a ban on imports of iron and steel products, a key source of revenue. Russia's military ambitions are also being thwarted by new restrictions on its ability to acquire the UK's world-renowned quantum and advanced material technologies.
- And targeting a further eight oligarchs active in these industries, which Putin uses to prop up his war economy.

They include:

- Viatcheslav (Moshe) Kantor, the largest shareholder of fertilizer company Acron with vital strategic significance for the Russian

government

- Andrey Guryev – known close associate of Vladimir Putin and founder of PhosAgro – a vital strategic company that produces fertilizers.
- Sergey Kogogin, director of Kamaz – manufacturer of trucks and buses, including for the Russian military.
- Sergey Sergeevich Ivanov, President of the world's largest diamond producer Alrosa, which the UK also sanctioned.
- Leonid Mikhelson, the founder, and CEO of leading Russian natural gas producer Novatek, with a net worth of £18bn.
- Andrey Akimov, the CEO of Russia's third largest bank Gazprombank.
- Aleksander Dyukov, the CEO of Russia's third largest and majority state-owned oil producer GazpromNeft.
- Boris Borisovich Rotenberg, son of the co-owner of Russia's largest gas pipeline producer SGM. The Rotenberg family are known for their close connections to Putin and a number of them have already been sanctioned.

At tomorrow's meeting of G7 Foreign Ministers the Foreign Secretary will call for further collective action, including an accelerated timetable for all G7 countries to end their dependency on Russian energy.

She will also call for continued G7 unity in imposing further co-ordinated waves of sanctions against the Russian economy and elites around Putin, until Russia withdraws its troops and ends its brutal campaign of aggression against Ukraine once and for all.

Asset freeze

An asset freeze prevents anyone in the UK, or any UK national or registered company anywhere in the world, from dealing with any funds or economic resources which are owned, held or controlled by the designated person. It will also prevent funds or economic resources being provided to or for the benefit of the designated person.

Travel ban

A travel ban means that the designated person must be refused leave to enter or to remain in the United Kingdom, providing the individual to be an excluded person under section 8B of the Immigration Act 1971.

Transport sanctions

Recently introduced powers make it a criminal offence for any Russian aircraft to fly or land in the UK, and give the government powers to remove aircraft belonging to designated Russian individuals and entities from the UK aircraft register, even if the sanctioned individual is not on board. Russian ships are also banned from UK ports.

OSCE Alliance Conference on Combatting Trafficking in Persons: UK statement, 6 April 2022

The UK continues to value the OSCE's role in combatting trafficking in human beings – as a convener, a thought-leader, and delivery partner – all of which have been demonstrated over the past three days. We were pleased to be able to support the Office of the Special Representative during the financial year just ended with the second phase of their project on supply chains – an area where many victims of trafficking are hidden. And we stand ready to support the Office in their response to the war in Ukraine.

As we sit here, and others have said before me, Russia continues its war of aggression, violating the borders of another country and causing widespread suffering. Among the many terrible tragedies resulting from this conflict are the massive displacement and refugee flows that are creating conditions that – as UNICEF have said – could lead to a significant spike in human trafficking and an acute child protection crisis.

Two million children have now fled Ukraine, and an additional 2.5 million children have been displaced. And as the barbarism of Russia's actions is being laid bare, there is also the risk that criminals exploit the appalling humanitarian situation.

As we heard earlier this week, human rights organisations are starting to register the first cases of suspected sex traffickers and pimps preying on Ukrainian women near refugee shelter points. They report women as having been accosted under the guise of offers of transport, work or accommodation. As more people start to flee individually, rather than in groups, individuals who need protection are sadly even more vulnerable to abuse.

I commend the work of the OSCE in documenting the testimony of those who have fled President Putin's war of aggression in Ukraine. [As our Minister for the United Nations said recently at the UN General Assembly](#), we must all listen carefully to the most vulnerable in our societies, and to come together regionally and internationally to ensure this generation of trafficking victims is the last.

Thank you.

Increase in hepatitis (liver

inflammation) cases in children under investigation

Latest

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.

Previous

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