An outbreak of acute non A-E hepatitis has been reported in children the United Kingdom since early 2022. Other countries with increased incidence include Scotland, the Netherlands, Denmark, Spain, France and the United States. The cause of the hepatitis is unknown. Most cases resolve spontaneously, although a few of the affected children have undergone liver transplantation for acute liver failure.

At the time of writing, 163 cases have been reported in the UK, with 11 children having undergone liver transplant. Most have been in small children < 5 years. There have been approximately 100 cases reported across Europe. To date, 2-3 possible cases have been evaluated in Switzerland, none referred for liver transplant.

Clinical signs include jaundice (74%), vomiting (73%), acholic stools (58%), fatigue (56%), diarrhea (49%), nausea (40%), fever (30%), and respiratory symptoms (20%).

Case definition: The accepted definition of a **probable** case is a patient < 16 years with non A-E hepatitis and an AST or ALT >500IU/L.

Management and diagnosis: It is recommended that liver function tests be performed in patients < 16 years with the above clinical signs. If the definition is met, the patient should be referred to a nearby center with pediatric gastroenterology expertise for workup.

There has been a national, concerted communication effort to standardize diagnostic and management approach. As a result, pediatric gastroenterologists, emergency physicians, infectious disease specialists and intensivists all share the same protocol. Hepatologists taking care of adult patients who are consulted should direct the patient to the nearest pediatric specialist if the definition is met. It is recommended that patients with an INR>1.5 be directed to the Swiss Pediatric Liver Center for observation and management.

Reporting: Currently the FOPH and Swiss Pediatric Surveillance Unit (SPSU) are working together with the multidisciplinary team at the Swiss Pediatric Liver Center to define a minimal data set for reporting, based on the variables included in the European Centre for Disease Prevention and Control (ECDC) recommendations. Pediatric gastroenterologists will be responsible for reporting cases to the SPSU.

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