

Haemophilus Influenzae Type b

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Haemophilus influenzae type B (Hib) is one of the most important causes of serious bacterial infection in young children, particularly those three months to three years of age. This disease manifests itself in a variety of ways, most commonly meningitis (inflammation of the coverings of the spinal column and brain). When Hib meningitis occurs, a certain proportion of those who recover may suffer long-lasting neurologic problems. In some instances, cases may be fatal. It may also cause blood stream infections, pneumonia, arthritis and infections of other parts of the body. Symptoms may include fever, lethargy, vomiting and a stiff neck. Other symptoms depend upon the part of the body affected.

Hib disease may be transmitted through contact with mucus or droplets from the nose and throat of an infected person. The contagious period varies and, unless, treated, may persist for as long as the organism is present in the nose and throat, even after symptoms have disappeared. The incubation period is usually less than 10 days.

Antibiotics such as ampicillin or chloramphenicol are generally used to treat serious infections. Rifampin is used to treat people who may be carrying the germ. Past infection with Hib disease does not make a person immune and children who have had Hib disease are at risk of recurrence

There are currently several Hib conjugate vaccines licensed by the Federal Drug Administration. Some of these are licensed for use in children as early as two months of age. The Centers for Disease Control and Prevention recommends that all children be immunized with an approved Hib vaccine at two months of age or as soon as possible thereafter. Recommendations for scheduling of subsequent doses vary depending on the manufacturer. Therefore, it is important to consult with your physician.

The clinical description of this disease varies. Invasive disease caused by H. influenzae may produce any of several clinical syndromes, including meningitis, bacteremia, epiglottitis, or pneumonia. A confirmed case is one that is clinically compatible and laboratory confirmed.

Laboratory criteria are isolation of H. influenzae type B from a normally sterile site. It is important, now that Hib disease has been virtually eradicated, to type the organisms responsible for the few remaining cases of Haemophilus influenzae invasive disease so that it can be ascertained if they are type b, and preventable. This will also assist in identifying vaccine failures.

Preliminary data shows 3 confirmed cases of H. influenzae type B in children less than five years of age in 1997. This is a decrease from the 4 cases in 1997.