

HAEMOPHILUS INFLUENZAE TYPE B (Hib) DISEASE
Reportable Disease (only invasive disease in age 14 or less)

Haemophilus influenzae type b (Hib) can cause a number of serious illnesses, but it is not related to influenza or “stomach flu”. The number of infections in children has dropped due to use of the Hib vaccine.

CAUSE

Haemophilus influenzae type b, bacteria

SYMPTOMS

- Meningitis: unusual sleepiness, fever, stiff neck, vomiting, headache, irritability, lack of appetite.
- Cellulitis: a tender, rapid swelling of the skin, usually on the cheek or around the eye; may also have an ear infection on the same side and/or a low-grade fever.
- Epiglottitis: fever, trouble swallowing, tiredness, difficult and rapid breathing (often confused with viral croup, which is a milder infection and lasts longer.)
- Pneumonia: fever, cough, chest pains, difficulty breathing.
- Bacteremia: sudden onset of fever, chills, tiredness, irritability.
- Arthritis: swelling, redness, and loss of movement in the joints.

Children age 2 and under are most likely to develop these symptoms, although those up to age 5 are still at some risk. Invasive disease most commonly occurs in children who are too young to have completed their vaccination series.

SPREAD

When a person with Hib disease coughs or sneezes tiny droplets with *Haemophilus influenzae* type b bacteria into the air and another person breathes them in. A person can also get infected from touching these secretions and then touching their mouth, eyes, or nose.

INCUBATION (time from exposure to onset of symptoms)

Unknown; probably about 2-4 days

CONTAGIOUS PERIOD

Until 24 to 48 hours after effective treatment begins.

EXCLUSION

Child care and School: Until the child has been treated with antibiotics and is well enough to participate in routine activities.

RISK FACTORS

Haemophilus influenzae, including Hib, is a bacterium that can cause a severe infection, occurring mostly in infants and children younger than five years of age. Adults 65 years and older are also at higher risk. American Indian/Alaska Native populations are also at increased risk for invasive *Haemophilus influenzae* disease. People with certain medical conditions are at higher risk for developing a *Haemophilus influenzae* infection. Those medical conditions include:

- Sickle cell disease
- Asplenia (no spleen)
- HIV (human immunodeficiency virus) infection

- Antibody and complement deficiency syndromes
- Receipt of chemotherapy or radiation therapy for malignant neoplasms
- Receipt of hematopoietic stem cell transplant

DIAGNOSIS

Recommend parents/guardians call their healthcare provider immediately if their child develops fever or any other symptoms. There are lab tests to detect *Haemophilus*.

TREATMENT

Hib disease can be treated with antibiotics. Immediate treatment is necessary to prevent lasting damage or death.

PREVENTION/CONTROL

- **Vaccination is the most effective way to prevent Hib infection.** All infants should receive Hib vaccine as part of their routine vaccination schedule. See Section 3 for more details.
- Public health will make recommendations if exposed persons need to receive antibiotics and/or vaccine.
- Practice thorough and frequent handwashing (see Section 2)

For more information please contact Contra Costa Public Health at 925-313-6740 and visit our website at <http://cchealth.org/cd/>

Additional information may be found at the following links:

<http://www.cdc.gov/hi-disease/index.html>

<http://www.cdc.gov/vaccines/vpd-vac/hib/default.htm>