

# Haemophilus influenzae type b (Hib)

Before the widespread use of Hib vaccine, *Haemophilus influenzae* type b was the commonest cause of bacterial meningitis in young children in Australia. Other serotypes of *Haemophilus influenzae* (not type b) are found in the nose and throat of up to 80% of healthy people and can also cause infections, though they do not commonly cause meningitis.

*Haemophilus influenzae* type b can cause a number of serious infections, including:

- > meningitis, an infection of the tissues lining the brain. Meningitis often follows an upper respiratory infection
- > bloodstream infection (bacteraemia)
- > epiglottitis (swelling of part of the throat which may result in obstruction to breathing)
- > pneumonia (lung infection)
- > bone and joint infections
- > cellulitis (infection of tissue beneath the skin).

In infants, symptoms of meningitis include:

- > fever
- > refusing feeds
- > fretfulness
- > child is difficult to wake
- > high-pitched or moaning cry
- > pale or blotchy skin
- > seizures.

In older children and adults, symptoms of meningitis include:

- > headache
- > fever
- > vomiting
- > stiff neck or back
- > joint pains
- > drowsiness or confusion
- > discomfort on looking at bright lights.

Symptoms of epiglottitis include:

- > fever
- > sore throat
- > dribbling (unable to swallow saliva)
- > difficulty in swallowing and breathing.

Children or adults with these symptoms should receive urgent medical assessment.

Diagnosis is made by growing bacteria from the blood, CSF (fluid surrounding the brain and spinal cord) or other specimens.

The disease is spread directly from person-to-person, by contact with airborne droplets from the nose or throat, or indirectly, by contact with articles soiled with discharges from the nose or throat.

## Incubation period

*(time between becoming infected and developing symptoms)*

2 – 4 days.

## Infectious period

*(time during which an infected person can infect others)*

As long as the bacteria are present in the nose and throat. Hib is not able to be spread after 1 – 2 days of appropriate antibiotic therapy.

## Treatment

A child with Hib will be treated in hospital with antibiotics.

## Haemophilus Influenzae type b (Hib) (cont.)

### Control of spread

- > Vaccination against Hib is routinely given to all children starting at two months of age and is recommended for all children under five years of age. It is also recommended for older persons who have no spleen or who receive stem cell transplants.
- > While immunisation is highly effective in protecting young children against serious Hib infections, occasional cases still occur in vaccinated children.
- > Under certain circumstances, Public Health authorities may recommend that an antibiotic such as rifampicin is given to members of a household where there is a serious Hib infection, or to staff and other children attending the same child care centre.
- > A child who has serious Hib infection cannot return to school or child care until they have taken at least four days of an appropriate antibiotic course.



**Hib is a notifiable disease**

- > Serotype
- > Immunisation