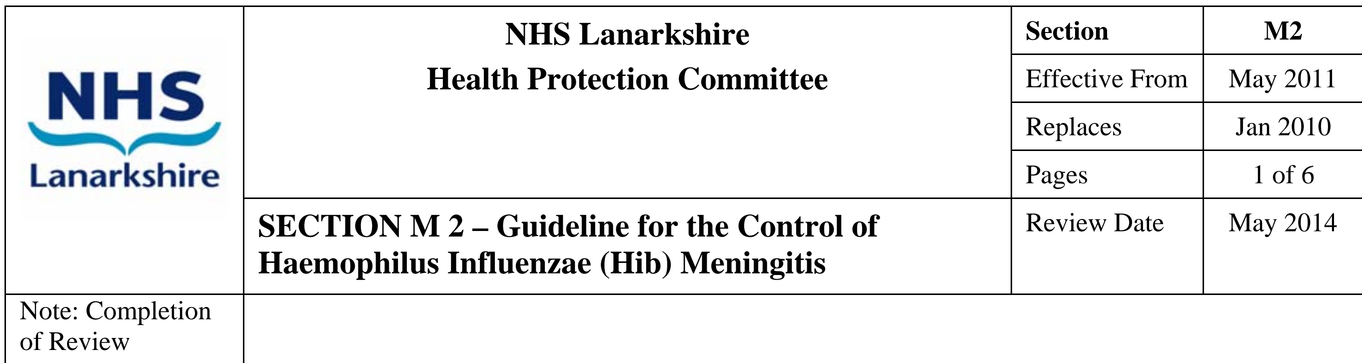

	NHS Lanarkshire Health Protection Committee	**Section**	**M2**
		Effective From	May 2011
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	SECTION M 2 – Guideline for the Control of Haemophilus Influenzae (Hib) Meningitis	Review Date	May 2014
Note: Completion of Review			

Guideline Objective

This guideline aims to ensure that systems are in place to prevent and control infection and communicable disease by underpinning national polices. It outlines the criteria, responsibilities and systems required to manage specific conditions/ infections. The goal of this guideline is to protect patients, staff and the public by effective prevention and control of infection and communicable disease.

Compliance with this guideline is mandatory. If you have any concerns please discuss with your line manager who will consult the local Infection Control/Health Protection Team for advice

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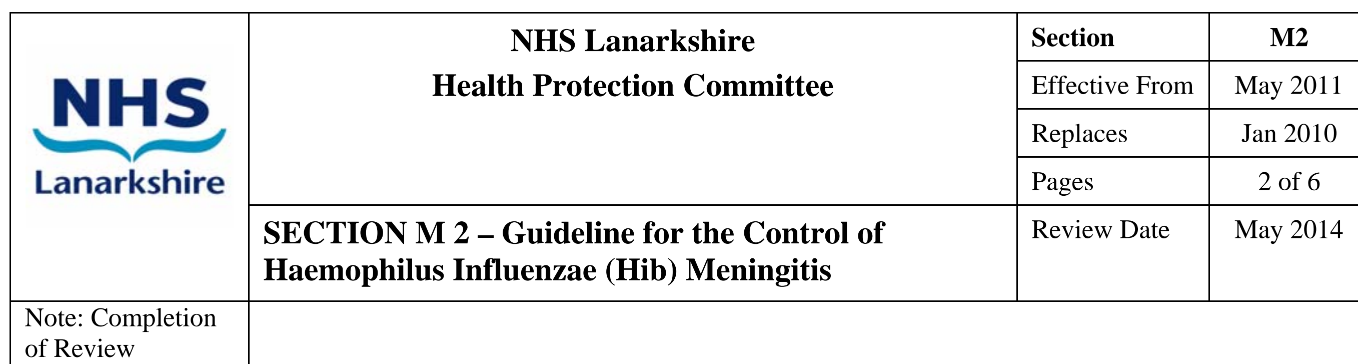

NHS Lanarkshire	NHS Lanarkshire Health Protection Committee	Section	M2
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SECTION M 2

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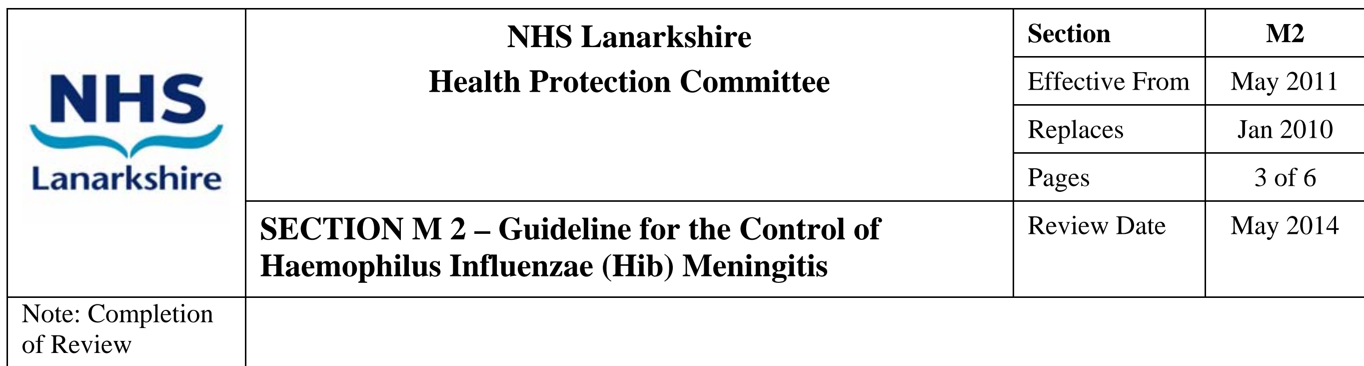

1. THE DISEASE

The bacterial organism Haemophilus influenzae causes a wide spectrum of disease. The organism is divisible into capsulated or non-capsulated strains and the capsulated strains can be differentiated serologically into six types (a-f); 99% of typable strains are type b (Hib). Invasive diseases such as meningitis, epiglottitis and bacteraemia are associated with the capsulated strains of the organism. The incidence of Hib disease is greatest in the first year of life, then declines steadily up to 4 years of age, after which it is rare.

2. NOTIFICATION OF CASES

All cases (clinically diagnosed or laboratory confirmed) should be notified, as soon as possible, to the Director of Public Health at NHS Board Headquarters, 14 Beckford Street, Hamilton. In the first instance notification should be made by telephone as below:

☎ 01698 281313	Normal working hours →	CPHM (Health Protection)
☎ 01236 748748	Outwith working hours→	first on call public health physician via Monklands Hospital switchboard

3. PUBLIC HEALTH ACTION

- Rationale: household contacts are at increased risk of invasive disease following a case.
- Public Health action is required for confirmed cases of Hib invasive disease or probable cases where testing for serotyping B is pending
- Public health action is not required for non type B haemophilus influenzae, non-typeable haemophilus influenzae or non-encapsulated haemophilus influenzae
- The principal presentation is likely to be meningitis, but public health action is also required for other invasive Hib disease namely septicaemia, epiglottitis, pneumonia, pericarditis, facial cellulitis and bone and joint infections.
- **Confirm the diagnosis with the clinician and identify the location of the patient**
- **Record the name DOB, address, telephone number, nursery/school/employer and GP details of case and each contact**

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4. SINGLE CASE

4.1. IMMUNISATION

4.1.1. Unimmunised

- Unimmunised cases up to the age of 10 years of age should be immunised
- Below 10 years old and never received any immunisations should receive 3 doses of DtaP/IPV/HIB vaccine
- Children who have never received Hib vaccine, but who have been immunised against diptheria, tetanus, pertussis and polio should receive 3 doses of Hib/Men C if under 1 year, and one dose if aged between 1 and 10 years

4.1.2. Immunised

Cases who have been immunised with Hib but who later acquire Hib invasive disease should have convalescent antibodies measured and a booster Hib vaccination may be advised. Where antibody testing is not possible an additional dose of Hib containing vaccine should be given.

5. CONTACTS

The definition of close contact is the same as for meningococcal disease i.e. taken from meningiococcal guidance *(See Section M1: Control of Infection Manual)*

5.1. IMMUNISATION

- Below 10 years old-and never received any immunisations should receive 3 doses of DtaP/IPV/Hib vaccine.
- Children who have never received Hib vaccine, but who have been immunised against diptheria, tetanus, pertusis and polio should receive 3 doses of Hib/Men C if under 1 year, and one dose if aged between 1 and 10 years.

6. CHEMOPROPHYLAXIS

Where there is an individual in the household of a case who is also “at risk” all household contacts should be given rifampicin. Those at risk in the household include children under 4 years of age or vulnerable individuals of any age (e.g. immunosuppressed or asplenic) regardless of their immunisation status.

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6.1. RIFAMPICIN REGIME

NB. Note different from the regime for meningococcal meningitis

- Adults: Rifampicin 600mg once daily for 4 days
- Children: 3 months to 15 years 20mg/kg, once daily for four days

In all cases where infants under 3 months of age or pregnant women are involved as close/family contacts, advice should be sought from the Consultant on call, ID Unit, Monklands Hospital.

Contra-indications and side effects as for meningococcal disease.

7. FOLLOW UP ARRANGEMENTS

- Following a confirmed or probable case of Hib invasive disease the Public Health Department will inform GPs of the occurrence of a case and if their patients have been given advice and/or prophylaxis. Contact tracing will be co-ordinated by the Public Health Department
- Although the prophylactic dose is different, the arrangements for tracing contacts and for providing them with prophylactic medication are exactly the same as those described for meningococcal infection
- When prophylaxis is given, all defined contacts must be identified and treatment started as early as possible
- In cases of delayed notification public health action is required up to a month after the date of onset of the index case

8. CLUSTERS OR OUTBREAKS

When two or more cases of Hib disease have occurred in a playgroup, nursery or school within 120 days, chemoprophylaxis should be offered to all room contacts – teachers and children. This is a precautionary measure as there is little evidence that children in such settings are at significantly higher risk of Hib disease that the general population of the same age.

Inform on-call CPHM if this situation arises.

Incompletely immunised children under 10 years should receive vaccine as well as chemoprohylaxis.

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The vaccine regime is similar to above ie:

- Below 10 years old-and never received any immunisations should receive 3 doses of DtaP/IPV/Hib vaccine
- Children who have never received Hib vaccine, but who have been immunised against diptheria, tetanus, pertusis and polio should receive 3 doses of Hib/Men C if under 1 year, and one dose if aged between 1 and 10 years

9. Hib VACCINE BACKGROUND INFORMATION

The vaccine is produced from the capsule of the Haemophilus influenzae bacterium and is therefore **not a live vaccine** and is thiomersal-free. Hib-contanining vaccines are made from capsular polysccharide linked (conjugated) to a protein. In the UK, Hib vaccines have been conjugated with either a non-toxic variant of diphtheria toxin) or tetanus toxoid.

Hib vaccine is given as part of a combined product:

- Diphtheria /tetanus/acellular pertussis/inactivated polio vaccine/ H. influenzae type b (DtaP/ipv/Hib) vaccine, or
- Hib/MenC conjugate

10. REFERENCE

Salisbury, D., Ramsay, M., Noakes, K., Eds. (2006), Immunisation **against infectious disease**, London, The Stationary Office Department of Health.

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