

HAEMOPHILUS INFLUENZAE TYPE B DISEASE

Basis of Diagnosis	
CLINICAL CRITERIA	
Fits clinical description	<p>Tick “Yes” if the case fits the clinical description as follows:</p> <p>Invasive disease due to <i>Haemophilus influenzae</i> type b may cause septicaemia, meningitis, epiglottitis, cellulitis, septic arthritis, pneumonia or osteomyelitis.</p>
Clinical features	<p>Ideally, obtain information on all of the clinical features listed. If the feature was present, record by ticking the “Yes” box. If not, tick the “No” box. If not known or unavailable then tick the “Unknown” box. Specify any other invasive illness that was present but is not listed.</p>
LABORATORY CRITERIA	
Laboratory confirmation	<p>Indicate the status of laboratory confirmation. If the laboratory test results were positive, tick the “Yes” option, if negative tick the “No” option. If the results of the laboratory tests are not yet available, tick “Awaiting results”. If any of the laboratory tests were not carried out, tick “Not Done”. Specify the site for antigen detection, Gram-negative bacilli, or isolation from a site other than blood or CSF.</p>
STATUS	<p>Under investigation - A case which has been notified but information is not yet available to classify it as probable or confirmed.</p> <p>Probable - A clinically compatible illness with detection of a positive antigen test in CSF OR a confident diagnosis of epiglottitis by direct vision, laryngoscope or X-ray.</p> <p>Confirmed - A clinically compatible illness with isolation of <i>Haemophilus influenzae</i> type b from a normally sterile site.</p> <p>Not a case - A case that has been investigated, and subsequently has been found not to meet the case definition.</p>

ADDITIONAL LABORATORY DETAILS	
Other laboratory details	Give details of any other relevant laboratory results.
Risk Factors	
Contact with a presumptive case of Hib	Indicate whether the case had contact with a presumptive case in the 60 days prior to disease onset. If "Yes", record whether they were offered prophylaxis and if it was taken. Give the name of the presumptive case.
Attendance at school, pre-school or childcare	Indicate whether the person attends school, pre-school or childcare. If not known or unavailable then tick the "Unknown" box.
Other risk factor for <i>H. influenzae</i> type b	Specify any other risk factors under surveillance for <i>H. influenzae</i> type b disease if they were present.
Protective Factors	
Immunisation	Indicate whether the patient had been immunised with the Hib vaccine DtaP/Hib or Hib-Hep B at any time before becoming ill.
Vaccine details	If the case has been immunised record the details of each dose they received. Record the date of each dose or the age when it was given. Specify the age units (weeks, months, years) by selecting one of the boxes. If the case has not received all four doses, record the details for those received and tick the "Not given" box for the subsequent dose to indicate no further doses had been received. If vaccination dose information is not known or unavailable, then tick the "Unknown" box. Indicate whether the source of immunisation information was patient/caregiver recall or documented for each dose.
Management	
CONTACT MANAGEMENT	
Type of contact	Record the number of household, childcare and other contacts who were identified, counselled, offered antibiotics and offered vaccination.