

HAEMOPHILUS INFLUENZAE TYPE B DISEASE

Basis of diagnosis

Clinical criteria

Fits clinical description	Select the 'Yes' option if the case fits the clinical description as follows: <i>Invasive disease due to Haemophilus influenzae type b (Hib) may manifest as bacteraemia, meningitis, epiglottitis, cellulitis, septic arthritis, pneumonia, empyema, pericarditis or osteomyelitis.</i>
Clinical features	Ideally, obtain information on all of the clinical features listed. If the feature was present, record by selecting the 'Yes' option. If not, select the 'No' option. If not known or unavailable then select the 'Unknown' option. Specify any other invasive illness which is not listed.

Laboratory criteria

Laboratory results	Indicate the status of each laboratory confirmation method. If the laboratory test results were positive select the 'Yes' option, if negative select the 'No' option. If the results of the laboratory test are not yet available, select 'Awaiting results'. If any of the laboratory tests were not carried out, select 'Not Done'. Specify the site for antigen detection, gram-negative bacilli, or isolation from a site other than blood or CSF.
--------------------	---

Additional laboratory results

Other lab details	Record the details of any other relevant laboratory results.
-------------------	--

Classification

Classification	Under investigation - a case which has been notified but information is not yet available to classify it as probable or confirmed. 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. Confirmed – a clinically compatible illness that is laboratory confirmed. Laboratory confirmation requires isolation of <i>H. influenzae</i> type b, or detection of <i>H. influenzae</i> type b nucleic acid, from a normally sterile site. Not a case – a case that has been investigated, and subsequently found not to meet the case definition.
----------------	--

Risk factors

Contact with a presumptive case	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. Record the name of the presumptive case.
Attendance at school, pre-school or childcare	Indicate whether the case attends school, pre-school or childcare. If not known or unavailable then select the 'Unknown' option.

Other risk factors	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 case had been immunised with the Hib vaccine DtaP/Hib or Hib-Hep B at any time before becoming ill . If not known or unavailable, then select the 'Unknown' option.
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. Indicate whether the source of immunisation information was patient/caregiver recall or documented for each dose. If the case has not received all four doses, record the details for those received and select the 'Not given' option for the subsequent dose to indicate no further doses had been received. If vaccination dose information is not known or unavailable, then select the 'Unknown' option.

Management

Contact management	
Type of contact	Record the number of household, childcare and other contacts who were identified, counselled, offered antibiotics and offered vaccination.