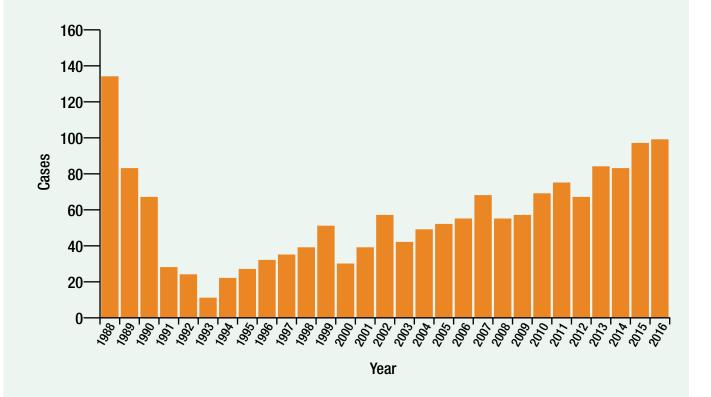
Haemophilus influenzae infection

Until the advent of an effective vaccine against *Haemophilus influenzae* serotype b (Hib) organisms, *H. influenzae* was the leading cause of bacterial meningitis in children <5 years of age in Oregon and elsewhere. It plummeted in the rankings, and *Streptococcus pneumoniae* is now in the lead. In 2016, Hib was cultured from sterile body fluids of one Oregonian. This was an adult >37 years of age. Appropriate use of conjugate vaccine will help ensure Hib infection remains minimal well into the future. All sterile-site *H. influenzae* isolates must be sent to the Oregon State Public Health Laboratory for additional typing.

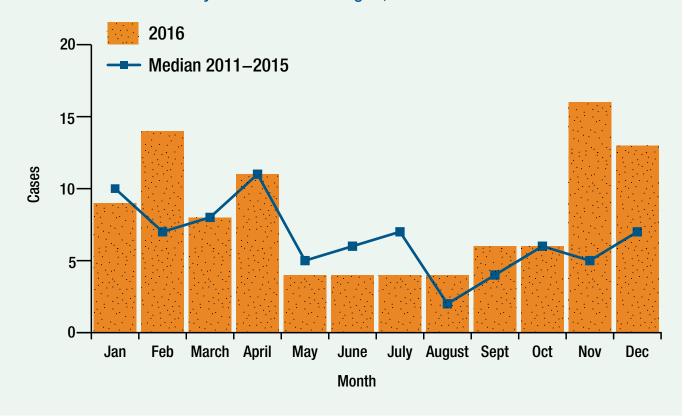
Ninety-nine cases of invasive *H. influenzae* disease (IHiD, all serotypes) occurred in 2016. With the decline in invasive Hib disease in children, there has been increased recognition of nonserotype b and nontypeable cases in persons >5 years of age, especially among those >65 years of age. In 2016, 72% of cases were nontypeable, 12% were identified as serotype f, 9% serotype a, and the remaining cases were other serotypes. The burden of IHiD in 2016 was highest (9.2/100,000 persons) among those >70 years of age, followed by those 60–69 years of age (3.9/100,000 persons) and then those <5 years of age (3.3/100,000 persons). *Haemophilus influenzae* is treated with antibiotics. In 2016, the top clinical syndrome of invasive IHiD reported in Oregon was bacteremia (22%). Ninety-eight percent of cases were hospitalized. There were 14 deaths related to IHiD infection.

Peak incidence tends to occur in late winter and early spring. However, in 2016, peak case count occured in November.

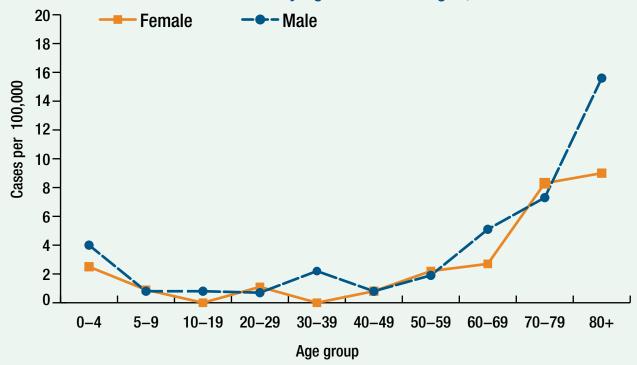
H. influenzae infection by year: Oregon, 1988-2016



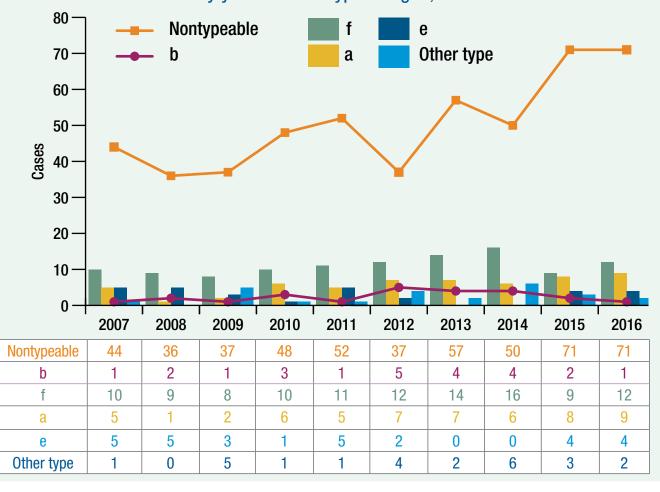
H. influenzae infection by onset month: Oregon, 2016

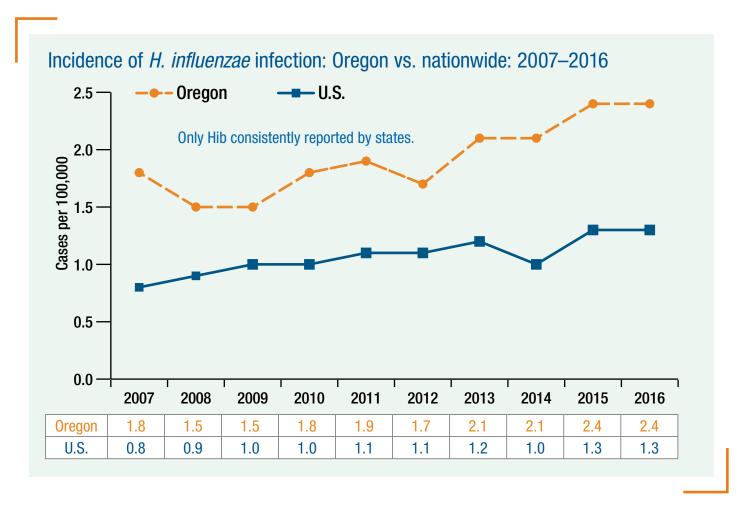




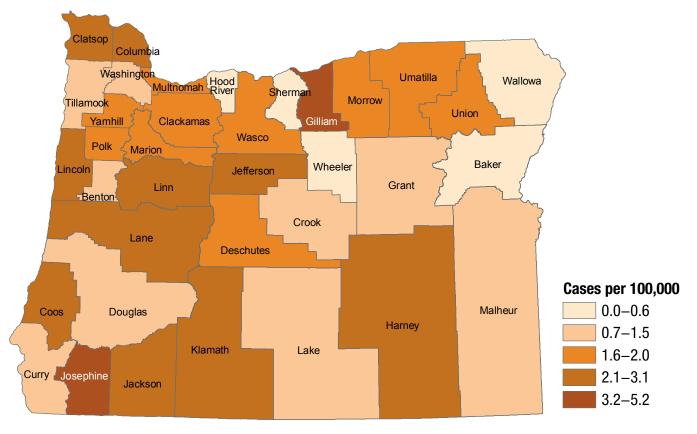


H. influenzae infection by year and serotype: Oregon, 2007–2016





Incidence of *H. influenzae* infection by county of residence: Oregon, 2007–2016



Prevention

- Vaccinate all children against Hib at 2, 4, 6 and 12–15 months of age.
- Cover your cough and wash your hands.
- Close contacts of Hib cases can be treated prophylactically to prevent infection.