## 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 2017, no cases of Hib were reported. 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.

One hundred fourteen cases of invasive *H. influenzae* disease (IHiD, all serotypes) occurred in 2017. 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 2017, 76% of cases were nontypeable, 11% were identified as serotype f, 7% as serotype a, and 3% were serotype f. The burden of IHiD in 2017 was highest (10.2/100,000 persons) among those >60 years of age, followed by those 0-4 years of age (4.1/100,000 persons) and then those 35–64 years of age (2/100,000 persons). *Haemophilus influenzae* is treated with antibiotics. In 2017, the top clinical syndrome of invasive IHiD reported in Oregon was pneumonia (67%). Ninety-four percent of cases were hospitalized. There were 12 deaths related to IHiD infection.

## H. influenzae infection by year: Oregon, 1988-2017



H. influenzae infection by onset month: Oregon, 2017







Haemophilus influenzae 2017



## Incidence of *H. influenzae* infection by county of residence: Oregon, 2008–2017



Haemophilus influenzae 2017

## Prevention

- Vaccinate all children against Hib at 2 months, 4 months, 6 months 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.