



Haemophilus influenzae type b (Hib) disease

Reportable to local or state health department.

Consult the health department before posting or distributing the Parent/Guardian fact sheet.

Haemophilus influenzae type b (Hib) can cause a number of serious illnesses. It is not related to influenza or “stomach flu”. The number of infections in children has dropped due to use of the Hib vaccine.

School health and childcare provider information

Cause

Haemophilus influenzae type b bacteria.

Symptoms

Depends on the area of the body that is infected but may include:

Meningitis – Unusual sleepiness, fever, stiff neck, vomiting, headache, irritability, lack of appetite.

Cellulitis – A tender, rapid swelling of the skin, usually on the cheek or around the eye; may also have an ear infection on the same side with a low-grade fever.

Epiglottitis – Fever, trouble swallowing, tiredness, difficult and rapid breathing (often confused with viral croup, which is a milder infection and lasts longer).

Pneumonia – Fever, cough, chest pains, difficulty breathing.

Bacteremia – Sudden onset of fever, chills, tiredness, irritability.

Arthritis – Swelling, redness, and loss of movement in the joints.

Children aged 2 and under are most likely to develop these infections, although those up to age 5 are still at some risk. Invasive disease most commonly occurs in children who are too young to have completed their vaccination series.

Spread

Hib bacteria are spread when an infected person coughs or sneezes tiny droplets into the air and another person breathes them in. It can also be spread by touching the secretions from the nose and mouth of an infected person and then touching one’s eyes, nose, or mouth.

Hib

Incubation

Unknown; probably about 2 to 4 days from the time a person is exposed until symptoms begin.

Contagious period

Until 24 to 48 hours after effective treatment begins.

Exclusion

Childcare

Until the child has been treated and is well enough to participate in routine activities.

Diagnosis

Recommend parents/guardians call their health care provider immediately if their child develops fever or any other symptoms. There are lab tests to detect *Haemophilus*.

Treatment

Hib disease can be treated with antibiotics that vary depending on what area of the body is infected. Immediate treatment is necessary to prevent long term sequelae or death.

Prevention

- All infants should receive Hib vaccine as part of their routine vaccination schedule. In Minnesota, all children between the ages of 2 months and 5 years who are in a licensed childcare setting are required to have Hib vaccine or a legal exemption. Vaccination includes a primary series of 2 or 3 doses plus a booster dose with one dose at:
 - 2 months
 - 4 months
 - 6 months (depending on vaccination product)
 - 12-15 months for booster dose
- Children under the age of 5 who have not received all vaccination doses should be vaccinated according to the catch-up immunization schedule recommended by the American Academy of Pediatrics.
- Chemoprophylaxis is recommended in certain situations. Public health officials will make recommendations if exposed persons need to receive antibiotics and/or vaccine.
- Cover nose and mouth with a tissue when coughing and sneezing or cough/sneeze into sleeve. Dispose of used tissues in the trash.
- Wash hands thoroughly with soap and warm running water after contact with secretions from the nose or mouth or handling used tissues. **Thorough handwashing is the best way to prevent the spread of communicable diseases.** If soap and water are not available, use an alcohol-based hand sanitizer.
- Clean and sanitize mouthed toys, objects, and surfaces at least daily and when soiled (see Section 2).

Hib

For more information, call Hennepin County HSPHD-Epidemiology at (612) 543-5230 or call your local health department.

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