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Haemophilus Influenzae, Invasive Disease 2015 Case Definition | CDC  
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, Invasive Disease  
2015 Case Definition  
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2015 Case Definition  
NOTE:  
A surveillance case definition is a set of uniform criteria used to define a disease for public health surveillance. Surveillance case definitions enable public health officials to classify and count cases consistently across reporting jurisdictions. Surveillance case definitions are not intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient’s health needs.  
CSTE Position Statement(s)  
14-ID-05  
Background  
Haemophilus influenzae  
is a bacterium that has encapsulated (typable) or unencapsulated (nontypable) strains. Encapsulated strains express 1 of 6 antigenically distinct capsular polysaccharides (type a, b, c, d, e or f).  
Haemophilus influenzae  
non-type b strains can cause invasive disease clinically similar to type b (Hib) disease (pneumonia, bacteremia, meningitis, epiglottitis, septic arthritis, cellulitis, or purulent pericarditis). Nontypable strains can also cause invasive disease but more commonly cause mucosal infections such as otitis media, conjunctivitis, and sinusitis.  
Hib was once the most common cause of bacterial meningitis in children aged ≤5 years in the United States. Since the introduction of Hib conjugate vaccines in the United States, the incidence of invasive Hib disease in children aged <5 years decreased by 99%, to less than 1 case per 100,000. During 2000-2012, the average annual incidence rate of invasive Hib disease in children younger than 5 years of age in the United States remained below the Healthy People 2020 goal of 0.27/100,000.  
The epidemiology of invasive  
Haemophilus influenzae  
disease in the United States has shifted in the post-Hib vaccination era. Nontypable  
Haemophilus influenzae  
now causes the majority of invasive disease in all age groups, with the greatest burden of disease among the youngest and oldest age groups. From 1999 through 2008, the annual incidence of invasive nontypable  
Haemophilus influenzae  
disease was 1.73/100,000 in children younger than 5 years of age and 4.08/100,000 in adults ≥65 years of age. Rates of invasive  
Haemophilus influenzae  
and Hib remain higher among Native American and Alaska Native (AI/AN) children than non-Native children. During 1998–2009, the average annual incidence of Hib disease in children aged <5 years in the United States was 8–10 times higher (1.3/100,000) among AI/AN children than it was among white (0.16/100,000) and black (0.12/100,000) children, respectively. Invasive  
Haemophilus influenzae  
is associated with severe outcomes, especially in older adults; among ≥65 year-olds the overall case fatality ratio (CFR) is estimated to be 19.5% and increases with age, ranging from 10.2% to 27.5%.  
Clinical Criteria  
Invasive disease may manifest as pneumonia, bacteremia, meningitis, epiglottitis, septic arthritis, cellulitis, or purulent pericarditis; less common infections include endocarditis and osteomyelitis.  
Laboratory Criteria For Diagnosis  
Detection of  
Haemophilus influenzae  
type b antigen in cerebrospinal fluid [CSF]  
Detection of  
Haemophilus influenzae  
-specific nucleic acid in a specimen obtained from a normally sterile body site (e.g., blood or CSF), using a validated polymerase chain reaction (PCR) assay; or  
Isolation of  
Haemophilus influenzae  
from a normally sterile body site (e.g., cerebrospinal fluid [CSF], blood, joint fluid, pleural fluid, pericardial fluid)  
Epidemiologic Linkage  
Not applicable for case classification.  
Case Classification  
Probable  
Meningitis WITH detection of  
Haemophilus influenzae  
type b antigen in cerebrospinal fluid [CSF]  
Confirmed  
Isolation of  
Haemophilus influenzae  
from a normally sterile body site (e.g., cerebrospinal fluid [CSF], blood, joint fluid, pleural fluid, pericardial fluid)  
OR  
Detection of  
Haemophilus influenzae  
-specific nucleic acid in a specimen obtained from a normally sterile body site (e.g., cerebrospinal fluid [CSF], blood, joint fluid, pleural fluid, pericardial fluid), using a validated polymerase chain reaction (PCR) assay  
Case Classification Comments  
Positive antigen test results from urine or serum samples are unreliable for diagnosis of  
Haemophilus influenzae  
disease and should not be used as a basis for case classification.  
Isolates of  
Haemophilus influenzae  
are important for antimicrobial susceptibility testing.  
Related Case Definition(s)  
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NNDSS receives and shares case data from state, local, and territorial health departments to help public health monitor, control, and prevent serious diseases.  
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