



MLS: Laboratory Update
Haemophilus influenza, type B (Hib) Cases Increase
January 23, 2009



****Please forward this to all appropriate personnel within your institution****

This is a routine message from the Minnesota Department of Health (MDH) and the Minnesota Laboratory System (MLS). This message is being sent to MLS laboratory contacts serving Minnesota residents. You are not required to reply to this message.

NOTE: The Minnesota Laboratory System email address has changed to: mnlabsystem@state.mn.us

BACKGROUND

Minnesota has confirmed five cases of Haemophilus influenzae, type b (Hib) disease in children age 3 years and younger in 2008, including one unimmunized infant who died. This is the highest number of cases in children under age 5 that Minnesota has seen since 1992, which suggests a resurgence of invasive Hib disease and the need for additional vaccine statewide. Three of the five cases were unimmunized, one infant was too young to complete the primary series, and one child had received two doses of PRP-OMP (PevaxHib) as an infant and, after the diagnosis of Hib, was found to have an underlying condition. To date, no other state has reported such an increase in invasive Hib disease.

MDH has been collaborating with CDC both to determine why these cases have occurred in Minnesota and to increase the vaccine supply. Accordingly, CDC is immediately increasing our MnVFC allotment of Pentacel, the only additional Hib-containing vaccine available to the program. We have also contacted Sanofi Pasteur and they have assured us that additional doses of Pentacel will also be available for catch-up of privately insured patients. This additional vaccine will help insure that babies receive their three-dose primary series of Hib vaccine on schedule and to catch up those infants that lag behind.

MDH will be working with CDC and other various providers in Minnesota to do additional surveillance studies to better understand the reasons for the increase in Hib invasive disease, with the goal of preventing additional disease.

LABORATORIANS

MDH was able to uncover this increase in Hib disease due to the diligence of laboratorians and infection control practitioners reporting and submitting isolates of Haemophilus influenza in invasive disease. Please continue to forward these isolates to the MDH-Public Health Lab as soon as they are discovered in your laboratory. Specifically, please notify MDH of any suspect cases, as they occur, of Hib disease, such as epiglottitis or bacterial meningitis cases, so that MDH epidemiologists can follow-up.

ADDITIONAL INFORMATION

MDH website at: www.health.state.mn.us (under Hot Topics)

MMWR at: <http://www.cdc.gov/vaccines/pubs/mmwrpubs.htm>

Vaccine Resources, MDH website at: www.health.state.mn.us/immunize (click on Vaccine Safety)

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