

Invasive *Haemophilus influenzae* Type B Disease

In 2008, five children aged <5 years were reported to the Minnesota Department of Health (MDH) with invasive *Haemophilus influenzae* Type b (Hib) disease; one died. These cases occurred during a Hib vaccine recall and continuing nationwide shortage that began in December 2007. In response to this shortage, CDC recommended that health-care providers defer the routine 12-15 month booster dose for children not at increased risk for Hib disease. CDC also emphasized that all children should complete the primary series with available Hib-containing vaccines. However, Minnesota vaccination data indicate that primary Hib series coverage was lower during 2008 than coverage with other vaccines administered at the same age and lower than Hib coverage in previous years.

These children resided in different counties and had no known relationship to each other. None of the five were in group child care. Three patients had received no vaccinations because of parent or guardian deferral or refusal. One child was too young to have completed the primary series. The fifth child had completed the primary Hib immunization series; this child was subsequently diagnosed with an immunodeficiency. Given the prolonged booster dose deferral and reduced primary series coverage in Minnesota, the increase in the number of Hib cases likely reflects increasing carriage and transmission affecting those with suboptimal primary series vaccination coverage, or a weakening of herd immunity.*

Vermont has received no reports of Hib disease in children under five since 1998. Review of Hib coverage using the Vermont Immunization Registry did not demonstrate the delay in primary series completion seen in Minnesota. Vermont has an adequate supply of Hib vaccine for all children to complete the primary series, and for those at increased risk of Hib disease to receive the booster. Most Hib vaccine is available as Pentacel® (DTaP, polio, Hib) with a limited supply of ActHib®. .

* CDC. Invasive *Haemophilus influenzae* Type B Disease in Five Young Children ---Minnesota, 2008. MMWR 2009; 58(03); 58-60.

Flu Activity Update & Antiviral Health Advisory

VDH has received increasing reports of influenza activity during February, based on reports of patients with influenza-like illness symptoms, positive rapid influenza tests from sentinel surveillance practices around the state, and positive viral cultures. An updated health advisory was sent to providers on 2/6/09 regarding the use of antiviral medications when there may be Tamiflu®-resistant influenza A/H1N1 flu strains circulating. (See: <http://www.healthvermont.gov/advisory/documents/020609Influenza-OsetamivirResistance.pdf>) A majority of the positive cultures in Vermont to date are influenza A/H1; there have been small numbers of influenza A/H3 and influenza B. Recommendations for prevention and control of outbreaks in institutional settings are available. For more information or further guidance, contact the Infectious Disease Epidemiology Section at (802) 863-7240.

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Chart: 2009 Selected Reportable Diseases To Date

