



Haemophilus influenzae (H.flu)

Investigation Checklist for Local Health Departments

Local health department staff should follow these steps, not necessarily in order, when investigating *H. flu* reports. For more detailed information, refer to the *H. flu* disease chapter which can be accessed at: <https://www.nj.gov/health/cd/topics/haemophilus.shtml>

- Review laboratory result(s) to ensure source is from a [sterile site](#)
 - *H. influenzae* (bacteria) is not the same as influenza (virus)
 - Only specimens collected from normally sterile sites are reportable
 - *Haemophilus parainfluenzae* is not reportable

- Obtain/document the date and method isolate will be sent to NJ PHEL for serotyping as required by N.J.A.C. 8:57: <https://www.nj.gov/health/phel/shipping-specimens/>
 - If result is only from PCR on CSF, please inquire whether a culture is pending. If no culture is pending, or culture is negative, please request remaining CSF be sent to PHEL for forwarding to Wisconsin State Laboratory of Hygiene (our VPD Reference Center)

- Assess at-risk close contacts for Hib immunization and post-exposure prophylaxis (PEP)
 - Close contacts are defined as:
 - persons residing with case patient, or
 - nonresidents who spent **4 or more hours** with case patient for **at least 5 of the 7 days preceding** the day of hospital admission
 - Review [AAPs Red Book 2018](#) Chemoprophylaxis Chart for PEP recommendations
 - <https://www.nj.gov/health/cd/documents/topics/hib/2018.2021.redbook.hib.pdf>
 - If serogroup is still pending (or if known to be serogroup b), refer identified exposed close contacts to their primary medical provider for follow up and evaluation for PEP
 - If serogroup is known to be something other than serogroup b (result verified by NJDOH), no further public health response is necessary. Case will likely still be considered “confirmed” and will still require data completion for reporting to CDC

- Finalize CDRSS data entry, assign appropriate case classification, and LHD Close case when investigation is complete:
 - Illness onset date
 - Demographics (including race/ethnicity)
 - Signs/symptoms (including onset dates)
 - Risk factors
 - Hospital admission/discharge dates
 - Mortality (whether case was alive or deceased upon discharge)
 - Immunizations (specifically only Hib immunizations)
 - Treatment (document antibiotics administered to treat *H. flu* w/ dates)
 - Assessment/prophylaxis of at-risk close contacts

- As with all communicable disease investigations, please feel free to contact your Regional Epidemiologist or the Disease Subject Matter Expert with any questions