

Appendix B: Provincial Case Definitions for Reportable Diseases

Disease: *Haemophilus influenzae* b disease, invasive

***Haemophilus influenzae* b disease, invasive**

1.0 Provincial Reporting

Confirmed and probable cases of disease

2.0 Type of Surveillance

Case-by-case

3.0 Case Classification

3.1 Confirmed Case

Laboratory confirmation of infection (organism detected) with clinically compatible signs and symptoms of invasive disease:

- Isolation of *H. influenzae* serotype b from a normally sterile site (e.g., cerebrospinal fluid [CSF])

OR

- Isolation of *H. influenzae* serotype b from the epiglottis in a person with epiglottitis

3.2 Probable Case

Invasive disease with laboratory confirmation of infection (antigen detected):

- Demonstration of *H. influenzae* serotype b antigen in cerebrospinal fluid

OR

- Detection of *H. influenzae* deoxyribonucleic acid (DNA)) by nucleic acid amplification test (NAT) in a normally sterile site

OR

Buccal cellulitis or epiglottitis in a child < 5 years of age with no other causative organisms isolated

4.0 Laboratory Evidence

4.1 Laboratory Confirmation

Any of the following will constitute a confirmed case of invasive *H. influenzae* serotype b disease:

- Positive culture *H. influenzae* serotype b from a normally sterile site, or from the epiglottis in a person with epiglottitis

4.2 Approved/Validated Tests

- Standard culture for *H. influenzae* with serotyping
- *H. influenzae* type b antigen test
- Nucleic acid amplification test (NAT) for *H. influenzae*
- Consult with laboratory about appropriate specimens for each testing methodology

4.3 Indications and Limitations

- All invasive *H. influenzae* isolates should be serotyped to differentiate Hib from the other serotypes, and to identify specific serotypes other than Hib

- Further isolate characterization is indicated for epidemiological public health and control purposes.

5.0 Clinical Evidence

Invasive disease caused by *Haemophilus influenzae* may produce any of several clinical syndromes, including meningitis, bacteremia, epiglottitis, pneumonia, pericarditis, septic arthritis, or empyema.

6.0 ICD Code(s)

6.1 ICD-10 Code(s)

A41.3 Septicaemia due to *Haemophilus*
 A49.2 *H. influenzae* infection, unspecified site
 B96.3 *H. influenzae* as cause of disease classified elsewhere
 G00.0 Meningitis due to *Haemophilus*
 J05.1 Acute epiglottitis
 J14 Pneumonia due to *Haemophilus*
 P23.6 Congenital pneumonia due to *Haemophilus*

6.2 ICD-9/ICD-9CM Code(s)

038.41 Septicaemia due to *Haemophilus*
 041.5 *H. influenzae* infection of unspecified site and in conditions classified elsewhere
 320.0 Meningitis due to *Haemophilus*
 464.3 Acute epiglottitis
 482.2 Pneumonia due to *Haemophilus*

7.0 Comments

N/A

8.0 References

- National Notifiable Diseases Surveillance System. Case Definitions. [Internet]. *Haemophilus influenzae* (Invasive Disease); 1997. Atlanta, GA: Centers for Disease Control and Prevention (CDC); 2008. [cited 2009 Feb 12]. Available from <http://www.cdc.gov/ncphi/diss/nndss/casedef/haemophiluscurrent.htm>.
- Ministry of Health and Long-Term Care, Public Health Division. iPHIS manual. Toronto, ON: Queen's Printer for Ontario; 2005.
- Nationally Notifiable Diseases Case Definitions with Canadian Public Health Laboratory Network (CPHLN) and Epidemiologic Group Draft Edits. March 2007. Based on case definitions as written in the: Health Canada. Case definitions for diseases under national surveillance. Can Commun Dis Rep. 2000; 26 Suppl 3:i-iv 1-122. Available from <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/00pdf/cdr26s3e.pdf>.

Date of Last Revision: November 2008

