

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. It can be used alongside the [VPD General Case Investigation Checklist](#). 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 reported laboratory result(s) to ensure source is from a normally [sterile site](#)
 - *Haemophilus parainfluenzae* is not reportable
 - *H. influenzae* (bacteria) is not the same as influenza (virus)
 - Only specimens collected from normally sterile sites are reportable
 - If PCR positive is reported first, inquire if culture is pending*
 - Isolate **MUST** be submitted for serotype testing REGARDLESS of patient's mortality
 - This may necessitate calling a commercial laboratory to request submission
 - Facility/laboratory should create an order via [PHEL's Online Ordering Portal](#):
 - If online ordering is not available, a completed [BACT-109](#) form must accompany the isolate submitted to PHEL.
 - Print requisition form and include with sample in shipment to PHEL. Name and DOB must be correct and match between form and sample or PHEL will reject it.
 - Obtain/document the date and method isolate will be sent to [NJ PHEL](#) for serotyping as required by N.J.A.C. 8:57-2
 - Approval by NJDOH for **isolate** submission is not necessary as it is required by regulation
 - When result is only positive PCR* on **CSF** and no culture is pending OR culture result is negative, **please** request remaining CSF clinical sample (minimum volume: 300-500µL) be sent on cold ice packs (4°C) or dry ice (-20°C) to PHEL for forwarding to Wisconsin State Laboratory of Hygiene (our VPD Reference Center) – notify NJDOH REP/SME that clinical sample is being submitted instead of isolate
 - Facility/laboratory should create an order via [PHEL's Online Ordering Portal](#):
 - Search for “*Reference Laboratory Test Request*”, select “*Other*” under test type; enter “*H. flu PCR testing*”; select specimen type (CSF); and select appropriate reference laboratory location (*Wisconsin*).
 - If online ordering is not available, a completed [BACT-109](#) form must accompany the specimens sent to PHEL. In “*Tests Requested*” section of the form, indicate “*Reference Laboratory*” and write in “*Wisconsin*”.
 - Print requisition form and include with sample in shipment to PHEL. Name and DOB must be correct and match between form and sample or PHEL will reject it.
 - If a serotype result reported from PHEL creates a case,
 - Verify it is not a duplicate requiring merging into an existing case;
 - If result is serotype b (Hib), proceed with full investigation, including whether at-risk close contacts are eligible for PEP referral
 - If result is not Hib, no public health response is necessary **BUT** case is still reportable to CDC and data elements should be completed (all of which should be available in the medical record via facility IP; a patient interview should not be necessary).

- Assess at-risk close contacts for Hib immunization status and post-exposure prophylaxis (PEP)
 - Identify at-risk close contacts, 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 2024-2027](#) Chemoprophylaxis Chart for PEP recommendations and determine whether the identified at-risk close contacts should be referred for chemoprophylaxis:
 - <https://www.nj.gov/health/cd/documents/topics/hib/2024-2027-redbook-hib.pdf>
 - If serogroup is still pending (or if already known to be serogroup b), refer eligible exposed at-risk 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 CDC reporting
- 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 AND discharge dates (when available)
 - Mortality (whether case was alive or deceased upon discharge)
 - Immunizations (only Hib immunizations)
 - [Industry and Occupation](#) section (current occupation, industry, and employer details)
 - Treatment (document antibiotics only 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