

Haemophilus influenzae

- Severe bacterial infection, particularly among infants
- Aerobic gram-negative bacteria
- Polysaccharide capsule
- 6 different serotypes (a-f) of polysaccharide capsule
- 95% of invasive disease caused by type b (prevaccine era)

Impact of Haemophilus influenzae Type b Disease

- Formerly the leading cause of bacterial meningitis among children younger than 5 years of age
- Approximately 1 in 200 children developed invasive Hib disease
- Almost all infections among children younger than 5 years







Haemophilus influenzae Type b Epidemiology								
Reservoir	Human asymptomatic carriers							
Transmission	Respiratory droplets presumed							
Temporal pattern	Peaks in September-December and March-May							
Communicability	Generally limited but higher in some circumstances (e.g., household, child care)							











Haemophilus influenzae Type b Polysaccharide Vaccine

- Available 1985-1988
- Not effective in children younger than 18 months of age
- Efficacy in older children varied
- Age-dependent immune response
- Not consistently immunogenic in children 2 years of age and younger
- No booster response

Haemophilus influenzae Type b Conjugate Vaccines

- Conjugation improves immunogenicity
 Immune response with booster doses
- Same polysaccharide capsule linked to different carrier proteins
- 3 monovalent conjugate vaccines
- 1 combination vaccine available that contains Hib vaccine



Vective	Birth	1 mo	2 mos	4 mos	6 mos	9 mm20	12 mos	15 mos	18 mos	19-23	2-3 yrs	4-510	7-10 10	11-12 102	13-15 yrs	16 113	17-16 yrs
Headitis R' (HeaR)	1*dooe		done P		-		3ª dose			mos		_			_	_	
Rotavinus ¹ (RV) RV1 (2-dose series) RV5 (2-dose series)			1*dose	2 ^{nt} dose	See footnote 2												
Diphtheria, tetanars, & acellular pertussis' (DTaPi <7 yrs)			1fdooe	2 nd dose	3 rd dose			 4*,	loos >			5ª dose					
Haerrophilus inflaenine type b ⁴ (Hib)			1fdooe	2 rd dose	See Soctrate 4		- yr or A See for	n doos									
(PCV12)			1*dose	2"dose	1ª dote		e -	45 ce									
Inactivated policy/nat (IPM <18 ym)			1fdose	2 rd doce			I rd dose					6ª dose					
Influenza' (IV)							~	mail weekin	tion (IV) 1 s	er 2 doses				Ar	nual vaccina 1 dose o	ation (IV)	
Measles, mamps, rubellar (MMR)					Seefoo	tnote 8	• ···· 1*e	lose>				2 rd dose					
Varicella ⁴ (VMR)							······ 1*c					2 rd dose					
Hepatitis A ^{rp} (HepA)							•2·	dose series.	ee footnote	10 >							
Meningococcal ¹⁷ #4b-MenCY 6 weeks MarACWY D 5 Orman MenACWY CRM 22 most						Cesten	11 anna							Watara		200 Acres	
Tetanus, diphtheeia, & acellular pertussic ¹² (5dapc≥7 ym)														Tdap			
Haman papillomasirus ⁽¹ .04PV)														Tee histrate 1)			
Meningococcal 811														1	Sectoon	yote 11	
Pneumococcal polysaccharide ¹ (#95V23)														l lee footnote	5		





Booster dose at 12-15 months

Vaccine	2 months	4 months	6 months	12-18 months
PRP-T	х	х	х	х
PRP-OMP	х	х	NA	х

Unvaccinated Children 7 months of Age and Older

- Children starting late may not need entire 3- or 4-dose series
- Number of doses child requires depends on current age
- See detailed schedule p. 128 of Pink Book and 2018 catch-up schedule

Hib Vaccine Use in Older Children and Adolescents

- Generally not recommended for persons older than 59 months of age
- High-risk older children and adolescents may be vaccinated if not vaccinated in childhood
- Asplenia
- Elective splenectomy
- Immunodeficiency
- HIV infection
- Receipt of chemotherapy or radiation therapy
- Special populations

Special Populations

- Children aged <24 months with invasive Hib disease
- Administer complete series as recommended for child's age
- · Vaccinate during the convalescent phase of the illness
- American Indian/Alaska Natives
- PRP-OMP vaccines specifically recommended for primary series doses
- · Hib disease peaks earlier in infancy
- PRP-OMP vaccines produce protective antibody after first dose/early protection

Monovalent Hib Vaccines

- ActHIB (PRP-T)
- Hiberix (PRP-T)
- PedvaxHIB (PRP-OMP)

ActHIB (PRP-T)

- Approved for all doses of primary schedule and booster dose
- Can be used for previously unvaccinated children per the catch-up schedule
- Must be reconstituted only with 0.4% sodium chloride (NaCl) ActHIB diluent

Hiberix (PRP-T)

- Approved for all doses of primary schedule and booster dose
- Can be used for previously unvaccinated children per the catch-up schedule

PedvaxHIB (PRP-OMP)

- Approved for all doses of primary schedule and booster dose
- Remember primary series for PRP-OMP vaccines is 2 doses
- Can be used for previously unvaccinated children per the catch-up schedule

Hib-Containing Combination Vaccines

DTaP-IPV/<u>Hib</u> (Pentacel)

Pentacel

- Contains DTaP, Hib (PRP-T), and IPV
- Approved for doses 1 through 4 among children 6 weeks through 4 years of age
- Do NOT use for children 5 years or older
- Package contains lyophilized Hib (ActHIB) that is reconstituted with a liquid DTaP-IPV solution

Hib Vaccine Interchangeability

- All monovalent conjugate Hib vaccines are interchangeable for primary series and booster dose
- 3-dose primary series (4 doses total) if more than one brand of vaccine used at 2 or 4 months of age
- Whenever feasible use same combination vaccine for subsequent doses
- If vaccine used for earlier doses is not known or not available, any brand may be used to complete the series

Contraindications and Precautions

- Severe allergic reaction to vaccine component or following previous dose
- Moderate to severe acute illness
- Age younger than 6 weeks

Vaccine Administration Hib-containing Vaccines

- Preparation:
 ActHIB and Pentacel must be reconstituted BEFORE administering
 PedvaxHib: None
- Route: IM injection
- Note: IN Injection
 Needle gauge: 23–25 gauge
 Needle length*: 1–1.5 inch depending on the patient's age and/or weight
- Site*:
- 6 weeks through 11 months: Vastus lateralis muscle
- O weeks through 12 hontris, vasius raceaus muscle
 1 through 3 years: Vastus lateralis muscle is preferred; deltoid muscle may be used if the muscle mass is adequate
 4 years and older: Deltoid muscle is preferred; vastus lateralis muscle may be used
- Vaccine administration error:
- Preparation error: Wrong diluent used to reconstitute ActHIB or Pentacel

the proper ne gement should be used to determine I, patient age, size, and muscle mass.

Hib Vaccine Adverse Reactions

- Swelling, redness, or pain in 5%-30% of recipients
- Systemic reactions infrequent
- Serious adverse reactions rare



What Do You Think?

Callie is a healthy 2-year-old coming for a well-child visit. Her immunization history indicates she has received 2 doses of Hib vaccine–the first at 10 months and a second at 15 months of age. Do you administer Hib vaccine today?

a. Yes

b. No

