



JAN. 23, 2009

HEALTH ALERT

Minnesota Reporting an Increase in Hib Cases

The Minnesota Department of Health has issued a health alert to report an increase of Haemophilus Influenzae B (Hib) cases in 2008, potentially due to a higher incidence of Hib carriage stemming from a Hib vaccine shortage. The Minnesota health alert information can be found below.

North Dakota providers should take the same steps as Minnesota to prevent Hib disease from occurring even though North Dakota has not seen a case since 1991. Health-care providers should be administering the primary series of Hib containing vaccines to all children and continuing to defer the booster dose. Children at high risk for Hib disease include those who are American Indian, Alaskan Native or have asplenia, sickle cell disease, HIV and certain other immunodeficiency syndromes or malignant neoplasms. Those children at high risk should be vaccinated with the primary series and the booster dose. State-supplied vaccine is available through the Vaccines for Children (VFC) program for all children who are Medicaid-eligible, uninsured, underinsured, American Indian or Alaskan Native. For children not covered by the VFC program, providers must purchase private vaccine and bill insurance for the cost of the vaccine. If a provider is having difficulty obtaining adequate supplies of private Hib vaccine, please contact the North Dakota Department of Health (NDDoH) Immunization Program at 701.328.2378 or toll-free at 800.472.2180.

Any incidence of disease or presumptive diagnosis of Hib should be reported to the NDDoH immediately. For more information, please contact the NDDoH Immunization program at 701.328.2378 or toll-free at 800.472.2180 or consult this week's MMWR at <http://www.cdc.gov/vaccines/pubs/mmwrpubs.htm>.

The following information is from the Minnesota Department of Health.

Health Alert:Hib cases spur vaccination effort Action steps:

* Health-care providers: Order additional Hib vaccine so that all infants in your practice can receive a three-dose primary series of Hib vaccine and continue to defer the booster dose. Specifically seek out parents who have declined or delayed vaccination to inform them of the heightened threat of Hib disease and the need for Hib vaccine.

* Health-care providers: Please notify MDH of any suspect cases of Hib disease, such as epiglottitis or bacterial meningitis cases, as they occur so we can follow up and make sure we get appropriate specimens for testing.

Minnesota has confirmed five cases of Haemophilus influenzae, type b disease in children age 3 years and younger in 2008, including one unimmunized infant who died. This is the highest number of cases in children under age 5 that Minnesota has seen since 1992, which suggests a resurgence of invasive Hib disease and the need for additional vaccine statewide. Three of the five cases were unimmunized, one infant was too young to complete the primary series, and one child had received two doses of PRP-OMP (PedvaxHib) as an infant and, after the diagnosis of Hib, was found to have an underlying condition. To date, no other state has reported such an increase in invasive Hib disease.

These cases likely represent an increase in Hib carriage, probably related to the current vaccine shortage. MIIC data show that the third dose of Hib lags significantly behind the third dose of DTaP and PCV in Minnesota, which indicates that providers have had insufficient supply of Hib vaccine to complete the primary series.

MDH has been collaborating with CDC both to determine why these cases have occurred in Minnesota and to increase the vaccine supply. Accordingly, CDC is immediately increasing our MnVFC allotment of Pentacel, the only additional Hib-containing vaccine available to the program. We have also contacted Sanofi Pasteur and they have assured us that additional doses of Pentacel will also be available for catch-up of privately insured patients. This additional vaccine will help insure that babies receive their three-dose primary series of Hib vaccine on schedule and to catch up those infants that lag behind.

Health-care providers should go ahead and order additional Hib vaccine now and continue to defer the booster dose. Please also make a special effort to reach parents who have declined or delayed vaccination to inform them of the heightened threat of Hib disease and the need for Hib vaccine. For resources to help discuss vaccine concerns, see the MDH website at www.health.state.mn.us/immunize (click on Vaccine Safety in the left column).

For more information on Hib see the MDH website at www.health.state.mn.us (click on Hib under Hot Topics). See also this week's MMWR at <http://www.cdc.gov/vaccines/pubs/mmwrpubs.htm>.

Categories of Health Alert messages:

- *Health Alert conveys the highest level of importance; warrants immediate action or attention.*
- *Health Advisory provides important information for a specific incident or situation; may not require immediate action.*
- *Health Update provides updated information regarding an incident or situation; no immediate action necessary.*
- *Health Information provides general information that is not necessarily considered to be of an emergent nature.*

This message is being sent to local public health units, clinics, hospitals, physicians, tribal health, North Dakota Nurses Association, North Dakota Long Term Care Association, North Dakota Healthcare Association, North Dakota Medical Association, North Dakota EMS Association and hospital public information officers.