

## Invasive *Haemophilus influenzae* Type B (Hib) Chemoprophylaxis

The decision to initiate contact tracing in respect of Hib infection will be made by the Consultant in Public Health Medicine (CPHM) in conjunction with relevant clinicians. Responsibility for contact tracing and organising the administration of chemoprophylaxis also lies with the CPHM. Chemoprophylaxis must **only** be prescribed on the instruction of the CPHM. **It should be given as soon as possible after diagnosis of the index case but can be offered to all eligible contacts up to 4 weeks after onset of illness in the index case.**

Hib causes meningitis, septicaemia, epiglottitis and a range of other invasive diseases, mainly in pre-school children. Rarely, older children or even adults can be affected.

CPHM will establish a list of close contacts; which may include

- All household contact irrespective of age and Hib immunisation history, where there is a case of Hib disease in either a child or an adult in a household where there are one or more children under the age of 4 years who are unvaccinated or incompletely vaccinated. Chemoprophylaxis for household contacts is not indicated if all contacts under the age of 4 years have been fully vaccinated against Hib disease
- All pre-school or school class or group contacts (**including teachers**) if there has been a case of invasive Hib infection in a child over the previous 120 days which can be related to the present index case
- All index cases before discharge from hospital

Pregnant and breastfeeding women should also receive rifampicin prophylaxis if there is a vulnerable individual among the household contacts because the benefits of providing chemoprophylaxis to all household contacts, including pregnant and breastfeeding women, outweigh any potential risks.

Upon advice from CPHM, give chemoprophylaxis as outlined in Table 1 below.

**Table 1: Recommended chemoprophylaxis regime**

Adults and children 12 years and over	Rifampicin	600mg orally once daily for 4 days
Children aged 3 months to 11 years	Rifampicin	20mg/kg (max 600mg) orally once daily for 4 days
Children aged 1-2 months	Rifampicin	10mg/kg orally once daily for 4 days

- If rifampicin is contra-indicated or not tolerated, please contact Public Health, Infectious Diseases or Microbiology to discuss alternatives.

Contacts should be advised of the side effects and contra-indications of rifampicin therapy which include:

- Body secretions (urine, saliva, sweat) may be discoloured yellow/orange. Soft contact lenses should not be worn during treatment and for up to 24 hours following the course as they may become irreversibly stained.
- Rifampicin will reduce the contraceptive effectiveness of combined or progestogen only oral contraceptives, contraceptive patches, implants or vaginal rings.
- There are many other significant interactions between rifampicin and other medicines including anticonvulsants and anti-coagulants. Please check for interactions - Stockley's Interaction Checker: <https://www.medicinescomplete.com/#/interactions/stockley>

Note the regime for chemoprophylaxis of meningococcal disease due to *Neisseria meningitidis* is different from the above. [Click here](#) for details.

References: [Revised recommendations for the prevention of secondary \*Haemophilus influenzae\* type b \(Hib\) disease](#) (updated July 2013), [Antibacterials, use for prophylaxis | Treatment summaries | BNF | NICE](#) (accessed Nov 2023)