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Haemophilus influenza type B outbreak in Island Health

There has been a sharp increase in Haemophilus influenza type B (Hib) disease on Vancouver Island in the last two months. 7 cases have been confirmed since late 2021 in Victoria, Nanaimo and Parksville. Prior to this year, rates of Hib have been extremely low for the past decade (between 0-1 cases per year) due to excellent control through the universal childhood vaccination program.

This outbreak is affecting people experiencing homelessness, unstable housing, or supportive housing and those using substances including drugs that are inhaled. Clinical presentations have included meningitis, pneumonia and bacteremia requiring ICU admission. One case has died. Age range is from mid 20s to 70s, average age is 47 years old.

Clinical presentation

Hib disease can take many forms, including meningitis, bacteremia, periorbital or other cellulitis, septic arthritis, osteomyelitis, pericarditis, epiglottitis, or pneumonia. Onset of symptoms is usually abrupt, and may include fever, headache, lethargy, anorexia, nausea, vomiting, and irritability. Progressive stupor or coma is common with meningitis. Case fatality can be as high as 5% for meningitis presentations and neurologic sequelae, including deafness in 15-20% of survivors. Coinfection or preceding infection with other respiratory pathogens can also occur.

Transmission and Susceptibility

The organism can be carried asymptotically in the naso- and oro-pharynx and acquisition most commonly results from asymptomatic carriers. Individuals may transfer the organism to close contacts through droplet spread by coughing and sneezing. Sharing of droplet or saliva containing items including food, drink and equipment for substance use is also a risk for transmission.

Unimmunized and under-immunized people are most susceptible to Hib disease. Given decreased circulation of Hib since the introduction of vaccine, natural immunity in the adult population has likely reduced and many adults will not have received Hib vaccination as children. Hib vaccine was introduced in BC in 1986 and has been part of the childhood immunization schedule since that time. The vaccine is very effective in preventing disease as well as reducing community transmission.

Disease control measures

Island Health Communicable Disease will initiate case and contact tracing for reported cases, and offer chemoprophylaxis and immunization to identified close household or partner contacts.

To provide individual protection and decrease risk of ongoing community transmission, Island Health will offer Hib vaccination to people in at-risk communities where cases have occurred. Immunization will be provided through Island Health outreach nursing, and some primary care and social service partners in the urban centres who work with individuals experiencing homelessness/unstable housing or use services for this population.

Please consider haemophilus influenza in the differential for patients presenting with serious illness including meningitis, epiglottitis, pneumonia or appear septic, and facilitate referral to higher levels of care as needed. Lab confirmed Hib is reported automatically to the Medical Health Officer.

At this time the risk to the general public is low, especially as Hib is included in routine childhood vaccinations. An outbreak of a vaccine-preventable disease is a reminder of the importance of ensuring patients are up-to-date with routine vaccinations, and we encourage reviewing vaccination history of pediatric patients and referring those requiring HiB or other routine vaccines to their local public health unit (islandhealth.ca/our-locations/health-unit-locations) or providing directly (see bit.ly/CVPislandhealth for ordering information).