**Category 2: Written or electronic notification within 7days of diagnosing a case. The case must be notified following laboratory confirmation**

**HAEMOPHILUS INFLUENZAE TYPE B**

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| --- | --- | --- | --- | --- |
| **Disease epidemiology** | **Who must notify** | **Clinical case definition**  (Suspected case) | **Probable case definition** | **Confirmed case definition** |
|  |  |  |  |  |
| *Haemophilus influenzae* type b (Hib) causes pneumonia, septicaemia, meningitis, epiglottitis, septic arthritis, cellulitis, otitis media, and purulent pericarditis, as well as less common invasive infections such as endocarditis, osteomyelitis, and peritonitis. Infections are clinically indistinguishable from infections caused by other bacteria. Spread by droplets or direct contact with respiratory tract secretions. Asymptomatic carriage occurs. | * Health care practitioner *(nurse or doctor receiving the laboratory result)* * Laboratory making the diagnosis | Cannot be notified as a clinically suspected case | Invasive disease such as bacteremia, meningitis, epiglottitis, cellulitis, septic arthritis, pneumonia, empyema, pericarditis or osteomyelitis where the public health physician, in consultation with the physician and microbiologist, considers that Hib disease is the most likely diagnosis | The isolation of *Haemophilus influenzae* type b from a normally sterile site specimen (e.g., blood; cerebrospinal, pericardial or synovial fluid), or a positive Gram stain and latex result, or a positive PCR result. |